



Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

Important Information about your MassHealth Benefits

Dear MassHealth Member or Member Representative,

We need to update you about an upcoming change to your MassHealth benefits.

MassHealth will stop paying your Medicare Part B premium starting NOVEMBER, 2024 because your income is too high.

MassHealth CommonHealth members qualify for a Medicare Savings Program (MSP) if they have income less than or equal to 135% of the Federal Poverty Level (FPL), which in 2024 is equal to \$1,695 a month for an individual. People with income above 135% of the FPL cannot receive both MSP and MassHealth CommonHealth.

During the Public Health Emergency (PHE), MassHealth did not terminate MSP coverage for CommonHealth members whose incomes went above 135% of the FPL.

MassHealth will no longer pay the Medicare Part B premium for CommonHealth members with incomes above 135% of the FPL. The premium is deducted from your monthly federal government payment. To cover past due months, the amount taken the first time may be higher.

What should you do with this information?

MassHealth will send you a notice informing you that we will no longer pay for your Medicare Part B premium. We are sending you this letter first to give you as much time as possible to plan for this change. Please see the information on the following pages for an overview of your options. If you have any questions or would like to discuss your options, please call MassHealth Customer Service at (800) 841-2900.

We will send you a notice at least 10 days before we stop paying your Medicare Part B premium that explains our decision and your new benefit level. This notice will also provide instructions on how to ask for a fair hearing. You will have the right to appeal that notice if you think MassHealth made a mistake about your circumstances or is wrong about the facts of your case.

Sincerely,
MassHealth



Frequently Asked Questions for CommonHealth Members with Income Over 135% of the FPL

What are your options for continuing coverage through MassHealth?

You have time to apply for other coverage options. Review the options below and decide what is best for you. Help is available if you need it.

Option 1: Apply for MSP Only

You may continue to have MassHealth pay your Medicare Part B premiums, **but you would need to cancel your MassHealth CommonHealth first.**

If you have countable income over 135% of the Federal Poverty Level but under the income limits listed in the table below, you may still qualify for MSP only.

Income Limits for MSP


If you are	And your monthly income is	You may be able to get
Single	Below \$2,385	Qualified Medicare Beneficiaries (QMB)
	Between \$2,386 and \$2,824	Specified Low Income Medicare Beneficiaries (SLMB)/Qualifying Individuals (QI)
A married couple	Below \$3,237	Qualified Medicare Beneficiaries (QMB)
	Between \$3,238 and \$3,833	Specified Low Income Medicare Beneficiaries (SLMB)/Qualifying Individuals (QI)

Why would I want to keep the Medicare Savings Program?

The Medicare Savings Program (MSP) pays for some or all costs you have to pay such as your premium, deductibles, copayments, and coinsurance. If you want us to keep paying for these costs (your Medicare Part B premiums), contact MassHealth and tell us you want the Medicare Savings Program.

The current cost of the Medicare Part B premium is \$174.70. MassHealth members will be responsible for the Part B premium payment when their MSP ends

Benefits	QMB	SLMB/QI
Pays your Medicare Part A premium	✓	
Pays your Medicare Part B premium		✓
Comes with Health Safety Net (HSN) coverage at acute care hospitals and community health centers (CHCs)	✓	✓
Helps you with prescription drug costs by automatically enrolling you in Medicare Part D Extra Help	✓	✓
Pays all costs of your Medicare Part A and Part B covered services, like Medicare deductibles, coinsurance, and copays	✓	

Benefits	QMB	SLMB/QI
MassHealth card 	✓ Show your Medicare and MassHealth cards, so providers know you are in the QMB program.	

Option 2: Keep Your MassHealth CommonHealth

Medicare may not cover some long-term services and supports such as services from a personal care attendant (PCA) or from an adult day health program, but MassHealth may cover them. If keeping these services is important, you may want to keep your MassHealth coverage. You will not need to take any action if you want to keep your MassHealth CommonHealth.

See the list of covered services at the bottom of this letter.

Option 3: Apply for the Frail Elder Waiver

Home- and Community-Based Services (HCBS) Waivers make needed community supports available to MassHealth-eligible people who would otherwise need facility-based care. The Frail Elder Waiver (FEW) is an HCBS waiver program that makes such supports available to Massachusetts residents aged 60 and older.

Participants in FEW may reside in their own home or apartment or in the home or apartment of a family member or caregiver. Participants in FEW may also reside in Congregate Housing. Participants in FEW cannot reside in residential settings such as assisted living residences and rest homes or in institutional settings such as nursing facilities, except for brief periods when receiving respite services.

To qualify for FEW, you must

- either be
 - 60-64 years of age and have a disability, or
 - 65 years of age or older
- meet clinical requirements
- need FEW services
- be able to be safely served in the community, and
- meet the financial requirements to qualify for MassHealth Standard in the community (special financial rules exist for waiver applicants and participants).

Option 4: Program for All-Inclusive Care for the Elderly

The Program of All-inclusive Care for the Elderly (PACE) is administered by MassHealth and Medicare to provide a wide range of medical, social, recreational, and wellness services to eligible participants. The goal of PACE is to allow participants to live safely in their homes instead of in nursing homes.



To enroll in PACE, you must

- be 55 or older
- live in the service area of a PACE organization
- be certified by the state as eligible for nursing home care
- live in the community (not a nursing home)
- be able to live safely in the community
- agree to receive health services exclusively through the PACE organization, and
- meet the Social Security Act Title XVI disability standards, if 55 through 64 years of age.

How do I choose?

The best way to decide is based on the type and cost of medical care you receive.

If you receive health coverage for medical services that are not covered by Medicare, you may want to keep your CommonHealth.

If you cannot afford to pay the Medicare Part B premium, you may want to keep your MSP.

Where do I get help?

Contact SHINE

The Serving the Health Insurance Needs of Everyone (SHINE) program can help! The SHINE program provides free health insurance information to all Medicare beneficiaries.

Schedule an appointment with a SHINE counselor to

- answer questions about your coverage and benefits; and
- help you understand your options and make decisions.

To find a SHINE counselor near you

- call MassOptions at (800) 243-4636; or
- visit mass.gov/info-details/find-a-shine-counselor.

Contact MassHealth

Call MassHealth at **(800) 841-2900**, TDD/TTY: 711.

Representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m.

Or schedule an appointment at mass.gov/MassHealthAppointment.

Or visit a MassHealth Enrollment Center (MEC).

The MECs are open for limited walk-in visits from 8:45 a.m. through 5:00 p.m.

Go to our website

More information about MSPs, including applications, FAQs, and communication materials such as flyers and posters are available at Mass.gov here:

www.mass.gov/info-details/get-help-paying-medicare-costs

The FAQ, which contains information on the different coverage options is available here:

www.mass.gov/doc/medicare-savings-program-msp-faqs-0/download

List of MassHealth Standard and CommonHealth Covered Service

Abortion services	Inpatient hospital services
Adult day health services	Laboratory services
Adult foster care services	Nurse midwife services
Ambulance services	Nurse practitioner services
Ambulatory surgery services	Nursing facility services
Audiologist services	Orthotic services
Behavioral health services	Outpatient hospital services
Certified nurse midwife services	Oxygen and respiratory therapy equipment
Certified nurse practitioner services	Personal care attendant services
Certified registered nurse anesthetist services	Pharmacy services
Chapter 766: home assessments and participation in team meetings	Physician services
Chiropractic services	Physician assistant services
Clinical nurse specialist services	Podiatrist services
Community health center services	Prosthetic services
Day habilitation services	Psychiatric clinical nurse specialist services
Dental services	Rehabilitation services
Durable medical equipment and supplies	Renal dialysis services
Early intervention services	Speech and hearing services
Family planning services	Therapy services: physical, occupational, and speech/language
Hearing aid services	Transportation services
Home health services	Vision care
Hospice services	X-ray/radiology services
Independent nurse (private duty nursing) services	



