



*Commonwealth of Massachusetts*  
*Executive Office of Health and Human Services*  
*Office of Medicaid*  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

## **Eligibility Operations Memo 24-03**

**DATE:** March 2024

**TO:** MassHealth Eligibility Operations Staff

**FROM:** Heather Rossi, Deputy Chief Operating Officer, Eligibility Policy & Implementation

**RE: Medicare Savings Programs, Formerly Known as MassHealth Senior Buy-In and MassHealth Buy-In Programs**

**IMPORTANT MESSAGE: Disregard all MassHealth Senior Buy-In/Buy-In and Medicare Savings Programs EOMs issued before March 1, 2024. This EOM replaces all previous guidance.**

### **Medicare Savings Programs Overview**


Medicare Savings Programs, or MSPs (formerly known as the MassHealth Senior Buy-In and Buy-In Programs), are programs that pay for some or all of Medicare beneficiaries' premiums, deductibles, copays, and co-insurance. In Massachusetts, MSPs are run by MassHealth. MSPs are not insurance plans.

There are two levels of benefits, based on income. These program levels are known by their initials: **QMB** (Qualified Medicare Beneficiaries), and **SLMB** (Specified Low Income Medicare Beneficiaries) or **QI** (Qualifying Individuals).

Enrolling in any of the MSPs automatically provides drug coverage with low copays. It also lets Medicare beneficiaries sign up for Medicare Part B at any point in the year, without paying any financial penalties for signing up late.

### **MSP Benefits**

A person's level of benefits depends on their monthly income.

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

## Qualifying for MSPs

A person may qualify for an MSP if their countable monthly income is within the following limits.

Applicant	Monthly Income	Available Benefit Level
<b>Single</b>	Less than or equal to 190% federal poverty level (FPL)	QMB
	Above 190% FPL and less than or equal to 225% FPL	SLMB or QI
<b>A married couple</b>	Less than or equal to 190% FPL	QMB
	Above 190% FPL and less than or equal to 225% FPL	SLMB or QI

\* Income limits change each year on March 1.

## **Elimination of Asset Test for MSPs Effective March 1, 2024**

The asset test for MSP benefits will be eliminated effective March 1, 2024.

Applications or renewals (MHBI, MHBI-R, SACA-2, SACA-2-ERV, and SACA-2-UND) processed in MA21 after March 1, 2024, will not be subject to an asset test to determine eligibility for MSP.

No changes are being made to the asset limits for MassHealth benefits or coverage types.

Applicants may reapply for an MSP if they were denied for being over the asset or income limit before March 1, 2024, to see if they qualify.

## **MSP Benefit Start Dates**

QMB coverage begins on the first day of the calendar month after the MassHealth eligibility determination date. No retroactive coverage is available.

SLMB or QI coverage begins with the month of application and may be retroactive up to three months before the month of application if the applicant qualified during the retroactive period.

## **MSP Annual Renewal**

People who applied with a Medicare Savings Programs Application (MHBI) will be selected for renewal annually. Selected people will receive the Medicare Savings Programs Renewal Application (MHBI-R).

All financial resources are self-attested. Renewals will be processed in MA21, like the MHBI application.

## **MSPs Are Not Health Coverage**

MSPs are not insurance plans and do not provide healthcare coverage. They are programs designed to help lower the costs of Medicare insurance coverage. MSPs are always combined with Medicare and do not offer any additional coverage or services that Medicare does not provide.

Full MassHealth programs like MassHealth Standard and CommonHealth are health insurance programs that provide healthcare coverage and can be used alone or combined with Medicare coverage. Unlike MSPs, full MassHealth coverage includes additional coverage and services not offered by Medicare.

Some people may qualify for Medicare, an MSP, and full MassHealth coverage.

## **HSN**

People who are enrolled in an MSP also receive benefits from HSN. HSN pays for some health services provided by acute care hospitals or CHCs for certain low-income, uninsured, or underinsured patients. If a person is eligible for an MSP, and they get care from a hospital or CHC, HSN can be a secondary payer for copays or deductibles billed by the hospital or CHC.

This means HSN may pay some costs after Medicare has been billed. HSN may also pay for services Medicare does not cover, if the person gets the care at a hospital or CHC.

There is no member card for HSN.

## **Estate Recovery**

Estate recovery does not apply to MSPs. A person's estate does not have to repay MassHealth for their MSP benefits after they die. This is true no matter which application they use to qualify for MSP. However, if they have full MassHealth coverage, MassHealth may be obligated to recover the money it spent for their care from their estate. This is called estate recovery. For more information, please see [mass.gov/estater recoverydetails](https://mass.gov/estater recoverydetails).

## **QMB Billing Information**

Under federal law, it is illegal for Medicare providers and suppliers—even those that do not accept Medicaid—to bill QMB beneficiaries for Medicare cost sharing for any Medicare Part A and B covered services. QMB members should show their MassHealth card to providers so they know the member is enrolled.

The Centers for Medicare & Medicaid Services (CMS) advises providers and suppliers to establish processes to routinely identify the QMB status of their patients before billing, including those enrolled in Original Medicare and Medicare Advantage plans. CMS also says that providers and suppliers that have mistakenly billed a QMB beneficiary must recall the charges (including referrals to collection agencies) and refund the charges paid. See [cms.gov/outreach-and-education/outreach/npc/downloads/2018-06-06-qmb-call-faqs.pdf](https://cms.gov/outreach-and-education/outreach/npc/downloads/2018-06-06-qmb-call-faqs.pdf).

Providers that violate these requirements may be subject to state or federal prosecution, including by the Massachusetts Attorney General and the U.S. Attorney.

Members can contact Medicare at (800) MEDICARE, (800) 633-4227, TTY: (877) 486-2048.

See [All Provider Bulletin 386](#) for more information.

## **Medicare Part D Extra Help**

People who are enrolled in an MSP are automatically enrolled in Medicare Part D Extra Help. Extra Help is a Medicare program that helps people with limited income and resources pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs. Extra Help also limits prescription drug copay amounts. Recipients can sign up for Medicare Part D any time of year, with no late enrollment penalty.

## **Regulations**

[130 CMR 505.000](#): *MassHealth Coverage Types* is effective as of November 24, 2023.

[130 CMR 519.000](#): *MassHealth Coverage Types* is effective as of November 24, 2023.

## MassHealth MSP (MHBI) Applications

The MassHealth MSP application (MHBI) is at [mass.gov/lists/applications-to-become-a-masshealth-member](https://mass.gov/lists/applications-to-become-a-masshealth-member) and should be used by individuals or couples applying for MSP-only coverage.

The MassHealth MSP renewal application (MHBI-R) is also at [mass.gov/lists/applications-to-become-a-masshealth-member](https://mass.gov/lists/applications-to-become-a-masshealth-member).



## MassHealth Applications

Applicants for full MassHealth coverage who are age 65 or over should use the [Application for Health Coverage for Seniors and People Needing Long-Term-Care Services \(SACA-2\)](#).

Applicants under age 65 who do not need long-term-care services should use the [Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#).

## Questions

If you have questions about this memo, please have your MEC designee contact the Policy Hotline.

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