



**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 25-10**

**DATE:** June 2025

**TO:** MassHealth Eligibility Operations Staff

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

**RE:** **Mandatory Medicare Enrollment at Age 65**

### **Summary of Policy**

MassHealth is the payer of last resort and pays for health care and related services only when no other source of payment is available, except when required by federal law. Every applicant and member must obtain and maintain health insurance available to them at no cost, including Medicare, in accordance with 130 CMR 517.008. Failure to do so may result in loss or denial of eligibility.

### **Background**

Medicare is a federal health insurance program for people who are age 65 and older or who are younger than 65 and have been receiving benefits from Social Security or the Railroad Retirement Board for 24 months, regardless of income. People with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS) may also qualify for Medicare. The Centers for Medicare & Medicaid Services (CMS) is the agency that administers the Medicare program; however, people must apply for Medicare through the Social Security Administration (SSA).

People receiving Social Security retirement benefits or Railroad Retirement benefits for at least four months before turning 65 are automatically enrolled in Medicare when they turn 65. People age 65 and over, who are not receiving Social Security retirement benefits or Railroad Retirement benefits, must enroll in Medicare by contacting the Social Security Administration.

When a person turns age 65, they become eligible for Medicare if they

- receive or qualify for Social Security retirement benefits or Railroad Retirement benefits; or
- currently reside in the United States and are either a United States citizen or a lawful permanent resident who has lived in the U.S. continuously for five years before applying.

Different parts of Medicare help cover specific services:

- Part A - hospital insurance
- Part B - medical insurance
- Part D - drug coverage

Some people may also have Medicare Advantage plans, sometimes referred to as Part C or Medicare Supplemental Plans.

## **People Who Must Enroll in Medicare**

Members age 65 and older who receive MassHealth Standard and who have an income at or less than 190% of the federal poverty level (FPL), must enroll in Medicare as a condition of MassHealth eligibility.

Members who are not eligible for Medicare will not lose MassHealth. New applicants who are not eligible for Medicare may also still be eligible for MassHealth.

## **People Excluded from the Medicare Requirement**

- People who are not eligible for MassHealth Standard, CommonHealth, or Family Assistance;
- People who are 65 and older with income above 190% of the FPL; and
- People who are younger than 65.

## **Outreach to Members**

MassHealth members who are Qualified Medicare Beneficiaries will receive a letter from the Medicare Enrollment Support Project team explaining that they may be eligible for Medicare, and that they are required to make an appointment to apply for Medicare benefits within 60 days of receiving the letter. The Medicare Enrollment Support Project will also make calls to each member.

The letter will instruct members to call the Medicare Enrollment Support Project team directly. When members speak with the team, they will be offered application support, as well as general information about applying for Medicare. The Medicare Enrollment Support Project team will offer to call the SSA with the member and assist them with making an appointment.

Members who prefer to schedule appointments on their own must follow up with the Medicare Enrollment Support Project team and verify that they initiated the application process.

## **After the SSA Appointment**

The Medicare Enrollment Support Project team will check Medicare enrollment databases six months after the scheduled SSA appointment to confirm if the member has enrolled in Medicare. This confirmation relies on federal and state databases and requires no action from the member.

If the member has enrolled in Medicare, the Medicare Enrollment Support Project team will remove them from the list and the member will not need to take further action.

## **Follow-Up and Verification**

If the member is not yet enrolled in Medicare, the Medicare Enrollment Support Project team will send a follow-up notice asking the member to contact them.

If a member is found ineligible for Medicare, they will be asked to provide proof of their ineligibility. After verifying that they are not eligible for Medicare, the member will be removed from the list and the member will not need to take further action.

If MassHealth cannot confirm that the applicant successfully enrolled in or was deemed ineligible for Medicare approximately nine months after the scheduled SSA appointment, MassHealth may notify members again that they must enroll in Medicare.

### **Failure to Enroll in Medicare after Outreach Attempts**

If a member is eligible for Medicare but fails to apply after all outreach attempts, they will lose their MassHealth coverage.

However, a member can recover their MassHealth coverage without a new application if they call the Medicare Enrollment Support Project team and schedule an appointment with the SSA to apply for Medicare within 90 days of losing their MassHealth coverage.

### **Where to Refer Members**

If members have questions or need more information, instruct them to call the Medicare Enrollment Support Project at (877) 935-1280, TTD/TTY: 711.

### **Questions?**

Have your MEC designee contact the Policy Hotline.

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