



PAYMENT POLICY		
Deeming Period		
Original Date Approved	Effective Date	Revision Date
12/2/2025	2/1/2026	
Applies to Products:		
<input checked="" type="checkbox"/> Senior Care Options (FIDE-SNP) <input checked="" type="checkbox"/> One Care (FIDE-SNP)		

PAYMENT POLICY STATEMENT:

Federal and State regulations allow dual eligible special needs plans (D-SNPs) to temporarily continue coverage for dual-eligible members who lose MassHealth (Medicaid) eligibility. This temporary continued coverage is known as the deeming period.

This payment policy outlines how CCA will pay for covered benefits during the deeming period, in accordance with state and federal guidelines.

DEFINITIONS:

Centers for Medicare & Medicaid (CMS): A federal agency that is part of the U.S. Department of Health and Human Services responsible for administering and managing the Medicare, Medicaid, State Children’s Health Insurance Program (SCHIP), HIPAA, and the Clinical Laboratory Improvement Amendments (CLIA) programs.

Deeming Period: The deeming period is a temporary continuation of coverage in a dual eligible special needs plan (D-SNP) for individuals who lose MassHealth (Medicaid) eligibility if they can reasonably regain eligibility within such deeming period.

Duration: The deeming period for CCA members who lose MassHealth (Medicaid) eligibility is one month (30 days) for both Senior Care Options and One Care.

Impact on Eligibility: Members should be aware that the 30-day deeming period of continuous Medicare coverage without MassHealth (Medicaid) coverage is intended to provide additional time to resolve any issues related to MassHealth (Medicaid) eligibility.

Benefits During the Deeming Period: Members enrolled in Senior Care Options or One Care will continue to receive their Medicare benefits during this 30-day deeming period. They will no longer have coverage through the health plan for Medicaid services, and those services will not be payable. In some cases, they may have access through Fee-For-Service Medicaid or through other options, which are specific to each member.



Disenrollment: If MassHealth eligibility is not restored by the end of the deeming period, CCA must disenroll the member.

AUTHORIZATION REQUIREMENTS (If applicable):

Not Applicable.

REIMBURSEMENT GUIDELINES:

Medicare benefits

- **Reimbursement by CCA:** The member's enrollment in One Care or Senior Care Options remains active, and CCA continues to pay for all covered Medicare services. Members may be liable for cost-sharing. Members who qualify for the Qualified Medicare Beneficiary program have no Medicare cost sharing. Cost share amounts for some services may be billable to MassHealth Fee-for-Service. Providers should review member eligibility and EOP remarks before assessing any cost sharing.
- **No interruption of coverage:** For Medicare-covered services, the member should not experience a lapse in coverage during this time.

Medicaid benefits

- **Potential for out-of-pocket costs:** During the deeming period, a member has lost their MassHealth (Medicaid) eligibility. As a result, CCA will not provide coverage for **Medicaid services**.
- **Provider payment:** Providers of Medicaid-only services will not be reimbursed for these claims by CCA during the Deeming Period. If a member regains MassHealth (Medicaid) eligibility during the deeming period and has not yet been re-enrolled in CCA for MassHealth services, providers may bill MassHealth Fee-For-Service; providers should review member eligibility to determine any available source of payment. Please note that MassHealth eligibility may be reinstated with a retroactive effective date.
- **Financial responsibility:** If a member does not have MassHealth (Medicaid) coverage on the date of service, the provider should communicate with the member what their cost-sharing responsibility would be if the service is provided. If a member regains MassHealth (Medicaid) eligibility during the deeming period and has not yet been re-enrolled in CCA for MassHealth services, providers may bill MassHealth Fee-For-Service; providers should review member eligibility and EOP remarks before billing members. Please note that MassHealth eligibility may be reinstated with a retroactive effective date.



RELATED SERVICE POLICIES:

N/A

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, state and federal cost sharing rules, referral/authorization, utilization management guidelines, adherence to plan policies and procedures, and claims editing logic. CCA has the right to deny any claims without proper medical documentation.

REFERENCES:

Maintaining Care Quality in Transition: Navigating One Care's Shift to a FIDE-SNP
<https://justiceinaging.org/wp-content/uploads/2023/10/Maintaining-Care-Quality-in-Transition-Navigating-One-Cares-Shift-to-a-FIDE-SNP.pdf>

One Care Transition Planning

<https://www.mass.gov/info-details/one-care-transition-planning>

Medicare Managed Care Manual Chapter 16-B: Special Needs Plans, section 20.2.4.2.3

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c16b.pdf>

Medicare Advantage and Part D Enrollment and Disenrollment Guidance:

<https://www.cms.gov/files/document/cy-2024-ma-enrollment-and-disenrollment-guidance.pdf>

POLICY TIMELINE DETAILS:

1. Approved: December 2, 2025