



2026 CCA Benefits Frequently Asked Questions (FAQ) for Providers

Senior Care Options (SCO) and One Care

1. Key 2026 Benefits Updates Providers Should Know

What are the key benefits and plan updates for providers in 2026?

Senior Care Options (SCO) & One Care

- Acupuncture and chiropractic care require authorization after 20 visits.
- Covered Durable Medical Equipment (DME) includes what is covered by Medicare and MassHealth.
- Medical transportation includes medical destinations covered by Medicare and MassHealth.
- Massage therapy will not be covered for either plan.
- New vendors for diabetic testing supplies (Roche) and routine vision (EyeMed).

Senior Care Options (SCO)

- New vision yearly allowance is \$300.
- New Over-the-Counter (OTC) quarterly allowance is \$420.
- Non-medical transportation is covered for members with Special Supplemental Benefits for Chronically Ill (SSBCI).

One Care

- One Care has transitioned from a Medicare-Medicaid demonstration plan to a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) for 2026 and beyond.
- New vision allowance is \$75 every 24 months.
- Dental implants are not covered.
- As One Care transitions to a FIDE-SNP plan in 2026, expanded home and community-based services (HCBS) that were covered under the Medicare-Medicaid demonstration are no longer federally authorized as standard covered benefits. If a member's needs are not met by standard Medicare and MassHealth services or informal/community supports, they may be covered as Flexible Benefits when medically necessary, have a positive impact on health outcomes (e.g., recovery or independent living), included in the member's Individualized Care Plan and authorized.

How are CCA SCO and One Care members being informed of benefit changes?

All CCA members received the [Annual Notice of Change \(ANOC\)](#), which describes in detail their 2026 benefits. CCA Care Partners & Care Teams are calling members to discuss their service plans and any changes to their covered services.



2. One Care Benefit Updates

Why is One Care plan transitioning to a FIDE SNP?

On January 1, 2026, CCA One Care will transition from a Medicare-Medicaid Plan (MMP) demonstration program to a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). These changes will impact all One Care plans across Massachusetts and similar MMPs across the country.

Now that the Medicare-Medicaid Plan demonstration period is ending in Massachusetts, the One Care program can continue in a FIDE SNP model, which offers a stable, long-term solution, versus the demonstration plan which needed continuous renewal.

As we navigate these changes to One Care, we remain focused on making sure our members can continue to live well in their homes and communities. We are committed to supporting our members and ensuring that their needs are met.

How does the One Care plan transition to a FIDE SNP impact One Care benefits?

As One Care transitions from a MMP to a FIDE SNP, certain expanded services above and beyond Medicare and MassHealth coverage that were covered under the MMP (“demonstration services”) will no longer be covered as standard benefits. However, MassHealth allows plans flexibility to cover these services if a member's needs are not met by standard Medicare and Medicaid services. Certain services may be covered through Flexible Benefits when they are medically necessary, address an otherwise unmet need, have a positive impact on health outcomes (e.g., recovery or independent living), are authorized and documented in a member's Individualized Care Plan.

What are Flexible Benefits?

If a member's needs cannot be met with Medicare and MassHealth-covered services or through informal or community supports, then CCA may offer certain services as Flexible Benefits if:

- There is not an alternative Medicare or MassHealth-covered service, informal or community support that meets the member's needs,
- The service meets medical necessity criteria, and
- The service is expected to positively impact outcomes, such as promoting independent living or recovery.

These services require prior authorization and must be documented in the member's Individualized Care Plan (ICP).

Flexible Benefits include:

- Adult Companion
- Chore Service
- Home-Delivered Meals



- Homemaker
- Laundry
- Home Environmental Accessibility Adaptations
- Transportation (non-emergent non-medical): *Up to 10 one-way trips/month (<50 miles) available to all One Care members without prior authorization*

**Personal Care Agency is not listed as a 2026 Flexible Benefit but will be addressed through the continuity of care process.*

Will Flexible Benefits require prior authorization?

Yes, Flexible Benefits will require prior authorization, with the exception of non-medical transportation.

For non-medical transportation, CCA will cover up to 10 one-way trips per month, within 50 miles. This transportation benefit is available as a Flexible Benefit to all One Care members and does not require prior authorization.

How will CCA support members through this transition?

CCA is working with members currently receiving expanded demonstration services to support them with transitions on an individualized basis between now and March 31st, 2026. CCA is working with members to assess if a covered service (e.g., Personal Care Attendant or Group Adult Foster Care) or informal/community support can meet their needs, and if so, to transition their services accordingly. Our goal is to minimize disruption for members as much as possible. One Care members with existing authorizations for demonstration services that are not covered in 2026 are eligible for a continuity of care authorization, through March 31, 2026, or until they have an assessment that finds a new covered service. Current services will remain in place until new services are scheduled and approved, which may occur before or after March 31st, 2026. If there is no alternative covered service or informal/community support that meets the member's needs, CCA will consider Flexible Benefits.

How do I help my One Care members qualify for Flexible Benefits?

Qualifying for Flexible Benefits will depend on your members' individual needs. CCA care teams will be working with CCA-covered One Care members to document all their needs and available services and supports in their individual care plan. Please reach out to your member's CCA care team directly if you think they need additional supports.

How can I confirm if CCA One Care members qualify for a Flexible Benefit?

You can support members by:

- Reaching out to the member's CCA care team to discuss which services you are requesting. The care team can review your request with you to determine the best options to meet the member's needs.
- Always check eligibility before providing a service to a member.



Will flexible benefits be a long-term solution, or only short-term?

One Care members will be reassessed by the care team on a regular basis for continuation of Flexible Benefits.

Is there a One Care Flexible Benefits Medical Necessity Guideline (MNG)?

CCA expects to publish a One Care Flexible Benefits MNG in January 2026.

3. SCO Benefit Updates

Will CCA SCO members be able to access Home and Community-Based services (HCBS)?

CCA SCO members who meet medical necessity criteria may receive additional Home and Community-Based Services (HCBS). These additional HCBS are intended to help members continue to live safely in their homes and communities. Services must be included in member's Individualized Care Plan (ICP) and require Prior Authorization. As always, authorization should be requested for the amount, duration, and scope that is medically necessary.

What are the criteria for SCO members to access HCBS services?

CCA SCO members who meet medical necessity criteria may receive additional Home and Community Based services (HCBS). Please refer to CCA's Medical Necessity Guidelines (MNG) for any inquiries surrounding criteria for HCBS for SCO members. CCA has developed a [Home and Community Based Services \(HCBS\) for Members who Meet Home Care Program Criteria \(SCO\) MNG](#) effective 1/1/2026.

What is the SSBCI program?

SSBCI stands for Special Supplemental Benefits for Chronically Ill. Through the SSBCI program, CMS allows plans to offer special non-primarily health related supplementary benefits to chronically ill members who qualify. SSBCI is for SCO members only.

The SSBCI benefit gives SCO members who qualify access to

- Food purchased using the Healthy Savings Card
- Utilities paid for using the Health Savings Card
- Non-medical transportation (up to 10 one-way trips per month, within 50 miles)

What are the criteria for a SCO member to qualify for the SSBCI program?

For SSBCI benefits, members must be approved by CCA and meet all 3 of the following criteria:

1. Have an active qualifying chronic condition of Diabetes, Chronic lung disorder, Chronic heart failure and/or Cardiovascular disorders.
2. Require intensive care coordination.
3. Be at risk of hospitalization or other adverse outcomes.



What is the process for getting qualified members on the SSBCI program?

To be approved for SSBCI, CCA must have one of the following:

- A valid attestation completed by the member's treating provider demonstrating that the member meets all criteria to qualify for SSBCI benefits, or
- Claims of an active qualifying chronic condition and documentation via claims and a current MDS assessment that the member meets all SSBCI qualifying criteria.

For additional questions regarding SSBCI benefits, please visit CCA's [Special Supplemental Benefits for the Chronically Ill \(SSBCI\) eligibility page](#).

How can a provider determine if a member is on the SSBCI program?

Providers can support their members in determining their SSBCI status by calling Member Services with them. Member Services can check a member's SSBCI status. Member services can be reached by calling 1-866-610-2273 or by emailing memberservices@commonwealthcare.org.

Is every member eligible for food with the OTC card?

No, only CCA Senior Care Options members with SSBCI benefits can also use their Healthy Savings card to pay for eligible food and CCA-covered foods and utilities. For additional questions regarding SSBCI benefits, please visit CCA's [Special Supplemental Benefits for the Chronically Ill \(SSBCI\) eligibility page](#).

Are fitness benefits only available to SCO members?

CCA partners with Silver & Fit to offer fitness benefits to SCO members. Silver and Fit provides digital fitness choices, home fitness kits, on-demand workouts, fitness apps, and live coaching that covers healthy aging topics like exercise, nutrition, social isolation, and more. Members can join an in-network fitness facility at no cost.

4. Prior Authorizations (SCO and One Care)

How can a provider submit prior authorization requests for services (e.g., for more chiropractic appts)?

Prior Authorization requests require a completed Standard Prior Authorization Request form and supporting clinical documentation in accordance with relevant Medical Necessity Guidelines (MNG) to be submitted via fax to 855-341-0720 or via the CCA Provider Portal.

As of 1/1/2026, providers have the choice to submit prior authorization requests either by fax or via CCA's Provider Portal (for contracted CCA providers who registered on Portal) in the "Authorization Request" section. Please choose only one of these modes per prior authorization request to avoid duplication that may slow processing.

More information on prior authorization can be found in [CCA's 2026 Provider Manual](#).



What are the criteria for One Care members to access flexible benefits?

CCA expects to publish a One Care Flexible Benefits MNG in January 2026. The MNG will be posted on the provider website [MNG page](#) once approved.

When a service is terminated, will members receive a termination letter that includes their appeal rights?

Yes. Members are informed whenever there is a change to their service plan, and the communication includes information about their appeal rights.

How will a provider or vendor be notified of service changes?

Providers will continue to receive notifications for authorization approvals, denials, and partial approvals via fax. Providers should call CCA Provider Services if they have an authorization-related question.

Please contact CCA Provider Services at **1-866-420-9332**. Hours of availability are 8:00 a.m. to 5:00 p.m. Monday through Wednesday and Friday, and from 8:30 a.m. to 5:00 p.m. Eastern Time (ET) on Thursdays.

How can a provider confirm prior authorization requirements?

Please see the [CCA's 2026 Provider Manual](#) and the [2026 Prior Authorization List](#).

5. Supplemental Benefits – SCO and One Care

Will CCA SCO and One Care members have access to transportation?

In 2026, there will be **unlimited non-emergency medical trips up to 50 miles** to locations covered by Medicare and MA Health Standard for both SCO and One Care members as a supplemental benefit. For medical rides over 50 miles, prior authorization is required. Transportation is offered to members who do not have access to alternate modes of transportation which include family and friends or public transportation.

For non-emergent, non-medical transportation, One Care will cover **up to 10 one-way trips per month, within 50 miles**. This benefit is available to all One Care members as a Flexible Benefit and does **not** require prior authorization.

There are some SCO members who may qualify for non-medical trips. Members with Supplemental benefits for Chronically Ill (SSBCI) will have coverage for up to 10 one-way trips per month within 50 miles for non-medical purposes as part of their care plan.

CCA partners with Coordinated Transportation Solutions “CTS” to administer these transportation benefits.



Is prior authorization required for ambulance transport for hospital discharges with a distance less than 50 miles?

Non-emergent ambulance transport will require prior authorization. Members must meet medical necessity for transport to home via ambulance.

Is prior authorization required for non-emergent medical transportation over 50 miles for One Care and SCO members in 2026?

Yes, requests for non-emergent medical transportation over 50 miles require prior authorization.

Are Teladoc services free of charge to members?

Teladoc is a free service for all SCO and One Care members.

Will eyecare specialty testing (imaging, visual fields, OCT) be covered by EyeMed or CCA directly? Will these services require prior authorization?

EyeMed will provide routine vision benefits on behalf of CCA. Non-routine benefits will continue to be administered through CCA as it is today.

The specialty testing services listed above align with the non-routine benefit. Prior authorization may be required based on the service.

Are overdentures a covered service?

Overdentures are not covered for One Care members for plan year 2026. They will continue to be covered for SCO members in 2026.

As a reminder, One Care plans were not eligible to file Medicare supplemental benefits for plan year 2026. Overdentures are considered a supplemental benefit since they are above and beyond the MassHealth covered benefit and also not covered by Medicare.

What are the dental benefits covered for SCO members in 2026?

Please refer to the [SCO member handbook](#) for a full listing of the SCO benefits. Covered dental benefits for SCO members include preventive services, dentures, crowns, and implants (benefit limitations apply).

6. Enrollment – SCO and One Care

What is the phone number for members to call and enroll in CCA SCO and One Care plans?

Interested members should call 1-855-210-8042 (TTY 711) to enroll in CCA.

How does the One Care plan transition to a FIDE SNP impact enrollment?

This change means eligible individuals will enroll directly with managed care organizations that participate in the One Care program rather than through the state. Starting in 2026, CCA will:



- Accept referrals directly from provider and other community organizations
- Support individuals in each step of the enrollment process
- Ensure individuals are fully informed about the One Care benefits and care coordination support they can rely upon

For additional details, please, refer to:

- The [MMP to FIDE SNP Fact Sheet](#)
- The [Annual Notice of Change \(ANOC\)](#)
- The [2026 Provider Manual](#)

If any of your members have questions about enrolling with CCA, you may provide this phone number: 1-855-210-8042 (TTY 711).

If a One Care member turns 65 years, can they keep their One Care plan or do they automatically change to SCO?

One Care members may remain in the One Care product once they turn 65 and beyond, if they meet the other eligibility criteria. However, if there is a break in CCA coverage that requires the member to re-enroll with CCA, and member is 65+, SCO will be the only product available to them if they meet the SCO eligibility requirements.

7. Additional Resources for Providers

What additional resources are available for providers?

For more information and support, please refer to the following resources:

- **CCA Provider Manual:** Review the [2026 Provider Manual](#) on our website for important updates and operational changes.
- **CCA Member Handbook:** Review the 2026 Member Handbook as well as the Annual Notice of Changes (ANOC) on our website for important benefits information.
 - [One Care Member Benefits](#)
 - [SCO Member Benefits](#)
- **CCA Provider Services:** For more information, please contact CCA Provider Services at **1-866-420-9332**. Hours of availability are 8:00 a.m. to 5:00 p.m. Monday through Wednesday and Friday, and 8:30 a.m. to 5:00 p.m. Eastern Time (ET) on Thursdays.

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