



# 2026 CCA Medicaid Deeming Frequently Asked Questions (FAQ) for Providers

## CCA SCO and One Care Plans

### 1. Understanding the Deeming Period

#### What is a deeming period?

A **deeming period** is a temporary continuation of coverage in a dual eligible special needs plan (D-SNP) for members who lose MassHealth (Medicaid) eligibility and who are reasonably expected to regain it. The purpose of the deeming period is to reduce disruption in anticipation that the members will regain coverage with MassHealth (Medicaid).

If a member loses MassHealth (Medicaid) eligibility and is reasonably expected to regain eligibility, they enter what is called a '**deeming period**.'

- During this one-month period, the members remain enrolled in their CCA plan for Medicare benefits only.
- MassHealth (Medicaid) benefits are paused and not available during this time until the member regains their MassHealth (Medicaid) eligibility.
- If MassHealth (Medicaid) eligibility is not restored by the end of the deeming month, the member will be disenrolled from the CCA plan and transition to Original Medicare.

#### Why did my members receive a letter about losing MassHealth (Medicaid) eligibility?

MassHealth is required to review Medicaid eligibility annually. They use a redetermination process to do so. MassHealth sends members letters when they need to redetermine (also called renewal of coverage), request additional information (RFI), and to inform a member if they have lost or regained their MassHealth eligibility. CCA also sends letters when members lose their MassHealth eligibility, including:

- **Deeming Letter:** This means that the member has lost MassHealth eligibility and will be receiving Medicare-only coverage from CCA for one additional month to allow them time to regain their MassHealth.
- **Disenrollment Letter:** This means the member lost MassHealth eligibility about 30 days ago and will soon be disenrolled from CCA once the one-month deeming period ends.
- **Coverage Reinstatement Letter:** This means MassHealth has confirmed eligibility and full Medicaid benefits are active again through CCA.

#### Why might my member lose MassHealth (Medicaid) eligibility?

Members can lose MassHealth coverage for a variety of reasons, most often because they do not respond at all, respond partially or if updated details show they no longer qualify.



If a member receives a notice that they've lost MassHealth coverage, it typically means one of the following:

- MassHealth requested additional information to confirm eligibility but did not receive it in time.  
**OR**
- MassHealth determined that the member is no longer eligible based on the information provided.

### **Can my member regain MassHealth (Medicaid) coverage?**

Yes. Members may regain coverage by submitting additional information to MassHealth. If a member regains eligibility within MassHealth's 90-day Reconsideration Period, in many cases MassHealth eligibility can be reinstated retroactively.

### **How does the deeming period apply to CCA members?**

Effective Jan 1, 2026, to assist members who lose their MassHealth eligibility, CCA will cover Medicare benefits for a one month deeming period to allow members time to regain their MassHealth coverage. In this deeming month, though MassHealth eligibility has been lost, impacted members keep their CCA membership. During deeming CCA will continue to cover member's Medicare benefits, however, CCA will not cover MassHealth benefits.

If a member regains their MassHealth eligibility before the end of the deeming month, CCA coverage for MassHealth benefits is reinstated effective on the 1st of the following month. In this case, MassHealth coverage may be retroactive, closing the gap through MassHealth fee-for-service.

If a member does not regain their MassHealth eligibility before the end of the deeming month, the member is disenrolled from CCA at the end of the deeming month. They can re-enroll in CCA if they subsequently regain their MassHealth coverage.

### **What happens if my member regains eligibility?**

If the member regains MassHealth eligibility

- **During the deeming month:** eligibility is often retroactively reinstated through MassHealth fee-for-service (FFS) so that there is no gap in coverage until CCA resumes the following month.
- **After the deeming month:** The member must re-enroll with CCA as the deeming month has passed. If it is within MassHealth's 90-day Reconsideration period, MassHealth FFS may cover services retroactively in certain circumstances.
- **Within MassHealth's 90-day reconsideration period:** MassHealth fee-for-service may provide coverage for services retroactively.
  - MassHealth has a 90-day reconsideration period during which eligibility may be reinstated without a new MassHealth application if the member provides the necessary information.

- This reconsideration period is effective after eligibility ends and runs concurrently with deeming. For example, if MassHealth eligibility ends on 11/17, CCA Benefits (Medicare and MassHealth) continue through 11/30, then the deeming period runs 12/1-12/31 (Medicare coverage only), and the reconsideration period is 11/18-2/18.
- If eligibility is regained during the reconsideration period, in certain circumstances members may have their MassHealth coverage reinstated retroactively (through MassHealth fee-for-service).

## 2. Eligibility and Enrollment Verification

### How does a provider verify eligibility prior to delivery of service?

All providers are expected to **verify member eligibility and plan enrollment prior to delivery of service**. Providers should confirm member eligibility on a regular basis prior to rendering services, even if prior authorization covers a long period.

To validate member eligibility, providers may use:

- **MassHealth Eligibility Verification System (EVS) through the Provider Online Service Center (POSC) for MassHealth eligibility**
  - Members in deeming will show as ineligible for MassHealth Standard/CommonHealth, but may have other MassHealth eligibility (e.g., Medicare Savings Program/Qualified Medicare Beneficiary)
  - Members in deeming will show their CCA Medicare coverage as *Other Insurance: Commonwealth Care Alliance*.
  - Members in deeming who have regained coverage will show MassHealth Standard or CommonHealth FFS until they're re-enrolled with CCA the first of the following month
- **Availity**
  - Members in deeming will show the following message: *Effective XX/XX/2026 this member has Medicare coverage only. This member's Medicaid coverage ends on XX/XX/2026. For questions on member benefits, please check Provider Manual on CCA's website.*
  - The message is displayed in the Plan Maximums and Deductibles portion of the Eligibility screen.
- **NEHEN**
  - Members in deeming will show the following message: *Effective XX/XX/2026 this member has Medicare coverage only. This member's Medicaid coverage ends on XX/XX/2026. For questions on member benefits, please check Provider Manual on CCA's website.*
  - The message is displayed in the Benefit Information Tab of the Check Patient Eligibility screen.



Detailed deeming eligibility information will not be available in CCA's Provider Portal.

Ancillary providers should validate eligibility in the systems below.

- Routine dental providers will use SkyGen to check member eligibility
- Routine vision providers will use EyeMed Provider Portal to check member eligibility
- Routine hearing providers will use Nations Hearing Provider Portal to check member eligibility

If you still have questions on eligibility after using these tools, 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 on Thursdays from 8:30 a.m. to 5:00 p.m. Eastern Time (ET).

### **How often should providers check eligibility status?**

Providers are required to validate member eligibility on a regular basis prior to rendering services, even if prior authorization covers a long period. The frequency may depend on how often the service is provided.

## **3. Support for Members During Deeming**

### **How is CCA helping members who are in, or about to enter, the deeming month?**

CCA's primary goal is to help members avoid deeming whenever possible by assisting with the MassHealth renewal process early. For members who do enter deeming, CCA provides proactive and ongoing support:

- **CCA Renewal Specialists** work directly with members to help them maintain or regain MassHealth coverage.
- CCA runs a robust outreach campaign (calls, letters, and other communications) to remind members about renewal deadlines and guide them through the process.
- If a member no longer qualifies for MassHealth, CCA helps them **explore Medicare coverage options** and transition their care smoothly.

CCA's focus is on assisting members with the MassHealth renewal process – before and during deeming – to help them keep their coverage, or when necessary, regain it quickly. The members we serve can get support from **CCA's Renewal Specialists** who help members to regain coverage.

### **What is the role of the CCA Renewal Specialist?**

CCA's Renewal Specialists are dedicated to helping members keep or restore their MassHealth coverage. They:

- Assist members with MassHealth paperwork and eligibility requirements.
- Provide one-on-one support by phone to guide members through the renewal process.
- Are available **Monday–Friday, 8:30 AM–5:00 PM at 844-497-2228 (TTY 711)**.



### **What is the role of the CCA care team?**

The care team is essential in supporting members during deeming. When members lose or regain eligibility, the care team will reach out to members who may be impacted to ensure continuity of care or to review care alternatives.

### **What is the role of the provider during the deeming month?**

The provider also plays an essential role in supporting members during deeming. Here's how you can support:

- Verify member eligibility and enrollment prior to delivery of services.
- Ensure that members are aware that they have lost their MassHealth coverage and the importance of responding to any information requested by MassHealth to regain it.
- Direct members who need help with MassHealth eligibility to:
  - **CCA's Renewal Specialist Team: 844-497-2228 (TTY 711)**
  - MassHealth Customer Service: 1-800-841-2900
- Understand cost-sharing requirements and communicate any member responsibility.

CCA and providers share the same goal: help members maintain or regain coverage and minimize disruption in care. If members enter deeming, CCA will make every effort to help them restore coverage quickly and ensure continuity of services.

## **4. Service Coverage During the Deeming Period**

### **Which services will CCA cover when my member is in the deeming month?**

During deeming, CCA continues to cover a member's Medicare benefits only.

If you have questions about whether a service is covered, 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 on Thursdays from 8:30 a.m. to 5:00 p.m. Eastern Time (ET).

### **Which services will not be covered by CCA when my member is in the deeming month?**

During the deeming period, CCA will not cover services that are covered by MassHealth/Medicaid but are not covered by Medicare. These MassHealth-only services include but are not limited to long-term services and supports, such as Personal Care Attendant (PCA), Adult Foster Care (AFC), and Group Adult Foster Care (GAFC), as well as Flexible Benefits that are not covered by MassHealth or Medicare but may be offered by CCA with authorization when One Care members are not in deeming.

For MassHealth covered services, MassHealth fee-for-service (FFS) may in some cases provide retroactive coverage for services if a member regains eligibility within the 90-day Reconsideration Period.

If a member regains their MassHealth eligibility before the end of the deeming month:



- CCA MassHealth benefits coverage is reinstated effective the 1st of the following month.
- MassHealth FFS may retroactively close the coverage gap until CCA coverage resumes.

### **Will existing prior authorization approval letters be adjusted when my member enters the deeming month?**

Existing prior authorization will remain active during the deeming month to ensure a smooth resumption of coverage if full CCA benefits coverage resumes afterward. However, CCA will only pay claims for Medicare-covered services rendered during the deeming month. MassHealth covered services rendered during the deeming month are not payable by CCA.

Authorization does not guarantee eligibility or payment. Eligibility must always be confirmed prior to service delivery to avoid denied claims.

## **5. Reimbursement and Billing**

### **Will CCA reimburse MassHealth (Medicaid) services during Deeming?**

No. CCA does **not** reimburse MassHealth services during the deeming period.

- If MassHealth eligibility is later reinstated retroactively during the deeming month, providers may bill MassHealth FFS.
- Providers should discuss potential cost responsibility with members when MassHealth eligibility is not active.

For additional information, please refer to the [Deeming Payment Policy](#).

### **Will my members have out-of-pocket costs for services provided during the deeming month?**

It depends on the member's coverage status and program eligibility.

- **MassHealth (Medicaid) Services:** CCA does not reimburse providers for Medicaid services during deeming.
  - For Medicaid only benefits, members may be fully responsible for 100% of the cost if they do not have MassHealth coverage.
  - If members regain their MassHealth coverage within the 90-day reconsideration period, in some cases MassHealth FFS coverage is reinstated retroactively and members won't have any costs.
  - If MassHealth eligibility is regained before the end of the deeming month, CCA MassHealth benefits resume the first of the following month.
- **Medicare Services:**
  - Some Medicare-covered benefits are \$0 cost share, such as
    - Medicare covered preventive services,
    - Home health services, and
    - Medicare supplemental benefits.

- For benefits covered by Medicare where Medicaid pays a share (e.g., doctor's appointments), members MAY be responsible for cost sharing.
- Most CCA members have a **Medicare Savings Program (e.g., QMB)** which means that they are not responsible for cost sharing. Members with QMB status cannot be billed for Medicare Parts A and B cost sharing, including coinsurance, deductibles or copays.
- Those few CCA members who do not have QMB status may have cost sharing for Medicare services during deeming.
- Part D drugs are prescription drugs available at a pharmacy. CCA will cover the cost of Part D drugs during the deeming period, so that members will not have any copays at the pharmacy.
- **Provider Tips:** Encourage members to seek assistance promptly to reduce potential out-of-pocket costs.
  - If a member does not have MassHealth Coverage, inform them of any cost-sharing responsibility for services provided while coverage is inactive.
  - Exact costs vary by provider reimbursement rates, services, and available member aid. Advise members to contact your office or pharmacy directly for details.

### **How does a provider verify if a member has a Medicare Savings Program (QMB)?**

Providers should verify a member's QMB status and exemption from cost-sharing charges using CMS's [HIPAA Eligibility Transaction System \(HETS\)](#). This information is also available in MassHealth's Eligibility Verification System through the Provider Online Service Center (POSC)

### **What should providers expect to see on the Explanation of Payment (EOP) for members in deeming?**

The EOP will show the Claims Adjustment Reasons Code (CARC) 209 for both full dual SCO and One Care members, as well as for members in deeming with a QMB indicator. Members in deeming will additionally show the CARC 109 and Remittance Advice Remark Code (RARC) N130.

Each code is defined below:

- CARC 109: Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
- CARC 209: Per regulatory or other agreement. The provider cannot collect this amount from the patient. However, this amount may be billed to subsequent payer. Refund to patient if collected.
- RARC N130: Consult plan benefit documents/guidelines for information about restrictions for this service.



## 6. Additional Resources for Providers During Deeming

### 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 Payment Policies:** Access all current CCA payment policies at [ccama.org/providerpaymentspolicies](http://ccama.org/providerpaymentspolicies). For deeming specific details, please review the [Deeming Payment Policy](#).
- **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 on Thursdays from 8:30 a.m. to 5:00 p.m. Eastern Time (ET).

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