



Network Notification

Notice: December 24, 2025
To: Senior Care Options and One Care DME Suppliers
From: Commonwealth Care Alliance, Inc. (CCA)
Subject: Important Notice to DME Suppliers: Deeming Period Guidance
Effective Date: January 1, 2026

Dear Provider Partner,

A deeming period is a temporary continuation of health plan enrollment for individuals who lose Medicaid eligibility and are reasonably expected to regain eligibility, as a way to reduce disruption.

In 2026 Commonwealth Care Alliance, Inc. (CCA) will continue coverage of Medicare benefits for a deeming period of one month to allow members to regain coverage with MassHealth (Medicaid). During this period, Medicaid benefits will not be covered due to the loss of MassHealth (Medicaid).

What suppliers need to know

- The deeming period starts on the first day of the month after coverage is lost and ends on the last day of that month.
- During this period:
 - **Medicare-covered services remain eligible**
 - **MassHealth-covered services are not payable by CCA**
- When the deeming period ends:
 - If a member has not regained MassHealth (Medicaid) coverage, they will be fully disenrolled from CCA and their coverage will end when the deeming period ends.
 - If a member has regained MassHealth (Medicaid) coverage, they will be fully reinstated on the first day of the month *following the deeming period*.

Supplier responsibilities

- Suppliers must **verify member eligibility**
- Eligibility should be verified as outlined below (“When suppliers should check eligibility”) as member status may change
- **To verify member eligibility, please use one of the following methods**
(*Supports batch eligibility transactions):
 - [MassHealth Provider Online Service Center](#)
 - [Availity Provider Portal*](#)
 - [NEHEN Provider Portal*](#)

When suppliers should check eligibility

- Before shipping or delivering orders
 - Always verify eligibility **before** the item is provided.
 - Please remember that DME dates of service are normally on the date of delivery, per Medicare’s Claims Billing Manual, Ch. 20, and MassHealth’s regulations at 130 CMR 409, with limited exceptions.

- Confirm:
 - Member is still enrolled in a CCA plan
 - That the effective date and coverage type (Medicare and Medicaid versus Medicare only) covers the date of service or delivery.
- These eligibility checks are critical during deeming periods, when Medicaid may have ended but Medicare coverage under a member's CCA D-SNP plan can be active.
- At the start of each month
 - Deeming, re-instatement and disenrollment typically occur on a monthly basis.
 - Monthly checks help prevent denied claims for ongoing rentals or recurring supplies.
- Before submitting a claim
 - Re-confirm eligibility before billing to ensure:
 - The member was eligible on the date of service
 - The correct payer (plan versus traditional Medicare versus MassHealth (Medicaid) for members in Medicare Shared Savings programs such as Qualified Medicare Beneficiaries (QMBs).
- Before refills, replacements, or ongoing rentals
 - For items such as oxygen, enteral, CPAP, wheelchairs, or supply refills

Billing & Reimbursement

- If a supplier fulfills an order for a member who is in a deeming month and therefore ineligible for MassHealth (Medicaid) covered benefits:
 - **CCA will reimburse the supplier according to Medicare coordination-of-benefits guidelines**
 - **CCA will not cover any MassHealth (Medicaid) covered items or supplies**
- Members enrolled in a Medicare Shared Savings program such as **QMBs**:
 - Cannot be billed for Medicare cost-sharing
 - May have cost-sharing covered through MassHealth fee-for-service, even if full MassHealth eligibility is temporarily lost
- Members may also qualify for **Extra Help**, which can impact cost responsibility
 - See MLN SE1128 / [MLN7936176](#), which cover provider and supplier guidance for beneficiaries who have Extra Help. These Qualified Medicare Beneficiaries have additional protections from cost sharing under federal law for Medicare-covered items and services.

Key Reminder

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

Questions?

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). *Please note that CCA Provider Services will be closed on December 25 (Christmas Day) and January 1 (New Year's Day) in observance of federal holidays.*

We also encourage you to review the recently published [2026 CCA Provider Manual](#), which includes important updates on:

- Eligibility and deeming requirements
- Credentialing and utilization management policies
- Revised claims submission guidelines
- Enhanced compliance and fraud prevention standards

Thank you for your continued partnership in delivering high-quality care to our members.

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