

UnitedHealthcare[®] Community Plan of Massachusetts

OneCare and Senior Care Options

Overview

Massachusetts OneCare and Senior Care Options (SCO) recent program and system changes.

While member coverage has not changed, eligibility information may now look different in provider systems. This bulletin explains what providers may see, what actions (if any) are required, and how to ensure continuity of care for members.

What are OneCare and Senior Care Options D-DSP plans?

- Dual-Eligible Special Needs Plans are Medicare Advantage plans for individuals who qualify for both Medicare and Medicaid. OneCare and Senior Care Options (SCO) are specialized Massachusetts health plans for low-income individuals, combining Medicare and MassHealth (Medicaid) benefits into one program.
- Senior Care Options serves seniors (65+), while One Care covers adults (21–64), providing fully integrated care teams, care coordinators, and specialized services to help members stay independent.

What Changed?

- Member Massachusetts OneCare and SCO are now Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) with exclusively aligned enrollment.
- Members must be dually eligible for Medicare (Parts A & B) and MassHealth to enroll or remain enrolled.
- Eligibility systems now display Medicare and Medicaid eligibility separately, which may appear as multiple IDs or records for the same member.

This is expected and does not mean the member has multiple plans.

Who Is Eligible?

OneCare	SCO
<ul style="list-style-type: none">• Ages 21–64• Must have Medicare Parts A & B AND MassHealth	<ul style="list-style-type: none">• Ages 65+• Must have Medicare Parts A & B AND MassHealth

Medicaid-only members are no longer eligible for SCO as of January 1, 2026. These members continue to receive Medicaid coverage through MassHealth Fee-for-Service.

How Providers Should Bill

- Providers should not choose between Medicare or Medicaid.
- Submit claims as you normally would, based on the service rendered.
- The integrated plan applies the appropriate Medicare-first and Medicaid coordination logic automatically.
- Members receive one ID card and one coordinated benefit experience.

Member Deeming Period

For both OneCare and SCO, UnitedHealthcare applies a 60-day member deeming period when a member experiences a loss or change in MassHealth eligibility.

During the 60-day deeming period:

- The member remains enrolled
- Coverage continues without interruption
- Providers should continue rendering covered services
- Claims should be submitted as usual

Scenario-Based Examples

Scenario 1: Member Loses Medicaid on 2/1

- The member enters a **60-day deeming period (2/1–4/1)**.
- Coverage continues during this time.
- Providers should continue treating the member and submit claims normally.

If MassHealth is restored by 4/1:

The member remains enrolled with no disruption.

If MassHealth is NOT restored by 4/1:

A **Final Loss of SNP** notice is issued and the member is disenrolled after the deeming period.



Scenario 2: Provider Sees Two IDs for the Same Member

- One ID reflects **Medicare eligibility**
- One ID reflects **Medicaid eligibility**
- This does **not** mean two plans or two claims are required

* Please note: When verifying eligibility, please follow the instructions outlined below:

- **If you have a copy of the member's ID card:** select the record that matches the number on the card.
- **If the member ID card is not available:** select one of the IDs and use it consistently to request authorizations and submit claims, following standard processes. The system will automatically reconcile the information.

Submit claims as usual — the system handles coordination.

Scenario 3: SCO Member Is Medicaid-Only

- Medicaid-only members are **no longer eligible for SCO**
- The member transitions to **MassHealth Fee-for-Service**
- SCO coverage ends following standard eligibility notifications

Common Questions

Why does this member show more than one ID or eligibility record?

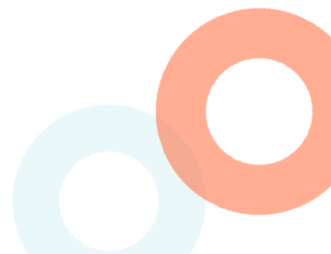
Beginning in 2026, Medicare and Medicaid eligibility are displayed as **separate records**. This is expected and does not indicate multiple plans. The member remains enrolled in **one fully integrated D-SNP plan**.

Do I need to submit multiple claims because I see multiple records?

No. Providers should submit claims **once**, as they normally would. Providers are not expected to determine whether Medicare or Medicaid applies.

Has the member's coverage changed because eligibility looks different?

No. As long as the member remains dually eligible (or is within the deeming period), coverage continues without change.



What happens if a member temporarily loses MassHealth?

The member enters a **60-day deeming period** during which coverage continues and providers should continue care.

What if the member regains MassHealth during the deeming period?

No disruption occurs. The member remains enrolled and coverage continues seamlessly.

What if the member does not regain MassHealth within 60 days?

The member receives a **Final Loss of SNP** notice and is disenrolled following the deeming period.

Are Medicaid-only members still eligible for SCO?

No. SCO is limited to members who are dually eligible for Medicare and MassHealth.

What should I do if eligibility looks unclear?

- Continue providing care if the member is in a deeming period
- Verify eligibility through the Provider Express secure portal
- Contact Optum Provider Services for assistance, if needed

Providers are **not expected to interpret enrollment logic** or system displays.

Who can I call if I need additional assistance?

- For benefit or clinical questions, please call the phone number on the back of the member's insurance card.
- For contract or credentialing questions, please call the dedicated Massachusetts Provider Services line at **1-866-860-7308**.

