



Statewide Medicaid Managed Care (SMMC) New Program Highlight: Continuity of Care Provisions

The Agency for Health Care Administration (Agency) contracts with health and dental plans to provide Medicaid services to health plan enrollees. The Agency recently entered into new contracts with health and dental plans that will greatly benefit enrollees and providers. This document is part of a series that highlights the program changes in the new Statewide Medicaid Managed Care (SMMC) health and dental plan contracts. [Under the new SMMC contracts, health and dental plans continue to be required to ensure continuity of care \(COC\) during the transition period for Medicaid recipients enrolled in the SMMC program.](#)

The Agency will transition to the new contracts in February of 2025. The plans will operate in 9 Regions throughout the state.

Region	Counties
A	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington
B	Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia
C	Pasco and Pinellas
D	Hardee, Highlands, Hillsborough, Manatee, and Polk
E	Brevard, Orange, Osceola, and Seminole
F	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
G	Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
H	Broward
I	Miami-Dade and Monroe

Florida Medicaid has programs called the Managed Medical Assistance (MMA), Long-Term Care (LTC), and Dental programs. These programs provide Medicaid state plan services through a managed care plan.

Continuity of Care Requirements

COC requirements ensure that when enrollees transition from one health plan to another, one service provider to another, or one service delivery system to another (i.e., fee-for-service to managed care), their services continue seamlessly throughout their transition. The Agency has instituted the following COC provisions:

- Health care providers should not cancel appointments with current patients.
- Providers will be paid by the enrollee’s new managed care plan.
- Providers will be paid promptly by the enrollee’s new managed care plan.
- Prescriptions will be honored by the enrollee’s new managed care plan.

For additional questions regarding COC requirements, please reach out to your health or dental plan directly. Program requirements, such as COC are available on the Agency’s SMMC website here:

ahca.myflorida.com/medicaid/statewide-medicare-managed-care/new-smmc-program.

Health Plan (MMA and LTC) Responsibilities

MMA and Long-Term Care (LTC) Health plans must honor any ongoing service, or routine appointments scheduled prior to moving to a new health plan, including those services previously authorized under the fee-for-service delivery system for a minimum of 90 days after the effective date of enrollment. Health plans must reimburse non-participating providers at the rate they received prior to the enrollee transitioning for a minimum of 60 days, unless the provider agrees to an alternative rate.

Dental Plan Responsibilities

Dental plans must honor any ongoing course of treatment, or routine scheduled appointments, if it was authorized prior to the enrollee's enrollment into the plan for a minimum of 90 days after the effective date of enrollment. Dental plans must reimburse non-participating providers at the rate they received prior to the enrollee transitioning for a minimum of 30 days, unless the provider agrees to an alternative rate.

Examples of Continuity of Care Requirement Exceptions

Both Health and Dental plans have exceptions to the continuity of care requirements listed in the contract.

- For **MMA**, if the enrollee's primary care practitioner or behavioral health provider reviews the enrollee's treatment plan, and a new plan of care is in place. In addition, the following services may extend beyond the 90-day COC period:
 - Prenatal and postpartum care for the entire course of pregnancy including postpartum care (six weeks after birth).
 - Transplant Services for one-year post-transplant.
 - Oncology services including radiation and/or chemotherapy services for the duration of the current round of treatment.
 - Full course of treatment of therapy for Hepatitis C treatment drugs.
- For **LTC**, if the enrollee receives a comprehensive assessment, a plan of care is developed, and services are authorized and arranged as required to address the LTC needs of the enrollee.
- For **Dental** plans, active orthodontic services may extend beyond the 90-day continuity of care period.

The new plan cannot require any form of authorization and cannot require that the services be provided by a participating (in network) provider. Health plans are also responsible for the coordination of care for new enrollees transitioning into the plan.

For more information on the SMMC program, visit: ahca.myflorida.com/medicaid/statewide-medicaid-managed-care.

What to Expect:	
Late September 2024	The Agency will mail all voluntary Florida Medicaid recipients a letter explaining that the Statewide Medicaid Managed Care program is transitioning and that they will need to either select a managed care, opt not to enroll in a managed care plan, or be automatically enrolled in a managed care plan.
Mid-November 2024 (Regions F-I)	The Agency will inform all recipients of their managed care plan assignments via letter, which will include additional information on how to disenroll or change plans if desired. Recipients may change their assigned plan by visiting flsmmc.com or calling 1-877-711-3662.
Early December 2024 (Regions A-E)	
February 1, 2025	All recipients, including voluntary recipients who have opted to enroll in a managed care plan will begin receiving their Florida Medicaid services through the Statewide Medicaid Managed Care program.