



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

November 26, 2024

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2024-21

Applicable to the **2018-2024 & 2025-2030 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

RE: Enrollee Continuity of Care Data for SMMC 3.0

In accordance with the 2018-2024 SMMC Contract:

- The Managed Care Plan is required to provide to the Agency or its agents any other information, documentation, or data relative to this Contract in accordance with 42 CFR 438.604(b). In such instances, and at the direction of the Agency, the Managed Care Plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The Managed Care Plan must have at least thirty (30) days to fulfill such ad hoc requests unless the Agency directs the Managed Care Plan to provide data or information in less than thirty (30) days. The Managed Care Plan must certify that data and information it submits to the Agency is accurate, truthful, and complete in accordance with 42 CFR 438.606 (Attachment II, Section XVI.A.1.b.). The purpose of this policy transmittal is to inform 2018-2024 Managed Care Plans of an ad hoc request for enrollee data.

In accordance with the 2025-2030 SMMC Contract:

- The Managed Care Plan must be responsible for continuity of care for new enrollees transitioning into the managed care plan. In the event a new enrollee is receiving a prior authorized ongoing course of treatment with any provider, including those services previously authorized under the fee-for-service delivery system or by the enrollee's immediate former managed care plan, the Managed Care Plan must be responsible for the costs of continuation of such course of treatment, without any form of authorization and without regard to whether such services are being provided by participating or non-participating providers for at least ninety (90) days after the effective date of enrollment. For at least sixty (60) days, the Managed Care Plan must reimburse non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning, unless said provider agrees to an alternative rate (Attachment II, Section VIII.H.). The purpose of this policy transmittal is to inform the Managed Care Plan about how to send and receive enrollee continuity of care data during the implementation of the 2025-2030 SMMC contract. The Managed Care Plan must adhere to its plan-specific commitment regarding continuity of care that exceed the standard requirements in the model contract.

The requirements for enrollee continuity of care data are detailed in the attachments to this policy transmittal.



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If you have questions or concerns, please contact your Agency contract manager at (850) 412-4004.

Sincerely,



Brian Meyer
Deputy Secretary for Medicaid

BM/sc

Attachment 1: Instructions

Attachment 2: PA Layouts: Inbound and Outbound

Attachment 3: PNV Provider Data (PD) File Specs

Attachment 4: Participant Directed Option (PDO) Template

Attachment 5: Non-Emergent Transportation (NET) Template

Attachment 6: Plan PA Submission Checklist