Statewide Medicaid Managed Care (SMMC) 3.0 Snapshot: 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.

The SMMC Program has different plan types, including Managed Medical Assistance (MMA) plans, Long-Term Care (LTC) plans, Comprehensive plans (cover both MMA and LTC), and dental plans. Each plan type provides Medicaid state plan services through the managed care model. The MMA, LTC, and comprehensive plans can also offer enhanced specialty care for their enrollees, such as HIV/AIDS and serious mental illness.

Continuity of Care Requirements

COC requirements ensure that when enrollees transition from one health plan 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-medicaid-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 period of time 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 period of time, unless the provider agrees to an alternative rate.*

*See charts on next page for plan-specific commitments for COC time periods

Below is a table outlining the plan-specific commitments on COC:

Health Plan Continuity of Care Commitments – Time Periods		
Health Plans	The Managed Care Plan shall 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 up to _____ days after the effective date of enrollment.	The Managed Care Plan shall reimburse non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning for a minimum of _____ days, unless said provider agrees to an alternative rate.
AETNA	120 days	90 days
CCP	90 days	60 days
FCC	120 days	90 days
HUMANA	90 days	90 days
MOLINA	120 days	90 days
SIMPLY	90 days	90 days
SUNSHINE	120 days	60 days
UNITED	120 days	90 days

Health Plan Continuity of Care Contact Information	
AETNA	Elba M. Tapanes Lead Director, Network Management 786-209-5362 TapanesE@aetna.com
CCP	Provider Operations Hotline: 1 (855) 819-9506
FCC	Provider Relations: 1-833-322-7526
HUMANA	Marybell Rivera FLMedicaidPR@humana.com
MOLINA	(855) 322-4076 MFLProviderServicesManagement@MolinaHealthcare.com
SIMPLY	Tina Kane 813-853-2462 tina.kane@simplyhealthcareplans.com For LTC: Providers can call 877-440-3738 and ask for the CMOD (Case Manager on Duty) or they can email SimplyTransferPOC@anthem.com
SUNSHINE	Provider Services number: 1-844-477-8313 Sonya Frazier Provider Operations Senior Manager Sonya.P.Frazier@SunshineHealth.com.
UNITED	Provider Services contact center at: MMA: 1-877-842-3210 prov_exec_esc@uhc.com LTC: 1-800-791-9233 fl_ltc_network@uhc.com Online/chat: www.uhcprovider.com

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.