



## Statewide Medicaid Managed Care (SMMC) Program Highlight: Continuity of Care – Behavioral Analysis (BA) Providers

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. [In particular, this document highlights the enhanced continuity of care \(COC\) provisions for behavioral analysis \(BA\) providers who are not enrolled in a plan network. Note that recipients not enrolled in a managed care plan will continue to have BA services authorized and reimbursed through traditional fee-for-service \(FFS\).](#)

For a general overview of COC, please see the Agency's Continuity of Care Highlight Document on the SMMC 3.0 Webpage: <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/new-smmc-program/program-highlights>.

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

### **Continuity of Care: Behavior Analysis Providers**

The Agency has strict contractual requirements that the SMMC plans must follow regarding the COC processes and the SMMC plan's responsibilities to all providers.

Regarding COC for BA providers, the Agency is requiring SMMC plans to provide enhanced COC during the implementation of BA into managed care. SMMC plans are required to honor prior authorizations for BA services for a minimum of 90 days during the COC period.

This contract language was issued via a Statewide Medicaid Managed Care (SMMC) Policy Transmittal: <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/2025-2030-smmc-plans/agency-communications-to-smmc-plans-effective-2025-2030>.

### **Individual Health Plan COC Requirements:**

Below are links to a description of the specific COC processes for BA providers for each SMMC plan. Each plan has an outlined process for topics including number of COC days, prior authorization requirements, claims submission, and provider reimbursement. Each plan also provides resources and contact information for more details.

### Health Plan Behavioral Analysis Continuity of Care Process:

<b>AETNA</b>	<a href="https://www.aetnabetterhealth.com/florida/providers/index.html">https://www.aetnabetterhealth.com/florida/providers/index.html</a>
<b>CCP</b>	<a href="https://www.ccpcares.org">https://www.ccpcares.org</a>
<b>FCC</b>	<a href="#">FCC-Billing-process-for-Behavioral-Analysis-BA-Services.pdf</a>
<b>HUMANA</b>	<a href="https://provider.humana.com/medicaid/florida-medicaid/aba-toolkit">https://provider.humana.com/medicaid/florida-medicaid/aba-toolkit</a>
<b>MOLINA</b>	<a href="https://www.molinahealthcare.com/providers/fl/medicaid/home.aspx">https://www.molinahealthcare.com/providers/fl/medicaid/home.aspx</a>
<b>SIMPLY</b>	<a href="https://provider.simplyhealthcareplans.com/florida-provider/ba-coc">https://provider.simplyhealthcareplans.com/florida-provider/ba-coc</a>
<b>SUNSHINE</b>	<a href="https://www.sunshinehealth.com/providers/resource-guides.html">https://www.sunshinehealth.com/providers/resource-guides.html</a>
<b>UNITED</b>	<a href="https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/fl/resources/FL-BAP-QRG.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/fl/resources/FL-BAP-QRG.pdf</a>

In general, some standard COC processes BA providers will need to follow are listed below:

#### *COC Timeline:*

Each SMMC plan outlines the number of days of COC it provides (90 days or above) in the information documents linked above.

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

### Health Plan Continuity of Care Commitments – Time Periods (BA)

<b>Health Plans</b>	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.
<b>AETNA</b>	90 days	90 days
<b>CCP</b>	90 days	60 days
<b>FCC</b>	120 days	90 days
<b>HUMANA</b>	120 days	120 days
<b>MOLINA</b>	120 days	90 days
<b>SIMPLY</b>	90 days	90 days
<b>SUNSHINE</b>	120 days	120 days
<b>UNITED</b>	120 days	60 days



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### *Claims Submission:*

To receive reimbursement during the COC period, BA and other non-participating providers will need to submit claims for approved services rendered during the COC period. These claims are filed in a similar manner to filing claims during periods of normal operations. Claims can generally be submitted either electronically through a portal or via paper claims.

Each plan has a process for submitting claims for COC, which are outlined in the individual plan informational documents linked above.

### *Reimbursement:*

Providers (including BA providers) initiating COC will be reimbursed by the plans. Plans must adhere to their negotiated payment terms in accordance with a plan-specific continuity of care period as listed in Exhibit I-N, Plan-Specific Commitments, of Attachment I – Scope of Services. 60 days is the minimum, but some plans negotiated more.

Information about each plan's reimbursement policy is outlined in the individual plan informational documents linked above.

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For general information related to BA under the new SMMC 3.0 program, please review the BA highlight at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/new-smmc-program/program-highlights>.

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