

Florida Medicaid Health Care Alert

January 25, 2019

Provider Type(s): All

Statewide Medicaid Managed Care: Continuity of Care Provisions

The Agency for Health Care Administration (Agency) contracts with Medicaid health and dental plans to provide services to health plan enrollees in the Statewide Medicaid Managed Care (SMMC) program. The Agency recently entered into new contracts with health and dental plans. As part of those contracts, the Agency achieved program changes that greatly benefit enrollees and providers.

The Agency is transitioning to the new contracts through a regional phased roll-out. Roll-out for phase three, the final phase, will occur Friday, February 1, 2019.

Health and dental plans are required to ensure continuity of care (COC) during the transition period for Medicaid recipients enrolled in the SMMC program. 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.** Health plans must honor any ongoing treatment that was authorized prior to the recipient's enrollment into the plan for up to 60 days after the roll-out date in each region. This includes if an enrollee has routine appointments.
- **Providers will be paid.** Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network. Plans must pay for previously authorized services for up to 60 days after the roll-out date in each region, and must pay providers at the rate previously received for up to 30 days.
- **Providers will be paid promptly.** During the continuity of care period, plans are required to follow all timely claims payment contractual requirements. The Agency will monitor complaints to ensure that any issues with delays in payment are resolved.
- **Prescriptions will be honored.** Plans must allow recipients to continue to receive their prescriptions through their current provider, for up to 60 days after



the roll-out date in each region, until their prescriptions can be transferred to a provider in the plan's network.

More information about COC provisions can be referenced on the COC program highlight document and links to specific plan websites with continuity of care information, which is posted on the Agency's website at www.ahca.myflorida.com/smmc. Once on the page, click Program Changes, then the Outreach and Presentations link.

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE <http://ahca.myflorida.com/Medicaid/complaints/> | **CALL** 1-877-254-1055

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via [Facebook \(AHCAFlorida\)](#), [Twitter \(@AHCA_FL\)](#) and [YouTube \(AHCAFlorida\)](#).

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