



Molina Healthcare of Florida, Inc.

Continuity of Care (COC) FAQ

For Molina Healthcare's contract effective 2/1/25, Molina is honoring a 120-day continuity of care (COC) period. During a member's COC period, Molina will reimburse for continuing services when there is an active prior authorization from the member's prior managed care plan or from the Fee-For-Service delivery system without additional authorization. **Non-participating providers will be reimbursed at the rate they received prior to the enrollee's transition for up to 90 days.**

Q. Does continuity of care apply to Molina Healthcare members who are continuing with Molina, were active under the old Contract or have not experienced a break in enrollment?

- A. COC does not apply. This is because there cannot be a continuing course of treatment that was authorized by another plan or fee-for-service delivery system. Molina will continue to manage the member's services as we did prior to the transition to the new SMMC program. Molina will assess the need for services, authorize as appropriate, review and pay claims per normal.

Exception: Behavioral Analysis (BA) services through June 1, 2025. COC will apply to continuing Molina members who were approved and receiving BA services through the Fee-For-Service delivery system.

Q. How does COC work for members new to Molina beginning 2/1 or after or if there has been a break in enrollment?

- A. Molina will reimburse for continuing services previously authorized by the member's prior managed care plan or through fee-for-service at the time of transition. A new authorization is not required from Molina:
- While the existing prior authorization is active
 - Up to 120 days or until:
 - The existing prior authorization expires
 - A new treatment plan is developed/authorized

Q. Are providers required to contract with Molina during the Continuity of Care period to be reimbursed?

- A. No. Molina will reimburse non-par providers at their previously authorized rate until a new agreement is reached, the previous authorization lapses, or up to 90 days, whichever is sooner. If you are not part of the Molina network, contact the provider contracting team to discuss becoming par or download and fill out the Provider Contract Request Form found on our "Frequently Used Forms" page: MolinaHealthcare.com/Providers/FL/Medicaid/Forms/Fuf.aspx.

Q. Are claims submitted the same way during the COC period?

- A. Any claim submitted must still meet Medicaid technical requirements and follow Molina and

Medicaid submission requirements with the exception of authorization and participating criteria – must be a “clean” claim. COC claims may be subject to manual handling/processing to ensure proper payment. It is possible providers may see automated messaging that reflects standard handling as this process is completed. Molina reviews and pays most claims within Medicaid guidelines (98% within 20 days).

While claims may be paid faster, we suggest waiting 15 days from the submission to see the final adjudication messaging. If you have questions, contact your assigned Provider Relations representative, which you can find in the Territory Assignments Contact List on Molina’s “Contact Us” page: MolinaHealthcare.com/Providers/FL/Medicaid/Contacts/Contact_Info.aspx.

Q. Are there exceptions for the COC period?

A. Standard exceptions to COC apply. For example, continuous inpatient admissions remain the responsibility of the plan at the time of admission, irrespective of plan change.

Q. Does COC apply for Behavioral Analysis Services?

A. Yes, COC applies to ALL members receiving behavioral analysis services irrespective of whether they were previously enrolled with Molina 2/1/2025 - 6/1/2025. This is because BA is a new service under managed care for all plans. All authorizations prior to 2/1 were therefore under the fee-for-service delivery system. Standard COC applies 6/2 onwards – i.e. when a new member joins from another plan or has a break in coverage.

Q. Does COC apply to Molina members from regions no longer serviced by Molina or when a member disenrolls from Molina?

A. COC applies to the transitioned member’s NEW plan in these circumstances. Molina will not reimburse for services it previously authorized for dates of service if the member is disenrolled. Providers should contact the member’s new managed care plan to discuss payment.

If you have questions, please contact Molina Healthcare at: (855) 322-4076
Thank you for your continued care to our members!

Molina Healthcare of Florida