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STATEWIDE MEDICAID MANAGED CARE (SMMC) CONTINUITY OF CARE AND AUTHORIZATION REQUESTS

As the Agency for Health Care Administration (the Agency) continues to transition Statewide Medicaid Managed Care (SMMC) enrollees as part of the SMMC Health and Dental Plan regional phased roll-out, providers are reminded of the SMMC Continuity of Care (COC) provisions: http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/COC_Program_Highlight_122018.pdf. The COC provisions allow Medicaid enrollees transitioning into a new health plan to continue receiving previously authorized services from their current provider for:

- Managed Medical Assistance (MMA) services, for up to sixty (**60**) days after enrollment or until the enrollee's primary care practitioner or behavioral health provider reviews the enrollee's treatment plan.
- Long-Term Care (LTC) services, for up to sixty (**60**) days after enrollment or until 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.
- Dental services, for up to ninety (**90**) days after enrollment or until the enrollee's primary dental provider reviews the enrollee's treatment plan. Some dental plans offer a longer COC period; check your provider handbook for more information.

During the COC period, the new plan may require proof of provider appointment, prescriptions, prior authorizations, and treatment plans/plans of care **AFTER SERVICES HAVE BEEN DELIVERED** in order to process payments. However, the new plan may not require the provider to submit a new authorization request simply to receive payment during the COC period.

If a provider requests a new authorization during the COC period (e.g., the previous service authorization is expiring or the enrollee's service needs have changed), the health or dental plan will review the new request for medical necessity in compliance with their contract requirements. The new authorization request would be accompanied by updated documentation (physician's order, treatment plan, etc.) from the enrollee's physician or behavioral health provider, therefore, this new authorization will take the place of the previous authorization, and the COC provisions will no longer apply to that service.

For more information on the SMMC program, visit: www.ahca.myflorida.com/smmc.