CLAIM MD

Medical Clearinghouse

# Navigating Florida Medicaid Managed Care Changes in 2025: What Providers and Billers Need to Know

On February 1, 2025, the Florida Agency for Health Care Administration (AHCA) officially rolled out its new **Statewide Medicaid Managed Care (SMMC) 3.0 program**. This transition moved nearly all Florida Medicaid recipients into managed care plans, marking a major shift away from traditional fee-for-service Medicaid.

## Key Changes:

### 1. Automatic Enrollment into Managed Care Plans

As of February 1, 2025, nearly all Florida Medicaid patients were automatically assigned to a Managed Care Plan – even if they had previously been covered under fee-for-service Medicaid. This move is part of the state's effort to streamline Medicaid delivery by shifting patient care and reimbursement to private managed care organizations (MCOs) such as Sunshine Health, Humana, and Simply Healthcare.

### 2. Continuity of Care Provisions

To minimize disruption, AHCA implemented continuity of care requirements to protect patients during the transition:

- Providers were required to continue treating patients for 60 to 90 days after plan assignment – even if they were out of network – while receiving reimbursement at Medicaid-equivalent rates.
- Pregnant patients must continue receiving care from their existing providers throughout pregnancy and the postpartum period, regardless of network status.

For detailed information, refer to **AHCA's Continuity of Care Provisions**.

## Implications for Stakeholders:

### Providers:

- Review contracts with new Medicaid MCOs to ensure network participation.
- Stay informed about patient plan assignments to prevent billing errors and claim denials.

### Medical Billers:

- Anticipate an initial increase in claim rejections due to plan transitions.
- Implement real-time eligibility checks for every Medicaid patient visit.
- Update practice management systems with new plan information and track continuity-of-care deadlines.

### Clearinghouses (e.g., Claim.MD):

- Prepare for increased eligibility verification requests.
- Update payer tables and ensure accurate claim routing to new MCOs.
- Educate clients on new payer IDs, continuity-of-care claim handling, and timely filing rules.

## Recommended Actions:

| Step | Action Item | Importance |
|---|---|---|
| 1 | Review contracts with new Medicaid MCOs | Ensure network participation or prepare for out-of-network billing. |
| 2 | Conduct eligibility checks at every patient encounter | Patients may change plans without prior notice. |
| 3 | Understand continuity of care timeframes | Prevent unnecessary patient discharges and claim denials. |
| 4 | Educate billing staff | Equip them to handle plan-specific rules and requirements. |
| 5 | Collaborate closely with your clearinghouse | Leverage their support to navigate the transition effectively. |

The SMMC 3.0 transition is now in effect across Florida. While continuity of care protections remain in place for patients, physicians, billers, and clearinghouses are already seeing the increased complexity and administrative burden this shift has introduced.

## You can expect:

- More payer variation and plan-specific rules
- Higher risk of claim denials (especially early in the transition)
- Greater demand for education and eligibility verification

This is where Claim.MD can help. Our clearinghouse tools are built to support real-time eligibility, updated payer routing, and claim-level visibility – giving providers and billers the tools they need to stay ahead.

## Useful Resources:

- **AHCA's New SMMC Program Overview**
- **Continuity of Care Provisions**
- **SMMC 3.0 Overview Presentation**

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