

FLORIDA HEALTHY KIDS – MCO CHANGE UPDATE

Changes are coming to the Florida Healthy Kids (FHK) program next year.

Starting January 1, 2020, three Managed Care Organizations (MCOs) will provide coverage for all Florida Healthy Kids members—**Aetna Better Health of Florida (Aetna)** and **Simply Healthcare (Simply)** will provide statewide coverage, and **Community Care Plan** will also be available in the following 8 counties: Indian River, Okeechobee, St. Lucie, Martin, Palm Beach, Broward, Miami-Dade and Monroe.

Therefore, **after December 31, 2019, Staywell Kids, United Healthcare and Sunshine Health will no longer provide coverage for Florida Healthy Kids members.**

Impacted families are being asked to select a new 2020 MCO during a Special Open Choice Period (October 28-November 30) so new member ID cards can be mailed and available for services starting January 1.

If you are interested in becoming an Aetna, Simply, or Community Care Plan provider, please contact the Provider Relations contacts listed below:

Aetna Better Health of Florida

Lissette Martinez

Martinezl3@aetna.com

959-299-6682

Community Care Plan

Remon Walker

rwalker@ccpcare.org

954-622-3308

Simply Healthcare

Dixie Hollis

dhollis@simplyhealthcareplans.com

813-425-8017

IMPORTANT!

Florida Healthy Kids is one of four Florida KidCare partners. Florida KidCare is the combined Medicaid and Children's Health Insurance Program (CHIP) program, offering a seamless continuum of coverage for children from birth through the end of age 18.

These changes apply only to **Florida Healthy Kids members (children ages 5-18).**

If you are a network provider for other Florida KidCare programs, nothing else will change.

There are no changes to the following Florida KidCare programs:

- ✓ **Children's Medical Services Managed Care Plan (CMS Plan)** for children with special medical needs: (birth-18)
- ✓ **Medicaid for Children:** (birth-18)
- ✓ **MediKids:** (children ages 1-4)

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FHK TRANSITION OF CARE POLICY

The Florida Healthy Kids Transition of Care Policy allows members in disease management and case management to continue seeing in-network providers for 60 days following an MCO change.

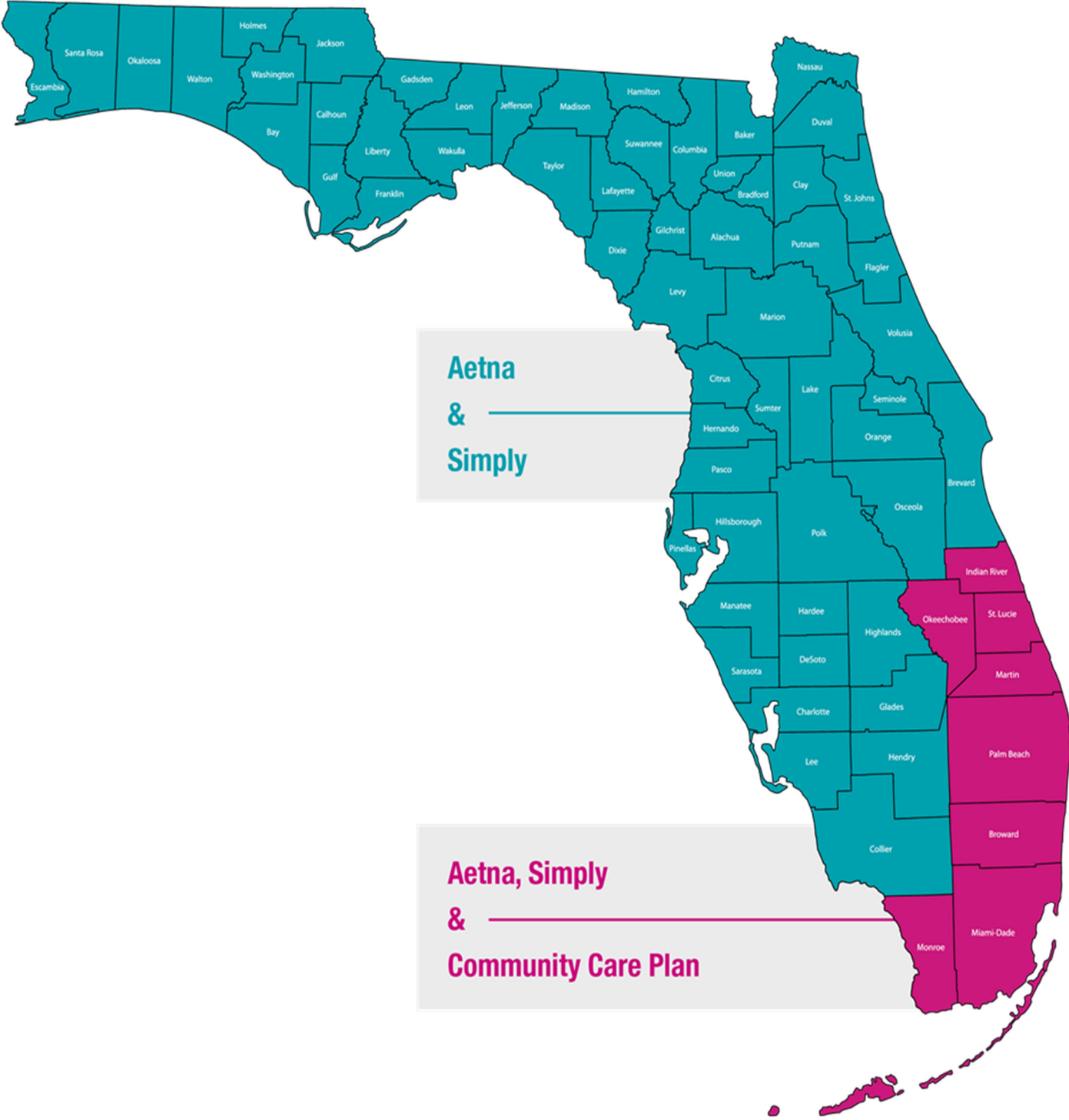
When an enrollee obtains services covered under the transition of care policy, the provider's office should:

- Use the new member ID card to verify active coverage
- Submit claims to the new MCO, including all the information needed for the MCO to process and pay the claim
- Provide written documentation of prior authorization of ongoing covered services prior to claims payment; it is not required prior to services being rendered although that may be preferred. Documentation may include prior existing orders, provider appointments, prescriptions, prior authorizations, and treatment plans or plans of care.

It is recommended, but not required, that the provider contact the new MCO and notify them of the enrollee's previously authorized services. This may allow the new MCO to process the claim faster and prevent any confusion over documentation timing.

If the provider is uncertain or has any questions about whether a specific service would be covered under the transition of care policy, they should call the new MCO to verify.

FLORIDA HEALTHY KIDS 2020 MCOs



**Aetna
&
Simply**

**Aetna, Simply
&
Community Care Plan**