



# Provider Guide to Non-Participating Providers

CCP is dedicated to coordinated care for all new enrollees enrolled into the plan. The coordination of care ensures all new enrollees receiving medical treatment through a previous health plan or fee-for-service Medicaid continue to receive the same course of treatment, without any prior authorization requirements and without regard to whether such medical treatment is being provided by participating or non-participating provider.

## Continuity of Care Requirements

As a provider, it is crucial to ensure that enrollees transitioning between health plans, service providers, or delivery systems (such as fee-for-service to managed care) experience seamless care. To facilitate this process, the Agency for Health Care Administration (AHCA) has established specific Continuity of Care (COC) requirements that providers must follow:

- **Maintain Scheduled Appointments:** Do not cancel appointments for current patients during their transition.
- **Payment Guarantee:** You will be reimbursed for services provided to transitioning enrollees by their new managed care plan.
- **Timely Reimbursement:** The new managed care plan is required to pay providers promptly.
- **Prescription Continuity:** Ensure that prescribed medications are honored and accessible through the enrollee's new managed care plan.

# Ongoing Services and Scheduled Appointments

Health plans are required to honor any ongoing services or routine appointments that were scheduled prior to the enrollee's transition. This includes services authorized under the fee-for-service delivery system for at least 90 days after the enrollee's effective enrollment date.

## Reimbursement for Non-Participating Providers

A non-participating provider delivering services to a transitioning enrollee, the new health plan must reimburse you at the rate you received before the transition. This reimbursement is required for at least 60 days, unless you agree to an alternative rate.

## Requirement Exceptions

These exceptions allow specific services to extend beyond the standard 90-day COC period. Here's what you need to know:

- **Prenatal and Postpartum Care:** Enrollees are entitled to care for the entire course of pregnancy, including postpartum care for six weeks after birth.
- **Transplant Services:** Coverage extends for up to one year after the transplant.
- **Oncology Services:** Radiation and chemotherapy treatments are covered for the duration of the current round of treatment.
- **Hepatitis C Treatment Drugs:** Full courses of therapy are covered.

### Medicaid (MMA) Enrollees

- If the enrollee's primary care or behavioral health provider reviews the treatment plan and establishes a new plan of care, this may qualify as an exception.

## Questions?

Community Care Plan Provider Operations: [1-855-819-9506](tel:1-855-819-9506)  
Monday through Friday from 8 am to 7 pm EST | [CCPcares.org](https://CCPcares.org)

## Additional Resources

Additional details and program requirements, including COC policies, can also be accessed on the [Agency's SMMC website](#).