Authorization During Continuity of Care (COC) Period

Use this guidance regarding authorizations during the CMS Plan transition and continuity of care period.

Provider Scenario	Guidance
COC time periods	Molina will honor previously authorized services that are active at the time of a member's transition to the plan during the applicable continuity of care (COC) period. Members may also continue receiving services from their current providers, regardless of contracting status, during the applicable COC period. The COC period ends when either the applicable COC period expires, or the member's care plan is finalized and new services are in place, whichever occurs first: • Up to 240 days (through May 29, 2027) for members transitioning from the CMS Plan operated by Sunshine Health to Molina Healthcare on October 1, 2026. • Up to 180 days for members transitioning on or after October 1, 2026, from another Statewide Medicaid Managed Care (SMMC) plan or the Medicaid Fee-for-Service delivery system.
Authorization ends between September 30 and November 30	Submit a request to Molina that includes information regarding the ending authorization and appropriate documentation to substantiate continued service. Molina will assess Medical Necessity and render a decision if the submitted documentation is sufficient. In some cases, Molina may issue up to a 60-day administrative extension of the authorization to facilitate continuity of care and allow time for reassessment or for complete documentation to become available. Providers should not stop services unless they have received a decision from Molina indicating that the services are denied.
Authorization ends December 1 onwards	Submit a request to Molina for a new authorization, submitting all required documentation. Molina will render a decision based on Medical Necessity and notify providers accordingly.
Authorization for new services beginning October 1 onwards	Submit a request to Molina for a new authorization, submitting all required documentation. Molina will render a decision based on Medical Necessity and notify providers accordingly. Continuity of Care does not apply to new services.

Provider Scenario	Guidance
How to submit authorization requests	Participating and non-participating providers can submit authorization requests through the Availity Essentials Portal. If you are unable to submit an authorization through the portal, fax the request to **(866) 440-9791**.
How do I know what requires authorization?	Use the Prior Authorization Look-Up Tool to determine what needs authorization and whether it should be submitted directly to Molina or another entity (e.g. Coastal Care Services).
What if I cannot see an existing authorization from Sunshine Health in the Molina system?	Molina will load the authorization information it receives, and providers will be able to view it in Availity. We will not change Sunshine authorization numbers. If an authorization is not available, please submit a request with a copy of the current authorization. We will acknowledge and load the information. Do not stop services for which you have an existing Sunshine authorization. There may be times when data syncing does not facilitate full information availability. Molina will reimburse for previously authorized services during the continuity of care period until such time as the existing authorization ends, or the new Care Plan and authorizations are in place - whichever occurs first. This is true for both participating and non-participating providers.