Children's Medical Services (CMS) Plan Transition FAQs

On 11/3/2025 the Florida Agency for Health Care Administration (AHCA) issued a Notice of Agency Decision to award Molina Healthcare of Florida a contract to provide services to enrollees of the Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program (CHIP)) Children's Medical Services (CMS) Plan.

When will CMS Plan transition to Molina?

- The go-live date is October 1, 2026.
- Molina is working closely with AHCA to facilitate a smooth transition.
- Molina encourages providers to apply to join the network as soon as possible to promote a smooth transition.

Is there a continuity of care (COC) period and how long will it last?

Molina will honor previously authorized services that are active at the time of a member's transition to the plan during the applicable 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 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.

Existing prior authorizations will be honored by the enrollee's new managed care plan.

How do I become part of the Molina network?

- Molina is accepting applications to join its network statewide.
- Providers can visit our CMS Providers webpage for information and to submit an application to join the network. We encourage providers to do this early to ensure timely incorporation in CMS Plan and Molina network.

How do I get contracted with the new plan?

Providers can visit our CMS Providers webpage for more information and to send us your interest in joining the network.

Who is the point of contact for in-network providers?

Please visit our website at Contact Us to find contact information for your Provider Representative.

How do I update my provider record and ensure I am fully credentialed?

All providers must log in into our new provider portal to verify credentialing status, accuracy of demographic information and rostered providers at molina5.my.site.com/ProviderManagement/s/.

Who do I need to contact at the new health plan to assure authorizations continue?

Molina will follow the Agency's Continuity of Care (COC) Provisions post transition and will honor existing authorizations during the COC period until a member's care plan is finalized and new authorizations are in place. For children currently enrolled in CMS Plan operated by Sunshine who choose another SMMC plan rather than CMS Plan by Molina Healthcare, standard COC provisions will apply. Details regarding COC for each health plan are available here: SMMC 3.0 Continuity of Care Provisions.

What do members need to do to move to the new plan?

Current CMS Plan enrollees do not need to do anything to maintain enrollment in CMS Plan by Molina Healthcare after October 1, 2026. Recipients wishing to enroll in CMS Plan now, or after October 1, 2026 should contact the Agency for Health Care Administrations Choice Counselling at (877) 711-3662 / TDD: (866) 467-4970 Monday – Thursday, 8:00 a.m. – 8:00 p.m., Friday 8:00 a.m. – 7:00 p.m.

What do I need to do differently when submitting claims and documenting services?

Molina Healthcare offers training to all providers on our Claims submission processes and working with Molina. Molina will post information about our training and information that is important to providers on its CMS Plan website.

Providers can submit claims to Molina as follows:

- Submit Claims directly to Molina via the Availity Essentials portal.
- Submit Claims to Molina through your EDI clearinghouse using Payer ID 51062, refer to our website MolinaHealthcare.com for additional information.

If electronic Claim submission is not possible, all hard copy (CMS-1500, CMS-1450 {UB-04}) claims must be submitted by mail to the address listed below.

Molina Healthcare of Florida, Inc.
PO Box 22812
Long Beach, CA 90801

What is the prior authorization process?

Molina offers the following electronic prior authorizations/service request submission options:

- Submit requests via 278 transactions. See the EDI transaction section of Molina's website for guidance
- Availity Essentials portal
- Phone: (855) 322- 4076
- Advanced imaging: (877) 731-7218
- Transplants: (877) 813-1206

Providers can submit authorization requests quickly and securely through the Availity Essentials portal. Providers can also find detailed guidance in the Provider Manual on our website.

Where do I access information regarding reimbursement and claims submission?

Providers can find detailed guidance in the Provider Manual on our website.

Additional claims and reimbursement resources are also available under FAQs and Training on our CMS Providers page.

Where can I find the prior authorization list?

Providers can access the Provider Manual and can utilize our Prior Authorization Lookup Tool on our website.

When will I hear from Molina?

Molina is actively contacting providers regarding its CMS Plan network. If you would like to send us your interest in joining Molina Healthcare's CMS Plan network, and to stay abreast of new information and training opportunities, please visit our CMS Providers.

How do I know if my provider network contracts automatically transfer to state's new vendor?

Current contracts with Sunshine Health Plan will not transfer to Molina Healthcare. Providers can visit our CMS Providers for information and to send us your interest in joining the network.