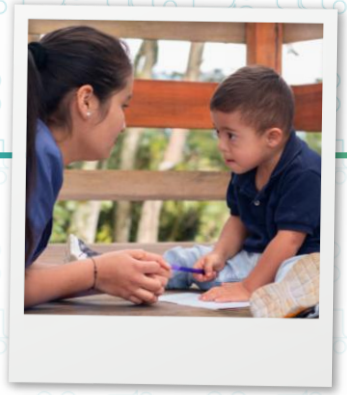
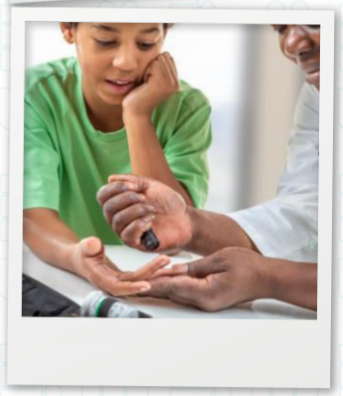
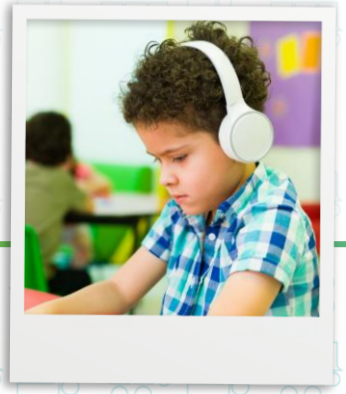






Children's Medical Services (CMS) Plan Overview

Molina Healthcare of Florida

August, 2026

Children's Medical Services Plan
BY MOLINA HEALTHCARE

Purpose & Objectives

1. CMS Plan Transition
2. What is Not Changing
3. What is Changing
4. Continuity of Care and the Service Delivery System
5. Next Steps & Transition-related Resources

Children's Medical Services Plan BY MOLINA HEALTHCARE

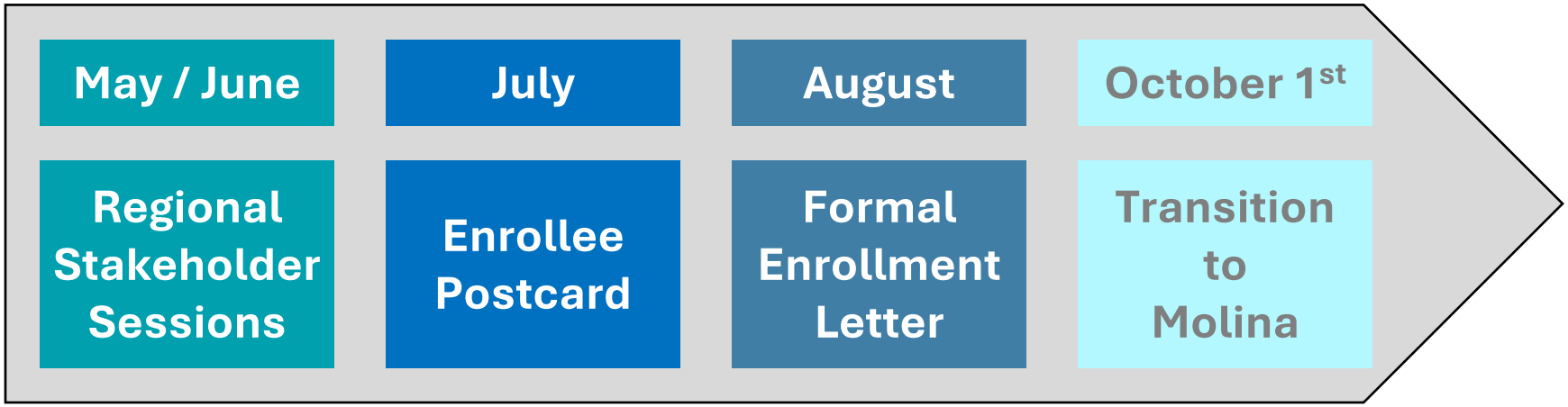
CMS Plan Transition

About Molina Healthcare of Florida

- Molina has deep knowledge and experience having served Florida families throughout the State for more than 20 years
- Comprehensive Specialty Plan serving MMA, Long Term Care, and SMI / HIV Specialty Products
  - Offer ACA Marketplace in 20 Florida counties
- Case Management, Provider Relations, and Community Engagement staff located throughout Florida
- 4-Star Quality rating from NCQA
- Commitment to investing in Florida communities

CMS Plan Transition Timeline Snapshot

Effective October 1, 2026, the operation of the CMS Plan will move from Sunshine State Health Plan to Molina Healthcare of Florida



Transition Principles

- Continuity of medically necessary care
- Maintain important relationships
- Clear communication and issue resolution

New contract will run through 2030

What is Not Changing?

What is NOT Changing?

CMS Plan Eligibility Requirements

Child & Family-Focus

Covered Benefits & Service Categories

Member Rights & Responsibilities

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What is NOT Changing?

Member Eligibility Requirements

- Must meet financial and clinical eligibility
  - Medicaid: Under 21 years old, enrolled in Medicaid, and meet clinical eligibility (as determined by Florida Department of Health (DOH))
  - CHIP: Under 19 years old, enrolled in Florida KidCare, and meet clinical eligibility (as determined by DOH)

Child & Family-Focus

- Supporting strong families
- Locally-based Case Management staff
- Availability of enrollee and family services, incentives, and supports to promote health and healthy behaviors

What is NOT Changing?

Covered Medical Benefits & Service Categories

- CMS Plan enrollees will continue to get the same medically necessary covered services as they do today (e.g., acute, behavioral, therapeutic services, including pharmacy and transportation services)

Dental Services

- Dental services will continue to be provided to CMS Plan enrollees
- The Dental Plans providing these services will not change as a result of the CMS Plan transition:
    - CHIP enrollees: Coordinated through Molina
    - Medicaid enrollees: Provided through State Dental Health Plan

Rights & Responsibilities

- Enrollee and family rights and grievance protections

What is Changing?

What IS Changing?

Enhanced Child & Family Benefits

Improving Well-Being & Quality of Life

Child & Family Programs

Administrative & Operational Changes

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Enhanced Expanded Benefits Categories

Expanded benefits are valuable extra services aimed at improving enrollee and family well-being and quality of life.

Medical & Behavioral — Supports for health & well being

- ✓ OTC allowance
- ✓ Adaptive equipment
- ✓ Sensory aids

Parents & Family — Family caregiver supports

- ✓ Wellness benefits
- ✓ Education & support
- ✓ Non-Medical Transport

Economic Self Sufficiency — Support health-related social needs

- ✓ Disaster support
- ✓ Child-welfare supports
- ✓ Education supports

Child & Family Programs

- Expanded coverage of evidence-based practices
  - High-fidelity wrap around services
  - First Episode Psychosis
  - Trauma-focused Cognitive Behavioral Therapy
- Tailored programs for families of enrollees receiving the following services:
  - Nursing Facility
  - Private Duty Nursing (PDN)
  - Statewide Inpatient Psychiatric Program (SIPP)
- Adolescent and young adult-focused digital support tools (e.g. Pyx Health)

Chronic Disease Management Programs

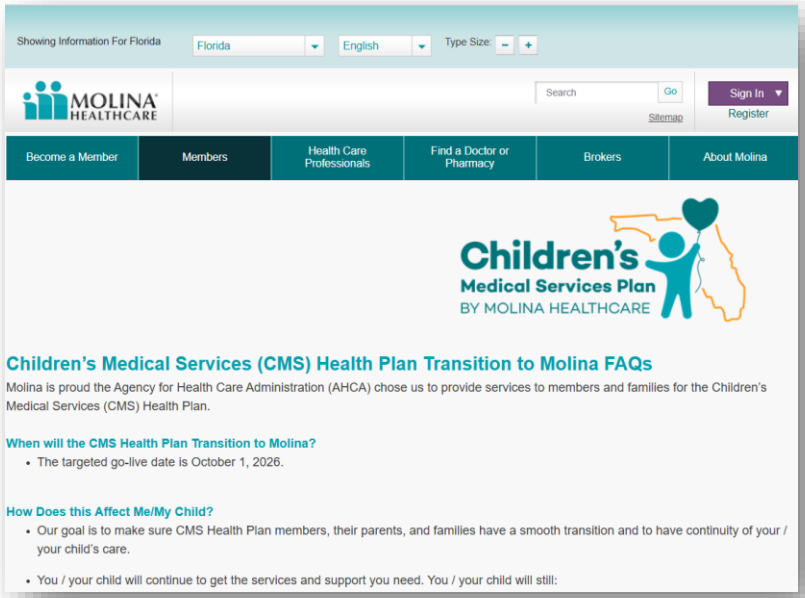
Specialized Chronic Disease Management team addressing physical health, behavioral health, & social needs of enrollees with chronic conditions.

Goals

- Ensure understanding of provider treatment plan, connect to specialists
- Connect with resources & techniques to self-manage & prevent escalation
- Improve quality of life, education and social engagement, and independence
- Support young adults in establishing care with adult-serving providers
- Key Chronic Conditions: Diabetes, Asthma, Cancer, Sickle Cell, Behavioral Health Conditions

Administrative & Operational Changes

- New contact information, websites, portals, and mobile apps
- Service Authorization and claims submission processes
- New enrollee ID cards
- Local, field-based Provider Relations staff along with behavioral health and quality experts to enhance outcomes and Provider experience



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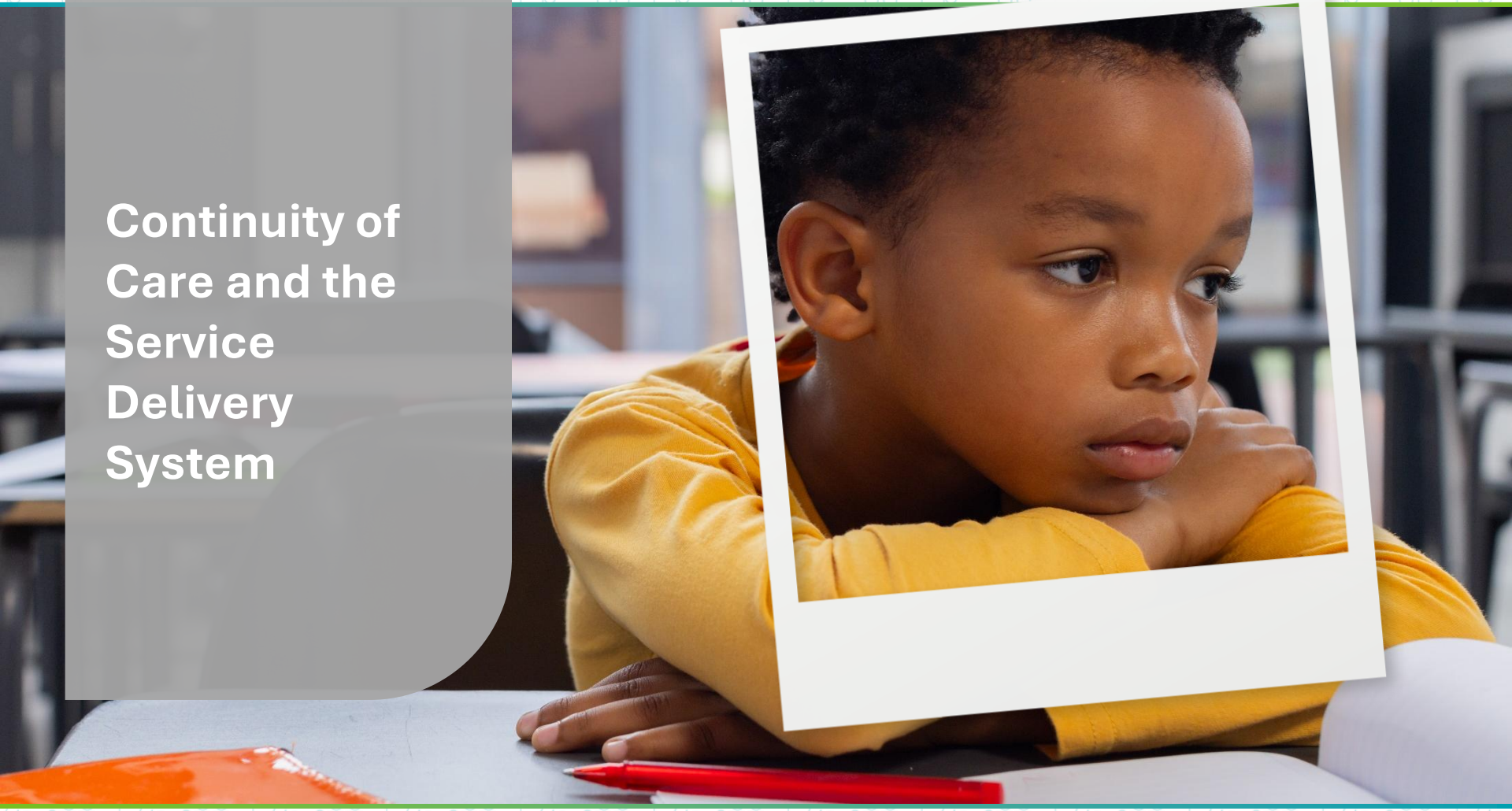
Continuity of Care and the Service Delivery System



Continuity of Care Period

- Current CMS Plan enrollees transitioning to Molina: Molina will honor prior authorizations approved before October 1, 2026 and will enable enrollees to continue seeing their current providers for up to 240 days (May 31, 2027), or until their care plan with Molina is finalized and ongoing services are authorized, whichever is sooner
- New CMS Plan enrollees (those who are transitioning from another SMMC Health Plan or the Medicaid Fee-For-Service delivery system on or after October 1, 2026) will have up to a 180-day continuity of care period
- Molina will pay the enrollees' current providers at the rate they received for services rendered prior to transition until the end of the continuity of care period unless there is an agreement to an alternative rate
- Providers **should not cancel appointments with CMS Plan enrollees**
- Providers will be **paid promptly** by Molina
- **Prescriptions will be honored** by Molina

Children's Medical Services Plan BY MOLINA HEALTHCARE

CMS Plan Service Delivery System

- Molina must follow Medicaid Rules and requirements to administer Medicaid services (service qualifications; medical necessity)
- National standards and clinical guidelines support Medical Necessity
- Focus: **Right level of service and modality to address clinical needs** (Peer-to-Peer Reviews; ICT and IMTs; Staffings)
- Clinical experts used: BCBAs, Therapists, Pediatric Pharmacist, Pediatric Psychologist, Pediatric MDs and nurses
- Authorization request process (par and non-par) is guided through Availity. Authorization and payment policies are on Molina's website

Provider Qualifications and Contracting

- Molina continues to build its network statewide
- Data-driven approach (Quality; Compliance; Congruency)

Next Steps & Transition-related Resources

Next Steps

- Current CMS Plan enrollees do not need to do anything to maintain CMS Plan enrollment after October 1, 2026
  - Enrollees will receive notice from AHCA 45 days prior to transition
  - Medicaid CMS Plan enrollees who do not want to transition to Molina can contact Choice Counseling to choose a different SMMC Plan
  - CHIP CMS Plan enrollees who do not want to transition to Molina can contact Florida KidCare to choose a different Healthy Kids or Medikids plan
  - CMS Plan enrollees choosing not to transition to Molina will no longer have access to CMS Plan benefits, but will retain their standard Medicaid or CHIP benefits
- Choice Counselling is available Monday – Thursday, 8am – 8pm, Friday 8am – 7pm at 1-877-711-3662 (TDD 1-866-467-4970)
- Florida KidCare is available Monday through Friday, 7:30am – 7:30pm at 1-888-540-KIDS (5437)

Children's Medical Services Plan BY MOLINA HEALTHCARE

How to Keep Informed

- **Member Portal:** www.flmedicaidmanagedcare.com and click the login/register button in the top navigation bar
- **Agency Website:** https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/2025-2030-smmc-plans/cms-plan-transition
- **Provider Alerts:** Sign up online at: ahca.myflorida.com/medicaid/florida-medicaid-health-care-alerts

Contacting Molina

- **Providers** interested in contracting with Molina can find information at: www.molinahealthcare.com/providers/fl/medicaid/CMS.aspx
- Molina is contracting with CMS Plan providers now and will prioritize contracting inquiries that promote Continuity of Care
- **Enrollees** interested in learning more about the CMS Plan by Molina can find information at: https://www.molinahealthcare.com/members/CMS

Children's Medical Services Plan BY MOLINA HEALTHCARE

Molina Healthcare of Florida is a Managed Care Plan with a Florida Medicaid Contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the Managed Care Plan. Limitations and/or restrictions may apply. Benefits may change. Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Medicaid Service Area Region I Counties: Miami-Dade, Monroe. For Enrollment, call Choice Counseling 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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (866) 472-4585 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (866) 472-4585 (TTY: 711). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (866) 472-4585 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (866) 472-4585 (TTY: 711).