

Managed Medical Assistance Frequently Asked Questions (FAQs) Insert



This insert responds to frequently asked questions about the Statewide Medicaid Managed Care program and how to enroll in a Managed Medical Assistance plan. It explains things like: what is Open Enrollment and what happens to my plan if I move or my address changes.

FREQUENTLY ASKED QUESTIONS

See the answer to frequently asked questions below:

Q: What if I want to change plans?

A: If you have been approved for Medicaid, you may change your plan during the first 120 days of your enrollment. After the 120 days you will only be able to change your plan during your open enrollment period or with a State-approved good cause reason.

Q: What is open enrollment?

A: Open Enrollment is the 60-day period each year when you can change plans without state approval. Open Enrollment occurs yearly on the anniversary date of your first enrollment into the plan.

Q: What is the no change period?

A: The no change period is the time period between the end of your initial first 120 days of enrollment and your 60-day annual open enrollment period. No change period also exists between your 60-day open enrollment periods going forward. Please refer to the chart below for reference. You will receive reminder letters assisting you with these time periods.



Q: What is “good cause”?

A: This is a State-approved reason to change plans during the no change period.

Q: What happens to my plan if I relocate or my address changes?

A: If your address changes, you may need to select another plan if your region has changed. You may need to contact the Department of Children and Families (DCF) at 1-866-762-2237 or the Social Security Administration (SSA) at 1-800-772-1213 to report a change in address.

Q: Will enrolling into the Managed Medical Assistance (MMA) program cancel my Medicare?

A: No, the MMA program will not cancel your Medicare. You are allowed to be enrolled in this program and Medicare at the same time because they cover different services.

Q: Will my current providers, including doctors, hospital, mental health or transportation to covered services, be available?

A: Each plan must cover all of the Medicaid services listed in the packet. However, each plan will have its own network of providers, which may include your current providers and/or facilities. When you receive your enrollment packet, review the list of services provided by each plan. You may want to pick the plan that has most of the doctors and service providers that are important to you.

Q: What if no MMA plans include all of my current providers?

A: The plan you pick must cover your services with your current providers for up to 60 days while you move to new providers in your new plan’s network. You may want to pick the plan that has most of the doctors and service providers that are important to you.

Q: If I enroll in an MMA plan, will it change my enrollment in a Medicaid waiver?

A: No. If you are enrolled in an MMA plan, your enrollment in a Medicaid waiver will not change.

Q: Will enrollment in an MMA plan cancel my Long-term Care plan enrollment?

A: No. If you or your family members are enrolled in a Long-term Care plan, you can also enroll in an MMA plan.

Q: If my Long-term Care plan is also an MMA plan, can I choose it to be my MMA plan?

A: Yes.

Q: I have a special health care need. Are there special plans that will cover my needs?

A: Yes. All MMA plans cover people with special health care needs. There may also be special plans in your area for your health care needs if you are eligible. Choose the MMA plan that best meets your family's needs.

Q: I am pregnant. How do I enroll my baby in my MMA plan?

A: The State will enroll your baby in the same MMA plan where you are enrolled. This will begin when your baby is born. Please tell your MMA plan and your doctor that you are pregnant. Your MMA plan can help you get the care you need. You can also change your baby's MMA plan up to 120 days after the month your baby is born.

Q: Once I receive my packet, how do I enroll?

A: Your packet will contain information about the different ways you can enroll in a plan, including online, by phone, or in person if you or your family member have special needs. Your information packet will tell you how to enroll. You will be informed about your options and rights prior to enrolling.

Mandatory Recipients Only: For those who are required to enroll in a plan.

Q: What if I do not choose an MMA plan?

A: Your packet includes the name of the MMA plan chosen for you (if you did not choose one at the time you completed your Medicaid application) and the MMA plan's start date. Also keep in mind that you will have 120 days to change your MMA plan from the date your enrollment in the plan begins. After 120 days, you may only change your plan during Open Enrollment or with a state-approved good cause reason. Open Enrollment is a period of time, once a year that allows you to change plans without a state-approved reason.

Q: If I am enrolled in a Long-term Care plan do I need to enroll in an MMA plan, too?

A: Yes. If you or your family members are enrolled in a Long-term Care plan, you will need to choose an MMA plan for health care services also covered by Medicaid.

Q: I am on straight Medicaid (fee-for-service Medicaid). I received a letter that stated I must choose an MMA plan. Can I choose to stay on straight Medicaid or fee-for-service?

A: Because of changes in Florida law, most people on Medicaid must enroll in an MMA plan and cannot stay on fee-for-service Medicaid. If you did not choose a plan at the time you completed your Medicaid application, the State will choose one for you if you are required to be enrolled. You will have 120 days from your enrollment begin date to change plans without cause.