



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

HeadOfHousehold  
AddressLine1 AddressLine2  
RecipientCity RecipientState 1234567890

June 27, 2017



This letter confirms that you have asked to enroll the following family member(s) in a Medicaid Long-term Care plan:

Name	Plan	Plan Phone
RecipientName	HealthPlanName	(123)456-7890

Your enrollment(s) will start on 7/1/2017. *Until that date, you can receive Medicaid services from your current provider.*

**If you or someone you gave permission to make your choice for you did not make this Long-term Care plan choice, please contact the Helpline at 1-877-711-3662.**

**What happens next?**

- Your plan(s) will send ID card(s), a recipient handbook, and a list of service providers.
- If you have not picked service providers, your plan will contact you to help you select service providers for you. You can change your service provider any time by calling your plan.
- If you have questions about services your plan offers, call the plan.

**You have rights to change plans.  
See the back for Your Rights to Change Plans.**



## YOUR RIGHTS TO CHANGE PLANS

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Once you are enrolled in your plan, you will have 120 days to change plans. If you want to pick a different plan, you must pick that plan by 10/29/2017. After this date, if you want to change your plan, you can do so once a year during a special time called Open Enrollment. Before your Open Enrollment period begins, you will receive a reminder letter and information about your plan choices.

If you want to change plans at a time other than during Open Enrollment, you must have a state approved good cause reason. For more information or to find out if you have a good cause reason, call 1-877-711-3662 or visit [www.flmedicaidmanagedcare.com](http://www.flmedicaidmanagedcare.com)