



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

<Insert Date of Letter>

<Insert Payee Name>
<Insert Mailing Address>
<Insert City State>

Good Cause ID #:

DENIAL OF GOOD CAUSE PLAN CHANGE

The Agency for Health Care Administration (the "Agency") received a request for a Good Cause Medicaid managed care plan change for the below listed person. Good Cause plan changes will only be granted in accordance with Florida Administrative Code, Rule 59G-8.600 (2016).

Name
<Insert Recipient Name>

<Good Cause Denial Reason>

Once per year, members may change their Medicaid managed care plan during Open Enrollment if they do not otherwise qualify for a Good Cause Medicaid plan change. The Enrollee's next Open Enrollment period will begin on <Insert OE Date>.

Before this date, we will send you a reminder letter and information on your plan choices. Changes made during Open Enrollment will become effective <Insert OE Plan Change Effective Date>.

If you disagree with this denial, you may request a Medicaid Fair Hearing. When you ask for a Medicaid fair hearing, a hearing officer who works for the state reviews the decision that was made. If you request a fair hearing, you must request it no later than 120 days from the date of this letter.

How to Request a Fair Hearing:

By Mail: Agency for Health Care Administration
Medicaid Hearing Unit
P.O. Box 60127
Ft. Myers, FL 33906

By Phone: (877) 254-1055 (*toll-free*)

By Fax: 239-338-2642 (*fax*)

By E-mail: MedicaidHearingUnit@ahca.myflorida.com

If you have any questions regarding this notice, please call 1-877-254-1055.

NOTICE OF DISCRIMINATION PRACTICES