



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

HeadOfHousehold  
AddressLine1 AddressLine2  
RecipientCity RecipientState 1234567890

June 27, 2017



This letter confirms that you or the following person(s) have been approved to change to the Managed Medical Assistance (MMA) plan(s) listed below:

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

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

**Please Note:** If your Medicaid eligibility changes, you may not be enrolled.

**What happens next?**

- Your plan(s) will send ID card(s), a member handbook, and a list of doctors.
- If you have not picked a Primary Care Physician (PCP), your plan will choose one for you. You can change your doctor any time by calling your health plan.
- Make an appointment with your doctor for a check-up.
- If you have questions about services your health plan offers, call the health 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, you can change your plan once a year during a special time called Open Enrollment, if you want. Before your Open Enrollment period you will receive a reminder letter and information on your plan choices.

Before your Open Enrollment period, if the Agency determines you have a Good Cause reason to change plans (for example, if your provider is no longer with your plan), the Agency will allow you to change plans. 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).