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0000000123



Florida is changing the way that Medicaid health care services are provided. Most Medicaid recipients will receive their health care services through the Managed Medical Assistance (MMA) program. The MMA program is part of Statewide Medicaid Managed Care.

Our records show that your current plan, <current plan name>, will serve in the MMA program under the name of <current plan new SMMC DBA>.

If you would like to continue services with the plan listed below, you do not need to take any action. **If you want to make a different choice than what is shown below, you must act by <dynamic date=enrollment cut-off date>.**

To gain quicker access to your case, please use the following security PIN to enroll: <PIN#>						
 <b>Step 1: Look</b>	Look at the information in this packet. It includes: <ul style="list-style-type: none"> <li>information on the MMA program</li> <li>a list of the plan(s) in your region</li> <li>a list of the extra benefits offered by the plan(s)</li> <li>the steps you need to take to join a plan</li> <li>how to enroll online or by phone</li> <li>answers to frequently asked questions</li> </ul> You can also find this same information online at: <a href="http://www.flmedicaidmanagedcare.com">www.flmedicaidmanagedcare.com</a>					
 <b>Step 2: Choose</b>	<b>You must choose your MMA plan by &lt;dynamic cut-off date&gt;.</b>	<table border="1"> <thead> <tr> <th>Name</th> <th>Medicaid #</th> </tr> </thead> <tbody> <tr> <td>&lt;Name&gt;</td> <td>&lt;Medicaid ID&gt;</td> </tr> </tbody> </table>	Name	Medicaid #	<Name>	<Medicaid ID>
Name	Medicaid #					
<Name>	<Medicaid ID>					
 <b>Step 3: Enroll</b>	<b>Online</b> <a href="http://www.flmedicaidmanagedcare.com">www.flmedicaidmanagedcare.com</a> <b>Please note:</b> If you choose to enroll online you will need to use the Security PIN above. The PIN must be used along with your Medicaid ID or Gold Card number.	<b>OR</b> <b>Call</b> Toll-free at 1-877-711-3662 to talk to a choice counselor or request to meet with a choice counselor. For additional information, please see the brochure in your packet.				
<b>IMPORTANT: If you do not choose, we will place those listed in Step 2 in the MMA plan below.</b>						
<b>Plan Name:</b> <Managed Medical Assistance Plan> <b>Plan Start Date:</b> <effective date>						

Until your MMA plan start date, you will continue to receive services as you do now from your current plan.  
**You have rights to change plans. See the back for Your Rights to Change Plans**

Return Address: Agency for Health Care Administration 2727 Mahan Drive, MS 62 Tallahassee, FL 32308  
 Call Center Hours: Monday-Thursday - 8 a.m. - 8 p.m.; Friday - 8 a.m. - 7 p.m. TTY/TDD users ONLY call 1-866-467-4970  
 If you need Choice Counseling materials in large print, audio or Braille, call the Toll-free Helpline 1-877-711-3662.

## YOUR RIGHTS TO CHANGE PLANS

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Once you are enrolled in your plan, you will have 90 days to change plans. If you want to pick a different plan, you must pick that plan by <90-day cutoff>. 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).