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GOVERNOR

ELIZABETH DUDEK
SECRETARY

<Letter Date>




<Payee Name>
<Addr-Line1>
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<City><State><Zip Code>

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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 not serve in the MMA program. Your current plan will end <dynamic date=last date before region go live>. You will need to choose a new plan for your health care services.

<p>Step 1: Look</p> 	<p>Step 2: Choose</p> 	<p>Step 3: Enroll</p> 				
<p>Look at the information in this packet. It includes:</p> <ul style="list-style-type: none"> information on the MMA program a list of the plan(s) in your region a list of the extra benefits offered by the plan(s) the steps you need to take to join a plan how to enroll online or by phone answers to frequently asked questions <p>You can also find this same information online at:</p> <p>www.flmedicaidmanagedcare.com</p>	<p>You must choose your MMA plan by <dynamic cut-off date>.</p> <p>For each person below, you will need:</p> <ul style="list-style-type: none"> birth date and either the Medicaid number or Social Security Number. <table border="1" data-bbox="678 1396 987 1535"> <thead> <tr> <th>Name</th> <th>Medicaid #</th> </tr> </thead> <tbody> <tr> <td><name></td> <td><Medicaid ID></td> </tr> </tbody> </table>	Name	Medicaid #	<name>	<Medicaid ID>	<p>Online at:</p> <p>www.flmedicaidmanagedcare.com</p> <p>OR</p> <p>Call the toll-free helpline at 1-877-711-3662, to talk to a choice counselor or request to meet with a choice counselor.</p> <p>For additional information, please see the brochure in your packet.</p>
Name	Medicaid #					
<name>	<Medicaid ID>					
<p>IMPORTANT: If you do not choose, we will place those listed in Step 2 in the MMA plan below.</p> <p>Plan Name: <Managed Medical Assistance Plan> Plan Start Date: <effective date></p>						

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

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.