



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

<HeadOfHousehold> 
<AddressLine1> <AddressLine2>
<RecipientCity> <RecipientState> <Zip> 123


June 7, 2019



Good Cause ID #:

DENIAL OF GOOD CAUSE PLAN CHANGE

The Agency for Health Care Administration (the “Agency”) received a request for a Statewide Medicaid Managed Care program (SMMC) Good Cause plan change for the of the below listed person. Good Cause SMMC plan changes will only be granted in accordance with Florida Administrative Code, Rule 59G-8.600 (2019).

Name
<RecipientName>

Once per year, members may change their SMMC plans during Open Enrollment if they do not otherwise qualify for a Good Cause plan change. The Enrollee’s next Open Enrollment period will begin on **6/7/2019**.

Before this date, we will send you a reminder letter and information on your plan choices. Changes made during Open Enrollment will become effective .

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 Email: MedicaidHearingUnit@ahca.myflorida.com

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