



**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

November 26, 2024

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2024-20

Applicable to the **2018-2024 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

RE: Enrollee and Provider Notice Requirement to Withdraw Services from a Region

The Agency for Health Care Administration (Agency) has begun implementation of the new 2025-2030 Statewide Medicaid Managed Care (SMMC) contract. During the transition to the new SMMC contracts, current managed care plans are required to assist the Agency with the transition by notifying its enrollees, providers and subcontractors of the change, in accordance with the 2018-2024 SMMC contract. (Attachment II, Section XII.E.2.a.) The purpose of this policy transmittal is to require any managed care plan exiting an SMMC region, to notify providers and enrollees of their last date(s) of service(s) in the affected region.

As part of that transition, the Agency requires current managed care plans that are not continuing in the SMMC program, or that were not awarded an SMMC contract in a region in which they are currently authorized to provide services, to notify providers and enrollees of their last date(s) of service(s) with that managed care plan in the affected region(s). These notifications are not required for managed care plans that will continue to serve recipients in the SMMC program in all regions in which they currently operate.

Managed care plans must use the attached provider and enrollee notice templates to notify affected providers and enrollees about the transition. The managed care plan may only modify the attached templates to include the managed care plan’s letterhead and header information, and to appropriately fill dynamic text. The managed care plan must mail all notices to notify providers and enrollees one month prior to the SMMC Region Enrollment Date, as shown below:

Regions	Date to Mail Notices	SMMC Region Enrollment Date
All Regions	12/30/2024	02/01/2025



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If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in blue ink that reads "Brian Meyer". The signature is written in a cursive style with a long horizontal stroke at the end.

Brian Meyer
Deputy Secretary for Medicaid

BM/slc
Attachment 1: Enrollee Transition Notice Template
Attachment 2: Provider Transition Notice Template