<<Date>>

<<Provider name>>

<<Provider address>>

<<City, State & Zip Code>>

Dear Provider:

Please be advised that effective <<SMMC Region Enrollment Date>>, <<Health Plan name>> will no longer provide Statewide Medicaid Managed Care (SMMC) program coverage for Medicaid enrollees in <<Affected County>>. Our last date of coverage for Medicaid enrollees will be << last date before SMMC Region Enrollment Date>>. Please continue to work with us to process any remaining claims for services provided prior to << SMMC Region Enrollment Date>>.

The Agency for Health Care Administration (AHCA) has information on the SMMC program available online at: [www.ahca.myflorida.com/smmc](http://www.ahca.myflorida.com/smmc). This website provides information about the SMMC program, the plans that are available by region and information on provider training, upcoming webinars, and plan provider relations contacts.

To ensure continuity of care, the SMMC plans are required by contract to provide services during transition. As always, please remember to continue to verify Medicaid eligibility and SMMC plan enrollment to ensure that those you serve remain eligible for Medicaid and communications are with the appropriate managed care plan. If you have any additional questions or concerns, please call the Florida Statewide Medicaid Managed Care toll-free helpline at 1-877-711-3662.

Sincerely,

Provider Services, <<Health Plan Name>>

<<health plan phone number>>