

MEDICAID MANAGED CARE PLAN ENROLLMENT SUMMARY FORM

Provider Name _____ Medicaid Provider # _____

DBA _____ Medicaid Expiration _____

PLEASE READ: As part of Medicaid Managed Care in Florida, all Medicaid recipients have been enrolled in one of the Medicaid MMA plans, which will coordinate their care and services. Therefore, to ensure that Part C remains the payer of last resort, the service provider must maintain enrollment in all of the Medicaid MMA plans for the UF NCES area.

I am currently enrolled as a provider with the following MMA plans:

United
▪ Provider Number _____
▪ Effective Date _____
▪ End Date _____

Wellcare (Staywell)
▪ Provider Number _____
▪ Effective Date _____
▪ End Date _____

Humana
▪ Provider Number _____
▪ Effective Date _____
▪ End Date _____

Sunshine
▪ Provider Number _____
▪ Effective Date _____
▪ End Date _____

For those with whom you have NOT become enrolled, please provide us with information below.

United

I have not applied to become enrolled with this MMA plan
Explanation (required) _____

I applied to become enrolled with this MMA plan on _____ (date).
Current status _____
Please attach any applicable correspondence associated with this application.
Additional information: _____

Wellcare (Staywell)

I have not applied to become enrolled with this MMA plan
Explanation (required) _____

I applied to become enrolled with this MMA plan on _____ (date).
Current status _____
Please attach any applicable correspondence associated with this application.
Additional information: _____

Humana *(At this time EI providers are able to bill out-of-network. If you are an EI provider only, please just confirm that you are loaded in Humana's system and able to bill for services.)*

I have not applied to become enrolled with this MMA plan
Explanation (required) _____

I applied to become enrolled with this MMA plan on _____ (date).
Current status _____
Please attach any applicable correspondence associated with this application.
Additional information: _____

Sunshine *(At this time most NCES providers are able to bill out-of-network. If this applies, please just confirm that you are loaded in Sunshine's system and able to bill for services.)*

I have not applied to become enrolled with this MMA plan
Explanation (required) _____

I applied to become enrolled with this MMA plan on _____ (date).
Current status _____
Please attach any applicable correspondence associated with this application.
Additional information: _____
