

**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 (If you do not have an actual provider number, please just confirm enrollment):

**United**

- Provider Number \_\_\_\_\_
- Effective Date \_\_\_\_\_
- End Date \_\_\_\_\_

**Humana**

- Provider Number \_\_\_\_\_
- Effective Date \_\_\_\_\_
- End Date \_\_\_\_\_

**Sunshine and CMS**

- Provider Number \_\_\_\_\_
- Effective Date \_\_\_\_\_
- End Date \_\_\_\_\_

Enrollment with each managed care plan for UF NCES coverage area is required prior to becoming a provider with UF - NCES. If you are not enrolled with any/all of the plans above, your application to become a provider may be declined. Please provide a detailed explanation below if this is applicable to you.

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