

## Picking a Managed Care Organization (“Plan”)

After an individual is found eligible for the Medicaid Long-Term Care (LTC) program, she or he must select one of the private managed care organizations (“MCOs” also called “Plans”) operating in the region where the applicant lives.

Recipients who are eligible for home and community based (LTC) services will choose between either an LTC+ or Comprehensive Plan in their region. Recipients who are eligible for regular Medicaid, also called “MMA” and LTC programs must choose one health plan for all of their services.

The LTC+ Plans provide managed medical assistance (MMA) services and long-term care services to recipients enrolled in the LTC programs. The Comprehensive Plans provide both MMA and LTC services to eligible recipients.

AHCA publishes a [“Snapshot” informational brochure](#) that sets out the types of plans, the Regions and the available Plans in each region.

## Choice Counseling

Choice Counseling is provided to help new enrollees pick the best MCO for the individual. People can call 1-877-711-3662 to talk to a choice counselor or go to the website at <https://www.flmedicaidmanagedcare.com/health/enroll>;

Enrollees who do not voluntarily select an MCO will be assigned to one by the Medicaid Agency (AHCA). The Agency must take into account several factors including: past relationship between the recipient and the provider.