

Florida Health Insurance Affordability Exchange (FHIX) Program

Florida Medicaid Background	<ul style="list-style-type: none"> ○ The Medicaid program is a partnership between the federal and state governments to provide medical care to low income children and disabled persons. ○ Florida Medicaid is administered by the Agency for Health Care Administration (AHCA) and is financed with federal and state funds. The Department of Children and Families (DCF) determines eligibility for the Medicaid program and transmits that information to the AHCA. The AHCA is designated as the single state Medicaid agency and has the lead responsibility for the overall program. ○ Over 3.7 million Floridians are currently enrolled in Medicaid and the program’s estimated expenditures for the 2014-2015 fiscal year are \$23.4 billion. The federal government currently pays 59.56% of the costs of Medicaid services with the state paying 40.44%. Florida has the fourth largest Medicaid program in the country. ○ Medicaid currently covers: <ul style="list-style-type: none"> ▪ 20% of Florida’s population; ▪ 27% of Florida’s children; ▪ 62.2% of Florida’s births; ▪ 69% of Florida’s nursing homes days.
FHIX Program Principals	<p>The FHIX program is a consumer-driven approach to providing high-quality, affordable health care coverage while promoting personal responsibility. FHIX participants will have access to a state-operated marketplace to shop and select coverage, services and products. The FHIX Program is based on the following principals:</p> <ul style="list-style-type: none"> ● Fair Value; ● Consumer Choice; ● Simplicity; ● Portability; ● Promotes Employment; ● Consumer Empowerment; and ● Risk adjustment.
Coverage Population & Eligibility Requirements	<ul style="list-style-type: none"> ○ The FHIX program will extend coverage to an estimated 800,000 low-income Floridians. ○ Applicant must be a Florida resident between ages of 19-64. ○ The expanded population will include individuals whose income is at or below 133% of the Federal Poverty Level (FPL). <ul style="list-style-type: none"> ▪ Individuals who earn an annual income up to \$16,000; or ▪ Parents who earn up to an annual income of \$33,000 for a family of four.
Products & Services	<ul style="list-style-type: none"> ○ All Florida Health Choices Program products and services; ○ All Medicaid Managed Care plans; ○ All products offered by Florida Healthy Kids Corporation; and ○ Employer sponsored plans.
Responsibilities of Participants	<ul style="list-style-type: none"> ○ Cost-Sharing Principles: <ul style="list-style-type: none"> ▪ Participants must make mandatory monthly premium payments ranging from \$3-\$25 based on their income to maintain health benefits coverage on the FHIX marketplace. ▪ Participants may be charged for inappropriate use of emergency room visits up to \$25. ○ Employment Requirements: <ul style="list-style-type: none"> ▪ Participants are required to complete an initial application for coverage which includes proof of employment, on-the-job training or placement activities, or pursuit of educational opportunities and will submit a renewal annually.

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Application for Benefits	<ul style="list-style-type: none"> ○ To enroll in the FHIX program, applicants will apply using the same process used today for Medicaid eligibility through the Department of Children and Families (DCF). The DCF is responsible for processing applications, determining eligibility and transmitting information to the AHCA or the corporation, depending on the phase on each applicant's eligibility status. An application is only deemed complete when it has met all of the requirements under participant responsibilities. 																		
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Estimated Fiscal	<ul style="list-style-type: none"> ○ The expansion is fully funded by the federal government for calendar years 2015 and 2016. ○ States must begin covering a portion of the adult expansion costs in 2017. ○ States are required to contribute 10% of the adult expansion costs beginning in 2020. ○ Estimated FHIX program costs: <ul style="list-style-type: none"> ▪ Year 1: \$2.8 billion from the federal government to cover 100% of costs for coverage of expanded adult population; \$9.6 million from state ▪ Year 2: \$3.7 billion from the federal government to cover 95% of costs for coverage of expanded adult population; \$118.5 million from state 																		