

In States that did expand Medicaid under the “Affordable Care Act” individuals or families can not participate in the health insurance exchange if they are at or below 138% of the federal poverty level.

Florida did not expand Medicaid.

In States that did not choose to expand Medicaid under the “Affordable Care Act” the Federal government allows individuals or families at or above 100% of poverty level to participate in the health insurance exchange program. The program subsidizes the cost of the health care premiums for low income families and individuals.

There is a special deal for persons between 100% and 250% of the Federal poverty level. Persons in this category can purchase a silver exchange plan and receive assistance with out of pocket costs as well as premium assistance.

I have proposed to the Health Care Advisory Board that an existing not for profit organization or foundation should be approached to assist persons between 100% and 250% of the Federal poverty level with the navigation of health care insurance and provider options available to them. The organization would solicit funds for a assistance with Silver Plan premium payment, based on established Manatee County residence criteria and economic need.

The following is an outline of how this would be done:

1. The health insurance exchange program current eligibility guidelines would be used as a baseline criteria for individual or family eligibility.
2. The managing not for profit will set additional applicant eligibility rules related to residents of Manatee County.
3. The managing not for profit will set the proof of eligibility criteria.

4. The managing not for profit will seek grants, local individual and business contributions to establish a designated fund for the program.
5. Safety net and other participating organizations (MCR, Turning Points, We Care, etc.) qualify applicants and submit their findings and recommendations to the Foundation for funding approval.
6. Safety net organizations use patient navigators to qualify applicants and assist them with the best coverage and service options.
7. The managing not for profit will have the final say on premium assistance for individuals and families submitted to it for review.
8. When the financial data indicates that the premium fund has reached its' premium payment limit for the fiscal year no new commitments will be made unless further funding becomes available.

This is a brief outline of how the system would work there are other options and details that would be fleshed out for the program.

There are a number of benefits for providers, insurance plans, individuals and Manatee County;

1. Providers will have a payment source for participants.
2. Any need to assist with out of pocket costs by the County will be dramatically reduced.
3. The signing up of healthy participants will help the insurance companies cover the costs of the chronically ill that are signed up for an insurance plan.
4. The navigators can direct participants to the most efficient service network options.
5. Participants can choose their participation level based on risk and plan options.
6. The success of the program can be objectively measured.