



HEALTH CARE ACCESS PROGRAM

2018 Annual Report

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Cover Florida Health Care Access Program Annual Report

Background Information

Under the provisions of section 408.9091(10), Florida Statutes, the Agency for Health Care Administration (Agency) and the Office of Insurance Regulation (Office) must submit an annual report to the Governor and the Legislature on the status of the Cover Florida Health Care Access Program. The law specifically mandates the Agency and the Office shall evaluate the program and its effect on the entities that seek approval as Cover Florida plans, on the number of enrollees, and on the scope of health care coverage offered under a Cover Florida plan; provide an assessment of the Cover Florida plans and their potential applicability in other settings; and use Cover Florida plans to gather more information to evaluate low-income, consumer-driven benefit packages.

The 2008 Florida Legislature established the Cover Florida Health Care Access Program, recognizing that a significant number of Florida residents are unable to obtain affordable health insurance coverage. The Cover Florida Health Care Access Program was established to expand the availability of health care options for uninsured residents. Affordable health care products were developed that emphasized coverage for basic and preventive health care services, as well as inpatient hospital, urgent and emergency care services.

The Cover Florida Health Care Access Program was signed into law on May 21, 2008. The Agency and the Office issued an Invitation to Negotiate (ITN) on July 2, 2008, to organizations eligible to participate in the Cover Florida Program.

As a result of the ITN, two statewide and four regional contracts were awarded to the following companies:

Statewide-

UnitedHealthcare
Blue Cross Blue Shield of Florida

Regional-

Medica Health Plans of Florida (Broward and Miami-Dade Counties)
Total Health Choice (Broward and Miami-Dade Counties)
JMH Health Plan (Miami-Dade County)
Florida Health Care Plans (Flagler and Volusia Counties)

The contract term was for two calendar years, beginning January 5, 2009, and ending January 7, 2011.

Current Status of Cover Florida

The following is a summary of the status of the six plans:

- Blue Cross Blue Shield of Florida (Florida Blue):
 - Terminated its Cover Florida policies effective January 1, 2015. The remaining members migrated to an Affordable Care Act compliant product.
- Florida Health Care Plans:
 - Terminated its Cover Florida policies as of April 30, 2011, as a result of requirements under the Affordable Care Act.
- JMH Health Plan:
 - Terminated its Cover Florida policies as of April 30, 2014, as a result of requirements under the Affordable Care Act.
- Medica Health Plans of Florida:
 - Withdrew its participation in Cover Florida in March 2010 subsequent to submitting an unjustified rate modification filing that was not approved by the Office.
- Total Health Choice:
 - Withdrew its participation in Cover Florida in April 2010 due to the company exiting the large group, small group, and individual health maintenance organization markets in Florida.
- UnitedHealthcare:
 - Terminated its Cover Florida policies as of February 28, 2011, as a result of requirements under the Affordable Care Act.

There are currently no plans participating in the Cover Florida Health Care Access Program.