

Florida Medicaid Overview: Preparing for the PHE Unwind

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May 9, 2022



FLORIDA HEALTH
JUSTICE PROJECT

What We'll Cover

- Federal Medicaid Statute
 - Historical background
 - Debate over Medicaid expansion
- Florida's Medicaid Program
 - Eligibility
 - Services
 - Managed Care
- Update on PHE: who will be most impacted

Background

- Passed in 1965 with Medicare
 - Required categorical connection: “worthy poor”
 - 17 years before all states joined
 -
- Joint federal /state program
 - FMAP: guaranteed match; no caps
 - Federal law governs
 - Significant state flexibility
- ACA: Medicaid expansion–eliminated categorical requirement 2010
 - Supreme Court made expansion state option 2012

Administration and Authority

- State Plan
 - Florida's state plan & amendments:
<http://ahca.myflorida.com/medicaid/stateplan.shtml>
- Single state agency:
 - Agency for Health Care Administration (AHCA)
- Statute and Regs
 - 42 U.S.C. 1396 *et seq.*; 42 C.F.R. 430-455
 - Fl. Stat. 409.901 *et seq.* ; Fl.Admin. Code: R.59G, 65-2, 65A-1

Eligibility Overview

- Technical Requirements
 - U.S. Citizenship
 - Qualified Immigrant Status
 - Residency
- Category (“worthy poor”) – but see, Medicaid expansion
 - Family-related
 - Disability (or SSI-related)
- Income and Asset Requirements
 - Rules depend on the category of eligibility
 - ACA: no asset requirements for family- related

Family-related coverage groups

- Children in Low Income Families
 - Eligibility limits decrease as child gets older
- Low Income Parents/Caregivers/19-20 Year Olds
- Pregnant Women (including Post-partum)
- Medically Needy

Family Related Medicaid Income Limits												
Family	100%	Adults		Pregnant Women		Infants		Children			MNIL	MAGI Disregard (5% of 100% FPL)
Size	FPL	Parents, Caretakers, Children 19 & 20	Standard Disregard	Including PEPW		< 1		1 through 5		6 through 18 *See Note Below		
				185% FPL	Standard Disregard	200% FPL	Standard Disregard	133% FPL	Standard Disregard	133% FPL	** See Note Below	*** See Note Below
1	1,133	180	109	2,096	68	2,265	68	1,507	79	1,507	289	57
2	1,526	241	146	2,823	92	3,052	92	2,030	107	2,030	387	76
3	1,920	303	183	3,551	115	3,839	115	2,553	134	2,553	486	96
4	2,313	364	221	4,279	139	4,625	139	3,076	162	3,076	585	116
5	2,706	426	258	5,006	162	5,412	162	3,599	189	3,599	684	135
6	3,100	487	296	5,734	186	6,199	186	4,122	217	4,122	783	155
7	3,493	549	333	6,462	210	6,985	210	4,646	245	4,646	882	175
8	3,886	610	371	7,189	233	7,772	233	5,169	272	5,169	981	194
9	4,280	671	408	7,917	257	8,559	257	5,692	300	5,692	1079	214
10	4,673	733	446	8,645	280	9,345	280	6,215	327	6,215	1179	234
11	5,066	795	484	9,372	304	10,132	304	6,738	355	6,738	1279	253
12	5,460	857	522	10,100	328	10,919	328	7,261	382	7,261	1379	273
13	5,853	919	560	10,828	351	11,705	351	7,784	410	7,784	1479	293
14	6,246	981	598	11,555	375	12,492	375	8,307	437	8,307	1579	312
15	6,640	1,043	636	12,283	398	13,279	398	8,831	465	8,831	1,679	332
16	7,033	1,105	674	13,011	422	14,065	422	9,354	492	9,354	1,779	352
17	7,426	1,167	712	13,738	446	14,852	446	9,877	520	9,877	1,879	371
18	7,820	1,229	750	14,466	469	15,639	469	10,400	547	10,400	1,979	391
19	8,213	1,291	788	15,194	493	16,425	493	10,923	575	10,923	2,079	411
20	8,606	1,353	826	15,921	516	17,212	516	11,446	602	11,446	2,179	430
21	9,000	1,415	864	16,649	540	17,999	540	11,969	630	11,969	2,279	450
22	9,393	1,477	902	17,377	564	18,785	564	12,493	658	12,493	2,379	470
23	9,786	1,539	940	18,104	587	19,572	587	13,016	685	13,016	2,479	489
24	10,180	1,601	978	18,832	611	20,359	611	13,539	713	13,539	2,579	509
Additional Person	+ 394	+ 62		+ 728		+ 787		+ 524		+ 524	+ 100	
Effective Date	April 2022	April 1992		April 2022	April 2022	April 2022	April 2022	April 2022	April 2022	April 2022	January 2014	April 2022

NOTES:

* Children aged 6 through 18 **do not** receive the standard disregard. They do get the 5% MAGI disregard, if needed.

** MNIL--The Medically Needy Income Limit (MNIL) includes the appropriate standard disregard. No additional disregards should be applied to establish a share of cost.

*** MAGI--The 5% MAGI disregard is used in a budget **only** if it makes a "failing" individual "pass" a full coverage Medicaid group.

MAGI--The 5% MAGI disregard is never used in a Medically Needy budget.

Updated: 02/03/2022

Major SSI-related Coverage Groups

- SSI
- MEDS AD
- ICP/HCBS/Hospice
- Medicare Savings
 - QMB
 - SLMB
 - QI-1

SSI-Related Medicaid Coverage Groups Financial Eligibility Standards: April 2022

Coverage Group	Income Limit	Asset Limit
*ICP/HCBS/Hospice- Individual (300% FBR)	\$ 2,523	\$ 2,000
*ICP/HCBS/Hospice – Couple	\$ 5,046	\$ 3,000
*HCBS/Working People w/Disabilities – Individual (WPwD) (550% FBR)	\$ 4,626	\$ 2,000 \$13,000 Disregard
*HCBS/Working People w/Disabilities – Couple (WPwD)	\$ 9,252	\$ 3,000 \$24,000 Disregard
**MEDS-AD/ICP-MEDS/Individual (88% FPL)	\$ 997	\$ 5,000
**MEDS-AD/ICP-MEDS/Couple	\$ 1,343	\$ 6,000
Medically Needy, MNIL-(I)-No income limit	\$ 180	\$ 5,000
Medically Needy, MNIL-(C)-No income limit (Subtract from gross income)	\$ 241	\$ 6,000
**QMB Individual (100% FPL)	\$ 1,133	\$ 8,400
**QMB Couple	\$ 1,526	\$ 12,600
**SLMB Individual (120% FPL)	\$ 1,359	\$ 8,400
**SLMB Couple	\$ 1,831	\$ 12,600
**QI1 Individual (135% FPL)	\$ 1,529	\$ 8,400
**QI1 Couple	\$ 2,060	\$ 12,600
**Working Disabled Individual (200% FPL)	\$ 2,265	\$ 5,000
**Working Disabled Couple	\$ 3,052	\$ 6,000
**Low Income Subsidy (LIS)- Individual (150% FPL)	\$ 1,719	\$ 15,510
**Low Income Subsidy (LIS)- Couple	\$ 2,309	\$ 30,950
**Medicare Part B Premium	\$ 170	N/A
**Medicare Part A Premium	\$ 499 (Free for most)	

Medically Needy

- Individual meets technical requirements and category of eligibility, but income or assets exceed limits for regular Medicaid.
- Share of cost (like deductible): amount of uncovered medical assistance incurred each month before Medicaid (actual coverage) is triggered
- Eligibility determined by subtracting relevant Medically Needy Income Limit (MNIL) from countable income.
 - Fla. Stat. 409.904(2)
 - https://drive.google.com/file/d/1u0xWjui4MUZtdLff_74akUDF2qFZJygR/view

Eligibility Determinations

- DCF determines ; Fla. Stat. §409.902(1)
 - Florida Administrative Code, Chapter 65A-1
 - DCF Economic Self-Sufficiency Manual:
<http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash-program-policy-manual>; CFOP 165-22
- “No Wrong Door:” in person, phone, mail, DCF ACCESS, SSA, www.healthcare.gov
- Reasonable promptness: 42 U.S.C. §1396a(a)(8); 42 C.F.R. §435.911; 65A-1.205, F.A.C.
 - 45 days, 90 if disability determination
 - No SSI application required: CFOP 165-22, Chapter 1400, Section 1440.1400
- Due Process Protections: written notice & opportunity to be heard
 - Denial or termination, other decision (APD crisis application)
 - Exceptions: solely issue of federal law or automatic change
 - DCF Office of Appeal Hearings: Rules 65-2, F.A.C.
 - Discovery
 - In-Person

Eligibility Issues

- Ex Parte Review & Aid Paid Pending: 42 C.F.R. §435.930; Rules 65A-1.702(9), 65A-2.048, F.A.C.
- Retroactive Eligibility: 42 U.S.C. §1396a(a)(34); Rule 65A-1.702(9); [CFOP](#) 165-22, Ch. 600, Section 0630.509
- Continuous Eligibility: 42 U.S.C. §1396e(12); 42 C.F.R. §435.926; Fla. Stat. §409.814(7); CFOP 165-22, Chapter 800, Section 0830.0800

Medicaid Services: Overview

- Mandatory: 42 U.S.C. § 1396a(a)(10); 42. U.S.C. § 1396d(a)(1)-(5), (17), and (21)(28); Fla. Stat. §409.905.
- Optional: 42 U.S.C. § 1396d (a)(6)-(16);(18)-(20);(22)-(29); Fla. Stat. §409.906.
- Comparability: 42 U.S.C. § 1396a(a)(10)(B)
- No premiums; minimal cost-sharing: 42 U.S.C. §§ 1396a(a)(14); 1396o, 1396o-1,
- Reasonable promptness: 42 U.S.C. § 1396a(a)(8)
 - applies to services as well as eligibility determinations
- Provider Participation
 - Medicaid is payment in full: no balance billing: 42 U.S.C. § 1396a(a)(25)(c)

Florida Medicaid Services

Mandatory: Fl. Stat. § 409.905

- Physician services
- Laboratory/x-ray
- In-patient, out-patient hospital and nursing facility
- EPSDT
- Family planning services & supplies
- FQHCs and rural health clinic services
- Nurse midwife services
- Certified nurse practitioner services
- Home health care (for categorically needy entitled to nursing services)

Optional: Fl . Stat. § 409.906

- Prescription drugs
- Adult Dental
- Adult preventative health screenings
- Ambulatory Surgical Center Services
- Case Management services
- Birth Center
- Chiropractic services
- Community Mental Health Services
- Dialysis
- DME
- Healthy Start
- Hearing services
- HCBS – thru waiver only
- Hospice
- ICF/DD
- Optometric
- Physician Assistant
- Podiatry
- State Hospital
- Assistive Care
- Anesthesiologist Assistant

Medical Necessity

- General standard
 - No definition in federal law for adults
 - Significant state flexibility
 - Amount, duration, and scope: amount sufficient to achieve its purpose 42. C.F.R. § 440.230(b)
- Compare adult & child standards...services must:

FL's Medical Necessity	EPSDT definition
Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;"	Standard for under 21: <i>see</i> EPSDT (slides 16 & 17)

Florida Medical Necessity Definition

- Medical Necessity

(166) “Medically necessary” or “medical necessity” means that the medical or allied care, goods, or services furnished or ordered must:

(a) Meet the following conditions:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available; statewide; and
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider (does not apply to private duty nursing for children under 21).

Early Periodic Screening Diagnosis and Treatment (EPSDT)

- Mandatory screenings with specified periodicity to age 21
 - health/developmental history, physical, immunizations, lab tests, vision, hearing, dental. 42 U.S.C. § 1396 (r)(1)-(4)
- Mandatory treatment: All necessary treatment to “correct or ameliorate physical and mental illness and conditions” 42 U.S.C. § 1396d(r)(5)
 - Contrast with state definition of “medical necessity”
 - *See C.F. v DCF*, 934 So. 2d 1 (Fla.3d D.C.A. 2005): finding state definition of medical necessity overly restrictive
 - Services do not have to be covered by the state plan
 - No mandatory/optional distinction

Medicaid Managed Care

- Mandatory for virtually all Florida Medicaid recipients,
See Fla. Stat. 409.965 and Fla. Stat. 409.972
 - Pilot in 2006 via section 1115 waiver
 - Statewide in 2014
- Contractual arrangement between state Medicaid agency and managed care organization (MCO)
 - Capitation v. Fee for Service (FFS)

Issues and Challenges

- Medicaid Expansion
- ACA: 2 paths to coverage for low income uninsured
 - 1) Subsidies in Marketplace if between 100% -400% FPL
 - 2) Expanded Medicaid (eliminated categorical connection requirement; extended income limits; much higher FMAP)
 - *NFIB v. Sebelius*, 132 S.Ct. 2566 (Medicaid expansion coercive: state option)
 - FL and 11 other states not expanded
 - Created Coverage gap
 - Over half million under 100% FPL and either “not worthy” or over income, e.g. parent between 30 and 100% FPL
 - State losing over \$ 5 billion/year in federal funds

Issues and Challenges: Update on PHE and impacted groups

- Groups most likely to lose coverage when PHE ends:
 - Parents whose income increased
 - Parents who no longer have a minor child
 - MEDS AD Recipients now on Medicare
 - 19-20 Year Olds
 - Former foster care who turned 26 since PHE

Parents whose income increased

- Who is impacted?
 - example
- What will happen?
 - DCF ex parte
 - Notices
- What is parent still be eligible for?
 - Medically needy
- What is parent potentially eligible for?
 - Other Medicaid overage group, e.g. pregnant; disabled
 - ACA plan
 - Indigent health care
- What should parent do now?
 - ACCESS update
 - Connect with navigator
- Outreach ideas?

Parents who no longer have a minor child

- Who is impacted?
 - Example; S.T.
- What will happen?
 - DCF ex parte
 - Notices
- What is parent potentially eligible for?
 - Other Medicaid overage group, e.g. pregnant; disabled
 - ACA plan
 - Indigent health care
 -
- What should parent do now?
 - ACCESS update
 - Connect with navigator
- Outreach ideas?

MEDS AD Recipients now on Medicare

- Who is impacted?
 -
- What will happen?
 - Notices
 - Open enrollment
- What is person eligible for?
 - Medicare Savings Program
- What should person do now?
 - ACCESS update
 - Connect with SHINE
- Outreach ideas?

19-20 Year Olds

- Who is impacted?
 - example
- What will happen?
 - DCF ex parte
 - Notices
- What is 19-20 year old still be eligible for?
 - Medically needy
- What is 19-20 year old potentially eligible for?
 - Medicaid if can file as a single household (not on parent taxes)
 - Other Medicaid overage group, e.g. pregnant; disabled
 - ACA plan
 - Indigent health care
- What should parent do now?
 - ACCESS update
 - Connect with navigator
- Outreach ideas?

Former foster care who turned 26 since PHE

- Who is impacted?
 - Example
- What will happen?
 - DCF ex parte
 - Notices
- What is person potentially eligible for?
 - Other Medicaid overage group, e.g. pregnant; disabled
 - ACA plan
 - Indigent health care
- What should person do now?
 - ACCESS update
 - Connect with navigator
- Outreach ideas?

Resources

- [National Health Law Program \(NHeLP\)](#)
- Georgetown University
 - [Health Policy Institute](#)
 - [Center for Children and Families](#)
- [Center on Budget & Policy Priorities](#)
- [Kaiser Family Foundation](#)
- [Health News Florida](#)
- [Florida Policy Institute](#)