

Physician/Provider Bulletin

Subject:	Health Care District Coverage Programs, Statewide Medicaid Reform, and the Affordable Care Act		
Plan:	Coordinated Care, Option 1, Personal Health Plan & Vita Health	Bulletin Date:	January 13, 2014
Bulletin Number:	14-001	Effective Date:	N/A

The purpose of this bulletin is to inform all participating providers of the changes in the Health Care District programs.

As a provider for one of the Health Care District's health coverage plans, we wanted you to be aware of several changes to the plans as a result of Health Care Reform at both the state and federal levels.

At the state level, Florida has moved forward with the implementation of a statewide reform of the Medicaid program. The state has notified us, that our Medicaid plan, Personal Health Plan of Healthy Palm Beaches, will no longer have members after August 1, 2014. While there is always the possibility that the implementation could be delayed, our best information today is that the transition of members will take place August 1st. The four plans that will remain in Palm Beach County to serve Medicaid enrollees will be Humana Medical Plan, Inc.; Molina Healthcare of Florida; Sunshine State Health Plan, Inc.; and Prestige Health Choice – PSN.

Reform at the federal level, the Affordable Care Act (Obamacare), will directly impact the District's Vita Health Plan that also operates under Healthy Palm Beaches. Vita Health members qualify for federal subsidies through plans purchased through the Healthcare Exchanges. As a result, Vita Health is no longer enrolling new members in the plan. Existing members will continue to receive benefits under Vita Health until such time they transition to a plan through the Healthcare Exchanges.

The District's other health coverage program, Coordinated Care, which consists of plans sometime referred to as Health Care District Option 1, Option 2, and the Maternity Care Program (MCP), remains unchanged.

As a provider for one of the District's health coverage plans, please continue to see your members as you do today. We will continue to keep you informed of changes and hope this bulletin provides you with important information as you plan for 2014. Below, we have also included a set of frequently asked questions that have been sent to our Vita Health and Coordinated Care members.

Frequently Asked Questions

1. Is the Health Care District going to continue offering Coordinated Care Option 1, Option 2, and the Maternity Care Plan?
 - Yes. There are no changes to these plans.
2. Is the Health Care District going to continue offering the Vita Health Plan?
 - No. The Vita Health Plan is not accepting any applications to enroll any members as of 10/31/2013. Existing members can remain on Vita Health for now, but are encouraged to shop for health insurance through the new Marketplace. Health Care District Certified Application Counselors are available to assist individuals shopping for health insurance through the Marketplace. You can schedule an appointment with one by calling 561-966-7171. You can also find additional information at www.healthcare.gov.



3. Do the Health Care District's Coordinated Care Option 1, Option 2, and the Maternity Care Plans meet the federal Affordable Care Act (Obamacare) minimum essential coverage requirements?
 - No. These plans are limited benefit health coverage plans.
4. Does the Health Care District's Vita Health Plan meet the federal Affordable Care Act (Obamacare) minimum essential coverage requirements?
 - No. Vita Health is a limited benefit health coverage plan.
5. I understand that beginning in January 2014, I must have health insurance or I will have to pay an IRS Income Tax penalty. Will the health coverage I have through the Health Care District's Coordinated Care Option 1, Option 2, and the Maternity Care Plans protect me from the IRS Income Tax penalty?
 - No. If you are required to pay income tax, the Health Care District's plans DO NOT count as approved health insurance. You will still be subject to the income tax penalty.
6. I understand that beginning in January 2014, I must have health insurance or I will have to pay an IRS Income Tax penalty. Will the health coverage I have through the Health Care District's Vita Health Plan protect me from the IRS Income Tax penalty?
 - No. If you are required to pay income tax, the Vita Health Plan DOES NOT count as approved health insurance. You will still be subject to the income tax penalty.
7. Where can I learn more about health insurance that meets the minimum essential coverage requirements and protects me from the IRS Income Tax penalty?
 - The Health Care District has Certified Application Counselors ready to assist applicants for care through the Marketplace. You can schedule an appointment with one by calling 561-966-7171. You can also find additional information at www.healthcare.gov.

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659 -1002.



Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.