The Florida Medically Needy Program maintains close to 30,000 Floridians at a cost to the state of over $600 million. Medically Needy recipients must meet significant monthly deductibles, oftentimes thousands of dollars a month, to qualify for coverage under the program. These citizens regularly meet that huge deductible by seeking care in emergency rooms and other high cost environments...knowing they will never be able to pay those deductible amounts. After the deductible, the Medically Needy Program pays the costs for treatment above the unrealistic and huge monthly deductibles.

Consumers, agents, and navigators that work on the Federal Exchange wrongly believe that when the exchange asks if the consumer is on Medicaid, they must answer “yes.” That answer means that they will be ultimately offered coverage on the exchange, but won’t qualify for any subsidies. CMS has published guidance that participants in the Florida Medically Needy Program are not being provided “minimum essential coverage” and therefore should answer “no” they are not covered by Medicaid. This “no” answer will allow them to get a quote that includes the subsidies.

Here are two examples:

**Example A** (a real person) received a “Notice of Case Action” from the FDCF indicating their Medically Needy monthly share of cost $2092. That person received a quote for a Silver level EPO plan which would normally be $660 per month in premium, but with subsidies was reduced to $78 per month.

**Example B** received the same Medically Needy monthly share of cost at $2092, but received a Silver plan at a monthly premium of $338 per month, but after subsidies pays only $40 per month.

Coverage by real insurers on the exchange provides much better coverage, without the huge monthly deductibles, and removes Floridians from the Medically Needy Program thus reducing the tax burden needed to fund the Program.

**SUPPORT EDUCATING NAVIGATORS AND AGENTS AND DEVELOP INCENTIVES TO MIGRATE CITIZENS FROM THE MEDICALLY NEEDY PROGRAM TO THE EXCHANGE.**