Florida

Sources of Insurance Coverage

*Source: KFF, Health Insurance Coverage of the Total Population, 2022

Medicare
In Florida, 3.94 million residents are enrolled in Medicare, more than 18% of the state’s population (2022 data). Of those, 58% are enrolled in a Medicare Advantage plan. For Floridians in the traditional Medicare program, the Florida Office of Insurance Regulation (FOIR) regulates Medicare supplemental plans and provides consumer-facing information about plan benefits and rates.

Medicaid and the Children’s Health Insurance Program (CHIP)
In Florida, 3.85 million people are enrolled in Medicaid or CHIP, nearly 18% of the population (2022 data). Florida’s Medicaid program covers children up to 215% of the federal poverty level (FPL). Approximately 44% of all births in Florida are covered by Medicaid.

Florida has not adopted the Affordable Care Act’s Medicaid eligibility expansion. The state’s program does not cover any childless adults and covers low-income parents with household income up to only 28% FPL. Approximately 388,000 adults are in the “coverage gap,” meaning their income is too high for Medicaid eligibility but too low to qualify for Marketplace premium tax credits.
The Florida CHIP program is both an expansion of Medicaid and a separate CHIP-funded program. Medicaid covers infants up to 211% FPL while older children may be covered by either Medicaid or CHIP (under two brand names), depending on age and income. For children ages 1 through 5, Medicaid provides coverage for those in households with incomes up to 145% FPL, while MediKids covers the same age group living in families with incomes between 146% FPL and 215% FPL. For kids who are 6 to 18 years old, Medicaid covers those with incomes up to 138% FPL, and Florida Healthy Kids covers those living in families with incomes between 139% FPL and 215% FPL. (As of January, 2024, Florida Healthy Kids eligibility will expand to 300% FPL.)

In Florida, most Medicaid and CHIP enrollees receive benefits via private managed care organizations. These insurers have contracts with the Florida Agency for Health Care Administration.

Employer-sponsored Insurance

In Florida, 8.74 million people are covered by employer-sponsored insurance (ESI), or 40% of the total state population (2022 data). Thirty-nine percent of private employers in Florida offer ESI. However, offer rates vary significantly by size of firm. In Florida, 97.3% of large firms (50 or more employees) offer ESI, while only 23.7% of small employers offer ESI.

In Florida, almost 50% of private sector businesses that offer health insurance self-fund at least one health plan. For large firms (50 or more employees) that offer health insurance, 65.6% self-fund at least one health plan.

Individual Market Insurance

Approximately 11% of Florida residents are enrolled in the individual market (2022 data). In 2023, 3.2 million Floridians selected a plan through the Affordable Care Act Marketplace, which in Florida is run by the federal government. It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated in Florida by FOIR, which conducts oversight to ensure compliance with both state and federal health insurance laws.

Other Coverage

Some Floridians are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers 1.7% of the population, or 374,100 residents (2022 data). In addition, several Florida counties, including Hillsborough, Manatee, Pinellas, and Polk Counties, operate county health plans that serve individuals who typically are not Medicaid-eligible but whose income is too low to qualify for the Advance Premium Tax Credits (APTCs) that subsidize Marketplace coverage. These county plans finance critical services but are not comprehensive health insurance.
The Uninsured

Approximately 11%, or 2.42 million Florida residents are uninsured (2022 data). Florida has the fifth highest uninsured rate in the country. Among the non-elderly, people of color are more likely to be uninsured in Florida than White people. American Indians have the highest uninsured rate (20.1%), followed by Hispanic (18.8%), Black (14.2%), and White (11%). Asian American residents have the lowest uninsured rate (8.8%) among all racial groups. Lack of insurance is also highly correlated with income. Approximately 22.6% of people under 100% FPL are uninsured in Florida, while just 7.2% of people over 400% FPL are uninsured.

State Regulators: Florida

CMS is responsible for the oversight of Medicare Advantage plans. The CMS Regional Office for Michigan is based in Atlanta. Media inquiries may be submitted here.

Florida Department of Financial Services, Office of Insurance Regulation (FOIR)

The FOIR, an office within the Florida Department of Financial Services, regulates the business of insurance in the state of Florida. For health insurance companies, OIR is responsible for:

- **Licensure**: All insurers operating in the state must demonstrate that they are financially solvent and capable of paying claims. Financial examination reports produced by FOIR’s Life and Health Oversight Unit are available here.
- **Form review**: FOIR reviews health insurers’ contracts and covered benefits to ensure that they comport with state and federal law, including the Affordable Care Act (ACA), Mental Health Parity and Addiction Equity Act (MHPAEA), Health Insurance Portability & Accountability Act (HIPAA), No Surprises Act, as well as state benefit mandates and network adequacy standards.
- **Rate review**: Health insurers in the individual and small group markets must submit proposed premium rates to FOIR on an annual basis. FOIR may either approve proposed rates or, if it finds the rates to be unreasonable, excessive, inadequate, or unfairly discriminatory, disapprove. Plans must file proposed rates at least 30 days in advance of use. FOIR’s searchable forms and rate filings can be found here.
- **Marketing**: FOIR is responsible for oversight of insurers’ marketing tactics and discouraging unfair or deceptive tactics.
- **Enforcement**: FOIR has authority to enforce state and federal insurance laws. Enforcement tools can include requiring corrective action and imposing administrative penalties. FOIR publishes market regulation examination reports and compliance orders here.
- **Appeals**: Under the Affordable Care Act, insurers must provide enrollees with the right to an external, independent appeal. Because Florida’s external review process does not meet federal standards, insurers with Florida enrollees must use either an external review system administered by the U.S. Department of Health & Human Services, or contract with an accredited independent review organization.
FOIR publishes regular reports on enrollment and gross premiums for group and individual insurance as well as other market segments (e.g., Medicare Advantage and long-term care insurance), managed care financial reporting and enrollment, approved rate changes, and related topics. These reports can be found here.

Florida Department of Financial Services, Other Offices/Divisions

The Division of Insurance Agent and Agency Services is responsible for the licensing and oversight of health insurance agents and brokers. The Division also registers and maintains a list of certified Marketplace navigators. The Division of Consumer Services receives and mediates complaints against health insurance companies. Consumers and health care providers can file complaints here.

The Florida Insurance Consumer Advocate acts as an independent voice within the Department of Financial Services to bring the consumer perspective into insurance-related policy decisions. The ICA also provides consumer-facing information on health insurance options.

Florida Agency for Health Care Administration

Florida’s Agency for Health Care Administration (AHCA) runs the state’s Medicaid program and contracts out management of the CHIP program to the Florida Healthy Kids Corporation. AHCA manages the contracts with medical managed assistance (MMA) plans, specialized plans for carved-out services such as behavioral health and HIV care, Long Term Care Plus plans, and dental plans that deliver Medicaid benefits. AHCA makes monthly enrollment reports available here and a list of participating plans is available here. MMA capitation rates can be found here.

AHCA tracks plan performance on measures on timeliness, appropriateness, and access to care. Plan performance data submissions are published here. AHCA also contracts with an external review organization to evaluate quality, timeliness, and access to services on an annual basis and makes these reports available here.

AHCA can conduct an enforcement action against a plan if it fails to meet its contract obligations. Enforcement actions can include requiring the plan to pay damages or to implement a corrective action plan. The agency can also suspend all or part of new member enrollments or suspend or terminate the plan’s contract.

Other Sources of Information

Health Insurance Navigators, Agents and Brokers (collectively, “consumer assisters”)

Although Florida’s health insurance Marketplace is run by the federal government, CMS provides grants to local organizations called “Navigators” that are tasked with assisting consumers determine eligibility for subsidized coverage programs and helping them with post-enrollment questions. This list includes information on Florida’s awardee, the University of South Florida/Florida Covering Kids and Families. Florida-based health insurance agents and brokers perform similar consumer assistance functions, and are generally paid on a commission.
basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through the “Find Local Help” search portal on HealthCare.gov.