



# **Polk HealthCare Plan Citizens HealthCare Oversight Committee Meeting**

***Neil Combee Bldg.  
Boardroom  
October 16, 2009***

**Presentation on Member Services & Finances  
Jan Howell, Polk HealthCare Plan**

**Administered by:  
*Risk Management Division***

**Sponsored by:  
*Polk County Board of County Commissioners***

# Crux of Healthcare Issues: Unique Role of Member Responsibility

- The synergy discovered where the incentives of providers, members, and taxpayers meet
- **Members have the most direct decision making capability and can choose to make good decisions**
- The financially invested have begun to engage in cooperative goal-setting recognizing the need for improved member health outcomes
  - It's less expensive to pay for true health care that works than it is to ignore health care needs
  - “Do the right thing!!!”
  - Separating roles and responsibilities, incentives, costs
- Our responsibility as a Plan is to educate members regarding their decision making

# Moving beyond Member Education to Member Investment

- **Hallmarks of Industry**
  - Member Education
  - Medical Case Management
  - Complex Medical Case Management for Members w Co-morbidities
- **Movement to Member Investment with Clear Incentives**
  - **Member Contract for Care** – Members need to agree to be active, involved, and proactive in their health care. They have the most control and make the most direct decisions that will ultimately affect health outcomes.
  - **Member Education** – Part of ensuring the best ultimate effect through wise member decision making assumes that members are educated regarding their care. Where they are not, it is the community around them who must become active to educate them regarding their decisions and the power they have to have good health. Otherwise, local emergency rooms will always be overrun with an increasing amount of uncompensated care individuals.
  - **Various Mediums for Member Education** – Health Expos, Personal Appointments, Mobile Unit, Initial Enrollment Visit, PGTV. At the Polk Health Care Plan, when a member becomes enrolled there will be a video in English and Spanish that provides them with education regarding their enrollment in the Plan, their rights and responsibilities, when it is appropriate to utilize the Emergency Room, and some basic wellness education regarding diabetes.

# New Benefits Plan Design: 1/1/2010 Implementation

- Draft Version of New Member Handbook and Inserts
- Member Video
- Current version of Member Card and New Cards based on Benefits Packages
- Provider Contracts & Provider Communication
- Operationalizing with MCO Claims Systems
- Building New Plan Design
- Features Implemented with Various Timelines
- Addressing Provider Concerns to Create Greater Administrative Ease for Provider Community

# Membership Process

- **Step 1:** The potential member calls to schedule an appointment.
  - Appointment by date and time.
  - Mailed an Eligibility Determination Checklist of all information to bring to appointment.
- **Step 2:** The potential member comes to the Interview with the assigned Case Manager.\*
  - Complete the Eligibility Application process during the interview.\*\*
  - If the member has brought all necessary information, the final determination of eligibility will be made on that date.
  - If approved, the new member card would be effective on the first day of the following month.\*\*\*
- \*30% of the individuals scheduled in response to a call do not show up to the interview.
- \*\*50% of the individuals who attend the interviews do not bring all of the paperwork requested and identified in the checklist the Plan sends.
- \*\*\* Many individuals come at the very last part of the month to get their membership renewed, which causes some difficulty processing their paperwork for the immediate next month's cycle of membership and their membership may be delayed for a month.

# Membership Process

- **Step 3:** The new member is given an orientation to the Plan.
  - She views the “New Member Video”, including educational information about Plan membership, her benefits, when to use the Emergency Room, and wellness.\*
  - The Case Manager then reviews the benefits with the new member and answers any questions.
- **Step 4:** The Member Services Case Manager reviews the “Member Contract for Care” with the potential member to ensure that each member knows that his benefits are not a right or guaranty, but that they have limits based on that member’s individual choices and behavior with regard to his or her health.
- **Step 5:** When the member is determined eligible, they select a Primary Care Physician.
- \*The New Member Video taping was completed as of September 15, 2009.

# Membership Process

- **Step 6:** The Plan provides the new member with a Polk HealthCare Plan card, which includes
  - PCP Name
  - Medical Services Copay
  - Pharmacy Prescription Copay
- **Step 7:** If the person is a first-time member, the Plan schedules an appointment with their Primary Care Physician (to occur within 30 days of the member's visit to the Plan) before that new member leaves the Polk HealthCare Plan office. The member is provided with the date and time of that appointment.
- **Step 8:** The Plan notifies the PCP of the date of time of the initial appointment set up with the new member by faxing the PCP's office a copy of the Plan form demonstrating evidence of coverage for the new member as of the new coverage date.

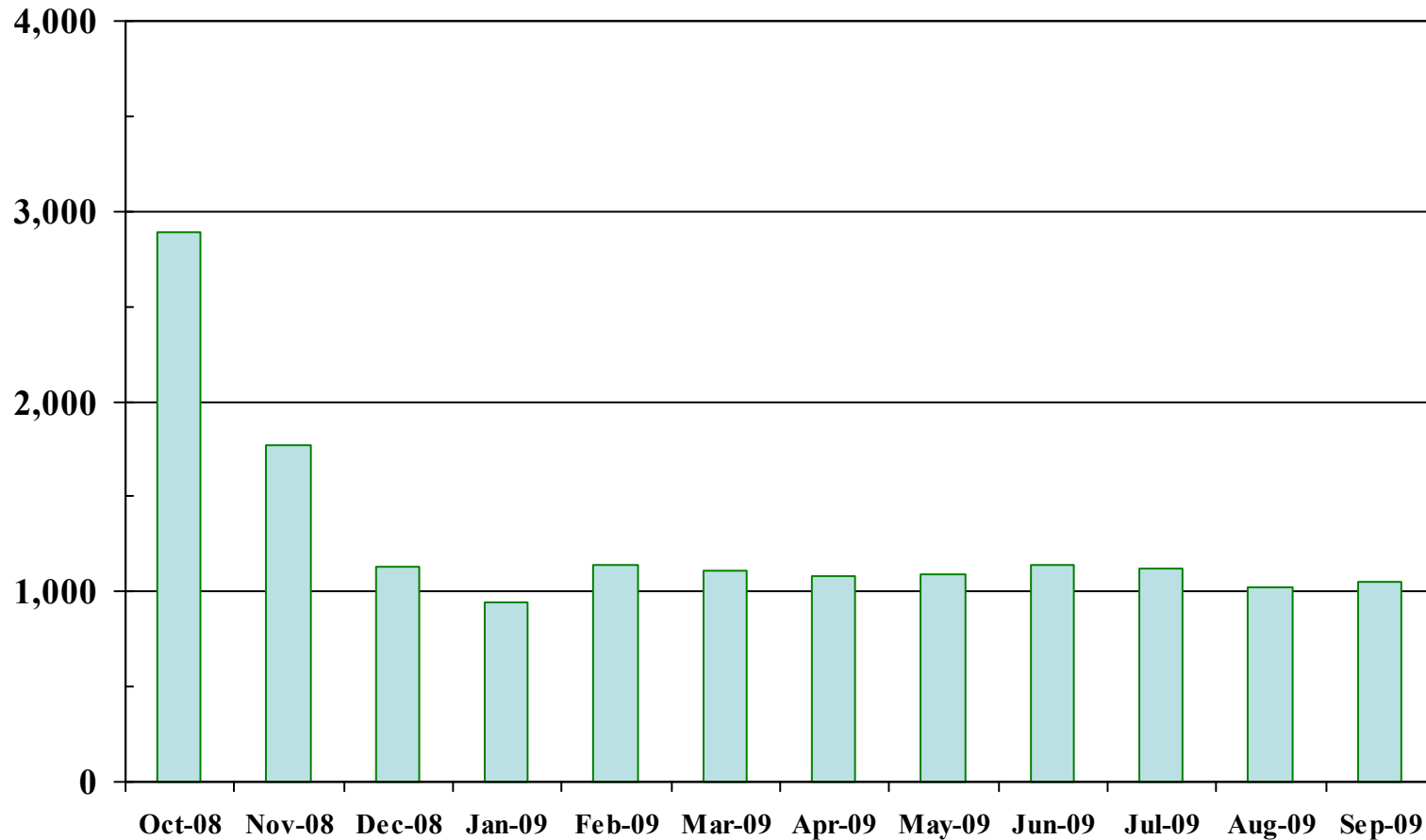
## Membership Process:

# Internal Plan Operations

- **Step 9:** From the internal Plan operations side, the Plan runs several reports to ensure the member information is accurate and that the member is not eligible for another insurance.\*
  - CLEAR report – to verify member information
  - Medi-fax – to see if member has Medicaid already
  - SunBiz – to verify business ownership
  - Property Appraiser's Office – to verify property ownership
  - Other Public Searches necessary to verify member info
- **Step 10:** Member Services completes all documentation related to the case.
- \*If necessary, the Plan Member Services Section will document the Plan software to explain any issues that remain unknown or unresolved with membership information. Some items are unclear at the initial onset of membership but become clarified with particular types of injuries/claims at a later date.

# Polk Healthcare Plan

## Average Monthly Enrollment 2008-2009 Fiscal Year



**Polk HealthCare Plan  
Enrollment by Age  
As of September 30, 2009**

<b>AGE</b>	<b>ENROLLEES</b>	<b>%</b>	<b>AGE</b>	<b>ENROLLEES</b>	<b>%</b>
0 – 17	0	0.0%	46 – 50	221	21.0%
18 – 25	56	5.3%	51 – 55	219	20.9%
26 – 35	64	6.1%	56 – 60	171	16.3%
36 – 40	58	5.5%	61 – 65	123	11.7%
41 – 45	139	13.2%	66+	0	0.0%
<b>TOTAL</b>				<b>1,051</b>	<b>100%</b>

**Polk HealthCare Plan  
Enrollment by Gender  
As of September 30, 2009**

<b>MALE</b>	<b>388</b>	<b>36.9%</b>
<b>FEMALE</b>	<b>663</b>	<b>63.1%</b>
<b>TOTAL</b>	<b>1,051</b>	<b>100%</b>

**Polk HealthCare Plan  
Enrollment by Ethnicity  
As of September 30, 2009**

Caucasian	649	61.8%
African American	237	22.5%
Hispanic	158	15.0%
Other	7	0.7%
<b>TOTAL</b>	<b>1,051</b>	<b>100%</b>

## Polk HealthCare Plan Enrollment by Location As of September 30, 2009

Lakeland	297	28.2%	Fort Meade	15	1.4%	Fed Haven	2	0.2%
Winter Haven	216	20.6%	Kissimmee	14	1.3%	Homeland	2	0.2%
Haines City	99	9.4%	Dundee	13	1.2%	Loughman	2	0.2%
Auburndale	80	7.6%	Polk City	12	1.1%	Indian Lake Estates	1	0.1%
Bartow	76	7.2%	Eagle Lake	9	0.9%	Kathleen	1	0.1%
Lake Wales	71	6.8%	Babson Park	4	0.4%	Lake Hamilton	1	0.1%
Davenport	56	5.3%	Highland City	4	0.4%	Alturas	0	0.0%
Mulberry	29	2.8%	Waverly	3	0.3%	Bowling Green	0	0.0%
Lake Alfred	21	2.0%	Bradley	2	0.2%	Nichols	0	0.0%
Frostproof	19	1.8%	Eaton Park	2	0.2%	<b>TOTAL</b>	<b>1,051</b>	<b>100%</b>

**Polk HealthCare Plan**  
**Medical Claims Per Member Per Month**  
**2008 – 2009 Fiscal Year**

Month/Year	Avg. Daily Enrollment	Medical Claims	Medical PMPM	Medical Rolling	
				PMPM (2 mo. Lag)	Trend
2008-09	5,320	\$2,932,757	\$551.27	\$288.05	10%
TOTAL FY08	134,998	\$41,539,663	\$307.70		
2008-10	2,887	\$1,854,735	\$642.44	\$266.96	(4%)
2008-11	1,768	\$864,480	\$488.96	\$254.98	(10%)
2008-12	1,135	\$688,929	\$606.99	\$253.55	(11%)
2009-01	941	\$294,847	\$313.33	\$271.40*	(7%)
2009-02	1,139	\$355,878	\$312.45	\$260.29	(13%)
2009-03	1,113	\$403,840	\$362.84	\$260.77	(14%)
2009-04	1,079	\$370,482	\$343.36	\$265.77	(12%)
2009-05	1,094	\$258,862	\$236.62	\$257.97	(16%)
2009-06	1,136	\$303,223	\$266.92	\$256.99	(16%)
2009-07	1,118	\$318,755	\$285.11	\$256.61	(15%)
2009-08	1,022	\$217,578	\$212.89	\$237.03	(21%)
2009-09	1,051	\$219,010	\$208.38	\$220.35	(24%)
TOTAL YTD FY09	15,483	\$6,150,619	\$397.25		

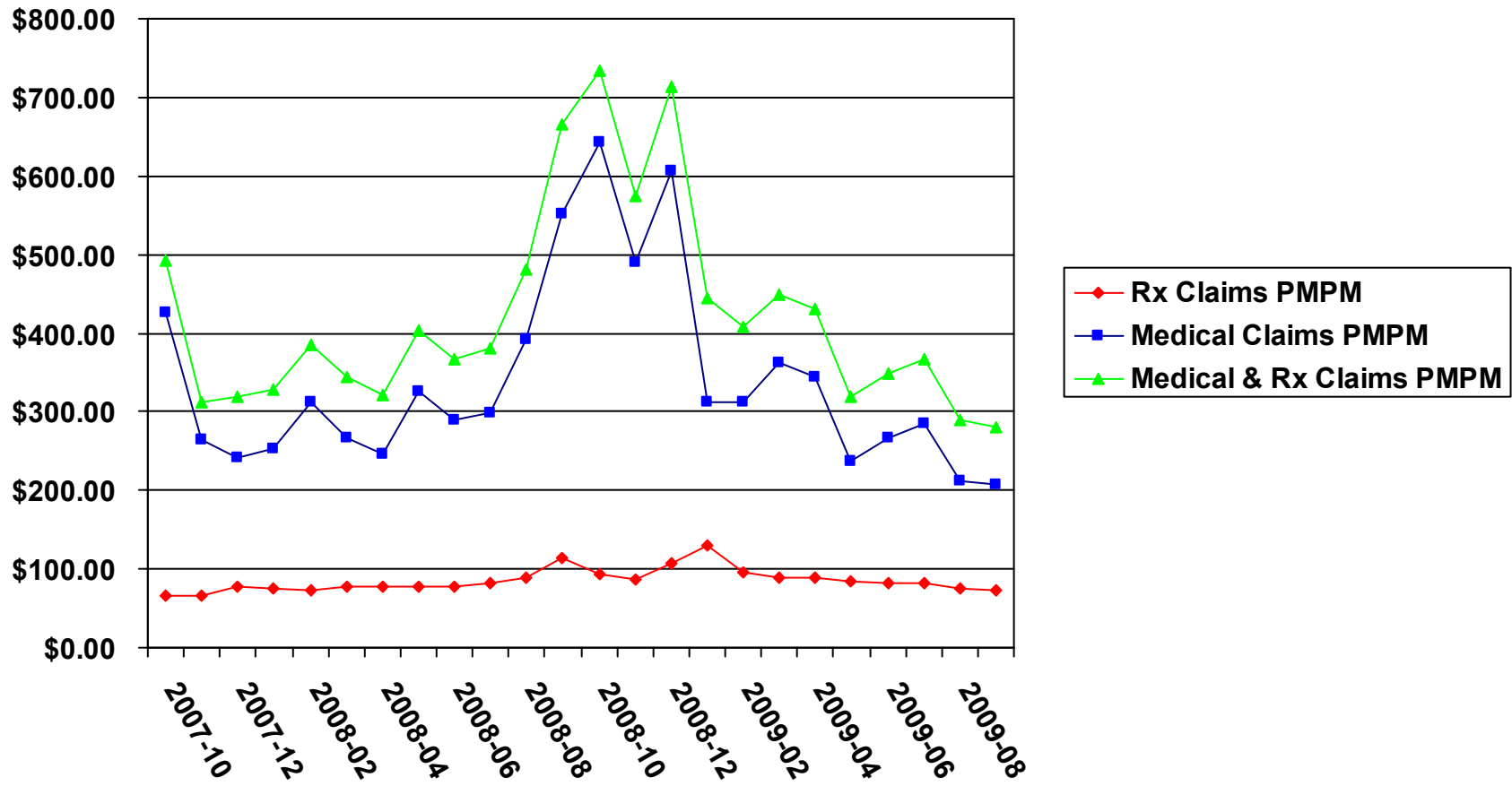
**Polk HealthCare Plan  
Rx Claims Per Member Per Month  
2008 – 2009 Fiscal Year**

Month/Year	Avg. Daily Enrollment	Rx Claims	Rx PMPM	Rx Rolling	
				PMPM (2 mo. Lag)	Trend
2008-09	5,320	\$612,141	\$115.06	\$72.87	24%
TOTAL YTD	134,998	\$10,444,083	\$77.36		
2008-10	2,887	\$266,646	\$92.36	\$69.98	16%
2008-11	1,768	\$151,855	\$85.89	\$68.56	11%
2008-12	1,135	\$120,752	\$106.39	\$67.96	7%
2009-01	941	\$123,023	\$130.74	\$72.76*	11%
2009-02	1,139	\$110,036	\$96.61	\$64.89	(4%)
2009-03	1,113	\$96,544	\$86.74	\$63.62	(8%)
2009-04	1,079	\$94,957	\$88.00	\$62.35	(12%)
2009-05	1,094	\$89,962	\$82.23	\$60.56	(15%)
2009-06	1,136	\$91,739	\$80.76	\$58.58	(19%)
2009-07	1,118	\$91,728	\$82.05	\$55.80	(24%)
2009-08	1,022	\$77,396	\$75.73	\$51.52	(30%)
2009-09	1,051	\$76,495	\$72.78	\$49.84	(32%)
TOTAL YTD FY09	15,483	\$1,391,132	\$89.85		15

**Polk HealthCare Plan**  
**Total Claims Per Member Per Month**  
**2008 – 2009 Fiscal Year**

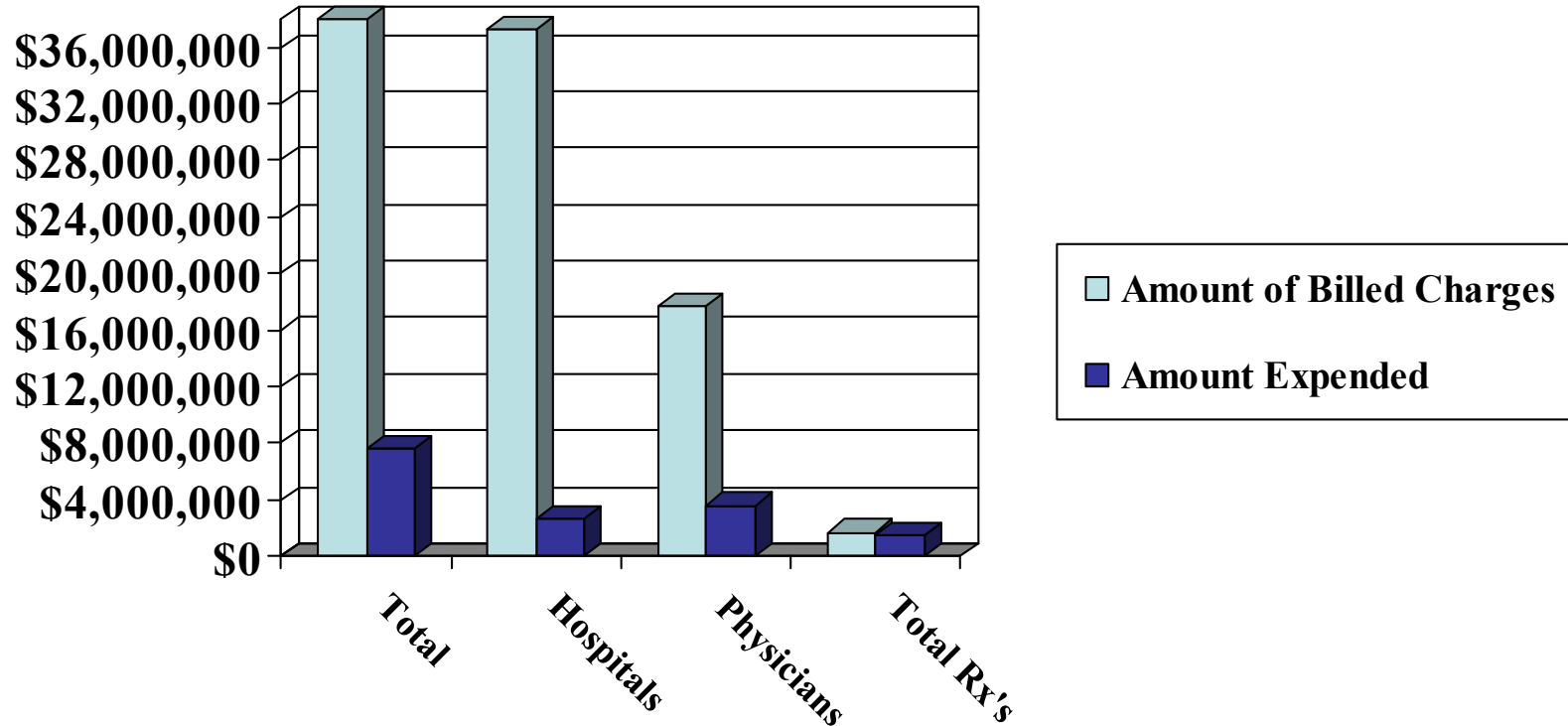
Month/Year	Avg. Daily Enrollment	Total Claims	Total PMPM	Total Rolling	
				PMPM	Trend
2008-09	5,320	\$3,544,898	\$666.33	\$360.92	13%
TOTAL YTD	134,998	\$51,983,746	\$385.07		
2008-10	2,887	\$2,121,381	\$734.80	\$336.94	(1%)
2008-11	1,768	\$1,016,335	\$574.85	\$323.54	(6%)
2008-12	1,135	\$809,681	\$713.38	\$321.51	(8%)
2009-01	941	\$417,870	\$444.07	\$344.16	(4%)
2009-02	1,139	\$465,914	\$409.05	\$325.17	(12%)
2009-03	1,113	\$500,384	\$449.58	\$324.39	(13%)
2009-04	1,079	\$465,439	\$431.36	\$328.13	(12%)
2009-05	1,094	\$348,824	\$318.85	\$318.53	(16%)
2009-06	1,136	\$394,962	\$347.68	\$315.57	(17%)
2009-07	1,118	\$410,483	\$367.16	\$312.41	(17%)
2009-08	1,022	\$294,974	\$288.62	\$288.56	(23%)
2009-09	1,051	\$295,505	\$281.17	\$270.19	(25%)
TOTAL YTD	15,483	\$7,541,751	\$487.10		10

# Polk HealthCare Plan Per Member Per Month 2008 – 2009 Fiscal Year



# Polk HealthCare Plan

## Amount of Billed Charges vs. Amount Expended October 1, 2008 – September 30, 2009



	<u>Total</u>	<u>Hospitals</u>	<u>Physicians</u>	<u>Total Rx's</u>
Amount Billed by Provider	\$ 56,610,523	\$ 37,295,740	\$17,646,585	\$ 1,668,198
Amount Paid to Provider	\$ 7,615,201	\$ 2,655,321	\$ 3,568,748	\$ 1,391,132

# Polk HealthCare Plan

## Projected Fiscal Year End 2008/2009

	Projected
Beginning Fund Balance	(\$12,191,226)
REVENUES:	
Half-Cent Sales Surtax	\$30,226,654
Other Revenues	\$1,020,694
TOTAL REVENUES	\$31,247,348
TOTAL EXPENDITURES	\$11,676,791
NET REVENUES OVER EXPENDITURES	\$19,570,557
Ending Fund Balance	\$7,379,331

**1,300 Average Daily Enrollment**

**\$333 PMPM Medical Costs per Buck Consultants report dated February 12, 2009**

**\$111 PMPM Rx Costs per Buck Consultants report dated February 12, 2009**

**FY2009 Claims Liability as of June 30, 2009 per Buck Consultants \$638,000**

Polk HealthCare Plan 10/1/08-9/30/09	FY 2009 Budget	Actual Thru 9/30/09 as of 10/6/09	% of Budget
<b>REVENUE</b>			
½ cent sales surtax (11 months)	\$31,324,098	\$27,626,959	
Refunds/reimbursements	500,000	747,866	
Drug Rebates	-	177,463	
Pooled investment earnings	-	82,257	
Other	-	109	
Subtotal Revenue	\$31,824,098	\$28,634,653	
Beginning Fund Balance	(8,280,528)	(5,191,226)	
<b>TOTAL REVENUE</b>	<b>\$23,543,570</b>	<b>\$23,443,427</b>	<b>99.6%</b>
<b>EXPENSES</b>			
Claims	\$ 6,678,583	\$ 4,875,978	
Reversal of prior year claims payable		(2,991,391)	
Prescriptions	1,540,909	1,274,830	
Outreach Grants/Contracted Services	3,560,297	3,406,303	
HCRA	350,000	588,861	
Salary and fringe	2,393,003	2,261,522	
Other operating expenses	572,548	469,736	
Loan repayment	7,000,000	7,000,000	
Interest	611,221	179,976	
Subtotal Expenses	\$22,706,561	17,065,814	
Reserves	837,009	-	
<b>TOTAL EXPENSES</b>	<b>\$23,543,570</b>	<b>\$17,065,814</b>	<b>72%</b>
Loan to be Paid Back		-	
Excess of Revenue over Expenses as of 9/30/09		\$11,568,839	20
<b>FUND BALANCE</b>		<b>\$ 6,377,613</b>	

# BoCC Executive Summary Report - August

Demographic Summary For Medical	Prior Month	Current Month	Difference	Prior Plan Year	Plan Year to Date
Number of Polk HealthCare Plan Members	1,118	1,022	-8.59%	116,601	3,847
Percent Male Members	35.9%	37.0%	1.1%	38.1%	36.7%
Percent Female Members	64.1%	63.0%	-1.1%	61.9%	63.4%
Average Age Range of Members	Ages 46-50	Ages 46-50	0.0%	Ages 40-45	Ages 46-50
<b>Key Financial Statistics</b>					
Total Rx Paid Amount	\$91,728	\$77,396	-15.62%	\$10,444,083	\$1,314,636
Total Medical Paid Amount	\$319,721	\$217,618	-31.9%	\$41,255,659	\$5,925,128
Total Per Member Per Month/Plan Year	\$367	\$289	-21.3%	\$443	\$1,882
<b>Key Medical Utilization Statistics</b>					
Total Unique Medical Claimants	706	629	-12.2%	17,210	5,418
Inpatient Hospital Claims/1,000 Members per Month	26.3	11.2	-57.2%	21.5	25.0
Days of Care/1,000 Members per Month	88.5	37.5	-57.6%	162.7	96.4
Average Length of Stay	3.4	3.3	-1.0%	7.6	3.9
Physician Claims/1,000 Members per Month	1,049.1	993.4	-5.3%	1,359.1	1,395.0
ER Claims/1,000 Members	49.1	41.2	-16.0%	60.8	51.5
<b>Summary of Claims</b>					
Primary Care = 36% of Total Physician Claims Paid			Revenue	26,256,236	
Primary Care = 520 Claims (\$80.16 Avg Per Claim)			(Expenditures)	9,139,279	
Specialty Care=64% of Total Physician Claims Paid			Balance	17,116,957	
Specialty Care=540 Claims (\$136.49 Avg Per Claim)			<b>Loan to be Paid</b>	<b>\$ 12,191,226</b>	
<b>** Provider Type Not a Hospital or Physician (ARNP, ASC, CRNA, Certified Surgical Technician, Dental, DME, Medical, Optical Supplies, Other, Pathology, PT, PA, Radiology, RN, Registered Nurse First Assistant, Shelter, Sleep Center, Therapy)</b>			<b>Claims Liability \$638,000</b>		

# BoCC Executive Summary Report September

Demographic Summary For Medical	Prior Month	Current Month	Difference	Prior Plan Year	Plan Year to Date
Number of Polk HealthCare Plan Members	991	1,051	6.05%	116,601	3,699
Percent Male Members	37.0%	37.1%	0.00%	38.1%	36.7%
Percent Female Members	63.0%	62.9%	0.00%	61.9%	63.3%
Average Age Range of Members	Ages 46-50	Ages 46-50	0.0%	Ages 40-45	Ages 46-50
<b>Key Financial Statistics</b>					
Total Rx Paid Amount	\$77,396	\$76,495	-1.16%	\$10,444,083	\$1,391,132
Total Medical Paid Amount	\$217,618	\$219,535	0.9%	\$41,255,659	\$6,144,663
Total Per Member Per Month/Plan Year	\$289	\$281	-2.7%	\$443	\$2,037
<b>Key Medical Utilization Statistics</b>					
Total Unique Medical Claimants	629	529	-18.9%	17,210	5,441
Inpatient Hospital Claims/1,000 Members per Month	11.2	28.2	151.0%	21.5	25.2
Days of Care /1,00 Members per Month	37.5	87.4	133.2%	162.7	95.8
Average Length of Stay	3.3	3.1	-7.1%	7.6	3.8
Physician Claims/1,000 Members per Month	993.4	644.8	-35.1%	1,359.1	1,349.6
ER Claims/1,000 Members	41.2	34.6	-16.1%	60.8	50.5
<b>Financial Summary</b>					
Primary Care = 33% of Total Physician Claims Paid			Revenue	28,634,653	
Primary Care = 326 Claims (\$81.64 Avg Per Claim)			(Expenditures)	10,065,814	
Specialty Care= 67% of Total Physician Claims Paid			Balance	18,568,839	
Specialty Care= 382 Claims (\$144.45 Avg Per Claim)			<b>Loan to be Paid</b>	<b>\$ 12,191,226 *</b>	
<b>** Provider Type Not a Hospital or Physician (ARNP, ASC, CRNA, Certified Surgical Technician, Dental, DME, Medical, Optical Supplies, Other, Pathology, PT, PA, Radiology, RN, Registered Nurse First Assistant, Shelter, Sleep Center, Therapy)</b>			<b>Claims Liability \$638,000</b>		

- Loan Paid: \$12,191,226
- Current Balance: \$6,377,613

Demographic Summary For Medical	DEFINITIONS/EXPLANATIONS
Number of Polk HealthCare Plan Members	Most health plans define their entire business by the number of members they serve annually or monthly. For others in healthcare, this generally serves as the comparison mark for profit margin, operational hurdles, etc. In Florida, there are many small ma
Percent Male Members	Generally men cost less than women in the healthcare arena. (Men may have chronic disease conditions but are generally more healthy.)
Percent Female Members	Women cost more in our health plan due to ob/gyn needs, as well as their vulnerability to the prevalent chronic disease conditions, such as diabetes, COPD (chronic Obstructive pulmonary disorder), asthma, CAD (coronary artery disease), CHF (congestive hea
Average Age Range of Members	The older populations can be some of the most expensive to care for. In our population, many of our members need care even before their later years due to a heavy prevalence of chronic disease states.
<b>Key Financial Statistics</b>	
Total Rx Paid Amount	This figure represents the total amount the Polk HealthCare Plan paid out to Caremark CVS for pharmacy services during the month.
Total Medical Paid Amount	This figure represents the total amount the Polk HealthCare Plan paid out to physicians and hospitals for medical services during the month.
Total Per Member Per Month/Plan Year	This figure represents the total amount that the Polk HealthCare Plan paid out in average for each member for the month or the plan year. If you add the "Total Rx Paid Amount" and the "Total Medical Paid Amount", then divide it by the "Number of Polk Heal
<b>Key Medical Utilization Statistics</b>	
Total Unique Medical Claimants	This figure represents the total number of different people who had a claim for the month, whether it was approved or denied. The significance in this figure is that the health plan may have some members who did not receive services or have a claim, which
Inpatient Hospital Claims/1,000 Members per Month	Many health plans use this formula to track how much their members are using the inpatient hospital services. It is a key figure due to the fact that inpatient hospital services are generally the most expensive that a member can receive. It is preferable
Days of Care/1,000 Members per Month	This is another way to monitor how expensive your members are with regard to the number of days that they require an inpatient hospital stay.
Average Length of Stay	The "Average Length of Stay" is another way to gauge what is normal in your particular community, locale, and in that particular hospital.
Physician Claims/1,000 Members per Month	This figure is a way to measure how much your members use physicians' services and how many of your members are using them. The ratio can show you that a small number of members are using all the services or that many members are using only a few services
ER Claims/1,000 Members	The "ER Claims/1,000 Members" is another way to gauge what is normal in your particular community, locale, and in that particular hospital. This could be particularly relevant if the hospitals in your areas have the busiest Emergency Departments in your r
Primary Care = 36% of Total Physician Claims Paid	These figures regarding primary care will give us a way to gauge how much of the care provided is for primary care. It also demonstrates that primary care is generally less expensive if that is the care that is needed. If it is not the care needed, and sp
Primary Care = 520 Claims (\$80.16 Avg Per Claim)	The number of claims is not the same as the number of visits but is a good indicator of how much primary care is used in comparison to specialty care.
Specialty Care=64% of Total Physician Claims Paid	These figures regarding specialty care will give us a way to gauge how much of the care provided by Polk HealthCare Plan is specialty physician care. There may be a real need for specialty care. Also, there may be a fallacy of relying on the way our infor
Specialty Care=540 Claims (\$136.49 Avg Per Claim)	The number of claims is not the same as the number of visits but is a good indicator of how much specialty care is used in comparison to primary care.
<b>** Provider Type Not a Hospital or Physician (ARNP, ASC, CRNA, Certified Surgical Technician, Dental, DME, Medical, Optical Supplies, Other, Pathology, PT, PA, Radiology, RN, Registered Nurse First Assistant, Shelter, Sleep Center, Therapy)</b>	
Revenue	\$26,256,236
(Expenditures)	\$ 9,139,279
Balance	\$ 817,116,957
Loan to be Paid	\$ 12,191,226
Claims Liability	\$ 638,000
	This is the amount that the Polk HealthCare Plan borrowed from the County out of the General Fund last year.
	This is the amount that remains to be paid back before FY 2009 ends.

**ADDENDUM: MEMBERSHIP PRIMER FOR NEW COC MEMBERS**

# Membership Requirements

- The individual or family must be an established permanent, full time, Polk County Resident with intent to remain.
  - The individual or family must have documents verifying an established residency through shelter and utility expenses, work or work history, Polk Voter registration, Polk Drivers license, vehicle registration, receiving state or federal benefits in Polk County, etc.
  - Just living in the home of another person does not establish residency.
  - Living in Polk County for the sole purpose of attending school does not establish residency.
  - Living in Polk County for the sole purpose of being in a rehabilitation facility does not constitute residency.

# Membership Requirements

- The income of the individual or family must be equal to or below 100% of the Federal Poverty Level (FPL) guideline.
- **# of Persons in Family - FPL Guideline**
  - 1 = \$10,830
  - 2 = \$14,570
  - 3 = \$18,310
  - 4 = \$22,050
  - 5 = \$25,790
  - 6 = \$29,530
  - 7 = \$33,270
  - 8 = \$37,010
- “Income” includes all **earned** income such as from wages **AND** all **unearned** income such as Social Security, alimony, value of work in lieu of wages, gift income, etc.

# Membership Requirements

- The individual or family must have limited assets.
  - Limit of \$2,000 (for a household of one person)
  - Limit of \$3,000 (for a household of two or more people)
  - If the individual is self-employed, business assets are included in the asset limit.
  - The definition of **“assets”** does not include:
    - Property legally recognized as a homestead in Polk County
    - One to two non-luxury vehicles (depending on # of adults per household)
    - In other words, homesteads and two non-luxury vehicles are excluded from the total tally of assets attributed to each member or member family/household.

# Membership Requirements

- The individual or family must have a valid for employment Social Security card.
- The individual or family must have a Drivers License or a valid Picture Identification card showing a Polk County address.
- The individual or family must not have meaningful access to health insurance.
  - The member must not be eligible for any state, federal or local health care coverage such as:
    - Florida Medicaid
    - Florida Medicaid “medically needy” or “share of cost” program
    - Kidcare
    - Medicare
  - The Polk HealthCare Plan is the payor of last resort.