

By the Committees on Ways and Means, Banking and Insurance,
Health Care and Senators Brown-Waite, Myers, Bankhead, Burt,
Silver and Forman

301-2063-98

1 A bill to be entitled
2 An act relating to children's health care;
3 amending s. 409.904, F.S.; providing for
4 children under specified ages who are not
5 otherwise eligible for the Medicaid program to
6 be eligible for optional payments for medical
7 assistance; creating s. 409.9045, F.S.;
8 providing for a period of continuous
9 eligibility for Medicaid for children; amending
10 s. 409.9126, F.S.; making the Children's
11 Medical Services network available to certain
12 children who are eligible for the Florida Kids
13 Health program; authorizing the inclusion of
14 behavioral health services as part of the
15 Children's Medical Services network;
16 establishing the reimbursement methodology for
17 services provided to certain children through
18 the Children's Medical Services network;
19 specifying that the Children's Medical Services
20 network is not subject to licensure under the
21 insurance code or rules of the Department of
22 Insurance; directing the Department of Health
23 to contract with the Department of Children and
24 Family Services for certain services for
25 children with special health care needs;
26 authorizing the Department of Children and
27 Family Services to establish certain standards
28 and guidelines; revising provisions to reflect
29 the transfer of duties to the Department of
30 Health; creating s. 409.810, F.S.; providing a
31 short title; creating s. 409.811, F.S.;

1 providing definitions; creating s. 409.812,
2 F.S.; creating and providing the purpose for
3 the Florida Kids Health program; creating s.
4 409.813, F.S.; specifying program components;
5 specifying that certain program components are
6 not an entitlement; creating s. 409.8132, F.S.;
7 creating and establishing the purpose of the
8 Medikids program component; providing for
9 administration of Medikids by the Agency for
10 Health Care Administration; exempting Medikids
11 from licensure under the Florida Insurance
12 Code; providing applicability of certain
13 Medicaid requirements; establishing benefit
14 requirements; providing for eligibility;
15 providing enrollment requirements; authorizing
16 penalties for nonpayment of premiums; creating
17 s. 409.8135, F.S.; providing for program
18 enrollment and expenditure ceilings; creating
19 s. 409.814, F.S.; providing eligibility
20 requirements; creating s. 409.815, F.S.;
21 establishing requirements for health benefits
22 coverage under the Florida Kids Health program;
23 creating s. 409.816, F.S.; providing for
24 limitations on premiums and cost-sharing;
25 creating s. 409.817, F.S.; providing for
26 approval of health benefits coverage as a
27 condition of financial assistance; creating s.
28 409.8175, F.S.; authorizing health maintenance
29 organizations and health insurers to reimburse
30 providers in rural counties according to the
31 Medicaid Fee schedule; creating s. 409.818,

1 F.S.; providing for program administration;
2 specifying duties of the Department of Children
3 and Family Services, the Department of Health,
4 the Agency for Health Care Administration, the
5 Department of Insurance, and the Florida
6 Healthy Kids Corporation; authorizing certain
7 program modifications related to federal
8 approval; transferring, renumbering, and
9 amending s. 154.508, F.S., relating to outreach
10 activities to identify low-income, uninsured
11 children; creating s. 409.820, F.S.; requiring
12 that the Department of Health develop standards
13 for quality assurance and program access;
14 establishing performance measures and standards
15 for the Florida Kids Health program; repealing
16 s. 624.92, F.S.; deleting the requirement that
17 the Agency for Health Care Administration apply
18 for a Medicaid federal waiver relating to the
19 Healthy Kids Corporation; providing an
20 appropriation; providing for application of the
21 act to certain contracts between providers and
22 the Florida Healthy Kids Corporation; providing
23 an effective date.

24
25 Be It Enacted by the Legislature of the State of Florida:

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27 Section 1. Section 409.904, Florida Statutes, is
28 amended to read:

29 409.904 Optional payments for eligible persons.--The
30 agency may make payments for medical assistance and related
31 services on behalf of the following persons who are determined

1 to be eligible subject to the income, assets, and categorical
2 eligibility tests set forth in federal and state law. Payment
3 on behalf of these Medicaid eligible persons is subject to the
4 availability of moneys and any limitations established by the
5 General Appropriations Act or chapter 216.

6 (1) A person who is age 65 or older or is determined
7 to be disabled, whose income is at or below 100 percent of
8 federal poverty level, and whose assets do not exceed
9 established limitations.

10 (2) A family, a pregnant woman, a child under age 18,
11 a person age 65 or over, or a blind or disabled person who
12 would be eligible under any group listed in s. 409.903(1),
13 (2), or (3), except that the income or assets of such family
14 or person exceed established limitations. For a family or
15 person in this group, medical expenses are deductible from
16 income in accordance with federal requirements in order to
17 make a determination of eligibility. A family or person in
18 this group, which group is known as the "medically needy," is
19 eligible to receive the same services as other Medicaid
20 recipients, with the exception of services in skilled nursing
21 facilities and intermediate care facilities for the
22 developmentally disabled.

23 (3) A person who is in need of the services of a
24 licensed nursing facility, a licensed intermediate care
25 facility for the developmentally disabled, or a state mental
26 hospital, whose income does not exceed 300 percent of the SSI
27 income standard, and who meets the assets standards
28 established under federal and state law.

29 (4) A low-income person who meets all other
30 requirements for Medicaid eligibility except citizenship and
31 who is in need of emergency medical services. The eligibility

1 of such a recipient is limited to the period of the emergency,
2 in accordance with federal regulations.

3 (5) Subject to specific federal authorization, a
4 postpartum woman living in a family that has an income that is
5 at or below 185 percent of the most current federal poverty
6 level is eligible for family planning services as specified in
7 s. 409.905(3) for a period of up to 24 months following a
8 pregnancy for which Medicaid paid for pregnancy-related
9 services.

10 (6) A child under 1 year of age who lives in a family
11 whose income is above 185 percent of the most current federal
12 poverty level but equal to or below 200 percent of the most
13 current federal poverty level. In determining the eligibility
14 of such a child, an assets test is not required.

15 (7) A child under 19 years of age who is not eligible
16 for coverage under subsection (6) or under s. 409.903(5), (6),
17 or (7) and who lives in a family whose income is at or below
18 100 percent of the most current federal poverty level. In
19 determining the eligibility of such a child, an assets test is
20 not required.

21 Section 2. Section 409.9045, Florida Statutes, is
22 created to read:

23 409.9045 Continuous eligibility for children.--Once a
24 child is determined eligible for Medicaid coverage under s.
25 409.903 or s. 409.904, the child is eligible for coverage
26 under the Medicaid program for 6 months without a
27 redetermination or reverification of eligibility.

28 Section 3. Section 409.9126, Florida Statutes, is
29 amended to read:

30 409.9126 Children with special health care needs.--

31 (1) As used in this section, the term:

1 (a) "Behavioral health services" means specialized
2 behavioral and substance abuse services for children with
3 serious emotional disturbances or substance abuse problems.

4 (b)~~(a)~~ "Children's Medical Services network" means an
5 alternative service network that includes health care
6 providers and health care facilities specified in chapter 391
7 and ss. 383.15-383.21, 383.216, and 415.5055.

8 (c)~~(b)~~ "Children with special health care needs" means
9 those children whose serious or chronic physical, behavioral,
10 or developmental conditions require extensive preventive and
11 maintenance care beyond that required by typically healthy
12 children. Health care utilization by these children exceeds
13 the statistically expected usage of the normal child matched
14 for chronological age and often needs complex care requiring
15 multiple providers, rehabilitation services, and specialized
16 equipment in a number of different settings.

17 (2) The Legislature finds that ~~Medicaid-eligible~~
18 children with special health care needs require a
19 comprehensive, continuous, and coordinated system of health
20 care that links community-based health care with
21 multidisciplinary, regional, and tertiary care. The
22 Legislature finds that Florida's Children's Medical Services
23 program provides a full continuum of coordinated,
24 comprehensive services for children with special health care
25 needs.

26 (3) Except as provided in subsections (8) and (9),
27 children eligible for Children's Medical Services who receive
28 Medicaid benefits, and other Medicaid-eligible children with
29 special health care needs, shall be exempt from the provisions
30 of s. 409.9122 and shall be served through the Children's
31 Medical Services network. The Children's Medical Services

1 network shall also be available to children with special
2 health care needs who are eligible for health benefits
3 coverage other than Medicaid through the Florida Kids Health
4 program.

5 (4) The Legislature directs the agency to apply to the
6 federal Health Care Financing Administration for a waiver to
7 assign to the Children's Medical Services network all
8 Medicaid-eligible children who meet the criteria for
9 participation in the Children's Medical Services program as
10 specified in s. 391.021(2), and other Medicaid-eligible
11 children with special health care needs.

12 (5) The Children's Medical Services program shall
13 assign a qualified MediPass primary care provider from the
14 Children's Medical Services network who shall serve as the
15 gatekeeper and who shall be responsible for the provision or
16 authorization of all health services to a child who has been
17 assigned to the Children's Medical Services network by the
18 Medicaid program.

19 (6) Services provided to Medicaid-eligible children
20 through the Children's Medical Services network shall be
21 reimbursed on a fee-for-service basis and shall utilize a
22 primary care case management process. Reimbursement to the
23 Children's Medical Services Network for services provided to
24 children with special health care needs who are enrolled in
25 the Florida Kids Health program and who are not Medicaid
26 recipients shall be on a capitated basis. The agency, in
27 consultation with the Department of Health, shall establish an
28 enhanced premium for services provided by the Children's
29 Medical Services network to children with special health care
30 needs who are enrolled in the Florida Kids Health program and
31 who are not Medicaid recipients.

1 (7) The agency, in consultation with the Children's
2 Medical Services program, shall develop by rule
3 quality-of-care and service integration standards.

4 (8) The agency may issue a request for proposals,
5 based on the quality-of-care and service integration
6 standards, to allow managed care plans that have contracts
7 with the Medicaid program to provide services to
8 Medicaid-eligible children with special health care needs.

9 (9) The agency shall approve requests to provide
10 services to Medicaid-eligible children with special health
11 care needs from managed care plans that meet quality-of-care
12 and service integration standards and are in good standing
13 with the agency. The agency shall monitor on a quarterly
14 basis managed care plans which have been approved to provide
15 services to Medicaid-eligible children with special health
16 care needs.

17 (10) The agency, in consultation with the Department
18 of Health ~~and Rehabilitative Services~~, shall adopt rules that
19 address Medicaid requirements for referral, enrollment, and
20 disenrollment of children with special health care needs who
21 are enrolled in Medicaid managed care plans and who may
22 benefit from the Children's Medical Services network.

23 (11) The Children's Medical Services network may
24 contract with school districts participating in the certified
25 school match program pursuant to ss. 236.0812 and 409.908(21)
26 for the provision of school-based services, as provided for in
27 s. 409.9071, for Medicaid-eligible children who are enrolled
28 in the Children's Medical Services network.

29 (12) The Children's Medical Services network, when
30 providing services to children who receive Medicaid benefits,
31 other Medicaid-eligible children with special health care

1 needs, and children participating in the Florida Kids Health
2 Program who have special health care needs, shall not be
3 subject to the licensing requirements of the Florida Insurance
4 Code or rules of the Department of Insurance.

5 (13)(12) After 1 complete year of operation, the
6 agency shall conduct an evaluation of the Children's Medical
7 Services network. The evaluation shall include, but not be
8 limited to, an assessment of whether the use of the Children's
9 Medical Services network is less costly than the provision of
10 the services would have been in the Medicaid fee-for-service
11 program. The evaluation also shall include an assessment of
12 patient satisfaction with the Children's Medical Services
13 network, an assessment of the quality of care delivered
14 through the network, and recommendations for further improving
15 the performance of the network. The agency shall report the
16 evaluation findings to the Governor and the chairpersons of
17 the appropriations and health care committees of each chamber
18 of the Legislature.

19 (14) In order to ensure a high level of integration of
20 physical and behavioral health care and to meet the more
21 intensive treatment needs of enrollees with the most serious
22 emotional disturbance or substance abuse problems, the
23 Department of Health shall contract with the Department of
24 Children and Family Services to provide behavioral health
25 services to children with special health care needs. The
26 Department of Children and Family Services in consultation
27 with the Department of Health, is authorized to establish the
28 following:

29 (a) The scope of behavioral health services, including
30 duration and frequency;

31

1 (b) Clinical guidelines for referral to behavioral
2 health services;

3 (c) Behavioral health services standards;

4 (d) Performance-based measures and outcomes for
5 behavioral health services;

6 (e) Practice guidelines for behavioral health services
7 to ensure cost-effective treatment and to prevent unnecessary
8 expenditures; and

9 (f) Rules to implement this subsection.

10 Section 4. Section 409.810, Florida Statutes, is
11 created to read:

12 409.810 Short title.--Sections 409.810-409.820 may be
13 cited as the "Florida Kids Health Act."

14 Section 5. Section 409.811, Florida Statutes, is
15 created to read:

16 409.811 Definitions.--As used in ss. 409.810-409.820,
17 the term:

18 (1) "Actuarially equivalent" means that:

19 (a) The aggregate value of the benefits included in
20 health benefits coverage is equal to the value of the benefits
21 in the benchmark benefit plan; and

22 (b) The benefits included in health benefits coverage
23 are substantially similar to the benefits included in the
24 benchmark benefit plan, except that preventive health services
25 must be the same as in the benchmark benefit plan.

26 (2) "Agency" means the Agency for Health Care
27 Administration.

28 (3) "Applicant" means a parent or guardian of a child
29 or a child whose disability of nonage has been removed under
30 chapter 743 who applies for determination of eligibility for
31 health benefits coverage under ss. 409.810-409.820.

1 (4) "Benchmark benefit plan" means the form and level
2 of health benefits coverage established in s. 409.815.

3 (5) "Child" means any person under 19 years of age.

4 (6) "Child with special health care needs" means a
5 child whose serious or chronic physical or developmental
6 condition requires extensive preventive and maintenance care
7 beyond that required by typically healthy children. Health
8 care utilization by such a child exceeds the statistically
9 expected usage of the normal child matched for chronological
10 age and such child often needs complex care requiring multiple
11 providers, rehabilitation services, and specialized equipment
12 in a number of different settings.

13 (7) "Community rate" means a method used to develop
14 premiums for a health insurance plan that spreads financial
15 risk across a large population and allows adjustments only for
16 age, gender, family composition, and geographic area.

17 (8) "Enrollee" means a child who has been determined
18 eligible for and is receiving coverage under ss.
19 409.810-409.820.

20 (9) "Enrollment ceiling" means the maximum number of
21 children, excluding children enrolled in Medicaid, that may be
22 enrolled at any time in the Florida Kids Health program. The
23 maximum number shall be established annually in the General
24 Appropriations Act or by general law.

25 (10) "Family" means the group or the individuals whose
26 income is considered in determining eligibility for the
27 Florida Kids Health program. The family includes a child,
28 custodial parent, or caretaker relative who resides in the
29 same house or living unit or, in the case of a child whose
30 disability of nonage has been removed under chapter 473, the
31 child. The family may also include individuals whose income

1 and resources are considered in whole or in part in
2 determining eligibility of the child.

3 (11) "Family income" means cash received at periodic
4 intervals from any source, such as wages, benefits,
5 contributions, or rental property. Income also may include any
6 money that would have been counted as income under the AFDC
7 state plan in effect prior to August 22, 1996.

8 (12) "Guarantee issue" means that health benefits
9 coverage must be offered to an individual regardless of the
10 individual's health status, preexisting condition, or claims
11 history.

12 (13) "Health benefits coverage" means protection that
13 provides payment of benefits for covered health care services
14 or that otherwise provides, either directly or through
15 arrangements with other persons, covered health care services
16 on a prepaid per capita basis or on a prepaid aggregate
17 fixed-sum basis.

18 (14) "Health insurance plan" means health benefits
19 coverage under the following:

20 (a) A health plan offered by any certified health
21 maintenance organization or authorized health insurer, except
22 a plan that is limited to the following: a limited benefit,
23 specified disease, or specified accident; hospital indemnity;
24 accident only; limited benefit convalescent care; Medicare
25 supplement; credit disability; dental; vision; long-term care;
26 disability income; coverage issued as a supplement to another
27 health plan; workers' compensation liability or other
28 insurance; or motor vehicle medical payment only; or

29 (b) An employee welfare benefit plan that includes
30 health benefits established under the Employee Retirement
31 Income Security Act of 1974, as amended.

1 (15) "Medicaid" means the medical assistance program
2 authorized by Title XIX of the Social Security Act, and
3 regulations thereunder, and ss. 409.901-409.9205, as
4 administered in this state by the agency.

5 (16) "Medically necessary" means the use of any
6 medical treatment, service, equipment, or supply necessary to
7 palliate the effects of a terminal condition, or to prevent,
8 diagnose, correct, cure, alleviate, or preclude deterioration
9 of a condition that threatens life, causes pain or suffering,
10 or results in illness or infirmity and which is:

11 (a) Consistent with the symptom, diagnosis, and
12 treatment of the enrollee's condition;

13 (b) Provided in accordance with generally accepted
14 standards of medical practice;

15 (c) Not primarily intended for the convenience of the
16 enrollee, the enrollee's family, or the health care provider;

17 (d) The most appropriate level of supply or service
18 for the diagnosis and treatment of the enrollee's condition;
19 and

20 (e) Approved by the appropriate medical body or health
21 care specialty involved as effective, appropriate, and
22 essential for the care and treatment of the enrollee's
23 condition.

24 (17) "Preexisting condition exclusion" means, with
25 respect to coverage, a limitation or exclusion of benefits
26 relating to a condition based on the fact that the condition
27 was present before the date of enrollment for such coverage,
28 whether or not any medical advice, diagnosis, care, or
29 treatment was recommended or received before such date.

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1 (18) "Premium" means the entire cost of an insurance
2 plan, including the administration fee or the risk assumption
3 charge.

4 (19) "Premium assistance payment" means the monthly
5 consideration paid by the agency per enrollee in the Florida
6 Kids Health program towards health insurance premiums.

7 (20) "Program" means the Florida Kids Health program,
8 the medical assistance program authorized by Title XXI of the
9 Social Security Act as part of the federal Balanced Budget Act
10 of 1997.

11 (21) "Qualified alien" means an alien as defined in s.
12 431 of the Personal Responsibility and Work Opportunity
13 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

14 (22) "Resident" means a United States citizen, or
15 qualified alien, who is domiciled in this state.

16 (23) "Rural county" means a county having a population
17 density of less than 100 persons per square mile, or a county
18 defined by the most recent United States Census as rural, in
19 which there is no prepaid health plan participating in the
20 Medicaid program as of July 1, 1998.

21 (24) "Substantially similar" means that, with respect
22 to additional services as defined in s. 2103(c)(2) of Title
23 XXI of the Social Security Act, these services must have an
24 actuarial value equal to at least 75 percent of the actuarial
25 value of the coverage for that service in the benchmark
26 benefit plan and, with respect to the basic services as
27 defined in s. 2103(c)(1) of Title XXI of the Social Security
28 Act, these services must be the same as the services in the
29 benchmark benefit plan.

30 Section 6. Section 409.812, Florida Statutes, is
31 created to read:

1 409.812 Program created; purpose.--The Florida Kids
2 Health program is created to provide a defined set of health
3 benefits to previously uninsured, low-income children through
4 the establishment of a variety of affordable health benefits
5 coverage options from which families may select coverage and
6 through which families may contribute financially to the
7 health care of their children.

8 Section 7. Section 409.813, Florida Statutes, is
9 created to read:

10 409.813 Program components; entitlement and
11 nonentitlement.--The Florida Kids Health program includes
12 health benefits coverage provided to children through:

13 (1) Medicaid;

14 (2) Medikids as created in s. 409.8132;

15 (3) The Florida Healthy Kids Corporation as created in
16 s. 624.91;

17 (4) Employer-sponsored group health insurance plans
18 approved under ss. 409.810-409.820; and

19 (5) The Children's Medical Services network
20 established in s. 409.9126.

21
22 Except for coverage under the Medicaid program, coverage under
23 the Florida Kids Health program is not an entitlement.

24 Section 8. Section 409.8132, Florida Statutes, is
25 created to read:

26 409.8132 Medikids program component.--

27 (1) PROGRAM COMPONENT CREATED; PURPOSE.--The Medikids
28 program component is created in the Agency for Health Care
29 Administration to provide health care services under the
30 Florida Kids Health program to eligible children using the
31

1 administrative structure and provider network of the Medicaid
2 program.

3 (2) ADMINISTRATION.--The director of the agency shall
4 appoint an administrator of the Medikids program component,
5 which shall be located in the Division of State Health
6 Purchasing. The Agency for Health Care Administration is
7 designated as the state agency authorized to make payments for
8 medical assistance and related services for the Medikids
9 program component of the Florida Kids Health program. Payments
10 shall be made, subject to any limitations or directions in the
11 General Appropriations Act, only for covered services provided
12 to eligible children by qualified health care providers under
13 the Florida Kids Health program.

14 (3) INSURANCE LICENSURE NOT REQUIRED.--The Medikids
15 program component shall not be subject to the licensing
16 requirements of the Florida Insurance Code or rules of the
17 Department of Insurance.

18 (4) APPLICABILITY OF LAWS RELATING TO MEDICAID.--The
19 provisions of ss. 409.907, 409.908, 409.910, 409.912,
20 409.9121, 409.9122, 409.9123, 409.9124, 409.9127, 409.9128,
21 409.913, 409.916, 409.919, 409.920, and 409.9205, apply to the
22 administration of the Medikids program component of the
23 Florida Kids Health program, except that s. 409.9122 applies
24 to Medikids as modified by the provisions of subsection (7).

25 (5) BENEFITS.--Benefits provided under the Medikids
26 program component shall be the same benefits provided to
27 children as specified in ss. 409.905 and 409.906.

28 (6) ELIGIBILITY.--A child who has attained the age of
29 1 year, but has not attained the age of 4 years, is eligible
30 to enroll in the Medikids program component of the Florida
31 Kids Health program, if the child is a member of a family that

1 has a family income that exceeds 133 percent of the current
2 federal poverty level, but that is equal to or below 200
3 percent of the current federal poverty level. In determining
4 the eligibility of such a child, an assets test is not
5 required. A child who is eligible for Medikids may elect to
6 enroll in Florida Healthy Kids coverage or employer-sponsored
7 group coverage.

8 (7) ENROLLMENT.--Enrollment in the Medikids program
9 component may only occur during periodic open enrollment
10 periods as specified by the agency. During the first 12 months
11 of the program, there shall be at least one, but no more than
12 three, open enrollment periods. The initial open enrollment
13 period shall be for 60 days, and subsequent open enrollment
14 periods during the first year of operation of the program
15 shall be for 30 days. After the first year of the program, the
16 agency shall determine the frequency and duration of open
17 enrollment periods. A child may apply for enrollment in the
18 Medikids program component and proceed through the eligibility
19 determination process at any time throughout the year.

20 However, enrollment in Medikids shall not begin until the next
21 open enrollment period; and a child may not receive services
22 under the Medikids program until the child is enrolled in a
23 managed care plan or MediPass. In addition, once a child is
24 determined eligible, the child may receive choice counseling
25 and select a managed care plan or MediPass. A child may select
26 MediPass under the Medikids program component only in counties
27 that have fewer than two managed care plans available to serve
28 Medicaid recipients and only if the federal Health Care
29 Financing Administration determines that MediPass constitutes
30 "health insurance coverage" as defined in Title XXI of the
31 Social Security Act.

1 (8) SPECIAL ENROLLMENT PERIODS.--The agency shall
2 establish a special enrollment period of 30 days' duration for
3 any child who is enrolled in Medicaid if such child loses
4 Medicaid eligibility and becomes eligible for Medikids or if
5 such child moves to another county that is not within the
6 coverage area of the child's Medikids managed care plan or
7 MediPass provider.

8 (9) PENALTIES FOR VOLUNTARY CANCELLATION.--The agency
9 shall establish enrollment criteria that must include
10 penalties or waiting periods of not fewer than 60 days for
11 reinstatement of coverage upon voluntary cancellation for
12 nonpayment of premiums.

13 Section 9. Section 409.8135, Florida Statutes, is
14 created to read:

15 409.8135 Program enrollment and expenditure
16 ceilings.--

17 (1) Except for the Medicaid program, a ceiling shall
18 be placed on annual federal and state expenditures and on
19 enrollment in the Florida Kids Health program as provided each
20 year in the General Appropriations Act. The agency, in
21 consultation with the Department of Health, may propose to
22 increase the enrollment ceiling in accordance with chapter
23 216.

24 (2) Except for the Medicaid program, whenever the
25 Social Services Estimating Conference determines that there is
26 presently, or will be by the end of the current fiscal year,
27 insufficient funds to finance the current or projected
28 enrollment in the program, all additional enrollment must
29 cease and additional enrollment may not resume until
30 sufficient funds are available to finance such enrollment.

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1 (3) The agency shall collect and analyze the data
2 needed to project program enrollment, including participation
3 rates, caseloads, and expenditures. The agency shall report
4 the caseload and expenditure trends to the Social Services
5 Estimating Conference in accordance with chapter 216.

6 Section 10. Section 409.814, Florida Statutes, is
7 created to read:

8 409.814 Eligibility.--A child whose family income is
9 equal to or below 200 percent of the federal poverty level is
10 eligible for the Florida Kids Health program as provided in
11 this section. In determining the eligibility of such a child,
12 an assets test is not required.

13 (1) A child who is eligible for Medicaid coverage
14 under s. 409.903 or s. 409.904 must be enrolled in Medicaid
15 and is not eligible to receive health benefits under any other
16 health benefits coverage authorized under ss. 409.810-409.820.

17 (2) A child who is not eligible for Medicaid, but who
18 is eligible for the program, may obtain coverage under any of
19 the other types of health benefits coverage authorized in ss.
20 409.810-409.820 if such coverage is approved and available in
21 the county in which the child resides.

22 (3) A child who is eligible for the program under
23 subsection (1) or (2) and who is a child with special health
24 care needs, as determined through a risk-screening instrument,
25 is eligible for health benefits coverage from and may be
26 referred to the Children's Medical Services network.

27 (4) The following children are not eligible to receive
28 health benefits coverage under ss. 409.810-409.820, except
29 under Medicaid if the child would have been eligible for
30 Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

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1 (a) A child who is eligible for coverage under a state
2 health benefits plan on the basis of a family member's
3 employment with a public agency in the state;

4 (b) A child who is covered under a group health
5 benefit plan or under other health insurance coverage,
6 excluding coverage provided under the Florida Healthy Kids
7 Corporation as established under s. 624.91;

8 (c) A child who is seeking premium assistance for
9 employer-sponsored group coverage, if the child has been
10 covered by the same employer's group coverage during the 6
11 months prior to the family's submitting an application for
12 determination of eligibility under the program;

13 (d) A child who is an alien, but who does not meet the
14 definition of qualified alien, in the United States; or

15 (e) A child who is an inmate of a public institution
16 or a patient in an institution for mental diseases.

17 (5) A child whose family income is above 200 percent
18 of the federal poverty level may participate in the program,
19 excluding the Medicaid program, but is subject to the
20 following provisions:

21 (a) The family is not eligible for premium assistance
22 payments and must pay the full cost of the premium, including
23 any administrative costs. Children described in this
24 subsection are not counted in the annual enrollment ceiling
25 for the Florida Kids Health program.

26 (b) The agency is authorized to place limits on
27 enrollment in Medikids by these children in order to avoid
28 adverse selection. The number of children participating in
29 Medikids whose family income exceeds 200 percent of the
30 federal poverty level must not exceed 10 percent of total
31 enrollees in the Medikids program.

1 (c) The board of directors of the Florida Healthy Kids
2 Corporation is authorized to place limits on enrollment of
3 these children in order to avoid adverse selection. In
4 addition, the board is authorized to offer a reduced benefit
5 package to these children in order to limit program costs for
6 such families. The number of children participating in Healthy
7 Kids whose family income exceeds 200 percent of the federal
8 poverty level must not exceed 10 percent of total enrollees in
9 the Healthy Kids program.

10 (6) Once a child is determined eligible for the
11 program, the child is eligible for coverage under the program
12 for 6 months without a redetermination or reverification of
13 eligibility if the family continues to pay the applicable
14 premium.

15 Section 11. Section 409.815, Florida Statutes, is
16 created to read:

17 409.815 Health benefits coverage; limitations.--

18 (1) MEDICAID BENEFITS.--For purposes of this program,
19 benefits available under the Medicaid program include those
20 goods and services provided under the medical assistance
21 program authorized by Title XIX of the Social Security Act,
22 and regulations thereunder, as administered in this state by
23 the agency. This includes those mandatory Medicaid services
24 authorized under s. 409.905 and optional Medicaid services
25 authorized under s. 409.906, rendered on behalf of eligible
26 individuals by qualified providers, in accordance with federal
27 requirements for Title XIX, subject to any limitations or
28 directions provided for in the General Appropriations Act or
29 chapter 216, and according to methodologies and limitations
30 set forth in agency rules and policy manuals and handbooks
31 incorporated by reference thereto.

1 (2) BENCHMARK BENEFITS.--In order for health benefits
2 coverage to qualify for premium assistance payments for an
3 eligible child under ss. 409.810-409.820, the health benefits
4 coverage, except for coverage under Medicaid and Medikids,
5 must include the following minimum benefits as medically
6 necessary.

7 (a) Preventive health services.--Covered services
8 include:

9 1. Well-child care, including services recommended in
10 the Guidelines for Health Supervision of Children and Youth as
11 developed by the American Academy of Pediatrics;

12 2. Immunizations and injections;

13 3. Health education counseling and clinical services;

14 4. Vision screening; and

15 5. Hearing screening.

16 (b) Inpatient hospital services.--All covered services
17 provided for the medical care and treatment of an enrollee who
18 is admitted as an inpatient to a hospital licensed under part
19 I of chapter 395, with the following exceptions:

20 1. All admissions must be authorized by the enrollee's
21 health benefits coverage provider.

22 2. The length of the patient stay shall be determined
23 on the medical condition of the enrollee in relation to the
24 necessary and appropriate level of care.

25 3. Room and board may be limited to semiprivate
26 accommodations unless a private room is considered medically
27 necessary or semiprivate accommodations are not available.

28 4. Admissions for rehabilitation and physical therapy
29 are limited to 15 days per contract year.

30 (c) Emergency services.--Covered services include
31 visits to an emergency room or other licensed facility if

1 needed immediately due to an injury or illness and delay means
2 risk of permanent damage to the enrollee's health.

3 (d) Maternity services.--Covered services include
4 maternity and newborn care, including prenatal and postnatal
5 care with the following limitations:

6 1. Coverage may be limited to the fee for vaginal
7 deliveries; and

8 2. Initial inpatient care for newborn infants of
9 enrolled adolescents shall be covered, including normal
10 newborn care, nursery charges, and the initial pediatric or
11 neonatal examination, and the infant may be covered for up to
12 3 days following birth.

13 (e) Organ transplantation services.--Covered services
14 include pretransplant, transplant, and postdischarge services
15 and treatment of complications after transplantation for
16 transplants deemed necessary and appropriate within the
17 guidelines set by the Agency for Health Care Administration
18 Organ Transplant Advisory Council under s. 381.0602 or the
19 Agency for Health Care Administration Bone Marrow Transplant
20 Advisory Panel under s. 627.4236.

21 (f) Outpatient services.--Covered services include
22 preventive, diagnostic, therapeutic, palliative care, and
23 other services provided to an enrollee in the outpatient
24 portion of a health facility licensed under chapter 395,
25 except for the following limitations:

26 1. Services must be authorized by the enrollee's
27 health benefits coverage provider; and

28 2. Treatment for temporomandibular joint disease (TMJ)
29 is specifically excluded.

30 (g) Behavioral health services.--

31 1. Mental health benefits include:

1 a. Inpatient services, limited to not more than 30
2 inpatient days per contract year for psychiatric admissions or
3 30 days of residential services in lieu of inpatient
4 psychiatric admission; and

5 b. Outpatient services, including outpatient visits
6 for psychological or psychiatric evaluation, diagnosis, and
7 treatment by a licensed mental health professional, limited to
8 a maximum of 40 outpatient visits each contract year.

9 2. Substance abuse services include:

10 a. Inpatient services limited to no more than 7
11 inpatient days per contract year for medical detoxification
12 only and 30 days of residential services; and

13 b. Outpatient services, including evaluation,
14 diagnosis, and treatment by a licensed practitioner, limited
15 to a maximum of 40 outpatient visits per contract year.

16 (h) Durable medical equipment.--Covered services
17 include equipment and devices that are medically indicated to
18 assist in the treatment of a medical condition and
19 specifically prescribed as medically necessary, with the
20 following limitations:

21 1. Low vision and telescopic aides are not included.

22 2. Corrective lenses and frames may be limited to one
23 pair every 2 years, unless the prescription or head size of
24 the enrollee changes.

25 3. Hearing aids shall be covered only when medically
26 indicated to assist in the treatment of a medical condition.

27 4. Covered prosthetic devices include artificial eyes
28 and limbs, braces, and other artificial aids.

29 (i) Health practitioner services.--Covered services
30 include services and procedures rendered to an enrollee when
31 performed to diagnose and treat diseases, injuries, or other

1 conditions, including care rendered by health practitioners
2 acting within the scope of their practice, with the following
3 exceptions:

4 1. Chiropractic services shall be provided in the same
5 manner as in the Florida Medicaid Program.

6 2. Podiatric services may be limited to one visit per
7 day totaling two visits per month for specific foot disorders.

8 (j) Home health services.--Covered services include
9 prescribed home visits by both registered and licensed
10 practical nurses to provide skilled nursing services on a
11 part-time intermittent basis, subject to the following
12 limitations:

13 1. Coverage may be limited to include skilled nursing
14 services only;

15 2. Meals, housekeeping, and personal comfort items may
16 be excluded; and

17 3. Private duty nursing is limited to circumstances
18 where such care is medically necessary.

19 (k) Hospice services.--Covered services include
20 reasonable and necessary services for palliation or management
21 of an enrollee's terminal illness, with the following
22 exceptions:

23 1. Once a family elects to receive hospice care for an
24 enrollee, other services that treat the terminal condition
25 will not be covered; and

26 2. Services required for conditions totally unrelated
27 to the terminal condition are covered to the extent that the
28 services are included in this section.

29 (l) Laboratory and X-ray services.--Covered services
30 include diagnostic testing, including clinical radiologic,
31 laboratory, and other diagnostic tests.

1 (m) Nursing facility services.--Covered services
2 include regular nursing services, rehabilitation services,
3 drugs and biologicals, medical supplies, and the use of
4 appliances and equipment furnished by the facility, with the
5 following limitations:

6 1. All admissions must be authorized by the health
7 benefits coverage provider.

8 2. The length of the patient stay shall be determined
9 on the medical condition of the enrollee in relation to the
10 necessary and appropriate level of care, but is limited to not
11 more than 100 days per contract year.

12 3. Room and board may be limited to semiprivate
13 accommodations, unless a private room is considered medically
14 necessary or semiprivate accommodations are not available.

15 4. Specialized treatment centers and independent
16 kidney disease treatment centers are excluded.

17 5. Private duty nurses, television, and custodial care
18 are excluded.

19 6. Admissions for rehabilitation and physical therapy
20 are limited to 15 days per contract year.

21 (n) Prescribed drugs.--

22 1. Coverage shall include drugs prescribed for the
23 treatment of illness or injury when prescribed by a licensed
24 health practitioner acting within the scope of his or her
25 practice.

26 2. Prescribed drugs may be limited to generics if
27 available and brand name products if a generic substitution is
28 not available, unless the prescribing licensed health
29 practitioner indicates that a brand name is medically
30 necessary.

31

1 3. Prescribed drugs covered under this section shall
2 include all prescribed drugs covered under the Florida
3 Medicaid program.

4 (o) Therapy services.--Covered services include
5 rehabilitative services, including occupational, physical,
6 respiratory, and speech therapies, with the following
7 limitations:

8 1. Services must be for short-term rehabilitation
9 where significant improvement in the enrollee's condition will
10 result; and

11 2. Services shall be no more than twenty-four
12 treatment sessions within a 60-day period per episode or
13 injury, with the 60-day period beginning with the first
14 treatment.

15 (p) Transportation services.--Covered services include
16 emergency transportation required in response to an emergency
17 situation.

18 (q) Lifetime maximum.--Health benefits coverage
19 obtained under ss. 409.810-409.820 shall pay an enrollee's
20 covered expenses at a lifetime maximum of \$1 million per
21 covered child.

22 (r) Cost-sharing.--Cost-sharing provisions must comply
23 with s. 409.816.

24 (s) Exclusions.--

25 1. Experimental or investigational procedures that
26 have not been clinically proven by reliable evidence are
27 excluded;

28 2. Services performed for cosmetic purposes only or
29 for the convenience of the enrollee are excluded; and
30
31

1 3. Abortion may be covered only if necessary to save
2 the life of the mother or if the pregnancy is the result of an
3 act of rape or incest.

4 (t) Enhancements to minimum requirements.--

5 1. This section sets the minimum benefits that must be
6 included in any health benefits coverage, other than Medicaid
7 or Medikids coverage, offered under ss. 409.810-409.820.
8 Health benefits coverage may include additional benefits not
9 included under this subsection, but may not include benefits
10 excluded under paragraph (s).

11 2. Health benefits coverage may extend any limitations
12 beyond the minimum benefits described in this section.

13
14 Except for the Children's Medical Services network, the agency
15 may not increase the premium assistance payment for either
16 additional benefits provided beyond the minimum benefits
17 described in this section or the imposition of less
18 restrictive service limitations.

19 (u) Applicability of other state laws.--Health
20 insurers, health maintenance organizations, and their agents
21 are subject to the provisions of the Florida Insurance Code,
22 except for any such provisions waived in this section.

23 1. Except as expressly provided in this section, a law
24 requiring coverage for a specific health care service or
25 benefit, or a law requiring reimbursement, utilization, or
26 consideration of a specific category of licensed health care
27 practitioner, does not apply to an insurance health plan
28 policy or contract offered or delivered under ss.
29 409.810-409.820 unless that law is made expressly applicable
30 to such policies or contracts.

31

1 2. Notwithstanding chapter 641, a health maintenance
2 organization may issue contracts providing benefits equal to,
3 exceeding, or actuarially equivalent to the benchmark benefit
4 plan authorized by this section and may pay providers located
5 in a rural county negotiated fees or Medicaid reimbursement
6 rates for services provided to enrollees who are residents of
7 the rural county.

8 Section 12. Section 409.816, Florida Statutes, is
9 created to read:

10 409.816 Limitations on premiums and cost-sharing.--The
11 following limitations on premiums and cost-sharing are
12 established for the program.

13 (1) Enrollees who receive coverage under the Medicaid
14 program may not be required to pay:

15 (a) Enrollment fees, premiums, or similar charges; or

16 (b) Copayments, deductibles, coinsurance, or similar
17 charges.

18 (2) Enrollees in families with a family income equal
19 to or below 150 percent of the federal poverty level and who
20 are not receiving coverage under the Medicaid program may not
21 be required to pay:

22 (a) Enrollment fees, premiums, or similar charges that
23 exceed the maximum monthly charge permitted under s.
24 1916(b)(1) of the Social Security Act; or

25 (b) Copayments, deductibles, coinsurance, or similar
26 charges that exceed a nominal amount, as determined consistent
27 with regulations referred to in s. 1916(a)(3) of the Social
28 Security Act. However, such charges may not be imposed for
29 preventive services, including well-baby and well-child care,
30 age-appropriate immunizations, and routine hearing and vision
31 screenings.

1 (3) Enrollees in families with a family income above
2 150 percent of the federal poverty level and who are not
3 receiving coverage under the Medicaid program may be required
4 to pay enrollment fees, premiums, copayments, deductibles,
5 coinsurance, or similar charges on a sliding scale related to
6 income, except that the total annual aggregate cost-sharing
7 with respect to all children in a family may not exceed 5
8 percent of the family's income. However, copayments,
9 deductibles, coinsurance, or similar charges may not be
10 imposed for preventive services, including well-baby and
11 well-child care, age-appropriate immunizations, and routine
12 hearing and vision screenings.

13 Section 13. Section 409.817, Florida Statutes, is
14 created to read:

15 409.817 Approval of health benefits coverage;
16 financial assistance.--In order for health insurance coverage
17 to qualify for premium assistance payments for an eligible
18 child under ss. 409.810-409.820, the health benefits coverage
19 must:

20 (1) Be certified by the Department of Insurance under
21 s. 409.818 as meeting, exceeding, or being actuarially
22 equivalent to the benchmark benefit plan;

23 (2) Be guarantee issued;

24 (3) Be community rated;

25 (4) Not impose any preexisting condition exclusion for
26 covered benefits; however, group health insurance plans may
27 permit the imposition of a preexisting condition exclusion,
28 but only insofar as it is permitted under s. 627.6561;

29 (5) Comply with the applicable limitations on premiums
30 and cost-sharing in s. 409.816;

31

1 (6) Comply with the quality assurance and access
2 standards developed under s. 409.820; and

3 (7) Establish periodic open enrollment periods, which
4 may not occur more frequently than quarterly.

5 Section 14. Section 409.8175, Florida Statutes, is
6 created to read:

7 409.8175 Delivery of services in rural counties.--A
8 health maintenance organization or a health insurer may
9 reimburse providers located in a rural county according to the
10 Medicaid fee schedule for services provided to enrollees in
11 rural counties if the provider agrees to accept such fee
12 schedule.

13 Section 15. Section 409.818, Florida Statutes, is
14 created to read:

15 409.818 Administration.--In order to implement ss.
16 409.810-409.820, the following agencies shall have the
17 following duties:

18 (1) The Department of Children and Family Services
19 shall:

20 (a) Develop a simplified eligibility application
21 mail-in form to be used for determining the eligibility of
22 children for coverage under the program in consultation with
23 the agency, the Department of Health, and the Florida Healthy
24 Kids Corporation. The simplified eligibility application form
25 must include an item that provides an opportunity for the
26 applicant to indicate whether coverage is being sought for a
27 child with special health care needs. Families applying for
28 the program must also be able to use the simplified
29 application form without having to pay a premium.

30 (b) Establish and maintain the eligibility
31 determination process under the program. The department shall

1 directly, or through the services of a contracted third-party
2 administrator, establish and maintain a process for
3 determining eligibility of children for coverage under the
4 program. The eligibility determination process must be used
5 solely for determining eligibility of applicants for health
6 benefits coverage under the program. The eligibility
7 determination process must include an initial determination of
8 eligibility for any coverage offered under the program, as
9 well as a redetermination or reverification of eligibility
10 each subsequent 6 months. In conducting an eligibility
11 determination, the department shall determine if the child has
12 special health care needs.

13 (c) Inform program applicants about eligibility
14 determinations and provide information about eligibility of
15 applicants to the Medicaid program, Medikids, the Children's
16 Medical Services network, the Florida Healthy Kids
17 Corporation, and insurers and their agents through a
18 centralized coordinating office.

19 (d) Adopt rules necessary for conducting program
20 eligibility functions.

21 (2) The Department of Health shall:

22 (a) Design an eligibility intake process for the
23 program, in coordination with the Department of Children and
24 Family Services, the agency, and the Florida Healthy Kids
25 Corporation. The eligibility intake process may include local
26 intake points that are determined by the Department of Health
27 in coordination with the Department of Children and Family
28 Services.

29 (b) Design and implement program outreach activities
30 under s. 409.819.

31

1 (c) Chair a state-level coordinating council for the
2 program to review and make recommendations concerning the
3 implementation and operation of the program. The coordinating
4 council shall include representatives from the department, the
5 Department of Children and Family Services, the agency, the
6 Florida Healthy Kids Corporation, the Department of Insurance,
7 health insurers, families participating in the program, and
8 organizations representing low-income families.

9 (d) Adopt rules necessary to implement outreach
10 activities.

11 (3) The Agency for Health Care Administration, under
12 the authority granted in s. 409.914(1), shall:

13 (a) Calculate the premium assistance payment necessary
14 to comply with the premium and cost-sharing limitations
15 specified in s. 409.816. The premium assistance payment for
16 each enrollee in an insurance plan participating in the
17 Florida Healthy Kids Corporation shall equal the premium
18 approved by the Florida Healthy Kids Corporation and the
19 Department of Insurance pursuant to ss. 627.410 and 641.31,
20 less any enrollee's share of the premium established within
21 the limitations specified in s. 409.816. The premium
22 assistance payment for each enrollee in employer-sponsored
23 health insurance plans approved under ss. 409.810-409.820
24 shall equal the premium for the plan adjusted for any
25 benchmark benefit plan actuarial equivalent benefit rider
26 approved by the Department of Insurance pursuant to ss.
27 627.410 and 641.31, less any enrollee's share of the premium
28 established within the limitations specified in s. 409.816. In
29 calculating the premium assistance payment levels for children
30 with family coverage, the agency shall set the premium

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1 assistance payment levels for each child proportionately to
2 the total cost of family coverage.

3 (b) Annually calculate the program enrollment ceiling
4 based on estimated per-child premium assistance payments and
5 the estimated appropriation available for the program.

6 (c) Make premium assistance payments to health
7 insurance plans on a periodic basis. The agency may use its
8 Medicaid fiscal agent or a contracted third-party
9 administrator in making these payments.

10 (d) Monitor compliance with quality assurance and
11 access standards developed under s. 409.820.

12 (e) Establish a mechanism for investigating and
13 resolving complaints and grievances from program applicants,
14 enrollees, and health benefits coverage providers, and
15 maintain a record of complaints and confirmed problems. In the
16 case of a child who is enrolled in a health maintenance
17 organization, the agency must use the provisions of s. 641.511
18 to address grievance reporting and resolution requirements.

19 (f) Approve health benefits coverage for participation
20 in the program, following certification by the Department of
21 Insurance under subsection (4).

22 (g) Adopt rules necessary for calculating premium
23 assistance payment levels, calculating the program enrollment
24 ceiling, making premium assistance payments, monitoring access
25 and quality assurance standards, investigating and resolving
26 complaints and grievances, and approving health benefits
27 coverage.

28 (4) The Department of Insurance shall certify that
29 health benefits coverage plans that seek to provide services
30 under the program, except those offered through the Florida
31 Healthy Kids Corporation or the Children's Medical Services

1 network, meet, exceed, or are actuarially equivalent to the
2 benchmark benefit plan and that health insurance plans will be
3 offered at an approved rate. In determining actuarial
4 equivalence of benefits coverage, the Department of Insurance
5 and health insurance plans must comply with the requirements
6 of section 2103 of Title XXI of the Social Security Act. The
7 department shall adopt rules necessary for certifying health
8 benefits coverage plans.

9 (5) The Florida Healthy Kids Corporation shall retain
10 its functions as authorized in s. 624.91, with the exception
11 of its eligibility determination functions relating to
12 coverage under the Florida Kids Health program which shall be
13 assumed by the Department of Children and Family Services.
14 Each fiscal year, the corporation shall establish a maximum
15 number of children by county on a statewide basis who may
16 enroll in the program without requiring local matching funds.
17 Thereafter, the corporation may establish local government
18 matching requirements for supplemental participation in the
19 program. The corporation may vary local matching requirements
20 and enrollment by county depending on factors which may
21 influence the local government's ability to provide local
22 match, including but not limited to, population density, per
23 capita income, existing local tax effort and other factors.

24 (6) The Agency for Health Care Administration, the
25 Department of Health, the Department of Children and Family
26 Services, and the Department of Insurance have the authority
27 to make program modifications and adopt rules not inconsistent
28 with the administrative responsibilities and rulemaking
29 authority granted in this section which are necessary to
30 overcome any objections of the federal Department of Health
31

1 and Human Services and obtain approval of the state's child
2 health plan under Title XXI of the Social Security Act.

3 Section 16. Section 154.508, Florida Statutes, is
4 transferred, renumbered as section 409.819, Florida Statutes,
5 and amended to read:

6 409.819 ~~154.508~~ Identification of low-income,
7 uninsured children; determination of ~~Medicaid~~ eligibility for
8 the Florida Kids Health program; alternative health care
9 information.--The Department of Health ~~Agency for Health Care~~
10 ~~Administration~~ shall develop a program, in conjunction with
11 the Department of Education, the Department of Children and
12 Family Services, the Agency for Health Care Administration,
13 the Florida Healthy Kids Corporation ~~the Department of Health,~~
14 local governments, employers ~~school districts~~, and other
15 stakeholders to identify low-income, uninsured children and,
16 to the extent possible and subject to appropriation, refer
17 them to the Department of Children and Family Services for a
18 ~~Medicaid~~ eligibility determination and provide parents with
19 information about choices ~~alternative sources~~ of health
20 benefits coverage under the Florida Kids Health program ~~care~~.
21 These activities shall include, but not be limited to:
22 training community providers in effective methods of outreach;
23 conducting public information campaigns designed to publicize
24 the Florida Kids Health program, the eligibility requirements
25 of the program, and the procedures for enrollment in the
26 program; and maintaining public awareness of the Florida Kids
27 Health program.

28 Section 17. Section 409.820, Florida Statutes, is
29 created to read:

30 409.820 Quality assurance and access standards.--The
31 Department of Health, in consultation with the agency and the

1 Florida Healthy Kids Corporation, shall develop a common set
2 of quality assurance and access standards for all program
3 components. The standards must include a process for granting
4 exceptions to specific requirements for quality assurance and
5 access. Compliance with the standards shall be a condition of
6 program participation by health benefits coverage providers.

7 Section 18. The following performance measures and
8 standards are adopted for the Florida Kids Health program.--

9 (1) The total number of previously uninsured children
10 who receive health benefits coverage as a result of state
11 activities under Title XXI of the Social Security Act: 254,000
12 uninsured children expected to obtain coverage during the
13 1998-1999 fiscal year.

14 (a) The number of children enrolled in the Medicaid
15 program as a result of eligibility expansions under Title XXI
16 of the Social Security Act: 31,000 children enrolled in
17 Medicaid under new eligibility groups during the 1998-1999
18 fiscal year.

19 (b) The number of children enrolled in the Medicaid
20 program as a result of outreach efforts under Title XXI of the
21 Social Security Act who are eligible for Medicaid but who have
22 not enrolled in the program: 80,000 children previously
23 eligible for Medicaid, but not enrolled in Medicaid, who
24 enroll in Medicaid during the 1998-1999 fiscal year.

25 (c) The number of uninsured children enrolled in
26 Medikids under Title XXI of the Social Security Act: 15,500
27 children enrolled in Medikids during the 1998-1999 fiscal
28 year.

29 (d) The number of uninsured children added to the
30 enrollment for the Florida Healthy Kids Corporation program
31 under Title XXI of the Social Security Act: 70,000 additional

1 children enrolled in the Florida Healthy Kids Corporation
2 program during the 1998-1999 fiscal year.

3 (e) The number of uninsured children enrolled in
4 employer-sponsored group health insurance coverage under Title
5 XXI of the Social Security Act: 48,000 uninsured children
6 enrolled in health insurance coverage during the 1998-1999
7 fiscal year.

8 (f) The number of uninsured children enrolled in the
9 Children's Medical Services network under Title XXI of the
10 Social Security Act: 9,500 uninsured children enrolled in the
11 Children's Medical Services network during the 1998-1999
12 fiscal year.

13 (2) The percentage of uninsured children in this state
14 as of July 1, 1998, who receive health benefits coverage under
15 the Florida Kids Health program: 30.9 percent of uninsured
16 children enrolled in the Florida Kids Health program during
17 the 1998-1999 fiscal year.

18 (3) The percentage of children enrolled in the Florida
19 Kids Health program with up-to-date immunizations: 80 percent
20 of enrolled children with up-to-date immunizations.

21 (4) The percentage of compliance with the standards
22 established in the Guidelines for Health Supervision of
23 Children and Youth as developed by the American Academy of
24 Pediatrics for children eligible for the Florida Kids Health
25 program and served under:

26 (a) Medicaid;

27 (b) The Florida Healthy Kids Corporation program; and

28 (c) Health insurance products.

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1 For each category of coverage, the health care provided is in
2 compliance with the health supervision standards for 80
3 percent of enrolled children.

4 (5) The perception of the enrollee or the enrollee's
5 family concerning coverage provided to children enrolled in
6 the Florida Kids Health program and served under:

7 (a) Medicaid;

8 (b) Florida Healthy Kids Corporation;

9 (c) Health insurance products; and

10 (d) Children's Medical Services network.

11
12 For each category of coverage, 90 percent of the enrollees or
13 the enrollee families indicate satisfaction with the care
14 provided under the program.

15 Section 19. Section 624.92, Florida Statutes, as
16 created by section 9 of chapter 97-260, Laws of Florida, is
17 repealed.

18 Section 20. The sum of \$2 million is appropriated from
19 funds available under Title XXI of the Social Security Act and
20 shall be used for school health services during the 1998-1999
21 fiscal year.

22 Section 21. The provisions of this act which would
23 require changes to contracts in existence on June 30, 1998,
24 between the Florida Healthy Kids Corporation and its
25 contracted providers shall be applied to such contracts upon
26 the renewal of the contracts, but not later than July 1, 2000.

27 Section 22. This act shall take effect July 1, 1998.
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1 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2 COMMITTEE SUBSTITUTE FOR
3 CS/CS for Senate Bill 1228
4 Provides a definition of "substantially similar" to be used in
5 the context of determination of actuarial equivalency for
6 purposes of employer-based insurance coverage. Modifies and
7 clarifies several related portions of the bill to further
8 refine the concept of actuarial equivalency.
9 Includes in the umbrella Kids Health program a component
10 called "Medikids" for children ages one to four, consisting of
11 Medicaid benefits rendered through Medicaid providers in a
12 non-entitlement manner and administered by the Agency for
13 Health Care Administration. Incorporates several conforming
14 revisions.
15 Specifies that no premium payment accompany an application for
16 Medicaid eligibility.
17 Limits enrollment of children with family income above 200
18 percent of the federal poverty level in Florida Healthy Kids
19 program and Medikids to no more than 10 percent of total
20 enrollment in these program components.
21 Specifies Medicaid chiropractic benefits in the benchmark
22 benefit plan.
23 Revises the performance measures for the Kids Health program.
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