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2 A bill to be entitled
3 An act relating to children's health care;
4 amending s. 409.904, F.S.; providing for
5 children under specified ages who are not
6 otherwise eligible for the Medicaid program to
7 be eligible for optional payments for medical
8 assistance; creating s. 409.9045, F.S.;
9 providing for a period of continuous
10 eligibility for Medicaid for children; amending
11 s. 409.9126, F.S.; making the Children's
12 Medical Services network available to certain
13 children who are eligible for the Florida Kids
14 Health program; authorizing the inclusion of
15 behavioral health services as part of the
16 Children's Medical Services network;
17 establishing the reimbursement methodology for
18 services provided to certain children through
19 the Children's Medical Services network;
20 specifying that the Children's Medical Services
21 network is not subject to licensure under the
22 insurance code or rules of the Department of
23 Insurance; directing the Department of Health
24 to contract with the Department of Children and
25 Family Services for certain services for
26 children with special health care needs;
27 authorizing the Department of Children and
28 Family Services to establish certain standards
29 and guidelines; revising provisions to reflect
30 the transfer of duties to the Department of
31 Health; creating s. 409.810, F.S.; providing a
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; directing
16 the Agency for Health Care Administration to
17 conduct a study of Medicaid presumptive
18 eligibility and report its findings to the
19 legislature; repealing s. 624.92, F.S.;
20 deleting the requirement that the Agency for
21 Health Care Administration apply for a Medicaid
22 federal waiver relating to the Healthy Kids
23 Corporation; providing an appropriation;
24 providing for application of the act to certain
25 contracts between providers and the Florida
26 Healthy Kids Corporation; providing an
27 effective date.

28
29 Be It Enacted by the Legislature of the State of Florida:
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1 Section 1. Section 409.904, Florida Statutes, is
2 amended to read:

3 409.904 Optional payments for eligible persons.--The
4 agency may make payments for medical assistance and related
5 services on behalf of the following persons who are determined
6 to be eligible subject to the income, assets, and categorical
7 eligibility tests set forth in federal and state law. Payment
8 on behalf of these Medicaid eligible persons is subject to the
9 availability of moneys and any limitations established by the
10 General Appropriations Act or chapter 216.

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

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

28 (3) A person who is in need of the services of a
29 licensed nursing facility, a licensed intermediate care
30 facility for the developmentally disabled, or a state mental
31 hospital, whose income does not exceed 300 percent of the SSI

1 income standard, and who meets the assets standards
2 established under federal and state law.

3 (4) A low-income person who meets all other
4 requirements for Medicaid eligibility except citizenship and
5 who is in need of emergency medical services. The eligibility
6 of such a recipient is limited to the period of the emergency,
7 in accordance with federal regulations.

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

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

20 (7) A child under 19 years of age who is not eligible
21 for coverage under subsection (6) or under s. 409.903(5), (6),
22 or (7) and who lives in a family whose income is at or below
23 100 percent of the most current federal poverty level. In
24 determining the eligibility of such a child, an assets test is
25 not required.

26 Section 2. Section 409.9045, Florida Statutes, is
27 created to read:

28 409.9045 Continuous eligibility for children.--Once a
29 child is determined eligible for Medicaid coverage under s.
30 409.903 or s. 409.904, the child is eligible for coverage
31

1 under the Medicaid program for 6 months without a
2 redetermination or reverification of eligibility.

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

5 409.9126 Children with special health care needs.--

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

7 (a) "Behavioral health services" means specialized
8 behavioral and substance abuse services for children with
9 serious emotional disturbances or substance abuse problems.

10 (b)(a) "Children's Medical Services network" means an
11 alternative service network that includes health care
12 providers and health care facilities specified in chapter 391
13 and ss. 383.15-383.21, 383.216, and 415.5055.

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

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

1
2 (3) Except as provided in subsections (8) and (9),
3 children eligible for Children's Medical Services who receive
4 Medicaid benefits, and other Medicaid-eligible children with
5 special health care needs, shall be exempt from the provisions
6 of s. 409.9122 and shall be served through the Children's
7 Medical Services network. The Children's Medical Services
8 network shall also be available to children with special
9 health care needs who are eligible for health benefits
10 coverage other than Medicaid through the Florida Kids Health
11 program.

12 (4) The Legislature directs the agency to apply to the
13 federal Health Care Financing Administration for a waiver to
14 assign to the Children's Medical Services network all
15 Medicaid-eligible children who meet the criteria for
16 participation in the Children's Medical Services program as
17 specified in s. 391.021(2), and other Medicaid-eligible
18 children with special health care needs.

19 (5) The Children's Medical Services program shall
20 assign a qualified MediPass primary care provider from the
21 Children's Medical Services network who shall serve as the
22 gatekeeper and who shall be responsible for the provision or
23 authorization of all health services to a child who has been
24 assigned to the Children's Medical Services network by the
25 Medicaid program.

26 (6) Services provided to Medicaid-eligible children
27 through the Children's Medical Services network shall be
28 reimbursed on a fee-for-service basis and shall utilize a
29 primary care case management process. Reimbursement to the
30 Children's Medical Services Network for services provided to
31 children with special health care needs who are enrolled in
the Florida Kids Health program and who are not Medicaid

1 recipients shall be on a capitated basis. The agency, in
2 consultation with the Department of Health, shall establish an
3 enhanced premium for services provided by the Children's
4 Medical Services network to children with special health care
5 needs who are enrolled in the Florida Kids Health program and
6 who are not Medicaid recipients.

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

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

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

23 (10) The agency, in consultation with the Department
24 of Health ~~and Rehabilitative Services~~, shall adopt rules that
25 address Medicaid requirements for referral, enrollment, and
26 disenrollment of children with special health care needs who
27 are enrolled in Medicaid managed care plans and who may
28 benefit from the Children's Medical Services network.

29 (11) The Children's Medical Services network may
30 contract with school districts participating in the certified
31 school match program pursuant to ss. 236.0812 and 409.908(21)

1 for the provision of school-based services, as provided for in
2 s. 409.9071, for Medicaid-eligible children who are enrolled
3 in the Children's Medical Services network.

4 (12) The Children's Medical Services network, when
5 providing services to children who receive Medicaid benefits,
6 other Medicaid-eligible children with special health care
7 needs, and children participating in the Florida Kids Health
8 Program who have special health care needs, shall not be
9 subject to the licensing requirements of the Florida Insurance
10 Code or rules of the Department of Insurance.

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

25 (14) In order to ensure a high level of integration of
26 physical and behavioral health care and to meet the more
27 intensive treatment needs of enrollees with the most serious
28 emotional disturbance or substance abuse problems, the
29 Department of Health shall contract with the Department of
30 Children and Family Services to provide behavioral health
31 services to children with special health care needs. The

1 Department of Children and Family Services in consultation
2 with the Department of Health, is authorized to establish the
3 following:

4 (a) The scope of behavioral health services, including
5 duration and frequency;

6 (b) Clinical guidelines for referral to behavioral
7 health services;

8 (c) Behavioral health services standards;

9 (d) Performance-based measures and outcomes for
10 behavioral health services;

11 (e) Practice guidelines for behavioral health services
12 to ensure cost-effective treatment and to prevent unnecessary
13 expenditures; and

14 (f) Rules to implement this subsection.

15 Section 4. Section 409.810, Florida Statutes, is
16 created to read:

17 409.810 Short title.--Sections 409.810-409.820 may be
18 cited as the "Florida Kids Health Act."

19 Section 5. Section 409.811, Florida Statutes, is
20 created to read:

21 409.811 Definitions.--As used in ss. 409.810-409.820,
22 the term:

23 (1) "Actuarially equivalent" means that:

24 (a) The aggregate value of the benefits included in
25 health benefits coverage is equal to the value of the benefits
26 in the benchmark benefit plan; and

27 (b) The benefits included in health benefits coverage
28 are substantially similar to the benefits included in the
29 benchmark benefit plan, except that preventive health services
30 must be the same as in the benchmark benefit plan.
31

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

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

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

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

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

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

23 (8) "Enrollee" means a child who has been determined
24 eligible for and is receiving coverage under ss.
25 409.810-409.820.

26 (9) "Enrollment ceiling" means the maximum number of
27 children receiving premium assistance payments, excluding
28 children enrolled in Medicaid, that may be enrolled at any
29 time in the Florida Kids Health program. The maximum number
30 shall be established annually in the General Appropriations
31 Act or by general law.

1 (10) "Family" means the group or the individuals whose
2 income is considered in determining eligibility for the
3 Florida Kids Health program. The family includes a child,
4 custodial parent, or caretaker relative who resides in the
5 same house or living unit or, in the case of a child whose
6 disability of nonage has been removed under chapter 473, the
7 child. The family may also include individuals whose income
8 and resources are considered in whole or in part in
9 determining eligibility of the child.

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

15 (12) "Guarantee issue" means that health benefits
16 coverage must be offered to an individual regardless of the
17 individual's health status, preexisting condition, or claims
18 history.

19 (13) "Health benefits coverage" means protection that
20 provides payment of benefits for covered health care services
21 or that otherwise provides, either directly or through
22 arrangements with other persons, covered health care services
23 on a prepaid per capita basis or on a prepaid aggregate
24 fixed-sum basis.

25 (14) "Health insurance plan" means health benefits
26 coverage under the following:

27 (a) A health plan offered by any certified health
28 maintenance organization or authorized health insurer, except
29 a plan that is limited to the following: a limited benefit,
30 specified disease, or specified accident; hospital indemnity;
31 accident only; limited benefit convalescent care; Medicare

1 supplement; credit disability; dental; vision; long-term care;
2 disability income; coverage issued as a supplement to another
3 health plan; workers' compensation liability or other
4 insurance; or motor vehicle medical payment only; or

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

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

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

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

20 (b) Provided in accordance with generally accepted
21 standards of medical practice;

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

24 (d) The most appropriate level of supply or service
25 for the diagnosis and treatment of the enrollee's condition;
26 and

27 (e) Approved by the appropriate medical body or health
28 care specialty involved as effective, appropriate, and
29 essential for the care and treatment of the enrollee's
30 condition.
31

1 (17) "Preexisting condition exclusion" means, with
2 respect to coverage, a limitation or exclusion of benefits
3 relating to a condition based on the fact that the condition
4 was present before the date of enrollment for such coverage,
5 whether or not any medical advice, diagnosis, care, or
6 treatment was recommended or received before such date.

7 (18) "Premium" means the entire cost of a health
8 insurance plan, including the administration fee or the risk
9 assumption charge.

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

13 (20) "Program" means the Florida Kids Health program,
14 the medical assistance program authorized by Title XXI of the
15 Social Security Act as part of the federal Balanced Budget Act
16 of 1997.

17 (21) "Qualified alien" means an alien as defined in s.
18 431 of the Personal Responsibility and Work Opportunity
19 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

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

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

27 (24) "Substantially similar" means that, with respect
28 to additional services as defined in s. 2103(c)(2) of Title
29 XXI of the Social Security Act, these services must have an
30 actuarial value equal to at least 75 percent of the actuarial
31 value of the coverage for that service in the benchmark

1 benefit plan and, with respect to the basic services as
2 defined in s. 2103(c)(1) of Title XXI of the Social Security
3 Act, these services must be the same as the services in the
4 benchmark benefit plan.

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

7 409.812 Program created; purpose.--The Florida Kids
8 Health program is created to provide a defined set of health
9 benefits to previously uninsured, low-income children through
10 the establishment of a variety of affordable health benefits
11 coverage options from which families may select coverage and
12 through which families may contribute financially to the
13 health care of their children.

14 Section 7. Section 409.813, Florida Statutes, is
15 created to read:

16 409.813 Program components; entitlement and
17 nonentitlement.--The Florida Kids Health program includes
18 health benefits coverage provided to children through:

19 (1) Medicaid;

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

21 (3) The Florida Healthy Kids Corporation as created in
22 s. 624.91;

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

25 (5) The Children's Medical Services network
26 established in s. 409.9126.

27
28 Except for coverage under the Medicaid program, coverage under
29 the Florida Kids Health program is not an entitlement.

30 Section 8. Section 409.8132, Florida Statutes, is
31 created to read:

1 409.8132 Medikids program component.--
2 (1) PROGRAM COMPONENT CREATED; PURPOSE.--The Medikids
3 program component is created in the Agency for Health Care
4 Administration to provide health care services under the
5 Florida Kids Health program to eligible children using the
6 administrative structure and provider network of the Medicaid
7 program.
8 (2) ADMINISTRATION.--The director of the agency shall
9 appoint an administrator of the Medikids program component,
10 which shall be located in the Division of State Health
11 Purchasing. The Agency for Health Care Administration is
12 designated as the state agency authorized to make payments for
13 medical assistance and related services for the Medikids
14 program component of the Florida Kids Health program. Payments
15 shall be made, subject to any limitations or directions in the
16 General Appropriations Act, only for covered services provided
17 to eligible children by qualified health care providers under
18 the Florida Kids Health program.
19 (3) INSURANCE LICENSURE NOT REQUIRED.--The Medikids
20 program component shall not be subject to the licensing
21 requirements of the Florida Insurance Code or rules of the
22 Department of Insurance.
23 (4) APPLICABILITY OF LAWS RELATING TO MEDICAID.--The
24 provisions of ss. 409.907, 409.908, 409.910, 409.912,
25 409.9121, 409.9122, 409.9123, 409.9124, 409.9127, 409.9128,
26 409.913, 409.916, 409.919, 409.920, and 409.9205, apply to the
27 administration of the Medikids program component of the
28 Florida Kids Health program, except that s. 409.9122 applies
29 to Medikids as modified by the provisions of subsection (7).
30
31

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

4 (6) ELIGIBILITY.--A child who has attained the age of
5 1 year, but has not attained the age of 4 years, is eligible
6 to enroll in the Medikids program component of the Florida
7 Kids Health program, if the child is a member of a family that
8 has a family income that exceeds 133 percent of the current
9 federal poverty level, but that is equal to or below 200
10 percent of the current federal poverty level. In determining
11 the eligibility of such a child, an assets test is not
12 required. A child who is eligible for Medikids may elect to
13 enroll in Florida Healthy Kids coverage or employer-sponsored
14 group coverage.

15 (7) ENROLLMENT.--Enrollment in the Medikids program
16 component may only occur during periodic open enrollment
17 periods as specified by the agency. During the first 12 months
18 of the program, there shall be at least one, but no more than
19 three, open enrollment periods. The initial open enrollment
20 period shall be for 60 days, and subsequent open enrollment
21 periods during the first year of operation of the program
22 shall be for 30 days. After the first year of the program, the
23 agency shall determine the frequency and duration of open
24 enrollment periods. A child may apply for enrollment in the
25 Medikids program component and proceed through the eligibility
26 determination process at any time throughout the year.
27 However, enrollment in Medikids shall not begin until the next
28 open enrollment period; and a child may not receive services
29 under the Medikids program until the child is enrolled in a
30 managed care plan or MediPass. In addition, once a child is
31 determined eligible, the child may receive choice counseling

1 and select a managed care plan or MediPass. A child may select
2 MediPass under the Medikids program component only in counties
3 that have fewer than two managed care plans available to serve
4 Medicaid recipients and only if the federal Health Care
5 Financing Administration determines that MediPass constitutes
6 "health insurance coverage" as defined in Title XXI of the
7 Social Security Act.

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

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

20 Section 9. Section 409.8135, Florida Statutes, is
21 created to read:

22 409.8135 Program enrollment and expenditure
23 ceilings.--

24 (1) Except for the Medicaid program, a ceiling shall
25 be placed on annual federal and state expenditures and on
26 enrollment in the Florida Kids Health program as provided each
27 year in the General Appropriations Act. The agency, in
28 consultation with the Department of Health, may propose to
29 increase the enrollment ceiling in accordance with chapter
30 216.

1 (2) Except for the Medicaid program, whenever the
2 Social Services Estimating Conference determines that there is
3 presently, or will be by the end of the current fiscal year,
4 insufficient funds to finance the current or projected
5 enrollment in the program, all additional enrollment must
6 cease and additional enrollment may not resume until
7 sufficient funds are available to finance such enrollment.

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

13 Section 10. Section 409.814, Florida Statutes, is
14 created to read:

15 409.814 Eligibility.--A child whose family income is
16 equal to or below 200 percent of the federal poverty level is
17 eligible for the Florida Kids Health program as provided in
18 this section. In determining the eligibility of such a child,
19 an assets test is not required.

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

24 (2) A child who is not eligible for Medicaid, but who
25 is eligible for the program, may obtain coverage under any of
26 the other types of health benefits coverage authorized in ss.
27 409.810-409.820 if such coverage is approved and available in
28 the county in which the child resides.

29 (3) A child who is eligible for the program under
30 subsection (1) or (2) and who is a child with special health
31 care needs, as determined through a risk-screening instrument,

1 is eligible for health benefits coverage from and may be
2 referred to the Children's Medical Services network.

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

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

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

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

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

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

23 (5) A child whose family income is above 200 percent
24 of the federal poverty level may participate in the program,
25 excluding the Medicaid program, but is subject to the
26 following provisions:

27 (a) The family is not eligible for premium assistance
28 payments and must pay the full cost of the premium, including
29 any administrative costs. Children described in this
30 subsection are not counted in the annual enrollment ceiling
31 for the Florida Kids Health program.

1 (b) The agency is authorized to place limits on
2 enrollment in Medikids by these children in order to avoid
3 adverse selection. The number of children participating in
4 Medikids whose family income exceeds 200 percent of the
5 federal poverty level must not exceed 10 percent of total
6 enrollees in the Medikids program.

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

16 (6) Once a child is determined eligible for the
17 program, the child is eligible for coverage under the program
18 for 6 months without a redetermination or reverification of
19 eligibility if the family continues to pay the applicable
20 premium.

21 (7) Once a child is determined eligible for the
22 National School Lunch program, the child is eligible for
23 coverage under the Florida Kids Health program provided the
24 child meets the requirements of s. 409.814 and is enrolled in
25 school. However, a child who is determined to be eligible
26 under s. 409.814 may not be denied coverage.

27 Section 11. Section 409.815, Florida Statutes, is
28 created to read:

29 409.815 Health benefits coverage; limitations.--

30 (1) MEDICAID BENEFITS.--For purposes of this program,
31 benefits available under the Medicaid program include those

1 goods and services provided under the medical assistance
2 program authorized by Title XIX of the Social Security Act,
3 and regulations thereunder, as administered in this state by
4 the agency. This includes those mandatory Medicaid services
5 authorized under s. 409.905 and optional Medicaid services
6 authorized under s. 409.906, rendered on behalf of eligible
7 individuals by qualified providers, in accordance with federal
8 requirements for Title XIX, subject to any limitations or
9 directions provided for in the General Appropriations Act or
10 chapter 216, and according to methodologies and limitations
11 set forth in agency rules and policy manuals and handbooks
12 incorporated by reference thereto.

13 (2) BENCHMARK BENEFITS.--In order for health benefits
14 coverage to qualify for premium assistance payments for an
15 eligible child under ss. 409.810-409.820, the health benefits
16 coverage, except for coverage under Medicaid and Medikids,
17 must include the following minimum benefits as medically
18 necessary.

19 (a) Preventive health services.--Covered services
20 include:

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

24 2. Immunizations and injections;

25 3. Health education counseling and clinical services;

26 4. Vision screening; and

27 5. Hearing screening.

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

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

3 2. The length of the patient stay shall be determined
4 on the medical condition of the enrollee in relation to the
5 necessary and appropriate level of care.

6 3. Room and board may be limited to semiprivate
7 accommodations unless a private room is considered medically
8 necessary or semiprivate accommodations are not available.

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

11 (c) Emergency services.--Covered services include
12 visits to an emergency room or other licensed facility if
13 needed immediately due to an injury or illness and delay means
14 risk of permanent damage to the enrollee's health.

15 (d) Maternity services.--Covered services include
16 maternity and newborn care, including prenatal and postnatal
17 care with the following limitations:

18 1. Coverage may be limited to the fee for vaginal
19 deliveries; and

20 2. Initial inpatient care for newborn infants of
21 enrolled adolescents shall be covered, including normal
22 newborn care, nursery charges, and the initial pediatric or
23 neonatal examination, and the infant may be covered for up to
24 3 days following birth.

25 (e) Organ transplantation services.--Covered services
26 include pretransplant, transplant, and postdischarge services
27 and treatment of complications after transplantation for
28 transplants deemed necessary and appropriate within the
29 guidelines set by the Agency for Health Care Administration
30 Organ Transplant Advisory Council under s. 381.0602 or the
31

1 Agency for Health Care Administration Bone Marrow Transplant
2 Advisory Panel under s. 627.4236.

3 (f) Outpatient services.--Covered services include
4 preventive, diagnostic, therapeutic, palliative care, and
5 other services provided to an enrollee in the outpatient
6 portion of a health facility licensed under chapter 395,
7 except for the following limitations:

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

10 2. Treatment for temporomandibular joint disease (TMJ)
11 is specifically excluded.

12 (g) Behavioral health services.--

13 1. Mental health benefits include:

14 a. Inpatient services, limited to not more than 30
15 inpatient days per contract year for psychiatric admissions or
16 30 days of residential services in lieu of inpatient
17 psychiatric admission; and

18 b. Outpatient services, including outpatient visits
19 for psychological or psychiatric evaluation, diagnosis, and
20 treatment by a licensed mental health professional, limited to
21 a maximum of 40 outpatient visits each contract year.

22 2. Substance abuse services include:

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

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

29 (h) Durable medical equipment.--Covered services
30 include equipment and devices that are medically indicated to
31 assist in the treatment of a medical condition and

1 specifically prescribed as medically necessary, with the
2 following limitations:

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

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

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

9 4. Covered prosthetic devices include artificial eyes
10 and limbs, braces, and other artificial aids.

11 (i) Health practitioner services.--Covered services
12 include services and procedures rendered to an enrollee when
13 performed to diagnose and treat diseases, injuries, or other
14 conditions, including care rendered by health practitioners
15 acting within the scope of their practice, with the following
16 exceptions:

17 1. Chiropractic services shall be provided in the same
18 manner as in the Florida Medicaid Program.

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

21 (j) Home health services.--Covered services include
22 prescribed home visits by both registered and licensed
23 practical nurses to provide skilled nursing services on a
24 part-time intermittent basis, subject to the following
25 limitations:

26 1. Coverage may be limited to include skilled nursing
27 services only;

28 2. Meals, housekeeping, and personal comfort items may
29 be excluded; and

30 3. Private duty nursing is limited to circumstances
31 where such care is medically necessary.

1 (k) Hospice services.--Covered services include
2 reasonable and necessary services for palliation or management
3 of an enrollee's terminal illness, with the following
4 exceptions:

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

8 2. Services required for conditions totally unrelated
9 to the terminal condition are covered to the extent that the
10 services are included in this section.

11 (l) Laboratory and X-ray services.--Covered services
12 include diagnostic testing, including clinical radiologic,
13 laboratory, and other diagnostic tests.

14 (m) Nursing facility services.--Covered services
15 include regular nursing services, rehabilitation services,
16 drugs and biologicals, medical supplies, and the use of
17 appliances and equipment furnished by the facility, with the
18 following limitations:

19 1. All admissions must be authorized by the health
20 benefits coverage provider.

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

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. Specialized treatment centers and independent
29 kidney disease treatment centers are excluded.

30 5. Private duty nurses, television, and custodial care
31 are excluded.

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

3 (n) Prescribed drugs.--

4 1. Coverage shall include drugs prescribed for the
5 treatment of illness or injury when prescribed by a licensed
6 health practitioner acting within the scope of his or her
7 practice.

8 2. Prescribed drugs may be limited to generics if
9 available and brand name products if a generic substitution is
10 not available, unless the prescribing licensed health
11 practitioner indicates that a brand name is medically
12 necessary.

13 3. Prescribed drugs covered under this section shall
14 include all prescribed drugs covered under the Florida
15 Medicaid program.

16 (o) Therapy services.--Covered services include
17 rehabilitative services, including occupational, physical,
18 respiratory, and speech therapies, with the following
19 limitations:

20 1. Services must be for short-term rehabilitation
21 where significant improvement in the enrollee's condition will
22 result; and

23 2. Services shall be no more than twenty-four
24 treatment sessions within a 60-day period per episode or
25 injury, with the 60-day period beginning with the first
26 treatment.

27 (p) Transportation services.--Covered services include
28 emergency transportation required in response to an emergency
29 situation.

30 (q) Lifetime maximum.--Health benefits coverage
31 obtained under ss. 409.810-409.820 shall pay an enrollee's

1 covered expenses at a lifetime maximum of \$1 million per
2 covered child.

3 (r) Cost-sharing.--Cost-sharing provisions must comply
4 with s. 409.816.

5 (s) Exclusions.--

6 1. Experimental or investigational procedures that
7 have not been clinically proven by reliable evidence are
8 excluded;

9 2. Services performed for cosmetic purposes only or
10 for the convenience of the enrollee are excluded; and

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

14 (t) Enhancements to minimum requirements.--

15 1. This section sets the minimum benefits that must be
16 included in any health benefits coverage, other than Medicaid
17 or Medikids coverage, offered under ss. 409.810-409.820.
18 Health benefits coverage may include additional benefits not
19 included under this subsection, but may not include benefits
20 excluded under paragraph (s).

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

23
24 Except for the Children's Medical Services network, the agency
25 may not increase the premium assistance payment for either
26 additional benefits provided beyond the minimum benefits
27 described in this section or the imposition of less
28 restrictive service limitations.

29 (u) Applicability of other state laws.--Health
30 insurers, health maintenance organizations, and their agents
31

1 are subject to the provisions of the Florida Insurance Code,
2 except for any such provisions waived in this section.

3 1. Except as expressly provided in this section, a law
4 requiring coverage for a specific health care service or
5 benefit, or a law requiring reimbursement, utilization, or
6 consideration of a specific category of licensed health care
7 practitioner, does not apply to an insurance health plan
8 policy or contract offered or delivered under ss.
9 409.810-409.820 unless that law is made expressly applicable
10 to such policies or contracts.

11 2. Notwithstanding chapter 641, a health maintenance
12 organization may issue contracts providing benefits equal to,
13 exceeding, or actuarially equivalent to the benchmark benefit
14 plan authorized by this section and may pay providers located
15 in a rural county negotiated fees or Medicaid reimbursement
16 rates for services provided to enrollees who are residents of
17 the rural county.

18 Section 12. Section 409.816, Florida Statutes, is
19 created to read:

20 409.816 Limitations on premiums and cost-sharing.--The
21 following limitations on premiums and cost-sharing are
22 established for the program.

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

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

26 (b) Copayments, deductibles, coinsurance, or similar
27 charges.

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

1 (a) Enrollment fees, premiums, or similar charges that
2 exceed the maximum monthly charge permitted under s.
3 1916(b)(1) of the Social Security Act; or

4 (b) Copayments, deductibles, coinsurance, or similar
5 charges that exceed a nominal amount, as determined consistent
6 with regulations referred to in s. 1916(a)(3) of the Social
7 Security Act. However, such charges may not be imposed for
8 preventive services, including well-baby and well-child care,
9 age-appropriate immunizations, and routine hearing and vision
10 screenings.

11 (3) Enrollees in families with a family income above
12 150 percent of the federal poverty level and who are not
13 receiving coverage under the Medicaid program, or who are not
14 eligible under s. 409.814(5), may be required to pay
15 enrollment fees, premiums, copayments, deductibles,
16 coinsurance, or similar charges on a sliding scale related to
17 income, except that the total annual aggregate cost-sharing
18 with respect to all children in a family may not exceed 5
19 percent of the family's income. However, copayments,
20 deductibles, coinsurance, or similar charges may not be
21 imposed for preventive services, including well-baby and
22 well-child care, age-appropriate immunizations, and routine
23 hearing and vision screenings.

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

26 409.817 Approval of health benefits coverage;
27 financial assistance.--In order for health insurance coverage
28 to qualify for premium assistance payments for an eligible
29 child under ss. 409.810-409.820, the health benefits coverage
30 must:
31

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

4 (2) Be guarantee issued;

5 (3) Be community rated;

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

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

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

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

16 Section 14. Section 409.8175, Florida Statutes, is
17 created to read:

18 409.8175 Delivery of services in rural counties.--A
19 health maintenance organization or a health insurer may
20 reimburse providers located in a rural county according to the
21 Medicaid fee schedule for services provided to enrollees in
22 rural counties if the provider agrees to accept such fee
23 schedule.

24 Section 15. Section 409.818, Florida Statutes, is
25 created to read:

26 409.818 Administration.--In order to implement ss.
27 409.810-409.820, the following agencies shall have the
28 following duties:

29 (1) The Department of Children and Family Services
30 shall:

1 (a) Develop a simplified eligibility application
2 mail-in form to be used for determining the eligibility of
3 children for coverage under the program in consultation with
4 the agency, the Department of Health, and the Florida Healthy
5 Kids Corporation. The simplified eligibility application form
6 must include an item that provides an opportunity for the
7 applicant to indicate whether coverage is being sought for a
8 child with special health care needs. Families applying for
9 the program must also be able to use the simplified
10 application form without having to pay a premium.

11 (b) Establish and maintain the eligibility
12 determination process under the program. The department shall
13 directly, or through the services of a contracted third-party
14 administrator, establish and maintain a process for
15 determining eligibility of children for coverage under the
16 program. The eligibility determination process must be used
17 solely for determining eligibility of applicants for health
18 benefits coverage under the program. The eligibility
19 determination process must include an initial determination of
20 eligibility for any coverage offered under the program, as
21 well as a redetermination or reverification of eligibility
22 each subsequent 6 months. In conducting an eligibility
23 determination, the department shall determine if the child has
24 special health care needs.

25 (c) Inform program applicants about eligibility
26 determinations and provide information about eligibility of
27 applicants to the Medicaid program, Medikids, the Children's
28 Medical Services network, the Florida Healthy Kids
29 Corporation, and insurers and their agents through a
30 centralized coordinating office.
31

1 (d) Adopt rules necessary for conducting program
2 eligibility functions.

3 (2) The Department of Health shall:

4 (a) Design an eligibility intake process for the
5 program, in coordination with the Department of Children and
6 Family Services, the agency, and the Florida Healthy Kids
7 Corporation. The eligibility intake process may include local
8 intake points that are determined by the Department of Health
9 in coordination with the Department of Children and Family
10 Services.

11 (b) Design and implement program outreach activities
12 under s. 409.819.

13 (c) Chair a state-level coordinating council for the
14 program to review and make recommendations concerning the
15 implementation and operation of the program. The coordinating
16 council shall include representatives from the department, the
17 Department of Children and Family Services, the agency, the
18 Florida Healthy Kids Corporation, the Department of Insurance,
19 health insurers, families participating in the program, and
20 organizations representing low-income families.

21 (d) Adopt rules necessary to implement outreach
22 activities.

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

25 (a) Calculate the premium assistance payment necessary
26 to comply with the premium and cost-sharing limitations
27 specified in s. 409.816. The premium assistance payment for
28 each enrollee in an insurance plan participating in the
29 Florida Healthy Kids Corporation shall equal the premium
30 approved by the Florida Healthy Kids Corporation and the
31 Department of Insurance pursuant to ss. 627.410 and 641.31,

1 less any enrollee's share of the premium established within
2 the limitations specified in s. 409.816. The premium
3 assistance payment for each enrollee in employer-sponsored
4 health insurance plans approved under ss. 409.810-409.820
5 shall equal the premium for the plan adjusted for any
6 benchmark benefit plan actuarial equivalent benefit rider
7 approved by the Department of Insurance pursuant to ss.
8 627.410 and 641.31, less any enrollee's share of the premium
9 established within the limitations specified in s. 409.816. In
10 calculating the premium assistance payment levels for children
11 with family coverage, the agency shall set the premium
12 assistance payment levels for each child proportionately to
13 the total cost of family coverage.

14 (b) Annually calculate the program enrollment ceiling
15 based on estimated per-child premium assistance payments and
16 the estimated appropriation available for the program.

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

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

23 (e) Establish a mechanism for investigating and
24 resolving complaints and grievances from program applicants,
25 enrollees, and health benefits coverage providers, and
26 maintain a record of complaints and confirmed problems. In the
27 case of a child who is enrolled in a health maintenance
28 organization, the agency must use the provisions of s. 641.511
29 to address grievance reporting and resolution requirements.
30

31

1 (f) Approve health benefits coverage for participation
2 in the program, following certification by the Department of
3 Insurance under subsection (4).

4 (g) Adopt rules necessary for calculating premium
5 assistance payment levels, calculating the program enrollment
6 ceiling, making premium assistance payments, monitoring access
7 and quality assurance standards, investigating and resolving
8 complaints and grievances, administering the Medikids program,
9 and approving health benefits coverage.

10 (4) The Department of Insurance shall certify that
11 health benefits coverage plans that seek to provide services
12 under the program, except those offered through the Florida
13 Healthy Kids Corporation or the Children's Medical Services
14 network, meet, exceed, or are actuarially equivalent to the
15 benchmark benefit plan and that health insurance plans will be
16 offered at an approved rate. In determining actuarial
17 equivalence of benefits coverage, the Department of Insurance
18 and health insurance plans must comply with the requirements
19 of section 2103 of Title XXI of the Social Security Act. The
20 department shall adopt rules necessary for certifying health
21 benefits coverage plans.

22 (5) Notwithstanding any other provision contained in
23 this act, the Florida Healthy Kids Corporation shall continue
24 to provide health care coverage as previously approved by the
25 federal Department of Health and Human Services under Title
26 XXI of the Social Security Act. Each fiscal year, the
27 corporation shall establish a maximum number of children by
28 county on a statewide basis who may enroll in the program
29 without requiring local matching funds. Thereafter, the
30 corporation may establish local matching requirements for
31 supplemental participation in the program. The corporation may

1 vary local matching requirements and enrollment by county
2 depending on factors which may influence the generation of
3 local match, including but not limited to, population density,
4 per capita income, existing local tax effort and other
5 factors.

6 (6) The Agency for Health Care Administration, the
7 Department of Health, the Department of Children and Family
8 Services, and the Department of Insurance have the authority
9 to make program modifications and adopt rules not inconsistent
10 with the administrative responsibilities and rulemaking
11 authority granted in this section which are necessary to
12 overcome any objections of the federal Department of Health
13 and Human Services and obtain approval of the state's child
14 health plan under Title XXI of the Social Security Act.

15 Section 16. Section 154.508, Florida Statutes, is
16 transferred, renumbered as section 409.819, Florida Statutes,
17 and amended to read:

18 409.819 ~~154.508~~ Identification of low-income,
19 uninsured children; determination of ~~Medicaid~~ eligibility for
20 the Florida Kids Health program; alternative health care
21 information.--The Department of Health ~~Agency for Health Care~~
22 ~~Administration~~ shall develop a program, in conjunction with
23 the Department of Education, the Department of Children and
24 Family Services, the Agency for Health Care Administration,
25 the Florida Healthy Kids Corporation ~~the Department of Health,~~
26 local governments, employers ~~school districts~~, and other
27 stakeholders to identify low-income, uninsured children and,
28 to the extent possible and subject to appropriation, refer
29 them to the Department of Children and Family Services for a
30 ~~Medicaid~~ eligibility determination and provide parents with
31 information about choices ~~alternative sources~~ of health

1 benefits coverage under the Florida Kids Health program ~~care~~.
2 These activities shall include, but not be limited to:
3 training community providers in effective methods of outreach;
4 conducting public information campaigns designed to publicize
5 the Florida Kids Health program, the eligibility requirements
6 of the program, and the procedures for enrollment in the
7 program; and maintaining public awareness of the Florida Kids
8 Health program.

9 Section 17. Section 409.820, Florida Statutes, is
10 created to read:

11 409.820 Quality assurance and access standards.--The
12 Department of Health, in consultation with the agency and the
13 Florida Healthy Kids Corporation, shall develop a minimum set
14 of quality assurance and access standards for all program
15 components. The standards must include a process for granting
16 exceptions to specific requirements for quality assurance and
17 access. Compliance with the standards shall be a condition of
18 program participation by health benefits coverage providers.

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

21 (1) The total number of previously uninsured children
22 who receive health benefits coverage as a result of state
23 activities under Title XXI of the Social Security Act: 254,000
24 uninsured children expected to obtain coverage during the
25 1998-1999 fiscal year.

26 (a) The number of children enrolled in the Medicaid
27 program as a result of eligibility expansions under Title XXI
28 of the Social Security Act: 31,000 children enrolled in
29 Medicaid under new eligibility groups during the 1998-1999
30 fiscal year.

1 (b) The number of children enrolled in the Medicaid
2 program as a result of outreach efforts under Title XXI of the
3 Social Security Act who are eligible for Medicaid but who have
4 not enrolled in the program: 80,000 children previously
5 eligible for Medicaid, but not enrolled in Medicaid, who
6 enroll in Medicaid during the 1998-1999 fiscal year.

7 (c) The number of uninsured children enrolled in
8 Medikids under Title XXI of the Social Security Act: 15,500
9 children enrolled in Medikids during the 1998-1999 fiscal
10 year.

11 (d) The number of uninsured children added to the
12 enrollment for the Florida Healthy Kids Corporation program
13 under Title XXI of the Social Security Act: 70,000 additional
14 children enrolled in the Florida Healthy Kids Corporation
15 program during the 1998-1999 fiscal year.

16 (e) The number of uninsured children enrolled in
17 employer-sponsored group health insurance coverage under Title
18 XXI of the Social Security Act: 48,000 uninsured children
19 enrolled in health insurance coverage during the 1998-1999
20 fiscal year.

21 (f) The number of uninsured children enrolled in the
22 Children's Medical Services network under Title XXI of the
23 Social Security Act: 9,500 uninsured children enrolled in the
24 Children's Medical Services network during the 1998-1999
25 fiscal year.

26 (2) The percentage of uninsured children in this state
27 as of July 1, 1998, who receive health benefits coverage under
28 the Florida Kids Health program: 30.9 percent of uninsured
29 children enrolled in the Florida Kids Health program during
30 the 1998-1999 fiscal year.

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

4 (4) The percentage of compliance with the standards
5 established in the Guidelines for Health Supervision of
6 Children and Youth as developed by the American Academy of
7 Pediatrics for children eligible for the Florida Kids Health
8 program and served under:

9 (a) Medicaid;

10 (b) Medikids;

11 (c) The Florida Healthy Kids Corporation program; and

12 (d) Health insurance products.

13
14 For each category of coverage, the health care provided is in
15 compliance with the health supervision standards for 80
16 percent of enrolled children.

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

20 (a) Medicaid;

21 (b) Medikids;

22 (c) Florida Healthy Kids Corporation;

23 (d) Health insurance products; and

24 (e) Children's Medical Services network.

25
26 For each category of coverage, 90 percent of the enrollees or
27 the enrollee families indicate satisfaction with the care
28 provided under the program.

29 Section 19. The Agency for Health Care Administration
30 shall conduct a study of the feasibility of extending
31 presumptive eligibility for Medicaid to children who have not

1 attained the age of 19. The study shall assess whether
2 families delay seeking health care services or health care
3 coverage because of the lack of presumptive eligibility. The
4 agency shall report its findings to the President of the
5 Senate, the Speaker of the House of Representatives, and the
6 chairpersons of the respective health care committees no later
7 than December 31, 1998.

8 Section 20. Section 624.92, Florida Statutes, as
9 created by section 9 of chapter 97-260, Laws of Florida, is
10 repealed.

11 Section 21. For fiscal year 1998-1999, the enrollment
12 ceiling for the non-Medicaid portion of the Florida Kids
13 Health program is 270,000 children. Thereafter, the enrollment
14 ceiling shall be established in the General Appropriations Act
15 or general law.

16 Section 22. The sum of \$2 million is appropriated from
17 funds available under Title XXI of the Social Security Act and
18 shall be used for school health services during the 1998-1999
19 fiscal year.

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

25 Section 24. This act shall take effect July 1, 1998.
26
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31