Florida House of Representatives - 2001

By Representatives Lerner, Rich, Ritter, Henriquez, Greenstein, Sobel, Romeo, Gannon, Weissman, McGriff, Joyner, Bendross-Mindingall, Cusack, Gelber, Seiler, Betancourt, Meadows, Jennings, Ausley, Kosmas and Frankel

1	A bill to be entitled
2	An act relating to the Florida Kidcare Act;
3	amending ss. 409.814, 409.815, 409.8177,
4	409.818, 409.904, and 624.91, F.S.; deleting
5	references to Medikids program components;
6	revising criteria for Kidcare program
7	components; deleting obsolete provisions;
8	providing for state funding of the Kidcare
9	program; requiring uniform and joint
10	administration of Kidcare program
11	implementation; requiring joint development of
12	a plan for Kidcare eligibility determinations
13	and plan implementation by a date certain;
14	creating s. 409.81753, F.S.; providing for
15	Kidcare program providers; requiring the
16	Department of Health to develop and implement
17	uniform provider standards for Kidcare
18	components; repealing s. 409.811(19), F.S.,
19	relating to a definition of Medikids; repealing
20	s. 409.813(2), F.S., relating to the Medikids
21	component of the Kidcare program; repealing s.
22	409.8132, F.S., relating to the Medikids
23	program component; providing an effective date.
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25	Be It Enacted by the Legislature of the State of Florida:
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27	Section 1. Section 409.814, Florida Statutes, is
28	amended to read:
29	409.814 EligibilityA child whose family income is
30	equal to or below $250$ $200$ percent of the federal poverty level
31	is eligible for the Florida Kidcare program as provided in
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this section. In determining the eligibility of such a child, 1 2 an assets test is not required. An applicant under 19 years of 3 age who, based on a complete application, appears to be eligible for the Medicaid component of the Florida Kidcare 4 5 program is presumed eligible for coverage under Medicaid, б subject to federal rules. A child who has been deemed 7 presumptively eligible for Medicaid shall not be enrolled in a 8 managed care plan until the child's full eligibility determination for Medicaid has been completed. The Florida 9 Healthy Kids Corporation and other federally approved entities 10 11 may, subject to compliance with applicable requirements of the Agency for Health Care Administration and the Department of 12 13 Children and Family Services, be designated as an entity to 14 conduct presumptive eligibility determinations. An applicant under 19 years of age who, based on a complete application, 15 16 appears to be eligible for the Medikids, Florida Healthy Kids, or Children's Medical Services network program component, who 17 is screened as ineligible for Medicaid and prior to the 18 19 monthly verification of the applicant's enrollment in Medicaid 20 or of eligibility for coverage under the state employee health 21 benefit plan, may be enrolled in and begin receiving coverage 22 from the appropriate program component on the first day of the month following the receipt of a completed application. For 23 enrollment in the Children's Medical Services network, a 24 complete application includes the medical or behavioral health 25 26 screening. If, after verification, an individual is determined 27 to be ineligible for coverage, he or she must be disenrolled 28 from the respective Title XXI-funded Kidcare program 29 component. (1) A child who is eligible for Medicaid coverage 30 under s. 409.903 or s. 409.904 must be enrolled in Medicaid 31

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and is not eligible to receive health benefits under any other 1 2 health benefits coverage authorized under ss. 409.810-409.820. 3 (2) A child who is not eligible for Medicaid, but who 4 is eligible for the Florida Kidcare program, may obtain 5 coverage under any of the other types of health benefits coverage authorized in ss. 409.810-409.820 if such coverage is 6 7 approved and available in the county in which the child 8 resides. However, a child who is eligible for Medikids may 9 participate in the Florida Healthy Kids program only if the 10 child has a sibling participating in the Florida Healthy Kids 11 program and the child's county of residence permits such enrollment. 12 13 (3) A child who is eligible for the Florida Kidcare 14 program who is a child with special health care needs, as determined through a medical or behavioral screening 15 16 instrument, is eligible for health benefits coverage from and shall be referred to the Children's Medical Services network. 17 (4) The following children are not eligible to receive 18 premium assistance for health benefits coverage under ss. 19 20 409.810-409.820, except under Medicaid if the child would have been eligible for Medicaid under s. 409.903 or s. 409.904 as 21 of June 1, 1997: 22 23 (a) A child who is eligible for coverage under a state health benefit plan on the basis of a family member's 24 25 employment with a public agency in the state. 26 (a)(b) A child who is covered under a group health 27 benefit plan or under other health insurance coverage, 28 excluding coverage provided under the Florida Healthy Kids 29 Corporation as established under s. 624.91. (c) A child who is seeking premium assistance for 30 employer-sponsored group coverage, if the child has been 31 3

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1 covered by the same employer's group coverage during the 6 2 months prior to the family's submitting an application for 3 determination of eligibility under the Florida Kidcare 4 program. 5 (d) A child who is an alien, but who does not meet the б definition of qualified alien, in the United States. 7 (b)(e) A child who is an inmate of a public 8 institution or a patient in an institution for mental 9 diseases. 10 11 Children who are ineligible for federal funding under Title 12 XIX and Title XXI of the Social Security Act may be enrolled 13 in the Kidcare program based upon family income and their 14 coverage shall be provided by state funds. Other funds may be contributed toward the cost of the program on a voluntary 15 16 basis. (5) A child whose family income is above 250 200 17 percent of the federal poverty level or a child who is 18 19 excluded under the provisions of subsection (4) may 20 participate in the Florida Kidcare program, excluding the Medicaid program, but is subject to the following provisions: 21 22 (a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including 23 24 any administrative costs. 25 (b) The agency is authorized to place limits on 26 enrollment in Medikids by these children in order to avoid 27 adverse selection. The number of children participating in 28 Medikids whose family income exceeds 200 percent of the 29 federal poverty level must not exceed 10 percent of total enrollees in the Medikids program. 30 31

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(b)<del>(c)</del> The board of directors of the Florida Healthy 1 2 Kids Corporation is authorized to place limits on enrollment of these children in order to avoid adverse selection. In 3 addition, the board is authorized to offer a reduced benefit 4 5 package to these children in order to limit program costs for such families. The number of children participating in the 6 7 Florida Healthy Kids program whose family income exceeds 250 8 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Florida Healthy Kids 9 10 program. 11 (c) (d) Children described in this subsection are not 12 counted in the annual enrollment ceiling for the Florida 13 Kidcare program. (6) Once a child is enrolled in the Florida Kidcare 14 program, the child is eligible for coverage under the program 15 16 for 6 months without a redetermination or reverification of eligibility, if the family continues to pay the applicable 17 premium. Effective January 1, 1999, a child who has not 18 attained the age of 5 and who has been determined eligible for 19 20 the Medicaid program is eligible for coverage for 12 months 21 without a redetermination or reverification of eligibility. 22 (7) When determining or reviewing a child's eligibility under the program, the applicant shall be provided 23 with reasonable notice of changes in eligibility which may 24 25 affect enrollment in one or more of the program components. 26 In order to promote continuity of health care coverage when a 27 transition from one program component to another is 28 appropriate, the transition shall occur without any gaps in 29 coverage, provided all required premiums are paid there shall be cooperation between the program components and the affected 30 family which promotes continuity of health care coverage. 31 5

1 Section 2. Subsection (1) and the introductory 2 paragraph and paragraph (u) of subsection (2) of section 3 409.815, Florida Statutes, are amended to read: 4 409.815 Health benefits coverage; limitations.--5 (1) MEDICAID BENEFITS. -- For purposes of the Florida б Kidcare program, benefits available under Medicaid and 7 Medikids include those goods and services provided under the 8 medical assistance program authorized by Title XIX of the 9 Social Security Act, and regulations thereunder, as 10 administered in this state by the agency. This includes those 11 mandatory Medicaid services authorized under s. 409.905 and 12 optional Medicaid services authorized under s. 409.906, 13 rendered on behalf of eligible individuals by qualified 14 providers, in accordance with federal requirements for Title XIX, subject to any limitations or directions provided for in 15 16 the General Appropriations Act or chapter 216, and according to methodologies and limitations set forth in agency rules and 17 policy manuals and handbooks incorporated by reference 18 19 thereto. 20 (2)BENCHMARK BENEFITS.--In order for health benefits 21 coverage to qualify for premium assistance payments for an eligible child under ss. 409.810-409.820, the health benefits 22 coverage, except for coverage under Medicaid and Medikids, 23 must include the following minimum benefits, as medically 24 25 necessary. 26 (u) Enhancements to minimum requirements. --27 1. This section sets the minimum benefits that must be 28 included in any health benefits coverage, other than Medicaid 29 or Medikids coverage, offered under ss. 409.810-409.820. Health benefits coverage may include additional benefits not 30 31 6

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included under this subsection, but may not include benefits 1 2 excluded under paragraph (s). 3 2. Health benefits coverage may extend any limitations 4 beyond the minimum benefits described in this section. 5 6 Except for the Children's Medical Services network, the agency 7 may not increase the premium assistance payment for either 8 additional benefits provided beyond the minimum benefits described in this section or the imposition of less 9 restrictive service limitations. 10 Section 3. Section 409.81753, Florida Statutes, is 11 12 created to read: 13 409.81753 Kidcare providers.--All children in the 14 Kidcare program shall be provided with a medical home. The Department of Health, in consultation with the Florida Healthy 15 16 Kids Corporation, shall develop and implement uniform provider 17 standards to be applied to all Kidcare components. Section 4. Subsection (9) of section 409.8177, Florida 18 19 Statutes, is amended to read: 20 409.8177 Program evaluation. -- The agency, in 21 consultation with the Department of Health, the Department of Children and Family Services, and the Florida Healthy Kids 22 Corporation, shall by January 1 of each year submit to the 23 Governor, the President of the Senate, and the Speaker of the 24 House of Representatives a report of the Florida Kidcare 25 26 program. In addition to the items specified under s. 2108 of 27 Title XXI of the Social Security Act, the report shall include 28 an assessment of crowd-out and access to health care, as well 29 as the following: (9) An assessment of the effectiveness of Medikids, 30 Children's Medical Services network, and other public and 31 7

private programs in the state in increasing the availability
of affordable quality health insurance and health care for
children.

Section 5. The introductory paragraph of section 409.818, Florida Statutes, and paragraphs (b) and (c) of subsection (1) and paragraphs (c) and (g) of subsection (3) of said section, are amended to read:

8 409.818 Administration.--All agencies implementing the 9 Kidcare program shall administer the program to provide a seamless system and continuity of care. All children eligible 10 11 for Kidcare shall be issued a uniform Kidcare Card to document 12 their eligibility. Children who become ineligible for one 13 program component shall be reviewed for eligibility for 14 coverage in another program component and, if eligible, shall automatically be transferred to such program component. The 15 16 Department of Children and Family Services, the Department of 17 Health, the Agency for Health Care Administration, and the Florida Healthy Kids Corporation shall jointly develop a plan 18 19 for a single entity to perform Kidcare eligibility 20 determinations and shall implement the plan no later than 21 October 1, 2001.In order to implement ss. 409.810-409.820, 22 the following agencies shall have the following duties: The Department of Children and Family Services 23 (1) 24 shall: 25 (b) Establish and maintain the eligibility 26 determination process under the program except as specified in 27 subsection (5). The department shall directly, or through the 28 services of a contracted third-party administrator, establish and maintain a process for determining eligibility of children 29 for coverage under the program. The eligibility determination 30

31 process must be used solely for determining eligibility of

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applicants for health benefits coverage under the program. The 1 2 eligibility determination process must include an initial 3 determination of eligibility for any coverage offered under the program, as well as a redetermination or reverification of 4 5 eligibility each subsequent 12 6 months. Effective January 1, б 1999, a child who has not attained the age of 5 and who has 7 been determined eligible for the Medicaid program is eligible 8 for coverage for 12 months without a redetermination or reverification of eliqibility. In conducting an eliqibility 9 determination, the department shall determine if the child has 10 11 special health care needs. The department, in consultation with the Agency for Health Care Administration and the Florida 12 13 Healthy Kids Corporation, shall develop procedures for redetermining eligibility which enable a family to easily 14 update any change in circumstances which could affect 15 16 eligibility. The department may accept changes in a family's status as reported to the department by the Florida Healthy 17 Kids Corporation without requiring a new application from the 18 19 family. Redetermination of a child's eligibility for Medicaid 20 may not be linked to a child's eligibility determination for 21 other programs.

(c) Inform program applicants about eligibility determinations and provide information about eligibility of applicants to Medicaid, <u>Medikids</u>, the Children's Medical Services network, and the Florida Healthy Kids Corporation, and to insurers and their agents, through a centralized coordinating office.

28 (3) The Agency for Health Care Administration, under 29 the authority granted in s. 409.914(1), shall:

30 (c) Make premium assistance payments to health31 insurance plans on a periodic basis. The agency may use its

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Medicaid fiscal agent or a contracted third-party 1 2 administrator in making these payments. The agency may 3 require health insurance plans that participate in the Medikids program or employer-sponsored group health insurance 4 5 to collect premium payments from an enrollee's family. б Participating health insurance plans shall report premium 7 payments collected on behalf of enrollees in the program to 8 the agency in accordance with a schedule established by the 9 agency. 10 (g) Adopt rules that comply with Title XXI of the 11 Social Security Act necessary for calculating premium 12 assistance payment levels, calculating the program enrollment 13 ceiling, making premium assistance payments, monitoring access 14 and quality assurance standards, investigating and resolving complaints and grievances, administering the Medikids program, 15 16 and approving health benefits coverage. 17 The agency is designated the lead state agency for Title XXI 18 19 of the Social Security Act for purposes of receipt of federal 20 funds, for reporting purposes, and for ensuring compliance 21 with federal and state regulations and rules. Section 6. Subsections (6), (7), and (8) of section 22 409.904, Florida Statutes, are amended to read: 23 24 409.904 Optional payments for eligible persons.--The 25 agency may make payments for medical assistance and related 26 services on behalf of the following persons who are determined 27 to be eligible subject to the income, assets, and categorical 28 eligibility tests set forth in federal and state law. Payment 29 on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the 30 General Appropriations Act or chapter 216. 31

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(6) A child born before October 1, 1983, living in a 1 2 family that has an income which is at or below 200 100 percent 3 of the current federal poverty level, who has attained the age of 6, but has not attained the age of 19, and who would be 4 eligible in s. 409.903(6), if the child had been born on or 5 after such date. In determining the eligibility of such a 6 7 child, an assets test is not required. A child who is eligible 8 for Medicaid under this subsection must be offered the opportunity, subject to federal rules, to be made 9 presumptively eligible in accordance with federal law by any 10 entity authorized under federal law. A child who has been 11 12 deemed presumptively eligible for Medicaid shall not be 13 enrolled in a managed care plan until the child's full 14 eligibility determination for Medicaid has been completed. 15 (7) A child who has not attained the age of 19 who has 16 been determined eligible for the Medicaid program is deemed to be eligible for a total of 12 <del>6</del> months, regardless of changes 17 in circumstances other than attainment of the maximum age. 18 19 Effective January 1, 1999, a child who has not attained the 20 age of 5 and who has been determined eligible for the Medicaid 21 program is deemed to be eligible for a total of 12 months 22 regardless of changes in circumstances other than attainment 23 of the maximum age. 24 (8) A pregnant woman for the duration of her pregnancy and for the postpartum period, as defined in federal law and 25 26 rule, A child under 1 year of age who lives in a family that 27 has an income above 185 percent of the current most recently 28 published federal poverty level, but which is at or below 200 29 percent of such poverty level. A pregnant woman who applies for eligibility for the Medicaid program through a qualified 30 Medicaid provider shall be offered the opportunity to be made 31

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presumptively eligible in accordance with federal law by any 1 2 entity authorized under federal law. In determining the 3 eligibility of such child, an assets test is not required. A child who is eligible for Medicaid under this subsection must 4 5 be offered the opportunity, subject to federal rules, to be б made presumptively eligible. 7 Section 7. Paragraph (b) of subsection (2) and 8 paragraph (b) of subsection (4) of section 624.91, Florida 9 Statutes, are amended to read: 10 624.91 The Florida Healthy Kids Corporation Act .--11 (2) LEGISLATIVE INTENT.--12 (b) It is the intent of the Legislature that the 13 Florida Healthy Kids Corporation serve as one of several 14 providers of services to children eligible for medical assistance under Title XXI of the Social Security Act. 15 16 Although the corporation may serve other children, the Legislature intends the primary recipients of services 17 provided through the corporation be school-age children with a 18 19 family income at or below 250 200 percent of the federal 20 poverty level, who do not qualify for Medicaid. It is also the intent of the Legislature that state and local government 21 Florida Healthy Kids funds, to the extent permissible under 22 federal law, be used to obtain matching federal dollars. 23 24 (4) CORPORATION AUTHORIZATION, DUTIES, POWERS.--(b) The Florida Healthy Kids Corporation shall phase 25 26 in a program to: 27 1. Organize school children groups to facilitate the 28 provision of comprehensive health insurance coverage to 29 children; 2. Arrange for the collection of any family voluntary, 30 31 local contributions, or employer payment or premium, in an 12

amount to be determined by the board of directors, to provide 1 2 for payment of premiums for comprehensive insurance coverage 3 and for the actual or estimated administrative expenses; 3. Establish the administrative and accounting 4 5 procedures for the operation of the corporation; 4. Establish, with consultation from appropriate 6 7 professional organizations, standards for preventive health 8 services and providers and comprehensive insurance benefits appropriate to children; provided that such standards for 9 rural areas shall not limit primary care providers to 10 11 board-certified pediatricians; 12 5. Establish eligibility criteria which children must 13 meet in order to participate in the program; 5.6. Establish procedures under which applicants to 14 and participants in the program may have grievances reviewed 15 16 by an impartial body and reported to the board of directors of 17 the corporation; 6.7. Establish participation criteria and, if 18 appropriate, contract with an authorized insurer, health 19 20 maintenance organization, or insurance administrator to 21 provide administrative services to the corporation; 22 7.8. Establish enrollment criteria which shall include year-round enrollment penalties or waiting periods of not 23 24 fewer than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of family premiums; 25 26 9. If a space is available, establish a special open 27 enrollment period of 30 days' duration for any child who is enrolled in Medicaid or Medikids if such child loses Medicaid 28 29 or Medikids eligibility and becomes eligible for the Florida Healthy Kids program; 30 31

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1 8.10. Contract with authorized insurers or any 2 provider of health care services, meeting standards 3 established by the corporation, for the provision of comprehensive insurance coverage to participants. Such 4 5 standards shall include criteria under which the corporation 6 may contract with more than one provider of health care 7 services in program sites. Health plans shall be selected 8 through a competitive bid process. The selection of health plans shall be based primarily on quality criteria established 9 by the board. The health plan selection criteria and scoring 10 11 system, and the scoring results, shall be available upon 12 request for inspection after the bids have been awarded; 13 9.11. Participate in the development and 14 implementation of Develop and implement a plan to publicize 15 the Kidcare program Florida Healthy Kids Corporation, the 16 eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness 17 of the corporation and the program; 18 10.12. Secure staff necessary to properly administer 19 20 the corporation. Staff costs shall be funded from state and 21 local matching funds and such other private or public funds as 22 become available. The board of directors shall determine the 23 number of staff members necessary to administer the 24 corporation; 25 11.13. As appropriate, enter into contracts with local 26 school boards or other federally approved entities agencies to 27 provide onsite information, enrollment, and other services 28 necessary to the operation of the corporation; 29 12.14. Provide a report on an annual basis to the Governor, Insurance Commissioner, Commissioner of Education, 30 Senate President, Speaker of the House of Representatives, and 31 14 CODING: Words stricken are deletions; words underlined are additions.

Minority Leaders of the Senate and the House of 1 2 Representatives.+ 3 15. Each fiscal year, establish a maximum number of 4 participants by county, on a statewide basis, who may enroll in the program without the benefit of local matching funds. 5 6 Thereafter, the corporation may establish local matching 7 requirements for supplemental participation in the program. 8 The corporation may vary local matching requirements and 9 enrollment by county depending on factors which may influence the generation of local match, including, but not limited to, 10 11 population density, per capita income, existing local tax effort, and other factors. The corporation also may accept 12 13 in-kind match in lieu of cash for the local match requirement 14 to the extent allowed by Title XXI of the Social Security Act; 15 and 16 16. Establish eligibility criteria, premium and 17 cost-sharing requirements, and benefit packages which conform 18 to the provisions of the Florida Kidcare program, as created 19 in ss. 409.810-409.820. 20 Section 8. Subsection (19) of section 409.811, Florida Statutes, subsection (2) of section 409.813, Florida Statutes, 21 22 and section 409.8132, Florida Statutes, are repealed. 23 Section 9. This act shall take effect October 1, 2001. 24 25 26 HOUSE SUMMARY 27 Repeals the Medikids component of the Florida Kidcare program, revises criteria for the Kidcare program, specifies state funding for the Kidcare program, and deletes obsolete provisions. See bill for details. 28 29 30 31