

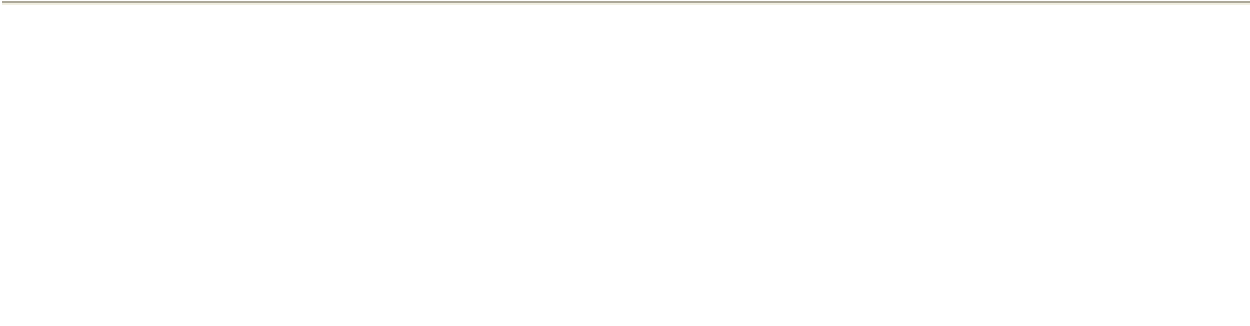
Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative Sobel offered the following:

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3 **Amendment (with title amendment)**

4 Remove lines 574-603 and insert:

5 Section 11. Section 409.818, Florida Statutes, is amended
6 to read:

7 409.818 Administration.--In order to implement ss.
8 409.810-409.820, the following agencies shall have the following
9 duties:

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

11 (a) Develop a simplified eligibility application mail-in
12 form to be used for determining the eligibility of children for
13 coverage under the Florida KidCare ~~Kidcare~~ program, in
14 consultation with the agency, the Department of Health, and the
15 Florida Healthy Kids Corporation. The simplified eligibility
16 application form must include an item that provides an
17 opportunity for the applicant to indicate whether coverage is
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18 being sought for a child with special health care needs.
19 Families applying for children's Medicaid coverage must also be
20 able to use the simplified application form without having to
21 pay a premium.

22 (b) Establish and maintain the Medicaid eligibility
23 determination process under the program except as specified in
24 subsection (5). The department shall directly, or through the
25 services of a contracted third-party administrator, establish
26 and maintain a process for determining Medicaid eligibility of
27 children for coverage under the program. The eligibility
28 determination process must be used solely for determining
29 eligibility of applicants for health benefits coverage under the
30 program. The eligibility determination process must include an
31 initial determination of eligibility for any coverage offered
32 under the program, as well as a redetermination or
33 reverification of eligibility each subsequent 6 months.

34 Effective January 1, 1999, a child who has not attained the age
35 of 5 and who has been determined eligible for the Medicaid
36 program is eligible for coverage for 12 months without a
37 redetermination or reverification of eligibility. In conducting
38 an eligibility determination, the department shall determine if
39 the child has special health care needs. The department, in
40 consultation with the Agency for Health Care Administration and
41 the Florida Healthy Kids Corporation, shall develop procedures
42 for redetermining Medicaid eligibility which enable a family to
43 easily update any change in circumstances which could affect
44 eligibility. The department may accept changes in a family's
45 status as reported to the department by the Agency for Health
46 Care Administration or its contracted third-party administrator

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47 ~~Florida Healthy Kids Corporation~~ without requiring a new
48 application from the family. Redetermination of a child's
49 eligibility for Medicaid may not be linked to a child's
50 eligibility determination for other programs.

51 (c) Inform program applicants about eligibility
52 determinations and provide information about eligibility of
53 applicants to Medicaid, Medikids, the Children's Medical
54 Services network, and the Florida Healthy Kids Corporation, and
55 to insurers and their agents, through a centralized coordinating
56 office.

57 (d) Adopt rules necessary for conducting Medicaid program
58 eligibility functions.

59 (2) The Department of Health shall:

60 (a) Design an eligibility intake process for the program,
61 in coordination with the Department of Children and Family
62 Services, the agency, and the Florida Healthy Kids Corporation.
63 The eligibility intake process may include local intake points
64 that are determined by the Department of Health in coordination
65 with the Department of Children and Family Services.

66 ~~(b) Design and implement program outreach activities under~~
67 ~~s. 409.819.~~

68 (b)(e) Chair a state-level coordinating council to review
69 and make recommendations concerning the implementation and
70 operation of the program. The coordinating council shall include
71 representatives from the department, the Department of Children
72 and Family Services, the agency, the Florida Healthy Kids
73 Corporation, the Office of Insurance Regulation of the Financial
74 Services Commission, local government, health insurers, health
75 maintenance organizations, health care providers, families

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76 participating in the program, and organizations representing
77 low-income families.

78 ~~(c)~~(d) In consultation with the Florida Healthy Kids
79 Corporation and the Department of Children and Family Services,
80 ~~establish~~ ~~establishing~~ a toll-free telephone line to assist
81 families with questions about the program.

82 ~~(d)~~(e) Adopt rules necessary to implement outreach
83 activities.

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

86 (a) Calculate the premium assistance payment necessary to
87 comply with the premium and cost-sharing limitations specified
88 in s. 409.816. The premium assistance payment for each enrollee
89 in a health insurance plan participating in the Florida Healthy
90 Kids Corporation shall equal the premium approved by the Florida
91 Healthy Kids Corporation and the Office of Insurance Regulation
92 of the Financial Services Commission pursuant to ss. 627.410 and
93 641.31, less any enrollee's share of the premium established
94 within the limitations specified in s. 409.816. The premium
95 assistance payment for each enrollee in an employer-sponsored
96 health insurance plan approved under ss. 409.810-409.820 shall
97 equal the premium for the plan adjusted for any benchmark
98 benefit plan actuarial equivalent benefit rider approved by the
99 Office of Insurance Regulation pursuant to ss. 627.410 and
100 641.31, less any enrollee's share of the premium established
101 within the limitations specified in s. 409.816. In calculating
102 the premium assistance payment levels for children with family
103 coverage, the agency shall set the premium assistance payment

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104 levels for each child proportionately to the total cost of
105 family coverage.

106 (b) Annually calculate the program enrollment ceiling
107 based on estimated per child premium assistance payments and the
108 estimated appropriation available for the program.

109 (c) Make premium assistance payments to health insurance
110 plans on a periodic basis. The agency may use its Medicaid
111 fiscal agent or a contracted third-party administrator in making
112 these payments. The agency may require health insurance plans
113 that participate in the Medikids program or employer-sponsored
114 group health insurance to collect premium payments from an
115 enrollee's family. Participating health insurance plans shall
116 report premium payments collected on behalf of enrollees in the
117 program to the agency in accordance with a schedule established
118 by the agency.

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

121 (e) Establish a mechanism for investigating and resolving
122 complaints and grievances from program applicants, enrollees,
123 and health benefits coverage providers, and maintain a record of
124 complaints and confirmed problems. In the case of a child who is
125 enrolled in a health maintenance organization, the agency must
126 use the provisions of s. 641.511 to address grievance reporting
127 and resolution requirements.

128 (f) Approve health benefits coverage for participation in
129 the program, following certification by the Office of Insurance
130 Regulation under subsection (4).

131 (g) Adopt rules necessary for calculating premium
132 assistance payment levels, calculating the program enrollment
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133 ceiling, making premium assistance payments, monitoring access
134 and quality assurance standards, investigating and resolving
135 complaints and grievances, administering the Medikids program,
136 and approving health benefits coverage.

137 (h) Establish and maintain the eligibility determination
138 process under the Title XXI-funded program. The agency shall
139 directly, or through the services of a contracted third-party
140 administrator, establish and maintain a process for determining
141 eligibility of children for coverage under the program. The
142 eligibility determination process must be used solely for
143 determining eligibility of applicants for health benefits
144 coverage under the program. The eligibility determination
145 process must include an initial determination of eligibility for
146 any coverage offered under the program, as well as a
147 redetermination or reverification of eligibility each subsequent
148 6 months. In conducting an eligibility determination, the
149 Department of Health shall determine if the child has special
150 health care needs. The agency, in consultation with the
151 Department of Health and the Florida Healthy Kids Corporation,
152 shall develop procedures for redetermining eligibility that
153 enable a family to easily update any change in circumstances
154 that could affect eligibility.

155 (i) Adopt rules pursuant to ss. 409.810-409.820,
156 including, at a minimum, rules specifying policies, procedures,
157 and criteria for the following Florida KidCare activities:

158 1. Application requirements, including documentation
159 requirements.

160 2. Eligibility determination.

161 3. Eligibility redetermination.

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- 162 4. Premium payment requirements.
- 163 5. Cancellation of coverage.
- 164 6. Reinstatement of coverage.
- 165 7. Open enrollment.
- 166 8. Disenrollment procedures.
- 167 9. Applicant and enrollee notification requirements.
- 168 10. Application and enrollment time processing standards.
- 169

170 The agency is designated the lead state agency for Title XXI of
171 the Social Security Act for purposes of receipt of federal
172 funds, for reporting purposes, and for ensuring compliance with
173 federal and state regulations and rules.

174 (4) The Office of Insurance Regulation shall certify that
175 health benefits coverage plans that seek to provide services
176 under the Florida KidCare ~~Kideare~~ program, except those offered
177 through the Florida Healthy Kids Corporation or the Children's
178 Medical Services network, meet, exceed, or are actuarially
179 equivalent to the benchmark benefit plan and that health
180 insurance plans will be offered at an approved rate. In
181 determining actuarial equivalence of benefits coverage, the
182 Office of Insurance Regulation and health insurance plans must
183 comply with the requirements of s. 2103 of Title XXI of the
184 Social Security Act. The department shall adopt rules necessary
185 for certifying health benefits coverage plans.

186 (5) The Florida Healthy Kids Corporation shall retain its
187 functions as authorized in s. 624.91, including eligibility
188 determination for participation in the non-Title-XXI-funded
189 portions of the Healthy Kids program.

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190 (6) The agency, the Department of Health, the Department
 191 of Children and Family Services, the Florida Healthy Kids
 192 Corporation, and the Office of Insurance Regulation, after
 193 consultation with and approval of the Speaker of the House of
 194 Representatives and the President of the Senate, are authorized
 195 to make program modifications that are necessary to overcome any
 196 objections of the United States Department of Health and Human
 197 Services to obtain approval of the state's child health
 198 insurance plan under Title XXI of the Social Security Act.

199

200 ===== T I T L E A M E N D M E N T =====

201 Remove lines 63 and 64 and insert:
 202 Legislature; amending s. 409.818, F.S.; requiring the agency to
 203 establish and maintain a process for determining the eligibility
 204 of children for coverage under the Florida KidCare program;
 205 providing requirements of the eligibility determination process
 206 for certain programs; providing rulemaking authority to the
 207 agency to govern the Florida KidCare program; repealing s.
 208 409.819, F.S., relating to a