

Bill No. CS for SB 2000

Amendment No. \_\_\_\_ Barcode 190726

CHAMBER ACTION

Senate

House

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Senators Peaden and Dockery moved the following amendment:

**Senate Amendment (with title amendment)**

On page 2, line 22, through  
page 15, line 4, delete those lines

and insert:

Section 1. Subsections (14) through (22) of section 409.811, Florida Statutes, are renumbered as subsections (15) through (23), respectively, present subsection (23) of that section is amended, and a new subsection (14) is added to that section, to read:

409.811 Definitions relating to Florida KidCare ~~Kidcare~~ Act.--As used in ss. 409.810-409.820, the term:

(14) "Florida KidCare program," "KidCare program," or "program" means the health benefits program administered through ss. 409.810-409.820.

~~(23) "Program" means the Florida Kidcare program, the medical assistance program authorized by Title XXI of the Social Security Act as part of the federal Balanced Budget Act of 1997.~~

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1 Section 2. Subsections (7), (8), and (9) of section  
 2 409.8132, Florida Statutes, are amended to read:

3 409.8132 Medikids program component.--

4 (7) ENROLLMENT.--Enrollment in the Medikids program component  
 5 may only occur during periodic open enrollment periods as  
 6 specified in s. 409.8134 ~~by the agency. An applicant may apply~~  
 7 ~~for enrollment in the Medikids program component and proceed~~  
 8 ~~through the eligibility determination process at any time~~  
 9 ~~throughout the year. However, enrollment in Medikids shall not~~  
 10 ~~begin until the next open enrollment period; and A child may~~  
 11 not receive services under the Medikids program until the  
 12 child is enrolled in a managed care plan or MediPass. ~~In~~  
 13 ~~addition,~~ Once determined eligible, an applicant may receive  
 14 choice counseling and select a managed care plan or MediPass.  
 15 The agency may initiate mandatory assignment for a Medikids  
 16 applicant who has not chosen a managed care plan or MediPass  
 17 provider after the applicant's voluntary choice period ends.  
 18 An applicant may select MediPass under the Medikids program  
 19 component only in counties that have fewer than two managed  
 20 care plans available to serve Medicaid recipients and only if  
 21 the federal Health Care Financing Administration determines  
 22 that MediPass constitutes "health insurance coverage" as  
 23 defined in Title XXI of the Social Security Act.

24 ~~(8) SPECIAL ENROLLMENT PERIODS.--The agency shall~~  
 25 ~~establish a special enrollment period of 30 days' duration for~~  
 26 ~~any child who is enrolled in Medicaid if such child loses~~  
 27 ~~Medicaid eligibility and becomes eligible for Medikids, or for~~  
 28 ~~any child who is enrolled in Medikids if such child moves to~~  
 29 ~~another county that is not within the coverage area of the~~  
 30 ~~child's Medikids managed care plan or MediPass provider.~~

31 ~~(8)(9)~~ PENALTIES FOR VOLUNTARY CANCELLATION.--The

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1 agency shall establish enrollment criteria that must include  
2 penalties or waiting periods of not fewer than 60 days for  
3 reinstatement of coverage upon voluntary cancellation for  
4 nonpayment of premiums.

5 Section 3. Section 409.8134, Florida Statutes, is  
6 amended to read:

7 409.8134 Program enrollment and expenditure  
8 ceilings.--

9 (1) Except for the Medicaid program, a ceiling shall  
10 be placed on annual federal and state expenditures and on  
11 enrollment in the Florida KidCare ~~Kidcare~~ program as provided  
12 each year in the General Appropriations Act. ~~The agency, in~~  
13 ~~consultation with the Department of Health, may propose to~~  
14 ~~increase the enrollment ceiling in accordance with chapter~~  
15 ~~216.~~

16 (2) Upon a unanimous recommendation by representatives  
17 from each of the four Florida KidCare administrators, the  
18 Florida KidCare program may conduct an open enrollment period  
19 for the purpose of enrolling children eligible for all program  
20 components listed in s. 409.813 except Medicaid. The four  
21 Florida KidCare administrators shall work together to ensure  
22 that the open enrollment period is announced statewide at  
23 least 1 month before the open enrollment is to begin. Eligible  
24 children shall be enrolled on a first-come, first-served basis  
25 using the date the open enrollment application is received.  
26 The potential open enrollment periods shall be January 1st  
27 through January 30th and September 1st through September 30th.  
28 Open enrollment shall immediately cease when the enrollment  
29 ceiling is reaches. An open enrollment shall only be held if  
30 the Social Services Estimating Conference determines that  
31 sufficient federal and state funds will be available to

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1 finance the increased enrollment through federal fiscal year  
2 2007. Any individual who is not enrolled, including those  
3 added to the waiting list after January 30, 2004, must reapply  
4 by submitting a new application during the next open  
5 enrollment period. However, the Children's Medical Services  
6 Network may annually enroll up to 120 additional children  
7 based on emergency disability criteria outside of the open  
8 enrollment periods and the cost of serving these children must  
9 be managed within the KidCare program's appropriated or  
10 authorized levels of funding. Except for the Medicaid program,  
11 whenever the Social Services Estimating Conference determines  
12 that there is presently, or will be by the end of the current  
13 fiscal year, insufficient funds to finance the current or  
14 projected enrollment in the Florida Kidcare program, all  
15 additional enrollment must cease and additional enrollment may  
16 not resume until sufficient funds are available to finance  
17 such enrollment.

18 (3) Upon determination by the Social Services  
19 Estimating Conference that there are insufficient funds to  
20 finance the current enrollment in the Florida KidCare program  
21 within current appropriations, the program shall initiate  
22 disenrollment procedures to remove enrollees, except those  
23 children enrolled in the Children's Medical Services network,  
24 on a last-in, first-out basis until the expenditure and  
25 appropriation levels are balanced.

26 (4)(3) The agencies that administer the Florida  
27 KidCare Kidcare program components shall collect and analyze  
28 the data needed to project Florida Kidcare program enrollment  
29 costs, including price level adjustments outreach impacts,  
30 participation and attrition rates, current and projected  
31 caseloads, utilization, and current and projected expenditures

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1 for the next 3 years. The agencies shall report ~~the~~ caseload  
2 and expenditure trends to the Social Services Estimating  
3 Conference in accordance with chapter 216.

4 Section 4. Effective July 1, 2004, section 409.814,  
5 Florida Statutes, is amended to read:

6 409.814 Eligibility.--A child who has not reached 19  
7 years of age whose family income is equal to or below 200  
8 percent of the federal poverty level is eligible for the  
9 Florida KidCare ~~Kidcare~~ program as provided in this section.  
10 ~~In determining the eligibility of such a child, an assets test~~  
11 ~~is not required. An applicant under 19 years of age who, based~~  
12 ~~on a complete application, appears to be eligible for the~~  
13 ~~Medicaid component of the Florida Kidcare program is presumed~~  
14 ~~eligible for coverage under Medicaid, subject to federal~~  
15 ~~rules. A child who has been deemed presumptively eligible for~~  
16 ~~Medicaid shall not be enrolled in a managed care plan until~~  
17 ~~the child's full eligibility determination for Medicaid has~~  
18 ~~been completed. The Florida Healthy Kids Corporation may,~~  
19 ~~subject to compliance with applicable requirements of the~~  
20 ~~Agency for Health Care Administration and the Department of~~  
21 ~~Children and Family Services, be designated as an entity to~~  
22 ~~conduct presumptive eligibility determinations. An applicant~~  
23 ~~under 19 years of age who, based on a complete application,~~  
24 ~~appears to be eligible for the Medikids, Florida Healthy Kids,~~  
25 ~~or Children's Medical Services network program component, who~~  
26 ~~is screened as ineligible for Medicaid and prior to the~~  
27 ~~monthly verification of the applicant's enrollment in Medicaid~~  
28 ~~or of eligibility for coverage under the state employee health~~  
29 ~~benefit plan, may be enrolled in and begin receiving coverage~~  
30 ~~from the appropriate program component on the first day of the~~  
31 ~~month following the receipt of a completed application. For~~

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1 enrollment in the Children's Medical Services network, a  
2 complete application includes the medical or behavioral health  
3 screening. If, subsequently ~~after verification~~, an individual  
4 is determined to be ineligible for coverage, he or she must  
5 immediately be disenrolled from the respective Florida KidCare  
6 ~~Title XXI-funded Kidcare~~ program component.

7 (1) A child who is eligible for Medicaid coverage  
8 under s. 409.903 or s. 409.904 must be enrolled in Medicaid  
9 and is not eligible to receive health benefits under any other  
10 health benefits coverage authorized under the Florida KidCare  
11 program ~~ss. 409.810-409.820~~.

12 (2) A child who is not eligible for Medicaid, but who  
13 is eligible for the Florida KidCare ~~Kidcare~~ program, may  
14 obtain health benefits coverage under any of the other  
15 components listed in s. 409.813 ~~types of health benefits~~  
16 ~~coverage authorized in ss. 409.810-409.820~~ if such coverage is  
17 approved and available in the county in which the child  
18 resides. However, a child who is eligible for Medikids may  
19 participate in the Florida Healthy Kids program only if the  
20 child has a sibling participating in the Florida Healthy Kids  
21 program and the child's county of residence permits such  
22 enrollment.

23 (3) A child who is eligible for the Florida KidCare  
24 ~~Kidcare~~ program who is a child with special health care needs,  
25 as determined through a medical or behavioral screening  
26 instrument, is eligible for health benefits coverage from and  
27 shall be referred to the Children's Medical Services network.

28 (4) The following children are not eligible to receive  
29 premium assistance for health benefits coverage under the  
30 Florida KidCare program ~~ss. 409.810-409.820~~, except under  
31 Medicaid if the child would have been eligible for Medicaid

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1 under s. 409.903 or s. 409.904 as of June 1, 1997:

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

5 (b) A child who is currently eligible for or covered  
6 under a family member's group health benefit plan or under  
7 other employer health insurance coverage, excluding coverage  
8 provided under the Florida Healthy Kids Corporation as  
9 established under s. 624.91, provided that the cost of the  
10 child's participation is not greater than 5 percent of the  
11 family's income. This provision shall be applied during  
12 redetermination for children who were enrolled prior to July  
13 1, 2004. These enrollees shall have 6 months of eligibility  
14 following redetermination to allow for a transition to the  
15 other health benefit plan.

16 (c) A child who is seeking premium assistance for the  
17 Florida KidCare program through employer-sponsored group  
18 coverage, if the child has been covered by the same employer's  
19 group coverage during the 6 months prior to the family's  
20 submitting an application for determination of eligibility  
21 under the ~~Florida Kidcare~~ program.

22 (d) A child who is an alien, but who does not meet the  
23 definition of qualified alien, in the United States.

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

26 (f) A child who has had his or her coverage in an  
27 employer-sponsored health benefit plan voluntarily canceled in  
28 the last 6 months, except those children who were on the  
29 waiting list prior to January 31, 2004.

30 (5) A child whose family income is above 200 percent  
31 of the federal poverty level or a child who is excluded under

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1 the provisions of subsection (4) may participate in the  
2 Florida KidCare ~~Kidcare~~ program, excluding the Medicaid  
3 program, but is subject to the following provisions:

4 (a) The family is not eligible for premium assistance  
5 payments and must pay the full cost of the premium, including  
6 any administrative costs.

7 (b) The agency is authorized to place limits on  
8 enrollment in Medikids by these children in order to avoid  
9 adverse selection. The number of children participating in  
10 Medikids whose family income exceeds 200 percent of the  
11 federal poverty level must not exceed 10 percent of total  
12 enrollees in the Medikids program.

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

23 (d) Children described in this subsection are not  
24 counted in the annual enrollment ceiling for the Florida  
25 KidCare ~~Kidcare~~ program.

26 (e) Once a child is enrolled in the Florida KidCare  
27 ~~Kidcare~~ program, the child is eligible for coverage under the  
28 program for 6 months without a redetermination or  
29 reverification of eligibility, if the family continues to pay  
30 the applicable premium. Eligibility for program components  
31 funded through Title XXI of the Social Security Act shall



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1 terminate when a child attains the age of 19. Effective  
2 January 1, 1999, a child who has not attained the age of 5 and  
3 who has been determined eligible for the Medicaid program is  
4 eligible for coverage for 12 months without a redetermination  
5 or reverification of eligibility.

6 (7) When determining or reviewing a child's  
7 eligibility under the Florida KidCare program, the applicant  
8 shall be provided with reasonable notice of changes in  
9 eligibility which may affect enrollment in one or more of the  
10 program components. When a transition from one program  
11 component to another is authorized ~~appropriate~~, there shall be  
12 cooperation between the program components and the affected  
13 family which promotes continuity of health care coverage. Any  
14 authorized transfers must be managed within the program's  
15 overall appropriated or authorized levels of funding. Each  
16 component of the program shall establish a reserve to ensure  
17 that transfers between components will be accomplished within  
18 current year appropriations. These reserves shall be reviewed  
19 by each convening of the Social Services Estimating Conference  
20 to determine the adequacy of such reserves to meet actual  
21 experience.

22 (8) In determining the eligibility of a child, an  
23 assets test is not required. Each applicant shall provide  
24 written documentation during the application process and the  
25 redetermination process, including, but not limited to, the  
26 following:

27 (a) Proof of family income.

28 (b) A statement from all family members that:

29 1. Their employer does not sponsor a health benefit  
30 plan for employees; or

31 2. The potential enrollee is not covered by the

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1 employer-sponsored health benefit plan because the potential  
2 enrollee is not eligible for coverage, or, if the potential  
3 enrollee is eligible but not covered, a statement of the cost  
4 to enroll the potential enrollee in the employer-sponsored  
5 health benefit plan.

6       (9) Subject to paragraph (4)(b) and s. 624.91(3), the  
7 Florida KidCare program shall withhold benefits from an  
8 enrollee if the program obtains evidence that the enrollee is  
9 no longer eligible, submitted incorrect or fraudulent  
10 information in order to establish eligibility, or failed to  
11 provide verification of eligibility. The applicant or enrollee  
12 shall be notified that because of such evidence program  
13 benefits will be withheld unless the applicant or enrollee  
14 contacts a designated representative of the program by a  
15 specified date, which must be within 10 days after the date of  
16 notice, to discuss and resolve the matter. The program shall  
17 make every effort to resolve the matter within a timeframe  
18 that will not cause benefits to be withheld from an eligible  
19 enrollee.

20       (10) The following individuals may be subject to  
21 prosecution in accordance with s. 414.39:

22       (a) An applicant obtaining or attempting to obtain  
23 benefits for a potential enrollee under the Florida KidCare  
24 program when the applicant knows or should have known the  
25 potential enrollee does not qualify for the Florida KidCare  
26 program.

27       (b) An individual who assists an applicant in  
28 obtaining or attempting to obtain benefits for a potential  
29 enrollee under the Florida KidCare program when the individual  
30 knows or should have known the potential enrollee does not  
31 qualify for the Florida KidCare program.

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1 Section 5. Effective July 1, 2004, paragraph (q) of  
2 subsection (2) of section 409.815, Florida Statutes, is  
3 amended to read:

4 409.815 Health benefits coverage; limitations.--

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

11 (q) Dental services.--Dental services shall be covered  
12 and may ~~services~~ include those dental benefits ~~services~~  
13 provided to children by the Florida Medicaid program under s.  
14 409.906(6) ~~s. 409.906(5)~~ up to a maximum benefit of \$750 per  
15 enrollee per year.

16  
17 (Redesignate subsequent sections.)

18  
19  
20 ===== T I T L E A M E N D M E N T =====

21 And the title is amended as follows:

22 On page 1, line 1, through  
23 page 2, line 7, delete those lines

24  
25 and insert:

26 An act relating to the Florida KidCare program;  
27 amending s. 409.811, F.S.; defining the term  
28 "Florida KidCare program"; deleting a  
29 definition to conform; amending s. 409.8132,  
30 F.S.; limiting when an applicant may apply for  
31 Medikids program enrollment; deleting a special

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1 enrollment period provision; amending s.  
2 409.8134, F.S.; eliminating the Agency for  
3 Health Care Administration's ability to request  
4 an increase in the Florida KidCare program  
5 enrollment ceiling; providing for open  
6 enrollment periods; providing a timeframe for  
7 statewide announcement of open enrollment  
8 periods; providing for the enrollment of  
9 certain children on an emergency basis;  
10 providing limitations; providing a  
11 disenrollment process under certain  
12 circumstances; providing additional data for  
13 certain agencies to collect and analyze;  
14 amending s. 409.814, F.S.; revising Florida  
15 KidCare program eligibility criteria; limiting  
16 coverage; providing an exception for certain  
17 children otherwise eligible or covered under a  
18 family member's employer health coverage;  
19 restricting enrollment of children whose  
20 coverage was voluntarily canceled; providing an  
21 age limitation for certain components;  
22 requiring certain transfers to be managed  
23 within authorized levels of funding; requiring  
24 certain reserves to be established and  
25 reviewed; requiring each applicant to provide  
26 certain documentation; requiring the program to  
27 withhold benefits from certain enrollees;  
28 providing additional fraudulent activities;  
29 amending s. 409.815, F.S.; revising coverage  
30 requirements for dental services;

31