

By Senators Dockery, Peaden, Atwater, Fasano, Argenziano,
Jones, Pruitt and Bennett

15-1728C-04

1 A bill to be entitled
2 An act relating to children's health care;
3 amending s. 409.811, F.S.; clarifying
4 definitions for purposes of the Florida Kidcare
5 program; amending s. 409.8132, F.S.; revising
6 provisions governing the Medikids program
7 component; deleting obsolete and duplicative
8 provisions; deleting requirements for a special
9 enrollment period; amending s. 409.8134, F.S.;
10 requiring that the Florida Kidcare program
11 provide for open enrollment periods; providing
12 enrollment criteria; providing for the
13 enrollment of certain children on an emergency
14 basis; requiring the program to initiate
15 certain disenrollment procedures under
16 specified circumstances; exempting certain
17 children from disenrollment; revising
18 requirements for state agencies in analyzing
19 data regarding the Kidcare program; amending s.
20 409.814, F.S.; revising requirements for
21 enrollment in the Florida Kidcare program;
22 requiring proof of income and lack of insurance
23 coverage for the child; deleting obsolete and
24 duplicative provisions; providing requirements
25 if a child is transferred to another program
26 component; requiring the withholding of
27 benefits upon determination of ineligibility;
28 providing penalties for unlawfully obtaining
29 benefits or assisting in unlawfully obtaining
30 benefits; amending s. 409.815, F.S.; revising
31 coverage requirements for dental services;

1 amending s. 409.816, F.S.; correcting a
2 cross-reference; amending s. 409.818, F.S.;
3 requiring the Agency for Health Care
4 Administration to contract for the provision of
5 comprehensive insurance coverage for enrollees;
6 requiring a competitive selection process;
7 repealing s. 409.818(2)(b) and 409.819, F.S.,
8 relating to an outreach program operated by the
9 Department of Health; amending s. 624.91, F.S.;
10 revising legislative intent with respect to
11 expanding health care coverage for children;
12 conforming provisions of the Florida Healthy
13 Kids Corporation Act to changes made in the
14 Florida Kidcare program; deleting obsolete
15 provisions; requiring the Florida Healthy Kids
16 Corporation to contract for an analysis of and
17 recommendations for managing ineligible
18 enrollment in the Kidcare program; providing
19 appropriations; providing effective dates.

20
21 Be It Enacted by the Legislature of the State of Florida:

22
23 Section 1. Subsections (14) through (23) of section
24 409.811, Florida Statutes, are amended to read:

25 409.811 Definitions relating to Florida Kidcare
26 Act.--As used in ss. 409.810-409.820, the term:

27 (14) "Florida Kidcare program," "Kidcare program," or
28 "program" means the health benefits program administered
29 through ss. 409.810-409.820.

30 (15)~~(14)~~ "Guarantee issue" means that health benefits
31 coverage must be offered to an individual regardless of the

1 individual's health status, preexisting condition, or claims
2 history.

3 (16)~~(15)~~ "Health benefits coverage" means protection
4 that provides payment of benefits for covered health care
5 services or that otherwise provides, either directly or
6 through arrangements with other persons, covered health care
7 services on a prepaid per capita basis or on a prepaid
8 aggregate fixed-sum basis.

9 (17)~~(16)~~ "Health insurance plan" means health benefits
10 coverage under the following:

11 (a) A health plan offered by any certified health
12 maintenance organization or authorized health insurer, except
13 a plan that is limited to the following: a limited benefit,
14 specified disease, or specified accident; hospital indemnity;
15 accident only; limited benefit convalescent care; Medicare
16 supplement; credit disability; dental; vision; long-term care;
17 disability income; coverage issued as a supplement to another
18 health plan; workers' compensation liability or other
19 insurance; or motor vehicle medical payment only; or

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

23 (18)~~(17)~~ "Medicaid" means the medical assistance
24 program authorized by Title XIX of the Social Security Act,
25 and regulations thereunder, and ss. 409.901-409.920, as
26 administered in this state by the agency.

27 (19)~~(18)~~ "Medically necessary" means the use of any
28 medical treatment, service, equipment, or supply necessary to
29 palliate the effects of a terminal condition, or to prevent,
30 diagnose, correct, cure, alleviate, or preclude deterioration

31

1 of a condition that threatens life, causes pain or suffering,
2 or results in illness or infirmity and which is:

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

5 (b) Provided in accordance with generally accepted
6 standards of medical practice;

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

9 (d) The most appropriate level of supply or service
10 for the diagnosis and treatment of the enrollee's condition;
11 and

12 (e) Approved by the appropriate medical body or health
13 care specialty involved as effective, appropriate, and
14 essential for the care and treatment of the enrollee's
15 condition.

16 (20)~~(19)~~ "Medikids" means a component of the Florida
17 Kidcare program of medical assistance authorized by Title XXI
18 of the Social Security Act, and regulations thereunder, and s.
19 409.8132, as administered in the state by the agency.

20 (21)~~(20)~~ "Preexisting condition exclusion" means, with
21 respect to coverage, a limitation or exclusion of benefits
22 relating to a condition based on the fact that the condition
23 was present before the date of enrollment for such coverage,
24 whether or not any medical advice, diagnosis, care, or
25 treatment was recommended or received before such date.

26 (22)~~(21)~~ "Premium" means the entire cost of a health
27 insurance plan, including the administration fee or the risk
28 assumption charge.

29 (23)~~(22)~~ "Premium assistance payment" means the
30 monthly consideration paid by the agency per enrollee in the
31 Florida Kidcare program towards health insurance premiums.

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

5 Section 2. Subsections (4), (7), (8), and (9) of
6 section 409.8132, Florida Statutes, are amended to read:

7 409.8132 Medikids program component.--

8 (4) APPLICABILITY OF LAWS RELATING TO MEDICAID.--The
9 provisions of ss. 409.902, 409.905, 409.906, 409.907, 409.908,
10 409.912, 409.9121, 409.9122, 409.9123, 409.9124, 409.9127,
11 409.9128, 409.913, 409.916, 409.919, 409.920, and 409.9205
12 apply to the administration of the Medikids program component
13 of the Florida Kidcare program, ~~except that s. 409.9122~~
14 ~~applies to Medikids as modified by the provisions of~~
15 ~~subsection (7).~~

16 (7) ENROLLMENT.--Enrollment in the Medikids program
17 component may only occur during periodic open enrollment
18 periods as specified in s. 409.8134 ~~by the agency. An~~
19 ~~applicant may apply for enrollment in the Medikids program~~
20 ~~component and proceed through the eligibility determination~~
21 ~~process at any time throughout the year. However, enrollment~~
22 ~~in Medikids shall not begin until the next open enrollment~~
23 ~~period; and A child may not receive services under the~~
24 ~~Medikids program until the child is enrolled in a managed care~~
25 ~~plan or MediPass as provided in s. 409.9122, except that. In~~
26 ~~addition, once determined eligible, an applicant may receive~~
27 ~~choice counseling and select a managed care plan or MediPass.~~
28 ~~The agency may initiate mandatory assignment for a Medikids~~
29 ~~applicant who has not chosen a managed care plan or MediPass~~
30 ~~provider after the applicant's voluntary choice period ends.~~
31 an applicant may select MediPass under the Medikids program

1 component only in counties that have fewer than two managed
2 care plans available to serve Medicaid recipients and only if
3 the federal Health Care Financing Administration determines
4 that MediPass constitutes "health insurance coverage" as
5 defined in Title XXI of the Social Security Act.

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

13 (8)(9) PENALTIES FOR VOLUNTARY CANCELLATION.--The
14 agency shall establish enrollment criteria that must include
15 penalties or waiting periods of not fewer than 60 days for
16 reinstatement of coverage upon voluntary cancellation for
17 nonpayment of premiums.

18 Section 3. Section 409.8134, Florida Statutes, is
19 amended to read:

20 409.8134 Program enrollment and expenditure
21 ceilings.--

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

29 (2) The Florida Kidcare program may conduct a 30-day
30 open enrollment not more than twice per fiscal year for the
31 purpose of enrolling children who are eligible for all program

1 components listed in s. 409.813, except Medicaid, on a
2 first-come, first-served basis, using the date the open
3 enrollment application is received as the criteria. An open
4 enrollment may be held only if the Social Services Estimating
5 Conference determines that sufficient funds have been
6 appropriated to finance increased enrollment or if an increase
7 in federal funds and state matching funds is authorized
8 through administrative actions taken pursuant to chapter 216.
9 However, the Children's Medical Services Network may annually
10 enroll up to 120 additional children on an emergency basis
11 outside of the open enrollment periods and the cost of serving
12 these children must be managed within the Kidcare program's
13 appropriated or authorized levels of funding. Any child
14 included on the wait list after January 30, 2004, must reapply
15 by submitting a new application for the Kidcare program during
16 the open enrollment period.~~Except for the Medicaid program,~~
17 ~~whenever the Social Services Estimating Conference determines~~
18 ~~that there is presently, or will be by the end of the current~~
19 ~~fiscal year, insufficient funds to finance the current or~~
20 ~~projected enrollment in the Florida Kidcare program, all~~
21 ~~additional enrollment must cease and additional enrollment may~~
22 ~~not resume until sufficient funds are available to finance~~
23 ~~such enrollment.~~

24 (3) Upon a determination by the Social Services
25 Estimating Conference that there are insufficient funds to
26 finance the current enrollment in the Florida Kidcare program
27 within current appropriations, the program shall initiate
28 disenrollment procedures to remove enrollees, except for those
29 children enrolled in the Children's Medical Services network,
30 on a last-in, first-out basis, until the expenditure levels
31 and appropriation levels are balanced.

1 ~~(4)~~⁽³⁾ The agencies that administer the Florida
2 Kidcare program components shall collect and analyze the data
3 needed to project Florida Kidcare program enrollment costs,
4 including price level adjustments ~~outreach impacts~~,
5 participation and attrition rates, current and projected
6 caseloads, utilization, and current and projected expenditures
7 for the next 3 years. The agencies shall report ~~the~~ caseload
8 and expenditure trends to the Social Services Estimating
9 Conference in accordance with chapter 216.

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

12 409.814 Eligibility.--A child under 19 years of age
13 whose family income is equal to or below 200 percent of the
14 federal poverty level is eligible for the Florida Kidcare
15 program as provided in this section. In determining the
16 eligibility of such a child, an assets test is not required;
17 however, proof of family income must be provided, as well as a
18 statement from an employed family member's employer that the
19 applicant is not covered, and is not eligible for coverage,
20 under the family member's group health benefit plan or under
21 other employer-provided health insurance coverage. ~~An~~
22 ~~applicant under 19 years of age who, based on a complete~~
23 ~~application, appears to be eligible for the Medicaid component~~
24 ~~of the Florida Kidcare program is presumed eligible for~~
25 ~~coverage under Medicaid, subject to federal rules. A child who~~
26 ~~has been deemed presumptively eligible for Medicaid shall not~~
27 ~~be enrolled in a managed care plan until the child's full~~
28 ~~eligibility determination for Medicaid has been completed. The~~
29 ~~Florida Healthy Kids Corporation may, subject to compliance~~
30 ~~with applicable requirements of the Agency for Health Care~~
31 ~~Administration and the Department of Children and Family~~

1 ~~Services, be designated as an entity to conduct presumptive~~
2 ~~eligibility determinations. An applicant under 19 years of age~~
3 ~~who, based on a complete application, appears to be eligible~~
4 ~~for the Medikids, Florida Healthy Kids, or Children's Medical~~
5 ~~Services network program component, who is screened as~~
6 ~~ineligible for Medicaid and prior to the monthly verification~~
7 ~~of the applicant's enrollment in Medicaid or of eligibility~~
8 ~~for coverage under the state employee health benefit plan, may~~
9 ~~be enrolled in and begin receiving coverage from the~~
10 ~~appropriate program component on the first day of the month~~
11 ~~following the receipt of a completed application. For~~
12 enrollment in the Children's Medical Services network, a
13 complete application includes the medical or behavioral health
14 screening. If, ~~after verification,~~an individual is
15 subsequently determined to be ineligible for coverage, he or
16 she must immediately be disenrolled from the respective Title
17 ~~XXI-funded~~ Kidcare program component.

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

23 (2) A child who is not eligible for Medicaid, but who
24 is eligible for the Florida Kidcare program, may obtain health
25 benefits coverage under any of the other components listed in
26 s. 409.813 ~~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. However, a child who is
29 eligible for Medikids may participate in the Florida Healthy
30 Kids program only if the child has a sibling participating in
31

1 the Florida Healthy Kids program and the child's county of
2 residence permits such enrollment.

3 (3) A child who is eligible for the Florida Kidcare
4 program who is a child with special health care needs, as
5 determined through a medical or behavioral screening
6 instrument, is eligible for health benefits coverage from and
7 shall be referred to the Children's Medical Services network.

8 (4) The following children are not eligible to receive
9 Title XXI premium assistance for health benefits coverage
10 under the Florida Kidcare program ~~ss. 409.810-409.820~~, except
11 under Medicaid if the child would have been eligible for
12 Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

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

16 (b) A child who is currently eligible for coverage or
17 covered under a family member's group health benefit plan or
18 under other employer health insurance coverage, excluding
19 coverage provided under the Florida Healthy Kids Corporation
20 as established under s. 624.91.

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

27 (d) A child who is an alien, but who does not meet the
28 definition of qualified alien, in the United States. Such
29 child may apply for enrollment as a non-Title XXI child as
30 provided in s. 624.91(4)(b)2.

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

3 ~~(5) A child whose family income is above 200 percent~~
4 ~~of the federal poverty level or a child who is excluded under~~
5 ~~the provisions of subsection (4) may participate in the~~
6 ~~Florida Kidcare program, excluding the Medicaid program, but~~
7 ~~is subject to the following provisions:~~

8 ~~(a) The family is not eligible for premium assistance~~
9 ~~payments and must pay the full cost of the premium, including~~
10 ~~any administrative costs.~~

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

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

27 ~~(d) Children described in this subsection are not~~
28 ~~counted in the annual enrollment ceiling for the Florida~~
29 ~~Kidcare program.~~

30 (5)(6) Once a child is enrolled in the Florida Kidcare
31 program, the child is eligible for coverage under the program

1 for 6 months without a redetermination or reverification of
2 eligibility, if the family continues to pay the applicable
3 premium. Eligibility for program components funded through
4 Title XXI of the Social Security Act shall terminate when a
5 child reaches 19 years of age. Effective January 1, 1999, a
6 child who has not attained the age of 5 and who has been
7 determined eligible for the Medicaid program is eligible for
8 coverage for 12 months without a redetermination or
9 reverification of eligibility.

10 (6)(7) When determining or reviewing a child's
11 eligibility under the Florida Kidcare program, the applicant
12 shall be provided with reasonable notice of changes in
13 eligibility which may affect enrollment in one or more of the
14 program components. When a transition from one program
15 component to another is authorized ~~appropriate~~, there shall be
16 cooperation between the program components and the affected
17 family which promotes continuity of health care coverage. Any
18 authorized transfers must be managed within the Florida
19 Kidcare program's overall appropriated or authorized levels of
20 funding.

21 (7) The Florida Kidcare program shall withhold
22 benefits from an enrollee if, after redetermination of
23 eligibility or at any other time, the program obtains evidence
24 that the enrollee is no longer eligible, submitted incorrect
25 or fraudulent information in order to establish eligibility,
26 or fails to provide required information that verifies
27 eligibility.

28 (a) The applicant or enrollee shall be notified that,
29 because of such evidence, program benefits will be withheld
30 unless the applicant or enrollee contacts a designated
31 representative of the program by a specified date, which must

1 be within 10 days after the date of notice, to discuss and
2 resolve the matter. The program shall make every effort to
3 resolve the matter within a timeframe that will not cause
4 benefits to be withheld from an eligible enrollee.

5 (b) An applicant or individual who assists the
6 applicant to obtain or attempt to obtain benefits under the
7 Florida Kidcare program which the applicant or individual
8 knows that the applicant does not qualify for shall be subject
9 to prosecution in accordance with s. 414.39.

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

13 409.815 Health benefits coverage; limitations.--

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

20 (q) Dental services.--Covered services may include
21 those dental services provided to children by the Florida
22 Medicaid program under s. 409.906(5), ~~up to a maximum benefit~~
23 ~~of \$750 per enrollee per year.~~

24 Section 6. Effective July 1, 2004, subsection (3) of
25 section 409.816, Florida Statutes, is amended to read:

26 409.816 Limitations on premiums and cost-sharing.--The
27 following limitations on premiums and cost-sharing are
28 established for the program.

29 (3) Enrollees in families with a family income above
30 150 percent of the federal poverty level, ~~who are not~~
31 ~~receiving coverage under the Medicaid program or who are not~~

1 ~~eligible under s. 409.814(5)~~, may be required to pay
2 enrollment fees, premiums, copayments, deductibles,
3 coinsurance, or similar charges on a sliding scale related to
4 income, except that the total annual aggregate cost-sharing
5 with respect to all children in a family may not exceed 5
6 percent of the family's income. However, copayments,
7 deductibles, coinsurance, or similar charges may not be
8 imposed for preventive services, including well-baby and
9 well-child care, age-appropriate immunizations, and routine
10 hearing and vision screenings.

11 Section 7. Paragraph (h) is added to subsection (3) of
12 section 409.818, Florida Statutes, to read:

13 409.818 Administration.--In order to implement ss.
14 409.810-409.820, the following agencies shall have the
15 following duties:

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

18 (h) Contract, either directly or through the services
19 of a third-party, with authorized insurers or any provider of
20 health care services meeting standards established by the
21 agency, for the provision of comprehensive insurance coverage
22 for enrollees. Such standards shall include criteria under
23 which the agency or third-party may contract with more than
24 one provider of health care services in program sites. Health
25 plans shall be selected through a competitive procurement
26 process.

27
28 The agency is designated the lead state agency for Title XXI
29 of the Social Security Act for purposes of receipt of federal
30 funds, for reporting purposes, and for ensuring compliance
31 with federal and state regulations and rules.

1 Section 8. Paragraph (b) of subsection (2) of section
2 409.818 and section 409.819, Florida Statutes, are repealed.

3 Section 9. Subsections (2) and (4) of section 624.91,
4 Florida Statutes, are amended to read:

5 624.91 The Florida Healthy Kids Corporation Act.--

6 (2) LEGISLATIVE INTENT.--

7 (a) The Legislature finds that increased access to
8 health care services could improve children's health and
9 reduce the incidence and costs of childhood illness and
10 disabilities among children in this state. Many children do
11 not have comprehensive, affordable health care services
12 available. It is the intent of the Legislature that the
13 Florida Healthy Kids Corporation provide comprehensive health
14 insurance coverage to such children. The corporation is
15 encouraged to cooperate with any existing health service
16 programs funded by the public or the private sector ~~and to~~
17 ~~work cooperatively with the Florida Partnership for School~~
18 ~~Readiness.~~

19 (b) It is the intent of the Legislature that the
20 Florida Healthy Kids Corporation serve as one of several
21 providers of services to children eligible for medical
22 assistance under Title XXI of the Social Security Act.
23 ~~Although the corporation may serve other children, The~~
24 Legislature further intends that the primary recipients of
25 services provided through the corporation be school-age
26 children with a family income below 200 percent of the federal
27 poverty level, who do not qualify for Medicaid. It is also
28 the intent of the Legislature that state and local government
29 Florida Healthy Kids funds be used to continue ~~and expand~~
30 coverage, subject to specific appropriations in the General
31 Appropriations Act, to children who are legal aliens but do

1 not meet the definition of a qualified alien for the purpose
2 of eligibility ~~not eligible~~ for federal matching funds under
3 Title XXI. The Florida Healthy Kids Corporation may provide
4 coverage to children whose family pays the full cost of the
5 premiums, including any administrative costs.

6 (4) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

7 (a) There is created the Florida Healthy Kids
8 Corporation, a not-for-profit corporation.

9 (b) The Florida Healthy Kids Corporation shall:

10 1. Arrange for the collection of any family, local
11 contributions, or employer payment or premium, in an amount to
12 be determined by the board of directors, to provide for
13 payment of premiums for comprehensive insurance coverage and
14 for the actual or estimated administrative expenses;

15 2. Arrange for the collection of any voluntary
16 contributions to provide for payment of premiums for children
17 who are not eligible for medical assistance under Title XXI of
18 the Social Security Act. Each fiscal year, the corporation
19 shall establish a local match policy for the enrollment of
20 non-Title-XXI-eligible children in the Healthy Kids program.
21 By May 1 of each year, the corporation shall provide written
22 notification of the amount to be remitted to the corporation
23 for the following fiscal year under that policy. Local match
24 sources may include, but are not limited to, funds provided by
25 municipalities, counties, school boards, hospitals, health
26 care providers, charitable organizations, special taxing
27 districts, and private organizations. The minimum local match
28 cash contributions required each fiscal year and local match
29 credits shall be determined by the General Appropriations Act.
30 The corporation shall calculate a county's local match rate
31 based upon that county's percentage of the state's total

1 non-Title-XXI expenditures as reported in the corporation's
2 most recently audited financial statement. In awarding the
3 local match credits, the corporation may consider factors
4 including, but not limited to, population density, per capita
5 income, and existing child-health-related expenditures and
6 services;

7 3. Subject to s. 409.8134, accept voluntary
8 supplemental local match contributions that comply with the
9 requirements of Title XXI of the Social Security Act for the
10 purpose of providing additional coverage in contributing
11 counties under Title XXI;

12 4. Establish the administrative and accounting
13 procedures for the operation of the corporation;

14 5. Establish, with consultation from appropriate
15 professional organizations, standards for preventive health
16 services and providers and comprehensive insurance benefits
17 appropriate to children; provided that such standards for
18 rural areas shall not limit primary care providers to
19 board-certified pediatricians;

20 6. Determine ~~Establish~~ eligibility for ~~criteria which~~
21 children seeking ~~must meet in order~~ to participate in the
22 components of the Florida Kidcare program, except for
23 Medicaid, funded under Title XXI, consistent with the
24 requirements specified in s. 409.814, as well as non-Title
25 XXI-eligible children as provided in subparagraph 2.;

26 7. Establish procedures under which providers of local
27 match to, applicants to and participants in the program may
28 have grievances reviewed by an impartial body and reported to
29 the board of directors of the corporation;

30 8. Establish participation criteria and, if
31 appropriate, contract with an authorized insurer, health

1 maintenance organization, or third-party insurance
2 administrator to provide administrative services to the
3 corporation;

4 9. Establish enrollment criteria which shall include
5 penalties or waiting periods of not fewer than 60 days for
6 reinstatement of coverage upon voluntary cancellation for
7 nonpayment of family premiums;

8 ~~10. If a space is available, establish a special open~~
9 ~~enrollment period of 30 days' duration for any child who is~~
10 ~~enrolled in Medicaid or Medikids if such child loses Medicaid~~
11 ~~or Medikids eligibility and becomes eligible for the Florida~~
12 ~~Healthy Kids program;~~

13 ~~10.11.~~ Contract with authorized insurers or any
14 provider of health care services, meeting standards
15 established by the corporation, for the provision of
16 comprehensive insurance coverage to participants. Such
17 standards shall include criteria under which the corporation
18 may contract with more than one provider of health care
19 services in program sites. Health plans shall be selected
20 through a competitive bid process. The corporation shall
21 purchase goods and services in the most cost-effective manner
22 consistent with the delivery of quality medical care.The
23 maximum administrative cost for a Florida Healthy Kids
24 Corporation contract shall be 15 percent. The minimum medical
25 loss ratio for a Florida Healthy Kids Corporation contract
26 shall be 85 percent. ~~The selection of health plans shall be~~
27 ~~based primarily on quality criteria established by the board.~~
28 The health plan selection criteria and scoring system, and the
29 scoring results, shall be available upon request for
30 inspection after the bids have been awarded;

31

1 11.12. Establish disenrollment criteria in the event
2 local matching funds are insufficient to cover enrollments;

3 12.13. Develop and implement a plan to publicize the
4 Florida Healthy Kids Corporation, the eligibility requirements
5 of the program, and the procedures for enrollment in the
6 program and to maintain public awareness of the corporation
7 and the program;

8 13.14. Secure staff necessary to properly administer
9 the corporation. Staff costs shall be funded from state and
10 local matching funds and such other private or public funds as
11 become available. The board of directors shall determine the
12 number of staff members necessary to administer the
13 corporation;

14 ~~15. As appropriate, enter into contracts with local~~
15 ~~school boards or other agencies to provide onsite information,~~
16 ~~enrollment, and other services necessary to the operation of~~
17 ~~the corporation;~~

18 14.16. Provide a report annually to the Governor,
19 Chief Financial Officer, Commissioner of Education, Senate
20 President, Speaker of the House of Representatives, and
21 Minority Leaders of the Senate and the House of
22 Representatives;

23 ~~17. Each fiscal year, establish a maximum number of~~
24 ~~participants, on a statewide basis, who may enroll in the~~
25 ~~program; and~~

26 15.18. Establish eligibility criteria, premium and
27 ~~cost-sharing requirements, and benefit packages that which~~
28 conform to the provisions of the Florida Kidcare program, as
29 created in ss. 409.810-409.820; and;

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1 16. Establish criteria, premium and cost-sharing
2 requirements, and benefit packages for non-Title XII-eligible
3 children.

4 (c) Coverage under the corporation's program is
5 secondary to any other available private coverage held by or
6 applicable to the participant child or family member. Insurers
7 under contract with the corporation are the payors of last
8 resort and must coordinate benefits with any other third-party
9 payor who may be liable for the participant's medical care.

10 ~~The corporation may establish procedures for coordinating~~
11 ~~benefits under this program with benefits under other public~~
12 ~~and private coverage.~~

13 (d) The Florida Healthy Kids Corporation shall be a
14 private corporation not for profit, organized pursuant to
15 chapter 617, and shall have all powers necessary to carry out
16 the purposes of this act, including, but not limited to, the
17 power to receive and accept grants, loans, or advances of
18 funds from any public or private agency and to receive and
19 accept from any source contributions of money, property,
20 labor, or any other thing of value, to be held, used, and
21 applied for the purposes of this act.

22 Section 10. The Florida Healthy Kids Corporation shall
23 enter into a contract for an analysis of children enrolled in
24 the Florida Kidcare program who are ineligible pursuant to the
25 requirements of section 409.814(4), Florida Statutes, for the
26 purpose of making recommendations to implement mechanisms to
27 prevent such enrollment. The results of the analysis and
28 recommendations shall be reported to the Governor and the
29 Legislature by December 31, 2004.

30 Section 11. The sum of \$6,566,073 from the General
31 Revenue Fund, the sum of \$454,687 from the Grants and

1 Donations Trust Fund, and the sum of \$16,272,440 from the
2 Medical Care Trust Fund are appropriated to the Agency for
3 Health Care Administration, and the sum of \$1,984,113 from the
4 Donations Trust Fund is appropriated to the Department of
5 Health, for the 2003-2004 fiscal year for the purpose of
6 servng children who submitted an application to the Florida
7 Kidcare program as of January 30, 2004, and who are determined
8 to be eligible for program components funded under Title XXI
9 of the Social Security Act.

10 Section 12. Except as otherwise expressly provided in
11 this act, this act shall take effect upon becoming a law.

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14 SENATE SUMMARY

15 Revises various provisions of the Florida Kidcare
16 program. Requires the program to conduct two 30-day
17 enrollment periods each fiscal year. Provides for
18 emergency enrollment of up to 120 children under certain
19 circumstances. Provides procedures for disenrollment on a
20 last-in, first-out basis. Revises coverage for dental
21 services. Requires the Florida Healthy Kids Corporation
22 to enter into a contract for an analysis of and
23 recommendations for managing enrollment in the Florida
24 Kidcare program. (See bill for details.)
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