

By the Committee on Appropriations; and Senators Dockery, Peadar, Atwater, Fasano, Argenziano, Jones, Pruitt, Bennett, Lynn and Cowin

309-2026-04

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 providing requirements if a child is
23 transferred to another program component;
24 providing that an assets test is not required;
25 requiring certain information to accompany
26 applications; 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. 409.818, F.S.; requiring the Agency
2 for Health Care Administration to contract for
3 the provision of comprehensive insurance
4 coverage for enrollees; requiring a competitive
5 selection process; repealing s. 409.818(2)(b)
6 and 409.819, F.S., relating to an outreach
7 program operated by the Department of Health;
8 amending s. 624.91, F.S.; revising legislative
9 intent with respect to expanding health care
10 coverage for children; conforming provisions of
11 the Florida Healthy Kids Corporation Act to
12 changes made in the Florida Kidcare program;
13 deleting obsolete provisions; requiring the
14 Auditor General to conduct an analysis for the
15 purpose of making recommendations for managing
16 ineligible enrollment in the Kidcare program;
17 providing appropriations; providing effective
18 dates.

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

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

409.811 Definitions relating to Florida 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.

(15)~~(14)~~ "Guarantee issue" means that health benefits
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

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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 (7) and (8) of section
6 409.8132, Florida Statutes, are amended to read:

7 409.8132 Medikids program component.--

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

29 ~~(8) SPECIAL ENROLLMENT PERIODS.--The agency shall~~
30 ~~establish a special enrollment period of 30 days' duration for~~
31 ~~any child who is enrolled in Medicaid if such child loses~~

1 ~~Medicaid eligibility and becomes eligible for Medikids, or for~~
2 ~~any child who is enrolled in Medikids if such child moves to~~
3 ~~another county that is not within the coverage area of the~~
4 ~~child's Medikids managed care plan or MediPass provider.~~

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 program as provided each
12 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) The Florida Kidcare program may conduct a 30-day
17 open enrollment not more than twice per fiscal year for the
18 purpose of enrolling children who are eligible for all program
19 components listed in s. 409.813, except Medicaid, on a
20 first-come, first-served basis, using the date the open
21 enrollment application is received as the criteria. The open
22 enrollment periods shall be September 1st through September
23 30th and January 1st through January 30th. Open enrollment
24 shall immediately cease when the enrollment ceiling is
25 reached. An open enrollment may be held only if, in the
26 opinion of the Governor, after consultation with the Social
27 Services Estimating Conference, there are sufficient funds
28 available because funding has been appropriated to finance
29 increased enrollment, attrition has increased, or an increase
30 in federal funds and state matching funds is authorized
31 through administrative actions taken pursuant to chapter 216.

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

16 (3) If, in the opinion of the Governor, after
17 consultation with the Social Services Estimating Conference,
18 there are insufficient funds available for Kidcare program
19 operations, the Governor shall develop a plan of action to
20 establish disenrollment procedures to remove enrollees, except
21 for those children enrolled in the Children's Medical Services
22 network, on a last-in, first-out basis, until the expenditure
23 levels and appropriation levels are balanced. In developing
24 the plan of action, the Governor shall, to the extent
25 possible, preserve legislative policy and intent.

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

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

1 enrollment in the Children's Medical Services network, a
2 complete application includes the medical or behavioral health
3 screening. If, ~~after verification,~~ an individual is
4 subsequently determined to be ineligible for coverage, he or
5 she must immediately be disenrolled from the respective ~~Title~~
6 ~~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 program, may obtain health
14 benefits coverage under any of the other components listed in
15 s. 409.813 ~~types of health benefits coverage authorized in ss.~~
16 ~~409.810-409.820~~ if such coverage is approved and available in
17 the county in which the child resides. However, a child who is
18 eligible for Medikids may participate in the Florida Healthy
19 Kids program only if the child has a sibling participating in
20 the Florida Healthy Kids program and the child's county of
21 residence permits such enrollment.

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

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

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

4 (b) A child who is currently eligible for or covered
5 under a family member's group health benefit plan or under
6 other employer health insurance coverage provided that the
7 cost of the child's participation is not greater than 7.5
8 percent of the family's gross income, excluding coverage
9 provided under the Florida Healthy Kids Corporation as
10 established under s. 624.91. This provision will be applied
11 during redetermination for individuals who were enrolled prior
12 to July 1, 2004. These enrollees will have 6 months of
13 eligibility following redetermination to allow for a
14 transition to the other health benefit plan.

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

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

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

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

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

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

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

20 (d) Children described in this subsection are not
21 counted in the annual enrollment ceiling for the Florida
22 Kidcare program.

23 (6) Once a child is enrolled in the Florida Kidcare
24 program, the child is eligible for coverage under the program
25 for 6 months without a redetermination or reverification of
26 eligibility, if the family continues to pay the applicable
27 premium. Eligibility for program components funded through
28 Title XXI of the Social Security Act shall terminate when a
29 child reaches 19 years of age. Effective January 1, 1999, a
30 child who has not attained the age of 5 and who has been
31 determined eligible for the Medicaid program is eligible for

1 coverage for 12 months without a redetermination or
2 reverification of eligibility.

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

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

24 (a) Proof of family income;

25 (b) A statement that:

26 1. No employer of a family member sponsors a health
27 plan for employees; or

28 2.a. The potential enrollee is not covered by a family
29 member's employer's sponsored health benefit plan; or

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1 b. The potential enrollee is not eligible for coverage
2 by a family member's employer's sponsored health benefit plan;
3 and

4 (c) A statement indicating the incremental cost to
5 enroll the potential enrollee in a family member's employer's
6 sponsored health plan.

7 (9) The Florida Kidcare program shall withhold
8 benefits from an enrollee if, after redetermination of
9 eligibility or at any other time, the program obtains evidence
10 that the enrollee is no longer eligible, submitted incorrect
11 or fraudulent information in order to establish eligibility,
12 or fails to provide required information that verifies
13 eligibility.

14 (a) The applicant or enrollee shall be notified that,
15 because of such evidence, program benefits will be withheld
16 unless the applicant or enrollee contacts a designated
17 representative of the program by a specified date, which must
18 be within 10 days after the date of notice, to discuss and
19 resolve the matter. The program shall make every effort to
20 resolve the matter within a timeframe that will not cause
21 benefits to be withheld from an eligible enrollee.

22 (b) An applicant or individual who assists the
23 applicant to obtain or attempt to obtain benefits under the
24 Florida Kidcare program which the applicant or individual
25 knows that the applicant does not qualify for shall be subject
26 to prosecution in accordance with s. 414.39.

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

30 409.815 Health benefits coverage; limitations.--
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1 (2) BENCHMARK BENEFITS.--In order for health benefits
2 coverage to qualify for premium assistance payments for an
3 eligible child under ss. 409.810-409.820, the health benefits
4 coverage, except for coverage under Medicaid and Medikids,
5 must include the following minimum benefits, as medically
6 necessary.

7 (q) Dental services.--Dental services shall be covered
8 and may ~~services~~ include those dental benefits ~~services~~
9 provided to children by the Florida Medicaid program under s.
10 409.906(6)~~s. 409.906(5)~~, ~~up to a maximum benefit of \$750 per~~
11 ~~enrollee per year.~~

12 Section 6. Paragraph (h) is added to subsection (3) of
13 section 409.818, Florida Statutes, to read:

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

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

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

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

3 Section 7. Paragraph (b) of subsection (2) of section
4 409.818 and section 409.819, Florida Statutes, are repealed.

5 Section 8. Subsections (2) and (4) of section 624.91,
6 Florida Statutes, are amended to read:

7 624.91 The Florida Healthy Kids Corporation Act.--

8 (2) LEGISLATIVE INTENT.--

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

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

1 coverage, subject to specific appropriations in the General
2 Appropriations Act, to children who are legal aliens but do
3 not meet the definition of a qualified alien for the purpose
4 of eligibility ~~not eligible~~ for federal matching funds under
5 Title XXI. The Florida Healthy Kids Corporation may provide
6 coverage to children whose family pays the full cost of the
7 premiums, including any administrative costs.

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

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

11 (b) The Florida Healthy Kids Corporation shall:

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

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

1 The corporation shall calculate a county's local match rate
2 based upon that county's percentage of the state's total
3 non-Title-XXI expenditures as reported in the corporation's
4 most recently audited financial statement. In awarding the
5 local match credits, the corporation may consider factors
6 including, but not limited to, population density, per capita
7 income, and existing child-health-related expenditures and
8 services;

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

14 4. Establish the administrative and accounting
15 procedures for the operation of the corporation;

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

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

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

1 8. Establish participation criteria and, if
2 appropriate, contract with an authorized insurer, health
3 maintenance organization, or third-party insurance
4 administrator to provide administrative services to the
5 corporation;

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

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

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

3 11.12. Establish disenrollment criteria in the event
4 local matching funds are insufficient to cover enrollments;

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

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

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

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

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

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

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 9. The Auditor General shall perform an
23 analysis of children enrolled in the Florida Kidcare program
24 who are ineligible pursuant to the requirements of section
25 409.814(4), Florida Statutes, for the purpose of making
26 recommendations to implement mechanisms to prevent such
27 enrollment. The results of the analysis and recommendations
28 shall be reported to the Governor and the Legislature by
29 December 31, 2004.

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

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1 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2 COMMITTEE SUBSTITUTE FOR
3 Senate Bill 2000
4 Restores current law related to Medikids that allows certain
5 exceptions to mandatory managed care requirements.
6 Specifies the dates of the open enrollment periods to be
7 September 1 - 30 and January 1 - 30; specifies that open
8 enrollment is to cease when the enrollment ceiling is reached;
9 and requires the Governor to determine whether an open
10 enrollment is to be held after consultation with the Social
11 Services Estimating Conference.
12 Provides that the Children's Medical Services Network may
13 annually enroll up to 120 additional children based on
14 disability criteria rather than on an emergency basis.
15 Requires the Governor to develop a plan of action to establish
16 disenrollment procedures after consultation with the Social
17 Services Estimating Conference regarding the amount of funds
18 available.
19 Adds a provision that provides an affordability exception to
20 allow children to be enrolled in KidCare if the cost of adding
21 children to an employer sponsored insurance plan exceeds 7.5
22 percent of the family's gross income; provides an additional 6
23 months of eligibility following redetermination to allow for a
24 transition period for children enrolled prior to July 1, 2004.
25 Restores current law related to children excluded from the
26 Title XXI program whose family income is above 200% of the
27 federal poverty level and the 10% enrollment limitations for
28 the full pay option.
29 Provides for reserves to be established to assure transfers
30 between KidCare program components and allows for reviews by
31 the Social Services Estimating Conference.
Provides eligibility requirements to exclude an asset test;
requires proof of income; and requires statements from an
applicant regarding coverage under an employer's sponsored
health insurance plan as well as cost of coverage.
Provides that dental services shall be covered and specifies
that dental services may include benefits provided under the
Medicaid program.
Specifies that the Auditor General shall perform an analysis
of children enrolled in the KidCare program rather than
requiring the Florida Health Kids Corporation to contract for
this analysis.