

1 employers, and other stakeholders to identify low-income,
2 uninsured children and, to the extent possible and subject to
3 appropriation, refer them to the Department of Children and
4 Family Services for the purpose of providing parents with
5 information concerning the choices of health care benefits
6 which are provided under the Florida KidCare program and for
7 the purpose of determining eligibility for coverage. These
8 activities shall include, but need not be limited to, training
9 community providers in effective methods of outreach;
10 conducting public information campaigns designed to publicize
11 the Florida KidCare program, the eligibility requirements of
12 the program, and the procedures for enrolling in the program;
13 and maintaining public awareness of the Florida KidCare
14 program. Special emphasis shall be placed on identifying
15 minority children for referral to and participation in the
16 Florida KidCare program.

17 Section 2. Paragraph (d) is added to subsection (12)
18 of section 409.908, Florida Statutes, to read:

19 409.908 Reimbursement of Medicaid providers.--Subject
20 to specific appropriations, the agency shall reimburse
21 Medicaid providers, in accordance with state and federal law,
22 according to methodologies set forth in the rules of the
23 agency and in policy manuals and handbooks incorporated by
24 reference therein. These methodologies may include fee
25 schedules, reimbursement methods based on cost reporting,
26 negotiated fees, competitive bidding pursuant to s. 287.057,
27 and other mechanisms the agency considers efficient and
28 effective for purchasing services or goods on behalf of
29 recipients. If a provider is reimbursed based on cost
30 reporting and submits a cost report late and that cost report
31 would have been used to set a lower reimbursement rate for a

1 rate semester, then the provider's rate for that semester
2 shall be retroactively calculated using the new cost report,
3 and full payment at the recalculated rate shall be effected
4 retroactively. Medicare-granted extensions for filing cost
5 reports, if applicable, shall also apply to Medicaid cost
6 reports. Payment for Medicaid compensable services made on
7 behalf of Medicaid eligible persons is subject to the
8 availability of moneys and any limitations or directions
9 provided for in the General Appropriations Act or chapter 216.
10 Further, nothing in this section shall be construed to prevent
11 or limit the agency from adjusting fees, reimbursement rates,
12 lengths of stay, number of visits, or number of services, or
13 making any other adjustments necessary to comply with the
14 availability of moneys and any limitations or directions
15 provided for in the General Appropriations Act, provided the
16 adjustment is consistent with legislative intent.

17 (12)

18 (d) Notwithstanding any other provision of this
19 subsection, the agency shall provide reimbursement for
20 physician and dental services provided to children younger
21 than 21 years of age which is at least at the level provided
22 by federal law for reimbursing physicians for those services
23 under the Medicare program.

24 Section 3. Paragraph (b) of subsection (5) of section
25 624.91, Florida Statutes, is amended, to read:

26 624.91 The Florida Healthy Kids Corporation Act.--

27 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

28 (b) The Florida Healthy Kids Corporation shall:

29 1. Arrange for the collection of any family, local
30 contributions, or employer payment or premium, in an amount to
31 be determined by the board of directors, to provide for

1 payment of premiums for comprehensive insurance coverage and
2 for the actual or estimated administrative expenses.

3 2. Arrange for the collection of any voluntary
4 contributions to provide for payment of premiums for children
5 who are not eligible for medical assistance under Title XXI of
6 the Social Security Act. Each fiscal year, the corporation
7 shall establish a local match policy for the enrollment of
8 non-Title-XXI-eligible children in the Healthy Kids program.
9 By May 1 of each year, the corporation shall provide written
10 notification of the amount to be remitted to the corporation
11 for the following fiscal year under that policy. Local match
12 sources may include, but are not limited to, funds provided by
13 municipalities, counties, school boards, hospitals, health
14 care providers, charitable organizations, special taxing
15 districts, and private organizations. The minimum local match
16 cash contributions required each fiscal year and local match
17 credits shall be determined by the General Appropriations Act.
18 The corporation shall calculate a county's local match rate
19 based upon that county's percentage of the state's total
20 non-Title-XXI expenditures as reported in the corporation's
21 most recently audited financial statement. In awarding the
22 local match credits, the corporation may consider factors
23 including, but not limited to, population density, per capita
24 income, and existing child-health-related expenditures and
25 services.

26 3. Subject to the provisions of s. 409.8134, accept
27 voluntary supplemental local match contributions that comply
28 with the requirements of Title XXI of the Social Security Act
29 for the purpose of providing additional coverage in
30 contributing counties under Title XXI.

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1 4. Establish the administrative and accounting
2 procedures for the operation of the corporation.

3 5. Establish, with consultation from appropriate
4 professional organizations, standards for preventive health
5 services and providers and comprehensive insurance benefits
6 appropriate to children, provided that such standards for
7 rural areas shall not limit primary care providers to
8 board-certified pediatricians.

9 6. Determine eligibility for children seeking to
10 participate in the Title XXI-funded components of the Florida
11 KidCare program consistent with the requirements specified in
12 s. 409.814, as well as the non-Title-XXI-eligible children as
13 provided in subsection (3).

14 7. Establish procedures under which providers of local
15 match to, applicants to and participants in the program may
16 have grievances reviewed by an impartial body and reported to
17 the board of directors of the corporation.

18 8. Establish participation criteria and, if
19 appropriate, contract with an authorized insurer, health
20 maintenance organization, or third-party administrator to
21 provide administrative services to the corporation.

22 9. Establish enrollment criteria which shall include
23 penalties or waiting periods of not fewer than 60 days for
24 reinstatement of coverage upon voluntary cancellation for
25 nonpayment of family premiums.

26 10. Contract with authorized insurers or any provider
27 of health care services, meeting standards established by the
28 corporation, for the provision of comprehensive insurance
29 coverage to participants. Such standards shall include
30 criteria under which the corporation may contract with more
31 than one provider of health care services in program sites.

1 Health plans shall be selected through a competitive bid
2 process. The Florida Healthy Kids Corporation shall purchase
3 goods and services in the most cost-effective manner
4 consistent with the delivery of quality medical care. The
5 maximum administrative cost for a Florida Healthy Kids
6 Corporation contract shall be 15 percent. For health care
7 contracts, the minimum medical loss ratio for a Florida
8 Healthy Kids Corporation contract shall be 85 percent. For
9 dental contracts, the remaining compensation to be paid to the
10 authorized insurer or provider under a Florida Healthy Kids
11 Corporation contract shall be no less than an amount which is
12 85 percent of premium; to the extent any contract provision
13 does not provide for this minimum compensation, this section
14 shall prevail. The health plan selection criteria and scoring
15 system, and the scoring results, shall be available upon
16 request for inspection after the bids have been awarded.

17 11. Establish disenrollment criteria in the event
18 local matching funds are insufficient to cover enrollments.

19 12. Develop and implement a plan to publicize the
20 Florida Healthy Kids Corporation, the eligibility requirements
21 of the program, and the procedures for enrollment in the
22 program and to maintain public awareness of the corporation
23 and the program.

24 13. Secure staff necessary to properly administer the
25 corporation. Staff costs shall be funded from state and local
26 matching funds and such other private or public funds as
27 become available. The board of directors shall determine the
28 number of staff members necessary to administer the
29 corporation.

30 14. Provide a report annually to the Governor, Chief
31 Financial Officer, Commissioner of Education, Senate

1 President, Speaker of the House of Representatives, and
2 Minority Leaders of the Senate and the House of
3 Representatives.

4 15. Establish benefit packages which conform to the
5 provisions of the Florida KidCare program, as created in ss.
6 409.810-409.820.

7 16. As appropriate, enter into contracts with local
8 school boards or other agencies to provide onsite information,
9 enrollment, and other services necessary to the operation of
10 the corporation.

11 Section 4. This act shall take effect July 1, 2006.

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SENATE SUMMARY

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