

1 A bill to be entitled
2 An act relating to medical assistance; amending s.
3 409.811, F.S.; revising, providing, and deleting
4 definitions; amending s. 409.812, F.S.; expanding
5 application of the Florida Kidcare program to include all
6 uninsured, low-income children; amending s. 409.813, F.S.;
7 specifying funding sources for health benefits coverage
8 for certain children; specifying certain program
9 components to be marketed as the Florida Kidcare program;
10 amending s. 409.8132, F.S.; conforming a cross-reference;
11 removing certain restrictions on enrollment in Medipass
12 under the Medikids program component; revising provisions
13 relating to penalties for nonpayment of premiums and
14 waiting periods for reinstatement of coverage; amending s.
15 409.8134, F.S.; revising provisions relating to enrollment
16 in the Florida Kidcare program; amending s. 409.814, F.S.;
17 requiring certain screening prior to enrollment in Florida
18 Kidcare Plus; removing a restriction on participation in
19 the Florida Healthy Kids program; revising Florida Kidcare
20 program eligibility criteria; revising limitations on
21 coverage; restricting enrollment of children whose
22 coverage was voluntarily canceled; providing exceptions;
23 deleting provisions that place a limit on enrollment in
24 Medikids and the Florida Healthy Kids program; revising an
25 age limitation for Title XXI-funded Florida Kidcare
26 coverage; requiring notice to health plans and providers
27 when a child is no longer eligible for certain coverage;
28 requiring electronic verification of applicants' income;

29 providing circumstances under which written documentation
30 is required; extending the period of time during which an
31 enrollee in the Florida Kidcare program may contest a
32 determination of ineligibility; amending s. 409.815, F.S.;
33 revising requirements for qualification for benchmark
34 benefits; permitting the Agency for Health Care
35 Administration to increase certain premium assistance
36 payments for Florida Kidcare Plus benefits under certain
37 circumstances; amending s. 409.816, F.S.; revising
38 limitations on premiums and cost sharing; conforming a
39 cross-reference; amending s. 409.8177, F.S.; revising
40 information to be included in a report to the Governor and
41 Legislature; amending s. 409.818, F.S.; increasing the age
42 for eligibility for coverage under the Florida Kidcare
43 program under certain circumstances; revising duties of
44 the Department of Children and Family Services, the
45 Department of Health, the Florida Healthy Kids
46 Corporation, and the agency; requiring the Department of
47 Health to publicize the Florida Kidcare program; removing
48 a provision requiring establishment of a toll-free
49 telephone line; providing for adoption of rules; removing
50 a requirement that the Office of Insurance Regulation
51 certify that certain health benefits coverage plans that
52 seek to provide services under the Florida Kidcare program
53 meet, exceed, or are actuarially equivalent to the
54 benchmark benefit plan and will be offered at an approved
55 rate; authorizing the corporation to determine eligibility
56 of certain applicants for the Florida Kidcare program;

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57 amending s. 409.820, F.S.; requiring the agency, the
58 Department of Health, and the corporation to develop
59 standards for quality assurance and program access for
60 Florida Kidcare program components; amending s. 409.821,
61 F.S., relating to the Florida Kidcare program public
62 records exemption; providing for disclosure of certain
63 confidential and exempt information relating to an
64 enrollee's application or coverage to an enrollee's parent
65 or legal guardian; amending s. 409.904, F.S.; authorizing
66 Medicaid reimbursement for medical assistance provided to
67 pregnant women and certain children under specified
68 circumstances; requiring the agency to submit a state plan
69 amendment to implement the federal Family Opportunity Act;
70 amending s. 624.91, F.S.; deleting requirements relating
71 to limitations on eligibility for certain state-funded
72 assistance for payment of Florida Healthy Kids premiums;
73 revising the duties of the corporation; revising
74 provisions relating to who is eligible for optional
75 medical and related services payments; providing an
76 effective date.

77
78 Be It Enacted by the Legislature of the State of Florida:

79
80 Section 1. Subsections (6), (11), and (25) of section
81 409.811, Florida Statutes, are amended, present subsection (12)
82 is renumbered as subsection (11) and amended, and new
83 subsections (12) and (27) are added to that section, to read:

84 409.811 Definitions relating to Florida Kidcare Act.--As
 85 used in ss. 409.810-409.820, the term:

86 (6) "Child with special health care needs" has the same
 87 meaning as in s. 391.021(2) ~~means a child whose serious or~~
 88 ~~chronic physical or developmental condition requires extensive~~
 89 ~~preventive and maintenance care beyond that required by~~
 90 ~~typically healthy children. Health care utilization by such a~~
 91 ~~child exceeds the statistically expected usage of the normal~~
 92 ~~child adjusted for chronological age, and such a child often~~
 93 ~~needs complex care requiring multiple providers, rehabilitation~~
 94 ~~services, and specialized equipment in a number of different~~
 95 ~~settings.~~

96 ~~(11) "Family" means the group or the individuals whose~~
 97 ~~income is considered in determining eligibility for the Florida~~
 98 ~~Kidcare program. The family includes a child with a custodial~~
 99 ~~parent or caretaker relative who resides in the same house or~~
 100 ~~living unit or, in the case of a child whose disability of~~
 101 ~~nonage has been removed under chapter 743, the child. The family~~
 102 ~~may also include other individuals whose income and resources~~
 103 ~~are considered in whole or in part in determining eligibility of~~
 104 ~~the child.~~

105 ~~(11)-(12)~~ "Family income" means cash received at periodic
 106 intervals ~~from any source, such as wages, benefits,~~
 107 contributions, or rental property. Family income is calculated
 108 using the budget methodologies authorized under Title XIX of the
 109 Social Security Act. ~~Income also may include any money that~~
 110 ~~would have been counted as income under the Aid to Families with~~

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111 ~~Dependent Children (AFDC) state plan in effect prior to August~~
112 ~~22, 1996.~~

113 (12) "Florida Kidcare Plus" means health benefits coverage
114 for children with special health care needs delivered through
115 the Children's Medical Services Network.

116 (25) "Rural county" means a county having a population
117 density of less than 100 persons per square mile, or a county
118 defined by the most recent United States Census as rural, ~~in~~
119 ~~which there is no prepaid health plan participating in the~~
120 ~~Medicaid program as of July 1, 1998.~~

121 (27) "Maximum income threshold" means a percentage of the
122 current federal poverty level used to determine eligibility for
123 certain program components, as approved by federal waiver or an
124 amendment to the state plan.

125 Section 2. Section 409.812, Florida Statutes, is amended
126 to read:

127 409.812 Program created; purpose.--The Florida Kidcare
128 program is created to provide a defined set of health benefits
129 to ~~previously~~ uninsured, low-income children through the
130 establishment of a variety of affordable health benefits
131 coverage options from which families may select coverage and
132 through which families may contribute financially to the health
133 care of their children.

134 Section 3. Section 409.813, Florida Statutes, is amended
135 to read:

136 409.813 Health benefits coverage; program components;
137 entitlement and nonentitlement.--

138 (1) The Florida Kidcare program includes health benefits
139 coverage provided to children as follows:

140 (a) For children with family incomes at or below the
141 applicable Medicaid eligibility level, health benefits coverage
142 is funded through Title XIX of the Social Security Act.

143 (b) For children with family incomes above the applicable
144 Medicaid eligibility level up to the maximum income threshold,
145 health benefits coverage is funded through Title XXI of the
146 Social Security Act.

147 (c) For children with family incomes above the maximum
148 income threshold, health benefits coverage is funded through
149 family premiums.

150 (d) For children with special health care needs with
151 family incomes above the maximum income threshold, the family
152 shall be afforded the opportunity to buy into the Medicaid
153 program, pursuant to s. 409.904.

154 (2) The Florida Kidcare program includes health benefits
155 coverage provided to children through the following program
156 components, which shall be marketed as the Florida Kidcare
157 program:

158 (a) ~~(1)~~ Medicaid;

159 (b) ~~(2)~~ Medikids as created in s. 409.8132;

160 (c) ~~(3)~~ The Florida Healthy Kids Corporation as created in
161 s. 624.91;

162 (d) ~~(4)~~ Employer-sponsored group health insurance plans
163 approved under ss. 409.810-409.820; and

164 (e) ~~(5)~~ The Children's Medical Services network established
165 in chapter 391.

166 (3) Except for Title XIX-funded Florida Kidcare coverage
 167 ~~under the Medicaid program~~, coverage under the Florida Kidcare
 168 program is not an entitlement. No cause of action shall arise
 169 against the state, the department, the Department of Children
 170 and Family Services, or the agency for failure to make health
 171 services available to any person under ss. 409.810-409.820.

172 Section 4. Paragraph (b) of subsection (6) and subsections
 173 (7) and (8) of section 409.8132, Florida Statutes, are amended
 174 to read:

175 409.8132 Medikids program component.--

176 (6) ELIGIBILITY.--

177 (b) The provisions of s. 409.814(3), ~~(4)~~, and (5), and (7)
 178 shall be applicable to the Medikids program.

179 (7) ENROLLMENT.--Enrollment in the Medikids program
 180 component may occur at any time throughout the year. A child may
 181 not receive services under the Medikids program until the child
 182 is enrolled in a managed care plan or MediPass. Once determined
 183 eligible, an applicant may receive choice counseling and select
 184 a managed care plan or MediPass. The agency may initiate
 185 mandatory assignment for a Medikids applicant who has not chosen
 186 a managed care plan or MediPass provider after the applicant's
 187 voluntary choice period ends. ~~An applicant may select MediPass~~
 188 ~~under the Medikids program component only in counties that have~~
 189 ~~fewer than two managed care plans available to serve Medicaid~~
 190 ~~recipients and only if the federal Health Care Financing~~
 191 ~~Administration determines that MediPass constitutes "health~~
 192 ~~insurance coverage" as defined in Title XXI of the Social~~
 193 ~~Security Act.~~

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194 (8) PENALTIES FOR VOLUNTARY CANCELLATION.--The agency
 195 shall establish enrollment criteria that may ~~must~~ include
 196 penalties or waiting periods of not more ~~fewer~~ than 30 ~~60~~ days
 197 for reinstatement of coverage upon voluntary cancellation for
 198 nonpayment of premiums.

199 Section 5. Section 409.8134, Florida Statutes, is amended
 200 to read:

201 409.8134 Program expenditure ceiling; enrollment.--

202 (1) Except for the Medicaid program, a ceiling shall be
 203 placed on annual federal and state expenditures for the Florida
 204 Kidcare program as provided each year in the General
 205 Appropriations Act.

206 (2) The Florida Kidcare program shall ~~may~~ conduct
 207 enrollment continuously ~~at any time~~ throughout the year ~~for the~~
 208 ~~purpose of enrolling children eligible for all program~~
 209 ~~components listed in s. 409.813 except Medicaid. The four~~
 210 ~~Florida Kidcare administrators shall work together to ensure~~
 211 ~~that the year round enrollment period is announced statewide.~~
 212 Eligible Children eligible for Title XXI-funded Florida Kidcare
 213 coverage shall be enrolled on a first-come, first-served basis
 214 using the date the enrollment application is received.
 215 Enrollment shall immediately cease when the expenditure ceiling
 216 is reached. Year-round enrollment shall only be held if the
 217 Social Services Estimating Conference determines that sufficient
 218 ~~federal and state~~ funds will be available to finance the
 219 increased enrollment ~~through federal fiscal year 2007~~. Any
 220 individual who is not enrolled must reapply by submitting a new
 221 application. The application for the Florida Kidcare program is

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222 ~~shall be~~ valid for a period of 120 days after the date it was
223 received. At the end of the 120-day period, if the applicant has
224 not been enrolled in the program, the application is ~~shall be~~
225 invalid and the applicant shall be notified of the action. The
226 applicant may reactivate ~~resubmit~~ the application after
227 notification of the action taken by the program. Except for the
228 Medicaid program, whenever the Social Services Estimating
229 Conference determines that there are presently, or will be by
230 the end of the current fiscal year, insufficient funds to
231 finance the current or projected enrollment in the Florida
232 Kidcare program, all additional enrollment must cease and
233 additional enrollment may not resume until sufficient funds are
234 available to finance such enrollment.

235 (3) Upon determination by the Social Services Estimating
236 Conference that there are insufficient funds to finance the
237 current enrollment in the Florida Kidcare program within current
238 appropriations, the program shall initiate disenrollment
239 procedures to remove enrollees, except those children enrolled
240 in Florida Kidcare Plus ~~the Children's Medical Services Network~~,
241 on a last-in, first-out basis until the expenditure and
242 appropriation levels are balanced.

243 (4) The agencies that administer the Florida Kidcare
244 program components shall collect and analyze the data needed to
245 project program enrollment costs, including price level
246 adjustments, participation and attrition rates, current and
247 projected caseloads, the estimated number of children in the
248 state who are uninsured based on data from the most recent
249 United States Census, utilization, and current and projected

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250 expenditures for the next 3 years. The agencies shall report
 251 caseload and expenditure trends and estimated numbers of
 252 uninsured children to the Social Services Estimating Conference
 253 in accordance with chapter 216.

254 Section 6. Section 409.814, Florida Statutes, is amended
 255 to read:

256 409.814 Eligibility.--A child who has not reached 19 years
 257 of age whose family income is equal to or below 200 percent of
 258 the federal poverty level is eligible for the Florida Kidcare
 259 program as provided in this section. For enrollment in Florida
 260 Kidcare Plus ~~the Children's Medical Services Network~~, a complete
 261 application includes clinical eligibility ~~the medical or~~
 262 ~~behavioral health~~ screening. If, subsequently, an individual is
 263 determined to be ineligible for coverage, he or she must
 264 immediately be disenrolled from the respective Florida Kidcare
 265 program component.

266 (1) A child who is eligible for Medicaid coverage under s.
 267 409.903 or s. 409.904 must be enrolled in Medicaid and is not
 268 eligible to receive health benefits under any other health
 269 benefits coverage authorized under the Florida Kidcare program.

270 (2) A child who is not eligible for Medicaid, but who is
 271 eligible for the Florida Kidcare program, may obtain health
 272 benefits coverage under any of the other components listed in s.
 273 409.813 if such coverage is approved and available in the county
 274 in which the child resides. ~~However, a child who is eligible for~~
 275 ~~Medikids may participate in the Florida Healthy Kids program~~
 276 ~~only if the child has a sibling participating in the Florida~~

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277 ~~Healthy Kids program and the child's county of residence permits~~
 278 ~~such enrollment.~~

279 (3) A child who is eligible for the Florida Kidcare
 280 program who is a child with special health care needs, as
 281 determined through a clinical eligibility ~~medical or behavioral~~
 282 screening instrument, shall receive Florida Kidcare Plus ~~is~~
 283 ~~eligible for health benefits coverage from and shall be referred~~
 284 ~~to the Children's Medical Services Network.~~

285 (4) A child who becomes ineligible for Title XIX-funded
 286 Florida Kidcare coverage due to exceeding income or age limits
 287 shall have 60 days of continued eligibility following
 288 redetermination before premium payments are required in order to
 289 allow for a transition to Title XXI-funded Florida Kidcare
 290 without a lapse in coverage.

291 ~~(5)~~(4) The following children are not eligible to receive
 292 Title XXI-funded premium assistance for health benefits coverage
 293 under the Florida Kidcare program, except under Medicaid if the
 294 child would have been eligible for Medicaid under s. 409.903 or
 295 s. 409.904 as of June 1, 1997:

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

299 (b) A child who is currently eligible for or covered under
 300 a family member's group health benefit plan or under other
 301 employer health insurance coverage, ~~excluding coverage provided~~
 302 ~~under the Florida Healthy Kids Corporation as established under~~
 303 ~~s. 624.91~~, provided that the cost of the child's participation
 304 is not greater than 5 percent of the family's income. ~~This~~

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305 ~~provision shall be applied during redetermination for children~~
306 ~~who were enrolled prior to July 1, 2004. These enrollees shall~~
307 ~~have 6 months of eligibility following redetermination to allow~~
308 ~~for a transition to the other health benefit plan.~~

309 (c) A child who is seeking premium assistance for the
310 Florida Kidcare program through employer-sponsored group
311 coverage, if the child has been covered by the same employer's
312 group coverage during the 60 days ~~6 months~~ prior to the family's
313 submitting an application for determination of eligibility under
314 the program.

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

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

319 (f) A child who has had his or her coverage in an
320 employer-sponsored health benefit plan or a private health
321 benefit plan voluntarily canceled in the last 60 days ~~6 months~~,
322 except those children whose coverage was voluntarily canceled
323 for good cause, including, but not limited to:

324 1. The cost of participation in an employer-sponsored
325 health benefit plan is greater than 5 percent of the family's
326 income;

327 2. The parent lost a job that provided an employer-
328 sponsored health benefit plan for children;

329 3. The parent with health benefits coverage for the child
330 is deceased;

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331 4. The child has a medical condition that, without medical
332 care, would cause serious disability, loss of function, or
333 death;

334 5. The employer of the parent canceled health benefits
335 coverage for children;

336 6. The child's health benefits coverage ended because the
337 child reached the maximum lifetime coverage amount;

338 7. The child has exhausted coverage under a COBRA
339 continuation provision;

340 8. The health benefits coverage does not cover the child's
341 health care needs; or

342 9. Domestic violence led to loss of coverage ~~who were on~~
343 ~~the waiting list prior to March 12, 2004.~~

344 (g) A child who is otherwise eligible for Kidcare and who
345 has a preexisting condition that prevents coverage under another
346 insurance plan as described in paragraph (b) which would have
347 disqualified the child for Kidcare if the child were able to
348 enroll in the plan shall be eligible for Kidcare coverage when
349 enrollment is possible.

350 (6) Subject to a specific appropriation for this purpose,
351 the following children are eligible to receive nonfederal
352 premium assistance for health benefits coverage under the
353 Florida Kidcare program if the child would otherwise qualify:

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

357 (b) A child who is an alien, but who does not meet the
358 definition of a qualified alien, in the United States.

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359 (7)~~(5)~~ A child whose family income is above 200 percent of
360 the federal poverty level or a child who is excluded under the
361 provisions of subsection (5) ~~(4)~~ may participate in the Florida
362 Kidcare program, provided that ~~Medikids program as provided in~~
363 ~~s. 409.8132 or, if the child is ineligible for Medikids by~~
364 ~~reason of age, in the Florida Healthy Kids program, subject to~~
365 ~~the following provisions:~~

366 ~~(a)~~ the family is not eligible for premium assistance
367 payments and must pay the full cost of the premium, including
368 any administrative costs.

369 ~~(b)~~ ~~The agency is authorized to place limits on enrollment~~
370 ~~in Medikids by these children in order to avoid adverse~~
371 ~~selection. The number of children participating in Medikids~~
372 ~~whose family income exceeds 200 percent of the federal poverty~~
373 ~~level must not exceed 10 percent of total enrollees in the~~
374 ~~Medikids program.~~

375 ~~(c)~~ ~~The board of directors of the Florida Healthy Kids~~
376 ~~Corporation is authorized to place limits on enrollment of these~~
377 ~~children in order to avoid adverse selection. In addition, the~~
378 ~~board is authorized to offer a reduced benefit package to these~~
379 ~~children in order to limit program costs for such families. The~~
380 ~~number of children participating in the Florida Healthy Kids~~
381 ~~program whose family income exceeds 200 percent of the federal~~
382 ~~poverty level must not exceed 10 percent of total enrollees in~~
383 ~~the Florida Healthy Kids program.~~

384 (8)~~(6)~~ Once a child is enrolled in the Florida Kidcare
385 program, the child is eligible for coverage under the program
386 for 12 months without a redetermination or reverification of

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387 eligibility, if the family continues to pay the applicable
388 premium. Eligibility for Florida Kidcare coverage program
389 ~~components~~ funded through Title XXI of the Social Security Act
390 shall terminate when a child attains the age of 19. ~~Effective~~
391 ~~January 1, 1999,~~ A child who has not attained the age of 19 ~~5~~
392 and who has been determined eligible for the Medicaid program is
393 eligible for coverage for 12 months without a redetermination or
394 reverification of eligibility.

395 (9)(7) When determining or reviewing a child's eligibility
396 under the Florida Kidcare program, the applicant shall be
397 provided with reasonable notice of changes in eligibility which
398 may affect enrollment in one or more of the program components.
399 When a transition from one program component to another is
400 authorized, there shall be cooperation between the program
401 components, ~~and~~ the affected family, the child's health plan,
402 and providers that which promotes continuity of health care
403 coverage. When a child is no longer eligible for Florida Kidcare
404 coverage funded through Title XIX or Title XXI of the Social
405 Security Act, the child's health plan and other providers shall
406 be notified so that the health plans and providers may assist
407 the family in maintaining continuous coverage in the Florida
408 Kidcare program. Any authorized transfers must be managed within
409 the program's overall appropriated or authorized levels of
410 funding. Each component of the program shall establish a reserve
411 to ensure that transfers between components will be accomplished
412 within current year appropriations. These reserves shall be
413 reviewed by each convening of the Social Services Estimating

414 Conference to determine the adequacy of such reserves to meet
 415 actual experience.

416 ~~(10)(8)~~ In determining the eligibility of a child, an
 417 assets test is not required. During the application process and
 418 the redetermination process:

419 (a) Each applicant's family income shall be verified
 420 electronically to determine financial eligibility for the
 421 Florida Kidcare program. Written documentation, which may
 422 include wages and earning statements (pay stubs), W-2 forms, or
 423 a copy of the applicant's most recent federal income tax return,
 424 shall be required only if the electronic verification does not
 425 substantiate the applicant's income. ~~Each applicant shall~~
 426 ~~provide written documentation during the application process and~~
 427 ~~the redetermination process, including, but not limited to, the~~
 428 ~~following:~~

429 ~~(a) Proof of family income, which must include a copy of~~
 430 ~~the applicant's most recent federal income tax return. In the~~
 431 ~~absence of a federal income tax return, an applicant may submit~~
 432 ~~wages and earnings statements (pay stubs), W-2 forms, or other~~
 433 ~~appropriate documents.~~

434 (b) Each applicant shall provide a statement from all
 435 applicable family members that:

436 1. Their employers do ~~employer does~~ not sponsor a health
 437 benefit plans ~~plan~~ for employees; or

438 2. The potential enrollee is not covered by an ~~the~~
 439 employer-sponsored health benefit plan because the potential
 440 enrollee is not eligible for coverage, or, if the potential
 441 enrollee is eligible but not covered, a statement of the cost to

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442 enroll the potential enrollee in the employer-sponsored health
443 benefit plan.

444 (11)~~(9)~~ Subject to paragraph (5)~~(4)~~(b) and ~~s. 624.91(4)~~,
445 the Florida Kidcare program shall withhold benefits from an
446 enrollee if the program obtains evidence that the enrollee is no
447 longer eligible, submitted incorrect or fraudulent information
448 in order to establish eligibility, or failed to provide
449 verification of eligibility. The applicant or enrollee shall be
450 notified that because of such evidence program benefits will be
451 withheld unless the applicant or enrollee contacts a designated
452 representative of the program by a specified date, which must be
453 within 14 working ~~10~~ days after the date of notice, to discuss
454 and resolve the matter. The program shall make every effort to
455 resolve the matter within a timeframe that will not cause
456 benefits to be withheld from an eligible enrollee.

457 (12)~~(10)~~ The following individuals may be subject to
458 prosecution in accordance with s. 414.39:

459 (a) An applicant obtaining or attempting to obtain
460 benefits for a potential enrollee under the Florida Kidcare
461 program when the applicant knows or should have known the
462 potential enrollee does not qualify for the Florida Kidcare
463 program.

464 (b) An individual who assists an applicant in obtaining or
465 attempting to obtain benefits for a potential enrollee under the
466 Florida Kidcare program when the individual knows or should have
467 known the potential enrollee does not qualify for the Florida
468 Kidcare program.

469 Section 7. Section 409.815, Florida Statutes, is amended
 470 to read:

471 409.815 Health benefits coverage; limitations.--

472 (1) MEDICAID BENEFITS.--For purposes of the Florida
 473 Kidcare program, benefits available under Medicaid and Medikids
 474 include those goods and services provided under the medical
 475 assistance program authorized by Title XIX of the Social
 476 Security Act, and regulations thereunder, as administered in
 477 this state by the agency. This includes those mandatory Medicaid
 478 services authorized under s. 409.905 and optional Medicaid
 479 services authorized under s. 409.906, rendered on behalf of
 480 eligible individuals by qualified providers, in accordance with
 481 federal requirements for Title XIX, subject to any limitations
 482 or directions provided for in the General Appropriations Act or
 483 chapter 216, and according to methodologies and limitations set
 484 forth in agency rules and policy manuals and handbooks
 485 incorporated by reference thereto.

486 (2) BENCHMARK BENEFITS.--In order for health benefits
 487 coverage to qualify for premium assistance payments for an
 488 eligible child under ss. 409.810-409.820, the health benefits
 489 coverage must be equivalent to the pediatric Medicaid benefit
 490 package and be based upon a standard and appropriate assessment
 491 of need for the services consistent with Early and Periodic
 492 Screening, Diagnosis, and Treatment requirements as specified in
 493 s. 409.905(2) and Title XIX of the Social Security Act, except
 494 for coverage under Medicaid and Medikids, must include the
 495 following minimum benefits, as medically necessary.

496 ~~(a) Preventive health services. Covered services include:~~

497 ~~1. Well child care, including services recommended in the~~
 498 ~~Guidelines for Health Supervision of Children and Youth as~~
 499 ~~developed by the American Academy of Pediatrics;~~

500 ~~2. Immunizations and injections;~~

501 ~~3. Health education counseling and clinical services;~~

502 ~~4. Vision screening; and~~

503 ~~5. Hearing screening.~~

504 ~~(b) Inpatient hospital services. All covered services~~
 505 ~~provided for the medical care and treatment of an enrollee who~~
 506 ~~is admitted as an inpatient to a hospital licensed under part I~~
 507 ~~of chapter 395, with the following exceptions:~~

508 ~~1. All admissions must be authorized by the enrollee's~~
 509 ~~health benefits coverage provider.~~

510 ~~2. The length of the patient stay shall be determined~~
 511 ~~based on the medical condition of the enrollee in relation to~~
 512 ~~the necessary and appropriate level of care.~~

513 ~~3. Room and board may be limited to semiprivate~~
 514 ~~accommodations, unless a private room is considered medically~~
 515 ~~necessary or semiprivate accommodations are not available.~~

516 ~~4. Admissions for rehabilitation and physical therapy are~~
 517 ~~limited to 15 days per contract year.~~

518 ~~(c) Emergency services. Covered services include visits~~
 519 ~~to an emergency room or other licensed facility if needed~~
 520 ~~immediately due to an injury or illness and delay means risk of~~
 521 ~~permanent damage to the enrollee's health. Health maintenance~~
 522 ~~organizations shall comply with the provisions of s. 641.513.~~

523 ~~(d) Maternity services. Covered services include~~
 524 ~~maternity and newborn care, including prenatal and postnatal~~
 525 ~~care, with the following limitations:~~

526 ~~1. Coverage may be limited to the fee for vaginal~~
 527 ~~deliveries; and~~

528 ~~2. Initial inpatient care for newborn infants of enrolled~~
 529 ~~adolescents shall be covered, including normal newborn care,~~
 530 ~~nursery charges, and the initial pediatric or neonatal~~
 531 ~~examination, and the infant may be covered for up to 3 days~~
 532 ~~following birth.~~

533 ~~(e) Organ transplantation services. Covered services~~
 534 ~~include pretransplant, transplant, and postdischarge services~~
 535 ~~and treatment of complications after transplantation for~~
 536 ~~transplants deemed necessary and appropriate within the~~
 537 ~~guidelines set by the Organ Transplant Advisory Council under s.~~
 538 ~~765.53 or the Bone Marrow Transplant Advisory Panel under s.~~
 539 ~~627.4236.~~

540 ~~(f) Outpatient services. Covered services include~~
 541 ~~preventive, diagnostic, therapeutic, palliative care, and other~~
 542 ~~services provided to an enrollee in the outpatient portion of a~~
 543 ~~health facility licensed under chapter 395, except for the~~
 544 ~~following limitations:~~

545 ~~1. Services must be authorized by the enrollee's health~~
 546 ~~benefits coverage provider; and~~

547 ~~2. Treatment for temporomandibular joint disease (TMJ) is~~
 548 ~~specifically excluded.~~

549 ~~(g) Behavioral health services.~~

550 ~~1. Mental health benefits include:~~

551 ~~a. Inpatient services, limited to not more than 30~~
552 ~~inpatient days per contract year for psychiatric admissions, or~~
553 ~~residential services in facilities licensed under s. 394.875(8)~~
554 ~~or s. 395.003 in lieu of inpatient psychiatric admissions,~~
555 ~~however, a minimum of 10 of the 30 days shall be available only~~
556 ~~for inpatient psychiatric services when authorized by a~~
557 ~~physician; and~~

558 ~~b. Outpatient services, including outpatient visits for~~
559 ~~psychological or psychiatric evaluation, diagnosis, and~~
560 ~~treatment by a licensed mental health professional, limited to a~~
561 ~~maximum of 40 outpatient visits each contract year.~~

562 ~~2. Substance abuse services include:~~

563 ~~a. Inpatient services, limited to not more than 7~~
564 ~~inpatient days per contract year for medical detoxification only~~
565 ~~and 30 days of residential services; and~~

566 ~~b. Outpatient services, including evaluation, diagnosis,~~
567 ~~and treatment by a licensed practitioner, limited to a maximum~~
568 ~~of 40 outpatient visits per contract year.~~

569 ~~(h) Durable medical equipment. Covered services include~~
570 ~~equipment and devices that are medically indicated to assist in~~
571 ~~the treatment of a medical condition and specifically prescribed~~
572 ~~as medically necessary, with the following limitations:~~

573 ~~1. Low vision and telescopic aides are not included.~~

574 ~~2. Corrective lenses and frames may be limited to one pair~~
575 ~~every 2 years, unless the prescription or head size of the~~
576 ~~enrollee changes.~~

577 ~~3. Hearing aids shall be covered only when medically~~
578 ~~indicated to assist in the treatment of a medical condition.~~

579 ~~4. Covered prosthetic devices include artificial eyes and~~
580 ~~limbs, braces, and other artificial aids.~~

581 ~~(i) Health practitioner services. Covered services~~
582 ~~include services and procedures rendered to an enrollee when~~
583 ~~performed to diagnose and treat diseases, injuries, or other~~
584 ~~conditions, including care rendered by health practitioners~~
585 ~~acting within the scope of their practice, with the following~~
586 ~~exceptions:~~

587 ~~1. Chiropractic services shall be provided in the same~~
588 ~~manner as in the Florida Medicaid program.~~

589 ~~2. Podiatric services may be limited to one visit per day~~
590 ~~totaling two visits per month for specific foot disorders.~~

591 ~~(j) Home health services. Covered services include~~
592 ~~prescribed home visits by both registered and licensed practical~~
593 ~~nurses to provide skilled nursing services on a part time~~
594 ~~intermittent basis, subject to the following limitations:~~

595 ~~1. Coverage may be limited to include skilled nursing~~
596 ~~services only;~~

597 ~~2. Meals, housekeeping, and personal comfort items may be~~
598 ~~excluded; and~~

599 ~~3. Private duty nursing is limited to circumstances where~~
600 ~~such care is medically necessary.~~

601 ~~(k) Hospice services. Covered services include reasonable~~
602 ~~and necessary services for palliation or management of an~~
603 ~~enrollee's terminal illness, with the following exceptions:~~

604 ~~1. Once a family elects to receive hospice care for an~~
605 ~~enrollee, other services that treat the terminal condition will~~
606 ~~not be covered; and~~

607 ~~2. Services required for conditions totally unrelated to~~
608 ~~the terminal condition are covered to the extent that the~~
609 ~~services are included in this section.~~

610 ~~(l) Laboratory and X ray services. Covered services~~
611 ~~include diagnostic testing, including clinical radiologic,~~
612 ~~laboratory, and other diagnostic tests.~~

613 ~~(m) Nursing facility services. Covered services include~~
614 ~~regular nursing services, rehabilitation services, drugs and~~
615 ~~biologicals, medical supplies, and the use of appliances and~~
616 ~~equipment furnished by the facility, with the following~~
617 ~~limitations:~~

618 ~~1. All admissions must be authorized by the health~~
619 ~~benefits coverage provider.~~

620 ~~2. The length of the patient stay shall be determined~~
621 ~~based on the medical condition of the enrollee in relation to~~
622 ~~the necessary and appropriate level of care, but is limited to~~
623 ~~not more than 100 days per contract year.~~

624 ~~3. Room and board may be limited to semiprivate~~
625 ~~accommodations, unless a private room is considered medically~~
626 ~~necessary or semiprivate accommodations are not available.~~

627 ~~4. Specialized treatment centers and independent kidney~~
628 ~~disease treatment centers are excluded.~~

629 ~~5. Private duty nurses, television, and custodial care are~~
630 ~~excluded.~~

631 ~~6. Admissions for rehabilitation and physical therapy are~~
632 ~~limited to 15 days per contract year.~~

633 ~~(n) Prescribed drugs.~~

634 ~~1. Coverage shall include drugs prescribed for the~~
635 ~~treatment of illness or injury when prescribed by a licensed~~
636 ~~health practitioner acting within the scope of his or her~~
637 ~~practice.~~

638 ~~2. Prescribed drugs may be limited to generics if~~
639 ~~available and brand name products if a generic substitution is~~
640 ~~not available, unless the prescribing licensed health~~
641 ~~practitioner indicates that a brand name is medically necessary.~~

642 ~~3. Prescribed drugs covered under this section shall~~
643 ~~include all prescribed drugs covered under the Florida Medicaid~~
644 ~~program.~~

645 ~~(o) Therapy services. Covered services include~~
646 ~~rehabilitative services, including occupational, physical,~~
647 ~~respiratory, and speech therapies, with the following~~
648 ~~limitations:~~

649 ~~1. Services must be for short term rehabilitation where~~
650 ~~significant improvement in the enrollee's condition will result,~~
651 ~~and~~

652 ~~2. Services shall be limited to not more than 24 treatment~~
653 ~~sessions within a 60 day period per episode or injury, with the~~
654 ~~60 day period beginning with the first treatment.~~

655 ~~(p) Transportation services. Covered services include~~
656 ~~emergency transportation required in response to an emergency~~
657 ~~situation.~~

658 ~~(q) Dental services. Dental services shall be covered and~~
659 ~~may include those dental benefits provided to children by the~~
660 ~~Florida Medicaid program under s. 409.906(6).~~

661 ~~(r) Lifetime maximum. Health benefits coverage obtained~~
 662 ~~under ss. 409.810-409.820 shall pay an enrollee's covered~~
 663 ~~expenses at a lifetime maximum of \$1 million per covered child.~~

664 (a) ~~(s)~~ Cost-sharing.--Cost-sharing provisions must comply
 665 with s. 409.816.

666 (b) ~~(t)~~ Exclusions.--

667 1. Experimental or investigational procedures that have
 668 not been clinically proven by reliable evidence are excluded;

669 2. Services performed for cosmetic purposes only or for
 670 the convenience of the enrollee are excluded; and

671 3. Abortion may be covered only if necessary to save the
 672 life of the mother or if the pregnancy is the result of an act
 673 of rape or incest.

674 (c) ~~(u)~~ Enhancements to minimum requirements.--

675 1. This section sets the minimum benefits that must be
 676 included in any health benefits coverage, ~~other than Medicaid or~~
 677 ~~Medikids coverage,~~ offered under ss. 409.810-409.820. Health
 678 benefits coverage may include additional benefits not included
 679 in the pediatric Medicaid benefit package under this subsection,
 680 but may not include benefits excluded under paragraph (b) ~~(s)~~.

681 2. Health benefits coverage may extend any limitations
 682 beyond the minimum benefits described in this section.

683
 684 Except for Florida Kidcare Plus benefits ~~the Children's Medical~~
 685 ~~Services Network,~~ the agency may not increase the premium
 686 assistance payment for either additional benefits provided
 687 beyond the minimum benefits described in this section or the
 688 imposition of less restrictive service limitations.

689 (d) ~~(v)~~ Applicability of other state laws.--Health
 690 insurers, health maintenance organizations, and their agents are
 691 subject to the provisions of the Florida Insurance Code, except
 692 for any such provisions waived in this section.

693 1. Except as expressly provided in this section, a law
 694 requiring coverage for a specific health care service or
 695 benefit, or a law requiring reimbursement, utilization, or
 696 consideration of a specific category of licensed health care
 697 practitioner, does not apply to a health insurance plan policy
 698 or contract offered or delivered under ss. 409.810-409.820
 699 unless that law is made expressly applicable to such policies or
 700 contracts.

701 2. Notwithstanding chapter 641, a health maintenance
 702 organization may issue contracts providing benefits equal to,
 703 exceeding, or actuarially equivalent to the benchmark benefit
 704 plan authorized by this section and may pay providers located in
 705 a rural county negotiated fees or Medicaid reimbursement rates
 706 for services provided to enrollees who are residents of the
 707 rural county.

708 Section 8. Section 409.816, Florida Statutes, is amended
 709 to read:

710 409.816 Limitations on premiums and cost-sharing.--The
 711 following limitations on premiums and cost-sharing are
 712 established for the program.

713 (1) Enrollees who receive coverage under Title XIX of the
 714 Social Security Act ~~the Medicaid program~~ may not be required to
 715 pay:

716 (a) Enrollment fees, premiums, or similar charges; or

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717 (b) Copayments, deductibles, coinsurance, or similar
718 charges.

719 (2) Enrollees in families with a family income equal to or
720 below 150 percent of the federal poverty level, who are not
721 receiving coverage under the Medicaid program, may not be
722 required to pay:

723 (a) Enrollment fees, premiums, or similar charges that
724 exceed the maximum monthly charge permitted under s. 1916(b)(1)
725 of the Social Security Act; or

726 (b) Copayments, deductibles, coinsurance, or similar
727 charges that exceed a nominal amount, as determined consistent
728 with regulations referred to in s. 1916(a)(3) of the Social
729 Security Act. However, such charges may not be imposed for
730 preventive services, including well-baby and well-child care,
731 age-appropriate immunizations, and routine hearing and vision
732 screenings.

733 (3) Enrollees in families with a family income above 150
734 percent of the federal poverty level, who are not receiving
735 coverage under the Medicaid program or who are not eligible
736 under s. 409.814(7)~~(5)~~, may be required to pay enrollment fees,
737 premiums, copayments, deductibles, coinsurance, or similar
738 charges on a sliding scale related to income, except that the
739 total annual aggregate cost-sharing with respect to all children
740 in a family may not exceed 5 percent of the family's income.
741 However, copayments, deductibles, coinsurance, or similar
742 charges may not be imposed for preventive services, including
743 well-baby and well-child care, age-appropriate immunizations,
744 and routine hearing and vision screenings.

745 (4) Enrollees in families with a family income up to the
 746 maximum income threshold, who receive Florida Kidcare Plus
 747 benefits, may not be required to pay:

748 (a) Enrollment fees, premiums, or similar charges; or

749 (b) Copayments, deductibles, coinsurance, or similar
 750 charges.

751 Section 9. Paragraph (i) of subsection (1) of section
 752 409.8177, Florida Statutes, is amended to read:

753 409.8177 Program evaluation.--

754 (1) The agency, in consultation with the Department of
 755 Health, the Department of Children and Family Services, and the
 756 Florida Healthy Kids Corporation, shall contract for an
 757 evaluation of the Florida Kidcare program and shall by January 1
 758 of each year submit to the Governor, the President of the
 759 Senate, and the Speaker of the House of Representatives a report
 760 of the program. In addition to the items specified under s. 2108
 761 of Title XXI of the Social Security Act, the report shall
 762 include an assessment of crowd-out and access to health care, as
 763 well as the following:

764 (i) An assessment of the effectiveness of the Florida
 765 Kidcare program ~~Medikids, Children's Medical Services network,~~
 766 and other public and private programs in the state in increasing
 767 the availability of affordable quality health insurance and
 768 health care for children.

769 Section 10. Section 409.818, Florida Statutes, is amended
 770 to read:

771 409.818 Administration.--In order to implement ss.
 772 409.810-409.820, the following agencies shall have the following
 773 duties:

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

775 (a) Develop a simplified eligibility application mail-in
 776 form to be used for determining the eligibility of children for
 777 coverage under the Florida Kidcare program, in consultation with
 778 the agency, the Department of Health, and the Florida Healthy
 779 Kids Corporation. The simplified eligibility application form
 780 must include an item that provides an opportunity for the
 781 applicant to indicate whether coverage is being sought for a
 782 child with special health care needs. Families applying for
 783 children's Medicaid coverage must also be able to use the
 784 simplified application form without having to pay a premium.

785 (b) Establish and maintain the eligibility determination
 786 process under the program except as specified in subsection (4)
 787 ~~(5)~~. The department shall directly, or through the services of a
 788 contracted third-party administrator, establish and maintain a
 789 process for determining eligibility of children for coverage
 790 under the program. The eligibility determination process must be
 791 used solely for determining eligibility of applicants for health
 792 benefits coverage under the program. The eligibility
 793 determination process must include an initial determination of
 794 eligibility for any coverage offered under the program, as well
 795 as a redetermination or reverification of eligibility each
 796 subsequent 6 months. Effective July 1, 2007 ~~January 1, 1999~~, a
 797 child who has not attained the age of 19 ~~5~~ and who has been
 798 determined eligible for the Medicaid program is eligible for

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799 coverage for 12 months without a redetermination or
800 reverification of eligibility. In conducting an eligibility
801 determination, the department shall determine if the child has
802 special health care needs. The department, in consultation with
803 the Agency for Health Care Administration and the Florida
804 Healthy Kids Corporation, shall develop procedures for
805 redetermining eligibility which enable a family to easily update
806 any change in circumstances which could affect eligibility. The
807 department may accept changes in a family's status as reported
808 to the department by the Florida Healthy Kids Corporation
809 without requiring a new application from the family.
810 Redetermination of a child's eligibility for Medicaid may not be
811 linked to a child's eligibility determination for other
812 programs.

813 (c) Inform program applicants about eligibility
814 determinations and provide information about eligibility of
815 applicants to the Florida Kidcare program ~~Medicaid, Medikids,~~
816 ~~the Children's Medical Services Network, and the Florida Healthy~~
817 ~~Kids Corporation,~~ and to insurers and their agents, through a
818 centralized coordinating office.

819 (d) Adopt rules necessary for conducting program
820 eligibility functions.

821 (2) The Department of Health shall:

822 (a) Design an eligibility intake process for the program,
823 in coordination with the Department of Children and Family
824 Services, the agency, and the Florida Healthy Kids Corporation.
825 The eligibility intake process may include local intake points
826 that are determined by the Department of Health in coordination

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827 with the Department of Children and Family Services.

828 (b) Chair a state-level coordinating council to review and
829 make recommendations concerning the implementation and operation
830 of the program. The coordinating council shall include
831 representatives from the department, the Department of Children
832 and Family Services, the agency, the Florida Healthy Kids
833 Corporation, the Office of Insurance Regulation of the Financial
834 Services Commission, local government, health insurers, health
835 maintenance organizations, health care providers, families
836 participating in the program, and organizations representing
837 low-income families.

838 ~~(c) In consultation with the Florida Healthy Kids~~
839 ~~Corporation and the Department of Children and Family Services,~~
840 ~~establish a toll free telephone line to assist families with~~
841 ~~questions about the program.~~

842 (c)-(d) Adopt rules necessary to implement the Florida
843 Kidcare program outreach activities.

844 (d) In consultation with the Kidcare Coordinating Council,
845 develop and implement a plan to publicize the Florida Kidcare
846 program, the eligibility requirements of the program, and the
847 procedures for enrollment in the program and to maintain public
848 awareness of and outreach for the Florida Kidcare program.

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

851 (a) Calculate the premium assistance payment necessary to
852 comply with the premium and cost-sharing limitations specified
853 in s. 409.816. The premium assistance payment for each enrollee
854 in a health insurance plan participating in the Florida Healthy

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855 Kids Corporation shall equal the premium approved by the Florida
856 Healthy Kids Corporation and the Office of Insurance Regulation
857 of the Financial Services Commission pursuant to ss. 627.410 and
858 641.31, less any enrollee's share of the premium established
859 within the limitations specified in s. 409.816. The premium
860 assistance payment for each enrollee in an employer-sponsored
861 health insurance plan approved under ss. 409.810-409.820 shall
862 equal the premium for the plan adjusted for any benchmark
863 benefit plan actuarial equivalent benefit rider approved by the
864 Office of Insurance Regulation pursuant to ss. 627.410 and
865 641.31, less any enrollee's share of the premium established
866 within the limitations specified in s. 409.816. In calculating
867 the premium assistance payment levels for children with family
868 coverage, the agency shall set the premium assistance payment
869 levels for each child proportionately to the total cost of
870 family coverage.

871 (b) Make premium assistance payments to health insurance
872 plans on a periodic basis. The agency may use its Medicaid
873 fiscal agent or a contracted third-party administrator in making
874 these payments. The agency may require health insurance plans
875 that participate in the Medikids program or employer-sponsored
876 group health insurance to collect premium payments from an
877 enrollee's family. Participating health insurance plans shall
878 report premium payments collected on behalf of enrollees in the
879 program to the agency in accordance with a schedule established
880 by the agency.

881 (c) Monitor compliance with quality assurance and access
882 standards developed under s. 409.820.

883 (d) Establish a mechanism for investigating and resolving
 884 complaints and grievances from program applicants, enrollees,
 885 and health benefits coverage providers, and maintain a record of
 886 complaints and confirmed problems. In the case of a child who is
 887 enrolled in a health maintenance organization, the agency must
 888 use the provisions of s. 641.511 to address grievance reporting
 889 and resolution requirements.

890 (e) Approve health benefits coverage for participation in
 891 the program, ~~following certification by the Office of Insurance~~
 892 ~~Regulation under subsection (4).~~

893 (f) Adopt all rules necessary to comply with or administer
 894 ss. 409.810-409.820 and all rules necessary to comply with
 895 federal requirements, including, at a minimum, rules specifying
 896 policies, procedures, and criteria for the following activities:

- 897 1. ~~for~~ Calculating premium assistance payment levels;
- 898 2. Making premium assistance payments;
- 899 3. Monitoring access and quality assurance standards;
- 900 4. Investigating and resolving complaints and grievances;
- 901 5. Administering the Medikids program; ~~and~~
- 902 6. Approving health benefits coverage; and
- 903 7. Determining application and enrollment requirements,
 904 including documentation requirements, eligibility determinations
 905 and redeterminations, enrollee premium payment requirements,
 906 cancellation of coverage, reinstatement of coverage,
 907 disenrollment procedures, applicant and enrollee notification
 908 requirements, application and enrollment time processing
 909 standards, and call center standards.

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911 The agency is designated the lead state agency for Title XXI of
 912 the Social Security Act for purposes of receipt of federal
 913 funds, for reporting purposes, and for ensuring compliance with
 914 federal and state regulations and rules.

915 ~~(4) The Office of Insurance Regulation shall certify that~~
 916 ~~health benefits coverage plans that seek to provide services~~
 917 ~~under the Florida Kidcare program, except those offered through~~
 918 ~~the Florida Healthy Kids Corporation or the Children's Medical~~
 919 ~~Services Network, meet, exceed, or are actuarially equivalent to~~
 920 ~~the benchmark benefit plan and that health insurance plans will~~
 921 ~~be offered at an approved rate. In determining actuarial~~
 922 ~~equivalence of benefits coverage, the Office of Insurance~~
 923 ~~Regulation and health insurance plans must comply with the~~
 924 ~~requirements of s. 2103 of Title XXI of the Social Security Act.~~
 925 ~~The department shall adopt rules necessary for certifying health~~
 926 ~~benefits coverage plans.~~

927 (4)(5) The Florida Healthy Kids Corporation shall retain
 928 its functions as authorized in s. 624.91, including eligibility
 929 determination for participation in the non-Title XIX-funded
 930 Florida Kidcare program in accordance with administrative rules
 931 and policies established by the agency ~~Healthy Kids program.~~

932 (5)(6) The agency, the Department of Health, the
 933 Department of Children and Family Services, the Florida Healthy
 934 Kids Corporation, and the Office of Insurance Regulation, after
 935 consultation with and approval of the Speaker of the House of
 936 Representatives and the President of the Senate, are authorized
 937 to make program modifications that are necessary to overcome any
 938 objections of the United States Department of Health and Human

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939 Services to obtain approval of the state's child health
 940 insurance plan under Title XXI of the Social Security Act.

941 Section 11. Section 409.820, Florida Statutes, is amended
 942 to read:

943 409.820 Quality assurance and access standards.--~~Except~~
 944 ~~for Medicaid,~~ The Department of Health, in consultation with the
 945 agency and the Florida Healthy Kids Corporation, shall develop a
 946 minimum set of quality assurance and access standards for all
 947 Florida Kidcare program components. The standards must include a
 948 process for granting exceptions to specific requirements for
 949 quality assurance and access. Compliance with the standards
 950 shall be a condition of program participation by health benefits
 951 coverage providers. These standards shall comply with the
 952 provisions of this chapter and chapter 641 and Title XXI of the
 953 Social Security Act.

954 Section 12. Section 409.821, Florida Statutes, is amended
 955 to read:

956 409.821 Florida Kidcare program public records
 957 exemption.--Notwithstanding any other law to the contrary, any
 958 information identifying a Florida Kidcare program applicant or
 959 enrollee, as defined in s. 409.811, held by the Agency for
 960 Health Care Administration, the Department of Children and
 961 Family Services, the Department of Health, or the Florida
 962 Healthy Kids Corporation is confidential and exempt from s.
 963 119.07(1) and s. 24(a), Art. I of the State Constitution. Such
 964 information may be disclosed to another governmental entity only
 965 if disclosure is necessary for the entity to perform its duties
 966 and responsibilities under the Florida Kidcare program and shall

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967 | be disclosed to the Department of Revenue for purposes of
 968 | administering the state Title IV-D program. The receiving
 969 | governmental entity must maintain the confidential and exempt
 970 | status of such information. Furthermore, such information may
 971 | not be released to any person without the written consent of the
 972 | program applicant. This exemption applies to any information
 973 | identifying a Florida Kidcare program applicant or enrollee held
 974 | by the Agency for Health Care Administration, the Department of
 975 | Children and Family Services, the Department of Health, or the
 976 | Florida Healthy Kids Corporation before, on, or after the
 977 | effective date of this exemption. A violation of this section is
 978 | a misdemeanor of the second degree, punishable as provided in s.
 979 | 775.082 or s. 775.083. This section does not prohibit an
 980 | enrollee's parent or legal guardian from obtaining any record
 981 | relating to the enrollee's Florida Kidcare application or
 982 | coverage, including, but not limited to, confirmation of
 983 | coverage, the dates of coverage, the name of the enrollee's
 984 | health plan, and the amount of premium.

985 | Section 13. Section 409.904, Florida Statutes, is amended
 986 | to read:

987 | 409.904 Optional payments for eligible persons.--The
 988 | agency may make payments for medical assistance and related
 989 | services on behalf of the following persons who are determined
 990 | to be eligible subject to the income, assets, and categorical
 991 | eligibility tests set forth in federal and state law. Payment on
 992 | behalf of these Medicaid eligible persons is subject to the
 993 | availability of moneys and any limitations established by the
 994 | General Appropriations Act or chapter 216.

995 (1) (a) From July 1, 2005, through December 31, 2005, a
 996 person who is age 65 or older or is determined to be disabled,
 997 whose income is at or below 88 percent of federal poverty level,
 998 and whose assets do not exceed established limitations.

999 (b) Effective January 1, 2006, and subject to federal
 1000 waiver approval, a person who is age 65 or older or is
 1001 determined to be disabled, whose income is at or below 88
 1002 percent of the federal poverty level, whose assets do not exceed
 1003 established limitations, and who is not eligible for Medicare
 1004 or, if eligible for Medicare, is also eligible for and receiving
 1005 Medicaid-covered institutional care services, hospice services,
 1006 or home and community-based services. The agency shall seek
 1007 federal authorization through a waiver to provide this coverage.

1008 (2) A family, a pregnant woman, a child under age 21, a
 1009 person age 65 or over, or a blind or disabled person, who would
 1010 be eligible under any group listed in s. 409.903(1), (2), or
 1011 (3), except that the income or assets of such family or person
 1012 exceed established limitations. For a family or person in one of
 1013 these coverage groups, medical expenses are deductible from
 1014 income in accordance with federal requirements in order to make
 1015 a determination of eligibility. A family or person eligible
 1016 under the coverage known as the "medically needy," is eligible
 1017 to receive the same services as other Medicaid recipients, with
 1018 the exception of services in skilled nursing facilities and
 1019 intermediate care facilities for the developmentally disabled.

1020 (3) A person who is in need of the services of a licensed
 1021 nursing facility, a licensed intermediate care facility for the
 1022 developmentally disabled, or a state mental hospital, whose

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1023 income does not exceed 300 percent of the SSI income standard,
 1024 and who meets the assets standards established under federal and
 1025 state law. In determining the person's responsibility for the
 1026 cost of care, the following amounts must be deducted from the
 1027 person's income:

1028 (a) The monthly personal allowance for residents as set
 1029 based on appropriations.

1030 (b) The reasonable costs of medically necessary services
 1031 and supplies that are not reimbursable by the Medicaid program.

1032 (c) The cost of premiums, copayments, coinsurance, and
 1033 deductibles for supplemental health insurance.

1034 (4) A low-income person who meets all other requirements
 1035 for Medicaid eligibility except citizenship and who is in need
 1036 of emergency medical services. The eligibility of such a
 1037 recipient is limited to the period of the emergency, in
 1038 accordance with federal regulations.

1039 (5) Subject to specific federal authorization, a woman
 1040 living in a family that has an income that is at or below 200
 1041 ~~185~~ percent of the most current federal poverty level is
 1042 eligible for family planning services as specified in s.
 1043 409.905(3) for a period of up to 24 months following a loss of
 1044 Medicaid benefits.

1045 (6) A child who has not attained the age of 19 who has
 1046 been determined eligible for the Medicaid program is deemed to
 1047 be eligible for a total of 12 ~~6~~ months, regardless of changes in
 1048 circumstances other than attainment of the maximum age.

1049 ~~Effective January 1, 1999, a child who has not attained the age~~
 1050 ~~of 5 and who has been determined eligible for the Medicaid~~

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1051 ~~program is deemed to be eligible for a total of 12 months~~
 1052 ~~regardless of changes in circumstances other than attainment of~~
 1053 ~~the maximum age.~~

1054 (7) A pregnant woman for the duration of her pregnancy and
 1055 for the postpartum period as defined by federal law and rule, or
 1056 a child under 1 year of age, who lives in a family that has an
 1057 income above 185 percent of the most recently published federal
 1058 poverty level, but which is at or below 200 percent of such
 1059 poverty level. In determining the eligibility of such pregnant
 1060 woman or child, an assets test is not required. A pregnant woman
 1061 or child who is eligible for Medicaid under this subsection must
 1062 be offered the opportunity, subject to federal rules, to be made
 1063 presumptively eligible. A pregnant woman or child who has been
 1064 deemed presumptively eligible for Medicaid shall not be enrolled
 1065 in a managed care plan until full eligibility for Medicaid has
 1066 been determined.

1067 (8) A child who has attained the age of 6 but has not
 1068 attained the age of 19 who lives in a family that has an income
 1069 above 100 percent of the most recently published federal poverty
 1070 level, but which is at or below 133 percent of such poverty
 1071 level. In determining the eligibility of such child, an assets
 1072 test is not required. A child who is eligible for Medicaid under
 1073 this subsection must be offered the opportunity, subject to
 1074 federal rules, to be made presumptively eligible.

1075 (9)~~(8)~~ A Medicaid-eligible individual for the individual's
 1076 health insurance premiums, if the agency determines that such
 1077 payments are cost-effective.

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1078 (10)~~(9)~~ Eligible women with incomes at or below 200
 1079 percent of the federal poverty level and under age 65, for
 1080 cancer treatment pursuant to the federal Breast and Cervical
 1081 Cancer Prevention and Treatment Act of 2000, screened through
 1082 the Mary Brogan Breast and Cervical Cancer Early Detection
 1083 Program established under s. 381.93.

1084
 1085 The agency shall submit a state plan amendment to the Federal
 1086 Government to implement the provisions of the Family Opportunity
 1087 Act, pursuant the Deficit Reduction Act of 2005.

1088 Section 14. Subsections (4) through (8) of section 624.91,
 1089 Florida Statutes, are renumbered as subsections (3) through (7),
 1090 respectively, and present subsection (3) and paragraph (b) of
 1091 present subsection (5) of that section are amended to read:

1092 624.91 The Florida Healthy Kids Corporation Act.--

1093 ~~(3) ELIGIBILITY FOR STATE FUNDED ASSISTANCE. Only the~~
 1094 ~~following individuals are eligible for state funded assistance~~
 1095 ~~in paying Florida Healthy Kids premiums:~~

1096 ~~(a) Residents of this state who are eligible for the~~
 1097 ~~Florida Kidcare program pursuant to s. 409.814.~~

1098 ~~(b) Notwithstanding s. 409.814, legal aliens who are~~
 1099 ~~enrolled in the Florida Healthy Kids program as of January 31,~~
 1100 ~~2004, who do not qualify for Title XXI federal funds because~~
 1101 ~~they are not qualified aliens as defined in s. 409.811.~~

1102 (4)~~(5)~~ CORPORATION AUTHORIZATION, DUTIES, POWERS.--

1103 (b) The Florida Healthy Kids Corporation shall:

1104 1. Arrange for the collection of any family, local
 1105 contributions, or employer payment or premium, in an amount to

1106 | be determined by the board of directors, to provide for payment
 1107 | of premiums for comprehensive insurance coverage and for the
 1108 | actual or estimated administrative expenses.

1109 | 2. Arrange for the collection of any voluntary
 1110 | contributions to provide for payment of Florida Kidcare premiums
 1111 | for children who are not eligible for medical assistance under
 1112 | Title XIX or Title XXI of the Social Security Act.

1113 | 3. Subject to the provisions of s. 409.8134, accept
 1114 | voluntary supplemental local match contributions that comply
 1115 | with the requirements of Title XXI of the Social Security Act
 1116 | for the purpose of providing additional Florida Kidcare coverage
 1117 | in contributing counties under Title XXI.

1118 | 4. Establish the administrative and accounting procedures
 1119 | for the operation of the corporation.

1120 | 5. Establish, with consultation from appropriate
 1121 | professional organizations, standards for preventive health
 1122 | services and providers and comprehensive insurance benefits
 1123 | appropriate to children, provided that such standards for rural
 1124 | areas shall not limit primary care providers to board-certified
 1125 | pediatricians.

1126 | 6. In accordance with administrative rules and policies
 1127 | established by the Agency for Health Care Administration,
 1128 | determine eligibility for children seeking to participate in the
 1129 | Title XXI-funded components of the Florida Kidcare program
 1130 | consistent with the requirements specified in s. 409.814, as
 1131 | well as the non-Title-XXI-eligible children as provided in
 1132 | subsection (3).

1133 7. Establish procedures under which providers of local
 1134 match to, applicants to and participants in the program may have
 1135 grievances reviewed by an impartial body and reported to the
 1136 board of directors of the corporation.

1137 8. Establish participation criteria and, if appropriate,
 1138 contract with an authorized insurer, health maintenance
 1139 organization, or third-party administrator to provide
 1140 administrative services to the corporation.

1141 9. Establish enrollment criteria which shall include
 1142 penalties or waiting periods of not more ~~fewer~~ than 30 ~~60~~ days
 1143 for reinstatement of coverage upon voluntary cancellation for
 1144 nonpayment of family premiums.

1145 10. Contract with authorized insurers or any provider of
 1146 health care services, meeting standards established by the
 1147 corporation, for the provision of comprehensive insurance
 1148 coverage to participants. Such standards shall include criteria
 1149 under which the corporation may contract with more than one
 1150 provider of health care services in program sites. Health plans
 1151 shall be selected through a competitive bid process. The Florida
 1152 Healthy Kids Corporation shall purchase goods and services in
 1153 the most cost-effective manner consistent with the delivery of
 1154 quality medical care. The maximum administrative cost for a
 1155 Florida Healthy Kids Corporation contract shall be 15 percent.
 1156 For health care contracts, the minimum medical loss ratio for a
 1157 Florida Healthy Kids Corporation contract shall be 85 percent.
 1158 For dental contracts, the remaining compensation to be paid to
 1159 the authorized insurer or provider under a Florida Healthy Kids
 1160 Corporation contract shall be no less than an amount which is 85

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1161 percent of premium; to the extent any contract provision does
 1162 not provide for this minimum compensation, this section shall
 1163 prevail. The health plan selection criteria and scoring system,
 1164 and the scoring results, shall be available upon request for
 1165 inspection after the bids have been awarded.

1166 11. Establish disenrollment criteria in the event local
 1167 matching funds are insufficient to cover enrollments.

1168 12. In accordance with administrative rules and policies
 1169 established by the Agency for Health Care Administration,
 1170 maintain a toll-free telephone line to assist families with
 1171 questions about the program. ~~Develop and implement a plan to~~
 1172 ~~publicize the Florida Healthy Kids Corporation, the eligibility~~
 1173 ~~requirements of the program, and the procedures for enrollment~~
 1174 ~~in the program and to maintain public awareness of the~~
 1175 ~~corporation and the program.~~

1176 13. Secure staff necessary to properly administer the
 1177 corporation. Staff costs shall be funded from state and local
 1178 matching funds and such other private or public funds as become
 1179 available. The board of directors shall determine the number of
 1180 staff members necessary to administer the corporation.

1181 14. Provide a report annually to the Governor, Chief
 1182 Financial Officer, Commissioner of Education, Senate President,
 1183 Speaker of the House of Representatives, and Minority Leaders of
 1184 the Senate and the House of Representatives.

1185 15. Establish benefit packages which conform to the
 1186 provisions of the Florida Kidcare program, as created in ss.
 1187 409.810-409.820.

1188 Section 15. This act shall take effect July 1, 2007.