

1 A bill to be entitled
2 An act relating to Florida Kidcare; amending ss. 408.915
3 and 409.1451, F.S.; conforming provisions to changes made
4 by the act; amending s. 409.811, F.S.; revising and
5 deleting definitions; amending s. 409.812, F.S.; providing
6 for the Florida Kidcare program to provide health benefits
7 to certain uninsured children; amending s. 409.813, F.S.;
8 specifying components of the program; providing that no
9 cause of action shall arise against the Florida Healthy
10 Kids Corporation for failure to make certain services
11 available; repealing s. 409.8132, F.S., relating to the
12 Medikids program component; amending s. 409.8134, F.S.;
13 revising provisions relating to enrollment in the program;
14 amending s. 409.814, F.S.; revising eligibility
15 requirements for the program; creating s. 409.8141, F.S.;
16 authorizing the program to provide premium assistance to
17 certain children under certain circumstances; providing
18 for verification of assistance eligibility; creating s.
19 409.8142, F.S.; requiring the program to withhold benefits
20 under specified circumstances; providing penalties for
21 certain actions; creating s. 409.8149, F.S.; providing for
22 enrollment, plan choice, and choice counseling; amending
23 s. 409.815, F.S.; requiring health benefits coverage under
24 the Florida Kidcare program to meet specified Medicaid
25 standards; deleting provisions relating to benchmark and
26 minimum benefits included in the program; amending s.
27 409.816, F.S.; providing premium funding sources;
28 providing rate-setting requirements; providing for

29 | seamless transition of premium assistance; revising
30 | limitations on premiums and cost sharing; amending s.
31 | 409.817, F.S.; revising requirements for certain health
32 | insurance coverage to qualify for premium assistance;
33 | amending s. 409.8177, F.S.; conforming provisions to
34 | changes made by the act; amending s. 409.818, F.S.;
35 | revising duties of the Department of Children and Family
36 | Services, the Department of Health, the Agency for Health
37 | Care Administration, the Office of Insurance Regulation,
38 | and the Florida Healthy Kids Corporation relating to
39 | implementation and administration of the program; amending
40 | s. 409.821, F.S., relating to the program's public records
41 | exemption; revising applicability of consent provisions;
42 | requiring the enrollee or parent or guardian of the
43 | enrollee to provide written consent for release of certain
44 | identifying information; creating s. 409.822, F.S.;
45 | providing legislative intent; providing for consolidation
46 | of the Florida Kidcare program; requiring the agency to
47 | submit a consolidation plan to the Governor and
48 | Legislature; defining duties of the Agency for Health Care
49 | Administration and the Department of Children and Family
50 | Services; requiring the Agency for Health Care
51 | Administration to seek federal Medicaid waivers and state
52 | plan amendments; providing for an evaluation of policy
53 | changes; authorizing the appointment of a legislative
54 | advisory committee; amending s. 624.91, F.S.; revising
55 | legislative intent regarding the Florida Healthy Kids
56 | Corporation; revising provisions relating to eligibility

57 | for state-funded assistance; revising duties of the
 58 | corporation; specifying venue for civil and administrative
 59 | actions against the corporation; providing for future
 60 | repeal; providing an effective date.

61 |
 62 | Be It Enacted by the Legislature of the State of Florida:

63 |
 64 | Section 1. Subsection (4) of section 408.915, Florida
 65 | Statutes, is amended to read:

66 | 408.915 Eligibility pilot project.--The Agency for Health
 67 | Care Administration, in consultation with the steering committee
 68 | established in s. 408.916, shall develop and implement a pilot
 69 | project to integrate the determination of eligibility for health
 70 | care services with information and referral services.

71 | (4) The pilot project shall include eligibility
 72 | determinations for the following programs:

73 | (a) Medicaid under Title XIX of the Social Security Act.

74 | ~~(b) Medikids as created in s. 409.8132.~~

75 | (b) ~~(e)~~ Florida Healthy Kids as described in s. 624.91 and
 76 | within eligibility guidelines provided in s. 409.814.

77 | (c) ~~(d)~~ Eligibility for Florida Kidcare services outside of
 78 | the scope of Title XIX or Title XXI of the Social Security Act
 79 | as provided in s. 409.814.

80 | (d) ~~(e)~~ State and local publicly funded health and social
 81 | services programs as determined appropriate by the steering
 82 | committee.

83 | Section 2. Paragraph (a) of subsection (9) of section
 84 | 409.1451, Florida Statutes, is amended to read:

85 409.1451 Independent living transition services.--

86 (9) MEDICAL ASSISTANCE FOR YOUNG ADULTS FORMERLY IN FOSTER
 87 CARE.--The department shall enroll in the Florida Kidcare
 88 program, outside the open enrollment period, each young adult
 89 who is eligible as described in paragraph (2) (b) and who has not
 90 yet reached his or her 19th birthday.

91 (a) A young adult who was formerly in foster care at the
 92 time of his or her 18th birthday and who is 18 years of age but
 93 not yet 19, shall pay the premium for the Florida Kidcare
 94 program as required in s. 409.8141 ~~409.814~~.

95 Section 3. Section 409.811, Florida Statutes, is amended
 96 to read:

97 409.811 Definitions relating to Florida Kidcare Act.--As
 98 used in ss. 409.810-409.820, the term:

99 ~~(1) "Actuarially equivalent" means that:~~

100 ~~(a) The aggregate value of the benefits included in health~~
 101 ~~benefits coverage is equal to the value of the benefits in the~~
 102 ~~benchmark benefit plan; and~~

103 ~~(b) The benefits included in health benefits coverage are~~
 104 ~~substantially similar to the benefits included in the benchmark~~
 105 ~~benefit plan, except that preventive health services must be the~~
 106 ~~same as in the benchmark benefit plan.~~

107 (1)~~(2)~~ "Agency" means the Agency for Health Care
 108 Administration.

109 (2)~~(3)~~ "Applicant" means a parent or guardian of a child
 110 or a child whose disability of nonage has been removed under
 111 chapter 743, who applies for determination of eligibility for
 112 health benefits coverage under ss. 409.810-409.820.

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113 ~~(4) "Benchmark benefit plan" means the form and level of~~
114 ~~health benefits coverage established in s. 409.815.~~

115 (3)~~(5)~~ "Child" means any person under 19 years of age.

116 (4)~~(6)~~ "Child with special health care needs" means a
117 child who has chronic physical, developmental, behavioral, or
118 emotional conditions and who also requires health care and
119 related services of a type or amount beyond that which is
120 generally required by a child ~~whose serious or chronic physical~~
121 ~~or developmental condition requires extensive preventive and~~
122 ~~maintenance care beyond that required by typically healthy~~
123 ~~children. Health care utilization by such a child exceeds the~~
124 ~~statistically expected usage of the normal child adjusted for~~
125 ~~chronological age, and such a child often needs complex care~~
126 ~~requiring multiple providers, rehabilitation services, and~~
127 ~~specialized equipment in a number of different settings.~~

128 (5)~~(7)~~ "Children's Medical Services Network" or "network"
129 means a statewide managed care service system as defined in s.
130 391.021(1).

131 (6)~~(8)~~ "Community rate" means a method used to develop
132 premiums for a health insurance plan that spreads financial risk
133 across a large population and allows adjustments only for age,
134 gender, family composition, and geographic area.

135 (7)~~(9)~~ "Department" means the Department of Health.

136 (8)~~(10)~~ "Enrollee" means a child who has been determined
137 eligible for and is receiving coverage under ss. 409.810-
138 409.820.

139 (9)~~(11)~~ "Family" means the group or the individuals whose
140 income is considered in determining eligibility for the Florida

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141 Kidcare program. The family includes a child with a custodial
142 parent or caretaker relative who resides in the same house or
143 living unit or, in the case of a child whose disability of
144 nonage has been removed under chapter 743, the child. The family
145 may also include other individuals whose income and resources
146 are considered in whole or in part in determining eligibility of
147 the child.

148 (10)~~(12)~~ "Family income" means cash received at periodic
149 intervals from any source, such as wages, benefits,
150 contributions, or rental property. Income also may include any
151 money that would have been counted as income under the Aid to
152 Families with Dependent Children (AFDC) state plan in effect
153 prior to August 22, 1996.

154 (11)~~(13)~~ "Florida Kidcare program," "Kidcare program," or
155 "program" means the health benefits program administered through
156 ss. 409.810-409.820.

157 (12)~~(14)~~ "Guarantee issue" means that health benefits
158 coverage must be offered to an individual regardless of the
159 individual's health status, preexisting condition, or claims
160 history.

161 (13)~~(15)~~ "Health benefits coverage" means protection that
162 provides payment of benefits for covered health care services or
163 that otherwise provides, either directly or through arrangements
164 with other persons, covered health care services on a prepaid
165 per capita basis or on a prepaid aggregate fixed-sum basis.

166 (14)~~(16)~~ "Health insurance plan" means health benefits
167 coverage under the following:

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168 (a) A health plan offered by any certified health
 169 maintenance organization or authorized health insurer, except a
 170 plan that is limited to the following: a limited benefit,
 171 specified disease, or specified accident; hospital indemnity;
 172 accident only; limited benefit convalescent care; Medicare
 173 supplement; credit disability; dental; vision; long-term care;
 174 disability income; coverage issued as a supplement to another
 175 health plan; workers' compensation liability or other insurance;
 176 or motor vehicle medical payment only; or

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

180 (15)~~(17)~~ "Medicaid" means the medical assistance program
 181 authorized by Title XIX of the Social Security Act, and
 182 regulations thereunder, and ss. 409.901-409.920, as administered
 183 in this state by the agency.

184 (16)~~(18)~~ "Medically necessary" means the use of any
 185 medical treatment, service, equipment, or supply necessary to
 186 palliate the effects of a terminal condition, or to prevent,
 187 diagnose, correct, cure, alleviate, or preclude deterioration of
 188 a condition that threatens life, causes pain or suffering, or
 189 results in illness or infirmity and which is:

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

192 (b) Provided in accordance with generally accepted
 193 standards of medical practice;

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

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

198 (e) Approved by the appropriate medical body or health
 199 care specialty involved as effective, appropriate, and essential
 200 for the care and treatment of the enrollee's condition.

201 ~~(19) "Medikids" means a component of the Florida Kidcare~~
 202 ~~program of medical assistance authorized by Title XXI of the~~
 203 ~~Social Security Act, and regulations thereunder, and s.~~
 204 ~~409.8132, as administered in the state by the agency.~~

205 (17)~~(20)~~ "Preexisting condition exclusion" means, with
 206 respect to coverage, a limitation or exclusion of benefits
 207 relating to a condition based on the fact that the condition was
 208 present before the date of enrollment for such coverage, whether
 209 or not any medical advice, diagnosis, care, or treatment was
 210 recommended or received before such date.

211 (18)~~(21)~~ "Premium" means the entire cost of a health
 212 insurance plan, including the administration fee or the risk
 213 assumption charge.

214 (19)~~(22)~~ "Premium assistance payment" means the monthly
 215 consideration paid by the agency per enrollee in the Florida
 216 Kidcare program towards health insurance premiums.

217 (20)~~(23)~~ "Qualified alien" means an alien as defined in s.
 218 431 of the Personal Responsibility and Work Opportunity
 219 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

220 (21)~~(24)~~ "Resident" means a United States citizen, or
 221 qualified alien, who is domiciled in this state.

222 (22)~~(25)~~ "Rural county" means a county having a population
 223 density of fewer ~~less~~ than 100 persons per square mile, or a

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224 county defined by the most recent United States Census as rural,
225 in which there is no prepaid health plan participating in the
226 Medicaid program as of July 1, 1998.

227 ~~(26) "Substantially similar" means that, with respect to~~
228 ~~additional services as defined in s. 2103(c)(2) of Title XXI of~~
229 ~~the Social Security Act, these services must have an actuarial~~
230 ~~value equal to at least 75 percent of the actuarial value of the~~
231 ~~coverage for that service in the benchmark benefit plan and,~~
232 ~~with respect to the basic services as defined in s. 2103(c)(1)~~
233 ~~of Title XXI of the Social Security Act, these services must be~~
234 ~~the same as the services in the benchmark benefit plan.~~

235 Section 4. Section 409.812, Florida Statutes, is amended
236 to read:

237 409.812 Program created; purpose.--The Florida Kidcare
238 program is created to provide a defined set of health benefits
239 to ~~previously~~ uninsured, low-income children through the
240 establishment of a variety of affordable health benefits
241 coverage options from which families may select coverage and
242 through which families may contribute financially to the health
243 care of their children.

244 Section 5. Section 409.813, Florida Statutes, is amended
245 to read:

246 409.813 Program components; entitlement and
247 nonentitlement.--The Florida Kidcare program includes health
248 benefits coverage provided to children through the following
249 program components, which shall be marketed as the Florida
250 Kidcare program:

251 (1) Medicaid;

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252 ~~(2) Medikids as created in s. 409.8132;~~
 253 (2)(3) The Florida Healthy Kids Corporation as created in
 254 s. 624.91; and
 255 ~~(4) Employer sponsored group health insurance plans~~
 256 ~~approved under ss. 409.810-409.820; and~~
 257 (3)(5) The Children's Medical Services network established
 258 in chapter 391.

259
 260 Except for Title XIX-funded Florida Kidcare coverage ~~under the~~
 261 ~~Medicaid program~~, coverage under the Florida Kidcare program is
 262 not an entitlement. No cause of action shall arise against the
 263 state, the department, the Department of Children and Family
 264 Services, ~~or the agency~~, or the Florida Healthy Kids Corporation
 265 for failure to make health services available to any person
 266 under ss. 409.810-409.820.

267 Section 6. Section 409.8132, Florida Statutes, is
 268 repealed.

269 Section 7. Subsection (2) of section 409.8134, Florida
 270 Statutes, is amended to read:

271 409.8134 Program expenditure ceiling.--
 272 ~~(2) The Florida Kidcare program may conduct enrollment at~~
 273 ~~any time throughout the year for the purpose of enrolling~~
 274 ~~children eligible for all program components listed in s.~~
 275 ~~409.813 except Medicaid. The four Florida Kidcare administrators~~
 276 ~~shall work together to ensure that the year round enrollment~~
 277 ~~period is announced statewide. Eligible children shall be~~
 278 ~~enrolled on a first come, first served basis using the date the~~
 279 ~~enrollment application is received. Enrollment shall immediately~~

280 cease when the expenditure ceiling is reached. Year-round
 281 enrollment shall only be held if the Social Services Estimating
 282 Conference determines that sufficient ~~federal and state~~ funds
 283 will be available to finance the increased enrollment ~~through~~
 284 ~~federal fiscal year 2007. Any individual who is not enrolled~~
 285 ~~must reapply by submitting a new application. The application~~
 286 ~~for the Florida Kidcare program shall be valid for a period of~~
 287 ~~120 days after the date it was received. At the end of the 120-~~
 288 ~~day period, if the applicant has not been enrolled in the~~
 289 ~~program, the application shall be invalid and the applicant~~
 290 ~~shall be notified of the action. The applicant may resubmit the~~
 291 ~~application after notification of the action taken by the~~
 292 ~~program.~~ Except for the Medicaid program, whenever the Social
 293 Services Estimating Conference determines that there are
 294 presently, or will be by the end of the current fiscal year,
 295 insufficient funds to finance the current or projected
 296 enrollment in the Florida Kidcare program, all ~~additional~~
 297 enrollment must cease and ~~additional enrollment~~ may not resume
 298 until sufficient funds are available to finance the such
 299 enrollment.

300 Section 8. Section 409.814, Florida Statutes, is amended
 301 to read:

302 (Substantial rewording of section. See s. 409.814, F.S.,
 303 for present text.)

304 409.814 Eligibility.--

305 (1) ELIGIBILITY FOR THE FLORIDA KIDCARE PROGRAM.--

306 (a) To be eligible for the Florida Kidcare program, a
 307 child must be:

308 1. A resident of the state.

309 2. Under 19 years of age.

310 3. Uninsured at the time of application.

311 (b) Once a child is enrolled in the Florida Kidcare
 312 program, the child is eligible for coverage under the program
 313 for 12 months without redetermination or reverification of
 314 eligibility.

315 (2) ELIGIBILITY FOR CHILDREN'S MEDICAL SERVICES.--To be
 316 eligible for the Children's Medical Services component of the
 317 Florida Kidcare program, a child must meet the requirements of
 318 subsection (1) and must be a child with special health care
 319 needs as determined through clinical eligibility screening by
 320 the Department of Health pursuant to s. 409.818(2).

321 Section 9. Section 409.8141, Florida Statutes, is created
 322 to read:

323 409.8141 Premium assistance.--

324 (1) The Florida Kidcare program may provide premium
 325 assistance to certain children enrolled in the program. To be
 326 eligible for premium assistance, the child must meet the
 327 requirements of s. 409.814 and must:

328 (a) Reside in a household where the family income is equal
 329 to or less than 200 percent of the federal poverty level; and

330 (b) Be a United States citizen or a qualified alien as
 331 defined in s. 409.811(22).

332 (2) The Florida Kidcare program may provide premium
 333 assistance for enrollees who do not reside in a household where
 334 the family income is equal to or less than 200 percent of the
 335 federal poverty level, who are noncitizens, who are not

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336 qualified aliens, or who are children of state employees. Such
337 premium assistance may be funded by general revenue or local
338 contributions pursuant to s. 624.91 and is subject to specific
339 appropriation. If the program does not provide such premium
340 assistance, enrollees not meeting the eligibility requirements
341 of subsection (1) shall pay the full cost of the premium and are
342 not required to document income.

343 (3) Eligibility for premium assistance shall be verified
344 for each applicant and enrollee during the application and
345 reverification processes based on:

346 (a) Family income verified electronically. If electronic
347 verification of income eligibility is not available, family
348 income shall be documented with a copy of the applicant's most
349 recent federal income tax return. In the absence of a federal
350 income tax return, an applicant's wages and earnings statements,
351 W-2 forms, or other appropriate documentation obtained from
352 other government sources, including electronic records, may be
353 considered. An assets test is not required.

354 (b) A statement from the applicant or enrollee that the
355 child is not currently insured by an employer-sponsored or other
356 benefit plan.

357 (4) Once a child is found eligible for premium assistance,
358 the child shall receive premium assistance for 12 months without
359 reverification of eligibility if the family continues to
360 participate in any applicable cost-sharing pursuant to s.
361 409.816. The Florida Kidcare program shall conduct an annual
362 eligibility reverification for each enrollee eligible for
363 premium assistance.

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364 Section 10. Section 409.8142, Florida Statutes, is created
365 to read:

366 409.8142 Penalties.--

367 (1) Subject to s. 624.91(4), the Florida Kidcare program
368 shall withhold benefits from an enrollee if the program obtains
369 evidence that the enrollee is no longer eligible, submitted
370 incorrect or fraudulent information in order to establish
371 eligibility, or failed to provide verification of eligibility.
372 The applicant or enrollee shall be notified that, because of
373 such evidence, program benefits will be withheld unless the
374 applicant or enrollee contacts a designated representative of
375 the program by a specified date, which must be within 10 days
376 after the date of notice, to discuss and resolve the matter. The
377 program shall make every effort to resolve the matter within a
378 timeframe that will not cause benefits to be withheld from an
379 eligible enrollee.

380 (2) The following individuals may be subject to
381 prosecution in accordance with s. 414.39:

382 (a) An applicant obtaining or attempting to obtain
383 benefits for a potential enrollee under the Florida Kidcare
384 program when the applicant knows or should have known the
385 potential enrollee does not qualify for the Florida Kidcare
386 program.

387 (b) An individual who assists an applicant in obtaining or
388 attempting to obtain benefits for a potential enrollee under the
389 Florida Kidcare program when the individual knows or should have
390 known the potential enrollee does not qualify for the Florida
391 Kidcare program.

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392 Section 11. Section 409.8149, Florida Statutes, is created
393 to read:

394 409.8149 Enrollment; plan choice; choice counseling.--

395 (1) ENROLLMENT.--The Florida Kidcare program may conduct
396 enrollment at any time throughout the year for the purpose of
397 enrolling children eligible for all program components listed in
398 s. 409.813 except Medicaid. The four Florida Kidcare
399 administrators shall work together to ensure that the year-round
400 enrollment period is announced statewide. Eligible children
401 shall be enrolled on a first-come, first-served basis, based
402 upon the date the enrollment application is received. The
403 application for the Florida Kidcare program is valid for a
404 period of 120 days after the date the application is received.
405 At the end of the 120-day period, if the applicant has not been
406 enrolled in the program, the application is invalid and the
407 applicant shall be notified of the action. The applicant may
408 resubmit the application after notification of the action taken
409 by the program.

410 (2) PLAN CHOICE.--

411 (a) Each enrollee shall have 30 days after the date of
412 enrollment to voluntarily choose a benefit plan. A child with
413 special health care needs as determined through clinical
414 eligibility screening by the Department of Health pursuant to s.
415 409.818(2) shall be assigned to the Children's Medical Services
416 Network and may opt out of the Children's Medical Services
417 Network. Enrollees may choose the Children's Medical Services
418 Network or any managed care plan operating in the Medicaid
419 program or any plan selected pursuant to s. 624.91 in the

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420 geographical area in which the enrollee resides. An enrollee
421 eligible for Medicaid may also choose the Medicaid fee-for-
422 service program.

423 (b) Enrollees who do not voluntarily choose a benefit plan
424 shall be assigned to a managed care plan by the Florida Kidcare
425 program. The program shall assign enrollees eligible for
426 Medicaid to a Medicaid managed care plan or to the Medicaid fee-
427 for-service program if a Medicaid managed care plan does not
428 exist in the geographical area in which the enrollee resides.
429 The program shall assign all other enrollees to plans selected
430 pursuant to s. 624.91 in the geographical area in which each
431 enrollee resides.

432 (c) Upon selection or assignment, an enrollee shall have
433 90 days during which to voluntarily disenroll from a benefit
434 plan and select another.

435 (d) Upon the anniversary of enrollment, each enrollee may
436 voluntarily select another benefit plan. The Florida Kidcare
437 program shall notify enrollees of their annual open enrollment
438 options 60 days prior to the anniversary of initial enrollment.

439 (3) CHOICE COUNSELING.--The Florida Kidcare program shall
440 provide education on the available benefit plans pursuant to s.
441 409.818(4). The program shall provide choice counseling upon
442 initial enrollment and prior to an enrollee's annual optional
443 reselection. The program shall coordinate with Medicaid to
444 provide choice counseling regarding Medicaid fee-for-service and
445 managed care options.

446 Section 12. Section 409.815, Florida Statutes, is amended
447 to read:

448 409.815 Health benefits coverage; ~~limitations.~~--

449 (1) ~~MEDICAID BENEFITS.~~--~~For purposes of the Florida~~

450 ~~Kidcare program,~~ Benefits available under all Florida Kidcare

451 components shall meet the federal Medicaid Early and Periodic

452 Screening, Diagnosis, and Treatment (EPSDT) program standards

453 and ~~Medikids~~ include those goods and services provided under the

454 medical assistance program authorized by Title XIX of the Social

455 Security Act, and regulations thereunder, as administered in

456 this state by the agency. This includes those mandatory Medicaid

457 services authorized under s. 409.905 and optional Medicaid

458 services authorized under s. 409.906, rendered on behalf of

459 eligible individuals by qualified providers, in accordance with

460 federal requirements for Title XIX, subject to any limitations

461 or directions provided for in the General Appropriations Act or

462 chapter 216, and according to methodologies and limitations set

463 forth in agency rules and policy manuals and handbooks

464 incorporated by reference thereto.

465 ~~(2) BENCHMARK BENEFITS.~~ In order for health benefits

466 ~~coverage to qualify for premium assistance payments for an~~

467 ~~eligible child under ss. 409.810-409.820, the health benefits~~

468 ~~coverage, except for coverage under Medicaid and Medikids, must~~

469 ~~include the following minimum benefits, as medically necessary.~~

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

471 ~~1. Well-child care, including services recommended in the~~

472 ~~Guidelines for Health Supervision of Children and Youth as~~

473 ~~developed by the American Academy of Pediatrics;~~

474 ~~2. Immunizations and injections;~~

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

476 ~~4. Vision screening; and~~

477 ~~5. Hearing screening.~~

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

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

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

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

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

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

497 ~~(d) Maternity services. Covered services include~~
 498 ~~maternity and newborn care, including prenatal and postnatal~~
 499 ~~care, with the following limitations:~~

500 ~~1. Coverage may be limited to the fee for vaginal~~
 501 ~~deliveries; and~~

502 ~~2. Initial inpatient care for newborn infants of enrolled~~
 503 ~~adolescents shall be covered, including normal newborn care,~~

504 ~~nursery charges, and the initial pediatric or neonatal~~
 505 ~~examination, and the infant may be covered for up to 3 days~~
 506 ~~following birth.~~

507 ~~(e) Organ transplantation services. Covered services~~
 508 ~~include pretransplant, transplant, and postdischarge services~~
 509 ~~and treatment of complications after transplantation for~~
 510 ~~transplants deemed necessary and appropriate within the~~
 511 ~~guidelines set by the Organ Transplant Advisory Council under s.~~
 512 ~~765.53 or the Bone Marrow Transplant Advisory Panel under s.~~
 513 ~~627.4236.~~

514 ~~(f) Outpatient services. Covered services include~~
 515 ~~preventive, diagnostic, therapeutic, palliative care, and other~~
 516 ~~services provided to an enrollee in the outpatient portion of a~~
 517 ~~health facility licensed under chapter 395, except for the~~
 518 ~~following limitations:~~

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

521 ~~2. Treatment for temporomandibular joint disease (TMJ) is~~
 522 ~~specifically excluded.~~

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

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

525 ~~a. Inpatient services, limited to not more than 30~~
 526 ~~inpatient days per contract year for psychiatric admissions, or~~
 527 ~~residential services in facilities licensed under s. 394.875(8)~~
 528 ~~or s. 395.003 in lieu of inpatient psychiatric admissions;~~
 529 ~~however, a minimum of 10 of the 30 days shall be available only~~
 530 ~~for inpatient psychiatric services when authorized by a~~
 531 ~~physician; and~~

532 ~~b. Outpatient services, including outpatient visits for~~
 533 ~~psychological or psychiatric evaluation, diagnosis, and~~
 534 ~~treatment by a licensed mental health professional, limited to a~~
 535 ~~maximum of 40 outpatient visits each contract year.~~

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

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

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

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

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

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

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

553 ~~4. Covered prosthetic devices include artificial eyes and~~
 554 ~~limbs, braces, and other artificial aids.~~

555 ~~(i) Health practitioner services. Covered services~~
 556 ~~include services and procedures rendered to an enrollee when~~
 557 ~~performed to diagnose and treat diseases, injuries, or other~~
 558 ~~conditions, including care rendered by health practitioners~~

559 ~~acting within the scope of their practice, with the following~~
560 ~~exceptions:~~

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

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

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

569 ~~1. Coverage may be limited to include skilled nursing~~
570 ~~services only;~~

571 ~~2. Meals, housekeeping, and personal comfort items may be~~
572 ~~excluded; and~~

573 ~~3. Private duty nursing is limited to circumstances where~~
574 ~~such care is medically necessary.~~

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

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

581 ~~2. Services required for conditions totally unrelated to~~
582 ~~the terminal condition are covered to the extent that the~~
583 ~~services are included in this section.~~

584 ~~(l) Laboratory and X ray services. Covered services~~
585 ~~include diagnostic testing, including clinical radiologic,~~
586 ~~laboratory, and other diagnostic tests.~~

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587 ~~(m) Nursing facility services. Covered services include~~
588 ~~regular nursing services, rehabilitation services, drugs and~~
589 ~~biologicals, medical supplies, and the use of appliances and~~
590 ~~equipment furnished by the facility, with the following~~
591 ~~limitations:~~

592 ~~1. All admissions must be authorized by the health~~
593 ~~benefits coverage provider.~~

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

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

601 ~~4. Specialized treatment centers and independent kidney~~
602 ~~disease treatment centers are excluded.~~

603 ~~5. Private duty nurses, television, and custodial care are~~
604 ~~excluded.~~

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

607 ~~(n) Prescribed drugs.~~

608 ~~1. Coverage shall include drugs prescribed for the~~
609 ~~treatment of illness or injury when prescribed by a licensed~~
610 ~~health practitioner acting within the scope of his or her~~
611 ~~practice.~~

612 ~~2. Prescribed drugs may be limited to generics if~~
613 ~~available and brand name products if a generic substitution is~~

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614 ~~not available, unless the prescribing licensed health~~
615 ~~practitioner indicates that a brand name is medically necessary.~~

616 ~~3. Prescribed drugs covered under this section shall~~
617 ~~include all prescribed drugs covered under the Florida Medicaid~~
618 ~~program.~~

619 ~~(e) Therapy services. Covered services include~~
620 ~~rehabilitative services, including occupational, physical,~~
621 ~~respiratory, and speech therapies, with the following~~
622 ~~limitations:~~

623 ~~1. Services must be for short term rehabilitation where~~
624 ~~significant improvement in the enrollee's condition will result,~~
625 ~~and~~

626 ~~2. Services shall be limited to not more than 24 treatment~~
627 ~~sessions within a 60 day period per episode or injury, with the~~
628 ~~60 day period beginning with the first treatment.~~

629 ~~(p) Transportation services. Covered services include~~
630 ~~emergency transportation required in response to an emergency~~
631 ~~situation.~~

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

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

638 ~~(s) Cost sharing. Cost sharing provisions must comply~~
639 ~~with s. 409.816.~~

640 ~~(t) Exclusions.~~

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641 ~~1. Experimental or investigational procedures that have~~
642 ~~not been clinically proven by reliable evidence are excluded;~~
643 ~~2. Services performed for cosmetic purposes only or for~~
644 ~~the convenience of the enrollee are excluded; and~~
645 ~~3. Abortion may be covered only if necessary to save the~~
646 ~~life of the mother or if the pregnancy is the result of an act~~
647 ~~of rape or incest.~~

648 ~~(2)(u) ENHANCEMENTS TO BENEFITS minimum requirements.--~~

649 ~~(a)1. This section sets the minimum benefits that must be~~
650 ~~included in any health benefits coverage, other than Medicaid or~~
651 ~~Medikids coverage, offered under ss. 409.810-409.820. Health~~
652 ~~benefits coverage may include additional benefits not included~~
653 ~~under this subsection (1), but may not include benefits excluded~~
654 ~~under paragraph (s).~~

655 ~~(b)2. Health benefits coverage may extend any limitations~~
656 ~~beyond the minimum benefits described in this section.~~

657
658 Except for the Children's Medical Services Network, the agency
659 may not increase the premium assistance payment for either
660 additional benefits provided beyond the minimum benefits
661 described in this section or the imposition of less restrictive
662 service limitations.

663 ~~(3)(v) APPLICABILITY OF OTHER STATE LAWS.--Health~~
664 ~~insurers, health maintenance organizations, and their agents are~~
665 ~~subject to the provisions of the Florida Insurance Code, except~~
666 ~~for any such provisions waived in this section.~~

667 ~~(a)1. Except as expressly provided in this section, a law~~
668 ~~requiring coverage for a specific health care service or~~

669 benefit, or a law requiring reimbursement, utilization, or
 670 consideration of a specific category of licensed health care
 671 practitioner, does not apply to a health insurance plan policy
 672 or contract offered or delivered under ss. 409.810-409.820
 673 unless that law is made expressly applicable to such policies or
 674 contracts.

675 (b)2- Notwithstanding chapter 641, a health maintenance
 676 organization may issue contracts providing benefits equal to,
 677 exceeding, or actuarially equivalent to the ~~benchmark~~ benefit
 678 plan required ~~authorized~~ by this section and may pay providers
 679 located in a rural county negotiated fees or Medicaid
 680 reimbursement rates for services provided to enrollees who are
 681 residents of the rural county.

682 Section 13. Section 409.816, Florida Statutes, is amended
 683 to read:

684 (Substantial rewording of section. See s. 409.816, F.S.,
 685 for present text.)

686 409.816 Premiums.--

687 (1) SOURCES OF FUNDING.--

688 (a) Premiums for children eligible for Medicaid shall be
 689 funded by Medicaid.

690 (b) Premiums for children eligible for medical assistance
 691 under Title XXI of the Social Security Act shall be funded by
 692 Title XXI federal funds.

693 (c) Premiums for children not eligible for Medicaid or
 694 medical assistance under Title XXI of the Social Security Act
 695 shall be fully paid by the children's families. However, such

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696 premiums may be funded by general revenue or local contributions
697 pursuant to s. 624.91 and subject to specific appropriation.

698 (2) RATES.--The Florida Kidcare program shall set premium
699 rates based on the age, gender, and geographic location of the
700 child and the child's eligibility for enrollment in the
701 Children's Medical Services Network.

702 (3) SEAMLESS TRANSITION.--Enrollees may participate in any
703 managed care plan operating under the Florida Kidcare program or
704 Medicaid regardless of any change in eligibility for premium
705 assistance. If an enrollee's eligibility for premium assistance
706 changes, the program shall change the premium funding source in
707 accordance with the enrollee's new eligibility status and
708 continue to apply the enrollee's premium to the chosen plan. If
709 an enrollee chooses a different plan during the annual plan
710 selection period provided under s. 409.8149, the program shall
711 ensure that the premium funding follows the enrollee to the new
712 plan.

713 (4) COST SHARING.--

714 (a) Enrollees who are eligible for Medicaid shall not pay
715 enrollment fees, premiums, copayments, deductibles, coinsurance,
716 or similar charges.

717 (b) Enrollees who are not eligible for Medicaid and have a
718 family income below 150 percent of the federal poverty level
719 shall pay a share of the premium cost and shall pay \$15 per
720 family per month. Cost sharing may be waived by the Florida
721 Kidcare program when required by Title XXI of the Social
722 Security Act.

723 (c) Enrollees who are not eligible for Medicaid and have a
 724 family income below 200 percent of the federal poverty level
 725 shall pay a share of the premium cost and shall pay \$20 per
 726 family per month. Cost sharing may be waived by the Florida
 727 Kidcare program when required by Title XXI of the Social
 728 Security Act.

729 (d) Enrollees who are not receiving premium assistance
 730 shall pay the full cost of the premium.

731 Section 14. Section 409.817, Florida Statutes, is amended
 732 to read:

733 409.817 Approval of health benefits coverage; financial
 734 assistance.--In order for health insurance coverage other than
 735 Medicaid managed care plans to qualify for premium assistance
 736 payments for an eligible child under ss. 409.810-409.820, the
 737 health benefits coverage must:

738 ~~(1) Be certified by the Office of Insurance Regulation of~~
 739 ~~the Financial Services Commission under s. 409.818 as meeting,~~
 740 ~~exceeding, or being actuarially equivalent to the benchmark~~
 741 ~~benefit plan;~~

742 (1)(2) Be guarantee issued;

743 (2)(3) Be community rated;

744 (3)(4) Not impose any preexisting condition exclusion for
 745 covered benefits; however, group health insurance plans may
 746 permit the imposition of a preexisting condition exclusion, but
 747 only insofar as it is permitted under s. 627.6561;

748 (4)(5) Comply with the applicable limitations on premiums
 749 and cost-sharing in s. 409.816;

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750 (5)~~(6)~~ Comply with the quality assurance and access
 751 standards developed under s. 409.820; and

752 (6)~~(7)~~ Establish periodic open enrollment periods, which
 753 may not occur more frequently than quarterly.

754 Section 15. Paragraph (i) of subsection (1) of section
 755 409.8177, Florida Statutes, is amended to read:

756 409.8177 Program evaluation.--

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

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

772 Section 16. Section 409.818, Florida Statutes, is amended
 773 to read:

774 409.818 Administration.--In order to implement ss.
 775 409.810-409.820, the following agencies shall have the following
 776 duties:

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

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778 (a) Develop a comprehensive, statewide outreach program
779 through the Community Access Network developed by the department
780 that increases enrollment in the Florida Kidcare program by
781 providing multiple access points throughout the state,
782 maximizing shared resources, and partnering with a broad variety
783 of providers, schools, community-based organizations, and local
784 and state agencies.

785 (b) Develop a standardized intake process for all
786 Community Access Network partners that informs applicants about
787 coverage and services available through the Florida Kidcare
788 program and collects all information necessary to assess
789 eligibility for any premium assistance.

790 (c)-(a) Develop a simplified eligibility application
791 process ~~mail in form to be used~~ for determining the eligibility
792 of children for coverage through ~~under~~ the Florida Kidcare
793 program, in consultation with the agency, the Department of
794 Health, and the Florida Healthy Kids Corporation. The department
795 shall collect all information necessary to determine eligibility
796 for premium assistance and provide ~~simplified eligibility~~
797 application form ~~must include an item that provides~~ an
798 opportunity for the applicant to indicate whether coverage is
799 being sought for a child with special health care needs.
800 ~~Families applying for children's Medicaid coverage must also be~~
801 ~~able to use the simplified application form without having to~~
802 ~~pay a premium.~~

803 (d) Determine eligibility for Medicaid. The department may
804 perform this function either directly or through the services of
805 a contracted third-party administrator. The eligibility

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806 determination process must include redetermination or
807 reverification of eligibility every 12 months.

808 (e) Coordinate with the Florida Healthy Kids Corporation
809 to establish a seamless eligibility process for children
810 regardless of funding source.

811 ~~(b) Establish and maintain the eligibility determination~~
812 ~~process under the program except as specified in subsection (5).~~
813 ~~The department shall directly, or through the services of a~~
814 ~~contracted third party administrator, establish and maintain a~~
815 ~~process for determining eligibility of children for coverage~~
816 ~~under the program. The eligibility determination process must be~~
817 ~~used solely for determining eligibility of applicants for health~~
818 ~~benefits coverage under the program. The eligibility~~
819 ~~determination process must include an initial determination of~~
820 ~~eligibility for any coverage offered under the program, as well~~
821 ~~as a redetermination or reverification of eligibility each~~
822 ~~subsequent 6 months. Effective January 1, 1999, a child who has~~
823 ~~not attained the age of 5 and who has been determined eligible~~
824 ~~for the Medicaid program is eligible for coverage for 12 months~~
825 ~~without a redetermination or reverification of eligibility. In~~
826 ~~conducting an eligibility determination, the department shall~~
827 ~~determine if the child has special health care needs. The~~
828 ~~department, in consultation with the Agency for Health Care~~
829 ~~Administration and the Florida Healthy Kids Corporation, shall~~
830 ~~develop procedures for redetermining eligibility which enable a~~
831 ~~family to easily update any change in circumstances which could~~
832 ~~affect eligibility. The department may accept changes in a~~
833 ~~family's status as reported to the department by the Florida~~

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834 ~~Healthy Kids Corporation without requiring a new application~~
835 ~~from the family. Redetermination of a child's eligibility for~~
836 ~~Medicaid may not be linked to a child's eligibility~~
837 ~~determination for other programs.~~

838 (f)(e) Inform program applicants about eligibility
839 determinations and ensure appropriate followup procedures for
840 choice counseling and plan enrollment ~~provide information about~~
841 ~~eligibility of applicants to Medicaid, Medikids, the Children's~~
842 ~~Medical Services Network, and the Florida Healthy Kids~~
843 ~~Corporation, and to insurers and their agents, through a~~
844 ~~centralized coordinating office.~~

845 (g)(d) Adopt such rules as may be necessary for conducting
846 program eligibility and outreach functions.

847 (2) The Department of Health shall determine eligibility
848 for the Children's Medical Services component of the Florida
849 Kidcare program based on a clinical eligibility screening.

850 ~~(a) Design an eligibility intake process for the program,~~
851 ~~in coordination with the Department of Children and Family~~
852 ~~Services, the agency, and the Florida Healthy Kids Corporation.~~
853 ~~The eligibility intake process may include local intake points~~
854 ~~that are determined by the Department of Health in coordination~~
855 ~~with the Department of Children and Family Services.~~

856 ~~(b) Chair a state level coordinating council to review and~~
857 ~~make recommendations concerning the implementation and operation~~
858 ~~of the program. The coordinating council shall include~~
859 ~~representatives from the department, the Department of Children~~
860 ~~and Family Services, the agency, the Florida Healthy Kids~~
861 ~~Corporation, the Office of Insurance Regulation of the Financial~~

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862 ~~Services Commission, local government, health insurers, health~~
863 ~~maintenance organizations, health care providers, families~~
864 ~~participating in the program, and organizations representing~~
865 ~~low income families.~~

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

870 ~~(d) Adopt rules necessary to implement outreach~~
871 ~~activities.~~

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

874 (a) Calculate the premium assistance payment necessary to
875 comply with the premium and cost-sharing limitations specified
876 in s. 409.816. The premium assistance payment for each enrollee
877 in a health insurance plan participating in the Florida Healthy
878 Kids Corporation shall equal the premium approved by the Florida
879 Healthy Kids Corporation and the Office of Insurance Regulation
880 of the Financial Services Commission pursuant to ss. 627.410 and
881 641.31, less any enrollee's share of the premium established
882 within the limitations specified in s. 409.816. ~~The premium~~
883 ~~assistance payment for each enrollee in an employer sponsored~~
884 ~~health insurance plan approved under ss. 409.810 409.820 shall~~
885 ~~equal the premium for the plan adjusted for any benchmark~~
886 ~~benefit plan actuarial equivalent benefit rider approved by the~~
887 ~~Office of Insurance Regulation pursuant to ss. 627.410 and~~
888 ~~641.31, less any enrollee's share of the premium established~~
889 ~~within the limitations specified in s. 409.816. In calculating~~

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890 ~~the premium assistance payment levels for children with family~~
891 ~~coverage, the agency shall set the premium assistance payment~~
892 ~~levels for each child proportionately to the total cost of~~
893 ~~family coverage.~~

894 (b) Provide fiscal management for Title XIX and Title XXI
895 funding for the Florida Kidcare program, distributing funds
896 among Florida Healthy Kids, the Department of Children and
897 Family Services, and the Department of Health based on costs and
898 the participation of children in the plans and programs
899 available to Florida Kidcare program participants.

900 (c) ~~(b)~~ Make premium assistance payments to health
901 insurance plans on a periodic basis. The agency may use its
902 Medicaid fiscal agent or a contracted third-party administrator
903 in making these payments. ~~The agency may require health~~
904 ~~insurance plans that participate in the Medikids program or~~
905 ~~employer sponsored group health insurance to collect premium~~
906 ~~payments from an enrollee's family. Participating health~~
907 ~~insurance plans shall report premium payments collected on~~
908 ~~behalf of enrollees in the program to the agency in accordance~~
909 ~~with a schedule established by the agency.~~

910 (d) ~~(e)~~ Monitor compliance with quality assurance and
911 access standards developed under s. 409.820.

912 (e) ~~(d)~~ Establish a mechanism for investigating and
913 resolving complaints and grievances from program applicants,
914 enrollees, and health benefits coverage providers, and maintain
915 a record of complaints and confirmed problems. In the case of a
916 child who is enrolled in a health maintenance organization, the

917 agency must use the provisions of s. 641.511 to address
 918 grievance reporting and resolution requirements.

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

922 (f) Adopt rules, as necessary, for calculating premium
 923 assistance payment levels, making premium assistance payments,
 924 monitoring access and quality assurance standards, investigating
 925 and resolving complaints and grievances, ~~administering the
 926 Medikids program,~~ and approving health benefits coverage.

927 (g) Seek and implement federal waivers necessary to
 928 implement this section and ss. 409.810-409.820.

929

930 The agency is designated the lead state agency for Title XXI of
 931 the Social Security Act for purposes of receipt of federal
 932 funds, for reporting purposes, and for ensuring compliance with
 933 federal and state regulations and rules.

934 ~~(4) The Office of Insurance Regulation shall certify that
 935 health benefits coverage plans that seek to provide services
 936 under the Florida Kidcare program, except those offered through
 937 the Florida Healthy Kids Corporation or the Children's Medical
 938 Services Network, meet, exceed, or are actuarially equivalent to
 939 the benchmark benefit plan and that health insurance plans will
 940 be offered at an approved rate. In determining actuarial
 941 equivalence of benefits coverage, the Office of Insurance
 942 Regulation and health insurance plans must comply with the
 943 requirements of s. 2103 of Title XXI of the Social Security Act.~~

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944 ~~The department shall adopt rules necessary for certifying health~~
945 ~~benefits coverage plans.~~

946 (4)~~(5)~~ The Florida Healthy Kids Corporation shall retain
947 its functions as authorized in s. 624.91, including eligibility
948 determination for participation in the Florida Kidcare Healthy
949 Kids program. Additionally, the Florida Healthy Kids Corporation
950 shall:

951 (a) Develop and implement a statewide marketing program to
952 promote the Florida Kidcare program. The corporation may
953 contract for marketing services to the extent funds are made
954 available for that specific purpose.

955 (b) Provide comprehensive choice counseling to assist
956 families with eligible children to select and enroll in
957 available plans.

958 (5)~~(6)~~ The agency, the Department of Health, the
959 Department of Children and Family Services, the Florida Healthy
960 Kids Corporation, and the Office of Insurance Regulation, after
961 consultation with and approval of the Speaker of the House of
962 Representatives and the President of the Senate, are authorized
963 to make program modifications that are necessary to overcome any
964 objections of the United States Department of Health and Human
965 Services to obtain approval of the state's child health
966 insurance plan under Title XXI of the Social Security Act.

967 Section 17. Section 409.821, Florida Statutes, is amended
968 to read:

969 409.821 Florida Kidcare program public records
970 exemption.--~~Notwithstanding any other law to the contrary, Any~~
971 information identifying a Florida Kidcare program applicant or

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972 enrollee, as defined in s. 409.811, held by the Agency for
 973 Health Care Administration, the Department of Children and
 974 Family Services, the Department of Health, or the Florida
 975 Healthy Kids Corporation is confidential and exempt from s.
 976 119.07(1) and s. 24(a), Art. I of the State Constitution. Such
 977 information may be disclosed to another governmental entity only
 978 if disclosure is necessary for the entity to perform its duties
 979 and responsibilities under the Florida Kidcare program and shall
 980 be disclosed to the Department of Revenue for purposes of
 981 administering the state Title IV-D program. The receiving
 982 governmental entity must maintain the confidential and exempt
 983 status of such information. Furthermore, such information may
 984 not be released to any person without the written consent of the
 985 program enrollee or the parent or guardian of the enrollee
 986 ~~applicant~~. This exemption applies to any information identifying
 987 a Florida Kidcare program applicant or enrollee held by the
 988 Agency for Health Care Administration, the Department of
 989 Children and Family Services, the Department of Health, or the
 990 Florida Healthy Kids Corporation before, on, or after the
 991 effective date of this exemption. A violation of this section is
 992 a misdemeanor of the second degree, punishable as provided in s.
 993 775.082 or s. 775.083.

994 Section 18. Section 409.822, Florida Statutes, is created
 995 to read:

996 409.822 Florida Kidcare program consolidation.--

997 (1) It is the intent of the Legislature to consolidate the
 998 administration of the Florida Kidcare program to provide a
 999 seamless delivery system of health benefits to uninsured, low-

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1000 income children. It is the further intent of the Legislature
1001 that administration of the program be consolidated under the
1002 fewest entities necessary for the purpose of conducting
1003 marketing and outreach, eligibility determination, premium
1004 collection, contract management of health plans and fiscal
1005 agents, quality assurance and grievance resolution, and fiscal
1006 management of all the components of the Florida Kidcare program.

1007 (2) The agency shall manage the consolidation of all
1008 components of the Florida Kidcare program. The agency shall
1009 develop a comprehensive plan for consolidation and shall submit
1010 the plan to the Governor, the President of the Senate, and the
1011 Speaker of the House of Representatives by November 1, 2009.

1012 (3) Effective July 1, 2010, the agency shall make payments
1013 for medical assistance and related services; manage health plan,
1014 provider, and fiscal agent contracts; collect premiums; develop
1015 and implement quality assurance and grievance resolution
1016 processes; and conduct other fiscal-management activities
1017 relating to all components of the Florida Kidcare program. The
1018 agency shall perform all other functions necessary to administer
1019 the program, except that:

1020 (a) The department shall conduct eligibility determination
1021 for all components of the Florida Kidcare program. All
1022 correspondence regarding eligibility shall be identified solely
1023 with the Florida Kidcare program.

1024 (b) The department shall develop and distribute marketing
1025 and outreach materials to educate families about the Florida
1026 Kidcare program. Marketing and outreach materials shall present
1027 the Florida Kidcare program as a single program and explain that

1028 the family's information is collected in order to determine
 1029 whether the family is eligible for a premium discount or for
 1030 full premium assistance.

1031 (c) The department shall provide a single toll-free
 1032 telephone line for a customer service call center to access
 1033 account information and provide general Florida Kidcare program
 1034 information.

1035 (4) The agency shall seek federal waiver approval or
 1036 amendments to the Medicaid state plan and Title XXI state plan
 1037 that are necessary to implement the initiative as specified in
 1038 this section.

1039 (5) The agency shall contract with an independent third
 1040 party to evaluate the effects of the policy changes provided by
 1041 this section. The evaluation shall specifically include an
 1042 assessment of enrollment expansion, enrollment process
 1043 simplification, component transition simplification, increased
 1044 choice, and administrative simplification. The evaluation shall
 1045 analyze the organizational structure of the Florida Kidcare
 1046 program and make recommendations regarding specific changes that
 1047 should be made, including statutory changes. The agency shall
 1048 submit the evaluation to the Governor, the President of the
 1049 Senate, and the Speaker of the House of Representatives by
 1050 November 1, 2009.

1051 (6) The Senate and the House of Representatives may,
 1052 pursuant to the rules of each house, appoint a select
 1053 legislative advisory committee to advise the Legislature
 1054 regarding the expiration of the Florida Healthy Kids Corporation
 1055 Act.

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1056 Section 19. Section 624.91, Florida Statutes, is amended
 1057 to read:

1058 624.91 The Florida Healthy Kids Corporation Act.--

1059 (1) SHORT TITLE.--This section may be cited as the
 1060 "William G. 'Doc' Myers Healthy Kids Corporation Act."

1061 (2) LEGISLATIVE INTENT.--

1062 (a) The Legislature finds that increased access to health
 1063 care services could improve children's health and reduce the
 1064 incidence and costs of childhood illness and disabilities among
 1065 children in this state. Many children do not have comprehensive,
 1066 affordable health care services available. It is the intent of
 1067 the Legislature that the Florida Healthy Kids Corporation
 1068 provide quality comprehensive health insurance coverage to such
 1069 children. The corporation is encouraged to cooperate with any
 1070 existing health service programs funded by the public or the
 1071 private sector.

1072 (b) It is the intent of the Legislature that the Florida
 1073 Healthy Kids Corporation serve as one of several providers of
 1074 services to children eligible for medical assistance under Title
 1075 XXI of the Social Security Act. ~~Although the corporation may~~
 1076 ~~serve other children, the Legislature intends the primary~~
 1077 ~~recipients of services provided through the corporation be~~
 1078 ~~school age children with a family income below 200 percent of~~
 1079 ~~the federal poverty level, who do not qualify for Medicaid.~~ It
 1080 is also the intent of the Legislature that state and local
 1081 government Florida Healthy Kids funds be used to continue
 1082 coverage, subject to specific appropriations in the General

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1083 Appropriations Act, to children not eligible for federal
 1084 matching funds under Title XIX and Title XXI.

1085 (3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.--~~Only the~~
 1086 ~~following~~ Individuals are eligible for premium state-funded
 1087 assistance with in paying Florida Kidcare program ~~Healthy Kids~~
 1088 ~~premiums+~~

1089 ~~(a) Residents of this state who are eligible for the~~
 1090 ~~Florida Kidcare program pursuant to s. 409.814.~~

1091 ~~(b) Notwithstanding s. 409.814, legal aliens who are~~
 1092 ~~enrolled in the Florida Healthy Kids program as of January 31,~~
 1093 ~~2004, who do not qualify for Title XXI federal funds because~~
 1094 ~~they are not qualified aliens as defined in s. 409.811.~~

1095 (4) NONENTITLEMENT.--Nothing in this section shall be
 1096 construed as providing an individual with an entitlement to
 1097 health care services. No cause of action shall arise against the
 1098 state, the Florida Healthy Kids Corporation, or a unit of local
 1099 government for failure to make health services available under
 1100 this section.

1101 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

1102 (a) There is created the Florida Healthy Kids Corporation,
 1103 a not-for-profit corporation.

1104 (b) The Florida Healthy Kids Corporation shall:

1105 1. Arrange for the collection of any family, local
 1106 contributions, or employer payment or premium, in an amount to
 1107 be determined by the board of directors, to provide for payment
 1108 of premiums for comprehensive insurance coverage and for the
 1109 actual or estimated administrative expenses.

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1110 2. Arrange for the collection of any voluntary
 1111 contributions to provide for payment of premiums for children
 1112 who are ~~not~~ eligible for premium medical assistance in
 1113 accordance with ss. 409.8141 and 409.816 ~~under Title XXI of the~~
 1114 ~~Social Security Act.~~

1115 3. Subject to the provisions of s. 409.8134, accept
 1116 voluntary supplemental local match contributions that comply
 1117 with the requirements of Title XXI of the Social Security Act
 1118 for the purpose of providing additional coverage in contributing
 1119 counties under Title XXI.

1120 4. Establish the administrative and accounting procedures
 1121 for the operation of the corporation.

1122 5. Establish, with consultation from appropriate
 1123 professional organizations, standards for preventive health
 1124 services and providers and comprehensive insurance benefits
 1125 appropriate to children, provided that such standards for rural
 1126 areas shall not limit primary care providers to board-certified
 1127 pediatricians.

1128 6. Determine eligibility for premium assistance financed
 1129 by any source other than Title XIX of the Social Security Act
 1130 ~~children seeking to participate in the Title XXI-funded~~
 1131 ~~components of the Florida Kidcare program consistent with the~~
 1132 ~~requirements specified in s. 409.814, as well as the non Title-~~
 1133 ~~XXI-eligible children as provided in subsection (3).~~

1134 7. Establish procedures under which providers of local
 1135 match to, applicants to and participants in the program may have
 1136 grievances reviewed by an impartial body and reported to the
 1137 board of directors of the corporation.

1138 8. Establish participation criteria and, if appropriate,
 1139 contract with an authorized insurer, health maintenance
 1140 organization, or third-party administrator to provide
 1141 administrative services to the corporation.

1142 9. Establish enrollment criteria which shall include
 1143 penalties or waiting periods of not fewer than 60 days for
 1144 reinstatement of coverage upon voluntary cancellation for
 1145 nonpayment of family premiums.

1146 10. Contract with authorized insurers or any provider of
 1147 health care services, meeting standards established by the
 1148 corporation, for the provision of comprehensive insurance
 1149 coverage to participants. Such standards shall include criteria
 1150 under which the corporation may contract with more than one
 1151 provider of health care services in program sites. Health plans
 1152 shall be selected through a competitive bid process. The Florida
 1153 Healthy Kids Corporation shall purchase goods and services in
 1154 the most cost-effective manner consistent with the delivery of
 1155 quality medical care. The maximum administrative cost for a
 1156 Florida Healthy Kids Corporation contract shall be 15 percent.
 1157 For health care contracts, the minimum medical loss ratio for a
 1158 Florida Healthy Kids Corporation contract shall be 85 percent.
 1159 For dental contracts, the remaining compensation to be paid to
 1160 the authorized insurer or provider under a Florida Healthy Kids
 1161 Corporation contract shall be no less than an amount which is 85
 1162 percent of premium; to the extent any contract provision does
 1163 not provide for this minimum compensation, this section shall
 1164 prevail. The health plan selection criteria and scoring system,

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1165 and the scoring results, shall be available upon request for
1166 inspection after the bids have been awarded.

1167 11. Establish disenrollment criteria in the event local
1168 matching funds are insufficient to cover enrollments.

1169 12. Develop and implement a plan to publicize the Florida
1170 Kidcare program ~~Healthy Kids Corporation~~, the eligibility
1171 requirements of the program, and the procedures for enrollment
1172 in the program and to maintain public awareness of the
1173 corporation and the program.

1174 13. Secure staff necessary to properly administer the
1175 corporation. Staff costs shall be funded from state and local
1176 matching funds and such other private or public funds as become
1177 available. The board of directors shall determine the number of
1178 staff members necessary to administer the corporation.

1179 14. Provide a report annually to the Governor, Chief
1180 Financial Officer, Commissioner of Education, Senate President,
1181 Speaker of the House of Representatives, and Minority Leaders of
1182 the Senate and the House of Representatives.

1183 15. Establish benefit packages which conform to the
1184 provisions of the Florida Kidcare program, as created in ss.
1185 409.810-409.820.

1186 (c) Coverage under the corporation's program is secondary
1187 to any other available private coverage held by, or applicable
1188 to, the participant child or family member. Insurers under
1189 contract with the corporation are the payors of last resort and
1190 must coordinate benefits with any other third-party payor that
1191 may be liable for the participant's medical care.

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1192 (d) The Florida Healthy Kids Corporation shall be a
 1193 private corporation not for profit, organized pursuant to
 1194 chapter 617, and shall have all powers necessary to carry out
 1195 the purposes of this act, including, but not limited to, the
 1196 power to receive and accept grants, loans, or advances of funds
 1197 from any public or private agency and to receive and accept from
 1198 any source contributions of money, property, labor, or any other
 1199 thing of value, to be held, used, and applied for the purposes
 1200 of this act.

1201 (6) BOARD OF DIRECTORS.--

1202 (a) The Florida Healthy Kids Corporation shall operate
 1203 subject to the supervision and approval of a board of directors
 1204 chaired by the Chief Financial Officer or her or his designee,
 1205 and composed of 10 other members selected for 3-year terms of
 1206 office as follows:

1207 1. The Secretary of Health Care Administration, or his or
 1208 her designee;

1209 2. One member appointed by the Commissioner of Education
 1210 from the Office of School Health Programs of the Florida
 1211 Department of Education;

1212 3. One member appointed by the Chief Financial Officer
 1213 from among three members nominated by the Florida Pediatric
 1214 Society;

1215 4. One member, appointed by the Governor, who represents
 1216 the Children's Medical Services Program;

1217 5. One member appointed by the Chief Financial Officer
 1218 from among three members nominated by the Florida Hospital
 1219 Association;

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1220 6. One member, appointed by the Governor, who is an expert
1221 on child health policy;

1222 7. One member, appointed by the Chief Financial Officer,
1223 from among three members nominated by the Florida Academy of
1224 Family Physicians;

1225 8. One member, appointed by the Governor, who represents
1226 the state Medicaid program;

1227 9. One member, appointed by the Chief Financial Officer,
1228 from among three members nominated by the Florida Association of
1229 Counties; and

1230 10. The State Health Officer or her or his designee.

1231 (b) A member of the board of directors may be removed by
1232 the official who appointed that member. The board shall appoint
1233 an executive director, who is responsible for other staff
1234 authorized by the board.

1235 (c) Board members are entitled to receive, from funds of
1236 the corporation, reimbursement for per diem and travel expenses
1237 as provided by s. 112.061.

1238 (d) There shall be no liability on the part of, and no
1239 cause of action shall arise against, any member of the board of
1240 directors, or its employees or agents, for any action they take
1241 in the performance of their powers and duties under this act.

1242 (7) LICENSING NOT REQUIRED; FISCAL OPERATION.--

1243 (a) The corporation shall not be deemed an insurer. The
1244 officers, directors, and employees of the corporation shall not
1245 be deemed to be agents of an insurer. Neither the corporation
1246 nor any officer, director, or employee of the corporation is
1247 subject to the licensing requirements of the insurance code or

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1248 the rules of the Department of Financial Services. However, any
 1249 marketing representative utilized and compensated by the
 1250 corporation must be appointed as a representative of the
 1251 insurers or health services providers with which the corporation
 1252 contracts.

1253 (b) The board has complete fiscal control over the
 1254 corporation and is responsible for all corporate operations.

1255 (c) The Department of Financial Services shall supervise
 1256 any liquidation or dissolution of the corporation and shall
 1257 have, with respect to such liquidation or dissolution, all power
 1258 granted to it pursuant to the insurance code.

1259 (8) ACCESS TO RECORDS; CONFIDENTIALITY;
 1260 PENALTIES.--Notwithstanding any other laws to the contrary, the
 1261 Florida Healthy Kids Corporation shall have access to the
 1262 medical records of a student upon receipt of permission from a
 1263 parent or guardian of the student. Such medical records may be
 1264 maintained by state and local agencies. Any identifying
 1265 information, including medical records and family financial
 1266 information, obtained by the corporation pursuant to this
 1267 subsection is confidential and is exempt from the provisions of
 1268 s. 119.07(1). Neither the corporation nor the staff or agents of
 1269 the corporation may release, without the written consent of the
 1270 participant or the parent or guardian of the participant, to any
 1271 state or federal agency, to any private business or person, or
 1272 to any other entity, any confidential information received
 1273 pursuant to this subsection. A violation of this subsection is a
 1274 misdemeanor of the second degree, punishable as provided in s.
 1275 775.082 or s. 775.083.

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1276 (9) VENUE.--The venue for all civil and administrative
1277 actions against the Florida Healthy Kids Corporation shall be in
1278 Leon County.

1279 Section 20. Effective July 1, 2010, section 624.91,
1280 Florida Statutes, as amended by this act, is repealed.

1281 Section 21. This act shall take effect July 1, 2007.