

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; requiring the corporation to establish
 59 | penalties or waiting periods for reinstatement of coverage
 60 | under certain circumstances and subject to an
 61 | appropriation; specifying venue for civil and
 62 | administrative actions against the corporation; providing
 63 | for future repeal; providing appropriations; providing an
 64 | effective date.

65 |

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

67 |

68 | Section 1. Subsection (4) of section 408.915, Florida
 69 | Statutes, is amended to read:

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

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

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

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

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

81 | (c)(d) Eligibility for Florida Kidcare services outside of
 82 | the scope of Title XIX or Title XXI of the Social Security Act
 83 | as provided in s. 409.814.

84 ~~(d)(e)~~ State and local publicly funded health and social
 85 services programs as determined appropriate by the steering
 86 committee.

87 Section 2. Paragraph (a) of subsection (9) of section
 88 409.1451, Florida Statutes, is amended to read:

89 409.1451 Independent living transition services.--

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

95 (a) A young adult who was formerly in foster care at the
 96 time of his or her 18th birthday and who is 18 years of age but
 97 not yet 19~~7~~ shall pay the premium for the Florida Kidcare
 98 program as required in s. 409.8141 ~~409.814~~.

99 Section 3. Section 409.811, Florida Statutes, is amended
 100 to read:

101 409.811 Definitions relating to Florida Kidcare Act.--As
 102 used in ss. 409.810-409.820, the term:

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

104 ~~(a) The aggregate value of the benefits included in health~~
 105 ~~benefits coverage is equal to the value of the benefits in the~~
 106 ~~benchmark benefit plan; and~~

107 ~~(b) The benefits included in health benefits coverage are~~
 108 ~~substantially similar to the benefits included in the benchmark~~
 109 ~~benefit plan, except that preventive health services must be the~~
 110 ~~same as in the benchmark benefit plan.~~

CS/HB 7189

2007

111 ~~(1)-(2)~~ "Agency" means the Agency for Health Care
112 Administration.

113 ~~(2)-(3)~~ "Applicant" means a parent or guardian of a child
114 or a child whose disability of nonage has been removed under
115 chapter 743, who applies for determination of eligibility for
116 health benefits coverage under ss. 409.810-409.820.

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

119 ~~(3)-(5)~~ "Child" means any person under 19 years of age.

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

132 ~~(5)-(7)~~ "Children's Medical Services Network" or "network"
133 means a statewide managed care service system as defined in s.
134 391.021(1).

135 ~~(6)-(8)~~ "Community rate" means a method used to develop
136 premiums for a health insurance plan that spreads financial risk
137 across a large population and allows adjustments only for age,
138 gender, family composition, and geographic area.

139 (7)~~(9)~~ "Department" means the Department of Health.

140 (8)~~(10)~~ "Enrollee" means a child who has been determined
 141 eligible for and is receiving coverage under ss. 409.810-
 142 409.820.

143 (9)~~(11)~~ "Family" means the group or the individuals whose
 144 income is considered in determining eligibility for the Florida
 145 Kidcare program. The family includes a child with a custodial
 146 parent or caretaker relative who resides in the same house or
 147 living unit or, in the case of a child whose disability of
 148 nonage has been removed under chapter 743, the child. The family
 149 may also include other individuals whose income and resources
 150 are considered in whole or in part in determining eligibility of
 151 the child.

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

158 (11)~~(13)~~ "Florida Kidcare program," "Kidcare program," or
 159 "program" means the health benefits program administered through
 160 ss. 409.810-409.820.

161 (12)~~(14)~~ "Guarantee issue" means that health benefits
 162 coverage must be offered to an individual regardless of the
 163 individual's health status, preexisting condition, or claims
 164 history.

165 (13)~~(15)~~ "Health benefits coverage" means protection that
 166 provides payment of benefits for covered health care services or

167 that otherwise provides, either directly or through arrangements
 168 with other persons, covered health care services on a prepaid
 169 per capita basis or on a prepaid aggregate fixed-sum basis.

170 (14)~~(16)~~ "Health insurance plan" means health benefits
 171 coverage under the following:

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

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

184 (15)~~(17)~~ "Medicaid" means the medical assistance program
 185 authorized by Title XIX of the Social Security Act, and
 186 regulations thereunder, and ss. 409.901-409.920, as administered
 187 in this state by the agency.

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

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

196 (b) Provided in accordance with generally accepted
 197 standards of medical practice;

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

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

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

205 ~~(19) "Medikids" means a component of the Florida Kidcare~~
 206 ~~program of medical assistance authorized by Title XXI of the~~
 207 ~~Social Security Act, and regulations thereunder, and s.~~
 208 ~~409.8132, as administered in the state by the agency.~~

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

215 (18) ~~(21)~~ "Premium" means the entire cost of a health
 216 insurance plan, including the administration fee or the risk
 217 assumption charge.

218 (19) ~~(22)~~ "Premium assistance payment" means the monthly
 219 consideration paid by the agency per enrollee in the Florida
 220 Kidcare program towards health insurance premiums.

221 ~~(20)-(23)~~ "Qualified alien" means an alien as defined in s.
 222 431 of the Personal Responsibility and Work Opportunity
 223 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

224 ~~(21)-(24)~~ "Resident" means a United States citizen, or
 225 qualified alien, who is domiciled in this state.

226 ~~(22)-(25)~~ "Rural county" means a county having a population
 227 density of fewer ~~less~~ than 100 persons per square mile, or a
 228 county defined by the most recent United States Census as rural,
 229 ~~in which there is no prepaid health plan participating in the~~
 230 ~~Medicaid program as of July 1, 1998.~~

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

239 Section 4. Section 409.812, Florida Statutes, is amended
 240 to read:

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

248 Section 5. Section 409.813, Florida Statutes, is amended
 249 to read:

250 409.813 Program components; entitlement and
 251 nonentitlement.--The Florida Kidcare program includes health
 252 benefits coverage provided to children through the following
 253 program components, which shall be marketed as the Florida
 254 Kidcare program:

- 255 (1) Medicaid;
- 256 ~~(2) Medikids as created in s. 409.8132;~~
- 257 (2)(3) The Florida Healthy Kids Corporation as created in
 258 s. 624.91; and

259 ~~(4) Employer sponsored group health insurance plans~~
 260 ~~approved under ss. 409.810-409.820; and~~

261 (3)(5) The Children's Medical Services network established
 262 in chapter 391.

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

271 Section 6. Section 409.8132, Florida Statutes, is
 272 repealed.

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

275 409.8134 Program expenditure ceiling.--

276 (2) ~~The Florida Kidcare program may conduct enrollment at~~
277 ~~any time throughout the year for the purpose of enrolling~~
278 ~~children eligible for all program components listed in s.~~
279 ~~409.813 except Medicaid. The four Florida Kidcare administrators~~
280 ~~shall work together to ensure that the year-round enrollment~~
281 ~~period is announced statewide. Eligible children shall be~~
282 ~~enrolled on a first come, first served basis using the date the~~
283 ~~enrollment application is received. Enrollment shall immediately~~
284 ~~cease when the expenditure ceiling is reached. Year-round~~
285 ~~enrollment shall only be held if the Social Services Estimating~~
286 ~~Conference determines that sufficient federal and state funds~~
287 ~~will be available to finance the increased enrollment through~~
288 ~~federal fiscal year 2007. Any individual who is not enrolled~~
289 ~~must reapply by submitting a new application. The application~~
290 ~~for the Florida Kidcare program shall be valid for a period of~~
291 ~~120 days after the date it was received. At the end of the 120-~~
292 ~~day period, if the applicant has not been enrolled in the~~
293 ~~program, the application shall be invalid and the applicant~~
294 ~~shall be notified of the action. The applicant may resubmit the~~
295 ~~application after notification of the action taken by the~~
296 ~~program.~~ Except for the Medicaid program, whenever the Social
297 Services Estimating Conference determines that there are
298 presently, or will be by the end of the current fiscal year,
299 insufficient funds to finance the current or projected
300 enrollment in the Florida Kidcare program, all ~~additional~~
301 enrollment must cease and ~~additional enrollment~~ may not resume
302 until sufficient funds are available to finance the ~~such~~
303 enrollment.

304 Section 8. Section 409.814, Florida Statutes, is amended
 305 to read:

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

308 409.814 Eligibility.--

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

310 (a) To be eligible for the Florida Kidcare program, a
 311 child must be:

312 1. A resident of the state.

313 2. Under 19 years of age.

314 3. Uninsured at the time of application.

315 (b) Once a child is enrolled in the Florida Kidcare
 316 program, the child is eligible for coverage under the program
 317 for 12 months without redetermination or reverification of
 318 eligibility.

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

325 Section 9. Section 409.8141, Florida Statutes, is created
 326 to read:

327 409.8141 Premium assistance.--

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

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

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

336 (2) The Florida Kidcare program may provide premium
 337 assistance for enrollees who do not reside in a household where
 338 the family income is equal to or less than 200 percent of the
 339 federal poverty level, who are noncitizens, who are not
 340 qualified aliens, or who are children of state employees. Such
 341 premium assistance may be funded by general revenue or local
 342 contributions pursuant to s. 624.91 and is subject to specific
 343 appropriation. If the program does not provide such premium
 344 assistance, enrollees not meeting the eligibility requirements
 345 of subsection (1) shall pay the full cost of the premium and are
 346 not required to document income.

347 (3) Eligibility for premium assistance shall be verified
 348 for each applicant and enrollee during the application and
 349 reverification processes based on:

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

CS/HB 7189

2007

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

361 (4) Once a child is found eligible for premium assistance,
362 the child shall receive premium assistance for 12 months without
363 reverification of eligibility if the family continues to
364 participate in any applicable cost-sharing pursuant to s.
365 409.816. The Florida Kidcare program shall conduct an annual
366 eligibility reverification for each enrollee eligible for
367 premium assistance.

368 Section 10. Section 409.8142, Florida Statutes, is created
369 to read:

370 409.8142 Penalties.--

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

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

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

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

396 Section 11. Section 409.8149, Florida Statutes, is created
397 to read:

398 409.8149 Enrollment; plan choice; choice counseling.--

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

414 (2) PLAN CHOICE.--

415 (a) Each enrollee shall have 30 days after the date of
416 enrollment to voluntarily choose a benefit plan. A child with
417 special health care needs as determined through clinical
418 eligibility screening by the Department of Health pursuant to s.
419 409.818(2) shall be assigned to the Children's Medical Services
420 Network and may opt out of the Children's Medical Services
421 Network. Enrollees may choose the Children's Medical Services
422 Network or any managed care plan operating in the Medicaid
423 program or any plan selected pursuant to s. 624.91 in the
424 geographical area in which the enrollee resides. An enrollee
425 eligible for Medicaid may also choose the Medicaid fee-for-
426 service program.

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

436 (c) Upon selection or assignment, an enrollee shall have
437 90 days during which to voluntarily disenroll from a benefit
438 plan and select another.

439 (d) Upon the anniversary of enrollment, each enrollee may
440 voluntarily select another benefit plan. The Florida Kidcare

441 program shall notify enrollees of their annual open enrollment
 442 options 60 days prior to the anniversary of initial enrollment.

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

450 Section 12. Section 409.815, Florida Statutes, is amended
 451 to read:

452 409.815 Health benefits coverage, ~~limitations~~.--

453 (1) ~~MEDICAID BENEFITS.--For purposes of the Florida~~
 454 ~~Kidcare program,~~ Benefits available under all Florida Kidcare
 455 components shall meet the federal Medicaid Early and Periodic
 456 Screening, Diagnosis, and Treatment (EPSDT) program standards
 457 ~~and Medikids~~ include those goods and services provided under the
 458 medical assistance program authorized by Title XIX of the Social
 459 Security Act, and regulations thereunder, as administered in
 460 this state by the agency. This includes those mandatory Medicaid
 461 services authorized under s. 409.905 and optional Medicaid
 462 services authorized under s. 409.906, rendered on behalf of
 463 eligible individuals by qualified providers, in accordance with
 464 federal requirements for Title XIX, subject to any limitations
 465 or directions provided for in the General Appropriations Act or
 466 chapter 216, and according to methodologies and limitations set
 467 forth in agency rules and policy manuals and handbooks
 468 incorporated by reference thereto.

469 ~~(2) BENCHMARK BENEFITS. In order for health benefits~~
470 ~~coverage to qualify for premium assistance payments for an~~
471 ~~eligible child under ss. 409.810-409.820, the health benefits~~
472 ~~coverage, except for coverage under Medicaid and Medikids, must~~
473 ~~include the following minimum benefits, as medically necessary.~~
474 ~~(a) Preventive health services. Covered services include:~~
475 ~~1. Well child care, including services recommended in the~~
476 ~~Guidelines for Health Supervision of Children and Youth as~~
477 ~~developed by the American Academy of Pediatrics;~~
478 ~~2. Immunizations and injections;~~
479 ~~3. Health education counseling and clinical services;~~
480 ~~4. Vision screening; and~~
481 ~~5. Hearing screening.~~
482 ~~(b) Inpatient hospital services. All covered services~~
483 ~~provided for the medical care and treatment of an enrollee who~~
484 ~~is admitted as an inpatient to a hospital licensed under part I~~
485 ~~of chapter 395, with the following exceptions:~~
486 ~~1. All admissions must be authorized by the enrollee's~~
487 ~~health benefits coverage provider.~~
488 ~~2. The length of the patient stay shall be determined~~
489 ~~based on the medical condition of the enrollee in relation to~~
490 ~~the necessary and appropriate level of care.~~
491 ~~3. Room and board may be limited to semiprivate~~
492 ~~accommodations, unless a private room is considered medically~~
493 ~~necessary or semiprivate accommodations are not available.~~
494 ~~4. Admissions for rehabilitation and physical therapy are~~
495 ~~limited to 15 days per contract year.~~

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

501 ~~(d) Maternity services. Covered services include~~
 502 ~~maternity and newborn care, including prenatal and postnatal~~
 503 ~~care, with the following limitations:~~

504 ~~1. Coverage may be limited to the fee for vaginal~~
 505 ~~deliveries; and~~

506 ~~2. Initial inpatient care for newborn infants of enrolled~~
 507 ~~adolescents shall be covered, including normal newborn care,~~
 508 ~~nursery charges, and the initial pediatric or neonatal~~
 509 ~~examination, and the infant may be covered for up to 3 days~~
 510 ~~following birth.~~

511 ~~(e) Organ transplantation services. Covered services~~
 512 ~~include pretransplant, transplant, and postdischarge services~~
 513 ~~and treatment of complications after transplantation for~~
 514 ~~transplants deemed necessary and appropriate within the~~
 515 ~~guidelines set by the Organ Transplant Advisory Council under s.~~
 516 ~~765.53 or the Bone Marrow Transplant Advisory Panel under s.~~
 517 ~~627.4236.~~

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

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

525 ~~2. Treatment for temporomandibular joint disease (TMJ) is~~
526 ~~specifically excluded.~~

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

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

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

536 ~~b. Outpatient services, including outpatient visits for~~
537 ~~psychological or psychiatric evaluation, diagnosis, and~~
538 ~~treatment by a licensed mental health professional, limited to a~~
539 ~~maximum of 40 outpatient visits each contract year.~~

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

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

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

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

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

552 ~~2. Corrective lenses and frames may be limited to one pair~~

553 ~~every 2 years, unless the prescription or head size of the~~

554 ~~enrollee changes.~~

555 ~~3. Hearing aids shall be covered only when medically~~

556 ~~indicated to assist in the treatment of a medical condition.~~

557 ~~4. Covered prosthetic devices include artificial eyes and~~

558 ~~limbs, braces, and other artificial aids.~~

559 ~~(i) Health practitioner services. Covered services~~

560 ~~include services and procedures rendered to an enrollee when~~

561 ~~performed to diagnose and treat diseases, injuries, or other~~

562 ~~conditions, including care rendered by health practitioners~~

563 ~~acting within the scope of their practice, with the following~~

564 ~~exceptions:~~

565 ~~1. Chiropractic services shall be provided in the same~~

566 ~~manner as in the Florida Medicaid program.~~

567 ~~2. Podiatric services may be limited to one visit per day~~

568 ~~totaling two visits per month for specific foot disorders.~~

569 ~~(j) Home health services. Covered services include~~

570 ~~prescribed home visits by both registered and licensed practical~~

571 ~~nurses to provide skilled nursing services on a part-time~~

572 ~~intermittent basis, subject to the following limitations:~~

573 ~~1. Coverage may be limited to include skilled nursing~~

574 ~~services only;~~

575 ~~2. Meals, housekeeping, and personal comfort items may be~~

576 ~~excluded; and~~

577 ~~3. Private duty nursing is limited to circumstances where~~

578 ~~such care is medically necessary.~~

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

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

585 ~~2. Services required for conditions totally unrelated to~~
586 ~~the terminal condition are covered to the extent that the~~
587 ~~services are included in this section.~~

588 ~~(l) Laboratory and X ray services. Covered services~~
589 ~~include diagnostic testing, including clinical radiologic,~~
590 ~~laboratory, and other diagnostic tests.~~

591 ~~(m) Nursing facility services. Covered services include~~
592 ~~regular nursing services, rehabilitation services, drugs and~~
593 ~~biologicals, medical supplies, and the use of appliances and~~
594 ~~equipment furnished by the facility, with the following~~
595 ~~limitations:~~

596 ~~1. All admissions must be authorized by the health~~
597 ~~benefits coverage provider.~~

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

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

605 ~~4. Specialized treatment centers and independent kidney~~
606 ~~disease treatment centers are excluded.~~

607 ~~5. Private duty nurses, television, and custodial care are~~
 608 ~~excluded.~~

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

611 ~~(n) Prescribed drugs.~~

612 ~~1. Coverage shall include drugs prescribed for the~~
 613 ~~treatment of illness or injury when prescribed by a licensed~~
 614 ~~health practitioner acting within the scope of his or her~~
 615 ~~practice.~~

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

620 ~~3. Prescribed drugs covered under this section shall~~
 621 ~~include all prescribed drugs covered under the Florida Medicaid~~
 622 ~~program.~~

623 ~~(o) Therapy services. Covered services include~~
 624 ~~rehabilitative services, including occupational, physical,~~
 625 ~~respiratory, and speech therapies, with the following~~
 626 ~~limitations:~~

627 ~~1. Services must be for short term rehabilitation where~~
 628 ~~significant improvement in the enrollee's condition will result,~~
 629 ~~and~~

630 ~~2. Services shall be limited to not more than 24 treatment~~
 631 ~~sessions within a 60 day period per episode or injury, with the~~
 632 ~~60 day period beginning with the first treatment.~~

633 ~~(p) Transportation services. Covered services include~~
634 ~~emergency transportation required in response to an emergency~~
635 ~~situation.~~

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

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

642 ~~(s) Cost sharing. Cost sharing provisions must comply~~
643 ~~with s. 409.816.~~

644 ~~(t) Exclusions.~~

645 ~~1. Experimental or investigational procedures that have~~
646 ~~not been clinically proven by reliable evidence are excluded;~~

647 ~~2. Services performed for cosmetic purposes only or for~~
648 ~~the convenience of the enrollee are excluded; and~~

649 ~~3. Abortion may be covered only if necessary to save the~~
650 ~~life of the mother or if the pregnancy is the result of an act~~
651 ~~of rape or incest.~~

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

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

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

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

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

671 (a)~~1.~~ Except as expressly provided in this section, a law
672 requiring coverage for a specific health care service or
673 benefit, or a law requiring reimbursement, utilization, or
674 consideration of a specific category of licensed health care
675 practitioner, does not apply to a health insurance plan policy
676 or contract offered or delivered under ss. 409.810-409.820
677 unless that law is made expressly applicable to such policies or
678 contracts.

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

686 Section 13. Section 409.816, Florida Statutes, is amended
687 to read:

688 (Substantial rewording of section. See s. 409.816, F.S.,
 689 for present text.)
 690 409.816 Premiums.--
 691 (1) SOURCES OF FUNDING.--
 692 (a) Premiums for children eligible for Medicaid shall be
 693 funded by Medicaid.
 694 (b) Premiums for children eligible for medical assistance
 695 under Title XXI of the Social Security Act shall be funded by
 696 Title XXI federal funds.
 697 (c) Premiums for children not eligible for Medicaid or
 698 medical assistance under Title XXI of the Social Security Act
 699 shall be fully paid by the children's families. However, such
 700 premiums may be funded by general revenue or local contributions
 701 pursuant to s. 624.91 and subject to specific appropriation.
 702 (2) RATES.--The Florida Kidcare program shall set premium
 703 rates based on the age, gender, and geographic location of the
 704 child and the child's eligibility for enrollment in the
 705 Children's Medical Services Network.
 706 (3) SEAMLESS TRANSITION.--Enrollees may participate in any
 707 managed care plan operating under the Florida Kidcare program or
 708 Medicaid regardless of any change in eligibility for premium
 709 assistance. If an enrollee's eligibility for premium assistance
 710 changes, the program shall change the premium funding source in
 711 accordance with the enrollee's new eligibility status and
 712 continue to apply the enrollee's premium to the chosen plan. If
 713 an enrollee chooses a different plan during the annual plan
 714 selection period provided under s. 409.8149, the program shall

715 ensure that the premium funding follows the enrollee to the new
716 plan.

717 (4) COST SHARING.--

718 (a) Enrollees who are eligible for Medicaid shall not pay
719 enrollment fees, premiums, copayments, deductibles, coinsurance,
720 or similar charges.

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

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

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

735 Section 14. Section 409.817, Florida Statutes, is amended
736 to read:

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

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

746 (1)~~(2)~~ Be guarantee issued;

747 (2)~~(3)~~ Be community rated;

748 (3)~~(4)~~ Not impose any preexisting condition exclusion for
 749 covered benefits; however, group health insurance plans may
 750 permit the imposition of a preexisting condition exclusion, but
 751 only insofar as it is permitted under s. 627.6561;

752 (4)~~(5)~~ Comply with the applicable limitations on premiums
 753 and cost-sharing in s. 409.816;

754 (5)~~(6)~~ Comply with the quality assurance and access
 755 standards developed under s. 409.820; and

756 (6)~~(7)~~ Establish periodic open enrollment periods, which
 757 may not occur more frequently than quarterly.

758 Section 15. Paragraph (i) of subsection (1) of section
 759 409.8177, Florida Statutes, is amended to read:

760 409.8177 Program evaluation.--

761 (1) The agency, in consultation with the Department of
 762 Health, the Department of Children and Family Services, and the
 763 Florida Healthy Kids Corporation, shall contract for an
 764 evaluation of the Florida Kidcare program and shall by January 1
 765 of each year submit to the Governor, the President of the
 766 Senate, and the Speaker of the House of Representatives a report
 767 of the program. In addition to the items specified under s. 2108
 768 of Title XXI of the Social Security Act, the report shall

769 include an assessment of crowd-out and access to health care, as
 770 well as the following:

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

776 Section 16. Section 409.818, Florida Statutes, is amended
 777 to read:

778 409.818 Administration.--In order to implement ss.
 779 409.810-409.820, the following agencies shall have the following
 780 duties:

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

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

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

794 (c) ~~(a)~~ Develop a simplified eligibility application
 795 process ~~mail-in form to be used~~ for determining the eligibility
 796 of children for coverage through ~~under~~ the Florida Kidcare

797 program, in consultation with the agency, the Department of
798 Health, and the Florida Healthy Kids Corporation. The department
799 shall collect all information necessary to determine eligibility
800 for premium assistance and provide ~~simplified eligibility~~
801 ~~application form must include an item that provides an~~
802 opportunity for the applicant to indicate whether coverage is
803 being sought for a child with special health care needs.
804 ~~Families applying for children's Medicaid coverage must also be~~
805 ~~able to use the simplified application form without having to~~
806 ~~pay a premium.~~

807 (d) Determine eligibility for Medicaid. The department may
808 perform this function either directly or through the services of
809 a contracted third-party administrator. The eligibility
810 determination process must include redetermination or
811 reverification of eligibility every 12 months.

812 (e) Coordinate with the Florida Healthy Kids Corporation
813 to establish a seamless eligibility process for children
814 regardless of funding source.

815 ~~(b) Establish and maintain the eligibility determination~~
816 ~~process under the program except as specified in subsection (5).~~
817 ~~The department shall directly, or through the services of a~~
818 ~~contracted third party administrator, establish and maintain a~~
819 ~~process for determining eligibility of children for coverage~~
820 ~~under the program. The eligibility determination process must be~~
821 ~~used solely for determining eligibility of applicants for health~~
822 ~~benefits coverage under the program. The eligibility~~
823 ~~determination process must include an initial determination of~~
824 ~~eligibility for any coverage offered under the program, as well~~

825 ~~as a redetermination or reverification of eligibility each~~
826 ~~subsequent 6 months. Effective January 1, 1999, a child who has~~
827 ~~not attained the age of 5 and who has been determined eligible~~
828 ~~for the Medicaid program is eligible for coverage for 12 months~~
829 ~~without a redetermination or reverification of eligibility. In~~
830 ~~conducting an eligibility determination, the department shall~~
831 ~~determine if the child has special health care needs. The~~
832 ~~department, in consultation with the Agency for Health Care~~
833 ~~Administration and the Florida Healthy Kids Corporation, shall~~
834 ~~develop procedures for redetermining eligibility which enable a~~
835 ~~family to easily update any change in circumstances which could~~
836 ~~affect eligibility. The department may accept changes in a~~
837 ~~family's status as reported to the department by the Florida~~
838 ~~Healthy Kids Corporation without requiring a new application~~
839 ~~from the family. Redetermination of a child's eligibility for~~
840 ~~Medicaid may not be linked to a child's eligibility~~
841 ~~determination for other programs.~~

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

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

851 (2) The Department of Health shall determine eligibility
852 for the Children's Medical Services component of the Florida
853 Kidcare program based on a clinical eligibility screening.+

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

860 ~~(b) Chair a state-level coordinating council to review and~~
861 ~~make recommendations concerning the implementation and operation~~
862 ~~of the program. The coordinating council shall include~~
863 ~~representatives from the department, the Department of Children~~
864 ~~and Family Services, the agency, the Florida Healthy Kids~~
865 ~~Corporation, the Office of Insurance Regulation of the Financial~~
866 ~~Services Commission, local government, health insurers, health~~
867 ~~maintenance organizations, health care providers, families~~
868 ~~participating in the program, and organizations representing~~
869 ~~low-income families.~~

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

874 ~~(d) Adopt rules necessary to implement outreach~~
875 ~~activities.~~

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

878 (a) Calculate the premium assistance payment necessary to
879 comply with the premium and cost-sharing limitations specified
880 in s. 409.816. The premium assistance payment for each enrollee
881 in a health insurance plan participating in the Florida Healthy
882 Kids Corporation shall equal the premium approved by the Florida
883 Healthy Kids Corporation and the Office of Insurance Regulation
884 of the Financial Services Commission pursuant to ss. 627.410 and
885 641.31, less any enrollee's share of the premium established
886 within the limitations specified in s. 409.816. ~~The premium~~
887 ~~assistance payment for each enrollee in an employer-sponsored~~
888 ~~health insurance plan approved under ss. 409.810-409.820 shall~~
889 ~~equal the premium for the plan adjusted for any benchmark~~
890 ~~benefit plan actuarial equivalent benefit rider approved by the~~
891 ~~Office of Insurance Regulation pursuant to ss. 627.410 and~~
892 ~~641.31, less any enrollee's share of the premium established~~
893 ~~within the limitations specified in s. 409.816. In calculating~~
894 ~~the premium assistance payment levels for children with family~~
895 ~~coverage, the agency shall set the premium assistance payment~~
896 ~~levels for each child proportionately to the total cost of~~
897 ~~family coverage.~~

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

904 (c) ~~(b)~~ Make premium assistance payments to health
905 insurance plans on a periodic basis. The agency may use its

CS/HB 7189

2007

906 Medicaid fiscal agent or a contracted third-party administrator
907 in making these payments. ~~The agency may require health~~
908 ~~insurance plans that participate in the Medikids program or~~
909 ~~employer sponsored group health insurance to collect premium~~
910 ~~payments from an enrollee's family. Participating health~~
911 ~~insurance plans shall report premium payments collected on~~
912 ~~behalf of enrollees in the program to the agency in accordance~~
913 ~~with a schedule established by the agency.~~

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

916 (e) ~~(d)~~ Establish a mechanism for investigating and
917 resolving complaints and grievances from program applicants,
918 enrollees, and health benefits coverage providers, and maintain
919 a record of complaints and confirmed problems. In the case of a
920 child who is enrolled in a health maintenance organization, the
921 agency must use the provisions of s. 641.511 to address
922 grievance reporting and resolution requirements.

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

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

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

933

CS/HB 7189

2007

934 The agency is designated the lead state agency for Title XXI of
935 the Social Security Act for purposes of receipt of federal
936 funds, for reporting purposes, and for ensuring compliance with
937 federal and state regulations and rules.

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

950 (4)(5) The Florida Healthy Kids Corporation shall retain
951 its functions as authorized in s. 624.91, including eligibility
952 determination for participation in the Florida Kidcare Healthy
953 Kids program. Additionally, the Florida Healthy Kids Corporation
954 shall:

955 (a) Develop and implement a statewide marketing program to
956 promote the Florida Kidcare program. The corporation may
957 contract for marketing services to the extent funds are made
958 available for that specific purpose.

959 (b) Provide comprehensive choice counseling to assist
960 families with eligible children to select and enroll in
961 available plans.

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

971 Section 17. Section 409.821, Florida Statutes, is amended
 972 to read:

973 409.821 Florida Kidcare program public records
 974 exemption.--~~Notwithstanding any other law to the contrary,~~ Any
 975 information identifying a Florida Kidcare program applicant or
 976 enrollee, as defined in s. 409.811, held by the Agency for
 977 Health Care Administration, the Department of Children and
 978 Family Services, the Department of Health, or the Florida
 979 Healthy Kids Corporation is confidential and exempt from s.
 980 119.07(1) and s. 24(a), Art. I of the State Constitution. Such
 981 information may be disclosed to another governmental entity only
 982 if disclosure is necessary for the entity to perform its duties
 983 and responsibilities under the Florida Kidcare program and shall
 984 be disclosed to the Department of Revenue for purposes of
 985 administering the state Title IV-D program. The receiving
 986 governmental entity must maintain the confidential and exempt
 987 status of such information. Furthermore, such information may
 988 not be released to any person without the written consent of the
 989 program enrollee or the parent or guardian of the enrollee

990 ~~applicant~~. This exemption applies to any information identifying
 991 a Florida Kidcare program applicant or enrollee held by the
 992 Agency for Health Care Administration, the Department of
 993 Children and Family Services, the Department of Health, or the
 994 Florida Healthy Kids Corporation before, on, or after the
 995 effective date of this exemption. A violation of this section is
 996 a misdemeanor of the second degree, punishable as provided in s.
 997 775.082 or s. 775.083.

998 Section 18. Section 409.822, Florida Statutes, is created
 999 to read:

1000 409.822 Florida Kidcare program consolidation.--

1001 (1) It is the intent of the Legislature to consolidate the
 1002 administration of the Florida Kidcare program to provide a
 1003 seamless delivery system of health benefits to uninsured, low-
 1004 income children. It is the further intent of the Legislature
 1005 that administration of the program be consolidated under the
 1006 fewest entities necessary for the purpose of conducting
 1007 marketing and outreach, eligibility determination, premium
 1008 collection, contract management of health plans and fiscal
 1009 agents, quality assurance and grievance resolution, and fiscal
 1010 management of all the components of the Florida Kidcare program.

1011 (2) The agency shall manage the consolidation of all
 1012 components of the Florida Kidcare program. The agency shall
 1013 develop a comprehensive plan for consolidation and shall submit
 1014 the plan to the Governor, the President of the Senate, and the
 1015 Speaker of the House of Representatives by November 1, 2009.

1016 (3) Effective July 1, 2010, the agency shall make payments
 1017 for medical assistance and related services; manage health plan,

1018 provider, and fiscal agent contracts; collect premiums; develop
 1019 and implement quality assurance and grievance resolution
 1020 processes; and conduct other fiscal-management activities
 1021 relating to all components of the Florida Kidcare program. The
 1022 agency shall perform all other functions necessary to administer
 1023 the program, except that:

1024 (a) The department shall conduct eligibility determination
 1025 for all components of the Florida Kidcare program. All
 1026 correspondence regarding eligibility shall be identified solely
 1027 with the Florida Kidcare program.

1028 (b) The department shall develop and distribute marketing
 1029 and outreach materials to educate families about the Florida
 1030 Kidcare program. Marketing and outreach materials shall present
 1031 the Florida Kidcare program as a single program and explain that
 1032 the family's information is collected in order to determine
 1033 whether the family is eligible for a premium discount or for
 1034 full premium assistance.

1035 (c) The department shall provide a single toll-free
 1036 telephone line for a customer service call center to access
 1037 account information and provide general Florida Kidcare program
 1038 information.

1039 (4) The agency shall seek federal waiver approval or
 1040 amendments to the Medicaid state plan and Title XXI state plan
 1041 that are necessary to implement the initiative as specified in
 1042 this section.

1043 (5) The agency shall contract with an independent third
 1044 party to evaluate the effects of the policy changes provided by
 1045 this section. The evaluation shall specifically include an

1046 assessment of enrollment expansion, enrollment process
 1047 simplification, component transition simplification, increased
 1048 choice, and administrative simplification. The evaluation shall
 1049 analyze the organizational structure of the Florida Kidcare
 1050 program and make recommendations regarding specific changes that
 1051 should be made, including statutory changes. The evaluation
 1052 shall assess whether an independent entity should exist to
 1053 monitor and review administration of the Kidcare program and, if
 1054 so, make recommendations as to the makeup and functions of such
 1055 an entity. The agency shall submit the evaluation to the
 1056 Governor, the President of the Senate, and the Speaker of the
 1057 House of Representatives by November 1, 2009.

1058 (6) The Senate and the House of Representatives may,
 1059 pursuant to the rules of each house, appoint a select
 1060 legislative advisory committee to advise the Legislature
 1061 regarding the expiration of the Florida Healthy Kids Corporation
 1062 Act.

1063 Section 19. Section 624.91, Florida Statutes, is amended
 1064 to read:

1065 624.91 The Florida Healthy Kids Corporation Act.--

1066 (1) SHORT TITLE.--This section may be cited as the
 1067 "William G. 'Doc' Myers Healthy Kids Corporation Act."

1068 (2) LEGISLATIVE INTENT.--

1069 (a) The Legislature finds that increased access to health
 1070 care services could improve children's health and reduce the
 1071 incidence and costs of childhood illness and disabilities among
 1072 children in this state. Many children do not have comprehensive,
 1073 affordable health care services available. It is the intent of

1074 the Legislature that the Florida Healthy Kids Corporation
 1075 provide quality comprehensive health insurance coverage to such
 1076 children. The corporation is encouraged to cooperate with any
 1077 existing health service programs funded by the public or the
 1078 private sector.

1079 (b) It is the intent of the Legislature that the Florida
 1080 Healthy Kids Corporation serve as one of several providers of
 1081 services to children eligible for medical assistance under Title
 1082 XXI of the Social Security Act. ~~Although the corporation may~~
 1083 ~~serve other children, the Legislature intends the primary~~
 1084 ~~recipients of services provided through the corporation be~~
 1085 ~~school age children with a family income below 200 percent of~~
 1086 ~~the federal poverty level, who do not qualify for Medicaid.~~ It
 1087 is also the intent of the Legislature that state and local
 1088 government Florida Healthy Kids funds be used to continue
 1089 coverage, subject to specific appropriations in the General
 1090 Appropriations Act, to children not eligible for federal
 1091 matching funds under Title XIX and Title XXI.

1092 (3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.--~~Only the~~
 1093 ~~following~~ Individuals are eligible for premium state-funded
 1094 assistance with in paying Florida Kidcare program Healthy Kids
 1095 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) NONENTITLEMENT.--Nothing in this section shall be
 1103 construed as providing an individual with an entitlement to
 1104 health care services. No cause of action shall arise against the
 1105 state, the Florida Healthy Kids Corporation, or a unit of local
 1106 government for failure to make health services available under
 1107 this section.

1108 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

1109 (a) There is created the Florida Healthy Kids Corporation,
 1110 a not-for-profit corporation.

1111 (b) The Florida Healthy Kids Corporation shall:

1112 1. Arrange for the collection of any family, local
 1113 contributions, or employer payment or premium, in an amount to
 1114 be determined by the board of directors, to provide for payment
 1115 of premiums for comprehensive insurance coverage and for the
 1116 actual or estimated administrative expenses.

1117 2. Arrange for the collection of any voluntary
 1118 contributions to provide for payment of premiums for children
 1119 who are ~~not~~ eligible for premium medical assistance in
 1120 accordance with ss. 409.8141 and 409.816 ~~under Title XXI of the~~
 1121 ~~Social Security Act.~~

1122 3. Subject to the provisions of s. 409.8134, accept
 1123 voluntary supplemental local match contributions that comply
 1124 with the requirements of Title XXI of the Social Security Act
 1125 for the purpose of providing additional coverage in contributing
 1126 counties under Title XXI.

1127 4. Establish the administrative and accounting procedures
 1128 for the operation of the corporation.

CS/HB 7189

2007

1129 5. Establish, with consultation from appropriate
1130 professional organizations, standards for preventive health
1131 services and providers and comprehensive insurance benefits
1132 appropriate to children, provided that such standards for rural
1133 areas shall not limit primary care providers to board-certified
1134 pediatricians.

1135 6. Determine eligibility for premium assistance financed
1136 by any source other than Title XIX of the Social Security Act
1137 ~~children seeking to participate in the Title XXI funded~~
1138 ~~components of the Florida Kidcare program consistent with the~~
1139 ~~requirements specified in s. 409.814, as well as the non-Title-~~
1140 ~~XXI eligible children as provided in subsection (3).~~

1141 7. Establish procedures under which providers of local
1142 match to, applicants to and participants in the program may have
1143 grievances reviewed by an impartial body and reported to the
1144 board of directors of the corporation.

1145 8. Establish participation criteria and, if appropriate,
1146 contract with an authorized insurer, health maintenance
1147 organization, or third-party administrator to provide
1148 administrative services to the corporation.

1149 9. Establish enrollment criteria which shall include
1150 penalties or waiting periods of not fewer than 60 days for
1151 reinstatement of coverage upon voluntary cancellation for
1152 nonpayment of family premiums. Subject to a specific
1153 appropriation in the General Appropriations Act for this
1154 purpose, the Florida Healthy Kids Corporation shall establish
1155 penalties or waiting periods of not fewer than 30 days for

1156 reinstatement of coverage upon voluntary cancellation for
 1157 nonpayment of family premiums.

1158 10. Contract with authorized insurers or any provider of
 1159 health care services, meeting standards established by the
 1160 corporation, for the provision of comprehensive insurance
 1161 coverage to participants. Such standards shall include criteria
 1162 under which the corporation may contract with more than one
 1163 provider of health care services in program sites. Health plans
 1164 shall be selected through a competitive bid process. The Florida
 1165 Healthy Kids Corporation shall purchase goods and services in
 1166 the most cost-effective manner consistent with the delivery of
 1167 quality medical care. The maximum administrative cost for a
 1168 Florida Healthy Kids Corporation contract shall be 15 percent.
 1169 For health care contracts, the minimum medical loss ratio for a
 1170 Florida Healthy Kids Corporation contract shall be 85 percent.
 1171 For dental contracts, the remaining compensation to be paid to
 1172 the authorized insurer or provider under a Florida Healthy Kids
 1173 Corporation contract shall be no less than an amount which is 85
 1174 percent of premium; to the extent any contract provision does
 1175 not provide for this minimum compensation, this section shall
 1176 prevail. The health plan selection criteria and scoring system,
 1177 and the scoring results, shall be available upon request for
 1178 inspection after the bids have been awarded.

1179 11. Establish disenrollment criteria in the event local
 1180 matching funds are insufficient to cover enrollments.

1181 12. Develop and implement a plan to publicize the Florida
 1182 Kidcare program ~~Healthy Kids Corporation~~, the eligibility
 1183 requirements of the program, and the procedures for enrollment

1184 in the program and to maintain public awareness of the
 1185 corporation and the program.

1186 13. Secure staff necessary to properly administer the
 1187 corporation. Staff costs shall be funded from state and local
 1188 matching funds and such other private or public funds as become
 1189 available. The board of directors shall determine the number of
 1190 staff members necessary to administer the corporation.

1191 14. Provide a report annually to the Governor, Chief
 1192 Financial Officer, Commissioner of Education, Senate President,
 1193 Speaker of the House of Representatives, and Minority Leaders of
 1194 the Senate and the House of Representatives.

1195 15. Establish benefit packages which conform to the
 1196 provisions of the Florida Kidcare program, as created in ss.
 1197 409.810-409.820.

1198 (c) Coverage under the corporation's program is secondary
 1199 to any other available private coverage held by, or applicable
 1200 to, the participant child or family member. Insurers under
 1201 contract with the corporation are the payors of last resort and
 1202 must coordinate benefits with any other third-party payor that
 1203 may be liable for the participant's medical care.

1204 (d) The Florida Healthy Kids Corporation shall be a
 1205 private corporation not for profit, organized pursuant to
 1206 chapter 617, and shall have all powers necessary to carry out
 1207 the purposes of this act, including, but not limited to, the
 1208 power to receive and accept grants, loans, or advances of funds
 1209 from any public or private agency and to receive and accept from
 1210 any source contributions of money, property, labor, or any other

CS/HB 7189

2007

1211 thing of value, to be held, used, and applied for the purposes
 1212 of this act.

1213 (6) BOARD OF DIRECTORS.--

1214 (a) The Florida Healthy Kids Corporation shall operate
 1215 subject to the supervision and approval of a board of directors
 1216 chaired by the Chief Financial Officer or her or his designee,
 1217 and composed of 10 other members selected for 3-year terms of
 1218 office as follows:

1219 1. The Secretary of Health Care Administration, or his or
 1220 her designee;

1221 2. One member appointed by the Commissioner of Education
 1222 from the Office of School Health Programs of the Florida
 1223 Department of Education;

1224 3. One member appointed by the Chief Financial Officer
 1225 from among three members nominated by the Florida Pediatric
 1226 Society;

1227 4. One member, appointed by the Governor, who represents
 1228 the Children's Medical Services Program;

1229 5. One member appointed by the Chief Financial Officer
 1230 from among three members nominated by the Florida Hospital
 1231 Association;

1232 6. One member, appointed by the Governor, who is an expert
 1233 on child health policy;

1234 7. One member, appointed by the Chief Financial Officer,
 1235 from among three members nominated by the Florida Academy of
 1236 Family Physicians;

1237 8. One member, appointed by the Governor, who represents
 1238 the state Medicaid program;

1239 9. One member, appointed by the Chief Financial Officer,
 1240 from among three members nominated by the Florida Association of
 1241 Counties; and

1242 10. The State Health Officer or her or his designee.

1243 (b) A member of the board of directors may be removed by
 1244 the official who appointed that member. The board shall appoint
 1245 an executive director, who is responsible for other staff
 1246 authorized by the board.

1247 (c) Board members are entitled to receive, from funds of
 1248 the corporation, reimbursement for per diem and travel expenses
 1249 as provided by s. 112.061.

1250 (d) There shall be no liability on the part of, and no
 1251 cause of action shall arise against, any member of the board of
 1252 directors, or its employees or agents, for any action they take
 1253 in the performance of their powers and duties under this act.

1254 (7) LICENSING NOT REQUIRED; FISCAL OPERATION.--

1255 (a) The corporation shall not be deemed an insurer. The
 1256 officers, directors, and employees of the corporation shall not
 1257 be deemed to be agents of an insurer. Neither the corporation
 1258 nor any officer, director, or employee of the corporation is
 1259 subject to the licensing requirements of the insurance code or
 1260 the rules of the Department of Financial Services. However, any
 1261 marketing representative utilized and compensated by the
 1262 corporation must be appointed as a representative of the
 1263 insurers or health services providers with which the corporation
 1264 contracts.

1265 (b) The board has complete fiscal control over the
 1266 corporation and is responsible for all corporate operations.

1267 (c) The Department of Financial Services shall supervise
 1268 any liquidation or dissolution of the corporation and shall
 1269 have, with respect to such liquidation or dissolution, all power
 1270 granted to it pursuant to the insurance code.

1271 (8) ACCESS TO RECORDS; CONFIDENTIALITY;
 1272 PENALTIES.--Notwithstanding any other laws to the contrary, the
 1273 Florida Healthy Kids Corporation shall have access to the
 1274 medical records of a student upon receipt of permission from a
 1275 parent or guardian of the student. Such medical records may be
 1276 maintained by state and local agencies. Any identifying
 1277 information, including medical records and family financial
 1278 information, obtained by the corporation pursuant to this
 1279 subsection is confidential and is exempt from the provisions of
 1280 s. 119.07(1). Neither the corporation nor the staff or agents of
 1281 the corporation may release, without the written consent of the
 1282 participant or the parent or guardian of the participant, to any
 1283 state or federal agency, to any private business or person, or
 1284 to any other entity, any confidential information received
 1285 pursuant to this subsection. A violation of this subsection is a
 1286 misdemeanor of the second degree, punishable as provided in s.
 1287 775.082 or s. 775.083.

1288 (9) VENUE.--The venue for all civil and administrative
 1289 actions against the Florida Healthy Kids Corporation shall be in
 1290 Leon County.

1291 Section 20. Effective July 1, 2010, section 624.91,
 1292 Florida Statutes, as amended by this act, is repealed.

1293 Section 21. The sum of \$8,967,334 in recurring funds from
 1294 the General Revenue Fund and \$11,843,373 from the Medical Care

CS/HB 7189

2007

1295 Trust Fund is appropriated to the Agency for Health Care
1296 Administration for the purpose of implementing s. 409.814(1)(b),
1297 Florida Statutes, and the sum of \$464,407 in recurring funds
1298 from the General Revenue Fund, \$107,829 from the Grant and
1299 Donations Trust Fund, and \$1,089,833 from the Medical Care Trust
1300 Fund is appropriated to the Agency for Health Care
1301 Administration for the purpose of implementing s.
1302 409.8141(3)(b), Florida Statutes.

1303 Section 22. This act shall take effect July 1, 2007.