



1 administer the Florida Kidcare program;  
2 amending s. 391.028, F.S.; revising the duties  
3 of the Children's Medical Services Network;  
4 designating the network director as the Deputy  
5 State Health Office for Children's Health;  
6 revising the duties of the director; requiring  
7 the Division of Children's Health Insurance to  
8 administer the Florida Kidcare program;  
9 amending s. 391.029, F.S.; requiring the  
10 Department of Health to establish clinical  
11 eligibility requirements for Florida Kidcare  
12 Plus benefits; providing eligibility criteria;  
13 amending s. 409.811, F.S.; revising and  
14 providing definitions relating to the Florida  
15 Kidcare Act; amending s. 409.812, F.S.;  
16 revising the purpose of the Florida Kidcare  
17 program; amending s. 409.813, F.S.; revising  
18 the funding sources for the health benefits  
19 coverage provided to children under the  
20 program; amending s. 409.8132, F.S.; providing  
21 for the Medikids program component of the  
22 Florida Kidcare program to be operated under  
23 rules and policies of the Department of Health;  
24 amending s. 409.8134, F.S.; revising  
25 requirements for the department in conducting  
26 enrollment in the Florida Kidcare program;  
27 amending s. 409.814, F.S.; revising the  
28 eligibility requirements for the program;  
29 providing requirements for a child to enroll in  
30 Florida Kidcare Plus; providing for an  
31 extension of certain coverage benefits in order

1 to avoid a lapse in coverage; providing for the  
2 coverage of certain children whose health  
3 benefits have been canceled; providing for  
4 nonfederal premium assistance for certain  
5 children; deleting provisions authorizing  
6 certain limitations on enrollment in Medikids  
7 and a reduction in benefits under the Florida  
8 Healthy Kids program; providing certain  
9 notification requirements if a child is no  
10 longer eligible for benefits; requiring the  
11 electronic verification of an applicant's  
12 family income; amending s. 409.815, F.S.;  
13 revising the health benefits coverage of the  
14 Florida Kidcare program; amending s. 409.816,  
15 F.S.; revising the limitations on premiums and  
16 cost-sharing; providing that certain enrollees  
17 are exempt from certain fees, premiums,  
18 copayments, and deductibles; authorizing the  
19 Department of Health to establish penalties or  
20 waiting periods for nonpayment of premiums;  
21 amending s. 409.8177, F.S.; requiring the  
22 department to contract for an evaluation of the  
23 Florida Kidcare program; amending s. 409.818,  
24 F.S.; requiring a contract for establishing a  
25 process for determining the eligibility of  
26 certain children for coverage; revising the  
27 duties of the Department of Health with respect  
28 to reviewing the intake process; requiring the  
29 department to publicize the Florida Kidcare  
30 program, determine eligibility for Florida  
31 Kidcare Plus coverage, and develop standards

1 for pediatric quality assurance and access;  
2 requiring the department to adopt rules;  
3 authorizing the department to make certain  
4 program modifications upon the approval of the  
5 Legislature; repealing s. 409.820, F.S.,  
6 relating to quality assurance and access  
7 standards; amending s. 409.821, F.S.;  
8 clarifying that provisions exempting certain  
9 records from public-records requirements does  
10 not prevent an enrollee's parent or guardian  
11 from obtaining records and information  
12 concerning the enrollee; amending s. 409.904,  
13 F.S.; revising provisions governing optional  
14 payments made under the Medicaid program;  
15 requiring that certain children be  
16 presumptively eligible for Medicaid; requiring  
17 the Agency for Health Care Administration to  
18 submit a plan to the Federal Government to  
19 implement the Family Opportunity Act; amending  
20 s. 409.91211, F.S.; revising certain  
21 requirements of a pilot program for capitated  
22 managed care to conform to changes made by the  
23 act; amending s. 624.91, F.S.; revising  
24 provisions of the Florida Healthy Kids  
25 Corporation Act; deleting certain eligibility  
26 requirements; providing for the transfer of  
27 functions to the Department of Health;  
28 repealing s. 624.91, F.S., relating to the  
29 Florida Healthy Kids Corporation; providing  
30 effective dates.

31

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

2

3 Section 1. Section 14.35, Florida Statutes, is created  
4 to read:

5 14.35 Florida Commission on Children's Health.--

6 (1)(a) For purposes of this section, the term "health"  
7 includes physical, mental, and dental health.

8 (b) The Florida Commission on Children's Health is  
9 established in the Executive Office of the Governor. The  
10 commission shall be administratively housed within the  
11 Executive Office of the Governor. The commission shall consist  
12 of 12 members. The Governor, the President of the Senate, the  
13 Speaker of the House of Representatives, and the Chief  
14 Financial Officer shall each appoint three members.  
15 Commissioners shall broadly represent the interests of  
16 children in obtaining necessary health care services and  
17 health care coverage. Each commissioner shall be appointed to  
18 a 4-year term. A commissioner may not serve more than two  
19 consecutive terms. A vacancy shall be filled in the same  
20 manner as the original appointment. Voting members of the  
21 commission may not be employees of the Florida Kidcare partner  
22 agencies, the Florida Healthy Kids Corporation, or of other  
23 state agencies.

24 (2) The commission shall meet quarterly and upon the  
25 call of the chair and two other commissioners. Annually, at  
26 the meeting in the first quarter, officers consisting of a  
27 chair, vice chair, secretary, and treasurer shall be elected.  
28 Each officer shall serve until a successor is elected and  
29 qualified. An officer may not serve more than 2 consecutive  
30 years in the same office.

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1       (3) Members of the commission shall serve without  
2 compensation, but are entitled to reimbursement for per diem  
3 and travel expenses in accordance with s. 112.061.

4       (4) The commission shall identify and develop specific  
5 strategies for addressing issues related to children's lack of  
6 access to high-quality and affordable health care services and  
7 health care coverage in this state and shall provide  
8 coordinated executive oversight of agencies and departments in  
9 the state in order to increase accountability regarding  
10 children's health issues. The commission's duties shall  
11 include, but are not limited to:

12           (a) Providing recommendations for implementing the  
13 consolidation of the Florida Kidcare program.

14           (b) Studying the barriers to children accessing  
15 high-quality and affordable health care services and health  
16 care coverage in this state.

17           (c) Submitting an annual report to the Governor  
18 concerning the status of children's health issues, including,  
19 but not limited to, an assessment of the number of uninsured  
20 children, the health status of children in this state using  
21 public health indicators, the gaps in health care services for  
22 children with special health care needs, and the status of  
23 programs affecting children's health in this state.

24           (d) Analyzing the responsiveness of state government  
25 to the health needs of children and the appropriateness of the  
26 response. The commission may submit a plan for recommended  
27 restructuring and change to the Governor, the President of the  
28 Senate, the Speaker of the House of Representatives, and the  
29 Chief Financial Officer at any time it considers appropriate.

30           (e) Receiving quarterly updates from the Department of  
31 Health concerning the status of implementing policy changes to

1 the programs affecting children's health and the  
2 implementation of the commission's recommendations.

3 (f) Identifying and providing recommendations for ways  
4 to improve the delivery of services for children.

5 (g) Reviewing proposed federal and state legislation  
6 affecting children's health and providing recommendations to  
7 the Governor on appropriate actions pertaining to this  
8 section.

9 (h) Studying and making recommendations to refine the  
10 eligibility determination process for the Florida Kidcare  
11 program.

12 (5) All executive branch agencies are instructed, and  
13 all other state agencies are requested, to aid and assist the  
14 commission in any way that helps it accomplish its purpose.

15 (6) The commission may apply for and accept funds,  
16 grants, gifts, and services from the state, the Federal  
17 Government or any of its agencies, or any other public or  
18 private source for the purpose of defraying clerical and  
19 administrative costs as may be necessary in carrying out its  
20 duties under this section.

21 Section 2. Subsection (3) of section 20.43, Florida  
22 Statutes, is amended to read:

23 20.43 Department of Health.--There is created a  
24 Department of Health.

25 (3) The following divisions of the Department of  
26 Health are established:

- 27 (a) Division of Administration.  
28 (b) Division of Environmental Health.  
29 (c) Division of Disease Control.  
30 (d) Division of Family Health Services.  
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1           (e) Division of Children's Medical Services Network  
2 and Specialty Programs.

3           (f) Division of Emergency Medical Operations.

4           (g) Division of Medical Quality Assurance, which is  
5 responsible for the following boards and professions  
6 established within the division:

7           1. The Board of Acupuncture, created under chapter  
8 457.

9           2. The Board of Medicine, created under chapter 458.

10          3. The Board of Osteopathic Medicine, created under  
11 chapter 459.

12          4. The Board of Chiropractic Medicine, created under  
13 chapter 460.

14          5. The Board of Podiatric Medicine, created under  
15 chapter 461.

16          6. Naturopathy, as provided under chapter 462.

17          7. The Board of Optometry, created under chapter 463.

18          8. The Board of Nursing, created under part I of  
19 chapter 464.

20          9. Nursing assistants, as provided under part II of  
21 chapter 464.

22          10. The Board of Pharmacy, created under chapter 465.

23          11. The Board of Dentistry, created under chapter 466.

24          12. Midwifery, as provided under chapter 467.

25          13. The Board of Speech-Language Pathology and  
26 Audiology, created under part I of chapter 468.

27          14. The Board of Nursing Home Administrators, created  
28 under part II of chapter 468.

29          15. The Board of Occupational Therapy, created under  
30 part III of chapter 468.

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- 1           16. Respiratory therapy, as provided under part V of  
2 chapter 468.
- 3           17. Dietetics and nutrition practice, as provided  
4 under part X of chapter 468.
- 5           18. The Board of Athletic Training, created under part  
6 XIII of chapter 468.
- 7           19. The Board of Orthotists and Prosthetists, created  
8 under part XIV of chapter 468.
- 9           20. Electrolysis, as provided under chapter 478.
- 10          21. The Board of Massage Therapy, created under  
11 chapter 480.
- 12          22. The Board of Clinical Laboratory Personnel,  
13 created under part III of chapter 483.
- 14          23. Medical physicists, as provided under part IV of  
15 chapter 483.
- 16          24. The Board of Opticianry, created under part I of  
17 chapter 484.
- 18          25. The Board of Hearing Aid Specialists, created  
19 under part II of chapter 484.
- 20          26. The Board of Physical Therapy Practice, created  
21 under chapter 486.
- 22          27. The Board of Psychology, created under chapter  
23 490.
- 24          28. School psychologists, as provided under chapter  
25 490.
- 26          29. The Board of Clinical Social Work, Marriage and  
27 Family Therapy, and Mental Health Counseling, created under  
28 chapter 491.
- 29           (h) Division of Children's Medical Services Prevention  
30 and Intervention.
- 31           (i) Division of Information Technology.

1 (j) Division of Health Access and Tobacco.

2 (k) Division of Disability Determinations.

3 (l) Division of Children's Health Insurance.

4 (m) Office of Child Health Coordination.

5 Section 3. Section 391.011, Florida Statutes, is  
6 amended to read:

7 391.011 Short title.--The provisions of this chapter  
8 may be cited as the "Children's Health Act." "~~Children's~~  
9 ~~Medical Services Act.~~"

10 Section 4. Section 391.016, Florida Statutes, is  
11 amended to read:

12 391.016 Legislative intent.--The Legislature intends  
13 that the Children's Health ~~Medical Services~~ program:

14 (1) Provide to children ~~with special health care needs~~  
15 a family-centered, comprehensive, and coordinated statewide  
16 managed system of care that links community-based health care  
17 with multidisciplinary, regional, and tertiary pediatric  
18 specialty care. The program may provide for the coordination  
19 and maintenance of consistency of the medical home for  
20 children ~~in families with a Children's Medical Services~~  
21 ~~program participant,~~ in order to achieve family-centered care.

22 (2) Provide essential preventive, evaluative, and  
23 early intervention services for children at risk for or having  
24 special health care needs, in order to prevent or reduce  
25 long-term disabilities.

26 (3) Serve as a principal provider for children with  
27 special health care needs under Titles XIX and XXI of the  
28 Social Security Act.

29 (4) Be complementary to children's health training  
30 programs essential for the maintenance of a skilled pediatric  
31 health care workforce for all Floridians.

1           (5) Consolidate and coordinate Florida Kidcare child  
2 health policy, development of pediatric benefit packages,  
3 development of budget and federal and state legislative  
4 issues, and development of pediatric quality assurance and  
5 access standards.

6           Section 5. Section 391.021, Florida Statutes, is  
7 amended to read:

8           391.021 Definitions.--When used in this act, unless  
9 the context clearly indicates otherwise:

10           (1) "Children's Medical Services network" or "network"  
11 means a statewide managed care service system that includes  
12 health care providers, health care facilities, or entities  
13 licensed or certified to provide health services in this state  
14 which meet the pediatric access and quality standards  
15 established by the department ~~as defined in this section.~~ The  
16 network shall provide Florida Kidcare Plus benefits as defined  
17 in s. 409.811.

18           (2) "Children with special health care needs" means  
19 those children younger than 21 years of age who have chronic  
20 physical, developmental, behavioral, or emotional conditions  
21 and who also require health care and related services of a  
22 type or amount beyond that which is generally required by  
23 children.

24           (3) "Department" means the Department of Health.

25           (4) "Eligible individual" means a child with a special  
26 health care need or a female with a high-risk pregnancy, who  
27 meets the financial and medical eligibility standards  
28 established in s. 391.029.

29           (5) "Health care provider" means a health care  
30 professional, health care facility, or entity licensed or  
31

1 certified to provide health services in this state that meets  
2 the criteria as established by the department.

3 (6) "Health services" includes the prevention,  
4 diagnosis, and treatment of human disease, pain, injury,  
5 deformity, or disabling conditions.

6 (7) "Maximum income threshold" has the same meaning as  
7 in s. 409.811.

8 ~~(8)(7)~~ "Participant" means an eligible individual who  
9 is enrolled in the Children's Medical Services program.

10 ~~(9)(8)~~ "Program" means the Children's Medical Services  
11 program established in the department.

12 (10) "Safety net" means limited services provided to  
13 children with special health care needs who are uninsured or  
14 underinsured and do not qualify for Title XIX-funded or Title  
15 XXI-funded health benefits coverage.

16 Section 6. Section 391.025, Florida Statutes, is  
17 amended to read:

18 391.025 Applicability and scope.--

19 (1) The Children's Health ~~Medical Services~~ program  
20 consists of the following components:

21 (a) The newborn screening program established in s.  
22 383.14.

23 (b) The regional perinatal intensive care centers  
24 program established in ss. 383.15-383.21.

25 (c) A federal or state program authorized by the  
26 Legislature.

27 (d) The developmental evaluation and intervention  
28 program, including the Florida Infants and Toddlers Early  
29 Intervention Program.

30 (e) The Children's Medical Services Network.

31 (f) The Division of Children's Health Insurance.

1           (g) The Office of Child Health Coordination.

2           (2) The Children's Medical Services Network ~~program~~  
3 shall not be deemed an insurer and is not subject to the  
4 licensing requirements of the Florida Insurance Code or the  
5 rules adopted thereunder, when providing services to children  
6 who receive Title XIX-funded Medicaid benefits, other Title  
7 XIX-eligible Medicaid-eligible children with special health  
8 care needs, or Title XXI-funded ~~and~~ children with special  
9 health care needs participating in the Florida Kidcare  
10 program.

11           Section 7. Subsection (19) is added to section  
12 391.026, Florida Statutes, to read:

13           391.026 Powers and duties of the department.--The  
14 department shall have the following powers, duties, and  
15 responsibilities:

16           (19) To administer ss. 409.810-409.820, relating to  
17 the Florida Kidcare Act.

18           Section 8. Section 391.028, Florida Statutes, is  
19 amended to read:

20           391.028 Administration.--The Children's Medical  
21 Services Network ~~program~~ shall have a central office and area  
22 offices.

23           (1) The Director of Children's Health ~~Medical Services~~  
24 must be a physician licensed under chapter 458 or chapter 459  
25 who has specialized training and experience in the provision  
26 of health care to children and who has recognized skills in  
27 leadership and the promotion of children's health programs.  
28 The director shall be the deputy secretary and the Deputy  
29 State Health Officer for Children's Health ~~Medical Services~~  
30 and is appointed by and reports to the secretary. The director  
31

1 may appoint division directors subject to the approval of the  
2 secretary.

3 (2) The director shall designate Children's Medical  
4 Services Network area offices to perform operational  
5 activities for children with special health care needs,  
6 including, but not limited to:

7 (a) Providing case management services for the  
8 network.

9 (b) Providing local oversight ~~of the program~~.

10 (c) Determining an individual's clinical ~~medical~~ and  
11 financial eligibility ~~for the program~~.

12 (d) Participating in the determination of a level of  
13 care and medical complexity for long-term care services.

14 (e) Authorizing services ~~in the program~~ and developing  
15 spending plans.

16 (f) Participating in the development of treatment  
17 plans.

18 (g) Taking part in the resolution of complaints and  
19 grievances from participants and health care providers.

20 (3) Each Children's Medical Services Network area  
21 office shall be directed by a physician licensed under chapter  
22 458 or chapter 459 who has specialized training and experience  
23 in the provision of health care to children. The director of  
24 a Children's Medical Services area office shall be appointed  
25 by the director from the active panel of Children's Medical  
26 Services physician consultants.

27 (4) The Division of Children's Health Insurance shall  
28 be responsible for administering and coordinating the  
29 provisions of ss. 409.810-409.820, relating to the Florida  
30 Kidcare Act.

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1           (5) The Office of Child Health Coordination is  
2 responsible for child health services not directly related to  
3 Florida Kidcare health benefits coverage. This office also  
4 shall be responsible for providing staff support to the  
5 children's health coordinating council and to the Commission  
6 on Children's Health if it is authorized.

7           Section 9. Section 391.029, Florida Statutes, is  
8 amended to read:

9           391.029 Program eligibility.--

10           (1) The department shall establish clinical  
11 eligibility ~~the medical criteria~~ to determine if an applicant  
12 for Florida Kidcare Plus benefits ~~the Children's Medical~~  
13 ~~Services program~~ is an eligible individual.

14           (2) The following individuals are financially eligible  
15 to receive services through the Children's Medical Services  
16 Network program:

17           (a) A high-risk pregnant female who is eligible for  
18 Medicaid.

19           (b) Children with special health care needs from birth  
20 to 21 years of age who are eligible for Medicaid.

21           (c) Children with special health care needs from birth  
22 to 19 years of age who are eligible for a program under Title  
23 XXI of the Social Security Act.

24           (3) Subject to the availability of funds, the  
25 following individuals may receive services through the  
26 program:

27           (a) Children with special health care needs from birth  
28 to 21 years of age whose families do not qualify for Title  
29 XIX-financed or Title XXI-financed health benefits coverage  
30 ~~family income is above the requirements for financial~~  
31 ~~eligibility under Title XXI of the Social Security Act~~ and

1 | whose projected annual cost of care adjusts the family income  
2 | to Medicaid financial criteria. In cases where the family  
3 | income is adjusted based on a projected annual cost of care,  
4 | the family shall participate financially in the cost of care  
5 | based on criteria established by the department. These  
6 | children may receive safety net services, subject to the  
7 | availability of funds.

8 | (b) Children with special health care needs from birth  
9 | to 21 years of age, as provided in Title V of the Social  
10 | Security Act.

11 | (c) An infant who receives an award of compensation  
12 | under s. 766.31(1). The Florida Birth-Related Neurological  
13 | Injury Compensation Association shall reimburse the Children's  
14 | Medical Services Network the state's share of funding, which  
15 | must thereafter be used to obtain matching federal funds under  
16 | Title XXI of the Social Security Act.

17 | (d) Children with special health care needs having  
18 | family incomes above the maximum income threshold who receive  
19 | Title XIX-financed coverage, if it is authorized.

20 | (4) The department shall determine the financial and  
21 | medical eligibility of children with special health care needs  
22 | for the program. The department shall also determine the  
23 | financial ability of the parents, or persons or other agencies  
24 | having legal custody over such individuals, to pay the costs  
25 | of health services under the program. The department may pay  
26 | reasonable travel expenses related to the determination of  
27 | eligibility for or the provision of health services.

28 | (5) Any child who has been provided with surgical or  
29 | medical care or treatment under this act prior to being  
30 | adopted shall continue to be eligible to be provided with such  
31 |



1 care or treatment after his or her adoption, regardless of the  
2 financial ability of the persons adopting the child.

3 Section 10. Section 409.811, Florida Statutes, is  
4 amended to read:

5 409.811 Definitions relating to Florida Kidcare  
6 Act.--As used in ss. 409.810-409.820, the term:

7 (1) "Actuarially equivalent" means that:

8 (a) The aggregate value of the benefits included in  
9 health benefits coverage is equal to the value of the benefits  
10 in the benchmark benefit plan; and

11 (b) The benefits included in health benefits coverage  
12 are substantially similar to the benefits included in the  
13 benchmark benefit plan, except that preventive health services  
14 must be the same as in the benchmark benefit plan.

15 (2) "Agency" means the Agency for Health Care  
16 Administration.

17 (3) "Applicant" means a parent or guardian of a child  
18 or a child whose disability of nonage has been removed under  
19 chapter 743, who applies for determination of eligibility for  
20 health benefits coverage under ss. 409.810-409.820.

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

23 (5) "Child" means any person under 19 years of age.

24 (6) "Child with special health care needs" means a  
25 child who has a chronic physical, developmental, behavioral,  
26 or emotional condition and who also required health care and  
27 related services of a type or amount beyond that which is  
28 generally required by children. ~~whose serious or chronic~~  
29 ~~physical or developmental condition requires extensive~~  
30 ~~preventive and maintenance care beyond that required by~~  
31 ~~typically healthy children. Health care utilization by such a~~

1 ~~child exceeds the statistically expected usage of the normal~~  
2 ~~child adjusted for chronological age, and such a child often~~  
3 ~~needs complex care requiring multiple providers,~~  
4 ~~rehabilitation services, and specialized equipment in a number~~  
5 ~~of different settings.~~

6 (7) "Children's Medical Services Network" or "network"  
7 means a statewide managed care service system as defined in s.  
8 391.021(1).

9 (8) "Community rate" means a method used to develop  
10 premiums for a health insurance plan that spreads financial  
11 risk across a large population and allows adjustments only for  
12 age, gender, family composition, and geographic area.

13 (9) "Department" means the Department of Health.

14 (10) "Enrollee" means a child who has been determined  
15 eligible for and is receiving coverage under ss.  
16 409.810-409.820.

17 ~~(11) "Family" means the group or the individuals whose~~  
18 ~~income is considered in determining eligibility for the~~  
19 ~~Florida Kidcare program. The family includes a child with a~~  
20 ~~custodial parent or caretaker relative who resides in the same~~  
21 ~~house or living unit or, in the case of a child whose~~  
22 ~~disability of nonage has been removed under chapter 743, the~~  
23 ~~child. The family may also include other individuals whose~~  
24 ~~income and resources are considered in whole or in part in~~  
25 ~~determining eligibility of the child.~~

26 ~~(11)(12)~~ "Family income" means cash received at  
27 periodic intervals ~~from any source~~, such as wages, benefits,  
28 contributions, or rental property. Family income is calculated  
29 using the budget methodologies authorized under Title XIX of  
30 the Social Security Act. ~~Income also may include any money~~  
31 ~~that would have been counted as income under the Aid to~~

1 ~~Families with Dependent Children (AFDC) state plan in effect~~  
2 ~~prior to August 22, 1996.~~

3       (12) "Florida Kidcare Plus" means health benefits  
4 coverage for children with special health care needs which  
5 benefits are delivered through the Children's Medical Services  
6 Network established in chapter 391.

7       (13) "Florida Kidcare program," "Kidcare program," or  
8 "program" means the health benefits program for children  
9 administered through ss. 409.810-409.820.

10       (14) "Guarantee issue" means that health benefits  
11 coverage must be offered to an individual regardless of the  
12 individual's health status, preexisting condition, or claims  
13 history.

14       (15) "Health benefits coverage" means protection that  
15 provides payment of benefits for covered health care services  
16 or that otherwise provides, either directly or through  
17 arrangements with other persons, covered health care services  
18 on a prepaid per capita basis or on a prepaid aggregate  
19 fixed-sum basis.

20       (16) "Health insurance plan" means health benefits  
21 coverage under the following:

22       (a) A health plan offered by any certified health  
23 maintenance organization or authorized health insurer, except  
24 a plan that is limited to the following: a limited benefit,  
25 specified disease, or specified accident; hospital indemnity;  
26 accident only; limited benefit convalescent care; Medicare  
27 supplement; credit disability; dental; vision; long-term care;  
28 disability income; coverage issued as a supplement to another  
29 health plan; workers' compensation liability or other  
30 insurance; or motor vehicle medical payment only; or

31

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

4 (17) "Healthy Kids" means a component of the Florida  
5 Kidcare program of medical assistance for children who are 5  
6 through 18 years of age as authorized under s. 624.91 and  
7 administered by the Florida Healthy Kids Corporation.

8 (18) "Maximum income threshold" means a percentage of  
9 the current federal poverty level used to determine  
10 eligibility for certain program components, as approved by  
11 federal waiver or an amendment to the state plan. Unless  
12 otherwise approved by a federal waiver or an amendment to the  
13 state plan, the maximum income threshold is 200 percent of the  
14 most recent federal poverty level.

15 ~~(19)~~~~(17)~~ "Medicaid" means the medical assistance  
16 program authorized by Title XIX of the Social Security Act,  
17 and regulations thereunder, and ss. 409.901-409.920, as  
18 administered in this state by the agency.

19 ~~(20)~~~~(18)~~ "Medically necessary" means the use of any  
20 medical treatment, service, equipment, or supply necessary to  
21 palliate the effects of a terminal condition, or to prevent,  
22 diagnose, correct, cure, alleviate, or preclude deterioration  
23 of a condition that threatens life, causes pain or suffering,  
24 or results in illness or infirmity and which is:

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

27 (b) Provided in accordance with generally accepted  
28 standards of medical practice;

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

31

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

4 (e) Approved by the appropriate medical body or health  
5 care specialty involved as effective, appropriate, and  
6 essential for the care and treatment of the enrollee's  
7 condition.

8 ~~(21)~~~~(19)~~ "Medikids" means a component of the Florida  
9 Kidcare program of medical assistance authorized by Title XXI  
10 of the Social Security Act, and regulations thereunder, and s.  
11 409.8132, as administered in the state by the agency.

12 ~~(22)~~~~(20)~~ "Preexisting condition exclusion" means, with  
13 respect to coverage, a limitation or exclusion of benefits  
14 relating to a condition based on the fact that the condition  
15 was present before the date of enrollment for such coverage,  
16 whether or not any medical advice, diagnosis, care, or  
17 treatment was recommended or received before such date.

18 ~~(23)~~~~(21)~~ "Premium" means the entire cost of a health  
19 insurance plan, including the administration fee or the risk  
20 assumption charge.

21 ~~(24)~~~~(22)~~ "Premium assistance payment" means the  
22 monthly consideration paid by the agency per enrollee in the  
23 Florida Kidcare program towards health insurance premiums.

24 ~~(25)~~~~(23)~~ "Qualified alien" means an alien as defined  
25 in s. 431 of the Personal Responsibility and Work Opportunity  
26 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

27 ~~(26)~~~~(24)~~ "Resident" means a United States citizen, or  
28 qualified alien, who is domiciled in this state.

29 ~~(27)~~~~(25)~~ "Rural county" means a county having a  
30 population density of less than 100 persons per square mile,  
31 or a county defined by the most recent United States Census as

1 rural, ~~in which there is no prepaid health plan participating~~  
2 ~~in the Medicaid program as of July 1, 1998.~~

3 ~~(28)(26)~~ "Substantially similar" means that, with  
4 respect to additional services as defined in s. 2103(c)(2) of  
5 Title XXI of the Social Security Act, these services must have  
6 an actuarial value equal to at least 75 percent of the  
7 actuarial value of the coverage for that service in the  
8 benchmark benefit plan and, with respect to the basic services  
9 as defined in s. 2103(c)(1) of Title XXI of the Social  
10 Security Act, these services must be the same as the services  
11 in the benchmark benefit plan.

12 Section 11. Section 409.812, Florida Statutes, is  
13 amended to read:

14 409.812 Program created; purpose.--The Florida Kidcare  
15 program is created to provide a defined set of health benefits  
16 to ~~previously~~ uninsured, low-income children through the  
17 establishment of a variety of affordable health benefits  
18 coverage options from which families may select coverage and  
19 through which families may contribute financially to the  
20 health care of their children.

21 Section 12. Section 409.813, Florida Statutes, is  
22 amended to read:

23 409.813 Program components; entitlement and  
24 nonentitlement.--The Florida Kidcare program includes health  
25 benefits coverage provided to children through the following  
26 funding sources, which shall be marketed as the Florida  
27 Kidcare program:

- 28 (1) Title XIX of the Social Security Act Medicaid;  
29 (2) Title XXI of the Social Security Act Medikids as  
30 ~~created in s. 409.8132;~~

31

1           (3) The Title V Program of the Social Security Act, as  
2 it relates to children with special health care needs ~~The~~  
3 ~~Florida Healthy Kids Corporation as created in s. 624.91;~~

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

6           (5) Full pay premiums for children with family incomes  
7 above the maximum income threshold; and ~~The Children's Medical~~  
8 ~~Services network established in chapter 391.~~

9           (6) For children with special health care needs with  
10 family incomes above the maximum income threshold, the family  
11 shall be afforded the opportunity to buy into the Medicaid  
12 program, pursuant to s. 409.904.

13  
14 Except for Title XIX-funded Florida Kidcare coverage ~~under the~~  
15 ~~Medicaid program~~, coverage under the Florida Kidcare program  
16 is not an entitlement. No cause of action shall arise against  
17 the state, the department, the Department of Children and  
18 Family Services, or the agency for failure to make health  
19 services available to any person under ss. 409.810-409.820.

20           Section 13. Section 409.8132, Florida Statutes, is  
21 amended to read:

22           409.8132 Medikids program component.--

23           (1) PROGRAM COMPONENT CREATED; PURPOSE.--The Medikids  
24 program component is created in the Agency for Health Care  
25 Administration to provide health care services under the  
26 Florida Kidcare program to eligible children using the  
27 administrative structure and provider network of the Medicaid  
28 program. Effective July 1, 2008, the Medikids component shall  
29 be operated in accordance with the administrative rules and  
30 policies developed by the Department of Health.

1           (2) ADMINISTRATION.--The secretary of the agency shall  
2 appoint an administrator of the Medikids program component.  
3 The Agency for Health Care Administration is designated as the  
4 state agency authorized to make payments for medical  
5 assistance and related services for the Medikids program  
6 component of the Florida Kidcare program. Payments shall be  
7 made, subject to any limitations or directions in the General  
8 Appropriations Act, only for covered services provided to  
9 eligible children by qualified health care providers under the  
10 Florida Kidcare program.

11           (3) INSURANCE LICENSURE NOT REQUIRED.--The Medikids  
12 program component shall not be subject to the licensing  
13 requirements of the Florida Insurance Code or rules adopted  
14 thereunder.

15           (4) APPLICABILITY OF LAWS RELATING TO MEDICAID.--The  
16 provisions of ss. 409.902, 409.905, 409.906, 409.907, 409.908,  
17 409.912, 409.9121, 409.9122, 409.9123, 409.9124, 409.9127,  
18 409.9128, 409.913, 409.916, 409.919, 409.920, and 409.9205  
19 apply to the administration of the Medikids program component  
20 of the Florida Kidcare program, except that s. 409.9122  
21 applies to Medikids as modified by the provisions of  
22 subsection (7).

23           (5) BENEFITS.--Benefits provided under the Medikids  
24 program component shall be the same benefits provided to  
25 children as specified in ss. 409.905 and 409.906.

26           (6) ELIGIBILITY.--

27           (a) A child who has attained the age of 1 year but who  
28 is under the age of 5 years is eligible to enroll in the  
29 Medikids program component of the Florida Kidcare program, if  
30 the child is a member of a family that has a family income  
31 which exceeds the Medicaid applicable income level as



1 | specified in s. 409.903, but which is equal to or below the  
2 | maximum income threshold ~~200 percent of the current federal~~  
3 | ~~poverty level~~. In determining the eligibility of such a  
4 | child, an assets test is not required. A child who is eligible  
5 | for Medikids may elect to enroll in ~~Florida Healthy Kids~~  
6 | ~~coverage or~~ employer-sponsored group coverage. Effective July  
7 | 1, 2009, age eligibility for the Medikids program component  
8 | will increase to children who are up to age 19 and who do not  
9 | have special health care needs. ~~However, a child who is~~  
10 | ~~eligible for Medikids may participate in the Florida Healthy~~  
11 | ~~Kids program only if the child has a sibling participating in~~  
12 | ~~the Florida Healthy Kids program and the child's county of~~  
13 | ~~residence permits such enrollment~~.

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

16 |           (7) ENROLLMENT.--Enrollment in the Medikids program  
17 | component may occur at any time throughout the year. A child  
18 | may not receive services under the Medikids program until the  
19 | child is enrolled in a managed care plan or MediPass. Once  
20 | determined eligible, an applicant may receive choice  
21 | counseling and select a managed care plan or MediPass. The  
22 | agency may initiate mandatory assignment for a Medikids  
23 | applicant who has not chosen a managed care plan or MediPass  
24 | provider after the applicant's voluntary choice period ends.  
25 | ~~An applicant may select MediPass under the Medikids program~~  
26 | ~~component only in counties that have fewer than two managed~~  
27 | ~~care plans available to serve Medicaid recipients and only if~~  
28 | ~~the federal Health Care Financing Administration determines~~  
29 | ~~that MediPass constitutes "health insurance coverage" as~~  
30 | ~~defined in Title XXI of the Social Security Act~~.

31 |

1           ~~(8) PENALTIES FOR VOLUNTARY CANCELLATION. The agency~~  
2 ~~shall establish enrollment criteria that must include~~  
3 ~~penalties or waiting periods of not fewer than 60 days for~~  
4 ~~reinstatement of coverage upon voluntary cancellation for~~  
5 ~~nonpayment of premiums.~~

6           Section 14. Section 409.8134, Florida Statutes, is  
7 amended to read:

8           409.8134 Program expenditure ceiling; enrollment.--

9           (1) Except for the Medicaid program, a ceiling shall  
10 be placed on annual federal and state expenditures for the  
11 Florida Kidcare program as provided each year in the General  
12 Appropriations Act.

13           (2) The Florida Kidcare program shall ~~may~~ conduct  
14 enrollment continuously ~~at any time~~ throughout the year ~~for~~  
15 ~~the purpose of enrolling children eligible for all program~~  
16 ~~components listed in s. 409.813 except Medicaid. The four~~  
17 ~~Florida Kidcare administrators shall work together to ensure~~  
18 ~~that the year round enrollment period is announced statewide.~~  
19 Children eligible for Title XXI-funded Florida Kidcare  
20 coverage ~~Eligible children~~ shall be enrolled on a first-come,  
21 first-served basis using the date the enrollment application  
22 is received. Enrollment shall immediately cease when the  
23 expenditure ceiling is reached. Year-round enrollment shall  
24 only be held if the Social Services Estimating Conference  
25 determines that sufficient ~~federal and state~~ funds will be  
26 available to finance the increased enrollment ~~through federal~~  
27 ~~fiscal year 2007~~. Any individual who is not enrolled must  
28 reapply by submitting a new application. The application for  
29 the Florida Kidcare program is ~~shall be~~ valid for a period of  
30 120 days after the date it was received. At the end of the  
31 120-day period, if the applicant has not been enrolled in the

1 program, the application ~~is shall be~~ invalid and the applicant  
2 shall be notified of the action. The applicant may reactivate  
3 ~~resubmit~~ the application after notification of the action  
4 taken by the program. Except for the Medicaid program,  
5 whenever the Social Services Estimating Conference determines  
6 that there are presently, or will be by the end of the current  
7 fiscal year, insufficient funds to finance the current or  
8 projected enrollment in the Florida Kidcare program, all  
9 additional enrollment must cease and additional enrollment may  
10 not resume until sufficient funds are available to finance  
11 such enrollment.

12 (3) Upon determination by the Social Services  
13 Estimating Conference that there are insufficient funds to  
14 finance the current enrollment in the Florida Kidcare program  
15 within current appropriations, the program shall initiate  
16 disenrollment procedures to remove enrollees, except those  
17 children who receive Florida Kidcare Plus benefits ~~enrolled in~~  
18 ~~the Children's Medical Services Network~~, on a last-in,  
19 first-out basis until the expenditure and appropriation levels  
20 are balanced.

21 (4) The agencies that administer the Florida Kidcare  
22 program components shall collect and analyze the data needed  
23 to project program enrollment costs, including price level  
24 adjustments, participation and attrition rates, current and  
25 projected caseloads, the estimated number of children in the  
26 state who are uninsured based on data from the most recent  
27 United States Census, utilization, and current and projected  
28 expenditures for the next 3 years. The agencies shall report  
29 caseload and expenditure trends and estimated numbers of  
30 uninsured children to the Social Services Estimating  
31 Conference in accordance with chapter 216.

1           Section 15. Section 409.814, Florida Statutes, is  
2 amended to read:

3           409.814 Eligibility.--A child who has not reached 19  
4 years of age whose family income is equal to or below the  
5 maximum income threshold ~~200 percent of the federal poverty~~  
6 ~~level~~ is eligible for the Florida Kidcare program as provided  
7 in this section. For enrollment in Florida Kidcare Plus ~~the~~  
8 ~~Children's Medical Services Network~~, a complete application  
9 includes clinical eligibility ~~the medical or behavioral health~~  
10 screening. If, subsequently, an individual is determined to be  
11 ineligible for coverage, he or she must immediately be  
12 disenrolled from the respective Florida Kidcare program  
13 component.

14           (1) A child who is eligible for Medicaid coverage  
15 under s. 409.903 or s. 409.904 must be enrolled in Medicaid  
16 and is not eligible to receive health benefits under any other  
17 health benefits coverage authorized under the Florida Kidcare  
18 program.

19           (2) A child who is not eligible for Medicaid, but who  
20 is eligible for the Florida Kidcare program, may obtain health  
21 benefits coverage under any of the other components listed in  
22 s. 409.813 if such coverage is approved and available in the  
23 county in which the child resides. ~~However, a child who is~~  
24 ~~eligible for Medikids may participate in the Florida Healthy~~  
25 ~~Kids program only if the child has a sibling participating in~~  
26 ~~the Florida Healthy Kids program and the child's county of~~  
27 ~~residence permits such enrollment.~~

28           (3) A child who is eligible for the Florida Kidcare  
29 program who is a child with special health care needs, as  
30 determined through a clinical-eligibility ~~medical or~~  
31 ~~behavioral screening~~ instrument, shall receive Florida Kidcare

1 ~~is eligible for health benefits coverage from and shall be~~  
2 ~~referred to the Children's Medical Services Network. A Title~~  
3 ~~XIX-funded child with special health care needs may opt out of~~  
4 ~~Florida Kidcare Plus health benefits coverage and make another~~  
5 ~~selection for the delivery of the child's health benefits~~  
6 ~~coverage.~~

7 (4) A child who becomes ineligible for Title  
8 XIX-funded Florida Kidcare health benefits coverage due to  
9 exceeding income or age limits shall have 60 days of continued  
10 eligibility following redetermination before premium payments  
11 are required in order to allow for a transition to Title  
12 XXI-funded Florida Kidcare without a lapse in coverage.

13 ~~(5)(4)~~ The following children are not eligible to  
14 receive Title XXI-funded premium assistance for health  
15 benefits coverage under the Florida Kidcare program, except  
16 under Medicaid if the child would have been eligible for  
17 Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

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

21 (b) A child who is currently eligible for or covered  
22 under a family member's group health benefit plan or under  
23 other employer health insurance coverage, excluding full pay  
24 ~~Florida Kidcare health benefits coverage provided under the~~  
25 ~~Florida Healthy Kids Corporation as established under s.~~  
26 ~~624.91, if provided that~~ the cost of the child's participation  
27 is not greater than 5 percent of the family's income. ~~This~~  
28 ~~provision shall be applied during redetermination for children~~  
29 ~~who were enrolled prior to July 1, 2004. These enrollees shall~~  
30 ~~have 6 months of eligibility following redetermination to~~  
31 ~~allow for a transition to the other health benefit plan.~~

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

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

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

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

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

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

21 3. The parent who had health benefits coverage for the  
22 child is deceased;

23 4. The child has a medical condition that, without  
24 medical care, would cause serious disability, loss of  
25 function, or death;

26 5. The employer of the parent canceled health benefits  
27 coverage for children;

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

30 7. The child has exhausted coverage under a COBRA  
31 continuation provision;

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

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

5           (g) A child who is otherwise eligible for Kidcare and  
6 who has a preexisting condition that prevents coverage under  
7 another insurance plan as described in paragraph (b) which  
8 would have disqualified the child for Kidcare if the child  
9 were able to enroll in the plan shall be eligible for Kidcare  
10 coverage when enrollment is possible.

11           (6) Subject to a specific appropriation for this  
12 purpose, the following children are eligible to receive  
13 nonfederal premium assistance for health benefits coverage  
14 under the Florida Kidcare program if the child would otherwise  
15 qualify:

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

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

21           (7)(5) A child whose family income is above the  
22 maximum income threshold 200 percent of the federal poverty  
23 level or a child who is excluded under the provisions of  
24 subsection(5)(4) may participate in the Florida Kidcare  
25 program if Medikids program as provided in s. 409.8132 or, if  
26 the child is ineligible for Medikids by reason of age, in the  
27 Florida Healthy Kids program, subject to the following  
28 provisions:

29           (a) the family is not eligible for premium assistance  
30 payments and must pay the full cost of the premium, including  
31 any administrative costs.

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

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

17           ~~(8)(6)~~ Once a child is enrolled in the Florida Kidcare  
18 program, the child is eligible for coverage under the program  
19 for 12 months without a redetermination or reverification of  
20 eligibility, if the family continues to pay the applicable  
21 premium. Eligibility for Florida Kidcare coverage program  
22 ~~components~~ funded through Title XXI of the Social Security Act  
23 shall terminate when a child attains the age of 19. ~~Effective~~  
24 ~~January 1, 1999,~~ A child who has not attained the age of 19 5  
25 and who has been determined eligible for the Medicaid program  
26 is eligible for coverage for 12 months without a  
27 redetermination or reverification of eligibility.

28           ~~(9)(7)~~ When determining or reviewing a child's  
29 eligibility under the Florida Kidcare program, the applicant  
30 shall be provided with reasonable notice of changes in  
31 eligibility which may affect the funding source of the child's



1 ~~Florida Kidcare health benefits coverage enrollment in one or~~  
2 ~~more of the program components.~~ When a transition from one  
3 program component to another is authorized, there shall be  
4 cooperation between the program components, ~~and~~ the affected  
5 family, the child's health plan, and providers which promotes  
6 continuity of health ~~benefits care~~ coverage. When a child is  
7 no longer eligible for Title XIX-funded Florida Kidcare health  
8 benefits coverage, the child's health plan and other providers  
9 shall be notified at the same time the family is notified so  
10 that the health plans and providers may assist the family in  
11 maintaining continuous health care coverage in the Florida  
12 Kidcare program. Any authorized transfers must be managed  
13 within the program's overall appropriated or authorized levels  
14 of funding. Each component of the program shall establish a  
15 reserve to ensure that transfers between components will be  
16 accomplished within current year appropriations. These  
17 reserves shall be reviewed by each convening of the Social  
18 Services Estimating Conference to determine the adequacy of  
19 such reserves to meet actual experience.

20 ~~(10)(8)~~ In determining the eligibility of a child, an  
21 assets test is not required. During the application process  
22 and the redetermination process:

23 (a) Each applicant's family income shall be verified  
24 electronically to determine financial eligibility for the  
25 Florida Kidcare program. Written documentation, which may  
26 include wages and earning statements such as pay stubs, W-2  
27 forms, or a copy of the applicant's most recent federal income  
28 tax return, shall be required only if the electronic  
29 verification does not substantiate the applicant's income.  
30 ~~Each applicant shall provide written documentation during the~~  
31

1 ~~application process and the redetermination process,~~  
2 ~~including, but not limited to, the following:~~

3 ~~(a) Proof of family income, which must include a copy~~  
4 ~~of the applicant's most recent federal income tax return. In~~  
5 ~~the absence of a federal income tax return, an applicant may~~  
6 ~~submit wages and earnings statements (pay stubs), W 2 forms,~~  
7 ~~or other appropriate documents.~~

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

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

12 2. The potential enrollee is not covered by an ~~the~~  
13 employer-sponsored health benefit plan because the potential  
14 enrollee is not eligible for coverage, or, if the potential  
15 enrollee is eligible but not covered, a statement of the cost  
16 to enroll the potential enrollee in the employer-sponsored  
17 health benefit plan.

18 ~~(11)(9)~~ Subject to paragraph ~~(5)(4)(b)~~ ~~and s.~~  
19 ~~624.91(4)~~, the Florida Kidcare program shall withhold benefits  
20 from an enrollee if the program obtains evidence that the  
21 enrollee is no longer eligible, submitted incorrect or  
22 fraudulent information in order to establish eligibility, or  
23 failed to provide verification of eligibility. The applicant  
24 or enrollee shall be notified that because of such evidence  
25 program benefits will be withheld unless the applicant or  
26 enrollee contacts a designated representative of the program  
27 by a specified date, which must be within 14 working ~~10~~ days  
28 after the date of notice, to discuss and resolve the matter.  
29 The program shall make every effort to resolve the matter  
30 within a timeframe that will not cause benefits to be withheld  
31 from an eligible enrollee.

1           ~~(12)~~~~(10)~~ The following individuals may be subject to  
2 prosecution in accordance with s. 414.39:

3           (a) An applicant obtaining or attempting to obtain  
4 benefits for a potential enrollee under the Florida Kidcare  
5 program when the applicant knows or should have known the  
6 potential enrollee does not qualify for the Florida Kidcare  
7 program.

8           (b) An individual who assists an applicant in  
9 obtaining or attempting to obtain benefits for a potential  
10 enrollee under the Florida Kidcare program when the individual  
11 knows or should have known the potential enrollee does not  
12 qualify for the Florida Kidcare program.

13           Section 16. Section 409.815, Florida Statutes, is  
14 amended to read:

15           409.815 Health benefits coverage; limitations.--

16           (1) MEDICAID BENEFITS.--For purposes of the Florida  
17 Kidcare program, benefits available under Medicaid and  
18 Medikids include those goods and services provided under the  
19 medical assistance program authorized by Title XIX of the  
20 Social Security Act, and regulations thereunder, as  
21 administered in this state by the agency. This includes those  
22 mandatory Medicaid services authorized under s. 409.905 and  
23 optional Medicaid services authorized under s. 409.906,  
24 rendered on behalf of eligible individuals by qualified  
25 providers, in accordance with federal requirements for Title  
26 XIX, subject to any limitations or directions provided for in  
27 the General Appropriations Act or chapter 216, and according  
28 to methodologies and limitations set forth in agency rules and  
29 policy manuals and handbooks incorporated by reference  
30 thereto.  
31

1           (2) BENCHMARK BENEFITS.--In order for health benefits  
2 coverage to qualify for premium assistance payments for an  
3 eligible child under ss. 409.810-409.820, the health benefits  
4 coverage must be equivalent to the pediatric Medicaid benefit  
5 package and be based upon a standard and appropriate  
6 assessment of need for the services consistent with Early and  
7 Periodic Screening, Diagnosis, and Treatment requirements as  
8 specified in s. 409.905(2) and Title XIX of the Social  
9 Security Act, except for coverage under Medicaid and Medikids,  
10 must include the following minimum benefits, as medically  
11 necessary.

12           ~~(a) Preventive health services. Covered services~~  
13 ~~include:~~

- 14           1. ~~Well child care, including services recommended in~~  
15 ~~the Guidelines for Health Supervision of Children and Youth as~~  
16 ~~developed by the American Academy of Pediatrics;~~  
17           2. ~~Immunizations and injections;~~  
18           3. ~~Health education counseling and clinical services;~~  
19           4. ~~Vision screening; and~~  
20           5. ~~Hearing screening.~~

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

- 25           1. ~~All admissions must be authorized by the enrollee's~~  
26 ~~health benefits coverage provider.~~  
27           2. ~~The length of the patient stay shall be determined~~  
28 ~~based on the medical condition of the enrollee in relation to~~  
29 ~~the necessary and appropriate level of care.~~

30  
31

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

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

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

12           ~~(d) Maternity services. Covered services include~~  
13 ~~maternity and newborn care, including prenatal and postnatal~~  
14 ~~care, with the following limitations:~~

15           ~~1. Coverage may be limited to the fee for vaginal~~  
16 ~~deliveries; and~~

17           ~~2. Initial inpatient care for newborn infants of~~  
18 ~~enrolled adolescents shall be covered, including normal~~  
19 ~~newborn care, nursery charges, and the initial pediatric or~~  
20 ~~neonatal examination, and the infant may be covered for up to~~  
21 ~~3 days following birth.~~

22           ~~(e) Organ transplantation services. Covered services~~  
23 ~~include pretransplant, transplant, and postdischarge services~~  
24 ~~and treatment of complications after transplantation for~~  
25 ~~transplants deemed necessary and appropriate within the~~  
26 ~~guidelines set by the Organ Transplant Advisory Council under~~  
27 ~~s. 765.53 or the Bone Marrow Transplant Advisory Panel under~~  
28 ~~s. 627.4236.~~

29           ~~(f) Outpatient services. Covered services include~~  
30 ~~preventive, diagnostic, therapeutic, palliative care, and~~  
31 ~~other services provided to an enrollee in the outpatient~~

1 ~~portion of a health facility licensed under chapter 395,~~  
2 ~~except for the following limitations:~~  
3       1. ~~Services must be authorized by the enrollee's~~  
4 ~~health benefits coverage provider; and~~  
5       2. ~~Treatment for temporomandibular joint disease (TMJ)~~  
6 ~~is specifically excluded.~~  
7       (g) ~~Behavioral health services.~~  
8           1. ~~Mental health benefits include:~~  
9           a. ~~Inpatient services, limited to not more than 30~~  
10 ~~inpatient days per contract year for psychiatric admissions,~~  
11 ~~or residential services in facilities licensed under s.~~  
12 ~~394.875(8) or s. 395.003 in lieu of inpatient psychiatric~~  
13 ~~admissions; however, a minimum of 10 of the 30 days shall be~~  
14 ~~available only for inpatient psychiatric services when~~  
15 ~~authorized by a physician; and~~  
16           b. ~~Outpatient services, including outpatient visits~~  
17 ~~for psychological or psychiatric evaluation, diagnosis, and~~  
18 ~~treatment by a licensed mental health professional, limited to~~  
19 ~~a maximum of 40 outpatient visits each contract year.~~  
20           2. ~~Substance abuse services include:~~  
21           a. ~~Inpatient services, limited to not more than 7~~  
22 ~~inpatient days per contract year for medical detoxification~~  
23 ~~only and 30 days of residential services; and~~  
24           b. ~~Outpatient services, including evaluation,~~  
25 ~~diagnosis, and treatment by a licensed practitioner, limited~~  
26 ~~to a maximum of 40 outpatient visits per contract year.~~  
27       (h) ~~Durable medical equipment. Covered services~~  
28 ~~include equipment and devices that are medically indicated to~~  
29 ~~assist in the treatment of a medical condition and~~  
30 ~~specifically prescribed as medically necessary, with the~~  
31 ~~following limitations:~~

- 1           ~~1. Low vision and telescopic aides are not included.~~
- 2           ~~2. Corrective lenses and frames may be limited to one~~  
3 ~~pair every 2 years, unless the prescription or head size of~~  
4 ~~the enrollee changes.~~
- 5           ~~3. Hearing aids shall be covered only when medically~~  
6 ~~indicated to assist in the treatment of a medical condition.~~
- 7           ~~4. Covered prosthetic devices include artificial eyes~~  
8 ~~and limbs, braces, and other artificial aids.~~
- 9           ~~(i) Health practitioner services. Covered services~~  
10 ~~include services and procedures rendered to an enrollee when~~  
11 ~~performed to diagnose and treat diseases, injuries, or other~~  
12 ~~conditions, including care rendered by health practitioners~~  
13 ~~acting within the scope of their practice, with the following~~  
14 ~~exceptions:~~
- 15           ~~1. Chiropractic services shall be provided in the same~~  
16 ~~manner as in the Florida Medicaid program.~~
- 17           ~~2. Podiatric services may be limited to one visit per~~  
18 ~~day totaling two visits per month for specific foot disorders.~~
- 19           ~~(j) Home health services. Covered services include~~  
20 ~~prescribed home visits by both registered and licensed~~  
21 ~~practical nurses to provide skilled nursing services on a~~  
22 ~~part time intermittent basis, subject to the following~~  
23 ~~limitations:~~
- 24           ~~1. Coverage may be limited to include skilled nursing~~  
25 ~~services only;~~
- 26           ~~2. Meals, housekeeping, and personal comfort items may~~  
27 ~~be excluded; and~~
- 28           ~~3. Private duty nursing is limited to circumstances~~  
29 ~~where such care is medically necessary.~~
- 30           ~~(k) Hospice services. Covered services include~~  
31 ~~reasonable and necessary services for palliation or management~~

1 ~~of an enrollee's terminal illness, with the following~~  
2 ~~exceptions:~~

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

6         2. ~~Services required for conditions totally unrelated~~  
7 ~~to the terminal condition are covered to the extent that the~~  
8 ~~services are included in this section.~~

9             ~~(l) Laboratory and X ray services. Covered services~~  
10 ~~include diagnostic testing, including clinical radiologic,~~  
11 ~~laboratory, and other diagnostic tests.~~

12             ~~(m) Nursing facility services. Covered services~~  
13 ~~include regular nursing services, rehabilitation services,~~  
14 ~~drugs and biologicals, medical supplies, and the use of~~  
15 ~~appliances and equipment furnished by the facility, with the~~  
16 ~~following limitations:~~

17                 1. ~~All admissions must be authorized by the health~~  
18 ~~benefits coverage provider.~~

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

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

26                 4. ~~Specialized treatment centers and independent~~  
27 ~~kidney disease treatment centers are excluded.~~

28                 5. ~~Private duty nurses, television, and custodial care~~  
29 ~~are excluded.~~

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



1           ~~(n) Prescribed drugs.~~

2           ~~1. Coverage shall include drugs prescribed for the~~  
3 ~~treatment of illness or injury when prescribed by a licensed~~  
4 ~~health practitioner acting within the scope of his or her~~  
5 ~~practice.~~

6           ~~2. Prescribed drugs may be limited to generics if~~  
7 ~~available and brand name products if a generic substitution is~~  
8 ~~not available, unless the prescribing licensed health~~  
9 ~~practitioner indicates that a brand name is medically~~  
10 ~~necessary.~~

11           ~~3. Prescribed drugs covered under this section shall~~  
12 ~~include all prescribed drugs covered under the Florida~~  
13 ~~Medicaid program.~~

14           ~~(o) Therapy services. Covered services include~~  
15 ~~rehabilitative services, including occupational, physical,~~  
16 ~~respiratory, and speech therapies, with the following~~  
17 ~~limitations:~~

18           ~~1. Services must be for short term rehabilitation~~  
19 ~~where significant improvement in the enrollee's condition will~~  
20 ~~result; and~~

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

25           ~~(p) Transportation services. Covered services include~~  
26 ~~emergency transportation required in response to an emergency~~  
27 ~~situation.~~

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

31

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

5           ~~(a)~~~~(s)~~ Cost-sharing.--Cost-sharing provisions must  
6 comply with s. 409.816.

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

8           1. Experimental or investigational procedures that  
9 have not been clinically proven by reliable evidence are  
10 excluded;

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

13           3. Abortion may be covered only if necessary to save  
14 the life of the mother or if the pregnancy is the result of an  
15 act of rape or incest.

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

17           1. This section sets the minimum benefits that must be  
18 included in any health benefits coverage, ~~other than Medicaid~~  
19 ~~or Medikids coverage,~~ offered under ss. 409.810-409.820.  
20 Health benefits coverage may include additional benefits not  
21 included in the pediatric Medicaid benefit package under this  
22 subsection, but may not include benefits excluded under  
23 paragraph ~~(b)~~~~(s)~~.

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

26  
27 Except for Florida Kidcare Plus benefits ~~the Children's~~  
28 ~~Medical Services Network~~, the agency may not increase the  
29 premium assistance payment for either additional benefits  
30 provided beyond the minimum benefits described in this section  
31 or the imposition of less restrictive service limitations.

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

5           1. Except as expressly provided in this section, a law  
6 requiring coverage for a specific health care service or  
7 benefit, or a law requiring reimbursement, utilization, or  
8 consideration of a specific category of licensed health care  
9 practitioner, does not apply to a health insurance plan policy  
10 or contract offered or delivered under ss. 409.810-409.820  
11 unless that law is made expressly applicable to such policies  
12 or contracts.

13           2. Notwithstanding chapter 641, a health maintenance  
14 organization may issue contracts providing benefits equal to,  
15 exceeding, or actuarially equivalent to the benchmark benefit  
16 plan authorized by this section and may pay providers located  
17 in a rural county negotiated fees or Medicaid reimbursement  
18 rates for services provided to enrollees who are residents of  
19 the rural county.

20           Section 17. Section 409.816, Florida Statutes, is  
21 amended to read:

22           409.816 Limitations on premiums and cost-sharing;  
23 penalties for nonpayment of premiums.--The following  
24 limitations on premiums and cost-sharing are established for  
25 the program.

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

- 29           (a) Enrollment fees, premiums, or similar charges; or  
30           (b) Copayments, deductibles, coinsurance, or similar  
31 charges.

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

5           (a) Enrollment fees, premiums, or similar charges that  
6 exceed the maximum monthly charge permitted under s.  
7 1916(b)(1) of the Social Security Act; or

8           (b) Copayments, deductibles, coinsurance, or similar  
9 charges that exceed a nominal amount, as determined consistent  
10 with regulations referred to in s. 1916(a)(3) of the Social  
11 Security Act. However, such charges may not be imposed for  
12 preventive services, including well-baby and well-child care,  
13 age-appropriate immunizations, and routine hearing and vision  
14 screenings.

15           (3) Enrollees in families with a family income above  
16 150 percent of the federal poverty level, who are not  
17 receiving coverage under the Medicaid program or who are not  
18 eligible under s. 409.814(7) ~~s. 409.814(5)~~, may be required to  
19 pay enrollment fees, premiums, copayments, deductibles,  
20 coinsurance, or similar charges on a sliding scale related to  
21 income, except that the total annual aggregate cost-sharing  
22 with respect to all children in a family may not exceed 5  
23 percent of the family's income. However, copayments,  
24 deductibles, coinsurance, or similar charges may not be  
25 imposed for preventive services, including well-baby and  
26 well-child care, age-appropriate immunizations, and routine  
27 hearing and vision screenings.

28           (4) Enrollees in families having a family income up to  
29 the maximum income threshold who receive Florida Kidcare Plus  
30 benefits may not be required to pay:

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

1           (b) Copayments, deductibles, coinsurance, or similar  
2 charges.

3           (5) The Department of Health may establish penalties  
4 or waiting periods of not more than 30 days for reinstatement  
5 of coverage upon cancellation for nonpayment of premiums.

6           Section 18. Paragraph (i) of subsection (1) of section  
7 409.8177, Florida Statutes, is amended to read:

8           409.8177 Program evaluation.--

9           (1) The agency, in consultation with the Department of  
10 Health, the Department of Children and Family Services, and  
11 the Florida Healthy Kids Corporation, shall contract for an  
12 evaluation of the Florida Kidcare program and shall by January  
13 1 of each year submit to the Governor, the President of the  
14 Senate, and the Speaker of the House of Representatives a  
15 report of the program. In addition to the items specified  
16 under s. 2108 of Title XXI of the Social Security Act, the  
17 report shall include an assessment of crowd-out and access to  
18 health care, as well as the following:

19           (i) An assessment of the effectiveness of the Florida  
20 Kidcare program ~~Medikids, Children's Medical Services network,~~  
21 and other public and private programs in the state in  
22 increasing the availability of affordable quality health  
23 insurance and health care for children. Effective July 1,  
24 2008, the Department of Health shall assume responsibility for  
25 contracting for an evaluation of the Florida Kidcare program.

26           Section 19. Section 409.818, Florida Statutes, is  
27 amended to read:

28           409.818 Administration.--In order to implement ss.  
29 409.810-409.820, the following agencies shall have the  
30 following duties:  
31

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

3           (a) Develop a simplified eligibility application  
4 mail-in form to be used for determining the eligibility of  
5 children for coverage under the Florida Kidcare program, in  
6 consultation with the agency, the Department of Health, and  
7 the Florida Healthy Kids Corporation. The simplified  
8 eligibility application form must include an item that  
9 provides an opportunity for the applicant to indicate whether  
10 coverage is being sought for a child with special health care  
11 needs. Families applying for children's Medicaid coverage must  
12 also be able to use the simplified application form without  
13 having to pay a premium.

14           (b) Establish and maintain the eligibility  
15 determination process under the program except as specified in  
16 subsections (2) and (4) ~~subsection (5)~~. No later than October  
17 1, 2008, the department also shall directly, or through the  
18 services of a contracted third-party administrator, establish  
19 and maintain a process for determining non-Title XIX  
20 eligibility of children for coverage under the program, which  
21 shall be conducted in accordance with administrative rules and  
22 policies established by the Department of Health. The  
23 eligibility determination process must be used solely for  
24 determining eligibility of applicants for health benefits  
25 coverage under the program. The eligibility determination  
26 process must include an initial determination of eligibility  
27 for any coverage offered under the program, as well as a  
28 redetermination or reverification of eligibility each  
29 subsequent 12 ~~6~~ months. Effective July 1, 2007 ~~January 1,~~  
30 ~~1999,~~ a child who has not attained the age of 19 ~~5~~ and who has  
31 been determined eligible for the Medicaid program is eligible

1 | for coverage for 12 months without a redetermination or  
2 | reverification of eligibility. In conducting an eligibility  
3 | determination, the department shall determine if the child has  
4 | special health care needs. The department, in consultation  
5 | with the Agency for Health Care Administration and the Florida  
6 | Healthy Kids Corporation, shall develop procedures for  
7 | redetermining eligibility which enable a family to easily  
8 | update any change in circumstances which could affect  
9 | eligibility. The department may accept changes in a family's  
10 | status as reported to the department by the Florida Healthy  
11 | Kids Corporation without requiring a new application from the  
12 | family. Redetermination of a child's eligibility for Medicaid  
13 | may not be linked to a child's eligibility determination for  
14 | other programs.

15 |         (c) Inform program applicants about eligibility  
16 | determinations and provide information about eligibility of  
17 | applicants to the Florida Kidcare program ~~Medicaid, Medikids,~~  
18 | ~~the Children's Medical Services Network, and the Florida~~  
19 | ~~Healthy Kids Corporation,~~ and to insurers and their agents,  
20 | through a centralized coordinating office.

21 |         (d) Adopt rules necessary for conducting program  
22 | eligibility functions.

23 |         (2) The Department of Health shall:

24 |             (a) Design an eligibility intake process and policies  
25 | for non-Title XXI eligibility determination for the program,  
26 | in coordination with the Department of Children and Family  
27 | Services, the agency, and the Florida Healthy Kids  
28 | Corporation. The eligibility intake process may include local  
29 | intake points that are determined by the Department of Health  
30 | in coordination with the Department of Children and Family  
31 | Services.

1           (b) Chair a state-level children's health coordinating  
2 council to review and make recommendations concerning the  
3 implementation and operation of children's health programs ~~the~~  
4 ~~program~~. The coordinating council shall include  
5 representatives from the department, the Department of  
6 Children and Family Services, the agency, the Florida Healthy  
7 Kids Corporation, the Office of Insurance Regulation of the  
8 Financial Services Commission, local government, health  
9 insurers, health maintenance organizations, health care  
10 providers, families participating in the program, and  
11 organizations representing low-income families.

12           (c) In consultation with the agency, the Department of  
13 Children and Family Services and the Florida Healthy Kids  
14 Corporation, adopt rules necessary to implement the Florida  
15 Kidcare program.

16           (d) In consultation with the children's health  
17 coordinating council, develop and implement a plan to  
18 publicize the Florida Kidcare program, the eligibility  
19 requirements of the program, and the procedures for enrollment  
20 in the program and to maintain public awareness of and  
21 outreach for the Florida Kidcare program.

22           (e) Determine clinical eligibility for and administer  
23 Florida Kidcare Plus health benefits coverage.

24           (f) In consultation with the agency, develop a minimum  
25 set of pediatric quality assurance and access standards,  
26 including reporting requirements, for the Florida Kidcare  
27 program. The standards must include a process for granting  
28 exceptions to specific requirements for quality assurance and  
29 access. Compliance with the standards shall be a condition of  
30 program participation by health benefits coverage providers.  
31 These standards shall comply with the provisions of this



1 chapter and chapter 641 and Title XXI of the Social Security  
2 Act.

3 (g) Effective July 1, 2008, coordinate Florida Kidcare  
4 administrative activities, including, but not limited to:

5 1. Florida Kidcare policy development;

6 2. Federal and state legislative and budget issue  
7 development; and

8 3. Administrative rules and policies, except for  
9 eligibility determination or redetermination for the Title  
10 XIX-funded component of Florida Kidcare.

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

15 ~~(d) Adopt rules necessary to implement outreach~~  
16 ~~activities.~~

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

19 (a) Calculate the premium assistance payment necessary  
20 to comply with the premium and cost-sharing limitations  
21 specified in s. 409.816. The premium assistance payment for  
22 each enrollee in a health insurance plan participating in the  
23 Florida Healthy Kids Corporation shall equal the premium  
24 approved by the Florida Healthy Kids Corporation and the  
25 Office of Insurance Regulation of the Financial Services  
26 Commission pursuant to ss. 627.410 and 641.31, less any  
27 enrollee's share of the premium established within the  
28 limitations specified in s. 409.816. The premium assistance  
29 payment for each enrollee in an employer-sponsored health  
30 insurance plan approved under ss. 409.810-409.820 shall equal  
31 the premium for the plan adjusted for any benchmark benefit

1 | plan actuarial equivalent benefit rider approved by the Office  
2 | of Insurance Regulation pursuant to ss. 627.410 and 641.31,  
3 | less any enrollee's share of the premium established within  
4 | the limitations specified in s. 409.816. In calculating the  
5 | premium assistance payment levels for children with family  
6 | coverage, the agency shall set the premium assistance payment  
7 | levels for each child proportionately to the total cost of  
8 | family coverage.

9 |         (b) Make premium assistance payments to health  
10 | insurance plans on a periodic basis. The agency may use its  
11 | Medicaid fiscal agent or a contracted third-party  
12 | administrator in making these payments. The agency may  
13 | require health insurance plans that participate in the  
14 | Medikids program or employer-sponsored group health insurance  
15 | to collect premium payments from an enrollee's family.  
16 | Participating health insurance plans shall report premium  
17 | payments collected on behalf of enrollees in the program to  
18 | the agency in accordance with a schedule established by the  
19 | agency.

20 |         (c) Monitor compliance with pediatric quality  
21 | assurance and access standards developed by the Department of  
22 | Health ~~under s. 409.820.~~

23 |         (d) Establish a mechanism for investigating and  
24 | resolving complaints and grievances from program applicants,  
25 | enrollees, and health benefits coverage providers, and  
26 | maintain a record of complaints and confirmed problems. In the  
27 | case of a child who is enrolled in a health maintenance  
28 | organization, the agency must use the provisions of s. 641.511  
29 | to address grievance reporting and resolution requirements.  
30 | Effective July 1, 2008, the Department of Health shall assume  
31 | responsibility for this function.

1           (e) Approve health benefits coverage for participation  
2 in the program, ~~following certification by the Office of~~  
3 ~~Insurance Regulation under subsection (4).~~ Effective July 1,  
4 2008, the Department of Health shall assume responsibility for  
5 this function.

6           (f) Adopt all rules necessary to comply with or  
7 administer ss. 409.810-409.820 and all rules necessary to  
8 comply with federal requirements, including, at a minimum,  
9 rules specifying policies, procedures, and criteria for the  
10 following activities:

- 11           1. Calculating premium assistance payment levels;
- 12           2. Making premium assistance payments;
- 13           3. Monitoring access and quality assurance standards;
- 14           4. Investigating and resolving complaints and  
15 grievances;
- 16           5. Administering the Medikids program;
- 17           6. Approving health benefits coverage; and
- 18           7. Determining application and enrollment  
19 requirements, including documentation requirements,  
20 eligibility determinations and redeterminations, enrollee  
21 premium payment requirements, cancellation of coverage,  
22 reinstatement of coverage, disenrollment procedures, applicant  
23 and enrollee notification requirements, application and  
24 enrollment time processing standards, and call center  
25 standards.

26  
27 Effective July 1, 2008, the Department of Health shall assume  
28 responsibility for administrative rulemaking activities  
29 specified in subparagraphs 3, 4, 6, and 7. ~~Adopt rules~~  
30 necessary for calculating premium assistance payment levels,  
31 making premium assistance payments, monitoring access and

1 ~~quality assurance standards, investigating and resolving~~  
2 ~~complaints and grievances, administering the Medikids program,~~  
3 ~~and approving health benefits coverage.~~ The agency is  
4 designated the lead state agency for Title XXI of the Social  
5 Security Act for purposes of receipt of federal funds, for  
6 reporting purposes, and for ensuring compliance with federal  
7 and state regulations and rules.

8 ~~(4) The Office of Insurance Regulation shall certify~~  
9 ~~that health benefits coverage plans that seek to provide~~  
10 ~~services under the Florida Kidcare program, except those~~  
11 ~~offered through the Florida Healthy Kids Corporation or the~~  
12 ~~Children's Medical Services Network, meet, exceed, or are~~  
13 ~~actuarially equivalent to the benchmark benefit plan and that~~  
14 ~~health insurance plans will be offered at an approved rate. In~~  
15 ~~determining actuarial equivalence of benefits coverage, the~~  
16 ~~Office of Insurance Regulation and health insurance plans must~~  
17 ~~comply with the requirements of s. 2103 of Title XXI of the~~  
18 ~~Social Security Act. The department shall adopt rules~~  
19 ~~necessary for certifying health benefits coverage plans.~~

20 ~~(4)(a)(5)~~ The Florida Healthy Kids Corporation shall  
21 retain its functions as authorized in s. 624.91, including  
22 eligibility determination for participation in the non-Title  
23 XIX-funded Florida Kidcare program Healthy Kids program.  
24 Effective July 1, 2008, non-Title XIX-funded Florida Kidcare  
25 eligibility determinations shall be conducted in accordance  
26 with administrative rules and policies established by the  
27 Department of Health.

28 (5) The Department of Health, in consultation with the  
29 agency, the Department of Children and Family Services, and  
30 the Florida Healthy Kids Corporation, and  
31

1           ~~(6) The agency, the Department of Health, the~~  
2 ~~Department of Children and Family Services, the Florida~~  
3 ~~Healthy Kids Corporation, and the Office of Insurance~~  
4 ~~Regulation,~~ after consultation with and approval of the  
5 Speaker of the House of Representatives and the President of  
6 the Senate, are authorized to make program modifications that  
7 are necessary to overcome any objections of the United States  
8 Department of Health and Human Services to obtain approval of  
9 the state's child health insurance plan under Title XXI of the  
10 Social Security Act.

11           Section 20. Section 409.820, Florida Statutes, is  
12 repealed.

13           Section 21. Section 409.821, Florida Statutes, is  
14 amended to read:

15           409.821 Florida Kidcare program public records  
16 exemption.--Notwithstanding any other law to the contrary, any  
17 information identifying a Florida Kidcare program applicant or  
18 enrollee, as defined in s. 409.811, held by the Agency for  
19 Health Care Administration, the Department of Children and  
20 Family Services, the Department of Health, or the Florida  
21 Healthy Kids Corporation is confidential and exempt from s.  
22 119.07(1) and s. 24(a), Art. I of the State Constitution. Such  
23 information may be disclosed to another governmental entity  
24 only if disclosure is necessary for the entity to perform its  
25 duties and responsibilities under the Florida Kidcare program  
26 and shall be disclosed to the Department of Revenue for  
27 purposes of administering the state Title IV-D program. The  
28 receiving governmental entity must maintain the confidential  
29 and exempt status of such information. Furthermore, such  
30 information may not be released to any person without the  
31 written consent of the program applicant. This exemption

1 applies to any information identifying a Florida Kidcare  
2 program applicant or enrollee held by the Agency for Health  
3 Care Administration, the Department of Children and Family  
4 Services, the Department of Health, or the Florida Healthy  
5 Kids Corporation before, on, or after the effective date of  
6 this exemption. A violation of this section is a misdemeanor  
7 of the second degree, punishable as provided in s. 775.082 or  
8 s. 775.083. This section does not prohibit an enrollee's  
9 parent or legal guardian from obtaining any record relating to  
10 the enrollee's Florida Kidcare application or coverage,  
11 including, but not limited to, confirmation of coverage, the  
12 dates of coverage, the name of the enrollee's health plan, and  
13 the amount of premium.

14 Section 22. Section 409.904, Florida Statutes, is  
15 amended to read:

16 409.904 Optional payments for eligible persons.--The  
17 agency may make payments for medical assistance and related  
18 services on behalf of the following persons who are determined  
19 to be eligible subject to the income, assets, and categorical  
20 eligibility tests set forth in federal and state law. Payment  
21 on behalf of these Medicaid eligible persons is subject to the  
22 availability of moneys and any limitations established by the  
23 General Appropriations Act or chapter 216.

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

28 (b) Effective January 1, 2006, and subject to federal  
29 waiver approval, a person who is age 65 or older or is  
30 determined to be disabled, whose income is at or below 88  
31 percent of the federal poverty level, whose assets do not

1 exceed established limitations, and who is not eligible for  
2 Medicare or, if eligible for Medicare, is also eligible for  
3 and receiving Medicaid-covered institutional care services,  
4 hospice services, or home and community-based services. The  
5 agency shall seek federal authorization through a waiver to  
6 provide this coverage.

7 (2) A family, a pregnant woman, a child under age 21,  
8 a person age 65 or over, or a blind or disabled person, who  
9 would be eligible under any group listed in s. 409.903(1),  
10 (2), or (3), except that the income or assets of such family  
11 or person exceed established limitations. For a family or  
12 person in one of these coverage groups, medical expenses are  
13 deductible from income in accordance with federal requirements  
14 in order to make a determination of eligibility. A family or  
15 person eligible under the coverage known as the "medically  
16 needy," is eligible to receive the same services as other  
17 Medicaid recipients, with the exception of services in skilled  
18 nursing facilities and intermediate care facilities for the  
19 developmentally disabled.

20 (3) A person who is in need of the services of a  
21 licensed nursing facility, a licensed intermediate care  
22 facility for the developmentally disabled, or a state mental  
23 hospital, whose income does not exceed 300 percent of the SSI  
24 income standard, and who meets the assets standards  
25 established under federal and state law. In determining the  
26 person's responsibility for the cost of care, the following  
27 amounts must be deducted from the person's income:

28 (a) The monthly personal allowance for residents as  
29 set based on appropriations.  
30  
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1 (b) The reasonable costs of medically necessary  
2 services and supplies that are not reimbursable by the  
3 Medicaid program.

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

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

11 (5) Subject to specific federal authorization, a woman  
12 living in a family that has an income that is at or below 200  
13 ~~185~~ percent of the most current federal poverty level is  
14 eligible for family planning services as specified in s.  
15 409.905(3) for a period of up to 24 months following a loss of  
16 Medicaid benefits.

17 (6) A child who has not attained the age of 19 who has  
18 been determined eligible for the Medicaid program is deemed to  
19 be eligible for a total of 12 ~~6~~ months, regardless of changes  
20 in circumstances other than attainment of the maximum age.  
21 ~~Effective January 1, 1999, a child who has not attained the~~  
22 ~~age of 5 and who has been determined eligible for the Medicaid~~  
23 ~~program is deemed to be eligible for a total of 12 months~~  
24 ~~regardless of changes in circumstances other than attainment~~  
25 ~~of the maximum age.~~

26 (7) A pregnant woman for the duration of her pregnancy  
27 and for the postpartum period as defined by federal law and  
28 rules, or a child under 1 year of age, who lives in a family  
29 that has an income above 185 percent of the most recently  
30 published federal poverty level, but which is at or below 200  
31 percent of such poverty level. In determining the eligibility



1 of such pregnant woman or child, an assets test is not  
2 required. A child who is eligible for Medicaid under this  
3 subsection must be offered the opportunity, subject to federal  
4 rules, to be made presumptively eligible. A pregnant woman or  
5 child who has been deemed presumptively eligible for Medicaid  
6 shall not be enrolled in a managed care plan until full  
7 eligibility for Medicaid has been determined.

8 (8) A child who has attained the age of 6 but has not  
9 attained the age of 19 and who lives in a family that has an  
10 income above 100 percent of the most recently published  
11 federal poverty level, which is at or below 133 percent of  
12 such poverty level. In determining the eligibility of such  
13 child, an assets test is not required. A child who is eligible  
14 for Medicaid under this subsection must be offered the  
15 opportunity, subject to federal rules, to be made  
16 presumptively eligible.

17 (9)(8) A Medicaid-eligible individual for the  
18 individual's health insurance premiums, if the agency  
19 determines that such payments are cost-effective.

20 (10)(9) Eligible women with incomes at or below 200  
21 percent of the federal poverty level and under age 65, for  
22 cancer treatment pursuant to the federal Breast and Cervical  
23 Cancer Prevention and Treatment Act of 2000, screened through  
24 the Mary Brogan Breast and Cervical Cancer Early Detection  
25 Program established under s. 381.93.

26 (11) The agency shall submit a state plan amendment to  
27 the Federal Government to implement the provisions of the  
28 Family Opportunity Act, pursuant to the Deficit Reduction Act  
29 of 2005.

30 Section 23. Paragraph (a) of subsection (2) of section  
31 409.91211, Florida Statutes, is amended to read:

1           409.91211 Medicaid managed care pilot program.--

2           (2) The Legislature intends for the capitated managed  
3 care pilot program to:

4           (a) Provide, except for those enrolled in the Florida  
5 Kidcare program, recipients in Medicaid fee-for-service or the  
6 MediPass program a comprehensive and coordinated capitated  
7 managed care system for all health care services specified in  
8 ss. 409.905 and 409.906.

9           Section 24. Section 624.91, Florida Statutes, is  
10 amended to read:

11           624.91 The Florida Healthy Kids Corporation Act.--

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

14           (2) LEGISLATIVE INTENT.--

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

25           (b) It is the intent of the Legislature that the  
26 Florida Healthy Kids Corporation serve as one of several  
27 providers of services to children eligible for medical  
28 assistance under Title XXI of the Social Security Act.  
29 Although the corporation may serve other children, the  
30 Legislature intends the primary recipients of services  
31 provided through the corporation be school-age children with a

1 family income below 200 percent of the federal poverty level,  
2 who do not qualify for Medicaid. It is also the intent of the  
3 Legislature that state and local government Florida Healthy  
4 Kids funds be used to continue coverage, subject to specific  
5 appropriations in the General Appropriations Act, to children  
6 not eligible for federal matching funds under Title XXI.

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

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

12 ~~(b) Notwithstanding s. 409.814, legal aliens who are~~  
13 ~~enrolled in the Florida Healthy Kids program as of January 31,~~  
14 ~~2004, who do not qualify for Title XXI federal funds because~~  
15 ~~they are not qualified aliens as defined in s. 409.811.~~

16 ~~(3)(4) NONENTITLEMENT.--~~Nothing in this section shall  
17 be construed as providing an individual with an entitlement to  
18 health care services. No cause of action shall arise against  
19 the state, the Florida Healthy Kids Corporation, or a unit of  
20 local government for failure to make health services available  
21 under this section.

22 ~~(4)(5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--~~

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

25 (b) The Florida Healthy Kids Corporation shall:

26 1. Arrange for the collection of any family, local  
27 contributions, or employer payment or premium, in an amount to  
28 be determined by the board of directors, to provide for  
29 payment of premiums for health benefits ~~comprehensive~~  
30 ~~insurance~~ coverage and for the actual or estimated  
31 administrative expenses.

1           2. Arrange for the collection of any voluntary  
2 contributions to provide for payment of Florida Kidcare  
3 premiums for children who are not eligible for medical  
4 assistance under Title XIX or Title XXI of the Social Security  
5 Act.

6           3. Subject to the provisions of s. 409.8134, accept  
7 voluntary supplemental local match contributions that comply  
8 with the requirements of Title XXI of the Social Security Act  
9 for the purpose of providing additional Florida Kidcare  
10 coverage in contributing counties under Title XXI.

11           4. Establish the administrative and accounting  
12 procedures for the operation of the corporation.

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

19           6. Determine eligibility for children seeking to  
20 participate in the Title XXI-funded components of the Florida  
21 Kidcare program consistent with the requirements specified in  
22 s. 409.814, as well as the non-Title-XXI-eligible children as  
23 provided in subsection (3). Effective July 1, 2008, this  
24 function shall be performed in accordance with administrative  
25 rules and policies established by the Department of Health.

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

30           8. ~~Establish participation criteria and, if~~  
31 ~~appropriate,~~ Contract with an authorized insurer, health

1 maintenance organization, or third-party administrator to  
2 provide administrative services for Florida Kidcare to the  
3 ~~corporation~~. Effective July 1, 2008, this function shall be  
4 performed in accordance with administrative rules and policies  
5 established by the Department of Health.

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

10 ~~9.10.~~ Contract with authorized insurers or any  
11 provider of health care services, meeting quality assurance  
12 and access standards established by the Department of Health  
13 ~~corporation~~, for the provision of comprehensive insurance  
14 coverage to participants. Such standards shall include  
15 criteria under which the corporation may contract with more  
16 than one provider of health care services in program sites.  
17 Health plans shall be selected through a competitive bid  
18 process. The Florida Healthy Kids Corporation shall purchase  
19 goods and services in the most cost-effective manner  
20 consistent with the delivery of quality medical care. The  
21 maximum administrative cost for a Florida Healthy Kids  
22 Corporation contract shall be 15 percent. For health care  
23 contracts, the minimum medical loss ratio for a Florida  
24 Healthy Kids Corporation contract shall be 85 percent. For  
25 dental contracts, the remaining compensation to be paid to the  
26 authorized insurer or provider under a Florida Healthy Kids  
27 Corporation contract shall be no less than an amount which is  
28 85 percent of premium; to the extent any contract provision  
29 does not provide for this minimum compensation, this section  
30 shall prevail. The health plan selection criteria and scoring  
31

1 system, and the scoring results, shall be available upon  
2 request for inspection after the bids have been awarded.

3 ~~10.11.~~ Establish disenrollment criteria in the event  
4 local matching funds are insufficient to cover enrollments.

5 11. Maintain a toll-free telephone line to assist  
6 families with questions about the program. Effective July 1,  
7 2008, this function shall be performed in accordance with  
8 administrative rules and policies established by the  
9 Department of Health.

10 ~~12. Develop and implement a plan to publicize the~~  
11 ~~Florida Healthy Kids Corporation, the eligibility requirements~~  
12 ~~of the program, and the procedures for enrollment in the~~  
13 ~~program and to maintain public awareness of the corporation~~  
14 ~~and the program.~~

15 ~~12.13.~~ Secure staff necessary to properly administer  
16 the corporation. Staff costs shall be funded from state and  
17 local matching funds and such other private or public funds as  
18 become available. The board of directors shall determine the  
19 number of staff members necessary to administer the  
20 corporation.

21 13. No later than January 1, 2008, the health benefits  
22 coverage provided by the corporation's authorized insurers and  
23 health maintenance organizations shall conform with the  
24 benchmark benefits specified in s. 409.815.

25 ~~14. Provide a report annually to the Governor, Chief~~  
26 ~~Financial Officer, Commissioner of Education, Senate~~  
27 ~~President, Speaker of the House of Representatives, and~~  
28 ~~Minority Leaders of the Senate and the House of~~  
29 ~~Representatives.~~

1           ~~15. Establish benefit packages which conform to the~~  
2 ~~provisions of the Florida Kidcare program, as created in ss.~~  
3 ~~409.810-409.820.~~

4           (c) Coverage under the corporation's program is  
5 secondary to any other available private coverage held by, or  
6 applicable to, the participant child or family member.  
7 Insurers under contract with the corporation are the payors of  
8 last resort and must coordinate benefits with any other  
9 third-party payor that may be liable for the participant's  
10 medical care.

11           (d) The Florida Healthy Kids Corporation shall be a  
12 private corporation not for profit, organized pursuant to  
13 chapter 617, and shall have all powers necessary to carry out  
14 the purposes of this act, including, but not limited to, the  
15 power to receive and accept grants, loans, or advances of  
16 funds from any public or private agency and to receive and  
17 accept from any source contributions of money, property,  
18 labor, or any other thing of value, to be held, used, and  
19 applied for the purposes of this act.

20           (6) BOARD OF DIRECTORS.--

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

26           1. The Secretary of Health Care Administration, or his  
27 or her designee;

28           2. One member appointed by the Commissioner of  
29 Education from the Office of School Health Programs of the  
30 Florida Department of Education;

31

1           3. One member appointed by the Chief Financial Officer  
2 from among three members nominated by the Florida Pediatric  
3 Society;

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

6           5. One member appointed by the Chief Financial Officer  
7 from among three members nominated by the Florida Hospital  
8 Association;

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

11           7. One member, appointed by the Chief Financial  
12 Officer, from among three members nominated by the Florida  
13 Academy of Family Physicians;

14           8. One member, appointed by the Governor, who  
15 represents the state Medicaid program;

16           9. One member, appointed by the Chief Financial  
17 Officer, from among three members nominated by the Florida  
18 Association of Counties; and

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

20           (b) A member of the board of directors may be removed  
21 by the official who appointed that member. The board shall  
22 appoint an executive director, who is responsible for other  
23 staff authorized by the board.

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

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



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

2           (a) The corporation shall not be deemed an insurer.  
3 The officers, directors, and employees of the corporation  
4 shall not be deemed to be agents of an insurer. Neither the  
5 corporation nor any officer, director, or employee of the  
6 corporation is subject to the licensing requirements of the  
7 insurance code or the rules of the Department of Financial  
8 Services. However, any marketing representative utilized and  
9 compensated by the corporation must be appointed as a  
10 representative of the insurers or health services providers  
11 with which the corporation contracts.

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

14           (c) The Department of Financial Services shall  
15 supervise any liquidation or dissolution of the corporation  
16 and shall have, with respect to such liquidation or  
17 dissolution, all power granted to it pursuant to the insurance  
18 code.

19           (8) ACCESS TO RECORDS; CONFIDENTIALITY;  
20 PENALTIES.--Notwithstanding any other laws to the contrary,  
21 the Florida Healthy Kids Corporation shall have access to the  
22 medical records of a student upon receipt of permission from a  
23 parent or guardian of the student. Such medical records may be  
24 maintained by state and local agencies. Any identifying  
25 information, including medical records and family financial  
26 information, obtained by the corporation pursuant to this  
27 subsection is confidential and is exempt from the provisions  
28 of s. 119.07(1). Neither the corporation nor the staff or  
29 agents of the corporation may release, without the written  
30 consent of the participant or the parent or guardian of the  
31 participant, to any state or federal agency, to any private

1 business or person, or to any other entity, any confidential  
2 information received pursuant to this subsection. A violation  
3 of this subsection is a misdemeanor of the second degree,  
4 punishable as provided in s. 775.082 or s. 775.083.

5 Section 25. Effective June 30, 2009, section 624.91,  
6 Florida Statutes, as amended by this act, is repealed.

7 Section 26. Except as otherwise expressly provided in  
8 this act, this act shall take effect July 1, 2007.

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1 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN  
2 COMMITTEE SUBSTITUTE FOR  
3 Senate Bill 930

4 The committee substitute creates the Florida Commission on  
5 Children's Health in the Executive Office of the Governor;  
6 creates the Division of Children's Health Insurance and Office  
7 of Child Health Coordination in the Department of Health, and  
8 specifies their responsibilities.

9 The committee substitute renames the Children's Medical  
10 Services Program to the Children's Health Program and provides  
11 it the responsibility to consolidate and coordinate Florida  
12 Kidcare child health policy, development of pediatric benefit  
13 packages, development of budget and federal and state  
14 legislative issues, and development of pediatric quality  
15 assurance and access standards.

16 The committee substitute also clarifies and adds definitions  
17 relating to the Florida Kidcare Program; revises the  
18 components of the program; allows certain persons to buy into  
19 the Medicaid program; changes eligibility criteria for  
20 children so they can participate in certain components;  
21 repeals penalties for voluntary cancellation of policies for  
22 non-payment of premiums; requires the AHCA to estimate the  
23 number of uninsured children; expands Medicaid eligibility for  
24 a limited time to allow families to transition from Title XIX  
25 funded components to Title XXI funded components without a gap  
26 in coverage; eliminates contradictory eligibility criteria;  
27 extends eligibility for reasons of good cause for voluntary  
28 cancellation of employer-sponsored health coverage; extends  
29 premium assistance eligibility to children who are dependents  
30 of state employees and non-qualified legal aliens; repeals the  
31 10 percent limit on full-pay enrollees in Medikids and Florida  
Healthy Kids; requires that health plans and other providers  
are notified of their members losing Medicaid or Medikids  
eligibility so they may assist them in maintaining continuous  
coverage in the Florida Kidcare program; requires eligibility  
information to be electronically verified to the extent  
possible; redefines the benchmark benefit package for the  
program; prohibits requiring children with special health care  
needs from paying premiums and copayments in certain  
situations; transfers and consolidates most administrative  
functions in the entire Florida Kidcare program under the  
Department of Health effective July 1, 2008; clarifies that  
parents and legal guardians have access to certain enrollment  
information; extends Medicaid coverage to certain pregnant  
women; extends Medicaid coverage to children between 6 and 19  
years of age who have incomes between 100 and 133 percent of  
the federal poverty level; modifies the legislative intent  
related to the Medicaid managed care pilot program; and  
repeals the Florida Healthy Kids Corporation effective June  
30, 2009.