

1                                   A bill to be entitled  
2       An act relating to the Florida Kidcare program; amending  
3       s. 409.810, F.S.; correcting a cross-reference; amending  
4       s. 409.811, F.S.; providing definitions; conforming cross-  
5       references; amending s. 409.812, F.S.; expanding  
6       application of the Florida Kidcare program to include all  
7       uninsured, low-income children; amending s. 409.813, F.S.;  
8       specifying funding sources for health benefits coverage  
9       for certain children; specifying program components to be  
10      marketed as the Florida Kidcare program; conforming cross-  
11      references; amending s. 409.8132, F.S.; conforming a  
12      cross-reference; revising provisions relating to penalties  
13      for nonpayment of premiums and waiting periods for  
14      reinstatement of coverage; amending s. 409.8134, F.S.;  
15      revising provisions relating to enrollment in the Florida  
16      Kidcare program; amending s. 409.814, F.S.; removing a  
17      restriction on participation in the Florida Healthy Kids  
18      program; authorizing certain enrollees to opt out of the  
19      Children's Medical Services network; providing for  
20      continuation of Florida Kidcare program eligibility under  
21      certain circumstances; revising coverage limitations;  
22      restricting enrollment of children whose coverage was  
23      voluntarily canceled; providing exceptions; deleting  
24      provisions that place a limit on enrollment in Medikids  
25      and the Florida Healthy Kids program; revising age and  
26      income limitations for Title XXI-funded Florida Kidcare  
27      coverage; requiring notice to health plans and MediPass  
28      providers when a child is no longer eligible for certain

29 coverage; providing for electronic verification of an  
30 applicant's income; providing circumstances under which  
31 written documentation is required; revising the timeframe  
32 for an enrollee to resolve disputes regarding the  
33 withholding of benefits; amending s. 409.815, F.S.;  
34 permitting the Agency for Health Care Administration to  
35 increase certain premium assistance payments for Florida  
36 Kidcare Plus benefits under certain circumstances;  
37 revising a limitation on certain covered maternity  
38 services; conforming cross-references; amending s.  
39 409.816, F.S.; providing limitations on premiums and cost-  
40 sharing payments by enrollees covered under Title XIX of  
41 the Social Security Act; conforming a cross-reference;  
42 amending s. 409.817, F.S.; conforming a cross-reference;  
43 amending s. 409.8177, F.S.; revising information to be  
44 included in the annual program evaluation report to the  
45 Governor and Legislature; amending s. 409.818, F.S.;  
46 revising an age limitation for Florida Kidcare coverage;  
47 requiring the Department of Health to chair a Florida  
48 Kidcare coordinating council and adopt certain rules in  
49 conjunction therewith; removing a provision requiring  
50 establishment of a toll-free telephone line; conforming  
51 cross-references; amending s. 409.821, F.S., relating to  
52 the Florida Kidcare program public records exemption;  
53 providing for disclosure of certain confidential and  
54 exempt information relating to an enrollee's application  
55 or coverage to an enrollee's parent or legal guardian;  
56 amending s. 409.904, F.S.; revising provisions relating to

57 | eligibility of certain children for the Medicaid program;  
 58 | amending s. 624.91, F.S.; revising the duties of the  
 59 | Florida Healthy Kids Corporation; deleting provisions  
 60 | relating to publicizing the Florida Kidcare Corporation;  
 61 | correcting a cross-reference; providing an effective date.  
 62 |

63 | Be It Enacted by the Legislature of the State of Florida:  
 64 |

65 | Section 1. Section 409.810, Florida Statutes, is amended  
 66 | to read:

67 | 409.810 Short title.--Sections 409.810-409.821 ~~409.810-~~  
 68 | ~~409.820~~ may be cited as the "Florida Kidcare Act."  
 69 |

70 | Section 2. Section 409.811, Florida Statutes, is amended  
 71 | to read:

72 | 409.811 Definitions relating to Florida Kidcare Act.--As  
 73 | used in ss. 409.810-409.821 ~~409.810-409.820~~, the term:

74 | (1) "Actuarially equivalent" means that:

75 | (a) The aggregate value of the benefits included in health  
 76 | benefits coverage is equal to the value of the benefits in the  
 77 | benchmark benefit plan; and

78 | (b) The benefits included in health benefits coverage are  
 79 | substantially similar to the benefits included in the benchmark  
 80 | benefit plan, except that preventive health services must be the  
 81 | same as in the benchmark benefit plan.

82 | (2) "Agency" means the Agency for Health Care  
 83 | Administration.

84 | (3) "Applicant" means a parent or guardian of a child or a  
 child whose disability of nonage has been removed under chapter

85 743, who applies for determination of eligibility for health  
 86 benefits coverage under ss. 409.810-409.821 ~~409.810-409.820~~.

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

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

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

99 (7) "Children's Medical Services network" or "network"  
 100 means a statewide managed care service system as defined in s.  
 101 391.021(1).

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

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

107 (10) "Enrollee" means a child who has been determined  
 108 eligible for and is receiving coverage under ss. 409.810-409.821  
 109 ~~409.810-409.820~~.

110 (11) "Family" means the group or the individuals whose  
 111 income is considered in determining eligibility for the Florida  
 112 Kidcare program. The family includes a child with a custodial

113 parent or caretaker relative who resides in the same house or  
 114 living unit or, in the case of a child whose disability of  
 115 nonage has been removed under chapter 743, the child. The family  
 116 may also include other individuals whose income and resources  
 117 are considered in whole or in part in determining eligibility of  
 118 the child.

119 (12) "Family income" means cash received at periodic  
 120 intervals from any source, such as wages, benefits,  
 121 contributions, or rental property. Income also may include any  
 122 money that would have been counted as income under the Aid to  
 123 Families with Dependent Children (AFDC) state plan in effect  
 124 prior to August 22, 1996.

125 (13) "Florida Kidcare Plus" means health benefits coverage  
 126 for children with special health care needs delivered through  
 127 the Children's Medical Services network.

128 (14)~~(13)~~ "Florida Kidcare program," "Kidcare program," or  
 129 "program" means the health benefits program administered through  
 130 ss. 409.810-409.821 ~~409.810-409.820~~.

131 (15)~~(14)~~ "Guarantee issue" means that health benefits  
 132 coverage must be offered to an individual regardless of the  
 133 individual's health status, preexisting condition, or claims  
 134 history.

135 (16)~~(15)~~ "Health benefits coverage" means protection that  
 136 provides payment of benefits for covered health care services or  
 137 that otherwise provides, either directly or through arrangements  
 138 with other persons, covered health care services on a prepaid  
 139 per capita basis or on a prepaid aggregate fixed-sum basis.

140        ~~(17)~~~~(16)~~ "Health insurance plan" means health benefits  
 141 coverage under the following:

142        (a) A health plan offered by any certified health  
 143 maintenance organization or authorized health insurer, except a  
 144 plan that is limited to the following: a limited benefit,  
 145 specified disease, or specified accident; hospital indemnity;  
 146 accident only; limited benefit convalescent care; Medicare  
 147 supplement; credit disability; dental; vision; long-term care;  
 148 disability income; coverage issued as a supplement to another  
 149 health plan; workers' compensation liability or other insurance;  
 150 or motor vehicle medical payment only; or

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

154        (18) "Maximum income threshold" means a percentage of the  
 155 current federal poverty level used to determine eligibility for  
 156 certain program components, as approved by federal waiver or an  
 157 amendment to the state plan.

158        ~~(19)~~~~(17)~~ "Medicaid" means the medical assistance program  
 159 authorized by Title XIX of the Social Security Act, and  
 160 regulations thereunder, and ss. 409.901-409.920, as administered  
 161 in this state by the agency.

162        (20)~~(18)~~ "Medically necessary" means the use of any  
 163 medical treatment, service, equipment, or supply necessary to  
 164 palliate the effects of a terminal condition, or to prevent,  
 165 diagnose, correct, cure, alleviate, or preclude deterioration of  
 166 a condition that threatens life, causes pain or suffering, or  
 167 results in illness or infirmity and which is:

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

170 (b) Provided in accordance with generally accepted  
 171 standards of medical practice;

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

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

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

179 (21)~~(19)~~ "Medikids" means a component of the Florida  
 180 Kidcare program of medical assistance authorized by Title XXI of  
 181 the Social Security Act, and regulations thereunder, and s.  
 182 409.8132, as administered in the state by the agency.

183 (22)~~(20)~~ "Preexisting condition exclusion" means, with  
 184 respect to coverage, a limitation or exclusion of benefits  
 185 relating to a condition based on the fact that the condition was  
 186 present before the date of enrollment for such coverage, whether  
 187 or not any medical advice, diagnosis, care, or treatment was  
 188 recommended or received before such date.

189 (23)~~(21)~~ "Premium" means the entire cost of a health  
 190 insurance plan, including the administration fee or the risk  
 191 assumption charge.

192 (24)~~(22)~~ "Premium assistance payment" means the monthly  
 193 consideration paid by the agency per enrollee in the Florida  
 194 Kidcare program towards health insurance premiums.

195        (25)~~(23)~~ "Qualified alien" means an alien as defined in s.  
 196 431 of the Personal Responsibility and Work Opportunity  
 197 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

198        (26)~~(24)~~ "Resident" means a United States citizen, or  
 199 qualified alien, who is domiciled in this state.

200        (27)~~(25)~~ "Rural county" means a county having a population  
 201 density of less than 100 persons per square mile, or a county  
 202 defined by the most recent United States Census as rural, in  
 203 which there is no prepaid health plan participating in the  
 204 Medicaid program as of July 1, 1998.

205        (28)~~(26)~~ "Substantially similar" means that, with respect  
 206 to additional services as defined in s. 2103(c)(2) of Title XXI  
 207 of the Social Security Act, these services must have an  
 208 actuarial value equal to at least 75 percent of the actuarial  
 209 value of the coverage for that service in the benchmark benefit  
 210 plan and, with respect to the basic services as defined in s.  
 211 2103(c)(1) of Title XXI of the Social Security Act, these  
 212 services must be the same as the services in the benchmark  
 213 benefit plan.

214        Section 3. Section 409.812, Florida Statutes, is amended  
 215 to read:

216        409.812 Program created; purpose.--The Florida Kidcare  
 217 program is created to provide a defined set of health benefits  
 218 to ~~previously~~ uninsured, low-income children through the  
 219 establishment of a variety of affordable health benefits  
 220 coverage options from which families may select coverage and  
 221 through which families may contribute financially to the health  
 222 care of their children.



223 Section 4. Section 409.813, Florida Statutes, is amended  
224 to read:

225 409.813 Health benefits coverage; program components;  
226 entitlement and nonentitlement.--

227 (1) The Florida Kidcare program includes health benefits  
228 coverage provided to children as follows through:

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

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

236 (c) For children with family incomes up to the maximum  
237 income threshold who do not qualify for health benefits coverage  
238 under Title XXI of the Social Security Act, health benefits  
239 coverage is funded through general revenue or local  
240 contributions if a specific appropriation is provided for this  
241 purpose.

242 (d) For children with family incomes above the maximum  
243 income threshold, health benefits coverage is funded through  
244 family premiums.

245 (2) The Florida Kidcare program includes health benefits  
246 coverage provided to children through the following program  
247 components, which shall be marketed as the Florida Kidcare  
248 program:

249 (a)~~(1)~~ Medicaid;

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

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

253        ~~(d)(4)~~ Employer-sponsored group health insurance plans  
 254 approved under ss. 409.810-409.821 ~~409.810-409.820~~; and

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

257        (3) Except for Title XIX-funded Florida Kidcare program  
 258 coverage under the Medicaid program, coverage under the Florida  
 259 Kidcare program is not an entitlement. No cause of action shall  
 260 arise against the state, the department, the Department of  
 261 Children and Family Services, or the agency for failure to make  
 262 health services available to any person under ss. 409.810-  
 263 409.821 ~~409.810-409.820~~.

264        Section 5. Paragraph (b) of subsection (6) and subsection  
 265 (8) of section 409.8132, Florida Statutes, are amended to read:  
 266        409.8132 Medikids program component.--

267        (6) ELIGIBILITY.--

268        (b) The provisions of s. 409.814(3), (4), ~~and (5)~~, (6),  
 269 and (7) shall be applicable to the Medikids program.

270        (8) PENALTIES FOR VOLUNTARY CANCELLATION.--The agency  
 271 shall establish enrollment criteria that ~~must~~ include penalties  
 272 or waiting periods of 30 ~~not fewer than 60~~ days for  
 273 reinstatement of coverage upon voluntary cancellation for  
 274 nonpayment of premiums.

275        Section 6. Section 409.8134, Florida Statutes, is amended  
 276 to read:

277        409.8134 Program expenditure ceiling; enrollment.--

278 (1) Except for the Medicaid program, a ceiling shall be  
 279 placed on annual federal and state expenditures for the Florida  
 280 Kidcare program as provided each year in the General  
 281 Appropriations Act.

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

306 | fiscal year, insufficient funds to finance the current or  
 307 | projected enrollment in the Florida Kidcare program, all  
 308 | additional enrollment must cease and additional enrollment may  
 309 | not resume until sufficient funds are available to finance such  
 310 | enrollment.

311 |       (3) Upon determination by the Social Services Estimating  
 312 | Conference that there are insufficient funds to finance the  
 313 | current enrollment in the Florida Kidcare program within current  
 314 | appropriations, the program shall initiate disenrollment  
 315 | procedures to remove enrollees, except those children enrolled  
 316 | in Florida Kidcare Plus ~~the Children's Medical Services Network~~,  
 317 | on a last-in, first-out basis until the expenditure and  
 318 | appropriation levels are balanced.

319 |       (4) The agencies that administer the Florida Kidcare  
 320 | program components shall collect and analyze the data needed to  
 321 | project program enrollment costs, including price level  
 322 | adjustments, participation and attrition rates, current and  
 323 | projected caseloads, utilization, and current and projected  
 324 | expenditures for the next 3 years. The agencies shall report  
 325 | caseload and expenditure trends to the Social Services  
 326 | Estimating Conference in accordance with chapter 216.

327 |       Section 7. Section 409.814, Florida Statutes, is amended  
 328 | to read:

329 |       409.814 Eligibility.--A child who has not reached 19 years  
 330 | of age whose family income is equal to or below 200 percent of  
 331 | the federal poverty level is eligible for the Florida Kidcare  
 332 | program as provided in this section. For enrollment in Florida  
 333 | Kidcare Plus ~~the Children's Medical Services Network~~, a complete

334 application includes the medical or behavioral health screening.  
 335 If, subsequently, an individual is determined to be ineligible  
 336 for coverage, he or she must immediately be disenrolled from the  
 337 respective Florida Kidcare program component.

338 (1) A child who is eligible for Medicaid coverage under s.  
 339 409.903 or s. 409.904 must be enrolled in Medicaid and is not  
 340 eligible to receive health benefits under any other health  
 341 benefits coverage authorized under the Florida Kidcare program.

342 (2) A child who is not eligible for Medicaid, but who is  
 343 eligible for the Florida Kidcare program, may obtain health  
 344 benefits coverage under any of the other components listed in s.  
 345 409.813 if such coverage is approved and available in the county  
 346 in which the child resides. ~~However, a child who is eligible for~~  
 347 ~~Medikids may participate in the Florida Healthy Kids program~~  
 348 ~~only if the child has a sibling participating in the Florida~~  
 349 ~~Healthy Kids program and the child's county of residence permits~~  
 350 ~~such enrollment.~~

351 (3) A child who is eligible for the Florida Kidcare  
 352 program who is a child with special health care needs, as  
 353 determined through a medical or behavioral screening instrument,  
 354 shall receive Florida Kidcare Plus ~~is eligible for~~ health  
 355 benefits coverage and shall be assigned to and may opt out of  
 356 ~~from and shall be referred to~~ the Children's Medical Services  
 357 network.

358 (4) A child who becomes ineligible for Title XIX-funded  
 359 Florida Kidcare program coverage due to exceeding income or age  
 360 limitations shall be presumed eligible for the Title XXI-funded  
 361 component of the Florida Kidcare program and shall have 60 days

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362 of continued eligibility following redetermination before  
363 premium payments are required in order to allow for a transition  
364 to coverage under the Title XXI-funded component of the Florida  
365 Kidcare program without a lapse in coverage. The state shall use  
366 a Title XXI financing option for the 60 days of presumptive  
367 eligibility. Potential Florida Kidcare Plus, Medikids, and  
368 Florida Healthy Kids enrollees shall retain coverage with the  
369 Children's Medical Services network or their Medicaid or managed  
370 care providers during the transition period.

371 (5)(4) The following children are not eligible to receive  
372 Title XXI-funded premium assistance for health benefits coverage  
373 under the Florida Kidcare program, except under Medicaid if the  
374 child would have been eligible for Medicaid under s. 409.903 or  
375 s. 409.904 as of June 1, 1997:

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

379 (b) A child who is ~~currently eligible for or~~ covered under  
380 a family member's group health benefit plan or under other  
381 private or employer health insurance coverage, excluding  
382 ~~coverage provided under the Florida Healthy Kids Corporation as~~  
383 ~~established under s. 624.91,~~ provided that the cost of the  
384 child's participation is not greater than 5 percent of the  
385 family's income. If a child is otherwise eligible for a subsidy  
386 in the Florida Kidcare program and the cost of the child's  
387 participation in the family member's health insurance benefit  
388 plan is greater than 5 percent of the family's income, this  
389 section does not apply. This provision shall be applied during

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390 ~~redetermination for children who were enrolled prior to July 1,~~  
391 ~~2004. These enrollees shall have 6 months of eligibility~~  
392 ~~following redetermination to allow for a transition to the other~~  
393 ~~health benefit plan.~~

394 (c) A child who is seeking premium assistance for the  
395 Florida Kidcare program through employer-sponsored group  
396 coverage, if the child has been covered by the same employer's  
397 group coverage during the 90 days ~~6 months~~ prior to the family's  
398 submitting an application for determination of eligibility under  
399 the program.

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

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

404 (f) A child who is otherwise eligible for premium  
405 assistance for the Florida Kidcare program and has had his or  
406 her coverage in an employer-sponsored or private health benefit  
407 plan voluntarily canceled in the last 90 days 6 months, except  
408 those children whose coverage was voluntarily canceled for good  
409 cause, including, but not limited to, the following  
410 circumstances:

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

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

416 3. The parent with health benefits coverage for the child  
417 is deceased;

418           4. The child has a medical condition that, without medical  
 419 care, would cause serious disability, loss of function, or  
 420 death;

421           5. The employer of the parent canceled health benefits  
 422 coverage for children;

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

425           7. The child has exhausted coverage under a COBRA  
 426 continuation provision;

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

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

431           (6)~~(g)~~ A child who is otherwise eligible for the Florida  
 432 Kidcare program and who has a preexisting condition that  
 433 prevents coverage under another insurance plan as described in  
 434 paragraph (5) (b) that ~~which~~ would have disqualified the child  
 435 for the Florida Kidcare program if the child were able to enroll  
 436 in the plan shall be eligible for Florida Kidcare coverage when  
 437 enrollment is possible.

438           (7)~~(5)~~ A child whose family income is above 200 percent of  
 439 the federal poverty level or a child who is excluded under the  
 440 provisions of subsection (5) ~~(4)~~ may participate in the Florida  
 441 Kidcare program. However, ~~Medikids program as provided in s.~~  
 442 ~~409.8132 or, if the child is ineligible for Medikids by reason~~  
 443 ~~of age, in the Florida Healthy Kids program, subject to the~~  
 444 ~~following provisions:~~



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

448       ~~(a)~~~~(b)~~ The agency is authorized to place limits on  
 449 enrollment in Medikids by these children in order to avoid  
 450 adverse selection. The number of children participating in  
 451 Medikids whose family income exceeds 250 ~~200~~ percent of the  
 452 federal poverty level must not exceed 25 ~~10~~ percent of total  
 453 enrollees in the Medikids program.

454       ~~(b)~~~~(e)~~ The board of directors of the Florida Healthy Kids  
 455 Corporation is authorized to place limits on enrollment of these  
 456 children in order to avoid adverse selection. ~~In addition, the~~  
 457 ~~board is authorized to offer a reduced benefit package to these~~  
 458 ~~children in order to limit program costs for such families.~~ The  
 459 number of children participating in the Florida Healthy Kids  
 460 program whose family income exceeds 250 ~~200~~ percent of the  
 461 federal poverty level must not exceed 25 ~~10~~ percent of total  
 462 enrollees in the Florida Healthy Kids program.

463       (c) Except for families who are enrolled in the program on  
 464 July 1, 2008, or who are in transition from coverage in a  
 465 subsidized Kidcare program, a family whose income exceeds 250  
 466 percent of the federal poverty level must have been uninsured  
 467 for 6 consecutive months prior to enrollment in the program.

468       (8)~~(6)~~ Once a child is enrolled in the Florida Kidcare  
 469 program, the child is eligible for coverage under the program  
 470 for 12 months without a redetermination or reverification of  
 471 eligibility, if the family continues to pay the applicable  
 472 premium. Eligibility for Florida Kidcare coverage program

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473 ~~components~~ funded through Title XXI of the Social Security Act  
474 shall terminate when a child attains the age of 19. ~~Effective~~  
475 ~~January 1, 1999,~~ A child who has not attained the age of 19 5  
476 and who has been determined eligible for the Medicaid program is  
477 eligible for coverage for 12 months without a redetermination or  
478 reverification of eligibility.

479 (9) (7) When determining or reviewing a child's eligibility  
480 under the Florida Kidcare program, the applicant shall be  
481 provided with reasonable notice of changes in eligibility which  
482 may affect enrollment in one or more of the program components.  
483 When a transition from one program component to another is  
484 authorized, there shall be cooperation between the program  
485 components, ~~and~~ the affected family, the child's health plan,  
486 and MediPass providers that which promotes continuity of health  
487 care coverage. When a child is no longer eligible for Florida  
488 Kidcare coverage funded through Title XIX or Title XXI of the  
489 Social Security Act, the child's health plan and other MediPass  
490 providers shall be notified so that the health plans and  
491 providers may assist the family in obtaining coverage through  
492 other available health care providers. Any authorized transfers  
493 must be managed within the program's overall appropriated or  
494 authorized levels of funding. Each component of the program  
495 shall establish a reserve to ensure that transfers between  
496 components will be accomplished within current year  
497 appropriations. These reserves shall be reviewed by each  
498 convening of the Social Services Estimating Conference to  
499 determine the adequacy of such reserves to meet actual  
500 experience.

501        ~~(10)(8)~~ In determining the eligibility of a child, an  
502 assets test is not required. ~~Each applicant shall provide~~  
503 ~~written documentation~~ During the application process and the  
504 redetermination process, ~~including, but not limited to, the~~  
505 ~~following:~~

506        (a) Each applicant's Proof of family income shall be  
507 verified electronically to determine financial eligibility for  
508 the Florida Kidcare program. Written documentation, which may  
509 ~~must~~ include wages and earnings statements (pay stubs), W-2  
510 forms, or a copy of the applicant's most recent federal income  
511 tax return, shall be required only if the electronic  
512 verification is not available or does not substantiate the  
513 applicant's income. In the absence of a federal income tax  
514 ~~return, an applicant may submit wages and earnings statements~~  
515 ~~(pay stubs), W 2 forms, or other appropriate documents.~~

516        (b) Each applicant shall provide a statement from all  
517 applicable, employed family members that:

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

520        2. The potential enrollee is not covered by an ~~the~~  
521 employer-sponsored health benefit plan because the potential  
522 enrollee is not eligible for coverage, or, if the potential  
523 enrollee is eligible but not covered, a statement of the cost to  
524 enroll the potential enrollee in the employer-sponsored health  
525 benefit plan. If the cost of the employer-sponsored health  
526 benefit plan is greater than 5 percent of the family's income  
527 and the potential enrollee is otherwise eligible for premium

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528 assistance, he or she may be enrolled in the appropriate Florida  
529 Kidcare program component.

530 (11)~~(9)~~ Subject to paragraph (5) (b) ~~(4) (b) and s.~~  
531 ~~624.91(4)~~, the Florida Kidcare program shall withhold benefits  
532 from an enrollee if the program obtains evidence that the  
533 enrollee is no longer eligible, submitted incorrect or  
534 fraudulent information in order to establish eligibility, or  
535 failed to provide verification of eligibility. The applicant or  
536 enrollee shall be notified that because of such evidence,  
537 program benefits will be withheld unless the applicant or  
538 enrollee contacts a designated representative of the program by  
539 a specified date, which must be within 10 working days after the  
540 date of notice, to discuss and resolve the matter. The program  
541 shall make every effort to resolve the matter within a timeframe  
542 that will not cause benefits to be withheld from an eligible  
543 enrollee.

544 (12)~~(10)~~ The following individuals may be subject to  
545 prosecution in accordance with s. 414.39:

546 (a) An applicant obtaining or attempting to obtain  
547 benefits for a potential enrollee under the Florida Kidcare  
548 program when the applicant knows or should have known the  
549 potential enrollee does not qualify for the Florida Kidcare  
550 program.

551 (b) An individual who assists an applicant in obtaining or  
552 attempting to obtain benefits for a potential enrollee under the  
553 Florida Kidcare program when the individual knows or should have  
554 known the potential enrollee does not qualify for the Florida  
555 Kidcare program.

556 Section 8. Subsection (2) of section 409.815, Florida  
 557 Statutes, is amended to read:

558 409.815 Health benefits coverage; limitations.--

559 (2) BENCHMARK BENEFITS.--In order for health benefits  
 560 coverage to qualify for premium assistance payments for an  
 561 eligible child under ss. 409.810-409.821 ~~409.810-409.820~~, the  
 562 health benefits coverage, except for coverage under Medicaid and  
 563 Medikids, must include the following minimum benefits, as  
 564 medically necessary.

565 (a) Preventive health services.--Covered services include:

- 566 1. Well-child care, including services recommended in the
- 567 Guidelines for Health Supervision of Children and Youth as
- 568 developed by the American Academy of Pediatrics;
- 569 2. Immunizations and injections;
- 570 3. Health education counseling and clinical services;
- 571 4. Vision screening; and
- 572 5. Hearing screening.

573 (b) Inpatient hospital services.--All covered services  
 574 provided for the medical care and treatment of an enrollee who  
 575 is admitted as an inpatient to a hospital licensed under part I  
 576 of chapter 395, with the following exceptions:

577 1. All admissions must be authorized by the enrollee's  
 578 health benefits coverage provider.

579 2. The length of the patient stay shall be determined  
 580 based on the medical condition of the enrollee in relation to  
 581 the necessary and appropriate level of care.

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

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

587           (c) Emergency services.--Covered services include visits  
588 to an emergency room or other licensed facility if needed  
589 immediately due to an injury or illness and delay means risk of  
590 permanent damage to the enrollee's health. Health maintenance  
591 organizations shall comply with the provisions of s. 641.513.

592           (d) Maternity services.--Covered services include  
593 maternity and newborn care, including prenatal and postnatal  
594 care, with the following limitations:

595           1. Coverage may be limited to the fee for vaginal  
596 deliveries, unless another method of delivery is determined to  
597 be medically necessary or better for the health of the mother or  
598 the child; and

599           2. Initial inpatient care for newborn infants of enrolled  
600 adolescents shall be covered, including normal newborn care,  
601 nursery charges, and the initial pediatric or neonatal  
602 examination, and the infant may be covered for up to 3 days  
603 following birth.

604           (e) Organ transplantation services.--Covered services  
605 include pretransplant, transplant, and postdischarge services  
606 and treatment of complications after transplantation for  
607 transplants deemed necessary and appropriate within the  
608 guidelines set by the Organ Transplant Advisory Council under s.

609 765.53 or the Bone Marrow Transplant Advisory Panel under s.  
 610 627.4236.

611 (f) Outpatient services.--Covered services include  
 612 preventive, diagnostic, therapeutic, palliative care, and other  
 613 services provided to an enrollee in the outpatient portion of a  
 614 health facility licensed under chapter 395, except for the  
 615 following limitations:

- 616 1. Services must be authorized by the enrollee's health  
 617 benefits coverage provider; and
- 618 2. Treatment for temporomandibular joint disease (TMJ) is  
 619 specifically excluded.

620 (g) Behavioral health services.--

621 1. Mental health benefits include:

- 622 a. Inpatient services, limited to not more than 30  
 623 inpatient days per contract year for psychiatric admissions, or  
 624 residential services in facilities licensed under s. 394.875(6)  
 625 or s. 395.003 in lieu of inpatient psychiatric admissions;  
 626 however, a minimum of 10 of the 30 days shall be available only  
 627 for inpatient psychiatric services when authorized by a  
 628 physician; and

- 629 b. Outpatient services, including outpatient visits for  
 630 psychological or psychiatric evaluation, diagnosis, and  
 631 treatment by a licensed mental health professional, limited to a  
 632 maximum of 40 outpatient visits each contract year.

633 2. Substance abuse services include:

- 634 a. Inpatient services, limited to not more than 7  
 635 inpatient days per contract year for medical detoxification only  
 636 and 30 days of residential services; and

637           b. Outpatient services, including evaluation, diagnosis,  
638 and treatment by a licensed practitioner, limited to a maximum  
639 of 40 outpatient visits per contract year.

640           (h) Durable medical equipment.--Covered services include  
641 equipment and devices that are medically indicated to assist in  
642 the treatment of a medical condition and specifically prescribed  
643 as medically necessary, with the following limitations:

- 644           1. Low-vision and telescopic aides are not included.
- 645           2. Corrective lenses and frames may be limited to one pair  
646 every 2 years, unless the prescription or head size of the  
647 enrollee changes.
- 648           3. Hearing aids shall be covered only when medically  
649 indicated to assist in the treatment of a medical condition.
- 650           4. Covered prosthetic devices include artificial eyes and  
651 limbs, braces, and other artificial aids.

652           (i) Health practitioner services.--Covered services  
653 include services and procedures rendered to an enrollee when  
654 performed to diagnose and treat diseases, injuries, or other  
655 conditions, including care rendered by health practitioners  
656 acting within the scope of their practice, with the following  
657 exceptions:

- 658           1. Chiropractic services shall be provided in the same  
659 manner as in the Florida Medicaid program.
- 660           2. Podiatric services may be limited to one visit per day  
661 totaling two visits per month for specific foot disorders.

662           (j) Home health services.--Covered services include  
663 prescribed home visits by both registered and licensed practical



664 nurses to provide skilled nursing services on a part-time  
 665 intermittent basis, subject to the following limitations:

666 1. Coverage may be limited to include skilled nursing  
 667 services only;

668 2. Meals, housekeeping, and personal comfort items may be  
 669 excluded; and

670 3. Private duty nursing is limited to circumstances where  
 671 such care is medically necessary.

672 (k) Hospice services.--Covered services include reasonable  
 673 and necessary services for palliation or management of an  
 674 enrollee's terminal illness, with the following exceptions:

675 1. Once a family elects to receive hospice care for an  
 676 enrollee, other services that treat the terminal condition will  
 677 not be covered; and

678 2. Services required for conditions totally unrelated to  
 679 the terminal condition are covered to the extent that the  
 680 services are included in this section.

681 (l) Laboratory and X-ray services.--Covered services  
 682 include diagnostic testing, including clinical radiologic,  
 683 laboratory, and other diagnostic tests.

684 (m) Nursing facility services.--Covered services include  
 685 regular nursing services, rehabilitation services, drugs and  
 686 biologicals, medical supplies, and the use of appliances and  
 687 equipment furnished by the facility, with the following  
 688 limitations:

689 1. All admissions must be authorized by the health  
 690 benefits coverage provider.

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

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

698           4. Specialized treatment centers and independent kidney  
 699 disease treatment centers are excluded.

700           5. Private duty nurses, television, and custodial care are  
 701 excluded.

702           6. Admissions for rehabilitation and physical therapy are  
 703 limited to 15 days per contract year.

704           (n) Prescribed drugs.--

705           1. Coverage shall include drugs prescribed for the  
 706 treatment of illness or injury when prescribed by a licensed  
 707 health practitioner acting within the scope of his or her  
 708 practice.

709           2. Prescribed drugs may be limited to generics if  
 710 available and brand name products if a generic substitution is  
 711 not available, unless the prescribing licensed health  
 712 practitioner indicates that a brand name is medically necessary.

713           3. Prescribed drugs covered under this section shall  
 714 include all prescribed drugs covered under the Florida Medicaid  
 715 program.

716           (o) Therapy services.--Covered services include  
 717 rehabilitative services, including occupational, physical,

718 respiratory, and speech therapies, with the following  
 719 limitations:

720 1. Services must be for short-term rehabilitation where  
 721 significant improvement in the enrollee's condition will result;  
 722 and

723 2. Services shall be limited to not more than 24 treatment  
 724 sessions within a 60-day period per episode or injury, with the  
 725 60-day period beginning with the first treatment.

726 (p) Transportation services.--Covered services include  
 727 emergency transportation required in response to an emergency  
 728 situation.

729 (q) Dental services.--Dental services shall be covered and  
 730 may include those dental benefits provided to children by the  
 731 Florida Medicaid program under s. 409.906(6).

732 (r) Lifetime maximum.--Health benefits coverage obtained  
 733 under ss. 409.810-409.821 ~~409.810-409.820~~ shall pay an  
 734 enrollee's covered expenses at a lifetime maximum of \$1 million  
 735 per covered child.

736 (s) Cost-sharing.--Cost-sharing provisions must comply  
 737 with s. 409.816.

738 (t) Exclusions.--

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

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

743 3. Abortion may be covered only if necessary to save the  
 744 life of the mother or if the pregnancy is the result of an act  
 745 of rape or incest.

746 (u) Enhancements to minimum requirements.--

747 1. This section sets the minimum benefits that must be  
 748 included in any health benefits coverage, other than Medicaid or  
 749 Medikids coverage, offered under ss. 409.810-409.821 ~~409.810-~~  
 750 ~~409.820~~. Health benefits coverage may include additional  
 751 benefits not included under this subsection, but may not include  
 752 benefits excluded under paragraph (s).

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

755  
 756 Except for Florida Kidcare Plus benefits ~~the Children's Medical~~  
 757 ~~Services Network~~, the agency may not increase the premium  
 758 assistance payment for either additional benefits provided  
 759 beyond the minimum benefits described in this section or the  
 760 imposition of less restrictive service limitations.

761 (v) Applicability of other state laws.--Health insurers,  
 762 health maintenance organizations, and their agents are subject  
 763 to the provisions of the Florida Insurance Code, except for any  
 764 such provisions waived in this section.

765 1. Except as expressly provided in this section, a law  
 766 requiring coverage for a specific health care service or  
 767 benefit, or a law requiring reimbursement, utilization, or  
 768 consideration of a specific category of licensed health care  
 769 practitioner, does not apply to a health insurance plan policy  
 770 or contract offered or delivered under ss. 409.810-409.821  
 771 ~~409.810-409.820~~ unless that law is made expressly applicable to  
 772 such policies or contracts.

773           2. Notwithstanding chapter 641, a health maintenance  
 774 organization may issue contracts providing benefits equal to,  
 775 exceeding, or actuarially equivalent to the benchmark benefit  
 776 plan authorized by this section and may pay providers located in  
 777 a rural county negotiated fees or Medicaid reimbursement rates  
 778 for services provided to enrollees who are residents of the  
 779 rural county.

780           Section 9. Subsections (1) and (3) of section 409.816,  
 781 Florida Statutes, are amended to read:

782           409.816 Limitations on premiums and cost-sharing.--The  
 783 following limitations on premiums and cost-sharing are  
 784 established for the program.

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

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

789           (b) Copayments, deductibles, coinsurance, or similar  
 790 charges.

791           (3) Enrollees in families with a family income above 150  
 792 percent of the federal poverty level, who are not receiving  
 793 coverage under the Medicaid program or who are not eligible  
 794 under s. 409.814 (7) ~~(5)~~, may be required to pay enrollment fees,  
 795 premiums, copayments, deductibles, coinsurance, or similar  
 796 charges on a sliding scale related to income, except that the  
 797 total annual aggregate cost-sharing with respect to all children  
 798 in a family may not exceed 5 percent of the family's income.  
 799 However, copayments, deductibles, coinsurance, or similar  
 800 charges may not be imposed for preventive services, including

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801 well-baby and well-child care, age-appropriate immunizations,  
 802 and routine hearing and vision screenings.

803 Section 10. Section 409.817, Florida Statutes, is amended  
 804 to read:

805 409.817 Approval of health benefits coverage; financial  
 806 assistance.--In order for health insurance coverage to qualify  
 807 for premium assistance payments for an eligible child under ss.  
 808 409.810-409.821 ~~409.810-409.820~~, the health benefits coverage  
 809 must:

810 (1) Be certified by the Office of Insurance Regulation of  
 811 the Financial Services Commission under s. 409.818 as meeting,  
 812 exceeding, or being actuarially equivalent to the benchmark  
 813 benefit plan;

814 (2) Be guarantee issued;

815 (3) Be community rated;

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

820 (5) Comply with the applicable limitations on premiums and  
 821 cost-sharing in s. 409.816;

822 (6) Comply with the quality assurance and access standards  
 823 developed under s. 409.820; and

824 (7) Establish periodic open enrollment periods, which may  
 825 not occur more frequently than quarterly.

826 Section 11. Paragraph (i) of subsection (1) of section  
 827 409.8177, Florida Statutes, is amended to read:

828 409.8177 Program evaluation.--

829 (1) The agency, in consultation with the Department of  
 830 Health, the Department of Children and Family Services, and the  
 831 Florida Healthy Kids Corporation, shall contract for an  
 832 evaluation of the Florida Kidcare program and shall by January 1  
 833 of each year submit to the Governor, the President of the  
 834 Senate, and the Speaker of the House of Representatives a report  
 835 of the program. In addition to the items specified under s. 2108  
 836 of Title XXI of the Social Security Act, the report shall  
 837 include an assessment of crowd-out and access to health care, as  
 838 well as the following:

839 (i) An assessment of the effectiveness of the Florida  
 840 Kidcare program ~~Medikids, Children's Medical Services network,~~  
 841 and other public and private programs in the state in increasing  
 842 the availability of affordable quality health insurance and  
 843 health care for children.

844 Section 12. Section 409.818, Florida Statutes, is amended  
 845 to read:

846 409.818 Administration.--In order to implement ss.  
 847 409.810-409.821 ~~409.810-409.820~~, the following agencies shall  
 848 have the following duties:

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

850 (a) Develop a simplified eligibility application mail-in  
 851 form to be used for determining the eligibility of children for  
 852 coverage under the Florida Kidcare program, in consultation with  
 853 the agency, the Department of Health, and the Florida Healthy  
 854 Kids Corporation. The simplified eligibility application form  
 855 must include an item that provides an opportunity for the  
 856 applicant to indicate whether coverage is being sought for a

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857 child with special health care needs. Families applying for  
858 children's Medicaid coverage must also be able to use the  
859 simplified application form without having to pay a premium.

860 (b) Establish and maintain the eligibility determination  
861 process under the program except as specified in subsection (5).  
862 The department shall directly, or through the services of a  
863 contracted third-party administrator, establish and maintain a  
864 process for determining eligibility of children for coverage  
865 under the program. The eligibility determination process must be  
866 used solely for determining eligibility of applicants for health  
867 benefits coverage under the program and. ~~The eligibility~~  
868 ~~determination process~~ must include an initial determination of  
869 eligibility for any coverage offered under the program, ~~as well~~  
870 ~~as a redetermination or reverification of eligibility each~~  
871 ~~subsequent 6 months~~. Effective July 1, 2008 ~~January 1, 1999~~, a  
872 child who has not attained the age of 19 5 and who has been  
873 determined eligible for the Medicaid program is eligible for  
874 coverage for 12 months without a redetermination or  
875 reverification of eligibility. In conducting an eligibility  
876 determination, the department shall determine if the child has  
877 special health care needs. The department, in consultation with  
878 the Agency for Health Care Administration and the Florida  
879 Healthy Kids Corporation, shall develop procedures for  
880 redetermining eligibility which enable a family to easily update  
881 any change in circumstances which could affect eligibility. The  
882 department may accept changes in a family's status as reported  
883 to the department by the Florida Healthy Kids Corporation  
884 without requiring a new application from the family.



885 Redetermination of a child's eligibility for Medicaid may not be  
 886 linked to a child's eligibility determination for other  
 887 programs.

888 (c) Inform program applicants about eligibility  
 889 determinations and provide information about eligibility of  
 890 applicants to ~~Medicaid, Medikids, the Children's Medical~~  
 891 ~~Services Network,~~ and the Florida Kidcare program ~~Healthy Kids~~  
 892 ~~Corporation,~~ and to insurers and their agents, through a  
 893 centralized coordinating office.

894 (d) Adopt rules necessary for conducting program  
 895 eligibility functions.

896 (2) The Department of Health shall:

897 (a) Design an eligibility intake process for the program,  
 898 in coordination with the Department of Children and Family  
 899 Services, the agency, and the Florida Healthy Kids Corporation.  
 900 The eligibility intake process may include local intake points  
 901 that are determined by the Department of Health in coordination  
 902 with the Department of Children and Family Services.

903 (b) Chair a state-level Florida Kidcare coordinating  
 904 council to review and make recommendations concerning the  
 905 implementation and operation of the program. The coordinating  
 906 council shall include representatives from the department, the  
 907 Department of Children and Family Services, the agency, the  
 908 Florida Healthy Kids Corporation, the Office of Insurance  
 909 Regulation of the Financial Services Commission, local  
 910 government, health insurers, health maintenance organizations,  
 911 health care providers, families participating in the program,  
 912 and organizations representing low-income families.

913 ~~(c) In consultation with the Florida Healthy Kids~~  
 914 ~~Corporation and the Department of Children and Family Services,~~  
 915 ~~establish a toll-free telephone line to assist families with~~  
 916 ~~questions about the program.~~

917 (c)(d) In consultation with the Florida Kidcare  
 918 coordinating council, adopt rules and policies necessary to  
 919 implement Florida Kidcare program outreach activities.

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

922 (a) Calculate the premium assistance payment necessary to  
 923 comply with the premium and cost-sharing limitations specified  
 924 in s. 409.816. The premium assistance payment for each enrollee  
 925 in a health insurance plan participating in the Florida Healthy  
 926 Kids Corporation shall equal the premium approved by the Florida  
 927 Healthy Kids Corporation and the Office of Insurance Regulation  
 928 of the Financial Services Commission pursuant to ss. 627.410 and  
 929 641.31, less any enrollee's share of the premium established  
 930 within the limitations specified in s. 409.816. The premium  
 931 assistance payment for each enrollee in an employer-sponsored  
 932 health insurance plan approved under ss. 409.810-409.821  
 933 ~~409.810-409.820~~ shall equal the premium for the plan adjusted  
 934 for any benchmark benefit plan actuarial equivalent benefit  
 935 rider approved by the Office of Insurance Regulation pursuant to  
 936 ss. 627.410 and 641.31, less any enrollee's share of the premium  
 937 established within the limitations specified in s. 409.816. In  
 938 calculating the premium assistance payment levels for children  
 939 with family coverage, the agency shall set the premium

940 assistance payment levels for each child proportionately to the  
941 total cost of family coverage.

942 (b) Make premium assistance payments to health insurance  
943 plans on a periodic basis. The agency may use its Medicaid  
944 fiscal agent or a contracted third-party administrator in making  
945 these payments. The agency may require health insurance plans  
946 that participate in the Medikids program or employer-sponsored  
947 group health insurance to collect premium payments from an  
948 enrollee's family. Participating health insurance plans shall  
949 report premium payments collected on behalf of enrollees in the  
950 program to the agency in accordance with a schedule established  
951 by the agency.

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

954 (d) Establish a mechanism for investigating and resolving  
955 complaints and grievances from program applicants, enrollees,  
956 and health benefits coverage providers, and maintain a record of  
957 complaints and confirmed problems. In the case of a child who is  
958 enrolled in a health maintenance organization, the agency must  
959 use the provisions of s. 641.511 to address grievance reporting  
960 and resolution requirements.

961 (e) Approve health benefits coverage for participation in  
962 the program, following certification by the Office of Insurance  
963 Regulation under subsection (4).

964 (f) Adopt rules necessary for calculating premium  
965 assistance payment levels, making premium assistance payments,  
966 monitoring access and quality assurance standards, investigating

967 and resolving complaints and grievances, administering the  
968 Medikids program, and approving health benefits coverage.

969

970 The agency is designated the lead state agency for Title XXI of  
971 the Social Security Act for purposes of receipt of federal  
972 funds, for reporting purposes, and for ensuring compliance with  
973 federal and state regulations and rules.

974 (4) The Office of Insurance Regulation shall certify that  
975 health benefits coverage plans that seek to provide services  
976 under the Florida Kidcare program, except those offered through  
977 the Florida Healthy Kids Corporation or the Children's Medical  
978 Services network, meet, exceed, or are actuarially equivalent to  
979 the benchmark benefit plan and that health insurance plans will  
980 be offered at an approved rate. In determining actuarial  
981 equivalence of benefits coverage, the Office of Insurance  
982 Regulation and health insurance plans must comply with the  
983 requirements of s. 2103 of Title XXI of the Social Security Act.  
984 The department shall adopt rules necessary for certifying health  
985 benefits coverage plans.

986 (5) The Florida Healthy Kids Corporation shall retain its  
987 functions as authorized in s. 624.91, including eligibility  
988 determination for participation in the Healthy Kids program.

989 (6) The agency, the Department of Health, the Department  
990 of Children and Family Services, the Florida Healthy Kids  
991 Corporation, and the Office of Insurance Regulation, after  
992 consultation with and approval of the Speaker of the House of  
993 Representatives and the President of the Senate, are authorized  
994 to make program modifications that are necessary to overcome any

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995 objections of the United States Department of Health and Human  
 996 Services to obtain approval of the state's child health  
 997 insurance plan under Title XXI of the Social Security Act.

998 Section 13. Section 409.821, Florida Statutes, is amended  
 999 to read:

1000 409.821 Florida Kidcare program public records  
 1001 exemption.--Notwithstanding any other law to the contrary, any  
 1002 information identifying a Florida Kidcare program applicant or  
 1003 enrollee, as defined in s. 409.811, held by the Agency for  
 1004 Health Care Administration, the Department of Children and  
 1005 Family Services, the Department of Health, or the Florida  
 1006 Healthy Kids Corporation is confidential and exempt from s.  
 1007 119.07(1) and s. 24(a), Art. I of the State Constitution. Such  
 1008 information may be disclosed to another governmental entity only  
 1009 if disclosure is necessary for the entity to perform its duties  
 1010 and responsibilities under the Florida Kidcare program and shall  
 1011 be disclosed to the Department of Revenue for purposes of  
 1012 administering the state Title IV-D program. The receiving  
 1013 governmental entity must maintain the confidential and exempt  
 1014 status of such information. Furthermore, such information may  
 1015 not be released to any person without the written consent of the  
 1016 program applicant. This exemption applies to any information  
 1017 identifying a Florida Kidcare program applicant or enrollee held  
 1018 by the Agency for Health Care Administration, the Department of  
 1019 Children and Family Services, the Department of Health, or the  
 1020 Florida Healthy Kids Corporation before, on, or after the  
 1021 effective date of this exemption. A violation of this section is  
 1022 a misdemeanor of the second degree, punishable as provided in s.

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1023 775.082 or s. 775.083. This section does not prohibit an  
 1024 enrollee's parent or legal guardian from obtaining any record  
 1025 relating to the enrollee's Florida Kidcare program application  
 1026 or coverage, including, but not limited to, confirmation of  
 1027 coverage, the dates of coverage, the name of the enrollee's  
 1028 health plan, and the amount of premium.

1029 Section 14. Subsection (6) of section 409.904, Florida  
 1030 Statutes, is amended to read:

1031 409.904 Optional payments for eligible persons.--The  
 1032 agency may make payments for medical assistance and related  
 1033 services on behalf of the following persons who are determined  
 1034 to be eligible subject to the income, assets, and categorical  
 1035 eligibility tests set forth in federal and state law. Payment on  
 1036 behalf of these Medicaid eligible persons is subject to the  
 1037 availability of moneys and any limitations established by the  
 1038 General Appropriations Act or chapter 216.

1039 (6) A child who has not attained the age of 19 who has  
 1040 been determined eligible for the Medicaid program is deemed to  
 1041 be eligible for a total of 12 ~~6~~ months, regardless of changes in  
 1042 circumstances other than attainment of the maximum age.

1043 ~~Effective January 1, 1999, a child who has not attained the age~~  
 1044 ~~of 5 and who has been determined eligible for the Medicaid~~  
 1045 ~~program is deemed to be eligible for a total of 12 months~~  
 1046 ~~regardless of changes in circumstances other than attainment of~~  
 1047 ~~the maximum age.~~

1048 Section 15. Subsection (5) of section 624.91, Florida  
 1049 Statutes, is amended to read:

1050 624.91 The Florida Healthy Kids Corporation Act.--

1051 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--  
 1052 (a) There is created the Florida Healthy Kids Corporation,  
 1053 a not-for-profit corporation.  
 1054 (b) The Florida Healthy Kids Corporation shall:  
 1055 1. Arrange for the collection of any family, local  
 1056 contributions, or employer payment or premium, in an amount to  
 1057 be determined by the board of directors, to provide for payment  
 1058 of premiums for comprehensive insurance coverage and for the  
 1059 actual or estimated administrative expenses.  
 1060 2. Arrange for the collection of any voluntary  
 1061 contributions to provide for payment of Florida Kidcare program  
 1062 premiums for children who are not eligible for medical  
 1063 assistance under Title XIX or Title XXI of the Social Security  
 1064 Act.  
 1065 3. Subject to the provisions of s. 409.8134, accept  
 1066 voluntary supplemental local match contributions that comply  
 1067 with the requirements of Title XXI of the Social Security Act  
 1068 for the purpose of providing additional Florida Kidcare coverage  
 1069 in contributing counties under Title XXI.  
 1070 4. Establish the administrative and accounting procedures  
 1071 for the operation of the corporation.  
 1072 5. Establish, with consultation from appropriate  
 1073 professional organizations, standards for preventive health  
 1074 services and providers and comprehensive insurance benefits  
 1075 appropriate to children, provided that such standards for rural  
 1076 areas shall not limit primary care providers to board-certified  
 1077 pediatricians.

1078           6. Determine eligibility for children seeking to  
 1079 participate in the Title XXI-funded components of the Florida  
 1080 Kidcare program consistent with the requirements specified in s.  
 1081 409.814, as well as the non-Title-XXI-eligible children as  
 1082 provided in subsection (3).

1083           7. Establish procedures under which providers of local  
 1084 match to, applicants to and participants in the program may have  
 1085 grievances reviewed by an impartial body and reported to the  
 1086 board of directors of the corporation.

1087           8. Establish participation criteria and, if appropriate,  
 1088 contract with an authorized insurer, health maintenance  
 1089 organization, or third-party administrator to provide  
 1090 administrative services to the corporation.

1091           9. Establish enrollment criteria that ~~which shall~~ include  
 1092 penalties or waiting periods of 30 ~~not fewer than 60~~ days for  
 1093 reinstatement of coverage upon voluntary cancellation for  
 1094 nonpayment of family premiums.

1095           10. Contract with authorized insurers or any provider of  
 1096 health care services, meeting standards established by the  
 1097 corporation, for the provision of comprehensive insurance  
 1098 coverage to participants. Such standards shall include criteria  
 1099 under which the corporation may contract with more than one  
 1100 provider of health care services in program sites. Health plans  
 1101 shall be selected through a competitive bid process. The Florida  
 1102 Healthy Kids Corporation shall purchase goods and services in  
 1103 the most cost-effective manner consistent with the delivery of  
 1104 quality medical care. The maximum administrative cost for a  
 1105 Florida Healthy Kids Corporation contract shall be 15 percent.



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1106 For health care contracts, the minimum medical loss ratio for a  
 1107 Florida Healthy Kids Corporation contract shall be 85 percent.  
 1108 For dental contracts, the remaining compensation to be paid to  
 1109 the authorized insurer or provider under a Florida Healthy Kids  
 1110 Corporation contract shall be no less than an amount which is 85  
 1111 percent of premium; to the extent any contract provision does  
 1112 not provide for this minimum compensation, this section shall  
 1113 prevail. The health plan selection criteria and scoring system,  
 1114 and the scoring results, shall be available upon request for  
 1115 inspection after the bids have been awarded.

1116 11. Establish disenrollment criteria in the event local  
 1117 matching funds are insufficient to cover enrollments.

1118 ~~12. Develop and implement a plan to publicize the Florida~~  
 1119 ~~Healthy Kids Corporation, the eligibility requirements of the~~  
 1120 ~~program, and the procedures for enrollment in the program and to~~  
 1121 ~~maintain public awareness of the corporation and the program.~~

1122 12.13. Secure staff necessary to properly administer the  
 1123 corporation. Staff costs shall be funded from state and local  
 1124 matching funds and such other private or public funds as become  
 1125 available. The board of directors shall determine the number of  
 1126 staff members necessary to administer the corporation.

1127 13.14. In consultation with the Florida Kidcare  
 1128 coordinating council and all partner agencies, provide a report  
 1129 on the Florida Kidcare program annually to the Governor, Chief  
 1130 Financial Officer, Commissioner of Education, ~~Senate~~ President  
 1131 of the Senate, Speaker of the House of Representatives, and  
 1132 Minority Leaders of the Senate and the House of Representatives.

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1133            14.15. Establish benefit packages that ~~which~~ conform to  
 1134 the provisions of the Florida Kidcare program, as created in ss.  
 1135 409.810-409.821 ~~409.810-409.820~~.

1136            (c) Coverage under the corporation's program is secondary  
 1137 to any other available private coverage held by, or applicable  
 1138 to, the participant child or family member. Insurers under  
 1139 contract with the corporation are the payors of last resort and  
 1140 must coordinate benefits with any other third-party payor that  
 1141 may be liable for the participant's medical care.

1142            (d) The Florida Healthy Kids Corporation shall be a  
 1143 private corporation not for profit, organized pursuant to  
 1144 chapter 617, and shall have all powers necessary to carry out  
 1145 the purposes of this act, including, but not limited to, the  
 1146 power to receive and accept grants, loans, or advances of funds  
 1147 from any public or private agency and to receive and accept from  
 1148 any source contributions of money, property, labor, or any other  
 1149 thing of value, to be held, used, and applied for the purposes  
 1150 of this act.

1151            Section 16. This act shall take effect July 1, 2008.