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1 A bill to be entitled
2 An act relating to the Florida Kidcare program; amending
3 s. 409.8132, F.S.; requiring the Agency for Health Care
4 Administration to assign family members to the same
5 managed care plan or the same MediPass provider under
6 certain circumstances; amending s. 409.8134, F.S.;
7 revising provisions relating to funding for increased
8 enrollment in the Florida Kidcare program; amending s.
9 409.814, F.S.; providing for continuation of Florida
10 Kidcare program eligibility under certain circumstances;
11 removing obsolete provisions; revising the time limit for
12 eligibility of children whose coverage was voluntarily
13 canceled; requiring notice to health plans and providers
14 when a child is no longer eligible for certain coverage;
15 providing for electronic transmission of certain
16 eligibility information; amending s. 409.816, F.S.;
17 conforming a cross-reference; amending s. 409.818, F.S.;
18 requiring the Department of Children and Family Services
19 to develop a standardized Florida Kidcare program
20 eligibility application form by a specified date; revising
21 the timeframe for redetermination or reverification of
22 eligibility; requiring the department, in consultation
23 with the Florida Healthy Kids Corporation, to design and
24 submit to the Governor and Legislature a plan for a
25 nonduplicative application process for coverage; deleting
26 duties of the Department of Health; revising duties of the
27 agency to include establishing a toll-free telephone
28 number, developing marketing strategies, and requesting

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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29 certain federal assistance to implement ss. 409.810-
 30 409.820, F.S.; amending s. 624.91, F.S.; revising duties
 31 of the Florida Healthy Kids Corporation relating to
 32 marketing and assigning or transferring children to
 33 specified managed care plans; providing an effective date.
 34

35 Be It Enacted by the Legislature of the State of Florida:
 36

37 Section 1. Paragraph (b) of subsection (6) and subsection
 38 (7) of section 409.8132, Florida Statutes, are amended to read:

39 409.8132 Medikids program component.--

40 (6) ELIGIBILITY.--

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

43 (7) ENROLLMENT.--Enrollment in the Medikids program
 44 component may occur at any time throughout the year. A child may
 45 not receive services under the Medikids program until the child
 46 is enrolled in a managed care plan or MediPass. Once determined
 47 eligible, an applicant may receive choice counseling and select
 48 a managed care plan or MediPass. The agency may initiate
 49 mandatory assignment for a Medikids applicant who has not chosen
 50 a managed care plan or MediPass provider after the applicant's
 51 voluntary choice period ends; however, the agency shall ensure
 52 that family members are assigned to the same managed care plan
 53 or the same MediPass provider to the greatest extent possible,
 54 including in those situations in which some family members are
 55 enrolled in Medicaid and other family members are enrolled in a
 56 Title XXI-funded component of the Florida Kidcare program. An

57 applicant may select MediPass under the Medikids program
 58 component only in counties that have fewer than two managed care
 59 plans available to serve Medicaid recipients and only if the
 60 federal Health Care Financing Administration determines that
 61 MediPass constitutes "health insurance coverage" as defined in
 62 Title XXI of the Social Security Act.

63 Section 2. Subsection (2) of section 409.8134, Florida
 64 Statutes, is amended to read:

65 409.8134 Program expenditure ceiling.--

66 (2) The Florida Kidcare program may conduct enrollment at
 67 any time throughout the year for the purpose of enrolling
 68 children eligible for all program components listed in s.
 69 409.813 except Medicaid. The four Florida Kidcare administrators
 70 shall work together to ensure that the year-round enrollment
 71 period is announced statewide. Eligible children shall be
 72 enrolled on a first-come, first-served basis using the date the
 73 enrollment application is received. Enrollment shall immediately
 74 cease when the expenditure ceiling is reached. Year-round
 75 enrollment shall ~~only~~ be held only if the Social Services
 76 Estimating Conference determines that sufficient ~~federal and~~
 77 ~~state~~ funds will be available to finance the increased
 78 enrollment ~~through federal fiscal year 2007~~. Any individual who
 79 is not enrolled must reapply by submitting a new application.
 80 The application for the Florida Kidcare program shall be valid
 81 for a period of 120 days after the date it was received. At the
 82 end of the 120-day period, if the applicant has not been
 83 enrolled in the program, the application shall be invalid and
 84 the applicant shall be notified of the action. The applicant may

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85 reactivate ~~resubmit~~ the application after notification of the
86 action taken by the program. Except for the Medicaid program,
87 whenever the Social Services Estimating Conference determines
88 that there are presently, or will be by the end of the current
89 fiscal year, insufficient funds to finance the current or
90 projected enrollment in the Florida Kidcare program, all
91 additional enrollment must cease and additional enrollment may
92 not resume until sufficient funds are available to finance such
93 enrollment.

94 Section 3. Section 409.814, Florida Statutes, is amended
95 to read:

96 409.814 Eligibility.--A child who has not reached 19 years
97 of age and whose family income is equal to or below 200 percent
98 of the federal poverty level is eligible for the Florida Kidcare
99 program as provided in this section. For enrollment in the
100 Children's Medical Services Network, a complete application
101 includes the medical or behavioral health screening. If,
102 subsequently, an individual is determined to be ineligible for
103 coverage, he or she must immediately be disenrolled from the
104 respective Florida Kidcare program component.

105 (1) A child who is eligible for Medicaid coverage under s.
106 409.903 or s. 409.904 must be enrolled in Medicaid and is not
107 eligible to receive health benefits under any other health
108 benefits coverage authorized under the Florida Kidcare program.

109 (2) A child who is not eligible for Medicaid, but who is
110 eligible for the Florida Kidcare program, may obtain health
111 benefits coverage under any of the other components listed in s.
112 409.813 if such coverage is approved and available in the county

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113 in which the child resides. However, a child who is eligible for
114 Medikids may participate in the Florida Healthy Kids program
115 only if the child has a sibling participating in the Florida
116 Healthy Kids program and the child's county of residence permits
117 such enrollment.

118 (3) A child who is eligible for the Florida Kidcare
119 program who is a child with special health care needs, as
120 determined through a medical or behavioral screening instrument,
121 is eligible for health benefits coverage from and shall be
122 referred to the Children's Medical Services Network.

123 (4) A child who becomes ineligible for Title XIX-funded
124 Florida Kidcare program coverage due to exceeding income or age
125 limitations shall be presumed eligible for coverage under the
126 Title XXI-funded component of the Florida Kidcare program and
127 shall have 60 days of continued eligibility within his or her
128 existing plan or coverage following redetermination in order to
129 allow for a transition to coverage under the Title XXI-funded
130 component of the Florida Kidcare program without a lapse in
131 coverage. The agency is authorized to seek a Medicaid state plan
132 amendment or federal waiver approval under Title XIX or Title
133 XXI for such continued eligibility with the goal of securing
134 federal matching funds in accordance with the federal State
135 Children's Health Insurance Program (SCHIP) matching rate for
136 the additional 60 days of eligibility.

137 (5)~~(4)~~ The following children are not eligible to receive
138 premium assistance for health benefits coverage under the
139 Florida Kidcare program, except under Medicaid if the child

140 would have been eligible for Medicaid under s. 409.903 or s.
 141 409.904 as of June 1, 1997:

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

145 (b) A child who is currently eligible for or covered under
 146 a family member's group health benefit plan or under other
 147 employer health insurance coverage, excluding coverage provided
 148 under the Florida Healthy Kids Corporation as established under
 149 s. 624.91, provided that the cost of the child's participation
 150 is not greater than 5 percent of the family's income. ~~This~~
 151 ~~provision shall be applied during redetermination for children~~
 152 ~~who were enrolled prior to July 1, 2004. These enrollees shall~~
 153 ~~have 6 months of eligibility following redetermination to allow~~
 154 ~~for a transition to the other health benefit plan.~~

155 (c) A child who is seeking premium assistance for the
 156 Florida Kidcare program through employer-sponsored group
 157 coverage, if the child has been covered by the same employer's
 158 group coverage during the 6 months prior to the family's
 159 submitting an application for determination of eligibility under
 160 the program.

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

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

165 (f) A child who has had his or her coverage in an
 166 employer-sponsored health benefit plan voluntarily canceled in

167 the last 90 days ~~6 months~~, ~~except those children who were on the~~
 168 ~~waiting list prior to March 12, 2004.~~

169 (g) A child who is otherwise eligible for Kidcare and who
 170 has a preexisting condition that prevents coverage under another
 171 insurance plan as described in paragraph (b) which would have
 172 disqualified the child for Kidcare if the child were able to
 173 enroll in the plan shall be eligible for Kidcare program
 174 coverage when enrollment is possible.

175 (6)~~(5)~~ A child whose family income is above 200 percent of
 176 the federal poverty level or a child who is excluded under the
 177 provisions of subsection (5) ~~(4)~~ may participate in the Medikids
 178 program as provided in s. 409.8132 or, if the child is
 179 ineligible for Medikids by reason of age, in the Florida Healthy
 180 Kids program, subject to the following provisions:

181 (a) The family is not eligible for premium assistance
 182 payments and must pay the full cost of the premium, including
 183 any administrative costs.

184 (b) The agency is authorized to place limits on enrollment
 185 in Medikids by these children in order to avoid adverse
 186 selection. The number of children participating in Medikids
 187 whose family income exceeds 200 percent of the federal poverty
 188 level must not exceed 10 percent of total enrollees in the
 189 Medikids program.

190 (c) The board of directors of the Florida Healthy Kids
 191 Corporation is authorized to place limits on enrollment of these
 192 children in order to avoid adverse selection. In addition, the
 193 board is authorized to offer a reduced benefit package to these
 194 children in order to limit program costs for such families. The

195 number of children participating in the Florida Healthy Kids
 196 program whose family income exceeds 200 percent of the federal
 197 poverty level must not exceed 10 percent of total enrollees in
 198 the Florida Healthy Kids program.

199 (7)~~(6)~~ Once a child is enrolled in the Florida Kidcare
 200 program, the child is eligible for coverage under the program
 201 for 12 months without a redetermination or reverification of
 202 eligibility, if the family continues to pay the applicable
 203 premium. Eligibility for program components funded through Title
 204 XXI of the Social Security Act shall terminate when a child
 205 attains the age of 19. Effective January 1, 1999, a child who
 206 has not attained the age of 5 and who has been determined
 207 eligible for the Medicaid program is eligible for coverage for
 208 12 months without a redetermination or reverification of
 209 eligibility.

210 (8)~~(7)~~ When determining or reviewing a child's eligibility
 211 under the Florida Kidcare program, the applicant shall be
 212 provided with reasonable notice of changes in eligibility that
 213 ~~which~~ may affect enrollment in one or more of the program
 214 components. When a transition from one program component to
 215 another is authorized, there shall be cooperation between the
 216 program components, and the affected family, the child's health
 217 insurance plan, and the child's health care providers to promote
 218 ~~which promotes~~ continuity of health care coverage. If a child is
 219 determined ineligible for Medicaid or Medikids, the agency, in
 220 coordination with the Department of Children and Family
 221 Services, shall notify that child's Medicaid managed care plan
 222 or MediPass provider of such determination no less than 60 days

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223 before the child's eligibility is scheduled to be terminated so
224 that the Medicaid managed care plan or MediPass provider can
225 assist the child's family in applying for Florida Kidcare
226 program coverage. Any authorized transfers must be managed
227 within the program's overall appropriated or authorized levels
228 of funding. Each component of the program shall establish a
229 reserve to ensure that transfers between components will be
230 accomplished within current year appropriations. These reserves
231 shall be reviewed by each convening of the Social Services
232 Estimating Conference to determine the adequacy of such reserves
233 to meet actual experience.

234 ~~(9)(8)~~ In determining the eligibility of a child for the
235 Florida Kidcare program, an assets test is not required. The
236 information required under this section from each applicant
237 shall be obtained electronically to the extent possible. If such
238 information cannot be obtained electronically, the ~~each~~
239 applicant shall provide written documentation during the
240 application process and the redetermination process, including,
241 but not limited to, the following:

242 (a) Proof of family income, which must include a copy of
243 the applicant's most recent federal income tax return. In the
244 absence of a federal income tax return, an applicant may submit
245 wages and earnings statements (pay stubs), W-2 forms, or other
246 appropriate documents.

247 (b) A statement from each employed ~~all~~ family member
248 ~~members~~ that:

249 1. His or her ~~Their~~ employer does not sponsor a health
250 benefit plan for employees; or

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251 2. The potential enrollee is not covered by the employer-
252 sponsored health benefit plan because the potential enrollee is
253 not eligible for coverage, or, if the potential enrollee is
254 eligible but not covered, a statement of the cost to enroll the
255 potential enrollee in the employer-sponsored health benefit
256 plan.

257

258 A person who applies for coverage under the Florida Kidcare
259 program and who pays the full cost of the premium is exempt from
260 the requirements of this subsection.

261 ~~(10)(9)~~ Subject to paragraph ~~(5)(4)~~(b) and s. 624.91(4),
262 the Florida Kidcare program shall withhold benefits from an
263 enrollee if the program obtains evidence that the enrollee is no
264 longer eligible, submitted incorrect or fraudulent information
265 in order to establish eligibility, or failed to provide
266 verification of eligibility. The applicant or enrollee shall be
267 notified that because of such evidence program benefits will be
268 withheld unless the applicant or enrollee contacts a designated
269 representative of the program by a specified date, which must be
270 within 10 days after the date of notice, to discuss and resolve
271 the matter. The program shall make every effort to resolve the
272 matter within a timeframe that will not cause benefits to be
273 withheld from an eligible enrollee.

274 ~~(11)(10)~~ The following individuals may be subject to
275 prosecution in accordance with s. 414.39:

276 (a) An applicant obtaining or attempting to obtain
277 benefits for a potential enrollee under the Florida Kidcare
278 program when the applicant knows or should have known the

279 potential enrollee does not qualify for the Florida Kidcare
 280 program.

281 (b) An individual who assists an applicant in obtaining or
 282 attempting to obtain benefits for a potential enrollee under the
 283 Florida Kidcare program when the individual knows or should have
 284 known the potential enrollee does not qualify for the Florida
 285 Kidcare program.

286 Section 4. Subsection (3) of section 409.816, Florida
 287 Statutes, is amended to read:

288 409.816 Limitations on premiums and cost-sharing.--The
 289 following limitations on premiums and cost-sharing are
 290 established for the program.

291 (3) Enrollees in families with a family income above 150
 292 percent of the federal poverty level, who are not receiving
 293 coverage under the Medicaid program or who are not eligible
 294 under s. 409.814 (6) ~~(5)~~, may be required to pay enrollment fees,
 295 premiums, copayments, deductibles, coinsurance, or similar
 296 charges on a sliding scale related to income, except that the
 297 total annual aggregate cost-sharing with respect to all children
 298 in a family may not exceed 5 percent of the family's income.
 299 However, copayments, deductibles, coinsurance, or similar
 300 charges may not be imposed for preventive services, including
 301 well-baby and well-child care, age-appropriate immunizations,
 302 and routine hearing and vision screenings.

303 Section 5. Section 409.818, Florida Statutes, is amended
 304 to read:

305 409.818 Administration.--In order to implement ss.
 306 409.810-409.820, the following agencies shall have the following
 307 duties:

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

309 (a) No later than July 1, 2009, develop and implement a
 310 standardized ~~simplified~~ eligibility application ~~mail-in~~ form to
 311 be used for determining the eligibility of children for coverage
 312 for all components of ~~under~~ the Florida Kidcare program, in
 313 consultation with the agency, the Department of Health, and the
 314 Florida Healthy Kids Corporation. The standardized ~~simplified~~
 315 eligibility application form must include an item that provides
 316 an opportunity for the applicant to indicate whether coverage is
 317 being sought for a child with special health care needs.

318 Families applying for children's Medicaid coverage must also be
 319 able to use the standardized ~~simplified~~ application form without
 320 having to pay a premium.

321 (b) Establish and maintain the eligibility determination
 322 process under the program except as specified in subsection (4)
 323 ~~(5)~~. The department shall directly, or through the services of a
 324 contracted third-party administrator, establish and maintain a
 325 process for determining eligibility of children for coverage
 326 under the program. The eligibility determination process must be
 327 used solely for determining eligibility of applicants for health
 328 benefits coverage under the program. The eligibility
 329 determination process must include an initial determination of
 330 eligibility for any coverage offered under the program, as well
 331 as a redetermination or reverification of eligibility each
 332 subsequent 12 ~~6~~ months. Effective January 1, 1999, a child who

333 has not attained the age of 5 and who has been determined
 334 eligible for the Medicaid program is eligible for coverage for
 335 12 months without a redetermination or reverification of
 336 eligibility. In conducting an eligibility determination, the
 337 department shall determine if the child has special health care
 338 needs. The department, in consultation with the Agency for
 339 Health Care Administration and the Florida Healthy Kids
 340 Corporation, shall develop procedures for redetermining
 341 eligibility which enable a family to easily update any change in
 342 circumstances which could affect eligibility. The department may
 343 accept changes in a family's status as reported to the
 344 department by the Florida Healthy Kids Corporation without
 345 requiring a new application from the family. Redetermination of
 346 a child's eligibility for Medicaid may not be linked to a
 347 child's eligibility determination for other programs.

348 (c) Inform program applicants about eligibility
 349 determinations and provide information about eligibility of
 350 applicants to Medicaid, Medikids, the Children's Medical
 351 Services Network, and the Florida Healthy Kids Corporation, and
 352 to insurers and their agents, through a centralized coordinating
 353 office.

354 (d) Design a plan, in consultation with the Florida
 355 Healthy Kids Corporation, that shall:

356 1. Determine the eligibility of children for Medicaid
 357 coverage or other public assistance and allow an applicant who
 358 applies but is determined ineligible for Medicaid coverage or
 359 other public assistance to apply for the Florida Kidcare program
 360 using the same application information.

361 2. Enable the applicant to submit all information
 362 necessary for enrollment in the Florida Kidcare program,
 363 including whether coverage is being sought for a child with
 364 special health care needs.

365 3. Permit the department to forward the application
 366 information, together with accompanying documentation, to the
 367 Florida Healthy Kids Corporation and permit the application
 368 information and documentation to be processed for enrollment in
 369 the Florida Kidcare program by the Florida Healthy Kids
 370 Corporation in accordance with current eligibility criteria
 371 without requiring the applicant to submit a separate application
 372 for the Florida Kidcare program.

373
 374 The department shall submit the plan to the President of the
 375 Senate, the Speaker of the House of Representatives, and the
 376 Governor no later than December 31, 2008.

377 (e)~~(d)~~ Adopt rules necessary for conducting program
 378 eligibility functions.

379 ~~(2) The Department of Health shall:~~

380 ~~(a) Design an eligibility intake process for the program,~~
 381 ~~in coordination with the Department of Children and Family~~
 382 ~~Services, the agency, and the Florida Healthy Kids Corporation.~~
 383 ~~The eligibility intake process may include local intake points~~
 384 ~~that are determined by the Department of Health in coordination~~
 385 ~~with the Department of Children and Family Services.~~

386 ~~(b) Chair a state level coordinating council to review and~~
 387 ~~make recommendations concerning the implementation and operation~~
 388 ~~of the program. The coordinating council shall include~~

389 ~~representatives from the department, the Department of Children~~
 390 ~~and Family Services, the agency, the Florida Healthy Kids~~
 391 ~~Corporation, the Office of Insurance Regulation of the Financial~~
 392 ~~Services Commission, local government, health insurers, health~~
 393 ~~maintenance organizations, health care providers, families~~
 394 ~~participating in the program, and organizations representing~~
 395 ~~low income families.~~

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

400 ~~(d) Adopt rules necessary to implement outreach~~
 401 ~~activities.~~

402 (2)~~(3)~~ The Agency for Health Care Administration, under
 403 the authority granted in s. 409.914(1), shall:

404 (a) Calculate the premium assistance payment necessary to
 405 comply with the premium and cost-sharing limitations specified
 406 in s. 409.816. The premium assistance payment for each enrollee
 407 in a health insurance plan participating in the Florida Healthy
 408 Kids Corporation shall equal the premium approved by the Florida
 409 Healthy Kids Corporation and the Office of Insurance Regulation
 410 of the Financial Services Commission pursuant to ss. 627.410 and
 411 641.31, less any enrollee's share of the premium established
 412 within the limitations specified in s. 409.816. The premium
 413 assistance payment for each enrollee in an employer-sponsored
 414 health insurance plan approved under ss. 409.810-409.820 shall
 415 equal the premium for the plan adjusted for any benchmark
 416 benefit plan actuarial equivalent benefit rider approved by the

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417 Office of Insurance Regulation pursuant to ss. 627.410 and
418 641.31, less any enrollee's share of the premium established
419 within the limitations specified in s. 409.816. In calculating
420 the premium assistance payment levels for children with family
421 coverage, the agency shall set the premium assistance payment
422 levels for each child proportionately to the total cost of
423 family coverage.

424 (b) Make premium assistance payments to health insurance
425 plans on a periodic basis. The agency may use its Medicaid
426 fiscal agent or a contracted third-party administrator in making
427 these payments. The agency may require health insurance plans
428 that participate in the Medikids program or employer-sponsored
429 group health insurance to collect premium payments from an
430 enrollee's family. Participating health insurance plans shall
431 report premium payments collected on behalf of enrollees in the
432 program to the agency in accordance with a schedule established
433 by the agency.

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

436 (d) Establish a mechanism for investigating and resolving
437 complaints and grievances from program applicants, enrollees,
438 and health benefits coverage providers, and maintain a record of
439 complaints and confirmed problems. In the case of a child who is
440 enrolled in a health maintenance organization, the agency must
441 use the provisions of s. 641.511 to address grievance reporting
442 and resolution requirements.

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443 (e) Approve health benefits coverage for participation in
444 the program, following certification by the Office of Insurance
445 Regulation under subsection (3) ~~(4)~~.

446 (f) No later than July 1, 2009, in consultation with the
447 Department of Children and Family Services and the Florida
448 Healthy Kids Corporation, establish a toll-free telephone number
449 to assist families that have questions about the Florida Kidcare
450 program. The toll-free telephone number shall ensure that
451 eligibility, enrollment, benefit, and other information for all
452 components of the Florida Kidcare program is available or easily
453 accessible.

454 (g) Develop and implement an outreach and marketing
455 program that educates the public about the Florida Kidcare
456 program, explains procedures for enrolling in the program, and
457 maintains public awareness of the program.

458 (h) Seek a Medicaid state plan amendment or federal waiver
459 approval to implement this section and ss. 409.810-409.820.

460 (i)~~(f)~~ Adopt rules necessary for calculating premium
461 assistance payment levels, making premium assistance payments,
462 monitoring access and quality assurance standards, investigating
463 and resolving complaints and grievances, administering the
464 Medikids program, and approving health benefits coverage.

465
466 The agency is designated the lead state agency for Title XXI of
467 the Social Security Act for purposes of receipt of federal
468 funds, for reporting purposes, and for ensuring compliance with
469 federal and state regulations and rules.

470 (3)~~(4)~~ The Office of Insurance Regulation shall certify
 471 that health benefits coverage plans that seek to provide
 472 services under the Florida Kidcare program, except those offered
 473 through the Florida Healthy Kids Corporation or the Children's
 474 Medical Services Network, meet, exceed, or are actuarially
 475 equivalent to the benchmark benefit plan and that health
 476 insurance plans will be offered at an approved rate. In
 477 determining actuarial equivalence of benefits coverage, the
 478 Office of Insurance Regulation and health insurance plans must
 479 comply with the requirements of s. 2103 of Title XXI of the
 480 Social Security Act. The department shall adopt rules necessary
 481 for certifying health benefits coverage plans.

482 (4)~~(5)~~ The Florida Healthy Kids Corporation shall retain
 483 its functions as authorized in s. 624.91, including eligibility
 484 determination for participation in the Healthy Kids program.

485 (5)~~(6)~~ The agency, ~~the Department of Health,~~ the
 486 Department of Children and Family Services, the Florida Healthy
 487 Kids Corporation, and the Office of Insurance Regulation, after
 488 consultation with and approval of the Speaker of the House of
 489 Representatives and the President of the Senate, are authorized
 490 to make program modifications that are necessary to overcome any
 491 objections of the United States Department of Health and Human
 492 Services to obtain approval of the state's child health
 493 insurance plan under Title XXI of the Social Security Act.

494 Section 6. Paragraph (b) of subsection (5) of section
 495 624.91, Florida Statutes, is amended to read:

496 624.91 The Florida Healthy Kids Corporation Act.--
 497 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

498 (b) The Florida Healthy Kids Corporation shall:
 499 1. Arrange for the collection of any family, local
 500 contributions, or employer payment or premium, in an amount to
 501 be determined by the board of directors, to provide for payment
 502 of premiums for comprehensive insurance coverage and for the
 503 actual or estimated administrative expenses.
 504 2. Arrange for the collection of any voluntary
 505 contributions to provide for payment of premiums for children
 506 who are not eligible for medical assistance under Title XXI of
 507 the Social Security Act.
 508 3. Subject to the provisions of s. 409.8134, accept
 509 voluntary supplemental local match contributions that comply
 510 with the requirements of Title XXI of the Social Security Act
 511 for the purpose of providing additional coverage in contributing
 512 counties under Title XXI.
 513 4. Establish the administrative and accounting procedures
 514 for the operation of the corporation.
 515 5. Establish, with consultation from appropriate
 516 professional organizations, standards for preventive health
 517 services and providers and comprehensive insurance benefits
 518 appropriate to children, provided that such standards for rural
 519 areas shall not limit primary care providers to board-certified
 520 pediatricians.
 521 6. Determine eligibility for children seeking to
 522 participate in the Title XXI-funded components of the Florida
 523 Kidcare program consistent with the requirements specified in s.
 524 409.814, as well as the non-Title-XXI-eligible children as
 525 provided in subsection (3).

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526 7. Establish procedures under which providers of local
527 match to, applicants to, and participants in the program may
528 have grievances reviewed by an impartial body and reported to
529 the board of directors of the corporation.

530 8. Establish participation criteria and, if appropriate,
531 contract with an authorized insurer, health maintenance
532 organization, or third-party administrator to provide
533 administrative services to the corporation.

534 9. Establish enrollment criteria which shall include
535 penalties or waiting periods of not fewer than 60 days for
536 reinstatement of coverage upon voluntary cancellation for
537 nonpayment of family premiums.

538 10. Contract with authorized insurers or any provider of
539 health care services, meeting standards established by the
540 corporation, for the provision of comprehensive insurance
541 coverage to participants. Such standards shall include criteria
542 under which the corporation may contract with more than one
543 provider of health care services in program sites. Health plans
544 shall be selected through a competitive bid process. The Florida
545 Healthy Kids Corporation shall purchase goods and services in
546 the most cost-effective manner consistent with the delivery of
547 quality medical care. The maximum administrative cost for a
548 Florida Healthy Kids Corporation contract shall be 15 percent.
549 For health care contracts, the minimum medical loss ratio for a
550 Florida Healthy Kids Corporation contract shall be 85 percent.
551 For dental contracts, the remaining compensation to be paid to
552 the authorized insurer or provider under a Florida Healthy Kids
553 Corporation contract shall be no less than an amount which is 85

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

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

561 12. Develop and implement a plan to publicize the Florida
562 Healthy Kids Corporation, the eligibility requirements of the
563 program, and the procedures for enrollment in the program and to
564 maintain public awareness of the corporation and the program.
565 Health care and dental health plans participating in the program
566 may develop and distribute marketing and other promotional
567 materials and participate in activities, such as health fairs
568 and public events, as approved by the corporation. Health care
569 and dental health plans may also contact their current and
570 former enrollees to encourage continued participation in the
571 program and assist the enrollee in transferring from a Title
572 XIX-funded plan to a Title XXI-funded plan.

573 13. Secure staff necessary to properly administer the
574 corporation. Staff costs shall be funded from state and local
575 matching funds and such other private or public funds as become
576 available. The board of directors shall determine the number of
577 staff members necessary to administer the corporation.

578 14. Provide a report annually to the Governor, Chief
579 Financial Officer, Commissioner of Education, Senate President,
580 Speaker of the House of Representatives, and Minority Leaders of
581 the Senate and the House of Representatives.

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582 15. Establish benefit packages which conform to the
583 provisions of the Florida Kidcare program, as created in ss.
584 409.810-409.820.

585 16. Establish an assignment process for Florida Healthy
586 Kids program enrollees to ensure that family members are
587 assigned to the same managed care plan to the greatest extent
588 possible, including in those situations in which some family
589 members are enrolled in a Medicaid managed care plan and other
590 family members are enrolled in a Florida Healthy Kids plan. The
591 Agency for Health Care Administration shall consult with the
592 corporation to implement this subparagraph. The Florida Healthy
593 Kids assignment process shall:

594 a. Ensure that if the sibling of a Florida Healthy Kids
595 enrollee is currently enrolled in a Medicaid provider service
596 network in the same county as the Florida Healthy Kids enrollee
597 and the county does not contain a Florida Healthy Kids health
598 plan, the Florida Healthy Kids enrollee may be enrolled in the
599 sibling's Medicaid provider service network for Florida Healthy
600 Kids coverage.

601 b. Ensure that if the sibling of a Florida Healthy Kids
602 enrollee is currently enrolled in a Medicaid health maintenance
603 organization in the same county as the Florida Healthy Kids
604 enrollee and the county does not contain a Florida Healthy Kids
605 health plan operated by or related to the Medicaid health
606 maintenance organization, the Florida Healthy Kids enrollee may
607 be enrolled in the sibling's Medicaid health maintenance
608 organization for Florida Healthy Kids coverage.

609 Section 7. This act shall take effect upon becoming a law.