

By Senator Fasano

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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 a Medikids applicant to the same
5 or related managed care plan or same MediPass provider to
6 which other family members are assigned; conforming
7 provisions to changes made by the act; amending s.
8 409.8134, F.S.; revising provisions relating to the
9 Kidcare program expenditure ceiling; providing that an
10 invalid application may be reactivated rather than
11 resubmitted; amending s. 409.814, F.S.; providing that a
12 child who is losing eligibility for Title XIX-funded
13 Kidcare coverage is eligible for the Title XXI-funded
14 program and has a specified time of continued eligibility
15 until transferred; requiring the agency to seek a state
16 plan amendment or federal waiver authority and secure
17 federal matching funds; revising provisions relating to
18 ineligibility for premium assistance under the program;
19 requiring health plan and health care providers to promote
20 continued health care coverage under the program;
21 requiring certain agencies to provide advanced notice to
22 Medicaid managed care plans and MediPass providers when
23 members or patients are losing eligibility; requiring an
24 applicant's information to be available electronically;
25 providing an exception for applicants seeking full-pay
26 coverage under the program; amending. s. 409.816, F.S.;
27 conforming a cross-reference; amending s. 409.818, F.S.;
28 requiring the Department of Children and Family Services
29 to develop a standardized eligibility application by a

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30 specified date; requiring the department to redetermine or
31 reverify eligibility after enrollment; requiring the
32 department to design a plan for determining an applicant's
33 eligibility for public assistance or Medicaid and submit
34 such plan to the Governor and the Legislature by a
35 specified date; deleting the Department of Health's duties
36 with regard to the Kidcare program; requiring certain
37 agencies to establish a single toll-free telephone number
38 by a specified date; requiring the Agency for Health Care
39 Administration to develop and implement an outreach and
40 marketing program promoting public awareness of the
41 program; requiring the agency to seek and implement
42 federal waivers or state plan amendments; amending s.
43 624.91, F.S.; providing that health and dental plans
44 participating in the Florida Healthy Kids program may
45 develop and distribute marketing and promotional materials
46 and participate in public events; providing that such
47 plans may contact current and former enrollees to
48 encourage continued participation and assist with
49 transfers from one plan to another; requiring the Florida
50 Healthy Kids Corporation and the agency to establish an
51 assignment process that keeps family members assigned to
52 the same or related plan and allows an applicant to enroll
53 in a sibling's Medicaid provider service network or health
54 maintenance organization for coverage under the Florida
55 Healthy Kids program under certain circumstances;
56 providing an effective date.

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

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Section 1. Paragraph (b) of subsection (6) and subsection (7) of section 409.8132, Florida Statutes, are amended to read:
409.8132 Medikids program component.--

(6) ELIGIBILITY.--

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

(7) ENROLLMENT.--Enrollment in the Medikids program component may occur at any time throughout the year. A child may not receive services under the Medikids program until the child is enrolled in a managed care plan or MediPass. Once determined eligible, an applicant may receive choice counseling and select a managed care plan or MediPass. The agency may initiate mandatory assignment for a Medikids applicant who has not chosen a managed care plan or MediPass provider after the applicant's voluntary choice period ends. The agency shall assign the Medikids applicant to the same managed care plan or to the same MediPass provider to which other family members are assigned, to the greatest extent possible, even if some family members are enrolled in Medicaid and others are enrolled in the Medikids program. An applicant may select MediPass under the Medikids program component only in counties that have fewer than two managed care plans available to serve Medicaid recipients and only if the federal Health Care Financing Administration determines that MediPass constitutes "health insurance coverage" as defined in Title XXI of the Social Security Act.

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

409.8134 Program expenditure ceiling.--

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88 (2) The Florida Kidcare program may conduct enrollment at
89 any time throughout the year for the purpose of enrolling
90 children eligible for all program components listed in s. 409.813
91 except Medicaid. The four Florida Kidcare administrators shall
92 work together to ensure that the year-round enrollment period is
93 announced statewide. Eligible children shall be enrolled on a
94 first-come, first-served basis using the date the enrollment
95 application is received. Enrollment shall immediately cease when
96 the expenditure ceiling is reached. Year-round enrollment shall
97 ~~only~~ be held only if the Social Services Estimating Conference
98 determines that sufficient ~~federal and state~~ funds will be
99 available to finance the increased enrollment ~~through federal~~
100 ~~fiscal year 2007~~. Any individual who is not enrolled must reapply
101 by submitting a new application. The application for the Florida
102 Kidcare program is ~~shall be~~ valid for a period of 120 days after
103 the date it was received. At the end of the 120-day period, if
104 the applicant has not been enrolled in the program, the
105 application is ~~shall be~~ invalid and the applicant must ~~shall~~ be
106 notified of the action. The applicant may reactivate ~~resubmit~~ the
107 application after notification of the action taken by the
108 program. Except for the Medicaid program, whenever the Social
109 Services Estimating Conference determines that there are
110 presently, or will be by the end of the current fiscal year,
111 insufficient funds to finance the current or projected enrollment
112 in the Florida Kidcare program, all additional enrollment must
113 cease and additional enrollment may not resume until sufficient
114 funds are available to finance such enrollment.

115 Section 3. Section 409.814, Florida Statutes, is amended to
116 read:

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117 409.814 Eligibility.--A child who has not reached 19 years
118 of age and whose family income is equal to or below 200 percent
119 of the federal poverty level is eligible for the Florida Kidcare
120 program as provided in this section. For enrollment in the
121 Children's Medical Services Network, a complete application
122 includes the medical or behavioral health screening. If,
123 subsequently, an individual is determined to be ineligible for
124 coverage, he or she must be immediately ~~be~~ disenrolled from the
125 respective Florida Kidcare program component.

126 (1) A child who is eligible for Medicaid coverage under s.
127 409.903 or s. 409.904 must be enrolled in Medicaid and is not
128 eligible to receive health benefits under any other health
129 benefits coverage authorized under the Florida Kidcare program.

130 (2) A child who is not eligible for Medicaid, but who is
131 eligible for the Florida Kidcare program, may obtain health
132 benefits coverage under any of the other components listed in s.
133 409.813 if such coverage is approved and available in the county
134 in which the child resides. However, a child who is eligible for
135 Medikids may participate in the Florida Healthy Kids program only
136 if the child has a sibling participating in the Florida Healthy
137 Kids program and the child's county of residence permits such
138 enrollment.

139 (3) A child who is eligible for the Florida Kidcare program
140 and has ~~who is a child with~~ special health care needs, as
141 determined through a medical or behavioral screening instrument,
142 is eligible for health benefits coverage from and must ~~shall~~ be
143 referred to the Children's Medical Services Network.

144 (4) A child who will lose eligibility for Title XIX-funded
145 Florida Kidcare coverage due to income limits or age limits is

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146 presumed eligible for the Title XXI-funded Florida Kidcare
147 program and, following redetermination, has 60 days of continued
148 eligibility within his or her existing plan or coverage to allow
149 for the transition to Title XXI-funded Florida Kidcare coverage.
150 In order to ensure there is no lapse in coverage, the child's
151 eligibility within his or her existing plan or coverage must be
152 extended beyond the 60 days, if necessary. The Agency for Health
153 Care Administration shall seek a state plan amendment or federal
154 waiver authority under Title XIX or Title XXI of the Social
155 Security Act to continue eligibility and secure federal matching
156 funds consistent with the federal State Children's Health
157 Insurance Program match for the additional 60 days of
158 eligibility.

159 (5)(4) The following children are not eligible to receive
160 premium assistance for health benefits coverage under the Florida
161 Kidcare program, except under Medicaid if the child would have
162 been eligible for Medicaid under s. 409.903 or s. 409.904 as of
163 June 1, 1997:

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

167 (b) A child who is currently eligible for or covered under
168 a family member's group health benefit plan or under other
169 employer health insurance coverage, excluding coverage provided
170 under the Florida Healthy Kids Corporation as established under
171 s. 624.91, if provided that the cost of the child's participation
172 is not greater than 5 percent of the family's income. ~~This~~
173 ~~provision shall be applied during redetermination for children~~
174 ~~who were enrolled prior to July 1, 2004. These enrollees shall~~

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175 ~~have 6 months of eligibility following redetermination to allow~~
176 ~~for a transition to the other health benefit plan.~~

177 (c) A child who is seeking premium assistance for the
178 Florida Kidcare program through employer-sponsored group
179 coverage, if the child has been covered by the same employer's
180 group coverage during the 6 months before ~~prior to~~ the family's
181 submitting an application for determination of eligibility under
182 the program.

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

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

187 (f) A child who has had his or her coverage in an employer-
188 sponsored health benefit plan voluntarily canceled in the last 90
189 days ~~6 months, except those children who were on the waiting list~~
190 ~~prior to March 12, 2004.~~

191 (g) A child who is otherwise eligible for Kidcare and who
192 has a preexisting condition that prevents coverage under another
193 insurance plan as described in paragraph (b) which would have
194 disqualified the child for Kidcare if the child were able to
195 enroll in the plan shall be eligible for Kidcare coverage when
196 enrollment is possible.

197 (6) ~~(5)~~ A child whose family income is above 200 percent of
198 the federal poverty level or a child who is excluded under the
199 provisions of subsection (5) ~~(4)~~ may participate in the Medikids
200 program as provided in s. 409.8132 or, if the child is ineligible
201 for Medikids by reason of age, in the Florida Healthy Kids
202 program, subject to the following provisions:

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

206 (b) The agency is authorized to place limits on enrollment
207 in Medikids by these children in order to avoid adverse
208 selection. The number of children participating in Medikids whose
209 family income exceeds 200 percent of the federal poverty level
210 must not exceed 10 percent of total enrollees in the Medikids
211 program.

212 (c) The board of directors of the Florida Healthy Kids
213 Corporation is authorized to place limits on enrollment of these
214 children in order to avoid adverse selection. In addition, the
215 board is authorized to offer a reduced benefit package to these
216 children in order to limit program costs for such families. The
217 number of children participating in the Florida Healthy Kids
218 program whose family income exceeds 200 percent of the federal
219 poverty level must not exceed 10 percent of total enrollees in
220 the Florida Healthy Kids program.

221 (7)~~(6)~~ Once a child is enrolled in the Florida Kidcare
222 program, the child is eligible for coverage under the program for
223 12 months without a redetermination or reverification of
224 eligibility, if the family continues to pay the applicable
225 premium. Eligibility for program components funded through Title
226 XXI of the Social Security Act terminates ~~shall terminate~~ when a
227 child attains the age of 19. Effective January 1, 1999, a child
228 who has not attained the age of 5 and who has been determined
229 eligible for the Medicaid program is eligible for coverage for 12
230 months without a redetermination or reverification of
231 eligibility.

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232 ~~(8)(7)~~ When determining or reviewing a child's eligibility
233 under the Florida Kidcare program, the applicant must ~~shall~~ be
234 provided ~~with~~ reasonable notice of changes in eligibility which
235 may affect enrollment in one or more of the program components.
236 When a transition from one program component to another is
237 authorized, there must ~~shall~~ be cooperation between the program
238 components, ~~and~~ the affected family, the child's health plan, and
239 the child's health care providers to promote ~~which promotes~~
240 continuity of health care coverage. The agency, in coordination
241 with the Department of Children and Family Services, shall notify
242 Medicaid managed care plans and MediPass providers at least 60
243 days in advance of members or patients who will lose eligibility
244 for Medicaid or Medikids so that the health plans and providers
245 may assist the families of such members or patients in applying
246 for Florida Kidcare coverage. Any authorized transfers must be
247 managed within the program's overall appropriated or authorized
248 levels of funding. Each component of the program shall establish
249 a reserve to ensure that transfers between components will be
250 accomplished within current year appropriations. These reserves
251 shall be reviewed by each convening of the Social Services
252 Estimating Conference to determine the adequacy of such reserves
253 to meet actual experience.

254 ~~(9)(8)~~ In determining the eligibility of a child, an assets
255 test is not required. An applicant's information must be
256 available electronically, if possible, to determine eligibility
257 for the Florida Kidcare program. If such information cannot be
258 verified electronically, each applicant shall provide written
259 documentation during the application process and the

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260 redetermination process, including, but not limited to, the
261 following:

262 (a) Proof of family income that includes, ~~which must~~
263 ~~include~~ a copy of the applicant's most recent federal income tax
264 return. In the absence of a federal income tax return, an
265 applicant may submit wages and earnings statements (pay stubs),
266 W-2 forms, or other appropriate documents.

267 (b) A statement from all employed family members that:

268 1. Their employer does not sponsor a health benefit plan
269 for employees; or

270 2. The potential enrollee is not covered by the employer-
271 sponsored health benefit plan because the potential enrollee is
272 not eligible for coverage, or, if the potential enrollee is
273 eligible but not covered, a statement of the cost to enroll the
274 potential enrollee in the employer-sponsored health benefit plan.

275 (10) ~~(9)~~ Subject to paragraph (5) (b) ~~(4) (b)~~ and s.
276 624.91(4), the Florida Kidcare program shall withhold benefits
277 from an enrollee if the program obtains evidence that the
278 enrollee is no longer eligible, submitted incorrect or fraudulent
279 information in order to establish eligibility, or failed to
280 provide verification of eligibility. The applicant or enrollee
281 shall be notified that because of such evidence program benefits
282 will be withheld unless the applicant or enrollee contacts a
283 designated representative of the program by a specified date,
284 which must be within 10 days after the date of notice, to discuss
285 and resolve the matter. The program shall make every effort to
286 resolve the matter within a timeframe that will not cause
287 benefits to be withheld from an eligible enrollee.

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288 (11)~~(10)~~ The following individuals may be subject to
289 prosecution in accordance with s. 414.39:

290 (a) An applicant obtaining or attempting to obtain benefits
291 for a potential enrollee under the Florida Kidcare program when
292 the applicant knows or should have known the potential enrollee
293 does not qualify for the Florida Kidcare program.

294 (b) An individual who assists an applicant in obtaining or
295 attempting to obtain benefits for a potential enrollee under the
296 Florida Kidcare program when the individual knows or should have
297 known the potential enrollee does not qualify for the Florida
298 Kidcare program.

299
300 A person applying for full-pay coverage under the Florida Kidcare
301 program is not required to provide the information required under
302 this section.

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

305 409.816 Limitations on premiums and cost-sharing.--The
306 following limitations on premiums and cost-sharing are
307 established for the program.

308 (3) Enrollees in families with a family income above 150
309 percent of the federal poverty level, who are not receiving
310 coverage under the Medicaid program or who are not eligible under
311 s. 409.814(6) ~~s. 409.814(5)~~, may be required to pay enrollment
312 fees, premiums, copayments, deductibles, coinsurance, or similar
313 charges on a sliding scale related to income, except that the
314 total annual aggregate cost-sharing with respect to all children
315 in a family may not exceed 5 percent of the family's income.
316 However, copayments, deductibles, coinsurance, or similar charges

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317 | may not be imposed for preventive services, including well-baby
318 | and well-child care, age-appropriate immunizations, and routine
319 | hearing and vision screenings.

320 | Section 5. Section 409.818, Florida Statutes, is amended to
321 | read:

322 | 409.818 Administration.--In order to implement ss. 409.810-
323 | 409.820, the following agencies shall have the following duties:

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

325 | (a) Develop a standardized ~~simplified~~ eligibility
326 | application ~~mail-in~~ form to be used for determining the
327 | eligibility of children for coverage for all components of ~~under~~
328 | the Florida Kidcare program, in consultation with the agency, the
329 | Department of Health, and the Florida Healthy Kids Corporation.
330 | The standardized ~~simplified~~ eligibility application form must
331 | include an item that provides an opportunity for the applicant to
332 | indicate whether coverage is being sought for a child having ~~with~~
333 | special health care needs. Families applying for children's
334 | Medicaid coverage must also be able to use the standardized
335 | ~~simplified~~ application form without having to pay a premium. The
336 | standardized eligibility application form must be available for
337 | use no later than July 1, 2009.

338 | (b) Establish and maintain the eligibility determination
339 | process under the program except as specified in subsection (4)
340 | ~~(5)~~. The department shall directly, or through the services of a
341 | contracted third-party administrator, establish and maintain a
342 | process for determining eligibility of children for coverage
343 | under the program. The eligibility determination process must be
344 | used solely for determining eligibility of applicants for health
345 | benefits coverage under the program. The eligibility

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346 determination process must include an initial determination of
347 eligibility for any coverage offered under the program, as well
348 as a redetermination or reverification of eligibility 12 months
349 after enrollment and each subsequent 12 ~~6~~ months. Effective
350 January 1, 1999, a child who has not attained the age of 5 and
351 who has been determined eligible for the Medicaid program is
352 eligible for coverage for 12 months without a redetermination or
353 reverification of eligibility. In conducting an eligibility
354 determination, the department shall determine if the child has
355 special health care needs. The department, in consultation with
356 the Agency for Health Care Administration and the Florida Healthy
357 Kids Corporation, shall develop procedures for redetermining
358 eligibility which enable a family to easily update any change in
359 circumstances which could affect eligibility. The department may
360 accept changes in a family's status as reported to the department
361 by the Florida Healthy Kids Corporation without requiring a new
362 application from the family. Redetermination of a child's
363 eligibility for Medicaid may not be linked to a child's
364 eligibility determination for other programs.

365 (c) Inform program applicants about eligibility
366 determinations and provide information about eligibility of
367 applicants to Medicaid, Medikids, the Children's Medical Services
368 Network, and the Florida Healthy Kids Corporation, and to
369 insurers and their agents, through a centralized coordinating
370 office.

371 (d) Design a plan, in consultation with the Florida Healthy
372 Kids Corporation, to determine an applicant's eligibility for
373 public assistance or Medicaid which allows:

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374 1. Applicants who have children and are applying for
375 Medicaid or other public assistance to use the same information
376 provided when applying for the Kidcare program, if they are found
377 ineligible for Medicaid.

378 2. Applicants to submit all information required for
379 enrollment in the Kidcare program, including whether coverage is
380 being sought for a child who has special health care needs.

381 3. The department to forward an applicant's information and
382 accompanying documentation to the Florida Healthy Kids
383 Corporation, if necessary.

384 4. The Florida Healthy Kids Corporation to process
385 application information and other documents for enrollment in the
386 Kidcare program without requiring the applicant to submit a
387 separate application.

388
389 The department shall submit the plan to the Governor, the
390 President of the Senate, and the Speaker of the House of
391 Representatives by December 31, 2008.

392 (e)(d) Adopt rules necessary for conducting program
393 eligibility functions.

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

395 ~~(a) Design an eligibility intake process for the program,~~
396 ~~in coordination with the Department of Children and Family~~
397 ~~Services, the agency, and the Florida Healthy Kids Corporation.~~
398 ~~The eligibility intake process may include local intake points~~
399 ~~that are determined by the Department of Health in coordination~~
400 ~~with the Department of Children and Family Services.~~

401 ~~(b) Chair a state-level coordinating council to review and~~
402 ~~make recommendations concerning the implementation and operation~~

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403 ~~of the program. The coordinating council shall include~~
404 ~~representatives from the department, the Department of Children~~
405 ~~and Family Services, the agency, the Florida Healthy Kids~~
406 ~~Corporation, the Office of Insurance Regulation of the Financial~~
407 ~~Services Commission, local government, health insurers, health~~
408 ~~maintenance organizations, health care providers, families~~
409 ~~participating in the program, and organizations representing low-~~
410 ~~income families.~~

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

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

416 ~~(2)(3)~~ (2) The Agency for Health Care Administration, under the
417 authority granted in s. 409.914(1), shall:

418 (a) Calculate the premium assistance payment necessary to
419 comply with the premium and cost-sharing limitations specified in
420 s. 409.816. The premium assistance payment for each enrollee in a
421 health insurance plan participating in the Florida Healthy Kids
422 Corporation must ~~shall~~ equal the premium approved by the Florida
423 Healthy Kids Corporation and the Office of Insurance Regulation
424 of the Financial Services Commission pursuant to ss. 627.410 and
425 641.31, less any enrollee's share of the premium established
426 within the limitations specified in s. 409.816. The premium
427 assistance payment for each enrollee in an employer-sponsored
428 health insurance plan approved under ss. 409.810-409.820 must
429 ~~shall~~ equal the premium for the plan adjusted for any benchmark
430 benefit plan actuarial equivalent benefit rider approved by the
431 Office of Insurance Regulation pursuant to ss. 627.410 and

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432 641.31, less any enrollee's share of the premium established
433 within the limitations specified in s. 409.816. In calculating
434 the premium assistance payment levels for children with family
435 coverage, the agency shall set the premium assistance payment
436 levels for each child proportionately to the total cost of family
437 coverage.

438 (b) Make premium assistance payments to health insurance
439 plans on a periodic basis. The agency may use its Medicaid fiscal
440 agent or a contracted third-party administrator to make ~~in making~~
441 these payments. The agency may require health insurance plans
442 that participate in the Medikids program or employer-sponsored
443 group health insurance to collect premium payments from an
444 enrollee's family. Participating health insurance plans shall
445 report premium payments collected on behalf of enrollees in the
446 program to the agency in accordance with a schedule established
447 by the agency.

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

450 (d) Establish a mechanism for investigating and resolving
451 complaints and grievances from program applicants, enrollees, and
452 health benefits coverage providers, and maintain a record of
453 complaints and confirmed problems. In the case of a child who is
454 enrolled in a health maintenance organization, the agency must
455 use the provisions of s. 641.511 to address grievance reporting
456 and resolution requirements.

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

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460 (f) In consultation with the Department of Children and
461 Family Services and the Florida Healthy Kids Corporation,
462 establish a single toll-free telephone number by July 1, 2009, to
463 assist families who have questions about the Florida Kidcare
464 program. The toll-free number must provide information regarding
465 eligibility, enrollment, benefits, and other information relating
466 to all components of the Florida Kidcare program and ensure that
467 such information is easily accessible.

468 (g) Seek and implement federal waivers or state plan
469 amendments necessary to implement this section and ss. 409.810-
470 409.820.

471 (h) ~~(f)~~ Adopt rules necessary for calculating premium
472 assistance payment levels, making premium assistance payments,
473 monitoring access and quality assurance standards, investigating
474 and resolving complaints and grievances, administering the
475 Medikids program, and approving health benefits coverage.

476
477 The agency is designated the lead state agency for Title XXI of
478 the Social Security Act for purposes of receipt of federal funds,
479 for reporting purposes, and for ensuring compliance with federal
480 and state regulations and rules.

481 (3) ~~(4)~~ The Office of Insurance Regulation shall certify
482 that health benefits coverage plans that seek to provide services
483 under the Florida Kidcare program, except those offered through
484 the Florida Healthy Kids Corporation or the Children's Medical
485 Services Network, meet, exceed, or are actuarially equivalent to
486 the benchmark benefit plan and that health insurance plans will
487 be offered at an approved rate. In determining actuarial
488 equivalence of benefits coverage, the Office of Insurance

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489 Regulation and health insurance plans must comply with the
490 requirements of s. 2103 of Title XXI of the Social Security Act.
491 The department shall adopt rules necessary for certifying health
492 benefits coverage plans.

493 (4)~~(5)~~ The Florida Healthy Kids Corporation shall retain
494 its functions as authorized in s. 624.91, including eligibility
495 determination for participation in the Healthy Kids program.

496 (5)~~(6)~~ The agency, ~~the Department of Health,~~ the Department
497 of Children and Family Services, the Florida Healthy Kids
498 Corporation, and the Office of Insurance Regulation, after
499 consultation with and approval of the President of the Senate and
500 the Speaker of the House of Representatives ~~Speaker of the House~~
501 ~~of Representatives and the President of the Senate,~~ are
502 authorized to make program modifications that are necessary to
503 overcome any objections of the United States Department of Health
504 and Human Services to obtain approval of the state's child health
505 insurance plan under Title XXI of the Social Security Act.

506 Section 6. Paragraph (b) of subsection (5) of section
507 624.91, Florida Statutes, is amended to read:

508 624.91 The Florida Healthy Kids Corporation Act.--

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

510 (b) The Florida Healthy Kids Corporation shall:

511 1. Arrange for the collection of any family, local
512 contributions, or employer payment or premium, in an amount to be
513 determined by the board of directors, to provide for payment of
514 premiums for comprehensive insurance coverage and for the actual
515 or estimated administrative expenses.

516 2. Arrange for the collection of any voluntary
517 contributions to provide for payment of premiums for children who

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518 are not eligible for medical assistance under Title XXI of the
519 Social Security Act.

520 3. Subject to the provisions of s. 409.8134, accept
521 voluntary supplemental local match contributions that comply with
522 the requirements of Title XXI of the Social Security Act for the
523 purpose of providing additional coverage in contributing counties
524 under Title XXI.

525 4. Establish the administrative and accounting procedures
526 for the operation of the corporation.

527 5. Establish, with consultation from appropriate
528 professional organizations, standards for preventive health
529 services and providers and comprehensive insurance benefits
530 appropriate to children, if provided that such standards for
531 rural areas do ~~shall~~ not limit primary care providers to board-
532 certified pediatricians.

533 6. Determine eligibility for children seeking to
534 participate in the Title XXI-funded components of the Florida
535 Kidcare program consistent with the requirements specified in s.
536 409.814, as well as the non-Title-XXI-eligible children as
537 provided in subsection (3).

538 7. Establish procedures under which providers of local
539 match to, applicants to and participants in the program may have
540 grievances reviewed by an impartial body and reported to the
541 board of directors of the corporation.

542 8. Establish participation criteria and, if appropriate,
543 contract with an authorized insurer, health maintenance
544 organization, or third-party administrator to provide
545 administrative services to the corporation.

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546 9. Establish enrollment criteria that include ~~which shall~~
547 ~~include~~ penalties or waiting periods of not fewer than 60 days
548 for reinstatement of coverage upon voluntary cancellation for
549 nonpayment of family premiums.

550 10. Contract with authorized insurers or any provider of
551 health care services, meeting standards established by the
552 corporation, for the provision of comprehensive insurance
553 coverage to participants. Such standards shall include criteria
554 under which the corporation may contract with more than one
555 provider of health care services in program sites. Health plans
556 shall be selected through a competitive bid process. The Florida
557 Healthy Kids Corporation shall purchase goods and services in the
558 most cost-effective manner consistent with the delivery of
559 quality medical care. The maximum administrative cost for a
560 Florida Healthy Kids Corporation contract shall be 15 percent.
561 For health care contracts, the minimum medical loss ratio for a
562 Florida Healthy Kids Corporation contract shall be 85 percent.
563 For dental contracts, the remaining compensation to be paid to
564 the authorized insurer or provider under a Florida Healthy Kids
565 Corporation contract shall be no less than an amount which is 85
566 percent of premium; to the extent any contract provision does not
567 provide for this minimum compensation, this section shall
568 prevail. The health plan selection criteria and scoring system,
569 and the scoring results, shall be available upon request for
570 inspection after the bids have been awarded.

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

573 12. Develop and implement a plan to publicize the Florida
574 Healthy Kids Corporation, the eligibility requirements of the

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575 | program, and the procedures for enrollment in the program and to
576 | maintain public awareness of the corporation and the program.
577 | Health and dental plans participating in the Florida Healthy Kids
578 | program may develop and distribute marketing and promotional
579 | materials and participate in activities, such as health fairs and
580 | public events, which are approved by the corporation. The health
581 | and dental plans may also contact their current and former
582 | enrollees to encourage continued participation in the program and
583 | to assist the enrollees with transferring from a Title XIX-
584 | financed plan to a Title XXI-financed plan.

585 | 13. Secure staff necessary to properly administer the
586 | corporation. Staff costs must ~~shall~~ be funded from state and
587 | local matching funds and such other private or public funds as
588 | become available. The board of directors shall determine the
589 | number of staff members necessary to administer the corporation.

590 | 14. Provide a report annually to the Governor, Chief
591 | Financial Officer, Commissioner of Education, the President of
592 | the Senate President, the Speaker of the House of
593 | Representatives, and Minority Leaders of the Senate and the House
594 | of Representatives.

595 | 15. Establish benefit packages which conform to the
596 | provisions of the Florida Kidcare program, as created in ss.
597 | 409.810-409.820.

598 | 16. Establish an assignment process that keeps enrollees in
599 | the Florida Healthy Kids program with family members assigned to
600 | the same managed care plans, to the greatest extent possible,
601 | even if some family members are enrolled in a Medicaid managed
602 | care plan and others are enrolled in a plan under the program.

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603 The Agency for Health Care Administration shall work with the
604 corporation to implement this subparagraph.

605 a. The assignment process must allow an enrollee in the
606 program to enroll in a sibling's Medicaid provider service
607 network for coverage under the program, if the enrollee's sibling
608 is currently enrolled in a Medicaid provider service network in
609 the same county as the enrollee and the county does not contain a
610 health plan under the program.

611 b. The assignment process must allow an enrollee in the
612 program to enroll in a sibling's Medicaid health maintenance
613 organization for coverage under the program, if the enrollee's
614 sibling is currently enrolled in a Medicaid health maintenance
615 organization in the same county as the enrollee and the county
616 does not contain a health plan under the program that is operated
617 by or related to the Medicaid health maintenance organization.

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