

By Senator Rich

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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 providers
28 when a child is no longer eligible for certain coverage;
29 requiring electronic verification of applicants' income;

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30 providing circumstances under which written documentation
31 is required; revising the timeframe for an enrollee to
32 resolve disputes regarding the withholding of benefits;
33 amending s. 409.815, F.S.; providing an exception to a
34 limitation on health benefits coverage for certain
35 maternity services; permitting the Agency for Health Care
36 Administration to increase certain premium assistance
37 payments for Florida Kidcare Plus benefits under certain
38 circumstances; 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

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

71 409.811 Definitions relating to Florida Kidcare Act.--As
72 used in ss. 409.810-409.821 ~~409.810-409.820~~, the term:

73 (1) "Actuarially equivalent" means that:

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

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

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

83 (3) "Applicant" means a parent or guardian of a child or a
84 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~~.

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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 of
98 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 nonage
115 has been removed under chapter 743, the child. The family may

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116 also include other individuals whose income and resources are
117 considered in whole or in part in determining eligibility of the
118 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 the
127 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 per
139 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,

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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 medical
163 treatment, service, equipment, or supply necessary to palliate
164 the effects of a terminal condition, or to prevent, diagnose,
165 correct, cure, alleviate, or preclude deterioration of a
166 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;

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

176 (e) Approved by the appropriate medical body or health care
177 specialty involved as effective, appropriate, and essential for
178 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

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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 actuarial
208 value equal to at least 75 percent of the actuarial value of the
209 coverage for that service in the benchmark benefit plan and, with
210 respect to the basic services as defined in s. 2103(c)(1) of
211 Title XXI of the Social Security Act, these services must be the
212 same as the services in the benchmark benefit plan.

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

215 409.812 Program created; purpose.--The Florida Kidcare
216 program is created to provide a defined set of health benefits to
217 ~~previously~~ uninsured, low-income children through the
218 establishment of a variety of affordable health benefits coverage
219 options from which families may select coverage and through which
220 families may contribute financially to the health care of their
221 children.

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

224 409.813 Health benefits coverage; program components;
225 entitlement and nonentitlement.--

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

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

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

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

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

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

247 (a) ~~(1)~~ Medicaid;

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

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

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

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

255 (3) Except for Title XIX-funded Florida Kidcare program
256 coverage under the Medicaid program, coverage under the Florida
257 Kidcare program is not an entitlement. No cause of action shall
258 arise against the state, the department, the Department of
259 Children and Family Services, or the agency for failure to make

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260 health services available to any person under ss. 409.810-409.821
261 ~~409.810-409.820~~.

262 Section 5. Paragraph (b) of subsection (6) and subsection
263 (8) of section 409.8132, Florida Statutes, are amended to read:

264 409.8132 Medikids program component.--

265 (6) ELIGIBILITY.--

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

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

272 Section 6. Section 409.8134, Florida Statutes, is amended
273 to read:

274 409.8134 Program expenditure ceiling; enrollment.--

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

279 (2) The Florida Kidcare program may conduct enrollment
280 continuously at any time throughout the year ~~for the purpose of~~
281 ~~enrolling children eligible for all program components listed in~~
282 ~~s. 409.813 except Medicaid. The four Florida Kidcare~~
283 ~~administrators shall work together to ensure that the year-round~~
284 ~~enrollment period is announced statewide. Eligible Children~~
285 eligible for Title XXI-funded Florida Kidcare program coverage
286 shall be enrolled on a first-come, first-served basis using the
287 date the enrollment application is received. Enrollment shall
288 immediately cease when the expenditure ceiling is reached. Year-

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289 round enrollment shall only be held if the Social Services
290 Estimating Conference determines that sufficient federal and
291 state funds will be available to finance the increased enrollment
292 ~~through federal fiscal year 2007. Any individual who is not~~
293 ~~enrolled must reapply by submitting a new application.~~ The
294 application for the Florida Kidcare program is ~~shall be~~ valid for
295 a period of 120 days after the date it was received. At the end
296 of the 120-day period, if the applicant has not been enrolled in
297 the program, the application is ~~shall be~~ invalid and the
298 applicant shall be notified of the action. The applicant may
299 reactivate ~~resubmit~~ the application after notification of the
300 action taken by the program. Except for the Medicaid program,
301 whenever the Social Services Estimating Conference determines
302 that there are presently, or will be by the end of the current
303 fiscal year, insufficient funds to finance the current or
304 projected enrollment in the Florida Kidcare program, all
305 additional enrollment must cease and additional enrollment may
306 not resume until sufficient funds are available to finance such
307 enrollment.

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

316 (4) The agencies that administer the Florida Kidcare
317 program components shall collect and analyze the data needed to

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318 project program enrollment costs, including price level
319 adjustments, participation and attrition rates, current and
320 projected caseloads, utilization, and current and projected
321 expenditures for the next 3 years. The agencies shall report
322 caseload and expenditure trends to the Social Services Estimating
323 Conference in accordance with chapter 216.

324 Section 7. Section 409.814, Florida Statutes, is amended to
325 read:

326 409.814 Eligibility.--A child who has not reached 19 years
327 of age whose family income is equal to or below 200 percent of
328 the federal poverty level is eligible for the Florida Kidcare
329 program as provided in this section. For enrollment in Florida
330 Kidcare Plus ~~the Children's Medical Services Network~~, a complete
331 application includes the medical or behavioral health screening.
332 If, subsequently, an individual is determined to be ineligible
333 for coverage, he or she must immediately be disenrolled from the
334 respective Florida Kidcare program component.

335 (1) A child who is eligible for Medicaid coverage under s.
336 409.903 or s. 409.904 must be enrolled in Medicaid and is not
337 eligible to receive health benefits under any other health
338 benefits coverage authorized under the Florida Kidcare program.

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

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346 ~~Kids program and the child's county of residence permits such~~
347 ~~enrollment.~~

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

354 (4) A child who becomes ineligible for Title XIX-funded
355 Florida Kidcare program coverage due to exceeding income or age
356 limits shall have 60 days of continued eligibility following
357 redetermination before premium payments are required in order to
358 allow for a transition to the Title XXI-funded Florida Kidcare
359 program without a lapse in coverage. The state shall use a Title
360 XXI financing option for the 60 days of presumptive eligibility.
361 Potential Florida Kidcare Plus, Medikids, and Florida Healthy
362 Kids enrollees shall retain coverage with the Children's Medical
363 Services network or their Medicaid or managed care providers
364 during the transition period.

365 (5) ~~(4)~~ The following children are not eligible to receive
366 Title XXI-funded premium assistance for health benefits coverage
367 under the Florida Kidcare program, except under Medicaid if the
368 child would have been eligible for Medicaid under s. 409.903 or
369 s. 409.904 as of June 1, 1997:

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

373 (b) A child who is ~~currently eligible for or~~ covered under
374 a family member's group health benefit plan or under other

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375 ~~private or employer health insurance coverage, excluding coverage~~
376 ~~provided under the Florida Healthy Kids Corporation as~~
377 ~~established under s. 624.91, provided that the cost of the~~
378 ~~child's participation is not greater than 5 percent of the~~
379 ~~family's income. If a child is otherwise eligible for a subsidy~~
380 ~~in the Florida Kidcare program and the cost of the child's~~
381 ~~participation in the family member's health insurance benefit~~
382 ~~plan is greater than 5 percent of the family's income, this~~
383 ~~section does not apply. This provision shall be applied during~~
384 ~~redetermination for children who were enrolled prior to July 1,~~
385 ~~2004. These enrollees shall have 6 months of eligibility~~
386 ~~following redetermination to allow for a transition to the other~~
387 ~~health benefit plan.~~

388 (c) A child who is seeking premium assistance for the
389 Florida Kidcare program through employer-sponsored group
390 coverage, if the child has been covered by the same employer's
391 group coverage during the 90 days ~~6 months~~ prior to the family's
392 submitting an application for determination of eligibility under
393 the program.

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

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

398 (f) A child who is otherwise eligible for premium
399 assistance for the Florida Kidcare program and has had his or her
400 coverage in an employer-sponsored or private health benefit plan
401 voluntarily canceled in the last 90 days ~~6 months~~, except those
402 children whose coverage was voluntarily canceled for good cause,
403 including, but not limited to, the following circumstances:

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

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

409 3. The parent with health benefits coverage for the child
410 is deceased;

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

413 5. The employer of the parent canceled health benefits
414 coverage for children;

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

417 7. The child has exhausted coverage under a COBRA
418 continuation provision;

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

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

423 (6)-(g) A child who is otherwise eligible for the Florida
424 Kidcare program and who has a preexisting condition that prevents
425 coverage under another insurance plan as described in paragraph
426 (5)(b) that ~~which~~ would have disqualified the child for the
427 Florida Kidcare program if the child were able to enroll in the
428 plan shall be eligible for Florida Kidcare coverage when
429 enrollment is possible.

430 (7)-(5) A child whose family income is above 200 percent of
431 the federal poverty level or a child who is excluded under the
432 provisions of subsection (5) ~~(4)~~ may participate in the Florida

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433 ~~Kidcare program. However, Medikids program as provided in s.~~
434 ~~409.8132 or, if the child is ineligible for Medikids by reason of~~
435 ~~age, in the Florida Healthy Kids program, subject to the~~
436 ~~following provisions:~~

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

440 ~~(a)~~~~(b)~~ The agency is authorized to place limits on
441 enrollment in Medikids by these children in order to avoid
442 adverse selection. The number of children participating in
443 Medikids whose family income exceeds 250 ~~200~~ percent of the
444 federal poverty level must not exceed 25 ~~10~~ percent of total
445 enrollees in the Medikids program. Except for families who are
446 enrolled in the program on July 1, 2008, or who are in transition
447 from coverage in a subsidized Kidcare program, a family whose
448 income exceeds 250 percent of the federal poverty level must have
449 been uninsured for 6 consecutive months prior to enrollment in
450 the program.

451 ~~(b)~~~~(e)~~ The board of directors of the Florida Healthy Kids
452 Corporation is authorized to place limits on enrollment of these
453 children in order to avoid adverse selection. ~~In addition, the~~
454 ~~board is authorized to offer a reduced benefit package to these~~
455 ~~children in order to limit program costs for such families.~~ The
456 number of children participating in the Florida Healthy Kids
457 program whose family income exceeds 250 ~~200~~ percent of the
458 federal poverty level must not exceed 25 ~~10~~ percent of total
459 enrollees in the Florida Healthy Kids program. However, a family
460 who is enrolled in the program on July 1, 2008, or who is in
461 transition from coverage in a subsidized program, or a family

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462 whose income exceeds 250 percent of the federal poverty level
463 must have been uninsured for 6 consecutive months before
464 enrollment in the program.

465 (8)~~(6)~~ Once a child is enrolled in the Florida Kidcare
466 program, the child is eligible for coverage under the program for
467 12 months without a redetermination or reverification of
468 eligibility~~r~~, if the family continues to pay the applicable
469 premium. Eligibility for Florida Kidcare coverage program
470 ~~components~~ funded through Title XXI of the Social Security Act
471 shall terminate when a child attains the age of 19. ~~Effective~~
472 ~~January 1, 1999,~~ A child who has not attained the age of 19 ~~5~~ and
473 who has been determined eligible for the Medicaid program is
474 eligible for coverage for 12 months without a redetermination or
475 reverification of eligibility.

476 (9)~~(7)~~ When determining or reviewing a child's eligibility
477 under the Florida Kidcare program, the applicant shall be
478 provided with reasonable notice of changes in eligibility which
479 may affect enrollment in one or more of the program components.
480 When a transition from one program component to another is
481 authorized, there shall be cooperation between the program
482 components, ~~and~~ the affected family, the child's health plan, and
483 MediPass providers that ~~which~~ promotes continuity of health care
484 coverage. When a child is no longer eligible for Florida Kidcare
485 coverage funded through Title XIX or Title XXI of the Social
486 Security Act, the child's health plan and other MediPass
487 providers shall be notified so that the health plans and
488 providers may assist the family in obtaining coverage through
489 other available healthcare providers. Any authorized transfers
490 must be managed within the program's overall appropriated or

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491 authorized levels of funding. Each component of the program shall
492 establish a reserve to ensure that transfers between components
493 will be accomplished within current year appropriations. These
494 reserves shall be reviewed by each convening of the Social
495 Services Estimating Conference to determine the adequacy of such
496 reserves to meet actual experience.

497 ~~(10)(8)~~ In determining the eligibility of a child, an
498 assets test is not required. ~~Each applicant shall provide written~~
499 ~~documentation~~ During the application process and the
500 redetermination process, ~~including, but not limited to, the~~
501 ~~following:~~

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

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

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

516 2. The potential enrollee is not covered by an ~~the~~
517 employer-sponsored health benefit plan because the potential
518 enrollee is not eligible for coverage, or, if the potential
519 enrollee is eligible but not covered, a statement of the cost to

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520 enroll the potential enrollee in the employer-sponsored health
521 benefit plan. If the cost of the employer-sponsored health
522 benefit plan is greater than 5 percent of the family's income and
523 the potential enrollee is otherwise eligible for premium
524 assistance, he or she may be enrolled in the appropriate Florida
525 Kidcare program component.

526 (11)(9) Subject to paragraph (5)(b) ~~(4)(b) and s.~~
527 ~~624.91(4)~~, the Florida Kidcare program shall withhold benefits
528 from an enrollee if the program obtains evidence that the
529 enrollee is no longer eligible, submitted incorrect or fraudulent
530 information in order to establish eligibility, or failed to
531 provide verification of eligibility. The applicant or enrollee
532 shall be notified that because of such evidence, program benefits
533 will be withheld unless the applicant or enrollee contacts a
534 designated representative of the program by a specified date,
535 which must be within 10 working days after the date of notice, to
536 discuss and resolve the matter. The program shall make every
537 effort to resolve the matter within a timeframe that will not
538 cause benefits to be withheld from an eligible enrollee.

539 (12)(10) The following individuals may be subject to
540 prosecution in accordance with s. 414.39:

541 (a) An applicant obtaining or attempting to obtain benefits
542 for a potential enrollee under the Florida Kidcare program when
543 the applicant knows or should have known the potential enrollee
544 does not qualify for the Florida Kidcare program.

545 (b) An individual who assists an applicant in obtaining or
546 attempting to obtain benefits for a potential enrollee under the
547 Florida Kidcare program when the individual knows or should have

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548 known the potential enrollee does not qualify for the Florida
549 Kidcare program.

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

552 409.815 Health benefits coverage; limitations.--

553 (2) BENCHMARK BENEFITS.--In order for health benefits
554 coverage to qualify for premium assistance payments for an
555 eligible child under ss. 409.810-409.821 ~~409.810-409.820~~, the
556 health benefits coverage, except for coverage under Medicaid and
557 Medikids, must include the following minimum benefits, as
558 medically necessary.

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

- 560 1. Well-child care, including services recommended in the
561 Guidelines for Health Supervision of Children and Youth as
562 developed by the American Academy of Pediatrics;
- 563 2. Immunizations and injections;
- 564 3. Health education counseling and clinical services;
- 565 4. Vision screening; and
- 566 5. Hearing screening.

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

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

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

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

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

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

586 (d) Maternity services.--Covered services include maternity
587 and newborn care, including prenatal and postnatal care, with the
588 following limitations:

589 1. Coverage may be limited to the fee for vaginal
590 deliveries unless another method of delivery is determined to be
591 medically necessary or better for the health of the mother or the
592 child; and

593 2. Initial inpatient care for newborn infants of enrolled
594 adolescents shall be covered, including normal newborn care,
595 nursery charges, and the initial pediatric or neonatal
596 examination, and the infant may be covered for up to 3 days
597 following birth.

598 (e) Organ transplantation services.--Covered services
599 include pretransplant, transplant, and postdischarge services and
600 treatment of complications after transplantation for transplants
601 deemed necessary and appropriate within the guidelines set by the
602 Organ Transplant Advisory Council under s. 765.53 or the Bone
603 Marrow Transplant Advisory Panel under s. 627.4236.

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604 (f) Outpatient services.--Covered services include
605 preventive, diagnostic, therapeutic, palliative care, and other
606 services provided to an enrollee in the outpatient portion of a
607 health facility licensed under chapter 395, except for the
608 following limitations:

609 1. Services must be authorized by the enrollee's health
610 benefits coverage provider; and

611 2. Treatment for temporomandibular joint disease (TMJ) is
612 specifically excluded.

613 (g) Behavioral health services.--

614 1. Mental health benefits include:

615 a. Inpatient services, limited to not more than 30
616 inpatient days per contract year for psychiatric admissions, or
617 residential services in facilities licensed under s. 394.875(6)
618 or s. 395.003 in lieu of inpatient psychiatric admissions;
619 however, a minimum of 10 of the 30 days shall be available only
620 for inpatient psychiatric services when authorized by a
621 physician; and

622 b. Outpatient services, including outpatient visits for
623 psychological or psychiatric evaluation, diagnosis, and treatment
624 by a licensed mental health professional, limited to a maximum of
625 40 outpatient visits each contract year.

626 2. Substance abuse services include:

627 a. Inpatient services, limited to not more than 7 inpatient
628 days per contract year for medical detoxification only and 30
629 days of residential services; and

630 b. Outpatient services, including evaluation, diagnosis,
631 and treatment by a licensed practitioner, limited to a maximum of
632 40 outpatient visits per contract year.

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

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

645 (i) Health practitioner services.--Covered services include
646 services and procedures rendered to an enrollee when performed to
647 diagnose and treat diseases, injuries, or other conditions,
648 including care rendered by health practitioners acting within the
649 scope of their practice, with the following exceptions:

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

654 (j) Home health services.--Covered services include
655 prescribed home visits by both registered and licensed practical
656 nurses to provide skilled nursing services on a part-time
657 intermittent basis, subject to the following limitations:

- 658 1. Coverage may be limited to include skilled nursing
659 services only;
- 660 2. Meals, housekeeping, and personal comfort items may be
661 excluded; and

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662 3. Private duty nursing is limited to circumstances where
663 such care is medically necessary.

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

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

670 2. Services required for conditions totally unrelated to
671 the terminal condition are covered to the extent that the
672 services are included in this section.

673 (1) Laboratory and X-ray services.--Covered services
674 include diagnostic testing, including clinical radiologic,
675 laboratory, and other diagnostic tests.

676 (m) Nursing facility services.--Covered services include
677 regular nursing services, rehabilitation services, drugs and
678 biologicals, medical supplies, and the use of appliances and
679 equipment furnished by the facility, with the following
680 limitations:

681 1. All admissions must be authorized by the health benefits
682 coverage provider.

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

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

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690 4. Specialized treatment centers and independent kidney
691 disease treatment centers are excluded.

692 5. Private duty nurses, television, and custodial care are
693 excluded.

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

696 (n) Prescribed drugs.--

697 1. Coverage shall include drugs prescribed for the
698 treatment of illness or injury when prescribed by a licensed
699 health practitioner acting within the scope of his or her
700 practice.

701 2. Prescribed drugs may be limited to generics if available
702 and brand name products if a generic substitution is not
703 available, unless the prescribing licensed health practitioner
704 indicates that a brand name is medically necessary.

705 3. Prescribed drugs covered under this section shall
706 include all prescribed drugs covered under the Florida Medicaid
707 program.

708 (o) Therapy services.--Covered services include
709 rehabilitative services, including occupational, physical,
710 respiratory, and speech therapies, with the following
711 limitations:

712 1. Services must be for short-term rehabilitation where
713 significant improvement in the enrollee's condition will result;
714 and

715 2. Services shall be limited to not more than 24 treatment
716 sessions within a 60-day period per episode or injury, with the
717 60-day period beginning with the first treatment.

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718 (p) Transportation services.--Covered services include
719 emergency transportation required in response to an emergency
720 situation.

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

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

728 (s) Cost-sharing.--Cost-sharing provisions must comply with
729 s. 409.816.

730 (t) Exclusions.--

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

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

735 3. Abortion may be covered only if necessary to save the
736 life of the mother or if the pregnancy is the result of an act of
737 rape or incest.

738 (u) Enhancements to minimum requirements.--

739 1. This section sets the minimum benefits that must be
740 included in any health benefits coverage, other than Medicaid or
741 Medikids coverage, offered under ss. 409.810-409.821 ~~409.810-~~
742 ~~409.820~~. Health benefits coverage may include additional benefits
743 not included under this subsection, but may not include benefits
744 excluded under paragraph (s).

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

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747
748 Except for Florida Kidcare Plus benefits ~~the Children's Medical~~
749 ~~Services Network~~, the agency may not increase the premium
750 assistance payment for either additional benefits provided beyond
751 the minimum benefits described in this section or the imposition
752 of less restrictive service limitations.

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

757 1. Except as expressly provided in this section, a law
758 requiring coverage for a specific health care service or benefit,
759 or a law requiring reimbursement, utilization, or consideration
760 of a specific category of licensed health care practitioner, does
761 not apply to a health insurance plan policy or contract offered
762 or delivered under ss. 409.810-409.821 ~~409.810-409.820~~ unless
763 that law is made expressly applicable to such policies or
764 contracts.

765 2. Notwithstanding chapter 641, a health maintenance
766 organization may issue contracts providing benefits equal to,
767 exceeding, or actuarially equivalent to the benchmark benefit
768 plan authorized by this section and may pay providers located in
769 a rural county negotiated fees or Medicaid reimbursement rates
770 for services provided to enrollees who are residents of the rural
771 county.

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

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774 409.816 Limitations on premiums and cost-sharing.--The
775 following limitations on premiums and cost-sharing are
776 established for the program.

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

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

781 (b) Copayments, deductibles, coinsurance, or similar
782 charges.

783 (3) Enrollees in families with a family income above 150
784 percent of the federal poverty level, who are not receiving
785 coverage under the Medicaid program or who are not eligible under
786 s. 409.814 ~~(7)(5)~~, may be required to pay enrollment fees,
787 premiums, copayments, deductibles, coinsurance, or similar
788 charges on a sliding scale related to income, except that the
789 total annual aggregate cost-sharing with respect to all children
790 in a family may not exceed 5 percent of the family's income.
791 However, copayments, deductibles, coinsurance, or similar charges
792 may not be imposed for preventive services, including well-baby
793 and well-child care, age-appropriate immunizations, and routine
794 hearing and vision screenings.

795 Section 10. Section 409.817, Florida Statutes, is amended
796 to read:

797 409.817 Approval of health benefits coverage; financial
798 assistance.--In order for health insurance coverage to qualify
799 for premium assistance payments for an eligible child under ss.
800 409.810-409.821 ~~409.810-409.820~~, the health benefits coverage
801 must:

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802 (1) Be certified by the Office of Insurance Regulation of
803 the Financial Services Commission under s. 409.818 as meeting,
804 exceeding, or being actuarially equivalent to the benchmark
805 benefit plan;

806 (2) Be guarantee issued;

807 (3) Be community rated;

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

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

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

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

818 Section 11. Paragraph (i) of subsection (1) of section
819 409.8177, Florida Statutes, is amended to read:

820 409.8177 Program evaluation.--

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

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831 (i) An assessment of the effectiveness of the Florida
832 Kidcare program ~~Medikids, Children's Medical Services network,~~
833 and other public and private programs in the state in increasing
834 the availability of affordable quality health insurance and
835 health care for children.

836 Section 12. Section 409.818, Florida Statutes, is amended
837 to read:

838 409.818 Administration.--In order to implement ss. 409.810-
839 409.821 ~~409.810-409.820~~, the following agencies shall have the
840 following duties:

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

842 (a) Develop a simplified eligibility application mail-in
843 form to be used for determining the eligibility of children for
844 coverage under the Florida Kidcare program, in consultation with
845 the agency, the Department of Health, and the Florida Healthy
846 Kids Corporation. The simplified eligibility application form
847 must include an item that provides an opportunity for the
848 applicant to indicate whether coverage is being sought for a
849 child with special health care needs. Families applying for
850 children's Medicaid coverage must also be able to use the
851 simplified application form without having to pay a premium.

852 (b) Establish and maintain the eligibility determination
853 process under the program except as specified in subsection (5).
854 The department shall directly, or through the services of a
855 contracted third-party administrator, establish and maintain a
856 process for determining eligibility of children for coverage
857 under the program. The eligibility determination process must be
858 used solely for determining eligibility of applicants for health
859 benefits coverage under the program and. ~~The eligibility~~

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860 ~~determination process~~ must include an initial determination of
861 eligibility for any coverage offered under the program, ~~as well~~
862 ~~as a redetermination or reverification of eligibility each~~
863 ~~subsequent 6 months.~~ Effective July 1, 2008 ~~January 1, 1999~~, a
864 child who has not attained the age of 19 ~~5~~ and who has been
865 determined eligible for the Medicaid program is eligible for
866 coverage for 12 months without a redetermination or
867 reverification of eligibility. In conducting an eligibility
868 determination, the department shall determine if the child has
869 special health care needs. The department, in consultation with
870 the Agency for Health Care Administration and the Florida Healthy
871 Kids Corporation, shall develop procedures for redetermining
872 eligibility which enable a family to easily update any change in
873 circumstances which could affect eligibility. The department may
874 accept changes in a family's status as reported to the department
875 by the Florida Healthy Kids Corporation without requiring a new
876 application from the family. Redetermination of a child's
877 eligibility for Medicaid may not be linked to a child's
878 eligibility determination for other programs.

879 (c) Inform program applicants about eligibility
880 determinations and provide information about eligibility of
881 applicants to ~~Medicaid, Medikids, the Children's Medical Services~~
882 ~~Network, and the Florida Kidcare program~~ Healthy Kids
883 ~~Corporation,~~ and to insurers and their agents, through a
884 centralized coordinating office.

885 (d) Adopt rules necessary for conducting program
886 eligibility functions.

887 (2) The Department of Health shall:

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888 (a) Design an eligibility intake process for the program,
889 in coordination with the Department of Children and Family
890 Services, the agency, and the Florida Healthy Kids Corporation.
891 The eligibility intake process may include local intake points
892 that are determined by the Department of Health in coordination
893 with the Department of Children and Family Services.

894 (b) Chair a state-level Florida Kidcare coordinating
895 council to review and make recommendations concerning the
896 implementation and operation of the program. The coordinating
897 council shall include representatives from the department, the
898 Department of Children and Family Services, the agency, the
899 Florida Healthy Kids Corporation, the Office of Insurance
900 Regulation of the Financial Services Commission, local
901 government, health insurers, health maintenance organizations,
902 health care providers, families participating in the program, and
903 organizations representing low-income families.

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

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

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

913 (a) Calculate the premium assistance payment necessary to
914 comply with the premium and cost-sharing limitations specified in
915 s. 409.816. The premium assistance payment for each enrollee in a
916 health insurance plan participating in the Florida Healthy Kids

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917 Corporation shall equal the premium approved by the Florida
918 Healthy Kids Corporation and the Office of Insurance Regulation
919 of the Financial Services Commission pursuant to ss. 627.410 and
920 641.31, less any enrollee's share of the premium established
921 within the limitations specified in s. 409.816. The premium
922 assistance payment for each enrollee in an employer-sponsored
923 health insurance plan approved under ss. 409.810-409.821 ~~409.810-~~
924 ~~409.820~~ shall equal the premium for the plan adjusted for any
925 benchmark benefit plan actuarial equivalent benefit rider
926 approved by the Office of Insurance Regulation pursuant to ss.
927 627.410 and 641.31, less any enrollee's share of the premium
928 established within the limitations specified in s. 409.816. In
929 calculating the premium assistance payment levels for children
930 with family coverage, the agency shall set the premium assistance
931 payment levels for each child proportionately to the total cost
932 of family coverage.

933 (b) Make premium assistance payments to health insurance
934 plans on a periodic basis. The agency may use its Medicaid fiscal
935 agent or a contracted third-party administrator in making these
936 payments. The agency may require health insurance plans that
937 participate in the Medikids program or employer-sponsored group
938 health insurance to collect premium payments from an enrollee's
939 family. Participating health insurance plans shall report premium
940 payments collected on behalf of enrollees in the program to the
941 agency in accordance with a schedule established by the agency.

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

944 (d) Establish a mechanism for investigating and resolving
945 complaints and grievances from program applicants, enrollees, and

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946 health benefits coverage providers, and maintain a record of
947 complaints and confirmed problems. In the case of a child who is
948 enrolled in a health maintenance organization, the agency must
949 use the provisions of s. 641.511 to address grievance reporting
950 and resolution requirements.

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

954 (f) Adopt rules necessary for calculating premium
955 assistance payment levels, making premium assistance payments,
956 monitoring access and quality assurance standards, investigating
957 and resolving complaints and grievances, administering the
958 Medikids program, and approving health benefits coverage.

959
960 The agency is designated the lead state agency for Title XXI of
961 the Social Security Act for purposes of receipt of federal funds,
962 for reporting purposes, and for ensuring compliance with federal
963 and state regulations and rules.

964 (4) The Office of Insurance Regulation shall certify that
965 health benefits coverage plans that seek to provide services
966 under the Florida Kidcare program, except those offered through
967 the Florida Healthy Kids Corporation or the Children's Medical
968 Services network, meet, exceed, or are actuarially equivalent to
969 the benchmark benefit plan and that health insurance plans will
970 be offered at an approved rate. In determining actuarial
971 equivalence of benefits coverage, the Office of Insurance
972 Regulation and health insurance plans must comply with the
973 requirements of s. 2103 of Title XXI of the Social Security Act.

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974 The department shall adopt rules necessary for certifying health
975 benefits coverage plans.

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

979 (6) The agency, the Department of Health, the Department of
980 Children and Family Services, the Florida Healthy Kids
981 Corporation, and the Office of Insurance Regulation, after
982 consultation with and approval of the Speaker of the House of
983 Representatives and the President of the Senate, are authorized
984 to make program modifications that are necessary to overcome any
985 objections of the United States Department of Health and Human
986 Services to obtain approval of the state's child health insurance
987 plan under Title XXI of the Social Security Act.

988 Section 13. Section 409.821, Florida Statutes, is amended
989 to read:

990 409.821 Florida Kidcare program public records
991 exemption.--Notwithstanding any other law to the contrary, any
992 information identifying a Florida Kidcare program applicant or
993 enrollee, as defined in s. 409.811, held by the Agency for Health
994 Care Administration, the Department of Children and Family
995 Services, the Department of Health, or the Florida Healthy Kids
996 Corporation is confidential and exempt from s. 119.07(1) and s.
997 24(a), Art. I of the State Constitution. Such information may be
998 disclosed to another governmental entity only if disclosure is
999 necessary for the entity to perform its duties and
1000 responsibilities under the Florida Kidcare program and shall be
1001 disclosed to the Department of Revenue for purposes of
1002 administering the state Title IV-D program. The receiving

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1003 governmental entity must maintain the confidential and exempt
1004 status of such information. Furthermore, such information may not
1005 be released to any person without the written consent of the
1006 program applicant. This exemption applies to any information
1007 identifying a Florida Kidcare program applicant or enrollee held
1008 by the Agency for Health Care Administration, the Department of
1009 Children and Family Services, the Department of Health, or the
1010 Florida Healthy Kids Corporation before, on, or after the
1011 effective date of this exemption. A violation of this section is
1012 a misdemeanor of the second degree, punishable as provided in s.
1013 775.082 or s. 775.083. This section does not prohibit an
1014 enrollee's parent or legal guardian from obtaining any record
1015 relating to the enrollee's Florida Kidcare program application or
1016 coverage, including, but not limited to, confirmation of
1017 coverage, the dates of coverage, the name of the enrollee's
1018 health plan, and the amount of premium.

1019 Section 14. Subsection (6) of section 409.904, Florida
1020 Statutes, is amended to read:

1021 409.904 Optional payments for eligible persons.--The agency
1022 may make payments for medical assistance and related services on
1023 behalf of the following persons who are determined to be eligible
1024 subject to the income, assets, and categorical eligibility tests
1025 set forth in federal and state law. Payment on behalf of these
1026 Medicaid eligible persons is subject to the availability of
1027 moneys and any limitations established by the General
1028 Appropriations Act or chapter 216.

1029 (6) A child who has not attained the age of 19 who has been
1030 determined eligible for the Medicaid program is deemed to be
1031 eligible for a total of 12 ~~6~~ months, regardless of changes in

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1032 circumstances other than attainment of the maximum age. ~~Effective~~
1033 ~~January 1, 1999, a child who has not attained the age of 5 and~~
1034 ~~who has been determined eligible for the Medicaid program is~~
1035 ~~deemed to be eligible for a total of 12 months regardless of~~
1036 ~~changes in circumstances other than attainment of the maximum~~
1037 ~~age.~~

1038 Section 15. Subsection (5) of section 624.91, Florida
1039 Statutes, is amended to read:

1040 624.91 The Florida Healthy Kids Corporation Act.--

1041 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

1042 (a) There is created the Florida Healthy Kids Corporation,
1043 a not-for-profit corporation.

1044 (b) The Florida Healthy Kids Corporation shall:

1045 1. Arrange for the collection of any family, local
1046 contributions, or employer payment or premium, in an amount to be
1047 determined by the board of directors, to provide for payment of
1048 premiums for comprehensive insurance coverage and for the actual
1049 or estimated administrative expenses.

1050 2. Arrange for the collection of any voluntary
1051 contributions to provide for payment of Florida Kidcare program
1052 premiums for children who are not eligible for medical assistance
1053 under Title XIX or Title XXI of the Social Security Act.

1054 3. Subject to the provisions of s. 409.8134, accept
1055 voluntary supplemental local match contributions that comply with
1056 the requirements of Title XXI of the Social Security Act for the
1057 purpose of providing additional Florida Kidcare coverage in
1058 contributing counties under Title XXI.

1059 4. Establish the administrative and accounting procedures
1060 for the operation of the corporation.

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1061 5. Establish, with consultation from appropriate
1062 professional organizations, standards for preventive health
1063 services and providers and comprehensive insurance benefits
1064 appropriate to children, provided that such standards for rural
1065 areas shall not limit primary care providers to board-certified
1066 pediatricians.

1067 6. Determine eligibility for children seeking to
1068 participate in the Title XXI-funded components of the Florida
1069 Kidcare program consistent with the requirements specified in s.
1070 409.814, as well as the non-Title-XXI-eligible children as
1071 provided in subsection (3).

1072 7. Establish procedures under which providers of local
1073 match to, applicants to and participants in the program may have
1074 grievances reviewed by an impartial body and reported to the
1075 board of directors of the corporation.

1076 8. Establish participation criteria and, if appropriate,
1077 contract with an authorized insurer, health maintenance
1078 organization, or third-party administrator to provide
1079 administrative services to the corporation.

1080 9. Establish enrollment criteria that ~~which shall~~ include
1081 penalties or waiting periods of 30 ~~not fewer than 60~~ days for
1082 reinstatement of coverage upon voluntary cancellation for
1083 nonpayment of family premiums.

1084 10. Contract with authorized insurers or any provider of
1085 health care services, meeting standards established by the
1086 corporation, for the provision of comprehensive insurance
1087 coverage to participants. Such standards shall include criteria
1088 under which the corporation may contract with more than one
1089 provider of health care services in program sites. Health plans

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1090 shall be selected through a competitive bid process. The Florida
1091 Healthy Kids Corporation shall purchase goods and services in the
1092 most cost-effective manner consistent with the delivery of
1093 quality medical care. The maximum administrative cost for a
1094 Florida Healthy Kids Corporation contract shall be 15 percent.
1095 For health care contracts, the minimum medical loss ratio for a
1096 Florida Healthy Kids Corporation contract shall be 85 percent.
1097 For dental contracts, the remaining compensation to be paid to
1098 the authorized insurer or provider under a Florida Healthy Kids
1099 Corporation contract shall be no less than an amount which is 85
1100 percent of premium; to the extent any contract provision does not
1101 provide for this minimum compensation, this section shall
1102 prevail. The health plan selection criteria and scoring system,
1103 and the scoring results, shall be available upon request for
1104 inspection after the bids have been awarded.

1105 11. Establish disenrollment criteria in the event local
1106 matching funds are insufficient to cover enrollments.

1107 ~~12. Develop and implement a plan to publicize the Florida~~
1108 ~~Healthy Kids Corporation, the eligibility requirements of the~~
1109 ~~program, and the procedures for enrollment in the program and to~~
1110 ~~maintain public awareness of the corporation and the program.~~

1111 12.13. Secure staff necessary to properly administer the
1112 corporation. Staff costs shall be funded from state and local
1113 matching funds and such other private or public funds as become
1114 available. The board of directors shall determine the number of
1115 staff members necessary to administer the corporation.

1116 13.14. In consultation with the Florida Kidcare
1117 coordinating council and all partner agencies, provide a report
1118 on the Florida Kidcare program annually to the Governor, Chief

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1119 Financial Officer, Commissioner of Education, ~~Senate~~ President of
1120 the Senate, Speaker of the House of Representatives, and Minority
1121 Leaders of the Senate and the House of Representatives.

1122 ~~14.15.~~ Establish benefit packages that ~~which~~ conform to the
1123 provisions of the Florida Kidcare program, as created in ss.
1124 409.810-409.821 ~~409.810-409.820~~.

1125 (c) Coverage under the corporation's program is secondary
1126 to any other available private coverage held by, or applicable
1127 to, the participant child or family member. Insurers under
1128 contract with the corporation are the payors of last resort and
1129 must coordinate benefits with any other third-party payor that
1130 may be liable for the participant's medical care.

1131 (d) The Florida Healthy Kids Corporation shall be a private
1132 corporation not for profit, organized pursuant to chapter 617,
1133 and shall have all powers necessary to carry out the purposes of
1134 this act, including, but not limited to, the power to receive and
1135 accept grants, loans, or advances of funds from any public or
1136 private agency and to receive and accept from any source
1137 contributions of money, property, labor, or any other thing of
1138 value, to be held, used, and applied for the purposes of this
1139 act.

1140 Section 16. This act shall take effect July 1, 2008.