

By the Committee on Health Policy; and Senator Dawson

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1 A bill to be entitled

2 An act relating to the Florida Kidcare program; amending
3 s. 20.43, F.S.; redesignating the Division of Children's
4 Medical Services Network within the Department of Health
5 as the "Division of Children's Medical Services Network
6 and Specialty Programs"; creating the Division of
7 Children's Health Insurance and the Office of Child Health
8 Coordination within the Department of Health; amending s.
9 391.011, F.S.; redesignating ch. 391, F.S., as the
10 "Children's Health Act"; amending s. 391.016, F.S.;
11 revising legislative intent with respect to certain
12 responsibilities of the Children's Health program;
13 amending s. 391.021, F.S.; revising and providing
14 definitions; amending s. 391.025, F.S.; revising the
15 components of the Children's Health program; conforming
16 provisions to changes made by the act; amending s.
17 391.026, F.S.; requiring the Department of Health to
18 administer the Florida Kidcare program; amending s.
19 391.028, F.S.; revising the duties of the Children's
20 Medical Services Network; revising the duties of the
21 director; requiring the Division of Children's Health
22 Insurance to administer the Florida Kidcare program;
23 specifying that the Office of Child Health Coordination is
24 responsible for child health services not directly related
25 to Florida Kidcare; amending s. 391.029, F.S.; requiring
26 the Department of Health to establish clinical eligibility
27 requirements for Florida Kidcare Plus benefits; revising
28 eligibility criteria; amending s. 409.810, F.S.;
29 conforming provisions; amending s. 409.811, F.S.; revising

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30 and providing definitions relating to the Florida Kidcare
31 Act; amending s. 409.812, F.S.; revising the purpose of
32 the Florida Kidcare program; amending s. 409.813, F.S.;
33 specifying the components of the program which are
34 marketed collectively as the Florida Kidcare program;
35 amending s. 409.8132, F.S.; revising the assignment
36 requirements in the Medikids program component; amending
37 s. 409.8134, F.S.; revising requirements for the
38 department in conducting enrollment in the Florida Kidcare
39 program; amending s. 409.814, F.S.; revising the
40 eligibility requirements for the program; establishing
41 good cause reasons for voluntarily canceling employer or
42 other private coverage; increasing the cap on enrollment
43 of full-pay children in MediKids and Healthy Kids under
44 certain conditions; requiring notification of changes in
45 eligibility for health plans and providers; requiring the
46 electronic verification of an applicant's family income;
47 providing that full-pay enrollees are not subject to the
48 eligibility documentation requirements of this section;
49 amending s. 409.815, F.S.; requiring that the health
50 benefits coverage of the Florida Kidcare program be
51 equivalent to the pediatric Medicaid benefit package;
52 amending s. 409.8177, F.S.; requiring the department to
53 assume responsibility from the Agency for Health Care
54 Administration for contracting for the annual evaluation
55 of the Florida Kidcare program; amending s. 409.818, F.S.;
56 requiring the Department of Children and Family Services
57 to develop and use a standardized eligibility application;
58 requiring the Department of Children and Family Services

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59 | to develop a plan for determining the eligibility of
60 | certain children for coverage and to submit a report of
61 | the plan to the Governor and the Legislature by a
62 | specified date; revising the duties of the Department of
63 | Health with respect to reviewing the intake process;
64 | requiring the department to publicize the Florida Kidcare
65 | program, determine eligibility for Florida Kidcare Plus
66 | coverage, and develop standards for pediatric quality
67 | assurance and access; requiring the department to adopt
68 | rules; authorizing the department to make certain program
69 | modifications upon the approval of the Legislature;
70 | requiring the Agency for Health Care Administration to
71 | establish a toll-free telephone number to assist families;
72 | requiring the agency to apply for waivers and adopt rules
73 | to comply with federal laws and the requirements of the
74 | act; requiring the Florida Healthy Kids Corporation to
75 | conduct eligibility determination based on rules developed
76 | by the Department of Health; repealing s. 409.820, F.S.,
77 | relating to quality assurance and access standards;
78 | amending s. 624.91, F.S.; revising provisions of the
79 | Florida Healthy Kids Corporation Act; providing for the
80 | transfer of certain functions to the Department of Health;
81 | requiring the Florida Healthy Kids Corporation to
82 | administer the program based on the rules and policies
83 | developed by the Department of Health; requiring the
84 | corporation to allow health plans to market the program;
85 | specifying the corporation's assignment process for family
86 | members in the program; requesting Florida's Congressional

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87 Delegation to support certain amendments to Title XXI of
88 the Social Security Act; providing an effective date.

89

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

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92 Section 1. Subsection (3) of section 20.43, Florida
93 Statutes, is amended to read:

94 20.43 Department of Health.--There is created a Department
95 of Health.

96 (3) The following divisions of the Department of Health are
97 established:

98 (a) Division of Administration.

99 (b) Division of Environmental Health.

100 (c) Division of Disease Control.

101 (d) Division of Family Health Services.

102 (e) Division of Children's Medical Services Network and
103 Specialty Programs.

104 (f) Division of Emergency Medical Operations.

105 (g) Division of Medical Quality Assurance, which is
106 responsible for the following boards and professions established
107 within the division:

108 1. The Board of Acupuncture, created under chapter 457.

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

110 3. The Board of Osteopathic Medicine, created under chapter
111 459.

112 4. The Board of Chiropractic Medicine, created under
113 chapter 460.

114 5. The Board of Podiatric Medicine, created under chapter
115 461.

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- 116 6. Naturopathy, as provided under chapter 462.
117 7. The Board of Optometry, created under chapter 463.
118 8. The Board of Nursing, created under part I of chapter
119 464.
120 9. Nursing assistants, as provided under part II of chapter
121 464.
122 10. The Board of Pharmacy, created under chapter 465.
123 11. The Board of Dentistry, created under chapter 466.
124 12. Midwifery, as provided under chapter 467.
125 13. The Board of Speech-Language Pathology and Audiology,
126 created under part I of chapter 468.
127 14. The Board of Nursing Home Administrators, created under
128 part II of chapter 468.
129 15. The Board of Occupational Therapy, created under part
130 III of chapter 468.
131 16. Respiratory therapy, as provided under part V of
132 chapter 468.
133 17. Dietetics and nutrition practice, as provided under
134 part X of chapter 468.
135 18. The Board of Athletic Training, created under part XIII
136 of chapter 468.
137 19. The Board of Orthotists and Prosthetists, created under
138 part XIV of chapter 468.
139 20. Electrolysis, as provided under chapter 478.
140 21. The Board of Massage Therapy, created under chapter
141 480.
142 22. The Board of Clinical Laboratory Personnel, created
143 under part III of chapter 483.

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144 23. Medical physicists, as provided under part IV of
145 chapter 483.

146 24. The Board of Opticianry, created under part I of
147 chapter 484.

148 25. The Board of Hearing Aid Specialists, created under
149 part II of chapter 484.

150 26. The Board of Physical Therapy Practice, created under
151 chapter 486.

152 27. The Board of Psychology, created under chapter 490.

153 28. School psychologists, as provided under chapter 490.

154 29. The Board of Clinical Social Work, Marriage and Family
155 Therapy, and Mental Health Counseling, created under chapter 491.

156 (h) Division of Children's Medical Services Prevention and
157 Intervention.

158 (i) Division of Information Technology.

159 (j) Division of Health Access and Tobacco.

160 (k) Division of Disability Determinations.

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

162 (m) Division of Child Health Coordination.

163 Section 2. Section 391.011, Florida Statutes, is amended to
164 read:

165 391.011 Short title.--The provisions of this chapter may be
166 cited as the "Children's Health ~~Medical Services~~ Act."

167 Section 3. Section 391.016, Florida Statutes, is amended to
168 read:

169 391.016 Legislative intent.--The Legislature intends that
170 the Children's Health ~~Medical Services~~ program:

171 (1) Provide to children ~~with special health care needs~~ a
172 family-centered, comprehensive, and coordinated statewide managed

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173 system of care that links community-based health care with
174 multidisciplinary, regional, and tertiary pediatric specialty
175 care. The program may provide for the coordination and
176 maintenance of consistency of the medical home for children ~~in~~
177 ~~families with a Children's Medical Services program participant,~~
178 in order to achieve family-centered care.

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

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

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

189 (5) Consolidate and coordinate Florida Kidcare child health
190 policy, develop pediatric benefit packages, develop budget and
191 federal and state legislative issues, and develop pediatric
192 quality assurance and access standards.

193 Section 4. Section 391.021, Florida Statutes, is amended to
194 read:

195 391.021 Definitions.--When used in this act, unless the
196 context clearly indicates otherwise:

197 (1) "Children's Medical Services network" or "network"
198 means a statewide managed care service system that includes
199 health care providers, health care facilities, or entities
200 licensed or certified to provide health services in this state
201 which meet the pediatric access and quality standards established

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202 by the department. The network shall provide Florida Kidcare Plus
203 benefits as defined in s. 409.811 ~~as defined in this section.~~

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

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

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

214 (5) "Health care provider" means a health care
215 professional, health care facility, or entity licensed or
216 certified to provide health services in this state that meets the
217 criteria as established by the department.

218 (6) "Health services" includes the prevention, diagnosis,
219 and treatment of human disease, pain, injury, deformity, or
220 disabling conditions.

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

223 (8) "Pediatric benefit" means a benefit that is determined
224 to be medically necessary to treat a health condition. The scope,
225 duration, and frequency of the service are based on medical-
226 necessity criteria ~~"Program" means the Children's Medical~~
227 ~~Services program established in the department.~~

228 (9) "Program" means the Children's Health program
229 established in the department.

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

234 Section 5. Section 391.025, Florida Statutes, is amended to
235 read:

236 391.025 Applicability and scope.--

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

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

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

242 (c) A federal or state program authorized by the
243 Legislature.

244 (d) The developmental evaluation and intervention program,
245 including the Florida Infants and Toddlers Early Intervention
246 Program.

247 (e) The Children's Medical Services network.

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

249 (g) The Office of Child Health Coordination.

250 (2) The Children's Medical Services Network ~~program~~ shall
251 not be deemed an insurer and is not subject to the licensing
252 requirements of the Florida Insurance Code or the rules adopted
253 thereunder, when providing services to children who receive Title
254 XIX-funded Medicaid ~~benefits~~, to other Title XIX-eligible
255 ~~Medicaid-eligible~~ children with special health care needs, or to
256 Title XIX-funded and children with special health care needs
257 ~~participating in the Florida Kidcare program.~~

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258 Section 6. Subsection (19) is added to section 391.026,
259 Florida Statutes, to read:

260 391.026 Powers and duties of the department.--The
261 department shall have the following powers, duties, and
262 responsibilities:

263 (19) To administer the provisions of the Florida Kidcare
264 Act assigned to the Department of Health in ss. 409.810-409.821.

265 Section 7. Section 391.028, Florida Statutes, is amended to
266 read:

267 391.028 Administration.--The Children's Medical Services
268 Network program shall have a central office and area offices.

269 (1) The Director of Children's Health ~~Medical Services~~ must
270 be a physician licensed under chapter 458 or chapter 459 who has
271 specialized training and experience in the provision of health
272 care to children and who has recognized skills in leadership and
273 the promotion of children's health programs. The director shall
274 be the deputy secretary and the Deputy State Health Officer for
275 Children's Health ~~Medical Services~~ and is appointed by and
276 reports to the State Surgeon General. The director may appoint
277 division directors subject to the approval of the State Surgeon
278 General.

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

283 (a) Providing case management services for the network.

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

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

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

289 (e) Authorizing services ~~in the program~~ and developing
290 spending plans.

291 (f) Participating in the development of treatment plans.

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

294 (3) Each Children's Medical Services Network area office
295 shall be directed by a physician licensed under chapter 458 or
296 chapter 459 who has specialized training and experience in the
297 provision of health care to children. The director of a
298 Children's Medical Services area office shall be appointed by the
299 director from the active panel of Children's Medical Services
300 physician consultants.

301 (4) The Division of Children's Health Insurance shall be
302 responsible for administering the provisions of the Florida
303 Kidcare Act assigned to the Department of Health in ss. 409.810-
304 409.821.

305 (5) The Office of Child Health Coordination is responsible
306 for child health services not directly related to Florida Kidcare
307 health benefits coverage.

308 Section 8. Subsections (1), (2), and (3) of section
309 391.029, Florida Statutes, are amended to read:

310 391.029 Program eligibility.--

311 (1) The department shall establish clinical eligibility ~~the~~
312 ~~medical~~ criteria to determine whether ~~if~~ an applicant for Florida
313 Kidcare Plus benefits ~~the Children's Medical Services program~~ is
314 an eligible individual.

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315 (2) The following individuals are financially eligible to
316 receive services through the Children's Medical Services Network
317 ~~program~~:

318 (a) A high-risk pregnant female who is eligible for
319 Medicaid.

320 (b) Children with special health care needs from birth to
321 21 years of age who are eligible for Medicaid.

322 (c) Children with special health care needs from birth to
323 19 years of age who are eligible for a program under Title XXI of
324 the Social Security Act.

325 (3) Subject to the availability of funds, the following
326 individuals may receive services through the program:

327 (a) Children with special health care needs from birth to
328 21 years of age whose families do not qualify for Title XIX-
329 financed or Title XXI-financed health benefits coverage family
330 ~~income is above the requirements for financial eligibility under~~
331 ~~Title XXI of the Social Security Act~~ and whose projected annual
332 cost of care adjusts the family income to Medicaid financial
333 criteria. In cases where the family income is adjusted based on a
334 projected annual cost of care, the family shall participate
335 financially in the cost of care based on criteria established by
336 the department. These children may receive safety net services,
337 subject to the availability of funds.

338 (b) Children with special health care needs from birth to
339 21 years of age, as provided in Title V of the Social Security
340 Act.

341 (c) An infant who receives an award of compensation under
342 s. 766.31(1). The Florida Birth-Related Neurological Injury
343 Compensation Association shall reimburse the Children's Medical

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344 Services Network the state's share of funding, which must
345 thereafter be used to obtain matching federal funds under Title
346 XXI of the Social Security Act.

347 Section 9. Section 409.810, Florida Statutes, is amended to
348 read:

349 409.810 Short title.--Sections 409.810-409.821 ~~409.810-~~
350 ~~409.820~~ may be cited as the "Florida Kidcare Act."

351 Section 10. Section 409.811, Florida Statutes, is amended
352 to read:

353 409.811 Definitions relating to Florida Kidcare Act.--As
354 used in ss. 409.810-409.821 ~~ss. 409.810-409.820~~, the term:

355 (1) "Actuarially equivalent" means that:

356 (a) The aggregate value of the benefits included in health
357 benefits coverage is equal to the value of the benefits in the
358 benchmark benefit plan; and

359 (b) The benefits included in health benefits coverage are
360 substantially similar to the benefits included in the benchmark
361 benefit plan, except that preventive health services must be the
362 same as in the benchmark benefit plan.

363 (2) "Agency" means the Agency for Health Care
364 Administration.

365 (3) "Applicant" means a parent or guardian of a child or a
366 child whose disability of nonage has been removed under chapter
367 743, who applies for determination of eligibility for health
368 benefits coverage under ss. 409.810-409.821 ~~ss. 409.810-409.820~~.

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

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

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372 (6) "Child with special health care needs" means a child
373 who has a chronic physical, developmental, behavioral, or
374 emotional condition and who also requires health care and related
375 services of a type or amount beyond that which is generally
376 required by children ~~whose serious or chronic physical or~~
377 ~~developmental condition requires extensive preventive and~~
378 ~~maintenance care beyond that required by typically healthy~~
379 ~~children. Health care utilization by such a child exceeds the~~
380 ~~statistically expected usage of the normal child adjusted for~~
381 ~~chronological age, and such a child often needs complex care~~
382 ~~requiring multiple providers, rehabilitation services, and~~
383 ~~specialized equipment in a number of different settings.~~

384 (7) "Children's Medical Services Network" or "network"
385 means a statewide managed care service system as defined in s.
386 391.021(1).

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

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

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

395 ~~(11) "Family" means the group or the individuals whose~~
396 ~~income is considered in determining eligibility for the Florida~~
397 ~~Kidecare program. The family includes a child with a custodial~~
398 ~~parent or caretaker relative who resides in the same house or~~
399 ~~living unit or, in the case of a child whose disability of nonage~~
400 ~~has been removed under chapter 743, the child. The family may~~

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401 ~~also include other individuals whose income and resources are~~
402 ~~considered in whole or in part in determining eligibility of the~~
403 ~~child.~~

404 (11)~~(12)~~ "Family income" means cash received at periodic
405 intervals ~~from any source, such as wages, benefits,~~
406 contributions, or rental property. Family income is calculated
407 using the budget methodologies authorized under Title XIX of the
408 Social Security Act. Income also may include any money that would
409 ~~have been counted as income under the Aid to Families with~~
410 ~~Dependent Children (AFDC) state plan in effect prior to August~~
411 ~~22, 1996.~~

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

416 (13) "Florida Kidcare program," "Kidcare program," or
417 "program" means the health benefits program for children
418 administered through ss. 409.810-409.821 ~~ss. 409.810-409.820.~~

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

422 (15) "Health benefits coverage" means protection that
423 provides payment of benefits for covered health care services or
424 that otherwise provides, either directly or through arrangements
425 with other persons, covered health care services on a prepaid per
426 capita basis or on a prepaid aggregate fixed-sum basis.

427 (16) "Health insurance plan" means health benefits coverage
428 under the following:

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429 (a) A health plan offered by any certified health
430 maintenance organization or authorized health insurer, except a
431 plan that is limited to the following: a limited benefit,
432 specified disease, or specified accident; hospital indemnity;
433 accident only; limited benefit convalescent care; Medicare
434 supplement; credit disability; dental; vision; long-term care;
435 disability income; coverage issued as a supplement to another
436 health plan; workers' compensation liability or other insurance;
437 or motor vehicle medical payment only; or

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

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

445 ~~(18)-(17)~~ "Medicaid" means the medical assistance program
446 authorized by Title XIX of the Social Security Act, and
447 regulations thereunder, and ss. 409.901-409.920, as administered
448 in this state by the agency.

449 ~~(19)-(18)~~ "Medically necessary" means the use of any medical
450 treatment, service, equipment, or supply necessary to palliate
451 the effects of a terminal condition, or to prevent, diagnose,
452 correct, cure, alleviate, or preclude deterioration of a
453 condition that threatens life, causes pain or suffering, or
454 results in illness or infirmity and which is:

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

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457 (b) Provided in accordance with generally accepted
458 standards of medical practice;

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

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

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

466 (20)~~(19)~~ "Medikids" means a component of the Florida
467 Kidcare program of medical assistance authorized by Title XXI of
468 the Social Security Act, and regulations thereunder, and s.
469 409.8132, as administered in the state by the agency.

470 (21) "Pediatric benefit" means a benefit that is determined
471 to be medically necessary to treat a health condition. The scope,
472 duration, and frequency of the service are based on medical-
473 necessity criteria.

474 (22)~~(20)~~ "Preexisting condition exclusion" means, with
475 respect to coverage, a limitation or exclusion of benefits
476 relating to a condition based on the fact that the condition was
477 present before the date of enrollment for such coverage, whether
478 or not any medical advice, diagnosis, care, or treatment was
479 recommended or received before such date.

480 (23)~~(21)~~ "Premium" means the entire cost of a health
481 insurance plan, including the administration fee or the risk
482 assumption charge.

483 (24)~~(22)~~ "Premium assistance payment" means the monthly
484 consideration paid by the agency per enrollee in the Florida
485 Kidcare program towards health insurance premiums.

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486 (25)~~(23)~~ "Qualified alien" means an alien as defined in s.
487 431 of the Personal Responsibility and Work Opportunity
488 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

489 (26)~~(24)~~ "Resident" means a United States citizen, or
490 qualified alien, who is domiciled in this state.

491 (27)~~(25)~~ "Rural county" means a county having a population
492 density of less than 100 persons per square mile, or a county
493 defined by the most recent United States Census as rural, ~~in~~
494 ~~which there is no prepaid health plan participating in the~~
495 ~~Medicaid program as of July 1, 1998.~~

496 (28)~~(26)~~ "Substantially similar" means that, with respect
497 to additional services as defined in s. 2103(c)(2) of Title XXI
498 of the Social Security Act, these services must have an actuarial
499 value equal to at least 75 percent of the actuarial value of the
500 coverage for that service in the benchmark benefit plan and, with
501 respect to the basic services as defined in s. 2103(c)(1) of
502 Title XXI of the Social Security Act, these services must be the
503 same as the services in the benchmark benefit plan.

504 Section 11. Section 409.812, Florida Statutes, is amended
505 to read:

506 409.812 Program created; purpose.--The Florida Kidcare
507 program is created to provide a defined set of health benefits to
508 ~~previously~~ uninsured, low-income children through the
509 establishment of a variety of affordable health benefits coverage
510 options from which families may select coverage and through which
511 families may contribute financially to the health care of their
512 children.

513 Section 12. Section 409.813, Florida Statutes, is amended
514 to read:

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515 409.813 Health benefits coverage; program components;
516 entitlement and nonentitlement.--The Florida Kidcare program
517 includes health benefits coverage provided to children through
518 the following components, which shall be marketed as the Florida
519 Kidcare program:

520 (1) Medicaid;

521 (2) Medikids as created in s. 409.8132;

522 (3) The Florida Healthy Kids Corporation as created in s.
523 624.91;

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

526 (5) The Children's Medical Services network established in
527 chapter 391.

528

529 Except for coverage through the Title XIX-funded Florida Kidcare
530 program under the Medicaid program, coverage under the Florida
531 Kidcare program is not an entitlement. No cause of action shall
532 arise against the state, the department, the Department of
533 Children and Family Services, or the agency for failure to make
534 health services available to any person under ss. 409.810-409.821
535 ~~ss. 409.810-409.820~~.

536 Section 13. Subsection (7) of section 409.8132, Florida
537 Statutes, is amended to read:

538 409.8132 Medikids program component.--

539 (7) ENROLLMENT.--Enrollment in the Medikids program
540 component may occur at any time throughout the year. A child may
541 not receive services under the Medikids program until the child
542 is enrolled in a managed care plan or MediPass. Once determined
543 eligible, an applicant may receive choice counseling and select a

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544 managed care plan or MediPass. The agency may initiate mandatory
545 assignment for a Medikids applicant who has not chosen a managed
546 care plan or MediPass provider after the applicant's voluntary
547 choice period ends. The agency shall assign the Medikids
548 applicant to the same managed care plan or to the same MediPass
549 provider to which other family members are assigned, to the
550 greatest extent possible, even if some family members are
551 enrolled in Medicaid and others are enrolled in the Medikids
552 program. An applicant may select MediPass under the Medikids
553 program component only in counties that have fewer than two
554 managed care plans available to serve Medicaid recipients and
555 only if the federal Health Care Financing Administration
556 determines that MediPass constitutes "health insurance coverage"
557 as defined in Title XXI of the Social Security Act.

558 Section 14. Section 409.8134, Florida Statutes, is amended
559 to read:

560 409.8134 Program expenditure ceiling.--

561 (1) Except for the Medicaid program, a ceiling shall be
562 placed on annual federal and state expenditures for the Florida
563 Kidcare program as provided each year in the General
564 Appropriations Act.

565 (2) The Florida Kidcare program may conduct enrollment at
566 any time throughout the year for the purpose of enrolling
567 children eligible for all program components listed in s. 409.813
568 except Medicaid. The four Florida Kidcare administrators shall
569 work together to ensure that the year-round enrollment period is
570 announced statewide. Eligible children shall be enrolled on a
571 first-come, first-served basis using the date the enrollment
572 application is received. Enrollment shall immediately cease when

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573 | the expenditure ceiling is reached. Year-round enrollment shall
574 | ~~only~~ be held only if the Social Services Estimating Conference
575 | determines that sufficient ~~federal and state~~ funds will be
576 | available to finance the increased enrollment ~~through federal~~
577 | ~~fiscal year 2007~~. Any individual who is not enrolled must reapply
578 | by submitting a new application. The application for the Florida
579 | Kidcare program is ~~shall be~~ valid for a period of 120 days after
580 | the date it was received. At the end of the 120-day period, if
581 | the applicant has not been enrolled in the program, the
582 | application is ~~shall be~~ invalid and the applicant must ~~shall~~ be
583 | notified of the action. The applicant may resubmit the
584 | application after notification of the action taken by the
585 | program. Except for the Medicaid program, whenever the Social
586 | Services Estimating Conference determines that there are
587 | presently, or will be by the end of the current fiscal year,
588 | insufficient funds to finance the current or projected enrollment
589 | in the Florida Kidcare program, all additional enrollment must
590 | cease and additional enrollment may not resume until sufficient
591 | funds are available to finance such enrollment.

592 | (3) Upon determination by the Social Services Estimating
593 | Conference that there are insufficient funds to finance the
594 | current enrollment in the Florida Kidcare program within current
595 | appropriations, the program shall initiate disenrollment
596 | procedures to remove enrollees, except those children who receive
597 | Florida Kidcare Plus benefits ~~enrolled in the Children's Medical~~
598 | ~~Services Network~~, on a last-in, first-out basis until the
599 | expenditure and appropriation levels are balanced.

600 | (4) The agencies that administer the Florida Kidcare
601 | program components shall collect and analyze the data needed to

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602 project program enrollment costs, including price level
603 adjustments, participation and attrition rates, current and
604 projected caseloads, utilization, and current and projected
605 expenditures for the next 3 years. The agencies shall report
606 caseload and expenditure trends to the Social Services Estimating
607 Conference in accordance with chapter 216.

608 Section 15. Section 409.814, Florida Statutes, is amended
609 to read:

610 409.814 Eligibility.--A child who has not reached 19 years
611 of age whose family income is equal to or below 200 percent of
612 the federal poverty level is eligible for the Florida Kidcare
613 program as provided in this section. For enrollment in Florida
614 Kidcare Plus ~~the Children's Medical Services Network~~, a complete
615 application includes clinical eligibility ~~the medical or~~
616 ~~behavioral health~~ screening. If, subsequently, an individual is
617 determined to be ineligible for coverage, he or she must
618 immediately be disenrolled from the respective Florida Kidcare
619 program component.

620 (1) A child who is eligible for Medicaid coverage under s.
621 409.903 or s. 409.904 must be enrolled in Medicaid and is not
622 eligible to receive health benefits under any other health
623 benefits coverage authorized under the Florida Kidcare program.

624 (2) A child who is not eligible for Medicaid, but who is
625 eligible for the Florida Kidcare program, may obtain health
626 benefits coverage under any of the other components listed in s.
627 409.813 if such coverage is approved and available in the county
628 in which the child resides. However, a child who is eligible for
629 Medikids may participate in the Florida Healthy Kids program only
630 if the child has a sibling participating in the Florida Healthy

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631 Kids program and the child's county of residence permits such
632 enrollment.

633 (3) A child who is eligible for the Florida Kidcare program
634 and has ~~who is a child with~~ special health care needs, as
635 determined through a clinical-eligibility ~~medical or behavioral~~
636 ~~screening~~ instrument, is eligible for health benefits coverage
637 from and must ~~shall~~ be referred to the Children's Medical
638 Services Network.

639 (4) The following children are not eligible to receive
640 premium assistance for health benefits coverage under the Florida
641 Kidcare program, except under Medicaid if the child would have
642 been eligible for Medicaid under s. 409.903 or s. 409.904 as of
643 June 1, 1997:

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

647 (b) A child who is currently eligible for or covered under
648 a family member's group health benefit plan or under other
649 employer health insurance coverage, excluding coverage provided
650 under the Florida Healthy Kids Corporation as established under
651 s. 624.91, provided that the cost of the child's participation is
652 not greater than 5 percent of the family's income. This provision
653 shall be applied during redetermination for children who were
654 enrolled prior to July 1, 2004. These enrollees shall have 6
655 months of eligibility following redetermination to allow for a
656 transition to the other health benefit plan.

657 (c) A child who is seeking premium assistance for the
658 Florida Kidcare program through employer-sponsored group
659 coverage, if the child has been covered by the same employer's

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660 group coverage during the 6 months before ~~prior to~~ the family's
661 submitting an application for determination of eligibility under
662 the program.

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

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

667 (f) A child who is otherwise eligible for premium
668 assistance for the Florida Kidcare program and has had his or her
669 coverage in an employer-sponsored or private health benefit plan
670 voluntarily canceled in the last 6 months, except those children
671 whose coverage was voluntarily canceled for good cause,
672 including, but not limited to, the following circumstances:

673 1. The parent lost a job that provided an employer-
674 sponsored health benefit plan for children;

675 2. The parent with health benefits coverage for the child
676 is deceased;

677 3. The child has a medical condition that, without medical
678 care, would cause serious disability, loss of function, or death;

679 4. The employer of the parent canceled health benefits
680 coverage for children;

681 5. The child's health benefits coverage ended because the
682 child reached the maximum lifetime coverage amount;

683 6. The child has exhausted coverage under a COBRA
684 continuation provision;

685 7. The health benefits coverage does not cover the child's
686 health care needs; or

687 8. Domestic violence led to loss of coverage ~~who were on~~
688 ~~the waiting list prior to March 12, 2004.~~

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689 (g) A child who is otherwise eligible for the Florida
690 Kidcare program and who has a preexisting condition that prevents
691 coverage under another insurance plan as described in paragraph
692 (b) which would have disqualified the child for the Florida
693 Kidcare program if the child were able to enroll in the plan
694 shall be eligible for Florida Kidcare coverage when enrollment is
695 possible.

696 (5) A child whose family income is above 200 percent of the
697 federal poverty level or a child who is excluded under the
698 provisions of subsection (4) may participate in the Florida
699 Kidcare program. ~~However, Medikids program as provided in s.~~
700 ~~409.8132 or, if the child is ineligible for Medikids by reason of~~
701 ~~age, in the Florida Healthy Kids program, subject to the~~
702 ~~following provisions:~~

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

706 ~~(a)~~ ~~(b)~~ The agency is authorized to place limits on
707 enrollment in Medikids by these children in order to avoid
708 adverse selection. The number of children participating in
709 Medikids whose family income exceeds 250 ~~200~~ percent of the
710 federal poverty level must not exceed 25 ~~10~~ percent of total
711 enrollees in the Medikids program. Except for families who are
712 enrolled in the program on July 1, 2008, or who are in transition
713 from coverage in a subsidized Kidcare program, a family whose
714 income exceeds 250 percent of the federal poverty level must have
715 been uninsured for 6 consecutive months before enrollment in the
716 program.

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717 (b)~~(e)~~ The board of directors of the Florida Healthy Kids
718 Corporation is authorized to place limits on enrollment of these
719 children in order to avoid adverse selection. ~~In addition, the~~
720 ~~board is authorized to offer a reduced benefit package to these~~
721 ~~children in order to limit program costs for such families.~~ The
722 number of children participating in the Florida Healthy Kids
723 program whose family income exceeds 250 ~~200~~ percent of the
724 federal poverty level must not exceed 25 ~~10~~ percent of total
725 enrollees in the Florida Healthy Kids program. However, a family
726 that is enrolled in the program on July 1, 2008, or that is in
727 transition from coverage in a subsidized program, or a family
728 whose income exceeds 250 percent of the federal poverty level
729 must have been uninsured for 6 consecutive months before
730 enrollment in the program.

731 (6) Once a child is enrolled in the Florida Kidcare
732 program, the child is eligible for coverage under the program for
733 12 months without a redetermination or reverification of
734 eligibility, if the family continues to pay the applicable
735 premium. Eligibility for Florida Kidcare coverage ~~program~~
736 ~~components~~ funded through Title XXI of the Social Security Act
737 terminates ~~shall terminate~~ when a child attains the age of 19.
738 Effective January 1, 1999, a child who has not attained the age
739 of 5 and who has been determined eligible for the Medicaid
740 program is eligible for coverage for 12 months without a
741 redetermination or reverification of eligibility.

742 (7) When determining or reviewing a child's eligibility
743 under the Florida Kidcare program, the applicant must ~~shall~~ be
744 provided with reasonable notice of changes in eligibility which
745 may affect enrollment in one or more of the program components.

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746 When a transition from one program component to another is
747 authorized, there must ~~shall~~ be cooperation between the program
748 components, ~~and~~ the affected family, the child's health plan, and
749 the child's health care providers to promote ~~which promotes~~
750 continuity of health care coverage. When a child is no longer
751 eligible for Florida Kidcare coverage funded through Title XIX or
752 Title XXI of the Social Security Act, the child's health plan and
753 other MediPass providers shall be notified so that the health
754 plans and providers may assist the family in obtaining coverage
755 through other available healthcare providers. Any authorized
756 transfers must be managed within the program's overall
757 appropriated or authorized levels of funding. Each component of
758 the program shall establish a reserve to ensure that transfers
759 between components will be accomplished within current year
760 appropriations. These reserves shall be reviewed by each
761 convening of the Social Services Estimating Conference to
762 determine the adequacy of such reserves to meet actual
763 experience.

764 (8) In determining the eligibility of a child, an assets
765 test is not required. An applicant's information must be
766 available electronically, if possible, to determine eligibility
767 for the Florida Kidcare program. If such information cannot be
768 verified electronically, each applicant shall provide written
769 documentation during the application process and the
770 redetermination process, including, but not limited to, the
771 following:

772 (a) Proof of family income, which includes ~~must include~~ a
773 copy of the applicant's most recent federal income tax return. In
774 the absence of a federal income tax return, an applicant may

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775 submit wages and earnings statements (pay stubs), W-2 forms, or
776 other appropriate documents.

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

778 1. Their employer does not sponsor a health benefit plan
779 for employees; or

780 2. The potential enrollee is not covered by the employer-
781 sponsored health benefit plan because the potential enrollee is
782 not eligible for coverage, or, if the potential enrollee is
783 eligible but not covered, a statement of the cost to enroll the
784 potential enrollee in the employer-sponsored health benefit plan.

785 (9) Subject to paragraph (4) (b) and s. 624.91(4), the
786 Florida Kidcare program shall withhold benefits from an enrollee
787 if the program obtains evidence that the enrollee is no longer
788 eligible, submitted incorrect or fraudulent information in order
789 to establish eligibility, or failed to provide verification of
790 eligibility. The applicant or enrollee shall be notified that
791 because of such evidence program benefits will be withheld unless
792 the applicant or enrollee contacts a designated representative of
793 the program by a specified date, which must be within 10 working
794 days after the date of notice, to discuss and resolve the matter.
795 The program shall make every effort to resolve the matter within
796 a timeframe that will not cause benefits to be withheld from an
797 eligible enrollee.

798 (10) The following individuals may be subject to
799 prosecution in accordance with s. 414.39:

800 (a) An applicant obtaining or attempting to obtain benefits
801 for a potential enrollee under the Florida Kidcare program when
802 the applicant knows or should have known the potential enrollee
803 does not qualify for the Florida Kidcare program.

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804 (b) An individual who assists an applicant in obtaining or
805 attempting to obtain benefits for a potential enrollee under the
806 Florida Kidcare program when the individual knows or should have
807 known the potential enrollee does not qualify for the Florida
808 Kidcare program.

809

810 A person applying for full-pay coverage under the Florida Kidcare
811 program is not required to provide the information required under
812 this section.

813 Section 16. Section 409.815, Florida Statutes, is amended
814 to read:

815 409.815 Health benefits coverage; limitations.--

816 (1) MEDICAID BENEFITS.--For purposes of the Florida Kidcare
817 program, benefits available under Medicaid and Medikids include
818 those goods and services provided under the medical assistance
819 program authorized by Title XIX of the Social Security Act, and
820 regulations thereunder, as administered in this state by the
821 agency. This includes those mandatory Medicaid services
822 authorized under s. 409.905 and optional Medicaid services
823 authorized under s. 409.906, rendered on behalf of eligible
824 individuals by qualified providers, in accordance with federal
825 requirements for Title XIX, subject to any limitations or
826 directions provided for in the General Appropriations Act or
827 chapter 216, and according to methodologies and limitations set
828 forth in agency rules and policy manuals and handbooks
829 incorporated by reference thereto.

830 (2) BENCHMARK BENEFITS.--In order for health benefits
831 coverage to qualify for premium assistance payments for an
832 eligible child under ss. 409.810-409.821, except for waiver

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833 services provided to eligible Title XIX-funded children ~~ss.~~
834 ~~409.810-409.820~~, the health benefits coverage must be equivalent
835 to the pediatric Medicaid benefit package and be based upon a
836 standard and appropriate assessment of need for the services
837 consistent with requirements for early and periodic screening,
838 diagnosis, and treatment specified in s.409.905(2) and Title XIX
839 of the Social Security Act, ~~except for coverage under Medicaid~~
840 ~~and Medikids, must include the following minimum benefits, as~~
841 ~~medically necessary.~~

842 ~~(a) Preventive health services.--Covered services include:~~

843 ~~1. Well-child care, including services recommended in the~~
844 ~~Guidelines for Health Supervision of Children and Youth as~~
845 ~~developed by the American Academy of Pediatrics;~~

846 ~~2. Immunizations and injections;~~

847 ~~3. Health education counseling and clinical services;~~

848 ~~4. Vision screening; and~~

849 ~~5. Hearing screening.~~

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

854 ~~1. All admissions must be authorized by the enrollee's~~
855 ~~health benefits coverage provider.~~

856 ~~2. The length of the patient stay shall be determined based~~
857 ~~on the medical condition of the enrollee in relation to the~~
858 ~~necessary and appropriate level of care.~~

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

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

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

869 ~~(d) Maternity services. Covered services include maternity~~
870 ~~and newborn care, including prenatal and postnatal care, with the~~
871 ~~following limitations:~~

872 1. ~~Coverage may be limited to the fee for vaginal~~
873 ~~deliveries; and~~

874 2. ~~Initial inpatient care for newborn infants of enrolled~~
875 ~~adolescents shall be covered, including normal newborn care,~~
876 ~~nursery charges, and the initial pediatric or neonatal~~
877 ~~examination, and the infant may be covered for up to 3 days~~
878 ~~following birth.~~

879 ~~(e) Organ transplantation services. Covered services~~
880 ~~include pretransplant, transplant, and postdischarge services and~~
881 ~~treatment of complications after transplantation for transplants~~
882 ~~deemed necessary and appropriate within the guidelines set by the~~
883 ~~Organ Transplant Advisory Council under s. 765.53 or the Bone~~
884 ~~Marrow Transplant Advisory Panel under s. 627.4236.~~

885 ~~(f) Outpatient services. Covered services include~~
886 ~~preventive, diagnostic, therapeutic, palliative care, and other~~
887 ~~services provided to an enrollee in the outpatient portion of a~~
888 ~~health facility licensed under chapter 395, except for the~~
889 ~~following limitations:~~

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- 890 1. ~~Services must be authorized by the enrollee's health~~
891 ~~benefits coverage provider; and~~
- 892 2. ~~Treatment for temporomandibular joint disease (TMJ) is~~
893 ~~specifically excluded.~~
- 894 (g) ~~Behavioral health services.--~~
- 895 1. ~~Mental health benefits include:~~
- 896 a. ~~Inpatient services, limited to not more than 30~~
897 ~~inpatient days per contract year for psychiatric admissions, or~~
898 ~~residential services in facilities licensed under s. 394.875(6)~~
899 ~~or s. 395.003 in lieu of inpatient psychiatric admissions;~~
900 ~~however, a minimum of 10 of the 30 days shall be available only~~
901 ~~for inpatient psychiatric services when authorized by a~~
902 ~~physician; and~~
- 903 b. ~~Outpatient services, including outpatient visits for~~
904 ~~psychological or psychiatric evaluation, diagnosis, and treatment~~
905 ~~by a licensed mental health professional, limited to a maximum of~~
906 ~~40 outpatient visits each contract year.~~
- 907 2. ~~Substance abuse services include:~~
- 908 a. ~~Inpatient services, limited to not more than 7 inpatient~~
909 ~~days per contract year for medical detoxification only and 30~~
910 ~~days of residential services; and~~
- 911 b. ~~Outpatient services, including evaluation, diagnosis,~~
912 ~~and treatment by a licensed practitioner, limited to a maximum of~~
913 ~~40 outpatient visits per contract year.~~
- 914 (h) ~~Durable medical equipment.--Covered services include~~
915 ~~equipment and devices that are medically indicated to assist in~~
916 ~~the treatment of a medical condition and specifically prescribed~~
917 ~~as medically necessary, with the following limitations:~~
- 918 1. ~~Low-vision and telescopic aides are not included.~~

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919 ~~2. Corrective lenses and frames may be limited to one pair~~
920 ~~every 2 years, unless the prescription or head size of the~~
921 ~~enrollee changes.~~

922 ~~3. Hearing aids shall be covered only when medically~~
923 ~~indicated to assist in the treatment of a medical condition.~~

924 ~~4. Covered prosthetic devices include artificial eyes and~~
925 ~~limbs, braces, and other artificial aids.~~

926 ~~(i) Health practitioner services.--Covered services include~~
927 ~~services and procedures rendered to an enrollee when performed to~~
928 ~~diagnose and treat diseases, injuries, or other conditions,~~
929 ~~including care rendered by health practitioners acting within the~~
930 ~~scope of their practice, with the following exceptions:~~

931 ~~1. Chiropractic services shall be provided in the same~~
932 ~~manner as in the Florida Medicaid program.~~

933 ~~2. Podiatric services may be limited to one visit per day~~
934 ~~totaling two visits per month for specific foot disorders.~~

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

939 ~~1. Coverage may be limited to include skilled nursing~~
940 ~~services only;~~

941 ~~2. Meals, housekeeping, and personal comfort items may be~~
942 ~~excluded; and~~

943 ~~3. Private duty nursing is limited to circumstances where~~
944 ~~such care is medically necessary.~~

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

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

951 2. ~~Services required for conditions totally unrelated to~~
952 ~~the terminal condition are covered to the extent that the~~
953 ~~services are included in this section.~~

954 ~~(l) Laboratory and X-ray services.--Covered services~~
955 ~~include diagnostic testing, including clinical radiologic,~~
956 ~~laboratory, and other diagnostic tests.~~

957 ~~(m) Nursing facility services.--Covered services include~~
958 ~~regular nursing services, rehabilitation services, drugs and~~
959 ~~biologicals, medical supplies, and the use of appliances and~~
960 ~~equipment furnished by the facility, with the following~~
961 ~~limitations:~~

962 1. ~~All admissions must be authorized by the health benefits~~
963 ~~coverage provider.~~

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

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

971 4. ~~Specialized treatment centers and independent kidney~~
972 ~~disease treatment centers are excluded.~~

973 5. ~~Private duty nurses, television, and custodial care are~~
974 ~~excluded.~~

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

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977 ~~(n) Prescribed drugs.~~

978 ~~1. Coverage shall include drugs prescribed for the~~
979 ~~treatment of illness or injury when prescribed by a licensed~~
980 ~~health practitioner acting within the scope of his or her~~
981 ~~practice.~~

982 ~~2. Prescribed drugs may be limited to generics if available~~
983 ~~and brand name products if a generic substitution is not~~
984 ~~available, unless the prescribing licensed health practitioner~~
985 ~~indicates that a brand name is medically necessary.~~

986 ~~3. Prescribed drugs covered under this section shall~~
987 ~~include all prescribed drugs covered under the Florida Medicaid~~
988 ~~program.~~

989 ~~(o) Therapy services.--Covered services include~~
990 ~~rehabilitative services, including occupational, physical,~~
991 ~~respiratory, and speech therapies, with the following~~
992 ~~limitations:~~

993 ~~1. Services must be for short-term rehabilitation where~~
994 ~~significant improvement in the enrollee's condition will result;~~
995 ~~and~~

996 ~~2. Services shall be limited to not more than 24 treatment~~
997 ~~sessions within a 60-day period per episode or injury, with the~~
998 ~~60-day period beginning with the first treatment.~~

999 ~~(p) Transportation services.--Covered services include~~
1000 ~~emergency transportation required in response to an emergency~~
1001 ~~situation.~~

1002 ~~(q) Dental services.--Dental services shall be covered and~~
1003 ~~may include those dental benefits provided to children by the~~
1004 ~~Florida Medicaid program under s. 409.906(6).~~

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1005 ~~(r) Lifetime maximum. Health benefits coverage obtained~~
1006 ~~under ss. 409.810-409.820 shall pay an enrollee's covered~~
1007 ~~expenses at a lifetime maximum of \$1 million per covered child.~~

1008 (a) ~~(s)~~ Cost-sharing.--Cost-sharing provisions must comply
1009 with s. 409.816.

1010 (b) ~~(t)~~ Exclusions.--

1011 1. Experimental or investigational procedures that have not
1012 been clinically proven by reliable evidence are excluded;

1013 2. Services performed for cosmetic purposes only or for the
1014 convenience of the enrollee are excluded; and

1015 3. Abortion may be covered only if necessary to save the
1016 life of the mother or if the pregnancy is the result of an act of
1017 rape or incest.

1018 (c) ~~(u)~~ Enhancements to minimum requirements.--

1019 1. This section sets the minimum benefits that must be
1020 included in any health benefits coverage, ~~other than Medicaid or~~
1021 ~~Medikids coverage,~~ offered under ss. 409.810-409.820. Health
1022 benefits coverage may include additional benefits not included in
1023 the pediatric Medicaid benefit package under this subsection, but
1024 may not include benefits excluded under paragraph (b) ~~(s)~~.

1025 2. Health benefits coverage may extend any limitations
1026 beyond the minimum benefits described in this section.

1027
1028 Except for Florida Kidcare Plus benefits ~~the Children's Medical~~
1029 ~~Services Network,~~ the agency may not increase the premium
1030 assistance payment for either additional benefits provided beyond
1031 the minimum benefits described in this section or the imposition
1032 of less restrictive service limitations.

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1033 (d) ~~(v)~~ Applicability of other state laws.--Health insurers,
1034 health maintenance organizations, and their agents are subject to
1035 the provisions of the Florida Insurance Code, except for any such
1036 provisions waived in this section.

1037 1. Except as expressly provided in this section, a law
1038 requiring coverage for a specific health care service or benefit,
1039 or a law requiring reimbursement, utilization, or consideration
1040 of a specific category of licensed health care practitioner, does
1041 not apply to a health insurance plan policy or contract offered
1042 or delivered under ss. 409.810-409.821 ~~ss. 409.810-409.820~~ unless
1043 that law is made expressly applicable to such policies or
1044 contracts.

1045 2. Notwithstanding chapter 641, a health maintenance
1046 organization may issue contracts providing benefits equal to,
1047 exceeding, or actuarially equivalent to the benchmark benefit
1048 plan authorized by this section and may pay providers located in
1049 a rural county negotiated fees or Medicaid reimbursement rates
1050 for services provided to enrollees who are residents of the rural
1051 county.

1052 Section 17. Paragraph (i) of subsection (1) of section
1053 409.8177, Florida Statutes, is amended to read:

1054 409.8177 Program evaluation.--

1055 (1) The agency, in consultation with the Department of
1056 Health, the Department of Children and Family Services, and the
1057 Florida Healthy Kids Corporation, shall contract for an
1058 evaluation of the Florida Kidcare program and shall by January 1
1059 of each year submit to the Governor, the President of the Senate,
1060 and the Speaker of the House of Representatives a report of the
1061 program. In addition to the items specified under s. 2108 of

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1062 Title XXI of the Social Security Act, the report shall include an
1063 assessment of crowd-out and access to health care, as well as the
1064 following:

1065 (i) An assessment of the effectiveness of the Florida
1066 Kidcare program ~~Medikids, Children's Medical Services network,~~
1067 and other public and private programs in the state in increasing
1068 the availability of affordable quality health insurance and
1069 health care for children. Effective July 1, 2009, the Department
1070 of Health shall assume responsibility for contracting for an
1071 evaluation of the Florida Kidcare program.

1072 Section 18. Section 409.818, Florida Statutes, is amended
1073 to read:

1074 409.818 Administration.--In order to implement ss. 409.810-
1075 409.821 ~~ss. 409.810-409.820~~, the following agencies shall have
1076 the following duties:

1077 (1) The Department of Children and Family Services shall:

1078 (a) Develop a standardized ~~simplified~~ eligibility
1079 application ~~mail-in~~ form to be used for determining the
1080 eligibility of children for coverage for all components of ~~under~~
1081 the Florida Kidcare program, in consultation with the agency, the
1082 Department of Health, and the Florida Healthy Kids Corporation.
1083 The standardized ~~simplified~~ eligibility application form must
1084 include an item that provides an opportunity for the applicant to
1085 indicate whether coverage is being sought for a child with
1086 special health care needs. Families applying for children's
1087 Medicaid coverage must also be able to use the standardized
1088 ~~simplified~~ application form without having to pay a premium. The
1089 standardized eligibility application form must be available for
1090 use no later than July 1, 2009.

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1091 (b) Establish and maintain the eligibility determination
1092 process under the program except as specified in subsections (2)
1093 and (4) ~~subsection (5)~~. The department shall directly, or through
1094 the services of a contracted third-party administrator, establish
1095 and maintain a process for determining eligibility of children
1096 for coverage under the program which shall be conducted in
1097 accordance with administrative rules and policies established by
1098 the Department of Health. The eligibility determination process
1099 must be used solely for determining eligibility of applicants for
1100 health benefits coverage under the program. The eligibility
1101 determination process must include an initial determination of
1102 eligibility for any coverage offered under the program, as well
1103 as a redetermination or reverification of eligibility each
1104 subsequent 6 months. Effective January 1, 1999, a child who has
1105 not attained the age of 5 and who has been determined eligible
1106 for the Medicaid program is eligible for coverage for 12 months
1107 without a redetermination or reverification of eligibility. In
1108 conducting an eligibility determination, the department shall
1109 determine if the child has special health care needs. The
1110 department, in consultation with the Agency for Health Care
1111 Administration and the Florida Healthy Kids Corporation, shall
1112 develop procedures for redetermining eligibility which enable a
1113 family to easily update any change in circumstances which could
1114 affect eligibility. The department may accept changes in a
1115 family's status as reported to the department by the Florida
1116 Healthy Kids Corporation without requiring a new application from
1117 the family. Redetermination of a child's eligibility for Medicaid
1118 may not be linked to a child's eligibility determination for
1119 other programs.

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1120 (c) Inform program applicants about eligibility
1121 determinations and provide information about eligibility of
1122 applicants to the Florida Kidcare program ~~Medicaid, Medikids, the~~
1123 ~~Children's Medical Services Network, and the Florida Healthy Kids~~
1124 ~~Corporation,~~ and to insurers and their agents, through a
1125 centralized coordinating office.

1126 (d) Design a plan, in consultation with the Florida Healthy
1127 Kids Corporation, to determine an applicant's eligibility for
1128 public assistance or Medicaid which allows:

1129 1. Applicants who have children and are applying for
1130 Medicaid or other public assistance to use the same information
1131 provided when applying for the Kidcare program if they are found
1132 ineligible for Medicaid.

1133 2. Applicants to submit all information required for
1134 enrollment in the Kidcare program, including whether coverage is
1135 being sought for a child who has special health care needs.

1136 3. The department to forward an applicant's information and
1137 accompanying documentation to the Florida Healthy Kids
1138 Corporation, if necessary.

1139 4. The Florida Healthy Kids Corporation to process
1140 application information and other documents for enrollment in the
1141 Kidcare program without requiring the applicant to submit a
1142 separate application.

1143
1144 The department shall submit the plan to the Governor, the
1145 President of the Senate, and the Speaker of the House of
1146 Representatives by December 31, 2008.

1147 (e) ~~(d)~~ Adopt rules necessary for conducting program
1148 eligibility functions.

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- 1149 (2) The Department of Health shall:
- 1150 (a) Design an eligibility intake process and policies for
1151 non-Title XIX eligibility determination for the program, in
1152 coordination with the Department of Children and Family Services,
1153 the agency, and the Florida Healthy Kids Corporation. The
1154 eligibility intake process may include local intake points that
1155 are determined by the Department of Health in coordination with
1156 the Department of Children and Family Services.
- 1157 (b) Develop and implement a plan to publicize the Florida
1158 Kidcare program, the eligibility requirements of the program, and
1159 the procedures for enrollment in the program and to maintain
1160 public awareness of and outreach for the Florida Kidcare program.
- 1161 (c) Determine clinical eligibility for and administer
1162 Florida Kidcare Plus health benefits coverage.
- 1163 (d) In consultation with the agency, develop a minimum set
1164 of pediatric quality assurance and access standards, including
1165 reporting requirements, for the Florida Kidcare program. The
1166 standards must include a process for granting exceptions to
1167 specific requirements for quality assurance and access.
1168 Compliance with the standards shall be a condition of program
1169 participation by health benefits coverage providers. These
1170 standards shall comply with the provisions of this chapter,
1171 chapter 641, and Title XXI of the Social Security Act.
- 1172 (e) In consultation with the agency, the Department of
1173 Children and Family Services, and the Florida Healthy Kids
1174 Corporation and effective July 1, 2009, coordinate non-Title XIX-
1175 funded Florida Kidcare administrative activities, including, but
1176 not limited to:
- 1177 1. Florida Kidcare policy development;

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1178 2. Federal and state legislative and budget request issue
1179 development; and

1180 3. Administrative rules as assigned by this act.

1181 (f) In consultation with the agency, develop pediatric
1182 benefit packages for Florida Kidcare enrollees.

1183 ~~(b) Chair a state-level coordinating council to review and~~
1184 ~~make recommendations concerning the implementation and operation~~
1185 ~~of the program. The coordinating council shall include~~
1186 ~~representatives from the department, the Department of Children~~
1187 ~~and Family Services, the agency, the Florida Healthy Kids~~
1188 ~~Corporation, the Office of Insurance Regulation of the Financial~~
1189 ~~Services Commission, local government, health insurers, health~~
1190 ~~maintenance organizations, health care providers, families~~
1191 ~~participating in the program, and organizations representing low-~~
1192 ~~income families.~~

1193 ~~(c) In consultation with the Florida Healthy Kids~~
1194 ~~Corporation and the Department of Children and Family Services,~~
1195 ~~establish a toll-free telephone line to assist families with~~
1196 ~~questions about the program.~~

1197 ~~(d) Adopt rules necessary to implement outreach activities.~~

1198 (3) The Agency for Health Care Administration, under the
1199 authority granted in s. 409.914(1), shall:

1200 (a) Calculate the premium assistance payment necessary to
1201 comply with the premium and cost-sharing limitations specified in
1202 s. 409.816. The premium assistance payment for each enrollee in a
1203 health insurance plan participating in the Florida Healthy Kids
1204 Corporation must ~~shall~~ equal the premium approved by the Florida
1205 Healthy Kids Corporation and the Office of Insurance Regulation
1206 of the Financial Services Commission pursuant to ss. 627.410 and

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1207 641.31, less any enrollee's share of the premium established
1208 within the limitations specified in s. 409.816. The premium
1209 assistance payment for each enrollee in an employer-sponsored
1210 health insurance plan approved under ss. 409.810-409.821 must ~~ss.~~
1211 ~~409.810-409.820~~ shall equal the premium for the plan adjusted for
1212 any benchmark benefit plan actuarial equivalent benefit rider
1213 approved by the Office of Insurance Regulation pursuant to ss.
1214 627.410 and 641.31, less any enrollee's share of the premium
1215 established within the limitations specified in s. 409.816. In
1216 calculating the premium assistance payment levels for children
1217 with family coverage, the agency shall set the premium assistance
1218 payment levels for each child proportionately to the total cost
1219 of family coverage.

1220 (b) Make premium assistance payments to health insurance
1221 plans on a periodic basis. The agency may use its Medicaid fiscal
1222 agent or a contracted third-party administrator in making these
1223 payments. The agency may require health insurance plans that
1224 participate in the Medikids program or employer-sponsored group
1225 health insurance to collect premium payments from an enrollee's
1226 family. Participating health insurance plans shall report premium
1227 payments collected on behalf of enrollees in the program to the
1228 agency in accordance with a schedule established by the agency.

1229 (c) Monitor compliance with pediatric quality assurance and
1230 access standards developed by the Department of Health ~~under s.~~
1231 ~~409.820~~.

1232 (d) Establish a mechanism for investigating and resolving
1233 complaints and grievances from program applicants, enrollees, and
1234 health benefits coverage providers, and maintain a record of
1235 complaints and confirmed problems. In the case of a child who is

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1236 enrolled in a health maintenance organization, the agency must
1237 use the provisions of s. 641.511 to address grievance reporting
1238 and resolution requirements.

1239 (e) Approve health benefits coverage for participation in
1240 the program, ~~following certification by the Office of Insurance~~
1241 ~~Regulation under subsection (4).~~

1242 (f) In consultation with the Department of Children and
1243 Family Services and the Florida Healthy Kids Corporation,
1244 establish a single toll-free telephone number by July 1, 2009, to
1245 assist families who have questions about the Florida Kidcare
1246 program. The toll-free number must provide information regarding
1247 eligibility, enrollment, benefits, and other information relating
1248 to all components of the Florida Kidcare program and ensure that
1249 such information is easily accessible.

1250 (g) Seek and implement federal waivers or state plan
1251 amendments necessary to implement this section and ss. 409.810-
1252 409.820.

1253 (h) Adopt all rules necessary to comply with or administer
1254 ss. 409.810-409.821 and all rules necessary to comply with
1255 federal requirements, including, at a minimum, rules specifying
1256 policies, procedures, and criteria for the following activities:

- 1257 1. Calculating premium assistance payment levels;
- 1258 2. Making premium assistance payments;
- 1259 3. Monitoring access and quality assurance standards;
- 1260 4. Investigating and resolving complaints and grievances;
- 1261 5. Administering the Medikids program;
- 1262 6. Approving health benefits coverage; and
- 1263 7. Except for Title XIX-funded Florida Kidcare, determining
1264 application and enrollment requirements, including documentation

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1265 requirements, eligibility determinations and redeterminations,
1266 enrollee premium payment requirements, cancellation of coverage,
1267 reinstatement of coverage, disenrollment procedures, applicant
1268 and enrollee notification requirements, application and
1269 enrollment time processing standards, and call center standards.

1270

1271 Effective July 1, 2009, the Department of Health shall assume
1272 responsibility for administrative rulemaking activities specified
1273 in subparagraphs 3, 4, 6, and 7.

1274 ~~(f) Adopt rules necessary for calculating premium~~
1275 ~~assistance payment levels, making premium assistance payments,~~
1276 ~~monitoring access and quality assurance standards, investigating~~
1277 ~~and resolving complaints and grievances, administering the~~
1278 ~~Medikids program, and approving health benefits coverage.~~

1279

1280 The agency is designated the lead state agency for Title XXI of
1281 the Social Security Act for purposes of receipt of federal funds,
1282 for reporting purposes, and for ensuring compliance with federal
1283 and state regulations and rules.

1284 ~~(4) The Office of Insurance Regulation shall certify that~~
1285 ~~health benefits coverage plans that seek to provide services~~
1286 ~~under the Florida Kidcare program, except those offered through~~
1287 ~~the Florida Healthy Kids Corporation or the Children's Medical~~
1288 ~~Services Network, meet, exceed, or are actuarially equivalent to~~
1289 ~~the benchmark benefit plan and that health insurance plans will~~
1290 ~~be offered at an approved rate. In determining actuarial~~
1291 ~~equivalence of benefits coverage, the Office of Insurance~~
1292 ~~Regulation and health insurance plans must comply with the~~
1293 ~~requirements of s. 2103 of Title XXI of the Social Security Act.~~

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1294 ~~The department shall adopt rules necessary for certifying health~~
1295 ~~benefits coverage plans.~~

1296 (4) ~~(5)~~ The Florida Healthy Kids Corporation shall retain
1297 its functions as authorized in s. 624.91, including eligibility
1298 determination for participation in the non-Title XIX-funded
1299 Florida Kidcare Healthy Kids program. Effective July 1, 2009,
1300 non-Title XIX-funded Florida Kidcare eligibility determinations
1301 shall be conducted in accordance with administrative rules and
1302 policies established by the Department of Health.

1303 (5) The Department of Health, in consultation with the
1304 agency, the Department of Children and Family Services, and the
1305 Florida Healthy Kids Corporation, and

1306 ~~(6) The agency, the Department of Health, the Department of~~
1307 ~~Children and Family Services, the Florida Healthy Kids~~
1308 ~~Corporation, and the Office of Insurance Regulation, after~~
1309 consultation with and approval of the Speaker of the House of
1310 Representatives and the President of the Senate, are authorized
1311 to make program modifications that are necessary to overcome any
1312 objections of the United States Department of Health and Human
1313 Services to obtain approval of the state's child health insurance
1314 plan under Title XXI of the Social Security Act.

1315 Section 19. Section 409.820, Florida Statutes, is repealed.

1316 Section 20. Subsection (5) of section 624.91, Florida
1317 Statutes, is amended to read:

1318 624.91 The Florida Healthy Kids Corporation Act.--

1319 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

1320 (a) There is created the Florida Healthy Kids Corporation,
1321 a not-for-profit corporation.

1322 (b) The Florida Healthy Kids Corporation shall:

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1323 1. Arrange for the collection of any family, local
1324 contributions, or employer payment or premium, in an amount to be
1325 determined by the board of directors, to provide for payment of
1326 premiums for health benefits ~~comprehensive insurance coverage~~ and
1327 for the actual or estimated administrative expenses.

1328 2. Arrange for the collection of any voluntary
1329 contributions to provide for payment of Florida Kidcare premiums
1330 for children who are not eligible for medical assistance under
1331 Title XXI of the Social Security Act.

1332 3. Subject to the provisions of s. 409.8134, accept
1333 voluntary supplemental local match contributions that comply with
1334 the requirements of Title XXI of the Social Security Act for the
1335 purpose of providing additional Florida Kidcare coverage in
1336 contributing counties under Title XXI.

1337 4. Establish the administrative and accounting procedures
1338 for the operation of the corporation.

1339 5. Establish, with consultation from appropriate
1340 professional organizations, standards for preventive health
1341 services and providers and comprehensive insurance benefits
1342 appropriate to children, if provided that ~~if provided that~~ such standards for
1343 rural areas do shall ~~shall~~ not limit primary care providers to board-
1344 certified pediatricians.

1345 6. Determine eligibility for children seeking to
1346 participate in the Title XXI-funded components of the Florida
1347 Kidcare program consistent with the requirements specified in s.
1348 409.814, as well as the non-Title-XXI-eligible children as
1349 provided in subsection (3). Effective July 1, 2009, this function
1350 shall be performed in accordance with administrative rules and
1351 policies established by the Department of Health.

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1352 7. Establish procedures under which providers of local
1353 match to, applicants to and participants in the program may have
1354 grievances reviewed by an impartial body and reported to the
1355 board of directors of the corporation.

1356 8. ~~Establish participation criteria and, if appropriate,~~
1357 Contract with an authorized insurer, health maintenance
1358 organization, or third-party administrator to provide
1359 administrative services for Florida Kidcare. Effective July 1,
1360 2009, this function shall be performed in accordance with
1361 administrative rules and policies established by the Department
1362 of Health to the corporation.

1363 9. Establish enrollment criteria that ~~which shall~~ include
1364 penalties or waiting periods of not fewer than 60 days for
1365 reinstatement of coverage upon voluntary cancellation for
1366 nonpayment of family premiums.

1367 10. Contract with authorized insurers or any provider of
1368 health care services, meeting quality assurance and access
1369 standards established by the Department of Health ~~corporation,~~
1370 for the provision of comprehensive insurance coverage to
1371 participants. Such standards shall include criteria under which
1372 the corporation may contract with more than one provider of
1373 health care services in program sites. Health plans shall be
1374 selected through a competitive bid process. The Florida Healthy
1375 Kids Corporation shall purchase goods and services in the most
1376 cost-effective manner consistent with the delivery of quality
1377 medical care. The maximum administrative cost for a Florida
1378 Healthy Kids Corporation contract shall be 15 percent. For health
1379 care contracts, the minimum medical loss ratio for a Florida
1380 Healthy Kids Corporation contract shall be 85 percent. For dental

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1381 contracts, the remaining compensation to be paid to the
1382 authorized insurer or provider under a Florida Healthy Kids
1383 Corporation contract shall be no less than an amount which is 85
1384 percent of premium; to the extent any contract provision does not
1385 provide for this minimum compensation, this section shall
1386 prevail. The health plan selection criteria and scoring system,
1387 and the scoring results, shall be available upon request for
1388 inspection after the bids have been awarded.

1389 11. Establish disenrollment criteria in the event local
1390 matching funds are insufficient to cover enrollments.

1391 ~~12. Develop and implement a plan to publicize the Florida~~
1392 ~~Healthy Kids Corporation, the eligibility requirements of the~~
1393 ~~program, and the procedures for enrollment in the program and to~~
1394 ~~maintain public awareness of the corporation and the program.~~

1395 12.13. Secure staff necessary to properly administer the
1396 corporation. Staff costs shall be funded from state and local
1397 matching funds and such other private or public funds as become
1398 available. The board of directors shall determine the number of
1399 staff members necessary to administer the corporation.

1400 13. No later than January 1, 2009, the health benefits
1401 coverage provided by the corporation's authorized insurers and
1402 health maintenance organizations shall conform with the benchmark
1403 benefits specified in s. 409.815.

1404 14. Allow health and dental plans participating in the
1405 Florida Healthy Kids program to develop and distribute marketing
1406 and promotional materials and participate in activities, such as
1407 health fairs and public events, which are approved by the
1408 corporation. The health and dental plans may also contact their
1409 current and former enrollees to encourage continued participation

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1410 in the program and to assist the enrollees with transferring from
1411 a Title XIX-financed plan to a Title XXI-financed plan.

1412 15. Establish an assignment process that keeps enrollees in
1413 the Florida Healthy Kids program with family members assigned to
1414 the same managed care plans, to the greatest extent possible,
1415 even if some family members are enrolled in a Medicaid managed
1416 care plan and others are enrolled in a plan under the program.
1417 The Agency for Health Care Administration shall work with the
1418 corporation to implement this subparagraph.

1419 a. The assignment process must allow an enrollee in the
1420 program to enroll in a sibling's Medicaid provider service
1421 network for coverage under the program if the enrollee's sibling
1422 is currently enrolled in a Medicaid provider service network in
1423 the same county as the enrollee and the county does not contain a
1424 health plan under the program.

1425 b. The assignment process must allow an enrollee in the
1426 program to enroll in a sibling's Medicaid health maintenance
1427 organization for coverage under the program if the enrollee's
1428 sibling is currently enrolled in a Medicaid health maintenance
1429 organization in the same county as the enrollee and the county
1430 does not contain a health plan under the program that is operated
1431 by or related to the Medicaid health maintenance organization.

1432 ~~14. Provide a report annually to the Governor, Chief~~
1433 ~~Financial Officer, Commissioner of Education, Senate President,~~
1434 ~~Speaker of the House of Representatives, and Minority Leaders of~~
1435 ~~the Senate and the House of Representatives.~~

1436 ~~15. Establish benefit packages which conform to the~~
1437 ~~provisions of the Florida Kidcare program, as created in ss.~~
1438 ~~409.810-409.820.~~

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1439 (c) Coverage under the corporation's program is secondary
1440 to any other available private coverage held by, or applicable
1441 to, the participant child or family member. Insurers under
1442 contract with the corporation are the payors of last resort and
1443 must coordinate benefits with any other third-party payor that
1444 may be liable for the participant's medical care.

1445 (d) The Florida Healthy Kids Corporation shall be a private
1446 corporation not for profit, organized pursuant to chapter 617,
1447 and shall have all powers necessary to carry out the purposes of
1448 this act, including, but not limited to, the power to receive and
1449 accept grants, loans, or advances of funds from any public or
1450 private agency and to receive and accept from any source
1451 contributions of money, property, labor, or any other thing of
1452 value, to be held, used, and applied for the purposes of this
1453 act.

1454 Section 21. The Legislature respectfully requests that
1455 Florida's Congressional Delegation support the amendment of Title
1456 XXI of the Social Security Act to allow federal matching funds
1457 for the purpose of premium assistance for dependents of state
1458 employees and nonqualified legal aliens.

1459 Section 22. This act shall take effect July 1, 2008.