

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.; clarifying the
6 application of the Florida Kidcare program to include all
7 eligible uninsured, low-income children; amending s.
8 409.813, F.S.; specifying funding sources for health
9 benefits coverage for certain children; specifying program
10 components to be marketed as the Florida Kidcare program;
11 conforming cross-references; amending s. 409.8132, F.S.;
12 conforming a cross-reference; revising provisions relating
13 to penalties for nonpayment of premiums and waiting
14 periods for reinstatement of coverage; amending s.
15 409.8134, F.S.; revising provisions relating to enrollment
16 in the Florida Kidcare program; amending s. 409.814, F.S.;
17 removing a restriction on participation in the Florida
18 Healthy Kids program; authorizing certain enrollees to opt
19 out of the Children's Medical Services Network or Florida
20 Kidcare Plus; revising coverage limitations; revising
21 restrictions on enrollment of children whose coverage was
22 voluntarily canceled; providing exceptions; revising
23 limitations on age and income for coverage under the Title
24 XXI-funded Florida Kidcare program; requiring electronic
25 verification of applicants' income; providing
26 circumstances under which written documentation is
27 required; revising the timeframe for an enrollee to
28 resolve disputes regarding the withholding of benefits;

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29 | amending s. 409.815, F.S.; authorizing the Agency for
30 | Health Care Administration to increase premium assistance
31 | payments for benefits provided through Florida Kidcare
32 | Plus rather than the Children's Medical Services Network;
33 | conforming cross-references; amending ss. 409.816 and
34 | 409.817, F.S.; conforming cross-references; amending s.
35 | 409.8177, F.S.; revising information to be included in the
36 | annual program evaluation submitted to the Governor and
37 | Legislature; amending s. 409.818, F.S.; revising the
38 | redetermination process for coverage under the Florida
39 | Kidcare program; clarifying that the Department of Health
40 | is the chair of a Florida Kidcare coordinating council;
41 | conforming cross-references; amending s. 409.821, F.S.,
42 | relating to an exemption from public records requirements
43 | provided for the Florida Kidcare program; revising
44 | requirements for disclosure of certain confidential and
45 | exempt information relating to an enrollee's application;
46 | amending s. 409.904, F.S.; revising provisions relating to
47 | the determination of eligibility of certain children for
48 | the Medicaid program; amending s. 624.91, F.S.; revising
49 | the duties of the Florida Healthy Kids Corporation;
50 | revising the date upon which the corporation must provide
51 | a study to the Legislature and the Governor; correcting a
52 | cross-reference; providing an effective date.

53 |
54 | Be It Enacted by the Legislature of the State of Florida:

55 |
56 | Section 1. Section 409.810, Florida Statutes, is amended

57 to read:

58 409.810 Short title.--Sections 409.810-409.821 ~~409.810-~~
 59 ~~409.820~~ may be cited as the "Florida Kidcare Act."

60 Section 2. Section 409.811, Florida Statutes, is amended
 61 to read:

62 409.811 Definitions relating to Florida Kidcare Act.--As
 63 used in ss. 409.810-409.821 ~~ss. 409.810-409.820~~, the term:

64 (1) "Actuarially equivalent" means that:

65 (a) The aggregate value of the benefits included in health
 66 benefits coverage is equal to the value of the benefits in the
 67 benchmark benefit plan; and

68 (b) The benefits included in health benefits coverage are
 69 substantially similar to the benefits included in the benchmark
 70 benefit plan, except that preventive health services must be the
 71 same as in the benchmark benefit plan.

72 (2) "Agency" means the Agency for Health Care
 73 Administration.

74 (3) "Applicant" means a parent or guardian of a child or a
 75 child whose disability of nonage has been removed under chapter
 76 743, who applies for determination of eligibility for health
 77 benefits coverage under ss. 409.810-409.821 ~~ss. 409.810-409.820~~.

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

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

81 (6) "Child with special health care needs" means a child
 82 whose serious or chronic physical or developmental condition
 83 requires extensive preventive and maintenance care beyond that
 84 required by typically healthy children. Health care utilization

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85 | by such a child exceeds the statistically expected usage of the
86 | normal child adjusted for chronological age, and such a child
87 | often needs complex care requiring multiple providers,
88 | rehabilitation services, and specialized equipment in a number
89 | of different settings.

90 | (7) "Children's Medical Services Network" or "network"
91 | means a statewide managed care service system as defined in s.
92 | 391.021(1).

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

97 | (9) "Department" means the Department of Health.

98 | (10) "Enrollee" means a child who has been determined
99 | eligible for and is receiving coverage under ss. 409.810-409.821
100 | ~~ss. 409.810-409.820~~.

101 | (11) "Family" means the group or the individuals whose
102 | income is considered in determining eligibility for the Florida
103 | Kidcare program. The family includes a child with a parent or
104 | caretaker relative who resides in the same house or living unit
105 | or, in the case of a child whose disability of nonage has been
106 | removed under chapter 743, the child. The family may also
107 | include other individuals whose income and resources are
108 | considered in whole or in part in determining eligibility of the
109 | child.

110 | (12) "Family income" means cash received at periodic
111 | intervals from any source, such as wages, benefits,
112 | contributions, or rental property. Income also may include any

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113 money that would have been counted as income under the Aid to
114 Families with Dependent Children (AFDC) state plan in effect
115 prior to August 22, 1996.

116 (13) "Florida Kidcare Plus" means health benefits coverage
117 for children with special health care needs delivered through
118 the Children's Medical Services Network.

119 (14)-(13) "Florida Kidcare program," "Kidcare program," or
120 "program" means the health benefits program administered through
121 ss. 409.810-409.821 ss. 409.810-409.820.

122 (15)-(14) "Guarantee issue" means that health benefits
123 coverage must be offered to an individual regardless of the
124 individual's health status, preexisting condition, or claims
125 history.

126 (16)-(15) "Health benefits coverage" means protection that
127 provides payment of benefits for covered health care services or
128 that otherwise provides, either directly or through arrangements
129 with other persons, covered health care services on a prepaid
130 per capita basis or on a prepaid aggregate fixed-sum basis.

131 (17)-(16) "Health insurance plan" means health benefits
132 coverage under the following:

133 (a) A health plan offered by any certified health
134 maintenance organization or authorized health insurer, except a
135 plan that is limited to the following: a limited benefit,
136 specified disease, or specified accident; hospital indemnity;
137 accident only; limited benefit convalescent care; Medicare
138 supplement; credit disability; dental; vision; long-term care;
139 disability income; coverage issued as a supplement to another
140 health plan; workers' compensation liability or other insurance;

141 or motor vehicle medical payment only; or

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

145 (18)~~(17)~~ "Medicaid" means the medical assistance program
 146 authorized by Title XIX of the Social Security Act, and
 147 regulations thereunder, and ss. 409.901-409.920, as administered
 148 in this state by the agency.

149 (19)~~(18)~~ "Medically necessary" means the use of any
 150 medical treatment, service, equipment, or supply necessary to
 151 palliate the effects of a terminal condition, or to prevent,
 152 diagnose, correct, cure, alleviate, or preclude deterioration of
 153 a condition that threatens life, causes pain or suffering, or
 154 results in illness or infirmity and which is:

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

157 (b) Provided in accordance with generally accepted
 158 standards of medical practice;

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

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

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

166 (20)~~(19)~~ "Medikids" means a component of the Florida
 167 Kidcare program of medical assistance authorized by Title XXI of
 168 the Social Security Act, and regulations thereunder, and s.

169 409.8132, as administered in the state by the agency.

170 (21)~~(20)~~ "Preexisting condition exclusion" means, with
 171 respect to coverage, a limitation or exclusion of benefits
 172 relating to a condition based on the fact that the condition was
 173 present before the date of enrollment for such coverage, whether
 174 or not any medical advice, diagnosis, care, or treatment was
 175 recommended or received before such date.

176 (22)~~(21)~~ "Premium" means the entire cost of a health
 177 insurance plan, including the administration fee or the risk
 178 assumption charge.

179 (23)~~(22)~~ "Premium assistance payment" means the monthly
 180 consideration paid by the agency per enrollee in the Florida
 181 Kidcare program towards health insurance premiums.

182 (24)~~(23)~~ "Qualified alien" means an alien as defined in s.
 183 431 of the Personal Responsibility and Work Opportunity
 184 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

185 (25)~~(24)~~ "Resident" means a United States citizen, or
 186 qualified alien, who is domiciled in this state.

187 (26)~~(25)~~ "Rural county" means a county having a population
 188 density of less than 100 persons per square mile, or a county
 189 defined by the most recent United States Census as rural, in
 190 which there is no prepaid health plan participating in the
 191 Medicaid program as of July 1, 1998.

192 (27)~~(26)~~ "Substantially similar" means that, with respect
 193 to additional services as defined in s. 2103(c)(2) of Title XXI
 194 of the Social Security Act, these services must have an
 195 actuarial value equal to at least 75 percent of the actuarial
 196 value of the coverage for that service in the benchmark benefit

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197 plan and, with respect to the basic services as defined in s.
 198 2103(c)(1) of Title XXI of the Social Security Act, these
 199 services must be the same as the services in the benchmark
 200 benefit plan.

201 Section 3. Section 409.812, Florida Statutes, is amended
 202 to read:

203 409.812 Program created; purpose.--The Florida Kidcare
 204 program is created to provide a defined set of health benefits
 205 to ~~previously~~ uninsured, low-income children through the
 206 establishment of a variety of affordable health benefits
 207 coverage options from which families may select coverage and
 208 through which families may contribute financially to the health
 209 care of their children.

210 Section 4. Section 409.813, Florida Statutes, is amended
 211 to read:

212 409.813 Health benefits coverage; program components;
 213 entitlement and nonentitlement.--

214 (1) The Florida Kidcare program includes health benefits
 215 coverage provided to children through the following program
 216 components, which shall be marketed as the Florida Kidcare
 217 program:

218 (a)~~(1)~~ Medicaid;

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

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

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

224 (e)~~(5)~~ The Children's Medical Services network established

225 in chapter 391.

226 (2) Except for Title XIX-funded Florida Kidcare program
 227 coverage under the Medicaid program, coverage under the Florida
 228 Kidcare program is not an entitlement. No cause of action shall
 229 arise against the state, the department, the Department of
 230 Children and Family Services, or the agency for failure to make
 231 health services available to any person under ss. 409.810-
 232 409.821 ~~ss. 409.810-409.820~~.

233 Section 5. Paragraph (b) of subsection (6) and subsection
 234 (8) of section 409.8132, Florida Statutes, are amended to read:
 235 409.8132 Medikids program component.--

236 (6) ELIGIBILITY.--

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

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

244 Section 6. Section 409.8134, Florida Statutes, is amended
 245 to read:

246 409.8134 Program expenditure ceiling; enrollment.--

247 (1) Except for the Medicaid program, a ceiling shall be
 248 placed on annual federal and state expenditures for the Florida
 249 Kidcare program as provided each year in the General
 250 Appropriations Act.

251 (2) The Florida Kidcare program may conduct enrollment
 252 continuously ~~at any time~~ throughout the year ~~for the purpose of~~

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253 ~~enrolling children eligible for all program components listed in~~
254 ~~s. 409.813 except Medicaid. The four Florida Kidcare~~
255 ~~administrators shall work together to ensure that the year-round~~
256 ~~enrollment period is announced statewide. Eligible Children~~
257 eligible for coverage under the Title XXI-funded components of
258 the Florida Kidcare program shall be enrolled on a first-come,
259 first-served basis using the date the enrollment application is
260 received. Enrollment shall immediately cease when the
261 expenditure ceiling is reached. Year-round enrollment shall only
262 be held if the Social Services Estimating Conference determines
263 that sufficient federal and state funds will be available to
264 finance the increased enrollment ~~through federal fiscal year~~
265 ~~2007. Any individual who is not enrolled must reapply by~~
266 ~~submitting a new application.~~ The application for the Florida
267 Kidcare program is ~~shall be~~ valid for a period of 120 days after
268 the date it was received. At the end of the 120-day period, if
269 the applicant has not been enrolled in the program, the
270 application is ~~shall be~~ invalid and the applicant shall be
271 notified of the action. The applicant may reactivate ~~resubmit~~
272 the application after notification of the action taken by the
273 program. Except for the Medicaid program, whenever the Social
274 Services Estimating Conference determines that there are
275 presently, or will be by the end of the current fiscal year,
276 insufficient funds to finance the current or projected
277 enrollment in the Florida Kidcare program, all additional
278 enrollment must cease and additional enrollment may not resume
279 until sufficient funds are available to finance such enrollment.
280 (3) Upon determination by the Social Services Estimating

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281 Conference that there are insufficient funds to finance the
282 current enrollment in the Florida Kidcare program within current
283 appropriations, the program shall initiate disenrollment
284 procedures to remove enrollees, except those children enrolled
285 in Florida Kidcare Plus ~~the Children's Medical Services Network~~,
286 on a last-in, first-out basis until the expenditure and
287 appropriation levels are balanced.

288 (4) The agencies that administer the Florida Kidcare
289 program components shall collect and analyze the data needed to
290 project program enrollment costs, including price level
291 adjustments, participation and attrition rates, current and
292 projected caseloads, utilization, and current and projected
293 expenditures for the next 3 years. The agencies shall report
294 caseload and expenditure trends to the Social Services
295 Estimating Conference in accordance with chapter 216.

296 Section 7. Section 409.814, Florida Statutes, is amended
297 to read:

298 409.814 Eligibility.--A child who has not reached 19 years
299 of age whose family income is equal to or below 200 percent of
300 the federal poverty level is eligible for the Florida Kidcare
301 program as provided in this section. For enrollment in Florida
302 Kidcare Plus ~~the Children's Medical Services Network~~, a complete
303 application includes the medical or behavioral health screening.
304 If, subsequently, an individual is determined to be ineligible
305 for coverage, he or she must immediately be disenrolled from the
306 respective Florida Kidcare program component.

307 (1) A child who is eligible for Medicaid coverage under s.
308 409.903 or s. 409.904 must be enrolled in Medicaid and is not

309 eligible to receive health benefits under any other health
310 benefits coverage authorized under the Florida Kidcare program.

311 (2) A child who is not eligible for Medicaid~~7~~ but who is
312 eligible for the Florida Kidcare program~~7~~ may obtain health
313 benefits coverage under any of the other components listed in s.
314 409.813 if such coverage is approved and available in the county
315 in which the child resides. ~~However, a child who is eligible for~~
316 ~~Medikids may participate in the Florida Healthy Kids program~~
317 ~~only if the child has a sibling participating in the Florida~~
318 ~~Healthy Kids program and the child's county of residence permits~~
319 ~~such enrollment.~~

320 (3) A child who is eligible for the Florida Kidcare
321 program who is a child with special health care needs, as
322 determined through a medical or behavioral screening instrument,
323 shall receive Florida Kidcare Plus ~~is eligible for health~~
324 ~~benefits coverage from~~ and shall be assigned to and may opt out
325 of ~~referred to~~ the Children's Medical Services Network or
326 Florida Kidcare Plus.

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

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

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

337 private or employer health insurance coverage, if excluding
338 ~~coverage provided under the Florida Healthy Kids Corporation as~~
339 ~~established under s. 624.91, provided that~~ the cost of the
340 child's participation is not greater than 5 percent of the
341 family's income. If a child is otherwise eligible for a subsidy
342 under the Florida Kidcare program and the cost of the child's
343 participation in the family member's health insurance benefit
344 plan is greater than 5 percent of the family's income, the child
345 may be enrolled in the appropriate subsidized Florida Kidcare
346 program component. This provision shall be applied during
347 ~~redetermination for children who were enrolled prior to July 1,~~
348 ~~2004. These enrollees shall have 6 months of eligibility~~
349 ~~following redetermination to allow for a transition to the other~~
350 ~~health benefit plan.~~

351 (c) A child who is seeking premium assistance for the
352 Florida Kidcare program through employer-sponsored group
353 coverage, if the child has been covered by the same employer's
354 group coverage during the 60 days ~~6 months~~ prior to the family's
355 submitting an application for determination of eligibility under
356 the program.

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

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

361 (f) A child who is otherwise eligible for premium
362 assistance for the Florida Kidcare program and has had his or
363 her coverage in an employer-sponsored or private health benefit
364 plan voluntarily canceled in the last 60 days ~~6 months~~, except

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365 those children whose coverage was voluntarily canceled for good
366 cause, including, but not limited to, the following
367 circumstances:

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

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

373 3. The parent who had health benefits coverage for the
374 child is deceased;

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

378 5. The employer of the parent canceled health benefits
379 coverage for children;

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

382 7. The child has exhausted coverage under a COBRA
383 continuation provision;

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

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

388 (5) ~~(g)~~ A child who is otherwise eligible for the Florida
389 Kidcare program and who has a preexisting condition that
390 prevents coverage under another insurance plan as described in
391 paragraph (4) (b) which would have disqualified the child for the
392 Florida Kidcare program if the child were able to enroll in the

393 plan shall be eligible for Florida Kidcare coverage when
 394 enrollment is possible.

395 ~~(6)-(5)~~ A child whose family income is above 200 percent of
 396 the federal poverty level or a child who is excluded under the
 397 provisions of subsection (4) may participate in the Florida
 398 Kidcare ~~Medikids~~ program as provided in s. 409.8132 or, if the
 399 child is ineligible for Medikids by reason of age, in the
 400 Florida Healthy Kids program, subject to the following
 401 provisions:

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

405 (b) The board of directors of the Florida Healthy Kids
 406 Corporation may offer a reduced benefit package to these
 407 children in order to limit program costs for such families.

408 ~~(7)-(6)~~ Once a child is enrolled in the Florida Kidcare
 409 program, the child is eligible for coverage under the program
 410 for 12 months without a redetermination or reverification of
 411 eligibility, if the family continues to pay the applicable
 412 premium. Eligibility for program components funded through Title
 413 XXI of the Social Security Act shall terminate when a child
 414 attains the age of 19. ~~Effective January 1, 1999,~~ A child who
 415 has not attained the age of 19 ~~5~~ and who has been determined
 416 eligible for the Medicaid program is eligible for coverage for
 417 12 months without a redetermination or reverification of
 418 eligibility.

419 ~~(8)-(7)~~ When determining or reviewing a child's eligibility
 420 under the Florida Kidcare program, the applicant shall be

421 provided with reasonable notice of changes in eligibility which
422 may affect enrollment in one or more of the program components.
423 When a transition from one program component to another is
424 authorized, there shall be cooperation between the program
425 components and the affected family which promotes continuity of
426 health care coverage. Any authorized transfers must be managed
427 within the program's overall appropriated or authorized levels
428 of funding. Each component of the program shall establish a
429 reserve to ensure that transfers between components will be
430 accomplished within current year appropriations. These reserves
431 shall be reviewed by each convening of the Social Services
432 Estimating Conference to determine the adequacy of such reserves
433 to meet actual experience.

434 ~~(9)~~ ~~(8)~~ In determining the eligibility of a child, an
435 assets test is not required. Each applicant shall provide
436 ~~written~~ documentation during the application process and the
437 redetermination process, including, but not limited to, the
438 following:

439 (a) Each applicant's proof of family income shall be
440 verified electronically to determine financial eligibility for
441 the Florida Kidcare program. Written documentation, which may
442 ~~must~~ include wages and earnings statements or pay stubs, W-2
443 forms, or a copy of the applicant's most recent federal income
444 tax return, shall be required only if the electronic
445 verification is not available or does not substantiate the
446 applicant's income. In the absence of a federal income tax
447 ~~return, an applicant may submit wages and earnings statements~~
448 ~~(pay stubs), W-2 forms, or other appropriate documents.~~

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

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

453 2. The potential enrollee is not covered by an ~~the~~
454 employer-sponsored health benefit plan because the potential
455 enrollee is not eligible for coverage, or, if the potential
456 enrollee is eligible but not covered, a statement of the cost to
457 enroll the potential enrollee in the employer-sponsored health
458 benefit plan. If the cost of the employer-sponsored health
459 benefit plan is greater than 5 percent of the family's income
460 and the potential enrollee is otherwise eligible for premium
461 assistance, he or she may be enrolled in the appropriate,
462 subsidized component of the Florida Kidcare program.

463 ~~(10)-(9)~~ Subject to paragraph (4) (b) and ~~s. 624.91(4)~~, the
464 Florida Kidcare program shall withhold benefits from an enrollee
465 if the program obtains evidence that the enrollee is no longer
466 eligible, submitted incorrect or fraudulent information in order
467 to establish eligibility, or failed to provide verification of
468 eligibility. The applicant or enrollee shall be notified that
469 because of such evidence program benefits will be withheld
470 unless the applicant or enrollee contacts a designated
471 representative of the program by a specified date, which must be
472 within 10 working days after the date of notice, to discuss and
473 resolve the matter. The program shall make every effort to
474 resolve the matter within a timeframe that will not cause
475 benefits to be withheld from an eligible enrollee.

476 ~~(11)-(10)~~ The following individuals may be subject to

477 prosecution in accordance with s. 414.39:

478 (a) An applicant obtaining or attempting to obtain
 479 benefits for a potential enrollee under the Florida Kidcare
 480 program when the applicant knows or should have known the
 481 potential enrollee does not qualify for the Florida Kidcare
 482 program.

483 (b) An individual who assists an applicant in obtaining or
 484 attempting to obtain benefits for a potential enrollee under the
 485 Florida Kidcare program when the individual knows or should have
 486 known the potential enrollee does not qualify for the Florida
 487 Kidcare program.

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

490 409.815 Health benefits coverage; limitations.--

491 (2) BENCHMARK BENEFITS.--In order for health benefits
 492 coverage to qualify for premium assistance payments for an
 493 eligible child under ss. 409.810-409.821 ~~ss. 409.810-409.820~~,
 494 the health benefits coverage, except for coverage under Medicaid
 495 and Medikids, must include the following minimum benefits, as
 496 medically necessary.

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

- 498 1. Well-child care, including services recommended in the
- 499 Guidelines for Health Supervision of Children and Youth as
- 500 developed by the American Academy of Pediatrics;
- 501 2. Immunizations and injections;
- 502 3. Health education counseling and clinical services;
- 503 4. Vision screening; and
- 504 5. Hearing screening.

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

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

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

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

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

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

524 (d) Maternity services.--Covered services include
525 maternity and newborn care, including prenatal and postnatal
526 care, with the following limitations:

527 1. Coverage may be limited to the fee for vaginal
528 deliveries; and

529 2. Initial inpatient care for newborn infants of enrolled
530 adolescents shall be covered, including normal newborn care,
531 nursery charges, and the initial pediatric or neonatal

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532 examination, and the infant may be covered for up to 3 days
533 following birth.

534 (e) Organ transplantation services.--Covered services
535 include pretransplant, transplant, and postdischarge services
536 and treatment of complications after transplantation for
537 transplants deemed necessary and appropriate within the
538 guidelines set by the Organ Transplant Advisory Council under s.
539 765.53 or the Bone Marrow Transplant Advisory Panel under s.
540 627.4236.

541 (f) Outpatient services.--Covered services include
542 preventive, diagnostic, therapeutic, palliative care, and other
543 services provided to an enrollee in the outpatient portion of a
544 health facility licensed under chapter 395, except for the
545 following limitations:

- 546 1. Services must be authorized by the enrollee's health
547 benefits coverage provider; and
- 548 2. Treatment for temporomandibular joint disease (TMJ) is
549 specifically excluded.

550 (g) Behavioral health services.--

- 551 1. Mental health benefits include:
 - 552 a. Inpatient services, limited to not more than 30
553 inpatient days per contract year for psychiatric admissions, or
554 residential services in facilities licensed under s. 394.875(6)
555 or s. 395.003 in lieu of inpatient psychiatric admissions;
556 however, a minimum of 10 of the 30 days shall be available only
557 for inpatient psychiatric services when authorized by a
558 physician; and

559 b. Outpatient services, including outpatient visits for
560 psychological or psychiatric evaluation, diagnosis, and
561 treatment by a licensed mental health professional, limited to a
562 maximum of 40 outpatient visits each contract year.

563 2. Substance abuse services include:

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

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

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

574 1. Low-vision and telescopic aides are not included.

575 2. Corrective lenses and frames may be limited to one pair
576 every 2 years, unless the prescription or head size of the
577 enrollee changes.

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

580 4. Covered prosthetic devices include artificial eyes and
581 limbs, braces, and other artificial aids.

582 (i) Health practitioner services.--Covered services
583 include services and procedures rendered to an enrollee when
584 performed to diagnose and treat diseases, injuries, or other
585 conditions, including care rendered by health practitioners

586 acting within the scope of their practice, with the following
 587 exceptions:

588 1. Chiropractic services shall be provided in the same
 589 manner as in the Florida Medicaid program.

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

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

596 1. Coverage may be limited to include skilled nursing
 597 services only;

598 2. Meals, housekeeping, and personal comfort items may be
 599 excluded; and

600 3. Private duty nursing is limited to circumstances where
 601 such care is medically necessary.

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

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

608 2. Services required for conditions totally unrelated to
 609 the terminal condition are covered to the extent that the
 610 services are included in this section.

611 (l) Laboratory and X-ray services.--Covered services
 612 include diagnostic testing, including clinical radiologic,
 613 laboratory, and other diagnostic tests.

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614 (m) Nursing facility services.--Covered services include
615 regular nursing services, rehabilitation services, drugs and
616 biologicals, medical supplies, and the use of appliances and
617 equipment furnished by the facility, with the following
618 limitations:

619 1. All admissions must be authorized by the health
620 benefits coverage provider.

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

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

628 4. Specialized treatment centers and independent kidney
629 disease treatment centers are excluded.

630 5. Private duty nurses, television, and custodial care are
631 excluded.

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

634 (n) Prescribed drugs.--

635 1. Coverage shall include drugs prescribed for the
636 treatment of illness or injury when prescribed by a licensed
637 health practitioner acting within the scope of his or her
638 practice.

639 2. Prescribed drugs may be limited to generics if
640 available and brand name products if a generic substitution is

641 not available, unless the prescribing licensed health
 642 practitioner indicates that a brand name is medically necessary.

643 3. Prescribed drugs covered under this section shall
 644 include all prescribed drugs covered under the Florida Medicaid
 645 program.

646 (o) Therapy services.--Covered services include
 647 rehabilitative services, including occupational, physical,
 648 respiratory, and speech therapies, with the following
 649 limitations:

650 1. Services must be for short-term rehabilitation where
 651 significant improvement in the enrollee's condition will result;
 652 and

653 2. Services shall be limited to not more than 24 treatment
 654 sessions within a 60-day period per episode or injury, with the
 655 60-day period beginning with the first treatment.

656 (p) Transportation services.--Covered services include
 657 emergency transportation required in response to an emergency
 658 situation.

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

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

666 (s) Cost-sharing.--Cost-sharing provisions must comply
 667 with s. 409.816.

668 (t) Exclusions.--

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

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

673 3. Abortion may be covered only if necessary to save the
674 life of the mother or if the pregnancy is the result of an act
675 of rape or incest.

676 (u) Enhancements to minimum requirements.--

677 1. This section sets the minimum benefits that must be
678 included in any health benefits coverage, other than Medicaid or
679 Medikids coverage, offered under ss. 409.810-409.821 ~~ss.~~
680 ~~409.810-409.820~~. Health benefits coverage may include additional
681 benefits not included under this subsection, but may not include
682 benefits excluded under paragraph (s).

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

685
686 Except for benefits provided under Florida Kidcare Plus ~~the~~
687 ~~Children's Medical Services Network~~, the agency may not increase
688 the premium assistance payment for either additional benefits
689 provided beyond the minimum benefits described in this section
690 or the imposition of less restrictive service limitations.

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

695 1. Except as expressly provided in this section, a law
696 requiring coverage for a specific health care service or

697 benefit, or a law requiring reimbursement, utilization, or
 698 consideration of a specific category of licensed health care
 699 practitioner, does not apply to a health insurance plan policy
 700 or contract offered or delivered under ss. 409.810-409.821 ~~ss.~~
 701 ~~409.810-409.820~~ unless that law is made expressly applicable to
 702 such policies or contracts.

703 2. Notwithstanding chapter 641, a health maintenance
 704 organization may issue contracts providing benefits equal to,
 705 exceeding, or actuarially equivalent to the benchmark benefit
 706 plan authorized by this section and may pay providers located in
 707 a rural county negotiated fees or Medicaid reimbursement rates
 708 for services provided to enrollees who are residents of the
 709 rural county.

710 Section 9. Subsection (3) of section 409.816, Florida
 711 Statutes, is amended to read:

712 409.816 Limitations on premiums and cost-sharing.--The
 713 following limitations on premiums and cost-sharing are
 714 established for the program.

715 (3) Enrollees in families with a family income above 150
 716 percent of the federal poverty level, who are not receiving
 717 coverage under the Medicaid program or who are not eligible
 718 under s. 409.814(6) ~~s. 409.814(5)~~, may be required to pay
 719 enrollment fees, premiums, copayments, deductibles, coinsurance,
 720 or similar charges on a sliding scale related to income, except
 721 that the total annual aggregate cost-sharing with respect to all
 722 children in a family may not exceed 5 percent of the family's
 723 income. However, copayments, deductibles, coinsurance, or
 724 similar charges may not be imposed for preventive services,

725 including well-baby and well-child care, age-appropriate
 726 immunizations, and routine hearing and vision screenings.

727 Section 10. Section 409.817, Florida Statutes, is amended
 728 to read:

729 409.817 Approval of health benefits coverage; financial
 730 assistance.--In order for health insurance coverage to qualify
 731 for premium assistance payments for an eligible child under ss.
 732 409.810-409.821 ~~ss. 409.810-409.820~~, the health benefits
 733 coverage must:

734 (1) Be certified by the Office of Insurance Regulation of
 735 the Financial Services Commission under s. 409.818 as meeting,
 736 exceeding, or being actuarially equivalent to the benchmark
 737 benefit plan;

738 (2) Be guarantee issued;

739 (3) Be community rated;

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

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

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

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

750 Section 11. Paragraph (i) of subsection (1) of section
 751 409.8177, Florida Statutes, is amended to read:

752 409.8177 Program evaluation.--

753 (1) The agency, in consultation with the Department of
 754 Health, the Department of Children and Family Services, and the
 755 Florida Healthy Kids Corporation, shall contract for an
 756 evaluation of the Florida Kidcare program and shall by January 1
 757 of each year submit to the Governor, the President of the
 758 Senate, and the Speaker of the House of Representatives a report
 759 of the program. In addition to the items specified under s. 2108
 760 of Title XXI of the Social Security Act, the report shall
 761 include an assessment of crowd-out and access to health care, as
 762 well as the following:

763 (i) An assessment of the effectiveness of the Florida
 764 Kidcare program, including Medicaid, the Florida Healthy Kids
 765 program, Medikids, and the Children's Medical Services Network,
 766 and other public and private programs in the state in increasing
 767 the availability of affordable quality health insurance and
 768 health care for children.

769 Section 12. Section 409.818, Florida Statutes, is amended
 770 to read:

771 409.818 Administration.--In order to implement ss.
 772 409.810-409.821 ~~ss. 409.810-409.820~~, the following agencies
 773 shall have the following duties:

774 (1) The Department of Children and Family Services shall:
 775 (a) Develop a simplified eligibility application mail-in
 776 form to be used for determining the eligibility of children for
 777 coverage under the Florida Kidcare program, in consultation with
 778 the agency, the Department of Health, and the Florida Healthy
 779 Kids Corporation. The simplified eligibility application form
 780 must include an item that provides an opportunity for the

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781 applicant to indicate whether coverage is being sought for a
782 child with special health care needs. Families applying for
783 children's Medicaid coverage must also be able to use the
784 simplified application form without having to pay a premium.

785 (b) Establish and maintain the eligibility determination
786 process under the program except as specified in subsection (5).
787 The department shall directly, or through the services of a
788 contracted third-party administrator, establish and maintain a
789 process for determining eligibility of children for coverage
790 under the program. The eligibility determination process must be
791 used solely for determining eligibility of applicants for health
792 benefits coverage under the program. The eligibility
793 determination process must include an initial determination of
794 eligibility for any coverage offered under the program, as well
795 as a redetermination or reverification of eligibility each
796 subsequent 12 ~~6~~ months. ~~Effective January 1, 1999,~~ A child who
797 has not attained the age of 19 ~~5~~ and who has been determined
798 eligible for the Medicaid program is eligible for coverage for
799 12 months without a redetermination or reverification of
800 eligibility. In conducting an eligibility determination, the
801 department shall determine if the child has special health care
802 needs. The department, in consultation with the Agency for
803 Health Care Administration and the Florida Healthy Kids
804 Corporation, shall develop procedures for redetermining
805 eligibility which enable a family to easily update any change in
806 circumstances which could affect eligibility. The department may
807 accept changes in a family's status as reported to the
808 department by the Florida Healthy Kids Corporation without

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809 requiring a new application from the family. Redetermination of
810 a child's eligibility for Medicaid may not be linked to a
811 child's eligibility determination for other programs.

812 (c) Inform program applicants about eligibility
813 determinations and provide information about eligibility of
814 applicants to ~~Medicaid, Medikids, the Children's Medical~~
815 ~~Services Network,~~ and the Florida Kidcare program ~~Healthy Kids~~
816 ~~Corporation,~~ and to insurers and their agents, through a
817 centralized coordinating office.

818 (d) Adopt rules necessary for conducting program
819 eligibility functions.

820 (2) The Department of Health shall:

821 (a) Design an eligibility intake process for the program,
822 in coordination with the Department of Children and Family
823 Services, the agency, and the Florida Healthy Kids Corporation.
824 The eligibility intake process may include local intake points
825 that are determined by the Department of Health in coordination
826 with the Department of Children and Family Services.

827 (b) Chair a state-level Florida Kidcare coordinating
828 council to review and make recommendations concerning the
829 implementation and operation of the program. The coordinating
830 council shall include representatives from the department, the
831 Department of Children and Family Services, the agency, the
832 Florida Healthy Kids Corporation, the Office of Insurance
833 Regulation of the Financial Services Commission, local
834 government, health insurers, health maintenance organizations,
835 health care providers, families participating in the program,
836 and organizations representing low-income families.

837 (c) In consultation with the Florida Healthy Kids
838 Corporation and the Department of Children and Family Services,
839 establish a toll-free telephone line to assist families with
840 questions about the program.

841 (d) Adopt rules necessary to implement outreach
842 activities.

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

845 (a) Calculate the premium assistance payment necessary to
846 comply with the premium and cost-sharing limitations specified
847 in s. 409.816. The premium assistance payment for each enrollee
848 in a health insurance plan participating in the Florida Healthy
849 Kids Corporation shall equal the premium approved by the Florida
850 Healthy Kids Corporation and the Office of Insurance Regulation
851 of the Financial Services Commission pursuant to ss. 627.410 and
852 641.31, less any enrollee's share of the premium established
853 within the limitations specified in s. 409.816. The premium
854 assistance payment for each enrollee in an employer-sponsored
855 health insurance plan approved under ss. 409.810-409.821 ~~ss.~~
856 ~~409.810-409.820~~ shall equal the premium for the plan adjusted
857 for any benchmark benefit plan actuarial equivalent benefit
858 rider approved by the Office of Insurance Regulation pursuant to
859 ss. 627.410 and 641.31, less any enrollee's share of the premium
860 established within the limitations specified in s. 409.816. In
861 calculating the premium assistance payment levels for children
862 with family coverage, the agency shall set the premium
863 assistance payment levels for each child proportionately to the
864 total cost of family coverage.

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865 (b) Make premium assistance payments to health insurance
866 plans on a periodic basis. The agency may use its Medicaid
867 fiscal agent or a contracted third-party administrator in making
868 these payments. The agency may require health insurance plans
869 that participate in the Medikids program or employer-sponsored
870 group health insurance to collect premium payments from an
871 enrollee's family. Participating health insurance plans shall
872 report premium payments collected on behalf of enrollees in the
873 program to the agency in accordance with a schedule established
874 by the agency.

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

877 (d) Establish a mechanism for investigating and resolving
878 complaints and grievances from program applicants, enrollees,
879 and health benefits coverage providers, and maintain a record of
880 complaints and confirmed problems. In the case of a child who is
881 enrolled in a health maintenance organization, the agency must
882 use the provisions of s. 641.511 to address grievance reporting
883 and resolution requirements.

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

887 (f) Adopt rules necessary for calculating premium
888 assistance payment levels, making premium assistance payments,
889 monitoring access and quality assurance standards, investigating
890 and resolving complaints and grievances, administering the
891 Medikids program, and approving health benefits coverage.

892

893 | The agency is designated the lead state agency for Title XXI of
 894 | the Social Security Act for purposes of receipt of federal
 895 | funds, for reporting purposes, and for ensuring compliance with
 896 | federal and state regulations and rules.

897 | (4) The Office of Insurance Regulation shall certify that
 898 | health benefits coverage plans that seek to provide services
 899 | under the Florida Kidcare program, except those offered through
 900 | the Florida Healthy Kids Corporation or the Children's Medical
 901 | Services Network, meet, exceed, or are actuarially equivalent to
 902 | the benchmark benefit plan and that health insurance plans will
 903 | be offered at an approved rate. In determining actuarial
 904 | equivalence of benefits coverage, the Office of Insurance
 905 | Regulation and health insurance plans must comply with the
 906 | requirements of s. 2103 of Title XXI of the Social Security Act.
 907 | The department shall adopt rules necessary for certifying health
 908 | benefits coverage plans.

909 | (5) The Florida Healthy Kids Corporation shall retain its
 910 | functions as authorized in s. 624.91, including eligibility
 911 | determination for participation in the Healthy Kids program.

912 | (6) The agency, the Department of Health, the Department
 913 | of Children and Family Services, the Florida Healthy Kids
 914 | Corporation, and the Office of Insurance Regulation, after
 915 | consultation with and approval of the Speaker of the House of
 916 | Representatives and the President of the Senate, are authorized
 917 | to make program modifications that are necessary to overcome any
 918 | objections of the United States Department of Health and Human
 919 | Services to obtain approval of the state's child health
 920 | insurance plan under Title XXI of the Social Security Act.

921 Section 13. Section 409.821, Florida Statutes, is amended
 922 to read:

923 409.821 Florida Kidcare program public records
 924 exemption.--

925 ~~(1)~~ Notwithstanding any other law to the contrary, any
 926 ~~Personal identifying information identifying~~ of a Florida
 927 Kidcare program applicant or enrollee, as defined in s. 409.811,
 928 held by the Agency for Health Care Administration, the
 929 Department of Children and Family Services, the Department of
 930 Health, or the Florida Healthy Kids Corporation is confidential
 931 and exempt from s. 119.07(1) and s. 24(a), Art. I of the State
 932 Constitution.

933 ~~(2) (a) Upon request,~~ Such information shall be disclosed
 934 to:

935 ~~1.~~ another governmental entity only if disclosure is
 936 necessary for the entity to perform in the performance of its
 937 ~~official~~ duties and responsibilities under the Florida Kidcare
 938 program and shall be disclosed to:

939 ~~2.~~ the Department of Revenue for purposes of administering
 940 the state Title IV-D program. The receiving governmental entity
 941 must maintain the confidential and exempt status of such
 942 information. Furthermore, such information may not be released
 943 to; or

944 ~~3.~~ any other person without ~~who has~~ the written consent of
 945 the program applicant.

946 ~~(b) This section does not prohibit an enrollee's legal~~
 947 ~~guardian from obtaining confirmation of coverage, dates of~~
 948 ~~coverage, the name of the enrollee's health plan, and the amount~~

949 | ~~of premium being paid.~~

950 | ~~(3)~~ This exemption applies to any information identifying
 951 | a Florida Kidcare program applicant or enrollee held by the
 952 | Agency for Health Care Administration, the Department of
 953 | Children and Family Services, the Department of Health, or the
 954 | Florida Healthy Kids Corporation before, on, or after the
 955 | effective date of this exemption.

956 | ~~(4)~~ A knowing and willful violation of this section is a
 957 | misdemeanor of the second degree, punishable as provided in s.
 958 | 775.082 or s. 775.083. This section does not prohibit an
 959 | enrollee's parent or legal guardian from obtaining any record
 960 | relating to the enrollee's application or coverage under the
 961 | Florida Kidcare program, including, but not limited to,
 962 | confirmation of coverage, the dates of coverage, the name of the
 963 | enrollee's health plan, and the amount of premium.

964 | Section 14. Subsection (6) of section 409.904, Florida
 965 | Statutes, is amended to read:

966 | 409.904 Optional payments for eligible persons.--The
 967 | agency may make payments for medical assistance and related
 968 | services on behalf of the following persons who are determined
 969 | to be eligible subject to the income, assets, and categorical
 970 | eligibility tests set forth in federal and state law. Payment on
 971 | behalf of these Medicaid eligible persons is subject to the
 972 | availability of moneys and any limitations established by the
 973 | General Appropriations Act or chapter 216.

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

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977 | circumstances other than attainment of the maximum age.
978 | ~~Effective January 1, 1999, a child who has not attained the age~~
979 | ~~of 5 and who has been determined eligible for the Medicaid~~
980 | ~~program is deemed to be eligible for a total of 12 months~~
981 | ~~regardless of changes in circumstances other than attainment of~~
982 | ~~the maximum age.~~

983 | Section 15. Subsection (5) of section 624.91, Florida
984 | Statutes, is amended to read:

985 | 624.91 The Florida Healthy Kids Corporation Act.--

986 | (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

987 | (a) There is created the Florida Healthy Kids Corporation,
988 | a not-for-profit corporation.

989 | (b) The Florida Healthy Kids Corporation shall:

990 | 1. Arrange for the collection of any family, local
991 | contributions, or employer payment or premium, in an amount to
992 | be determined by the board of directors, to provide for payment
993 | of premiums for comprehensive insurance coverage and for the
994 | actual or estimated administrative expenses.

995 | 2. Arrange for the collection of any voluntary
996 | contributions to provide for payment of Florida Kidcare program
997 | premiums for children who are not eligible for medical
998 | assistance under Title XIX or Title XXI of the Social Security
999 | Act.

1000 | 3. Subject to the provisions of s. 409.8134, accept
1001 | voluntary supplemental local match contributions that comply
1002 | with the requirements of Title XXI of the Social Security Act
1003 | for the purpose of providing additional Florida Kidcare coverage
1004 | in contributing counties under Title XXI.

1005 4. Establish the administrative and accounting procedures
 1006 for the operation of the corporation.

1007 5. Establish, with consultation from appropriate
 1008 professional organizations, standards for preventive health
 1009 services and providers and comprehensive insurance benefits
 1010 appropriate to children, provided that such standards for rural
 1011 areas shall not limit primary care providers to board-certified
 1012 pediatricians.

1013 6. Determine eligibility for children seeking to
 1014 participate in the Title XXI-funded components of the Florida
 1015 Kidcare program consistent with the requirements specified in s.
 1016 409.814, as well as the non-Title-XXI-eligible children as
 1017 provided in subsection (3).

1018 7. Establish procedures under which providers of local
 1019 match to, applicants to and participants in the program may have
 1020 grievances reviewed by an impartial body and reported to the
 1021 board of directors of the corporation.

1022 8. Establish participation criteria and, if appropriate,
 1023 contract with an authorized insurer, health maintenance
 1024 organization, or third-party administrator to provide
 1025 administrative services to the corporation.

1026 9. Establish enrollment criteria that ~~which shall~~ include
 1027 penalties or waiting periods of 30 ~~not fewer than 60~~ days for
 1028 reinstatement of coverage upon voluntary cancellation for
 1029 nonpayment of family premiums.

1030 10. Contract with authorized insurers or any provider of
 1031 health care services, meeting standards established by the
 1032 corporation, for the provision of comprehensive insurance

1033 coverage to participants. Such standards shall include criteria
 1034 under which the corporation may contract with more than one
 1035 provider of health care services in program sites. Health plans
 1036 shall be selected through a competitive bid process. The Florida
 1037 Healthy Kids Corporation shall purchase goods and services in
 1038 the most cost-effective manner consistent with the delivery of
 1039 quality medical care. The maximum administrative cost for a
 1040 Florida Healthy Kids Corporation contract shall be 15 percent.
 1041 For health care contracts, the minimum medical loss ratio for a
 1042 Florida Healthy Kids Corporation contract shall be 85 percent.
 1043 For dental contracts, the remaining compensation to be paid to
 1044 the authorized insurer or provider under a Florida Healthy Kids
 1045 Corporation contract shall be no less than an amount which is 85
 1046 percent of premium; to the extent any contract provision does
 1047 not provide for this minimum compensation, this section shall
 1048 prevail. The health plan selection criteria and scoring system,
 1049 and the scoring results, shall be available upon request for
 1050 inspection after the bids have been awarded.

1051 11. Establish disenrollment criteria in the event local
 1052 matching funds are insufficient to cover enrollments.

1053 12. Develop and implement a plan to publicize the Florida
 1054 Kidcare program ~~Healthy Kids Corporation~~, the eligibility
 1055 requirements of the program, and the procedures for enrollment
 1056 in the program and to maintain public awareness of the
 1057 corporation and the program.

1058 13. Secure staff necessary to properly administer the
 1059 corporation. Staff costs shall be funded from state and local
 1060 matching funds and such other private or public funds as become

1061 available. The board of directors shall determine the number of
 1062 staff members necessary to administer the corporation.

1063 14. In consultation with the partner agencies, provide a
 1064 report on the Florida Kidcare program annually to the Governor,
 1065 Chief Financial Officer, Commissioner of Education, ~~Senate~~
 1066 President of the Senate, Speaker of the House of
 1067 Representatives, and Minority Leaders of the Senate and the
 1068 House of Representatives.

1069 15. Provide information on a quarterly basis to the
 1070 Legislature and the Governor which compares the costs and
 1071 utilization of the full-pay enrolled population and the Title
 1072 XXI-subsidized enrolled population in the Florida Kidcare
 1073 program. The information, at a minimum, must include:

1074 a. The monthly enrollment and expenditure for full-pay
 1075 enrollees in the Medikids and Florida Healthy Kids programs
 1076 compared to the Title XXI-subsidized enrolled population; and

1077 b. The costs and utilization by service of the full-pay
 1078 enrollees in the Medikids and Florida Healthy Kids programs and
 1079 the Title XXI-subsidized enrolled population.

1080
 1081 By February 1, 2010 ~~2009~~, the Florida Healthy Kids Corporation
 1082 shall provide a study to the Legislature and the Governor on
 1083 premium impacts to the subsidized portion of the program from
 1084 the inclusion of the full-pay program, which shall include
 1085 recommendations on how to eliminate or mitigate possible impacts
 1086 to the subsidized premiums.

1087 16. Establish benefit packages that ~~which~~ conform to the
 1088 provisions of the Florida Kidcare program, as created in ss.

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1089 409.810-409.821 ~~ss. 409.810-409.820.~~

1090 (c) Coverage under the corporation's program is secondary
1091 to any other available private coverage held by, or applicable
1092 to, the participant child or family member. Insurers under
1093 contract with the corporation are the payors of last resort and
1094 must coordinate benefits with any other third-party payor that
1095 may be liable for the participant's medical care.

1096 (d) The Florida Healthy Kids Corporation shall be a
1097 private corporation not for profit, organized pursuant to
1098 chapter 617, and shall have all powers necessary to carry out
1099 the purposes of this act, including, but not limited to, the
1100 power to receive and accept grants, loans, or advances of funds
1101 from any public or private agency and to receive and accept from
1102 any source contributions of money, property, labor, or any other
1103 thing of value, to be held, used, and applied for the purposes
1104 of this act.

1105 Section 16. This act shall take effect July 1, 2009.