

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: SB 338

INTRODUCER: Senator Wilson

SUBJECT: Florida KidCare Outreach Study

DATE: April 8, 2009

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Bell	Wilson	HR	Favorable
2.	_____	_____	HA	_____
3.	_____	_____	WPSC	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

The bill requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to study the effectiveness of the Florida KidCare outreach program and submit a report to the President of the Senate and the Speaker of the House of Representatives by January 1, 2010. The OPPAGA is directed to work with KidCare stakeholders and examine certain KidCare administrative procedures specified in the bill. If the OPPAGA finds shortcomings in the KidCare outreach efforts, the report must include options for improvement.

This bill creates one undesignated section of law.

II. Present Situation:

Uninsured Children in Florida

The Florida Children’s Health Insurance Study conducted by the University of Florida (UF) estimated that 12.6 percent of children were uninsured in 2007, and a previous UF study estimated 12.1 percent of children were uninsured in 2004.¹ The demographics of uninsured children in Florida are similar to the profile of uninsured children nationwide. Hispanic or non-Hispanic black children are disproportionately represented in the uninsured population; low-income children (up to 300 percent of the federal poverty level) make up 77 percent of all uninsured children in Florida; and older children (12-18 years) account for 52 percent of uninsured children in Florida. According to the UF study, 72 percent of uninsured children in

¹ The Florida Children’s Health Insurance Study 2007, Institute for Child Health Policy, University of Florida. Found at: <<http://floridakidcare.com/council/mm-1-14-08/FL-CHIS-1-08.pdf>> (Last visited on April 8, 2009).

Florida (548,000) are eligible for free or subsidized KidCare coverage; 49 percent are eligible for Medicaid, 2 percent are eligible for MediKids; and 21 percent are eligible for Healthy Kids.

According to the UF study, 76 percent of the families with uninsured children surveyed had heard of at least one KidCare program (KidCare, Healthy Kids, MediKids, or the Children's Medical Services Network). The majority of households of both insured and uninsured reported that their child had a usual source of care. However, uninsured children were less likely to have a usual source of care and more likely to use the emergency room and walk-in clinics than insured children. Using the uninsured percentages calculated in the UF study, 394,560 children in Florida were eligible for one of the KidCare programs but were not enrolled in 2007.

The Federal State Children's Health Insurance Program

The State Children's Health Insurance Program (SCHIP), enacted as part of the Balanced Budget Act of 1997, created Title XXI of the federal Social Security Act, which provides health insurance to uninsured children in low-income families either through a Medicaid expansion, a separate children's health program, or a combination of both. The SCHIP was designed as a federal/state partnership, similar to Medicaid, with the goal of expanding health insurance to children whose families earn too much money to be eligible for Medicaid, but not enough money to purchase private insurance.

On February 4, 2009, new federal legislation, the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, was signed into law reauthorizing the Children's Health Insurance Program through federal FY 2013. The federal law authorizes approximately \$31.5 billion in federal funds over the next four-and-a-half years for states to maintain their current programs and to extend coverage to an additional 3.9 million uninsured low-income children. The program is funded by a 61-cent federal tax on cigarettes and other tobacco products. In addition to increased federal funding, the CHIPRA includes incentives for states to enroll very low-income children in coverage, the option for states to cover legal immigrant children and pregnant women, elimination of adult coverage, and increased dental coverage requirements.²

The Florida KidCare Program

The Florida KidCare Program is Florida's SCHIP or CHIPRA program. Florida KidCare was established in 1998 as a combination of Medicaid expansions and public/private partnerships, with a wrap-around delivery system serving children with special health care needs. The Florida KidCare Program, codified in ss. 409.810-409.820, F.S., is an "umbrella" program. The components described below, include Medicaid for children, the Florida Healthy Kids Program, MediKids, and the Children's Medical Services Network.³

² Children's Health Insurance Reauthorization Act of 2009, Georgetown University Health Policy Unit. Found at: <<http://ccf.georgetown.edu/index/>> (Last visited April 8, 2009).

³ The Florida KidCare Evaluation Report Year 9, Institute of Child Health Policy, University of Florida. Found at: <http://ahca.myflorida.com/medicaid/MediKids/PDF/fl_KidCare_evaluation_report_2008.pdf> (Last visited on April 8, 2009).

- *MediKids* is a Medicaid “look-alike” program for children ages 1 through 4 who are at or below 200 percent of the federal poverty level (FPL).⁴ Families whose income exceeds 200 percent of poverty can participate in the MediKids full-pay premium option.
- *Healthy Kids* is for children ages 5 through 18. The Healthy Kids program includes three groups of children: those under 200 percent of the FPL who are Title XXI eligible, those under 200 percent of the FPL who are not Title XXI eligible, and those over 200 percent of the FPL. Parents pay the full per-child premium if their income is over 200 percent of the FPL, they are state employees, or they have access to employer-sponsored health insurance coverage.
- *Children’s Medical Services Network (CMSN)* is a program for children from birth through age 18 who have special health care needs. The Department of Health operates the program, which is open to all children who meet the clinical eligibility criteria that are Medicaid or Title XXI eligible.
- *Medicaid* provides Title XIX coverage to infants from birth to age 1 who are at or below 185 percent of the FPL, children ages 1 through age 5 who are at or below 133 percent of the FPL, children ages 6 through 14 at or below 100 percent of the FPL, and adolescents ages 15 through 18 who are at or below 100 percent of the FPL. Title XXI provides funding for coverage to infants from birth to age 1 who are between 186-200 percent of the FPL.

Families that receive Medicaid coverage are not responsible for paying premiums or co-payments. Families with children that qualify for other Florida KidCare Program components are responsible for paying monthly premiums and co-payments for certain services. The total monthly family payment for Title XXI enrollees is \$15 for families with incomes between 100 percent and 150 percent of the FPL, and \$20 for families whose incomes fall between 150 and 200 percent of the FPL. The per child monthly premium rate is \$159 for full pay MediKids coverage and \$128 for full pay Healthy Kids coverage, including dental coverage.

As of February 2009, 1,527,328 children were enrolled in the KidCare program. KidCare enrollment included: 19,446 children enrolled in subsidized MediKids; 1,978 children enrolled in MediKids under the full-pay option; 175,196 children enrolled in subsidized Healthy Kids; 19,173 children enrolled in Healthy Kids under the full-pay option; 20,946 children enrolled in the CMSN; and 1,289,840 children enrolled in the Medicaid program.⁵

The KidCare program is jointly administered by the Agency for Health Care Administration (AHCA), the Florida Healthy Kids Corporation, the Department of Health, and the Department of Children and Family Services. The general KidCare program responsibilities of each KidCare partner is outlined in the table below:

⁴ The US Department of Health and Human Services 2009 federal poverty level is \$22,050 for a family of four. Found at: < <http://aspe.hhs.gov/POVERTY/09poverty.shtml> > (Last visited on April 8, 2009).

⁵ The Florida KidCare Statewide Enrollment Trend, February 2009. Found at: < <http://www.floridaKidCare.org/images/data/KCenrollmenttrend.pdf> > (Last visited on April 8, 2009).

Entity	Responsibilities
Agency for Health Care Administration ⁶	<ul style="list-style-type: none"> • Administration of the state Medicaid program that serves individuals eligible for Medicaid under Title XIX. • Administration of the MediKids program that serves Title XXI children from age 1 through age 5. • The Title XXI state contact with Centers for Medicare and Medicaid Services. • Distributes federal funds for Title XXI programs. • Manages the contract with the Florida Healthy Kids Corporation. • Develops and maintains the Title XXI Florida KidCare State Plan.
Department of Children and Family Services ⁷	<ul style="list-style-type: none"> • Responsible for processing Medicaid applications including the determination of children’s eligibility for Medicaid. • Administration of the Behavioral Health Network (part of the CSMN).
Department of Health ⁸	<ul style="list-style-type: none"> • Administration of the CMSN that offers a network of services to Title XIX and XXI children from birth through age 18 who have special health care needs. • Chairs the Florida KidCare Coordinating Council.
Florida Healthy Kids Corporation ⁹	<ul style="list-style-type: none"> • Under contract with the AHCA to perform the administrative KidCare functions including: eligibility determination, premium billing and collection, refunds, and customer service. • Administration of the Florida Healthy Kids program for Title XXI children ages 5 to18.

KidCare Outreach in Florida

Florida has worked continuously on outreach and marketing efforts to enroll children in KidCare. Before 2003, Florida was recognized by the Centers for Medicare and Medicaid Services (CMS) as an outreach and marketing model for other states. At its peak Florida had \$4 million budgeted for KidCare outreach and financed 17 regional projects to promote KidCare throughout Florida. The KidCare outreach strategies have included: statewide media buys, KidCare application distributions, KidCare enrollment assistance to families, and statewide KidCare training and technical assistance.¹⁰

In April of 2008, the Florida Healthy Kids Corporation began implementing an outreach campaign targeting organizations and associations whose membership and clientele focus on families potentially eligible for KidCare. Currently, 34 organizations are partnering with the KidCare program.¹¹ On January 1, 2009, the Florida Healthy Kids Corporation began piloting

⁶ s. 409.914(3), F.S.

⁷ s. 409.818(1), F.S.

⁸ s. 409.818(2), F.S.

⁹ s. 624.91, F.S.

¹⁰ Florida Kidcare Coordinating Council 2009 Annual Report and Recommendations found at <<http://www.doh.state.fl.us/AlternateSites/KidCare/council/reports/KCC2009report-Web.pdf>> (Last visited on April 8, 2009).

¹¹See <<http://floridakidcare.org/council/mm-12-12-08/CommunityPartners-ContactList.pdf>> (Last visited April 8, 2009).

two incentive programs with the Hillsborough Kids Healthcare Foundation and the Human Services Coalition (Miami-Dade County) that award application assistants for enrolling a new applicant in the KidCare program. The selected participants receive a one-time payment of \$50 per completed application that results in enrollment in one of the Title XXI funded KidCare programs. In 2007 and 2008, Governor Crist led the “Back-to-School” KidCare outreach campaign. In 2008, the Florida Healthy Kids Corporation participated in the campaign by: distributing 2.7 million applications to county school districts, providing op-ed news articles and letters-to-the-editor, and radio coverage.¹²

The state and federal budget for KidCare outreach and marketing decreased in FY 2006-07 and FY 2007-08. In 2008, the Legislature allocated \$1 million in non-recurring general revenue to the Florida Healthy Kids Corporation for Florida KidCare community-based outreach and marketing. The Florida KidCare Coordinating Council has recommended increased funding for KidCare marketing and outreach in their 2009 recommendations. The Council recommendations did not specify a dollar amount.

III. Effect of Proposed Changes:

The bill directs the OPPAGA to perform a study of the effectiveness of the KidCare outreach program to enroll uninsured children and submit a report to the President of the Senate and the Speaker of the House of Representatives by January 1, 2010. As part of the study, the OPPAGA is directed to examine the current practices of the Social Services Estimating Conference, the Department of Health, the Children’s Medical Services, the AHCA, the Department of Children and Family Services, the Florida Healthy Kids Corporation, and the Department of Education in relation to:

- Expenditures determination;
- Coordination with other state and local health programs to avoid duplication of effort;
- Providing services to children enrolled in the KidCare program;
- Availability of KidCare program information to parents with eligible children;
- Offering services of the KidCare program to the target population; and
- KidCare eligibility determination, provision of medical assistance; and increasing KidCare enrollment.

The OPPAGA study must focus on the local outreach in counties that have atypically low KidCare enrollment and examine the outreach processes of counties that have higher KidCare enrollment levels. If the KidCare outreach efforts are found deficient, the OPPAGA report must include options to improve KidCare outreach that include the projected cost of each option. The bill specifies that the OPPAGA will consult with the Departments of Health and Children and Family Services and other KidCare stakeholders.

The effective date of the bill is upon becoming law.

¹² Florida Kidcare Coordinating Council 2009 Annual Report and Recommendations found at <<http://www.doh.state.fl.us/AlternateSites/KidCare/council/reports/KCC2009report-Web.pdf>> (last visited on April 8, 2009).

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

IV. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

V. Technical Deficiencies:

None.

VI. Related Issues:

None.

VII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.