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A bill to be entitled An act relating to Medicaid presumptive eligibility for pregnant women; creating s. 409.9026, F.S.; creating a pilot program to provide temporary Medicaid coverage to pregnant women who are presumptively eligible for Medicaid; defining terms; authorizing the Agency for Health Care Administration to approve certain entities to serve as qualified presumptive eligibility locations under the pilot program; providing application requirements; requiring the agency to prioritize the approval of qualified entities located in underserved areas of this state; specifying duties of qualified entities; requiring qualified entities to provide written notice of their determinations to applicants within a specified timeframe; providing requirements for the notice; specifying performance standards qualified entities are required to meet each year to continue participating in the pilot program; specifying the timeframe of the presumptive eligibility period for temporary Medicaid coverage under the pilot program; requiring the agency to implement certain procedures that allow for the seamless transition from temporary Medicaid coverage under the pilot program to enrollment for full Medicaid benefits; requiring the

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agency, in collaboration with the Department of Health, to implement an outreach program for specified purposes; requiring the agency, by a specified date, to seek federal approval to implement the pilot program; requiring the agency to implement the pilot program within a specified timeframe after receiving such federal approval; providing an effective date.

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

## Section 1. Section 409.9026, Florida Statutes, is created to read:

409.9026 Presumptive eligibility for pregnant women.—To increase access to necessary prenatal care for pregnant women in underserved areas of this state, there is established a 10-year pilot program to expand the availability of Medicaid presumptive eligibility locations and coverage for pregnant women.

- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Eligible individual" means a pregnant woman who has not yet been deemed eligible for Medicaid but, based on the preliminary personal information disclosed by the woman, is likely to meet the eligibility requirements of the state Medicaid program, including the requirements related to citizenship and residency status and income.
  - (b) "Presumptive eligibility" means temporary Medicaid

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coverage provided to individuals who are likely to be eligible for the state Medicaid program, to ensure timely access to care while a final eligibility determination is made.

- (c) "Qualified entity" means a Medicaid provider or other entity that has been approved by the agency to make presumptive eligibility determinations in accordance with the state Medicaid program requirements.
- STANDARDS.—In addition to existing qualified hospitals, the agency may approve community health centers, county health departments, birth centers, nonprofit organizations, and other health care facilities that are Medicaid providers to serve as qualified presumptive eligibility locations under the pilot program. To qualify, the entity must apply to the agency in a manner specified by agency rule. The agency shall prioritize the approval of entities located in underserved areas of this state.
  - (a) Qualified entities shall ensure that:
- 1. Employees making the presumptive eligibility

  determinations have met the training certification requirements

  set by the agency;
- 2. Presumptive eligibility determinations are made only by employees, not independent contractors or any other third-party vendor, who have received the required training certification;
- 3. Presumptive eligibility determinations are made in accordance with the state Medicaid program requirements; and

4. Staff are available to assist eligible individuals with their submission of applications for full Medicaid benefits.

(b) Qualified entities shall provide written notice of their presumptive eligibility determinations to applicants within 10 days after making the determination.

- 1. If an applicant is determined to be presumptively eligible, the notice must include all of the following:
  - a. The date the presumptive eligibility period begins.
- b. An explanation that an application for full Medicaid benefits must be filed before the presumptive eligibility period ends or there may be a gap in coverage for the individual.
- c. Notification that the presumptive eligibility period ends 180 days after it begins or when an application for full Medicaid benefits is acted upon by the agency, whichever occurs earlier.
- 2. If the applicant is determined not to be presumptively eligible, the notice must include all of the following:
  - a. The reason the individual was not deemed eligible.
- b. Notification that the individual still has the option to submit an application for full Medicaid benefits.
- (c) Qualified entities shall assist eligible individuals with completing and submitting an application for full Medicaid benefits, whether by paper application or through online or phone applications. For paper applications, the qualified entity shall provide the eligible individual with the proper mailing

address or fax number to submit the application.

- (d) Qualified entities are required to meet the following performance standards each year in order to continue participating as a qualified entity under the pilot program:
- 1. An average of 90 percent of individuals the qualified entity determines to be presumptively eligible submitted an application for full Medicaid benefits before the end of the presumptive eligibility period.
- 2. On average, individuals submitted applications for full Medicaid benefits within 10 days of being determined to be presumptively eligible.
- 3. An average of 90 percent of individuals who submitted an application for full Medicaid benefits before the end of the presumptive eligibility period were ultimately deemed eligible for full Medicaid benefits.
- (3) PRESUMPTIVE ELIGIBILITY PERIOD.—The presumptive eligibility period for temporary Medicaid coverage under the pilot program begins on the date a qualified entity determines an eligible individual to be presumptively eligible and ends 180 days later or on the date the eligible individual is deemed eligible for full Medicaid benefits, whichever occurs earlier.
- (4) STREAMLINING BENEFIT ENROLLMENT.—The agency shall implement procedures that allow pregnant women to transition seamlessly from presumptive eligibility coverage under the pilot program to full Medicaid enrollment without any loss of

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- (5) COMMUNITY OUTREACH.—The agency, in collaboration with the Department of Health, may implement an outreach program to encourage entities to serve as qualified presumptive eligibility locations under the pilot program; facilitate the required training certification for employees of qualified entities; and partner with community organizations to create public awareness about the pilot program.
- (6) FEDERAL APPROVAL; IMPLEMENTATION.—By October 1, 2025, the agency shall seek federal approval through a Medicaid waiver or state plan amendment to implement the pilot program. The agency shall implement the program 30 days after receiving federal approval.
  - Section 2. This act shall take effect July 1, 2025.