1 A bill to be entitled 2 An act relating to children's health; amending 3 s. 409.8132, F.S.; revising eligibility 4 requirements; revising enrollment procedures in 5 the Medikids program; revising enrollment 6 criteria; amending s. 409.814, F.S.; revising 7 eligibility for certain children under the Florida Kidcare program; allowing coverage of 8 9 certain children ineligible for federal funding; amending 409.815, F.S.; providing a 10 limited Kidcare dental program; amending s. 11 12 409.904, F.S.; providing for presumptive eligibility for the Medicaid program under 13 14 certain circumstances; providing eligibility 15 for specified children; providing for redetermination of eligibility; amending s. 16 17 409.906, F.S.; establishing a certified match 18 program for Healthy Start services; amending s. 19 624.91, F.S.; providing for waiver or reduction of local match requirements; authorizing 20 21 automated processing; providing an 22 appropriation; providing an effective date. 23 24 Be It Enacted by the Legislature of the State of Florida: 25 26 Section 1. Paragraph (a) of subsection (6) and subsections (7) and (8) of section 409.8132, Florida Statutes, 27 28 1998 Supplement, is amended to read: 29 409.8132 Medikids program component.--30 (6) ELIGIBILITY. --31 1

CODING: Words stricken are deletions; words underlined are additions.

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- (a) A child who has attained the age of 1, but who is under the age of 5 years is eligible to enroll in the Medikids program component of the Florida Kidcare program, if the child is a member of a family that has a family income which exceeds the Medicaid applicable income level as specified in s. 409.903, but which is equal to or below 200 percent of the current federal poverty level. In determining the eligibility of such a child, an assets test is not required. A child who is eligible for Medikids may elect to enroll in Florida Healthy Kids coverage or employer-sponsored group coverage. However, a child who is eligible for Medikids may participate in the Florida Healthy Kids program only if the child has a sibling participating in the Florida Healthy Kids program and the child's county of residence permits such enrollment.
- (7) ENROLLMENT. -- Enrollment in the Medikids program component may only occur during periodic open enrollment periods as specified by the agency. During the first 12 months of the program, there shall be at least one, but no more than three, open enrollment periods. The initial open enrollment period shall be for 90 days, and subsequent open enrollment periods during the first year of operation of the program shall be for 30 days. After the first year of the program, the agency shall determine the frequency and duration of open enrollment periods. An applicant may apply for enrollment in the Medikids program component and proceed through the eligibility determination process at any time throughout the year. However, enrollment in Medikids shall not begin until the next open enrollment period; and a child may not receive services under the Medikids program until the child is enrolled in a managed care plan or MediPass. In addition, once determined eligible, an applicant may receive choice

counseling and select a managed care plan or MediPass. If the applicant does not select a managed care plan or MediPass within 30 days after receiving choice counseling, the agency shall assign the applicant to a managed care plan or MediPass. Assignments shall be divided equally between the MediPass program and managed care plans. An applicant may select MediPass under the Medikids program component only in counties that have fewer than two managed care plans available to serve Medicaid recipients and only if the federal Health Care Financing Administration determines that MediPass constitutes thealth insurance coverage" as defined in Title XXI of the Social Security Act.

(8) SPECIAL ENROLLMENT PERIODS.—The agency shall establish a special enrollment period of 30 days' duration for any newborn child who is eligible for Medikids, or for any child who is enrolled in Medicaid if such child loses Medicaid eligibility and becomes eligible for Medikids, or for any child who is enrolled in Medikids if such child moves to another county that is not within the coverage area of the child's Medikids managed care plan or MediPass provider.

Section 2. Subsection (4) of section 409.814, Florida Statutes, 1998 Supplement, is amended to read:

409.814 Eligibility.--A child whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. In determining the eligibility of such a child, an assets test is not required.

(4) The following children are not eligible to receive premium assistance for health benefits coverage under ss. 409.810-409.820, except under Medicaid if the child would have

been eligible for Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

- (a) A child who is eligible for coverage under a state health benefit plan on the basis of a family member's employment with a public agency in the state;
- (b) A child who is covered under a group health benefit plan or under other health insurance coverage, excluding coverage provided under the Florida Healthy Kids Corporation as established under s. 624.91;
- (c) A child who is seeking premium assistance for employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 6 months prior to the family's submitting an application for determination of eligibility under the Florida Kidcare program; or
- (d) A child who is an alien, but who does not meet the definition of qualified alien, in the United States; or
- $\underline{(d)}$ (e) A child who is an inmate of a public institution or a patient in an institution for mental diseases.

Children who are ineligible for federal funding under Medicaid and Title XXI of the Social Security Act may be enrolled, based on age and family income, in the appropriate Florida Kidcare program, and their coverage shall be provided by state funds only, subject to an annual appropriation for this specific purpose.

Section 3. Subsection (3) is added to section 409.815, Florida Statutes, 1998 Supplement, to read:

409.815 Health benefits coverage; limitations.--

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1	(3) KIDCARE DENTAL PROGRAMA Kidcare dental program
2	is created for children eligible for the Florida Kidcare
3	program as created under ss. 409.810-409.820, except for those
4	children eligible under Medicaid and Medikids. The agency
5	shall develop and administer the Kidcare dental program. Under
6	the Kidcare dental program:
7	(a) Dental benefits must include the same services
8	specified in s. 409.906(6), excluding orthodontics.
9	(b) Dental providers must be enrolled in the Medicaid
10	program and are to be reimbursed using Medicaid
11	fee-for-service rates.
12	(c) The agency shall designate a limited number of
13	sites and a limited number of children to participate in the
14	program using the following criteria:
15	1. Sites selected for the dental program must comply
16	with the quality and access standards developed under s.
17	409.820 and must be a condition of program participation;
18	2. No more than three sites may be selected; and
19	3. Enrollment may not exceed 1,000 children.
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21	Implementation of the Kidcare dental program is subject to an
22	annual appropriation for that specific purpose and may not
23	result in a decrease in the total number of children served
24	under the program during the previous fiscal year. The agency
25	shall include in the report required under s. 409.8177, an
26	evaluation of the Kidcare dental program. This subsection
27	expires December 31, 2001.
28	Section 4. Subsections (8), (9), and (10) are added to

section 409.904, Florida Statutes, 1998 Supplement, to read:

agency may make payments for medical assistance and related

409.904 Optional payments for eligible persons.--The

services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

- (8) A child who has not attained the age of 19 who applies for eligibility for the Medicaid program through a qualified Medicaid provider must be offered the opportunity, subject to federal rules, to be made presumptively eligible for the Medicaid program.
- (9) A child who has not attained the age of 1, living in a family that has an income which is above 185 percent of the most recently published federal poverty level, but which is at or below 200 percent of such poverty level. In determining eligibility of such a child, an assets test is not required.
- (10) The ongoing eligibility of families and children who are eligible for Medicaid shall periodically be redetermined as follows:
- (a) For families and children who are also receiving temporary cash assistance under the WAGES program or food stamp benefits shall have their eligibility for Medicaid redetermined in conjunction with the redetermination of temporary cash assistance or food stamp eligibility.
- (b) For families and children who are eligible for

 Medicaid and who do not receive temporary cash assistance of
 food stamps, redetermination of eligibility must be
 accomplished at least every 12 months, with respect to
 circumstances that may change. The Department of Children and
 Family Services shall develop procedures for redetermining

eligibility that minimize administrative barriers to participation in Medicaid. The procedures may include providing families with simplified methods to update changes in family circumstances without imposing requirements beyond the requirements of federal law.

(c) For children, eligibility shall not be for a period of time shorter than the periods specified in s. 409.904.

Section 5. Subsection (11) of section 409.906, Florida Statutes, 1998 Supplement, is amended to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Optional services may include:

(11) HEALTHY START SERVICES.—The agency may pay for a continuum of risk-appropriate medical and psychosocial services for the Healthy Start program in accordance with a federal waiver. The agency may not implement the federal waiver unless the waiver permits the state to limit enrollment or the amount, duration, and scope of services to ensure that

expenditures will not exceed funds appropriated by the
Legislature or available from local sources. If the Health
Care Financing Administration does not approve a federal
waiver for Healthy Start services, the agency, in consultation
with the Department of Health and the Florida Association of
Healthy Start Coalitions, is authorized to establish a
Medicaid certified match program for Healthy Start services.
Participation in the Healthy Start certified match program
shall be voluntary and reimbursement shall be limited to the
federal Medicaid share to Medicaid-enrolled Healthy Start
Coalitions for services provided to Medicaid recipients. The
agency shall take no action to implement a certified match
program without ensuring that the consultation provisions of
chapter 216 have been met.

Section 6. Paragraph (b) of subsection (4) of section 624.91, Florida Statutes, 1998 Supplement, is amended to read: 624.91 The Florida Healthy Kids Corporation Act.--

- (4) CORPORATION AUTHORIZATION, DUTIES, POWERS.--
- (b) The Florida Healthy Kids Corporation shall phase in a program to:
- 1. Organize school children groups to facilitate the provision of comprehensive health insurance coverage to children;
- 2. Arrange for the collection of any family, local contributions, or employer payment or premium, in an amount to be determined by the board of directors, to provide for payment of premiums for comprehensive insurance coverage and for the actual or estimated administrative expenses;
- 3. Establish the administrative and accounting procedures for the operation of the corporation;

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- Establish, with consultation from appropriate professional organizations, standards for preventive health services and providers and comprehensive insurance benefits appropriate to children; provided that such standards for rural areas shall not limit primary care providers to board-certified pediatricians;
- 5. Establish eligibility criteria which children must meet in order to participate in the program;
- 6. Establish procedures under which applicants to and participants in the program may have grievances reviewed by an impartial body and reported to the board of directors of the corporation;
- 7. Establish participation criteria and, if appropriate, contract with an authorized insurer, health maintenance organization, or insurance administrator to provide administrative services to the corporation;
- 8. Establish enrollment criteria which shall include penalties or waiting periods of not fewer than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of family premiums;
- If a space is available, establish a special open enrollment period of 30 days' duration for any child who is enrolled in Medicaid or Medikids if such child loses Medicaid or Medikids eligibility and becomes eligible for the Florida Healthy Kids program;
- 10. Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance coverage to participants. Such standards shall include criteria under which the corporation may contract with more than one provider of health care services in program sites.

Health plans shall be selected through a competitive bid process. The selection of health plans shall be based primarily on quality criteria established by the board. The health plan selection criteria and scoring system, and the scoring results, shall be available upon request for inspection after the bids have been awarded;

- 11. Develop and implement a plan to publicize the Florida Healthy Kids Corporation, the eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness of the corporation and the program;
- 12. Secure staff necessary to properly administer the corporation. Staff costs shall be funded from state and local matching funds and such other private or public funds as become available. The board of directors shall determine the number of staff members necessary to administer the corporation;
- 13. As appropriate, enter into contracts with local school boards or other agencies to provide onsite information, enrollment, and other services necessary to the operation of the corporation;
- 14. Provide a report on an annual basis to the Governor, Insurance Commissioner, Commissioner of Education, Senate President, Speaker of the House of Representatives, and Minority Leaders of the Senate and the House of Representatives;
- 15. Each fiscal year, establish a maximum number of participants by county, on a statewide basis, who may enroll in the program without the benefit of local matching funds. Thereafter, the corporation may establish local matching requirements for supplemental participation in the program.

The corporation may vary local matching requirements and enrollment by county depending on factors which may influence the generation of local match, including, but not limited to, population density, per capita income, existing local tax effort, and other factors. The corporation also may accept in-kind match in lieu of cash for the local match requirement to the extent allowed by Title XXI of the Social Security Act. The corporation shall reduce or waive local match requirements when appropriations are designated for this purpose in the General Appropriations Act annually; and

16. Establish eligibility criteria, premium and cost-sharing requirements, and benefit packages which conform to the provisions of the Florida Kidcare program, as created in ss. 409.810-409.820.

Section 7. The Agency for Health Care Administration, in conjunction with the Department of Children and Families, is authorized to implement the automation of the processing of applications and determination of eligibility for Title XIX services.

Section 8. There is appropriated to the Agency for

Health Care Administration \$142,511, from the General Revenue

Fund and \$184,800, from the Medical Care Trust Fund for Fiscal

Year 1999-2000, to implement Medicaid presumptive eligibility.

Section 9. This act shall take effect upon becoming a law.