

## LEGISLATIVE ACTION

Senate House

Comm: FAV 02/18/2012

The Committee on Budget (Rich) recommended the following:

## Senate Amendment (with title amendment)

Between lines 111 and 112 insert:

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Section 2. Paragraph (b) of subsection (6) of section 409.8132, Florida Statutes, is amended to read:

409.8132 Medikids program component.-

- (6) ELIGIBILITY.-
- (b) The provisions of s. 409.814 apply 409.814(3), (4), (5), and (6) shall be applicable to the Medikids program.

Section 3. Section 409.814, Florida Statutes, is amended to read:

409.814 Eligibility.—A child who has not reached 19 years

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of age 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. For enrollment in the Children's Medical Services Network, a complete application includes the medical or behavioral health screening. If, subsequently, an enrolled individual is determined to be ineligible for coverage, he or she must be immediately be disenrolled from the respective Florida Kidcare program component.

- (1) A child who is eliqible for Medicaid coverage under s. 409.903 or s. 409.904 must be enrolled in Medicaid and is not eligible to receive health benefits under any other health benefits coverage authorized under the Florida Kidcare program.
- (2) A child who is not eligible for Medicaid, but who is eligible for the Florida Kidcare program, may obtain health benefits coverage under any of the other components listed in s. 409.813 if such coverage is approved and available in the county in which the child resides.
- (3) A Title XXI-funded child who is eligible for the Florida Kidcare program who is a child with special health care needs, as determined through a medical or behavioral screening instrument, is eligible for health benefits coverage from and shall be assigned to and may opt out of the Children's Medical Services Network.
- (4) The following children are not eligible to receive Title XXI-funded premium assistance for health benefits coverage under the Florida Kidcare program, 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:

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

(a) (b) A child who is covered under a family member's group health benefit plan or under other private or employer health insurance coverage, if the cost of the child's participation is not greater than 5 percent of the family's income. If a child is otherwise eliqible for a subsidy under the Florida Kidcare program and the cost of the child's participation in the family member's health insurance benefit plan is greater than 5 percent of the family's income, the child may enroll in the appropriate subsidized Kidcare program.

(b) (c) A child who is seeking premium assistance for the Florida Kidcare program through employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 60 days before the family submitted prior to the family's submitting an application for determination of eligibility under the program.

- (c) (d) A child who is an alien, but who does not meet the definition of qualified alien, in the United States.
- (d) (e) A child who is an inmate of a public institution or a patient in an institution for mental diseases.
- (e) (f) A child who is otherwise eligible for premium assistance for the Florida Kidcare program and has had his or her coverage in an employer-sponsored or private health benefit plan voluntarily canceled in the last 60 days, except those children whose coverage was voluntarily canceled for good cause, including, but not limited to, the following circumstances:
  - 1. The cost of participation in an employer-sponsored

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health benefit plan is greater than 5 percent of the family's income;

- 2. The parent lost a job that provided an employersponsored health benefit plan for children;
- 3. The parent who had health benefits coverage for the child is deceased;
- 4. The child has a medical condition that, without medical care, would cause serious disability, loss of function, or death;
- 5. The employer of the parent canceled health benefits coverage for children;
- 6. The child's health benefits coverage ended because the child reached the maximum lifetime coverage amount;
- 7. The child has exhausted coverage under a COBRA continuation provision;
- 8. The health benefits coverage does not cover the child's health care needs; or
  - 9. Domestic violence led to loss of coverage.
- (5) A child who is otherwise eliqible for the Florida Kidcare program and who has a preexisting condition that prevents coverage under another insurance plan as described in paragraph (4)(a) (4)(b) which would have disqualified the child for the Florida Kidcare program if the child were able to enroll in the plan is shall be eligible for Florida Kidcare coverage when enrollment is possible.
- (6) A child whose family income is above 200 percent of the federal poverty level or a child who is excluded under the provisions of subsection (4) may participate in the Florida Kidcare program as provided in s. 409.8132 or, if the child is

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ineligible for Medikids by reason of age, in the Florida Healthy Kids program, subject to the following provisions:

- (a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.
- (b) The board of directors of the Florida Healthy Kids Corporation may offer a reduced benefit package to these children in order to limit program costs for such families.
- (7) Once a child is enrolled in the Florida Kidcare program, the child is eligible for coverage under the program for 12 months without a redetermination or reverification of eligibility, if the family continues to pay the applicable premium. Eligibility for program components funded through Title XXI of the Social Security Act terminates shall terminate when a child attains the age of 19. A child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eliqible for coverage for 12 months without a redetermination or reverification of eligibility.
- (8) When determining or reviewing a child's eligibility under the Florida Kidcare program, the applicant shall be provided with reasonable notice of changes in eligibility which may affect enrollment in one or more of the program components. If When a transition from one program component to another is authorized, there shall be cooperation between the program components and the affected family which promotes continuity of health care coverage. Any authorized transfers must be managed within the program's overall appropriated or authorized levels of funding. Each component of the program shall establish a reserve to ensure that transfers between components will be

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accomplished within current year appropriations. These reserves shall be reviewed by each convening of the Social Services Estimating Conference to determine the adequacy of such reserves to meet actual experience.

- (9) In determining the eligibility of a child, an assets test is not required. Each applicant shall provide documentation during the application process and the redetermination process, including, but not limited to, the following:
- (a) Each applicant's Proof of family income, which must shall be verified electronically to determine financial eligibility for the Florida Kidcare program. Written documentation, which may include wages and earnings statements or pay stubs, W-2 forms, or a copy of the applicant's most recent federal income tax return, is shall be required only if the electronic verification is not available or does not substantiate the applicant's income.
- (b) Each applicant shall provide A statement from all applicable, employed family members that:
- 1. Their employers do not sponsor health benefit plans for employees;
- 2. The potential enrollee is not covered by an employersponsored health benefit plan; or
- 3. The potential enrollee is covered by an employersponsored health benefit plan and the cost of the employersponsored health benefit plan is more than 5 percent of the family's income.
- (c) To enroll in the Children's Medical Services Network, a completed application, including a clinical screening.
  - (10) Subject to paragraph (4)(a)  $\frac{(4)(b)}{(b)}$ , the Florida



Kidcare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eliqibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 working days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

- (11) The following individuals may be subject to prosecution in accordance with s. 414.39:
- (a) An applicant obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program if when the applicant knows or should have known that the potential enrollee does not qualify for the Florida Kidcare program.
- (b) An individual who assists an applicant in obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program if when the individual knows or should have known that the potential enrollee does not qualify for the Florida Kidcare program.

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======== T I T L E A M E N D M E N T ========= 183 184 And the title is amended as follows:

Delete line 4

186 and insert:

regional perinatal intensive care centers; amending s.

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409.8132, F.S.; revising a cross-reference; amending s. 409.814, F.S.; deleting a prohibition preventing children who are eligible for coverage under a state health benefit plan from being eligible for services provided through the subsidized program; revising cross-references; requiring a completed application, including a clinical screening, for enrollment in the Children's Medical Services Network; amending s.