

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representatives Fasano, Thurston, Jones, M., Rouson, Cruz,  
 2 Gibbons, Waldman, Williams, A., Pafford and Schwartz offered the  
 3 following:

**Amendment (with title amendment)**

Remove everything after the enacting clause and insert:

7 Section 1. Section 409.811, Florida Statutes, is amended  
8 to read:

9 409.811 Definitions relating to Florida Kidcare Act.—As  
10 used in ss. 409.810-409.821, the term:

11 (1) "Actuarially equivalent" means that:

12 (a) The aggregate value of the benefits included in health  
13 benefits coverage is equal to the value of the benefits in the  
14 benchmark benefit plan; and

15 (b) The benefits included in health benefits coverage are  
16 substantially similar to the benefits included in the benchmark

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17 benefit plan, except that preventive health services must be the  
18 same as in the benchmark benefit plan.

19 (2) "Agency" means the Agency for Health Care  
20 Administration.

21 (3) "Applicant" means a parent or guardian of a child or a  
22 child whose disability of nonage has been removed under chapter  
23 743, who applies for determination of eligibility for health  
24 benefits coverage under ss. 409.810-409.821.

25 (4) "Child benchmark benefit plan" means the form and  
26 level of health benefits coverage established in s. 409.815.

27 (5) "Child" means any person younger than ~~under~~ 19 years  
28 of age.

29 (6) "Child with special health care needs" means a child  
30 whose serious or chronic physical or developmental condition  
31 requires extensive preventive and maintenance care beyond that  
32 required by typically healthy children. Health care utilization  
33 by such a child exceeds the statistically expected usage of the  
34 normal child adjusted for chronological age, and such a child  
35 often needs complex care requiring multiple providers,  
36 rehabilitation services, and specialized equipment in a number  
37 of different settings.

38 (7) "Children's Medical Services Network" or "network"  
39 means a statewide managed care service system as defined in s.  
40 391.021(1).

41 (8) "CHIP" means the Children's Health Insurance Program  
42 as authorized under Title XXI of the Social Security Act, and  
43 its regulations, ss. 409.810-409.820, and as administered in  
44 this state by the agency, the department, and the Florida

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45 Healthy Kids Corporation, as appropriate to their respective  
46 responsibilities.

47 (9) "Combined eligibility notice" means an eligibility  
48 notice that informs an applicant, an enrollee, or multiple  
49 family members of a household, when feasible, of eligibility for  
50 each of the insurance affordability programs and enrollment into  
51 a program or exchange plan. A combined eligibility form must be  
52 issued by the last agency or department to make an eligibility,  
53 renewal or denial determination. The form must meet all of the  
54 federal and state law and regulatory requirements no later than  
55 January 1, 2014.

56 ~~(8) "Community rate" means a method used to develop~~  
57 ~~premiums for a health insurance plan that spreads financial risk~~  
58 ~~across a large population and allows adjustments only for age,~~  
59 ~~gender, family composition, and geographic area.~~

60 ~~(10)~~(9) "Department" means the Department of Health.

61 ~~(11)~~(10) "Enrollee" means a child who has been determined  
62 eligible for and is receiving coverage under ss. 409.810-  
63 409.821.

64 ~~(11) "Family" means the group or the individuals whose~~  
65 ~~income is considered in determining eligibility for the Florida~~  
66 ~~Kidcare program. The family includes a child with a parent or~~  
67 ~~caretaker relative who resides in the same house or living unit~~  
68 ~~or, in the case of a child whose disability of nonage has been~~  
69 ~~removed under chapter 743, the child. The family may also~~  
70 ~~include other individuals whose income and resources are~~  
71 ~~considered in whole or in part in determining eligibility of the~~  
72 ~~child.~~

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73 ~~(12) "Family income" means cash received at periodic~~  
74 ~~intervals from any source, such as wages, benefits,~~  
75 ~~contributions, or rental property. Income also may include any~~  
76 ~~money that would have been counted as income under the Aid to~~  
77 ~~Families with Dependent Children (AFDC) state plan in effect~~  
78 ~~prior to August 22, 1996.~~

79 (12)~~(13)~~ "Florida Kidcare program," "Kidcare program," or  
80 "program" means the health benefits program administered through  
81 ss. 409.810-409.821.

82 (13)~~(14)~~ "Guarantee issue" means that health benefits  
83 coverage must be offered to an individual regardless of the  
84 individual's health status, preexisting condition, or claims  
85 history.

86 (14)~~(15)~~ "Health benefits coverage" means protection that  
87 provides payment of benefits for covered health care services or  
88 that otherwise provides, either directly or through arrangements  
89 with other persons, covered health care services on a prepaid  
90 per capita basis or on a prepaid aggregate fixed-sum basis.

91 (15)~~(16)~~ "Health insurance plan" means health benefits  
92 coverage under the following:

93 (a) A health plan offered by any certified health  
94 maintenance organization or authorized health insurer, except a  
95 plan that is limited to the following: a limited benefit,  
96 specified disease, or specified accident; hospital indemnity;  
97 accident only; limited benefit convalescent care; Medicare  
98 supplement; credit disability; dental; vision; long-term care;  
99 disability income; coverage issued as a supplement to another  
100 health plan; workers' compensation liability or other insurance;

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101 or motor vehicle medical payment only; or

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

105 (16) "Household income" means the group or the individual  
106 whose income is considered in determining eligibility for the  
107 Florida Kidcare program. The term "household" has the same  
108 meaning as provided in s. 36B(d)(2) of the Internal Revenue Code  
109 of 1986.

110 (17) "Medicaid" means the medical assistance program  
111 authorized by Title XIX of the Social Security Act, and  
112 regulations thereunder, and ss. 409.901-409.920, as administered  
113 in this state by the agency.

114 (18) "Medically necessary" means the use of any medical  
115 treatment, service, equipment, or supply necessary to palliate  
116 the effects of a terminal condition, or to prevent, diagnose,  
117 correct, cure, alleviate, or preclude deterioration of a  
118 condition that threatens life, causes pain or suffering, or  
119 results in illness or infirmity and which is:

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

122 (b) Provided in accordance with generally accepted  
123 standards of medical practice;

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

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

128 (e) Approved by the appropriate medical body or health

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129 care specialty involved as effective, appropriate, and essential  
130 for the care and treatment of the enrollee's condition.

131 (19) "Medikids" means a component of the Florida Kidcare  
132 program of medical assistance authorized by Title XXI of the  
133 Social Security Act, and regulations thereunder, and s.  
134 409.8132, as administered in the state by the agency.

135 (20) "Modified adjusted gross income" means the  
136 individual's or household's annual adjusted gross income as  
137 defined in s. 36B(d)(2) of the Internal Revenue Code of 1986  
138 which is used to determine eligibility under the Florida Kidcare  
139 program.

140 (21) "Patient Protection and Affordable Care Act" or "Act"  
141 means the federal law enacted as Pub. L. No. 111-148, as further  
142 amended by the federal Health Care and Education Reconciliation  
143 Act of 2010, Pub. L. No. 111-152, and any amendments,  
144 regulations, or guidance issued under those acts.

145 (22)-(20) "Preexisting condition exclusion" means, with  
146 respect to coverage, a limitation or exclusion of benefits  
147 relating to a condition based on the fact that the condition was  
148 present before the date of enrollment for such coverage, whether  
149 or not any medical advice, diagnosis, care, or treatment was  
150 recommended or received before such date.

151 (23)-(21) "Premium" means the entire cost of a health  
152 insurance plan, including the administration fee or the risk  
153 assumption charge.

154 (24)-(22) "Premium assistance payment" means the monthly  
155 consideration paid by the agency per enrollee in the Florida  
156 Kidcare program towards health insurance premiums.

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157 ~~(25)-(23)~~ "Qualified alien" means an alien as defined in 8  
158 U.S.C. s. 1641 (b) and (c) ~~s. 431 of the Personal Responsibility~~  
159 ~~and Work Opportunity Reconciliation Act of 1996, as amended,~~  
160 ~~Pub. L. No. 104-193.~~

161 ~~(26)-(24)~~ "Resident" means a United States citizen, or  
162 qualified alien, who is domiciled in this state.

163 ~~(27)-(25)~~ "Rural county" means a county having a population  
164 density of less than 100 persons per square mile, or a county  
165 defined by the most recent United States Census as rural, in  
166 which there is no prepaid health plan participating in the  
167 Medicaid program as of July 1, 1998.

168 ~~(26)~~ ~~"Substantially similar" means that, with respect to~~  
169 ~~additional services as defined in s. 2103(c)(2) of Title XXI of~~  
170 ~~the Social Security Act, these services must have an actuarial~~  
171 ~~value equal to at least 75 percent of the actuarial value of the~~  
172 ~~coverage for that service in the benchmark benefit plan and,~~  
173 ~~with respect to the basic services as defined in s. 2103(c)(1)~~  
174 ~~of Title XXI of the Social Security Act, these services must be~~  
175 ~~the same as the services in the benchmark benefit plan.~~

176 Section 2. Section 409.813, Florida Statutes, is amended  
177 to read:

178 409.813 Health benefits coverage; program components;  
179 entitlement and nonentitlement.-

180 (1) The Florida Kidcare program includes health benefits  
181 coverage provided to children through the following program  
182 components, which shall be marketed as the Florida Kidcare  
183 program:

184 (a) Medicaid;

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185 (b) Medikids as created in s. 409.8132;

186 (c) The Florida Healthy Kids Corporation as created in s.  
187 624.91; and

188 ~~(d) Employer sponsored group health insurance plans~~  
189 ~~approved under ss. 409.810-409.821; and~~

190 (d)(e) The Children's Medical Services network established  
191 in chapter 391.

192 (2) Except for Title XIX-funded Florida Kidcare program  
193 coverage under the Medicaid program, coverage under the Florida  
194 Kidcare program is not an entitlement. No cause of action shall  
195 arise against the state, the department, the Department of  
196 Children and Families ~~Family Services~~, ~~or the agency, or the~~  
197 Florida Healthy Kids Corporation for failure to make health  
198 services available to any person under ss. 409.810-409.821.

199 Section 3. Subsections (6) and (7) of section 409.8132,  
200 Florida Statutes, are amended to read:

201 409.8132 Medikids program component.—

202 (6) ELIGIBILITY.—

203 (a) A child who has attained the age of 1 year but who is  
204 under the age of 5 years is eligible to enroll in the Medikids  
205 program component of the Florida Kidcare program, if the child  
206 is a member of a family that has a family income which exceeds  
207 the Medicaid applicable income level as specified in s. 409.903,  
208 but which is equal to or below 200 percent of the current  
209 federal poverty level. In determining the eligibility of such a  
210 child, an assets test is not required. ~~A child who is eligible~~  
211 ~~for Medikids may elect to enroll in Florida Healthy Kids~~  
212 ~~coverage or employer sponsored group coverage. However, a child~~

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213 ~~who is eligible for Medikids may participate in the Florida~~  
214 ~~Healthy Kids program only if the child has a sibling~~  
215 ~~participating in the Florida Healthy Kids program and the~~  
216 ~~child's county of residence permits such enrollment.~~

217 (b) The provisions of s. 409.814 apply to the Medikids  
218 program.

219 (7) ENROLLMENT.—Enrollment in the Medikids program  
220 component may occur at any time throughout the year. A child may  
221 not receive services under the Medikids program until the child  
222 is enrolled in a managed care plan or MediPass. Once determined  
223 eligible, an applicant may receive choice counseling and select  
224 a managed care plan or MediPass. The agency may initiate  
225 mandatory assignment for a Medikids applicant who has not chosen  
226 a managed care plan or MediPass provider after the applicant's  
227 voluntary choice period ends. An applicant may select MediPass  
228 under the Medikids program component only in counties that have  
229 fewer than two managed care plans available to serve Medicaid  
230 recipients ~~and only if the federal Health Care Financing~~  
231 ~~Administration determines that MediPass constitutes "health~~  
232 ~~insurance coverage" as defined in Title XXI of the Social~~  
233 ~~Security Act.~~

234 Section 4. Subsection (2) of section 409.8134, Florida  
235 Statutes, is amended to read:

236 409.8134 Program expenditure ceiling; enrollment.—

237 (2) The Florida Kidcare program may conduct enrollment  
238 continuously throughout the year.

239 (a) Children eligible for coverage under the Title XXI-  
240 funded Florida Kidcare program shall be enrolled on a first-

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241 come, first-served basis using the date the enrollment  
242 application is received. Enrollment shall immediately cease when  
243 the expenditure ceiling is reached. Year-round enrollment shall  
244 only be held if the Social Services Estimating Conference  
245 determines that sufficient federal and state funds will be  
246 available to finance the increased enrollment.

247 (b) The application for the Florida Kidcare program is  
248 valid for a period of 120 days after the date it was received.  
249 At the end of the 120-day period, if the applicant has not been  
250 enrolled in the program, the application is invalid and the  
251 applicant shall be notified of the action. The applicant may  
252 reactivate the application after notification of the action  
253 taken by the program.

254 (c) Except for the Medicaid program, whenever the Social  
255 Services Estimating Conference determines that there are  
256 presently, or will be by the end of the current fiscal year,  
257 insufficient funds to finance the current or projected  
258 enrollment in the Florida Kidcare program, all additional  
259 enrollment must cease and additional enrollment may not resume  
260 until sufficient funds are available to finance such enrollment.

261 Section 5. Section 409.814, Florida Statutes, is amended  
262 to read:

263 409.814 Eligibility.—A child who has not reached 19 years  
264 of age whose household ~~family~~ income is equal to or below 200  
265 percent of the federal poverty level is eligible for the Florida  
266 Kidcare program as provided in this section. If an enrolled  
267 individual is determined to be ineligible for coverage, he or  
268 she must be immediately disenrolled from the respective Florida

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269 Kidcare program component and referred to another insurance  
270 affordability program, if appropriate, through a combined  
271 eligibility notice.

272 (1) A child who is eligible for Medicaid coverage under s.  
273 409.903 or s. 409.904 must be offered the opportunity to enroll  
274 enrolled in Medicaid and is not eligible to receive health  
275 benefits under any other health benefits coverage authorized  
276 under the Florida Kidcare program. A child who is eligible for  
277 Medicaid and opts to enroll in CHIP may disenroll from CHIP at  
278 any time and transition to Medicaid. This transition must occur  
279 without any break in coverage.

280 (2) A child who is not eligible for Medicaid, but who is  
281 eligible for the Florida Kidcare program, may obtain health  
282 benefits coverage under any of the other components listed in s.  
283 409.813 if such coverage is approved and available in the county  
284 in which the child resides.

285 (3) A Title XXI-funded child who is eligible for the  
286 Florida Kidcare program who is a child with special health care  
287 needs, as determined through a medical or behavioral screening  
288 instrument, is eligible for health benefits coverage from and  
289 shall be assigned to and may opt out of the Children's Medical  
290 Services Network.

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

296 (a) A child who is covered under a family member's group

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297 health benefit plan or under other private or employer health  
298 insurance coverage, if the cost of the child's participation is  
299 not greater than 5 percent of the household's ~~family's~~ income.  
300 If a child is otherwise eligible for a subsidy under the Florida  
301 Kidcare program and the cost of the child's participation in the  
302 family member's health insurance benefit plan is greater than 5  
303 percent of the household's ~~family's~~ income, the child may enroll  
304 in the appropriate subsidized Kidcare program.

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

310 (b) ~~(e)~~ A child who is an alien, but who does not meet the  
311 definition of qualified alien, in the United States.

312 (c) ~~(d)~~ A child who is an inmate of a public institution or  
313 a patient in an institution for mental diseases.

314 (d) ~~(e)~~ A child who is otherwise eligible for premium  
315 assistance for the Florida Kidcare program and has had his or  
316 her coverage in an employer-sponsored or private health benefit  
317 plan voluntarily canceled in the last 60 days, except those  
318 children whose coverage was voluntarily canceled for good cause,  
319 including, but not limited to, the following circumstances:

320 1. The cost of participation in an employer-sponsored  
321 health benefit plan is greater than 5 percent of the household's  
322 modified adjusted gross ~~family's~~ income;

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

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- 325 3. The parent who had health benefits coverage for the  
326 child is deceased;
- 327 4. The child has a medical condition that, without medical  
328 care, would cause serious disability, loss of function, or  
329 death;
- 330 5. The employer of the parent canceled health benefits  
331 coverage for children;
- 332 6. The child's health benefits coverage ended because the  
333 child reached the maximum lifetime coverage amount;
- 334 7. The child has exhausted coverage under a COBRA  
335 continuation provision;
- 336 8. The health benefits coverage does not cover the child's  
337 health care needs; or
- 338 9. Domestic violence led to loss of coverage.
- 339 ~~(5) A child who is otherwise eligible for the Florida  
340 Kidcare program and who has a preexisting condition that  
341 prevents coverage under another insurance plan as described in  
342 paragraph (4) (a) which would have disqualified the child for the  
343 Florida Kidcare program if the child were able to enroll in the  
344 plan is eligible for Florida Kidcare coverage when enrollment is  
345 possible.~~
- 346 (5)(6) A child whose household's modified adjusted gross  
347 family income is above 200 percent of the federal poverty level  
348 or a child who is excluded under the provisions of subsection  
349 (4) may participate in the Florida Kidcare program as provided  
350 in s. 409.8132 or, if the child is ineligible for Medikids by  
351 reason of age, in the Florida Healthy Kids program, subject to  
352 the following:

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

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

359 (c) By August 15, 2013, the Florida Healthy Kids  
360 Corporation shall notify all current full-pay enrollees of the  
361 availability of the exchange and how to access other insurance  
362 affordability options. New applications for full-pay coverage  
363 may not be accepted after September 30, 2013.

364 ~~(6)(7)~~ Once a child is enrolled in the Florida Kidcare  
365 program, the child is eligible for coverage for 12 months  
366 without a redetermination or reverification of eligibility, if  
367 the family continues to pay the applicable premium. Eligibility  
368 for program components funded through Title XXI of the Social  
369 Security Act terminates when a child attains the age of 19. A  
370 child who has not attained the age of 5 and who has been  
371 determined eligible for the Medicaid program is eligible for  
372 coverage for 12 months without a redetermination or  
373 reverification of eligibility.

374 ~~(7)(8)~~ When determining or reviewing a child's eligibility  
375 under the Florida Kidcare program, the applicant shall be  
376 provided with reasonable notice of changes in eligibility which  
377 may affect enrollment in one or more of the program components.  
378 If a transition from one program component to another is  
379 authorized, there shall be cooperation between the program  
380 components and the affected family which promotes continuity of

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381 health care coverage. Any authorized transfers must be managed  
382 within the program's overall appropriated or authorized levels  
383 of funding. Each component of the program shall establish a  
384 reserve to ensure that transfers between components will be  
385 accomplished within current year appropriations. These reserves  
386 shall be reviewed by each convening of the Social Services  
387 Estimating Conference to determine the adequacy of such reserves  
388 to meet actual experience.

389 ~~(8)-(9)~~ In determining the eligibility of a child, an  
390 assets test is not required. Each applicant shall provide  
391 documentation during the application process and the  
392 redetermination process, including, but not limited to, the  
393 following:

394 (a) Proof of household ~~family~~ income, which must be  
395 verified electronically to determine financial eligibility for  
396 the Florida Kidcare program. Written documentation, which may  
397 include wages and earnings statements or pay stubs, W-2 forms,  
398 or a copy of the applicant's most recent federal income tax  
399 return, is required only if the electronic verification is not  
400 available or does not substantiate the applicant's income. This  
401 paragraph expires December 31, 2013.

402 (b) A statement from all applicable, employed household  
403 ~~family~~ members that:

404 1. Their employers do not sponsor health benefit plans for  
405 employees;

406 2. The potential enrollee is not covered by an employer-  
407 sponsored health benefit plan; or

408 3. The potential enrollee is covered by an employer-

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409 sponsored health benefit plan and the cost of the employer-  
410 sponsored health benefit plan is more than 5 percent of the  
411 household's modified adjusted gross ~~family's~~ income.

412 (c) To enroll in the Children's Medical Services Network,  
413 a completed application, including a clinical screening.

414 (d) Effective January 1, 2014, eligibility shall be  
415 determined through electronic matching using the federally  
416 managed data services hub and other resources. Written  
417 documentation from the applicant may be accepted if the  
418 electronic verification does not substantiate the applicant's  
419 income or if there has been a change in circumstances.

420 (9)-(10) Subject to paragraph (4) (a), the Florida Kidcare  
421 program shall withhold benefits from an enrollee if the program  
422 obtains evidence that the enrollee is no longer eligible,  
423 submitted incorrect or fraudulent information in order to  
424 establish eligibility, or failed to provide verification of  
425 eligibility. The applicant or enrollee shall be notified that  
426 because of such evidence program benefits will be withheld  
427 unless the applicant or enrollee contacts a designated  
428 representative of the program by a specified date, which must be  
429 within 10 working days after the date of notice, to discuss and  
430 resolve the matter. The program shall make every effort to  
431 resolve the matter within a timeframe that will not cause  
432 benefits to be withheld from an eligible enrollee.

433 (10)-(11) The following individuals may be subject to  
434 prosecution in accordance with s. 414.39:

435 (a) An applicant obtaining or attempting to obtain  
436 benefits for a potential enrollee under the Florida Kidcare



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437 program when the applicant knows or should have known the  
438 potential enrollee does not qualify for the Florida Kidcare  
439 program.

440 (b) An individual who assists an applicant in obtaining or  
441 attempting to obtain benefits for a potential enrollee under the  
442 Florida Kidcare program when the individual knows or should have  
443 known the potential enrollee does not qualify for the Florida  
444 Kidcare program.

445 Section 6. Paragraphs (g), (k), (q), and (w) of subsection  
446 (2) of section 409.815, Florida Statutes, are amended to read:

447 409.815 Health benefits coverage; limitations.—

448 (2) BENCHMARK BENEFITS.—In order for health benefits  
449 coverage to qualify for premium assistance payments for an  
450 eligible child under ss. 409.810-409.821, the health benefits  
451 coverage, except for coverage under Medicaid and Medikids, must  
452 include the following minimum benefits, as medically necessary.

453 (g) *Behavioral health services.*—

454 1. Mental health benefits include:

455 a. Inpatient services, ~~limited to 30 inpatient days per~~  
456 ~~contract year~~ for psychiatric admissions, or residential  
457 services in facilities licensed under s. 394.875(6) or s.  
458 395.003 in lieu of inpatient psychiatric admissions; ~~however, a~~  
459 ~~minimum of 10 of the 30 days shall be available only for~~  
460 ~~inpatient psychiatric services~~ if authorized by a physician; and

461 b. Outpatient services, including outpatient visits for  
462 psychological or psychiatric evaluation, diagnosis, and  
463 treatment by a licensed mental health professional, ~~limited to~~  
464 ~~40 outpatient visits each contract year.~~

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2. Substance abuse services include:

a. Inpatient services, ~~limited to 7 inpatient days per contract year~~ for medical detoxification only and ~~30 days of residential services~~; and

b. Outpatient services, including evaluation, diagnosis, and treatment by a licensed practitioner, ~~limited to 40 outpatient visits per contract year~~.

~~Effective October 1, 2009,~~ Covered services include inpatient and outpatient services for mental and nervous disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Such benefits include psychological or psychiatric evaluation, diagnosis, and treatment by a licensed mental health professional and inpatient, outpatient, and residential treatment of substance abuse disorders. Any benefit limitations, including duration of services, number of visits, or number of days for hospitalization or residential services, shall not be any less favorable than those for physical illnesses generally. The program may also implement appropriate financial incentives, peer review, utilization requirements, and other methods used for the management of benefits provided for other medical conditions in order to reduce service costs and utilization without compromising quality of care.

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

~~1. Once a family elects to receive hospice care for an~~

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493 ~~enrollee, other services that treat the terminal condition will~~  
494 ~~not be covered; and~~

495 ~~2. Services required for conditions totally unrelated to~~  
496 ~~the terminal condition are covered to the extent that the~~  
497 ~~services are included in this section.~~

498 (q) ~~Dental services. Effective October 1, 2009,~~ Dental  
499 services shall be covered as required under federal law and may  
500 also include those dental benefits provided to children by the  
501 Florida Medicaid program under s. 409.906(6).

502 (w) ~~Reimbursement of federally qualified health centers~~  
503 ~~and rural health clinics. Effective October 1, 2009,~~ Payments  
504 for services provided to enrollees by federally qualified health  
505 centers and rural health clinics under this section shall be  
506 reimbursed using the Medicaid Prospective Payment System as  
507 provided for under s. 2107(e)(1)(D) of the Social Security Act.  
508 If such services are paid for by health insurers or health care  
509 providers under contract with the Florida Healthy Kids  
510 Corporation, such entities are responsible for this payment. The  
511 agency may seek any available federal grants to assist with this  
512 transition.

513 Section 7. Section 409.816, Florida Statutes, is amended  
514 to read:

515 409.816 Limitations on premiums and cost-sharing.—The  
516 following limitations on premiums and cost-sharing are  
517 established for the program.

518 (1) Enrollees who receive coverage under the Medicaid  
519 program may not be required to pay:

520 (a) Enrollment fees, premiums, or similar charges; or

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521 (b) Copayments, deductibles, coinsurance, or similar  
522 charges.

523 (2) Enrollees in households that have ~~families with a~~  
524 modified adjusted gross family income equal to or below 150  
525 percent of the federal poverty level, who are not receiving  
526 coverage under the Medicaid program, may not be required to pay:

527 (a) Enrollment fees, premiums, or similar charges that  
528 exceed the maximum monthly charge permitted under s. 1916(b)(1)  
529 of the Social Security Act; or

530 (b) Copayments, deductibles, coinsurance, or similar  
531 charges that exceed a nominal amount, as determined consistent  
532 with regulations referred to in s. 1916(a)(3) of the Social  
533 Security Act. However, such charges may not be imposed for  
534 preventive services, including well-baby and well-child care,  
535 age-appropriate immunizations, and routine hearing and vision  
536 screenings.

537 (3) Enrollees in households that have ~~families with a~~  
538 modified adjusted gross family income above 150 percent of the  
539 federal poverty level who are not receiving coverage under the  
540 Medicaid program or who are not eligible under s. 409.814(5) ~~s.~~  
541 ~~409.814(6)~~ may be required to pay enrollment fees, premiums,  
542 copayments, deductibles, coinsurance, or similar charges on a  
543 sliding scale related to income, except that the total annual  
544 aggregate cost-sharing with respect to all children in a  
545 household family may not exceed 5 percent of the household's  
546 modified adjusted family's income. However, copayments,  
547 deductibles, coinsurance, or similar charges may not be imposed  
548 for preventive services, including well-baby and well-child

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549 care, age-appropriate immunizations, and routine hearing and  
550 vision screenings.

551 Section 8. Section 409.817, Florida Statutes, is repealed.

552 Section 9. Section 409.8175, Florida Statutes, is  
553 repealed.

554 Section 10. Paragraph (c) of subsection (1) of section  
555 409.8177, Florida Statutes, is amended to read:

556 409.8177 Program evaluation.—

557 (1) The agency, in consultation with the Department of  
558 Health, the Department of Children and Families ~~Family Services~~,  
559 and the Florida Healthy Kids Corporation, shall contract for an  
560 evaluation of the Florida Kidcare program and shall by January 1  
561 of each year submit to the Governor, the President of the  
562 Senate, and the Speaker of the House of Representatives a report  
563 of the program. In addition to the items specified under s. 2108  
564 of Title XXI of the Social Security Act, the report shall  
565 include an assessment of crowd-out and access to health care, as  
566 well as the following:

567 (c) The characteristics of the children and families  
568 assisted under the program, including ages of the children,  
569 household ~~family~~ income, and access to or coverage by other  
570 health insurance prior to the program and after disenrollment  
571 from the program.

572 Section 11. Section 409.818, Florida Statutes, is amended  
573 to read:

574 409.818 Administration.—In order to implement ss. 409.810-  
575 409.821, the following agencies shall have the following duties:

576 (1) The Department of Children and Families ~~Family~~

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577 ~~Services~~ shall:

578 (a) Maintain ~~Develop~~ a simplified eligibility  
579 determination and renewal process ~~application mail-in form to be~~  
580 ~~used for determining the eligibility of children for coverage~~  
581 under the Florida Kidcare program, in consultation with the  
582 agency, the Department of Health, and the Florida Healthy Kids  
583 Corporation. The simplified eligibility process ~~application form~~  
584 must include ~~an item that provides~~ an opportunity for the  
585 applicant to indicate whether coverage is being sought for a  
586 child with special health care needs. Families applying for  
587 children's Medicaid coverage must also be able to use the  
588 simplified application process ~~form~~ without having to pay a  
589 premium.

590 (b) Establish and maintain the eligibility determination  
591 process under the program except as specified in subsection (3),  
592 which includes the following: (5).

593 1. The department shall directly, or through the services  
594 of a contracted third-party administrator, establish and  
595 maintain a process for determining eligibility of children for  
596 coverage under the program. The eligibility determination  
597 process must be used solely for determining eligibility of  
598 applicants for health benefits coverage under the program. The  
599 eligibility determination process must include an initial  
600 determination of eligibility for any coverage offered under the  
601 program, as well as a redetermination or reverification of  
602 eligibility each subsequent 6 months. ~~Effective January 1, 1999,~~  
603 A child who has not attained the age of 5 and who has been  
604 determined eligible for the Medicaid program is eligible for

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605 coverage for 12 months without a redetermination or  
606 reverification of eligibility. In conducting an eligibility  
607 determination, the department shall determine if the child has  
608 special health care needs.

609 2. The department, in consultation with the Agency for  
610 Health Care Administration and the Florida Healthy Kids  
611 Corporation, shall develop procedures for redetermining  
612 eligibility which enable applicants and enrollees ~~a family~~ to  
613 easily update any change in circumstances which could affect  
614 eligibility.

615 3. The department may accept changes in ~~a family's~~ status  
616 as reported to the department by the Florida Healthy Kids  
617 Corporation or the exchange without requiring a new application  
618 ~~from the family~~. Redetermination of a child's eligibility for  
619 Medicaid may not be linked to a child's eligibility  
620 determination for other programs.

621 4. The department, in consultation with the agency and the  
622 Florida Healthy Kids Corporation, shall develop a combined  
623 eligibility notice to inform applicants and enrollees of their  
624 application or renewal status, as appropriate. The content must  
625 be coordinated to meet all federal and state requirements under  
626 the federal Patient Protection and Affordable Care Act.

627 (c) Inform program applicants about eligibility  
628 determinations and provide information about eligibility of  
629 applicants to the Florida Kidcare program and to insurers and  
630 their agents, ~~through a centralized coordinating office.~~

631 (d) Adopt rules necessary for conducting program  
632 eligibility functions.

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633 ~~(2) The Department of Health shall:~~

634 ~~(a) Design an eligibility intake process for the program,~~  
635 ~~in coordination with the Department of Children and Family~~  
636 ~~Services, the agency, and the Florida Healthy Kids Corporation.~~  
637 ~~The eligibility intake process may include local intake points~~  
638 ~~that are determined by the Department of Health in coordination~~  
639 ~~with the Department of Children and Family Services.~~

640 ~~(b) Chair a state-level Florida Kidcare coordinating~~  
641 ~~council to review and make recommendations concerning the~~  
642 ~~implementation and operation of the program. The coordinating~~  
643 ~~council shall include representatives from the department, the~~  
644 ~~Department of Children and Family Services, the agency, the~~  
645 ~~Florida Healthy Kids Corporation, the Office of Insurance~~  
646 ~~Regulation of the Financial Services Commission, local~~  
647 ~~government, health insurers, health maintenance organizations,~~  
648 ~~health care providers, families participating in the program,~~  
649 ~~and organizations representing low-income families.~~

650 ~~(c) In consultation with the Florida Healthy Kids~~  
651 ~~Corporation and the Department of Children and Family Services,~~  
652 ~~establish a toll-free telephone line to assist families with~~  
653 ~~questions about the program.~~

654 ~~(d) Adopt rules necessary to implement outreach~~  
655 ~~activities.~~

656 (2)(3) The Agency for Health Care Administration, under  
657 the authority granted in s. 409.914(1), shall:

658 (a) Calculate the premium assistance payment necessary to  
659 comply with the premium and cost-sharing limitations specified  
660 in s. 409.816 and the federal Patient Protection and Affordable



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661 Care Act. The premium assistance payment for each enrollee in a  
662 health insurance plan participating in the Florida Healthy Kids  
663 Corporation shall equal the premium approved by the Florida  
664 Healthy Kids Corporation and the Office of Insurance Regulation  
665 of the Financial Services Commission pursuant to ss. 627.410 and  
666 641.31, less any enrollee's share of the premium established  
667 within the limitations specified in s. 409.816. The premium  
668 assistance payment for each enrollee in an employer-sponsored  
669 health insurance plan approved under ss. 409.810-409.821 shall  
670 equal the premium for the plan adjusted for any benchmark  
671 benefit plan actuarial equivalent benefit rider approved by the  
672 Office of Insurance Regulation pursuant to ss. 627.410 and  
673 641.31, less any enrollee's share of the premium established  
674 within the limitations specified in s. 409.816. In calculating  
675 the premium assistance payment levels for children with family  
676 coverage, the agency shall set the premium assistance payment  
677 levels for each child proportionately to the total cost of  
678 family coverage.

679 (b) Make premium assistance payments to health insurance  
680 plans on a periodic basis. The agency may use its Medicaid  
681 fiscal agent or a contracted third-party administrator in making  
682 these payments. The agency may require health insurance plans  
683 that participate in the Medikids program or employer-sponsored  
684 group health insurance to collect premium payments from an  
685 enrollee's family. Participating health insurance plans shall  
686 report premium payments collected on behalf of enrollees in the  
687 program to the agency in accordance with a schedule established  
688 by the agency.

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689 (c) Monitor compliance with quality assurance and access  
690 standards developed under s. 409.820 and in accordance with s.  
691 2103(f) of the Social Security Act, 42 U.S.C. s. 1397cc(f).

692 (d) Establish a mechanism for investigating and resolving  
693 complaints and grievances from program applicants, enrollees,  
694 and health benefits coverage providers, and maintain a record of  
695 complaints and confirmed problems. In the case of a child who is  
696 enrolled in a managed care health maintenance organization, the  
697 agency must use the provisions of s. 641.511 to address  
698 grievance reporting and resolution requirements.

699 ~~(e) Approve health benefits coverage for participation in~~  
700 ~~the program, following certification by the Office of Insurance~~  
701 ~~Regulation under subsection (4).~~

702 ~~(e)-(f) Adopt rules necessary for calculating premium~~  
703 ~~assistance payment levels, making premium assistance payments,~~  
704 ~~monitoring access and quality assurance standards and,~~  
705 ~~investigating and resolving complaints and grievances,~~  
706 ~~administering the Medikids program, and approving health~~  
707 ~~benefits coverage.~~

708 (f) Contract with the Florida Healthy Kids Corporation for  
709 the administration of the Florida Kidcare program and the  
710 Healthy Florida program and to facilitate the release of any  
711 federal and state funds.

712  
713 The agency is designated the lead state agency for Title XXI of  
714 the Social Security Act for purposes of receipt of federal  
715 funds, for reporting purposes, and for ensuring compliance with  
716 federal and state regulations and rules.

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717 ~~(4) The Office of Insurance Regulation shall certify that~~  
718 ~~health benefits coverage plans that seek to provide services~~  
719 ~~under the Florida Kidcare program, except those offered through~~  
720 ~~the Florida Healthy Kids Corporation or the Children's Medical~~  
721 ~~Services Network, meet, exceed, or are actuarially equivalent to~~  
722 ~~the benchmark benefit plan and that health insurance plans will~~  
723 ~~be offered at an approved rate. In determining actuarial~~  
724 ~~equivalence of benefits coverage, the Office of Insurance~~  
725 ~~Regulation and health insurance plans must comply with the~~  
726 ~~requirements of s. 2103 of Title XXI of the Social Security Act.~~  
727 ~~The department shall adopt rules necessary for certifying health~~  
728 ~~benefits coverage plans.~~

729 ~~(3)-(5)~~ The Florida Healthy Kids Corporation shall retain  
730 its functions as authorized in s. 624.91, including eligibility  
731 determination for participation in the Healthy Kids program.

732 ~~(4)-(6)~~ The agency, the Department of Health, the  
733 Department of Children and Families ~~Family Services~~, and the  
734 Florida Healthy Kids Corporation, ~~and the Office of Insurance~~  
735 ~~Regulation~~, after consultation with and approval of the Speaker  
736 of the House of Representatives and the President of the Senate,  
737 ~~may are authorized to~~ make program modifications that are  
738 necessary to overcome any objections of the United States  
739 Department of Health and Human Services to obtain approval of  
740 the state's child health insurance plan under Title XXI of the  
741 Social Security Act.

742 Section 12. Section 409.820, Florida Statutes, is amended  
743 to read:

744 409.820 Quality assurance and access standards.—Except for

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745 Medicaid, the Department of Health, in consultation with the  
746 agency and the Florida Healthy Kids Corporation, shall develop a  
747 minimum set of pediatric and adolescent quality assurance and  
748 access standards for all program components. The standards must  
749 include a process for granting exceptions to specific  
750 requirements for quality assurance and access. Compliance with  
751 the standards shall be a condition of program participation by  
752 health benefits coverage providers. These standards shall comply  
753 with the provisions of this chapter and chapter 641 and Title  
754 XXI of the Social Security Act.

755 Section 13. Section 624.91, Florida Statutes, is amended  
756 to read:

757 624.91 The Florida Healthy Kids Corporation Act.—

758 (1) SHORT TITLE.—This section may be cited as the "William  
759 G. 'Doc' Myers Healthy Kids Corporation Act."

760 (2) LEGISLATIVE INTENT.—

761 (a) The Legislature finds that increased access to health  
762 care services could improve children's health and reduce the  
763 incidence and costs of childhood illness and disabilities among  
764 children in this state. Many children do not have comprehensive,  
765 affordable health care services available. It is the intent of  
766 the Legislature that the Florida Healthy Kids Corporation  
767 provide comprehensive health insurance coverage to such  
768 children. The corporation is encouraged to cooperate with any  
769 existing health service programs funded by the public or the  
770 private sector.

771 (b) It is the intent of the Legislature that the Florida  
772 Healthy Kids Corporation serve as one of several providers of

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773 services to children eligible for medical assistance under Title  
774 XXI of the Social Security Act. Although the corporation may  
775 serve other children, the Legislature intends the primary  
776 recipients of services provided through the corporation be  
777 school-age children with a family income below 200 percent of  
778 the federal poverty level, who do not qualify for Medicaid. It  
779 is also the intent of the Legislature that state and local  
780 government Florida Healthy Kids funds be used to continue  
781 coverage, subject to specific appropriations in the General  
782 Appropriations Act, to children not eligible for federal  
783 matching funds under Title XXI.

784 (c) It is further the intent of the Legislature that the  
785 Florida Healthy Kids Corporation administer and manage services  
786 for Healthy Florida, a health care program for uninsured adults  
787 using a unique network of providers and contracts. Enrollees in  
788 Healthy Florida will receive comprehensive health care services  
789 from private, licensed health insurers who meet standards  
790 established by the corporation. It is further the intent of the  
791 Legislature that these enrollees participate in their own health  
792 care decisionmaking and contribute financially toward their  
793 medical costs. The Legislature intends to provide an alternative  
794 benefit package that includes a full range of services which  
795 meet the needs of residents of this state. As a new program, the  
796 Legislature shall also ensure that a comprehensive evaluation is  
797 conducted to measure the overall impact of the program and  
798 identify whether to renew the program after an initial 3-year  
799 term.

800 (3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.—Only the

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801 following individuals are eligible for state-funded assistance  
802 in paying premiums for Healthy Florida or Florida Healthy Kids  
803 ~~premiums~~:

804 (a) Residents of this state who are eligible for the  
805 Florida Kidcare program pursuant to s. 409.814 or the Healthy  
806 Florida pursuant to s. 624.917.

807 (b) Notwithstanding s. 409.814, legal aliens who are  
808 enrolled in the Florida Healthy Kids program as of January 31,  
809 2004, who do not qualify for Title XXI federal funds because  
810 they are not qualified aliens as defined in s. 409.811.

811 (4) NONENTITLEMENT.—Nothing in this section shall be  
812 construed as providing an individual with an entitlement to  
813 health care services. No cause of action shall arise against the  
814 state, the Florida Healthy Kids Corporation, or a unit of local  
815 government for failure to make health services available under  
816 this section.

817 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.—

818 (a) There is created the Florida Healthy Kids Corporation,  
819 a not-for-profit corporation.

820 (b) The Florida Healthy Kids Corporation shall:

821 1. Arrange for the collection of any family, individual,  
822 or local contributions, ~~or employer payment or premium,~~ in an  
823 amount to be determined by the board of directors, to provide  
824 for payment of premiums for comprehensive insurance coverage and  
825 for the actual or estimated administrative expenses.

826 2. Arrange for the collection of any voluntary  
827 contributions to provide for payment of premiums for enrollees  
828 in the Florida Kidcare program or Healthy Florida ~~premiums for~~

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829 ~~children who are not eligible for medical assistance under Title~~  
830 ~~XIX or Title XXI of the Social Security Act.~~

831 3. Subject to the provisions of s. 409.8134, accept  
832 voluntary supplemental local match contributions that comply  
833 with the requirements of Title XXI of the Social Security Act  
834 for the purpose of providing additional Florida Kidcare coverage  
835 in contributing counties under Title XXI.

836 4. Establish the administrative and accounting procedures  
837 for the operation of the corporation.

838 5. Establish, with consultation from appropriate  
839 professional organizations, standards for preventive health  
840 services and providers and comprehensive insurance benefits  
841 appropriate to children, provided that such standards for rural  
842 areas shall not limit primary care providers to board-certified  
843 pediatricians.

844 6. Determine eligibility for children seeking to  
845 participate in the Title XXI-funded components of the Florida  
846 Kidcare program consistent with the requirements specified in s.  
847 409.814, as well as the non-Title-XXI-eligible children as  
848 provided in subsection (3).

849 7. Establish procedures under which providers of local  
850 match to, applicants to and participants in the program may have  
851 grievances reviewed by an impartial body and reported to the  
852 board of directors of the corporation.

853 8. Establish participation criteria and, if appropriate,  
854 contract with an authorized insurer, health maintenance  
855 organization, or third-party administrator to provide  
856 administrative services to the corporation.

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857 9. Establish enrollment criteria that include penalties or  
858 waiting periods of 30 days for reinstatement of coverage upon  
859 voluntary cancellation for nonpayment of family and individual  
860 premiums under the programs.

861 10. Contract with authorized insurers or any provider of  
862 health care services, meeting standards established by the  
863 corporation, for the provision of comprehensive insurance  
864 coverage to participants. Such standards shall include criteria  
865 under which the corporation may contract with more than one  
866 provider of health care services in program sites.

867 a. Health plans shall be selected through a competitive  
868 bid process.

869 b. The Florida Healthy Kids Corporation shall purchase  
870 goods and services in the most cost-effective manner consistent  
871 with the delivery of quality medical care. The maximum  
872 administrative cost for a Florida Healthy Kids Corporation  
873 contract shall be 15 percent. For all health care contracts, the  
874 minimum medical loss ratio is for a Florida Healthy Kids  
875 Corporation contract shall be 85 percent. The calculations must  
876 use uniform financial data collected from all plans in a format  
877 established by the corporation and shall be computed for each  
878 insurer on a statewide basis. Funds shall be classified in a  
879 manner consistent with 45 C.F.R. part 158 ~~For dental contracts,~~  
880 ~~the remaining compensation to be paid to the authorized insurer~~  
881 ~~or provider under a Florida Healthy Kids Corporation contract~~  
882 ~~shall be no less than an amount which is 85 percent of premium;~~  
883 ~~to the extent any contract provision does not provide for this~~  
884 ~~minimum compensation, this section shall prevail.~~

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885        c. The health plan selection criteria and scoring system,  
886 and the scoring results, shall be available upon request for  
887 inspection after the bids have been awarded.

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

890        12. Develop and implement a plan to publicize the Florida  
891 Kidcare program and Healthy Florida, the eligibility  
892 requirements of the programs ~~program~~, and the procedures for  
893 enrollment in the program and to maintain public awareness of  
894 the corporation and the programs ~~program~~.

895        13. Secure staff necessary to properly administer the  
896 corporation. Staff costs shall be funded from state and local  
897 matching funds and such other private or public funds as become  
898 available. The board of directors shall determine the number of  
899 staff members necessary to administer the corporation.

900        14. In consultation with the partner agencies, annually  
901 provide a report on the Florida Kidcare program ~~annually~~ to the  
902 Governor, the Chief Financial Officer, the Commissioner of  
903 Education, the President of the Senate, the Speaker of the House  
904 of Representatives, and the Minority Leaders of the Senate and  
905 the House of Representatives.

906        15. Provide information on a quarterly basis to the  
907 Legislature and the Governor which compares the costs and  
908 utilization of the full-pay enrolled population and the Title  
909 XXI-subsidized enrolled population in the Florida Kidcare  
910 program. The information, at a minimum, must include:

911        a. The monthly enrollment and expenditure for full-pay  
912 enrollees in the Medikids and Florida Healthy Kids programs

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913 compared to the Title XXI-subsidized enrolled population; and

914 b. The costs and utilization by service of the full-pay  
915 enrollees in the Medikids and Florida Healthy Kids programs and  
916 the Title XXI-subsidized enrolled population. This subparagraph  
917 is repealed effective December 31, 2013.

918  
919 ~~By February 1, 2010, the Florida Healthy Kids Corporation shall~~  
920 ~~provide a study to the Legislature and the Governor on premium~~  
921 ~~impacts to the subsidized portion of the program from the~~  
922 ~~inclusion of the full-pay program, which shall include~~  
923 ~~recommendations on how to eliminate or mitigate possible impacts~~  
924 ~~to the subsidized premiums.~~

925 16. By August 15, 2013, the corporation shall notify all  
926 current full-pay enrollees of the availability of the exchange,  
927 as defined in the federal Patient Protection and Affordable Care  
928 Act, and how to access other insurance affordability options.  
929 New applications for full-pay coverage may not be accepted after  
930 September 30, 2013.

931 ~~17.16.~~ Establish benefit packages that conform to the  
932 provisions of the Florida Kidcare program, as created in ss.  
933 409.810-409.821.

934 (c) Coverage under the corporation's program is secondary  
935 to any other available private coverage held by, or applicable  
936 to, the participant ~~child~~ or family member. Insurers under  
937 contract with the corporation are the payors of last resort and  
938 must coordinate benefits with any other third-party payor that  
939 may be liable for the participant's medical care.

940 (d) The Florida Healthy Kids Corporation shall be a

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941 private corporation not for profit, registered, incorporated,  
942 and organized pursuant to chapter 617, and shall have all powers  
943 necessary to carry out the purposes of this act, including, but  
944 not limited to, the power to receive and accept grants, loans,  
945 or advances of funds from any public or private agency and to  
946 receive and accept from any source contributions of money,  
947 property, labor, or any other thing of value, to be held, used,  
948 and applied for the purposes of this act. The corporation and  
949 any committees it forms shall act in compliance with part III of  
950 chapter 112, and chapters 119 and 286.

951 (6) BOARD OF DIRECTORS AND MANAGEMENT SUPERVISION.—

952 (a) The Florida Healthy Kids Corporation shall operate  
953 subject to the supervision and approval of a board of directors  
954 chaired by an appointee designated by the Governor Chief  
955 ~~Financial Officer or her or his designee,~~ and composed of 15 ~~12~~  
956 other members. The Senate shall confirm the designated chair and  
957 other board appointees ~~selected~~ for 3-year terms of office as  
958 follows:

959 1. The Secretary of Health Care Administration, or his or  
960 her designee, as an ex-officio member.

961 2. The State Surgeon General, or his or her designee, as  
962 an ex-officio member ~~One member appointed by the Commissioner of~~  
963 ~~Education from the Office of School Health Programs of the~~  
964 ~~Florida Department of Education.~~

965 3. The Secretary of Children and Families, or his or her  
966 designee, as an ex-officio member ~~One member appointed by the~~  
967 ~~Chief Financial Officer from among three members nominated by~~  
968 ~~the Florida Pediatric Society.~~

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969 4. Four members ~~One member~~, appointed by the Governor, ~~who~~  
970 ~~represents the Children's Medical Services Program.~~

971 5. Two members ~~One member~~ appointed by the President of  
972 the Senate ~~Chief Financial Officer from among three members~~  
973 ~~nominated by the Florida Hospital Association.~~

974 6. Two members ~~One member~~, appointed by the Senate  
975 Minority Leader ~~Governor, who is an expert on child health~~  
976 ~~policy.~~

977 7. Two members ~~One member~~, appointed by the Speaker of the  
978 House of Representatives ~~Chief Financial Officer, from among~~  
979 ~~three members nominated by the Florida Academy of Family~~  
980 ~~Physicians.~~

981 8. Two members ~~One member~~, appointed by the House Minority  
982 Leader ~~Governor, who represents the state Medicaid program.~~

983 9. ~~One member, appointed by the Chief Financial Officer,~~  
984 ~~from among three members nominated by the Florida Association of~~  
985 ~~Counties.~~

986 10. ~~The State Health Officer or her or his designee.~~

987 11. ~~The Secretary of Children and Family Services, or his~~  
988 ~~or her designee.~~

989 12. ~~One member, appointed by the Governor, from among~~  
990 ~~three members nominated by the Florida Dental Association.~~

991 (b) A member of the board of directors may be removed by  
992 the official who appointed that member. The board shall appoint  
993 an executive director, who is responsible for other staff  
994 authorized by the board.

995 (c) Board members are entitled to receive, from funds of  
996 the corporation, reimbursement for per diem and travel expenses

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997 as provided by s. 112.061.

998 (d) There shall be no liability on the part of, and no  
999 cause of action shall arise against, any member of the board of  
1000 directors, or its employees or agents, for any action they take  
1001 in the performance of their powers and duties under this act.

1002 (e) Board members who are serving on or before the date of  
1003 enactment of this act or similar legislation may remain until  
1004 July 1, 2013.

1005 (f) An executive steering committee is created to provide  
1006 management direction and support and to make recommendations to  
1007 the board on the programs. The steering committee is composed of  
1008 the Secretary of Health Care Administration, the Secretary of  
1009 Children and Families, and the State Surgeon General. Committee  
1010 members may not delegate their membership or attendance.

1011 (7) LICENSING NOT REQUIRED; FISCAL OPERATION.—

1012 (a) The corporation shall not be deemed an insurer. The  
1013 officers, directors, and employees of the corporation shall not  
1014 be deemed to be agents of an insurer. Neither the corporation  
1015 nor any officer, director, or employee of the corporation is  
1016 subject to the licensing requirements of the insurance code or  
1017 the rules of the Department of Financial Services or Office of  
1018 Insurance Regulation. However, any marketing representative  
1019 utilized and compensated by the corporation must be appointed as  
1020 a representative of the insurers or health services providers  
1021 with which the corporation contracts.

1022 (b) The board has complete fiscal control over the  
1023 corporation and is responsible for all corporate operations.

1024 (c) The Department of Financial Services shall supervise

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1025 any liquidation or dissolution of the corporation and shall  
1026 have, with respect to such liquidation or dissolution, all power  
1027 granted to it pursuant to the insurance code.

1028 Section 14. Section 624.915, Florida Statutes, is  
1029 repealed.

1030 Section 15. Section 624.917, Florida Statutes, is created  
1031 to read:

1032 624.917 Healthy Florida program.—

1033 (1) PROGRAM CREATION.—There is created Healthy Florida, a  
1034 health care program for lower income, uninsured adults who meet  
1035 the eligibility guidelines established under s. 624.91. The  
1036 Florida Healthy Kids Corporation shall administer the program  
1037 under its existing corporate governance and structure.

1038 (2) DEFINITIONS.—As used in this section, the term:

1039 (a) "Actuarially equivalent" means:

1040 1. The aggregate value of the benefits included in health  
1041 benefits coverage is equal to the value of the benefits in the  
1042 child benchmark benefit plan as defined in s. 409.811; and

1043 2. The benefits included in health benefits coverage are  
1044 substantially similar to the benefits included in the child  
1045 benchmark benefit plan, except that preventive health services  
1046 do not include dental services.

1047 (b) "Agency" means the Agency for Health Care  
1048 Administration.

1049 (c) "Applicant" means the individual who applies for  
1050 determination of eligibility for health benefits coverage under  
1051 this section.

1052 (d) "Child benchmark benefit plan" means the form and

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1053 level of health benefits coverage established in s. 409.815.

1054 (e) "Child" means any person younger than 19 years of age.

1055 (f) "Corporation" means the Florida Healthy Kids  
1056 Corporation.

1057 (g) "Enrollee" means an individual who has been determined  
1058 eligible for and is receiving coverage under this section.

1059 (h) "Florida Kidcare program" or "Kidcare program," means  
1060 the health benefits program administered through ss. 409.810-  
1061 409.821.

1062 (i) "Health benefits coverage" means protection that  
1063 provides payment of benefits for covered health care services or  
1064 that otherwise provides, either directly or through arrangements  
1065 with other persons, covered health care services on a prepaid  
1066 per capita basis or on a prepaid aggregate fixed-sum basis.

1067 (j) "Healthy Florida" means the program created by this  
1068 section which is administered by the Florida Healthy Kids  
1069 Corporation.

1070 (k) "Healthy Kids" means the Florida Kidcare program  
1071 component created under s. 624.91 for children who are 5 through  
1072 18 years of age.

1073 (l) "Household income" means the group or the individual  
1074 whose income is considered in determining eligibility for the  
1075 Healthy Florida program. The term "household" has the same  
1076 meaning as provided in s. 36B(d)(2) of the Internal Revenue Code  
1077 of 1986.

1078 (m) "Medicaid" means the medical assistance program  
1079 authorized by Title XIX of the Social Security Act, and  
1080 regulations thereunder, and ss. 409.901-409.920, as administered

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1081 in this state by the agency.

1082 (n) "Medically necessary" means the use of any medical  
1083 treatment, service, equipment, or supply necessary to palliate  
1084 the effects of a terminal condition, or to prevent, diagnose,  
1085 correct, cure, alleviate, or preclude deterioration of a  
1086 condition that threatens life, causes pain or suffering, or  
1087 results in illness or infirmity and which is:

1088 1. Consistent with the symptom, diagnosis, and treatment  
1089 of the enrollee's condition;

1090 2. Provided in accordance with generally accepted  
1091 standards of medical practice;

1092 3. Not primarily intended for the convenience of the  
1093 enrollee, the enrollee's family, or the health care provider;

1094 4. The most appropriate level of supply or service for the  
1095 diagnosis and treatment of the enrollee's condition; and

1096 5. Approved by the appropriate medical body or health care  
1097 specialty involved as effective, appropriate, and essential for  
1098 the care and treatment of the enrollee's condition.

1099 (o) "Modified adjusted gross income" means the individual  
1100 or household's annual adjusted gross income as defined in s.  
1101 36B(d) (2) of the Internal Revenue Code of 1986 which is used to  
1102 determine eligibility under the Florida Kidcare program.

1103 (p) "Patient Protection and Affordable Care Act" or "Act"  
1104 means the federal law enacted as Pub. L. No. 111-148, as further  
1105 amended by the federal Health Care and Education Reconciliation  
1106 Act of 2010, Pub. L. No. 111-152, and any amendments,  
1107 regulations or guidance thereunder, issued under those acts.

1108 (q) "Premium" means the entire cost of a health insurance

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1109 plan, including the administration fee or the risk assumption  
1110 charge.

1111 (r) "Premium assistance payment" means the monthly  
1112 consideration paid by the agency per enrollee in the Florida  
1113 Kidcare program towards health insurance premiums.

1114 (s) "Qualified alien" means an alien as defined in 8  
1115 U.S.C. s. 1641(b) and (c).

1116 (t) "Resident" means a United States citizen or qualified  
1117 alien who is domiciled in this state.

1118 (3) ELIGIBILITY.—To be eligible and remain eligible for  
1119 the Healthy Florida program, an individual must be a resident of  
1120 this state and meet the following additional criteria:

1121 (a) Be identified as newly eligible, as defined in s.  
1122 1902(a)(10)(A)(i)(VIII) of the Social Security Act or s. 2001 of  
1123 the federal Patient Protection and Affordable Care Act, and as  
1124 may be further defined by federal regulation.

1125 (b) Maintain eligibility with the corporation and meet all  
1126 renewal requirements as established by the corporation.

1127 (c) Renew eligibility on at least an annual basis.

1128 (4) ENROLLMENT.—The corporation may begin the enrollment  
1129 of applicants in the Healthy Florida program on October 1, 2013.  
1130 Enrollment may occur directly, through the services of a third-  
1131 party administrator, referrals from the Department of Children  
1132 and Families, and the exchange as defined by the federal Patient  
1133 Protection and Affordable Care Act. As an enrollee disenrolls,  
1134 the corporation must also provide the enrollee with information  
1135 about other insurance affordability programs and electronically  
1136 refer the enrollee to the exchange or other programs, as

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1137 appropriate. The earliest coverage effective date under the  
1138 program shall be January 1, 2014.

1139 (5) DELIVERY OF SERVICES.—The corporation shall contract  
1140 with authorized insurers licensed under chapter 627; managed  
1141 care organizations authorized under chapter 641; and provider  
1142 service networks authorized under ss. 409.912(4) (d) and  
1143 409.962(13) which are prepaid plans. These insurers, managed  
1144 care organizations, and provider service networks must meet  
1145 standards established by the corporation to provide  
1146 comprehensive health care services to enrollees who qualify for  
1147 services under this section. The corporation may contract for  
1148 such services on a statewide or regional basis. To encourage  
1149 continuity of care among enrollees who may transition across  
1150 multiple insurance affordability programs, the corporation is  
1151 encouraged to contract with those insurers and managed care  
1152 organizations that participate in more than one such program.

1153 (a) The corporation shall establish access and network  
1154 standards for such contracts and ensure that contracted  
1155 providers have sufficient providers to meet enrollee needs.  
1156 Quality standards must be developed by the corporation, specific  
1157 to the adult population, which take into consideration  
1158 recommendations from the National Committee on Quality  
1159 Assurance, stakeholders, and other existing performance  
1160 indicators from both public and commercial populations. The  
1161 corporation and its contracted health plans shall develop  
1162 policies that minimize the disruption of enrollee medical homes  
1163 when enrollees transition between insurance affordability plans.

1164 (b) The corporation shall provide an enrollee a choice of

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1165 plans. The corporation may select a plan if no selection has  
1166 been received before the coverage start date. Once enrolled, an  
1167 enrollee has an initial 90-day, free-look period before a lock-  
1168 in period of not more than 12 months is applied. Exceptions to  
1169 the lock-in period must be offered to an enrollee for reasons  
1170 based upon good cause or qualifying events.

1171 (c) The corporation may consider contracts that provide  
1172 family plans that would allow members from multiple state and  
1173 federally funded programs to remain together under the same  
1174 plan.

1175 (d) All contracts must meet the medical loss ratio  
1176 requirements under s. 624.91.

1177 (6) BENEFITS.—The corporation shall establish a benefits  
1178 package that is actuarially equivalent to the benchmark benefit  
1179 plan offered under s. 409.815(2), excluding dental, and meets  
1180 the alternative benefits package requirements under s. 1937 of  
1181 the Social Security Act. Benefits must be offered as an  
1182 integrated, single package.

1183 (a) In addition to benchmark benefits, health  
1184 reimbursement accounts or a comparable health savings account  
1185 for each enrollee must be established through the corporation or  
1186 the contracts managed by the corporation. Enrollees must be  
1187 rewarded for healthy behaviors, wellness program adherence, and  
1188 other activities established by the corporation which  
1189 demonstrate compliance with preventive care or disease  
1190 management guidelines. Funds deposited into these accounts may  
1191 be used to pay cost-sharing obligations or to purchase over-the-  
1192 counter health-related items to the extent allowed under federal

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1193 law or regulation.

1194 (b) Enhanced services may be offered if the cost of such  
1195 additional services provides savings to the overall plan.

1196 (c) The corporation shall establish a process for the  
1197 payment of wrap-around services not covered by the benchmark  
1198 benefit plan through a separate subcapitation process to its  
1199 contracted providers if it is determined that such services are  
1200 required by federal law. Such services would be covered when  
1201 deemed medically necessary on an individual basis. The  
1202 subcapitation pool is subject to a separate reconciliation  
1203 process under the medical loss ratio provisions in s. 624.91.

1204 (d) A prior authorization process and other utilization  
1205 controls may be established by the plan for any benefit if  
1206 approved by the corporation.

1207 (7) COST SHARING.—The corporation may collect premiums and  
1208 copayments from enrollees in accordance with federal law.  
1209 Amounts to be collected for the Healthy Florida program must be  
1210 established annually in the General Appropriations Act.

1211 (a) Payment of a monthly premium may be required before  
1212 the establishment of an enrollee's coverage start date and to  
1213 retain monthly coverage.

1214 (b) An enrollee who has a family income above the federal  
1215 poverty level may be required to make nominal copayments, in  
1216 accordance with federal rule, as a condition of receiving a  
1217 health care service.

1218 (c) A provider is responsible for the collection of point-  
1219 of-service cost-sharing obligations. The enrollee's cost-sharing  
1220 contribution is considered part of the provider's total

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1221 reimbursement. Failure to collect an enrollee's cost sharing  
1222 reduces the provider's share of the reimbursement.

1223 (8) PROGRAM MANAGEMENT.—The corporation is responsible for  
1224 the oversight of the Healthy Florida program. The agency shall  
1225 seek a state plan amendment or other appropriate federal  
1226 approval to implement the Healthy Florida program. The agency  
1227 shall consult with the corporation in the amendment's  
1228 development and submit by June 14, 2013, the state plan  
1229 amendment to the federal Department of Health and Human  
1230 Services. The agency shall contract with the corporation for the  
1231 administration of the Healthy Florida program and for the timely  
1232 release of federal and state funds. The agency retains its  
1233 authorities as provided in ss. 409.902 and 409.963.

1234 (a) The corporation shall establish a process by which  
1235 grievances can be resolved and Healthy Florida recipients can be  
1236 informed of their rights under the Medicaid Fair Hearing  
1237 Process, as appropriate, or any alternative resolution process  
1238 adopted by the corporation.

1239 (b) The corporation shall establish a program integrity  
1240 process to ensure compliance with program guidelines. At a  
1241 minimum, the corporation shall withhold benefits from an  
1242 applicant or enrollee if the corporation obtains evidence that  
1243 the applicant or enrollee is no longer eligible, submitted  
1244 incorrect or fraudulent information in order to establish  
1245 eligibility, or failed to provide verification of eligibility.  
1246 The corporation shall notify the applicant or enrollee that,  
1247 because of such evidence, program benefits must be withheld  
1248 unless the applicant or enrollee contacts a designated

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1249 representative of the corporation by a specified date, which  
1250 must be within 10 working days after the date of notice, to  
1251 discuss and resolve the matter. The corporation shall make every  
1252 effort to resolve the matter within a timeframe that will not  
1253 cause benefits to be withheld from an eligible enrollee. The  
1254 following individuals may be subject to specific prosecution in  
1255 accordance with s. 414.39:

1256 1. An applicant who obtains or attempts to obtain benefits  
1257 for a potential enrollee under the Healthy Florida program when  
1258 the applicant knows or should have known that the potential  
1259 enrollee does not qualify for the Healthy Florida program.

1260 2. An individual who assists an applicant in obtaining or  
1261 attempting to obtain benefits for a potential enrollee under the  
1262 Healthy Florida program when the individual knows or should have  
1263 known that the potential enrollee does not qualify for the  
1264 Healthy Florida program.

1265 (9) APPLICABILITY OF LAWS RELATING TO MEDICAID.—The  
1266 provisions of ss. 409.902, 409.9128, and 409.920 apply to the  
1267 administration of the Healthy Florida program.

1268 (10) PROGRAM EVALUATION.—The corporation shall collect  
1269 both eligibility and enrollment data from program applicants and  
1270 enrollees as well as encounter and utilization data from all  
1271 contracted entities during the program term. The corporation  
1272 shall submit monthly enrollment reports to the President of the  
1273 Senate, the Speaker of the House of Representative, and the  
1274 Minority Leaders of the Senate and the House of Representatives.  
1275 The corporation shall submit an interim independent evaluation  
1276 of the Healthy Florida program to the presiding officers no

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1277 later than July 1, 2015, with annual evaluations due July 1 each  
1278 year thereafter. The evaluations must address, at a minimum,  
1279 application and enrollment trends and issues, utilization and  
1280 cost data, and customer satisfaction.

1281 (11) PROGRAM EXPIRATION.—The Healthy Florida program shall  
1282 expire at the end of the state fiscal year in which any of these  
1283 conditions occur, whichever occurs first:

1284 (a) The federal match contribution falls below 90 percent.

1285 (b) The federal match contribution falls below the  
1286 increased FMAP for medical assistance for newly eligible  
1287 mandatory individuals as specified in the federal Patient  
1288 Protection and Affordable Care Act, Pub. L. No. 111-148, as  
1289 amended by the federal Health Care and Education Reconciliation  
1290 Act of 2010, Pub. L. No. 111-152.

1291 (c) The federal match for the Healthy Florida program and  
1292 the Medicaid program are blended under federal law or regulation  
1293 in such a way that causes the overall federal contribution to  
1294 diminish when compared to separate, nonblended federal  
1295 contributions.

1296 Section 16. The Florida Healthy Kids Corporation may make  
1297 changes to comply with the objections of the federal Department  
1298 of Health and Human Services to gain approval of the Healthy  
1299 Florida program in compliance with the federal Patient  
1300 Protection and Affordable Care Act, upon giving notice to the  
1301 Senate and the House of Representatives of the proposed changes.  
1302 If there is a conflict between a provision in this section and  
1303 the federal Patient Protection and Affordable Care Act, Pub. L.  
1304 No. 111-148, as amended by the federal Health Care and Education

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1305 Reconciliation Act of 2010, Pub. L. No. 111-152, the provision  
1306 must be interpreted and applied so as to comply with the  
1307 requirement of the federal law.

1308 Section 17. (1) The sum of \$1,258,054,808 from the  
1309 Medical Care Trust Fund is appropriated to the Agency for Health  
1310 Care Administration beginning in the 2013-2014 fiscal year to  
1311 provide coverage for individuals who enroll in the Healthy  
1312 Florida Program.

1313 (2) The sum of \$254,151 from the General Revenue Fund and  
1314 \$18,235,833 from the Medical Care Trust Fund is appropriated to  
1315 the Agency for Health Care Administration beginning in the 2013-  
1316 2014 fiscal year to comply with federal regulations to  
1317 compensate insurers and managed care organizations that contract  
1318 with the Healthy Florida Program for the imposition of the  
1319 annual fee on health insurance providers under section 9010 of  
1320 the federal Patient Protection and Affordable Care Act, Pub. L.  
1321 No. 111-148, as amended by the federal Health Care and Education  
1322 Reconciliation Act of 2010, Pub. L. No. 111-152.

1323 (3) The sum of \$10,676,377 from the General Revenue Fund  
1324 and \$10,676,377 from the Medical Care Trust Fund is appropriated  
1325 beginning in the 2013-2014 fiscal year to the Agency for Health  
1326 Care Administration to contract with the Florida Healthy Kids  
1327 Corporation under s. 409.818(2)(f), Florida Statutes, to fund  
1328 administrative costs necessary for implementing and operating  
1329 the Healthy Florida Program.

1330 (4) The Agency for Health Care Administration may submit  
1331 budget amendments to the Legislative Budget Commission pursuant  
1332 to chapter 216, Florida Statutes, to fund the Healthy Florida

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1333 Program for the coverage of children who transfer from the  
 1334 Florida Kidcare Program to the Healthy Florida Program, or to  
 1335 provide additional spending authority from the Medical Care  
 1336 Trust Fund under subsection (1) for the coverage of individuals  
 1337 who enroll in the Healthy Florida Program, during the 2013-2014  
 1338 fiscal year.

1339 Section 18. This act shall take effect upon becoming a  
 1340 law.

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1343

**T I T L E A M E N D M E N T**

1344

Remove everything before the enacting clause and insert:

1345

A bill to be entitled

1346

An act relating to health care; amending s. 409.811,

1347

F.S.; revising and providing definitions; amending s.

1348

409.813, F.S.; revising the components of the Florida

1349

Kidcare program; prohibiting a cause of action from

1350

arising against the Florida Healthy Kids Corporation

1351

for failure to make health services available;

1352

amending s. 409.8132, F.S.; revising the eligibility

1353

of the Medikids program component; revising the

1354

enrollment requirements of the Medikids program

1355

component; amending s. 409.8134, F.S.; conforming

1356

provisions to changes made by the act; amending s.

1357

409.814, F.S.; revising eligibility requirements for

1358

the Florida Kidcare program; amending s. 409.815,

1359

F.S.; revising the minimum health benefits coverage

1360

under the Florida Kidcare Act; deleting obsolete

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1361 provisions; amending ss. 409.816 and 409.8177, F.S.;

1362 conforming provisions to changes made by the act;

1363 repealing s. 409.817, F.S., relating to the approval

1364 of health benefits coverage and financial assistance;

1365 repealing s. 409.8175, F.S., relating to delivery of

1366 services in rural counties; amending s. 409.818, F.S.;

1367 revising the duties of the Department of Children and

1368 Families and the Agency for Health Care Administration

1369 with regard to the Florida Kidcare Act; deleting the

1370 duties of the Department of Health and the Office of

1371 Insurance Regulation with regard to the Florida

1372 Kidcare Act; amending s. 409.820, F.S.; requiring the

1373 Department of Health, in consultation with the agency

1374 and the Florida Healthy Kids Corporation, to develop a

1375 minimum set of pediatric and adolescent quality

1376 assurance and access standards for all program

1377 components; amending s. 624.91, F.S.; revising the

1378 legislative intent of the Florida Healthy Kids

1379 Corporation Act to include the Healthy Florida

1380 program; revising participation guidelines for

1381 nonsubsidized enrollees in the Healthy Kids program;

1382 revising the medical loss ratio requirements for the

1383 contracts for the Florida Healthy Kids Corporation;

1384 modifying the membership of the Florida Healthy Kids

1385 Corporation's board of directors; creating an

1386 executive steering committee; requiring additional

1387 corporate compliance requirements for the Florida

1388 Healthy Kids Corporation; repealing s. 624.915, F.S.,

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1389 relating to the operating fund of the Florida Healthy  
1390 Kids Corporation; creating s. 624.917, F.S.; creating  
1391 the Healthy Florida program; providing definitions;  
1392 providing eligibility and enrollment requirements;  
1393 authorizing the Florida Healthy Kids Corporation to  
1394 contract with certain insurers, managed care  
1395 organizations, and provider service networks;  
1396 encouraging the corporation to contract with insurers  
1397 and managed care organizations that participate in  
1398 more than one insurance affordability program under  
1399 certain circumstances; requiring the corporation to  
1400 establish a benefits package and a process for payment  
1401 of services; authorizing the corporation to collect  
1402 premiums and copayments; requiring the corporation to  
1403 oversee the Healthy Florida program and to establish a  
1404 grievance process and integrity process; providing  
1405 applicability of certain state laws for administration  
1406 of the Healthy Florida program; requiring the  
1407 corporation to collect certain data and to submit  
1408 enrollment reports and interim independent evaluations  
1409 to the Legislature; providing for expiration of the  
1410 program; providing an implementation and  
1411 interpretation clause; providing appropriations;  
1412 providing an effective date.

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