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1 A bill to be entitled
 2 An act relating to Florida Kidcare; amending ss. 408.915
 3 and 409.1451, F.S.; conforming provisions to changes made
 4 by the act; amending s. 409.811, F.S.; revising and
 5 deleting definitions; amending s. 409.812, F.S.; providing
 6 for the Florida Kidcare program to provide health benefits
 7 to certain uninsured children; amending s. 409.813, F.S.;
 8 specifying components of the program; providing that no
 9 cause of action shall arise against the Florida Healthy
 10 Kids Corporation for failure to make certain services
 11 available; repealing s. 409.8132, F.S., relating to the
 12 Medikids program component; amending s. 409.8134, F.S.;
 13 revising provisions relating to enrollment in the program;
 14 amending s. 409.814, F.S.; revising eligibility
 15 requirements for the program; creating s. 409.8141, F.S.;
 16 authorizing the program to provide premium assistance to
 17 certain children under certain circumstances; providing
 18 for verification of assistance eligibility; creating s.
 19 409.8142, F.S.; requiring the program to withhold benefits
 20 under specified circumstances; providing penalties for
 21 certain actions; creating s. 409.8149, F.S.; providing for
 22 enrollment, plan choice, and choice counseling; amending
 23 ss. 409.815 and 409.816, F.S.; conforming provisions to
 24 changes made by the act; amending s. 409.817, F.S.;
 25 revising requirements for certain health insurance
 26 coverage to qualify for premium assistance; amending s.
 27 409.8177, F.S.; conforming provisions to changes made by
 28 the act; amending s. 409.818, F.S.; revising duties of the
 29 Department of Children and Family Services, the Department

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30 of Health, the Agency for Health Care Administration, the
 31 Office of Insurance Regulation, and the Florida Healthy
 32 Kids Corporation relating to implementation and
 33 administration of the program; amending s. 409.821, F.S.,
 34 relating to the program's public records exemption;
 35 revising applicability of consent provisions; amending s.
 36 624.91, F.S.; revising legislative intent regarding the
 37 Florida Healthy Kids Corporation; revising provisions
 38 relating to eligibility for state-funded assistance;
 39 revising duties of the corporation; specifying venue for
 40 civil and administrative actions against the corporation;
 41 providing an effective date.

42
 43 Be It Enacted by the Legislature of the State of Florida:

44
 45 Section 1. Subsection (4) of section 408.915, Florida
 46 Statutes, is amended to read:

47 408.915 Eligibility pilot project.--The Agency for Health
 48 Care Administration, in consultation with the steering committee
 49 established in s. 408.916, shall develop and implement a pilot
 50 project to integrate the determination of eligibility for health
 51 care services with information and referral services.

52 (4) The pilot project shall include eligibility
 53 determinations for the following programs:

54 (a) Medicaid under Title XIX of the Social Security Act.

55 ~~(b) Medikids as created in s. 409.8132.~~

56 (b) ~~(e)~~ Florida Healthy Kids as described in s. 624.91 and
 57 within eligibility guidelines provided in s. 409.814.

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58 ~~(c)~~ (d) Eligibility for Florida Kidcare services outside of
 59 the scope of Title XIX or Title XXI of the Social Security Act as
 60 provided in s. 409.814.

61 ~~(d)~~ (e) State and local publicly funded health and social
 62 services programs as determined appropriate by the steering
 63 committee.

64 Section 2. Paragraph (a) of subsection (9) of section
 65 409.1451, Florida Statutes, is amended to read:

66 409.1451 Independent living transition services.--

67 (9) MEDICAL ASSISTANCE FOR YOUNG ADULTS FORMERLY IN FOSTER
 68 CARE.--The department shall enroll in the Florida Kidcare
 69 program, outside the open enrollment period, each young adult who
 70 is eligible as described in paragraph (2)(b) and who has not yet
 71 reached his or her 19th birthday.

72 (a) A young adult who was formerly in foster care at the
 73 time of his or her 18th birthday and who is 18 years of age but
 74 not yet 19, shall pay the premium for the Florida Kidcare program
 75 as required in s. 409.8141 ~~409.814~~.

76 Section 3. Subsections (20) through (26) of section
 77 409.811, Florida Statutes, are renumbered as subsections (19)
 78 through (25), respectively, and present subsections (6), (19),
 79 and (25) of that section are amended to read:

80 409.811 Definitions relating to Florida Kidcare Act.--As
 81 used in ss. 409.810-409.820, the term:

82 (6) "Child with special health care needs" means a child
 83 who has chronic physical, developmental, behavioral, or emotional
 84 conditions and who also requires health care and related services
 85 of a type or amount beyond that which is generally required by a
 86 child ~~whose serious or chronic physical or developmental~~

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87 ~~condition requires extensive preventive and maintenance care~~
 88 ~~beyond that required by typically healthy children. Health care~~
 89 ~~utilization by such a child exceeds the statistically expected~~
 90 ~~usage of the normal child adjusted for chronological age, and~~
 91 ~~such a child often needs complex care requiring multiple~~
 92 ~~providers, rehabilitation services, and specialized equipment in~~
 93 ~~a number of different settings.~~

94 ~~(19) "Medikids" means a component of the Florida Kidcare~~
 95 ~~program of medical assistance authorized by Title XXI of the~~
 96 ~~Social Security Act, and regulations thereunder, and s. 409.8132,~~
 97 ~~as administered in the state by the agency.~~

98 ~~(24)(25)~~ "Rural county" means a county having a population
 99 density of fewer ~~less~~ than 100 persons per square mile, or a
 100 county defined by the most recent United States Census as rural,
 101 ~~in which there is no prepaid health plan participating in the~~
 102 ~~Medicaid program as of July 1, 1998.~~

103 Section 4. Section 409.812, Florida Statutes, is amended to
 104 read:

105 409.812 Program created; purpose.--The Florida Kidcare
 106 program is created to provide a defined set of health benefits to
 107 ~~previously~~ uninsured, low-income children through the
 108 establishment of a variety of affordable health benefits coverage
 109 options from which families may select coverage and through which
 110 families may contribute financially to the health care of their
 111 children.

112 Section 5. Section 409.813, Florida Statutes, is amended to
 113 read:

114 409.813 Program components; entitlement and
 115 nonentitlement.--The Florida Kidcare program includes health

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116 | benefits coverage provided to children through the following
 117 | program components, which shall be marketed as the Florida
 118 | Kidcare program:

- 119 | (1) Medicaid;
- 120 | ~~(2) Medikids as created in s. 409.8132;~~
- 121 | (2)~~(3)~~ The Florida Healthy Kids Corporation as created in
- 122 | s. 624.91; and
- 123 | ~~(4) Employer sponsored group health insurance plans~~
- 124 | ~~approved under ss. 409.810-409.820; and~~
- 125 | (3)~~(5)~~ The Children's Medical Services network established
- 126 | in chapter 391.

127 |
 128 | Except for Title XIX-funded Florida Kidcare coverage ~~under the~~
 129 | ~~Medicaid program~~, coverage under the Florida Kidcare program is
 130 | not an entitlement. No cause of action shall arise against the
 131 | state, the department, the Department of Children and Family
 132 | Services, ~~or the agency,~~ or the Florida Healthy Kids Corporation
 133 | for failure to make health services available to any person under
 134 | ss. 409.810-409.820.

135 | Section 6. Section 409.8132, Florida Statutes, is repealed.

136 | Section 7. Subsections (1) and (2) of section 409.8134,
 137 | Florida Statutes, are amended to read:

138 | 409.8134 Program expenditure ceiling.--

139 | (1) Except for the Medicaid program, a ceiling shall be
 140 | placed on annual federal and state expenditures for the Florida
 141 | Kidcare program as provided each year in the General
 142 | Appropriations Act.

143 | (2) ~~The Florida Kidcare program may conduct enrollment at~~
 144 | ~~any time throughout the year for the purpose of enrolling~~

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145 ~~children eligible for all program components listed in s. 409.813~~
 146 ~~except Medicaid. The four Florida Kidcare administrators shall~~
 147 ~~work together to ensure that the year round enrollment period is~~
 148 ~~announced statewide. Eligible children shall be enrolled on a~~
 149 ~~first come, first served basis using the date the enrollment~~
 150 ~~application is received. Enrollment shall immediately cease when~~
 151 the expenditure ceiling is reached. Year-round enrollment shall
 152 only be held if the Social Services Estimating Conference
 153 determines that sufficient ~~federal and state~~ funds will be
 154 available to finance the increased enrollment ~~through federal~~
 155 ~~fiscal year 2007. Any individual who is not enrolled must reapply~~
 156 ~~by submitting a new application. The application for the Florida~~
 157 ~~Kidcare program shall be valid for a period of 120 days after the~~
 158 ~~date it was received. At the end of the 120 day period, if the~~
 159 ~~applicant has not been enrolled in the program, the application~~
 160 ~~shall be invalid and the applicant shall be notified of the~~
 161 ~~action. The applicant may resubmit the application after~~
 162 ~~notification of the action taken by the program. Except for the~~
 163 Medicaid program, whenever the Social Services Estimating
 164 Conference determines that there are presently, or will be by the
 165 end of the current fiscal year, insufficient funds to finance the
 166 current or projected enrollment in the Florida Kidcare program,
 167 all ~~additional~~ enrollment must cease and ~~additional enrollment~~
 168 may not resume until sufficient funds are available to finance
 169 the ~~such~~ enrollment.

170 Section 8. Section 409.814, Florida Statutes, is amended to
 171 read:

172 (Substantial rewording of section. See s. 409.814, F.S.,
 173 for present text.)

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174 409.814 Eligibility.--
 175 (1) ELIGIBILITY FOR THE FLORIDA KIDCARE PROGRAM.--
 176 (a) To be eligible for the Florida Kidcare program, a child
 177 must be:
 178 1. A resident of the state.
 179 2. Under 19 years of age.
 180 3. Uninsured at the time of application.
 181 (b) Once a child is enrolled in the Florida Kidcare
 182 program, the child is eligible for coverage under the program for
 183 12 months without redetermination or reverification of
 184 eligibility.
 185 (2) ELIGIBILITY FOR CHILDREN'S MEDICAL SERVICES.--To be
 186 eligible for the Children's Medical Services component of the
 187 Florida Kidcare program, a child must meet the requirements of
 188 subsection (1) and must be a child with special health care needs
 189 as determined through clinical evaluation by the Department of
 190 Health pursuant to s. 409.818(2).
 191 Section 9. Section 409.8141, Florida Statutes, is created
 192 to read:
 193 409.8141 Premium assistance.--
 194 (1) The Florida Kidcare program may provide premium
 195 assistance to certain children enrolled in the program. To be
 196 eligible for premium assistance, the child must meet the
 197 requirements of s. 409.814 and must:
 198 (a) Reside in a household where the family income is equal
 199 to or less than 200 percent of the federal poverty level; and
 200 (b) Be a United States citizen or a qualified alien as
 201 defined in s. 409.811(22).

202 (2) The Florida Kidcare program may provide premium
 203 assistance for enrollees who do not reside in a household where
 204 the family income is equal to or less than 200 percent of the
 205 federal poverty level, who are noncitizens, or who are not
 206 qualified aliens. Such premium assistance may be funded by
 207 general revenue or local contributions pursuant to s. 624.91 and
 208 is subject to specific appropriation. If the program does not
 209 provide such premium assistance, enrollees not meeting the
 210 eligibility requirements of subsection (1) shall pay the full
 211 cost of the premium and are not required to document income.

212 (3) Eligibility for premium assistance shall be verified
 213 for each applicant and enrollee during the application and
 214 reverification processes based on:

215 (a) Family income documented with a copy of the applicant's
 216 most recent federal income tax return. In the absence of a
 217 federal income tax return, an applicant's wages and earnings
 218 statements, W-2 forms, or other appropriate documentation
 219 obtained from other government sources, including electronic
 220 records, may be considered. An assets test is not required.

221 (b) A statement from the applicant or enrollee that the
 222 child is not currently insured by an employer-sponsored or other
 223 benefit plan.

224 (4) Once a child is found eligible for premium assistance,
 225 the child shall receive premium assistance for 12 months without
 226 reverification of eligibility if the family continues to
 227 participate in any applicable cost-sharing pursuant to s.
 228 409.816. The Florida Kidcare program shall conduct an annual
 229 eligibility reverification for each enrollee eligible for premium
 230 assistance.

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231 Section 10. Section 409.8142, Florida Statutes, is created
 232 to read:

233 409.8142 Penalties.--

234 (1) Subject to s. 624.91(4), the Florida Kidcare program
 235 shall withhold benefits from an enrollee if the program obtains
 236 evidence that the enrollee is no longer eligible, submitted
 237 incorrect or fraudulent information in order to establish
 238 eligibility, or failed to provide verification of eligibility.
 239 The applicant or enrollee shall be notified that, because of such
 240 evidence, program benefits will be withheld unless the applicant
 241 or enrollee contacts a designated representative of the program
 242 by a specified date, which must be within 10 days after the date
 243 of notice, to discuss and resolve the matter. The program shall
 244 make every effort to resolve the matter within a timeframe that
 245 will not cause benefits to be withheld from an eligible enrollee.

246 (2) The following individuals may be subject to prosecution
 247 in accordance with s. 414.39:

248 (a) An applicant obtaining or attempting to obtain benefits
 249 for a potential enrollee under the Florida Kidcare program when
 250 the applicant knows or should have known the potential enrollee
 251 does not qualify for the Florida Kidcare program.

252 (b) An individual who assists an applicant in obtaining or
 253 attempting to obtain benefits for a potential enrollee under the
 254 Florida Kidcare program when the individual knows or should have
 255 known the potential enrollee does not qualify for the Florida
 256 Kidcare program.

257 Section 11. Section 409.8149, Florida Statutes, is created
 258 to read:

259 409.8149 Enrollment; plan choice; choice counseling.--

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260 (1) ENROLLMENT.--The Florida Kidcare program may conduct
 261 enrollment at any time throughout the year for the purpose of
 262 enrolling children eligible for all program components listed in
 263 s. 409.813 except Medicaid. The four Florida Kidcare
 264 administrators shall work together to ensure that the year-round
 265 enrollment period is announced statewide. Eligible children shall
 266 be enrolled on a first-come, first-served basis, based upon the
 267 date the enrollment application is received. The application for
 268 the Florida Kidcare program is valid for a period of 120 days
 269 after the date the application is received. At the end of the
 270 120-day period, if the applicant has not been enrolled in the
 271 program, the application is invalid and the applicant shall be
 272 notified of the action. The applicant may resubmit the
 273 application after notification of the action taken by the
 274 program.

275 (2) PLAN CHOICE.--

276 (a) Each enrollee shall have 30 days after the date of
 277 enrollment to voluntarily choose a benefit plan. Enrollees may
 278 choose the Children's Medical Services network or any managed
 279 care plan operating in the Medicaid program or any plan selected
 280 pursuant to s. 624.91 in the geographical area in which the
 281 enrollee resides. An enrollee eligible for Medicaid may also
 282 choose the Medicaid fee-for-service program.

283 (b) Enrollees who do not voluntarily choose a benefit plan
 284 shall be assigned to a managed care plan by the Florida Kidcare
 285 program. The program shall assign enrollees eligible for Medicaid
 286 to a Medicaid managed care plan or to the Medicaid fee-for-
 287 service program if a Medicaid managed care plan does not exist in
 288 the geographical area in which the enrollee resides. The program

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289 shall assign all other enrollees to plans selected pursuant to s.
 290 624.91 in the geographical area in which each enrollee resides.

291 (c) Upon selection or assignment, an enrollee shall have 90
 292 days during which to voluntarily disenroll from a benefit plan
 293 and select another.

294 (d) Upon the anniversary of enrollment, each enrollee may
 295 voluntarily select another benefit plan. The Florida Kidcare
 296 program shall notify enrollees of their annual open enrollment
 297 options 60 days prior to the anniversary of initial enrollment.

298 (3) CHOICE COUNSELING.--The Florida Kidcare program shall
 299 provide education on the available benefit plans pursuant to s.
 300 409.818(4). The program shall provide choice counseling upon
 301 initial enrollment and prior to an enrollee's annual optional
 302 reselection. The program shall coordinate with Medicaid to
 303 provide choice counseling regarding Medicaid fee-for-service and
 304 managed care options.

305 Section 12. Section 409.815, Florida Statutes, is amended
 306 to read:

307 409.815 Health benefits coverage; limitations.--

308 (1) MEDICAID BENEFITS.--For purposes of the Florida Kidcare
 309 program, benefits available under Medicaid ~~and Medikids~~ include
 310 those goods and services provided under the medical assistance
 311 program authorized by Title XIX of the Social Security Act, and
 312 regulations thereunder, as administered in this state by the
 313 agency. This includes those mandatory Medicaid services
 314 authorized under s. 409.905 and optional Medicaid services
 315 authorized under s. 409.906, rendered on behalf of eligible
 316 individuals by qualified providers, in accordance with federal
 317 requirements for Title XIX, subject to any limitations or

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318 | directions provided for in the General Appropriations Act or
 319 | chapter 216, and according to methodologies and limitations set
 320 | forth in agency rules and policy manuals and handbooks
 321 | incorporated by reference thereto.

322 | (2) BENCHMARK BENEFITS.--In order for health benefits
 323 | coverage to qualify for premium assistance payments for an
 324 | eligible child under ss. 409.810-409.820, the health benefits
 325 | coverage, except for coverage under Medicaid ~~and Medikids~~, must
 326 | include the following minimum benefits, as medically necessary.

327 | (a) Preventive health services.--Covered services include:

- 328 | 1. Well-child care, including services recommended in the
- 329 | Guidelines for Health Supervision of Children and Youth as
- 330 | developed by the American Academy of Pediatrics;
- 331 | 2. Immunizations and injections;
- 332 | 3. Health education counseling and clinical services;
- 333 | 4. Vision screening; and
- 334 | 5. Hearing screening.

335 | (b) Inpatient hospital services.--All covered services
 336 | provided for the medical care and treatment of an enrollee who is
 337 | admitted as an inpatient to a hospital licensed under part I of
 338 | chapter 395, with the following exceptions:

- 339 | 1. All admissions must be authorized by the enrollee's
- 340 | health benefits coverage provider.
- 341 | 2. The length of the patient stay shall be determined based
- 342 | on the medical condition of the enrollee in relation to the
- 343 | necessary and appropriate level of care.
- 344 | 3. Room and board may be limited to semiprivate
- 345 | accommodations, unless a private room is considered medically
- 346 | necessary or semiprivate accommodations are not available.

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347 4. Admissions for rehabilitation and physical therapy are
 348 limited to 15 days per contract year.

349 (c) Emergency services.--Covered services include visits to
 350 an emergency room or other licensed facility if needed
 351 immediately due to an injury or illness and delay means risk of
 352 permanent damage to the enrollee's health. Health maintenance
 353 organizations shall comply with the provisions of s. 641.513.

354 (d) Maternity services.--Covered services include maternity
 355 and newborn care, including prenatal and postnatal care, with the
 356 following limitations:

357 1. Coverage may be limited to the fee for vaginal
 358 deliveries; and

359 2. Initial inpatient care for newborn infants of enrolled
 360 adolescents shall be covered, including normal newborn care,
 361 nursery charges, and the initial pediatric or neonatal
 362 examination, and the infant may be covered for up to 3 days
 363 following birth.

364 (e) Organ transplantation services.--Covered services
 365 include pretransplant, transplant, and postdischarge services and
 366 treatment of complications after transplantation for transplants
 367 deemed necessary and appropriate within the guidelines set by the
 368 Organ Transplant Advisory Council under s. 765.53 or the Bone
 369 Marrow Transplant Advisory Panel under s. 627.4236.

370 (f) Outpatient services.--Covered services include
 371 preventive, diagnostic, therapeutic, palliative care, and other
 372 services provided to an enrollee in the outpatient portion of a
 373 health facility licensed under chapter 395, except for the
 374 following limitations:

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- 375 | 1. Services must be authorized by the enrollee's health
 376 | benefits coverage provider; and
- 377 | 2. Treatment for temporomandibular joint disease (TMJ) is
 378 | specifically excluded.
- 379 | (g) Behavioral health services.--
- 380 | 1. Mental health benefits include:
- 381 | a. Inpatient services, limited to not more than 30
 382 | inpatient days per contract year for psychiatric admissions, or
 383 | residential services in facilities licensed under s. 394.875(8)
 384 | or s. 395.003 in lieu of inpatient psychiatric admissions;
 385 | however, a minimum of 10 of the 30 days shall be available only
 386 | for inpatient psychiatric services when authorized by a
 387 | physician; and
- 388 | b. Outpatient services, including outpatient visits for
 389 | psychological or psychiatric evaluation, diagnosis, and treatment
 390 | by a licensed mental health professional, limited to a maximum of
 391 | 40 outpatient visits each contract year.
- 392 | 2. Substance abuse services include:
- 393 | a. Inpatient services, limited to not more than 7 inpatient
 394 | days per contract year for medical detoxification only and 30
 395 | days of residential services; and
- 396 | b. Outpatient services, including evaluation, diagnosis,
 397 | and treatment by a licensed practitioner, limited to a maximum of
 398 | 40 outpatient visits per contract year.
- 399 | (h) Durable medical equipment.--Covered services include
 400 | equipment and devices that are medically indicated to assist in
 401 | the treatment of a medical condition and specifically prescribed
 402 | as medically necessary, with the following limitations:
- 403 | 1. Low-vision and telescopic aides are not included.

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404 2. Corrective lenses and frames may be limited to one pair
405 every 2 years, unless the prescription or head size of the
406 enrollee changes.

407 3. Hearing aids shall be covered only when medically
408 indicated to assist in the treatment of a medical condition.

409 4. Covered prosthetic devices include artificial eyes and
410 limbs, braces, and other artificial aids.

411 (i) Health practitioner services.--Covered services include
412 services and procedures rendered to an enrollee when performed to
413 diagnose and treat diseases, injuries, or other conditions,
414 including care rendered by health practitioners acting within the
415 scope of their practice, with the following exceptions:

416 1. Chiropractic services shall be provided in the same
417 manner as in the Florida Medicaid program.

418 2. Podiatric services may be limited to one visit per day
419 totaling two visits per month for specific foot disorders.

420 (j) Home health services.--Covered services include
421 prescribed home visits by both registered and licensed practical
422 nurses to provide skilled nursing services on a part-time
423 intermittent basis, subject to the following limitations:

424 1. Coverage may be limited to include skilled nursing
425 services only;

426 2. Meals, housekeeping, and personal comfort items may be
427 excluded; and

428 3. Private duty nursing is limited to circumstances where
429 such care is medically necessary.

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

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433 1. Once a family elects to receive hospice care for an
 434 enrollee, other services that treat the terminal condition will
 435 not be covered; and

436 2. Services required for conditions totally unrelated to
 437 the terminal condition are covered to the extent that the
 438 services are included in this section.

439 (l) Laboratory and X-ray services.--Covered services
 440 include diagnostic testing, including clinical radiologic,
 441 laboratory, and other diagnostic tests.

442 (m) Nursing facility services.--Covered services include
 443 regular nursing services, rehabilitation services, drugs and
 444 biologicals, medical supplies, and the use of appliances and
 445 equipment furnished by the facility, with the following
 446 limitations:

447 1. All admissions must be authorized by the health benefits
 448 coverage provider.

449 2. The length of the patient stay shall be determined based
 450 on the medical condition of the enrollee in relation to the
 451 necessary and appropriate level of care, but is limited to not
 452 more than 100 days per contract year.

453 3. Room and board may be limited to semiprivate
 454 accommodations, unless a private room is considered medically
 455 necessary or semiprivate accommodations are not available.

456 4. Specialized treatment centers and independent kidney
 457 disease treatment centers are excluded.

458 5. Private duty nurses, television, and custodial care are
 459 excluded.

460 6. Admissions for rehabilitation and physical therapy are
 461 limited to 15 days per contract year.

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462 (n) Prescribed drugs.--
 463 1. Coverage shall include drugs prescribed for the
 464 treatment of illness or injury when prescribed by a licensed
 465 health practitioner acting within the scope of his or her
 466 practice.
 467 2. Prescribed drugs may be limited to generics if available
 468 and brand name products if a generic substitution is not
 469 available, unless the prescribing licensed health practitioner
 470 indicates that a brand name is medically necessary.
 471 3. Prescribed drugs covered under this section shall
 472 include all prescribed drugs covered under the Florida Medicaid
 473 program.
 474 (o) Therapy services.--Covered services include
 475 rehabilitative services, including occupational, physical,
 476 respiratory, and speech therapies, with the following
 477 limitations:
 478 1. Services must be for short-term rehabilitation where
 479 significant improvement in the enrollee's condition will result;
 480 and
 481 2. Services shall be limited to not more than 24 treatment
 482 sessions within a 60-day period per episode or injury, with the
 483 60-day period beginning with the first treatment.
 484 (p) Transportation services.--Covered services include
 485 emergency transportation required in response to an emergency
 486 situation.
 487 (q) Dental services.--Dental services shall be covered and
 488 may include those dental benefits provided to children by the
 489 Florida Medicaid program under s. 409.906(6).

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490 (r) Lifetime maximum.--Health benefits coverage obtained
 491 under ss. 409.810-409.820 shall pay an enrollee's covered
 492 expenses at a lifetime maximum of \$1 million per covered child.

493 (s) Cost-sharing.--Cost-sharing provisions must comply with
 494 s. 409.816.

495 (t) Exclusions.--

496 1. Experimental or investigational procedures that have not
 497 been clinically proven by reliable evidence are excluded;

498 2. Services performed for cosmetic purposes only or for the
 499 convenience of the enrollee are excluded; and

500 3. Abortion may be covered only if necessary to save the
 501 life of the mother or if the pregnancy is the result of an act of
 502 rape or incest.

503 (u) Enhancements to minimum requirements.--

504 1. This section sets the minimum benefits that must be
 505 included in any health benefits coverage, other than Medicaid ~~or~~
 506 ~~Medikids~~ coverage, offered under ss. 409.810-409.820. Health
 507 benefits coverage may include additional benefits not included
 508 under this subsection, but may not include benefits excluded
 509 under paragraph (s).

510 2. Health benefits coverage may extend any limitations
 511 beyond the minimum benefits described in this section.

512
 513 Except for the Children's Medical Services Network, the agency
 514 may not increase the premium assistance payment for either
 515 additional benefits provided beyond the minimum benefits
 516 described in this section or the imposition of less restrictive
 517 service limitations.

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518 (v) Applicability of other state laws.--Health insurers,
 519 health maintenance organizations, and their agents are subject to
 520 the provisions of the Florida Insurance Code, except for any such
 521 provisions waived in this section.

522 1. Except as expressly provided in this section, a law
 523 requiring coverage for a specific health care service or benefit,
 524 or a law requiring reimbursement, utilization, or consideration
 525 of a specific category of licensed health care practitioner, does
 526 not apply to a health insurance plan policy or contract offered
 527 or delivered under ss. 409.810-409.820 unless that law is made
 528 expressly applicable to such policies or contracts.

529 2. Notwithstanding chapter 641, a health maintenance
 530 organization may issue contracts providing benefits equal to,
 531 exceeding, or actuarially equivalent to the benchmark benefit
 532 plan authorized by this section and may pay providers located in
 533 a rural county negotiated fees or Medicaid reimbursement rates
 534 for services provided to enrollees who are residents of the rural
 535 county.

536 Section 13. Subsection (3) of section 409.816, Florida
 537 Statutes, is amended to read:

538 409.816 Limitations on premiums and cost-sharing.--The
 539 following limitations on premiums and cost-sharing are
 540 established for the program.

541 (3) Enrollees in families with a family income above 150
 542 percent of the federal poverty level, who are not receiving
 543 coverage under the Medicaid program or who are not eligible under
 544 s. 409.8141 ~~409.814(5)~~, may be required to pay enrollment fees,
 545 premiums, copayments, deductibles, coinsurance, or similar
 546 charges on a sliding scale related to income, except that the

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547 total annual aggregate cost-sharing with respect to all children
 548 in a family may not exceed 5 percent of the family's income.
 549 However, copayments, deductibles, coinsurance, or similar charges
 550 may not be imposed for preventive services, including well-baby
 551 and well-child care, age-appropriate immunizations, and routine
 552 hearing and vision screenings.

553 Section 14. Section 409.817, Florida Statutes, is amended
 554 to read:

555 409.817 Approval of health benefits coverage; financial
 556 assistance.--In order for health insurance coverage other than
 557 Medicaid managed care plans to qualify for premium assistance
 558 payments for an eligible child under ss. 409.810-409.820, the
 559 health benefits coverage must:

560 ~~(1) Be certified by the Office of Insurance Regulation of~~
 561 ~~the Financial Services Commission under s. 409.818 as meeting,~~
 562 ~~exceeding, or being actuarially equivalent to the benchmark~~
 563 ~~benefit plan;~~

564 (1)~~(2)~~ Be guarantee issued;

565 (2)~~(3)~~ Be community rated;

566 (3)~~(4)~~ Not impose any preexisting condition exclusion for
 567 covered benefits; however, group health insurance plans may
 568 permit the imposition of a preexisting condition exclusion, but
 569 only insofar as it is permitted under s. 627.6561;

570 (4)~~(5)~~ Comply with the applicable limitations on premiums
 571 and cost-sharing in s. 409.816;

572 (5)~~(6)~~ Comply with the quality assurance and access
 573 standards developed under s. 409.820; and

574 (6)~~(7)~~ Establish periodic open enrollment periods, which
 575 may not occur more frequently than quarterly.

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576 Section 15. Paragraph (i) of subsection (1) of section
577 409.8177, Florida Statutes, is amended to read:

578 409.8177 Program evaluation.--

579 (1) The agency, in consultation with the Department of
580 Health, the Department of Children and Family Services, and the
581 Florida Healthy Kids Corporation, shall contract for an
582 evaluation of the Florida Kidcare program and shall by January 1
583 of each year submit to the Governor, the President of the Senate,
584 and the Speaker of the House of Representatives a report of the
585 program. In addition to the items specified under s. 2108 of
586 Title XXI of the Social Security Act, the report shall include an
587 assessment of crowd-out and access to health care, as well as the
588 following:

589 (i) An assessment of the effectiveness of the ~~Medikids,~~
590 Children's Medical Services network, and other public and private
591 programs in the state in increasing the availability of
592 affordable quality health insurance and health care for children.

593 Section 16. Section 409.818, Florida Statutes, is amended
594 to read:

595 409.818 Administration.--In order to implement ss. 409.810-
596 409.820, the following agencies shall have the following duties:

597 (1) The Department of Children and Family Services shall:

598 (a) Develop a comprehensive, statewide outreach program
599 through the Community Access Network developed by the department
600 that increases enrollment in the Florida Kidcare program by
601 providing multiple access points throughout the state, maximizing
602 shared resources, and partnering with a broad variety of
603 providers, schools, community-based organizations, and local and
604 state agencies.

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605 (b) Develop a standardized intake process for all Community
606 Access Network partners that informs applicants about coverage
607 and services available through the Florida Kidcare program and
608 collects all information necessary to assess eligibility for any
609 premium assistance.

610 (c)~~(a)~~ Develop a simplified eligibility application process
611 ~~mail-in form to be used for determining the eligibility of~~
612 ~~children for coverage through~~ under the Florida Kidcare program,
613 in consultation with the agency, the Department of Health, and
614 the Florida Healthy Kids Corporation. The department shall
615 collect all information necessary to determine eligibility for
616 premium assistance and provide ~~simplified eligibility application~~
617 ~~form must include an item that provides an opportunity for the~~
618 applicant to indicate whether coverage is being sought for a
619 child with special health care needs. ~~Families applying for~~
620 ~~children's Medicaid coverage must also be able to use the~~
621 ~~simplified application form without having to pay a premium.~~

622 (d) Determine eligibility for Medicaid. The department may
623 perform this function either directly or through the services of
624 a contracted third-party administrator. The eligibility
625 determination process must include redetermination or
626 reverification of eligibility every 12 months.

627 (e) Coordinate with the Florida Healthy Kids Corporation to
628 establish a seamless eligibility process for children regardless
629 of funding source.

630 ~~(b) Establish and maintain the eligibility determination~~
631 ~~process under the program except as specified in subsection (5).~~
632 ~~The department shall directly, or through the services of a~~
633 ~~contracted third-party administrator, establish and maintain a~~

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634 ~~process for determining eligibility of children for coverage~~
 635 ~~under the program. The eligibility determination process must be~~
 636 ~~used solely for determining eligibility of applicants for health~~
 637 ~~benefits coverage under the program. The eligibility~~
 638 ~~determination process must include an initial determination of~~
 639 ~~eligibility for any coverage offered under the program, as well~~
 640 ~~as a redetermination or reverification of eligibility each~~
 641 ~~subsequent 6 months. Effective January 1, 1999, a child who has~~
 642 ~~not attained the age of 5 and who has been determined eligible~~
 643 ~~for the Medicaid program is eligible for coverage for 12 months~~
 644 ~~without a redetermination or reverification of eligibility. In~~
 645 ~~conducting an eligibility determination, the department shall~~
 646 ~~determine if the child has special health care needs. The~~
 647 ~~department, in consultation with the Agency for Health Care~~
 648 ~~Administration and the Florida Healthy Kids Corporation, shall~~
 649 ~~develop procedures for redetermining eligibility which enable a~~
 650 ~~family to easily update any change in circumstances which could~~
 651 ~~affect eligibility. The department may accept changes in a~~
 652 ~~family's status as reported to the department by the Florida~~
 653 ~~Healthy Kids Corporation without requiring a new application from~~
 654 ~~the family. Redetermination of a child's eligibility for Medicaid~~
 655 ~~may not be linked to a child's eligibility determination for~~
 656 ~~other programs.~~

657 (f)~~(e)~~ Inform program applicants about eligibility
 658 determinations and ensure appropriate followup procedures for
 659 choice counseling and plan enrollment ~~provide information about~~
 660 ~~eligibility of applicants to Medicaid, Medikids, the Children's~~
 661 ~~Medical Services Network, and the Florida Healthy Kids~~

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662 ~~Corporation, and to insurers and their agents, through a~~
 663 ~~centralized coordinating office.~~

664 (g)~~(d)~~ Adopt such rules as may be necessary for conducting
 665 program eligibility and outreach functions.

666 (2) The Department of Health shall determine eligibility
 667 for the Children's Medical Services component of the Florida
 668 Kidcare program based on a clinical evaluation.~~+~~

669 ~~(a) Design an eligibility intake process for the program,~~
 670 ~~in coordination with the Department of Children and Family~~
 671 ~~Services, the agency, and the Florida Healthy Kids Corporation.~~
 672 ~~The eligibility intake process may include local intake points~~
 673 ~~that are determined by the Department of Health in coordination~~
 674 ~~with the Department of Children and Family Services.~~

675 ~~(b) Chair a state level coordinating council to review and~~
 676 ~~make recommendations concerning the implementation and operation~~
 677 ~~of the program. The coordinating council shall include~~
 678 ~~representatives from the department, the Department of Children~~
 679 ~~and Family Services, the agency, the Florida Healthy Kids~~
 680 ~~Corporation, the Office of Insurance Regulation of the Financial~~
 681 ~~Services Commission, local government, health insurers, health~~
 682 ~~maintenance organizations, health care providers, families~~
 683 ~~participating in the program, and organizations representing low-~~
 684 ~~income families.~~

685 ~~(c) In consultation with the Florida Healthy Kids~~
 686 ~~Corporation and the Department of Children and Family Services,~~
 687 ~~establish a toll free telephone line to assist families with~~
 688 ~~questions about the program.~~

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

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

692 (a) Calculate the premium assistance payment necessary to
693 comply with the premium and cost-sharing limitations specified in
694 s. 409.816. The premium assistance payment for each enrollee in a
695 health insurance plan participating in the Florida Healthy Kids
696 Corporation shall equal the premium approved by the Florida
697 Healthy Kids Corporation and the Office of Insurance Regulation
698 of the Financial Services Commission pursuant to ss. 627.410 and
699 641.31, less any enrollee's share of the premium established
700 within the limitations specified in s. 409.816. ~~The premium~~
701 ~~assistance payment for each enrollee in an employer sponsored~~
702 ~~health insurance plan approved under ss. 409.810-409.820 shall~~
703 ~~equal the premium for the plan adjusted for any benchmark benefit~~
704 ~~plan actuarial equivalent benefit rider approved by the Office of~~
705 ~~Insurance Regulation pursuant to ss. 627.410 and 641.31, less any~~
706 ~~enrollee's share of the premium established within the~~
707 ~~limitations specified in s. 409.816. In calculating the premium~~
708 ~~assistance payment levels for children with family coverage, the~~
709 ~~agency shall set the premium assistance payment levels for each~~
710 ~~child proportionately to the total cost of family coverage.~~

711 (b) Provide fiscal management for Title XIX and Title XXI
712 funding for the Florida Kidcare program, distributing funds among
713 Florida Healthy Kids, the Department of Children and Family
714 Services, and the Department of Health based on costs and the
715 participation of children in the plans and programs available to
716 Florida Kidcare program participants.

717 ~~(c)-(b)~~ Make premium assistance payments to health insurance
718 plans on a periodic basis. The agency may use its Medicaid fiscal

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719 agent or a contracted third-party administrator in making these
 720 payments. ~~The agency may require health insurance plans that~~
 721 ~~participate in the Medikids program or employer sponsored group~~
 722 ~~health insurance to collect premium payments from an enrollee's~~
 723 ~~family. Participating health insurance plans shall report premium~~
 724 ~~payments collected on behalf of enrollees in the program to the~~
 725 ~~agency in accordance with a schedule established by the agency.~~

726 (d) ~~(e)~~ Monitor compliance with quality assurance and access
 727 standards developed under s. 409.820.

728 (e) ~~(d)~~ Establish a mechanism for investigating and
 729 resolving complaints and grievances from program applicants,
 730 enrollees, and health benefits coverage providers, and maintain a
 731 record of complaints and confirmed problems. In the case of a
 732 child who is enrolled in a health maintenance organization, the
 733 agency must use the provisions of s. 641.511 to address grievance
 734 reporting and resolution requirements.

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

738 (f) Adopt rules, as necessary, for calculating premium
 739 assistance payment levels, making premium assistance payments,
 740 monitoring access and quality assurance standards, investigating
 741 and resolving complaints and grievances, ~~administering the~~
 742 ~~Medikids program,~~ and approving health benefits coverage.

743 (g) Seek and implement federal waivers necessary to
 744 implement this section and ss. 409.810-409.820.

745
 746 The agency is designated the lead state agency for Title XXI of
 747 the Social Security Act for purposes of receipt of federal funds,

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748 for reporting purposes, and for ensuring compliance with federal
749 and state regulations and rules.

750 ~~(4) The Office of Insurance Regulation shall certify that~~
751 ~~health benefits coverage plans that seek to provide services~~
752 ~~under the Florida Kidcare program, except those offered through~~
753 ~~the Florida Healthy Kids Corporation or the Children's Medical~~
754 ~~Services Network, meet, exceed, or are actuarially equivalent to~~
755 ~~the benchmark benefit plan and that health insurance plans will~~
756 ~~be offered at an approved rate. In determining actuarial~~
757 ~~equivalence of benefits coverage, the Office of Insurance~~
758 ~~Regulation and health insurance plans must comply with the~~
759 ~~requirements of s. 2103 of Title XXI of the Social Security Act.~~
760 ~~The department shall adopt rules necessary for certifying health~~
761 ~~benefits coverage plans.~~

762 (4)-(5) The Florida Healthy Kids Corporation shall retain
763 its functions as authorized in s. 624.91, including eligibility
764 determination for participation in the Florida Kidcare Healthy
765 Kids program. Additionally, the Florida Healthy Kids Corporation
766 shall:

767 (a) Develop and implement a statewide marketing program to
768 promote the Florida Kidcare program. The corporation may contract
769 for marketing services to the extent funds are made available for
770 that specific purpose.

771 (b) Provide comprehensive choice counseling to assist
772 families with eligible children to select and enroll in available
773 plans.

774 (5)-(6) The agency, the Department of Health, the Department
775 of Children and Family Services, the Florida Healthy Kids
776 Corporation, and the Office of Insurance Regulation, after

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777 | consultation with and approval of the Speaker of the House of
 778 | Representatives and the President of the Senate, are authorized
 779 | to make program modifications that are necessary to overcome any
 780 | objections of the United States Department of Health and Human
 781 | Services to obtain approval of the state's child health insurance
 782 | plan under Title XXI of the Social Security Act.

783 | Section 17. Section 409.821, Florida Statutes, is amended
 784 | to read:

785 | 409.821 Florida Kidcare program public records
 786 | exemption.--~~Notwithstanding any other law to the contrary,~~ Any
 787 | information identifying a Florida Kidcare program applicant or
 788 | enrollee, as defined in s. 409.811, held by the Agency for Health
 789 | Care Administration, the Department of Children and Family
 790 | Services, the Department of Health, or the Florida Healthy Kids
 791 | Corporation is confidential and exempt from s. 119.07(1) and s.
 792 | 24(a), Art. I of the State Constitution. Such information may be
 793 | disclosed to another governmental entity only if disclosure is
 794 | necessary for the entity to perform its duties and
 795 | responsibilities under the Florida Kidcare program and shall be
 796 | disclosed to the Department of Revenue for purposes of
 797 | administering the state Title IV-D program. The receiving
 798 | governmental entity must maintain the confidential and exempt
 799 | status of such information. Furthermore, such information may not
 800 | be released to any person without the written consent of the
 801 | program enrollee or the parent or guardian of the enrollee
 802 | ~~applicant~~. This exemption applies to any information identifying
 803 | a Florida Kidcare program applicant or enrollee held by the
 804 | Agency for Health Care Administration, the Department of Children
 805 | and Family Services, the Department of Health, or the Florida

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806 Healthy Kids Corporation before, on, or after the effective date
 807 of this exemption. A violation of this section is a misdemeanor
 808 of the second degree, punishable as provided in s. 775.082 or s.
 809 775.083.

810 Section 18. Section 624.91, Florida Statutes, is amended to
 811 read:

812 624.91 The Florida Healthy Kids Corporation Act.--

813 (1) SHORT TITLE.--This section may be cited as the "William
 814 G. 'Doc' Myers Healthy Kids Corporation Act."

815 (2) LEGISLATIVE INTENT.--

816 (a) The Legislature finds that increased access to health
 817 care services could improve children's health and reduce the
 818 incidence and costs of childhood illness and disabilities among
 819 children in this state. Many children do not have comprehensive,
 820 affordable health care services available. It is the intent of
 821 the Legislature that the Florida Healthy Kids Corporation provide
 822 quality comprehensive health insurance coverage to such children.
 823 The corporation is encouraged to cooperate with any existing
 824 health service programs funded by the public or the private
 825 sector.

826 (b) It is the intent of the Legislature that the Florida
 827 Healthy Kids Corporation serve as one of several providers of
 828 services to children eligible for medical assistance under Title
 829 XXI of the Social Security Act. ~~Although the corporation may~~
 830 ~~serve other children, the Legislature intends the primary~~
 831 ~~recipients of services provided through the corporation be~~
 832 ~~school age children with a family income below 200 percent of the~~
 833 ~~federal poverty level, who do not qualify for Medicaid.~~ It is
 834 also the intent of the Legislature that state and local

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835 government Florida Healthy Kids funds be used to continue
 836 coverage, subject to specific appropriations in the General
 837 Appropriations Act, to children not eligible for federal matching
 838 funds under Title XIX and Title XXI.

839 (3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.--~~Only the~~
 840 ~~following~~ Individuals are eligible for premium state-funded
 841 assistance with in paying Florida Kidcare program Healthy Kids
 842 premiums+

843 ~~(a) Residents of this state who are eligible for the~~
 844 ~~Florida Kidcare program pursuant to s. 409.814.~~

845 ~~(b) Notwithstanding s. 409.814, legal aliens who are~~
 846 ~~enrolled in the Florida Healthy Kids program as of January 31,~~
 847 ~~2004, who do not qualify for Title XXI federal funds because they~~
 848 ~~are not qualified aliens as defined in s. 409.811.~~

849 (4) NONENTITLEMENT.--Nothing in this section shall be
 850 construed as providing an individual with an entitlement to
 851 health care services. No cause of action shall arise against the
 852 state, the Florida Healthy Kids Corporation, or a unit of local
 853 government for failure to make health services available under
 854 this section.

855 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

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

858 (b) The Florida Healthy Kids Corporation shall:

859 1. Arrange for the collection of any family, local
 860 contributions, or employer payment or premium, in an amount to be
 861 determined by the board of directors, to provide for payment of
 862 premiums for comprehensive insurance coverage and for the actual
 863 or estimated administrative expenses.

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864 2. Arrange for the collection of any voluntary
 865 contributions to provide for payment of premiums for children who
 866 are ~~not~~ eligible for premium medical assistance in accordance
 867 with ss. 409.8141 and 409.816 ~~under Title XXI of the Social~~
 868 ~~Security Act.~~

869 3. Subject to the provisions of s. 409.8134, accept
 870 voluntary supplemental local match contributions that comply with
 871 the requirements of Title XXI of the Social Security Act for the
 872 purpose of providing additional coverage in contributing counties
 873 under Title XXI.

874 4. Establish the administrative and accounting procedures
 875 for the operation of the corporation.

876 5. Establish, with consultation from appropriate
 877 professional organizations, standards for preventive health
 878 services and providers and comprehensive insurance benefits
 879 appropriate to children, provided that such standards for rural
 880 areas shall not limit primary care providers to board-certified
 881 pediatricians.

882 6. Determine eligibility for premium assistance financed by
 883 any source other than Title XIX of the Social Security Act
 884 ~~children seeking to participate in the Title XXI funded~~
 885 ~~components of the Florida Kidcare program consistent with the~~
 886 ~~requirements specified in s. 409.814, as well as the non-Title-~~
 887 ~~XXI eligible children as provided in subsection (3).~~

888 7. Establish procedures under which providers of local
 889 match to, applicants to and participants in the program may have
 890 grievances reviewed by an impartial body and reported to the
 891 board of directors of the corporation.

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892 8. Establish participation criteria and, if appropriate,
 893 contract with an authorized insurer, health maintenance
 894 organization, or third-party administrator to provide
 895 administrative services to the corporation.

896 9. Establish enrollment criteria which shall include
 897 penalties or waiting periods of not fewer than 60 days for
 898 reinstatement of coverage upon voluntary cancellation for
 899 nonpayment of family premiums.

900 10. Contract with authorized insurers or any provider of
 901 health care services, meeting standards established by the
 902 corporation, for the provision of comprehensive insurance
 903 coverage to participants. Such standards shall include criteria
 904 under which the corporation may contract with more than one
 905 provider of health care services in program sites. Health plans
 906 shall be selected through a competitive bid process. The Florida
 907 Healthy Kids Corporation shall purchase goods and services in the
 908 most cost-effective manner consistent with the delivery of
 909 quality medical care. The maximum administrative cost for a
 910 Florida Healthy Kids Corporation contract shall be 15 percent.
 911 For health care contracts, the minimum medical loss ratio for a
 912 Florida Healthy Kids Corporation contract shall be 85 percent.
 913 For dental contracts, the remaining compensation to be paid to
 914 the authorized insurer or provider under a Florida Healthy Kids
 915 Corporation contract shall be no less than an amount which is 85
 916 percent of premium; to the extent any contract provision does not
 917 provide for this minimum compensation, this section shall
 918 prevail. The health plan selection criteria and scoring system,
 919 and the scoring results, shall be available upon request for
 920 inspection after the bids have been awarded.

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

923 12. Develop and implement a plan to publicize the Florida
924 Kidcare program ~~Healthy Kids Corporation~~, the eligibility
925 requirements of the program, and the procedures for enrollment in
926 the program and to maintain public awareness of the corporation
927 and the program.

928 13. Secure staff necessary to properly administer the
929 corporation. Staff costs shall be funded from state and local
930 matching funds and such other private or public funds as become
931 available. The board of directors shall determine the number of
932 staff members necessary to administer the corporation.

933 14. Provide a report annually to the Governor, Chief
934 Financial Officer, Commissioner of Education, Senate President,
935 Speaker of the House of Representatives, and Minority Leaders of
936 the Senate and the House of Representatives.

937 15. Establish benefit packages which conform to the
938 provisions of the Florida Kidcare program, as created in ss.
939 409.810-409.820.

940 (c) Coverage under the corporation's program is secondary
941 to any other available private coverage held by, or applicable
942 to, the participant child or family member. Insurers under
943 contract with the corporation are the payors of last resort and
944 must coordinate benefits with any other third-party payor that
945 may be liable for the participant's medical care.

946 (d) The Florida Healthy Kids Corporation shall be a private
947 corporation not for profit, organized pursuant to chapter 617,
948 and shall have all powers necessary to carry out the purposes of
949 this act, including, but not limited to, the power to receive and

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950 accept grants, loans, or advances of funds from any public or
 951 private agency and to receive and accept from any source
 952 contributions of money, property, labor, or any other thing of
 953 value, to be held, used, and applied for the purposes of this
 954 act.

955 (6) BOARD OF DIRECTORS.--

956 (a) The Florida Healthy Kids Corporation shall operate
 957 subject to the supervision and approval of a board of directors
 958 chaired by the Chief Financial Officer or her or his designee,
 959 and composed of 10 other members selected for 3-year terms of
 960 office as follows:

961 1. The Secretary of Health Care Administration, or his or
 962 her designee;

963 2. One member appointed by the Commissioner of Education
 964 from the Office of School Health Programs of the Florida
 965 Department of Education;

966 3. One member appointed by the Chief Financial Officer from
 967 among three members nominated by the Florida Pediatric Society;

968 4. One member, appointed by the Governor, who represents
 969 the Children's Medical Services Program;

970 5. One member appointed by the Chief Financial Officer from
 971 among three members nominated by the Florida Hospital
 972 Association;

973 6. One member, appointed by the Governor, who is an expert
 974 on child health policy;

975 7. One member, appointed by the Chief Financial Officer,
 976 from among three members nominated by the Florida Academy of
 977 Family Physicians;

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978 8. One member, appointed by the Governor, who represents
979 the state Medicaid program;

980 9. One member, appointed by the Chief Financial Officer,
981 from among three members nominated by the Florida Association of
982 Counties; and

983 10. The State Health Officer or her or his designee.

984 (b) A member of the board of directors may be removed by
985 the official who appointed that member. The board shall appoint
986 an executive director, who is responsible for other staff
987 authorized by the board.

988 (c) Board members are entitled to receive, from funds of
989 the corporation, reimbursement for per diem and travel expenses
990 as provided by s. 112.061.

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

995 (7) LICENSING NOT REQUIRED; FISCAL OPERATION.--

996 (a) The corporation shall not be deemed an insurer. The
997 officers, directors, and employees of the corporation shall not
998 be deemed to be agents of an insurer. Neither the corporation nor
999 any officer, director, or employee of the corporation is subject
1000 to the licensing requirements of the insurance code or the rules
1001 of the Department of Financial Services. However, any marketing
1002 representative utilized and compensated by the corporation must
1003 be appointed as a representative of the insurers or health
1004 services providers with which the corporation contracts.

1005 (b) The board has complete fiscal control over the
1006 corporation and is responsible for all corporate operations.

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1007 (c) The Department of Financial Services shall supervise
 1008 any liquidation or dissolution of the corporation and shall have,
 1009 with respect to such liquidation or dissolution, all power
 1010 granted to it pursuant to the insurance code.

1011 (8) ACCESS TO RECORDS; CONFIDENTIALITY;
 1012 PENALTIES.--Notwithstanding any other laws to the contrary, the
 1013 Florida Healthy Kids Corporation shall have access to the medical
 1014 records of a student upon receipt of permission from a parent or
 1015 guardian of the student. Such medical records may be maintained
 1016 by state and local agencies. Any identifying information,
 1017 including medical records and family financial information,
 1018 obtained by the corporation pursuant to this subsection is
 1019 confidential and is exempt from the provisions of s. 119.07(1).
 1020 Neither the corporation nor the staff or agents of the
 1021 corporation may release, without the written consent of the
 1022 participant or the parent or guardian of the participant, to any
 1023 state or federal agency, to any private business or person, or to
 1024 any other entity, any confidential information received pursuant
 1025 to this subsection. A violation of this subsection is a
 1026 misdemeanor of the second degree, punishable as provided in s.
 1027 775.082 or s. 775.083.

1028 (9) The venue for all civil and administrative actions
 1029 against the Florida Healthy Kids Corporation shall be in Leon
 1030 County.

1031 Section 19. This act shall take effect July 1, 2007.