

PCB HCC 07-04

Redraft - B

YEAR

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 s. 409.815, F.S.; conforming provisions to changes made by
 24 the act; amending s. 409.816, F.S.; providing premium
 25 funding sources; providing rate-setting requirements;
 26 providing for portability of premium assistance; revising
 27 limitations on premiums and cost sharing; amending s.
 28 409.817, F.S.; revising requirements for certain health
 29 insurance coverage to qualify for premium assistance;

PCB HCC 07-04

Redraft - B

YEAR

30 | amending s. 409.8177, F.S.; conforming provisions to
 31 | changes made by the act; amending s. 409.818, F.S.;
 32 | revising duties of the Department of Children and Family
 33 | Services, the Department of Health, the Agency for Health
 34 | Care Administration, the Office of Insurance Regulation,
 35 | and the Florida Healthy Kids Corporation relating to
 36 | implementation and administration of the program; amending
 37 | s. 409.821, F.S., relating to the program's public records
 38 | exemption; revising applicability of consent provisions;
 39 | amending s. 624.91, F.S.; revising legislative intent
 40 | regarding the Florida Healthy Kids Corporation; revising
 41 | provisions relating to eligibility for state-funded
 42 | assistance; revising duties of the corporation; specifying
 43 | venue for civil and administrative actions against the
 44 | corporation; providing an effective date.

45 |
 46 | Be It Enacted by the Legislature of the State of Florida:

47 |
 48 | Section 1. Subsection (4) of section 408.915, Florida
 49 | Statutes, is amended to read:

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

55 | (4) The pilot project shall include eligibility
 56 | determinations for the following programs:

- 57 | (a) Medicaid under Title XIX of the Social Security Act.
- 58 | ~~(b) Medikids as created in s. 409.8132.~~

PCB HCC 07-04

Redraft - B

YEAR

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

61 | ~~(c)(d)~~ Eligibility for Florida Kidcare services outside of
62 | the scope of Title XIX or Title XXI of the Social Security Act as
63 | provided in s. 409.814.

64 | ~~(d)(e)~~ State and local publicly funded health and social
65 | services programs as determined appropriate by the steering
66 | committee.

67 | Section 2. Paragraph (a) of subsection (9) of section
68 | 409.1451, Florida Statutes, is amended to read:

69 | 409.1451 Independent living transition services.--

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

75 | (a) A young adult who was formerly in foster care at the
76 | time of his or her 18th birthday and who is 18 years of age but
77 | not yet 19~~7~~ shall pay the premium for the Florida Kidcare program
78 | as required in s. 409.8141 ~~409.814~~.

79 | Section 3. Subsections (20) through (26) of section
80 | 409.811, Florida Statutes, are renumbered as subsections (19)
81 | through (25), respectively, and present subsections (6), (19),
82 | and (25) of that section are amended to read:

83 | 409.811 Definitions relating to Florida Kidcare Act.--As
84 | used in ss. 409.810-409.820, the term:

85 | (6) "Child with special health care needs" means a child
86 | who has chronic physical, developmental, behavioral, or emotional
87 | conditions and who also requires health care and related services

PCB HCC 07-04

Redraft - B

YEAR

88 of a type or amount beyond that which is generally required by a
 89 child ~~whose serious or chronic physical or developmental~~
 90 ~~condition requires extensive preventive and maintenance care~~
 91 ~~beyond that required by typically healthy children. Health care~~
 92 ~~utilization by such a child exceeds the statistically expected~~
 93 ~~usage of the normal child adjusted for chronological age, and~~
 94 ~~such a child often needs complex care requiring multiple~~
 95 ~~providers, rehabilitation services, and specialized equipment in~~
 96 ~~a number of different settings.~~

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

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

106 Section 4. Section 409.812, Florida Statutes, is amended to
 107 read:

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

115 Section 5. Section 409.813, Florida Statutes, is amended to
 116 read:

PCB HCC 07-04

Redraft - B

YEAR

117 409.813 Program components; entitlement and
 118 nonentitlement.--The Florida Kidcare program includes health
 119 benefits coverage provided to children through the following
 120 program components, which shall be marketed as the Florida
 121 Kidcare program:

- 122 (1) Medicaid;
- 123 ~~(2) Medikids as created in s. 409.8132;~~
- 124 (2)~~(3)~~ The Florida Healthy Kids Corporation as created in
 125 s. 624.91; and
- 126 ~~(4) Employer sponsored group health insurance plans~~
 127 ~~approved under ss. 409.810-409.820; and~~
- 128 (3)~~(5)~~ The Children's Medical Services network established
 129 in chapter 391.

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

138 Section 6. Section 409.8132, Florida Statutes, is repealed.

139 Section 7. Subsection (2) of section 409.8134, Florida
 140 Statutes, is amended to read:

141 409.8134 Program expenditure ceiling.--

- 142 (2) ~~The Florida Kidcare program may conduct enrollment at~~
 143 ~~any time throughout the year for the purpose of enrolling~~
 144 ~~children eligible for all program components listed in s. 409.813~~
 145 ~~except Medicaid. The four Florida Kidcare administrators shall~~

PCB HCC 07-04

Redraft - B

YEAR

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

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

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

173 409.814 Eligibility.--

174 (1) ELIGIBILITY FOR THE FLORIDA KIDCARE PROGRAM.--

PCB HCC 07-04

Redraft - B

YEAR

175 (a) To be eligible for the Florida Kidcare program, a child
 176 must be:

- 177 1. A resident of the state.
- 178 2. Under 19 years of age.
- 179 3. Uninsured at the time of application.

180 (b) Once a child is enrolled in the Florida Kidcare
 181 program, the child is eligible for coverage under the program for
 182 12 months without redetermination or reverification of
 183 eligibility.

184 (2) ELIGIBILITY FOR CHILDREN'S MEDICAL SERVICES.--To be
 185 eligible for the Children's Medical Services component of the
 186 Florida Kidcare program, a child must meet the requirements of
 187 subsection (1) and must be a child with special health care needs
 188 as determined through clinical evaluation by the Department of
 189 Health pursuant to s. 409.818(2).

190 Section 9. Section 409.8141, Florida Statutes, is created
 191 to read:

192 409.8141 Premium assistance.--

193 (1) The Florida Kidcare program may provide premium
 194 assistance to certain children enrolled in the program. To be
 195 eligible for premium assistance, the child must meet the
 196 requirements of s. 409.814 and must:

197 (a) Reside in a household where the family income is equal
 198 to or less than 200 percent of the federal poverty level; and

199 (b) Be a United States citizen or a qualified alien as
 200 defined in s. 409.811(22).

201 (2) The Florida Kidcare program may provide premium
 202 assistance for enrollees who do not reside in a household where
 203 the family income is equal to or less than 200 percent of the

PCB HCC 07-04

Redraft - B

YEAR

204 federal poverty level, who are noncitizens, or who are not
 205 qualified aliens. Such premium assistance may be funded by
 206 general revenue or local contributions pursuant to s. 624.91 and
 207 is subject to specific appropriation. If the program does not
 208 provide such premium assistance, enrollees not meeting the
 209 eligibility requirements of subsection (1) shall pay the full
 210 cost of the premium and are not required to document income.

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

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

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

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

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

232 409.8142 Penalties.--

PCB HCC 07-04

Redraft - B

YEAR

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

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

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

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

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

258 409.8149 Enrollment; plan choice; choice counseling.--

259 (1) ENROLLMENT.--The Florida Kidcare program may conduct
 260 enrollment at any time throughout the year for the purpose of
 261 enrolling children eligible for all program components listed in

PCB HCC 07-04

Redraft - B

YEAR

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

274 (2) PLAN CHOICE.--

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

282 (b) Enrollees who do not voluntarily choose a benefit plan
283 shall be assigned to a managed care plan by the Florida Kidcare
284 program. The program shall assign enrollees eligible for Medicaid
285 to a Medicaid managed care plan or to the Medicaid fee-for-
286 service program if a Medicaid managed care plan does not exist in
287 the geographical area in which the enrollee resides. The program
288 shall assign all other enrollees to plans selected pursuant to s.
289 624.91 in the geographical area in which each enrollee resides.

290 (c) Upon selection or assignment, an enrollee shall have 90

PCB HCC 07-04

Redraft - B

YEAR

291 days during which to voluntarily disenroll from a benefit plan
 292 and select another.

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

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

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

306 409.815 Health benefits coverage; limitations.--

307 (1) MEDICAID BENEFITS.--For purposes of the Florida Kidcare
 308 program, benefits available under Medicaid ~~and Medikids~~ include
 309 those goods and services provided under the medical assistance
 310 program authorized by Title XIX of the Social Security Act, and
 311 regulations thereunder, as administered in this state by the
 312 agency. This includes those mandatory Medicaid services
 313 authorized under s. 409.905 and optional Medicaid services
 314 authorized under s. 409.906, rendered on behalf of eligible
 315 individuals by qualified providers, in accordance with federal
 316 requirements for Title XIX, subject to any limitations or
 317 directions provided for in the General Appropriations Act or
 318 chapter 216, and according to methodologies and limitations set

PCB HCC 07-04

Redraft - B

YEAR

319 | forth in agency rules and policy manuals and handbooks
 320 | incorporated by reference thereto.

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

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

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

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

- 338 | 1. All admissions must be authorized by the enrollee's
 339 | health benefits coverage provider.
 340 | 2. The length of the patient stay shall be determined based
 341 | on the medical condition of the enrollee in relation to the
 342 | necessary and appropriate level of care.
 343 | 3. Room and board may be limited to semiprivate
 344 | accommodations, unless a private room is considered medically
 345 | necessary or semiprivate accommodations are not available.
 346 | 4. Admissions for rehabilitation and physical therapy are
 347 | limited to 15 days per contract year.

PCB HCC 07-04

Redraft - B

YEAR

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

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

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

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

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

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

374 1. Services must be authorized by the enrollee's health
 375 benefits coverage provider; and

PCB HCC 07-04

Redraft - B

YEAR

376 2. Treatment for temporomandibular joint disease (TMJ) is
377 specifically excluded.

378 (g) Behavioral health services.--

379 1. Mental health benefits include:

380 a. Inpatient services, limited to not more than 30
381 inpatient days per contract year for psychiatric admissions, or
382 residential services in facilities licensed under s. 394.875(8)
383 or s. 395.003 in lieu of inpatient psychiatric admissions;
384 however, a minimum of 10 of the 30 days shall be available only
385 for inpatient psychiatric services when authorized by a
386 physician; and

387 b. Outpatient services, including outpatient visits for
388 psychological or psychiatric evaluation, diagnosis, and treatment
389 by a licensed mental health professional, limited to a maximum of
390 40 outpatient visits each contract year.

391 2. Substance abuse services include:

392 a. Inpatient services, limited to not more than 7 inpatient
393 days per contract year for medical detoxification only and 30
394 days of residential services; and

395 b. Outpatient services, including evaluation, diagnosis,
396 and treatment by a licensed practitioner, limited to a maximum of
397 40 outpatient visits per contract year.

398 (h) Durable medical equipment.--Covered services include
399 equipment and devices that are medically indicated to assist in
400 the treatment of a medical condition and specifically prescribed
401 as medically necessary, with the following limitations:

402 1. Low-vision and telescopic aides are not included.

PCB HCC 07-04

Redraft - B

YEAR

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

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

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

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

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

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

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

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

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

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

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

PCB HCC 07-04

Redraft - B

YEAR

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

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

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

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

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

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

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

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

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

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

PCB HCC 07-04

Redraft - B

YEAR

461 (n) Prescribed drugs.--

462 1. Coverage shall include drugs prescribed for the
463 treatment of illness or injury when prescribed by a licensed
464 health practitioner acting within the scope of his or her
465 practice.

466 2. Prescribed drugs may be limited to generics if available
467 and brand name products if a generic substitution is not
468 available, unless the prescribing licensed health practitioner
469 indicates that a brand name is medically necessary.

470 3. Prescribed drugs covered under this section shall
471 include all prescribed drugs covered under the Florida Medicaid
472 program.

473 (o) Therapy services.--Covered services include
474 rehabilitative services, including occupational, physical,
475 respiratory, and speech therapies, with the following
476 limitations:

477 1. Services must be for short-term rehabilitation where
478 significant improvement in the enrollee's condition will result;
479 and

480 2. Services shall be limited to not more than 24 treatment
481 sessions within a 60-day period per episode or injury, with the
482 60-day period beginning with the first treatment.

483 (p) Transportation services.--Covered services include
484 emergency transportation required in response to an emergency
485 situation.

486 (q) Dental services.--Dental services shall be covered and
487 may include those dental benefits provided to children by the
488 Florida Medicaid program under s. 409.906(6).

PCB HCC 07-04

Redraft - B

YEAR

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

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

494 (t) Exclusions.--

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

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

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

502 (u) Enhancements to minimum requirements.--

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

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

511
 512 Except for the Children's Medical Services Network, the agency
 513 may not increase the premium assistance payment for either
 514 additional benefits provided beyond the minimum benefits
 515 described in this section or the imposition of less restrictive
 516 service limitations.

PCB HCC 07-04

Redraft - B

YEAR

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

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

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

535 Section 13. Section 409.816, Florida Statutes, is amended
 536 to read:

537 (Substantial rewording of section. See s. 409.816, F.S.,
 538 for present text.)

539 409.816 Premiums.--

540 (1) SOURCES OF FUNDING.--

541 (a) Premiums for children eligible for Medicaid shall be
 542 funded by Medicaid.

543 (b) Premiums for children eligible for medical assistance
 544 under Title XXI of the Social Security Act shall be funded by
 545 Title XXI federal funds.

PCB HCC 07-04

Redraft - B

YEAR

546 (c) Premiums for children not eligible for Medicaid or
547 medical assistance under Title XXI of the Social Security Act
548 shall be fully paid by the children's families. However, such
549 premiums may be funded by general revenue or local contributions
550 pursuant to s. 624.91 and subject to specific appropriation.

551 (2) RATES.--The Florida Kidcare program shall set premium
552 rates based on the age, gender, and geographic location of the
553 child and the child's eligibility for enrollment in the
554 Children's Medical Services Network.

555 (3) PORTABILITY.--Enrollees may participate in any managed
556 care plan operating under the Florida Kidcare program or Medicaid
557 regardless of any change in eligibility for premium assistance.
558 If an enrollee's eligibility for premium assistance changes, the
559 program shall change the premium funding source in accordance
560 with the enrollee's new eligibility status and continue to apply
561 the enrollee's premium to the chosen plan. If an enrollee chooses
562 a different plan during the annual plan selection period provided
563 under s. 409.8149, the program shall ensure that the premium
564 funding follows the enrollee to the new plan.

565 (4) COST SHARING.--

566 (a) Enrollees who are eligible for Medicaid shall not pay
567 enrollment fees, premiums, copayments, deductibles, coinsurance,
568 or similar charges.

569 (b) Enrollees who are not eligible for Medicaid and have a
570 family income below 150 percent of the federal poverty level
571 shall pay a share of the premium cost and shall pay \$15 per child
572 per month. Cost sharing may be waived by the Florida Kidcare
573 program when required by Title XXI of the Social Security Act.

PCB HCC 07-04

Redraft - B

YEAR

574 (c) Enrollees who are not eligible for Medicaid and have a
 575 family income below 200 percent of the federal poverty level
 576 shall pay a share of the premium cost and shall pay \$20 per child
 577 per month. Cost sharing may be waived by the Florida Kidcare
 578 program when required by Title XXI of the Social Security Act.

579 (d) Enrollees who are not receiving premium assistance
 580 shall pay the full cost of the premium.

581 Section 14. Section 409.817, Florida Statutes, is amended
 582 to read:

583 409.817 Approval of health benefits coverage; financial
 584 assistance.--In order for health insurance coverage other than
 585 Medicaid managed care plans to qualify for premium assistance
 586 payments for an eligible child under ss. 409.810-409.820, the
 587 health benefits coverage must:

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

592 (1)~~(2)~~ Be guarantee issued;

593 (2)~~(3)~~ Be community rated;

594 (3)~~(4)~~ Not impose any preexisting condition exclusion for
 595 covered benefits; however, group health insurance plans may
 596 permit the imposition of a preexisting condition exclusion, but
 597 only insofar as it is permitted under s. 627.6561;

598 (4)~~(5)~~ Comply with the applicable limitations on premiums
 599 and cost-sharing in s. 409.816;

600 (5)~~(6)~~ Comply with the quality assurance and access
 601 standards developed under s. 409.820; and

PCB HCC 07-04

Redraft - B

YEAR

602 ~~(6)(7)~~ Establish periodic open enrollment periods, which
 603 may not occur more frequently than quarterly.

604 Section 15. Paragraph (i) of subsection (1) of section
 605 409.8177, Florida Statutes, is amended to read:

606 409.8177 Program evaluation.--

607 (1) The agency, in consultation with the Department of
 608 Health, the Department of Children and Family Services, and the
 609 Florida Healthy Kids Corporation, shall contract for an
 610 evaluation of the Florida Kidcare program and shall by January 1
 611 of each year submit to the Governor, the President of the Senate,
 612 and the Speaker of the House of Representatives a report of the
 613 program. In addition to the items specified under s. 2108 of
 614 Title XXI of the Social Security Act, the report shall include an
 615 assessment of crowd-out and access to health care, as well as the
 616 following:

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

621 Section 16. Section 409.818, Florida Statutes, is amended
 622 to read:

623 409.818 Administration.--In order to implement ss. 409.810-
 624 409.820, the following agencies shall have the following duties:

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

626 (a) Develop a comprehensive, statewide outreach program
 627 through the Community Access Network developed by the department
 628 that increases enrollment in the Florida Kidcare program by
 629 providing multiple access points throughout the state, maximizing
 630 shared resources, and partnering with a broad variety of

PCB HCC 07-04

Redraft - B

YEAR

631 providers, schools, community-based organizations, and local and
632 state agencies.

633 (b) Develop a standardized intake process for all Community
634 Access Network partners that informs applicants about coverage
635 and services available through the Florida Kidcare program and
636 collects all information necessary to assess eligibility for any
637 premium assistance.

638 (c)(a) Develop a simplified eligibility application process
639 ~~mail in form to be used~~ for determining the eligibility of
640 children for coverage through ~~under~~ the Florida Kidcare program,
641 in consultation with the agency, the Department of Health, and
642 the Florida Healthy Kids Corporation. The department shall
643 collect all information necessary to determine eligibility for
644 premium assistance and provide ~~simplified eligibility application~~
645 ~~form must include an item that provides~~ an opportunity for the
646 applicant to indicate whether coverage is being sought for a
647 child with special health care needs. ~~Families applying for~~
648 ~~children's Medicaid coverage must also be able to use the~~
649 ~~simplified application form without having to pay a premium.~~

650 (d) Determine eligibility for Medicaid. The department may
651 perform this function either directly or through the services of
652 a contracted third-party administrator. The eligibility
653 determination process must include redetermination or
654 reverification of eligibility every 12 months.

655 (e) Coordinate with the Florida Healthy Kids Corporation to
656 establish a seamless eligibility process for children regardless
657 of funding source.

658 ~~(b) Establish and maintain the eligibility determination~~
659 ~~process under the program except as specified in subsection (5).~~

PCB HCC 07-04

Redraft - B

YEAR

660 ~~The department shall directly, or through the services of a~~
 661 ~~contracted third party administrator, establish and maintain a~~
 662 ~~process for determining eligibility of children for coverage~~
 663 ~~under the program. The eligibility determination process must be~~
 664 ~~used solely for determining eligibility of applicants for health~~
 665 ~~benefits coverage under the program. The eligibility~~
 666 ~~determination process must include an initial determination of~~
 667 ~~eligibility for any coverage offered under the program, as well~~
 668 ~~as a redetermination or reverification of eligibility each~~
 669 ~~subsequent 6 months. Effective January 1, 1999, a child who has~~
 670 ~~not attained the age of 5 and who has been determined eligible~~
 671 ~~for the Medicaid program is eligible for coverage for 12 months~~
 672 ~~without a redetermination or reverification of eligibility. In~~
 673 ~~conducting an eligibility determination, the department shall~~
 674 ~~determine if the child has special health care needs. The~~
 675 ~~department, in consultation with the Agency for Health Care~~
 676 ~~Administration and the Florida Healthy Kids Corporation, shall~~
 677 ~~develop procedures for redetermining eligibility which enable a~~
 678 ~~family to easily update any change in circumstances which could~~
 679 ~~affect eligibility. The department may accept changes in a~~
 680 ~~family's status as reported to the department by the Florida~~
 681 ~~Healthy Kids Corporation without requiring a new application from~~
 682 ~~the family. Redetermination of a child's eligibility for Medicaid~~
 683 ~~may not be linked to a child's eligibility determination for~~
 684 ~~other programs.~~

685 (f) ~~(e)~~ Inform program applicants about eligibility
 686 determinations and ensure appropriate followup procedures for
 687 choice counseling and plan enrollment ~~provide information about~~
 688 ~~eligibility of applicants to Medicaid, Medikids, the Children's~~

PCB HCC 07-04

Redraft - B

YEAR

689 ~~Medical Services Network, and the Florida Healthy Kids~~
 690 ~~Corporation, and to insurers and their agents, through a~~
 691 ~~centralized coordinating office.~~

692 (g)(d) Adopt such rules as may be necessary for conducting
 693 program eligibility and outreach functions.

694 (2) The Department of Health shall determine eligibility
 695 for the Children's Medical Services component of the Florida
 696 Kidcare program based on a clinical evaluation.

697 ~~(a) Design an eligibility intake process for the program,~~
 698 ~~in coordination with the Department of Children and Family~~
 699 ~~Services, the agency, and the Florida Healthy Kids Corporation.~~
 700 ~~The eligibility intake process may include local intake points~~
 701 ~~that are determined by the Department of Health in coordination~~
 702 ~~with the Department of Children and Family Services.~~

703 ~~(b) Chair a state level coordinating council to review and~~
 704 ~~make recommendations concerning the implementation and operation~~
 705 ~~of the program. The coordinating council shall include~~
 706 ~~representatives from the department, the Department of Children~~
 707 ~~and Family Services, the agency, the Florida Healthy Kids~~
 708 ~~Corporation, the Office of Insurance Regulation of the Financial~~
 709 ~~Services Commission, local government, health insurers, health~~
 710 ~~maintenance organizations, health care providers, families~~
 711 ~~participating in the program, and organizations representing low-~~
 712 ~~income families.~~

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

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

PCB HCC 07-04

Redraft - B

YEAR

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

720 (a) Calculate the premium assistance payment necessary to
721 comply with the premium and cost-sharing limitations specified in
722 s. 409.816. The premium assistance payment for each enrollee in a
723 health insurance plan participating in the Florida Healthy Kids
724 Corporation shall equal the premium approved by the Florida
725 Healthy Kids Corporation and the Office of Insurance Regulation
726 of the Financial Services Commission pursuant to ss. 627.410 and
727 641.31, less any enrollee's share of the premium established
728 within the limitations specified in s. 409.816. ~~The premium
729 assistance payment for each enrollee in an employer sponsored
730 health insurance plan approved under ss. 409.810-409.820 shall
731 equal the premium for the plan adjusted for any benchmark benefit
732 plan actuarial equivalent benefit rider approved by the Office of
733 Insurance Regulation pursuant to ss. 627.410 and 641.31, less any
734 enrollee's share of the premium established within the
735 limitations specified in s. 409.816. In calculating the premium
736 assistance payment levels for children with family coverage, the
737 agency shall set the premium assistance payment levels for each
738 child proportionately to the total cost of family coverage.~~

739 (b) Provide fiscal management for Title XIX and Title XXI
740 funding for the Florida Kidcare program, distributing funds among
741 Florida Healthy Kids, the Department of Children and Family
742 Services, and the Department of Health based on costs and the
743 participation of children in the plans and programs available to
744 Florida Kidcare program participants.

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

PCB HCC 07-04

Redraft - B

YEAR

747 agent or a contracted third-party administrator in making these
 748 payments. ~~The agency may require health insurance plans that~~
 749 ~~participate in the Medikids program or employer sponsored group~~
 750 ~~health insurance to collect premium payments from an enrollee's~~
 751 ~~family. Participating health insurance plans shall report premium~~
 752 ~~payments collected on behalf of enrollees in the program to the~~
 753 ~~agency in accordance with a schedule established by the agency.~~

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

756 (e) ~~(d)~~ Establish a mechanism for investigating and
 757 resolving complaints and grievances from program applicants,
 758 enrollees, and health benefits coverage providers, and maintain a
 759 record of complaints and confirmed problems. In the case of a
 760 child who is enrolled in a health maintenance organization, the
 761 agency must use the provisions of s. 641.511 to address grievance
 762 reporting and resolution requirements.

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

766 (f) Adopt rules, as necessary, for calculating premium
 767 assistance payment levels, making premium assistance payments,
 768 monitoring access and quality assurance standards, investigating
 769 and resolving complaints and grievances, ~~administering the~~
 770 ~~Medikids program,~~ and approving health benefits coverage.

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

773
 774 The agency is designated the lead state agency for Title XXI of
 775 the Social Security Act for purposes of receipt of federal funds,

PCB HCC 07-04

Redraft - B

YEAR

776 for reporting purposes, and for ensuring compliance with federal
777 and state regulations and rules.

778 ~~(4) The Office of Insurance Regulation shall certify that~~
779 ~~health benefits coverage plans that seek to provide services~~
780 ~~under the Florida Kidcare program, except those offered through~~
781 ~~the Florida Healthy Kids Corporation or the Children's Medical~~
782 ~~Services Network, meet, exceed, or are actuarially equivalent to~~
783 ~~the benchmark benefit plan and that health insurance plans will~~
784 ~~be offered at an approved rate. In determining actuarial~~
785 ~~equivalence of benefits coverage, the Office of Insurance~~
786 ~~Regulation and health insurance plans must comply with the~~
787 ~~requirements of s. 2103 of Title XXI of the Social Security Act.~~
788 ~~The department shall adopt rules necessary for certifying health~~
789 ~~benefits coverage plans.~~

790 (4)-(5) The Florida Healthy Kids Corporation shall retain
791 its functions as authorized in s. 624.91, including eligibility
792 determination for participation in the Florida Kidcare Healthy
793 Kids program. Additionally, the Florida Healthy Kids Corporation
794 shall:

795 (a) Develop and implement a statewide marketing program to
796 promote the Florida Kidcare program. The corporation may contract
797 for marketing services to the extent funds are made available for
798 that specific purpose.

799 (b) Provide comprehensive choice counseling to assist
800 families with eligible children to select and enroll in available
801 plans.

802 (5)-(6) The agency, the Department of Health, the Department
803 of Children and Family Services, the Florida Healthy Kids
804 Corporation, and the Office of Insurance Regulation, after

PCB HCC 07-04

Redraft - B

YEAR

805 | consultation with and approval of the Speaker of the House of
 806 | Representatives and the President of the Senate, are authorized
 807 | to make program modifications that are necessary to overcome any
 808 | objections of the United States Department of Health and Human
 809 | Services to obtain approval of the state's child health insurance
 810 | plan under Title XXI of the Social Security Act.

811 | Section 17. Section 409.821, Florida Statutes, is amended
 812 | to read:

813 | 409.821 Florida Kidcare program public records
 814 | exemption.--~~Notwithstanding any other law to the contrary,~~ Any
 815 | information identifying a Florida Kidcare program applicant or
 816 | enrollee, as defined in s. 409.811, held by the Agency for Health
 817 | Care Administration, the Department of Children and Family
 818 | Services, the Department of Health, or the Florida Healthy Kids
 819 | Corporation is confidential and exempt from s. 119.07(1) and s.
 820 | 24(a), Art. I of the State Constitution. Such information may be
 821 | disclosed to another governmental entity only if disclosure is
 822 | necessary for the entity to perform its duties and
 823 | responsibilities under the Florida Kidcare program and shall be
 824 | disclosed to the Department of Revenue for purposes of
 825 | administering the state Title IV-D program. The receiving
 826 | governmental entity must maintain the confidential and exempt
 827 | status of such information. Furthermore, such information may not
 828 | be released to any person without the written consent of the
 829 | program enrollee or the parent or guardian of the enrollee
 830 | ~~applicant~~. This exemption applies to any information identifying
 831 | a Florida Kidcare program applicant or enrollee held by the
 832 | Agency for Health Care Administration, the Department of Children
 833 | and Family Services, the Department of Health, or the Florida

PCB HCC 07-04

Redraft - B

YEAR

834 Healthy Kids Corporation before, on, or after the effective date
 835 of this exemption. A violation of this section is a misdemeanor
 836 of the second degree, punishable as provided in s. 775.082 or s.
 837 775.083.

838 Section 18. Section 624.91, Florida Statutes, is amended to
 839 read:

840 624.91 The Florida Healthy Kids Corporation Act.--

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

843 (2) LEGISLATIVE INTENT.--

844 (a) The Legislature finds that increased access to health
 845 care services could improve children's health and reduce the
 846 incidence and costs of childhood illness and disabilities among
 847 children in this state. Many children do not have comprehensive,
 848 affordable health care services available. It is the intent of
 849 the Legislature that the Florida Healthy Kids Corporation provide
 850 quality comprehensive health insurance coverage to such children.
 851 The corporation is encouraged to cooperate with any existing
 852 health service programs funded by the public or the private
 853 sector.

854 (b) It is the intent of the Legislature that the Florida
 855 Healthy Kids Corporation serve as one of several providers of
 856 services to children eligible for medical assistance under Title
 857 XXI of the Social Security Act. ~~Although the corporation may~~
 858 ~~serve other children, the Legislature intends the primary~~
 859 ~~recipients of services provided through the corporation be~~
 860 ~~school age children with a family income below 200 percent of the~~
 861 ~~federal poverty level, who do not qualify for Medicaid.~~ It is
 862 also the intent of the Legislature that state and local

PCB HCC 07-04

Redraft - B

YEAR

863 government Florida Healthy Kids funds be used to continue
 864 coverage, subject to specific appropriations in the General
 865 Appropriations Act, to children not eligible for federal matching
 866 funds under Title XIX and Title XXI.

867 (3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.--~~Only the~~
 868 ~~following~~ Individuals are eligible for premium state-funded
 869 assistance with in paying Florida Kidcare program Healthy Kids
 870 premiums.

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

873 ~~(b) Notwithstanding s. 409.814, legal aliens who are~~
 874 ~~enrolled in the Florida Healthy Kids program as of January 31,~~
 875 ~~2004, who do not qualify for Title XXI federal funds because they~~
 876 ~~are not qualified aliens as defined in s. 409.811.~~

877 (4) NONENTITLEMENT.--Nothing in this section shall be
 878 construed as providing an individual with an entitlement to
 879 health care services. No cause of action shall arise against the
 880 state, the Florida Healthy Kids Corporation, or a unit of local
 881 government for failure to make health services available under
 882 this section.

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

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

886 (b) The Florida Healthy Kids Corporation shall:

887 1. Arrange for the collection of any family, local
 888 contributions, or employer payment or premium, in an amount to be
 889 determined by the board of directors, to provide for payment of
 890 premiums for comprehensive insurance coverage and for the actual
 891 or estimated administrative expenses.

PCB HCC 07-04

Redraft - B

YEAR

892 2. Arrange for the collection of any voluntary
 893 contributions to provide for payment of premiums for children who
 894 are ~~not~~ eligible for premium medical assistance in accordance
 895 with ss. 409.8141 and 409.816 ~~under Title XXI of the Social~~
 896 ~~Security Act.~~

897 3. Subject to the provisions of s. 409.8134, accept
 898 voluntary supplemental local match contributions that comply with
 899 the requirements of Title XXI of the Social Security Act for the
 900 purpose of providing additional coverage in contributing counties
 901 under Title XXI.

902 4. Establish the administrative and accounting procedures
 903 for the operation of the corporation.

904 5. Establish, with consultation from appropriate
 905 professional organizations, standards for preventive health
 906 services and providers and comprehensive insurance benefits
 907 appropriate to children, provided that such standards for rural
 908 areas shall not limit primary care providers to board-certified
 909 pediatricians.

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

916 7. Establish procedures under which providers of local
 917 match to, applicants to and participants in the program may have
 918 grievances reviewed by an impartial body and reported to the
 919 board of directors of the corporation.

PCB HCC 07-04

Redraft - B

YEAR

920 8. Establish participation criteria and, if appropriate,
 921 contract with an authorized insurer, health maintenance
 922 organization, or third-party administrator to provide
 923 administrative services to the corporation.

924 9. Establish enrollment criteria which shall include
 925 penalties or waiting periods of not fewer than 60 days for
 926 reinstatement of coverage upon voluntary cancellation for
 927 nonpayment of family premiums.

928 10. Contract with authorized insurers or any provider of
 929 health care services, meeting standards established by the
 930 corporation, for the provision of comprehensive insurance
 931 coverage to participants. Such standards shall include criteria
 932 under which the corporation may contract with more than one
 933 provider of health care services in program sites. Health plans
 934 shall be selected through a competitive bid process. The Florida
 935 Healthy Kids Corporation shall purchase goods and services in the
 936 most cost-effective manner consistent with the delivery of
 937 quality medical care. The maximum administrative cost for a
 938 Florida Healthy Kids Corporation contract shall be 15 percent.
 939 For health care contracts, the minimum medical loss ratio for a
 940 Florida Healthy Kids Corporation contract shall be 85 percent.
 941 For dental contracts, the remaining compensation to be paid to
 942 the authorized insurer or provider under a Florida Healthy Kids
 943 Corporation contract shall be no less than an amount which is 85
 944 percent of premium; to the extent any contract provision does not
 945 provide for this minimum compensation, this section shall
 946 prevail. The health plan selection criteria and scoring system,
 947 and the scoring results, shall be available upon request for
 948 inspection after the bids have been awarded.

PCB HCC 07-04

Redraft - B

YEAR

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

951 12. Develop and implement a plan to publicize the Florida
952 Kidcare program ~~Healthy Kids Corporation~~, the eligibility
953 requirements of the program, and the procedures for enrollment in
954 the program and to maintain public awareness of the corporation
955 and the program.

956 13. Secure staff necessary to properly administer the
957 corporation. Staff costs shall be funded from state and local
958 matching funds and such other private or public funds as become
959 available. The board of directors shall determine the number of
960 staff members necessary to administer the corporation.

961 14. Provide a report annually to the Governor, Chief
962 Financial Officer, Commissioner of Education, Senate President,
963 Speaker of the House of Representatives, and Minority Leaders of
964 the Senate and the House of Representatives.

965 15. Establish benefit packages which conform to the
966 provisions of the Florida Kidcare program, as created in ss.
967 409.810-409.820.

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

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

PCB HCC 07-04

Redraft - B

YEAR

978 | accept grants, loans, or advances of funds from any public or
 979 | private agency and to receive and accept from any source
 980 | contributions of money, property, labor, or any other thing of
 981 | value, to be held, used, and applied for the purposes of this
 982 | act.

983 | (6) BOARD OF DIRECTORS.--

984 | (a) The Florida Healthy Kids Corporation shall operate
 985 | subject to the supervision and approval of a board of directors
 986 | chaired by the Chief Financial Officer or her or his designee,
 987 | and composed of 10 other members selected for 3-year terms of
 988 | office as follows:

989 | 1. The Secretary of Health Care Administration, or his or
 990 | her designee;

991 | 2. One member appointed by the Commissioner of Education
 992 | from the Office of School Health Programs of the Florida
 993 | Department of Education;

994 | 3. One member appointed by the Chief Financial Officer from
 995 | among three members nominated by the Florida Pediatric Society;

996 | 4. One member, appointed by the Governor, who represents
 997 | the Children's Medical Services Program;

998 | 5. One member appointed by the Chief Financial Officer from
 999 | among three members nominated by the Florida Hospital
 1000 | Association;

1001 | 6. One member, appointed by the Governor, who is an expert
 1002 | on child health policy;

1003 | 7. One member, appointed by the Chief Financial Officer,
 1004 | from among three members nominated by the Florida Academy of
 1005 | Family Physicians;

PCB HCC 07-04

Redraft - B

YEAR

1006 8. One member, appointed by the Governor, who represents
1007 the state Medicaid program;

1008 9. One member, appointed by the Chief Financial Officer,
1009 from among three members nominated by the Florida Association of
1010 Counties; and

1011 10. The State Health Officer or her or his designee.

1012 (b) A member of the board of directors may be removed by
1013 the official who appointed that member. The board shall appoint
1014 an executive director, who is responsible for other staff
1015 authorized by the board.

1016 (c) Board members are entitled to receive, from funds of
1017 the corporation, reimbursement for per diem and travel expenses
1018 as provided by s. 112.061.

1019 (d) There shall be no liability on the part of, and no
1020 cause of action shall arise against, any member of the board of
1021 directors, or its employees or agents, for any action they take
1022 in the performance of their powers and duties under this act.

1023 (7) LICENSING NOT REQUIRED; FISCAL OPERATION.--

1024 (a) The corporation shall not be deemed an insurer. The
1025 officers, directors, and employees of the corporation shall not
1026 be deemed to be agents of an insurer. Neither the corporation nor
1027 any officer, director, or employee of the corporation is subject
1028 to the licensing requirements of the insurance code or the rules
1029 of the Department of Financial Services. However, any marketing
1030 representative utilized and compensated by the corporation must
1031 be appointed as a representative of the insurers or health
1032 services providers with which the corporation contracts.

1033 (b) The board has complete fiscal control over the
1034 corporation and is responsible for all corporate operations.

PCB HCC 07-04

Redraft - B

YEAR

1035 (c) The Department of Financial Services shall supervise
 1036 any liquidation or dissolution of the corporation and shall have,
 1037 with respect to such liquidation or dissolution, all power
 1038 granted to it pursuant to the insurance code.

1039 (8) ACCESS TO RECORDS; CONFIDENTIALITY;
 1040 PENALTIES.--Notwithstanding any other laws to the contrary, the
 1041 Florida Healthy Kids Corporation shall have access to the medical
 1042 records of a student upon receipt of permission from a parent or
 1043 guardian of the student. Such medical records may be maintained
 1044 by state and local agencies. Any identifying information,
 1045 including medical records and family financial information,
 1046 obtained by the corporation pursuant to this subsection is
 1047 confidential and is exempt from the provisions of s. 119.07(1).
 1048 Neither the corporation nor the staff or agents of the
 1049 corporation may release, without the written consent of the
 1050 participant or the parent or guardian of the participant, to any
 1051 state or federal agency, to any private business or person, or to
 1052 any other entity, any confidential information received pursuant
 1053 to this subsection. A violation of this subsection is a
 1054 misdemeanor of the second degree, punishable as provided in s.
 1055 775.082 or s. 775.083.

1056 (9) VENUE.--The venue for all civil and administrative
 1057 actions against the Florida Healthy Kids Corporation shall be in
 1058 Leon County.

1059 Section 19. This act shall take effect July 1, 2007.