

Committee Substitute for Senate Bill No. 2000

An act relating to the Florida KidCare program; amending s. 409.811, F.S.; defining the term “Florida KidCare program”; deleting a definition to conform; amending s. 409.8132, F.S.; limiting when an applicant may apply for Medikids program enrollment; deleting a special enrollment period provision; amending s. 409.8134, F.S.; eliminating the Agency for Health Care Administration’s ability to request an increase in the Florida KidCare program enrollment ceiling; providing for open enrollment periods; providing a timeframe for state-wide announcement of open enrollment periods; providing for the enrollment of certain children on an emergency basis; providing limitations; providing a disenrollment process under certain circumstances; providing additional data for certain agencies to collect and analyze; amending s. 409.814, F.S.; revising Florida KidCare program eligibility criteria; limiting coverage; providing an exception for certain children otherwise eligible or covered under a family member’s employer health coverage; restricting enrollment of children whose coverage was voluntarily canceled; providing an age limitation for certain components; requiring certain transfers to be managed within authorized levels of funding; requiring certain reserves to be established and reviewed; requiring each applicant to provide certain documentation; requiring the program to withhold benefits from certain enrollees; providing additional fraudulent activities; amending s. 409.815, F.S.; revising coverage requirements for dental services; amending s. 624.91, F.S.; removing the requirement for the Florida Healthy Kids Corporation to work with the Florida Partnership for School Readiness; limiting eligibility for state-funded assistance in paying Florida Healthy Kids premiums; providing for future repeal of certain provisions; providing additional criteria for the corporation to determine eligibility; eliminating authority to establish an open enrollment period; revising the corporation’s purchasing criteria; removing a restriction; eliminating authority to contract with certain entities; eliminating authority to establish a maximum number of participants; eliminating authority to establish eligibility criteria or premium and cost-sharing requirements; providing that contracted insurers are the payors of last resort; requiring contracted insurers to coordinate benefits with certain payors; deleting obsolete provisions; requiring the Auditor General to provide recommendations to prevent enrollment of ineligible children in the Florida KidCare program and report such recommendations to the Governor and Legislature; requiring the Florida Healthy Kids Corporation to use certain funds to contract for an actuarial study; requiring the Auditor General to perform audits to ensure the eligibility of children enrolled in the Florida Healthy Kids program; authorizing the Auditor General to require and receive any books, accounts, records, or other documentation relating to the Florida Healthy Kids Corporation; requiring the Office of Program Policy Analysis and Government Accountability to perform a study

to determine the appropriate family premium for the Florida Kid-Care program and report its findings to the Legislature; amending s. 409.818, F.S.; deleting a cross-reference; repealing s. 409.819, F.S., relating to a program identifying low-income, uninsured children for certain purposes; providing appropriations; providing effective dates.

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

Section 1. Subsections (14) through (22) of section 409.811, Florida Statutes, are renumbered as subsections (15) through (23), respectively, present subsection (23) of that section is amended, and a new subsection (14) is added to that section, to read:

409.811 Definitions relating to Florida ~~KidCare~~ Kidcare Act.—As used in ss. 409.810-409.820, the term:

(14) “Florida KidCare program,” “KidCare program,” or “program” means the health benefits program administered through ss. 409.810-409.820.

~~(23) “Program” means the Florida Kidcare program, the medical assistance program authorized by Title XXI of the Social Security Act as part of the federal Balanced Budget Act of 1997.~~

Section 2. Subsections (7), (8), and (9) of section 409.8132, Florida Statutes, are amended to read:

409.8132 Medikids program component.—

~~(7) ENROLLMENT.—Enrollment in the Medikids program component may only occur during periodic open enrollment periods as specified in s. 409.8134 by the agency. An applicant may apply for enrollment in the Medikids program component and proceed through the eligibility determination process at any time throughout the year. However, enrollment in Medikids shall not begin until the next open enrollment period; and A child may not receive services under the Medikids program until the child is enrolled in a managed care plan or MediPass. In addition, Once determined eligible, an applicant may receive choice counseling and select a managed care plan or MediPass. The agency may initiate mandatory assignment for a Medikids applicant who has not chosen a managed care plan or MediPass provider after the applicant’s voluntary choice period ends. An applicant may select MediPass under the Medikids program component only in counties that have fewer than two managed care plans available to serve Medicaid recipients and only if the federal Health Care Financing Administration determines that MediPass constitutes “health insurance coverage” as defined in Title XXI of the Social Security Act.~~

~~(8) SPECIAL ENROLLMENT PERIODS.—The agency shall establish a special enrollment period of 30 days’ duration for any child who is enrolled in Medicaid if such child loses Medicaid eligibility and becomes eligible for Medikids, or for any child who is enrolled in Medikids if such child moves~~

to another county that is not within the coverage area of the child's Medikids managed care plan or MediPass provider.

(8)(9) PENALTIES FOR VOLUNTARY CANCELLATION.—The agency shall establish enrollment criteria that must include penalties or waiting periods of not fewer than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of premiums.

Section 3. Section 409.8134, Florida Statutes, is amended to read:

409.8134 Program enrollment and expenditure ceilings.—

(1) Except for the Medicaid program, a ceiling shall be placed on annual federal and state expenditures and on enrollment in the Florida KidCare ~~Kidcare~~ program as provided each year in the General Appropriations Act. The agency, in consultation with the Department of Health, may propose to increase the enrollment ceiling in accordance with chapter 216.

(2) Upon a unanimous recommendation by representatives from each of the four Florida KidCare administrators, the Florida KidCare program may conduct an open enrollment period for the purpose of enrolling children eligible for all program components listed in s. 409.813 except Medicaid. The four Florida KidCare administrators shall work together to ensure that the open enrollment period is announced statewide at least 1 month before the open enrollment is to begin. Eligible children shall be enrolled on a first-come, first-served basis using the date the open enrollment application is received. The potential open enrollment periods shall be January 1st through January 30th and September 1st through September 30th. Open enrollment shall immediately cease when the enrollment ceiling is reached. An open enrollment shall only be held if the Social Services Estimating Conference determines that sufficient federal and state funds will be available to finance the increased enrollment through federal fiscal year 2007. Any individual who is not enrolled, including those added to the waiting list after January 30, 2004, must reapply by submitting a new application during the next open enrollment period. However, the Children's Medical Services Network may annually enroll up to 120 additional children based on emergency disability criteria outside of the open enrollment periods and the cost of serving these children must be managed within the KidCare program's appropriated or authorized levels of funding. Except for the Medicaid program, whenever the Social Services Estimating Conference determines that there is presently, or will be by the end of the current fiscal year, insufficient funds to finance the current or projected enrollment in the Florida Kidcare program, all additional enrollment must cease and additional enrollment may not resume until sufficient funds are available to finance such enrollment.

(3) Upon determination by the Social Services Estimating Conference that there are insufficient funds to finance the current enrollment in the Florida KidCare program within current appropriations, the program shall initiate disenrollment procedures to remove enrollees, except those children enrolled in the Children's Medical Services network, on a last-in, first-out basis until the expenditure and appropriation levels are balanced.

(4)(3) The agencies that administer the Florida KidCare ~~Kideare~~ program components shall collect and analyze the data needed to project Florida ~~Florida~~ Kideare program enrollment costs, including price level adjustments ~~outreach impacts~~, participation and attrition rates, current and projected caseloads, utilization, and current and projected expenditures for the next 3 years. The agencies shall report the caseload and expenditure trends to the Social Services Estimating Conference in accordance with chapter 216.

Section 4. Effective July 1, 2004, section 409.814, Florida Statutes, is amended to read:

409.814 Eligibility.—A child who has not reached 19 years of age whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida KidCare ~~Kideare~~ program as provided in this section. In determining the eligibility of such a child, an assets test is not required. An applicant under 19 years of age who, based on a complete application, appears to be eligible for the Medicaid component of the Florida Kideare program is presumed eligible for coverage under Medicaid, subject to federal rules. A child who has been deemed presumptively eligible for Medicaid shall not be enrolled in a managed care plan until the child's full eligibility determination for Medicaid has been completed. The Florida Healthy Kids Corporation may, subject to compliance with applicable requirements of the Agency for Health Care Administration and the Department of Children and Family Services, be designated as an entity to conduct presumptive eligibility determinations. An applicant under 19 years of age who, based on a complete application, appears to be eligible for the Medikids, Florida Healthy Kids, or Children's Medical Services network program component, who is screened as ineligible for Medicaid and prior to the monthly verification of the applicant's enrollment in Medicaid or of eligibility for coverage under the state employee health benefit plan, may be enrolled in and begin receiving coverage from the appropriate program component on the first day of the month following the receipt of a completed application. For enrollment in the Children's Medical Services network, a complete application includes the medical or behavioral health screening. If, subsequently after verification, an individual is determined to be ineligible for coverage, he or she must immediately be disenrolled from the respective Florida KidCare Title XXI-funded Kideare program component.

(1) A child who is eligible for Medicaid coverage under s. 409.903 or s. 409.904 must be enrolled in Medicaid and is not eligible to receive health benefits under any other health benefits coverage authorized under the Florida KidCare program ss. 409.810-409.820.

(2) A child who is not eligible for Medicaid, but who is eligible for the Florida KidCare ~~Kideare~~ program, may obtain health benefits coverage under any of the other components listed in s. 409.813 ~~types of health benefits coverage authorized in ss. 409.810-409.820~~ if such coverage is approved and available in the county in which the child resides. However, a child who is eligible for Medikids may participate in the Florida Healthy Kids program only if the child has a sibling participating in the Florida Healthy Kids program and the child's county of residence permits such enrollment.

(3) A child who is eligible for the Florida ~~KidCare~~ ~~Kideare~~ program who is a child with special health care needs, as determined through a medical or behavioral screening instrument, is eligible for health benefits coverage from and shall be referred to the Children's Medical Services network.

(4) The following children are not eligible to receive premium assistance for health benefits coverage under the Florida KidCare program ss. ~~409.810-409.820~~, except under Medicaid if the child would have been eligible for Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

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

(b) A child who is currently eligible for or covered under a family member's group health benefit plan or under other employer health insurance coverage, excluding coverage provided under the Florida Healthy Kids Corporation as established under s. 624.91, provided that the cost of the child's participation is not greater than 5 percent of the family's income. This provision shall be applied during redetermination for children who were enrolled prior to July 1, 2004. These enrollees shall have 6 months of eligibility following redetermination to allow for a transition to the other health benefit plan.

(c) A child who is seeking premium assistance for the Florida KidCare program through employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 6 months prior to the family's submitting an application for determination of eligibility under the ~~Florida Kideare~~ program.

(d) A child who is an alien, but who does not meet the definition of qualified alien, in the United States.

(e) A child who is an inmate of a public institution or a patient in an institution for mental diseases.

(f) A child who has had his or her coverage in an employer-sponsored health benefit plan voluntarily canceled in the last 6 months, except those children who were on the waiting list prior to January 31, 2004.

(5) A child whose family income is above 200 percent of the federal poverty level or a child who is excluded under the provisions of subsection (4) may participate in the Florida ~~KidCare~~ ~~Kideare~~ program, excluding the Medicaid program, but is subject to the following provisions:

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

(b) The agency is authorized to place limits on enrollment in Medikids by these children in order to avoid adverse selection. The number of children participating in Medikids whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Medikids program.

(c) The board of directors of the Florida Healthy Kids Corporation is authorized to place limits on enrollment of these children in order to avoid adverse selection. In addition, the board is authorized to offer a reduced benefit package to these children in order to limit program costs for such families. The number of children participating in the Florida Healthy Kids program whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Florida Healthy Kids program.

(d) Children described in this subsection are not counted in the annual enrollment ceiling for the Florida ~~KidCare~~ ~~Kidcare~~ program.

(6) Once a child is enrolled in the Florida ~~KidCare~~ ~~Kidcare~~ program, the child is eligible for coverage under the program for 6 months without a redetermination or reverification of eligibility, if the family continues to pay the applicable premium. Eligibility for program components funded through Title XXI of the Social Security Act shall terminate when a child attains the age of 19. Effective January 1, 1999, a child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eligible for coverage for 12 months without a redetermination or reverification of eligibility.

(7) When determining or reviewing a child's eligibility under the Florida ~~KidCare~~ program, the applicant shall be provided with reasonable notice of changes in eligibility which may affect enrollment in one or more of the program components. When a transition from one program component to another is ~~authorized~~ appropriate, there shall be cooperation between the program components and the affected family which promotes continuity of health care coverage. Any authorized transfers must be managed within the program's overall appropriated or authorized levels of funding. Each component of the program shall establish a reserve to ensure that transfers between components will be accomplished within current year appropriations. These reserves shall be reviewed by each convening of the Social Services Estimating Conference to determine the adequacy of such reserves to meet actual experience.

(8) In determining the eligibility of a child, an assets test is not required. Each applicant shall provide written documentation during the application process and the redetermination process, including, but not limited to, the following:

(a) Proof of family income.

(b) A statement from all family members that:

1. Their employer does not sponsor a health benefit plan for employees;
or

2. The potential enrollee is not covered by the employer-sponsored health benefit plan because the potential enrollee is not eligible for coverage, or, if the potential enrollee is eligible but not covered, a statement of the cost to enroll the potential enrollee in the employer-sponsored health benefit plan.

(9) Subject to paragraph (4)(b) and s. 624.91(3), the Florida KidCare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

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

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

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

Section 5. Effective July 1, 2004, paragraph (q) of subsection (2) of section 409.815, Florida Statutes, is amended to read:

409.815 Health benefits coverage; limitations.—

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

(q) Dental services.—Dental services shall be covered and may services include those dental ~~benefits~~ ~~services~~ provided to children by the Florida Medicaid program under s. 409.906(6) s. 409.906(5) up to a maximum benefit of \$750 per enrollee per year.

Section 6. Subsections (3) through (7) of section 624.91, Florida Statutes, are renumbered as subsections (4) through (8), respectively, present subsections (2) and (4) of that section are amended, and a new subsection (3) is added to that section, to read:

624.91 The Florida Healthy Kids Corporation Act.—

(2) LEGISLATIVE INTENT.—

(a) The Legislature finds that increased access to health care services could improve children's health and reduce the incidence and costs of childhood illness and disabilities among children in this state. Many children do

not have comprehensive, affordable health care services available. It is the intent of the Legislature that the Florida Healthy Kids Corporation provide comprehensive health insurance coverage to such children. The corporation is encouraged to cooperate with any existing health service programs funded by the public or the private sector ~~and to work cooperatively with the Florida Partnership for School Readiness.~~

(b) It is the intent of the Legislature that the Florida Healthy Kids Corporation serve as one of several providers of services to children eligible for medical assistance under Title XXI of the Social Security Act. Although the corporation may serve other children, the Legislature intends the primary recipients of services provided through the corporation be school-age children with a family income below 200 percent of the federal poverty level, who do not qualify for Medicaid. It is also the intent of the Legislature that state and local government Florida Healthy Kids funds be used to continue ~~and expand~~ coverage, subject to specific appropriations in the General Appropriations Act, to children not eligible for federal matching funds under Title XXI.

(3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.—Only the following individuals are eligible for state-funded assistance in paying Florida Healthy Kids premiums:

(a) Residents of this state who are eligible for the Florida KidCare program pursuant to s. 409.814.

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

(c) Notwithstanding s. 409.814, individuals who have attained the age of 19 as of March 31, 2004, who were receiving Florida Healthy Kids benefits prior to the enactment of the Florida KidCare program. This paragraph shall be repealed March 31, 2005.

(d) Notwithstanding s. 409.814, state employee dependents who were enrolled in the Florida Healthy Kids program as of January 31, 2004. Such individuals shall remain eligible until January 1, 2005.

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

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

(b) The Florida Healthy Kids Corporation shall:

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

2. Arrange for the collection of any voluntary contributions to provide for payment of premiums for children who are not eligible for medical assist-

ance under Title XXI of the Social Security Act. Each fiscal year, the corporation shall establish a local match policy for the enrollment of non-Title-XXI-eligible children in the Healthy Kids program. By May 1 of each year, the corporation shall provide written notification of the amount to be remitted to the corporation for the following fiscal year under that policy. Local match sources may include, but are not limited to, funds provided by municipalities, counties, school boards, hospitals, health care providers, charitable organizations, special taxing districts, and private organizations. The minimum local match cash contributions required each fiscal year and local match credits shall be determined by the General Appropriations Act. The corporation shall calculate a county's local match rate based upon that county's percentage of the state's total non-Title-XXI expenditures as reported in the corporation's most recently audited financial statement. In awarding the local match credits, the corporation may consider factors including, but not limited to, population density, per capita income, and existing child-health-related expenditures and services.;

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

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

5. Establish, with consultation from appropriate professional organizations, standards for preventive health services and providers and comprehensive insurance benefits appropriate to children.;

provided that such standards for rural areas shall not limit primary care providers to board-certified pediatricians.;

6. ~~Determine~~ Establish eligibility for ~~criteria which children seeking must meet in order to participate in the Title XXI-funded components of the Florida KidCare program consistent with the requirements specified in s. 409.814, as well as the non-Title-XXI-eligible children as provided in subsection (3).~~;

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

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

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

10. ~~If a space is available, establish a special open enrollment period of 30 days' duration for any child who is enrolled in Medicaid or Medikids if such child loses Medicaid or Medikids eligibility and becomes eligible for the Florida Healthy Kids program;~~

~~10.11.~~ Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance coverage to participants. Such standards shall include criteria under which the corporation may contract with more than one provider of health care services in program sites. Health plans shall be selected through a competitive bid process. The Florida Healthy Kids Corporation shall purchase goods and services in the most cost-effective manner consistent with the delivery of quality medical care. The maximum administrative cost for a Florida Healthy Kids Corporation contract shall be 15 percent. The minimum medical loss ratio for a Florida Healthy Kids Corporation contract shall be 85 percent. ~~The selection of health plans shall be based primarily on quality criteria established by the board.~~ The health plan selection criteria and scoring system, and the scoring results, shall be available upon request for inspection after the bids have been awarded.;

~~11.12.~~ Establish disenrollment criteria in the event local matching funds are insufficient to cover enrollments.;

~~12.13.~~ Develop and implement a plan to publicize the Florida Healthy Kids Corporation, the eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness of the corporation and the program.;

~~13.14.~~ Secure staff necessary to properly administer the corporation. Staff costs shall be funded from state and local matching funds and such other private or public funds as become available. The board of directors shall determine the number of staff members necessary to administer the corporation.;

~~15.~~ ~~As appropriate, enter into contracts with local school boards or other agencies to provide onsite information, enrollment, and other services necessary to the operation of the corporation;~~

~~14.16.~~ Provide a report annually to the Governor, Chief Financial Officer, Commissioner of Education, Senate President, Speaker of the House of Representatives, and Minority Leaders of the Senate and the House of Representatives.;

~~17.~~ ~~Each fiscal year, establish a maximum number of participants, on a statewide basis, who may enroll in the program; and~~

~~15.18.~~ Establish eligibility criteria, premium and cost-sharing requirements, and benefit packages which conform to the provisions of the Florida KidCare Kidcare program, as created in ss. 409.810-409.820.

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

(d) The Florida Healthy Kids Corporation shall be a private corporation not for profit, organized pursuant to chapter 617, and shall have all powers necessary to carry out the purposes of this act, including, but not limited to, the power to receive and accept grants, loans, or advances of funds from any public or private agency and to receive and accept from any source contributions of money, property, labor, or any other thing of value, to be held, used, and applied for the purposes of this act.

Section 7. The Auditor General shall provide recommendations to implement mechanisms to prevent enrollment of children in the Florida KidCare program who are ineligible pursuant to the requirements of section 409.814(4), Florida Statutes. Such recommendations shall be reported to the Governor, the President of the Senate, and the Speaker of the House of Representatives by March 1, 2005.

Section 8. The Florida Healthy Kids Corporation shall use existing funds from their operating fund established by section 624.915, Florida Statutes, to contract for an actuarial study on the impact of full-pay enrollees on the cost of services for each Florida KidCare program component.

Section 9. The Auditor General shall perform periodic audits through the 2005-2006 fiscal year to ensure that children enrolled in the Florida Healthy Kids program are eligible pursuant to sections 409.814 and 624.91, Florida Statutes. The Auditor General shall have the authority to require and receive from the Florida Healthy Kids Corporation or from its independent auditor any books, accounts, records, or other documentation relating to the corporation. Any contract entered into by the corporation pursuant to section 624.91(4)(b)11. or section 624.91(4)(b)15., Florida Statutes, shall specify that the records of the contractor relating to the contract or its performance must be available for review and audit by the Auditor General.

Section 10. The Office of Program Policy Analysis and Government Accountability shall perform a study to determine the appropriate family premium for the Florida KidCare program and submit a report to the President of the Senate and the Speaker of the House of Representatives by January 1, 2005. The report shall set out no fewer than three options and shall make a recommendation as to the appropriate family premium for the Florida KidCare program. Each option shall include a detailed explanation of the analysis that led to the conclusion. A discussion of family premiums collected by Title XXI programs in other states shall be part of the report.

Section 11. Subsection (2) of section 409.818, Florida Statutes, is amended to read:

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

(2) The Department of Health shall:

(a) Design an eligibility intake process for the program, in coordination with the Department of Children and Family Services, the agency, and the Florida Healthy Kids Corporation. The eligibility intake process may in-

clude local intake points that are determined by the Department of Health in coordination with the Department of Children and Family Services.

~~(b) Design and implement program outreach activities under s. 409.819.~~

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

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

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

Section 12. Section 409.819, Florida Statutes, is repealed.

Section 13. The sums of \$6,566,073 from the General Revenue Fund, \$454,687 from the Grants and Donations Trust Fund, and \$16,272,440 from the Medical Care Trust Fund are appropriated to the Agency for Health Care Administration, and the sum of \$1,984,113 is appropriated from the Donations Trust Fund to the Department of Health, for the 2003-2004 fiscal year for the purpose of serving children on whose behalf applications are submitted to the Florida KidCare program as of January 30, 2004, and who are determined to be eligible for program components funded under Title XXI of the Social Security Act.

Section 14. Except as otherwise provided in this act, this act shall take effect upon becoming a law.

Approved by the Governor March 11, 2004.

Filed in Office Secretary of State March 11, 2004.