

Overview

On February 4, President Obama signed the Children's Health Insurance Program Reauthorization Act of 2009. The bill extends the original program passed with bipartisan support in 1997 until 2013. It also expands health insurance to nearly 6.2 million additional uninsured children from low-income families. New provisions include the ability to provide coverage for legal immigrant children and pregnant women in the United States. This option could expand eligibility to include an additional 290,000¹ children in Florida. In reauthorizing the State Children's Health Insurance Program (CHIP), the federal government will provide \$32.8 billion in funding over the next four and a half years. The program is funded through 62 cents per pack tax on cigarettes which will generate \$231.3 billion over the 2009 to 2013 period. The reauthorization offers states significant options for expansion and creates incentives for simplification and coordination of programs. In order for Florida to maximize the potential of this legislation to cover more children and draw down all available federal dollars, legislative and programmatic changes will need to be addressed.

Key Provisions²

- Will cover approximately 4 million additional uninsured children
- Is fully paid for, primarily with a 62-cent increase in the federal tobacco tax
- Will extend federal support for CHIP through 2013
- Encourages states to enroll children who are already eligible but not yet covered, and gives states new tools to reach uninsured children
- Improves the benefit package so that children who need dental care or mental health care have access to those services
- Makes sure that federal funding goes to states that are using the money (to ensure that the greatest number of children get coverage)
- Makes it easier for people who are U.S. citizens to document their citizenship status by allowing access to government databases (but extends the requirement to document citizenship to CHIP, whereas before it had applied only to Medicaid)
- Allows states to cover children in families with incomes up to 300 percent of the federal poverty level with full federal CHIP funding, but does not establish a "cap" on eligibility levels funded by individual states
- Requires states to change the way they fund coverage for the parents of kids in CHIP after 2010

In light of the federal legislation, Florida's ability to implement the options needs to be examined. The following is an analysis of Florida's current policies and what steps need to be taken to be able take advantage of the Federal coverage opportunities to maximize enrollment in CHIP and Medicaid.

CHIP - Next Steps

CHIP REAUTHORIZATION	FLORIDA ELIGIBILITY RULES, ENROLLMENT AND RENEWAL PROCEDURES	CHANGES NEEDED IN FLORIDA TO EXPAND COVERAGE UNDER REAUTHORIZATION OPPORTUNITIES
EXPANSION		
<p>Allows states to cover children up to 300% FPL with enhanced FMAP. States may cover kids above 300% with a limitation on matching rate for states that propose to cover children with effective family income that exceeds 300 percent of the poverty line.</p> <p>Federal medical assistance percentage (as determined under section 1905(b) without regard to clause (4) of such section) shall be substituted for the enhanced FMAP under subsection (a)(1) with respect to any expenditures for providing child health assistance or health benefits coverage for a targeted low-income child whose effective family income would exceed 300 percent of the poverty line.</p>	<p>Florida covers children with CHIP \$\$\$ up to 200% FPL. Above 200%, parents may participate by paying the full premium (family pays full cost, no state or federal funds).</p>	<p>This would require legislation and state match to cover any kids over 200% of the FPL. The state could draw down the enhanced match for the 200-300% FPL and above that draw down the regular FMAP to cover any additional children, but the state would still have to provide their portion. This provides an opportunity for a more updated premium payment structure that could provide coverage for more children.</p> <p>According to the Florida Children’s Health Insurance Study 2007 prepared by the University of Florida’s Institute for Child Health Policy, there are 548,000 uninsured children in Florida and 15% or 82,200 have family incomes between 200% - 300%FPL. Some full pay enrollees, with income between 200%-300%FPL are already in the program, and would automatically move to subsidized coverage. This includes a number of current full pay children who meet CMS’ clinical requirements who would then be</p>

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		<p>appropriately eligible for CMS enrollment.⁸</p> <p>According to the Medicaid Impact Conference the Cost is \$79,101,716⁸</p>
<p>States have the option to cover low-income pregnant women under CHIP and during the 60 day period beginning on the last day of pregnancy. No maximum; minimum established in the bill at 185% of FPL.</p> <p>Cannot drop the below the 185%</p>	<p>Florida does not cover pregnant women under a current CHIP waiver.</p> <p>Florida covers pregnant women up to 185% under Medicaid.</p>	<p>To cover pregnant women would require a statute change and state plan amendment. SCHIP would meet target enrollment sooner. The small addition of pregnant women between 185% and 200% will save money on better birth outcomes.</p> <p>According to the Medicaid Impact Conference cost is \$26,071,175⁸</p>
<p>Optional provision to cover pregnant women for 185%-200% FPL with Title XXI funding, then also provide presumptive eligibility.</p>	<p>Florida does not cover pregnant women under a current CHIP waiver.</p> <p>Florida covers pregnant women up to 185% under Medicaid.</p>	<p>Florida could add this coverage as a Title XXI funded Medicaid expansion program. Additional eligibility determinations would be done by Department of Children and Families Services staff.</p> <p>According the Medicaid Impact Conference the cost is \$4,345,196⁸</p>

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<p>Permits states to ensure coverage without a five year delay of certain children and pregnant women under Medicaid and CHIP.</p>	<p>Florida does require a five year delay for all potentially eligible legal residents to obtain Medicaid or CHIP coverage.</p>	<p>Both require legislative action.</p> <p>They can be part of the 46,000 new kids. The Florida Department of Children and Families is currently gathering figures on number of denials because of the 5 year ban.</p> <p>According to the Medicaid Impact Conference the cost is: \$20,691,546 (XXI); \$95,644,828 (XIX)</p>
<p>Immigrants will have to document they are legal at renewal as well as enrollment for both CHIP and Medicaid. A federal mandate to take affect April 1, 2009</p>	<p>Currently citizenship is only being required for Medicaid at application.</p>	<p>Requires a state plan amendment. CHIPRA allows States to use the Social Security Administration to verify citizenship through Social Security numbers; however, the process to work with SSA has not been developed. Since FHKC is not a state agency, it is possible SSA may not provide information to FHKC or its third party administrator.⁸</p> <p>According to the Medicaid Impact Conference the cost is \$525,000</p>
<p>Establishes outreach or coverage benchmarks. HHS will develop the process for disseminating the funds. Guidelines have not been released at this time.</p> <p>1. Significant Children outreach campaign</p>	<p>1. No significant outreach campaign</p>	<p>1. Requires legislation that budgets \$\$\$ for</p>

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	currently in effect. CKF provides the oversight of the only statewide outreach efforts, but those funds end June 2009.	outreach.
2. High performing state: the State, on the basis of the most timely and accurate published estimates of the Bureau of Census, ranks in the lowest 1/3 of States in terms of the State's percentage of low-income children without health insurance.	<p>Currently 797,000 Children Are Uninsured in Florida, and the Number Is Growing ⁷</p> <ul style="list-style-type: none"> • More than one in six children in Florida is uninsured (18.8 percent of Florida's children). • Florida ranks third in the nation for the <i>number</i> of uninsured children. • Florida ranks second in the nation for the <i>percentage</i> of children in the state without health insurance. • The number of uninsured children in Florida increased by 78,000 (10.9 percent) between the three-year period 2003-2005 and the three-year period 2005-2007, and is likely to continue to grow due to the financial crisis. 	
3. State increasing enrollment of low-income children Formula for determining increased enrollment: 2007 enrollment plus 2007-09 child population growth + 4% /yr	3. Florida has lost thousands of children during the past year. Low retention. No increase in Title XXI. Medicaid has seen an increase.	3. Florida would need to enroll the established number of children. Florida needs to pass current legislation which includes simplification elements. Third Party Administrator Corrective Action Plan needs to be closely monitored.

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<p>Outreach and Enrollment \$100 million provided.</p> <ol style="list-style-type: none"> 1. National Campaign: Provides grants to improve outreach and enrollment. Priority given to target geographic areas including rural areas and those with racial and ethnic minorities that address cultural and linguistic barriers. 2. Efforts for state awarded grants; no match required for any eligible entity awarded a grant. Eligible entities are: <ul style="list-style-type: none"> ▪ State with an approved child health plan ▪ Local government ▪ Indian tribe ▪ Federal health safety net org. ▪ National, state, local or community-based public or non-profit private org., including organizations that use community health workers or community-based doula programs ▪ Faith-based organizations ▪ Elementary or secondary school 	<p>Florida currently does not have separate funding for outreach and must come out of 10% administrative funds.</p> <p>Florida could apply for outreach and enrollment grant. Application process is not known at this time. Would require legislative action to allow agencies to have budget authority to apply for the funds.</p> <p>Healthy Kids currently providing some \$\$\$ toward marketing and through the Boots On The Ground initiative through June 30, 2009.</p>	<p>Demonstration grants; outreach grants; --- administrative because no state funds required. Florida KidCare partners and Governors office will have to determine whether it will apply at the state-level and which agency/entity will apply. Other organizations may apply as well throughout the state, but it would be a good idea to have at least one statewide entity to coordinate activities and provide resources and technical assistance to the local outreach programs.</p>
SIMPLIFICATION		
<p>Encourages alternative state process for verification of declaration of citizenship or nationality for purpose of eligibility for Medicaid. Allows electronic verification unless</p>	<p>Medicaid – currently not using SSA to verify information, this would be a new process.</p> <p>SCHIP – currently, SCHIP uses applicant’s</p>	<p>Florida needs to apply for funds for funds to implement.</p> <p>CHIPRA allows States to use the Social</p>

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<p>state receives notices that information is inconsistent with records maintained.</p> <p>There are funds for SSA to implement this. Does not go live until January 1, 2010.</p>	<p>statement of citizenship, so this is a big change and will add to administrative processes, which could have a fiscal impact and add to application processing times. Currently Florida requires documentation of citizenship for Title XIX, but allows for attestation for children under 16. This has not been added to the online Florida KidCare application.</p>	<p>Security Administration to verify citizenship through Social Security numbers; however, this process to work with SSA has not been developed. Since FHKC is not a state agency, it is possible SSA may not provide information to FHKC or its third party administrator.⁸</p>
<p>Provides performance bonus payment to offset additional enrollment costs resulting from enrollment and retention efforts. States that streamline their enrollment and retention procedures and increase CHIP and Medicaid enrollment of children above a target level receive a federal bonus payment for each additional child enrolled. CHIP Reference streamlining performance measures. Must implement at least 5 out of 8.</p> <p>Formula for determining increase in enrollment: 2007 enrollment plus 2007-09 child population growth + 4% /yr</p>	<p>The good cause exception that would have a slight fiscal impact is families who cancelled their other health insurance coverage due to</p>	<p>Remove administrative barriers:</p> <ul style="list-style-type: none"> • Allow for electronic determination of income when possible before requiring paper documentation. Interagency agreement needed between Agency for Work Force Innovation, Department of Revenue, Agency for Health Care Administration, Florida Healthy Kids Corporation and ACS.⁸ • According to the Medicaid Impact Conference the cost is \$0 • Reduce wait period for late or non-payment in the Healthy Kids program from 60 days to 30 days; According to the Medicaid Impact Conference the cost is \$7,143,316 • Eliminate income documentation requirements for non-subsidized (“Full Pay”) applicants and enrollees.

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	<p>the cost exceeding 5% of their family income. The other proposed good cause reasons are already acceptable reasons or do not have a fiscal impact. Each month 600 applicants were denied coverage because of the waiting period. Annually this would be 7,200 applications.</p>	<ul style="list-style-type: none"> • Make loss of employer-sponsored coverage due to costs in excess of 5% of the family's income a qualifying reason for subsidized coverage if a child would otherwise meet eligibility requirements. According to the Medicaid Impact Conference the cost is \$6,901,086 • Provide a full pay option for children ages 0 through 1. According to the Medicaid Impact Conference the cost is \$0 • Reduce the waiting period for subsidized coverage after voluntary cancellation of other insurance coverage from 6 months to 2 months, with reasonable, good cause exceptions. According to the Medicaid Impact Conference the cost is \$1,035,887 • Implement 60 days of presumptive Title XXI eligibility for children transitioning from Medicaid to Title XXI coverage. The Centers for Medicare and Medicaid Services has advised the Agency that this is considered presumptive eligibility and presumptive eligibility cannot be limited to this population. Presumptive eligibility would have to be offered to all new Title XXI applicants.⁸ • Extend continuous eligibility to all

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		children in the KidCare program (it doesn't cover Medicaid for children who are 6 - 19 now) According to the Medicaid Impact Conference the cost is \$20,588,580
Incentivizes streamlining eligibility enrollment and retention procedures. In order to qualify for performance bonuses, state will have to streamline their enrollment and retention procedures and increase CHIP and Medicaid enrollment. The state meets the condition if it is implementing at least 5 of the following enrollment and retention provisions throughout the full fiscal year:	1, 2, 3 and 4 (see below) have been implemented in Florida for Title XXI. Medicaid – None of these measures have been implemented for all children. For KidCare Medicaid children, 1, 2, 3 and 4 have been implemented.	Will require legislative changes as well as changes to the State Plan Amendment.
1. 12 months continuous Eligibility	1. Florida KidCare (Title XXI) has 12 months continuous eligibility. Medicaid is still re-determining eligibility at six months for children age 6 - 19 if the family is receiving benefits beyond Medicaid coverage for children.	1. This needs a policy adjustment to create consistency between programs. Workers have reported closing a Medicaid case if the family fails to meet renewal requirements for other benefits at 6 month period. This is a manual process. Make redetermination at 12 months in order to be consistent with the rest of the program. According to the Medicaid Impact Conference the cost is \$20,588,580⁸
2. Elimination of asset test for Title XIX. Administrative verification of assets permits a parent or caretaker applying on behalf of a	2. No asset test for KidCare Medicaid	2. Florida meets this requirement if we eliminate the asset test for children only from the Medicaid ACCESSS application

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child under Medicaid or CHIP to declare and certify by signature information relating to family assets for determining and re-determining financial eligibility. Only requiring documentation in case of discrepancy or where otherwise justified.		
3. Eliminate in-person interview requirement for Medicaid and CHIP.	3. No interview required for children’s coverage in either Title XIX or Title XXI.	3. Florida meets this requirement. Families that submit application that do not appear to be prone to error or fraud, know as “green track” applications, are not required to do an interview.
4. Use of joint application. (Includes verification process as well)	4. The verification process is not a joint process for Medicaid and CHIP. Currently FHK screens for possible Medicaid coverage then refers the application to Florida Department of Children and Families for eligibility determination. This may increase the time it takes a family to obtain coverage. Florida meets this requirement for the application for children only, but does not have joint renewal form.	4 Both legislative and administrative changes will be necessary. Legislative changes need to address separate agencies determining eligibility and renewal and requiring different documentation. All inconsistent administrative policies need to be standardized into a joint verification process.

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<p>5. Automatic renewal (use of administrative renewal). The state provides a pre-printed form completed based on the information available to the state and notice to the parent that eligibility of child will be renewed based on eligibility. Satisfaction through demonstrated use of ex parte process.</p>	<p>5. Medicaid allows for administrative renewal unless income has changed.³ Family is required to provide current income documentation (8 consecutive paystubs) for each renewal and complete and update application. Florida KidCare under new TPA was set to provide a pre-printed form.</p>	<p>5. Will require legislative change. Current Florida Law requires family to provide documentation for renewal. A change to Florida law should allow for electronic determination of income when possible before requiring paper documentation.</p>
<p>6. Presumptive eligibility for children for Medicaid and CHIP.</p>	<p>6. Florida has not utilized presumptive eligibility.</p>	<p>6. Requires legislative action. After a cursory eligibility review to deny children over age and over income, all children, whether potentially eligible for Medicaid or CHIP, would receive presumptive eligibility coverage, presumably for 2 months. Since the current application approval rate is 43%, presumptive coverage would be provided to many children that would not have followed through to begin coverage. Receiving presumptive coverage may provide an incentive to families to return whatever information is needed to not lose their existing coverage.⁸</p> <p>According to the Medicaid Impact Conference cost is: \$28,020,881 (XXI); \$35,123,783 (XIX)</p>

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<p>7. Encourages Express Lane eligibility: Such procedures may not require the child’s parent to provide or verify information that has already been provided to a State agency by an Express Lane Agency (a state-specified governmental agency that has fiscal liability or legal responsibility for the accuracy of the eligibility determination findings relied on by the State) or another source unless the state has reason to believe the information is erroneous.</p>	<p>7. Current Florida IT systems are not set up to do this and current Florida law requires income documentation to determine eligibility.</p>	<p>7. Requires legislative action to allow electronic documentation and IT adjustments that will need \$\$\$\$. The CHIP bill does provide health information technology \$\$\$ available to address IT deficits. Florida needs to evaluate IT readiness and identify deficits in order apply to for available funds.</p> <p>This provision would simplify the eligibility process and possibly reduce costs, however, because this simplifies the eligibility process, more children would be approved. The current KidCare approval rating is 43%. Most denials are due to not providing the requested eligibility documentation. If less or no documentation is needed from families, then the approval rating will increase, resulting in increased enrollment.⁸</p> <p>According to the Medicaid Impact Conference cost is:\$165,000 (Implementation cost)</p>

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8. Allows for premium assistance subsidies to purchase employer coverage.	8. Florida has this option available, but needs further evaluation.	
<p>Enhanced administrative funding for Translation or interpretation services under CHIP and Medicaid. States can get higher match for this service.</p> <p>For CHIP, the enhanced matching rate will equal the highest of 75 percent or the state’s current enhanced match rate plus 5 percentage points. For Medicaid, the matching rate will equal 75%. The enhanced match is available to states providing translation and interpretation services when an individual enrolls in coverage, renews coverage, and utilizes coverage⁶.</p>	Florida has this need.	Apply for funding. Florida should do a review of translation services looking at both volume of translation requests and number of languages needing translation to determine what gaps exist and how these services can be improved. Based on that assessment Florida should apply for these funds. This is a budget asset that can enhance the services currently being provided.
<p>Children born in the United States to Mothers eligible for Medicaid shall be deemed to have provided satisfactory documentary evidence of citizenship or nationality and shall not be required to provided</p>	At present, Florida does not have presumptive eligibility for citizenship.	Needs administrative action.

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<p>States must allow eligible individuals to receive benefits while proving citizenship.</p> <p>Implementation effective February 4, 2009, when a family applies for coverage and the only the missing documentation is documentation of Citizenship then a reasonable opportunity will be afforded to the family to provide that information. “reasonable opportunity” is not yet defined. During that period the child will be enrolled and federal match will be provided. This can include legal immigrant children. If families do not provide documentation during the yet to be defined reasonable opportunity, the child will be disenrolled.</p>	<p>Electronic verification with SSA currently not in place.</p>	<p>Florida needs to apply for IT funds to allow program interface to facilitate electronic verification.</p>
COORDINATION		
<p>Coordinating Premium Assistance with Private Coverage. Special enrollment period under group health plans in case of termination of Medicaid or CHIP coverage or eligibility for assistance in purchase of employment-based coverage; coordination of coverage. Employee must request coverage not later than 60 days after the date of termination of coverage.</p>	<p>This does not currently exist in Florida.</p>	<p>Florida needs to determine what if any legislation and administrative actions are required to implement.</p>
<p>Reduces barriers for states to do premium assistance by allowing states to include the cost of covering parents in assessing cost-</p>	<p>The state employer section refers only to employees providing part of premium. Need to better understand</p>	<p>Florida does not currently provide subsidies for coverage other than Medicaid and SCHIP.</p>

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effectiveness of providing premium subsidies to SCHIP- and Medicaid-eligible children. States must also include administrative costs in the cost-effectiveness test. Coverage that can be subsidized must meet some conditions: 1) employers must contribute 40% of the cost; and 2) the benefit package must meet an actuarial equivalency test to the CHIP coverage or children are eligible for “wraparound” benefits and cost-sharing protections.		To implement subsidies to private insurance would require a state plan amendment and additional administrative processes.
Amends federal ERISA law to promote coordination between public and private coverage by establishing that both the loss of or gaining of Medicaid/CHIP coverage counts as a “qualifying event” for the purposes of being eligible for employer-sponsored coverage. This addresses enrollment periods for private coverage only.	Florida currently has the six month wait for public coverage under CHIP for voluntary cancellation of insurance. This does not address that.	Florida needs to determine what if any legislation and administrative actions are required to implement.
Employers must also share their benefits packages at state request to assess the need for wraparound services.		
Encourage outreach on premium assistance.	Currently Florida does not provide premium assistance.	Florida will need to apply for outreach if Premium Assistance is implemented.
IMPROVED ACCESS TO BENEFITS		
Mental Health Parity Mental health benefits are not required but if a	Only affects Healthy Kids program, as Medicaid, MediKids and CMS Network use	EPSDT coverage is not in Healthy Kids which has limited services for mental health.

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<p>state provides mental health or substance abuse services through SCHIP, the financial requirements and treatment limitations for those benefits cannot be more restrictive than for medical and surgical benefits. SCHIP plans that include EPSDT coverage would satisfy this new requirement.</p>	<p>EPSDT requirements.⁸ Florida Healthy Kids benefit plan was grandfathered in when SCHIP first began (PA, NY and FL were grandfathered). It is not yet known if this provision will apply to grandfathered benefit plans. If it does, Florida Healthy Kids would need to expand its mental health benefits and that would have a fiscal impact.</p>	<p>FHKC has requested their actuary to determine the impact of modifying the Healthy Kids mental health and substance abuse benefits to mirror its medical benefits with regard to limitations on services. To reach parity, it is assumed that the current limitations on visits, inpatient days and residential days would have to be removed. There is a cost since additional benefits are required to comply with mental health parity.⁸</p> <p>There is an access issue with EPSDT in Medicaid with lack of providers to cover services after the initial screening.</p> <p>Mental health parity for Florida Healthy Kids would be a legislative issue, a contracting issue and an appropriations issue. Legislative changes will have to be made, because the existing benefits section will have to be amended.</p> <p>According to the Medicaid Impact Conference cost is \$4,134,078</p>

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<p>Dental Coverage Requirement. States have the option to meet this requirement by providing coverage that is equivalent to benchmark dental benefit standards available under the following dental benefit plans (goes into effect 10/1/09)⁶:</p> <ol style="list-style-type: none"> 1. A Federal Employees Health Benefits Plan that has been selected most frequently by employees seeking dependent coverage in either of the previous 2 plan years; 2. A state employees benefit plan that has been selected most frequently by employees seeking dependent coverage in either of the previous two plan years; or 3. A commercial dental plan in the state that has the largest non-Medicaid enrollment of dependents. 	<p>Dental coverage is available under all components.</p> <p>Medikids and CMSN have the Medicaid dental benefit and would also already comply with this requirement.</p>	<p>Florida Healthy Kids has reviewed this component with their actuary and determined that their dental benefit as of July 1, 2009 (\$1,000 annual benefit cap, no out of pocket costs, Medicaid benefits) will be actuarially equivalent to one of the benchmark plans. Therefore, no action would be necessary. The Florida KidCare Act benefits language may need to be tweaked to cross-reference the federal requirement but no other action is necessary</p>
<p>Dental only benefits Additional provision that allows states to provide dental only supplemental coverage through SCHIP to otherwise eligible underinsured children (e.g. children with private insurance who lack dental coverage).</p>	<p>Florida currently includes dental coverage. Florida does not have a dental-only supplemental coverage. This could be done more easily in Florida Healthy Kids since they only contract with dental managed care providers and caps benefits at \$800/year. HK Full Pay children currently can opt out of dental coverage and pay \$116 instead of \$128. This would need to be integrated with MediKids, which currently uses Medicaid dental providers and no cap on services.</p>	<p>There is TPA system programming costs associated with determining dental only eligibility as well as policy considerations on how much the state would subsidize for this specific benefit. The Florida KidCare Act would need to be modified to allow this option and an appropriation would also be necessary if the state/feds will be subsidizing this benefit for those under 200% FPL.</p> <p>According to the Medicaid Impact Conference cost is \$14,580,386</p>

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<p>Premium Grace Period Individuals enrolled shall be given a grace period of at least 30 days from the beginning of a new coverage period to make premium payments before the individual's coverage under the plan is terminated. The individual shall be provided a notice not later than 7 days after the first day of the grace period.</p>	<p>Florida is in compliance with this provision. Currently premiums are due the first of the month before the coverage month, and payment is accepted through that month.⁸</p>	<p>CMS reviewed the current process and determined that Florida is currently in compliance.⁸</p>
<p>Allocation Formula Modifies the allotment formula which determines each state's annual allotment and shorten the length of time to 2 years for the availability of each allotment FY 2009 – each state is set at 110% of the following (whichever is higher):</p> <ol style="list-style-type: none"> 1- FY 2008 spending (adjusted for health care inflation and child population growth) 2- FY 2008 allotment (adjusted for health care inflation and child population growth) 3- Projected spending for FY 2009. <p>FT 2011 allotment is rebased to reflect actual spending (adjusted for health care inflation and child population growth)</p> <p>States facing a shortfall can receive a performance-based shortfall adjustment, financed through a separate capped contingency fund, if they experience a higher than expected</p>	<p>We will have at least \$186 million in unspent funds from 2008 that will be added to new allotment of \$358,400,000 leaving us with \$544 million at the end of 2009. There are sufficient federal dollars available through fiscal year 2009.</p>	<p>Florida's FY 2009 allotment - \$358.4 million (an 18% increase)</p> <p>In order Florida to fully maximize the available federal allotment, previously referenced legislative and programmatic changes would need to be implemented.</p>

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enrollment.		
<p>Application of prospective payment system for services provided by Federally Qualified Health Centers and Rural Health Clinics</p> <p>CHIP applies Medicaid prospective payment system for reimbursement of Federally Qualified Health Centers and Rural Health Clinics. FQHC's may estimate their costs and get paid based on that and if the Providers do not reimburse enough through their contract the state will have to make up the difference.</p>	<p>Reimbursing Federally Qualified Health Centers and rural health clinics using Medicaid prospective payment system. This only affects Healthy Kids program, as Medicaid, MediKids and CMS Network already use this reimbursement method.⁸</p>	<p>This would require a State Plan Amendment if delivery of services changes for Healthy Kids enrollees Costs associated with implementing the required provisions of CHIPRA 2009.⁸</p> <p>This provision requires a higher cost reimbursement rate than the Healthy Kids plans are currently paying these providers. This provision does not require that FQHCs and rural health clinic be used in networks. Healthy Kids health plans could opt to not include these providers in their network, if there are sufficient providers in a geographical area to meet their contractual obligations. Florida Healthy Kids Corporation requested their actuary determine the projected PMPM impact of the increased reimbursement levels to FQHC and Rural Health Clinics.⁸</p>

REFERENCES

1. **Uninsured estimates from a Three-year merge (2005-2007) the Census Bureau's Current Population Survey.**
2. **Children's Health – CHIP Reauthorization.** Families USA. www.familiesusa.org/issues/childrens-health/reauthorization/
3. Ross, Donna Cohen. **Challenges of Providing Health Coverage for Children and Parents in a Recession: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, Cost-Sharing Practices I Medicaid and SCHIP in 2009.** Kaiser Commission on Medicaid and the Uninsured. (2009).
4. **Key Differences Among Major SCHIP Bills January 22, 2009.** Georgetown University Health Policy Institute Center for Children and Families
5. **Children in immigrant families: Percent: 2007.** Anne E. Casey Foundation.
<http://www.kidscount.org/datacenter/map.jsp?i=750&yr=&va=&dt=2>
6. **The Children's Health Insurance Program Reauthorization Act of 2009.** Georgetown University Health Policy Institute Center for Children and Families. February 2009.
7. **Left Behind: Florida's Uninsured Children.** Families USA. 2008
8. **2009 Florida Medicaid Impact Conference Session 2009.** Office of Economic and Demographic Research: The Florida Legislature <http://edr.state.fl.us/> . March 16, 2009.