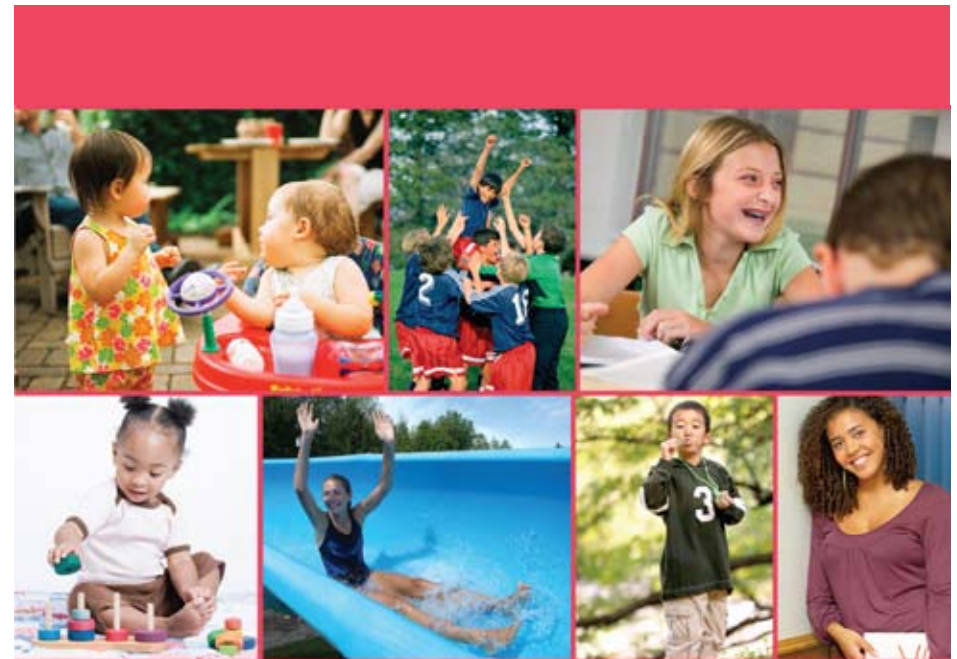


Federal Recommendations

- **SCHIP Reauthorization.** Reauthorize and increase SCHIP funding commensurate with each state's current growth projections. (23 yes, 0 no, 0 abstentions)
- **Redistribution Formula.** Continue the current process of the redistribution formula to ensure all eligible states receive redistribution funds. (23 yes, 0 no, 0 abstentions)
- **Outreach.** Recognize and support efforts on the federal level to fund outreach and enrollment efforts in the states. (23 yes, 0 no, 0 abstentions)
- **Legal Immigrant and Public Employees' Children.** Provide sufficient federal funding and remove enrollment impediments from Title XXI of the Social Security Act, such as restrictions on public employees' children and immigrant children who would otherwise qualify for subsidies. (20 yes, 0 no, 3 abstentions)
- **Age Eligibility.** Increase the age limit for the State Children's Health Insurance Program to age 21. (18 yes, 1 no, 3 abstentions)
- **Vaccines for Children.** Allow the Title XIX Vaccines for Children program to be used for the State Children's Health Insurance Program. (18 yes, 1 no, 4 abstentions)
- **Medicaid Documentation Requirements.** Repeal the Medicaid citizenship and identity documentation requirements. (16 yes, 2 no, 4 abstentions)
- **Uniform Adoption of Best Practices.** Require the Department of Health and Human Services (DHHS) to establish a streamlined and simplified enrollment system to be applied to all states, incorporating best practices and lessons learned from Medicaid and SCHIP (e.g., no asset test; self-attestation; automatic enroll if eligible for other federally-funded, means-tested programs; presumptive eligibility.) (16 yes, 1 no, 5 abstentions)
- **Medicaid Buy-In.** Support initiatives to allow families who are ineligible due to income to buy into the Medicaid program. (16 yes, 3 no, 3 abstentions)



Fl  rida KidCare
Coordinating Council
2009 Summary of Recommendations

The Florida KidCare Coordinating Council, created in Section 409.818(2)(b), *F.S.*, is responsible for making recommendations to the Governor and Legislature concerning the implementation and operation of the Florida KidCare State Children's Health Insurance Program (SCHIP). Chaired by the State Surgeon General, the council represents a diverse group of child advocates, health care providers, local government representatives, health insurers, state universities and state agencies.

Each year, the council recommends a variety of strategies to improve Florida KidCare. The council adopted recommendations that it believes present the best opportunity to make it easier for eligible children to remain in the program or to help newly eligible children enroll. To emphasize that all of the recommendations contained in this year's report are considered equally important to improving the Florida KidCare program, the council recommendations for 2009 were not prioritized. The recommendations reflect the interest of the council as a whole. Individual members or the organizations they represent, however, may not support some of the recommendations.

State Recommendations

Outreach

- Restore and fund Florida KidCare community coordination, retention efforts, and health, family education and utilization functions to reach uninsured children. Marketing should be conducted for the entire Florida KidCare program. Family advocates should be included in the planning, development and implementation of the marketing messages and open enrollment announcements. In addition, provide funding for marketing and education for hard-to-reach and special populations. Evaluate marketing efforts to measure value received for expenditures. Marketing should be research-based to assure appropriate language and literacy needs of Florida's diverse population. (22 yes, 0 no, 0 abstentions)

Eligibility and Enrollment

- Extend full pay Florida KidCare coverage to infants from birth with family incomes above the established federal income eligibility for SCHIP. (21 yes, 0 no, 1 abstention)
- Fully fund the Florida KidCare program, including its annualization needs and projected growth needs in order to maximize the use of Florida's SCHIP federal funds and include all eligible uninsured children. (19 yes, 0 no, 3 abstentions)
- Reinstate and implement presumptive eligibility for all Florida KidCare program components. (19 yes, 0 no, 3 abstentions)
- Increase Medicaid eligibility for children ages 1 through 18 to 150% of the federal poverty level. (19 yes, 0 no, 3 abstentions)
- Using Title XXI funding, adopt a seamless system for children with special health care needs by moving to Medicaid CMS Network (CMSN) eligible

children with family incomes up to at least the established federal income eligibility for SCHIP. (19 yes, 0 no, 3 abstentions)

- Implement the state option Family Opportunity Act pursuant to the Deficit Reduction Act of 2005. (19 yes, 0 no, 3 abstentions)
- Allow coverage in all of the Florida KidCare program components for children not eligible for Title XIX or Title XXI up to at least the established federal income eligibility for SCHIP, using only state and local funds with no federal match. (19 yes, 2 no, 1 abstention)
- Implement a medical income disregard for children with catastrophic illnesses who would otherwise qualify for Title XXI subsidies. (17 yes, 0 no, 5 abstentions)

Continuity of Care and Retention

- To promote smooth transitions between Florida KidCare program components and prevent breaks in coverage, when a child has been determined as over-income for Medicaid by the Department of Children and Families (DCF), accept the income and other necessary eligibility information electronically from DCF for Title XXI eligibility determination. (22 yes, 0 no, 0 abstentions)
- Provide a two-month grace period of premiums for children who transition from Medicaid to Title XXI and institute presumptive eligibility for Title XXI for children who lose Medicaid to reduce gaps in coverage. (19 yes, 0 no, 3 abstentions)
- Implement 12 months of continuous eligibility for all Florida KidCare components. (19 yes, 0 no, 3 abstentions)
- Make loss of employer-sponsored coverage due to cost in excess of 5% of a family's income a qualifying reason for subsidized Florida KidCare coverage if a child would otherwise meet the program's eligibility requirements. (18 yes, 0 no, 4 abstentions)

Administrative Efficiency

- Revise the earned and unearned income documentation requirements to first use electronic verification of income and then require other written income documentation only if the electronic verification does not substantiate the family's income. (20 yes, 0 no, 2 abstentions)
- Use a single entity to determine a child's financial eligibility for all of the Florida KidCare program components. (18 yes, 1 no, 3 abstentions)

Provider Reimbursement

- Increase Medicaid reimbursement for physician and dental services provided to children ages 0 to 21, in order to ensure access to care. For physicians, the reimbursement should be increased at least to Medicare levels. For dentists, since there is no Medicare benchmark, the reimbursement should be appropriate to ensure access to care. (16 yes, 2 no, 4 abstentions)