

Florida KidCare Coordinating Council: 2014 Summary of Recommendations

The Florida KidCare Coordinating Council, created in state law, is responsible for making recommendations concerning the implementation and operation of the Florida KidCare Children's Health Insurance Program (CHIP). Chaired by the Department of Health, 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 strategies to improve Florida KidCare. The council adopts recommendations it believes provide the best opportunity to make it easier for eligible children to remain in the program or to help newly eligible children enroll. For 2014, the council identified two priority state recommendations. Twelve additional state recommendations for long-term program improvement and three federal recommendations are not prioritized.

The state and federal 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.

2014 Priority State Recommendations

- Fully fund the Florida KidCare program, including its annualization and medical trend needs, projected growth and increased medical and dental costs in order to maximize the use of Florida's CHIP federal funds and include all eligible uninsured children. *(13 yes, 0 no, 4 abstentions)*
- Fully fund Florida KidCare outreach to reduce significantly the number of uninsured children in Florida. *(12 yes, 0 no, 5 abstentions)*

Other State Recommendations for Long-Term Program Improvement

- Extend full pay Florida KidCare coverage to infants from birth to age 1 with family incomes above the established state income eligibility for CHIP. *(13 yes, 0 no, 4 abstentions)*
- Extend 12 months of continuous eligibility to Title XIX eligible school age children, to be consistent with the rest of Florida KidCare. *(13 yes, 0 no, 4 abstentions)*
- Cover pregnant women with incomes from 185 percent to 200 percent of the Federal Poverty Level with Title XXI funding and presumptive eligibility. *(13 yes, 0 no, 4 abstentions)*
- Take advantage of Title XXI federal matching funding by extending coverage to otherwise eligible legal immigrant children and pregnant women. *(12 yes, 0 no, 5 abstentions)*
- Take advantage of federal funding by increasing Florida's income eligibility for children to the maximum amount allowed by federal law. *(12 yes, 0 no, 5 abstentions)*
- Reinstate and implement presumptive eligibility for all Florida KidCare program components. *(12 yes, 2 no, 5 abstentions)*
- Implement the state option Family Opportunity Act pursuant to the Deficit Reduction Act of 2005. *(13 yes, 0 no, 4 abstentions)*
- Maintain the increased Medicaid reimbursement for physician services provided to children ages 0 to 21, in order to ensure access to care. The reimbursement should be increased at least to Medicare levels beyond 2014. *(12 yes, 0 no, 5 abstentions)*
- Increase Medicaid reimbursement for dental services provided to children ages 0 to 21, in order to ensure access to care. Since there is no Medicare benchmark for dentists, the reimbursement should be appropriate to ensure access to care. *(12 yes, 0 no, 5 abstentions)*
- Add habilitative services to the Florida Healthy Kids benefit package. *(12 yes, 1 no, 4 abstentions)*
- Implement the Affordable Care Act Medicaid expansion to increase health coverage for young adults. *(11 yes, 0 no, 6 abstentions)*
- To promote continuity of care and using Title XXI funding, continue the adoption of a seamless system for children with special health care needs by moving to the Medicaid component, CMS Network (CMSN) eligible children with family incomes up to at least the established state income eligibility for CHIP. [This recommendation has been partially accomplished.] *(13 yes, 0 no, 4 abstentions)*

Federal Recommendations

- Allow the Title XIX Vaccines for Children program to be used for the Children's Health Insurance Program. *(13 yes, 0 no, 4 abstentions)*
- Align Children's Health Insurance Program funding and program authorization through 2019. *(13 yes, 0 no, 4 abstentions)*
- Increase Medicaid reimbursement and available federal funding for all physician services (not limited to primary care) provided to children to Medicare levels beyond 2014. For dentists, since there is no Medicare benchmark, reimbursement should be appropriate to ensure access to care. *(12 yes, 0 no, 5 abstentions)*