



Florida KidCare Coordinating Council

2012 Summary of Recommendations

The Florida KidCare Coordinating Council, created in Section 409.818(2)(b), F.S., 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 a variety of strategies to improve Florida KidCare. The council adopts recommendations 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.

For 2012, the council identified a single priority state recommendation. Thirteen additional state recommendations for long-term program improvement and five 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.

2012 Priority State Recommendation

Fully fund the Florida KidCare program, including its annualization and medical trend needs, projected growth, outreach, and increased medical and dental costs in order to maximize the use of Florida's CHIP federal funds and include all eligible uninsured children.
(14 yes, 0 no, 3 abstentions)

Other State Recommendations for Long-Term Program Improvement *(not prioritized)*

- Extend full pay Florida KidCare coverage to infants from birth to age 1 with family incomes above the established state income eligibility for CHIP. *(15 yes, 0 no, 3 abstentions)*
- Extend 12 months of continuous eligibility to Title XIX eligible school age children, to be consistent with the rest of Florida KidCare. *(15 yes, 0 no, 3 abstentions)*
- Cover pregnant women with incomes 185% to 200% of the federal poverty level with Title XXI funding and presumptive eligibility. *(15 yes, 0 no, 3 abstentions)*
- Take advantage of Title XXI federal matching funding by extending coverage to otherwise eligible children of public employees. *(15 yes, 0 no, 3 abstentions)*
- Take advantage of Title XXI federal matching funding by extending coverage to otherwise eligible legal immigrant children and pregnant women. *(15 yes, 0 no, 3 abstentions)*

- Take advantage of federal funding by increasing Florida's income eligibility for children to the maximum the amount allowed by federal law. *(15 yes, 0 no, 3 abstentions)*
- Reinstate and implement presumptive eligibility for all Florida KidCare program components. *(15 yes, 0 no, 3 abstentions)*
- 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. *(15 yes, 0 no, 3 abstentions)*
- Implement a medical income disregard for children with catastrophic illnesses who would otherwise qualify for Title XXI subsidies. *(15 yes, 0 no, 3 abstentions)*
- To promote continuity of care and using Title XXI funding, adopt 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. *(15 yes, 0 no, 3 abstentions)*
- Implement the state option Family Opportunity Act pursuant to the Deficit Reduction Act of 2005. *(15 yes, 0 no, 3 abstentions)*
- Ensure that barriers to Florida KidCare children receiving access to age appropriate immunizations are removed. *(15 yes, 0 no, 3 abstentions)*
- Use a single entity to determine a child's financial eligibility for all of the Florida KidCare program components. *(9 yes, 5 no, 4 abstentions)*

Federal Recommendations

- Allow the Title XIX Vaccines for Children program to be used for the Children's Health Insurance Program. *(16 yes, 0 no, 3 abstentions)*
- Ensure that Medicaid and Children's Health Insurance Program citizenship and identity documentation requirements for children do not impede access to coverage for otherwise eligible children. *(16 yes, 0 no, 3 abstentions)*
- Align CHIP funding and program authorization through 2019. *(16 yes, 0 no, 3 abstentions)*
- Allow stand alone Children's Health Insurance Programs to access Social Security Administration data for eligibility purposes. *(16 yes, 0 no, 3 abstentions)*
- Amend the Affordable Care Act to 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. *(16 yes, 0 no, 3 abstentions)*

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