

26 Section 1. Section 402.723, Florida Statutes, is created
 27 to read:

28 402.723 Department of Children and Families; dashboard on
 29 Medicaid and Florida Kidcare programs.—The Department of
 30 Children and Families shall publicly publish each month an
 31 online dashboard that presents data on the Medicaid and Florida
 32 Kidcare programs, including, but not limited to:

33 (1) The total number of enrollments and disenrollments and
 34 the number of enrollments and disenrollments by county for each
 35 program, including demographic data such as age, gender, race,
 36 ethnicity, and language.

37 (2) The state application processing data, including the
 38 number of applications processed, the number of applications
 39 determined eligible and ineligible, the number of applications
 40 pending, the number of ex parte renewals, and the number of
 41 procedural terminations.

42 (3) The state customer service workload and performance,
 43 including the average processing time for new applications, the
 44 number of calls, the average call wait time, and the call
 45 abandonment rate.

46 Section 2. Subsection (3) of section 409.816, Florida
 47 Statutes, is amended to read:

48 409.816 Limitations on premiums and cost sharing.—The
 49 following limitations on premiums and cost sharing are
 50 established for the program.

51 (3)(a) Except as otherwise provided in paragraph (b),
52 enrollees in families with a family income above 150 percent of
53 the federal poverty level who are not receiving coverage under
54 the Medicaid program or who are not eligible under s. 409.814(7)
55 may be required to pay enrollment fees, premiums, copayments,
56 deductibles, coinsurance, or similar charges on a sliding scale
57 related to income, except that the total annual aggregate cost
58 sharing with respect to all children in a family may not exceed
59 5 percent of the family's income. However, copayments,
60 deductibles, coinsurance, or similar charges may not be imposed
61 for preventive services, including well-baby and well-child
62 care, age-appropriate immunizations, and routine hearing and
63 vision screenings. Premiums for enrollees paying enrollment
64 fees, premiums, copayments, deductibles, coinsurance, or similar
65 charges as provided in this subsection shall be based on at
66 least three but no more than six tiers of uniform premiums that
67 increase with each tier as a percentage of the applicable
68 threshold amount of the federal poverty level, by tier.

69 (b) On or after the effective date of this act, enrollees
70 in families with a family income at or below 200 percent of the
71 federal poverty level who are not receiving coverage under the
72 Medicaid program may not be required to pay any premium.
73 Copayments, deductibles, coinsurance, or similar charges may not
74 be imposed on such enrollees for preventive services, including
75 well-baby and well-child care, age-appropriate immunizations,

76 and routine hearing and vision screenings. This paragraph
 77 expires on July 1, 2024, unless reviewed and saved from repeal
 78 through reenactment by the Legislature.

79 Section 3. Paragraph (a) of subsection (3) of section
 80 409.818, Florida Statutes, is amended to read:

81 409.818 Administration.—In order to implement ss. 409.810-
 82 409.821, the following agencies shall have the following duties:

83 (3) The Agency for Health Care Administration, under the
 84 authority granted in s. 409.914(1), shall:

85 (a)1. Calculate the premium assistance payment necessary
 86 to comply with the premium and cost-sharing limitations
 87 specified in s. 409.816. The premium assistance payment for each
 88 enrollee in a health insurance plan participating in the Florida
 89 Healthy Kids Corporation shall equal the premium approved by the
 90 Florida Healthy Kids Corporation and the Office of Insurance
 91 Regulation of the Financial Services Commission pursuant to ss.
 92 627.410 and 641.31, less any enrollee's share of the premium
 93 established within the limitations specified in s. 409.816. The
 94 premium assistance payment for each enrollee in an employer-
 95 sponsored health insurance plan approved under ss. 409.810-
 96 409.821 shall equal the premium for the plan adjusted for any
 97 benchmark benefit plan actuarial equivalent benefit rider
 98 approved by the Office of Insurance Regulation pursuant to ss.
 99 627.410 and 641.31, less any enrollee's share of the premium
 100 established within the limitations specified in s. 409.816. In

HB 17C

2023C

101 calculating the premium assistance payment levels for children
102 with family coverage, the agency shall set the premium
103 assistance payment levels for each child proportionately to the
104 total cost of family coverage.

105 2. On or after the effective date of this act, for an
106 enrollee in a health insurance plan participating in the Florida
107 Healthy Kids Corporation, or in an employer-sponsored health
108 insurance plan approved under ss. 409.810-409.821, whose family
109 income is at or below 200 percent federal poverty level, the
110 premium assistance payment shall equal the premium approved by
111 the Florida Healthy Kids Corporation and the Office of Insurance
112 Regulation of the Financial Services Commission pursuant to ss.
113 627.410 and 641.31, or the premium for the plan adjusted for any
114 benchmark benefit plan actuarial equivalent benefit rider
115 approved by the Office of Insurance Regulation pursuant to ss.
116 627.410 and 641.31, and the enrollee is not responsible for any
117 share of the premium. This subparagraph expires on July 1, 2024,
118 unless reviewed and saved from repeal through reenactment by the
119 Legislature.

120
121 The agency is designated the lead state agency for Title XXI of
122 the Social Security Act for purposes of receipt of federal
123 funds, for reporting purposes, and for ensuring compliance with
124 federal and state regulations and rules.

125 Section 4. Subsection (12) of section 409.904, Florida

126 Statutes, is renumbered as subsection (13), subsections (1) and
 127 (6) are amended, and a new subsection (12) is added to that
 128 section, to read:

129 409.904 Optional payments for eligible persons.—The agency
 130 may make payments for medical assistance and related services on
 131 behalf of the following persons who are determined to be
 132 eligible subject to the income, assets, and categorical
 133 eligibility tests set forth in federal and state law. Payment on
 134 behalf of these Medicaid eligible persons is subject to the
 135 availability of moneys and any limitations established by the
 136 General Appropriations Act or chapter 216.

137 (1) Subject to federal waiver approval, a person who is
 138 age 65 or older or is determined to be disabled, whose income is
 139 at or below 133 ~~88~~ percent of the federal poverty level, whose
 140 assets do not exceed established limitations, and who is not
 141 eligible for Medicare or, if eligible for Medicare, is also
 142 eligible for and receiving Medicaid-covered institutional care
 143 services, hospice services, or home and community-based
 144 services. The agency shall seek federal authorization through a
 145 waiver to provide this coverage.

146 (6) A child who has not attained the age of 19 who has
 147 been determined eligible for the Medicaid program is deemed to
 148 be eligible for a total of 12 ~~6~~ months, regardless of changes in
 149 circumstances other than attainment of the maximum age.

150 ~~Effective January 1, 1999, a child who has not attained the age~~

151 ~~of 5 and who has been determined eligible for the Medicaid~~
152 ~~program is deemed to be eligible for a total of 12 months~~
153 ~~regardless of changes in circumstances other than attainment of~~
154 ~~the maximum age.~~

155 (12) Subject to federal waiver approval, a person who is
156 age 18 or over, whose income is at or below 133 percent of the
157 federal poverty level, whose assets do not exceed established
158 limitations, and who is not eligible for Medicare. The agency
159 shall seek federal authorization through a waiver to provide
160 this coverage.

161 Section 5. Section 409.91333, Florida Statutes, is created
162 to read:

163 409.91333 Medicaid Ombudsman.—There is created within the
164 agency the Office of the Medicaid Ombudsman to provide consumer
165 protection and perform advocacy functions related to Medicaid,
166 including assisting individuals with:

167 (1) Filing complaints and obtaining information on filed
168 complaints.

169 (2) Eligibility criteria and enrollment issues.

170 (3) Service denials and reductions.

171 (4) Access to care issues, including barriers to service
172 and provider availability.

173 (5) Elevating matters within the Medicaid program that
174 individuals feel are being overlooked.

175 (6) Facilitating interactions with the agency, the

HB 17C

2023C

176 Department of Children and Families, the Department of Health,
177 the Agency for Persons with Disabilities, the Department of
178 Elderly Affairs, or any other state agency.

179 Section 6. The Division of Law Revision is directed to
180 replace the phrase "the effective date of this act" wherever it
181 occurs in this act with the date this act becomes a law.

182 Section 7. This act shall take effect upon becoming a law.