

Fiscal Year 2024-2025 Conforming Bill
Children's Medical Services Program

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1 A bill to be entitled
2 An act relating to the Children's Medical
3 Services program; amending s. 391.016, F.S.;
4 revising the purposes and functions of the
5 Children's Medical Services program; amending s.
6 391.021, F.S.; revising definitions; amending s.
7 391.025, F.S.; revising the applicability and
8 scope of the program; amending s. 391.026, F.S.;
9 revising the powers and duties of the Department
10 of Health to conform to changes made by the act;
11 repealing s. 391.028, F.S.; the administration of
12 the Children's Medical Services program;
13 amending s. 391.029, F.S.; revising program
14 eligibility requirements; amending s. 391.0315,
15 F.S.; conforming provisions to changes made by
16 the act; repealing s. 391.035, F.S., relating to
17 provider qualifications; repealing s. 391.045,
18 F.S.; reimbursement for services to conform with
19 provisions to changes made by the act;
20 repealing s. 391.055, F.S.; service delivery
21 systems to conform with provisions to changes
22 made by the act; amending s. 391.097, F.S.;
23 research and evaluation to with changes made
24 by the act; repealing part II of chapter 391,
25 F.S., relating to Children's Medical Services
26 councils and panels; transferring operation of
27 the Children's Medical Services Managed Care

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28 Plan from the department to the Agency for
29 Health Care Administration, effective on a
30 specified date; providing construction as to
31 judicial and administrative actions pending as
32 of a specified date and time; requiring the
33 department's Children's Medical Services program
34 to collaborate with and assist the agency in
35 specified activities; requiring the department to
36 conduct certain clinical eligibility screenings;
37 amending s. 409.974, F.S.; requiring the department
38 to competitively procure one or more vendors to
39 provide services for certain children with special
40 health care needs; requiring the department's
41 Children's Medical Services program to assist the
42 agency in developing certain specifications for the
43 vendor contracts to provide services for certain
44 children with special health care needs; requiring
45 the department to conduct clinical eligibility
46 screenings for services for such children and
47 collaborate with the agency in the care of such
48 children; conforming a provision to changes made by
49 the act; amending ss. 409.166, 409.811, 409.813,
50 409.8134, 409.814, 409.815, 409.8177, 409.818,
51 409.912, 409.9126, 409.9131, 409.920, and 409.962,
52 F.S.; conforming provisions to changes made by the
53 act; providing effective dates.

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Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (1) of section 391.016,
Florida Statutes, is amended to read:

391.016 Purposes and functions.—The Children's
Medical Services program is established for the following
purposes and authorized to perform the following functions:

(1) Provide to children and youth with special health
care needs a family-centered, comprehensive, and
coordinated statewide managed system of care that links
community-based health care with multidisciplinary,
regional, and tertiary pediatric specialty care. ~~The
program shall coordinate and maintain a consistent medical
home for participating children.~~

Section 2. Subsections (1), (2), and (4) of section
391.021, Florida Statutes, are amended to read:

391.021 Definitions.—When used in this act, the term:

(1) "Children's Medical Services Managed Care Plan
~~network~~" or "plan network" means a statewide managed care
service system that includes health care providers, as
defined in this section.

(2) "Children and youth with special health care
needs" means those children and youth younger than 21 years
of age who have chronic and serious physical,
developmental, behavioral, or emotional conditions and who
require health care and related services of a type or

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amount beyond that which is generally required by children
and youth.

(3) "Department" means the Department of Health

(4) "Eligible individual" means a child or youth with
a special health care need or a female with a high-risk
pregnancy, who meets the financial and medical eligibility
standards established in s. 391.029.

Section 3. Subsection (1) of section 391.025, Florida
Statutes, is amended to read:

391.025 Applicability and scope.

(1) The Children's Medical Services program consists
of the following components:

(a) The newborn screening program established in ss.
383.14 and 383.145.

(b) The regional perinatal intensive care centers
program established in ss. 383.15-383.19.

(c) The developmental evaluation and intervention
program, including the Early Steps Program established in
ss. 391.301-391.308.

(d) The Children's Medical Services Managed Care Plan
through the end of June 30, 2024 ~~network.~~

(e) The Children's Multidisciplinary Assessment Team.

(f) The Medical Foster Care Program.

(g) The Title V of the Social Security Act program for
children and youth with special health care needs.

(h) The Safety Net Program.

(i) The Networks for Access and Quality.

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(j) Child Protection Teams and Sexual Abuse Treatment
Programs established under s. 39.303.

(k) The State Child Abuse Death Review Committee and
local child abuse death review committees established in s.
383.402.

Section 4. Section 391.026, Florida Statutes, is
amended to read:

391.026 Powers and duties of the department.— The
department shall have the following powers, duties, and
responsibilities:

(1) To provide or contract for the provision of health
services to eligible individuals.

(2) To provide services to abused and neglected
children through Child Protection Teams pursuant to s.
39.303.

(3) To determine the medical and financial eligibility
of individuals seeking health services from the program.

(4) To coordinate a comprehensive delivery system for
eligible individuals to take maximum advantage of all
available funds.

(5) To coordinate with programs relating to children's
medical services in cooperation with other public and
private agencies.

6) To initiate and coordinate applications to federal
agencies and private organizations for funds, services, or
commodities relating to children's medical programs.

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(7) To sponsor or promote grants for projects, programs, education, or research in the field of children and youth with special health care needs, with an emphasis on early diagnosis and treatment.

(8) To oversee and operate the Children's Medical Services Managed Care Plan through the end of June 30, 2024 network.

~~(9) To establish reimbursement mechanisms for the Children's Medical Services network.~~

~~(10) To establish Children's Medical Services network standards and credentialing requirements for health care providers and health care services.~~

~~(11) To serve as a provider and principal case manager for children with special health care needs under Titles XIX and XXI of the Social Security Act.~~

(9) ~~(12)~~ To monitor the provision of health services in the program, including the utilization and quality of health services.

(10) ~~(13)~~ To administer the Children and Youth with Special Health Care Needs program in accordance with Title V of the Social Security Act.

~~(14) To establish and operate a grievance resolution process for participants and health care providers.~~

~~(15) To maintain program integrity in the Children's Medical Services program.~~

~~(16) To receive and manage health care premiums,~~

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~~capitation payments, and funds from federal, state, local, and private entities for the program. The department may contract with a third-party administrator for processing claims, monitoring medical expenses, and other related services necessary to the efficient and cost-effective operation of the Children's Medical Services network. The department is authorized to maintain a minimum reserve for the Children's Medical Services network in an amount that is the greater of:~~

~~(a) Ten percent of total projected expenditures for Title XIX-funded and Title XXI-funded children; or~~

~~(b) Two percent of total annualized payments from the Agency for Health Care Administration for Title XIX and Title XXI of the Social Security Act.~~

(11) To provide or contract for peer review and other quality-improvement activities.

(12) ~~(18)~~ To adopt rules pursuant to ss. 120.536(1) and 120.54 to administer the Children's Medical Services Act.

(13) ~~(19)~~ To serve as the lead agency in administering the Early Steps Program pursuant to part C of the federal Individuals with Disabilities Education Act and part III of this chapter.

(14) To administer the Medical Foster Care Program, including:

(a) Recruitment, training, assessment, and monitoring for the Medical Foster Care Program.

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187 (b) Monitoring access and facilitating admissions of
188 eligible children and youth to the program and designated
189 medical foster care homes.

190 (c) Coordination with the Department of Children and
191 Families and the Agency for Health Care Administration or
192 their designees.

193 Section 5. Section 391.028, Florida Statutes, is
194 repealed effective July 1, 2024.

195 Section 10. Subsections (2) and (3) of section
196 391.029, Florida Statutes, are amended to read:

197 391.029 Program eligibility.—

198 (2) The following individuals are eligible to receive
199 services through the program:

200 (a) Related to the regional perinatal intensive care
201 centers, a high-risk pregnant female who is enrolled in
202 Medicaid.

203 (b) Children and youth with serious special health
204 care needs from birth to 21 years of age who are enrolled
205 in Medicaid.

206 (c) Children and youth with serious special health
207 care needs from birth to 19 years of age who are enrolled
208 in a program under Title XXI of the Social Security Act.

209 (3) Subject to the availability of funds, the
210 following individuals may receive services through the
211 program:

212 (a) Children and youth with serious special health
213 care needs from birth to 21 years of age who do not qualify

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for Medicaid or Title XXI of the Social Security Act but who are unable to access, due to lack of providers or lack of financial resources, specialized services that are medically necessary or essential family support services. Families shall participate financially in the cost of care based on a sliding fee scale established by the department.

(b) Children and youth with special health care needs from birth to 21 years of age, as provided in Title V of the Social Security Act.

(c) An infant who receives an award of compensation under s. 766.31(1). The Florida Birth-Related Neurological Injury Compensation Association shall reimburse the Children's Medical Services Network the state's share of funding, which must thereafter be used to obtain matching federal funds under Title XXI of the Social Security Act.

Section 6. Section 391.0315, Florida Statutes, is amended to read:

391.0315 Safety Net Benefits. ~~Benefits provided under the program for children with special health care needs shall be equivalent to benefits provided to children as specified in ss. 409.905 and 409.906.~~ The department may offer specialized services through the Children's Medical Services program including additional benefits for early intervention services, respite services, genetic testing, genetic and nutritional counseling, and parent support services, if such services are determined to be medically necessary.

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241 Section 7. Section 391.035, Florida Statutes, is
242 repealed.

243 Section 8. Section 391.045, Florida Statutes, is
244 repealed.

245 Section 9. Section 391.055, Florida Statutes, is
246 repealed.

247 Section 10. Section 391.097, Florida Statutes, is
248 amended to read:

249 391.097 Research and evaluation.—

250 (1) The department may initiate, fund, and conduct
251 research and evaluation projects to improve the delivery of
252 children's medical services. The department may cooperate
253 with public and private agencies engaged in work of a
254 similar nature.

255 ~~(2) The Children's Medical Services network shall be~~
256 ~~included in any evaluation conducted in accordance with the~~
257 ~~provisions of Title XXI of the Social Security Act as~~
258 ~~enacted by the Legislature.~~

259 Section 11. Part II of chapter 391, Florida Statutes,
260 consisting of ss. 391.221 and 391.223, Florida Statutes, is
261 repealed, and part III of that chapter is redesignated as
262 part II.

263 Section 12. Transfer of operation of the Children's
264 Medical Services Managed Care Plan.—

265 (1) Effective July 1, 2024, all statutory powers,
266 duties, functions, records, personnel, pending issues,
267 existing contracts, administrative authority,

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268 administrative rules, and unexpended balances of
269 appropriations, allocations, and other funds for the
270 operation of the Department of Health's Children's Medical
271 Services Managed Care Plan are transferred to the Agency
272 for Health Care Administration.

273 (2) The transfer of operations of the Children's
274 Medical Services Managed Care Plan does not affect the
275 validity of any judicial or administrative action pending
276 as of 11:59 p.m. on the day before the effective date of
277 the transfer to which the Department of Health's Children's
278 Medical Services Managed Care Plan is at that time a party,
279 and the Agency for Health Care Administration shall be
280 substituted as a party in interest in any such action.

281 (3) The Department of Health's Children's Medical
282 Services program shall collaborate with the Agency for
283 Health Care Administration in the care of children and
284 youth with special health care needs. The Department of
285 Health's Children's Medical Services program shall:

286 (a) Assist the agency in developing specifications for
287 use in the procurement of vendors and the model contract,
288 including provisions relating to referral, enrollment,
289 disenrollment, access, quality-of-care, network adequacy,
290 care coordination, and service integration.

291 (b) Conduct clinical eligibility screening for
292 children and youth with special health care needs who are
293 eligible for or enrolled in Medicaid or the Children's
294 Health Insurance Program.

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295 (c) Provide ongoing consultation to the Agency for
296 Health Care Administration to ensure high quality, family-
297 centered, coordinated health services within an effective
298 system of care for children and youth with special health
299 care needs.

300 Section 13. Subsection (4) of section 409.974, Florida
301 Statutes, is amended to read:

302 409.974 Eligible plans.—

303 (4) CHILDREN'S MEDICAL SERVICES ~~NETWORK~~.—The
304 Department of Health shall, in consultation with the Agency
305 for Health Care Administration, competitively procure and
306 implement one or more managed care plan contracts for
307 children and youth with special health care needs with
308 services beginning January 1, 2025. The Department of
309 Health's Children's Medical Services program shall:

310 (a) Effective July 1, 2024, transfer to the agency the
311 operations of managed care contracts procured by the
312 department for Medicaid and Children's Health Insurance
313 Program services to children and youth with special health
314 care needs enrolled in the Children's Medical Services
315 Managed Care Plan.

316 (b) Thereafter, assist the agency in developing
317 specifications for use in the procurement of vendors and
318 the model contract, including provisions relating to
319 referral, enrollment, disenrollment, access, quality-of-
320 care, network adequacy, care coordination, and service
321 integration.

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322 (c) Conduct clinical eligibility screening for
323 children and youth with special health care needs who are
324 eligible for or are enrolled in Medicaid or the Children's
325 Health Insurance Program.

326 (d) Provide ongoing consultation to the Agency for
327 Health Care Administration to ensure high quality, family-
328 centered, coordinated health services within an effective
329 system of care for children and youth with special health
330 care needs.

331 ~~Participation by the Children's Medical Services~~
332 ~~Network shall be pursuant to a single, statewide contract~~
333 ~~with the agency that is not subject to the procurement~~
334 ~~requirements or regional plan number limits of this~~
335 ~~section. The Children's Medical Services Network must meet~~
336 ~~all other plan requirements for the managed medical~~
337 ~~assistance program.~~

338 Section 14. Effective July 1, 2024, paragraph (f) of
339 subsection (4) and paragraph (b) of subsection (5) of
340 section 409.166, Florida Statutes, are amended to read:

341 409.166 Children within the child welfare system;
342 adoption assistance program.—

343 (4) ADOPTION ASSISTANCE.—

344 (f) The department may provide adoption assistance to
345 the adoptive parents, subject to specific appropriation,
346 for medical assistance initiated after the adoption of the
347 child for medical, surgical, hospital, and related services
348 needed as a result of a physical or mental condition of the

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child which existed before the adoption and is not covered by Medicaid, Children's Medical Services, or Children's Mental Health Services. Such assistance may be initiated at any time but must ~~shall~~ terminate on or before the child's 18th birthday.

(5) ELIGIBILITY FOR SERVICES.—

(b) A child with special health care needs ~~who is handicapped~~ at the time of adoption shall be eligible for services through plans that serve children and youth with special health care needs under part II and IV of chapter 409 ~~the Children's Medical Services network established under part I of chapter 391~~ if the child was eligible for such services prior to the adoption.

Section 15. Effective July 1, 2024, Subsection (7) of section 409.811, Florida Statutes, is amended to read:

409.811 Definitions relating to Florida Kidcare Act.—
As used in ss. 409.810-409.821, the term:

~~(7) "Children's Medical Services Network" or "network" means a statewide managed care service system as defined in s. 391.021(1).~~

Section 16. Effective July 1, 2024, subsection (1) of section 409.813, Florida Statutes, is amended to read:

409.813 Health benefits coverage; program components; entitlement and nonentitlement.—

(1) The Florida Kidcare program includes health benefits coverage provided to children through the

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following program components, which shall be marketed as
the Florida Kidcare program:

(a) Medicaid;

(b) Medikids as created in s. 409.8132;

(c) The Florida Healthy Kids Corporation as created in
s. 624.91;

(d) Employer-sponsored group health insurance plans
approved under ss. 409.810-409.821; and

(e) Plans that serve children and youth with special
health care needs under part II and IV of chapter 409. ~~The
Children's Medical Services network established in chapter
391.~~

Section 17. Effective July 1, 2024, subsection (3) of
section 409.8134, Florida Statutes, is amended to read:

409.8134 Program expenditure ceiling; enrollment.—

(3) Upon determination by the Social Services
Estimating Conference that there are insufficient funds to
finance the current enrollment in the Florida Kidcare
program within current appropriations, the program shall
initiate disenrollment procedures to remove enrollees,
except those children enrolled in plans that serve children
and youth with special health care needs under part II and
IV of chapter 409 ~~the Children's Medical Services Network,~~
on a last-in, first-out basis until the expenditure and
appropriation levels are balanced.

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Section 18. Subsection (3) and paragraph (c) of subsection (10) of section 409.814, Florida Statutes, are amended to read:

409.814 Eligibility.—A child who has not reached 19 years of age whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. If an enrolled individual is determined to be ineligible for coverage, he or she must be immediately disenrolled from the respective Florida Kidcare program component.

(3) A Title XXI-funded child who is eligible for the 937 Florida Kidcare program who is a child with special health care needs, as determined through a medical or behavioral screening instrument, is eligible for health benefits coverage from and shall be assigned to and may opt out of plans that serve children and youth with special health care needs under part II and IV of chapter 409 ~~the Children's Medical Services Network.~~

(10) In determining the eligibility of a child, an assets test is not required. Each applicant shall provide documentation during the application process and the redetermination process, including, but not limited to, the following:

(c) To enroll in plans that serve children and youth with special health care needs under part II and IV of chapter 409 ~~the Children's Medical Services Network~~, a

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completed application, including a Children's Medical Services clinical screening.

Section 19. Effective July 1, 2024, paragraph (t) of subsection (2) of section 409.815, Florida Statutes, is amended to read:

409.815 Health benefits coverage; limitations.—

(2) BENCHMARK BENEFITS.—In order for health benefits coverage to qualify for premium assistance payments for an eligible child under ss. 409.810-409.821, the health benefits coverage, except for coverage under Medicaid and Medikids, must include the following minimum benefits, as medically necessary.

(t) Enhancements to minimum requirements.—

1. This section sets the minimum benefits that must be included in any health benefits coverage, other than Medicaid or Medikids coverage, offered under ss. 409.810-409.821. Health benefits coverage may include additional benefits not included under this subsection, but may not include benefits excluded under paragraph (r).

2. Health benefits coverage may extend any limitations beyond the minimum benefits described in this section.

Except for plans that serve children and youth with special health care needs under part II and IV of chapter 409 ~~the Children's Medical Services Network~~, the agency may not increase the premium assistance payment for either additional benefits provided beyond the minimum benefits

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described in this section or the imposition of less
restrictive service limitations.

Section 20. Effective July 1, 2024, paragraph (i) of
subsection (1) of section 409.8177, Florida Statutes, is
amended to read:

409.8177 Program evaluation.—

(1) The agency, in consultation with the Department of
Health, the Department of Children and Families, and the
Florida Healthy Kids Corporation, shall contract for an
evaluation of the Florida Kidcare program and shall by
January 1 of each year submit to the Governor, the
President of the Senate, and the Speaker of the House of
Representatives a report of the program. In addition to the
items specified under s. 2108 of Title XXI of the Social
Security Act, the report shall include an assessment of
crowd-out and access to health care, as well as the
following:

(i) An assessment of the effectiveness of the Florida
Kidcare program, including Medicaid, the Florida Healthy
Kids program, Medikids, and plans that serve children and
youth with special health care needs under part II and IV of
chapter 409 ~~the Children's Medical Services network~~, and
other public and private programs in the state in
increasing the availability of affordable quality health
insurance and health care for children.

Section 21. Effective July 1, 2024, subsection (4) of
section 409.818, Florida Statutes, is amended to read:

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479 409.818 Administration.—In order to implement ss.
480 409.810-409.821, the following agencies shall have the
481 following duties:
482 (4) The Office of Insurance Regulation shall certify
483 that health benefits coverage plans that seek to provide
484 services under the Florida Kidcare program, except those
485 offered through the Florida Healthy Kids Corporation ~~or the~~
486 ~~Children's Medical Services Network~~, meet, exceed, or are
487 actuarially equivalent to the benchmark benefit plan and
488 that health insurance plans will be offered at an approved
489 rate. In determining actuarial equivalence of benefits
490 coverage, the Office of Insurance Regulation and health
491 insurance plans must comply with the requirements of s.
492 2103 of Title XXI of the Social Security Act. The
493 department shall adopt rules necessary for certifying
494 health benefits coverage plans.
495 Section 22. Effective July 1, 2024, subsection (11) of
496 section 409.912, Florida Statutes, is amended to read:
497 409.912 Cost-effective purchasing of health care.—The
498 agency shall purchase goods and services for Medicaid
499 recipients in the most cost-effective manner consistent
500 with the delivery of quality medical care. To ensure that
501 medical services are effectively utilized, the agency may,
502 in any case, require a confirmation or second physician's
503 opinion of the correct diagnosis for purposes of
504 authorizing future services under the Medicaid program.
505 This section does not restrict access to emergency services

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506 or poststabilization care services as defined in 42 C.F.R.
507 s. 438.114. Such confirmation or second opinion shall be
508 rendered in a manner approved by the agency. The agency
509 shall maximize the use of prepaid per capita and prepaid
510 aggregate fixed-sum basis services when appropriate and
511 other alternative service delivery and reimbursement
512 methodologies, including competitive bidding pursuant to s.
513 287.057, designed to facilitate the cost-effective purchase
514 of a case-managed continuum of care. The agency shall also
515 require providers to minimize the exposure of recipients to
516 the need for acute inpatient, custodial, and other
517 institutional care and the inappropriate or unnecessary use
518 of high-cost services. The agency shall contract with a
519 vendor to monitor and evaluate the clinical practice
520 patterns of providers in order to identify trends that are
521 outside the normal practice patterns of a provider's
522 professional peers or the national guidelines of a
523 provider's professional association. The vendor must be
524 able to provide information and counseling to a provider
525 whose practice patterns are outside the norms, in
526 consultation with the agency, to improve patient care and
527 reduce inappropriate utilization. The agency may mandate
528 prior authorization, drug therapy management, or disease
529 management participation for certain populations of
530 Medicaid beneficiaries, certain drug classes, or particular
531 drugs to prevent fraud, abuse, overuse, and possible
532 dangerous drug interactions. The Pharmaceutical and

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533 Therapeutics Committee shall make recommendations to the
534 agency on drugs for which prior authorization is required.
535 The agency shall inform the Pharmaceutical and Therapeutics
536 Committee of its decisions regarding drugs subject to prior
537 authorization. The agency is authorized to limit the
538 entities it contracts with or enrolls as Medicaid providers
539 by developing a provider network through provider
540 credentialing. The agency may competitively bid single
541 source-provider contracts if procurement of goods or
542 services results in demonstrated cost savings to the state
543 without limiting access to care. The agency may limit its
544 network based on the assessment of beneficiary access to
545 care, provider availability, provider quality standards,
546 time and distance standards for access to care, the
547 cultural competence of the provider network, demographic
548 characteristics of Medicaid beneficiaries, practice and
549 provider-to-beneficiary standards, appointment wait times,
550 beneficiary use of services, provider turnover, provider
551 profiling, provider licensure history, previous program
552 integrity investigations and findings, peer review,
553 provider Medicaid policy and billing compliance records,
554 clinical and medical record audits, and other factors.
555 Providers are not entitled to enrollment in the Medicaid
556 provider network. The agency shall determine instances in
557 which allowing Medicaid beneficiaries to purchase durable
558 medical equipment and other goods is less expensive to the
559 Medicaid program than long-term rental of the equipment or

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goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers necessary to administer these policies.

(11) The agency shall implement a program of all-inclusive care for children. The program of all-inclusive care for children shall be established to provide in-home hospice-like support services to children diagnosed with a life-threatening illness ~~and enrolled in the Children's Medical Services network~~ to reduce hospitalizations as appropriate. The agency, in consultation with the Department of Health, may implement the program of all-inclusive care for children after obtaining approval from the Centers for Medicare and Medicaid Services.

Section 23. Effective July 1, 2024, subsection (1) of section 409.9126, Florida Statutes, is amended to read:

409.9126 Children with special health care needs.—

(1) Except as provided in subsection (4), children eligible for the Children's Medical Services program who receive Medicaid benefits, and other Medicaid-eligible children with special health care needs, are ~~shall be~~ exempt from ~~the provisions of s. 409.9122 and shall be served through the Children's Medical Services 1095 network established in chapter 391.~~

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Section 24. Effective July 1, 2024, paragraph (a) of subsection (5) of section 409.9131, Florida Statutes, is amended to read:

409.9131 Special provisions relating to integrity of the Medicaid program.—

(5) DETERMINATIONS OF OVERPAYMENT.—In making a determination of overpayment to a physician, the agency must:

(a) Use accepted and valid auditing, accounting, analytical, statistical, or peer-review methods, or combinations thereof. Appropriate statistical methods may include, but are not limited to, sampling and extension to the population, parametric and nonparametric statistics, tests of hypotheses, other generally accepted statistical methods, review of medical records, and a consideration of the physician's client case mix. Before performing a review of the physician's Medicaid records, however, the agency shall make every effort to consider the physician's patient case mix, including, but not limited to, patient age ~~and whether individual patients are clients of the Children's Medical Services Network established in chapter 391.~~ In meeting its burden of proof in any administrative or court proceeding, the agency may introduce the results of such statistical methods and its other audit findings as evidence of overpayment.

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Section 25. Effective July 1, 2024, paragraph (e) of subsection (1) of section 409.920, Florida Statutes, is amended to read: 409.920 Medicaid provider fraud.—

(1) For the purposes of this section, the term:

(e) "Managed care plans" means a health insurer authorized under chapter 624, an exclusive provider organization authorized under chapter 627, a health maintenance organization authorized under chapter 641, ~~the Children's Medical Services Network authorized under chapter 391,~~ a prepaid health plan authorized under this chapter, a provider service network authorized under this chapter, a minority physician network authorized under this chapter, and an emergency department diversion program authorized under this chapter or the General Appropriations Act, providing health care services pursuant to a contract with the Medicaid program.

Section 26. Effective July 1, 2024, subsection (7) of section 409.962, Florida Statutes, is amended to read:

409.962 Definitions.—As used in this part, except as otherwise specifically provided, the term:

(7) "Eligible plan" means a health insurer authorized under chapter 624, an exclusive provider organization authorized under chapter 627, a health maintenance organization authorized under chapter 641, or a provider service network authorized under s. 409.912(1) or an accountable care organization authorized under federal law. For purposes of the managed medical assistance program, the

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term also includes ~~the Children's Medical Services Network~~
~~authorized under chapter 391 and~~ entities qualified under
42 C.F.R. part 422 as Medicare Advantage Preferred Provider
Organizations, Medicare Advantage Provider-sponsored
Organizations, Medicare Advantage Health Maintenance
Organizations, Medicare Advantage Coordinated Care Plans,
and Medicare Advantage Special Needs Plans, and the Program
of All inclusive Care for the Elderly.

Section 27. Subsections (8) through (10) and (16) of
section 391.026, Florida Statutes; Section 391.0315,
Florida Statutes; Section 391.037, Florida Statutes;
Section 391.047, Florida Statutes; Section 391.055, Florida
Statutes; and Section 391.071, Florida Statutes, are
repealed effective January 1, 2025.

Section 28. Except as otherwise expressly provided in
this act, this act shall take effect July 1, 2024.