

1                   A bill to be entitled  
2           An act relating to the Florida Medicaid program;  
3           providing a short title; amending s. 395.701, F.S.;  
4           requiring an increase of an annual assessment on net  
5           operating revenues of a hospital for inpatient  
6           services by a specified date; requiring that the funds  
7           from such increase be used for specified purposes;  
8           amending s. 409.903, F.S.; expanding Medicaid coverage  
9           for certain individuals by a specified date; requiring  
10          the Agency for Health Care Administration to submit a  
11          request for amendment of the state Medicaid plan to  
12          implement such expansion by a specified date; creating  
13          s. 409.9035, F.S.; requiring the agency to disenroll  
14          and eliminate coverage for certain individuals under  
15          certain circumstances; providing requirements for the  
16          disenrollment process; creating s. 409.9645, F.S.;  
17          requiring the agency to amend the state's Medicaid  
18          waiver to implement the Florida Creating Opportunities  
19          for Medicaid Participants to Achieve Self-Sufficiency  
20          demonstration project; providing eligibility criteria  
21          for individuals to obtain health care coverage under  
22          the project; requiring the agency to establish Health  
23          and Wellness Accounts for eligible individuals;  
24          providing requirements for the use of such accounts;  
25          providing requirements for the enrollment and

26 | disenrollment of eligible individuals and enrollees;  
27 | requiring that the demonstration project implement the  
28 | Training, Education, Employment and Opportunity  
29 | Program for certain Medicaid enrollees; providing  
30 | exemptions; requiring such program to comply with  
31 | federal guidance; providing guidelines and  
32 | requirements for program participation; requiring such  
33 | program to use funding available through specified  
34 | programs to support enrollees; providing that  
35 | enrollees are ineligible to receive Medicaid benefits  
36 | and reenroll under certain circumstances; creating the  
37 | Medicaid Access and Coverage Council within the Agency  
38 | for Health Care Administration; authorizing the  
39 | council to contract with vendors as necessary;  
40 | providing for membership and duties of the council;  
41 | requiring the council to award specified grants to  
42 | nonprofit organizations in each Medicaid region within  
43 | the state; providing duties of grant recipients;  
44 | authorizing the use of certain unexpended revenues for  
45 | targeted rate enhancements under certain  
46 | circumstances; requiring the council to submit a  
47 | report to the Governor and Legislature; providing  
48 | appropriations and authorizing full-time equivalent  
49 | positions; providing an effective date.  
50 |

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

52

53 Section 1. This act may be cited as the "Keep Florida  
54 Healthy and Working Act."

55 Section 2. Paragraph (c) is added to subsection (2) of  
56 section 395.701, Florida Statutes, to read:

57 395.701 Annual assessments on net operating revenues for  
58 inpatient and outpatient services to fund public medical  
59 assistance; administrative fines for failure to pay assessments  
60 when due; exemption.—

61 (2)

62 (c) Beginning October 1, 2019, for private acute care  
63 hospitals, the assessments described in paragraphs (a) and (b)  
64 shall increase by 1.5 percent. Except as otherwise provided by  
65 law, the funds from the increased assessments shall be used  
66 exclusively to cover the nonfederal share of the full cost for  
67 expanded Medicaid coverage for newly eligible individuals under  
68 s. 409.903(9), including the administrative costs of collecting  
69 the assessment and implementing and operating the coverage.

70 Section 3. Subsection (9) is added to section 409.903,  
71 Florida Statutes, to read:

72 409.903 Mandatory payments for eligible persons.—The  
73 agency shall make payments for medical assistance and related  
74 services on behalf of the following persons who the department,  
75 or the Social Security Administration by contract with the

76 Department of Children and Families, determines to be eligible,  
 77 subject to the income, assets, and categorical eligibility tests  
 78 set forth in federal and state law. Payment on behalf of these  
 79 Medicaid eligible persons is subject to the availability of  
 80 moneys and any limitations established by the General  
 81 Appropriations Act or chapter 216.

82 (9) By January 1, 2020, an individual, as described in 42  
 83 U.S.C. s. 1396a(a)(10)(A)(i)(VIII), is eligible for Medicaid. By  
 84 July 1, 2019, the agency shall submit any state plan amendments  
 85 necessary to implement this subsection. Medicaid coverage for  
 86 individuals made newly eligible under this subsection shall  
 87 begin no later than January 1, 2020.

88 Section 4. Section 409.9035, Florida Statutes, is created  
 89 to read:

90 409.9035 Termination of coverage due to reduction in  
 91 federal funding.—If the increased federal medical assistance  
 92 percentages for newly eligible individuals provided in 42 U.S.C.  
 93 s. 1396d(y)(1) are modified by federal law or regulation from  
 94 the methodology in effect on January 1, 2014, resulting in a  
 95 reduction in the federal medical assistance percentage, the  
 96 agency shall disenroll and eliminate coverage for individuals  
 97 who obtained coverage under 42 U.S.C. s. 1396d(y)(1). The  
 98 disenrollment process shall include written notification to  
 99 affected Medicaid beneficiaries, Medicaid managed care plans,  
 100 and other providers that coverage will cease as soon as

101 authorized under federal law, but after the date that the agency  
102 is notified of a reduction in the federal medical assistance  
103 percentage.

104 Section 5. Section 409.9645, Florida Statutes, is created  
105 to read:

106 409.9645 Florida COMPASS demonstration project.—The agency  
107 may amend the state's current Medicaid waiver to implement the  
108 Florida Creating Opportunities for Medicaid Participants to  
109 Achieve Self-Sufficiency (COMPASS) demonstration project to  
110 transform the Medicaid program for newly eligible individuals as  
111 defined in s. 409.903(9) and eligible individuals enrolled in  
112 the existing Medicaid program. The demonstration project shall  
113 be designed to empower individuals to improve their health and  
114 well-being and gain employer-sponsored health insurance coverage  
115 or other commercial health insurance coverage.

116 (1) COVERAGE OF INDIVIDUALS WITH INCOME ABOVE 100 PERCENT  
117 OF THE FEDERAL POVERTY LEVEL.—

118 (a) The demonstration project shall establish the  
119 following two pathways for newly eligible individuals with  
120 incomes between 100 percent and 138 percent of the federal  
121 poverty level, including income disregards, to obtain health  
122 insurance coverage:

123 1. Enrollment in an existing Medicaid managed care plan;

124 or

125 2. Premium assistance for the purchase of employer-

126 | sponsored health insurance coverage, if cost-effective.

127 |       (b) Health care plans must provide a comprehensive benefit

128 | package that includes, at a minimum:

129 |           1. All mandatory essential health benefits, as defined in

130 | 42 U.S.C. s. 18022; and

131 |           2. Mental health services and substance abuse treatment

132 | services, as required in s. 409.973.

133 |       (c) The agency shall provide for the establishment of

134 | Health and Wellness Accounts (HWAs) for eligible individuals.

135 | Monthly enrollee premiums and state funds for premium

136 | assistance, if applicable, shall be deposited into an enrollee's

137 | HWA. Unused funds shall remain in the HWA for a minimum of 5

138 | years if an individual is determined ineligible for Medicaid.

139 | Enrollees may use HWA funds to:

140 |           1. Cover cost-sharing responsibilities, such as copayments

141 | and deductible expenditures; and

142 |           2. Make premium payments, if enrolled in an employer-

143 | sponsored health insurance plan.

144 |       (d) Coverage of eligible individuals shall begin on the

145 | first day of the month after receipt of the enrollee premium

146 | payment due for treatment of an acute illness. The enrollee

147 | premium payment amount shall be:

148 |           1. Five dollars per month for individuals with incomes

149 | between 100 percent and 125 percent of the federal poverty

150 | level.

151       2. Ten dollars per month for individuals with incomes  
152 between 126 percent and 138 percent of the federal poverty  
153 level.

154       (e) To promote personal responsibility and help prepare  
155 individuals for the requirements of private health insurance,  
156 after a 3-month grace period, an enrollee is subject to  
157 disenrollment for noncompliance with the monthly premium payment  
158 obligation. Coverage shall be reinstated on the first day of the  
159 month after receipt of a monthly premium payment. Medicaid  
160 coverage shall be immediately reinstated if the disenrolled  
161 individual demonstrates qualification for an exemption or  
162 reports a change in circumstances that reduces his or her income  
163 to below 100 percent of the federal poverty level. The state may  
164 recover owed premium payments; however, individuals are not  
165 required to pay the full amount of premiums owed before having  
166 coverage reinstated.

167       (f) To promote appropriate use of health care services,  
168 enrollees are obligated to pay a copayment of \$5 for each  
169 nonemergency admission to a hospital emergency department.  
170 Copayments for such nonemergency admissions may not be charged  
171 at the point-of-service, but shall be deducted from the  
172 enrollee's HWA.

173       (g) Enrollees who are subject to premium obligations and  
174 who complete at least one healthy behavior during the coverage  
175 year shall have their premiums reduced by 50 percent in the

176 following coverage year. Healthy behaviors may include, but are  
177 not limited to:

178 1. An annual wellness exam, including immunizations and  
179 screenings.

180 2. Mammograms, cervical cancer screenings, and colon  
181 cancer screenings.

182 3. Flu vaccinations.

183 4. Nutritional counseling.

184 5. Tobacco smoking cessation counseling or medications.

185 6. Substance use disorder treatment.

186 (2) COVERAGE OF INDIVIDUALS WITH INCOME BELOW 100 PERCENT  
187 OF THE FEDERAL POVERTY LEVEL.—Newly eligible individuals with  
188 incomes below 100 percent of the federal poverty level,  
189 including income disregards, shall be enrolled in the Medicaid  
190 managed care plan of their choice from among the plans available  
191 in their region in accordance with s. 409.969. Such individuals  
192 shall be provided Medicaid coverage under this part and part  
193 III.

194 (3) TRAINING, EDUCATION, EMPLOYMENT AND OPPORTUNITY  
195 PROGRAM.—The demonstration project shall implement the Training,  
196 Education, Employment and Opportunity Program (TEEOP) for every  
197 able-bodied individual enrolled in the Medicaid program to  
198 enable enrollees to increase their health and well-being through  
199 community engagement leading to self-sufficiency.

200 (a) The following enrollees are exempt from the TEEOP:



- 201        1. Children under the age of 18 or individuals under the  
 202 age of 19 who are participating in secondary education;  
 203        2. Individuals age 65 years or older;  
 204        3. Individuals who qualify for medical assistance services  
 205 due to blindness or disability, including individuals who  
 206 receive services under the Medicaid home and community-based  
 207 waiver program;  
 208        4. Individuals residing in long-term care facilities;  
 209        5. Individuals determined to be medically frail;  
 210        6. Individuals diagnosed with a serious mental illness;  
 211        7. Pregnant and postpartum women;  
 212        8. Former foster children under the age of 26;  
 213        9. Individuals who are the primary caregiver for a  
 214 dependent, including a dependent child or dependent adult with a  
 215 disability; and  
 216        10. Individuals who meet the work requirements under the  
 217 federal Temporary Assistance for Needy Families (TANF) program  
 218 or the Supplemental Nutrition Assistance Program (SNAP).  
 219        (b) The TEEOP shall comply with guidance from the federal  
 220 Centers for Medicare and Medicaid Services (CMS) regarding such  
 221 program and may include other exemptions necessary to achieve  
 222 the TEEOP's goals of community engagement and improved health  
 223 outcomes as approved by CMS. The TEEOP shall provide guidelines  
 224 for gradually escalating participation in training, education,  
 225 employment, and community engagement opportunities through the

226 program as follows:

227 1. Beginning 3 months after enrollment, at least 20 hours  
228 per month.

229 2. Beginning 6 months after enrollment, at least 40 hours  
230 per month.

231 3. Beginning 9 months after enrollment, at least 60 hours  
232 per month.

233 4. Beginning 12 months after enrollment, at least 80 hours  
234 per month.

235 (c) The TEEOP shall provide guidelines for satisfying the  
236 requirement for participation in training, education,  
237 employment, and community engagement opportunities through the  
238 following activities:

239 1. Participating in job skills training and job search  
240 activities.

241 2. Attending education courses or programs related to  
242 employment.

243 3. Attending general education courses or programs,  
244 including preparation courses or programs for the high school  
245 equivalency diploma examination and community college courses or  
246 programs leading to an industry certification or a science,  
247 technology, engineering, math, and health degree or credential.

248 4. Vocational education and training.

249 5. Subsidized or unsubsidized employment.

250 6. Community work experience programs and community

251 service or public service, excluding political activities, that  
252 can reasonably improve work readiness.

253 7. Caregiving services for a nondependent relative or  
254 other person with a chronic, disabling health condition.

255 (d) The TEEOP shall, to the extent authorized under  
256 federal law, use federal and state funding available through the  
257 CMS, TANF, SNAP, Workforce Innovation and Opportunity Act, and  
258 other state and federal workforce development programs to  
259 support enrollees.

260 (e) Unless exempt under paragraph (a), enrollees shall be  
261 ineligible to receive Medicaid benefits if, during any 3 months  
262 of the 12-month period beginning on the first day of enrollment,  
263 they fail to meet the TEEOP requirements. Such enrollees are not  
264 permitted to reenroll until the end of the 12-month period,  
265 unless the failure to comply or report compliance was the result  
266 of a catastrophic event or circumstances beyond the enrollee's  
267 control. However, enrollees shall be eligible to reenroll in the  
268 program within such 12-month period upon demonstration of  
269 compliance with the TEEOP requirements.

270 Section 6. (1) The Medicaid Access and Coverage Council,  
271 a council as defined in s. 20.03(7), Florida Statutes, is  
272 created within the Agency for Health Care Administration to  
273 oversee and coordinate the planning and implementation of  
274 Medicaid expansion and improve access to quality health care in  
275 the state. The council shall advise the agency for the purpose

276 of implementing the Florida Creating Opportunities for Medicaid  
277 Participants to Achieve Self-Sufficiency (COMPASS) demonstration  
278 project and the Training, Education, Employment and Opportunity  
279 Program (TEEOP) pursuant to s. 409.9645, Florida Statutes. The  
280 council is assigned to the agency for administrative and  
281 staffing purposes only.

282 (2) The council may contract with vendors to consult on  
283 the best practices used in other states that have expanded  
284 Medicaid, assist with amending the state's Medicaid waiver, and  
285 conduct independent studies as necessary. The amendment to the  
286 state's Medicaid waiver must include a delay for enforcing  
287 disenrollment penalties for noncompliance with work activity or  
288 premium-sharing requirements until 2 years after implementation  
289 of the Florida COMPASS demonstration project and the TEEOP.

290 (3) The council may convene informal interagency and  
291 stakeholder working groups as often as necessary to fulfill its  
292 duties as set forth in this section and to coordinate specific  
293 planning, implementation, and policy initiatives. The council  
294 shall consist of the following members:

295 (a) The Secretary of Health Care Administration or his or  
296 her designee, who shall serve as the chair of the council.

297 (b) The State Surgeon General or his or her designee.

298 (c) The Secretary of Children and Families or his or her  
299 designee.

300 (d) The director of the Agency for Persons with

301 Disabilities or his or her designee.

302 (e) The Secretary of Elderly Affairs or his or her  
303 designee.

304 (f) The executive director of the Department of Economic  
305 Opportunity or his or her designee.

306 (g) A representative from CareerSource Florida, Inc.,  
307 appointed by the executive director of the Department of  
308 Economic Opportunity.

309 (h) A representative from each local workforce development  
310 board, appointed by the executive director of the Department of  
311 Economic Opportunity.

312 (i) A representative from the Florida Healthy Kids  
313 Corporation, appointed by the Secretary of Health Care  
314 Administration.

315 (j) A representative from the Florida Covering Kids and  
316 Families at the University of South Florida College of Public  
317 Health, appointed by the Secretary of Health Care  
318 Administration.

319 (k) A representative from the Department of Health Policy  
320 and Management at the University of South Florida College of  
321 Public Health, appointed by the Secretary of Health Care  
322 Administration.

323 (l) A representative from the Florida Hospital  
324 Association, appointed by the Secretary of Health Care  
325 Administration.

326       (m) A representative from the Safety Net Hospital Alliance  
327 of Florida, appointed by the Secretary of Health Care  
328 Administration.

329       (n) A representative from the Florida Association of  
330 Health Plans, appointed by the Secretary of Health Care  
331 Administration.

332       (o) A representative from the Florida Medical Association,  
333 appointed by the Secretary of Health Care Administration.

334       (p) A representative from the Florida Dental Association,  
335 appointed by the Secretary of Health Care Administration.

336       (q) A representative from the Florida Behavioral Health  
337 Association, appointed by the Secretary of Health Care  
338 Administration.

339       (r) One member of the House of Representatives, appointed  
340 by the Speaker of the House of Representatives.

341       (s) One member of the House of Representatives, appointed  
342 by the Minority Leader of the House of Representatives.

343       (t) One member of the Senate, appointed by the President  
344 of the Senate.

345       (u) One member of the Senate, appointed by the Minority  
346 Leader of the Senate.

347       (4) To fulfill its duties as set forth in this section,  
348 the council shall:

349       (a) Solicit stakeholder input, conduct independent  
350 studies, and develop strategic recommendations to:

351 1. Reduce the state's uninsured rate, and improve the  
352 health and economic well-being of low-income persons.

353 2. Decrease the amount of uncompensated health care, and  
354 ensure the stability and adequacy of the state's health care  
355 system and workforce.

356 3. Increase health care provider participation in the  
357 Medicaid program, and expand Medicaid recipient access to health  
358 care services.

359 4. Improve the quality of health care provided to Medicaid  
360 recipients.

361 5. Increase the cost-effectiveness of the Medicaid  
362 program.

363 (b) Examine potential new policies, programmatic changes,  
364 and operational efficiencies to advance the purposes described  
365 in paragraph (a), including, but not limited to:

366 1. Streamlining the Medicaid application, eligibility  
367 determination, and enrollment processes.

368 2. Implementing no-wrong-door models to optimize referral  
369 policies and coordination between Medicaid and other public  
370 programs.

371 3. Aligning application requirements and eligibility  
372 standards between Medicaid and other public programs, including  
373 the federal Supplemental Nutrition Assistance and Temporary  
374 Assistance for Needy Families Programs.

375 4. Instituting continuity of coverage policies.

376 5. Prioritizing preventive services, enhanced care  
377 coordination, and disease and chronic condition management.

378 6. Incentivizing delivery of services in outpatient and  
379 community-based settings.

380 7. Reducing barriers to mental health services and  
381 substance abuse treatment.

382 8. Identifying and addressing health disparities across  
383 demographic groups.

384 9. Identifying and targeting social or nonmedical  
385 determinants that affect health, including access to affordable  
386 and supportive housing, good nutrition, and transportation and  
387 other services.

388 (5) The council shall award Outreach and Enrollment Grants  
389 to nonprofit organizations in each Medicaid region within the  
390 state. Grant recipients shall work in partnership with the  
391 Agency for Health Care Administration, the Department of  
392 Children and Families, the Department of Elderly Affairs, and  
393 other relevant agencies or entities to:

394 (a) Ensure Medicaid-eligible individuals are aware of and  
395 connected to coverage opportunities.

396 (b) Engage faith-based and community-based groups, public  
397 service organizations, and local governments to promote outreach  
398 efforts to connect Medicaid-eligible individuals to coverage  
399 opportunities and provide information and training regarding  
400 Medicaid expansion, including the application and enrollment



401 processes.

402 (c) Conduct outreach and educate health care providers and  
403 other stakeholders regarding Medicaid program amendments and  
404 eligibility expansion.

405 (6) Beginning with the 2020-2021 fiscal year, and each  
406 fiscal year thereafter, the council and the Agency for Health  
407 Care Administration, in consultation with the Revenue Estimating  
408 and Social Services Estimating Conferences, shall determine if  
409 unexpended revenues from the increased assessment under s.  
410 395.701(2)(c), Florida Statutes, are projected for the end of  
411 the current fiscal year. Notwithstanding s. 395.701(2)(c),  
412 Florida Statutes, if it is determined that such unexpended  
413 revenues are projected, and if the amount of such revenues is  
414 greater than the nonfederal share of the projected costs of  
415 expanding Medicaid coverage for newly eligible individuals under  
416 s. 409.903(9), Florida Statutes, and associated administrative  
417 costs for the first 6 months of the next fiscal year, the  
418 difference between such unexpended revenues and costs may be  
419 used for targeted rate enhancements to increase access to cost-  
420 effective health care providers and settings for Medicaid-  
421 eligible individuals. The council shall submit a report to the  
422 Governor, the President of the Senate, and the Speaker of the  
423 House of Representatives that includes recommendations for such  
424 targeted rate enhancements.

425 Section 7. (1) For the 2019-2020 fiscal year, five full-

426 time equivalent positions, with associated salary rate of  
427 290,000, are authorized and the sum of \$12 million in  
428 nonrecurring funds is appropriated from the unreserved balance  
429 of funds in the Public Medical Assistance Trust Fund to the  
430 Agency for Health Care Administration for the purpose of funding  
431 the Medicaid Access and Coverage Council created in section 5 of  
432 this act.

433 (2) For the 2019-2020 fiscal year, from the revenues  
434 collected under section 2 of this act, the sum of \$246 million  
435 in recurring funds is appropriated from the Public Medical  
436 Assistance Trust Fund to the Agency for Health Care  
437 Administration for the purpose of providing the nonfederal share  
438 of the cost of Medicaid services for newly eligible enrollees  
439 under s. 409.903(9), Florida Statutes.

440 (3) For the 2019-2020 fiscal year, the sum of \$2.2 billion  
441 in recurring funds is appropriated from the Medical Care Trust  
442 Fund to the Agency for Health Care Administration for the  
443 purpose of providing the federal share of the cost of Medicaid  
444 services for newly eligible enrollees under s. 409.903(9),  
445 Florida Statutes.

446 Section 8. This act shall take effect upon becoming a law.