

The following text replaces the recorded narration for slides 7 to 10, Module 7, “Health Insurance & Transition.” This language is intended to clarify existing narration:

KidCare is the State of Florida’s Children’s Health Insurance Program (CHIP). Florida Healthy Kids, Medicaid, and Children’s Medical Services Managed Care Plan, often referred to as the CMS Plan, are all part of Florida KidCare. Each part of Florida KidCare has specific eligibility requirements for their services. Families apply for these programs using the same application. Florida KidCare will place children in the program that is best suited considering the family’s financial situation and the child’s health care needs.

Florida KidCare benefits include well-child visits, vaccinations, hospital stays, dental coverage, vision services, prescriptions, and mental health services. Additional benefits vary by program.

The Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) program is the State’s system for providing health services to most people eligible for Florida Medicaid. The MMA program is comprised of several types of managed care plans.

Patients must also meet financial and clinical eligibility requirements. The financial component will help determine whether the patient will receive coverage under Medicaid or KidCare. The Department of Children and Families determines financial eligibility for Medicaid. Florida Healthy Kids determines financial eligibility for KidCare. The CMS Plan determines clinical eligibility for joining the plan for both Medicaid and KidCare.

Medicaid coverage for children and youth lasts from birth until the patient’s 21st birthday. There is no cost-sharing requirement for families with a child in this program. Families may opt out of Title XIX, even if they are financially eligible and the child meets clinical eligibility requirements.

KidCare coverage lasts from birth until the patient’s 19th birthday. Monthly premiums for subsidized KidCare programs are \$15 or \$20 per family, determined based on income. There are copayments, coinsurance or deductibles for some services under KidCare programs, except for CMS Plan. Families may opt out of Title XXI coverage at any time.

Other KidCare programs include Florida Healthy Kids and MediKids. These programs offer low-cost options for families who earn less than 200% of the federal poverty level, and offer full-pay programs for families who are not financially eligible for the low-cost option. MediKids covers children ages 1 through 4 and Healthy Kids covers children ages 5 through 18.

Once children age out of their KidCare coverage, they child must apply for new coverage, whether through Medicaid or other insurers.

The CMS Plan serves those who meet the definition of children or youth with special health care needs – the same definition used in this course.

Children may be found clinically eligible for Title XIX Medicaid and Title XXI KidCare under the CMS Plan in one of two ways:

- Based on their parents’ responses to a screening tool, which determines if the patient has special health care needs or
- Based on physician confirmation of diagnoses and functional limitations.