



KidCare: Presumptive Eligibility

The Florida KidCare Program was created by the Florida Legislature in 1998 in response to federal enactment of the State Children's Health Insurance Program (now known as 'CHIP'). Florida KidCare is intended to provide health care coverage to uninsured children ages 0-19 with family incomes below 200 percent of the federal poverty level.

KidCare coverage is funded by state and federal funds through Title XIX (Medicaid) and Title XXI (CHIP) of the federal Social Security Act.

Families also contribute to the cost of the coverage, based on their household size, income, and other eligibility factors. For families with incomes above the income limits for premium assistance or who do not otherwise qualify for assistance, KidCare also offers options for the family to obtain coverage for their children by paying the full premium.

As of February 2013, a total of 2,075,649 children were enrolled in KidCare.

Currently there is no provision in state law to deem a child presumptively eligible for KidCare coverage while the application is being considered so that the child can receive medical treatment until a final eligibility determination is made, usually within 45 to 60 days.

[HB 689](#) by Rep. Gayle Harrell (R-Port St. Lucie) grants presumptive eligibility to children under the age of 19 who apply for KidCare coverage through a qualified entity (a county health department or Federally Qualified Health Center) for a period of 30-60 days, while the application is being processed for eligibility. The bill adds a new category of eligibility to KidCare to encompass presumptively eligible children. As a result, children who are deemed presumptively eligible will be able to receive medical care from authorized providers while waiting for eligibility to be processed.

HB 689 has a fiscal impact of \$14,398,681 for FY 2013- 2014, of which \$5.5 million is General Revenue. The fiscal impact is a result of an additional 7,803 children made eligible under CHIP annually and 1,886 children under Medicaid made eligible monthly (and recurring) for a 60-day presumptive eligibility period.