

Tab 1

Board and Ad Hoc Member List

**Florida Healthy Kids Corporation
Board and Ad Hoc Member List**

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Tab 2

Consent Agenda

**FLORIDA HEALTHY KIDS CORPORATION
BOARD OF DIRECTORS MEETING
March 5, 2025**

Consent Agenda

Behind Tab II is the Consent Agenda. As you know, these items are considered routine and are enacted by one motion. There will be no separate discussion of these items unless removal of the item from the Consent Agenda is requested by a Board Member, at which time we will take it off the agenda and discuss it separately. You have all been provided with copies of the items in advance of today's meeting, and the supporting documents for each of these items are in the Consent Agenda located behind the referenced tab in your materials.

**Consent Item (1)
Approve Minutes of the Board of Directors Meeting – October 23, 2024**

Tab A

Summary: The Board of Directors of the Florida Healthy Kids Corporation (FHKC) met by Microsoft Teams on October 23, 2024. The agenda included a welcome and introduction from the Chair; a Hope Florida update; as well as reports from the Chair, Chief Executive Officer, Chief Financial Officer, Chief Marketing Officer, and an Operational Efficiency and Quality committee Report. The Board voted to approve the FT ending June 30, 2024 Financial Statements, the FY ending June 30, 2024 draft Audit Report and auditor required communications, the Amendment to FY 2024-25 approved budget, and the changes to the Corporate Strategic Plan.

**Consent Item (2)
Approve Minutes of the FHKC Executive Committee Meeting – November 22, 2024**

Tab B

Summary: The FHKC Executive Committee met by Microsoft Teams on November 22, 2024. The agenda included a welcome and introduction from the Chair. The Committee approved the medical contract amendments and rate adjustments.

**Consent Item (3)
Approve Minutes of the Community Outreach and Marketing Committee Meeting
– February 19, 2025**

Tab C

Summary: The Community Outreach and Marketing Committee of the FHKC met by Microsoft Teams on February 19, 2025. The agenda included a welcome and introduction from the CMO, marketing, public relations, training, community outreach, and a review of the Committee Charter.

@ . Finance and Audit # U **Tab D**
° U February 20, 2025

Summary: The Finance and Audit Committee met by Microsoft Teams on February 20, 2025. The agenda included a welcome and introduction from the Chair and a review of the year-to-date financial activity. The Committee voted to accept the Internal Auditor's followup Report; approve the Corporate Governance Documents, the amendment to FY 2024-2025 budget, and the rate adjustment for the full pay program.

Consent Item () **Tab E**
Approve Minutes of the Operational Efficiency and Quality Committee Meeting
– February 20, 2025

Summary: The Operational Efficiency and Quality Committee of the FHKC met by Microsoft Teams on February 20, 2025. The agenda included a welcome and introduction from the Chair, presentation on reducing dental care disparities, Annual Quality reports, Maximus performance standards, and the Chief Operating Officer report. The Committee voted to approve the revisions to the Committee Charter and the MCNA PIP topics.

Tab A

Board of Directors
Meeting Minutes

October 23, 2024

FLORIDA HEALTHY KIDS CORPORATION
Board of Directors Meeting
Microsoft Teams
October 23, 2024
9:00 A.M. – 1:00 P.M.

Board of Directors Present:

Dr. Stephanie Haridopolos, Chair
Dr. Peter Claussen, Vice Chair
Mr. Philip Boyce, Secretary/Treasurer
Dr. Jose Armas, Child Health Policy Expert
Dr. Peggy Aune, Florida Department of Education
Dr. Robert English, Florida Chapter of the American Academy of Pediatrics
Ms. Erica Floyd Thomas (Shevaun Harris' Designee), Florida Department of Children & Families
Dr. Robert Karch, Florida Department of Health Designee
Dr. Amra Resic, Florida Academy of Family Physicians
Dr. Steve Freedman, Ad Hoc Board Member
Mr. Paul Whitfield, Ad Hoc Board Member

Board of Directors Absent:

Commissioner Dave Eggers, Florida Association of Counties
Ms. Andrea Gary, Children's Medical Services Designee, Florida Department of Health
Mr. Austin Noll (Jason Weida's Designee), Agency for Health Care Administration

Others in attendance:

Tyreana Andre, Florida Healthy Kids Corporation
Kendra Aracena, MCNA
Lucia Arellano, Simply Healthcare Plans
Leon Biegalski, Florida Healthy Kids Corporation
Hugh Black, Florida Healthy Kids Corporation
Precious Boatwright, Florida Healthy Kids Corporation
Amie Bounds, Children's Medical Services, Florida Department of Health
Ashley Carr, Florida Healthy Kids Corporation
Frank Castaneda, Community Care Plan
Kim Chope, Aetna
Olivia Davidson, Florida Healthy Kids Corporation
DeDe Davis, MCNA
Jeff Dykes, Florida Healthy Kids Corporation
Kenneth Fisher, Maximus
Serina Frazier, Agency for Health Care Administration
Katie Fuller, Florida Healthy Kids Corporation
Suzetta Furlong, Florida Healthy Kids Corporation
Daralice Gomez, Simply Healthcare Plans
Colleen Grace, MCNA

Jena Grignon, Florida Healthy Kids Corporation
Erik Harris, Maximus
Laura Herold, Florida Healthy Kids Corporation
Erica Hill, Liberty Dental Plan
Jon Ingram; Law, Redd, Crona & Munroe
Keenan Jenkins, Florida Healthy Kids Corporation
Jennifer Johnson, Maximus
Christine Knowles, Maximus
Gisella Lamkin, Maximus
Shannon Lapage, MCNA
Lindsay Lichti, Florida Healthy Kids Corporation
Aaron Mathews, Florida Healthy Kids Corporation
Jack McDermott, Florida Healthy Kids Corporation
Shane McPherson, Florida Healthy Kids Corporation
Rebecca Nichols Gould, Liberty Dental Plan
Andrew Olson, MCNA
Christina Parmer, Maximus
Ashley Perkins, Sachs Media
Bryan Peters, Florida Office of Insurance Regulation
Stacy Plymale, DentaQuest
Kimberly Quinn, Agency for Health Care Administration
Eric Rubin, Maximus
Debbie Shoup, Florida Healthy Kids Corporation
Hira Siddiqui, Qsource
Matt Sirmans, Florida Healthy Kids Corporation
Kristin Snyder, Liberty Dental Plan
Sammie Spence, DentaQuest
Lindsay Sullivan, Aetna
Rifat Sultana, Agency for Health Care Administration
Harry Sundberg, Maximus
Jennifer Sweet, Aetna
Chloe Swicegood, Sachs Media
David Tillotson, Florida Healthy Kids Corporation
Kevin Warren, James Moore & Co., P.L.
John Wells, Maximus
Ryan West, Florida Healthy Kids Corporation
Shannon Windle, Maximus

MINUTES:

I. Welcome and Introductions

Dr. Stephanie Haridopolos, Board Chair

Dr. Stephanie Haridopolos, Board Chair, called the meeting of the Florida Healthy Kids Corporation (FHKC or Corporation) Board of Directors (Board) to order at 9:00 a.m.

Dr. Haridopolos reminded Board members of their fiduciary duty to act in the best interests of FHKC and the children and families it serves. She also reminded members of their primary duty to exercise independent judgment for the overall benefit of the Corporation and not for the constituency, association, or agency they otherwise represent.

Precious Boatwright called the roll and determined a quorum was not present. A quorum was determined at 9:15 when Dr. Jose Armas joined the meeting. Shortly after Dr. Amra Resic and Erica Floyd Thomas joined the meeting. No items requiring a vote were discussed until a quorum was determined.

Dr. Haridopolos acknowledged Kevin Warren of James Moore & Co., P.L. and Jon Ingram of Law, Redd, Crona & Munroe who were to present information to the Board during the Chief Financial Officer's Report agenda item.

II. Consent Agenda

Leon Biegalski, Florida Healthy Kids Corporation

Leon Biegalski, Chief Legal Officer, was recognized to present the items on the Consent Agenda. Dr. Haridopolos presented the Consent Agenda for consideration as a single motion. Dr. Robert Karch moved the motion; Dr. Armas seconded the motion.

ACTION: Approve the Consent Agenda.

This motion was approved.

III. Executive Reports

Chair Report

Dr. Stephanie Haridopolos, Board Chair

Dr. Haridopolos began her report by sharing a story from one of the CHIP families FHKC serves. This story was submitted to the Corporation by one of the health plans to showcase the program's real-life impact.

A. Hurricane Relief

Dr. Haridopolos recapped the Executive Committee meeting which unanimously approved premium relief for KidCare families impacted by Hurricane Helene. Since that approval, Florida was impacted by another hurricane. Dr. Haridopolos requested to extend the approved relief to those affected by Hurricane Milton and asked the entire Board to vote on the entire package encompassing both hurricanes. The relief package included an automatic waiver of the October premium payment for November coverage, administrative relief for those in the renewal process, and waiver of November payment for December coverage for families upon request; this relief was for families living in all counties designated by FEMA as eligible for individual assistance.

Dr. Haridopolos noted that the Corporation had provided relief in this manner for four previous hurricanes dating back to 2017. She also expressed that FHKC would seek reimbursement from the state legislature, but reimbursement was not guaranteed. Dr. Haridopolos recognized Jeff Dykes, Chief Financial Officer, to provide information on the impact of providing the relief with no guarantee of reimbursement.

Mr. Dykes stated that the Corporation's current net position is \$17,100,000 which allows for discretionary use to provide premium waivers. Approving the premium waivers of at least \$6,500,000 would reduce FHKC's position to \$10,600,000, a 38% decrease and allowing families to call in for premium relief in November for December coverage would also affect the bottom line; however, historically call-in requests for premium relief have been around one percent of total fiscal impact in these types of situations.

Recognizing the previously approved use of \$750,000 from the Corporation's private funds for a marketing campaign to promote House Bill 121 (KidCare +), FHKC's position could fall to \$9,850,000 if that campaign launches.

Assuming the Corporation is reimbursed this outlay, there may still be over \$100,000 in lost interest earnings, which is dependent on interest rates. If reimbursed, it will realistically take approximately nine months to work through the legislative and budget release processes before a reimbursement is in hand. There will also be lost interest earnings in future years if the Corporation is not reimbursed.

Mr. Dykes noted that during fiscal years 2017-2023, the Corporation experienced a combined loss totaling \$4,300,000. Fiscal year 2023-2024 has brought an increase in net position of \$672,000. The flow of public funds has been occurring efficiently and timely with no situation triggering a need to access private funds to meet contractual payment obligations. Contingencies are in place to protect further use of private funds. An estimation of over \$1,000,000 in medical rebates to be received, gains in the full-pay program, and the ending of the annual TPA contract subsidy of \$750,000 paid by private funds will increase FHKC's net position. He felt there would be no significant downside to finance or accounting operations or overall cashflow if the Board approved the relief.

Dr. Haridopolos stated that the Corporation's executive leadership has had discussions with CFO Patronis' office, Governor Desantis' office, and the state legislature.

Dr. Haridopolos also highlighted the efforts of the Florida Healthy Kids health and dental plans to assist Floridians with recovery after the two hurricanes.

Dr. Haridopolos asked for a motion to approve the hurricane relief for the 52 counties and the Miccosukee Indian Reservation designated by FEMA as eligible for individual assistance due to Hurricanes Helene and Milton and any additional counties designated by FEMA in the future for these hurricanes. Dr. Peter Claussen moved the motion; Mr. Philip Boyce seconded the motion.

ACTION: Approve Hurricane Relief for the 52 Counties and Miccosukee Indian Reservation Designated by FEMA as Eligible for Individual Assistance Due to Hurricanes Helene and Milton and for any Additional Counties Designated by FEMA in the Future for these Storms.

This motion was approved.

B. Hope Florida

Dr. Haridopolos provided a brief history of how Hope Florida began as an initiative spearheaded by First Lady Desantis to connect Floridians with assistance regarding food, jobs, and counseling; and its impact statewide. She expounded on the Corporation's collaborative partnership with Hope Florida and the link on the parent portal log-in page resulting in 2,737 clicks. Maximus, FHKC's TPA, changed their call scripts and made a concerted effort to mention Hope Florida resulting in 1,575 callers being introduced to the program and 378 callers being transferred to the Hope Florida line.

Chief Executive Officer Report
Ryan West, Florida Healthy Kids Corporation

Dr. Haridopolos recognized Ryan West to provide the Chief Executive Officer Report.

A. Third-Party Administrator Implementation

Efforts continue towards implementation and going live next year. FHKC and Maximus are now at 100% of the project's business requirement documents approval up from the 84% noted at the July Board meeting. Mr. West recognized the efforts and work of Suzetta Furlong, Ashley Carr, Mr. Dykes, and their teams in accomplishing this.

Staff continues to assess the impact of a suite of new compliance rules being promulgated by federal CMS. The timing of the new rules was after FHKC began development of the new system affecting the functionality and how compliance is ensured. The most complex of the directives is the streamlining rule which was designed to eliminate duplicative processes and improve efficiencies between separate Medicaid and CHIP programs. The rules affect large portions (applications, renewals, and timelines) of how FHKC administers the program. CMS scheduled the implementation of the rules through multiple phases by June of 2027. This will require staff and Maximus to rework and retest portions of the work that has been completed on implementation. It is estimated to take several months of consecutive work to implement the CMS rules.

A new federal rule has been issued regarding the care provided to individuals incarcerated in jails and prisons. Incarcerated juveniles enrolled in Medicaid or CHIP are required to be provided certain services (examinations and vaccinations) in the 30

days prior to the scheduled release date or within one week after release, or as soon as practicable. Florida Healthy Kids coverage is otherwise suspended during the carceral period. This rule requires collaboration and system testing between FHKC, the Agency for Health Care Administration (AHCA), and the Departments of Corrections and Juvenile Justice to ensure enrollees receive the required services, coverage is appropriately suspended, and renewals are conducted timely. This project will be implemented before the new system goes live in 2025.

B. KidCare+

The Legislature passed a landmark bill in 2023 that provides a fiscal glide path for families transitioning from CHIP to full-pay program. This has the effect of opening the program to thousands of new families. It has not been approved by the federal government and is at a standstill due to litigation on a separate issue. The latest developments are as follows:

- AHCA submitted its initial brief on September 18th
- CMS has an answer brief due by November 18th

Oral arguments may begin after the brief filings and this process could take several months. FHKC will provide updates as substantive news comes in. A planned update to the Board will happen at the March 2025 meeting.

Chief Financial Officer Report

Jeff Dykes, Florida Healthy Kids Corporation

Kevin Warren, CPA, James Moore & Co., P.L.

Jon Ingram; Law, Redd, Crona & Munroe

Dr. Haridopolos recognized Mr. Dykes to provide the Chief Financial Officer Report.

A. Fiscal Year Ending June 30, 2024, Financial Statements

Mr. Dykes reminded the Board that the Corporation is set up as a component unit of the state of Florida meaning that although FHKC was created by law and is a legally separate organization, the Corporation's financial information is included in the state's annual financial statements. FHKC follows enterprise fund reporting meaning the financial statements are presented in a manner like that of a private business.

Throughout the year, management ensured the prioritization of spending decisions to stay within the Board approved operating and use of corporate funds budgets as well as legislative funding approvals avoiding budget overruns. FHKC spent \$1,500,000 in private funds last year to aid the 18 counties affected by Hurricane Idalia with premium payment relief. The Corporation was reimbursed through receipt of public funds approved by the Florida Legislature and Governor.

For the fiscal year, the Corporation generated revenue of \$345,100,000 and closed the year with an increase in net position of \$672,000 for a year-end net position of

\$17,100,000. This increase is the result of gains in FHKC's Full-Pay program and nonoperating revenues. The use of the Corporation's private fund always has a downward effect on the net position because there are no direct matching funds to offset those expenses.

The Corporation's publicly funded CHIP was revenue-neutral at year-end resulting in no impact to net position. Additionally, FHKC received revenue of \$4,200,000 from AHCA as reimbursement for administration services provided to participating KidCare programs resulting in no impact to net position.

The Statement of Net Position shows that the Corporation ended the fiscal year with total assets of \$37,000,000, liabilities of \$19,800,000, and a strengthened net position of \$17,100,000. This is up from \$16,400,000 of the 2022-23 fiscal year net position.

The three financial areas that primarily affected net position include:

- Financial performance of the Corporation's Full-Pay Program. The Full-Pay Program ended the fiscal year with an operating gain of \$988,000. The premium adjustment approved by the Executive Committee effective for coverage starting February 2023, proved sufficient to cover carrier insurance payments, allocated third-party administration contract payments, and other administration costs through the 2023-24 fiscal year and into this fiscal year. Due to health care and administration cost trends, different premium sufficiency analyses suggest a premium adjustment is necessary during the first quarter of 2025 to ensure a continuation of positive cash flow without the need to draw from private funds to protect program solvency.
- Non-operating revenue from liquidated damages and interest income that totaled about \$900,000. Close to \$421,000 was received from assessed liquidated damages applied against contracted vendors and approximately \$480,000 was earned in interest income. The total interest income earned was close to \$800,000 for the year. Interest income earned on public funds while in the custody of the Corporation must be remitted to AHCA. The amount remitted was \$315,000, leaving \$480,000 for FHKC.
- Management's use of private funds totaling \$1,200,000. Based on Board approval, the funds were primarily used for unappropriated Third-Party administrative contract payments of \$756,000, \$346,000 for enhanced marketing activities, and a gift of \$100,000 for the Sam Bell Memorial Endowment.

The Corporation's CHIP enrollment grew by 73% from July 1, 2023, of 57,000 kids to June 30, 2024, to about 134,000 kids. Enrollment in FHKC's Full-Pay program grew by 16.5%, an increase of 3,400 to approximately 24,000 kids. Enrollment in the Corporation's CHIP and Full-Pay programs primarily generates FHKC's revenues and expenses, the financial statements show the upside effects of this increased enrollment. The Corporation's budget for the current fiscal year showed continued enrollment growth which further enhanced expected revenue collections.

Dr. Haridopolos asked for a motion to approve the Fiscal Year Ending June 30, 2024, Financial Statements. Dr. Claussen moved the motion; Dr. Karch seconded the motion.

ACTION: Approve the Fiscal Year Ending June 30, 2024, Financial Statements.

This motion was approved.

B. Fiscal Year Ending June 30, 2024, Draft Audit Report, and Auditor Required Communications

Kevin Warren was recognized to present the Fiscal Year Ending June 30, 2024, Draft Audit Report, and Auditor Required Communications. Mr. Warren touched on the three audit reports – financial statements, internal controls and compliance, and compliance of the major programs.

The opinion received for the Financial Statements Audit was fairly presented in all material aspects. This is an unmodified audit opinion which is the highest level of assurance on audit statements.

The opinion received for the internal controls and compliance report found there were no issues, and this was a clean report.

The opinion received for the compliance of the major programs (CHIP) known as a federal single audit which is required for organizations receiving over \$750,000 in federal funding found no issues, and this was a clean report.

The SAS 1-14 Letter issued to the Board details any other items not included in the audit statement. It speaks to what the auditors do regarding compliance and significant risks identified. There were no issues found.

Dr. Haridopolos asked for a motion to approve the Fiscal Year Ending June 30, 2024, Draft Audit Report, and Auditor Required Communications. Mr. Boyce moved the motion; Dr. Robert English seconded the motion.

ACTION: Approve the Fiscal Year Ending June 30, 2024, Draft Audit Report, and Auditor Required Communications.

This motion was approved.

C. Amendment to Fiscal Year 2024-25 Approved Budget

Mr. Dykes informed the Board this is the first amendment of this fiscal year to keep the Corporation's budget aligned with the state's budgeting system and legislative budgeting data. The adjustments are based on the KidCare caseload and expenditures social services estimating conferences held in July.

In net, the adjustments to the initially approved Operating Budget decrease revenues by \$9,200,000 or two percent, with an offsetting adjustment to insurance carrier and TPA costs. The amended Operating Budget is balanced as there is no increase or decrease in the calculated Change in Fund Net Position and this amendment has no impact on corporate funds.

Dr. Haridopolos asked for a motion to approve the Amendment to Fiscal Year 2024-25 Approved Budget. Dr. Amra Resic moved the motion; Dr. Karch seconded the motion.

ACTION: Approve the Amendment to Fiscal Year 2024-25 Approved Budget.

This motion was approved.

D. Report on Cybersecurity Controls, Phase 2

Jon Ingram was recognized to present Phase 2 of the Cybersecurity Controls Report. This audit addressed the remaining cybersecurity control areas from the cybersecurity framework that were not included in the scope of the Ernst and Young follow-up. Management provided a written response stating measures taken to address both observations and recommendations. There will be a follow-up internal audit to look specifically at management's corrective actions on this report and the findings from Phase 1.

Chief Marketing Officer Report
Ashley Carr, Florida Healthy Kids Corporation

Dr. Haridopolos recognized Ms. Carr to provide the Chief Marketing Officer Report.

A. Advertising and Marketing

The Parent Portal was created to give enrollees and parents greater access to their account. It provides them with the ability to add members, update information, and is now the main way to apply. Since its launch, there are 160,000 registered users, 42,000 applications received, and the system has received a 95% satisfaction rating.

The Back-to-School Campaign which ran from July to September garnered:

- More than 2.3 million impressions across all advertising channels
- Over 12,000 clicks to campaign websites
- Nearly 3,000 social media interactions

FHKC has partnered with influencers. These partnerships have garnered:

- Nearly 20,000 impressions
- Over 2,000 social media interactions
- 43,700 video views

The Cold and Flu Campaign runs from October to December. The focus is on the cost of cold and flu season on school attendance. Staff research and parent surveys led to startling statistics. Cold and flu are a couple of the main reasons children miss school. It was found that if children miss more than 15 days of school, they are 7.4 times more likely to drop out of school. Staff created an educational landing page and digital advertising campaign to address this on the FHKC website.

The Marketing team implemented Absorb Learning Management Software to take the in-person and teams training digital. This allows people to take the training at their pace and relieves staff.

The first module, Introduction to Florida KidCare, launched October 7th. A dozen people took the course and rated it five out of five stars. The interactivity, ability to showcase information in a helpful and fun way, ability to create transcripts, and provide continuous access to various downloadable resources makes this training exciting and supportive.

The next module will be the Application Assistor Training. It is expected to launch in December.

Ms. Carr invited the Board to participate in the training and take the Introduction to KidCare as a new or refresher course.

B. Community Outreach and Partnerships

FHKC has begun a collaboration with Farm Share to hold back-to-school food distribution events. Families were provided with lunch bags, reusable sandwich containers, and ingredient specific recipe cards. The events served over 1,000 families in Broward, Miami-Dade, and Volusia.

FHKC will partner with CFEF for the 28th annual Boo at the Zoo hosted by the Public Education Foundation of Marion County. Custom Halloween dental coloring sheets will be provided to an estimated 6,000 attendees on October 31.

FHKC will participate in the rescheduled (due to hurricanes) School Is In Session: A Balancing Act for Caregivers parent conference hosted by The Education Foundation of Alachua County.

In identifying areas of need and building awareness:

- The marketing team joined the Early Learning Coalition of Flagler and Volusia Counties for Storybook village. It was held on October 12th.
- They also participated in the Ocala Health and Wellness Expo with the Public Education Foundation of Marion County on October 12th with nearly 6,000 attendees.

FHKC has a long-standing partnership with The Department of Health in Broward County which has seven KidCare positions through a local Children's Service Council. Three large ongoing initiatives:

- Florida KidCare van wrap used for on-hand community events
- 300,000 Florida KidCare postcards distributed to schools
- 58 Florida KidCare gas toppers countywide

Back-to-School Partnerships garnered:

- 215 community events
- 220 social media posts
- 325 speaking ops/published materials
- 57,501 individuals educated

2023 Census Data:

- 350,540 uninsured children in Florida
- Florida rate of 7.5%, +0.1% from 2022
- Federal rate of 5.4%, +0.3% from 2022
- Highest areas of uninsured children remain the same:
 - Broward
 - Hillsborough
 - Miami-Dade
 - Orange
 - Palm Beach

Steve Freedman asked what an influencer partnership meant and what an influencer was. Ms. Carr responded that an influencer is someone who shares their life online through blogs and social media with topic-based platforms with hundreds of thousands to millions of followers. The partnership with these influencers allows FHKC to tap an untapped market and reach viewers/populations of potential applicants. The influencers usually provide FHKC with discounted rates or in-kind donations.

Dr. Haridopolos shared that the marketing team will create a press release for the hurricane relief approved by the Board.

IV. Operational Efficiency and Quality Committee Report

Dr. Peggy Aune, Chair

Suzetta Furlong, Florida Healthy Kids Corporation

Lindsay Lichtj, Florida Healthy Kids Corporation

Dr. Haridopolos recognized Dr. Peggy Aune, Chair of the Operational Efficiency and Quality Committee to provide the Report. She provided a summary of the meeting and recognized Ms. Furlong, Chief Operating Officer, to provide the Operations Report.

A. Operations Report

Ms. Furlong began her report by acknowledging FHKC partners (Maximus call center and health and dental plans staff) who continued services while being impacted by the hurricanes, showing their dedication to the families.

Ms. Furlong highlighted the annual technical workshop with Maximus, which was a day long meeting delving into the net promoter score, parent portal, and other ways to improve the customer experience, and distribution of information to enrollees. This workshop is a new requirement under the contract signed a year and a half ago. Going forward FHKC and MMS will also look at technological changes to systems.

Ms. Furlong stated KidCare enrollment is up by 77 percent since May 2023 with over 194,000 children enrolled for October.

B. Population Health Report: Emergency Department Utilization

Ms. Furlong turned it over to Lindsay Lichti, Deputy Director of Plan Management to provide the Population Health Report.

Ms. Lichti began with the 2023 dental plan performance. Overall, the plans did very well with the performance metrics. The plans met or exceeded all the metrics for potential enrollee impact. The plans met or exceeded all the metrics for potential provider impact. The plans met or exceeded all but one of the metrics for potential enrollee and provider impact. The standard prior authorization metric requires 100% in 14 days, and with the average was 99.5%.

Ms. Lichti reviewed health plan appeals. Trends, outliers, emerging experience, and things that prompt questions are reviewed. Around 400 appeals for pharmacy and medical were received. The majority were for pharmacy appeals. Most of the pharmacy and medical appeals were upheld.

Looking at appeals by plan, Aetna had the majority of appeals.

Full-pay had slightly more appeals than CHIP when looking at appeals by enrollment. Dr. Freeman asked why the sicker kids in full-pay were not in CMS. Ms. Lichti responded that CMS does not have a full-pay option and if they don't qualify for CHIP, they can't go to CMS.

The Population Health Report focused on the utilization of the emergency department (ED) in 2023. There were approximately 61,000 visits resulting in almost \$13,000,000 claims paid in 2023. The 11-18 age group had more visits than the five- to ten-year-olds with \$7,900,000 in paid claims. The subsidized population had more visits than the full-pay population resulting in \$9,800,000 paid claims. Regions and their enrollment numbers aligned with the volume of paid claims per region.

Abdominal and pelvic pain and acute pharyngitis were the most common diagnoses by number of claims. Abdominal and pelvic pain was highest in the 11-18 age group. Acute pharyngitis was highest in the 5-10 age group.

There were over 4,000 unique enrollees considered high utilizers. High utilizers are enrollees who had three or more ED visits without a corresponding hospital admission within the last 12 months. 20 % were Full-pay while 80% were subsidized. Aetna had the highest rate.

V. Strategic Plan

Dr. Haridopolos gave a short introduction and history on the Corporation's Strategic Plan. She recognized Mr. West to present the Strategic Plan. He went over the Vision, Mission, and Corporate Values. The Corporate Values are tied to the three pillars created last year. The Strategic Goals are overarching and made up of both touchable (full control) and stretch (working with others) goals. Mr. West defined and explained the corporate Pillars noting executive members held ownership of the pillars.

Ms. Carr was recognized to provide a recap of the 2024 projects involving the customer experience and quality of care. Pillars for Customer Experience and Quality of Care were placed into a matrix with initiatives showing where they fall. Ms. Carr reviewed each initiative and how it met the goals of the Customer Experience and Quality of Care pillar.

Mr. West ended the presentation by presenting the Proposed Roadmap for 2025. For Organizational Leadership, the strategic partnership is manifesting some of the ideas supplied by Dr. Freedman regarding family feedback. An example of this is the Treasure Coast Food Bank pilot program which will start in January and last a year. It affords a unique opportunity to represent a diverse group of enrolled families across a diverse area. Treasure Coast will connect with families that have been enrolled for six to eight months to collect specific information (application and on-boarding process, appointment times, availability of health and dental plans, and feedback on improvements) regarding their experience with KidCare. The goal is to collect a statistically valid number of responses/feedback to be reviewed and use in developing solutions to themes and discover whether there are reoccurring themes. This will drive continuous improvement. Mr. West expounded on the good job Mr. Dykes and his team do with the Financial Responsibility Pillar. This pillar works well and there are no recommendations to change this pillar.

Ms. Carr introduced proposed changes to the Customer Experience and Quality of Care pillar. She reviewed the Roadmap activities – two that have been accomplished and should be removed to make way for new projects in 2025, two which are on-going and should stay, and three new activities to be added. The three new activities are:

- A consumer-friendly website that is mobile focused and friendly. The goal is to ensure the information is presented in the most concise and absorbable way possible. The expected launch is scheduled for the end of December 2024.

- Enhancement of technology processes to expediate the enrollment timeline.
- Implementation of a self-service webchat and a live call sentiment analysis by mid-2025.

Mr. West stressed to the Board that while this is an action item, it did not have to be finalized at this meeting. If edits or modification are requested by the board, the staff could take those back and present it at the end of the year.

Dr. Haridopolos asked for a motion to approve changes to the Corporate Strategic Plan as outlined by the Officers. Dr. Clausen moved the motion; Dr. Aune seconded the motion.

ACTION: Approve Changes to the Corporate Strategic Plan as Outlined by the Officers.

This motion was approved.

VI. Other Business

Dr. Haridopolos opened the floor to public comment. Hearing none, she opened the floor to the Board extending the opportunity to share any announcements.

Ken Fisher with Maximus applauded the Board for its work to support its constituency in the face of the hurricanes. He also stated the annual technical workshop was a great collaboration to best support the program from different vantage points.

Dr. Haridopolos shared the Board meeting dates for 2025 (March 5, May 22, August 17, and October 23). The next meeting will take place in Tallahassee on March 5, 2025, at Hotel Duval.

With no other business to discuss, Dr. Haridopolos requested a motion to adjourn the meeting. Dr. Claussen moved the motion. Mr. Boyce seconded the motion. The meeting adjourned at 11:31 a.m.

ACTION: Adjourn Meeting.
This motion was approved.

Tab B

Executive Committee
Meeting Minutes

November 22, 2024

FLORIDA HEALTHY KIDS CORPORATION
Executive Committee Meeting
November 22, 2024, 10:30 a.m.
Microsoft Teams

Executive Committee Members Present:

Dr. Stephanie Haridopolos, Chair
Dr. Peter Claussen, Vice Chair
Mr. Philip Boyce, Secretary/Treasurer

Other Persons in Attendance:

Paul Whitfield, Board Member
Tyreana Andre, Florida Healthy Kids Corporation
Catherine Beeche, Florida Healthy Kids Corporation
Leon Biegalski, Florida Healthy Kids Corporation
Hugh Black, Florida Healthy Kids Corporation
Precious Boatwright, Florida Healthy Kids Corporation
Ashley Carr, Florida Healthy Kids Corporation
Frank Castaneda, Community Care Plan
Kim Chope, Aetna
Olivia Davidson, Florida Healthy Kids Corporation
Anthony Duarte
Jeff Dykes, Florida Healthy Kids Corporation
Katie Fuller, Florida Healthy Kids Corporation
Suzetta Furlong, Florida Healthy Kids Corporation
Daralice Gomez, Simply Healthcare Plans
Jena Grignon, Florida Healthy Kids Corporation
Laura Herold, Florida Healthy Kids Corporation
Keenan Jenkins, Florida Healthy Kids Corporation
Shannon Lepage, MCNA
Lindsay Lichti, Florida Healthy Kids Corporation
Aaron Mathews, Florida Healthy Kids Corporation
Jack McDermott, Florida Healthy Kids Corporation
Debbie Shoup, Florida Healthy Kids Corporation
Matt Sirmans, Florida Healthy Kids Corporation
Sammie Spence, Great Dental Plans
Lindsay Sullivan, Aetna
David Tillotson, Florida Healthy Kids Corporation
Ryan West, Florida Healthy Kids Corporation

MINUTES:

I. Welcome and Introductions

Dr. Stephanie Haridopolos, Chair, called the meeting of the Florida Healthy Kids Corporation (FHKC or Corporation) Executive Committee (Committee) to order at 10:30 a.m. Dr. Haridopolos reminded members of their fiduciary duty to act in the best interests of FHKC and the children and families it serves. She also reminded members their primary duty is to exercise independent judgment for the overall benefit of the Corporation and not the constituency, association, or agency they otherwise represent.

Ms. Precious Boatwright called the roll and determined a quorum was present.

II. Medical Contract Amendments and Rate Adjustments

Dr. Haridopolos explained that the Committee was called because contract negotiations had not concluded by the last Board meeting in October, the next meeting not convening until March 2025, and the rate changes effective date occurring in January 2025. She went on to inform the Committee that the rate adjustments are for six months (January 1 – June 30, 2025) and not the usual year to align with the state's fiscal year which fulfills one of FHKC's initiatives. This change will streamline everything from the caseload and expenditures forecasting process to the annual budget process by making the health plan rates which are the largest expenditure of the Corporation coincide with the state's fiscal year. In the future, health plan rates will be for a one-year period beginning July 1, 2025. This will also align the medical plan rate adjustments with the dental plan rate adjustments, which are already on a fiscal year basis.

Dr. Haridopolos recognized Lindsay Lichti to present the rate adjustments. Ms. Lichti stated the majority of the items in the amendments have been reviewed and approved by the Board in July. Items 1 – 6 have been added since Board approval. The majority of those items were to change the plan year from calendar to the state fiscal year which also includes a change based on a federal regulation to align with federal law.

Item 4, the rates, is the second major change. These changes are due to higher medical costs. Quarterly and annual medical loss ratios that are in the 90% or higher range. There is no indication that this will slow down or drop. The rates are presented based on September per member per month (PMPM) rates.

PMPM rate changes are as follows:

- Aetna from \$162.27 to \$194.57
- CCP from \$212.73 to \$231.85
- Simply from \$206.04 to \$226.61

Item 12 allows the plans to substitute 24/7 telehealth access for the required nurse line. Item 16, the deliverables chart, changes just the due dates to align with the state fiscal year.

Mr. Philip Boyce asked if the Committee is agreeing to higher premiums was approval by the Board required. Ms. Lichti responded that the Committee could stand in for the Board. Leon Biegalski, Chief Legal Officer, reiterated that the Committee is tasked with that authority.

Mr. Boyce asked if actuaries had evaluated the premium changes. Ms. Lichti responded that Milliman had evaluated and provided their recommendations (included in Tab 2).

Dr. Haridopolos asked for a motion to approve the Medical Contract Amendments and Rate Adjustments. Mr. Boyce moved the motion; Dr. Peter Claussen seconded the motion.

**ACTION: Approve the Medical Contract Amendments and Rate Adjustments.
 This motion was approved.**

III. Other Business

Dr. Haridopolos opened the floor to other business. Hearing none, she reminded members the next Board meeting will be held Wednesday, March 5, 2025, at the Hotel Duval in Tallahassee. With no other business to report, Dr. Haridopolos requested a motion to adjourn the meeting. Dr. Claussen moved the motion; Mr. Boyce seconded the motion. The meeting was adjourned at 10:44 a.m. with Dr. Haridopolos wishing everyone happy holidays.

**ACTION: Adjourn Meeting.
 This motion was approved.**

Tab C

Community Outreach and Marketing Committee Meeting Minutes

February 19, 2025

FLORIDA HEALTHY KIDS CORPORATION
Community Outreach and Marketing Committee Meeting
February 19, 2025, 2 P.M. ET
Microsoft Teams

MINUTES

Committee Members Present:

Juliet Hauser, Florida Hospital Association
Pat Smith, Department of Children and Families
Melanie Hall, Ad-Hoc

Committee Members Absent:

Dr. Stephanie Haridopolos, Chair
Erica Floyd Thomas, Department of Children and Families
Andrea Gary, Office of Children's Medical Services
Agata Wlodarczyk, Florida Association of Insurance Agents

Others Present:

David Acloque, MCNA
Tyreana Andre, Florida Healthy Kids Corporation
Lucia Arellano, Simply Healthcare Plans
Catherine Beeche, Florida Healthy Kids Corporation
Leon Biegalski, Florida Healthy Kids Corporation
Hugh Black, Florida Healthy Kids Corporation
Precious Boatwright, Florida Healthy Kids Corporation
Ashley Carr, Florida Healthy Kids Corporation
Cristy Castaneda, Community Care Plan
Frank Castaneda, Community Care Plan
Olivia Davidson, Florida Healthy Kids Corporation
DeDe Davis, MCNA
Roben Dunnings, Simply Healthcare Plans
Jeff Dykes, Florida Healthy Kids Corporation
Lindsey Felt, Children's Medical Services
Asari Fletcher, Florida Department of Health
Serina Frazier, Agency for Health Care Administration
Katie Fuller, Florida Healthy Kids Corporation
Suzetta Furlong, Florida Healthy Kids Corporation
Joy Garner, Florida Healthy Kids Corporation
Daralice Gomez, Simply Healthcare Plans
Jena Grignon, Florida Healthy Kids Corporation
Laura Herold, Florida Healthy Kids Corporation
Erica Hill, Liberty Dental Plan
Keenan Jenkins, Florida Healthy Kids Corporation

Morgan Malan, Community Care Plan
Douglas Manning, DentaQuest
Aaron Mathews, Florida Healthy Kids Corporation
Jack McDermott, Florida Healthy Kids Corporation
Shane McPherson, Florida Healthy Kids Corporation
Morine Parke Wilson, MCNA
Ashley Perkins, Sachs Media
Arvind Rampersaud, Community Care Plan
Debbie Shoup, Florida Healthy Kids Corporation
Sammie Spence, DentaQuest
Rifat Sultana, Agency for Health Care Administration
Lindsay Sullivan, Aetna
Chloe Swicegood, Sachs Media
David Tillotson, Florida Healthy Kids Corporation

MINUTES

I. Welcome and Roll Call

Ashley Carr, Chief Marketing Officer, called the meeting to order at 2:01 p.m. ET, in the excused absence of Dr. Stephanie Haridopolos, Chair.

Precious Boatwright called the roll and determined a quorum was not present.

II. Marketing and Public Relations

a. Florida KidCare Website Launch

Ms. Carr announced the new KidCare Website, floridakidcare.org. This was a component of the Strategic Plan as well as an internal priority to consolidate and strengthen the KidCare brand. It launched December 16, 2024, with no interruption of services. It has received more than 670,000 views since going live.

Key Benefits:

- Combined two existing sites – floridakidcare.org and healthykids.org
- In-house ownership of website
- Cost control – year one hosting savings is \$16,000 and maintenance savings is \$3,200

b. Insurance 101 Campaign Introduction

Olivia Davidson presented information on the Health Insurance 101 campaign debuting in March. The informational landing page will provide the custom partner toolkit and an informational question and answer series highlighting key insurance terminology. This initiative was started by Dr. Haridopolos.

c. Cold and Flu Campaign Recap

The Cold and Flu Campaign ran from late October 2024 through February 2025. It resulted in almost 2 million impressions, more than 2,300 link clicks, and over 500 social media interactions. The campaign encourages routine vaccinations to help keep students healthy and in school. It has been shown that children who are chronically absent are 7.4 times more likely to drop out. The CDC estimates that children with the flu miss anywhere from three to five days of school.

Ms. Hall asked if any of the messages are ready to be shared with other organizations. She felt the children's hospitals would be interested in some of the images for their websites. Ms. Davidson said the cold and flu toolkit is available on the partner resource page, fluinflorida.org.

d. Full Pay Program

Ms. Carr informed the Committee that there is a proposed full pay price increase of \$16.50 for medical with dental and \$11.50 for medical without dental. The prices have not seen an increase since February 2023 despite rising health care costs. If approved, the first payment due at the higher amount will be on June 1. Families will be notified starting in late April through May by letters, texts, emails, and Parent Portal banners.

III. Training and Community Outreach

a. Net Promoter Score

The Net Promoter score is a single question survey tool that largely measures customer sentiment. This was thought to be more effective than previous surveys of five to six questions. FHKC partnered with Maximus with the goal to survey a statistically valid sample size to render valid feedback which will lead to actionable steps to make things better. The results of the 1,829 surveys completed in one month were 1,529 promoters (9/10 rating), 172 passives (7/8 rating), and 128 detractors (0 – 6 rating).

b. Family Feedback Survey

Jena Grignon provided information on the Family Feedback Survey, part of the Strategic Plan Initiative Pilot project. FHKC partnered with Treasure Coast Food Bank. It launched On January 1, 2025, at the request of Dr. Freedman. Melanie Hall also assisted by testing some of the questions. The goal of this survey is to leverage partner relationships to capture candid and direct family feedback after six months of enrollment. Eighty-five percent of the families surveyed reported a smooth enrollment process. Fifteen percent reported issues.

c. Application Assister Training Launch

Catherine Beeche discussed the revamped community partner trainings through the Absorb learning management system (LMS). The Application Assister module

was launched on December 26. The “Introduction to Florida KidCare” course was released on Oct. 17.

The Application Assister module has 56 enrollees, and a 100% positive feedback score. LMS is projected to save the Corporation \$30,803 annually compared to the previous training contracts.

Key benefits:

- Self-paced learning
- Enhanced accessibility with the ability to replay and pause videos
- Read closed captions while listening to each slide
- 24/7 course access

The LMS can be used to support internal training, such as new hire orientations and HIPAA compliance. It helps maintain the interactive elements valued by the trainees, collect and track metrics with more accuracy, and leverage automation features to save time and reduce costs.

Ms. Carr pointed out that the content is largely the same training as before. The process has not significantly changed. It was updated to align with the application process via the new Parent Portal. This tool will be leveraged to share information with partners on KidCare+.

d. Events Across Florida

Recent Events

Miami Diaper Bank Cope Holiday Parties

- Resource fair for teen moms which took place in December
- FHKC title sponsorship helped more than 150 mothers and babies receive essential supplies and resources

Williston Winter Wonderland

- First time sponsorship, hosted by the Williston Chamber of Commerce
- Over 5,000 attendees
- More than 250 cups packaged w/promotional items and brochures were given out

Okeechobee Health & Safety Fair

- Represented by partner, Treasure Coast Food Bank
- Approximately 1,500 attendees
- Featured in the Okeechobee News due to its outstanding success

Upcoming Events

FSU MagLab

- 30th annual hands-on science festival on February 22
- FHKC will debut a STEM-centric interactive, life-sized KidCare-branded body part identification activity

Single Mom Summit

- Occurring March 8, presented by Advent Health for Women
- Designed to inspire and empower single mothers by offering resources, encouragement, and opportunities for connection
- Partnered with True Health

Children's Day at the Capitol

- A favorite and longstanding event happening in April
- State's largest celebration of its commitment to children, youth, and advocates, expecting thousands to attend

IV. Committee Charter

There were no recommended changes. It was presented as an annual requirement of the Bylaws. Due to lack of a quorum this action item was not voted on. It will be presented for reaffirmation at the Board of Directors meeting in March.

V. Announcements / Other Business

Ms. Carr asked if anyone had other business or announcements, hearing none she reminded members about the upcoming FHKC Board meeting on March 5, in Tallahassee at Hotel Duval.

The meeting was adjourned at 2:41 p.m.

Tab D

Finance and Audit
Committee

Meeting Minutes

February 20, 2025

FLORIDA HEALTHY KIDS CORPORATION

Finance and Audit Committee

February 20, 2025 – 9:00 a.m.

Teleconference

COMMITTEE MEMBERS PRESENT:

Philip Boyce, Chair

Paul Whitfield, Vice-Chair

Ray Berry

Celeste Pullen Harden

Commissioner Dave Eggers (excused)

OTHER PERSONS IN ATTENDANCE:

Tyreana Andre, Florida Healthy Kids Corporation

Leon Biegalski, Florida Healthy Kids Corporation

Hugh Black, Florida Healthy Kids Corporation

Precious Boatwright, Florida Healthy Kids Corporation

Jeff Dykes, Florida Healthy Kids Corporation

Jack McDermott, Florida Healthy Kids Corporation

Jon Ingram, Law, Redd, Crona & Monroe

Aaron Mathews, Florida Healthy Kids Corporation

Matt Sirmans, Florida Healthy Kids Corporation

Other FHKC Staff, and Outside Callers

MINUTES:

I. Welcome and Introductions

Mr. Philip Boyce, Chair, called the meeting of the Finance and Audit Committee (Committee) to order around 9:00 a.m. Ms. Precious Boatwright called the roll, and determined a quorum was present.

II. Follow-up on Prior Internal Audit Findings*

Mr. Boyce introduced Jon Ingram of Law, Redd, Crona & Munroe, the Corporation's contracted internal auditor, who addressed the most recent follow-up of the prior internal audit findings, titled Report #25-02. Due to the sensitive nature of the subject (cybersecurity), Mr. Ingram provided an overview rather than specific details.

Mr. Ingram discussed two outstanding items from prior reports:

- Report #24-01 (April 3, 2024) – Corrective Actions from the May 2021 Ernst & Young HIPAA and MARS-E Assessment Report, and

- Report # 25-01 (September 25, 2024) – Internal Audit of Selected Cybersecurity Controls (Phase 1)

One area of Report #24-01 related to network design and architecture is still outstanding; corrective action is still in progress, but management response asserted this will be fully addressed within 60 days. The report #25-01 was related to two observations regarding system access and controls; the internal auditor has concluded both of these items have been sufficiently addressed.

Ms. Harden made a motion to accept the internal auditor’s follow-up report; Mr. Berry seconded the motion; the motion passed unanimously.

After the vote, Mr. Berry asked why an accounting firm does this type of audit and asked whether there is a cybersecurity team within Healthy Kids. Mr. Ingram explained Law Redd is the internal auditor, and the internal audit charter outlines this function. Additionally, his firm (Law Redd) is a separate entity from the Corporation’s financial auditor (James Moore).

**ACTION: Accept the Internal Auditor’s Follow-up Report
This motion was approved.**

III. Corporate Governance Documents*

Mr. Boyce introduced this topic and stated a vote will be taken on these documents collectively. He stated Mr. Ingram and Mr. Dykes will present the Committee charters, and Mr. Biegalski will address the Corporate Bylaws, and Code of Ethics.

Mr. Dykes addressed the Finance and Audit Committee charter, and stated since last Board approval (January 10, 2024), the charter has maintained its relevance and effectiveness, and there have not been any changes to organizational structure, corporate goals, or laws and regulations affecting the committee’s responsibilities. Therefore, he recommended no changes to the charter at this time.

Mr. Ingram addressed the Internal Audit Activity charter, and recommended three minimal wording changes to align the charter with current professional standards, specifically, to match the Government Audit Standards (“yellow book”) issued by the Controller General of the United States.

Ms. Harden expressed concern about removing the reference to Internal Auditing (IIA) standards and using the term “applicable” for the Government Audit Standards. Mr. Ingram explained this change (away from the IIA) is because it required a peer review (paid by the client) for each internal audit, which could be onerous to the client. The reference to applicable “code of ethics” is meant to not be specific to any governing body.

Mr. Biegalski was recognized to discuss the Corporate Bylaws and the Corporate Code of Ethics. Mr. Biegalski stated all of these documents are required to be reviewed annually by the Board. He stated there were some items that occurred over the course of the year which could require some clarification and/or updating, so there are recommended changes this year.

One substantive issue to change the bylaws is a proposal to waive the “three-day notice” requirement for calling public meetings if there is a declared state or federal emergency, and only for the purposes of addressing this emergency (*example: hurricane premium credits*).

The code of ethics has not been amended for several years. Mr. Biegalski recommended a change to the definition of conflict of interest, gifts, and gratuities, to mirror federal regulations.

Due to technical issues, the group revisited the Corporate bylaws changes. Mr. Berry had a question about the change to section 6.3, specifically why the three-day notice requirement was only waived for a declared emergency; he suggested this was perhaps too restrictive. After discussion, the committee decided to allow the chair to have the discretion to call an emergency meeting without a declared emergency.

Mr. Berry made the motion to approve all of the governance documents with the understanding the bylaws would be changed to allow the Chair to call an emergency meeting due to extenuating circumstances. Mr. Boyce seconded the motion. The motion was approved unanimously.

ACTION: Approve Corporate Governance Documents
This motion was approved.

IV. Amendment to FY 2024-2025 Approved Budget*

Mr. Boyce recognized Mr. Jeff Dykes to discuss the second budget amendment of the fiscal year to make the Corporations budget “in-sync” with the state’s budgeting system, to make necessary adjustments based on the December SSEC conferences, and to make adjustments due to the hurricane premium credits for Hurricane Helene and Hurricane Milton.

Mr. Dykes went into more detail about the changes including adjustments to Professional and Consulting Services to align funding with actuarial services and TPA contract and system transition services. In net, the adjustments increased the operating budget revenues by \$25.2 million (5.7%).

There were also adjustments made to the Corporation's private funds. Mr. Dykes reminded the committee, the Board approved \$6.5 million for November premium credits due to the storms affecting 52 counties and one Indian reservation FEMA declared eligible for individual assistance. Mr. Dykes said Corporation staff are working with the Governor's office and legislative staff to seek reimbursement (not guaranteed) for this expenditure.

Mr. Dykes also mentioned unintentional enrollment, with a worst-case scenario cost of an additional \$7.5 million, due to issues with the execution of the premium credit. He also discussed mitigation measures taken by the Ops team which should reduce the fiscal impact. However, as the final result is not known – the worst-case scenario figure of approximately \$14 million is shown in the proposed budget. This issue, combined with other Board approved use of corporate funds, amounts to \$15.6 million, which would change the estimated net position to \$1.6 million, down roughly 90% from the September 2024 reported balance of \$17.2 million.

Mr. Dykes also outlined the mitigation strategy and its effect on KidCare partners including cash management policy that makes the Corporation temporarily "out of sync" with TPA reporting. This policy includes arrangements with other KidCare programs to not automatically pay money based on the inflated November enrollment numbers. The Corporation also reached an agreement with insurance carriers to not make capitation payments to these carriers based on the inflated November enrollment numbers.

However, since cash-flow to these carriers was necessary; this cash-flow mirrored October's enrollment (a more representative month) as a more reasonable estimate of what the eventual (reconciled) November enrollment is expected to be. The "delta" between the payment based on October enrollment, and the actual November enrollment after the migration measures, will be what is owed to these parties. This strategy ensures public and corporate funds are held and controlled until the impact of the mitigation process is concluded. This is a better alternative than paying millions of extra dollars, and "clawing back" this money from carriers after the reconciliations are completed. This also protects interest earnings.

At 10 am, the Board approved a resolution to extend the meeting by 20 minutes.

Mr. Boyce praised the mitigation strategies, and instructed the committee to vote on the amendment based on "what could happen."

Mr. Berry made a motion to approved the budget amendment, and Ms. Harden seconded the motion. The motion was approved unanimously.

**ACTION: Approve the Amendment to FY 2024-2025 Budget.
This motion was approved.**

V. Year-to-Date Financial Activity

Mr. Dykes asked Mr. Boyce if he could switch the order of the agenda to discuss the financial activity next, as this issue was most related to the previous discussion on the budget amendment. Mr. Boyce agreed and asked Mr. Dykes to proceed.

Mr. Dykes explained that typically he reports to the committee financials that are no more than two months in arrears. An exception is being made due to the unintended hurricane premium credits, and the multi-month reconciliation efforts that are underway to ensure accurate financial statements. The outcome of the hurricane credit mitigation strategy will directly affect Statement of Revenues, Expenses Compared to Budget, and Statement of Net Position.

Today Mr. Dykes presented the Corporation's interim financial statements for September. These statements show the financial activity was stable and the operating and corporate fund budget were within budgeted amounts. Moreover, the full-pay program experience quarterly gains of \$181,051; the quarterly change in Net Position was \$131,596. And as mentioned earlier, the Corporation's Net Position was \$17.2 million.

During this process, Mr. Dykes stated he did discover an issue with the Professional and Consulting Services budget needing to be increased due to actuarial consulting services utilized. This adjustment was included in the budget amendment approved earlier in the meeting.

ACTION: No Action Required

VI. Full Pay Program

Mr. Boyce recognized Mr. Dykes for this report. Mr. Dykes provided a brief overview of the program emphasizing that as long as the full-pay program benefits were at least as good as the CHIP program benefits – the full pay program is eligible for both state and federal funding through indirect subsidization.

He further stated that with the FY 2025-2026 projected enrollment of 28,000 children, the premium subsidization at approximately \$275 per child per month is significant. To ensure solvency of this program, the Corporation is at a point where premiums need to be adjusted to address cost increases driven by health care trend and increasing allocated contracted administrative costs.

The proposed per child monthly premium is \$276.00 with dental coverage, an increase of \$16.50 (6.36%); the proposed per child monthly premium is \$256 without dental coverage – an increase of \$11.50 (4.70%).

Mr. Dykes noted that on a percentage basis this was less than the prior rate adjustment which was \$16.00 for both the dental and non-dental plan, which as a percentage, was a 6.57% increase and 7.00% increase respectively. He also mentioned that per federal regulations, these proposed premiums were dampened by the reinvestment of the collected MLR rebates.

The new premiums would take effect July 1, 2025 (payment in June) and are intended to last through mid-calendar year 2027. The Corporation's marketing unit has already prepared an omnichannel marketing communications plan to begin next month to notify recipients of these changes if the Board approves these new rates.

Ms. Harden made the motion to approve. Mr. Boyce seconded the motion. The committee voted unanimously to approve the rate adjustment for the full-pay program.

**ACTION: Approve Rate Adjustment for Full Pay Program.
 This motion was approved.**

VII. Adjourn Meeting

Mr. Boyce thanked each member for their participation. Mr. Boyce made a motion to adjourn the meeting. Mr. Berry seconded the motion. The meeting was adjourned.

Tab E

Operational Efficiency and
Quality Committee
Meeting Minutes
February 20, 2024

FLORIDA HEALTHY KIDS CORPORATION
Operational Efficiency and Quality Committee Meeting
February 20, 2025, 10:30 AM ET
Microsoft Teams

MINUTES

Committee Members Present:

Dr. Peggy Aune, Chair
Dr. Peter Claussen, Vice Chair
Heather DeFrancisco
Dr. Stephen Freedman
Dr. Robert Karch

Committee Members Absent:

Dr. Susan Benhaim
Rachel LaCroix, Ad-Hoc

Others Present:

David Acloque, MCNA
Tyreana Andre, Florida Healthy Kids Corporation
Lucilla Arellano, Simply Healthcare Plans
Patricia Avila, Simply Healthcare Plans
Catherine Beeche, Florida Healthy Kids Corporation
Leon Biegalski, Florida Healthy Kids Corporation
Hugh Black, Florida Healthy Kids Corporation
Precious Boatwright, Florida Healthy Kids Corporation
Lacey Brandon-Sweatt, Florida Healthy Kids Corporation
Ashley Carr, Florida Healthy Kids Corporation
Frank Castaneda, Community Care Plan
Olivia Davidson, Florida Healthy Kids Corporation
DeDe Davis, MCNA
Jeff Dykes, Florida Healthy Kids Corporation
Ariela Eshel, Simply Healthcare Plans
Katie Fuller, Florida Healthy Kids Corporation
Suzetta Furlong, Florida Healthy Kids Corporation
Joy Garner, Florida Healthy Kids Corporation
Jena Grignon, Florida Healthy Kids Corporation
Laura Herold, Florida Healthy Kids Corporation
Erica Hill, Liberty Dental Plan
Keenan Jenkins, Florida Healthy Kids Corporation
Shannon Lepage, MCNA
Lindsay Lichti, Florida Healthy Kids Corporation
Aaron Mathews, Florida Healthy Kids Corporation
Jack McDermott, Florida Healthy Kids Corporation
Shane McPherson, Florida Healthy Kids Corporation
Stacey Plymale, DentaQuest

Arvind Rampersaud, Community Care Plan
Debbie Shoup, Florida Healthy Kids Corporation
Matt Sirmans, Florida Healthy Kids Corporation
Sammie Spence, DentaQuest
Lindsay Sullivan, Aetna
David Tillotson, Florida Healthy Kids Corporation

MINUTES

I. Welcome and Introductions

Dr. Peggy Aune, Chair, called the meeting to order at 10:30 a.m. Eastern Time. She introduced Precious Boatwright to call roll. Ms. Boatwright noted a quorum was present.

II. Committee Charter

Dr. Aune explained that the Charter comes up annually for review. She introduced Leon Biegalski, Chief Legal Officer, to explain the revisions to the Charter.

Mr. Biegalski informed the Committee of the following revisions: removing Section 2c. as it falls under the Physician Credentialing Committee, and adding that contract amendments pertaining only to rate or cost adjustments are reviewed by the Finance and Audit Committee.

Dr. Aune asked for a motion to approve the revisions to the Committee Charter. Dr. Robert Karch moved the motion, and Dr. Peter Claussen seconded the motion.

**ACTION: Approve the Revisions to the Committee Charter.
This motion was approved.**

III. MCNA Performance Improvement Project Topics

Dr. Aune recognized Tyreana Andre to present the MCNA Performance Improvement Project (PIP) Topics. MCNA requested a new clinical and non-clinical Performance Improvement Project topic. For the clinical PIP, MCNA requested to change the topic to "Improving Sealant Receipt on Permanent First Molars." This topic aims to reduce the 60% of children ages 6-11 who are not receiving dental sealants. It is also a CMS child core set measure that aligns with CMS' initiatives of oral health and child quality improvement. For the non-clinical PIP, MCNA requested to change their PIP topic to "Increasing the Rate of Providers Reporting Member No-shows Using CDT Codes." The goal of this topic is to increase the reporting of member no-shows which had been previously underreported. The data will then be used to conduct interventions with members to improve appointment compliance rates. MCNA has performed well in the past, consistently scoring over 97% for their overall validation scores.

Dr. Aune asked for a motion to approve the MCNA PIP Topics. Dr. Claussen moved the motion, and Dr. Stephen Freedman seconded the motion.

**ACTION: Approve the MCNA PIP Topics.
This motion was approved.**

IV. Reducing Dental Care Disparities for children with Special Health Care Needs

Katie Fuller presented information on reducing dental care disparities for children with special health care needs, a concern expressed by Dr. Freedman at the January 2024 Board of Directors meeting. Ms. Fuller stated that follow-up data provided at the July Committee meeting showed this population is falling behind in dental utilization. Two proposals were developed from the data: 1) health plan case management will identify these enrollees and reach out to families as an educational resource and find out what kind of barriers they are facing to receiving dental care and 2) dental plans will adopt a third PIP relating to reducing disparities for children with special health care needs and increase dental visits. The data collected by health plans was shared with dental plans who have been assigned this topic as their third PIP topic. The dental plans will submit PIP summary forms to Qsource in July with baseline results provided in the 2025 PIP reports. Going forward, this project will be handled through the standard PIP process.

V. Annual Quality Reports

Lindsay Lichti provided an overview of the quality reports. Qsource, the external quality review organization, completed the reports for each plan as well as an annual technical report summarizing all activities. The first three EQRO reports are protocols mandated by the federal Centers for Medicare and Medicaid Services (CMS) and the fourth, network adequacy validation, is required by federal regulation. There were no major concerns found. The full report is available upon request.

Dr. Freedman asked about the decline in vaccinations and if there was a way to research the downstream vaccine preventable disease that occurs in the population and if there is any to begin a discussion on the impact on the uptake of vaccines. Ms. Lichti stated that is something FHKC can investigate. Dr. Freedman wondered if the FHKC partners could assist by looking into the data across the various programs. Ms. Lichti responded that the University of Florida is contracted with AHCA to provide the annual KidCare Evaluation Report. The immunization performance measure is included and is across programs. The report can be provided upon its release.

VI. Maximus Performance Standards

David Tillotson reviewed Maximus performance for calendar year 2024. Maximus met or exceeded five of their six call center performance standards and met three of the six eligibility processing performance standards, all of the standards were rated at 94 percent or higher. Maximus met all six of the financial standards and remained perfect (100 percent) for 2024.

VII. Chief Operating Officer Report

Suzetta Furlong provided information on the Federal CMS Unwinding Audit. FHKC and Maximus received praise for preparedness, how well information was available, and expertise in answering questions. CMS had no findings for FHKC or Florida Medicaid.

Enrollment is climbing and has increased by 81 percent since the lowest point in May 2023, which is attributed to the pandemic.

VIII. Other Business

Chair Aune asked if anyone had other business. Hearing no additional business, she thanked the presenters and let everyone know the next FHKC Board meeting will be March 5, 9:00 a.m. Eastern Time, in Tallahassee at Hotel Duval.

She asked for a motion to adjourn the meeting. Dr. Claussen moved the motion and Dr. Freedman seconded.

Meeting adjourned at 11:13 am.

Tab 3

Chair Report



School Health Services, Mental Health Assistance Program and Resiliency Education

March 5, 2025



FLORIDA DEPARTMENT OF
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Agenda

- School Health Services
- Mental Health Assistance Program (MHAP)
- Resiliency Florida
- Hope Florida



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School Health Services

School Health Services Purpose

- [Section 381.0056, F.S.](#), and [Chapter 64F-6, Florida Administrative Code \(F.A.C.\)](#) – provide the statutory authority and rules to plan, implement and monitor school health services provided in Florida schools.
 - School health services are intended to minimize health barriers to learning.
 - Services are provided in accordance with a local school health services plan, [s. 381.0056\(4\)\(a\), F.S.](#), and jointly developed by the county health department (CHD), school district, school health advisory committee (SHAC) and public/private partners.

School Health Services Plan

“School Health Services Plan” – the document that describes the services to be provided, the responsibility for the provision of the services, the anticipated expenditures to provide the services and evidence of cooperative planning by local school districts and CHDs.

- The plan includes, at a minimum, a plan for the delivery of school services; accountability and outcome indicators; strategies for assessing and blending financial resources (both public and private); and establishment of a data system.

Local School Health Services Plan

The local school health services plans include, at a minimum, the following components:

- A plan for the delivery of those services listed in ss. [381.0056\(4\)\(a\)-\(b\)](#), [381.0057](#) and [402.3026](#), F.S.
- Budget and staffing information
- Number and levels of public and non-public schools and number of students served
- Communicable disease policies
- Immunization policies that, at a minimum, include immunization requirements for schools

Local School Health Services Plan, continued

- Initial school entry health examination policy
- Health services reporting procedures
- Advisory committee activities and membership
- School district and county public health unit personnel responsible for coordinating health services
- Describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of funding source.



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Mental Health Assistance Programs

MHAP Purpose

- [Section \(s.\) 1006.041, Florida Statutes \(F.S.\)](#) – Each school district must implement a school-based mental health assistance program that includes:
 - Training classroom teachers and other school staff in detecting and responding to mental health issues.
 - Connecting children, youth and families who may experience behavioral health issues with appropriate services.

MHAP Plan

Plans must be focused on delivering evidence-based mental health care treatment to children and include:

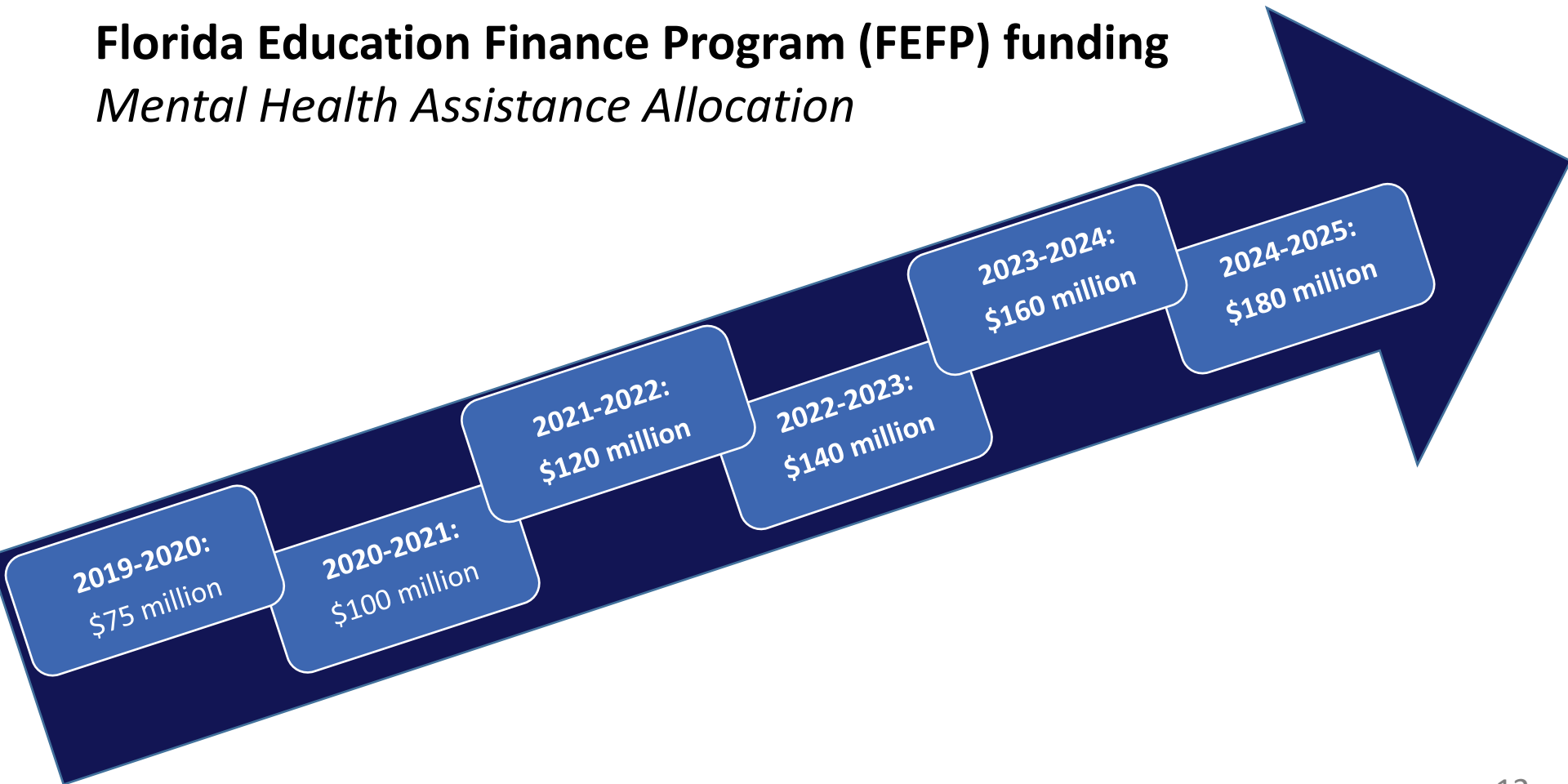
- A multi-tiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.
- The provision of services must be coordinated with a student's primary mental health care provider and other mental health providers involved in the student's care.

MHAP Plan, continued

- Direct employment of school-based mental health services providers to expand and enhance school-based student services and reduce the student-to-staff ratio to better align with nationally recommended ratio models. The providers shall include, but are not limited to, certified school counselors, school psychologists, school social workers and other licensed mental health professionals.

Significant Investments in Mental Health

Florida Education Finance Program (FEFP) funding
Mental Health Assistance Allocation





RESILIENCY FLORIDA

THE POWER TO PERSEVERE

HOPEFLORIDA

Contact

Dr. Peggy Aune
Vice Chancellor
Strategic Improvement
Peggy.Aune@fldoe.org



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Tab 4

Chief Executive Officer Report

FLORIDA HEALTHY KIDS CORPORATION
Community Outreach and Marketing Committee Charter

Purpose

The purpose of the Community Outreach and Marketing Committee (the “Committee”) of the Board of the Directors (the “Board”) of Florida Healthy Kids Corporation (the “Corporation”) is to provide input on the Corporation’s plans and activities related to brand awareness and education, and enrollment and retention, as well as the use of plan benefits.

Membership

The Committee shall be comprised of at least five (5) members, including two (2) members of the Board. A member of the Board shall serve as the Committee Chair. All members of the Committee shall:

1. Understand and/or have previous work experience in marketing, communications or community outreach.
2. Be free of any conflict of interest that could foreseeably arise, such as when the Committee would likely consider measures that are related to a contract the Committee member (or their relative, business associate, or employer) has with the Corporation.

Additional non-voting or advisory members with relevant subject matter expertise may be added.

Committee Duties and Responsibilities

The Committee shall have the following duties and responsibilities; however, items within the Committee’s purview may be brought to the Board without first being heard by the Committee:

1. Identify opportunities to improve brand consistency among Florida KidCare partners, to include correspondence, advertising, and overall marketing strategy. Review related tracking mechanisms and recommend additional efforts to increase the return on investment.
2. Provide input on the Corporation’s comprehensive marketing strategies to attract and retain enrollees in Florida KidCare health and dental plans, as well as encourage enrollees to fully utilize plan benefits
3. Monitor promotional messaging to ensure it remains family-centered and easy to understand.
4. Seek opportunities to expand the role of the Corporation’s executive staff in representing the Corporation to partners and stakeholders.
5. Identify, propose, and monitor new methods of community outreach and/or new community outreach partners that effectively target new and/or consistently hard-to-reach populations.
6. At least on an annual basis, advise on corporate or governance documents.
7. Conduct other activities at the direction of the Board.

FLORIDA HEALTHY KIDS CORPORATION
Finance and Audit Committee Charter

Purpose

The purpose of the Finance and Audit Committee (the “Committee”) of the Board of Directors (the “Board”) of Florida Healthy Kids Corporation (the “Corporation”) is to assist the Board in exercising its fiscal control over the Corporation.

Membership

The Committee shall be comprised of at least five (5) members, including at least three (3) members of the Board. A member of the Executive Committee shall serve as the Committee Chair and a member of the Board shall serve as the Vice Chair. All members of the Committee shall:

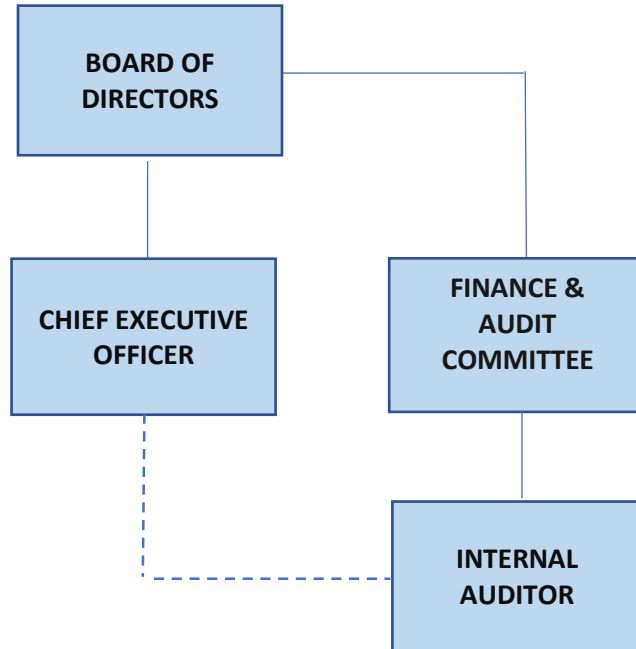
1. Be free of any conflict of interest that may interfere with their exercise of independent judgment regarding the fiscal or operational management of the Corporation.
2. Be able to read and understand the Corporation’s financial statements and other financial or auditor provided materials or undergo an orientation provided by corporate staff within a reasonable time of appointment.

Committee Duties and Responsibilities

The Committee shall have the following duties and responsibilities; however, items within the Committee’s purview may be brought to the Board without first being heard by the Committee.

1. Oversight of all corporate financial matters including, but not limited to, financial policies, systems of internal controls, financial reporting, operating budget, use of corporate funds, fiscal solvency and viability, banking and investment portfolios, and required IRS reporting.
2. Determination of budget sufficiency for contracts and contract amendments with an annual value of more than \$50,000, including medical and dental carrier rates.
3. Oversight of the selection and performance of the Corporation’s independent auditor, including review of the independent auditor’s report, audited financial statements, and auditor’s required communications for acceptance prior to submission to the Board.
4. Oversight of the selection and performance of the Corporation’s internal auditor, including defining and monitoring internal audit activity, and other committee responsibilities specified by the Internal Audit Activity Charter.
5. Review auditor provided materials and reports and ensure implementation of recommended actions related to the Corporation’s systems of internal controls and financial policies over accounting processes and financial reporting.
6. At least on an annual basis, advise on corporate or governance documents.
7. Provide guidance on any significant compliance issues, such as legal, ethical, or other issues raised in connection with litigation, contingencies or claims, and any material reports or inquiries received from regulators or governmental agencies.
8. Conduct other activities at the direction of the Board.

**FLORIDA HEALTHY KIDS CORPORATION
INTERNAL AUDIT FUNCTION
ORGANIZATIONAL CHART & RESPONSIBILITIES**



BOARD OF DIRECTORS

- Approve Internal Audit Activity Charter
- Approve risk-based Internal Audit Plan
- Approve IA contract and compensation
- Approve necessary resources
- Approve decisions
- Provide feedback

FINANCE & AUDIT COMMITTEE

- Maintain regular communications
- Monitor activities
- Provide guidance and recommendations
- Receive and review the Internal Audit Plan, internal audit reports, and other written internal audit communications and submit the items to the Board

CHIEF EXECUTIVE OFFICER

- Supervise administrative functions
- Coordinate work schedules
- Provide regular updates
- Provide guidance on work performed

Florida Healthy Kids Corporation
Internal Audit Activity Charter

PURPOSE

The purpose of the internal audit activity is to provide independent, objective assurance and ~~consulting~~ advisory services designed to add value and improve the operations of the Florida Healthy Kids Corporation (FHKC). The internal audit activity assists FHKC in accomplishing its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of the organization's governance, risk management, and control processes. The internal audit activity will be provided by the staff of an independent CPA firm under contract ("Internal Auditor").

ROLE

The internal audit activity is established by the Board of Directors ("Board"), and the Board, with the assistance of the Finance and Audit Committee, is ultimately responsible for defining and monitoring the internal audit activity.

PROFESSIONAL STANDARDS

Internal audits will be conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States. The internal audit activity will adhere to FHKC's relevant policies and procedures.

AUTHORITY

The internal audit activity, with strict accountability for confidentiality and safeguarding records and information, is authorized full and unrestricted access to any and all of FHKC's records¹, physical properties, and personnel pertinent to carrying out any engagement. All FHKC employees are required to assist the internal audit activity in fulfilling its roles and responsibilities. The Internal Auditor may communicate and interact directly with the Board and Chair of the Board during Board and Executive Committee meetings, management conference calls, and in private meetings without management present. The Internal Auditor may similarly communicate directly with the Finance and Audit Committee and the Committee Chair.

ORGANIZATION

The Internal Auditor will report functionally to the Board through regular reporting to the Finance and Audit Committee and, when necessary, directly to the Board Chair. Administratively (e.g., coordination of work schedule, updates and guidance on work being performed and other day-to-day operations) the Internal Auditor will report to the Chief Executive Officer.

¹To the extent the Internal Auditor requires access to protected health information, the Internal Auditor will be required to execute a business associate agreement under 45 CFR Part 164.

The Board will:

- Approve the internal audit activity charter.
- Approve the risk-based internal audit plan.
- Receive communications on the internal audit activity's performance relative to the internal audit plan and other matters.
- Approve decisions regarding the appointment or removal of the Internal Auditor.
- Approve remuneration of the Internal Auditor.
- Make appropriate inquiries of management and the Internal Auditor to determine whether there is inappropriate scope or resource limitations.

INDEPENDENCE AND OBJECTIVITY

The Internal Auditor will ensure that the internal audit activity remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of audit selection, scope, procedures, frequency, timing, and report content.

The Internal Auditor will maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe no quality compromises were made in their work product, and that they do not subordinate their judgment on audit matters to others.

The Internal Auditor will have no direct operational responsibility or authority over any of the activities audited. Accordingly, the Internal Auditor will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair internal auditor's judgment. Where the Internal Auditor has or is expected to have roles and/or responsibilities that fall outside of internal auditing, safeguards will be established to limit impairments to independence or objectivity.

The Internal Auditor will:

- Disclose any impairment of independence or objectivity, in fact or appearance, to appropriate parties.
- Exhibit professional objectivity in gathering, evaluating and communicating information about the activity or process being examined.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid being unduly influenced by their own interests or by others in forming judgments.

At least annually, the Internal Auditor will confirm to the Board through the Finance and Audit Committee the organizational independence of the internal audit activity. The Internal Auditor will disclose to the Finance and Audit Committee and the Board any interference and related implications in determining the scope of internal auditing, performing work, and/or communicating results.

Approved by FHKC Board of Directors: [March 5, 2025](#) January 10, 2024

RESPONSIBILITIES

The scope of the internal audit activity encompasses, but is not limited to, the objective examination and evaluation of the adequacy and effectiveness of FHKC's governance, risk management, and control processes as well as the quality of performance in carrying out assigned responsibilities to achieve FHKC's stated goals and objectives. This includes:

- Assisting the external independent financial statement auditor, as appropriate.
- Evaluating the reliability and validity of information and the means used to identify, measure, classify, and report such information.
- Evaluating the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on FHKC.
- Evaluating the means of safeguarding assets and, as appropriate, verifying the existence of such assets.
- Evaluating the effectiveness and efficiency with which resources are employed.
- Evaluating operations or programs to ascertain whether results are consistent with established objectives and goals and whether the operations or programs are being carried out as planned.
- Evaluating specific operations at the request of the Finance and Audit Committee or management, as appropriate.
- Performing ~~consulting and~~ advisory services related to governance, risk management, and control as appropriate for FHKC.

INTERNAL AUDIT PLAN

At least annually, the Internal Auditor will submit to the Board through the Finance and Audit Committee an internal audit plan for review and approval. The internal audit plan will consist of a work schedule as well as budget and resource requirements for the next fiscal year. The Internal Auditor will also report on the impact of resource limitations and significant interim changes.

The internal audit plan will be developed based on a prioritization of the audit universe using a risk-based methodology, including input of FHKC management and the Board. Any significant deviation from the approved internal audit plan will be communicated to FHKC management, Finance and Audit Committee Chair, and the Board Chair through periodic activity reports.

REPORTING AND MONITORING

The Internal Auditor will prepare, issue, and distribute to the Board and management, as appropriate, a written report following the conclusion of each internal audit engagement. The Internal Auditor will also present internal audit results to the Finance and Audit Committee and, at the discretion of the Finance and Audit Committee, to the Board.

Approved by FHKC Board of Directors: March 5, 2025 ~~January 10, 2024~~

The internal audit report shall include management's response and corrective action taken or to be taken regarding the specific findings and recommendations. Management's response to the audit report, whether included within the original audit report or provided thereafter (i.e., within 30 days), should include a timetable for anticipated completion of any corrective action, as well as an explanation for any corrective action that will not be implemented.

The Internal Auditor will be responsible for appropriate follow-up on engagement findings and recommendations. All significant findings will remain in an open-issues file until corrected.

The Internal Auditor will periodically report to management and the Board regarding:

- The internal audit activity's purpose, authority, and responsibility.
- The internal audit activity's performance relative to its plan.
- The internal audit activity's conformance with ~~applicable the Institute of Internal Auditors' Code of Ethics~~ and ~~s~~Standards, and action plans to address any significant conformance
- issues. Significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by management and/or the Board.

PERIODIC ASSESSMENT

The Internal Auditor is subject to the CPA firm's routine, 3-year external peer review process and will report the results to the Board.

Approved by FHKC Board of Directors: March 5, 2025 ~~January 10, 2024~~

FLORIDA HEALTHY KIDS CORPORATION
Operational Efficiency and Quality Committee Charter

Purpose

The purpose of the Operational Efficiency and Quality Committee (“Committee”) of the Board of Directors (“Board”) of Florida Healthy Kids Corporation (“Corporation”) is to assist the Board in overseeing the efficient provision of quality services to Florida KidCare families, as well as vetting procurement and contracting documents.

Membership

The committee shall comprise at least five (5) members, including at least three (3) members of the Board. An individual may represent multiple roles, but shall retain only one vote. Committee membership may include one or more of the following roles:

1. A Committee Chair who is a director of the Board with the experience and ability to manage the Committee’s duties and responsibilities.
2. A Vice Chair who is a member of the Board.
3. A Florida board-certified pediatrician or family medicine physician.
4. A licensed Florida dentist.
5. A representative from the Department of Children and Families.
6. A representative from the Agency for Health Care Administration.
7. A representative from the Department of Health.
8. A representative of the children’s health advocate community.
9. An adult family member of a Florida Healthy Kids enrollee.

All members of the Committee shall:

1. Be free of any conflict of interest that may interfere with the exercise of independent judgment regarding the operational management of the Corporation.
2. Be able to read and understand the Corporation’s procurement and contract documents, quality reports, charts, tables, and other information pertaining to operational efficiency and quality management or undergo an orientation provided by corporate staff within a reasonable time of appointment.
3. Have a general understanding of and/or experience in contracting matters; the provision of call center, eligibility, medical, and/or dental services; or undergo an orientation provided by corporate staff within a reasonable time of appointment.

Committee Duties and Responsibilities

The Committee shall have the following duties and responsibilities; however, items within the Committee's purview may be brought to the Board without first being heard by the Committee.

1. Provide guidance on opportunities to improve patient health outcomes, and customer service, as well as process efficiencies between the Corporation and Florida KidCare agency partners.
2. Monitor and advise on the delivery and quality of health and dental benefits and services provided to Florida Healthy Kids enrollees, which may include, but is not limited to, review of the following:
 - a. Reports by the Corporation's external quality review organization or FHKC staff
 - b. Federally required performance improvement projects
 - c. ~~Vendor exemption requests (e.g., board certification and access standard waivers)~~
3. Monitor and advise on the delivery and quality of eligibility and related services provided to Florida KidCare enrollees.
4. Review procurement documents.
5. Review contracts and amendments with an annual value of more than \$50,000 per year. Contract amendments pertaining only to rate or cost adjustments are reviewed by the Finance and Audit Committee.
6. Provide guidance on any significant, related compliance issues, such as legal, ethical, or other issues raised in connection with litigation, contingencies or claims, and any material reports or inquiries received from regulators or governmental agencies.
7. At least on an annual basis, advise on corporate or governance documents.
8. Conduct other activities at the direction of the Board.



Standard Code of Conduct and Ethics

The Standard Code of Conduct and Ethics (the “Code”) of Florida Healthy Kids Corporation (“Healthy Kids” or the “Corporation”) emphasizes our commitment to ethical conduct and compliance with all applicable federal and state laws, regulations, and rules. **This Code applies to everyone at Healthy Kids, including all Healthy Kids employees; directors and *ad hoc* members of the Corporation’s Board of Directors (the “Board”); and any individuals serving on a Board committee, subcommittee or, workgroup.**

You must read, understand and follow this Standard Code of Conduct and Ethics. You will be asked to sign an attestation. This Code cannot anticipate every situation that we at Healthy Kids may face. We ask that you always act with integrity and honesty and in accordance with the highest ethical standards. If you have a question about a particular situation or are unsure how to act, we encourage you to ask any of the several resources we have designated to assist on these issues. Please see the “Resources” section, below. You may also refer to other internal Healthy Kids policies and procedures that may provide more specific guidance on the topics addressed in this Code.

This Code includes your ~~You have an~~ obligation to report any known or suspected violation of this Code or any other unethical conduct or violation of our policies and procedures. ~~We include B~~ below are a few ways that you can make a complaint, including anonymously, without fear of retaliation or intimidation. Healthy Kids prohibits anyone from retaliating against anyone else who reports an actual or potential violation in good faith.

Each individual at Healthy Kids is responsible for their his or her own actions under this Code of ~~Conduct and Ethics~~, and ~~you~~ must comply with this Code at all times. Any violation of this Code or related policies may subject you to removal from your position with the Corporation; employees may be subject to disciplinary action, including verbal or written warnings up to suspension or termination from the Corporation.

Standard Code of Conduct

Conflicts of Interest

You must always act according to the Corporation's best interests, whether you have other personal considerations, interests, or relationships inside or outside the Corporation. **We prohibit any transaction or relationship that can interfere with your ability to do what is best for Healthy Kids, whether actual or perceived.**

A conflict of interest arises when you; any member of your immediate family; your partner; or an organization that employs or is about to employ any of these people, have a financial or other interest in, or a tangible personal benefit from, a person or organization considered for contract other than Healthy Kids. This can include, for example, a family, financial, or business relationship with a vendor, or the acceptance of a gift or gratuity if it could be seen as influencing a decision. Conflicts of interest can also develop in the context of an individual's close, personal relationship with another individual affiliated with Healthy Kids. These and other potential conflicts of interest should be avoided, neutralized, or mitigated.

Healthy Kids has a process to disclose in writing any conflicts of interest, whether actual or potential, upon hire or appointment and on an annual basis thereafter. You are also required to inform us when a new, actual or potential conflict of interest arises. It is important that you comply with these disclosure requirements promptly and accurately. Failure to make a proper disclosure ~~upfront~~ may subject you to removal from your position and, for employees, termination or other disciplinary action. Please contact the Corporation's Human Resources manager for information on how to disclose any conflict of interest.

You may be asked to recuse yourself from any matter on which you may vote or have influence regarding a disclosed conflict. In limited circumstances, Healthy Kids could decide to

waive a potential or actual conflict of interest if it is determined that the waiver will not adversely impact Healthy Kids.

Gifts or Gratuity

Gifts and gratuities may seem like a common business practice or courtesy. **However, you should never accept a gift / gratuity, whether money, meals, services, entertainment, or anything of value,** from any individual or company currently providing, or would likely seek to provide, services to Healthy Kids. This includes any gift or gratuity of value, even if a *de minimis* amount. Failure to follow this directive may subject you to removal from your position and, for employees, termination or other disciplinary action.

Gifts to the Corporation are permissible in certain circumstances.

Please contact the Corporation's Chief Legal Officer if you have any questions regarding conflicts of interest or gifts.

Fraud, Waste and Abuse

Many federal and state laws, regulations, and rules apply in the health care and health insurance industries, so many of the managed care organizations and other vendors contracted with Healthy Kids may be subject to these laws. Laws related to fraud, waste, and abuse are particularly critical to ensuring safety and efficiency in the delivery of health care and health benefits. It is important to understand these laws, as they may impact your interactions with other entities, including the Corporation's contracted managed care organizations or other vendors. The following laws and regulations are likely the most relevant to our work:

- **Anti-Kickback Statute.** An illegal kickback can be anything of value offered to influence a decision to refer patients or

enrollees or other business. An individual may not knowingly or willfully solicit, receive, offer or pay anything of value, including any kickback, bribe, or rebate, for referring services that are paid, in whole or in part, under a federal health care program, such as Medicaid or CHIP.

- **Civil Monetary Penalties Law on Beneficiary Inducements.** Similarly, patients or enrollees may not be offered gifts, benefits, or anything of value in order to entice them to use health care products or services. This helps ensure that beneficiaries are making health care decisions based solely on their medical needs rather than because of some type of inducement. Federal law prohibits the provision of anything of value to a patient or beneficiary if it is likely to induce that patient or beneficiary to order or receive items or service reimbursable by a federal health care program from a particular provider or supplier.
- **False Claims Act.** A person may not knowingly present or make a false, fraudulent, or misleading claim for payment to the U.S. government, including claims for payment under a federal health care program like Medicaid or CHIP. These “false claims” include a claim for payment that originates from a violation of other laws, such as the Anti-Kickback Statute, Civil Monetary Penalties Law, or Stark Law. Any statements, documents, or data submitted to the government must be true, accurate, and complete.
- **Stark Law.** Physicians may not refer patients for certain health care services that are reimbursable by a federal health care program to an entity with which the

physician or an immediate family member has a financial relationship.

- **Criminal Conviction, Exclusion from Participation in Federal Health Care Programs.** An individual or company can be debarred or excluded from participation in a federal health care program like Medicaid or CHIP. As an example, Healthy Kids managed care organizations providing health or dental benefits within the Medicaid or CHIP programs may not employ or contract with excluded individuals.

If you have a question about any of these requirements, or if you suspect a violation of these laws, please contact the Chief Legal Officer of Healthy Kids.

Federal and State Laws Governing Healthy Kids and Florida KidCare

You must be familiar with the legal requirements relevant to your position with Healthy Kids, your work as applied to the operation of a Managed Medicaid or CHIP program, and other applicable federal and state laws and regulations. For example, in 42 C.F.R. Part 457, the Centers for Medicare and Medicaid Services (CMS) sets forth specific requirements for coverage, enrollment, marketing, and outreach in connection with CHIP plans like Healthy Kids. Similarly, sections 624.91 and 624.915, *Florida Statutes*, govern the operations of Healthy Kids, while section 409.810 *et seq.*, *Florida Statutes*, regulates program eligibility, benefits, and administration for Florida KidCare.

If you have a question about any of these legal requirements, please contact the Chief Legal Officer of Healthy Kids.

HIPAA and Patient Confidentiality

You may come into contact with personal information or health records as part of your position with Healthy Kids. You must keep any beneficiary's or applicant's "protected health information," or information that relates to a beneficiary's health condition or the provision or payment for health care, strictly confidential. Federal and state laws set forth extensive requirements to help protect the privacy of our beneficiaries. **You must not access, use, or disclose protected health information unless you have a legitimate business purpose and/or if you obtain the beneficiary's or applicant's express consent.** If you have access to protected health information as part of your position with Healthy Kids, you are also responsible for ensuring that this information is not used or disclosed improperly.

If you have any questions about HIPAA or patient confidentiality, please contact the Corporation's HIPAA privacy officer or the Chief Legal Officer.

Information Security and Public Records

It is important to take basic steps to safeguard company information to help prevent unauthorized access. For those individuals with direct access to Healthy Kids' systems, do not share your log-in information or password, and ensure that your computer is secured when you step away from your desk and when you leave for the day. Ensure that any paper documents containing protected health information or other sensitive information are stored appropriately and shredded before discarded.

Healthy Kids has a separate policy governing the retention and maintenance of any of the Corporation's books and records. Healthy Kids also has internal procedures for handling requests for disclosure of public records. If you have any questions about these policies, please contact the Chief Legal Officer of Healthy Kids.

Background Checks for Staff

All potential employees must undergo a Florida Department of Law Enforcement criminal background check prior to employment at Healthy Kids. Any candidates with a criminal record will require further levels of review and approval and may ultimately be denied employment. Follow-up background checks can be conducted at any time throughout your employment with Healthy Kids. Information revealed in any subsequent background check can result in additional personnel action. **It is your responsibility to immediately inform the Human Resources Director or Chief Legal Officer a member of the Executive Staff of any changes in your criminal record, including any subsequent arrest or conviction.**

Equal Opportunity and Anti-Discrimination

Healthy Kids values the fair and equitable treatment of our employees, beneficiaries, and other individuals with whom we interact. Our policy is to enroll and serve beneficiaries without regard to race, color, religion, sex, ethnicity, age, disability, gender identity, or any other protected class. You are also prohibited from discrimination on the basis of race, color, religion, sex, gender identify, sexual orientation, age, disability, or genetic information in any work situation or otherwise.

Anti-Harassment

All individuals at Healthy Kids are entitled to a safe and supportive work environment that is free from unlawful harassment of any kind. You may not engage in any behavior that interferes with an individual's work or creates an intimidating, hostile, or offensive work environment. This includes any incidents of workplace violence or sexual harassment. If you experience or witness any harassment in the

workplace, we urge you to contact your supervisor or Human Resources.

Post-Service Restrictions

Healthy Kids employees and members of the Board are restricted from personally representing another individual or entity before the Board or the Corporation for compensation for a period of two (2) years after vacating a position with the Corporation.

Healthy Kids employees and members of the Board may not, for a period of two years after vacating the position, receive compensation as an employee, officer, director, or consultant of a Healthy Kids contractor for which the individual participated personally and substantially through contract development, decision, approval, disapproval, recommendation, rendering of advice, investigation, or administration. Further, he or she may not, for a period of two years after vacating the position, receive such compensation if he or she personally:

- Decided to award a contract, subcontract, modification of a contract or subcontract, or a task or delivery order or delivery order in excess of \$10,000,000 to the contractor;
- Established overhead or other rates applicable to one or more contracts that exceed \$10,000,000;
- Approved issuance of one or more payments that exceed \$10,000,000; or
- Paid or settled a claim in excess of \$10,000,000 with the contractor.

However, a person may be employed by or contract with a division or affiliate of such a contractor if the division/affiliate does not

provide products or services that are similar to that which was provided to Healthy Kids.

These restrictions also apply to any member or appointee of a committee, subcommittee, or workgroup. However, these restrictions do not prevent you from being employed with or retained by any governmental agency or entity.

Under certain circumstances, these restrictions on employment may be waived after special review by the Chief Executive Officer, with the approval of the Board or Executive Committee of the Board.

Resources

If you have any questions about this Code, we encourage you to ask any of the several resources we have designated to assist on these issues. If you are a director or member of the Board or a member of a Board committee, subcommittee, or workgroup, you may seek advice from the Chair of the Board, the Chief Executive Officer, or the Chief Legal Officer of the Corporation. If you are an employee of Healthy Kids, you may ask the Chief Executive Officer, Chief Legal Officer, your supervisor, our Human Resources ~~Director~~manager, or any member of the Executive Staff of Healthy Kids. This Code summarizes our policies and procedures. For a full list of our policies, please contact the Chief Legal Officer.

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Standard Code of Conduct and Ethics Attestation

I, _____, as a [director of the Corporation’s Board of Directors / ad hoc member of the Corporation’s Board of Directors / committee member / employee] acknowledge receipt of the Florida Healthy Kids Corporation’s (“Healthy Kids” or the “Corporation”) Standard Code of Conduct and Ethics (the “Code”) and affirm by my signature below that I have read, understood, and accept all of the provisions set forth therein, including but not limited to the following:

- I agree to disclose any and all personal and business relationships that create a conflict of interest or may present the appearance of a conflict of interest and those of any member of my immediate family; partner; or an organization that employs or is about to employ any of these people, have a financial or other interest in, or a tangible personal benefit from, a person or organization considered for a contract.
- I agree to never accept a gift or anything of value from any individual or company currently providing, or would likely seek to provide, services to Healthy Kids.
- I understand the post-service restrictions provided for under this Code, and agree not to:
 - Personally represent another individual or entity for compensation before the Corporation’s Board of Directors or Healthy Kids for a period of two (2) years following vacation of my position unless employed or retained by a governmental entity or agency or
 - For a period of two (2) years after vacating my position, have an employment or contractual relationship with a Healthy Kids contractor for which I participated personally and substantially through contract development, decision, approval, disapproval, recommendation, rendering of advice, investigation, or administration, or for which I personally approved contracts, contract amendments, or payments in excess of \$10,000,000.

(unless waived upon special review by the Chief Executive Officer and the approval of the Board or Executive Committee of the Board).

- I understand the Corporation’s policy of non-retaliation against anyone who reports an actual or potential violation in good faith and agree to report any such actual or suspected violations of this Standard Code of Conduct and Ethics, or other any actual or suspected non-compliance with the fraud, waste, and abuse laws or other federal or state laws discussed in this Code.

Name: _____

Signature: _____

Position: _____

Date: _____

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Disclosure

A conflict of interest arises when you; any member of your immediate family; your partner; or an organization that employs or is about to employ any of these people, have a financial or other interest in, or a tangible personal benefit from, a person or organization considered for contract.
I am disclosing the following relationships, business and personal, that may create a conflict of interest as follows:

<u>Name of Organization or Individual</u> <u>Type of Relationship</u> (Business, Personal)	<u>Relationship (Business or Personal) & Party(ies) (Self, Immediate Family, etc.)</u> <u>Name of Organization or Individual</u>	<u>Position resulting in Conflict (owner, officer, majority stockholder, employee, vendor, etc.)</u> <u>Status of Organization or Individual (Current Contractor, Applicant, Enrollee, etc.)</u>	<u>Nature of Potential Conflict</u> <u>Relationship (What is the benefit or perceived benefit?)</u>

Attached: Updated List of Vendors (as of: _____)

FHKC Bylaws

**BYLAWS OF
THE FLORIDA HEALTHY KIDS CORPORATION**

**ARTICLE I
PURPOSE AND CORPORATE OFFICES**

Section 1.1 The Florida Healthy Kids Corporation (the “Corporation”), a not-for-profit legal entity, is created pursuant to sections 624.91 and 624.915, *Florida Statutes*.

Section 1.2 The address of the registered office of the Corporation is 1203 Governors Square Boulevard, Suite 400, Tallahassee, FL 32301, and the name of the registered agent at such address is the Chief Executive Officer. Either may be changed as provided by law, and the bylaws shall be deemed to be amended accordingly.

Section 1.3 The Corporation may have offices at such place or places as the Board of Directors (collectively, the “Board” and individually, a “Director”) may from time to time direct or as the business of the Corporation may require.

**ARTICLE II
BOARD OF DIRECTORS**

Board Authority

Section 2.1 The Board is responsible for overseeing the activities of the Corporation under section 624.91, *Florida Statutes*, including fiscal control, operations, and staffing. Corporate officers shall exercise such powers and perform such duties as shall be authorized by the Board.

Section 2.2 Except as may be otherwise provided by law, the property and business of the Corporation shall be managed by the Board.

Directors of the Board

Section 2.3 Directors shall be limited to those persons authorized by section 624.91, *Florida Statutes*, to be members of the Board.

Section 2.4 The Board shall consist of not more than (13) thirteen Directors, each of whom will serve the Corporation in accordance with section 624.91, *Florida Statutes*.

Section 2.5 The Board will be chaired by the Florida Chief Financial Officer or his/her designee (the “Chair”).

Section 2.6 In addition to the Chair, the Board will be composed of the following twelve (12) Directors:

- A. The Secretary of Florida’s Agency for Health Care Administration or his or her designee;

- B. One (1) member appointed by the Commissioner of Education from the Office of School Health Programs of the Florida Department of Education;
- C. One (1) member appointed by the Chief Financial Officer from among three (3) members nominated by the Florida Pediatric Society;
- D. One (1) member, appointed by the Governor of the State of Florida, who represents Children's Medical Services Program;
- E. One (1) member appointed by the Chief Financial Officer from among three (3) members nominated by the Florida Hospital Association;
- F. One (1) member, appointed by the Governor, who is an expert on child health policy;
- G. One (1) member appointed by the Chief Financial Officer from among three (3) members nominated by the Florida Academy of Family Physicians;
- H. One (1) member, appointed by the Governor, who represents the state Medicaid program;
- I. One (1) member appointed by the Chief Financial Officer from among three (3) members nominated by the Florida Association of Counties;
- J. The State Health Officer or his or her designee;
- K. The Secretary of the Department of Children and Families or his or her designee; and
- L. One (1) member appointed by the Governor from among three (3) members nominated by the Florida Dental Association.

Section 2.7 Directors, excluding the Chair, are selected for three (3) year terms and may serve additional terms, in accordance with section 624.91(6)(a), *Florida Statutes*. A Director appointed or designated as described in Section 2.6 serves at the pleasure of the appointing or designating official.

Section 2.8 For any Board position that requires an organization to provide the appointing official with a list of nominees, the organization is responsible for ensuring that each proposed nominee is qualified for appointment and has agreed to serve if selected by the appointing official. The appointing official has the sole discretion to decline consideration of any proposed nominee for a Board position for any reason.

Section 2.9 Except as otherwise provided by law, a designee shall not serve in place of a Director at any Board, committee, subcommittee, or workgroup meeting. Where allowed by law, if a Director intends to send a designee to serve in his/her place to attend or vote at any Board, committee, subcommittee, or workgroup meeting, the Director shall provide written

notification thereof to the Chair and/or staff prior to the meeting the designee is to attend.

Board Officers

Section 2.10 The Board will elect a Vice Chair and a Secretary/Treasurer from among its appointed members once a year.

Section 2.11 In the event a vacancy occurs in the office of Vice Chair or Secretary/Treasurer, the Chair may appoint an interim Vice Chair or Secretary/Treasurer to serve until such time as an election by the Board can be held.

Ad Hoc Members of the Board

Section 2.12 The Chair is authorized to appoint non-voting, ad hoc members to the Board who shall serve in an advisory capacity.

Section 2.13 Ad hoc members serve at the pleasure of the Chair.

Resignation and Compensation

Section 2.14 A Director or ad hoc member of the Board shall be considered as having resigned from the Board should he or she no longer represent the nominating organization or serve in the appointed position, as described in Sections 2.6 or 2.12. Resignation for other reasons shall be submitted to the Chair.

Section 2.15 Directors and ad hoc members of the Board shall serve without compensation but are entitled to receive reimbursement from funds of the Corporation for per diem and travel expenses as provided by section 112.061, *Florida Statutes*, and as allowed under section 624.91, *Florida Statutes*.

ARTICLE III **COMMITTEES, SUBCOMMITTEES, AND WORKGROUPS**

The Executive Committee

Section 3.1 The Chair, Vice Chair, and Secretary/Treasurer shall serve as Executive Committee to the Board.

Section 3.2 The Chair of the Board shall serve as chair of the Executive Committee.

Section 3.3 Subject to any limitations established by the Board, the Executive Committee may make recommendations to or act on behalf of the Board.

Other Committees, Subcommittees, and Workgroups

Section 3.4 All committees established by the Board will develop and maintain a charter that provides for its purpose, membership, and responsibilities.

Committees established by the Chair, subcommittees, and workgroups are not required to establish a charter.

Section 3.5 The Board, by majority vote, may delegate to committees, subcommittees, or workgroups such powers as it deems appropriate where not in conflict with these bylaws or state law, including the authority to act on behalf of the Board.

Section 3.6 Unless otherwise provided by charter, the chair of any committee or subcommittee established by the Board shall be a Director.

Section 3.7 Only those members appointed as voting members to a committee or subcommittee, or members of the Executive Committee, may vote at a meeting of such committee, or subcommittee.

Section 3.8 Committee or subcommittee ad hoc members with voting authority may vote only within that committee or subcommittee.

ARTICLE IV
AUTHORITY OF THE CHAIR, VICE CHAIR, AND SECRETARY/TREASURER
(EXECUTIVE COMMITTEE)

The Chair

Section 4.1 The Chair shall have all powers and duties authorized by these bylaws and as may be authorized by the Board from time to time.

Section 4.2 Except as may be otherwise provided in these bylaws, the Chair is authorized to:

- A. Oversee the day-to-day business operations of the Corporation.
- B. Conduct the order of business at meetings of the Board, committees, subcommittees, and workgroups.
- C. Establish, terminate, or modify committees, subcommittees, or workgroups as he or she deems appropriate for the purpose of preparing advice or recommendations to the Chair or the Board.
- D. Appoint ad hoc members to the Board; appoint all members to committees, subcommittees, and workgroups; and remove said members from the Board, committees, subcommittees, and workgroups.
- E. Call special meetings of the Board; meetings of the Executive Committee; and meetings of any committee, subcommittee, or workgroup.
- F. In the event a vacancy occurs in the office of Vice Chair or Secretary/Treasurer, appoint an interim Vice Chair or

Secretary/Treasurer to serve until such time as an election by the Board can be held.

- G. Delegate to the Chief Executive Officer any duties, responsibilities, and powers related to the day-to-day business operations of the Corporation.
- H. Upon direction or approval of the Board, and when in furtherance of any or all objectives of the Corporation, borrow money or authorize the borrowing of money from any individual, corporation, insurance, or banking institution; execute or cause to be executed on behalf of the Corporation such notes or other documents as may be necessary or proper to evidence any such loan and to secure payment thereof; renew any such indebtedness; substitute other properties in lieu of that so pledged or assigned or conveyed to secure any such assets in lieu of that so pledged or assigned or conveyed to secure any such indebtedness; and to do such other act or acts as may be necessary to properly secure the individual, corporation, or institution from whom such money is borrowed.
- I. Receive and accept on behalf of the Corporation grants, loans, or advances of funds from any public or private agency, and receive and accept from any source contributions of money, property, labor, or any other thing of value to be held, used, and applied for the purposes of the Corporation.
- J. Determine that any corporate business may be decided by the Board or Executive Committee without being first heard in committee.

Section 4.3 All written contracts and agreements to which the Corporation is a party shall be executed by the Chair or the Chief Executive Officer of the Corporation, except as otherwise determined and directed by the Board.

The Vice Chair

Section 4.4 The Vice Chair will assume the duties of the Board Chair in the absence of the Chair.

The Secretary/Treasurer

Section 4.5 The Secretary/Treasurer shall attend and keep the minutes of the Board. The Secretary/Treasurer shall have charge of the seal of the Corporation and shall perform all the duties incident to the office of the Secretary/Treasurer of a Corporation, subject at all times to the direction and control of the Board.

Section 4.6 The Secretary/Treasurer shall have charge and custody of, and be responsible for, all funds and securities of the Corporation; receive and give receipts for money due and payable to the Corporation from any source whatsoever; and deposit all such money in the name of the Corporation in such banks, trust companies, or other depositories as shall be used by the

Corporation. In addition, the Secretary/Treasurer shall possess, and may exercise such power and authority, and shall perform such duties, as may from time to time be assigned to the Chief Executive Officer by the Board.

Section 4.7 The Secretary/Treasurer is authorized to delegate the functions described in this Section to a corporate officer.

ARTICLE V **CORPORATE OFFICERS**

Section 5.1 The Board shall appoint a Chief Executive Officer who shall have responsibility for the general and active management of the Corporation and shall see that all matters of the Board are implemented.

Section 5.2 The person selected for the office of Chief Executive Officer shall not be a Director.

Section 5.3 The Chief Executive Officer shall:

- A. Attend all Board meetings.
- B. Designate in writing the other corporate officer positions as he or she deems necessary and is responsible for the hiring, termination, and supervision of the Corporation's staff and officers.

Section 5.4 The Chief Executive Officer is authorized to:

- A. Perform all duties and exercise such powers as set forth in these bylaws and as authorized by the Board or Chair from time to time.
- B. Establish necessary and appropriate policies and procedures for the operation of the Corporation.
- C. On behalf of the Corporation, execute and amend contracts that do not exceed an annual value of \$50,000; execute contract amendments that do not materially increase the obligations of the Corporation; terminate contracts; waive any contract provisions that do not materially alter the obligations under the contract; and, in emergency circumstances, establish any monetary or time period variables for a transition of services regarding any previously approved contract.

Section 5.5 All written contracts and agreements to which the Corporation shall be a party shall be executed by the Chair or the Chief Executive Officer of the Corporation, unless as otherwise determined and directed by the Board.

Section 5.6 For any authority granted to the Chief Executive Officer, the Chief Executive Officer may delegate such authority in writing to other officers of the Corporation.

Section 5.7 Any corporate officer may be removed by an affirmative vote of seven (7) Directors whenever, in their judgment, the best interests of the Corporation will be served thereby.

ARTICLE VI
MEETINGS OF THE BOARD, COMMITTEES,
SUBCOMMITTEES, AND WORKGROUPS

General Procedures for Meetings

Section 6.1 Any member of the Board or a committee, subcommittee, or workgroup may participate in in such meeting, as applicable, by means of a conference telephone or other similar electronic equipment.

Section 6.1.1 Participation by conference call or use of other similar electronic equipment must allow for all persons participating in the meeting to hear each other at the same time.

Section 6.1.2 Participation by such means shall constitute presence at a meeting. A member participating by telephone or similar electronic equipment is considered present for purposes of a quorum and may vote and otherwise participate in the meeting.

Section 6.1.3 A majority of the quorum of the Board, committee, or subcommittee, as applicable, may elect to extend the meeting beyond the noticed time period.

Section 6.2 Regular meetings of the Board or its committees, subcommittees, or workgroups that are opened to the public shall be noticed on the Corporation's website with an agenda with no fewer than three (3) calendar days' advance notice. Meeting notices shall include the start time and, if known, the ending time of each meeting.

Section 6.3 Emergency meetings of the Board or its committees, subcommittees, or workgroups that are open to the public may be noticed on the Corporation's website with an agenda with less than three (3) calendars' day advance notice. Meeting notices shall include the start time and, if known, the ending time of each meeting. Emergency meetings may only be called in response to a need for action based upon a State or Federally declared state of emergency, or upon an emergency declared by the Chair and for the limited purpose of responding to that emergency.

Section 6.43 At any meeting opened to the public, public comment may be accepted at the discretion of the Chair of the Board or chair of the committee or subcommittee, as applicable. The Chair of the Board or chair of the committee or subcommittee, as applicable, may limit public comment based on the circumstances.

Procedures for Board Meetings

Section 6.54 Regular meetings of the Board shall be held at such place and time as shall

be determined by the Chair with reasonable advance notice to each Director.

Section 6.~~6~~⁵ The Board shall hold an annual meeting to be scheduled at the discretion of the Chair. The date and location of the meeting will be determined by the Chair with no fewer than fourteen (14) calendar days' notice to each Director. Notice of the meeting will be provided to each Director by mail,

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electronic mail, facsimile, or personal delivery.

Section 6.67 Special meetings or emergency meetings of the Board may be called by the Chair at his or her discretion or upon the written request of any two (2) or more Directors. Special meetings or emergency meetings shall require reasonable notice under the circumstances by mail, electronic mail, facsimile, or personal delivery to each Director. Any such special meeting or emergency meeting shall be held at such place and time as shall be stated in the notice of meeting.

Section 6.78 At any meeting of the Board, a majority of the Directors shall be necessary to constitute a quorum. Except as otherwise specified in these bylaws, a matter may be carried by a majority within the quorum. However, if a vacancy within the Board occurs, such vacant Board position shall not be considered when determining if a quorum exists. The act of a majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board. At any meeting, if a quorum is not present, a majority of the Directors present may adjourn the meeting to a future date. Alternatively, for any meeting of the Board at which all the Executive Committee members are present, the full Executive Committee may continue the business of the Board, subject to Section 3.3. During any such meeting of the Executive Committee, the act of a majority of the members of the Executive Committee shall be the act of the Board.

Section 6.89 Any action required to be taken at a meeting of the Directors or any action which may be taken at a meeting of the Directors may be taken without a meeting if a written consent setting forth the action so to be taken, signed by all of the Directors, is filed in the minutes of the proceedings of the Board, as set forth in section 617.0821, *Florida Statutes*. Such consent shall have the same effect as a unanimous vote.

Procedures for Executive Committee Meetings

Section 6.910 The Chair or any two (2) members of the Executive Committee may convene a meeting or emergency meeting of the Executive Committee.

Section 6.4011 An Executive Committee meeting or emergency meetings may be convened with reasonable notice under the circumstances to the other members of the Executive Committee.

Section 6.4412 A quorum is present when at least two (2) members of the Executive Committee are in attendance. A matter may be carried by a majority within the quorum.

Procedures for Other Committees, Subcommittees, and Workgroup Meetings

Section 6.4213 Meetings of any committee or subcommittee may be called by the Chair or the chair of that committee or subcommittee and shall require reasonable notice by mail, electronic mail, facsimile, or personal delivery to each member.

Section 6.4314 Matters before a committee may be voted on and approved by that committee without an additional vote by the Board if so authorized by the

committee's charter.

Section 6.~~44~~15 At any meeting of a committee or subcommittee, a quorum is present when a majority of the committee or subcommittee members with voting authority are in attendance. A matter may be carried by a majority within the quorum.

Section 6.~~44~~.151 If in attendance, a member of the Executive Committee shall be considered the same as a voting member of the committee or subcommittee, shall be included in the determination of a quorum, and is eligible to vote on matters taken up at the meeting.

Section 6.~~44~~.152 At any meeting, if a quorum is not present, a majority of the voting members present may adjourn the meeting to a future date. Alternatively, if all the Executive Committee members are present, the full Executive Committee may continue the business of the committee or subcommittee, subject to Section 3.3. During any such meeting of the Executive Committee, the act of a majority of the members of the Executive Committee shall be the act of the committee or subcommittee.

Conflicts of Interest and Recusal

Section 6.~~45~~-16 At any meeting, all Board, committee, subcommittee, and workgroup members must disclose when his or her current position or interests, financial or otherwise, may represent a conflict of interest.

Section 6.~~46~~-17A A voting member of a Board, committee, or subcommittee must recuse himself or herself any time a conflict of interest would result in a special private gain or loss. "Special private gain or loss" means an economic benefit or harm that would inure to the member or his or her relative, business associate, or principal; provided, however, that if the measure affects a class of persons, the Board, committee, or subcommittee may determine that a special private gain or loss does not exist based on a review of the following factors:

- A. The size of the class affected by the vote;
- B. The nature of the interests involved;
- C. The degree to which the interests of all members of the class are affected by the vote;
- D. The degree to which the officer, his or her relative, business associate, or principal receives a greater benefit or harm when compared to other members of the class; and
- E. Any other relevant factor.

ARTICLE VII
INSPECTION OF BOOKS

Section 7.1 The Board shall have the authority to inspect the books and records of the Corporation, which by law or determination of the Board shall be made available for inspection.

Section 7.2 An independent, annual financial audit shall be conducted. The audit shall be reviewed by committees, subcommittees or workgroups designated by the Chair prior to presentation to the Board.

ARTICLE VIII
SEAL

The seal of the Corporation shall be in such form as the Board may from time to time determine. In the event it is inconvenient to use such a seal at any time, the signatures of the Chair and Secretary/Treasurer followed by the word "seal" enclosed in parentheses or scroll, shall be deemed as the seal of the Corporation.

ARTICLE IX
ANNUAL REPORT

In consultation with the Florida KidCare partner agencies, and pursuant to section 624.91(5)(b)14, *Florida Statutes*, the Chief Executive Officer shall provide the annual Florida KidCare Program report prepared by the Agency for Health Care Administration to the Governor, Chief Financial Officer, Commissioner of Education, Senate President, Speaker of the House of Representatives, and the Minority Leaders of the Senate and House of Representatives.

ARTICLE X
INDEMNIFICATION

The enabling legislation for this Corporation declares the legislative intent that there shall be no civil liability on the part of, and no cause of action shall arise against, any member of the Board of the Corporation, or its employees or agents, for any action they take in the performance of their powers and duties under section 624.91, et seq., and section 624.915, *Florida Statutes*.

ARTICLE XI
INTERPRETATION CLAUSE

Section 11.1 All provisions of these bylaws are subject to, regulated by and controlled by chapter 617, *Florida Statutes*, and the Articles of Incorporation, as may be amended from time to time. The powers of the Board are subject to the restrictions provided by law and in the Articles of Incorporation.

Section 11.2 The Corporation shall be controlled and operated: (a) pursuant to the provisions of sections 624.91 and 624.915, *Florida Statutes*, the enabling legislation for the Corporation; and (b) pursuant to the provisions as set out in these bylaws. If there should be any conflict between the provisions of the enabling legislation, the Articles of Incorporation and/or the provisions of these bylaws, then, and in that event, the provisions of the enabling legislation will control. Should an issue arise which the enabling legislation

does not address and a conflict between the Articles of Incorporation and the Bylaws exists, the Articles of Incorporation shall control that issue.

ARTICLE XII
AMENDMENTS

The bylaws of the Corporation may be altered, amended, or repealed. Revisions to the bylaws shall be adopted by a two-thirds (2/3) vote of the Directors present at any meeting of the Board where there is a quorum.

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Tab 5

Operational Efficiency and Quality
Committee Report

**TWELFTH ADDENDUM
THIRD PARTY ADMINISTRATOR CONTRACT BETWEEN
FLORIDA HEALTHY KIDS CORPORATION AND PSI SERVICES HOLDING LLC**

This Twelfth Addendum (“Eleventh Addendum”) to the Third-Party Administrator Contract (“Contract”) is by and between the FLORIDA HEALTHY KIDS CORPORATION (“FHKC”) and PSI SERVICES HOLDING LLC (“PSH”) (individually a “Party” or collectively the “Parties”).

WHEREAS, FHKC and PSI Services Holding, Inc. (“PSHI”) are Parties to the Contract, effective April 2, 2012; and

WHEREAS, PSHI was converted from a corporation to a limited liability company, PSI Services Holding LLC, effective September 30, 2020; and

WHEREAS, FHKC contracted with Maximus US Services, Inc. for the re-procurement of the services under this Contract - Contract for Third-Party Administrator Services (Contract No. 2022-200-01) effective March 17, 2023; and

WHEREAS, the implementation period of the Third-Party Administrator Services (Contract No. 2022-200-01) will not be complete by the end date of this Contract; and

WHEREAS, PSH f/k/a PSHI remains the wholly owned subsidiary of Maximus US Services, Inc.; and

WHEREAS, pursuant to subsection 4-1 of the Contract, FHKC and PSH desire to amend the terms of the Contract as provided herein.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the Parties agree as follows:

1. Pursuant to Section 4-1 of the Contract, the Parties hereby agree **Section 4-9, Effective Dates**, is amended by deleting paragraph 3 and inserting the following:

3. This Contract shall expire upon the Effective Date of Services as provided in the Third-Party Administrator Services Contract (Contract No. 2022-200-01), unless otherwise extended by agreement of the Parties.

In the event FHKC contracts with a new vendor for third-party administrator services, PSHI shall cooperate to ensure a smooth transition as required by the Contract.

2. Except as expressly amended by this Twelfth Addendum, all other terms and conditions of the Contract and HIPAA Business Associate Agreement shall remain in full force and effect.
3. This Twelfth Addendum sets forth the entire understanding between the Parties with regard to the subject matter hereof.
4. In the event of any conflict between the RFPP, the Contract, the HIPAA Business Associate Agreement, and this Twelfth Addendum, the terms of this Twelfth Addendum shall govern.
5. This Twelfth Addendum may be executed in counterparts, each of which shall constitute an original and all of which together shall constitute the same document.
6. This Twelfth Addendum is effective on the date of the last signature affixed hereto.

IN WITNESS WHEREOF, the Parties hereto have caused this Twelfth Addendum to be executed by their respective duly authorized officers.

**FOR
FLORIDA HEALTHY KIDS CORPORATION**

**FOR
PSI SERVICES HOLDING LLC**

Signed: _____

Name: Ryan West

Title: Chief Executive Officer

Signed: _____

Name: Bruce Perkins

Title: Deputy General Counsel
and Senior VP

Date: _____

Date: _____

AMENDMENT NO. 4
AGREEMENT FOR MANAGEMENT CONSULTING SERVICES BETWEEN
FLORIDA HEALTHY KIDS CORPORATION AND
KPMG LLP

This Amendment No. 4, entered into between the Florida Healthy Kids Corporation (“FHKC”) and KPMG LLP (“Vendor”) (collectively the “Parties”), and effective upon signing, amends the Agreement for Management Consulting Services (“Agreement”) between FHKC and Vendor, dated July 25, 2022.

WHEREAS, pursuant to Section 2.2 of the Agreement the Parties desire to amend the Agreement as provided in this Amendment.

NOW, THEREFORE, in consideration of the mutual promises and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

- Section 2.1, Agreement Term, is replaced in its entirety as follows:

This agreement shall expire 60 days after the Effective Date of Services as provided in the FHKC Third-Party Administrator Services Contract (Contract No. 2022-200-01), unless otherwise extended by agreement of the Parties for a month-to-month period with 30 days’ termination notice as provided in Section 4.10, or upon termination by the Parties as set forth herein.

- Section 3.2, Compensation, is replaced in its entirety as follows:

FHKC agrees to compensate Vendor upon receipt of an FHKC-approved monthly report. Monthly compensation shall be calculated by adding 1) the product of the state term contract hourly rate multiplied by the number of hours worked (see Table 1), and 2) the testing support cost (see Table 2). FHKC shall compensate Vendor for the End-to-End Testing Completion Report upon receipt and approval of such report.

Table 1: Core Team Hourly Rates

Role	State Term Contract Hourly Rate
Executive Project Director	\$305.00
Project Director	\$305.00
Junior Consultant	\$175.00

Table 2: Testing Support

State Fiscal Year	Testing Support Cost
2023 – 2024 (Sep 23)	\$18,864.56
2023 – 2024 (Jan 24 – Jun 24)	\$19,270.52 per month
2024 – 2025 (Jul 24 – Apr 25)	\$19,270.52 per month
End-to-End Testing Completion Report	\$81,807.12

Table 3: Not to Exceed Cost by State Fiscal Year

State Fiscal Year	Core Team	Testing Support Team	Not To Exceed Total Cost
2022 - 2023	\$281,600.00	\$0	\$281,600.00
2023 - 2024	\$307,200.00	\$134,487.68	\$441,687.68
2024 - 2025	\$461,200.00	\$192,705.20	\$653,905.20
2025 - 2026	\$461,200.00	\$81,807.12	\$543,007.12
Total	\$1,511,200.00	\$409,000.00	\$1,920,200.00

No additional compensation shall be allowed unless specifically agreed upon in writing by the Parties.

3. All provisions of the Agreement being modified and any attachments thereto in conflict with this Amendment shall be and are hereby changed to conform with this Amendment, effective as if the date of last execution of this Amendment by both Parties.
4. All provisions not in conflict with this Amendment remain in full force and effect and are to be performed at the level specified in the Agreement.
5. This Amendment may be executed in counterparts, each of which shall constitute an original, and all of which together shall constitute the same document.

IN WITNESS WHEREOF, the Parties have caused this Amendment No. 4 to be executed by their undersigned officials as duly authorized.

**FOR
FLORIDA HEALTHY KIDS CORPORATION:**

**FOR
KPMG LLP:**

Signed: _____
Name: Ryan West
Title: Chief Executive Officer
Date: _____

Signed: _____
Name: Chad Poppell
Title: Principal, Advisory
Date: _____



Operational Efficiency and Quality Committee Report

March 5, 2025



Quality Reports

Compliance Assessment Performance Improvement Projects

Performance Measure Validation

Performance Improvement Projects

Network Adequacy Validation



2024 Compliance Assessment Standards for 2023 Activities

- Availability of Services
- Assurances of Adequate Capacity and Services
- Grievances and Appeals
- Practice Guidelines
- Health Information Systems
- Quality Assessment and Performance Improvement

2025 Standards

- Coordination and Continuity of Care
- Coverage and Authorization of Services
- Subcontractual Relationships and Delegation

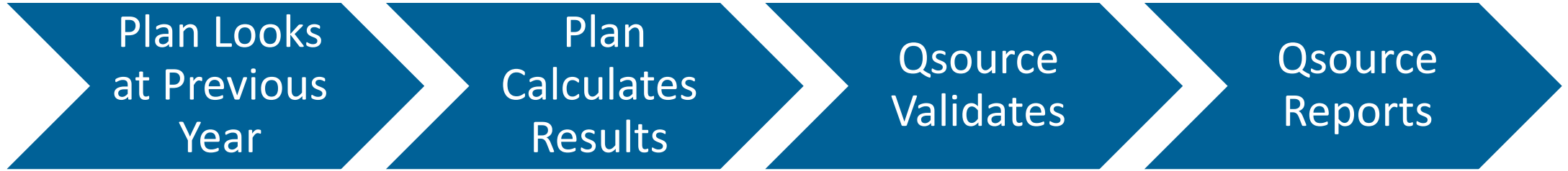
2026 Standards

- Enrollee Information
- Enrollee Rights and Protections
- Provider Selection Credentialing/Recredentialing

Compliance Assessment Results

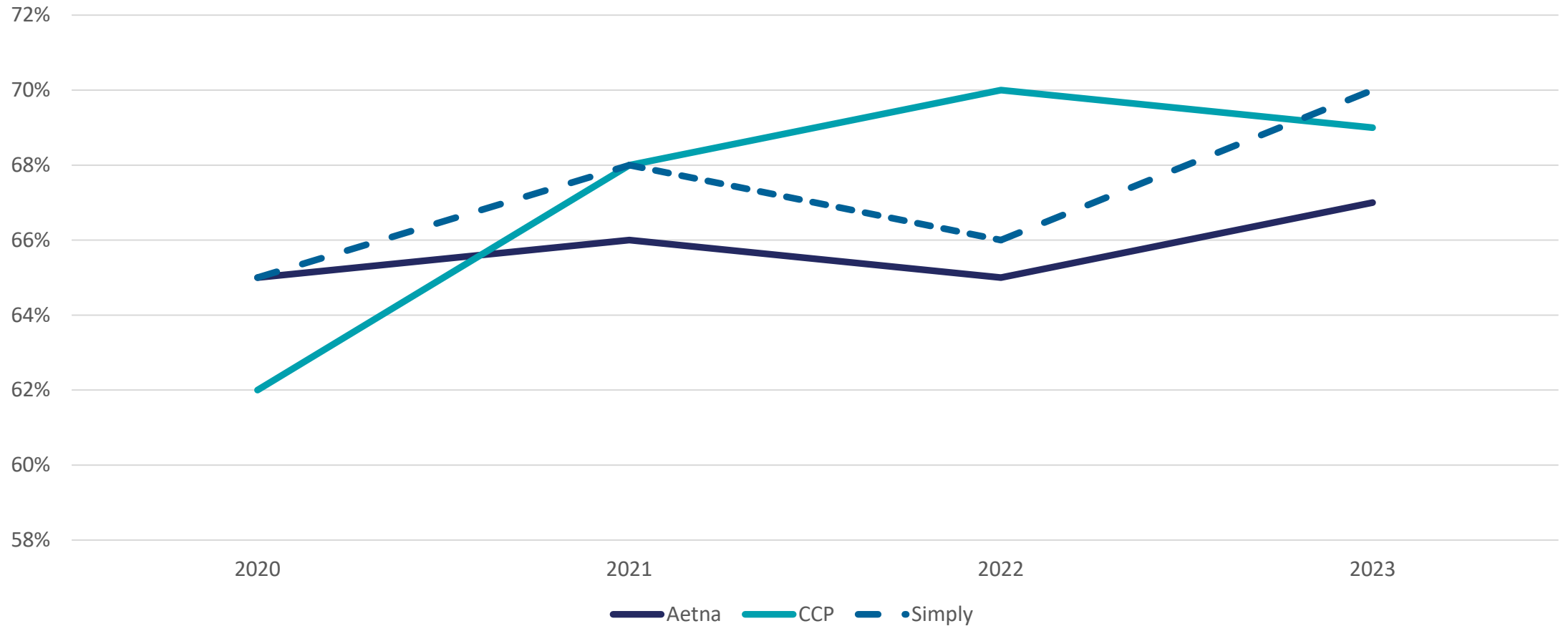
Plan	Overall Score	Availability of Services	Assurances of Adequate Capacity and Services	Grievances and Appeals	Practice Guidelines	Health Information Systems	Quality Assessment and Performance Improvement
Aetna	100%	100%	100%	100%	100%	100%	100%
CCP	99.29%	100%	100%	95.71%	100%	100%	100%
Simply	99.52%	100%	100%	97.14%	100%	100%	100%
DentaQuest	93.10%	100%	100%	98.57%	100%	80.00%	80.00%
Liberty	98.72%	92.31%	100%	100%	100%	100%	100%
MCNA	100%	100%	100%	100%	100%	100%	100%

Performance Measures

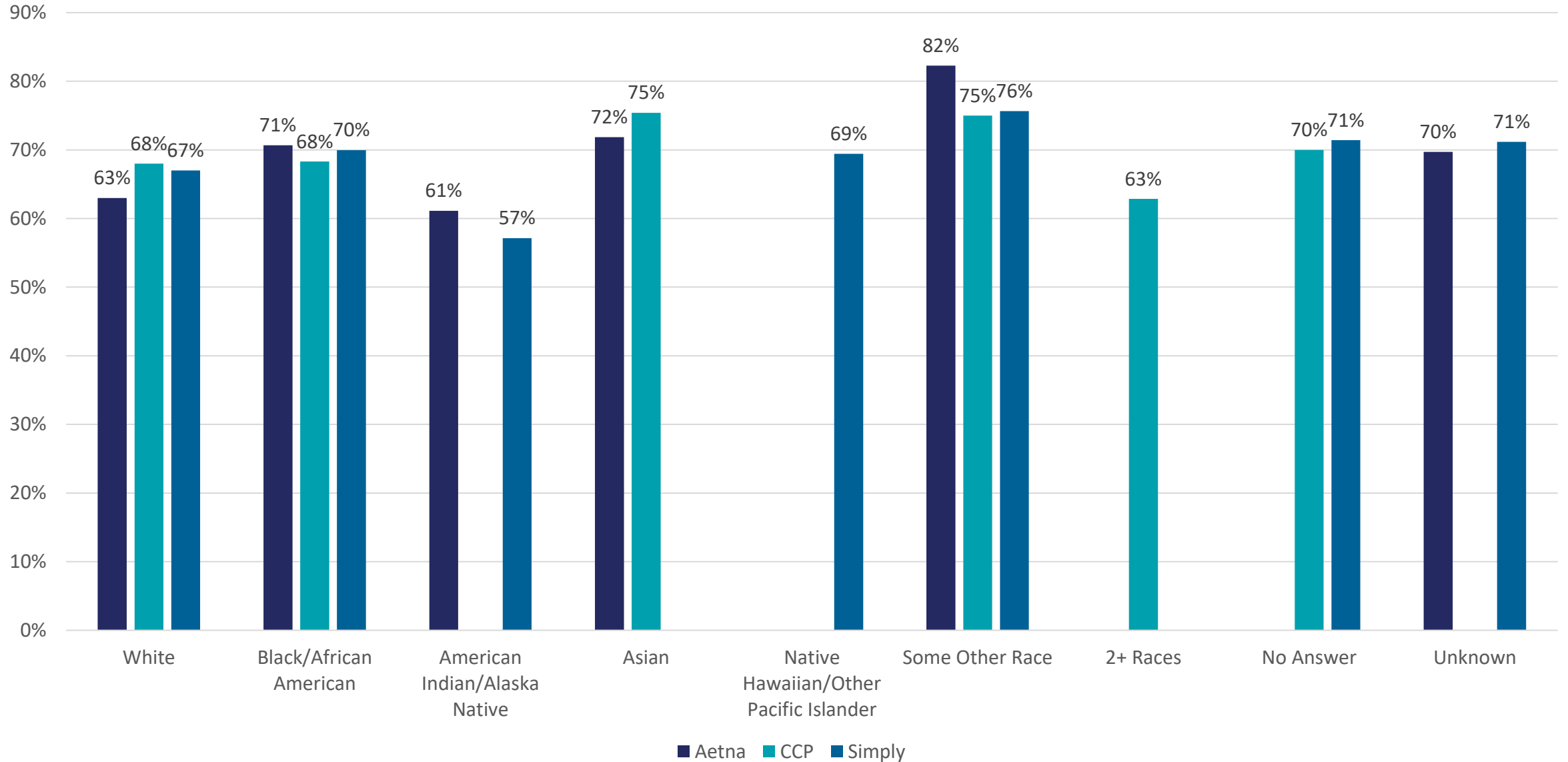


- Health: 24 performance measures
- Dental: 10 performance measures
- More than 100 submeasures based on age and/or enrollment per plan

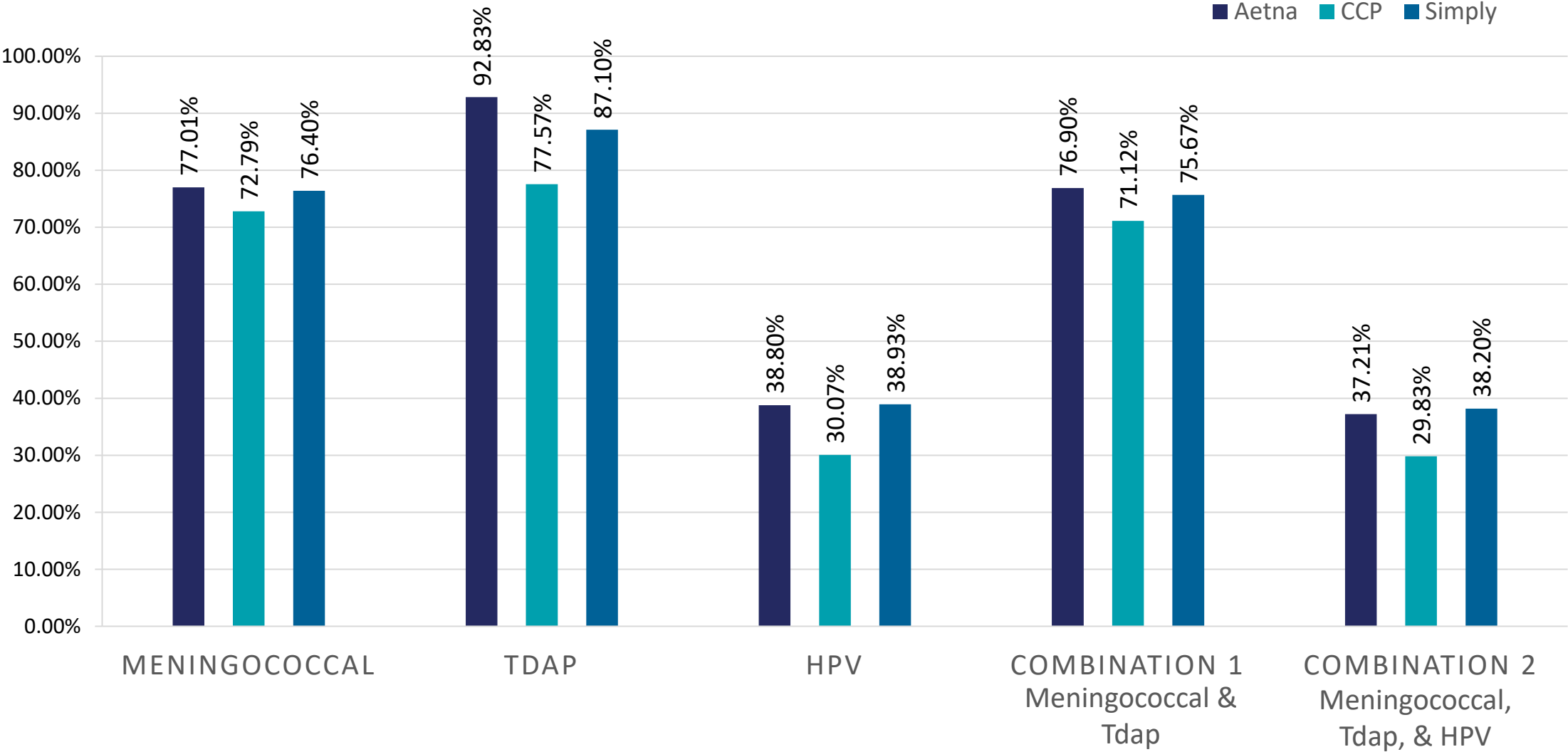
Child & Adolescent Well-care Visits Total, Over Time



Child & Adolescent Well-Care Visits

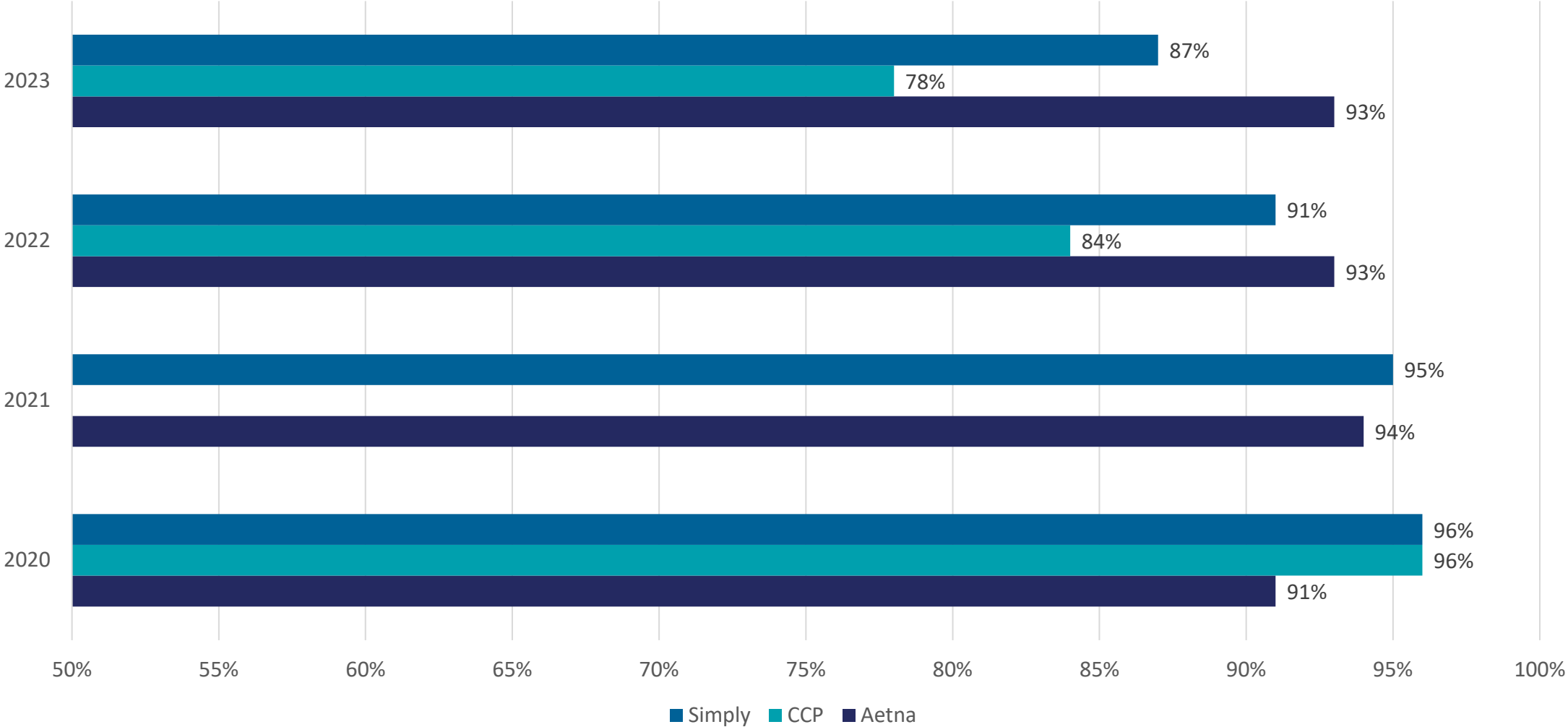


Adolescent Immunizations



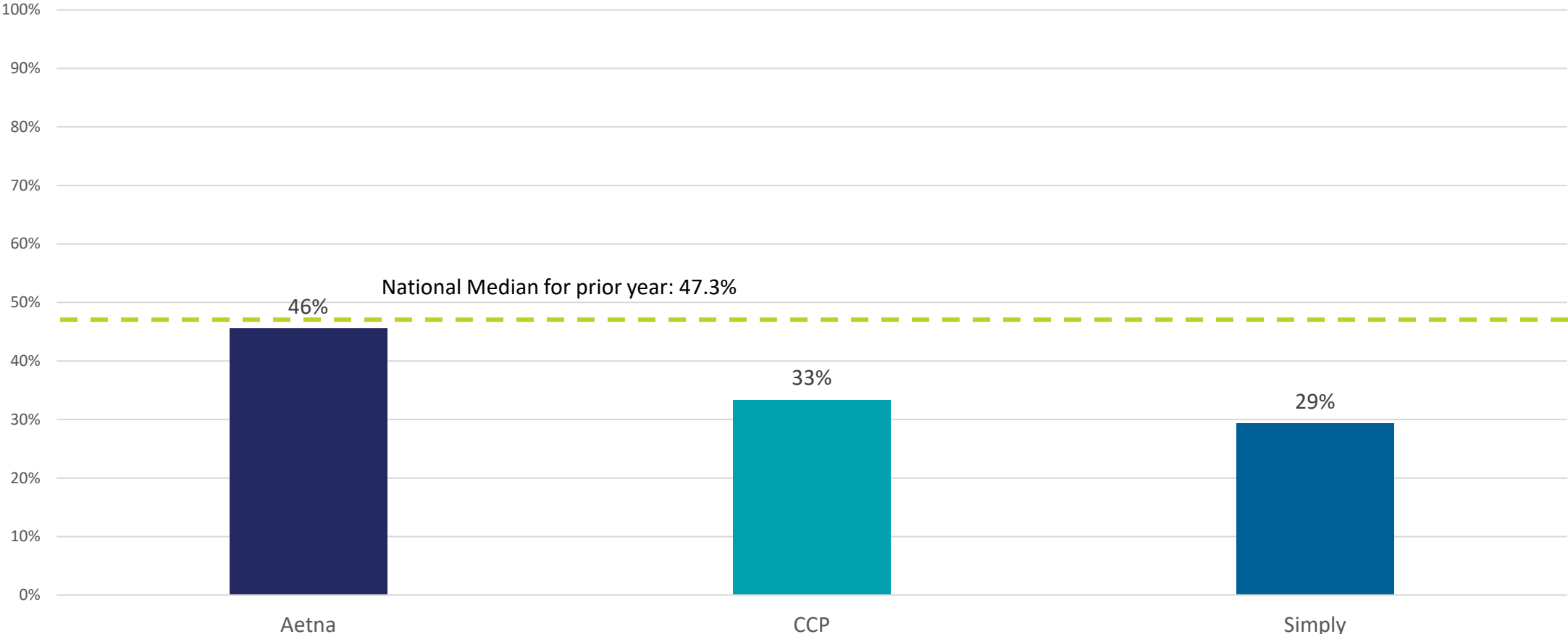
Source: Qsource 2024 Performance Measure Validation Reports

Tdap, Over Time



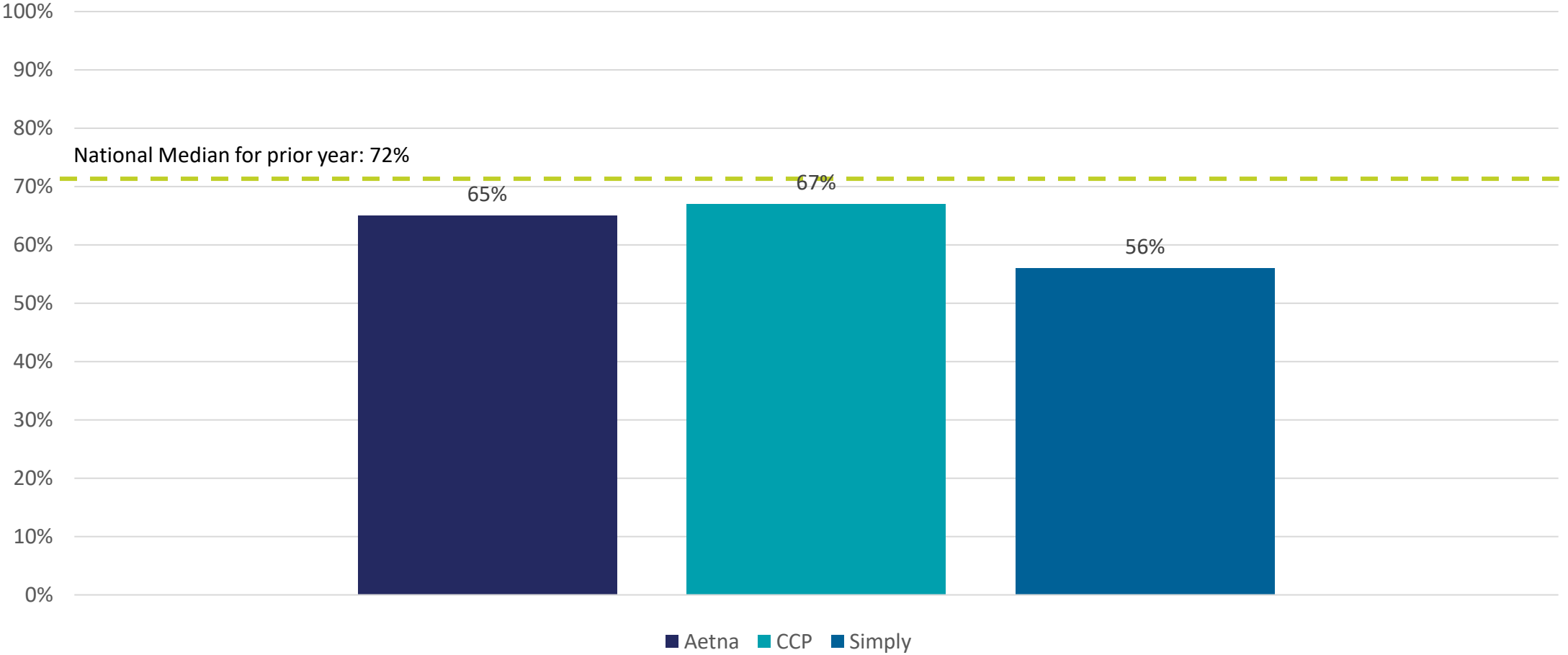
Source: Qsource 2024 Performance Measure Validation Reports

Follow-Up after Hospitalization for Mental Illness – 7 Days

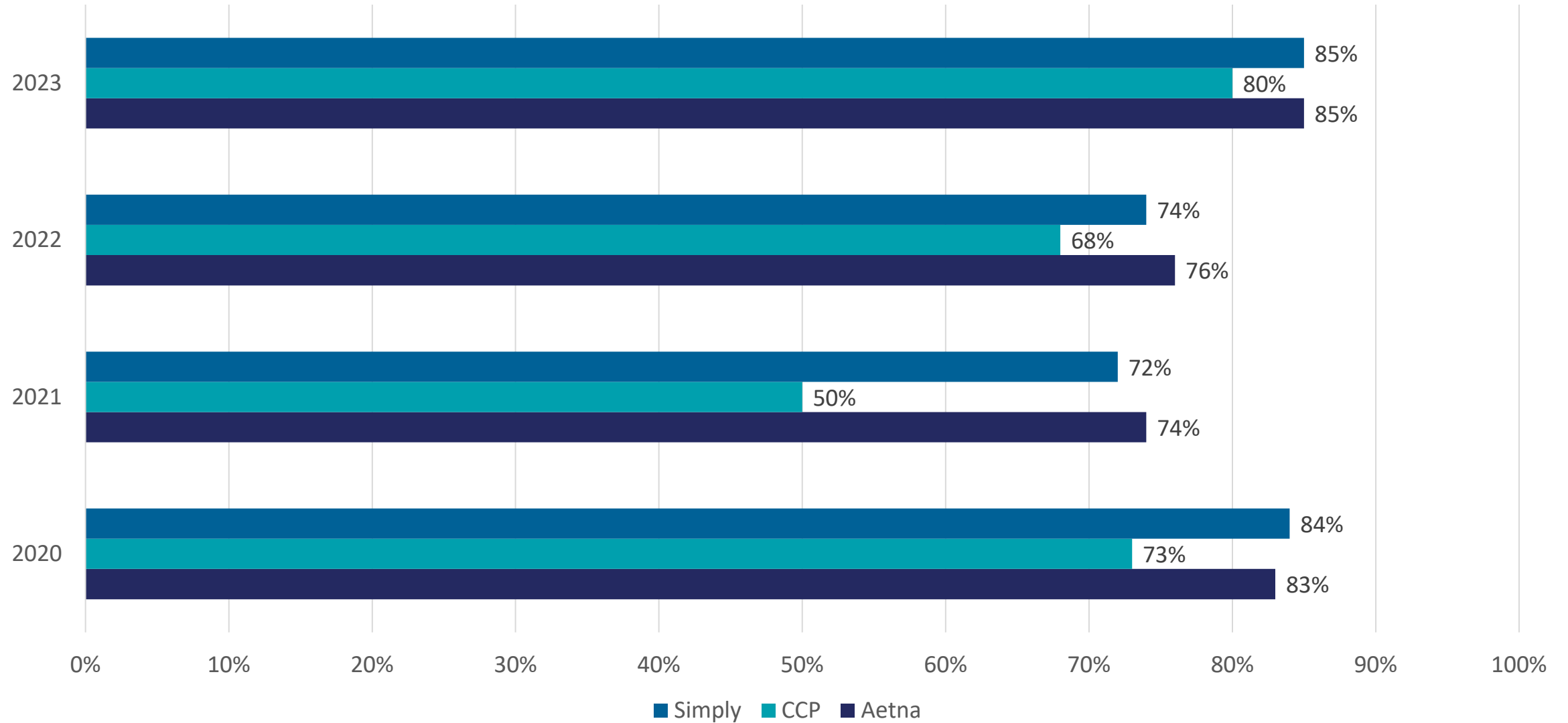


Source: Qsource 2024 Annual Network Adequacy Reports

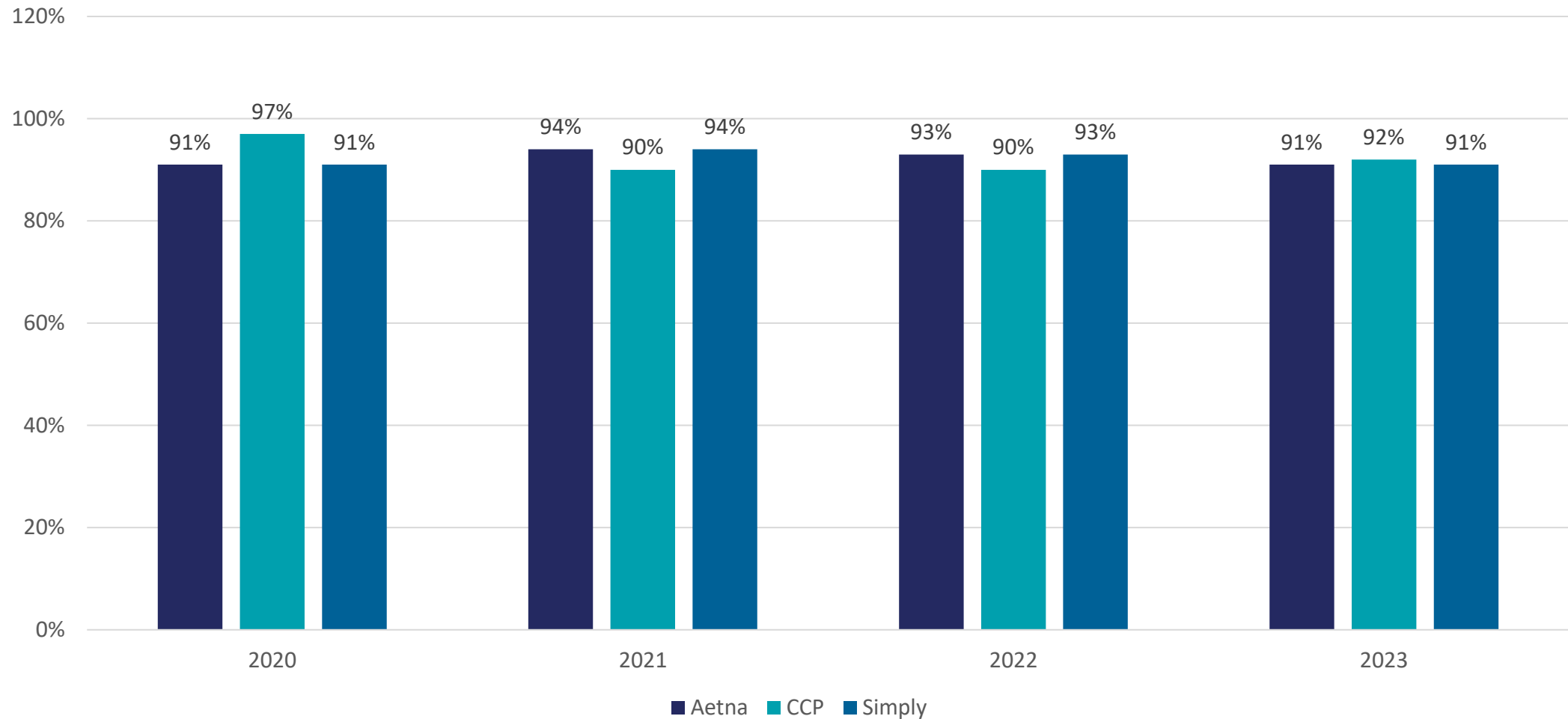
Follow-Up after Hospitalization for Mental Illness – 30 days



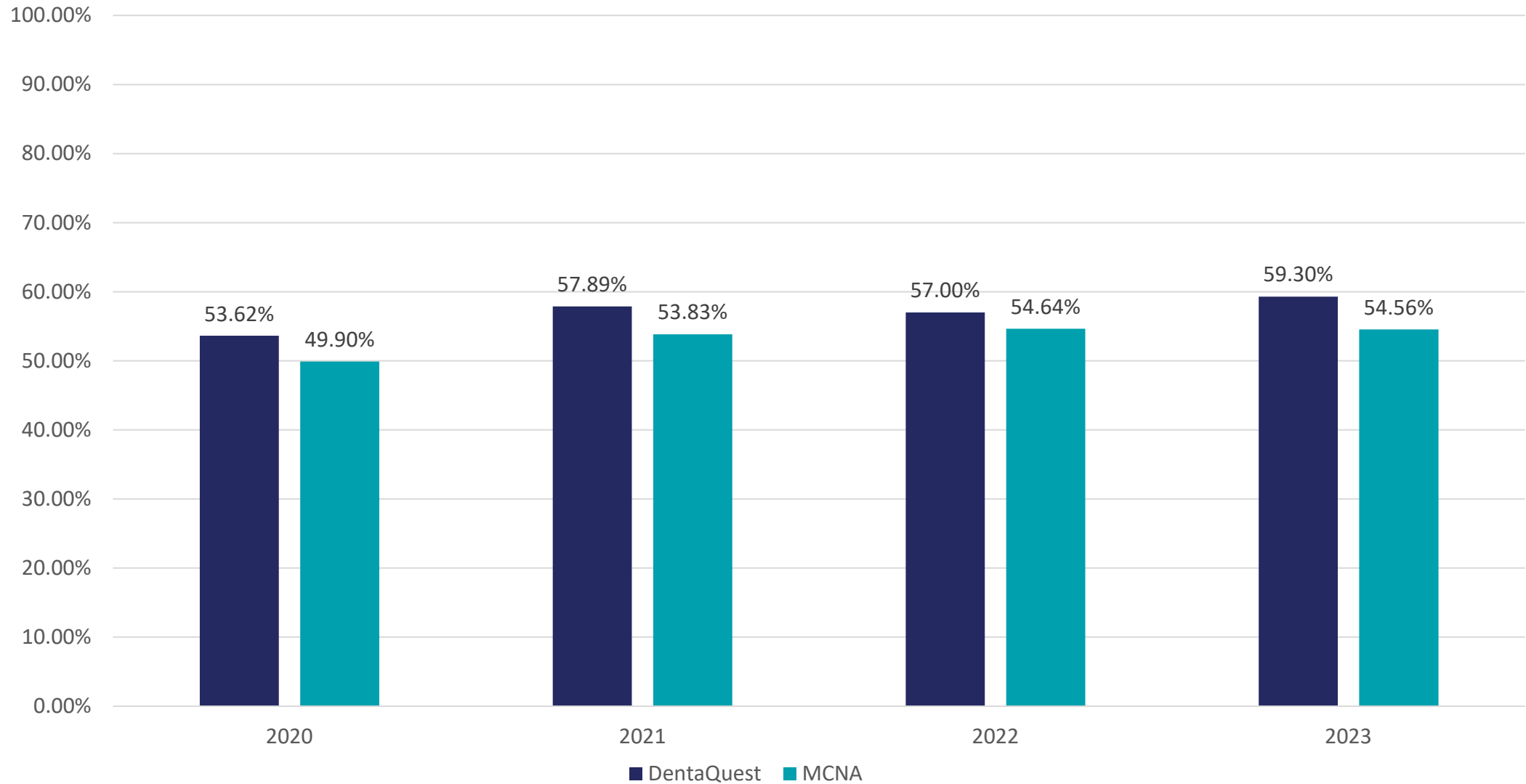
Appropriate Testing for Pharyngitis



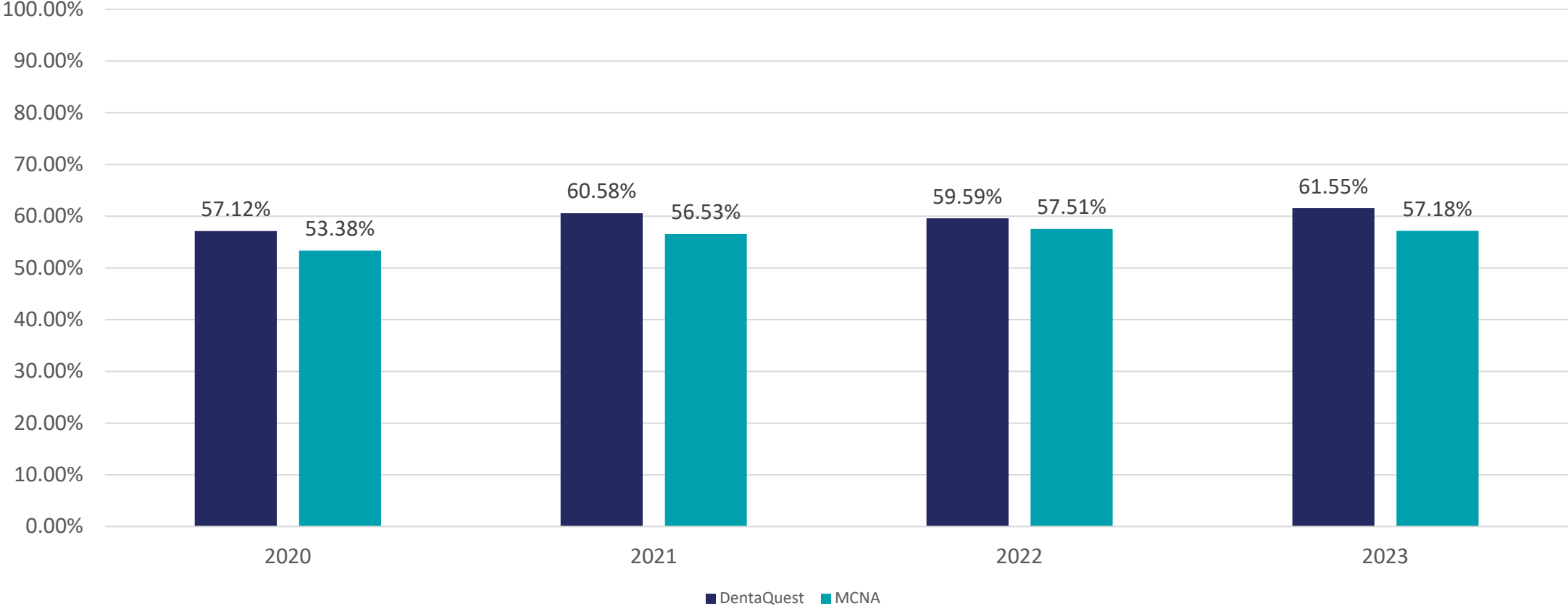
Appropriate Treatment for Children with Upper Respiratory Infection

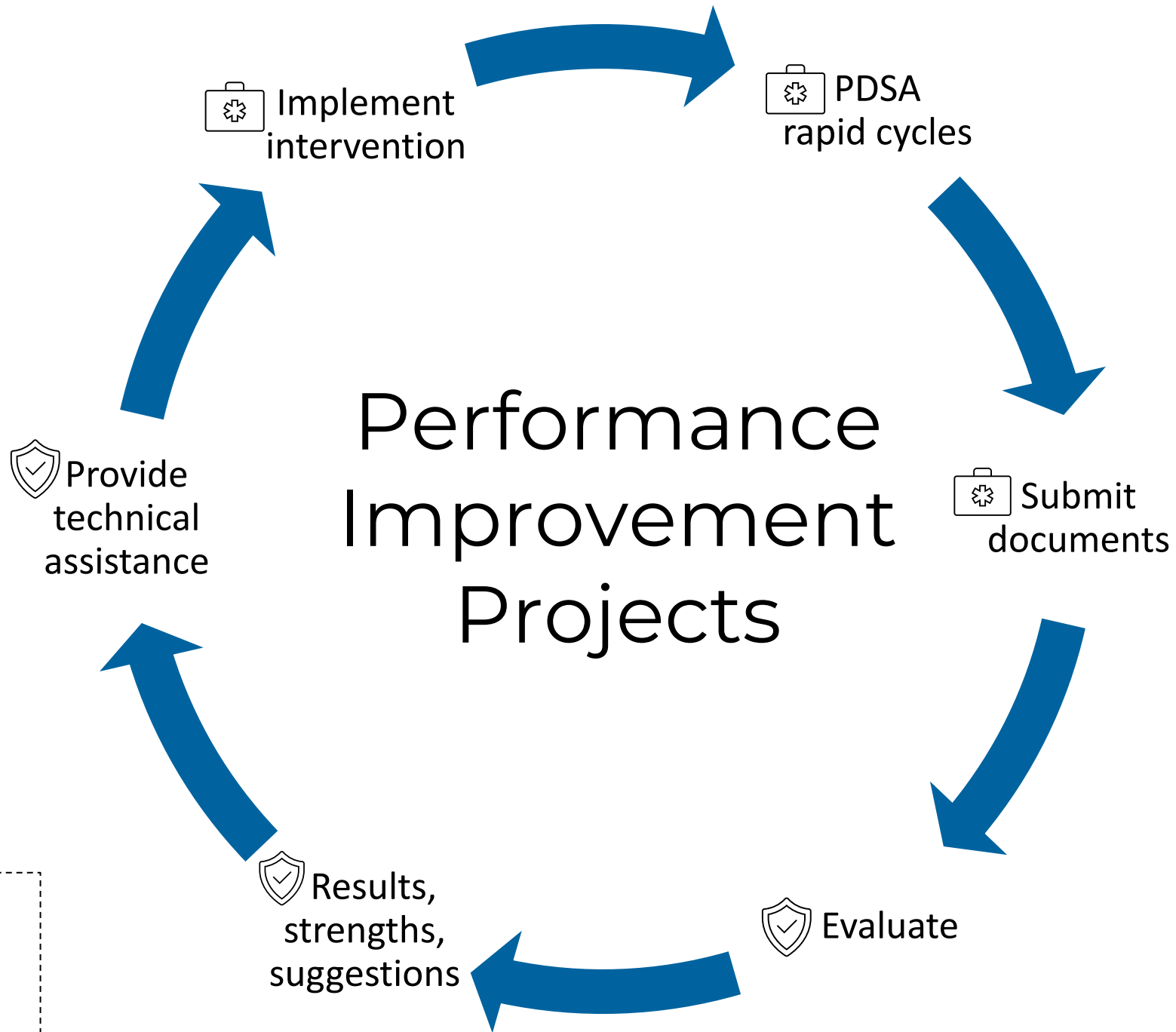


Enrollees Receiving Preventive Dental Services



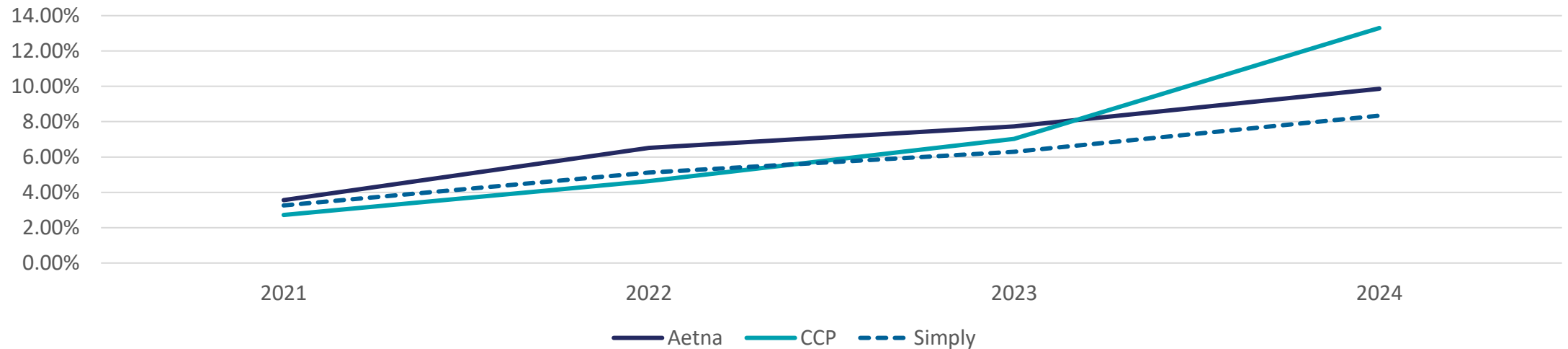
Enrollees Enrolled 11 Months Receiving Any Dental Service





Health Clinical PIP: Screening for Depression & Follow-up Ages 12-17

Plan	Validation Score	Validation Rating 1	Validation Rating 2	Key Measure
Aetna	100%	High Confidence	High Confidence	9.86%
CCP	93.18%	High Confidence	High Confidence	13.30%
Simply	91.49%	High Confidence	High Confidence	8.34%



Health Administrative Non-clinical PIPs

Plan	PIP Topic	Validation Score	Validation Rating 1	Validation Rating 2	Key Measure
Aetna	Timely Follow-up for Patients After They Have Been Hospitalized for Mental Illness—7-Days	100%	High Confidence	High Confidence	45.08%
CCP	Follow-up After Hospitalization for Mental Illness—7 Days	85.42%	Moderate Confidence	Moderate Confidence	32.61%
Simply	Improving Care Coordination to Improve Follow-up Care for Children Prescribed ADHD Medication (ADD)	100%	High Confidence	High Confidence	Initial Rx: 47.63% Continued Rx: 69.42%

Dental Clinical PIP: Preventive Dental Services

Plan	Validation Score	Validation Rating 1	Validation Rating 2	Key Measure
DentaQuest	100%	High Confidence	Low Confidence	48.80%
Liberty	96.77%	High Confidence	Moderate Confidence	43.88%
MCNA	100.00%	High Confidence	Low Confidence	40.44%



Dental Administrative Non-clinical PIPs

Plan	PIP Topic	Validation Score	Validation Rating 1	Validation Rating 2	Key Measure
DentaQuest	Increasing After Hours Care	97.50%	High Confidence	Low Confidence	48.26%
Liberty	Access to Care in Rural and Urban Counties	81.81%	Moderate Confidence	Moderate Confidence	96.47%
MCNA	Annual Dental Visit	100.00%	High Confidence	Moderate Confidence	57.36%

Network Adequacy

- Point in time assessment: March 2024
- Time and distance standards for urban and rural areas
- Detailed provider types: 13 for health and 3 for dental
- Appointment availability, including communication to members and providers



Health Network Adequacy Standards

Time 

Distance >> 

Provider Type	Urban	Rural	Urban	Rural
Primary Care Provider (PCP) – Family Medicine	20	20	20	20
PCP – Pediatrics	20	30	20	30
Allergy & Immunology	30	60	30	45
Dermatology	30	60	30	45
Obstetrics & Gynecology	30	30	30	30
Optometry	30	60	30	45
Otolaryngology (ENT)	30	60	30	45
Behavioral Health – Pediatric	30	60	30	45
Behavioral Health – Other	30	60	30	45
Specialist – Pediatric	20	40	20	30
Specialist – Other	20	20	20	20
Hospital	30	30	20	30
Pharmacy	15	15	10	10

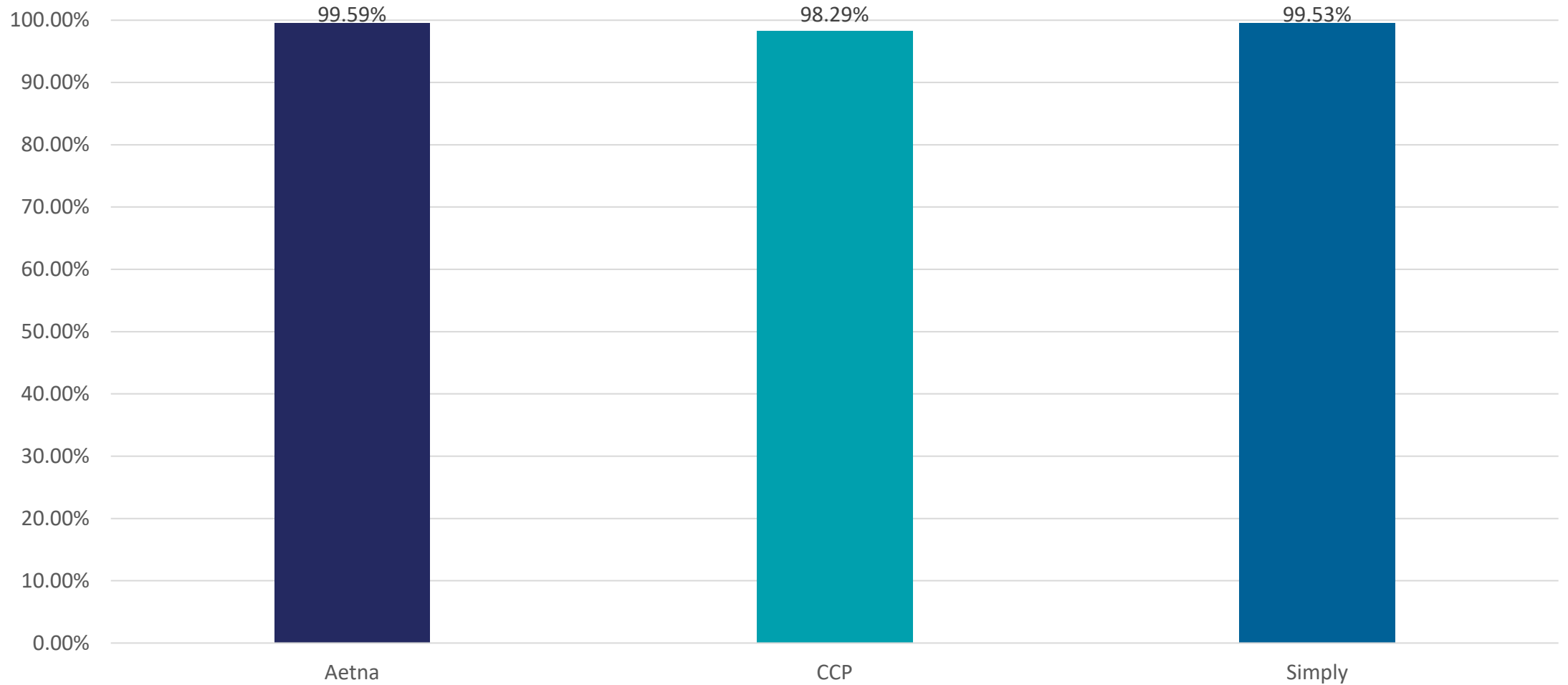
Dental Network Adequacy Standards

Time 

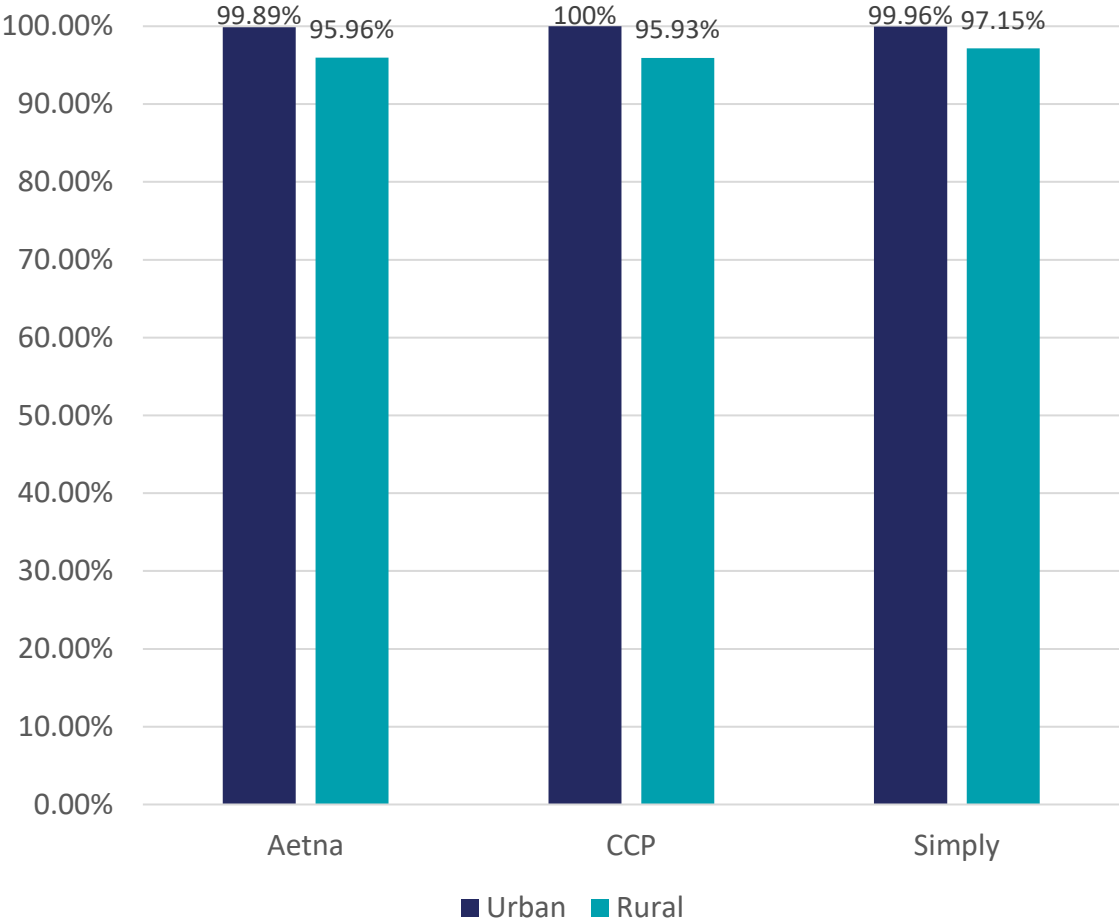
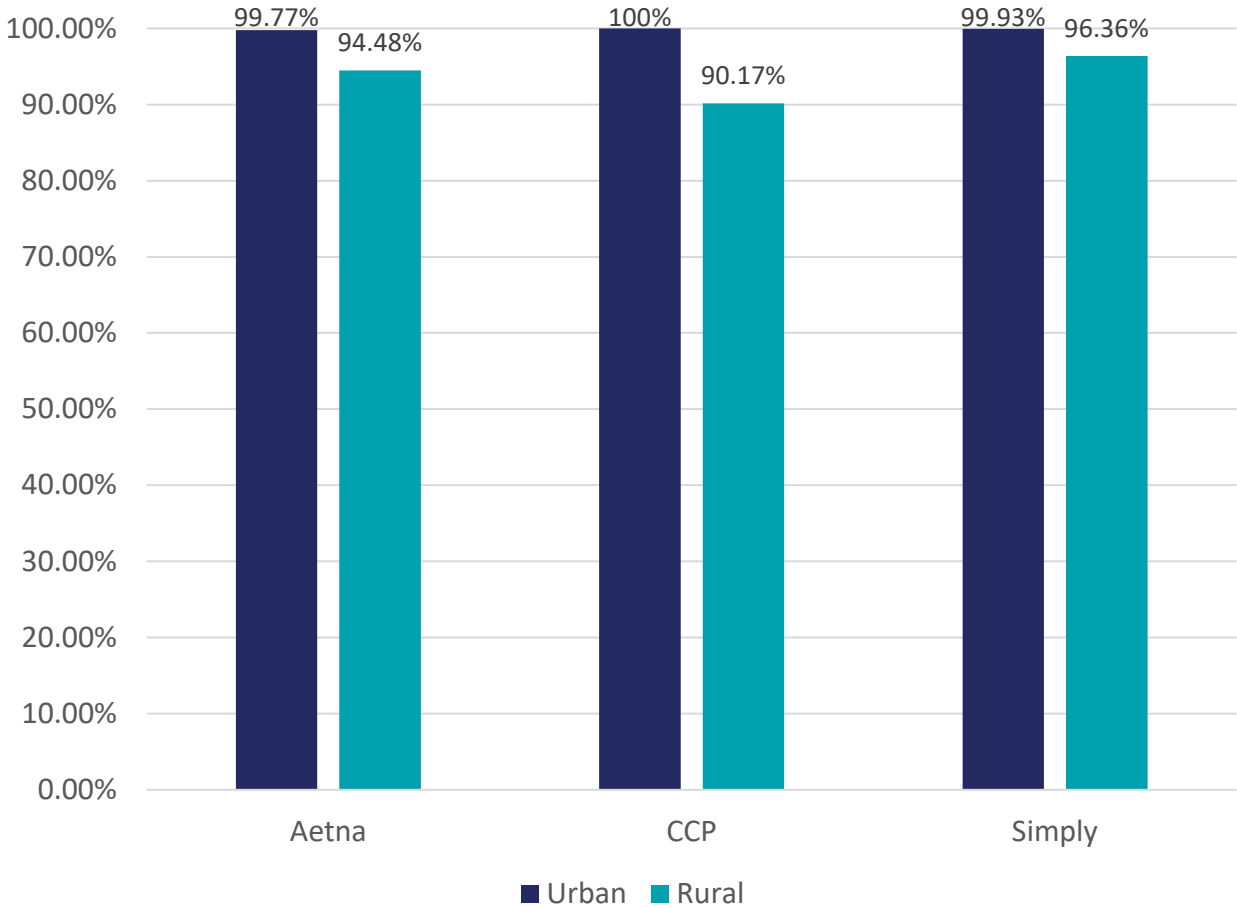
Distance >> 

Provider Type	Time		Distance	
	Urban	Rural	Urban	Rural
Primary Care Dentists	20	30	20	30
Dental Specialists	20	40	20	30
Orthodontists	30	70	20	50

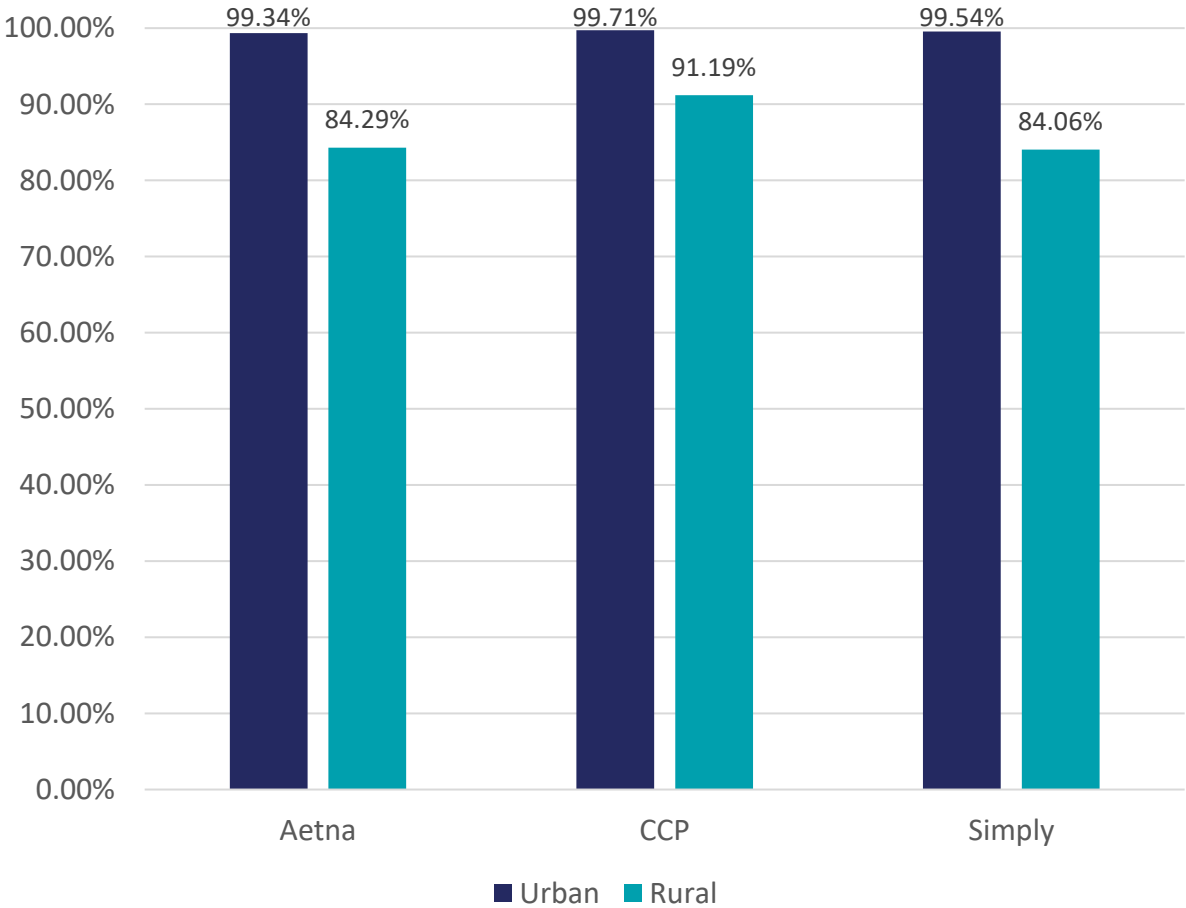
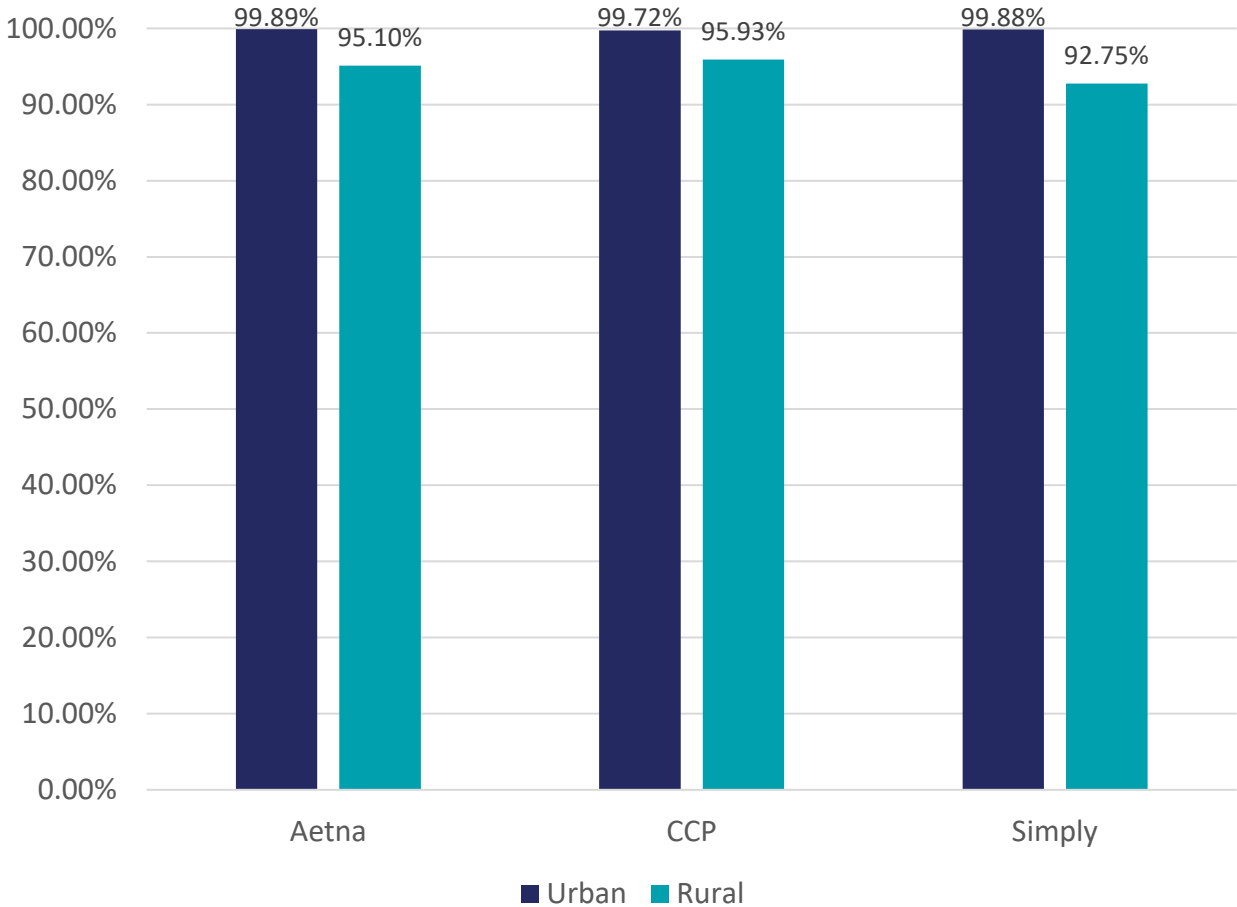
Health Overall Weighted Network Adequacy Score



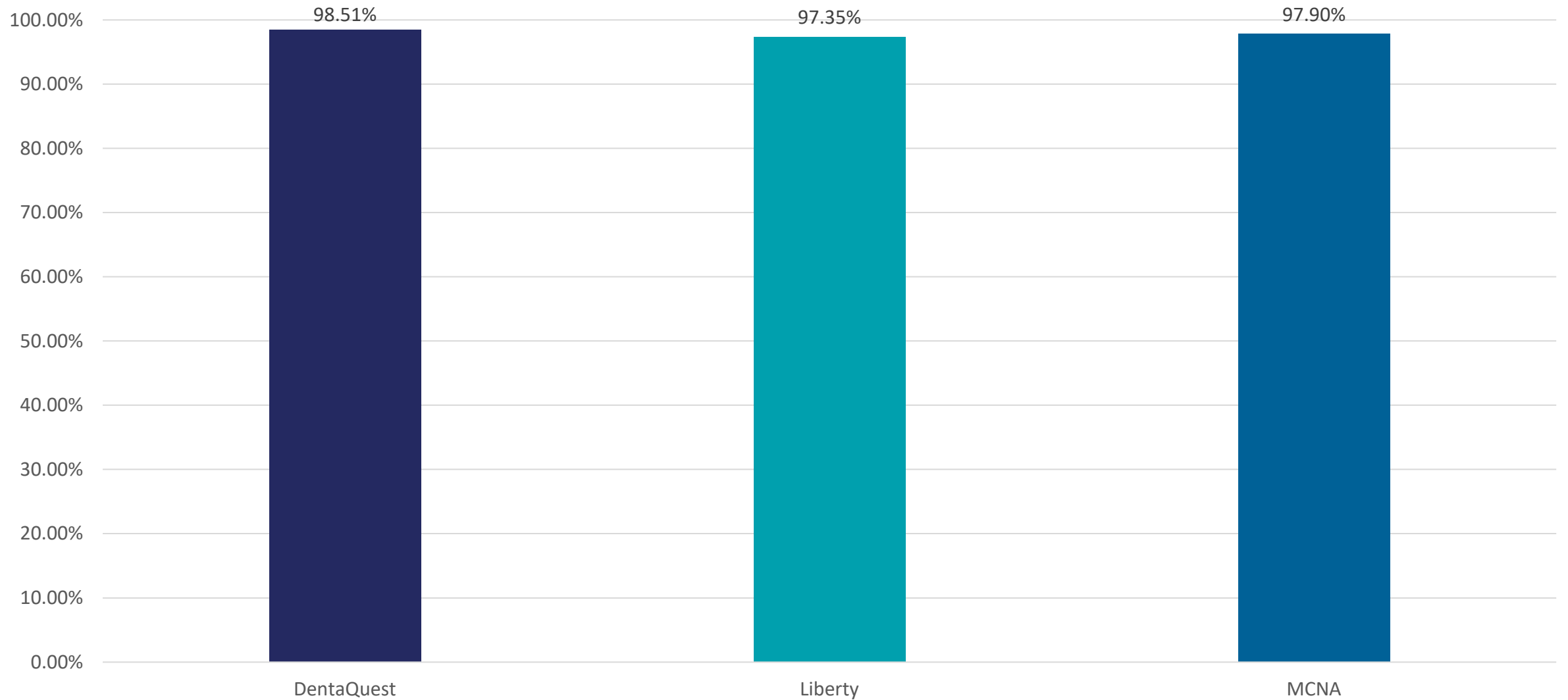
Family Medicine



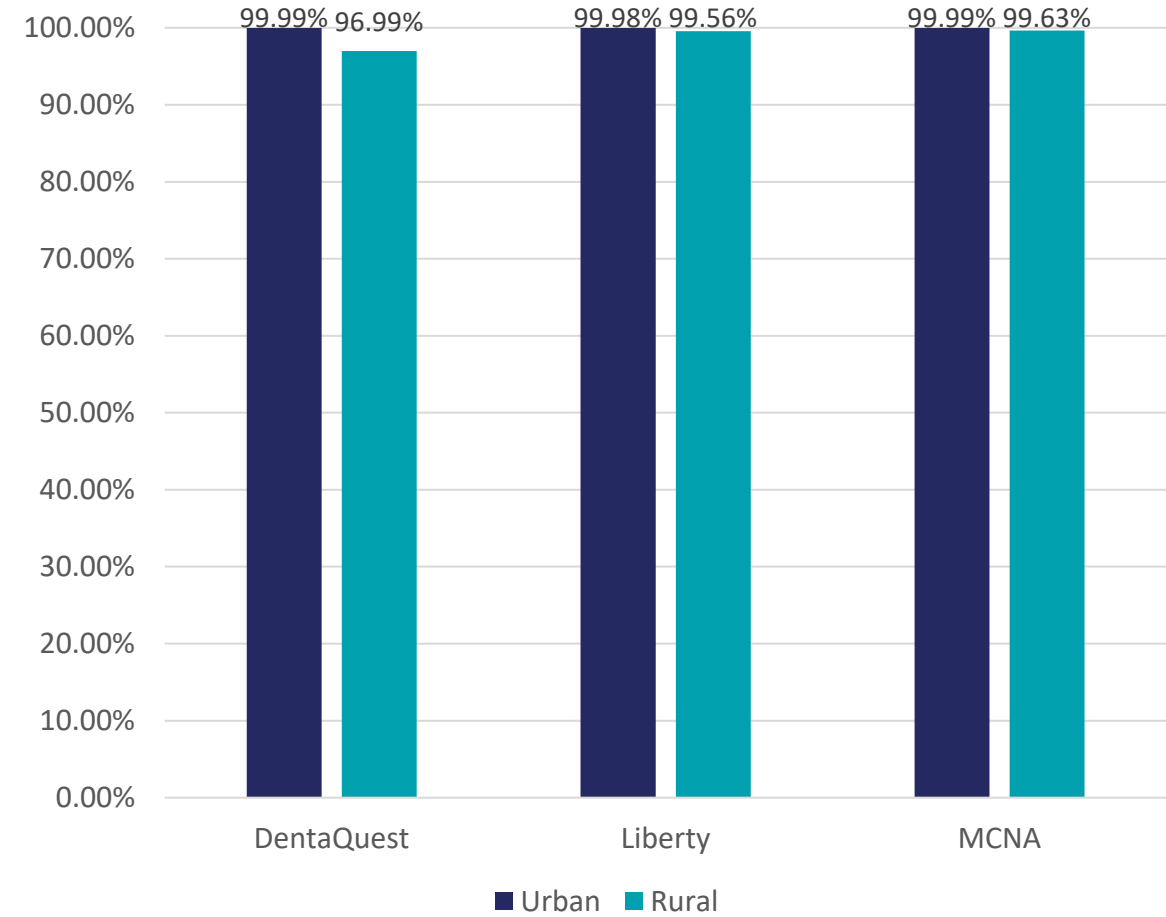
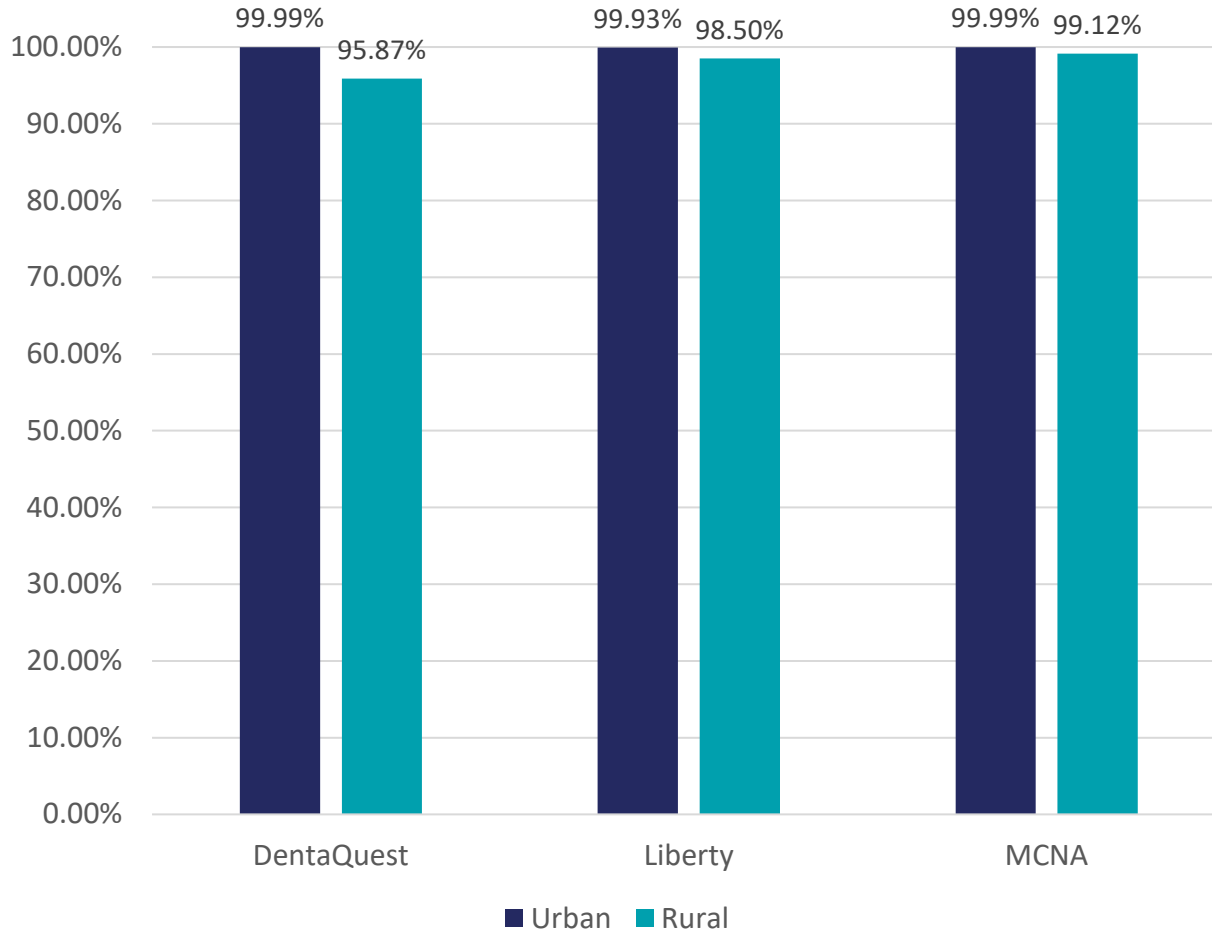
Pharmacy



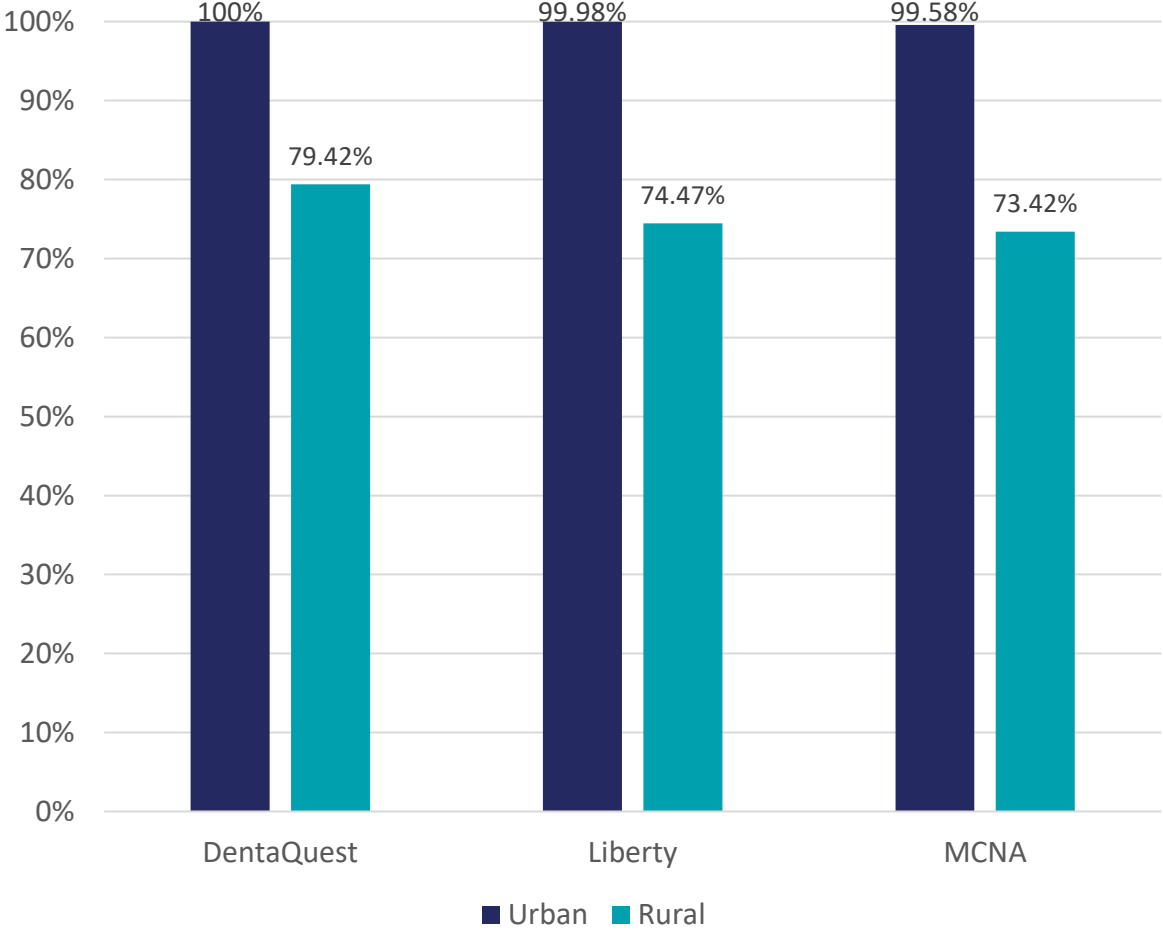
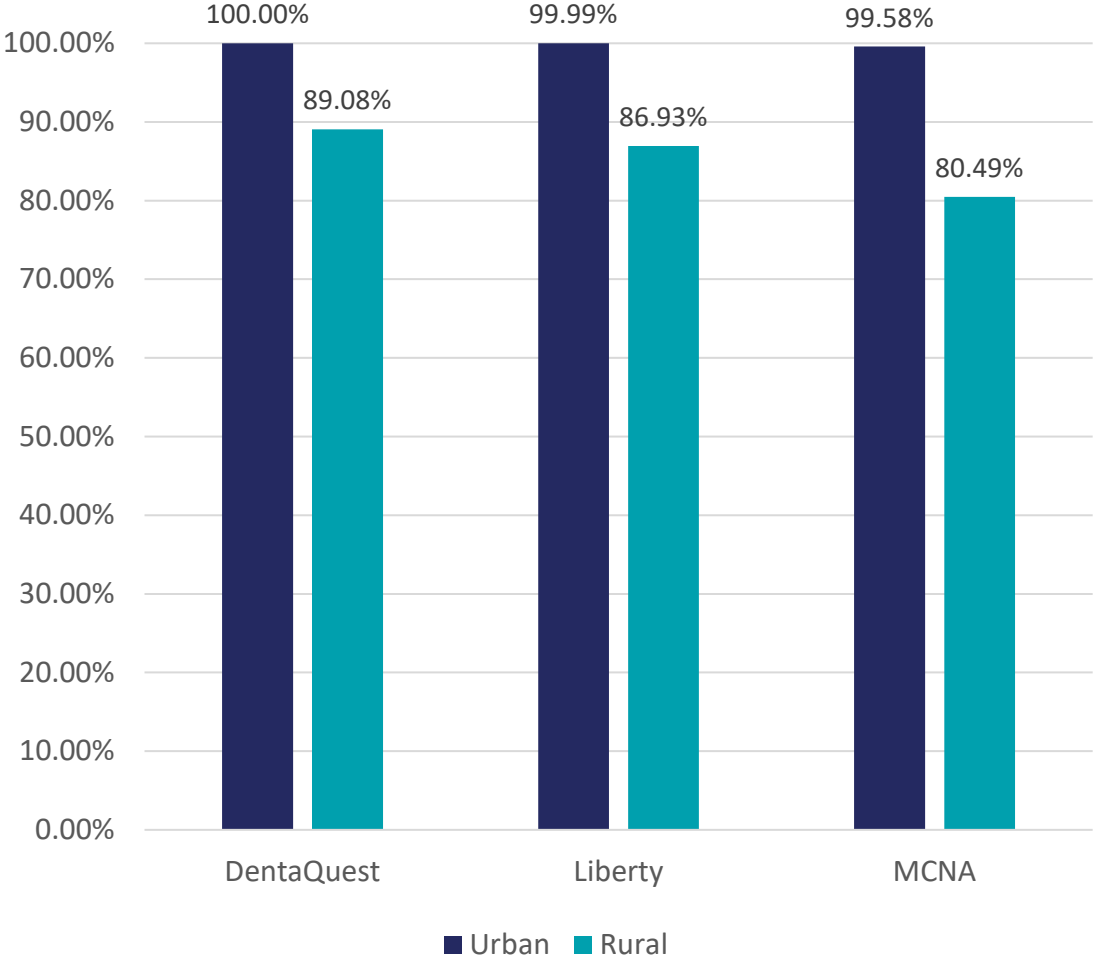
Dental Overall Weighted Network Adequacy Score



Primary Care Dentists



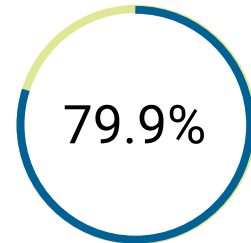
Orthodontists



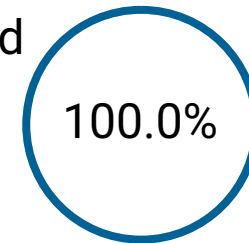


2024 Performance Standards

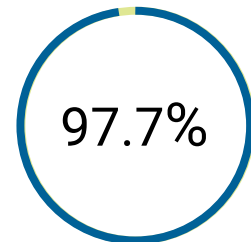
Maximus - Call Center



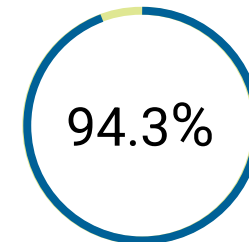
Incoming Calls Answered
80% answered within 60 seconds.



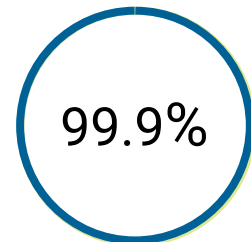
Response to Contacts from Customers
100% answered within 2 business days



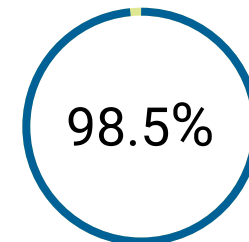
Abandon Call Rate
Less than 95% of all calls abandoned



Average Monitoring Score
90% for tenured agents



Blocked Call Rate
Less than 99% of incoming calls blocked

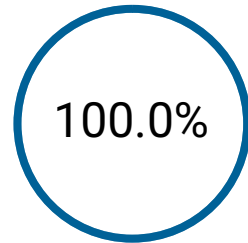


First Call Resolution
86% of initial calls are addressed during the first call

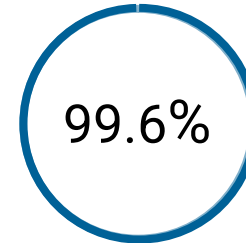


2024 Performance Standards

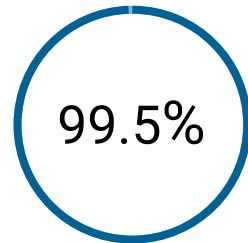
Maximus - Eligibility Processes



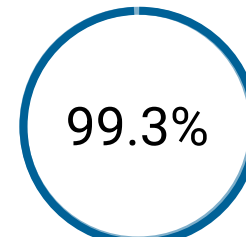
Applications Processing
100% within 7 business days



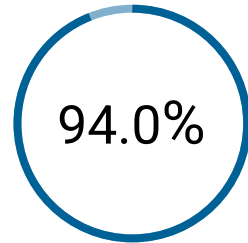
Outgoing Correspondence
100% mailed within 1 business day, 2 business days for web letters



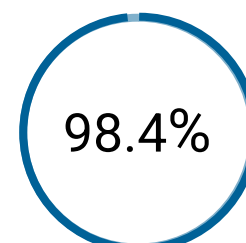
Eligibility Processing Accuracy
97% of application eligibility accuracy



Outgoing Correspondence Accuracy
97% processed accurately



Incoming Correspondence
100% linked and processed within 4 business days

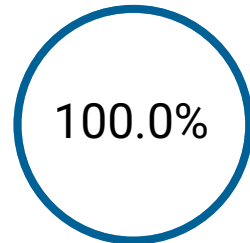


Returned Mail Processed
100% within 3 business days of receipt



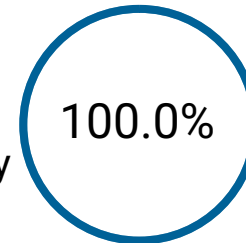
2024 Performance Standards

Maximus - Financial



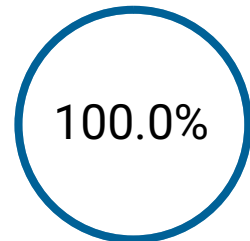
Premium Payment Processing

100% within one business day of receipt



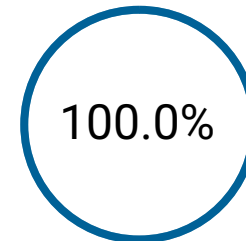
Accounts Refund Processing

100% submitted to FHKC by the 20th day of each month



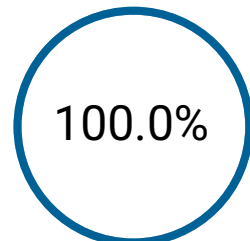
Payment Transaction Accuracy

99% error-free



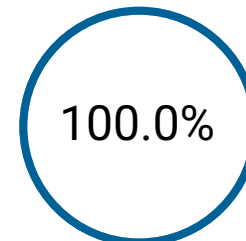
Account Refund Accuracy

99% error-free



NSF Payments Processing

100% within two business days of receipt

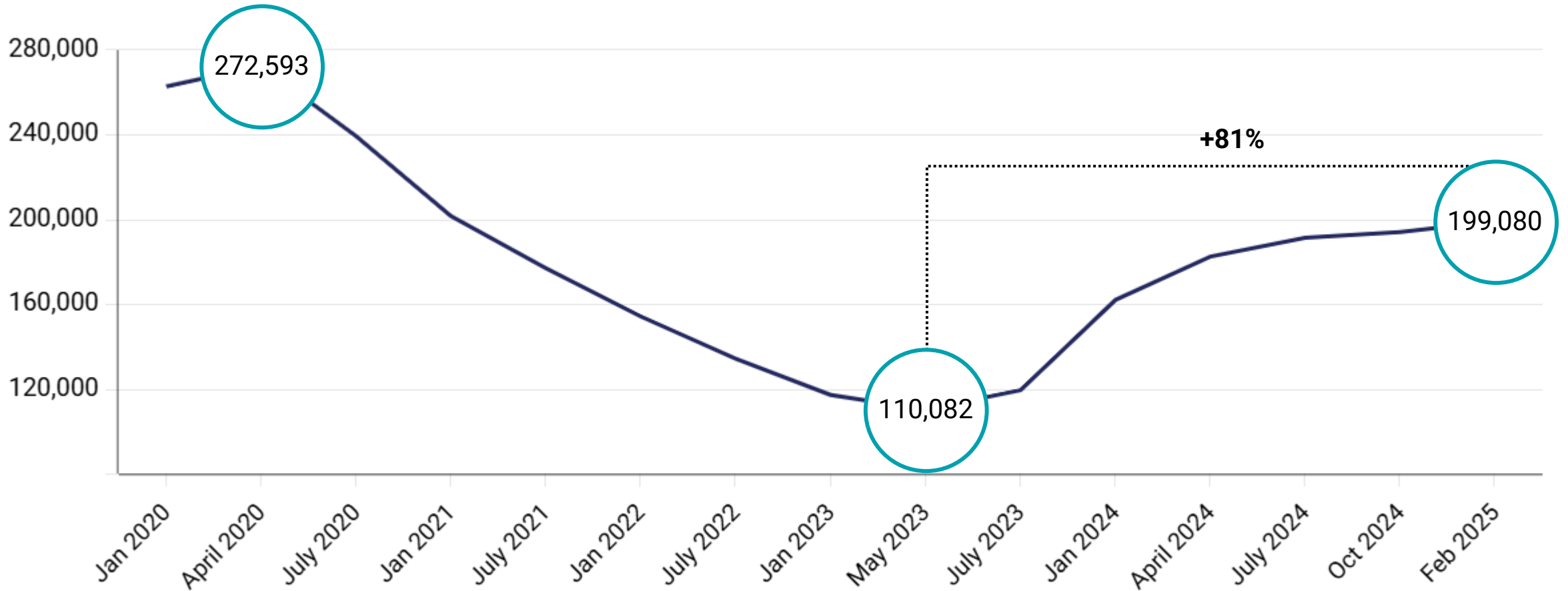


Account Financial Balance Accuracy

100% of financial account balances are error-free

KidCare Enrollment

CMS Health Plan, Healthy Kids CHIP and Full Pay, MediKids CHIP and Full Pay



Presentation

Resources

Annual Quality Reports

Qsource 2024 Reports

Performance Guarantees

Maximus Monthly Performance Standard Reports Calendar Year 2024

KidCare Enrollment

FHKC February 2025 Enrollment Data

Tab 6

Finance and Audit
Committee Report

Tab 6A

Amendment to FY 2024-25
Approved Budget

Florida Healthy Kids Corporation
Proposed Amendment to the Consolidated Budget
Fiscal Year 2024-25

Purpose: Amendment aligns the Corporation's operating budget to the outcome of the KidCare Caseload and Expenditures Social Services Estimating Conferences held on December 10 and December 17, respectively, including additional funding for Professional & Consulting Services - the operating budget remains balanced. This amendment also addresses the estimated use of the Corporation's private funds for the intended and unintended budget effects to provide premium credits for families impacted by Hurricanes Helen and/or Milton (see note 2 below).

	[A]	[B]	[C]	[C]-[B]=[D]
Operating & Corporate Funds Budgets	Approved Budget	Approved Amend 1	Proposed Amend 2	Increase/ (Decrease)
Operating Budget				
Revenues				
1 Federal	\$ 243,224,247	\$ 239,423,499	\$ 249,863,314	\$ 10,439,815
2 State	103,500,527	101,880,127	106,350,071	4,469,944
3 Participant Premiums	99,559,038	96,487,866	106,494,029	10,006,163
4 KidCare Administration	5,566,821	4,843,817	5,093,302	249,485
5 Total Revenues	\$ 451,850,633	\$ 442,635,309	\$ 467,800,716	\$ 25,165,407
Program Services				
6 Medical Carriers	\$ 388,959,036	\$ 386,235,771	\$ 409,533,808	\$ 23,298,037
7 Dental Carriers	35,740,344	29,411,838	30,329,399	917,561
8 Service Organizations	20,439,245	20,275,692	20,915,165	639,473
9 Salaries & Benefits	3,526,735	3,526,735	3,526,735	-
10 Marketing & Outreach	1,050,000	1,050,000	1,050,000	-
11 External Quality Review	531,852	531,852	531,852	-
12 Professional & Consulting Services	938,894	938,894	1,249,230	310,336
13 Total Program Services	\$ 451,186,106	\$ 441,970,782	\$ 467,136,189	\$ 25,165,407
General & Administrative				
14 Occupancy	\$ 148,376	\$ 148,376	\$ 148,376	\$ -
15 IT Services & Communications	253,500	253,500	253,500	-
16 Meetings & Travel	50,000	50,000	50,000	-
17 Corporate Insurance	40,000	40,000	40,000	-
18 Training	12,500	12,500	12,500	-
19 Office	95,000	95,000	95,000	-
20 Depreciation	65,151	65,151	65,151	-
21 Total General & Administrative	\$ 664,527	\$ 664,527	\$ 664,527	\$ -
22 Total Operating Expenses	\$ 451,850,633	\$ 442,635,309	\$ 467,800,716	\$ 25,165,407
23 Change in Fund Net Position	\$ -	\$ -	\$ -	\$ -
Corporate Funds				
24 Staff & Board	\$ 7,000	\$ 7,000	\$ 7,000	\$ -
25 TPA Services	567,000	567,000	567,000	-
26 Consulting Support	250,000	250,000	250,000	-
27 KidCare+ Enhanced Mktg. Campaign ¹	750,000	750,000	750,000	-
28 Hurricane Premium Credits ²	-	-	13,975,507	13,975,507
29 Other	12,500	12,500	12,500	-
30 Total Use of Corporate Funds	\$ 1,586,500	\$ 1,586,500	\$ 15,562,007	\$ 13,975,507
31 Adjusted Change in Fund Net Position	\$ (1,586,500)	\$ (1,586,500)	\$ (15,562,007)	\$ (13,975,507)

Nonoperating revenue, such as medical loss ratio rebates, interest earnings and liquidated damages, is not budgeted and recorded when received.

1) The Board of Directors authorized the use of the Corporation's private funds in the amount of \$750,000 for a marketing campaign to promote HB 121 (increases the income eligibility limit for CHIP coverage from 200% to 300% of the federal poverty level) at a meeting held on August 10, 2023. The unexpended 2023-24 year-end balance was \$750,000. The unexpended balance was carried forward to FY 2024-25.

2) Consistent with previous hurricanes, the Board of Directors vetted and voted to use the Corporation's private funds in the amount of approximately \$6.5 million to provide premium credits for November coverage for all KidCare CHIP and Full Pay participants residing in one of the 52 counties, plus the Miccosukee Indian Reservation, declared by FEMA as eligible for individual assistance in response to Hurricanes Helene and Milton. There were other small sub-populations of participants that also received credits.

In addition to the intended population of participants approved by the board to receive premium credits, execution of the premium credit instructions resulted in unintended enrollments for other KidCare participant populations with budget impacts beyond the initially approved \$6.5 million – an issue that was worsened by the vast number of counties within FEMA's declaration. The Ops team implemented a mitigation strategy for the unintended credits in collaboration with the insurance carriers and TPA designed to reduce the overall fiscal impact, carrier payment liabilities, and use of the Corporation's private funds without coverage compromise to the affected participants. Results of the mitigation strategy will be known later in the fiscal year.

Tab 6B

Year-to-Date Financial Activity

Florida Healthy Kids Corporation
Financial Statements Overview
YTD September 2024

Statement of Revenues and Expenses Compared to Budget

Category	September	Annual Budget	% of Budget Feb = 66.7%
Operating/Nonop Revenues	\$ 105,967,052	\$ 451,850,633	23.5%
Program Services	105,506,216	451,186,106	23.4%
General and Administrative	136,349	664,527	20.5%
Corporate Funds	192,889	1,586,500	12.2%
Change in Net Position	\$ 131,598	\$ (1,586,500)	

Statement of Revenues, Expenses, and Changes in Net Position by Program

Program	YTD Status	Change in Net Position
Title XXI Program	Revenue Neutral	\$ -
KidCare Administration	Revenue Neutral	-
Full Pay Program	Net Gain	181,051
Corporate Funds	Net Loss	(49,453)
Change in Net Position		\$ 131,598

Statement of Net Position

Total Assets	\$ 39,071,404
Total Liabilities	21,822,286
Net Position*	\$ 17,249,118

* \$17,249,118 is available for use at the discretion of the Board of Directors

The accompanying financial statements support this overview

Unaudited

Florida Healthy Kids Corporation
Consolidated Statement of Revenues and Expenses Compared to Budget
Fiscal Year 2024-25 through September 2024
Unaudited

	Actual September 2024	Approved Budget	Over / (Under)	% of Budget
Operating Budget				
Revenues				
1 Federal	\$ 57,039,849	\$ 243,224,247	\$ (186,184,398)	23.5%
2 State	23,720,593	103,500,527	(79,779,934)	22.9%
3 Participant Premiums	23,923,172	99,559,038	(75,635,866)	24.0%
4 KidCare Administration	1,140,002	5,566,821	(4,426,819)	20.5%
5 Interest Income (net)	135,936	-	135,936	-
6 MLR Rebates	-	-	-	-
7 Financial Consequences / LD's	7,500	-	7,500	-
8 Total Revenues	\$ 105,967,052	\$ 451,850,633	\$ (345,883,581)	23.5%
Program Services				
9 Medical Carriers	\$ 92,042,383	\$ 388,959,036	\$ (296,916,653)	23.7%
10 Dental Carriers	7,247,777	35,740,344	(28,492,567)	20.3%
11 Service Organizations	4,762,369	20,439,245	(15,676,876)	23.3%
12 Salaries and Benefits	806,199	3,526,735	(2,720,536)	22.9%
13 Marketing and Outreach	180,310	1,050,000	(869,690)	17.2%
14 External Quality Review	131,357	531,852	(400,495)	24.7%
15 Professional and Consulting Services	335,821	938,894	(603,073)	35.8%
16 Total Program Services	\$ 105,506,216	\$ 451,186,106	\$ (345,679,890)	23.4%
General and Administrative				
17 Occupancy - Bldg Lease	\$ 37,024	\$ 148,376	\$ (111,352)	25.0%
18 IT Services and Communications	61,339	253,500	(192,161)	24.2%
19 Meetings and Travel	-	50,000	(50,000)	0.0%
20 Corporate Insurance	8,361	40,000	(31,639)	20.9%
21 Training	-	12,500	(12,500)	0.0%
22 Office	21,167	95,000	(73,833)	22.3%
23 Depreciation	8,458	65,151	(56,693)	13.0%
24 Total General and Administrative	\$ 136,349	\$ 664,527	\$ (528,178)	20.5%
25 Total Operating Expenses	\$ 105,642,565	\$ 451,850,633	\$ (346,208,068)	23.4%
26 Change in Net Position	\$ 324,487	\$ -	\$ 324,487	-
Corporate Funds				
27 Staff and Board	\$ 1,259	\$ 7,000	\$ (5,741)	18.0%
28 TPA Services	189,000	567,000	(378,000)	33.3%
29 Consulting Support	-	250,000	(250,000)	0.0%
30 Marketing Campaign - HB 121	-	750,000	(750,000)	0.0%
31 Other	2,630	12,500	(9,870)	21.0%
32 Total Use of Corporate Funds	\$ 192,889	\$ 1,586,500	\$ (1,393,611)	12.2%
33 Adjusted Change in Net Position	\$ 131,598	\$ (1,586,500)	\$ 1,718,098	-8.3%

- Nonoperating revenue, such as collection of medical loss ratio rebates, interest earnings and liquidated damages, is not budgeted for and recorded when received.

Florida Healthy Kids Corporation
Consolidated Statement of Revenues, Expenses, and Changes in Net Position by Program
Fiscal Year 2024-25 through September 2024

Unaudited

	Title XXI	KidCare Administration	Full Pay	Corporate Funds	Total
Revenues					
1 Federal	\$ 57,039,849	\$ -	\$ -	\$ -	\$ 57,039,849
2 State	23,720,593	-	-	-	23,720,593
3 Participant Premiums	4,634,625	-	19,288,548	-	23,923,173
4 KidCare Administration	-	1,140,002	-	-	1,140,002
5 Interest Income (net)	-	-	-	135,936	135,936
6 MLR Rebates	-	-	-	-	-
7 Financial Consequences / LD's	-	-	-	7,500	7,500
8 Total Revenues	\$ 85,395,067	\$ 1,140,002	\$ 19,288,548	\$ 143,436	\$ 105,967,053
Program Services					
9 Medical Carriers	\$ 74,793,978	\$ -	\$ 17,248,405	\$ -	\$ 92,042,383
10 Dental Carriers	6,209,896	-	1,037,881	-	7,247,777
11 Service Organizations	3,292,154	854,594	615,621	189,000	4,951,369
12 Salaries and Benefits	557,327	144,659	104,213	-	806,199
13 Marketing	124,659	32,353	23,298	-	180,310
14 Enhanced Marketing Campaign	-	-	-	-	-
15 External Quality Review	90,803	23,573	16,981	-	131,357
16 Professional and Consulting Services	232,012	60,344	43,465	-	335,821
17 Total Program Expenses	\$ 85,300,830	\$ 1,115,523	\$ 19,089,863	\$ 189,000	\$ 105,695,216
General and Administrative					
18 Occupancy - Bldg Lease	\$ 25,594	\$ 6,644	\$ 4,787	\$ -	\$ 37,025
19 IT Services and Communications	42,372	11,024	7,941	-	61,337
20 Meetings and Travel	-	-	-	-	-
21 Corporate Insurance	5,780	1,501	1,081	-	8,362
22 Training	-	-	-	-	-
23 Office	14,645	3,792	2,730	1,259	22,426
24 Depreciation	5,847	1,518	1,094	-	8,459
25 Other	-	-	-	2,630	2,630
26 Total G&A Expenses	\$ 94,238	\$ 24,479	\$ 17,633	\$ 3,889	\$ 140,239
27 Total Expenses	\$ 85,395,067	\$ 1,140,002	\$ 19,107,497	\$ 192,889	\$ 105,835,455
28 Change in Net Position	\$ -	\$ -	\$ 181,051	\$ (49,453)	\$ 131,598

Florida Healthy Kids Corporation
Statement of Net Position
As of September 2024
Unaudited

	Total
Assets	
Current Assets:	
Unrestricted cash	\$ 21,629,689
Restricted cash	14,594,226
Accounts receivable, net	2,020,261
Prepaid expenses	246,127
Total Current Assets	38,490,303
Noncurrent Assets:	
Property and equipment, net	50,256
Right of use asset, net	530,845
Total Noncurrent Assets	581,101
Total Assets	\$ 39,071,404
Liabilities and Net Position	
Current Liabilities:	
Insurance premiums collected in advance	\$ 14,900,596
Accounts payable and accrued expenses	3,627,288
Unearned state advances	2,154,538
Accrued compensated absences	453,828
Due to AHCA	95,934
Building lease payable - due within one year	136,395
Total Current Liabilities	21,368,579
Non-Current Liabilities	
Building lease payable - due in more than one year	453,707
Total Non-Current Liabilities	453,707
Total Liabilities	\$ 21,822,286
Net Position:	
Unrestricted net assets	\$ 16,499,118
Board designated net assets	750,000
Total Net Position	\$ 17,249,118
Total Liabilities and Net Position	\$ 39,071,404

Tab 6C

Full Pay Program

Florida Healthy Kids

Full-Pay Program

Per Child Monthly Premiums for Coverage Effective July 1, 2025¹

Per Child Monthly Premiums^{2,3}

Coverage	Current	Proposed	\$ Change	% Change
Medical With Dental ⁴	\$259.50	\$276.00	\$16.50	6.36%
Medical Only ^{4,5}	\$244.50	\$256.00	\$11.50	4.70%

¹ Pursuant to s. 624.91(5)(b)1., *Florida Statutes*, the Corporation is to arrange for the collection of family premiums, in an amount to be determined by the board of directors, to provide for payment of premiums for comprehensive insurance coverage and for the actual or estimated administrative expenses.

² Premium amounts are established to cover projected carrier rates for medical and dental coverage, administrative expenses, and contingencies.

³ Premium payments are due on the first day of the month prior to the month of coverage.

⁴ Premiums have been developed based on:

- Continued legislative intent for blended CHIP and Full Pay program health risk pools at current subsidization levels
- Enrollment and medical, dental, and administration cost projections resulting from the KidCare Caseload and Expenditures Social Services Estimating Conferences held on December 10 and 17, 2024
- A targeted two-year life cycle consistent with past premium adjustments
- Infusion of Medical Loss Ratio (MLR) rebates pursuant to 45 CFR 158.242
- Allocation of KidCare administrative costs in accordance with the approved cost allocation plan
- Note: Current premiums increased 6.57% for medical with dental coverage and 7.00% for medical only when last adjusted for coverage effective February 1, 2023.

⁵ Approximately 87% of participating kids enroll in dental coverage.

FHKC has prepared these premiums and reflect best estimates based on information known at a point in time.

Tab 6D

Follow-up on Prior
Internal Audit Findings

FLORIDA HEALTHY KIDS CORPORATION

**REPORT ON CORRECTIVE ACTIONS
REGARDING PRIOR FINDINGS RELATED TO CYBERSECURITY
IN INTERNAL AUDIT REPORTS #24-01 AND #25-01**

REPORT #25-02

January 31, 2025

Board of Directors
Florida Healthy Kids Corporation
1203 Governors Square Blvd #400
Tallahassee, Florida 32301

Pursuant to the Florida Healthy Kids Corporation (FHKC) internal audit activity charter, we are reporting on the status of FHKC's corrective actions taken on unresolved prior internal audit findings from the following Law Redd, Crona & Munroe, P.A. reports:

- Report #24-01, dated April 3, 2024, Follow-up on Corrective Actions Regarding Recommendations in the May 2021 Ernst & Young LLP HIPAA MARS-E Assessment Report; and
- Report #25-01, dated September 25, 2024, Internal Audit of Selected Cybersecurity Controls.

We conducted this audit in accordance with generally accepted government auditing standards. Those standards require we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

This report is intended solely for the information and use of the Board of Directors and FHKC management and is not intended to be used by anyone other than these specified parties. ***The content of this report is confidential and exempt from public disclosure pursuant to Section 119.0725(2), Florida Statutes.***

If you have any questions regarding this report, please contact Jon Ingram, CPA, CISA.

Sincerely,



LAW, REDD, CRONA & MUNROE, P.A.
Tallahassee, Florida
January 31, 2025

Tab 7

Community Outreach and
Marketing Committee Report



HealthyKids™

a Florida KidCare partner

Community Outreach and Marketing Committee Report

March 5, 2025

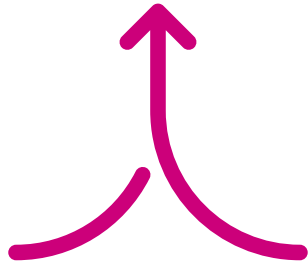
New Website

floridakidcare.org



- Launched **Dec. 16**
- Seamless transition with **NO** interruption of services
- **670K+** page views since go live

Website - Key Benefits



Combined two existing sites

floridakidcare.org
healthykids.org



In-house ownership

hosting
content management

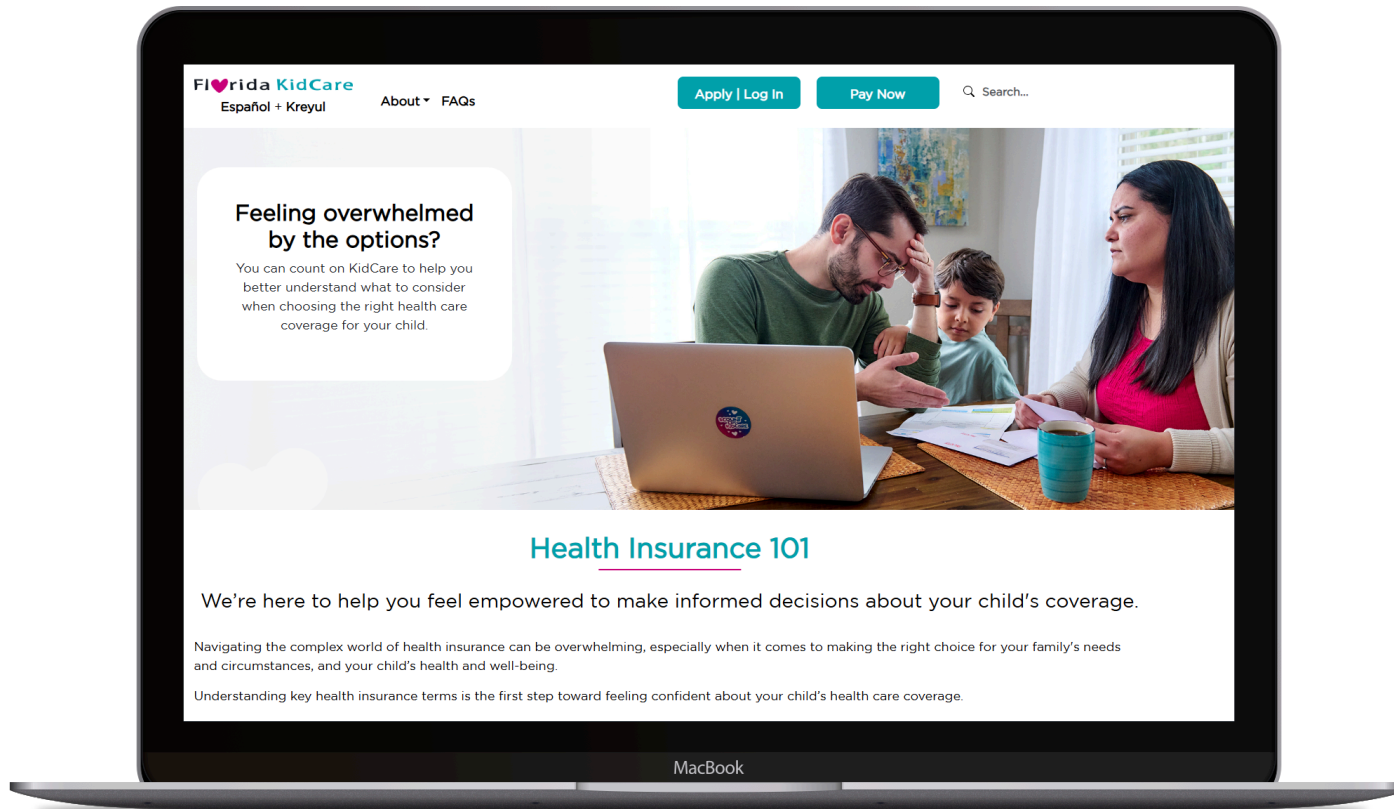


Cost Control

Year 1 hosting savings - **\$16,000**
Year 1 maintenance savings - **\$3,200**

Health Insurance 101

Coming Soon: March - June 2025

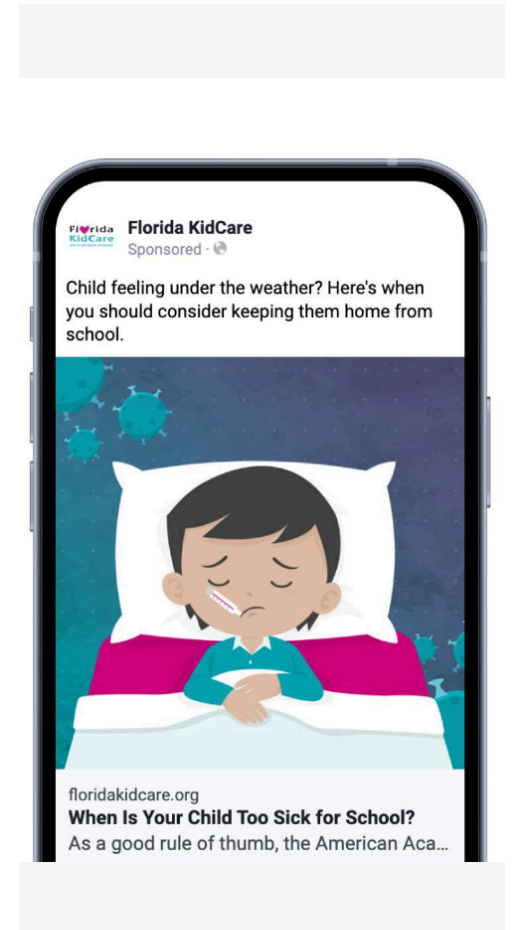
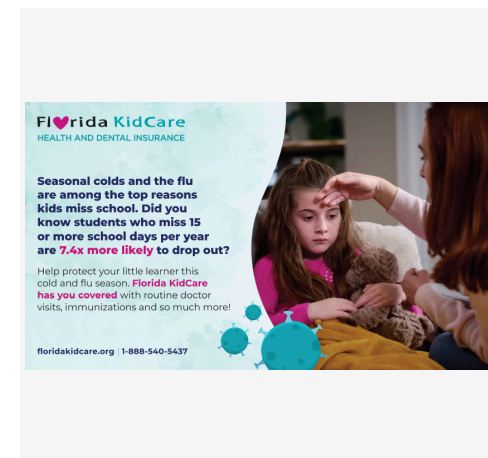
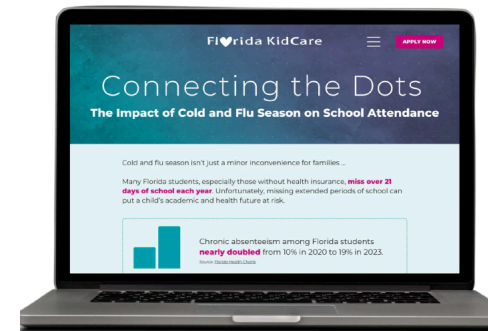


- Informational landing page
 - floridakidcare.org/health-insurance-101
- Digital advertising campaign
 - Featuring informational Q+A series
- Custom partner toolkit

Cold and Flu Campaign

Late October 2024 - Early February 2025

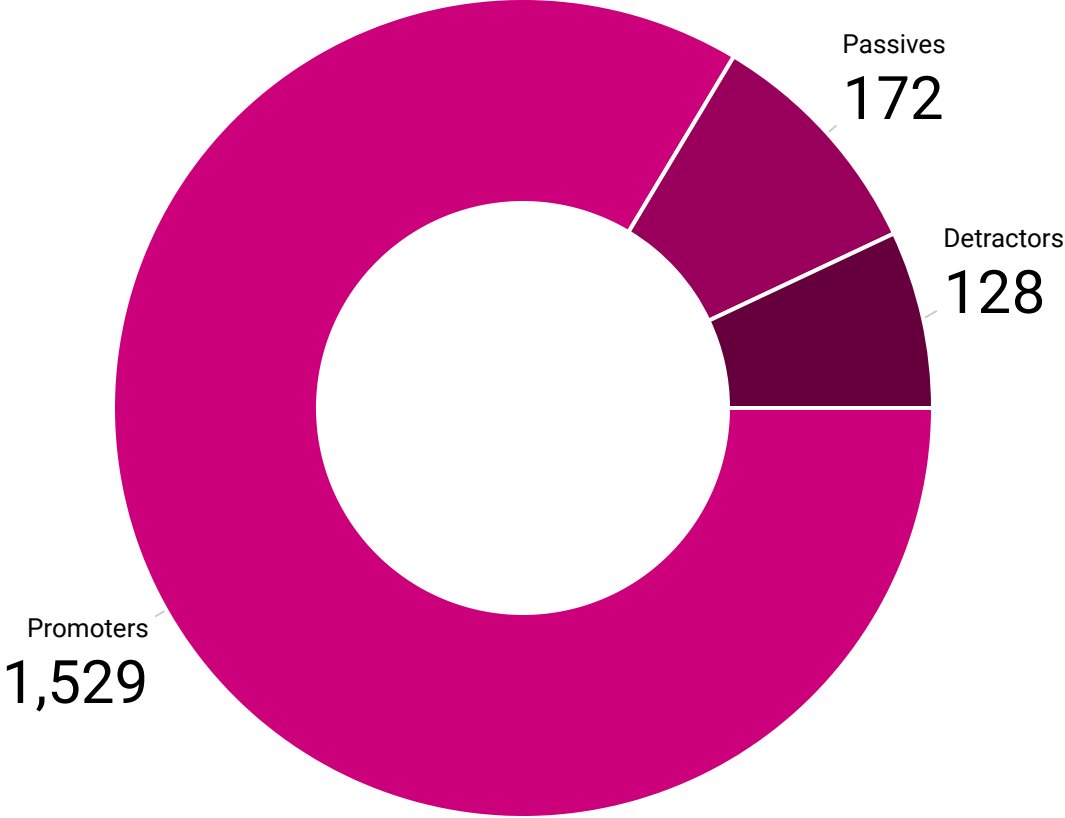
- **1.87M+** impressions
- **2.3K+** link clicks
- **500+** social media interactions



Net Promoter Score

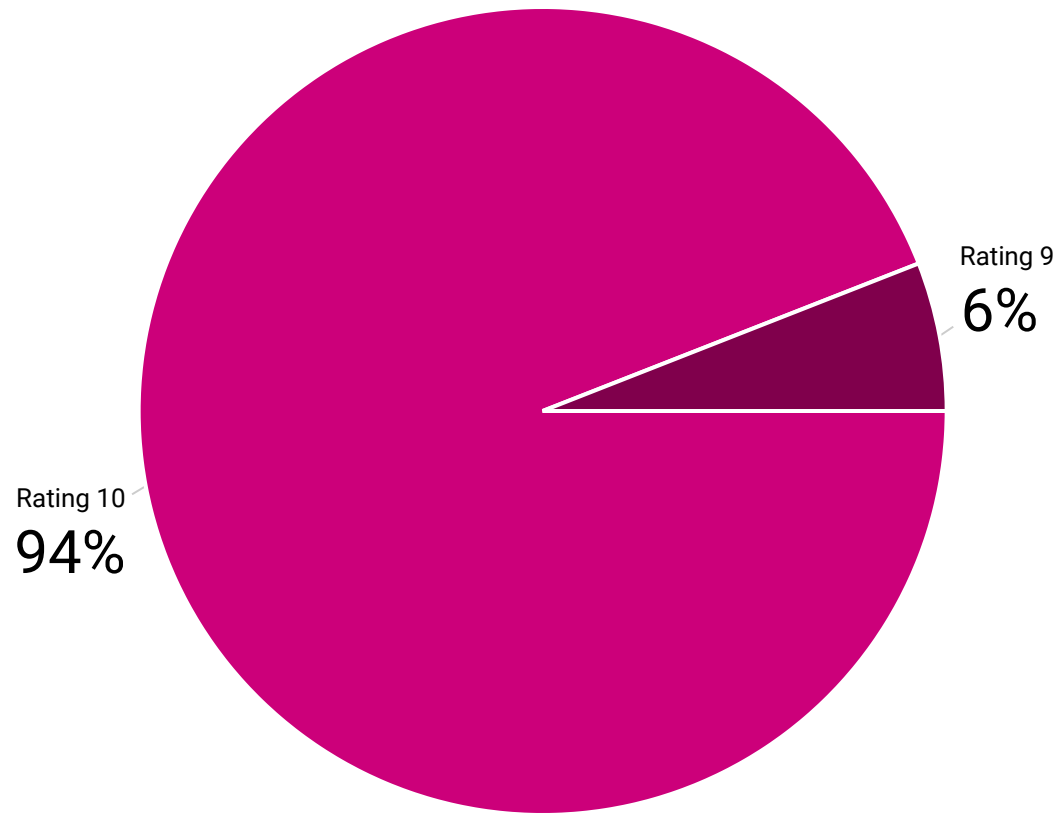
Strategic Plan Initiative - December 2024 Results

Partner: Maximus
Goal: Survey a statistically valid sample size to effectively capture consumer sentiment



Total Surveys Completed: **1,829**

Promoter Breakdown

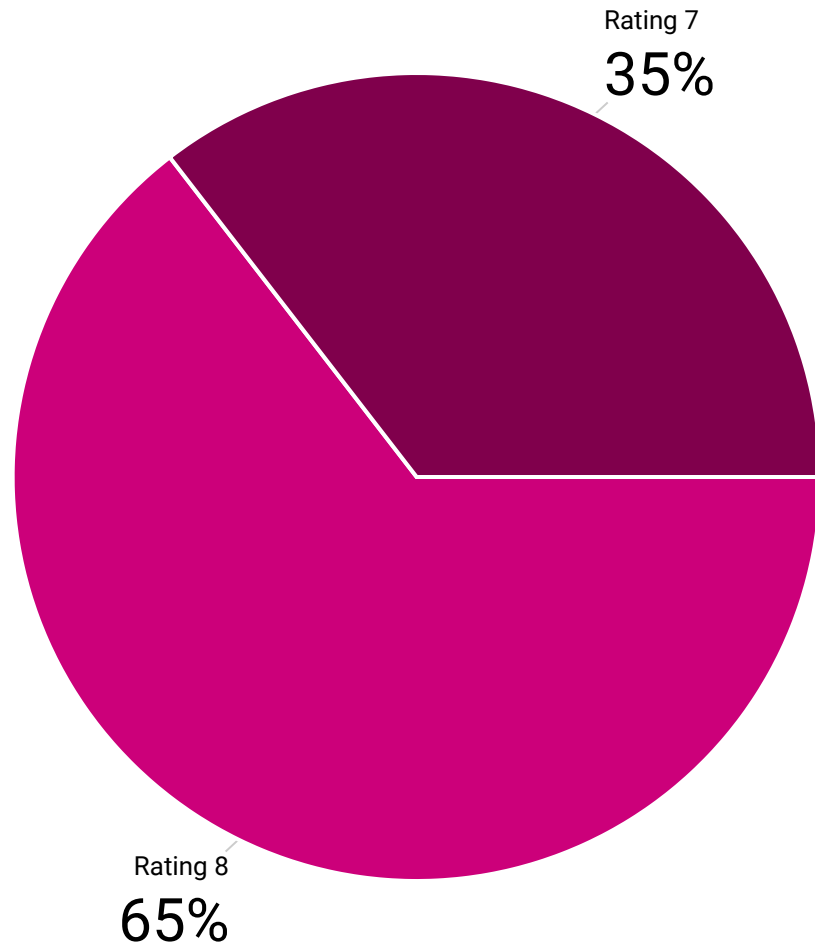


1,529



Total Promoters

Passive Breakdown

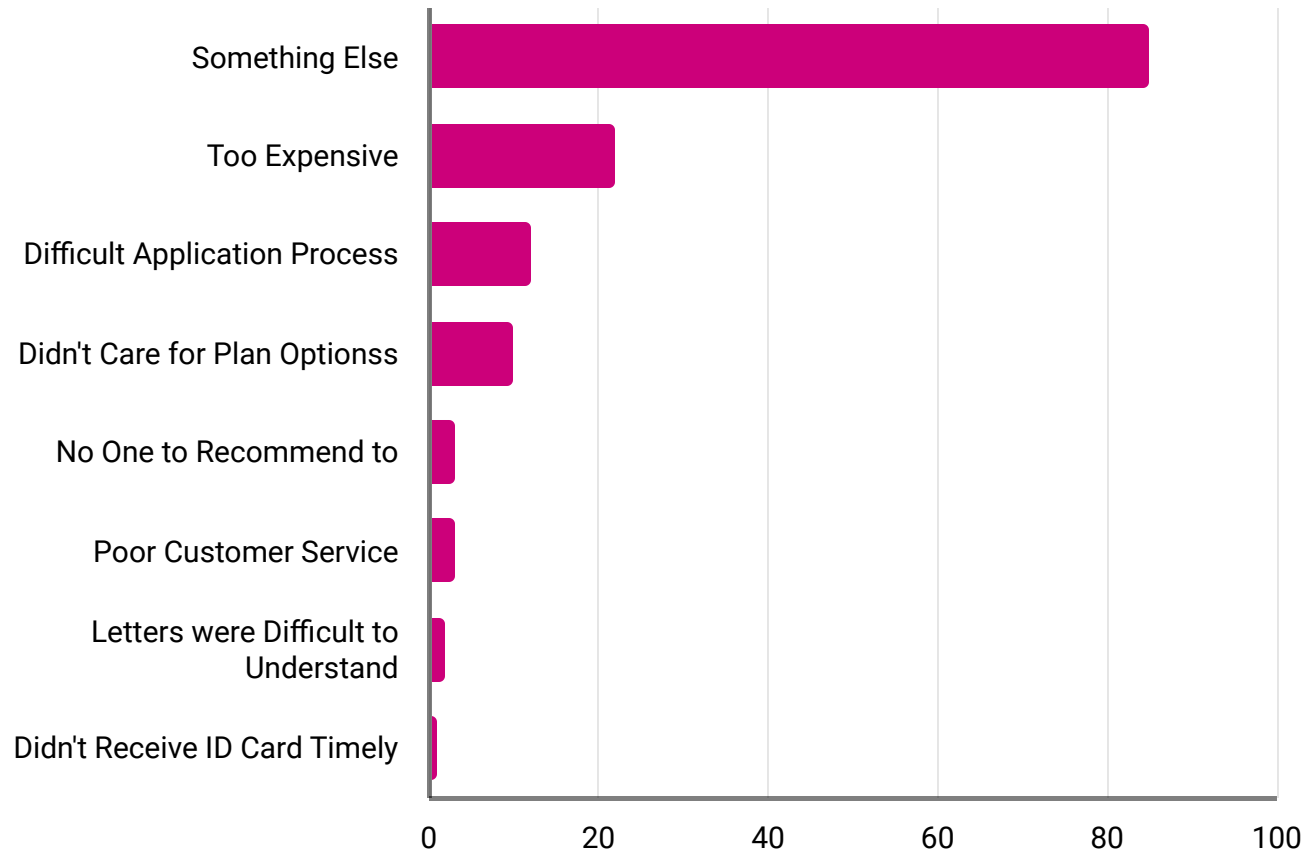


172



Total Passives

Detractor Breakdown



128



Total Detractors

0	1	2	3	4	5	6
12	4	11	19	7	32	15

Family Feedback Survey

Strategic Plan Initiative Pilot Project

Florida KidCare
HEALTH AND DENTAL INSURANCE

Family Feedback Form

1. How was the enrollment process? *

<input type="checkbox"/> Smooth with no issues	<input type="checkbox"/> Confusing application questions
<input type="checkbox"/> Income verification issues	<input type="checkbox"/> Struggle with Self-Employment Form
<input type="checkbox"/> Language issues	<input type="checkbox"/> Cost (premiums, copays, etc.) issues
<input type="checkbox"/> Other	

Does your child receive the services they need? *

Yes
 No

Do you have other concerns or suggestions to share? *

Yes
 No

4. Would you like a follow-up from Florida KidCare about your concerns? *

Yes No

Completed by:

(Partner Organization & Team Member)

Submit

Partner: Treasure Coast Food Bank

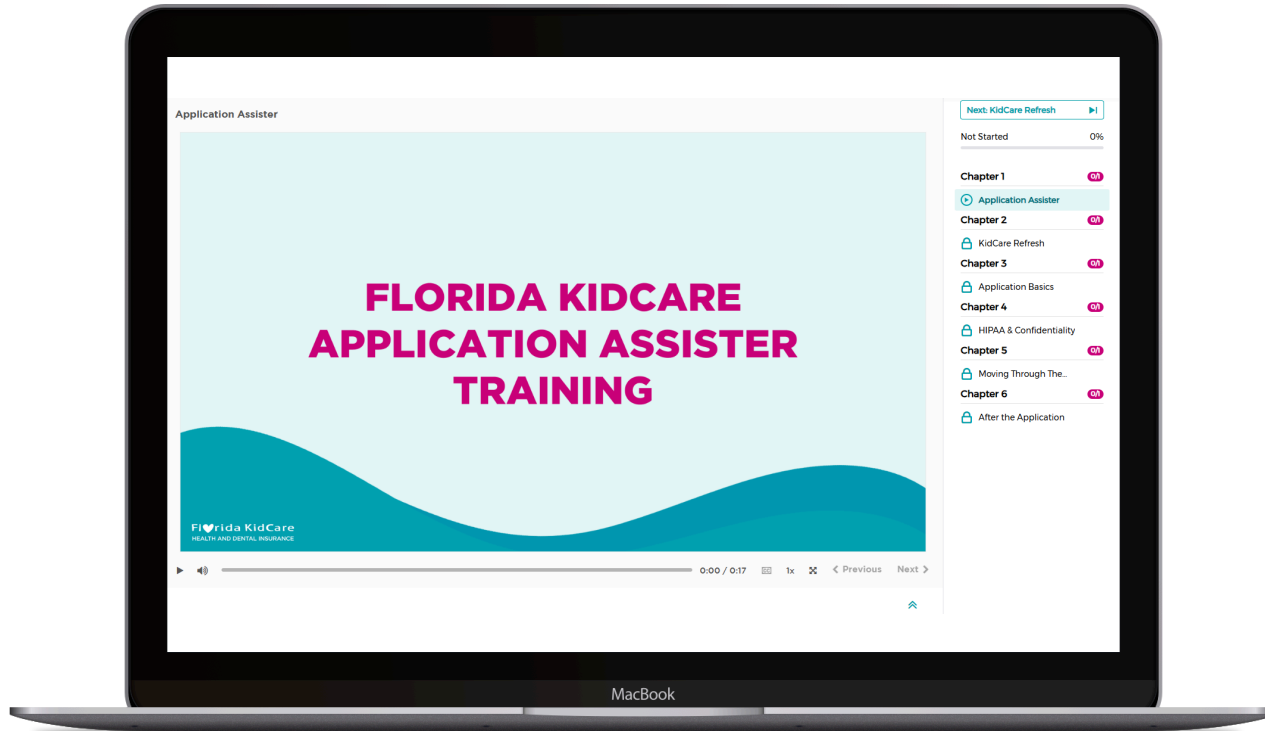
Launched: Jan. 1, 2025

Goal: Leverage partner relationships to capture candid/direct family feedback after enrollment

- **87% (61)** of families surveyed reported a smooth enrollment process with no issues
- **13% (9)** reported issues with:
 - ⚠ application process
 - ⚠ application questions
 - ⚠ income verification
 - ⚠ cost

Training Update

Absorb LMS



- Application Assister - **12/26**
- Introduction to Florida KidCare - **10/17**
- **58** total enrollees
- **100%** positive feedback
- **\$30,803** saved annually compared to previous training contracts
- **44+** hours saved annually compared to previous training models

• Key Benefits

- ✓ Self-paced learning
- ✓ Enhanced accessibility
- ✓ Easily updated format
- ✓ Opportunity for learner feedback
- ✓ Serves both internal and external functions

Outreach Updates

Recent Event Highlights



Williston Winter Wonderland

- **5,000+** attendees
- **250** cups packaged with promotional items and brochures were handed out, alongside hundreds of additional materials

Okeechobee Health & Safety Fair

- **1,500+** attendees
- Event featured in the Okeechobee News

FSU MagLab Open House

- 30th annual open house, attended by thousands of families in Leon County
- Featured a new interactive STEM game
- FHKC attended

Outreach Updates

Looking Toward Future Events



Single Mom Summit

- Designed to inspire and empower single mothers by offering resources, encouragement, and opportunities for connection
- This is the first year KidCare will attend



Children's Day

- The state's largest event celebrating its commitment to children, youth, and advocates
- FHKC attending



FPEA Homeschool Convention

- The largest homeschool convention in the country, featuring workshops, exciting events, inspiring keynote speakers, and a variety of fellowship opportunities
- Our partner, True Health, will be attending

