HOUSE BILL NO. 444
(As Sent to Governor)

AN ACT TO REENACT SECTIONS 41-86-1 THROUGH 41-86-17,
MISSISSIPPI CODE OF 1972, WHICH CREATE THE MISSISSIPPI CHILDREN'S
HEALTH CARE ACT, ESTABLISH A STATEWIDE CHILDREN'S HEALTH INSURANCE
PROGRAM TO PROVIDE CHILD HEALTH CARE ASSISTANCE TO CERTAIN
UNINSURED CHILDREN AND CREATE A CHILDREN'S HEALTH INSURANCE
COMMISSION AND PRESCRIBE ITS POWERS AND DUTIES; TO AMEND
REENACTED SECTION 41-86-17, MISSISSIPPI CODE OF 1972, TO SPECIFY
CERTAIN DENTAL SERVICES THAT MAY BE INCLUDED IN THE CHILDREN'S
HEALTH INSURANCE PROGRAM; TO PROVIDE THAT THE PROGRAM MAY EXCLUDE
FROM PARTICIPATION IN THE PROGRAM ANY HEALTH CARE PROVIDERS WHO DO
NOT AGREE TO HOLD THE FAMILIES OF RECIPIENTS HARMLESS FOR CHARGES
IN EXCESS OF PLAN PAYMENTS FOR COVERED BENEFITS; TO AMEND SECTION
10 OF CHAPTER 587, LAWS OF 1998, TO DELETE THE REPEALER ON THE
CHILDREN'S HEALTH CARE ACT; TO CREATE NEW SECTION 43-13-115.1,
MISSISSIPPI CODE OF 1972, AND TO AMEND REENACTED SECTION 41-86-15,
MISSISSIPPI CODE OF 1972, TO PROVIDE FOR PRESumptive ELigibility
FOR CHILDREN FOR COVERED SERVICES AND BENEFITS UNDER THE MEDICAID
PROGRAM AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP); TO
PROVIDE THAT A CHILD WILL BE PRESUMPTIVELY ELIGIBLE IF A QUALIFIED
ENTITY DETERMINES THAT THE FAMILY INCOME OF THE CHILD DOES NOT
EXCEED THE APPLICABLE LEVEL OF ELIGIBILITY UNDER THE MEDICAID OR
CHIP PLAN; TO SPECIFY THE PERIOD DURING WHICH A CHILD WILL BE
PRESUMPTIVELY ELIGIBLE; TO PROVIDE THAT A CHILD WILL BE ELIGIBLE
TO RECEIVE ALL COVERED BENEFITS AND SERVICES UNDER THE APPLICABLE
PROGRAM FOR THE PERIOD DURING WHICH THE CHILD IS PRESumptively
ELIGIBLE; TO PROVIDE THAT IF A CHILD IS DETERMINED TO BE
PRESUMPTIVELY ELIGIBLE, THE CHILD'S PARENT, GUARDIAN OR CARETAKER
RELATIVE MUST SUBMIT A COMPLETED APPLICATION FOR ASSISTANCE UNDER
THE APPLICABLE PROGRAM NO LATER THAN THE LAST DAY OF THE MONTH
FOLLOWING THE MONTH IN WHICH PRESUMPTIVE ELIGIBILITY IS
DETERMINED; TO REQUIRE THE DIVISION OF MEDICAID TO PROVIDE
QUALIFIED ENTITIES WITH SUCH FORMS AS ARE NECESSARY FOR AN
APPLICATION TO BE MADE ON BEHALF OF A CHILD FOR ELIGIBILITY FOR
THE APPLICABLE PROGRAM, AND TO MAKE THOSE APPLICATION FORMS AND
THE APPLICATION PROCESS ITSELF AS SIMPLE AS POSSIBLE; AND FOR
RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 41-86-1, Mississippi Code of 1972, is
reenacted as follows:

41-86-1. This chapter shall be known as and may be cited as
the Mississippi Children's Health Care Act.
SECTION 2. Section 41-86-3, Mississippi Code of 1972, is reenacted as follows:

41-86-3. (1) There is established a statewide Children's Health Insurance Program under Title XXI of the Social Security Act to provide child health care assistance to targeted, uninsured, low-income children to be administered by the Division of Medicaid in the Office of the Governor. The term "targeted, low-income child" means a child through age eighteen (18) who has been determined eligible for child health assistance and who is a low-income child, or is a child whose family income exceeds the Medicaid applicable income level, but does not exceed one hundred percent (100%) of the federal poverty level, and is not eligible for medical assistance under Title XIX or is not covered under a group health plan.

(2) The Children's Health Insurance Program shall provide the same benefits to children enrolled in the program as are provided to Medicaid recipients under the Mississippi Medicaid Laws, Section 43-13-117.

(3) The Children's Health Insurance Program shall be established subject to the availability of funds specifically appropriated by the Legislature for this purpose and federal matching funds as set forth in Title XXI of the Social Security Act.

(4) In administering the Children's Health Insurance Program, the Division of Medicaid shall have all the authority, duties and responsibilities set forth in Section 43-13-101 et seq.

(5) This section authorizes the Division of Medicaid to submit a temporary plan for children's health insurance to the U.S. Department of Health and Human Services.

(6) From and after the full implementation of the permanent State Child Health Plan authorized under Section 5 of this act, this section shall have no force and effect.
SECTION 3. Section 41-86-5, Mississippi Code of 1972, is reenacted as follows:

41-86-5. As used in Sections 41-86-5 through 41-86-17, the following definitions shall have the meanings ascribed in this section, unless the context indicates otherwise:

(a) "Act" means the Mississippi Children's Health Care Act.

(b) "Administering agency" means the agency designated by the Mississippi Children's Health Insurance Program Commission to administer the program.

c) "Board" means the State and Public School Employees Health Insurance Management Board created under Section 25-15-303.

d) "Child" means an individual who is under nineteen (19) years of age who is not eligible for Medicaid benefits and is not covered by other health insurance.

e) "Commission" means the Mississippi Children's Health Insurance Program Commission created by Section 41-86-7.

(f) "Covered benefits" means the types of health care benefits and services provided to eligible recipients under the Children's Health Care Program.

g) "Division" means the Division of Medicaid in the Office of the Governor.

(h) "Low-income child" means a child whose family income does not exceed two hundred percent (200%) of the poverty level for a family of the size involved.

(i) "Plan" means the State Child Health Plan.

(j) "Program" means the Children's Health Care Program established by Sections 41-86-5 through 41-86-17.

(k) "Recipient" means a person who is eligible for assistance under the program.

(l) "State Child Health Plan" means the permanent plan that sets forth the manner and means by which the State of Mississippi will provide health care assistance to eligible...
uninsured, low-income children consistent with the provisions of Title XXI of the federal Social Security Act, as amended.

SECTION 4. Section 41-86-7, Mississippi Code of 1972, is reenacted as follows:

41-86-7. There is established a Children's Health Care Program in Mississippi, which shall become effective upon the full implementation of the permanent State Child Health Plan authorized under Section 41-86-9. The program shall be financed by state appropriations and federal matching funds received by the state under the State Children's Health Insurance Program established by Title XXI of the federal Social Security Act, as amended.

SECTION 5. Section 41-86-9, Mississippi Code of 1972, is reenacted as follows:

41-86-9. (1) A Mississippi Children's Health Insurance Program Commission is created to develop and adopt the permanent State Child Health Plan. The commission shall be composed of the following members:

(a) The Executive Director of the Division of Medicaid;
(b) The Executive Director of the State Department of Health;
(c) The Mississippi Commissioner of Insurance;
(d) Two (2) members to be appointed by the Lieutenant Governor, one (1) of whom shall be a nurse practitioner who provides health care services to children, and one (1) of whom shall be a person with experience in administering or working with plans for reimbursement or payment of health care expenses;
(e) Two (2) members to be appointed by the Speaker of the House of Representatives, one (1) of whom shall be a physician who provides health care services to children, and one (1) of whom shall be a person with experience in administering or working with plans for reimbursement or payment of health care expenses; and
(f) Two (2) members to be appointed by the Governor, one (1) of whom shall be a physician who provides health care
services to children, and who shall serve as chairman of the commission, and one (1) of whom shall be a person with experience in administering or working with plans for reimbursement or payment of health care expenses.

In making appointments to the commission, the appointing authorities shall reflect the gender and racial composition of the state.

Not later than May 1, 1998, the Governor, the Lieutenant Governor and the Speaker shall appoint the members of the commission. After the members are appointed, the commission shall meet on a date designated by the chairman of the commission in Jackson, Mississippi, to organize the commission and establish rules for transacting its business and keeping records. A majority of the members of the commission shall constitute a quorum at all commission meetings. An affirmative vote of a majority of the members shall be required in the adoption of rules, resolutions and reports. All members of the commission shall be notified in writing of all regular and special meetings of the commission, which notices shall be mailed at least five (5) days before the dates of the meetings. The commission may establish any subcommittees that it deems desirable to study and report to the commission with respect to any matter that is within the scope of the commission.

The Division of Medicaid shall provide clerical and administrative support for the Children's Health Insurance Program Commission. In carrying out the provisions of this section, the commission may utilize the services, facilities and personnel of all departments, agencies, offices and institutions of the state. In particular, the commission shall consult with the Division of Medicaid, the Office of Insurance of the Department of Finance and Administration, the State Department of Health and the Mississippi Department of Insurance, and those agencies shall cooperate with the commission and provide the commission with any information and
other assistance requested by the commission. The commission may consult and seek advice from various groups in the state in order to understand the effect of any existing laws or any changes in law being considered by the commission. For attending meetings of the commission, each member who is not a state official shall be paid per diem compensation in the amount authorized by Section 25-3-69 and each member shall receive expense reimbursement as authorized by Section 25-3-41. All expenses incurred by and on behalf of the commission shall be paid from any funds appropriated or otherwise made available for the purpose of this program, and from any grants or contributions made to the commission for its purpose. The commission shall be dissolved on August 1, 1998.

(2) The Children's Health Insurance Program Commission shall develop the State Child Health Plan, which shall set forth the manner and means by which the State of Mississippi will provide health care assistance to eligible uninsured, low-income children under the Children's Health Care Program. The commission shall consider all options in developing the plan. The plan must be consistent with and meet the applicable requirements of Title XXI of the federal Social Security Act, as amended, and shall include:

(a) A designation of the agency of the state that will be the administering agency for the program, which shall be either the Division of Medicaid or the State and Public School Employees Health Insurance Management Board created under Section 25-15-303;

(b) Whether the administering agency will have the authority provided under Section 41-86-11(4);

(c) A description of the covered benefits and the eligibility standards for recipients;

(d) The method by which health care benefits and services provided under the program will be coordinated with other sources of health benefits coverage for children; and

(e) Methods used to assure the quality and appropriateness of care and access to covered benefits.
(3) The Division of Medicaid shall submit the permanent plan adopted by the commission to the United States Secretary of Health and Human Services for approval on or before August 1, 1998.

(4) After the permanent plan has been developed and approved, the Children's Health Care Program shall be implemented and administered by the administering agency designated by the commission.

SECTION 6. Section 41-86-11, Mississippi Code of 1972, is reenacted as follows:

41-86-11. (1) The administering agency shall adopt, in accordance with Section 25-43-1 et seq., rules and regulations for the implementation of the program, and for the coordination of the program with the state's other medical assistance programs.

(2) If the Division of Medicaid is designated as the administering agency for the program, the division shall have all of the authority set forth in Section 43-13-101 et seq.

(3) The administering agency shall make reports to the federal government and to the Legislature on the providing of benefits to those children under the program.

(4) (a) If the commission provides that the administering agency will have such authority, the administering agency shall execute a contract or contracts to provide the health care coverage and services under the program, after first receiving bids. The contract or contracts may be executed with one or more corporations or associations authorized to do business in Mississippi. All of the coverage and services to be provided under the program may be included in one or more similar contracts, or the coverage and services may be classified into different types with each type included under one or more similar contracts issued by the same or different corporations or associations.

(b) The administering agency shall execute a contract or contracts with one or more corporations or associations that...
have submitted the best and most cost-effective bids, or shall reject all bids. If the administering agency rejects all bids, it shall notify all bidders of the rejection and shall actively solicit new bids.

SECTION 7. Section 41-86-13, Mississippi Code of 1972, is reenacted as follows:

41-86-13. (1) The Division of Medicaid shall receive state appropriations for the program and federal matching funds under the State Children's Health Insurance Program established by Title XXI of the federal Social Security Act, as amended, and the division shall provide those funds to the administering agency for the administration of the program. The Legislature shall include those funds as a line item in the appropriation to the Division of Medicaid.

(2) The program is subject to the availability of state funds specifically appropriated by the Legislature for the purpose of the program and federal matching funds under the State Children's Health Insurance Program established by Title XXI of the federal Social Security Act, as amended. The division may limit enrollment as necessary to ensure that the costs of the program do not exceed the total amount of state and federal funds appropriated by the Legislature for that purpose.

SECTION 8. Section 41-86-15, Mississippi Code of 1972, is reenacted and amended as follows:

41-86-15. (1) Persons eligible to receive covered benefits under Sections 41-86-5 through 41-86-17 shall be low-income children who meet the eligibility standards set forth in the plan. Any person who is eligible for benefits under the Mississippi Medicaid Law, Section 43-13-101 et seq., shall not be eligible to receive benefits under Sections 41-86-5 through 41-86-17. A person who is without insurance coverage at the time of application for the program and who meets the other eligibility criteria in the plan shall be eligible to receive covered benefits.
under the program, if federal approval is obtained to allow eligibility with no waiting period of being without insurance coverage. If federal approval is not obtained for the preceding provision, the Division of Medicaid shall seek federal approval to allow eligibility after the shortest waiting period of being without insurance coverage for which approval can be obtained. After federal approval is obtained to allow eligibility after a certain waiting period of being without insurance coverage, a person who has been without insurance coverage for the approved waiting period and who meets the other eligibility criteria in the plan shall be eligible to receive covered benefits under the program. If the plan includes any waiting period of being without insurance coverage before eligibility, the State and School Employees Health Insurance Management Board shall adopt regulations to provide exceptions to the waiting period for families who have lost insurance coverage for good cause or through no fault of their own.

(2) The eligibility of children for covered benefits under the program shall be determined annually by the same agency or entity that determines eligibility under Section 43-13-115(9) and shall cover twelve (12) continuous months under the program.

(3) There will be presumptive eligibility under this chapter for children under nineteen (19) years of age, in accordance with the following provisions:

(a) A child will be deemed to be presumptively eligible for covered benefits and services under this chapter if a qualified entity as defined under federal law (42 USCS Section 1396r-1a) determines, on the basis of preliminary information, that the family income of the child does not exceed the applicable income level of eligibility under the plan.

(b) A child will be presumptively eligible under this chapter from the date that the qualified entity determines that the child is presumptively eligible until the earlier of either:
(i) The date on which a determination is made with respect to the eligibility of the child for covered benefits and services under this chapter, or

(ii) The last day of the month following the month in which presumptive eligibility is determined, if an application has not been filed on behalf of the child by that day.

(c) For the period during which a child is presumptively eligible under this chapter, the child will be eligible to receive all covered benefits and services under this chapter.

(d) If a child is determined to be presumptively eligible under this chapter, the child's parent, guardian or caretaker relative must submit a completed application for assistance under the program no later than the last day of the month following the month in which presumptive eligibility is determined. The qualified entity shall inform the parent, guardian or caretaker relative of this requirement at the time the qualified entity makes the determination of presumptive eligibility.

(e) The qualified entity shall notify the Division of Medicaid of the determination of presumptive eligibility within five (5) working days after the date on which the determination is made.

(f) The Division of Medicaid shall provide qualified entities with such forms as are necessary for an application to be made on behalf of a child for eligibility under this chapter. The Division of Medicaid shall make those application forms and the application process itself as simple as possible.

SECTION 9. Section 41-86-17, Mississippi Code of 1972, is reenacted and amended as follows:

41-86-17. The covered benefits under the program shall include all health care benefits and services required to be included as covered benefits under Title XXI of the federal Social
Security Act, as amended, and shall include early and periodic screening and diagnosis services at least equal to those provided under the Medicaid program. The benefits and services offered and available to state employees under the State and School Employees Health Insurance Plan shall be used as the benchmark for benefits and services under the program, with an emphasis on preventive and primary care. Benefits and services to be provided under the program shall include: vision and hearing screening, eyeglasses and hearing aids, preventive dental care and routine dental fillings. No deductibles, coinsurance or any other cost-sharing shall be allowed for any of the benefits and services named in the preceding sentence. The program also may cover other dental services including amalgam and composite restorations, extractions, space maintainers, stainless steel crowns, sealants, pulpotomies, pulpectomies, and treatment of periodontal disease. The program may exclude from participation in the program any health care providers who do not agree to hold the families of recipients harmless for charges in excess of plan payments for covered benefits.

SECTION 10. Section 10, Chapter 572, Laws of 1998, is amended as follows:

Section 10. This act shall take effect and be in force from and after its passage.

SECTION 11. The following shall be codified as Section 43-13-115.1, Mississippi Code of 1972:

43-13-115.1. (1) There will be presumptive eligibility under this article for children under nineteen (19) years of age, in accordance with the following provisions:

(a) A child will be deemed to be presumptively eligible for covered benefits and services under this article if a qualified entity as defined under federal law (42 USCS Section 1396r-1a) determines, on the basis of preliminary information,
that the family income of the child does not exceed the applicable income level of eligibility under the state Medicaid plan.

(b) A child will be presumptively eligible under this article from the date that the qualified entity determines that the child is presumptively eligible until the earlier of either:

(i) The date on which a determination is made with respect to the eligibility of the child for covered benefits and services under this article, or

(ii) The last day of the month following the month in which presumptive eligibility is determined, if an application has not been filed on behalf of the child by that day.

(c) For the period during which a child is presumptively eligible under this article, the child will be eligible to receive all covered benefits and services under this article.

(d) If a child is determined to be presumptively eligible under this article, the child's parent, guardian or caretaker relative must submit a completed application for Medicaid assistance no later than the last day of the month following the month in which presumptive eligibility is determined. The qualified entity shall inform the parent, guardian or caretaker relative of this requirement at the time the qualified entity makes the determination of presumptive eligibility.

(e) The qualified entity shall notify the Division of Medicaid of the determination of presumptive eligibility within five (5) working days after the date on which the determination is made.

(f) The Division of Medicaid shall provide qualified entities with such forms as are necessary for an application to be made on behalf of a child for eligibility under this article. The Division of Medicaid shall make those application forms and the application process itself as simple as possible.
SECTION 12. This act shall take effect and be in force from and after June 30, 2001.