

By: Representative Ford

To: Public Health and
Welfare; AppropriationsHOUSE BILL NO. 444
(As Sent to Governor)

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

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

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

40 41-86-1. This chapter shall be known as and may be cited as
41 the Mississippi Children's Health Care Act.

42 SECTION 2. Section 41-86-3, Mississippi Code of 1972, is
43 reenacted as follows:

44 41-86-3. (1) There is established a statewide Children's
45 Health Insurance Program under Title XXI of the Social Security
46 Act to provide child health care assistance to targeted,
47 uninsured, low-income children to be administered by the Division
48 of Medicaid in the Office of the Governor. The term "targeted,
49 low-income child" means a child through age eighteen (18) who has
50 been determined eligible for child health assistance and who is a
51 low-income child, or is a child whose family income exceeds the
52 Medicaid applicable income level, but does not exceed one hundred
53 percent (100%) of the federal poverty level, and is not eligible
54 for medical assistance under Title XIX or is not covered under a
55 group health plan.

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

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

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

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

71 (6) From and after the full implementation of the permanent
72 State Child Health Plan authorized under Section 5 of this act,
73 this section shall have no force and effect.

74 SECTION 3. Section 41-86-5, Mississippi Code of 1972, is
75 reenacted as follows:

76 41-86-5. As used in Sections 41-86-5 through 41-86-17, the
77 following definitions shall have the meanings ascribed in this
78 section, unless the context indicates otherwise:

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

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

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

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

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

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

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

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

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

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

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

104 (l) "State Child Health Plan" means the permanent plan
105 that sets forth the manner and means by which the State of
106 Mississippi will provide health care assistance to eligible

107 uninsured, low-income children consistent with the provisions of
108 Title XXI of the federal Social Security Act, as amended.

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

111 41-86-7. There is established a Children's Health Care
112 Program in Mississippi, which shall become effective upon the full
113 implementation of the permanent State Child Health Plan authorized
114 under Section 41-86-9. The program shall be financed by state
115 appropriations and federal matching funds received by the state
116 under the State Children's Health Insurance Program established by
117 Title XXI of the federal Social Security Act, as amended.

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

120 41-86-9. (1) A Mississippi Children's Health Insurance
121 Program Commission is created to develop and adopt the permanent
122 State Child Health Plan. The commission shall be composed of the
123 following members:

124 (a) The Executive Director of the Division of Medicaid;

125 (b) The Executive Director of the State Department of
126 Health;

127 (c) The Mississippi Commissioner of Insurance;

128 (d) Two (2) members to be appointed by the Lieutenant
129 Governor, one (1) of whom shall be a nurse practitioner who
130 provides health care services to children, and one (1) of whom
131 shall be a person with experience in administering or working with
132 plans for reimbursement or payment of health care expenses;

133 (e) Two (2) members to be appointed by the Speaker of
134 the House of Representatives, one (1) of whom shall be a physician
135 who provides health care services to children, and one (1) of whom
136 shall be a person with experience in administering or working with
137 plans for reimbursement or payment of health care expenses; and

138 (f) Two (2) members to be appointed by the Governor,
139 one (1) of whom shall be a physician who provides health care

140 services to children, and who shall serve as chairman of the
141 commission, and one (1) of whom shall be a person with experience
142 in administering or working with plans for reimbursement or
143 payment of health care expenses.

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

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

163 The Division of Medicaid shall provide clerical and
164 administrative support for the Children's Health Insurance Program
165 Commission. In carrying out the provisions of this section, the
166 commission may utilize the services, facilities and personnel of
167 all departments, agencies, offices and institutions of the state.
168 In particular, the commission shall consult with the Division of
169 Medicaid, the Office of Insurance of the Department of Finance and
170 Administration, the State Department of Health and the Mississippi
171 Department of Insurance, and those agencies shall cooperate with
172 the commission and provide the commission with any information and

173 other assistance requested by the commission. The commission may
174 consult and seek advice from various groups in the state in order
175 to understand the effect of any existing laws or any changes in
176 law being considered by the commission. For attending meetings of
177 the commission, each member who is not a state official shall be
178 paid per diem compensation in the amount authorized by Section
179 25-3-69 and each member shall receive expense reimbursement as
180 authorized by Section 25-3-41. All expenses incurred by and on
181 behalf of the commission shall be paid from any funds appropriated
182 or otherwise made available for the purpose of this program, and
183 from any grants or contributions made to the commission for its
184 purpose. The commission shall be dissolved on August 1, 1998.

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

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

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

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

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

204 (e) Methods used to assure the quality and
205 appropriateness of care and access to covered benefits.

206 (3) The Division of Medicaid shall submit the permanent plan
207 adopted by the commission to the United States Secretary of Health
208 and Human Services for approval on or before August 1, 1998.

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

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

215 41-86-11. (1) The administering agency shall adopt, in
216 accordance with Section 25-43-1 et seq., rules and regulations for
217 the implementation of the program, and for the coordination of the
218 program with the state's other medical assistance programs.

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

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

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

237 (b) The administering agency shall execute a contract
238 or contracts with one or more corporations or associations that

239 have submitted the best and most cost-effective bids, or shall
240 reject all bids. If the administering agency rejects all bids, it
241 shall notify all bidders of the rejection and shall actively
242 solicit new bids.

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

245 41-86-13. (1) The Division of Medicaid shall receive state
246 appropriations for the program and federal matching funds under
247 the State Children's Health Insurance Program established by Title
248 XXI of the federal Social Security Act, as amended, and the
249 division shall provide those funds to the administering agency for
250 the administration of the program. The Legislature shall include
251 those funds as a line item in the appropriation to the Division of
252 Medicaid.

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

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

263 41-86-15. (1) Persons eligible to receive covered benefits
264 under Sections 41-86-5 through 41-86-17 shall be low-income
265 children who meet the eligibility standards set forth in the plan.
266 Any person who is eligible for benefits under the Mississippi
267 Medicaid Law, Section 43-13-101 et seq., shall not be eligible to
268 receive benefits under Sections 41-86-5 through 41-86-17. A
269 person who is without insurance coverage at the time of
270 application for the program and who meets the other eligibility
271 criteria in the plan shall be eligible to receive covered benefits

272 under the program, if federal approval is obtained to allow
273 eligibility with no waiting period of being without insurance
274 coverage. If federal approval is not obtained for the preceding
275 provision, the Division of Medicaid shall seek federal approval to
276 allow eligibility after the shortest waiting period of being
277 without insurance coverage for which approval can be obtained.
278 After federal approval is obtained to allow eligibility after a
279 certain waiting period of being without insurance coverage, a
280 person who has been without insurance coverage for the approved
281 waiting period and who meets the other eligibility criteria in the
282 plan shall be eligible to receive covered benefits under the
283 program. If the plan includes any waiting period of being without
284 insurance coverage before eligibility, the State and School
285 Employees Health Insurance Management Board shall adopt
286 regulations to provide exceptions to the waiting period for
287 families who have lost insurance coverage for good cause or
288 through no fault of their own.

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

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

296 (a) A child will be deemed to be presumptively eligible
297 for covered benefits and services under this chapter if a
298 qualified entity as defined under federal law (42 USCS Section
299 1396r-1a) determines, on the basis of preliminary information,
300 that the family income of the child does not exceed the applicable
301 income level of eligibility under the plan.

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

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

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

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

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

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

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

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

335 41-86-17. The covered benefits under the program shall
336 include all health care benefits and services required to be
337 included as covered benefits under Title XXI of the federal Social

338 Security Act, as amended, and shall include early and periodic
339 screening and diagnosis services at least equal to those provided
340 under the Medicaid program. The benefits and services offered and
341 available to state employees under the State and School Employees
342 Health Insurance Plan shall be used as the benchmark for benefits
343 and services under the program, with an emphasis on preventive and
344 primary care. Benefits and services to be provided under the
345 program shall include: vision and hearing screening, eyeglasses
346 and hearing aids, preventive dental care and routine dental
347 fillings. No deductibles, coinsurance or any other cost-sharing
348 shall be allowed for any of the benefits and services named in the
349 preceding sentence. The program also may cover other dental
350 services including amalgam and composite restorations,
351 extractions, space maintainers, stainless steel crowns, sealants,
352 pulpotomies, pulpectomies, and treatment of periodontal disease.
353 The program may exclude from participation in the program any
354 health care providers who do not agree to hold the families of
355 recipients harmless for charges in excess of plan payments for
356 covered benefits.

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

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

361 SECTION 11. The following shall be codified as Section
362 43-13-115.1, Mississippi Code of 1972:

363 43-13-115.1. (1) There will be presumptive eligibility
364 under this article for children under nineteen (19) years of age,
365 in accordance with the following provisions:

366 (a) A child will be deemed to be presumptively eligible
367 for covered benefits and services under this article if a
368 qualified entity as defined under federal law (42 USCS Section
369 1396r-1a) determines, on the basis of preliminary information,

370 that the family income of the child does not exceed the applicable
371 income level of eligibility under the state Medicaid plan.

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

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

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

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

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

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

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

403 SECTION 12. This act shall take effect and be in force from
404 and after June 30, 2001.