HOUSE BILL NO. 939

AN ACT TO CREATE NEW SECTION 43-13-115.1, MISSISSIPPI CODE OF 1972, AND TO AMEND 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 AND THE CHIP ADMINISTERING AGENCY 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. 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. The Division of Medicaid shall coordinate its forms and application process with those of the administering agency for the Children’s Health
Insurance Program (Section 41-86-1 et seq.) so that they will be
as uniform as possible.

SECTION 2.  Section 41-86-15, Mississippi Code of 1972, is 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 administering agency of the determination of presumptive eligibility within five (5) working days after the date on which the determination is made.

(f) The administering agency 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 administering agency shall make those application forms and the application process itself as simple as possible. The administering agency shall coordinate its forms and application process with those of the Division of Medicaid so that they will be as uniform as possible.

SECTION 3. This act shall take effect and be in force from and after July 1, 2001.