

**\*\*\*Adopted\*\*\***

**AMENDMENT No. 1 PROPOSED TO**

**House Bill NO. 444**

**By Senator(s) Committee**

**Amend by striking all after the enacting clause and inserting  
in lieu thereof the following:**

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 of whom shall be a physician who provides health care services  
140 to children, and who shall serve as chairman of the commission,  
141 and one (1) of whom shall be a person with experience in  
142 administering or working with plans for reimbursement or payment  
143 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 shall 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. The Division of  
403 Medicaid shall coordinate its forms and application process with  
404 those of the administering agency for the Children's Health  
405 Insurance Program (Section 41-86-1 et seq.) so that they will be  
406 as uniform as possible.

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

**Further, amend by striking the title in its entirety and  
inserting in lieu thereof the following:**

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 SECTION

7 41-86-17, MISSISSIPPI CODE OF 1972, TO SPECIFY CERTAIN DENTAL  
8 SERVICES THAT SHALL BE INCLUDED IN THE CHILDREN'S HEALTH INSURANCE  
9 PROGRAM; TO PROVIDE THAT THE PROGRAM MAY EXCLUDE FROM  
10 PARTICIPATION IN THE PROGRAM ANY HEALTH CARE PROVIDERS WHO DO NOT  
11 AGREE TO HOLD THE FAMILIES OF RECIPIENTS HARMLESS FOR CHARGES IN  
12 EXCESS OF PLAN PAYMENTS FOR COVERED BENEFITS; TO AMEND SECTION 10  
13 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 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.