

By: Representative Wells-Smith

To: Medicaid

HOUSE BILL NO. 1379

1 AN ACT TO BRING FORWARD SECTIONS 41-86-1, 41-81-3, 41-86-5,
2 41-86-7, 41-86-9, 41-86-11, 41-86-13, 41-86-15, 41-86-17, 41-86-19
3 AND 41-86-21, MISSISSIPPI CODE OF 1972, WHICH ARE THE MISSISSIPPI
4 CHILDREN'S HEALTH CARE ACT (THE CHIP PROGRAM); AND FOR RELATED
5 PURPOSES.

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

7 **SECTION 1.** Section 41-86-1, Mississippi Code of 1972, is
8 brought forward as follows:

9 41-86-1. This chapter shall be known as and may be cited as
10 the Mississippi Children's Health Care Act.

11 **SECTION 2.** Section 41-81-3, Mississippi Code of 1972, is
12 brought forward as follows:

13 41-81-3. The State Department of Health is authorized to
14 enter into contracts with and provide grants to health care
15 providers in order to implement a statewide regionalization
16 program.

17 **SECTION 3.** Section 41-86-5, Mississippi Code of 1972, is
18 brought forward as follows:

19 41-86-5. As used in Sections 41-86-5 through 41-86-17, the
20 following definitions shall have the meanings ascribed in this
21 section, unless the context indicates otherwise:

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

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

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

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

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

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

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

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

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

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

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

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

52 **SECTION 4.** Section 41-86-7, Mississippi Code of 1972, is
53 brought forward as follows:

54 41-86-7. There is established a Children's Health Care
55 Program in Mississippi, which shall become effective upon the full
56 implementation of the permanent State Child Health Plan authorized
57 under Section 41-86-9. The program shall be financed by state
58 appropriations and federal matching funds received by the state
59 under the State Children's Health Insurance Program established by
60 Title XXI of the federal Social Security Act, as amended.

61 **SECTION 5.** Section 41-86-9, Mississippi Code of 1972, is
62 brought forward as follows:

63 41-86-9. (1) A Mississippi Children's Health Insurance
64 Program Commission is created to develop and adopt the permanent
65 State Child Health Plan. The commission shall be composed of the
66 following members:

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

68 (b) The Executive Director of the State Department of
69 Health;

70 (c) The Mississippi Commissioner of Insurance;

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

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

81 (f) Two (2) members to be appointed by the Governor,
82 one (1) of whom shall be a physician who provides health care
83 services to children, and who shall serve as chairman of the
84 commission, and one (1) of whom shall be a person with experience
85 in administering or working with plans for reimbursement or
86 payment of health care expenses.

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

90 Not later than May 1, 1998, the Governor, the Lieutenant
91 Governor and the Speaker shall appoint the members of the
92 commission. After the members are appointed, the commission shall
93 meet on a date designated by the chairman of the commission in

94 Jackson, Mississippi, to organize the commission and establish
95 rules for transacting its business and keeping records. A
96 majority of the members of the commission shall constitute a
97 quorum at all commission meetings. An affirmative vote of a
98 majority of the members shall be required in the adoption of
99 rules, resolutions and reports. All members of the commission
100 shall be notified in writing of all regular and special meetings
101 of the commission, which notices shall be mailed at least five (5)
102 days before the dates of the meetings. The commission may
103 establish any subcommittees that it deems desirable to study and
104 report to the commission with respect to any matter that is within
105 the scope of the commission.

106 The Division of Medicaid shall provide clerical and
107 administrative support for the Children's Health Insurance Program
108 Commission. In carrying out the provisions of this section, the
109 commission may utilize the services, facilities and personnel of
110 all departments, agencies, offices and institutions of the state.
111 In particular, the commission shall consult with the Division of
112 Medicaid, the Office of Insurance of the Department of Finance and
113 Administration, the State Department of Health and the Mississippi
114 Department of Insurance, and those agencies shall cooperate with
115 the commission and provide the commission with any information and
116 other assistance requested by the commission. The commission may
117 consult and seek advice from various groups in the state in order
118 to understand the effect of any existing laws or any changes in
119 law being considered by the commission. For attending meetings of
120 the commission, each member who is not a state official shall be
121 paid per diem compensation in the amount authorized by Section
122 25-3-69 and each member shall receive expense reimbursement as
123 authorized by Section 25-3-41. All expenses incurred by and on
124 behalf of the commission shall be paid from any funds appropriated
125 or otherwise made available for the purpose of this program, and

126 from any grants or contributions made to the commission for its
127 purpose. The commission shall be dissolved on August 1, 1998.

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

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

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

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

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

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

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

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

156 **SECTION 6.** Section 41-86-11, Mississippi Code of 1972, is
157 brought forward as follows:

158 41-86-11. (1) The administering agency shall adopt, in
159 accordance with Section 25-43-1 et seq., rules and regulations for
160 the implementation of the program, and for the coordination of the
161 program with the state's other medical assistance programs.

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

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

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

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

186 **SECTION 7.** Section 41-86-13, Mississippi Code of 1972, is
187 brought forward as follows:

188 41-86-13. (1) The Division of Medicaid shall receive state
189 appropriations for the program and federal matching funds under
190 the State Children's Health Insurance Program established by Title

191 XXI of the federal Social Security Act, as amended, and the
192 division shall provide those funds to the administering agency for
193 the administration of the program. The Legislature shall include
194 those funds as a line item in the appropriation to the Division of
195 Medicaid.

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

204 **SECTION 8.** Section 41-86-15, Mississippi Code of 1972, is
205 brought forward as follows:

206 41-86-15. (1) Persons eligible to receive covered benefits
207 under Sections 41-86-5 through 41-86-17 shall be low-income
208 children who meet the eligibility standards set forth in the plan.
209 Any person who is eligible for benefits under the Mississippi
210 Medicaid Law, Section 43-13-101 et seq., shall not be eligible to
211 receive benefits under Sections 41-86-5 through 41-86-17. A
212 person who is without insurance coverage at the time of
213 application for the program and who meets the other eligibility
214 criteria in the plan shall be eligible to receive covered benefits
215 under the program, if federal approval is obtained to allow
216 eligibility with no waiting period of being without insurance
217 coverage. If federal approval is not obtained for the preceding
218 provision, the Division of Medicaid shall seek federal approval to
219 allow eligibility after the shortest waiting period of being
220 without insurance coverage for which approval can be obtained.
221 After federal approval is obtained to allow eligibility after a
222 certain waiting period of being without insurance coverage, a
223 person who has been without insurance coverage for the approved

224 waiting period and who meets the other eligibility criteria in the
225 plan shall be eligible to receive covered benefits under the
226 program. If the plan includes any waiting period of being without
227 insurance coverage before eligibility, the State and School
228 Employees Health Insurance Management Board shall adopt
229 regulations to provide exceptions to the waiting period for
230 families who have lost insurance coverage for good cause or
231 through no fault of their own.

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

236 **SECTION 9.** Section 41-86-17, Mississippi Code of 1972, is
237 brought forward as follows:

238 41-86-17. The covered benefits under the program shall
239 include all health care benefits and services required to be
240 included as covered benefits under Title XXI of the federal Social
241 Security Act, as amended, and shall include early and periodic
242 screening and diagnosis services at least equal to those provided
243 under the Medicaid program. The benefits and services offered and
244 available to state employees under the State and School Employees
245 Health Insurance Plan shall be used as the benchmark for benefits
246 and services under the program, with an emphasis on preventive and
247 primary care. Benefits and services to be provided under the
248 program shall include: vision and hearing screening, eyeglasses
249 and hearing aids, preventive dental care and routine dental
250 fillings. No deductibles, coinsurance or any other cost-sharing
251 shall be allowed for any of the benefits and services named in the
252 preceding sentence. The program also may cover other dental
253 services including amalgam and composite restorations,
254 extractions, space maintainers, stainless steel crowns, sealants,
255 pulpomies, pulpectomies, and treatment of periodontal disease.
256 The program may exclude from participation in the program any

257 health care providers who do not agree to hold the families of
258 recipients harmless for charges in excess of plan payments for
259 covered benefits.

260 **SECTION 10.** Section 41-86-19, Mississippi Code of 1972, is
261 brought forward as follows:

262 41-86-19. (1) The Division of Medicaid shall develop a
263 Children's Health Insurance Program enrollment outreach initiative
264 in cooperation with the State Department of Education's federal
265 free and reduced lunch program, the State Department of Health,
266 the Department of Human Services, the Department of Finance and
267 Administration, community health centers, the Mississippi State
268 Medical Association, the Mississippi State Hospital Association,
269 other health provider associations and community action
270 agencies/Headstart centers. The enrollment outreach initiative
271 shall be the responsibility of the CHIP Information Coordinator
272 within the Division of Medicaid. The Division of Medicaid is
273 authorized to maintain a statewide in-coming wide area telephone
274 service for the purpose of providing information for and
275 encouraging Children's Health Insurance Program enrollment.

276 (2) (a) The CHIP Advisory Board established under Section
277 41-86-21(1) shall conduct a community-based outreach and education
278 campaign to provide information relating to the availability of
279 health benefits for children through Medicaid and the Children's
280 Health Insurance Program. The CHIP Advisory Board shall conduct
281 the campaign in a manner that promotes enrollment in all state
282 child health programs and supports existing outreach and
283 enrollment initiatives, including the initiative mandated under
284 subsection (1) of this section.

285 (b) The CHIP Advisory Board may contract with
286 community-based organizations or coalitions of community-based
287 organizations to implement the community-based outreach and
288 education campaign, and shall promote and encourage voluntary
289 efforts to implement the campaign. The CHIP Advisory Board shall

290 procure any contracts through a process designed by the advisory
291 board to encourage broad participation of organizations, including
292 those organizations that target population groups with high levels
293 of uninsured children.

294 (c) Funding for the community-based outreach and
295 education campaign and for any contracts executed by the CHIP
296 Advisory Board to implement the campaign shall be provided by the
297 Division of Medicaid.

298 **SECTION 11.** Section 41-86-21, Mississippi Code of 1972, is
299 brought forward as follows:

300 41-86-21. (1) There is hereby established a C.H.I.P.
301 Advisory Board to advise the State and Public School Employees'
302 Health Insurance Management Board relative to the Children's
303 Health Insurance Program. The C.H.I.P. Advisory Board shall be
304 composed of the Executive Director of the Mississippi State
305 Department of Health, the Executive Director of the Division of
306 Medicaid, Office of the Governor, one (1) member of the State and
307 Public School Employees' Health Insurance Management Board to be
308 appointed by the chairman of the board, and two (2) health care
309 providers of services to children appointed by the Governor for
310 terms concurrent with that of the Governor. For attending
311 meetings of the C.H.I.P. Advisory Board, those members who are not
312 state officials or state employees shall receive the per diem
313 authorized under Section 25-3-69 and shall receive expense
314 reimbursement as authorized under Section 25-3-41.

315 (2) There is hereby established a Joint C.H.I.P. Advisory
316 Committee to meet with the C.H.I.P. Advisory Board and advise the
317 State and Public School Employees' Health Insurance Management
318 Board relative to the Children's Health Insurance Program. The
319 Joint C.H.I.P. Advisory Committee shall be composed of the
320 Chairman of the House Public Health and Welfare Committee, the
321 Chairman of the Senate Public Health and Welfare Committee, one
322 (1) member of the Senate appointed by the Lieutenant Governor to

323 serve at the will and pleasure of the Lieutenant Governor, and one
324 (1) member of the House of Representatives appointed by the
325 Speaker of the House to serve at the will and pleasure of the
326 Speaker. The committee shall meet upon the call of the Chairman
327 of the C.H.I.P. Advisory Board. The appointing authorities may
328 designate an alternate member from their respective houses to
329 serve when the regular designee is unable to attend such meetings
330 of the committee. For attending meetings of the Joint C.H.I.P.
331 Advisory Committee, such legislators shall receive per diem and
332 expenses which shall be paid from the contingent expense funds of
333 their respective houses in the same amounts as provided for
334 committee meetings when the Legislature is not in session;
335 however, no per diem and expenses for attending meetings of the
336 committee will be paid while the Legislature is in session.

337 **SECTION 12.** This act shall take effect and be in force from
338 and after July 1, 2005.