

REPORT OF CONFERENCE COMMITTEE

MR. SPEAKER AND MR. PRESIDENT:

We, the undersigned conferees, have had under consideration the amendments to the following entitled BILL:

H. B. No. 545: Medicaid; clarify frequency of meetings of P&T committee and required time to file judicial appeals.

We, therefore, respectfully submit the following report and recommendation:

1. That the Senate recede from its Amendment No. 1.
2. That the House and Senate adopt the following amendment:

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

47 **SECTION 1.** Section 43-13-107, Mississippi Code of 1972, is
48 amended as follows:

49 43-13-107. (1) The Division of Medicaid is created in the
50 Office of the Governor and established to administer this article
51 and perform such other duties as are prescribed by law.

52 (2) (a) The Governor shall appoint a full-time executive
53 director, with the advice and consent of the Senate, who shall be
54 either (i) a physician with administrative experience in a medical
55 care or health program, or (ii) a person holding a graduate degree
56 in medical care administration, public health, hospital
57 administration, or the equivalent, or (iii) a person holding a
58 bachelor's degree in business administration or hospital
59 administration, with at least ten (10) years' experience in
60 management-level administration of Medicaid programs. The



61 executive director shall be the official secretary and legal
62 custodian of the records of the division; shall be the agent of
63 the division for the purpose of receiving all service of process,
64 summons and notices directed to the division; shall perform such
65 other duties as the Governor may prescribe from time to time; and
66 shall perform all other duties that are now or may be imposed upon
67 him or her by law.

68 (b) The executive director shall serve at the will and
69 pleasure of the Governor.

70 (c) The executive director shall, before entering upon
71 the discharge of the duties of the office, take and subscribe to
72 the oath of office prescribed by the Mississippi Constitution and
73 shall file the same in the Office of the Secretary of State, and
74 shall execute a bond in some surety company authorized to do
75 business in the state in the penal sum of One Hundred Thousand
76 Dollars (\$100,000.00), conditioned for the faithful and impartial
77 discharge of the duties of the office. The premium on the bond
78 shall be paid as provided by law out of funds appropriated to the
79 Division of Medicaid for contractual services.

80 (d) The executive director, with the approval of the
81 Governor and subject to the rules and regulations of the State
82 Personnel Board, shall employ such professional, administrative,
83 stenographic, secretarial, clerical and technical assistance as
84 may be necessary to perform the duties required in administering
85 this article and fix the compensation for those persons, all in



86 accordance with a state merit system meeting federal requirements.
87 When the salary of the executive director is not set by law, that
88 salary shall be set by the State Personnel Board. No employees of
89 the Division of Medicaid shall be considered to be staff members
90 of the immediate Office of the Governor; however, Section
91 25-9-107(c) (xv) shall apply to the executive director and other
92 administrative heads of the division.

93 (3) (a) There is established a Medical Care Advisory
94 Committee, which shall be the committee that is required by
95 federal regulation to advise the Division of Medicaid about health
96 and medical care services.

97 (b) The advisory committee shall consist of not less
98 than eleven (11) members, as follows:

99 (i) The Governor shall appoint five (5) members,
100 one (1) from each congressional district and one (1) from the
101 state at large;

102 (ii) The Lieutenant Governor shall appoint three
103 (3) members, one (1) from each Supreme Court district;

104 (iii) The Speaker of the House of Representatives
105 shall appoint three (3) members, one (1) from each Supreme Court
106 district.

107 All members appointed under this paragraph shall either be
108 health care providers or consumers of health care services. One
109 (1) member appointed by each of the appointing authorities shall
110 be a board-certified physician.



111 (c) The respective Chairmen of the House Medicaid
112 Committee, the House Public Health and Human Services Committee,
113 the House Appropriations Committee, the Senate Public Health and
114 Welfare Committee and the Senate Appropriations Committee, or
115 their designees, two (2) members of the State Senate appointed by
116 the Lieutenant Governor and one (1) member of the House of
117 Representatives appointed by the Speaker of the House, shall serve
118 as ex officio nonvoting members of the advisory committee.

119 (d) In addition to the committee members required by
120 paragraph (b), the advisory committee shall consist of such other
121 members as are necessary to meet the requirements of the federal
122 regulation applicable to the advisory committee, who shall be
123 appointed as provided in the federal regulation.

124 (e) The chairmanship of the advisory committee shall be
125 elected by the voting members of the committee annually and shall
126 not serve more than two (2) consecutive years as chairman.

127 (f) The members of the advisory committee specified in
128 paragraph (b) shall serve for terms that are concurrent with the
129 terms of members of the Legislature, and any member appointed
130 under paragraph (b) may be reappointed to the advisory committee.
131 The members of the advisory committee specified in paragraph (b)
132 shall serve without compensation, but shall receive reimbursement
133 to defray actual expenses incurred in the performance of committee
134 business as authorized by law. Legislators shall receive per diem
135 and expenses, which may be paid from the contingent expense funds



136 of their respective houses in the same amounts as provided for
137 committee meetings when the Legislature is not in session.

138 (g) The advisory committee shall meet not less than
139 quarterly, and advisory committee members shall be furnished
140 written notice of the meetings at least ten (10) days before the
141 date of the meeting.

142 (h) The executive director shall submit to the advisory
143 committee all amendments, modifications and changes to the state
144 plan for the operation of the Medicaid program, for review by the
145 advisory committee before the amendments, modifications or changes
146 may be implemented by the division.

147 (i) The advisory committee, among its duties and
148 responsibilities, shall:

149 (i) Advise the division with respect to
150 amendments, modifications and changes to the state plan for the
151 operation of the Medicaid program;

152 (ii) Advise the division with respect to issues
153 concerning receipt and disbursement of funds and eligibility for
154 Medicaid;

155 (iii) Advise the division with respect to
156 determining the quantity, quality and extent of medical care
157 provided under this article;

158 (iv) Communicate the views of the medical care
159 professions to the division and communicate the views of the
160 division to the medical care professions;



161 (v) Gather information on reasons that medical
162 care providers do not participate in the Medicaid program and
163 changes that could be made in the program to encourage more
164 providers to participate in the Medicaid program, and advise the
165 division with respect to encouraging physicians and other medical
166 care providers to participate in the Medicaid program;

167 (vi) Provide a written report on or before
168 November 30 of each year to the Governor, Lieutenant Governor and
169 Speaker of the House of Representatives.

170 (4) (a) There is established a Drug Use Review Board, which
171 shall be the board that is required by federal law to:

172 (i) Review and initiate retrospective drug use,
173 review including ongoing periodic examination of claims data and
174 other records in order to identify patterns of fraud, abuse, gross
175 overuse, or inappropriate or medically unnecessary care, among
176 physicians, pharmacists and individuals receiving Medicaid
177 benefits or associated with specific drugs or groups of drugs.

178 (ii) Review and initiate ongoing interventions for
179 physicians and pharmacists, targeted toward therapy problems or
180 individuals identified in the course of retrospective drug use
181 reviews.

182 (iii) On an ongoing basis, assess data on drug use
183 against explicit predetermined standards using the compendia and
184 literature set forth in federal law and regulations.



185 (b) The board shall consist of not less than twelve
186 (12) members appointed by the Governor, or his designee.

187 (c) The board shall meet at least quarterly, and board
188 members shall be furnished written notice of the meetings at least
189 ten (10) days before the date of the meeting.

190 (d) The board meetings shall be open to the public,
191 members of the press, legislators and consumers. Additionally,
192 all documents provided to board members shall be available to
193 members of the Legislature in the same manner, and shall be made
194 available to others for a reasonable fee for copying. However,
195 patient confidentiality and provider confidentiality shall be
196 protected by blinding patient names and provider names with
197 numerical or other anonymous identifiers. The board meetings
198 shall be subject to the Open Meetings Act (Sections 25-41-1
199 through 25-41-17). Board meetings conducted in violation of this
200 section shall be deemed unlawful.

201 (5) (a) There is established a Pharmacy and Therapeutics
202 Committee, which shall be appointed by the Governor, or his
203 designee.

204 (b) The committee shall meet * * * as often as needed
205 to fulfill its responsibilities and obligations as set forth in
206 this section, and committee members shall be furnished written
207 notice of the meetings at least ten (10) days before the date of
208 the meeting.



209 (c) The committee meetings shall be open to the public,
210 members of the press, legislators and consumers. Additionally,
211 all documents provided to committee members shall be available to
212 members of the Legislature in the same manner, and shall be made
213 available to others for a reasonable fee for copying. However,
214 patient confidentiality and provider confidentiality shall be
215 protected by blinding patient names and provider names with
216 numerical or other anonymous identifiers. The committee meetings
217 shall be subject to the Open Meetings Act (Sections 25-41-1
218 through 25-41-17). Committee meetings conducted in violation of
219 this section shall be deemed unlawful.

220 (d) After a thirty-day public notice, the executive
221 director, or his or her designee, shall present the division's
222 recommendation regarding prior approval for a therapeutic class of
223 drugs to the committee. However, in circumstances where the
224 division deems it necessary for the health and safety of Medicaid
225 beneficiaries, the division may present to the committee its
226 recommendations regarding a particular drug without a thirty-day
227 public notice. In making that presentation, the division shall
228 state to the committee the circumstances that precipitate the need
229 for the committee to review the status of a particular drug
230 without a thirty-day public notice. The committee may determine
231 whether or not to review the particular drug under the
232 circumstances stated by the division without a thirty-day public
233 notice. If the committee determines to review the status of the



234 particular drug, it shall make its recommendations to the
235 division, after which the division shall file those
236 recommendations for a thirty-day public comment under Section
237 25-43-7(1).

238 (e) Upon reviewing the information and recommendations,
239 the committee shall forward a written recommendation approved by a
240 majority of the committee to the executive director, or his or her
241 designee. The decisions of the committee regarding any
242 limitations to be imposed on any drug or its use for a specified
243 indication shall be based on sound clinical evidence found in
244 labeling, drug compendia, and peer reviewed clinical literature
245 pertaining to use of the drug in the relevant population.

246 (f) Upon reviewing and considering all recommendations
247 including recommendations of the committee, comments, and data,
248 the executive director shall make a final determination whether to
249 require prior approval of a therapeutic class of drugs, or modify
250 existing prior approval requirements for a therapeutic class of
251 drugs.

252 (g) At least thirty (30) days before the executive
253 director implements new or amended prior authorization decisions,
254 written notice of the executive director's decision shall be
255 provided to all prescribing Medicaid providers, all Medicaid
256 enrolled pharmacies, and any other party who has requested the
257 notification. However, notice given under Section 25-43-7(1) will



258 substitute for and meet the requirement for notice under this
259 subsection.

260 (h) Members of the committee shall dispose of matters
261 before the committee in an unbiased and professional manner. If a
262 matter being considered by the committee presents a real or
263 apparent conflict of interest for any member of the committee,
264 that member shall disclose the conflict in writing to the
265 committee chair and recuse himself or herself from any discussions
266 and/or actions on the matter.

267 **SECTION 2.** Section 43-13-121, Mississippi Code of 1972, as
268 amended by House Bill No. 544, 2015 Regular Session, is amended as
269 follows:

270 **[Until July 1, 2015, this section shall read as follows:]**

271 43-13-121. (1) The division shall administer the Medicaid
272 program under the provisions of this article, and may do the
273 following:

274 (a) Adopt and promulgate reasonable rules, regulations
275 and standards, with approval of the Governor, and in accordance
276 with the Administrative Procedures Law, Section 25-43-1.101 et
277 seq.:

278 (i) Establishing methods and procedures as may be
279 necessary for the proper and efficient administration of this
280 article;



281 (ii) Providing Medicaid to all qualified
282 recipients under the provisions of this article as the division
283 may determine and within the limits of appropriated funds;

284 (iii) Establishing reasonable fees, charges and
285 rates for medical services and drugs; in doing so, the division
286 shall fix all of those fees, charges and rates at the minimum
287 levels absolutely necessary to provide the medical assistance
288 authorized by this article, and shall not change any of those
289 fees, charges or rates except as may be authorized in Section
290 43-13-117;

291 (iv) Providing for fair and impartial hearings;

292 (v) Providing safeguards for preserving the
293 confidentiality of records; and

294 (vi) For detecting and processing fraudulent
295 practices and abuses of the program;

296 (b) Receive and expend state, federal and other funds
297 in accordance with court judgments or settlements and agreements
298 between the State of Mississippi and the federal government, the
299 rules and regulations promulgated by the division, with the
300 approval of the Governor, and within the limitations and
301 restrictions of this article and within the limits of funds
302 available for that purpose;

303 (c) Subject to the limits imposed by this article, to
304 submit a Medicaid plan to the United States Department of Health
305 and Human Services for approval under the provisions of the



306 federal Social Security Act, to act for the state in making
307 negotiations relative to the submission and approval of that plan,
308 to make such arrangements, not inconsistent with the law, as may
309 be required by or under federal law to obtain and retain that
310 approval and to secure for the state the benefits of the
311 provisions of that law.

312 No agreements, specifically including the general plan for
313 the operation of the Medicaid program in this state, shall be made
314 by and between the division and the United States Department of
315 Health and Human Services unless the Attorney General of the State
316 of Mississippi has reviewed the agreements, specifically including
317 the operational plan, and has certified in writing to the Governor
318 and to the executive director of the division that the agreements,
319 including the plan of operation, have been drawn strictly in
320 accordance with the terms and requirements of this article;

321 (d) In accordance with the purposes and intent of this
322 article and in compliance with its provisions, provide for aged
323 persons otherwise eligible for the benefits provided under Title
324 XVIII of the federal Social Security Act by expenditure of funds
325 available for those purposes;

326 (e) To make reports to the United States Department of
327 Health and Human Services as from time to time may be required by
328 that federal department and to the Mississippi Legislature as
329 provided in this section;



330 (f) Define and determine the scope, duration and amount
331 of Medicaid that may be provided in accordance with this article
332 and establish priorities therefor in conformity with this article;

333 (g) Cooperate and contract with other state agencies
334 for the purpose of coordinating Medicaid provided under this
335 article and eliminating duplication and inefficiency in the
336 Medicaid program;

337 (h) Adopt and use an official seal of the division;

338 (i) Sue in its own name on behalf of the State of
339 Mississippi and employ legal counsel on a contingency basis with
340 the approval of the Attorney General;

341 (j) To recover any and all payments incorrectly made by
342 the division to a recipient or provider from the recipient or
343 provider receiving the payments. The division shall be authorized
344 to collect any overpayments to providers thirty (30) days after
345 the conclusion of any administrative appeal unless the matter is
346 appealed to a court of proper jurisdiction and bond is posted.
347 Any appeal filed after July 1, 2014, shall be to the Chancery
348 Court of the First Judicial District of Hinds County, Mississippi.
349 To recover those payments, the division may use the following
350 methods, in addition to any other methods available to the
351 division:

352 (i) The division shall report to the Department of
353 Revenue the name of any current or former Medicaid recipient who
354 has received medical services rendered during a period of



355 established Medicaid ineligibility and who has not reimbursed the
356 division for the related medical service payment(s). The
357 Department of Revenue shall withhold from the state tax refund of
358 the individual, and pay to the division, the amount of the
359 payment(s) for medical services rendered to the ineligible
360 individual that have not been reimbursed to the division for the
361 related medical service payment(s).

362 (ii) The division shall report to the Department
363 of Revenue the name of any Medicaid provider to whom payments were
364 incorrectly made that the division has not been able to recover by
365 other methods available to the division. The Department of
366 Revenue shall withhold from the state tax refund of the provider,
367 and pay to the division, the amount of the payments that were
368 incorrectly made to the provider that have not been recovered by
369 other available methods;

370 (k) To recover any and all payments by the division
371 fraudulently obtained by a recipient or provider. Additionally,
372 if recovery of any payments fraudulently obtained by a recipient
373 or provider is made in any court, then, upon motion of the
374 Governor, the judge of the court may award twice the payments
375 recovered as damages;

376 (l) Have full, complete and plenary power and authority
377 to conduct such investigations as it may deem necessary and
378 requisite of alleged or suspected violations or abuses of the
379 provisions of this article or of the regulations adopted under



380 this article, including, but not limited to, fraudulent or
381 unlawful act or deed by applicants for Medicaid or other benefits,
382 or payments made to any person, firm or corporation under the
383 terms, conditions and authority of this article, to suspend or
384 disqualify any provider of services, applicant or recipient for
385 gross abuse, fraudulent or unlawful acts for such periods,
386 including permanently, and under such conditions as the division
387 deems proper and just, including the imposition of a legal rate of
388 interest on the amount improperly or incorrectly paid. Recipients
389 who are found to have misused or abused Medicaid benefits may be
390 locked into one (1) physician and/or one (1) pharmacy of the
391 recipient's choice for a reasonable amount of time in order to
392 educate and promote appropriate use of medical services, in
393 accordance with federal regulations. If an administrative hearing
394 becomes necessary, the division may, if the provider does not
395 succeed in his or her defense, tax the costs of the administrative
396 hearing, including the costs of the court reporter or stenographer
397 and transcript, to the provider. The convictions of a recipient
398 or a provider in a state or federal court for abuse, fraudulent or
399 unlawful acts under this chapter shall constitute an automatic
400 disqualification of the recipient or automatic disqualification of
401 the provider from participation under the Medicaid program.

402 A conviction, for the purposes of this chapter, shall include
403 a judgment entered on a plea of nolo contendere or a
404 nonadjudicated guilty plea and shall have the same force as a



405 judgment entered pursuant to a guilty plea or a conviction
406 following trial. A certified copy of the judgment of the court of
407 competent jurisdiction of the conviction shall constitute prima
408 facie evidence of the conviction for disqualification purposes;

409 (m) Establish and provide such methods of
410 administration as may be necessary for the proper and efficient
411 operation of the Medicaid program, fully utilizing computer
412 equipment as may be necessary to oversee and control all current
413 expenditures for purposes of this article, and to closely monitor
414 and supervise all recipient payments and vendors rendering
415 services under this article. Notwithstanding any other provision
416 of state law, the division is authorized to enter into a ten-year
417 contract(s) with a vendor(s) to provide services described in this
418 paragraph (m). Notwithstanding any provision of law to the
419 contrary, the division is authorized to extend its Medicaid
420 Management Information Systems, including all related components
421 and services, and Decision Support System, including all related
422 components and services, contracts expiring on June 30, 2015, for
423 a period not to exceed five (5) years without complying with the
424 requirements provided in Section 25-9-120 and the Personal Service
425 Contract Review Board procurement regulations;

426 (n) To cooperate and contract with the federal
427 government for the purpose of providing Medicaid to Vietnamese and
428 Cambodian refugees, under the provisions of Public Law 94-23 and
429 Public Law 94-24, including any amendments to those laws, only to



430 the extent that the Medicaid assistance and the administrative
431 cost related thereto are one hundred percent (100%) reimbursable
432 by the federal government. For the purposes of Section 43-13-117,
433 persons receiving Medicaid under Public Law 94-23 and Public Law
434 94-24, including any amendments to those laws, shall not be
435 considered a new group or category of recipient; and

436 (o) The division shall impose penalties upon Medicaid
437 only, Title XIX participating long-term care facilities found to
438 be in noncompliance with division and certification standards in
439 accordance with federal and state regulations, including interest
440 at the same rate calculated by the United States Department of
441 Health and Human Services and/or the Centers for Medicare and
442 Medicaid Services (CMS) under federal regulations.

443 (2) The division also shall exercise such additional powers
444 and perform such other duties as may be conferred upon the
445 division by act of the Legislature.

446 (3) The division, and the State Department of Health as the
447 agency for licensure of health care facilities and certification
448 and inspection for the Medicaid and/or Medicare programs, shall
449 contract for or otherwise provide for the consolidation of on-site
450 inspections of health care facilities that are necessitated by the
451 respective programs and functions of the division and the
452 department.

453 (4) The division and its hearing officers shall have power
454 to preserve and enforce order during hearings; to issue subpoenas



455 for, to administer oaths to and to compel the attendance and
456 testimony of witnesses, or the production of books, papers,
457 documents and other evidence, or the taking of depositions before
458 any designated individual competent to administer oaths; to
459 examine witnesses; and to do all things conformable to law that
460 may be necessary to enable them effectively to discharge the
461 duties of their office. In compelling the attendance and
462 testimony of witnesses, or the production of books, papers,
463 documents and other evidence, or the taking of depositions, as
464 authorized by this section, the division or its hearing officers
465 may designate an individual employed by the division or some other
466 suitable person to execute and return that process, whose action
467 in executing and returning that process shall be as lawful as if
468 done by the sheriff or some other proper officer authorized to
469 execute and return process in the county where the witness may
470 reside. In carrying out the investigatory powers under the
471 provisions of this article, the executive director or other
472 designated person or persons may examine, obtain, copy or
473 reproduce the books, papers, documents, medical charts,
474 prescriptions and other records relating to medical care and
475 services furnished by the provider to a recipient or designated
476 recipients of Medicaid services under investigation. In the
477 absence of the voluntary submission of the books, papers,
478 documents, medical charts, prescriptions and other records, the
479 Governor, the executive director, or other designated person may



480 issue and serve subpoenas instantly upon the provider, his or her
481 agent, servant or employee for the production of the books,
482 papers, documents, medical charts, prescriptions or other records
483 during an audit or investigation of the provider. If any provider
484 or his or her agent, servant or employee refuses to produce the
485 records after being duly subpoenaed, the executive director may
486 certify those facts and institute contempt proceedings in the
487 manner, time and place as authorized by law for administrative
488 proceedings. As an additional remedy, the division may recover
489 all amounts paid to the provider covering the period of the audit
490 or investigation, inclusive of a legal rate of interest and a
491 reasonable attorney's fee and costs of court if suit becomes
492 necessary. Division staff shall have immediate access to the
493 provider's physical location, facilities, records, documents,
494 books, and any other records relating to medical care and services
495 rendered to recipients during regular business hours.

496 (5) If any person in proceedings before the division
497 disobeys or resists any lawful order or process, or misbehaves
498 during a hearing or so near the place thereof as to obstruct the
499 hearing, or neglects to produce, after having been ordered to do
500 so, any pertinent book, paper or document, or refuses to appear
501 after having been subpoenaed, or upon appearing refuses to take
502 the oath as a witness, or after having taken the oath refuses to
503 be examined according to law, the executive director shall certify
504 the facts to any court having jurisdiction in the place in which



505 it is sitting, and the court shall thereupon, in a summary manner,
506 hear the evidence as to the acts complained of, and if the
507 evidence so warrants, punish that person in the same manner and to
508 the same extent as for a contempt committed before the court, or
509 commit that person upon the same condition as if the doing of the
510 forbidden act had occurred with reference to the process of, or in
511 the presence of, the court.

512 (6) In suspending or terminating any provider from
513 participation in the Medicaid program, the division shall preclude
514 the provider from submitting claims for payment, either personally
515 or through any clinic, group, corporation or other association to
516 the division or its fiscal agents for any services or supplies
517 provided under the Medicaid program except for those services or
518 supplies provided before the suspension or termination. No
519 clinic, group, corporation or other association that is a provider
520 of services shall submit claims for payment to the division or its
521 fiscal agents for any services or supplies provided by a person
522 within that organization who has been suspended or terminated from
523 participation in the Medicaid program except for those services or
524 supplies provided before the suspension or termination. When this
525 provision is violated by a provider of services that is a clinic,
526 group, corporation or other association, the division may suspend
527 or terminate that organization from participation. Suspension may
528 be applied by the division to all known affiliates of a provider,
529 provided that each decision to include an affiliate is made on a



530 case-by-case basis after giving due regard to all relevant facts
531 and circumstances. The violation, failure or inadequacy of
532 performance may be imputed to a person with whom the provider is
533 affiliated where that conduct was accomplished within the course
534 of his or her official duty or was effectuated by him or her with
535 the knowledge or approval of that person.

536 (7) The division may deny or revoke enrollment in the
537 Medicaid program to a provider if any of the following are found
538 to be applicable to the provider, his or her agent, a managing
539 employee or any person having an ownership interest equal to five
540 percent (5%) or greater in the provider:

541 (a) Failure to truthfully or fully disclose any and all
542 information required, or the concealment of any and all
543 information required, on a claim, a provider application or a
544 provider agreement, or the making of a false or misleading
545 statement to the division relative to the Medicaid program.

546 (b) Previous or current exclusion, suspension,
547 termination from or the involuntary withdrawing from participation
548 in the Medicaid program, any other state's Medicaid program,
549 Medicare or any other public or private health or health insurance
550 program. If the division ascertains that a provider has been
551 convicted of a felony under federal or state law for an offense
552 that the division determines is detrimental to the best interest
553 of the program or of Medicaid beneficiaries, the division may



554 refuse to enter into an agreement with that provider, or may
555 terminate or refuse to renew an existing agreement.

556 (c) Conviction under federal or state law of a criminal
557 offense relating to the delivery of any goods, services or
558 supplies, including the performance of management or
559 administrative services relating to the delivery of the goods,
560 services or supplies, under the Medicaid program, any other
561 state's Medicaid program, Medicare or any other public or private
562 health or health insurance program.

563 (d) Conviction under federal or state law of a criminal
564 offense relating to the neglect or abuse of a patient in
565 connection with the delivery of any goods, services or supplies.

566 (e) Conviction under federal or state law of a criminal
567 offense relating to the unlawful manufacture, distribution,
568 prescription or dispensing of a controlled substance.

569 (f) Conviction under federal or state law of a criminal
570 offense relating to fraud, theft, embezzlement, breach of
571 fiduciary responsibility or other financial misconduct.

572 (g) Conviction under federal or state law of a criminal
573 offense punishable by imprisonment of a year or more that involves
574 moral turpitude, or acts against the elderly, children or infirm.

575 (h) Conviction under federal or state law of a criminal
576 offense in connection with the interference or obstruction of any
577 investigation into any criminal offense listed in paragraphs (c)
578 through (i) of this subsection.



579 (i) Sanction for a violation of federal or state laws
580 or rules relative to the Medicaid program, any other state's
581 Medicaid program, Medicare or any other public health care or
582 health insurance program.

583 (j) Revocation of license or certification.

584 (k) Failure to pay recovery properly assessed or
585 pursuant to an approved repayment schedule under the Medicaid
586 program.

587 (l) Failure to meet any condition of enrollment.

588 **[From and after July 1, 2015, this section shall read as**
589 **follows:]**

590 43-13-121. (1) The division shall administer the Medicaid
591 program under the provisions of this article, and may do the
592 following:

593 (a) Adopt and promulgate reasonable rules, regulations
594 and standards, with approval of the Governor, and in accordance
595 with the Administrative Procedures Law, Section 25-43-1.101 et
596 seq.:

597 (i) Establishing methods and procedures as may be
598 necessary for the proper and efficient administration of this
599 article;

600 (ii) Providing Medicaid to all qualified
601 recipients under the provisions of this article as the division
602 may determine and within the limits of appropriated funds;



603 (iii) Establishing reasonable fees, charges and
604 rates for medical services and drugs; in doing so, the division
605 shall fix all of those fees, charges and rates at the minimum
606 levels absolutely necessary to provide the medical assistance
607 authorized by this article, and shall not change any of those
608 fees, charges or rates except as may be authorized in Section
609 43-13-117;

610 (iv) Providing for fair and impartial hearings;

611 (v) Providing safeguards for preserving the
612 confidentiality of records; and

613 (vi) For detecting and processing fraudulent
614 practices and abuses of the program;

615 (b) Receive and expend state, federal and other funds
616 in accordance with court judgments or settlements and agreements
617 between the State of Mississippi and the federal government, the
618 rules and regulations promulgated by the division, with the
619 approval of the Governor, and within the limitations and
620 restrictions of this article and within the limits of funds
621 available for that purpose;

622 (c) Subject to the limits imposed by this article, to
623 submit a Medicaid plan to the United States Department of Health
624 and Human Services for approval under the provisions of the
625 federal Social Security Act, to act for the state in making
626 negotiations relative to the submission and approval of that plan,
627 to make such arrangements, not inconsistent with the law, as may



628 be required by or under federal law to obtain and retain that
629 approval and to secure for the state the benefits of the
630 provisions of that law.

631 No agreements, specifically including the general plan for
632 the operation of the Medicaid program in this state, shall be made
633 by and between the division and the United States Department of
634 Health and Human Services unless the Attorney General of the State
635 of Mississippi has reviewed the agreements, specifically including
636 the operational plan, and has certified in writing to the Governor
637 and to the executive director of the division that the agreements,
638 including the plan of operation, have been drawn strictly in
639 accordance with the terms and requirements of this article;

640 (d) In accordance with the purposes and intent of this
641 article and in compliance with its provisions, provide for aged
642 persons otherwise eligible for the benefits provided under Title
643 XVIII of the federal Social Security Act by expenditure of funds
644 available for those purposes;

645 (e) To make reports to the United States Department of
646 Health and Human Services as from time to time may be required by
647 that federal department and to the Mississippi Legislature as
648 provided in this section;

649 (f) Define and determine the scope, duration and amount
650 of Medicaid that may be provided in accordance with this article
651 and establish priorities therefor in conformity with this article;



652 (g) Cooperate and contract with other state agencies
653 for the purpose of coordinating Medicaid provided under this
654 article and eliminating duplication and inefficiency in the
655 Medicaid program;

656 (h) Adopt and use an official seal of the division;

657 (i) Sue in its own name on behalf of the State of
658 Mississippi and employ legal counsel on a contingency basis with
659 the approval of the Attorney General;

660 (j) To recover any and all payments incorrectly made by
661 the division to a recipient or provider from the recipient or
662 provider receiving the payments. The division shall be authorized
663 to collect any overpayments to providers * * * sixty (60) days
664 after the conclusion of any administrative appeal unless the
665 matter is appealed to a court of proper jurisdiction and bond is
666 posted. Any appeal filed after July 1, * * * 2015, shall be to
667 the Chancery Court of the First Judicial District of Hinds County,
668 Mississippi, within sixty (60) days after the date that the
669 division has notified the provider by certified mail sent to the
670 proper address of the provider on file with the division and the
671 provider has signed for the certified mail notice, or sixty (60)
672 days after the date of the final decision if the provider does not
673 sign for the certified mail notice. To recover those payments,
674 the division may use the following methods, in addition to any
675 other methods available to the division:



676 (i) The division shall report to the Department of
677 Revenue the name of any current or former Medicaid recipient who
678 has received medical services rendered during a period of
679 established Medicaid ineligibility and who has not reimbursed the
680 division for the related medical service payment(s). The
681 Department of Revenue shall withhold from the state tax refund of
682 the individual, and pay to the division, the amount of the
683 payment(s) for medical services rendered to the ineligible
684 individual that have not been reimbursed to the division for the
685 related medical service payment(s).

686 (ii) The division shall report to the Department
687 of Revenue the name of any Medicaid provider to whom payments were
688 incorrectly made that the division has not been able to recover by
689 other methods available to the division. The Department of
690 Revenue shall withhold from the state tax refund of the provider,
691 and pay to the division, the amount of the payments that were
692 incorrectly made to the provider that have not been recovered by
693 other available methods;

694 (k) To recover any and all payments by the division
695 fraudulently obtained by a recipient or provider. Additionally,
696 if recovery of any payments fraudulently obtained by a recipient
697 or provider is made in any court, then, upon motion of the
698 Governor, the judge of the court may award twice the payments
699 recovered as damages;



700 (1) Have full, complete and plenary power and authority
701 to conduct such investigations as it may deem necessary and
702 requisite of alleged or suspected violations or abuses of the
703 provisions of this article or of the regulations adopted under
704 this article, including, but not limited to, fraudulent or
705 unlawful act or deed by applicants for Medicaid or other benefits,
706 or payments made to any person, firm or corporation under the
707 terms, conditions and authority of this article, to suspend or
708 disqualify any provider of services, applicant or recipient for
709 gross abuse, fraudulent or unlawful acts for such periods,
710 including permanently, and under such conditions as the division
711 deems proper and just, including the imposition of a legal rate of
712 interest on the amount improperly or incorrectly paid. Recipients
713 who are found to have misused or abused Medicaid benefits may be
714 locked into one (1) physician and/or one (1) pharmacy of the
715 recipient's choice for a reasonable amount of time in order to
716 educate and promote appropriate use of medical services, in
717 accordance with federal regulations. If an administrative hearing
718 becomes necessary, the division may, if the provider does not
719 succeed in his or her defense, tax the costs of the administrative
720 hearing, including the costs of the court reporter or stenographer
721 and transcript, to the provider. The convictions of a recipient
722 or a provider in a state or federal court for abuse, fraudulent or
723 unlawful acts under this chapter shall constitute an automatic



724 disqualification of the recipient or automatic disqualification of
725 the provider from participation under the Medicaid program.

726 A conviction, for the purposes of this chapter, shall include
727 a judgment entered on a plea of nolo contendere or a
728 nonadjudicated guilty plea and shall have the same force as a
729 judgment entered pursuant to a guilty plea or a conviction
730 following trial. A certified copy of the judgment of the court of
731 competent jurisdiction of the conviction shall constitute prima
732 facie evidence of the conviction for disqualification purposes;

733 (m) Establish and provide such methods of
734 administration as may be necessary for the proper and efficient
735 operation of the Medicaid program, fully utilizing computer
736 equipment as may be necessary to oversee and control all current
737 expenditures for purposes of this article, and to closely monitor
738 and supervise all recipient payments and vendors rendering
739 services under this article. Notwithstanding any other provision
740 of state law, the division is authorized to enter into a ten-year
741 contract(s) with a vendor(s) to provide services described in this
742 paragraph (m). Notwithstanding any provision of law to the
743 contrary, the division is authorized to extend its Medicaid
744 Management Information Systems, including all related components
745 and services, and Decision Support System, including all related
746 components and services, contracts expiring on June 30, 2015, for
747 a period not to exceed five (5) years without complying with the



748 requirements provided in Section 25-9-120 and the Personal Service
749 Contract Review Board procurement regulations;

750 (n) To cooperate and contract with the federal
751 government for the purpose of providing Medicaid to Vietnamese and
752 Cambodian refugees, under the provisions of Public Law 94-23 and
753 Public Law 94-24, including any amendments to those laws, only to
754 the extent that the Medicaid assistance and the administrative
755 cost related thereto are one hundred percent (100%) reimbursable
756 by the federal government. For the purposes of Section 43-13-117,
757 persons receiving Medicaid under Public Law 94-23 and Public Law
758 94-24, including any amendments to those laws, shall not be
759 considered a new group or category of recipient; and

760 (o) The division shall impose penalties upon Medicaid
761 only, Title XIX participating long-term care facilities found to
762 be in noncompliance with division and certification standards in
763 accordance with federal and state regulations, including interest
764 at the same rate calculated by the United States Department of
765 Health and Human Services and/or the Centers for Medicare and
766 Medicaid Services (CMS) under federal regulations.

767 (2) The division also shall exercise such additional powers
768 and perform such other duties as may be conferred upon the
769 division by act of the Legislature.

770 (3) The division, and the State Department of Health as the
771 agency for licensure of health care facilities and certification
772 and inspection for the Medicaid and/or Medicare programs, shall



773 contract for or otherwise provide for the consolidation of on-site
774 inspections of health care facilities that are necessitated by the
775 respective programs and functions of the division and the
776 department.

777 (4) The division and its hearing officers shall have power
778 to preserve and enforce order during hearings; to issue subpoenas
779 for, to administer oaths to and to compel the attendance and
780 testimony of witnesses, or the production of books, papers,
781 documents and other evidence, or the taking of depositions before
782 any designated individual competent to administer oaths; to
783 examine witnesses; and to do all things conformable to law that
784 may be necessary to enable them effectively to discharge the
785 duties of their office. In compelling the attendance and
786 testimony of witnesses, or the production of books, papers,
787 documents and other evidence, or the taking of depositions, as
788 authorized by this section, the division or its hearing officers
789 may designate an individual employed by the division or some other
790 suitable person to execute and return that process, whose action
791 in executing and returning that process shall be as lawful as if
792 done by the sheriff or some other proper officer authorized to
793 execute and return process in the county where the witness may
794 reside. In carrying out the investigatory powers under the
795 provisions of this article, the executive director or other
796 designated person or persons may examine, obtain, copy or
797 reproduce the books, papers, documents, medical charts,



798 prescriptions and other records relating to medical care and
799 services furnished by the provider to a recipient or designated
800 recipients of Medicaid services under investigation. In the
801 absence of the voluntary submission of the books, papers,
802 documents, medical charts, prescriptions and other records, the
803 Governor, the executive director, or other designated person may
804 issue and serve subpoenas instantly upon the provider, his or her
805 agent, servant or employee for the production of the books,
806 papers, documents, medical charts, prescriptions or other records
807 during an audit or investigation of the provider. If any provider
808 or his or her agent, servant or employee refuses to produce the
809 records after being duly subpoenaed, the executive director may
810 certify those facts and institute contempt proceedings in the
811 manner, time and place as authorized by law for administrative
812 proceedings. As an additional remedy, the division may recover
813 all amounts paid to the provider covering the period of the audit
814 or investigation, inclusive of a legal rate of interest and a
815 reasonable attorney's fee and costs of court if suit becomes
816 necessary. Division staff shall have immediate access to the
817 provider's physical location, facilities, records, documents,
818 books, and any other records relating to medical care and services
819 rendered to recipients during regular business hours.

820 (5) If any person in proceedings before the division
821 disobeys or resists any lawful order or process, or misbehaves
822 during a hearing or so near the place thereof as to obstruct the



823 hearing, or neglects to produce, after having been ordered to do
824 so, any pertinent book, paper or document, or refuses to appear
825 after having been subpoenaed, or upon appearing refuses to take
826 the oath as a witness, or after having taken the oath refuses to
827 be examined according to law, the executive director shall certify
828 the facts to any court having jurisdiction in the place in which
829 it is sitting, and the court shall thereupon, in a summary manner,
830 hear the evidence as to the acts complained of, and if the
831 evidence so warrants, punish that person in the same manner and to
832 the same extent as for a contempt committed before the court, or
833 commit that person upon the same condition as if the doing of the
834 forbidden act had occurred with reference to the process of, or in
835 the presence of, the court.

836 (6) In suspending or terminating any provider from
837 participation in the Medicaid program, the division shall preclude
838 the provider from submitting claims for payment, either personally
839 or through any clinic, group, corporation or other association to
840 the division or its fiscal agents for any services or supplies
841 provided under the Medicaid program except for those services or
842 supplies provided before the suspension or termination. No
843 clinic, group, corporation or other association that is a provider
844 of services shall submit claims for payment to the division or its
845 fiscal agents for any services or supplies provided by a person
846 within that organization who has been suspended or terminated from
847 participation in the Medicaid program except for those services or



848 supplies provided before the suspension or termination. When this
849 provision is violated by a provider of services that is a clinic,
850 group, corporation or other association, the division may suspend
851 or terminate that organization from participation. Suspension may
852 be applied by the division to all known affiliates of a provider,
853 provided that each decision to include an affiliate is made on a
854 case-by-case basis after giving due regard to all relevant facts
855 and circumstances. The violation, failure or inadequacy of
856 performance may be imputed to a person with whom the provider is
857 affiliated where that conduct was accomplished within the course
858 of his or her official duty or was effectuated by him or her with
859 the knowledge or approval of that person.

860 (7) The division may deny or revoke enrollment in the
861 Medicaid program to a provider if any of the following are found
862 to be applicable to the provider, his or her agent, a managing
863 employee or any person having an ownership interest equal to five
864 percent (5%) or greater in the provider:

865 (a) Failure to truthfully or fully disclose any and all
866 information required, or the concealment of any and all
867 information required, on a claim, a provider application or a
868 provider agreement, or the making of a false or misleading
869 statement to the division relative to the Medicaid program.

870 (b) Previous or current exclusion, suspension,
871 termination from or the involuntary withdrawing from participation
872 in the Medicaid program, any other state's Medicaid program,



873 Medicare or any other public or private health or health insurance
874 program. If the division ascertains that a provider has been
875 convicted of a felony under federal or state law for an offense
876 that the division determines is detrimental to the best interest
877 of the program or of Medicaid beneficiaries, the division may
878 refuse to enter into an agreement with that provider, or may
879 terminate or refuse to renew an existing agreement.

880 (c) Conviction under federal or state law of a criminal
881 offense relating to the delivery of any goods, services or
882 supplies, including the performance of management or
883 administrative services relating to the delivery of the goods,
884 services or supplies, under the Medicaid program, any other
885 state's Medicaid program, Medicare or any other public or private
886 health or health insurance program.

887 (d) Conviction under federal or state law of a criminal
888 offense relating to the neglect or abuse of a patient in
889 connection with the delivery of any goods, services or supplies.

890 (e) Conviction under federal or state law of a criminal
891 offense relating to the unlawful manufacture, distribution,
892 prescription or dispensing of a controlled substance.

893 (f) Conviction under federal or state law of a criminal
894 offense relating to fraud, theft, embezzlement, breach of
895 fiduciary responsibility or other financial misconduct.



896 (g) Conviction under federal or state law of a criminal
897 offense punishable by imprisonment of a year or more that involves
898 moral turpitude, or acts against the elderly, children or infirm.

899 (h) Conviction under federal or state law of a criminal
900 offense in connection with the interference or obstruction of any
901 investigation into any criminal offense listed in paragraphs (c)
902 through (i) of this subsection.

903 (i) Sanction for a violation of federal or state laws
904 or rules relative to the Medicaid program, any other state's
905 Medicaid program, Medicare or any other public health care or
906 health insurance program.

907 (j) Revocation of license or certification.

908 (k) Failure to pay recovery properly assessed or
909 pursuant to an approved repayment schedule under the Medicaid
910 program.

911 (l) Failure to meet any condition of enrollment.

912 **SECTION 3.** Section 43-13-117.3, Mississippi Code of 1972,
913 which provides for a study on the implementation of a pilot
914 program to provide bariatric surgery on the morbidly obese as a
915 treatment option, is repealed.

916 **SECTION 4.** (1) As used in this section, the following terms
917 shall be defined as provided in this subsection:

918 (a) "Medicaid planner" means an individual who provides
919 Medicaid planning services to other individuals for compensation.
920 However, this term does not include (i) individuals who are



921 licensed attorneys engaged in the practice of law, or (ii) other
922 individuals who are licensed to provide services that may include
923 Medicaid planning services.

924 (b) "Medicaid planning" means any assistance provided
925 to a potential Medicaid applicant in advance of and in preparation
926 for their Medicaid application, in order to help the applicant
927 apply for and obtain benefits from the Mississippi Medicaid
928 program.

929 (2) Each Medicaid planner shall register annually with the
930 Division of Medicaid and provide the following information about
931 the planner to the division:

932 (a) The planner's place of business, physical address,
933 mailing address, email address and other contact information;

934 (b) The planner's education level and the number of
935 years that the planner has engaged in Medicaid planning;

936 (c) Whether the planner holds certification as a
937 Certified Medicaid Planner; and

938 (d) Such other information as required by the Division
939 of Medicaid.

940 (3) The Division of Medicaid shall provide the list of
941 registered Medicaid planners and the information contained in the
942 registrations to each local and regional Medicaid office in the
943 state.

944 (4) The Division of Medicaid shall include a question on the
945 application for Medicaid benefits asking if the applicant has used



946 or is using the services of a Medicaid planner for compensation in
947 the process of applying for Medicaid benefits, and the name and
948 contact information of the Medicaid planner if one was used or is
949 being used by the applicant.

950 (5) At the time of initial registration, each Medicaid
951 planner shall file with the State Treasurer and have approved by
952 the Secretary of State a surety bond in which the planner is the
953 principal obligor, in the sum of One Hundred Thousand Dollars
954 (\$100,000.00) with one or more surety companies licensed to do
955 business in this state whose liability in the aggregate will be
956 equal to that sum. The bond shall be in favor of the State of
957 Mississippi for the benefit of any individual for which the
958 Medicaid planner has provided Medicaid planning services for
959 compensation who suffers or incurs any loss, liability or damages
960 by reason of acts of fraud, dishonesty, malfeasance or misfeasance
961 of the planner or failure of the planner to provide the services
962 as represented. Any individual claiming against the bond may
963 maintain an action against the Medicaid planner and the surety.

964 (6) Any Medicaid planner who willfully fails to register
965 with the Division of Medicaid or file a surety bond with the State
966 Treasurer as required by this section is guilty of a misdemeanor
967 and, upon conviction thereof, shall be punished by a fine of not
968 more than Five Hundred Dollars (\$500.00) for the first violation
969 and not more than Two Thousand Five Hundred Dollars (\$2,500.00)
970 for the second and any later violations.



971 (7) This section shall stand repealed on July 1, 2017.

972 **SECTION 5.** The following provision shall be codified as
973 Section 41-21-68, Mississippi Code of 1972:

974 41-21-68. (1) Regional commissions established under
975 Section 41-19-31 et seq. are authorized to establish regional
976 holding facilities for the treatment and holding of any person
977 eighteen (18) years of age or older being held for the purpose of
978 civil commitment.

979 (2) For the purpose of establishing regional holding
980 facilities, each regional commission is authorized to create a
981 holding facility fund and enter into holding facility cooperative
982 agreements with counties both inside and outside the regional
983 commission's designated region. Each county electing to use a
984 regional holding facility may contribute to the regional
985 commission's holding facility fund. The State of Mississippi may
986 match the county's contribution by paying not more than Two
987 Dollars (\$2.00) into the holding facility fund for each One Dollar
988 (\$1.00) received from the counties, if sufficient funds are
989 available.

990 (3) Crisis stabilization units operating and receiving state
991 funds from the Department of Mental Health as of January 1, 2015,
992 shall not be eligible for the holding facility state matching
993 contributions provided for in this section. The matching funds
994 provided for in this section shall only be allocated to holding
995 facilities established under this section. Regional commissions



996 requesting decertification of any such crisis stabilization unit
997 to reestablish the unit as a regional holding facility under this
998 section in order to be eligible for state matching contributions
999 may do so only with the approval of the Department of Mental
1000 Health.

1001 (4) Counties not contributing to a regional commission
1002 holding facility fund shall not be entitled to use of a holding
1003 facility. No patient shall be ordered by any court to a holding
1004 facility established under this section if the county in which the
1005 commitment action is pending has not entered into a cooperative
1006 agreement with a regional commission and has not made a
1007 contribution to a regional commission holding facility fund.

1008 (5) Holding facilities established under this section shall
1009 at a minimum comply with the operational standards for holding
1010 facilities established by the Department of Mental Health.
1011 Holding facilities may also seek designation and certification as
1012 a crisis stabilization unit, single point of entry, and other type
1013 of treatment facility so that they may receive reimbursement from
1014 the Division of Medicaid for eligible patients.

1015 (6) Holding facilities and committing courts shall not
1016 remove persons from the holding facility unless the removal is for
1017 clinical purposes. Persons taken to a holding facility
1018 established under this section and any treatment professionals
1019 called as witnesses shall not be required to appear at the court's
1020 location for commitment proceedings, except when extraordinary



1021 circumstances are found and determined as reflected by a written
1022 order of the chancellor. For the purpose of civil commitment
1023 hearings, persons being committed and treatment professionals may
1024 participate through videoconferencing. Holding facilities
1025 established under this section shall have the capacity and ability
1026 to provide videoconferencing between the person being held, the
1027 committing court, and treatment professionals. Any attorney for
1028 the person being held shall be present at the location of the
1029 person during videoconferenced hearings and shall have the ability
1030 to consult in private with the person.

1031 (7) Holding facilities are authorized to provide any
1032 necessary treatment in person or through the use of
1033 videoconferencing between the person and the treatment
1034 professional.

1035 (8) For purposes of public participation, jurisdiction and
1036 venue, the location of the commitment actions for persons being
1037 held at holding facilities established under this section shall be
1038 deemed to be the county of the committing court, even though the
1039 individual being committed and treatment professionals may be
1040 physically located in other jurisdictions when participating in
1041 any hearing through videoconference. The jurisdiction of the
1042 committing court and law enforcement officials transporting
1043 persons to holding facilities shall extend to other jurisdictions
1044 for the purpose of conducting hearings held by videoconferencing,



1045 and for the purpose of holding and transporting individuals to
1046 holding facilities established under this section.

1047 (9) Persons being held or detained for the purpose of civil
1048 commitment shall not have a jail photograph or "mug shot"
1049 published, except as permitted under Section 41-21-97. Persons
1050 and businesses who publish those photographs shall immediately
1051 remove the photographs from publication, and destroy any and all
1052 copies of those photographs in their possession.

1053 **SECTION 6.** This act shall take effect and be in force from
1054 and after July 1, 2015.

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

1 AN ACT TO AMEND SECTION 43-13-107, MISSISSIPPI CODE OF 1972,
2 TO AUTHORIZE THE PHARMACY AND THERAPEUTICS COMMITTEE OF THE
3 DIVISION OF MEDICAID TO MEET AS NECESSARY TO FULFILL ITS
4 RESPONSIBILITIES; TO AMEND SECTION 43-13-121, MISSISSIPPI CODE OF
5 1972, AS AMENDED BY HOUSE BILL NO. 544, 2015 REGULAR SESSION; TO
6 PROVIDE THAT ANY JUDICIAL APPEAL BY A RECIPIENT OR PROVIDER
7 AGAINST THE DIVISION OF MEDICAID SHALL BE MADE WITHIN 60 DAYS
8 AFTER THE DATE THAT THE DIVISION HAS NOTIFIED THE PROVIDER BY
9 CERTIFIED MAIL AND THE PROVIDER HAS SIGNED FOR THE CERTIFIED MAIL
10 NOTICE, OR 60 DAYS AFTER THE DATE OF THE FINAL DECISION IF THE
11 PROVIDER DOES NOT SIGN FOR THE CERTIFIED MAIL NOTICE; TO REPEAL
12 SECTION 43-13-117.3, MISSISSIPPI CODE OF 1972, WHICH PROVIDES FOR
13 A STUDY ON THE IMPLEMENTATION OF A PILOT PROGRAM TO PROVIDE
14 BARIATRIC SURGERY ON THE MORBIDLY OBESE AS A TREATMENT OPTION; TO
15 REQUIRE PERSONS WHO PROVIDE MEDICAID PLANNING SERVICES FOR
16 COMPENSATION TO REGISTER ANNUALLY WITH THE DIVISION OF MEDICAID;
17 TO REQUIRE THE DIVISION TO PROVIDE THE LIST OF REGISTERED MEDICAID
18 PLANNERS AND THE INFORMATION CONTAINED IN THE REGISTRATIONS TO
19 EACH LOCAL AND REGIONAL MEDICAID OFFICE; TO REQUIRE THE DIVISION
20 TO INCLUDE A QUESTION ON THE APPLICATION FOR MEDICAID BENEFITS
21 ASKING IF THE APPLICANT HAS USED OR IS USING THE SERVICES OF A
22 MEDICAID PLANNER, AND THE NAME AND CONTACT INFORMATION OF THE
23 MEDICAID PLANNER IF ONE WAS USED BY THE APPLICANT; TO REQUIRE
24 MEDICAID PLANNERS TO FILE A BOND WITH THE STATE TREASURER AT THE



25 TIME OF INITIAL REGISTRATION, WHICH WILL BE IN FAVOR OF THE STATE
26 OF MISSISSIPPI FOR THE BENEFIT OF ANY INDIVIDUAL FOR WHICH THE
27 MEDICAID PLANNER HAS PROVIDED MEDICAID PLANNING SERVICES WHO
28 SUFFERS OR INCURS ANY LOSS, LIABILITY OR DAMAGES BY REASON OF ACTS
29 OF FRAUD, DISHONESTY, MALFEASANCE OR MISFEASANCE OF THE PLANNER OR
30 FAILURE OF THE PLANNER TO PROVIDE THE SERVICES AS REPRESENTED; TO
31 PROVIDE FOR CRIMINAL PENALTIES FOR MEDICAID PLANNERS WHO WILLFULLY
32 FAIL TO REGISTER WITH THE DIVISION OR FILE A SURETY BOND; TO
33 CODIFY NEW SECTION 41-21-68, MISSISSIPPI CODE OF 1972, TO
34 PRESCRIBE STANDARDS FOR COMMUNITY MENTAL HEALTH CENTER REGIONAL
35 HOLDING FACILITIES FOR PERSONS BEING HELD FOR THE PURPOSE OF CIVIL
36 COMMITMENT; TO AUTHORIZE CONTRIBUTIONS FROM THE COUNTIES FOR THE
37 OPERATION OF SUCH HOLDING FACILITIES AND AUTHORIZE A STATE MATCH
38 TO THE LOCAL CONTRIBUTIONS IF SUFFICIENT FUNDS ARE AVAILABLE; TO
39 PRESCRIBE OPERATIONAL STANDARDS FOR THE HOLDING FACILITIES TO
40 RECEIVE PUBLIC FUNDING; TO PROVIDE THAT PERSONS TAKEN TO A HOLDING
41 FACILITY, WITNESSES AND TREATMENT PROFESSIONALS MAY PARTICIPATE IN
42 COMMITMENT PROCEEDINGS BY VIDEOCONFERENCING AND NOT BE REQUIRED TO
43 APPEAR AT THE COURT'S LOCATION; TO CLARIFY VENUE FOR PURPOSES OF
44 CIVIL COMMITMENT OF PERSONS IN HOLDING FACILITIES; AND FOR RELATED
45 PURPOSES.

CONFEREES FOR THE HOUSE

X (SIGNED)
Howell

X (SIGNED)
White

X (SIGNED)
Boyd

CONFEREES FOR THE SENATE

X (SIGNED)
Kirby

X (SIGNED)
Bryan

X (SIGNED)
Parks

