

HOUSE BILL NO. 55

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO PROVIDE MEDICAID COVERAGE FOR INDIVIDUALS WHO ARE UNDER 65
3 YEARS OF AGE, ARE NOT PREGNANT, ARE NOT ENTITLED TO OR ENROLLED
4 FOR MEDICARE BENEFITS AND WHOSE INCOME IS NOT MORE THAN 133% OF
5 THE FEDERAL POVERTY LEVEL, AS AUTHORIZED UNDER THE FEDERAL PATIENT
6 PROTECTION AND AFFORDABLE CARE ACT; TO PROVIDE MEDICAID COVERAGE
7 FOR CHILDREN WHO ARE UNDER 19 YEARS OF AGE AND WHOSE FAMILY INCOME
8 IS MORE THAN 133% BUT NOT MORE THAN 200% OF THE FEDERAL POVERTY
9 LEVEL, AS AUTHORIZED UNDER THE CHILDREN'S HEALTH INSURANCE
10 PROGRAM; TO REPEAL SECTIONS 41-86-1, 41-86-5, 41-86-7, 41-86-9,
11 41-86-11, 41-86-13 AND 41-86-15, MISSISSIPPI CODE OF 1972, WHICH
12 ARE THE MISSISSIPPI CHILDREN'S HEALTH INSURANCE PROGRAM ACT; AND
13 FOR RELATED PURPOSES.

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

15 **SECTION 1.** Section 43-13-115, Mississippi Code of 1972, is
16 amended as follows:

17 43-13-115. Recipients of Medicaid shall be the following
18 persons only:

19 (1) Those who are qualified for public assistance
20 grants under provisions of Title IV-A and E of the federal Social
21 Security Act, as amended, including those statutorily deemed to be
22 IV-A and low income families and children under Section 1931 of
23 the federal Social Security Act. For the purposes of this

24 paragraph (1) and paragraphs (8), (17) and (18) of this section,
25 any reference to Title IV-A or to Part A of Title IV of the
26 federal Social Security Act, as amended, or the state plan under
27 Title IV-A or Part A of Title IV, shall be considered as a
28 reference to Title IV-A of the federal Social Security Act, as
29 amended, and the state plan under Title IV-A, including the income
30 and resource standards and methodologies under Title IV-A and the
31 state plan, as they existed on July 16, 1996. The Department of
32 Human Services shall determine Medicaid eligibility for children
33 receiving public assistance grants under Title IV-E. The division
34 shall determine eligibility for low income families under Section
35 1931 of the federal Social Security Act and shall redetermine
36 eligibility for those continuing under Title IV-A grants.

37 (2) Those qualified for Supplemental Security Income
38 (SSI) benefits under Title XVI of the federal Social Security Act,
39 as amended, and those who are deemed SSI eligible as contained in
40 federal statute. The eligibility of individuals covered in this
41 paragraph shall be determined by the Social Security
42 Administration and certified to the Division of Medicaid.

43 (3) Qualified pregnant women who would be eligible for
44 Medicaid as a low income family member under Section 1931 of the
45 federal Social Security Act if her child were born. The
46 eligibility of the individuals covered under this paragraph shall
47 be determined by the division.

48 (4) [Deleted]



49 (5) A child born on or after October 1, 1984, to a
50 woman eligible for and receiving Medicaid under the state plan on
51 the date of the child's birth shall be deemed to have applied for
52 Medicaid and to have been found eligible for Medicaid under the
53 plan on the date of that birth, and will remain eligible for
54 Medicaid for a period of one (1) year so long as the child is a
55 member of the woman's household and the woman remains eligible for
56 Medicaid or would be eligible for Medicaid if pregnant. The
57 eligibility of individuals covered in this paragraph shall be
58 determined by the Division of Medicaid.

59 (6) Children certified by the State Department of Human
60 Services to the Division of Medicaid of whom the state and county
61 departments of human services have custody and financial
62 responsibility, and children who are in adoptions subsidized in
63 full or part by the Department of Human Services, including
64 special needs children in non-Title IV-E adoption assistance, who
65 are approvable under Title XIX of the Medicaid program. The
66 eligibility of the children covered under this paragraph shall be
67 determined by the State Department of Human Services.



74 state supplements, and those aged, blind and disabled persons who
75 would not be eligible for Supplemental Security Income (SSI)
76 benefits under Title XVI or state supplements if they were not
77 institutionalized in a medical facility but whose income is below
78 the maximum standard set by the Division of Medicaid, which
79 standard shall not exceed that prescribed by federal regulation.

80 (8) Children under eighteen (18) years of age and
81 pregnant women (including those in intact families) who meet the
82 financial standards of the state plan approved under Title IV-A of
83 the federal Social Security Act, as amended. The eligibility of
84 children covered under this paragraph shall be determined by the
85 Division of Medicaid.

86 (9) Individuals who are:

87 (a) Children born after September 30, 1983, who
88 have not attained the age of nineteen (19), with family income
89 that does not exceed one hundred percent (100%) of the nonfarm
90 official poverty level;

91 (b) Pregnant women, infants and children who have
92 not attained the age of six (6), with family income that does not
93 exceed one hundred thirty-three percent (133%) of the federal
94 poverty level; and

95 (c) Pregnant women and infants who have not
96 attained the age of one (1), with family income that does not
97 exceed one hundred eighty-five percent (185%) of the federal
98 poverty level.

99 The eligibility of individuals covered in (a), (b) and (c) of
100 this paragraph shall be determined by the division.

101 (10) Certain disabled children age eighteen (18) or
102 under who are living at home, who would be eligible, if in a
103 medical institution, for SSI or a state supplemental payment under
104 Title XVI of the federal Social Security Act, as amended, and
105 therefore for Medicaid under the plan, and for whom the state has
106 made a determination as required under Section 1902(e) (3) (b) of
107 the federal Social Security Act, as amended. The eligibility of
108 individuals under this paragraph shall be determined by the
109 Division of Medicaid.

110 (11) Until the end of the day on December 31, 2005,
111 individuals who are sixty-five (65) years of age or older or are
112 disabled as determined under Section 1614(a) (3) of the federal
113 Social Security Act, as amended, and whose income does not exceed
114 one hundred thirty-five percent (135%) of the nonfarm official
115 poverty level as defined by the Office of Management and Budget
116 and revised annually, and whose resources do not exceed those
117 established by the Division of Medicaid. The eligibility of
118 individuals covered under this paragraph shall be determined by
119 the Division of Medicaid. After December 31, 2005, only those
120 individuals covered under the 1115(c) Healthier Mississippi waiver
121 will be covered under this category.

122 Any individual who applied for Medicaid during the period
123 from July 1, 2004, through March 31, 2005, who otherwise would

124 have been eligible for coverage under this paragraph (11) if it
125 had been in effect at the time the individual submitted his or her
126 application and is still eligible for coverage under this
127 paragraph (11) on March 31, 2005, shall be eligible for Medicaid
128 coverage under this paragraph (11) from March 31, 2005, through
129 December 31, 2005. The division shall give priority in processing
130 the applications for those individuals to determine their
131 eligibility under this paragraph (11).

132 (12) Individuals who are qualified Medicare
133 beneficiaries (QMB) entitled to Part A Medicare as defined under
134 Section 301, Public Law 100-360, known as the Medicare
135 Catastrophic Coverage Act of 1988, and whose income does not
136 exceed one hundred percent (100%) of the nonfarm official poverty
137 level as defined by the Office of Management and Budget and
138 revised annually.

139 The eligibility of individuals covered under this paragraph
140 shall be determined by the Division of Medicaid, and those
141 individuals determined eligible shall receive Medicare
142 cost-sharing expenses only as more fully defined by the Medicare
143 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
144 1997.

145 (13) (a) Individuals who are entitled to Medicare Part
146 A as defined in Section 4501 of the Omnibus Budget Reconciliation
147 Act of 1990, and whose income does not exceed one hundred twenty
148 percent (120%) of the nonfarm official poverty level as defined by



149 the Office of Management and Budget and revised annually.
150 Eligibility for Medicaid benefits is limited to full payment of
151 Medicare Part B premiums.

152 (b) Individuals entitled to Part A of Medicare,
153 with income above one hundred twenty percent (120%), but less than
154 one hundred thirty-five percent (135%) of the federal poverty
155 level, and not otherwise eligible for Medicaid. Eligibility for
156 Medicaid benefits is limited to full payment of Medicare Part B
157 premiums. The number of eligible individuals is limited by the
158 availability of the federal capped allocation at one hundred
159 percent (100%) of federal matching funds, as more fully defined in
160 the Balanced Budget Act of 1997.

161 The eligibility of individuals covered under this paragraph
162 shall be determined by the Division of Medicaid.

163 (14) [Deleted]

164 (15) Disabled workers who are eligible to enroll in
165 Part A Medicare as required by Public Law 101-239, known as the
166 Omnibus Budget Reconciliation Act of 1989, and whose income does
167 not exceed two hundred percent (200%) of the federal poverty level
168 as determined in accordance with the Supplemental Security Income
169 (SSI) program. The eligibility of individuals covered under this
170 paragraph shall be determined by the Division of Medicaid and
171 those individuals shall be entitled to buy-in coverage of Medicare
172 Part A premiums only under the provisions of this paragraph (15).

173 (16) In accordance with the terms and conditions of
174 approved Title XIX waiver from the United States Department of
175 Health and Human Services, persons provided home- and
176 community-based services who are physically disabled and certified
177 by the Division of Medicaid as eligible due to applying the income
178 and deeming requirements as if they were institutionalized.

179 (17) In accordance with the terms of the federal
180 Personal Responsibility and Work Opportunity Reconciliation Act of
181 1996 (Public Law 104-193), persons who become ineligible for
182 assistance under Title IV-A of the federal Social Security Act, as
183 amended, because of increased income from or hours of employment
184 of the caretaker relative or because of the expiration of the
185 applicable earned income disregards, who were eligible for
186 Medicaid for at least three (3) of the six (6) months preceding
187 the month in which the ineligibility begins, shall be eligible for
188 Medicaid for up to twelve (12) months. The eligibility of the
189 individuals covered under this paragraph shall be determined by
190 the division.

191 (18) Persons who become ineligible for assistance under
192 Title IV-A of the federal Social Security Act, as amended, as a
193 result, in whole or in part, of the collection or increased
194 collection of child or spousal support under Title IV-D of the
195 federal Social Security Act, as amended, who were eligible for
196 Medicaid for at least three (3) of the six (6) months immediately
197 preceding the month in which the ineligibility begins, shall be



198 eligible for Medicaid for an additional four (4) months beginning
199 with the month in which the ineligibility begins. The eligibility
200 of the individuals covered under this paragraph shall be
201 determined by the division.

202 (19) Disabled workers, whose incomes are above the
203 Medicaid eligibility limits, but below two hundred fifty percent
204 (250%) of the federal poverty level, shall be allowed to purchase
205 Medicaid coverage on a sliding fee scale developed by the Division
206 of Medicaid.

207 (20) Medicaid eligible children under age eighteen (18)
208 shall remain eligible for Medicaid benefits until the end of a
209 period of twelve (12) months following an eligibility
210 determination, or until such time that the individual exceeds age
211 eighteen (18).

212 (21) Women of childbearing age whose family income does
213 not exceed one hundred eighty-five percent (185%) of the federal
214 poverty level. The eligibility of individuals covered under this
215 paragraph (21) shall be determined by the Division of Medicaid,
216 and those individuals determined eligible shall only receive
217 family planning services covered under Section 43-13-117(13) and
218 not any other services covered under Medicaid. However, any
219 individual eligible under this paragraph (21) who is also eligible
220 under any other provision of this section shall receive the
221 benefits to which he or she is entitled under that other



222 provision, in addition to family planning services covered under
223 Section 43-13-117(13) .

224 The Division of Medicaid shall apply to the United States
225 Secretary of Health and Human Services for a federal waiver of the
226 applicable provisions of Title XIX of the federal Social Security
227 Act, as amended, and any other applicable provisions of federal
228 law as necessary to allow for the implementation of this paragraph
229 (21). The provisions of this paragraph (21) shall be implemented
230 from and after the date that the Division of Medicaid receives the
231 federal waiver.

232 (22) Persons who are workers with a potentially severe
233 disability, as determined by the division, shall be allowed to
234 purchase Medicaid coverage. The term "worker with a potentially
235 severe disability" means a person who is at least sixteen (16)
236 years of age but under sixty-five (65) years of age, who has a
237 physical or mental impairment that is reasonably expected to cause
238 the person to become blind or disabled as defined under Section
239 1614(a) of the federal Social Security Act, as amended, if the
240 person does not receive items and services provided under
241 Medicaid.

242 The eligibility of persons under this paragraph (22) shall be
243 conducted as a demonstration project that is consistent with
244 Section 204 of the Ticket to Work and Work Incentives Improvement
245 Act of 1999, Public Law 106-170, for a certain number of persons
246 as specified by the division. The eligibility of individuals



247 covered under this paragraph (22) shall be determined by the
248 Division of Medicaid.

249 (23) Children certified by the Mississippi Department
250 of Human Services for whom the state and county departments of
251 human services have custody and financial responsibility who are
252 in foster care on their eighteenth birthday as reported by the
253 Mississippi Department of Human Services shall be certified
254 Medicaid eligible by the Division of Medicaid until their
255 twenty-first birthday.

256 (24) Individuals who have not attained age sixty-five
257 (65), are not otherwise covered by creditable coverage as defined
258 in the Public Health Services Act, and have been screened for
259 breast and cervical cancer under the Centers for Disease Control
260 and Prevention Breast and Cervical Cancer Early Detection Program
261 established under Title XV of the Public Health Service Act in
262 accordance with the requirements of that act and who need
263 treatment for breast or cervical cancer. Eligibility of
264 individuals under this paragraph (24) shall be determined by the
265 Division of Medicaid.

266 (25) The division shall apply to the Centers for
267 Medicare and Medicaid Services (CMS) for any necessary waivers to
268 provide services to individuals who are sixty-five (65) years of
269 age or older or are disabled as determined under Section
270 1614(a)(3) of the federal Social Security Act, as amended, and
271 whose income does not exceed one hundred thirty-five percent



272 (135%) of the nonfarm official poverty level as defined by the
273 Office of Management and Budget and revised annually, and whose
274 resources do not exceed those established by the Division of
275 Medicaid, and who are not otherwise covered by Medicare. Nothing
276 contained in this paragraph (25) shall entitle an individual to
277 benefits. The eligibility of individuals covered under this
278 paragraph shall be determined by the Division of Medicaid.

279 (26) The division shall apply to the Centers for
280 Medicare and Medicaid Services (CMS) for any necessary waivers to
281 provide services to individuals who are sixty-five (65) years of
282 age or older or are disabled as determined under Section
283 1614(a)(3) of the federal Social Security Act, as amended, who are
284 end stage renal disease patients on dialysis, cancer patients on
285 chemotherapy or organ transplant recipients on antirejection
286 drugs, whose income does not exceed one hundred thirty-five
287 percent (135%) of the nonfarm official poverty level as defined by
288 the Office of Management and Budget and revised annually, and
289 whose resources do not exceed those established by the division.
290 Nothing contained in this paragraph (26) shall entitle an
291 individual to benefits. The eligibility of individuals covered
292 under this paragraph shall be determined by the Division of
293 Medicaid.

294 (27) Individuals who are entitled to Medicare Part D
295 and whose income does not exceed one hundred fifty percent (150%)
296 of the nonfarm official poverty level as defined by the Office of



297 Management and Budget and revised annually. Eligibility for
298 payment of the Medicare Part D subsidy under this paragraph shall
299 be determined by the division.

300 (28) The division is authorized and directed to provide
301 up to twelve (12) months of continuous coverage postpartum for any
302 individual who qualifies for Medicaid coverage under this section
303 as a pregnant woman, to the extent allowable under federal law and
304 as determined by the division.

305 (29) Individuals who are under sixty-five (65) years of
306 age, are not pregnant, are not entitled to or enrolled for
307 benefits under Part A or Part B of Medicare, are not eligible for
308 Medicaid under any other paragraph of this section, and whose
309 income is not more than one hundred thirty-three percent (133%) of
310 the federal poverty level applicable to a family of the size
311 involved. Individuals eligible under this paragraph (28) shall
312 receive benchmark coverage described in Section 1937(b)(1) of the
313 federal Social Security Act, as amended, or benchmark equivalent
314 coverage described in Section 1937(b)(2) of the federal Social
315 Security Act, as amended. The eligibility of individuals covered
316 under this paragraph shall be determined by the Division of
317 Medicaid.

318 (30) Children who are under nineteen (19) years of age,
319 are not eligible for Medicaid under any other paragraph of this
320 section, and whose family income is more than one hundred
321 thirty-three percent (133%) but not more than two hundred percent



322 (200%) of the federal poverty level applicable to a family of the
323 size involved. The eligibility of individuals covered under this
324 paragraph shall be determined by the Division of Medicaid. The
325 coverage of children under this paragraph is an expansion of
326 Medicaid coverage as allowed under the Children's Health Insurance
327 Program (CHIP) established by Title XXI of the federal Social
328 Security Act, as amended.

329 The division shall redetermine eligibility for all categories
330 of recipients described in each paragraph of this section not less
331 frequently than required by federal law.

332 **SECTION 2.** Sections 41-86-1, 41-86-5, 41-86-7, 41-86-9,
333 41-86-11, 41-86-13 and 41-86-15, Mississippi Code of 1972, which
334 are the Mississippi Children's Health Insurance Program Act, are
335 repealed.

336 **SECTION 3.** This act shall take effect and be in force from
337 and after July 1, 2025.

