

By: Evans

To: Insurance

HOUSE BILL NO. 913

1 AN ACT TO AMEND SECTION 41-95-7, MISSISSIPPI CODE OF 1972, TO
2 PROVIDE THAT THE MISSISSIPPI HEALTH FINANCE AUTHORITY BOARD SHALL
3 DEVELOP A PLAN FOR THE PROVISION OF BASIC HEALTH SERVICES TO
4 PERSONS WITH NO OTHER HEALTH BENEFITS; TO PROVIDE THAT THE BOARD
5 SHALL INCLUDE IN THE MISSISSIPPI HEALTH CARE PURCHASING POOL ALL
6 UNINSURED PERSONS WHO APPLY FOR COVERAGE UNDER THE POOL; AND FOR
7 RELATED PURPOSES.

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

9 SECTION 1. Section 41-95-7, Mississippi Code of 1972, is
10 amended as follows:

11 41-95-7. (1) The Mississippi Health Finance Authority Board
12 shall formulate and carry out all policies regarding services
13 within the jurisdiction of the authority, and shall adopt, modify,
14 repeal and promulgate necessary rules and regulations after due
15 notice and hearing and where not otherwise prohibited by federal
16 or state law. It shall be the duty of the Mississippi Health
17 Finance Authority to provide, to the fullest extent possible, that
18 basic health care benefits are available to all Mississippians.
19 Toward this end, the Mississippi Health Finance Authority Board
20 shall conduct the following activities:

21 (a) The Mississippi Health Finance Authority shall
22 conduct such research as is necessary to analyze current
23 expenditures for health care for Mississippians, patterns of

24 utilization of health resources, accessibility of providers and
25 services, as well as other factors including, but not limited to,
26 the demography and geography of Mississippi, which affect the
27 quality and cost of health services. Potential savings through
28 such measures as preventive and primary care, managed care,
29 reduction of cost shifting and group purchasing shall be
30 identified and analyzed. The Mississippi Health Finance Authority
31 is authorized to obtain, collect and preserve such information as
32 determined by the authority to be needed to conduct this research
33 and carry out all other duties. No health care provider, health
34 care facility, state agency, insurance company or related entity
35 may refuse to provide the information required by the authority,
36 but may charge a reasonable cost for the collection and reporting
37 of the information. Information received by the authority shall
38 not be disclosed publicly in such manner as to identify
39 individuals or specific facilities. Information collected by the
40 authority that identifies specific individuals or facilities is
41 exempt from disclosure under the Mississippi Public Records Act.
42 Information obtained by the Mississippi Health Finance Authority
43 shall be governed by state and federal laws, and regulations
44 applicable to the agency from whom information is received.

45 (b) The Mississippi Health Finance Authority shall
46 determine what basic health services will best serve the needs of
47 the citizens of the State of Mississippi, and in conjunction with
48 such determination, shall identify such additional measures as are
49 desirable to encourage employer participation, promote
50 competition, contain costs and otherwise increase the availability
51 of health benefits to Mississippians.

52 (c) In conjunction with paragraph (b) of this
53 subsection, the board shall develop a plan for the provision of
54 basic health services to state and local government employees,

55 teachers, persons currently receiving Medicaid benefits, and * * *
56 persons with no other health benefits * * * as specifically
57 provided in subsection (2) of this section. The Mississippi
58 Health Finance Authority Board, in developing the plan, may
59 propose graduated levels of participation proportionate to the
60 participant's level of economic circumstances. This plan should
61 include realization of savings identified through paragraphs (a)
62 and (b) of this subsection.

63 (d) If different health plans are proposed, the
64 Mississippi Health Finance Authority shall require written
65 disclosure of treatment policies, practice standards or practice
66 parameters, and any restrictions or limits on normal health
67 services, including, but not limited to physical services,
68 clinical laboratory tests, hospital and surgical procedures,
69 prescription drugs and biologics, and radiological examinations,
70 by each health plan, unless the authority specifically determines
71 it inadvisable to do so.

72 (e) The Mississippi Health Finance Authority shall
73 determine what criteria are appropriate for certification of
74 purchasing alliances, to protect the health and safety of the
75 beneficiaries of health services provided pursuant to Sections
76 41-95-1 through 41-95-9.

77 (f) Effective upon approval of the plan by the
78 Legislature, the Mississippi Health Finance Authority shall
79 establish procedures for the solicitation of bids and subsequent
80 purchase of benefits for persons listed in paragraph (c) of this
81 subsection. In contracting for health benefits, the Mississippi
82 Health Finance Authority shall require such information gathering,

83 reports and other measures as are necessary to monitor the
84 provisions of health benefits and the accounting of all financial
85 transactions therein. These shall include any data to continue
86 the research and analysis set forth in paragraph (a) of this
87 subsection.

88 (2) (a) From and after July 1, 2000, the Mississippi Health
89 Finance Authority Board shall establish the Mississippi Health
90 Care Purchasing Pool for the purpose of providing universal access
91 to the basic benefits plan through a single program funded by the
92 State of Mississippi and administered by the Mississippi Health
93 Finance Authority. In offering and administering the purchasing
94 pool, the board shall not discriminate against individuals or
95 groups based on age, gender, geographic area, industry and medical
96 history. The board shall include in the purchasing pool all
97 employees, retirees and dependents covered by the group health
98 insurance plans of the following entities:

99 (i) The State of Mississippi;

100 (ii) The state institutions of higher learning;

101 (iii) Employees of school districts and

102 community/junior college districts as administered by the

103 Department of Finance and Administration;

104 (iv) Any political subdivision or municipality,

105 including any school district, that chooses to participate in the

106 pool;

107 (v) Such portions of the Medicaid caseload as the

108 board deems proper. Access to medical care or benefit levels for

109 Medicaid recipients shall not diminish as a result of

110 participation or nonparticipation in the pool;

111 (vi) All uninsured persons who apply for coverage
112 under the pool; and

113 (vii) Any private entity that chooses to
114 participate in the pool.

115 On and after July 1, 1995, the board may make the purchasing
116 pool available to any employer, group, association or trust that
117 chooses to participate in the pool on behalf of the employees or
118 members of the group, association or trust.

119 (b) In administering the purchasing pool the authority
120 may:

121 (i) Contract on behalf of participants in the pool
122 with health care providers, health care facilities and health
123 insurers for the delivery of health care services, including
124 agreements securing discounts for regular, bulk payments to
125 providers and agreements establishing uniform provider
126 reimbursement;

127 (ii) Consolidate administrative functions on
128 behalf of participants in the pool, including claims, processing,
129 utilization review, management reporting, benefit management and
130 bulk purchasing;

131 (iii) Create a health care cost and utilization
132 data base for participants in the pool, and evaluate potential
133 cost savings; and

134 (iv) Establish incentive programs to encourage
135 pool participants to use health care services judiciously and to
136 improve their health status.

137 (c) On or before December 15 of each year, the
138 authority shall report to the Legislature on the operation of the

139 purchasing pool, including the number and types of groups and
140 group members participating in the pool, the costs of
141 administering the pool, and the savings attributable to
142 participating groups from the operation of the pool.

143 (d) This subsection (2) shall not be implemented unless
144 (i) the necessary federal waivers have been granted, or (ii) the
145 Secretary of the federal Department of Health and Human Services
146 certifies that federal law permits this state to implement this
147 program, and (iii) the Secretary of the federal Department of
148 Health and Human Services certifies that full implementation of
149 waiver programs shall receive federal funding at current
150 participation rates, and (iv) further amendment to this section by
151 the Legislature has been enacted and has become law during the
152 1995 Regular Session or subsequent sessions.

153 SECTION 2. This act shall take effect and be in force from
154 and after July 1, 2000.