

By: Representative Moak

To: Public Health and  
Welfare; Appropriations

HOUSE BILL NO. 141

1 AN ACT TO AMEND SECTIONS 41-86-3, 41-86-5, 41-86-9, 41-86-11  
2 AND 41-86-15, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT THE  
3 CHILDREN'S HEALTH INSURANCE PROGRAM MAY INCLUDE COVERAGE FOR THE  
4 PARENTS OF THE ELIGIBLE CHILDREN IF FUNDS ARE AVAILABLE; AND FOR  
5 RELATED PURPOSES.

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

7 **SECTION 1.** Section 41-86-3, Mississippi Code of 1972, is  
8 amended as follows:

9 41-86-3. (1) There is established a statewide Children's  
10 Health Insurance Program under Title XXI of the Social Security  
11 Act to provide child health care assistance to targeted,  
12 uninsured, low-income children to be administered by the Division  
13 of Medicaid in the Office of the Governor. The term "targeted,  
14 low-income child" means a child through age eighteen (18) who has  
15 been determined eligible for child health assistance and who is a  
16 low-income child, or is a child whose family income exceeds the  
17 Medicaid applicable income level, but does not exceed one hundred  
18 percent (100%) of the federal poverty level, and is not eligible  
19 for medical assistance under Title XIX or is not covered under a  
20 group health plan.

21 (2) The Children's Health Insurance Program shall provide  
22 the same benefits to children and their parents enrolled in the  
23 program as are provided to Medicaid recipients under the  
24 Mississippi Medicaid Laws, Section 43-13-117.

25 (3) The Children's Health Insurance Program shall be  
26 established subject to the availability of funds specifically  
27 appropriated by the Legislature for this purpose and federal



28 matching funds as set forth in Title XXI of the Social Security  
29 Act.

30 (4) In administering the Children's Health Insurance  
31 Program, the Division of Medicaid shall have all the authority,  
32 duties and responsibilities set forth in Section 43-13-101 et seq.

33 (5) This section authorizes the Division of Medicaid to  
34 submit a temporary plan for children's health insurance to the  
35 U.S. Department of Health and Human Services.

36 (6) From and after the full implementation of the permanent  
37 State Child Health Plan authorized under Section 5 of this act,  
38 this section shall have no force and effect.

39 **SECTION 2.** Section 41-86-5, Mississippi Code of 1972, is  
40 amended as follows:

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

44 (a) "Act" means the Mississippi Children's Health Care  
45 Act.

46 (b) "Administering agency" means the agency designated  
47 by the Mississippi Children's Health Insurance Program Commission  
48 to administer the program.

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

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

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

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

59 (g) "Division" means the Division of Medicaid in the  
60 Office of the Governor.



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

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

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

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

69 (l) "State Child Health Plan" means the permanent plan  
70 that sets forth the manner and means by which the State of  
71 Mississippi will provide health care assistance to eligible  
72 uninsured, low-income children consistent with the provisions of  
73 Title XXI of the federal Social Security Act, as amended, and to  
74 the eligible parents of such children as established by Section  
75 41-86-15.

76 **SECTION 3.** Section 41-86-9, Mississippi Code of 1972, is  
77 amended as follows:

78 41-86-9. (1) A Mississippi Children's Health Insurance  
79 Program Commission is created to develop and adopt the permanent  
80 State Child Health Plan. The commission shall be composed of the  
81 following members:

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

83 (b) The Executive Director of the State Department of  
84 Health;

85 (c) The Mississippi Commissioner of Insurance;

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

91 (e) Two (2) members to be appointed by the Speaker of  
92 the House of Representatives, one (1) of whom shall be a physician  
93 who provides health care services to children, and one (1) of whom



94 shall be a person with experience in administering or working with  
95 plans for reimbursement or payment of health care expenses; and

96 (f) Two (2) members to be appointed by the Governor,  
97 one of whom shall be a physician who provides health care services  
98 to children, and who shall serve as chairman of the commission,  
99 and one (1) of whom shall be a person with experience in  
100 administering or working with plans for reimbursement or payment  
101 of health care expenses.

102 In making appointments to the commission, the appointing  
103 authorities shall reflect the gender and racial composition of the  
104 state.

105 Not later than May 1, 1998, the Governor, the Lieutenant  
106 Governor and the Speaker shall appoint the members of the  
107 commission. After the members are appointed, the commission shall  
108 meet on a date designated by the chairman of the commission in  
109 Jackson, Mississippi, to organize the commission and establish  
110 rules for transacting its business and keeping records. A  
111 majority of the members of the commission shall constitute a  
112 quorum at all commission meetings. An affirmative vote of a  
113 majority of the members shall be required in the adoption of  
114 rules, resolutions and reports. All members of the commission  
115 shall be notified in writing of all regular and special meetings  
116 of the commission, which notices shall be mailed at least five (5)  
117 days before the dates of the meetings. The commission may  
118 establish any subcommittees that it deems desirable to study and  
119 report to the commission with respect to any matter that is within  
120 the scope of the commission.

121 The Division of Medicaid shall provide clerical and  
122 administrative support for the Children's Health Insurance Program  
123 Commission. In carrying out the provisions of this section, the  
124 commission may utilize the services, facilities and personnel of  
125 all departments, agencies, offices and institutions of the state.  
126 In particular, the commission shall consult with the Division of



127 Medicaid, the Office of Insurance of the Department of Finance and  
128 Administration, the State Department of Health and the Mississippi  
129 Department of Insurance, and those agencies shall cooperate with  
130 the commission and provide the commission with any information and  
131 other assistance requested by the commission. The commission may  
132 consult and seek advice from various groups in the state in order  
133 to understand the effect of any existing laws or any changes in  
134 law being considered by the commission. For attending meetings of  
135 the commission, each member who is not a state official shall be  
136 paid per diem compensation in the amount authorized by Section  
137 25-3-69 and each member shall receive expense reimbursement as  
138 authorized by Section 25-3-41. All expenses incurred by and on  
139 behalf of the commission shall be paid from any funds appropriated  
140 or otherwise made available for the purpose of this program, and  
141 from any grants or contributions made to the commission for its  
142 purpose. The commission shall be dissolved on August 1, 1998.

143 (2) The Children's Health Insurance Program Commission shall  
144 develop the State Child Health Plan, which shall set forth the  
145 manner and means by which the State of Mississippi will provide  
146 health care assistance to eligible uninsured, low-income children  
147 and their eligible parents under the Children's Health Care  
148 Program. The commission shall consider all options in developing  
149 the plan. The plan must be consistent with and meet the  
150 applicable requirements of Title XXI of the federal Social  
151 Security Act, as amended, and shall include:

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

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

158 (c) A description of the covered benefits and the  
159 eligibility standards for recipients;



160 (d) The method by which health care benefits and  
161 services provided under the program will be coordinated with other  
162 sources of health benefits coverage for children and their  
163 parents; and

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

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

169 (4) After the permanent plan has been developed and  
170 approved, the Children's Health Care Program shall be implemented  
171 and administered by the administering agency designated by the  
172 commission.

173 **SECTION 4.** Section 41-86-11, Mississippi Code of 1972, is  
174 amended as follows:

175 41-86-11. (1) The administering agency shall adopt, in  
176 accordance with Section 25-43-1 et seq., rules and regulations for  
177 the implementation of the program, and for the coordination of the  
178 program with the state's other medical assistance programs.

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

182 (3) The administering agency shall make reports to the  
183 federal government and to the Legislature on the providing of  
184 benefits to those children and their parents under the program.

185 (4) (a) If the commission provides that the administering  
186 agency will have such authority, the administering agency shall  
187 execute a contract or contracts to provide the health care  
188 coverage and services under the program, after first receiving  
189 bids. The contract or contracts may be executed with one or more  
190 corporations or associations authorized to do business in  
191 Mississippi. All of the coverage and services to be provided  
192 under the program may be included in one or more similar



193 contracts, or the coverage and services may be classified into  
194 different types with each type included under one or more similar  
195 contracts issued by the same or different corporations or  
196 associations.

197 (b) The administering agency shall execute a contract  
198 or contracts with one or more corporations or associations that  
199 have submitted the best and most cost-effective bids, or shall  
200 reject all bids. If the administering agency rejects all bids, it  
201 shall notify all bidders of the rejection and shall actively  
202 solicit new bids.

203 **SECTION 5.** Section 41-86-15, Mississippi Code of 1972, is  
204 amended as follows:

205 41-86-15. (1) Persons eligible to receive covered benefits  
206 under Sections 41-86-5 through 41-86-17 shall be low-income  
207 children who meet the eligibility standards set forth in the plan  
208 and the parents of such children if funds are available and are  
209 appropriated by the Legislature specifically for the coverage of  
210 the parents under the program. Any person who is eligible for  
211 benefits under the Mississippi Medicaid Law, Section 43-13-101 et  
212 seq., shall not be eligible to receive benefits under Sections  
213 41-86-5 through 41-86-17. A person who is without insurance  
214 coverage at the time of application for the program and who meets  
215 the other eligibility criteria in the plan shall be eligible to  
216 receive covered benefits under the program, if federal approval is  
217 obtained to allow eligibility with no waiting period of being  
218 without insurance coverage. If federal approval is not obtained  
219 for the preceding provision, the Division of Medicaid shall seek  
220 federal approval to allow eligibility after the shortest waiting  
221 period of being without insurance coverage for which approval can  
222 be obtained. After federal approval is obtained to allow  
223 eligibility after a certain waiting period of being without  
224 insurance coverage, a person who has been without insurance  
225 coverage for the approved waiting period and who meets the other



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

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

238 (3) There will be presumptive eligibility under this chapter  
239 for children under nineteen (19) years of age, in accordance with  
240 the following provisions:

241 (a) A child will be deemed to be presumptively eligible  
242 for covered benefits and services under this chapter if a  
243 qualified entity as defined under federal law (42 USCS Section  
244 1396r-1a) determines, on the basis of preliminary information,  
245 that the family income of the child does not exceed the applicable  
246 income level of eligibility under the plan.

247 (b) A child will be presumptively eligible under this  
248 chapter from the date that the qualified entity determines that  
249 the child is presumptively eligible until the earlier of either:

250 (i) The date on which a determination is made with  
251 respect to the eligibility of the child for covered benefits and  
252 services under this chapter, or

253 (ii) The last day of the month following the month  
254 in which presumptive eligibility is determined, if an application  
255 has not been filed on behalf of the child by that day.

256 (c) For the period during which a child is  
257 presumptively eligible under this chapter, the child will be





258 eligible to receive all covered benefits and services under this  
259 chapter.

260           (d) If a child is determined to be presumptively  
261 eligible under this chapter, the child's parent, guardian or  
262 caretaker relative must submit a completed application for  
263 assistance under the program no later than the last day of the  
264 month following the month in which presumptive eligibility is  
265 determined. The qualified entity shall inform the parent,  
266 guardian or caretaker relative of this requirement at the time the  
267 qualified entity makes the determination of presumptive  
268 eligibility.

269           (e) The qualified entity shall notify the Division of  
270 Medicaid of the determination of presumptive eligibility within  
271 five (5) working days after the date on which the determination is  
272 made.

273           (f) The Division of Medicaid shall provide qualified  
274 entities with such forms as are necessary for an application to be  
275 made on behalf of a child for eligibility under this chapter. The  
276 Division of Medicaid shall make those application forms and the  
277 application process itself as simple as possible.

278           **SECTION 6.** This act shall take effect and be in force from  
279 and after July 1, 2002.

