

By: Senator(s) Dawkins, Williamson, Harden,
Jordan, Simmons, Blackmon, Jackson

To: Public Health and
Welfare; Appropriations

SENATE BILL NO. 2772

1 AN ACT TO AMEND SECTIONS 41-86-5, 41-86-13, 41-86-15 AND
2 41-86-17, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT PREGNANCY
3 RELATED ASSISTANCE FOR TARGETED LOW-INCOME PREGNANT WOMEN AND
4 NEWBORNS SHALL BE ELIGIBLE FOR REIMBURSEMENT UNDER THE MISSISSIPPI
5 CHILDREN'S HEALTH CARE ACT (CHIPS) IN ACCORDANCE WITH THE
6 PROVISIONS OF THE FEDERAL "MOTHERS AND NEWBORNS HEALTH INSURANCE
7 ACT OF 2001"; AND FOR RELATED PURPOSES.

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

9 **SECTION 1.** Section 41-86-5, Mississippi Code of 1972, is
10 amended as follows:

11 41-86-5. As used in Sections 41-86-5 through 41-86-17, the
12 following definitions shall have the meanings ascribed in this
13 section, unless the context indicates otherwise:

14 (a) "Act" means the Mississippi Children's Health Care
15 Act.

16 (b) "Administering agency" means the agency designated
17 by the Mississippi Children's Health Insurance Program Commission
18 to administer the program.

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

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

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

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



29 (g) "Division" means the Division of Medicaid in the
30 Office of the Governor.

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

34 (i) "Low-income pregnant woman" has the meaning given
35 the term "low-income child" as if any reference to a child were
36 deemed a reference to a woman during pregnancy and through the end
37 of the month in which the 60-day period beginning on the last day
38 of her pregnancy ends.

39 (j) "Plan" means the State Child Health Plan.

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

42 (l) "Recipient" means a person who is eligible for
43 assistance under the program.

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

49 **SECTION 2.** Section 41-86-13, Mississippi Code of 1972, is
50 amended as follows:

51 41-86-13. (1) The Division of Medicaid shall receive state
52 appropriations for the program and federal matching funds under
53 the State Children's Health Insurance Program established by Title
54 XXI of the federal Social Security Act, as amended by the federal
55 Mothers and Newborns Health Insurance Act of 2001, and the
56 division shall provide those funds to the administering agency for
57 the administration of the program. The Legislature shall include
58 those funds as a line item in the appropriation to the Division of
59 Medicaid.

60 (2) The program is subject to the availability of state
61 funds specifically appropriated by the Legislature for the purpose



62 of the program and federal matching funds under the State
63 Children's Health Insurance Program established by Title XXI of
64 the federal Social Security Act, as amended by the federal Mothers
65 and Newborns Health Insurance Act of 2001. The division may limit
66 enrollment as necessary to ensure that the costs of the program do
67 not exceed the total amount of state and federal funds
68 appropriated by the Legislature for that purpose.

69 **SECTION 3.** Section 41-86-15, Mississippi Code of 1972, is
70 amended as follows:

71 41-86-15. (1) Persons eligible to receive covered benefits
72 under Sections 41-86-5 through 41-86-17 shall be low-income
73 children who meet the eligibility standards set forth in the plan.
74 Any person who is eligible for benefits under the Mississippi
75 Medicaid Law, Section 43-13-101 et seq., shall not be eligible to
76 receive benefits under Sections 41-86-5 through 41-86-17. A
77 person who is without insurance coverage at the time of
78 application for the program and who meets the other eligibility
79 criteria in the plan shall be eligible to receive covered benefits
80 under the program, if federal approval is obtained to allow
81 eligibility with no waiting period of being without insurance
82 coverage. If federal approval is not obtained for the preceding
83 provision, the Division of Medicaid shall seek federal approval to
84 allow eligibility after the shortest waiting period of being
85 without insurance coverage for which approval can be obtained.
86 After federal approval is obtained to allow eligibility after a
87 certain waiting period of being without insurance coverage, a
88 person who has been without insurance coverage for the approved
89 waiting period and who meets the other eligibility criteria in the
90 plan shall be eligible to receive covered benefits under the
91 program. If the plan includes any waiting period of being without
92 insurance coverage before eligibility, the State and School
93 Employees Health Insurance Management Board shall adopt
94 regulations to provide exceptions to the waiting period for



95 families who have lost insurance coverage for good cause or
96 through no fault of their own.

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

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

104 (a) A child will be deemed to be presumptively eligible
105 for covered benefits and services under this chapter if a
106 qualified entity as defined under federal law (42 USCS Section
107 1396r-1a) determines, on the basis of preliminary information,
108 that the family income of the child does not exceed the applicable
109 income level of eligibility under the plan.

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

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

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

119 (c) For the period during which a child is
120 presumptively eligible under this chapter, the child will be
121 eligible to receive all covered benefits and services under this
122 chapter.

123 (d) If a child is determined to be presumptively
124 eligible under this chapter, the child's parent, guardian or
125 caretaker relative must submit a completed application for
126 assistance under the program no later than the last day of the
127 month following the month in which presumptive eligibility is



128 determined. The qualified entity shall inform the parent,
129 guardian or caretaker relative of this requirement at the time the
130 qualified entity makes the determination of presumptive
131 eligibility.

132 (e) The qualified entity shall notify the Division of
133 Medicaid of the determination of presumptive eligibility within
134 five (5) working days after the date on which the determination is
135 made.

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

141 (4) The eligibility of low-income pregnant women for
142 pregnancy-related assistance under the program shall be determined
143 by the same agency or entity that determines eligibility under
144 Section 43-13-115(9). There shall be no exclusion of benefits for
145 services described in Section 41-86-17 based on any pre-existing
146 condition, and no waiting period shall apply. If a child is born
147 to a low-income pregnant woman who was receiving pregnancy-related
148 assistance under this section on the date of the child's birth,
149 the child shall be deemed to have applied for child health
150 assistance under the child health program on the date of such
151 birth, to have been found eligible for such assistance under such
152 program, and to remain eligible for such assistance until the
153 child attains one (1) year of age, so long as the child is a
154 member of the woman's household. The commission shall establish a
155 procedure under which local and community based public or
156 nonprofit private organizations, local and county governments,
157 public health departments, community health centers, children's
158 hospitals, and disproportionate share hospitals may seek to have
159 administrative costs relating to outreach and enrollment of



160 children and pregnant women under this program treated as
161 administrative costs of the state on a reimbursable basis.

162 **SECTION 4.** Section 41-86-17, Mississippi Code of 1972, is
163 amended as follows:

164 41-86-17. The covered benefits under the program shall
165 include all health care benefits and services required to be
166 included as covered benefits under Title XXI of the federal Social
167 Security Act, as amended, and shall include early and periodic
168 screening and diagnosis services at least equal to those provided
169 under the Medicaid program. The benefits and services offered and
170 available to state employees under the State and School Employees
171 Health Insurance Plan shall be used as the benchmark for benefits
172 and services under the program, with an emphasis on preventive and
173 primary care. Benefits and services to be provided under the
174 program shall include: vision and hearing screening, eyeglasses
175 and hearing aids, preventive dental care and routine dental
176 fillings. No deductibles, coinsurance or any other cost-sharing
177 shall be allowed for any of the benefits and services named in the
178 preceding sentence. The program also may cover other dental
179 services including amalgam and composite restorations,
180 extractions, space maintainers, stainless steel crowns, sealants,
181 pulpotomies, pulpectomies, and treatment of periodontal disease.
182 The program may exclude from participation in the program any
183 health care providers who do not agree to hold the families of
184 recipients harmless for charges in excess of plan payments for
185 covered benefits. From and after July 1, 2002, benefits shall
186 also include pregnancy-related assistance in accordance with the
187 provisions of the federal Mothers and Newborns Health Insurance
188 Act, which shall include prenatal, delivery, postpartum services
189 and other conditions that may complicate pregnancy, but shall not
190 include pre-pregnancy services and supplies.

191 **SECTION 5.** This act shall take effect and be in force from
192 and after July 1, 2002.

