

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. 1725: Medicaid; seek federal waiver for plan to allow Medicaid coverage for persons described in the federal Affordable Care Act.

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:

44 **SECTION 1.** (1) The Office of the Governor, Division of
45 Medicaid, shall enter into negotiations with the Centers for
46 Medicare and Medicaid Services (CMS) to obtain a waiver for
47 applicable provisions of the Medicaid laws and regulations under
48 Section 1115 of the Social Security Act to create a plan to allow
49 Medicaid coverage in Mississippi for individuals described in this
50 act, which contains the following provisions:

51 (a) Coverage group. Individuals eligible for coverage
52 under this section shall be persons who are not less than nineteen
53 (19) years of age but less than sixty-five (65) years of age, who
54 currently reside in households that have an income of less than
55 one hundred percent (100%) of federal poverty level, who are:

56 (i) Employed for at least one hundred twenty (120)
57 hours per month in a position for which health insurance is not
58 paid for by the employer;

59 (ii) Enrolled as a full-time student in secondary
60 or post-secondary education;

61 (iii) Enrolled full-time in a workforce training
62 program;

63 (iv) Enrolled for at least six (6) credit hours,
64 or its equivalent, as a student in secondary education,
65 post-secondary education, or a workforce training program and is
66 employed for at least sixty (60) hours per month in a position for
67 which health insurance is not paid for by the employer;

68 (v) The parent or guardian and the primary
69 caregiver of a child under six (6) years of age;

70 (vi) A person who is physically, mentally or
71 intellectually unable to meet the requirements of subparagraphs
72 (i) through (iv) of this paragraph (a) as documented by a medical
73 professional; or

74 (vii) The primary caregiver for a disabled child,
75 spouse or parent, provided that such disabled person qualifies for
76 Medicaid coverage in accordance with the federal Social Security
77 Act.

78 (b) Beneficiary enrollment. Any individual otherwise
79 eligible for coverage under this section who has health insurance
80 coverage through his or her employer or through private health

81 insurance and who voluntarily disenrolls from that health
82 insurance coverage shall not be in the coverage group until twelve
83 (12) months after the ending date of that coverage. The coverage
84 group shall not include non-United States citizens who are
85 ineligible for Medicaid benefits. The division shall verify
86 eligibility of each beneficiary in this coverage group no less
87 than on a quarterly basis. The division may consider seasonal or
88 part-time employees who are cumulatively employed for an average
89 of one hundred twenty (120) hours per month over a twelve-month
90 period as satisfying the work requirements of paragraph (a)(i) of
91 this subsection.

92 The division shall provide qualified providers with such
93 forms as are necessary for an individual in the coverage group to
94 make application for Medicaid and information on how to assist
95 such individuals in completing and filing such forms. The
96 division shall make those application forms and the application
97 process itself as simple as possible. In addition to the efforts
98 of the division, the Department of Health shall administer a
99 public awareness program regarding the coverage and eligibility
100 offered in accordance with this act. Such program shall promote
101 public awareness of the coverage offered in accordance with this
102 act to ensure that all eligible citizens of the State of
103 Mississippi are aware of and have the opportunity to apply for
104 eligibility.

105 (c) Delivery systems. All individuals in the coverage
106 group shall be enrolled in and their services shall be provided by
107 the managed care organizations (MCOs), coordinated care
108 organizations (CCOs), provider-sponsored health plans (PSHPs) and
109 other such organizations paid for services to the Medicaid
110 population on a capitated basis by the division as described in
111 Section 43-13-117(H).

112 (d) Benefit packages. Individuals enrolled under this
113 act who are not less than nineteen (19) years of age but less than
114 sixty five (65) years of age shall be provided essential health
115 services as determined by the division, which shall, at a minimum,
116 include ambulatory patient services, emergency services,
117 hospitalization, prescription drugs, rehabilitative services,
118 laboratory services, primary care services, preventive and
119 wellness services and chronic disease management.

120 (e) Funding of the plan. (i) The Section 1115 waiver
121 described in this section shall describe the funding for this act,
122 which shall be a combination of state matching funds and federal
123 matching funds in the proportions specified under the federal
124 Affordable Care Act at the time of the effective date of this act.

125 (ii) The state matching funds shall include
126 contributions from MCOs, CCOs, PSHPs and other such organizations
127 paid for services to the Medicaid population on a capitated basis
128 by the division as described in Section 43-13-117(H) in the form
129 of an assessment as provided in Section 2 of this act. The state

130 matching funds shall also include contributions from hospitals
131 that are generated through an assessment on hospitals as described
132 in Section 43-13-145 and deposited into the Medical Care Fund
133 created in Section 43-13-143.

134 (iii) The division is also authorized to accept
135 any voluntary contributions donated to the division to be used as
136 state matching funds for the purpose of this act, including, but
137 not limited to, contributions from businesses and other entities.
138 Notwithstanding any provision of this paragraph (e), state
139 matching funds for the purposes of this act may be appropriated by
140 the Legislature from any other sources.

141 (f) Timing. Within one hundred twenty (120) days of
142 the effective date of this act, the division shall apply for a
143 waiver of the applicable provisions of the Medicaid laws and
144 regulations under Section 1115 of the Social Security Act to
145 create a plan to allow Medicaid coverage in Mississippi in
146 accordance with this act, which shall include a work requirement
147 that requires beneficiaries to be employed for at least one
148 hundred twenty (120) hours per month or for such beneficiary to be
149 otherwise eligible within paragraph (a) of this subsection. The
150 division shall provide a copy of such application to the Governor,
151 Lieutenant Governor, Speaker of the House of Representatives, and
152 the Chairmen of the Senate and House Medicaid Committees on the
153 same day that the division officially applies to CMS for such
154 waiver.

155 (2) The division shall begin enrolling eligible individuals
156 into the coverage group established in this section within thirty
157 (30) days of the effective date of CMS approving the division's
158 waiver under this section.

159 (3) This section shall stand repealed on January 31, 2029.

160 (4) This section shall be subject to Section 3 of this act.

161 **SECTION 2.** (1) Notwithstanding any other provision of law,
162 upon each managed care organization, coordinated care
163 organization, provider sponsored health plan or other organization
164 paid for services to the Medicaid population on a capitated basis
165 by the Division of Medicaid as described in Section 43-13-117(H),
166 there is levied an assessment of three percent (3%) on the total
167 paid capitation. All assessments under this section shall be
168 assessed and collected by the division on the 15th of each month
169 and shall be deposited into the Medical Care Fund created by
170 Section 43-13-143. Any amount generated by the assessment that is
171 in excess of the amount needed to cover the state matching funds
172 may be used to enhance provider reimbursement for those services
173 that are most utilized by the coverage group as determined by the
174 division. This section shall be effective in the first month that
175 a capitated payment is provided to a managed care organization,
176 coordinated care organization, provider sponsored health plan or
177 other organization paid for services to the Medicaid population on
178 a capitated basis by the division as described in Section
179 43-13-117(H) for coverage of individuals eligible under Section 1

180 of this act and Section 43-13-115. The Division of Medicaid is
181 directed to apply for any applicable federal waiver to accomplish
182 the purposes of this section.

183 (2) This section shall stand repealed on January 31, 2029.

184 (3) This section shall be subject to Section 3 of this act.

185 **SECTION 3.** (1) This section, Sections 1 and 2 of this act,
186 and Section 43-13-115(29) shall stand repealed on the date of any
187 of the following:

188 (a) On such date that the Centers for Medicare and
189 Medicaid Services (CMS) reject the division's work requirement
190 waiver request provided for in Section 1 of this act;

191 (b) On such date that the Centers for Medicare and
192 Medicaid Services (CMS) reject the assessment provided for in
193 Section 2 of this act;

194 (c) On such date that the Centers for Medicare and
195 Medicaid Services (CMS) withdraws approval of, cancels or
196 constructively terminates any waiver that was previously issued to
197 the division as a condition of the requirements of this act;

198 (d) On such date that a court of competent jurisdiction
199 nullifies the work requirement provided for in Section 1 of this
200 act; or

201 (e) On such date that a court of competent jurisdiction
202 nullifies the assessment provided for in Section 2 of this act.

203 (2) If the division receives a waiver in accordance with
204 Section 1 and 2 of this act, but the act is later repealed through

205 any of the events or actions listed in subsection (1) of this
206 section, then the division shall have thirty (30) days to cease
207 coverage of eligible individuals under this act and to provide
208 notice to such individuals of the termination of coverage.

209 **SECTION 4.** Section 43-13-115, Mississippi Code of 1972, is
210 amended as follows:

211 43-13-115. Recipients of Medicaid shall be the following
212 persons only:

213 (1) Those who are qualified for public assistance
214 grants under provisions of Title IV-A and E of the federal Social
215 Security Act, as amended, including those statutorily deemed to be
216 IV-A and low income families and children under Section 1931 of
217 the federal Social Security Act. For the purposes of this
218 paragraph (1) and paragraphs (8), (17) and (18) of this section,
219 any reference to Title IV-A or to Part A of Title IV of the
220 federal Social Security Act, as amended, or the state plan under
221 Title IV-A or Part A of Title IV, shall be considered as a
222 reference to Title IV-A of the federal Social Security Act, as
223 amended, and the state plan under Title IV-A, including the income
224 and resource standards and methodologies under Title IV-A and the
225 state plan, as they existed on July 16, 1996. The Department of
226 Human Services shall determine Medicaid eligibility for children
227 receiving public assistance grants under Title IV-E. The division
228 shall determine eligibility for low income families under Section

229 1931 of the federal Social Security Act and shall redetermine
230 eligibility for those continuing under Title IV-A grants.

231 (2) Those qualified for Supplemental Security Income
232 (SSI) benefits under Title XVI of the federal Social Security Act,
233 as amended, and those who are deemed SSI eligible as contained in
234 federal statute. The eligibility of individuals covered in this
235 paragraph shall be determined by the Social Security
236 Administration and certified to the Division of Medicaid.

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

242 (4) [Deleted]

243 (5) A child born on or after October 1, 1984, to a
244 woman eligible for and receiving Medicaid under the state plan on
245 the date of the child's birth shall be deemed to have applied for
246 Medicaid and to have been found eligible for Medicaid under the
247 plan on the date of that birth, and will remain eligible for
248 Medicaid for a period of one (1) year so long as the child is a
249 member of the woman's household and the woman remains eligible for
250 Medicaid or would be eligible for Medicaid if pregnant. The
251 eligibility of individuals covered in this paragraph shall be
252 determined by the Division of Medicaid.

253 (6) Children certified by the State Department of Human
254 Services to the Division of Medicaid of whom the state and county
255 departments of human services have custody and financial
256 responsibility, and children who are in adoptions subsidized in
257 full or part by the Department of Human Services, including
258 special needs children in non-Title IV-E adoption assistance, who
259 are approvable under Title XIX of the Medicaid program. The
260 eligibility of the children covered under this paragraph shall be
261 determined by the State Department of Human Services.

262 (7) Persons certified by the Division of Medicaid who
263 are patients in a medical facility (nursing home, hospital,
264 tuberculosis sanatorium or institution for treatment of mental
265 diseases), and who, except for the fact that they are patients in
266 that medical facility, would qualify for grants under Title IV,
267 Supplementary Security Income (SSI) benefits under Title XVI or
268 state supplements, and those aged, blind and disabled persons who
269 would not be eligible for Supplemental Security Income (SSI)
270 benefits under Title XVI or state supplements if they were not
271 institutionalized in a medical facility but whose income is below
272 the maximum standard set by the Division of Medicaid, which
273 standard shall not exceed that prescribed by federal regulation.

274 (8) Children under eighteen (18) years of age and
275 pregnant women (including those in intact families) who meet the
276 financial standards of the state plan approved under Title IV-A of
277 the federal Social Security Act, as amended. The eligibility of

278 children covered under this paragraph shall be determined by the
279 Division of Medicaid.

280 (9) Individuals who are:

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

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

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

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

295 (10) Certain disabled children age eighteen (18) or
296 under who are living at home, who would be eligible, if in a
297 medical institution, for SSI or a state supplemental payment under
298 Title XVI of the federal Social Security Act, as amended, and
299 therefore for Medicaid under the plan, and for whom the state has
300 made a determination as required under Section 1902(e)(3)(b) of
301 the federal Social Security Act, as amended. The eligibility of

302 individuals under this paragraph shall be determined by the
303 Division of Medicaid.

304 (11) Until the end of the day on December 31, 2005,
305 individuals who are sixty-five (65) years of age or older or are
306 disabled as determined under Section 1614(a)(3) of the federal
307 Social Security Act, as amended, and whose income does not exceed
308 one hundred thirty-five percent (135%) of the nonfarm official
309 poverty level as defined by the Office of Management and Budget
310 and revised annually, and whose resources do not exceed those
311 established by the Division of Medicaid. The eligibility of
312 individuals covered under this paragraph shall be determined by
313 the Division of Medicaid. After December 31, 2005, only those
314 individuals covered under the 1115(c) Healthier Mississippi waiver
315 will be covered under this category.

316 Any individual who applied for Medicaid during the period
317 from July 1, 2004, through March 31, 2005, who otherwise would
318 have been eligible for coverage under this paragraph (11) if it
319 had been in effect at the time the individual submitted his or her
320 application and is still eligible for coverage under this
321 paragraph (11) on March 31, 2005, shall be eligible for Medicaid
322 coverage under this paragraph (11) from March 31, 2005, through
323 December 31, 2005. The division shall give priority in processing
324 the applications for those individuals to determine their
325 eligibility under this paragraph (11).

326 (12) Individuals who are qualified Medicare
327 beneficiaries (QMB) entitled to Part A Medicare as defined under
328 Section 301, Public Law 100-360, known as the Medicare
329 Catastrophic Coverage Act of 1988, and whose income does not
330 exceed one hundred percent (100%) of the nonfarm official poverty
331 level as defined by the Office of Management and Budget and
332 revised annually.

333 The eligibility of individuals covered under this paragraph
334 shall be determined by the Division of Medicaid, and those
335 individuals determined eligible shall receive Medicare
336 cost-sharing expenses only as more fully defined by the Medicare
337 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
338 1997.

339 (13) (a) Individuals who are entitled to Medicare Part
340 A as defined in Section 4501 of the Omnibus Budget Reconciliation
341 Act of 1990, and whose income does not exceed one hundred twenty
342 percent (120%) of the nonfarm official poverty level as defined by
343 the Office of Management and Budget and revised annually.

344 Eligibility for Medicaid benefits is limited to full payment of
345 Medicare Part B premiums.

346 (b) Individuals entitled to Part A of Medicare,
347 with income above one hundred twenty percent (120%), but less than
348 one hundred thirty-five percent (135%) of the federal poverty
349 level, and not otherwise eligible for Medicaid. Eligibility for
350 Medicaid benefits is limited to full payment of Medicare Part B

351 premiums. The number of eligible individuals is limited by the
352 availability of the federal capped allocation at one hundred
353 percent (100%) of federal matching funds, as more fully defined in
354 the Balanced Budget Act of 1997.

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

357 (14) [Deleted]

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

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

373 (17) In accordance with the terms of the federal
374 Personal Responsibility and Work Opportunity Reconciliation Act of
375 1996 (Public Law 104-193), persons who become ineligible for

376 assistance under Title IV-A of the federal Social Security Act, as
377 amended, because of increased income from or hours of employment
378 of the caretaker relative or because of the expiration of the
379 applicable earned income disregards, who were eligible for
380 Medicaid for at least three (3) of the six (6) months preceding
381 the month in which the ineligibility begins, shall be eligible for
382 Medicaid for up to twelve (12) months. The eligibility of the
383 individuals covered under this paragraph shall be determined by
384 the division.

385 (18) Persons who become ineligible for assistance under
386 Title IV-A of the federal Social Security Act, as amended, as a
387 result, in whole or in part, of the collection or increased
388 collection of child or spousal support under Title IV-D of the
389 federal Social Security Act, as amended, who were eligible for
390 Medicaid for at least three (3) of the six (6) months immediately
391 preceding the month in which the ineligibility begins, shall be
392 eligible for Medicaid for an additional four (4) months beginning
393 with the month in which the ineligibility begins. The eligibility
394 of the individuals covered under this paragraph shall be
395 determined by the division.

396 (19) Disabled workers, whose incomes are above the
397 Medicaid eligibility limits, but below two hundred fifty percent
398 (250%) of the federal poverty level, shall be allowed to purchase
399 Medicaid coverage on a sliding fee scale developed by the Division
400 of Medicaid.

401 (20) Medicaid eligible children under age eighteen (18)
402 shall remain eligible for Medicaid benefits until the end of a
403 period of twelve (12) months following an eligibility
404 determination, or until such time that the individual exceeds age
405 eighteen (18).

406 (21) Women of childbearing age whose family income does
407 not exceed one hundred eighty-five percent (185%) of the federal
408 poverty level. The eligibility of individuals covered under this
409 paragraph (21) shall be determined by the Division of Medicaid,
410 and those individuals determined eligible shall only receive
411 family planning services covered under Section 43-13-117(13) and
412 not any other services covered under Medicaid. However, any
413 individual eligible under this paragraph (21) who is also eligible
414 under any other provision of this section shall receive the
415 benefits to which he or she is entitled under that other
416 provision, in addition to family planning services covered under
417 Section 43-13-117(13).

418 The Division of Medicaid shall apply to the United States
419 Secretary of Health and Human Services for a federal waiver of the
420 applicable provisions of Title XIX of the federal Social Security
421 Act, as amended, and any other applicable provisions of federal
422 law as necessary to allow for the implementation of this paragraph
423 (21). The provisions of this paragraph (21) shall be implemented
424 from and after the date that the Division of Medicaid receives the
425 federal waiver.

426 (22) Persons who are workers with a potentially severe
427 disability, as determined by the division, shall be allowed to
428 purchase Medicaid coverage. The term "worker with a potentially
429 severe disability" means a person who is at least sixteen (16)
430 years of age but under sixty-five (65) years of age, who has a
431 physical or mental impairment that is reasonably expected to cause
432 the person to become blind or disabled as defined under Section
433 1614(a) of the federal Social Security Act, as amended, if the
434 person does not receive items and services provided under
435 Medicaid.

436 The eligibility of persons under this paragraph (22) shall be
437 conducted as a demonstration project that is consistent with
438 Section 204 of the Ticket to Work and Work Incentives Improvement
439 Act of 1999, Public Law 106-170, for a certain number of persons
440 as specified by the division. The eligibility of individuals
441 covered under this paragraph (22) shall be determined by the
442 Division of Medicaid.

443 (23) Children certified by the Mississippi Department
444 of Human Services for whom the state and county departments of
445 human services have custody and financial responsibility who are
446 in foster care on their eighteenth birthday as reported by the
447 Mississippi Department of Human Services shall be certified
448 Medicaid eligible by the Division of Medicaid until their
449 twenty-first birthday.

450 (24) Individuals who have not attained age sixty-five
451 (65), are not otherwise covered by creditable coverage as defined
452 in the Public Health Services Act, and have been screened for
453 breast and cervical cancer under the Centers for Disease Control
454 and Prevention Breast and Cervical Cancer Early Detection Program
455 established under Title XV of the Public Health Service Act in
456 accordance with the requirements of that act and who need
457 treatment for breast or cervical cancer. Eligibility of
458 individuals under this paragraph (24) shall be determined by the
459 Division of Medicaid.

460 (25) The division shall apply to the Centers for
461 Medicare and Medicaid Services (CMS) for any necessary waivers to
462 provide services to individuals who are sixty-five (65) years of
463 age or older or are disabled as determined under Section
464 1614(a)(3) of the federal Social Security Act, as amended, and
465 whose income does not exceed one hundred thirty-five percent
466 (135%) of the nonfarm official poverty level as defined by the
467 Office of Management and Budget and revised annually, and whose
468 resources do not exceed those established by the Division of
469 Medicaid, and who are not otherwise covered by Medicare. Nothing
470 contained in this paragraph (25) shall entitle an individual to
471 benefits. The eligibility of individuals covered under this
472 paragraph shall be determined by the Division of Medicaid.

473 (26) The division shall apply to the Centers for
474 Medicare and Medicaid Services (CMS) for any necessary waivers to

475 provide services to individuals who are sixty-five (65) years of
476 age or older or are disabled as determined under Section
477 1614(a)(3) of the federal Social Security Act, as amended, who are
478 end stage renal disease patients on dialysis, cancer patients on
479 chemotherapy or organ transplant recipients on antirejection
480 drugs, whose income does not exceed one hundred thirty-five
481 percent (135%) of the nonfarm official poverty level as defined by
482 the Office of Management and Budget and revised annually, and
483 whose resources do not exceed those established by the division.
484 Nothing contained in this paragraph (26) shall entitle an
485 individual to benefits. The eligibility of individuals covered
486 under this paragraph shall be determined by the Division of
487 Medicaid.

488 (27) Individuals who are entitled to Medicare Part D
489 and whose income does not exceed one hundred fifty percent (150%)
490 of the nonfarm official poverty level as defined by the Office of
491 Management and Budget and revised annually. Eligibility for
492 payment of the Medicare Part D subsidy under this paragraph shall
493 be determined by the division.

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

499 (29) Individuals described in Section (1)(a) of this
500 act. The division shall apply for a waiver of the applicable
501 provisions of the Medicaid laws and regulations under Section 1115
502 of the Social Security Act to create a plan to allow Medicaid
503 coverage in Mississippi in accordance with Sections 1 and 2 of
504 this act, including a work requirement that requires beneficiaries
505 to be employed for at least one hundred twenty (120) hours per
506 month or for such beneficiary to be otherwise eligible within
507 Section (1)(a) of this act. The division shall begin enrolling
508 eligible individuals into the coverage group established in this
509 section within thirty (30) days of the effective date of CMS
510 approving the division's waiver under this section. This
511 paragraph (29) shall stand repealed on January 31, 2029. This
512 subsection shall be subject to Section 3 of this act.

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

516 **SECTION 5.** This act shall take effect and be in force from
517 and after its passage.

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

1 AN ACT TO REQUIRE THE DIVISION OF MEDICAID TO ENTER INTO
2 NEGOTIATIONS WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES
3 (CMS) TO OBTAIN A WAIVER FOR APPLICABLE PROVISIONS OF THE MEDICAID
4 LAWS AND REGULATIONS UNDER SECTION 1115 OF THE SOCIAL SECURITY ACT
5 TO CREATE A PLAN TO ALLOW MEDICAID COVERAGE IN MISSISSIPPI FOR
6 INDIVIDUALS WITHIN A CERTAIN COVERAGE GROUP; TO PROVIDE THAT THE

7 COVERAGE GROUP SHALL INCLUDE INDIVIDUALS WHO ARE 19 THROUGH 64
8 YEARS OF AGE WHOSE INCOME IS LESS THAN 100% OF THE FEDERAL POVERTY
9 LEVEL AND ARE EMPLOYED AT LEAST 120 HOURS PER MONTH IN A POSITION
10 FOR WHICH HEALTH INSURANCE IS NOT PAID FOR BY THE EMPLOYER, ARE
11 ENROLLED AS A FULL-TIME STUDENT OR IN WORKFORCE TRAINING, OR ARE
12 OTHERWISE ACTING AS A PRIMARY CAREGIVER FOR A DISABLED CHILD,
13 SPOUSE, OR PARENT; TO PROVIDE COVERAGE FOR OTHER CERTAIN GROUPS;
14 TO PROVIDE THAT ANY INDIVIDUAL OTHERWISE ELIGIBLE FOR COVERAGE
15 UNDER THE ACT WHO HAS HEALTH INSURANCE COVERAGE AND VOLUNTARILY
16 DISENROLLS SUCH COVERAGE SHALL NOT BE ELIGIBLE FOR COVERAGE UNTIL
17 12 MONTHS AFTER THE ENDING DATE OF THAT COVERAGE; TO PROHIBIT
18 COVERAGE FOR ANY INDIVIDUAL WHO IS NOT A U.S. CITIZEN; TO REQUIRE
19 THE DIVISION TO VERIFY ELIGIBILITY OF EACH BENEFICIARY NO LESS
20 THAN ON A QUARTERLY BASIS; TO PROVIDE THAT ALL INDIVIDUALS IN THE
21 COVERAGE GROUP SHALL BE ENROLLED IN AND THEIR SERVICES SHALL BE
22 PROVIDED BY THE MANAGED CARE ORGANIZATIONS (MCOS), COORDINATED
23 CARE ORGANIZATIONS (CCOS), PROVIDER-SPONSORED HEALTH PLANS (PSHPS)
24 AND OTHER SUCH ORGANIZATIONS PAID FOR SERVICES TO THE MEDICAID
25 POPULATION ON A CAPITATED BASIS BY THE DIVISION; TO PROVIDE THAT
26 INDIVIDUALS ENROLLED UNDER THIS ACT SHALL BE PROVIDED ESSENTIAL
27 HEALTH SERVICES AS DETERMINED BY THE DIVISION, WHICH SHALL, AT A
28 MINIMUM, INCLUDE AMBULATORY PATIENT SERVICES, EMERGENCY SERVICES,
29 HOSPITALIZATION, PRESCRIPTION DRUGS, REHABILITATIVE SERVICES,
30 LABORATORY SERVICES, PRIMARY CARE SERVICES AND PREVENTIVE AND
31 WELLNESS SERVICES AND CHRONIC DISEASE MANAGEMENT; TO PROVIDE FOR
32 THE FUNDING OF THE PLAN; TO PROVIDE FOR THE LEVY OF AN ASSESSMENT
33 UPON EACH MANAGED CARE ORGANIZATION, COORDINATED CARE
34 ORGANIZATION, PROVIDER-SPONSORED HEALTH PLAN OR OTHER ORGANIZATION
35 PAID FOR SERVICES ON A CAPITATED BASIS BY THE DIVISION, IN THE
36 AMOUNT OF 3% ON THE TOTAL PAID CAPITATION; TO REQUIRE THE DIVISION
37 TO APPLY FOR A WAIVER OF THE APPLICABLE PROVISIONS OF THE MEDICAID
38 LAWS WITHIN 120 DAYS OF THE EFFECTIVE DATE OF THE ACT; TO PROVIDE
39 THAT IF CMS REJECTS THE DIVISION'S WORK REQUIREMENT WAIVER
40 REQUEST, THEN THIS ACT SHALL STAND REPEALED ON THE DATE OF SUCH
41 REJECTION; TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
42 TO CONFORM TO THE PROVISIONS OF THE ACT; AND FOR RELATED PURPOSES.

CONFEREES FOR THE HOUSE

CONFEREES FOR THE SENATE

Missy McGee

Kevin Blackwell

Sam Creekmore IV

Nicole Boyd

Joey Hood

Eric Wiggins