

By: Senator(s) Horhn

To: Medicaid

SENATE BILL NO. 2627

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO AUTHORIZE AND DIRECT THE DIVISION OF MEDICAID TO PROVIDE UP TO  
3 12 MONTHS OF CONTINUOUS COVERAGE POSTPARTUM FOR ANY INDIVIDUAL WHO  
4 QUALIFIES FOR MEDICAID AS A PREGNANT WOMAN TO THE EXTENT ALLOWABLE  
5 UNDER FEDERAL LAW; AND FOR RELATED PURPOSES.

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

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

9 43-13-115. Recipients of Medicaid shall be the following  
10 persons only:

11 (1) Those who are qualified for public assistance grants  
12 under provisions of Title IV-A and E of the federal Social  
13 Security Act, as amended, including those statutorily deemed to be  
14 IV-A and low income families and children under Section 1931 of  
15 the federal Social Security Act. For the purposes of this  
16 paragraph (1) and paragraphs (8), (17) and (18) of this section,  
17 any reference to Title IV-A or to Part A of Title IV of the  
18 federal Social Security Act, as amended, or the state plan under  
19 Title IV-A or Part A of Title IV, shall be considered as a



20 reference to Title IV-A of the federal Social Security Act, as  
21 amended, and the state plan under Title IV-A, including the income  
22 and resource standards and methodologies under Title IV-A and the  
23 state plan, as they existed on July 16, 1996. The Department of  
24 Human Services shall determine Medicaid eligibility for children  
25 receiving public assistance grants under Title IV-E. The division  
26 shall determine eligibility for low income families under Section  
27 1931 of the federal Social Security Act and shall redetermine  
28 eligibility for those continuing under Title IV-A grants.

29 (2) Those qualified for Supplemental Security Income (SSI)  
30 benefits under Title XVI of the federal Social Security Act, as  
31 amended, and those who are deemed SSI eligible as contained in  
32 federal statute. The eligibility of individuals covered in this  
33 paragraph shall be determined by the Social Security  
34 Administration and certified to the Division of Medicaid.

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

40 (4) [Deleted]

41 (5) A child born on or after October 1, 1984, to a woman  
42 eligible for and receiving Medicaid under the state plan on the  
43 date of the child's birth shall be deemed to have applied for  
44 Medicaid and to have been found eligible for Medicaid under the



45 plan on the date of that birth, and will remain eligible for  
46 Medicaid for a period of one (1) year so long as the child is a  
47 member of the woman's household and the woman remains eligible for  
48 Medicaid or would be eligible for Medicaid if pregnant. The  
49 eligibility of individuals covered in this paragraph shall be  
50 determined by the Division of Medicaid.

51 (6) Children certified by the State Department of Human  
52 Services to the Division of Medicaid of whom the state and county  
53 departments of human services have custody and financial  
54 responsibility, and children who are in adoptions subsidized in  
55 full or part by the Department of Human Services, including  
56 special needs children in non-Title IV-E adoption assistance, who  
57 are approvable under Title XIX of the Medicaid program. The  
58 eligibility of the children covered under this paragraph shall be  
59 determined by the State Department of Human Services.

60 (7) Persons certified by the Division of Medicaid who are  
61 patients in a medical facility (nursing home, hospital,  
62 tuberculosis sanatorium or institution for treatment of mental  
63 diseases), and who, except for the fact that they are patients in  
64 that medical facility, would qualify for grants under Title IV,  
65 Supplementary Security Income (SSI) benefits under Title XVI or  
66 state supplements, and those aged, blind and disabled persons who  
67 would not be eligible for Supplemental Security Income (SSI)  
68 benefits under Title XVI or state supplements if they were not  
69 institutionalized in a medical facility but whose income is below



70 the maximum standard set by the Division of Medicaid, which  
71 standard shall not exceed that prescribed by federal regulation.

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

78 (9) Individuals who are:

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

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

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

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

92 (10) Certain disabled children age eighteen (18) or under  
93 who are living at home, who would be eligible, if in a medical  
94 institution, for SSI or a state supplemental payment under Title



95 XVI of the federal Social Security Act, as amended, and therefore  
96 for Medicaid under the plan, and for whom the state has made a  
97 determination as required under Section 1902(e)(3)(b) of the  
98 federal Social Security Act, as amended. The eligibility of  
99 individuals under this paragraph shall be determined by the  
100 Division of Medicaid.

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

113 Any individual who applied for Medicaid during the period  
114 from July 1, 2004, through March 31, 2005, who otherwise would  
115 have been eligible for coverage under this paragraph (11) if it  
116 had been in effect at the time the individual submitted his or her  
117 application and is still eligible for coverage under this  
118 paragraph (11) on March 31, 2005, shall be eligible for Medicaid  
119 coverage under this paragraph (11) from March 31, 2005, through



120 December 31, 2005. The division shall give priority in processing  
121 the applications for those individuals to determine their  
122 eligibility under this paragraph (11).

123 (12) Individuals who are qualified Medicare beneficiaries  
124 (QMB) entitled to Part A Medicare as defined under Section 301,  
125 Public Law 100-360, known as the Medicare Catastrophic Coverage  
126 Act of 1988, and whose income does not exceed one hundred percent  
127 (100%) of the nonfarm official poverty level as defined by the  
128 Office of Management and Budget and revised annually.

129 The eligibility of individuals covered under this paragraph  
130 shall be determined by the Division of Medicaid, and those  
131 individuals determined eligible shall receive Medicare  
132 cost-sharing expenses only as more fully defined by the Medicare  
133 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
134 1997.

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

140 Eligibility for Medicaid benefits is limited to full payment of  
141 Medicare Part B premiums.

142 (b) Individuals entitled to Part A of Medicare, with  
143 income above one hundred twenty percent (120%), but less than one  
144 hundred thirty-five percent (135%) of the federal poverty level,



145 and not otherwise eligible for Medicaid. Eligibility for Medicaid  
146 benefits is limited to full payment of Medicare Part B premiums.  
147 The number of eligible individuals is limited by the availability  
148 of the federal capped allocation at one hundred percent (100%) of  
149 federal matching funds, as more fully defined in the Balanced  
150 Budget Act of 1997.

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

153 (14) [Deleted]

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

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



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

180           (18) Persons who become ineligible for assistance under  
181 Title IV-A of the federal Social Security Act, as amended, as a  
182 result, in whole or in part, of the collection or increased  
183 collection of child or spousal support under Title IV-D of the  
184 federal Social Security Act, as amended, who were eligible for  
185 Medicaid for at least three (3) of the six (6) months immediately  
186 preceding the month in which the ineligibility begins, shall be  
187 eligible for Medicaid for an additional four (4) months beginning  
188 with the month in which the ineligibility begins. The eligibility  
189 of the individuals covered under this paragraph shall be  
190 determined by the division.

191           (19) Disabled workers, whose incomes are above the Medicaid  
192 eligibility limits, but below two hundred fifty percent (250%) of  
193 the federal poverty level, shall be allowed to purchase Medicaid





194 coverage on a sliding fee scale developed by the Division of  
195 Medicaid.

196 (20) Medicaid eligible children under age eighteen (18)  
197 shall remain eligible for Medicaid benefits until the end of a  
198 period of twelve (12) months following an eligibility  
199 determination, or until such time that the individual exceeds age  
200 eighteen (18).

201 (21) Women of childbearing age whose family income does not  
202 exceed one hundred eighty-five percent (185%) of the federal  
203 poverty level. The eligibility of individuals covered under this  
204 paragraph (21) shall be determined by the Division of Medicaid,  
205 and those individuals determined eligible shall only receive  
206 family planning services covered under Section 43-13-117(13) and  
207 not any other services covered under Medicaid. However, any  
208 individual eligible under this paragraph (21) who is also eligible  
209 under any other provision of this section shall receive the  
210 benefits to which he or she is entitled under that other  
211 provision, in addition to family planning services covered under  
212 Section 43-13-117(13).

213 The Division of Medicaid shall apply to the United States  
214 Secretary of Health and Human Services for a federal waiver of the  
215 applicable provisions of Title XIX of the federal Social Security  
216 Act, as amended, and any other applicable provisions of federal  
217 law as necessary to allow for the implementation of this paragraph  
218 (21). The provisions of this paragraph (21) shall be implemented



219 from and after the date that the Division of Medicaid receives the  
220 federal waiver.

221 (22) Persons who are workers with a potentially severe  
222 disability, as determined by the division, shall be allowed to  
223 purchase Medicaid coverage. The term "worker with a potentially  
224 severe disability" means a person who is at least sixteen (16)  
225 years of age but under sixty-five (65) years of age, who has a  
226 physical or mental impairment that is reasonably expected to cause  
227 the person to become blind or disabled as defined under Section  
228 1614(a) of the federal Social Security Act, as amended, if the  
229 person does not receive items and services provided under  
230 Medicaid.

231 The eligibility of persons under this paragraph (22) shall be  
232 conducted as a demonstration project that is consistent with  
233 Section 204 of the Ticket to Work and Work Incentives Improvement  
234 Act of 1999, Public Law 106-170, for a certain number of persons  
235 as specified by the division. The eligibility of individuals  
236 covered under this paragraph (22) shall be determined by the  
237 Division of Medicaid.

238 (23) Children certified by the Mississippi Department of  
239 Human Services for whom the state and county departments of human  
240 services have custody and financial responsibility who are in  
241 foster care on their eighteenth birthday as reported by the  
242 Mississippi Department of Human Services shall be certified



243 Medicaid eligible by the Division of Medicaid until their  
244 twenty-first birthday.

245 (24) Individuals who have not attained age sixty-five (65),  
246 are not otherwise covered by creditable coverage as defined in the  
247 Public Health Services Act, and have been screened for breast and  
248 cervical cancer under the Centers for Disease Control and  
249 Prevention Breast and Cervical Cancer Early Detection Program  
250 established under Title XV of the Public Health Service Act in  
251 accordance with the requirements of that act and who need  
252 treatment for breast or cervical cancer. Eligibility of  
253 individuals under this paragraph (24) shall be determined by the  
254 Division of Medicaid.

255 (25) The division shall apply to the Centers for Medicare  
256 and Medicaid Services (CMS) for any necessary waivers to provide  
257 services to individuals who are sixty-five (65) years of age or  
258 older or are disabled as determined under Section 1614(a)(3) of  
259 the federal Social Security Act, as amended, and whose income does  
260 not exceed one hundred thirty-five percent (135%) of the nonfarm  
261 official poverty level as defined by the Office of Management and  
262 Budget and revised annually, and whose resources do not exceed  
263 those established by the Division of Medicaid, and who are not  
264 otherwise covered by Medicare. Nothing contained in this  
265 paragraph (25) shall entitle an individual to benefits. The  
266 eligibility of individuals covered under this paragraph shall be  
267 determined by the Division of Medicaid.



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

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

289           (28) The division is authorized and directed to provide up  
290 to twelve (12) months of continuous coverage postpartum for any  
291 individual who qualifies for Medicaid coverage under this section



292 as a pregnant woman, to the extent allowable under federal law and  
293 as determined by the division.

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

297       **SECTION 2.** This act shall take effect and be in force from  
298 and after July 1, 2023.

