

By: Senator(s) Blount, Simmons (12th)

To: Medicaid

SENATE BILL NO. 2117

1 AN ACT TO CREATE NEW SECTION 43-13-115.1, MISSISSIPPI CODE OF
2 1972, TO PROVIDE THAT PREGNANT WOMEN SHALL BE DEEMED TO BE
3 PRESUMPTIVELY ELIGIBLE FOR AMBULATORY PRENATAL CARE UNDER MEDICAID
4 FOR UP TO 60 DAYS IF A QUALIFIED PROVIDER DETERMINES, ON THE BASIS
5 OF PRELIMINARY INFORMATION, THAT THE TOTAL COUNTABLE NET FAMILY
6 INCOME OF THE WOMAN DOES NOT EXCEED 185% OF THE FEDERAL POVERTY
7 LEVEL; TO REQUIRE PREGNANT WOMEN TO PROVIDE PROOF OF PREGNANCY AND
8 DOCUMENTATION OF MONTHLY FAMILY INCOME WHEN SEEKING A
9 DETERMINATION OF PRESUMPTIVE ELIGIBILITY; TO PROVIDE THAT
10 QUALIFIED PROVIDERS ARE THOSE THAT MEET THE FEDERAL DEFINITION OF
11 QUALIFIED PROVIDER, WHICH SHALL INCLUDE COUNTY HEALTH DEPARTMENTS,
12 FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), AND OTHER ENTITIES
13 APPROVED AND DESIGNATED BY THE DIVISION OF MEDICAID TO CONDUCT
14 PRESUMPTIVE ELIGIBILITY DETERMINATIONS FOR PREGNANT WOMEN; TO
15 REQUIRE PREGNANT WOMEN WHO ARE DETERMINED TO BE PRESUMPTIVELY
16 ELIGIBLE FOR MEDICAID TO MAKE APPLICATION FOR MEDICAID BY NOT
17 LATER THAN THE LAST DAY OF THE MONTH FOLLOWING THE MONTH DURING
18 WHICH THE DETERMINATION IS MADE; AND FOR RELATED PURPOSES.

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

20 **SECTION 1.** The following shall be codified as Section
21 43-13-115.1, Mississippi Code of 1972:

22 43-13-115.1. (1) Ambulatory prenatal care shall be
23 available to a pregnant woman under this article during a
24 presumptive eligibility period in accordance with the provisions
25 of this section.



26 (2) For purposes of this section, the following terms shall
27 be defined as provided in this subsection:

28 (a) "Presumptive eligibility" means a reasonable
29 determination of Medicaid eligibility of a pregnant woman made by
30 a qualified provider based only on the countable family income of
31 the woman, which allows the woman to receive ambulatory prenatal
32 care under this article during a presumptive eligibility period
33 while the Division of Medicaid makes a determination with respect
34 to the eligibility of the woman for Medicaid.

35 (b) "Presumptive eligibility period" means, with
36 respect to a pregnant woman, the period that:

37 (i) Begins with the date on which a qualified
38 provider determines, on the basis of preliminary information, that
39 the total countable net family income of the woman does not exceed
40 one hundred eighty-five percent (185%) of the federal poverty
41 level; and

42 (ii) Ends with, and includes, the earlier of:

43 1. The day on which a determination is made
44 with respect to the eligibility of the woman for Medicaid;

45 2. In the case of a woman who does not file
46 an application by the last day of the month following the month
47 during which the provider makes the determination referred to in
48 subparagraph (i) of this paragraph, such last day; or



49 3. Sixty (60) days after the day that the
50 provider makes the determination referred to in subparagraph (i)
51 of this paragraph.

52 (c) "Qualified provider" means any provider that meets
53 the definition of "qualified provider" under 42 USC Section
54 1396r-1. The term includes, but is not limited to, county health
55 departments, federally qualified health centers (FQHCs), and other
56 entities approved and designated by the Division of Medicaid to
57 conduct presumptive eligibility determinations for pregnant women.

58 (3) A pregnant woman shall be deemed to be presumptively
59 eligible for ambulatory prenatal care under this article if a
60 qualified provider determines, on the basis of preliminary
61 information, that the total countable net family income of the
62 woman does not exceed one hundred eighty-five percent (185%) of
63 the federal poverty level. A pregnant woman must, at a minimum,
64 provide proof of her pregnancy and documentation of her monthly
65 family income when seeking a determination of presumptive
66 eligibility. A pregnant woman who is determined to be
67 presumptively eligible may receive no more than one (1)
68 presumptive eligibility period per pregnancy.

69 (4) A qualified provider that determines that a pregnant
70 woman is presumptively eligible for Medicaid shall:

71 (a) Notify the Division of Medicaid of the
72 determination within five (5) working days after the date on which
73 determination is made; and



74 (b) Inform the woman at the time the determination is
75 made that she is required to make application for Medicaid by not
76 later than the last day of the month following the month during
77 which the determination is made.

78 (5) A pregnant woman who is determined by a qualified
79 provider to be presumptively eligible for Medicaid shall make
80 application for Medicaid by not later than the last day of the
81 month following the month during which the determination is made.

82 (6) The Division of Medicaid shall provide qualified
83 providers with such forms as are necessary for a pregnant woman to
84 make application for Medicaid and information on how to assist
85 such women in completing and filing such forms. The division
86 shall make those application forms and the application process
87 itself as simple as possible.

88 **SECTION 2.** This act shall take effect and be in force from
89 and after July 1, 2024.

