

By: Senator(s) Blackwell

To: Medicaid

SENATE BILL NO. 2383

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 THE INCOME LIMITS FOR  
7 ELIGIBILITY OF PREGNANT WOMEN; TO REQUIRE PREGNANT WOMEN TO  
8 PROVIDE PROOF OF PREGNANCY AND DOCUMENTATION OF MONTHLY FAMILY  
9 INCOME WHEN SEEKING A DETERMINATION OF PRESUMPTIVE ELIGIBILITY; TO  
10 PROVIDE THAT QUALIFIED PROVIDERS ARE THOSE THAT MEET THE FEDERAL  
11 DEFINITION OF QUALIFIED PROVIDER, WHICH SHALL INCLUDE COUNTY  
12 HEALTH DEPARTMENTS, FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS),  
13 AND OTHER ENTITIES APPROVED AND DESIGNATED BY THE DIVISION OF  
14 MEDICAID TO CONDUCT PRESUMPTIVE ELIGIBILITY DETERMINATIONS FOR  
15 PREGNANT WOMEN; TO REQUIRE PREGNANT WOMEN WHO ARE DETERMINED TO BE  
16 PRESUMPTIVELY ELIGIBLE FOR MEDICAID TO MAKE APPLICATION FOR  
17 MEDICAID BY NOT LATER THAN THE LAST DAY OF THE MONTH FOLLOWING THE  
18 MONTH DURING WHICH THE DETERMINATION IS MADE; AND FOR RELATED  
19 PURPOSES.

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

21 **SECTION 1.** The following shall be codified as Section  
22 43-13-115.1, Mississippi Code of 1972:

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



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

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

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

38           (i) Begins with the date on which a qualified  
39 provider determines, on the basis of preliminary information, that  
40 the total countable net family income of the woman does not exceed  
41 the income limits for eligibility of pregnant women in the  
42 Medicaid state plan; and

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

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

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



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

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

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

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

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



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

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

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

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

