MISSISSIPPI LEGISLATURE

By: Representatives McGee, Summers, Hulum To: Medicaid

HOUSE BILL NO. 662

1 AN ACT TO AMEND SECTION 43-13-115.1, MISSISSIPPI CODE OF 2 1972, TO REVISE THE CRITERIA FOR PRESUMPTIVE ELIGIBILITY FOR 3 MEDICAID FOR PREGNANT WOMEN TO CONFORM TO FEDERAL LAW AND 4 REGULATIONS; AND FOR RELATED PURPOSES. 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI: SECTION 1. Section 43-13-115.1, Mississippi Code of 1972, is 6 7 amended as follows: 43-13-115.1. (1) Ambulatory prenatal care shall be 8 9 available to a pregnant woman under this article during a 10 presumptive eligibility period in accordance with the provisions 11 of this section. 12 (2) For purposes of this section, the following terms shall 13 be defined as provided in this subsection: 14 (a) "Presumptive eligibility" means a reasonable determination of Medicaid eligibility of a pregnant woman made by 15 a qualified provider based only on the countable family income of 16 17 the woman, which allows the woman to receive ambulatory prenatal care under this article during a presumptive eligibility period 18

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19 while the Division of Medicaid makes a determination with respect 20 to the eligibility of the woman for Medicaid.

(b) "Presumptive eligibility period" means, withrespect to a pregnant woman, the period that:

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

(ii) Ends with, and includes, the earlier of:
1. The day on which a determination is made
with respect to the eligibility of the woman for Medicaid; or
2. In the case of a woman who does not file
an application by the last day of the month following the month
during which the provider makes the determination referred to in
subparagraph (i) of this paragraph, such last day * * *.

35 (c) "Qualified provider" means any provider that meets 36 the definition of "qualified provider" under 42 USC Section 37 1396r-1. The term includes, but is not limited to, county health 38 departments, federally qualified health centers (FQHCs), and other 39 entities approved and designated by the Division of Medicaid to 40 conduct presumptive eligibility determinations for pregnant women.

41 (3) A pregnant woman shall be deemed to be presumptively
42 eligible for ambulatory prenatal care under this article if a
43 qualified provider determines, on the basis of preliminary

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44 information, that the total countable net family income of the 45 woman does not exceed the income limits for eligibility of 46 pregnant women in the Medicaid state plan. * * * A pregnant woman 47 who is determined to be presumptively eligible may receive no more 48 than one (1) presumptive eligibility period per pregnancy.

49 (4) A qualified provider that determines that a pregnant50 woman is presumptively eligible for Medicaid shall:

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

54 (b) Inform the woman at the time the determination is 55 made that she is required to make application for Medicaid by not 56 later than the last day of the month following the month during 57 which the determination is made.

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

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

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68 SECTION 2. This act shall take effect and be in force from 69 and after its passage.

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