MISSISSIPPI LEGISLATURE
2024 Regular Session
To: Medicaid
By: Representatives McGee, Summers, Mansell, Scott, Hulum, Gibbs (72nd), Nelson

House Bill 539

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

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

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

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

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

(a) "Presumptive eligibility" means a reasonable determination of Medicaid eligibility of a pregnant woman made by a qualified provider based only on the countable family income of the woman, which allows the woman to receive

ambulatory prenatal care under this article during a presumptive eligibility period while the Division of Medicaid makes a determination with respect to the eligibility of the woman for Medicaid.

(b) "Presumptive eligibility period" means, with respect 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 one hundred eighty-five percent (185%) of the federal poverty level; 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;

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; or

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

(c) "Qualified provider" means any provider that meets the definition of "qualified provider" under 42 USC Section 1396r-1. The term includes, but is not limited to, county health departments, federally qualified health centers (FQHCs), and other entities approved and designated by the

Division of Medicaid to conduct presumptive eligibility determinations for pregnant women.

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

(4) A qualified provider that determines that a pregnant 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

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

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