

MS - Submission Package - MS2023MS00020 - (MS-23-0015) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	MS2023MS00020	Submission Type	Official
Program Name	N/A	State	MS
SPA ID	MS-23-0015	Region	Atlanta, GA
Version Number	1	Package Status	Submitted
Submitted By	Robin Bradshaw	Submission Date	5/25/2023
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MS2023MS00020 | MS-23-0015

Package Header

Package ID MS2023MS00020
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MS-23-0015
Initial Submission Date 5/25/2023
Effective Date N/A

Reviewable Unit Instructions

State Information

State/Territory Name: Mississippi

Medicaid Agency Name: Division of Medicaid

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MS2023MS00020 | MS-23-0015

Package Header

Package ID MS2023MS00020
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MS-23-0015
Initial Submission Date 5/25/2023
Effective Date N/A

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID MS-23-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	4/1/2023	see below

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Section 3.1, page 19a and 20a; Attachment 2.2-A, Page 5; Attachment 3.1-A, Page 8; Supplement 1 to Attachment 3.1-A, Page 1-2; and Attachment 3.1-F, page 7

Superseded SPA numbers: 92-02, 04-010, 95-10, 21-0014, 14-024

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MS2023MS00020 | MS-23-0015

Package Header

Package ID	MS2023MS00020	SPA ID	MS-23-0015
Submission Type	Official	Initial Submission Date	5/25/2023
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives SPA 23-0015 is being submitted to extend postpartum coverage for pregnant women from sixty (60) days to twelve (12) months, effective April 1, 2023.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$12485408
Second	2024	\$24781596

Federal Statute / Regulation Citation

Section 1902(e)(16) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MS2023MS00020 | MS-23-0015

Package Header

Package ID MS2023MS00020
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MS-23-0015
Initial Submission Date 5/25/2023
Effective Date N/A

Reviewable Unit Instructions

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | MS2023MS00020 | MS-23-0015

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Presumptive Eligibility

Continuous Eligibility for Children

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Reviewable Unit Name	Included in Another Source Type Submission Package
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	NEW

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MS2023MS0002O | MS-23-0015

Package Header

Package ID MS2023MS0002O

SPA ID MS-23-0015

Submission Type Official

Initial Submission Date 5/25/2023

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MS2023MS0002O | MS-23-0015

Package Header

Package ID	MS2023MS0002O	SPA ID	MS-23-0015
Submission Type	Official	Initial Submission Date	5/25/2023
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
 All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
5/8/2023	Tribal notice letter with summary of changes and a copy of the State Plan Amendment emailed to the Tribe's Health Director.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
MS SPA 23-0015 Postpartum Coverage Tribal Notice (1) (1)	5/25/2023 11:02 AM EDT	
RE_MS SPA 23-0015 Postpartum Coverage Tribal Notification email	5/25/2023 11:02 AM EDT	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | MS2023MS00020 | MS-23-0015

Package Header

Package ID	MS2023MS00020	SPA ID	MS-23-0015
Submission Type	Official	Initial Submission Date	5/25/2023
Approval Date	N/A	Effective Date	4/1/2023
Superseded SPA ID	see below		
	User-Entered		

Reviewable Unit Instructions

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes
 No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - a. The individual requests voluntary termination of eligibility;
 - b. The individual ceases to be a resident of the state;
 - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - d. The individual dies.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 5/25/2023 11:40 AM EDT