


TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Mississippi
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR § 457.40(b))

 6/29/2023
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR § 457.40(c)):

Name: Drew Snyder	Position/Title: Executive Director, MS Div. of Medicaid
Name: Cindy Bradshaw	Position/Title: Deputy Administrator, Office of Enrollment
Name: Jennifer Wentworth	Position/Title: Deputy Administrator, Office of Finance
Name: Trip Polles Affairs	Position/Title: Senior Director of Legislative and External

*Disclosure. 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 09380707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Insurance Program Reauthorization Act of 2009 (CHIPRA); clarification of enrollee coverage provided in an emergency department.

Amendment #9 submitted: February 9, 2015 Implemented January 1, 2015 To reflect the change in operation of the separate CHIP health plan to two (2) contracted MCOs.

Amendment #10 submitted: January 9, 2018 Implemented: October 1, 2019 To include a Health Services Initiative offering expanded vision services to low-income children throughout the state.

Amendment #11 submitted: May 7, 2019 Implemented: July 1, 2018 To demonstrate compliance with the Mental Health Parity and Addiction Equality Act (MHPAEA) final rule.

Amendment #12: MS SPA 19-0012-CHIP Effective Date: July 1, 2018 To include managed care requirements.

Amendment #13: MS SPA 20-0013-CHIP Submitted: January 31, 2020 To change the benchmark from the Mississippi and School Employee's Health Insurance Plan Effective: November 1, 2019 State to a Medicaid "like" State Plan

Amendment #14: MS SPA 20-0014-CHIP Disaster Relief Submitted: June 29, 2020 To implement temporary adjustments to enrollment and redetermination during Governor or federally-declared disasters and waive certain cost-sharing during the COVID-19 emergency Effective: March 18, 2020

Amendment # 15: MS SPA 23-0015-CHIP American Rescue Plan Submitted: The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP. Effective: March 11, 2021

Amendment # 16: MS SPA 23-0016-CHIP Postpartum The purpose of this SPA is to provide continuous 12-month postpartum coverage for pregnant women in CHIP. Effective April 1, 2023.

SPA: MS-23-0016-CHIP

Approval Date:

Effective Date: April 1, 2023



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MS - 23 - 0016

Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

Mandatory 12-Month Postpartum Continuous Eligibility in CHIP for States Electing This Option in Medicaid

At state option in Medicaid, states may elect to provide continuous eligibility for an individual's 12-month postpartum period consistent with section 1902(e)(16) of the SSA. If elected under Medicaid, states are required to provide the same continuous eligibility and extended postpartum period for pregnant individuals in its separate CHIP. A separate CHIP cannot implement this option if not also elected under the Medicaid state plan.

State elected the Medicaid option to provide continuous eligibility through the 12-month postpartum period

The 12-month postpartum continuous eligibility applies for the period beginning on the effective date of this SPA (no earlier than April 1, 2022) and is available through March 31, 2027.

- The state assures the extended postpartum period available to pregnant targeted low-income children or targeted low-income pregnant women under section 2107(e)(1)(J) of the SSA is provided consistent with the following provisions:

- Individuals who, while pregnant, were eligible and received services under the state child health plan or waiver shall remain eligible throughout the duration of the pregnancy (including any period of retroactive eligibility) and the 12-month postpartum period, beginning on the day the pregnancy ends and ending on the last day of the 12th month consistent with paragraphs (5) and (16) of section 1902(e) of the SSA

- Continuous eligibility is provided to targeted low income children who are pregnant or targeted low-income pregnant women (if applicable) who are eligible for and enrolled under the state child health plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

- The individual or representative requests voluntary disenrollment.
- The individual is no longer a resident of the state.
- The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to the individual.
- The individual dies.

Unlike continuous eligibility for children, states providing the 12-month postpartum period may not end an individual's continuous eligibility due to non-payment of premiums or becoming eligible for Medicaid.

- Consistent with section 2107(e)(1)(J) of the SSA, the state assures that continuous eligibility is provided through an individual's pregnancy and 12-month postpartum period regardless of non-payment of premiums, or an individual becoming eligible for Medicaid.

- Benefits provided during the 12-month postpartum period must be the same scope of comprehensive services consistent with the benefit package elected by the state under section 2103(a) of the SSA that is available to targeted low income children and/or targeted low-income pregnant women and may include additional benefits as described in Section 6 of the CHIP state plan.



CHIP Eligibility

Optional Continuous Eligibility for Children

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision.

For children up to age 19

For children up to age

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

At the end of the months continuous eligibility period.

The state assures that a child's eligibility is not terminated during a continuous eligibility period, regardless of any changes in circumstances, unless:

The child attains the age specified by the state Agency or age 19.

The child or child's representative requests voluntary disenrollment.

The child is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.

The child dies.

The child becomes eligible for Medicaid

There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

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