



MISSISSIPPI DIVISION OF
MEDICAID

Presumptive Eligibility for Pregnant Women (PEPW)

Application for PEPW Qualified Provider

Complete this participation request form regarding the presumptive eligibility for pregnant women program through Medicaid. Presumptive eligibility offers your patients access to prenatal health care while they apply for regular Medicaid or other health coverage. This completed form should be submitted via email to PE.PregnantWomen@medicaid.ms.gov.

<p>Who can qualify for presumptive eligibility for pregnant women?</p>	<p>Individuals may qualify for presumptive eligibility for pregnant women if they meet all these rules:</p> <ul style="list-style-type: none"> ■ They are pregnant and have not had presumptive eligibility for during this pregnancy. ■ Their income is below the monthly limit. ■ They are a U.S. citizen, U.S. national, or eligible immigrant. ■ They do not already have Medicaid.
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1	<p>Qualified Provider/Entity Information:</p> <p>We ask for this information so that we can confirm provider/entity authorization and staff member's certification for participating in Mississippi's presumptive eligibility for pregnant women.</p>
Qualified Provider/Entity Name	
Clinic or Entity Name	
Medicaid Provider ID	
Provider's Physical Address	
Street	
City	
Zip	
Provider's Mailing Address	
Street	
City	
Zip	
Provider's Email Address for Reporting (email of primary contact person for PEPW)	

2

Employee Requesting Certification to Perform PEPW

These individuals are required to complete mandatory training certification in PEPW.

Name (first, middle initial, last)	Job Title	Email Address	Phone Number

3

Qualified Provider/Entity Attestation:

I confirm that the person(s) named above are employees of the clinic and agree to notify the Division of Medicaid immediately if their employment terminates.

Certified provider/entity staff member's signature:

Date:

4

Internal Use by Division of Medicaid:

Date Request Received

Date MOU Sent to Provider

Date Executed MOU is Returned

Date Training Scheduled

Date Training Completed

Date Certification Granted