Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS00010 | MS-24-0010

Package Header

Package ID	MS2024MS0001O	SPA ID	MS-24-0010
Submission Type	Official	Initial Submission Date	7/11/2024
Approval Date	07/17/2025	Effective Date	7/1/2024
Superseded SPA ID	13-0019		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package 🕢	Included in Another Submission Package	Source Type 🕜
Presumptive Eligibility for Children under Age 19			0	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility			0	NEW
Presumptive Eligibility for Pregnant Women			0	APPROVED
Adult Group - Presumptive Eligibility			0	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility			0	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility			0	NEW
Former Foster Care Children - Presumptive Eligibility			0	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility			0	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package 😯	Included in Another Submission Package	Source Type 😧
Presumptive Eligibility by Hospitals			0	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS00010 | MS-24-0010

Package Header

Package IDMS2024MS00010SPA IDMS-24-0010Submission TypeOfficialInitial Submission Date7/1/2024Approval DateO7/17/2025Effective Date7/1/2024Superseded SPA ID13-0019User-EnteredUser-Entered

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

• N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS00010 | MS-24-0010

Package Header

Package IDMS2024MS00010SPA IDMS-24-0010Submission TypeOfficialInitial Submission Date7/11/2024Approval DateO7/17/2025Effective Date7/1/2024Superseded SPA IDNEWInitial Submission Submi

User-Entered

The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.

- 2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- 3. There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

1. The state uses a standardized screening process for determining presumptive eligibility.

2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

a. Paper - A copy of the application form is included.

b. Online - A copy of the application form is included.

☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

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Appendix A	6/25/2025 2:54 PM EDT	PDF

4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

The provider that determines presumptively eligibility shall notify the Division within five (5) working days after the determination is made and inform the woman at the time of determination that she must complete an application for Medicaid by not later than the last day of the month following the month during which the determination is made.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The woman must be pregnant.

2. Household income must not exceed the applicable income standard at 42 CFR 435.116.

a. A reasonable estimate of MAGI-based income is used to determine household income.

- O b. Gross income is used to determine household size.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

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D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

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Name of entity	Description
Federally Qualified Health Centers (FQHCs)	Federally Qualified Health Centers (FQHCs)
Mississippi Department of Health County Health Department	Mississippi Department of Health County Health Department
Rural Health Clinic (RHC)	Rural Health Clinic (RHC)
Obstetricians	Obstetricians
Primary Practice Clinics	Primary Practice Clinics

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created		
DOM PowerPoint - Presumptive Eligibility for Pregnant Women (w TOC Appendix) Final for Provider Training 6.3.25	6/25/2025 2:50 PM EDT	PI	

Presumptive Eligibility for Pregnant Women

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E. 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 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 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.

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