

Division of Medicaid State of Mississippi Provider Policy Manual	New:	Date:
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Section: Beneficiary Information	Section: 3.01	
	Pages: 2	
Subject: Eligibility of Persons	Cross Reference:	
	Beneficiary Information 3.02 & 3.05	

Eligibility of Persons Entitled to Full Medicaid Benefits

DOM is authorized to pay for medical services for the groups of persons listed below:

1. ~~Persons determined to be eligible for a grant through the Temporary Assistance for Needy Families (TANF) as certified by DHS. Low-income families with children under age 18 who meet pre-reform AFDC and income criteria, as certified by DOM.~~
2. Low-income families and children who meet pre-reform AFDC and income criteria, as certified by DHS. Children in licensed foster family homes or private child care institutions for which public agencies in the State of Mississippi are assuming financial responsibility as certified by DHS. Children in foster care on their 18th birthday are certified as eligible by DOM until their 21st birthday.
3. ~~Children in licensed foster family homes or private child care institutions for which public agencies in the State of Mississippi are assuming financial responsibility as certified by DHS. Children receiving subsidized adoption payments as certified by DHS.~~
4. ~~Children receiving subsidized adoption payments as certified by DHS. Children under the age of six (6) whose family income is equal to or below 133% of the federal poverty level (FPL) as certified by DOM.~~
5. ~~Pregnant women and children under the age of six whose family income is equal to or below 133% of the federal poverty level (FPL) as certified by DHS. Eligible pregnant women remain eligible for 60 days after pregnancy ends. Pregnant women and children under the age of 21 whose family income is equal to or below 185% of the FPL as certified by DOM. Eligible pregnant women remain eligible for 60 days after pregnancy ends.~~
6. ~~Pregnant women and children under the age of one whose family income is between 133% and 185% of the FPL as certified by DHS. Eligible pregnant women remain eligible for 60 days after pregnancy ends. Infants born to Medicaid eligible mothers are eligible for the first year of the infant's life provided the mother was eligible during her pregnancy and the child lives with her (See Section 3.02 Newborn Child Eligibility.)~~
7. ~~Infants born to Medicaid eligible mothers are eligible for the first year of the infant's life provided the mother was eligible during her pregnancy and the child lives with her (See Section 3.02 Newborn Eligibility.) Children under age 19 who have family income below 100% of the FPL as certified by DOM.~~
8. ~~Children under age 19 and pregnant women who have family income below 100% of the FPL as certified by DHS. Eligible pregnant women remain eligible for 60 days after pregnancy ends. Certain disabled children age 18 or under who live at home but who would be eligible if in a medical institution and who receive medical care at home that would be provided in a medical institution, as certified by DOM.~~
9. ~~Certain disabled children age 18 or under who live at home but who would be eligible if in a medical institution and who receive medical care at home that would be provided in a medical~~

institution, as certified by DOM. — Persons age 65 or over, blind, or disabled and who receive Supplemental Security Income (SSI) grants as certified by the Social Security Administration (SSA).

10. Persons age 65 or over, blind, or disabled and who receive Supplemental Security Income (SSI) grants as certified as SSA. — Persons in medical facilities who meet long term care criteria as by DOM.
11. Persons in medical facilities who meet long term care criteria as certified by DOM. — Certain former SSI beneficiaries who continue to meet SSI criteria except for income, as certified by DOM.
12. Certain former SSI Beneficiaries who continue to meet SSI criteria except for income, as certified by DOM. — Persons aged 65 or over and disabled individuals whose income does not exceed 135% of the FPL and whose resources are within specified limits, as certified by DOM, can qualify for coverage through 12/31/05.
13. Persons aged 65 or over and disabled individuals whose income does not exceed 100% of the FPL and whose resources are within specified limits, as certified by DOM. — Persons provided home and community based services that are physically disabled and certified by DOM as eligible by applying the eligibility requirements as if they are institutionalized.
14. Individuals receiving hospice services who would not be eligible for Medicaid if they were living in a Medicaid certified institution, as certified by DOM. — Working disabled individuals whose earnings do not exceed 250% of the FPL, as certified by DOM.
15. Handicapped individuals who meet the qualifications for participation in the HCBS Waiver for the physically handicapped, as certified by DOM. — Women under age 65 who are uninsured and have been screened and diagnosed for breast and/or cervical cancer under the CDC screening program administered by the State Department of Health are covered during the course of their cancer treatment.
16. Working disabled individuals whose earnings do not exceed 250% of the FPL, as certified by DOM. — Medicaid-eligible children under age 18 remain eligible for Medicaid for 12 continuous months, provided eligibility has been correctly established.

Evidence of eligibility is demonstrated by the Medicaid identification card. Payment of claims can only be made for eligibles certified as eligible by DHS, SSA or DOM.

Eligibility of Persons Entitled to Medicare Cost Sharing or Premium Payment

1. Qualified Medicare beneficiaries (QMBs) who are entitled to Medicare Part A, whose income does not exceed 100% of the federal poverty level as certified by DOM. Individuals eligible only as a QMB receive a Medicaid card but are only eligible for payment of Medicare cost sharing expenses.
2. Specified low-income Medicare beneficiaries (SLMBs) whose income does not exceed 120% of the FPL. The only benefit paid by Medicaid for this group is the person's Medicare Part B premiums. (These individuals must be entitled to Part A Medicare benefits under their own coverage, as Medicaid does not pay the Part A premium for them.) These individuals do not receive a Medicaid ID card.

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3. ~~Qualifying individuals (QIs) certified by DOM for payment or partial payment of their Medicare Part B premium only. Qualifying individuals (QIs) certified by DOM for payment of their Medicare Part B premium only. QI-1s can have income of 120% - 135% of the FPL for full payment of Medicare Part B premiums provided the beneficiary has Medicare Part A. QI-2s can have income of 135% - 175% of the federal poverty level for partial payment of Medicare Part B premiums provided the beneficiary has Medicare Part A. These individuals do not receive a Medicaid card.~~
 4. Certain qualified working disabled persons who are only eligible for Medicaid to pay their Medicare Part A premiums. DOM certifies this group. These individuals do not receive a Medicaid card.

Family Planning Eligibility

Women of childbearing age, defined as ages 13-44, whose income does not exceed 185% of poverty and who are not otherwise Medicaid-eligible, qualify for Medicaid covered family planning services only. DOM certifies eligibility for family planning services under a federal waiver. Women qualifying for family planning services under the waiver receive a unique Medicaid card that is yellow and labeled as a Family Planning ID card.

Women who are otherwise eligible for full services under Medicaid also qualify for family planning services as a covered state plan service.