Eligibility for Full Medicaid Benefits

- Low-income families with children under age eighteen (18) who meet pre-reform Aid to Families with Dependent Children (AFDC) and income criteria, as certified by the Division of Medicaid (DOM).

- 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 the Department of Human Services (DHS). Children in foster care on their eighteenth (18th) birthday are certified as eligible by DOM until their twenty-first (21st) birthday.

- 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.

- 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. Refer to Section 3.02, Newborn Child Eligibility.

- Children under age nineteen (19) who have family income below 100% of the FPL as certified by DOM.

- Certain disabled children age eighteen (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 sixty-five (65) or over, blind, or disabled and who receive Supplemental Security Income (SSI) grants as certified by the Social Security Administration (SSA).

- 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.

- 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.

- Working disabled persons whose earnings do not exceed 250% of the FPL, as certified by DOM.

- Women under age sixty-five (65) who are uninsured and have been screened and diagnosed for breast and/or cervical cancer under the Centers for Disease Control (CDC) screening program administered by the Mississippi State Department of Health are covered during the course of their cancer treatment.

- Medicaid-eligible children under age eighteen (18) remain eligible for Medicaid for twelve (12) continuous months, provided eligibility has been correctly established.

Evidence of eligibility is demonstrated by the Medicaid identification (ID) card. Refer to Provider Policy Manual Section 3.05 for Medicaid Identification Card policy. Payment of claims can only be made for person's certified as eligible by DHS, SSA or DOM.

Eligibility for Medicare Cost Sharing or Premium Payment

- 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.

- 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.

- 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. These individuals do not receive a Medicaid card.

- 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.

Eligibility for Limited Medicaid Benefits

- **Pregnant Women and Children Under the Age of Twenty-One**
  Pregnant women and children under the age of one (1) whose family income is equal to or below 185% of the FPL as certified by DOM qualify for limited benefits.

  Eligible pregnant women remain eligible for sixty (60) days after pregnancy ends. Pregnant women age twenty-one (21) and over are not covered for eyeglasses/frames/lenses and dental services under this category.

- **Family Planning Waiver**
  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 covered under the family planning waiver are only eligible for family planning services outlined in Section 72 of this manual. Women who are otherwise eligible for full services under Medicaid also qualify for family planning services as a covered state plan service.

- **Healthier Mississippi Waiver**
  Eligibility for the Healthier Mississippi Waiver is dependent upon **all** of the following criteria:

- The person's income is below 135% of the federal poverty level, **AND**
- The person's resources are under $4,000 for an individual or $6,000 for a couple, **AND**
- The person is not eligible for Medicare coverage

If, at any time, the beneficiary does not meet the criteria as stated above, eligibility for the waiver program will be terminated. In some cases the beneficiary may qualify for other Medicaid coverage.

Covered Services

The following services are covered for all beneficiaries (adult and children) enrolled in the Healthier Mississippi Waiver Program:

- Inpatient hospital services
- Outpatient hospital services
- Laboratory and radiology services
- Physician services
- Pharmacy services
- Home health services
- Transportation services
- Dialysis services
- Community mental health services
- Federally Qualified Health Center (FQHC) services

Service limits and beneficiary cost sharing (co-pay) requirements apply. **Beneficiaries under age twenty-one (21) may be eligible for additional visits/services with an approved plan of care.**

Excluded Services

All of the following services are excluded for beneficiaries over age twenty-one (21):

- Chiropractic services
- Podiatry services
- Dental services
- Vision services (eye exams are covered under physician services but eyeglass frames, eyeglass lenses and contact lenses are not covered)
- Hospice services

- Therapy in a free-standing clinic
- Long term care services (including nursing facility, home and community based waivers, and hospice)

Beneficiaries under age twenty-one (21) may be eligible for these services with an approved plan of care.