

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER TYPES OF CARE

Item 1. Payment of Title XVIII Part A and Part B Deductible/ Coinsurance

The Medicaid agency uses the following method:

	Medicare-Medicaid Individual	Medicare-Medicaid/ QMB Individual	Medicare-QMB Individual
Part A Deductible Inpatient Hospital	___ limited to State Plan rates <u>X</u> full amount	___ limited to State plan rates <u>X</u> full amount	___ limited to State plan rates <u>X</u> full amount
Part A Coinsurance Inpatient Hospital	___ limited to State plan rates <u>X</u> full amount	___ limited to State plan rates <u>X</u> full amount	___ limited to State plan rates <u>X</u> full amount
Part A Deductible Nursing Facility Hospice Home Health	<u>X</u> limited to State plan rates* ___ full amount	<u>X</u> limited to State plan rates ___ full amount	<u>X</u> limited to State plan rates ___ full amount
Part A Coinsurance Nursing Facility Hospice Home Health	<u>X</u> limited to State plan rates* ___ full amount	<u>X</u> limited to State plan rates ___ full amount	<u>X</u> limited to State plan rates ___ full amount
Part B Deductible	___ limited to State plan rates <u>X</u> full amount	___ limited to State plan rates <u>X</u> full amount	___ limited to State plan rates <u>X</u> full amount
Part B Coinsurance	___ limited to State plan rates <u>X</u> full amount	___ limited to State plan rates <u>X</u> full amount	___ limited to State plan rates <u>X</u> full amount

*The Medicaid agency will not reimburse for services that are not covered under the Medicaid State Plan.