

State of Mississippi
Title XIX Inpatient Hospital Reimbursement Plan

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services by the hospital to residents who either are eligible for medical assistance under this State Plan or have no health insurance (or other source of third party coverage) for services provided during the year less any payments made by Medicaid, other than for disproportionate share payments, and less any payments made by uninsured patients. For purposes of this section, payments made to a hospital for services provided to indigent patients made by a State or a unit of local government within a State shall not be considered to be a source of third party payment.

- B. The payment to each hospital shall be calculated by applying a uniform percentage required to allocate 100% of the MS DSH allotment to all DSH eligible hospitals for the rate year to the uninsured care cost of each eligible hospital, excluding state-owned institutions for treatment of mental diseases; however, that percentage for a state-owned teaching hospital located in Hinds County shall be multiplied by a factor of two (2).
- C. For each state fiscal year from 2015 forward, the state shall use uninsured costs from the hospital data related to the most recently filed and longest cost reporting period ending in the calendar prior to the beginning of the state fiscal year.
- D. The Division of Medicaid shall implement DSH calculation methodologies that result in the maximization of available federal funds.

5-3 Disproportionate Share Payment Period

The determination of a hospital disproportionate share status is made annually and is for the period of the rate year (October 1 – September 30). Once the list of disproportionate

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6-1 UPL Payments – Hospitals With 50 Beds or Less

For each state fiscal year from 2015 forward, privately operated and non-state government operated general acute care hospitals, within the meaning of 42 CFR Section 447.272, that have fifty (50) or fewer licensed beds as of January 1, 2009, shall receive a supplemental inpatient UPL payment equal to sixty-five percent (65%) of their fiscal year 2013 hospital specific inpatient UPL gap, before any payments under this subsection.

6-2 UPL Payments – State Hospitals

For each state fiscal year from 2015 forward, general acute care hospitals licensed within the class of state hospitals shall receive a supplemental inpatient UPL payment equal to twenty-eight percent (28%) of their fiscal year 2013 inpatient payments, excluding DSH and UPL payments.

6-3 UPL Payments – Government Non-State Hospitals

For each state fiscal year from 2015 forward, general acute care hospitals licensed within the class of government non-state hospitals shall receive a supplemental inpatient UPL payment determined by multiplying 2013 inpatient payments, excluding DSH and UPL payments, by the uniform percentage necessary to exhaust the maximum amount of inpatient UPL payments permissible under federal regulations.

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6-4 UPL Payments – Private Hospitals

For each state fiscal year from 2015 forward, in addition to other payments provided above, all hospitals licensed within the class of private hospitals shall receive an additional inpatient UPL payment determined by multiplying 2013 inpatient payments, excluding DSH and UPL payments, by the uniform percentage necessary to exhaust the maximum amount of inpatient UPL payments permissible under federal regulations.

6-5 UPL Payments – State Hospitals Additional Distribution

For each state fiscal year from 2015 forward, in addition to other payments provided above, all hospitals licensed within the class of state hospitals, shall receive an additional inpatient UPL payment determined by multiplying 2013 inpatient payments, excluding DSH and UPL payments, by the uniform percentage necessary to exhaust the maximum amount of inpatient UPL payments permissible under federal regulations.

6-6 UPL Payments – Maximization of Federal Funds

The Division of Medicaid shall implement UPL calculation methodologies that result in the maximization of available federal funds.