STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MISSISSIPPI

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act:

Service	Type Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay	
Ambulance			X	$3.00 per trip
Ambulatory Surgical Center			X	$3.00 per visit
Dental Visits			X	$3.00 per visit
Durable Medical Equipment, orthotics, and prosthetics (excludes medical supplies)			X	Up to $3.00 per item (varies per State payment for each item)
Eyeglasses			X	$3.00 per pair
Home Health visits			X	$3.00 per visit
Hospital Inpatient Days			X	$10.00 per day up to one-half the hospital=s first day per diem per admission.
Hospital Outpatient visits			X	$3.00 per hospital outpatient visit
Physician Visits: office, home, emergency room, ophthalmological			X	$3.00 per visit
Prescription drugs			X	$3.00 per prescription, including refills
Rural Health Clinic visits, FQHC visits, and MSDH clinic visits			X	$3.00 per visit

When the average or typical State payments for the above services are taken into consideration, all copayments are computed at a level to maximize the effectiveness without causing undue hardship on the recipients, assuring that they do not exceed the maximum permitted under 42 CFR 447.54

The basis for determining the charge of each co-payment for all services except in-patient hospital was the standard co-payment amount described in 42 CFR Section 447.55. The maximum co-payment amount in 42 CFR Section 447.54 was applied to the agency's average or typical payment for the particular service. For in-patient hospital services, the amount was calculated so as not to exceed one-half the first day's per diem for each hospital per admission.

Providers are required by the agency's provider agreements and policy manuals to assume the responsibility for collecting the co-payment amounts from those beneficiaries who are required to pay co-payments. Providers are required to make the determination as to whether or not a Medicaid beneficiary is able to pay required co-payment amounts Providers are prohibited by the agency's provider agreements and policy manuals from denying services to Medicaid beneficiaries because of inability to pay the co-payment, in compliance with 42 CFR Section 447.15.

Providers are prohibited by the agency's provider agreements and policy manuals from charging co-payment amounts for those services and beneficiaries found in 42 CFR Section 447.53(b). Beneficiaries are educated regarding co-payment amounts and regarding those services and beneficiaries that are exempt from co-payments. The agency's claims payment system contains an edit that prohibits the reduction of the co-payment amount from an excluded service or beneficiary category.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

B. The method used to collect cost sharing charges for categorically needy individuals:

/X/ Providers are responsible for collecting the cost sharing charges from individuals.

/ / The agency reimburses providers the full Medicaid rate for a service and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Policy concerning copayments is specified in each Provider manual, providing details on exactly what copayments are to be made by recipients, the amounts, etc. Also, the exceptions to copayments for children under 18 years of age, pregnant women, nursing home patients, family planning services, etc., are specified in the Manuals. The provider advises the recipient of his responsibility and the amount of the copayment at the time service is provided and collects the payment from the recipient unless the recipient states that he is unable to pay and the provider has no knowledge or indications to the contrary.

No provider participating under this State Plan may deny care or services to an individual eligible for such care or services under the Plan due to the individual's inability to pay a copayment charge.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers have been advised through bulletins and Provider Manuals of the services subject to copayments and the exclusions, such as to children under 18, to pregnant women, to patients in nursing homes, emergency services, family planning services, etc., and of the method for filing such claims. Refer to Item C. above for details.

Enforcement procedures for cost sharing exclusions consist of edits in the claims processing system which identify services subject to cost sharing and processing as though the cost share had been collected and notifying the provider to collect. Also, the edits identify any cost share collected in error, process the claim correctly and notify the provider to refund the cost share to the recipient.

E. Cumulative maximums on charges:

/X/ State policy does not provide for cumulative maximums.

/ / Cumulative maximums have been established as described below: