

NOTICE OF RULE ADOPTION—FINAL RULE

FILED
JUN 17 2008

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

MISSISSIPPI
SECRETARY OF STATE

Miss. Division of Medicaid
c/o Ginnie McCardle, Staff Officer
Walter Sillers Building
550 High Street
Suite 1000
Jackson, MS 39201-1399
(601) 359-6310
<http://www.dom.state.ms.us>

Specific Legal Authority Authorizing the promulgation of
Rule: Miss Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule :
State Plan Attachment 4.19-B Page 21

Date Rule Proposed: March 31, 2008

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

SPA2008-002 This State Plan Amendment was filed to correct a technical error relating to the payment of non-covered Medicaid services for Qualified Medicare Beneficiaries (QMB's). The current SPA included asterisks in the column labeled "Medicaid agency will not reimburse for services that are not covered under the Medicaid State Plan". The asterisk was removed on this State Plan page based on the federal requirement to pay for services not covered under the State's Medicaid plan. This became effective April 1, 2008. CMS approved this amendment on June 5, 2008.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

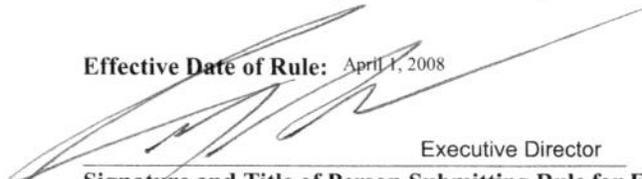
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: April 1, 2008


Executive Director
Signature and Title of Person Submitting Rule for Filing

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

STATE 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	<input checked="" type="checkbox"/> limited to State plan rates *	<input checked="" type="checkbox"/> limited to State plan rates	<input checked="" type="checkbox"/> limited to State plan rates
	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount
Part A Coinsurance	<input checked="" type="checkbox"/> limited to State plan rates *	<input checked="" type="checkbox"/> limited to State plan rates	<input checked="" type="checkbox"/> limited to State plan rates
	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount
Part B Deductible	<input checked="" type="checkbox"/> limited to State plan rates*	<input checked="" type="checkbox"/> limited to State plan rates	<input checked="" type="checkbox"/> limited to State plan rates
	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount
Part B Coinsurance	<input checked="" type="checkbox"/> limited to State Plan rates *	<input checked="" type="checkbox"/> limited to State plan rates	<input checked="" type="checkbox"/> limited to State plan rates
	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount

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

TN No: 08-002

Supersedes

TN No: 98-08

Approval Date: 06/05/08

Effective Date: 04/01/08