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June 1998
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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:

Revision:

	Medicare-Medicaid	Medicare-Medicaid/	Medicare-QMB
	Individual	QMB Individual	Individual
Part A Deductible	limited to State Plan	limited to State plan	limited to State plan
Inpatient Hospital	rates	rates	rates
	X full amount	X full amount	X full amount
Part A Coinsurance	limited to State plan	limited to State plan	limited to State plan
Inpatient Hospital	rates	rates	rates
	X full amount	X full amount	X full amount
Part A Deductible	X limited to State plan	X limited to State plan	X limited to State plan
Nursing Facility	rates*	rates	rates
Hospice			
Home Health	full amount	full amount	full amount
Part A Coinsurance	X limited to State plan	X limited to State plan	X limited to State plan
Nursing Facility	rates*	rates	rates
Hospice		-5002	
Home Health	full amount	full amount	full amount
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Part B Deductible	limited to State plan	limited to State plan	limited to State plan
	rates	rates	rates
	X full amount	X full amount	X full amount
Part B Coinsurance	limited to State plan	limited to State plan	limited to State plan
	rates	rates	rates
	X full amount	X full amount	X full amount

TN No. 2010-001 Supersedes TN No. 08-002

Approval Date: <u>08-26-10</u> Effective Date <u>1-1-2010</u>

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