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**GENERAL PROVISIONS**

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**MEDICAID SERVICES**

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**A. COVERED SERVICES  
AND CO-PAYMENTS**

The State Medicaid Agency provides the following services to Medicaid recipients on a fiscal year basis (July 1 - June 30). Cost-sharing payments, or co-payments, are specified where applicable. In order to receive the covered benefits described below, an individual must be eligible for full Medicaid coverage. These covered benefits do not apply to individuals eligible for Medicare cost-sharing services only or to individuals eligible in the Healthier Mississippi Waiver or Family Planning Waiver.

**1. Inpatient  
Hospital  
Care**

Up to 30 days of hospital care may be covered annually. Children can get more with a plan of care.

There is a \$10.00 co-payment per day.

**2. Emergency  
Room Visits**

Up to 6 visits are covered. Children can get more with a plan of care.

There is a \$3.00 co-payment per visit unless the visit is a true emergency.

**3. Nursing Home  
Care**

Nursing facility care, intermediate care facility services for the Mentally Retarded and psychiatric residential treatment facility care for children under age 21 is provided under Medicaid. Individuals contribute toward the cost of their care based on their monthly income.

**4. Physician  
Visits**

Up to 12 visits are covered at a doctor's office or rural health clinic (pre-natal visits do not count against the 12 visit limit). Thirty-six visits are covered for nursing home recipients.

There is a \$3.00 co-payment per visit.

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| <b>5.</b>  | <b>Prescription<br/>Drugs</b>               | <p>Up to five (5) prescriptions per month are covered. No more than two (2) of the five may be name brand including refills. Children under 21 may get more with a plan of care. Individuals with Medicare receive their pharmacy benefit through Medicare, Part D.</p> <p>There is a \$3.00 co-payment per prescription.</p> |
| <b>6.</b>  | <b>Laboratory<br/>Services</b>              | <p>Lab services are covered when ordered by a doctor and performed by an approved independent laboratory.</p>   |
| <b>7.</b>  | <b>Transportation<br/>Services</b>          | <p>Transportation services as medically needed are provided for the recipient's health care, such as ambulance service.</p> <p>There is a \$3.00 co-payment per trip. Prior to 05/01/02, the co-payment was \$2.00.</p>   |
| <b>8.</b>  | <b>Emergency<br/>Dental<br/>Extractions</b> | <p>Emergency Dental Extractions are covered, and if medically necessary, treatment for acute dental conditions (fillings, crowns, bridges and dentures are <u>not</u> covered).</p> <p>There is a \$3.00 co-payment per visit.</p>  |
| <b>9.</b>  | <b>Home Health<br/>Visits</b>               | <p>Up to 25 visits are covered when ordered by a doctor plus certain medically necessary durable equipment and supplies when furnished by the Home Health Agency or Durable Medical Equipment supplier.</p> <p>There is a \$3.00 co-payment per visit.</p>  |
| <b>10.</b> | <b>Eyeglasses</b>                           | <p>One pair of eyeglasses is covered every five (5) years. There is a \$3.00 co-payment.</p>  |
| <b>11.</b> | <b>Hospice</b>                              | <p>Hospice services are available for full service Medicaid beneficiaries.</p>  |

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**12. Child Health Services** All children and youth under age 21 who are eligible for full Medicaid are eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services. These services include a comprehensive physical and referrals to a doctor for any health problems.

**13. Limited Coverage for Women Eligible Solely Due to Pregnancy** Effective September 1, 2002, the Division of Medicaid will not provide eyeglass or dental coverage to women eligible for Medicaid solely because they are pregnant.

**B. EXCEPTIONS TO PAYMENTS**

The following Medicaid recipients do not pay co-payments:

- Children under 18
- Pregnant women
- Patients in nursing homes
- Patients under family planning