

MISSISSIPPI DIVISION OF MEDICAID

Eligibility Policy and Procedures Manual

CHAPTER 102 – Non-Financial Requirements

Page |1007

OUT-OF-STATE PLACEMENTS (Continued)

If an individual moves to Mississippi, he would apply for benefits here and meet all eligibility requirements. If he is transferred directly from one medical facility to another, the time spent in the out-of-state facility can be used to meet the 30 consecutive day requirement.

102.03.10 RESIDENCY ISSUES

Termination of Benefits in the Former State of Residence

An individual coming to MS from another state may be considered a resident of MS in the month of the move, provided the individual intends to reside in MS. However, individuals are not entitled to duplication of Medicaid services from both the former state and Mississippi. When a Medicaid recipient moves from one state to another, the former state initiates the change effective the first month in which it can administratively terminate the case in accordance with timely and adequate notice regulations.

Request for MS Medicaid Prior to Termination in Former State

There will be occasions when a recipient requests that eligibility in Mississippi begin prior to the effective date of closure in the former state. Neither state can deny coverage because of administrative requirements or time constraints needed to take action to terminate benefits in the former state.

However, when an individual is no longer a resident of a state, that state is not required to pay for any services incurred in Mississippi. If the former state will pay out of state claims, Mississippi cannot approve eligibility until the former state has terminated services. If the former state will not pay out of state claims, duplication of services is not an issue and Medicaid eligibility in Mississippi can potentially begin with the month of the move.