HCFA-Region IV June 1998

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:

	Medicare-Medicaid Individual	Medicare-Medicaid/ QMB Individual	Medicare-QMB Individual
Part A Deductible Inpatient Hospital	limited to State Plan rates	limited to State plan rates	limited to State plan rates
	\underline{X} full amount	<u>X</u> full amount	\underline{X} full amount
Part A Coinsurance Inpatient Hospital	limited to State plan rates	limited to State plan rates	limited to State plan rates
	\underline{X} full amount	\underline{X} full amount	\underline{X} full amount
Part A Deductible Nursing Facility Hospice	X limited to State plan rates*	X limited to State plan rates	\underline{X} limited to State plan rates
Home Health	full amount	full amount	full amount
Part A Coinsurance Nursing Facility Hospice	X limited to State plan rates*	X limited to State plan rates	X limited to State plan rates
Home Health	full amount	full amount	full amount
Part B Deductible	limited to State plan rates	limited to State plan rates	limited to State plan rates
	\underline{X} full amount	X full amount	<u>X</u> full amount
Part B Coinsurance	limited to State plan rates	limited to State plan rates	limited to State plan rates
	<u>X</u> full amount	<u>X</u> full amount	<u>X</u> full amount

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