

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 07/01/05
Section: Beneficiary Information	Section: 3.08	
Subject: Beneficiary Cost Sharing	Pages: 2	Cross Reference:

Section 1902(a) (14) of the Social Security Act permits states to require certain beneficiaries to share some of the costs of receiving Medicaid services, such as enrollment fee payments, premiums, deductibles, coinsurance, co-payments, or similar cost sharing charges. Please refer to the specific services section for co-payment amounts.

The following beneficiaries and services do not require co-payments:

Infant Exception Code (For newborn only)

K Infant

Co-Payment Exception Codes

C Children
P Pregnant Women
N Nursing Facility Residents
F Family Planning Services
E Emergency Room Services**

** Certified by the physician as true emergencies and so recorded in the medical record.

The following are the established co-payments:

Co-Payment Amounts

Ambulance	\$3.00 per trip	Hospital Outpatient	\$3.00 per visit
Dental	\$3.00 per visit	Physician (any setting)	\$3.00 per visit
FQHC	\$3.00 per visit	Vision	\$3.00 per pair of eyeglasses
Home Health	\$3.00 per visit	Rural Health Clinic	\$3.00 per visit
MSDH	\$3.00 per visit		
Hospital Inpatient	\$10.00 per day up to one-half the hospital's first day per diem per admission		
Prescription	\$3.00 per prescription, including refills		
DME, orthotics, and prosthetics (excludes medical supplies)		Up to \$3.00 per item (varies per State payment for each item)	

Collection of Co-payment

In the absence of knowledge or indication to the contrary, the provider may accept the beneficiary's assertion that he/she cannot afford to pay the cost sharing co-payment amount. The provider may not deny services to any eligible Medicaid individual due to the individual's inability to pay the cost of the co-payment. However, the individual's inability to pay the co-payment amount does not alter the Medicaid reimbursement amount for the claim, unless the beneficiary or service is excluded from the co-payment policy as listed.

Collecting the co-payment amount from the beneficiary is the responsibility of the provider. In cases of claim adjustments, the responsibility of refunding or collecting additional cost sharing co-payments from the beneficiary remains the responsibility of the provider.