

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 08/01/06 11/01/04
Section: Hospital Inpatient	Section: 25.27	
Subject: Inpatient Per Diem Rates	Pages: 1	
	Cross Reference:	
	Transplants 28.15	

DOM uses a prospective method of reimbursement. This method does not allow for retrospective adjustments. The rates are determined from cost reports and appropriate audits or by other means approved by the grantor agency. Per diem rates will be determined annually with an effective date of October 1.

In no case may the reimbursement rate for services provided under this manual exceed an individual facility's customary charge to the general public for such services in the aggregate except for those public facilities rendering such services free of charge or at a nominal charge.

DOM may adjust prospective rates pursuant to changes in federal and/or state laws or regulations. All plan changes must be approved by the federal grantor agency. Based on allowable and reasonable costs or by other means approved by the grantor agency, DOM establishes a per diem reimbursement rate for each facility. Each facility is furnished a copy of the Attachment 4.19-A of the State Plan that is also known as the Hospital State Plan.

In cases of a change of ownership, the first cost report filed by the new owner will be used to set the per diem reimbursement rate retroactive to the date of the change of ownership.

Providers should refer to Section 28.15 for information on transplant reimbursement.