

**State of Mississippi**  
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER TYPES OF CARE**

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**Clinic Services:**

(A) Birthing Center Services – Reimbursement for birthing center providers is based on a fee-for-service basis. To establish a fee for birthing centers services, the per diem of hospitals providing delivery services was added for monitoring. The total per diem rate was divided by the number of hospitals providing delivery services for the average per diem. The reimbursement to birthing centers for monitoring services is 80% of the average hospital per diem. To establish a fee for birthing centers for monitoring services prior to transfer to a hospital, the fee for monitoring services was divided by 24 for an hourly rate. This rate was multiplied by three to arrive at a fee for monitoring services prior to transfer to a hospital.

(B) Other Clinic Services - Reimbursement is for clinics as defined in Section 41-3-15(5) of the Mississippi code of 1972, as amended. Reimbursement is based on cost reports submitted by the provider. The rate will be determined by dividing total reasonable cost by total encounters but will not exceed the upper limits specified in 42 CFR 447.321 through 447.325. The established rate setting period is July 1 to June 30. An interim rate is paid until the end of the reporting period when there is a retrospective cost settlement. Actual reasonable costs reported on the cost report are divided by actual encounters by clinic type to determine the actual cost per encounter. Overpayments will be recouped from the provider, and underpayments will be paid to the provider.

Clinic services for EPSDT recipients, is medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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Ambulatory Surgical Center Facility Services

Reimbursement of ambulatory surgical center services is calculated at eighty percent (80%) of the current Medicare Ambulatory Surgical Center Payment System.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental, if any, and non-governmental providers of ambulatory surgical center services. Mississippi Medicaid's fee schedule for ambulatory surgical center services is updated annually with an effective date of October 1 for services provided on or after that date. All rates may be viewed at <http://www.medicaid.ms.gov/Fees/ASCRateSchGrpDesi.pdf>.

Notwithstanding any other provision of the Plan, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service as noted above by five percent (5%) of the allowed amount for that service.