

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 07/01/06
Provider Policy Manual	Current:	11/01/01
Section: Hospital Outpatient	Section: 26.23	
Subject: Outpatient Rates	Pages: 1	
	Cross Reference:	
	<u>Transplants 28.15</u>	

Outpatient hospital services shall be reimbursed at a percentage of billed charges (unless specified differently). The percentage paid is the lower of 75% of charges or the cost-to-charge ratio, as computed by Medicaid using the hospital's cost report, or by other means approved by the grantor agency. The cost-to-charge ratio shall be computed each year for use in the following year's payments. Adjustments to outpatient services claims may be made if the cost-to-charge ratio is adjusted as a result of an amended cost report, audit, or Medicare Final Settlement. The cost-to-charge ratio for outpatient services will be computed under Title XVIII (Medicare) methodology, excluding bad debts and other services paid by Medicaid under a different methodology (ex: Rural Health Clinic services and Federally Qualified Health Center services).

All outpatient laboratory and radiology services shall be reimbursed on a fee-for-service basis.

Hospital-based clinics may not bill facility fees on the UB-92 unless they are a teaching hospital with a resident-to-bed ratio of 0.25 or greater.

In cases of a change of ownership, the first cost report filed by the new owner will be used to set the outpatient percentage retroactive to the date of the change of ownership.

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