Medicaid, as authorized by Title XIX of the Social Security Act (SSA), is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid (DOM), Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

A provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, the provider must accept the Medicaid payment as payment in full for those services covered by Medicaid. The provider cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary. Services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. DOM is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers, and for notifications regarding billing. DOM initiates Medicaid policy as it relates to these factors.

Governmental responsibility for the provision of health services to the American Indian/Alaskan Native (AI/NI) population evolved through numerous Supreme Court decisions, treaties, Executive Orders, and legislation. Principal legislation authorizing federal funds for health services came through the Snyder Act of 1921. The Transfer Act of 1954 transferred the responsibility for Indian health services from the Bureau of Indian Affairs to the Department of Health, Education and Welfare (HEW), now the Department of Health and Human Services (DHHS). The Indian Health Service (IHS), an agency within DHHS, was established as the agency responsible for providing federal health services to the American Indian/Alaskan Native (AI/AN) population. The Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) gave Tribes the option of assuming the operation of health services and community programs from Indian Health Services (IHS) or remaining within the IHS administered system. Subsequently the Indian Health Care Improvement Act (Public Law 94-437) was enacted to provide the quality and quantity of health services needed to elevate the health status of American Indians/Alaska Natives and to encourage maximum participation of tribes in the planning/management of those services.

Applicants of American Indian/Alaskan Native descent are subject to the same eligibility criteria as any other applicant. Refer to Provider Policy Manual Section 3.0 for Beneficiary Information policy.

Indian Health Service (IHS) Facilities/Tribal 638 Health Facilities

Statutes applicable to enrollment of IHS/Tribal 638 facilities as Medicaid providers include the following:

- Sec. 1911. [42 U.S.C. 1396j] (a) of the Social Security Act (SSA) provides that a facility of the Indian Health Service (IHS) (including hospitals, nursing facilities or any other type of facility that provides services that are coverable under the Medicaid state plan), whether operated by the IHS or by an Indian tribe (IT) or a tribal organization (TO) as defined in Section 4 of the Indian Health Care Improvement Act (IHCIA), is eligible for Medicaid reimbursement under the state Medicaid plan, if and for so long as it meets all of the conditions and requirements generally applicable to such facilities under Title XIX of the Social Security Act (SSA).

- Sec. 1911. [42 U.S.C. 1396j] (b) of the SSA provides that a facility of the Indian Health Service (including a hospital, nursing facility, or any other type of facility which provides services of a type otherwise covered under the State plan) that does not meet all of the conditions and requirements of Title XIX that are applicable generally to such facility, but submits to the Secretary within six (6) months after the date of the enactment of this section an acceptable plan for achieving compliance with such conditions and requirements, shall be deemed to meet such conditions and requirements (and to be eligible for reimbursement under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first twelve (12) months after the month in which such plan is submitted.

The Division of Medicaid accepts Indian Health Service Facilities/Tribal 638 Health Facilities as Medicaid providers on the same basis as other qualified providers. IHS/Tribal 638 facilities must meet all applicable standards for state licensure but need not obtain a state license. Refer to Provider Policy Manual Section 4.01 for Conditions of Participation policy.

All Other Providers

All other providers must complete the enrollment requirements for their respective provider type. Refer to Provider Policy Manual Section 4.01 for Conditions of Participation policy.

American Indians/Alaskan Natives who meet the DOM eligibility criteria receive the same benefits as any other beneficiary in the same category of eligibility. All limitations, exclusions, and prior authorization requirements apply.

Indian Health Service (IHS) Facilities/Tribal 638 Health Facilities/Providers

The Social Security Act, Sec. 1911. [42 U.S.C. 1396j], provides the legal statute for Medicaid reimbursement of Indian Health service facilities. The statute reads as follows:

> "Sec. 1911. [42 U.S.C. 1396j] (a) A facility of the Indian Health Service (including a hospital, nursing facility, or any other type of facility which provides services of a type otherwise covered under the State plan), whether operated by such Service or by an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act , shall be eligible for reimbursement for medical assistance provided under a State plan if and for so long as it meets all of the conditions and requirements which are applicable generally to such facilities under this title.
>
> (b) Notwithstanding subsection (a), a facility of the Indian Health Service (including a hospital, nursing facility, or any other type of facility which provides services of a type otherwise covered under the State plan) which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, but which submits to the Secretary within six months after the date of the enactment of this section an acceptable plan for achieving compliance with such conditions and requirements, shall be deemed to meet such conditions and requirements (and to be eligible for reimbursement under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first twelve months after the month in which such plan is submitted.
>
> (c) The Secretary is authorized to enter into agreements with the State agency for the purpose of reimbursing such agency for health care and services provided in Indian Health Service facilities to Indians who are eligible for medical assistance under the State plan.
>
> (d) For provisions relating to the authority of certain Indian tribes, tribal organizations, and Alaska Native health organizations to elect to directly bill for, and receive payment for, health care services provided by a hospital or clinic of such tribes or organizations and for which payment may be made under this title, see section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645)."

The Division of Medicaid will reimburse Indian Health Service Facilities/Tribal 638 Health Facilities/Providers as follows:

- Inpatient Hospital - per diem rate
- Outpatient Hospital (includes physician and clinic services) – encounter rate
- Dental Services – encounter rate
- Other approved providers will be reimbursed according to the current payment methodology (e.g., fee for service, per diem, encounter etc) for the respective provider type.

Section 1905 (b) of the Social Security Act provides that 100 percent Federal Medical Percentages (FMAP) is available to states for amounts spent on medical assistance received through an Indian Health Service facility whether operated by the Indian Health Service or by an Indian tribe or tribal organization (as defined in section 4 of the Indian Health Care Improvement Act).

Non Indian Health/Tribal 638 Providers

Providers who are not Indian Health Service Facilities/Tribal 638 Facilities will be reimbursed according to

the current payment methodology (e.g., fee for service, per diem, encounter etc) for the respective provider type.