Fundraising may only be used to obtain funds needed to pay for medical/treatment costs not normally covered by the Mississippi Medicaid program. Such costs include, but are not limited to the following:

- Transportation for family members
- Food and lodging for the beneficiary and family
- Child care
- Non-covered medical equipment
- Non-covered medical services

Fundraising Criteria

- Prior to accepting donations arrangements must be made to place donations in a trust fund/ special account
- The trust fund/special account must be established/administered in compliance with all applicable federal and state rules/regulations
- The trust fund/special account must be managed/administered by someone other than the beneficiary or the beneficiary's family member/legal guardian (i.e., the beneficiary or the beneficiary's family member/legal guardian may not have direct access to the fund/account)
- The trust fund/special account must be maintained separate from personal monies belonging to the beneficiary or the beneficiary's family member/legal guardian (i.e., mixed funds could be counted as income or an asset which could result in a loss or reduction of Medicaid benefits)
- Legible documentation on income and expenditures must be maintained and must be made available to the Division of Medicaid, the fiscal agent, and/or the UM/QIO upon request

The beneficiary must report all sources of income to the source of eligibility. The source of eligibility will inform the Third Party Liability Unit of the availability of any other source of payment for medical services. Donated funds for the purpose of payment of medical services are considered a third party source. Refer to Provider Policy Manual Section 6.0 for Third Party Recovery policy.

Provider/facilities must adhere to conditions of participation as a Medicaid provider and cannot participate in fundraising for beneficiaries to raise additional funds to pay for Medicaid covered procedures and/or related services. Refer to Provider Policy Manual Section 4.02 for Conditions of Participation policy.

> "**The provider must agree to accept as payment in full the amount paid by the Medicaid program for all services covered under the Medicaid program within the beneficiary's service limits with the exception of authorized deductibles, co-insurance, and co-payments. All services covered under the Medicaid program**

will be made available to the beneficiary. Beneficiaries will not be required to make deposits or payments on charges for services covered by Medicaid. A provider cannot pick and choose procedures for which the provider will accept Medicaid. At no time shall the provider be authorized to split services and require the beneficiary to pay for one type of service and Medicaid to pay for another. All services provided to Medicaid beneficiaries will be billed to Medicaid only where Medicaid covers said services, unless some other resources, other than the beneficiary, or the beneficiary's family will pay for the service."