

Title 23: Division of Medicaid

Part 211: Federally Qualified Health Centers

Chapter 1: General

Rule 1.2: Service Limits

- A. The Division of Medicaid limits reimbursement to a Federally Qualified Health Center (FQHC) to no more than four (4) encounters per beneficiary per day, provided that each encounter represents a different provider type, as the Division of Medicaid only reimburses for one (1) medically necessary encounter per beneficiary per day for each of the following provider types:
1. A physician, physician assistant, nurse practitioner, or nurse midwife,
 2. A dentist,
 3. An optometrist, or
 4. A clinical psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselors (LPCs) and/or Board Certified Behavior Analysts (BCBAs).
- B. An exception to Miss. Admin. Code Part 211, Rule 1.2.A. is when the beneficiary suffers an injury or illness requiring additional diagnosis or treatment subsequent to the first encounter.

Source: 42 C.F.R. Part 491, 42 C.F.R. § 440.230; Miss. Code Ann. §§ 43-13-117, 43-13-121; SPA 2018-0012, SPA 2013-032.

History: Revised eff. 09/01/2019, Revised to correspond with SPA 2018-0012 (eff. 07/01/2018) eff. 06/01/2019. Revised to correspond with SPA 2013-032 (eff. 11/01/2013) eff. 06/01/2015.