

**Title 23: Division of Medicaid**

**Part 215: Home Health Services**

**Part 215 Chapter 1: Home Health Services**

*Rule 1.5: Reimbursement*

- A. In order to receive reimbursement from the Division of Medicaid for the face-to-face encounter, the encounter must be conducted by an enrolled Medicaid provider.
  
- B. The Division of Medicaid reimburses for home health services based on reasonable cost determined in accordance with the State Plan and Medicare principles of reimbursement, except when Medicare guidelines are contradictory to directives of the State Plan or the Division of Medicaid. In such a situation, the State Plan or the Division of Medicaid will prevail.
  - 1. Medicaid cost reporting schedules must be included with the Medicare cost report to compute Medicaid reimbursement.
  - 2. A schedule must be completed to reflect the lower of reasonable costs or customary charge provisions as they apply to Medicaid.
  - 3. In addition to the lower of costs or charge limitations, reimbursement for home health services is limited to and cannot exceed the prevailing costs of providing nursing facility services.
  
- C. The Division of Medicaid reimburses for the initial assessment visit for skilled nursing services and aide services as listed below:
  - 1. If a beneficiary is assessed for services without a skilled nursing service performed during the initial assessment visit and is not admitted to the home health program, the initial assessment visit cannot be billed and must be claimed as an administrative cost.
  - 2. If a beneficiary is assessed for services and a skilled nursing service is performed during the initial assessment visit and is admitted to the home health program for continuation of skilled nursing and/or aide visits, the initial assessment visit can be billed and is not considered an administrative cost.
  - 3. If a beneficiary is assessed for services with a skilled nursing service performed during the initial assessment visit only and is not admitted to the home health program, the home health agency must elect either to:
    - a) Claim the initial assessment visit as an administrative cost, or
    - b) Admit and discharge the beneficiary on the same day from the home health program and bill for the one (1) initial assessment visit and is not considered an administrative

cost.

4. If a beneficiary is assessed for only home health aide services and a skilled nursing service is not performed during the initial assessment visit and the beneficiary is not admitted to the home health program, the initial assessment visit cannot be billed and is considered as an administrative cost.
5. If a beneficiary is assessed for only home health aide services and a skilled nursing service is performed during the initial assessment visit and the beneficiary is admitted to the home health program, the home health agency must elect either to:
  - a) Claim the initial assessment visit as an administrative cost, or
  - b) Bill the initial assessment visit as a skilled nursing service.

D. Supervisory visits are administrative costs and are not directly reimbursable.

E. The Division of Medicaid reimburses a medical supply add-on calculated as described in the State Plan.

Source: 42 C.F.R. § 440.70; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 23-0003 (eff. 02/01/2023) eff. 05/01/2023; Revised eff. 07/01/2021; Revised eff. 09/01/2018.