

Welcome to Medicaid!

Standard opening (lead-in music)

Canned: This is a Medicaid program integrity podcast. The Centers for Medicare & Medicaid Services developed and produced these podcasts to keep you informed about Medicaid program integrity topics.

(End music)

Narrator: Welcome to the “Welcome to Medicaid!” podcast. This podcast provides a high-level overview of the Medicaid program, including coverage information and provider requirements. As a new Medicaid provider, these basics help you provide quality services to beneficiaries and prevent fraud, waste, and abuse. Let’s join Dr. Richards and Dr. James, new Medicaid providers, and Dr. Larson, a State Medicaid director, at a conference as they discuss some basic questions new providers have.

Scene – Break Out Session at State Medicaid event

Dr. James: Dr. Larson.

Dr. Larson: Oh, hi!

Dr. James: Thank you so much for your presentation. Dr. Richards and I are Medicare providers, so we understand that program, but we hear different things about Medicaid when we go to national conferences. Can you explain it to us a little bit further?

Dr. Larson: Well, if you’ve talked with your colleagues, then you’ve probably figured out that Medicaid is different from State to State. And that’s because, in addition to Federal coverage requirements, State Medicaid programs have the flexibility to add and customize services based on population needs.

Dr. James: So each State’s Medicaid program is unique?

Dr. Larson: Yes. States have three ways they can manage Medicaid services: They can deliver all services under the umbrella of a State Medicaid agency. Or they can contract with other State and local agencies apart from the State Medicaid agency. Or they can contract with a managed care organization. So each State determines how Medicaid will work and the rules providers must follow within Federal guidelines.

Dr. Richards: What kinds of covered care can we offer patients through Medicaid?

Dr. Larson: Well, for children, you should offer all medically necessary treatment and preventive services within your State Medicaid regulations. EPSDT services are probably the most important benefits for children—they cover basic physical, dental, and mental health screenings, usually following the American Academy of Pediatrics’ Bright

Futures schedule. Any diagnosis under EPSDT guidelines is covered for treatment for children, even if the specific treatment isn't otherwise covered under the State Medicaid plan.

Dr. James: Yes, we're both familiar with Bright Futures. It's a great program, and we're glad to hear that Medicaid covers those kinds of services. But what will Medicaid cover for adults?

Dr. Larson: Medicaid covers a number of medically necessary services for adults. Along with regular well-care visits and acute care in clinics and hospitals, some of the more important services are screening and treatment for conditions such as heart disease, diabetes, and hypertension. Medicaid also covers home and community-based services for patients as an alternative to long-term, institutional care. Some States have special waiver programs for people with specific chronic conditions.

Dr. Richards: What about behavioral health services for adults?

Dr. Larson: Most States use Community Mental Health Centers for behavioral health services. Acute behavioral health services may be covered, but unless a State has a waiver program, you should know that Medicaid typically does not pay for long-term institutional behavioral health care for adults between 21 and 65, except in special situations.

Dr. James: It sounds like comprehensive health care coverage. Taking care of our patients is the very reason why we became physicians, but we also need to pay our bills. What can we do to ensure we're following the guidelines so we can get paid?

Dr. Larson: Well, you need to know four basic things about Medicaid to make sure you get paid for your services as a Medicaid provider.

First, you should verify patient eligibility before every visit. Medicaid can't pay for any services if the patient is not eligible.

Second, make sure you know what services your State Medicaid plan covers, the scope of that coverage, and when prior authorization is required. If you have any questions, check the State Medicaid provider manual or you can call your State Medicaid agency. If you provide services under a Medicaid managed care plan, they may have additional requirements.

Third, documentation to support services provided is an ongoing problem in the Medicaid program, so make sure you document everything and keep your documentation current. Use your NPI on all paperwork and electronic records. You know what they say, "if it's not documented, it didn't happen."

Dr. James: Right.

Dr. Larson: And finally, do background checks on all staff, subcontractors, and suppliers. I know it sounds like a lot of work, but if any staff are excluded from Medicaid or other Federal programs, you can't receive Medicaid reimbursement even if they weren't directly involved in patient care.

Pay close attention to these four things, because repeated failure to do any of them could lead to denial of payment by Medicaid. If you have any concerns, check with

your State Medicaid agency or your Medicaid managed care organization.

Dr. Richards: Is this what the Affordable Care Act calls “compliance?”

Dr. Larson: Yes, well at least in part. Since you asked, you probably know that the Affordable Care Act requires Medicaid and Medicare providers to have a compliance program. However, the rules have not been proposed yet, so CMS recommends following voluntary guidance from the Office of Inspector General.

Dr. James: Wow, it’s a bit overwhelming—there’s a lot to learn!

Dr. Larson: Yes, there is, but if you take some time up front to learn the system, before long, it won’t feel overwhelming.

Dr. James: OK. Is there anything else we should know starting out?

Dr. Larson: Make sure you keep up with professional association requirements on maintaining your provider credentials, and keep track of State and Federal requirements on maintaining and renewing your enrollment in Medicaid.

I know this is a lot of information, but States, and CMS, have online resources, so take advantage of them, and don’t be afraid to ask if you don’t know. As a provider it’s your responsibility to know the Medicaid rules in your State and to follow them.

(Standard closing with music)

Canned: More questions? For additional information about exclusions and terminations, contact your State Medicaid agency, or the Office of Inspector General at [www \[dot\] oig \[dot\] hhs \[dot\] gov](http://www.oig.hhs.gov).

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