MEDICAID SC PROVIDER MANUAL

MEDICAID SC PROVIDER MANUAL SERVES AS AN ESSENTIAL RESOURCE FOR HEALTHCARE PROVIDERS PARTICIPATING IN SOUTH CAROLINA'S MEDICAID PROGRAM. THIS COMPREHENSIVE GUIDE OUTLINES POLICIES, PROCEDURES, BILLING INSTRUCTIONS, AND COMPLIANCE REQUIREMENTS TO ENSURE PROVIDERS DELIVER QUALITY CARE WHILE ADHERING TO STATE AND FEDERAL REGULATIONS. THE MANUAL IS DESIGNED TO ASSIST PROVIDERS IN UNDERSTANDING COVERAGE CRITERIA, DOCUMENTATION STANDARDS, AND CLAIMS PROCESSING SPECIFIC TO SOUTH CAROLINA'S MEDICAID SYSTEM. FAMILIARITY WITH THE MEDICAID SC PROVIDER MANUAL HELPS PREVENT COMMON BILLING ERRORS, SUPPORTS ACCURATE REIMBURSEMENT, AND PROMOTES EFFICIENT COMMUNICATION BETWEEN PROVIDERS AND MEDICAID ADMINISTRATORS. THIS ARTICLE EXPLORES THE KEY COMPONENTS OF THE MANUAL, ITS SIGNIFICANCE FOR PROVIDERS, AND PRACTICAL TIPS FOR NAVIGATING ITS CONTENTS EFFECTIVELY. THE FOLLOWING SECTIONS COVER THE STRUCTURE OF THE MANUAL, ENROLLMENT PROCEDURES, BILLING GUIDELINES, COVERED SERVICES, PROVIDER RESPONSIBILITIES, AND COMPLIANCE MANDATES.

- OVERVIEW OF THE MEDICAID SC PROVIDER MANUAL
- PROVIDER ENROLLMENT AND FLIGIBILITY
- BILLING AND CLAIMS SUBMISSION
- Covered Services and Reimbursement Policies
- PROVIDER RESPONSIBILITIES AND COMPLIANCE
- RESOURCES AND SUPPORT FOR PROVIDERS

OVERVIEW OF THE MEDICAID SC PROVIDER MANUAL

The medicaid SC provider manual is a detailed document issued by the South Carolina Department of Health and Human Services (SCDHHS) to guide Medicaid providers. It consolidates all relevant policies, program requirements, and procedural instructions into a single reference. This manual is periodically updated to reflect changes in Medicaid regulations, coverage expansions, and billing processes. Providers rely on this manual to stay informed on eligibility criteria, service limitations, and documentation requirements.

The manual is organized into sections that address various aspects of Medicaid Service Delivery, including provider enrollment, covered Services, claims processing, and compliance obligations. By adhering to the manual's guidelines, providers help ensure consistent care delivery and proper reimbursement under the Medicaid program.

PROVIDER ENROLLMENT AND ELIGIBILITY

STEPS TO ENROLL AS A MEDICAID PROVIDER

BEFORE DELIVERING SERVICES TO MEDICAID BENEFICIARIES, PROVIDERS MUST COMPLETE THE ENROLLMENT PROCESS OUTLINED IN THE MEDICAID SC PROVIDER MANUAL. THIS INCLUDES SUBMITTING AN APPLICATION, VERIFYING CREDENTIALS, AND MEETING SPECIFIC ELIGIBILITY CRITERIA. THE MANUAL PROVIDES DETAILED INSTRUCTIONS ON REQUIRED DOCUMENTATION, SCREENING PROCEDURES, AND PROVIDER TYPES ELIGIBLE FOR ENROLLMENT.

MAINTAINING ACTIVE PROVIDER STATUS

ENROLLED PROVIDERS ARE RESPONSIBLE FOR MAINTAINING ACCURATE INFORMATION WITH SCDHHS, INCLUDING ADDRESS

UPDATES, SERVICE LOCATIONS, AND LICENSURE STATUS. FAILURE TO COMPLY WITH ONGOING REQUIREMENTS CAN RESULT IN SUSPENSION OR TERMINATION FROM THE MEDICAID PROGRAM. THE MANUAL EXPLAINS HOW PROVIDERS CAN UPDATE THEIR INFORMATION AND THE CONSEQUENCES OF NON-COMPLIANCE.

BILLING AND CLAIMS SUBMISSION

CLAIMS FILING PROCEDURES

THE MEDICAID SC PROVIDER MANUAL OUTLINES THE APPROVED METHODS FOR SUBMITTING CLAIMS, INCLUDING ELECTRONIC AND PAPER OPTIONS. IT SPECIFIES REQUIRED FORMS, DATA ELEMENTS, AND SUBMISSION TIMELINES. PROVIDERS MUST FOLLOW THESE GUIDELINES TO ENSURE TIMELY AND ACCURATE PROCESSING OF CLAIMS.

COMMON BILLING CODES AND MODIFIERS

THE MANUAL INCLUDES A COMPREHENSIVE LIST OF BILLING CODES, PROCEDURE CODES, AND MODIFIERS APPLICABLE TO MEDICAID SERVICES IN SOUTH CAROLINA. UNDERSTANDING THESE CODES IS ESSENTIAL FOR ACCURATE CLAIMS SUBMISSION AND REIMBURSEMENT.

CLAIMS DENIAL AND APPEALS PROCESS

IN CASES WHERE CLAIMS ARE DENIED OR UNDERPAID, THE MANUAL PROVIDES INSTRUCTIONS ON HOW PROVIDERS CAN APPEAL DECISIONS. IT DESCRIBES REQUIRED DOCUMENTATION, SUBMISSION DEADLINES, AND THE STEPS INVOLVED IN THE APPEALS PROCESS.

COVERED SERVICES AND REIMBURSEMENT POLICIES

SCOPE OF COVERED SERVICES

SOUTH CAROLINA MEDICAID COVERS A BROAD RANGE OF HEALTHCARE SERVICES, FROM PRIMARY CARE TO SPECIALIZED TREATMENTS. THE MEDICAID SC PROVIDER MANUAL DETAILS WHICH SERVICES ARE COVERED, ANY PRIOR AUTHORIZATION REQUIREMENTS, AND LIMITATIONS ON SERVICE FREQUENCY OR DURATION.

REIMBURSEMENT METHODOLOGIES

THE MANUAL EXPLAINS THE REIMBURSEMENT MODELS USED BY SCDHHS, INCLUDING FEE-FOR-SERVICE RATES, BUNDLED PAYMENTS, AND MANAGED CARE ARRANGEMENTS. PROVIDERS ARE INFORMED HOW PAYMENT RATES ARE DETERMINED AND ANY CONDITIONS AFFECTING REIMBURSEMENT AMOUNTS.

EXCLUSIONS AND NON-COVERED SERVICES

NOT ALL HEALTHCARE SERVICES QUALIFY FOR MEDICAID REIMBURSEMENT. THE MANUAL CLEARLY LISTS EXCLUDED SERVICES AND EXPLAINS THE RATIONALE BEHIND THESE EXCLUSIONS TO PREVENT INAPPROPRIATE BILLING.

PROVIDER RESPONSIBILITIES AND COMPLIANCE

DOCUMENTATION AND RECORDKEEPING

ACCURATE AND THOROUGH DOCUMENTATION IS CRITICAL FOR MEDICAID COMPLIANCE. THE MEDICAID SC PROVIDER MANUAL

SPECIFIES THE TYPES OF RECORDS PROVIDERS MUST MAINTAIN, RETENTION PERIODS, AND DOCUMENTATION STANDARDS REQUIRED FOR AUDITS AND REVIEWS.

COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

PROVIDERS MUST ADHERE TO ALL APPLICABLE LAWS, INCLUDING ANTI-FRAUD PROVISIONS, PRIVACY REGULATIONS UNDER HIPAA, AND MEDICAID PROGRAM INTEGRITY RULES. THE MANUAL OUTLINES THESE LEGAL OBLIGATIONS AND THE CONSEQUENCES OF VIOLATIONS.

QUALITY ASSURANCE AND PERFORMANCE MONITORING

SCDHHS CONDUCTS REGULAR MONITORING AND AUDITS TO ENSURE PROVIDERS MEET ESTABLISHED QUALITY STANDARDS. THE MANUAL DESCRIBES QUALITY MEASURES, REPORTING REQUIREMENTS, AND CORRECTIVE ACTION PROCEDURES.

RESOURCES AND SUPPORT FOR PROVIDERS

TRAINING AND EDUCATIONAL MATERIALS

To assist providers in understanding and applying the medicaid SC provider Manual, SCDHHS offers training sessions, webinars, and written guides. These resources help providers stay current with program updates and best practices.

PROVIDER ASSISTANCE AND CONTACT INFORMATION

PROVIDERS CAN ACCESS SUPPORT THROUGH DEDICATED HELP DESKS AND PROVIDER RELATIONS REPRESENTATIVES. THE MANUAL INCLUDES CONTACT DETAILS AND INSTRUCTIONS FOR OBTAINING ASSISTANCE WITH ENROLLMENT, BILLING, AND COMPLIANCE QUESTIONS.

ONLINE TOOLS AND PORTALS

South Carolina Medicaid offers online portals for claim submission, status tracking, and provider profile management. The manual provides guidance on how to utilize these digital tools effectively to streamline administrative tasks.

- Understand key policies and procedures in the medicaid SC provider manual
- COMPLETE PROPER ENROLLMENT AND MAINTAIN ELIGIBILITY FOR MEDICAID PARTICIPATION
- FOLLOW BILLING RULES AND UTILIZE CORRECT CODES FOR CLAIMS PROCESSING
- Recognize covered services and reimbursement frameworks specific to South Carolina
- Maintain compliance through proper documentation and adherence to regulations
- ACCESS RESOURCES AND SUPPORT TO OPTIMIZE MEDICAID PARTICIPATION

FREQUENTLY ASKED QUESTIONS

WHAT IS THE MEDICAID SC PROVIDER MANUAL?

THE MEDICAID SC PROVIDER MANUAL IS A COMPREHENSIVE GUIDE ISSUED BY THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT OUTLINES POLICIES, PROCEDURES, AND BILLING INFORMATION FOR HEALTHCARE PROVIDERS PARTICIPATING IN THE MEDICAID PROGRAM.

WHERE CAN PROVIDERS ACCESS THE LATEST MEDICAID SC PROVIDER MANUAL?

PROVIDERS CAN ACCESS THE LATEST MEDICAID SC PROVIDER MANUAL ON THE OFFICIAL SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES WEBSITE, TYPICALLY UNDER THE 'PROVIDERS' OR 'RESOURCES' SECTION.

WHY IS THE MEDICAID SC PROVIDER MANUAL IMPORTANT FOR HEALTHCARE PROVIDERS?

THE MANUAL IS IMPORTANT BECAUSE IT PROVIDES DETAILED INFORMATION ON ELIGIBILITY, COVERED SERVICES, BILLING PROCEDURES, REIMBURSEMENT RATES, AND COMPLIANCE REQUIREMENTS, HELPING PROVIDERS DELIVER APPROPRIATE CARE AND ENSURE PROPER PAYMENT.

HOW OFTEN IS THE MEDICAID SC PROVIDER MANUAL UPDATED?

THE MEDICAID SC PROVIDER MANUAL IS PERIODICALLY UPDATED THROUGHOUT THE YEAR TO REFLECT CHANGES IN POLICY, REGULATIONS, OR BILLING CODES. PROVIDERS SHOULD REGULARLY CHECK FOR UPDATES TO STAY COMPLIANT.

DOES THE MEDICAID SC PROVIDER MANUAL COVER TELEHEALTH SERVICES?

YES, THE MANUAL INCLUDES GUIDELINES ON TELEHEALTH SERVICES, INCLUDING ELIGIBLE PROVIDERS, COVERED TELEHEALTH SERVICES, AND BILLING PROCEDURES SPECIFIC TO REMOTE HEALTHCARE DELIVERY.

WHO SHOULD USE THE MEDICAID SC PROVIDER MANUAL?

THE MANUAL IS INTENDED FOR ALL HEALTHCARE PROVIDERS ENROLLED IN SOUTH CAROLINA MEDICAID, INCLUDING PHYSICIANS, HOSPITALS, CLINICS, DENTISTS, AND OTHER ALLIED HEALTH PROFESSIONALS.

HOW CAN PROVIDERS DISPUTE A CLAIM DENIAL BASED ON INFORMATION IN THE MEDICAID SC PROVIDER MANUAL?

PROVIDERS SHOULD FOLLOW THE APPEAL PROCESS OUTLINED IN THE MANUAL, WHICH TYPICALLY INVOLVES SUBMITTING A WRITTEN REQUEST FOR RECONSIDERATION ALONG WITH SUPPORTING DOCUMENTATION TO THE MEDICAID CLAIMS DEPARTMENT.

ARE THERE SPECIFIC SECTIONS IN THE MEDICAID SC PROVIDER MANUAL FOR DIFFERENT TYPES OF PROVIDERS?

YES, THE MANUAL IS ORGANIZED INTO SECTIONS TAILORED TO VARIOUS PROVIDER TYPES, SUCH AS PHYSICIANS, PHARMACIES, BEHAVIORAL HEALTH PROVIDERS, AND LONG-TERM CARE FACILITIES, EACH WITH SPECIFIC GUIDELINES.

CAN THE MEDICAID SC PROVIDER MANUAL HELP PROVIDERS UNDERSTAND COMPLIANCE AND AUDIT REQUIREMENTS?

ABSOLUTELY. THE MANUAL INCLUDES IMPORTANT COMPLIANCE INFORMATION, DOCUMENTATION STANDARDS, AND PROCEDURES FOR AUDITS TO HELP PROVIDERS AVOID PENALTIES AND ENSURE ADHERENCE TO MEDICAID REGULATIONS.

ADDITIONAL RESOURCES

1. MEDICAID PROVIDER MANUAL: COMPREHENSIVE GUIDELINES FOR SOUTH CAROLINA

THIS BOOK OFFERS AN IN-DEPTH LOOK AT THE MEDICAID PROVIDER MANUAL SPECIFIC TO SOUTH CAROLINA. IT COVERS ELIGIBILITY REQUIREMENTS, BILLING PROCEDURES, AND COMPLIANCE STANDARDS FOR HEALTHCARE PROVIDERS. IDEAL FOR NEW AND EXPERIENCED PROVIDERS, IT ENSURES A CLEAR UNDERSTANDING OF STATE-SPECIFIC MEDICAID POLICIES.

2. SOUTH CAROLINA MEDICAID BILLING AND CODING HANDBOOK

FOCUSED ON THE PRECISE BILLING AND CODING PRACTICES REQUIRED BY SOUTH CAROLINA MEDICAID, THIS HANDBOOK SIMPLIFIES COMPLEX REGULATIONS. IT PROVIDES PRACTICAL EXAMPLES AND TIPS FOR ACCURATE CLAIM SUBMISSIONS, REDUCING ERRORS AND DENIALS. THIS RESOURCE IS ESSENTIAL FOR MEDICAL BILLING PROFESSIONALS WORKING WITH MEDICAID IN SC.

3. Understanding Medicaid Policy in South Carolina: A Provider's Guide

THIS GUIDE BREAKS DOWN THE INTRICATE MEDICAID POLICIES IN SOUTH CAROLINA, HELPING PROVIDERS NAVIGATE THE SYSTEM EFFECTIVELY. IT EMPHASIZES POLICY UPDATES, REIMBURSEMENT METHODOLOGIES, AND PROVIDER RESPONSIBILITIES. THE BOOK IS A VALUABLE TOOL FOR ENSURING COMPLIANCE AND MAXIMIZING REIMBURSEMENT.

4. South Carolina Medicaid Provider Compliance Manual

DESIGNED TO HELP PROVIDERS COMPLY WITH FEDERAL AND STATE MEDICAID REGULATIONS, THIS MANUAL EXPLAINS AUDIT PROCESSES, DOCUMENTATION REQUIREMENTS, AND FRAUD PREVENTION STRATEGIES. IT INCLUDES CASE STUDIES AND BEST PRACTICES TO MAINTAIN COMPLIANCE. HEALTHCARE ADMINISTRATORS WILL FIND IT ESPECIALLY USEFUL FOR MANAGING MEDICAID PROGRAMS.

5. MEDICAID SERVICES AND COVERAGE IN SOUTH CAROLINA

This book details the range of services covered under South Carolina Medicaid, including medical, dental, and behavioral health services. It clarifies coverage limitations and prior authorization procedures. Providers can use this resource to better understand benefit structures and patient eligibility.

6. SOUTH CAROLINA MEDICAID CLAIMS PROCESSING GUIDE

A STEP-BY-STEP RESOURCE FOR PROCESSING MEDICAID CLAIMS IN SOUTH CAROLINA, THIS GUIDE ADDRESSES COMMON CHALLENGES AND TROUBLESHOOTING TIPS. IT EXPLAINS ELECTRONIC SUBMISSION SYSTEMS, CLAIM ADJUSTMENTS, AND APPEAL PROCESSES. BILLING SPECIALISTS WILL APPRECIATE THE CLEAR INSTRUCTIONS TO STREAMLINE CLAIMS HANDLING.

7. MEDICAID PROVIDER TRAINING MANUAL FOR SOUTH CAROLINA

This training manual is designed for onboarding new Medicaid providers in South Carolina, offering detailed explanations of program requirements and operational protocols. It includes quizzes and checklists to reinforce learning. The manual is perfect for healthcare organizations seeking standardized training materials.

8. LEGAL ASPECTS OF MEDICAID IN SOUTH CAROLINA: A PROVIDER'S REFERENCE

This reference book focuses on the legal framework surrounding Medicaid in South Carolina, covering provider rights, patient protections, and regulatory enforcement. It discusses recent legal developments and compliance obligations. Providers and legal professionals will find it helpful for navigating Medicaid Law complexities.

9. MEDICAID PROVIDER MANUAL UPDATES: SOUTH CAROLINA EDITION

THIS PUBLICATION COMPILES THE LATEST UPDATES AND REVISIONS TO THE SOUTH CAROLINA MEDICAID PROVIDER MANUAL. IT HIGHLIGHTS CHANGES IN POLICY, BILLING CODES, AND SERVICE COVERAGE. STAYING CURRENT WITH THIS BOOK HELPS PROVIDERS AVOID COMPLIANCE ISSUES AND OPTIMIZE MEDICAID PARTICIPATION.

Medicaid Sc Provider Manual

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medicaid sc provider manual: Aggregated Discontent Harron Walker, 2025-05-20 A searing journey through the highs and lows of twenty-first century womanhood from an award-winning journalist beloved for her unflinchingly honest and often comedic appraisals of pop culture, identity, and disillusionment "A delicious reading experience—like hearing your smartest friend eviscerate the worst person you know."—Sabrina Imbler, author of How Far the Light Reaches "Such a brilliant writer, with so many surprising moves."—Torrey Peters, author of Detransition, Baby After a brief fling with corporate stability in her twenty-something cis era, Harron Walker has transitioned into a terminally single freelancer and part-time shopgirl. She's in the throes of her second adolescence and its requisite daily spirals. She wants it all, otherwise known as: basic human rights, a stable job with good pay and healthcare benefits, someone to love, the ability to feel safe and secure, the pursuit of satisfaction and maybe even contentment. And when she starts to acquire those things—well, as The Monkey's Paw famously asked, What could go wrong? In sixteen wholly original essays that blend memoir, cultural criticism, investigative journalism, and a dash of fanfiction, Walker places her own experiences within the larger context of the pressing and underdiscussed aspects of contemporary American womanhood that make up daily life. She recounts an attempt to eviscerate a corporation's attempt at pinkwashing their way into bath bomb sales while simultaneously confronting her "pick me" impulse to do so. She interrogates her relationship to labor, from the irony of working in a transphobic workplace in order to cover gender-affirming surgery to the cruel specter of the girlboss that none of us ever think we'll become. She explores the allure and violence of assimilating into white womanhood in all its hegemonic glory, exposes the ways in which the truth of trans women's reproductive healthcare is erased in favor of reactionary narratives, and considers how our agency is stripped from us—by governments, employers, partners, and ourselves—purely on account of our bodies. With razor-sharp, biting prose that's as uncompromising as it is playful, Walker grapples with questions of love, sex, fertility, labor, embodiment, community, autonomy, and body fluids from her particular vantagepoint: often at the margins, conditionally at the center.

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appraises a series of developments in this rapidly evolving subject, providing an up-to-date and well-informed analysis. In doing so, it argues that there is a moral imperative to introduce, retain, or reinstate (as applicable) telemedical early medical abortion.

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incorporates the latest information surrounding ICD-10, the Patient Protection and Affordable Care Act, and other timely federal influencers, as it guides you through the important arenas of health insurance such as claims submission methods, the claims process, coding, reimbursement, hospital billing, and more. Plus, with hands-on UB-04 and CMS-1500 (02-12) case studies on Evolve, you will come away with a clear understanding and working knowledge of the latest advances and issues in health insurance. CMS-1500 (02-12) software with case studies gives you hands-on practice filling in a CMS-1500 (02-12) form electronically. What Did You Learn? review questions ensure you understand the material already presented before moving on to the next section. Imagine This! scenarios help you understand how information in the book applies to real-life situations. Stop and Think exercises challenge you to use your critical thinking skills to solve a problem or answer a question. Clear, attainable learning objectives help you focus on the most important information and make chapter content easier to teach. Chapter summaries relate to learning objectives, provide a thorough review of key content, and allow you to quickly find information for further review. Direct, conversational writing style makes reading fun and concepts easier to understand. HIPAA tips emphasize the importance of privacy and following government rules and regulations. NEW! Updated content on the latest advances covers the most current information on Medicare, Electronic Health Records, Version 5010, and much more. NEW! Expanded ICD-10 coverage and removal of all ICD-9 content ensures you stay up-to-date on these significant healthcare system changes. NEW! UB-04 software and case studies gives you hands-on practice filling out electronic UB-04 forms. NEW! UNIQUE! SimChart® for the Medical Office case studies gives you additional real-world practice.

medicaid sc provider manual: <u>Understanding Hospital Billing and Coding</u> Debra P. Ferenc, 2013-02-26 - Updated Claim Forms chapter covers the UB-04 claim form. - Updated information covers diagnosis and procedural coding, with guidelines and applications. - Updated claim forms and names are used throughout.

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medicaid sc provider manual: Clinician's Guide to Partial Hospitalization and Intensive Outpatient Practice David Houvenagle, 2015-06-04 Assists clinicians in managing their time to the greatest advantage and providing professional treatment to all patients simultaneously As inpatient psychiatric facilities face bed shortages and increasingly limited insurance coverage for their programs, partial hospitalization and intensive outpatient programs are growing within the mental health treatment community. This book provides clinicians (including social workers, counselors, therapists, and psychiatric nurses) new to partial hospitalization and intensive outpatient practice settings with a conceptual framework and practical skills for effective and efficient practice. It helps clinicians to develop realistic expectations for treatment in a managed care environment with limited time and funding. Partial hospitalization and intensive outpatient treatment programs (PHPs/IOPs) can present particularly stressful environments in which clinicians are engaged in multiple treatment processes with groups of diverse patients, all at different points in the treatment process. This book borrows the ecology of games concept from political theory to assist clinicians in

managing their time to the greatest advantage and providing professional treatment to all patients simultaneously. It describes the key elements of a PHP/IOP, including treatment planning, discharge planning, group therapy, psychoeducation, and safety and confidentiality issues. It then addresses challenges unique to specific patient populations in the program--children, adults, older adults, the chronically mentally ill, the chemical dependent, individuals with co-occurring disorders--and offers strategies for coping with the multitude of issues they present. Key Features: Provides practical strategies for handling a variety of clinical issues in the PHP/IOP setting Covers specific problems and treatment planning goals for varied populations Guides clinicians in developing realistic expectations for treatment in a managed care environment with limited time and funding Includes chapters dedicated to coping with a death in a program, the personality-disordered patient, and conflicts among staff

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Eligibility for Non-Citizens in Medicaid and CHIP Accessibility/Language Services Eligibility for Non-Citizens in Medicaid and CHIP under Personal Responsibility and Work Opportunity

Reconciliation Act (PRWORA) The following groups may

Medicaid Transportation Coverage & Coordination Fact Sheet Overview Who: This Medicaid Transportation Coverage & Coordination Fact Sheet was developed for state departments of transportation (DOTs), state Medicaid agencies, and other

Contact Us | Medicaid The Center for Medicaid and CHIP Services (CMCS) is committed to partnering with states, as well as providers, families, and other stakeholders to support effective, innovative, and high

: The Official U.S. Government Site for Medicaid and Due to the government shutdown, updates to information on this website may be limited or delayed. State Medicaid and Children's Health Insurance Programs (CHIP) continue to

Eligibility Policy | Medicaid Medicaid is a joint federal and state program that, together with the Children's Health Insurance Program (CHIP), provides health coverage to over 77.9 million Americans, including children,

Michigan | **Medicaid** Explore key characteristics of Medicaid and CHIP in , including documents and information relevant to how the programs have been implemented by within federal guidelines **Medicaid** | **Medicaid** Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered

Benefits | Medicaid States establish and administer their own Medicaid programs and determine the type, amount, duration, and scope of services within broad federal guidelines. Federal law requires states to

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