

Key Message and Tips for Providers: My Responsibilities



Message

Medical professionals are responsible for knowing and following the State-specific rules and individual program rules for each of the Medicaid programs for which they furnish services. Medicaid programs must follow broad Federal guidelines but will vary according to the statutes of each State. Each State has the option of developing and implementing its own program(s) through the State Medicaid Plan and waiver programs. There are some general rules that apply to all State Medicaid programs.

TIPS

- Make sure beneficiaries are eligible for services when they are furnished;
- Make sure medical records are accurate, legible, signed, dated, justify medical necessity and rationale for services, and include physicians' orders or certifications when required;[1]
- Bill only for covered services, and when an error is found return overpayments within 60 days;[2]
- If you are aware of or suspect fraud, waste, or abuse, report it to the State Medicaid agency, Medicaid Fraud Control Unit, or 1-800-HHS-TIPS; and
- Check with your State Medicaid agency for information about services in your area since these programs vary from State to State.

For more information about Medicaid Program Integrity, visit <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS Medicaid Program Integrity Education website.

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November 2015

1 Sufficiency of Amount, Duration, and Scope, 42 C.F.R. § 440.230(d). Retrieved June 18, 2015, from <http://www.ecfr.gov/cgi-bin/text-idx?SID=3a883acd22fb4017f180b8c695db4456&node=42:4.0.1.1.9.2.112.5&rgn=div8>

2 Social Security Act § 1128J(d)(1)(2). Retrieved June 18, 2015, from http://www.ssa.gov/OP_Home/ssact/title11/1128J.htm