



Highlights: What Makes Medicaid, Medicaid? Services

States determine what Medicaid services to provide

- States have tremendous flexibility when deciding what Medicaid benefits and services they choose to provide. Some services are mandatory but many are optional.
- States routinely add, modify, or discontinue optional Medicaid services by amending their state plans; and can provide additional services through waiver programs and demonstration projects.
- States can require prior authorization or other utilization control measures to limit use of certain services and benefits.

Children's health services

- Children in Medicaid receive a special benefit known as **Early and Periodic Screening, Diagnostic and Treatment**, or "EPSDT." EPSDT screens for health and developmental problems and refers for further diagnosis and treatment. EPSDT also guarantees that children will receive access to all Medicaid services when needed to correct or ameliorate their health conditions, regardless of any limits for adults.
- Medicaid requires states to provide all Medicaid eligible children periodic screening, vision, and hearing services that meet reasonable standards of medical practice.
- Medicaid provides immediate coverage for infants born to persons who are active on Medicaid by enrolling and maintaining their eligibility until the infant's first birthday.

Pregnancy-related care

- Medicaid finances forty-two percent of all births in the United States.
- Medicaid covers prenatal care, labor and delivery, and prenatal screenings to help detect chromosome abnormalities, genetic disorders, and birth defects.

- Medicaid provides screening and treatment for sexually transmitted infections; counseling and treatment for smoking, alcohol, and substance use; and treatment for chronic diseases such as diabetes, heart disease, obesity, and oral health problems.
- Medicaid pregnancy coverage continues through a postpartum period of at least sixty days and have an option to cover twelve months.

Family planning services

- By providing seventy-five percent of all publicly funded family planning services, Medicaid provides valuable interconception care, which allows individuals to appropriately plan for and space out their pregnancies.
- States must provide family planning services without cost-sharing and enrollees have the right to receive these services from any qualified Medicaid provider of their choice.
- States can cover family planning and family planning related services for individuals who are not eligible for full-scope Medicaid coverage.
- States receive an enhanced federal reimbursement rate (ninety percent) for costs attributable to offering, arranging, and furnishing family planning services and supplies, giving them an additional incentive to make these services widely available to enrollees.

Outpatient prescription drugs

- Although it is an optional service, all states have elected to provide outpatient prescription drug coverage in their Medicaid programs.
- States that provide coverage must cover all drugs approved by the FDA that are offered by any manufacturer that agrees to provide rebates.
- States can use utilization control techniques to steer Medicaid beneficiaries toward or away from certain drugs, within limits.
- States must ensure that prescription drugs are provided in sufficient amount, duration, and scope to reasonably achieve their purpose.

Non-emergency medical transportation

- In 2017, 5.8 million adults delayed needed care each year due to difficulties with transportation. Lack of transportation poses a serious barrier to care, especially for individuals with lower incomes who on average have fewer transportation options and more significant healthcare needs.
- Medicaid programs ensure that enrollees have access to non-emergency medical transportation (NEMT) to and from medical appointments.

- Increasing access to NEMT can improve health outcomes and even save money.
- States have considerable flexibility regarding how to administer NEMT services.

Long-term services and supports

- Medicaid is the largest payer of long-term services and supports (LTSS), paying for approximately forty-two percent of all of these services across the country.
- Medicaid supplements Medicare, filling in coverage gaps and ensure that older adults and people with disabilities have access to comprehensive care.
- Providing care in a person’s home is not only less expensive than institutional settings, but also provides an enhanced quality of life and improved health outcomes.

Behavioral health services

- Medicaid represents a lifeline for millions of individuals with behavioral health conditions. The Medicaid program gives states significant authority to cover a wide array of behavioral health services.
- Medicaid programs may cover essential behavioral health services, such as emergency and crisis intervention services, intensive case management, assertive community treatment, peer support services, supported employment, housing-related activities and services, partial hospitalization, and intensive outpatient services.
- Medicaid programs are required to cover FDA-approved medications for opioid use disorders, including methadone and buprenorphine, and the overdose-reversal medication, naloxone.

Conclusion

- With an array of optional benefits and services, as well as optional eligibility categories, states can design their Medicaid programs to best suit the needs of their residents.
- If Medicaid cuts are enacted, states will lose billions of dollars in federal Medicaid funding, shifting financial responsibility for Medicaid to the states and to enrollees.

Additional Resources

- For more detailed information on the services available in Medicaid, see [What Makes Medicaid, Medicaid? Services](#).
- For information on other aspects of Medicaid, see our entire series on [What Makes Medicaid, Medicaid](#).