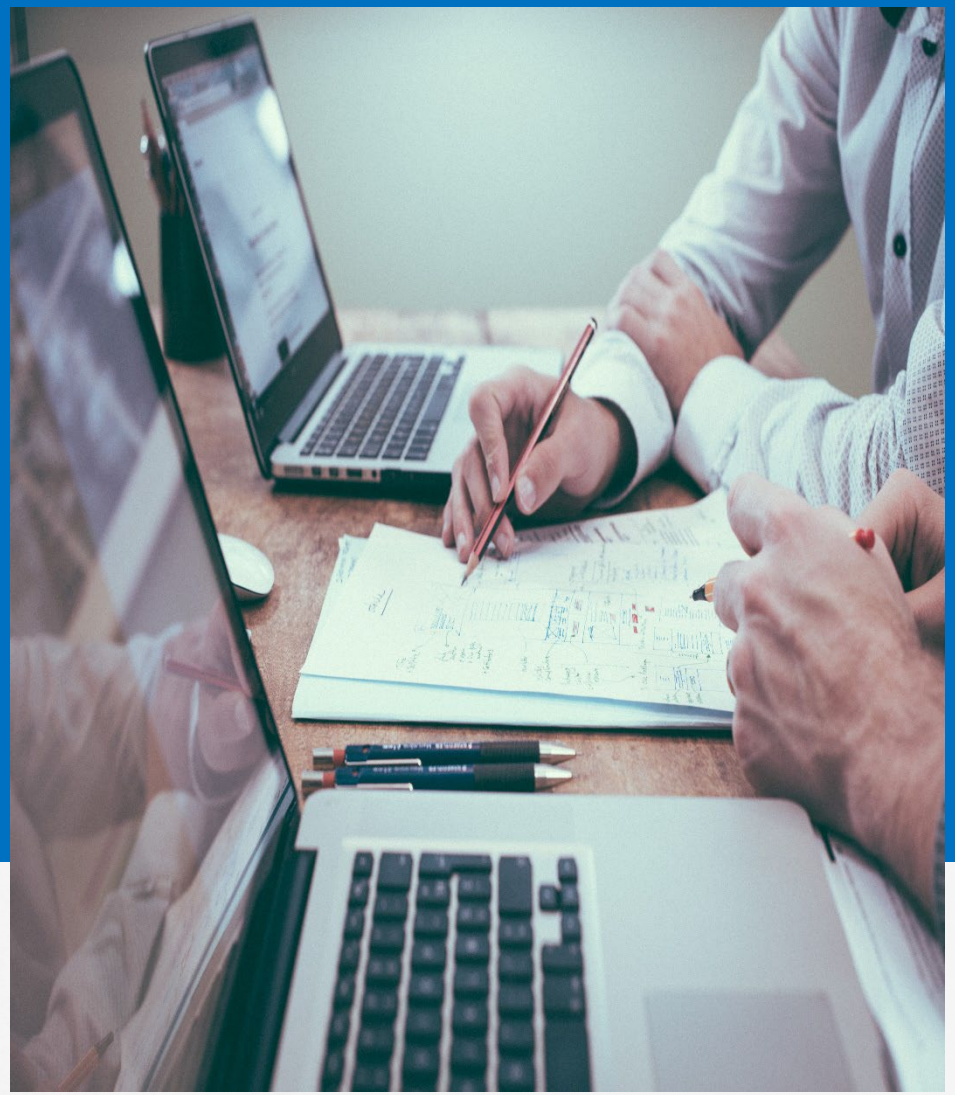
MO Medicaid Audit & Compliance In-Home/CDS Annual Meeting, April 2024 Provider Resource Overview

MO HealthNet Division Education and Training

This Presentation Covers:



- Navigating Provider Resources
- Eligibility
- Resources & Contact Information

Navigating Provider Resources

- Fee-For-Service vs. Managed Care
- Provider Information Page
- Provider Manuals
- Forms
- Fee Schedules & Rate Lists
- Education & Training
- Contact Information

Fee-For-Service vs. Managed Care

Missouri's Medicaid program is called MoHealthNet

MO HealthNet covers qualified medical expenses for individuals who meet certain eligibility requirements.

Depending on the type of coverage they qualify for, participants will get their services through the MO HealthNet Fee-For-Service (FFS) Program or the MO HealthNet Managed Care Program.

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Fee-For-Service vs. Managed Care

Providers may choose to enroll with one or both of these programs:

All billing providers must be enrolled in the MO HealthNet Program to provide medical services.

Those who participate agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants.

Fee-For-Service

Serves:

- People with disabilities
- Seniors (age 65+)
- Blind and visually impaired adults
- Women (under age 65) with breast or cervical cancer

Managed Care

Serves:

- Pregnant women and newborns
- Children (birth - age 18)
- Families
- Adults (age 19-64) without disabilities

Providers who offer services through the MO HealthNet Managed Care (MC) Program must enroll with Missouri Medicaid Audit & Compliance (MMAC), regardless of whether they accept FFS participants.

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Provider Resources

eMOMED

eMOMED is the MO HealthNet Portal for claim submission, eligibility and more.

To access eMOMED, register online. The application process only takes a few minutes and provides you with a real-time confirmation response, your user ID and password.

For eMOMED assistance contact the Provider Technical Help Desk at (573) 635-3559

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eMOMED

In **eMOMED** portal, providers can do the following:

- Submit, adjust, or research Fee-For-Service claims
- Check eligibility and Prior Authorization status
- Send claim and eligibility questions to Provider Communications
- Check participant's annual review date
- Access Claim Confirmations and Remittance Advice
- Check Provider Enrollment status
- Reach the provider information page

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Provider Information

The MO HealthNet Provider Information page is your hub for Medicaid information.

This page can be found on the MHD website or in eMOMED.

In eMOMED, select Provider Information under the External Links header.

Don't forget to bookmark these resources for the future!

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Provider Information

The **Provider Information** page provides access to MO HealthNet News, provider manuals, claims and billing information, fee schedules, rate lists, education and training, forms, and more.

The next few slides will cover the information that can be found on this page.

MO HealthNet News

The MO HealthNet News page allows you to search 10 years of posted Provider Bulletins, Hot Tips and Newsletters by date, type, program, or keyword.

Program-specific Provider Bulletins and Hot Tips can also be found on your program page. More on that later in this presentation!

Date	Volume Number	Subject	Type	Program
04/08/2024	Vol. 46-49	Pharmacy Program Reimbursement 2024	Bulletins	Pharmacy
04/03/2024		Optimizing Missouri's Managed Care Plan Benefits for Maternal and Infant Health – Cape Girardeau, April 23, 2024	Hot Tips	All MO HealthNet Providers
04/02/2024	Vol. 46-48	Free Standing Birth Center Bulletin	Bulletins	All MO HealthNet Providers
04/01/2024	Vol. 2024-1	Provider Newsletter 2nd Quarter 2024	Newsletters	All MO HealthNet Providers
03/29/2024		Ambulance Billing for Procedure Code A0428	Hot Tips	Ambulance
03/29/2024		An Easier Way to Manage Non-Emergency Medical Transportation Rides	Hot Tips	All MO HealthNet Providers
03/29/2024		Provider Training Schedule Posted, April – June 2024	Hot Tips	All MO HealthNet Providers
03/20/2024	Vol. 46-40	Occupational Therapy for Behavioral Health Conditions	Bulletins	Behavioral Health Services, Rehabilitation Centers, Therapy
03/18/2024		Group Prenatal Care FAQs	Hot Tips	Hospital, Physician

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MO HealthNet News

By choosing the Personal Care program you can see all Personal Care Bulletins and Hot Tips.

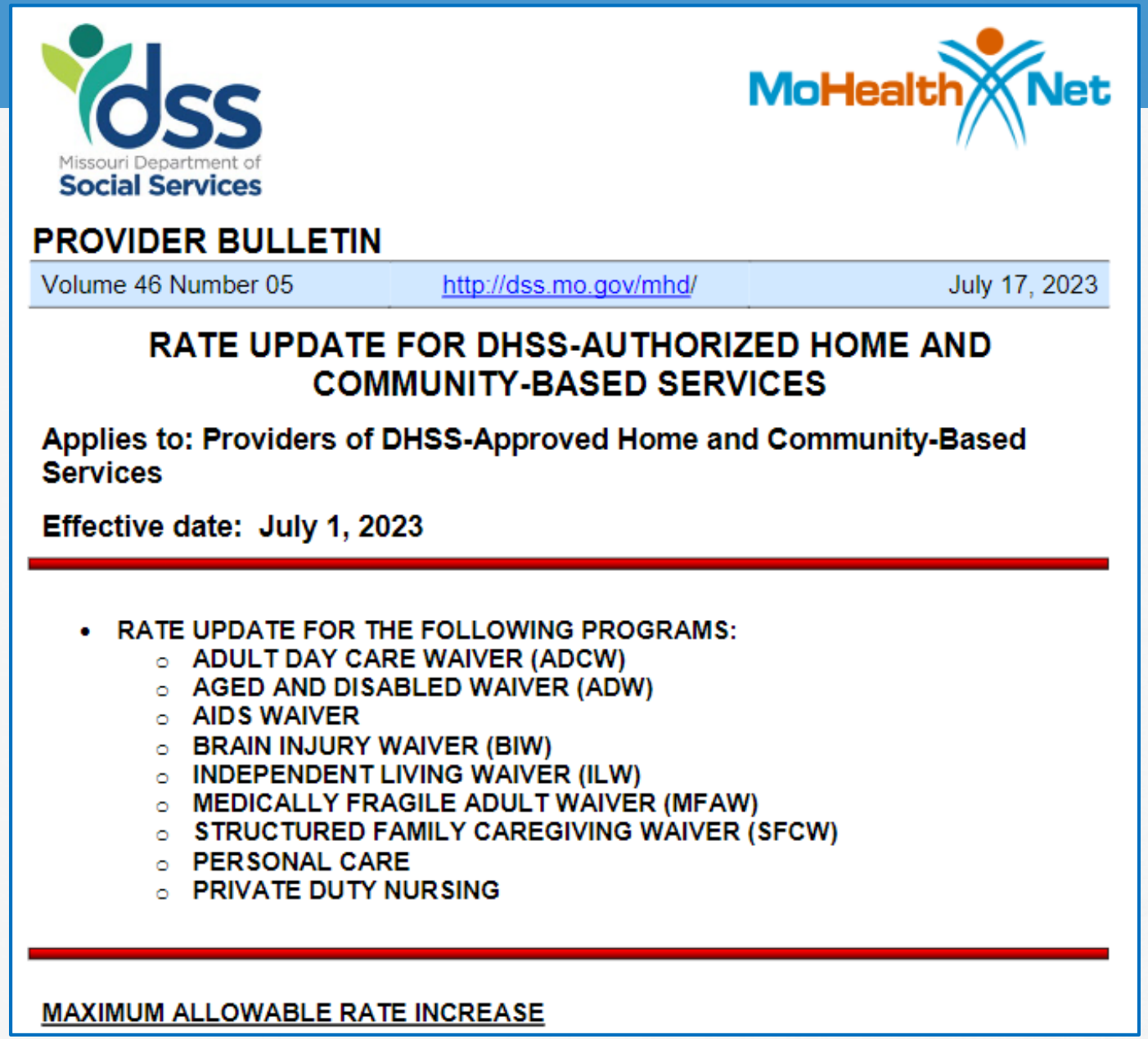
Be specific when searching for Keywords and do not search for partial words.

Keyword Tip:
For Hot Tips, the search will look for the keyword within the content of the post. For Bulletins, it will only search the title.

Date	Volume Number	Subject	Type	Program
02/29/2024		New Electronic Visit Verification Resource for Personal Care and Home Health Care Providers	Hot Tips	Aged & Disabled Waiver, AIDS Waiver, Brain Injury Waiver, Community Support Waiver, Comprehensive Waiver, Electronic Visit Verification (EVV), Healthy Children & Youth, Home Health, Independent Living Waiver, Medically Fragile Adult Waiver
08/30/2023	Vol. 46-14	Personal Care School-Based Services	Bulletins	Personal Care, School-Based IEP Direct Services Cost Settlement
08/24/2023	Vol. 46-12	Personal Care Updates	Bulletins	Personal Care
07/17/2023	Vol. 46-05	Rate Update for DHSS-Authorized Home and Community-Based Services	Bulletins	Adult Day Care Waiver, Aged & Disabled Waiver, AIDS Waiver, Brain Injury Waiver, Independent Living Waiver, Medically Fragile Adult Waiver, Personal Care, Private Duty Nursing, Structured Family Caregiving Waiver

Provider Bulletins

- Notifies providers of new and updated policies
- Clarifies existing policies
- Advises of important program information, rate changes and new/updated procedure codes



Missouri Department of Social Services

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PROVIDER BULLETIN

Volume 46 Number 05 http://dss.mo.gov/mhd/ July 17, 2023

RATE UPDATE FOR DHSS-AUTHORIZED HOME AND COMMUNITY-BASED SERVICES

Applies to: Providers of DHSS-Approved Home and Community-Based Services

Effective date: July 1, 2023

- RATE UPDATE FOR THE FOLLOWING PROGRAMS:
  - ADULT DAY CARE WAIVER (ADCW)
  - AGED AND DISABLED WAIVER (ADW)
  - AIDS WAIVER
  - BRAIN INJURY WAIVER (BIW)
  - INDEPENDENT LIVING WAIVER (ILW)
  - MEDICALLY FRAGILE ADULT WAIVER (MFAW)
  - STRUCTURED FAMILY CAREGIVING WAIVER (SFCW)
  - PERSONAL CARE
  - PRIVATE DUTY NURSING

MAXIMUM ALLOWABLE RATE INCREASE

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Provider Hot Tips

Tips to assist providers with:

- Billing questions
- Clarifying existing policies and procedures
- Provider resources and training

02/29/2024

New Electronic Visit Verification Resource for Personal Care and Home Health Care Providers

The MO HealthNet Division (MHD) has posted an updated resource regarding Electronic Visit Verification (EVV). This Missouri EVV Aggregator Solution Provider Training provides a brief overview of EVV and offers instruction regarding accessing the EVV Aggregator Solution (EAS).

This resource is specific to Missouri EVV requirements and is recommended for new EAS users as well as existing users who wish to expand their knowledge of the system.

Refer to the MHD EVV program page for additional information.

If you have questions regarding EVV or the new resource, contact Ask.EVV@dss.mo.gov.

For additional information on claims, resources, and more, register for an Education and Training provider webinar.

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MO HealthNet News

Stay Informed

MO HealthNet News:

- Email Blasts
- Provider Bulletins
- Provider Hot Tips

Sign up and Stay Connected

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Subscription Type Email

Email Address *

Submit Cancel

Your contact information is used to deliver requested updates or to access your subscriber preferences.

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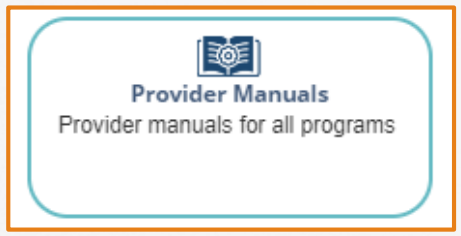
MHD Provider Manuals

Provider Manuals contain:

- Policy
- Benefits and Limitations
- Procedure Codes
- Revenue Codes
- Billing Instructions

Providers should choose the **Personal Care Manual** for information specific to their program.

For general information, providers should review the **General Sections Manual**.



General Manual Sections

The information in the general sections apply to all MO HealthNet Fee-For-Service programs.

- General Sections Manual

Program Manuals

- AIDS Waiver
- Adult Day Care Waiver
- Aged & Disabled Waiver
- Ambulance
- Ambulatory Surgical Center
- Behavioral Health Adult Targeted Case Management
- Behavioral Health Services
- Community Psychiatric Rehabilitation
- Comprehensive Day Rehabilitation
- Comprehensive Substance Treatment and Rehabilitation
- Developmental Disabilities Waiver
- Dental
- Durable Medical Equipment
- Environmental Lead Assessment
- Exceptions
- Healthy Children and Youth
- Hearing Aid
- Home Health
- Hospice
- Hospital
- Medicare / Medicaid Claims Processing
- Medically Fragile Adult Waiver
- Non-Emergency Medical Transportation
- Nurse Midwife
- Nursing Home
- Optical
- Personal Care
- Pharmacy
- Physician
- Private Duty Nursing
- Program of All-Inclusive Care for the Elderly
- Rehabilitation Centers
- Rural Health Clinic
- School District Administrative Claiming Manual
- School-Based IEP Direct Services Cost Settlement Manual
- School-Based IEP Specialized Transportation Services
- Targeted Case Management for Individuals with Developmental Disabilities
- Therapy
- Transplant
- Youth Targeted Case Management

Provider Manual Archives

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Provider Manuals

Use **Control + F** and search by keyword to assist in finding the information needed in the Provider Manuals.

In this example, we searched for the procedure code T1019:

This section lists the appropriate procedure codes for the billing of personal care services. The only acceptable place of service (POS) is 12, home. The licensed Residential Care Facility (RCF)/Assisted Living Facility (ALF) is considered the participant's home for the purpose of providing MO HealthNet personal care; therefore, the POS code for services delivered in a RCF/ALF is also 12.

Services Authorized by Division of Senior and Disability Services

Procedure Code	Description	Service Unit

T1019	Personal Care	15-min unit
T1001	Authorized Nurse Visit	per visit
T1019TF	Advanced Personal Care	15-min. unit
T1019U3	Personal Care in RCF/ALF	15-min. unit
T1019U3TF	Advanced Personal Care in RCF/ALF	15-min. unit
T1001U3	Authorized Nurse Visit in RCF/ALF	per visit
T1028TS	Participant Reassessments	One per year*

*Reassessments are done by the provider upon notification of a list provided by DSDS.

Claims & Billing

The Claims & Billing page lists a variety of resources helpful to providers when billing, including:

- Claims Processing & Payment Schedule
- eMOMED
- CyberAccess
- Remittance Advice Remark and Claim Adjustment Reason Codes

Claims Processing & Payment Schedule

The Claims Processing and Payment Schedule tells a provider when to submit their claims in order to get paid on the Provider Check Date.

For example:
If a provider submits a claim by 5:00 pm on 04/12/2024, they will receive payment on 04/25/2024.

Pay close attention to the last Ending Claim Capture date for the fiscal year – it may be sooner than your average cycle.

MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2024

FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE[1]
Friday 06/23/2023	Friday 07/07/2023	Thursday 06/08/2023	Friday 06/23/2023
Friday 07/07/2023	Wednesday 07/19/2023	Saturday 06/24/2023	Friday 07/07/2023
Friday 07/21/2023	Friday 08/04/2023	Saturday 07/08/2023	Friday 07/21/2023
Friday 08/11/2023	Friday 08/18/2023	Saturday 07/22/2023	Friday 08/11/2023
Friday 08/25/2023	Friday 09/08/2023	Saturday 08/12/2023	Friday 08/25/2023
Friday 09/08/2023	Friday 09/22/2023	Saturday 08/26/2023	Friday 09/08/2023
Friday 09/22/2023	Friday 10/06/2023	Saturday 09/09/2023	Friday 09/22/2023
Friday 10/06/2023	Wednesday 10/18/2023	Saturday 09/23/2023	Friday 10/06/2023
Friday 10/20/2023	Friday 11/03/2023	Saturday 10/07/2023	Friday 10/20/2023
Friday 11/10/2023	Friday 11/17/2023	Saturday 10/21/2023	Friday 11/10/2023
Friday 11/24/2023	Friday 12/08/2023	Saturday 11/11/2023	Friday 11/24/2023
Friday 12/15/2023	Friday 12/22/2023	Saturday 11/25/2023	Friday 12/15/2023
Friday 12/29/2023	Friday 01/12/2024	Saturday 12/16/2023	Friday 12/29/2023
Friday 01/12/2024	Friday 01/26/2024	Saturday 12/30/2023	Friday 01/12/2024
Friday 01/26/2024	Friday 02/09/2024	Saturday 01/13/2024	Friday 01/26/2024
Friday 02/09/2024	Friday 02/23/2024	Saturday 01/27/2024	Friday 02/09/2024
Friday 02/23/2024	Friday 03/08/2024	Saturday 02/10/2024	Friday 02/23/2024
Friday 03/08/2024	Tuesday 03/19/2024	Saturday 02/24/2024	Friday 03/08/2024
Friday 03/29/2024	Friday 04/05/2024	Saturday 03/09/2024	Friday 03/29/2024
Friday 04/12/2024	Thursday 04/25/2024	Saturday 03/30/2024	Friday 04/12/2024
Friday 04/26/2024	Friday 05/10/2024	Saturday 04/13/2024	Friday 04/26/2024
Friday 05/10/2024	Friday 05/24/2024	Saturday 04/27/2024	Friday 05/10/2024
Friday 05/24/2024	Friday 06/07/2024	Saturday 05/11/2024	Friday 05/24/2024
Friday 06/07/2024	Tuesday 06/18/2024	Saturday 05/25/2024	Friday 06/07/2024

Note 1: Ending Claim Capture date - Closeout is 5:00 p.m. on the date shown

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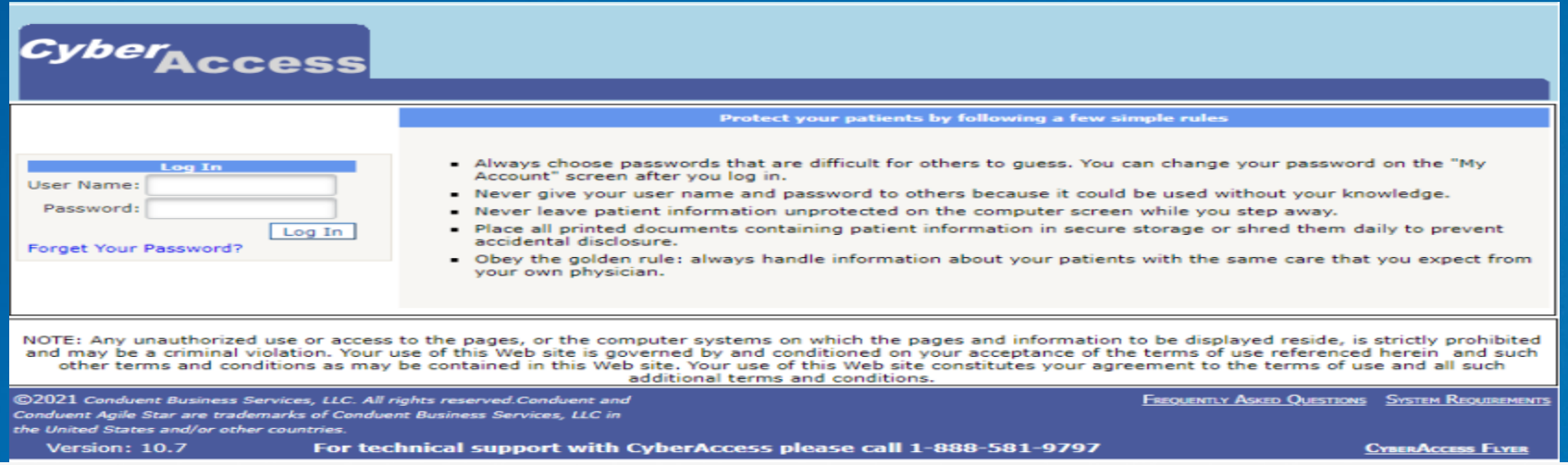

The CyberAccess tool enables providers to obtain pre-certifications for specific items and services electronically.

CyberAccess can automatically reference the individual participant's claim history, including applicable International Classification of Diseases (ICD) diagnosis codes and Current Procedural Terminology (CPT) procedure codes.

Requests for pre-certification must meet medical criteria established by the MO HealthNet Division in order to be approved.

Some programs have the option to use CyberAccess to verify units billed and precertification limits, check with MHD.Education@dss.mo.gov for more information.

To become a CyberAccess user, contact the Conduent help desk at (573) 632-9797 or email CyberAccesshelpdesk@conduent.com.
CyberAccess Helpful Tips

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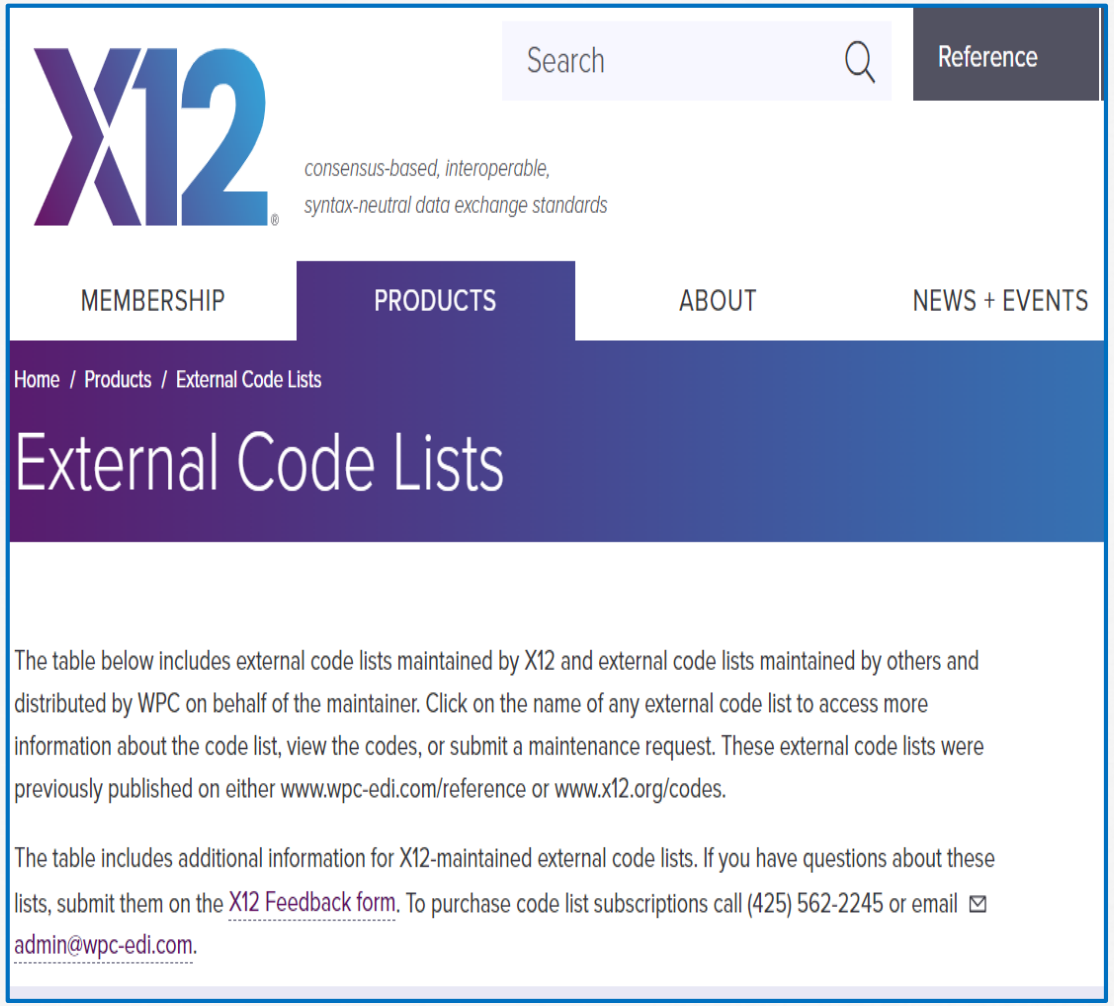
Remittance Advice & Claim Adjustment Reason Codes

Remittance Advice (RA) is a statement of paid or denied claims produced for providers twice a month.

Along with listing the claim, the RA lists an **Adjustment Reason Code** to explain a payment, denial, corrected claim, voided claim, or other action.

The Adjustment Reason Code identifies the reasons for any differences, or adjustments, between the original provider charge for a claim and MHD's reimbursement.

The RA may also list a **Remittance Remark Code** that indicates either a claim-level or service-level message that cannot be expressed with a Claim Adjustment Reason Code.



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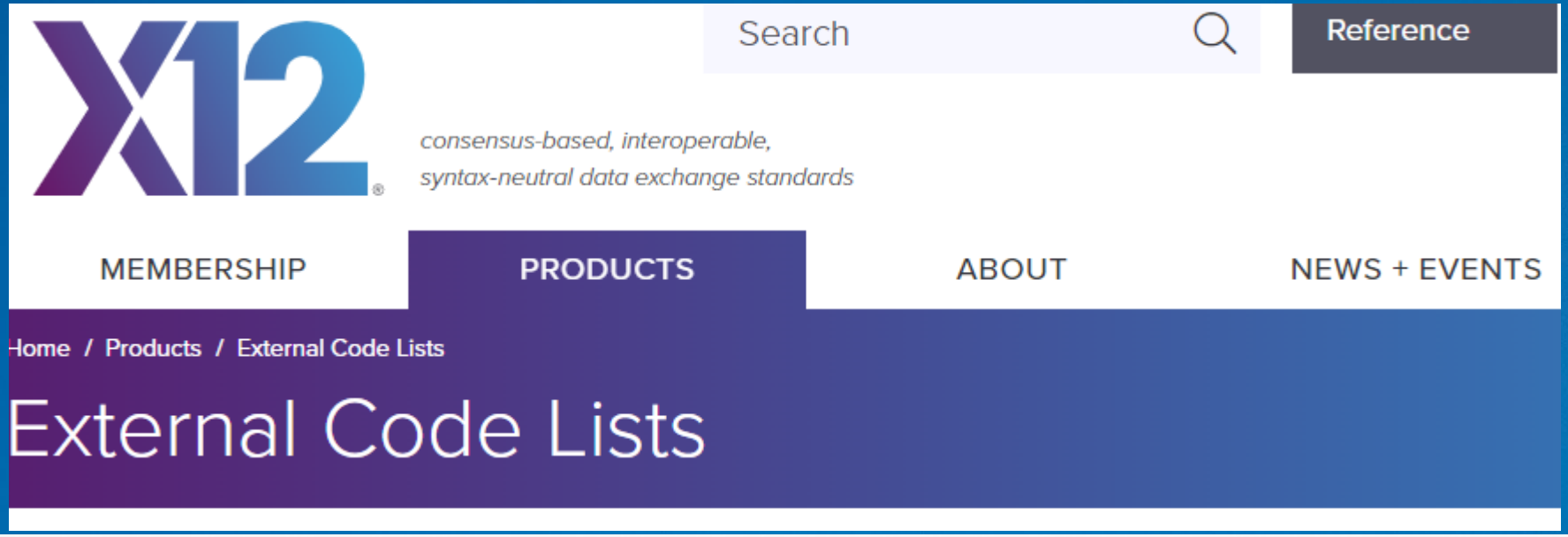


Remittance Advice Remark Codes and Claim Adjustment Reason Codes

With the implementation of HIPAA national standards, previously used MO HealthNet edits and Explanation of Benefits (EOBs) will no longer appear on the Remittance Advice (RA).

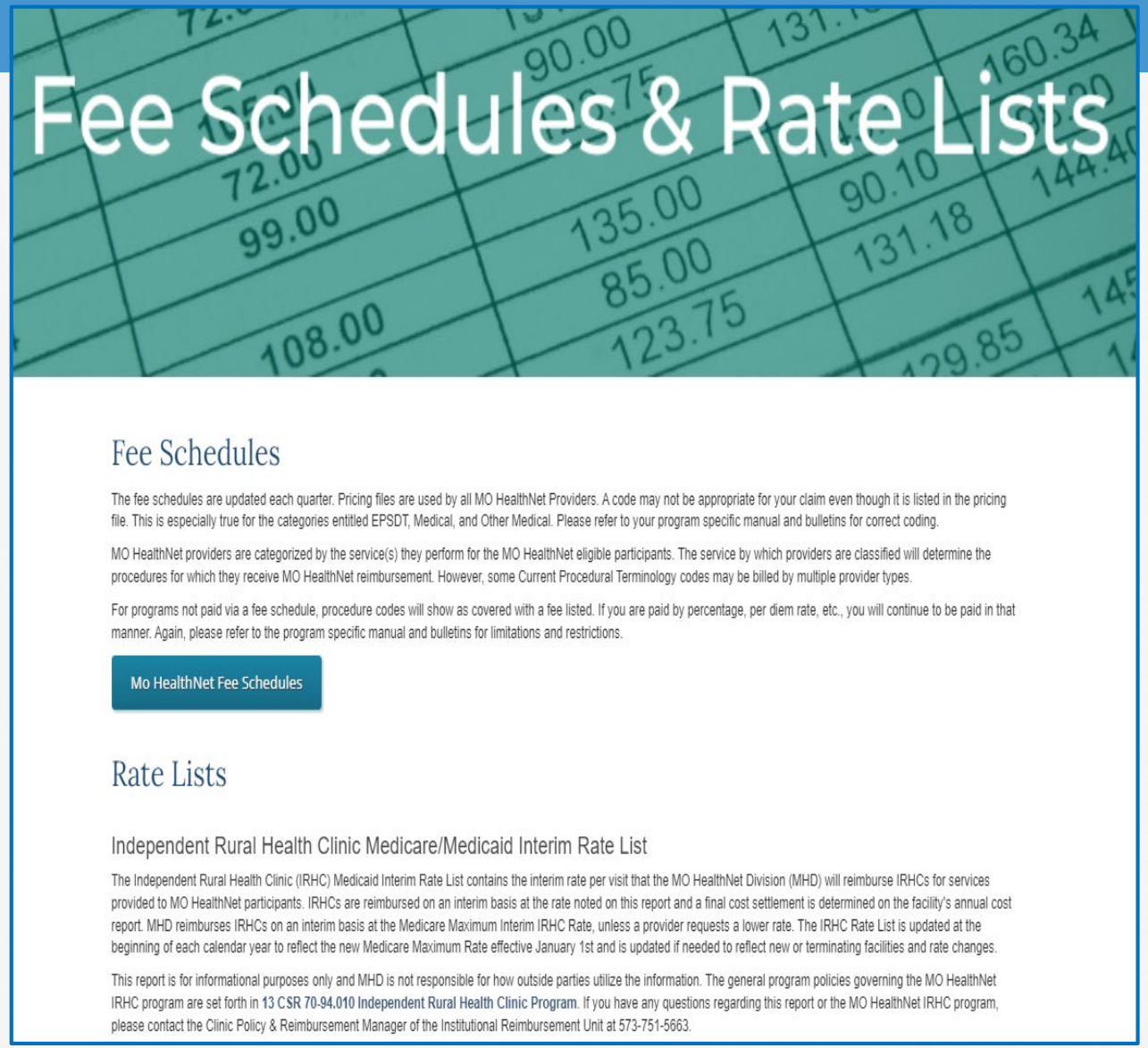
Instead, HIPAA compliant Remittance Advice Remark (RARC) and Claim Adjustment Reason Codes (CARC) are used.

Explanations of the RARC and CARC are available on this site.

Fee Schedules & Rate Lists

The Fee Schedules & Rate Lists page provides links to:

- MO HealthNet Fee Schedules



Searching the MHD Fee Schedule

1. Click on Fee Schedules
2. Read and Accept Disclaimer
3. Choose Download or Full Search
   Download: Excel spreadsheets
   Full Search: Online search
4. Choose the category that applies to your Program
5. Click on Proc Code or Modifier
6. Enter the Procedure Code or Modifier
7. Click Go
8. Review Search Results

Fee Schedules & Rates

The MHD Fee Schedule gives information regarding codes in each column.

The tables also provide modifier information, including:

- Pricing
- Active/Inactive
- Routing

The next slides will detail how to search for the information available to a provider on the Fee Schedule.

Due to timely filing, max quantities on the fee schedule may be out of date. Please refer to the most recent MO HealthNet provider bulletin pertaining to your program for the most up to date quantities and rates.

Fee Schedule Search

Medical Services

ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
T1019	EP		1			3	07/01/2023	0.00	$8.14	99
T1019	HB		0			3	07/01/2023	0.00	$8.14	99
T1019	SC					9	08/01/2020	0.00	$0.00	20
T1019	TF	EP	1			3	07/01/2023	0.00	$8.17	99
T1019	TF		1	J		3	07/01/2023	0.00	$8.17	99
T1019	TM					O	07/01/2023	0.00	$8.14	99
T1019	U2	SC				9	08/01/2020	0.00	$0.00	20
T1019	U2		1	J		3	07/01/2023	0.00	$5.23	99
T1019	U3	SC				9	02/01/2023	0.00	$0.00	93
T1019	U3	TF	1	J		3	07/01/2023	0.00	$7.68	99
T1019	U3		1	J		3	07/01/2023	0.00	$7.66	99
T1019	U4		1			3	07/01/2023	0.00	$8.14	99
T1019	U6		1	J		3	07/01/2023	0.00	$4.63	99
T1019			1	J		3	07/01/2023	0.00	$8.14	99

Note: Should you have landed here as a result of a search engine or other link, be advised that these files contain material that is copyrighted by the American Medical Association. You are forbidden to download the materials unless you read, agree to and abide by the provisions of the copyright statement.

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MHD Fee Schedule

On the MHD Fee Schedule search results, hover over the different data fields for descriptions.

Fee Schedule Search

Medical Services

ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
T1019	EP		1			3	07/01/2023	0.00	$8.14	99
T1019	HB		0			3	07/01/2023	0.00	$8.14	99
T1019	SC					9	08/01/2020	0.00	$0.00	20
T1019	TF	EP	1			3	07/01/2023	0.00	$8.17	99
T1019	TF		1	J		3	07/01/2023	0.00	$8.17	99
T1019	TM					O	07/01/2023	0.00	$8.14	99
T1019	U2	SC				9	08/01/2020	0.00	$0.00	20
T1019	U2		1	J		3	07/01/2023	0.00	$5.23	99

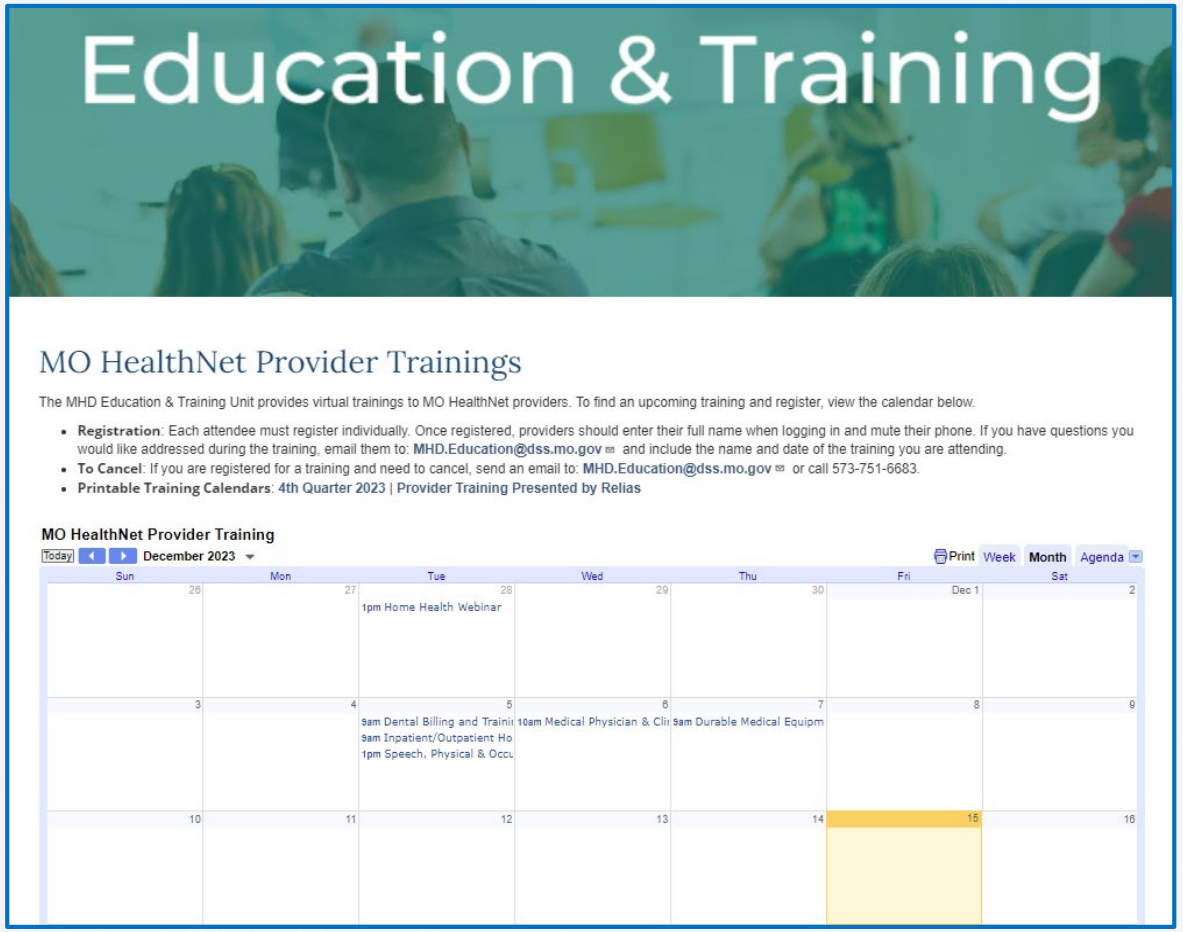
T1019: State Plan Personal Care

U2: Consumer Directed

3: Lower of billed or maximum allowed charge items of service

Education and Training Resources

View our Training Calendar and register for a Provider Training



Visit our Education and Training Resources page

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Education and Training Resources - Benefit Tables

Benefit Tables show the various benefits for each MO HealthNet benefit. There are three options to view this information:

- **Master List of Covered Services** to view all services and ME codes
- Individual tables by service
- **List of each programs covered services**

Education and Training Resources - Benefit Tables

Master List of Covered Services

to view all services and ME codes

Coverage Group:	Blind Programs	Breast or Cervical Cancer Control Program (BCCCP)	Children's Programs	CHIP Kids	Missouri RX Plan (MORx)	MO HealthNet for Adults	MO HealthNet for Kids	MO HealthNet for Pregnant Women	Presumptive Eligibility for Children	Qualified Medicare Beneficiary (QMB)	Temporary Women's Assistance for Pregnant Women	Traditional Medicaid	Uninsured Women's Health Services
ME Code:	02, 03, 12	83, 84	23, 28, 33, 34, 41, 49, 67, 88	71, 72, 73, 74, 75, 97, 4M	82	05, E2	06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 69, 70, 6S,9S,0F,5A	18, 43, 44, 45, 61, 95, 96, 98	87	55	58, 59, 94	01, 04, 11, 13, 14, 16, 81, 85, 86	80, 89
Applied Behavior Analysis (ABA)	Limited (1)	Limited (1)	Limited (1)	Limited (1)	No	Limited (1)	Limited (1)	Limited (1)	Limited (1)	Limited (16)	No	Limited (1)	No
Ambulance (Emergency only)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	No
Ambulatory Surgical Center	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	Limited (3)
Biopsychosocial Treatment for Obesity	Yes	Yes	No	No	No	Yes	No	Yes	No	Limited (16)	No	Yes	No
Certified Nurse Practitioner	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	Limited (3)
Chiropractic Medicine	Yes	Yes	No	No	No	Yes	No	Yes	No	Limited (16)	No	Yes	No
Community Psychiatric Rehabilitation	Limited (13)	Yes	Yes	Yes	No	Yes	Limited (13)	Yes	Yes	Limited (16)	Limited (13)	Yes	No
Complementary & Alternative Therapies for Chronic Pain Management	Yes	Yes	No	No	No	Yes	No	Yes	No	Limited (16)	No	Yes	No
Comprehensive Day Rehabilitation	Yes	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Yes	Yes	Limited (16)	No	Limited (4)	No
Comprehensive Substance Treatment & Rehabilitation (CSTAR)	Limited (13)	Yes	Yes	Yes	No	Yes	Limited (13)	Yes	Yes	Limited (16)	Limited (13)	Yes	No
Dental	Yes	Limited (17)	Yes	Yes	No	Limited (17)	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (17)	No
Diabetes Prevention Program	Yes	Yes	No	No	No	Yes	No	Limited (14)	No	Limited (16)	No	Yes	No
Diabetes Self-Management	Yes	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Yes	Yes	Limited (16)	Limited (2)	Limited (4)	No
Durable Medical Equipment	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	Limited (2)	Yes	No
Environmental Lead Assessments	Limited (4)	Limited (4)	Yes	Yes	No	Limited (4)	Yes	Limited (4)	Yes	Limited (16)	No	Limited (4)	No
Family Planning	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Limited (16)	No	Yes	Yes
Habilitative Therapy; Occupational, Physical & Speech	No	No	No	No	No	Limited (6)	No	No	No	No	No	No	No

Tables by service

Personal Care

Coverage Group	ME Code(s)	Covered
Blind Programs	02, 03, 12	Yes
Breast or Cervical Cancer Control Program (BCCCP)	83, 84	Yes
Children's Programs	23, 28, 33, 34, 41, 49, 67, 88	Limited*
CHIP Kids	71, 72, 73, 74, 75, 97, 4M	Yes
Missouri RX Plan (MORx)	82	No
MO HealthNet for Adults	05, E2	Yes
MO HealthNet for Kids	06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 69, 70, 6S, 9S, 0F, 5A	Yes
MO HealthNet for Pregnant Women	18, 43, 44, 45, 61, 95, 96, 98	Yes
Presumptive Eligibility for Children	87	Yes
Qualified Medicare Beneficiary (QMB)	55	No
Temporary Women's Assistance for Pregnant Women	58, 59, 94	No
Traditional Medicaid	01, 04, 11, 13, 14, 16, 81, 85, 86	Yes
Uninsured Women's Health Services	80, 89	No

* ME codes 23, 41 not covered

Refer to the Fee Schedule, certain restrictions apply

Refer to Section 1.1 of the General Sections Manual or the Provider Resource Guide for descriptions of Medical Eligibility (ME) Codes

Personal Care Provider Manual

MoHealthNet

Education & Training Resources - Provider Resource Guide

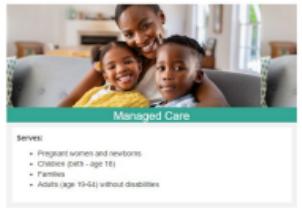
The Provider Resource Guide provides an overview of MO HealthNet Programs, provides MO HealthNet contact information, shows limited and comprehensive benefits and descriptions of Medical Eligibility (ME) codes.

PROVIDER RESOURCE GUIDE

MO HealthNet: Missouri's Medicaid Program

The MO HealthNet Division (MHD) provides health care access to low income individuals that are elderly, disabled, and members of families with dependent children, children in low-income families, uninsured children, pregnant women, refugees or children in state custody.

MO HealthNet assigns individuals to either the Fee-For-Service (FFS) program or a Managed Care (MC) health plan depending on eligibility criteria.



All MO HealthNet providers may serve **MO HealthNet FFS participants**. Participants may freely choose which MO HealthNet provider they go to for care under the FFS delivery system.

MO HealthNet MC participants may be seen by any MO HealthNet FFS provider until their enrollment is effective in a MO HealthNet MC health plan. MO HealthNet MC participants must select a health plan and a Primary Care Provider (PCP) within the MC health plan. MC providers may refer the participants to other providers based on the care needed.

MO HealthNet for Kids refers to the statewide program for children in low-income families, uninsured children through Children's Health Insurance Program (CHIP) and children in the custody of the state. Children receive a full comprehensive package including primary, acute, preventive care, hospital care, dental, prescriptions, and vision. They receive their care through the MC delivery system, unless they have opted out of MC. Participants should visit the MO HealthNet Portal to update their plan.

The **CHIP Premium Group** is health insurance for uninsured children who must be under age 19, have a family income of 150+ to 300% of the federal poverty level, and have no access to affordable health insurance. Questions about premiums should be directed to the Participant Services Unit at (800) 392-2161.

Providers can **determine eligibility** and which program participants are in online at eMOMED or by calling the Interactive Voice System (IVR) at 573-751-2896, Option 1.

Review the Provider Information page and Frequently Asked Questions for more information on MHD.

To receive **important MO HealthNet updates**, subscribe to MO HealthNet News.

MO HEALTHNET RESOURCES

Clinical Services

Clinical Services is responsible for clinical policy development for the MHD. For questions about clinical policy providers should contact MHD.ClinicalServices@dss.mo.gov or visit the Pharmacy and Clinical Services site.

Cost Recovery/Third Party Liability

Contact the Third Party Liability unit at TPL.Database@dss.mo.gov or call **(573) 751-2005** to report:

- Injuries sustained by MO HealthNet participants
- Questions about the estate of a deceased MO HealthNet participant
- Problems obtaining a response from an insurance carrier
- Unusual situations concerning third party insurance coverage for MO HealthNet participants, or the Health Insurance Premium Payment Program (HIPP)

For more information, visit the Family MO HealthNet Manual, TPL Information for Providers, or take the MHD Education and Training TPL Course.

Education and Training

Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED. Contact Education and Training at MHD.Education@dss.mo.gov or call **(573) 751-6683**. Visit Education and Training Resources to register for training and to access additional resources.

FSD Spend Down Unit

Providers may submit incurred medical expenses on behalf of the participant using the MO HealthNet Spend Down Provider form. Providers should email the form, including any receipts or bills, to sesd@ip.sp.mo.gov or fax to **(855) 600-3754**. For questions, contact Spenddown.Unit@dss.mo.gov or call **(855) 600-4412**. Visit Spend Down Pay-In FAQs for more information.

Managed Care Plans

Health Plan	Contact Information
Healthy Blue	1-833-388-1407 www.healthybluemo.com
UnitedHealthcare	1-866-292-0359 www.uhc.com
home state health	1-855-694-4663 www.homestatehealth.com

Managed Care Liaison

If providers are unable to resolve a Managed Care issue directly with a health plan, contact a Managed Care Liaison at MHD.MCCommunications@dss.mo.gov. For more information on Managed Care Plan, visit Managed Care Providers.

MEDICAL ELIGIBILITY (ME) CODES

Adult participants in ME categories for Aid to the Blind or pregnant women programs receive a full comprehensive benefit package which includes: primary, acute and preventive care, hospital care, dental, prescriptions, and vision. All other adult participants receive a limited benefit package of services depending on their ME category.

Full Comprehensive Package for MO HealthNet Adults

ME Code	Description	ME Code	Description
03	Aid to the Blind	45	Pregnant Woman—Poverty
12	MO HealthNet Aid to the Blind	61	MO HealthNet for Pregnant Women—Health Initiative Fund
15	Supplemental Nursing Care—Aid to the Blind	95	Show-Me Healthy Babies Pregnant Women income above 196% and up to 300%
18	MO HealthNet for Pregnant Women	96	SMHB Unborn Child income 0 to 300%
43	Pregnant Woman—60 Day Assistance (MO HealthNet for Families criteria)	98	SMHB Post-Partum
44	Pregnant Woman—60 Day Assistance—Poverty		

Limited Benefit Package for MO HealthNet Adults

ME Code	Description	ME Code	Description
01	Old Age Assistance	26	Ethiopian Refugee
02	Blind Pension	55	Qualified Medicare Beneficiary (QMB)
04	Permanently and Totally Disabled	58	Presumptive Eligibility (Subsidized)
05	MO HealthNet for Families—Adult	59	Presumptive Eligibility (Non-Subsidized)
E2	Adult Expansion Group	80	Extended Women's Health Services
10	Refugees other than Cuban, Haitian, Russian Jew, or Ethiopian	81	Temporary Assignment Category
11	MO HealthNet—Old Age Assistance	82	Missouri Rx (Medicare Part D wrap-around benefits)
13	MO HealthNet—Permanently and Totally Disabled	83	Breast or Cervical Cancer Control Project—Presumptive
14	Supplemental Nursing Care—Old Age Assistance	84	Breast or Cervical Cancer Control Project—Regular
16	Supplemental Nursing Care—Permanently and Totally Disabled	85	Ticket to Work Health Assurance—Premium
19	Cuban Refugee	86	Ticket to Work Health Assurance—Non-Premium
21	Haitian Refugee	89	Uninsured Women's Health Services
24	Russian Jew Refugee	94	Show-Me Healthy Babies—Presumptive Eligibility income to 300%

MoHealthNet

Education and Training Resources – Contact Us

Review the Contacting MHD Education & Training page to view the Education Specialist assigned to each program and how to request training.

CONTACTING MHD EDUCATION & TRAINING

The MO HealthNet Division (MHD) Education and Training provides interactive web based trainings to providers. The trainings are limited to two hours in length. Providers should enroll in training sessions applicable to their provider type, when applicable.

Training topics include:

- Navigating MHD provider resources on the MHD webpage and eMOMED.com
- Electronic Claim Filing on eMOMED.com
  - Claim form(s) applicable to the program
  - Third Party Liability
  - Crossover Claims, if applicable to the program
- Program Benefits and Limitations and Documentation

To register for an upcoming training, visit our Provider Training Calendar. To review all of our available resources, visit our Education and Training Resources page.

Requests for provider training may be directed to MHD Education and Training by calling (573) 751-6683 or by email: MHD.Education@dss.mo.gov. Training requests must include the Provider's Name, National Provider Identifier (NPI), the reason for the request and the type of training needed.

Inquiries regarding FFS claim filing or denials, Remittance Advices, and all eligibility questions, to include managed care, should be directed to the Provider Communications Unit at (573) 751-2896 or the Provider Communications Management option on eMOMED.

Below is a list of programs and the representative who will provide education and training. For questions, contact them at MHD.Education@dss.mo.gov.

Lee Gerloff	Jackie Bollinger	Daniel Rush
Dental **Durable Medical Equipment (DME)** **Hearing Aid/Audiology** **Hospice** **Non-Emergency Transportation (NEMT)** **Skilled Nursing Facility** • *Nurse Assistant Training*	**Ambulance** **Ambulatory Surgical Center** **Biopsychosocial Treatment of Obesity** **Chiropractic** **Complementary and Alternative Therapies for Chronic Pain Diabetes Prevention Program** **Environmental Lead Assessment** **Hospital (Inpatient/Outpatient)** • *Certified Registered Nurse* **Optical** **Physicians (Program)** • *Nurse Practitioner* • *Diabetes Self-Management Training* • *Federally Qualified Health Center (FQHC)* • *Podiatry* • *Local Public Health Agency* • *Case Management* • *Independent Laboratory Services* • *Independent Radiology Services* • *Anesthetists (CRNA Services)* • *EPSDT/HCY Screenings* • *Vaccines for Children VFC* **Nurse Midwife** **Rural Health Clinic (RHC)** **Transplant**	**Behavioral Health Services** • *Applied Behavior Analysis (ABA)* **Comprehensive Day Rehab** **Department of Health & Senior Services (DHSS)/ Division of Senior Disability Service (DSDS)** • *Aids Waiver* • *Adult Day Care Waiver* • *Aged and Disabled Waiver* • *Medically Fragile Adult Waiver* **Department of Mental Health** • *CSTAR* • *CPR* • *Youth Targeted Case Management* **Division of Developmental Disabilities – DD Waiver** **Home Health** **Personal Care** • *Consumer Directed Services* **Private Duty Nursing** **Rehabilitation Centers** **School Based IEP Services** **Therapy** • *Speech* • *Occupational* • *Physical*
Amanda Fahrendorf (Lead) **Lead Education & Training Representative -** Oversees the training resources for all programs, creates and presents additional trainings, handles special assignments related to education and training and serves as the expert for any complicated Medicaid inquiries referred to MHD Education and Training.		
Julie Pace & Kathy Simmons		
Managed Care Liaisons – Complete the Managed Care Provider Request for Information and submit to MHD.MCCommunications@dss.mo.gov		

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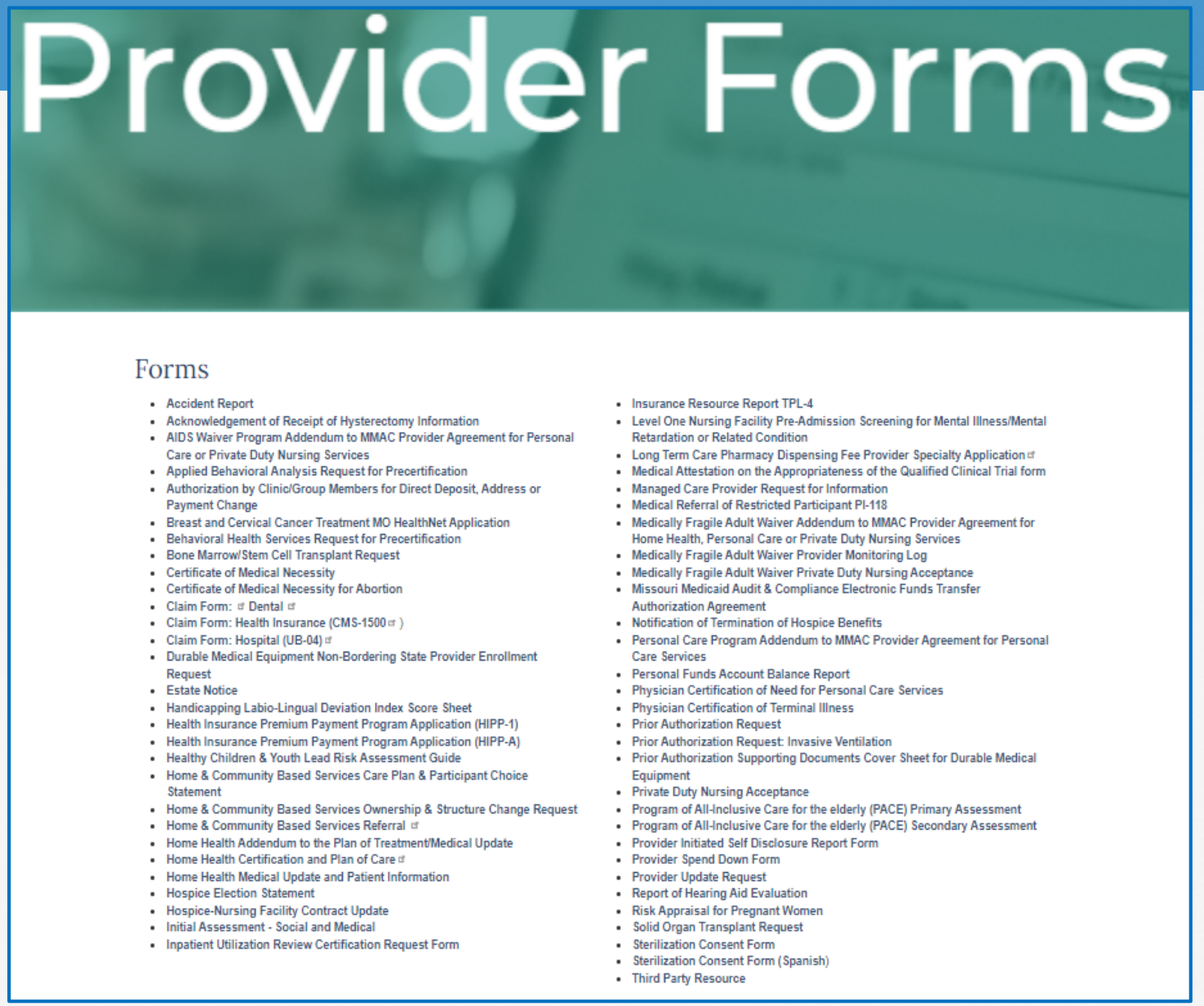
Provider Forms

Provider Forms are on the **Provider Forms** page. This page offers the forms a provider would need, including:

- Certificate of Medical Necessity
- Diabetic Supplies PA
- Exception Requests
- Insurance Resource Report (TPL-4)
- PA Request
- Provider Spend Down
- Pharmacy Prior Authorization Forms



MoHealthNet

Enroll with MO HealthNet

Choose Enroll with MO HealthNet to contact the Missouri Medicaid Audit and Compliance (MMAC) Provider Enrollment Unit.

The MMAC site will assist you in applying to be a Missouri MO HealthNet (Medicaid) provider, as well as answer questions regarding your enrollment.

Provider Enrollment

X Post Like 0

The Provider Enrollment Unit is responsible for enrolling new providers, maintaining provider enrollment records, and answering provider inquiries regarding enrollment for all MO HealthNet Provider types. The Provider Enrollment staff determines when new provider numbers are issued or when a current provider number will be updated.

After a MO HealthNet provider number has been issued it must be used with all transactions pertaining to MO HealthNet. If a separate provider number has been issued for different location/practices, the provider is responsible to ensure the appropriate provider number is used when billing.

Each provider application is reviewed and must go through the same audit process even though a provider may have an existing provider number at another practice location.

Applications are processed in date order as received by the Provider Enrollment Unit. Applications that have been returned to the provider for additional information are not processed with priority. Internet applications that have been denied due to improper submission or additional information not furnished must be resubmitted and are not processed with priority.

- **Apply to be a Missouri Medicaid Provider**
- **Provider Enrollment Guide** (Information and Requirements)
- **Civil Rights** (Compliance Information)
- **Home and Community Based Services** (Forms and Applications)
- **Billing-Provider-Enrollment-Snapshot-April-2023**
- **Provider Enrollment Applications and Forms**

MoHealthNet

Personal Care Program page

The Personal Care Program page gives providers quick access to resources MHD feels are pertinent to your program.

Please stay tuned for upcoming changes in Phase 2 of our website overhaul!

Eligibility and Spend Down

Checking Eligibility

Once the provider determines the participant has or may have MO HealthNet, it is the provider's responsibility to check the participant's eligibility. Eligibility is updated daily so this must be done before **every** visit. The participant must be eligible on the date of service.

Information to Review:

- Name on file
- Eligibility on date of service
- Medical eligibility/plan code
- Commercial insurance
- MO HealthNet Managed Care enrollment
- Administrative Lock-In

Checking Eligibility

Providers can check eligibility in two ways:

1. Online through eMOMED

Quick and Easy!

The following slides detail this process

2. Contact Provider Communications at 573-751-2896, Option 1.

This an Interactive Voice Response (IVR) system that can address participant eligibility, last two check amounts, claim status inquiries, provider enrollment status, annual review date and more.

MoHealthNet

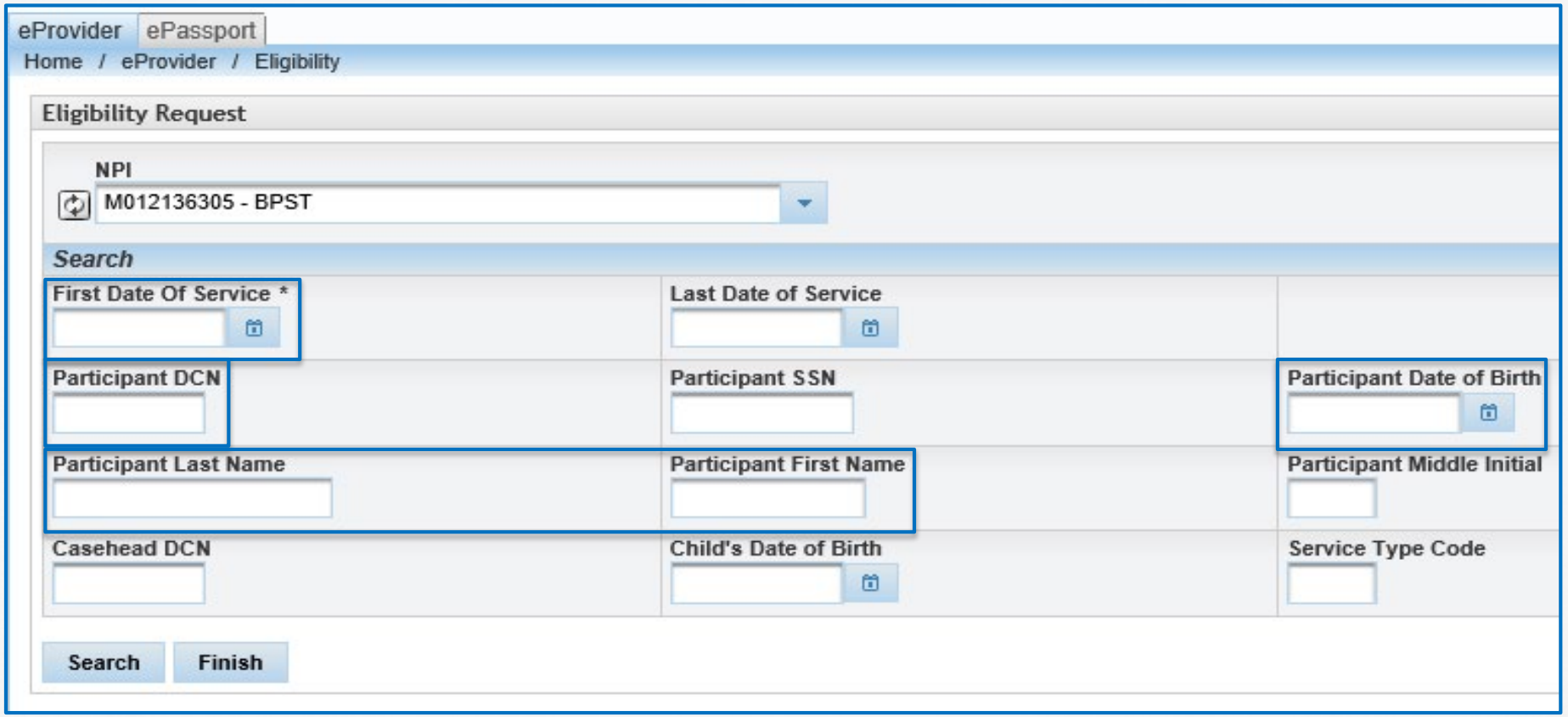
Checking Eligibility

In eMOMED, choose Participant Eligibility

Checking Eligibility – General

Eligibility is Date of Service (DOS) specific. Providers should request eligibility for current or past dates, rather than a date span. This is helpful when trying to determine when/if a participant met their Spend Down during the month.

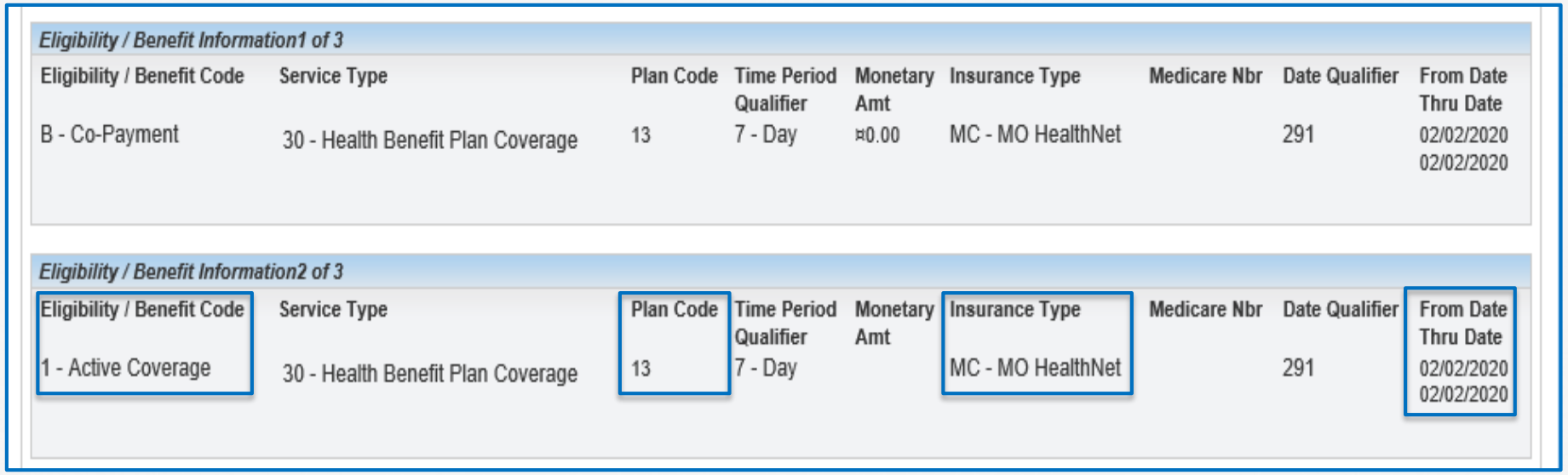
Verify the DCN, name and date of birth match the participant.



MoHealthNet

Checking Eligibility – Coverage

Eligibility/ Benefit Code	Plan Code	Insurance Type	From/Thru Date
1 – Active 6 - Inactive	ME Code See Provider Resource Guide for ME Codes	Managed Care MO HealthNet HM	Eligibility on specified date



Eligibility / Benefit Information1 of 3

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
B - Co-Payment	30 - Health Benefit Plan Coverage	13	7 - Day	¤0.00	MC - MO HealthNet		291	02/02/2020 02/02/2020

Eligibility / Benefit Information2 of 3

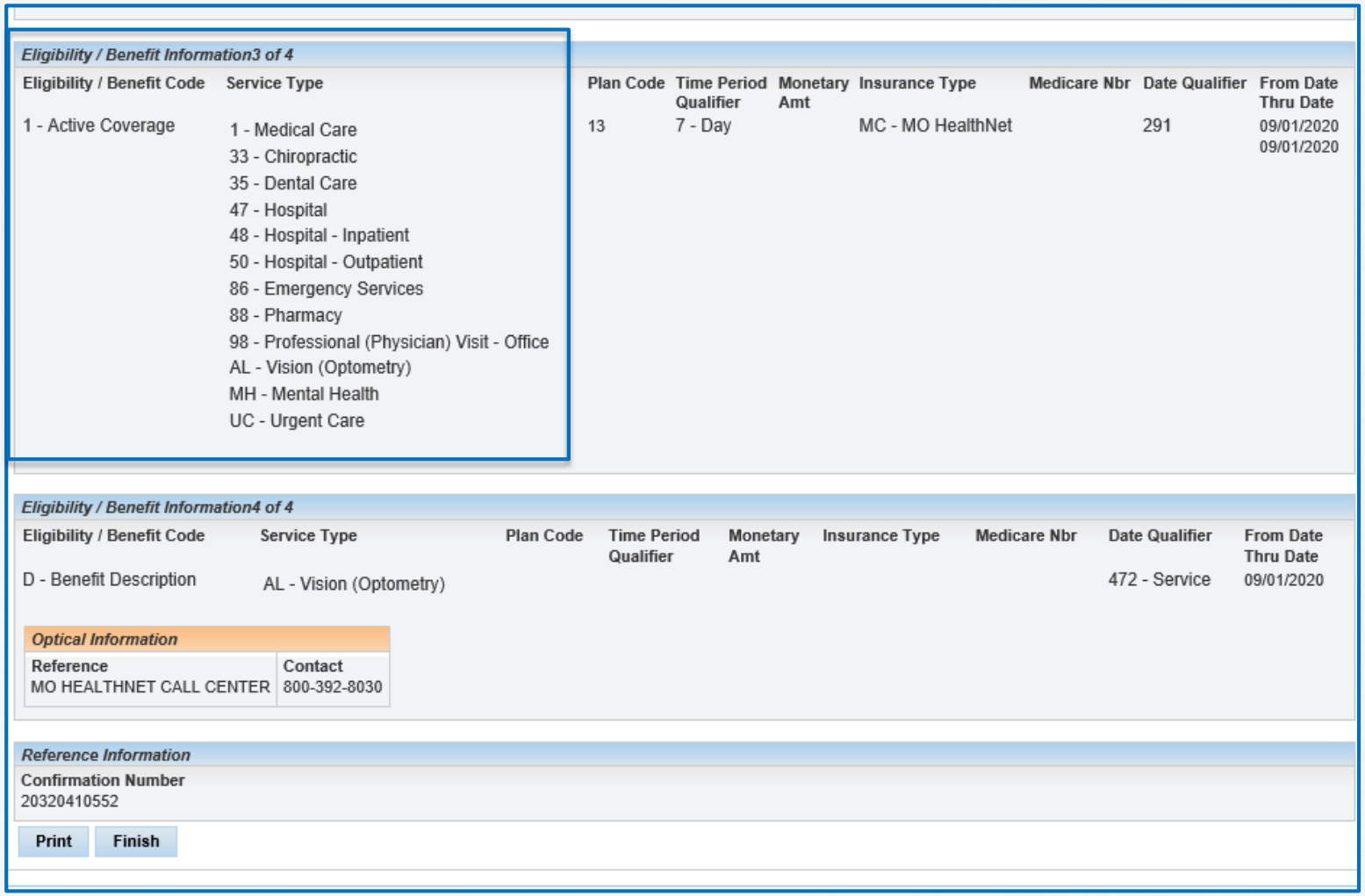
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	7 - Day		MC - MO HealthNet		291	02/02/2020 02/02/2020

Checking Eligibility – Benefits

Service Type:
Lists general benefit information

Refer to the Personal Care Manual for specific coverage information

IMPORTANT:
Record the confirmation # for your records.



Eligibility / Benefit Information3 of 4

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	1 - Medical Care 33 - Chiropractic 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Outpatient 86 - Emergency Services 88 - Pharmacy 98 - Professional (Physician) Visit - Office AL - Vision (Optometry) MH - Mental Health UC - Urgent Care	13	7 - Day		MC - MO HealthNet		291	09/01/2020 09/01/2020

Eligibility / Benefit Information4 of 4

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
D - Benefit Description	AL - Vision (Optometry)						472 - Service	09/01/2020

Optical Information

Reference	Contact
MO HEALTHNET CALL CENTER	800-392-8030

Reference Information

Confirmation Number
20320410552

Print Finish

Spend Down

Spend Down is a MO HealthNet program in which the participant has an amount that must pay or reach each month before they can have MO HealthNet coverage. It is similar to an insurance premium or a deductible as described below.

The Family Support Division (FSD) determines Spend Down amounts based on a participant's income and if it exceeds the allowable amount to qualify for MO HealthNet coverage.

MO HealthNet only reimburses providers for covered medical expenses that exceed a participant's Spend Down amount. The MHD system tracks the bills received for the first day of coverage until the bills equal the participant's remaining Spend Down liability.

The Spend Down Unit reviews incurred medical expenses to verify if the expense meets the Spend Down criteria, determines MHD coverage dates, and authorizes coverage.

- Email any questions or issues to: SpendDown.Unit@dss.mo.gov
- Spend Down Unit phone number: (855) 600-4412
- Fax number for Spend Down ONLY: (855) 600-3754

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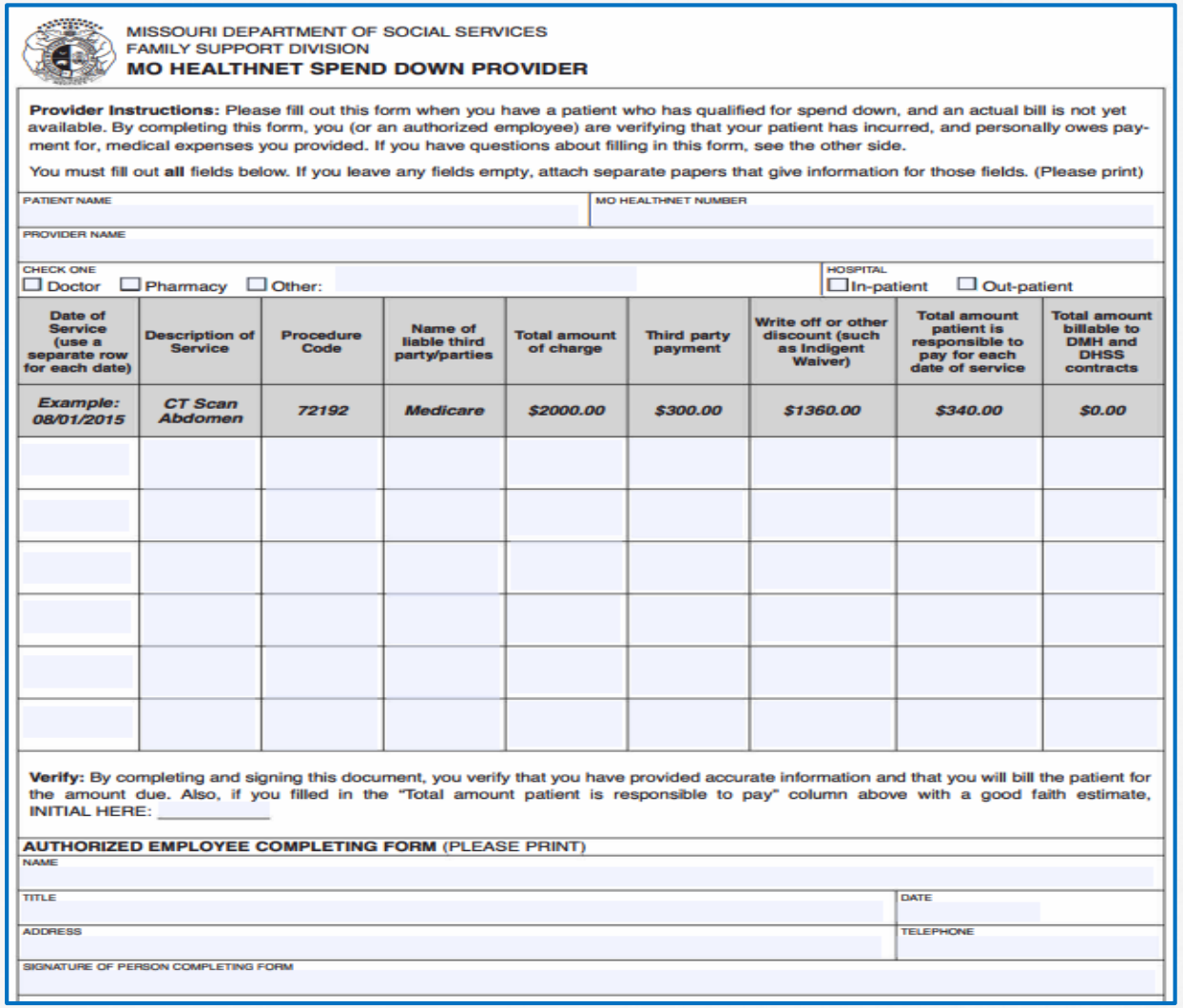
Spend Down – Provider Responsibilities

Providers can assist participants with meeting their Spend Down by completing a **Provider Spend Down form** after services are rendered.

Completed Spend Down forms should be forwarded to the Provider Spend Down Unit.

Scan and email Provider Spend Down forms to: **sesd@ip.sp.mo.gov** , including receipts and bills.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
MO HEALTHNET SPEND DOWN PROVIDER

Provider Instructions: Please fill out this form when you have a patient who has qualified for spend down, and an actual bill is not yet available. By completing this form, you (or an authorized employee) are verifying that your patient has incurred, and personally owes payment for, medical expenses you provided. If you have questions about filling in this form, see the other side.

You must fill out **all** fields below. If you leave any fields empty, attach separate papers that give information for those fields. (Please print)

PATIENT NAME | MO HEALTHNET NUMBER

PROVIDER NAME

CHECK ONE ☐ Doctor ☐ Pharmacy ☐ Other: | HOSPITAL ☐ In-patient ☐ Out-patient

Date of Service (use a separate row for each date)	Description of Service	Procedure Code	Name of liable third party/parties	Total amount of charge	Third party payment	Write off or other discount (such as Indigent Waiver)	Total amount patient is responsible to pay for each date of service	Total amount billable to DMH and DHSS contracts
Example: 08/01/2015	*CT Scan Abdomen*	*72192*	*Medicare*	*$2000.00*	*$300.00*	*$1360.00*	*$340.00*	*$0.00*

Verify: By completing and signing this document, you verify that you have provided accurate information and that you will bill the patient for the amount due. Also, if you filled in the "Total amount patient is responsible to pay" column above with a good faith estimate, INITIAL HERE: _____

AUTHORIZED EMPLOYEE COMPLETING FORM (PLEASE PRINT)

NAME

TITLE | DATE

ADDRESS | TELEPHONE

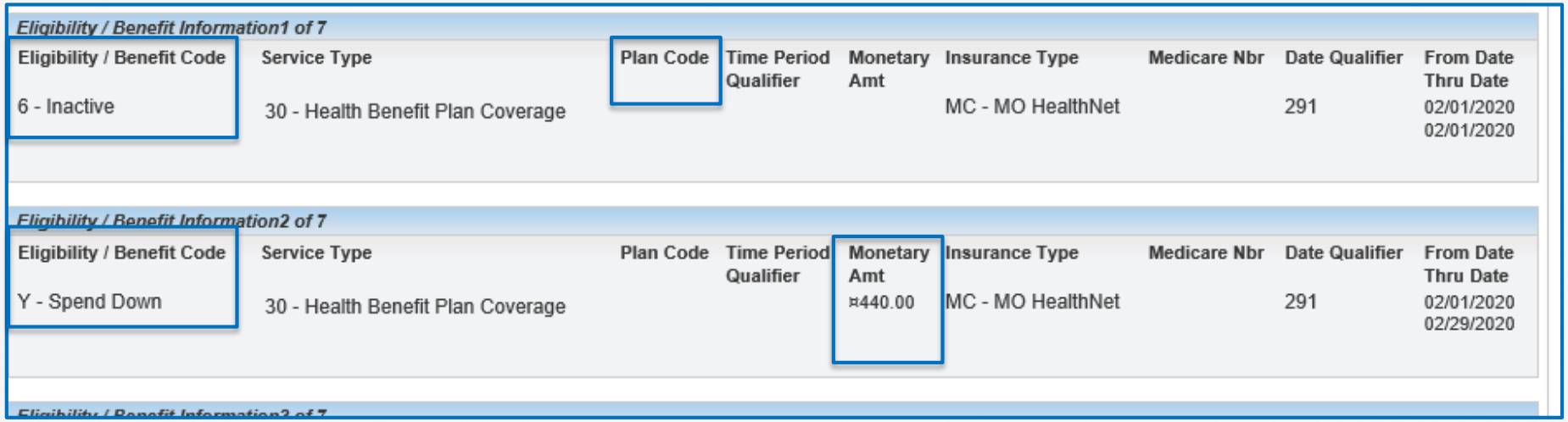
SIGNATURE OF PERSON COMPLETING FORM

Checking Eligibility –Spend Down Not Met

Verify the DCN, name and date of birth match the participant.

Eligibility/ Benefit Code	Eligibility/ Benefit Code	Plan Code	Monetary Amount
6 - Inactive	Y – Spend Down	Code will only appear if Spenddown is Met*	Spend Down Amount

IMPORTANT:
Record the confirmation # for your records.



Eligibility / Benefit Information1 of 7

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
6 - Inactive	30 - Health Benefit Plan Coverage				MC - MO HealthNet		291	02/01/2020 02/01/2020

Eligibility / Benefit Information2 of 7

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
Y - Spend Down	30 - Health Benefit Plan Coverage			¤440.00	MC - MO HealthNet		291	02/01/2020 02/29/2020

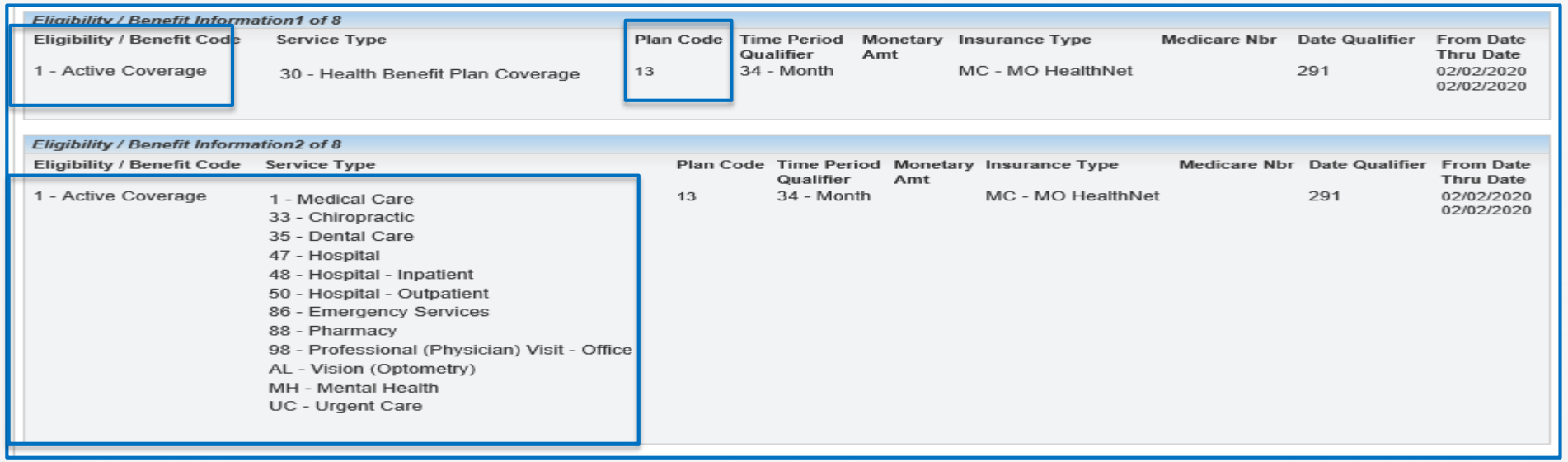
*Exception ME 55 and ME 82 may appear. This is related to Medicare coverage. If these codes appear and Spend Down is indicated this means Spend Down has not been met. Once Spend Down is met ME 55 and ME 82 will change to a valid MO HealthNet ME code.

MoHealthNet

Checking Eligibility –Spend Down Met

Verify the DCN, name and date of birth match the participant.

Eligibility/Benefit Code	Plan Code	Eligibility/Benefit Code
1 - Active	Code will only appear if Spenddown is Met*	Covered Benefits Listed



Eligibility / Benefit Information1 of 8

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	34 - Month		MC - MO HealthNet		291	02/02/2020 02/02/2020

Eligibility / Benefit Information2 of 8

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	1 - Medical Care 33 - Chiropractic 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Outpatient 86 - Emergency Services 88 - Pharmacy 98 - Professional (Physician) Visit - Office AL - Vision (Optometry) MH - Mental Health UC - Urgent Care	13	34 - Month		MC - MO HealthNet		291	02/02/2020 02/02/2020

*Exception ME 55 and ME 82 may appear. This is related to Medicare coverage. If these codes appear and Spend Down is indicated this means Spend Down has not been met. Once Spend Down is met ME 55 and ME 82 will change to a valid MO HealthNet ME code

Spend Down – Participant Responsibilities

Income changes need to be reported to FSD. Participants should contact the Family Support Division at (855) FSD-INFO with questions or concerns about their Spend Down amount.

Participants are responsible for their incurred medical expenses up to the Spend Down amount.

Coverage starts the day Spend Down is met and ends the last day of the month.

Spend Down must be met the month a medical expense occurs for MO HealthNet to consider the claim for payment.

Participants can mail the full Spend Down payment to MHD for an entire month of coverage.

MO HealthNet Division
P.O. Box 808001
Kansas City, MO 64180-8001

MoHealthNet

Resources & Contact Information

Resources & Contact Information

Clinical Services	Policy development, benefit design, coverage decisions, provider and program policy inquiries	(573) 751-6963 MHD.clinical.services@dss.mo.gov
CyberAccess	Account setup or technical questions	(888) 581-9797 (573) 632-9797 cyberaccesshelpdesk@xerox.com
Education & Training	Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via **eMOMED**.	(573) 751-6683 MHD.Education@dss.mo.gov
Managed Care Communications	If providers are unable to resolve a Managed Care issue directly with a **health plan**, complete a **Managed Care Provider Request for Information**.	MHD.MCCommunications@dss.mo.gov
MHD Services & Programs	Inquiries regarding programs and policy that cannot be answered by any other contact - Provide NPI, name and contact information and complete details regarding inquiry	Ask.MHD@dss.mo.gov
Participant Services	Questions from participants regarding MHD eligibility benefits and application process.	(855) 373-9994 www.mydss.mo.gov Family Support Division Information Center (855) FSD-INFO (855) 600-4412

Resources & Contact Information

Pharmacy & Medical Pre-Certification Help Desk	Pharmacy Clinical Authorizations, Edit Overrides, Medical Pre-Certifications (outpatient, diagnostic, non-emergency MRI, MRA, CT, CTA, PET scans and cardiac imaging)	(800) 392-8030
Provider Communications	Provider's initial contact for questions - Contact with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.	Via eMOMED using Provider Communications Management link (573) 751-2896 Provider Communications Unit PO Box 5500 Jefferson City, MO 65102-2500
Provider Enrollment	Located within the MO Medicaid Audit and Compliance (MMAC) Unit - Inquiries regarding enrollment applications, changes to Provider Master File (addresses, tax identification, ownership, individual's name, practice name, National Provider Identification (NPI) number)	(573) 751-3399 mmac.providerenrollment@dss.mo.gov Missouri Medicaid Audit & Compliance P. O. Box 6500 Jefferson City, Missouri 65102
Technical Help Desk	Technical support and assistance for issues with eMOMED. Establishes required electronic claims and RA formats, network communication and HIPAA trading partner agreements.	(573) 635-3559 internethelpdesk@momed.com

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Education and Training

MHD Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED.

MHD.Education@dss.mo.gov

(573) 751-6683