



# MO Medicaid Audit & Compliance In-Home/CDS Annual Meeting, October 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.

# 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.

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.



### Fee-For-Service

- Senior (age 65 and older)
- Person with a disability
- Blind or visually impaired adult
- Woman (under age 65) with breast or cervical cancer

### Managed Care

- Pregnant woman including her newborn
- Child (birth to age 18)
- Parent with children in the home
- Adult (age 19-64) without a disability



# 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.

The screenshot displays the eMOMED web portal. At the top, there is a navigation bar with the MoHealthNet logo on the left, and links for 'eMOMED', 'Contact', and 'Troubleshooting' on the right. Below the navigation bar is a large banner image featuring a diverse group of healthcare professionals and patients, with the MoHealthNet logo prominently displayed on the right side. The main content area is divided into several sections:

- External Links:** A list of links including 'State of Missouri Web site', 'Department of Social Services', 'MO HealthNet Division', and a bulleted list of 'Provider Information', 'Provider Enrollment Application', 'Participant Information', and 'eMOMED Registration Video'.
- Public News:** A section titled 'eNews' containing several news items with dates and titles, such as '04/20/2023 To enroll in MHD provider trainings, visit our Education and Training page.', '04/20/2023 Help Spread the Word: Medicaid Annual Renewals to Restart April 1, 2023', '07/17/2019 eMOMED Training and Assistance Utilities', and '03/24/2015 Requesting & Accepting NPI Access'.
- Welcome:** A central section with the heading 'Welcome to the MO HealthNet Web Portal' and a sub-heading 'The complete source for all MO HealthNet Participant and Provider related services.' It includes a photo of a healthcare worker and the text 'Find everything you need from one convenient portal!'.
- ERA Enrollment:** A section titled 'ERA Enrollment' with the text 'Provider Sign up for Electronic Remittance Advice (ERA) [Click Here!](#)'.
- Login:** A section with a warning: 'ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.' It includes fields for 'User ID' and 'Password', a 'Login' button, and links for 'To reset your password, [Click Here!](#)' and 'Not registered? [Register Now!](#)'.

At the bottom right of the page, there is a warning: 'WARNING! THIS SYSTEM CONTAINS GOVERNMENT INFORMATION. BY ACCESSING AND USING THIS COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES.'

# 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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- ERA Enrollment:** A section with the heading 'ERA Enrollment' and the text 'Provider Sign up for Electronic Remittance Advice (ERA) Click Here!'.



# 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!

The screenshot displays the eMOMED web portal. At the top, there is a navigation bar with the MoHealthNet logo on the left and links for 'eMOMED', 'Contact', and 'Troubleshooting'. Below this is a large banner image featuring a diverse group of healthcare professionals, including doctors, nurses, and a patient, with the MoHealthNet logo prominently displayed. The main content area is organized into several sections:

- External Links:** A list of links including 'State of Missouri Web site', 'Department of Social Services', 'MO HealthNet Division', and 'Provider Information' (highlighted with an orange arrow).
- Public News:** A section titled 'eNews' containing several news items with dates and titles, such as '04/20/2023 To enroll in MHD provider trainings, visit our Education and Training page.'
- Welcome:** A section with a 'Welcome to the MO HealthNet Web Portal' message, a photo of a healthcare worker, and text stating 'The complete source for all MO HealthNet Participant and Provider related services.'
- Login:** A section with a warning message: 'ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.' It includes a login form with fields for 'User ID' and 'Password', a 'Login' button, and links for 'To reset your password, Click Here!' and 'Not registered? Register Now!'.

A 'Log In' link is also visible in the top right corner of the page.

# 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.

Provider Information

Welcome MO HealthNet Providers

- MO HealthNet News**  
Provider Bulletins, Hot Tips, & News
- Provider Manuals**  
Provider manuals for all programs
- Claims & Billing**  
Processing & payment information
- Fee Schedules & Rates**  
Current fee schedules & rate lists
- Rx Pharmacy**  
PDL & clinical edit information
- Education & Training**  
Education & training resources
- Forms**  
Forms for MO HealthNet providers
- Enroll with MO HealthNet**  
Become a MO HealthNet provider

# 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!



## MO HealthNet News

Search the table below for Provider Bulletins, Hot Tips, and Newsletters. To get important updates via email, subscribe to MO HealthNet News <sup>or</sup>.

Date  Type

Program

Search Keywords

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

# 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.



Search the table below for Provider Bulletins, Hot Tips, and Newsletters. To get important updates via email, subscribe to [MO HealthNet News](#) <sup>of</sup>.

Date  Type

Program  Search Keywords

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



## 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**



# Provider Hot Tips

Tips to assist providers with:

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

10/01/2024

## MO HealthNet Providers: Call Us For FREE!

The Mo HealthNet Provider Communications Unit assists providers with eligibility and coverage verification, enrollment status, annual review dates, questions regarding proper claim filing, claims resolution and disposition, billing errors, verifying check amounts, and more.

Providers are encouraged to communicate with Provider Communications using the Provider Communications Management tool in eMOMED <sup>®</sup>. Providers may also call the Interactive Voice Response (IVR) system at (573) 751-2896.

**Beginning today, providers can also call Provider Communications TOLL FREE at (833) 222-7916.**

The caller must have the provider's National Provider Identifier (NPI). The IVR system allows a MO HealthNet provider six options:

- Press 1 for MO HealthNet Participant Eligibility
- Press 2 for Check Amount Information
- Press 3 for Claim Information
- Press 4 for Provider Enrollment Status
- Press 5 for MO HealthNet Participant Annual Review Dates
- Press 6 to Speak to a Representative for Other Issues

For more information on the IVR system, review **Section 3.3** of the **General Sections Manual**. For questions, contact [MHD.Education@dss.mo.gov](mailto:MHD.Education@dss.mo.gov) <sup>®</sup>.

# 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.

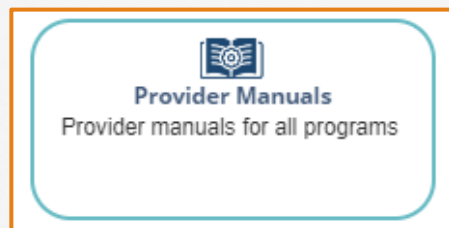
# MHD Provider Manuals

**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](#)



# 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:

 2/7 | ^ v X

## Services Authorized by Division of Senior and Disability Services

The following codes are for services authorized by the Division of Senior and Disability Services (DSDS).

Procedure Code	Description	Service Unit
T1001	Authorized Nurse Visit	Per visit
T1001 U3	Authorized Nurse Visit in RCF/ALF	Per visit
T1019	Personal Care	15 minutes
T1019 TF	Advanced Personal Care	15 minutes
T1019 U2	CDS Personal Care	15 minutes
T1019 U3	Personal Care in RCF/ALF	15 minutes
T1019 U3TF	Advanced Personal Care in RCF/ALF	15 minutes
T1028 TS	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](#)



The banner features a teal background with a keyboard and a hand typing. The text "Claims & Billing" is prominently displayed in white. Below the banner, six circular icons are arranged in two rows of three, each with a corresponding label:

- Claims Processing & Payment Schedule**: Icon of a calendar.
- eMOMED**: Icon of a person's head and shoulders.
- CyberAccess**: Icon of a computer monitor with a plus sign.
- Claim Filing Resources**: Icon of a document with a dollar sign and a plus sign.
- Fee Schedules & Rate Lists**: Icon of a dollar sign.
- RA Remark Advice & Claim Adjustment Codes**: Icon of a stethoscope with a plus sign.

# 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 <sub>1</sub>
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

**CyberAccess**

Protect your patients by following a few simple rules

**Log In**

User Name:

Password:

[Forgot Your Password?](#)

- Always choose passwords that are difficult for others to guess. You can change your password on the "My Account" screen after you log in.
- Never give your user name and password to others because it could be used without your knowledge.
- Never leave patient information unprotected on the computer screen while you step away.
- Place all printed documents containing patient information in secure storage or shred them daily to prevent accidental disclosure.
- Obey the golden rule: always handle information about your patients with the same care that you expect from your own physician.

NOTE: Any unauthorized use or access to the pages, or the computer systems on which the pages and information to be displayed reside, is strictly prohibited and may be a criminal violation. Your use of this Web site is governed by and conditioned on your acceptance of the terms of use referenced herein and such other terms and conditions as may be contained in this Web site. Your use of this Web site constitutes your agreement to the terms of use and all such additional terms and conditions.

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Version: 10.7 For technical support with CyberAccess please call 1-888-581-9797

[FREQUENTLY ASKED QUESTIONS](#) [SYSTEM REQUIREMENTS](#)

[CYBERACCESS FLYER](#)

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](mailto: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](mailto:CyberAccesshelpdesk@conduent.com).

**CyberAccess Helpful Tips**

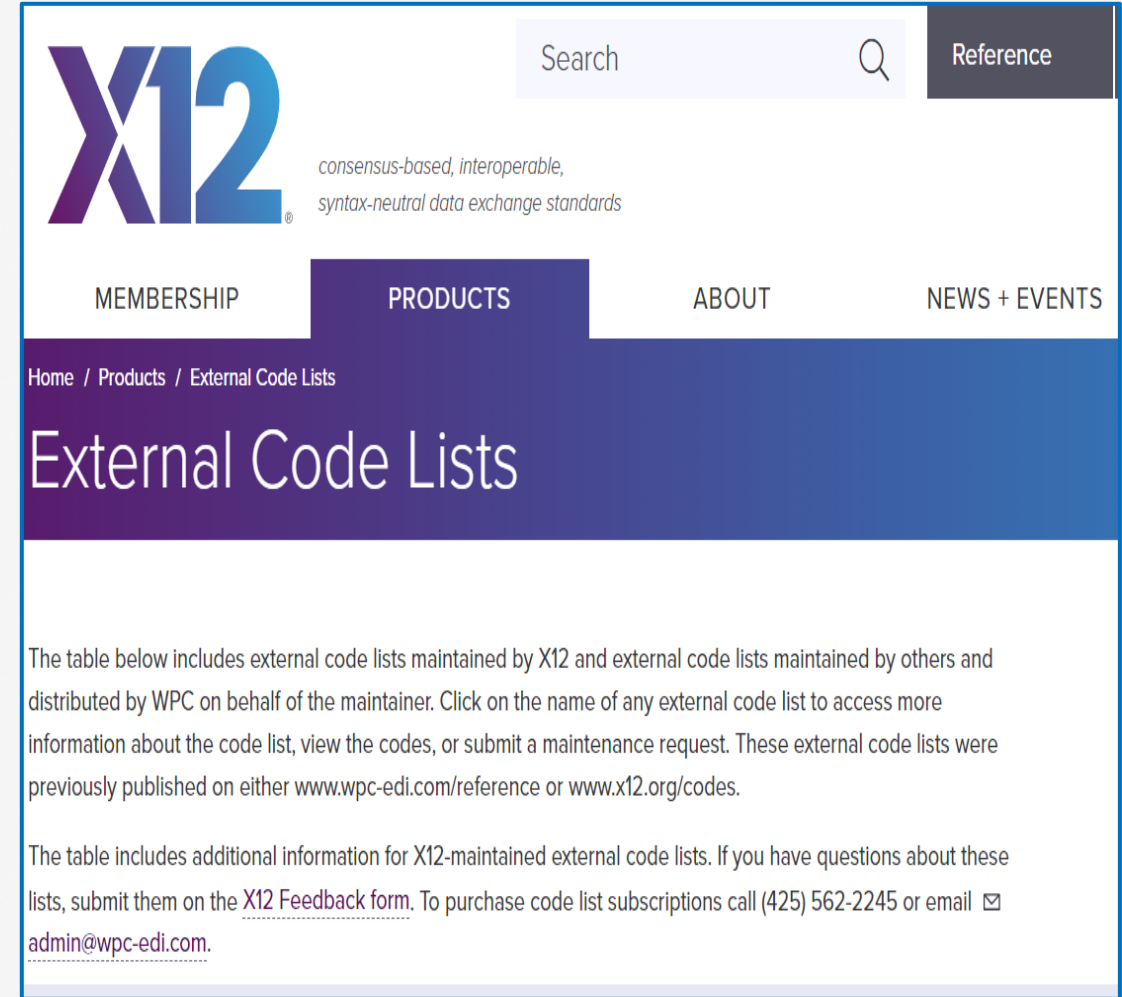
# Remittance Advice & Claim Adjustment Reason Codes

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

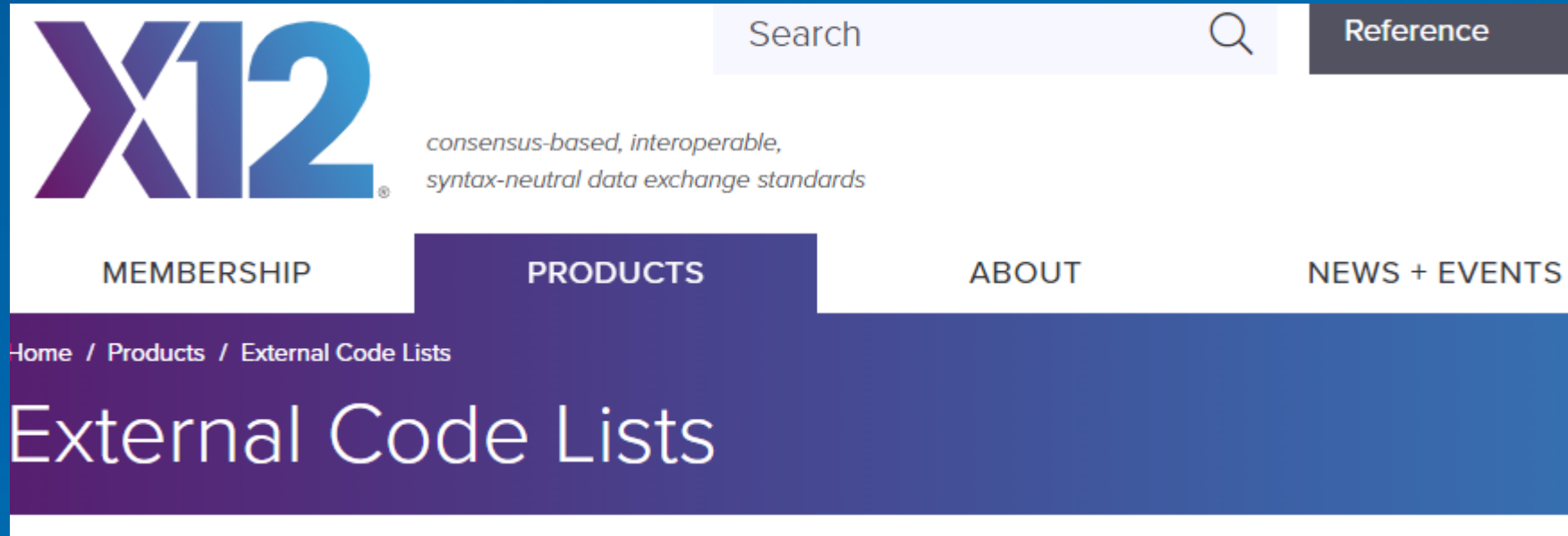
Along with listing the claim, the RA lists an **Adjustment Reason Code** to explain a payment, denial, corrected claim, voided claim, or other action.

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.



The screenshot shows the X12 website interface. At the top left is the X12 logo with the tagline "consensus-based, interoperable, syntax-neutral data exchange standards". To the right is a search bar and a "Reference" button. Below the logo are navigation tabs for "MEMBERSHIP", "PRODUCTS", "ABOUT", and "NEWS + EVENTS". The "PRODUCTS" tab is active. Below the navigation is a breadcrumb trail: "Home / Products / External Code Lists". The main heading is "External Code Lists". Below this is a paragraph of text: "The table below includes external code lists maintained by X12 and external code lists maintained by others and distributed by WPC on behalf of the maintainer. Click on the name of any external code list to access more information about the code list, view the codes, or submit a maintenance request. These external code lists were previously published on either [www.wpc-edi.com/reference](http://www.wpc-edi.com/reference) or [www.x12.org/codes](http://www.x12.org/codes)." Below this is another paragraph: "The table includes additional information for X12-maintained external code lists. If you have questions about these lists, submit them on the [X12 Feedback form](#). To purchase code list subscriptions call (425) 562-2245 or email [admin@wpc-edi.com](mailto:admin@wpc-edi.com)." The bottom right corner of the screenshot shows the MoHealth Net logo.



## 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 Schedule & Rate List](#) page provides a link to:

## [MO HealthNet Fee Schedules](#)



# Fee Schedules & Rate Lists

## Fee Schedules

The fee schedules are updated each quarter. Pricing files are used by all MO HealthNet Providers. A code may not be appropriate for your claim even though it is listed in the pricing file. This is especially true for the categories entitled EPSDT, Medical, and Other Medical. Please refer to your program specific manual and bulletins for correct coding.

MO HealthNet providers are categorized by the service(s) they perform for the MO HealthNet eligible participants. The service by which providers are classified will determine the procedures for which they receive MO HealthNet reimbursement. However, some Current Procedural Terminology codes may be billed by multiple provider types.

For programs not paid via a fee schedule, procedure codes will show as covered with a fee listed. If you are paid by percentage, per diem rate, etc., you will continue to be paid in that manner. Again, please refer to the program specific manual and bulletins for limitations and restrictions.

[Mo HealthNet Fee Schedules](#)

## Rate Lists

### Independent Rural Health Clinic Medicare/Medicaid Interim Rate List

The Independent Rural Health Clinic (IRHC) Medicaid Interim Rate List contains the interim rate per visit that the MO HealthNet Division (MHD) will reimburse IRHCs for services provided to MO HealthNet participants. IRHCs are reimbursed on an interim basis at the rate noted on this report and a final cost settlement is determined on the facility's annual cost report. MHD reimburses IRHCs on an interim basis at the Medicare Maximum Interim IRHC Rate, unless a provider requests a lower rate. The IRHC Rate List is updated at the beginning of each calendar year to reflect the new Medicare Maximum Rate effective January 1st and is updated if needed to reflect new or terminating facilities and rate changes.

This report is for informational purposes only and MHD is not responsible for how outside parties utilize the information. The general program policies governing the MO HealthNet IRHC program are set forth in 13 CSR 70-94.010 Independent Rural Health Clinic Program. If you have any questions regarding this report or the MO HealthNet IRHC program, please contact the Clinic Policy & Reimbursement Manager of the Institutional Reimbursement Unit at 573-751-5663.

# 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.

# 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



## Education & Training

### MO HealthNet Provider Trainings

MHD Education and Training provides virtual and in-person training to MO HealthNet providers and partners. We offer training on navigating provider resources, proper billing methods, procedures for claim filing via eMOMED, and other requested topics.

For information regarding training for the Managed Care Health Plans, visit their site directly:

- [Healthy Blue](#)
- [Home State Health](#)
- [United HealthCare](#)

View the calendar below to find an upcoming training and register. Each attendee must register individually.

Print this quarter's Provider Training Calendar (2024 Q4) to share with others.

If you are registered for MHD training and need to cancel, send an email to [MHD.Education@dss.mo.gov](mailto:MHD.Education@dss.mo.gov) or call 573-751-6683.

MHD offers free continuing education courses for doctors, nurses, and pharmacists. Each learning course is created and presented by Relias and are available now so providers can earn their continuing education credits on their own time. You do not need to be a MO HealthNet provider to register. Please review the [2024 Continuing Education Learning Courses](#).

#### MO HealthNet Provider Training

Today October 2024 Print Week Month Agenda

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	Oct 1	2	3	4	5
			10am Medical Clinics & Physic 1pm Inpatient/Outpatient Ho			
6	7	8	9	10	11	12
		10am Ambulance Webinar 1pm Optical Webinar				

Visit our [Education and Training Resources page](#)

### For All Providers:

- [Adding an NPI as a Provider Employee](#)
- [Adding an NPI as a Provider Admin/Individual Provider](#)
- [Care Management in Managed Care](#)
- [Group Prenatal Care Billing](#)
- [Group Prenatal Care Launch Event January 2024](#)
- [MO HealthNet Provider Overview Guide](#)
- [Non-Emergency Medical Transportation Overview](#)
- [Notification of Pregnancy and Risk Assessment](#)
- [Out-of-State Non-Bordering Services](#)
- [Show-Me Healthy Kids Resources](#)
- [Telemedicine Billing Presentation](#)
- [Tertiary Payer Claims](#)
- [Third Party Liability Contact Information](#)
- [Third Party Liability Course](#)
- [Third Party Liability Information for Providers](#)

### Claim Filing

- [Inpatient Medicare Part A Crossover Claim Filing on eProvider](#)
- [Medical CMS-1500 with Other Payer](#)
- [Medicare Part B Crossover Claim Filing](#)
- [Medicare Part B of A Crossover Claim Filing](#)
- [Medicare Part C ~ QMB claim filing](#)
- [Medicare Part C NON ~ QMB claim filing](#)
- [Multiple Surgical Procedures](#)
- [Online Outpatient Claim Form](#)

### Program Specific Trainings

- [Visit your MO HealthNet Program page to view training specific to your program.](#)
- [Extension for Community Healthcare Outcomes \(ECHO\) Education](#)



### Benefit Tables

[View the various benefits for each MO HealthNet program](#)



### Medicaid Eligibility Codes

[View descriptions of Medicaid Eligibility Codes and limited and comprehensive benefits](#)

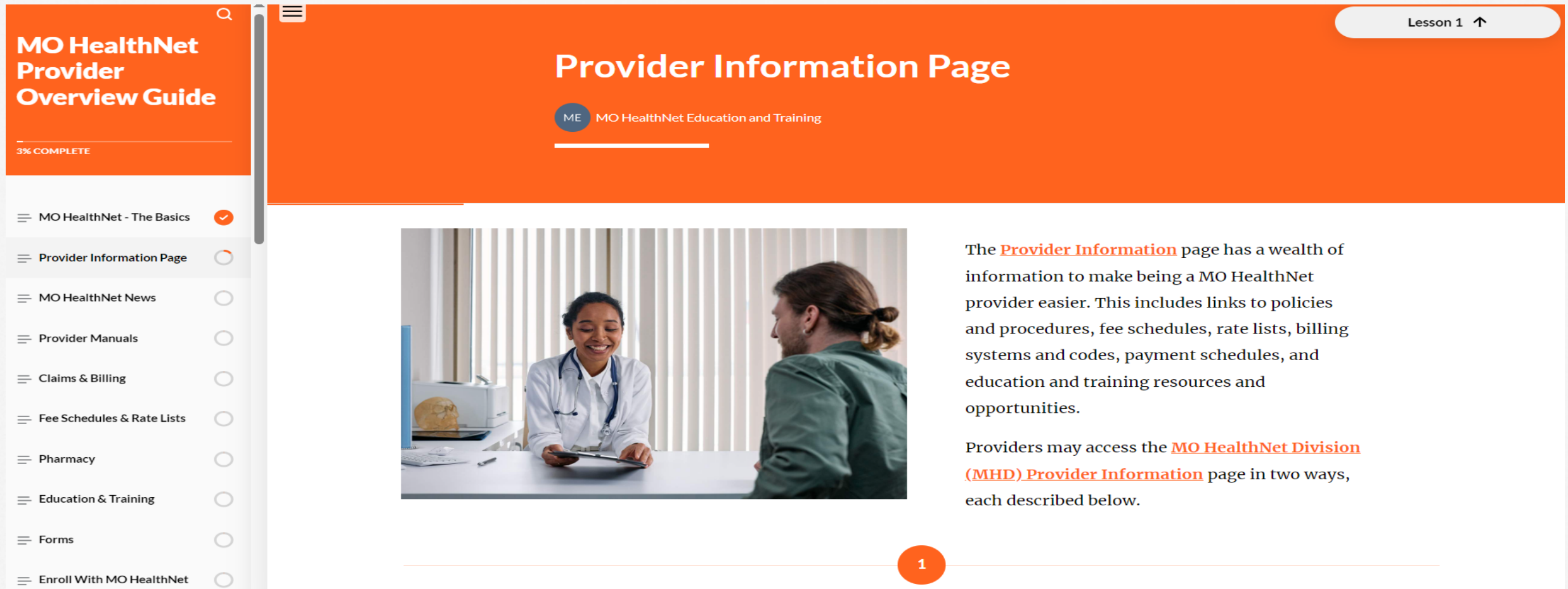


### Contact Us

[View provider contacts for the MO HealthNet Division and more](#)

# Education and Training Resources

View our [MO HealthNet Provider Overview Guide](#) to take a course on how to navigate MO HealthNet Resources, billing assistance, eligibility verification and much more!



The screenshot displays the MO HealthNet Provider Information Page. On the left is a navigation sidebar with the title "MO HealthNet Provider Overview Guide" and a progress indicator "3% COMPLETE". The sidebar lists several menu items: "MO HealthNet - The Basics" (checked), "Provider Information Page" (highlighted), "MO HealthNet News", "Provider Manuals", "Claims & Billing", "Fee Schedules & Rate Lists", "Pharmacy", "Education & Training", "Forms", and "Enroll With MO HealthNet". The main content area has an orange header with the title "Provider Information Page" and a breadcrumb "ME MO HealthNet Education and Training". A "Lesson 1" button is in the top right. Below the header is a photograph of a female doctor in a white coat and stethoscope sitting at a desk, smiling and talking to a male patient in a green shirt. To the right of the photo is a text block explaining the page's content and how to access it.

MO HealthNet  
Provider  
Overview Guide

3% COMPLETE

MO HealthNet - The Basics ✓

Provider Information Page ○

MO HealthNet News ○

Provider Manuals ○

Claims & Billing ○

Fee Schedules & Rate Lists ○

Pharmacy ○

Education & Training ○


Forms ○

Enroll With MO HealthNet ○

Lesson 1 ↑

## Provider Information Page

ME MO HealthNet Education and Training



The [Provider Information](#) page has a wealth of information to make being a MO HealthNet provider easier. This includes links to policies and procedures, fee schedules, rate lists, billing systems and codes, payment schedules, and education and training resources and opportunities.

Providers may access the [MO HealthNet Division \(MHD\) Provider Information](#) page in two ways, each described below.

1

# 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**



## Benefit Tables

Benefit Tables show benefits and limitations for each MO HealthNet Program. Refer to specific **Provider Manuals** for additional information.

Master List

All Benefit Tables

Ambulance (Emergency Only)  
Ambulance - Treat No Transport  
Ambulatory Surgical Center  
Applied Behavior Analysis  
Biopsychosocial Treatment of Obesity  
Certified Nurse Practitioner  
Certified Nurse Practitioner  
Chiropractor Medicine  
Community Psychiatric Rehabilitation  
Complementary and Alternative Therapies for Chronic Pain Management  
Comprehensive Day Rehabilitation  
Comprehensive Substance Treatment & Rehab (CSTAR)  
Dental  
Diabetes Prevention Program  
Diabetes Self-Management  
Durable Medical Equipment  
Family Planning  
Habilitative Therapy - Occupational, Physical & Speech  
Hearing Aid  
Home Health  
Hospice  
Hospital - Inpatient

Hospital - Outpatient  
Intermediate Care Facility - Intellectual Disabilities  
Laboratory & Radiology  
Licensed Clinical Social Worker (LCSW)  
Licensed Marital Family Therapist (LMFT)  
Licensed Professional Counselor (LPC)  
Non-Emergency Medical Transportation  
Nurse Midwife  
Nursing Facilities  
Optical  
Personal Care  
Pharmacy  
Physicians and Clinics  
Podiatry  
Private Duty Nursing  
Program of All-Inclusive Care for the Elderly (PACE)  
Psychologist  
Targeted Case Management for Individuals with Developmental Disabilities  
Targeted Case Management for Mental Illness & Serious Emotional Disturbance  
Therapy - Occupational, Physical, and Speech  
Transplants

# 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, 65, 95, 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 <a href="#">Fee Schedule</a> , certain restrictions apply		
Refer to <a href="#">Section 1.1</a> of the <a href="#">General Sections Manual</a> or the <a href="#">Provider Resource Guide</a> for descriptions of Medical Eligibility (ME) Codes		
<a href="#">Personal Care Provider Manual</a>		

# Education & Training Resources - Eligibility Codes

The [Medicaid Eligibility Codes list](#) shows limited and comprehensive benefits and descriptions of Medical Eligibility (ME) codes.



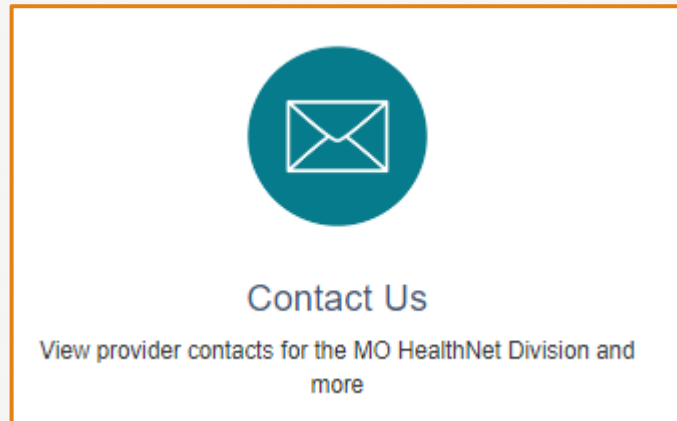
**Medicaid Eligibility Codes**

View descriptions of Medicaid Eligibility Codes and limited and comprehensive benefits

MEDICAID ELIGIBILITY CODES			
<p>Adult MO HealthNet participants in Medicaid Eligibility (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.</p> <p>For more information on ME Codes, review your specific <a href="#">program manual</a>. For more information on benefits and limitations, review the <a href="#">Benefit Tables</a>.</p>			
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
18	MO HealthNet for Pregnant Women	95	Show-Me Healthy Babies Pregnant Women income above 201% and up to 305%
43	Pregnant Woman—Post Partum (MO HealthNet for Families criteria)	96	SMHB Unborn Child with income 0 to 305% FPL
44	Pregnant Woman—Post Partum—Poverty	98	SMHB Post-Partum
Limited Benefit Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
01	Old Age Assistance	58	Presumptive Eligibility (Subsidized)
02	Blind Pension (State Funded)	59	Presumptive Eligibility (Non-Subsidized) (State Funded)
04	Permanently and Totally Disabled	80	Extended Women’s Health Services (State Funded)
05	MO HealthNet for Families—Adult	81	Temporary Assignment Category Missouri Rx (Medicare Part D wrap-around benefits)
E2	Adult Expansion Group	82	Breast or Cervical Cancer Control Project—Presumptive
11	MO HealthNet—Old Age Assistance	83	Breast or Cervical Cancer Control Project—Regular
13	MO HealthNet—Permanently and Totally Disabled	84	Ticket to Work Health Assurance—Premium
14	Supplemental Nursing Care—Old Age Assistance	85	Ticket to Work Health Assurance—Non-Premium
15	Supplemental Nursing Care – Aid to the Blind	86	Uninsured Women’s Health Services (State Funded)
16	Supplemental Nursing Care—Permanently and Totally Disabled	89	
55	Qualified Medicare Beneficiary (QMB)		

# 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.



## Provider Contacts for MO HealthNet

Review the [Provider Information](#) page and [Frequently Asked Questions](#) for information on the MO HealthNet Division (MHD).

To receive important MO HealthNet updates and our quarterly newsletter, [subscribe](#) to [MO HealthNet News](#).

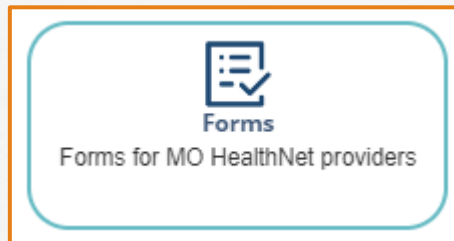
<a href="#">Behavioral Health Services</a>	Assists with questions related to MO HealthNet Behavioral Health services.	<a href="mailto:MHD.BehavioralHealth@dss.mo.gov">MHD.BehavioralHealth@dss.mo.gov</a>
Clinical Services	Responsible for clinical policy development for MHD.	<a href="mailto:MHD.ClinicalServices@dss.mo.gov">MHD.ClinicalServices@dss.mo.gov</a>
Cost Recovery/ Third Party Liability	Contact to report injuries sustained by MO HealthNet participants, for questions about the estate of a deceased participant, for problems obtaining a response from an insurance carrier, unusual situations concerning third party insurance coverage for MO HealthNet participants, and questions regarding the Health Insurance Premium Payment Program (HIPP).	<a href="mailto:TPL.Database@dss.mo.gov">TPL.Database@dss.mo.gov</a> (573) 751-2005
<a href="#">Education &amp; Training</a>	Instructs providers on navigating MHD provider resources, proper billing methods and procedures for claim filing via <a href="#">eMOMED</a> .	<a href="mailto:MHD.Education@dss.mo.gov">MHD.Education@dss.mo.gov</a> (573) 751-6683



# 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



# Provider Forms

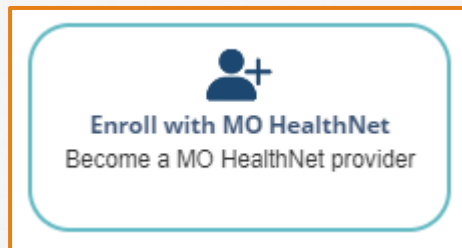
## Forms

- Accident Report
- Acknowledgement of Receipt of Hysterectomy Information
- AIDS Waiver Program Addendum to MMAC Provider Agreement for Personal Care or Private Duty Nursing Services
- Applied Behavioral Analysis Request for Precertification
- Authorization by Clinic/Group Members for Direct Deposit, Address or Payment Change
- Breast and Cervical Cancer Treatment MO HealthNet Application
- Behavioral Health Services Request for Precertification
- Bone Marrow/Stem Cell Transplant Request
- Certificate of Medical Necessity
- Certificate of Medical Necessity for Abortion
- Claim Form: ☒ Dental ☒
- Claim Form: Health Insurance (CMS-1500 ☒ )
- Claim Form: Hospital (UB-04) ☒
- Durable Medical Equipment Non-Bordering State Provider Enrollment Request
- Estate Notice
- Handicapping Labio-Lingual Deviation Index Score Sheet
- Health Insurance Premium Payment Program Application (HIPP-1)
- Health Insurance Premium Payment Program Application (HIPP-A)
- Healthy Children & Youth Lead Risk Assessment Guide
- Home & Community Based Services Care Plan & Participant Choice Statement
- Home & Community Based Services Ownership & Structure Change Request
- Home & Community Based Services Referral ☒
- Home Health Addendum to the Plan of Treatment/Medical Update
- Home Health Certification and Plan of Care ☒
- Home Health Medical Update and Patient Information
- Hospice Election Statement
- Hospice-Nursing Facility Contract Update
- Initial Assessment - Social and Medical
- Inpatient Utilization Review Certification Request Form
- Insurance Resource Report TPL-4
- Level One Nursing Facility Pre-Admission Screening for Mental Illness/Mental Retardation or Related Condition
- Long Term Care Pharmacy Dispensing Fee Provider Specialty Application ☒
- Medical Attestation on the Appropriateness of the Qualified Clinical Trial form
- Managed Care Provider Request for Information
- Medical Referral of Restricted Participant PI-118
- Medically Fragile Adult Waiver Addendum to MMAC Provider Agreement for Home Health, Personal Care or Private Duty Nursing Services
- Medically Fragile Adult Waiver Provider Monitoring Log
- Medically Fragile Adult Waiver Private Duty Nursing Acceptance
- Missouri Medicaid Audit & Compliance Electronic Funds Transfer Authorization Agreement
- Notification of Termination of Hospice Benefits
- Personal Care Program Addendum to MMAC Provider Agreement for Personal Care Services
- Personal Funds Account Balance Report
- Physician Certification of Need for Personal Care Services
- Physician Certification of Terminal Illness
- Prior Authorization Request
- Prior Authorization Request: Invasive Ventilation
- Prior Authorization Supporting Documents Cover Sheet for Durable Medical Equipment
- Private Duty Nursing Acceptance
- Program of All-Inclusive Care for the elderly (PACE) Primary Assessment
- Program of All-Inclusive Care for the elderly (PACE) Secondary Assessment
- Provider Initiated Self Disclosure Report Form
- Provider Spend Down Form
- Provider Update Request
- Report of Hearing Aid Evaluation
- Risk Appraisal for Pregnant Women
- Solid Organ Transplant Request
- Sterilization Consent Form
- Sterilization Consent Form (Spanish)
- Third Party Resource

# 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.

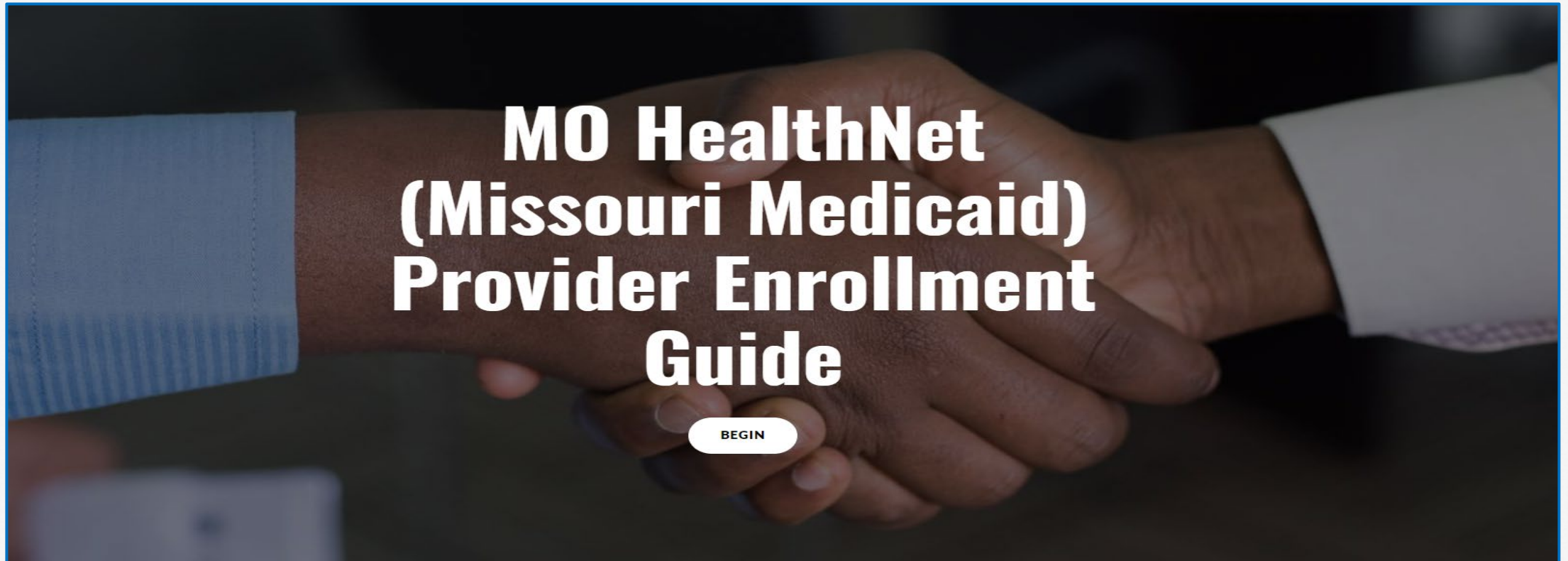
Each provider application is reviewed and must go through the same audit process even though a provider may have an existing provider number at another practice location.

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](#)
- [MO HealthNet \(Missouri Medicaid\) Provider Enrollment Guide](#)
- [MMAC Forms such as Civil rights compliance information, Self-Assessment forms etc...](#) (Compliance Information)
- [Home and Community Based Services](#) (Forms and Applications)
- [Provider Enrollment Applications and Forms](#)

# Enroll with MO HealthNet

Check out the [MO HealthNet \(Missouri Medicaid\) Provider Enrollment Guide](#) for a step-by-step guide to help you with your enrollment needs.



# 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!



The screenshot shows the 'Personal Care' page header with a teal background and a photo of two smiling people. Below the header is a paragraph describing the Missouri Title XIX (Medicaid) Personal Care Program. The page is organized into four main sections: Education & Training, Provider Manual, Forms, and Resources. Each section contains a list of links to various documents and services. At the bottom, there is a section for 'MO HealthNet News' with a table of recent updates.

## Personal Care

The Missouri Title XIX (Medicaid) Personal Care Program offers medically related services designed to meet the maintenance needs of participants with a chronic, stable condition. Available services include basic and advanced personal care, personal care assistance consumer-directed services, and authorized nurse visits.

- Education & Training**
  - MO HealthNet Education & Training
  - Electronic Visit Verification for Personal Care Providers
- Provider Manual**
  - Personal Care Manual
  - General Sections Manual
  - All Provider Manuals
- Forms**
  - Provider Forms
  - Provider Update Request
  - AIDS Waiver Program Addendum to MMAC Provider Agreement for Personal Care or Private Duty Nursing Services
  - Medically Fragile Adult Waiver Addendum to MMAC Provider Agreement for Home Health, Personal Care or Private Duty Nursing Services
  - Personal Care Program Addendum to MMAC Provider Agreement for Personal Care Services
  - Physician Certification of Need for Personal Care Services
- Resources**
  - Benefit Tables
  - CyberAccess
  - Fee Schedules
  - FAQs
  - eMOMED
  - Electronic Visit Verification
  - Claims & Billing
  - Provider Information

### MO HealthNet News

The table below provides general information and updates that are relevant to this program page, as well as all MO HealthNet providers. To find information for all other MO HealthNet programs, or to search by date, program or keyword, visit the MO HealthNet News page. If you would like to receive updates in your inbox, [subscribe](#) to MO HealthNet News!

Date	Volume Number	Subject	Type	Program
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	46-48	Free Standing Birth Center Bulletin	Bulletins	All MO HealthNet Providers

# 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.

# Checking Eligibility

In eMOMED, choose Participant Eligibility



## Welcome to eProvider

	<b>Claim Management</b> Submit new claims. View claim status. Void/Replace existing claims.		<b>Nursing Home Management</b> Manage participants. Submit nursing home claims.
	<b>Attachment Management</b> Submit new stand-alone attachments. View attachment status.		<b>File Management</b> Send and receive batch files. Print/View/Download Remittance Advice.
	<b>Participant Eligibility</b> Verify participant eligibility.		<b>Payment Information</b> View the payment information for the two most recent payments.
	<b>Prior Authorization Status</b> Check the prior authorization status for participants.		<b>Available Surveys</b>
	<b>Provider Communications Management</b> Send Your Inquiries...		<b>Provider Enrollment Status</b> Verify Provider 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.

The screenshot shows the 'Eligibility Request' form in the eProvider interface. The NPI field is populated with 'M012136305 - BPST'. The Search section contains several input fields, some of which are highlighted with blue boxes: 'First Date Of Service \*', 'Participant DCN', 'Participant Date of Birth', 'Participant Last Name', 'Participant First Name', and 'Child's Date of Birth'. Each date field includes a calendar icon. At the bottom of the form are 'Search' and 'Finish' buttons.

NPI		
M012136305 - BPST		
Search		
First Date Of Service *	Last Date of Service	
<input type="text"/>	<input type="text"/>	
Participant DCN	Participant SSN	Participant Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant Last Name	Participant First Name	Participant Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Casehead DCN	Child's Date of Birth	Service Type Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Search   Finish		

# Checking Eligibility – Coverage

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

Eligibility / Benefit Information 1 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 Information 2 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 Information 3 of 4		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 Information 4 of 4		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

# 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](mailto:SpendDown.Unit@dss.mo.gov)**
- Spend Down Unit phone number:  
(855) 600-4412
- Fax number for Spend Down ONLY:  
(855) 600-3754

# 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
<i>Example: 08/01/2015</i>	<i>CT Scan Abdomen</i>	<i>72192</i>	<i>Medicare</i>	<i>\$2000.00</i>	<i>\$300.00</i>	<i>\$1360.00</i>	<i>\$340.00</i>	<i>\$0.00</i>

**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.

**IMPORTANT:**  
Record the confirmation # for your records.

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

Eligibility / Benefit Information 1 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 Information 2 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.

# 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 Information 1 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 Information 2 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**



# Resources & Contact Information



# Resources & Contact Information

Clinical Services	Policy development, benefit design, coverage decisions, provider and program policy inquiries	(573) 751-6963 <a href="mailto:MHD.clinical.services@dss.mo.gov">MHD.clinical.services@dss.mo.gov</a>
CyberAccess	Account setup or technical questions	(888) 581-9797 (573) 632-9797 <a href="mailto:cyberaccesshelpdesk@xerox.com">cyberaccesshelpdesk@xerox.com</a>
Education & Training	Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via <a href="#">eMOMED</a> .	(573) 751-6683 <a href="mailto:MHD.Education@dss.mo.gov">MHD.Education@dss.mo.gov</a>
Managed Care Communications	If providers are unable to resolve a Managed Care issue directly with a <a href="#">health plan</a> , complete a <a href="#">Managed Care Provider Request for Information</a> .	<a href="mailto:MHD.MCCommunications@dss.mo.gov">MHD.MCCommunications@dss.mo.gov</a>
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	<a href="mailto:Ask.MHD@dss.mo.gov">Ask.MHD@dss.mo.gov</a>
Participant Services	Questions from participants regarding MHD eligibility benefits and application process.	(855) 373-9994 <a href="http://www.mydss.mo.gov">www.mydss.mo.gov</a> 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 <a href="#">eMOMED</a> 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 <a href="mailto:mmac.providerenrollment@dss.mo.gov">mmac.providerenrollment@dss.mo.gov</a> Missouri Medicaid Audit & Compliance P. O. Box 6500 Jefferson City, Missouri 65102
Technical Help Desk	Technical support and assistance for issues with <a href="#">eMOMED</a> . Establishes required electronic claims and RA formats, network communication and HIPAA trading partner agreements.	(573) 635-3559 <a href="mailto:internethelpdesk@momed.com">internethelpdesk@momed.com</a>

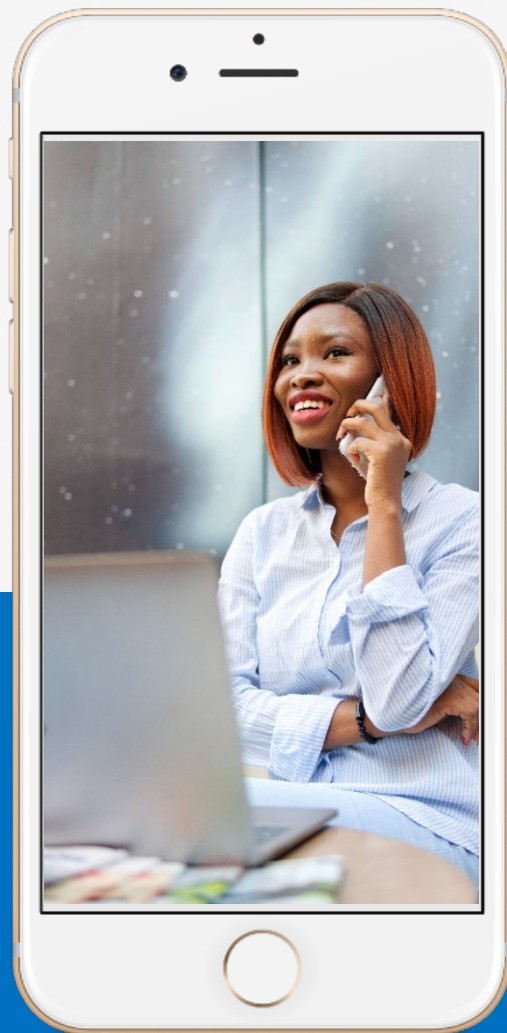
# Follow Us on Social Media





## 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](mailto:MHD.Education@dss.mo.gov)



(573) 751-6683

Please complete an evaluation so we can keep improving our training and resources.

Thank you for attending today!

