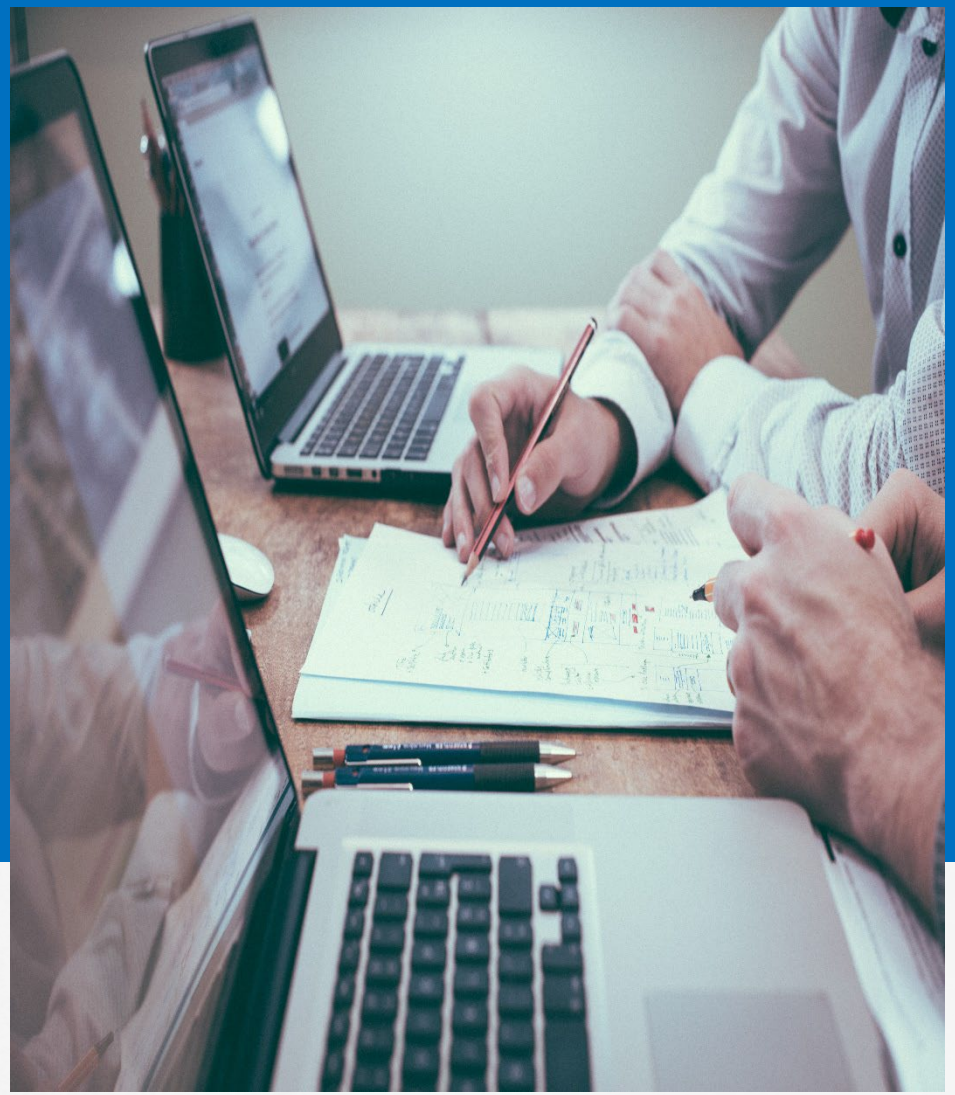
MO Medicaid Audit & Compliance In-Home/CDS Annual Meeting, October 2025 Provider Resource Overview

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.

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

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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

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
09/30/2025	Vol. 48-16	Sealant and Sealant Repair Coverage in the Dental Program	Bulletins	Dental
09/30/2025		NTI Launches Adoption Competency Training in Missouri	Hot Tips	Behavioral Health Services, Behavioral Health Youth Targeted Case Management
09/30/2025		Additional - 2025 Optimizing Benefits for Maternal and Infant Health Meetings	Hot Tips	All MO HealthNet Providers
09/29/2025		MHD Offers Office Hours for Notification of Pregnancy Billing	Hot Tips	All MO HealthNet Providers
09/23/2025	Vol. 48-15	Adult Coverage for Hearing Aid Program Services	Bulletins	Hearing Aid
09/22/2025		Updated Precertification Request Forms for Behavioral Health Services and Applied Behavior Analysis	Hot Tips	Behavioral Health Services
09/18/2025	Vol. 48-14	Healthcare Visits for Children Entering Foster Care	Bulletins	Physician
09/18/2025	Vol. 48-13	Upcoming Changes to Biopsychosocial Treatment of Obesity Services	Bulletins	Behavioral Health Services, Physician
09/16/2025	Vol. 48-12	Transcranial Magnetic Stimulation (TMS) Treatment for Participants Ages 15 and Older	Bulletins	Behavioral Health Services
09/12/2025	Vol. 48-11	Intravenous (IV) Therapy in Nursing Facilities	Bulletins	Nursing Home

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MO HealthNet News

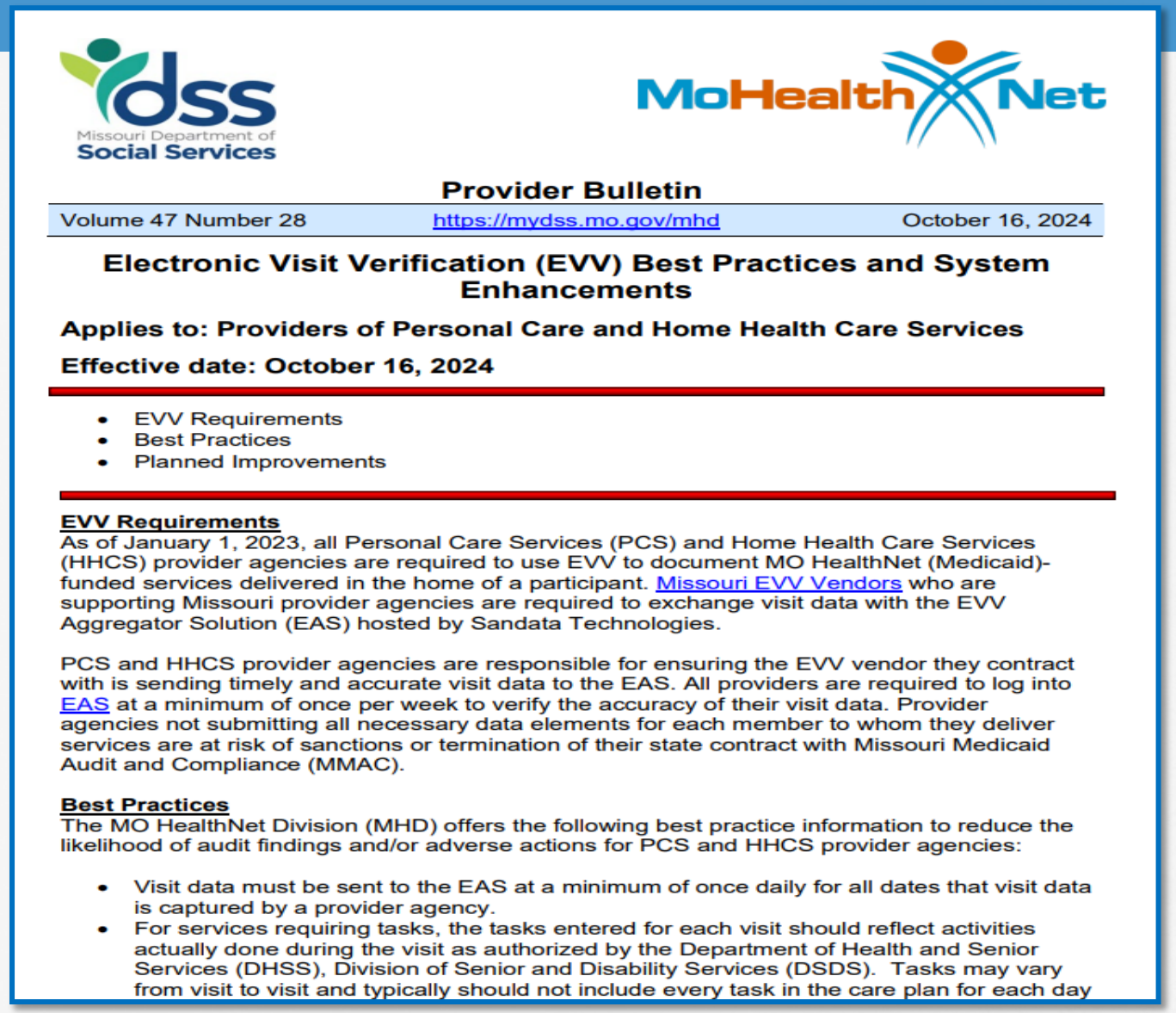
By choosing the Personal Care program you can see all Personal Care Bulletins and Hot Tips.

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.

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 47 Number 28 | https://mydss.mo.gov/mhd | October 16, 2024

Electronic Visit Verification (EVV) Best Practices and System Enhancements

Applies to: Providers of Personal Care and Home Health Care Services

Effective date: October 16, 2024

- EVV Requirements
- Best Practices
- Planned Improvements

EVV Requirements

As of January 1, 2023, all Personal Care Services (PCS) and Home Health Care Services (HHCS) provider agencies are required to use EVV to document MO HealthNet (Medicaid)-funded services delivered in the home of a participant. Missouri EVV Vendors who are supporting Missouri provider agencies are required to exchange visit data with the EVV Aggregator Solution (EAS) hosted by Sandata Technologies.

PCS and HHCS provider agencies are responsible for ensuring the EVV vendor they contract with is sending timely and accurate visit data to the EAS. All providers are required to log into EAS at a minimum of once per week to verify the accuracy of their visit data. Provider agencies not submitting all necessary data elements for each member to whom they deliver services are at risk of sanctions or termination of their state contract with Missouri Medicaid Audit and Compliance (MMAC).

Best Practices

The MO HealthNet Division (MHD) offers the following best practice information to reduce the likelihood of audit findings and/or adverse actions for PCS and HHCS provider agencies:

- Visit data must be sent to the EAS at a minimum of once daily for all dates that visit data is captured by a provider agency.
- For services requiring tasks, the tasks entered for each visit should reflect activities actually done during the visit as authorized by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS). Tasks may vary from visit to visit and typically should not include every task in the care plan for each day

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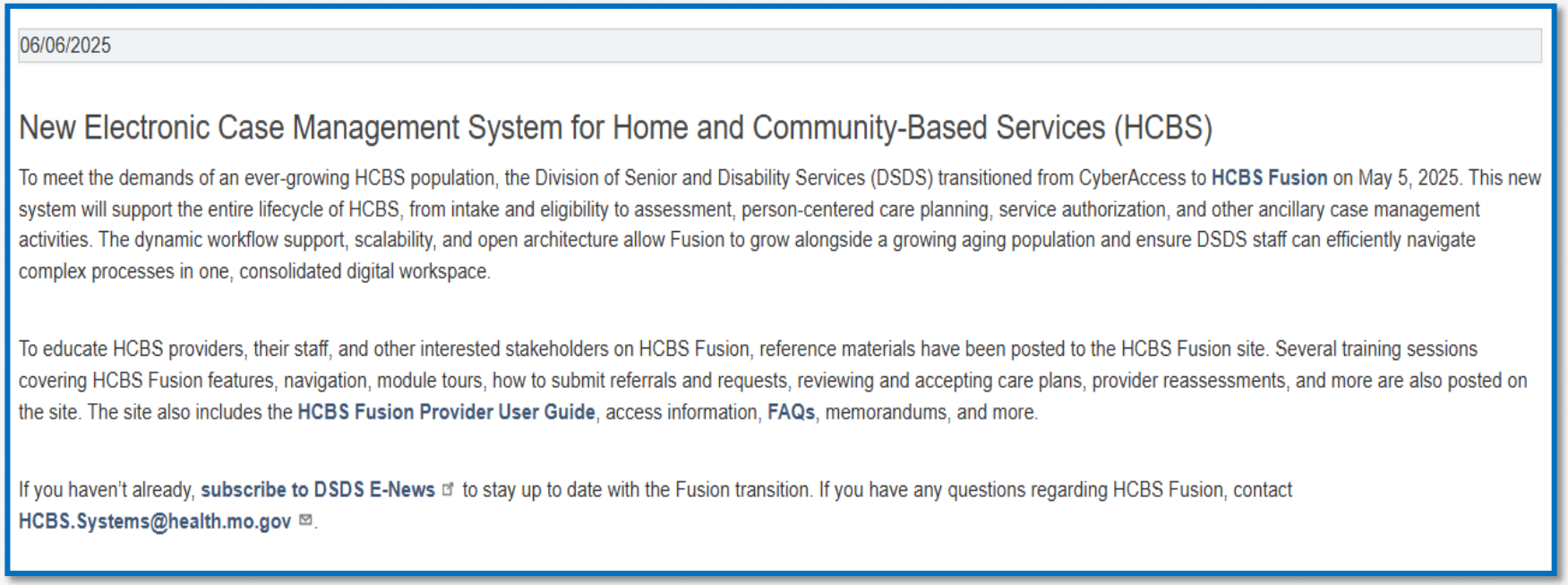
Provider Hot Tips

Tips to assist providers with:

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



06/06/2025

New Electronic Case Management System for Home and Community-Based Services (HCBS)

To meet the demands of an ever-growing HCBS population, the Division of Senior and Disability Services (DSDS) transitioned from CyberAccess to **HCBS Fusion** on May 5, 2025. This new system will support the entire lifecycle of HCBS, from intake and eligibility to assessment, person-centered care planning, service authorization, and other ancillary case management activities. The dynamic workflow support, scalability, and open architecture allow Fusion to grow alongside a growing aging population and ensure DSDS staff can efficiently navigate complex processes in one, consolidated digital workspace.

To educate HCBS providers, their staff, and other interested stakeholders on HCBS Fusion, reference materials have been posted to the HCBS Fusion site. Several training sessions covering HCBS Fusion features, navigation, module tours, how to submit referrals and requests, reviewing and accepting care plans, provider reassessments, and more are also posted on the site. The site also includes the **HCBS Fusion Provider User Guide**, access information, **FAQs**, memorandums, and more.

If you haven't already, **subscribe to DSDS E-News** to stay up to date with the Fusion transition. If you have any questions regarding HCBS Fusion, contact **HCBS.Systems@health.mo.gov**.

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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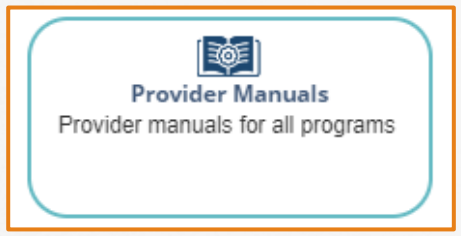
MHD Provider Manuals

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:

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.

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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

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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 State Fiscal Year 2026
July 1, 2025 - June 30, 2026

FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE 1
Friday 06/13/2025	Monday 06/23/2025	Saturday 05/31/2025	Sunday 06/08/2025
Friday 06/27/2025	Tuesday 07/08/2025	Monday 06/09/2025	Friday 06/27/2025
Friday 07/11/2025	Friday 07/25/2025	Saturday 06/28/2025	Friday 07/11/2025
Friday 07/25/2025	Friday 08/08/2025	Saturday 07/12/2025	Friday 07/25/2025
Friday 08/15/2025	Friday 08/22/2025	Saturday 07/26/2025	Friday 08/15/2025
Friday 08/29/2025	Friday 09/12/2025	Saturday 08/16/2025	Friday 08/29/2025
Friday 09/12/2025	Wednesday 09/24/2025	Saturday 08/30/2025	Friday 09/12/2025
Friday 09/26/2025	Friday 10/10/2025	Saturday 09/13/2025	Friday 09/26/2025
Friday 10/10/2025	Friday 10/24/2025	Saturday 09/27/2025	Friday 10/10/2025
Friday 10/24/2025	Friday 11/07/2025	Saturday 10/11/2025	Friday 10/24/2025
Friday 11/14/2025	Friday 11/21/2025	Saturday 10/25/2025	Friday 11/14/2025
Friday 11/28/2025	Friday 12/12/2025	Saturday 11/15/2025	Friday 11/28/2025
Friday 12/12/2025	Wednesday 12/24/2025	Saturday 11/29/2025	Friday 12/12/2025
Friday 12/26/2025	Friday 01/09/2026	Saturday 12/13/2025	Friday 12/26/2025
Friday 01/09/2026	Friday 01/23/2026	Saturday 12/27/2025	Friday 01/09/2026
Friday 01/23/2026	Friday 02/06/2026	Saturday 01/10/2026	Friday 01/23/2026
Friday 02/06/2026	Thursday 02/19/2026	Saturday 01/24/2026	Friday 02/06/2026
Friday 02/27/2026	Friday 03/06/2026	Saturday 02/07/2026	Friday 02/27/2026
Friday 03/13/2026	Wednesday 03/25/2026	Saturday 02/28/2026	Friday 03/13/2026
Friday 03/27/2026	Friday 04/10/2026	Saturday 03/14/2026	Friday 03/27/2026
Friday 04/10/2026	Friday 04/24/2026	Saturday 03/28/2026	Friday 04/10/2026
Friday 04/24/2026	Thursday 05/07/2026	Saturday 04/11/2026	Friday 04/24/2026
Friday 05/15/2026	Friday 05/22/2026	Saturday 04/25/2026	Friday 05/15/2026
Friday 05/29/2026	Friday 06/12/2026	Saturday 05/16/2026	Friday 05/29/2026
Friday 06/12/2026	Tuesday 06/23/2026	Saturday 05/30/2026	Monday 06/08/2026

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

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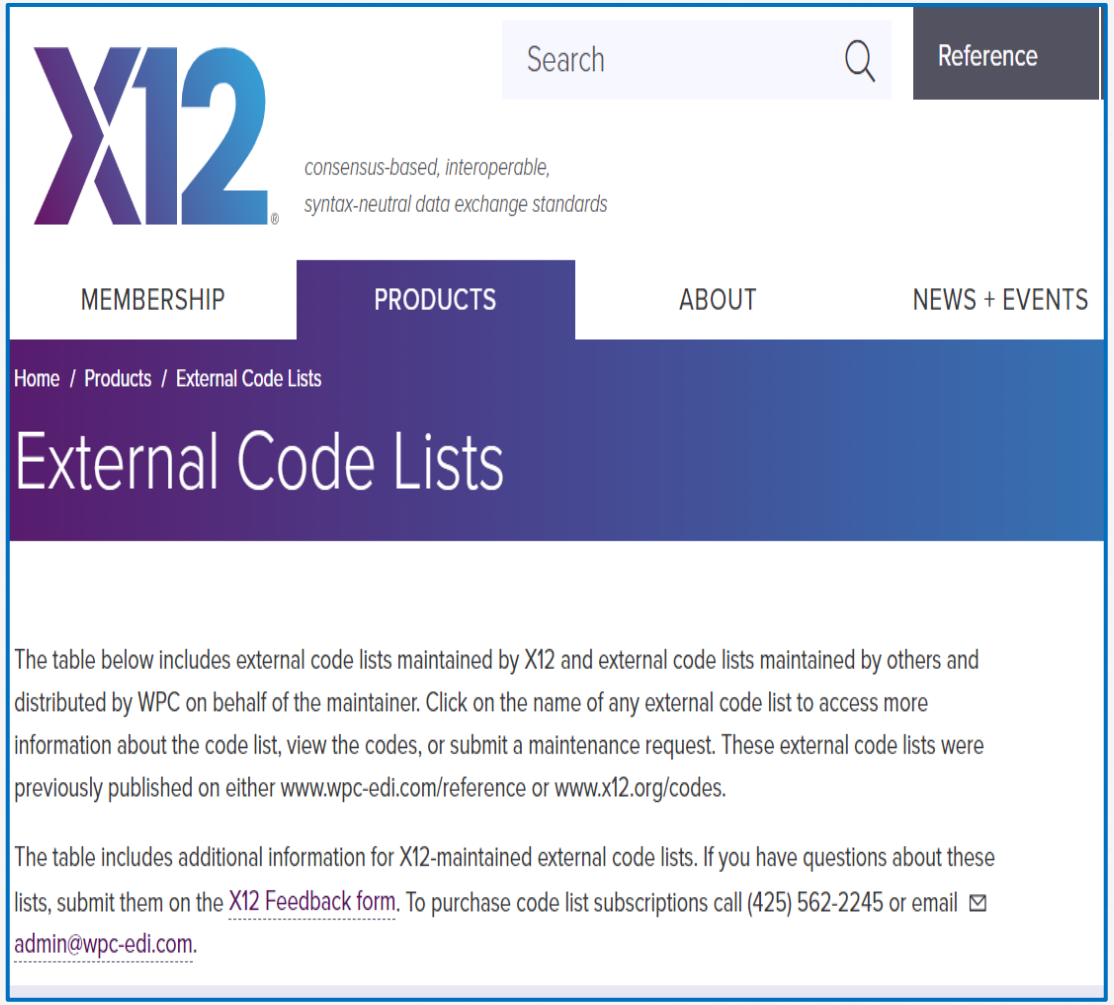
Remittance Advice & Claim Adjustment Reason Codes

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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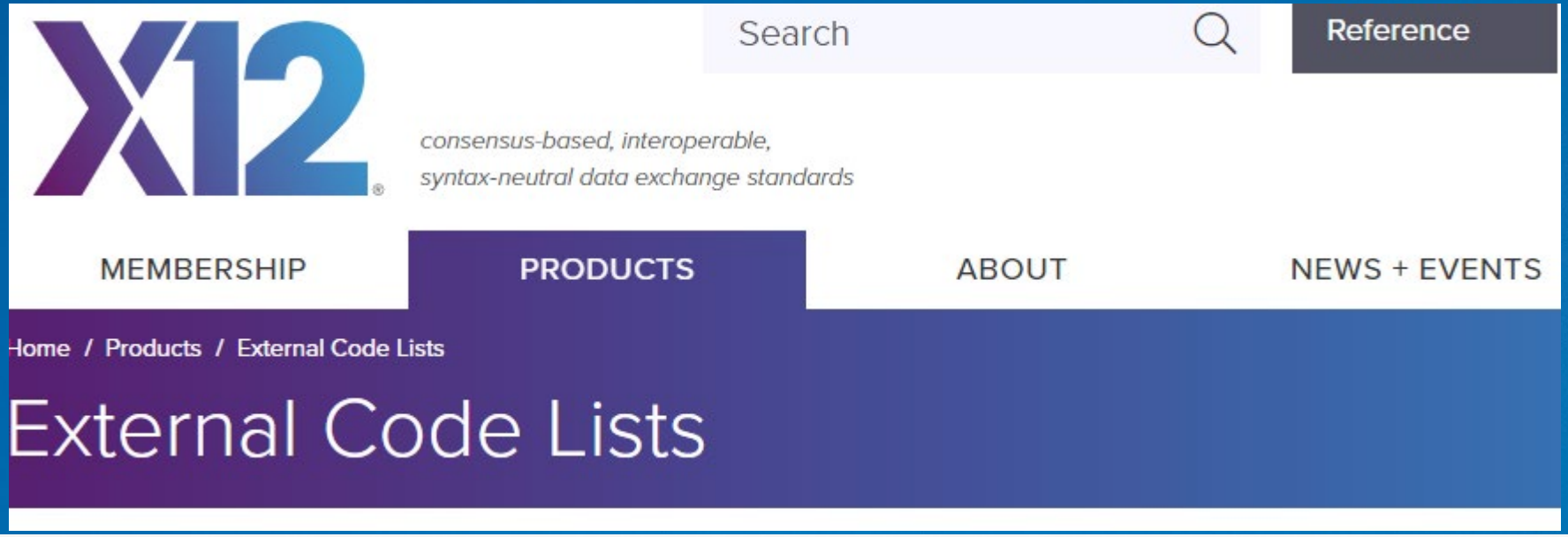


Remittance Advice Remark Codes and Claim Adjustment Reason Codes

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).

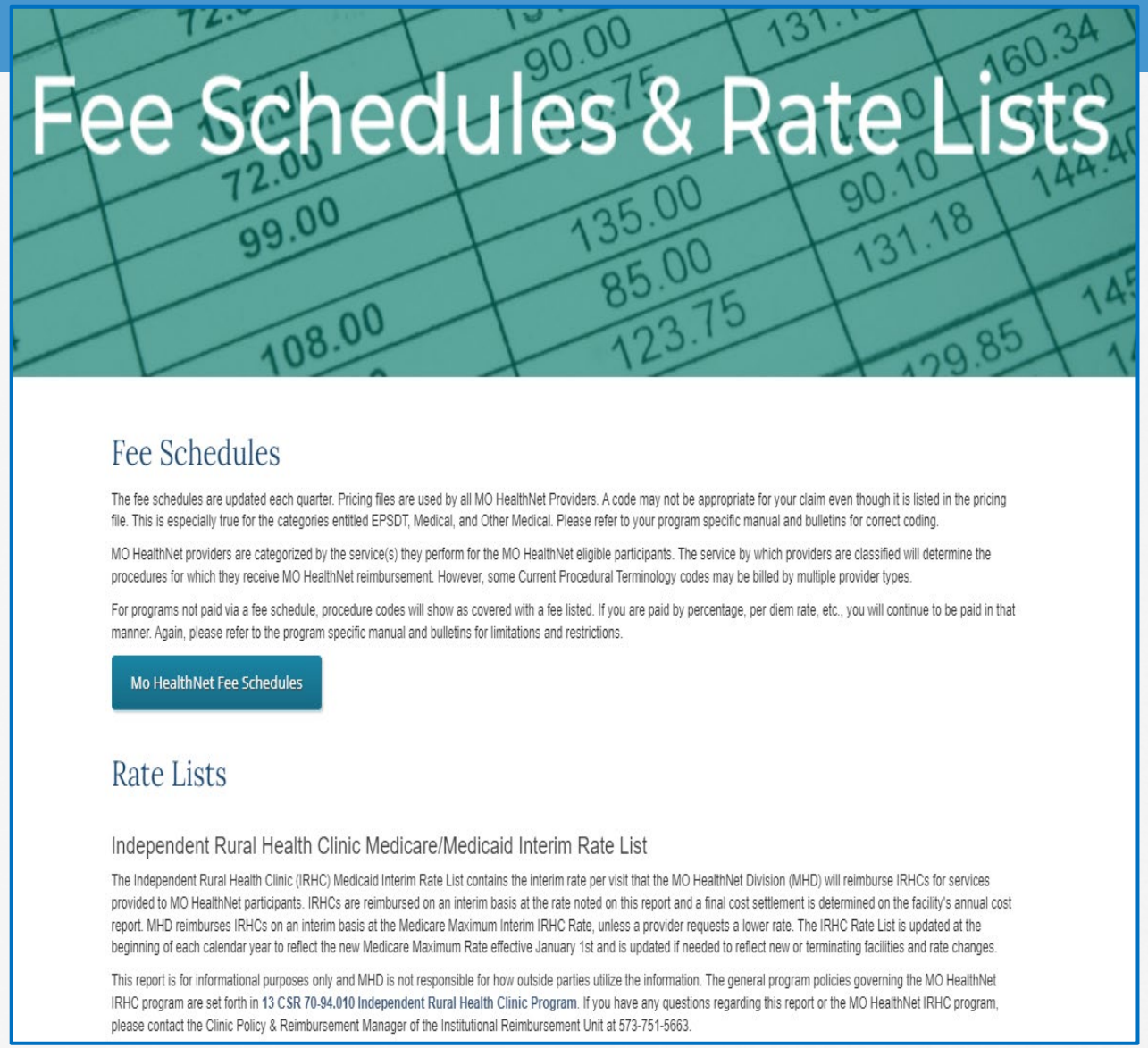
Instead, HIPAA compliant Remittance Advice Remark (RARC) and Claim Adjustment Reason Codes (CARC) are used.

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

Fee Schedules & Rate Lists

The Fee Schedule & Rate List 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

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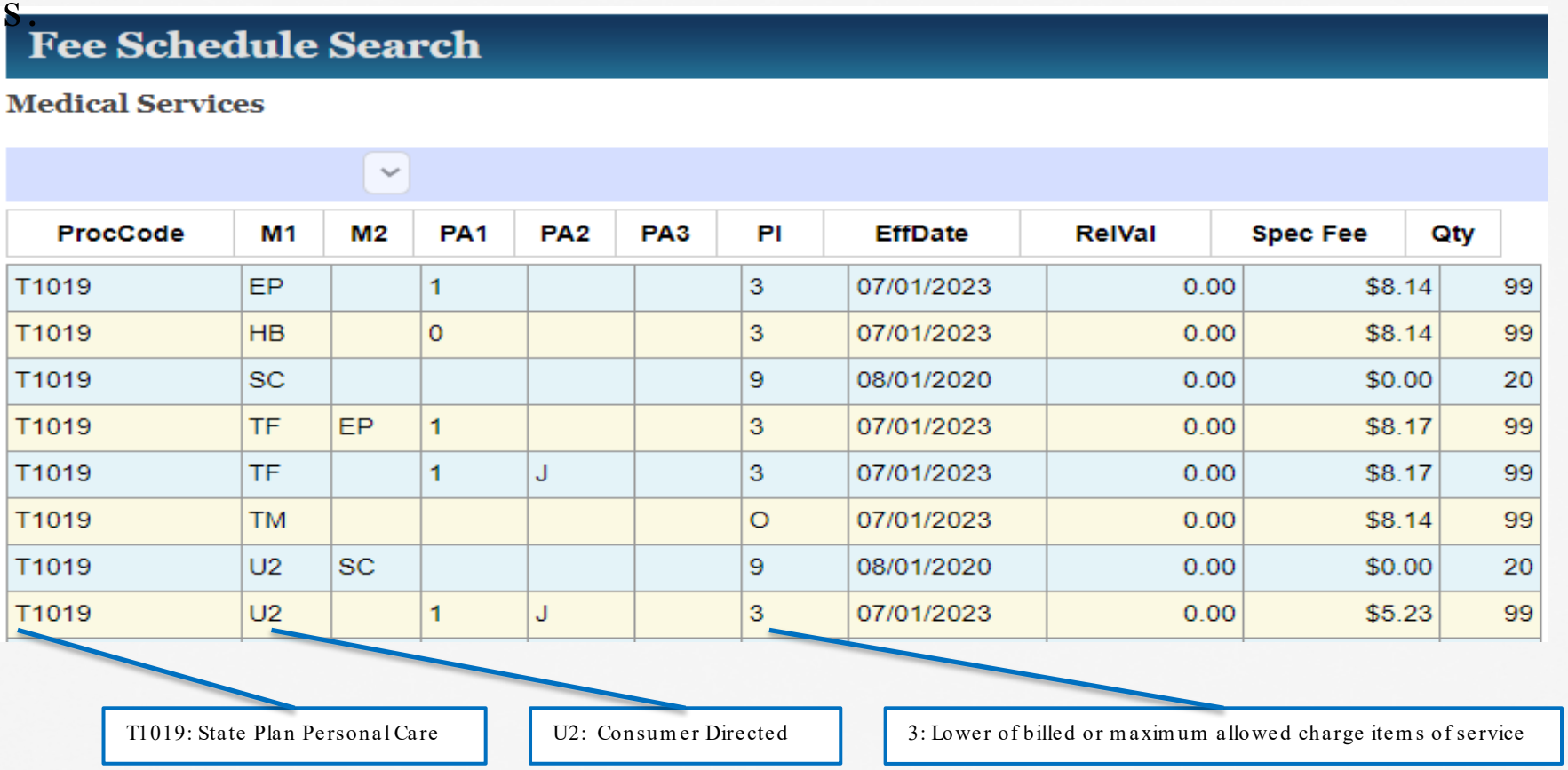
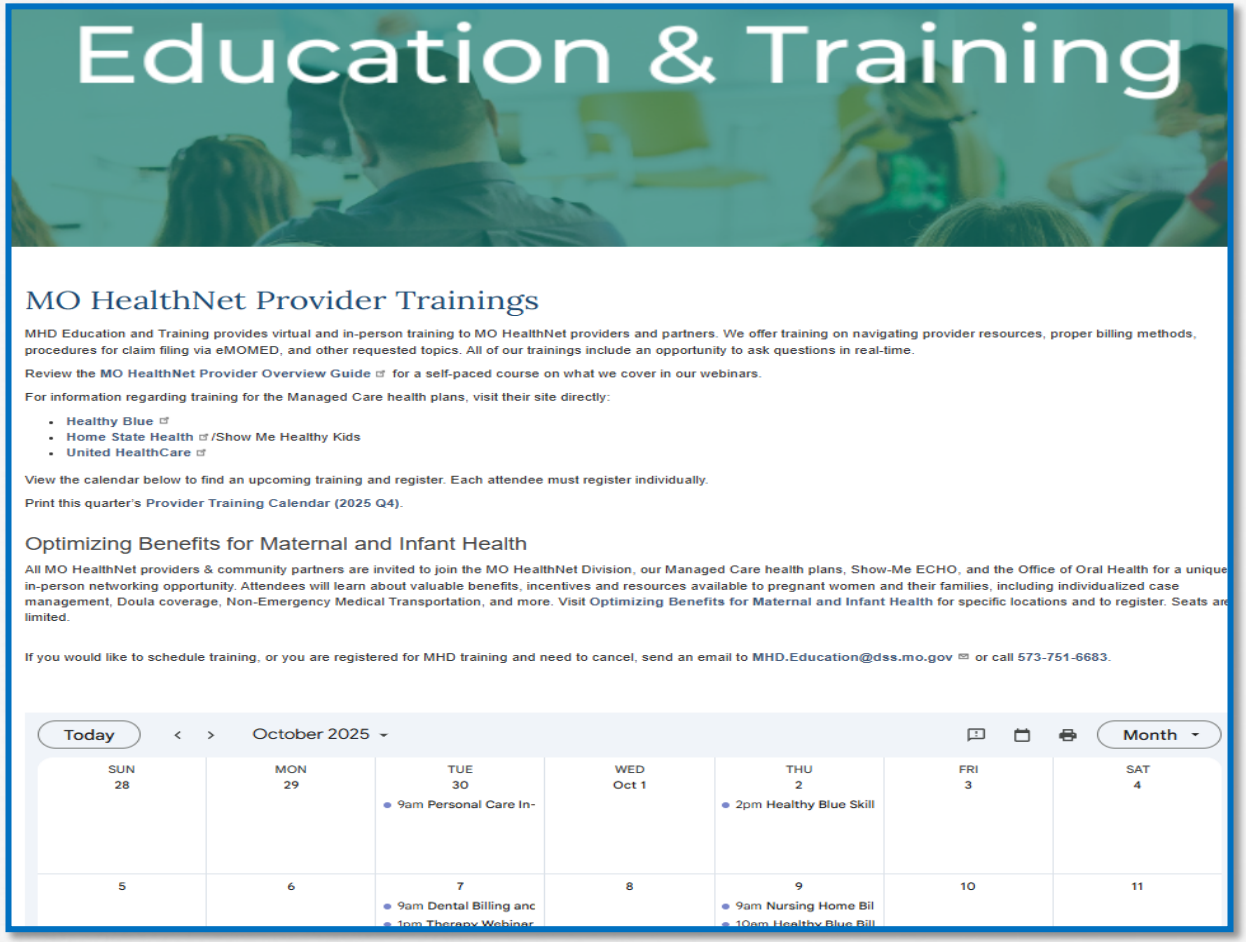
MHD Fee Schedule

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



Education and Training Resources

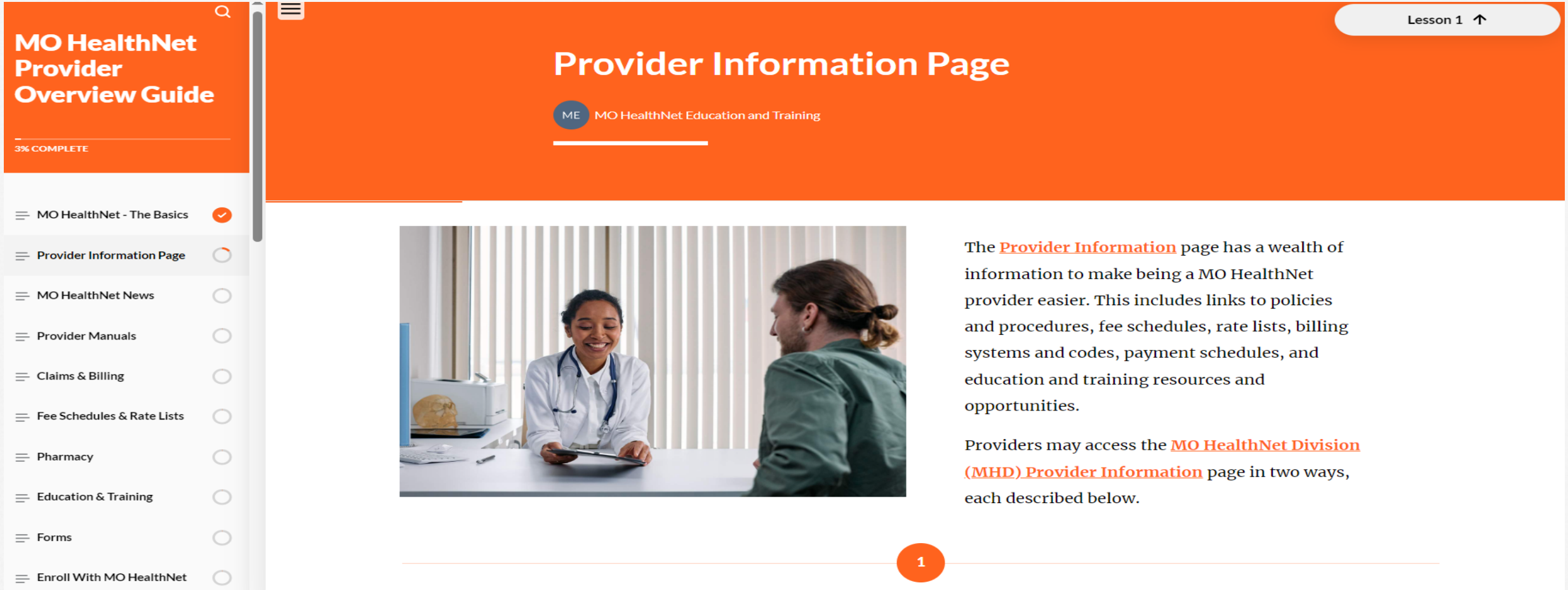
View our Training Calendar and register for a Provider Training



Visit our Education and Training Resources page

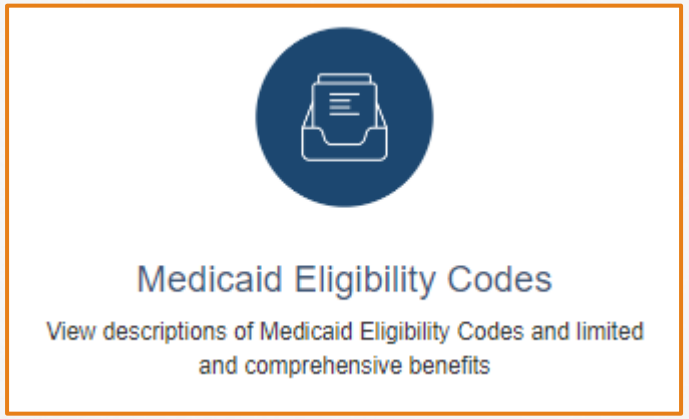
Education and Training Resources

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!



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

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.

For more information on ME Codes, review your specific program manual. For more information on benefits and limitations, review the Benefit Tables.

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
E2	Adult Expansion Group	82	Missouri Rx (Medicare Part D wrap-around benefits)
11	MO HealthNet—Old Age Assistance	83	Breast or Cervical Cancer Control Project—Presumptive
13	MO HealthNet—Permanently and Totally Disabled	84	Breast or Cervical Cancer Control Project—Regular
14	Supplemental Nursing Care—Old Age Assistance	85	Ticket to Work Health Assurance—Premium
15	Supplemental Nursing Care – Aid to the Blind	86	Ticket to Work Health Assurance—Non-Premium
16	Supplemental Nursing Care—Permanently and Totally Disabled	89	Uninsured Women's Health Services (State Funded)
55	Qualified Medicare Beneficiary (QMB)		

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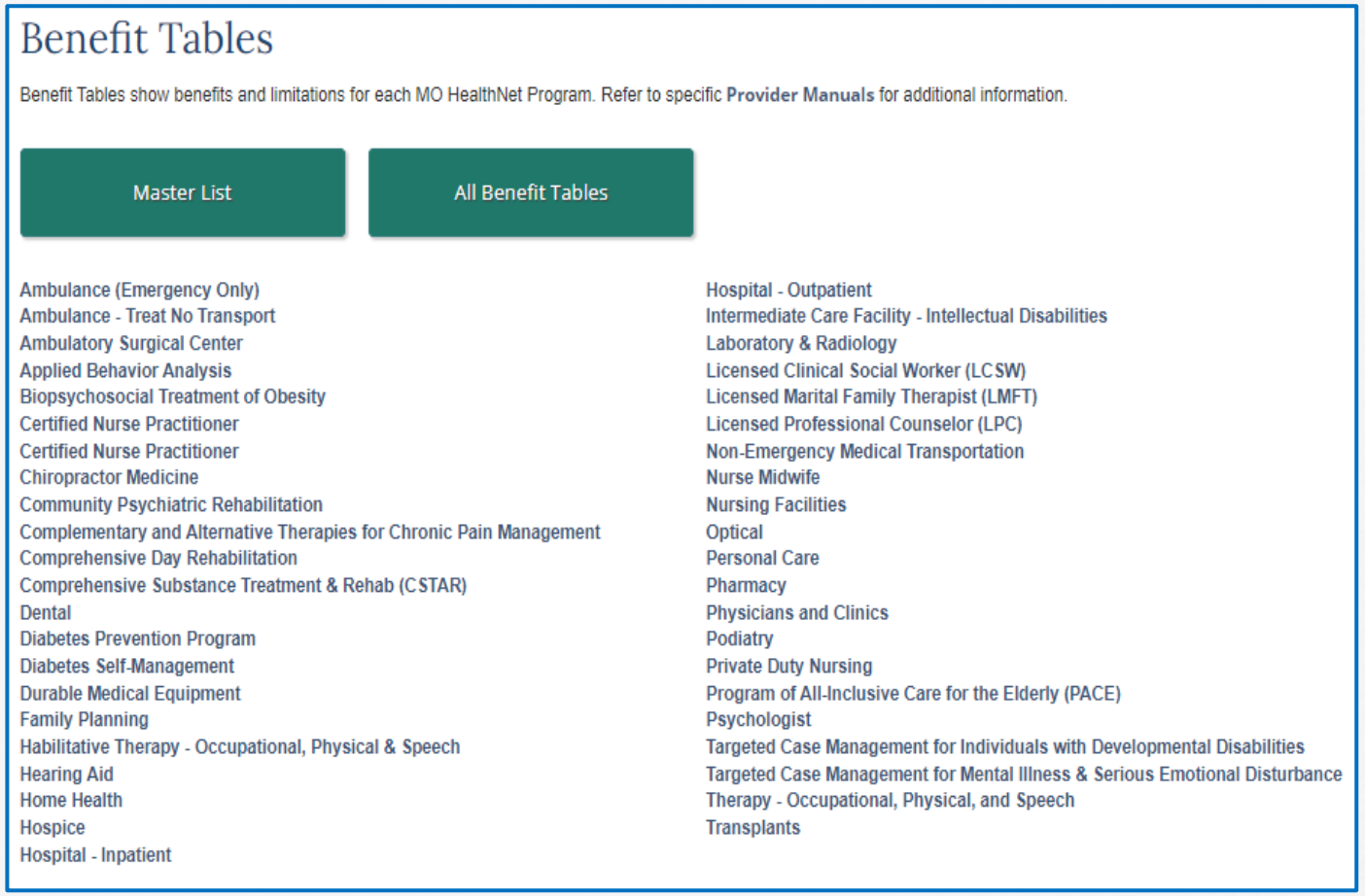
Education and Training Resources - Benefit Tables

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

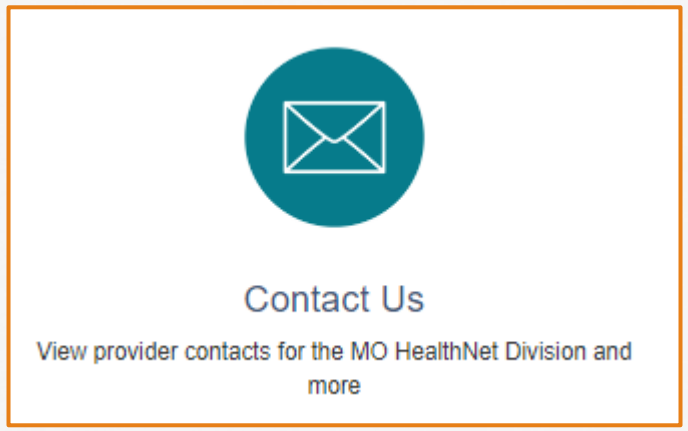
Refer to Section 1.1 of the General Sections Manual or the Provider Resource Guide for descriptions of Medical Eligibility (ME) Codes

Personal Care Provider Manual

MoHealthNet

Education 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).

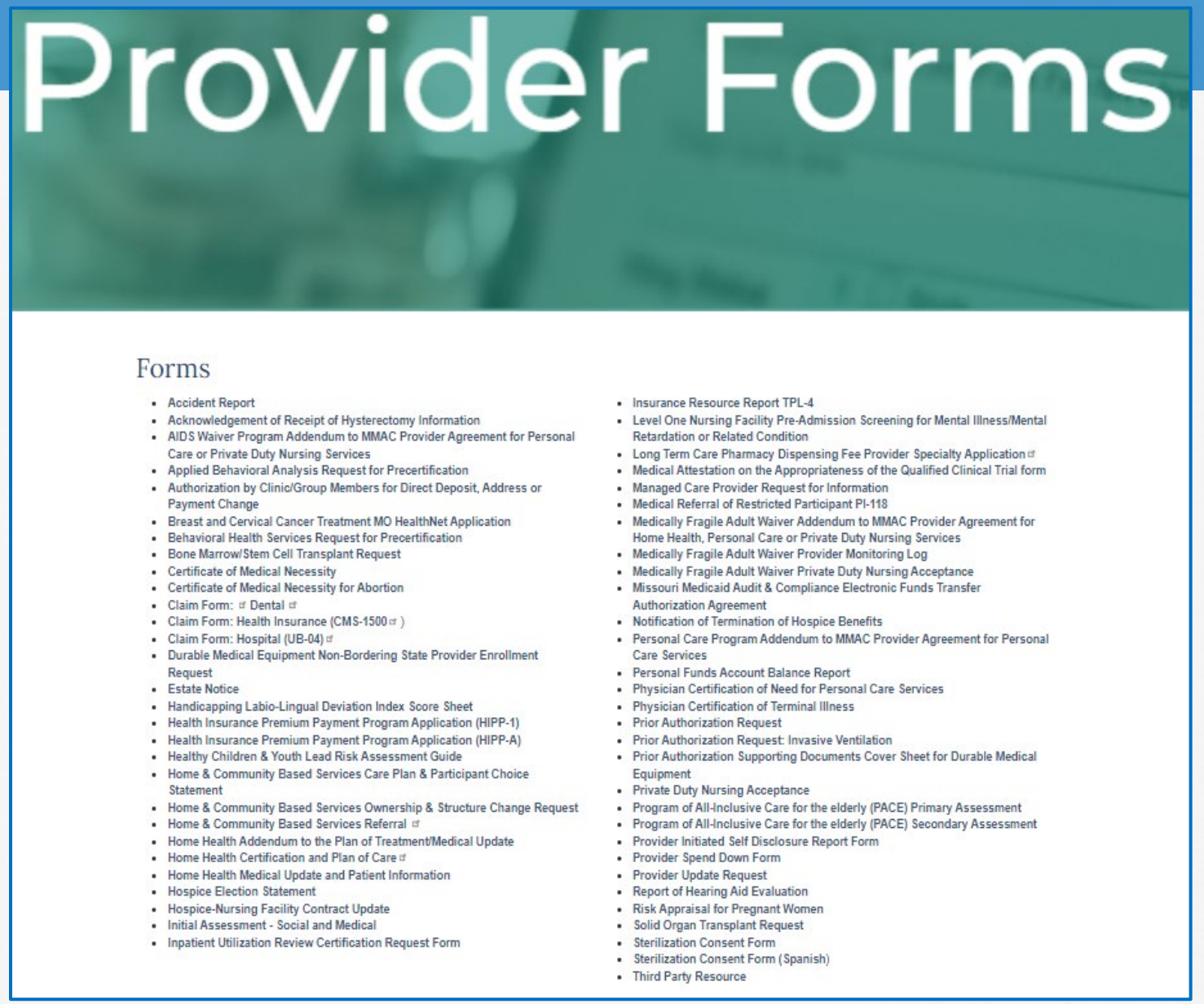
To receive important MO HealthNet updates and our quarterly newsletter, subscribe to MO HealthNet News.

Behavioral Health Services	Assists with questions related to MO HealthNet Behavioral Health services.	MHD.BehavioralHealth@dss.mo.gov
Clinical Services	Responsible for clinical policy development for MHD.	MHD.ClinicalServices@dss.mo.gov
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).	TPL.Database@dss.mo.gov (573) 751-2005
Education & Training	Instructs providers on navigating MHD provider resources, proper billing methods and procedures for claim filing via eMOMED.	MHD.Education@dss.mo.gov (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
- Insurance Resource Report (TPL-4)
- PA Request
- Provider Spend Down



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

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**

MoHealthNet

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!

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.

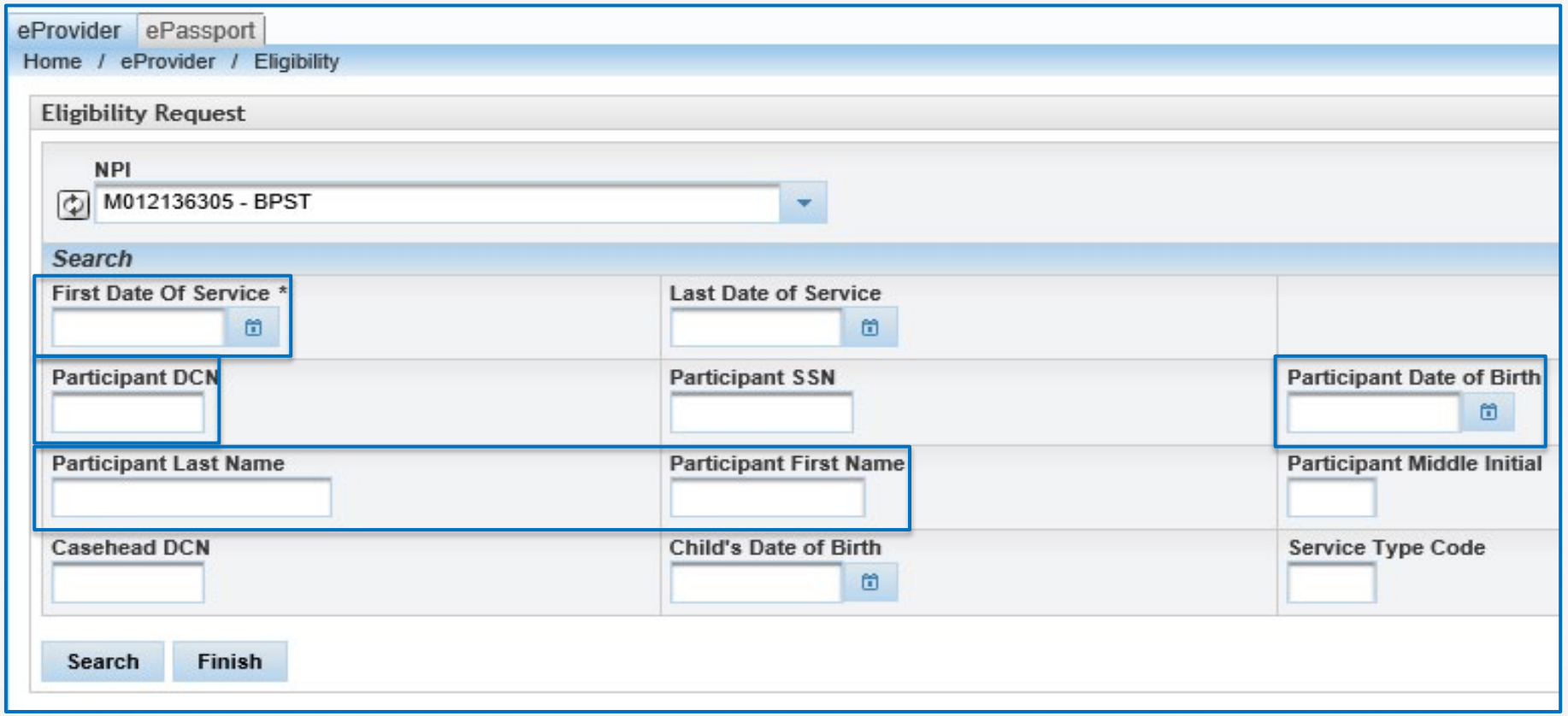
MoHealthNet

Checking Eligibility

In eMOMED, choose Participant Eligibility

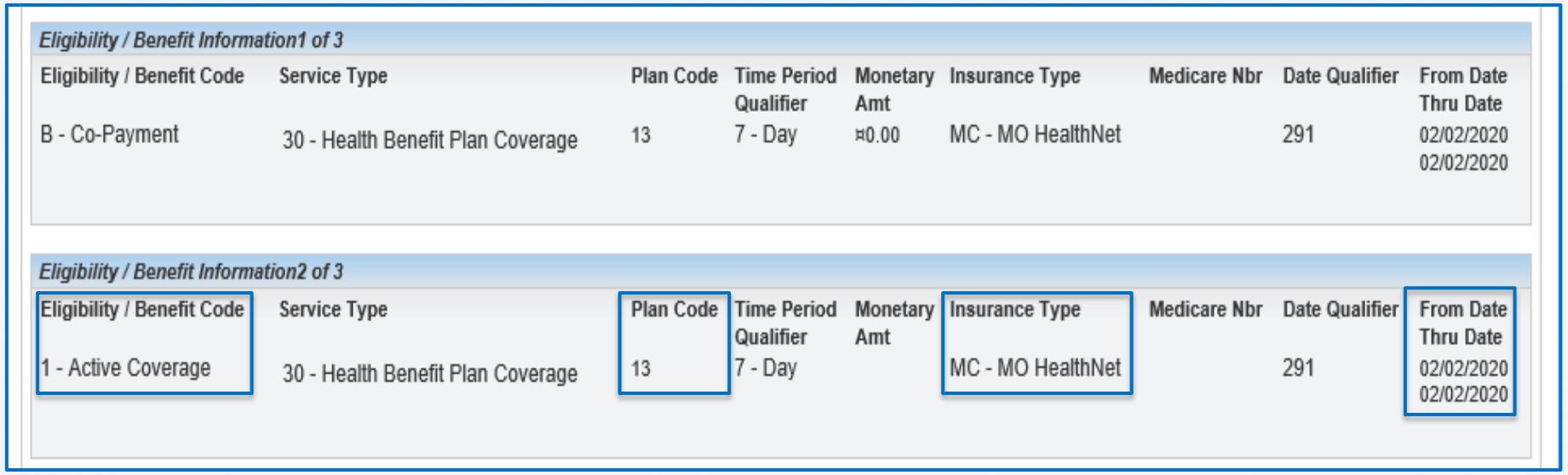
Checking Eligibility – General

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.



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

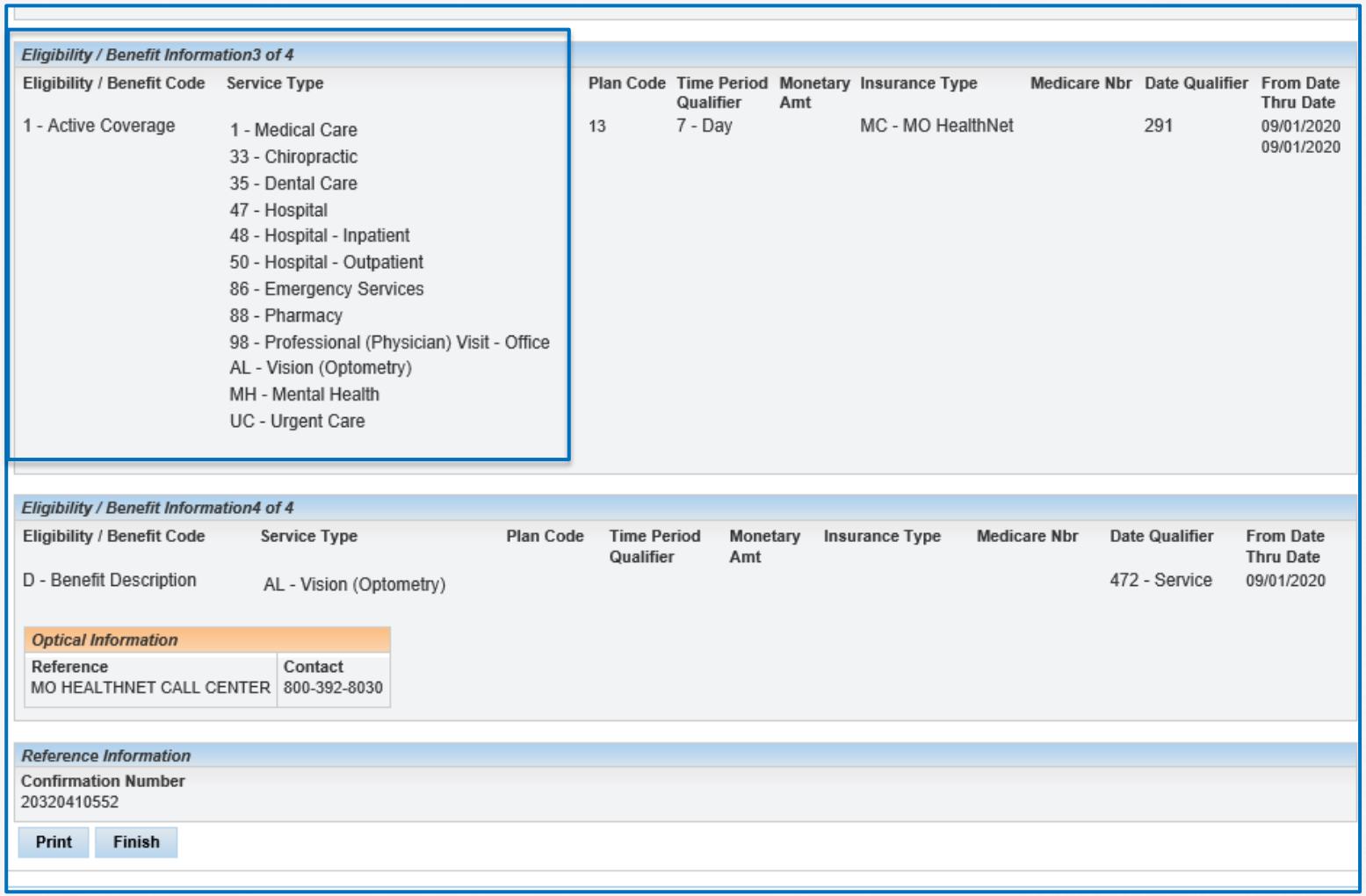
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	7 - Day		MC - MO HealthNet		291	02/02/2020 02/02/2020

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

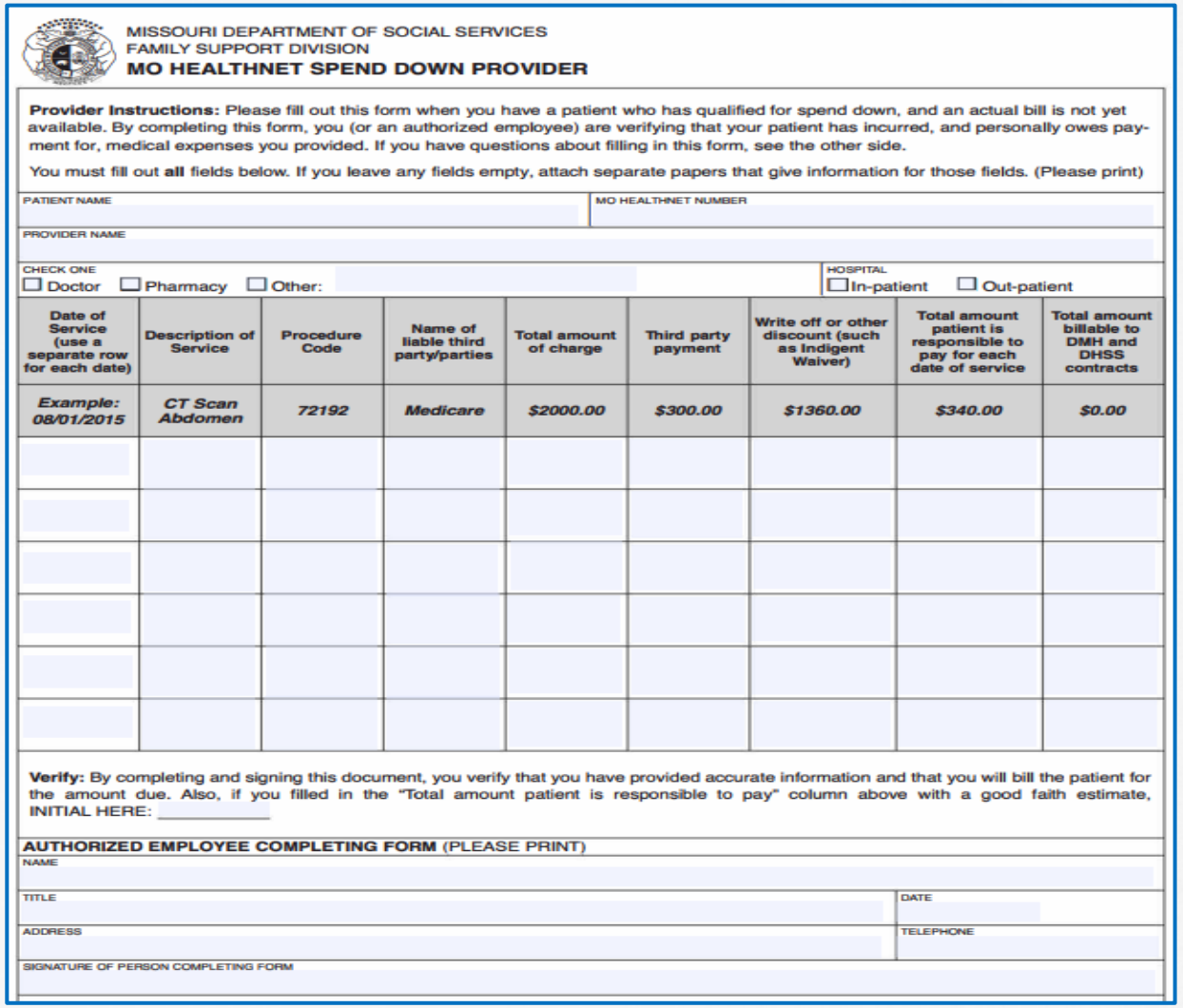
Spend Down – Provider Responsibilities

Providers can assist participants with meeting their Spend Down by completing a Provider Spend Down **PDF Form** or **Online Form** after services are rendered.

Completed Spend Down PDF forms should be forwarded to the Provider Spend Down Unit. Scan and email Provider Spend Down PDF forms to: **sesd@ip.sp.mo.gov**, including receipts and bills.

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.



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

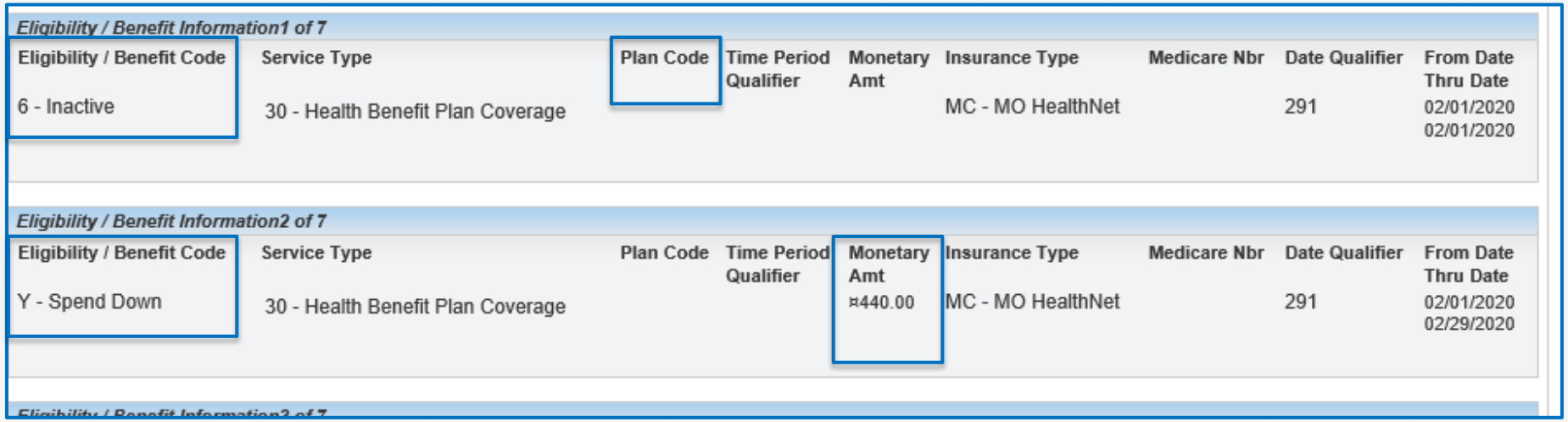
MoHealthNet

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

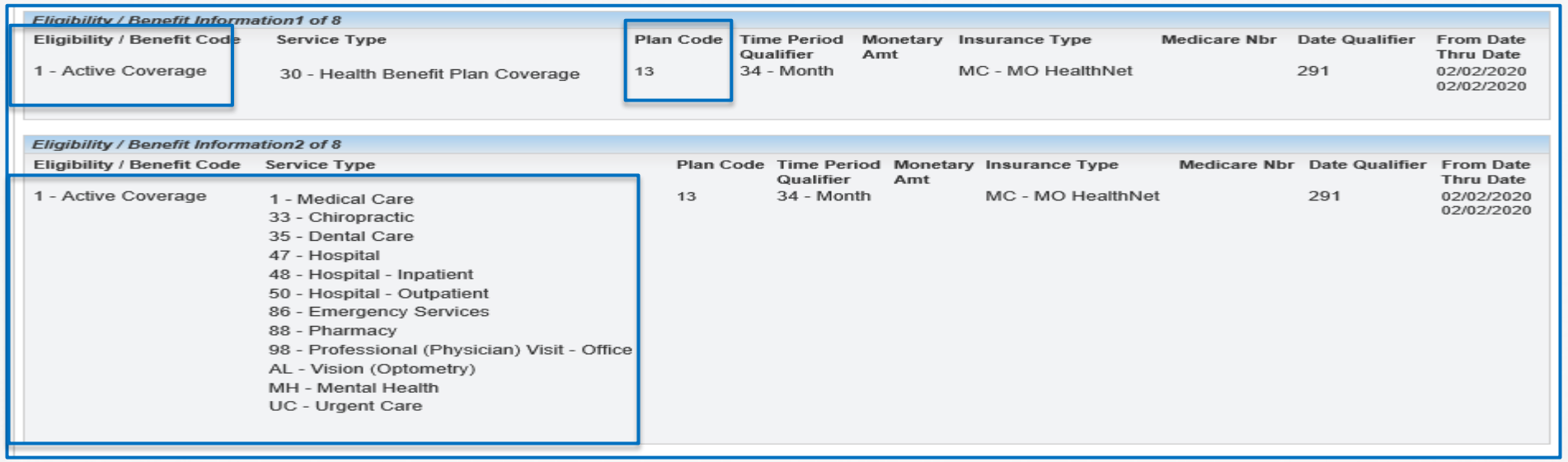
*Exception ME 55 and ME 82 may appear. This is related to Medicare coverage. If these codes appear and Spend Down is indicated this means Spend Down has not been met. Once Spend Down is met ME 55 and ME 82 will change to a valid MO HealthNet ME code.

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

ONLINE: Visit **mymohealthportal.com** and create an account to manage their coverage and pay their spend down using either a credit card or electronic check

MAIL: Send the bottom of the invoice that lists the month they are paying for along with their payment. They should only include the invoice for the month they are paying for.

AUTOMATIC WITHDRAWAL: They can have their payment taken directly out of their bank account on the 10th of each month and it will give them coverage for the **next** month.

SUBMIT MEDICAL BILLS: Participants may use their medical bills to meet their spend down amount. When the cost of the services they are personally responsible for reaches their spend down amount, they may give copies of the medical bills along with their case number to their local **Family Support Division** (FSD) office.

Send copies by email to **sesd@ip.sp.mo.gov**, fax to (855) 600-3754, or mail to:

Spend Down Unit
16798 Oak Hill Drive, Suite 600
Houston, MO 65483

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

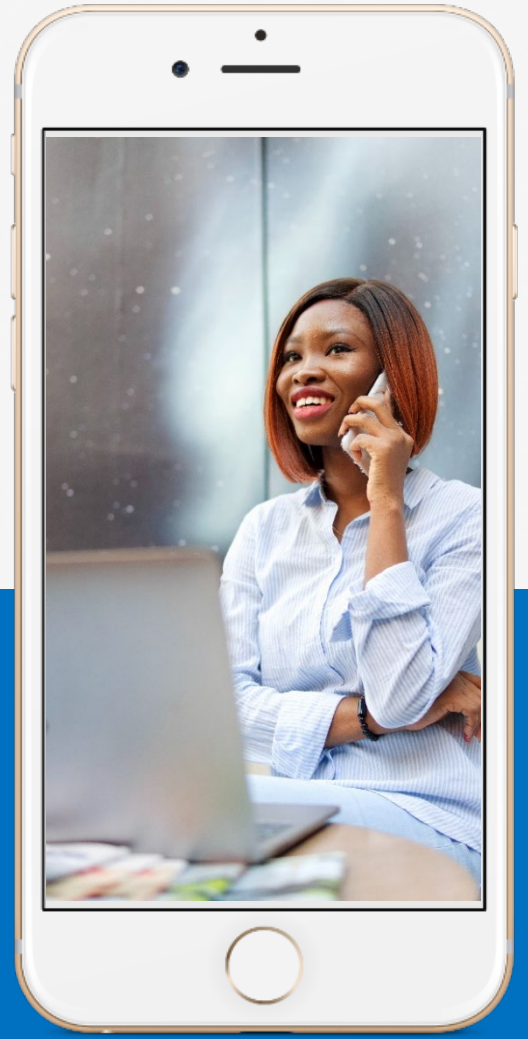
MoHealthNet

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 (833) 222-7916 or (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)	(833) 818-1183 or (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**

MoHealthNet

Follow Us on Social Media



MoHealthNet

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

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

Thank you for attending today!

MoHealthNet