



MO Medicaid Audit & Compliance HCBS Update Meeting, April 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.

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 MO HealthNet Portal. At the top, there is a navigation bar with the eMOMED logo and links for 'Contact' and 'Troubleshooting'. Below this is a large banner featuring a group of diverse healthcare professionals and the MoHealthNet logo. The main content area is divided into several sections: 'External Links' on the left, 'Welcome' in the center, and 'Login' on the right. The 'External Links' section lists various resources such as the State of Missouri Web site, Department of Social Services, and MO Medicaid Audit & Compliance. The 'Welcome' section includes a 'Welcome to the MO HealthNet Web Portal' message and a 'Find everything you need from one convenient portal!' statement. The 'Login' section features a login form with fields for 'User ID' and 'Password', a 'Login' button, and a warning message about the system containing government information. Below the 'Login' section, there are links for 'Click Here!' to reset a password and 'Register Now!' for new users. At the bottom, there is a footer with the eMOMED logo, 'Contact' and 'Troubleshooting' links, and the 'dss Social Services' logo.

eMOMED / Login

External Links

- State of Missouri Web site
- Department of Social Services
- MO Medicaid Audit & Compliance
 - Provider Enrollment Information
- MO HealthNet Division
 - Provider Information
 - Provider Education & Training
 - Participant Information
 - Claims Processing Schedule
 - Electronic Billing Documents

Public News

Resources

- 01/21/2025 Requesting & Accepting NPI Access
- 01/21/2025 eMOMED Registration Video
- 01/21/2025 eMOMED Training and Assistance Utilities

Welcome

Welcome to the MO HealthNet Web Portal

The complete source for all MO HealthNet Participant and Provider related services.

Find everything you need from one convenient portal!

Provider Enrollment Application

To begin enrollment as a MO HealthNet (Missouri Medicaid) provider, or to access your pending application, [click here](#).

ERA Enrollment

Provider Sign up for Electronic Remittance Advice (ERA) [Click Here!](#)

Login

! ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.

User ID Password

Login

To reset your password, [Click Here!](#)

Not registered? [Register Now!](#)

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 | Contact | Troubleshooting

dss Social Services

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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MoHealthNet

eMOMED / Login

External Links

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- MO Medicaid Audit & Compliance
 - Provider Enrollment Information
- MO HealthNet Division
 - Provider Information
 - Provider Education & Training
 - Participant Information
 - Claims Processing Schedule
 - Electronic Billing Documents

Public News

eNews

Resources

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- 01/21/2025 eMOMED Training and Assistance Utilities

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eMOMED | Contact | Troubleshooting

dss
Missouri
Social Services

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!

The screenshot shows the MO HealthNet News search interface. At the top, there's a header with the title 'MO HealthNet News' over a background image of hands typing on a laptop. Below the header, there's a search section with a text input for 'Search Keywords', a 'Date' dropdown, a 'Type' dropdown (set to '- Any -'), and a 'Program' dropdown (set to 'Please select -'). An 'Apply' button is to the right. Below the search section is a table with the following data:

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.

Date Type Program Search Keywords

Date	Volume Number	Subject	Type	Program
10/16/2024	Vol. 47-28	EVV Best Practices and System Enhancements	Bulletins	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
05/13/2024	Vol. 46-59	Consumer Directed Services Manager Requirement	Bulletins	Personal Care
05/10/2024		PACE Benefit Table	Hot Tips	Adult Day Care Waiver, Aged & Disabled Waiver, AIDS Waiver, Ambulance, Ambulatory Surgical Center, Behavioral Health Adult Targeted Case Management, Behavioral Health Services, Behavioral Health Youth Targeted Case Management, Brain Injury Waiver, Certified Community Behavioral Health Clinic/Organization (CCBHC/CCBHO)
03/13/2024	Vol. 46-47	Consumer Directed Services Manager Requirement	Bulletins	Independent Living Waiver, Personal Care
03/13/2024		Consumer Directed Services Manager Requirement	Hot Tips	Independent Living Waiver, Personal Care
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

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 [®]. 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 [®].

MO HealthNet News

Stay Informed

MO HealthNet News:

- Email Blasts
- Provider Bulletins
- Provider Hot Tips
- Newsletters

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.

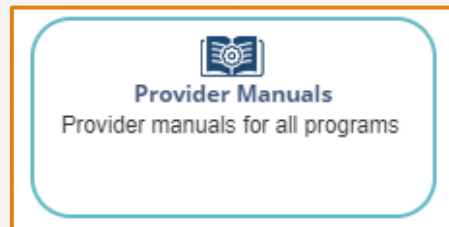
MHD Provider Manuals

Provider Manuals contain:

- Reimbursement Methodology
- Benefits and Limitations
- Special Documentation Requirements
- Billing Instructions
- Procedure Codes

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:

T1019|

2/7

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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).

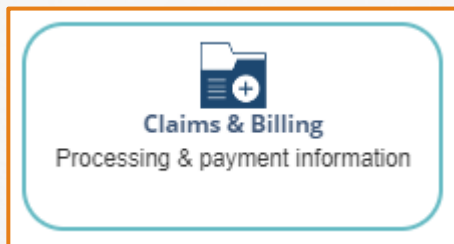
Procedure Code	Description	Service Unit
T1001	Authorized Nurse Visit	Per visit
T1001 U3	Authorized Nurse Visit in RCF/ALF	Per visit
T1019	Personal Care	15 minutes
T1019 TF	Advanced Personal Care	15 minutes
T1019 U2	CDS Personal Care	15 minutes
T1019 U3	Personal Care in RCF/ALF	15 minutes
T1019 U3TF	Advanced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



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 04/24/2025, they will receive payment on 05/09/2025.

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 2025			
July 1, 2024 - June 30, 2025			
FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE 1
Friday 06/07/2024	Tuesday 06/18/2024	Saturday 05/25/2024	Friday 06/07/2024
Friday 06/21/2024	Friday 07/05/2024	Saturday 06/08/2024	Friday 06/21/2024
Friday 07/12/2024	Friday 07/19/2024	Saturday 06/22/2024	Friday 07/12/2024
Friday 07/26/2024	Friday 08/09/2024	Saturday 07/13/2024	Friday 07/26/2024
Friday 08/16/2024	Friday 08/23/2024	Saturday 07/27/2024	Friday 08/16/2024
Friday 08/30/2024	Friday 09/13/2024	Saturday 08/17/2024	Friday 08/30/2024
Friday 09/13/2024	Wednesday 09/25/2024	Saturday 08/31/2024	Friday 09/13/2024
Friday 09/27/2024	Friday 10/11/2024	Saturday 09/14/2024	Friday 09/27/2024
Friday 10/11/2024	Friday 10/25/2024	Saturday 09/28/2024	Friday 10/11/2024
Friday 10/25/2024	Friday 11/08/2024	Saturday 10/12/2024	Friday 10/25/2024
Friday 11/15/2024	Friday 11/22/2024	Saturday 10/26/2024	Friday 11/15/2024
Friday 11/29/2024	Friday 12/13/2024	Saturday 11/16/2024	Friday 11/29/2024
Friday 12/13/2024	Monday 12/23/2024	Saturday 11/30/2024	Friday 12/13/2024
Friday 12/27/2024	Friday 01/10/2025	Saturday 12/14/2024	Friday 12/27/2024
Friday 01/10/2025	Friday 01/24/2025	Saturday 12/28/2024	Friday 01/10/2025
Friday 01/24/2025	Friday 02/07/2025	Saturday 01/11/2025	Friday 01/24/2025
Friday 02/07/2025	Wednesday 02/19/2025	Saturday 01/25/2025	Friday 02/07/2025
Friday 02/28/2025	Friday 03/07/2025	Saturday 02/08/2025	Friday 02/28/2025
Friday 03/14/2025	Tuesday 03/25/2025	Saturday 03/01/2025	Friday 03/14/2025
Friday 03/28/2025	Friday 04/11/2025	Saturday 03/15/2025	Friday 03/28/2025
Friday 04/11/2025	Friday 04/25/2025	Saturday 03/29/2025	Friday 04/11/2025
Friday 04/25/2025	Friday 05/09/2025	Saturday 04/12/2025	Friday 04/25/2025
Friday 05/16/2025	Friday 05/23/2025	Saturday 04/26/2025	Friday 05/16/2025
Friday 05/30/2025	Friday 06/13/2025	Saturday 05/17/2025	Friday 05/30/2025
Friday 06/13/2025	Monday 06/23/2025	Saturday 05/31/2025	Sunday 06/08/2025

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

- 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.

Log In

User Name:

Password:

[Log In](#)

[Forgot Your Password?](#)

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.

©2021 Conduent Business Services, LLC. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

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** for more information.

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

[CyberAccess Helpful Tips](#)

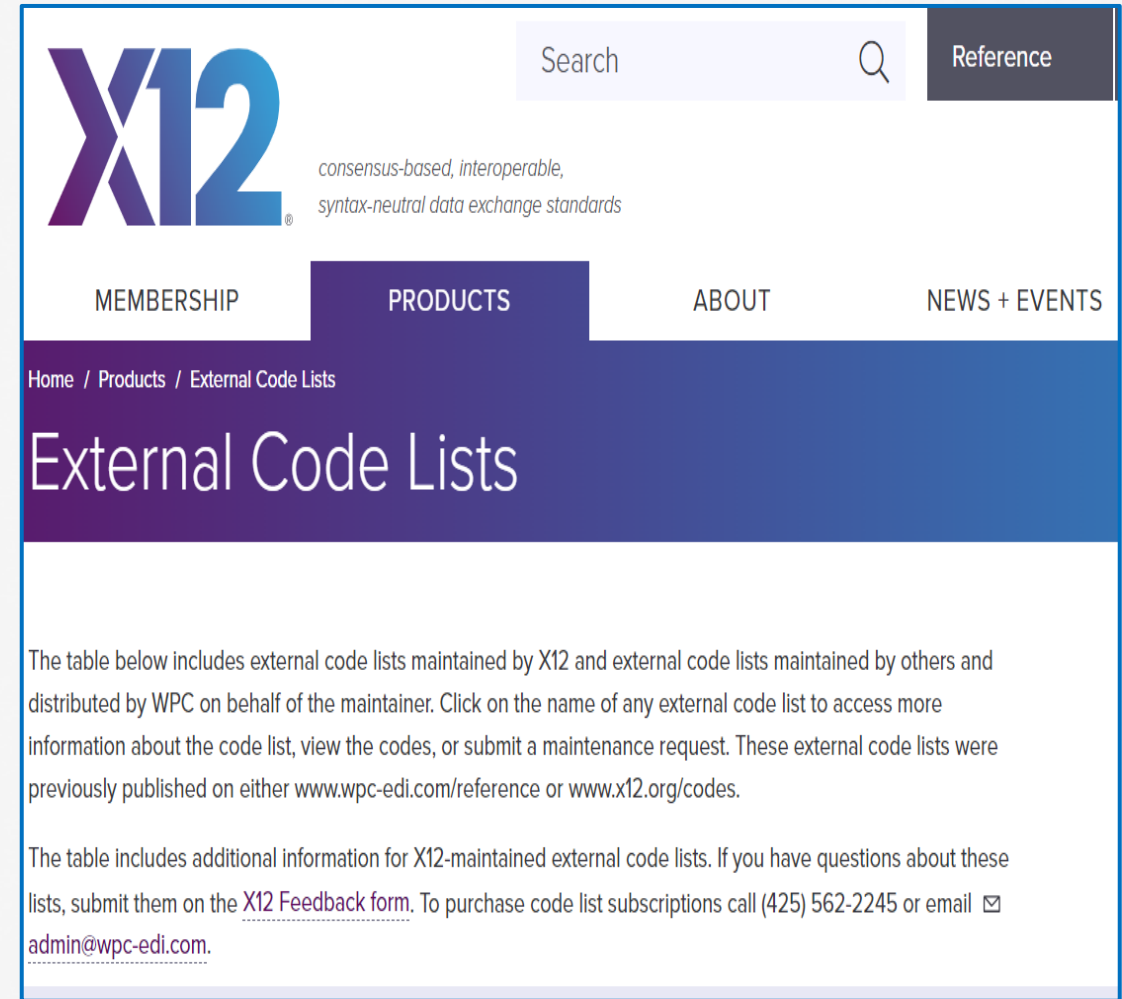
Remittance Advice & Claim Adjustment Reason Codes

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's 'External Code Lists' page. At the top, there is a search bar and a 'Reference' button. The X12 logo is prominently displayed with the tagline 'consensus-based, interoperable, syntax-neutral data exchange standards'. Below the logo are navigation links for 'MEMBERSHIP', 'PRODUCTS' (which is highlighted), 'ABOUT', and 'NEWS + EVENTS'. A breadcrumb trail indicates the path: 'Home / Products / External Code Lists'. The main heading 'External Code Lists' is in a large, white font on a dark blue background. Below this, a paragraph explains that the table includes external code lists maintained by X12 and others distributed by WPC. It provides instructions on how to access more information, view codes, or submit a maintenance request. A second paragraph mentions additional information for X12-maintained lists and provides contact details for submitting feedback or purchasing subscriptions.

X12 consensus-based, interoperable, syntax-neutral data exchange standards

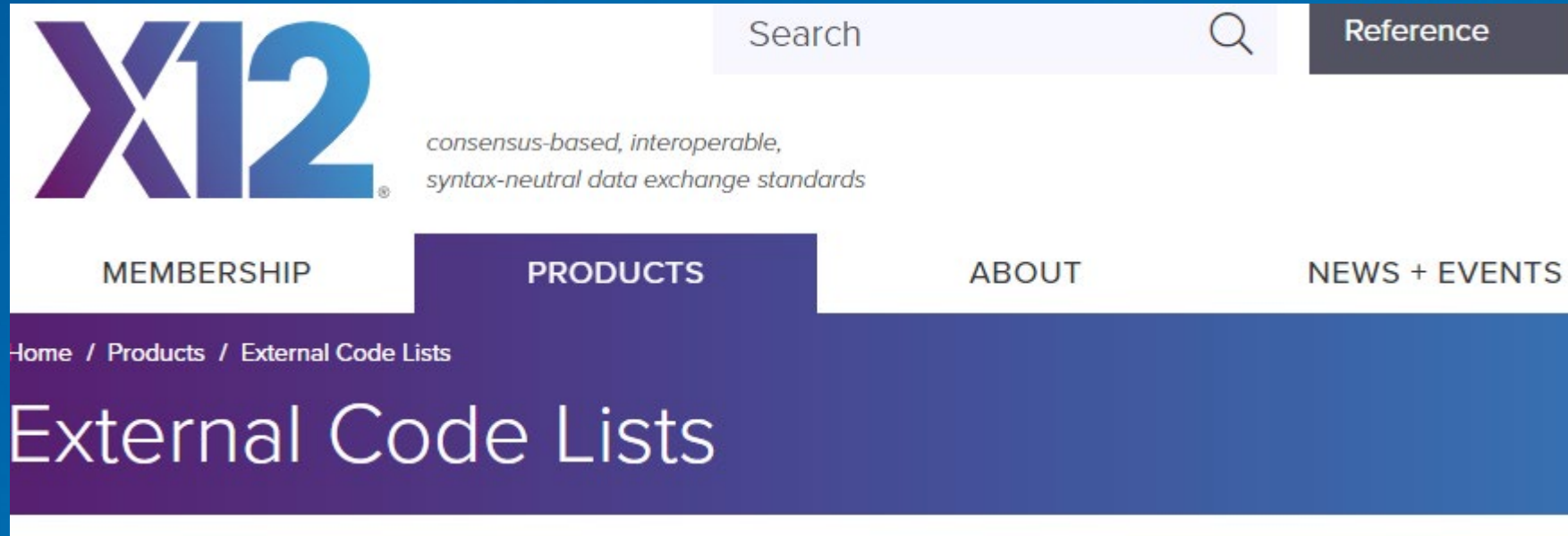
MEMBERSHIP PRODUCTS ABOUT NEWS + EVENTS

Home / Products / External Code Lists

External Code Lists

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 or www.x12.org/codes.

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.



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](#)



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

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

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. All of our trainings include an opportunity to ask questions in real-time.

Review the [MO HealthNet Provider Overview Guide](#) for a self-paced course on what we cover in our webinars.

For information regarding training for the Managed Care health plans, visit their site directly:

- [Healthy Blue](#)
- [Home State Health](#) / [Show Me Healthy Kids](#)
- [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 \(2025 Q2\).](#)

If you would like to schedule training, or you are registered for MHD training and need to cancel, send an email to MHD.Education@dss.mo.gov or call 573-751-6683.

Today < > April 2025

SUN 30

MON 31

TUE Apr 1

- 9am Dental Billing and 1

WED 2

THU 3

- 9am Healthy Blue Skills
- 10am Home State Health

FRI 4

SAT 5

6

7

8

- 1pm Inpatient/Outpatient

9

- 10am Physicians Clinics

10

- 9am Healthy Blue Physi
- 10am Home State Health

11

12

Educational Resources

For All Providers:

- [Adding an NPI as a Provider Employee](#)
- [Adding an NPI as a Provider Admin/Individual Provider](#)
- [Care Management in Managed Care](#)
- [Eligibility and Spend Down Resource](#)
- [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](#)
- [Medicare: Medical CMS-1500 Crossover Training March 2025](#)
- [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!

ME MO HealthNet Education and Training

MO HealthNet Provider Overview Guide

BEGIN



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

View the various benefits for each MO HealthNet program

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 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		

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

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

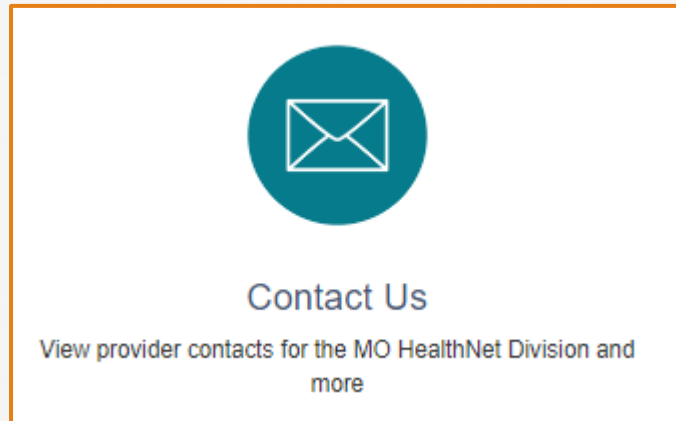
ME Code	Description	ME Code	Description
03	Aid to the Blind	45	Pregnant Woman—Poverty
12	MO HealthNet Aid to the Blind	61	MO HealthNet for Pregnant Women—Health Initiative Fund
18	MO HealthNet for Pregnant Women	95	Show-Me Healthy Babies Pregnant Women income above 201% and up to 305%
43	Pregnant Woman—Post 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)		

Education and Training Resources – Contact Us

Contact Us allows providers to view provider contacts for the MO HealthNet Division and more!



Provider Contacts for MO HealthNet

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

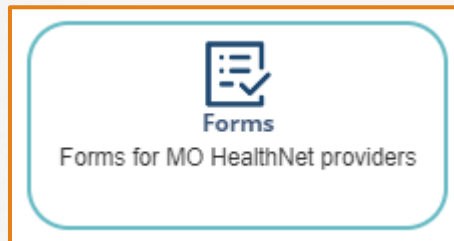
To receive important MO HealthNet updates and our quarterly newsletter, [subscribe](#) to [MO HealthNet News](#).

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 (HIPPP).	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](#)
- Exception Requests
- [Insurance Resource Report \(TPL-4\)](#)
- [PA Request](#)
- [Provider Spend Down](#)
- Pharmacy Prior Authorization Forms



Provider Forms

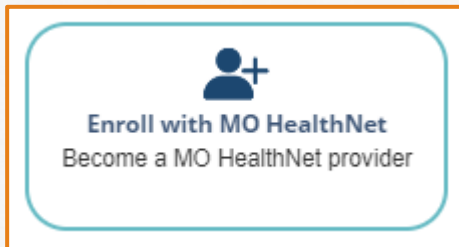
Forms

- 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
- Certification of Need for Private Psychiatric Residential Treatment Facility Services
- Claim Form: Dental ☐
- Claim Form: Health Insurance (CMS-1500 ☐)
- Claim Form: Hospital (UB-04) ☐
- Dental Medical Necessity Referral 2575-083
- 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)
- Medical Attestation on the Appropriateness of the Qualified Clinical Trial form
- 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
- Notification of Pregnancy (NOP)
 - NOP Portal
 - NOP PDF Form
- Out of State Nursing Facility Enrollment Request
- Personal Care Plan for Children
- 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 Request for Out of State Nursing Facility Placement

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**

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.

A close-up photograph of two hands shaking in a firm grip. The hand on the left is wearing a blue striped shirt cuff, and the hand on the right is wearing a white shirt cuff. The background is dark and out of focus.

MO HealthNet (Missouri Medicaid) Provider Enrollment Guide

BEGIN

Personal Care Provider Page

The [Personal Care Provider page](#) gives providers quick access to resources important to the program.

- Educational resources
- Forms
- Manuals
- Additional resources
- MO HealthNet News

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
- MO EVV Aggregator Solution Provider Training

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

Provider Manual

- Personal Care Manual
- General Sections Manual
- All Provider Manuals

Resources

- Benefit Tables
- CyberAccess
- Fee Schedules
- FAQs
- eMOMED
- Electronic Visit Verification
- Claims & Billing
- Provider Information
- State Plan Summary Sheet 2023

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
04/07/2025		Springfield: Join Us to Improve Maternal and Infant Health on April 29th	Hot Tips	All MO HealthNet Providers
03/25/2025		Reporting Incurred Charges for Spend Down Made Easier for Providers and Participants	Hot Tips	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, or toll free at 833-222-7916, Option 1.

This is 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

	Claim Management Submit new claims. View claim status. Void/Replace existing claims.		Nursing Home Management Manage participants. Submit nursing home claims.
	Attachment Management Submit new stand-alone attachments. View attachment status.		File Management Send and receive batch files. Print/View/Download Remittance Advice.
	Participant Eligibility Verify participant eligibility.		Payment Information View the payment information for the two most recent payments.
	Prior Authorization Status Check the prior authorization status for participants.		Available Surveys
	Provider Communications Management Send Your Inquiries...		Provider Enrollment Status 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 'eProvider' 'ePassport' interface for an 'Eligibility Request'. The breadcrumb trail is 'Home / eProvider / Eligibility'. The form is titled 'Eligibility Request' and contains the following fields:

- NPI:** A dropdown menu showing 'M012136305 - BPST'.
- Search Section:**
 - First Date Of Service *:** A date input field with a calendar icon, highlighted with a red box.
 - Last Date of Service:** A date input field with a calendar icon.
 - Participant DCN:** A text input field, highlighted with a red box.
 - Participant SSN:** A text input field.
 - Participant Date of Birth:** A date input field with a calendar icon, highlighted with a red box.
 - Participant Last Name:** A text input field.
 - Participant First Name:** A text input field, highlighted with a red box.
 - Participant Middle Initial:** A text input field.
 - Casehead DCN:** A text input field.
 - Child's Date of Birth:** A date input field with a calendar icon.
 - Service Type Code:** A text input field.
- Buttons:** 'Search' and 'Finish' buttons at the bottom left.

Checking Eligibility – Coverage

Eligibility/ Benefit Code	Plan Code	Insurance Type	From/Thru Date
1 – Active 6 - Inactive	ME Code See Medicaid Eligibility Codes 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		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		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

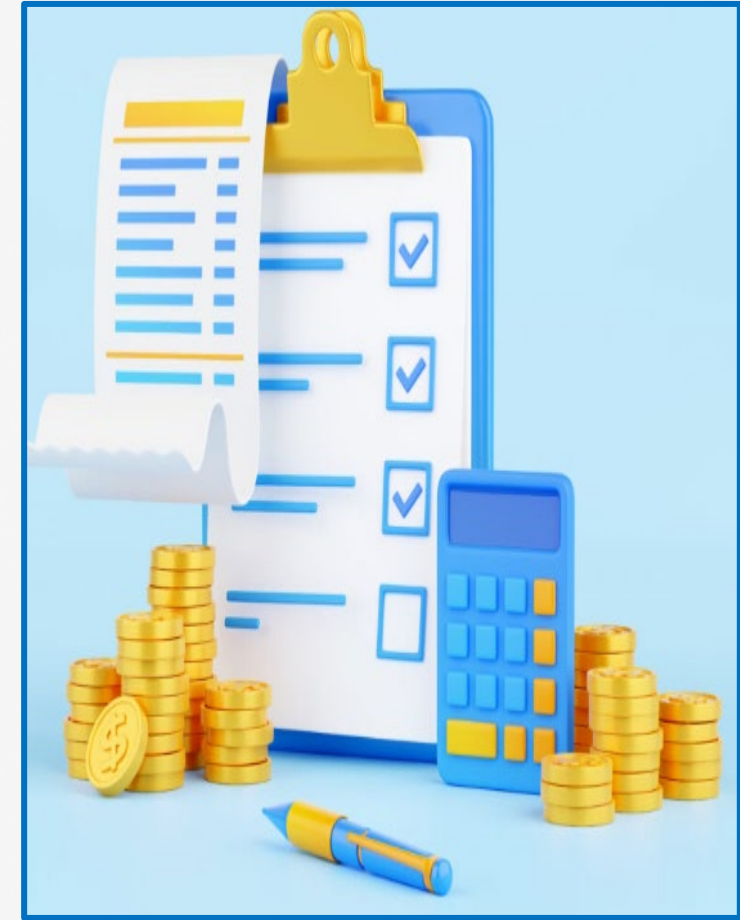
Finish

Spend Down Program

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

If you have a participant whose income is above the limit to qualify for MO HealthNet, and they are age 65 or older, disabled, or blind, they may qualify for the Spend Down Program.

After the participant applies for MO HealthNet, the Family Support Division (FSD) determines Spend Down amounts based on the participant's income.



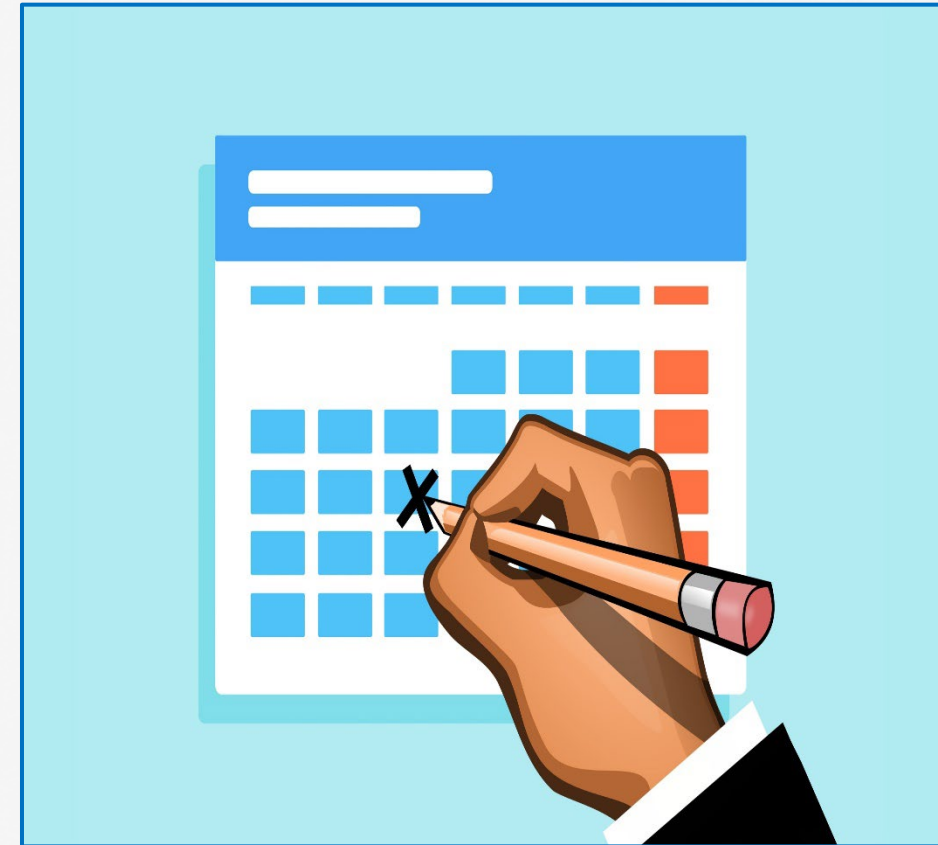
Spend Down Program

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.

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

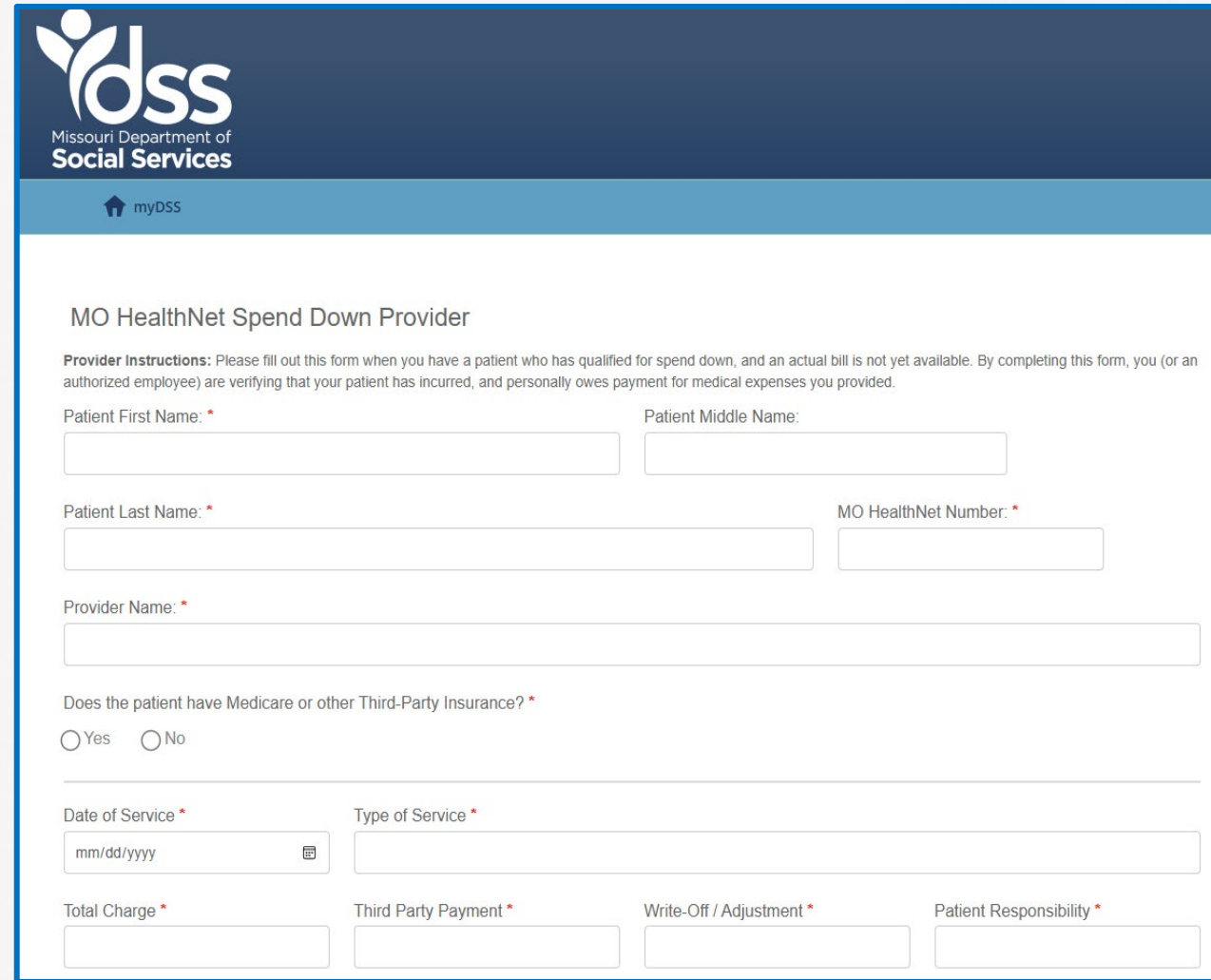
The FSD Spend Down Unit reviews incurred medical expenses to verify if the expense meets the Spend Down criteria, determines MHD coverage dates, and authorizes coverage.



Spend Down – Provider Responsibilities

The new and simplified online **MO HealthNet Spend Down Provider form** allows providers to verify qualified expenses to meet a participant's spend down. The online form should be completed when the provider has a MO HealthNet participant who has qualified for spend down and an actual bill is not yet available.

By completing the online form, providers verify that the participant has incurred and personally owes payment for services they provided.



The screenshot displays the 'MO HealthNet Spend Down Provider' form. At the top, the 'dss' logo for the Missouri Department of Social Services is shown, along with a 'myDSS' link. The form title is 'MO HealthNet Spend Down Provider'. Below this, 'Provider Instructions' state: '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.' The form contains several input fields: 'Patient First Name' and 'Patient Middle Name' (both with asterisks), 'Patient Last Name' (with an asterisk), and 'MO HealthNet Number' (with an asterisk). There is a 'Provider Name' field (with an asterisk). A question 'Does the patient have Medicare or other Third-Party Insurance?' (with an asterisk) is followed by 'Yes' and 'No' radio buttons. Below this are 'Date of Service' (with an asterisk, showing a date picker icon) and 'Type of Service' (with an asterisk). At the bottom, there are four fields: 'Total Charge' (with an asterisk), 'Third Party Payment' (with an asterisk), 'Write-Off / Adjustment' (with an asterisk), and 'Patient Responsibility' (with an asterisk).

Spend Down – Provider Responsibilities

The new online form replaces the previously used MO HealthNet Spend Down Provider form (MO 866-4501).

However, if a provider still requires the form, they should access the new [MO HealthNet Spend Down Provider form \(IM-29PROV\)](#).

This form should be submitted by email to [**SESD@IP.SP.MO.GOV**](mailto:SESD@IP.SP.MO.GOV) or faxed to (855) 600-3754.

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

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.					
Patient Name:		MO HealthNet Number:			
Provider Name:					
Does the patient have Medicare or other Third-Party Insurance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Service	Type of Service	Total Charge	Third Party Payment	Write-Off / Adjustment	Patient Responsibility
Example: 01/01/2024	X-RAY	\$1000.00	\$300.00	\$500.00	\$200.00
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 patient is responsible to pay" column with a good faith estimate, INITIAL HERE: _____					

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 Spend Down is Met*	Spend Down Amount

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
Eligibility / Benefit Information3 of 7								

*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

When a participant is approved for the Spend Down Program, they will receive an invoice in the mail that will show the amount they need to pay for the month. There are four ways they can meet their spend down:

Method	Instructions
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 invoice and a check or money order to: MHD Premium Collections Unit PO Box 808001 Kansas City, MO 64180
Auto Withdrawal	Have payment taken out of their bank account by submitting an Automatic Withdrawal form .
Medical Bills	Participants should access the new online MO HealthNet Spend Down Participant form to submit qualifying expenses. If participants are not able to complete the form online, they can also access and print the form as a PDF document.

Spend Down – Participant Responsibilities

Participants are responsible for their incurred medical expenses up to their Spend Down amount. Income changes need to be reported to FSD.

If they have questions about automatic withdrawal, call the Premium Collections Unit at (877) 888-2811.

Participants should contact FSD at (855) FSD-INFO with questions or concerns about their Spend Down amount.

For more information, refer to the [**Spend Down flyer.**](#)





Spend Down

Helping you qualify for Missouri Medicaid

What is Spend Down?

If your income is above the limit to qualify for Missouri Medicaid (MO HealthNet), you may still be able to get MO HealthNet coverage if you agree to pay, or “spend down,” a certain amount each month. Once you spend this amount, you will have MO HealthNet coverage for the month. If you do not spend this amount in a month, you will not have MO HealthNet coverage that month.

Who is eligible?

If your income is above the limit to qualify for MO HealthNet and you are age 65 or older, disabled, **or** blind, you may qualify for help through the Spend Down Program. Once you apply for MO HealthNet, our team will check to see what type of coverage you qualify for and will notify you directly.

How do I pay Spend Down?

When you're approved for spend down, you will get an invoice in the mail. It will show the amount you need to pay for the month. There are 3 ways you can meet your spend down:

ONLINE	Visit mymohealthportal.com to create your account. You will need an email address and your 10-digit DCN or social security number. Once you have your account created, you can sign in to pay your spend down online.
MAIL	To get coverage, send the bottom of the invoice that lists the month you want to pay for along with your payment and case number. If you do not have the correct invoice, write which month and case number on the check or money order (DO NOT SEND CASH). Only include the invoice for the month you want to pay for. Send a check/money order to: MHD Premium Collections Unit, P.O. Box 808001, Kansas City, MO 64180
AUTO WITHDRAWAL	You can have your payment taken directly out of your bank account on the 10th of each month. It will give you coverage for the next month. To sign up, submit an automatic withdrawal form: tinyurl.com/SpendDown-AW . Please allow 30 days for the automatic withdrawal to process. If you choose this option, you can submit medical bills you paid towards your spend down.
SUBMIT MEDICAL BILLS	You can use your medical bills to meet your spend down amount. To submit your medical bills, include your case number and send copies of your bills by mail, fax, or email to: <ul style="list-style-type: none">• MAIL: Spend Down Unit, 16798 Oak Hill Drive, Suite 600, Houston, MO 65483• FAX: 855-600-3754• EMAIL: sesd@ip.sp.mo.gov

Resources & Contact Information



Resources & Contact Information

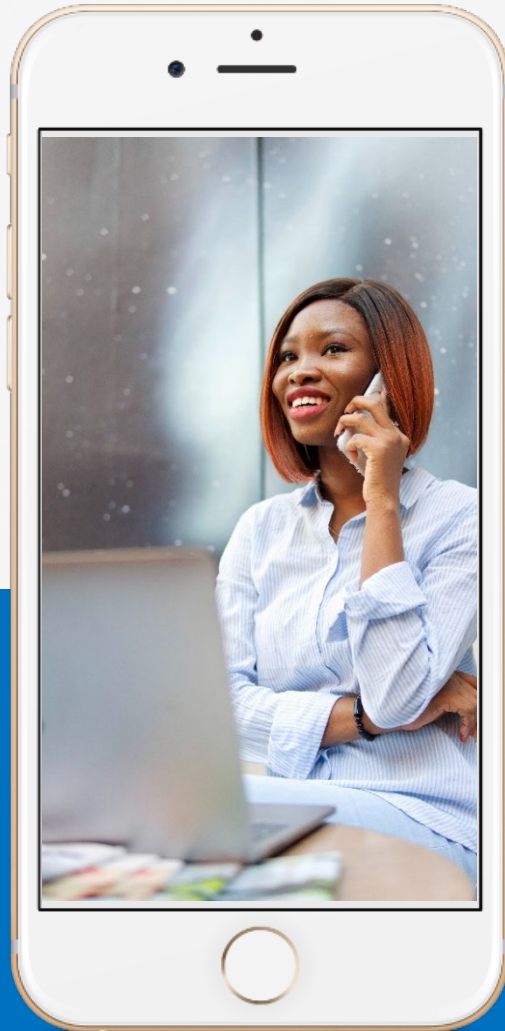
Clinical Services	Policy development, benefit design, coverage decisions, provider and program policy inquiries	(573) 751-6963 MHD.clinical.services@dss.mo.gov
CyberAccess	Account setup or technical questions	(888) 581-9797 (573) 632-9797 cyberaccesshelpdesk@xerox.com
Education & Training	Education and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

Resources & Contact Information

Pharmacy & Medical Pre-Certification Help Desk	Pharmacy Clinical Authorizations, Edit Overrides, Medical Pre-Certifications (outpatient, diagnostic, non-emergency MRI, MRA, CT, CTA, PET scans and cardiac imaging)	(800) 392-8030
Provider Communications	Provider's initial contact for questions - Contact with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.	Via eMOMED using Provider Communications Management link (573) 751-2896 (833) 222-7916 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 (833) 818-1183 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

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



(573) 751-6683

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

Thank you for attending today!

