Spring 2025 Update Meeting

MMAC Contracts Unit - Topics

- Current enrollment numbers
- Contacting the state (MMAC, DSDS, MO HealthNet)
- Staying Up to Date/FUSION
  - Different HCBS Forms and where to find them
  - HCBS Change Requests vs. Provider Update Form
  - HCBS Vol. Term form vs Provider Term Request
  - Change of Ownership
  - Site Visits
- Banking Changes – I know, I Know – it's still an issue
- HCBS Setting Requirements

HCBS by the Numbers

Currently Enrolled	Pending
IHS - 748 (733)	41
CDS - 1358 (1307)	71
ADC - 140 (138)	5
27 - 177 (188)	5

Communicating with state

Leave the following information for a faster response:

- Your name	- **Your business name**	- **Your call back number**	- Your NPI	- **Your question/concern/what you are calling about**

Know your Department:

Enrollment & changes to enrollment – MMAC Provider Contracts	Revalidation – MMAC Provider Revalidations	Participant issues – DHSS/Dept. of Senior and Disability Services	Billing Questions – MO HealthNet	CDS Audits and Reports – MMAC Provider Review

HCBS – Updating Information to MMAC

13 CSR 65-2.020(B) **REQUIRES** MO HealthNet providers to notify MMAC Provider Enrollment Unit (PEU)/Contracts Unit of any changes to enrollment within 30 days of the effective date, including changes in ownership (CHOW) which must be reported within 30 days of the effective date

HBCS Provider forms are always available on the MMAC website – HCBS Provider Mian page – HCBS Provider Forms

As a HCBS provider you are **required** to submit a HCBS Change Request form along with any requested documents/forms listed when you request a change.

Address, Telephone, Fax, Email, Days/Hours, Managing Employees, Change in Ownership, Voluntary Termination, Etc.

FUSION and MMAC

As you all know the new DHSS Case Management system FUSION goes live in May.

MMAC Contracts Units is very excited about this new system – more options of provider data that we can now enter into the database.

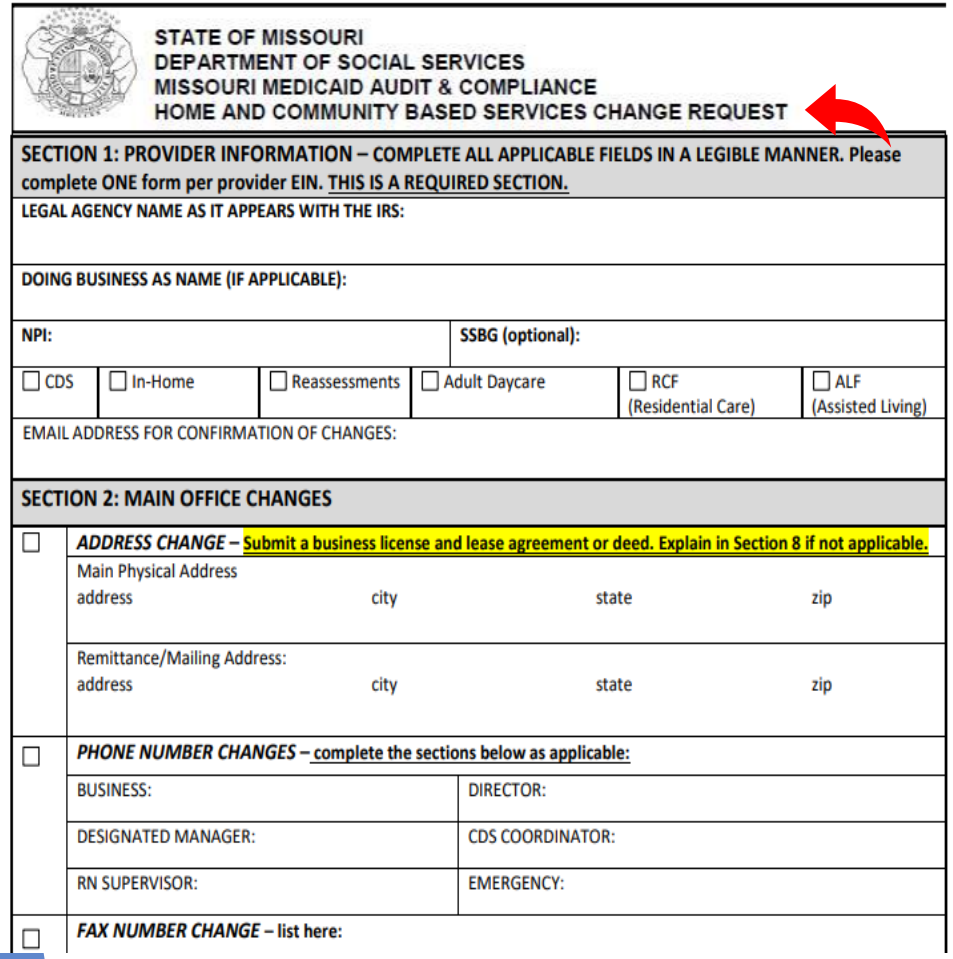
With that said, the Contracts Unit will have several special projects throughout the year. We want to make sure that the information from the old system to the new is correct and current

Designated Managers/CDS Managers/Contact people for offices /	Main phone, contact person phone; care plan email, business email, fax, alternate phone, etc.	Services and Counties

HCBS Change Request VS Provider Update

HCBS Change Request

https://mmac.mo.gov/wp-content/uploads/sites/11/2022/05/Change-Request-22.pdf



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT & COMPLIANCE
HOME AND COMMUNITY BASED SERVICES CHANGE REQUEST

SECTION 1: PROVIDER INFORMATION – COMPLETE ALL APPLICABLE FIELDS IN A LEGIBLE MANNER. Please complete ONE form per provider EIN. THIS IS A REQUIRED SECTION.

LEGAL AGENCY NAME AS IT APPEARS WITH THE IRS:

DOING BUSINESS AS NAME (IF APPLICABLE):

NPI: | SSBG (optional):

☐ CDS | ☐ In-Home | ☐ Reassessments | ☐ Adult Daycare | ☐ RCF (Residential Care) | ☐ ALF (Assisted Living)

EMAIL ADDRESS FOR CONFIRMATION OF CHANGES:

SECTION 2: MAIN OFFICE CHANGES

☐ ***ADDRESS CHANGE*** – Submit a business license and lease agreement or deed. Explain in Section 8 if not applicable.

Main Physical Address
address | city | state | zip

Remittance/Mailing Address:
address | city | state | zip

☐ ***PHONE NUMBER CHANGES*** – complete the sections below as applicable:

BUSINESS: | DIRECTOR:

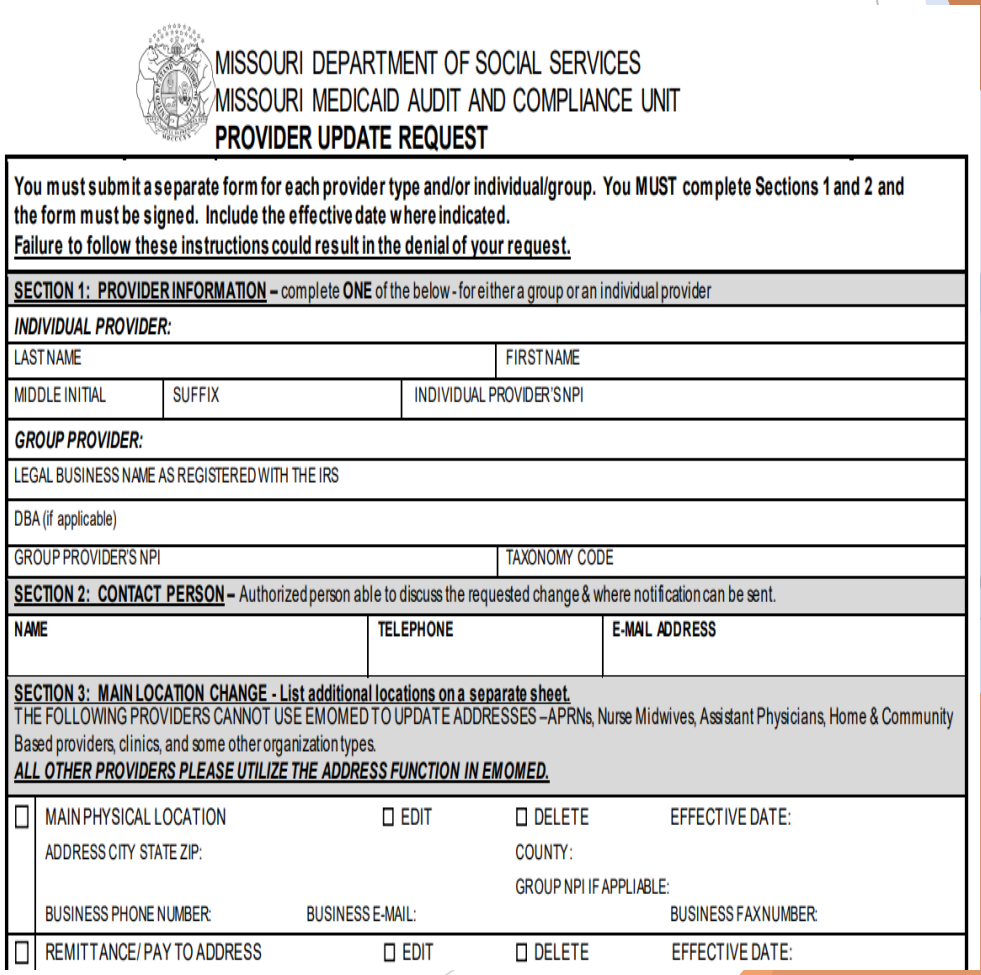
DESIGNATED MANAGER: | CDS COORDINATOR:

RN SUPERVISOR: | EMERGENCY:

☐ ***FAX NUMBER CHANGE*** – list here:

Provider Update Form

https://mmac.mo.gov/wp-content/uploads/sites/11/2021/04/Provider-Update-Request.pdf



MISSOURI DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
PROVIDER UPDATE REQUEST

You must submit a separate form for each provider type and/or individual/group. You MUST complete Sections 1 and 2 and the form must be signed. Include the effective date where indicated.
Failure to follow these instructions could result in the denial of your request.

SECTION 1: PROVIDER INFORMATION – complete **ONE** of the below - for either a group or an individual provider

INDIVIDUAL PROVIDER:

LAST NAME | FIRST NAME

MIDDLE INITIAL | SUFFIX | INDIVIDUAL PROVIDER'S NPI

GROUP PROVIDER:

LEGAL BUSINESS NAME AS REGISTERED WITH THE IRS

DBA (if applicable)

GROUP PROVIDER'S NPI | TAXONOMY CODE

SECTION 2: CONTACT PERSON – Authorized person able to discuss the requested change & where notification can be sent.

NAME | **TELEPHONE** | **E-MAIL ADDRESS**

SECTION 3: MAIN LOCATION CHANGE - List additional locations on a separate sheet.
THE FOLLOWING PROVIDERS CANNOT USE EMOMED TO UPDATE ADDRESSES –APRNs, Nurse Midwives, Assistant Physicians, Home & Community Based providers, clinics, and some other organization types.
ALL OTHER PROVIDERS PLEASE UTILIZE THE ADDRESS FUNCTION IN EMOMED.

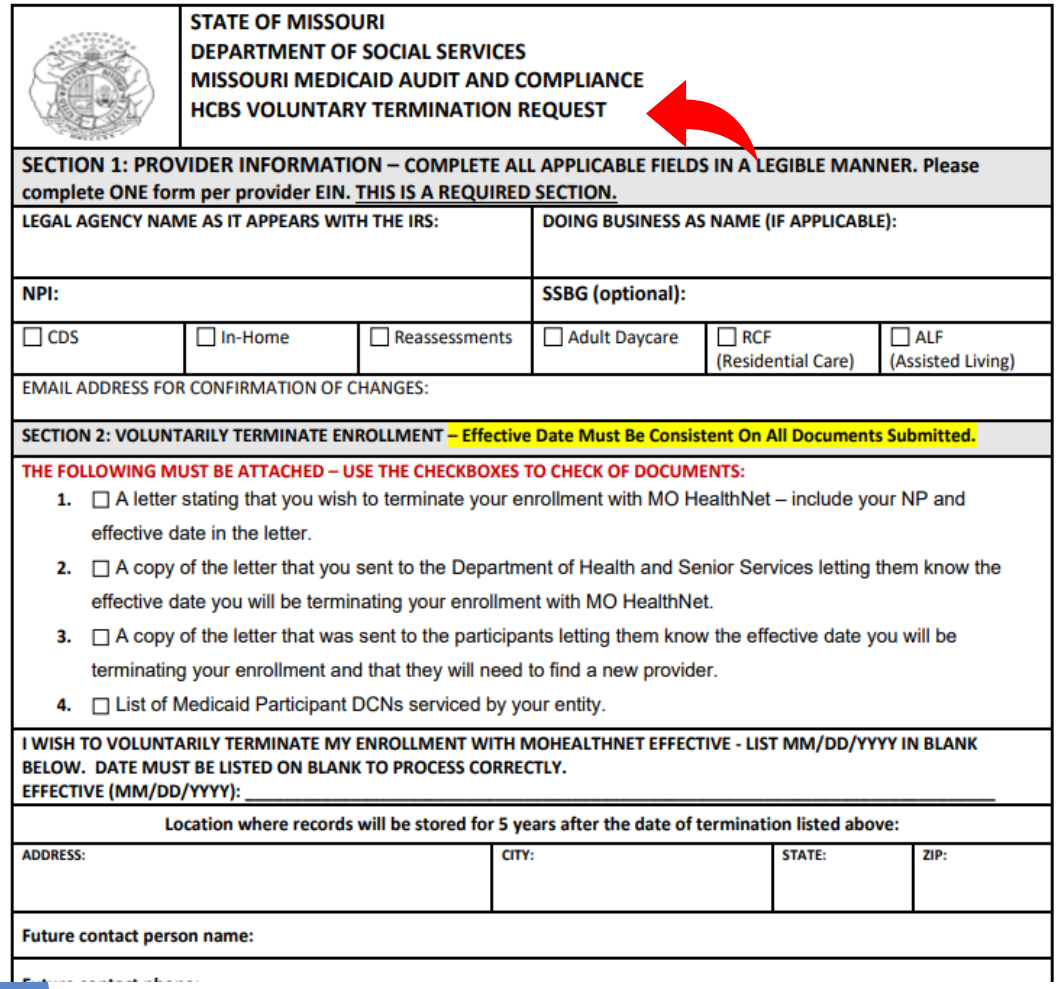
☐ MAIN PHYSICAL LOCATION ☐ EDIT ☐ DELETE EFFECTIVE DATE:
ADDRESS CITY STATE ZIP: COUNTY:
GROUP NPI IF APPLIABLE:
BUSINESS PHONE NUMBER: BUSINESS E-MAIL: BUSINESS FAX NUMBER:

☐ REMITTANCE/PAY TO ADDRESS ☐ EDIT ☐ DELETE EFFECTIVE DATE:

HCBS Voluntary Term form VS Provider Termination

HCBS Voluntarily Termination

https://mmac.mo.gov/wp-content/uploads/sites/11/2022/05/HCBS-Voluntary-Termination-Form-22.pdf



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT AND COMPLIANCE
HCBS VOLUNTARY TERMINATION REQUEST

SECTION 1: PROVIDER INFORMATION – COMPLETE ALL APPLICABLE FIELDS IN A LEGIBLE MANNER. Please complete ONE form per provider EIN. THIS IS A REQUIRED SECTION.

LEGAL AGENCY NAME AS IT APPEARS WITH THE IRS:	DOING BUSINESS AS NAME (IF APPLICABLE):
NPI:	SSBG (optional):

☐ CDS ☐ In-Home ☐ Reassessments ☐ Adult Daycare ☐ RCF (Residential Care) ☐ ALF (Assisted Living)

EMAIL ADDRESS FOR CONFIRMATION OF CHANGES:

SECTION 2: VOLUNTARILY TERMINATE ENROLLMENT – Effective Date Must Be Consistent On All Documents Submitted.

THE FOLLOWING MUST BE ATTACHED – USE THE CHECKBOXES TO CHECK OF DOCUMENTS:

1. ☐ A letter stating that you wish to terminate your enrollment with MO HealthNet – include your NP and effective date in the letter.
2. ☐ A copy of the letter that you sent to the Department of Health and Senior Services letting them know the effective date you will be terminating your enrollment with MO HealthNet.
3. ☐ A copy of the letter that was sent to the participants letting them know the effective date you will be terminating your enrollment and that they will need to find a new provider.
4. ☐ List of Medicaid Participant DCNs serviced by your entity.

I WISH TO VOLUNTARILY TERMINATE MY ENROLLMENT WITH MOHEALTHNET EFFECTIVE - LIST MM/DD/YYYY IN BLANK BELOW. DATE MUST BE LISTED ON BLANK TO PROCESS CORRECTLY.
EFFECTIVE (MM/DD/YYYY): _____

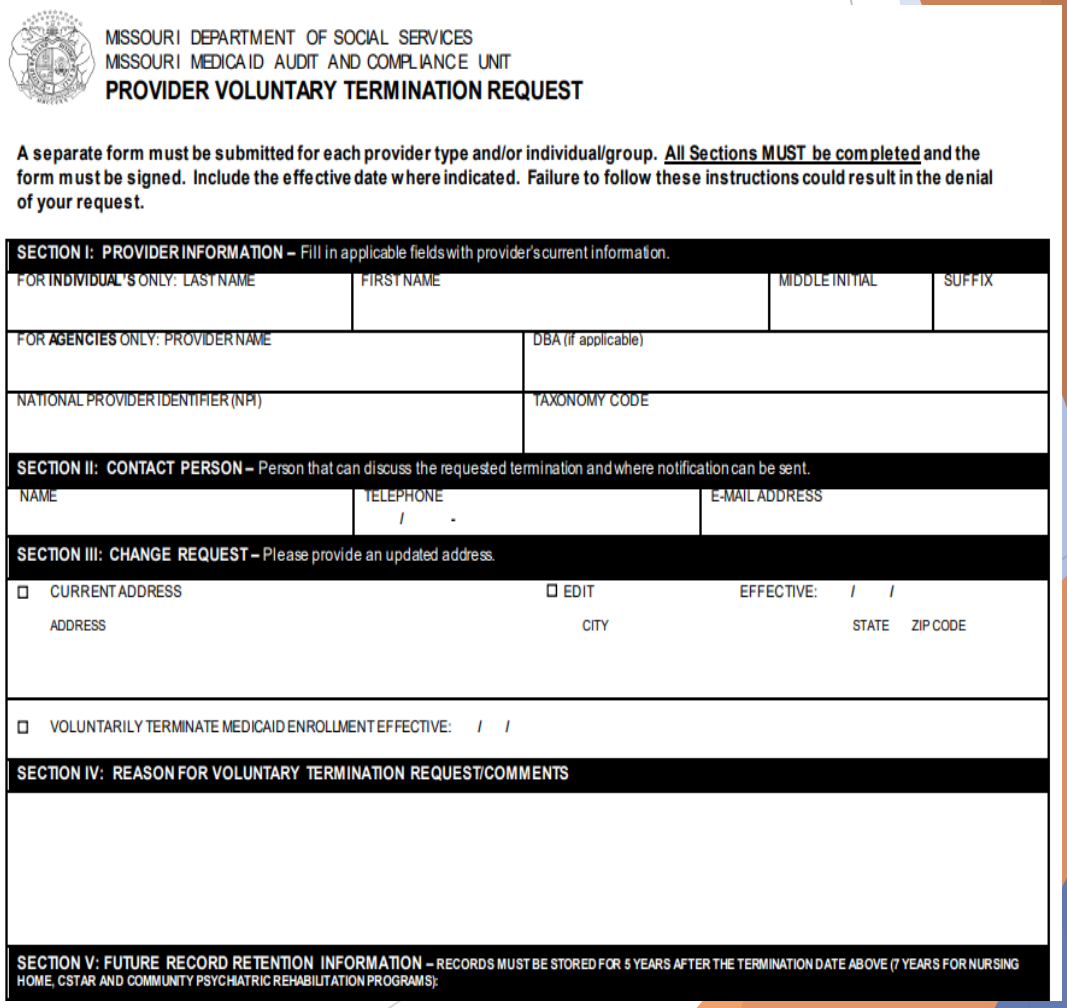
Location where records will be stored for 5 years after the date of termination listed above:

ADDRESS:	CITY:	STATE:	ZIP:

Future contact person name:

Voluntary Termination Request

https://mmac.mo.gov/wp-content/uploads/sites/11/2021/04/Provider-Voluntary-Termination-Request-form-3.2022.pdf



MISSOURI DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
PROVIDER VOLUNTARY TERMINATION REQUEST

A separate form must be submitted for each provider type and/or individual/group. All Sections MUST be completed and the form must be signed. Include the effective date where indicated. Failure to follow these instructions could result in the denial of your request.

SECTION I: PROVIDER INFORMATION – Fill in applicable fields with provider's current information.

FOR INDIVIDUAL'S ONLY: LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX
FOR AGENCIES ONLY: PROVIDER NAME	DBA (if applicable)		
NATIONAL PROVIDER IDENTIFIER (NPI)	TAXONOMY CODE		

SECTION II: CONTACT PERSON – Person that can discuss the requested termination and where notification can be sent.

NAME	TELEPHONE / -	E-MAIL ADDRESS

SECTION III: CHANGE REQUEST – Please provide an updated address.

☐ CURRENT ADDRESS ☐ EDIT EFFECTIVE: / /

ADDRESS CITY STATE ZIP CODE

☐ VOLUNTARILY TERMINATE MEDICAID ENROLLMENT EFFECTIVE: / /

SECTION IV: REASON FOR VOLUNTARY TERMINATION REQUEST/COMMENTS

SECTION V: FUTURE RECORD RETENTION INFORMATION – RECORDS MUST BE STORED FOR 5 YEARS AFTER THE TERMINATION DATE ABOVE (7 YEARS FOR NURSING HOME, CSTAR AND COMMUNITY PSYCHIATRIC REHABILITATION PROGRAMS):

Change of Ownership or Structure or CHOW

- As stated before, per regulation, providers are REQUIRED to notify MMAC of any changes in ownership within 30 days.
- We are finding during revalidation that HCBS provider have not been doing so.
- We have made the HCBS Ownership/Structure Change form as simple but detailed as possible for your convenience.
- We want to process these in a timely manner; we are not always able to do so as providers do not have all the required documentation regarding the sale and/or change.
- We need your help! MMAC Contracts staff can only work with what is submitted; if it is not complete or accurate we cannot process the CHOW

Five Points to keep in mind when submitting a CHOW

- Updating the FEIN with the IRS to reflect the new business structure and new responsible parties, prior to beginning the CHOW process with MMAC
- Ensuring the required Designated Manager is up to date on maintaining/acquiring Certification with MMAC (test passed/annual updates attended).
- Having a registered nurse on staff prior to beginning the CHOW process (for In Homes only).
- Ensuring all licensing is up to date: MO Tax ID, Secretary of State, and local city/county business licenses are obtained in the new operating name.
- Contacting MMAC in a timely manner (within 30-90 days of the transfer/sale agreement taking place), **prior to Revalidation being due**.

MMAC Site Visits

MMAC sends notices to schedule a site visit for HCBS providers who are revalidating, newly enrolling, adding a satellite or moving locations. MMAC often has over 200 providers needing a site visit at any given time.

If you receive a link to schedule a site visit, make sure to enter your LEGAL BUSINESS NAME in the "name" field of the booking. If you book with your name and it is not your legal business name, we may not be able to find your information for the site visit.

If the system does not allow you to update that field, you will need to send an e-mail to mmac.peusitevisit@dss.mo.gov with your business name, NPI and the date you scheduled/booked so that it can be updated manually.

Please make sure you are trying out the meeting links prior to the site visit start time to make sure everything works properly.

MMAC Site Visit

Some site visits may be required to be conducted in person or may be offered in person if we are in your area.

We are conducting frequent unannounced site visits to verify whether providers are where they say they are or are in office during posted days/hours.

If there are ANY issues, delays or emergencies preventing you from conducting the site visit with MMAC, please e-mail mmac.peusitevisit@dss.mo.gov or call 573-751-5383 ASAP.

Changing Banking Accounts

- Using the current EFT on MMAC website
- 3 Step Verification: 1. review for accuracy 2. send verification email to the email on enrollment 3. verification made by submitting provider – THEN updated into the system

DO NOT close the current account until a deposit has been made into the new account or your payments will be delayed

Sometimes banking changes are kicked back for one reason or another; that is why we ask that you NOT close the old account until a deposit has been made into the new one. This is also why we state to keep your address up to date (paper checks)

HCBS Settings Requirement

To ensure that individuals receive Medicaid HCBS in settings that have access to benefits of community living and are able to receive services in the most integrated setting

To improve the quality of services for individuals receiving HCBS.

This is a requirement from CMS – it applies to all HCBS, however in MO In Home and CDS are just that –services in the home – only our heightened scrutiny providers such as Adult Day Cares are required to attend the annual training and submit forms yearly

Annual Trainings are held in November and forms are due by year end (December 31)

Contact Info:

Cindy Werdehausen

MMAC Contracts Unit

Please send emails to

mmac.ihscontracts@dss.mo.gov