

Spring 2026 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 - Non-Compliant location
- ▶ Banking Changes - I know, I Know - it's still an issue
- ▶ HCBS Setting Requirements



HCBS by the Numbers

Currently Enrolled	Pending
IHS - 798 (773)	41
CDS - 1431 (1399)	86
ADC - 148 (147)	6
27 - 205 (205)	3

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

FUSION and MMAC


As you all know the new DHSS Case Management system FUSION went live May 2025.

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

Contracts Unit is working through a special project to update information. We want to ensure that the information from the old system to the new is correct and current

Designated Managers/CDS Managers/Contact people for offices /RN Supervisor

Main phone, contact person phone; care plan email, business email, fax, alternate phone, etc.



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

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

HCBS Provider forms are always available on the MMAC website - HCBS Provider Main 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.


HCBS Change Request VS Provider Update


HCBS Change Request

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

Provider Update Form

<https://mmac.mo.gov/wp-content/uploads/sites/11/2021/04/Provider-Update-Request.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):
<input type="checkbox"/> CDS <input type="checkbox"/> In-Home <input type="checkbox"/> Reassessments <input type="checkbox"/> Adult Daycare <input type="checkbox"/> RCF (Residential Care) <input type="checkbox"/> ALF (Assisted Living)	
EMAIL ADDRESS FOR CONFIRMATION OF CHANGES:	
SECTION 2: MAIN OFFICE CHANGES	
<input type="checkbox"/> 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
<input type="checkbox"/> PHONE NUMBER CHANGES – complete the sections below as applicable:	
BUSINESS:	DIRECTOR:
DESIGNATED MANAGER:	CDS COORDINATOR:
RN SUPERVISOR:	EMERGENCY:

 MISSOURI DEPARTMENT OF SOCIAL SERVICES MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT PROVIDER UPDATE REQUEST	
This form should be completed when a MO HealthNet provider needs to update their MO HealthNet enrollment file. Refer to Provider Updates for a list of circumstances that require the completion of this form. The following guidelines must be followed. *IHS, CDS, RCF, ALF, ADC & 27 must utilize HCBS change Request form.	
<ul style="list-style-type: none"> You MUST complete Sections 1 and 2 and the form must be signed. Submit a separate form for each provider type and/or individual/group. Include the effective date where indicated. Section 6 can be used for additional comments for any of the sections completed. All 3 pages of the form must be submitted. Failure to follow these instructions could result in the denial of your request. 	
Submit completed form by fax to 573-634-3105.	
Section 1: Provider Information - Required	
Choose One:	Individual/Group National Provider Identifier (NPI)
<input type="checkbox"/> Individual Provider <input type="checkbox"/> Group Provider	
Individual Provider	Last Name First Name Middle Initial Suffix
Group Provider	Legal Business Name as Registered with Internal Revenue Service (IRS)
	Doing Business As (DBA) (if applicable) Taxonomy Code
Section 2: Contact Person for Requested Change - Required	
Name	Phone Number Email Address
Section 3: Main Address Change – Complete this section if the provider’s main practice location/remittance address is changing	



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.

When you receive the 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.

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

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.

Non Compliant Business Locations



Program Requirements: The Provider understands and agrees that business hours for its principal place of business shall be conspicuously (clearly visible, attracts notice or attention) posted.



Several Chain Office locations DO NOT allow for signage outside the suite. This goes against the above Program Requirement.



Also “locked down” locations - where a key card or code is required to access the elevator, hallway or suite is not acceptable. Potential clients and the state need access to your location.

Compliance

- ▶ Ensuring your certified managers are current with attendance to annual update meetings
- ▶ CDS reporting - Quarterly Reports and Annual Audit
- ▶ EVV - ensuring claims are validated through EAS; training on MHD
<https://share.articulate.com/Wbvecq0DS5MG-H-6p-T9W>
- ▶ HIPAA - safeguarding/protecting personal and medical info of MO Medicaid participants; this also includes sharing/taking that information or using it to move participants, look up care plans that don't belong to you for referrals or increase care plans units.

You agree to abide by HIPAA requirements via your Assurances forms

Applying vendor understands and agrees to comply with all applicable Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations and all amendments thereafter.

HIPAA is also referenced in the Program requirements

6.0 BUSINESS ASSOCIATE PROVISIONS

- 6.1 Health Insurance Portability and Accountability Act of 1996, as amended - The state agency and the contractor are both subject to and must comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and

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

Thank

You



Missouri Department of Social Services

MMAC

**Missouri Medicaid
Audit & Compliance**