

MO HealthNet Division (MHD)
Rhonda Schenewerk
Provider Education Representative

Home and Community Based Services (HCBS) Annual Update Meeting October 4, 5, 6 - 2016

# MO HealthNet Website Provider Participation Page

http://dss.mo.gov/mhd/providers/index.htm





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### Policies & Procedures

- Provider Manuals
- Provider Bulletins
- Provider Hot Tips

### Billing

- EMOMED
- Apply for EMOMED
- · RA remark codes and claim adjustment reason codes
- Radiology Benefit Management Information
- Implementation of 5010 and D.0
- Exempt Diagnosis Table 2 updated 05/11/16
- · Claims Processing and Payment Schedule
- HIPAA EDI Companion Guide
- HIPAA related Code Lists



# Browse MO HealthNet MHD General Managed Care Providers Clinical Services Participants Waiver Programs

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# MHD General Managed Care Providers Clinical Services Participants Waiver Programs



RESOURCE CENTER

HOME

**DD Waiver Manual** 

**Durable Medical Equipment** 

**Environmental Lead Assessment** 

Dental

Hearing Aid

Home Health Hospice

# State of Missouri MO HealthNet Manuals

Your complete source for all MO HealthNet related services and support for the State of MO

ABOUT WIPRO INFOCROSSING

Find everything you need - all from one convenient portal.

To learn more about the functions and features of the Provider Manuals website, CLICK HERE

School District Administrative Claiming Manual - Effective April

QUICK LINKS

School District Administration Claiming

Youth Targeted Case Management

**AIDS Waiver** Hospital Medically Fragile Adult Waiver **Adult Day Care Waiver** Adult Day Health Care - Note: This program ended June 30,2013 Nurse Midwife Aged and Disabled Waiver **Nursing Home** Ambulance Optical Personal Care **Ambulatory Surgical Center** Behavioral Health Adult Targeted Case Management Pharmacy **Behavioral Health Services** Physician CSTAR Private Duty Nursing Community Psych Rehab Program Rehabilitation Centers Comprehensive Day Rehab Rural Health Clinic

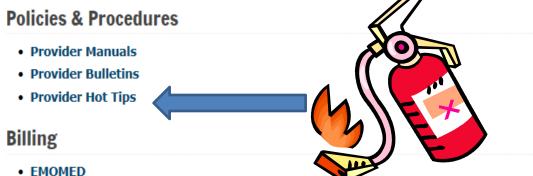
1, 2015

Therapy

Transplant.

FORMS

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# **Browse MO HealthNet** MHD General **Managed Care Providers** Clinical Services **Participants** Waiver Programs



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**Provider Education** (573) 751-6963

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### Email:

mhd.provtrain@dss.mo.gov

Register for Training Today!

http://dss.mo.gov/mhd/providers/education

### Education

- MO HealthNet Guide Puzzled by the Terminology? updated 03/01/16
   This printable guide explains the various MO HealthNet terms and codes.
- Benefit Matrix shows the various benefits for each of the MO HealthNet programs, and if they also have cost sharing or any co-pays.
- MO HealthNet Training Workshops
- Training Booklets
- 4th Quarter Webinar Trainings updated 09/14/16
- Webinar Training for Providers Determining Presumptive Eligibility updated 05/11/16
- · Audio/Visual Training



# Audio/Visual Training

The audio/visual training tool allows you to view/listen to short presentations and tips at your own pace to help you better understand certain aspects of MO HealthNet billing. Basically, the trainings are PowerPoint presentations with a voice to explain each slide. All you need is a computer with Internet access and a sound card. As additional audio/visual trainings are developed, they will be added to this page. To get started, choose one of the trainings below:

If you do not have PowerPoint, you can download the free PowerPoint viewer &

### Training on Proper Completion of Forms and/or Claims

- Assistant Surgeon & Related Post-Operative Care 6 file size: 1.72MB\*
- Determining Eligibility @ updated 12/05/12 file size: 6.6MB\*
- Determining Eligibility @ read-only updated 12/05/12 file size: 6.6MB\*
- Hospice Program: Forms & Certification file size: 5.08MB\*
- Hysterectomy Consent Form file size: 5.58MB\*
- Inpatient Medicare Part A Crossover Claim Filing on eProvider updated: 03/13/12, file size: 3.36MB\*
- Medicare Part B Crossover Claim Filing @ updated: 06/05/12, file size: 5.13MB\*
- Medicare Part B of A Crossover Claim Filing @ updated: 03/13/12, file size: 5.31MB\*
- Multiple Surgical Procedures file size: 2.45MB\*
- Online Outpatient Claim Form 6 file size: 6.43MB\*
- PI-118 Form (Restricted Participant Form) file size: 3.91MB\*
- Provider ICD-10 Resources @ file size: 3.82MB
- Psychology/Counseling Prior Authorization file size: 5.64MB\*
- Sterilization Consent Form file size: 5.43MB\*

<sup>\*</sup> Large file size. Depending on your connection speed, may take a few minutes to download.





### Puzzled by the Terminology? A Guide for Providers

### MO HealthNet Missouri's Medicaid Program

The MO HealthNet Division provides health care access to low income individuals that are elderly, disabled, members of families with dependent children, children in low-income families, uninsured children, pregnant women, refugees, or children in state custody. Adults in Medical Eligibility (ME) categories that pertain to persons who are in the Aid to the Blind or pregnant women programs receive a full comprehensive benefit package including primary, acute and preventive care, hospital care, dental, prescriptions, and vision. All other adults receive a limited benefit package of services depending on their ME category. Services are received through a fee-for-service (FFS) or managed care delivery system. Providers can determine whether members are covered by Managed Care or FFS by calling the Interactive Voice System (IVR) at 573-751-2896 and using option "1" or through the internet at <a href="https://emomed.com">https://emomed.com</a>.

The MO HealthNet FFS program serves participants not enrolled in MO HealthNet Managed Care, and provides some services not included in MO HealthNet Managed Care. All of Missouri's MO HealthNet providers are automatically enrolled as approved providers eligible to treat MO HealthNet FFS participants. Participants may freely choose which approved provider they go to for care under the FFS delivery system.

The MO HealthNet Managed Care program serves MO HealthNet Managed Care members in 54 counties of Missouri (see the chart below). MO HealthNet Managed Care members may be seen by any MO HealthNet FFS provider until the member's enrollment is effective in a MO HealthNet Managed Care health plan. MO HealthNet Managed Care members must select a health plan and a primary care provider (PCP) within the Managed Care health plan. Managed Care providers may refer the member to other providers based on care needed.

The ME codes for adults included in the MO HealthNet program are as follows:

### Full Comprehensive Package

	Telegraphic Literature				
ME Code	<u>Description</u>	Limited Benefit Package Continued			
03	Aid to the Blind	ME Code	Description		
12	MO HealthNet - Aid to the Blind	13	MO HealthNet - Permanently and Totally Disabled		
15	Supplemental Nursing Care - Aid to the Blind	14	Supplemental Nursing Care - Old Age Assistance		
18	MO HealthNet for Pregnant Women	16	Supplemental Nursing Care - Permanently and Totally Disabled		
43	Pregnant Woman - 60 Day Assistance (MHF criteria)	19	Cuban Refugee		
44	Pregnant Woman - 60 Day Assistance - Poverty	21	Haitian Refugee		
45	Pregnant Woman - Poverty	24	Russian Jew		
61	MO HealthNet for Pregnant Women - Health Initiative Fund (HIF)	26	Ethiopian Refugee		
95	Show-Me Healthy Babies (SMHB) Pregnant Women income above	55	Qualified Medicare Beneficiary (QMB)		
	196% and up to 300%	58	Presumptive Eligibility (Subsidized)		
96	SMHB Unborn Child income 0 to 300%	59	Presumptive Eligibility (Non-Subsidized)		
98	SMHB Post-Partum	80	Extended Women's Health Services		
		81	Temporary Assignment Category		
Limited Benefit Package		82	Missouri Rx (MORx) - (Medicare Part D wrap -around benefits)		
ME Code	Description	83	Breast or Cervical Cancer Control Project (BCCCP) - Presumptive		
01	Old Age Assistance	84	Breast or Cervical Cancer Control Project (BCCCP) - Regular		
02	Blind Pension	85	Ticket to Work Health Assurance -Premium		
04	Permanently and Totally Disabled	86	Ticket to Work Health Assurance - Non-Premium		
05	MO HealthNet for Families - Adult	89	Uninsured Women's Health Services		
10	Refugees other than Cuban, Haitian, Russian Jew, or Ethiopian	94	Show-Me Healthy Babies Presumptive Eligibility income to 300%		
11	MO HealthNet Old Age Assistance				

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- · MO HealthNet Training Workshops
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- 4th Quarter Webinar Trainings updated 09/14/16
- Webinar Training for Providers Determining Presumptive Eligibility updated 05/11/16
- Audio/Visual Training



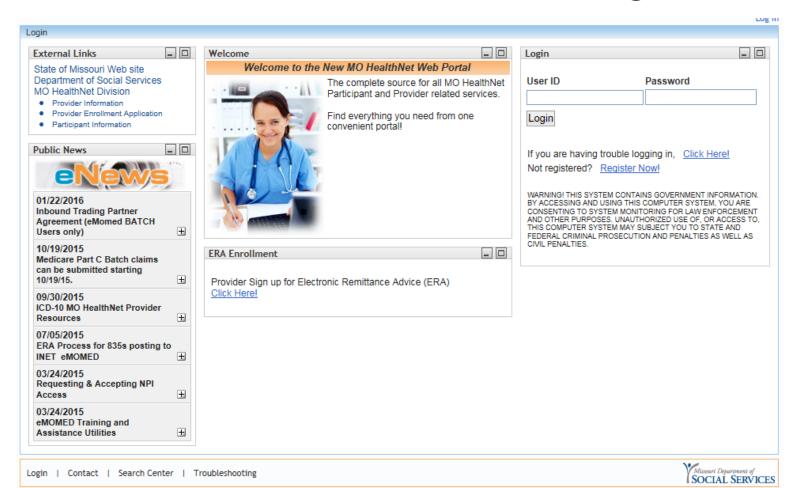
Services	MO HealthNet	MO HealthNet for Adults	MO HealthNet for	MO HealthNet for Kids
OCI MOCO	Health Plan	Medical Assistance for Families	Pregnant Women	Medical Assistance for Families
	Covered Services	Transitional Medical Assistance	r regnant Women	Transitional Medical Assistance
	This column indicates	Refugee Assistance		MO HealthNet for Newborns, Refugee Assistance
	whether the service is	Relugee Assistance		State Custody, Foster Care, Adoption Subsidy
	covered by			Juvenile Courts
	MO HealthNet	ME Codes	ME Codes	ME Codes
	MO HealthNet	ME Codes	18, 43, 44, 45, 61, 95,	ME Codes
	Managed Care	05, 10, 19, 21, 24, 26	96, 98	06, 07, 08, 29, 30, 36, 37, 38
	Health Plans. To	05, 10, 19, 21, 24, 20	80, 80	40, 50, 52, 58, 57, 60, 62,
Copay/Cost Sharing - Note 1	determine coverage			64, 65, 66, 68, 69, 70
oopay/oost onaring Note 1	for specific ME codes			01, 00, 00, 00, 10
	see additional columns.			
Applied Behavior Analysis (ABA)	No 12	Yes 26	Yes 26	Yes 26
Ambulance (emergency only)	Yes	Yes	Yes	Yes
Ambulatory Surgical Care	Yes	Yes	Yes	Yes
Birthing Center	Yes	Yes	Yes	Yes
Targeted Case Management - Foster Care	No 12	No	No	Limited 16
Targeted Case Management - HCY & Lead	Yes	No 5	No 5	Yes
Targeted Case Management - MRDD	No 12	Yes	Yes	Yes
Targeted Case Management - MI & SED	No 12	Yes	Yes	Yes
Targeted Case Management - Prenatal	Yes	Yes	Yes	Yes
Certified nurse practitioners	Yes	Yes	Yes	Yes
Community psychiatric rehabilitation services	No 12	Yes	Yes	Yes 3
Comprehensive day rehabilitation services for head-injured	Yes	No 5	Yes	Yes
Comprehensive substance treatment and rehabilitation	No 12	Yes	Yes	Yes 3
Dental	Yes	Limited 19	Yes	Yes
Dentures	Yes	No 5	Yes	Yes
Diabetes self management training	Yes	No 5	Yes	Yes
Durable medical equipment	Yes	Yes	Yes	Yes
Environmental lead assessments	No 12	No 5	No 5	Yes
Family planning	Yes	Yes	Yes	Yes
Hearing aid (audiology)	Yes	No 5	Yes	Yes
Home health	Yes	Yes 21	Yes	Yes
Hospice	Yes	Yes	Yes	Yes
ICF/MR	No	No	No	Limited 18
Inpatient hospital	Yes	Yes	Yes	Yes
Lab/X-ray	Yes	Yes	Yes	Yes
Non emergency medical transportation	Yes	Yes	Yes	Yes 3
Nurse midwife	Yes No	Yes	Yes No	Yes No
Nursing facility		No Van E 4 E		
Optical Otherlands	Yes Yes	Yes 5,15	Yes 25 No 5	Yes
Orthodontics Outpatient hospital	Yes	No 5 Yes	Yes	Yes Yes
Outpatient hospital				Yes Yes
Personal care Pharmacy Note 2	Yes No 12	Yes Yes	Yes Yes	Yes
Physician/Certified Nurse Practitioner/clinic/FQHC/RHC	Yes 8	Yes	Yes	Yes
Podiatry	Yes	Yes	Yes	Yes
Private duty nursing	Yes	No 5	No 5	Yes
Psychologists Psychologists	Yes 6	Yes	Yes	Yes
Rehabilitation Center	Yes	No 5	Yes	Yes
Social Workers/Counselors	Yes 6	Yes 5,11	Yes 5,11	Yes
Therapy-Occupational, Physical, & Speech (Independent Practice)	Yes 13	No 5	No 5	Yes
Transplants	No 7	Yes	Yes	Yes 17
Transpiants	NO /	162	res	res 1/

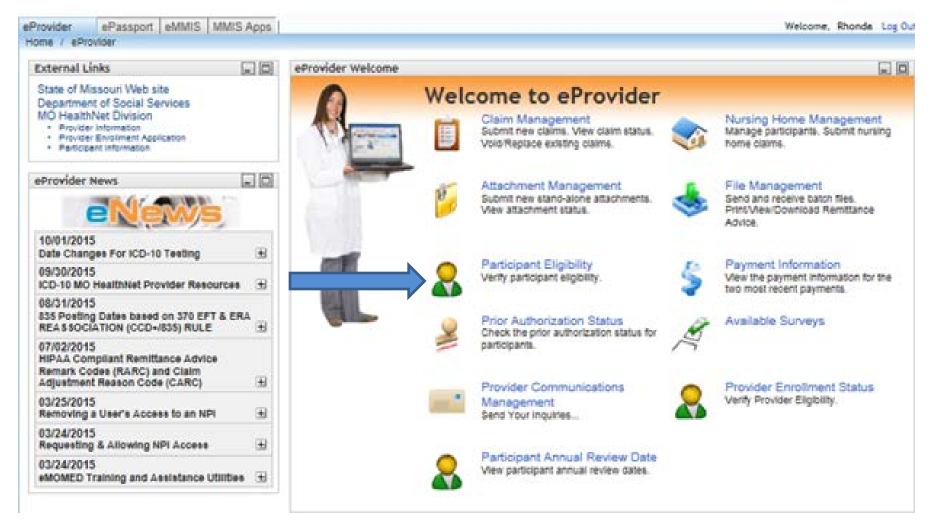


# **eMOMED**

# P Electronic Claim Filing







Interactive Voice Response (IVR) (573) 751-2896

Determining Eligibility PowerPoint

http://dss.mo.gov/mhd/providers/education/avtrain.htm

Provider responsibility to verify eligibility on the date services are rendered

Home / eProvider

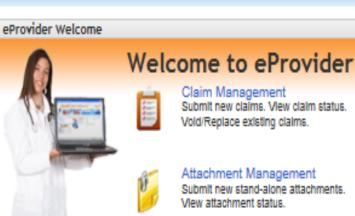
### External Links

State of Missouri Web site Department of Social Services MO HealthNet Division

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- Provider information
- Provider Enrollment Application
- Participant Information











Send Your Inquiries...





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Send and receive batch files.

File Management

home claims.



Print/Mew/Download Remittance Advice.



Payment Information View the payment information for the two most recent payments.

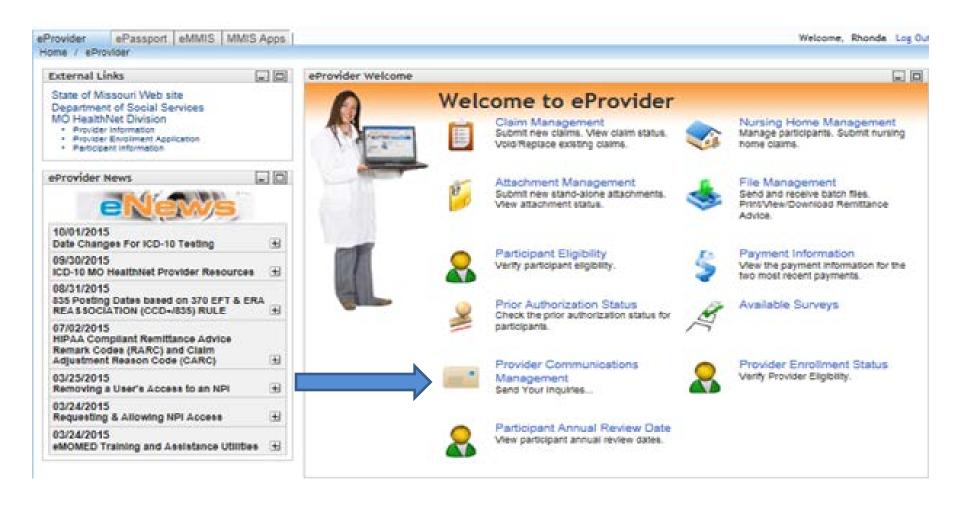


Available Surveys



Provider Enrollment Status Verify Provider Eligibility.





Provider Communications Unit (573) 751-2896

<u>Providers Initial Contact</u> for claim filing inquiries or questions, claims resolutions and disposition, and participant verification and questions.

Provider Communications Unit PO Box 5500 Jefferson City, MO 65102-2500

# **Resources and Contact Information**

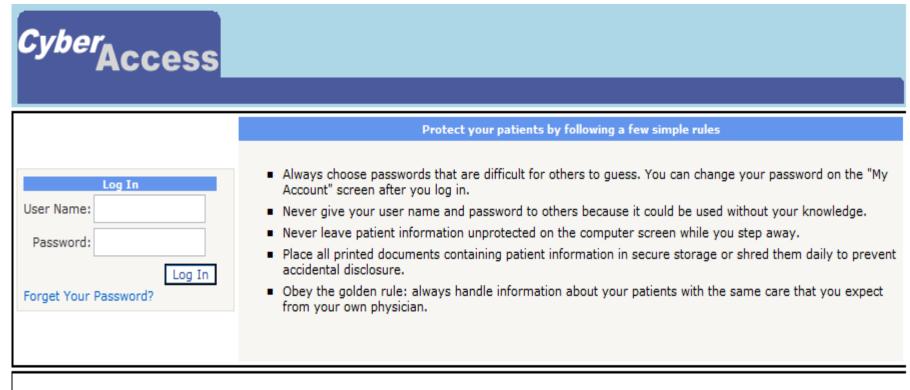


Contact: (888) 581-9797 or (573) 632- 9797

Email: CyberAccessHelpdesk@xerox.com

Web address: <u>www.cyberaccessonline.net</u>

Tips: <a href="http://dss.mo.gov/cd/info/forms/reference/cyberaccess-helpful-tips.pdf">http://dss.mo.gov/cd/info/forms/reference/cyberaccess-helpful-tips.pdf</a>



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### **Participant Eligibility**

An individual may apply for medical assistance at the county Family Support Division (FSD) office in which (s)he resides, or in some cases at outreach sites. Applications for MO HealthNet Managed Care may be made by phone by calling (888) 275-5908 or by mailing a completed MO HealthNet Managed Care application to a MO HealthNet Managed Care Service Center.

If the individual is determined eligible, the individual or family receives an approval letter from the FSD county office that is valid until they are issued a MO HealthNet identification card with the next regular payroll. Participants eligible for MO HealthNet Managed Care must enroll in a health plan. The MO HealthNet Managed Care participant must present the MO HealthNet card and the MO HealthNet Managed Care health plan card each time a medical service is rendered.

- Participant Handbook updated 12/05/11
- Manual del Participante



### **Participant Resources**

- Managed Care Consumer Advisory Committee Flyer updated 02/16/12
- Médica Controlada Comité Asesor para el Consumidor folleto
- · Eligibility Resources
- Premiums for members of a federally-recognized American Indian or Native Alaskan tribe
- · Participants Frequently Asked Questions
- MO HealthNet Provider Search
- Other Helpful Contact Information
- Change of Address
- Health Insurance Premium Payment (HIPP) Program
- Non-Emergency Medical Transportation

### **Participant Forms**

- Spend down Automatic Withdrawal Form 10/17/12
- MO HealthNet Premium Automatic Withdrawal Form updated 10/17/12
- Ticket to Work Health Assurance Automatic Withdrawal Form updated 10/17/12

Participant Services Unit (800) 392-2161
Family Support Division (855) 373-4636
May apply at <a href="https://www.mydss.mo.gov">www.mydss.mo.gov</a>

# Browse MO HealthNet MHD General Managed Care Providers Clinical Services Participants Waiver Programs

### **Featured Links**

Calendar of Events
Missouri Medicaid Audit & Compliance
MO HealthNet News Archives

# MO HealthNet Help Desk (573) 635-3559

Email: <u>internethelpdesk@momed.com</u>

- > Technical support and assistance with www.emomed.com
  - Establish required electronic claims
  - Remittance Advice formats
  - Network communication
  - HIPAA trading partner agreements



# MO HealthNet (Medicaid) for People with Disabilities

### Additional Forms MO HealthNet Application Appointment of Authorized Representative 🛂 Authorized Representative Revocation 🙆 If you do not receive SSD or SSI, the following forms may be needed: Disability Questionnaire 🙆 Work History-Past 10 Years Hospitals, Medical Facilities & Physicians Seen 🛂 Authorization for Disclosure of Medical Information Spend Down Provider Bulletin introducing Spend Down Unit 🛂 Regional Spend Down Unit List 🙉 MO HealthNet Spend Down Provider Form 🎏 Provider Attestation of Physician's Order of Medical Necessity 12 MO HealthNet Spend Down Transportation Expense Log 🍱

# Additional Program Information Aged, Blind and Disabled Program Descriptions 🛂 Aged, Blind and Disabled Income and Asset Limit Chart 2 **Other Programs** Medicare Cost Savings Programs Nursing Home Coverage Home and Community Based Services Adult Supplemental Payments Prevention of Spousal Impoverishment





Family Support Division, MHD for the Aged, Blind and Disabled webpage <a href="http://dss.mo.gov/fsd/health-care/mo-healthnet-for-people-with-disabilities.htm">http://dss.mo.gov/fsd/health-care/mo-healthnet-for-people-with-disabilities.htm</a> (Email) <a href="mailto:SpendDown.Unit@dss.mo.gov">SpendDown.Unit@dss.mo.gov</a>

(Fax) 855-600-3754

(Phone) 855-600-4412

# MO HealthNet Spenddown Provider Form Bulletin: March 18, 2016

- Verifying Eligibility for Coverage
  - > Electronically via eMOMED at <a href="https://www.emomed.com">www.emomed.com</a>
  - Email verification via eMOMED, Provider Communication Management
  - ➤ Interactive Voice Response (IVR) system at 573-751-2896, option 1 for "MHD Participant Eligibility
- Provider Spenddown Form
  - MO HealthNet Spend Down Provider Form
  - > Providers may scan and email form to <a href="mailto:sesd@ip.sp.mo.gov">sesd@ip.sp.mo.gov</a>
  - > Questions or problems, email <a href="mailto:SpendDown.Unit@dss.mo.gov">SpendDown.Unit@dss.mo.gov</a> or
  - > Fax the form to: 855-600-3754
  - Spenddown Office Phone Number: 855-600-4412
- See bulletin for further details

http://dss.mo.gov/mhd/providers/pdf/bulletin38-40\_2016may18.pdf

# MO HealthNet Spenddown Provider Form Bulletin: May 18, 2016

- Spenddown Defined
  - ➤ Family Support Division (FSD) determines MHD eligibility and sets the coverage effective dates Phone: 1-855-373-4636
  - ➤ MHD administers and processes claims for healthcare coverage services
- Options to Meet Spenddown
  - > Patient may submit full payment directly to MHD
  - > Auto withdrawal from participant's bank account
  - ➤ May submit incurred unpaid and paid medical expenses (bills) to FSD office
  - > Partial pay and bill submission options
  - > Out of pocket and carryover options that may be utilized
  - > Providers may submit Spenddown Provider Form
- See bulletin for more details

http://dss.mo.gov/mhd/providers/pdf/bulletin38-40 2016may18.pdf



# MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION

### MO HealthNet Spend Down Provider Form

**Provider Instructions:** Please assist your patient by completing the following information. By completing this form, you are verifying medical expenses have been incurred and are owed by your patient. The "Total Daily Expense Patient is Responsible to Pay" column should reflect the patient's incurred expenses for which they are personally responsible to pay. **ATTENTION:** All fields on this document are <u>required</u> to be completed, unless an attachment(s) verifying the required information for the incomplete field is provided. Patient Name (Print): MO HealthNet Number: Provider Name: Hospital: In-patient ☐ Pharmacy ■ Other Check One: Doctor Out-patient Date of Service Procedure Name of Total Amount Write off Total Daily Total Service Description Code Liable Third Amount or Other Expense Amount of Patient is Party(s) of Charge Expense Discount Billable to Billable Responsible ( i.e. State Only to Third Indigent to Pav Funds (i.e. Waiver) Party DMH. DHSS contracts) CPR EXAMPLE: 90862 \$0.00 \$80.00 Medication DMH\$80.00 \$80.00 \$0.00 08/01/2012 Services





