

Missouri Medicaid Audit & Compliance

Provider Enrollment Unit





There are 60,300 enrolled MO HealthNet fee-for-service providers



Residential Care Facilities – 321

Assisted Living Facilities - 98



Adult Day Care Waiver Providers

July 2014	113
April 2016	117
April 2017	123
April 2018	126



Adult Day Care Waiver – Authorized Participants

More than 100	6
50 to 99	10
25 to 49	20
10 to 24	53
1 to 9	40
0	3

2,436 Participants Authorized

In-Home Services Aged & Disabled Waiver

July 2014	367
July 2015	389
April 2016	419
April 2017	478
April 2018	506



In Home Services – Authorized Clients

500 to 2,500	20
250 to 499	27
100 to 249	76
50 to 99	85
10 to 49	178
1 to 9	60
0	60

Consumer Directed Services

July 2014 306

July 2015 385

April 2016 462

April 2017 605

April 2018 741



Consumer Directed Services – Authorized Clients

1,000 to 1,500	2
500 to 999	9
250 to 499	17
100 to 249	40
50 to 99	64
10 to 49	279
1 to 9	244
0	86

There are currently 276 providers enrolled to conduct “Reassessments” on Medicaid participants, an increase from 249 in April 2017



Pending:

Adult Day Care	1
RCF	0
ALF	0
In-Home Services	45
CDS	95



Calendar Year 2017

Terminated Providers: 42

Rejected Application/Proposal: 74



Site Visits

Pre-enrollment and Post Enrollment



MMAC staff may conduct random, unannounced, drive-by or walk-by visits during normal business hours. The purpose of these visits will be to check compliance with regulation and program requirements.



Business Open?

Signage?

Posted Hours?

Change Requests & EFT forms

- Must be completed in full and signed.
- All forms must have correct legal and DBA name.
- Bank account changes require both an MMAC EFT Authorization Agreement **and** a Vendor Input/ACH-EFT Application.
- Account change is not immediate. It takes 10 days from date of keying.



Home and Community Based Services

Home » providers » provider-enrollment » home-and-community-based-services



MMAC's enrollment of home and community based care providers plays an integral role in allowing the **Department of Health and Senior Services** (DHSS) to provide home-based services to eligible individuals who wish to remain in a community setting.

All potential contractors must submit a proposal outlining their business practices and demonstrating an ability to serve the needs of the populations served by DHSS. Home and community based care providers must also make assurances regarding compliance with applicable federal and state laws, regulations, and orders relative to the provision of services.

NOTE: Currently enrolled In-Home Services (IHS) and Consumer-Directed Services (CDS) providers' participation agreements are valid for five (5) years. This is consistent with re-validation requirements. Most currently enrolled IHS and CDS providers have a renewal date of June 30, 2019. Providers can check the date by looking at their copies of the participation agreements.

The information provided on this site is intended as a resource for current home and community based care providers and potential contractors. You may click on any of the links listed to obtain additional information.

- **In-Home Services & Consumer Directed Services Proposal Information**
- **Application Fee Information**
- **Information Sheet: HCBS Setting Requirements**
- **Provider Self Assessment – HCBS Setting Requirements**
- **Initial Provider Survey Results – HCBS Setting Requirements**
- **Provider Certification Training & Annual Provider Update Meeting**
- **Provider Contracts Forms**
- **Reassessment Packet**
- **Adult Day Care Waiver Services**
- **DMH Providers Reporting ISL Variance**
- **CDS Audit Guidance**

HCBS Related

- [Provider Certification Training](#)
- [Provider Update Meeting](#)
- [DSDS e-News](#)
- [DHSS Provider Memos](#)
- [HCBS Web Tool](#)

Helpful Links

- [Civil Rights Contract Compliance](#)
- [Centers for Medicare & Medicaid \(CMS\)](#)
- [OIG Exclusions List Search](#)
- [2011 Patient Protection & Affordable Care Act \(PPACA\)](#)
- [Report Public Assistance Fraud](#)



[Home](#)

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[Participants](#)

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Provider Contracts Forms

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[Business Organizational Structure](#)

[Change Request Form](#)

[Change Request Instructions](#)

[CDS Annual Service Report](#)

[CDS Quarterly Financial & Service Report](#)

[CDS Quarterly Financial & Service Report Instructions](#)

[Vendor Input/ACH-EFT Application](#)

[EFT – Paper Form](#)

[Vendor Profile](#)

[Financial Management Services \(FMS\) Addendum](#)

HCBS Related

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Revalidating Providers



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New state and federal regulations require all currently enrolled Medicaid providers to revalidate their enrollment at least every five (5) years. MMAC has established a [revalidation schedule](#) for all currently enrolled providers. During the next two state fiscal years (July 1, 2015 to June 30, 2017), MMAC will concentrate on revalidating the approximately 20,000 currently enrolled Physicians (MD and DO). During state fiscal year 2018, MMAC will revalidate individual providers such as Dentists, Podiatrists, Advanced Practice Nurses and Licensed Professional Counselors. During state fiscal years 2019 and 2020, MMAC will revalidate any remaining individual non-physician practitioners and all institutional providers such as hospitals, clinics, pharmacies and nursing homes.

MMAC will contact currently enrolled providers approximately 120 days prior to their scheduled revalidation due date. Instructions and forms will be provided by mail or e-mail. The completed revalidation applications forms, and any requested accompanying documentation, should be returned to MMAC prior to the established due date using one of the following methods:

- Scan and e-mail to MMAC.Revalidation@dss.mo.gov
- Fax to MMAC Revalidation at (573) 634-3105
- Mail to MMAC Revalidation, Missouri Medicaid Audit & Compliance, P.O. Box 6500, Jefferson City, MO 65102 or the physical address is 205 Jefferson Street, 2nd Floor, Jefferson City, MO 65102.

[Applications and Forms](#)

[Application Fees](#)

[Provider Revalidation Schedule](#)

[Fingerprint Based Criminal History Checks](#)

[Provider Assigned Risk Categories](#)

[Site Visits](#)

Revalidating Providers

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- [Site Visits](#)

Expediting Revalidation

- HCBS providers enrolled prior to June 30, 2013 will be first to receive packets by email.
- Revalidating by EIN
- Site visit required
- Application Fee required -one fee per EIN
- New Title XIX forms
- This is NOT Contract Renewal (2019)

Questions or Problems

MMAC.IHSContracts@dss.mo.gov

(573)751-3399

MMAC.Revalidations@dss.mo.gov

(573)751-3399



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