# Missouri Medicaid Audit & Compliance

## **Provider Enrollment Unit**

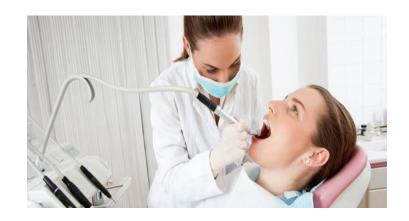






# There are <u>60,300</u> enrolled MO HealthNet fee-for-service providers





### 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

# In-Home Services Aged & Disabled Waiver

July 2014 367

July 2015 389

**April 2016** 419

**April 2017** 478

**April 2018** 506



#### <u>In Home Services – Authorized Clients</u>

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

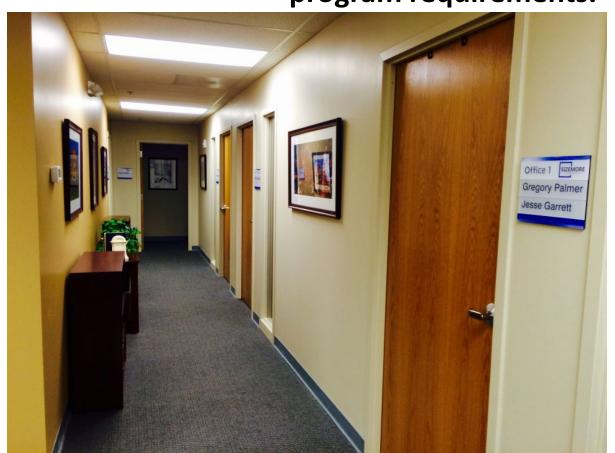


#### **Site Visits**

#### **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 <u>in full</u> and <u>signed</u>.
- 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**

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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 revalidation 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

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**Participants** 

Fraud, Waste & Abuse

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#### **Provider Contracts Forms**

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Business Organizational Structure 🛂

Change Request Form 🍱

Change Request Instructions **□** 

CDS Annual Service Report 15

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 🎏

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#### Revalidating Providers





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 <u>revalidation schedule</u> of 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, 2<sup>nd</sup> 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

- · Applications and Forms
- Application Fees
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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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