Missouri Medicaid Audit & Compliance

Provider Enrollment Unit







There are 58,195 enrolled MO HealthNet fee-for-service providers





Residential Care Facilities - 319

Assisted Living Facilities - 100



Adult Day Care Waiver Providers

April 2016 117

April 2017 123

April 2018 126

October 2018 125



In-Home Services Aged & Disabled Waiver

July 2015 389

April 2016 419

April 2017 478

April 2018 506

October 2018 527



Consumer Directed Services

July 2015 385

April 2016 462

April 2017 605

April 2018 741



October 2018 790

There are currently 282 providers enrolled to conduct "Reassessments" on Medicaid participants, an increase from 249 in April 2017



Pending:

Adult Day Care 3
RCF 0
ALF 0
In-Home Services 43
CDS 103



Calendar Year 2017

Terminated Providers: 42

Rejected Application/Proposal: 74

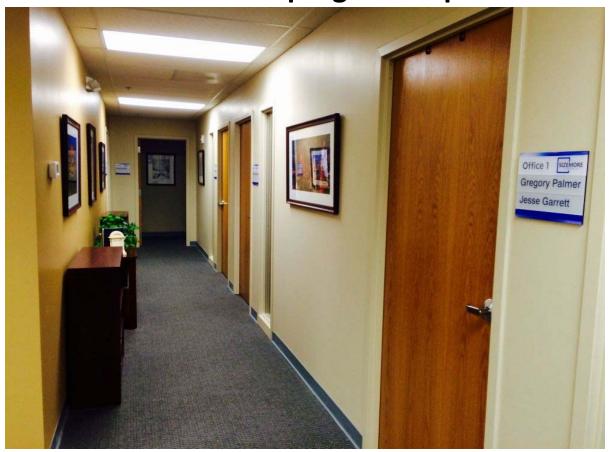


Site Visits

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.

Enter Keyword or Phrase...

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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 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.

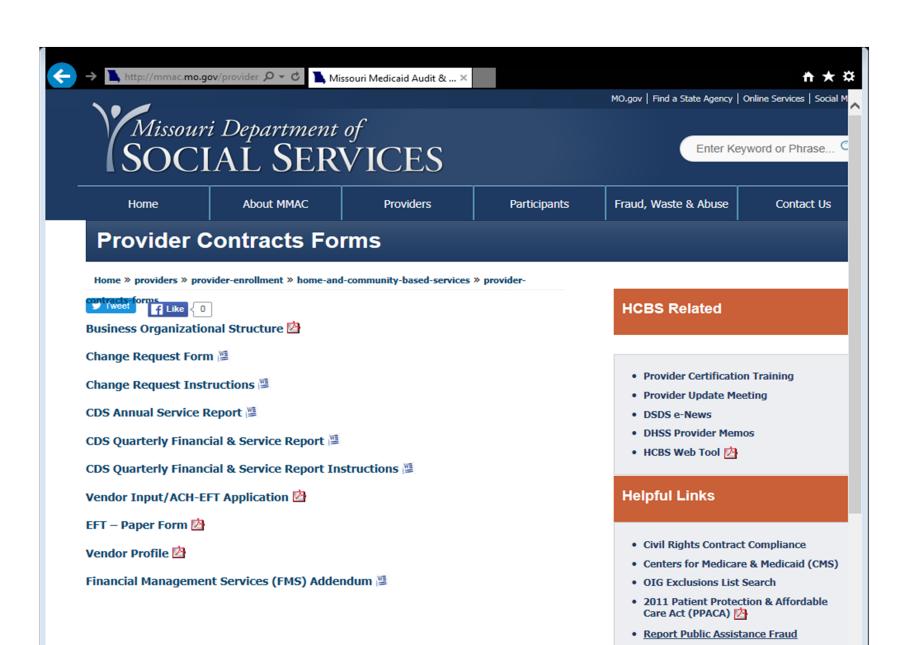
- In-Home Services & Consumer Directed Services Proposal Information
- HCBS Provider Revalidation
- Application Fee Information
- Information Sheet: HCBS Setting Requirements
- Provider Self Assessment HCBS Setting Requirements
- Initial Provider Survey Results HCBS Setting Requirements
- Provider Certification Training & Provider Update Meetings
- Provider Contracts Forms
- Reassessment Packet
- Adult Day Care Waiver Services
- · Residential Care Facility / Assisted Living Facility Packet
- · DMH Providers Reporting ISL Variance
- CDS Audit Guidance
- EVV Tool Kit

Enrolling Providers

- New Providers
- Revalidating Providers
- · Ordering, Prescribing & Referring (OPR) Providers
- Organized Health Care Delivery System (OHCDS)
 Providers

HCBS Related

- Provider Certification Training
- Provider Update Meeting
- DSDS e-News
- DHSS Provider Memos
- HCBS Web Tool Information
- EVV Tool Kit [2]



Revalidating Providers





State and federal regulations require all currently enrolled Medicaid providers to revalidate their enrollment at least every five (5) years. MMAC will contact currently enrolled providers by email approximately 90 days prior to their scheduled revalidation due date. The completed revalidation forms, and any requested documentation, should be returned to MMAC prior to the established due date using **one** of the following methods:

- Fax to MMAC Revalidation at (573) 634-3105
- Scan and e-mail to Revalidation@dss.mo.gov
- 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.

** MMAC anticipates having an electronic portal for revalidations available in late 2018 or early 2019.

Applications

- Individual application (individual providers only) Revalidation App fillable form
- Facilities and other organizations contact Revalidation@dss.mo.gov

Application Fees

Fingerprint Based Criminal History Checks

Provider Assigned Risk Categories

Site Visits

Home and Community Based Providers Only

- HCBS providers will be renewing contracts and revalidating at the same time.
- A site visit will be required in most cases.
- View is list of HCBS providers and their revalidation due dates.
- HCBS Provider Revalidation Applications (5 electronic versions)

ADC Revalidation - fillable form

CDS Revalidation – fillable form

IHS Revalidation - fillable form [2]

RCF-ALF Revalidation - fillable form

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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
- Contract will be renewed at the same time.
- Double check the email address for your provider on the Revalidation Due Date spreadsheet
- New Portal will go live for providers 1/7/19.

Questions or Problems

MMAC.IHSContracts@dss.mo.gov (573)751-3399

MMAC.Revalidation@dss.mo.gov (573)751-3399



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