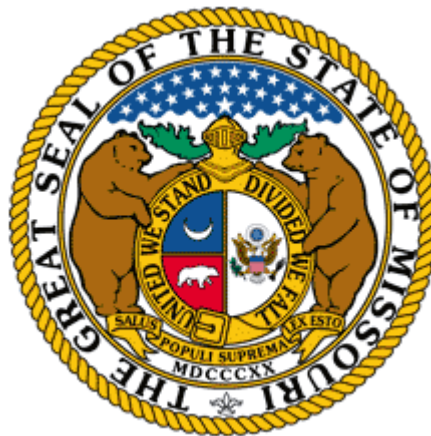


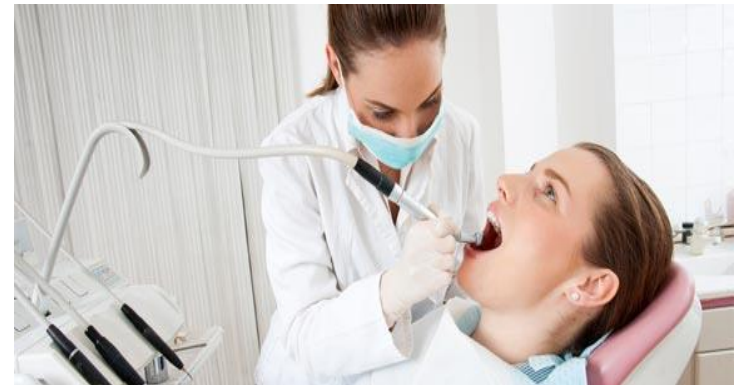
Missouri Medicaid Audit & Compliance

Provider Enrollment Unit





There are 62,775 enrolled MO HealthNet fee-for-service providers



Residential Care Facilities – 312

Assisted Living Facilities - 96



Adult Day Care Waiver Providers

April 2016	117
April 2017	123
April 2018	126
April 2019	124



In-Home Services Aged & Disabled Waiver

July 2015	389
April 2016	419
April 2017	478
April 2018	506
April 2019	535



Consumer Directed Services

July 2015	385
April 2016	462
April 2017	605
April 2018	741
April 2019	837



There are currently 255 providers enrolled to conduct “Reassessments” on Medicaid participants, an increase from 249 in April 2017



Pending:

Adult Day Care	5
RCF	0
ALF	0
In-Home Services	49
CDS	104



Calendar Year 2018

Terminated Providers: 67

Rejected Application/Proposal: 100



CDS Orientation Meeting

- **Will be held every other month**
- **Proof of attendance is a required part of the CDS proposal.**
- **Geared toward new providers, but others welcome to attend. New providers will take priority and you may be “bumped.”**
- **Topics include: CDS program overview, proposal process & requirements, HIPPA, FCSR screenings, fraud, etc.**

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.
- Do not close your old bank account until you receive our payment into the new one.
- PAY TO: is it current?


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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](#) 
- [EVR 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](#)
- [EVR Tool Kit](#) 



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Provider Contracts Forms

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[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

- [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](#)

Expediting Revalidation

- 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.
- Contract expiration date will be the same as your next revalidation due date
- Extending contracts for those not due to revalidate.
- Go to www.eMOMED.com to revalidate

Revalidation Status

- <https://mmac.mo.gov/provider-revalidation-deadline/>
- www.emomed.com
- If the next revalidation status is in the future, you are not past due.
- If your next revalidation status is in the past, and your status does not read “submitted,” you are past due.

Questions?

MMAC.IHSContracts@dss.mo.gov

(573)751-3399

MMAC.Revalidation@dss.mo.gov

(573)751-5238



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