

BILLING PROVIDER ENROLLMENT SNAPSHOT

Providers must enroll with Missouri Medicaid Audit and Compliance (MMAC) in order to be reimbursed for medical services provided to MO HealthNet participants. The MMAC Provider Enrollment Unit is responsible for enrolling new providers and maintaining provider records for over 60 Missouri Medicaid provider types.

Providers who participate in the MO HealthNet Program agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants. A participant cannot be billed for the difference between the MO HealthNet payment and the provider's billed charges.

All providers of MO HealthNet must have a valid **Title XIX Participation Agreement** with the Missouri Department of Social Services, MMAC. An investigation of the provider's professional background will be conducted pursuant to 13 CSR 70-3.020. The validation of the participation agreement depends upon the Director of DSS or their designee's acceptance of an application for enrollment.

Below is a snapshot of documents that are required for each provider type when applying to be a MO HealthNet provider. This is not all the documents that are required; refer to the MO Medicaid Audit and Compliance (MMAC) Provider Enrollment Guide for more information.

Fee Req'd	State and federal require MMAC to collect an application fee . The application fee is currently set at \$688.00 for all new and revalidating "institutional" Medicaid providers. "Individual" providers such as physicians, dentists and other individual non-physician practitioners are not required to pay the application fee.		Online	Complete application online	
			Paper	Email MMAC.ProviderEnrollment@dss.mo.gov for the most current application	
			BOS Req'd	Business Organizational Structure form	
NPI Req'd	National Provider Identifier – Unique identification number for covered health care providers.		EFT Agrmt	Electronic Funds Transfer Authorization Agreement , including a voided check or bank letter	
Medicare Req'd	For this provider type, you must be enrolled in Medicare. For information on how to enroll, visit CMS Become a Medicare Provider or Supplier .		IRS Verf	IRS documentation that reflects the same name as listed on the Business Organizational Structure form	
Assigned Risk Category – For more information, review Provider Assigned Risk Categories					
Limited	Meets Federal/State requirements, license/certification verifications, database checks, etc.	Moderate	Limited requirements plus a site visit at the service location address.	High	Moderate requirements and fingerprint criminal background checks .
√*	When conditions are met, review Provider Enrollment Guide	√**	If the provider is a performing provider (working for a MO HealthNet enrolled group or clinic) the specified form is not required.	*	Notification of a fee been paid to Medicare in the past two years waives Application fee

For questions regarding Medicaid enrollment, email MMAC.ProviderEnrollment@dss.mo.gov

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Provider Type	Provider ID #	Fee Req'd	NPI Req'd	Medicare Req'd	Bordering State Allowed	Out of State Allowed	Online/ Paper Application	BOS Req'd	EFT Agrmt	IRS Verf	Risk Level
Acupuncture	72		√		√		<u>Online</u>	√**	√**	√**	Limited
Adult Day Health Care	29	See Home and Community Based Services information below									Moderate
Aged & Disabled Waiver Homemaker/Chore and Respite	28	See Home and Community Based Services information below									Moderate
Ambulance – Ground/Air	80		√	√	√	√*	<u>Paper</u>	<u>BOS</u>	<u>EFT</u>	√	Moderate
Ambulatory Surgical Center (ASC)	50		√	√	Y		<u>Online</u>	√	√	√	Limited
Area Agency on Aging	28	See Home and Community Based Services information below									Moderate
Assistant Behavior Analyst	73		√		√		<u>Online</u>	√**	√**	√**	Limited
Assistant Physician	21		√		√	√	<u>Online</u>	√**	√**	√**	Limited
Assisted Living Facility	26	See Home and Community Based Services information below									Moderate
Audiologist/Hearing Instrument Specialist	33		√		√		<u>Online</u>	√**	√**	√**	Limited
Autism Clinic	50	√	√		√	√	<u>Online</u>	√	√	√	Limited
Behavior Analyst	73		√		√		<u>Online</u>	√**	√**	√**	Limited
Certified Community Behavioral Health Clinic	88	*	√				<u>Paper</u>	<u>BOS</u>	<u>EFT</u>	√	Limited
Certified Registered Nurse Anesthetist (CRNA)	91		√		√		<u>Online</u>	√**	√**	√**	Limited
Chiropractor	23		√				<u>Online</u>	√**	√**	√**	Limited
Community Mental Health Center (CMHC)	56		√	√	√		<u>Online</u>	√	√	√	Limited
Community Psychiatric Rehabilitation Center	87	*	√				<u>Paper</u>	<u>BOS</u>	<u>EFT</u>	√	Limited
Comprehensive Substance Treatment Rehabilitation Services (C-STAR)	86	*	√				<u>Paper</u>	<u>BOS</u>	<u>EFT</u>	√	Limited
Consumer Directed Services	26	See Home and Community Based Services information below									Moderate
Dental Hygienist	74		√				<u>Online</u>	√**	√**	√**	Limited
Dentist	40		√		√	√	<u>Online</u>	√**	√**	√**	Limited
Dialysis Clinic	50		√	√	√	√	<u>Online</u>	√	√	√	Limited
Disease Management	35		√		√		<u>Online</u>	√**	√**	√**	Limited

REMINDER: This is not all the documents that are required; refer to the MO Medicaid Audit and Compliance (MMAC) Provider Enrollment Guide for more information. For questions regarding Medicaid enrollment, email MMAC.ProviderEnrollment@dss.mo.gov.

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Developmentally Disabled Waiver – Department of Mental Health	85	*	√				<u>Paper</u>	BOS	<u>EFT</u>	√	Moderate
Durable Medical Equipment	62		√	√	√	Email	<u>Paper</u>	BOS	<u>EFT</u>	√	High
Federally Qualified Health Care Center (FQHC)	50		√	Bulletin	√	√	<u>Online</u>	√	√	Y	Limited
Hospitals Acute and Children's Psychiatric Hospital	01, 02		√	√	√	√	<u>Paper</u>	BOS	<u>EFT</u>	√	Limited
Home Health Agency	58		√	√			<u>Paper</u>	BOS	<u>EFT</u>	√	High
Hospice	82		√	√			<u>Paper</u>	BOS	<u>EFT</u>	√	Moderate
Independent or Portable X-Ray (Independent Diagnostic Testing Facility (IDTF))	71		√	√	√	√	<u>Online</u>	√	√	√	Moderate
Independent Clinic	50	*	√	√	√	√	<u>Online</u>	√	√	√	Limited
Independent Lab	70		√	√	√	√	<u>Paper</u>	BOS	<u>EFT</u>	√	Moderate
Managed Care Organization (MCO) – Individual Managed Care Only (No Fee-For-Service (FFS))	83		√		√	√	<u>Paper</u>				Limited
Managed Care Organization (MCO) – Organizational Managed Care Only (No Fee-For-Service (FFS))	83		√		√	√	<u>Paper</u>	BOS		√	Limited
Non-Emergency Medical Transport	65	Contact MTM to apply to be a NEMT provider: https://www.mtm-inc.net/missouri/transportation-providers/									Moderate
Nurse Midwife	25		√		√		<u>Online</u>	√**	√**	√**	Limited
Nurse Practitioner	42		√		√		<u>Online</u>	√**	√**	√**	Limited
Nursing Home	10	*	√	√			<u>Paper</u>	√	<u>EFT</u>	√	Limited
Occupational Therapist	47		√		√		<u>Online</u>	√**	√**	√**	Limited
Optician	32	*	√				<u>Online</u>	√	√	√	Limited
Optometrist	31		√		√		<u>Online</u>	√**	√**	√**	Limited
Pharmacy	60	*	√		√	Email	<u>Paper</u>	BOS	<u>EFT</u>	√	Limited
Physical Therapist	48		√		√		<u>Online</u>	√**	√**	√**	Moderate

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Physician Assistant	22		✓		✓	✓	<u>Online</u>	√**	√**	√**	Limited	
Physician – MD & DO	20, 24		✓		✓	✓	<u>Online</u>	√**	√**	√**	Limited	
Podiatrist – Surgical Chiroprody	30		✓		✓		<u>Online</u>	√**	√**	√**	Limited	
Preventative Care - Individual	37		✓		✓		<u>Online</u>	√**	√**	√**	High	
Preventative Care - Organizational	37	✓	✓		✓		<u>Online</u>	✓	✓	✓	High	
Private Duty Nursing	94	*	✓				<u>Paper</u>	BOS	EFT	✓	Moderate	
Private Home (ICF/DD Home)	11		✓				<u>Paper</u>	BOS	EFT	✓	Moderate	
Professional Counselor – LPC, PLPC	49		✓		✓	✓	<u>Online</u>	√**	√**	√**	Limited	
Psychologist – LP, PLP	49		✓		✓	✓	<u>Online</u>	√**	√**	√**	Limited	
Public Health Department Clinic	51	✓	✓				<u>Online</u>	✓	✓	✓	Limited	
Qualified Medicare Beneficiary (QMB)	75		✓	✓	✓		<u>Online</u>	√**	√**	√**	Limited	
Rehabilitation Center	57		✓	✓			<u>Paper</u>	BOS	EFT	✓	Moderate	
Residential Care Facility	26	<u>See Home and Community Based Services information below</u>									Moderate	
Rural Health Clinic	59		✓	✓	✓		<u>Online</u>	✓	✓	✓	Limited	
School Based	96		✓				<u>Online</u>	✓	✓	✓	Moderate	
Social Worker – LCSW, LMSW	49		✓		✓		<u>Online</u>	√**	√**	√**	Limited	
Speech Therapist - SLP	46		✓		✓	N	<u>Online</u>	√**	√**	√**	Limited	
State Institution – Long Term Care	05		✓		N	N	<u>Paper</u>	BOS	EFT	✓	Limited	
Target Case Management	15	*	✓				<u>Paper</u>	BOS	EFT	✓	Moderate	
Teaching Institution – Department (Hospital Based)	54		✓	✓	✓	✓	<u>Online</u>	✓	✓	✓	Limited	
Teaching Institution - (Not Hospital Based)	55		✓	✓	✓	✓	<u>Online</u>	✓	✓	✓	Limited	
Third Party Assessor – Reassess	27	<u>See Home and Community Based Services information below</u>									Moderate	
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REMINDER: This is not all the documents that are required; refer to the MO Medicaid Audit and Compliance (MMAC) Provider Enrollment Guide for more information. For questions regarding Medicaid enrollment, email MMAC.ProviderEnrollment@dss.mo.gov.

**PROVIDER ENROLLMENT SNAPSHOT
FOR HOME AND COMMUNITY BASED SERVICES PROVIDERS**

Below is a snapshot of documents that are required for each provider type when applying to be a MO HealthNet Home and Community Based Services (HCBS) provider. This is not all the documents that are required; refer to the [MMAC Home and Community Based Services webpage](#) for more information.

Fee Req'd	State and federal require MMAC to collect an application fee . The application fee is currently set at \$688.00 for all new and revalidating "institutional" Medicaid providers. "Individual" providers such as physicians, dentists and other individual non-physician practitioners are not required to pay the application fee.	Application	Complete application found at the links below
		Proposal	Proposal must be submitted prior to applying
		BOS Req'd	Business Organizational Structure form
NPI Req'd	National Provider Identifier – Unique identification number for covered health care providers.	EFT Agrmt	Electronic Funds Transfer Authorization Agreement , including a voided check or bank letter
Paper	Email MMAC.IHSContracts@dss.mo.gov for the most current application	IRS Verf	IRS documentation that reflects the same name as listed on the Business Organizational Structure form
Assigned Risk Category – For more information, review Provider Assigned Risk Categories			
Moderate	Limited requirements plus a site visit at the service location address.		
*	Notification of a fee been paid to Medicare in the past two years waives Application fee		

Provider Type	Provider ID #	Fee Req'd	NPI Req'd	Bordering State Allowed	Out of State Allowed	Online/ Paper Application	BOS	EFT Agrmt	IRS Verf	Risk Level
Area Agency on Aging	28	*	√	√		Email	√	√	√	Moderate
Adult Day Health Care	29	*	√			Application	√	√	√	Moderate
Aged & Disabled Waiver Homemaker/Chore and Respite	28	*	√			Proposal	√	√	√	Moderate
Assisted Living Facility	26	*	√			Application	√	√	√	Moderate
Consumer Directed Services	26	*	√			Proposal	√	√	√	Moderate
Residential Care Facility	26	*	√			Application	√	√	√	Moderate
Third Party Assessor – Reassessment	27	*	√			Application	√	√	√	Moderate

For more information on how to become a HCBS provider, visit [MMAC Home and Community Based Services](#). For questions, contact MMAC.IHSContracts@dss.mo.gov.