



## MO HEALTHNET MANAGED CARE EXPANSION

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#### Managed Care Expansion

Effective January 1, 2008, the State of Missouri introduced the MO HealthNet Managed Care Program in Bates, Benton, Cedar, Laclede, Linn, Macon, Madison, Maries, Marion, Perry, Phelps, Pike, Polk, Pulaski, Ralls, Shelby, and Vernon counties. The MO HealthNet Managed Care Program will provide service for approximately 36,000 additional participants.

The MO HealthNet Managed Care Program is a way for Missouri's low income and vulnerable eligibles to receive health care services. The goal is to improve the accessibility and quality of health care services for the MO HealthNet Managed Care eligible population, while controlling the costs of providing that care.

#### Expansion Counties

The new counties included in the MO HealthNet Managed Care regions are as follows:

**Eastern Region Expansion Counties:** Madison, Perry, and Pike.

The following MO HealthNet Managed Care health plans will provide services in Madison, Perry, and Pike Counties.

Mercy CarePlus  
10123 Corporate Square Drive  
St. Louis, MO 63132  
800-875-0679  
Fax: 314-994-9398

Harmony Health Plan  
23 Public Square  
Suite 400  
Belleville, IL 62220  
866-822-1340  
Fax: 800-608-8157

The following MO HealthNet Managed Care health plan will provide services in Pike County only.

HealthCare USA  
10 S. Broadway  
Suite 1200  
St. Louis, MO 63102  
800-213-7792  
Fax: 314-444-7244

**Central Region Expansion Counties:** Benton, Laclede, Linn, Macon, Maries, Marion, Phelps, Pulaski, Ralls, and Shelby.

The following MO HealthNet Managed Care health plans will provide services in the Central Region Expansion Counties.

HealthCare USA  
10 S. Broadway, Suite 1200  
St. Louis, MO 63102  
800-213-7792  
Fax: 314-444-7244

Mercy CarePlus  
10123 Corporate Square  
Drive  
St. Louis, MO 63132  
800-875-0679  
Fax: 314-994-9398

Missouri Care  
2404 Forum Blvd.  
Columbia, MO 65203  
800-322-6027  
Fax: 573-441-2199

**Western Region Expansion Counties:** Bates, Cedar, Polk, and Vernon.

The following MO HealthNet Managed Care health plans will provide services in the Western Region Expansion Counties.

Children's Mercy Family  
Health Partners  
215 W. Pershing Road, 6<sup>th</sup>  
Floor  
P.O. Box 411806  
Kansas City, MO 64108  
800-347-9363  
Fax: 816-462-1202

HealthCare USA  
10 S. Broadway, Suite 1200  
St. Louis, MO 63102  
800-213-7792  
Fax: 314-444-7244

Mercy CarePlus  
10123 Corporate Square  
Drive  
St. Louis, MO 63132  
800-875-0679  
Fax: 314-994-9398

Note: Blue-Advantage Plus of Kansas City will not serve MO HealthNet Managed Care members in the Western Region expansion counties. Blue-Advantage Plus of Kansas City will continue to serve MO HealthNet Managed Care members in the nine original Western Region counties.

### **Mandatory Enrollment Populations**

There are MO HealthNet participants who are mandatory Managed Care and will receive services through Managed Care. These participants are divided into the following three groups:

- Parents/Caretaker, Children, Pregnant Women, and Refugees;
- Other MO HealthNet children who are in the care and custody of the state of Missouri and receiving Adoption Subsidy Assistance; and
- Children eligible under the State Children's Health Insurance Program (SCHIP).

### **Health Plan Enrollment**

Participants receiving MO HealthNet coverage who live in a MO HealthNet Managed Care area, must choose a MO HealthNet Managed Care health plan and a Primary Care Provider (PCP). After enrollment in a MO HealthNet Managed Care health plan the participant becomes a member of that health plan. Members will receive health care services through their MO HealthNet Managed Care health plan. All members of a family are encouraged to select the same MO HealthNet Managed Care health plan. Participants receive their health care services through the MO HealthNet Fee-For-Service delivery system until enrolled in a MO HealthNet Managed Care health plan. Providers must verify a participant's eligibility and MO HealthNet Managed Care health plan information prior to providing a service, except in the case of emergency medical services. Services covered by the MO HealthNet Managed Care Program which are provided to participants after they are enrolled in a MO HealthNet Managed Care health plan will not be covered by MO HealthNet on a fee-for-service basis beginning January 1, 2008.

Policy Studies, Inc., the MO HealthNet Managed Care Enrollment Broker, mailed enrollment packets to MO HealthNet Fee-For-Service participants in the identified expansion counties. Participants can call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for assistance to enroll in a MO HealthNet Managed Care health plan.

The State conducted open enrollment in the identified MO HealthNet Managed Care expansion counties from November 19, 2007 through January 17, 2008. Participants who did not make a voluntary selection of a MO HealthNet Managed Care health plan during open enrollment, were automatically assigned to one effective February 2, 2008. Once enrolled in a MO HealthNet Managed Care health plan, members have a 90-day period to select a different MO HealthNet Managed Care health plan for any reason. Once the 90-day change period ends, the member is locked into the MO HealthNet Managed Care health plan for one year.

## **Transition of MO HealthNet Fee-For-Service Participants to MO HealthNet Managed Care**

As previously mentioned, providers must verify a participant's eligibility and MO HealthNet Managed Care health plan information prior to providing a service, except in the case of emergency medical services. Services covered by the MO HealthNet Managed Care Program which are provided to participants after they are enrolled in a MO HealthNet Managed Care health plan will not be covered by MO HealthNet on a Fee-For-Service basis beginning January 1, 2008. Refer to [www.dss.mo.gov/mhd/mc/index.htm](http://www.dss.mo.gov/mhd/mc/index.htm) for information about the MO HealthNet Managed Care Program, a listing of services covered by the MO HealthNet Managed Care health plan, and a listing of services provided outside the MO HealthNet Managed Care Program. Providers can determine that a participant is enrolled in a MO HealthNet Managed Care health plan by verifying eligibility via the Interactive Voice Response (IVR) system at 573-635-8908 or at [www.emomed.com](http://www.emomed.com).

Some services which have been prior authorized for a fee-for-service provider or which are currently being provided and billed to MO HealthNet require intervention in order to assure the services to the member are not interrupted and that provider payment is not jeopardized. MO HealthNet has developed transition policies for certain services. Please review the transition policies in this bulletin for information regarding specific services. If a policy is not included, a transition period is not required and the MO HealthNet Managed Care health plan is responsible for the services upon the participant's enrollment.

A MO HealthNet Fee-For-Service provider currently delivering services to a MO HealthNet participant must contact the MO HealthNet Managed Care health plan selected by the participant to make arrangements to continue providing services which have transitioned from the MO HealthNet Fee-For-Service delivery system to services provided by the MO HealthNet Managed Care health plan on January 1, 2008 and after. Providers must seek reimbursement for services included as a MO HealthNet Managed Care health plan benefit from the MO HealthNet Managed Care health plan in which the individual is enrolled. Claims for services provided to MO HealthNet Managed Care members will not be reimbursed if submitted to the MO HealthNet Fee-For-Service Program.

MO HealthNet Managed Care health plans may authorize current providers to continue services for a period of time to accommodate an orderly transition phase, begin the process of provider inclusion in the MO HealthNet Managed Care health plan network, or make a referral to a MO HealthNet health plan provider for the services.

Claims for services included as a MO HealthNet Managed Care health plan benefit which are provided to MO HealthNet Managed Care members will not be reimbursed if submitted to MO HealthNet. Providers must seek reimbursement from the MO HealthNet Managed Care health plan in which the individual is enrolled.

## Transition Policies

- All case management agencies must coordinate transition with the MO HealthNet Managed Care health plan for prenatal case management for high risk pregnant women and Healthy Children and Youth (HCY) case management for children who are currently receiving HCY or lead case management services.
- Participants who are currently accessing items or services through the exceptions process will be advised by letter to contact their MO HealthNet Managed Care health plan for continued coverage. Current MO HealthNet fee-for-service approvals will terminate with the date of enrollment in the MO HealthNet Managed Care health plan.
- Participants who are currently accessing brand name medications through a special drug prior authorization approval must contact their MO HealthNet Managed Care health plan for consideration of continued coverage. MO HealthNet participants will be notified by letter if they have such an approval.
- MO HealthNet will notify the MO HealthNet Managed Care health plans of participants who are receiving the following services at the time of enrollment or shortly thereafter to facilitate the transition to MO HealthNet Managed Care health plan benefits and providers. The MO HealthNet Managed Care health plans must arrange for the immediate continuation of the following services:
  - Comprehensive Day Rehabilitation
  - Oxygen and Respiratory Equipment
  - Durable Medical Equipment (DME) Home Parenteral Nutrition
  - DME Equipment Purchase, Rental, and Repair
  - DME Services and Items Provided Under HCY (such as nutrition supplements, feeding supplies, IV therapy and medical supplies, etc.)
  - DME Ostomy Supplies
  - Orthotics and Prosthetics
  - Orthodontics
  - Home Health Services
  - Private Duty Nursing Services
  - HCY Psychology/Counseling
  - Personal Care (adults and children)
  - Hospice Services
  - Adult Day Health Care
- Certain items and services that have been initiated or prior authorized by the MO HealthNet Division (MHD) before the enrollment effective date in the MO HealthNet Managed Care health plan will be reimbursed on a fee-for-service basis by MHD when delivery of the item or service occurs after MO HealthNet health plan enrollment is effective. The MHD will be financially responsible for these items/services in accordance with the following:
  - Augmentative communication devices and evaluations, prosthetics, and orthotic devices that have been ordered, initiated, or prior authorized prior to the enrollment

effective date in the MO HealthNet health plan, but placement occurs after the effective date of MO HealthNet health plan enrollment.

- Hearing aids, custom and power wheelchairs, custom HCY positioning equipment, HCY replacement eyeglasses, special eyeglass frames that have been prior authorized by MO HealthNet prior to the enrollment effective date in the MO HealthNet health plan, but placement occurs after the effective date of MO HealthNet health plan enrollment.
  - Dental services, excluding orthodontics, that have been prior authorized by MO HealthNet prior to the MO HealthNet health plan enrollment effective date, but provided or placed after the effective date of MO HealthNet health plan enrollment.
  - MO HealthNet is responsible for reimbursement of prior authorized orthodontic services that are provided prior to the MO HealthNet health plan member's enrollment effective date in the MO HealthNet health plan. If the MO HealthNet health plan member transfers to a different MO HealthNet health plan or back to the fee-for-service program before treatment is completed, the MO HealthNet health plan in which the MO HealthNet member is enrolled at the time the service is rendered will be responsible for payment.
- Providers must contact the Provider Communications Unit at 1-573-751-2896 for instructions on how to bill for the services/items listed above.

### **Health Benefits in MO HealthNet Managed Care**

Some benefits are limited based on the member's eligibility group or age. The benefits that may be limited have an asterisk "\*" next to them. Some services need prior approval. These benefits include:

- Adult day health care\*
- Ambulance
- Ambulatory surgical center, birthing center
- Dental services related to trauma (to the teeth or mouth as a result of injury)
- Durable Medical Equipment (DME)
- Emergency room
- Eye exam every two years, services related to trauma or treatment of disease/medical condition (including eye prosthetics), and one pair of eyeglasses following cataract surgery
- Family planning
- Home health
- Hospice, if you are in the last six months of your life
- Hospital, when an overnight stay is required
- Laboratory tests and x-rays
- Maternity benefits, including certified nurse midwife
- Mental health and substance abuse
- Outpatient hospital, when an overnight stay is not required

- Personal care
- Limited Podiatry, medical services for your feet
- Pharmacy
- Primary Care Provider (PCP) services
- Specialty care with PCP referral
- Transplant related services
- Transportation to medical appointments\*

Members may receive these services from their MO HealthNet Managed Care health plan or a local public health agency:

- Screening, testing, and treatment for sexually transmitted diseases
- Screen and testing for HIV
- Screening, testing, and treatment for tuberculosis
- Immunizations (shots) for children
- Screening, testing, and treatment for lead poisoning

Children and women in a MO HealthNet category of assistance for pregnant women are eligible to receive additional benefits. A child is anyone less than twenty-one (21) years of age. For some members the age limit may be less than nineteen (19) years of age. Some services need prior approval. Women must be in a MO HealthNet category of assistance for pregnant women to get these additional benefits.

- Comprehensive day rehabilitation services to help you recover from a serious head injury
- Diabetes education and self management training
- Hearing aids and related services
- Podiatry, medical services for your feet
- Vision - Children get all their vision care from the health plan. Pregnant women get their vision care from the health plan. Pregnant women get their eye glasses in MO HealthNet Fee-For-Service
- MO HealthNet has a special program for children to provide medically necessary services. The program is called Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Healthy Children and Youth (HCY).

Examples of EPSDT/HCY services include:

- Child's medical history
- An unclothed physical exam
- Blood and/or urine tests
- Shots
- Screening and testing lead levels in blood
- Checking the growth and progress of the child
- Vision, hearing, and dental screens
- Dental care and braces for teeth when needed for health reasons
- Private duty nurses in the home

- Special therapies such as physical, occupational, and speech Aids to help disabled children talk
- Personal care to help take care of a sick or disabled child
- Health care management
- Psychology/counseling

Additional information concerning the MO HealthNet Managed Care Program may be found on the MO HealthNet Web site: [www.dss.mo.gov/mhd/](http://www.dss.mo.gov/mhd/)

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**  
573-751-2896