

# MO HealthNet Managed Care

## Quality Assessment & Improvement Advisory Group

Tuesday, March 7th, 2023

# ***WELCOME***

**PRESENTED BY:**  
**MARK KAPP**

# TODAY'S AGENDA

- WELCOME/APPROVAL OF FALL MEETING MINUTES
- MHD UPDATE
- DATA UPDATE
- MATERNAL INFANT HEALTH UPDATES/PROGRESS
- ONGOING IMPACT OF PHE/ANNUAL RENEWAL TRANSITION
- BREAK
- LEGAL AID
- PHARMACY UPDATE
- EDUCATING AND TRAINING
- QUESTIONS AND COMMENTS

# FALL MEETING MINUTES

## ❖ MO HEALTHNET MANAGED CARE

### ❖ QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP

#### ❖ October 18, 2022

##### ❖ MO HealthNet Division

- |                        |                 |
|------------------------|-----------------|
| ❖ Todd Richardson      | Desiree Vitale  |
| ❖ Ashley Wilson        | Amy Lage        |
| ❖ Timothy Williams     | Lori Bushner    |
| ❖ Dr. Paul Stuve       | Jay Carver      |
| ❖ Dr. Eric Martin      | Renee Riley     |
| ❖ Alexander Daskalakis | Danielle Gesch  |
| ❖ Kathryn Dinwiddie    | Barbee Pippert  |
| ❖ William Morgan       | Molly Kempker   |
| ❖ Danica Bialczyk      | Julie Schaefer  |
| ❖ Justin Clutter       | LeAnn Hager     |
| ❖ Melody Webb          | Teresa Johnson  |
| ❖ Anna Wainscott       | Jenny Lockhart  |
| ❖ Mike Popa            | Jennifer Hunter |
| ❖ Michelle Kohrmann    | Teresa Johnson  |
| ❖ Jessica Dresner      |                 |
| ❖ Kelly Connell        |                 |
| ❖ Dr. Timothy Kling    |                 |
| ❖ Amanda Boehmler      |                 |

##### Family Support Division

Kim Evans

##### Home State Health Plan

Bob Lampe  
Lucian Nevatt  
Patrick Mullins  
Kelley Peters  
Anna Dmuchovsky  
Dr. Jennifer Wessels  
Laura Fraser  
Geoff Seebeck  
Alex Curchin  
Jeff Johnston  
Todd Jacobs

##### Behavioral Health

Aline Harahan

##### Healthy Blue

Mark Kapp  
Jeff Davis  
Russ Oppenborn  
Dr. Rhonda Brown  
Leslie Chiles  
Nadim Kanafani  
Ed Williams  
Chris Rowland  
Angie Creech  
Mal Herrera

##### United Health Care

Jamie Bruce  
Carey Merzlicker  
Colleen Giebe  
Beth McCrary  
Boone Brady

##### Pro Team Management

Anshu Misra  
Ilalyn Irwin  
Victoria Alexander

# FALL MEETING MINUTES

## ❖ MO HEALTHNET MANAGED CARE

### ❖ QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP

#### ❖ October 18, 2022

##### ❖ Legal Services of Eastern Missouri

- ❖ Tiajuana Henderson
- ❖ Elizabeth Larsen

##### ❖ Legal Services of Western Missouri

- ❖ Kaitee Brown
- ❖ Maura Weber

##### ❖ Mid MO Legal Aid

- ❖ Edward Kolkebeck

##### ❖ Missouri Coalition for Community Behavioral Healthcare

- ❖ Rachelle Glavin
- ❖ Cindy Davis

##### ❖ Department of Mental Health

- ❖ Jenn Johnson
- ❖ Jennifer Bax
- ❖ T Bradshaw

##### Division of Health and Senior Services

Wayne Schramm

##### Mercer

Angie WasDyke  
Elizabeth Gould

##### Missouri Hospital Association

Amy McCurry Schwartz

##### Other

Stephen Nichols  
Nathan Honeycutt TAR  
David Terrell  
Amy Westhoff  
Matthew Combes PCN  
Jennae Neustadt  
Tammy Long  
Stacy McLaughlin  
David Thielemier  
Kelsey Hussey  
Julie Mason  
Steven Burghart  
Sharon Freese  
Katie Phillips  
Rick S  
Matt Underwood  
Michael Peppers  
Shelby Miller  
Marry Parrigon  
Karen Debosek  
Tara Crawford

## FALL MEETING MINUTES

**Agenda Items**  
**Welcome**  
**Introduction**  
**Minutes**

**Discussion**

Mark Kapp, Healthy Blue, MO HealthNet Managed Care Quality Assessment & Improvement Advisory (QA&I) Group Chair, opened the meeting at 9:00 am. Requested a motion to approve the minutes from the previous meeting. A motion was made and seconded, and the minutes were approved.

**MHD Update**

**Todd Richardson**

**Jessie Dresner**

As of July 1<sup>st</sup>, MHD went live with a new payment methodology for outpatient and inpatient services in order to modernize MHD payment methodologies such as diagnosis related groups. This is also in the works for nursing homes to update base rates and adjustments for acuity and quality of care.

There has been a provider rate increase passed by legislation and is the largest increase in history for primary care and front line providers. The new fee schedule is tied to Medicare rates.

We launched the Show Me Healthy Kids specialty plan for children in state custody to better coordinate behavioral and physical health needs.

MHD has a new focus on maternal and infant health. Medicaid is about 40-45% of pregnancies and outcomes are not where they need to be. There is a long term effort in order to increase measures.

MHD is excited about the changes in our provider education unit. It used to be a team for fee for service and a team for managed care, we have now combined those teams. This is to ensure we provide consistent and comprehensive information. Team members are Daniel Rush, Jackie Bollinger, Amanda Fahrendorf, Kathy Simmons, Julie Pace and lead by Anna Wainscott. One thing they are working on are provider resources and the material those pages send you to – any feedback is welcome. We also have a vendor that will develop videos for ongoing education for medical providers – expect this in calendar year 2023.

**No questions**

## FALL MEETING MINUTES

**Show Me Healthy Kids  
(SMHK)  
Implementation**

**Eric Martin**

**Kathryn Dinwiddie**

**Residential & Treatment Foster Care Providers.**

The enrollment and credentialing for residential treatment and treatment foster care were previously not Medicaid providers. SMHK has been successful in contracting with these providers. The enrollment with the state has been slower but we are seeing progress.

We started meeting with SMHK a few times a week. 1 meeting was towards making sure systems were updated and working correctly and the other was call center monitoring to identify any barriers. We will be slowing down these meetings as SMHK call center is now fully staffed.

Kathryn shared several success stories from SMHK cases.

No questions

**Data Update**

**Paul Stuve**

**CMS Core Set Measures** – CMS has posted a proposed rule for core set measures and public comment is open till this Friday. For us, the core set measures are in the managed care contract. Not all are HEDIS measures but they are still required. There are new stratification categories that will be added as required. Paul is working with Inovalon on the output table for submissions to MHD.

**Annual Healthcare Quality Data**- Paul sent validation checks out to MCOs and those are due by November 11<sup>th</sup>. Things that were flagged included flu vaccines and ER utilization measures. These graphs were reviewed and discussed. Mark from Healthy Blue states members may be receiving flu shots from other places with their COVID shot so maybe it isn't being captured. Colleen Giebe from United Healthcare suggests maybe with the push to get COVID shots, the flu shots weren't as big of a priority. ER visits for mental health visits has a huge drop for 2021 and Paul believes this is due to a change in specs to limiting only those that are billed by a mental health practitioner.

**Quarterly Data**- revision to call center specs is likely in January as well as revisions to specs for provider and member grievances/appeals per CMS request. Paul asks the MCOs if they track complaints on behalf of a specific patient as they regards this as an appeal – UHC states they believe they already do this but they only send “reconsiderations” not appeals.

No questions

## FALL MEETING MINUTES

### Encounter Data Work Group

Danica Bialczyk

The purpose of the Encounter Data Workgroup is to assemble key staff from MHD, Health Plans, MMAC, and Mercer to discuss issues with encounter claims and data that is submitted from the Health Plans. Issues may be problems or bugs within the MMIS system, policy revisions, or provider education. This group brainstorms possible resolutions and identifies new procedures to resolve issues. Issues are track for progress and resolution.

Meetings are held quarterly and the #1 highest priority from each group is discussed. MHD has a goal to keep at least 75% of the issues “on target”

No questions.

### Enrollment Broker Update, ILOS, and other flexibilities

Danielle Gesch

Enrollment broker update- the state is procuring a new contract to replace the current enrollment broker and premium collections. This contract is known as the beneficiary support and premium collection solution and services contract and has been awarded to Automated Health Systems (AHS) and is expected to launch December 2022. The new features include a cloud based system and a secure web portal where members can changing their health plan, search for a provider, view and print notices (e notices), and also allow premium payments to be paid online. Participants will be able to receive notices by email and text. Upcoming functionality will be co browsing and chat.

#### Question:

It is exciting to hear about the premium payments being paid online, how soon do you expect this?

Answer: First quarter of the calendar year (March or April).

Will you bring updates?

Answer: Yes

#### ILOS and flexibilities:

CMS has approved in lieu of services in California and other states for things that have not traditionally been approved as a cost effective substitute for the covered service or setting as required in the federal regulation. These services include asthma remediation, nutritious meals, home modification, and sobering centers. CMS states guidance is forthcoming. MHD has been in contact with CMS and is looking forward to approaching the ILOS for allowing more nontraditional services that may help address the social determinants of health and provide a better care for their member.

No questions



## FALL MEETING MINUTES

### **Impact of Ongoing PHE and PHE Unwinding**

**Alex Daskalakis**

**Kim Evans**

The public health emergency has been extended to the middle of January 2023 – the PHE. CMS has stated they will give states 60 days notice before it ends. The redeterminations will begin until the PHE ends. The impact of the PHE in MHD- the family first coronavirus response act or the FFCRA includes a continuous coverage requirement that allows states to get enhanced federal funding for maintaining eligibility for the duration of the public health emergency. This has caused a number of participants that have overlapping eligibility categories or what we call ME codes. This has created complications with cap payments, reporting, coverage, claims, etc. We have been focusing on updating participants contact information since we work with a mobile population and the PHE is almost 3 years old at this point- updated contact information will be crucial part of unwinding the PHE. As of this week, constituent services has confirmed an updated new contact information for over 3500 MO HealthNet participants as of Monday. This will help the family support division to successfully determine eligibility after the PHE is over.

FSD has been struggling with a backlog of applications when we started processing the expanded Medicaid group back in October 1<sup>st</sup>, 2021 – as of September 30<sup>th</sup> the goals and deadlines for the mitigation plan developed with CMS have been met and we are now down to 4,000 applications and processing within the 45 day timeline.

Since we are in a pause during the PHE on closing coverage, the only reasons for closure are death, confirmed move out of state, incarceration, and a voluntary closing. If someone is income ineligible, their case will remain active unless they request it close. We are nearing 1.4 million Medicaid participants and will have to conduct annual renewals on all of them. While we do not know when the PHE will end, FSD is getting ready for February in case it does end. Communication to providers and the public will occur when CMS gives the 60 day notice that the PHE will end. Once annual renewals begin, FSD will utilize electronic sources to try to verify income, resources, and other eligibility criteria. A green path will show that we have been able to verify items and staff will be able to process information. A red path will indicate we cannot verify information or it exceeds the income threshold and that we need to send a pre populated form. We will populate the form with any verified information and allow the participants to either agree or write in their correct information. Participants will have to submit the form back to FSD. FSD is standing up a new customer portal that will hopefully be in by the middle of January. It will allow participants to sign in and view the prepopulated form, report changes, see when the annual renewal is due. We are working to develop a self-serve account. FSD is also working on texts and email notifications for annual renewals.

**No questions**

## FALL MEETING MINUTES

**Legal Aid Of  
Eastern Missouri**

**Tiajuana  
Henderson**

**Advocates for Family Health Staff-**  
**Elizabeth Larsen – Program Director/Attorney**  
**Mary Anne Banks- Healthcare Advocate**  
**Marisa (Missy)\_ Waldman – Healthcare Advocate**  
**Tiajuana Henderson- Healthcare Advocate**

### **Types of Cases/Significant Events-**

**Health and welfare unit – hosted outreach and enrollment clinics to assist AEG applicants with applications. We have assisted participants with AEG delays/backlog as well as pregnant women delays. We also assisted in newborn delays, AEG clients that moved from Gateway to Better Health to AEG coverage, displaced children, and changes of addresses. Other items include denial of service, prior quarter coverage for AEG participants, and replacement MO HealthNet cards.**

### **Concerns for the Region: AEG, End of PHE, and SMHK**

**Concerns for AEG participants include education regarding covered services, understanding MO HealthNet card and health plan card, outstanding medical bills, denial of services, physical therapy, and personal chore/care services.**

**Concerns for the end of the PHE include annual renewals and the potential loss of coverage for families, changes of address, families moving from non-premium to premium, children aging off of MO HealthNet, and ex parte reviews. Legal services asks FSD if ex parte reviews will be completed to move clients to proper programs versus closing cases. FSD responds that FSD must complete an ex parte review before starting the closing.**

## FALL MEETING MINUTES

**Legal Aid Of Eastern  
Missouri**

**Tiajuana Henderson**

Concerns for SMHK include education to clients and families that they have switched health plans, education to providers regarding the new plan, challenges in advocating on behalf of children/families in state custody, and ex parte reviews for children transitioning from state custody due to age or moving back to families. Kathryn Dinwiddie sent a process to legal aid in order to ensure authorized representative information and she will resend it to Tiajuana.

Success stories were shared in regards to AEG clients

**Questions:** Nadim Kanafani from healthy blue- we are confused around the therapy benefits available for the AEG group. My understanding after speaking with therapy experts and coding experts is that the habilitative therapy benefit is fairly restrictive and falls under a defined category of therapy that is typically not needed in adults. Rehabilitative benefits for injury and post op care are not covered. For the benefit of the members and everyone, as well as our own plans per functioning would be good to get a very level set understanding of how to administer that benefit in a compliant and appropriate manner.

Tiajuana responds that legal services received conflicting information from MO HealthNet division and from the health plans and didn't know which way to turn. One plan approved a member and 1 plan denied a member so with this being a new eligibility group (AEG), it would be beneficial to resolve this.

Jessie Dresner, MO HealthNet responds she will clarify the therapy and personal care question and that guidance can be issued. CMS approved for personal care to be authorized for rehabilitative services and physical therapy to be authorized for habilitative services.

Dr. Kanafani would like guidance with examples to be issued, Jessie responds that this can be completed.

Tiajuana asks if there is an opportunity for an exception process and Jessie responds that the exception process that has been in place before adult expansion will apply in this case as well.

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## FALL MEETING MINUTES

**Public  
Comment/Que  
stions**

**There were no additional comments or questions, and the meeting had a break before QA&I: MCO presentations where each MCO presented services they have available to pregnant women.**

**Mark Kapp**

**Adjourned**

**Next meeting March 7th**

# MHD UPDATE

**PRESENTED BY:  
TODD RICHARDSON**

# DATA UPDATE

**PRESENTED BY:**  
**PAUL STUVE**

# **MATERNAL AND INFANT HEALTH UPDATE AND PROGRESS**

**PRESENTED BY:  
JESSIE DRESNER**



# **MHD Maternal-Infant Health Initiative**

**March 2023**

# Maternal-Infant Health Efforts

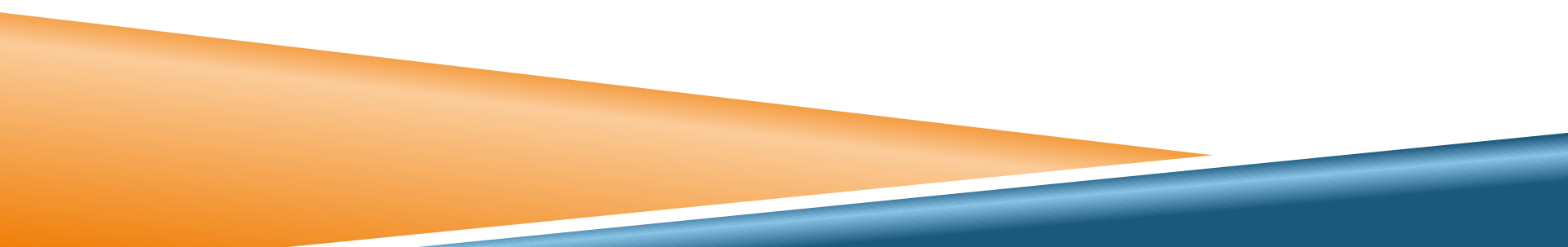
## **Vision:**

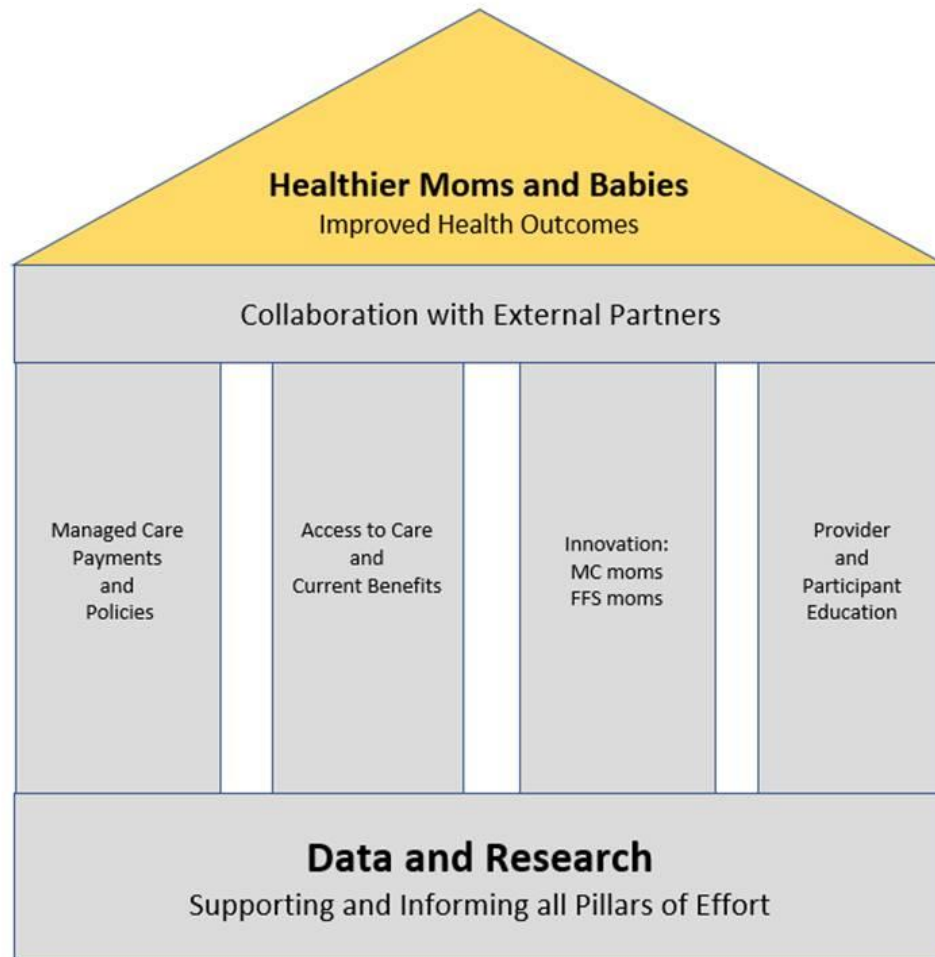
Healthier moms and babies!

Missouri will be the leader in pre- and post-natal health and healthy babies.

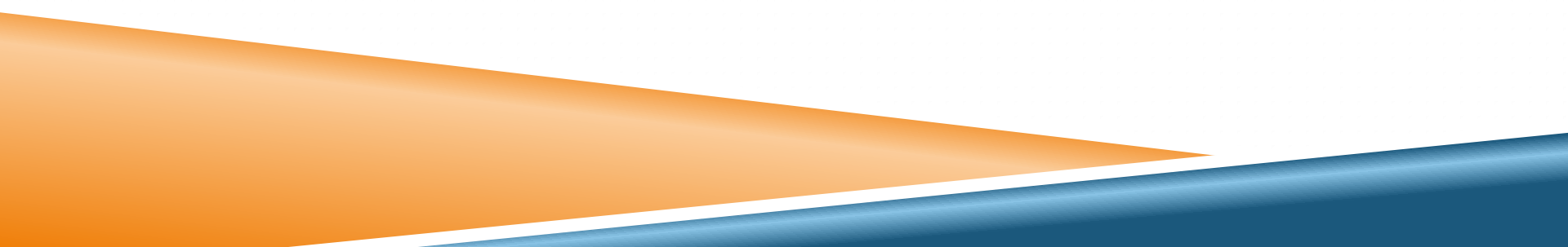
## **Mission:**

Using data, MHD will refine its education practices, policies, and payment methodologies to improve health outcomes for pregnant and postpartum women, and their infants.





# Focus Areas

- ❖ Managed Care Payment and Policies
  - ❖ Current Benefits and Access to Care
  - ❖ Innovations
  - ❖ Education
  - ❖ Research
  - ❖ Data
- 

# Ongoing Impact of PHE/Annual Renewal Transition

**PRESENTED BY:**  
**ALEX DASKALAKIS**  
**HEATHER DOLCE**

**BREAK**

# LEGAL AID

**PRESENTED BY:  
ED KOLKEBECK**

# • Advocates for Family Health



Est. 1978

# Mid-Missouri Legal Services

Providing Free Legal Aid Since 1978





# MMLS Advocates for Family Health

- Goal: To help families and individuals who need assistance with applying for MO HealthNet, receiving MO HealthNet benefits, or are otherwise having concerns with their MO HealthNet benefits
- Types of cases include application assistance, terminations, renewal assistance, billing concerns, denials of service, appeals, and general questions



# Annual Renewals

- How Legal Aid can help
  - Providing education and outreach to the community and letting people know about the resumption of annual renewals
  - Reaching out to other agencies and organizations to share information about annual renewals
  - Reaching out to clients to inform them that annual renewals will resume

# Annual Renewal Concerns

- Some individuals with limited access to technology and transportation (especially in rural areas) may have difficulty responding to renewal requests
  - In the MMLS coverage area, many elderly clients have come to rely on the call center and have expressed frustration at being unable to ask questions over the phone
  - Individuals that lack access to internet may have difficulty obtaining and submitting requested verification

# Annual Renewal Concerns

- Some individuals may be difficult to reach
  - Homeless and transient populations are most vulnerable to losing coverage due to lack of updated addresses and missing deadlines for submitting verification
  - Many individuals have moved several times since renewals were halted and may not always update addresses
  - Households have changed since annual renewals were halted



# Annual Renewal Concerns

- How to help
  - Confirming current addresses and contact information at every point of contact with participants
  - Reaching out to clients using multiple methods (phone calls, mail, text)
  - Providing education opportunities to communities



# Contact

Ed Kolkebeck, AFH Staff Attorney

Mid-Missouri Legal Services

117 N. Garth Ave.

Columbia, MO 65203

[kolkebecke@mmls.org](mailto:kolkebecke@mmls.org)

573-442-0116 (phone)

573-875-0173 (fax)



**Questions?**

# PHARMACY UPDATE

**PRESENTED BY:  
JOSHUA MOORE**



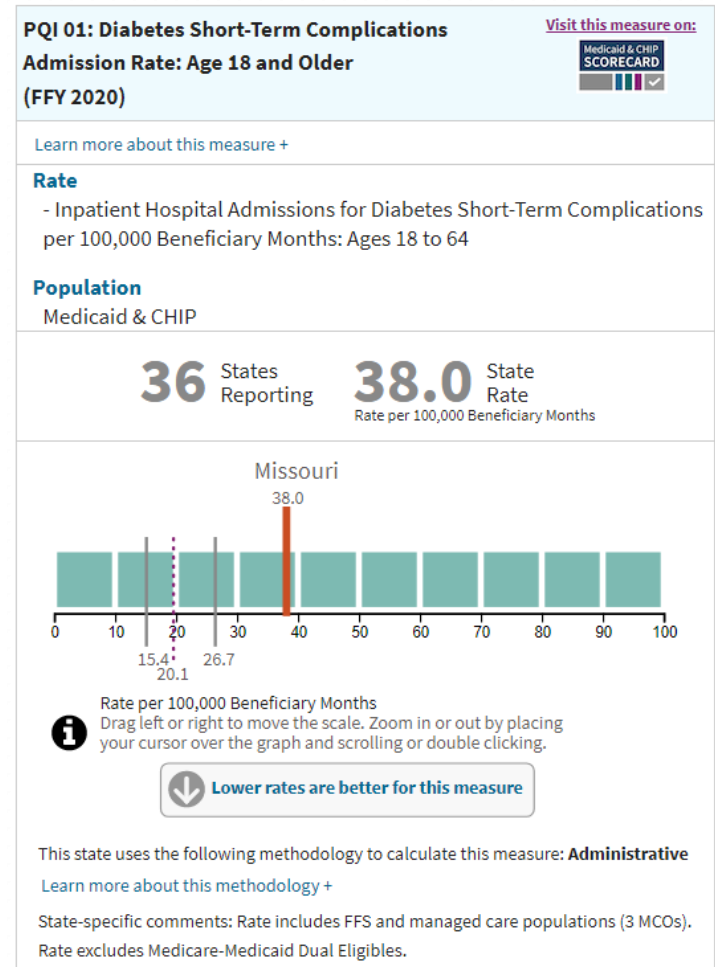
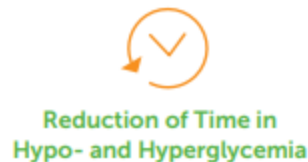
# What is a CGM?

- CGM stands for Continuous Glucose Monitor
- Tracks glucose levels throughout the day and night, up to every 5 minutes
- Can alert you if your levels go too low or when your levels are high
- Readings can be displayed on smart phones or the meter
- Patients can review the readings and gain insights into what is causing their blood sugar to rise or fall



# Benefits of a CGM

- Reduced finger sticks and manual logs
- Can result in lower A1c
- Increased time in range
- Reduce both hypo and hyperglycemic events
- Improve quality of live



Resources:

<https://www.medicaid.gov/state-overviews/stateprofile.html?state=missouri>

Accessed on 2/27/2023

# MHD Pharmacy CGM Coverage

- MO HealthNet Pharmacy covers CGMs for all eligible participants with a history of short acting insulin in the last 45 days
  - NO PA is required
- The covered CGMs are the Dexcom G6 and G7



Resources:

<https://www.dexcom.com/en-us>

<https://dss.mo.gov/mhd/cs/pharmacy/pdf/cgm-clinical-edit.pdf>

## MHD Compliance on CGMs

Age	Participants with a Recent CGM Claim	Total Historic Participants with CGM Claim	Percent of CGM Compliance
0 to 12 years	558	660	84.55%
13 to 20 years	946	1,214	77.92%
21 to 44 years	1,651	2,037	81.05%
45 to 64 years	1,570	1,913	82.07%
65 years +	55	75	73.33%
Total	4,780	5,899	81.03%

Data accessed 1/27/2023

Recent claim defined as at least one paid claim with date of service between 10/1/22 – 1/20/2023

# Comparison of Participants utilizing CGM by Managed Care Organization & Age Group

	Have a CGM	Qualify for CGM	Percentage receiving a CGM of those that qualify
<b>Children (0 - 17)</b>			
Healthy Blue	432	542	80%
Home State Health	330	437	76%
Show Me Healthy Kids	67	94	71%
UnitedHealthcare	252	323	78%
<b>Young Adults (18 - 27)</b>			
Healthy Blue	230	404	57%
Home State Health	142	282	50%
Show Me Healthy Kids	28	51	55%
UnitedHealthcare	150	288	52%
<b>Adults (28 - 64)</b>			
Healthy Blue	548	1,517	36%
Home State Health	392	1,174	33%
UnitedHealthcare	448	1,345	33%

Data accessed on 2/23/2023

Service dates for qualified participants 10/15/2022 – 1/31/2023

Service dates for CGM participants 12/1/2022 – 1/31/2023

# EDUCATION AND TRAINING

**PRESENTED BY:  
ANNA WAINSCOTT**



# EDUCATION AND TRAINING 2023

# CHANGES TO MHD EDUCATION AND TRAINING

**July 2022**

**Changed name from Provider Education to Education and Training** to encompass training for providers, participants, Managed Care health plans, MHD team members and other entities

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**Merged Education Specialists and Managed Care Specialists** in to one group to unite and educate on all aspects of MO HealthNet

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**Named a Director of Education and Training** to facilitate changes

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Began improving and creating new **online resources**

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# HIGHLIGHTS

1

Vastly increased provider participation in webinars by sending targeted messages to specific program providers

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2

Acquired new software (Articulate 360) to improve and modernize resources

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3

Meeting monthly with MO Medicaid Audit and Compliance and Wipro to continue to create cohesive resources and improve the provider, participant and employee experience

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4

Reaching out to providers and scheduling speaking arrangements at conferences, seminars and events

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# 2023 PRESENTATIONS AT CONFERENCES



## **Kansas City University, College of Dental Medicine**

Joplin

January 19-20, 2023

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## **Missouri Primary Care Association (MPCA)**

Jefferson City

March 2023

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## **Missouri Coalition for Oral Health**

Jefferson City

March 2, 2023

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## **Missouri Assisted Living Association**

Branson

April 16-18, 2023

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## **MO Association of Osteopathic Physicians and Surgeons (MAOPS)**

Branson

June 2-5, 2023

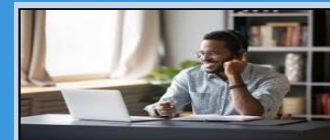


# NEW PROVIDER RESOURCES

## Provider Training Google Calendar

MO HealthNet Provider Trainings						
home » mo healthnet division » providers » training						
MO HealthNet Provider Training						
Today February 2023						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	Feb 1	2	3	4
		12pm Best Practice				
5	6	7	8	9	10	11
	8am Ambulance Bill 8am Inpatient/Out 1pm Applied Behav	10am Medical Clinic				
12	13	14	15	16	17	18
	8am Optical Billing					
19	20	21	22	23	24	25
	8am Hospice Billing					
26	27	28	Mar 1	2	3	4
	12pm Effective Ben 1pm IEP School Ba					

## Provider Training Calendar Posting



### Provider Training Presented by MO HealthNet Division Education & Training

Providers may view and register for all of our offered trainings on the [Provider Training calendar](#), or use the links below. When registering for a group, each individual attendee must register. You will be notified via email of your webinar confirmation and Webinar instructions prior to the date of the training.

All registrations MUST include:

Name of the Participant(s) Attending  
Provider/Facility Name  
Telephone Number  
National Provider Identifier (NPI)  
Email Address

Applied Behavior Analysis	Behavioral Health	Dental	Durable Medical Equipment
Tuesday, February 7, 2023 1:00 pm—3:00 pm <a href="#">Register</a>	Tuesday, January 10, 2023 1:00 pm—3:00 pm <a href="#">Register</a>	Thursday, January 12, 2023 1:00 pm—3:00 pm <a href="#">Register</a>	Tuesday, January 10, 2023 9:00 am—11:00 am <a href="#">Register</a>
Ambulance Tuesday, February 7, 2023 9:00 am—11:00 am <a href="#">Register</a>	Tuesday, March 21, 2023 1:00 pm—3:00 pm <a href="#">Register</a>	Tuesday, March 14, 2023 9:00 am—11:00 am <a href="#">Register</a>	Tuesday, March 7, 2023 9:00 am—11:00 am <a href="#">Register</a>
Home Health	IEP School Based Services (Speech, Physical & Occupational Therapy)	Inpatient/Outpatient Hospital	Medical Clinics & Physicians Chiropractic/ LPHP, Rural Health Clinics
Wednesday, January 24, 2023 1:00 pm—3:00 pm <a href="#">Register</a>	Tuesday, February 28, 2023 1:00 pm—3:00 pm <a href="#">Register</a>	Thursday, January 5, 2023 9:00 am—11:00 am <a href="#">Register</a>	Wednesday, January 4, 2023 10:00 am—12:00 pm <a href="#">Register</a>
Tuesday, March 14, 2023 1:00 pm—3:00 pm <a href="#">Register</a>	Nursing Home Tuesday, March 21, 2023 9:00 am—11:00 am <a href="#">Register</a>	Tuesday, February 7, 2023 9:00 am—11:00 am <a href="#">Register</a>	Wednesday, February 8, 2023 10:00 am—12:00 pm <a href="#">Register</a>

# NEW PROVIDER RESOURCES

## Provider e-Learning Courses



## Team Member e-Learning Courses

AW Anna Waincott

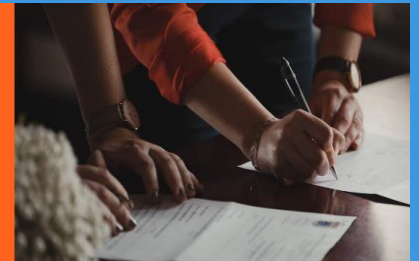
### Outlook Tips and Tricks

START COURSE

AW Anna Waincott

### State Provider Appeals

START COURSE



# NEW PROVIDER RESOURCES

## General Provider Resource Overviews



**Navigating Provider Resources**



**Spend Down and Eligibility**



**eMOMED – Claims & Billing**



**Resources & Contact Information**

## Training Collaborations

### MO HealthNet and Show Me Healthy Kids

Collaboration Training for Comprehensive Community Support Partners

January 26, 2023





# NEW PROVIDER RESOURCES

## All Inclusive Guides

### PROVIDER RESOURCE GUIDE

#### MO HealthNet: Missouri's Medicaid Program

The MO HealthNet Division (MHD) provides health care access to low income individuals that are elderly, disabled, and members of families with dependent children, children in low-income families, uninsured children, pregnant women, refugees or children in state custody.

Services are received through a Fee-For-Service (FFS) or Managed Care (MC) delivery system.



The **MO HealthNet FFS** program serves eligible participants with disabilities, seniors, blind and visually impaired and women with breast or cervical cancer. All MO HealthNet providers may serve MO HealthNet FFS participants. Participants may freely choose which MO HealthNet provider they go to for care under the FFS delivery system.

The **MO HealthNet MC** program serves eligible children, pregnant women, newborns, uninsured women and families in every Missouri county. MO HealthNet MC participants may be seen by any MO HealthNet FFS provider until their enrollment is effective in a MO HealthNet **MC health plan**. MO HealthNet MC participants must select a health plan and a Primary Care Provider (PCP) within the MC health plan. MC providers may refer the participants to other providers based on the care needed.



## Additional Resources

- [Provider Manual by Section](#)
- [Third Party Liability Information for Providers](#)
- [Covered Services](#)
- [Provider Bulletin Index](#)
- [MO Dental Association Medicaid Information Series](#)
- [Good Cause Waiver](#)
- [Out-of-State Non-Bordering Services](#)

# COMING SOON!



## **All-Inclusive MO HealthNet Provider Enrollment Guide**

Step-by-step guide for all providers to navigate enrolling with MO HealthNet

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## **eMMIS Guide**

Internal guide to assist MHD team members with eMMIS, the Medicaid Information System's capabilities, screens and features

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## **Fee-For-Service Participant Handbook Update**

Updating and re-energizing the Handbook

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## **Member Forum Events**

Kick-off and future events for our MO HealthNet participants to share opinions and speak to MHD; will include community partners, Managed Care Health Plans and more!



# THE TEAM

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Anna Wainscott  
Director of Education  
and Training



Amanda Fahrendorf  
Lead Education Specialist



Jackie Bollinger  
Education Specialist



Daniel Rush  
Education Specialist



Lee Gerloff  
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Julie Pace  
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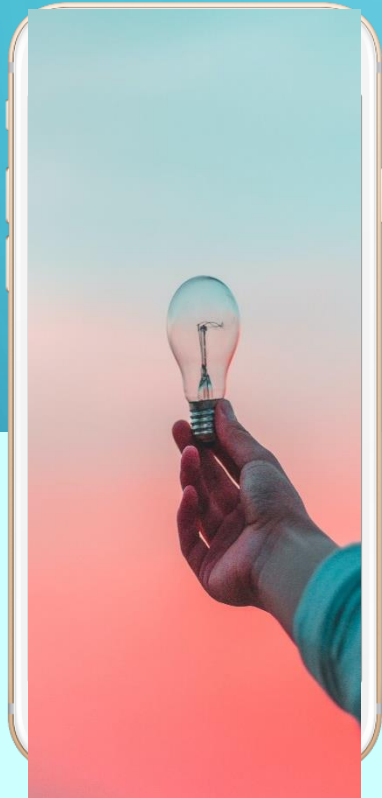


# MHD EDUCATION & TRAINING

[MO HealthNet Education and Training](#) educates providers on navigating provider resources, verifying eligibility, MO HealthNet policy, and filing Fee-For-Service claims through [eMOMED](#).

Visit our [Provider Training Calendar](#) to sign up for upcoming trainings specific to your program.

Visit our [MHD Education and Training Resources](#) for information available to you on all of our resources, 24/7.



**MHD.Education@dss.mo.gov**



**573-751-6683**



# QUESTIONS & COMMENTS

**NEXT MEETING: OCTOBER 25<sup>TH</sup>, 2023**