If an enrolled MO HealthNet provider does not want to accept payment from MO HealthNet but instead wants the participant to be responsible for the payment (be a private pay participant), there must be a written agreement between the participant and the provider in which the participant understands and agrees that MO HealthNet will not be billed for the service(s) and that the participant is fully responsible for the payment for the service(s). The written agreement must be date and service specific and signed and dated both by the participant and the provider. The written agreement must be prepared prior to the service(s) being rendered. A copy of the written agreement must be kept in the participant’s medical record.

If there is no evidence of this written agreement, the provider cannot bill the participant and must submit a claim to MO HealthNet for reimbursement for the covered service(s).

If MO HealthNet denies payment for a service because all policies, rules and regulations of the MO HealthNet program were not followed (e.g., Prior Authorization), the participant is not responsible and cannot be billed for the item or service.

All commercial insurance benefits must be obtained before MO HealthNet is billed.

MO HEALTHNET RECIPIENT REIMBURSEMENT (MRR)

The Medicaid Recipient Reimbursement program (MRR) is devised to make payment to those participants whose eligibility for MO HealthNet benefits has been denied and whose eligibility is subsequently established as a result of an agency hearing decision, a court decision based on an agency hearing decision, or any other legal agency decision rendered on or after January 1, 1986.

Participants are reimbursed for the payments they made to providers for medical services received between the date of their denial and the date of their subsequent establishment of eligibility. The participant is furnished with special forms to have completed by the provider(s) of service. If MO HealthNet participants have any questions, they should call (800) 392-2161.