

**MO HealthNet and SMHK Collaboration Training for
Comprehensive Community Support Partners
January 26, 2023
Questions & Answers**

- **Where do we send questions about claims to Show Me Healthy Kids (SMHK)?**
Send claim questions to mo_claims_integrity@homestatehealth.com
- **Is this webinar specific to residential facilities?**
It is specifically for CCS providers, CCS - Comprehensive Community Support
- **Our organization has suffered significant turnover recently and we're trying to locate all of our contracts and contacts. Is there a representative that we should reach out to to confirm/update our contract?**
Our contracting team's mailbox: MANAGEDCARECONTRACTING@CENTENE.COM
- **Does Home State pay for Telehealth therapy charges?**
Yes, telehealth is allowed. Use modifier GT.
- **If you check eligibility on HSH site and it says not Eligible. Do you go to EMOMED site and submit claim there if it says eligible?**
You can check to see if the child is covered under Mo Health Net on eMOMED and if they are then you submit claims on eMOMED.
- **When will Home State start paying the updated rate?**
Projects have been submitted to adjust claims with the new rate. You should start seeing those payments in the next couple of weeks.
- **We have been receiving partial payments, like 25% of the amount owed. Why?**
In regards to partial payments (25%), call Home State and make sure your facility is listed as a participating provider.
- **We have already completed several of these trainings about sending in claims, the bigger question is how long do we have to wait for payments?**
We have added another check run for Missouri BH so payments will disburse twice a week now instead of just once.
- **Is the portal still only available for initial authorizations and not continued stay reviews?**
Correct. Portal can be used for new/initial authorizations. For Continued stay or re-authorizations faxing for now.
- **Medicaid denies my claim for invalid date of service even though their eligibility screen shows the participant eligible during that period.**
Look at the date ranges on the HSH eligibility sometimes there's start and stop dates and you have to match their dates. If there's a lapse of a couple of dates, I've been able to bill straight Medicaid for those dates.
- **Can authorizations be back dated if we received a kiddo prior to getting pre-authorizations?**
Typically pre-auth is prior to the start of the episode of care; however, each case is unique and we have been working with each provider in each scenario. If you have questions about the PA process you can call phone 1-877-236-1020. and follow the prompts for the BH UM or feel free to email HSN_Anchors@homestatehealth.com
- **How do I get a registration code for the SMHK portal?**
Be sure to contact PaySpan at 877.331.7154 Option 1

➤ **Is there a target date for the MD denials to be corrected in the system?**

Our configuration team is still updating our systems. However, a project was submitted to adjust prior claims. The reference number for that project is: IQ-359721184

➤ **Will the project automatically occur or do we need to manually resubmit those claims?**

You don't have to resubmit claims, we are pulling all impacted claims for an adjustment.

➤ **If we need to submit a request for renewal/extension of authorization, do you add a new authorization under the client or is there a special place to go to request an extension of the authorization (i.e. for residential or TFC services)?**

For re-authorization you do not need to submit through the portal for a new authorization. You can fax 1-888-535-6974. There is a page that may be helpful here:

<https://www.homestatehealth.com/providers/showmehealthykids/show-me-healthy-kids-pre-auth.html>

➤ **Once a claim is rejected, does the 180 day time period still apply or can we still correct and resubmit it?**

If a claim rejects it has never made it into our system. The timely filing deadline of 180 days from the date of service would still apply.

➤ **I submitted my claims on a CMS-1500 and received a denial that it should have been submitted on a UB?**

Send claim examples to mo_claims_integrity@homestatehealth.com for further review.

➤ **If we enter an auth in the portal what "authorization type" do we choose?**

For Residential or Treatment Foster Care you would choose OP Service/procedure authorization.

➤ **What is the service code for Maintenance?**

Maintenance shouldn't be billed to Home State, those charges should be billed to the Children's Division.

➤ **Is there any way to backdate authorizations?**

Yes, if the member is still in the bed then it would be considered a late notification. If the member has been discharged it would be considered a retrospective request.

➤ **Does Medicaid want the H0019 and Modifiers that Home State does on a 1500 form?**

Yes. Please see [MHD's bulletin](#) with billing tips.

➤ **When two services are done in one day by one provider, will the second claim be paid if modifier 59 is in the second position?**

HSH will allow both individual and group on the same day. Originally we did not due to a payment policy but SMHK has been excluded for that edit.

➤ **Do you use modifier 25 on both claims or just one?**

Our plan exception included both modifier 59 and 25. If the provider has claims that denied due to one of those modifiers please send them to the mo_claims_integrity@homestatehealth.com for review. A project was submitted for all impacted claims PROJ-336295065 and that completed on 1/11/2023.