MoHealthNet

Nursing Home Coverage for Participants Within the Adult Expansion Group (E2)

March 23, 2023

Presented by
Amanda Fahrendorf
Lee Gerloff

Missouri Department of SOCIAL SERVICES
Your Potential. Our Support.

Your Presenters:

Amanda Fahrendorf is the Lead Education & Training Specialist located in the Department of Social Services (DSS), MO HealthNet Division (MHD), Education and Training.

During her 21 years of tenure with DSS, Amanda has built strong relationships with providers to streamline processes to serve our providers and participants.

Lee Gerloff is an Education Specialist in MHD Education and Training.

Lee has been with MHD since 2017 and recently joined the Education and Training team. She is responsible for educating Dental, DME, Audiology, NEMT and Nursing Home providers.

Objectives

01 **Description of MO HealthNet**

02 **Eligibility for MO HealthNet**

03 **Medicaid Expansion - Adult Expansion Group (AEG) - E2**

04 **Participants Eligible Through AEG (E2) Admission to Nursing Homes**

05 **Nursing Home Program Bulletin- dated August 31, 2022-** Billing room and board, 60 day managed care lock-in or Level of Care determination, prior-authorization requirements, surplus, and hospice coverage.

MoHealthNet

MO HealthNet

MO HealthNet is Missouri's Medicaid Program. Individuals who do not have health insurance or need help paying for health care may be eligible for coverage through MO HealthNet.

Eligibility for MO HealthNet

Eligibility for MO HealthNet depends on an individual's income, age, and health.

An individual may be eligible if they fit into any of the categories below:

- **Senior**- Age 65 and older
- **Parent or Caretaker with a Child -** under the age of 19
- **Child-** Age birth to 18
- **Women with No Health Insurance -** Age 18 to 55
- **Adult without Disabilities Age-** 19 to 64
- **Pregnant Women-** Age 19 to 64
- **Women with Breast or Cervical Cancer-** Under age 65
- **Person with Disabilities-** No age limitation
- **Blind or Visually Impaired Adult-** Age 18 and older

MoHealthNet

Participant Annual Renewal

Effective April 1, 2023, The Family Support Division (FSD) will be required to check the eligibility of all MO HealthNet participants, including Managed Care health plan members. This is called a Medicaid eligibility renewal (or annual renewal).

More than 1.4 million Missourians have MO HealthNet coverage and will be impacted by this change. We are asking you to spread the word so participants can stay informed. You can help by reminding participants about their upcoming annual review dates.

You can help by:

- Review the MO State Plan for Resuming Annual Renewals
- Share outreach materials
- Explore the Communications Toolkit
- Remind participants to update their information online or by calling (855) 373-4636
- Help participants update their information if they need assistance

MoHealthNet

Participant Annual Renewal

Providers can find a participant's annual renewal date in two ways:

- Utilize the Participant Annual Review Date option in eMOMED
- Contact the Provider Communications' Interactive Voice Response (IVR) system at (573) 751-2896.

Providers and participants can find additional information on the Renewing Your Medicaid Eligibility website.

Participant Annual Renewal

To assist with helping participants, the table below shows the estimated timeline for the annual renewal process.

Month Annual Renewal is Due	FSD will check cases against U.S. Postal Service NCOA*	FSD will start ex-parte process**	FSD will send pre-populated annual renewal form OR decision letter	Participant must return pre-populated form by the deadline
June 2023	March 2023	April 2023	May 2023	June 30, 2023
July 2023	April 2023	May 2023	June 2023	July 31, 2023
August 2023	May 2023	June 2023	July 2023	August 31, 2023
September 2023	June 2023	July 2023	August 2023	September 30, 2023
October 2023	July 2023	August 2023	September 2023	October 31, 2023
November 2023	August 2023	September 2023	October 2023	November 30, 2023
December 2023	September 2023	October 2023	November 2023	December 31, 2023
January 2024	October 2023	November 2023	December 2023	January 31, 2024
February 2024	November 2023	December 2023	January 2024	February 29, 2024
March 2024	December 2023	January 2024	February 2024	March 31, 2024
April 2024	January 2024	February 2024	March 2024	April 30, 2024
May 2024	February 2024	March 2024	April 2024	May 31, 2024
New cycle will begin with June 2024 annual renewals.				

*Household addresses will be updated with information available from the US Postal Service National Change of Address

**Ex-parte Process: FSD will check case information to see if they can automatically determine eligibility. If yes, the participant will get a letter with the decision.

MoHealthNet

Medicaid Adult Expansion

Effective July 1, 2021 – Adult Expansion Group (AEG) - E2

Medicaid Expansion changed the eligibility requirements for Missouri's Medicaid program (MO HealthNet) to include non-disabled adults between the ages of 19 and 64.

These participants may not have otherwise qualified for traditional Medicaid or Medicare coverage.

Requirements:

- Live in Missouri and are a United States citizen (or qualified non-citizen)
- Make less than the annual income limit for their household size
- Are not eligible for or receiving Medicare Part A or B, MO HealthNet for Families, MO HealthNet for Pregnant Women, or Non-Spend Down MO HealthNet for the Aged Blind & Disabled.

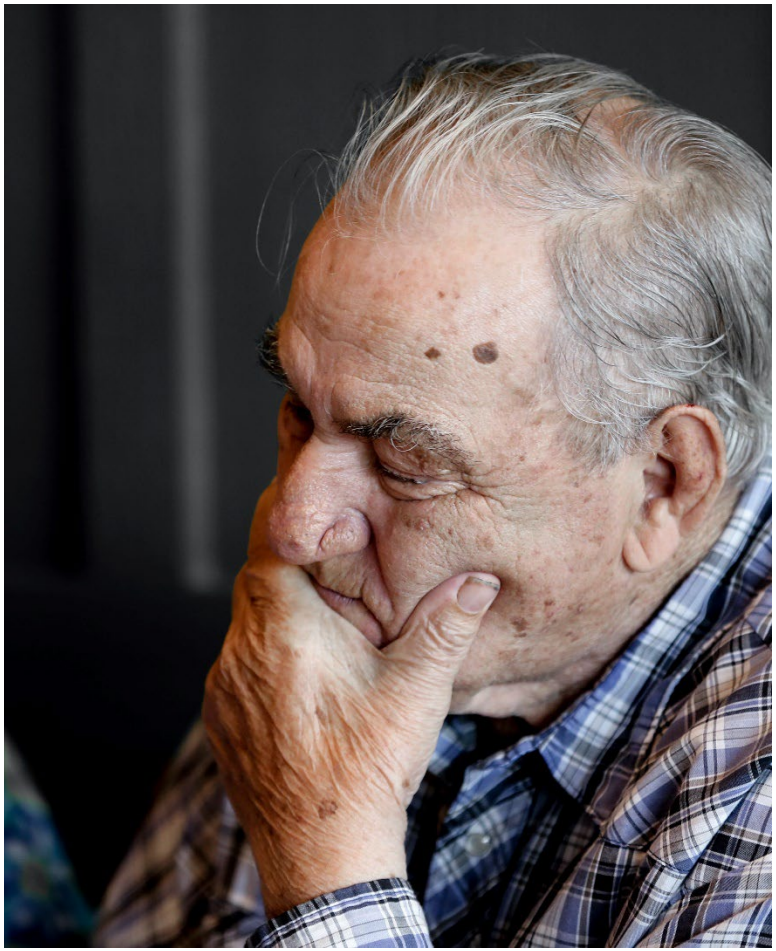
MoHealthNet

What is Happening and Why

Some individuals who require a higher level of care are qualifying for AEG coverage when they don't meet the criteria for traditional adult Medicaid, Aged, Blind, and Disabled Medicaid or Medicare.

AEG benefits are administered through MO HealthNet's Managed Care plans.

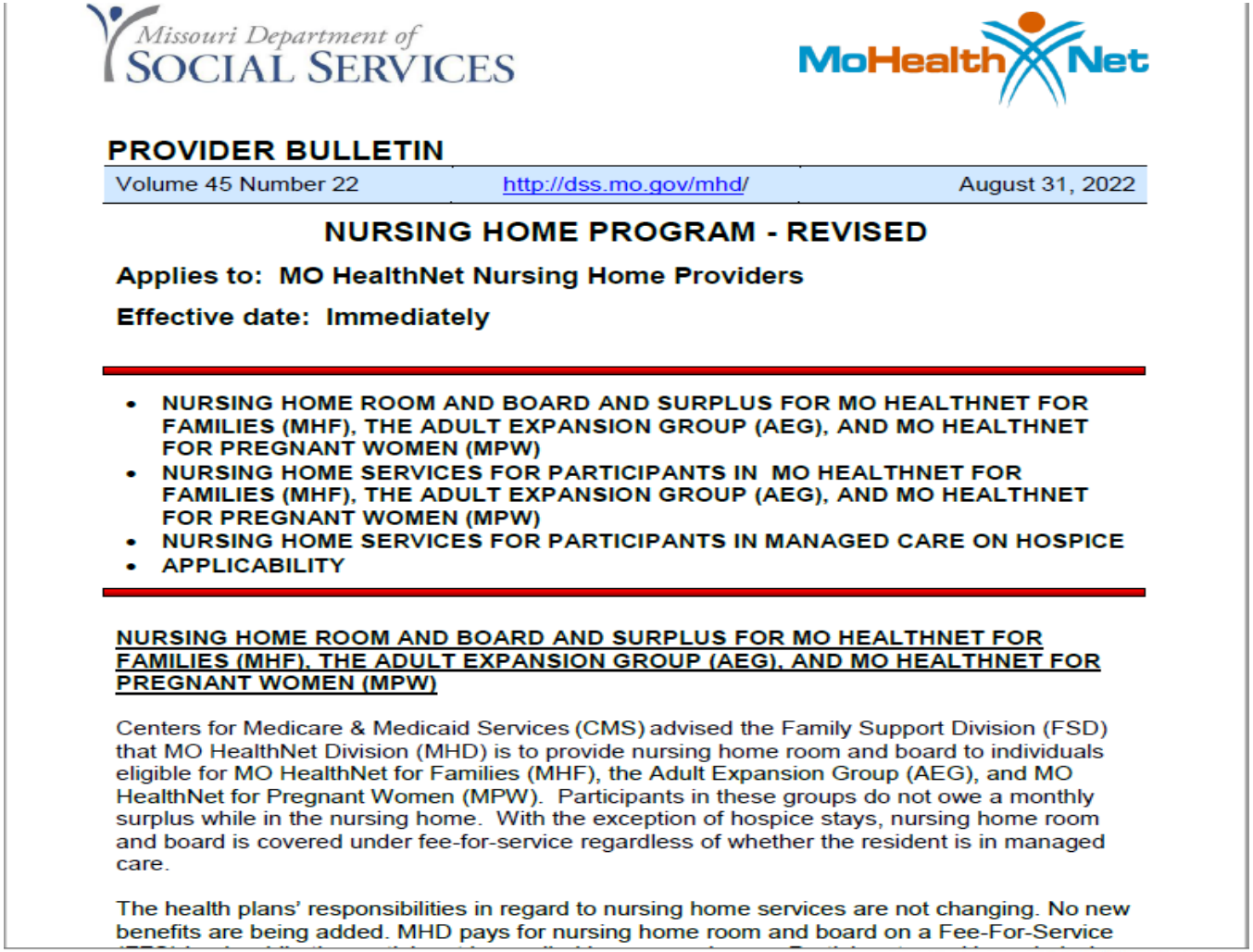
The MO HealthNet's Managed Care plans do not pay for Nursing Home coverage.



MoHealthNet

Nursing Home Provider Bulletin

Volume 45, Number 22 dated August 31, 2022



Missouri Department of SOCIAL SERVICES

MoHealthNet

PROVIDER BULLETIN

Volume 45 Number 22 | http://dss.mo.gov/mhd/ | August 31, 2022

NURSING HOME PROGRAM - REVISED

Applies to: MO HealthNet Nursing Home Providers

Effective date: Immediately

- **NURSING HOME ROOM AND BOARD AND SURPLUS FOR MO HEALTHNET FOR FAMILIES (MHF), THE ADULT EXPANSION GROUP (AEG), AND MO HEALTHNET FOR PREGNANT WOMEN (MPW)**
- **NURSING HOME SERVICES FOR PARTICIPANTS IN MO HEALTHNET FOR FAMILIES (MHF), THE ADULT EXPANSION GROUP (AEG), AND MO HEALTHNET FOR PREGNANT WOMEN (MPW)**
- **NURSING HOME SERVICES FOR PARTICIPANTS IN MANAGED CARE ON HOSPICE**
- **APPLICABILITY**

NURSING HOME ROOM AND BOARD AND SURPLUS FOR MO HEALTHNET FOR FAMILIES (MHF), THE ADULT EXPANSION GROUP (AEG), AND MO HEALTHNET FOR PREGNANT WOMEN (MPW)

Centers for Medicare & Medicaid Services (CMS) advised the Family Support Division (FSD) that MO HealthNet Division (MHD) is to provide nursing home room and board to individuals eligible for MO HealthNet for Families (MHF), the Adult Expansion Group (AEG), and MO HealthNet for Pregnant Women (MPW). Participants in these groups do not owe a monthly surplus while in the nursing home. With the exception of hospice stays, nursing home room and board is covered under fee-for-service regardless of whether the resident is in managed care.

The health plans' responsibilities in regard to nursing home services are not changing. No new benefits are being added. MHD pays for nursing home room and board on a Fee-For-Service

MoHealthNet

Billing for Room and Board

MO HealthNet is responsible for nursing home room and board on a Fee-For-Service (FFS) basis while the participant is enrolled in managed care.

Providers should continue to bill the Managed Care plans for all covered benefits not included in the Nursing Home per diem while enrolled in the plan.

Room and Board should be submitted through eMOMED or a clearinghouse, as you would for a traditional Medicaid participant.

The 60 Day Rule

- Participants seeking admission into a nursing home will remain in a Managed Care plan until a nursing home level of care is determined or for 60 calendar days; whichever comes first.
- MO HealthNet must have verification that a DA-124 has been issued initiating the Department of Health and Senior Services (DHSS) level of care review before the 60-day process can begin.
- The DA-124 can be completed online at: https://health.mo.gov/seniors/nursinghomes/pasrr.php
- Once a level of care has been determined the participant will be opted out of Managed Care and placed into FFS.

MoHealthNet

No Prior Authorization Required

No prior authorization is required from the MO HealthNet Division or the Managed Care Plan to be admitted to a Nursing Home.

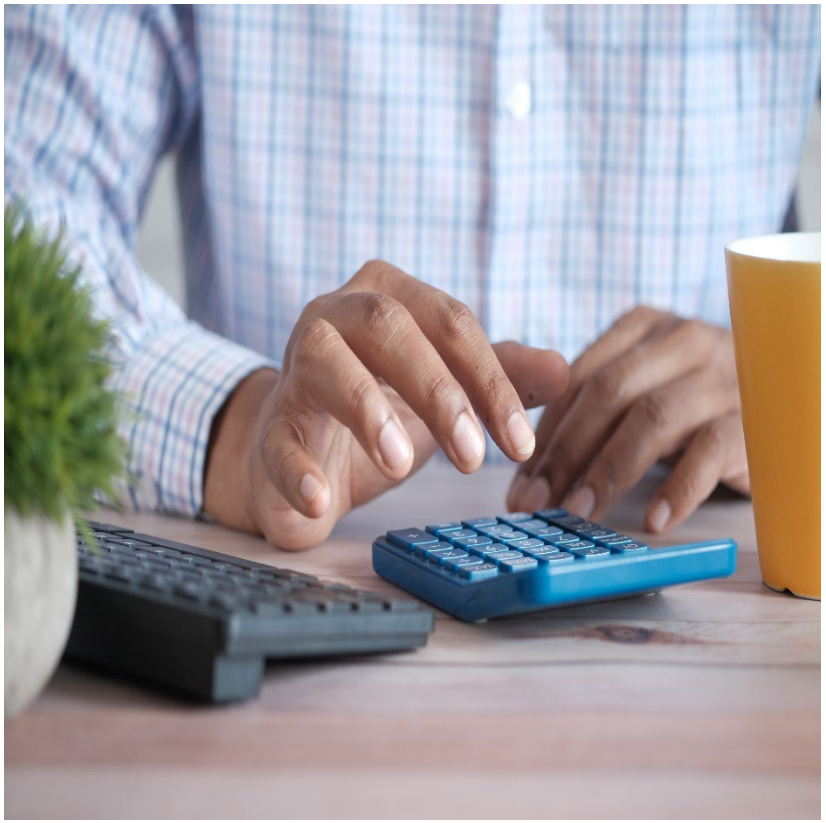
The Managed Care Health Plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission.

MoHealthNet

Surplus and Hospice

Participants in the Adult Expansion Group (E2) do not owe a monthly surplus while in a nursing home.

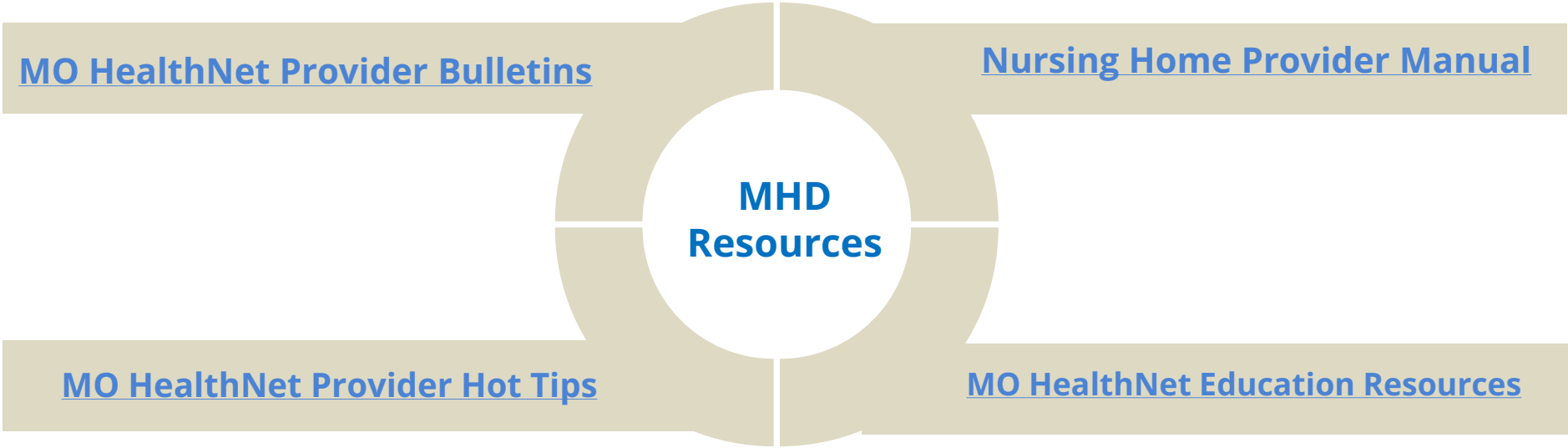
If a member elects Hospice ***and then enters a nursing home***, the Managed Care Plan is responsible for the nursing home cost.



Resources & Contact Information

MO HealthNet Resources

MO HealthNet offers many resources and trainings to assist providers. Visit the MO HealthNet Provider Page for the resources below and more.

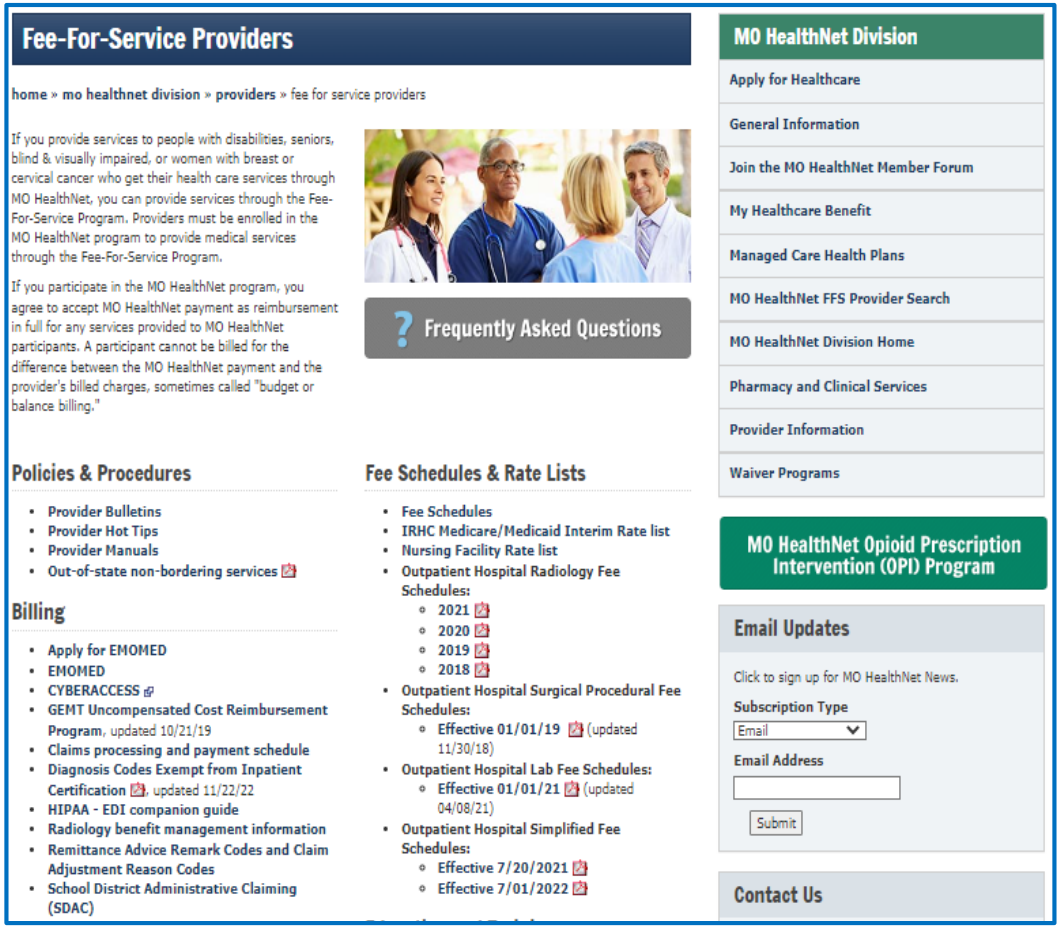


Fee-For-Service Provider Page

This page provides access to policy manuals, forms, billing information, fee schedules, rate lists, education and training and more.

The next few slides will cover the information that can be found on this webpage.

The Fee-For-Service Provider page is located on the MHD website.



Stay Informed

- Provider Bulletins
- Email Blasts
- Provider Hot Tips
- Alerts
- Notifications

Sign up and Stay Connected

Email Updates

Click to sign up for MO HealthNet News.

Subscription Type

Email

Email Address

Submit

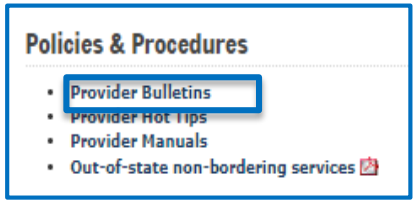
Follow Us on Social Media

MoHealthNet

Provider Bulletins

- **Notify providers of new and updated policies**
- **Clarify existing policies**
- **Advise of important program information, rate changes and new/updated procedure codes**

You can also find Provider Bulletins on the MHD website.



MO HealthNet Division Provider Bulletins

home » mo healthnet division » providers » pages » bulletins

The MO HealthNet Program publishes provider bulletins as necessary to clarify existing program and policy or explain new policy. Bulletins are posted at this location and will remain here until they are incorporated into the provider manuals as appropriate. At that time, the bulletins will be moved to the Archives.

Bulletin Indices

- Bulletin Index By Topic/Subject
- Archived Bulletins

Issue Date	Provider Bulletin Description
Jan 05, 2023	**DENTAL PROGRAM,** Vol 45, No. 36
Jan 05, 2023	**NON-EMERGENCY MEDICAL TRANSPORTATION,** Vol 45, No. 35
Dec 29, 2022	**Prior Authorization Process – Residential Treatment and Treatment Foster Care,** Vol 45, No. 34
Dec 28, 2022	**Residential Billing Update - Above Level 4,** Vol 45, No. 33
Dec 22, 2022	**Womens Health Services Program,** Vol 45, No. 32
Nov 30, 2022	**HIPAA X12 835 Remittance Advice Transactions,** Vol 45, No. 31
Nov 29, 2022	**2023 Hospice Rate Update,** Vol 45, No. 30
Nov 30, 2022	**Unattended Sleep Studies,** Vol 45, No. 29
Nov 10, 2022	**REVISED Private Psychiatric Residential Treatment Facilities: Billing Instructions,** Vol 45, No. 28
Oct 24, 2022	**Private Duty Nursing for Children,** Vol 45, No. 26

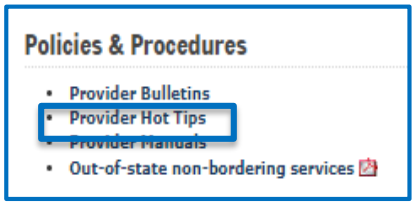
MoHealthNet

Provider Hot Tips

Tips to assist providers with:

- **Billing questions**
- **Clarifying existing policies and processes**
- **Provider resources and trainings**

You can also find Provider Hot Tips on the MHD website.

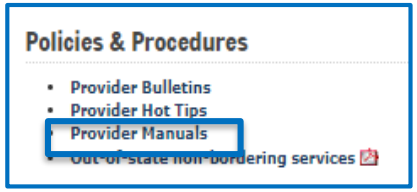


MoHealthNet

Provider Manuals

- Policy
- Benefits and Limitations
- Procedure Codes
- Revenue Codes
- Billing Instructions

Providers should choose the Provider Manual for their program.



Provider Manuals

SECTION 1-PARTICIPANT CONDITIONS OF PARTICIPATION 15
1.1 INDIVIDUALS ELIGIBLE FOR MO HEALTHNET, MANAGED CARE OR STATE FUNDED BENEFITS 15
1.1.A DESCRIPTION OF ELIGIBILITY CATEGORIES 15
1.1.A(1) MO HealthNet 15
1.1.A(2) MO HealthNet for Kids 16
1.1.A(3) Temporary MO HealthNet During Pregnancy (TEMP) 18
1.1.A(4) Voluntary Placement Agreement for Children 18
1.1.A(5) State Funded MO HealthNet 18
1.1.A(6) MO Rx 19
1.1.A(7) Women's Health Services 19
1.1.A(8) ME Codes Not in Use 20
1.2 MO HEALTHNET AND MO HEALTHNET MANAGED CARE ID CARD 20
1.2.A FORMAT OF MO HEALTHNET ID CARD 21
1.2.B ACCESS TO ELIGIBILITY INFORMATION 22
1.2.C IDENTIFICATION OF PARTICIPANTS BY ELIGIBILITY CODES 22
1.2.C(1) MO HealthNet Participants 22
1.2.C(2) MO HealthNet Managed Care Participants 22
1.2.C(3) TEMP 22
1.2.C(4) Temporary Medical Eligibility for Reinstated TANF Individuals 23
1.2.C(5) Presumptive Eligibility for Children 23
1.2.C(6) Breast or Cervical Cancer Treatment Presumptive Eligibility 23
1.2.C(7) Voluntary Placement Agreement 23
1.2.D THIRD PARTY INSURANCE COVERAGE 24
1.2.D(1) Medicare Part A, Part B and Part C 24

The Table of Contents in each Provider Manual is very detailed in order to assist individuals in finding what they are looking for.

Use Control + F and search by keyword to assist in finding the information needed.

MoHealthNet

Provider Manuals

General Sections are published in each Provider Manual and are written broadly to encompass all providers.

Program Specific Sections are specific to each MO HealthNet Program.

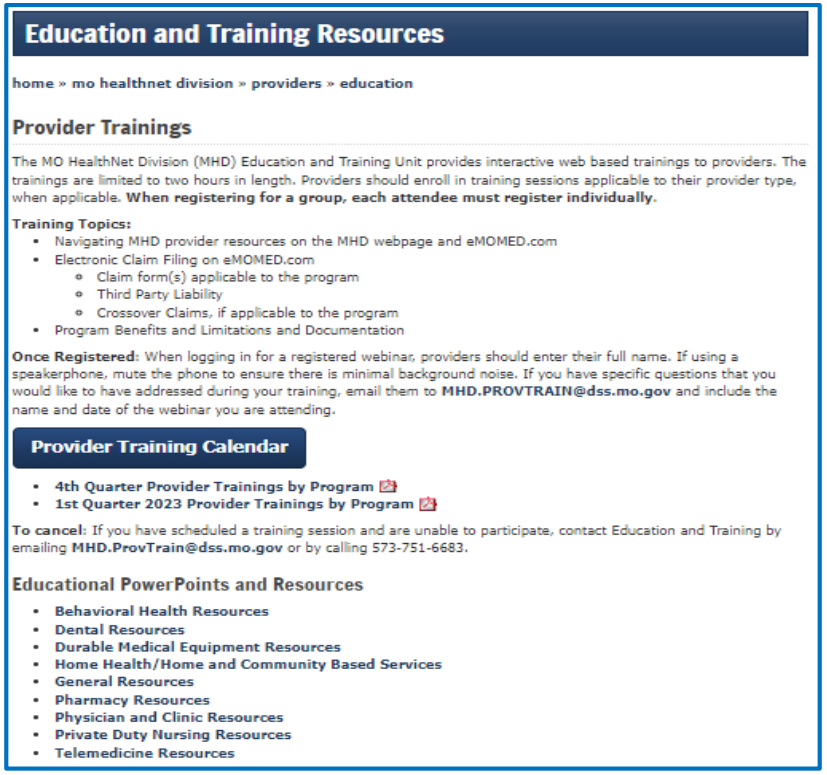
Review the Provider Manual by Section for this quick breakdown.

Section	Description
General Section 1	Participant Conditions of Participation
General Section 2	Provider Conditions of Participation
General Section 3	Stakeholder Services
General Section 4	Timely Filing
General Section 5	Third Party Liability
General Section 6	Adjustments
General Section 7	Medical Necessity
General Section 8	Prior Authorization
General Section 9	Healthy Children and Youth Program
General Section 10	Family Planning
General Section 11	MO HealthNet Managed Care Program Delivery System
Program Specific Section 12	Reimbursement Methodology
Program Specific Section 13	Benefits and Limitations
Program Specific Section 14	Special Documentation Requirements
Program Specific Section 15	Billing Instructions
General Section 16	Medicare/Medicaid Crossover Claims
General Section 17	Claims Disposition
Program Specific Section 18	Diagnosis Codes
Program Specific Section 19	Procedure Codes (Includes: HCPC, CDT, and Revenue Codes)
General Section 20	Exception Process
General Section 21	Advance Health Care Directives
General Section 22	Non-Emergency Medical Transportation
General Section 23	Claim Attachment Submission and Processing

MoHealthNet

Education and Training Resources

Visit our Education and Training Resources page



Education and Training Resources

home » mo healthnet division » providers » education

Provider Trainings

The MO HealthNet Division (MHD) Education and Training Unit provides interactive web based trainings to providers. The trainings are limited to two hours in length. Providers should enroll in training sessions applicable to their provider type, when applicable. **When registering for a group, each attendee must register individually.**

Training Topics:

- Navigating MHD provider resources on the MHD webpage and eMOMED.com
- Electronic Claim Filing on eMOMED.com
  - Claim form(s) applicable to the program
  - Third Party Liability
  - Crossover Claims, if applicable to the program
- Program Benefits and Limitations and Documentation

Once Registered: When logging in for a registered webinar, providers should enter their full name. If using a speakerphone, mute the phone to ensure there is minimal background noise. If you have specific questions that you would like to have addressed during your training, email them to **MHD.PROVTRAIN@dss.mo.gov** and include the name and date of the webinar you are attending.

Provider Training Calendar

- **4th Quarter Provider Trainings by Program**
- **1st Quarter 2023 Provider Trainings by Program**

To cancel: If you have scheduled a training session and are unable to participate, contact Education and Training by emailing **MHD.ProvTrain@dss.mo.gov** or by calling 573-751-6683.

Educational PowerPoints and Resources

- **Behavioral Health Resources**
- **Dental Resources**
- **Durable Medical Equipment Resources**
- **Home Health/Home and Community Based Services**
- **General Resources**
- **Pharmacy Resources**
- **Physician and Clinic Resources**
- **Private Duty Nursing Resources**
- **Telemedicine Resources**

View our Training Calendar and register for a Provider Training

MO HealthNet Provider Trainings

home » mo healthnet division » providers » training

MO HealthNet Provider Training

Today | February 2023 | Print | Week | Month | Agenda

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31 12pm Best Practice	Feb 1	2	3	4
5	6	7 8am Ambulance Bil 8am Inpatient/Outp 1pm Applied Behav	8 10am Medical Clinic	9	10	11
12	13	14 8am Optical Billing	15	16	17	18
19	20	21 8am Hospice Billing	22	23	24	25
26	27	28 12pm Effective Ben 1pm IEP School Ba	Mar 1	2	3	4

MoHealthNet

Education and Training Resources

Visit our Provider Specific Resource Materials

Educational PowerPoints and Resources

- Behavioral Health Resources
- Dental Resources
- Durable Medical Equipment Resources
- Home Health/Home and Community Based Services
- General Resources
- Pharmacy Resources
- Physician and Clinic Resources
- Private Duty Nursing Resources
- Telemedicine Resources

Home State Health & Show Me Healthy Kids (SMHK)

- Provider Resources
- SMHK Member Resources
- Show Me Healthy Kids

Show-Me Healthy Kids (SMHK) Trainings

- Care Management Overview
- Division of Youth Services Provider Resources
- Family First Prevention Services Act (FFPSA)
- Fee-for-Service (FFS) Billing and Technical Assistance
- Member Eligibility and Enrollment
- Provider Enrollment Guide
- Provider Resource Guide for Residential and Treatment Foster Home
- SMHK FAQ Guide
- SMHK Overview and Services
- Trauma Informed Resources

And our General Resources for all Providers

General Resources for All Providers

- General Provider Resource Overview
  - Navigating Provider Resources
  - Eligibility and Spend Down Overview
  - eMOMED Overview
- Provider Manual by section
- Adult Expansion Group Billing PowerPoint 11/2021
- Care Management in Managed Care

Claim Filing Samples

- Inpatient Medicare Part A Crossover Claim Filing on eProvider updated: 03/13/12, file size: 3.36MB*
- Medicare Part B Crossover Claim Filing updated: 06/05/12, file size: 5.13MB*
- Medicare Part B of A Crossover Claim Filing updated: 03/13/12, file size: 5.31MB*
- Medicare Part C ~ QMB claim filing
- Medicare Part C NON ~ QMB claim filing

Third Party Liability

- Third Party Liability Information for Providers
- Third Party Liability Course

Program Specific Resources

- Behavioral Health
- Dental
- Durable Medical Equipment
- Home Health/Home and Community Based Services
- Pharmacy
- Physician and Clinic
- Private Duty Nursing
- Telemedicine

MoHealthNet

Resources & Contact Information

The next few slides cover a variety of helpful resources and contact information for providers.

- Technical Help Desk
- Provider Communication Unit
- Participant Resources
- Constituent Education
- CyberAccess
- Clinical Services
- Pharmacy & Medical Pre-cert Help Desk
- MHD Services and Programs
- Provider Enrollment

MoHealthNet

Resources & Contact Information

Technical Help Desk

Technical support and assistance for issues with **eMOMED**

Establishes required electronic claims and RA formats, network communication and HIPAA trading partner agreements

(573) 635-3559

internethelpdesk@momed.com

Provider Communications

Provider's Initial Contact Contact with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.

(573) 751-2896

Provider Communications Unit
PO Box 5500
Jefferson City, MO 65102-2500

Participant Resources

Questions regarding MHD eligibility benefits and application process.

(855) 373-9994

www.mydss.mo.gov

Family Support Division Information Center
(855) FSD-INFO
(855) 600-4412

Resources & Contact Information

CyberAccess	Clinical Services	MHD Services & Programs
Account setup or technical questions (888) 581-9797 (573) 632-9797 CyberAccess CyberAccess Helpful Tips cyberaccesshelpdesk@xerox.com	Policy development, benefit design, coverage decisions, provider and program policy inquiries (573) 751-6963 MHD.clinical.services@dss.mo.gov	Inquiries regarding programs and policy that cannot be answered by any other contact Ask.MHD@dss.mo.gov *Provide NPI, name and contact information* and complete details regarding inquiry

Resources & Contact Information

Pharmacy & Medical Pre-Certification Help Desk

Pharmacy Clinical Authorizations, Edit Overrides, Medical Pre-Certifications (outpatient, diagnostic, non-emergency MRI, MRA, CT, CTA, PET scans and cardiac imaging)

(800) 392-8030

Pre-Certification for certain radiological procedures listed at:

https://portal.healthhelp.com/mohealthnet

Provider Enrollment

Located within the MO Medicaid Audit and Compliance (MMAC) Unit

Inquiries regarding enrollment applications, changes to Provider Master File (addresses, tax identification, ownership, individual's name, practice name, National Provider Identification (NPI) number)

(573) 751-3399

mmac.providerenrollment@dss.mo.gov

Send written inquiries to:
Missouri Medicaid Audit and Compliance
P. O. Box 6500
Jefferson City, Missouri 65102

Questions

MHD Education and Training

MHD Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED.

MHD.Education@dss.mo.gov

(573) 751-6683