

Fee-for-Service Billing and Technical Assistance

Guidance for
Children's Division
Residential and
Treatment Foster
Home Providers

July 1, 2022 implementation



Agenda



Fee-For-Service Policy and Procedures



Fee-For-Service Fee Schedules and Rates List



Fee-For-Service Billing Practices



Additional Resources and Tools

Fee-For-Service Provider Billing Resources

Fee-for-services (FFS) providers are encouraged to learn about MHD policies and procedures, fee schedules and rate lists, and billing practices.



Policies and Procedures

Policies and Procedures

To access information about FFS policies and procedures, visit dss.mo.gov/mhd/providers/fee-for-service-providers.htm

Policies & Procedures

- Provider Bulletins
- Provider Hot Tips
- Provider Manuals
- Out-of-state non-bordering services

Select the designated links to review current and updated information about the MO HealthNet Division (MHD) FFS policy and procedures for providers.

Policies and Procedures: Provider Bulletins

Provider Bulletins provide the following information

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

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.

Archived Bulletins

Issue Date	Provider Bulletin Description
Nov 24, 2021	Physician and Outpatient Habilitative Services , Vol 44, No. 31
Nov 19, 2021	Monoclonal Antibody COVID-19 Infusion , Vol 44, No. 30
Nov 19, 2021	COVID-19/Flu/RSV Testing , Vol 44, No. 29
Nov 15, 2021	Nursing Facilities and Hospice Providers , Vol 44, No. 28
Nov 10, 2021	Adult Expansion Group – ME Code E2 , Vol 44, No. 27
Nov 5, 2021	Private Duty Nursing Webinar , Vol 44, No. 26
Nov 3, 2021	Products Reimbursed Under the Nursing Home Per Diem , Vol 44, No. 25
Oct 28, 2021	Home Health Program , Vol 44, No. 24
Oct 22, 2021	Transcranial Magnetic Stimulation for Major Depressive Disorder , Vol 44, No. 23
Oct 21, 2021	Annual Hospice Rate Change , Vol 44, No. 22

Source: <https://dss.mo.gov/mhd/providers/pages/bulletins.htm>

Policies and Procedures: Provider Hot Tips

Provider Hot Tips provide the following information:

- Clarify existing policies and processes
- Provide information to assist with reimbursement and claims dispositions
- Identify provider resources

2021 MO HealthNet Provider Hot Tips

[home](#) » [mo healthnet division](#) » [providers](#) » [pages](#) » [provtips](#)

The MO HealthNet Division publishes Hot Tips to supply information to clarify and assist in receiving timely reimbursement for services provided and claims disposition.

MO HealthNet has developed an index for historical and ongoing Hot Tips and a COVID-19 index for associated Hot Tips. The non-COVID-19 index location has not moved; it is also located below for quick reference. Please share these Hot Tips with your billing staff.

Hot Tip Indices

- [Hot Tip Index By Topic/Subject](#) 
- [COVID-19 Hot Tip Index](#) 

2021 Provider Tips Index

- [At-Home COVID Test Coverage](#)
- [Durable Medical Equipment \(DME\) Program Policy Clarification for Custom and Power Wheelchairs Provided in a Skilled Nursing Facility](#)
- [90 Day Supply Requirement](#)
- [Durable Medical Equipment \(DME\) Program Policy Clarification for Custom and Power Wheelchairs Provided in a Skilled Nursing Facility](#)
- [RSV Prophylaxis – Update #3](#)
- [American Dental Association \(ADA\) Dental Claim Form](#)
- [One Year of Birth Control per Fill](#)

Source: <https://dss.mo.gov/mhd/providers/pages/provtips.htm>

Policies and Procedures: Provider Manuals

MHD provider manuals contain helpful resources for FFS providers.

- Policy
- Benefits and Limitations
- Covered HCPC and CPT codes
- Billing Instructions

NOTE: Remember to refer to section 13 and 19 of the provider manual for specific program details.



Source: <http://manuals.momed.com/manuals/>

The Comprehensive Community Support Rehabilitative Services Provider Manual will be added to this page at a later date.

Policies and Procedures: Provider Forms

Provider Forms*

- Behavioral Health Services Request For Precertification
- Prior Authorization Form
- Drug Prior Authorization
- Additional forms will be created for CCS providers

Source: <http://manuals.momed.com/manuals/presentation/forms.jsp>

* MHD is developing precertification forms for Children's Division Residential Providers. These forms will be uploaded to the website sourced above.

Forms

[Accident Report \[TPL-2P\]](#)

[Acknowledgment of Receipt of Hysterectomy Information](#)

[Addendum to the Plan of Treatment/Medical Update](#)

[Air Fluidized/Low Air Loss Therapy](#)

[Approval Notice \[IM-32\]](#)

[Approval Notice \[IM-32\]](#)

[IM-32-MAF](#)

[IM-32-MC](#)

[IM-32-MPW](#)

[IM-32-PRM](#)

[IM-32-QMB](#)

[Authorization by Clinic Members](#)

[Authorization Determination](#)

[Backdate Request form for Consideration of Pharmacy Services](#)

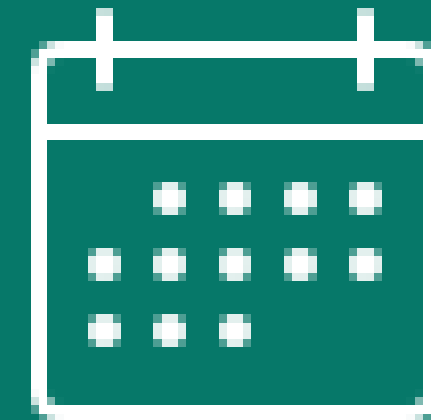
[BCCT MO HealthNet Application](#)

[BCCT Temporary MO HealthNet Authorization](#)

[Behavioral Health Services Request for Precertification](#)

Fee-For-Service Fee Schedules and Rate Lists

Providers can access the MHD FFS fee schedule and rate lists to learn about current rates and fees for procedures.



Fee Schedules and Rate Lists

Source: <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>, see “Fee Schedules and Rates” section

Fee-for-Service Fee Schedules and Rates

To access the exhaustive FFS rate list, follow the prompts below:

- Visit <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>
- Select the “Fee Schedules” link

Fee Schedules & Rate Lists

- Fee Schedules
- IRHC Medicare/Medicaid Interim Rate list
- Nursing Facility Rate list

- Review the “License for Use of Physicians’ Current Procedural Terminology” agreement
- Select “I Accept” if you agree with the terms and conditions
- Next review the “MHD Price List Search – Main Disclaimer” information
- Select either “Download” or “Full Search” to view the FFS fee schedules

MHD Price List Search - Main Disclaimer

ATTENTION PROVIDERS

In order to access the File Download Page or the Online Search Page, you must read through the below information.

The fee schedules are updated each quarter. Pricing files are used by all MO HealthNet Providers. A code may not be appropriate for your claim even though it is listed in the pricing file. This is especially true for the categories entitled EPSDT, Medical, and Other Medical. Please refer to your program specific manual and bulletins for correct coding.

MO HealthNet providers are categorized by the service(s) they perform for the MO HealthNet eligible participants. The service by which providers are classified will determine the procedures for which they receive MO HealthNet reimbursement. However, some CPT codes may be billed by multiple provider types.

For programs not paid via a fee schedule, procedure codes will show as covered with a fee listed. If you are paid by percentage, per diem rate, etc., you will continue to be paid in that manner. Again, please refer to the program specific manual and bulletins for limitations and restrictions.

General Fee Schedule Information

The four categories listed below have a variety of codes, which may be appropriate for many providers and services. Please use this as a reference when searching in these categories. For more specific information refer to the provider manuals and bulletins.

Fee-For-Service Claim Processing Schedule

The MHD Claims Processing Schedule refers to the dates when claims should be submitted in order to receive timely reimbursement. The schedules are updated annually.

MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2022

FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE ₁
Friday 06/25/2021	Wednesday 07/07/2021	Tuesday 06/08/2021	Friday 06/25/2021
Friday 07/16/2021	Friday 07/23/2021	Saturday 06/26/2021	Friday 07/16/2021
Friday 07/30/2021	Friday 08/13/2021	Saturday 07/17/2021	Friday 07/30/2021
Friday 08/13/2021	Wednesday 08/25/2021	Saturday 07/31/2021	Friday 08/13/2021
Friday 08/27/2021	Friday 09/10/2021	Saturday 08/14/2021	Friday 08/27/2021
Friday 09/10/2021	Friday 09/24/2021	Saturday 08/28/2021	Friday 09/10/2021
Friday 09/24/2021	Friday 10/08/2021	Saturday 09/11/2021	Friday 09/24/2021
Friday 10/15/2021	Friday 10/22/2021	Saturday 09/25/2021	Friday 10/15/2021
Friday 10/29/2021	Friday 11/12/2021	Saturday 10/16/2021	Friday 10/29/2021
Friday 11/12/2021	Wednesday 11/24/2021	Saturday 10/30/2021	Friday 11/12/2021
Friday 11/26/2021	Friday 12/10/2021	Saturday 11/13/2021	Friday 11/26/2021
Friday 12/10/2021	Thursday 12/23/2021	Saturday 11/27/2021	Friday 12/10/2021
Friday 12/24/2021	Friday 01/07/2022	Saturday 12/11/2021	Friday 12/24/2021
Friday 01/07/2022	Tuesday 01/18/2022	Saturday 12/25/2021	Friday 01/07/2022
Friday 01/21/2022	Friday 02/04/2022	Saturday 01/08/2022	Friday 01/21/2022
Friday 02/04/2022	Friday 02/18/2022	Saturday 01/22/2022	Friday 02/04/2022
Friday 02/25/2022	Friday 03/04/2022	Saturday 02/05/2022	Friday 02/25/2022
Friday 03/11/2022	Friday 03/25/2022	Saturday 02/26/2022	Friday 03/11/2022
Friday 03/25/2022	Friday 04/08/2022	Saturday 03/12/2022	Friday 03/25/2022
Friday 04/08/2022	Monday 04/18/2022	Saturday 03/26/2022	Friday 04/08/2022
Friday 04/29/2022	Friday 05/06/2022	Saturday 04/09/2022	Friday 04/29/2022
Friday 05/13/2022	Tuesday 05/24/2022	Saturday 04/30/2022	Friday 05/13/2022
Friday 05/27/2022	Friday 06/10/2022	Saturday 05/14/2022	Friday 05/27/2022
Friday 06/10/2022	Friday 06/24/2022	Saturday 05/28/2022	Tuesday 06/07/2022

Note 1: Ending Claim Capture date - Closeout is 5:00 p.m. on the date shown

Fee-For-Service Billing Practices

eMOMED Enrollment

Claim Submissions

Participant Eligibility

**Additional eMOMED
Resources**



Billing Practices




eMOMED Enrollment





The MHD Education and Training Unit offers resources to help providers apply to the FFS billing platform, eMOMED.

Fee-For-Services Billing Practices: eMOMED Enrollment

Getting Started:




-  View the “Billing” section on the website listed below.
-  Select “Apply for eMOMED” to gain access to the FFS billing platform
-  For technical assistance with eMOMED contact helpdesk at (573) 635-3559

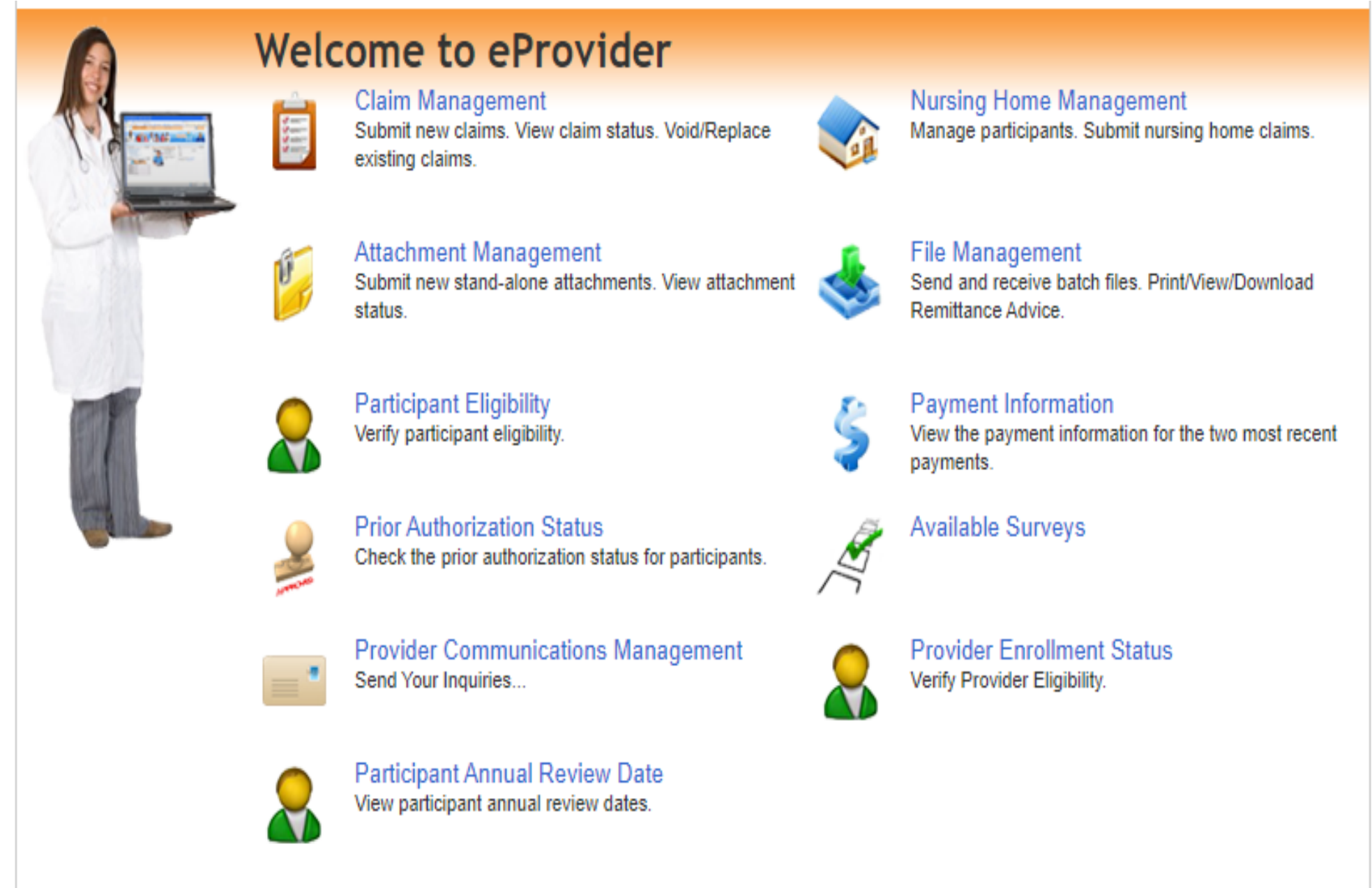
Billing

- **Apply for EMOMED**
- **EMOMED**
- **CYBERACCESS** 
- **GEMT Uncompensated Cost Reimbursement Program**, updated 10/21/19
- **Claims processing and payment schedule**
- **Exempt Diagnosis Table** , updated 10/01/20
- **HIPAA - EDI companion guide**
- **Radiology benefit management information**
- **Remittance Advice Remark Codes and Claim Adjustment Reason Codes**
- **SDAC and IEP Direct Services Cost Settlement**
- **Telemedicine**

Fee-For-Services Billing Practices: eMOMED Enrollment

Accessing eProvider:

-  Login to eMOMED to view the eProvider webpage
-  eProvider allows providers to manage claims, prior authorizations, payment information, and more
-  Select "Claim Management" to submit a claim



Claim Submissions



The MHD Education and Training Unit offers resources to help providers get started with submitting bills and claims to the FFS program.

Fee-For-Services Billing Practices: Claim Submissions

Claim Submission:



Providers can use Claim Management in eMOMED to accomplish the following:

New Claim (Medical CMS 1500)

New Crossover Claim (Medicare Primary)

Search Claim

- ICN Search
- Or Advanced (DCN only needed)

To schedule a webinar and learn more about claim submissions visit

<https://dss.mo.gov/mhd/providers/education/>



The screenshot shows the 'Claim Management' window. At the top, there's a header 'Claim Management'. Below it, a dropdown menu for 'NPI' is set to 'M012136305 - BPST'. There are two buttons: 'New Claim' and 'New Xover Claim'. Below these is a 'Claim Search' section with three radio buttons: 'ICN', 'Advanced' (which is selected), and 'Daily Claim Summary'. There are input fields for 'Participant DCN', 'Submitted Charges', 'Dates of Service' (with a 'To' field), 'Claim Type' (dropdown set to 'All'), 'Claim Status' (dropdown set to 'All'), and 'Submission Date'. There is also a checkbox for 'Show My Claims Only'. At the bottom of the search section are 'Search' and 'Clear' buttons. Below the search section is a 'Finish' button.

Fee-For-Services Billing Practices: Claim Submissions

eMOMED Claim Forms

Providers can use the eMOMED platform to access any of the select claim forms. Select the appropriate eprovider claim form.

Medical CMS 1500

Inpatient and Outpatient (UB-04)

Dental

Pharmacy

Medicare UB-04 Part A Institutional

Medicare UB-04 Part C Institutional Crossover

Medicare UB-04 Part C Professional Crossover

Medicare UB-04 Part C Professional Crossover


Medicare CMS 1500 Part B Professional

Medicare CMS-1500 Part C Professional
Crossover







Fee-For-Services Billing Practices: Claim Submissions

Adjusting Claims

Claim Status

 This claim has a status of K - To Be Denied, therefore some functions are not available.

Claim Details

 Void  Replacement  Timely Filing  Copy Claim ▼  View Claim Details  Printer Friendly

Participant Details	Claim Data	
Participant Name IMA PATIENT	ICN 4916047049548	Claim Submission Date 02/16/2016
Participant DCN 01010101	First Date Of Service 10/01/2015	Last Date of Service 10/01/2015
	Claim Type	Bill Type

- Void – only for paid claims
- Replacement – only for paid claims
- Timely Filing – adjusting claims after 12 months
- Copy Claim Original or Advanced – adjusting denied claims
- Printer Friendly – detailed print out of claim submission

Fee-For-Services Billing Practices: Claim Submissions

Participant Eligibility

- Participant Eligibility:
Please see the
Determining Eligibility
PowerPoint for assistance
reading the results of the
search. (Eligibility is Date of
Service specific)
- Enter DCN and Date of
Service

The screenshot shows a web application interface for an "eProvider" with a sub-tab "ePassport". The breadcrumb trail is "Home / eProvider / Eligibility". The main heading is "Eligibility Request".

Below the heading is a section for "NPI" with a dropdown menu showing "M012136305 - BPST".

A "Search" section follows, containing a table of input fields:

First Date Of Service *	Last Date of Service	
<input type="text"/>	<input type="text"/>	
Participant DCN	Participant SSN	Participant Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant Last Name	Participant First Name	Participant Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Casehead DCN	Child's Date of Birth	Service Type Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

At the bottom of the form are two buttons: "Search" and "Finish".

Participant Eligibility



eMOMED offers ways for providers to review FFS members' eligibility for services.

Fee-For-Services Billing Practices: Participant Eligibility

Eligibility Request

- Participant Eligibility: Eligibility is Date of Service specific (DOS).
- Request eligibility for a current or past dates. Try to refrain from spanning dates.
- Sometimes it is helpful when trying to determine when/if a participant met their spenddown during the month.

The screenshot shows a web-based form titled "Eligibility Request". At the top, there are two fields: "NPI *" and "Taxonomy Code", both with orange-red background indicators. Below these is a "Search" section with a grid of input fields. The first row contains "First Date Of Service *" (with the date 02/02/2020) and "Last Date of Service". The second row contains "Participant DCN" (with an orange-red background indicator), "Participant SSN", and "Participant Date of Birth". The third row contains "Participant Last Name", "Participant First Name", and "Participant Middle Initial". The fourth row contains "Casehead DCN", "Child's Date of Birth", and "Service Type Code". At the bottom of the form are two buttons: "Search" and "Finish".

NPI *		Taxonomy Code	
02/02/2020			
Participant DCN		Participant SSN	Participant Date of Birth
Participant Last Name		Participant First Name	Participant Middle Initial
Casehead DCN	Child's Date of Birth	Service Type Code	

Fee-For-Services Billing Practices: Participant Eligibility

Example 1: Coverage Information

- **Eligibility/Benefit Code** - (1- Active or 6-Inactive)
- **Plan Code** - ME Code (See Provider Resource Guide for ME codes)
- **Insurance type**- MC- MO HealthNet or HM – Patient Locked into Managed Care (Healthy Blue, Home State, or United Health Care will be indicated later)
- **From Date Thru Date**- Date requested when running eligibility.

Eligibility / Benefit Information1 of 3									
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date	
B - Co-Payment	30 - Health Benefit Plan Coverage	13	7 - Day	≈0.00	MC - MO HealthNet	291		02/02/2020 02/02/2020	

Eligibility / Benefit Information2 of 3									
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date	
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	7 - Day		MC - MO HealthNet	291		02/02/2020 02/02/2020	

Source for Provider Resource Guide:

<https://dss.mo.gov/mhd/providers/pdf/Provider-Resource-Guide.pdf>

Fee-For-Services Billing Practices: Participant Eligibility

Benefit Information

Service Type- Lists general benefit information. Please refer to the Provider Manual for more specific coverage information.

Eligibility / Benefit Information3 of 4									
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date	
1 - Active Coverage	1 - Medical Care 33 - Chiropractic 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Outpatient 86 - Emergency Services 88 - Pharmacy 98 - Professional (Physician) Visit - Office AL - Vision (Optometry) MH - Mental Health UC - Urgent Care	13	7 - Day		MC - MO HealthNet	291		09/01/2020 09/01/2020	

Eligibility / Benefit Information4 of 4									
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date	
D - Benefit Description	AL - Vision (Optometry)						472 - Service	09/01/2020	

Optical Information	
Reference	Contact
MO HEALTHNET CALL CENTER	800-392-8030

Reference Information	
Confirmation Number	
20320410552	

Print

Finish

Source: <http://manuals.momed.com/manuals/>
The Comprehensive Community Support Rehabilitative Services Provider Manual will be added to this website at a later date.

Additional Resources and Tools

The MHD Education and Training Unit offers additional resources and tools to support optimal billing practices*.



*Visit the link for more information about MHD Education and Training Unit <https://dss.mo.gov/mhd/providers/education/>


Prior Authorization Status

eProvider | ePassport

Home / eProvider / PA Status Management

PA Status Search

NPI



M012136305 - BPST

▼

Search

Participant DCN

Procedure Code

Modifiers

PA Status *

☐ Approved

☐ Closed

☐ Denied

☐ Hold

☐ Incomplete

☐ Pending

☒ All

Search

Clear

Finish

Prior Authorization Status

Providers can check the status of a PA using this option.

The Comprehensive Community Support Rehabilitation Services PA process is under development.

File Management Portal

File Management

NPI
M012136305 - BPST

Upload Files Request Aged RA Manage Test Files

Search	Results								
<p>Search Scope</p> <p><input type="radio"/> Selected NPI</p> <p><input type="radio"/> By User ID</p> <p><input checked="" type="radio"/> All NPIs</p> <p>File Type:</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Claim Confirmation ?</p> <p><input type="checkbox"/> NCPDP ?</p> <p><input type="checkbox"/> Printable Aged RAs ?</p> <p><input type="checkbox"/> Remittance Advice (835) ?</p> <p><input type="checkbox"/> Rejects (X12) ?</p> <p><input type="checkbox"/> Printable RAs ?</p> <p><input type="checkbox"/> Acknowledgements ?</p> <p><input type="checkbox"/> NAT Claim Confirmation ?</p> <p><input type="checkbox"/> Claim Status (277) ?</p> <p><input type="checkbox"/> Eligibility Verification (271) ?</p> <p><input type="checkbox"/> SE Data Tracking</p> <p><input type="checkbox"/> PA 278 Response ?</p> <p>Search Clear</p>	<table><thead><tr><th>Name</th><th>Type</th><th>NPI/Taxonomy</th><th>Date</th></tr></thead><tbody><tr><td colspan="4"><i>Please select search criteria and click Search to find results.</i></td></tr></tbody></table>	Name	Type	NPI/Taxonomy	Date	<i>Please select search criteria and click Search to find results.</i>			
Name	Type	NPI/Taxonomy	Date						
<i>Please select search criteria and click Search to find results.</i>									

Finish

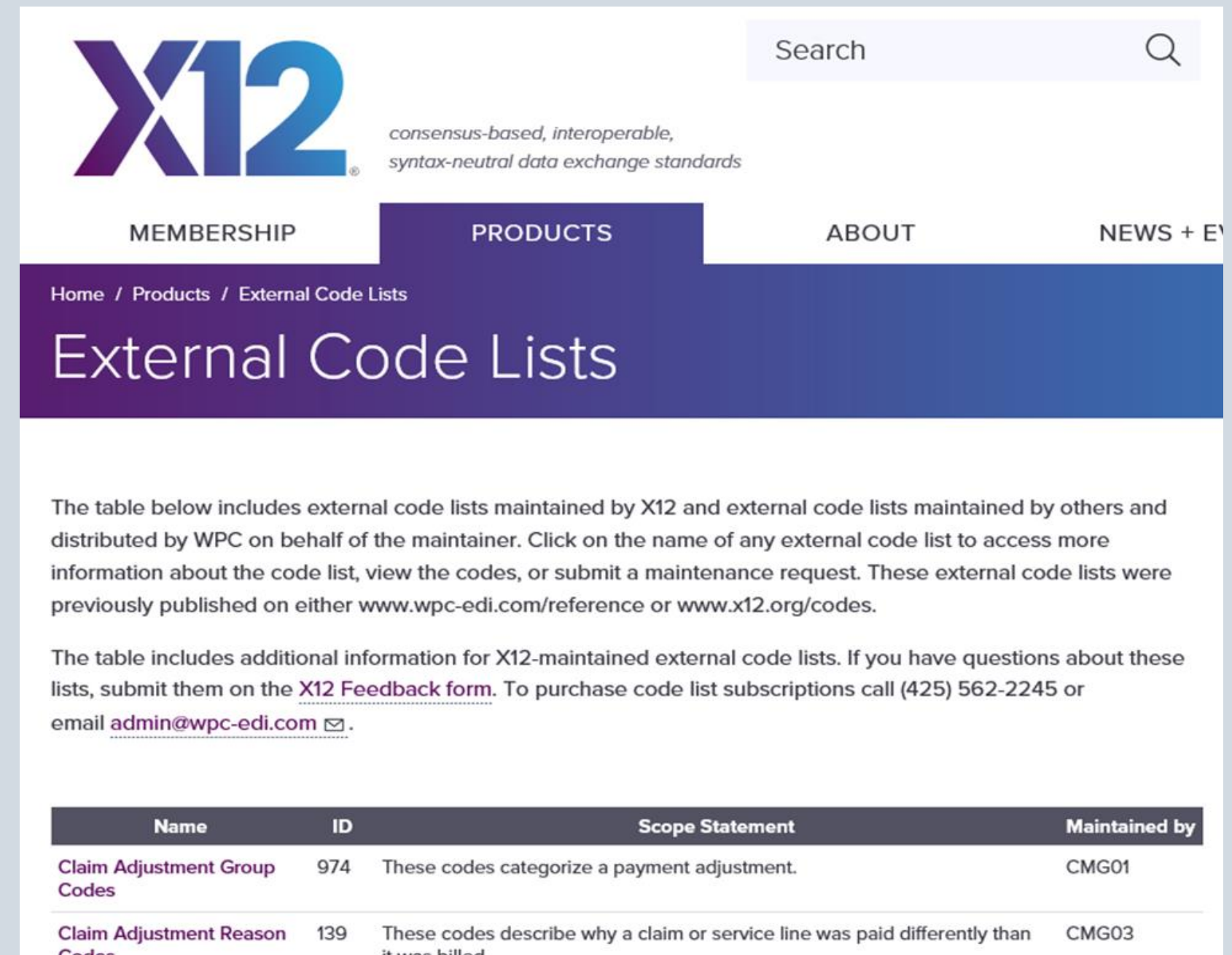
File Management Portal:

- Remittance Advices (RA; last 2 cycles appear)
- Aged RA's are available through the site
- Claim status information
- Claim Confirmations

Claim and Remittance Advice Tool

Remittance Advice Remark Codes and Claim Adjustment Reason Codes

The Washington Publishing Company (X12) is an external organization that provides HIPPA compliant codes to determine claim and remittance advice disposition.



The screenshot shows the X12 website's 'External Code Lists' page. At the top is the X12 logo with the tagline 'consensus-based, interoperable, syntax-neutral data exchange standards'. Navigation links include MEMBERSHIP, PRODUCTS (highlighted), ABOUT, and NEWS + EVENTS. A search bar is in the top right. Below the navigation is a breadcrumb trail: Home / Products / External Code Lists. The main heading is 'External Code Lists'. The page contains two paragraphs of text explaining the table below. The table has four columns: Name, ID, Scope Statement, and Maintained by. It lists two code lists: 'Claim Adjustment Group Codes' (ID 974) and 'Claim Adjustment Reason Codes' (ID 139).

Name	ID	Scope Statement	Maintained by
Claim Adjustment Group Codes	974	These codes categorize a payment adjustment.	CMG01
Claim Adjustment Reason Codes	139	These codes describe why a claim or service line was paid differently than it was billed	CMG03

Benefit Tables

Demonstrates the various benefits of the MHD programs. For more information select the appropriate program of interest.

MO HealthNet Benefit Tables

Master list of covered services

Copay Requirements and Exemptions

Issue Date	Service
12/01/2021	Ambulance (emergency only)
12/01/2021	Ambulatory Surgical Center
12/01/2021	Applied Behavior Analysis
12/27/2017	Behavioral Health Services
12/01/2021	Biopsychosocial Treatment of Obesity
12/01/2021	Certified Nurse Practitioner
12/01/2021	Chiropractic Services
12/01/2021	Community Psych Rehab Services
12/01/2021	Complementary & Alternative Therapies for Chronic Pain Management
12/01/2021	Comprehensive Day Rehab
12/01/2021	Comprehensive Substance Treatment & Rehab (CSTAR)

Fee-For-Services Billing Practices: Additional Resources

- **Provider Training Calendar**
- **Educational PowerPoints and Resources**

Source: <https://dss.mo.gov/mhd/providers/education/>

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](#) 

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](#)
- [General Resources](#)
- [Pharmacy Resources](#)
- [Physician and Clinic Resources](#)
- [Private Duty Nursing Resources](#)
- [Telemedicine Resources](#)

Fee-For-Services Billing Practices: Additional Resources

Provider Resource Guide

This guide provides descriptions of medical eligibility codes, shows limited and comprehensive benefits and provides abundant MO HealthNet contact information.

PROVIDER RESOURCE GUIDE

MO HealthNet: Missouri's Medicaid Program

The MO HealthNet Division 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. Participants are categorized into Medical Eligibility (ME) groups based on their specific factors.

Adult participants in ME categories for Aid to the Blind or pregnant women programs receive a full comprehensive benefit package which includes: primary, acute and preventive care, hospital care, dental, prescriptions, and vision. All other adult participants receive a limited benefit package of services depending on their ME category.

Services are received through a Fee-For-Service (FFS) or Managed Care delivery system. Providers can determine which program participants are in by calling the Interactive Voice System (IVR) at 573-751-2896 and using option "1" or online at [eMOMED](#).

MO HealthNet Programs

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

MO HealthNet for Kids refers to the statewide program for children in low-income families, uninsured children through CHIP, and children in the custody of the state. Children receive a full comprehensive package including primary, acute, preventive care, hospital care, dental, prescriptions, and vision. They receive their care through the Managed Care delivery system, unless they have opted out of Managed Care. Please refer to the [criteria](#) for opting out.

The **Children's Health Insurance Program (CHIP) Premium Group** is health insurance for uninsured children who must be under age 19, have a family income of 150+ to 300% of the federal poverty level, and have no access to affordable health insurance. Questions about premiums should be directed to the Participant Services Unit at 1-800-392-2161.

Fee-For-Services Billing Practices: Additional Resources

Contact Information

MHD has a dedicated team of Education and Training Specialists to assist providers with trainings and educational resources.

Provider Communications

For claim filing, claims resolution and disposition, participant eligibility and verification questions:

Contact: (573) 751-2896 or send inquiries via [eMOMED](#)

Education and Training Unit

For trainings on proper billing methods and procedures for claim filing:

Contact: (573) 751-6683

Email: mhd.provtrain@dss.mo.gov

Source: <https://dss.mo.gov/mhd/providers/education/contact-constituent-education-08102022.pdf>