MO HealthNet
Provider Information
Webpage Overview

June 2022
PowerPoint Overview

- Navigating the Provider Information Page
- Resources and Contact Information
Provider Information Page

Fee-For-Service vs. Managed Care

- Click on: Fee-For-Service (FFS) Providers for FFS information.
- Click on: Managed Care Providers for Managed Care Provider information.

https://dss.mo.gov/mhd/providers/
Managed Care Providers

If you provide services to kids, pregnant women & newborns, uninsured women, and families who get their health care services through MO HealthNet, you can provide services through the MO HealthNet Managed Care Program.

MO HealthNet Managed Care services are provided in accordance with the terms and conditions of the contract between MO HealthNet and the Managed Care health plans. Managed Care participants get their services through the health plan’s provider network. A participant cannot be billed for the difference between the MO HealthNet payment and the provider’s billed charges, sometimes called “budget billing.”

If you would like to contract with a Managed Care health plans you should contact the health plan directly. You will need to sign a contract with them to be considered in network for that health plan. Providers are not currently required to enroll with MO HealthNet to serve members through the Managed Care health plans but are encouraged to do so.

Listed below are the different MO HealthNet Managed Care health plans participants can choose from. Each health plan provides services in every Missouri County. All MO HealthNet Managed Care health plans are required to offer the same services and benefits.

MO HealthNet Division

- Who is Covered
- Managed Care Program
- Fee-For-Service Program
- Waiver Programs
- Clinical Services
- Information for Providers
- General Information
- Health Information Exchange Onboarding Program
- MO HealthNet Division Home

MO HealthNet Opioid Prescription Intervention (OPID) Program

Email Updates

Click to sign up for MO HealthNet News.

Subscription Type

- [ ] Email

https://dss.mo.gov/mhd/providers/managed-care-providers.htm
Managed Care Plans

Home State Health
1-855-694-HOME (4663)
https://www.homestatehealth.com/providers.html

Healthy Blue
1-833-388-1407
https://www.healthybluemo.com/Missouri-home/healthyblue.html

United Healthcare
1-866-292-0359
https://www.uhc.com

Note: Providers should contact the Managed Care plan directly regarding billing and coverage information for participants enrolled in a Managed Care plan.
Fee-For-Service Provider Information Page

If you provide services to people with disabilities, seniors, blind or visually impaired, or women with breast or cervical cancer who get their health care services through MO HealthNet, you can provide services through the Fee-For-Service Program. Providers must be enrolled in the MO HealthNet program to provide medical services through the Fee-For-Service Program.

If you participate in the MO HealthNet program, you agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants. A participant cannot be billed for the difference between the MO HealthNet payment and the provider's billed charges, sometimes called "budget or balance billing."

Fee Schedules & Rate Lists
- Fee schedules
- IRMHC Medicare/Medicaid Interim rate list
- Nursing facility rate list
- Outpatient hospital radiology fee schedule
- Outpatient hospital lab fee schedule

Education
- Benefit Tables (formerly Benefit Matrix) This shows the various benefits for each MO HealthNet programs, and if they have cost sharing or co-pays.
- Provider Resource Guide (formerly PReAct Tool) This guide explains the various MO HealthNet forms and codes.
- Training information Offers provider webinar and workshop schedule, audio/visual training, and training booklet.
- Contacting Provider Education

Provider Enrollment
- Civil rights compliance information.
- Enrollment guide information and requirements for new applicants and existing providers.
- Missouri Medicaid Audit & Compliance (MMAC)
- Provider enrollment application

https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm
Fee-For-Service Provider Information Page

• MO HealthNet News
• Policies & Procedures
• Billing
• General Information
• Fee Schedule & Rate Lists
• Education
• Provider Enrollment

http://dss.mo.gov/mhd/providers/
MO HealthNet News

Stay Informed

• Provider Bulletins
• Email Blasts
• Hot Tips
• Alerts
• Notifications
• Follow us on social media

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Email Updates

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Subscription Type

Email

Email Address

Submit

Featured Links

MO HealthNet News Archives
Calendar of Events
Policies & Procedures

Provider Bulletins

- 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

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

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Provider Bulletin Description</th>
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<tbody>
<tr>
<td>Apr 20, 2022</td>
<td>Durable Medical Equipment (DME) Program Vol 44, No. 45</td>
</tr>
<tr>
<td>Mar 31, 2022</td>
<td>Pharmacy Program Reimbursement Vol 44, No. 41</td>
</tr>
<tr>
<td>Mar 25, 2022</td>
<td>Behavioral Health Services Update: Group Psychotherapy Vol 44, No. 43</td>
</tr>
<tr>
<td>Mar 22, 2022</td>
<td>COVID-19 Vaccine Vol 44, No. 42</td>
</tr>
<tr>
<td>Mar 10, 2022</td>
<td>Private Duty Nursing Vol 44, No. 41</td>
</tr>
<tr>
<td>Feb 14, 2022</td>
<td>2022 Code on Dental Procedures and Nomenclature (CDT) Additions/Changes Vol 44, No. 40</td>
</tr>
<tr>
<td>Feb 4, 2022</td>
<td>2022 Healthcare Common Procedure Coding System (HCPCS) Vol 44, No. 39</td>
</tr>
<tr>
<td>Feb 4, 2022</td>
<td>Professional Component of Clinical Pathology Services Vol 44, No. 38</td>
</tr>
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</table>

Source: http://manuals.momed.com/manuals
Provider Hot Tips

Tips to assist providers with:

- Billing questions
- Clarify existing policies and processes
- Provider Resources

2022 MO HealthNet Provider Hot Tips

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

2022 Provider Tips Index

- COVID Testing and Specimen Collection Codes
- Enrolling Pharmacists
- Chiropractic Medicine
- At-Home COVID Test Coverage
- COVID-19 Outpatient Inhaler Treatment
- Telehealth Services
- Biopsychosocial Treatment of Obesity Policy Clarification

http://dss.mo.gov/mhd/providers
Provider Hot Tips

See Index to find the pertinent Hot Tip

Source: https://dss.mo.gov/mhd/providers
Provider Manuals

- Policy
- Benefits and Limitations
- Procedure Codes & Modifiers
- Billing Instructions

http://manuals.momed.com/manuals/
### Manual Sections

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<th>Section Name</th>
<th>Description</th>
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<td>Cover</td>
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<td>General Section 01</td>
<td>Client Conditions of Participation</td>
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<td>General Section 02</td>
<td>Provider Conditions of Participation</td>
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<td>Medical Necessity</td>
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<td>Healthy Children and Youth Program</td>
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<td>General Section 10NA</td>
<td>Family Planning Not Applicable</td>
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<tr>
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<td>Section 12</td>
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<td>Benefits and Limitations</td>
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<td>Claims Disposition</td>
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<td>Section 18</td>
<td>Diagnosis Codes</td>
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<td>Section 19</td>
<td>Procedure Codes</td>
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<td>General Section 20</td>
<td>Exception Process</td>
</tr>
<tr>
<td>General Section 21NA</td>
<td>Advance Health Care Directives Not Applicable</td>
</tr>
<tr>
<td>General Section 22</td>
<td>Non-Emergency Medical Transportation (NEMT)</td>
</tr>
<tr>
<td>General Section 23</td>
<td>Claim Attachment Submission and Processing</td>
</tr>
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</table>
General vs Program Specific Sections

General Sections:

Universal Sections published in each manual – Written broadly to encompass all providers
(Sections: 01-12 and 14-17, and 20-22)

Program Specific Sections:

Specific to each MO HealthNet Program
Section: 13 (Benefits and Limitations)
Section: 18 (Diagnosis Codes)
Section: 19 (Procedure Codes)
# Provider Manuals

The table of contents is very detailed.

## SECTION 1 - PARTICIPANT CONDITIONS OF PARTICIPATION

### 1.1 INDIVIDUALS ELIGIBLE FOR MO HEALTHNET, MANAGED CARE OR STATE FUNDED BENEFITS

1.1.A DESCRIPTION OF ELIGIBILITY CATEGORIES

- 1.1.A(1) MO HealthNet
- 1.1.A(2) MO HealthNet for Kids
- 1.1.A(3) Temporary MO HealthNet During Pregnancy (TEMP)
- 1.1.A(4) Voluntary Placement Agreement for Children
- 1.1.A(5) State Funded MO HealthNet
- 1.1.A(6) MO Rx
- 1.1.A(7) Women’s Health Services
- 1.1.A(8) ME Codes Not in Use

### 1.2 MO HEALTHNET AND MO HEALTHNET MANAGED CARE ID CARD

- 1.2.A FORMAT OF MO HEALTHNET ID CARD
- 1.2.B ACCESS TO ELIGIBILITY INFORMATION
- 1.2.C IDENTIFICATION OF PARTICIPANTS BY ELIGIBILITY CODES

  - 1.2.C(1) MO HealthNet Participants
  - 1.2.C(2) MO HealthNet Managed Care Participants
  - 1.2.C(3) TEMP
  - 1.2.C(4) Temporary Medical Eligibility for Reinstated TANF Individuals
  - 1.2.C(5) Presumptive Eligibility for Children
  - 1.2.C(6) Breast or Cervical Cancer Treatment Presumptive Eligibility
  - 1.2.C(7) Voluntary Placement Agreement
Searching the Provider Manual

How to search the manual?

Use **control “F”** search function to find information in the manuals.

- Start with the section you think the information is in.
  *example “Section 13”*

- Then search by Key words.
  *examples: “LPC, PLPC...”*
Billing

- Apply for EMOMED *
- EMOMED *
- CYBERACCESS *
- Claims processing and payment schedule *
- Remittance Advice Remark Codes and Claim Adjustment Reason Codes *
- Telemedicine*
Quick Link to eMOMED

https://www.emommed.com
Submit, adjust, or research Fee-For-Service claims
Check eligibility
Prior Authorization status
Messaging tool for claim or eligibility questions
Access to Claim Confirmation and Remittance Advice
Provider Enrollment Status

https://www.emomed.com
Quick link to CyberAccess

Protect your patients by following a few simple rules:

- Always choose passwords that are difficult for others to guess. You can change your password on the "My Account" screen after you log in.
- Never give your user name and password to others because it could be used without your knowledge.
- Never leave patient information unprotected on the computer screen while you step away.
- Place all printed documents containing patient information in secure storage or shred them daily to prevent accidental disclosure.
- Obey the golden rule: always handle information about your patients with the same care that you expect from your own physician.

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Version: 10.7

For technical support with CyberAccess please call 1-888-581-9797

https://www.cyberaccesssonline.net/cyberaccess
CyberAccess

• The CyberAccess tool enables providers to obtain pre-certifications for specific items and services electronically.

• CyberAccess can automatically reference the individual participant’s claim history, including applicable ICD diagnosis codes and CPT procedure codes.

• Requests for precertification must meet medical criteria established by the MHD in order to be approved.
CyberAccess

Account setup or technical questions
(888) 581-9797 or (573) 632-9797
cyberaccesshelpdesk@xerox.com

CyberAccess web address:
https://www.cyberaccessonline.net/cyberaccess

CyberAccess helpful Tips:
## MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2022

<table>
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<th>FINANCIAL CYCLE DATE</th>
<th>PROVIDER CHECK DATE</th>
<th>BEGINNING CLAIM CAPTURE CURRENT CYCLE</th>
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<td>Tuesday 06/07/2022</td>
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Note 1: Ending Claim Capture date - Closes at 5:00 p.m. on the date shown.
Remittance Advice Remark Codes and Claim Adjustment Reason Codes

• With the implementation of HIPAA national standards, previously used MO HealthNet edits and EOBs will no longer appear on the Remittance Advice.

• Instead, HIPAA compliant Remittance Advice Remark (RARC) and Claim Adjustment Reason Codes (CARC) are used.

• Explanations of Remittance Advice Remark Codes and Claim Adjustment Reason Codes are available through the Internet at: http://www.wpc-edi.com/reference/
Remittance Advice Remark Codes and Claim Adjustment Reason Codes

The table below includes external code lists maintained by X12 and external code lists maintained by others and distributed by WPC on behalf of the maintainer. Click on the name of any external code list to access more information about the code list, view the codes, or submit a maintenance request. These external code lists were previously published on either www.wpc-edi.com/reference or www.x12.org/codes.

The table includes additional information for X12-maintained external code lists. If you have questions about these lists, submit them on the X12 Feedback form. To purchase code list subscriptions call (425) 562-2245 or email admin@wpc-edi.com.

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
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<th>Maintained by</th>
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</thead>
<tbody>
<tr>
<td>Claim Adjustment Group Codes</td>
<td>974</td>
<td>These codes categorize a payment adjustment.</td>
<td>CMG01</td>
</tr>
<tr>
<td>Claim Adjustment Reason Codes</td>
<td>139</td>
<td>These codes describe why a claim or service line was paid differently than it was billed.</td>
<td>CMG03</td>
</tr>
<tr>
<td>Claim Status Category Codes</td>
<td>507</td>
<td>These codes organize the Claim Status Codes (ECL 139) into logical groupings.</td>
<td>CMG03</td>
</tr>
<tr>
<td>Claim Status Codes</td>
<td>508</td>
<td>These codes convey the status of an entire claim or a specific service line.</td>
<td>CMG03</td>
</tr>
</tbody>
</table>

Source: http://www.wpc-edi.com/reference/
Telemedicine

• Most claims for services provided at the **Distant Site** (where the health care provider is located) are to billed with the appropriate Current Procedural Terminology (CPT) code for the service along with place of service 02. Exceptions to this include:

• Claims for Distant Site services provided on school grounds should be billed with the appropriate CPT code for the service along with place of service 03 and a GT modifier.

• Providers delivering behavioral health services via telemedicine, for participants located in a residential or inpatient place of service (Place of service codes 14, 21, 33, 51, 55, 56 or 61), must bill with the GT modifier and with the place of service where the participant is physically located.
Telemedicine

More Information:
• Telemedicine Missouri State Statute (208.670), (208.677)
• Telemedicine Billing PowerPoint
• COVID – 19 Telehealth Resources
• Telemedicine Overview
MHD Fee Schedule

- MHD Price File Key – gives additional information regarding codes in each column
- Modifier Information: pricing, active/inactive, routing, etc.

https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm
Education and Training

• **Benefit Tables** (formerly Benefit Matrix) This shows the various benefits for each MO HealthNet program.

• **Provider Resource Guide** This guide provides description of medical eligibility code, shows limited and comprehensive benefits and provides abundant MO HealthNet contact information.

• **Training information** Offers provider webinar and workshop schedules, educational PowerPoint resources and audio-visual training.

• **Contacting Constituent Education**, updated 03/28/22
## Benefit Tables

### Quick Benefit reference:

<table>
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<tr>
<td>MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98</td>
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</tr>
<tr>
<td>MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70</td>
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<td>CHIP Kids 71, 72, 73, 74, 75, 97</td>
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<tr>
<td>Uninsured Women's Health Services 80, 89</td>
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<td>Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86</td>
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<td>BCCCP 83, 84</td>
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<td>Blind Programs 02, 03, 12, 15</td>
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<td>Children's Programs 23, 28, 33, 34, 41, 49, 67, 88</td>
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<tr>
<td>Temporary Women's Assistance for Pregnant Women 58, 59, 94</td>
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<td>Presumptive Eligibility for Children 87</td>
<td>Yes</td>
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<tr>
<td>Qualified Medicare Beneficiary (QMB) 55</td>
<td>Limited*</td>
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<tr>
<td>Missouri RX Plan (MORx) 82</td>
<td>No</td>
</tr>
</tbody>
</table>

**Notes:** *Medicare Restrictions apply - some services in this group are not covered by Medicare.

Behavioral Health Services Manual
Provider Bulletins
Please check fee schedule, certain restrictions apply...
Provider Resource Guide

- General overview of MO HealthNet Programs
  - MO HealthNet FFS
  - MO HealthNet Managed Care
  - MO HealthNet for Kids
  - Children’s Health Insurance Program (CHIP)
- General coverage information by ME Code
- Resources
## 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, 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 woman programs receive a full comprehensive benefit package including: 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 (IVS) at 573-751-2890 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 and 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 case needs.

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 150 to 300% poverty, are uninsured, and have no access to affordable health insurance. These children receive the full comprehensive package, however, they are not eligible for non-emergency medical transportation.

Questions about premiums should be directed to the Participant Services Unit at 1-800-302-2181.

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### Full Comprehensive Package for MO HealthNet Adults

<table>
<thead>
<tr>
<th>ME Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>03</td>
<td>Aid to the Blind</td>
</tr>
<tr>
<td>12</td>
<td>MO HealthNet Aid to the Blind</td>
</tr>
<tr>
<td>15</td>
<td>Supplemental Nursing Care—Aid to the Blind</td>
</tr>
<tr>
<td>18</td>
<td>MO HealthNet for Pregnant Women</td>
</tr>
<tr>
<td>43</td>
<td>Pregnant Woman—60 Day Assistance (MO HealthNet for Families criteria)</td>
</tr>
<tr>
<td>44</td>
<td>Pregnant Woman—60 Day Assistance—Poverty</td>
</tr>
<tr>
<td>45</td>
<td>Pregnant Woman—Poverty</td>
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<tr>
<td>61</td>
<td>MO HealthNet for Pregnant Women—Health Initiative Fund</td>
</tr>
<tr>
<td>95</td>
<td>Show-Me Healthy Babies Pregnant Women income above 196% and up to 300%</td>
</tr>
<tr>
<td>96</td>
<td>SMHB Unborn Child income 0 to 300%</td>
</tr>
<tr>
<td>98</td>
<td>SMHB Post-Partum</td>
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### Limited Benefit Package for MO HealthNet Adults

<table>
<thead>
<tr>
<th>ME Code</th>
<th>Description</th>
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<tr>
<td>01</td>
<td>Old Age Assistance</td>
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<tr>
<td>02</td>
<td>Blind Pension</td>
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<tr>
<td>04</td>
<td>Permanently and Totally Disabled</td>
</tr>
<tr>
<td>05</td>
<td>MO HealthNet for Families—Adult</td>
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<tr>
<td>10</td>
<td>Refugees other than Cuban, Haitian, Russian Jew, or Ethiopian</td>
</tr>
<tr>
<td>11</td>
<td>MO HealthNet—Old Age Assistance</td>
</tr>
<tr>
<td>13</td>
<td>MO HealthNet—Permanently and Totally Disabled</td>
</tr>
<tr>
<td>14</td>
<td>Supplemental Nursing Care—Old Age Assistance</td>
</tr>
<tr>
<td>16</td>
<td>Supplemental Nursing Care—Permanently and Totally Disabled</td>
</tr>
<tr>
<td>19</td>
<td>Cuban Refugee</td>
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<tr>
<td>21</td>
<td>Haitian Refugee</td>
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<tr>
<td>24</td>
<td>Russian Jew Refugee</td>
</tr>
<tr>
<td>26</td>
<td>Ethiopian Refugee</td>
</tr>
<tr>
<td>55</td>
<td>Qualified Medicare Beneficiary (QMB)</td>
</tr>
<tr>
<td>58</td>
<td>Presumptive Eligibility (Subsidized)</td>
</tr>
<tr>
<td>59</td>
<td>Presumptive Eligibility (Non-Subsidized)</td>
</tr>
</tbody>
</table>

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Provider Resource Guide

MO HealthNet Resources

To receive important MO HealthNet updates, please subscribe to MO HealthNet News at: www.dss.mo.gov/mhd

Provider Communications
This unit is available for providers with questions about proper claim filing, claims resolution or disposition, and participant eligibility and verification. Contact Provider Communications at: (573) 751-2896. You may also send inquiries to Provider Communication via eMOMED.

Constituent Education (formerly Provider Education)
Constituent Education educates providers on proper billing methods and procedures for claim filing. The unit also provides training on billing via eMOMED. Contact Constituent Education at (573) 751-6683 or email mhd.provtrain@dss.mo.gov. Visit the provider training information page.

Provider Enrollment
MO HealthNet Fee-For-Service (FFS): to enroll as a MO HealthNet FFS provider, email Provider Enrollment at: mmac.providerenrollment@dss.mo.gov
MO HealthNet Managed Care: to enroll as a MO HealthNet Managed Care provider, contact the health plans directly. Contact information is listed in the provider toolkit.

Provider Technical Help Desk
The Provider Technical Help Desk can provide technical assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements and eMOMED the claim filing service. Contact the Help Desk at (573) 635-3559 or visit eMOMED to register.

Managed Care Liaison
You may contact a Managed Care Liaison for concerns related to Managed Care claims. MHD.MCCOMMUNICATIONS@dss.mo.gov
Training Information

- Workshop Schedule
- Webinar Schedule
- PowerPoints

Show-Me Healthy Kids (SMHK) Trainings
- Overview Training
- Eligibility and Enrollment Training
- Division of Youth Services
  - Home State Health Training
  - Provider Training
- Children’s Division
  - Home State Health Training
    - Family First Prevention Services Act (FFPSA)
    - Psychotropic Medication Settlement and Informed Consent

Upcoming Workshops
- 2022 Workshop Schedule

Upcoming Webinars
- 1st Quarter 2022 Virtual Training 2/28/2022
- 2nd Quarter 2022 Virtual Training 03/29/2022
Educational PowerPoint Resources

Physicians and Clinics Resources, 04/2022

Applied Behavior Analysis (ABA) April 2022 workshop presentations:

- Dr. Rodgers Applied Behavior Analysis Services 04/2022
- Dr. Martin Applied Behavior Analysis Services 04/2022
- Recording: Applied Behavior Analysis Workshop (ABA)-20220406 1406-1 04/2022

- Private Duty Nursing Presentation 12/2021
  - Private Duty Nursing Webinar Q&A 12/2021
- Adult Expansion Group Billing PowerPoint 11/2021

Source: https://dss.mo.gov/mhd/providers/education.avtrain.htm
Contacting Constituent Education

- Requests for provider training may be directed to the Provider Education representatives by calling (573) 751-6683 or by email: mhd.provtrain@dss.mo.gov.

- Provider Education representatives offer training and education on billing and procedures for fee-for-service MO HealthNet claims.

- Your request should include the Provider's Name, National Provider Identifier (NPI), the reason for the inquiry, and the type of training needed. By providing this pertinent information, your request for assistance can be directed to the appropriate staff.

- Inquiries regarding fee-for-service claim filing or denials, remittance advices, and all eligibility questions to include managed care should be directed to the Provider Communications Unit at (573) 751-2896.
# Contacting Constituent Education

<table>
<thead>
<tr>
<th>Daniel Rush</th>
<th>Jackie Bollinger</th>
<th>Amanda Fahrendorf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Services</td>
<td>Ambulatory Surgical Center</td>
<td>Ambulance</td>
</tr>
<tr>
<td>• Applied Behavior Analysis (ABA)</td>
<td>Biopsychosocial Treatment of Obesity</td>
<td>• Treat No Transport</td>
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<tr>
<td>Comprehensive Day Rehab</td>
<td>Chiropractic</td>
<td>Dental</td>
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<tr>
<td>Department of Health &amp; Senior Services (DHSS)/DSDS</td>
<td>Complementary and Alternative Therapies for Chronic Pain</td>
<td>Durable Medical Equipment (DME)</td>
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<tr>
<td>• Aids Waiver</td>
<td>Diabetes Prevention Program</td>
<td>Hearing Aid/Audiology</td>
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<tr>
<td>• Adult Day Care Waiver</td>
<td>Environmental Lead Assessment</td>
<td>Hospice</td>
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<tr>
<td>• Aged and Disabled Waiver</td>
<td>Hospital (Inpatient/Outpatient)</td>
<td>Non-Emergency Transportation (NEMT)</td>
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<tr>
<td>• Medically Fragile Adult Waiver</td>
<td>• Certified Registered Nurse Physician (Program)</td>
<td>Skilled Nursing Facility</td>
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<td>Department of Mental Health</td>
<td>• Nurse Practitioner</td>
<td>• Nurse Assistant Training (NAT)</td>
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<td>• CSTAR</td>
<td>• Diabetes Self-Management Training</td>
<td>Optical</td>
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<td>• CPR</td>
<td>• FQHC</td>
<td>• Optometrist</td>
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<td>• Youth Targeted Case Management</td>
<td>• Podiatry</td>
<td>• Optician</td>
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<td>Division of Developmental Disabilities - DD Waiver</td>
<td>• Local Public Health Agency</td>
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<td>Home Health</td>
<td>• Case Management</td>
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<td>Personal Care</td>
<td>• Independent Laboratory Services</td>
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<td>• Consumer Directed Services</td>
<td>• Independent Radiology Services</td>
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<td>Private Duty Nursing</td>
<td>• Anesthesiots (CRNA Services)</td>
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<td>Rehabilitation Centers</td>
<td>• EPSDT/HCY Screenings</td>
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<td>School Based IEP Services Therapy</td>
<td>• Vaccines for Children VFC</td>
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<td>• Speech</td>
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<td>• Occupational</td>
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<tr>
<td>• Physical Therapy</td>
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<td>Nurse Midwife</td>
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<td>Rural Health Clinic (RHC)</td>
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<td>Transplant</td>
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</tbody>
</table>
Provider Enrollment

• Located within 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)

• Email: mmac.providerenrollment@dss.mo.gov

• Send written inquiries to:

  Missouri Medicaid Audit and Compliance Unit
  P. O. Box 6500
  Jefferson City, Missouri 65102
Resources and Contact Information

• Technical Help Desk
• Provider Communication Unit
• Participant Resources
• Behavioral Health Services Help Desk
• MHD Services and Programs
Technical Help Desk

Technical support and assistance for issues with eMOMED.com

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

MHD Help Desk, (573) 635-3559
Email: internethelpdesk@momed.com
Provider Communications Unit

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

Provider Communications Unit
PO Box 5500
Jefferson City, MO 65102-2500
(573) 751-2896
Participant Resources

Questions regarding MHD eligibility benefits and application process

Website address:  www.mydss.mo.gov

Contact by phone: (855) 373-9994

Family Support Division Info Center 1-855-FSD-INFO. (855-600-4412)
Behavioral Health Services Help Desk

Phone: (866) 771-3350
Fax: (573) 635-6516

MO HealthNet Division
Behavioral Health Services
Precertification Help Desk
P.O. Box 4800
Jefferson City, MO 65102
MHD Services & Programs

Email: Ask.MHD@dss.mo.gov

Inquiries regarding programs and policies that cannot be answered by any other contact information.

Please provide NPI, name and contact information and complete details regarding inquiry.
Helpful Links

Provider Manual Webpage:
http://manuals.momed.com/manuals

Provider Bulletin Webpage:
http://dss.mo.gov/mhd/providers/pages/bulletins.htm

Hot Tips Webpage:
http://dss.mo.gov/mhd/providers/pages/provtips.htm