Missouri Department of SOCIAL SERVICES

MoHealthNet

MO HealthNet

Navigating Provider Resources

September 2022
Education & Training

PowerPoint Overview

- Provider Information Page
- Provider Manual
- CyberAccess
- Forms
- Fee Schedules
- Provider Resource Guide
- Contact Information

Log On to eMOMED

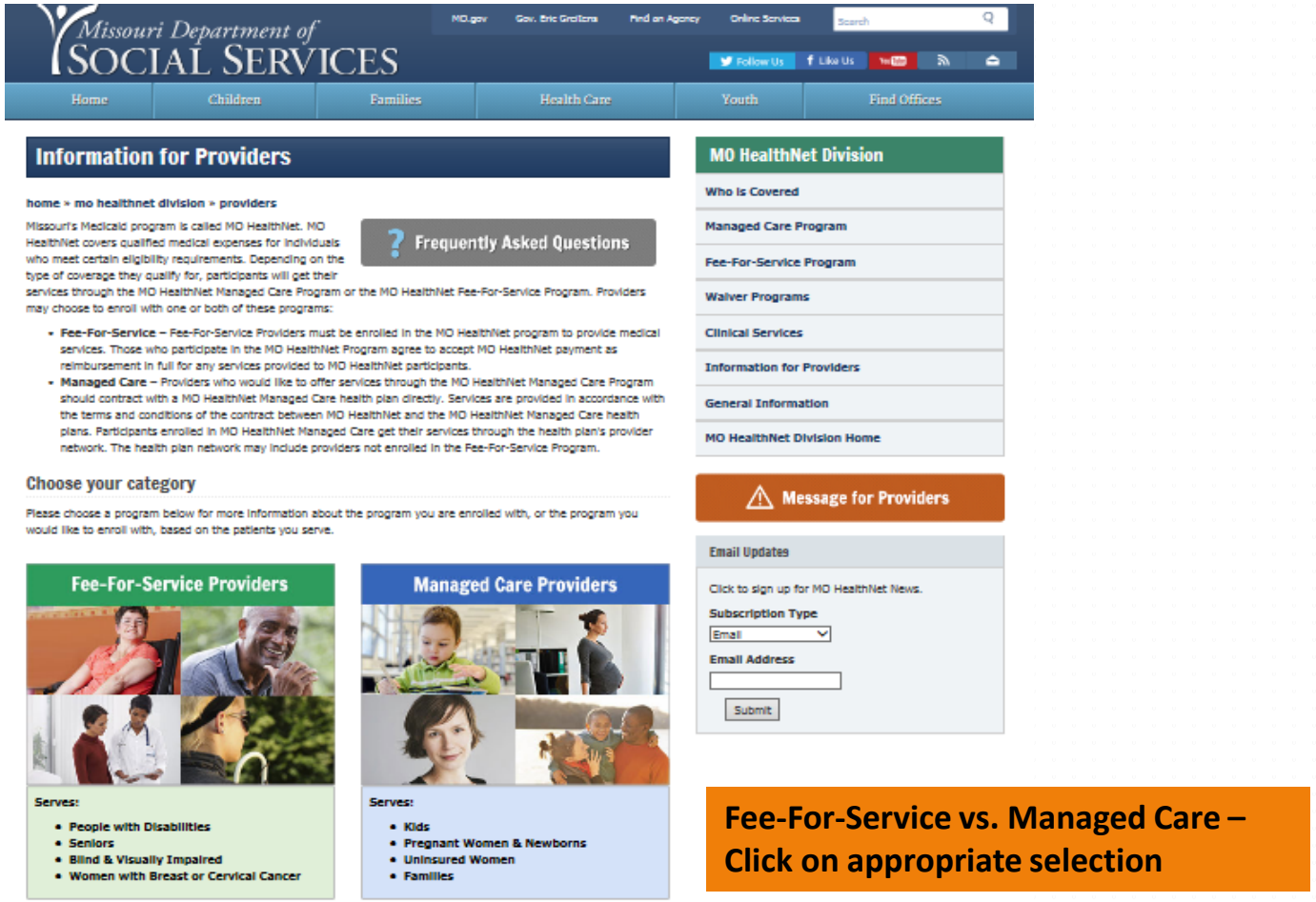
https://www.emomed.com

eMOMED Path to Resources

Quick link to the Provider Information Page: Provider Information

https://www.emomed.com

Provider Information Page



Fee-For-Service vs. Managed Care – Click on appropriate selection

https://dss.mo.gov/mhd/providers/

Managed Care Provider Page

Managed Care Providers

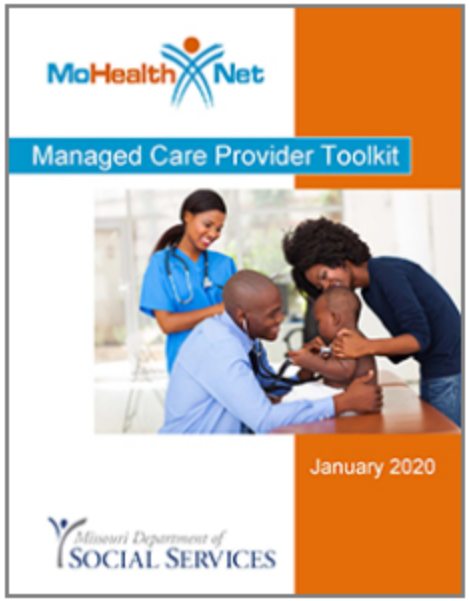
home » **mo healthnet division** » **providers** » managed care providers

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.

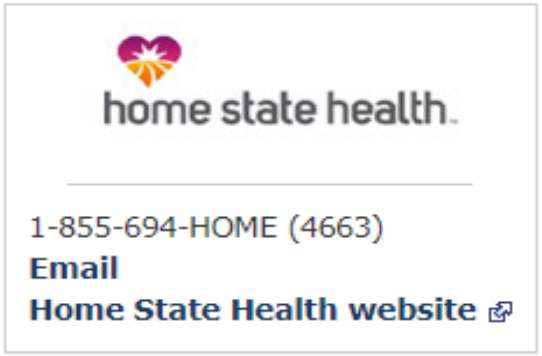
Listed below are the different MO HealthNet Managed Care health plans participants can choose from. Each health plan provides services in every Missouri County. All MO HealthNet Managed Care health plans are required to offer the same **services and benefits**.



? Frequently Asked Questions

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

Managed Care Plans



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

Fee-For-Service Providers

home » mo healthnet division » providers » fee for service providers

If you provide services to people with disabilities, seniors, blind & 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."

? Frequently Asked Questions

Policies & Procedures

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

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

Provider Forms

- MO HealthNet forms
- Nursing Facility Cost Report
- EBPT Invoice Form

General Information

- Electronic Health Records incentive program
- Electronic Visit Verification Program
- MO HealthNet Provider COVID-19 Updates
- MO HealthNet provider search
- System maintenance Schedule
- Curing hep C in Missouri
- Other links of interest
- Nursing Home Reimbursement Resources

Fee Schedules & Rate Lists

- Fee Schedules
- IRHC Medicare/Medicaid Interim Rate list
- Nursing Facility Rate list
- Outpatient Hospital Radiology Fee Schedule 2021 - Previous Versions (2020), (2019), (2018)
- Outpatient Hospital Surgical Procedural Fee schedule, effective 01-01-19, updated 11/30/18
- Outpatient Hospital Lab Fee schedule, effective 01/01/21, updated 04/08/21
- Outpatient Hospital Simplified Fee Schedule effective July 20, 2021
- Outpatient Hospital Simplified Fee Schedule effective July 1, 2022

Education and Training

- 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 This guide provides descriptions of medical eligibility code, shows limited and comprehensive benefits and provides abundant MO HealthNet contact information.
- Education and Training Resources Offers provider webinar and workshop schedules, educational power point resources and audio visual training.
- Contact Education and Training, updated 08/10/2022

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

MO HealthNet Division

- Apply for Healthcare
- My Healthcare Benefit
- Managed Care Health Plans
- Waiver Programs
- Pharmacy and Clinical Services
- Provider Information
- General Information
- MO HealthNet FFS Provider Search
- MO HealthNet Division Home

MO HealthNet Opioid Prescription Intervention (OPI) Program

Email Updates

Click to sign up for MO HealthNet News.

Subscription Type

Email

Email Address

Submit

Contact Us

Provider Communications:
(573) 751-2896
For questions about claim filing, claims resolution and disposition, and participant verification.

Education & Training:
(573) 751-6683 or **Email**
For education about proper billing methods, claim filing, and training information.

To contract with the **health plans**, contact them directly.

Managed Care Provider Communications:

Email for questions about claims, policy and general questions.

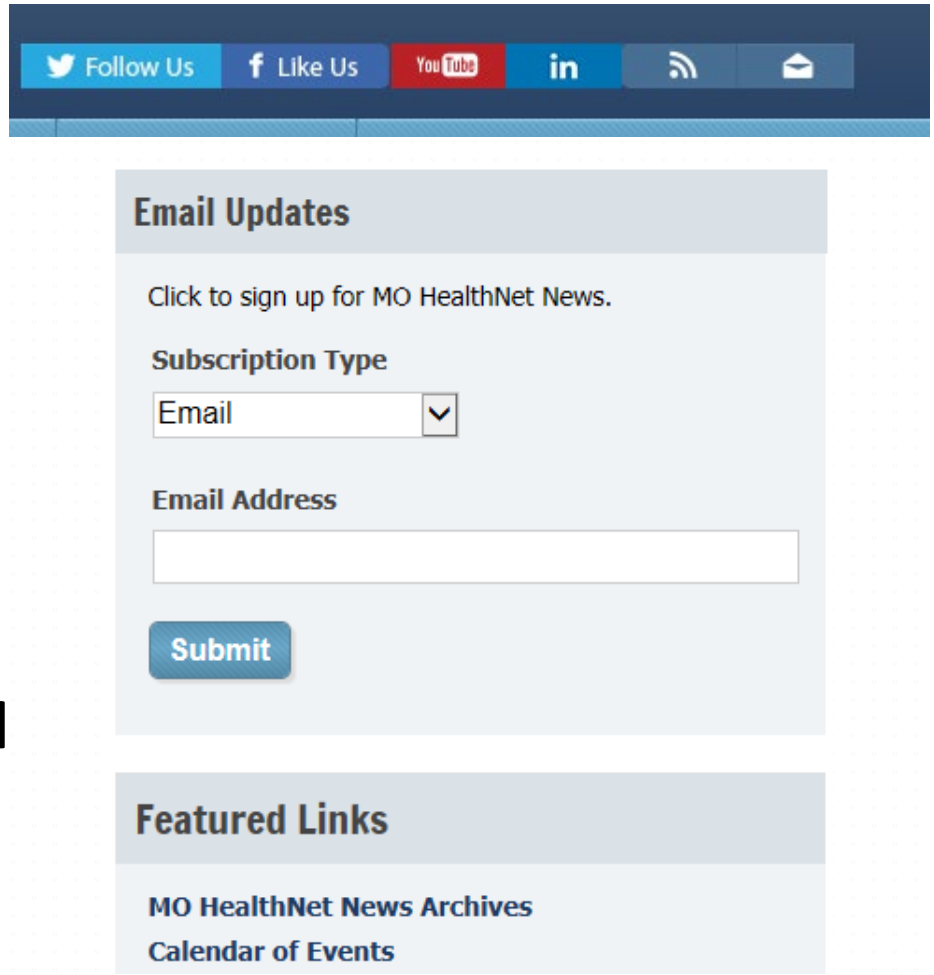
https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm

MO HealthNet News

Stay Informed

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

Sign Up and Stay Connected

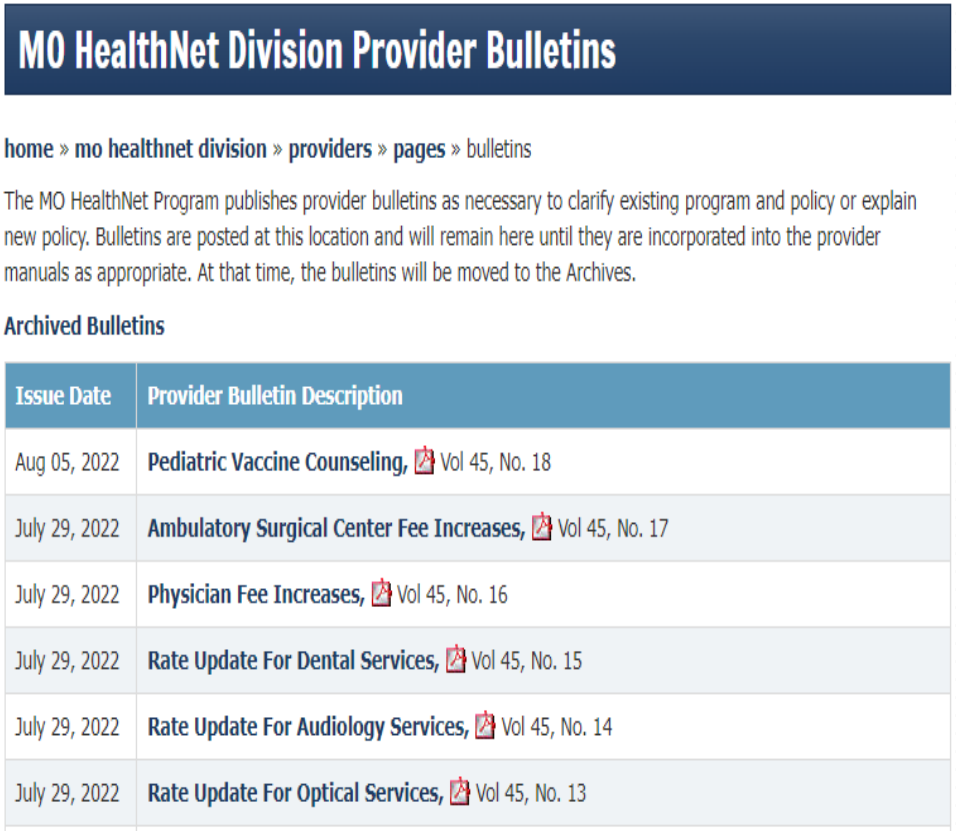


https://dss.mo.gov/mhd/providers/

Provider Bulletins

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

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
Aug 05, 2022	Pediatric Vaccine Counseling, Vol 45, No. 18
July 29, 2022	Ambulatory Surgical Center Fee Increases, Vol 45, No. 17
July 29, 2022	Physician Fee Increases, Vol 45, No. 16
July 29, 2022	Rate Update For Dental Services, Vol 45, No. 15
July 29, 2022	Rate Update For Audiology Services, Vol 45, No. 14
July 29, 2022	Rate Update For Optical Services, Vol 45, No. 13

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

Provider Hot Tips

Tips to assist providers with:

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

2022 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

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

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

Provider Hot Tips

Hot Tip Indices

- Hot Tip Index By Topic/Subject
- COVID-19 Hot Tip Index

See Index to find the pertinent Hot Tip

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
- COVID-19 Oral Antiviral Treatment
- DME Walker Criteria

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

Provider Manuals

- Policy
- Benefits and Limitations
- Procedure/Revenue codes
- Billing Instructions

http://manuals.momed.com/manuals/

Provider Manuals

The table of contents is very detailed.

SECTION 1-PARTICIPANT CONDITIONS OF PARTICIPATION 16
1.1 INDIVIDUALS ELIGIBLE FOR MO HEALTHNET, MANAGED CARE OR STATE FUNDED BENEFITS 16
1.1.A DESCRIPTION OF ELIGIBILITY CATEGORIES 16
1.1.A(1) MO HealthNet 16
1.1.A(2) MO HealthNet for Kids 17
1.1.A(3) Temporary MO HealthNet During Pregnancy (TEMP) 19
1.1.A(4) Voluntary Placement Agreement for Children 19
1.1.A(5) State Funded MO HealthNet 19
1.1.A(6) MO Rx 20
1.1.A(7) Women's Health Services 20
1.1.A(8) ME Codes Not in Use 21
1.2 MO HEALTHNET AND MO HEALTHNET MANAGED CARE ID CARD 21
1.2.A FORMAT OF MO HEALTHNET ID CARD 22
1.2.B ACCESS TO ELIGIBILITY INFORMATION 23
1.2.C IDENTIFICATION OF PARTICIPANTS BY ELIGIBILITY CODES 23
1.2.C(1) MO HealthNet Participants 23
1.2.C(2) MO HealthNet Managed Care Participants 23
1.2.C(3) TEMP 23
1.2.C(4) Temporary Medical Eligibility for Reinstated TANF Individuals 24
1.2.C(5) Presumptive Eligibility for Children 24
1.2.C(6) Breast or Cervical Cancer Treatment Presumptive Eligibility 24
1.2.C(7) Voluntary Placement Agreement 24

2 / 452

General vs. Program Specific Sections

General Sections:

Universal Sections published in each manual – Written broadly to encompass all providers
(Sections: 01-10NA and 16, 17, and 20-23)

Program Specific Sections:

Specific to each MO HealthNet Program
(Sections: 12-15 and 18, and 19)

Provider Manual Resource

Provider Manual by Section

Each Provider Manual has General Sections and Program Specific Sections. The General Sections are consistent throughout all Provider Manuals. These sections are written very broadly to encompass many program types. The Program Specific Sections will include important information pertinent to the program/provider type.

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

Searching the Provider Manual

How to search the manual?

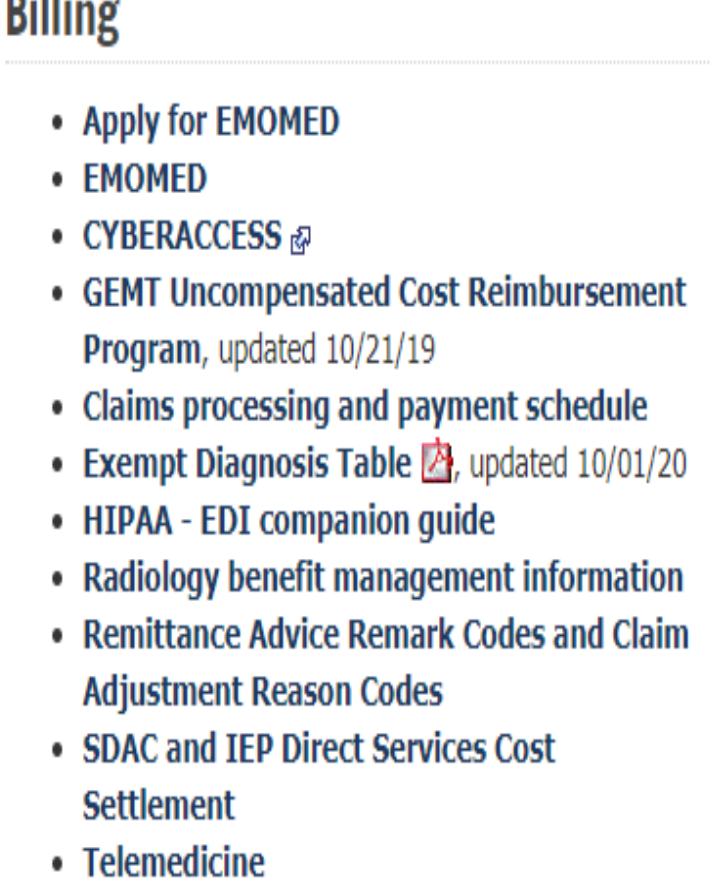
Use **control "F"** search function to find information in the manuals.

- Start with the section you think the information is in.
  example "Section 13"

- Then search by Key words.
  examples: "Surplus, Spenddown, Dentures, D0120…"

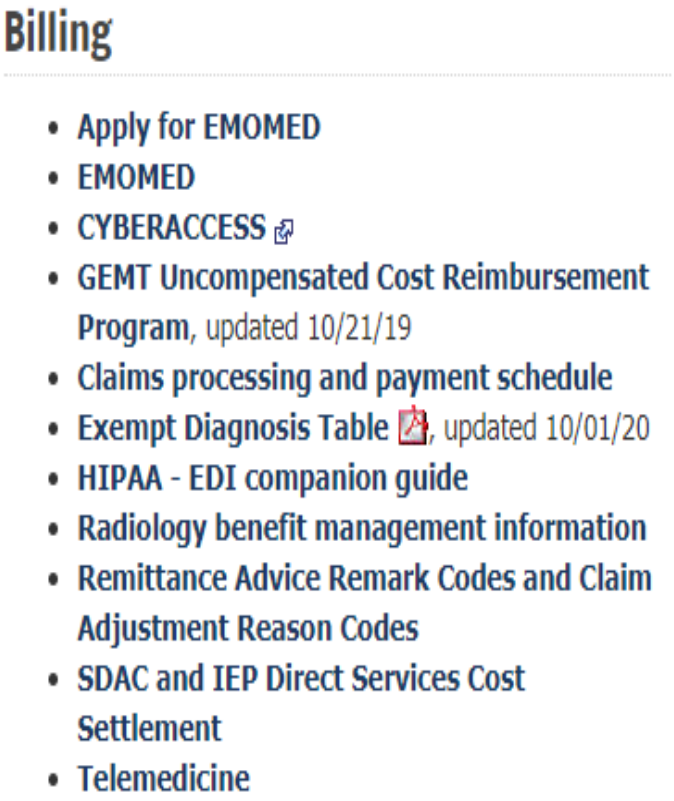
Billing

- Apply for EMOMED
- EMOMED
- CYBERACCESS
- GEMT (Ground Emergency Medical Transportation) Uncompensated Cost Reimbursement Program, updated 10/21/19
- Claims processing and payment schedule
- Exempt Diagnosis Table, updated 10/01/20



Billing

- HIPAA (Health Insurance Portability and Accountability Act) - EDI (Electronic Data Exchange) companion guide
- Radiology benefit management information
- Remittance Advice Remark Codes and Claim Adjustment Reason Codes *
- SDAC (School District Administrative Claiming) and IEP (Individualized Education Plan) Direct Services Cost Settlement
- Telemedicine

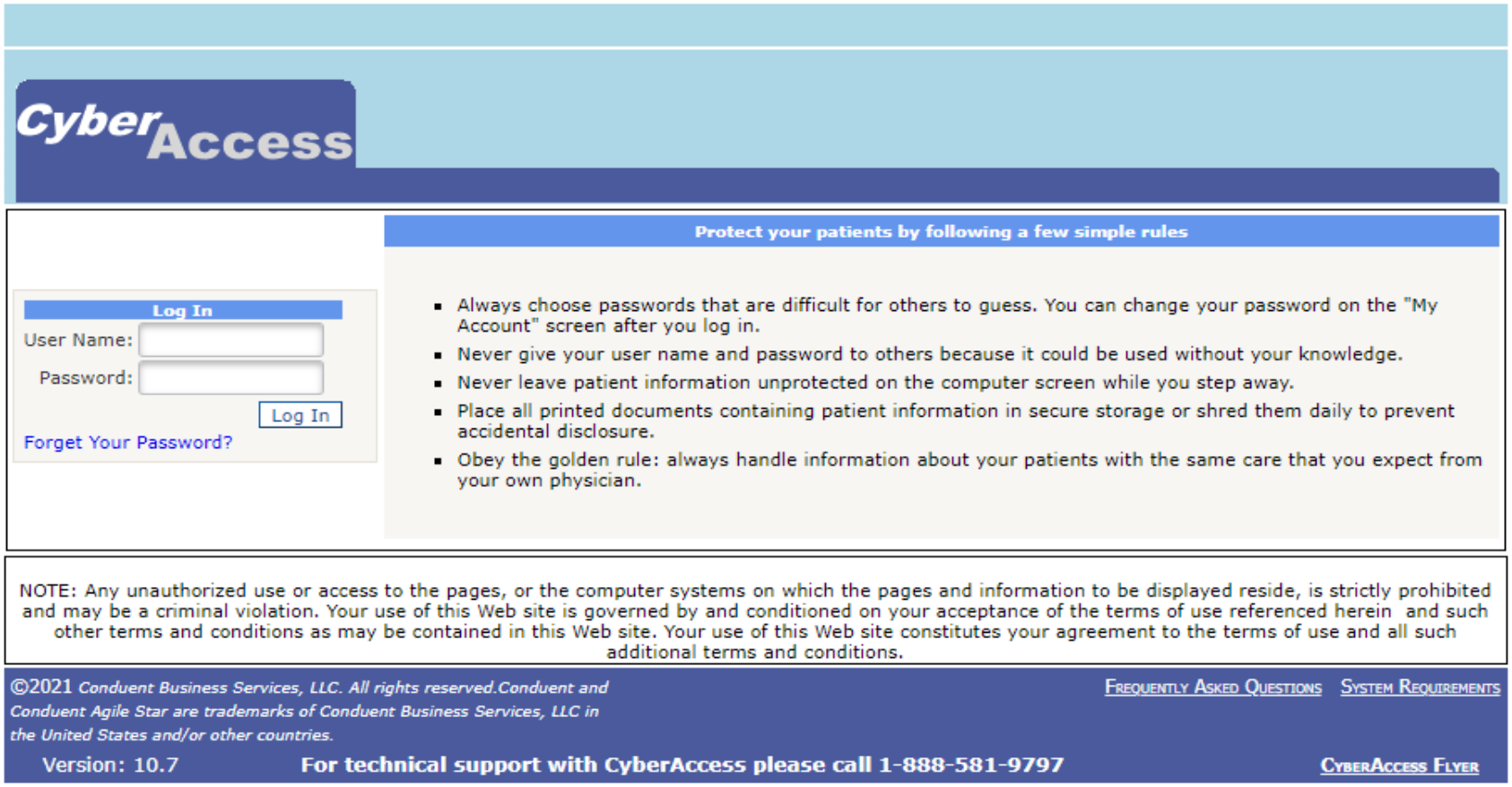


eMOMED

- 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



https://www.cyberaccessonline.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 International Classification of Diseases (ICD) diagnosis codes and Current Procedural Terminology (CPT) procedure codes.
- Requests for precertification must meet medical criteria established by the MO HealthNet Division in order to be approved.

https://www.cyberaccessonline.net/cyberaccess

CyberAccess

Pre-certification is available for the following services:

- Radiology
- Durable Medical Equipment (DME)
- Optical
- Inpatient
- Drug Prior Authorization (PA)
- Clinical Edit Override (EO)

https://www.cyberaccessonline.net/cyberaccess

Claims Processing and Payment Schedule

MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2023

FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE[1]
Friday 06/24/2022	Thursday 07/07/2022	Wednesday 06/08/2022	Friday 06/24/2022
Friday 07/08/2022	Friday 07/22/2022	Saturday 06/25/2022	Friday 07/08/2022
Friday 07/22/2022	Friday 08/05/2022	Saturday 07/09/2022	Friday 07/22/2022
Friday 08/12/2022	Friday 08/19/2022	Saturday 07/23/2022	Friday 08/12/2022
Friday 08/26/2022	Friday 09/09/2022	Saturday 08/13/2022	Friday 08/26/2022
Friday 09/09/2022	Friday 09/23/2022	Saturday 08/27/2022	Friday 09/09/2022
Friday 09/23/2022	Friday 10/07/2022	Saturday 09/10/2022	Friday 09/23/2022
Friday 10/07/2022	Wednesday 10/19/2022	Saturday 09/24/2022	Friday 10/07/2022
Friday 10/21/2022	Friday 11/04/2022	Saturday 10/08/2022	Friday 10/21/2022
Friday 11/11/2022	Friday 11/18/2022	Saturday 10/22/2022	Friday 11/11/2022
Friday 11/25/2022	Friday 12/09/2022	Saturday 11/12/2022	Friday 11/25/2022
Friday 12/09/2022	Friday 12/23/2022	Saturday 11/26/2022	Friday 12/09/2022
Friday 12/23/2022	Friday 01/06/2023	Saturday 12/10/2022	Friday 12/23/2022
Friday 01/06/2023	Wednesday 01/18/2023	Saturday 12/24/2022	Friday 01/06/2023
Friday 01/20/2023	Friday 02/03/2023	Saturday 01/07/2023	Friday 01/20/2023
Friday 02/03/2023	Friday 02/17/2023	Saturday 01/21/2023	Friday 02/03/2023
Friday 02/24/2023	Friday 03/03/2023	Saturday 02/04/2023	Friday 02/24/2023
Friday 03/10/2023	Friday 03/24/2023	Saturday 02/25/2023	Friday 03/10/2023
Friday 03/24/2023	Thursday 04/06/2023	Saturday 03/11/2023	Friday 03/24/2023
Friday 04/07/2023	Wednesday 04/19/2023	Saturday 03/25/2023	Friday 04/07/2023
Friday 04/21/2023	Friday 05/05/2023	Saturday 04/08/2023	Friday 04/21/2023
Friday 05/12/2023	Friday 05/19/2023	Saturday 04/22/2023	Friday 05/12/2023
Friday 05/26/2023	Friday 06/09/2023	Saturday 05/13/2023	Friday 05/26/2023
Friday 06/09/2023	Friday 06/23/2023	Saturday 05/27/2023	Wednesday 06/07/2023

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

http://manuals.momed.com/ClaimsProcessingSchedule.html

Remittance Advice Remark Codes and Claim Adjustment Reason Codes

- With the implementation of HIPAA national standards, previously used MO HealthNet edits and Explanation of Benefits (EOBs) will no longer appear on the Remittance Advice (RA).

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

- Explanations of RARC and CARC are available through the Internet at: http://www.wpc-edi.com/reference/

Remittance Advice Remark Codes and Claim Adjustment Reason Codes

Home / Products / External Code Lists

External Code Lists

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.

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
Claim Status Category Codes	507	These codes organize the Claim Status Codes (ECL 139) into logical groupings.	CMG03
Claim Status Codes	508	These codes convey the status of an entire claim or a specific service line.	CMG03

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

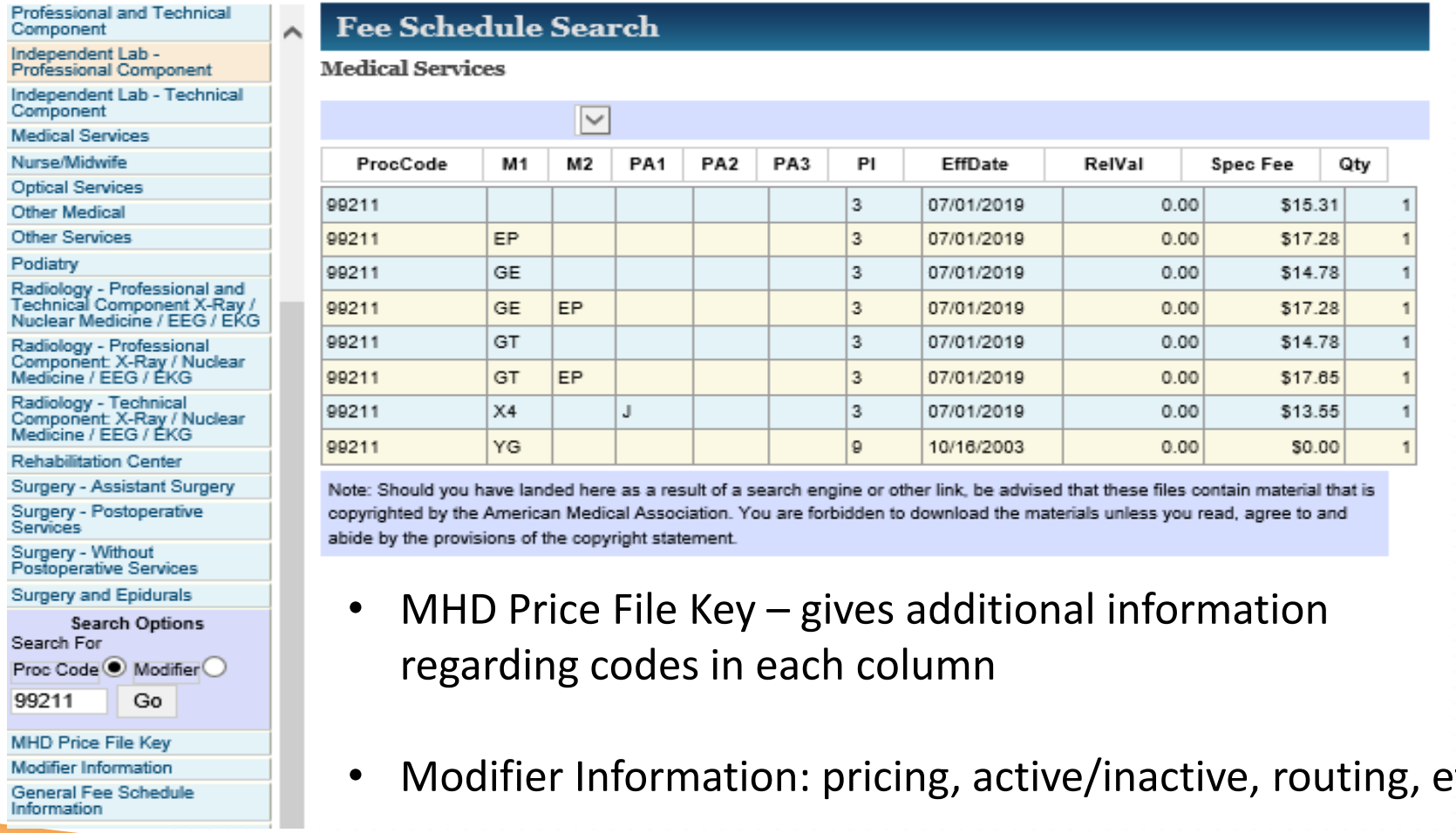
Provider Forms

MO HealthNet Forms:

- Certificate of Medical Necessity
- Diabetic Supplies Prior Authorization
- Exception Request Form
- Insurance Resource Report Form
- Prior Authorization Request Form
- Provider Spend Down Form
- Sterilization Consent Form
- Temp Eligibility Determination

http://manuals.momed.com/manuals/presentation/forms.jsp

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

Other Fee Schedules

Fee Schedules & Rate Lists

- **Fee Schedules**
- **IRHC Medicare/Medicaid Interim Rate list**
- **Nursing Facility Rate list**
- **Outpatient Hospital Radiology Fee Schedule 2021** - Previous Versions (**2020**), (**2019**), (**2018**)
- **Outpatient Hospital Surgical Procedural Fee schedule, effective 01-01-19**, updated 11/30/18
- **Outpatient Hospital Lab Fee schedule, effective 01/01/21**, updated 04/08/21
- **Outpatient Hospital Simplified Fee Schedule effective July 20, 2021**
- **Outpatient Hospital Simplified Fee Schedule effective July 1, 2022**

https://dss.mo.gov/mhd/providers/files/outpatient-simplified-fee-schedule-eff070122.pdf

Benefit Tables

This shows the various benefits for each MO HealthNet program.

MO HealthNet Benefit Tables

Master list of covered services

Copay Requirements and Exemptions

Issue Date	Service
12/22/2021	Ambulance (emergency only)
12/22/2021	Ambulatory Surgical Center
12/22/2021	Behavioral Health Services
12/22/2021	Dental
12/22/2021	Durable Medical Equipment (DME)
12/22/2021	Habilitative Occupational_Physcial_and_Speech Therapies
12/22/2021	Hearing Aid
12/22/2021	Home Health
12/22/2021	Hospice
12/22/2021	Hospital
12/22/2021	Long Term Care
12/22/2021	Non-Emergency Medical Transportation (NEMT)

Dental	
Coverage Group/ME Codes	**Covered**
MO HealthNet for Adults 05, 10,19, 21, 24, 26, E2	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70	Yes
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited**
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No
Notes: *Children under 21 years of age and participants in catergory of assistance for pregnant women, the blind or vendor nursing facility residents are eligible for the complete dental benefit. MO HealthNet considers additional dental services for adults with certain pre-existing medical conditions. Such services require a written referral from the participant's physician that must state the absence of the dental treatment would adversely affect a specific pre-existing medical condition. For additional information, please see your provider manual, Section 13.1. **Limited coverage for ambulatory prenatal care.	
Dental Manual Provider Bulletins Please check fee schedule; certain restrictions apply.	

https://dss.mo.gov/mhd/providers/education/coverage.htm

Provider Resource Guide

Provider Resource Guide

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

- General overview of MO HealthNet Programs
  - MO HealthNet Fee-for-Service (FFS)
  - MO HealthNet Managed Care
  - MO HealthNet for Kids
  - Children's Health Insurance Program (CHIP)
- General coverage information by MO HealthNet Eligibility (ME) Code
- Resources

https://dss.mo.gov/mhd/providers/pdf/provider-resource-guide-081022.pdf

Provider Resource Guide

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 women 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 (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 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 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 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 1-800-392-2161.

MoHealthNet

September 2017

Full Comprehensive Package for MO HealthNet Adults	
ME Code	**Description**
03	Aid to the Blind
12	MO HealthNet Aid to the Blind
15	Supplemental Nursing Care—Aid to the Blind
18	MO HealthNet for Pregnant Women
43	Pregnant Woman—60 Day Assistance (MO HealthNet for Families criteria)
44	Pregnant Woman—60 Day Assistance—Poverty
45	Pregnant Woman—Poverty
61	MO HealthNet for Pregnant Women—Health Initiative Fund
95	Show-Me Healthy Babies Pregnant Women income above 196% and up to 300%
96	SMHB Unborn Child income 0 to 300%
98	SMHB Post-Partum
Limited Benefit Package for MO HealthNet Adults	
01	Old Age Assistance
02	Blind Pension
04	Permanently and Totally Disabled
05	MO HealthNet for Families—Adult
10	Refugees other than Cuban, Haitian, Russian Jew, or Ethiopian
11	MO HealthNet—Old Age Assistance
13	MO HealthNet—Permanently and Totally Disabled
14	Supplemental Nursing Care—Old Age Assistance
16	Supplemental Nursing Care—Permanently and Totally Disabled
19	Cuban Refugee
21	Haitian Refugee
24	Russian Jew Refugee
26	Ethiopian Refugee
55	Qualified Medicare Beneficiary (QMB)
58	Presumptive Eligibility (Subsidized)
59	Presumptive Eligibility (Non-Subsidized)

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

Provider Resource Guide

MO HealthNet Resources

MO HealthNet News

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, participant eligibility and verification. Contact Provider Communications at: **(573) 751-2896.** You may also send inquiries to Provider Communication via eMOMED.

Education and Training

The Education and Training Unit educates providers on proper billing methods and procedures for claim filing. The unit also provides training on billing via eMOMED. Contact Education and Training at **(573) 751-6683** or email mhd.provtrain@dss.mo.gov. You may also want to visit the Training Information and Resources page.

Provider Enrollment

MO HealthNet Fee-For-Service (FFS): Missouri Medicaid Audit and Compliance (MMAC) is responsible for enrolling MO HealthNet providers. To enroll as a MO HealthNet FFS provider, visit https://mmac.mo.gov/ or email Provider Enrollment at: mmac.providerenrollment@dss.mo.gov.

MO HealthNet Managed Care: To enroll as a MO HealthNet Managed Care provider, refer to the Managed Care Provider Toolkit for contact information for each of the health plans.

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 claim filing service. Contact the Help Desk at **(573) 635-3559** or visit eMOMED to register.

Managed Care Liaison

If you are unable to resolve a Managed Care issue directly with a health plan, you may contact a Managed Care Liaison at MHD.MCCommunications@dss.mo.gov.

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

Education & Training Resources

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, ema 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 Progra**

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 573-7 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**

Training calendar

Provider Resource Materials

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

Education & Training Resources

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

Education & Training Resources

Series of PowerPoints and resources available, examples:

- Adding an NPI as a Provider Employee
- PI-118 Form
- Sterilization Consent Form
- Medicare Part B Crossover Claim Filing
- Determining Eligibility

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

Determining Eligibility PowerPoint

Step-by-Step explanation of eMOMED eligibility screen

Eligibility / Benefit Information1 of 8

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	11	34 - Month		MC - MO HealthNet		291	04/12/2018 04/12/2018

Eligibility / Benefit Information2 of 8

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 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Ou 86 - Emergency S	11	34 - Month		MC - MO HealthNet		291	04/12/2018 04/12/2018

1 – Active
6 – Inactive
B – Co-Payment
D – Benefit Description
F – Limitations
L – Primary Care Provider
M – Services Restricted to Following Provider
R – Other or Additional Payer
U – Contact Following Entity for Eligibility or Benefit Information.
Y - Spenddown www.dss.mo.gov/mhd.providers/index/htm

https://dss.mo.gov/mhd/providers/education/files/determining-eligibility.ppsx

Missouri Department of SOCIAL SERVICES

MoHealth Net

Resources

Resources and Contact Information

eMOMED Technical Help Desk **(573) 635-3559** **internethelpdesk@momed.com** Technical Support and assistance for issues with eMOMED Establish required electronic claims and RA formats, network communications, HIPAA trading partner agreements	**Provider Communications Unit** **(573) 751-2896** **PO Box 5500, Jefferson City MO 65102** Provider's initial contact for inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition and participant eligibility questions and verification
Pharmacy & Medical Pre-Certification Help Desk **(800) 392-8030** Pharmacy Clinical Authorizations, edit overrides, medical Pre-Certifications (outpatient, diagnostic, non-emergency MRI, MRA, CT, CTA, PET scans and cardiac imaging) Pre-Certification for certain radiological procedures listed at: https://portal.healthhelp.com/mohealthnet	**Clinical Services** **(573) 751-6963** **MHD.Clinical.Services@dss.mo.gov** Policy development, benefit design, coverage decisions, provider and program policy inquiries
MHD Education & Training **(573) 751-6683** **MHD.ProvTrain@dss.mo.gov** Inquiries regarding education and training for providers and participants	**MHD Services & Programs** **Ask.MHD@dss.mo.gov** All other inquiries regarding programs and policies. Provide NPI, name and contact information and complete details regarding inquiry.
Participant Resources **www.mydss.mo.gov** **(855) 373-9994** Questions regarding MHD eligibility benefits and application process	**Family Support Division Info Center** **(855) FSD-INFO (600-4412)**

CyberAccess

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

CyberAccess helpful Tips:
http://dss.mo.gov/cd/info/forms/reference/cyberaccess-helpful-tips.pdf

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

Provider Enrollment

- Located within the Missouri Medicaid Audit & 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)
- Email: **mmac.providerenrollment@dss.mo.gov**

- Send written inquiries to:

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

Contacting Education & Training

- Requests for provider training may be directed to the Education and Training representatives by calling (573) 751-6683 or by email: **mhd.provtrain@dss.mo.gov**.
- Education and Training representatives offer training and education on billing and procedures for **fee-for-service** MO HealthNet claims.
- The request should include the Provider's Name, National Provider Identifier (NPI), the reason for the request and the type of training needed.
- 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 or on eMOMED.

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

Contacting Education & Training

Amanda Fahrendorf (Lead)	Jackie Bollinger	Daniel Rush
Ambulance **Dental** **Hearing Aid/Audiology** **Hospice** **Non-Emergency Transportation (NEMT)** **Skilled Nursing Facility** • *Nurse Assistant Training* **Lead Education & Training Representative -** Oversees the training resources for all programs, creates and presents additional trainings, handles special assignments related to Education and Training and serves as the expert for any complicated Medicaid inquiries referred to the Education and Training Unit.	**Ambulatory Surgical Center** **Biopsychosocial Treatment of Obesity** **Chiropractic** **Complementary and Alternative Therapies for Chronic Pain** **Diabetes Prevention Program** **Environmental Lead Assessment** **Hospital (Inpatient/Outpatient)** • *Certified Registered Nurse* **Physicians (Program)** • *Nurse Practitioner* • *Diabetes Self-Management Training* • *Federally Qualified Health Center (FQHC)* • *Podiatry* • *Local Public Health Agency* • *Case Management* • *Independent Laboratory Services* • *Independent Radiology Services* • *Anesthetists (CRNA Services)* • *EPSDT/HCY Screenings* • *Vaccines for Children VFC* **Nurse Midwife** **Rural Health Clinic (RHC)** **Transplant**	**Behavioral Health Services** • *Applied Behavior Analysis (ABA)* **Comprehensive Day Rehab** **Department of Health & Senior Services (DHSS)/ Division of Senior Disability Service (DSDS)** • *Aids Waiver* • *Adult Day Care Waiver* • *Aged and Disabled Waiver* • *Medically Fragile Adult Waiver* **Department of Mental Health** • *CSTAR* • *CPR* • *Youth Targeted Case Management* **Division of Developmental Disabilities – DD Waiver** **Durable Medical Equipment (DME)** **Home Health** **Optical** **Personal Care** • *Consumer Directed Services* **Private Duty Nursing** **Rehabilitation Centers** **School Based IEP Services** **Therapy** • *Speech* • *Occupational* • *Physical*
Julie Pace & Kathy Simmons **Managed Care Liaisons – MHD.MCCommunications@dss.mo.gov** home state health. HealthyBlue UnitedHealthcare Show Me Healthy Kids		

Updated August 2022

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

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

Missouri Department of SOCIAL SERVICES

MoHealthNet

MO HealthNet

Eligibility & Spend Down

August 2022
Education & Training

PowerPoint Overview

- Fee-For Service vs Managed Care
- Eligibility
- Spend Down
- Medicare Coverage
- Resources and Contact Information

Fee-For-Service vs. Managed Care

Fee-For-Service Providers

Serves:

- People with Disabilities
- Seniors
- Blind & Visually Impaired
- Women with Breast or Cervical Cancer

Managed Care Providers

Serves:

- Kids
- Pregnant Women & Newborns
- Families

https://dss.mo.gov/mhd/providers/

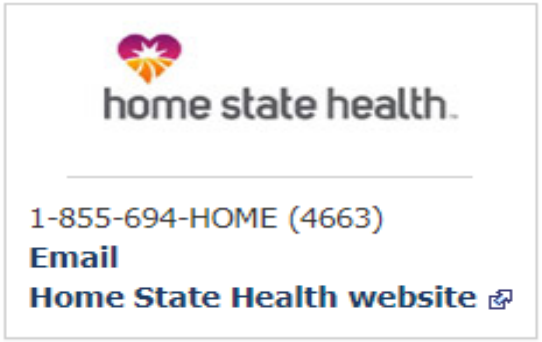
Managed Care

Managed Care participants include:

- Children
- Pregnant Women & Newborns
- Families

Most Adult Expansion Group participants will be in Managed Care.

Managed Care Plans



Providers should contact the Managed Care plan directly regarding billing and coverage information for participants enrolled in a Managed Care plan.

Fee-For-Service

Fee-For-Service participants include:

- People with Disabilities
- Seniors
- Blind & Visually Impaired
- Women with Breast or Cervical Cancer

Check Eligibility

Once the provider determines the participant may have or has MO HealthNet eligibility, it is the provider's responsibility to check the participant's eligibility.

This must be done before every visit. Eligibility is updated daily. The participant must be eligible on the date of service.

Reasons to Check Eligibility

- Name on file
- Eligibility on date of service
- Medical eligibility/plan code
- Medicare
- Commercial Insurance
- MO HealthNet Managed Care enrollment
- Administrative Lock-in

MO HealthNet is the payer of last resort. Providers must bill all other payers as primary.

Where Can I Check Eligibility?

1) Online through eMOMED.com

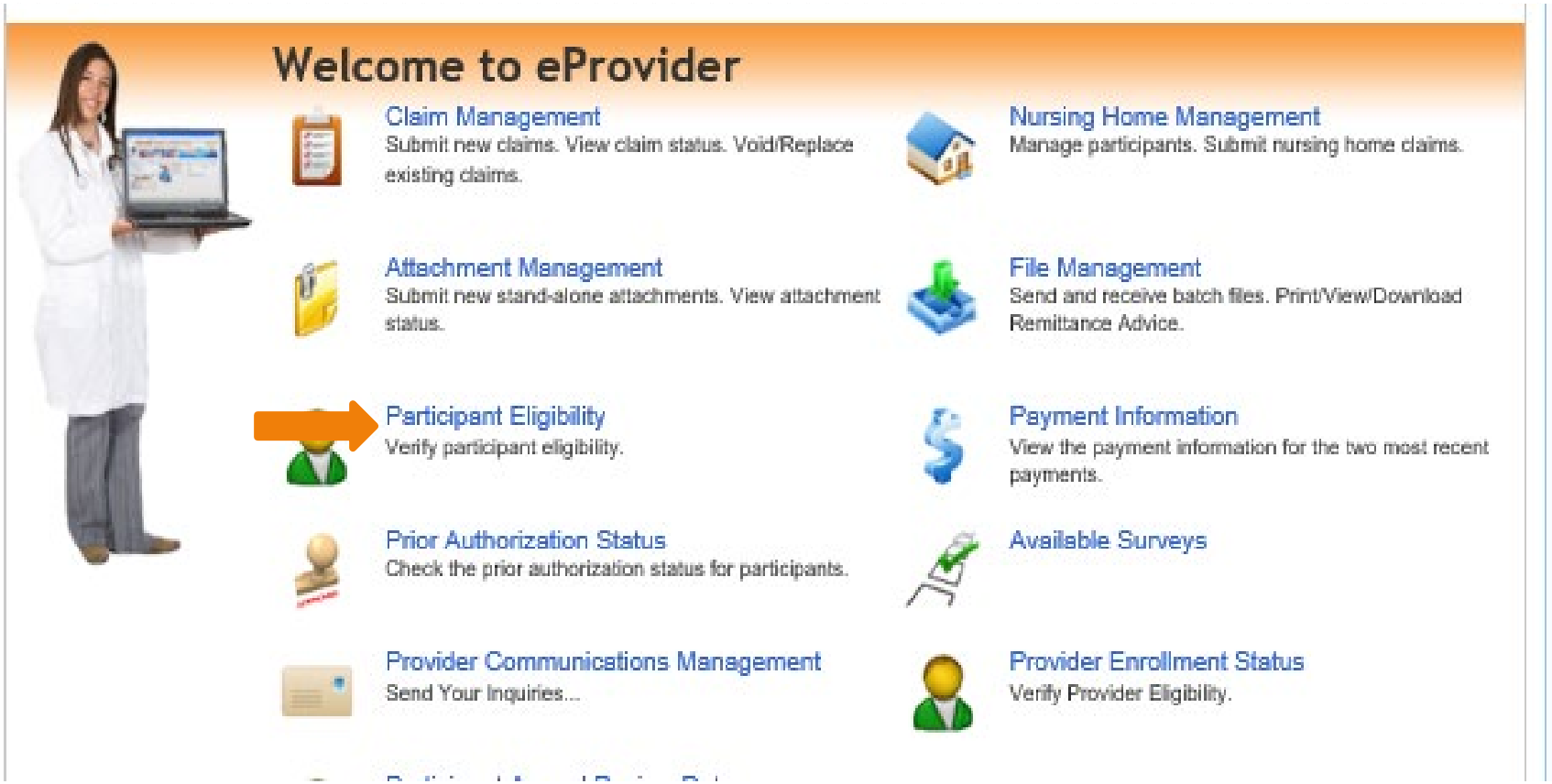
2) Contact Provider Communications at 573-751-2896.

The Provider Communications Unit is available for MO HealthNet providers to access an Interactive Voice Response (IVR) system that can address participant eligibility, last two check amounts, claim status inquiries, provider enrollment status, and annual review date.

eMOMED Log on Screen

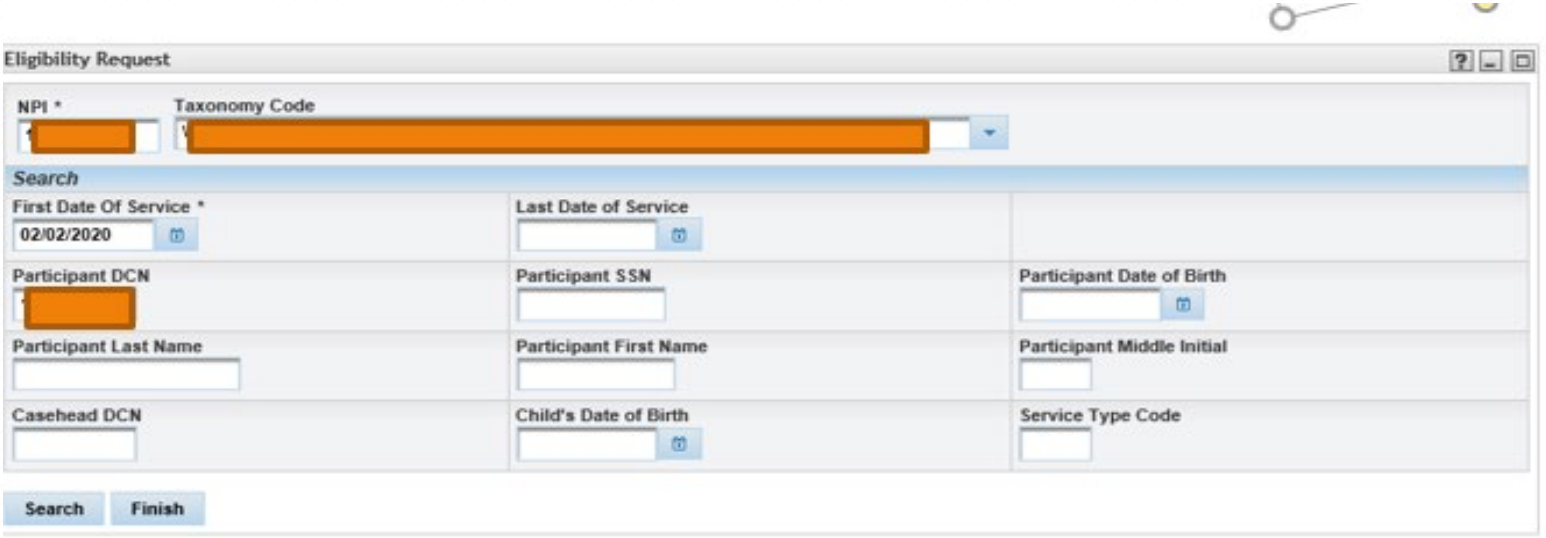
https://www.emomed.com

Participant Eligibility



Click on Participant Eligibility

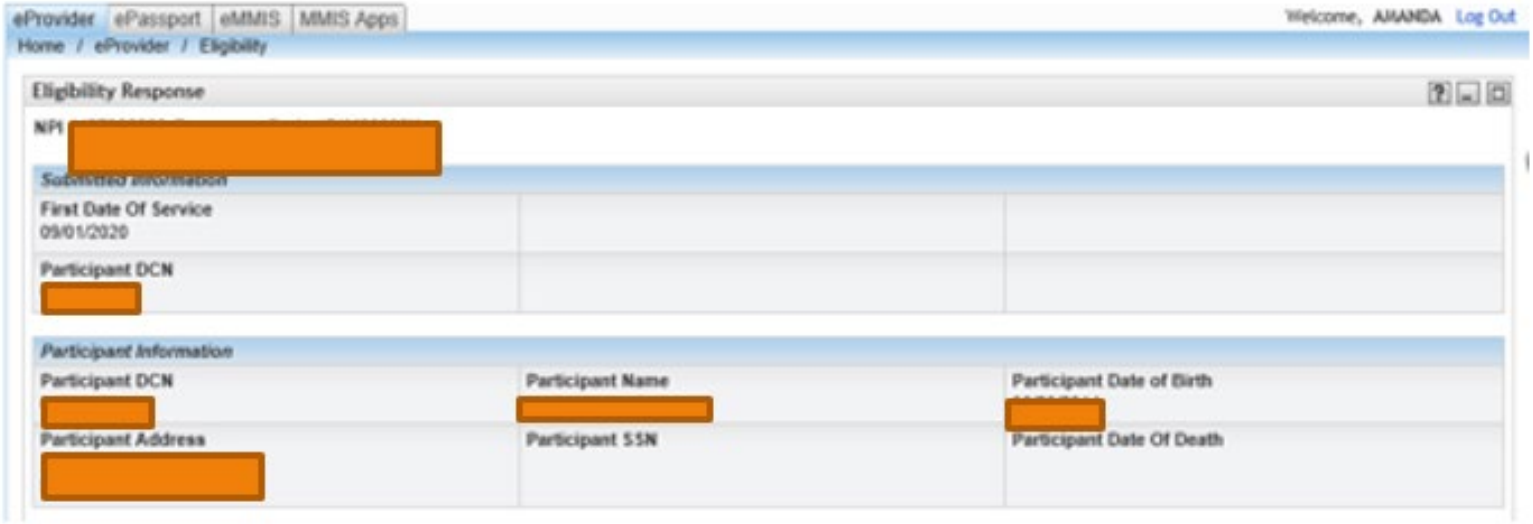
Eligibility Request



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

Example 1: General Eligibility

Verify the DCN, Name, and DOB match the participant.



Example 1: Coverage Information

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

1) Eligibility/Benefit Code- 1- Active or 6- Inactive
2) Plan Code- ME Code (See Provider Resource Guide for ME code details)
3) Insurance type- MC- MO HealthNet or HM – indicates the patient is locked into Managed Care (Healthy Blue, Home State, or United Health Care.)
3) From Date Thru Date- Eligibility on specified date.

Benefit 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

Service Type- Lists general benefit information. Refer to the Provider Manual for specific coverage information.

Spend Down

- The Family Support Division (FSD) determines spend down amounts based on a participant's income and if it exceeds the allowable amount to qualify for MO HealthNet coverage.

- Participants are responsible for their incurred medical expenses up to the spend down amount.

- Spend down must be met the month a medical expense occurs for MO HealthNet to consider the claim for payment.

Spend Down

- Income changes need to be reported to FSD.
- Participants should contact FSD with questions or concerns about their spend down amount.

Questions should be directed to FSD at 1-855-FSD-INFO.

Options to Meet Spend Down

- Participants can mail the full spend down payment to MHD for an entire month of coverage.

  MO HealthNet Division
  P.O. Box 808001
  Kansas City, MO 64180-8001

- Provides should complete Spend Down Automatic Withdrawal Form –**https://dss.mo.gov/mhd/participants/pdf/awa-spenddown.pdf** and
- Submit incurred medical bills to FSD to apply to the spend down amount. (refer to section 1.6.B in the Provider Manual for more ways to meet spend down)

Spend Down Provider Form

- Providers can assist participants with meeting their spend own by completing a Provider Spend Down Form after services are rendered. (http://manuals.momed.com/forms/Provider_Spend_Down_Form(Fillable).pdf)

- Completed spend down forms should be forwarded to the Family Support Division (FSD) Spend Down Unit, including receipts and bills to: **sesd@ip.sp.mo.gov**

Spend Down Unit

The Spend Down Unit reviews incurred medical expenses to verify if the expense meets the spend down criteria, determines MHD coverage dates, and authorizes coverage.

- Email any questions or issues to:
  SpendDown.Unit@dss.mo.gov
- Phone number Spend Down Unit:
  (855) 600-4412
- Fax Number for Spend Down ONLY (this is an eFax option):
  (855) 600-3754

Spend Down Provider Form

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

MO HealthNet Spend Down Provider Form

Provider Instructions: Please assist your patient by completing the following information. By completing this form, you are verifying medical expenses have been incurred and are owed by your patient. The "Total Daily Expense Patient is Responsible to Pay" column should reflect the patient's incurred expenses for which they are personally responsible to pay.

ATTENTION: All fields on this document are **required** to be completed, unless an attachment(s) verifying the required information for the incomplete field is provided.

Patient Name (Print): _____ **MO HealthNet Number:** _____

Provider Name: _____

Check One: ☐ Doctor ☐ Pharmacy **Hospital:** ☐ In-patient ☐ Out-patient ☐ Other _____

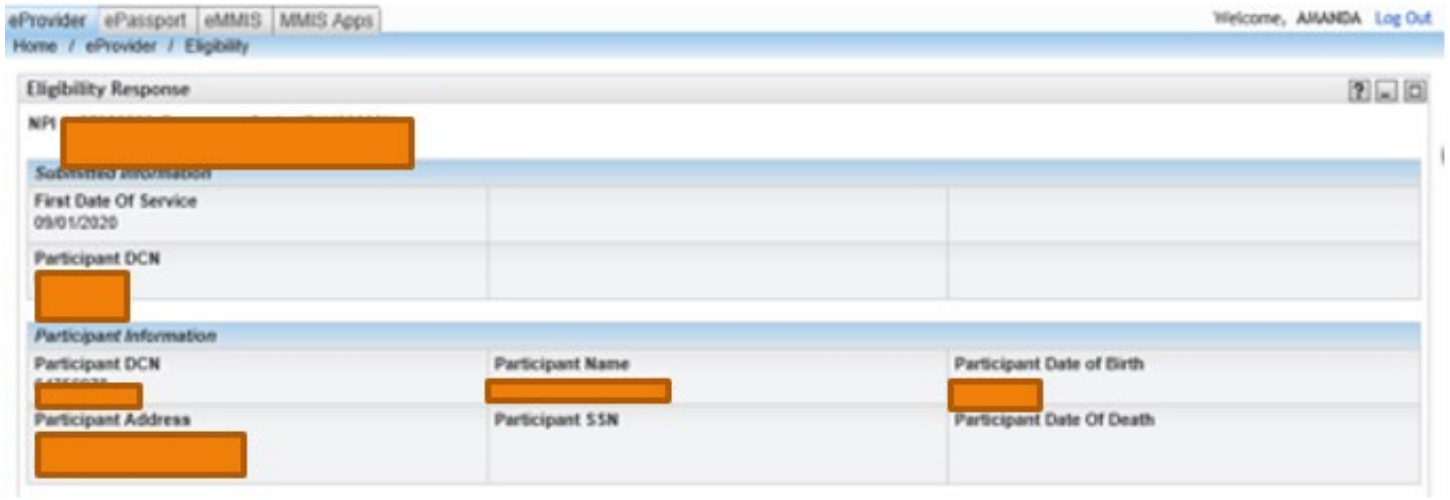
Date of Service	Service Description	Procedure Code	Name of Liable Third Party(s)	Total Amount of Charge	Amount of Expense Billable to Third Party	Write off or Other Discount (i.e. Indigent Waiver)	Total Daily Expense Patient is Responsible to Pay	Total Amount Billable to State Only Funds (i.e. DMH, DHSS contracts)
EXAMPLE: 08/01/2012	*CPR Medication Services*	*90862*	*DMH*	*$80.00*	*$80.00*	*$0.00*	*$0.00*	*$80.00*

BY COMPLETING AND SIGNING THIS DOCUMENT, YOU ARE ATTESTING TO THE ACCURACY OF THE

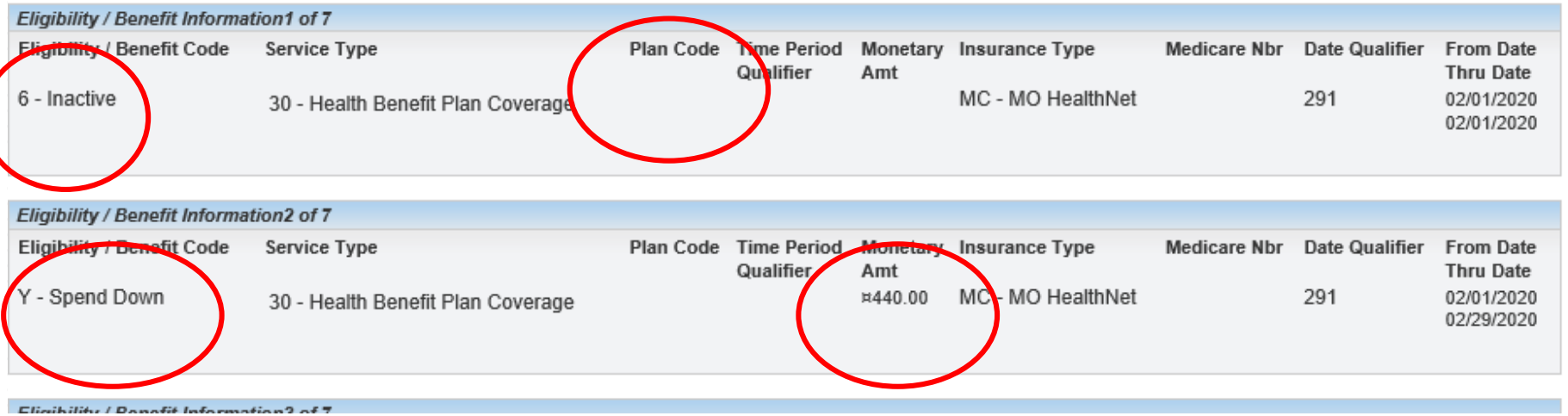
http://manuals.momed.com/forms/Provider_Spend_Down_Form(Fillable).pdf

Example 2: Spend Down Not Met

Verify the DCN, Name, and DOB match the participant.



Spend down Not Met



Eligibility / Benefit Information1 of 7

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
6 - Inactive	30 - Health Benefit Plan Coverage				MC - MO HealthNet		291	02/01/2020 02/01/2020

Eligibility / Benefit Information2 of 7

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
Y - Spend Down	30 - Health Benefit Plan Coverage			¤440.00	MC - MO HealthNet		291	02/01/2020 02/29/2020

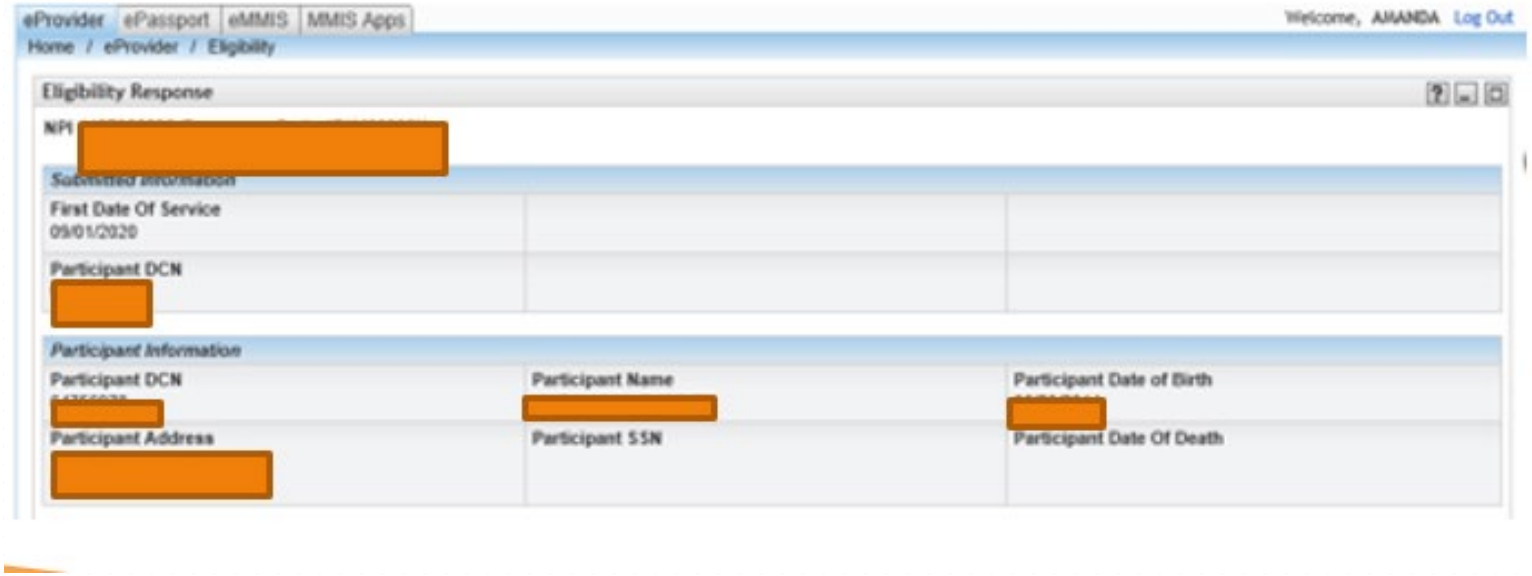
1) Eligibility/Benefit Code- (6- Inactive)
2) Plan Code- ME Code -(Code will only appear if Spend down is Met) **Exception ME 55 and ME 82 may appear. This is related to Medicare coverage. If these codes appear and Spend down is indicated this means Spend down has not been met. Once Spend down is met ME 55 and ME 82 will change to a valid MO HealthNet ME code.
3) Eligibility/Benefit Code (Y- Spend down)
4) Monetary Amt- (Spend down amount)

After Spend Down Is Met

- Coverage starts the day spend down is met, ends last day of the month.
- MHD reimburses for services over the spend down amount up to the MHD allowable.

Example 3: Spend Down Met

Verify the DCN, Name, and DOB match the participant.



Example 3: Spend Down Met

Eligibility / Benefit Information1 of 8

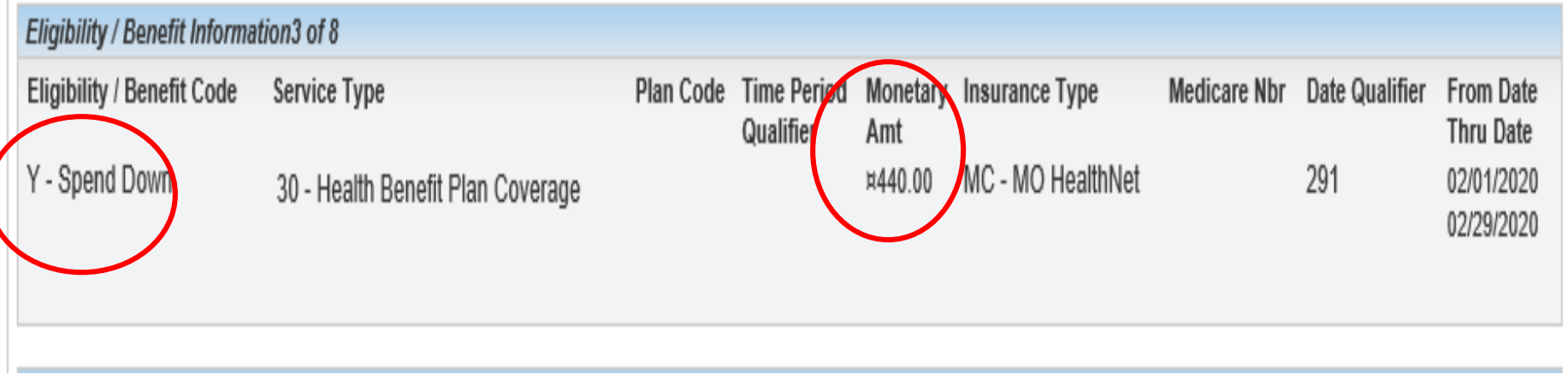
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	34 - Month		MC - MO HealthNet		291	02/02/2020 02/02/2020

Eligibility / Benefit Information2 of 8

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	13	34 - Month		MC - MO HealthNet		291	02/02/2020 02/02/2020

1) Eligibility/Benefit Code- (1- Active)
2) Plan Code- ME Code -(Code will only appear if Spend down is Met)
**Exception ME 55 and ME 82 may appear. This is related to Medicare coverage. If these codes appear and spend down is indicated this means Spend down has not been met. Once spend down is met ME 55 and ME 82 will change to a valid MO HealthNet ME code.
3) Eligibility/Benefit Code- Active Coverage (Covered Benefits listed)

Example 3: Spend Down Met



Eligibility / Benefit Information3 of 8

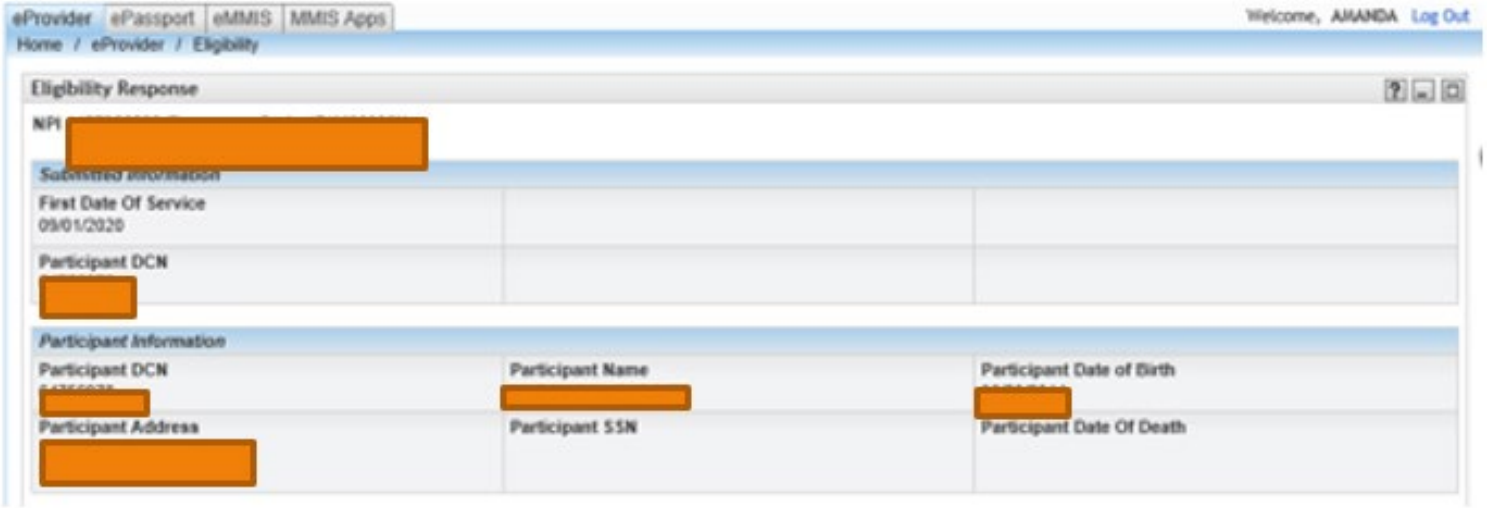
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
Y - Spend Down	30 - Health Benefit Plan Coverage			¤440.00	MC - MO HealthNet		291	02/01/2020 02/29/2020

1) Eligibility/Benefit Code- Y-Spend down
2) Monetary Amt - $440.00

Spend down Indicator and amount will appear regardless if Spend down has been met.

Example 4: Medicare Coverage

Verify the DCN, Name, and DOB match the participant.



Example 4: Medicare Coverage

Eligibility / Benefit Information1 of 8

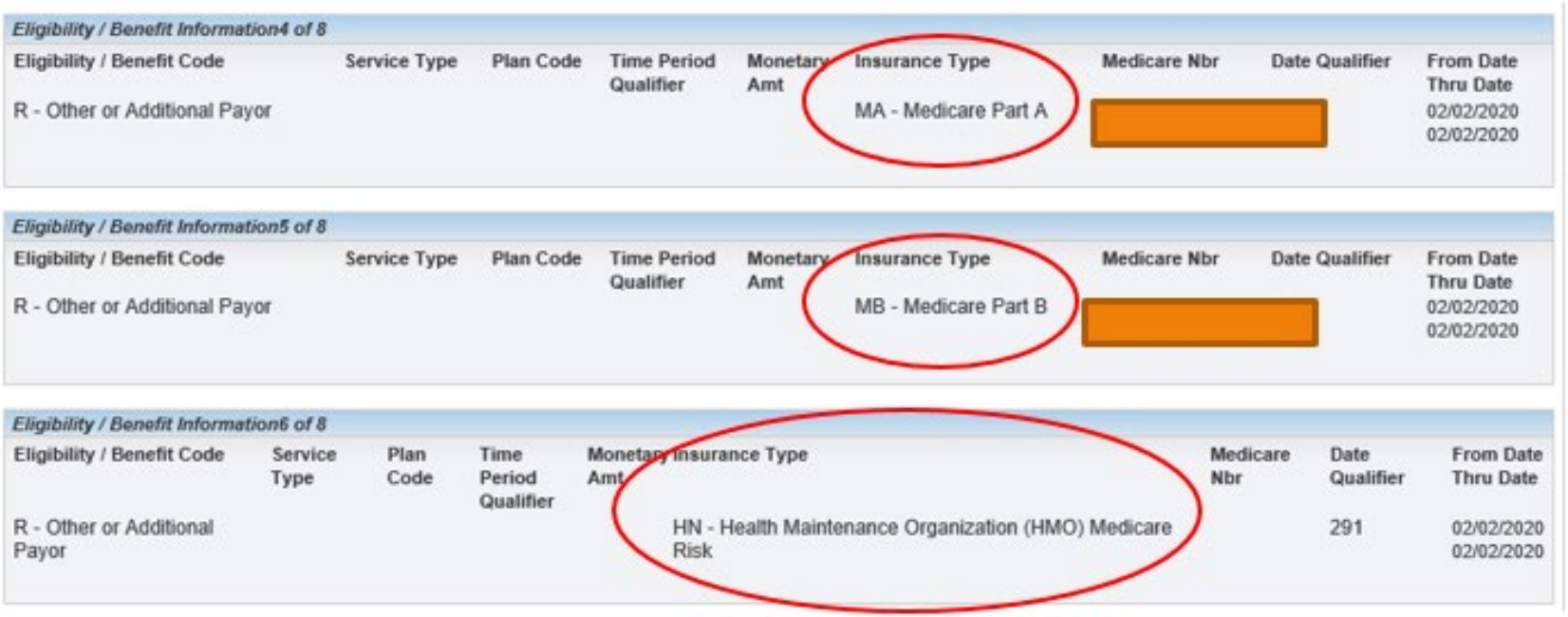
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	34 - Month		MC - MO HealthNet		291	02/02/2020 02/02/2020

Eligibility / Benefit Information2 of 8

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	34 - Month		MC - MO HealthNet		291	02/02/2020 02/02/2020

Review MO HealthNet Coverage - ME 13 active on 2/2/2020 DOS

Example 4: Medicare Coverage



Eligibility / Benefit Information4 of 8

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
R - Other or Additional Payor					MA - Medicare Part A	[redacted]		02/02/2020 02/02/2020

Eligibility / Benefit Information5 of 8

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
R - Other or Additional Payor					MB - Medicare Part B	[redacted]		02/02/2020 02/02/2020

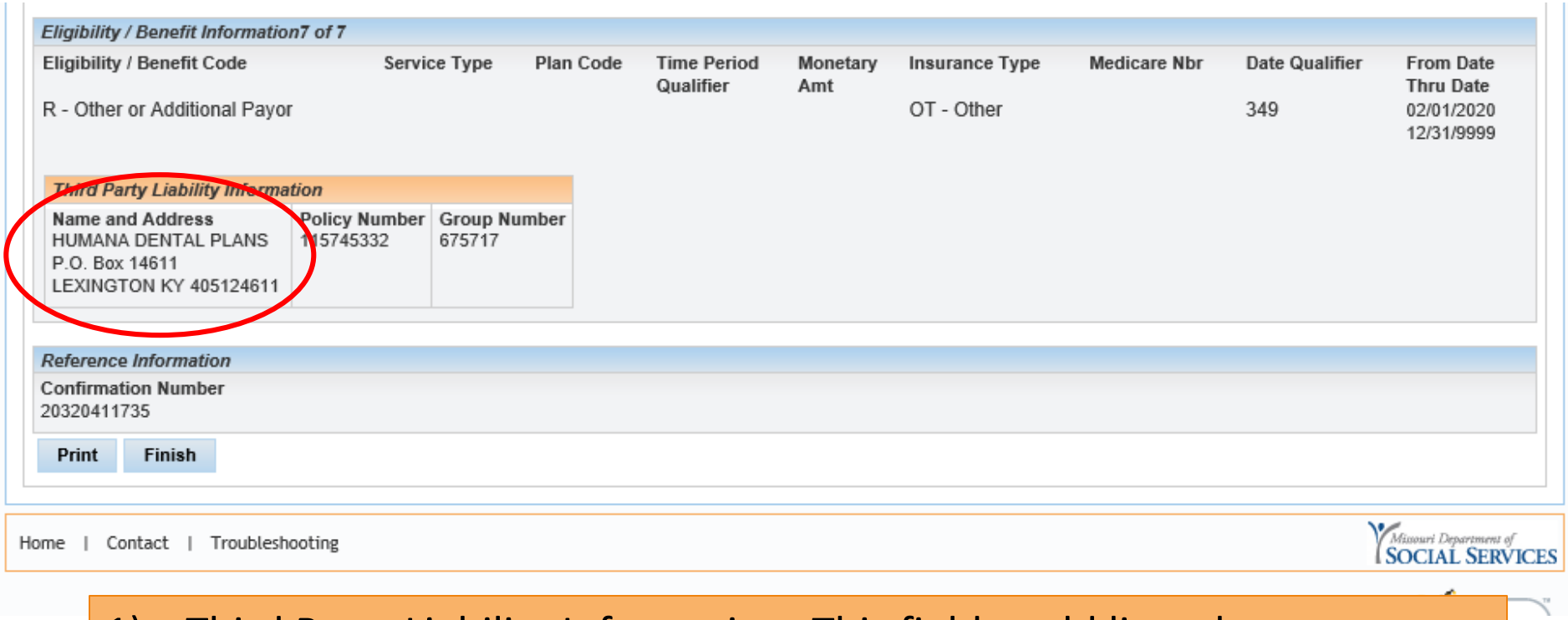
Eligibility / Benefit Information6 of 8

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
R - Other or Additional Payor					HN - Health Maintenance Organization (HMO) Medicare Risk		291	02/02/2020 02/02/2020

1) MA- Medicare Part A Active Coverage
2) MB- Medicare Part B Active Coverage
3) HN- Health Maintenance Organization (HMO) Medicare Risk

**HN indicated that the patient has Medicare Part C

Example 4: Medicare Coverage



Eligibility / Benefit Information7 of 7

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
R - Other or Additional Payor					OT - Other		349	02/01/2020 12/31/9999

Third Party Liability Information

Name and Address	Policy Number	Group Number
HUMANA DENTAL PLANS P.O. Box 14611 LEXINGTON KY 405124611	115745332	675717

Reference Information

Confirmation Number
20320411735

Print Finish

Home | Contact | Troubleshooting

Missouri Department of SOCIAL SERVICES

1) Third Party Liability Information- This field could list other payer information or Medicare Part C plan information.

**Specific Part C plans are not always notated.

Missouri Department of SOCIAL SERVICES

MoHealthNet

MO HealthNet

eMOMED OVERVIEW

August 2022
Education & Training

PowerPoint Overview

- Claim Management
- Attachment Management
- Participant Eligibility
- Prior Authorization Status (PA)
- Provider Communications Management
- Nursing Home Management
- File Management
- Payment Information
- Provider Enrollment Status

https://www.emomed.com

Log On to eMOMED

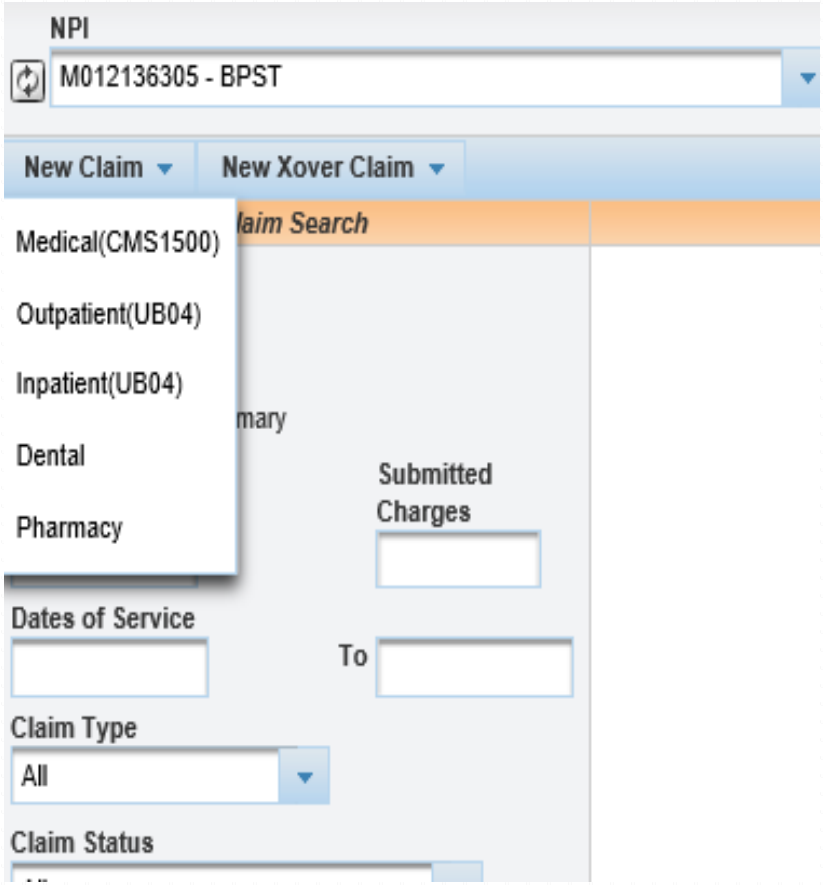
https://www.emomed.com

eMOMED – Electronic Billing

https://www.emomed.com

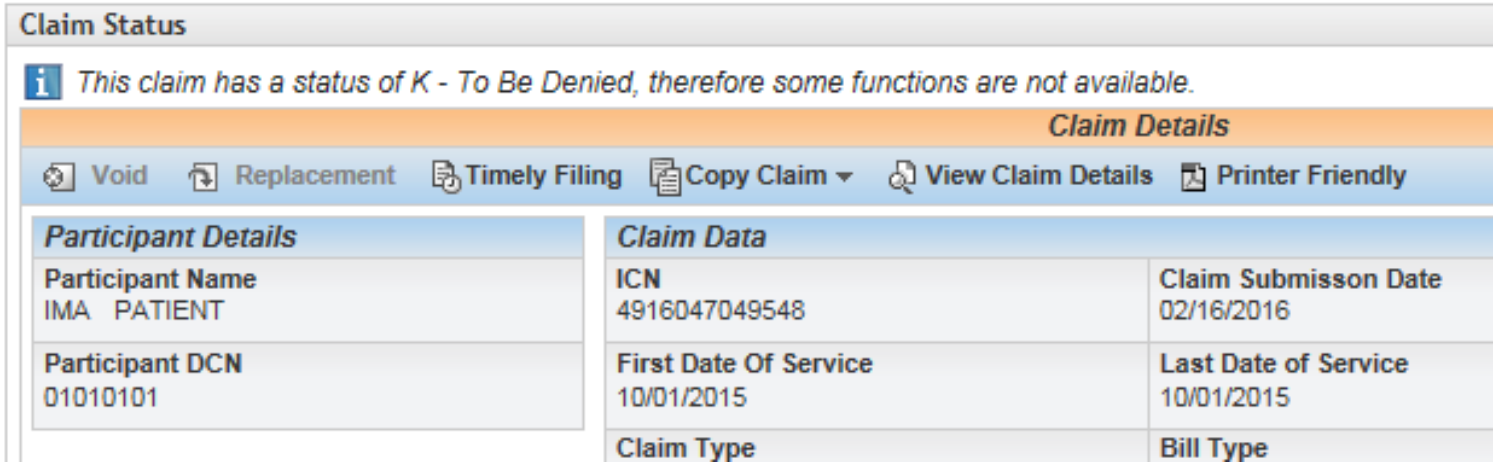
Claim Management

- New Claim - See Section 15 of the Provider Manual for appropriate claim form
- New Crossover Claim
- Search Claim
  - ICN Search
  - Advanced



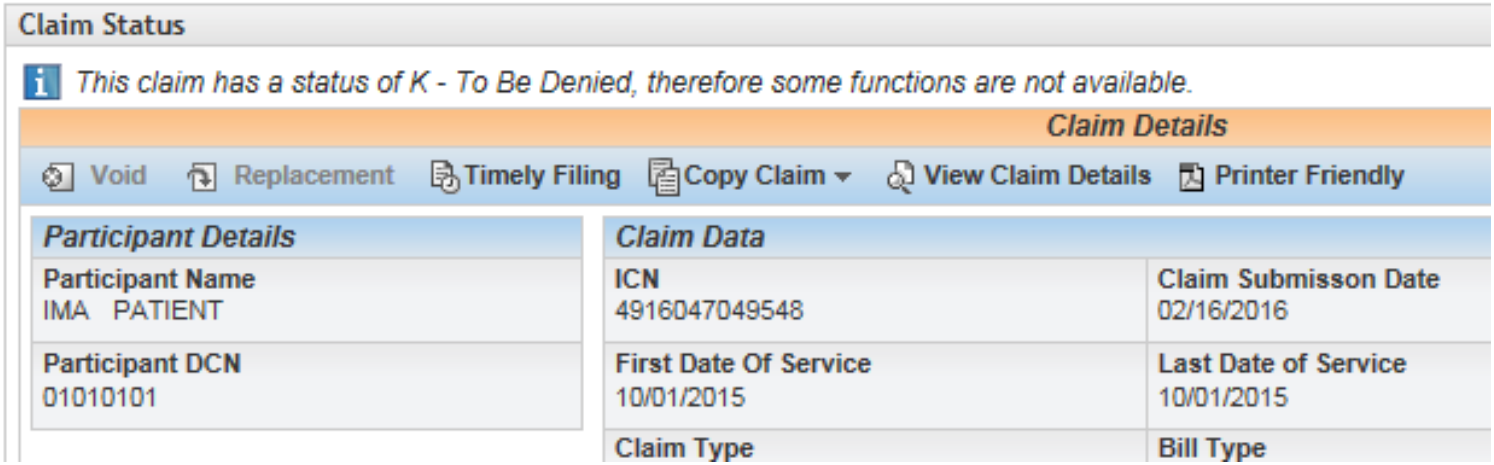
http://manuals.momed.com/manuals/
https://www.emomed.com

Adjusting Paid Claims



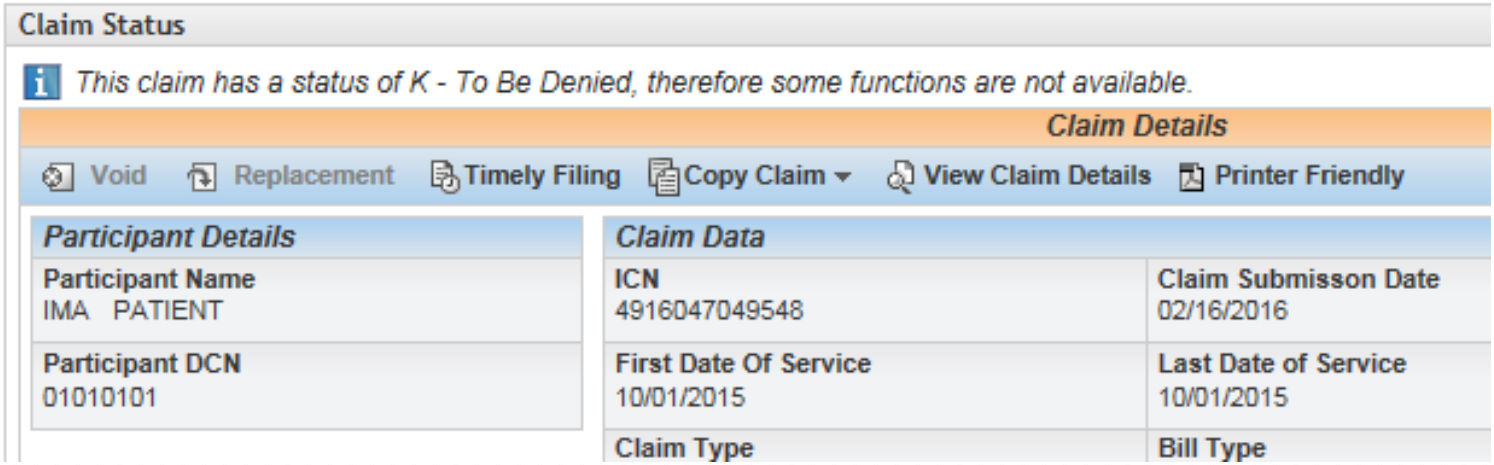
- **Void** – The void function should only be used if the provider never intended to submit the claim or if a MO HealthNet representative advised the provider to void the claim.
- **Replacement** – The replacement function allows the provider to adjust a paid claim.

Adjusting Denied Claims



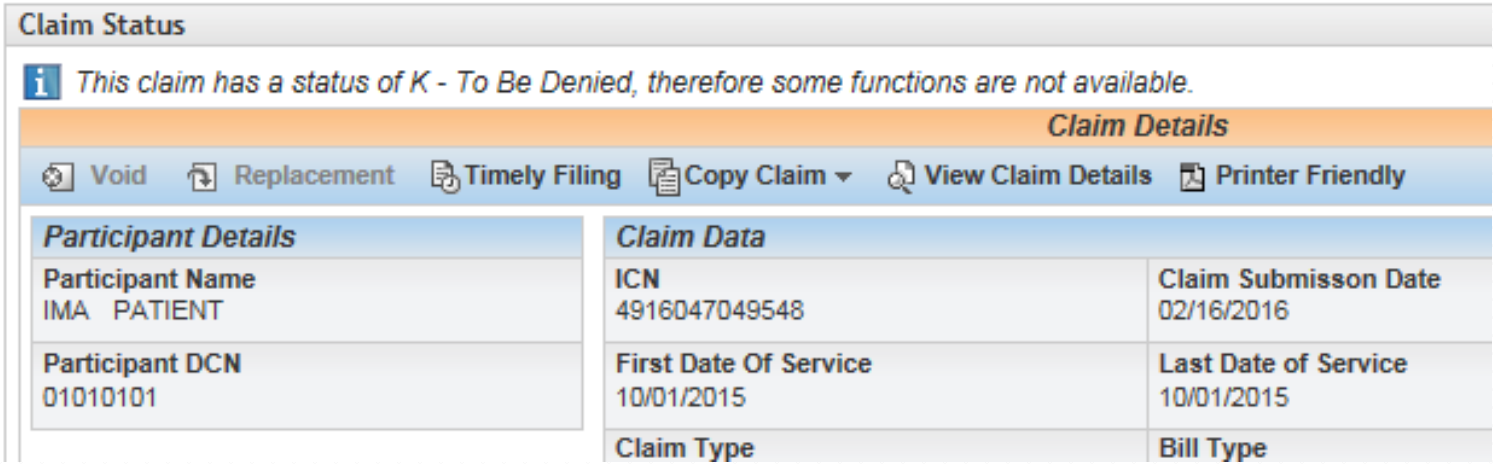
- **Timely Filing** – The Timely Filing function allows the provider to adjust a denied claim up to 24 months from the date of service (DOS). The initial claim must be submitted within 12 months of the DOS.

Adjusting Denied Claims



- **Timely Filing** – The Timely Filing function allows a provider to adjust a denied claim up to 24 months from the DOS. The initial claim must be submitted within 12 months of the DOS.

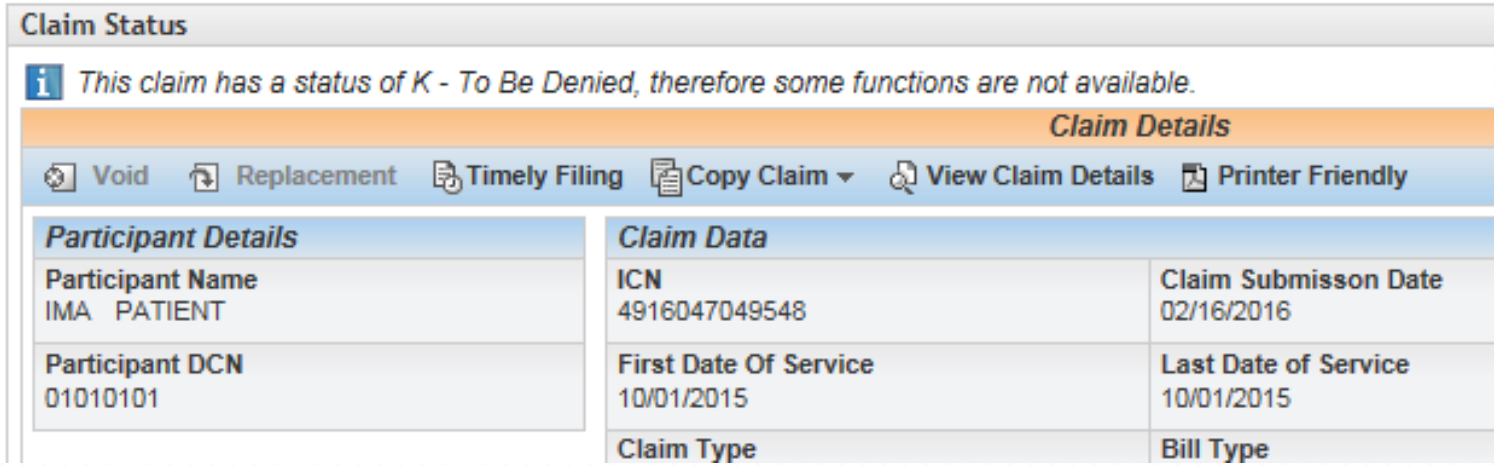
Adjusting Denied Claims



- **Copy Claim Original** – This function allows the provider to adjust every field on the claim except the claim form or the billing National Provider Identifier (NPI).
- **Copy Claim Advanced** – This function allows the provider to adjust the claim form and billing NPI.

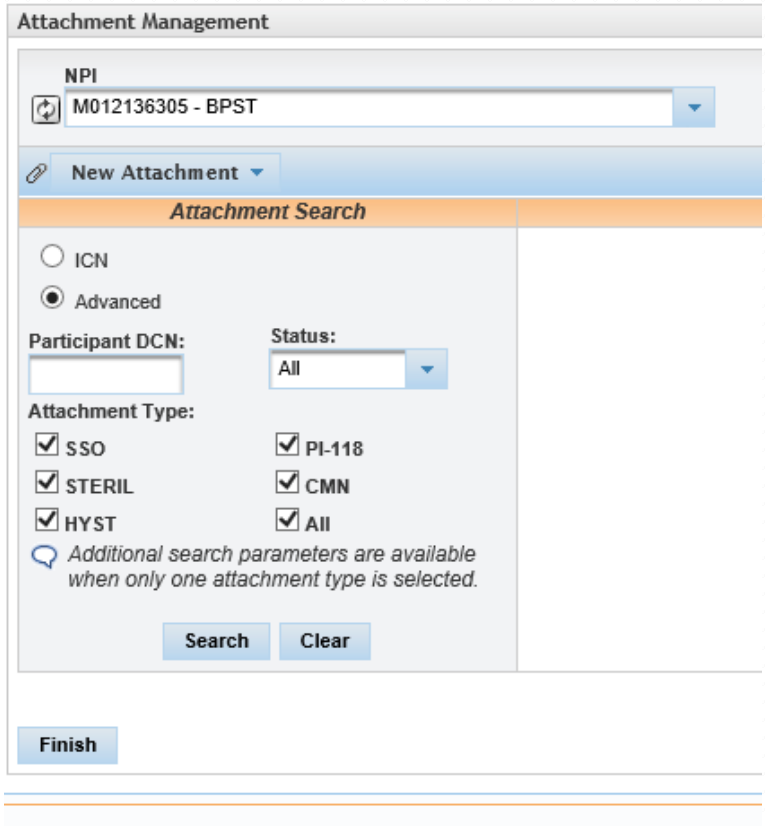
https://www.emomed.com

Claim Overview



- **Printer Friendly** – This function provides a detailed print out of claim submission.

Attachment Management

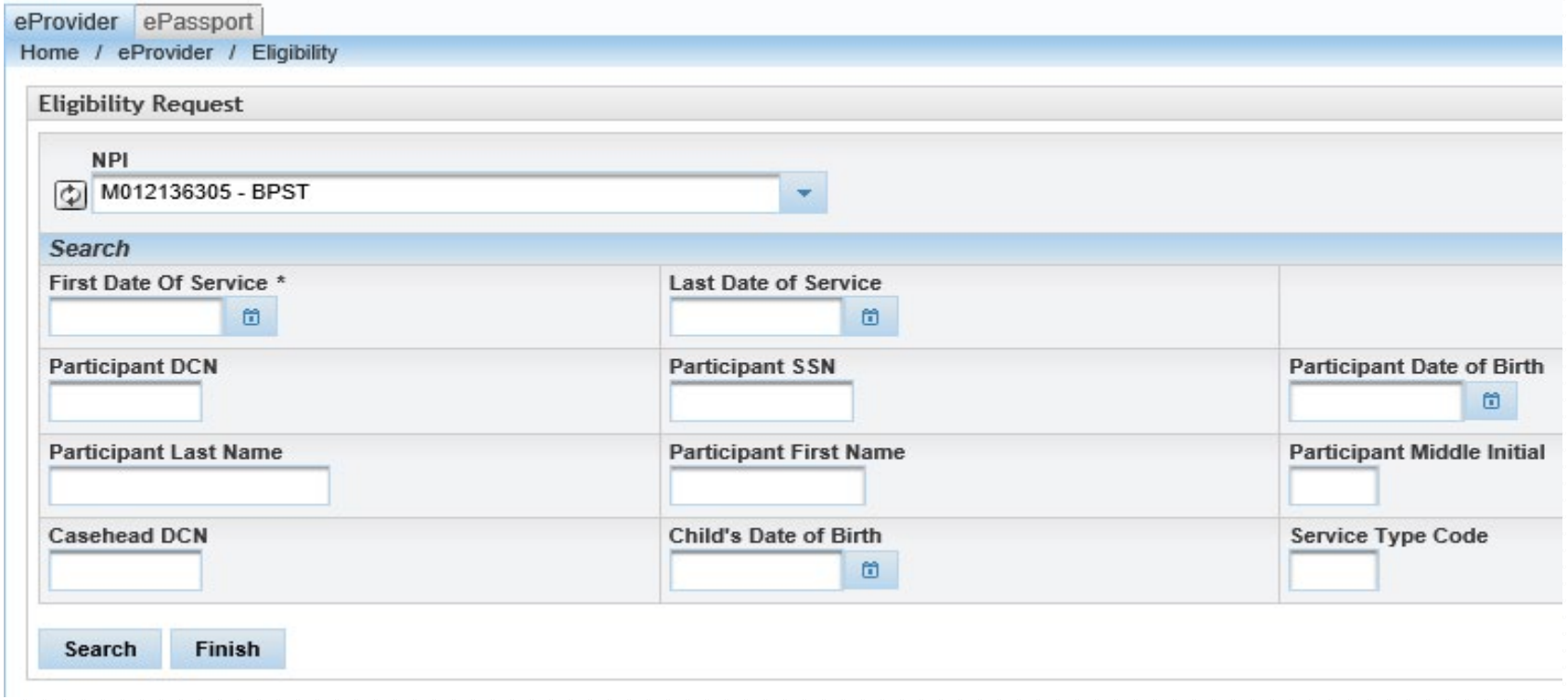


Providers can submit and check the status of the following forms:

- SSO
- STERIL
- HYST
- Medical Referral Form of Restricted Participants (PI-118)
- Certificate of Medical Necessity (CMN)

https://www.emomed.com

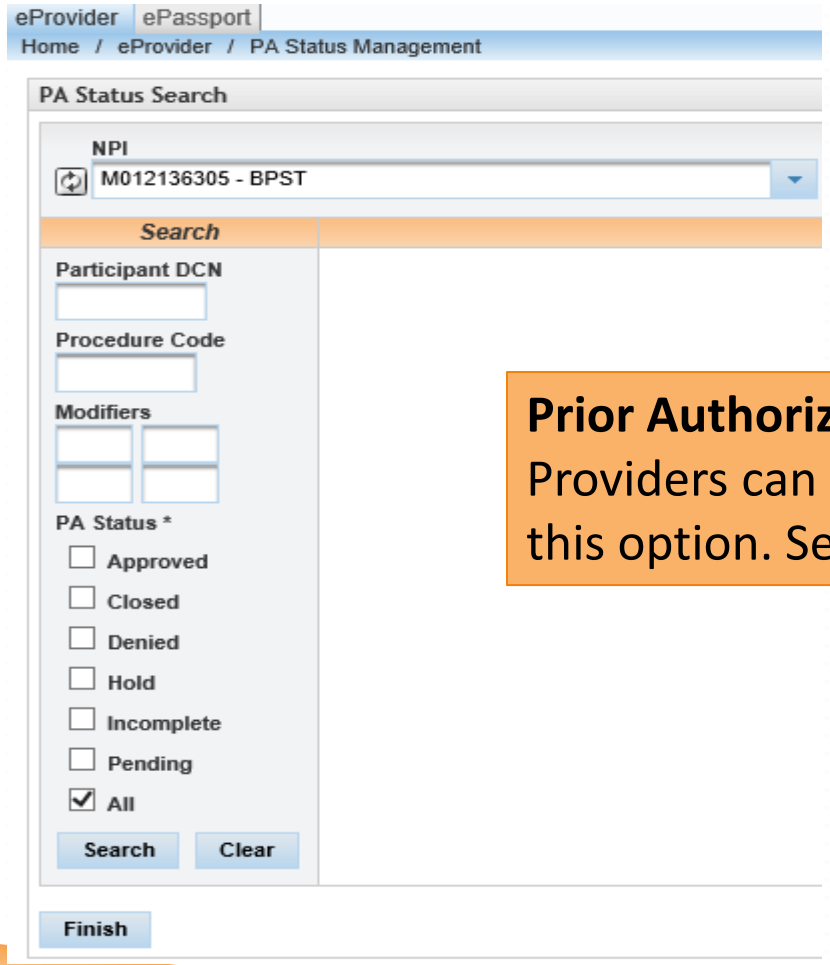
Participant Eligibility



Participant Eligibility: Enter the participant's DCN and the Date of Service (DOS). DOS should be a current or past date.

https://www.emomed.com

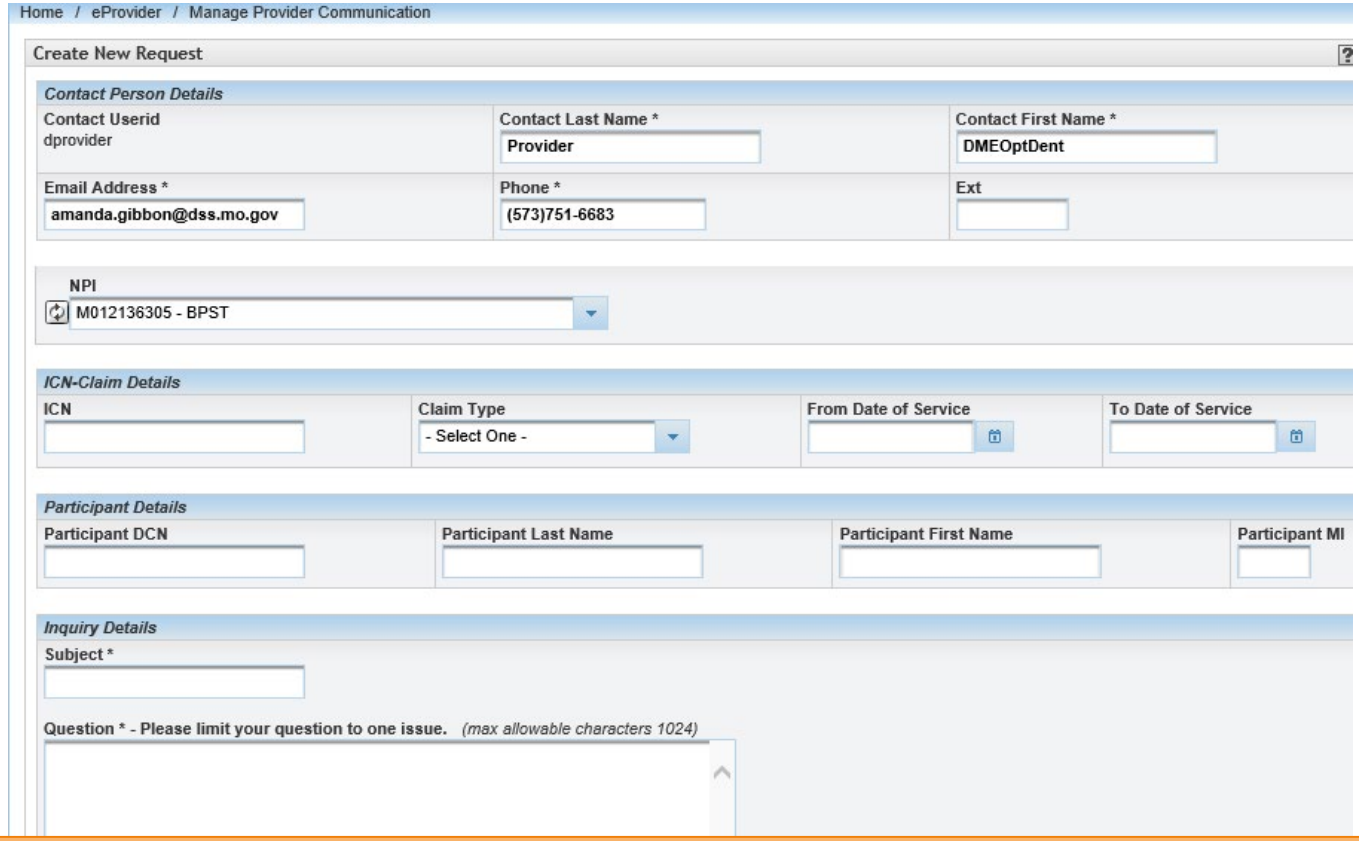
Prior Authorization Status



Prior Authorization (PA) Status:
Providers can check the status of a PA using this option. Search by DCN.

https://www.emomed.com

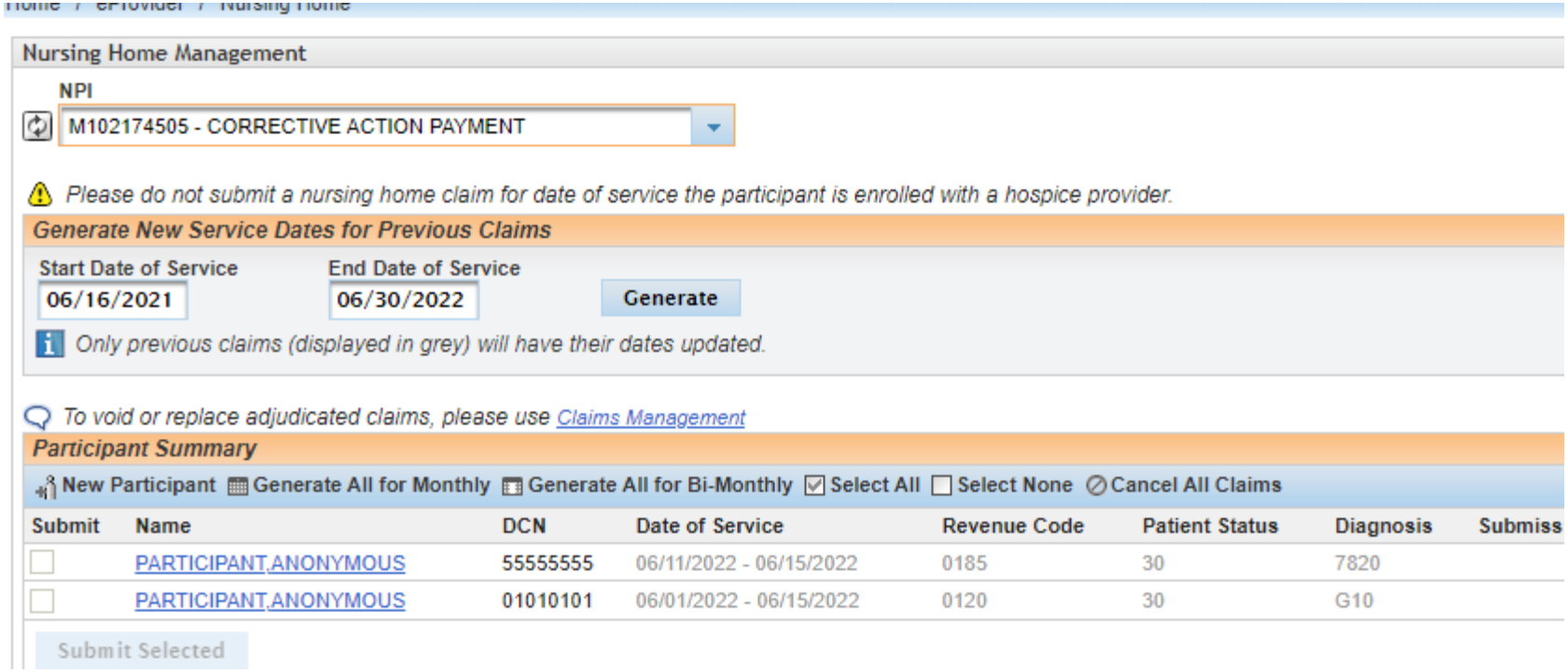
Provider Communications Management



Provider Communication Management Portal in eMOMED: Direct message to Provider Communications who answers questions re: claims and eligibility issues. They will respond within 48 hours. Providers can also contact Provider Communications at (573)751-2896.

https://www.emomed.com

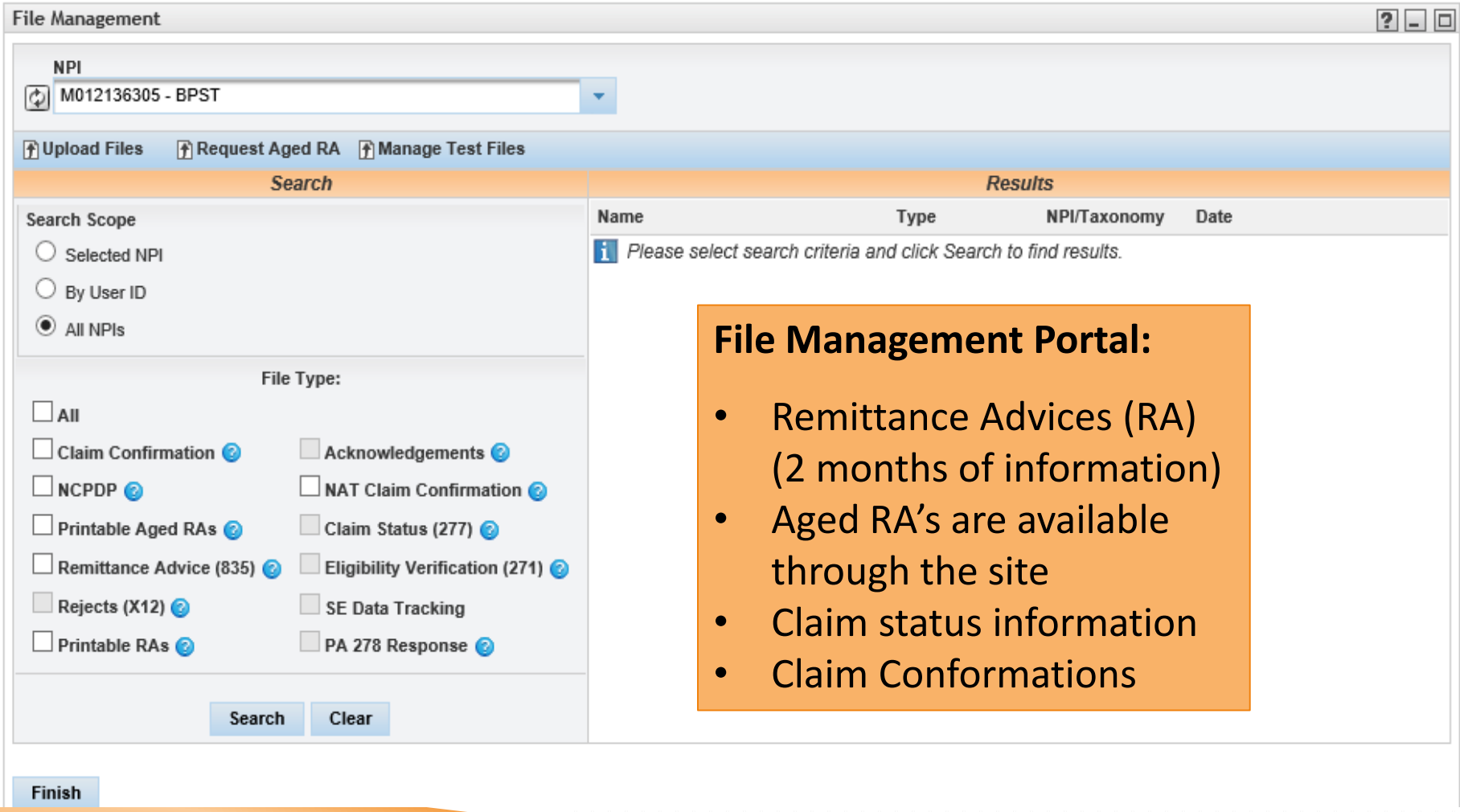
Nursing Home Management



Nursing Home Management: Providers can enter Nursing Home room and board through this function.

https://www.emomed.com

File Management

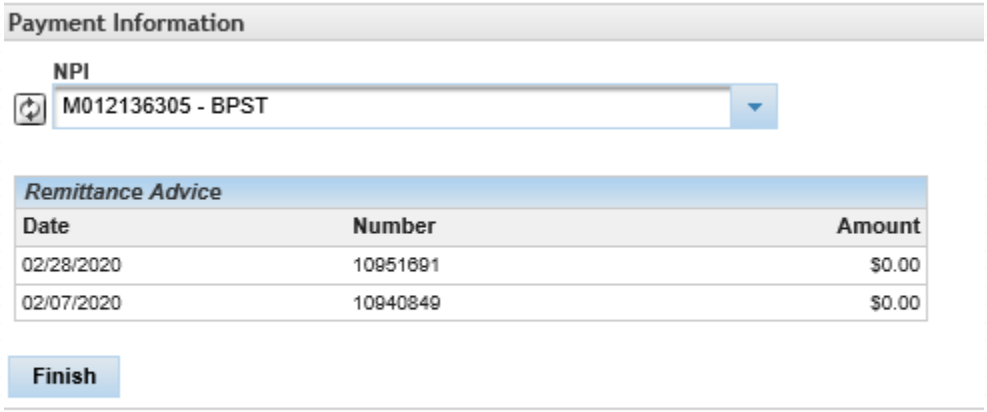


File Management Portal:

- Remittance Advices (RA) (2 months of information)
- Aged RA's are available through the site
- Claim status information
- Claim Conformations

https://www.emomed.com

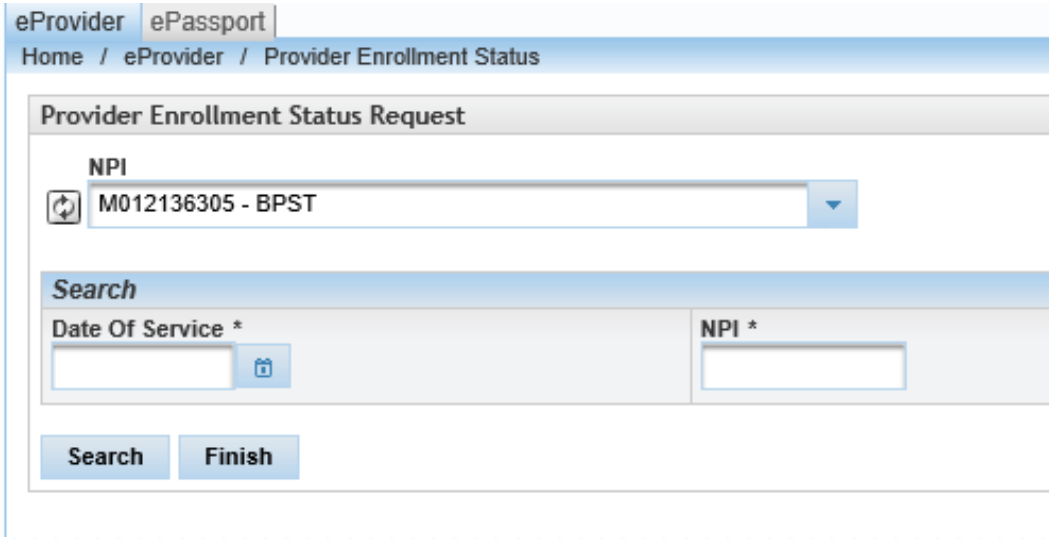
Payment Information



Direct Deposit information for last two billing cycles.

https://www.emomed.com

Provider Enrollment Status



Provider Enrollment information

Remember Ordering/Prescribing/Performing provider must be enrolled.

https://www.emomed.com

Missouri Department of SOCIAL SERVICES

MoHealth Net

Resources

Resources and Contact Information

eMOMED Technical Help Desk **(573) 635-3559** **internethelpdesk@momed.com** Technical Support and assistance for issues with eMOMED Establish required electronic claims and RA formats, network communications, HIPAA trading partner agreements	**Provider Communications Unit** **(573) 751-2896** **PO Box 5500, Jefferson City MO 65102** Provider's initial contact for inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition and participant eligibility questions and verification
Pharmacy & Medical Pre-Certification Help Desk **(800) 392-8030** Pharmacy Clinical Authorizations, edit overrides, medical Pre-Certifications (outpatient, diagnostic, non-emergency MRI, MRA, CT, CTA, PET scans and cardiac imaging) Pre-Certification for certain radiological procedures listed at: https://portal.healthhelp.com/mohealthnet	**Clinical Services** **(573) 751-6963** **MHD.Clinical.Services@dss.mo.gov** Policy development, benefit design, coverage decisions, provider and program policy inquiries
MHD Education & Training **(573) 751-6683** **MHD.ProvTrain@dss.mo.gov** Inquiries regarding education and training for providers and participants	**MHD Services & Programs** **Ask.MHD@dss.mo.gov** All other inquiries regarding programs and policies. Provide NPI, name and contact information and complete details regarding inquiry.
Participant Resources **www.mydss.mo.gov** **(855) 373-9994** Questions regarding MHD eligibility benefits and application process	**Family Support Division Info Center** **(855) FSD-INFO (600-4412)**

CyberAccess

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

CyberAccess helpful Tips:
http://dss.mo.gov/cd/info/forms/reference/cyberaccess-helpful-tips.pdf

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

Provider Enrollment

- Located within the MO Medicaid Audit & 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)

- Email: **mmac.providerenrollment@dss.mo.gov**

- Send written inquiries to:

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

Contacting Education & Training

- Requests for provider training may be directed to the Education and Training representatives by calling (573) 751-6683 or by email: **mhd.provtrain@dss.mo.gov**.
- Education and Training representatives offer training and education on billing and procedures for **fee-for-service** MO HealthNet claims.
- The request should include the Provider's Name, National Provider Identifier (NPI), the reason for the request and the type of training needed.
- 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 or on eMOMED.

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

Contacting Education & Training

Amanda Fahrendorf (Lead)	Jackie Bollinger	Daniel Rush
Ambulance **Dental** **Hearing Aid/Audiology** **Hospice** **Non-Emergency Transportation (NEMT)** **Skilled Nursing Facility** • *Nurse Assistant Training* **Lead Education & Training Representative -** Oversees the training resources for all programs, creates and presents additional trainings, handles special assignments related to Education and Training and serves as the expert for any complicated Medicaid inquiries referred to the Education and Training Unit.	**Ambulatory Surgical Center** **Biopsychosocial Treatment of Obesity** **Chiropractic** **Complementary and Alternative Therapies for Chronic Pain** **Diabetes Prevention Program** **Environmental Lead Assessment** **Hospital (Inpatient/Outpatient)** • *Certified Registered Nurse* **Physicians (Program)** • *Nurse Practitioner* • *Diabetes Self-Management Training* • *Federally Qualified Health Center (FQHC)* • *Podiatry* • *Local Public Health Agency* • *Case Management* • *Independent Laboratory Services* • *Independent Radiology Services* • *Anesthetists (CRNA Services)* • *EPSDT/HCY Screenings* • *Vaccines for Children VFC* **Nurse Midwife** **Rural Health Clinic (RHC)** **Transplant**	**Behavioral Health Services** • *Applied Behavior Analysis (ABA)* **Comprehensive Day Rehab** **Department of Health & Senior Services (DHSS)/ Division of Senior Disability Service (DSDS)** • *Aids Waiver* • *Adult Day Care Waiver* • *Aged and Disabled Waiver* • *Medically Fragile Adult Waiver* **Department of Mental Health** • *CSTAR* • *CPR* • *Youth Targeted Case Management* **Division of Developmental Disabilities – DD Waiver** **Durable Medical Equipment (DME)** **Home Health** **Optical** **Personal Care** • *Consumer Directed Services* **Private Duty Nursing** **Rehabilitation Centers** **School Based IEP Services** **Therapy** • *Speech* • *Occupational* • *Physical*
Julie Pace & Kathy Simmons **Managed Care Liaisons – MHD.MCCommunications@dss.mo.gov** home state health. HealthyBlue UnitedHealthcare Show Me Healthy Kids		

Updated August 2022

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

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