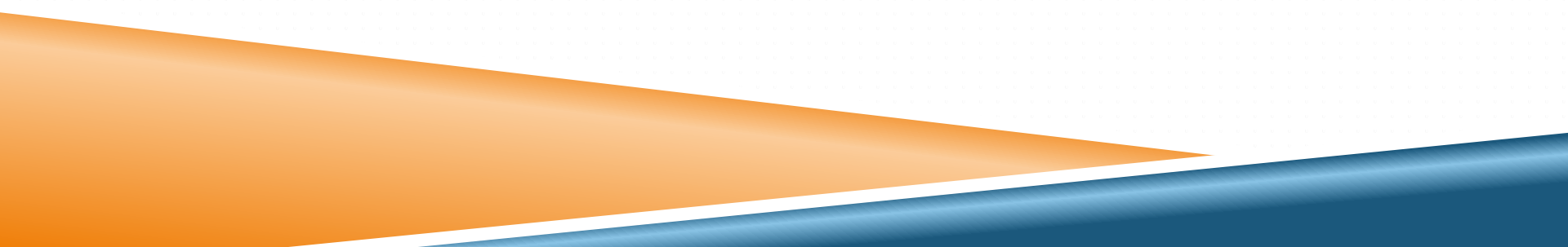


MO HealthNet

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

MoHealthNet eMOMED Contact Troubleshooting

MoHealthNet

eMOMED / Login

External Links

- State of Missouri Web site
- Department of Social Services
- MO HealthNet Division
 - Provider Information
 - Provider Enrollment Application
 - Participant Information

Public News

eNews

07/17/2019
eMOMED Training and Assistance Utilities

03/24/2015
Requesting & Accepting NPI Access

Welcome

Alerts (2) - Click to hide

Provider Education Representatives provide interactive web based trainings for providers. Register today for a Webinar <https://dss.mo.gov/mhd/providers/education/>

Need help registering? [Click here to watch the video](#)

Welcome to the New MO HealthNet Web Portal

The complete source for all MO HealthNet Participant and Provider related services.

Find everything you need from one convenient portal!

ERA Enrollment

Provider Sign up for Electronic Remittance Advice (ERA) [Click Here!](#)

Login

ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.

User ID Password

Login

If you are having trouble logging in, [Click Here!](#)
Not registered? [Register Now!](#)

WARNING! THIS SYSTEM CONTAINS GOVERNMENT INFORMATION. BY ACCESSING AND USING THIS COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES.

eMOMED | Contact | Troubleshooting

Missouri Department of SOCIAL SERVICES

<https://www.emomed.com>

eMOMED Path to Resources

The screenshot displays the eMOMED website interface. At the top, there is a navigation bar with links: Home, Contact, Search Center, and Troubleshooting. Below this is a banner image featuring a group of healthcare professionals and the MoHealthNet logo. The main content area is divided into several sections. On the left, there is a sidebar with 'External Links' and 'eProvider News'. The 'External Links' section includes a link to 'Provider Information'. An orange arrow points from this link to the 'Provider Information' link in the main content area. The main content area is titled 'eProvider Welcome' and features a grid of links for various services, including 'Claim Management', 'Attachment Management', 'Participant Eligibility', 'Prior Authorization Status', 'Provider Communications Management', 'Participant Annual Review Date', 'Nursing Home Management', 'File Management', 'Payment Information', 'Available Surveys', and 'Provider Enrollment Status'. The bottom of the page includes a footer with navigation links and the Missouri Department of Social Services logo.

MoHealthNet

Home Contact Search Center Troubleshooting

MoHealthNet

eProvider ePassport Welcome, Daina Log Out

Home / eProvider

Quick link to the Provider Information Page: Provider Information

External Links

- State of Missouri Web site
- Department of Social Services
- MO HealthNet Division
 - Provider Information
 - Provider Enrollment
 - Participant Information

eProvider News

eNews

03/25/2015
Removing a User's Access to an NPI

03/24/2015
Requesting & Allowing NPI Access

03/24/2015
eMOMED Training and Assistance Utilities

eProvider Welcome

Claim Management
Submit new claims. View claim status. Void/Replace existing claims.

Attachment Management
Submit new stand-alone attachments. View attachment status.

Participant Eligibility
Verify participant eligibility.

Prior Authorization Status
Check the prior authorization status for participants.

Provider Communications Management
Send Your Inquiries...

Participant Annual Review Date
View participant annual review dates.

Nursing Home Management
Manage participants. Submit nursing home claims.

File Management
Send and receive batch files. Print/View/Download Remittance Advice.

Payment Information
View the payment information for the two most recent payments.

Available Surveys

Provider Enrollment Status
Verify Provider Eligibility.

Home | Contact | Search Center | Troubleshooting

Missouri Department of SOCIAL SERVICES

Provider Information Page

Missouri Department of
SOCIAL SERVICES

MD.gov Gov. Eric Greitens Find an Agency Online Services Search

Follow Us Like Us YouTube RSS

Home Children Families Health Care Youth Find Offices

Information for Providers

home » mo healthnet division » providers

Missouri's Medicaid program is called MO HealthNet. MO HealthNet covers qualified medical expenses for individuals who meet certain eligibility requirements. Depending on the type of coverage they qualify for, participants will get their services through the MO HealthNet Managed Care Program or the MO HealthNet Fee-For-Service Program. Providers may choose to enroll with one or both of these programs:

- Fee-For-Service** – Fee-For-Service Providers must be enrolled in the MO HealthNet program to provide medical services. Those who participate in the MO HealthNet Program agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants.
- Managed Care** – Providers who would like to offer services through the MO HealthNet Managed Care Program should contract with a MO HealthNet Managed Care health plan directly. Services are provided in accordance with the terms and conditions of the contract between MO HealthNet and the MO HealthNet Managed Care health plans. Participants enrolled in MO HealthNet Managed Care get their services through the health plan's provider network. The health plan network may include providers not enrolled in the Fee-For-Service Program.

?

Frequently Asked Questions

Choose your category

Please choose a program below for more information about the program you are enrolled with, or the program you would like to enroll with, based on the patients you serve.

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
- Uninsured Women
- Families

MO HealthNet Division

Who Is Covered

Managed Care Program

Fee-For-Service Program

Waiver Programs

Clinical Services

Information for Providers

General Information

MO HealthNet Division Home

Message for Providers

Email Updates

Click to sign up for MO HealthNet News.

Subscription Type

Email

Email Address

Submit

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



home state health.

1-855-694-HOME (4663)

Email

Home State Health website [↗](#)



HealthyBlue

833-388-1407

Healthy Blue website [↗](#)



UnitedHealthcare®

1-866-292-0359

- **Provider Relations email**
- **Network Mgmt email**



1-877-236-1020

Email

Show Me Healthy Kids [↗](#)

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 01/08/21
- [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 program, 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 Address

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

Email Updates

Click to sign up for MO HealthNet News.

Subscription Type

Email

Email Address

Submit

Featured Links

[MO HealthNet News Archives](#)

[Calendar of Events](#)

<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

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

**State of Missouri
MO HealthNet Manuals**

Your complete source for all MO HealthNet related services and support for the State of MO
Find everything you need - all from one convenient portal.

To learn more about the functions and features of the Provider Manuals website, [CLICK HERE](#)

HOME RESOURCE CENTER FORMS QUICK LINKS ABOUT WIPRO INFOCROSSING

AIDS Waiver
Adult Day Care Waiver
Adult Day Health Care - Note: This program ended June 30, 2013
Aged and Disabled Waiver
Ambulance
Ambulatory Surgical Center
Behavioral Health Adult Targeted Case Management
Behavioral Health Services
CSTAR
Community Psych Rehab Program
Comprehensive Day Rehab
DD Waiver Manual
Dental
Durable Medical Equipment
Environmental Lead Assessment
Hearing Aid
Home Health
Hospice
Hospital

Medically Fragile Adult Waiver
Nurse Midwife
Nursing Home
Optical
Personal Care
Pharmacy
Physician
Private Duty Nursing
Rehabilitation Centers
Rural Health Clinic Independent
Rural Health Clinic Provider-Based
School District Administration Claiming
School District Administrative Claiming Manual - Effective April 1, 2015
Therapy
Transplant
Youth Targeted Case Management

<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
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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	24

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

- 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

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

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

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

CyberAccess

Protect your patients by following a few simple rules

Log In
User Name:
Password:
[Forget Your Password?](#)

- 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.

NOTE: Any unauthorized use or access to the pages, or the computer systems on which the pages and information to be displayed reside, is strictly prohibited and may be a criminal violation. Your use of this Web site is governed by and conditioned on your acceptance of the terms of use referenced herein and such other terms and conditions as may be contained in this Web site. Your use of this Web site constitutes your agreement to the terms of use and all such additional terms and conditions.

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Version: 10.7 **For technical support with CyberAccess please call 1-888-581-9797** [FREQUENTLY ASKED QUESTIONS](#) [SYSTEM REQUIREMENTS](#) [CYBERACCESS FLYER](#)

<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-edl.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](#)

MHD Fee Schedule

Professional and Technical Component

Independent Lab - Professional Component

Independent Lab - Technical Component

Medical Services

Nurse/Midwife

Optical Services

Other Medical

Other Services

Podiatry

Radiology - Professional and Technical Component X-Ray / Nuclear Medicine / EEG / EKG

Radiology - Professional Component X-Ray / Nuclear Medicine / EEG / EKG

Radiology - Technical Component X-Ray / Nuclear Medicine / EEG / EKG

Rehabilitation Center

Surgery - Assistant Surgery

Surgery - Postoperative Services

Surgery - Without Postoperative Services

Surgery and Epidurals

Search Options

Search For

Proc Code ☒ Modifier ☐

99211 Go

MHD Price File Key

Modifier Information

General Fee Schedule Information

Fee Schedule Search

Medical Services









ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
99211						3	07/01/2019	0.00	\$15.31	1
99211	EP					3	07/01/2019	0.00	\$17.28	1
99211	GE					3	07/01/2019	0.00	\$14.78	1
99211	GE	EP				3	07/01/2019	0.00	\$17.28	1
99211	GT					3	07/01/2019	0.00	\$14.78	1
99211	GT	EP				3	07/01/2019	0.00	\$17.65	1
99211	X4		J			3	07/01/2019	0.00	\$13.55	1
99211	YG					9	10/16/2003	0.00	\$0.00	1

Note: Should you have landed here as a result of a search engine or other link, be advised that these files contain material that is copyrighted by the American Medical Association. You are forbidden to download the materials unless you read, agree to and abide by the provisions of the copyright statement.

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

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 









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_Physical_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 Beneficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No
Notes: *Children under 21 years of age and participants in category 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.



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)

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, email them to **MHD.PROVTRAIN@dss.mo.gov** and include the name and date of the webinar you are attending.

Provider Training Calendar

- 4th Quarter Provider Trainings by Program

To cancel: If you have scheduled a training session and are unable to participate, contact Education and Training by emailing **MHD.ProvTrain@dss.mo.gov** or by calling 573-751-5683.

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

MO HealthNet Provider Trainings

[home](#) » [mo healthnet division](#) » [providers](#) » [training](#)

MO HealthNet Provider Training

Today   **October 2022**   [Print](#) [Week](#) [Month](#) [Agenda](#) 

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	Oct 1
2	3	4 9am Ambulance 9am Inpatient/Outp 1pm Applied Behav	5 9am Medical Clinics	6	7	8
9	10	11 9am Dental	12 9am Telemedicine	13	14	15
16	17	18 1pm Behavioral He	19	20	21	22
23	24	25				
30	31	Nov 1	12 12pm			

Visit our Provider Training Calendar for upcoming trainings and to register.

<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](#)

Determining Eligibility PowerPoint

Step-by-Step explanation of eMOMED eligibility screen

Eligibility / Benefit Information 1 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 Information 2 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	11	34 - Month		MC - MO HealthNet	291		04/12/2018 04/12/2018
	35 - Dental Care							
	47 - Hospital							
	48 - Hospital - Inpatient							
	50 - Hospital - Outpatient							
	86 - Emergency Services							

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>

Resources

Resources and Contact Information

<p>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</p>	<p>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</p>
<p>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</p>	<p>Clinical Services (573) 751-6963 MHD.Clinical.Services@dss.mo.gov Policy development, benefit design, coverage decisions, provider and program policy inquiries</p>
<p>MHD Education & Training (573) 751-6683 MHD.ProvTrain@dss.mo.gov Inquiries regarding education and training for providers and participants</p>	<p>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.</p>
<p>Participant Resources www.mydss.mo.gov (855) 373-9994 Questions regarding MHD eligibility benefits and application process</p>	<p>Family Support Division Info Center (855) FSD-INFO (600-4412)</p>

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](#).

Contacting Education & Training

Amanda Fahrendorf (Lead)	Jackie Bollinger	Daniel Rush
Ambulance Dental Hearing Aid/Audiology Hospice Non-Emergency Transportation (NEMT) Skilled Nursing Facility <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Certified Registered Nurse Physicians (Program) <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Applied Behavior Analysis (ABA) Comprehensive Day Rehab Department of Health & Senior Services (DHSS)/ Division of Senior Disability Service (DSDS) <ul style="list-style-type: none"> Aids Waiver Adult Day Care Waiver Aged and Disabled Waiver Medically Fragile Adult Waiver Department of Mental Health <ul style="list-style-type: none"> CSTAR CPR Youth Targeted Case Management Division of Developmental Disabilities – DD Waiver Durable Medical Equipment (DME) Home Health Optical Personal Care <ul style="list-style-type: none"> Consumer Directed Services Private Duty Nursing Rehabilitation Centers School Based IEP Services Therapy <ul style="list-style-type: none"> 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>

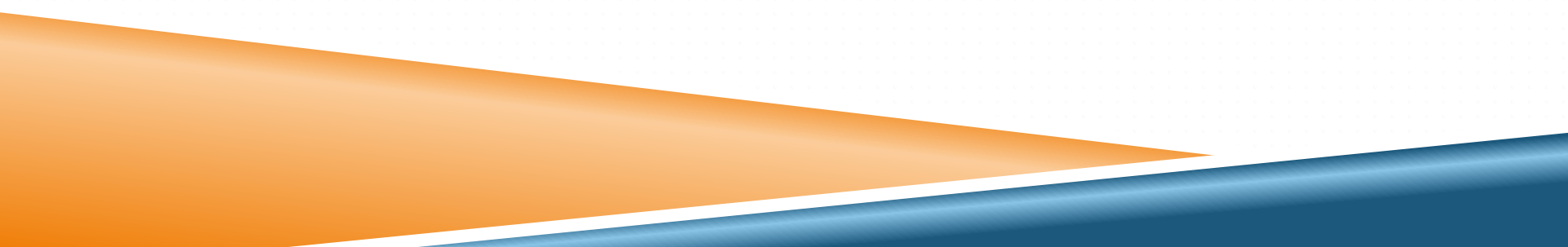


MO HealthNet

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

Managed Care

Managed Care participants include:

- Children
- Pregnant Women & Newborns
- Families

Most Adult Expansion Group participants will be in Managed Care.

Managed Care Plans



Email

[Home State Health website](#) 



833-388-1407

Healthy Blue website 



1-866-292-0359

- **Provider Relations email**
- **Network Mgmt email**



1-877-236-1020

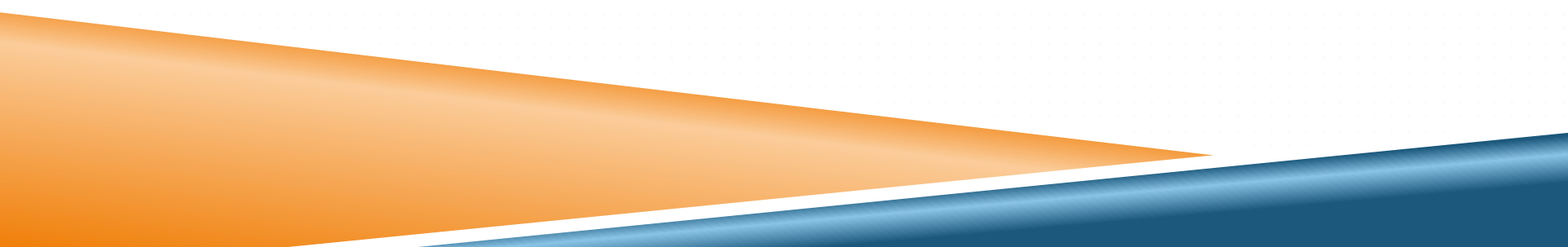
Email

[Show Me Healthy Kids](#)

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

Fee-For-Service

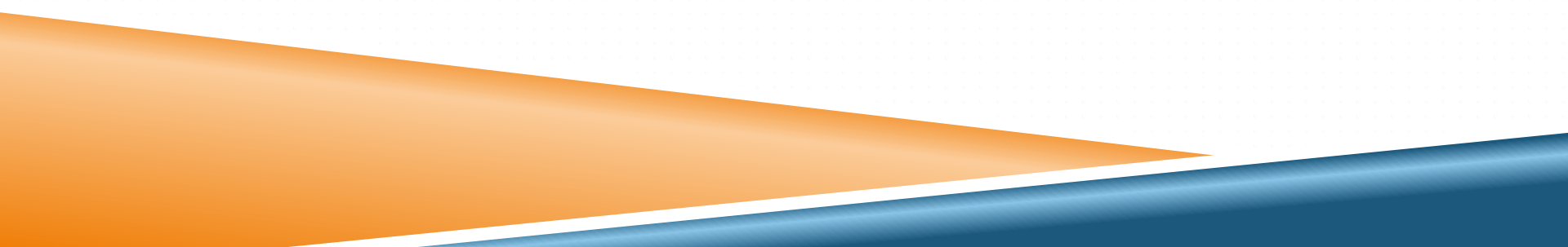
Fee-For-Service participants include:

- 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

eMOMEDContactTroubleshooting



eMOMED / Login

External Links

[State of Missouri Web site](#)
[Department of Social Services](#)
[MO HealthNet Division](#)

- [Provider Information](#)
- [Provider Enrollment Application](#)
- [Participant Information](#)

Public News


04/20/2020
Provider Revalidation Fax Update
07/17/2019
eMOMED Training and Assistance Utilities
01/22/2016
Inbound Trading Partner Agreement

Welcome

! Alerts (2) - Click to hide
Provider Education Representatives provide interactive web based trainings for providers. Register today for a Webinar
<https://dss.mo.gov/mhd/providers/education/>
Need help registering? [Click here to watch the video](#)

Welcome to the New MO HealthNet Web Portal


The complete source for all MO HealthNet Participant and Provider related services.

Find everything you need from one convenient portal!

Login


! ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.
User IDPassword

If you are having trouble logging in, [Click Here!](#)
Not registered? [Register Now!](#)











WARNING! THIS SYSTEM CONTAINS GOVERNMENT INFORMATION. BY ACCESSING AND USING THIS COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES.

<https://www.emomed.com>

Participant Eligibility

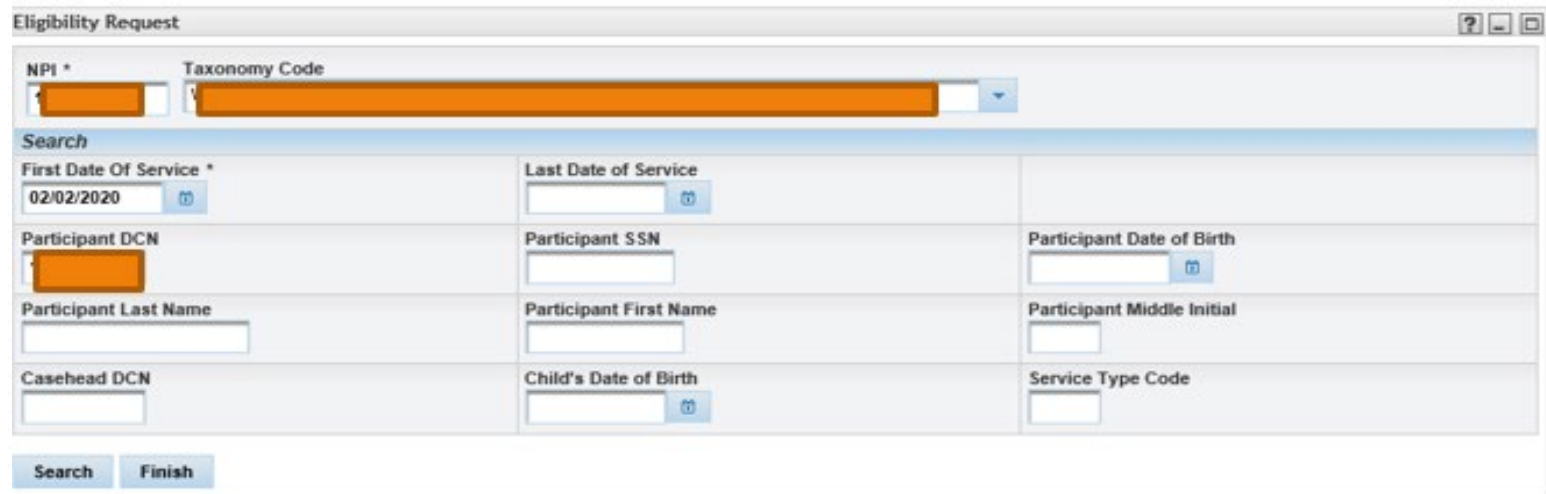


Welcome to eProvider

	Claim Management Submit new claims. View claim status. Void/Replace existing claims.		Nursing Home Management Manage participants. Submit nursing home claims.
	Attachment Management Submit new stand-alone attachments. View attachment status.		File Management Send and receive batch files. Print/View/Download Remittance Advice.
	Participant Eligibility Verify participant eligibility.		Payment Information View the payment information for the two most recent payments.
	Prior Authorization Status Check the prior authorization status for participants.		Available Surveys
	Provider Communications Management Send Your Inquiries...		Provider Enrollment Status Verify Provider Eligibility.

Click on Participant Eligibility

Eligibility Request



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

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

Search Finish

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.

eProvider ePassport eMMIS MMIS Apps Home / eProvider / Eligibility Welcome, AJANDA Log Out

Eligibility Response

NPI [Redacted]

Submitted information

First Date Of Service		
09/01/2020		
Participant DCN		
[Redacted]		

Participant Information

Participant DCN	Participant Name	Participant Date of Birth
[Redacted]	[Redacted]	[Redacted]
Participant Address	Participant SSN	Participant Date Of Death
[Redacted]		

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 Information 3 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 Information 4 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

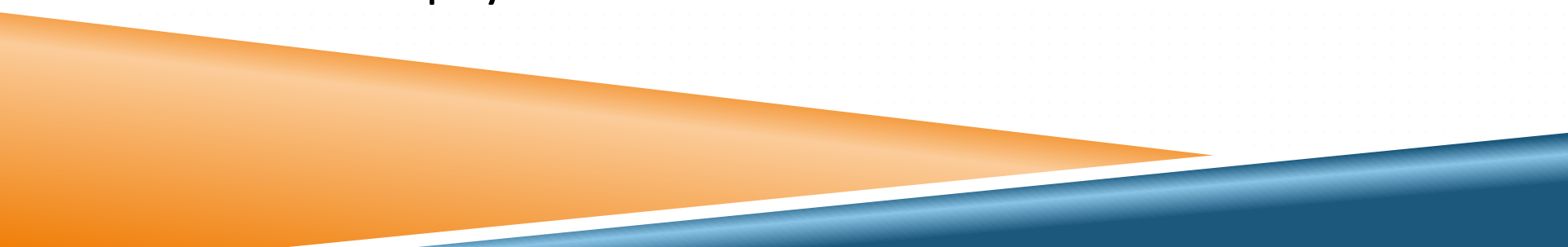
Reference Information

Confirmation Number
20320410552

[Print](#)[Finish](#)

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

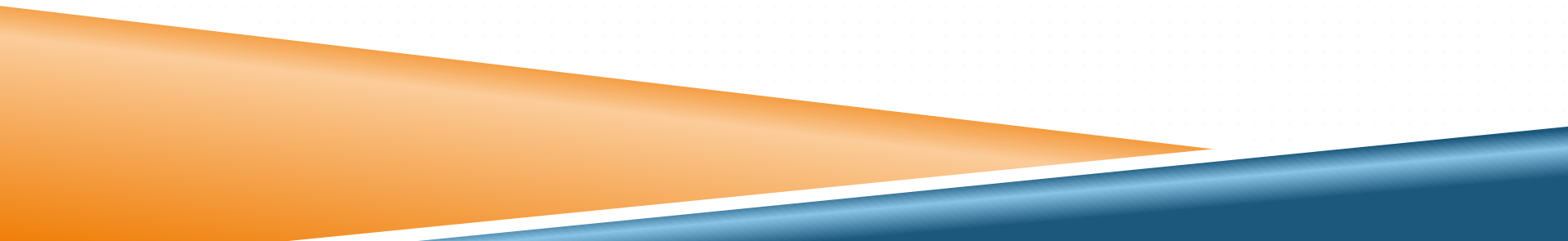
Spend Down

- 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
- Providers 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](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](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.

The screenshot shows a web application interface for an 'Eligibility Response'. At the top, there are navigation tabs: 'eProvider', 'ePassport', 'eMMIS', and 'MMIS Apps'. The user is logged in as 'AMANDA' and can click 'Log Out'. The breadcrumb trail is 'Home / eProvider / Eligibility'.

The main section is titled 'Eligibility Response'. It contains the following fields:

- NPI:** A single-line text field that has been redacted with an orange box.
- Submitted Information:** A section header followed by a table.

First Date Of Service		
09/01/2020		
Participant DCN		
[Redacted]		
- Participant Information:** A section header followed by a table.

Participant DCN	Participant Name	Participant Date of Birth
[Redacted]	[Redacted]	[Redacted]
Participant Address	Participant SSN	Participant Date Of Death
[Redacted]		

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

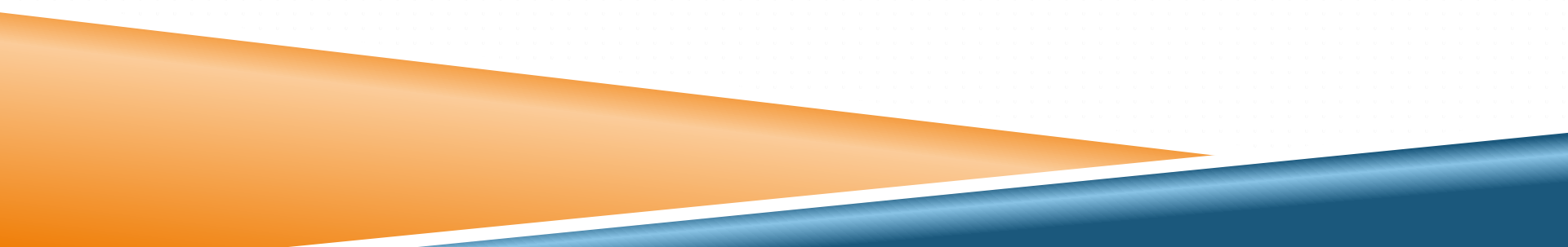
Eligibility / Benefit Information2 of 7

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

Eligibility / Benefit Information3 of 7

- 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.

The screenshot displays a web application interface for an eProvider. At the top, there are navigation tabs: eProvider, ePassport, eMMIS, and MMIS Apps. The user is logged in as AMANDA, with a 'Log Out' link. The breadcrumb trail shows 'Home / eProvider / Eligibility'. The main section is titled 'Eligibility Response'. It contains a table with two main parts: 'Submitted information' and 'Participant Information'. The 'Submitted information' table has columns for 'First Date Of Service' (09/01/2020), 'Participant DCN' (redacted), and an empty column. The 'Participant Information' table has columns for 'Participant DCN' (redacted), 'Participant Name' (redacted), 'Participant Date of Birth' (redacted), 'Participant Address' (redacted), 'Participant SSN' (redacted), and 'Participant Date Of Death' (redacted).

Submitted information		
First Date Of Service		
09/01/2020		
Participant DCN		

Participant Information		
Participant DCN	Participant Name	Participant Date of Birth
Participant Address	Participant SSN	Participant Date Of Death

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

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 Information 3 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.

The screenshot displays a web application interface for an eProvider. At the top, there are navigation tabs: 'eProvider', 'ePassport', 'eMMIS', and 'MMIS Apps'. The 'eProvider' tab is selected. On the right side of the header, it says 'Welcome, AJANDA' and has a 'Log Out' link. Below the header, the breadcrumb trail reads 'Home / eProvider / Eligibility'. The main content area is titled 'Eligibility Response' and contains several sections:

- NPI:** A field containing a redacted value.
- Submitted Information:** A table with the following data:

Field	Value
First Date Of Service	09/01/2020
Participant DCN	[Redacted]
- Participant Information:** A table with the following data:

Field	Value	Field	Value	Field	Value
Participant DCN	[Redacted]	Participant Name	[Redacted]	Participant Date of Birth	[Redacted]
Participant Address	[Redacted]	Participant SSN		Participant Date Of Death	

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

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

Example 4: Medicare Coverage

Eligibility / Benefit Information 4 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			02/02/2020 02/02/2020	

Eligibility / Benefit Information 5 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			02/02/2020 02/02/2020	

Eligibility / Benefit Information 6 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 Information 7 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.

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

Log On to eMOMED

MoHealthNet eMOMED Contact Troubleshooting



Log In

eMOMED / Login

External Links

- State of Missouri Web site
- Department of Social Services
- MO HealthNet Division
 - Provider Information
 - Provider Enrollment Application
 - Participant Information

Public News

eNews

07/17/2019
eMOMED Training and Assistance Utilities

03/24/2015
Requesting & Accepting NPI Access

Welcome

! Alerts (2) - Click to hide

Provider Education Representatives provide interactive web based trainings for providers. Register today for a Webinar <https://dss.mo.gov/mhd/providers/education/>

Need help registering? [Click here to watch the video](#)

Welcome to the New MO HealthNet Web Portal

The complete source for all MO HealthNet Participant and Provider related services.

Find everything you need from one convenient portal!

ERA Enrollment

Provider Sign up for Electronic Remittance Advice (ERA) [Click Here!](#)

Login

! ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.

User ID Password

Login

If you are having trouble logging in, [Click Here!](#)
Not registered? [Register Now!](#)

WARNING! THIS SYSTEM CONTAINS GOVERNMENT INFORMATION. BY ACCESSING AND USING THIS COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES.

eMOMED | Contact | Troubleshooting

Missouri Department of SOCIAL SERVICES

<https://www.emomed.com>

eMOMED – Electronic Billing

The screenshot displays the MoHealthNet eMOMED web application. At the top, a navigation bar includes links for Home, Contact, Search Center, and Troubleshooting, along with a search box. Below this is a banner featuring a diverse group of healthcare professionals and the MoHealthNet logo. The main content area is titled "eProvider Welcome" and lists various functions: Claim Management, Attachment Management, Participant Eligibility, Prior Authorization Status, Provider Communications Management, Participant Annual Review Date, Nursing Home Management, File Management, Payment Information, Available Surveys, and Provider Enrollment Status. A large orange arrow points to the "Claim Management" link. On the left, there are sections for "External Links" and "eProvider News". The footer contains navigation links and the Missouri Department of Social Services logo.

MoHealthNet

Home Contact Search Center Troubleshooting

MoHealthNet

eProvider ePassport Welcome, Dana Log Out

Home / eProvider

External Links

- State of Missouri Web site
- Department of Social Services
- MO HealthNet Division
 - Provider Information
 - Provider Enrollment Application
 - Participant Information

eProvider News

03/25/2015
Removing a User's Access to an NPI

03/24/2015
Requesting & Allowing NPI Access

03/24/2015
eMOMED Training and Assistance Utilities

eProvider Welcome

Welcome to eProvider

Claim Management
Submit new claims. View claim status. Void/Replace existing claims.

Attachment Management
Submit new stand-alone attachments. View attachment status.

Participant Eligibility
Verify participant eligibility.

Prior Authorization Status
Check the prior authorization status for participants.

Provider Communications Management
Send Your Inquiries...

Participant Annual Review Date
View participant annual review dates.

Nursing Home Management
Submit nursing home claims.

File Management
Send and receive batch files. Print/View/Download Remittance Advice.

Payment Information
View the payment information for the two most recent payments.

Available Surveys

Provider Enrollment Status
Verify Provider Eligibility.

Home | Contact | Search Center | Troubleshooting

Missouri Department of SOCIAL SERVICES

Claim Management

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

The screenshot displays a web-based interface for claim management. At the top, there is a field for 'NPI' with a dropdown menu showing 'M012136305 - BPST'. Below this, there are two tabs: 'New Claim' and 'New Xover Claim'. A dropdown menu is open, showing options: 'Medical(CMS1500)', 'Outpatient(UB04)', 'Inpatient(UB04)', 'Dental', and 'Pharmacy'. To the right of the dropdown, there is a 'Claim Search' section with a 'Submitted Charges' field and a 'To' field. Below these, there is a 'Dates of Service' section with two input fields. At the bottom, there is a 'Claim Type' dropdown menu set to 'All' and a 'Claim Status' section with a dropdown menu.

Adjusting Paid Claims

Claim Status

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

Claim Details


Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

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







- **Void** – 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

Claim Status

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

Claim Details

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

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

- **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

Claim Status		
<i>i This claim has a status of K - To Be Denied, therefore some functions are not available.</i>		
Claim Details		
Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly		
Participant Details		Claim Data
Participant Name IMA PATIENT	ICN 4916047049548	Claim Submission Date 02/16/2016
Participant DCN 01010101	First Date Of Service 10/01/2015	Last Date of Service 10/01/2015
	Claim Type	Bill Type

- **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

Claim Status		
<i>i This claim has a status of K - To Be Denied, therefore some functions are not available.</i>		
Claim Details		
Void Replacement Timely Filing Copy Claim ▾ View Claim Details Printer Friendly		
Participant Details		Claim Data
Participant Name IMA PATIENT	ICN 4916047049548	Claim Submission Date 02/16/2016
Participant DCN 01010101	First Date Of Service 10/01/2015	Last Date of Service 10/01/2015
	Claim Type	Bill Type

- **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.

Claim Overview

Claim Status

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

Claim Details

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

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

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

Attachment Management

The screenshot shows a web application titled "Attachment Management". At the top, there is a field for "NPI" with a dropdown menu showing "M012136305 - BPST". Below this is a "New Attachment" button. The main section is titled "Attachment Search" and contains several search criteria: "Participant DCN:" with an empty text box, "Status:" with a dropdown menu showing "All", and "Attachment Type:" with a list of checkboxes. The checkboxes are: SSO, STERIL, HYST, PI-118, CMN, and All. The "All" checkbox is selected. Below the checkboxes, there is a note: "Additional search parameters are available when only one attachment type is selected." At the bottom of the search section are "Search" and "Clear" buttons. At the very bottom of the application is a "Finish" button.

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 \(CMN\)](#)

Participant Eligibility

eProvider ePassport
Home / eProvider / Eligibility

Eligibility Request

NPI

Search

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

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

Prior Authorization Status

eProvider | ePassport |
Home / eProvider / PA Status Management

PA Status Search

NPI
M012136305 - BPST

Search

Participant DCN

Procedure Code

Modifiers


PA Status *

☐ Approved
☐ Closed
☐ Denied
☐ Hold
☐ Incomplete
☐ Pending
☒ All

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


Provider Communications Management

Home / eProvider / Manage Provider Communication

Create New Request 

Contact Person Details

Contact Userid dprovider	Contact Last Name * Provider	Contact First Name * DMEOptDent
Email Address * amanda.gibbon@dss.mo.gov	Phone * (573)751-6683	Ext

NPI
 M012136305 - BPST

ICN-Claim Details

ICN 	Claim Type - Select One -	From Date of Service 	To Date of Service
---------	------------------------------	--------------------------	------------------------

Participant Details

Participant DCN 	Participant Last Name 	Participant First Name 	Participant MI
---------------------	---------------------------	----------------------------	--------------------

Inquiry Details

Subject *

Question * - Please limit your question to one issue. (max allowable characters 1024)


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.

Nursing Home Management

Home / eProvider / Nursing Home


Nursing Home Management


NPI
M102174505 - CORRECTIVE ACTION PAYMENT

 Please do not submit a nursing home claim for date of service the participant is enrolled with a hospice provider.





Generate New Service Dates for Previous Claims

Start Date of Service: 06/16/2021 End Date of Service: 06/30/2022 **Generate**

 Only previous claims (displayed in grey) will have their dates updated.

 To void or replace adjudicated claims, please use [Claims Management](#)

Participant Summary

 New Participant  Generate All for Monthly  Generate All for Bi-Monthly ☒ Select All ☐ Select None  Cancel All Claims

Submit	Name	DCN	Date of Service	Revenue Code	Patient Status	Diagnosis	Submit
<input type="checkbox"/>	PARTICIPANT_ANONYMOUS	55555555	06/11/2022 - 06/15/2022	0185	30	7820	
<input type="checkbox"/>	PARTICIPANT_ANONYMOUS	01010101	06/01/2022 - 06/15/2022	0120	30	G10	

Submit Selected

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

File Management

File Management

NPI

M012136305 - BPST

Upload Files

Request Aged RA

Manage Test Files

Search

Search Scope

☐ Selected NPI

☐ By User ID

☒ All NPIs

File Type:

☐ All

☐ Claim Confirmation ?

☐ NCPDP ?

☐ Printable Aged RAs ?

☐ Remittance Advice (835) ?

☐ Rejects (X12) ?

☐ Printable RAs ?

☐ Acknowledgements ?

☐ NAT Claim Confirmation ?

☐ Claim Status (277) ?

☐ Eligibility Verification (271) ?

☐ SE Data Tracking

☐ PA 278 Response ?

Search

Clear

Results

Name	Type	NPI/Taxonomy	Date
<div> Please select search criteria and click Search to find results.</div>			

Finish

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

Payment Information

NPI

 M012136305 - BPST

▼

Remittance Advice

Date	Number	Amount
02/28/2020	10951691	\$0.00
02/07/2020	10940849	\$0.00

Finish

Direct Deposit information for last two billing cycles.

Provider Enrollment Status

The screenshot shows a web interface for the eProvider ePassport system. At the top, there are tabs for 'eProvider' and 'ePassport'. Below the tabs is a breadcrumb trail: 'Home / eProvider / Provider Enrollment Status'. The main section is titled 'Provider Enrollment Status Request'. It contains a dropdown menu for 'NPI' with the value 'M012136305 - BPST' selected. Below this is a 'Search' section with two input fields: 'Date Of Service *' and 'NPI *'. The 'Date Of Service *' field has a calendar icon. At the bottom of the search section are two buttons: 'Search' and 'Finish'.

eProvider ePassport

Home / eProvider / Provider Enrollment Status

Provider Enrollment Status Request

NPI

M012136305 - BPST

Search

Date Of Service *

NPI *

Search Finish

Provider Enrollment information

Remember Ordering/Prescribing/Performing provider must be enrolled.

Resources

Resources and Contact Information

<p>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</p>	<p>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</p>
<p>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</p>	<p>Clinical Services (573) 751-6963 MHD.Clinical.Services@dss.mo.gov Policy development, benefit design, coverage decisions, provider and program policy inquiries</p>
<p>MHD Education & Training (573) 751-6683 MHD.ProvTrain@dss.mo.gov Inquiries regarding education and training for providers and participants</p>	<p>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.</p>
<p>Participant Resources www.mydss.mo.gov (855) 373-9994 Questions regarding MHD eligibility benefits and application process</p>	<p>Family Support Division Info Center (855) FSD-INFO (600-4412)</p>

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](#).

Contacting Education & Training

Amanda Fahrendorf (Lead)	Jackie Bollinger	Daniel Rush
Ambulance Dental Hearing Aid/Audiology Hospice Non-Emergency Transportation (NEMT) Skilled Nursing Facility <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Certified Registered Nurse Physicians (Program) <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Applied Behavior Analysis (ABA) Comprehensive Day Rehab Department of Health & Senior Services (DHSS)/ Division of Senior Disability Service (DSDS) <ul style="list-style-type: none"> Aids Waiver Adult Day Care Waiver Aged and Disabled Waiver Medically Fragile Adult Waiver Department of Mental Health <ul style="list-style-type: none"> CSTAR CPR Youth Targeted Case Management Division of Developmental Disabilities – DD Waiver Durable Medical Equipment (DME) Home Health Optical Personal Care <ul style="list-style-type: none"> Consumer Directed Services Private Duty Nursing Rehabilitation Centers School Based IEP Services Therapy <ul style="list-style-type: none"> 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

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>

