

# Optimizing Missouri's Managed Care Plan Benefits for Maternal & Infant Health MO HealthNet 101

MO HealthNet Education and Training – November 13, 2023 Presented by Amanda Fahrendorf





# **This Presentation Covers**

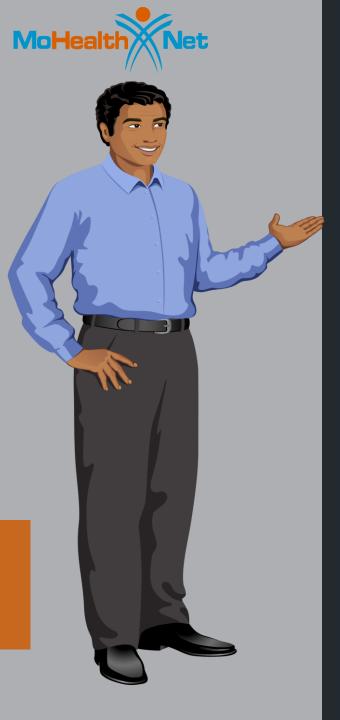
Fee-For-Service vs. Managed Care

Provider Manual Redesign

**Provider Information Page** 

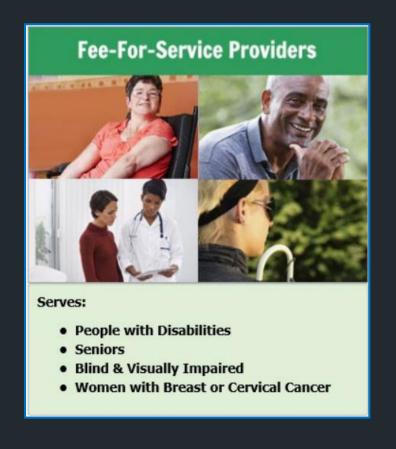
**MO HealthNet for Pregnant Woman** 

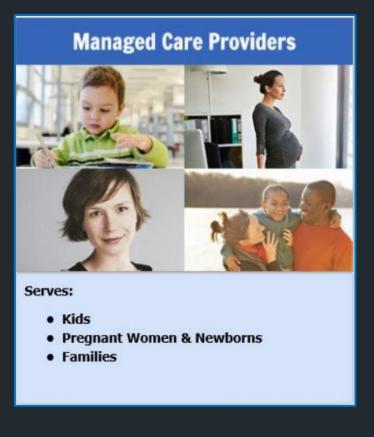
**Provider Resources** 



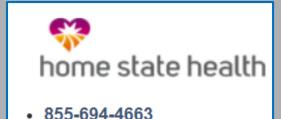
# Fee-For-Service vs. Managed Care

Missouri's Medicaid program is called MO HealthNet. Depending on how an individual qualifies for MO HealthNet will dictate if services will be provided through the MO HealthNet Fee-For-Service Program or the MO HealthNet Managed Care Program.











833-388-1407

Show Me Healthy Kids 🦃

• 877-236-1020



866-292-0359

# **Managed Care**

Participants enrolled in MO HealthNet Managed Care receive their services through the health plan's provider network. The health plan network may include providers not enrolled in the Fee-For-Service Program.

Listed here are the different MO HealthNet Managed Care health plans a participant may be enrolled in. 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.

# Paths to the Provider Information Page



### **MHD Provider Resources**

Select "Provider Information" under the "External Links" heading on eMOMED.

eMOMED is the MO HealthNet Portal for claim submission, eligibility, and much more.

Or, visit the MO HealthNet Provider Information page.

Don't forget to bookmark it for the future!

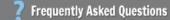


# **Provider Information Page**

### 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.

### 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**



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

### **Managed Care Providers**



### Serves:

- Kids
- Pregnant Women & Newborns
- Families

### MO HealthNet Division

Apply for Healthcare

General Information

Join the MO HealthNet Member Forum

My Healthcare Benefit

Managed Care Health Plans

MO HealthNet FFS Provider Search

MO HealthNet Division Home

Pharmacy and Clinical Services

Provider Information

Waiver Programs

### MO HealthNet Opioid Prescription Intervention (OPI) Program

### **Email Updates**

Click to sign up for MO HealthNet News.

### Subscription Type

**Email Address** 

Submit

Once on the Provider Information page, click on the appropriate selection:

- Fee-For-Service Provider
- **Managed Care Provider**

You can also find the Provider Information page on the MHD website



# **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 .



1-855-694-HOME (4663)

Home State Health website @



1-877-236-1020

Show Me Healthy Kids @

Healthy Blue



- 1-866-292-0359
- Provider Relations email
- Network Mgmt email



Frequently Asked Questions



MO HealthNet Division Home

Pharmacy and Clinical Services

**MO HealthNet Division** 

MO HealthNet Opioid Prescription

Waiver Programs

Provider Information

Email Updates	
Click to sign up for MO HealthNet News.	
Subscription Type	
Email	
Email Address	
Submit	

Intervention (OPI) Program

Contact Us

This page provides access to the MHD Managed Care Provider Toolkit, contact information for the Managed Care health plans, and more.

The Managed Care Providers page is located on the MHD website.

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



# Fee-For-Service Provider 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 Feeror-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."





### Policies & Procedures

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

### Billing

- Apply for EMOMED
- EMOMED
- CYBERACCESS r₽
- GEMT Uncompensated Cost Reimbursement Program, updated 10/21/19
- · Claims processing and payment schedule
- Diagnosis Codes Exempt from Inpatient Certification . updated 11/22/22
- HIPAA EDI companion guide
- Radiology benefit management information
- Remittance Advice Remark Codes and Claim Adjustment Reason Codes
- School District Administrative Claiming (SDAC)

### Fee Schedules & Rate Lists

- Fee Schedules
- · IRHC Medicare/Medicaid Interim Rate list
- · Nursing Facility Rate list
- Outpatient Hospital Radiology Fee Schedules:
  - o 2021 🖄
  - · 2020 🖄
  - o 2019 🛂
  - o 2018
- Outpatient Hospital Surgical Procedural Fee Schedules:
  - Effective 01/01/19 (updated 11/30/18)
- Outpatient Hospital Lab Fee Schedules:
   Outpatient Hospital Lab Fee Schedules:
  - Effective 01/01/21 (updated 04/08/21)
- Outpatient Hospital Simplified Fee Schedules:
  - Effective 7/20/2021
  - Effective 7/01/2022 2

Apply for I	Healthcare	
General In	formation	
Join the M	O HealthNet Member Forum	
My Health	care Benefit	
Managed (	Care Health Plans	
MO Health	Net FFS Provider Search	
MO Health	Net Division Home	
Pharmacy	and Clinical Services	
Provider I	nformation	
Waiver Pro	ograms	

### MO HealthNet Opioid Prescription Intervention (OPI) Program

Click to sign up for MO HealthNet News.
Subscription Type  Email   Email Address
Submit

Contact Us

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

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

The <u>Fee-For-Service Provider page</u> is located on the MHD website.



# **MO HealthNet News**

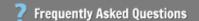
### **Fee-For-Service Providers**

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."





### Policies & Procedures

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

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### Fee Schedules & Rate Lists

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  - o 2021 🖄
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  - o 2018 P
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  - Effective 01/01/19 (updated 11/30/18)
- Outpatient Hospital Lab Fee Schedules:
   Outpatient Hospital Lab Fee Schedules:
  - Effective 01/01/21 (updated 04/08/21)
- Outpatient Hospital Simplified Fee Schedules:
  - Effective 7/20/2021
  - Effective 7/01/2022 2

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

### MO HealthNet Opioid Prescription Intervention (OPI) Program

Email Updates	
Click to sign up for MO HealthNet News.	
Subscription Type	1
Email Address	
Email Address	
Submit	

### Contact Us

### **Stay Informed**

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

Sign up and Stay Connected

Follow us on Social Media







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

You can also find <u>Provider Bulletins</u> on the MHD website

### Policies & Procedures

### **Provider Bulletins**

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

# **Provider Bulletins**

### **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.

### **Bulletin Indices**

- Bulletin Index By Topic/Subject
- Archived Bulletins

Issue Date	Provider Bulletin Description
Mar 16, 2023	RESIDENTIAL TREATMENT AND TREATMENT FOSTER CARE, No. 39
Feb 27, 2023	2023 CODE ON DENTAL PROCEDURES AND NOMENCLATURE (CDT) ADDITIONS/CHANGES, 2 Vol 45, No. 38
Feb 9, 2023	2023 HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS), 🖄 Vol 45, No. 37
Jan 05, 2023	DENTAL PROGRAM, 🛂 Vol 45, No. 36
Jan 05, 2023	NON-EMERGENCY MEDICAL TRANSPORTATION, (2) Vol 45, No. 35
Dec 29, 2022	Prior Authorization Process – Residential Treatment and Treatment Foster Care, 🔁 Vol 45, No. 34
Dec 28, 2022	Residential Billing Update - Above Level 4, 🙆 Vol 45, No. 33
Dec 22, 2022	Womens Health Services Program, 🚵 Vol 45, No. 32
Nov 30, 2022	HIPAA X12 835 Remittance Advice Transactions, 🖄 Vol 45, No. 31



### Tips to assist providers with:

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

You can also find <u>Provider Hot Tips</u> on the MHD website



# **Provider Hot Tips**

### 2023 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 Index** Hot Tip Index By Topic/Subject **2023 Provider Tips Index** Nursing Home Coverage for Participants within the Adult Expansion Group (E2) and Managed Maternity Stays and Post-Discharge Home Visits . How to File a Claim with MHD as the Tertiary Payer Maternal Depression Screening Bright Futures Case Management for Pregnant Women How to File a Claim with MHD as the Tertiary Payer · Maternal infant Health Prenatal Vitamins Nursing Home Coverage for Participants within the Adult Expansion Group (E2) and Managed Care

March 13, 2023



# **Provider Manual Redesign**





MHD began the re-design of the Provider Manuals in 2022.

The objective of this redesign was to update outdated language and content and make them easier to navigate.

- Out-of-state non-bordering services 🛂



# **Provider Manuals have a New Look!**

### **Section 1: Participant Conditions of Participation**

# 1.1 Individuals Eligible for MO HealthNet, Managed Care or State Funded Benefits

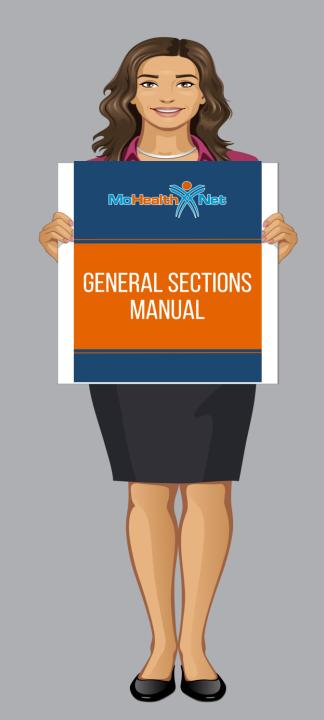
MO HealthNet benefits are available to individuals who are determined eligible by the Family Support Division (FSD) office. Each eligibility group or category of assistance has its own eligibility determination criteria that must be met. Some eligibility groups or categories of assistance are subject to Date Specific Eligibility and some are not.

Fee-For-Service (FFS) 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. FFS providers serve people with disabilities, seniors, blind and visually impaired and women with breast or cervical cancer.

Managed Care Providers who would like to offer services through the MO HealthNet Managed Care (MC) 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. MC providers serve kids, pregnant women and newborns and families.

### **Description of Eligibility Categories**

The following table includes a description and applicable Medical Eligibility (ME) codes for all categories of assistance:



# **Redesign Changes**

## **Old Table of Contents:**

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1.1.A(4) Voluntary Placement Agreement for Children	18
1.1.A(5) State Funded MO HealthNet	18
1.1.A(6) MO Rx	19
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# Navigation has been simplified

### **New Table of Contents:**

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# **Redesign Changes**

# Old Table:

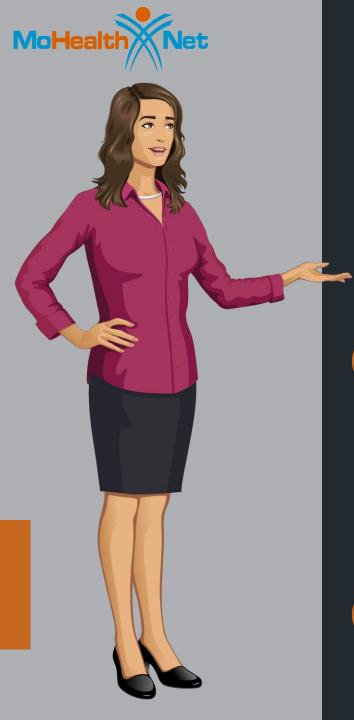
1.1.A(1	1) MO Hea	lthNet
ME CO	ODE	DESCRIPTION
01, 04, 14, 15,		Elderly, blind and disabled individuals who meet the MO HealthNet eligibility criteria in the community or a vendor facility; or receive a Missouri State Supplemental Conversion or Supplemental Nursing Care check.
03		Individuals who receive a Supplemental Aid to the Blind check or a Missouri State Supplemental check based on blindness.
55		Individuals who qualify to have their Medicare Part B Premiums paid by the state. These individuals are eligible for reimbursement of their Medicare deductible coinsurance and copay amounts only for Medicare covered services.
18, 43,	44, 45, 61	Pregnant women who meet eligibility factors for the MO HealthNet for Pregnant Women Program.
10, 19,	21, 24, 26	Individuals eligible for MO HealthNet under the Refugee Act of 1980 or the Refugee Education Assistance Act of 1980.

## **Tables are cleaner**

# New Table:

Full Comprehensive Package for MO HealthNet Adults					
ME Code	Description	ME Code	Description		
03	Aid to the Blind	45	Pregnant Woman—Poverty		
12	MO HealthNet Aid to the Blind	61	MO HealthNet for Pregnant Women— Health Initiative Fund		
18	MO HealthNet for Pregnant Women	95	Show-Me Healthy Babies Pregnant Women income above 201% and up to 305%		
43	Pregnant Woman—60 Day Assistance (MO HealthNet for Families criteria)	96	SMHB Ineligible non-citizen with income 0 to 305% FPL		
44	Pregnant Woman—60 Day Assistance—Poverty	98	SMHB Post-Partum		
	Limited Benefit Package for MO HealthNet Adults				
ME Code	Description	ME Code	Description		
01	<b>Description</b> Old Age Assistance		Description Presumptive Eligibility (Subsidized)		
	Description	ME Code	Description		
01	<b>Description</b> Old Age Assistance	ME Code 58	Description Presumptive Eligibility (Subsidized) Presumptive Eligibility (Non-		
01 02 04 05	Description Old Age Assistance Blind Pension Permanently and Totally Disabled MO HealthNet for Families—Adult	<b>ME Code</b> 58 59	Presumptive Eligibility (Subsidized) Presumptive Eligibility (Non- Subsidized) Extended Women's Health Services Temporary Assignment Category		
01 02 04	Description Old Age Assistance Blind Pension Permanently and Totally Disabled	ME Code 58 59 80	Presumptive Eligibility (Subsidized) Presumptive Eligibility (Non- Subsidized) Extended Women's Health Services		
01 02 04 05	Description Old Age Assistance Blind Pension Permanently and Totally Disabled MO HealthNet for Families—Adult	ME Code 58 59 80 81	Presumptive Eligibility (Subsidized) Presumptive Eligibility (Non- Subsidized) Extended Women's Health Services Temporary Assignment Category Missouri Rx (Medicare Part D wrap-		
01 02 04 05 E2	Description Old Age Assistance Blind Pension  Permanently and Totally Disabled MO HealthNet for Families—Adult Adult Expansion Group	ME Code 58 59 80 81 82	Presumptive Eligibility (Subsidized) Presumptive Eligibility (Non-Subsidized) Extended Women's Health Services Temporary Assignment Category Missouri Rx (Medicare Part D wraparound benefits) Breast or Cervical Cancer Control Project—Presumptive Breast or Cervical Cancer Control		
01 02 04 05 E2	Description Old Age Assistance Blind Pension  Permanently and Totally Disabled MO HealthNet for Families—Adult Adult Expansion Group  MO HealthNet—Old Age Assistance MO HealthNet—Permanently and	ME Code 58 59 80 81 82	Presumptive Eligibility (Subsidized) Presumptive Eligibility (Non- Subsidized) Extended Women's Health Services Temporary Assignment Category Missouri Rx (Medicare Part D wraparound benefits) Breast or Cervical Cancer Control Project—Presumptive		
01 02 04 05 E2 11	Description Old Age Assistance Blind Pension  Permanently and Totally Disabled MO HealthNet for Families—Adult Adult Expansion Group  MO HealthNet—Old Age Assistance MO HealthNet—Permanently and Totally Disabled Supplemental Nursing Care—Old Age	ME Code 58 59 80 81 82 83	Description Presumptive Eligibility (Subsidized) Presumptive Eligibility (Non-Subsidized) Extended Women's Health Services Temporary Assignment Category Missouri Rx (Medicare Part D wraparound benefits) Breast or Cervical Cancer Control Project—Presumptive Breast or Cervical Cancer Control Project—Regular Ticket to Work Health Assurance—		





# **Redesign Changes**

Lots of hyperlinks have been added for convenience.

**Forms** 

**Statutes** 

Regulations

Websites

**Policies** 

**Emails** 

# **Provider Forms**

# **Old Forms Page:**

### **Forms**

Accident Report [TPL-2P]

Acknowledgment of Receipt of Hysterectomy Information

Addendum to the Plan of Treatment/Medical Update

<u>Authorization by Clinic Members</u>

BCCT MO HealthNet Application

Behavioral Health Services Request for Precertification

Certificate of Medical Necessity

Certification of Medical Necessity for Abortion

Change of Hospice Computer-Generated Letter

Claim Attachment Remittance Advice

CMS-1500

Compound Prior Authorization

Continuous Glucose Monitorina Device Tubeless Insulin Pump Prior Authorization

Dental Claim Form, 2019 version (effective on/after November 1, 2020)

Department of Health & Senior Services/Division of Senior and Disability Services - Regional Managers Map

<u>Diabetic Supplies Prior Authorization</u>

Dialysis Facility Manual

**Ancillary Services Form** 

Mileage Reimbursement Trip Log & Invoice Form

Missouri Contact Information for Logisticare

MO Healthnet Division Standing Order Form for Regularly Scheduled Appointments

Division of Mental Retardation and Developmental Disabilities Regional Centers

<u>Drug Prior Authorization (Fillable PDF)</u>

Electronic Funds Transfer (EFT) - Paper

**Exception Request** 

**Exception Request** 

### **New Forms page – Several updated**

## New Forms Page:

# Provider Forms

### orms

- Accident Report
- · Acknowledgement of Receipt of Hysterectomy Information
- AIDS Waiver Program Addendum to MMAC Provider Agreement for Personal Care or Private Duty Nursing Services
- · Applied Behavioral Analysis Request for Precertification
- Authorization by Clinic/Group Members for Direct Deposit, Address or Payment Change
- . Breast and Cervical Cancer Treatment MO HealthNet Application
- . Behavioral Health Services Request for Precertification
- Bone Marrow/Stem Cell Transplant Request
- Certificate of Medical Necessity
- · Certificate of Medical Necessity for Abortion
- . Claim Form: d Dental d
- Claim Form: Health Insurance (CMS-1500 

  )
- Claim Form: Hospital (UB-04) 

  □
- Durable Medical Equipment Non-Bordering State Provider Enrollment Request
- Estate Notice
- . Handicapping Labio-Lingual Deviation Index Score Sheet
- Health Insurance Premium Payment Program Application (HIPP-1)
- . Health Insurance Premium Payment Program Application (HIPP-A)
- . Healthy Children & Youth Lead Risk Assessment Guide

- Insurance Resource Report TPL-4
- Level One Nursing Facility Pre-Admission Screening for Mental Illness/Mental Retardation or Related Condition
- Long Term Care Pharmacy Dispensing Fee Provider Specialty Application of
- Managed Care Provider Request for Information
- Medical Referral of Restricted Participant PI-118
- Medically Fragile Adult Waiver Addendum to MMAC Provider Agreement for Home Health, Personal Care or Private Duty Nursing Services
- Medically Fragile Adult Waiver Provider Monitoring Log
- Medically Fragile Adult Waiver Private Duty Nursing Acceptance
- Missouri Medicaid Audit & Compliance Electronic Funds Transfer Authorization Agreement
- · Notification of Termination of Hospice Benefits
- Personal Care Program Addendum to MMAC Provider Agreement for Personal Care Services
- Personal Funds Account Balance Report
- · Physician Certification of Need for Personal Care Services
- · Physician Certification of Terminal Illness
- Prior Authorization Request
- · Prior Authorization Request: Invasive Ventilation
- Prior Authorization Supporting Documents Cover Sheet for Durable Medical Equipment

https://mydss.mo.gov/mhd/forms



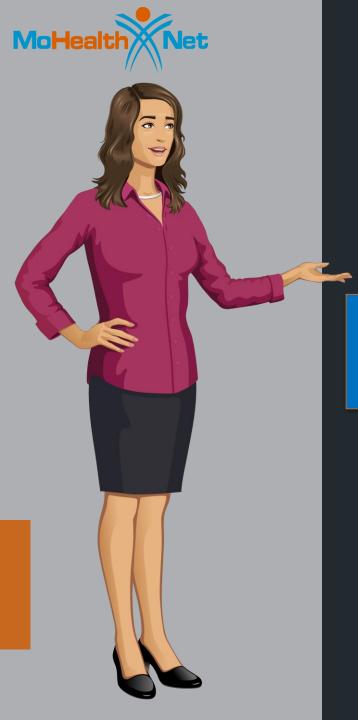


# **General Sections Manual**

In the previous Provider Manuals, each program specific Provider Manual contained General Sections that were relevant to ALL programs.

These sections were Sections 1 through 11, Sections 16 and 17 and Sections 20 through 23.

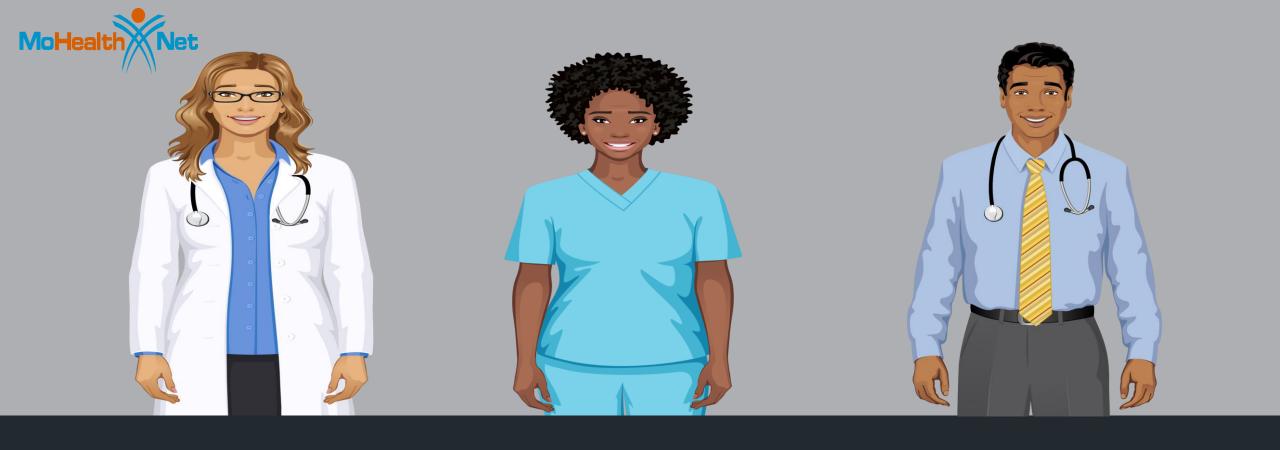
Now, these sections are included in one manual, separate from the program specific Provider Manuals. This new manual is called the **General Sections Manual**.



# **General Sections Manual**

The new General Sections Manual contains...

- **General Section 1** Participant Conditions of Participation
- **General Section 2** Provider Conditions of Participation
- **General Section 3** Provider Resources
- 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** MO HealthNet Managed Care Program
- **General Section 10** Claims Disposition
- General Section 11 Claim Attachment Submission and Processing



# Program Specific Provider Manuals

The sections in each Provider Manual are now specific to a program.

And we have seven **new** program Provider Manuals!



# **Provider Manuals**

- AIDS Waiver
- Adult Day Care Waiver
- Aged & Disabled Waiver
- Ambulance
- Ambulatory Surgical Center
- Behavioral Health Adult Targeted Case
   Management (TCM)
- Behavioral Health Services
- Comprehensive Substance Treatment & Rehabilitation Services (CSTAR)
- Community Psychiatric Rehabilitation
- Comprehensive Community Support
- Rehabilitation Services (pending)
- Comprehensive Day Rehabilitation
- <u>Development Disabilities (DD) Waiver</u>
- Dental
- **Durable Medical Equipment**
- Environmental Lead Assessment
- Exceptions
- General Sections
- Healthy Children & Youth
- **Hearing Aid**
- Home Health
- Hospice

- Hospital
- Independent Living Waiver (pending)
- Medically Fragile Adult Waiver
- Medicare/Medicaid Claims Processing
- Nurse Midwife
- Nursing Home
- Optical
- Program of All-Inclusive Care for the Elderly (PACE)
- Personal Care
- Pharmacy
- Physician
- Private Duty Nursing
- Psychiatric Residential Treatment Facility (pending)
- Rehabilitation Centers
- Rural Health Clinics
- School District Administrative Claiming
- School-Based Individualized Education Plan (IEP)

  <u>Direct Services Cost Settlement</u>
- School-Based IEP Specialized Transportation
- TCM for Individuals with DD
- Therapy
- <u>Transplant</u>
- Youth TCM



# **Section Numbers**

The way you reference sections in MHD Provider Manuals will change.

Instead of referencing "Section 13 Benefits and Limitations" for every manual, this reference will be different depending on the manual.

For example, in the Dental Provider Manual, Benefits and Limitations is Section 2, in the Behavioral Health Services Provider Manual, it is Section 1.

# **Archives**

Archive manuals **prior** to September 1, 2023 will remain on the current archive page, on <u>Wipro's site</u>.





Manuals archived **after** September 1, 2023 will be archived on the MHD website.

### **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."





### Policies & Procedures

- Provider Bulletins
- Provider Hot Tips
- Provider Manuals
- Provider Manual by Section Provides a resource list of General and Program Sections of

### Fee Schedules & Rate Lists

- Fee Schedules
- · IRHC Medicare/Medicaid Interim Rati
- Nursing Facility Rate list
- Outpatient Hospital Radiology Fee Schedules:



# **Provider Manuals**

If you see something that is outdated, not consistent, etc., please send us an email at <a href="mailto:Ask.MHD@dss.mo.gov">Ask.MHD@dss.mo.gov</a> so that we can make the Provider Manuals the best that they can be.



# **Education and Training Resources**

### **Visit our** <u>Education and Training Resources page</u>

### **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
  - o Crossover Claims, if applicable to the program
- Program Benefits and Limitations and Documentation

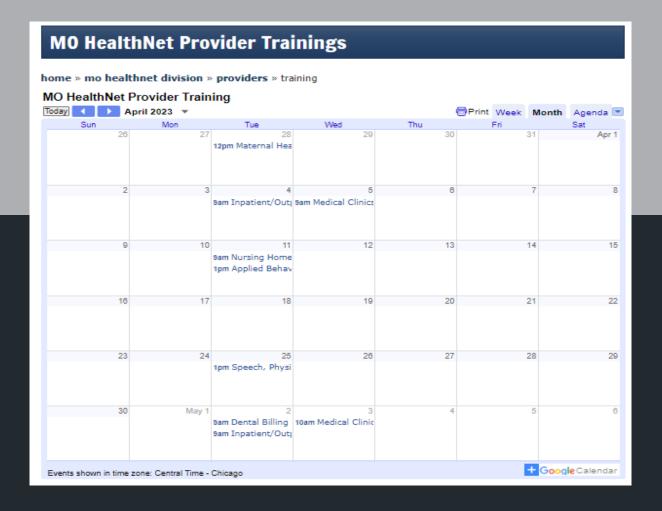
Once Registered: When logging in for a registered webinar, providers should enter their full name. If using a speakerphone, mute the phone to ensure there is minimal background noise. If you have specific questions that you would like to have addressed during your training, email them to MHD.PROVTRAIN@dss.mo.gov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

### **Provider Training Calendar**

- 1st Quarter 2023 Provider Trainings by Program 🛂
- 2nd Quarter 2023 Provider Trainings by Program 🛂
- Nursing Home Coverage for Participants within the Adult Expansion Group (E2) and Managed Care
  - o March 23, 2023 10:30AM to 11:30AM @
  - o April 11, 2023 9:00AM to 10:00AM @
- Schedule for Provider Training Presented by Relias

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

View our **Training Calendar** and register for a Provider Training





# **Education and Training Resources**

### **Visit our Provider Specific Resource Materials**

### **Educational PowerPoints and Resources**

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

### Home State Health & Show Me Healthy Kids (SMHK)

- Provider Resources №
- Show Me Healthy Kids

### Show-Me Healthy Kids (SMHK) Trainings

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

### And our General Resources for all Providers

### **General Resources for All Providers**

- General Provider Resource Overview
  - Navigating Provider Resources
  - Eligibility and Spend Down Overview
  - eMOMED Overview
- Provider Manual by section
- Adult Expansion Group Billing PowerPoint 2 11/2021
- Care Management in Managed Care gr

### **Claim Filing Samples**

- Inpatient Medicare Part A Crossover Claim Filing on eProvider @ updated: 03/13/12, file size: 3.36MB\*
- Medicare Part B Crossover Claim Filing @ updated: 06/05/12, file size: 5.13MB\*
- Medicare Part B of A Crossover Claim Filing 6 updated: 03/13/12, file size: 5.31MB\*
- Medicare Part C ~ QMB claim filing
- Medicare Part C NON ~ QMB claim filing

### Third Party Liability

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

### Program Specific Resources

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



# **Provider Resource Guide**

The <u>Provider Resource Guide</u> provides an overview of MO HealthNet Programs, provides MO HealthNet contact information, shows limited and comprehensive benefits and descriptions of Medical Eligibility (ME) codes.

### PROVIDER RESOURCE GUIDE

### MO HealthNet: Missouri's Medicaid Program

The MO HealthNet Division (MHD) provides health care access to low income individuals that are elderly, disabled, and members of families with dependent children, children in low-income families, uninsured children, pregnant women, refugees or children in state custody.

Services are received through a Fee-For-Service (FFS) or Managed Care (MC) delivery system.



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



MO HealthNet for Kids refers to the statewide program for children in low-income families, uninsured children through Children's Health Insurance Program (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 MC delivery system, unless they have opted out of MC. For information on opting out, refer to the <a href="mailto:criteria">criteria</a>.

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

Providers can determine eligibility and which program participants are in online at <a href="MOMED"><u>eMOMED</u></a> or by calling the Interactive Voice System (IVR) at 573-751-2896, Option 1.

Review the Information for Providers website and Frequently Asked Questions for more information on MHD.

To receive important MO HealthNet updates, subscribe to MO HealthNet News

### MO HEALTHNET RESOURCES

### Clinical Services

Clinical Services is responsible for clinical policy development for the MHD. For questions about clinical policy providers should contact <a href="MHD.ClinicalServices@dss.mo.gov">MHD.ClinicalServices@dss.mo.gov</a> or visit the <a href="Pharmacy and Clinical Services">Pharmacy and Clinical Services</a> site.

### Cost Recovery/Third Party Liability

Contact the Third Party Liability unit at TPL.Database@dss.mo.gov or call (573) 751-2005 to report:

- Injuries sustained by MO HealthNet participants
- Questions about the estate of a deceased MO HealthNet participant
- Problems obtaining a response from an insurance carrier
- Unusual situations concerning third party insurance coverage for MO HealthNet participants, or the Health Insurance Premium Payment Program (HIPP)

For more information, visit the <u>Family MO HealthNet Manual</u>, <u>TPL Information for Providers</u>, or take the MHD Education and Training <u>TPL Course</u>.

### **Education and Training**

Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via <a href="mailto:bMHD.Education@dss.mo.gov">bMHD.Education@dss.mo.gov</a> or call (573) 751-6683. Visit <a href="mailto:Education@dss.mo.gov">Education@dss.mo.gov</a> or call (573) 751-6683. Visit <a href="mailto:Education and Training Resources">Education and Training Resources</a> to register for training and to access additional resources.

### FSD Spend Down Unit

Providers may submit incurred medical expenses on behalf of the participant using the MO HealthNet Spend Down Provider form. Providers should email the form, including any receipts or bills, to <a href="mailto:sesd@ip.sp.mo.gov">sesd@ip.sp.mo.gov</a> or fax to (855) 600-3754. For questions, contact <a href="mailto:spenddown.Unit@dss.mo.gov">spenddown.Unit@dss.mo.gov</a> or call (855) 600-4412. Visit <a href="mailto:spenddown.Pay-In FAQs">Spenddown.Pay-In FAQs</a> for more information.

### Managed Care Plans

Health Plan	Contact Information
🚭 👽 Healthy Blue	1-833-388-1407 www.healthybluemo.com
UnitedHealthcare	1-866-292-0359 www.uhc.com
home state health	1-855-694-4663 www.homestatehealth.com

### Managed Care Liaison

If providers are unable to resolve a Managed Care issue directly with a <u>health plan</u>, contact a Managed Care Liaison at <u>MHD.MCCommunications@dss.mo.gov</u>. For more information on Managed Care Plan, visit <u>Managed Care Providers</u>.

### MEDICAL ELIGIBILITY (ME) CODES

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

depending on their ME category.				
Full Comprehensive Package for MO HealthNet Adults				
ME Code	Description	ME Code	Description	
03	Aid to the Blind	45	Pregnant Woman—Poverty	
12	MO HealthNet Aid to the Blind	61	MO HealthNet for Pregnant Women— Health Initiative Fund	
15	Supplemental Nursing Care—Aid to the Blind	95	Show-Me Healthy Bables Pregnant Women income above 196% and up to 300%	
18	18 MO HealthNet for Pregnant Women		SMHB Unborn Child income 0 to 300%	
43	Pregnant Woman—60 Day Assistance (MO HealthNet for Families criteria)	98	SMHB Post-Partum	
44	Pregnant Woman—60 Day Assistance— Poverty	e—		
Limited Benefit Package for MO HealthNet Adults				
ME Code	Description	ME Code	Description	

44	Pregnant Woman—60 Day Assistance— Poverty		
Limited Benefit Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
01	Old Age Assistance	26	Ethiopian Refugee
02	Blind Pension	55	Qualified Medicare Beneficiary (QMB)
04	Permanently and Totally Disabled	58	Presumptive Eligibility (Subsidized)
05	MO HealthNet for Families—Adult	59	Presumptive Eligibility (Non-Subsidized)
E2	Adult Expansion Group	80	Extended Women's Health Services
10	Refugees other than Cuban, Haltian, Russian Jew, or Ethiopian	81	Temporary Assignment Category
11	MO HealthNet—Old Age Assistance	82	Missouri Rx (Medicare Part D wrap-around benefits)
13	MO HealthNet—Permanently and Totally Disabled	83	Breast or Cervical Cancer Control Project— Presumptive
14	Supplemental Nursing Care—Old Age Assistance	84	Breast or Cervical Cancer Control Project— Regular
16	Supplemental Nursing Care—Permanently and Totally Disabled	85	Ticket to Work Health Assurance— Premium
19	Cuban Refugee	86	Ticket to Work Health Assurance—Non- Premium
21	Haitian Refugee	89	Uninsured Women's Health Services
24	Russian Jew Refugee	94	Show-Me Healthy Babies—Presumptive

Eligibility income to 300%



# **Benefit Tables**

# Choose Benefit Tables on the Provider Information page

### **Education and Training**

- Education and Training Resources Offers provider webinar schedules and general and program specific educational resources.
- Contact Education and Training Provides
   the Education Specialist assigned to each program
   and how to request training.
- Provider Resource Guide Provides
   descriptions of medical eligibility (ME) codes, shows
   limited and comprehensive benefits and provides
   MO HealthNet contact information.
- Provider Manual by Section Provides a resource list of General and Program Sections of the Provider Manual
- Benefit Tables (formerly Benefit Matrix) This shows the various benefits for each MO HealthNet programs, and if they have cost sharing or co-pays.

# Choose the specific program to view the various benefits

### **MO HealthNet Benefit Tables** Master list of covered services Copay Requirements and Exemptions **Issue Date** Service 12/22/2021 Ambulance (emergency only) Ambulatory Surgical Center 🙆 12/22/2021 12/22/2021 **Behavioral Health Services** 12/22/2021 Dental 🛂 Durable Medical Equipment (DME) [3] 12/22/2021 12/22/2021 Habilitative Occupational\_Physcial\_and\_Speech Therapies [A] 12/22/2021 Hearing Aid 🙆 12/22/2021 Home Health [2] 12/22/2021 Hospice 🛂 12/22/2021 Hospital 12/22/2021 Long Term Care 12/22/2021 Non-Emergency Medical Transportation (NEMT) [2] 12/22/2021 Optical [2] 12/22/2021 Personal Care [2] 12/22/2021 Pharmacy 🖄 12/22/2021 Physicians and Clinics 12/22/2021 Private Duty Nursing 🖄 12/22/2021 Therapies - Occupational, Physical, and Speech [3]

# View the programs Coverage Groups and Medical Eligibility (ME) Codes

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,	Yes
64, 65, 66, 68, 70	
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
erii Naara, a, a, a, a, a, a	1.22
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
	11 14 - JR
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
5. ma 110graii. 5 2, 65, 22, 25	1
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited**
a statistic for children or	
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	No
Qualified Western Definition y (Quita) 33	1
Missouri RX Plan (MORx) 82	No
Notes: *Children under 21 years of age and participants in catergory of assistance for pregnant women	
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.



# **MO HealthNet Postpartum Benefits**

Previously, pregnant and postpartum women receiving benefits through MO HealthNet for Pregnant Women were eligible for pregnancy-related coverage throughout the pregnancy and for 60 days following the end of the pregnancy.

- Beginning July 7th, 2023, MO HealthNet coverage for these women will include full Medicaid benefits for the duration of the pregnancy and for one year following the end of the pregnancy.
- The MO HealthNet Division (MHD) must receive Centers for Medicare & Medicaid Services (CMS) approval of the MHD State Plan Amendment (SPA) for the change in postpartum eligibility.
- The Family Support Division (FSD) will not close coverage for eligible women as they resume annual renewals until MHD receives CMS approval of the SPA.

**Provider Bulletin- MO HealthNet Postpartum Benefits** 

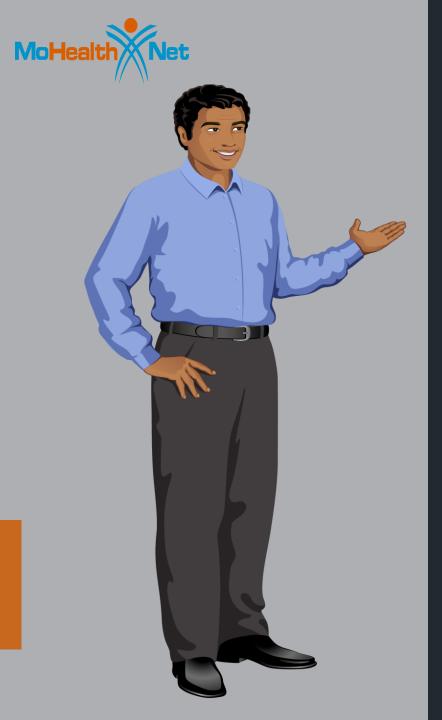


# **MO HealthNet Pregnancy Coverage**

MO HealthNet covers additional benefits while a participant is pregnant. These extra benefits are available for one year following the end of the pregnancy.

### **Benefit Highlights**

- Comprehensive Dental (including dentures)
- Hearing Aids
- Optical- Additional Exams covered
- Non-Emergency-Transportation (NEMT)



# **Dental Benefit**

### **Comprehensive Dental:**

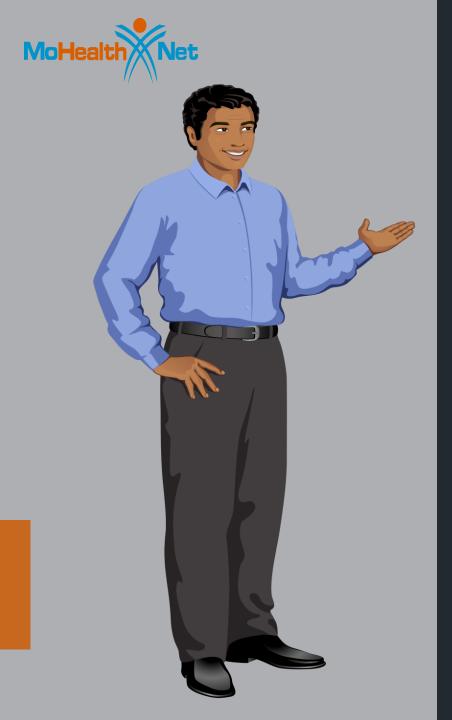
There are 2 different types of dental benefits offered by MO HealthNet. There is an Adult Limited Benefit and there is a Comprehensive Dental Benefit. Pregnant participants qualify for a comprehensive dental benefit up to 12 months postpartum. Below are some of benefits available.

- Periodic exams
- Imaging
- Preventative
- Sealants
- Fillings

**Prophylaxis** 

- Crowns
- Root Canals
- Extractions
- Dentures

Refer to the **Dental Manual** for additional benefits and limitations.



# **Optical and Hearing Aids**

Optical exams and materials are covered by MO HealthNet. Adult coverage normally limits exams to every 24 months.

- During pregnancy MO HealthNet covers additional optical exams.
- All participants eligible for optical benefits are eligible for materials every 24 months or more if medically necessary.

Hearing aids are considered a limited benefit and are not normally covered for adults.

 Pregnant participants are eligible for hearing aids and related services during the pregnancy and 12 months postpartum.

Refer to the <u>Optical Manual</u> and the <u>Hearing Aid Manual</u> for additional benefits and limitations.



# Non – Emergency Medical Transportation (NEMT)

Non - Emergency Medical Transportation (NEMT) provides free transportation for Medicaid eligible participants to and from scheduled MO HealthNet covered services such as medical and behavioral health appointments.

Medical Transportation Management (MTM) is the NEMT broker for Fee-For-Service and Managed Care participants.

This benefit is not limited to pregnant participants but, it's important to mention as we know transportation can be a barrier to care.

### Schedule a Ride:

### **Fee-For-Service Participants**

- MTM at (866) 269-5927
- https://mtm.mtmlink.net/

### **Healthy Blue**

- MTM at 888-597-1193 (TTY 711)
- https://mtm.mtmlink.net/

### Home State Health / Show Me Healthy Kids (SMHK)

- MTM at their 24/7 line 1-866-455-2097
- Home State Health at 1-855-694-HOME (4663) (TTY: 711)
   (Monday Friday 8am to 5pm)
- <a href="https://mtm.mtmlink.net/">https://mtm.mtmlink.net/</a>

### **United Health Care**

- 1-844-529-1801, TTY 711 7 a.m. 6 p.m. ET, Monday Saturday.
- <a href="https://mtm.mtmlink.net/">https://mtm.mtmlink.net/</a>

Refer to the <u>NEMT Manual</u> for additional benefits and limitations



# **Resources & Contact Information**

### **Technical Help Desk**

Technical support and assistance for issues with eMOMED

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

(573) 635-3559 internethelpdesk@momed.com

### **Participant Resources**

Questions regarding MHD eligibility benefits and application process.

(855) 373-9994

www.mydss.mo.gov

**Family Support Division Information Center** 

(855) FSD-INFO

(855) 600-4412

### **Provider Communications**

**Provider's Initial Contact** 

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

(573) 751-2896

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



# **Resources & Contact Information**

### **CyberAccess**

**Account setup or technical questions** 

(888) 581-9797

(573) 632-9797

cyberaccesshelpdesk@xerox.com

**CyberAccess** 

**CyberAccess Helpful Tips** 

### **Clinical Services**

Policy development, benefit design, coverage decisions, provider and program policy inquiries

(573) 751-6963

MHD.clinical.services@dss.mo.gov

### **MHD Services and Programs**

Inquiries regarding programs and policy that cannot be answered by any other contact

Ask.MHD@dss.mo.gov

Provide NPI, name and contact information and complete details regarding inquiry

### **MHD Education and Training**

Instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED.

MHD.Education@dss.mo.gov

(573) 751-6683



# **Resources & Contact Information**

### **Pharmacy & Medical Pre-Certification Help Desk**

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

(800) 392-8030

Pre-Certification for certain radiological procedures listed at: <a href="https://portal.healthhelp.com/mohealthnet">https://portal.healthhelp.com/mohealthnet</a>

### **Provider Enrollment**

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

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

(573) 751-3399

mmac.providerenrollment@dss.mo.gov

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

# **Connect With Us**

































**Questions?**