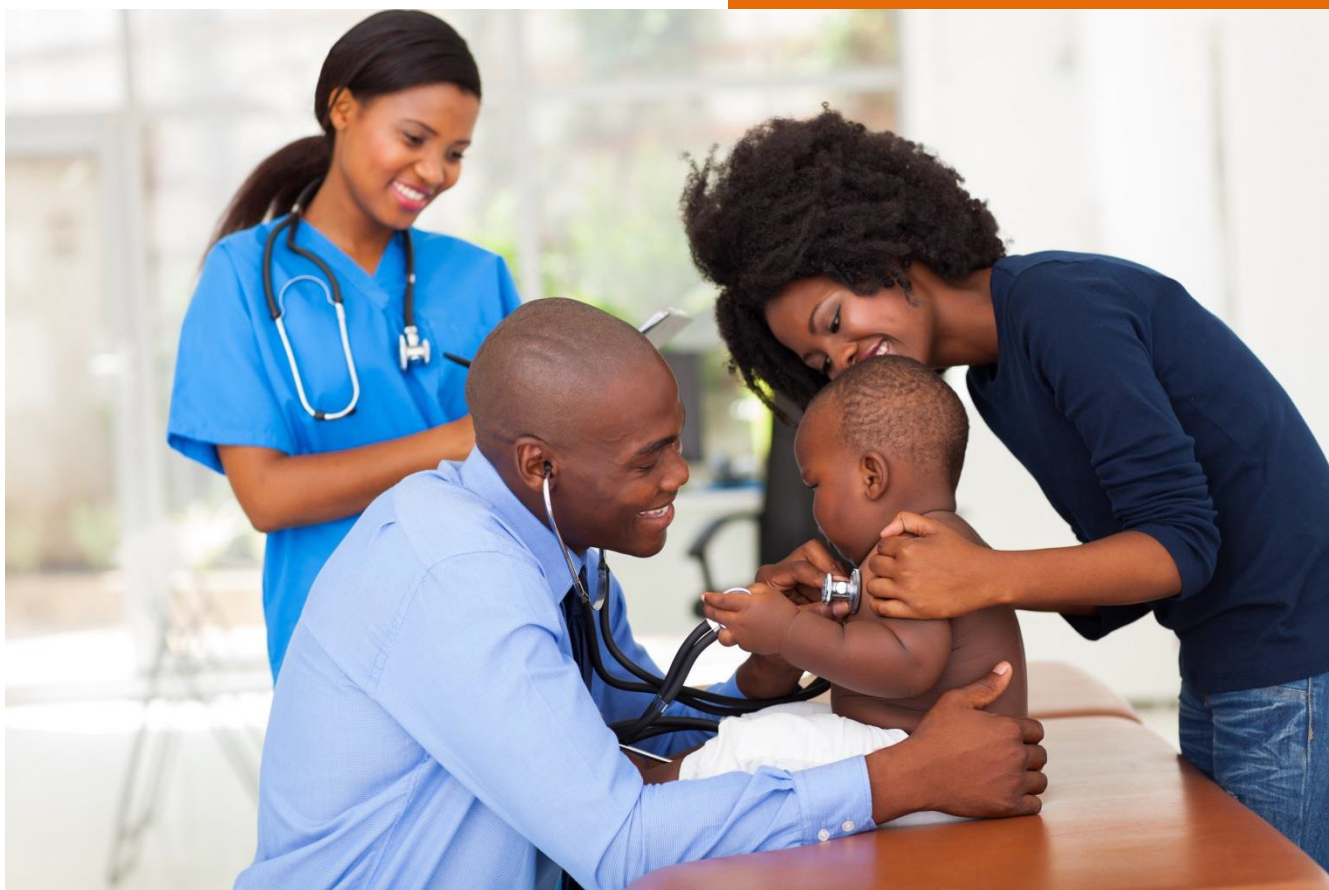




# Managed Care Provider Toolkit



January 2020

 *Missouri Department of*  
**SOCIAL SERVICES**

## Statewide Managed Care

On October 14, 2016, contracts were awarded by the Office of Administration, Division of Purchasing, to assist the Department of Social Services in extending its MO HealthNet Managed Care program statewide. The goal of the MO HealthNet Managed Care program is to improve health care quality and access to needed services, as well as increase the efficiency of health care delivery for covered low income custodial parents, pregnant women, and children while controlling the program's cost.

Beginning May 1, 2017, the MO HealthNet Managed Care program will operate statewide through contracts between the Missouri Department of Social Services' MO HealthNet Division (MHD) and the three Managed Care health plans listed below.

## MO HealthNet Managed Care Health Plan Contact Information

Managed Care Health Plan	Contact and Phone Number
 <b>Healthy Blue</b>	300 Market Street, 27 <sup>th</sup> Floor St. Louis, MO 63101 Phone: 833-388-1407 Website: <a href="http://www.healthyluemo.com">www.healthyluemo.com</a>
 <b>UnitedHealthcare</b>	13655 Riverport Drive Maryland Heights, MO 63043 Phone: 1-866-574-6088 Provider Relations: <a href="mailto:Missouri_PR_Team@uhc.com">Missouri PR Team@uhc.com</a> Network Management: <a href="mailto:MO_Network_Mgmt@uhc.com">MO Network Mgmt@uhc.com</a>
 <b>home state health</b>	16090 Swingley Ridge Road Suite 500 Chesterfield, MO 63017 Phone: 1-855-694-HOME (4663) Email: <a href="mailto:HomeStateProvider@centene.com">HomeStateProvider@centene.com</a>

## Provider Contracting and Credentialing

Effective May 1, 2017, providers serving MO HealthNet Managed Care members will work directly with the Managed Care health plans. Providers may contract with as many of the three selected health plans as they wish. The health plans may not prevent a provider from participating in more than one network. The credentialing and re-credentialing process with the health plans shall not take longer than sixty (60) business days pursuant to RSMo 376.158. The health plans shall ensure providers are included in the network and eligible to receive payment immediately upon completion of the credentialing and re-credentialing process. Providers are encouraged to complete the contracting process with health plans as early as possible to ensure payment for services provided in May 2017.

Providers wishing to contract with the three awarded Managed Care health plans should contact those organizations directly to sign a contract with them to be considered in-network for that health plan. Providers are not currently required to be enrolled with MO HealthNet if they wish to serve members through the Managed Care health plans; however, they are encouraged to do so.

Providers with questions regarding enrolling with MO HealthNet should contact the Provider Enrollment Unit by email at: [mmac.providerenrollment@dss.mo.gov](mailto:mmac.providerenrollment@dss.mo.gov). For questions regarding contracting with a MO HealthNet Managed Care health plan, please contact the health plan directly.

## Provider Bulletins

Provider Bulletins are the primary method of communication for MO HealthNet to update providers on any policy changes that will be, or have been, implemented but are not yet reflected in the published Provider Manuals. Provider Bulletins are posted on the MO HealthNet website, organized by their year of publication and assigned numeric sequence. They are located on the web at:

<http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. To receive notifications when new bulletins are posted to the web, subscribe for provider email updates at: [www.dss.mo.gov/mhd](http://www.dss.mo.gov/mhd).

## Payments to Providers



MO HealthNet Managed Care health plans negotiate mutually acceptable payment rates and timeframes with providers so long as those rates and timeframes are in compliance with the requirements in RSMo 376.383 and RSMo 376.384, as amended. Regardless of the specific arrangements the health plan makes with providers, the health plan shall make timely payments to both in-network and out-of-network providers.

All disputes between the health plan and in-network and out-of-network providers shall be between such providers and the health plan. In the case of any disputes regarding payment for covered services between the health plan and providers, the member shall not be charged for any of the disputed costs except as allowed with a private pay agreement.

The health plan must ensure that providers accept payment from the health plan as payment in full with no balance billing to the member.

When services are not in the comprehensive benefit package or offered as additional health benefits and prior to providing the services, the provider must inform the member that the services are not covered and have the member acknowledge the information. If the member still requests the service, the provider needs to obtain such acknowledgement in writing for that date of service (private pay agreement) prior to rendering the service. Regardless of any understanding worked out between the provider and the member about private payment, once the provider bills the health plan for the service

that has been provided, the prior arrangement with the member becomes null and void. With the exception of newborns, the health plan shall not be responsible for any payments owed to providers for services rendered prior to a member's enrollment with the health plan, even if the date of service fell within an established period of retroactive MO HealthNet eligibility. For questions regarding retroactive eligibility or provider payment, contact the MO HealthNet Managed Care health plan.

## Eligibility and Enrollment Verification

Providers are responsible for verifying eligibility and health plan enrollment prior to providing non-emergency services. Verification can be obtained through each health plan's established procedures. Member ID cards will reflect enrollment; however, current eligibility should always be verified. Managed Care members are issued separate ID cards by their health plan.

## Prior Authorization

1. All prior authorizations for Fee-for-Service members transitioning into Managed Care will be handled by MO HealthNet until May 1, 2017.
2. During the first 90 days (May 1 – July 29, 2017), all existing prior authorizations will be honored for Fee-for-Service participants transitioning to the Managed Care program as well as Managed Care members transitioning to a new health plan. During the first 90-day grace period or until the new health plan completes an assessment; providers will be able to establish new authorizations following the policies of the member's selected health plan.

## Claims Process

1. Claims for MO HealthNet Fee-for-Service members should continue to be submitted directly to MO HealthNet for processing. Please see the MO HealthNet (Medicaid) eligibility groups listed below for Fee-for-Service participants.

Managed Care Eligibility Groups	Fee-for-Service Eligibility Groups
<ul style="list-style-type: none"> <li>• MO HealthNet for Families – Children</li> <li>• MO HealthNet for Families – Adults</li> <li>• MO HealthNet for Pregnant Women</li> <li>• Children's Health Insurance Program (CHIP)</li> <li>• Children in care and custody of the state or receiving adoption subsidy</li> </ul>	<ul style="list-style-type: none"> <li>• Seniors</li> <li>• People who are blind or visually impaired</li> <li>• People with disabilities</li> <li>• Participants in the AIDS Waiver program</li> <li>• Participants with Medicare coverage</li> <li>• Women with breast or cervical cancer</li> <li>• Participants in the Women's Health Services program</li> </ul>

2. Claims with dates of service of May 1, 2017, and beyond for MO HealthNet Managed Care health plan enrolled members must be submitted directly to the appropriate health plan, adhering to the health plan's claims submission and timeliness guidelines.
  - a. Providers should work with the health plans to determine the policies and process for submitting both in- and out-of-network claims for MO HealthNet Managed Care health plan members.
  - b. Health plans are not obligated to provide or pay for any services not included in the comprehensive benefit package. Certain services are carved out to MO HealthNet. Further information regarding how to bill carved out services can be obtained by contacting MO Health Net Provider Communications at (573) 751-2896 or by visiting the MO HealthNet Provider Information page at: <http://dss.mo.gov/mhd/providers/>. Section 2.10 of the Managed Care contract identifies some of these services. The contract is available online at: <http://dss.mo.gov/business-processes/managed-care/>.

## Additional Questions and Information

Contact the Provider Education Unit at (573) 751-6683, Monday through Friday, 8:00 A.M. to 5:00, P.M., visit the MO HealthNet Provider Information page online at: <http://dss.mo.gov/mhd/providers/>, or email us at: [mhd.provtrain@dss.mo.gov](mailto:mhd.provtrain@dss.mo.gov).

## Participant Choice Guidelines for Providers

All health care providers delivering services to the MO HealthNet Program population are welcome to inform their patients of the MO HealthNet Managed Care health plans in which they have chosen to participate. However, there are strict prohibitions against patient steering, which all providers must observe.

- Providers may inform their patients of all health plans in which they participate.
- Providers are not allowed to selectively disclose the health plans in which they participate.
- Provider can display signage, provided by the health plan, at their location indicating which health plans they accept. However, signage must include all health plans in which they participate.
- If a provider participates in only one MO HealthNet Managed Care health plan, the provider can display signage for only one health plan and can tell a patient that is the only health plan accepted by that provider.
- Providers may not recommend one health plan over another and may not offer patients incentives for selecting one health plan over another.

- Providers may not assist a patient in the selection of a specific health plan. Additionally, patients may not use the provider’s fax machine, office phone, computer, etc., to make such a selection.
- Under no circumstances is a provider allowed to change a member’s health plan for him/her, or request a health plan reassignment on a member’s behalf.
- Members who need assistance with their health plan selection should contact the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627.

## Member Resources

There are several resources available to members which can be used to communicate information about the MO HealthNet Managed Care Program. They are all located on the Managed Care member page online at: <http://dss.mo.gov/mhd/participants/mc/> under *Sample Managed Care Forms* and *Additional Resources*.

## Contact Information

The MO HealthNet Division appreciates continued partnership as we work to improve the care needs of Missouri’s citizens. For more information, visit the Provider Information page online at: [www.dss.mo.gov/mhd/providers](http://www.dss.mo.gov/mhd/providers); contact the MHD Provider Education Unit at (573) 751-6683, Monday through Friday, 8:00 A.M. to 5:00 P.M.; or email us at: [mhd.provtrain@dss.mo.gov](mailto:mhd.provtrain@dss.mo.gov).

MO HealthNet Managed Care members are encouraged to call the MO HealthNet Managed Care Enrollment Helpline for more information or with questions at 1-800-348-6627, Monday through Friday, 7:00 A.M. to 6:00 P.M. (except holidays).

