

## PROVIDER BULLETIN

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## PRESUMPTIVE ELIGIBILITY AUTHORIZATION NOTICES

### CONTENTS

- **New Authorization Notices for Presumptive Eligibility**

Effective October 2016, the Family Support Division (FSD) began using **new** authorization notices for individuals determined to qualify for Presumptive Eligibility (PE). These notices are titled MO HealthNet Presumptive Eligibility Authorization (PE-3) and MO HealthNet Temp/SMHB Authorization (PE-3 TEMP). Samples of these forms can be found below.

The authorization notices verify that the identified participant shown at the bottom of the notice is eligible for Presumptive Eligibility. These notices should be used as follows:

- PE-3: for Children, Former Foster Care Youth, and Parents/Caretaker Relatives who are found presumptively eligible.
- PE-3 TEMP: for Pregnant Women (both Temporary MO HealthNet for Women during Pregnancy (TEMP) and Show Me Healthy Babies Presumptive Eligibility (SMHB-PE) programs) who are found presumptively eligible.

Participants must present the **new authorization notice** to rendering physicians, pharmacies or other medical service providers enrolled in the MO HealthNet Division (MHD) fee-for-service program. The new authorization notice will include the eligible participant's eight digit numerical departmental client number (DCN). The temporary or "P" number on the previous authorization notice is no longer being used.

The provider should verify eligibility for all participants at the time services are rendered through the Interactive Voice Response (IVR) system at (573) 751-2896 or through the MHD Billing Web site at [www.emomed.com](http://www.emomed.com). If eligibility cannot be verified through the IVR or EMOMED site, the provider should check the dates of eligibility on the authorization notice to determine if the presumptive eligibility period is still active. A photocopy of the notice should be made and maintained in the provider's files for documentation of eligibility.

Providers who have questions regarding the new authorization notices may contact the FSD Information Center's toll free number at 1-855-373-4636. Participants who have questions regarding the new authorization notices may contact the MHD Participant Services Unit at 1-800-392-2161.



**MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
MO HEALTHNET PRESUMPTIVE ELIGIBILITY AUTHORIZATION**

\_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (City, State, Zip Code)

Dear \_\_\_\_\_,

The following individuals are presumptively eligible for MO HealthNet coverage based upon household and income information provided.\*

Coverage will continue until:

- a decision is made on eligibility for ongoing MO HealthNet benefits; or
- the last day of the month following the month of presumptive eligibility determination.

**NOTE:** MO HealthNet can pay for covered medical services only when the medical provider accepts MO HealthNet payment on a fee-for-service basis.

If you completed an application for regular MO HealthNet, it has been forwarded to the Family Support Division for evaluation. You will be notified of the decision for on-going coverage.

You will receive a white MO HealthNet card approximately five days after your application is approved for each eligible individual listed below. Until you receive the white card(s), use this letter when you go to your doctor, pharmacy or other medical service provider. If you have questions about MO HealthNet providers or how to get MO HealthNet services, please call the MO HealthNet Participant Services Unit toll-free number at 1-800-392-2161.

If you have questions pertaining to continuing MO HealthNet eligibility, please contact the FSD Information Center's toll free number at 1-855-FSD-INFO (1-855-373-4636).

Qualified Entity:		Date:	
QE Provider Number:		QE Telephone Number:	
<u>INDIVIDUAL'S NAME</u>	<u>MO HealthNet Number</u>	<u>BEGINNING DATE OF COVERAGE</u>	

**MO HealthNet Provider:** If more than 5 days from the beginning date of coverage, use the MO HealthNet Participants Services Unit number listed to check to see if the individual is eligible.

\*See back for Spanish translation (\*Lea la traducción al español al reverso)

Las personas de la página uno presuntamente cumplen los requisitos de la cobertura de MO HealthNet, de acuerdo a la información que proporcionaron sobre sus ingresos y hogar.

La cobertura continuará hasta:

- que se tome una decisión sobre la elegibilidad para recibir beneficios continuos de MO HealthNet, o;
- el último día del mes posterior al mes de la determinación de presunta elegibilidad.

**NOTA:** MO HealthNet puede pagar los servicios médicos con cobertura únicamente cuando el proveedor de servicios médicos acepte el pago de MO HealthNet bajo el criterio de pago por servicio.

Si usted completó una solicitud para recibir el servicio regular de MO HealthNet, ésta ha sido enviada a la División de Apoyo a la Familia para su evaluación. Se le notificará sobre la decisión para recibir la cobertura continua.

Recibirá una tarjeta blanca de MO HealthNet aproximadamente cinco días después de que se apruebe la solicitud de cada uno de los individuos elegibles mencionados a continuación. Hasta que reciba la(s) tarjeta(s) blanca(s), utilice este documento cuando visite a su doctor, farmacia o cualquier otro proveedor de servicios médicos. Si tiene preguntas sobre los proveedores de MO HealthNet o sobre cómo obtener servicios de MO HealthNet, por favor llame sin costo a la Unidad de Servicios para los Participantes de MO HealthNet, al 1-800-392-2161.

Si tiene preguntas relacionadas con la continuidad de su elegibilidad para recibir servicios de MO HealthNet, por favor llame gratis al número del Centro de Información de la FSD, al 1-855-FSD-INFO (1-855-373-4636).



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
MO HEALTHNET TEMP/SMHB AUTHORIZATION

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip Code)

Dear \_\_\_\_\_,

The following individual is presumptively eligible for Ambulatory Prenatal Care MO HealthNet coverage based upon household and income information provided.\*

Ambulatory Prenatal Care services are limited to physician/clinic, nurse-midwife, diagnostic x-ray and lab, pharmacy and outpatient hospital services while the individual is pregnant. It does not cover the individual if she is no longer pregnant. Delivery, D&C's, inpatient hospital, dental, optical, or any other services which are not Ambulatory Prenatal Services are not covered.

Coverage will continue until:

- a decision is made on eligibility for ongoing MO HealthNet benefits; or
- the last day of the month following the month of presumptive eligibility determination.

**NOTE:** MO HealthNet can pay for covered medical services only when the medical provider accepts MO HealthNet payment on a fee-for-service basis.

If you completed an application for regular MO HealthNet, it has been forwarded to the Family Support Division for evaluation. You will be notified of the decision for on-going coverage.

You will receive a white MO HealthNet card approximately five days after your application for regular MO HealthNet is approved. Until you receive the white card(s), use this letter when you go to your doctor, pharmacy or other medical service provider. If you have questions about MO HealthNet providers or how to get MO HealthNet services, please call the MO HealthNet Participant Services Unit toll-free number at 1-800-392-2161.

If you have questions pertaining to continuing MO HealthNet eligibility, please contact the FSD Information Center's toll free number at 1-855-FSD-INFO (1-855-373-4636).

Qualified Entity:		Date:	
QE Provider Number:		QE Telephone Number:	
<u>INDIVIDUAL'S NAME</u>	<u>MO HealthNet Number</u>	<u>BEGINNING DATE OF COVERAGE</u>	

**MO HealthNet Provider:** If more than 5 days from the beginning date of coverage, use the MO HealthNet Participants Services Unit number listed to check to see if the individual is eligible.

\*See back for Spanish translation (\*Lea la traducción al español al reverso).

La persona de la página uno presuntamente cumple los requisitos de la cobertura de Cuidados Prenatales Ambulatorios de MO HealthNet, de acuerdo a la información que proporcionó sobre sus ingresos y hogar. Los servicios de Cuidados Prenatales Ambulatorios se limitan a servicios médicos/clínicos, de atención hospitalaria para pacientes ambulatorios, farmacia, rayos X y laboratorio de diagnóstico y enfermera obstétrica, durante el embarazo. No se ofrece cobertura una vez que termina el embarazo. No se cubren servicios de parto, dilatación y legrado, hospitalización, servicios dentales, oftálmicos y otros que no estén contemplados en los Servicios Prenatales Ambulatorios.

La cobertura continuará hasta:

- que se tome una decisión sobre la elegibilidad para recibir beneficios continuos de MO HealthNet, o;
- el último día del mes posterior al mes de la determinación de presunta elegibilidad.

**NOTA:** MO HealthNet puede pagar los servicios médicos con cobertura únicamente cuando el proveedor de servicios médicos acepte el pago de MO HealthNet bajo el criterio de pago por servicio.

Si usted completó una solicitud para recibir el servicio regular de MO HealthNet, ésta ha sido enviada a la División de Apoyo a la Familia para su evaluación. Se le notificará sobre la decisión para recibir la cobertura continua.

Recibirá una tarjeta blanca de MO HealthNet aproximadamente cinco días después de que se apruebe su solicitud del servicio regular de MO HealthNet. Hasta que reciba la(s) tarjeta(s) blanca(s), utilice este documento cuando visite a su doctor, farmacia o cualquier otro proveedor de servicios médicos. Si tiene preguntas sobre los proveedores de MO HealthNet o sobre cómo obtener servicios de MO HealthNet, por favor llame sin costo a la Unidad de Servicios para los Participantes de MO HealthNet, al 1-800-392-2161.

Si tiene preguntas relacionadas con la continuidad de su elegibilidad para recibir servicios de MO HealthNet, por favor llame gratis al número del Centro de Información de la FSD, al 1-855-FSD-INFO (1-855-373-4636).



**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**