

PROVIDER BULLETIN

Volume 44 Number 49

<http://dss.mo.gov/mhd/>

June 10, 2022

SHOW ME HEALTHY KIDS

ENROLLMENT AND CREDENTIALING OF RESIDENTIAL FACILITIES AND TREATMENT FOSTER CARE PROVIDERS

Applies to:

- **Qualified Residential Treatment Programs (QRTP)**
- **Residential Treatment Agencies for Children and Youth**
- **Child Placing Agencies Delivering Treatment Foster Care Services**

Effective date: June 19, 2022

-
- **CHANGES IN PAYER SOURCE FOR COMPREHENSIVE COMMUNITY SUPPORT REHABILITATION SERVICES**
 - **PHASED IMPLEMENTATION**
 - **ENROLLMENT INSTRUCTIONS**
 - **CREDENTIALING WITH SMHK/HOME STATE HEALTH**
 - **APPLICABILITY**
-

The specialty managed care plan, Show Me Healthy Kids (SMHK), for category of aid 4 (COA 4) children and youth will go live on July 1, 2022. Please see DSS press release [here](#).

CHANGES IN PAYER SOURCE FOR COMPREHENSIVE COMMUNITY SUPPORT REHABILITATION SERVICES

The above providers, who serve children and youth in the custody of the Children's Division (CD) or who receive adoption or guardianship subsidy assistance, currently receive reimbursement directly from CD. This reimbursement includes room and board and comprehensive community support/rehabilitation services.

PHASED IMPLEMENTATION SMHK will "go live" on July 1, 2022. However, in order to allow adequate time for provider training, credentialing, and system changes, coverage of residential

and treatment foster care (TFC) services by the specialty plan will not be implemented until October 1, 2022.

Effective October 1, 2022, residential and TFC providers will begin submitting claims for the comprehensive community support (CCS) rehab per diem either to the specialty plan (Show Me Healthy Kids [SMHK] managed by Home State Health) or to MHD fee-for-service, depending on the individual's coverage. However, for dates of service beginning July 1, 2022, providers must submit claims for other behavioral health services (e.g., individual, family, and group psychotherapy) to Home State Health for SMHK members rather than to MHD. In order to ensure continuity of care, Home State Health will cover out of network providers who are already serving this population for a period of six months. The vast majority of COA 4 participants will be covered by SMHK/Home State Health, but children and youth who have opted out of managed care will be covered through fee-for-service. CD will continue to pay room and board to residential facilities for individuals receiving services through MHD fee-for-service and for individuals receiving services through SMHK/Home State Health.

ENROLLMENT INSTRUCTIONS

Effective June 19, 2022, MHD is implementing two new Provider Specialties under Provider Type 87 (Community Psychiatric Rehabilitation - CPR): RT for residential treatment agencies for children and youth, (some of which are designated as QRTPs) and FT for child placing agencies providing TFC services. This will facilitate enrollment as MHD fee-for-service providers and pave the way for credentialing with SMHK.

Providers that do not already have a National Provider Identifier (NPI) must obtain one [here](#). Additional information about NPIs is available [here](#).

In order to enroll as a CPR (87) Provider Type with an RT or FT Provider Specialty, providers must be licensed by the Children's Division as either a licensed residential care facility (may also be recognized by CD as a QRTP) or a child placing agency. Providers must email MMAC.providerenrollment@dss.mo.gov to request a paper application. If not already enrolled as a clinic, providers must request a Provider Type 50 application along with the Provider Type 87 application. Providers must submit a copy of the applicable CD license(s) along with the completed enrollment application materials to the above email address. No site visit is required. Providers will be required to submit an application fee; more information about the application fee is available [here](#). Providers will be assigned the appropriate provider specialty or specialties. Providers will need to sign two separate participation agreements, one for each provider type (87 and 50). Separate NPIs are strongly recommended for the two provider types. If a single NPI is used for both 87 and 50 provider types, then providers must submit a separate taxonomy code for each provider file.

In order to bill MHD for other behavioral health services (e.g., individual, family, and group psychotherapy), providers must be enrolled as a clinic (Provider Type 50, Provider Specialty 70). All individual practitioners (e.g., licensed professional counselors, licensed clinical social workers, licensed psychologists, licensed marital and family therapists) must also enroll individually. If submitting individual applications at the same time as the clinic/group, attach a cover letter referencing the individual provider applications submitted. If the individual providers are already enrolled, attach a list of their names and NPI numbers.

The Missouri Medicaid Audit and Compliance (MMAC) Provider Enrollment Unit is responsible for enrollment of MHD (Medicaid) providers. The online enrollment guide is located [here](#). Providers also may email questions about the enrollment process to MMAC.providerenrollment@dss.mo.gov.

CREDENTIALING WITH SMHK/HOME STATE HEALTH

In addition to enrolling through the MMAC Provider Enrollment Unit, providers must also request to contract with SMHK/Home State Health and submit all required application materials to SMHK/Home State Health for credentialing. This may be done at the same time that providers submit applications to MMAC for enrollment. It is important to note that per 42 CFR 438.602 providers must enroll with the state (via MMAC) within 120 days of executing a contract with a managed care organization.

APPLICABILITY

The information in this bulletin applies to both the MHD managed care specialty plan (SMHK) and MHD fee-for-service.

Provider Bulletins are available on the MO HealthNet Division (MHD) website 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 website 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
- MO HealthNet Managed Care

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 MO HealthNet ID card.

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