

PROVIDER BULLETIN

Volume 45 Number 22

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August 31, 2022

NURSING HOME PROGRAM - REVISED

Applies to: MO HealthNet Nursing Home Providers

Effective date: Immediately

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- **NURSING HOME ROOM AND BOARD AND SURPLUS FOR MO HEALTHNET FOR FAMILIES (MHF), THE ADULT EXPANSION GROUP (AEG), AND MO HEALTHNET FOR PREGNANT WOMEN (MPW)**
 - **NURSING HOME SERVICES FOR PARTICIPANTS IN MO HEALTHNET FOR FAMILIES (MHF), THE ADULT EXPANSION GROUP (AEG), AND MO HEALTHNET FOR PREGNANT WOMEN (MPW)**
 - **NURSING HOME SERVICES FOR PARTICIPANTS IN MANAGED CARE ON HOSPICE**
 - **APPLICABILITY**
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NURSING HOME ROOM AND BOARD AND SURPLUS FOR MO HEALTHNET FOR FAMILIES (MHF), THE ADULT EXPANSION GROUP (AEG), AND MO HEALTHNET FOR PREGNANT WOMEN (MPW)

Centers for Medicare & Medicaid Services (CMS) advised the Family Support Division (FSD) that MO HealthNet Division (MHD) is to provide nursing home room and board to individuals eligible for MO HealthNet for Families (MHF), the Adult Expansion Group (AEG), and MO HealthNet for Pregnant Women (MPW). Participants in these groups do not owe a monthly surplus while in the nursing home. With the exception of hospice stays, nursing home room and board is covered under fee-for-service regardless of whether the resident is in managed care.

The health plans' responsibilities in regard to nursing home services are not changing. No new benefits are being added. MHD pays for nursing home room and board on a Fee-For-Service (FFS) basis while the participant is enrolled in managed care. Participants seeking admission into a nursing home will remain in a Managed Care plan until a nursing home level of care is determined or for sixty (60) calendar days; whichever comes first. MHD must have verification that a DA-124 has been issued initiating the Department of Health and Senior Services level of care review before the 60-day process can begin.

NURSING HOME SERVICES FOR PARTICIPANTS IN MO HEALTHNET FOR FAMILIES (MHF), THE ADULT EXPANSION GROUP (AEG), AND MO HEALTHNET FOR PREGNANT WOMEN (MPW)

Individuals eligible for MHF, the AEG, and MPW are enrolled into a MO HealthNet Managed Care Program and assigned to one of three contracted Managed Care Organizations. Participants seeking admission into a nursing home will remain in a Managed Care plan until a nursing home level of care is determined or for sixty (60) calendar days; whichever comes first. The participant will then be opted out of Managed Care and placed into Fee-for-Service. The Department of Health and Senior Services, Central Office Medical Review Unit (COMRU) reviews level of care forms submitted through the online process accessible at <https://health.mo.gov/seniors/nursinghomes/pasrr.php>.

NURSING HOME SERVICES FOR PARTICIPANTS IN MANAGED CARE ON HOSPICE

MO HealthNet Managed Care health plans are required to provide hospice services when a terminally ill MO HealthNet Managed Care member elects hospice. Additional information about these requirements can be found [here](#).

APPLICABILITY

The information in this bulletin applies to the MHD fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

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**