Greater Heartland HFMA Fall Conference 2023
MO HealthNet 101

MO HealthNet Education and Training – October 2023

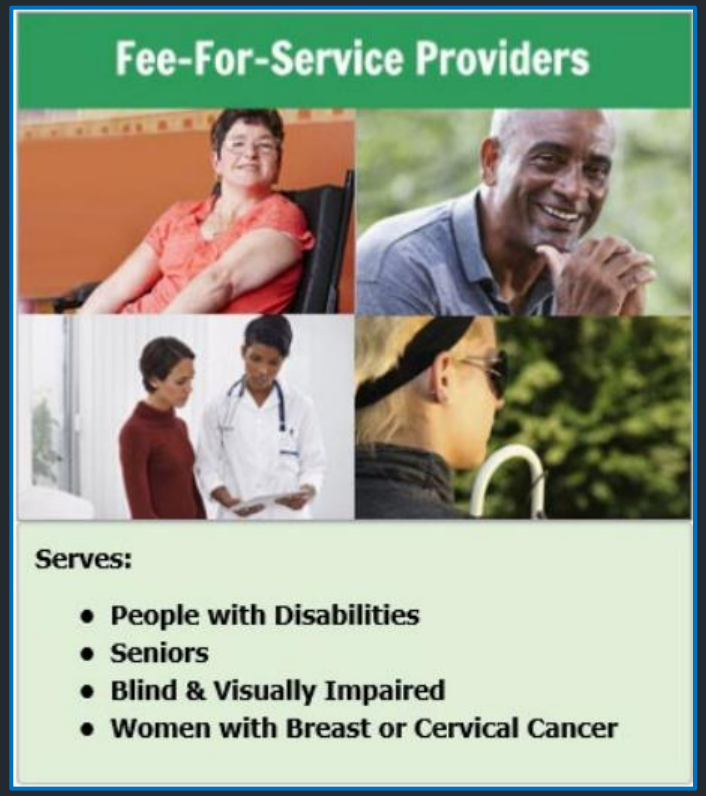
Presented by Amanda Fahrendorf

This Presentation Covers

- Fee-For-Service vs. Managed Care
- Provider Information Page
- Eligibility
- eMOMED Overview
- Claims
- 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.



MoHealthNet

Managed Care

home state health

- 855-694-4663

Healthy Blue

- 833-388-1407

Show Me Healthy Kids

- 877-236-1020

UnitedHealthcare

- 866-292-0359

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 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.

Paths to the Provider Information Page

MHD Provider Resources

Select **“Provider Information”** under the **“External Links”** heading on eMOMED.

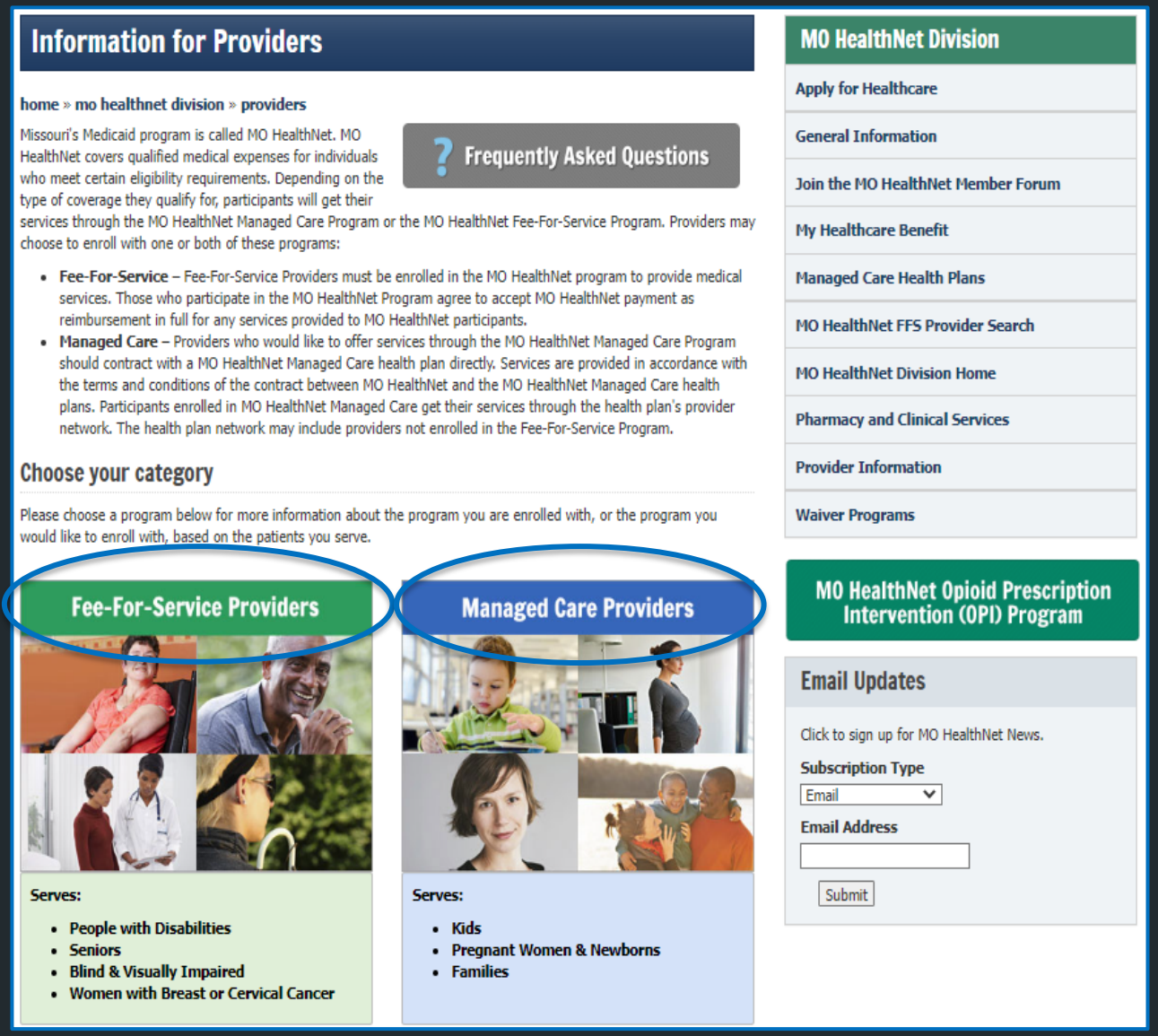
eMOMED is the MO HealthNet Portal for claim submission, eligibility, and much more.

Or, visit the MO HealthNet Provider Information page.

Don’t forget to bookmark it for the future!

MoHealth Net

Provider Information Page

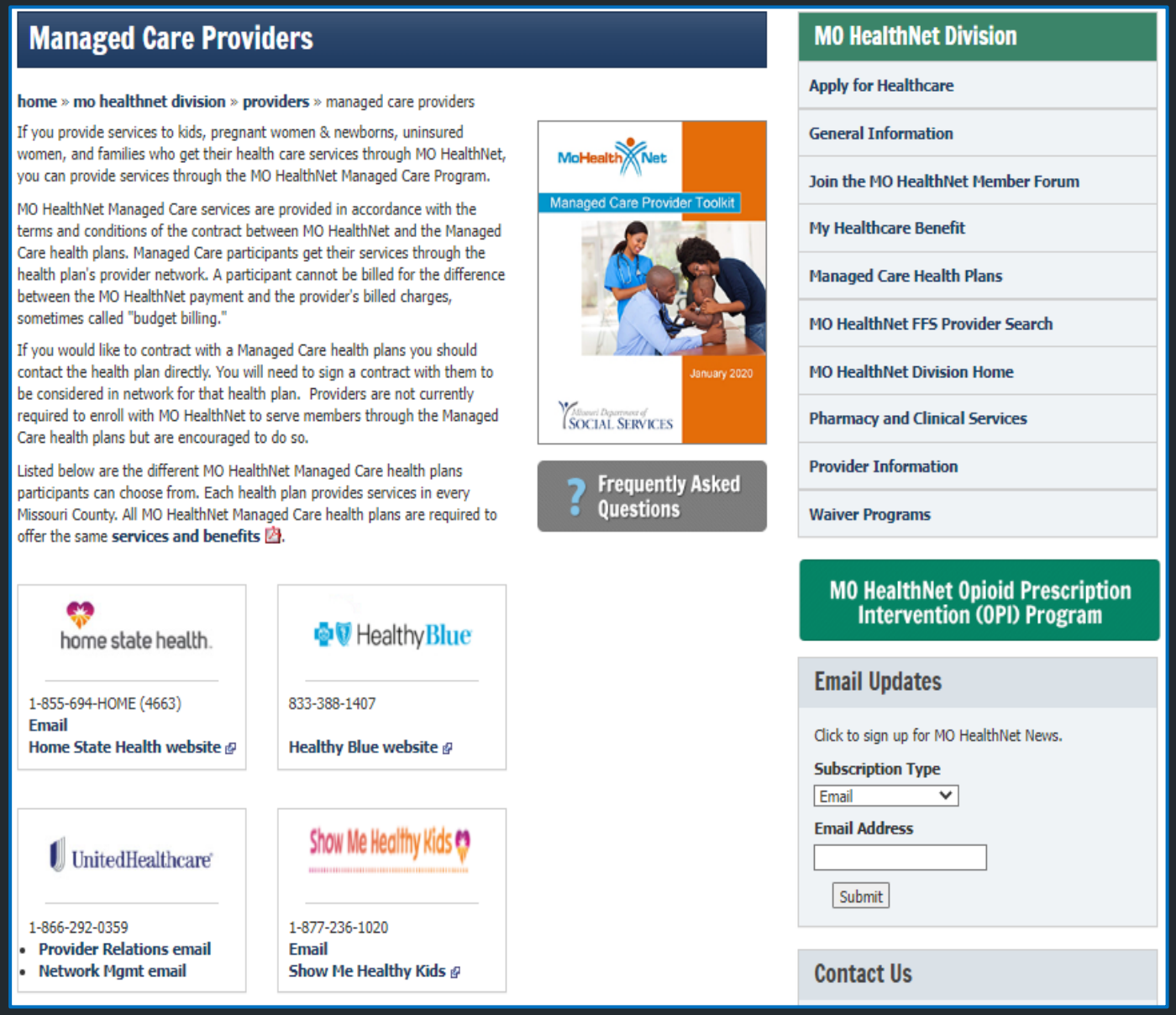


Once on the Provider Information page, click on the appropriate selection:

- 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**.

Frequently Asked Questions

home state health

1-855-694-HOME (4663)
Email
Home State Health website

HealthyBlue

833-388-1407

Healthy Blue website

UnitedHealthcare

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

Show Me Healthy Kids

1-877-236-1020
Email
Show Me Healthy Kids

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

Email Address

Submit

Contact Us

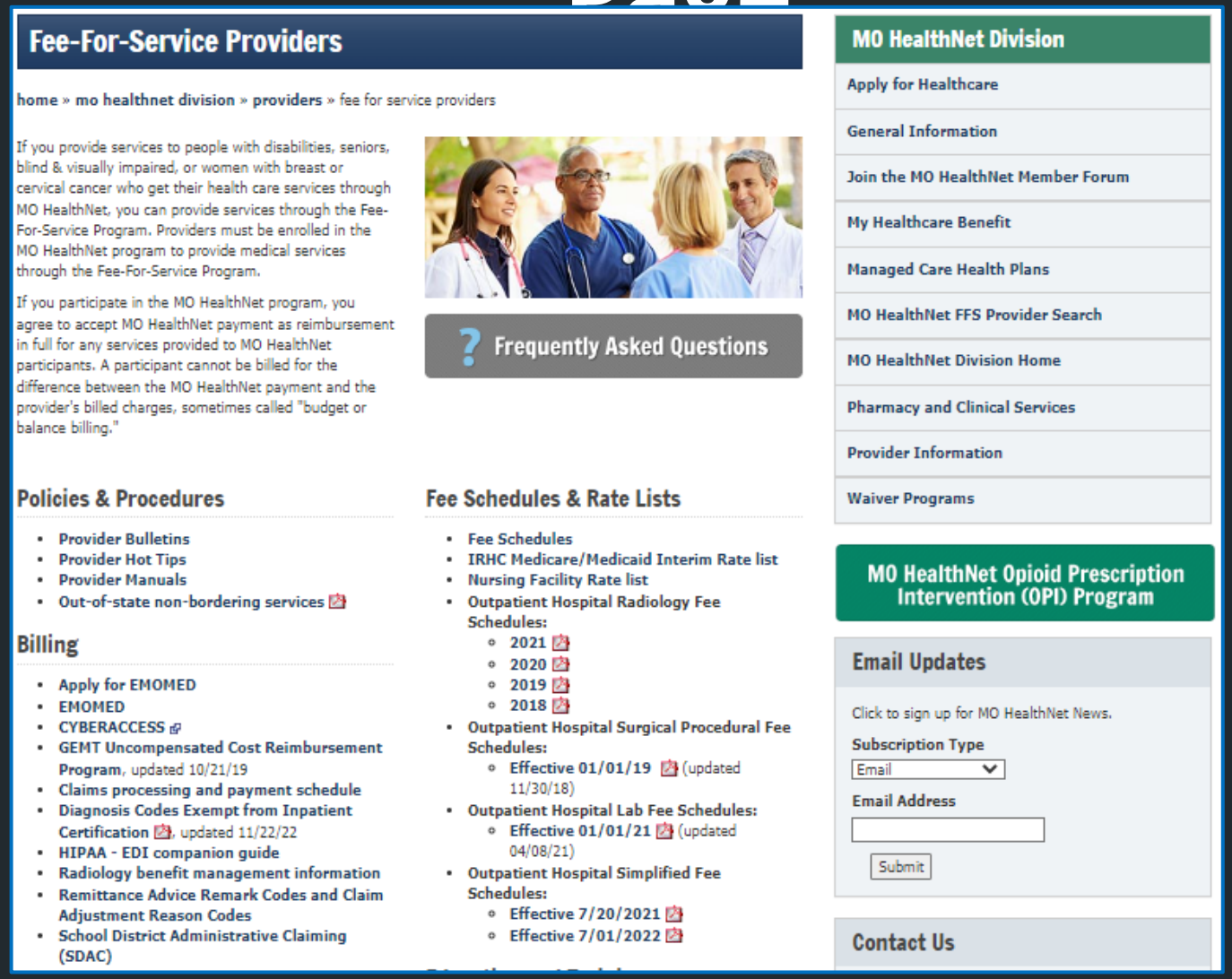
This page provides access to the **MHD Managed Care Provider Toolkit**, contact information for the Managed Care health plans, and more.

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.

MoHealthNet

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 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."

Frequently Asked Questions

Policies & Procedures

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

Billing

- Apply for EMOMED
- EMOMED
- CYBERACCESS
- 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:
  - 2021
  - 2020
  - 2019
  - 2018
- Outpatient Hospital Surgical Procedural Fee Schedules:
  - Effective 01/01/19 (updated 11/30/18)
- 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

MO HealthNet Division

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MO HealthNet Opioid Prescription Intervention (OPI) Program

Email Updates

Click to sign up for MO HealthNet News.

Subscription Type: Email

Email Address

Submit

Contact Us

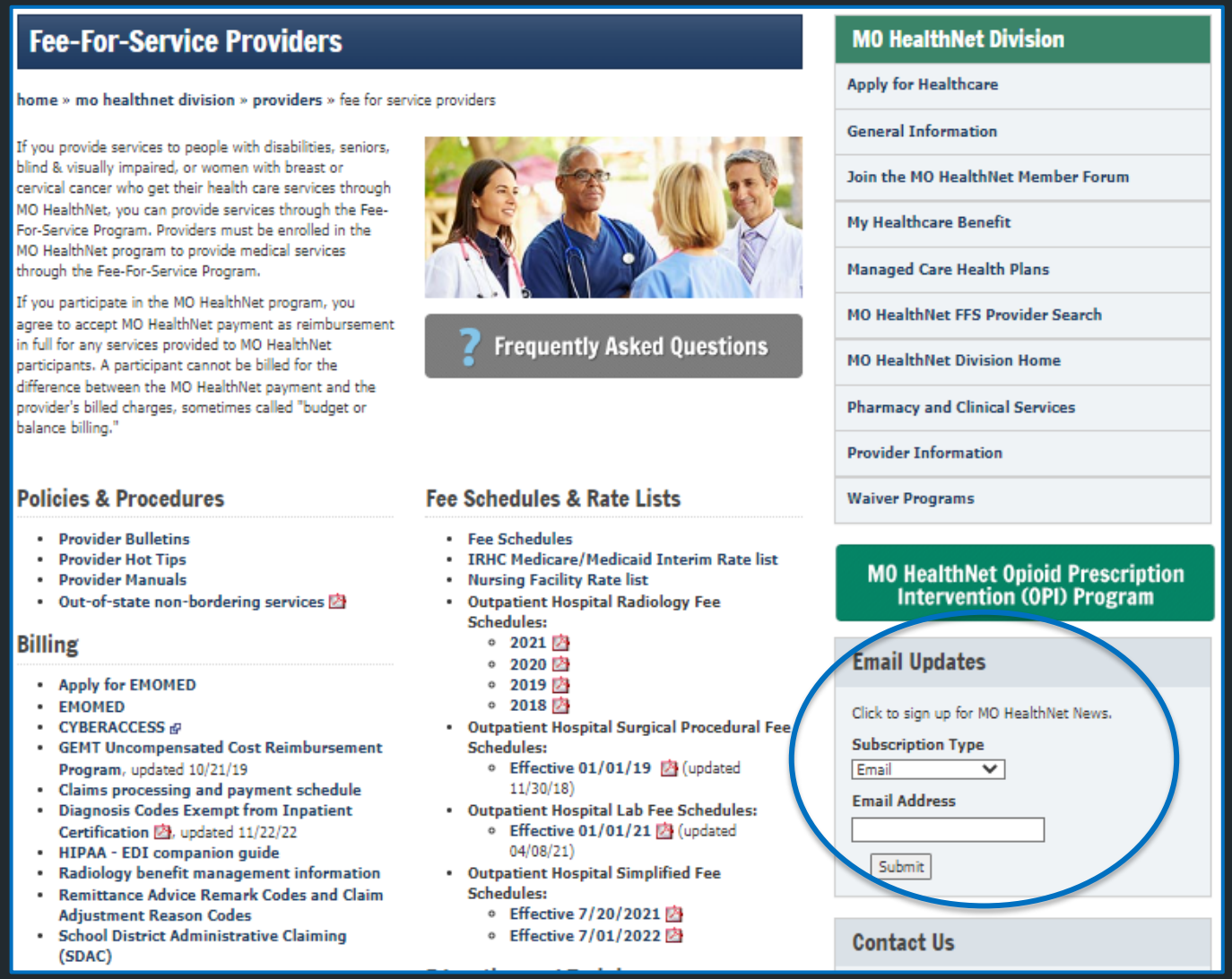
This page provides access to policy manuals, forms, billing information, fee schedules, rate lists, education and training and more.

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

The **Fee-For-Service Provider page** is located on the **MHD website**.

MoHealthNet

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.

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MO HealthNet Opioid Prescription Intervention (OPI) Program

Email Updates

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Subscription Type: Email

Email Address

Submit

Contact Us

Stay Informed

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

Sign up and Stay Connected

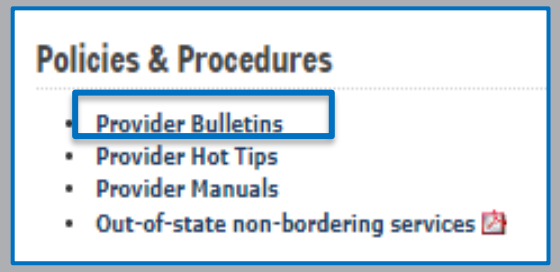
Follow us on Social Media

MoHealthNet

Provider Bulletins

- 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 Provider Bulletins on the MHD website



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

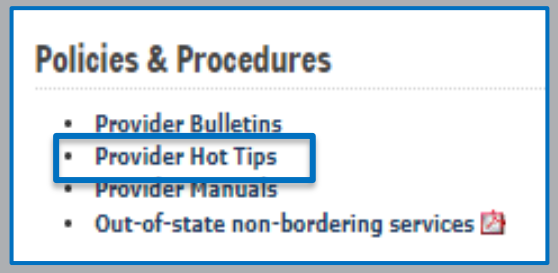
Issue Date	Provider Bulletin Description
Mar 16, 2023	RESIDENTIAL TREATMENT AND TREATMENT FOSTER CARE, Vol 45, No. 39
Feb 27, 2023	2023 CODE ON DENTAL PROCEDURES AND NOMENCLATURE (CDT) ADDITIONS/CHANGES, Vol 45, No. 38
Feb 9, 2023	2023 HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS), Vol 45, No. 37
Jan 05, 2023	DENTAL PROGRAM, Vol 45, No. 36
Jan 05, 2023	NON-EMERGENCY MEDICAL TRANSPORTATION, 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

Provider Hot Tips

Tips to assist providers with:

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

You can also find Provider Hot Tips on the MHD website



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

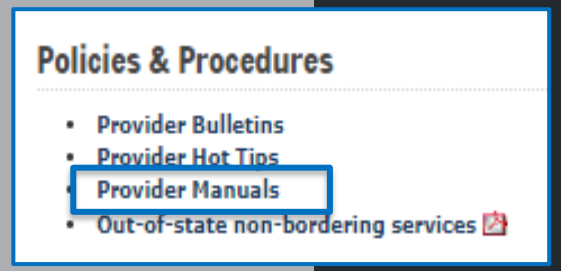
2023 Provider Tips Index

- Nursing Home Coverage for Participants within the Adult Expansion Group (E2) and Managed Care
- 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.

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

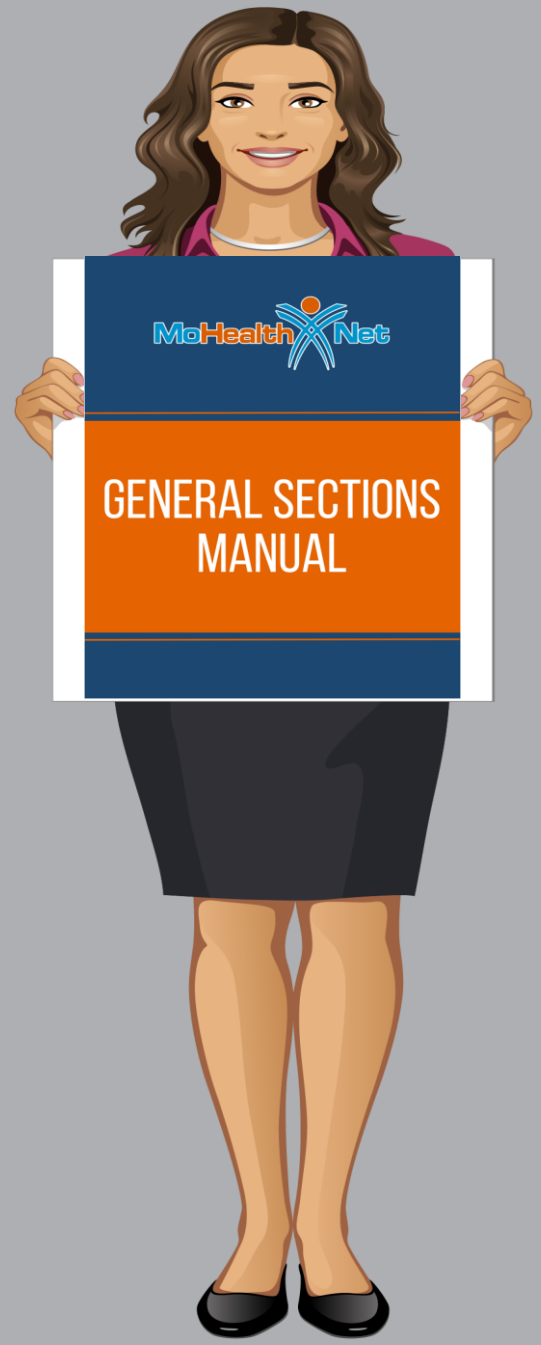
MO HealthNet benefits are available to individuals who are determined eligible by the Family Support Division (FSD) office. Each eligibility group or category of assistance has its own eligibility determination criteria that must be met. Some eligibility groups or categories of assistance are subject 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

Navigation has been simplified

Old Table of Contents:

SECTION 1-PARTICIPANT CONDITIONS OF PARTICIPATION 15
1.1 INDIVIDUALS ELIGIBLE FOR MO HEALTHNET, MANAGED CARE OR STATE FUNDED BENEFITS 15
1.1.A DESCRIPTION OF ELIGIBILITY CATEGORIES 15
1.1.A(1) MO HealthNet 15
1.1.A(2) MO HealthNet for Kids 16
1.1.A(3) Temporary MO HealthNet During Pregnancy (TEMP) 18
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
1.1.A(7) Women's Health Services 19
1.1.A(8) ME Codes Not in Use 20
1.2 MO HEALTHNET AND MO HEALTHNET MANAGED CARE ID CARD 20
1.2.A FORMAT OF MO HEALTHNET ID CARD 21
1.2.B ACCESS TO ELIGIBILITY INFORMATION 22
1.2.C IDENTIFICATION OF PARTICIPANTS BY ELIGIBILITY CODES 22
1.2.C(1) MO HealthNet Participants 22
1.2.C(2) MO HealthNet Managed Care Participants 22
1.2.C(3) TEMP 22
1.2.C(4) Temporary Medical Eligibility for Reinstated TANF Individuals 23
1.2.C(5) Presumptive Eligibility for Children 23
1.2.C(6) Breast or Cervical Cancer Treatment Presumptive Eligibility 23
1.2.C(7) Voluntary Placement Agreement 23
1.2.D THIRD PARTY INSURANCE COVERAGE 24
1.2.D(1) Medicare Part A, Part B and Part C 24

New Table of Contents:

Table of Contents

Section 1: Participant Conditions of Participation 4
1.1 Individuals Eligible for MO HealthNet, Managed Care or State Funded Benefits 4
1.2 MO HealthNet and MO HealthNet Managed Care ID Cards 7
1.3 MO HealthNet, State Funded Medical Assistance and MO HealthNet Managed Care Application Process 10
1.4 Automatic MO HealthNet Eligibility for Newborn Children 11
1.5 Participants with Restricted/Limited Benefits 12
1.6 Eligibility Periods for MO HealthNet Participants 27
1.7 Participant Eligibility Letters and Claims Correspondence 33
Section 2: Provider Conditions of Participation 37
2.1 Provider Eligibility 37
2.2 Notification of Change 38
2.3 Retention of Records 39
2.4 Nondiscrimination Policy Statement 39
2.5 State's Right to Terminate Relationship with a Provider 40
2.6 Fraud and Abuse 40
2.7 Overpayments 41
2.8 Post Payment Review 42
2.9 Prepayment Review 42

MoHealthNet

Redesign Changes

Old Table:

1.1.A(1) MO HealthNet

ME CODE	DESCRIPTION
01, 04, 11, 12, 13, 14, 15, 16	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	Old Age Assistance	58	Presumptive Eligibility (Subsidized)
02	Blind Pension	59	Presumptive Eligibility (Non-Subsidized)
04	Permanently and Totally Disabled	80	Extended Women's Health Services
05	MO HealthNet for Families—Adult	81	Temporary Assignment Category
E2	Adult Expansion Group	82	Missouri Rx (Medicare Part D wrap-around benefits)
11	MO HealthNet—Old Age Assistance	83	Breast or Cervical Cancer Control Project—Presumptive
13	MO HealthNet—Permanently and Totally Disabled	84	Breast or Cervical Cancer Control Project—Regular
14	Supplemental Nursing Care—Old Age Assistance	85	Ticket to Work Health Assurance—Premium
16	Supplemental Nursing Care—Permanently and Totally Disabled	86	Ticket to Work Health Assurance—Non-Premium
55	Qualified Medicare Beneficiary (QMB)	89	Uninsured Women's Health Services

MoHealthNet

MoHealthNet

Redesign Changes

Lots of hyperlinks have been added for convenience.

- Forms
- Statutes
- Regulations
- Websites
- Policies
- Emails

Provider Forms

New Forms page – Several updated

Old Forms Page:

Forms

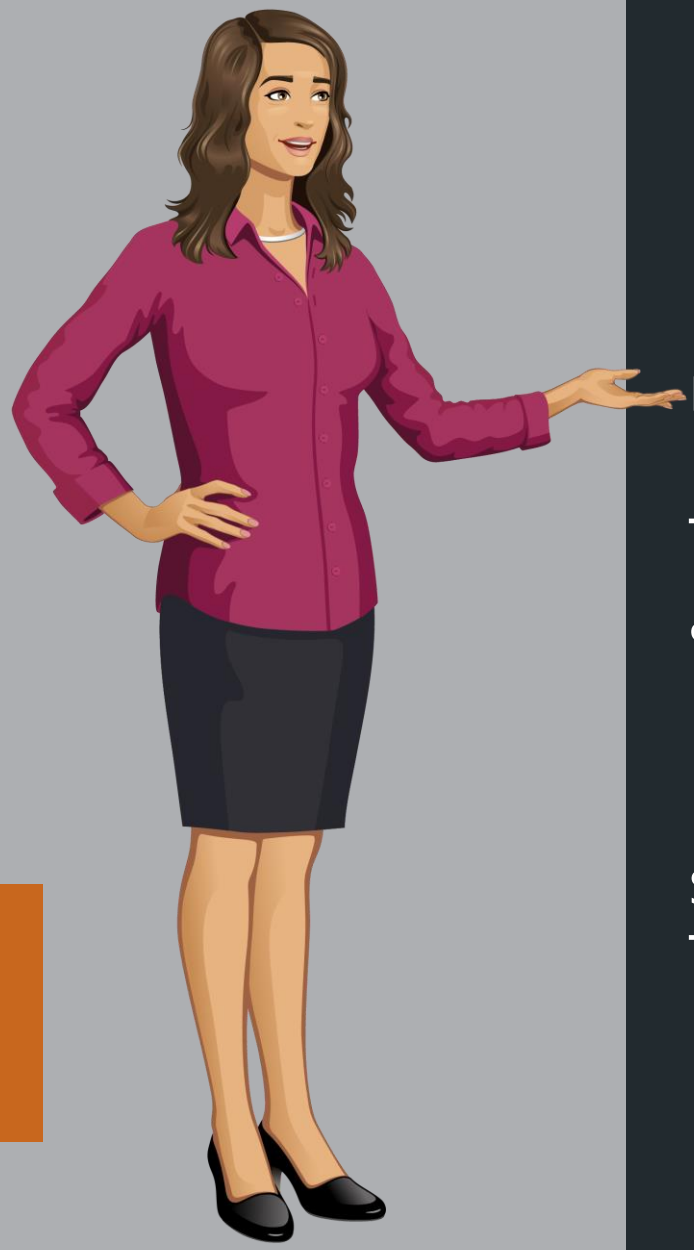
Accident Report [TPL-2P]
Acknowledgment of Receipt of Hysterectomy Information
Addendum to the Plan of Treatment/Medical Update
Authorization by Clinic Members
BCCT MO HealthNet Application
Behavioral Health Services Request for Precertification
Certificate of Medical Necessity
Certification of Medical Necessity for Abortion
Change of Hospice Computer-Generated Letter
Claim Attachment Remittance Advice
CMS-1500
Compound Prior Authorization
Continuous Glucose Monitoring 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
Diabetic Supplies Prior Authorization
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
Drug Prior Authorization (Fillable PDF)
Electronic Funds Transfer (EFT) - Paper
Exception Request
- Exception Request

New Forms Page:

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

MoHealthNet



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

MoHealthNet

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
- Development Disabilities (DD) Waiver
- 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) Direct Services Cost Settlement
- School-Based IEP Specialized Transportation
- TCM for Individuals with DD
- Therapy
- Transplant

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

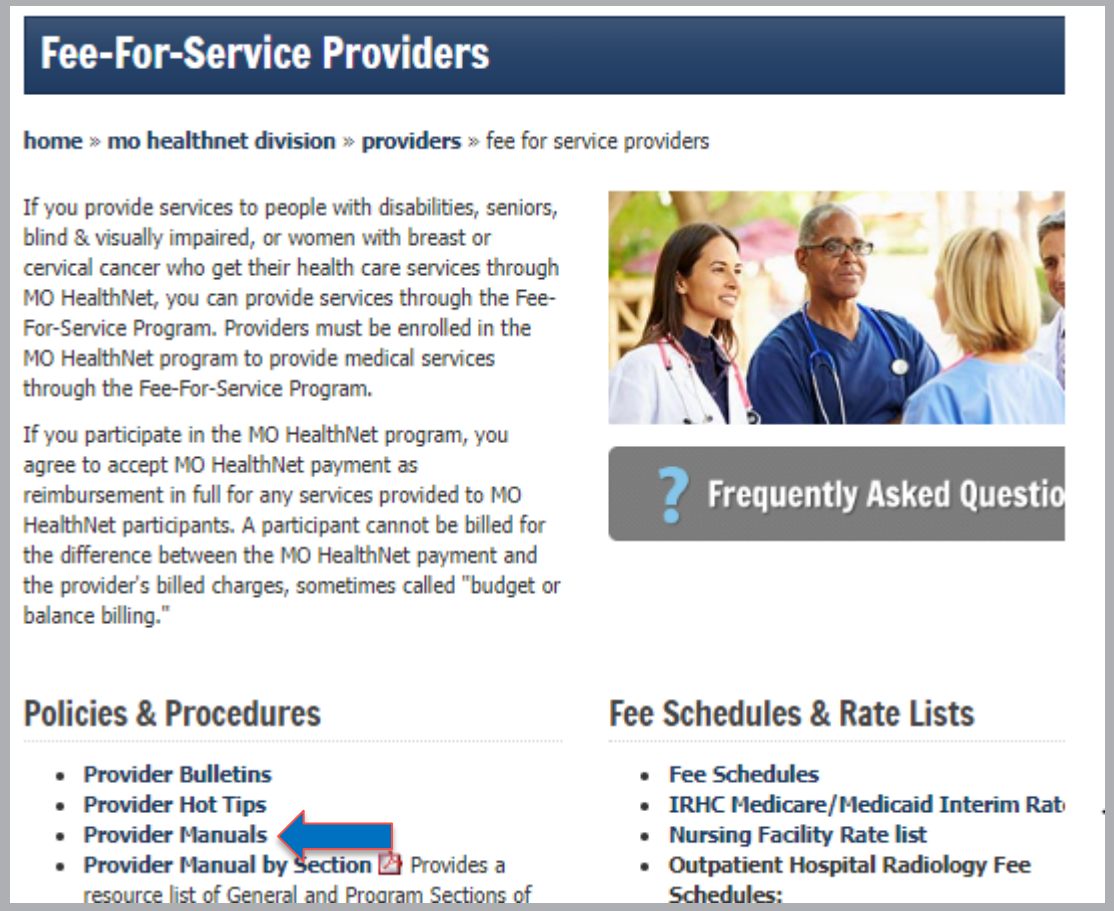
Previous manuals are archived for reference.

The archives will now be located in two places.

Archives

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

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



Provider Manuals

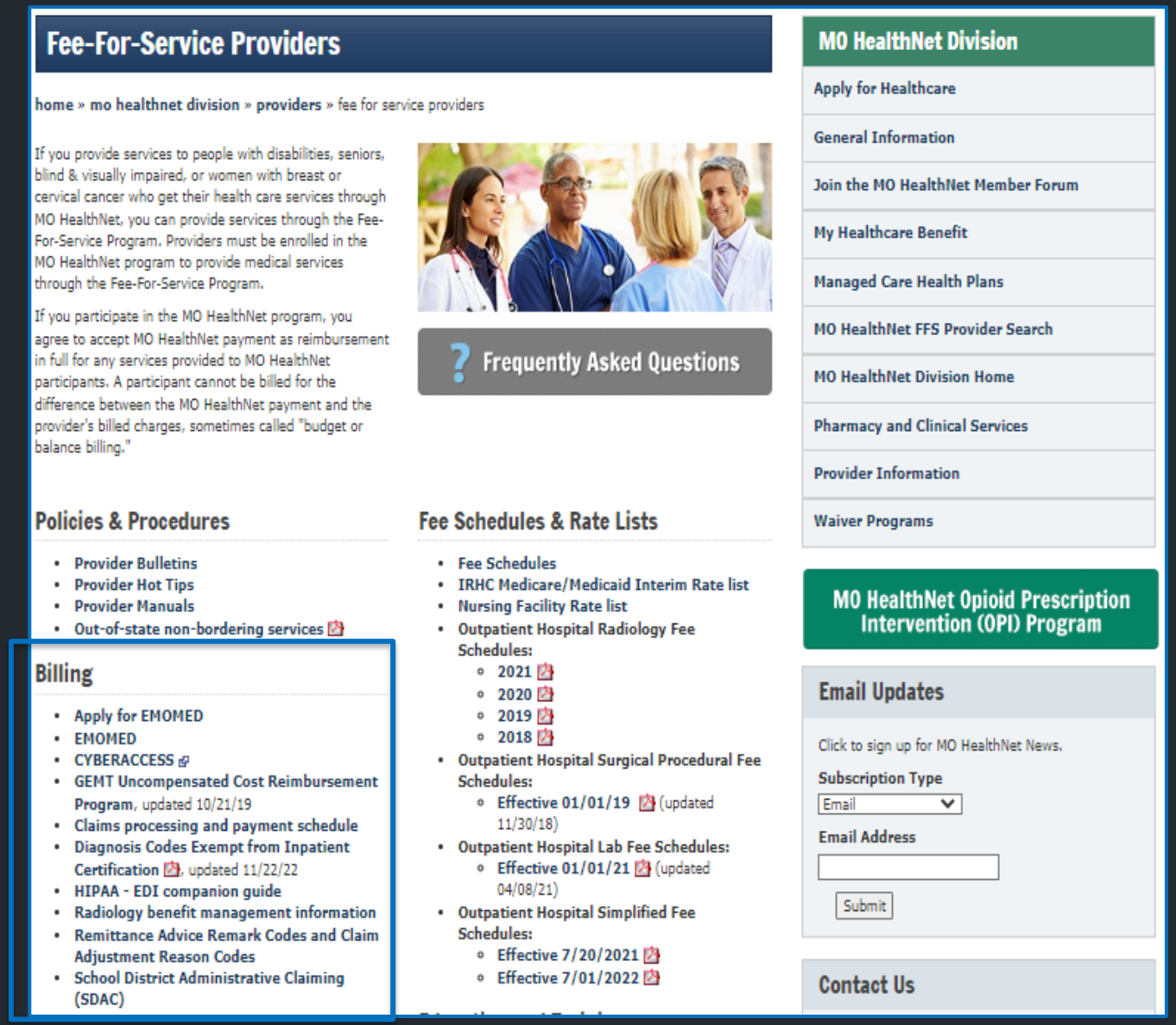
There will be a Phase II of this project that will require more changes and updates.

If you see something that is outdated, not consistent, etc., please send us an email at Ask.MHD@dss.mo.gov so that we can make the Provider Manuals the best that they can be.

Billing

This section lists a variety of resources helpful to providers when billing, including:

- Apply for eMOMED
- eMOMED
- Claims Processing & Payment Schedule
- Exempt Diagnosis Codes
- Remittance Advice Remark and Claim Adjustment Reason Codes



Fee-For-Service Providers

home » mo healthnet division » providers » fee for service providers

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Frequently Asked Questions

Policies & Procedures

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

Billing

- Apply for EMOMED
- EMOMED
- CYBERACCESS
- 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:
  - 2021
  - 2020
  - 2019
  - 2018
- Outpatient Hospital Surgical Procedural Fee Schedules:
  - Effective 01/01/19 (updated 11/30/18)
- 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

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

Email Address

Submit

Contact Us

Billing

In eMOMED, providers can do the following:

- Submit, adjust or research Fee-For-Service (FFS) claims
- Check eligibility
- Prior Authorization status
- Send messages on claim and eligibility questions
- Access Claim Confirmations and Remittance Advice
- Check Provider Enrollment status

Claims Processing & Payment Schedule

The **Claims Processing and Payment Schedule** tells a provider when to submit their claims in order to get paid on the Provider Check Date.

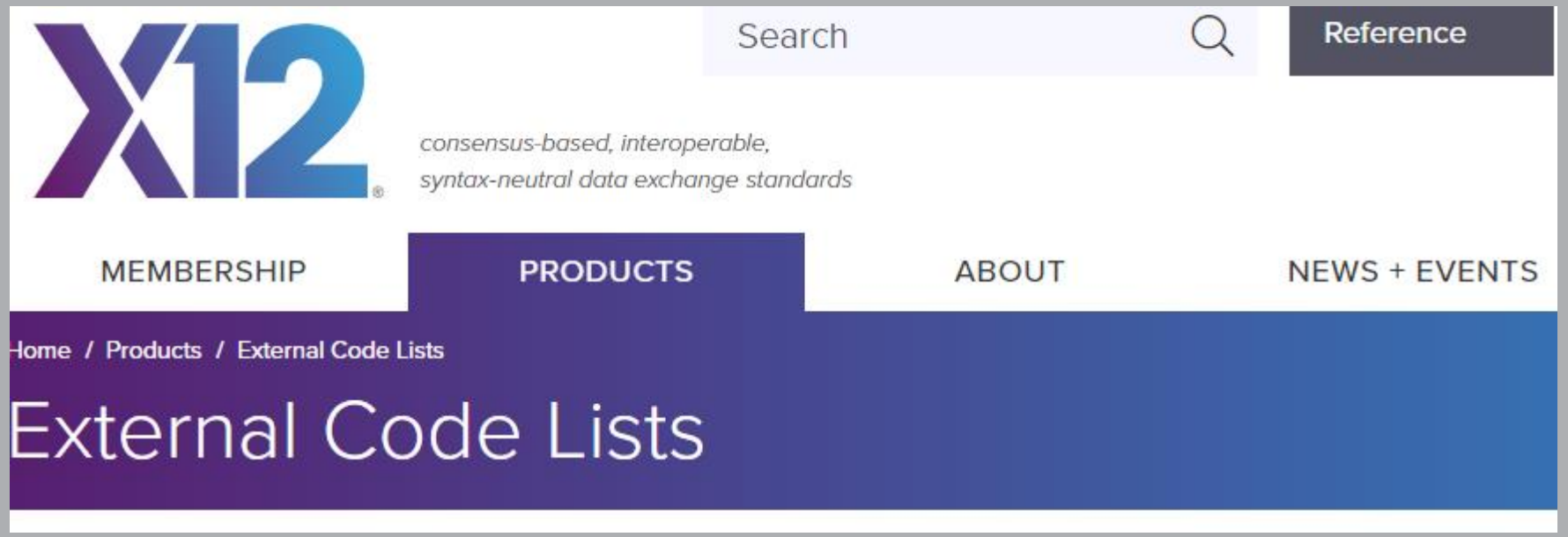
For example:
If a provider submits a claim by 5:00 pm on 5/26/2023, they will receive payment on 6/9/2023.

MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2023

FINANCIAL CYCLE DATE	PROVIDER CHECK DATE	BEGINNING CLAIM CAPTURE CURRENT CYCLE	ENDING CLAIM CAPTURE[1]
Friday 06/24/2022	Thursday 07/07/2022	Wednesday 06/08/2022	Friday 06/24/2022
Friday 07/08/2022	Friday 07/22/2022	Saturday 06/25/2022	Friday 07/08/2022
Friday 07/22/2022	Friday 08/05/2022	Saturday 07/09/2022	Friday 07/22/2022
Friday 08/12/2022	Friday 08/19/2022	Saturday 07/23/2022	Friday 08/12/2022
Friday 08/26/2022	Friday 09/09/2022	Saturday 08/13/2022	Friday 08/26/2022
Friday 09/09/2022	Friday 09/23/2022	Saturday 08/27/2022	Friday 09/09/2022
Friday 09/23/2022	Friday 10/07/2022	Saturday 09/10/2022	Friday 09/23/2022
Friday 10/07/2022	Wednesday 10/19/2022	Saturday 09/24/2022	Friday 10/07/2022
Friday 10/21/2022	Friday 11/04/2022	Saturday 10/08/2022	Friday 10/21/2022
Friday 11/11/2022	Friday 11/18/2022	Saturday 10/22/2022	Friday 11/11/2022
Friday 11/25/2022	Friday 12/09/2022	Saturday 11/12/2022	Friday 11/25/2022
Friday 12/09/2022	Friday 12/23/2022	Saturday 11/26/2022	Friday 12/09/2022
Friday 12/23/2022	Friday 01/06/2023	Saturday 12/10/2022	Friday 12/23/2022
Friday 01/06/2023	Wednesday 01/18/2023	Saturday 12/24/2022	Friday 01/06/2023
Friday 01/20/2023	Friday 02/03/2023	Saturday 01/07/2023	Friday 01/20/2023
Friday 02/03/2023	Friday 02/17/2023	Saturday 01/21/2023	Friday 02/03/2023
Friday 02/24/2023	Friday 03/03/2023	Saturday 02/04/2023	Friday 02/24/2023
Friday 03/10/2023	Friday 03/24/2023	Saturday 02/25/2023	Friday 03/10/2023
Friday 03/24/2023	Thursday 04/06/2023	Saturday 03/11/2023	Friday 03/24/2023
Friday 04/07/2023	Wednesday 04/19/2023	Saturday 03/25/2023	Friday 04/07/2023
Friday 04/21/2023	Friday 05/05/2023	Saturday 04/08/2023	Friday 04/21/2023
Friday 05/12/2023	Friday 05/19/2023	Saturday 04/22/2023	Friday 05/12/2023
Friday 05/26/2023	[illegible]	Saturday 05/13/2023	[illegible]
Friday 06/09/2023	Friday 06/23/2023	Saturday 05/27/2023	Wednesday 06/07/2023

Note 1: Ending Claim Capture date - Closeout is 5:00 p.m. on the date shown

Washington Publishing Company



Remittance Advice Remark Codes and Claim Adjustment Reason Codes

With the implementation of HIPAA national standards, previously used MO HealthNet edits and Explanation of Benefits (EOBs) will no longer appear on the Remittance Advice (RA).

Instead, HIPAA compliant Remittance Advice Remark (RARC) and Claim Adjustment Reason Codes (CARC) are used.

Explanations of the RARC and CARC are available on this site.

MoHealthNet

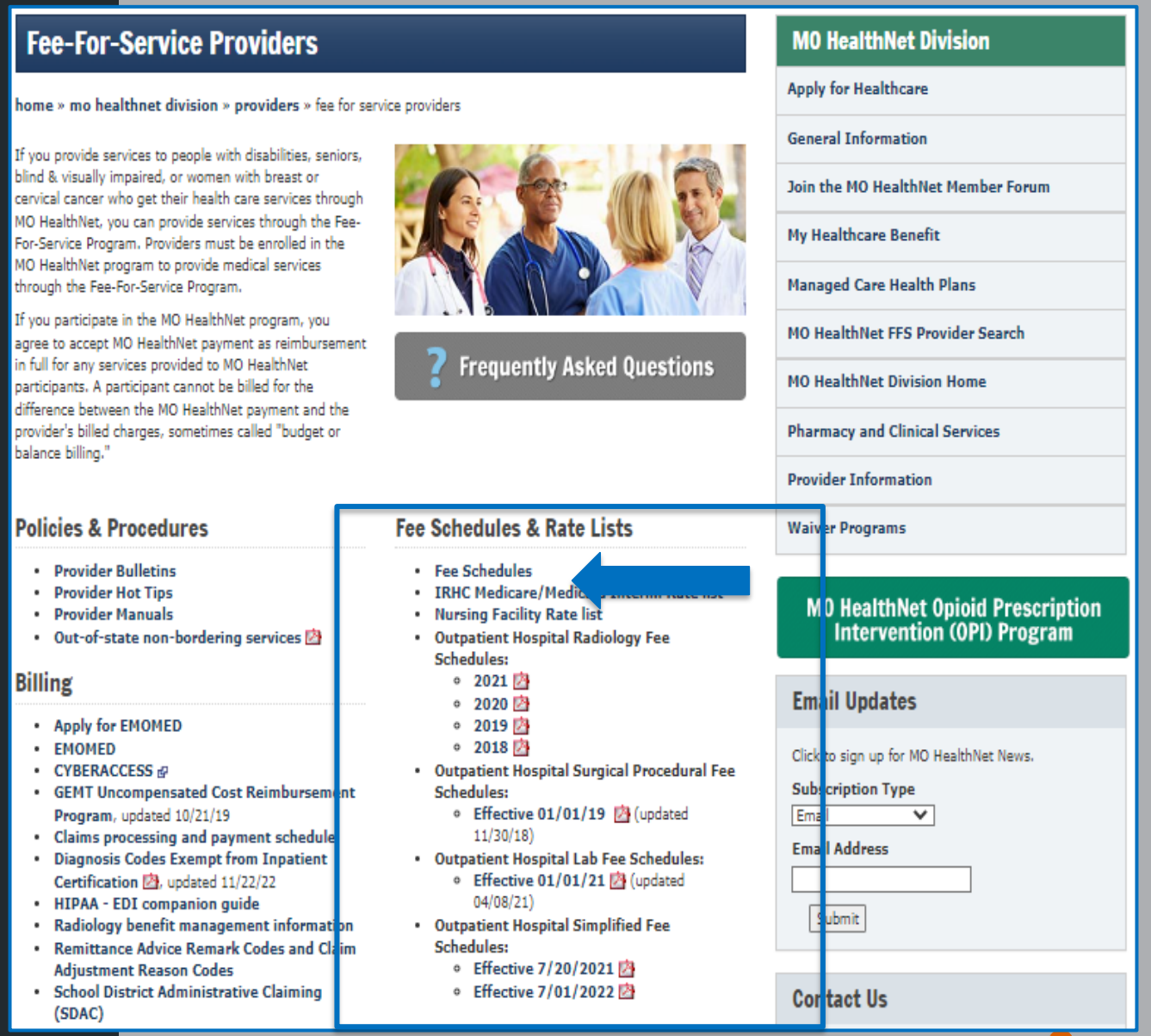
MHD Fee Schedules and Rate Lists

The MHD Fee Schedule gives information regarding codes in each column.

The tables also provide modifier information, including:

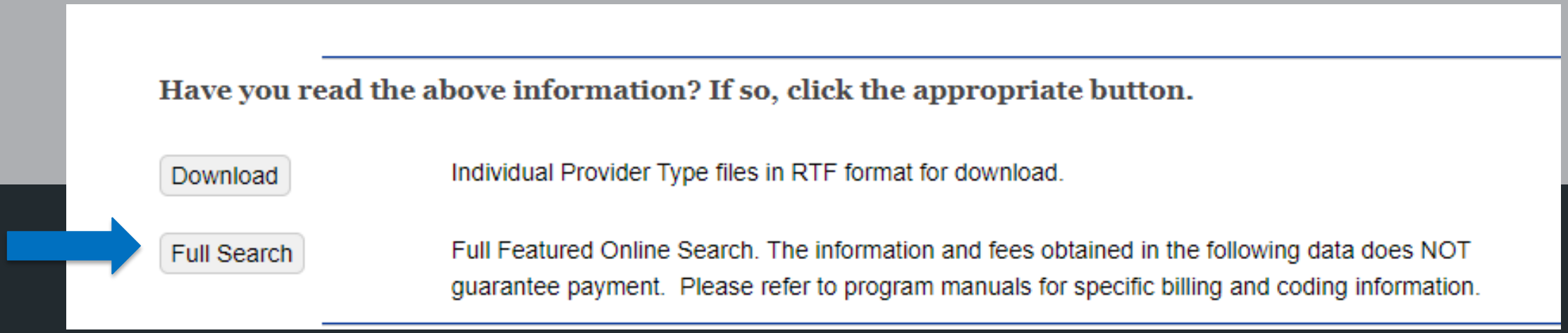
- Pricing
- Active/Inactive
- Routing

The next slides will detail how to search for the information a provider may need from the Fee Schedule.

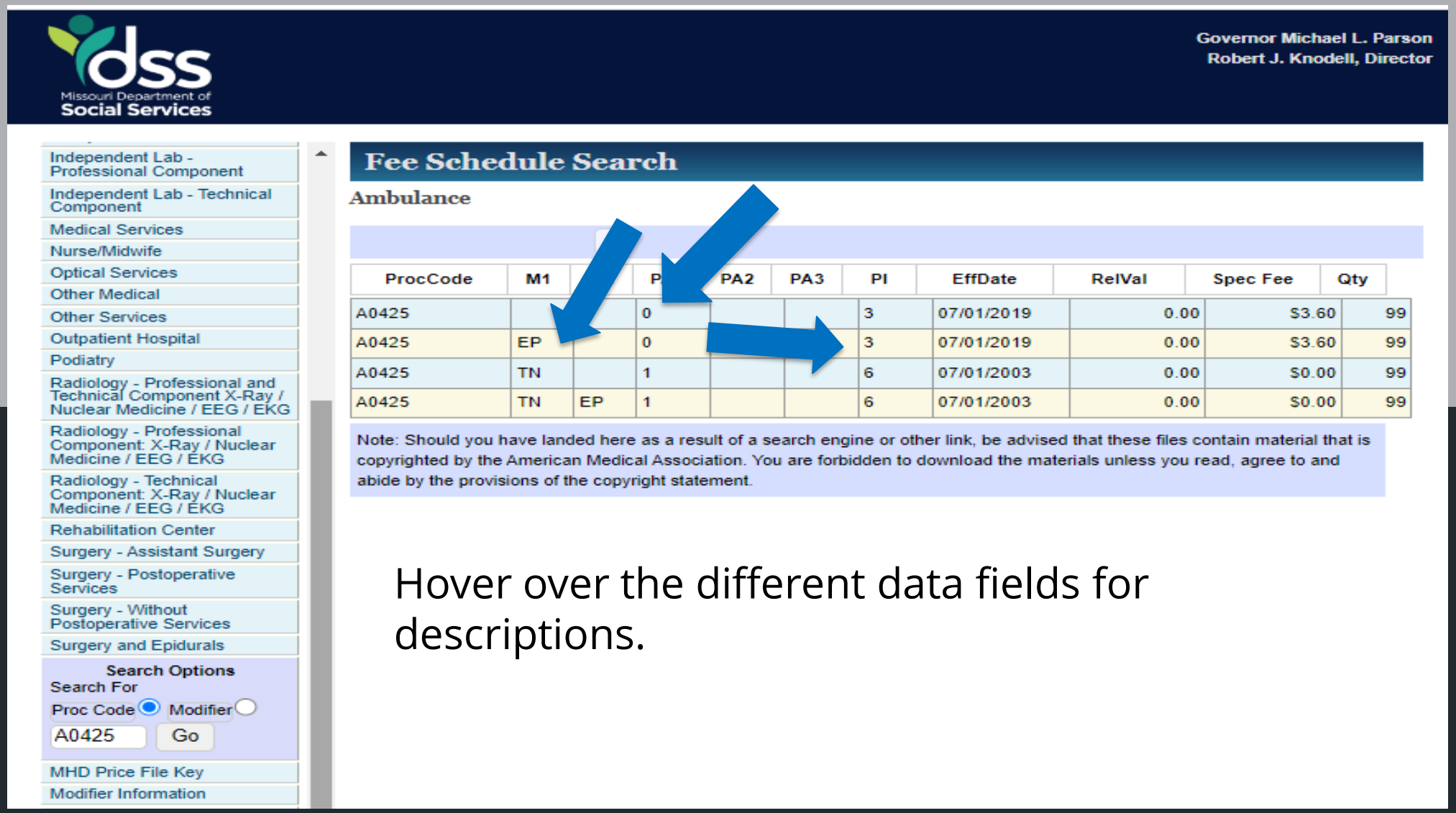


General Fee Schedule

The Full Search option is used by most providers because it's a very easy resource to navigate.



Full Search Option

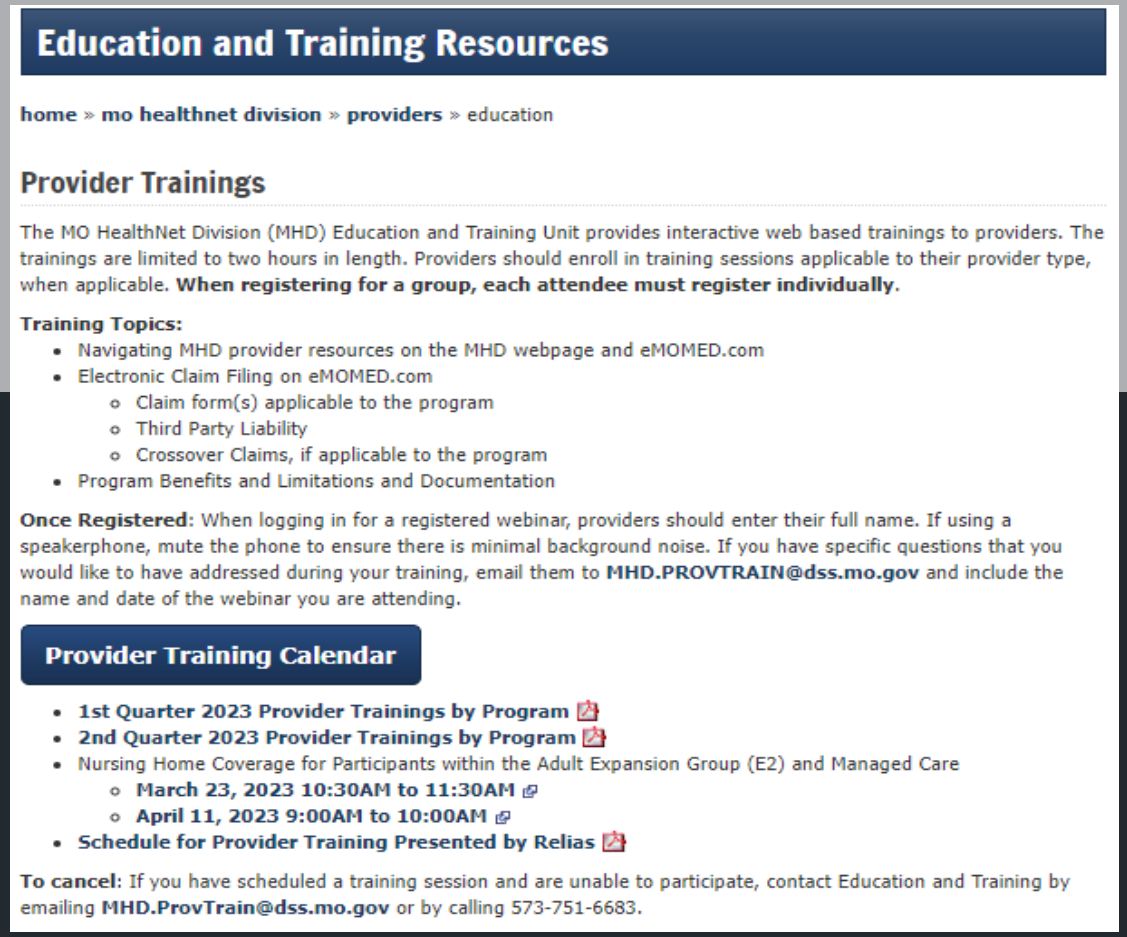


Hover over the different data fields for descriptions.

Education and Training Resources

Visit our Education and Training Resources page

View our Training Calendar and register for a Provider Training



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
  - 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
  - **March 23, 2023 10:30AM to 11:30AM**
  - **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.

MO HealthNet Provider Trainings

home » mo healthnet division » providers » training

MO HealthNet Provider Training

Today | April 2023 | Print | Week | Month | Agenda

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28 12pm Maternal Hea	29	30	31	Apr 1
2	3	4 9am Inpatient/Outp	5 9am Medical Clinics	6	7	8
9	10	11 9am Nursing Home 1pm Applied Behav	12	13	14	15
16	17	18	19	20	21	22
23	24	25 1pm Speech, Physi	26	27	28	29
30	May 1	2 9am Dental Billing 9am Inpatient/Outp	3 10am Medical Clinic	4	5	6

Events shown in time zone: Central Time - Chicago

Google Calendar

Education and Training Resources

Visit our Provider Specific Resource Materials

And our General Resources for all Providers

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
- SMHK Member 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
- Trauma Informed Resources

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 11/2021
- Care Management in Managed Care

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 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

Medicare and Medicaid

Claim Resources

Medicare Part C – QMB
Medicare Part C non QMB

How do Medicare/Medicaid payments work?

MO HealthNet with Medicare Part B-
MO HealthNet will pay coins insurance and deducible for Medicare **covered** services.
(Crossover claim Part B- claim should crossover to Medicaid automatically)
If Medicare doesn't cover the service it can be billed on a CMS-1500 and paid up to the allowable. (Report Medicare RA/EOB information on the claim)

MO HealthNet with Medicare Part C with QMB-
MO HealthNet will pay coins insurance and deducible for Medicare **covered** services.
(Crossover claim Part C QMB -claim won't crossover automatically)
If Medicare doesn't cover the service it can be billed on a CMS-1500 and paid up to the allowable. (Report Medicare/part C RA/EOB information on the claim)

MO HealthNet with Medicare Part C non-QMB-
MO HealthNet won't pay coinsurance and deductible for Medicare covered services. (Bill on a Medical CMS-1500 and report Part C AR/EOB)
MO HealthNet will pay up to the allowable on MO HealthNet covered codes.

Provider Resource Guide

The Provider Resource Guide 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 criteria.

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 eMOMED 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 MHD.ClinicalServices@dss.mo.gov or visit the Pharmacy and Clinical Services 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 Family MO HealthNet Manual, TPL Information for Providers, or take the MHD Education and Training TPL Course.

Education and Training

Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED. Contact Education and Training at MHD.Education@dss.mo.gov or call **(573) 751-6683**. Visit Education and Training Resources 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 sesd@ip.sp.mo.gov or fax to **(855) 600-3754**. For questions, contact Spenddown.Unit@dss.mo.gov or call **(855) 600-4412**. Visit Spend Down Pay-In FAQs 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 health plan, contact a Managed Care Liaison at MHD.MCCommunications@dss.mo.gov. For more information on Managed Care Plan, visit Managed Care Providers.

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.

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 Babies Pregnant Women income above 196% and up to 300%
18	MO HealthNet for Pregnant Women	96	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		

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, Haitian, 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)
12/22/2021	Ambulatory Surgical Center
12/22/2021	Behavioral Health Services
12/22/2021	Dental
12/22/2021	Durable Medical Equipment (DME)
12/22/2021	Habilitative Occupational_Physcial_and_Speech Therapies
12/22/2021	Hearing Aid
12/22/2021	Home Health
12/22/2021	Hospice
12/22/2021	Hospital
12/22/2021	Long Term Care
12/22/2021	Non-Emergency Medical Transportation (NEMT)
12/22/2021	Optical
12/22/2021	Personal Care
12/22/2021	Pharmacy
12/22/2021	Physicians and Clinics
12/22/2021	Private Duty Nursing
12/22/2021	Therapies - Occupational, Physical, and Speech

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, 64, 65, 66, 68, 70	Yes
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited**
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Benficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No

Notes: *Children under 21 years of age and participants in catergory of assistance for pregnant women, the blind or 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.

Eligibility and Spend Down

See the Eligibility and Spend Down resource on the Education and Training Page

Participant Annual Review

Participant Annual Review Date

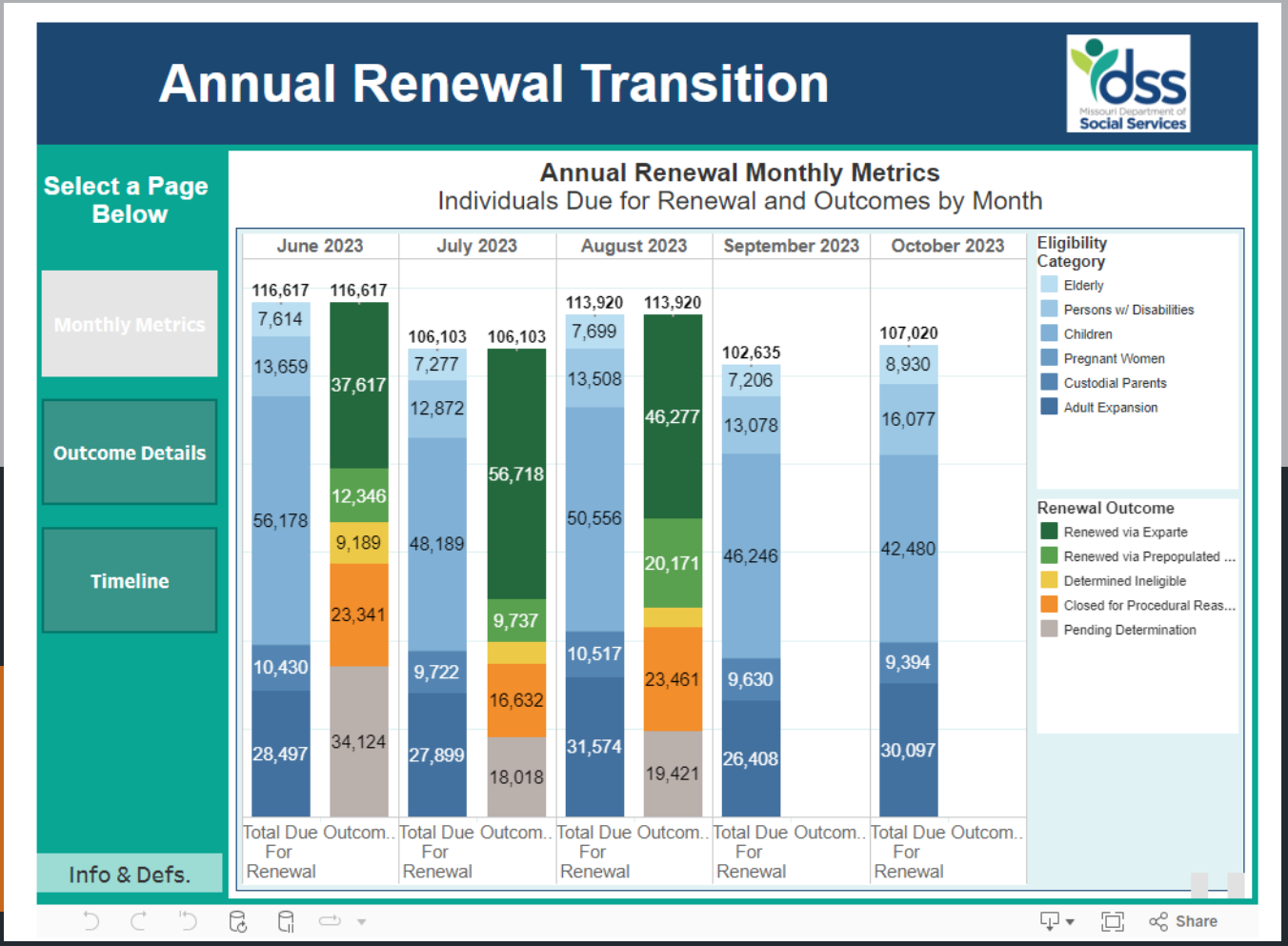
Beginning April 1, 2023, the Family Support Division (FSD) resumed processing annual renewals for all MO HealthNet participants. We are asking providers to help spread the word so Missourians can stay informed. You can help by reminding participants about their upcoming annual review dates.

Providers can find a participant's annual review date in one of two ways:
Utilize the Participant Annual Review Date option in **eMOMED**
Or Contact Provider Communications at (573) 751-2896.

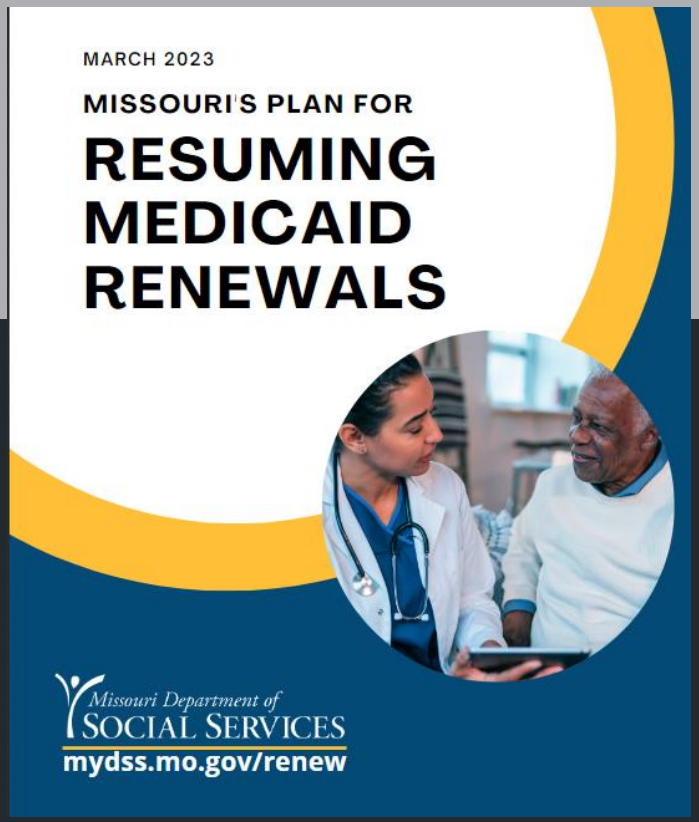
Participants can find additional information on the **Renewing Your Medicaid Eligibility** website.

Medicaid Annual Renewals

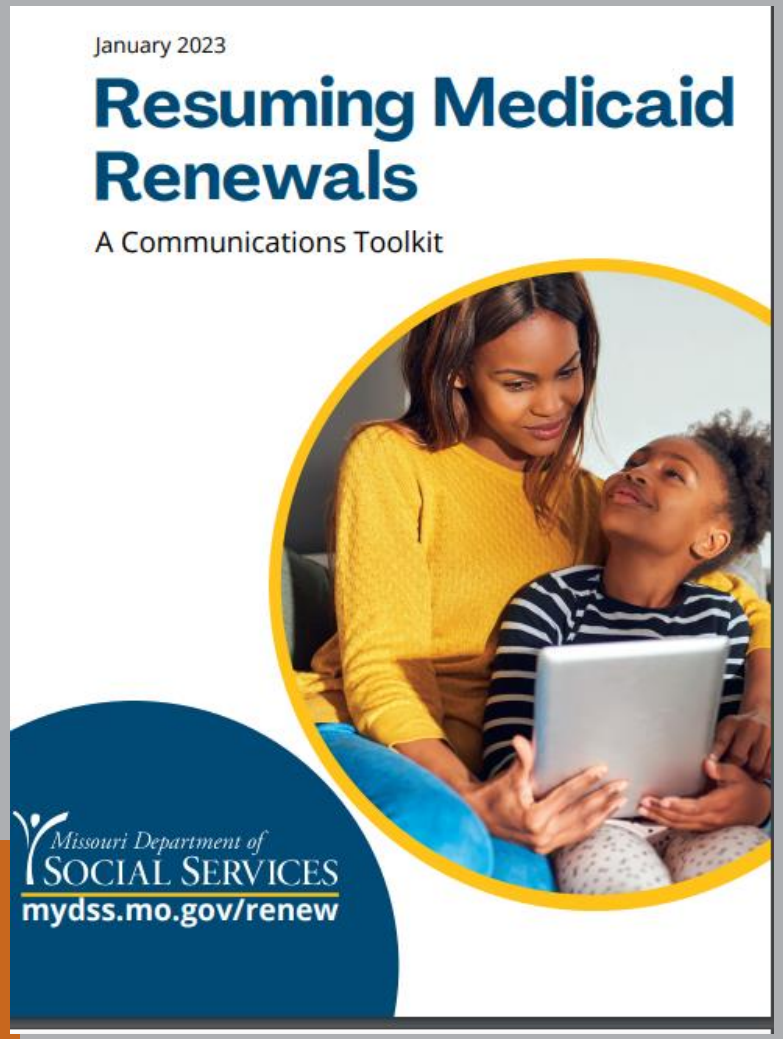
More than 1.4 million Missourians have healthcare coverage through MO HealthNet and will be impacted by this change.



View [Missouri's State Plan for Resuming Annual Renewals] to learn more about our processes and planning



Participant Annual Review



Annual Renewal Communications Toolkit

Partners & Providers: Help Spread the Word

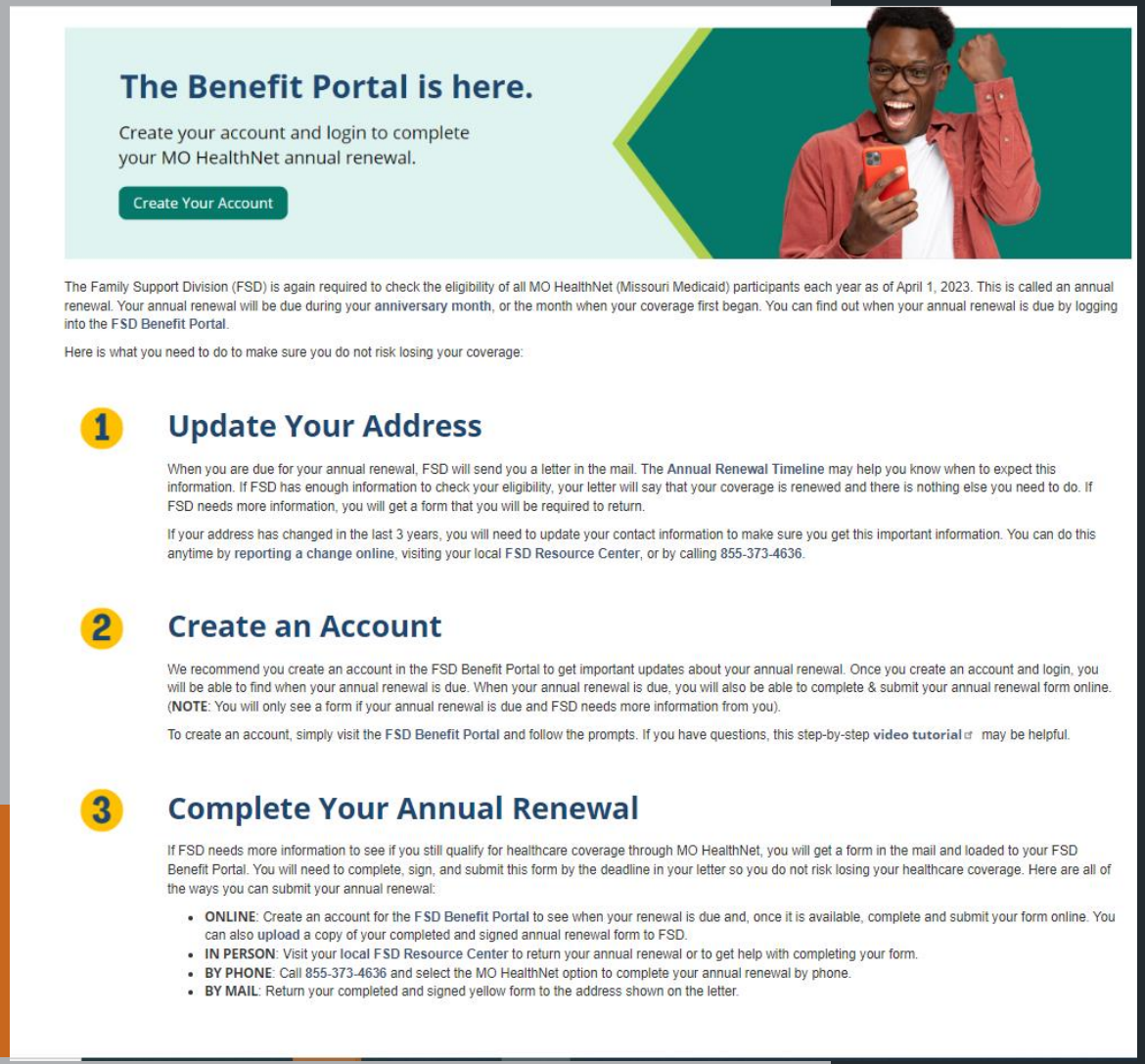
We are asking partners, advocates, providers, and friends to help spread the word so Missourians can stay informed.

Explore our communications plan, along with helpful tools and resources, in our **Communications Toolkit**

Reminding individuals to update their contact information **online** or by phone at **855-373-4636**

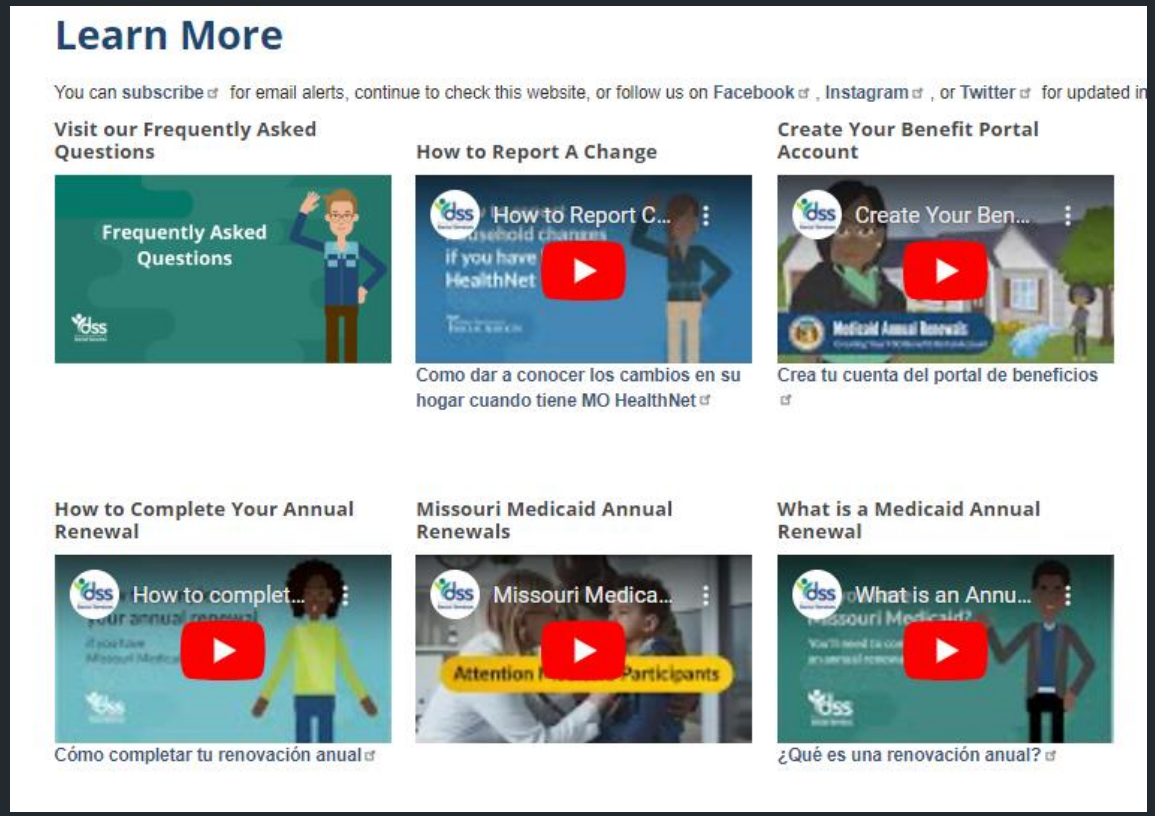
Helping members **update their contact information** if they need assistance

Participant Annual Review



Participant Resources

- New Benefit Portal
- YouTube Videos
- **Phone 855-373-4636**



Visit: Renewing Your Medicaid Eligibility

Medicaid Annual Renewals: Outreach Materials

Medicaid Annual Renewals: Outreach Material

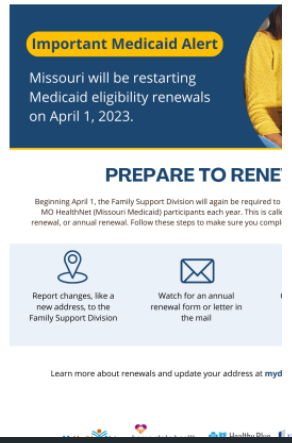
More than 1.4 million Missourians have healthcare coverage through MO HealthNet and will be impacted by the return of annual renewals. We are asking partners, advocates, providers, and friends to help spread the word so Missourians can stay informed. You can help by:

- Directing individuals to our website: **mydss.mo.gov/renew**
- Emailing, posting, or handing out the materials below
- Reminding individuals to update their contact information **online** or by phone at **855-373-4636**
- Helping members **update their contact information** if they need assistance

Flyers

Medicaid Eligibility Renewal flyer for Providers

Medicaid Eligibility Renewal flyer fo



Social Media

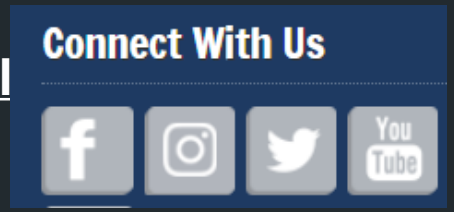
Update Mailing Address

[Facebook]
ATTENTION MISSOURI MEDICAID PARTICIPANTS: If you have moved anytime in the last three years, make sure your mailing address is up to date. You can update your address by visiting myDSS.mo.gov and selecting, "**Report a Change**."

[Twitter & Instagram]
ATTENTION MISSOURI #MEDICAID PARTICIPANTS: Make sure your mailing address is up to date. You can update your address by visiting myDSS.mo.gov and selecting, "**Report a Change**."

Download Facebook Graphic Download Twitter Graphic Download Instagram Graphic

Follow the Missouri Department of Social Services on social media and help share information about annual renewals:
Facebook: **Missouri Department of Social**
Twitter: **DSS_Missouri**
Instagram: **mo.socialservices**



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

Provider Bulletin - MO HealthNet Postpartum Benefits

Verifying Eligibility

Once the provider determines the participant has or may have MO HealthNet eligibility, it is the provider's responsibility to check the participant's eligibility. Eligibility is updated daily so this must be done before every visit. The participant must be eligible on the date of service.

Reasons to check eligibility:

- Name on file
- Eligibility on date of service
- Medical eligibility/plan code
- Medicare
- Commercial insurance
- MO HealthNet Managed Care enrollment
- Administrative Lock-In
- Spend Down

Checking Eligibility

Providers can check eligibility in two ways:

Online through
eMOMED

Quick and Easy!

Contact Provider Communications at 573-751-2896, Option 1.

This an Interactive Voice Response (IVR) system that can address participant eligibility, last two check amounts, claim status inquiries, provider enrollment status, annual review date and more.

Spend Down

Spend down is a MO HealthNet program in which the participant has an amount that they must pay or reach each month before they are eligible for MO HealthNet coverage. It is similar to an insurance premium.

- The Family Support Division (FSD) determines spend down amounts based on a participant’s income and if it exceeds the allowable amount to qualify for MO HealthNet coverage.

- MO HealthNet only reimburses providers for covered medical expenses that exceed a participant's spenddown amount. The MHD system tracks the bills received for the first day of coverage until the bills equal the participant's remaining spenddown liability.

Provider Spend Down Form

Providers can assist participants with meeting their Spend Down by completing a Provider Spend Down form after services are rendered.

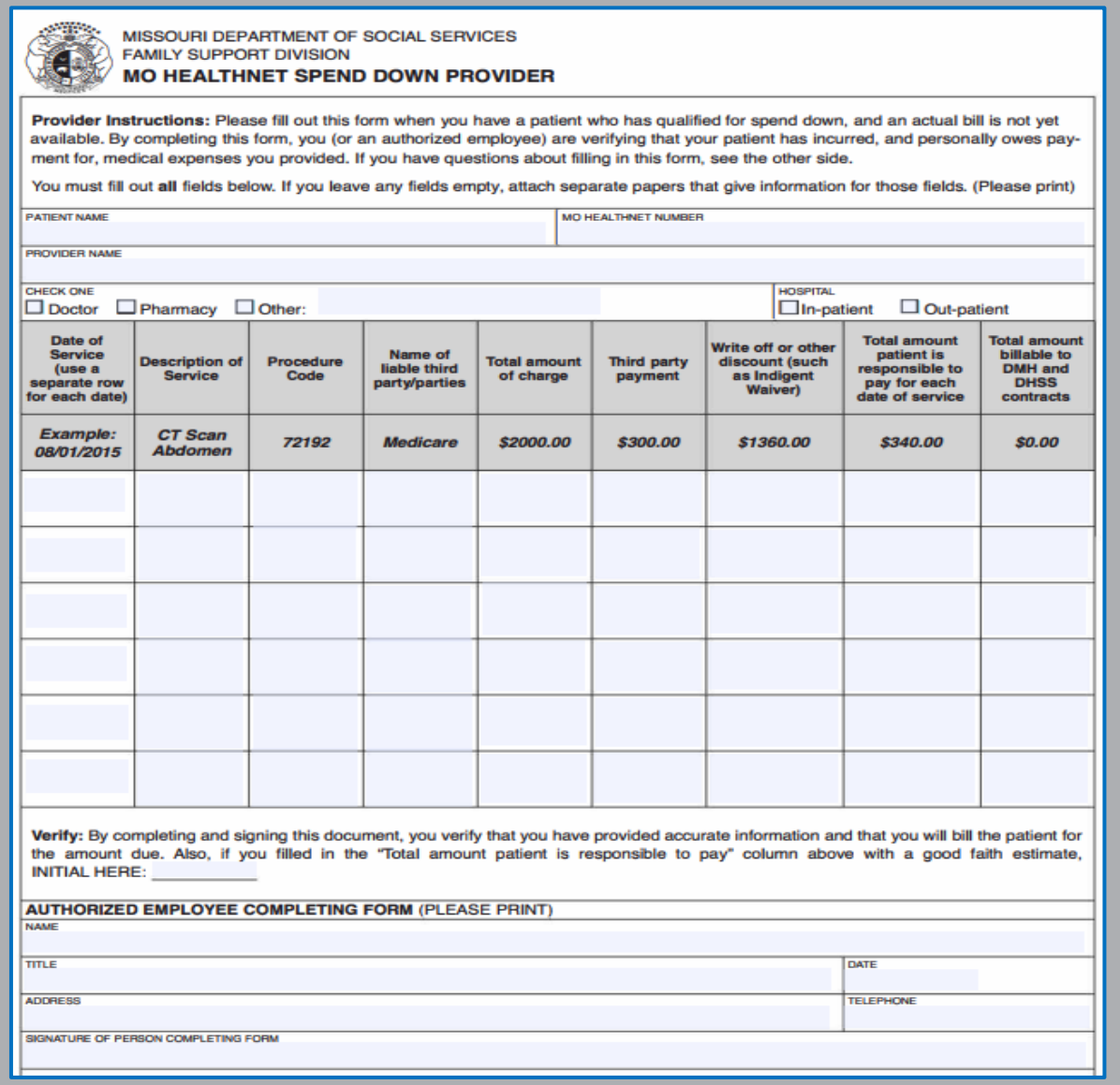
Completed Spend Down forms should be forwarded to the Provider Spend down Unit.

Scan and email Provider Spend Down forms to: **sesd@ip.sp.mo.gov** , including receipts and bills.

Email any questions or issues to:
SpendDown.Unit@dss.mo.gov

- Spend Down Unit phone number:
  (855) 600-4412

- Fax number for Spend Down ONLY:
  (855) 600-3754



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
MO HEALTHNET SPEND DOWN PROVIDER

Provider Instructions: Please fill out this form when you have a patient who has qualified for spend down, and an actual bill is not yet available. By completing this form, you (or an authorized employee) are verifying that your patient has incurred, and personally owes payment for, medical expenses you provided. If you have questions about filling in this form, see the other side.

You must fill out **all** fields below. If you leave any fields empty, attach separate papers that give information for those fields. (Please print)

PATIENT NAME | MO HEALTHNET NUMBER

PROVIDER NAME

CHECK ONE ☐ Doctor ☐ Pharmacy ☐ Other: | HOSPITAL ☐ In-patient ☐ Out-patient

Date of Service (use a separate row for each date)	Description of Service	Procedure Code	Name of liable third party/parties	Total amount of charge	Third party payment	Write off or other discount (such as Indigent Waiver)	Total amount patient is responsible to pay for each date of service	Total amount billable to DMH and DHSS contracts
Example: 08/01/2015	*CT Scan Abdomen*	*72192*	*Medicare*	*$2000.00*	*$300.00*	*$1360.00*	*$340.00*	*$0.00*

Verify: By completing and signing this document, you verify that you have provided accurate information and that you will bill the patient for the amount due. Also, if you filled in the "Total amount patient is responsible to pay" column above with a good faith estimate, INITIAL HERE: _____

AUTHORIZED EMPLOYEE COMPLETING FORM (PLEASE PRINT)

NAME

TITLE | DATE

ADDRESS | TELEPHONE

SIGNATURE OF PERSON COMPLETING FORM

MoHealthNet

Spend Down-Participant

Income changes need to be reported to FSD. Participants should contact the Family Support Division at (855) FSD-INFO with questions or concerns about their spend down amount.

Participants are responsible for their incurred medical expenses up to the spend down amount.

Coverage starts the day spend down is met and ends the last day of the month.
Spend down must be met the month a medical expense occurs for MO HealthNet to consider the claim for payment.

Participants can mail the full spend down payment to MHD for an entire month of coverage.

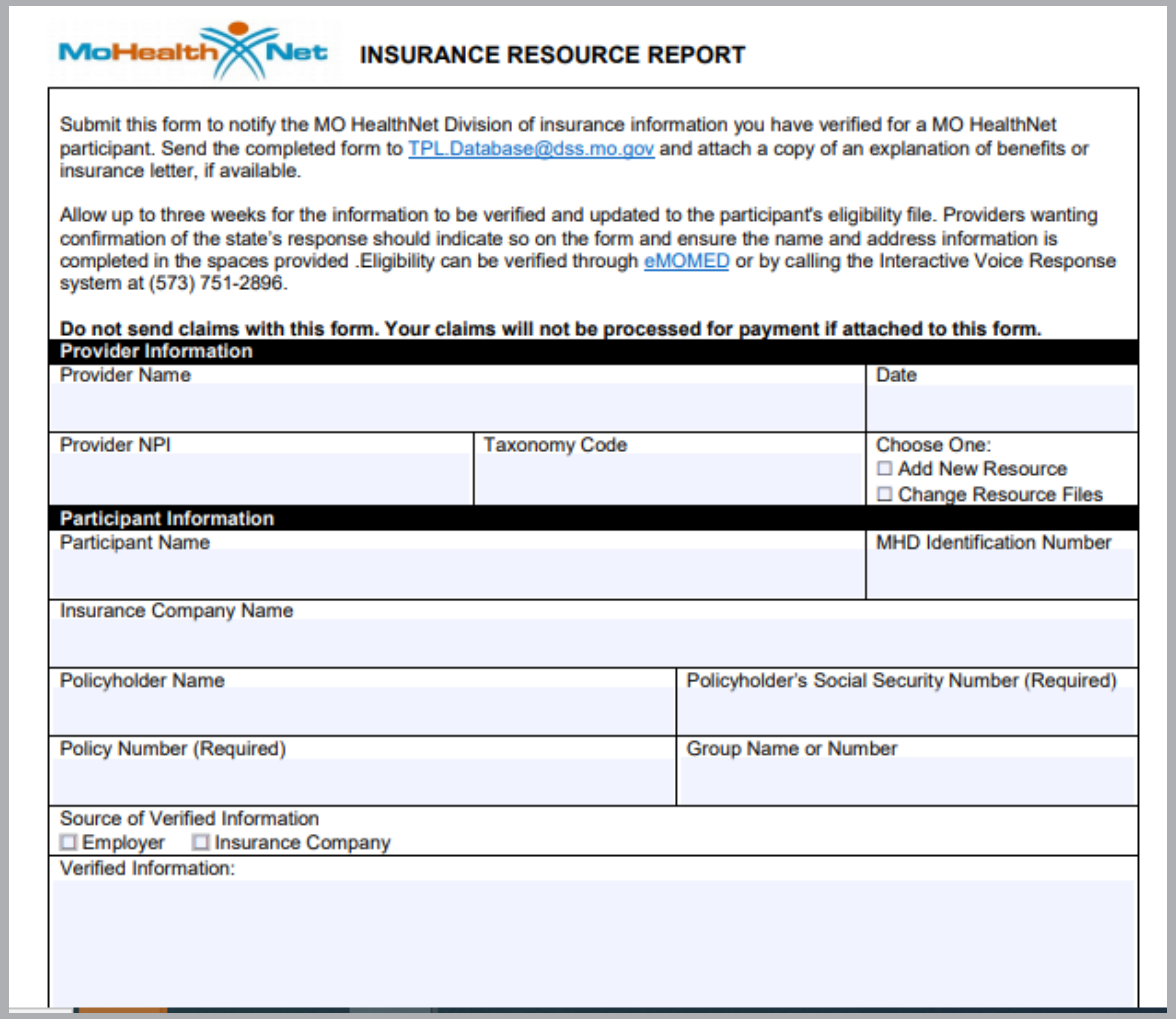
MO HealthNet Division
P.O. Box 808001
Kansas City, MO 64180-8001

Insurance Resource Report Form

Providers should complete an Insurance Resource Report (TPL-4) Form and send it to the Third Party Liability Unit (TPL) if they are made aware of an other payer that is not on participant's eligibility file.

The TPL Unit will verify if the insurance is active and add it to the participant's file. Providers should also complete the form to remove a payer that I no longer active.

This form should be emailed to MHD.CostRecovery@dss.mo.gov



MoHealthNet **INSURANCE RESOURCE REPORT**

Submit this form to notify the MO HealthNet Division of insurance information you have verified for a MO HealthNet participant. Send the completed form to TPL.Database@dss.mo.gov and attach a copy of an explanation of benefits or insurance letter, if available.

Allow up to three weeks for the information to be verified and updated to the participant's eligibility file. Providers wanting confirmation of the state's response should indicate so on the form and ensure the name and address information is completed in the spaces provided .Eligibility can be verified through eMOMED or by calling the Interactive Voice Response system at (573) 751-2896.

Do not send claims with this form. Your claims will not be processed for payment if attached to this form.

Provider Information

Provider Name		Date
Provider NPI	Taxonomy Code	Choose One: ☐ Add New Resource ☐ Change Resource Files

Participant Information

Participant Name		MHD Identification Number
Insurance Company Name		
Policyholder Name		Policyholder's Social Security Number (Required)
Policy Number (Required)		Group Name or Number
Source of Verified Information ☐ Employer ☐ Insurance Company		
Verified Information:		

MoHealthNet

eMOMED Overview

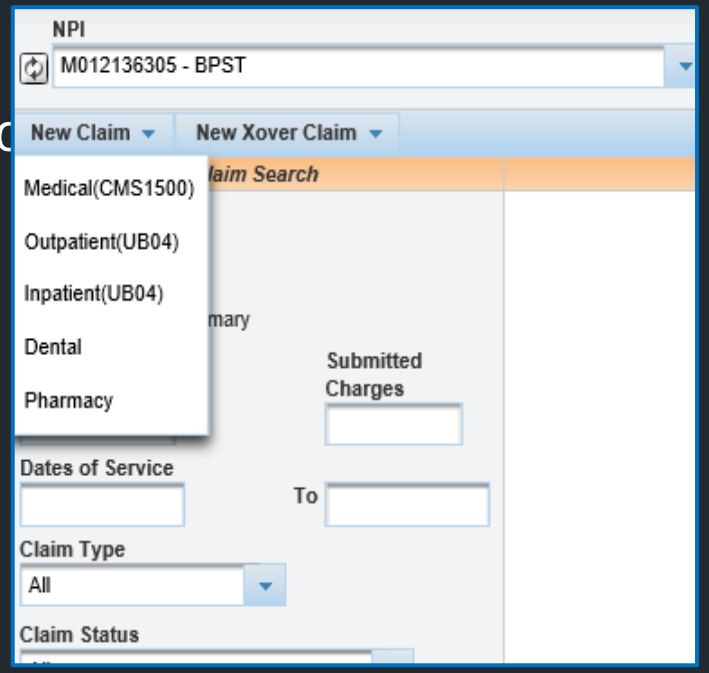
eMOMED Overview

- Claim Management
- Attachment Management
- Participant Eligibility
- Prior Authorization Status (PA)
- Provider Communications Management
- Participant Annual Review Date
- File Management
- Payment Information
- Provider Enrollment Status

MoHealthNet

Claim Management

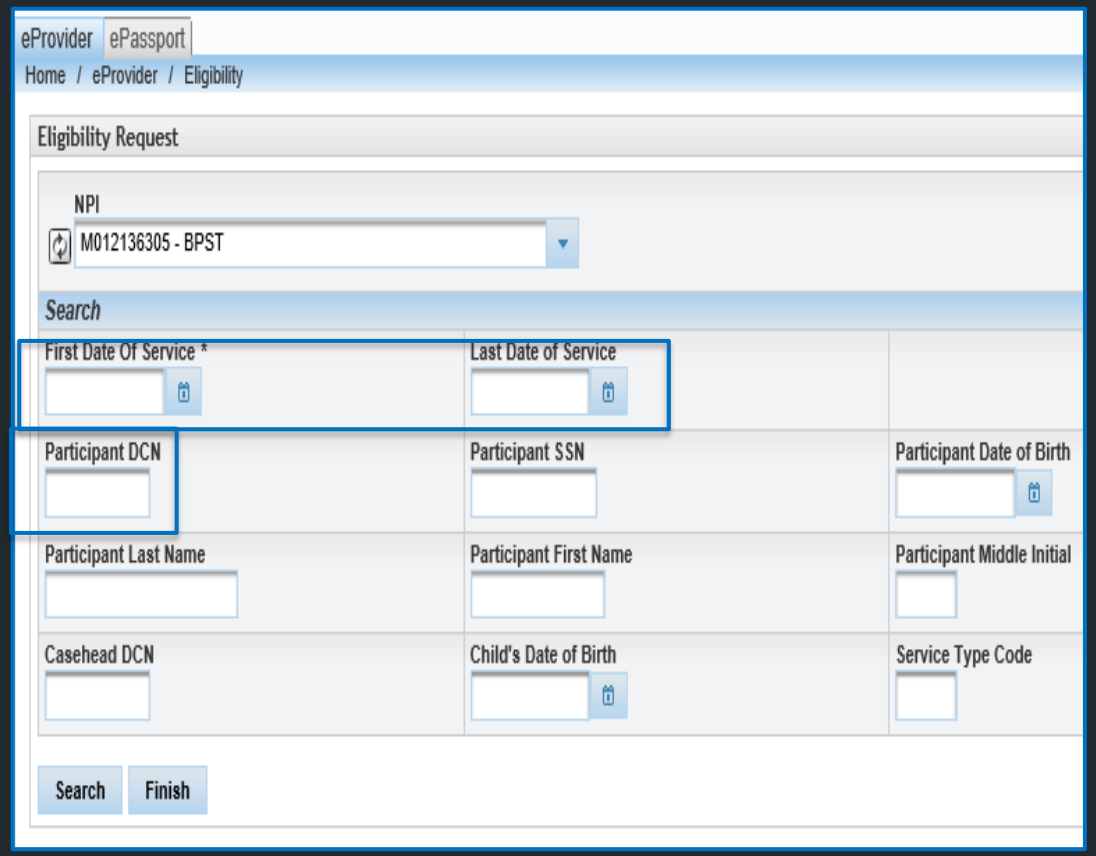
- New Claim-See the Billing Instructions Section of the Provider Manual for appropriate claim form
- New Crossover Claim
- Search Claim
  - ICN Search
  - Or Advanced



MoHealth Net

Participant Eligibility

Enter the participant's DCN and the Date of Service (DOS). DOS should be a current or past date.



MoHealthNet

Provider Communication Management

This option is a direct message to the Provider Communications Unit. They will respond within 24-48 hours.
Provider Communications answers questions regarding claims and eligibility issues.

Participant Eligibility

Check Amount Information

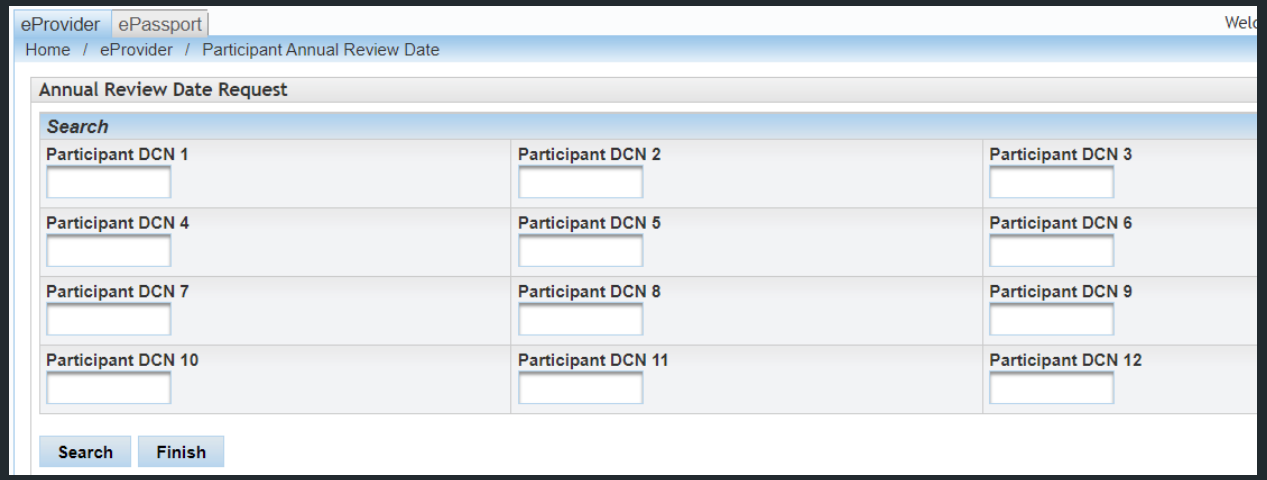
Claim Information

Provider Enrollment Status

Participant Annual Review Date

Participant Annual Review Date

Providers can use this option to check to see when a participant is scheduled for their annual review.



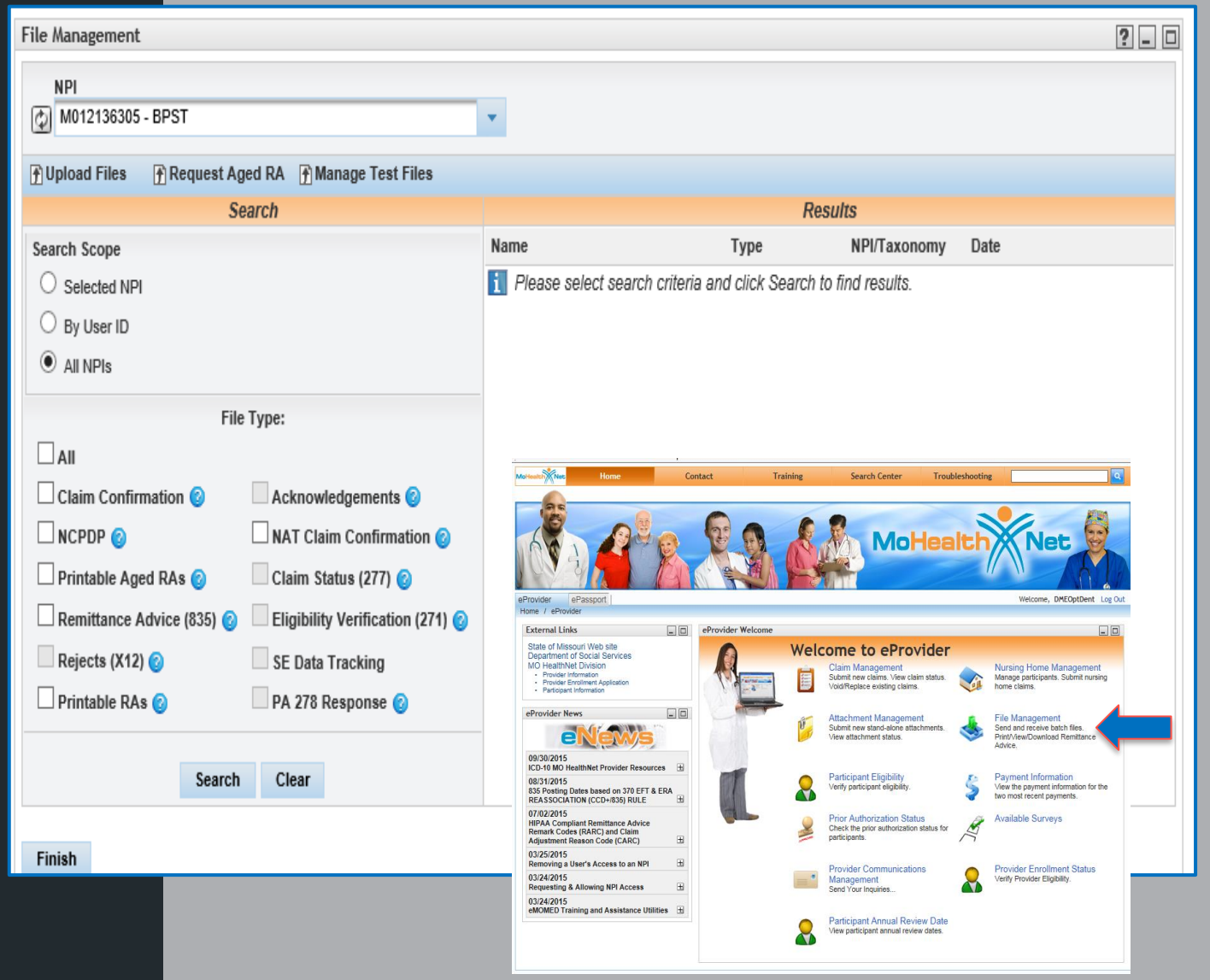
MoHealth Net

File Management

Remittance Advice (RA) **is a statement of paid or denied claims produced for providers twice a month.**

The File Management Portal provides:

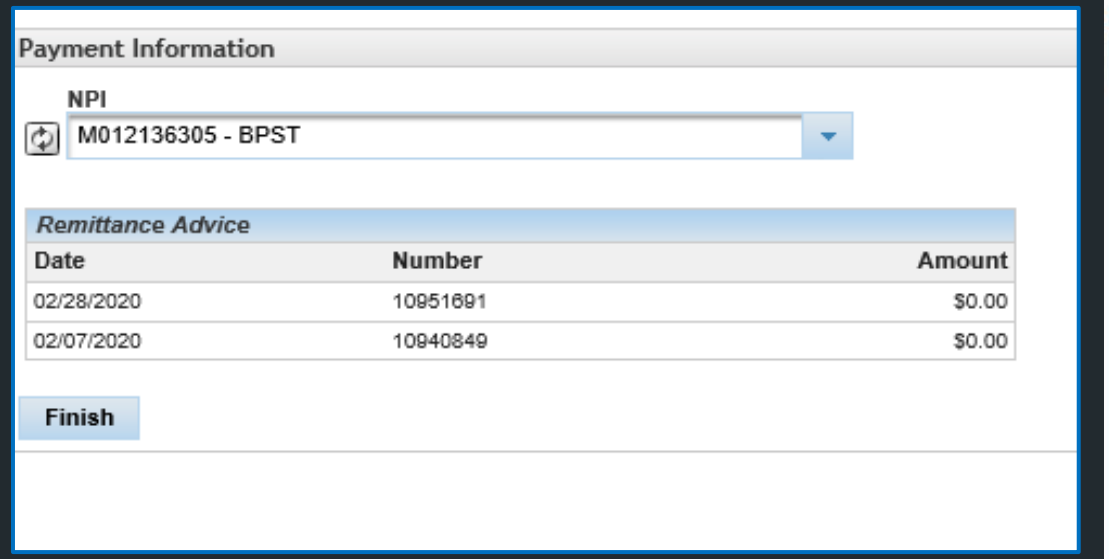
- 2 Months of RAs
- Aged RAs
- Claim status information
- Claim Confirmations



MoHealthNet

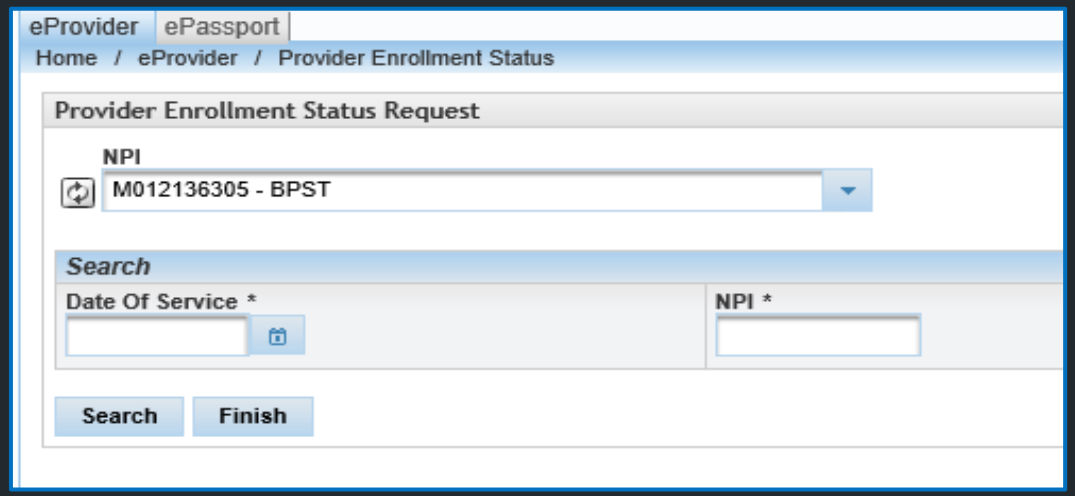
Payment Information

Direct Deposit information for last two billing cycles



Provider Enrollment Status

Provider Enrollment information; Ordering/ Prescribing/Performing providers must be enrolled.



MoHealth Net

Medical CMS-1500 Claim Samples

MO HealthNet Only
MO HealthNet + Commercial

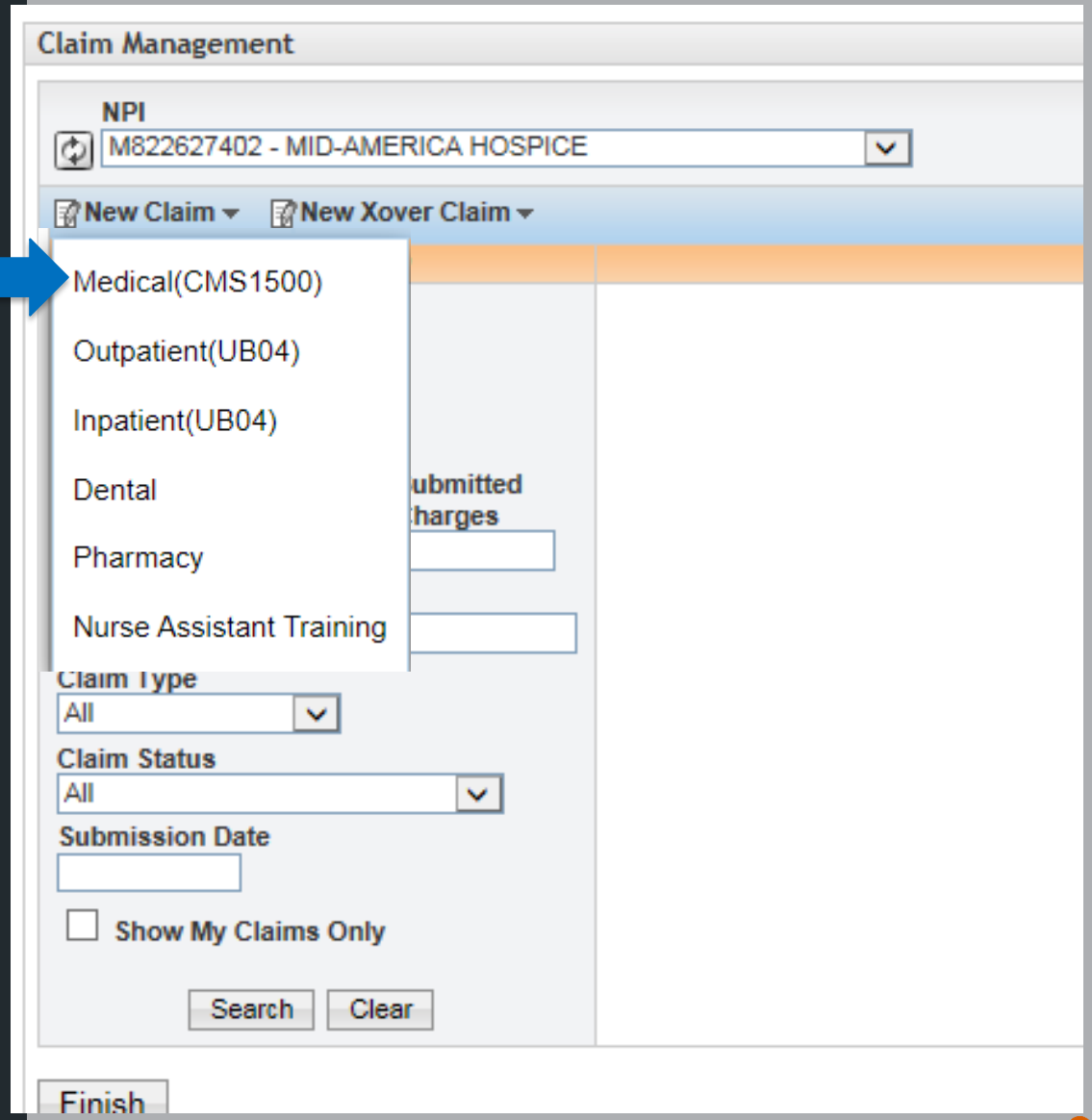
See Additional Resources on the Education and Training Page
Medicare Part C – QMB
Medicare Part C non QMB

Claims eMOMED

MO HealthNet Only

The following slides will explain how to enter a claim when there isn't an "other payer."

- **Click on New Claim**
- **Select Medical CMS-1500**

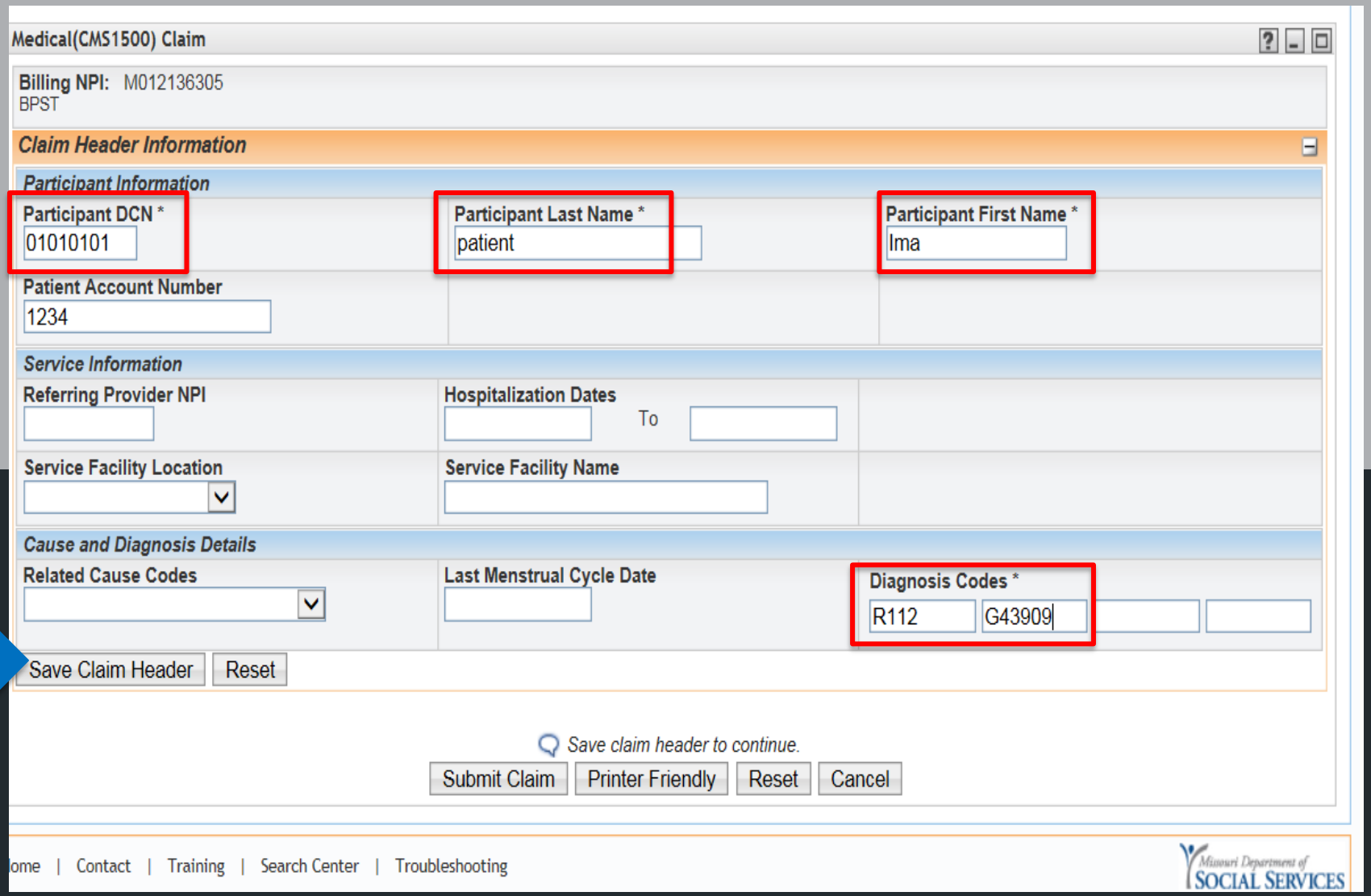


MO HealthNet Only

Claim Header

- DCN *
- Participant Last Name *
- Participant First Name *
- Patient Account Number (Optional)
- Diagnosis *

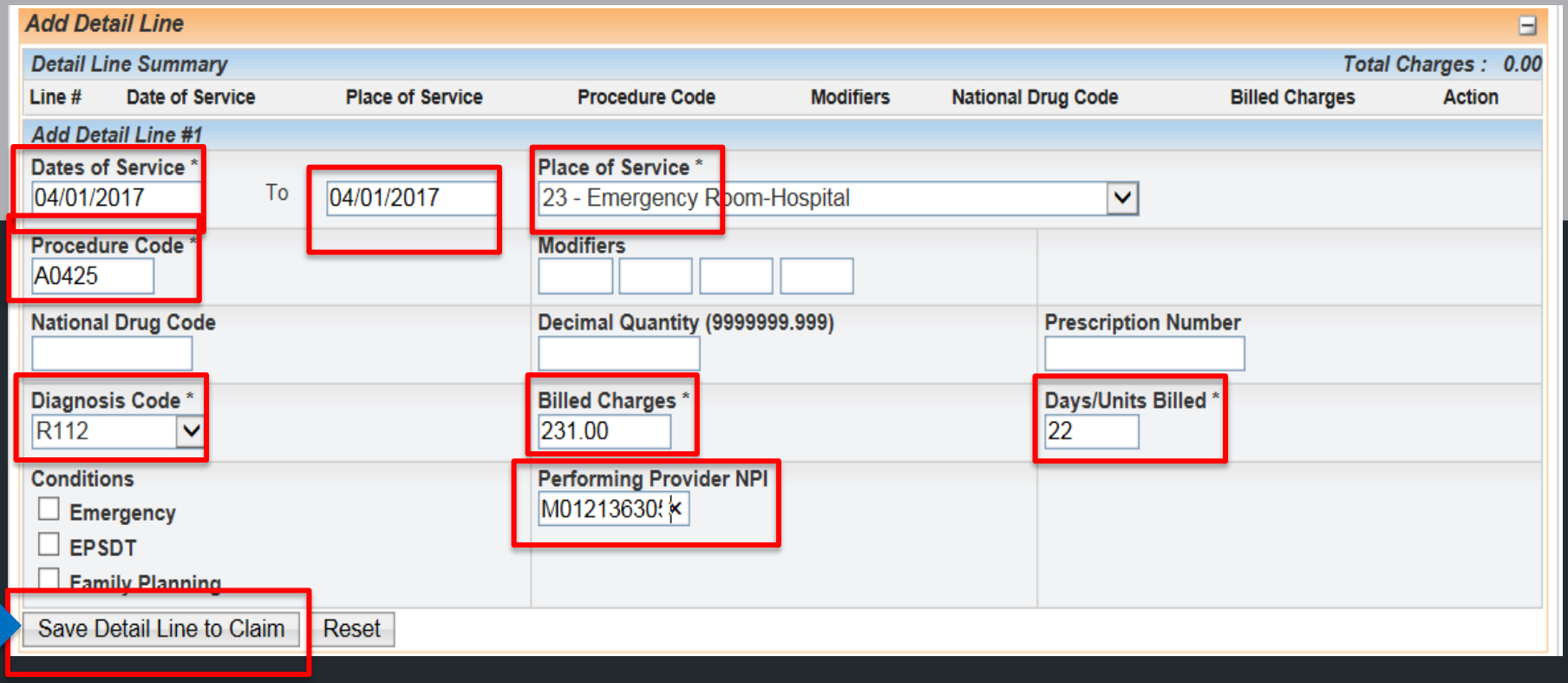
Complete the Required fields and click Save Claim Header



MO HealthNet Only

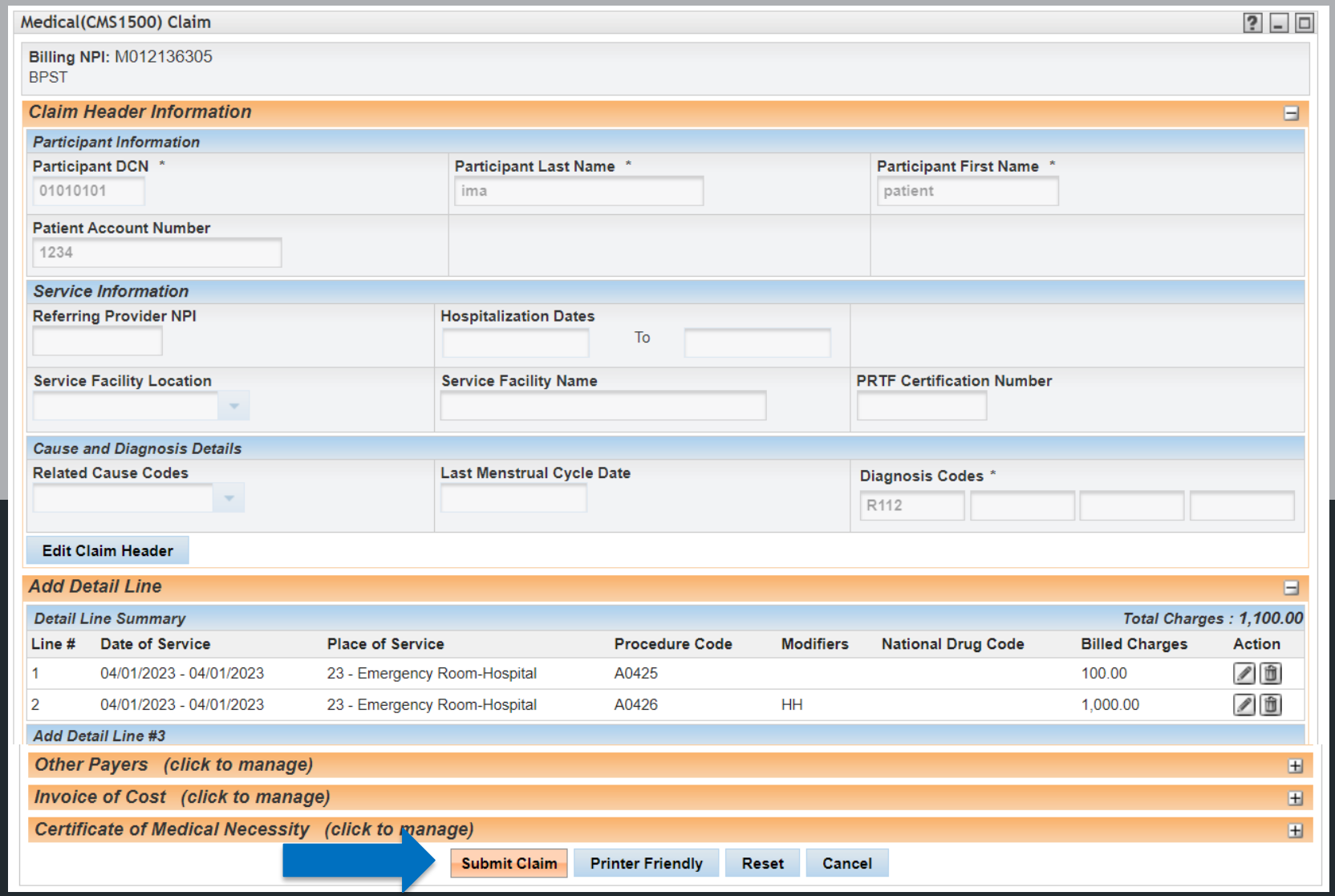
Claim Detail Line

- Dates of Service*
- Place of Service*
- Procedure Codes*
- Modifiers (if appropriate)
- Diagnosis Code*
- Billed Charges*
- Days/Unites Billed*
- Performing Provider NPI*



Complete the Required fields and click Save Detail Line to Claim

MO HealthNet Only

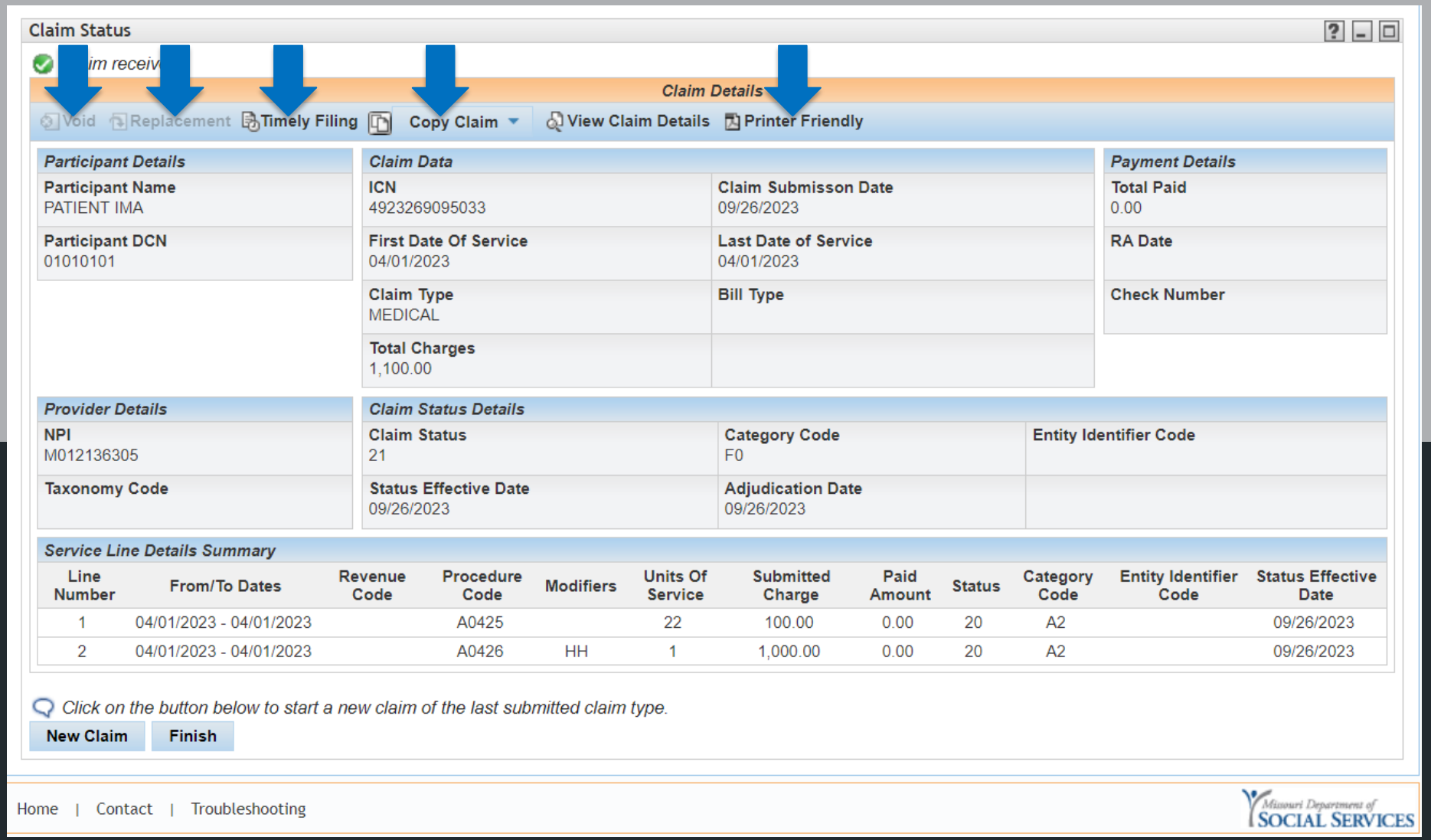


Select Submit Claim

MO HealthNet Only

Claim Status
Edit claims

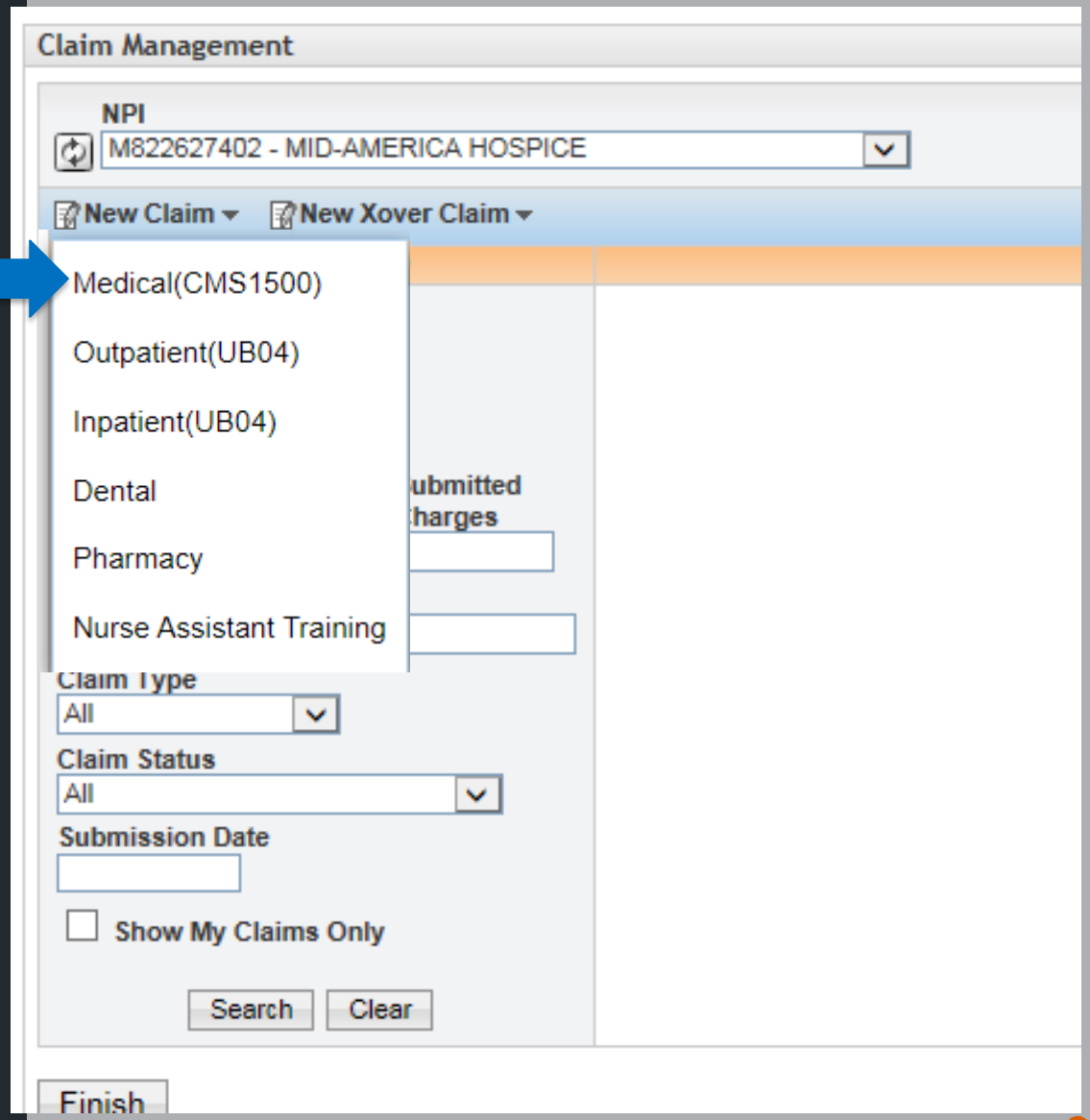
- Void/replace paid claim
- Timely Filing
- Copy Claim
- Printer Friendly



MO HealthNet + Commercial

The following slides will explain how to enter a claim with a commercial "other payer."

- **Click on New Claim**
- **Select Medical CMS-1500**

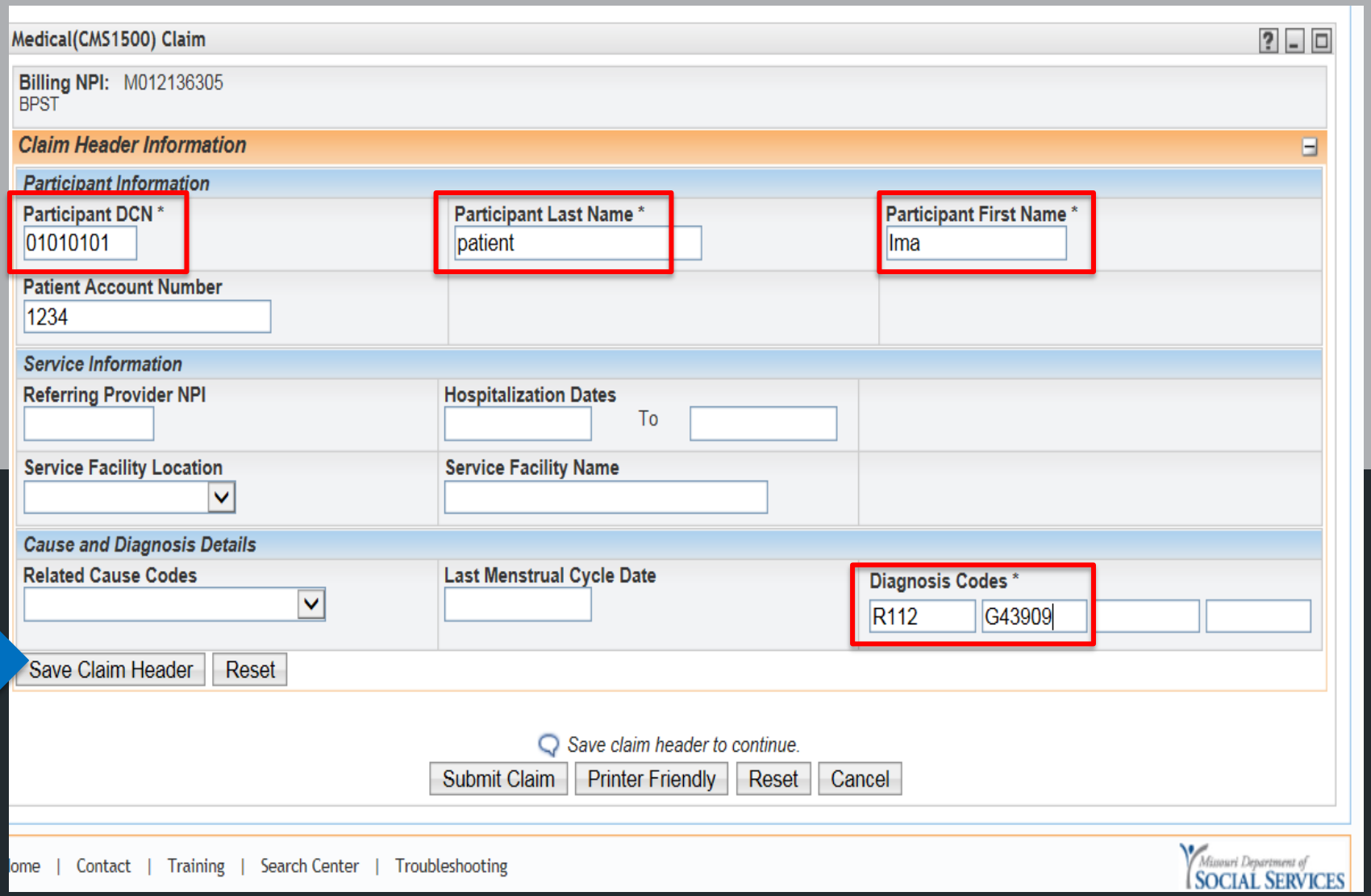


MO HealthNet + Commercial

Claim Header

- DCN *
- Participant Last Name *
- Participant First Name *
- Patient Account Number (Optional)
- Diagnosis *

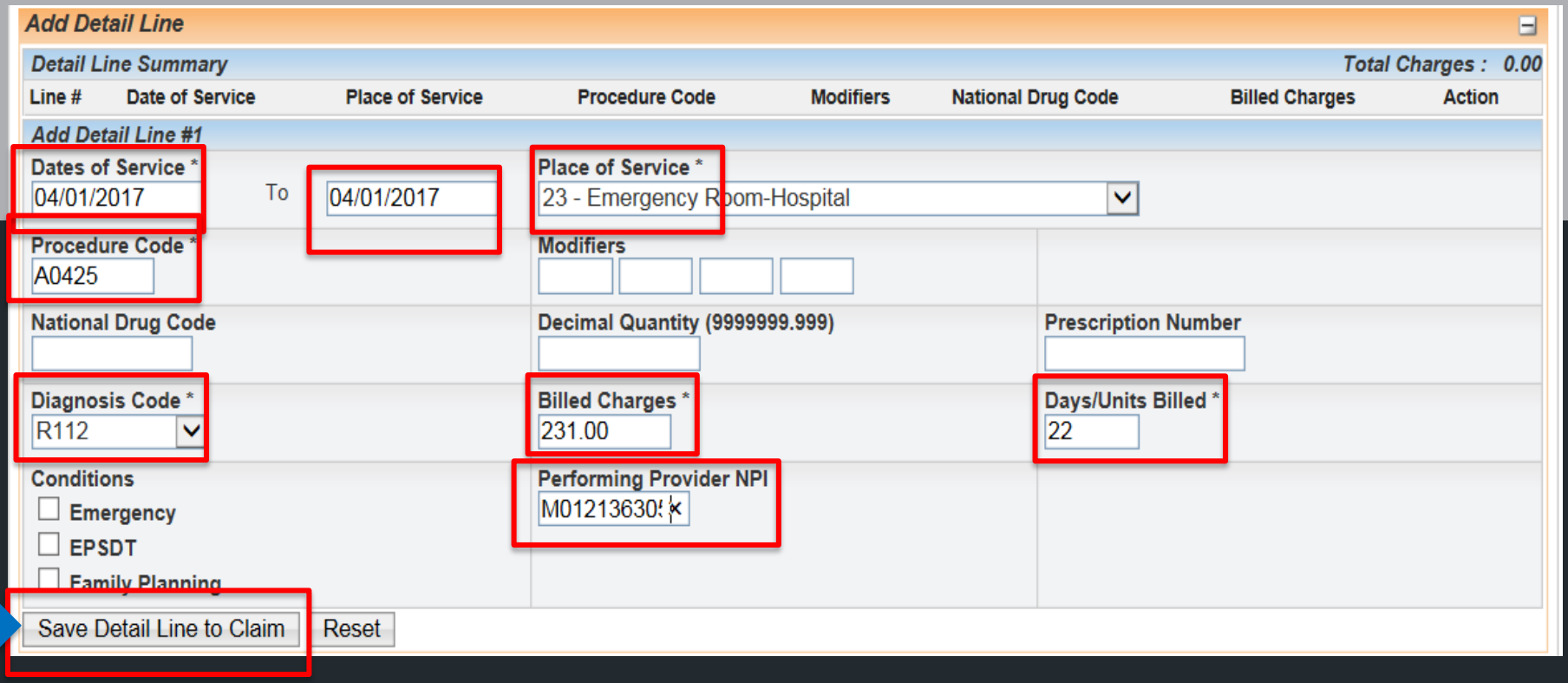
Complete the Required fields and click Save Claim Header



MO HealthNet + Commercial

Claim Detail Line

- Dates of Service*
- Place of Service*
- Procedure Codes*
- Modifiers (if appropriate)
- Diagnosis Code*
- Billed Charges*
- Days/Unites Billed*
- Performing Provider NPI*

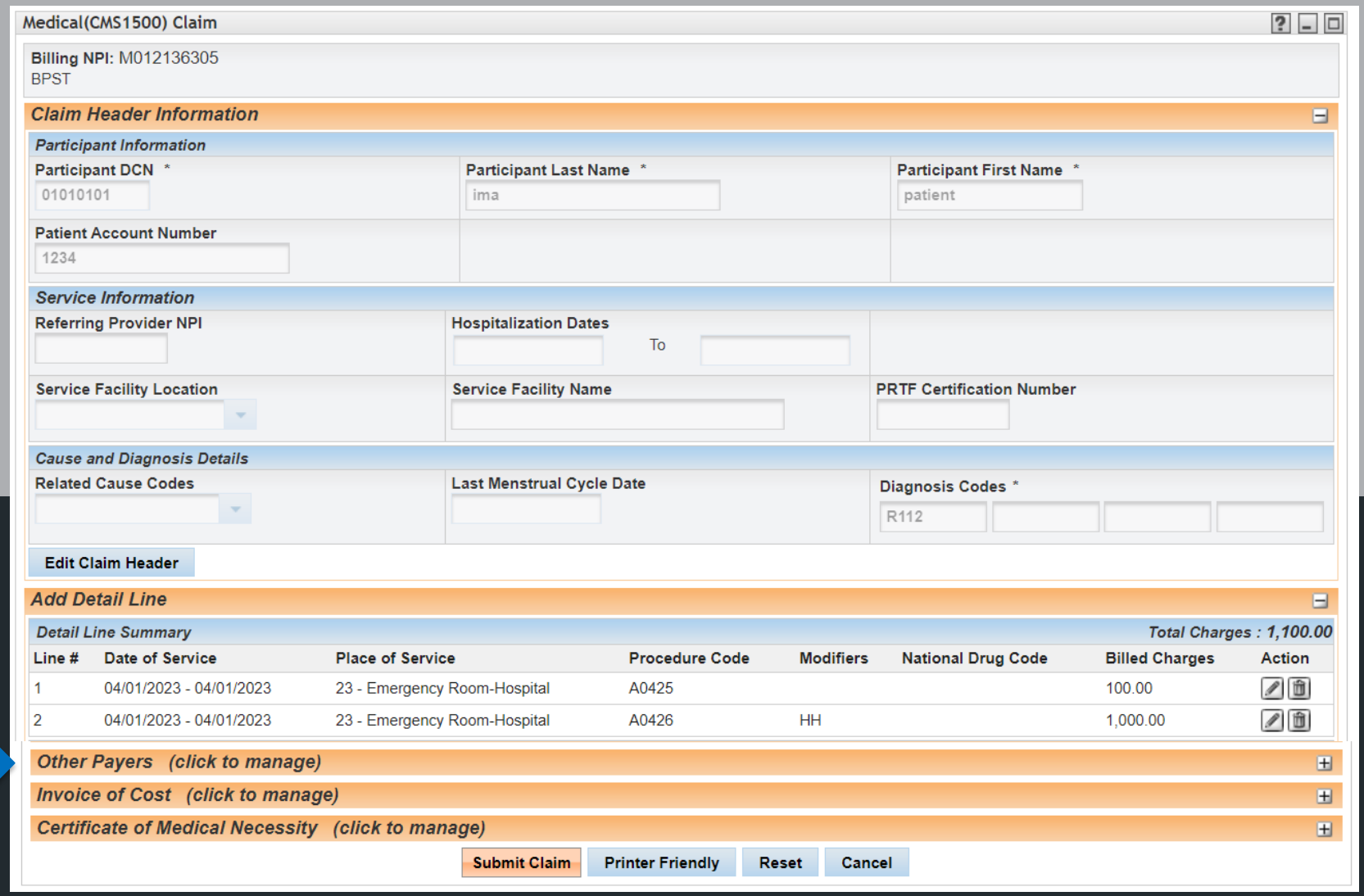


Complete the Required fields and click Save Detail Line to Claim

MO HealthNet + Commercial

Other Payers

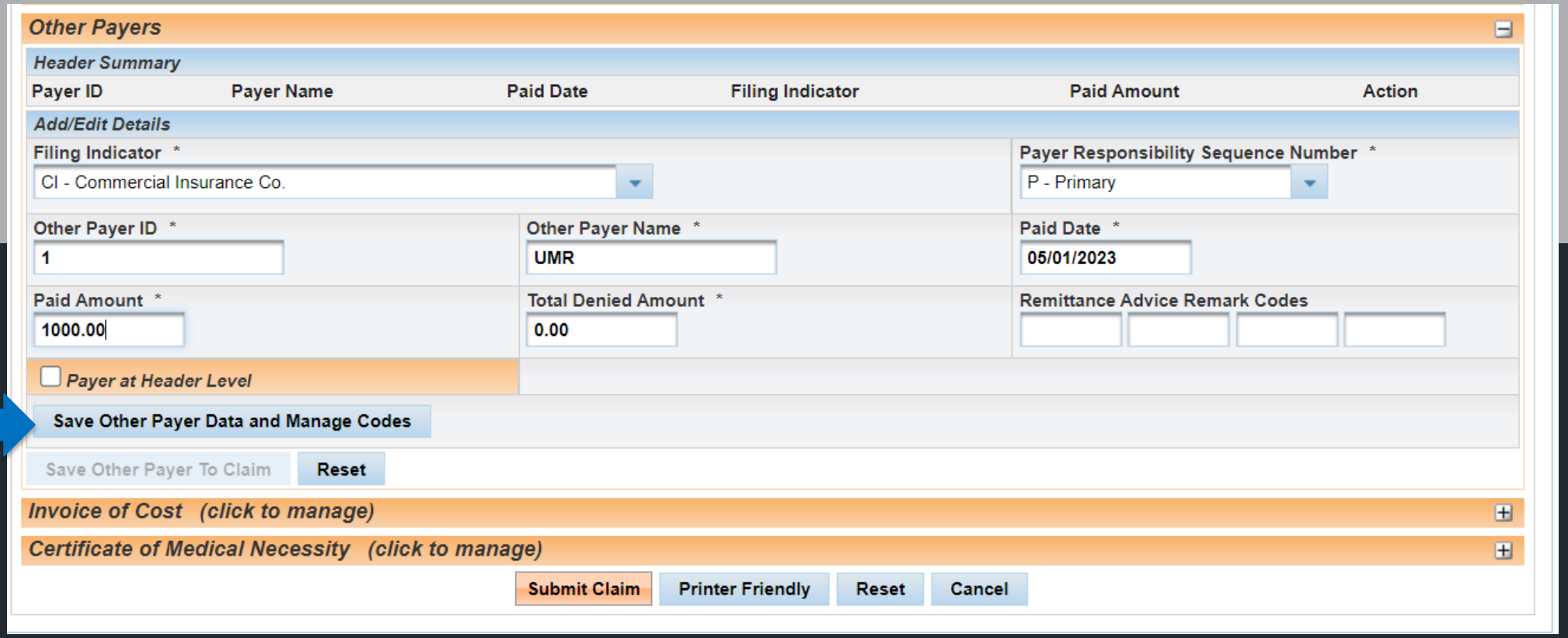
- Click on Other Payers to add other payer information



MO HealthNet + Commercial

Add Other Payer information

- Filing Indicator*
- Payer Responsibility Sequence Number*
- Other Payer ID*
- Other Payer Name*
- Paid Date*
- Paid Amount*

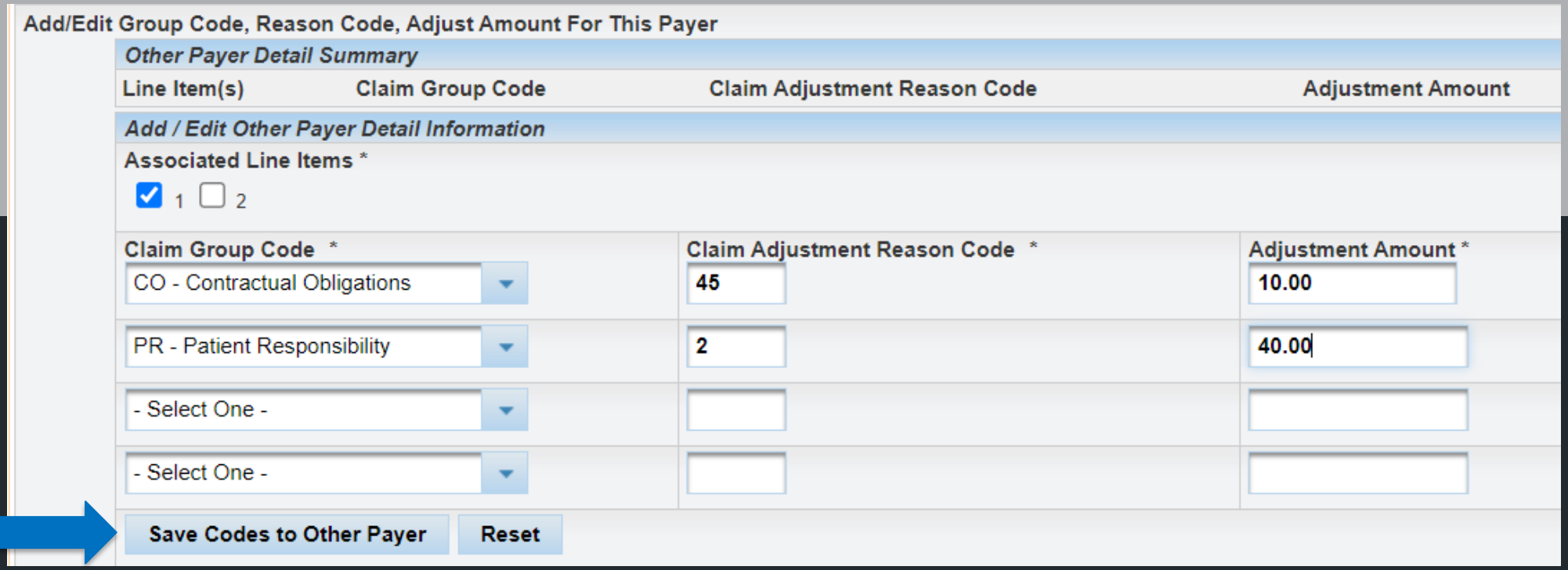


Select Save other Payer Data and Manage Codes

MO HealthNet + Commercial

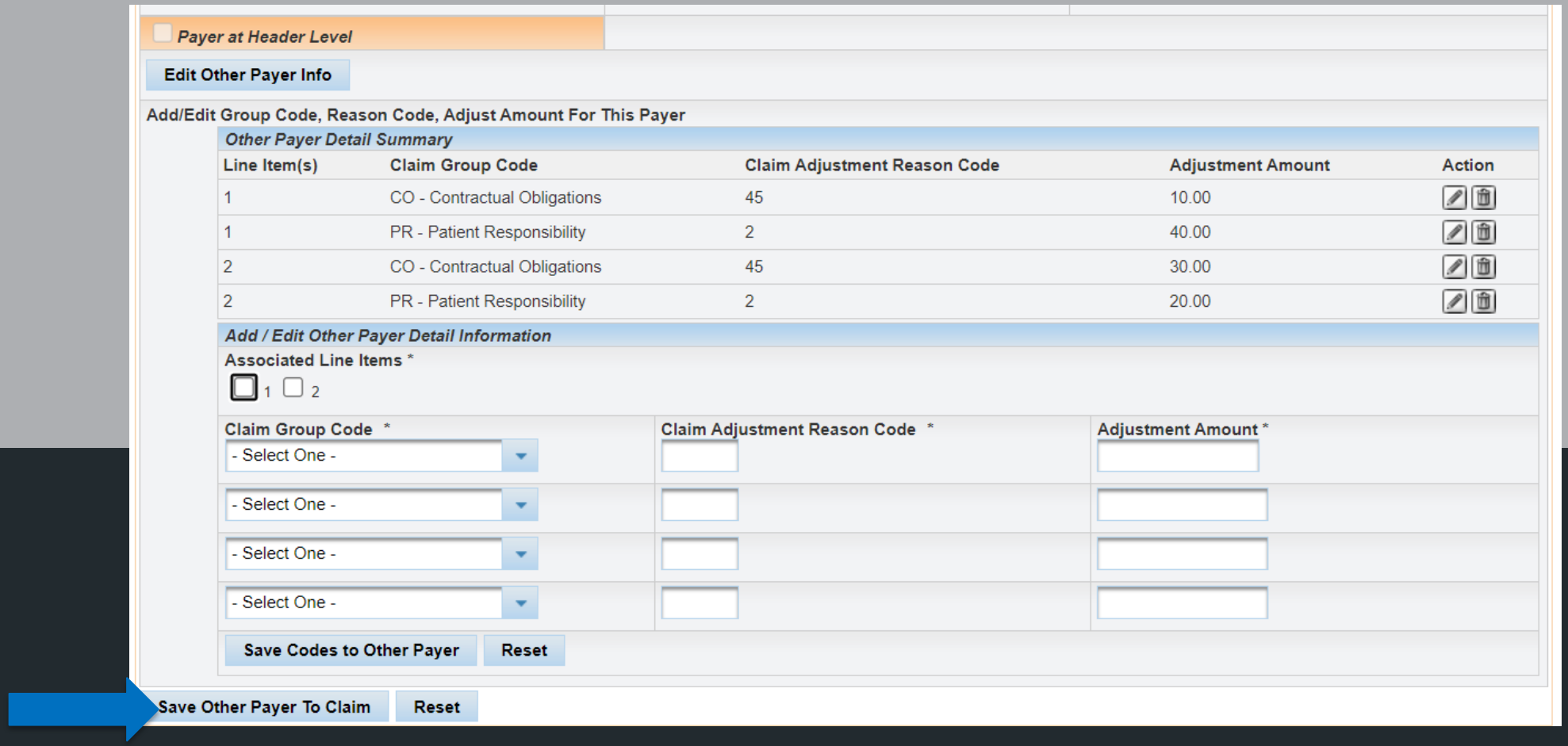
Add Other Payer information

- Select the box that pertains to the detail line
- Add Claim Adjustment reason codes from other payer EOB/RA



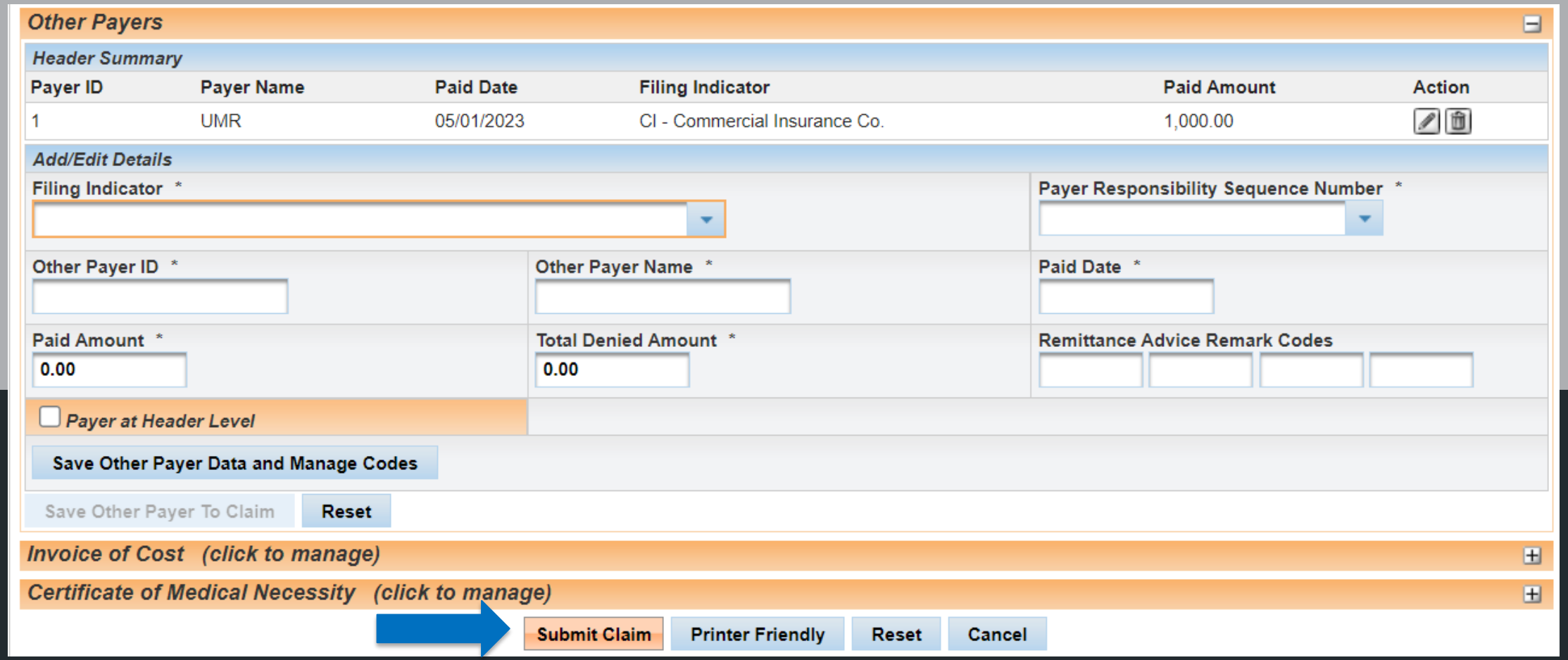
Select Save Codes to Other Payer after reporting adjustments to the line.

MO HealthNet + Commercial



Select Save Other Payer to Claim after you enter all the adjustments.

MO HealthNet + Commercial



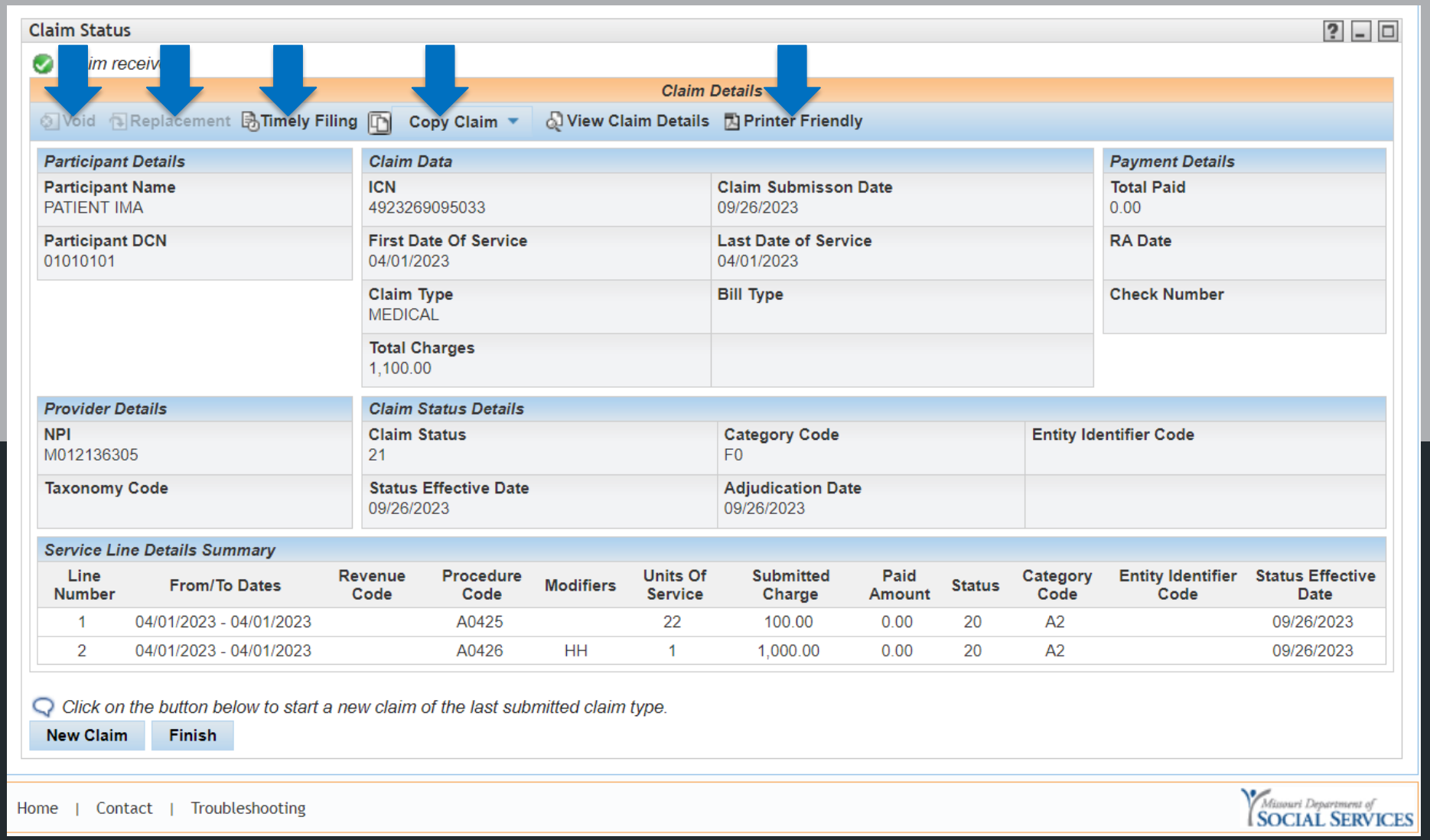
Select Submit Claim after your finished entering all other payer information

MO HealthNet + Commercial

Claim Status

Edit claims

- Void/replace paid claim
- Timely Filing
- Copy Claim
- Printer Friendly



Resource and Contact Information

Resources & Contact Information

- Technical Help Desk
- Provider Communication Unit
- Participant Resources
- CyberAccess
- Clinical Services
- Pharmacy & Medical Pre-cert Help Desk
- MHD Services and Programs
- Education and Training
- Provider Enrollment

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-Certificaiton 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:
https://portal.healthhelp.com/mohealthnet

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

MoHealth Net

Questions?