



# 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.

## Fee-For-Service Providers



### Serves:

- People with Disabilities
- Seniors
- Blind & Visually Impaired
- Women with Breast or Cervical Cancer

## Managed Care Providers



### Serves:

- Kids
- Pregnant Women & Newborns
- Families

# Managed Care



- 855-694-4663



- 833-388-1407



- 877-236-1020



- 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

The screenshot shows the eMOMED web portal. At the top, there's a navigation bar with 'eMOMED', 'Contact', and 'Troubleshooting'. Below this is a banner featuring the MoHealthNet logo and a group of healthcare professionals. The main content area is divided into several sections:

- External Links:** A sidebar on the left containing links to the State of Missouri Web site, Department of Social Services, MO HealthNet Division, and a list of links including 'Provider Information' (highlighted with a red arrow), 'Provider Enrollment Application', and 'Participant Information'.
- Welcome:** A central section with an alert: '! Alerts (1) - Click to hide'. It includes a link to 'Need help registering? Click here to watch the video' and a 'Welcome to the New MO HealthNet Web Portal' message. Below this is a photo of a healthcare professional and text describing the portal as 'The complete source for all MO HealthNet Participant and Provider related services.' and 'Find everything you need from one convenient portal!'.
- Login:** A section on the right with a warning: '! ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.' It includes fields for 'User ID' and 'Password', a 'Login' button, and links for 'Click Here!' if having trouble logging in and 'Register Now!' if not registered.
- Public News:** A section on the bottom left with 'eNews' articles, including '07/17/2019 eMOMED Training and Assistance Utilities' and '03/24/2015 Requesting & Accepting NPI Access'.
- ERA Enrollment:** A section on the bottom center with the text 'Provider Sign up for Electronic Remittance Advice (ERA)' and a 'Click Here!' link.

The footer contains 'eMOMED | Contact | Troubleshooting' and the Missouri Department of Social Services logo.

## 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!





# Provider Information Page

## Information for Providers

[home](#) » [mo healthnet division](#) » [providers](#)


Missouri's Medicaid program is called MO HealthNet. MO HealthNet covers qualified medical expenses for individuals who meet certain eligibility requirements. Depending on the type of coverage they qualify for, participants will get their services through the MO HealthNet Managed Care Program or the MO HealthNet Fee-For-Service Program. Providers may choose to enroll with one or both of these programs:

- **Fee-For-Service** – Fee-For-Service 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.
- **Managed Care** – Providers who would like to offer services through the MO HealthNet Managed Care 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.

### Choose your category

Please choose a program below for more information about the program you are enrolled with, or the program you would like to enroll with, based on the patients you serve.


#### Fee-For-Service Providers



**Serves:**

- People with Disabilities
- Seniors
- Blind & Visually Impaired
- Women with Breast or Cervical Cancer

#### Managed Care Providers



**Serves:**

- Kids
- Pregnant Women & Newborns
- Families

## 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 Address

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**

## 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

[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.



# 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."

#### 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 

#### Frequently Asked Questions

### 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 Address

#### 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](#).





# MO HealthNet News

## Stay Informed

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

Sign up and Stay Connected

Follow us on Social Media



### 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."

### 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
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- [School District Administrative Claiming \(SDAC\)](#)



### ? Frequently Asked Questions

### 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)
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### MO HealthNet Division

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- [MO HealthNet Division Home](#)
- [Pharmacy and Clinical Services](#)
- [Provider Information](#)
- [Waiver Programs](#)

### MO HealthNet Opioid Prescription Intervention (OPI) Program

#### Email Updates

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Subscription Type

Email Address

### Contact Us



- 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](#)

#### Policies & Procedures

- [Provider Bulletins](#)
- [Provider Hot Tips](#)
- [Provider Manuals](#)
- [Out-of-state non-bordering services](#)

# Provider Bulletins

## 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 | <a href="#">RESIDENTIAL TREATMENT AND TREATMENT FOSTER CARE</a> , Vol 45, No. 39                               |
| Feb 27, 2023 | <a href="#">2023 CODE ON DENTAL PROCEDURES AND NOMENCLATURE (CDT) ADDITIONS/CHANGES</a> , Vol 45, No. 38       |
| Feb 9, 2023  | <a href="#">2023 HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)</a> , Vol 45, No. 37                        |
| Jan 05, 2023 | <a href="#">DENTAL PROGRAM</a> , Vol 45, No. 36  |
| Jan 05, 2023 | <a href="#">NON-EMERGENCY MEDICAL TRANSPORTATION</a> , Vol 45, No. 35  |
| Dec 29, 2022 | <a href="#">Prior Authorization Process – Residential Treatment and Treatment Foster Care</a> , Vol 45, No. 34 |
| Dec 28, 2022 | <a href="#">Residential Billing Update - Above Level 4</a> , Vol 45, No. 33                                    |
| Dec 22, 2022 | <a href="#">Womens Health Services Program</a> , Vol 45, No. 32  |
| Nov 30, 2022 | <a href="#">HIPAA X12 835 Remittance Advice Transactions</a> , Vol 45, No. 31                                  |



## 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](#)

### Policies & Procedures

- [Provider Bulletins](#)
- [Provider Hot Tips](#)
- [Provider Manuals](#)
- [Out-of-state non-bordering services](#)

# Provider Hot Tips

## 2023 MO HealthNet Provider Hot Tips

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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



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.

## Policies & Procedures

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



# 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

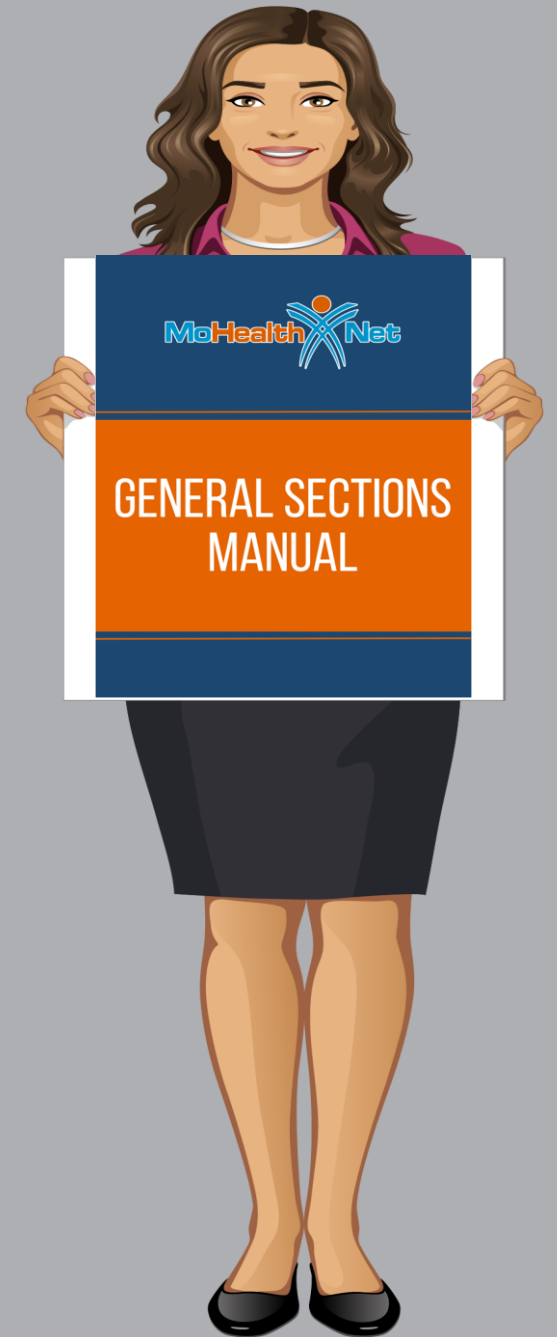
MO HealthNet benefits are available to individuals who are determined eligible by the Family Support Division (FSD) office. Each eligibility group or category of assistance has its own eligibility determination criteria that must be met. Some eligibility groups or categories of assistance are subject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

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|--|-----------|
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| 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        |
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| 1.2.C(6) Breast or Cervical Cancer Treatment Presumptive Eligibility .....                   | 23        |
| 1.2.C(7) Voluntary Placement Agreement .....   | 23        |
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## New Table of Contents:

### Table of Contents

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# 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                                      |

# Redesign Changes

Lots of hyperlinks have been added for convenience.



**Forms**

**Statutes**

**Regulations**

**Websites**

**Policies**

**Emails**



# Provider Forms

## 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 – Several updated

## New Forms Page:

# Provider Forms

### Forms

- Accident Report
- Acknowledgement of Receipt of Hysterectomy Information
- AIDS Waiver Program Addendum to MMAC Provider Agreement for Personal Care or Private Duty Nursing Services
- Applied Behavioral Analysis Request for Precertification
- Authorization by Clinic/Group Members for Direct Deposit, Address or Payment Change
- Breast and Cervical Cancer Treatment MO HealthNet Application
- Behavioral Health Services Request for Precertification
- Bone Marrow/Stem Cell Transplant Request
- Certificate of Medical Necessity
- Certificate of Medical Necessity for Abortion
- Claim Form: ☐ Dental ☐
- Claim Form: Health Insurance (CMS-1500 ☐ )
- Claim Form: Hospital (UB-04) ☐
- Durable Medical Equipment Non-Bordering State Provider Enrollment Request
- Estate Notice
- Handicapping Labio-Lingual Deviation Index Score Sheet
- Health Insurance Premium Payment Program Application (HIPP-1)
- Health Insurance Premium Payment Program Application (HIPP-A)
- Healthy Children & Youth Lead Risk Assessment Guide
- Insurance Resource Report TPL-4
- Level One Nursing Facility Pre-Admission Screening for Mental Illness/Mental Retardation or Related Condition
- Long Term Care Pharmacy Dispensing Fee Provider Specialty Application ☐
- Managed Care Provider Request for Information
- Medical Referral of Restricted Participant PI-118
- Medically Fragile Adult Waiver Addendum to MMAC Provider Agreement for Home Health, Personal Care or Private Duty Nursing Services
- Medically Fragile Adult Waiver Provider Monitoring Log
- Medically Fragile Adult Waiver Private Duty Nursing Acceptance
- Missouri Medicaid Audit & Compliance Electronic Funds Transfer Authorization Agreement
- Notification of Termination of Hospice Benefits
- Personal Care Program Addendum to MMAC Provider Agreement for Personal Care Services
- Personal Funds Account Balance Report
- Physician Certification of Need for Personal Care Services
- Physician Certification of Terminal Illness
- Prior Authorization Request
- Prior Authorization Request: Invasive Ventilation
- Prior Authorization Supporting Documents Cover Sheet for Durable Medical Equipment

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



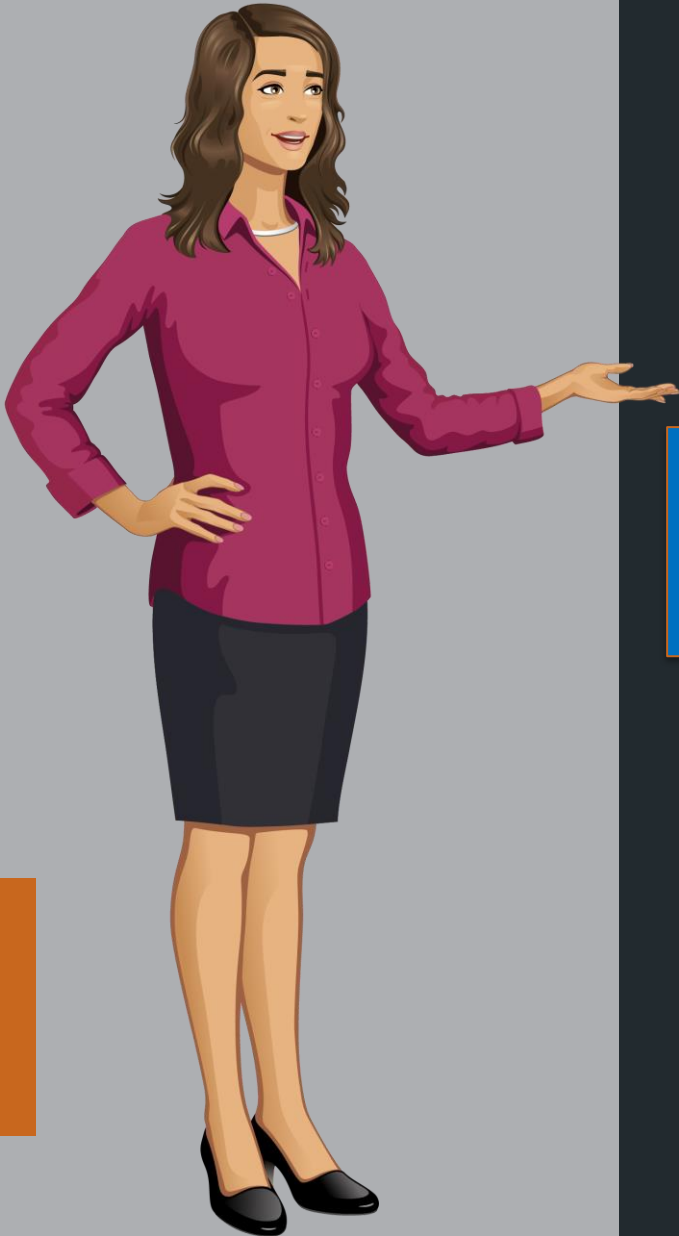
# General Sections Manual

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.

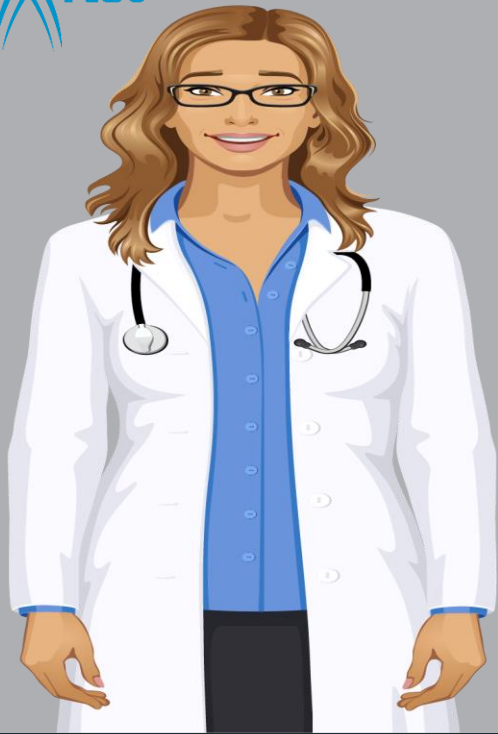
Now, these sections are included in one manual, separate from the program specific Provider Manuals. This new manual is called the **General Sections Manual**.

# 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



# 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.



Search:

Manual:  Search

Month:  Year:  Search Tips

## State of Missouri MO HealthNet Manuals

### Manual Archives

Your complete source for all MO HealthNet related services and support for the State of MO

HOME RESOURCE CENTER FORMS QUICK LINKS ABOUT WIPRO INFOCROSSING

Please enter the Archive Search criteria at the top of the page.  
Please Note: The month and year are optional.

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

## 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](#)
- [Provider Manual by Section](#) Provides a resource list of General and Program Sections of

## Fee Schedules & Rate Lists

- [Fee Schedules](#)
- [IRHC Medicare/Medicaid Interim Rates](#)
- [Nursing Facility Rate list](#)
- [Outpatient Hospital Radiology Fee Schedules](#)





# 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](mailto:Ask.MHD@dss.mo.gov) so that we can make the Provider Manuals the best that they can be.



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](#)


# Billing

## 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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



### 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

### 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

The screenshot displays the eMOMED web portal. At the top, there's a navigation bar with the MoHealthNet logo and links for eMOMED, Contact, and Troubleshooting. Below this is a banner image featuring a group of healthcare providers. The main content area is divided into several sections: a 'Welcome' message with an alert about 1 hidden item, a 'Login' section with a warning about SSN identification, and a 'Public News' section with eNews updates. The footer contains navigation links and the Missouri Department of Social Services logo.



# 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.

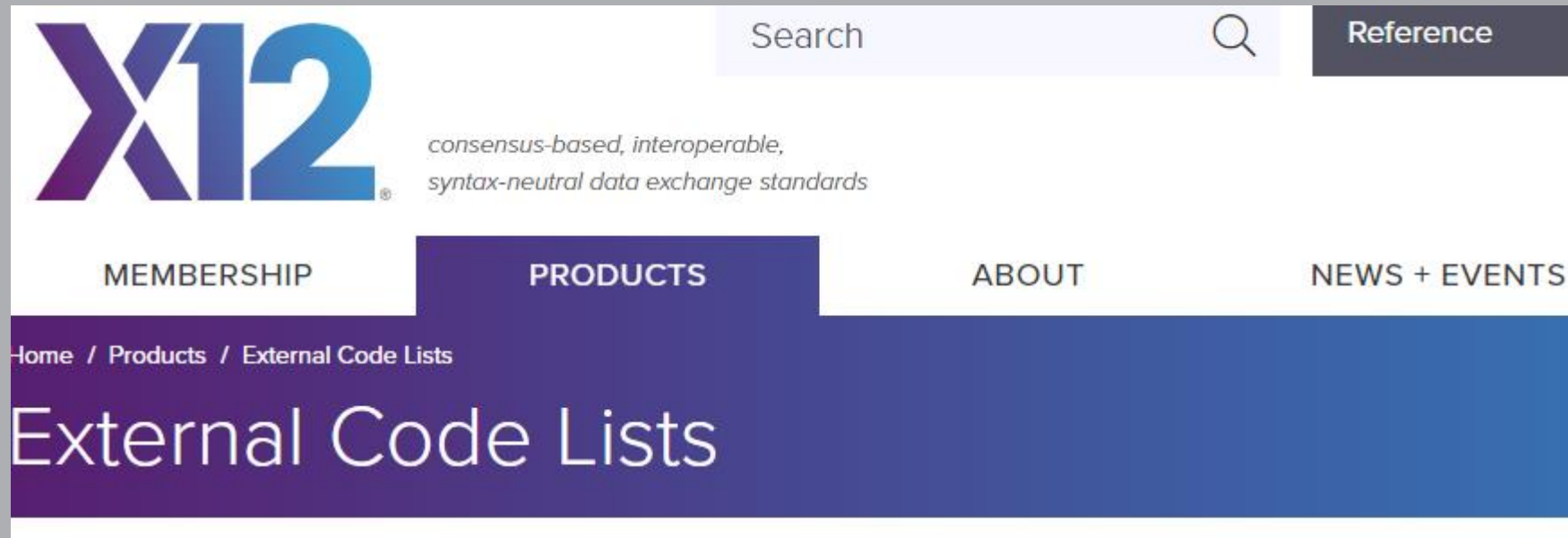
## MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2023

| FINANCIAL<br>CYCLE DATE | PROVIDER CHECK<br>DATE | BEGINNING CLAIM<br>CAPTURE CURRENT CYCLE | ENDING<br>CLAIM CAPTURE <sub>1</sub> |
|-------------------------|------------------------|--|--------------------------------------|
| 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       | Friday 06/09/2023      | Saturday 05/13/2023                      | Friday 05/26/2023                    |
| 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](#).





# 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.

## 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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[? 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 Reimbursement Rates](#)
- [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 Address

### Contact Us

# General Fee Schedule

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

---

**Have you read the above information? If so, click the appropriate button.**

Download

Individual Provider Type files in RTF format for download.

Full Search

Full Featured Online Search. The information and fees obtained in the following data does NOT guarantee payment. Please refer to program manuals for specific billing and coding information.

---

# Full Search Option

- Independent Lab - Professional Component
- Independent Lab - Technical Component
- Medical Services
- Nurse/Midwife
- Optical Services
- Other Medical
- Other Services
- Outpatient Hospital
- Podiatry
- Radiology - Professional and Technical Component X-Ray / Nuclear Medicine / EEG / EKG

- Radiology - Professional Component: X-Ray / Nuclear Medicine / EEG / EKG
- Radiology - Technical Component: X-Ray / Nuclear Medicine / EEG / EKG

- Rehabilitation Center
- Surgery - Assistant Surgery
- Surgery - Postoperative Services
- Surgery - Without Postoperative Services
- Surgery and Epidurals

**Search Options**  
Search For  
Proc Code ☒ Modifier ☐  
A0425 Go

- MHD Price File Key
- Modifier Information

## Fee Schedule Search

### Ambulance

| ProcCode | M1 | P  | PA2 | PA3 | PI | EffDate    | ReIVal | Spec Fee | Qty |
|----------|----|----|-----|-----|----|------------|--------|----------|-----|
| A0425    |    | 0  |     |     | 3  | 07/01/2019 | 0.00   | \$3.60   | 99  |
| A0425    | EP | 0  |     |     | 3  | 07/01/2019 | 0.00   | \$3.60   | 99  |
| A0425    | TN | 1  |     |     | 6  | 07/01/2003 | 0.00   | \$0.00   | 99  |
| A0425    | TN | EP | 1   |     | 6  | 07/01/2003 | 0.00   | \$0.00   | 99  |

Note: Should you have landed here as a result of a search engine or other link, be advised that these files contain material that is copyrighted by the American Medical Association. You are forbidden to download the materials unless you read, agree to and abide by the provisions of the copyright statement.

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](mailto: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](mailto: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

| April 2023 |       |  |                          |     |     |       | Print | Week | Month | Agenda |
|------------|-------|--|--------------------------|-----|-----|-------|-------|------|-------|--------|
| Sun        | Mon   | Tue  | Wed                      | Thu | Fri | Sat   |       |      |       |        |
| 26         | 27    | 28<br>12pm Maternal Hea                      | 29                       | 30  | 31  | Apr 1 |       |      |       |        |
| 2          | 3     | 3am Inpatient/Out                            | 5<br>3am Medical Clinics | 6   | 7   | 8     |       |      |       |        |
| 9          | 10    | 3am Nursing Home<br>1pm Applied Behav        | 12                       | 13  | 14  | 15    |       |      |       |        |
| 16         | 17    | 18   | 19                       | 20  | 21  | 22    |       |      |       |        |
| 23         | 24    | 25<br>1pm Speech, Physi                      | 26                       | 27  | 28  | 29    |       |      |       |        |
| 30         | May 1 | 2<br>3am Dental Billing<br>3am Inpatient/Out | 3<br>10am Medical Clinic | 4   | 5   | 6     |       |      |       |        |

Events shown in time zone: Central Time - Chicago



# 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 coinsurance and deductible 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 coinsurance and deductible 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](mailto: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](mailto: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](mailto: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@lp.sp.mo.gov](mailto:sesd@lp.sp.mo.gov) or fax to (855) 600-3754. For questions, contact [Spenddown.Unit@dss.mo.gov](mailto: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<br><a href="http://www.healthybluemmo.com">www.healthybluemmo.com</a>   |
|  UnitedHealthcare  | 1-866-292-0359<br><a href="http://www.uhc.com">www.uhc.com</a>                         |
|  home state health | 1-855-694-4663<br><a href="http://www.homestatehealth.com">www.homestatehealth.com</a> |

### 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](mailto: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](#)

Choose the specific program to view the various benefits

View the programs Coverage Groups and Medical Eligibility (ME) Codes

## 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.

## 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_Physical_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          |

## 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 Beneficiary (QMB) 55  | No        |
| Missouri RX Plan (MORx) 82   | No        |

Notes: \*Children under 21 years of age and participants in category 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.

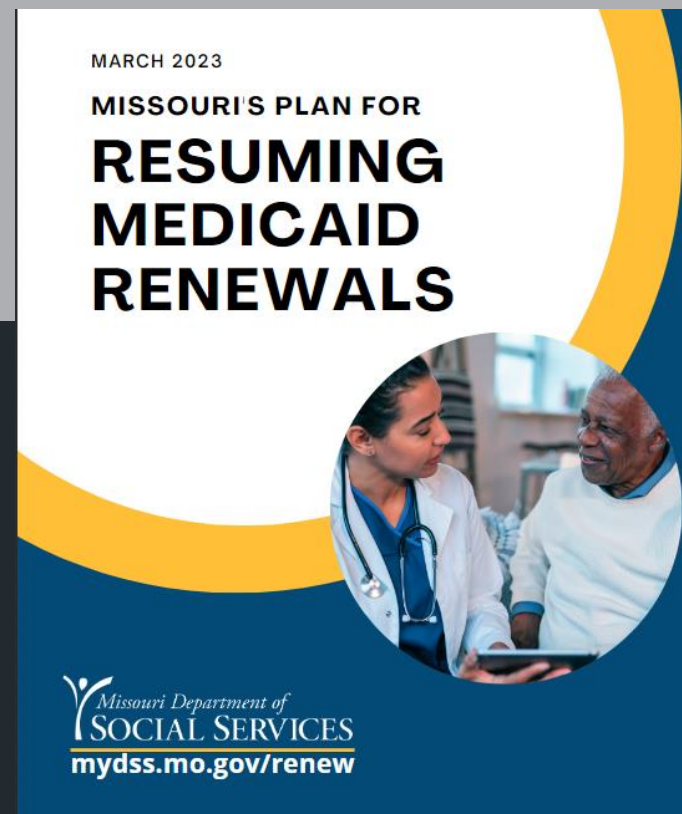
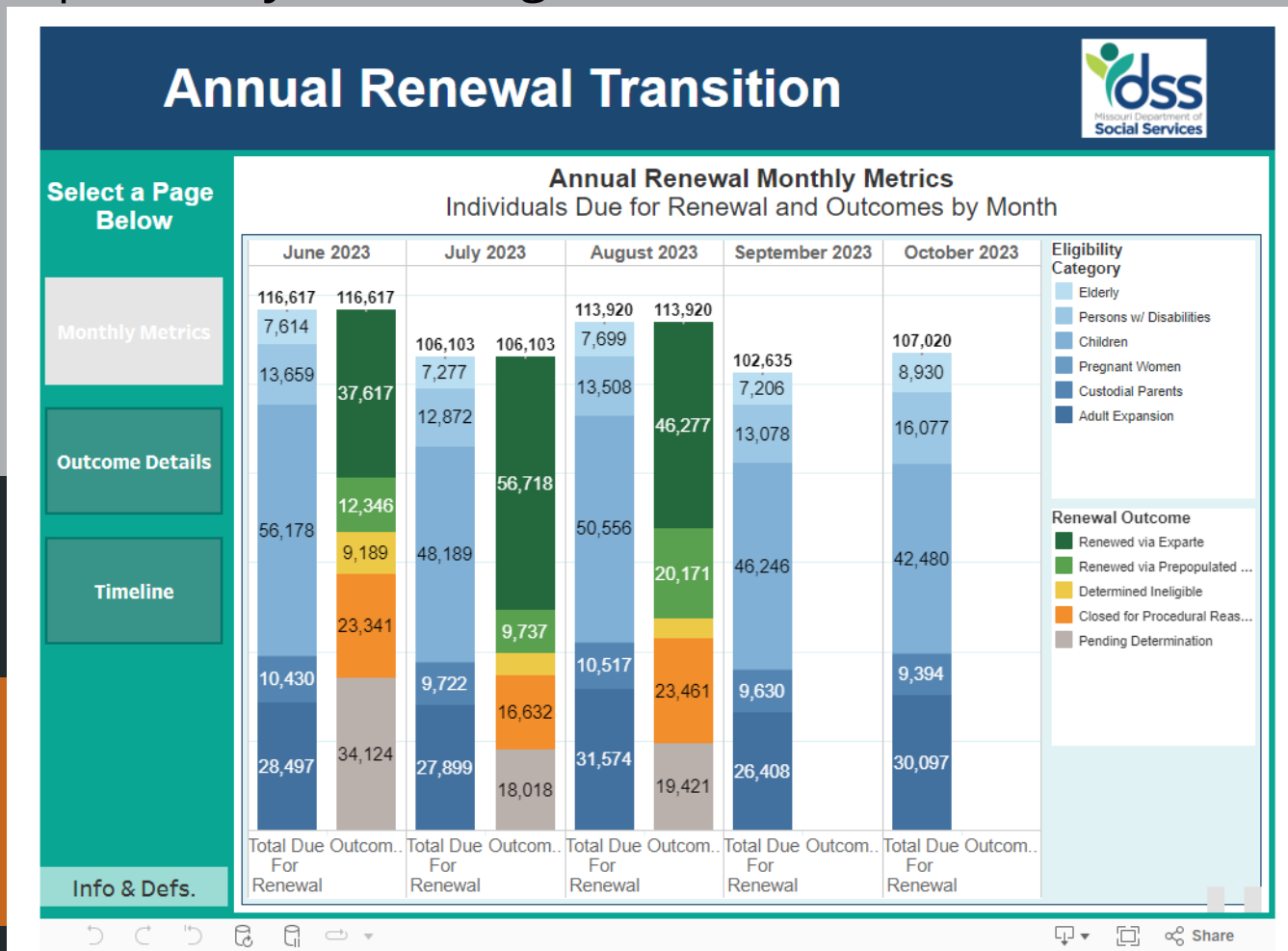
Participants can find additional information on the **Renewing Your Medicaid Eligibility** website.



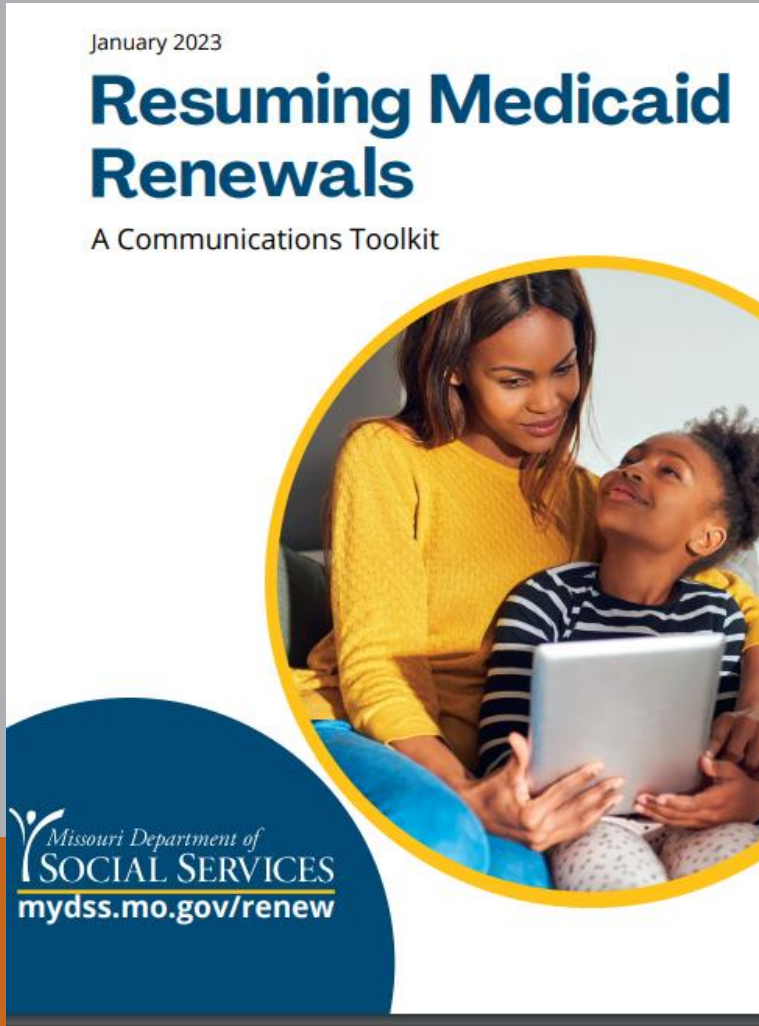
# Medicaid Annual Renewals

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



## 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**

### The Benefit Portal is here.

Create your account and login to complete your MO HealthNet annual renewal.

Create Your Account



The Family Support Division (FSD) is again required to check the eligibility of all MO HealthNet (Missouri Medicaid) participants each year as of April 1, 2023. This is called an annual renewal. Your annual renewal will be due during your anniversary month, or the month when your coverage first began. You can find out when your annual renewal is due by logging into the FSD Benefit Portal.

Here is what you need to do to make sure you do not risk losing your coverage:

### 1 Update Your Address

When you are due for your annual renewal, FSD will send you a letter in the mail. The Annual Renewal Timeline may help you know when to expect this information. If FSD has enough information to check your eligibility, your letter will say that your coverage is renewed and there is nothing else you need to do. If FSD needs more information, you will get a form that you will be required to return.

If your address has changed in the last 3 years, you will need to update your contact information to make sure you get this important information. You can do this anytime by reporting a change online, visiting your local FSD Resource Center, or by calling 855-373-4636.

### 2 Create an Account

We recommend you create an account in the FSD Benefit Portal to get important updates about your annual renewal. Once you create an account and login, you will be able to find when your annual renewal is due. When your annual renewal is due, you will also be able to complete & submit your annual renewal form online. (NOTE: You will only see a form if your annual renewal is due and FSD needs more information from you).

To create an account, simply visit the FSD Benefit Portal and follow the prompts. If you have questions, this step-by-step [video tutorial](#) may be helpful.

### 3 Complete Your Annual Renewal

If FSD needs more information to see if you still qualify for healthcare coverage through MO HealthNet, you will get a form in the mail and loaded to your FSD Benefit Portal. You will need to complete, sign, and submit this form by the deadline in your letter so you do not risk losing your healthcare coverage. Here are all of the ways you can submit your annual renewal:

- **ONLINE:** Create an account for the FSD Benefit Portal to see when your renewal is due and, once it is available, complete and submit your form online. You can also upload a copy of your completed and signed annual renewal form to FSD.
- **IN PERSON:** Visit your local FSD Resource Center to return your annual renewal or to get help with completing your form.
- **BY PHONE:** Call 855-373-4636 and select the MO HealthNet option to complete your annual renewal by phone.
- **BY MAIL:** Return your completed and signed yellow form to the address shown on the letter.

## Learn More

You can subscribe [for email alerts](#), continue to check this website, or follow us on Facebook [for updates](#), Instagram [for updates](#), or Twitter [for updates](#).

### Visit our Frequently Asked Questions



### How to Report A Change



Como dar a conocer los cambios en su hogar cuando tiene MO HealthNet [for updates](#)

### Create Your Benefit Portal Account



Crea tu cuenta del portal de beneficios [for updates](#)

### How to Complete Your Annual Renewal



Cómo completar tu renovación anual [for updates](#)

### Missouri Medicaid Annual Renewals



### What is a Medicaid Annual Renewal



¿Qué es una renovación anual? [for updates](#)

[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](https://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



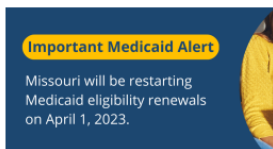
#### HELP PARTICIPANTS TAKE ACTION

Medicaid participants can follow these steps to make sure they complete their renewal on time:

- Report changes, like a new address, to the Family Support Division
- Watch for an annual renewal form or letter in the mail
- Complete renewal form (if they get one) by the deadline in letter

Participants can learn more about renewals and update their address at [mydss.mo.gov/renew](https://mydss.mo.gov/renew).

### Medicaid Eligibility Renewal flyer for



#### PREPARE TO RENE

Beginning April 1, the Family Support Division will again be required to MO HealthNet (Missouri Medicaid) participants each year. This is called a renewal, or annual renewal. Follow these steps to make sure you comply.



Learn more about renewals and update your address at [mydss.mo.gov/renew](https://mydss.mo.gov/renew)

## 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](https://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](https://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**

## Connect With Us





# 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 and Community Care (FSCC) will not close coverage for eligible women as they resume annual renewals until





# 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 \_\_\_\_\_



# 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 is no longer active.

This form should be emailed to [MHD.CostRecovery@dss.mo.gov](mailto:MHD.CostRecovery@dss.mo.gov)

| MoHealthNet  |               | INSURANCE RESOURCE REPORT  |  |
|--|---------------|--|--|
| <p>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 <a href="mailto:TPL.Database@dss.mo.gov">TPL.Database@dss.mo.gov</a> and attach a copy of an explanation of benefits or insurance letter, if available.</p> <p>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 <a href="#">eMOMED</a> or by calling the Interactive Voice Response system at (573) 751-2896.</p> <p><b>Do not send claims with this form. Your claims will not be processed for payment if attached to this form.</b></p> |               |  |  |
| <b>Provider Information</b>  |               |  |  |
| Provider Name  |               | Date   |  |
| Provider NPI   | Taxonomy Code | Choose One:<br><input type="checkbox"/> Add New Resource<br><input type="checkbox"/> Change Resource Files |  |
| <b>Participant Information</b>   |               |  |  |
| 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<br><input type="checkbox"/> Employer <input type="checkbox"/> Insurance Company   |               |  |  |
| Verified Information:  |               |  |  |

# 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

The screenshot displays the MoHealthNet eProvider portal. At the top, a navigation bar includes links for Home, Contact, Training, Search Center, and Troubleshooting. Below this is a banner featuring a diverse group of healthcare professionals and the MoHealthNet logo. The main content area is divided into several sections:

- External Links:** A list of links including the State of Missouri Web site, Department of Social Services, and MO HealthNet Division, with sub-links for Provider Information, Provider Enrollment Application, and Participant Information.
- eProvider News:** A section titled "eNews" containing a list of recent news items with dates and expandable details (indicated by plus signs). The items include: 09/30/2015 ICD-10 MO HealthNet Provider Resources; 08/31/2015 835 Posting Dates based on 370 EFT & ERA REASSOCIATION (CCD+/835) RULE; 07/02/2015 HIPAA Compliant Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC); 03/25/2015 Removing a User's Access to an NPI; 03/24/2015 Requesting & Allowing NPI Access; and 03/24/2015 eMOMED Training and Assistance Utilities.
- eProvider Welcome:** A central section titled "Welcome to eProvider" featuring a large image of a doctor and a list of key functions, each with an icon and a brief description:
  - Claim Management:** Submit new claims. View claim status. Void/Replace existing claims.
  - Attachment Management:** Submit new stand-alone attachments. View attachment status.
  - Participant Eligibility:** Verify participant eligibility.
  - Prior Authorization Status:** Check the prior authorization status for participants.
  - Provider Communications Management:** Send Your Inquiries...
  - Participant Annual Review Date:** View participant annual review dates.
  - Nursing Home Management:** Manage participants. Submit nursing home claims.
  - File Management:** Send and receive batch files. Print/View/Download Remittance Advice.
  - Payment Information:** View the payment information for the two most recent payments.
  - Available Surveys:**
  - Provider Enrollment Status:** Verify Provider Eligibility.

# 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

The screenshot shows the 'eProvider' search interface. At the top, there's a search bar with 'NPI' and 'M012136305 - BPST' entered. Below this, there are tabs for 'New Claim', 'New Xover Claim', and 'Claim Search'. The 'Claim Search' tab is active. On the left, there's a dropdown menu for 'Medical(CMS1500)', 'Outpatient(UB04)', 'Inpatient(UB04)', 'Dental', and 'Pharmacy'. To the right, there are input fields for 'Submitted Charges' and 'Dates of Service' (with 'To' and 'From' labels). Below these, there's a 'Claim Type' dropdown set to 'All' and a 'Claim Status' dropdown.

The screenshot shows the 'eProvider Welcome' page. At the top, there's a navigation bar with 'Home', 'Contact', 'Training', 'Search Center', and 'Troubleshooting'. Below this is a banner image with the MoHealthNet logo. The main content area is titled 'Welcome to eProvider' and features a grid of links to various services: 'Claim Management' (Submit new claims, View claim status, Void/Replace existing claims), 'Attachment Management' (Submit new stand-alone attachments, View attachment status), 'Participant Eligibility' (Verify participant eligibility), 'Prior Authorization Status' (Check the prior authorization status for participants), 'Provider Communications Management' (Send Your Inquiries...), 'Participant Annual Review Date' (View participant annual review dates), 'Home Management' (Manage participants. Submit nursing home claims), 'File Management' (Send and receive batch files, Print/View/Download Remittance Advice), 'Payment Information' (View the payment information for the two most recent payments), and 'Available Surveys'. A blue arrow points to the 'Claim Management' link.



# Participant Eligibility

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

eProvider ePassport  
Home / eProvider / Eligibility

Eligibility Request

NPI  
M012136305 - BPST

Search

|                         |                        |                            |
|-------------------------|------------------------|----------------------------|
| First Date Of Service * | Last Date of Service   |                            |
| <input type="text"/>    | <input type="text"/>   |                            |
| Participant DCN         | Participant SSN        | Participant Date of Birth  |
| <input type="text"/>    | <input type="text"/>   | <input type="text"/>       |
| Participant Last Name   | Participant First Name | Participant Middle Initial |
| <input type="text"/>    | <input type="text"/>   | <input type="text"/>       |
| Casehead DCN            | Child's Date of Birth  | Service Type Code          |
| <input type="text"/>    | <input type="text"/>   | <input type="text"/>       |

Search Finish

MoHealthNet

Home Contact Training Search Center Troubleshooting

Welcome, DMEOptDent Log Out

eProvider ePassport  
Home / eProvider

External Links

- State of Missouri Web site
- Department of Social Services
- MO HealthNet Division
- Provider Information
- Provider Enrollment Application
- Participant Information

eProvider News

09/30/2015  
ICD-10 MO HealthNet Provider Resources

08/31/2015  
835 Posting Dates based on 370 EFT & ERA REASSOCIATION (CCD+/835) RULE

07/02/2015  
HIPAA Compliant Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC)

03/25/2015  
Removing a User's Access to an NPI

03/24/2015  
Requesting & Allowing NPI Access

03/24/2015  
eMOMED Training and Assistance Utilities

eProvider Welcome

Welcome to eProvider

Claim Management  
Submit new claims. View claim status. Void/Replace existing claims.

Attachment Management  
Submit new stand-alone attachments. View attachment status.

Participant Eligibility  
Verify participant eligibility.

Prior Authorization Status  
Check the prior authorization status for participants.

Provider Communications Management  
Send Your Inquiries...

Participant Annual Review Date  
View participant annual review dates.

Nursing Home Management  
Manage participants. Submit nursing home claims.

File Management  
Send and receive batch files. Print/View/Download Remittance Advice.

Payment Information  
View the payment information for the two most recent payments.

Available Surveys

Provider Enrollment Status  
Verify Provider Eligibility.



# 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

The screenshot displays the MoHealthNet eProvider portal. At the top, a navigation bar includes links for Home, Contact, Training, Search Center, and Troubleshooting. Below this is a banner image featuring a diverse group of healthcare professionals and the MoHealthNet logo. The main content area is titled "eProvider Welcome" and lists various services available to providers. A large blue arrow points to the "Provider Communications Management" link, which is described as "Send Your Inquiries...". Other visible links include Claim Management, Attachment Management, Participant Eligibility, Prior Authorization Status, Nursing Home Management, File Management, Payment Information, Available Surveys, and Provider Enrollment Status. On the left side, there are sections for "External Links" (including State of Missouri Web site and MO HealthNet Division) and "eProvider News" (listing recent updates and resources).

# Participant Annual Review Date

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

eProvider ePassport

Home / eProvider / Participant Annual Review Date

Annual Review Date Request

**Search**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Participant DCN 1    | Participant DCN 2    | Participant DCN 3    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Participant DCN 4    | Participant DCN 5    | Participant DCN 6    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Participant DCN 7    | Participant DCN 8    | Participant DCN 9    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Participant DCN 10   | Participant DCN 11   | Participant DCN 12   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

MoHealthNet

Home Contact Training Search Center Troubleshooting

MoHealthNet

eProvider ePassport

Welcome, DMEOptDent Log Out

Home / eProvider

**External Links**

State of Missouri Web site  
Department of Social Services  
MO HealthNet Division

- Provider Information
- Provider Enrollment Application
- Participant Information

**eProvider News**

**eNews**

09/30/2015  
ICD-10 MO HealthNet Provider Resources

08/31/2015  
835 Posting Dates based on 370 EFT & ERA REASSOCIATION (CCD+/835) RULE

07/02/2015  
HIPAA Compliant Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC)

03/25/2015  
Removing a User's Access to an NPI

03/24/2015  
Requesting & Allowing NPI Access

03/24/2015  
eMOMED Training and Assistance Utilities

**eProvider Welcome**

**Welcome to eProvider**

**Claim Management**  
Submit new claims. View claim status. Void/Replace existing claims.

**Attachment Management**  
Submit new stand-alone attachments. View attachment status.

**Participant Eligibility**  
Verify participant eligibility.

**Prior Authorization Status**  
Check the prior authorization status for participants.

**Provider Communications Management**  
Send Your Inquiries...

**Participant Annual Review Date**  
View participant annual review dates.

**Nursing Home Management**  
Manage participants. Submit nursing home claims.

**File Management**  
Send and receive batch files. Print/View/Download Remittance Advice.

**Payment Information**  
View the payment information for the two most recent payments.

**Available Surveys**

**Provider Enrollment Status**  
Verify Provider Eligibility.

# 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

The screenshot displays the MoHealthNet File Management Portal. At the top, there's a 'File Management' window with a search bar containing 'NPI' and 'M012136305 - BPST'. Below this are tabs for 'Upload Files', 'Request Aged RA', and 'Manage Test Files'. The main area is divided into 'Search' and 'Results' sections. The 'Search' section has radio buttons for 'Selected NPI', 'By User ID', and 'All NPIs' (selected), and a 'File Type' section with checkboxes for various document types like 'Claim Confirmation', 'NCPDP', 'Printable Aged RAs', 'Remittance Advice (835)', 'Rejects (X12)', 'Printable RAs', 'Acknowledgements', 'NAT Claim Confirmation', 'Claim Status (277)', 'Eligibility Verification (271)', 'SE Data Tracking', and 'PA 278 Response'. A 'Search' button is at the bottom. The 'Results' section shows a message: 'Please select search criteria and click Search to find results.' Below this is a banner for 'MoHealthNet' with a navigation bar. The main content area is titled 'Welcome to eProvider' and lists various services: Claim Management, Attachment Management, Participant Eligibility, Prior Authorization Status, Provider Communications Management, Participant Annual Review Date, Nursing Home Management, File Management (highlighted with a red arrow), Payment Information, and Available Surveys. The 'File Management' link is highlighted with a red arrow.



# Payment Information

Direct Deposit information for last two billing cycles

## Payment Information

NPI

M012136305 - BPST

### Remittance Advice

| Date       | Number   | Amount |
|------------|----------|--------|
| 02/28/2020 | 10951691 | \$0.00 |
| 02/07/2020 | 10940849 | \$0.00 |

Finish

MoHealthNet

Home Contact Training Search Center Troubleshooting

Welcome, DMEOptDent Log Out

eProvider ePassport

Home / eProvider

External Links

- State of Missouri Web site
- Department of Social Services
- MO HealthNet Division
- Provider Information
- Provider Enrollment Application
- Participant Information

eProvider News

09/30/2015  
ICD-10 MO HealthNet Provider Resources

08/31/2015  
835 Posting Dates based on 370 EFT & ERA REASSOCIATION (CCD+/835) RULE

07/02/2015  
HIPAA Compliant Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC)

03/25/2015  
Removing a User's Access to an NPI

03/24/2015  
Requesting & Allowing NPI Access

03/24/2015  
eMOMED Training and Assistance Utilities

eProvider Welcome

Welcome to eProvider

Claim Management  
Submit new claims. View claim status. Void/Replace existing claims.

Attachment Management  
Submit new stand-alone attachments. View attachment status.

Participant Eligibility  
Verify participant eligibility.

Prior Authorization Status  
Check the prior authorization status for participants.

Provider Communications Management  
Send Your Inquiries...

Participant Annual Review Date  
View participant annual review dates.

Nursing Home Management  
Manage participants. Submit nursing home claims.

File Management  
Send and receive batch files. Print/View/Download Remittance Advice.

Payment Information  
View the payment information for two most recent payments.

Available Surveys

Provider Enrollment Status  
Verify Provider Eligibility.

# Provider Enrollment Status

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

eProvider ePassport

Home / eProvider / Provider Enrollment Status

**Provider Enrollment Status Request**

NPI  
M012136305 - BPST

**Search**

Date Of Service \*

NPI \*

**Search** **Finish**

MoHealthNet

Home Contact Training Search Center Troubleshooting

Welcome, DMEOptDent Log Out

eProvider ePassport

Home / eProvider

**External Links**

- State of Missouri Web site
- Department of Social Services
- MO HealthNet Division
  - Provider Information
  - Provider Enrollment Application
  - Participant Information

**eProvider News**

**eNews**

- 09/30/2015 ICD-10 MO HealthNet Provider Resources
- 08/31/2015 835 Posting Dates based on 370 EFT & ERA REASSOCIATION (CCD+/835) RULE
- 07/02/2015 HIPAA Compliant Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC)
- 03/25/2015 Removing a User's Access to an NPI
- 03/24/2015 Requesting & Allowing NPI Access
- 03/24/2015 eMOMED Training and Assistance Utilities

**eProvider Welcome**

**Welcome to eProvider**

- Claim Management**  
Submit new claims. View claim status. Void/Replace existing claims.
- Nursing Home Management**  
Manage participants. Submit nursing home claims.
- Attachment Management**  
Submit new stand-alone attachments. View attachment status.
- File Management**  
Send and receive batch files. Print/View/Download Remittance Advice.
- Participant Eligibility**  
Verify participant eligibility.
- Payment Information**  
View the payment information for the two most recent payments.
- Prior Authorization Status**  
Check the prior authorization status for participants.
- Available Surveys**
- Provider Communications Management**  
Send Your Inquiries...
- Provider Enrollment Status**  
Verify Provider Eligibility.
- Participant Annual Review Date**  
View participant annual review dates.



# 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



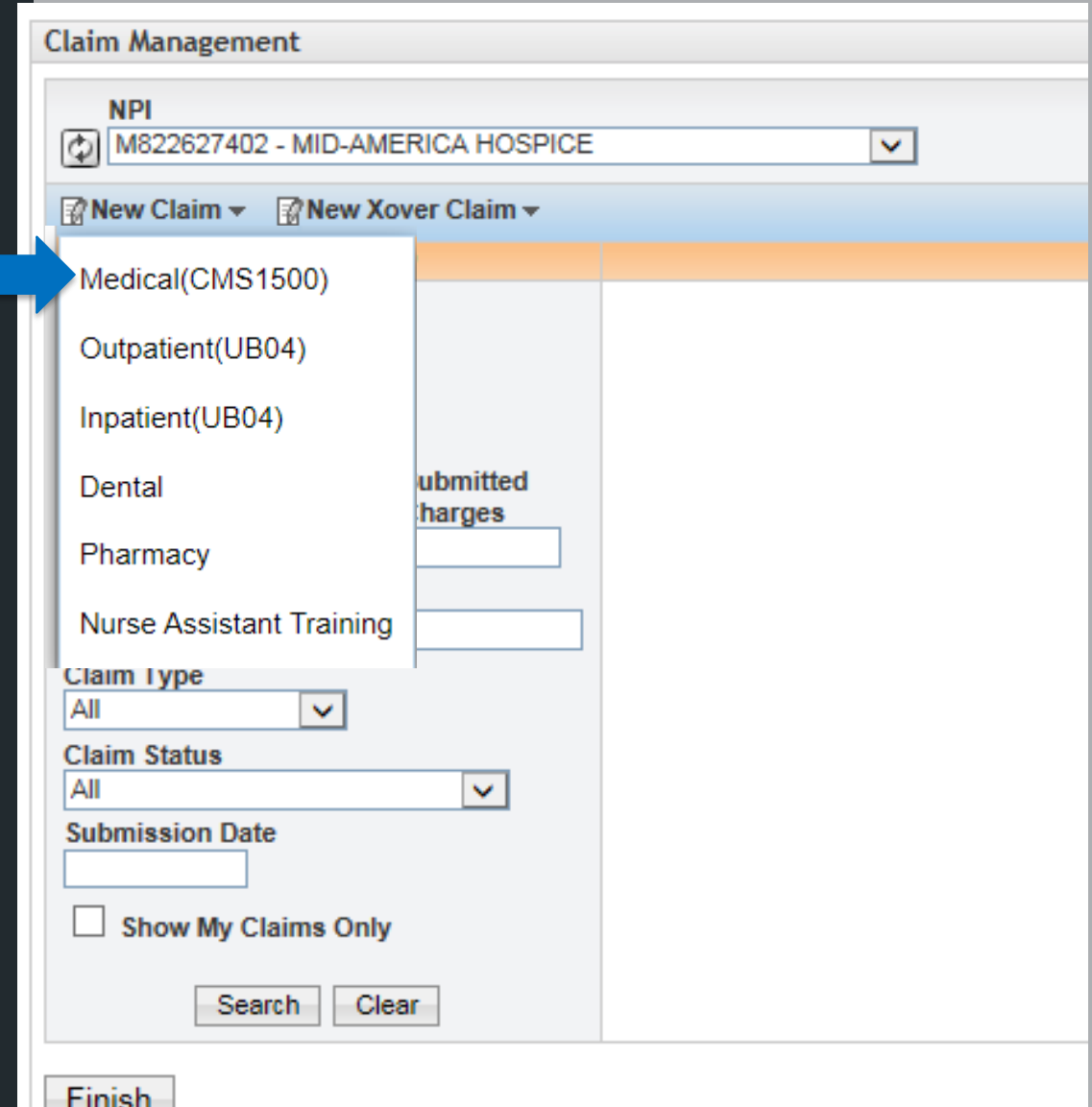

The screenshot displays the MoHealthNet eMOMED website interface. At the top, a navigation bar includes links for Home, Contact, Training, Search Center, and Troubleshooting. Below this is a banner image featuring a diverse group of healthcare professionals and the MoHealthNet logo. The main content area is divided into several sections:

- External Links:** A list of links including "State of Missouri Web site", "Department of Social Services", "MO HealthNet Division", and "Provider Information".
- eProvider News:** A section titled "eNews" with a list of recent news items, including "ICD-10 MO HealthNet Provider Resources" and "HIPAA Compliant Remittance Advice".
- eProvider Welcome:** A large section titled "Welcome to eProvider" with a red arrow pointing to the "Claim Management" link. This section contains several other links:
  - Claim Management:** Submit new claims. View claims. Void/Replace existing claims.
  - Nursing Home Management:** Manage participants. Submit nursing home claims.
  - Attachment Management:** Submit new stand-alone attachments. View attachment status.
  - File Management:** Send and receive batch files. Print/View/Download Remittance Advice.
  - Participant Eligibility:** Verify participant eligibility.
  - Payment Information:** View the payment information for the two most recent payments.
  - Prior Authorization Status:** Check the prior authorization status for participants.
  - Available Surveys:**
  - Provider Communications Management:** Send Your Inquiries...
  - Provider Enrollment Status:** Verify Provider Eligibility.
  - Participant Annual Review Date:** View participant annual review dates.

# 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



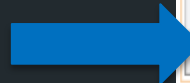
The screenshot shows the 'Claim Management' window. At the top, there is a field for 'NPI' with a dropdown arrow, currently showing 'M822627402 - MID-AMERICA HOSPICE'. Below this are two buttons: 'New Claim' and 'New Xover Claim'. A blue arrow points to the 'New Claim' button, which has a dropdown menu open. The menu lists several options: 'Medical(CMS1500)', 'Outpatient(UB04)', 'Inpatient(UB04)', 'Dental', 'Pharmacy', and 'Nurse Assistant Training'. Below the menu, there are fields for 'Claim Type' (set to 'All'), 'Claim Status' (set to 'All'), and 'Submission Date'. There is also a checkbox for 'Show My Claims Only'. At the bottom of the form are 'Search' and 'Clear' buttons. A 'Finish' button is located at the very bottom of the window.

# 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



Medical(CMS1500) Claim

Billing NPI: M012136305  
BPST

**Claim Header Information**

**Participant Information**

Participant DCN \*  
01010101

Participant Last Name \*  
patient

Participant First Name \*  
Ima

Patient Account Number  
1234

**Service Information**

Referring Provider NPI

Hospitalization Dates  
To

Service Facility Location

Service Facility Name

**Cause and Diagnosis Details**

Related Cause Codes

Last Menstrual Cycle Date

Diagnosis Codes \*  
R112 G43909

Save Claim Header Reset

Save claim header to continue.

Submit Claim Printer Friendly Reset Cancel

Home | Contact | Training | Search Center | Troubleshooting

Missouri Department of  
SOCIAL SERVICES

# 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\*

**Add Detail Line**

**Detail Line Summary** Total Charges : 0.00

| Line #  | Date of Service  | Place of Service               | Procedure Code      | Modifiers | National Drug Code | Billed Charges | Action |
|---|--|--------------------------------|---------------------|-----------|--------------------|----------------|--------|
| <b>Add Detail Line #1</b>   |  |                                |                     |           |                    |                |        |
|   | Dates of Service *   | Place of Service *             |                     |           |                    |                |        |
|   | 04/01/2017 To 04/01/2017   | 23 - Emergency Room-Hospital   |                     |           |                    |                |        |
|   | Procedure Code *   | Modifiers                      |                     |           |                    |                |        |
|   | A0425  |                                |                     |           |                    |                |        |
|   | National Drug Code   | Decimal Quantity (9999999.999) | Prescription Number |           |                    |                |        |
|   |  |                                |                     |           |                    |                |        |
|   | Diagnosis Code *   | Billed Charges *               | Days/Units Billed * |           |                    |                |        |
|   | R112   | 231.00                         | 22                  |           |                    |                |        |
|   | Conditions   | Performing Provider NPI        |                     |           |                    |                |        |
|   | <input type="checkbox"/> Emergency<br><input type="checkbox"/> EPSDT<br><input type="checkbox"/> Family Planning | M012136301                     |                     |           |                    |                |        |
| <input type="button" value="Save Detail Line to Claim"/> <input type="button" value="Reset"/> |  |                                |                     |           |                    |                |        |

Complete the Required fields and click Save Detail Line to Claim





# MO HealthNet Only

Medical(CMS1500) Claim

?

Billing NPI: M012136305  
BPST

Claim Header Information

Participant Information

Participant DCN \*  
01010101

Participant Last Name \*  
ima

Participant First Name \*  
patient

Patient Account Number  
1234

Service Information

Referring Provider NPI

Hospitalization Dates  
 To

Service Facility Location

Service Facility Name

PRTF Certification Number

Cause and Diagnosis Details

Related Cause Codes

Last Menstrual Cycle Date

Diagnosis Codes \*  
R112

Edit Claim Header

Add Detail Line

Detail Line Summary

Total Charges : 1,100.00

| Line # | Date of Service         | Place of Service             | Procedure Code | Modifiers | National Drug Code | Billed Charges | Action                  |
|--------|-------------------------|------------------------------|----------------|-----------|--------------------|----------------|-------------------------|
| 1      | 04/01/2023 - 04/01/2023 | 23 - Emergency Room-Hospital | A0425          |           |                    | 100.00         | <div></div> <div></div> |
| 2      | 04/01/2023 - 04/01/2023 | 23 - Emergency Room-Hospital | A0426          | HH        |                    | 1,000.00       | <div></div> <div></div> |

Add Detail Line #3

Other Payers (click to manage)

Invoice of Cost (click to manage)

Certificate of Medical Necessity (click to manage)

Submit ClaimPrinter FriendlyResetCancel

Select Submit  
Claim

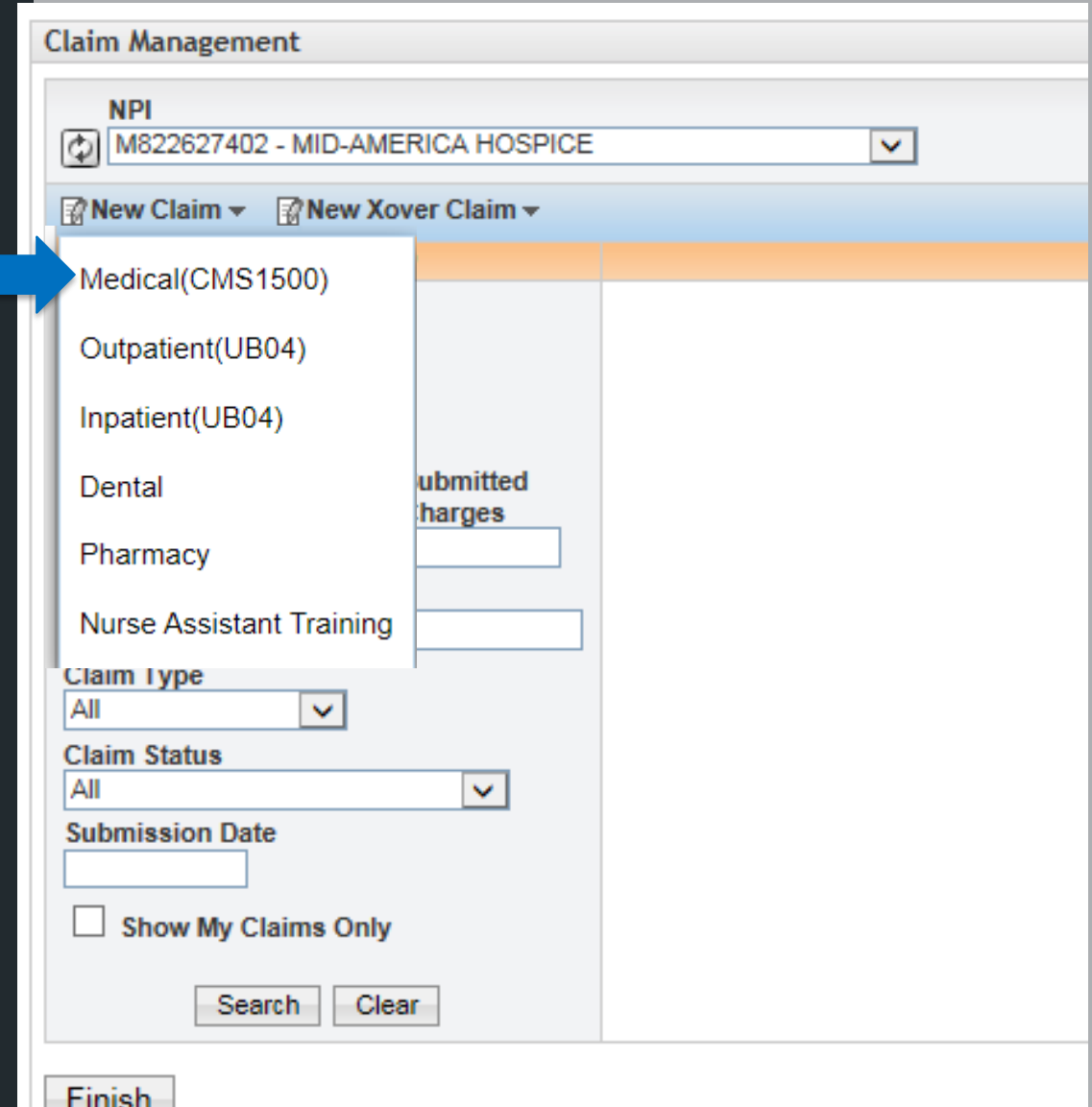
## Edit claims

- 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



The screenshot shows the 'Claim Management' window. At the top, there is a dropdown for 'NPI' with the value 'M822627402 - MID-AMERICA HOSPICE'. Below this are two buttons: 'New Claim' and 'New Xover Claim'. A blue arrow points to the 'New Claim' button, which has a dropdown menu open. The menu lists several options: 'Medical(CMS1500)', 'Outpatient(UB04)', 'Inpatient(UB04)', 'Dental', 'Pharmacy', and 'Nurse Assistant Training'. Below the menu, there are fields for 'Claim Type' (set to 'All'), 'Claim Status' (set to 'All'), and 'Submission Date'. There is also a checkbox for 'Show My Claims Only' and 'Search' and 'Clear' buttons. At the bottom, there is a 'Finish' button.

Claim Management

NPI  
M822627402 - MID-AMERICA HOSPICE

New Claim New Xover Claim

Medical(CMS1500)  
Outpatient(UB04)  
Inpatient(UB04)  
Dental  
Pharmacy  
Nurse Assistant Training

Claim Type  
All

Claim Status  
All

Submission Date

☐ Show My Claims Only

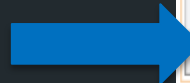
Search Clear

Finish

## Claim Header

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

Complete the Required fields and click Save Claim Header



Medical(CMS1500) Claim

Billing NPI: M012136305  
BPST

**Claim Header Information**

**Participant Information**

Participant DCN \*  
01010101

Participant Last Name \*  
patient

Participant First Name \*  
Ima

Patient Account Number  
1234

**Service Information**

Referring Provider NPI

Hospitalization Dates  
To

Service Facility Location

Service Facility Name

**Cause and Diagnosis Details**

Related Cause Codes

Last Menstrual Cycle Date

Diagnosis Codes \*  
R112 G43909

Save Claim Header Reset

Save claim header to continue.

Submit Claim Printer Friendly Reset Cancel

Home | Contact | Training | Search Center | Troubleshooting

Missouri Department of  
SOCIAL SERVICES

# 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\*

**Add Detail Line**

**Detail Line Summary** Total Charges : 0.00

| Line #  | Date of Service  | Place of Service               | Procedure Code      | Modifiers | National Drug Code | Billed Charges | Action |
|---|--|--------------------------------|---------------------|-----------|--------------------|----------------|--------|
| <b>Add Detail Line #1</b>   |  |                                |                     |           |                    |                |        |
|   | Dates of Service *   | Place of Service *             |                     |           |                    |                |        |
|   | 04/01/2017 To 04/01/2017   | 23 - Emergency Room-Hospital   |                     |           |                    |                |        |
|   | Procedure Code *   | Modifiers                      |                     |           |                    |                |        |
|   | A0425  |                                |                     |           |                    |                |        |
|   | National Drug Code   | Decimal Quantity (9999999.999) | Prescription Number |           |                    |                |        |
|   |  |                                |                     |           |                    |                |        |
|   | Diagnosis Code *   | Billed Charges *               | Days/Units Billed * |           |                    |                |        |
|   | R112   | 231.00                         | 22                  |           |                    |                |        |
|   | Conditions   | Performing Provider NPI        |                     |           |                    |                |        |
|   | <input type="checkbox"/> Emergency<br><input type="checkbox"/> EPSDT<br><input type="checkbox"/> Family Planning | M012136301                     |                     |           |                    |                |        |
| <input type="button" value="Save Detail Line to Claim"/> <input type="button" value="Reset"/> |  |                                |                     |           |                    |                |        |

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

Medical(CMS1500) Claim

?

Billing NPI: M012136305  
BPST

Claim Header Information

Participant Information

Participant DCN \*

01010101

Participant Last Name \*

ima

Participant First Name \*

patient

Patient Account Number

1234

Service Information

Referring Provider NPI

Hospitalization Dates

To

Service Facility Location

Service Facility Name

PRTF Certification Number

Cause and Diagnosis Details

Related Cause Codes

Last Menstrual Cycle Date

Diagnosis Codes \*

R112

Edit Claim Header

Add Detail Line

Detail Line Summary

Total Charges : 1,100.00

| Line # | Date of Service         | Place of Service             | Procedure Code | Modifiers | National Drug Code | Billed Charges | Action |
|--------|-------------------------|------------------------------|----------------|-----------|--------------------|----------------|--------|
| 1      | 04/01/2023 - 04/01/2023 | 23 - Emergency Room-Hospital | A0425          |           |                    | 100.00         |        |
| 2      | 04/01/2023 - 04/01/2023 | 23 - Emergency Room-Hospital | A0426          | HH        |                    | 1,000.00       |        |

Other Payers (click to manage)

Invoice of Cost (click to manage)

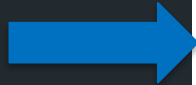
Certificate of Medical Necessity (click to manage)

Submit Claim

Printer Friendly

Reset

Cancel



# MO HealthNet + Commercial

## Add Other Payer information

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

Other Payers

Header Summary

| Payer ID   | Payer Name            | Paid Date                                       | Filing Indicator                       | Paid Amount | Action |
|--|-----------------------|---|--|-------------|--------|
| Add/Edit Details   |                       |   |  |             |        |
| Filing Indicator *   |                       |   | Payer Responsibility Sequence Number * |             |        |
| CI - Commercial Insurance Co.  |                       |   | P - Primary                            |             |        |
| Other Payer ID *   | Other Payer Name *    | Paid Date *                                     |  |             |        |
| 1  | UMR                   | 05/01/2023                                      |  |             |        |
| Paid Amount *  | Total Denied Amount * | Remittance Advice Remark Codes                  |  |             |        |
| 1000.00  | 0.00                  | <div></div> <div></div> <div></div> <div></div> |  |             |        |
| <input type="checkbox"/> Payer at Header Level   |                       |   |  |             |        |
| <div>Save Other Payer Data and Manage Codes</div> <div> <div>Save Other Payer To Claim</div> <div>Reset</div> </div> |                       |   |  |             |        |
| Invoice of Cost (click to manage)  |                       |   |  |             |        |
| Certificate of Medical Necessity (click to manage)   |                       |   |  |             |        |
| <div>Submit Claim</div> <div>Printer Friendly</div> <div>Reset</div> <div>Cancel</div>                               |                       |   |  |             |        |

Select Save other Payer Data and Manage Codes

## Add Other Payer information

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

Add/Edit Group Code, Reason Code, Adjust Amount For This Payer

| Other Payer Detail Summary                                       |                                |                              |                   |
|--|--------------------------------|------------------------------|-------------------|
| Line Item(s)   | Claim Group Code               | Claim Adjustment Reason Code | Adjustment Amount |
| <b>Add / Edit Other Payer Detail Information</b>                 |                                |                              |                   |
| Associated Line Items *  |                                |                              |                   |
| <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 |                                |                              |                   |
| Claim Group Code *   | Claim Adjustment Reason Code * | Adjustment Amount *          |                   |
| CO - Contractual Obligations                                     | 45                             | 10.00                        |                   |
| PR - Patient Responsibility                                      | 2                              | 40.00                        |                   |
| - Select One -   |                                |                              |                   |
| - Select One -   |                                |                              |                   |
| Save Codes to Other Payer  |                                | Reset                        |                   |









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

# MO HealthNet + Commercial

☐ Payer at Header Level

**Edit Other Payer Info**

Add/Edit Group Code, Reason Code, Adjust Amount For This Payer

| Other Payer Detail Summary |                              |                              |                   |   |
|----------------------------|------------------------------|------------------------------|-------------------|---|
| Line Item(s)               | Claim Group Code             | Claim Adjustment Reason Code | Adjustment Amount | Action  |
| 1                          | CO - Contractual Obligations | 45                           | 10.00             |   |
| 1                          | PR - Patient Responsibility  | 2                            | 40.00             |   |
| 2                          | CO - Contractual Obligations | 45                           | 30.00             |   |
| 2                          | PR - Patient Responsibility  | 2                            | 20.00             |   |

**Add / Edit Other Payer Detail Information**

Associated Line Items \*

☒ 1 ☐ 2

| Claim Group Code * | Claim Adjustment Reason Code * | Adjustment Amount *  |
|--------------------|--------------------------------|----------------------|
| - Select One -     | <input type="text"/>           | <input type="text"/> |
| - Select One -     | <input type="text"/>           | <input type="text"/> |
| - Select One -     | <input type="text"/>           | <input type="text"/> |
| - Select One -     | <input type="text"/>           | <input type="text"/> |

**Save Codes to Other Payer** **Reset**

**Save Other Payer To Claim** **Reset**



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



# MO HealthNet + Commercial

Other Payers

Header Summary

| Payer ID | Payer Name | Paid Date  | Filing Indicator              | Paid Amount | Action  |
|----------|------------|------------|-------------------------------|-------------|---|
| 1        | UMR        | 05/01/2023 | CI - Commercial Insurance Co. | 1,000.00    |   |

Add/Edit Details

Filing Indicator \*

Payer Responsibility Sequence Number \*

Other Payer ID \*

Other Payer Name \*

Paid Date \*

Paid Amount \*

0.00

Total Denied Amount \*

0.00

Remittance Advice Remark Codes

☐ Payer at Header Level

Save Other Payer Data and Manage Codes

Save Other Payer To Claim

Reset

Invoice of Cost (click to manage)

Certificate of Medical Necessity (click to manage)

Submit Claim

Printer Friendly

Reset

Cancel

Select Submit Claim after your finished entering all other payer information

## Claim Status

Edit claims

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

Claim Status

Claim received

Void

Replacement

Timely Filing

Copy Claim

View Claim Details

Printer Friendly

Participant Details

Participant Name

PATIENT IMA

Participant DCN

01010101

Claim Data

ICN

4923269095033

First Date Of Service

04/01/2023

Claim Type

MEDICAL

Total Charges

1,100.00

Payment Details

Claim Submission Date

09/26/2023

Last Date of Service

04/01/2023

Bill Type

Total Paid

0.00

RA Date

Check Number

Provider Details

NPI

M012136305

Taxonomy Code

Claim Status Details

Claim Status

21

Status Effective Date

09/26/2023

Category Code

F0

Adjudication Date

09/26/2023

Entity Identifier Code

Service Line Details Summary

| Line Number | From/To Dates           | Revenue Code | Procedure Code | Modifiers | Units Of Service | Submitted Charge | Paid Amount | Status | Category Code | Entity Identifier Code | Status Effective Date |
|-------------|-------------------------|--------------|----------------|-----------|------------------|------------------|-------------|--------|---------------|------------------------|-----------------------|
| 1           | 04/01/2023 - 04/01/2023 |              | A0425          |           | 22               | 100.00           | 0.00        | 20     | A2            |                        | 09/26/2023            |
| 2           | 04/01/2023 - 04/01/2023 |              | A0426          | HH        | 1                | 1,000.00         | 0.00        | 20     | A2            |                        | 09/26/2023            |

Click on the button below to start a new claim of the last submitted claim type.

New Claim

Finish

Home

Contact

Troubleshooting

Missouri Department of SOCIAL SERVICES

# 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](mailto:internethelpdesk@momed.com)

## Participant Resources

Questions regarding MHD eligibility benefits and application process.

(855) 373-9994

[www.mydss.mo.gov](http://www.mydss.mo.gov)

Family Support Division Information Center

(855) FSD-INFO

(855) 600-4412

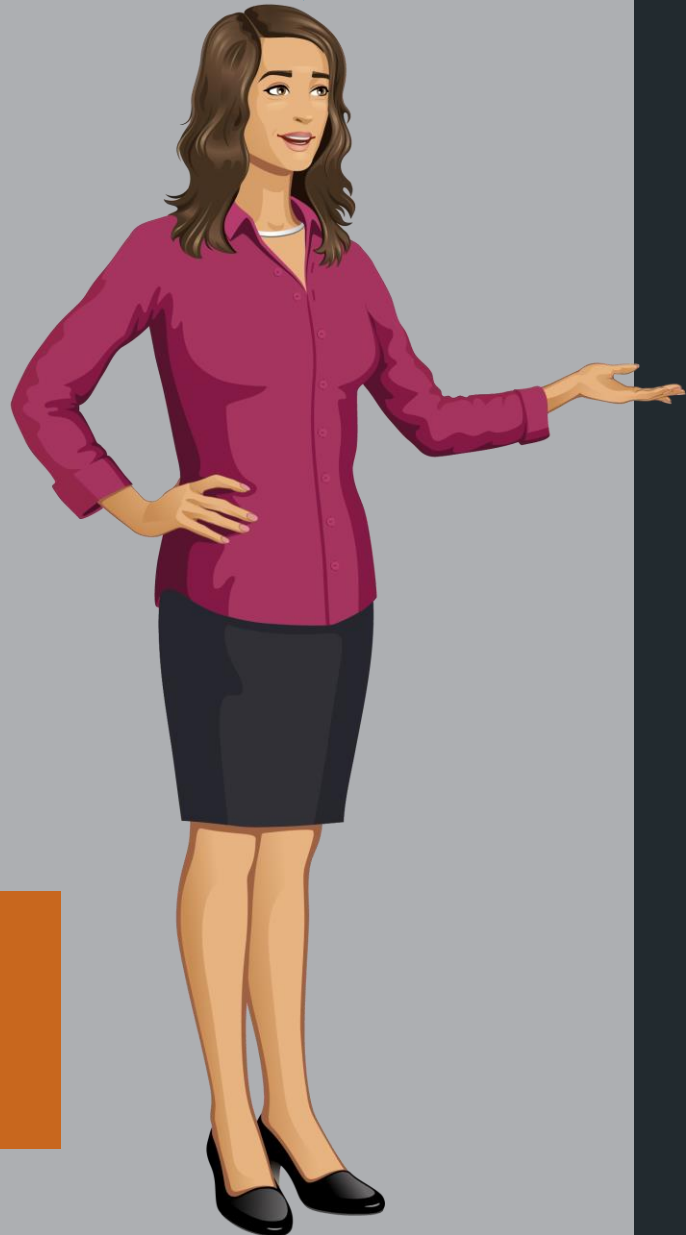
## Provider Communications

### **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](mailto: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](mailto: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](mailto:Ask.MHD@dss.mo.gov)

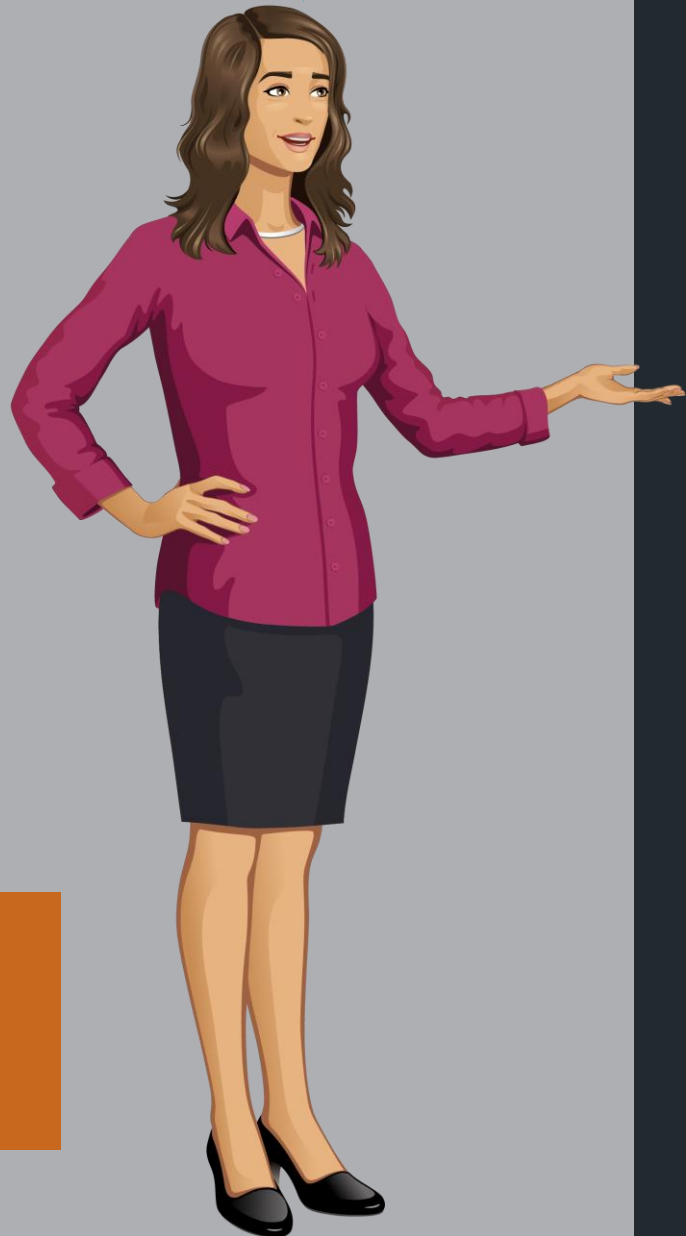
Provide NPI, name and contact information and complete details regarding inquiry

## 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](mailto:MHD.Education@dss.mo.gov)

(573) 751-6683



# Resources & Contact Information

## Pharmacy & Medical Pre-Certification 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](mailto:mmac.providerenrollment@dss.mo.gov)

Send written inquiries to:  
Missouri Medicaid Audit and Compliance  
P. O. Box 6500  
Jefferson City, Missouri 65102



Questions?