



Missouri Health Care Association

MHD Resources and Personal Care Policy

MO HealthNet Education and Training
August 29, 2023

This Presentation Covers:



Navigating Provider Resources



Eligibility



eMOMED



Resources & Contact Information

Your Presenters:

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Daniel Rush – MO HealthNet Education and Training Specialist



Navigating Provider Resources


- **Fee-For-Service vs. Managed Care**
- **Provider Information Page**
- **Provider Manual**
- **Cyber Access**
- **Forms**
- **Fee Schedules**
- **Provider Resource Guide**
- **Contact Information**



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

Review [covered services](#) for FFS and MC plans.



Managed Care

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.



home state health

- 855-694-4663



Healthy Blue

- 833-388-1407

Show Me Healthy Kids 

- 877-236-1020



UnitedHealthcare

- 866-292-0359

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.

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 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.



Provider Resources



Paths to Provider Information

Log in to eMOMED:
eMOMED is the MO HealthNet Portal for claim submission and billing.

Click on **Provider Information** to access MHD Provider Resources.

Or, visit the **MO HealthNet Provider Information page**.

Don't forget to bookmark it for the future!

Provider Information Page

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

- **Fee-For-Service Provider**
- **Managed Care Provider**

You can also find the **Provider Information page** on the **MHD website**.

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

Managed Care Providers

Serves:

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

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

Email Address



Managed Care Provider Page

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.

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 [↗](#).

 home state health. 1-855-694-HOME (4663) Email Home State Health website ↗	 HealthyBlue 833-388-1407 Healthy Blue website ↗
 UnitedHealthcare 1-866-292-0359 • Provider Relations email • Network Mgmt email	 Show Me Healthy Kids 1-877-236-1020 Email Show Me Healthy Kids ↗



[? 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](#)

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[Contact Us](#)



Fee-For-Service Provider Page

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**.

Fee-For-Service Providers

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

If you provide services to people with disabilities, seniors, blind & visually impaired, or women with breast or cervical cancer who get their health care services through MO HealthNet, you can provide services through the Fee-For-Service Program. Providers must be enrolled in the MO HealthNet program to provide medical services through the Fee-For-Service Program.

If you participate in the MO HealthNet program, you agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants. A participant cannot be billed for the difference between the MO HealthNet payment and the provider's billed charges, sometimes called "budget or balance billing."



[? Frequently Asked Questions](#)

Policies & Procedures

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

Billing

- [Apply for EMOMED](#)
- [EMOMED](#)
- [CYBERACCESS](#) ↗
- [GEMT Uncompensated Cost Reimbursement Program](#), updated 10/21/19
- [Claims processing and payment schedule](#)
- [Diagnosis Codes Exempt from Inpatient Certification](#) ↗, updated 11/22/22
- [HIPAA - EDI companion guide](#)
- [Radiology benefit management information](#)
- [Remittance Advice Remark Codes and Claim Adjustment Reason Codes](#)
- [School District Administrative Claiming \(SDAC\)](#)

Fee Schedules & Rate Lists

- [Fee Schedules](#)
- [IRHC Medicare/Medicaid Interim Rate list](#)
- [Nursing Facility Rate list](#)
- [Outpatient Hospital Radiology Fee Schedules:](#)
 - [2021](#) ↗
 - [2020](#) ↗
 - [2019](#) ↗
 - [2018](#) ↗
- [Outpatient Hospital Surgical Procedural Fee Schedules:](#)
 - [Effective 01/01/19](#) ↗ (updated 11/30/18)
- [Outpatient Hospital Lab Fee Schedules:](#)
 - [Effective 01/01/21](#) ↗ (updated 04/08/21)
- [Outpatient Hospital Simplified Fee Schedules:](#)
 - [Effective 7/20/2021](#) ↗
 - [Effective 7/01/2022](#) ↗

MO HealthNet Division

[Apply for Healthcare](#)

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[Managed Care Health Plans](#)

[MO HealthNet FFS Provider Search](#)

[MO HealthNet Division Home](#)

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[Waiver Programs](#)

[MO HealthNet Opioid Prescription Intervention \(OPI\) Program](#)

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MO HealthNet News

Stay Informed

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

Sign up and Stay Connected

Email Updates

Click to sign up for MO HealthNet News.

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Email

Email Address

Follow Us on Social Media



Provider Bulletins

- **Notify providers of new and updated policies**
- **Clarify existing policies**
- **Advise of important program information, rate changes and new/updated procedure codes**

You can also find **Provider Bulletins** on the **MHD website**.

Policies & Procedures

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

MO HealthNet Division Provider Bulletins

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

The MO HealthNet Program publishes provider bulletins as necessary to clarify existing program and policy or explain new policy.

Bulletin Indices

- [Bulletin Index By Topic/Subject](#)
- [Archived Bulletins](#)

Issue Date	Provider Bulletin Description
Mar 16, 2023	RESIDENTIAL TREATMENT AND TREATMENT FOSTER CARE, PDF Vol 45, No. 39
Feb 27, 2023	2023 CODE ON DENTAL PROCEDURES AND NOMENCLATURE (CDT) ADDITIONS/CHANGES, PDF Vol 45, No. 38
Feb 9, 2023	2023 HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS), PDF Vol 45, No. 37
Jan 05, 2023	DENTAL PROGRAM, PDF Vol 45, No. 36
Jan 05, 2023	NON-EMERGENCY MEDICAL TRANSPORTATION, PDF Vol 45, No. 35
Dec 29, 2022	Prior Authorization Process – Residential Treatment and Treatment Foster Care, PDF Vol 45, No. 34
Dec 28, 2022	Residential Billing Update - Above Level 4, PDF Vol 45, No. 33
Dec 22, 2022	Womens Health Services Program, PDF Vol 45, No. 32
Nov 30, 2022	HIPAA X12 835 Remittance Advice Transactions, PDF Vol 45, No. 31





Provider Bulletin: Rate Update

Effective for dates of service on or after July 1, 2022, the MO HealthNet Fee-For-Service maximum allowable rates are increased as indicated below. These changes reflect increases that were appropriated for the Fiscal Year 2023 budget, and will affect the following services for Assisted Living and Residential Care Facilities:

- T1001 U3 - Authorized Nurse Visits
- T1019 U3 - Personal Care
- T1019 U3 TF -Advanced Personal Care

[Updated FY23 DHSS rates](#)



PROVIDER BULLETIN

Volume 45 Number 03 <http://dss.mo.gov/mhd/> July 1, 2022

RATE UPDATE FOR DHSS-AUTHORIZED HOME AND COMMUNITY-BASED SERVICES

Applies to: Providers of DHSS-Approved Home and Community-Based Services
Effective date: July 1, 2022

- RATE UPDATE FOR THE FOLLOWING PROGRAMS:
 - ADULT DAY CARE WAIVER (ADCW)
 - AGED AND DISABLED WAIVER (ADW)
 - AIDS WAIVER
 - BRAIN INJURY WAIVER (BIW)
 - INDEPENDENT LIVING WAIVER (ILW)
 - MEDICALLY FRAGILE ADULT WAIVER (MFAW)
 - STRUCTURED FAMILY CAREGIVING WAIVER (SFCW)
 - PERSONAL CARE
 - PRIVATE DUTY NURSING

MAXIMUM ALLOWABLE RATE INCREASE

Effective for dates of services on or after July 1, 2022, the MO HealthNet Fee-For-Service maximum allowable rates are increased as indicated below. These changes reflect increases that were appropriated for the Fiscal Year 2023 budget.



Provider Hot Tips

Tips to assist providers with:

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

You can also find [Provider Hot Tips](#) on the [MHD website](#).

Policies & Procedures

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

2023 MO HealthNet Provider Hot Tips

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

The MO HealthNet Division publishes Hot Tips to supply information to clarify and assist in receiving timely reimbursement for services provided and claims disposition.

MO HealthNet has developed an index for historical and ongoing Hot Tips and a COVID-19 index for associated Hot Tips. The non-COVID-19 index location has not moved; it is also located below for quick reference. Please share these Hot Tips with your billing staff.

Hot Tip Index

- [Hot Tip Index By Topic/Subject](#)

2023 Provider Tips Index

- [Nursing Home Coverage for Participants within the Adult Expansion Group \(E2\) and Managed Care](#)
- [Maternity Stays and Post-Discharge Home Visits](#)
- [How to File a Claim with MHD as the Tertiary Payer](#)
- [Maternal Depression Screening](#)
- [Bright Futures](#)
- [Case Management for Pregnant Women](#)
- [How to File a Claim with MHD as the Tertiary Payer](#)
- [Maternal infant Health Prenatal Vitamins](#)

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

March 13, 2023



Hot Tip: Participant Annual Review Date

February 16, 2023 - Participant Annual Review Date

Beginning April 1, 2023 the Family Support Division (FSD) will be required to check the eligibility of all MO HealthNet participants, which include Managed Care health plan members of Healthy Blue, Home State Health, and United Healthcare.

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' Interactive Voice Response (IVR) system at (573) 751-2896.

For questions regarding the annual review date, providers can contact Provider Communications at 573-751-2896. Participants can find additional information on the [Renewing Your Medicaid Eligibility](#) website.



Searching Bulletins and Hot Tips

Use the Index to search for a specific topic

MO HealthNet Division Provider Bulletins

home » mo healthnet division » providers » pages » bulletins

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2023 MO HealthNet Provider Hot Tips

home » mo healthnet division » providers » pages » provtips

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- [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



Searching Bulletins and Hot Tips

Control + F, use keyword "Education"

Education | 1/11 ^ v x

EDUCATION	Hot Tip Date
Hot Tip Index	11/10/20
Provider Resources for Bereavement Training	01/03/20
Department of Health and Senior Services Lung Injury Outbreak Information	11/26/19
2017 MO HealthNet Managed Care Webinar Training	02/17/17
Updated 1st Quarter Webinar Trainings	02/14/17
2017 MO HealthNet Training Workshops	02/14/17
Contacting Provider Education	09/02/16
2016 Missouri HealthNet Webinar Trainings	03/30/16
2016 MO HealthNet Training Workshops	02/16/16
WebEx Meetings Conducted by Provider Education and Training Unit	10/27/14
Scheduled Webinars for Listed Claim Types	10/20/14
Provider Participant Page	07/14/14
Scheduled Webinars for Listed Claim Types	07/07/14
Contacting the Provider Education Unit	06/23/14
MO HealthNet Medicaid Program Webinars	02/24/14
Contacting Provider Education Training Unit	11/18/13
MO HealthNet Medicaid Program Webinars	09/16/13
MO HealthNet Resources	07/22/13
Suggestions for On-line Training Conferences	04/01/13
Requesting Provider Assistance	07/30/12
Provider Audio/Visual Presentations	06/18/12

The number tells you how many times your keyword appears on the page.

Education | 1/11 ^ v x

The up and down arrows take you to the next and previous location of your keyword.



State of Missouri MO HealthNet Manuals



Your complete source for all MO HealthNet related services and support for the State of MO
Find everything you need - all from one convenient portal.

To learn more about the functions and features of the Provider Manuals website, [CLICK HERE](#)

- HOME
- RESOURCE CENTER
- FORMS
- QUICK LINKS
- ABOUT WIPRO INFOCROSSING

<ul style="list-style-type: none"> AIDS Waiver Adult Day Care Waiver Adult Day Health Care NOTE: This program ended on June 30, 2013. Aged and Disabled Waiver Ambulance Ambulatory Surgical Center Behavioral Health Adult Targeted Case Management Behavioral Health Services CSTAR Community Psych Rehab Program Comprehensive Day Rehab DD Waiver Dental Durable Medical Equipment Environmental Lead Assessment Hearing Aid Home Health Hospice Hospital 	<ul style="list-style-type: none"> Medically Fragile Adult Waiver Nurse Midwife Nursing Home Optical Personal Care Pharmacy Physician Private Duty Nursing Rehabilitation Centers Rural Health Clinic School District Administrative Claiming Manual Effective July 1, 2019 School-Based IEP Direct Services Cost Settlement Manual School-Based Individualized Education Plan Specialized Transportation Services Targeted Case Management for Individuals with Developmental Disabilities Therapy Transplant Youth Targeted Case Management
--	--

Provider Manuals

- Policy
- Benefits and Limitations
- Procedure Codes
- Revenue Codes
- Billing Instructions

Providers should choose the **Provider Manual** for their program.

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 Manuals

The Table of Contents in each **Provider Manual** is very detailed in order to assist individuals in finding what they are looking for.

Use Control + F and search by keyword to assist in finding the information needed.



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

Provider Manuals

General Sections are published in each **Provider Manual** and are written broadly to encompass all providers.

Program Specific Sections are specific to each **MO HealthNet Program**.

Review the **Provider Manual by Section** for this quick breakdown.

Section	Description
General Section 1	Participant Conditions of Participation
General Section 2	Provider Conditions of Participation
General Section 3	Stakeholder Services
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	Healthy Children and Youth Program
General Section 10	Family Planning
General Section 11	MO HealthNet Managed Care Program Delivery System
Program Specific Section 12	Reimbursement Methodology
Program Specific Section 13	Benefits and Limitations
Program Specific Section 14	Special Documentation Requirements
Program Specific Section 15	Billing Instructions
General Section 16	Medicare/Medicaid Crossover Claims
General Section 17	Claims Disposition
Program Specific Section 18	Diagnosis Codes
Program Specific Section 19	Procedure Codes (Includes: HCPC, CDT, and Revenue Codes)
General Section 20	Exception Process
General Section 21	Advance Health Care Directives
General Section 22	Non-Emergency Medical Transportation
General Section 23	Claim Attachment Submission and Processing



Billing

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


- [Apply for eMOMED](#)
- [eMOMED](#)
- [Claims Processing & Payment Schedule](#)
- [Remittance Advice Remark and Claim Adjustment Reason Codes](#)

Fee-For-Service Providers

[home](#) » [mo healthnet division](#) » [providers](#) » [fee for service providers](#)

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? **Frequently Asked Questions**

Policies & Procedures

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

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

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[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

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Subscription Type

Email

Email Address

Contact Us



eMOMED

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**

eMOMED

[Contact](#)
[Troubleshooting](#)



eMOMED / Login
Log In

External Links

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

- Provider Information
- Provider Enrollment Application
- Participant Information

Welcome

! Alerts (1) - [Click to hide](#)

Need help registering? [Click here to watch the video](#)

Welcome to the New MO HealthNet Web Portal

The complete source for all MO HealthNet Participant and Provider related services.

Find everything you need from one convenient portal!

Login

! ATTENTION: Each individual eMOMED user should have their own account identified by their SSN.

User ID Password

If you are having trouble logging in, [Click Here!](#)
 Not registered? [Register Now!](#)

WARNING! THIS SYSTEM CONTAINS GOVERNMENT INFORMATION. BY ACCESSING AND USING THIS COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES.

Public News

eNews

07/17/2019
eMOMED Training and Assistance Utilities

03/24/2015
Requesting & Accepting NPI Access

ERA Enrollment

Provider Sign up for Electronic Remittance Advice (ERA)
[Click Here!](#)

eMOMED | Contact | Troubleshooting



Claims Processing & Payment Schedule

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


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

MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2023

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





consensus-based, interoperable,
syntax-neutral data exchange standards

MEMBERSHIP
PRODUCTS
ABOUT
NEWS + EVENTS

Home / Products / External Code Lists

External Code Lists

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.

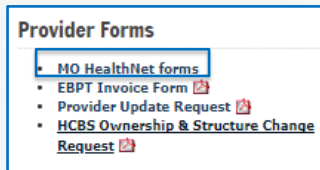
Explanations of the RARC and CARC are available on this [site](#).



Provider Forms

Provider Forms are listed in alphabetical order on the [Provider Forms](#) page. This page offers the forms a provider would need, including:

- [Certificate of Medical Necessity](#)
- [Diabetic Supplies PA](#)
- [Exception Request](#)
- [Insurance Resource Report](#)
- [PA Request](#)
- [Provider Spend Down](#)



Forms

- [Accident Report \(TPL-2P\)](#)
- [Acknowledgment of Receipt of Hysterectomy Information](#)
- [Addendum to the Plan of Treatment/Medical Update](#)
- [Authorization by Clinic Members](#)
- [Authorization Determination](#)
- [BCCT MO HealthNet Application](#)
- [BCCT Temporary MO HealthNet Authorization](#)
- [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](#)
- [Electronic Funds Transfer \(EFT\) - Paper](#)
- [Exception Request](#)
- [Exception Request](#)



MHD Fee Schedule

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 Schedule Search										
Medical Services										
ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
00211						3	07/01/2019	0.00	\$15.31	1
00211	EP					3	07/01/2019	0.00	\$17.28	1
00211	GE					3	07/01/2019	0.00	\$14.78	1
00211	GE	EP				3	07/01/2019	0.00	\$17.28	1
00211	GT					3	07/01/2019	0.00	\$14.78	1
00211	GT	EP				3	07/01/2019	0.00	\$17.05	1
00211	X4		J			3	07/01/2019	0.00	\$13.55	1
00211	YG					9	10/16/2003	0.00	\$0.00	1

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.



Searching the MHD Fee Schedule

Click on Fee Schedules

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)
 - Effective 01/01/21 (updated 04/08/21)
- Outpatient Hospital Lab Fee Schedules:
 - Effective 7/20/2021
 - Effective 7/01/2022
- Outpatient Hospital Simplified Fee Schedules:
 - Effective 7/20/2021
 - Effective 7/01/2022

Read and accept disclaimer

The license granted herein is expressly conditioned upon your acceptance of all terms and conditions contained in this agreement. If the foregoing terms and conditions are acceptable to you, please indicate your agreement by clicking below on the button labeled "I ACCEPT". If you do not agree to the terms and conditions, you may not access or use the software. Instead, you must click below on the button labeled "I DO NOT ACCEPT" and exit from this computer screen.

[I ACCEPT](#)

[I DO NOT ACCEPT](#)

Click on Full Search

[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.

Choose Program

Ambulance
Anesthesia - Certified Registered Nurse Anesthetist / Anesthesiologist Assistant
Anesthesia - General
Anesthesia - Supervision of Anesthetists
C-STAR
Community Psychiatric Rehabilitation
Dental Services
DME Purchase
DME Rental
DME Repair
EPSDT Other Services
Hearing Aid and Audiology Services



Searching the MHD Fee Schedule

Click Proc Code or Modifier

Search Options
Search For
Proc Code Modifier

Enter Procedure Code/Modifier

Click Go

Search Options
Search For
Proc Code Modifier
00274

Review Search Results

Fee Schedule Search

Dental Services

ProcCode	M1	M2	PA1	PA2	PA3	PI	EffDate	RelVal	Spec Fee	Qty
00274						9	10/01/2003	0.00	\$0.00	1

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.

Other Helpful Links Listed

MHD Price File Key
Modifier Information
General Fee Schedule Information
Provider Bulletins
Back to First Page



Other Fee Schedules

The **Provider Information page** also provides links to other Fee Schedules helpful to providers.

These Fee Schedules are updated as necessary.



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:
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- 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

Benefit Tables

Choose **Benefit Tables** on the **Provider Information page**

Education and Training

- **Education and Training Resources** Offers provider webinar schedules and general and program specific educational resources.
- **Contact Education and Training** Provides the Education Specialist assigned to each program and how to request training.
- **Provider Resource Guide** Provides descriptions of medical eligibility (ME) codes, shows limited and comprehensive benefits and provides MO HealthNet contact information.
- **Provider Manual by Section** Provides a resource list of General and Program Sections of the **Provider Manual**.
- **Benefit Tables** (formerly Benefit Matrix) This shows the various benefits for each MO HealthNet programs, and if they have cost sharing or co-pays.

Choose the specific program to view the various benefits

MO HealthNet Benefit Tables

Master list of covered services

Copy 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

Benefit Tables

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12/22/2021	Hearing Aid
12/22/2021	Home Health
12/22/2021	Hospice
12/22/2021	Hospital
12/22/2021	Long Term Care
12/22/2021	Non-Emergency Medical Transportation (NEMT)
12/22/2021	Optical
12/22/2021	Personal Care
12/22/2021	Pharmacy
12/22/2021	Physicians and Clinics
12/22/2021	Private Duty Nursing
12/22/2021	Therapies - Occupational, Physical, and Speech

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

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.



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.

Fee-For-Service Providers

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.

Managed Care Providers

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 [eQMED](#) or by calling the Interactive Voice System (IVR) at 573-751-2896, Option 1.

Review the [Information for Providers](#) website and [Frequently Asked Questions](#) for more information on MHD.

To receive important MO HealthNet updates, subscribe to [MO HealthNet News](#).

MO HEALTHNET RESOURCES

Clinical Services
Clinical Services is responsible for clinical policy development for the MHD. For questions about clinical policy providers should contact MHD.ClinicalServices@dss.mo.gov or visit the [Pharmacy and Clinical Services](#) site.

Cost Recovery/Third Party Liability
Contact the Third Party Liability unit at TPL.Database@dss.mo.gov or call (573) 751-2005 to report:

- Injuries sustained by MO HealthNet participants
- Questions about the estate of a deceased MO HealthNet participant
- Problems obtaining a response from an insurance carrier
- Unusual situations concerning third party insurance coverage for MO HealthNet participants, or the Health Insurance Premium Payment Program (HIPP)

For more information, visit the [Family MO HealthNet Manual](#), [TPL Information for Providers](#), or take the MHD Education and Training [TPL Course](#).

Education and Training
Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via [eQMED](#). Contact Education and Training at MHD.Education@dss.mo.gov or call (573) 751-6683. Visit [Education and Training Resources](#) to register for training and to access additional resources.

FSD Spend Down Unit
Providers may submit incurred medical expenses on behalf of the participant using the [MO HealthNet Spend Down Provider form](#). Providers should email the form, including any receipts or bills, to gsad@dm.sp.mo.gov or fax to (855) 600-3754. For questions, contact SpendDownUnit@dss.mo.gov or call (855) 600-4412. Visit [Spend Down Pay-In FAQs](#) for more information.

Managed Care Plans

Health Plan	Contact Information
Healthy Blue	1-833-388-1407 www.healthybluemo.com
UnitedHealthcare	1-866-292-0359 www.uhc.com
home state health	1-855-694-4663 www.homestatehealth.com

Managed Care Liaison
If providers are unable to resolve a Managed Care issue directly with a [health plan](#), contact a Managed Care Liaison at MHD.MCCommunications@dss.mo.gov. For more information on Managed Care Plan, visit [Managed Care Providers](#).

MEDICAL ELIGIBILITY (ME) CODES

Adult participants in ME categories for Aid to the Blind or pregnant women programs receive a full comprehensive benefit package which includes: primary, acute and preventive care, hospital care, dental, prescriptions, and vision. All other adult participants receive a limited benefit package of services depending on their ME category.

Full Comprehensive Package for MO HealthNet Adults			
ME Code	Description	ME Code	Description
03	Aid to the Blind	45	Pregnant Woman—Poverty
12	MO HealthNet Aid to the Blind	61	MO HealthNet for Pregnant Women—Health Initiative Fund
15	Supplemental Nursing Care—Aid to the Blind	95	Show-Me Healthy Babies Pregnant Women Income above 150% and up to 300%
18	MO HealthNet for Pregnant Women	96	SM-B Unborn Child Income 0 to 300%
43	Pregnant Woman—60 Day Assistance (MO HealthNet for Families criteria)	98	SM-B 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%



Education and Training Resources

Visit our [Education and Training Resources page](#)

View our [Training Calendar](#) and register for a Provider Training

Education and Training Resources

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

Provider Trainings

The MO HealthNet Division (MHD) Education and Training Unit provides interactive web based trainings to providers. The trainings are limited to two hours in length. Providers should enroll in training sessions applicable to their provider type, when applicable. **When registering for a group, each attendee must register individually.**

Training Topics:

- Navigating MHD provider resources on the MHD webpage and eMOMED.com
- Electronic Claim Filing on eMOMED.com
 - Claim form(s) applicable to the program
 - Third Party Liability
 - Crossover Claims, if applicable to the program
- Program Benefits and Limitations and Documentation

Once Registered: When logging in for a registered webinar, providers should enter their full name. If using a speakerphone, mute the phone to ensure there is minimal background noise. If you have specific questions that you would like to have addressed during your training, email them to MHD.PROVTRAIN@dss.mo.gov and include the name and date of the webinar you are attending.

Provider Training Calendar

- [1st Quarter 2023 Provider Trainings by Program](#)
- [2nd Quarter 2023 Provider Trainings by Program](#)
- [Nursing Home Coverage for Participants within the Adult Expansion Group \(E2\) and Managed Care](#)
 - [March 23, 2023 10:30AM to 11:30AM](#)
 - [April 11, 2023 9:00AM to 10:00AM](#)
- [Schedule for Provider Training Presented by Relias](#)

To cancel: If you have scheduled a training session and are unable to participate, contact Education and Training by emailing MHD.ProvTrain@dss.mo.gov or by calling 573-751-6683.

MO HealthNet Provider Trainings

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

MO HealthNet Provider Training

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

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](#)



Eligibility



Checking 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



Checking Eligibility

Providers can check eligibility in two ways:

Online through **eMOMED**

Quick and Easy!



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...
- 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.

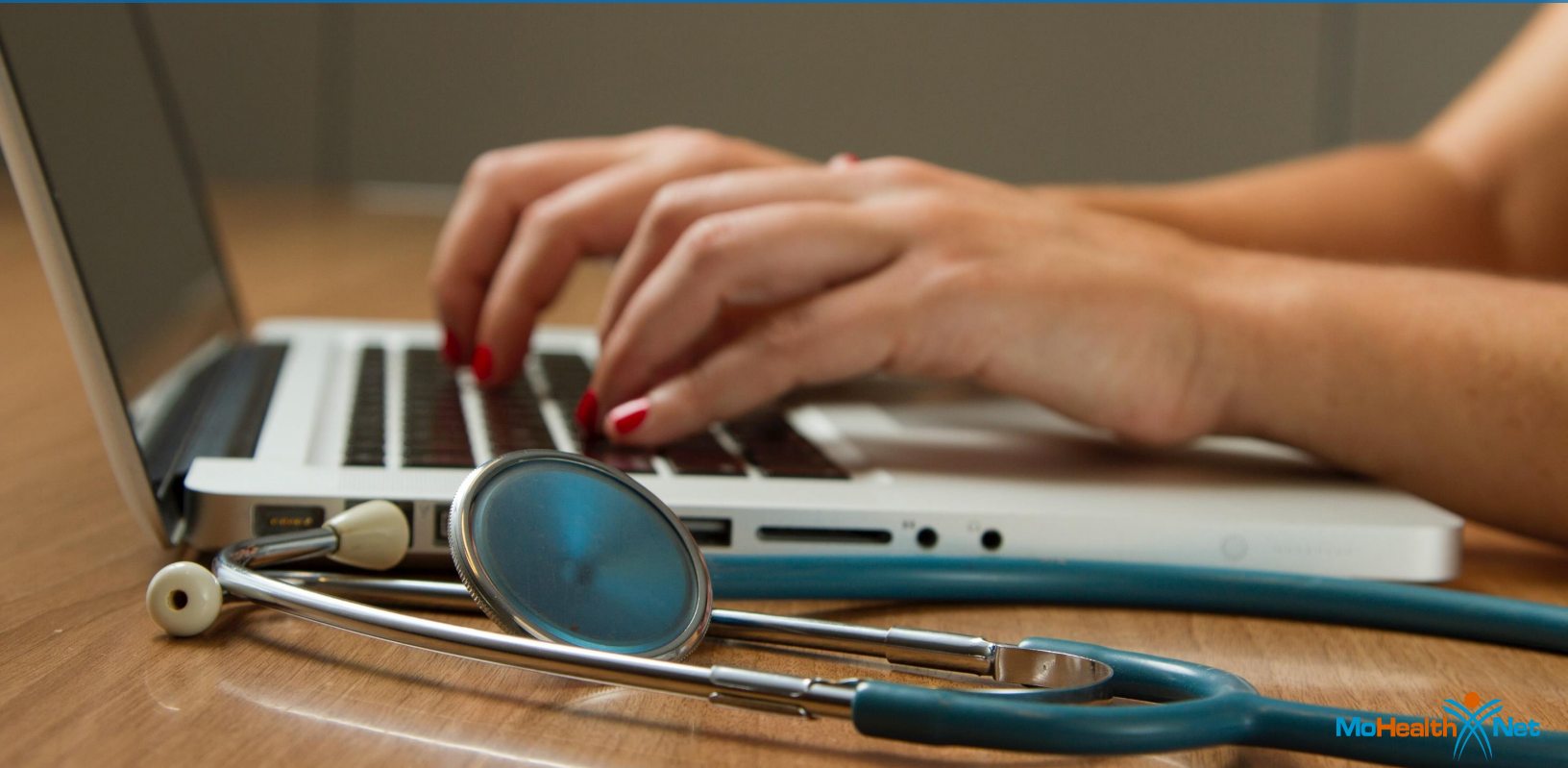


Contact Provider Communications at
573-751-2896, Option 1.

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.



eMOMED Overview



eMOMED Overview

The next slides will cover how to do the following in **eMOMED**:

- **Claim Management**
- **Provider Communications Management**
- **File Management**



Claim Management

Choose Claim Management in **eMOMED**

- **New Claim-See Section 15 of the Provider Manuals for appropriate claim form**
- **New Crossover Claim**
- **Search Claim**
 - **ICN Search**
 - **Or Advanced**

NPI	
MO12136305 - BPST	
New Claim ▾	New Xover Claim ▾
Medical(CMS1500)	Claim Search
Outpatient(UB04)	
Inpatient(UB04)	
Dental	Submitted Charges
Pharmacy	
Dates of Service	To
Claim Type	
All	
Claim Status	



Provider Communications Management

Provider Communication Management Portal

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.

Providers may also contact Provider Communications at (573) 751-2896.

Option 1 – Participant Eligibility

Option 2 – Check Amount Information

Option 3 – Claim Information

Option 4 – Provider Enrollment Status

Option 5 – Participant Annual Review Date

The screenshot shows a web form titled 'Manage Provider Communication' with a 'Create New Request' button. The form is divided into several sections: 'Contact Person Details' with fields for Contact Userid (dprovider), Contact Last Name (Provider), Contact First Name (DMEOptDent), Email Address (amanda.gibbon@dss.mo.gov), Phone ((573)751-6683), and Ext; 'NPI' with a dropdown menu showing 'M012136305 - BPST'; 'ICN-Claim Details' with fields for ICN, Claim Type (- Select One -), From Date of Service, and To Date of Service; 'Participant Details' with fields for Participant DCN, Participant Last Name, Participant First Name, and Participant MI; and 'Inquiry Details' with a Subject field and a large text area for the Question (Please limit your question to one issue. (max allowable characters 1024)). At the bottom are 'Submit Inquiry' and 'Cancel' buttons.



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 shows the 'File Management' web portal. At the top, there is an NPI dropdown menu with 'M012136305 - BPST' selected. Below this are three tabs: 'Upload Files', 'Request Aged RA', and 'Manage Test Files'. The main area is divided into a 'Search' section on the left and a 'Results' section on the right. The 'Search' section includes a 'Search Scope' with radio buttons for 'Selected NPI', 'By User ID', and 'All NPIs' (selected). Below this is a 'File Type:' section with a grid of checkboxes for various file types: 'All', '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'. The 'Search' and 'Clear' buttons are at the bottom of the search section. The 'Results' section is currently empty, displaying a message: 'Please select search criteria and click Search to find results.'



Adjusting Claims

- **Void: Paid Claim, never intended to bill the claim**
- **Replacement: Change a paid claims info to resubmit**
- **Timely filing: Resubmitting after the initial 12 mos**
- **Copy Claim Original: Editing a denied claim**
- **Copy Claim Advanced: Editing claim form or billing NPI**

The screenshot shows a software interface for adjusting claims. At the top, there are tabs for 'Void', 'Replacement', 'Copy Claim', and 'Printer Friendly'. Below these are sections for 'Participant Details', 'Claim Data', 'Payment Details', 'Provider Details', and 'Claim Status Details'. A 'Service Line Details Summary' table is also present.

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	03/01/2021 - 03/01/2021		D0120		1	100.00	0.00	20	A2		06/08/2021

See Section 6 of the Provider Manual for more information

See Section 6 of the [Personal Care Provider Manual](#) for more information

Resources & Contact Information

Resources & Contact Information

The next few slides cover a variety of helpful resources and contact information for providers.

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

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

Participant Resources

Questions regarding MHD eligibility benefits and application process.

(855) 373-9994
www.mydss.mo.gov

Family Support Division
Information Center
(855) FSD-INFO
(855) 600-4412



Resources & Contact Information

CyberAccess

Account setup or technical questions

(888) 581-9797
(573) 632-9797

cyberaccesshelpdesk@xerox.com

[CyberAccess](#)

[CyberAccess Helpful Tips](#)

Clinical Services

Policy development, benefit design, coverage decisions, provider and program policy inquiries

(573) 751-6963

MHD.clinical.services@dss.mo.gov

MHD Services & Programs

Inquiries regarding programs and policy that cannot be answered by any other contact

Ask.MHD@dss.mo.gov

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



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)

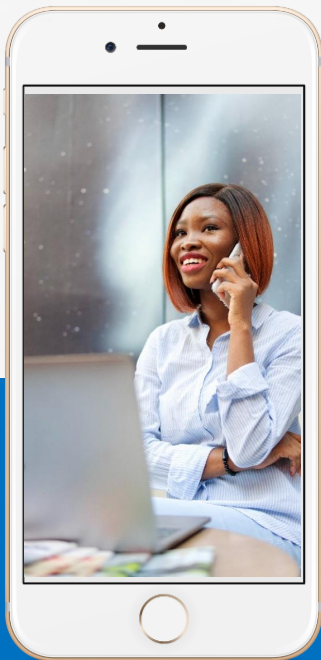
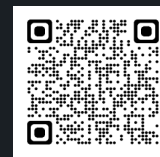
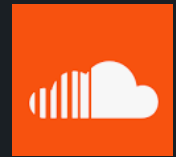
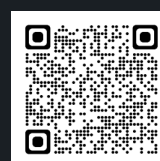
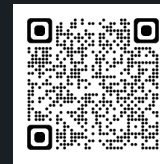
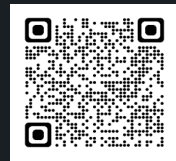
(573) 751-3399

mmac.providerenrollment@dss.mo.gov

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



Connect With Us



MHD Education and Training

MHD Education and Training instructs providers on navigating provider resources, proper billing methods and procedures for claim filing via eMOMED.



MHD.Education@dss.mo.gov



(573) 751-6683