

Section 1
MO HealthNet Division (MHD)
Program Contact Resources

Provider Education Unit

Telephone: (573) 751-6683

Email: mhd.provtrain@dss.mo.gov

Fee-For-Service Providers page:

<https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>

Provider Education webpage: <https://dss.mo.gov/mhd/providers/education/>

The Provider Education Unit is available to educate providers, and other groups, on proper billing methods, policies and procedures for MHD claims. The education representatives provide Webinar and Workshop trainings to educate providers on current billing practices and program provisions. Contact this unit for training information and scheduling, and access the current training schedule from the provider pages accessed from the web links above.

When contacting this unit, please provide the contact person's name, telephone number, and email address, the provider's NPI, and (if applicable) participant's Departmental Client Number (DCN), Date of Service (DOS), Current Procedural Terminology (CPT) codes, and all other applicable information pertaining to the training.

Provider Communications Unit

Telephone: (573) 751-2896

Webpage: www.emomed.com.

The Provider Communications Unit has a call center, which is available for MHD providers for inquiries, concerns or questions regarding claim filing, claims resolution and disposition, and participant eligibility questions and verification.

Phone calls are transferred automatically to the Interactive Voice Response (IVR) system. Please listen to the available options and select the appropriate option. The IVR system also addresses participant eligibility, last two check amounts and claim status inquiries.

NOTE: Please reference Section 3.3.A for details concerning the IVR.

NOTE: MHD eligibility inquiries need to be directed to your local Family Services Division (FSD) <http://dss.mo.gov/fsd/>

To access the MO HealthNet Web Portal page at www.emomed.com the user must sign up for a user name and password. The provider can **register** from the main page on eMOMED.

The screenshot shows the MO HealthNet Web Portal eMOMED interface. At the top, there is a navigation bar with links for 'eMOMED', 'Contact', 'Search Center', and 'Troubleshooting'. Below this is a large banner image featuring a diverse group of healthcare professionals and patients. 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', 'Provider Information', 'Provider Enrollment Application', and 'Participant Information'.
- Public News:** A section titled 'eNews' with several news items:
 - 01/05/2018:** MO HealthNet Provider Hot Tip of the Week
 - 01/22/2016:** Inbound Trading Partner Agreement (eMomed BATCH Users only)
 - 03/24/2015:** Requesting & Accepting NPI Access
 - 03/24/2015:** eMOMED Training and Assistance Utilities
- Welcome:** A central message stating 'Welcome to the New MO HealthNet Web Portal' and describing it as 'The complete source for all MO HealthNet Participant and Provider related services.' It includes a photo of a healthcare professional and the text 'Find everything you need from one convenient portal!'.
- ERA Enrollment:** A section for 'Provider Sign up for Electronic Remittance Advice (ERA)' with a 'Click Here' link.
- Login:** A form with 'User ID' and 'Password' input fields, a 'Login' button, and a warning message: '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.'

At the bottom of the page, there is a footer with 'eMOMED | Contact | Search Center | Troubleshooting' and the 'Missouri Department of SOCIAL SERVICES' logo.

MHD Technical Help Desk

Telephone: (573) 635-3559

Email: internethelpdesk@momed.com.

Providers may contact the technical help desk for assistance with the [eMOMED](http://www.emomed.com) Electronic claims internet billing system, Remittance Advice (RA) formats, network communication, and Health Insurance Portability and Accountability Act (HIPAA) trading partner agreements.

The Provider Communications Unit also processes written inquiries that should be sent to the following address:

MO HealthNet Division
 Provider Communications Unit
 PO Box 5500
 Jefferson City, Missouri 65102-5500

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.

Once logged in and on the **Welcome to eProvider** page, select “Provider Communications Management.” This opens the “Manage Provider Communications” page.

- Select “**New Request**” to access the “**Create New Request**” form. Providers are limited to **one** inquiry per email.
- The user submitting the email inquiry will be notified via email, when a response is available to their inquiry.

Missouri Medicaid Audit and Compliance (MMAC)

Telephone: (573) 751-3399

Send a Message to MMAC: <http://mmac.mo.gov/contact-us/>.

Webpage: <http://www.mmac.mo.gov/>.

MMAC is responsible for administering and managing Medicaid (Title XIX) audit and compliance initiatives and managing and administering provider enrollment contracts, under the Medicaid program. MMAC mission is to prevent, detect, and investigate fraudulent, wasteful practices, and abuse of the Medicaid Title XIX, CHIP Title XXI, and waiver programs. MMAC is divided into four major organizational components:

- I. **Administration Section**
- II. **Financial Section**
- III. **Provider Review and Participant Lock-In Section**
- IV. **Investigations and Provider Enrollment Section**

Providers can contact MMAC by sending a message from the following web link:
<http://mmac.mo.gov/contact-us/>.

MMAC written inquiries should be sent to the following address:

Missouri Medicaid Audit and Compliance Unit
PO Box 6500
Jefferson City, MO 65102-6500

Provider Enrollment

Telephone: (573) 751-8619

Email: mmac.providerenrollment@dss.mo.gov

Webpage: <http://mmac.mo.gov/providers/provider-enrollment/>.

The Provider Enrollment Section is responsible for screening and enrolling all Missouri Medicaid Providers. The Provider Enrollment staff is mandated with auditing and screening provider applications to ensure they meet Federal and State mandates, before they can be authorized to be a Missouri Medicaid Provider.

Providers may contact Provider Enrollment for questions, regarding enrollment applications, and changes to the Provider Master File; including: addresses, tax identification, ownership, individual's name or practice name, and National Provider Identification (NPI) numbers.

- **Apply to be a Missouri Medicaid Provider**
- **Provider Enrollment Guide** (Information and Requirements)
- **Civil Rights** (Compliance Information)
- **Home and Community Based Services** (Forms and Applications)
- **Provider Enrollment Applications and Forms**

Changes may be reported via email at MMAC.ProviderEnrollment@dss.mo.gov,
Or through the 'Contact Us Form' on the website <http://mmac.mo.gov/>.

Provider Enrollment written inquiries should be sent to the following address:

Missouri Medicaid Audit and Compliance Unit
Provider Enrollment Unit
P. O. Box 6500
Jefferson City, Missouri 65102

Behavioral Health Precertification Help Desk

Telephone: (866) 771-3350

Behavioral Health webpage: <http://dss.mo.gov/mhd/cs/psych/>.

Behavioral Health Provider Manual:

http://manuals.momed.com/collections/collection_psy/print.pdf.

The [Behavioral Health Services request for Precertification](#) form must be complete and include Provider National Provider Identifier (NPI) number, Departmental Client Number (DCN), and contact information in order to be processed. A Precertification **cannot** be processed, if the participant or provider identifying information is incomplete or inaccurate.

Every attempt is made by the Behavioral Health Services Help Desk to reconcile any incorrect or inaccurate information with providers. However, it remains the provider's responsibility to provide complete and accurate information when submitting a request for precertification.

Third Party Liability (TPL)

Telephone: (573) 751-2005

Fax: (573) 526- 1162

Providers and participants can contact the TPL Unit to report any third party payers. Contact the TPL Unit to report injuries sustained by MHD participants, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a MHD participant.

Providers can complete the [Insurance Resource Report Form \(TPL-4\)](#) found at <http://manuals.momed.com/manuals/presentation/forms.jsp>.

Pharmacy and Clinical Services

Telephone: (573) 751-6963

Email: clinical.services@dss.mo.gov

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

This unit is responsible for program development and clinical policy decision-making for MHD. Policy development, benefit design, and coverage decisions are made by this unit using best practices and evidence-based medicine. This unit addresses provider and policy inquiries and issues, regarding the MHD clinical services programs, including Pharmacy, The Missouri Rx Plan (MoRx), Psychology, Exceptions (non-covered services/items), and Medical Precertification.

MHD PHARMACY AND MEDICAL PRECERTIFICATION HELP DESK

Telephone: (800) 392-8030

Email: cyberaccesshelpdesk@conduent.com

MO HealthNet requires pre-certification for certain radiological procedures listed at:
<https://portal.healthhelp.com/mohealthnet>

The MO HealthNet fax line for non-emergency service or equipment exception request is (573) 522-3061.

For Drug PA's fax line: (573) 636-6470.

The MO HealthNet fax line for Medicare Part D Emergency Override Authorization is (573) 522- 8514.

The Medicare Part D Emergency Override Authorization Form can be found at http://dss.mo.gov/mhd/cs/pharmacy/pdf/partdoverride_form.pdf.

The MO HealthNet Exception Request form can be found at <http://manuals.momed.com/manuals/presentation/forms.jsp>.

Certain drugs require a Prior Authorization (PA) or Edit Override (EO) obtained prior to dispensing. CyberAccess is a web tool that automates the PA and EO process for MHD providers. Providers are encouraged to become a CyberAccess user; contact Conduent help desk by calling or emailing. The CyberAccess tool allows each request for pre-certification to automatically reference the individual participant's claim history, including diagnosis codes and CPT procedure codes.

Providers can call to request a pre-certification for a radiological procedure (MRI, MRA, CT, CTA, PET scans, cardiac imaging including Nuclear Cardiac (SPECT), EBCT/Calcium Scoring, Cardiac PET and PET/CT, diagnostic heart catheterization, and Stress ECHO); to initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the MHD program; to request information on Medicare Part D; or, to request a drug PA.

MHD has implemented pre-certification for certain radiological procedures. In order for providers to be reimbursed for these services, the participant must meet certain medical criteria and the physician must obtain the precertification for the procedure unless performed in an inpatient hospital or emergency room setting.

List of Medical Imaging Procedures that require Precertification:
<https://dss.mo.gov/mhd/cs/medprecert/pages/radiology-benefit-management-information.htm>

List of Durable Medical Supplies that require Precertification:
<https://dss.mo.gov/mhd/cs/dmeprecert/>

CyberAccess

Telephone: (888) 581-9797 or (573) 632-9797

E-Mail: cyberaccesshelpdesk@conduent.com.

Webpage: <http://dss.mo.gov/mhd/cs/medprecert/pages/cyberaccess.htm>.

Login: <https://www.cyberaccessonline.net/cyberaccess/>.

CyberAccess Helpful Tips:

<https://dss.mo.gov/cd/info/forms/reference/cyberaccess-helpful-tips.pdf>

Providers are encouraged to sign up for the MO HealthNet web tool **CyberAccess**, which automates the **precertification** process. The [Cyber Access Tool](#) allows each request for precertification to automatically reference the individual participant's claim history, including International Classification Diseases (ICD) diagnosis codes and CPT procedure codes.

CyberAccess

Protect your patients by following a few simple rules

- Always choose passwords that are difficult for others to guess. You can change your password on the "My Account" screen after you log in.
- Never give your user name and password to others because it could be used without your knowledge.
- Never leave patient information unprotected on the computer screen while you step away.
- Place all printed documents containing patient information in secure storage or shred them daily to prevent accidental disclosure.
- Obey the golden rule: always handle information about your patients with the same care that you expect from your own physician.

NOTE: Any unauthorized use or access to the pages, or the computer systems on which the pages and information to be displayed reside, is strictly prohibited and may be a criminal violation. Your use of this Web site is governed by and conditioned on your acceptance of the terms of use referenced herein and such other terms and conditions as may be contained in this Web site. Your use of this Web site constitutes your agreement to the terms of use and all such additional terms and conditions.

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FREQUENTLY ASKED QUESTIONS SYSTEM REQUIREMENTS
VERSION: 10.6

For technical support with CyberAccess please call 1-888-581-9797

MHD Services and Programs

Email: Ask.MHD@dss.mo.gov

Webpage: <http://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>

Contact MHD Services and Programs, for inquiries regarding program and policies that cannot be answered by any other contact information. Please provide the NPI, name and contact information, and complete details regarding the inquiry.

Managed Care Stakeholder Services Unit

Email: MHD.MCCommunications@dss.mo.gov

Telephone: (573) 526-4274

Contact MHD Managed Care Stakeholder Unit, for provider and participant inquiries regarding Managed Care issues. Please provide the NPI, name and contact information, and complete details regarding the inquiry.

Participant Services Unit

Telephone: (800) 392-2161 or (573) 751-6527

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

The Participant Services Unit assists participants, regarding access to providers, eligibility, covered and non-covered services, and unpaid medical bills. Participant Services Unit will assist participants with inquiries about payments received for Children's Health Insurance Premiums (CHIP), spenddown, ticket to work, and electronic funds transfer requests.

The Participant Services Unit calls are transferred automatically to the IVR system. Participants listen to the available options and select the appropriate option.

Family Support Division (FSD)

Telephone: FSD Info Center: 855-FSD-INFO (855) 373-4636

FSD Info Center (IVR): (800) 392-1261

Webpage: <http://dss.mo.gov/fsd>

The FSD handles the eligibility determinations for MHD benefits. Contact FSD if you have questions about eligibility determinations and services available through FSD.

FSD Spenddown Unit

Telephone: (855) 600-4412

EFax Option: 855-600-3754

Providers may submit incurred medical expenses to the spenddown unit on behalf of the participant. Providers may utilize the MO HealthNet Spenddown Provider Form located on the **MO HealthNet for the Aged, Blind and Disabled** page under quick links and spenddown <http://dss.mo.gov/fsd/health-care/mo-healthnet-for-people-with-disabilities.htm>.

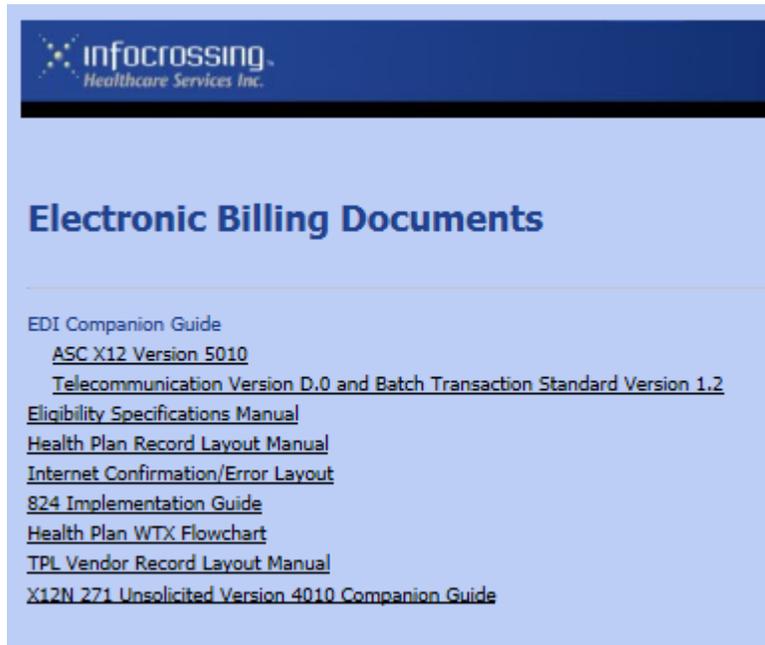
Providers may scan or email the form to sesd@ip.sp.mo.gov and include receipts, bills, and information related to the spenddown. Email questions or problems to SpendDown.Unit@dss.mo.gov, or fax the form to fax numbers above.

Health Insurance Portability and Accountability Act (HIPAA) Information

Billing providers, who want to exchange electronic information transactions with MHD, can access the **HIPAA - EDI Companion Guide** online.

- Accessing the MHD Web page at <http://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>
- Select the “**HIPAA - EDI Companion Guide**” link located under Billing. <http://manuals.momed.com/manuals/edb.jsp>.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Help Desk at (573) 635-3559.



MO HealthNet Interactive Voice Response (IVR) **(573) 751-2896**

The IVR system requires a touchtone telephone. The ten-digit MHD NPI **must** be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options. Providers whose numbers are inactive may utilize the IVR only for DOS, during their active status. When contacting program resources, please provide the provider’s NPI, participant’s DCN, DOS, Current Procedural Terminology (CPT) codes, and the name and contact information of the person requesting the information.

Option 1 Participant Eligibility

Participant eligibility **must** be verified **each** time a participant presents and should be verified **prior** to rendering the service. Eligibility information can be obtained by a participant’s DCN, social security number and date of birth; or if a newborn, using the mother’s DCN and the baby’s date of birth. Callers can only inquire on dates within one year of the current date. Callers will be given a confirmation number for their records.

- Option 2 Check Amount Information
Using this option, the caller will be given the last two RA dates, RA numbers, and check amounts.
- Option 3 Claim Information
After entering the participant's DCN and the DOS, the caller will be provided the status of the most current claim in the system containing the DOS entered. The caller will be notified of the claim status, paid, denied, approved to pay or being processed, and the amount paid, the RA date and the Internal Control Number (ICN).
- Option 4 Provider Enrollment Status
The 10 digit National Provider Identifier (NPI) number is required. Follow the instructions of the automated voice prompts. Provide the 6 digit date of service following MM/DD/YY for verification of provider status. This information is also available on www.emomed.com. EPassport is also available to update your provider information, such as your phone numbers or address.
- Option 5 Participant Annual Review Date
The participant's annual review date can be obtained through this option. The only information retrieved is the annual review date. For specific information, call the Family Support Division at 1-855-373-4636.

Internet Services for MHD Providers

MHD continues to improve their billing website www.emomed.com to provide real-time direct access for administrators, providers, and clearinghouse users. The following list describes the tools available on the electronic billing emomed:

- Submit claims and receive claim confirmation files
- Verify participant eligibility
- Obtain Remittance Advices (RAs)
- Submit adjustments
- Submit attachments
- View claim, attachment and PA status
- View and download public files

Without proper authorization, providers are unable to access electronic billing website, emomed. Only providers and designated staff, who are approved to be electronic billers, can enroll and utilize the Website services.

Each user is required to complete the online application in order to obtain a **user ID and password**. The application process only takes a few minutes and provides the applicant with a real-time confirmation response, user ID, and password. Once the user ID and password have been received, the user can begin using the emomed Website.

To participate in the service, apply online at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and select **Apply for Electronic/Internet system access** to complete the online [Application for MO HealthNet Internet Access Account](#).

Questions regarding the completion of the online Internet application should be directed to the Help Desk at (573) 635-3559.

An authorization is required for each individual person within a provider's office or a billing service, who will be accessing the Internet site.

The screenshot displays the eMOMED web portal interface. At the top, there is a navigation bar with the MoHealthNet logo and links for 'eMOMED', 'Contact', 'Search Center', and 'Troubleshooting'. Below this is a large banner image featuring a group of healthcare providers and patients. The main content area is divided into several sections: 'External Links' with links to the State of Missouri Web site, Department of Social Services, and MO HealthNet Division; 'Public News' with a list of news items including 'MO HealthNet Provider Hot Tip of the Week' (01/05/2018), 'Inbound Trading Partner Agreement (eMomed BATCH Users only)' (01/22/2016), 'Requesting & Accepting NPI Access' (03/24/2015), and 'eMOMED Training and Assistance Utilities' (03/24/2015); a 'Welcome' section with a 'Welcome to the New MO HealthNet Web Portal' message and a 'Find everything you need from one convenient portal!' statement; a 'Login' section with fields for 'User ID' and 'Password', a 'Login' button, and links for 'Click Here!' and 'Register Now!'; and an 'ERA Enrollment' section with a 'Provider Sign up for Electronic Remittance Advice (ERA)' link. A warning message is displayed at the bottom right of the page, stating: '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.'

The electronic billing Website emomed allows for the submission of the following HIPAA compliant transactions:

| | |
|--------------------------|-----------------------|
| 837 Institutional Claims | Batched or Individual |
| 837 Professional Claims | Batched or Individual |
| 837 Dental Claims | Batched or Individual |
| 270 Eligibility Inquiry | Batched or Individual |
| 276 Claim Status Inquiry | Batched or Individual |

The following standard responses are generated.

| | |
|---------------------------|-----------------------|
| 835 Remittance Advice | Batch or Printable RA |
| 271 Eligibility Response | Batch or Individual |
| 277 Claim Status Response | Batch or Individual |

Claims Processing Schedule for the current fiscal year:

<http://manuals.momed.com/ClaimsProcessingSchedule.html>

The electronic billing system and services therein are free of charge, no charges applied from MHD. The provider may have costs associated with an Internet service access to the Internet. There are no special software requirements. The provider must have one of the following Web browsers: Internet Explorer 7.0 (IE7) or higher. The Internet site is available 24 hours a day, 7 days a week with the exception of scheduled maintenance.

The screenshot shows the eProvider Welcome page. The main content area is titled "Welcome to eProvider" and features a central image of a doctor. Below this image are several service tiles, 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**: (No description provided)
- Provider Enrollment Status**: Verify Provider Eligibility.

On the left side, there are two sections:

- External Links**: State of Missouri Web site, Department of Social Services, MO HealthNet Division, with sub-links for Provider Information, Provider Enrollment Application, and Participant Information.
- eProvider News**: A list of news items with dates and titles, such as "09/30/2015 ICD-10 MO HealthNet Provider Resources" and "08/31/2015 835 Posting Dates based on 370 EFT & ERA REASSOCIATION (CCD+835) RULE".

Verifying Participant Eligibility on eMOMED

Functions include eligibility verification by participant DCN, case head ID and child's date of birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occurs in real-time basis similar to the IVR System, which means an immediate response. Providers can access MHD participant eligibility files via [emomed](#). Select **"Participant Eligibility"** from the Welcome Provider page to access participant eligibility and coverage information. Batch eligibility verifications are returned to the user within 24 hours. A batch eligibility confirmation file can be downloaded for viewing purposes and printed.

Home / eProvider / Eligibility

Eligibility Request

NPI Provider Name
NPI is invalid.

Search

| | | |
|-------------------------|------------------------|----------------------------|
| First Date Of Service * | Last Date of Service | |
| Participant DCN | Participant SSN | Participant Date of Birth |
| Participant Last Name | Participant First Name | Participant Middle Initial |
| Casehead DCN | Child's Date of Birth | Service Type Code |

Search Finish

MHD Clams Submission through eMOMED

The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions:

- 837 - Health Care Claim Professional
 - Dental
 - Institutional
(hospital inpatient and outpatient, nursing home, and home health care)
 - Pharmacy-National Council Prescription Drug Programs (NCPDP)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider's convenience, some of the claim input fields are set as indicators or accepted values in drop down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

Note: Currently, some claims cannot be submitted electronically, if an attachment is required unless the attachment is one of the following that can be submitted via the eMOMED electronic internet Web service: Sterilization Consent, Acknowledgement of Receipt of Hysterectomy Information, and the PI-118 Referral (Lock-In) forms, Certificate of Medical Necessity or the Invoice of Cost.

Obtaining a Remittance Advice Through eMOMED

The MHD does not mail provider paper RAs. All providers and billers must have Internet access to obtain the printable electronic RA, via the electronic internet www.emomed.com.

Receiving the RA via the Internet is beneficial to the provider or biller's operation. Providers are responsible to verify the RA information to ensure proper claim filing and

payment and inappropriate overpayments in which the provider must repay. The RA is viewable and printable in a ready to use format.

The provider can conduct the following when accessing the RA on eMOMED:

- Retrieve the RA the Monday following the weekend claim processing cycle
- Have access to RAs for 62 days
- View and print the RA from the desktop
- Download the RA into the provider's operating system for retrieval at a later date.

To sign up for this service, Click on the Electronic Remittance Advice (ERA) under the ERA Enrollment.



Receive Public Files through the Internet

Several public files are available for viewing or downloading from the eMOMED. Provider information under **External Links** includes the **Fee-For-Service Providers** website for the claims processing schedule for the State fiscal year, which begins July 1 and ends June 30. <http://manuals.momed.com/ClaimsProcessingSchedule.htm> Providers also have access to a listing of the HIPAA related Remittance Advice Remark Codes and Claim Adjustment Reason Codes and other HIPAA related codes. <http://www.wpc-edi.com/reference/>

Attachment Management

Providers can submit **electronic attachments** via the Internet (emomed) as an alternative to mailing paper versions. The following forms can be submitted through **emomed**.

- Sterilization Consent
- Second Surgical Opinion (SSO)
- PI 118 Referral (Medical Referral Form of Restricted Recipient)
- Acknowledgment of Receipt of Hysterectomy Information
- Certificate of Medical Necessity

MHD attachments found on the following webpage:

<http://manuals.momed.com/manuals/presentation/forms.jsp>.

A paper copy of any attachment submitted via the Internet (emomed) must be kept with the patient's record.

Specific providers can submit **electronic forms** via the Internet (emomed) as an attachment to the electronic claim. The following forms:

- Certificate of Medical Necessity
- Invoice of Cost

MHD Provider Bulletins and Provider Manuals

<https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>

MHD provider bulletins are also available at the MHD Website.

Provider Bulletins direct link: <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>.

The bulletins are published to notify providers of new program and policy changes or to clarify existing policy. Once the manuals are updated, the bulletins are moved to the Archived Bulletin location.

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](#)
- [Policy Updates](#)

Billing

- [Apply for EMOMED](#)
- [EMOMED](#)
- [Claims processing and payment schedule](#)
- [Exempt diagnosis table](#) updated 10/13/17
- [HIPAA - EDI companion guide](#)
- [Radiology benefit management information](#)
- [Remittance Advice Remark Codes and Claim Adjustment Reason Codes](#)
- [School District Administrative Claiming \(SDAC\)](#)

Provider Forms

- [MO HealthNet forms](#)
- [Nursing Facility Cost Report](#)
- [EBPT Invoice Form](#)

General Information

- [Electronic Health Records incentive program](#)
- [MO HealthNet provider search](#)
- [System maintenance schedule](#)
- [Other links of interest](#)

Fee Schedules & Rate Lists

- [Fee schedules](#)
- [IRHC Medicare/Medicaid Interim rate list](#)
- [Nursing facility rate list](#)
- [Outpatient hospital radiology fee schedule](#), updated 03/14/18
- [Outpatient hospital lab fee schedule](#), updated 3/27/18

Education

- [Benefit Tables](#) (formerly Benefit Matrix) This shows the various benefits for each MO HealthNet programs, and if they have cost sharing or co-pays.
- [Provider Resource Guide](#) (formerly Puzzled by Terminology) This guide explains the various MO HealthNet terms and codes.
- [Training information](#) Offers provider webinar and workshop schedules, audio/visual trainings, and training booklets.
- [Contacting Provider Education](#)

Provider Enrollment

- [Civil rights](#) compliance information
- [Enrollment guide](#) information and requirements for new applicants and existing providers
- [Missouri Medicaid Audit & Compliance \(MMAC\)](#)
- [Provider enrollment application](#)

MO HealthNet Division

Who is Covered

Managed Care Program

Fee-For-Service Program

Waiver Programs

Clinical Services

Information for Providers

General Information

[MO HealthNet Division Home](#)

MO HealthNet Opioid Prescription Intervention (OPI) Program

Email Updates

Click to sign up for MO HealthNet News.

Subscription Type

Email

Email Address

Contact Us

Provider Communications:

(573) 751-2896

For questions about claim filing, claims resolution and disposition, and participant verification.

Provider Education:

(573) 751-6683 or [Email](#)

For education about proper billing methods, claim filing, and training information.

To contract with the **health plans**, contact them directly.

- Select the "Provider Manuals" link. <http://manuals.momed.com/manuals/>
- State of Missouri MO HealthNet Web portal page with an alphabetical listing of the MHD provider manuals. Select the appropriate manual link and the entire manual will display.



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

AIDS Waiver
Adult Day Care Waiver
Adult Day Health Care - Note: This program ended 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 Manual
Dental
Durable Medical Equipment
Environmental Lead Assessment
Hearing Aid
Home Health
Hospice

Hospital
Medically Fragile Adult Waiver
Nurse Midwife
Nursing Home
Optical
Personal Care
Pharmacy
Physician
Private Duty Nursing
Rehabilitation Centers
Rural Health Clinic
School District Administration Claiming
School District Administrative Claiming Manual - Effective April 1, 2015
Therapy
Transplant
Youth Targeted Case Management



Claims Processing and Payment Schedule:
<http://manuals.momed.com/ClaimsProcessingSchedule.html>

MO HEALTHNET CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2018

JUNE 30, 2018

| FINANCIAL CYCLE DATE | PROVIDER CHECK DATE | BEGINNING CLAIM CAPTURE CURRENT CYCLE | ENDING CLAIM CAPTURE ₁ |
|-------------------------|------------------------|--|--------------------------------------|
| Friday 06/23/2017 | Thursday 07/06/2017 | Wednesday 06/07/2017 | Friday 06/23/2017 |
| Friday 07/07/2017 | Tuesday 07/18/2017 | Saturday 06/24/2017 | Friday 07/07/2017 |
| Friday 07/21/2017 | Thursday 08/03/2017 | Saturday 07/08/2017 | Friday 07/21/2017 |
| Friday 08/04/2017 | Wednesday 08/16/2017 | Saturday 07/22/2017 | Friday 08/04/2017 |
| Friday 08/18/2017 | Friday 09/01/2017 | Saturday 08/05/2017 | Friday 08/18/2017 |
| Friday 09/08/2017 | Friday 09/15/2017 | Saturday 08/19/2017 | Friday 09/08/2017 |
| Friday 09/22/2017 | Thursday 10/05/2017 | Saturday 09/09/2017 | Friday 09/22/2017 |
| Friday 10/06/2017 | Thursday 10/19/2017 | Saturday 09/23/2017 | Friday 10/06/2017 |
| Friday 10/20/2017 | Friday 11/03/2017 | Saturday 10/07/2017 | Friday 10/20/2017 |
| Friday 11/03/2017 | Thursday 11/16/2017 | Saturday 10/21/2017 | Friday 11/03/2017 |
| Friday 11/17/2017 | Friday 12/01/2017 | Saturday 11/04/2017 | Friday 11/17/2017 |
| Friday 12/08/2017 | Friday 12/15/2017 | Saturday 11/18/2017 | Friday 12/08/2017 |
| Friday 12/22/2017 | Friday 01/05/2018 | Saturday 12/09/2017 | Friday 12/22/2017 |
| Friday 01/05/2018 | Tuesday 01/16/2018 | Saturday 12/23/2017 | Friday 01/05/2018 |
| Friday 01/19/2018 | Friday 02/02/2018 | Saturday 01/06/2018 | Friday 01/19/2018 |
| Friday 02/09/2018 | Friday 02/16/2018 | Saturday 01/20/2018 | Friday 02/09/2018 |
| Friday 02/23/2018 | Thursday 03/08/2018 | Saturday 02/10/2018 | Friday 02/23/2018 |
| Friday 03/09/2018 | Thursday 03/22/2018 | Saturday 02/24/2018 | Friday 03/09/2018 |
| Friday 03/23/2018 | Thursday 04/05/2018 | Saturday 03/10/2018 | Friday 03/23/2018 |
| Friday 04/06/2018 | Tuesday 04/17/2018 | Saturday 03/24/2018 | Friday 04/06/2018 |
| Friday 04/20/2018 | Thursday 05/03/2018 | Saturday 04/07/2018 | Friday 04/20/2018 |
| Friday 05/04/2018 | Friday 05/18/2018 | Saturday 04/21/2018 | Friday 05/04/2018 |
| Friday 05/18/2018 | Friday 06/01/2018 | Saturday 05/05/2018 | Friday 05/18/2018 |
| Friday 06/08/2018 | Friday 06/15/2018 | Saturday 05/19/2018 | Friday 06/08/2018 |

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

Revised : 05/17/2017

Additional Helpful Contact Information

| | |
|---|-------------------------------------|
| Department of Social Services (DSS) | (573) 751-4815 |
| Family Support Division State Office (FSD) | (573) 751-3221 |
| FSD Information Line | (800) 392-1261 |
| MO HealthNet Division (MHD) | (573) 751-3425 |
| Participant Services Unit (PSU) | (800) 392-2161 or (573) 751-6527 |
| Third Party Liability Unit (TPL) | (573) 751-2005 |
| Department of Mental Health (DMH) | (573) 751-4122 |
| Division of Developmental Disabilities (MRDD) | (800) 207-9329 |
| Department of Health & Senior Services (DHSS) | (800) 235-5503 or (573) 751-6400 |
| Special Health Care Needs | (573) 751-6246 |
| Long-Term Care Ombudsman | (800) 309-3282 (573) 526-0727 |
| Missouri Care Options (MCO) Adult Abuse Hot Line | (800) 235-5503 or (800) 392-0210 |