

Provider Manual Updates

Updates have been made in the MO HealthNet Provider Manuals, available online at: <http://manuals.momed.com/manuals/>, as described below:

Emergency Services Definition

The emergency services definition has been updated in ALL PROVIDER MANUALS in the following Sections: 1, 8, 11, 20 (excluding the Ambulance Manual), and 22.

In addition, the emergency services definition has been updated in Section 13 in the following manuals:

- Ambulance
- Dental
- Durable Medical Equipment
- Hospice
- Nurse Midwife
- Nursing Home

Managed Care and General Updates

Updates pertaining to the Managed Care program, general grammar, and acronym usage have been implemented in ALL PROVIDER MANUALS in the following Sections: 1-6, 8, 9, 11, 12, 15-17, 20, and 22. A summary of changes is provided below:

Section 1:

- Changes to ensure consistency of wording. When referring to the health plans under Managed Care, it was changed to “Managed Care health plan” or “Managed Care health plans”. When referring to the program itself, it was changed to “Managed Care Program”.
- Changes indicating statewide Managed Care, instead of specific counties included.
- Changes to the eligibility group descriptions
- Clarification of the “Opt Out” population.
- Update to the PACE program.
- Managed Care eligibility and enrollment periods identified.
- “Spendedown” was corrected to “Spend down” throughout section.

Section 2:

- Changes to ensure consistency of wording. When referring to the health plans under Managed Care, it was changed to “Managed Care health plan” or “Managed Care health plans”. When referring to the program itself, it was changed to “Managed Care Program”.

Section 3:

- Changes to ensure consistency of wording. When referring to the health plans under Managed Care, it was changed to “Managed Care health plan” or “Managed Care health plans”. When referring to the program itself, it was changed to “Managed Care Program”.
- Addition of where to direct participants with questions regarding their Managed Care health plan.

Section 4:

- Changes to ensure consistency of wording. When referring to the health plans under Managed Care, it was changed to “Managed Care health plan” or “Managed Care health plans”. When referring to the program itself, it was changed to “Managed Care Program”.
- Addition on who to contact regarding MO HealthNet Managed Care Claim Filing.

Section 5:

- Changes to ensure consistency of wording. When referring to the health plans under Managed Care, it was changed to “Managed Care health plan” or “Managed Care health plans”. When referring to the program itself, it was changed to “Managed Care Program”.
- Changes to identification of a participant’s commercial health insurance. Changed from “commercial managed health care plan” to “commercial health plan” to distinguish between MO HealthNet Managed Care and a commercial health insurance plan.

Section 6:

- Small capitalization changes (e.g. ‘emomed’ to ‘eMOMED’)

Section 8:

- Changes to ensure consistency of wording. When referring to the health plans under Managed Care, it was changed to “Managed Care health plan” or “Managed Care health plans”. When referring to the program itself, it was changed to “Managed Care Program”.
- Added information regarding prior authorizations and the Managed Care health plans.

Section 9:

- Small capitalization changes (e.g. ‘fee-for-service’ to ‘Fee-For-Service’)
- Updated information regarding Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for MO HealthNet Managed Care children.
- Updated full EPSDT/HCY screening requirements.

Section 11:

- Changes to ensure consistency of wording. When referring to the health plans under Managed Care, it was changed to “Managed Care health plan” or “Managed Care health plans”. When referring to the program itself, it was changed to “Managed Care Program”.
- Changes indicating statewide Managed Care, instead of specific counties included.
- Added information regarding the enrollment agent and its responsibilities, role, etc.
- Updated the “Opt Out” population information.
- Updated the excluded MO HealthNet populations from the Managed Care Program.

- Updated the list of covered services/benefits and their descriptions under the Managed Care Program.
- Updated information about Show-Me Healthy Babies under the category of assistance for pregnant women (additional covered services).
- Updated services that are outside of the Managed Care Program, and available to Managed Care participants on a Fee-For-Service basis (i.e. AIDS Waiver, Parents as Teachers, Tobacco Cessation, etc.).
- Capitalization changes (i.e. 'fee-for-service' to 'Fee-For-Service', 'emomed' to 'eMOMED', etc.)
- Updated information about the PACE program.

Section 12:

- Changes to ensure consistency of wording. When referring to the health plans under Managed Care, it was changed to "Managed Care health plan" or "Managed Care health plans". When referring to the program itself, it was changed to "Managed Care Program".
- Capitalization changes (i.e. 'fee-for-service' to 'Fee-For-Service')
- Updated information regarding MO HealthNet Managed Care Program Delivery System of Reimbursement

Section 15:

- Changes to ensure consistency of wording and small capitalization changes (e.g. 'interactive voice response system' changed to 'IVR', 'emomed' changed to 'eMOMED', 'spenddown' changed to 'spend down')
- Spacing and alignment fixed.

Section 16:

- Small capitalization changes (e.g. 'fee-for-service' to 'Fee-For-Service')

Section 17:

- Changes to ensure consistency of wording and small capitalization changes (e.g. 'emomed' changed to 'eMOMED', 'spenddown' changed to 'spend down')

For provider and policy issues regarding MHD Clinical Services Programs, including Pharmacy, The Missouri Rx Plan (MORx), Psychology, Exceptions, and Medical Precertifications, email us at: clinical.services@dss.mo.gov.

Questions and comments regarding any other issues should be directed to: ask.MHD@dss.mo.gov

