

Working with MO HealthNet and Managed Care Organizations

1. Medicaid Eligibility

- ❖ **School children are potentially eligible for Medicaid if they fall into any one of the following categories:**
 - Refugees
 - Newborns
 - Children whose families fall within certain income guidelines
 - Children in foster care and the custody of Children's Division
 - Children who have been adopted through the Children's Division foster care system
 - Pregnant youth
 - Youth who are in the custody of the Department of Youth Services
- ❖ **Adults are potentially eligible for Medicaid if they fall into any one of the following categories:**
 - Women being treated for cervical or breast cancer
 - Women in need of family planning services who are uninsured
 - Adults within certain income guidelines
 - Pregnant women
 - Aged, blind, disabled individuals
- ❖ **Family Support Division**
 - If a child or adult in the child's life is potentially Medicaid eligible, refer the adult to the Family Support Division to begin the application process for Medicaid.
 - As often as soon, assist the family with locating the nearest Family Support Division Office.
 - School personnel or families can go to this link for the Family Support Division and enter the family's zip code to find the nearest Family Support Division office
 - <https://dss.mo.gov/offices.htm>
 - For any person applying for Medicaid, he/she will need to bring Social Security Number or Green Card Number and if employed, most recent pay stub

2. Enrollment

- ❖ Following notification of Medicaid eligibility, a person needs to enroll into either Medicaid Fee for Service (FFS) or a Medicaid Managed Care Organization (MCO)
- ❖ People eligible for enrollment into Medicaid Fee (FFS) for Service are in one of the following categories: <https://dss.mo.gov/mhd/>
 - Aged (65+), blind, or disabled
 - Women receiving cervical or breast cancer treatment
 - Women ages 18-55 in need of family planning services with no other coverage for these services
 - People eligible for enrollment into a Medicaid Managed Care Organization (MCO) are in one of the following categories:
 - Individuals approved for MO HealthNet for kids, families, newborns, pregnant women, or uninsured women
 - Individuals getting healthcare services through a Managed Care Organization and it is that person's open enrollment period (he/she needs to re-enroll)
 - Individuals receiving transitional MO HealthNet

- Children receiving Adoption Subsidy
 - Children receiving Refugee Assistance
 - Children in the custody of the state (through Children’s Division or the Department of Youth Services/Juvenile Justice)
 - Children enrolled in the Children’s Health Insurance Program (CHIP)
- ❖ There are three Managed Care Organizations (MCO’s) into which families can choose to enroll
 - Home State Health <https://www.homestatehealth.com/>
 - United Health Care <https://www.uhcommunityplan.com/mo/medicaid/mo-health-net.html>
 - Missouri Care www.missouricare.com
 - The three MCO’s provide many similar benefits; however, each plan differs slightly in the benefits that are provided.
 - ❖ Families who qualify for enrollment with an MCO are advised to make an informed choice about which MCO best suits the needs of each individual eligible for enrollment.
 - It is often easiest for all members of the same family to participate with the same MCO, but it is not required.
 - If a member of a family would benefit from a particular MCO and other members would benefit from a different MCO, it is OK to enroll each family member in the MCO from which he/she would receive the best healthcare outcomes.
 - If all family members would receive similar and equally valuable healthcare outcomes from one MCO, then it is also OK to enroll them all in the same MCO.
 - ❖ To enroll in an MCO, the individual/family needs their pin number and MO HealthNet ID number. These numbers arrive in the enrollment packet that the member receives when learning that he/she is Medicaid eligible.
 - Enrollment into an MCO is able to be completed online, by phone, or by mail.
 - Online: <https://dss.mo.gov/mhd/participants/mc/how-to-enroll.htm>
 - Phone: 1-800-348-6627 TTY: 771
 - Mail: MO HealthNet Division P.O. Box 104928 Jefferson City, MO 65110
 - During the enrollment process, the caregiver also needs to choose the primary care physician.
 - If the caregiver does not enroll into an MCO, the member will be automatically assigned to one of the three MCO’s.

3. Partnering with Managed Care Organizations (MCO)’s

- ❖ The three Managed Care Organizations provide a variety of services to members including, but not limited to transportation to medical appointments, care management services, and assistance with varying psychosocial needs.
- ❖ Care Management services help members with gaining access to healthcare providers, education related to symptom and syndrome specific information, connection with community resources, and a variety of other services.
- ❖ If school or school-based service personnel, providers, family members, or youth themselves believe a child may benefit from care management services, please contact the respective MCO to request care management services.
- ❖ The MCOs provide care management services for the following:

- Chronic illnesses and conditions
 - Behavioral health
 - Elevated blood lead levels
 - Children in foster care, who receive adoption subsidy, or other out of home placement
 - High risk maternity
 - Children with special health care needs
 - Others upon request or need
- ❖ What happens if someone is referred to care management?
 - Outreach to the caregiver is performed (any current phone numbers should be provided when calling the MCO)
 - An assessment for needs is performed – this includes medical, behavioral, and psychosocial
 - A care plan is developed with the caregiver of targeted short and long term goals
 - The length of time someone participates in care management with an MCO is dependent on individual needs and the type of care management program
 - ❖ How does care management occur?
 - Typically care management occurs by telephone contact
 - There are times when care management may occur through in person visits to a member’s home, the hospital, or the school
 - If a care management visit was needed at school, the care manager would obtain guardian consent, and then coordinate with the caregiver/guardian and the designated school personnel an appropriate meeting time and place.
 - ❖ Links to connect to care management with MCOs.
 - United Healthcare 1-866-292-0359 TTY 711
<https://www.uhcommunityplan.com/mo/medicaid/mo-health-net.html>
 - Missouri Care www.missouricare.com
 - Home State Health <https://www.homestatehealth.com/>
 - ❖ Additionally, school nurses have the Nurse Link website to check information about the different MCOs and Fee for Service and make connections on this site if a child needs assistance.
 - <http://www.schoolnurselink.com/>
 - ❖ Sometimes a child or family may receive case management services. These services are not provided by the MCO but from a Federally Qualified Health Center, Rural Health Center, Community Mental Health Center, or other similar entity.
 - Initially consent is obtained from the parent, guardian, or case manager by the provider or mental health agency. An initial meeting is then scheduled between the parent and designated school staff, which may include the school social worker, counselor and or school psychologist. Schedules of those receiving services within the school setting are reviewed in order to not impede on academic or extra-curricular activities. Any relevant records are shared to include behavioral, 504 or IEP summaries. Scheduled times for case management is determined and a secure/confidential site assigned, which administrative staff provide access to at the time of service.

- If a child is receiving on site services from FQHC or CMHC those organizations should offer CM.
- Make sure to use secured email when exchanging information between entities.
- ❖ All children or families receiving care management services from their MCO and/or case management services from an FQHC, RHC, or CMHC, should be informed of their role in the care/case management process.
 - This role should include participation in choices of their health care provider(s) and the development of their care plan.
- ❖ Children and/or families who are members of MCO's with or without care management services are able to access transportation assistance for attending healthcare appointments
- ❖ Children and/or families who are members of MCO's with or without care management services are able to access interpreter services for healthcare appointments

4. Compliance

- ❖ What is FERPA?
 - FERPA is the Family Educational Rights and Privacy Act of 1974
 - It gives parents the right to access their child's educational record, seek to have it amended, and some control over the disclosure of information in the record
 - For more information about FERPA, see this link:
<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- ❖ What is HIPAA?
 - HIPAA is the Health Insurance Portability and Accountability Act of 1996
 - Its purpose is to increase continuity in healthcare coverage, increase accountability, and simplify the administrative functions in the healthcare industry.
 - For more information about HIPAA, see this link:
<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>
- ❖ What is the importance of FERPA and HIPAA for services provided in school settings?
 - Behavioral health providers are required to follow HIPAA regulations. Schools are required to follow FERPA. As information may be shared in the best interest of the child, the information becomes part of each type of record. It is important for the professionals to know and understand how these records work and how such disclosures may positively or adversely affect the child.
 - As in every situation, disclosures should always be made with appropriate releases of information on a need to know basis with the best interest of the child in mind.
- ❖ Maintenance of Records
 - Each provider is required to maintain records. Depending on if the provider is employed by the school, employed by an agency, or an independent practitioner will depend where the records are stored.
 - A provider employed by the school, will require direction from the school about where to store the child's behavioral health file, but needs to be aware of the FERPA/HIPAA interaction.
 - A provider employed by an agency that provides services at a school-based health or behavioral health center, will likely have a place to store records in the school-

based center but will receive guidance from the agency about records. The records belong to the agency, not the individual provider.

- A provider employed by an agency that provides services in a school setting but also in other settings will likely be required to keep records at the main agency location. The provider should receive guidance from the agency about records. The records belong to the agency not the individual provider.
- An independent practitioner who provides services in a school setting is required to maintain his/her records in a secure location, typically his/her main office. These records belong to the independent practitioner.
- All providers, regardless of type of practice or practice location must store records in a locked and secure location, either encrypted password protected electronic records or behind two locked doors for paper records to be HIPAA compliant.

❖ Credentialing

- In order to provide services for children, providers need to complete a credentialing process. Each Managed Care Organization and MO HealthNet has network representatives to assist with any questions in this process.
- Providers first must enroll with MO HealthNet. Providers must be enrolled with MO HealthNet Division.
- They can choose to be credentialed with MO HealthNet Division to be a Fee For Service provider or solely complete the enrollment process if they only want to be a provider for Managed Care Organizations.
- If a provider wishes to be credentialed by MO HealthNet to provide for Fee for Service, then he/she should follow the credentialing steps with Fee for Service.
- When the credentialing is correctly completed and approved, the provider receives a Medicaid provider number and can apply for credentialing with one, two, or all of the Managed Care Organizations.
- If a provider is going to provide services in a school setting, it is recommended to seek credentialing with all three Managed Care Organizations as students in the school will have all three MCOs.
- Providers will need to complete the credentialing application for each desired MCO.
- When the credentialing has been correctly completed and approved, the provider will receive an enrollment letter notifying the provider of PAR (participating status) with the MCO.
- Why is credentialing & PAR status important?
 - Credentialing is a way to ensure that providers are up to date on licensure, malpractice insurance, and other requirements of the state, regulatory agencies, and insurance company
 - Credentialing with PAR status helps to ensure that the provider will be reimbursed (when following billing requirements) for appropriate services provided
- Providers should ensure that they are credentialed to provide services in location code 03 (school) when preparing to provide behavioral health services in school.

❖ Billing

- Providers will need to check Medicaid eligibility to determine if coverage is through fee-for-service or MCO (and which MCO).
- Providers must be PAR (participating/credentialed) with MCO's to be paid for services provided to an MCO member
- To find out if a provider is PAR with an MCO, go to one of the following links:
 - MissouriCare: <https://www.wellcare.com/en/Missouri/Find-a-Provider#/Search>
 - United: <http://www.uhcommunityplan.com/mo/medicaid/mo-health-net/lookup-tools.html#find-a-provider>
 - Home State Health: <https://providersearch.homestatehealth.com/>
- Providers must be PAR with MO HealthNet Fee for Service to be paid for services provided to a FFS member or a member whose behavioral health is covered by FFS.
 - To find out if a provider is PAR with MO HealthNet FFS, go to the following link:
 - MO HealthNet: <https://apps.dss.mo.gov/fmsMedicaidProviderSearch/>
- Providers need to be aware of what CPT (Current Procedural Terminology) codes they are allowed to bill based on their licensure level. For a complete listing of CPT codes per licensure level, go to the following link:
 - http://manuals.momed.com/collections/collection_psy/Print.pdf



CPT® Code	CPT® Code Description	CPT® Code & Modifier by Provider Type					Precert Required
		Psychiatrist	PCNS PMHNP	Psychologist PLP	LCSW LMSW	LPC PLPC	
90791	Psychiatric Diagnostic Evaluation	90791	90791 SA	90791 AH	90791 AJ	90791 UD	No
90792	Psychiatric Diagnostic Evaluation with Medical Services	90792	90792 SA	N/A	N/A	N/A	No
90832	Psychotherapy, 30 min	90832	90832 SA	90832 AH	90832 AJ	90832 UD	Yes
90834	Psychotherapy, 45 min	90834	90834 SA	90834 AH	90834 AJ	90834 UD	Yes
90839	Psychotherapy for Crisis, 60 minutes	90839	90839 SA	90839 AH	90839 AJ	90839 UD	No
90846	Family Psychotherapy without Patient, 50 min	90846	90846 SA	90846 AH	90846 AJ	90846 UD	Yes
90847	Family Psychotherapy with Patient, 50 min	90847	90847 SA	90847 AH	90847 AJ	90847 UD	Yes
90853	Group Psychotherapy	90853	90853 SA	90853 AH	90853 AJ	90853 UD	Yes
90865	Narcosynthesis	90865	90865 SA	N/A	N/A	N/A	No
90870	Electroconvulsive therapy (includes monitoring)	90870	90870 SA	N/A	N/A	N/A	No
90885	Psychiatric evaluation of records	90885	90885 SA	90885 AH	N/A	N/A	No
96101	Psych Testing - Administered by Psychologist	96101	N/A	96101 AH	N/A	N/A	No
96103	Psych Testing - Administered by Computer	96103	N/A	96103 AH	N/A	N/A	No
96105	Assessment of Aphasia	96105	N/A	96105 AH	N/A	N/A	No
96111	Developmental Testing	96111	N/A	96111 AH	N/A	N/A	No
96116	Neurobehavior Status Exam	96116	N/A	96116 AH	N/A	N/A	No
99406	Tobacco cessation counseling, 3-10 min	99406	99406 SA	99406 AH	99406 AJ	99406 UD	No
99407	Tobacco cessation counseling, greater than 10 min	99407	99407 SA	99407 AH	99406 AJ	99407 UD	No
96150	Health and behavior assessment, each 15 minutes face-to-face with patient; initial assessment	N/A	N/A	96150 AH	96150 AJ	N/A	No
96151	Re-assessment, MHD defines a unit of	N/A	N/A	96151 AH	96151 AJ	N/A	No

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❖ Audit

- Providers may be audited for compliance with expectations of service provision.
- Elements of service provision are outlined in the MO_HealthNet Behavioral Services Manual at the following link:
 - http://manuals.momed.com/collections/collection_psy/print.pdf
 - Updates to the manual can be found at the following link:
 - <https://dss.mo.gov/mhd/providers/pages/bulletins.htm>
- Providers, including schools can subscribe to receive email alerts about provider bulletins (updates) so that they will know anytime a change is made.
- Managed Care Organizations (MCO's) may have additional requirements (such as wellness assessments) or requests for notes upon which a provider may be audited. To ensure that documentation is appropriate for each MCO, be sure to check the link for the MCO in order to know the expectations
 - MO Care: www.missouricare.com
 - United: <http://www.uhccommunityplan.com/mo.html>
 - Home State Health: <https://www.homestatehealth.com/>