



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Jane Drummond
Director

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MEMORANDUM FOR HOME AND COMMUNITY BASED CARE PROVIDERS

From: Brenda F. Campbell, Director
Division of Senior and Disability Services *Brenda F. Campbell*

Subject: MO HealthNet Benefit Eligibility Codes and Enrollment in Managed Care Health Plans

This memorandum is to advise Home and Community Based Care Providers of the resources available to check MO HealthNet eligibility for persons applying for or receiving Home and Community Based Services (HCBS). Additional guidance is provided for determining whether or not an individual is locked into a MO HealthNet Managed Care Health Plan.

Providers must verify a participant's eligibility status before delivering services.

- Eligibility may be checked via the MO HealthNet Division's (MHD) website (www.emomed.com) or the Interactive Voice Response (IVR) system (573/635-8908) to determine the Medical Eligibility (ME) code. (Note: On the emomed.com website, the term Plan Code is used, rather than ME code.)
- The MO HealthNet Division issued a Hot Tip of the Week on January 7, 2008, defining Medical Eligibility Codes. This information can be found at the following link: <http://www.dss.mo.gov/mhd/providers/pages/provtips.htm>.
- A chart listing HCBS services eligible for MO HealthNet coverage can be found at the following link: <http://www.dss.mo.gov/mhd/general/pages/benefitmatrix.xls>.
 - Although a Medical Eligibility (ME) code may be indicated as eligible for a particular service, there are additional eligibility criteria (such as age restrictions and Level of Care) that must be met before services can be authorized.
 - This chart does not include services authorized through the Aged and Disabled or Independent Living Waivers. The ME or Plan Codes **not eligible** for waiver services are: 2, 8, 52, 58, 59, 64, 65, 80, and 82.
 - Additionally, ME Code 55 is not eligible when it is the sole coverage for an individual. However, this code often appears in combination with other codes that do provide coverage for HCBS services.

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Managed Care Health Plan Coverage

When a participant is locked into a Managed Care Health Plan, it is the health plan's responsibility to meet all needs of the participant, including personal care. HCBS providers may contact the appropriate health plan to request enrollment with the plan. Contact information for the health plan is included in the emomed.com website and the IVR system.

To determine if an individual is locked into a Managed Care Health Plan:

- Emomed.com—Review the “Eligibility/Benefit Information” sections. An individual is or was locked into a health plan if one of the sections includes “Health Maintenance Organization (HMO)” in the “Insurance Type” field.
 - Review the “From Date” field and the “To Date” field to determine the lock-in dates.
 - When the “To Date” field has “00/00/0000”, that individual is currently locked into the health plan.
 - When there is a specific date in the “To Date” field, the individual's enrollment ended on that date.
 - The “Lockin Information” field includes the name of the health plan and the corresponding telephone number.
- IVR System—When accessing the IVR system, the provider will be informed if the individual is enrolled in a health plan. The IVR system will give the health plan name and telephone number.

Questions regarding this information should be directed to the Bureau of Program Integrity via e-mail at programintegrity@dhss.mo.gov or by calling 573/526-8557.

BFC/TH

CC: Distribution Lists 3 and 4