

Quick Medicaid overview

Understanding Medicaid

12.6.2020

To receive MO Healthnet a person must be:

- age 65 or over (referred to as aged)
- blind
- disabled
- a child under age 19 (or age 22, if in state custody)
- a caretaker parent (or other relative) of a low-income child
- a pregnant woman
- a woman in need of treatment for breast or cervical cancer
- an individual under age 26 who was in foster care on the date they turned age 18 or 30 days prior and...Meet the requirements of an eligibility category

Full Medicaid Comprehensive Benefit Packaged

Includes coverage for:

- primary, acute and preventive care,
- hospital care,
- prescriptions,
- dental and vision care,
- comprehensive psychiatric rehabilitation (CPR),
- comprehensive substance treatment and rehabilitation (CSTAR),
- home health care,
- occupational, physical, and speech therapy,
- home and community-based waiver services,
- hearing aids,
- non-emergency medical transportation (NEMT), and
- transplants.

Call the MO HealthNet Participant Services Unit, 1-800-392-2161, to find out if a specific procedure is covered

Individuals Eligible for Full comprehensive Medicaid Benefit Package:

Children and young adults under age 21 receive the full comprehensive benefit package, unless they are:

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- In the CHIP premium program (ME codes 73,74,75,97). The CHIP premium program covers all services in the full comprehensive benefit package except NEMT.
- In a state only funded category
 - (ME codes 02,08,52,57,64,65).
- In a specific restricted benefit package
 - (ME codes 55, 58, 59, 80, 82, 89, 91, 92, 93, 94)

Adults age 21 and over who are receiving federally matched Medicaid based on **blindness** (ME codes 03, 12, 15), **pregnancy** (ME codes 18, 43, 44, 45, 61, 95, 96, 98), or are in a Medicaid **vendor nursing facility** receive the full comprehensive benefit package, except:

- occupational, physical, and speech therapy are only covered as an outpatient hospital or home health service;
- private duty nursing is not covered;
- social worker/counselor services are not covered;
- dental does not include orthodontics;
- vision care for pregnant women is limited to one exam per year and glasses are limited to one pair every two years.

Limited Benefit Package for Adults (includes PTD)

Adults (age 21 and over) receiving federally matched Medicaid who are not in a nursing facility or receiving based on blindness or pregnancy have a “limited benefit package”. The coverage limitations are:

- dental is limited to specific services;
- diabetes self-management training is not covered;
- hearing aids are not covered;
- physical, occupational, and speech therapy are not covered;
- eye exams are only covered once every two years.

State only category Benefit Packages

The state only funded categories **Blind Pension (02)**, **CWS Foster Care (08)**, **DYS General Revenue (52)**, **CWS-FC Adoption Subsidy (57)**, and **Group Home Health Initiative Fund (64,65)** cover all services except:

- CPR,
- CSTAR,
- non-emergency medical transportation (NEMT),
- transplants, and

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- home and community based waiver services (authorized by DMH Division of Developmental Disabilities or Department of Health and Senior Services).

Specific Restricted Benefit Packages

- **QMB (ME 55)** covers only Medicare premiums, coinsurance and deductibles.
- **Presumptive Eligibility for Pregnant Women (ME 58,59,94)** covers only out-patient pre-natal care.
- **Uninsured Women's Health Services (ME 80,89)** only covers family planning and testing for STDs.
- **Gateway to Better Health (ME 91,92,93)** provides coverage at participating health care clinics in St. Louis for preventative, family, and well care; some dental care; and generic prescriptions dispensed at the clinic.
- **Missouri Rx (ME 82)** pays 50% of Medicare Part D prescription drug co-payments.

Fee for Service

Coverage from MO HealthNet **Fee-for-Service providers** for all categories for:

- the aged (65+) – ME codes 01,11,14
- blind – ME codes 02,03,12,15
- people with disabilities – ME codes 04,13,16,23,33,34, 41,85,86
- women receiving breast or cervical cancer treatment – ME codes 83, 84
- presumptive eligibility: ME codes 58,59,87,94

Managed Care

Coverage from a MO HealthNet Managed Care plan for:

- FSD family healthcare categories for children, pregnant women, families, and refugees:
 - ME codes 05, 06, 10, 18, 19, 21, 24, 26, 40, 43, 44, 45, 60, 61, 62, 65, 71, 72, 73, 74, 75, 95, 96, 97, 98
- DSS Children's Division and Division of Youth Services categories for foster care, adoption subsidy, and other state custody -
 - ME codes 07,08,29,30,36,37,38,50,52,56,57,63,64,66,68, 69,70

Participants in these categories have the option of opting out of managed care if they have a disability.

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Managed Care Exclusions

The following services are excluded from managed care and are always covered fee-for-service:

- CPR,
- CSTAR,
- Prescription medications,
- Targeted case management,
- Transplants,
- home and community based waiver services (authorized by DMH Division of Developmental Disabilities or Department of Health and Senior Services),
- Occupational, physical, and speech therapy in an IEP,
- Applied Behavior Analysis for Autism Spectrum Disorder

For children state custody or adoption subsidy, all behavioral health services are covered fee-for-service.

Categories that Don't cover DMH Services

CPR, CSTAR, and DD waiver services are covered by all ME codes except the following that are either state only funded (*) or have a specific restricted benefit package(^).

- 02* – Blind Pension
- 08* – CWS Foster Care
- 52* – DYS General Revenue
- 55^ – QMB
- 57* – CWS-FC Adoption Subsidy
- 58^, 59*^, 94^ – Presumptive Eligibility for Pregnant Women
- 64*, 65* - Group Home Health Initiative Fund
- 80^, 89^ – Uninsured Women's Health Services
- 91^, 92^, 93^ – Gateway to Better Health
- 82*^ – Missouri Rx

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FSD Eligibility Categories (code listed in CIMOR)

MO HealthNet for the Aged, Blind, Disabled (MHABD) – includes spend down/non-spend down, vendor nursing facility, HCB Special Income Limit (SIL), 1619(a)&(b), disabled children

- o ME codes 11 (age 65 & over), 12 (blind), 13 (disabled)
- **Ticket-to-Work Health Assurance (TWHHA)**
 - o ME codes 85 (premium), 86 (non-premium)
- **Supplemental Nursing Care (SNC)**
 - o ME codes 14 (age 65 & over), 15 (blind), 16 (disabled)
- **Supplemental Aid to the Blind (SAB) & Aid to the Blind conversion (AB)**
 - o ME code 03
- **Blind Pension (BP)**
 - o ME code 02
- **MOCDD (Sara Lopez) waiver SIL category**
 - o ME codes 33, 34
- **Old Age Assistance conversion (OAA)**
 - o ME code 01
- **Aid to the Permanently and Totally Disabled conversion (PTD)**
 - o ME code 04
- **Aid to the Blind conversion (AB)**
 - o ME code 0
- **Qualified Medicare Beneficiary (QMB)**
 - o ME code 55
- **Missouri Rx**
 - o ME code 82 (only benefit is payment of half of Medicare Part D co-pays)
- **Specified Low Income Medicare Beneficiary (SLMB or SLMB1)**
 - o no ME code as only benefit is payment of Medicare premium
- **Qualifying Individual (QI or SLMB2)**
 - o no ME code as only benefit is payment of Medicare premium
- **MO HealthNet for Families (MHF)** includes Transitional Medical Assistance
 - o ME code 05 for caretakers, 06 for children
- **MO HealthNet for Kids (MHK)**
 - o ME codes 40, 62, 71, 72 (non-premium) 73, 74, 75 (CHIP premium)
- **MO HealthNet for Pregnant Women (MPW)**
 - o ME codes 18, 43, 44, 45, 61
- **Newborns**
 - o ME code 60
- **Show Me Healthy Babies**
 - o ME codes 95, 96, 98
- **Show Me Healthy Babies Newborns**
 - o ME code 97
- **MO HealthNet for Women Receiving Breast or Cervical Cancer Treatment (BCCT)**
 - o ME codes 83, 84
- **Refugee Medical Assistance** (program ended 11/30/18)
 - o ME codes 10, 19, 21, 24, 26
- **Presumptive Eligibility for Kids**
 - o ME code 87
- **Temporary MO HealthNet for Pregnant Women (TEMP)** also known as Presumptive Eligibility for Pregnant Women
 - o ME codes 58, 59, 94
- **MO HealthNet for Kids in a Vendor Institution**
 - o ME Codes 23, 41
- **Uninsured Women's Health Services**
 - o ME Codes 80, 89
- **Children Division Programs**
 - o ME Codes 07, 08, 30, 36, 37, 38, 56, 57, 64, 66, 69, 70, 88
- **Division of Youth Services Programs**
 - o ME Codes 29, 50, 52, 68
- **Gateway to Better Health**
 - o ME Codes 91, 92, 93