

Home Health, Hospice and Home- and Community-Based Services Form

| Provider name: | | Group name: | | | |
|--|--|------------------|--------|-----------|--|
| NPI/TIN: | | Medicaid number: | | | |
| Address: | | City: | State: | ZIP code: | |
| Please note below all services you provide. Be advised that the below listing of services does not imply that the services are covered services. Your agreement only includes covered services as determined by the State contract and your credentials. | | | | | |
| Licensed Home Health agency services: | | | | | |
| | Skilled nursing | | | | |
| | Physical therapy | | | | |
| | Speech therapy | | | | |
| | Occupational therapy | | | | |
| Wound care: | | | | | |
| | Hospice | | | | |
| | Private duty nursing (pediatric) | | | | |
| | Private duty nursing (adult) | | | | |
| | Asthma education services | | | | |
| | Lead educational visits | | | | |
| In-home care services:* | | | | | |
| | □ Personal care/homemaker chore services | | | | |
| | Respite care | | | | |
| | Other: | | | | |
| Please be advised that consumer directed services are not currently a covered benefit for Healthy Blue members. | | | | | |
| * Does your organization have a participation agreement with MO HealthNet as a home- and | | | | | |
| community-based services (HCBS) provider? ☐ Yes ☐ No | | | | | |
| List of counties your organization services: | | | | | |
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https://provider.healthybluemo.com

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

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| Patient age range: | | |
|--------------------|-----------------|--|
| | All ages | |
| | Adults only | |
| | Pediatrics only | |
| | Other: | |