

Missouri Medicaid Myths Debunked

Medicaid dental claims are more profitable than ever. In fact, MO HealthNet is paying just as much, if not more than other insurance. Now's the time to **enhance your revenue by offering Medicaid services.**

Let's review the common myths that may be getting in your way.

Myth #1

As a Medicaid provider, I have to see all Medicaid patients in my area who are enrolled in Medicaid.

False: This is a business decision for each provider. Some choose to see only children and others may want to take only a certain number of adult participants through MO HealthNet, thereby leaving room for existing patients.

Myth #2

The Medicaid rates are too low; I can't afford to provide Medicaid. I will lose money.

False: Many of the covered procedures underwent a tremendous rate increase, to 80% of usual and customary fees. Some rates are even higher than some private insurance reimbursement. See Medicaid Mini Series: Decoding the Codes for updated rate details: qrco.de/decoding-codes.

Myth #3

It is too complicated to understand (and too many terms), like the difference between Managed Care versus Fee-For-Service.

False: Providers often hear Managed Care (MC) and Fee-For-Service (FFS) when working with MO HealthNet. Here is what these terms mean:

Managed Care (MC): In 2017, children, pregnant women, newborns and families were transitioned to the state's three MC health plans (United HealthCare, Home State Health and HealthyBlue). The MC health plans are responsible for administering benefits and coverage on behalf of MO HealthNet to these populations. Note: A sub plan administered by Home State Health is Show Me Healthy Kids, specifically for instances of state custody, adoption subsidies and foster care.

Fee-For-Service (FFS): The aged, blind, disabled and women with breast or cervical cancer remained in FFS. Providers will work with MO HealthNet directly when providing dental services to these individuals.

Myth #4

The process seems very difficult and there is no one to help walk me through it to become a Medicaid provider.

False: We have real people, easily reachable, who want to help you! They are

Jessica Emmerich

Dental Medicaid Facilitator

Missouri Coalition for Oral Health

jemmerich@oralhealthmissouri.org or 573-536-2474

Amanda Fahrendorf

Lead Education & Training Specialist

Department of Social Services Education and Training Unit

Amanda.Fahrendorf@dss.mo.gov or 573-751-6683

Jessica and Amanda can provide a wealth of information about MO HealthNet enrollment, Managed Care credentialing, and billing and policy questions – and they can connect providers with training and resources.

Myth #5

It can be a long process to be approved to be a Medicaid Provider and seem overwhelming; I feel I can't do it on my own.

False: While it's true enrollment and credentialing can take time, as noted above, we're here so you don't have to go it alone! Just like taking any new insurance plan at your practice, all dentists who want to provide care to MO HealthNet participants must go through a process, including first enrolling with Missouri Medicaid Audit and Compliance (MMAC).

The good news is that dental applications, if they are complete when submitted, are processed quickly and we can report that MMAC is currently processing dental applications within 10-14 days!

See Medicaid Mini Series: Credentialing 101 for step by step guidelines on credentialing: qrco.de/steps-to-credentialing.

Myth #6

The documentation to apply for Medicaid is too burdensome.

False: The documentation is very similar to other insurance companies. Provider Enrollment has created an Enrollment Guide to assist with the enrollment process. The guide outlines what documentation is required for each provider type and how to complete the Provider Enrollment Application.

Our credentialing checklist can help expedite your application: qrco.de/credentialing-checklist.

Myth #7

The billing process with Medicaid is too complicated; I will have to hire an additional billing staff member if I take Medicaid.

False: MO HealthNet can be integrated in to any practice - whether you currently accept other insurances or not - without the need for an additional hire. A wealth of training and resources from experts right here in Missouri are available to educate providers about what services are covered. Providers are encouraged to visit the MO HealthNet Education and Training page to enroll in trainings and access resources designed to make Medicaid billing manageable for your current team.

For additional support see our Medicaid Mini Series: Coding Claims with Confidence: qrco.de/coding-with-confidence.

Myth #8

I will not be able to easily find/understand which patients have coverage through MO Health Net versus the Managed Care Plans.

False: Each person who is determined eligible for MO HealthNet is assigned a Medical Eligibility (ME) code. ME codes drive most MO HealthNet benefits. The Provider Resource Guide provides definitions for each ME code.

How do you know what ME Code a participant has? ME codes can be found when checking a participant's eligibility. Providers can check eligibility on eMOMED or via the interactive voice response (IVR) system by calling 573-751-2896.

Review our Medicaid Mini Series: Meet Your Payors for details on who to bill based on your patient's eligibility: qrco.de/determining-eligibility.



You can find links to all listed resources at oralhealthmissouri.org/mo-healthnetmedicaid

Brought to you by the Missouri Coalition for Oral Health and the Missouri Dental Association, in collaboration with MO HealthNet