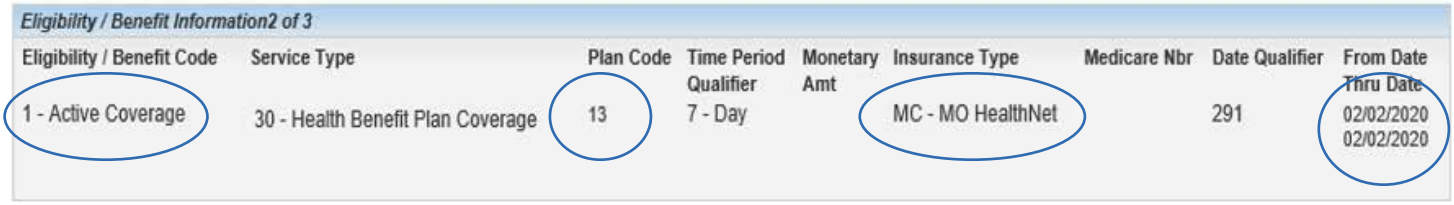
3 Steps to Determining Eligibility and Reimbursement

Now that you're enrolled as a Medicaid provider, it's time to create your eMOMED portal credentials. This will allow you to verify patient eligibility for all managed care plans and submit claims to MO HealthNet.

Step 1 – Verify Patient Eligibility and Determine Medical Eligibility (ME) Code

It is the provider's responsibility to check the participant's eligibility. This must be done before every visit. Eligibility is updated daily, and the participant must be eligible on the date of service.

- Once logged in, locate your patient using one of the following data sets to check eligibility:
  - Use Participant DCN (found on MO HealthNet card), OR
  - Participant Last Name, First Name and Date of Birth, OR
  - Participant Social Security Number and Date of Birth.
- Verify their Active Coverage, Plan Code, and Insurance Type (MO HealthNet or Managed Care)



Eligibility / Benefit Information2 of 3

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	7 - Day		MC - MO HealthNet		291	02/02/2020 02/02/2020

If a patient has Managed Care, the plan name will be indicated under Insurance Type. Providers must be enrolled with the Managed Care plan indicated to bill for and be paid for services.

Step 2 – Check the Dental Benefit Table for Coverage Levels

- Use the ME code to determine the level of coverage (Comprehensive or Limited) your patient receives by referencing the **Dental Benefit Table** found on the MO HealthNet Provider resource page.

Step 3 – Refer to the MO HealthNet Dental Provider Manual (Section 5 – Procedure Codes)

- Section 5 of the Dental Provider Manual lists the procedure codes that are covered for both Comprehensive and Limited coverage.
- If your patient has limited coverage, look in the column titled "Limited Adult Coverage". Codes that have this box marked are also available to participants with limited coverage.
- You can also use this section to see if their needed service has age limits, additional requirements for billing, or requires Prior Authorization (PA).

Scan Here for More Resources

Provider Communications – 573-751-2896 or email through eMOMED
Use for questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.

Provider Education – 573-751-6683 or **MHD.Educations@dss.mo.gov**
Assistance on navigating provider resources, proper billing methods, and procedures for claim filing via eMOMED.

eMOMED Help Desk – 573-635-3559 or **internethelpdesk@momed.com**
Use for technical support and assistance for issues with eMOMED

Dental Medicaid Facilitator - Lori Reed at **lreed@oralhealthmissouri.org** Call or Text 573-536-2474 for additional support

Missouri Coalition for Oral Health

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