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Verifying Eligibility for Medicaid Dental Services in DentaQuest

Note: The process is the same for children and adults, except only adults need STEP 3.

Note: If you need to verify over the phone, call: 1-855-225-1731. You will need your business Tax ID number, dental hygienist provider NPI number, hygienist provider name, Patient's DOB, Medicaid ID number, and first and last name.

STEP 1 - Is the patient's Medicaid dental coverage in DentaQuest active? Follow these steps:
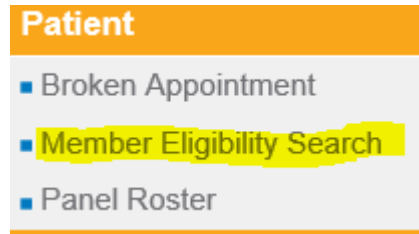
- You will need Patient's DOB, Medicaid ID Number, and first and last name.
- Login to DentaQuest website: https://govservices.dentaquest.com/.
- Type in your user ID and password click on Login:

- Click on Patient:

- Select Member Eligibility Search:

- The following will appear:

  - Go to the "Select a Location and Provider" dropdown arrow, then select your dental provider's name.
  - The "Service Date" will auto populates for today's date, which is what you want.
  - Then go to the SEARCH (in blue) section:
    - You can search by DOB and Member Number or DOB and patient's first/last Name.
    - You can search one or more people at a time, and can add lines for more people if needed with "additional search lines".
  - Click "search".

- The following will appear:

- o If the patient is active they will appear in the "Active" row; continue to STEP 2.
- o If they are inactive or not found, they will appear in an "Ineligible" or "Not Found" row. If this is the case, either the patient has recently switched to CHP+, or they are assigned to a specific Medicaid provider.
  - To see if they recently switched to CHP+, check their CHP+ Medical to see if that is the case. If that is true, follow the CHP+ dental eligibility instructions. It is possible they could still be seen.
  - If they are assigned to a specific Medicaid dental provider, but prefer to be seen at your clinic, the patient must contact Medicaid themselves to make this arrangement. S/he cannot be seen at your clinic today.

STEP 2 - Check frequency eligibility/need: Can you see them *yet*? Do they *need* to be seen?

Medicaid only allows certain frequencies of procedures (i.e. every three months, six months, one year) depending on the procedure.

It also depends on the risk level of the patient. If they are high risk they may be eligible for more procedures more often. Together with your implementation team, look at the services to be delivered, permitted frequencies, and high risk criteria. Also consider the makeup of your patient population, and make a plan. You may want to vary it by age group or other criteria, such as high risk. Once your plan is made, add it to these instructions for referencing by those asked to check eligibility. For example, the plan may be as simple as if a patient hasn't had a cleaning in the last six months, they are someone we would try to see today.

Now move on to the next steps to check a particular patient's eligibility for Medicaid and decide if you will see them in your practice now or not:

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- On the screen above, select a member's name and double click; you will then see this screen:

- Click on View Service History. You will see the following screen which shows the member's Service History and Date of Services:

- Looking at the patient's service history, and using the agreed upon criteria determined by your implementation team. Decide if the patient is able to be seen in your practice today or not.

o   If yes, they can be seen today:

- If an adult, go on to STEP 3.
- If a child, you are done.

o   If no, they cannot be seen today as your practice will not be reimbursed for providing services.

STEP 3 - If the patient is an adult and s/he could be seen, do they have enough benefit left for the appointment? Adults have a benefit that is limited to $1,000 per year (children have no limit; child age is 0 – 20). This can be checked on the page below by clicking on the "Usage" button under the Benefit column (between the Plan and Client Number).

YOU'RE DONE!

NOTE: If only verifying one patient's eligibility then click on "Done". If moving on to another patient on your list, click on "Member Eligibility List". (FYI: If you don't do this it will erase your whole patient list). This will take you back to your patient list. Select your next patient and so on.