envolve®
Benefit Options

2023 IHCP Works Annual Seminar (Dental)

Managed Health Services (MHS)
- Hoosier Healthwise
- Healthy Indiana Plan
- Hoosier Care Connect

Presenter: Thomas “Tony” Smith

1223.PR.P.PP

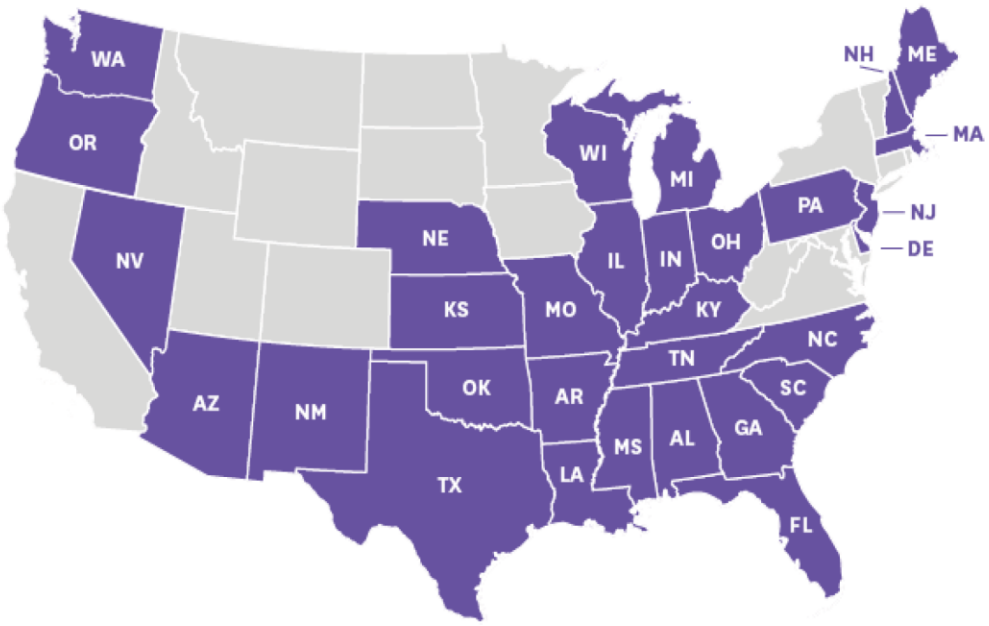
Agenda

- Who We Are
- Provider Resources (Envolve Dental Website), Web Portal (PWP)
- Member Eligibility
- Claims
- Authorizations
- Electronic Funds Transfer (EFT)
- Credentialing
- Benefits
- Fraud, Waste and Abuse
- Contact Information
- Q&A Session

Envolve Dental Benefit Options

Envolve Dental partners with managed care organizations, health plans, and state governments to design and administer dental care programs that meet the needs of their members. Envolve Dental is experienced in handling Health Insurance Marketplace, Medicare, and Medicaid benefits. As an organization supporting over **5 million members** in **31 states**, Envolve offers providers an opportunity to bring new patients into your office. Join our panel of over **77,000 dental professionals** across the country.

Who We Serve



● *Envolve Dental administers: Community First Health Plan in Texas.*

	Ambetter	Wellcare	Ascension Complete	Medicaid	Other
Alabama	●	●	●		
Arizona	●	●		●	
Arkansas	●				
Delaware				●	
Florida	●	●	●		
Georgia	●	●		●	
Illinois	●		●	●	
Indiana	●	●	●	●	
Kansas	●	●	●	●	
Kentucky	●				
Louisiana	●	●		●	
Maine		●			
Massachusetts		●			
Michigan	●		●		
Mississippi	●	●		●	
Missouri	●	●		●	
Nebraska	●	●			
Nevada	●	●			
New Hampshire	●	●			
New Jersey		●			
New Mexico		●		●	
North Carolina	●	●			
Ohio	●	●		●	
Oklahoma	●	●			
Oregon		●			
Pennsylvania	●	●		●	
South Carolina	●	●			
Tennessee	●	●	●		
Texas	●	●	●		●
Washington		●			
Wisconsin				●	

Products Supported

MEDICARE ADVANTAGE
The Medicare brand that takes the nonsense out of health insurance. Envolve Dental serves over half-a-million Wellcare members in 19 states.

MARKETPLACE
Serving more than 300,000 members, Ambetter Health is America's #1 Marketplace insurance based on national on-exchange membership.

MEDICARE ADVANTAGE
A Medicare Advantage plan made with your health in mind, serving members in AL, FL, IL, IN, KS, MI, TN, and TX.

MEDICAID
Serving 4.5 million members, Envolve supports 28 managed care Medicaid plans in 13 states.

Envolve Dental Proudly Serves

31 STATES

77,000 PROVIDERS

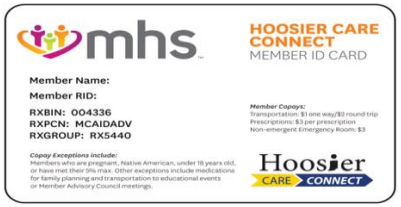
684,000 MEDICARE LIVES

320,000 HEALTH INSURANCE MARKETPLACE LIVES

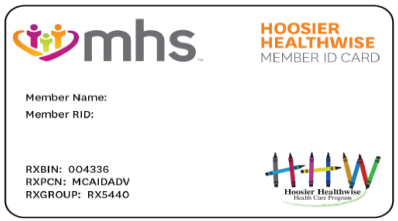
4.6M MEDICAID LIVES

Indiana State Plan Information

- Managed Health Services (MHS) (***Medicaid***)
  - Hoosier Care Connect (All Ages)



  - Hoosier Healthwise:
    Package A
    Package C (CHIP)



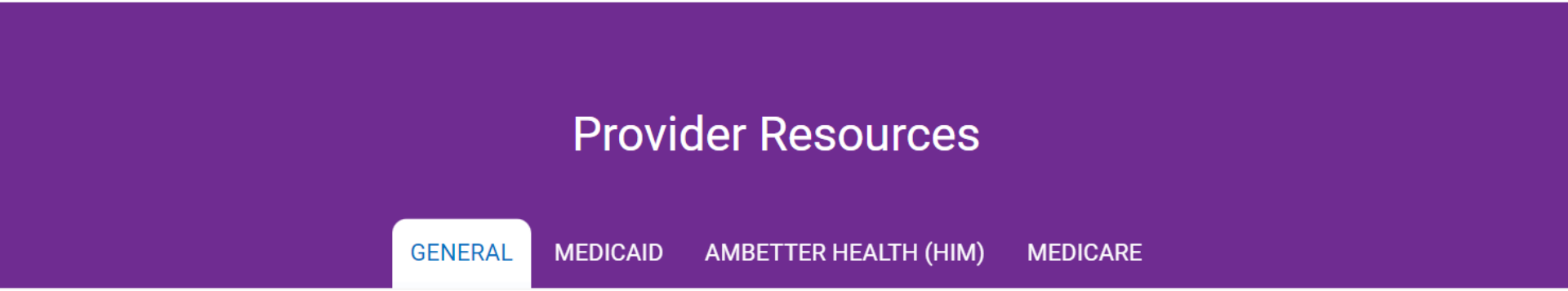
  - Healthy Indiana Plan (HIP) (19 – Older)
    Basic
    Plus
    Maternity for Pregnant Women

Provider Web Portal

- envolvedental.com/logon
- To register, request assistance through the *Provider Resources* page online: *Request Portal Access*
  - Register as a Provider – Only see the provider's claims and authorizations for one provider
  - Register as a Location – Only see the location's claims and authorizations for one location
  - Register as a Payee – Access to ALL providers and locations associated with payee (tax ID #)
- Access on the Provider Web Portal (PWP)
  - Submit claims
  - Submit authorizations
  - Check member eligibility
  - Review EOBs (if registered as a payee)

Envolve Dental Website

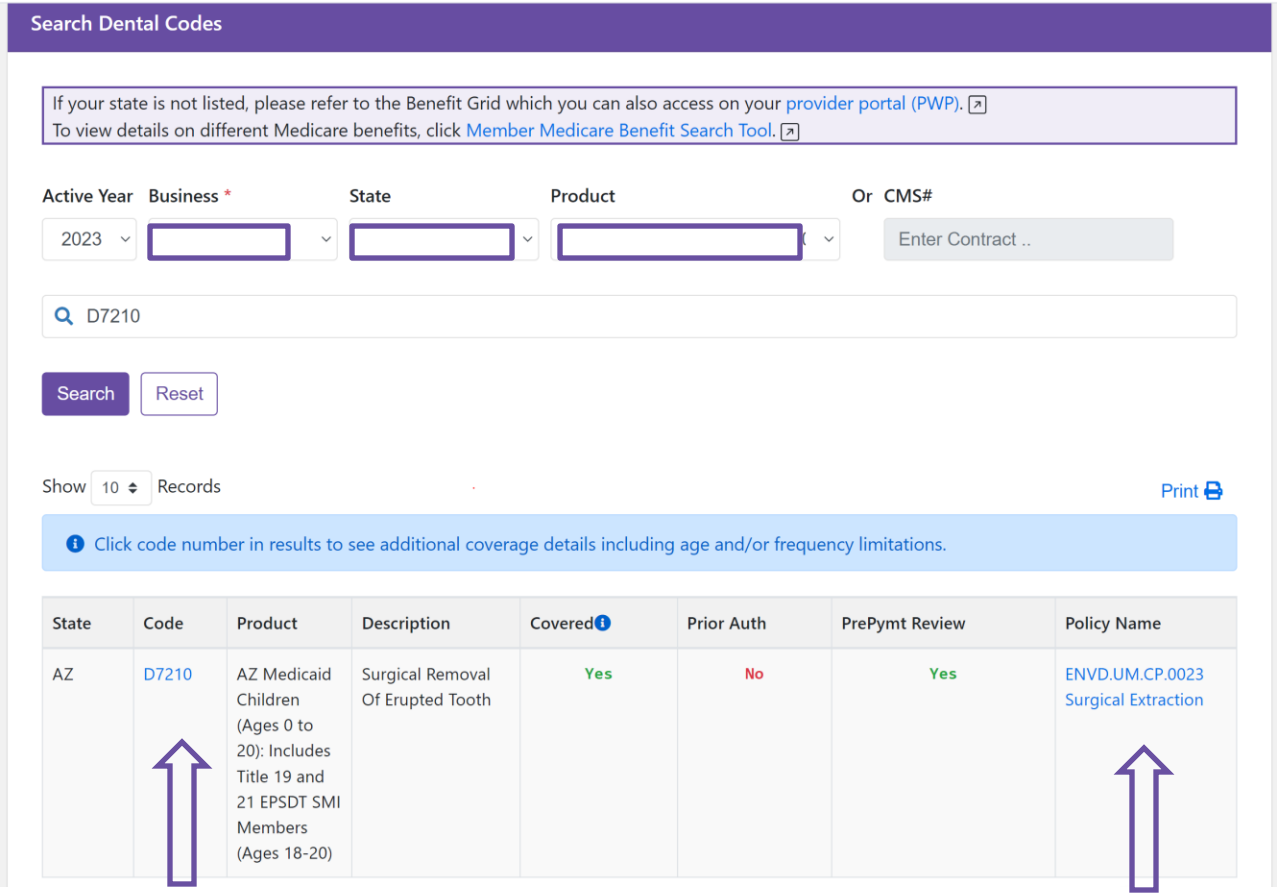
Provider Resources Page



- Here you can access information such as:
  - Sample ID cards
  - Necessary forms for Medicaid authorizations
  - Provider manuals
  - Electronic funds transfer (EFT) agreement
  - Form to update provider data
  - Provider Web Portal Video Tutorial

Envolve Dental Website

Dental Code Search Tool



Enter the following to access the most current information:

- Active year
- Line of business
- State
- Product or plan name

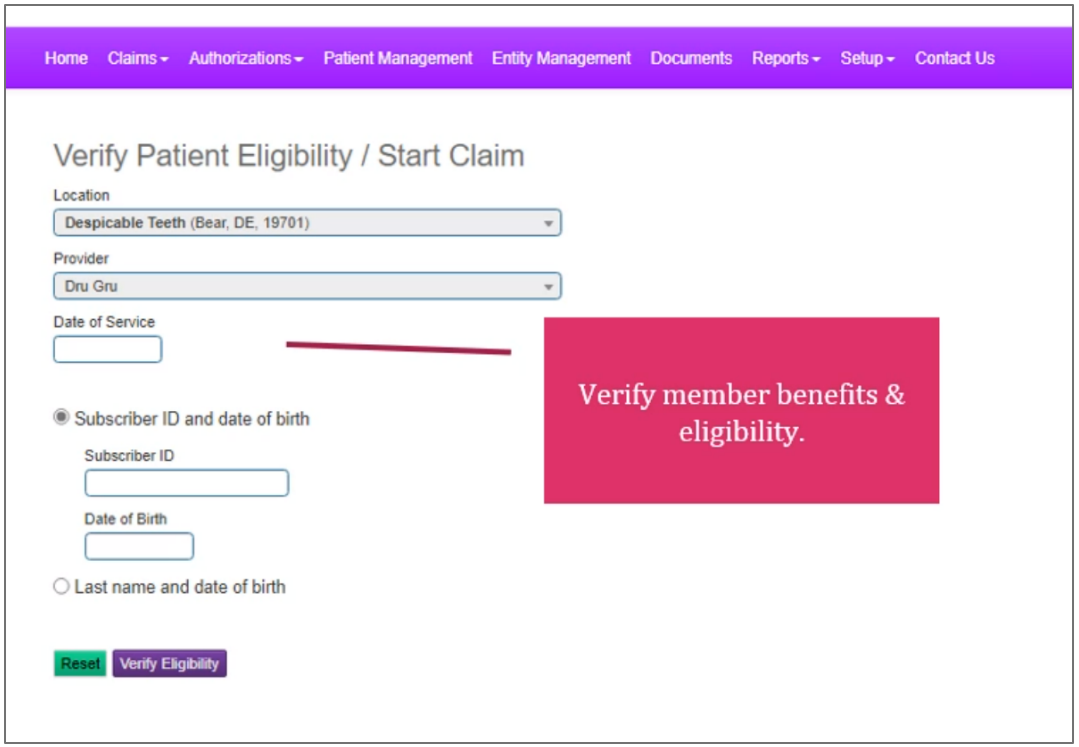
Review the hyperlinks for more information:

- Code link will provide information on frequency limits
- Policy name will provide a description of our clinical policies

Member Eligibility

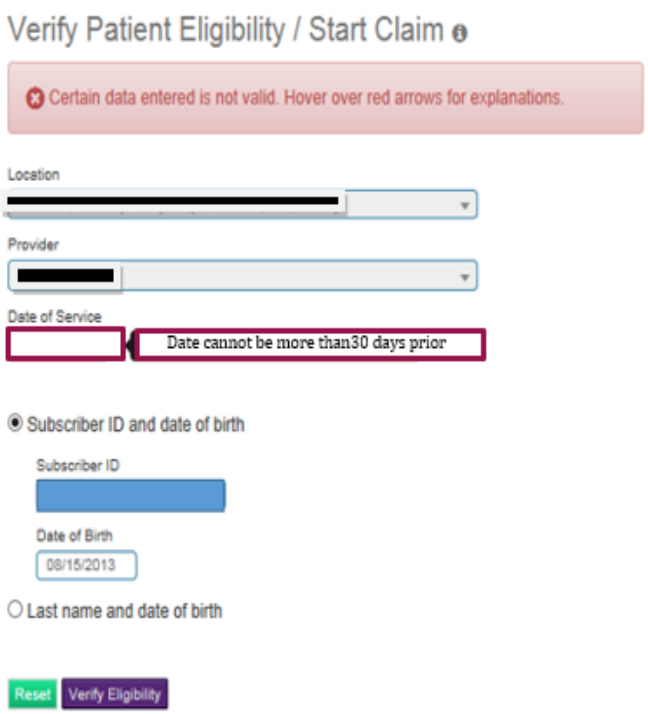
Providers are responsible for confirming member eligibility the day of the scheduled appointment. This can be done two ways:

1. Provider Web Portal
2. Contact the designated Customer Service number: (855) 609-5157



Member Eligibility

- "Date of Service" field should be the current date; however, providers can verify patients up to 30 days in the past.
- If they search before that date, they will receive an error stating DOS cannot be before a specific date.
- If the member has two plans through Envolve, both plans will show, and you will be asked which plan you would like to verify eligibility for.



Claims

- Claims can be submitted three ways:
  - Envolve Provider Web Portal
  - Paper Claim:
    - Must be submitted on 2012 or newer ADA claim form
    - Cannot be handwritten
    - Mail to: P. O. Box 20847 Tampa, FL 33622
  - Electronically through a Clearinghouse
    - Payor ID is: 46278
- Turnaround Times: (Medicaid)
  - Timely Filing: Claims must be submitted within 90 days from date of service.
  - When filing to Envolve as secondary payor, timely filing is 90 calendar days from date on primary EOB.
- Payments:
  - 15 days for electronic claims and 30 days for paper claims
- Claims are paid out on Thursday of each week

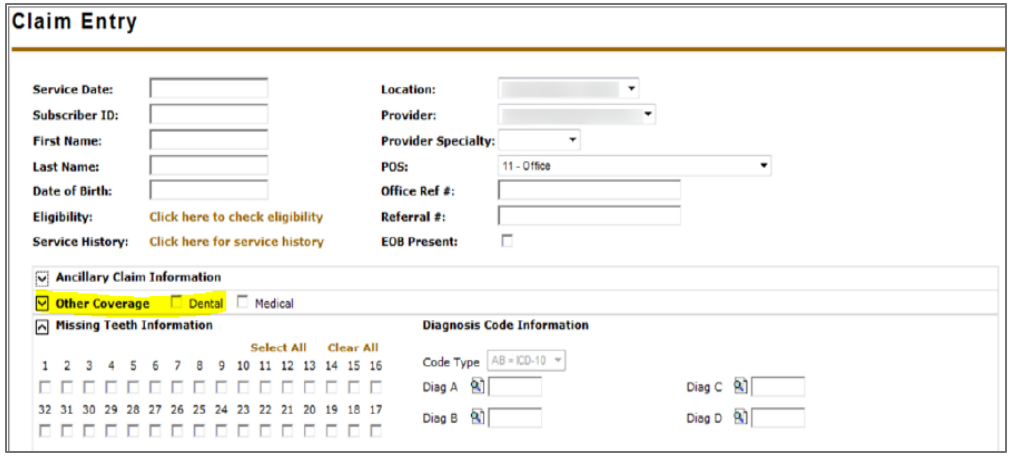
Coordination of Benefits

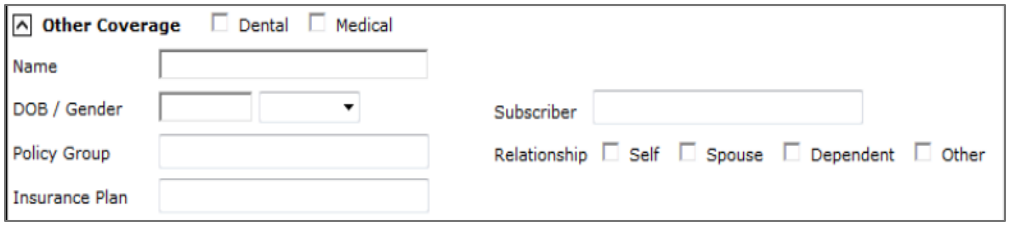
- If the member has both a Commercial insurance plan and a Medicaid insurance plan, Medicaid is always the secondary payer.
- Providers must first submit the claim to the primary insurance and include a full explanation of benefits when submitting to Medicaid for secondary payment consideration.
- Claims can be submitted via a clearinghouse, our Provider Web Portal, or via 2012 or newer ADA paper claim.

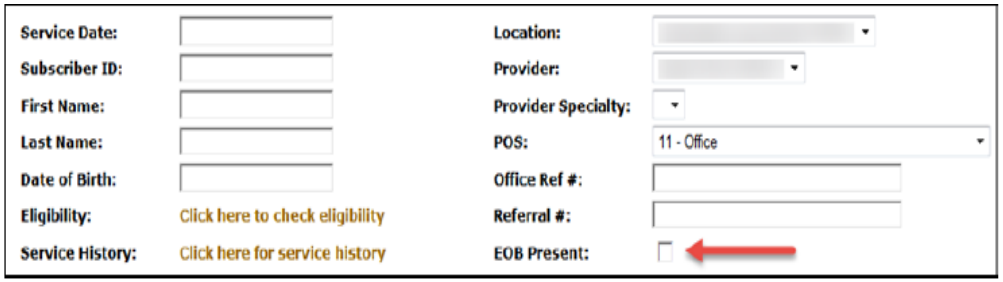
Frequently Asked Claims Questions

Can I enter primary EOB information on the Provider Web Portal?

- Yes, select Other Coverage (Dental)
- Type in the primary dental information
  - If the member has any primary insurance, enter that information here.
- Select the EOB Present check box at the top of the claim's entry window



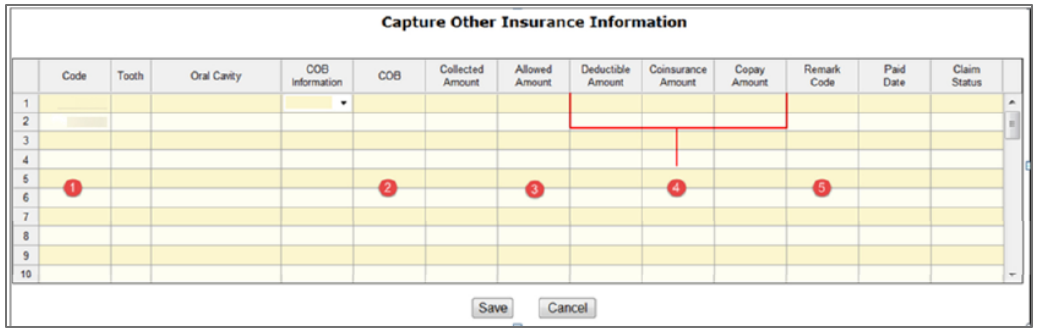




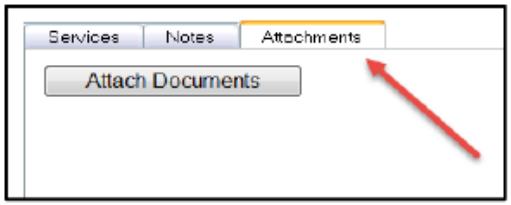
Frequently Asked Claims Questions

Primary Insurance (continued)

- After entering procedure codes in the Service grid, press Alt + O on the keyboard to open the *Capture Other Insurance Information* window.



1. Code – Coordinate service codes populated from the claims service lines
2. COB – The amount paid by the primary insurance
3. Allowed Amount – The amount allowed for the procedure code per the primary insurance
4. Deductible Amount, Coinsurance Amount – Any patient responsibility amount that is not designated as deductible should be entered in the coinsurance column
5. Remark Code – PR1 for deductible and PR2 for coinsurance
   - Attach the EOB to the claim



Frequently Asked Claims Questions

Can I fax or email claims?

- No, all claims must be submitted via:
  - Clearinghouse
  - Mailed on a 2012 or later ADA form
  - Provider Web Portal (PWP)

Do I have to mail a corrected claim?

- No, corrected claims can be mailed or submitted through our Provider Web Portal.
- Include all the original codes and original information.
- If mailing in, write "Corrected Claim – original claim #" and indicate what you are correcting in box 35.
  - Mail corrected claims to: P. O. Box 20847 Tampa, FL 33622

Frequently Asked Claims Questions

Appeals – Grievances (*Medicaid*)

- Auth Appeals:
  - Timely Filing: 67 Calendar Days after the denial
  - Determination: 20 Calendar Days
- Claim Appeals:
  - Timely Filing: 60 Calendar Days after the denial
  - Determination: 20 Calendar Days

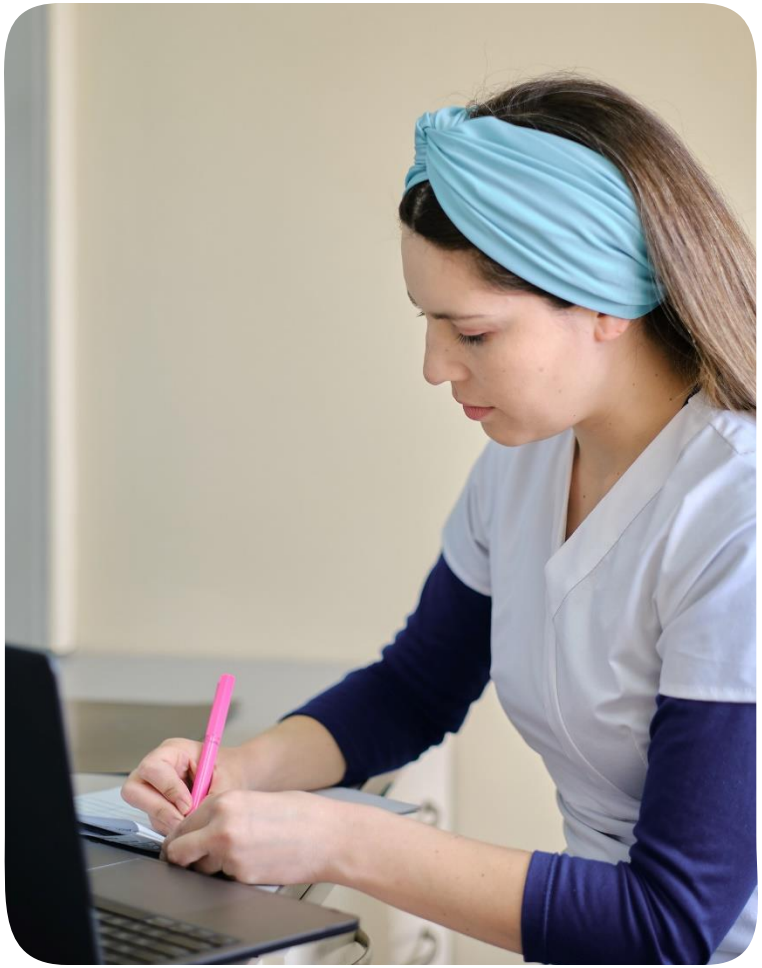
Reference our **Provider Resources** page for plan specifics.

Mail Appeals to: P.O. BOX 20847 Tampa, FL 33622

Secure Email (DentalAppeals@EnvolveHealth.com)

Authorizations

- Authorizations can be submitted three ways:
  - Envolve Provider Web Portal
  - Electronic via Clearinghouse Payor ID is: 46278
  - Via paper predetermination
    - Must be submitted on a 2012 or later ADA Claim Form
    - Cannot be handwritten
    - Authorizations can be mailed to: PO Box 20847 Tampa, FL 33622
- Authorizations will be determined within 5 business days (Medicaid).
- Authorizations are good for 180 calendar days from the date of approval.



Frequently Asked Questions - Authorizations

What do I need to submit for outpatient hospital/ASC dental visits?

- Prior Authorization should be submitted using normal submission routes
  - All planned dental codes for facility treatment should be included
  - Authorization should also include one of the following codes to indicate outpatient facility usage:
  - **D9420: IN**
  - Outpatient Medicaid Prior Authorization Forms for each Health Plan can be found under Medicaid Provider Resources.

Frequently Asked Questions - Authorizations

What do I need to submit for outpatient hospital/ASC dental visits?

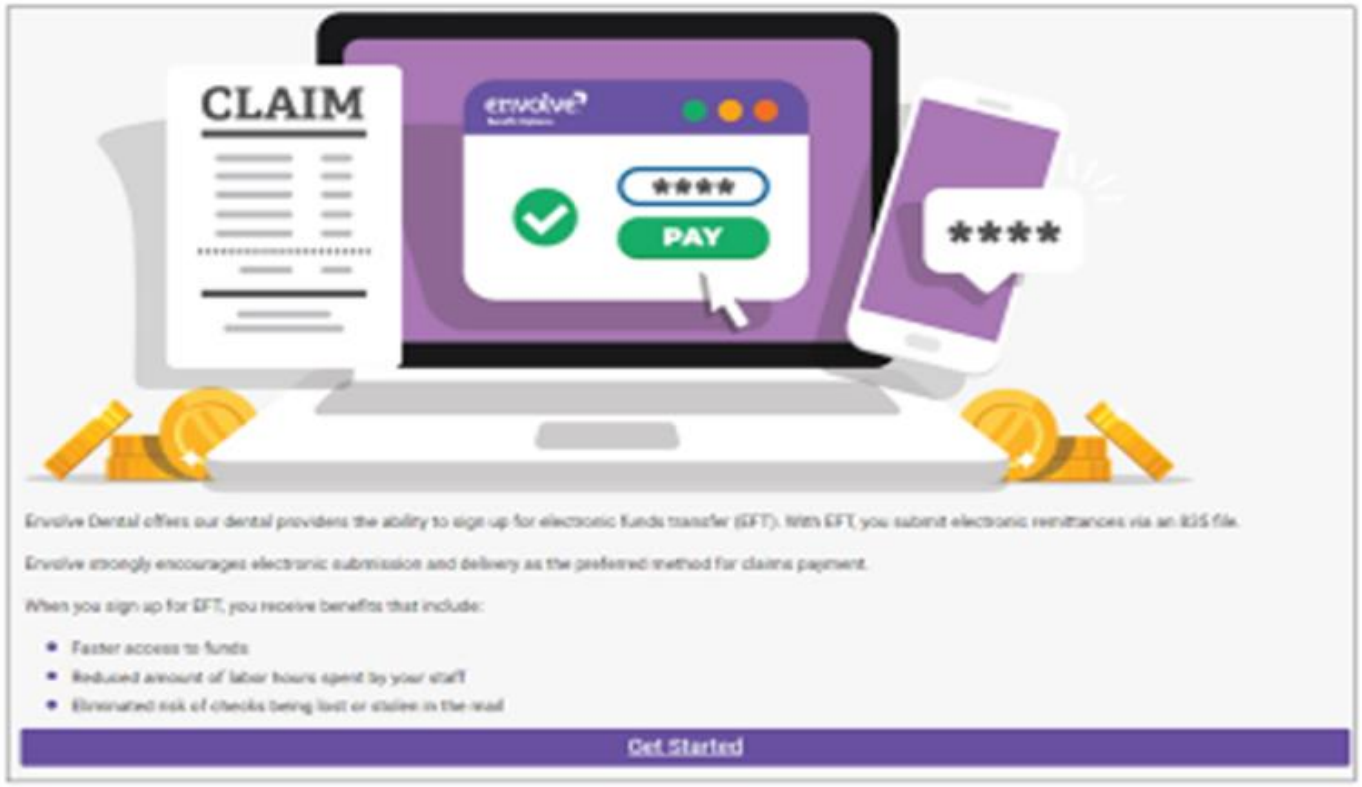
- A Completed MHS Outpatient Facility Authorization form, Envolve Dental Outpatient Medical Necessity Form, narrative of medical necessity, treatment plan, x-rays, etc.
  - Requesting Provider Information = the dental provider's information
  - Servicing Provider/Facility Information = the hospital/ASC information
  - Primary procedure code (should almost always include CPT 00170 or 41899
  - Start date cannot be retroactive
  - Outpatient Service Type
    - 171 Outpatient Surgery
  - Envolve Dental will forward the form to the Health Plan for facility authorization creation
- Supporting Clinical Documentation: Films, Chart Notes, Treatment Plan
- Narrative of Medical Necessity
  - Why should services be performed in an outpatient setting?
- An OP Number will be provided by the Health Plan
  - The OP Number is for the hospital room and sedation services
  - The hospital will require the OP Number for their billing.

Electronic Funds Transfer (EFT)

Get Paid Faster With the EFT Payment Program:

An EFT Request form can be found on our website under the **Provider Resources** Page.

- A completed EFT Authorization Agreement form can be emailed to ProviderRelations@EnvolveHealth.com along with a voided check or bank letter.



Credentialing

- When do I need to send my recredentialing documents?
  - Providers are recredentialed every 3 years
  - 30 to 90-day turnaround time
  - Required documents:
    - Disclosure of Ownership (signed within the last 3 years)
    - CAQH Number or CAQH Application
    - Signed Attestation Page (signed within the last 6 months)
      - Attestation can be signed in CAQH
    - Copy of the provider's DEA license
    - Copy of the provider's Malpractice Insurance
    - Copy of the provider's State License
    - Type 1 and Type 2 NPI IHCP Medicaid registration required

Orthodontic Treatment

- Orthodontic services are a covered benefit for members under the age of 21 only when medically necessary for cases of craniofacial deformity or cleft palate.
- Prior Authorization is required for approval of orthodontic services:
  - Panoramic Film
  - Cephalogram
  - Intraoral Photos
  - Handicapping Labio-Lingual Deviation (HLD) Form
- Completed IHCP Medical Prior Authorization Form; Frontal and lateral digital photographs of the face and occlusion; Panoramic film; Lateral cephalometric film; Treatment plan

Fraud, Waste and Abuse

Envolve Dental takes the detection, investigation, and prosecution of fraud, waste and abuse very seriously and performs ongoing claims audits that may result in taking actions against those providers who, individually or as a practice, commit fraud, waste and/or abuse.

Fraud: When someone knowingly and intentionally executes or attempts to execute a scheme to obtain money or property of any healthcare benefit program.

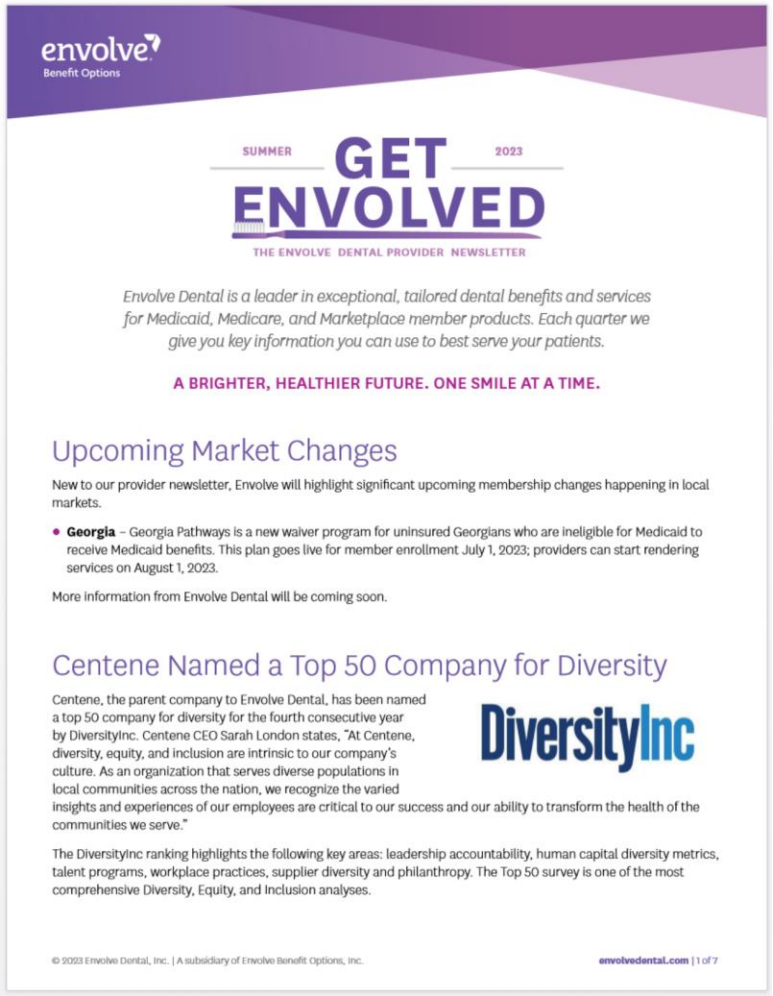
Waste: Providing services that are not medically necessary.

Abuse: When healthcare providers or suppliers perform actions that directly or indirectly result in unnecessary cost to the healthcare benefit program.

Provider Newsletter

Envolve sends a newsletter to providers at the end of each quarter. These newsletters are posted on the Envolve Benefits website.
Newsletters include:

- Updates on CDT codes
- Updates on authorization requirements
- Upcoming market changes
- Claims information
- Provider Web Portal information



envolve
Benefit Options

SUMMER 2023

GET ENVOLVED

THE ENVOLVE DENTAL PROVIDER NEWSLETTER

Envolve Dental is a leader in exceptional, tailored dental benefits and services for Medicaid, Medicare, and Marketplace member products. Each quarter we give you key information you can use to best serve your patients.

A BRIGHTER, HEALTHIER FUTURE. ONE SMILE AT A TIME.

Upcoming Market Changes

New to our provider newsletter, Envolve will highlight significant upcoming membership changes happening in local markets.

- **Georgia** – Georgia Pathways is a new waiver program for uninsured Georgians who are ineligible for Medicaid to receive Medicaid benefits. This plan goes live for member enrollment July 1, 2023; providers can start rendering services on August 1, 2023.

More information from Envolve Dental will be coming soon.

Centene Named a Top 50 Company for Diversity

Centene, the parent company to Envolve Dental, has been named a top 50 company for diversity for the fourth consecutive year by DiversityInc. Centene CEO Sarah London states, "At Centene, diversity, equity, and inclusion are intrinsic to our company's culture. As an organization that serves diverse populations in local communities across the nation, we recognize the varied insights and experiences of our employees are critical to our success and our ability to transform the health of the communities we serve."

DiversityInc

The DiversityInc ranking highlights the following key areas: leadership accountability, human capital diversity metrics, talent programs, workplace practices, supplier diversity and philanthropy. The Top 50 survey is one of the most comprehensive Diversity, Equity, and Inclusion analyses.

Contact us:

- Provider Relations: ProviderRelations@EnvolveHealth.com
- Provider Customer Service: MHS (***Medicaid***) - (855) 609-5157
- Credentialing Department: DentalCredentialing@EnvolveHealth.com
- Network Department: DentalNetwork@EnvolveHealth.com
- Envolve Dental Fraud Waste and Abuse Hotline: 866-685-8664
  - EBOSIU@EnvolveHealth.com
- Appeals and Grievances:
  - Appeals: DentalAppeals@EnvolveHealth.com
  - Grievances: DentalGrievances@EnvolveHealth.com