



APPENDIX: PLAN SPECIFICS

MANAGED HEALTH SERVICES (MHS) INDIANA MEDICAID DENTAL BENEFITS

The provisions outlined in these Plan Specifics shall prevail over any provision in the Envolve Dental Provider Manual that may conflict or appear inconsistent with any provision contained in this document.

We administer the dental benefit for MHS. Medicaid members are eligible for clinically indicated dental services within the scope of Indiana’s Medicaid program as detailed below.

We provide dental services to the following Indiana Health Coverage Program (IHCP) Medicaid member eligibility categories:

- Healthy Indiana Plan (HIP)
 - HIP Basic
 - HIP Plus
 - HIP State Plan (Basic, Plus, Plus Copay)
 - HIP Maternity
- Hoosier Care Connect
- Hoosier Healthwise

MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 24/7

- For specific individual member benefits and eligibility, access our Provider Web Portal (envolvedental.com/logon).
- Call 855-609-5157 to reach our automated member eligibility-verification system.

COVERED DENTAL SERVICES AND CODES

We provide dental services for IHCP covered members. Dental coverage is consistent with Indiana Health Coverage Programs (IHCP) benefits, limits, and exclusions: in.gov/medicaid. For detailed coverage and coding information, please visit our Provider Web Portal at envolvedental.com/logon and visit the CDT search tool at envolvedental.com/cdt.

MHS Plans	Benefit Summary (may include additional benefits) *Review our clinical policy guidelines on the Provider Web Portal prior to providing services.
Healthy Indiana Plan (HIP) • HIP Basic <i>Ages 19-64</i>	<ul style="list-style-type: none"> • Injury Benefits • Other Limited Services (EPSDT-eligible members aged 19-20 only)
Healthy Indiana Plan (HIP) • HIP Plus <i>Ages 19-64</i>	<ul style="list-style-type: none"> • Two oral exams every 12 months (at least six months apart) • Two cleanings every 12 months (at least six months apart) • Four bitewing X-rays every 12 months • Full-mouth radiograph series (D0210 includes bitewings) or panoramic X-rays (D0330) once every 60 months • Restorative services (fillings) and extractions (four total per benefit year) • Prefabricated crowns (one per benefit year)



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<p>Healthy Indiana Plan (HIP)</p> <ul style="list-style-type: none"> • State Plan Basic • State Plan Plus • State Plan Plus Copay • Maternity <i>Ages 19-64</i> <p>Hoosier Care Connect (HCC)</p> <ul style="list-style-type: none"> • Full • Package A <i>Ages 0+</i> <p>Hoosier Healthwise (HHW)</p> <ul style="list-style-type: none"> • Package A • Package C - CHIP <i>Ages 0+, Package A Ages 0-18, CHIP</i> 	<ul style="list-style-type: none"> • Emergency dental services • Two oral exams every 12 months (at least six months apart) • Two cleanings every 12 months (at least six months apart) * • Two fluoride treatments every 12 months for members through age 20 (at least six months apart) • One complete bitewing X-ray series per member every 12 months • Full-mouth radiograph series (D0210 includes bitewings) or panoramic X-rays (D0330) once every 36 months • Periodontal services including scaling and root planing • Sealants for members through age 20 (one per tooth per lifetime) • Minor restorative services, such as fillings • Major restorative services, such as prefabricated crowns • Tooth extractions (based on medical necessity) • Orthodontia for members through age 20 (based on medical necessity) • Dentures, partials, and repairs (with limits) • Other dental surgery (with limits) • Emergency dental services
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***VALUE-ADDED BENEFIT: ADDITIONAL ADULT CLEANING**

MHS offers a value-added dental benefit for HIP State Plan, HIP Maternity, HHW, and HCC adults aged 21 and up. Non-institutionalized adult MHS members in these plans may receive an additional adult cleaning (D1110) in a 12-month period. As with other eligible members, dental cleaning services should be spaced six months apart.

APPOINTMENT WAIT TIMES

If the member cannot be seen within one hour of their appointment time, the office shall advise the member and offer the option to reschedule the appointment. Wait times for scheduled appointments should not routinely exceed 60 minutes, including time spent in the waiting room and the examining room, unless the provider is unavailable or delayed because of an emergency. If a provider is delayed, the member should be notified immediately. If a wait of more than 60 minutes is anticipated, the member should be offered a new appointment.

AUTHORIZATION REQUIREMENTS

Some services require prior authorization to be obtained prior to rendering treatment. Other services are subject to pre-payment review with claim submission. To view the requirements per covered code, visit envolvedental.com/logon and search using the CDT code search tool at envolvedental.com/cdt. Please maintain documentation in the member’s file of the necessity of services provided.



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Members may receive an expedited/fast decision when life, health, or ability to regain function may be jeopardized. In an emergency, a provider should not wait for prior authorization to provide treatment to the member. Standard authorization requests should be received at least 14 calendar days in advance via:

- Provider Web Portal at: envolvedental.com/logon
- Electronic clearinghouses, using Envolve Dental payor identification number 46278
- Alternate, pre-arranged, HIPAA-compliant electronic files
- Paper submissions mailed to:
 - Envolve Dental Authorizations
 - PO Box 20847
 - Tampa, FL 33622-0847
 - Must be submitted on a current (2019 preferred) ADA original claim form
 - Copies, handwritten or faxed forms are not accepted

For urgent requests, please mark your authorization request “Expedited Request” in the Provider Web Portal or on your paper or clearinghouse submission. For emergencies without prior authorization, please contact Customer Service for claim submission instructions within two business days of rendering emergency care.

Prior authorization decisions for non-urgent services shall be made within five business days of the receipt of the request. An extension may be granted if we, the member, or the provider justifies the need for additional information and the extension is in the member’s interest based on regulatory guidelines.

OUTPATIENT FACILITY AUTHORIZATION

Hospital or other outpatient facility prior authorization requests must be made at the same time dental service authorization is requested. Providers must use a participating MHS facility and receive prior authorization. To obtain the most recent listing of hospitals in your area:

- Visit MHS Health Plan website: mhsindiana.com
- Call MHS Health Plan Provider Services: 877-647-4848

CLAIM SUBMISSION

The timely filing requirement is 90 calendar days from the date of service. No reimbursement will be made for claims received beyond this date. Claims received after the 90-day filing deadline will be considered a provider liability and members may not be billed for services. Include applicable arch, quadrant or tooth identifiers as applicable when billing for dental services. Clean paper claims will be processed within 30 calendar days. Electronic claims will be processed within 21 days. Claims with retrospective review requirements may take additional processing time. Providers that verify eligibility and submit claims within 72 hours after the verification process will have their claims honored.

Submit claims in one of these formats:

- Provider Web Portal at: envolvedental.com/logon
- Electronic claim submission through selected clearinghouses: Payor ID 46278

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- Alternate pre-arranged HIPAA-compliant electronic submissions
- Paper claims must be submitted on a current (2019 preferred) ADA claim form and mailed to:
 - Envolve Dental Claims: IN
 - PO Box 20847
 - Tampa FL 33622-0847
 - Copies, handwritten or faxed forms are not accepted

Billing for Crowns, Dentures and Root Canals

The billed date of service for crowns is the final cementation date; for dentures, the insertion date; and for root canals, the final fill date.

APPEALS & GRIEVANCES

Claim Payment Appeals must be filed within 60 calendar days from the date of notification of payment or denial. All provider appeals will be resolved within 30 calendar days.

To file an appeal or grievance, providers may:

- Call 855-609-5157 for information
- Email dentalappeals@envolvehealth.com or dentalgrievances@envolvehealth.com, as applicable
- Write:
 - Envolve Dental Appeals and Grievances: IN
 - PO Box 20847
 - Tampa, FL 33622-0847

Members or authorized representatives must submit authorization appeals directly to MHS within 60 calendar days in writing to: MHS Appeals
PO Box 441567
Indianapolis, IN 42644

Final determination regarding member appeals must be made by MHS within 20 business days of the date of receipt of the appeal request. MHS may request more time to review the appeal, in writing, on or before the end of the 20th business day, or the appeal will be approved.




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MHS Medicaid Dental Benefits Provider Quick Reference	
Provider Web Portal (PWP) envolvedental.com/logon	<ul style="list-style-type: none"> • Verify member benefits and eligibility • File claims and review claim status • Download, research, and reprint EOPs • Request/submit secure, HIPAA compliant prior authorization • Access important provider information <ul style="list-style-type: none"> ○ Covered dental codes and details ○ Clinical policy guidelines ○ Provider manuals, training, bulletins
Website envolvedental.com	<ul style="list-style-type: none"> • Update provider forms, including: <ul style="list-style-type: none"> ○ Electronic Funds Transfers (EFT) ○ Disclosure of Ownership (DOO) ○ Credentialing documents • Read timely provider news and newsletters
Electronic Clearinghouse Authorizations and Claims	<ul style="list-style-type: none"> • Envolve Dental Payor ID Number 46278 463026 ENVD IN MHS - HP Basic (19-20 yrs. old) 463027 ENVD IN MHS - HP Plus 463028 ENVD IN MHS - HIP Basic, Plus, Pregnancy 463029 ENVD IN MHS - Hoosier Care Connect 463031 ENVD IN MHS - Hoosier Healthwise Package A 463032 ENVD IN MHS - Hoosier Healthwise Package C
Paper Authorizations, Claims, Provider Appeals	Envolve Dental PO Box 20847 Tampa, FL 33622-0847
Automated Member Eligibility Verification System 24 hours/7 days a week Customer Service Phone Number Monday through Friday 8 a.m. – 5 p.m. local time	855-609-5157
Customer Service Email Address	providerrelations@envolvehealth.com


MEMBER ID CARDS: See next page.

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HOOSIER CARE CONNECT
MEMBER ID CARD

Member Name:
Member ID:
RXBIN: 003858
RXPCN: MA
RXGROUP: 2EKA



PROVIDERS: This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Verify eligibility before delivering services:


Secure Portal: mhsindiana.com/login
MHS Provider Services: 1-877-647-4848
MHS Provider Fax: 1-866-912-4245
Behavioral Health: 1-877-647-4848
Vision: 1-866-599-1774
Dental: 1-855-609-5157
Pharmacy (for pharmacists only): 1-833-750-4441
Pharmacy Fax: 1-833-645-2742

MEMBERS: It is against the law for this card to be used by anyone except the person whose name is printed on the front of this card.

MHS Website: mhsindiana.com
MHS Member Services: 1-877-647-4848
TDD: 1-800-743-3333
MHS Nurse Advice Line: 1-877-647-4848
My Health Pays®: 1-877-259-6959


CLAIMS INFORMATION
 MHS Claims
 PO Box 3002
 Farmington, MO 63640-3802

Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.



HOOSIER HEALTHWISE
MEMBER ID CARD

Member Name:
Member ID:
RXBIN: 003858
RXPCN: MA
RXGROUP: 2EKA



PROVIDERS: This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Copayments may apply. Contact MHS for specific amounts. Verify eligibility before delivering services.

Secure Portal: mhsindiana.com/login
MHS Provider Services: 1-877-647-4848
MHS Provider Fax: 1-866-912-4245
Behavioral Health: 1-877-647-4848
Vision: 1-866-599-1774
Dental: 1-855-609-5157
Pharmacy (for pharmacists only): 1-833-750-4445
Pharmacy Fax: 1-833-645-2742

MEMBERS: It is against the law for this card to be used by anyone except the person whose name is printed on the front of this card.

MHS Website: mhsindiana.com
MHS Member Services: 1-877-647-4848
TDD: 1-800-743-3333
MHS Nurse Advice Line: 1-877-647-4848
My Health Pays®: 1-877-259-6959

CLAIMS INFORMATION
 MHS Claims
 PO Box 3002
 Farmington, MO 63640-3802

Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.



HEALTHY INDIANA PLAN
MEMBER ID CARD

*Member Copays:
 Non-Emergency ER Visit: \$8
 HIP Basic, Other Copays May Apply*

Member Name:
Member ID:
RXBIN: 003858
RXPCN: MA
RXGROUP: 2EKA



PROVIDERS: This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Copayments may apply. Contact MHS for specific amounts. Verify eligibility before delivering services.

Secure Portal: mhsindiana.com/login
MHS Provider Services: 1-877-647-4848
MHS Provider Fax: 1-866-912-4245
Behavioral Health: 1-877-647-4848
Vision: 1-866-599-1774
Dental: 1-855-609-5157
Pharmacy (for pharmacists only): 1-833-750-4430
Pharmacy Fax: 1-833-645-2742

MEMBERS: It is against the law for this card to be used by anyone except the person whose name is printed on the front of this card.

MHS Website: mhsindiana.com
MHS Member Services: 1-877-647-4848
TDD: 1-800-743-3333
MHS Nurse Advice Line: 1-877-647-4848
My Health Pays®: 1-877-259-6959

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