Dental Overview
2024 IHCP Works Annual Seminar

Agenda

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

Centene Dental Services

Centene Dental Services, a division of Centene Corporation, partners with managed care organizations, health plans, and state governments to design and administer dental care programs that meet the needs of their members.

Centene Dental is experienced in handling Medicaid, Health Insurance Marketplace, and Medicare benefits. As an organization supporting over 4.3 million members in 28 states, Centene Dental offer your practice an opportunity to bring new patients into your office.

Join our panel of over 77,000 dental professionals across the country. Including over 2,500 dental professionals in Indiana.

Who We Serve

NV AZ NM TX NE KS OK MO AR LA WI IL MI IN OH KY TN MS AL GA FL SC NC PA NH ME MA DE

State	Ambetter	Medicaid	Wellcare
Alabama	✓		
Arizona	✓	✓	
Arkansas	✓		
Delaware	✓	✓	
Florida	✓		
Georgia	✓	✓	
Illinois	✓	✓	
Indiana	✓	✓	
Kansas	✓	✓	
Kentucky	✓		
Louisiana	✓	✓	
Maine			✓
Massachusetts			✓
Michigan	✓		
Mississippi	✓	✓	
Missouri	✓	✓	✓
Nebraska	✓	✓	✓
Nevada	✓		
New Hampshire	✓		✓
New Mexico		✓	
North Carolina	✓		✓
Ohio	✓	✓	
Oklahoma	✓		
Pennsylvania	✓	✓	
South Carolina	✓		
Tennessee	✓		
Texas	✓		
Wisconsin		✓	

Envolve Dental administers Community First Health Plan in Texas.

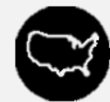
Products Supported

MEDICAID
We support managed care Medicaid plans in 13 states

MARKETPLACE
America's #1 Marketplace based on national on-exchange membership

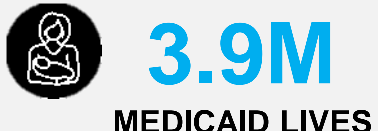
MEDICARE ADVANTAGE
The Medicare brand that takes the nonsense out of health insurance

Centene Dental Services Proudly Serves

 **28** STATES

77,000 PROVIDERS

INDIANA (258,000 Medicaid Lives)(2,500 Providers)



MEDICAID LIVES

MARKETPLACE LIVES

60,000
MEDICARE LIVES

State Plan Information and ID Cards

- **MHS (Medicaid)**
  - Hoosier Care Connect (All Ages)
  - Hoosier Healthwise:
    Package A (0 - 64)(Children and Adults)
    Package C (CHIP) (Up to Age 19)
  - Healthy Indiana Plan (HIP) (19 – 64)
    Basic
    Plus
    Maternity for Pregnant Women

Overview of Benefits

- **MHS (Medicaid) – Some benefits vary based on the Member's Plan**
  - Healthy Indiana Plan (HIP) (19 – 64)

    Basic
    - Not covered orthodontic treatment, periodontal scaling and root planning, crowns.

    Plus
    - Not covered orthodontic treatment, periodontal scaling and root planning.

    State Plan (Basic, Plus, and Maternity for Pregnant Women)
    - Covered orthodontic treatment, periodontal scaling and root planning.
  - 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.

Dental Website

Provider Resources page:

Provider Resources

GENERAL MEDICAID AMBETTER HEALTH (HIM) MEDICARE

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

Dental Website (continued)

Search Dental Codes

If your state is not listed, please refer to the Benefit Grid which you can also access on your provider portal (PWP).
To view details on different Medicare benefits, click Member Medicare Benefit Search Tool.

Active Year	Business *	State	Product	Or CMS#
2024	Medicaid	Indiana	Hoosier Healthwise Package	Enter Contract ..

D7210

Search Reset

Show 10 Records Print

Click code number in results to see additional coverage details including age and/or frequency limitations.

State	Code	Product	Description	Covered	Prior Auth	PrePymt Review	Policy Name
IN	D7210	Hoosier Healthwise Package A (HHW) (Children and Adults)	Surgical Removal Of Erupted Tooth	Yes	No	No	CP.DP.23 Surgical Extraction

1 - 1 of 1

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

Dental Website (continued)

Review the hyperlinks for more information:

- Code link will provide information on frequency limits.

Provider Web Portal

- Provider Web Portal

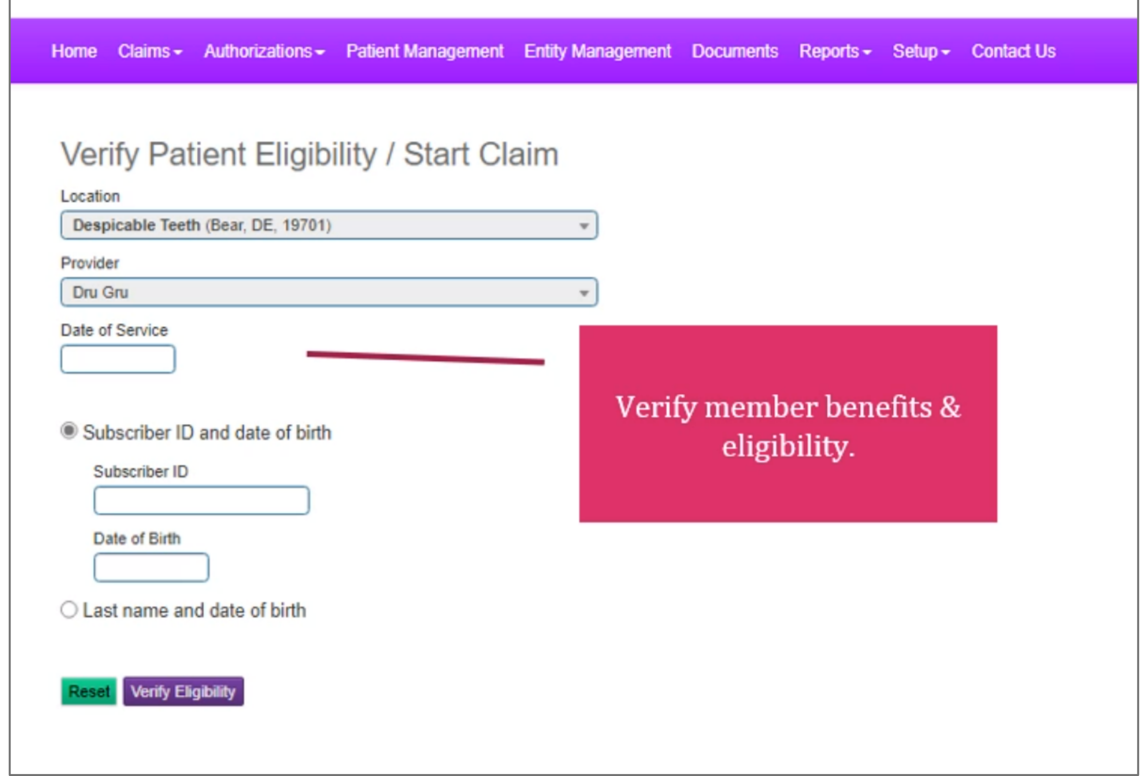
- To register, request assistance through the *Provider Resources* page online: *Request Portal Access*
  - Register as a Provider – See the provider's claims and authorizations for only one provider.
  - Register as a Location – See the location's claims and authorizations for only one location .
  - 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 Explanation of benefits (EOB)s (if registered as a payee).

Member Eligibility

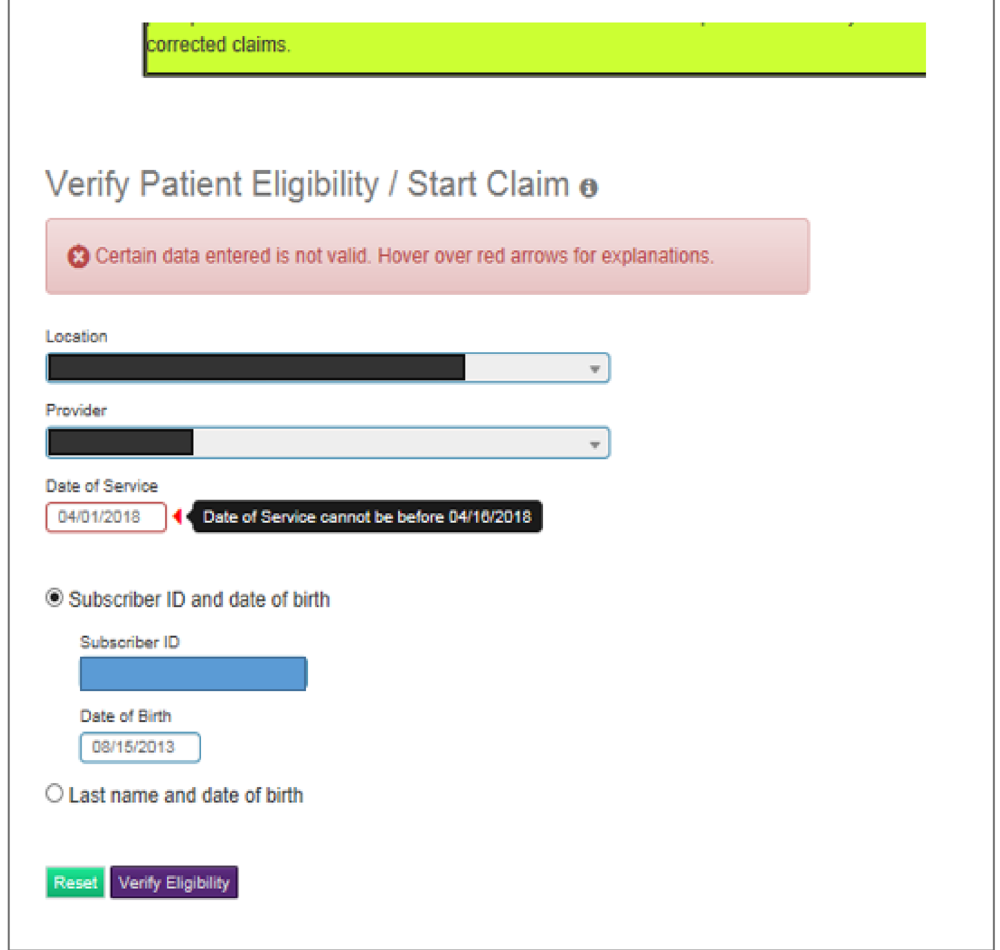
Providers are responsible for confirming member eligibility the day of the scheduled appointment. This can be done two ways:

1. Visit the Provider Web Portal
2. Contact your dedicated Provider Customer Service number: (855) 609-5157 (Monday through Friday, 8 a.m. to 5 p.m. local time) to speak to a Representative or use the Interactive Voice Response (IVR) system for automated member eligibility verification 7 days a week, 24 hours a day.



Member Eligibility (continued)

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



Claims

Claims can be submitted three ways:

- Provider Web Portal
- Electronically through a Clearinghouse (Payor ID is: 46278)
- Paper Claim:
  - Must be submitted on 2012 or newer American Dental Association claim form
  - Cannot be handwritten
  - Mail to:
Centene Dental
Claims IN
P.O. Box 20847
Tampa, FL 33622-0847

Turnaround Times: Medicaid

- Timely Filing:
  - Medicaid: Claims must be submitted within 90 calendar days from Date of Service.
- When filing to Centene Dental Services as secondary payor, timely filing is 90 calendar days from date on primary insurance explanation of payment (EOP).

Payments:

- 15 Calendar days for electronic claims and 30 calendar days for paper claims
- Claims are processed on Thursday of each week.

Coordination of Benefits (TPL)

- Third Party Liability (TPL) If the member has a Primary Insurance Plan, Medicaid is the payor of last resort.

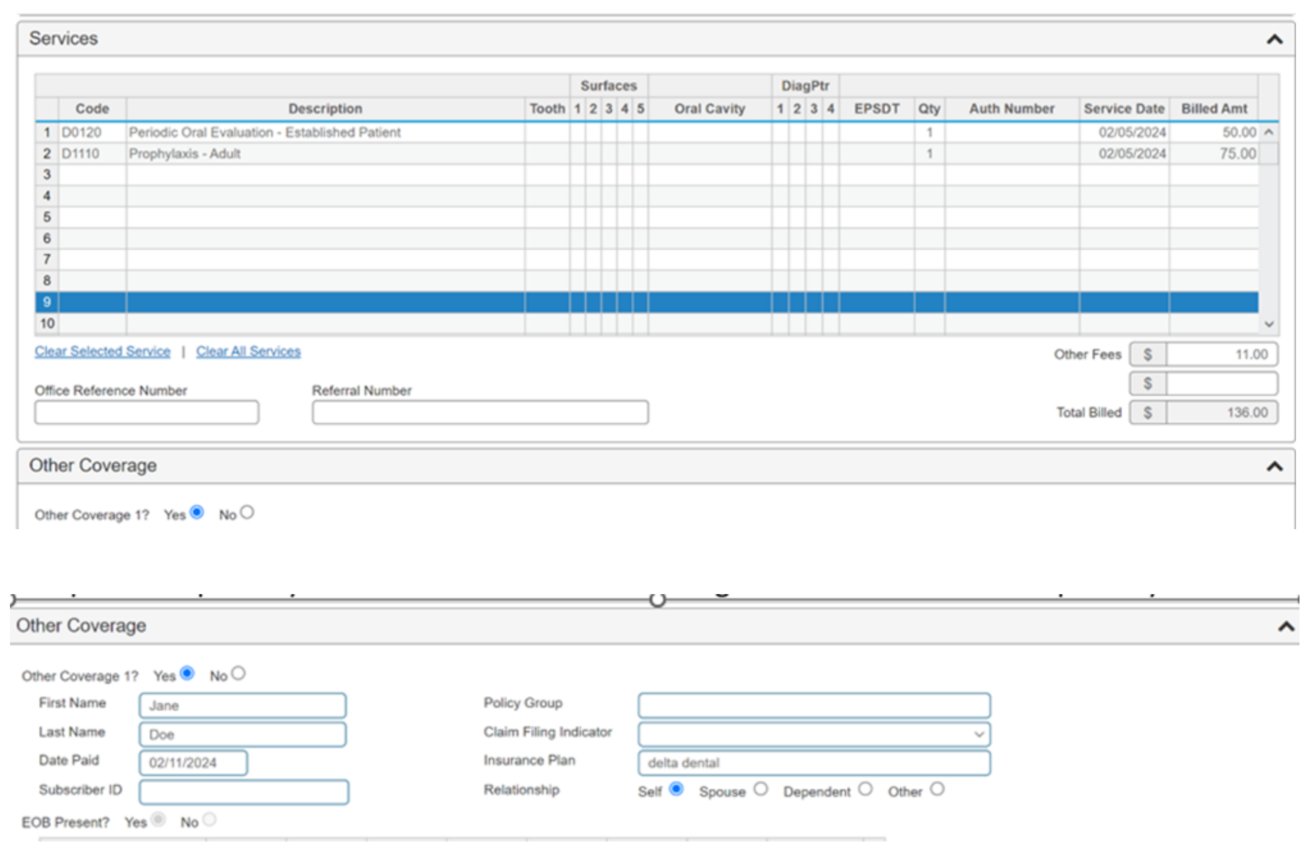
- Providers must first submit the claim to the primary insurance and include a full explanation of benefits when submitting to Medicaid for secondary payment consideration.

- Claims can be submitted via a clearinghouse, our Provider Web Portal, or a current American Dental Association (ADA) paper claim.

Frequently Asked Claims Questions

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

- Enter in the required claim information.
- Select Yes for the Other Coverage.
- Type in the primary dental information:
  - EOB Present will automatically populate to Yes



Services

	Code	Description	Tooth	Surfaces 1	2	3	4	5	Oral Cavity	DiagPtr 1	2	3	4	EPSDT	Qty	Auth Number	Service Date	Billed Amt
1	D0120	Periodic Oral Evaluation - Established Patient													1		02/05/2024	50.00
2	D1110	Prophylaxis - Adult													1		02/05/2024	75.00
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

Clear Selected Service | Clear All Services

Other Fees $ 11.00

$

Office Reference Number

Referral Number

Total Billed $ 136.00

Other Coverage

Other Coverage 1? Yes ● No ○

Other Coverage

Other Coverage 1? Yes ● No ○

First Name: Jane

Last Name: Doe

Date Paid: 02/11/2024

Subscriber ID:

Policy Group:

Claim Filing Indicator:

Insurance Plan: delta dental

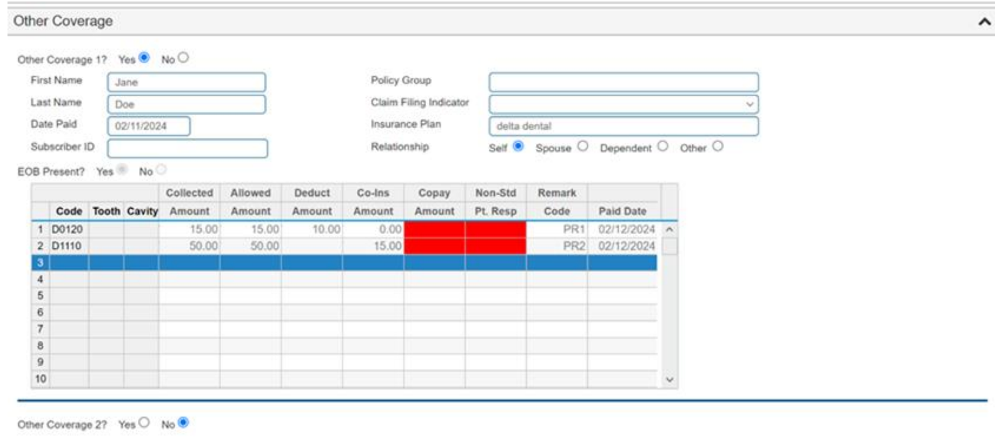
Relationship: Self ● Spouse ○ Dependent ○ Other ○

EOB Present? Yes ● No ○

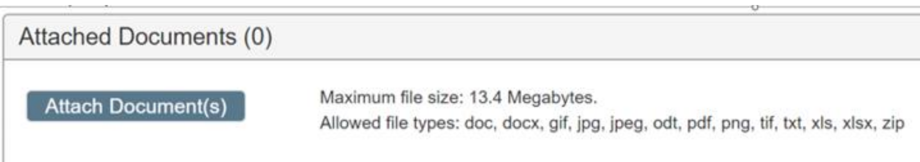
Frequently Asked Claims Questions (cont.)

Primary Insurance (continued)

- After entering in the primary insurance information, proceed to coordination of benefits. The following fields must be populated:



1. Collected Amount – The amount paid by the primary insurance.
2. Allowed Amount – The amount allowed for the procedure code per the primary insurance.
3. Deductible Amount, Coinsurance Amount – Any patient responsibility amount that is not designated as deductible should be entered in the coinsurance column. The fields highlighted in red should have a 0.00 entered.
4. Remark Code – PR1 for deductible and PR2 for coinsurance.
   - Attach the EOB to the claim.



Frequently Asked Claims Questions (continued)

Can I fax or email claims?

- No, all claims must be submitted via:
  - Clearinghouse (EDI).
  - Mailed on a current ADA form (original form only, no copies).
  - Provider Web Portal.

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:

Centene Dental Corrected Claims IN

P.O. Box 20847

Tampa, FL 33622-0847

Frequently Asked Claims Questions (continue)

Appeals – Grievances (Medicaid)

- Authorization Appeals:
  - Timely Filing: 60 calendar Days after the denial.
  - Determination: 30 calendar Days.
- Claim Appeals:
  - Timely Filing: 60 calendar Days after the denial.
  - Determination: 30 calendar Days.
- Reference your Plan Specifics under Documents via Provider Web Portal.
- Mail Appeals to:

Centene Dental Appeals and Grievances

P.O. Box 20847

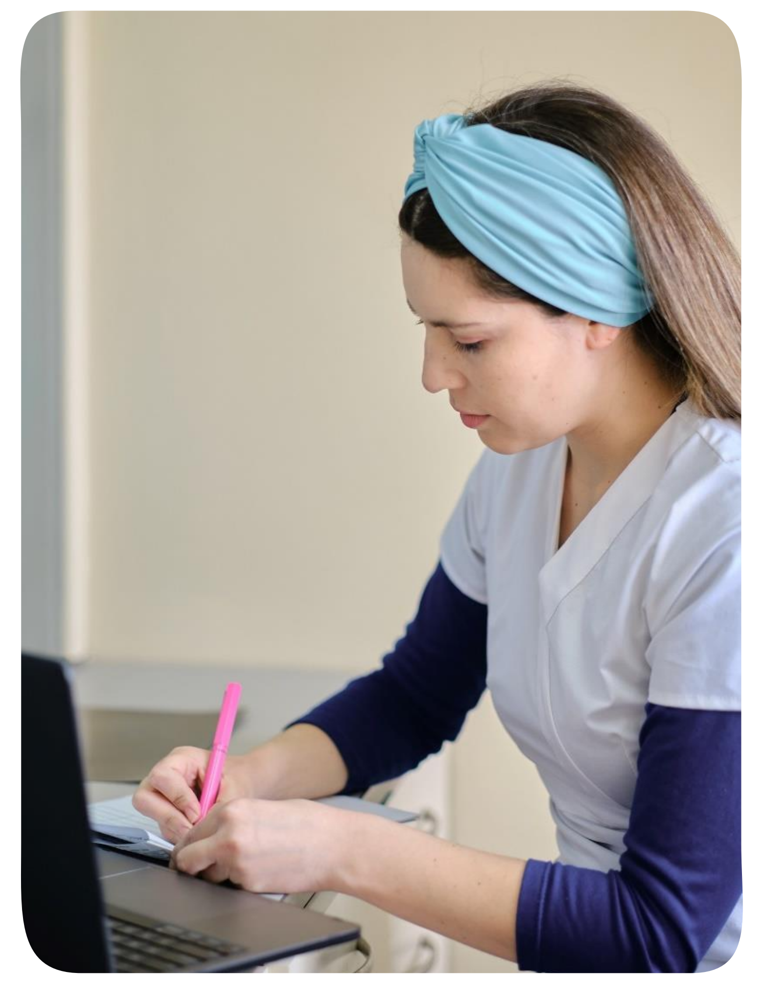
Tampa, FL 33622-0847

- Secure Email (DentalHWAPPEALS@Centene.com)

Authorizations

- Authorizations can be submitted three ways:
  - Provider Web Portal
  - Electronic via clearinghouse (Payor ID is: 46278)
  - Via paper predetermination
    - Must be submitted on a current ADA Claim Form
    - Cannot be handwritten
  - Authorizations can be mailed to:

    Centene Dental
    Authorizations IN
    P.O. Box 20847
    Tampa, FL, 33622-0847
- Authorizations will be determined within 5 business days.
- Authorizations are valid for 180 calendar days from the date of approval.



Frequently Asked Questions - Authorizations

What do I need to submit for Outpatient Hospital/Ambulatory Surgical Center (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 the following code to indicate outpatient facility usage:
    - D9420: hospital or ambulatory surgical center call
- Supporting Clinical Documentation: Films, Chart Notes and Treatment Plan
- Narrative of Medical Necessity
  - Why should services be performed in an outpatient setting?
- Outpatient Medicaid Prior Authorization Form for MHS can be found under the Medicaid Provider Resources page.

Frequently Asked Questions - Authorizations Continued

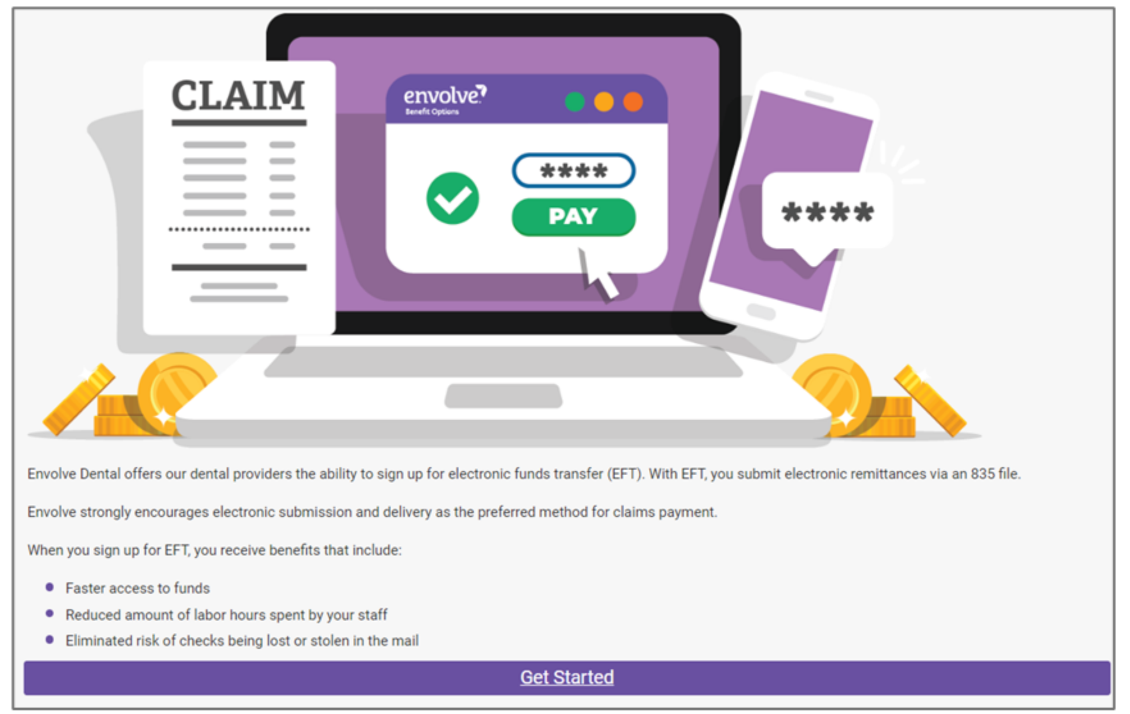
What do I need to submit for outpatient hospital/Ambulatory Surgical Center (ASC) dental visits?

- A Completed 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 can not be retroactive
  - Outpatient Service Type
    - 171 Outpatient Surgery
- Centene Dental will forward the form to MHS for facility authorization creation.

Electronic Funds Transfer (EFT)

Get paid faster with the EFT Payment Program:

- EFT Request form can be found on our Provider Web Portal behind the login page.
  - Complete EFT Authorization Agreement form electronically directly from the Provider Web Portal.



Credentialing/Re-Credentialing

- When do I need to send my recredentialing documents?
  - Providers are recredentialed every 3 years
  - 30 calendar days turnaround time once a complete credentialing application is received
  - 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 Medicaid registration with Indiana Health Coverage Programs (IHCP) Provider Enrollment

Orthodontic Treatment

- Orthodontic services are a covered benefit for members under the age of 21 only when medically necessary to treat a handicapping malocclusion. (Excluding HIP Basic, HIP Plus Plans)
- Prior Authorization is required for approval of orthodontic services:
  - Panoramic Film
  - Cephalogram
  - Intraoral Photos
  - Handicapping Labio-Lingual Deviation (HLD)
- Completed IHCP Medical Prior Authorization Form, frontal and lateral digital photographs of the face and occlusion, panoramic film and lateral cephalometric film; Treatment plan.

Orthodontic Continuity of Care

Preauthorization request would need to be submitted if services have not ben rendered. (Please submit the following)

- A copy of the prior health plan's approved authorization.
- A narrative detailing the request for care. The narrative should include why the case is being submitted for a transfer and contact information about where the member was treated previously.

If the prior dental benefit administrator's approved authorization is not available, then the new orthodontist must also submit the following:

- Panoramic or cephalometric x-ray.
- Other state-mandated scoring tool.
- Photos.

Centene Dental Services will coordinate the request to determine the remaining treatments allowed per the benefit plan. A written notice will be sent to the requesting orthodontic provider when a determination is made.

Fraud, Waste, and Abuse

Centene Dental Services 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

We send a newsletter to providers at the end of each quarter. These newsletters are posted on the Centene Dental Services website.

Newsletters include:

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

CENTENE™

DENTAL SERVICES

Centene Dental Services 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.

Envolve Dental Doing Business As Centene Dental Services

As previously shared, Envolve Dental is now operating as Centene Dental Services.

Envolve Dental began a rebranding initiative to allow us to better align with our parent company, Centene Corporation. The rebranding resulted in Envolve Dental now being able to do business as Centene Dental Services. This is a name change only and will not impact our operations.

Moving forward you will begin seeing communications from Centene Dental Services; however, all other terms and conditions contained in your agreement with Envolve Dental shall remain unchanged and in full force and effect.

Please note the full implementation of this change will gradually occur throughout 2024. You should continue to utilize the same emails, mailing addresses, and phone numbers you are accustomed to.

Thank you for your continued partnership with Centene Dental Services to provide quality dental care to our members. Should you ever have any questions or concerns, please visit dental.centene.com and select your state to find contact information for your market.

Don't Risk Medicaid Payment Suspension

If you are a provider who is serving Medicaid patients but are not actively enrolled with your state's Medicaid agency, your claim payments may be suspended and/ or you could be terminated from our Medicaid provider network.

Federal regulation requires that all providers who receive payment for Medicaid services must be screened and actively enrolled with their state's Medicaid office to receive payment. This may include rendering and billing providers, groups, and facilities depending on state-specific requirements.

Be sure to check your enrollment status and keep it

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Envolve Dental, Inc. DBA Centene Dental Services

Contact Us:

- Provider Relations: DentalProviderRelations@Centene.com
- Provider Customer Service: (855) 609-5157 (Medicaid)/(844) 621-4579 (Ambetter)
- Credentialing Department: DentalCredentialing@Centene.com
- Network Department: DentalNetwork@Centene.com
- Envolve Dental Fraud, Waste, and Abuse Hotline: 866-685-8664
  - EBOSIU@Centene.com
- Appeals and Grievances:
  - Appeals: DentalHWAPPEALS@Centene.com
  - Grievances: DentalGrievances@Centene.com

Questions?

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