

PROVIDER NEWSLETTER • FALL 2024

▶ Please begin using our new website www.centenedental.com ◀

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.

Marketplace Benefits Expand to 25 States for 2025

With the addition of **Iowa** in 2025, Centene Dental Services now offers optional dental benefits to adult Marketplace members across half of the country. We also are adding new counties in **Florida, Illinois, Louisiana, Michigan, North Carolina, Ohio,** and **Pennsylvania**.

Ambetter Health insurance plans cover essential health services and give members access to the broadest network of care providers.

The maximum dental benefit is \$1,000 per calendar year. Preventive and diagnostic dental services have no co-insurance or co-pays, while covered minor (basic) and major restorative dental services require 50% member co-insurance.

Please call our Customer Service team with any questions. Phone numbers for your market can be found at centenedental.com/mystate.

2025 Medicare Coverage Offered in Four States

Centene Dental continues to partner with Wellcare health plans in **Maine, Missouri, Nebraska** and **North Carolina** to administer preventive and comprehensive dental benefits for Medicare-eligible members in 2025. We will no longer have a Wellcare Medicare offering in Massachusetts or New Hampshire in 2025.

For a summary of dental benefits, view our [Medicare Benefit Summary Tool](#). For more detailed coverage and coding information, please use the [Dental Code Search](#) online tool. Note that dental codes listed as preventive do not count towards the plan's benefit maximum.

Providers should always verify eligibility before rendering services. For individual member benefits and eligibility, access our [Provider Web Portal](#) (PWP). You may also call Customer Service to reach our automated member eligibility-verification system or a team member.

Provider Manual Updates

As a reminder, yearly updates are made to the Dental Provider Manuals, so always check the PWP at centenedental.com/logon for the most updated version. Please refer to the manuals, along with the custom Plan Specific for your particular state and product, before providing services to members.

Changes to Explanation of Payment (EOP) and Remittance Notices

As part of our initiative to offer a more robust payment experience, Centene Dental Services will be rolling out improvements to our claims payment check processing. You will notice an updated appearance of your EOP document. These changes will only affect the formatting and presentation of the EOPs and will not impact claims processing or payment timelines.

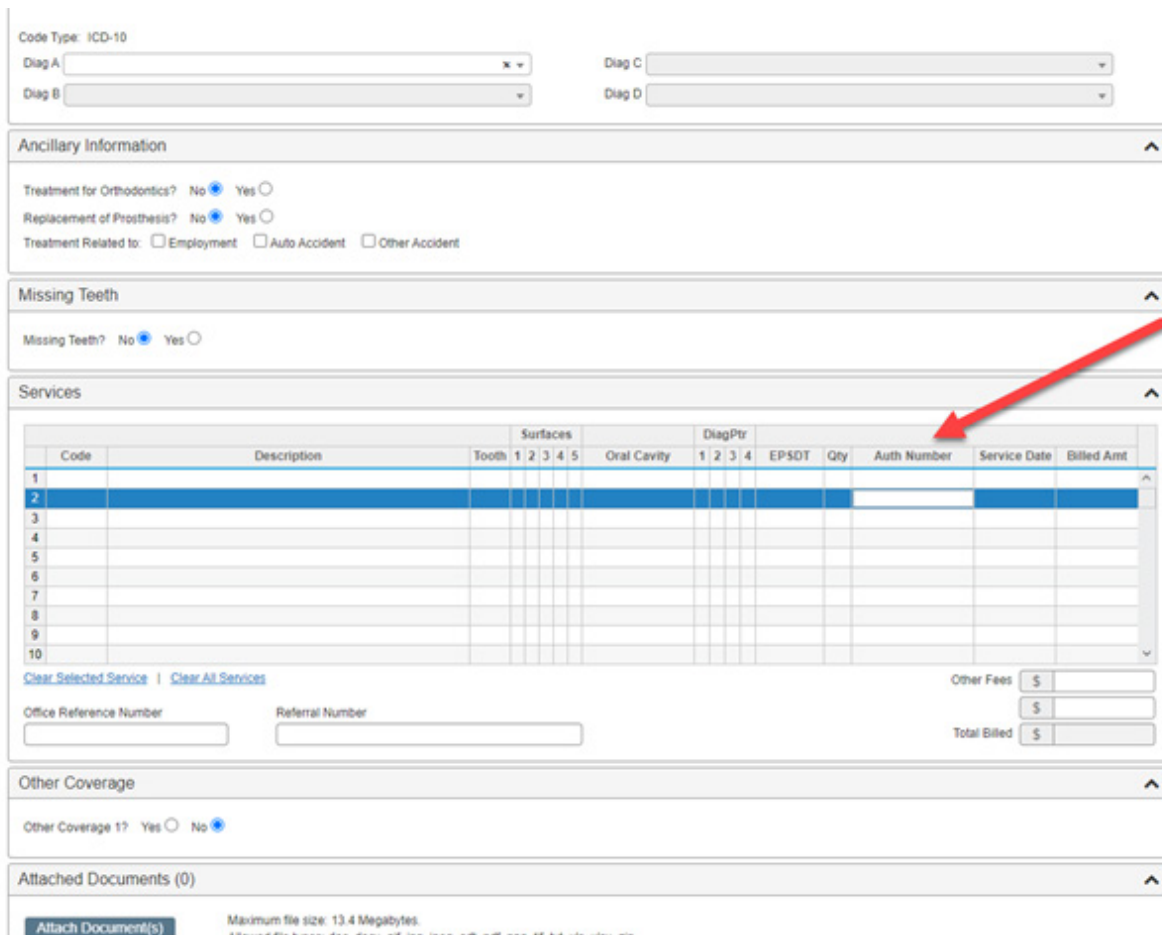
Local Market Reminders

- **Delaware Medicaid** – Delaware First Health is adding Pediatric dental benefits to include the CHIP and Foster populations. The go-live date is January 1, 2025.
- **Iowa Ambetter** – Ambetter Health is expanding Marketplace dental coverage to Iowa. This expansion go-live date is January 1, 2025.
- **Massachusetts + New Hampshire Wellcare** – We will no longer be offering Wellcare Medicare plans for Massachusetts and New Hampshire in 2025.



Prevent Payment Delays

When submitting a claim through the PWP, **please refrain from entering any information in the “Auth Number” field** in the “Services” section (pictured below). Adding data to that field may slow claim processing time and delay payment. Valid prior authorizations will be matched by our system to your claim automatically. Please contact Customer Service with any questions.



The screenshot shows a claim submission form with several sections:

- Code Type:** ICD-10
- Diag A, B, C, D:** Dropdown menus.
- Ancillary Information:** Radio buttons for "Treatment for Orthodontics?" (No selected), "Replacement of Prosthesis?" (No selected), and checkboxes for "Treatment Related to:" (Employment, Auto Accident, Other Accident).
- Missing Teeth:** Radio buttons for "Missing Teeth?" (No selected).
- Services:** A table with columns: Code, Description, Surfaces (Tooth 1-5, Oral Cavity), DiagPtr (1-4, EPDPT), Qty, Auth Number, Service Date, Billed Amt. A red arrow points to the "Auth Number" column. Below the table are links for "Clear Selected Service" and "Clear All Services", and input fields for "Office Reference Number" and "Referral Number".
- Other Fees:** Input fields for "Other Fees" and "Total Billed".
- Other Coverage:** Radio buttons for "Other Coverage?" (No selected).
- Attached Documents (0):** "Attach Document(s)" button and "Maximum file size: 13.4 Megabytes" note.

Provider Directory Validation Calls

We are validating our provider directory to make it easier for members to contact your offices. Your office may receive a brief phone call from us to verify information about your location. Please work with the customer service representative to update anything that is out of date. We appreciate your cooperation.

Have a few minutes? Don't wait for our call. Verify your office locations and contact information by giving us a call or looking up your office location on the [Find A Provider](#) tool. If any information needs to be updated, please complete the [Provider Data Request form](#) and email it to dentalproviderrelations@centene.com.

Reminder: Submit a Provider Data Request form as soon as any information changes to ensure your information is always accurate.

Re-credentialing Takes Place Every 36 Months

To comply with NCQA standards, Centene Dental re-credentials providers at least every 36 months from the date of the initial credentialing decision (exceptions apply for those states that follow a state credentialing process). This process identifies changes in the practitioner's licensure, sanctions, certification, competence, or health status that may affect the ability to perform services the provider is under contract to provide. It also includes all providers, primary care providers, specialists, and ancillary providers/facilities currently credentialed to practice within the Centene Dental network.

In between credentialing cycles, Centene Dental conducts ongoing monitoring activities on all network providers. This includes an inquiry to the appropriate state licensing agency to identify newly disciplined providers and providers with a negative change in their current licensure status. This monthly inquiry helps ensure certain providers maintain a current, active, unrestricted license to practice in between credentialing cycles. Additionally, Centene Dental reviews monthly reports released by the Office of Inspector General and other sources, such as VerifPoint, to identify network providers who have been newly sanctioned or excluded from participation in federal and state programs.

A provider's agreement may be terminated at any time if Centene Dental's Credentialing Committee determines the provider no longer meets the credentialing requirements. Please call our Customer Service team with any questions.



No Hassle Payment Through EFT

For timely claim payments, Electronic Funds Transfer (EFT) offers the fastest, most secure way to receive your recurring payments without having to wait for a check in the mail. Payments are deposited directly into your verified bank account in full. No fees are taken out of your payment when using EFT.

To enroll, complete the EFT form at centenedental.com/eft. Activation begins upon bank verification, with direct deposits usually posting after four to five check runs. You can find your remittance statement with a record of your payment on the PWP.



Improve Oral Health Through HEDIS® Measures

Centene Dental Services is committed to improving the health of our community by helping members live healthier lives. Oral health is an important part of a child's tooth and gum development and overall well-being.

Because of your vital role in our members' health, we are asking for your help to ensure our pediatric and adolescent members schedule the following services yearly:

Oral Evaluation, Dental Services (OED)

- Medicaid members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider
- Applicable CDT Codes: D0120, D0145, D0150

Topical Fluoride for Children (TFC)

- Medicaid members 1-4 years of age who received at least two fluoride varnish applications
- Applicable CDT Code: D1206

In support of our commitment to disease prevention and the oral health of our members, here are a few ways our providers can help:

- Educate parents/caregivers on the importance of routine dental care and regular fluoride treatments for children
- Reach out to patients who have not had an oral evaluation and help schedule an appointment
- Schedule 6-month appointment while patient is on site and make reminder calls to reduce no-show rates

Cultural Competency

Centene Dental is committed to providing culturally and linguistically appropriate dental care services in a manner which affirms, values, and respects the worth of the individual member. These services are to be provided to people of all ages, sex, race, color, religion, sexual orientation, and/or national origin, disability, mental or physical disability, or limited English proficiency.

Centene Dental promotes superior quality dental services with culturally competent staff, providers, and contractors. Centene Dental supports the development of healthy provider/member relationships to foster equitable treatment of all members and enhance cultural awareness. Centene Dental has adopted the Culturally and Linguistically Appropriate Services Standards, as developed by the Department of Health and Human Services, Office of Minority Health, and serves as a key resource in providing culturally sensitive services.



Clinical Policies Posted Online

Centene Dental takes individual circumstances and the local delivery system into account when determining medical appropriateness of dental services. As a dental benefits administrator, we founded our objective clinical policy guidelines upon evidence-based dentistry to determine medical necessity when making utilization decisions. Our Utilization Management Committee, which is composed of our dental directors, follows a formal process to develop and evaluate all clinical policy guidelines and procedures for applying criteria. Current policies are available on our secure PWP and also on the public website at centenedental.com/policies.

All policies have recently undergone annual review. Below are those with notable changes.

| Policy | Policy Title | Annual Update |
|------------|-----------------------|--|
| CP.DP.1-47 | Entire Policy Library | Added statement of claim payment recoupment conditions due to improper coding, upcoding, or fraudulent/wasteful/abusive billing resulting in overpayments. |
| CP.DP.4 | Sealants | Notification that payment for the restoration of a tooth within 30 days of placing a sealant on the same tooth may result in the recoupment of the fee paid for the sealant. |
| CP.DP.5 | Orthodontics | Notification that payment for comprehensive orthodontic treatment within 12 months of a payment for limited orthodontic treatment may result in the recoupment of the fee paid for limited orthodontic treatment. |
| CP.DP.7 | Indirect Crowns | Notification that payment for the extraction of a tooth within 30 days of placing an indirect crown on the same tooth may result in the recoupment of the fee paid for the indirect crown, as well as fees for other services. Notification that payment for an indirect crown within 30 days of placing a direct restoration on the same tooth may result in the recoupment of the fee paid for the direct restoration. |
| CP.DP.16 | Dental Restorations | Notification that payment for an indirect crown or extraction of a tooth within 30 days of placing a direct restoration of the same tooth may result in the recoupment of the fee paid for the direct restoration. |
| CP.DP.17 | Prefabricated Crowns | Notification that payment for the extraction of a tooth within 30 days of placing a prefabricated crown on the same tooth may result in the recoupment of the fee paid for the prefabricated crown, as well as fees for other services. Notification that payment for a prefabricated crown within 30 days of placing a caries medicament or direct restoration on the same tooth may result in the recoupment of the fee paid for the caries medicament or direct restoration. |
| CP.DP.20 | Endodontic Treatment | Notification that payment for an extraction of a tooth within 30 days of a completed root canal treatment on the same tooth may result in the recoupment of the fee paid for the root canal treatment, as well as fees paid for other services. |

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|----------|------------------------------|--|
| CP.DP.22 | Caries Arresting Medicament | Notification that payment for restoration or extraction of a tooth within 30 days of placing a caries medicament on the same tooth may result in the recoupment of the fee paid for the caries medicament, as well as fees for other services. |
| CP.DP.25 | Removable Prosthodontics | Notification that payment for a complete denture in the same arch within 36 months of placing a partial denture in the same arch may result in the recoupment of the fee paid for the partial denture, as well as fees for other services. |
| CP.DP.37 | Indirect Retainer Crowns | Notification that payment for the extraction of a tooth within 30 days of placing an indirect retainer crown on the same tooth may result in the recoupment of the fee paid for the indirect retainer crown, as well as fees for other services. Notification that payment for an indirect retainer crown within 30 days of placing a direct restoration on the same tooth may result in the recoupment of the fee paid for the direct restoration. |
| CP.DP.42 | Caries Preventive Medicament | Notification that payment for restoration or extraction of a tooth within 30 days of placing a caries medicament on the same tooth may result in the recoupment of the fee paid for the caries medicament, as well as fees for other services. |

Timely Access to Care

| Type of Care | All States |
|-------------------|----------------------------|
| Routine | Within 2 weeks |
| Sub-Acute Problem | Within 2 weeks |
| Chronic Problem | Within 4 weeks |
| Urgent | Within the same office day |




DENTAL CARE BY THE NUMBERS


Centene Dental Services Proudly Serves

 **27** STATES

 **78,000**
PROVIDERS

 **58,000**
MEDICARE LIVES

 **400,000**
MARKETPLACE LIVES

 **3.5M**
MEDICAID LIVES

About Us

Envolve Dental, doing business as **Centene Dental Services**, is a wholly owned Centene Corporation. Our innovative client solutions, education programs, personal attention, and provider support create a comprehensive dental care system that reduces administrative burden for providers and offers quality dental services for our clients' members. Questions? Please contact our Customer Service team.

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DENTAL SERVICES