



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.

2023 is Right Around the Corner

It's already December and January 1, 2023, will arrive before we know it. The new year brings new members to our 30 health plans across the country, and that means new patients for our providers. With 98% of Medicare plans supported by Envolve now offering dental coverage, there is more opportunity than ever to serve a wide variety of patients who appreciate having quality dental care.

What's Changing: Medicare

wellcare

Wellcare's Medicare focus gives members the coverage they need, the simplicity they want, and the high-quality care they deserve. Envolve continues to administer the dental benefit under Wellcare, which offers supplemental benefits beyond traditional Medicare coverage. Wellcare is adding 209 new counties across 27 states for 2023.

Ascension Complete

Ascension Complete offers affordable and quality Medicare coverage to help members get the care they need and feel their best. Ascension Complete has added 27 counties to the eight existing states of Alabama, Florida, Illinois, Indiana, Kansas, Michigan, Tennessee, and Texas.

2023 Medicare Updates

- New for 2023! We recently added a Dental Medicare Clinical Reference Guide to our website under <u>Provider</u> <u>Resources</u> to help dental offices navigate benefit information and facilitate prior authorization and claim submissions for review and processing. Our <u>Member Benefit Summary</u> page also has been updated to make it easier for both providers and members to easily find a summary of dental benefits by plan. See below for more details.
- Also new for 2023 are changes to Wellcare platinum packages, to better align implant and certain restorative and oral surgery service limitations to industry standards. If you provided services to platinum members in 2022, you should have received a letter and bulletin alerting you to these changes. You also can find more details in each plan's 2023 Evidence of Coverage on <u>wellcare.com</u>.
- Please note that Envolve Dental now requires prior authorization for certain Wellcare and Ascension Complete codes, including those categories with an asterisk below. Check the <u>Dental Code Search Tool</u> or visit the Provider Web Portal (PWP) for more details.

2023 Medicare Updates (Continued)

- Medicare benefit packages align with the calendar year, and benefits are subject to change year to year. Please make sure to verify benefits as the calendar year approaches. Benefit changes may impact a member's treatment plan and limitations may apply. Please ensure necessary treatments are performed accordingly.
- Similar to 2022, the following coverages still apply for all packages:
 - > No member cost for routine oral exams, cleanings, and x-rays
 - > Comprehensive dental services* on some plans include specific:
 - Diagnostic services
 - Restorative services*
 - Prosthodontics, including dentures
 - Periodontics*
 - Endodontics

*Annual benefit maximum and member cost share vary by plan.

What's Changing: Marketplace





Ambetter 2023 Updates

Ambetter Health is America's #1 Marketplace health insurance*, with Envolve serving more than 250,000 members in 25 states.

Ambetter plans are designed for individuals and families who may not qualify for Medicaid or other health coverage. They include preventive and comprehensive dental benefits for adults ages 19 and older (age 21 and older in Kentucky). Envolve offers quality, comprehensive, and affordable Exchange plans for any budget.

This year, we're pleased to welcome new providers and members in Alabama.

*Statistical claims and the #1 Marketplace Insurance statement are in reference to national on-exchange marketplace membership and based on national Ambetter data in conjunction with findings from 2021 Rate Review data from CMS, 2021 State-Level Public Use File from CMS, state insurance regulatory filings, and public financial filings.

No matter the plan, you can verify member eligibility and check code coverage for health plans working with Envolve in these easy ways:

- Use the Provider Web Portal: <u>envolvedental.com/logon</u>
- Give us a call. Find the number easily at <u>envolvedental.com/mystate</u>:
 - > Use the automated member eligibility IVR phone system
 - > Speak with a Customer Service agent for your state/plan

We thank you for welcoming our Wellcare, Ascension Complete, and Ambetter members to your office, now and throughout 2023.

Coming Soon – Annual Provider Compliance Training

To comply with Centers for Medicare & Medicaid Services (CMS) training requirements related to First Tier, Downstream and Related Entities (FDR), all Medicare contracted providers are required annually to attest that they have completed the Medicare Compliance Trainings for themselves and their staff. We have implemented a new process for disseminating the trainings and attestations through the Envolve Dental website to make it a more seamless process for providers. In the coming weeks you will receive an email from EBO Communications with instructions on how to access the new website.

Online Enhancements

Updated Medicare Benefit Tool

We are excited to announce the launch of Envolve Dental's redesigned *Benefit Search Tool* for Wellcare and Ascension Complete Medicare plans.

Enhancements include:

- An intuitive, easy-to-use design
- Compliance with accessibility standards
- Allowing user to search by market/product or Medicare contract number

The tool can be accessed at envolvedental.com/benefits.

Dental CDT Tool

The CDT Tool (<u>envolvedental.com/cdt</u>) now allows users to search either by product or CMS number printed on the ID card.

Key Features:

- Alignment with the Medicare Benefit Search Tool search fields and results
- Greater flexibility to search based on the information you have on hand

- Mobile device friendly
- Printable benefit information
- Links to the plan's Find-a-Provider and Wellcare's Member Portal



Clinical Policies Added to Our Website

To make it even easier to find the clinical policies you need to serve your patients, Envolve recently added all clinical policies to our public website at <u>envolvedental.com/policies</u>. As always, you can continue to find these policies on our Envolve Dental <u>Provider Web Portal</u> as well. The *Clinical Policy* page is where you can find the most recent dental clinical policies, and the updated clinical policies can be found on top of the portal homepage once logged in. Important reminders, notices, benefit grids, and provider manuals are located in the PWP's *Documents* tab and communicated via fax, mail, or email.

Still Waiting for a Check in the Mail?

Sign up for Electronic Funds Transfer (EFT) for the fastest and most secure way to receive your recurring payments. Payments are deposited directly into your bank account. This means no more waiting for a check to be delivered in the mail. To enroll, complete an <u>EFT form</u> and submit with a voided check to <u>providerrelations@envolvehealth.com</u>. 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 Provider Web Portal.

New HEDIS Measures for 2023

For 2023, the Annual Dental Visit (ADV) Measure is being retired, and two new Dental Measures have been created. In previous years, the ADV measure tracked general dental visits for Medicaid members under 21 years of age. Beginning in 2023, the below HEDIS measures will be implemented:

Oral Evaluation, Dental Services (OED) - Medicaid members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider.

Intent: Good oral health is a vital component of a child's overall health, and oral examinations are important to prevent disease, reverse disease processes, prevent progression of caries, and reduce incidence of future lesions. This measure will allow health plans to understand if their pediatric members are receiving dental care and to work towards improving access and utilization of dental evaluations.

Applicable Measure Codes:

- Oral Evaluation: CDT D0120
- Oral Evaluation: CDT D0145
- Oral Evaluation: CDT D0150

Topical Fluoride for Children (TFC) - Medicaid members 1-4 years of age who received at least two fluoride varnish applications.

Intent: Dental caries is the most common chronic disease in children in the United States. Topical fluoride plays an important role in preventing tooth decay. This measure will allow health plans to understand if their pediatric members are receiving fluoride varnish applications and to promote fluoride varnish treatments for their younger members.

Applicable Measure Codes:

- Application of Fluoride Varnish: CDT D1206
- Application of Fluoride Varnish: CPT 99188 (only applicable to a physician or other qualified health care professional when performed in a non-dental clinic or facility setting)

ACTION REQUIRED: Medicaid NPI/TIN Registration

Registration of National Provider Identifier/Tax Identification Number (NPI/TIN) is required to be able to render services to Medicaid members. Take action quickly to ensure NPI/TIN registrations are completed in your state to avoid delays in payments. Visit <u>envolvedental.com/notice</u> for more information.

Look for the New 2023 Member ID Cards

New year, new member ID cards! Take a minute to check <u>envolvedental.com/mystate</u> to view updated ID cards for 2023.



Preventing Fraud, Waste, and Abuse: A Priority for All of Us

Envolve Dental takes the detection, investigation, and prosecution of fraud, waste, and abuse very seriously. We perform ongoing claims audits, which in some cases may result in taking actions against those providers who, individually or as a practice, commit fraud, waste, or abuse. These actions include but are not limited to:

- Remedial education and/or training to prevent billing irregularity
- More stringent utilization review
- Recoupment of previously paid monies

- Termination of provider agreement or other contractual arrangement
- Civil and/or criminal prosecution
- Any other remedies available to rectify

Envolve Dental instructs and expects all its contractors and subcontractors to comply with applicable laws and regulations, including but not limited to the following:

- Federal and State False Claims Acts
- Qui Tam Provisions (Whistleblower)
- Anti-Kickback Statute
- Physician Self-Referral Law (Stark Law)

- HIPAA
- Social Security Act
- U.S. Criminal Codes

Fraud, Waste, and Abuse Hotline

Envolve Dental Hotline: **800-345-1642**

Medicare Fraud Hotline of the HHS office Inspector General: **800-447-8477**

Properly Coding Implant Benefits

Dental implants are becoming more common in dental benefit packages. It is important to have a clear understanding of what implant-related benefits are covered under your patients' benefit packages. It is equally important to use the appropriate CDT codes when submitting prior authorization requests and claims for services rendered.

Wellcare and Ascension Complete Medicare Advantage plans offering implant benefits cover only single-unit implants and implant-related benefits. This includes single-unit implant or implant abutment supported crowns to restore the implants. Implant and implant supported fixed bridges/fixed partial dentures and removable complete or partial dentures are not covered benefits. Services related to these non-covered benefits are also not covered benefits.

Effective January 1, 2023, when dental implants are covered under your Medicare patients' benefit plans, implants and implant/implant abutment supported single-unit crowns will be limited to two implants and two implant crowns per year. When related services such as bone grafts and membrane placement are covered benefits, they will be limited to approved implants only.

Reporting appropriate CDT codes is very important. Single-unit implant/implant abutment supported crowns have specific CDT codes and may not be reported for restoring implant/implant abutment supported fixed bridges/partial dentures. Crowns for implant/implant abutment supported fixed bridges/partial dentures include the word "retainer". Reporting single-unit implant crown codes or codes intended for restoring natural teeth when the intended purpose

is for retention of an implant/implant supported fixed bridge/partial dentures is considered misrepresentation of services to receive insurance reimbursement for non-covered services.

The same consideration must be given when reporting restoring implants with fixed or removal dentures. There are specific CDT codes for reporting these services. Reporting denture codes in the D5000 series when the intended purpose is for fixed or removable dentures supported by implants or implant abutments is also considered misrepresentation.

Your office can verify covered benefits, frequency limitations, and applicable clinical policies by visiting <u>envolvedental.com/cdt</u> or contacting the Envolve Dental Provider Relations team at <u>providerrelations@envolvehealth.com</u>.

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About Us

Envolve Dental, Inc., is a wholly-owned subsidiary of Envolve Benefit Options, Inc., and 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 email us at **providerrelations@envolvehealth.com**.



