

APPENDIX: PLAN SPECIFICS

BUCKEYE HEALTH PLAN MYCARE OHIO MMP 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.

Envolve Dental administers the dental benefit for MyCare Ohio, a Medicare-Medicaid Plan (MMP) in which Buckeye Health Plan contracts with the Ohio Department of Medicaid and the Centers for Medicare and Medicaid services to provide integrated medical, behavioral and long term care services to members who are enrolled in both Medicare and Medicaid. MyCare Ohio members are eligible for clinically indicated dental services within the scope of Ohio’s fee-for-service MMP program, as detailed below.

- MyCare Ohio EPSDT Children Ages 18-20
- MyCare Ohio Adults Age 21+

Note: This plan specific applies to MMP only. Please see the separate plan specific for Ohio Medicaid.

MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 24/7

- For specific individual member benefits and eligibility, access Envolve Dental’s Provider Web Portal (envolvedental.com/logon)
- You may also call 844-464-5634 to reach Envolve Dental’s automated member eligibility-verification system

COVERED DENTAL SERVICES AND CODES

Envolve Dental provides dental services for Ohio Department of Medicaid covered MMP members. Dental coverage is consistent with Ohio Department of Medicaid benefits, limits, and exclusions: medicaid.ohio.gov.

For detailed coverage and coding information, please visit Envolve Dental’s Provider Web Portal at envolvedental.com/logon. You also can search using the online CDT search tool at envolvedental.com/cdt

Buckeye Health Plans	Dental Benefit Summary (may include additional benefits) Review Envolve Dental’s clinical policy guidelines on the Provider Web Portal prior to providing services
MMP EPSDT Children (MyCare Ohio) ages 18-20	<ul style="list-style-type: none"> • 1 periodic oral exam (D0120) every 180 days • 1 cleaning every 180 days • Bitewings once per 6 months • Full-mouth radiograph series (D0210 includes bitewings) or panoramic x-ray (D0330) once every 60 months • 1 fluoride treatment every 180 days • Periodontal services including scaling and root planing • Sealants for members up to age 21 (one per permanent molar tooth per 5 years) • Minor restorative services, such as fillings • Major restorative services, such as crowns (with limits) • Tooth extractions (based on medical necessity) • Orthodontia (based on medical necessity) • Dentures, partials, and repairs (with limits) • Emergency dental services

APPENDIX: PLAN SPECIFICS

<p>MMP Adults (MyCare Ohio) age 21+</p>	<ul style="list-style-type: none"> • 1 periodic oral exam (D0120) every 180 days* • 1 cleaning every 180 days* • Bitewings once per 6 months • Full-mouth radiograph series (D0210 includes bitewings) or panoramic x-ray (D0330) once every 60 months • Periodontal services including scaling and root planing • Minor restorative services, such as fillings • Major restorative services, such as crowns (with limits) • Tooth extractions (based on medical necessity) • Dentures, partials, and repairs (with limits) • Emergency dental services
--	---

VALUE-ADDED SERVICE: ADULT DENTAL VISITS*

Buckeye Health and Envolve Dental offer a value-added dental benefit to adults 21 and older of an additional cleaning and exam for adults 21 and older every 180 days, as reflected in the summary above.

AUTHORIZATION REQUIREMENTS

Prior authorization requests must use the Member ID as assigned by Buckeye Health Plan. When possible, standard authorization requests should be received at least 14 calendar days in advance via:

- Envolve Dental Provider Web Portal at envolvedental.com/logon
- Electronic clearinghouses, using Envolve Dental payor ID number 46278
- Alternate, pre-arranged, HIPAA-compliant electronic files
- Paper requests must be submitted on a current (2012 or later), original ADA claim form (copies and handwritten or faxed forms are not accepted) and mailed to:

Envolve Dental Authorizations
PO Box 22687
Tampa, FL 33622-2687

For urgent requests, submit your authorization request and notate “Expedited Request” in the Envolve Provider Web Portal or on your clearinghouse or paper submission. 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.

Prior authorization decisions for non-urgent services shall be made within 10 calendar days. An extension may be granted if the need for additional information is justified and the extension is in the member’s interest based on regulatory guidelines.

Orthodontic Continuity of Care

In-Network providers should submit a continuation of care prior authorization request to Envolve Utilization Management with the following:

- A copy of the prior health plan or carrier authorization;
- A copy of the provider’s ledger showing reimbursement of all services provided to the member, including all remits/EOPs received; and
- A narrative detailing the remaining treatment plan and request for continuing care

APPENDIX: PLAN SPECIFICS

Out-of-Network providers should reach out to Envolve Case Management (EBOCareManagement@EnvolveHealth.com) and provide the following:

- A copy of the prior health plan or carrier authorization;
- A copy of the provider's ledger showing reimbursement of all services provided to the member, including all remits/EOPs received;
- A narrative detailing the remaining treatment plan and request for continuing care; and
- A W-9 if the current provider is out-of-network with Envolve Dental

Envolve Dental 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.

Hospital or Facility Authorizations

Hospital or facility prior authorization requests must be indicated on the dental service request to Envolve Dental. Providers must use a participating Buckeye Health Plan facility and indicate on their submission to Envolve Dental the intent to use a facility for dental care via submission of D9999. A separate authorization to Buckeye Health Plan is not required for in-network facilities; authorization approval by Envolve Dental will enable in-network facility authorization. To obtain the most recent listing of facilities in your area:

- Visit Buckeye Health Plan website: buckeyehealthplan.com
- Call Buckeye Health Plan Provider Services: 866-296-8731

CLAIM SUBMISSION

The timely filing requirement is within 365 days of the date of service. No reimbursement will be made for claims received beyond this date. Claims received after the timely filing deadline will be considered a provider liability and members may not be billed for services. Include the Member ID as assigned by Buckeye Health Plan and applicable arch, quadrant or tooth identifiers when billing for dental services. Clean claims will be processed within state guidelines of receipt. Claims with retrospective review requirements may take additional processing time. Submit claims in one of these formats:

- Envolve Dental Provider Web Portal at: envolvedental.com/logon
- Electronic claim submission through selected clearinghouses: Payor ID 46278
- Alternate pre-arranged HIPAA-compliant electronic submissions
- Paper claims must be submitted on a current (2012 or later) ADA original claim form (copies and handwritten or faxed forms are not accepted) and mailed to:

Envolve Dental Claims
PO Box 22687
Tampa, FL 33622-2687

Billing for Crowns and Dentures

For crowns, the date of service must be billed according to the cementation date. For dentures, the billed date of service must be the "seat date"/date of insertion.

APPENDIX: PLAN SPECIFICS

Coordination of Benefits (COB) for MyCare Ohio Members

MyCare Ohio members may enroll in one of three ways that determine how claims are coordinated for processing:

1. Enroll with one MyCare Ohio plan for *BOTH* Medicare and Medicaid benefits. These are called “**Dual Benefits or Opt In Members.**” Enrollees choosing this enrollment with Buckeye Health Plan have all covered services provided and paid for by Buckeye Health Plan. Envolve Dental administers dental benefits for the health plan and will internally coordinate dental benefits and claim payments.
2. Enroll with one MyCare Ohio plan for Medicaid benefits *ONLY*. These are called “**Medicaid Only or Opt Out Members.**” Enrollees choosing this enrollment with Buckeye Health Plan have Medicaid-covered benefits with Buckeye Health Plan and *traditional* Medicare or a Part C (Medicare) plan that is not a contracted MyCare Ohio plan. Providers should bill other insurer as primary, then submit COB information with applicable claims to Envolve Dental as the secondary payor.
3. Enroll with MyCare Ohio on an “Opt Out” basis *AND* with Buckeye Health Plan Advantage. This is called “**Medi-Medi.**” Members have Buckeye Health Plan MyCare Ohio Medicaid and Buckeye Health Plan Advantage benefits. Envolve Dental claims processing will configure coordination of benefits.

APPEALS, COMPLAINTS & GRIEVANCES

There are three ways to submit a provider appeal or grievance to Envolve:

- Call 844-464-5634 for information
- Email dentalappeals@envolvehealth.com
- Write: Envolve Dental Appeals
PO Box 22687
Tampa, FL 33622-2687

External medical review is available to any provider who has exhausted Envolve’s provider appeal rights process and is unsatisfied with Envolve’s decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity. Services that are denied for reasons other than lack of medical necessity are not subject to external medical review. The external medical review process does not interfere with your right to request a peer-to-peer review, or a member’s right to request an appeal or state hearing, or the timeliness of appeal and/or state hearing resolutions. Grievance, appeal, and state hearing procedures and time frames are outlined per OAC rule 5160-26-05.1.

- You have the right to request an external medical review within 30 calendar days of Envolve’s decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity. The external medical review is available at no cost to you.
- The request for External Review must be submitted to Permedion within 30 calendar days of the written notification that the internal appeals process has been exhausted.
- Providers must complete the “Ohio Medicaid MCE External Review Request” form located at hmspermedion.com (select *Contract Information* and *Ohio Medicaid*) and submit to Permedion together with the required supporting documentation.

Members (or providers on behalf of members) must submit prior authorization appeals within 60 days of Notice of Action in writing to:

Buckeye Health Plan
Attn: Appeals and Grievance Department
4349 Easton Way Suite 400
Columbus, OH 43219

APPENDIX: PLAN SPECIFICS

FRAUD, WASTE & ABUSE

Any suspicions of fraud, waste or abuse should be reported to ODM by phone at 614-466-0722 or Ohio Attorney General's Office Medicaid Fraud Control Unit (MFCU) by phone at 800-642-2873 or the Ohio Auditor of State (AOS) by phone at 866-FRAUD-OH or by email at fraudohio@ohioauditor.gov.

CLINICAL POLICIES AND TELEDENTISTRY GUIDELINES

Please visit our [website](#) for more information on our dental clinical policies, teledentistry guidelines and other provider notices.

APPENDIX: PLAN SPECIFICS

Medicare-Medicaid Plan (MMP) Dental Benefits Provider Quick Reference	
Provider Web Portal (PWP) envolvedental.com/logon	<ul style="list-style-type: none"> • Verify member benefits and eligibility • Download, research, and reprint EOPs • 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"> • View Member ID card examples • Update provider forms, including: <ul style="list-style-type: none"> ○ Electronic Funds Transfers (EFT) ○ Disclosure of Ownership (DOO) • Read timely provider news and newsletters
Electronic Clearinghouse Authorizations and Claims	Envolve Dental Payor ID Number 46278 NEA Dental Numbers: 463044 MyCare MMP Children 18+
Provider Complaints & Grievances	Envolve Dental PO Box 22687 Tampa, FL 33622-2687
Automated Member Eligibility Verification (24 hours/7 days a week) Provider Customer Service Monday - Friday, 8-8 ET	844-464-5634
Provider Relations <i>(for questions not related to member benefits/eligibility)</i>	providerrelations@envolvehealth.com
Helpful Information	<ul style="list-style-type: none"> • Envolve Dental OH Medicaid FAQs

MMP MEMBER ID CARDS: EXAMPLE ONLY

 <p>Buckeye Health Plan - MyCare Ohio</p> <p>Member Name: Jason Doe Member ID: (Amisys MC Member #) Health Plan: Buckeye Community Health Plan – MyCare Ohio MMIS Number: <Medicaid Recipient ID#></p> <p>PCP Name: <PCP Name> PCP Phone: <PCP Phone></p> <p>Plan Contract: H0022 001</p>  <p>Connecting Medicare + Medicaid</p>  <p>RxBin: <RxBin #> RxPCN: <RxPCN#> RxBin: 012353 RxPCN: 06241400 RxID: <MC Amisys#-01></p>	 <p>Buckeye Health Plan - MyCare Ohio</p> <p>Member Name: <Cardholder Name> <Health Plan: <Card Issuer Identifier>></p> <p>MMIS Number: <Medicaid Recipient ID#2></p> <p>PCP Name: <PCP Name> PCP Phone: <PCP Phone></p> <p>RxBin: 600428 RxPCN: 0624000 RxID: <RxID#3></p>
---	--