

QUARTER 2

GET INVOLVED

2022

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.

Important Paper Claims Requirements Effective 8/1/22

Envolve Dental will no longer accept the following paper claims effective August 1, 2022:

- Handwritten claim forms
- Faxed claim forms
- Photocopied or carbon copied claim forms
- Claim forms using red ink or highlighter
- Claim forms with extraneous or circled information

Any claims submitted in the formats above will be rejected and delay the timely payment of your dental claims. All dental claims should include the following information:

- Member's name, ID number, and date of birth
- Provider's name, location and service setting, NPI, Tax Identification Number (TIN), and signature
- Date of service and current ADA dental codes for each service line
- All required identifiers (quadrants, tooth numbers, and surfaces)

For timely processing of your paper claims, please be sure to:

- Use the correct PO Box number (refer to the provider manual or plan specifics)
- Submit all claims in a 9" x 12" or larger envelope
- Type all fields completely using black or blue font color only
- Submit a current (2012 or later) original ADA claim form

For fastest claims processing and payment, we encourage the use of electronic claims via Envolve's [Provider Web Portal \(PWP\)](#). In addition, we can accept electronic clearinghouse submissions and attachments from



National Electronic Attachment, Inc., through FastAttach®, which enables providers to securely send attachments electronically—x-rays, EOBs, intraoral photographs, perio charts, and more. Envolve’s payor ID number is 46278.

For questions or to register for the PWP, please call Envolve Dental Customer Service or email providerrelations@envolvehealth.com.

We Serve Wellcare, Ascension Complete, and Ambetter Members Across the U.S.

With more than 875,000 Medicare and 275,000 Marketplace members across the country, providers in your office likely are contracted to see our Wellcare*, Ascension Complete, and Ambetter patients when they call for a dental appointment. Please don’t turn them away!



Ascension
Complete



Learn more about all plans in your [state](#).

Easily verify member eligibility on our [Provider Web Portal](#).

Not sure which plans are included? Call us and we will be glad to help. Thank you for welcoming these members to your practice.

**May include Wellcare, Wellcare By Allwell, Wellcare By Health Net, or Wellcare By Trillium members.*

Review Clinical Policies Before Completing Services

Envolve Dental posts our clinical criteria, provider manuals, policies, and procedures online via the [Provider Web Portal](#). Once logged in, you can find the updated clinical policies on the top of the portal homepage. Important reminders, notices, benefit grids, and provider manuals are located in the *Documents* tab and communicated via fax, mail, or email. To see the most recent dental clinical policies, visit our Clinical Policy page on the PWP.

Get Paid More Quickly

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. To enroll, complete an [EFT form](#) and submit with a voided check to providerrelations@envolvehealth.com. 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.

Providers to Be Re-credentialed Every 36 Months

To comply with NCQA standards, Envolve 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 Envolve Dental network.



In between credentialing cycles, Envolve 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, Envolve 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 Envolve Dental's Credentialing Committee determines the provider no longer meets the credentialing requirements. Please call our Customer Service team with any questions.

Provider Accessibility Initiative Improves Disability Access



Centene, Envolve's parent company, has launched a Provider Accessibility Initiative (PAI) to increase the number of providers who meet minimum federal and state disability access standards. One goal of the PAI is to improve the accuracy, completeness, and transparency of provider self-reported disability access data in provider directories, so that members with disabilities have the most up-to-date information related to a provider's disability access.

The accessibility information you attest to will display online and in print directories. Using the online Find a Provider tool, members with disabilities will be able to filter providers based on their disability access needs. Members will be able to make an informed choice based on the service location's disability access status.

Everyone deserves equal access to quality healthcare and services. Thank you for your participation in this important [survey](#)!

Appointment Wait Times for Medicaid Patients

Medicaid providers are obligated to meet their state’s established wait times. Our Quality Improvement Committee has established the following access to care standards for Medicaid appointment wait times:

Type of Care	FL CMS	All Other States
Routine	Within 7 days	Within two (2) weeks
Sub-Acute Problem	--	Within two (2) weeks
Chronic Problem	--	Within four (4) weeks
Urgent (not life-threatening)	<ul style="list-style-type: none"> • Within 24 hours of a request for services that do not require prior authorization • Within 48 hours for a request for services that do require prior authorization 	Within the same office day
Primary Dental Care	Within 30 days	--
Follow-Up Dental Services	Within 30 days after assessment	--

DENTAL CARE BY THE NUMBERS

Envolve Dental Proudly Serves



30 STATES



77,000
PROVIDERS



4.3M MEDICAID LIVES



902,000
MEDICARE LIVES



269,000
HEALTH INSURANCE
MARKETPLACE LIVES

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.

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