



## **2022 AMBETTER MARKETPLACE DENTAL BENEFITS**

**AR, AZ, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC, NE, NH, NV, OH, OK, PA, SC, TN, TX**

**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 has partnered with Ambetter Health Insurance Marketplace (HIM) health plans across the country to administer optional preventive and comprehensive dental benefits for Marketplace-eligible adult members age 19 and older (21 and older in Kentucky).

### **MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 7/24**

- For specific individual member benefits and eligibility, access Envolve Dental's Provider Web Portal ([envolvedental.com/logon](http://envolvedental.com/logon))
- You may also call Customer Service to reach Envolve Dental's automated member eligibility-verification system

### **COVERED DENTAL SERVICES AND CODES**

Maximum dental benefit is \$1,000 per calendar year for all Ambetter plans. Although basic dental services have no co-insurance or co-pays, covered comprehensive minor and major restorative dental codes require 50 percent member co-insurance.

Providers are not permitted to charge members any amount for covered services except the plan-defined co-insurance amount. For detailed coverage and coding information, please visit Envolve Dental's Provider Web Portal (PWP): [envolvedental.com/logon](http://envolvedental.com/logon) and review the 2022 Ambetter Benefit Grids.

### **DENTAL CLINICAL POLICIES**

In conjunction with the benefit codes and information found online, please be sure to review Envolve Dental's clinical policy guidelines and criteria found on the [Provider Web Portal](http://envolvedental.com/logon) prior to providing services.

### **OUT-OF-NETWORK PROVIDERS**

In **Arkansas, Mississippi, Oklahoma** and **Texas** only, members can receive services from out-of-network dentists, with the coinsurance amount for comprehensive services at 50% per service. Members in all other states must visit participating network providers to receive dental benefits.

### **AUTHORIZATION REQUIREMENTS**

Ambetter dental benefits do not require authorization. Envolve Dental also does not process pre-determinations of coverage. Please proceed with care as set out in the member's evidence of coverage. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

Envolve Dental considers all benefits and applies clinical standards to them, outlining for providers what conditions must be present in order for the covered benefits to apply. Providers should measure intended services to the clinical criteria before treatment begins to assure appropriateness of care. To view requirements per covered code, visit [envolvedental.com/logon](http://envolvedental.com/logon) and see the 2022 Ambetter Benefit Grids. Please maintain documentation in the member's file of the necessity of services provided.

**APPENDIX: PLAN SPECIFICS**

**CLAIM SUBMISSION**

The Ambetter timely filing requirement is 180 calendar days from the date of service; this includes resubmitting corrected claims that were not able to be processed. 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 applicable arch, quadrant or tooth identifiers when billing for dental services. Submit claims in one of these formats:

- Envolve Dental Provider Web Portal at: [envolvedental.com/login](http://envolvedental.com/login)
- 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 red or blue original claim form (copies and handwritten or faxed forms are not accepted) and mailed to your state-specific Envolve Dental PO Box (see *Key Contacts*)

**Billing for Crowns and Dentures**

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

**APPEALS & GRIEVANCES**



Claim appeals must be filed within 180 calendar days from the date of notification of payment or denial and will be resolved within 30 calendar days.

To file a provider appeal or grievance, providers may:

- Call your state's specific Customer Service phone number for information
- Email [dentalappeals@envolvehealth.com](mailto:dentalappeals@envolvehealth.com) or [dentalgrievances@envolvehealth.com](mailto:dentalgrievances@envolvehealth.com) as applicable
- Write Envolve Dental Appeals and Grievances using your state-specific PO Box (see *Key Contacts*)

Members must submit member appeals within 180 calendar days of the event by contacting the health plan directly (see *Key Contacts*).

**MEMBER ID CARD EXAMPLES**

 <p><b>ADULT VISION   DENTAL COVERAGE</b></p> <p>Subscriber: [Jane Doe]      Effective Date of Coverage: [XX/XX/XXXX]</p> <p>Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX]      Plan: [Ambetter Balanced Care 1 (2016) + Vision + Adult Dental]</p> <p>Member ID #: [XXXXXXXXXXXXXX]</p> <p><b>envolve</b><sup>®</sup> <small>Benefit Options</small>    <b>POWERED BY:</b> <b>UNITED CONCORDIA DENTAL</b> <small>ADVANTAGE PLUS NETWORK</small></p>	 <p><b>IN NETWORK COVERAGE ONLY      EXCHANGE</b></p> <p>Subscriber: [Jane Doe]      Effective Date of Coverage: [XX/XX/XX]</p> <p>Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX]      RXBIN: [004336]</p> <p>Member ID #: [XXXXXXXXXXXXXX]      RXPCN: [ADV]</p> <p>Plan: [XXXXXX]      RXGROUP: [RX5454]</p> <p>[Line 2 if needed]</p> <hr/> <p><b>COPAYS</b>    PCP: [\$10 coin. after ded.]      Deductible (Med/Rx): [\$250/\$500]</p> <p>Specialist: [\$25 coin. after ded.]      Coinsurance (Med/Rx): [50%/30%]</p> <p>Rx (Generic/Brand): [\$5/\$25 after Rx ded.]      ER: [\$250 copay after ded.]</p>
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Engolve Dental 2022 Ambetter Marketplace Key Contacts



ENVOLVE DENTAL HELP AT A GLANCE	
<b>SECURE PROVIDER WEB PORTAL</b> <a href="http://envolvedental.com/logon">envolvedental.com/logon</a> <ul style="list-style-type: none"><li>• Verify member benefits and eligibility</li><li>• File claims and review claim status</li><li>• Download, research, and reprint EOPs</li><li>• Access important provider information<ul style="list-style-type: none"><li>○ Covered dental codes and details</li><li>○ Clinical policy guidelines</li><li>○ Provider manual (link), training, bulletins</li></ul></li></ul>	<b>ENVOLVE DENTAL PUBLIC WEBSITE</b> <a href="http://envolvedental.com">envolvedental.com</a> <ul style="list-style-type: none"><li>• Provider Training Resources</li><li>• Update provider forms, including:<ul style="list-style-type: none"><li>○ Electronic Funds Transfers (EFT)</li><li>○ Disclosure of Ownership (DOO)</li><li>○ Credentialing documents</li></ul></li><li>• Read timely provider news and newsletters</li></ul>
AMBETTER BENEFIT DETAILS	
Please see the Ambetter Quick Reference Guide and benefit grids on <a href="http://envolvedental.com">envolvedental.com</a> and the <a href="#">PWP</a> for specific dental codes covered.	

State	Engolve Dental Provider Customer Service	Health Plan Member Customer Service	Engolve Dental Provider Authorizations, Claims & Appeals PO Box
AR	855-609-5155	877-617-0390	PO Box 26632 Tampa, FL 33623-6632
AZ	833-605-6272	888-926-5057	PO Box 21588 Tampa, FL 33622-1588
FL	855-934-9809	877-687-1169	PO Box 20654 Tampa, FL 33622-0654
GA	844-464-5632	877-687-1180	PO Box 22085 Tampa, FL 33622-2085
IL	855-934-9811	855-745-5507	PO Box 22377 Tampa, FL 33622-2377
IN	844-621-4579	877-687-1182	PO Box 20847 Tampa FL 33622-0847
KS	855-434-9245	844-518-9505	PO Box 25857 Tampa, FL 33622-5857
KY	833-596-2740	833-705-2175	PO Box 25974 Tampa FL 33622-5974
LA	833-438-0187	833-635-0450	PO Box 25974 Tampa FL 33622-5974
MI	833-317-0439	833-993-2426	PO Box 20062 Tampa FL 33622-0062
MO	855-434-9240	855-650-3789	PO Box 25178 Tampa, FL 33622-5178
MS	855-934-9810	877-687-1187	PO Box 25255 Tampa, FL 33622-5255
NC	833-482-2947	833-863-1310	PO Box 20654 Tampa, FL 33622-0654
NE	833-554-2292	833-890-0329	PO Box 25974 Tampa FL 33622-5974
NH	844-258-4615	844-265-1278	PO Box 20062 Tampa FL 33622-0062
NV	844-695-0358	866-263-8134	PO Box 25518 Tampa FL 33622-5518
OH	844-621-4581	877-687-1189	PO Box 22687 Tampa, FL 33622-2687
OK	833-763-2400	833-492-0679	PO Box 26632 Tampa, FL 33623-6632
PA	833-605-6275	833-510-4727	PO Box 26631 Tampa, FL 33623-6631
SC	833-605-6320	833-270-5443	PO Box 26632 Tampa, FL 33623-6632
TN	833-662-1996	833-709-4735	PO Box 20654 Tampa, FL 33622-0654
TX	833-260-3625	877-687-1196	PO Box 25518 Tampa FL 33622-65518