

APPENDIX: PLAN SPECIFICS

2022 MEDICARE DENTAL BENEFITS:

All Ascension Complete Health Plans – AL, FL, IL, IN, KS, MI, 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 Ascension Complete Medicare Advantage health plans across the country to administer preventive and comprehensive dental benefits for Medicare-eligible members.

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)
- You may also call Customer Service to reach Envolve Dental's automated member eligibility-verification system

COVERED DENTAL SERVICES AND CODES

For a summary of Medicare dental benefits view the Medicare Benefit Summary Tool at envolvedental.com. For detailed coverage and coding information, please visit Envolve Dental's Provider Web Portal (PWP): envolvedental.com/logon and use the Dental Code Search online tool. Please also see plan Exclusions and Limitations.

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](#) prior to providing services. These policies also include listings of required documentation to support your submissions.

PRIOR AUTHORIZATION REQUIREMENTS

Medicare dental benefits do not require authorization prior to the service being rendered. Envolve Dental also does not process pre-determinations of coverage. Please proceed with care as set out in the member's evidence of coverage and the benefit limitations outlined in the benefit addendum. 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, explicitly outlining for providers what conditions must be present for the covered benefits to apply. Providers should measure intended services to the clinical criteria before treatment begins to assure proposed services meet medical necessity criteria and appropriateness of care. To view requirements by covered code, visit envolvedental.com/logon and search using the online grid tool. Please maintain medical necessity documentation supporting services provided in the member's record.

CLAIM SUBMISSION

The Medicare timely filing requirement is one calendar year from the date of service; this includes resubmission of 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.

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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 red or blue original claim form (copies and handwritten or faxed forms are not accepted) and mailed to:

Envolve Dental Medicare Claims
PO Box 23768
Tampa, FL 33623-3768

Billing for Crowns and Dentures

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

RECONSIDERATIONS & APPEALS

All Medicare appeals or claim reconsiderations must be received within 60 days of the date of the Explanation of Payment (EOP). Submissions must include documentation of the original claim or remittance notification showing the denial, any clinical records, and other documentation that supports the provider's argument for reimbursement. Please call Provider Customer Service with any questions.

Medicare Claims Reconsiderations

Contracted providers do not have Medicare appeal rights; however, Envolve has a reconsideration process for review of any contracted provider claim issues. To request a reconsideration of a Medicare claim, providers should mail the documentation listed above as indicated below.

Medicare Provider Appeals

Non-contracted providers have Medicare appeal rights. Request for appeals must be accompanied by a Waiver of Liability (WOL) form, along with the above documentation mailed to the applicable address as indicated below.

Health Plan	Provider Medicare Claim Appeals Non-Contracted Providers Only	Medicare Member Appeals	Provider Medicare Claims Reconsiderations All Providers
Ascension Complete	Ascension Complete Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Ascension Complete Attn: Member Appeals and Grievances 7700 Forsyth Blvd. St. Louis, MO 63105	Envolve Dental Medicare Claims PO Box 23768 Tampa, FL 33623-3768

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ENVOLVE DENTAL HELP AT A GLANCE	
<p>SECURE PROVIDER WEB PORTAL envolvedental.com/login</p> <ul style="list-style-type: none"> • Verify member benefits and eligibility • File claims and review claim status • Download, research, and reprint EOPs • Access important provider information <ul style="list-style-type: none"> ○ Covered dental codes and details ○ Clinical policy guidelines ○ Documentation to support claims ○ Provider manual (link), training, bulletins 	<p>ENVOLVE DENTAL PUBLIC WEBSITE envolvedental.com</p> <ul style="list-style-type: none"> • Provider Training Resources • Customer Service Contact Numbers • View Member ID card examples • Update provider forms, including: <ul style="list-style-type: none"> ○ Electronic Funds Transfers (EFT) ○ Disclosure of Ownership (DOO) ○ Credentialing documents • Read timely provider news and newsletters
<p>MEDICARE BENEFIT DETAILS Please see the applicable Medicare Quick Reference Guide on envolvedental.com and the PWP for specific dental codes covered per plan type (depending on member eligibility and options selected).</p>	<p>CONTACT INFORMATION Please refer to our Ascension Complete Key Contacts on the next page for specific dental provider phone numbers and addresses applicable to your state.</p>

Dental Key Contacts – 2022 Medicare Ascension Complete Health Plans

State	Envolve Dental Provider Customer Service	Health Plan Member Customer Service	Medicare Claims Reconsiderations PO Box	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Member Appeals PO Box
AL	833-993-2104	833-623-0771 D-SNP: 833-542-1677	Envolve Dental Medicare Claims PO Box 23768 Tampa, FL 33623-3768	Ascension Complete Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Ascension Complete Attn: Member Appeals and Grievances 7700 Forsyth Blvd. St. Louis, MO 63105
FL	833-910-0117	833-603-2971 D-SNP: 833-542-1676			
IL	833-910-0117	833-293-5966			
IN	833-330-0797	833-525-0824 D-SNP: 833-542-1679			
KS	833-910-0117	833-816-6623			
MI	833-905-2671	833-431-1356 D-SNP: 833-542-1678			
TN	833-410-0381	833-906-2876			
TX	833-993-2104	833-705-1358			

2022 Ascension Complete Medicare Member ID Card Example

Ascension
Complete

CMS #: XXXXX-XXX
Effective: MM/DD/YYYY

MEMBER INFORMATION
Name: [First MI Last Name]
Member ID#: [XXXXXXXX-XX]
Issuer ID: (80840) 9151014609

PHARMACY INFORMATION

Medicare
Rx

Prescription Drug Coverage

PROVIDER INFORMATION
PCP Name: [Last, First Name]
PCP Phone: [X-XXX-XXX-XXXX]
PCP Office Visit: \$X

RX CLAIMS PROCESSOR
<XXXXXX>
RXBIN: XXXXX
RXPCN: XXXXX
RXGRP: XXXXX