



Benefit Options

APPENDIX: PLAN SPECIFICS

2022 MEDICARE DENTAL BENEFITS:

All Wellcare Health Plans – AL, AZ, FL, GA, IN, KS, LA, MA, ME, MO, MS, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, SC, TN, TX, WA

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 Wellcare Medicare Advantage health plans across the country to administer preventive and comprehensive dental benefits for Medicare-eligible members. For 2022, many of the plans are branded Wellcare, while others are branded Wellcare By Allwell, Wellcare By Trillium, or Wellcare By Health Net, depending on the state.

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 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 more detailed coverage and coding information, please visit the Dental Code Search online tool at envolvedental.com/cdt. Envolve Dental 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 code search tool. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

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](https://envolvedental.com/logon) prior to providing services. These policies also include listings of required documentation to support your submissions.

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 and appropriateness of care criteria. To view requirements by covered code, visit envolvedental.com/cdt. Please maintain medical necessity documentation in the members' chart/progress notes to support services provided.

PRIOR AUTHORIZATION REQUIREMENTS

Certain Medicare dental benefits require authorization prior to the service being rendered. Claims filed for these services submitted without authorization will deny. To find out if a planned service requires prior authorization, please visit envolvedental.com/cdt.

When possible, standard authorization requests should be received at least 15 calendar days in advance of treatment date via:

- Envolve Dental Provider Web Portal at envolvedental.com/logon
- Electronic clearinghouses, using Envolve Dental payor ID number 46278



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- Alternate, pre-arranged, HIPAA-compliant electronic files
- Paper request on a current (2012 or later) ADA red or blue original claim form by mail (copies and handwritten or faxed forms are not accepted)

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.

Please Note: Expedited Requests not meeting urgent medical standards or lacking sufficient information for fast decision may be downgraded by Envolve to standard processing times.

Prior authorization decisions for non-urgent services shall be made within 14 calendar days; decisions for urgent requests will be made within 72 hours. An extension may be granted if the member, provider, or Envolve Dental justifies the need for additional information and the extension is in the member’s interest based on regulatory guidelines.

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.

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, Dentures, and Root Canals

The billed date of service for crowns is the final cementation date; for dentures, the insertions date; and for root canals, the final fill date.

RECONSIDERATIONS & APPEALS

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



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Medicare Pre-Service Reconsiderations

For denied prior authorizations, a provider may submit an appeal on behalf of the member to the member’s health plan. Applicable member appeal addresses are noted below.

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 and 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 Contracted Providers Only
Wellcare	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	Wellcare Member Appeals P.O. Box 31368 Tampa, FL 33631-3368	
Wellcare By Allwell, Wellcare By Trillium or Wellcare By Health Net	Grievance and Appeals – Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Appeals and Grievances Medicare Operations 7700 Forsyth Blvd. St. Louis, MO 63105	Envolv Dental Medicare Claims PO Box 23768 Tampa, FL 33623-3768

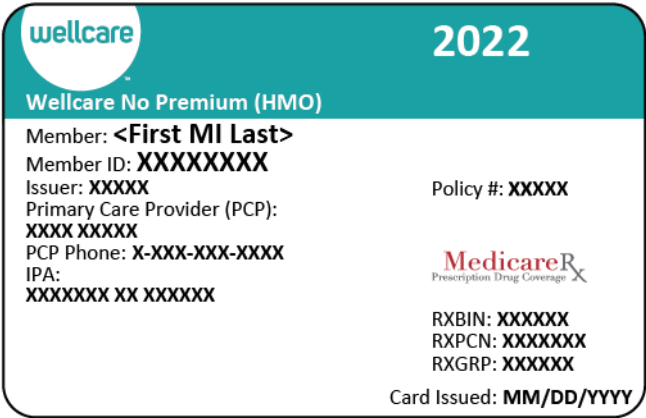


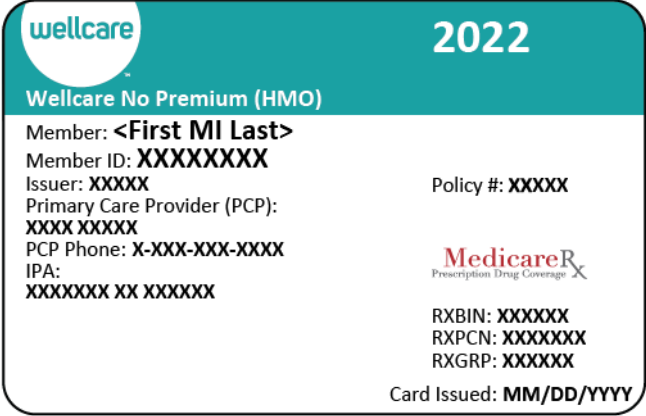
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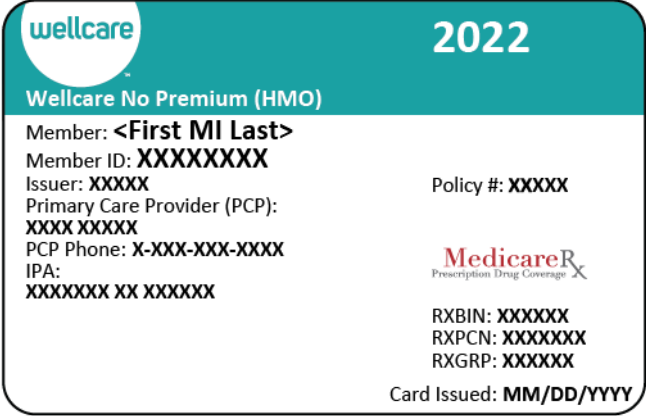
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ENVOLVE DENTAL HELP AT A GLANCE	
<p>SECURE PROVIDER WEB PORTAL envolvedental.com/logon</p> <ul style="list-style-type: none"> • Verify member benefits and eligibility • Submit prior authorization requests • File claims and review claim status • Download, 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 • Covered dental codes and details
<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 <i>Wellcare Key Contacts</i> on the next page for specific dental provider phone numbers and addresses applicable to your state.</p>

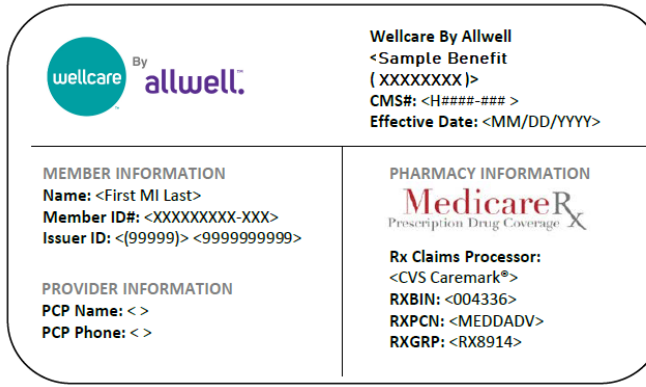
Envolve Dental 2022 Medicare Key Contacts – Wellcare Health Plans

State	Health Plan	Envolve Dental Provider AND Member Customer Service	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Dental Prior Authorizations/Claims/Reconsiderations PO Box (All Providers)	Member ID Card Examples
AL	Wellcare	(833) 464-1719	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	Envolve Dental Medicare PO Box 23768 Tampa, FL 33623-3768	 <p>wellcare 2022 Wellcare No Premium (HMO) Member: <First MI Last> Member ID: XXXXXXXX Issuer: XXXXX Primary Care Provider (PCP): XXXX XXXXX PCP Phone: X-XXX-XXX-XXXX IPA: XXXXXXXX XX XXXXXX Policy #: XXXXX MedicareRx Prescription Drug Coverage RXBIN: XXXXXX RXPCN: XXXXXXXX RXGRP: XXXXXX Card Issued: MM/DD/YYYY</p>
AZ	Wellcare and Wellcare By Allwell	(844) 876-2028	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368 Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
FL	Wellcare and Wellcare By Allwell	(888) 983-4691	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368 Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
GA	Wellcare and Wellcare By Allwell	(844) 464-5632	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368 Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
IN	Wellcare By Allwell	(855) 609-5157	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
KS	Wellcare By Allwell	(855) 434-9245	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
LA	Wellcare and	(844) 342-5582	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		

State	Health Plan	Involve Dental Provider AND Member Customer Service	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Dental Prior Authorizations/Claims/Reconsiderations PO Box (All Providers)	Member ID Card Examples
	Wellcare By Allwell		Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Involve Dental Medicare PO Box 23768 Tampa, FL 33623-3768	 <p>wellcare 2022 Wellcare No Premium (HMO) Member: <First MI Last> Member ID: XXXXXXXX Issuer: XXXXX Primary Care Provider (PCP): XXXX XXXXX PCP Phone: X-XXX-XXX-XXXX IPA: XXXXXXXX XX XXXXXX Policy #: XXXXX MedicareRx Prescription Drug Coverage RXBIN: XXXXXX RXPCN: XXXXXXX RXGRP: XXXXXX Card Issued: MM/DD/YYYY</p>
MA	Wellcare	(833) 408-2624	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
ME	Wellcare	(833) 393-1623	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
MO	Wellcare and	(855) 434-9240	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
	Wellcare By Allwell		Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
MS	Wellcare and	(844) 464-5636	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
	Wellcare By Allwell		Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
NC	Wellcare	(833) 813-0532	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
NE	Wellcare	(833) 605-2784	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
NH	Wellcare	(833) 795-0256	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
NJ	Wellcare	(833) 561-1321	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		

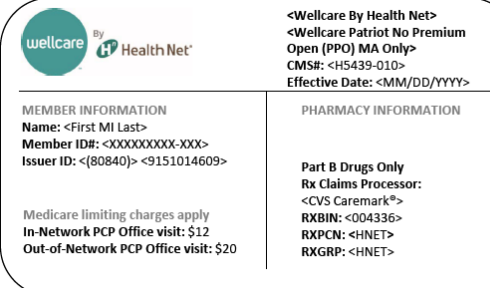


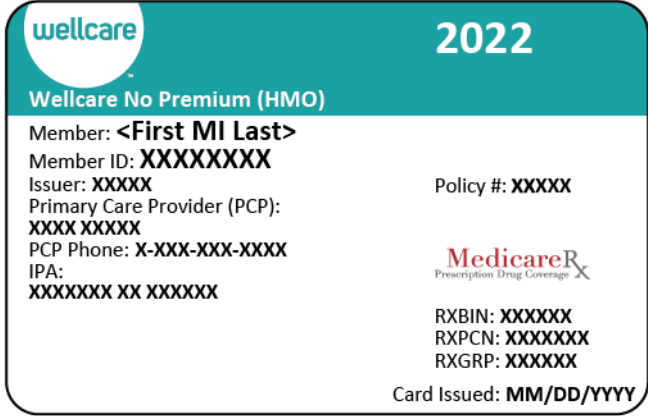

wellcare 2022
Wellcare No Premium (HMO)
Member: <First MI Last>
Member ID: XXXXXXXX
Issuer: XXXXX
Primary Care Provider (PCP): XXXX XXXXX
PCP Phone: X-XXX-XXX-XXXX
IPA: XXXXXXXX XX XXXXXX
Policy #: XXXXX
MedicareRx Prescription Drug Coverage
RXBIN: XXXXXX
RXPCN: XXXXXXX
RXGRP: XXXXXX
Card Issued: MM/DD/YYYY



wellcare By allwell
Wellcare By Allwell
<Sample Benefit (XXXXXXXX)>
CMS#: <H###-### >
Effective Date: <MM/DD/YYYY>

MEMBER INFORMATION Name: <First MI Last> Member ID#: <XXXXXXXXXX-XXX> Issuer ID: <(99999)> <9999999999>	PHARMACY INFORMATION MedicareRx Prescription Drug Coverage Rx Claims Processor: <CVS Caremark®> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8914>
PROVIDER INFORMATION PCP Name: < > PCP Phone: < >	

State	Health Plan	Involve Dental Provider AND Member Customer Service	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Dental Prior Authorizations/Claims/Reconsiderations PO Box (All Providers)	Member ID Card Examples
NM	Wellcare By Allwell	(844) 732-3046	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Involve Dental Medicare PO Box 23768 Tampa, FL 33623-3768	
NV	Wellcare By Allwell	(833) 605-6279	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
OH	Wellcare By Allwell	(844) 464-5634	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
OK	Wellcare	(833) 755-0120	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
OR	Wellcare By Trillium	(833) 447-0693	Wellcare By Trillium Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
	Wellcare By Health Net		Wellcare By Health Net Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
PA	Wellcare By Allwell	(844) 524-8255	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
SC	Wellcare and	(844) 617-2618	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
	Wellcare By Allwell		Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
TN	Wellcare	(833) 692-0219	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		

State	Health Plan	Involve Dental Provider AND Member Customer Service	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Dental Prior Authorizations/Claims/Reconsiderations PO Box (All Providers)	Member ID Card Examples
TX	Wellcare and	(855) 586-1417	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
	Wellcare By Allwell		Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
WA	Wellcare and	(844) 826-8890	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	Involve Dental Medicare PO Box 23768 Tampa, FL 33623-3768	
	Wellcare By Health Net		Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		