

QUARTER 1

# 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.**

## Help Us Welcome Wellcare Medicare Patients!

Dental professionals have a vital role in helping Medicare patients navigate today's healthcare environment. You can best help patients avoid confusion and improve their experience by recognizing their health plan names.

Providers in your office with an Envolve Medicare agreement are contracted to see Wellcare members. Please do not turn these members away.

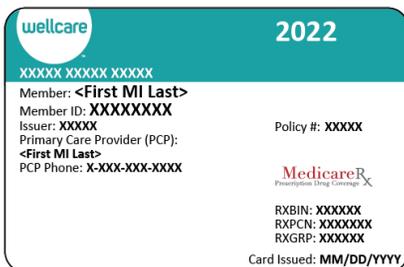
Wellcare is the new face of our merged Medicare plans. The new branding, as shown on the ID cards, represents a new look for Wellcare. Please share this information with your team so they can easily recognize Wellcare and provide your patients with a positive experience.

To verify member eligibility and benefits, log onto our [Provider Web Portal](#).

For more information visit the new [envolvedental.com](#) and learn more about participating [plans in your state](#).



### WELLCARE



### WELLCARE BY TRILLIUM ADVANTAGE



### WELLCARE BY ALLWELL



# Ambetter is Available in 22 States

Envolve now administers dental benefits to Ambetter members on the Health Insurance Marketplace in 22 states. In 2022, Envolve expanded adult dental coverage to include **Kentucky, Louisiana, Nebraska, and Oklahoma.**



Check patient benefits and eligibility by calling Customer Service or logging into our secure [Provider Web Portal](#).

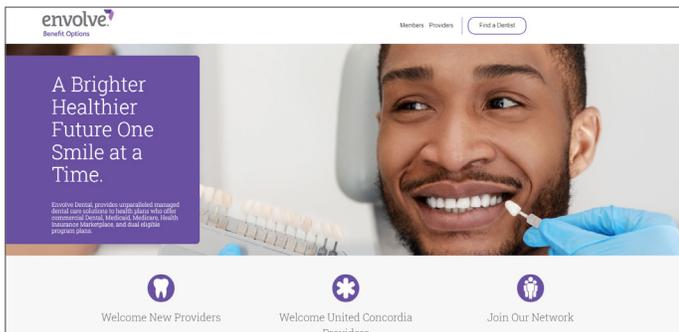
## New Website and Medicare Benefits Summary Tool

If you have not visited the brand new [envolvedental.com](#), please check us out! We have completely overhauled our site with streamlined navigation, custom state pages, ID card copies, provider education, and a new simplified Medicare Benefits Summary tool.

With the **Medicare Benefits Summary** tool available on the public website, both providers and patients can quickly see basic dental benefit information associated with **Wellcare Medicare** and **Ascension Complete Medicare**. Simply select the state and enter the CMS# (e.g., H0000) printed on the patient's ID card.

To find this tool, select "Medicare Benefit Summary" from the Provider dropdown menu. Providers are encouraged to check information online before calling Customer Service, as many of your questions can be answered through the tool.

To verify a specific patient's eligibility and benefits, providers must log on to Envolve's secure [Provider Web Portal](#).



CMS#	Plan Name	Type	Oral Exam	Cleaning	Dental X Ray
H0351-038	<a href="#">Wellcare Specialty No Premium (HMO C-SNP)</a>	CSNP	\$0 Copay / 2 every year	\$0 Copay / 2 every year	\$0 Copay / 1 every 12 to 36 months
H0351-052	<a href="#">Wellcare No Premium (HMO)</a>	HMO	\$0 Copay / 2 every year	\$0 Copay / 2 every year	\$0 Copay / 1 every 12 to 36 months
H0351-053	<a href="#">Wellcare No Premium (HMO)</a>	HMO	\$0 Copay / 2 every year	\$0 Copay / 2 every year	\$0 Copay / 1 every 12 to 36 months

## Cultural Competency Is A Core Value

Cultural competency is a set of behaviors, policies, and attitudes that harmoniously come together in a system, agency, or among healthcare professionals to bolster effectiveness in cross-cultural situations. It is the willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population.

To provide culturally competent and proficient medical or dental services, providers must ensure that patients have access to medical interpreters, signers and TTY services. Any services provided to facilitate communication are at no charge to the patient.



# Are You Coding Tooth Extractions Correctly?

Proper coding of tooth extractions will increase a dental office's efficient processing of claims and receipt of claims payments. It will also help eliminate patient confusion and questions to you and/or your staff when claims are not paid. Codes D7210 and D7250 are commonly misreported, which may result in delayed payments and trigger audits of patient records.

The following guidance is offered to assist your office so the need for corrected claims and appeals is decreased, thereby giving your staff more time to help your patients:



- **D7140** – extraction of an erupted tooth or an exposed root. This code applies to situations when tooth or exposed root removal is accomplished with either an elevator or forceps. In some cases, minor smoothing of socket bone, cutting of soft tissue, and placement of sutures may be necessary. No cutting of bone or sectioning of the tooth is performed. When a root remains due to gross decay or previous fracture not related to a previous extraction attempt, and no cutting of bone or sectioning of the remaining tooth structure is performed, only D7140 may be reported.
- **D7210** – extraction of an erupted tooth requiring removal of bone and/or sectioning of a tooth. Elevation of a mucoperiosteal flap may be necessary and is a part of this procedure, but it is not a requirement for this code. When a root remains due to gross decay or previous fracture not related to a previous extraction attempt and cutting of bone or sectioning of the remaining tooth structure is performed, D7210 is the appropriate code to be reported.
- **D7250** – removal of residual tooth roots. This code is only applicable when a previous extraction attempt results in a root or roots remaining in the socket and a different provider removes the root or roots on a subsequent treatment date. This code also requires cutting of soft tissue and bone. If the root removal is accomplished with an elevator and without cutting of bone or sectioning the root(s), D7140 is the appropriate code to report. Additionally, if the residual root is removed by the same provider that performed the incomplete extraction attempt, either D7140 when no cutting of bone or sectioning of the root(s) are performed, or D7210 when cutting of bone or sectioning of the root(s) are performed, may be reported.

If you have any questions regarding this information, please refer to Envolve Dental Clinical Policies ENVD.UM.CP.0023 and ENVD.UM.CP.0024, which are found in the Clinical Policies section on the Provider Web Portal. You may also reach out to our Provider Relations team at [ProviderRelations@EnvolveHealth.com](mailto:ProviderRelations@EnvolveHealth.com). Thank you for your continued participation in our network as we team to provide quality dental services to your patients and our members.

**David J. DePorter, DDS, MS, MPH**

*National Dental Director*

## Referrals Not Needed

As a reminder, Envolve Dental does not require general or pediatric dentists to obtain an authorization or referral to dental specialists. If a specialist is needed, providers should recommend to their patients a specialist in our network. Participating network specialists can be found on the health plan's "Find a Provider" page.

Note: Some specialists may have an office policy requiring a referral before scheduling an appointment for a patient. Please consult directly with the specialist for office-specific referral requirements.

# Help Improve Disability Access to Your Dental Practice

To improve healthcare access for patients with disabilities, please participate in the Provider Accessibility Initiative (PAI). The goal of the PAI is to ensure that members have the most up-to-date information on your location. Since this information is self-reported by you, your participation is especially valuable to the most vulnerable people in our communities.

The CDC reports that [26% of adults in the United States live with a disability](#). Adults with disabilities carry additional barriers as well:

- 1 in 3 (ages 18-44) do not have a usual healthcare provider and/or have an unmet healthcare need due to cost
- 1 in 4 (ages 45-64) did not have a routine checkup in the past year



We understand how important your time is. We believe everyone deserves equal access to quality healthcare and services. You can help make that a reality and help new patients easily find your accessible practice. [Please fill out the brief survey](#) to make a world of difference to the patients who need the most help!

## Appointment Wait Time

As part of Medicaid qualification, 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 appointment wait times:

Type of Care	Texas	All Other States
Routine Oral Exam	Within 14 days	Within 2 weeks
Sub-Acute Problem	Within 14 days	Within 2 weeks
Chronic Problem	Within 21 days	Within 4 weeks
Urgent (not life-threatening)	Within the same office day	Within the same office day

For Florida **Children's Medical Services** please see below:

- Urgent Care Services
  - > 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
- Routine Sick Patient Care
  - > Within 7 days
- Primary Dental Care
  - > Within 30 days
- Follow-up Dental Services
  - > Within 30 days after assessment



# No Surcharges for PPE

Ensuring patients mask up is a wise move in any dental practice. However, providers may not charge Medicaid and Medicare patients for services that include fees to cover the costs of personal protective equipment (PPE) such as infection control, biohazard, or other miscellaneous fees.

PPE should be considered content of service. No existing policies allow these patients to be charged an additional fee for PPE.

## Clinical Policies Posted Online

Envolve Dental takes individual circumstances and the local delivery system into account when determining medical appropriateness of dental services.

As a dental benefits administrator, we founded our objective clinical policy guidelines upon evidence-based dentistry to determine medical necessity when making utilization decisions.

Our Utilization Management Committee, which is composed of our dental directors and consultants, follows a formal process to develop and evaluate all clinical policy guidelines and procedures for applying criteria.

Current policies are available on our [Provider Web Portal](#).

## DENTAL CARE BY THE NUMBERS

### Envolve Dental Proudly Serves



**30** STATES



**78,000**  
PROVIDERS



**4.2M** MEDICAID  
LIVES



**844,000**  
MEDICARE LIVES



**281,000**  
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](mailto:providerrelations@envolvehealth.com).

**envolve**  
Benefit Options