



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.

Welcoming Wellcare Members in 29 States

Thank you for welcoming our Wellcare members to your offices for another year! As a reminder, providers in your office with an Envolve Medicare agreement are contracted to see Wellcare members. To ensure recognition, please share the new ID cards with your office staff. Please note, these are sample ID cards. Actual designs may vary slightly.

WELLCARE



WELLCARE BY ALLWELL



WELLCARE BY TRILLIUM ADVANTAGE



WELLCARE BY HEALTH NET



To view a member's benefit summary, try using the improved <u>Medicare benefit search</u> tool. The tool is now available on our website.

For more information on plans in your state, please visit us at envolvedental.com/mystate.

Centene Named to Fortune World's Most Admired Companies List

Centene, the parent company to Envolve Dental, is named in Fortune magazine's 2023 list of the World's Most Admired Companies. Fortune's list includes the most respected and reputable companies around the world, and Centene has made the list five years consecutively.

Sarah London, Centene CEO, credits the recognition to the hard work and dedication of Centene employees who share in the mission to transform the health of our local communities, one person at a time. 2022 was a tough year for many but gave Centene the opportunity to reach out and help the communities that were the most in need. After the tragedies that took place in Buffalo, Uvalde, and the Gulf Coast of Florida, team members from across the company came out to show support in the affected areas.

Envolve Dental is proud to share in the same mission and purpose as Centene. We work each day to ensure our members are living healthier lives.

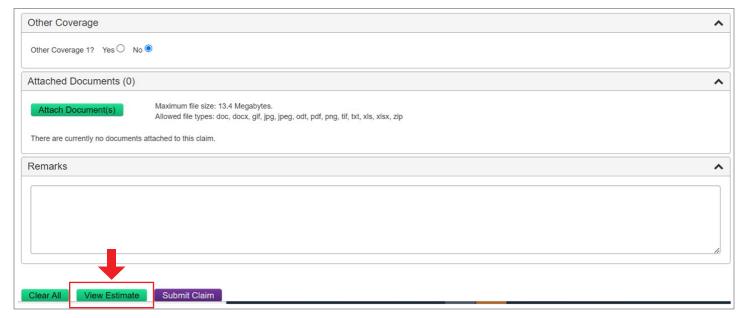


Now Available: Pre-claim Estimate Tool

Envolve Dental has just released our new pre-claim estimate tool. This tool will allow you to see what claims will pay out in real time. This function allows more accessibility to view claim estimates in aggregate and reduce the stress of additional research that you may encounter when wanting to know what a claim pays.

To access this secure tool, you will need to sign into the <u>Provider Web Portal</u> (PWP). Once logged in you will find the tool under the *Claim Submit* tab. To get an estimate, simply fill in the same information you would to submit a claim, but select the green *View Estimate* button instead of *Submit Claim*. This will generate the estimated payout for the claims you input. The image shows an example of the claims page and where to find the *View Estimate* button.

Please note that running the estimate does not mean that the claim has been submitted or is a guarantee of payment. To receive payment, you must still submit the claim. Please email Provider Relations at ProviderRelations@EnvolveHealth.com for any questions or trainings.



Scaling and Root Planing Clinical Policy Review

Envolve Dental is committed to providing quality services to providers, payors, and members. As part of this commitment, Envolve Dental strives to offer education opportunities to providers regarding service reimbursement and clinical policy.

Please review Envolve Dental clinical policy ENVD.UM.CP.0006 (non-surgical periodontal therapy) for medical necessity criteria and proper reporting of CDT[®] procedure codes D4341, D4342, and D4381.

For D4341 and D4342:

- Generalized bone loss must be visible on radiographs and/or root surface calculus must be present. Subgingival coronal calculus does not meet medical necessity criteria.
- Envolve policy limits benefit coverage to a maximum of two quadrants of scaling and root planing (SRP) on the same date of service. Exceptions to this rule will be considered only when supporting documentation confirms extraordinary circumstances of necessity.

For D4381:

- There must be a period of at least 28 days following scaling and root planing (SRP) before D4381 is eligible for reimbursement. This allows for proper healing and assessment of tissue response from the SRP;
- Reimbursement for D4381 is limited to two sites per quadrant per 24 months; and,
- Post-SRP re-assessment documentation (clinical records, new probing depths, intraoral photographs, and treatment notes) must demonstrate evidence of pocket probing depths greater than or equal to 5 mm AND residual inflammation not responsive to the SRP.

Envolve Dental clinical policy for non-surgical periodontal therapy is based on research studies published in refereed journals, publications and position statements from the American Academy of Periodontology, periodontology textbooks used in U.S. dental schools, state policies, and documentation on the American Dental Association's website.

When these services are covered benefits, Envolve Dental members may not be held liable for charges when treatment is inconsistent with Envolve Dental clinical policies and payment guidelines.

A complete set of Envolve Dental Clinical Policies and Provider Manuals is located on the secure <u>Provider Web Portal</u> (PWP). You may also visit <u>envolvedental.com/policies</u> to access Envolve's clinical policies.

- **David J. DePorter**, DDS, MS, MPH Chief Dental Officer, Envolve Benefit Options

Resources at Your Fingertips

There are many resources on the <u>envolvedental.com</u> public website available to you, without the need to log into the secure Provider Web Portal (PWP). On the website you can find:

- Plans available in your state with ID card samples
- Frequently used Medicaid forms
- Provider resources
- Provider policies
- Medicare benefit search tool

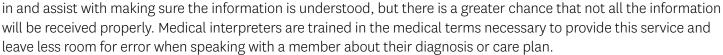


Moving or Adding Office Locations?

If your office has moved, added another location, or closed an office, it is important to make us aware of this change. To make an update, simply fill out this form and email to ProviderRelations@EnvolveHealth.com.

Translation Services Are Provided for Members

It is important to use a professional interpreter when relaying information to a patient. Family members, friends, and even office staff may be willing to step



Translation services are provided to members at no cost to them or you by calling the Member Services phone number listed on the member's ID card. When scheduling appointments, please make sure that all needs of the member are identified so they can be accommodated accordingly. Thank you for taking the time to meet our members' needs.



For 2023, Envolve has retired the Annual Dental Visit (ADV) and created two new Dental Measures. In previous years, the ADV measure tracked general dental visits in Medicaid members 21 years of age and younger. The below HEDIS measures have been implemented for 2023:

Oral Evaluation, Dental Services (OED) - Medicaid members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider.

Intent: Good oral health is a vital component of a child's overall health, and oral examinations are important to prevent disease, reverse disease processes, prevent progression of caries, and reduce incidence of future lesions. This measure will allow plans to understand if their pediatric members are receiving dental care and to work towards improving access and utilization of dental evaluations.

Applicable Measure Codes:

Oral Evaluation: CDT D0120
Oral Evaluation: CDT D0145
Oral Evaluation: CDT D0150

Topical Fluoride for Children (TFC) - Medicaid members 1-4 years of age who received at least two fluoride varnish applications.

Intent: Dental caries is the most common chronic disease in children in the United States. Topical fluoride plays an important role in preventing tooth decay. This measure will allow plans to understand if their pediatric members are receiving fluoride varnish applications and to promote fluoride varnish treatments for their younger members.

Applicable Measure Code:

Application of Fluoride Varnish: CDT D1206







No Fees for EFTs

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 in full. No fees are taken out of your payment when using EFT.

To enroll, complete an <u>EFT form</u> and submit with a voided check to <u>providerrelations@envolvehealth.com</u>. 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.

Re-credentialing Takes Place 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.

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 secure Provider Web Portal and also on the public website at envolvedental.com/policies.

DENTAL CARE BY THE NUMBERS

Envolve Dental Proudly Serves









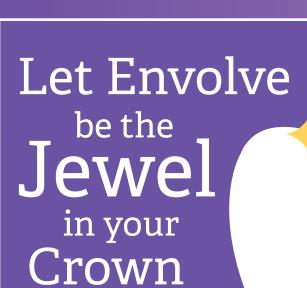


About Us

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**.









www.EnvolveDental.com/ada



Benefit Options

As an Envolve network provider, you'll enjoy:







