Managed Health Services (MHS) Dental 101

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Today’s Agenda:

• MHS ID Card Samples
• HIP Plus Extractions
• Endodontic Updates
• Sedation
• Authorizations
• Appeal Process
• Claims
• LexisNexis Risk Solutions
• Provider Changes, Updates and Status Inquiries
• Out of Network Providers
• Peer to Peer Requests
• MHS/Envolve Dental Provider Web Portal
• Resources
MHS Card ID Samples
MHS Card ID Samples

Hoosier Care Connect:
Hoosier Care Connect is a health care program for individuals who are aged 65 years and older, blind, or disabled, and not eligible for Medicare.

Member Name:
Member RID:
RXBIN: 004336
RXPCN: MCAIDADV
RXGROUP: RX5440

Member Copays:
Transportation: $1 one way/$2 round trip
Prescriptions: $3 per prescription
Non-emergent Emergency Room: $3

Copay Exceptions include:
Members who are pregnant, Native American, under 18 years old, or have met their 5% max. Other exceptions include medications for family planning and transportation to educational events or Member Advisory Council meetings.

PROVIDERS:
This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Verify eligibility before delivering services:

Secure Portal: mhealthindiana.com/login - Check eligibility, get prior auth, covered benefits and more.
Pharmacy Prior Auth: Envelope Pharmacy Solutions
Phone: 1-866-599-0959, Fax: 1-866-599-0929

Aetna Insurance: 1-855-676-6976

MHS Provider Fax: 1-866-912-4245
MHS Provider Services: 1-877-647-4848

MEMBERS:
It is against the law for this card to be used by anyone except the person whose name is printed on the front of this card.

MHS Website: mhealthindiana.com - Check covered benefits, find a provider, CentAccount rewards and more.

MHS CentAccount Info Line: 1-877-619-6959
MHS 24 hr Nurse Advice Line: 1-877-647-4848
MHS Member Services: 1-877-647-4848
TDD/TTY: 1800-743-3333

CLAIMS INFORMATION
MHS Claims
PO Box 3022 - Farmington, IN 46040-3022

Behavioral Health: 1-877-647-4848
EnrollVision Benefits: 1-866-599-3774
EnrollDental Benefits: 1-855-669-5167
EnrollPharmacy Benefits: 1-866-378-0779

Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.
MHS Card ID Samples

Hoosier Healthwise:
The Hoosier Healthwise program is a health care program for pregnant women, children and former foster children.
MHS Card ID Samples:

Healthy Indiana Plan:
The Healthy Indiana Plan (HIP) covers adults age 19-64 who meet specific income requirements.
HIP Plus Extractions
Endodontic Updates
Sedation Updates
HIP Plus Extractions

Removal of extraction limitations for HIP Plus:

D7140 HIP Plus:

• Previous policy limits the number of restorations/extractions to 4 per benefit year.

• The new policy would not limit the number of extractions per benefit year.

• Indicate tooth number for each tooth extracted on a separate service line.
Endodontic Updates

Removal of endodontic benefits for over age 21 years of age for HIP State Plan Basic and HIP State Plan Plus.

- Codes (D3310-D3430) coverage changed to 19-20 years.
Sedation Updates

• **BR201812** IHCP clarifies reimbursement restrictions for dental anesthesia codes.

• Note that the reimbursement restriction to one type of sedation per DOS does not apply to codes billed for the same type of sedation:
  – D9222 and D9223 may be reimbursed for a member on the same DOS.
  – D9239 and D9243 may be reimbursed for a member on the same DOS.

• As indicated by the asterisks on certain codes in Table 2 as indicated in BR201812, reimbursement for dental anesthesia codes D9222, D9230, D9239, and D9248 is limited to one unit per DOS per member.

*If your claim was denied in error for this reason, please resubmit your claim by paper with a copy of this bulletin with a brief summary, and the claim will be manually reprocessed.*
Authorizations
Appeal Process
Peer to Peer Reviews
Prior Authorizations

• Please submit authorizations 7 days prior to scheduled services.
  – Determinations are based on covered services and medically necessity.
  – Determinations are made within seven (7) calendar days from date request is received.
  – Providers are notified via fax within one business day after the determination.
• To request an urgent /expedited review contact Provider Services at 1-855-609-5157
  – Expedited requests are determined within three calendar days
• Prior authorization expiration – 180 days.

*Please see the Envolve Provider Manual for details.
*Notice of adverse action is mailed to members.
Authorization Submissions Process

- Envolve Dental Provider Web Portal at https://pwp.envolvedental.com
- Electronic clearinghouses, using Envolve Dental payor identification number 46278.
- Alternate, pre-arranged, HIPAA-compliant electronic files.
- Paper request on a completed ADA (2006 or later) claim form by mail.
- For urgent requests, call Provider Services at 1-855-609-5157.
Provider Appeals
Authorizations & Claims

• Authorization & claim appeals must be filed within 67 calendar days of receiving the denial.

• To request reconsideration of a denied authorization, a provider may write to:

Envolve Dental Appeals,
Corrected Claims & Grievances– IN
PO Box 20847
Tampa, FL 33622-0847
LexisNexis Risk Solutions
Provider Changes, Updates and Status Inquiries
Out of Network Providers
LexisNexis Risk Solutions

• Providers must insure up-to-date information about your practice.
• Failure to comply can lead to:
  – Termination from provider network.
  – Delay of claim payment.
• Review and update your provider directory information on a quarterly basis.
Provider Changes, Updates and Status Inquiries

When submitting a provider change, update or status inquiry, send the follow information directly to Providerrelations@envolvehealth.com.

- Effective date of the change
- Provider name
- Provider NPI #
- Provider tax identification #
- Updated location address
- Old location address
- Group practice name
Out of Network Providers

• Currently, Out of Network providers can see MHS members for services.
• The Provider must be enrolled in IHCP to perform services.
• Providers must submit claims by paper with a W-9 to:
  
  Envolve Dental
  
  Claims: IN
  
  PO Box 20847
  
  Tampa, FL 33622-0847

• Please confirm through IHCP Provider Health Care Portal the patient is an MHS member with dental benefits
  
  For provider questions, please call 1-855-609-5157.
Peer to Peer Review

- Only the treating dentist may request a peer-to-peer phone call review within 30 calendar days from the date of the denial.
- For denied or partially denied authorization requests when additional clinical information exists which was not previously provided.
- To request a peer-to-peer review, call Envolve Dental Provider Services at 1-855-609-5157.

*Please see the Providers Manual for details
MHS/Envolve Dental Provider Web Portal
MHS Envolve Dental Provider Web Portal:

Envolve Dental Website: https://pwp.envolvedental.com

Key advantages:
• Fast, efficient, and time-saving
• Member eligibility
• View member history
• Scheduling assistant
• Paperless authorizations
• Electronic claims submissions
• Fast payments - EFT
• Updated MHS Envolve Dental information
• Medicaid reimbursement fee schedules
• Important notices
## Resources:

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<tr>
<th>Resource</th>
<th>Contact</th>
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<tr>
<td>Member Inquiries (MHS)</td>
<td>1-877-647-4848</td>
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<tr>
<td>Provider Web Portal</td>
<td><a href="https://pwp.envolvedental.com">https://pwp.envolvedental.com</a></td>
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<tr>
<td>Provider Email</td>
<td><a href="mailto:providerrelations@envolvehealth.com">providerrelations@envolvehealth.com</a></td>
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<tr>
<td>Provider Relations Phone &amp; Fax</td>
<td>Phone: 1-855-609-5157</td>
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<td>MHS Envolve Provider Manual Requests</td>
<td>Fax: 1-844-815-4448</td>
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<td>MHS Envolve Bulletin Enrollment</td>
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<td>Credentialing Fax</td>
<td>1-844-847-9807</td>
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<td>PO Box 20847</td>
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<tr>
<td>Candy Ervin Provider Relations and Market Manager</td>
<td>1-317-684-9478 x 20187</td>
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<td><a href="mailto:Candace.Ervin@Envolvehealth.com">Candace.Ervin@Envolvehealth.com</a></td>
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Questions