



Benefit Options

APPENDIX: PLAN SPECIFICS

MHS Indiana Medicaid Dental Benefits

Envolve Dental, Inc. (Envolve Dental) administers the dental benefit for Managed health Services (MHS). MHS Medicaid members are eligible for clinically indicated dental services within the scope of Indiana’s fee-for-service Medicaid program, as detailed below. Envolve Dental’s clinical criteria, policies and procedures, web portal training, and important reminders are available on the Envolve Dental website and Provider Web Portal. For assistance accessing Envolve Dental’s clinical criteria, or to request paper copies of any of Envolve Dental’s clinical policies, contact Envolve Dental 1-855-609-5157, Monday through Friday from 8 a.m. – 5 p.m. Eastern Time. You may also reach us by email at providerrelations@envolvehealth.com. For specific individual member benefits and eligibility, access Envolve Dental’s Provider Web Portal by visiting pwp.envolvedental.com. You can also call 1-855-609-5157 to reach Envolve Dental’s automated member eligibility-verification system, available seven days a week, 24 hours per day. Envolve Dental will provide dental services to the following Indiana Health Coverage Program (IHCP) Medicaid member eligibility categories:

- Healthy Indiana Plan (HIP Basic)
- Healthy Indiana Plan (HIP Plus)
- Healthy Indiana Plan (HIP State Plan Basic, HIP State Plan Plus, HIP State Plan Plus Copay, HIP Maternity)
- Hoosier Care Connect
- Hoosier Healthwise

COVERED SERVICES

Envolve Dental provides dental services for IHCP covered members. For detailed coverage and coding information, please visit Envolve Dental’s Provider Web Portal: pwp.envolvedental.com. Dental coverage is consistent with Healthy Indiana Plan benefits, limits, and exclusions: www.in.gov/medicaid.

MHS Plans	Benefit Summary (may include additional benefits) *Review Envolve Dental’s clinical criteria on the Provider Web Portal prior to providing services
Healthy Indiana Plan (HIP) <ul style="list-style-type: none"> • HIP Basic <i>*age 19-64 years</i>	<ul style="list-style-type: none"> • Injury Benefits • Limited Preventive Services (EPSDT only)
Healthy Indiana Plan (HIP) <ul style="list-style-type: none"> • HIP Plus <i>*age 19-64 years</i>	<ul style="list-style-type: none"> • Two oral exams every 12 months • Two cleanings every 12 months for members through age 20 • One cleaning every 12 months for members age 21+ • Four bitewing x-rays every 12 months • Full-mouth radiograph series (D0210 includes bitewings) or panoramic x-rays (D0330) once every 60 months • Restorative services (fillings) and extractions (four total per benefit year) • Crowns (one per benefit year) • Emergency dental services
Healthy Indiana Plan (HIP) <ul style="list-style-type: none"> • HIP State Plan Basic • HIP State Plan Plus • HIP State Plan Plus Copay • HIP Maternity <i>*age 19-64 years</i>	<ul style="list-style-type: none"> • Two oral exams every 12 months • Two cleanings every 12 months for members through age 20 • One cleaning every 12 months for members age 21+ • Two fluoride treatments every 12 months for members through age 20 • One complete bitewing x-ray series per member every 12 months • Full-mouth radiograph series (D0210 includes bitewings) or panoramic x-rays (D0330) once every 36 months



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	<ul style="list-style-type: none"> • Periodontal services including scaling and root planing • Minor restorative services, such as fillings • Major restorative services, such as crowns • Simple and surgical tooth extractions (based on medical necessity) • Orthodontia for members through age 20 (based on medical necessity) • Dentures, partials, and repairs (with limits) • Dental surgery (with limits) • Emergency dental services
<p>Hoosier Care Connect (HCC) (Full and Package A) <i>*age 0+ years</i></p>	<ul style="list-style-type: none"> • Two oral exams per 12 months • Two cleanings every 12 months for members through age 20 • One cleaning every 12 months for members age 21+ • Two fluoride treatments every 12 months for members through age 20 • One complete bitewing x-ray series per member every 12 months • Full-mouth radiograph series (D0210 includes bitewings) or panoramic x-rays (D0330) once every 36 months • Periodontal services including scaling and root planing • Sealants for members up to age 20 (one per tooth, per lifetime) • Minor restorative services, such as fillings • Major restorative services, such as crowns • Tooth extractions (based on medical necessity) • Orthodontia for members through age 20 (based on medical necessity) • Dentures, partials, and repairs (with limits) • Dental surgery (with limits) • Emergency dental services
<p>Hoosier Healthwise (Package A and CHIP) <i>*age 0+ years, Package A</i> <i>*age 0-19 years, CHIP</i></p>	<ul style="list-style-type: none"> • Two oral exams every 12 months • Two cleanings every 12 months for members through age 20 • One cleaning every 12 months for members age 21+ • Two fluoride treatments every 12 months for members through age 20 • One complete bitewing x-ray series per member every 12 months • Full-mouth radiograph series (D0210 includes bitewings) or panoramic x-rays (D0330) once every 36 months • Periodontal services including scaling and root planing • Sealants for members up to age 20 (one per tooth, per lifetime) • Minor restorative services, such as fillings • Major restorative services, such as crowns • Tooth extractions (based on medical necessity) • Orthodontia for members through age 20 (based on medical necessity) • Dentures, partials, and repairs (with limits) • Dental surgery (with limits) • Emergency dental services

DENTAL PRACTICE VISIT

MHS and Envolve Dental offer a value-added dental benefit to HIP and HCC members with special healthcare needs. The purpose of the benefit is to increase preventive dental visits by supporting members with special needs to feel



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comfortable in the dental office setting. All Envolve Dental providers are eligible and encouraged to participate. The benefit should be billed with D9430—Office visit for observation, but it will be promoted to members as a “practice visit,” where members go to the dental office to simulate a full dental exam. The benefit may be utilized four times per member, per lifetime. D9430 may not be billed on the same date of service as an exam, cleaning, or any other procedure.

AUTHORIZATION REQUIREMENTS

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. Standard authorization requests should be received at least seven calendar days in advance via:

- Envolve Dental Provider Web Portal at 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 claim form by mail (2019 most current version)
- For urgent requests, submit your authorization request and call Provider Services at 855-609-5157

Hospital or facility prior authorization requests must be made at the same time that the dental service authorization is requested. Providers must use a participating MHS hospital and receive prior authorization. To obtain the most recent listing of hospitals in your area:

- Visit MHS’ website: mhsindiana.com
- Call MHS Provider Services: 1-877-647-4848

CLAIM SUBMISSION

The timely filing requirement is six months from the date of service. No reimbursement will be made for claims received beyond this date. Claims received after the six-month filing deadline will be considered a provider liability and members may not be billed for services. Include applicable arch, quadrant or tooth identifiers as applicable when billing for dental services. Clean claims will be processed within 30 calendar days. Electronic claims will be processed within 21 days. Claims with retrospective review requirements may take additional processing time. Providers that verify eligibility and submit claims within 72 hours after the verification process will have their claims honored. Submit claims in one of these formats:

- Envolve Dental Provider Web Portal at: pwp.envolvedental.com
- Electronic claim submission through selected clearinghouses: Payor ID 46278
- Alternate pre-arranged HIPAA-compliant electronic submissions
- Paper claims must be submitted on an ADA claim form and mailed to:
Envolve Dental Claims: IN, PO Box 20847, Tampa FL 33622-0847

APPEALS & GRIEVANCES:

Claim Payment Appeals must be filed within 60 calendar days from the date of notification of payment or denial. All written provider appeals will be resolved within 30 calendar days.

To file an appeal or grievance, providers may:


- Call 1-855-609-5157 for information
- Email dentalappeals@envolvehealth.com

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- Write: Envolve Dental Appeals, Corrected Claims, and Grievances: IN, PO Box 20847, Tampa, FL 33622-0847

A member or their designee must submit appeals within 33 calendar days in writing to: MHS Appeals, P.O. Box 441567, Indianapolis, IN 46244.

MEMBER ID CARDS:




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

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.

HOOSIER CARE CONNECT
MEMBER ID CARD

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



<p>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: - mhsindiana.com/login - Check eligibility, get prior auth, covered benefits and more. Pharmacy Prior Auth: Envolve Pharmacy Solutions Phone: 1-866-399-0928, Fax: 1-866-399-0929 AcariaHealth Fax: 1-855-678-6976 MHS Provider Fax: 1-866-912-4245 MHS Provider Services: 1-877-647-4848</p>	<p>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: mhsindiana.com - Check covered benefits, find a provider, My Health Pays[®] rewards and more. MHS My Health Pays[®] Info Line: 1-877-259-6959 MHS 24 hr Nurse Advice Line: 1-877-647-4848 MHS Member Services: 1-877-647-4848 TDD/TYY: 1-800-743-3333</p>
<p>CLAIMS INFORMATION MHS Claims PO Box 3002 • Farmington, MO 63640-3802</p>	<p>Behavioral Health: 1-877-647-4848 Enolve Vision Benefits: 1-866-599-1774 Enolve Dental Benefits: 1-855-609-5157 Enolve Pharmacy Solutions: 1-800-378-0779</p>
<p>Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.</p>	



Member Name:
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HOOSIER HEALTHWISE
MEMBER ID CARD



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RXBIN: 004336
RXPCN: MCAIDADV
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HEALTHY INDIANA PLAN
MEMBER ID CARD



<p>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: - mhsindiana.com/login - Check eligibility, get prior auth, covered benefits and more. Pharmacy Prior Auth: Envolve Pharmacy Solutions Phone: 1-866-399-0928, Fax: 1-866-399-0929 AcariaHealth Fax: 1-855-678-6976 MHS Provider Fax: 1-866-912-4245 MHS Provider Services: 1-877-647-4848</p>	<p>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: mhsindiana.com - Make a POWER Account payment, check covered benefits, find a provider, My Health Pays[®] rewards and more. MHS My Health Pays[®] Info Line: 1-877-259-6959 MHS 24 hr Nurse Advice Line: 1-877-647-4848 MHS Member Services: 1-877-647-4848 TDD/TYY: 1-800-743-3333</p>
<p>CLAIMS INFORMATION MHS Claims PO Box 3002 • Farmington, MO 63640-3802</p>	<p>Behavioral Health: 1-877-647-4848 Enolve Vision Benefits: 1-866-599-1774 Enolve Dental Benefits: 1-855-609-5157 Enolve Pharmacy Solutions: 1-800-311-0557</p>
<p>Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.</p>	