



Benefit Options

APPENDIX: PLAN SPECIFICS

MERIDIAN MEDICARE-MEDICAID PLAN (MMP) DENTAL BENEFITS

Envolve Dental administers the dental benefit for Meridian Medicare-Medicaid Plan (MMP). It is designed for clients in Illinois who are eligible for both Medicare and Medicaid (also known as Medicare-Medicaid Alignment Initiative, or MMAI). This plan is available to seniors and persons with disabilities who are enrolled in Medicare Parts A and B, and receive full Illinois Medicaid benefits, as detailed below.

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.

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 833-522-0132 to reach Envolve Dental’s automated member eligibility-verification system

COVERED DENTAL SERVICES AND CODES

Envolve Dental provides dental services for Illinois Department of Medicaid covered Meridian MMP members. Dental coverage is consistent with Medicare and Illinois Department of Medicaid benefits, limits, and exclusions: www.illinois.gov/hfs. For detailed coverage and coding information, please visit Envolve Dental’s Provider Web Portal: envolvedental.com/logon and search using the online grid tool.

Meridian MMP	Dental Benefit Summary (may include additional benefits) *Review Envolve Dental’s clinical policy guidelines on the Provider Web Portal prior to providing services
Adults Age 21+	<ul style="list-style-type: none"> • 1 periodic oral exam every 6 months (D0120) • 1 cleaning every 6 months • Bitewings once per 12 months • Full-mouth radiograph series (D0210 includes bitewings) or panoramic x-ray (D0330) once every 36 months • Periodontal services including scaling and root planing • Minor restorative services, such as fillings • Major restorative services, such as crowns • Tooth extractions (based on medical necessity) • Dentures, partials, and repairs (with limits) • Dental surgery (with limits) • Emergency dental services

AUTHORIZATION REQUIREMENTS

Some services require prior authorization to be obtained before rendering treatment. Other services are subject to pre-payment review with claim submission. To view the requirements per covered code, visit envolvedental.com and search using the online grid tool. Please maintain documentation in the member’s file of the necessity of services provided.

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.



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When possible, standard authorization requests should be received at least 14 calendar days in advance via:

- Envolve Dental Provider Web Portal at envolvedental.com/logon
- Electronic clearinghouses, using Envolve Dental payor ID number 46278
- Alternate, pre-arranged, HIPAA-compliant electronic files
- Paper request on a current (2012 or later), completed ADA claim form by mail
- For urgent requests, submit your authorization request and call Customer Service at 833-522-0132

Prior authorization decisions for non-urgent services shall be made within 4 calendar days. 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.

Hospital or Facility Authorizations

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 Meridian MMP facility and receive prior authorization.

To obtain the most recent listing of facilities in your area:

- Visit Meridian MMP website: mmp.ilmeridian.com/provider.html
- Call Meridian MMP Provider Services: 855-580-1689

CLAIM SUBMISSION

The timely filing requirement is 180 days for standard and corrected claims. 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. Clean claims will be processed within state guidelines of receipt. Claims with retrospective review requirements may take additional processing time.

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 Claims
PO Box 22377
Tampa, FL 33622-2377

Billing for Crowns and Dentures

For crowns, the date of service must be billed according to the cementation date. For dentures, the billed date of service must be the "seat date"/date of insertion.

APPEALS & GRIEVANCES

Claim appeals must be filed within 180 days from the date of notification of payment or denial and will be resolved within 30 calendar days of receipt.



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To file a provider appeal or grievance, providers may:

- Call 833-522-0132 for information
- Email dentalappeals@envolvehealth.com or dentalgrievances@envolvehealth.com as applicable
- Write: Envolve Dental Appeals and Grievances
 PO Box 22377
 Tampa, FL 33622-2377

Members (or providers on behalf of members) must submit prior authorization appeals within 60 days in writing to:

Meridian MMP
Appeals & Grievances Medicare Operations
7700 Forsyth Blvd
St. Louis, MO 63105

Resolution for prior authorization appeals will be provided within 15 days.



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Meridian MMP Dental Benefits Envolve Dental Provider Quick Reference	
Provider Web Portal (PWP) envolvedental.com/logon	<ul style="list-style-type: none"> • Verify member benefits and eligibility • File claims and review claim status • Download, research, and reprint EOPs • Request/submit secure, HIPAA compliant prior authorization • Access important provider information <ul style="list-style-type: none"> ○ Covered dental codes and details ○ Clinical policy guidelines ○ Provider manuals, training, bulletins
Website envolvedental.com	<ul style="list-style-type: none"> • 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
Electronic Clearinghouse Authorizations and Claims	<ul style="list-style-type: none"> • Envolve Dental Payor ID Number 46278 463090 ENVD IL Meridian Medicaid 463061 ENVD IL Medicare
Paper Authorizations, Claims, Provider Appeals	Envolve Dental PO Box 22377 Tampa, FL 33622-2377
Automated Member Eligibility Verification System 24 hours/7 days a week Customer Service Phone Number Monday through Friday 8 am – 5 pm CT	833-522-0132
Customer Service Email Address	providerrelations@envolvehealth.com

Meridian MMP MEMBER ID CARD: EXAMPLE ONLY

