envolve ™

Benefit Options

Provider Web Portal (PWP)

Training

PWP Features

Provider Manual/ Benefit Grid

Eligibility

Claims

Authorizations

Remittance Advice

Entity Management

Patient Management

Website and Log In

- Navigate to https://pwp.EnvolveDental.com on your web browser
- Sign in using your username and password

envolve
Benefit Options

Dental Provider Web Portal

Returning Users

Username *

Password *

Login

Forgot your user name or password?

New User?
Register Now

Provider Manual/Benefit Grid

- Find the provider manual and benefit grid using the purple bar at the top of the page. Navigate to:
  - Documents > Insurer Documents > Select your state

Eligibility

- On the landing page is our member Eligibility feature to check active enrollment

- Select the Location and Provider

- Enter a Date of Service (it will only let you go back 30 days)

- Enter the Subscriber ID/DOB and click "Verify Eligibility"

- Users can also start a claim after checking eligibility

- If you have additional questions regarding eligibility, please contact Customer Service at the phone number listed in your provider manual

Date of Service

07/14/2020

◉ Subscriber ID and date of birth

Subscriber ID

Date of Birth

◯ Last name and date of birth
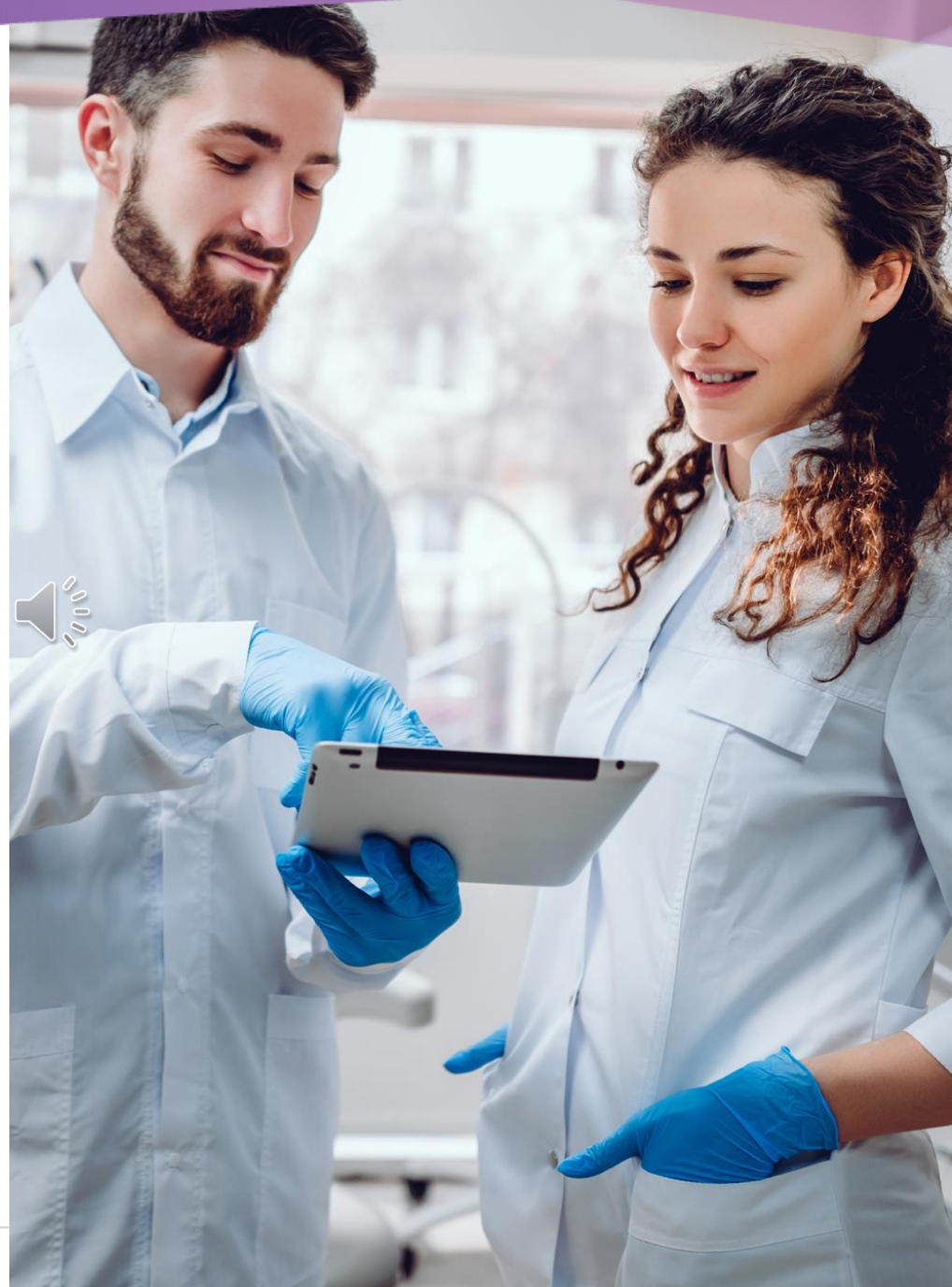
Reset   Verify Eligibility

Claims

Claims feature includes:

- Claim Submission

- Claim Dashboard

- Claim Search/Status

This section will cover the features above and these:

- Corrected Claims

- Claim Appeals

- Timely Filling Deadlines

Claim Submission

Three ways to submit claims:

1 Provider Web Portal

2 Electronic Clearing House *(Payer ID: 46278)*

3 Mail *(For address, check your provider manual/Contact Customer Service)*

Claim Submission in Provider Web Portal

- Using the purple bar at the top, navigate to:
  - Claims > Submit Claims
- Online claim form is similar to paper ADA form
- Fill out necessary information corresponding to the date of service

Claim Submission in Provider Web Portal

- Continue to fill claim submission form online
  - Fill Service code(s)
  - Attach documentation
  - Enter remarks

Claim Submission in Provider Web Portal

- When "Other Coverage" is selected, it will open a filed to enter more information
  - It will also ask if the Explanation of Benefits is included
  - If yes, it will as to enter the code(s) and rates

Claim Dashboard

- This is a feature of the online portal that allows users to view claims submitted, sorted by location and provider
  - Used to search claims under provider/location
  - Check claims received, in process, and processed from this tool

Claim Search

- The "Claims Search" feature allows users to search for specific claims

- Search using claim number, member information, and provider information if necessary

Corrected Claims

Corrected Claims can be submitted via PWP or Paper Mail.

Corrected Claim Requirements:

– 2012 ADA Form or Newer Version (mailing only)

– Write Corrected Claim at the top of the form (mailing only)

– On box 35 or in a separate narrative please advise why you're sending a corrected claim (mailing only)

– Attach any supporting documents

– Please review Provider Manual for mailing address

– Contact customer service for additional assistance
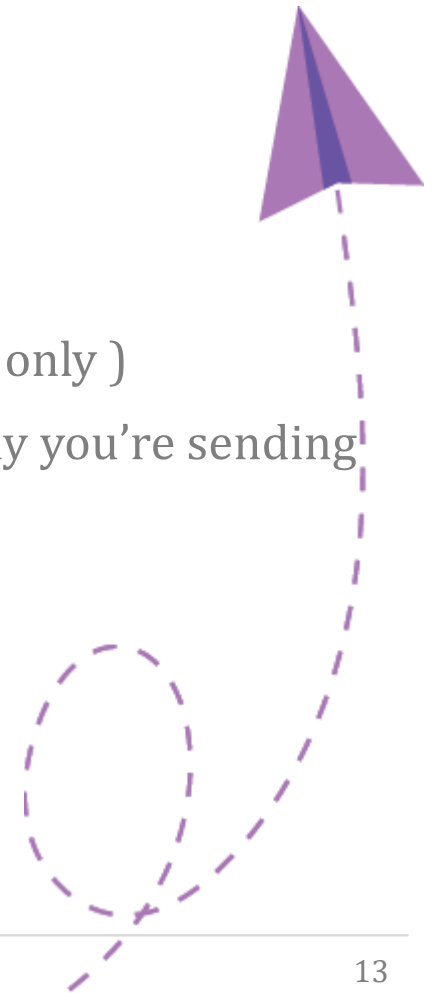
Claim Appeals

All appeals need to be mailed

- Requirements:
  - 2012 ADA Form or Newer Version
  - In a separate narrative please advise why you're appealing the claim
  - Attach any supporting documents
  - Please review Provider Manual for mailing address
  - Contact customer service for additional assistance

Timely Filing Deadlines

- Every process has their own timely filing

  – Please be sure to check the provider manual for additional information.

- Medicaid and Medicare have different timeframes
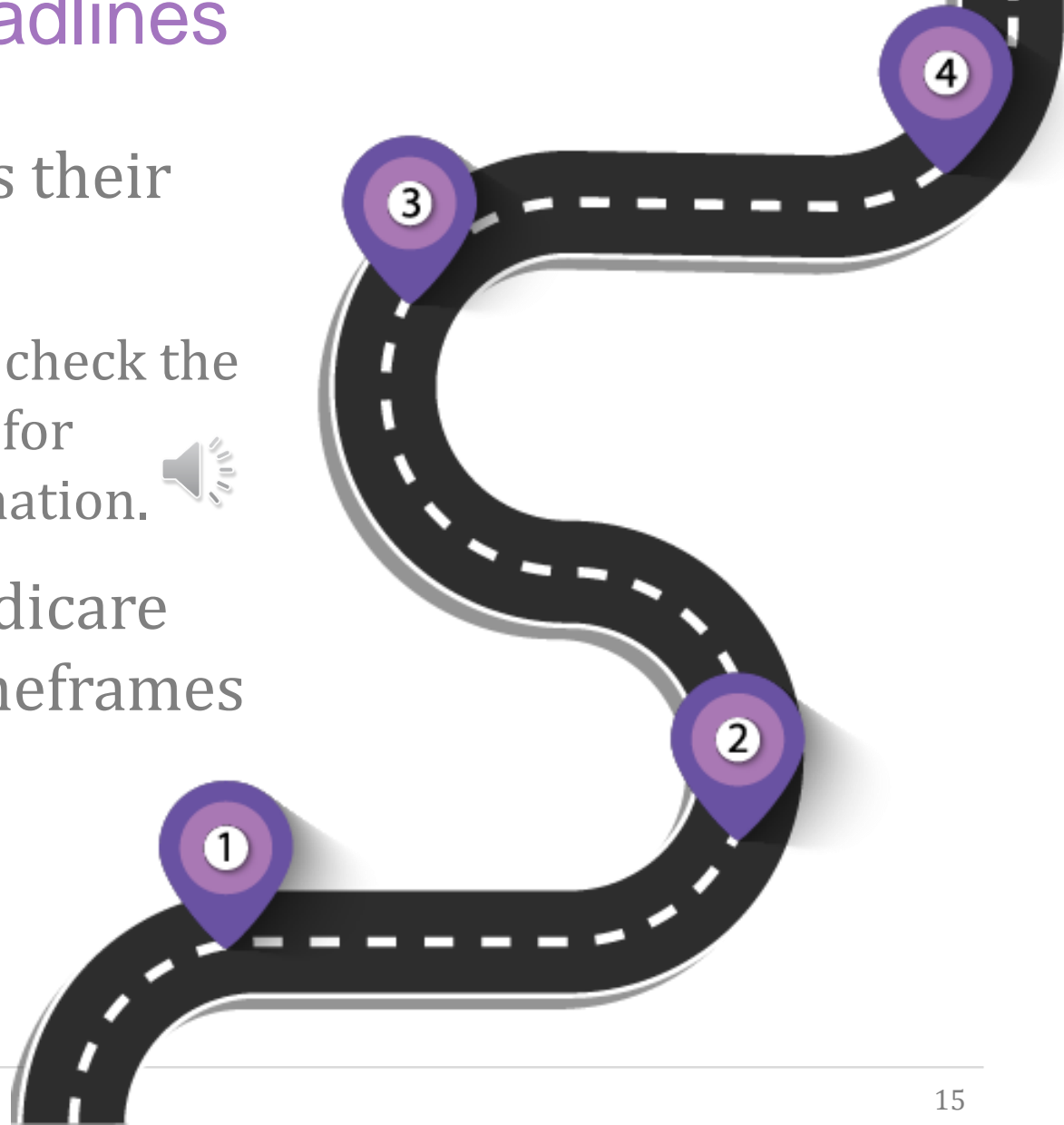
Authorizations

- There are two main ways to submit Prior-Authorizations:

1   Provider Web Portal

2   Mail *(Please review provider manual or contact customer service for address)*

- Requirements are listed on the Benefit Grid or Clinical Policies

- Tentative date must be at least two weeks – one month out (Retrospective Authorizations cannot be submitted online)

- Examples below......

Date of Service
07/14/2020

◉ Subscriber ID and date of birth

Subscriber ID

Date of Birth

◯ Last name and date of birth

Reset   Verify Eligibility

Home   Claims ▾   Authorizations ▾   Patient Management   Entity Management   Documents

Authorization Entry ⓘ

Patient Eligibility and Provider Information

Data Entry   Roster

Patient Information

Subscriber ID
First Name
Last Name
Date of Birth
Tentative Service Date   mm/dd/yyyy

Ancillary Information

Expedited? No ○ Yes ●

Will the timeframe seriously jeopardize the enrollee's life or health? No ● Yes ○

Will the timeframe affect the enrollee's ability to attain or maintain maximum function or does the condition meet state requirements for expedited authorization? No ● Yes ○

Treatment for Orthodontics? No ○ Yes ●

Date Appliance Placed [   ]

Months of Treatment Remaining [   ]

COC only

Replacement of Prosthesis? No ○ Yes ●

Date of Prior Placement [   ]

Treatment Related to: ☐ Employment ☐ Auto Accident ☐ Other Accident

Missing Teeth

Missing Teeth? No ○ Yes ●

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Select All Teeth | Clear All Teeth

NEA # in remarks

Clear All   Skip Review and Submit   Review Requirements and Submit

Reconsideration/Authorization Appeals

Please contact Customer Service at the number in the Provider Manual for additional information as some requests cannot be submitted through the portal
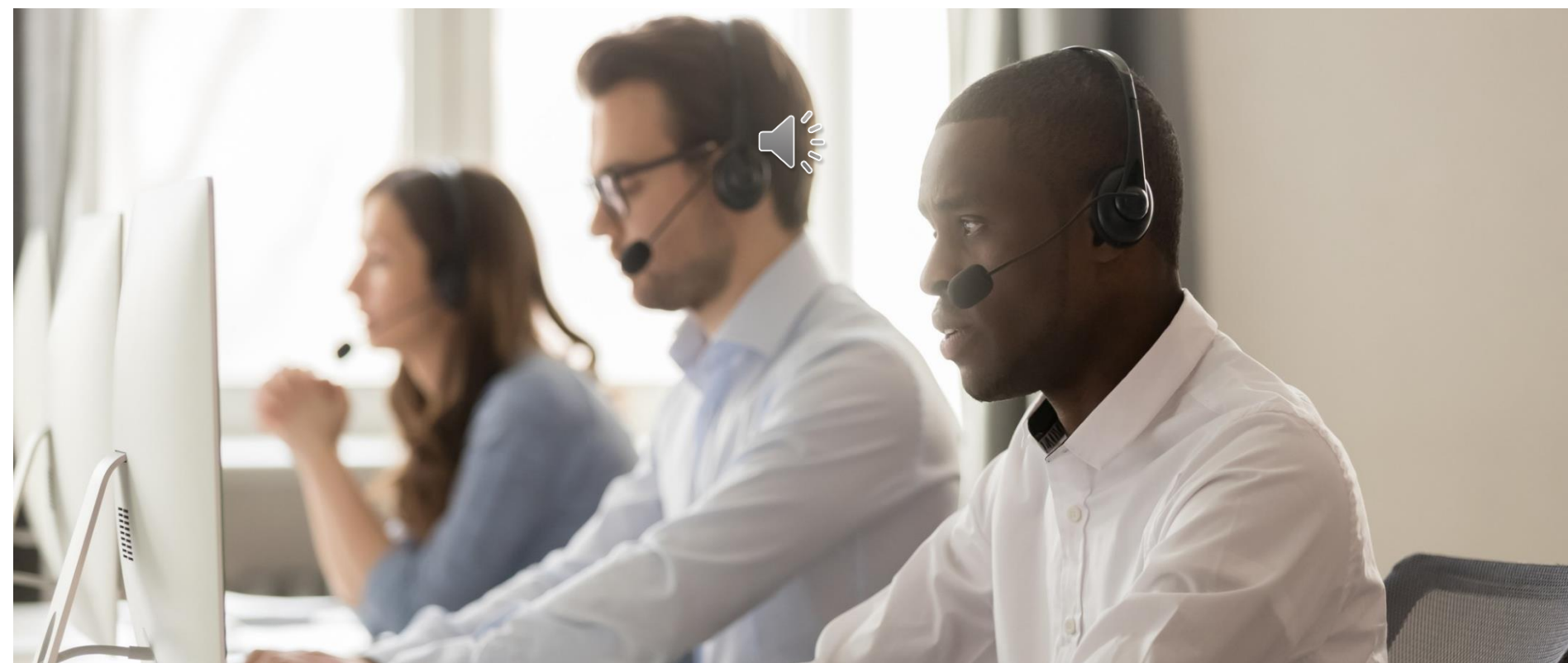
Evidence of Payment (EOP) Remittance Advice

- "Payee" accounts have access to view EOPs online

- Other types of user accounts cannot view EOPs online

- Located on the bottom right side of the landing page

Payments

Recent   Historical

Last five payments are shown.

Date	Amount	View
11/14/2019	$834.21	☰
11/07/2019	$1,571.00	☰
10/31/2019	$1,437.35	☰
10/17/2019	$90.48	☰
10/10/2019	$1,452.11	☰

Entity Management

- Entity Management will allow you to update provider information, office hours & information. **Step by step process on the following slide.**

Entity Management ⓘ

Payee Information ⌃

Details

Name

Address

Phone
Fax
NPI

EFT Information

Status
Account Type
Routing Number
Account Number

| Locations | Providers |

Locations

Name ⇕	Address ⇕	City ⇕	State ⇕	Zip ⇕	Verification Status ▾ ❓	
Search Name	Search Address	Search City	State	Zip	None Selected ▾	
					⭕ Verification Not Required	Edit

Provider & Location Verification Process
Slides 19-26

Step 1. In the purple bar below click on Entity Management

Home	Claims ▾	Authorizations ▾	Patient Management	Entity Management	Documents	Reports ▾	Setup ▾	Contact Us
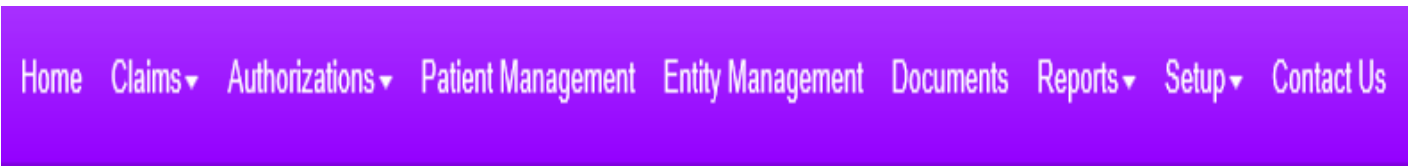
Step 2. You will see the screen below once you follow Step 1.

Entity Management ⓘ

Payee Information

Details

Name

Address
        Hazlehurst, MS 39083-3027

Phone   (601)894-

Fax   (601)894

NPI

EFT Information

Status   Confirmed

Account Type   Checking

Routing Number   *****·

Account Number   ****

Provider & Location Verification Process Continued…..

Step 3. Excluding the omitted office name, NPI and address, the payee information will be listed at the bottom. There will be a tab for locations and providers that can verified.

Entity Management ⓘ

Payee Information

Details

Name	
Address	
	Hazlehurst, MS 39083-3027
Phone	(601)894-
Fax	(601)894
NPI	

EFT Information

Status	Confirmed
Account Type	Checking
Routing Number	*****'
Account Number	****

Locations	Providers

Provider & Location Verification Process Continued…..

Step 4. On each tab you will either list the location name & address under the location tab, or provider first name, last name, middle initial and NPI under the provider tab. Both tabs will have an edit button available to you.

Provider & Location Verification Process Continued…..

Step 5. If you click the "edit" button for the location, the screens will look similar to the below; however all of the practice's information will be listed. In addition there are 3 steps to verify (all listed below and following additional slides 23 & 24)

Location Directory Verification

Step 1: Location Information

General Information

Field	Value
Name	.
Address 1	
Address 2	
City	Hazlehurst
State	MS
Zip	39083 - 3027
Phone Number	(601) 894-
Fax Number	(601) 894- .
Email Address	.

☐ Display Email in Provider Directories

NPI .

Location Hours

Location hours are required for each day of the week.
Enter office hours in HH:MM AM/PM format

	Closed	Open	Close	Reopen	Close
Monday	☐	08:00 am	05:00 pm		
Tuesday	☐	08:00 am	05:00 pm		
Wednesday	☐	08:00 am	12:00 pm		
Thursday	☐	08:00 am	12:00 pm		
Friday	☑				
Saturday	☑				
Sunday	☑				

Appointment wait time in days

Office wait time in minutes

Step 1   Step 2   Step 3

Provider & Location Verification Process Continued…..

Languages English ▾ ◀

Web Address

Accessibility

Does this location have age restrictions?

⦿ Yes

   Age Min 0 ◀   Age Max 99 ◀

○ No

Is this location accessible to people with special needs?

⦿ Yes

○ No

Is this location accessible to people with disabilities?

⦿ Yes

   Select Accessibility Accomodations

   Parking ▾

○ No

Is this location on a public transportation route?

○ Yes

⦿ No

Does this location offer access to an interpreter?

○ Yes

○ No

⦿ N/A

Does this location offer sedation services?

○ Yes

⦿ No

○ N/A

Does this location offer additional methods of service?

○ Yes

⦿ No

Cancel   Next

Provider & Location Verification Process Continued…..

Location Directory Verification

Step 2: Associated Providers

Location

Hazlehurst, MS 39083-3027

Step 1 ✓ Step 2 ✓ Step 3 ✓

Select the providers that practice at this location.

Associated ⇕	Name ⇕	NPI ⇕	Verification Status ⇕ ⓘ	
☑			🛡 Verified	Edit

Do all associated providers appear on the list above?

◉ Yes
○ No

Back   Next

Location Directory Verification

Step 3: Attestation

Step 1 ✓ Step 2 ✓ Step 3 ✓

I have verified and attest that all the information presented above regarding our provider(s) and office location(s) is correct and no additional changes are required.

☐ I confirm that the information has been verified and is considered accurate and the most up-to-date.

Back   Finish

Provider & Location Verification Process Continued…..

Step 6. Once you click on the option "Edit" for the provider tab, the screen will look identical the below screenshot and will there will only be one step process.

Provider Directory Verification

General Information

First Name		Specialties	General Dentistry ▼ ◄
Middle Name		Languages	English ▼ ◄
Last Name		State License	
Gender	Male ▼ ◄	Board Certification	
Date of Birth	◄	**Does this provider have Cultural Competency Training(CCT)?**	
NPI	- ◄	○ Yes ○ No ◉ N/A	
Phone Number	(601) 894- ◄		
Email Address	- ◄	**Electronic prescriptions?**	
	☐ Display Email in Provider Directories	○ Yes ○ No ◉ N/A	

Updated Information

Select any directory information that has changed and needs to be updated. If nothing has changed, skip this section.

Network Participation	☐	State License	☐
Accepting New Patients	☐	Board Certifications	☐

Attestation

> I have verified and attest that all the information presented above regarding our provider(s) and office location(s) is correct and no additional changes are required.

☐ I confirm that the information has been verified and is considered accurate and the most up-to-date.

Cancel Verify

Provider & Location Verification Process Continued…..

Most importantly ensure you click on the boxes that will advise you to confirm the information provided before choosing the verify option. If you attempt to click on finish/verify and you find that it's not going through; it's simply because that box has not been selected.

Patient Management

- This section covers the Patient Management feature

- This feature allows users to create a roster of patients

- The roster can then be used to schedule member appointments for the month

- It also allows users to check eligibility for every member scheduled on that day – in 1 click

Patient Management Continued.....

- Patient Management will have users Add Members to the roster

- It will be a similar search window as eligibility

- Once the members are added to the roster, then they can be added to the calendar

Add Patient to Roster ✕

◉ Subscriber ID and date of birth

Subscriber ID

Date of Birth
2000

○ Last name and date of birth

Reset Search

Last Name	First Name	DOB	Address	
BUCK	ANGEL	2000	NEWTON, MS	+ Add

Finish

Patient Management Continued…..

- To add members from the roster to the calendar, click on the blue "+" sign next to their name

- From there, the pop up will ask for a date of service to enter the member in the calendar

Location Roster (2 Patients)

Roster Search

Last Name ▲	First Name ⇕	DOB ⇕
ALV	BRI	1985
BUCK	ANGEL	2000

Add To Calendar

BUCK   ANGEL
2000

Enter date of service to add patient to calendar

12/01/2020

Add

Patient Management Continued…..

- The member(s) have been successfully added to the calendar for the date of service entered.

- Users can check the eligibility for all members scheduled for the day – using the Verify Eligibility button on the bottom right

End of Presentation

Envolve's Customer Service team can be reached using
Toll Free: 855-735-4395 for assistance with our web portal and
answers to general questions such as eligibility, benefits, and more.