

**APPENDIX: PLAN SPECIFICS****WELLCARE DELAWARE FIRST HEALTH DUAL ALIGN –****2026 INTEGRATED DENTAL BENEFITS**

The provisions outlined in these Plan Specifics shall prevail over any provision in the Centene Dental Provider Manual that may conflict or appear inconsistent with any provision contained in this document.

Centene Dental Services administers the dental benefit for Wellcare Delaware First Health Dual Align. The plan is designed for Delaware members who are eligible for both a Medicare Special Needs Plan (D-SNP) and Delaware Medicaid. Once enrolled, their dental benefit integrates Delaware Medicaid services with Wellcare Medicare Advantage. For members to receive full benefits, chosen dental providers should be contracted with Centene Dental Services for both Delaware Medicaid and Wellcare Medicare Advantage.

**MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 24/7**

- For specific individual benefits and eligibility, access our [Provider Web Portal \(PWP\)](#) (centenedental.com/logon).
- You may also call 877-236-0948 to reach our automated member eligibility-verification system.

**COVERED DENTAL SERVICES**

Dental coverage is consistent with [Wellcare Medicare](#) (centenedental.com/providers/provider-resources/medicare.html) and [Delaware Medicaid](#) (dhss.delaware.gov/dmma) benefits, limits, and exclusions. For a summary dental benefits, [view the Medicare Benefit Summary Tool](#) at centenedental.com/benefits. More detailed coverage information is [available on our Dental Code Search Tool](#) (centenedental.com/cdt).

**Wellcare Delaware First Health Dual Align Plan Benefit Summary\***

(may include additional benefits)

**Wellcare Medicare Supplemental Dental Benefits - \$3,000 per calendar year maximum**

- Oral exams, 2 per year
- Cleanings, 2 per year
- Fluoride once per calendar year
- X-rays and diagnostic services
- Fillings
- Anterior, premolar and molar root canals
- Partial dentures with repairs
- Fixed prosthodontics (Bridges)
- Additional oral surgery benefits
- Occlusal Guards

**Delaware Medicaid Dental Benefits**

- Members may be eligible for secondary coverage of Medicaid-covered dental services.
- Providers must be eligible to bill Delaware Medicaid as the secondary payer.
- The Medicaid benefit provides up to \$1,000 of dental care per calendar year; an additional \$1,500 per calendar year may be available for qualifying emergency or supplemental care when medically necessary.
- \$3 copay per visit.
- Members are liable for payment of dental services that exceed or are not covered by Medicaid.

**\*FULLY INTEGRATED PLAN MEDICARE/MEDICAID COORDINATION**

The Centers for Medicare and Medicaid Services (CMS) requires payers of fully integrated (FIDE) plans like Wellcare Delaware First Health Dual Align to create a “single stream” provider and member experience. Authorizations and claims will automatically take all covered benefits into account whether the service is Medicare- or Medicaid-covered and therefore should not be submitted separately to Centene Dental Services. Provider and member correspondence about coverage and payment will also not be separated based upon which benefit program covers a particular dental service.

## DENTAL CLINICAL POLICIES

Centene Dental applies clinical standards to all covered benefits, outlining for providers what conditions must be present for plan coverage. Please [review our clinical policies](#) at [centenedental.com/policies](http://centenedental.com/policies) prior to providing services. These policies include listings of required documentation to support payment and authorization requests.

## AUTHORIZATION REQUIREMENTS

Some services require prior authorization to be obtained before rendering and billing treatment. Other services are subject to pre-payment review with claim submission. To view the requirements per covered code, [use our online Dental Code Search Tool](#) ([centenedental.com/cdt](http://centenedental.com/cdt)).

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

- Centene Dental [Provider Web Portal](#) ([centenedental.com/logon](http://centenedental.com/logon))
- Electronic clearinghouses, using payor ID number 46278
- Alternate, pre-arranged, HIPAA-compliant electronic files

Paper submissions should be mailed to the address indicated in the Provider Quick Reference (last page)

- Requests must be submitted on a current (2019 or later) ADA original claim form
- Copies, handwritten or faxed forms are not accepted

For urgent requests, please mark your authorization request “Expedited Request” in the Centene Dental PWP or on your clearinghouse or paper submission. 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. For emergencies without prior authorization, please contact Customer Service for claim submission instructions within two business days of rendering emergency care.

**Please note:** Expedited requests not meeting urgent medical standards or lacking sufficient information for a fast decision may be downgraded to standard processing times.

Prior authorization decisions for non-urgent services shall be made within seven calendar days. An extension may be granted if the member, provider, or we justify the need for additional information and the extension is in the member's interest based on regulatory guidelines.

## CLAIM SUBMISSION

### Timely Filing Requirements

- All claims, including resubmission of corrected claims: One calendar year from date of service

Claims received after the timely filing deadline will be considered a provider liability and members may not be billed. Services billed should include applicable arch, quadrant or tooth identifiers. Claims with pre-payment review requirements may take additional processing time.

Submit claims in one of these formats:

- Centene Dental [Provider Web Portal](#) at [centenedental.com/logon](http://centenedental.com/logon)

- Electronic clearinghouses, using payor ID number 46278
- Alternate, pre-arranged, HIPAA-compliant electronic files

Paper submissions should be mailed to the address indicated in the Provider Quick Reference (last page)

- Requests must be submitted on a current (2019 or later) ADA original claim form
- Copies, handwritten or faxed forms are not accepted

### **Billing for Crowns, Dentures, and Root Canals**

The billed date of service for crowns is the final cementation date; for dentures, the insertion date; and for root canals, the final fill date.

### **PROVIDER CLAIM RECONSIDERATION & GRIEVANCES**

All provider requests for claim reconsideration must be received within 65 days from the date of notification or denial and will be resolved within 30 business days of receipt.

To file a provider claim reconsideration or grievance, providers may:

- Call 877-236-0948
- Email [dentalhwappeals@centene.com](mailto:dentalhwappeals@centene.com) or [dentalgrievances@centene.com](mailto:dentalgrievances@centene.com) as applicable
- Paper submissions should be mailed to the address indicated in the Provider Quick Reference (last page)

### **PRIOR AUTHORIZATION APPEALS**

Members (or providers on behalf of members) must submit prior authorization appeals within 65 days of receipt of the Integrated Denial Notice. Refer to the Provider Quick Reference table at the end of this document for details.

### **WELLCARE SPENDABLES® CARD**

- For Wellcare Spendables® support call 800-300-3046, and select Option 5 or [visit carecredit.com/providers](http://visit carecredit.com/providers).
- Wellcare Spendables card is a preloaded CareCredit debit card that may be used to cover eligible out-of-pocket expenses at a dental, vision or hearing provider that accepts CareCredit.
- Providers who opt-in to accept the Wellcare Spendables card will process payment through the CareCredit Provider Center. To process payments, you will need:
  - Member ID from the patient's insurance card
  - Member's last name
  - NPI Type 2 (for healthcare organizations)
  - NPI Type 1 (for individual healthcare providers)
  - Service code(s) associated with the charge
  - Fee(s) for the service code

## Wellcare Delaware First Health Dual Align Dental Benefits Provider Quick Reference

<b>Provider Web Portal (PWP)</b> (centenedental.com/logon)	<ul style="list-style-type: none"> <li>Verify member benefits and eligibility</li> <li>File claims and review claim status</li> <li>Download, research, and reprint EOPs</li> <li>Request/submit secure, HIPAA compliant prior authorization</li> <li>Access important provider information           <ul style="list-style-type: none"> <li>Covered dental codes and details</li> <li>Clinical policy guidelines</li> <li>Provider manuals, training, bulletins</li> </ul> </li> </ul>
<b>Website</b> (centenedental.com)	<ul style="list-style-type: none"> <li>View member ID card examples</li> <li>Update provider forms, including:           <ul style="list-style-type: none"> <li>Electronic Funds Transfers (EFT)</li> <li>Disclosure of Ownership (DOO)</li> <li>Credentialing documents</li> </ul> </li> <li>Read timely provider news and newsletters</li> </ul>
Electronic Clearinghouse Authorizations and Claims	<p>Centene Dental Payor ID Number 46278</p> <p><b>NEA Dental Numbers:</b> 463118 ENVD DE Delaware First Health Medicaid 463122 ENVD DE Medicare</p>
Paper Authorizations and Claims	<p>Centene Dental Medicare (Authorizations/Claims) P.O. Box 23768 Tampa, FL 33623-3768</p>
Member, Provider Appeals and Grievances	<p>Wellcare Delaware First Health Dual Align Appeals Department P.O. Box 10343 Van Nuys, CA 91410-0343</p>
<b>Automated Member Eligibility Verification System</b> 24 hours/7 days a week <b>Customer Service Phone Number</b> Monday through Friday 8 am – 5 pm local time	877-236-0948
Member ID Card	Please visit our website to <a href="#">view health plan ID card examples</a> (centenedental.com/mystate).