

APPENDIX: PLAN SPECIFICS

WELLCARE BUCKEYE MYCARE OHIO 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 Buckeye MyCare Ohio Dual Align. The plan is designed for Ohio members who are eligible for both a Medicare Special Needs Plan (D-SNP) and Ohio Medicaid. Once enrolled, their dental benefit integrates Buckeye Health Plan Ohio Medicaid services with coverage by Wellcare Medicare Advantage. For members to receive full benefits, chosen dental providers must be contracted with Centene Dental Services for both Ohio 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 855-659-6663 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 [Ohio Department of Medicaid \(ODM\)](#) (medicaid.ohio.gov) benefits, limits, and exclusions. For a summary of 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 Buckeye MyCare Ohio Dual Align Plan Benefit Summary*

(may include additional benefits)

Ohio Medicaid Dental Benefits

- 1 periodic oral exam (D0120) every 365 days
- 1 cleaning every 180 days
- Bitewings once per 6 months
- Comprehensive series of radiographic images (D0210 includes bitewings) or panoramic x-ray (D0330) once every 60 months
- Periodontal services including scaling and root planing
- Minor restorative services, such as fillings
- Major restorative services, such as crowns (with limits)
- Oral surgery services (with limits)
- Complete and partial dentures and denture repairs
- Emergency dental services

Wellcare Medicare Supplemental Dental Benefits - \$5000 per calendar year maximum

- Fluoride once per calendar year
- Fixed prosthodontics (Bridges)
- Additional oral surgery benefits
- Occlusal guard repair

*FULLY INTEGRATED PLAN MEDICARE/MEDICAID COORDINATION

The Centers for Medicare and Medicaid Services (CMS) requires payers of fully integrated (FIDE) plans like Wellcare Buckeye MyCare Ohio 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 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).

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

- Centene Dental [Provider Web Portal](#) (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 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
- 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 calendar days from the date of service and will be resolved within 30 business days.

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

- Call 855-659-6663
- Email dentalhappeals@centene.com or dentalgrievances@centene.com as applicable
- Paper submissions should be mailed to the addressed indicated in the Provider Quick Reference (last page)

Providers may also appeal to ODM's external medical review organization by accessing the "Ohio Medicaid MCE External Review Request" form located at www.gainwelltechnologies.com/permedion/ (listed under "Ohio Managed Care Entity External Medical Review") and submit to the EMR entity together with the required supporting documentation.

Providers must upload the request form and all supporting documentation to the EMR entity's provider portal located at ecenter.hmsy.com/ (new users will send their documentation through secured email at IMR@gainwelltechnologies.com to establish portal access).

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 to the address listed in the Provider Quick Reference (last page).

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 Buckeye MyCare Ohio Dual Align Dental Benefits Provider Quick Reference

<p>Provider Web Portal (PWP) (centenedental.com/logon)</p>	<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
<p>Website (centenedental.com)</p>	<ul style="list-style-type: none"> • View member ID card examples • 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
<p>Electronic Clearinghouse Authorizations and Claims</p>	<p>Centene Dental Payor ID Number 46278</p> <p>NEA Dental Numbers: 463041 CFC/ABD Child and Adult All Ages Medicaid 463043 DHW OH Medicare</p>
<p>Paper Authorizations and Claims</p>	<p>Centene Dental (Authorizations/Claims) P.O. Box 23768 Tampa, FL 33623-3768</p>
<p>Member, Provider Appeals and Grievances</p>	<p>Wellcare Buckeye MyCare Ohio Dual Align Appeals Department P.O. Box 10052 Van Nuys, CA 91410-0052</p>
<p>Automated Member Eligibility Verification System 24 hours/7 days a week Customer Service Phone Number Monday through Friday 8 am – 5 pm local time</p>	<p>855-659-6663</p>
<p>Member ID Card</p>	<p>Please visit our website to view health plan ID card examples (centenedental.com/mystate).</p>