



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



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



Documents ⓘ

- My Documents
- Insurer Documents**
- Network Documents

Select your state 

↓

Envolve Dental, Inc. - ▼

Document Search

Document Description ^	Document Type ⇅	Date ⇅
BULLETIN: 2019 Allwell Medicare Expansion Notice	Other	9/23/2019 8:25 AM
BULLETIN: Provider Timely Filing Update 3/1/19	Other	9/6/2019 8:50 AM
BULLETIN: VeriPoint Credentialing	Other	9/6/2019 8:21 AM
FORM: Disclosure of Ownership	Other	8/1/2018 11:45 AM
FORM: EFT	Other	9/6/2019 8:51 AM
FORM: Non-Covered Services	Other	9/6/2019 8:54 AM
FORM: Outpatient Facility Referral	Other	9/6/2019 8:52 AM
GRIDS: 2019 Allwell Medicare Benefit Grids	Other	11/30/2018 4:59 PM
GRIDS: Arizona Complete Health Benefit Grids	Other	9/6/2019 8:41 AM
GRIDS: AZ Medicaid Grids Effective December 1 2019	Other	11/4/2019 1:17 PM
MANUAL: 2019 Allwell Medicare Provider Manual	Other	9/6/2019 9:10 AM
MANUAL: Arizona Complete Health Provider Manual	Other	9/6/2019 8:23 AM

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

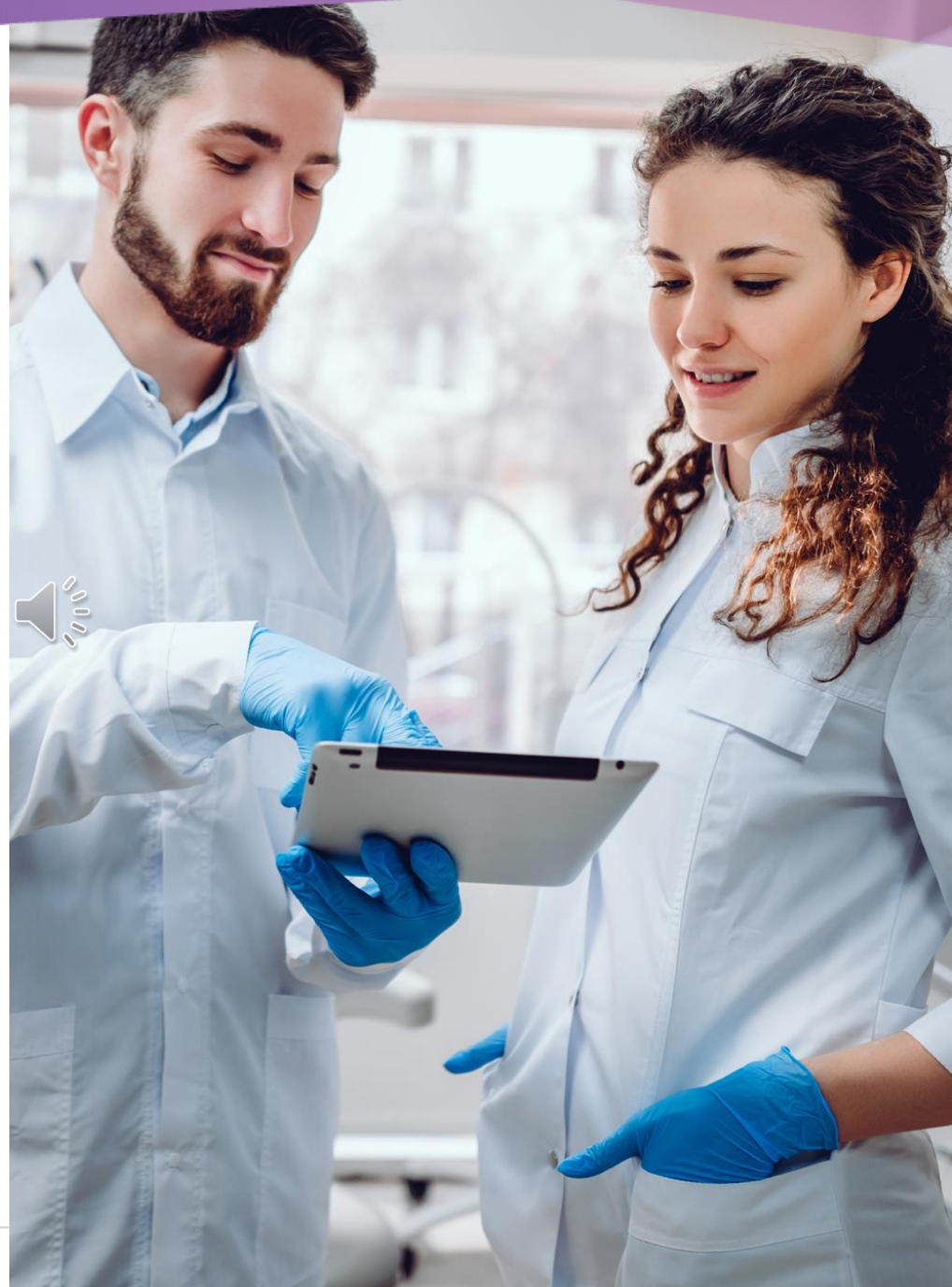
Claims

Claims feature includes:

- Claim Submission
- Claim Dashboard
- Claim Search/Status

This section will cover the features above and these:

- Corrected Claims
- Claim Appeals
- Timely Filing 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

The screenshot shows the top navigation bar of the Provider Web Portal, which is purple. The 'Claims' menu item is highlighted in yellow, and a dropdown menu is open below it, also with 'Submit Claims' highlighted in yellow. A mouse cursor is pointing at the 'Submit Claims' option. Below the navigation bar, the page title 'Claim Submission' is partially visible. The main content area is titled 'Patient Eligibility and Provider Information' and contains two tabs: 'Data Entry' (selected) and 'Roster'. The form is divided into two columns: 'Patient Information' and 'Provider Information'. The 'Patient Information' column has five input fields: 'Subscriber ID', 'First Name', 'Last Name', 'Date of Birth', and 'Date of Service', with the first four highlighted in yellow. The 'Provider Information' column has four labels: 'Location', 'Provider', 'Provider Specialty', and 'Place of Service'.

Patient Information		Provider Information	
Subscriber ID	<input type="text"/>	Location	
First Name	<input type="text"/>	Provider	
Last Name	<input type="text"/>	Provider Specialty	
Date of Birth	<input type="text"/>	Place of Service	
Date of Service	<input type="text"/>		

Claim Submission in Provider Web Portal

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

Services ^

	Code	Description	Surfaces					DiagPtr				EPSDT	Qty	Auth Number	Service Date	Billed Amt
			Tooth	1	2	3	4	5	1	2	3					
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Clear Selected Service | Clear All Services

Other Fees

 Total Billed

Other Coverage ^

Other Coverage 1? Yes No

Attached Documents (0) ^

Attach Document(s)

 Maximum file size: 13.4 Megabytes.
 Allowed file types: doc, docx, jpg, pdf, png, tif, xls, xlsx

There are currently no documents attached to this claim.

Remarks ^

Clear All
View Estimate
Submit Claim

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

Other Coverage

Other Coverage 1? Yes No

First Name

Policy Group

Last Name

Claim Filing Indicator

Date Paid

Insurance Plan

Subscriber ID

Relationship Self Spouse Dependent Other

EOB Present? Yes No

	Code	Tooth	Cavity	Collected Amount	Allowed Amount	Deduct Amount	Co-Ins Amount	Copay Amount	Non-Std Pt. Resp	Remark Code	Paid Date
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Other Coverage 2? Yes No

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

The screenshot shows the Claim Dashboard interface. At the top is a purple navigation bar with links: Home, Claims (selected), Authorizations, Patient Management, Entity Management, Documents, Reports, Setup, and Contact Us. A user profile icon and 'Log Out' link are on the right. A dropdown menu for 'Claims' is open, showing 'Submit Claims', 'Claim Dashboard' (highlighted), and 'Claim Search'. A speaker icon is visible. Below the navigation, the text 'Select a tile to update results.' is present. There are two filter dropdowns: 'Location' and 'Provider'. A 'Clear Filters' button is on the right. A status summary shows three categories: 'Received' (0 Claim), 'In Process' (5 Claims), and 'Processed (last 30 days)' (0 Claim). A link 'What does the claim status mean?' is below the summary. A search bar with columns: Encounter ID, Patient Name, DOB, Provider Name, Date of Service, Date Paid, and Claim Status. Below the search bar, it says '5 Records Returned' and a 'Search Historical Claims' button is on the right.

Claim Search

- The “Claims Search” feature allows users to search for specific claims
- Search using claim number, member information, and provider information if necessary

Home **Claims** Authorizations Patient Management Entity Management Documents Reports

Submit Claims
Claim Dashboard
Claim Search

Claim Search

Search Criteria

Claim Information

Claim Status: All [What does the claim status mean?](#)

Encounter ID:

Service Date From: To:

Entered Date From: To:

Paid Date From: To:

Member Information

First Name:

Last Name:

Subscriber ID:

Insurer: All

Provider Information

Location:

Provider:

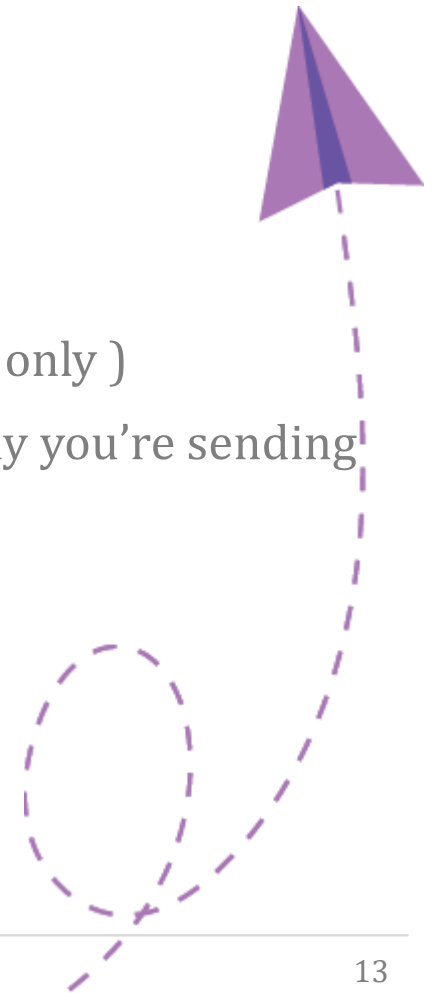
[Clear Filters](#) [Search](#)

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

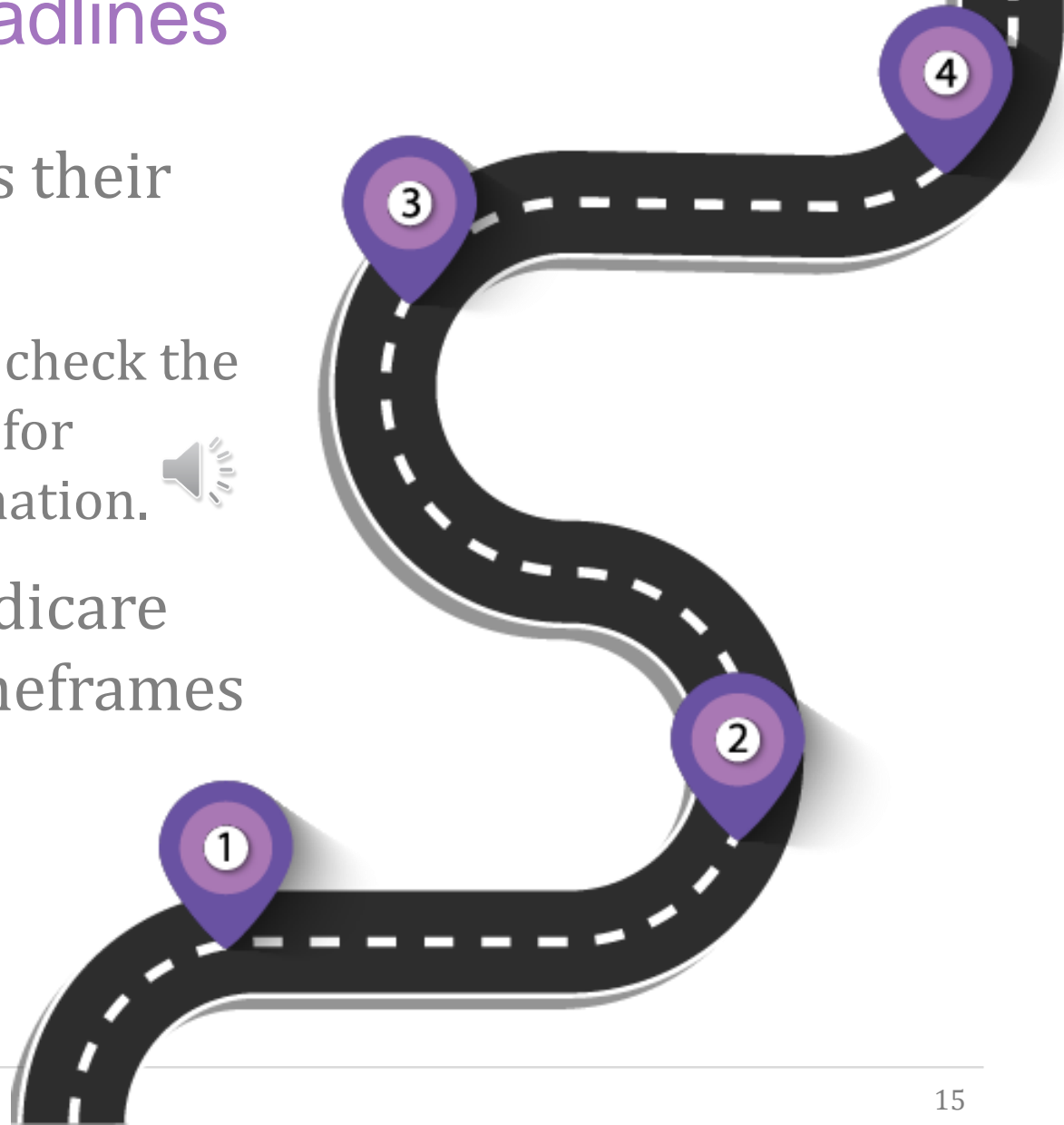
All appeals need to be mailed

- 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

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

Authorizations

1

Provider Web Portal

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

COC only

Date Appliance Placed

Months of Treatment Remaining

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEA # in remarks

[Select All Teeth](#) | [Clear All Teeth](#)

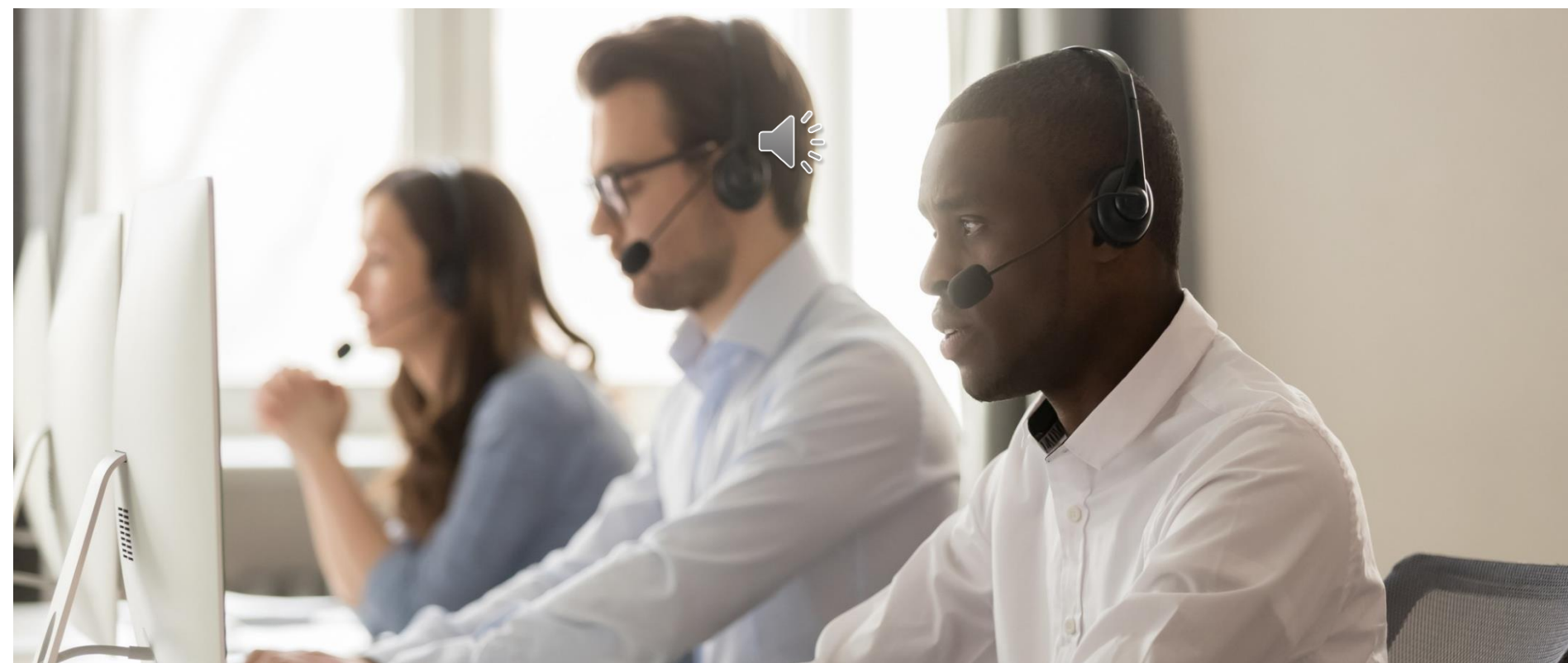
Clear All

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

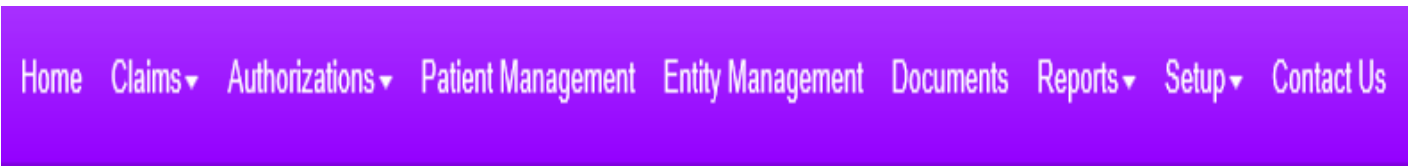
Providers

Locations

Name 	Address 	City 	State 	Zip 	Verification Status  
<input type="text" value="Search Name"/>	<input type="text" value="Search Address"/>	<input type="text" value="Search City"/>	<input type="text" value="State"/>	<input type="text" value="Zip"/>	<input type="text" value="None Selected"/> 
					<input type="radio"/> Verification Not Required 
					<input type="button" value="Edit"/>

Provider & Location Verification Process Slides 19-26

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



Step 2. You will see the screen below once you follow Step 1.



Entity Management i

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.

Locations [Providers](#)

Locations 

Name ↕	Address ↕	City ↕	State ↕	Zip ↕	Verification Status ▾ ?	
<input type="text" value="Search Name"/>	<input type="text" value="Search Address"/>	<input type="text" value="Search City"/>	<input type="text" value="State"/>	<input type="text" value="Zip"/>	None Selected ▾	
		Hazlehurst	MS	39083	✓ Verified	Edit

[Locations](#) [Providers](#)

Providers

Last Name ↕	First Name ↕	Middle Name ↕	NPI ↕	Verification Status ▾ ?	
<input type="text" value="Search Last Name"/>	<input type="text" value="Search First Name"/>	<input type="text" value="Search Middle Name"/>	<input type="text" value="Search NPI"/>	None Selected ▾	
				✓ Verified	Edit

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

Name

Address 1

Address 2

City

State

Zip -

Phone Number

Fax Number

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	<input type="checkbox"/>	<input type="text" value="08:00 am"/>	<input type="text" value="05:00 pm"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="checkbox"/>	<input type="text" value="08:00 am"/>	<input type="text" value="05:00 pm"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="checkbox"/>	<input type="text" value="08:00 am"/>	<input type="text" value="12:00 pm"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="checkbox"/>	<input type="text" value="08:00 am"/>	<input type="text" value="12:00 pm"/>	<input type="text"/>	<input type="text"/>
Friday	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appointment wait time in days

Office wait time in minutes

Provider & Location Verification Process Continued.....

Languages

Web Address

Accessibility

Does this location have age restrictions?

Yes

Age Min Age Max

No

Is this location accessible to people with special needs?

Yes

No

Is this location accessible to people with disabilities?

Yes

Select Accessibility Accomodations

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



Select the providers that practice at this location.

Associated	Name	NPI	Verification Status	
<input checked="" type="checkbox"/>			Verified	Edit

Do all associated providers appear on the list above?

Yes
 No

[Back](#) [Next](#)

Location Directory Verification

Step 3: 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.

[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 there will only be one step process.

Provider Directory Verification

General Information

First Name	<input type="text"/>	Specialties	<input type="text" value="General Dentistry"/>
Middle Name	<input type="text"/>	Languages	<input type="text" value="English"/>
Last Name	<input type="text"/>	State License	
Gender	<input type="text" value="Male"/>	Board Certification	
Date of Birth	<input type="text"/>	Does this provider have Cultural Competency Training(CCT)?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
NPI	<input type="text"/>	Electronic prescriptions?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Phone Number	<input type="text" value="(601) 894-"/>		
Email Address	<input type="text"/>		

Display Email in Provider Directories

Updated Information

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


Network Participation	<input type="checkbox"/>	State License	<input type="checkbox"/>
Accepting New Patients	<input type="checkbox"/>	Board Certifications	<input type="checkbox"/>

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.

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

The screenshot displays the Patient Management interface. At the top, a navigation bar includes links for Home, Claims, Authorizations, Patient Management, Entity Management, Documents, Reports, Setup, and Contact Us, along with a user profile and Log Out option. Below the navigation bar, the 'Patient Management' section is active, featuring a 'Select Location' dropdown menu.

The main content area is divided into two panels. The left panel, titled 'Location Roster (1 Patient)', contains a search bar labeled 'Roster Search' and a table with columns for 'Last Name', 'First Name', and 'DOB'. The table lists one patient: ALV, BRI, 1985. Below the table are buttons for '+ Add Patient' and 'Print Roster'. The right panel, titled 'Patient Calendar', shows a calendar for November 2020. The calendar grid has columns for Sun, Mon, Tue, Wed, Thu, Fri, and Sat. The date 3 (Tuesday) is highlighted in green, and the date 5 (Thursday) is highlighted in grey. A 'Today' button is located in the top right corner of the calendar.

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

Last name and date of birth

Last Name	First Name	DOB	Address	
BUCK	ANGEL	2000	NEWTON, MS	<input type="button" value="+ Add"/>

Patient Management Continued.....

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

Location Roster (2 Patients) ▲			
<input type="text" value="Roster Search"/>			
Last Name ▲	First Name ⇅	DOB ⇅	
+ ALV	BRI	1985	×
+ BUCK	ANGEL	2000	×



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

BUCK ANGEL
 2000

Enter date of service to add patient to calendar

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

Patient Calendar

Provider

< > December 2020 Today

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	1 1 Patients	2	3	4	5

Calendar search

Last Name ^	First Name ^	DOB ^	Provider Name ^	Status ^
BUCK	ANGEL	2000		Select x

Print Patient List v

Verify Eligibility



Benefit Options



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.