Ophthalmology Provider Transition

Quick Reference Guide

Functional Area	SUPERIOR HEALTHPLAN MEDICAL EYE CARE Ophthalmology	ENVOLVE BENEFIT OPTIONS ROUTINE VISION Ophthalmology, Optometry, Opticians
Provider Enrollment (Contracting / Credentialing)	If you are currently contracted with Envolve Benefit Options, a Superior HealthPlan network representative will reach out to you to ensure a seamless transition to Superior HealthPlan for medical eye care. If you have any questions about becoming an in-network provider, please reach out to our Network Participation Request team by email and reference your specialty: SHPNetwork.DevelopmentNPRContracting@SuperiorHealthPlan.com	Submit all routine vision and optometry medical claims to Envolve Vision. To contract with Envolve Vision for routine eye and optometry medical service please visit Envolve Vision's website and submit a Network Management inquiry form. Web Address: https://visionbenefits.envolvehealth.com/joinus.aspx
Claims – Electronic Claims Payor ID	**68069**	**56190**
Claims – Claims Submission	**Medicaid and CHIP** Superior HealthPlan P.O. Box 3003 Farmington, MO 63640-3803 **Health Insurance Marketplace - Ambetter** Ambetter from Superior HealthPlan P.O. Box 5010 Farmington, MO 63640-5010 **Medicare and STAR+PLUS MMP** Allwell from Superior HealthPlan P.O. Box 3060 Farmington, MO 63640-3060	Envolve Vision, Inc. PO Box 7548 Rocky Mount, NC 27804
Claims – Claim Appeals	**Medicaid and CHIP** Superior HealthPlan Attn: Claims Appeals P.O. Box 3000 Farmington, MO 63640-3800 **Health Insurance Marketplace - Ambetter** Ambetter from Superior HealthPlan P.O. Box 5000 Farmington, MO 63640- 5000 **Medicare and STAR+PLUS MMP** Allwell from Superior HealthPlan P.O. Box 3060 Farmington, MO 63640-3822	Envolve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804

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<td>Provider Services – Claims Inquiries</td>
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<tr><th>Line of Business</th><th>Toll Free #</th><th>Claims Extension</th></tr>
<tr><td>Allwell (HMO)</td><td>1-844-796-6811</td><td>6030751</td></tr>
<tr><td>Allwell (HMO SNP)</td><td>1-877-391-5921</td><td>6035756</td></tr>
<tr><td>Ambetter</td><td>1-877-687-1196</td><td>6033452</td></tr>
<tr><td>CHIP</td><td>1-877-391-5921</td><td>6035753</td></tr>
<tr><td>STAR</td><td>1-877-391-5921</td><td>6035754</td></tr>
<tr><td>STAR Health</td><td>1-877-391-5921</td><td>6035760</td></tr>
<tr><td>STAR Kids</td><td>1-877-391-5921</td><td>6035781</td></tr>
<tr><td>STAR+PLUS</td><td>1-877-391-5921</td><td>6035755</td></tr>
<tr><td>MMP</td><td>1-877-391-5921</td><td>6035757</td></tr>
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<table>
<tr><th>Line of Business</th><th>Toll Free #</th></tr>
<tr><td>Allwell</td><td>1-866-897-4785</td></tr>
<tr><td>Ambetter</td><td>1-866-753-5779</td></tr>
<tr><td>CHIP</td><td>1-866-897-4785</td></tr>
<tr><td>STAR</td><td>1-866-897-4785</td></tr>
<tr><td>STAR Health</td><td>1-866-642-9488</td></tr>
<tr><td>STAR Kids</td><td>1-844-319-6110</td></tr>
<tr><td>STAR+PLUS</td><td>1-866-897-4785</td></tr>
<tr><td>MMP</td><td>1-844-752-0259</td></tr>
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<td>Provider Relations/ Account Management</td>
<td>Superior HealthPlan offers dedicated Account Managers located in field offices across Texas. To find your local Account Manager, please visit: https://www.superiorhealthplan.com/providers/resources/find-my-provider-rep.html

Please be sure to enter your county into the search box.</td>
<td>Envolve Vision’s Customer Service team will assist with questions regarding the transition
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<td>Provider Education/ Resource Materials</td>
<td>Web Address:
https://www.superiorhealthplan.com/providers.html</td>
<td>Web Address:
https://visionbenefits.envolvehealth.com/forms.aspx</td>
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<tr>
<td>Provider Web Portal</td>
<td>Email Address:
TX.WebApplications@SuperiorHealthPlan.com

Web Address: Provider.SuperiorHealthPlan.com

Web Portal Support Line: 1-866-895-8443</td>
<td>Web Address:
https://visionbenefits.envolvehealth.com/logon.aspx</td>
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<td>Prior Authorization/ Retrospective Review</td>
<td>Services that require Prior Authorization include:

Blepharoplasty, Ptosis and Canthoplasty
Canthotomy
Chemodenervation
Complex Cataract
Extropion and Entropion Repair
Photodynamic and Intravitreal Therapies and Pharmaceuticals
New Technologies and New Uses of Existing Technologies
Surgical Excision/Repair of Eyelid
YAG Laser Capsulotomy

For code specific details of services requiring prior authorization, refer to Superior’s Prior Authorization tool: https://www.superiorhealthplan.com/providers/preauth-check.html

Prior authorization requests are accepted via, phone, fax or via Superior’s Secure Provider Portal.

Web Portal Address:
Ambetter
Ambetter.SuperiorHealthPlan.com</td>
<td>Optometry medical services administered by Envolve Vision are subject to Envolve Vison’s policies and authorization requirements.

Prior authorization requests are accepted via electronic mail, facsimile transmission or via Envolve Vision’s secure Provider Portal.

Web Portal: https://visionbenefits.envolvehealth.com/
Email: umauthorization@EnvolveHealth.com
Fax: 1-877-865-1077</td>
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	Medicaid/CHIP/Medicare/MMP SuperiorHealthPlan.com **Phone number:** **Ambetter:** 1-877-687-1196 **Medicaid, Medicare & MMP:** 1-800-218-7508 **Fax number:** **Ambetter:** 1-855-537-3447 **Medicaid:** 1-800-690-7030 **Medicare:** (Inpatient: 1-877-259-6960, Outpatient: 1-877-808-8368) **MMP:** 1-800-690-7030	
Medical Necessity Appeals	**Medicaid and CHIP** Phone: 1-877-398-9461; opt 1 for member and opt 2 for provider Fax: 1-866-918-2266 Address: Attn: Appeal Coordinator 5900 E Ben White Blvd, Austin, TX 78741 **Health Insurance Marketplace - Ambetter** Ambetter from Superior HealthPlan Phone: 1-877-398-9461; opt 1 (member), opt 2 (provider) Fax: 1-866-918-2266 Address: Attn: Appeal Coordinator 5900 E Ben White Blvd, Austin, TX 78741 **Medicare - Allwell** Allwell from Superior HealthPlan Phone: 1-877-398-9461; opt 1 (member), opt 2 (provider) Fax: 1-844-273-2671 Address: Attn: Appeals and Grievances Medicare Operations 7700 Forsyth Blvd., St. Louis, MO 63105 **STAR+PLUS Medicare-Medicaid Plan (MMP) – Medicaid Covered Services Appeal** Phone: 1-877-398-9461 Fax: 1-866-918-2266 Superior HealthPlan Address: Attn: Appeals/Denials Coordinator 5900 E. Ben White Blvd, Austin, TX 78741 **STAR+PLUS Medicare-Medicaid Plan (MMP) – Medicare Covered Services Appeal** Phone: 1-877-398-9461; opt.1 (member), opt.2 (provider) Fax: 1-866-918-2266 Address: Attn: Appeals and Grievances – Medicare Operations 7700 Forsyth Blvd., St. Louis, MO 63105	Medical necessity appeals for optometry medical services are accepted via mail, phone or fax. Envolve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804 **Phone**: 1-800-465-6972 **Fax**: 1-877-865-1077
Provider Complaints	Superior HealthPlan Attn: Complaint Department 5900 E. Ben White Blvd. Austin, TX 78741 Fax: 1-866-683-5369 Phone: 1-877-391-5921 Website: https://www.superiorhealthplan.com/contact-us/complaint-form-information.html	Envolve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804