# Ophthalmology Provider Transition

**Quick Reference Guide**

<table>
<thead>
<tr>
<th>Functional Area</th>
<th>SUPERIOR HEALTHPLAN MEDICAL EYE CARE Ophthalmology</th>
<th>ENVOLVE BENEFIT OPTIONS ROUTINE VISION Ophthalmology, Optometry, Opticians</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Enrollment (Contracting / Credentialing)</strong></td>
<td>If you are currently contracted with Enolve 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: <a href="mailto:SHPNetwork.DevelopmentNPRContracting@SuperiorHealthPlan.com">SHPNetwork.DevelopmentNPRContracting@SuperiorHealthPlan.com</a></td>
<td>Submit all routine vision and optometry medical claims to Enolve Vision. To contract with Enolve Vision for routine eye and optometry medical service please visit Enolve Vision’s website and submit a Network Management inquiry form. Web Address: <a href="https://visionbenefits.envolvehealth.com/joinus.aspx">https://visionbenefits.envolvehealth.com/joinus.aspx</a></td>
</tr>
<tr>
<td><strong>Claims – Electronic Claims Payor ID</strong></td>
<td>68069</td>
<td>56190</td>
</tr>
<tr>
<td><strong>Claims – Claims Submission</strong></td>
<td>Medicaid and CHIP Superior HealthPlan P.O. Box 3003 Farmington, MO 63640-3803</td>
<td>Envolve Vision, Inc. PO Box 7548 Rocky Mount, NC 27804</td>
</tr>
<tr>
<td></td>
<td>Health Insurance Marketplace - Ambetter Ambetter from Superior HealthPlan P.O. Box 5010 Farmington, MO 63640-5010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicare and STAR+PLUS MMP Allwell from Superior HealthPlan P.O. Box 3060 Farmington, MO 63640-3060</td>
<td></td>
</tr>
<tr>
<td><strong>Claims – Claim Appeals</strong></td>
<td>Medicaid and CHIP Superior HealthPlan Attn: Claims Appeals P.O. Box 3000 Farmington, MO 63640-3800</td>
<td>Envolve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804</td>
</tr>
<tr>
<td></td>
<td>Health Insurance Marketplace - Ambetter Ambetter from Superior HealthPlan P.O. Box 5000 Farmington, MO 63640- 5000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicare and STAR+PLUS MMP Allwell from Superior HealthPlan P.O. Box 3060 Farmington, MO 63640-3822</td>
<td></td>
</tr>
</tbody>
</table>
### Provider Services – Claims Inquiries

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Toll Free #</th>
<th>Claims Extension</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

### Provider Relations/Account Management

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](https://www.superiorhealthplan.com/providers/resources/find-my-provider-rep.html)

Please be sure to enter your county into the search box.

### Provider Education/Resource Materials

**Web Address:**
[https://www.superiorhealthplan.com/providers.html](https://www.superiorhealthplan.com/providers.html)

**Web Address:**
[https://visionbenefits.envolvehealth.com/forms.aspx](https://visionbenefits.envolvehealth.com/forms.aspx)

### Provider Web Portal

**Email Address:**
TX.WebApplications@SuperiorHealthPlan.com

**Web Address:**
Provider.SuperiorHealthPlan.com

**Web Portal Support Line:** 1-866-895-8443

### Prior Authorization/Retrospective Review

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](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

Optometry medical services administered by Envolve Vision are subject to Envolve Vision’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/](https://visionbenefits.envolvehealth.com/)

**Email:** umauthorization@EnvolveHealth.com

**Fax:** 1-877-865-1077
| 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 8741  
| 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  
| Envolve Vision, Inc.  
Attn: Appeals and Grievances  
PO Box 7548  
Rocky Mount, NC 27804  
Phone: 1-800-465-6972  
Fax: 1-877-865-1077  

Medical necessity appeals for optometry medical services are accepted via mail, phone or fax.

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