

# Ophthalmology Provider Transition

Quick Reference Guide



Functional Area	SUPERIOR HEALTHPLAN MEDICAL EYE CARE Ophthalmology	ENVOLVE BENEFIT OPTIONS ROUTINE VISION Ophthalmology, Optometry, Opticians
<b>Provider Enrollment (Contracting / Credentialing)</b>	<p>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.</p> <p>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></p>	<p>Submit all routine vision and optometry medical claims to Envolve Vision.</p> <p>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.</p> <p>Web Address:  <a href="https://visionbenefits.envolvehealth.com/joinus.aspx">https://visionbenefits.envolvehealth.com/joinus.aspx</a></p>
<b>Claims – Electronic Claims Payor ID</b>	<p><b>68069</b></p>	<p><b>56190</b></p>
<b>Claims – Claims Submission</b>	<p><b><u>Medicaid and CHIP</u></b>                      Superior HealthPlan                      P.O. Box 3003                      Farmington, MO 63640-3803</p> <p><b><u>Health Insurance Marketplace - Ambetter</u></b>                      Ambetter from Superior HealthPlan                      P.O. Box 5010                      Farmington, MO 63640-5010</p> <p><b><u>Medicare and STAR+PLUS MMP</u></b>                      Allwell from Superior HealthPlan                      P.O. Box 3060                      Farmington, MO 63640-3060</p>	<p>Envolve Vision, Inc.                      PO Box 7548                      Rocky Mount, NC 27804</p>
<b>Claims – Claim Appeals</b>	<p><b><u>Medicaid and CHIP</u></b>                      Superior HealthPlan                      Attn: Claims Appeals                      P.O. Box 3000                      Farmington, MO 63640-3800</p> <p><b><u>Health Insurance Marketplace - Ambetter</u></b>                      Ambetter from Superior HealthPlan                      P.O. Box 5000                      Farmington, MO 63640- 5000</p> <p><b><u>Medicare and STAR+PLUS MMP</u></b>                      Allwell from Superior HealthPlan                      P.O. Box 3060                      Farmington, MO 63640-3822</p>	<p>Envolve Vision, Inc.                      Attn: Appeals and Grievances                      PO Box 7548                      Rocky Mount, NC 27804</p>

<b>Provider Services – Claims Inquiries</b>	<table border="1"> <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>	Line of Business	Toll Free #	Claims Extension	Allwell (HMO)	1-844-796-6811	6030751	Allwell (HMO SNP)	1-877-391-5921	6035756	Ambetter	1-877-687-1196	6033452	CHIP	1-877-391-5921	6035753	STAR	1-877-391-5921	6035754	STAR Health	1-877-391-5921	6035760	STAR Kids	1-877-391-5921	6035781	STAR+PLUS	1-877-391-5921	6035755	MMP	1-877-391-5921	6035757	<table border="1"> <thead> <tr> <th>Line of Business</th> <th>Toll Free #</th> </tr> </thead> <tbody> <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> </tbody> </table>	Line of Business	Toll Free #	Allwell	1-866-897-4785	Ambetter	1-866-753-5779	CHIP	1-866-897-4785	STAR	1-866-897-4785	STAR Health	1-866-642-9488	STAR Kids	1-844-319-6110	STAR+PLUS	1-866-897-4785	MMP	1-844-752-0259
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<b>Provider Relations/ Account Management</b>	<p>Superior HealthPlan offers dedicated Account Managers located in field offices across Texas. To find your local Account Manager, please visit:  <a href="https://www.superiorhealthplan.com/providers/resources/find-my-provider-rep.html">https://www.superiorhealthplan.com/providers/resources/find-my-provider-rep.html</a></p> <p>Please be sure to enter your county into the search box.</p>	<p>Involve Vision’s Customer Service team will assist with questions regarding the transition</p> <table border="1"> <thead> <tr> <th>Line of Business</th> <th>Toll Free #</th> </tr> </thead> <tbody> <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> </tbody> </table>	Line of Business	Toll Free #	Allwell	1-866-897-4785	Ambetter	1-866-753-5779	CHIP	1-866-897-4785	STAR	1-866-897-4785	STAR Health	1-866-642-9488	STAR Kids	1-844-319-6110	STAR+PLUS	1-866-897-4785	MMP	1-844-752-0259																														
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<b>Provider Education/ Resource Materials</b>	<p><b>Web Address:</b>  <a href="https://www.superiorhealthplan.com/providers.html">https://www.superiorhealthplan.com/providers.html</a></p>	<p><b>Web Address:</b>  <a href="https://visionbenefits.envolvehealth.com/forms.aspx">https://visionbenefits.envolvehealth.com/forms.aspx</a></p>																																																
<b>Provider Web Portal</b>	<p><b>Email Address:</b>  <a href="mailto:TX.WebApplications@SuperiorHealthPlan.com">TX.WebApplications@SuperiorHealthPlan.com</a></p> <p><b>Web Address:</b> <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a></p> <p><b>Web Portal Support Line:</b> 1-866-895-8443</p>	<p><b>Web Address:</b>  <a href="https://visionbenefits.envolvehealth.com/logon.aspx">https://visionbenefits.envolvehealth.com/logon.aspx</a></p>																																																
<b>Prior Authorization/ Retrospective Review</b>	<p>Services that require Prior Authorization include:</p> <ul style="list-style-type: none"> <li>• Blepharoplasty, Ptosis and Canthoplasty</li> <li>• Canthotomy</li> <li>• Chemodenervation</li> <li>• Complex Cataract</li> <li>• Extropion and Entropion Repair</li> <li>• Photodynamic and Intravitreal Therapies and Pharmaceuticals</li> <li>• New Technologies and New Uses of Existing Technologies</li> <li>• Surgical Excision/Repair of Eyelid</li> <li>• YAG Laser Capsulotomy</li> </ul> <p>For code specific details of services requiring prior authorization, refer to Superior’s Prior Authorization tool:  <a href="https://www.superiorhealthplan.com/providers/preauth-check.html">https://www.superiorhealthplan.com/providers/preauth-check.html</a></p> <p>Prior authorization requests are accepted via, phone, fax or via Superior’s Secure Provider Portal.</p> <p><b>Web Portal Address:</b>  Ambetter  <a href="http://Ambetter.SuperiorHealthPlan.com">Ambetter.SuperiorHealthPlan.com</a></p>	<p>Optometry medical services administered by Envolve Vision are subject to Envolve Vision’s policies and authorization requirements.</p> <p>Prior authorization requests are accepted via electronic mail, facsimile transmission or via Envolve Vision’s secure Provider Portal.</p> <p><b>Web Portal:</b> <a href="https://visionbenefits.envolvehealth.com/">https://visionbenefits.envolvehealth.com/</a>  <b>Email:</b> <a href="mailto:umauthorization@EnvolveHealth.com">umauthorization@EnvolveHealth.com</a>  <b>Fax:</b> 1-877-865-1077</p>																																																

	<p><u>Medicaid/CHIP/Medicare/MMP</u> <u>SuperiorHealthPlan.com</u></p> <p><b>Phone number:</b> <b>Ambetter:</b> 1-877-687-1196 <b>Medicaid, Medicare &amp; MMP:</b> 1-800-218-7508</p> <p><b>Fax number:</b> <b>Ambetter:</b> 1-855-537-3447 <b>Medicaid:</b> 1-800-690-7030 <b>Medicare:</b> (Inpatient: 1-877-259-6960, Outpatient: 1-877-808-8368) <b>MMP:</b> 1-800-690-7030</p>	
<p><b>Medical Necessity Appeals</b></p>	<p><b><u>Medicaid and CHIP</u></b> 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</p> <p><b><u>Health Insurance Marketplace - Ambetter</u></b> 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</p> <p><b><u>Medicare - Allwell</u></b> 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</p> <p><b><u>STAR+PLUS Medicare-Medicaid Plan (MMP) – Medicaid Covered Services Appeal</u></b> 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</p> <p><b><u>STAR+PLUS Medicare-Medicaid Plan (MMP) – Medicare Covered Services Appeal</u></b> 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</p>	<p>Medical necessity appeals for optometry medical services are accepted via mail, phone or fax.</p> <p>Involve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804 <b>Phone:</b> 1-800-465-6972 <b>Fax:</b> 1-877-865-1077</p>
<p><b>Provider Complaints</b></p>	<p>Superior HealthPlan Attn: Complaint Department 5900 E. Ben White Blvd. Austin, TX 78741 Fax: 1-866-683-5369 Phone: 1-877-391-5921 Website: <a href="https://www.superiorhealthplan.com/contact-us/complaint-form-information.html">https://www.superiorhealthplan.com/contact-us/complaint-form-information.html</a></p>	<p>Involve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804</p>