

2023 IHCP Works Annual Seminar (Vision)

- Managed Health Services (MHS)
- Hoosier Healthwise and CHIP
 - Healthy Indiana Plan
 - Hoosier Care Connect

Agenda

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Who We Are

Centene Overview

WHO WE ARE

Centene provides access to high-quality healthcare, innovative programs and a wide range of health solutions that help families and individuals get well, stay well and be well.

PURPOSE

Transforming the health of the community, one person at a time.

67,200

EMPLOYEES

#25

FORTUNE 500®
(2023)

#50

FORTUNE® Change
the World (2020)

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BRAND PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

WHAT WE DO



50 states

with government-sponsored
healthcare programs

Centene successfully provides **high quality, whole health solutions for our diverse membership** by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic and economic gaps.

28.5 million

Managed
Care
Members

~400

Product /
Market
Solutions



3 International
Markets

\$145.5B

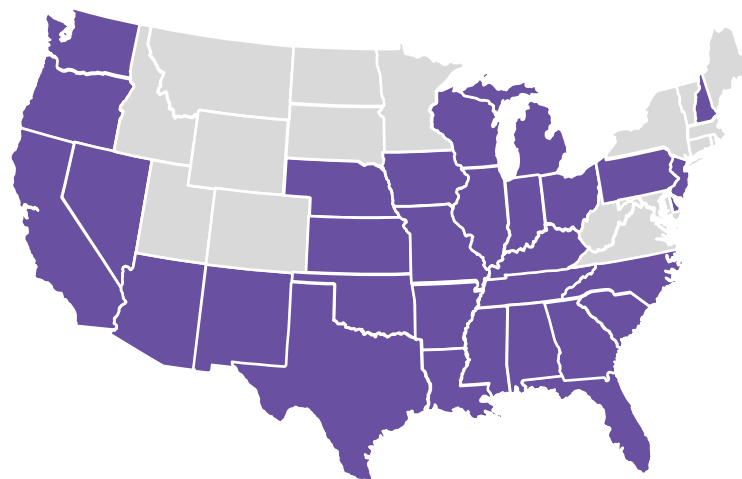
2023 Projected
Revenue*

*As of March 31, 2023

Who is Envolve Vision?

- One of the nation's leading benefit companies.
- Providing vision care since 1986.
- We offer routine vision plans directly to:
 - Managed Care Organizations
 - Employers
 - Municipalities
 - Unions
 - Other trade groups
- We have in-depth experience in routine and medical eye care benefits.
 - Disease intervention programs
 - HEDIS initiatives
 - Preventive screenings
 - Employer and health plan reporting

2024 Vision Markets



31 states
and Puerto Rico

High Level Overview of Benefits

Plan Overview

Hoosier Healthwise and CHIP
Healthy Indiana Plan(State Basic/State Plus/Plus)
Hoosier Care Connect



- Preventive eye exam with refraction.
 - Members 20 and under – One eye exam every calendar year.
 - Members 21 and over – One eye exam every two calendar years.
- 3072F should be included to indicate no evidence of diabetic retinopathy in the prior year when applicable. This code is separately reimbursable.
- Regardless of final diagnosis, a member who presents for an exam with no complaint must be reported as a preventive exam using one of the eligible codes as the primary diagnosis.
 - Eligible diagnosis for preventive vision exams can be found on the Envolve website (envolvevision.com/forms). Navigate to *Eligible ICD coding information* section and select *Eligible ICD codes for Envolve Vision* (PDF).

Plan Overview Cont.

- Eyeglasses:
 - Members 20 and under – One pair per calendar year.
 - Members 21 and over – One pair every two calendar years.
- Eyewear can be ordered from lab of choice.
- Providers are required to code all claims to the highest level of specificity and report and submit all diagnoses that impact the patient's evaluation, care and treatment; reason for the visit; co-existing acute conditions; chronic conditions or relevant past conditions.



Plan Overview Cont.

Enhanced Benefit – Hoosier Healthwise & CHIP – Hoosier Care Connect

- Must be obtained from an in-network provider.
- \$75 allowance **in lieu of** the standard benefit.
- Allowance can be used towards: lens add-ons (tints, AR coating, progressive lenses), deluxe frames, contacts and the fitting of contacts.
- Member is responsible for any amount over their \$75 allowance, minus a 15% discount.

Value Added Services – Contact Lenses – Healthy Indiana Plan

- Members that obtain services from an in-network provider may **opt out** of the standard eyewear benefit and receive a \$75 allowance to use towards the purchase of contact lenses and/or contact lens fitting.
- The member will be responsible for any charges exceeding the allowance.

Plan Overview Cont.

Frequency Exceptions

- Medical necessity (note this information in box 19 of the *CMS-1500* form or applicable field on electronically submitted claim).
- When there is a change in visual acuity (equal to or greater than 0.75 diopter in either eye for patients ages 6 – 42 years of age and 0.50 diopters for patients more than 42 years of age) or an axis change of at least 15 degrees.

Eyeglasses Replacement

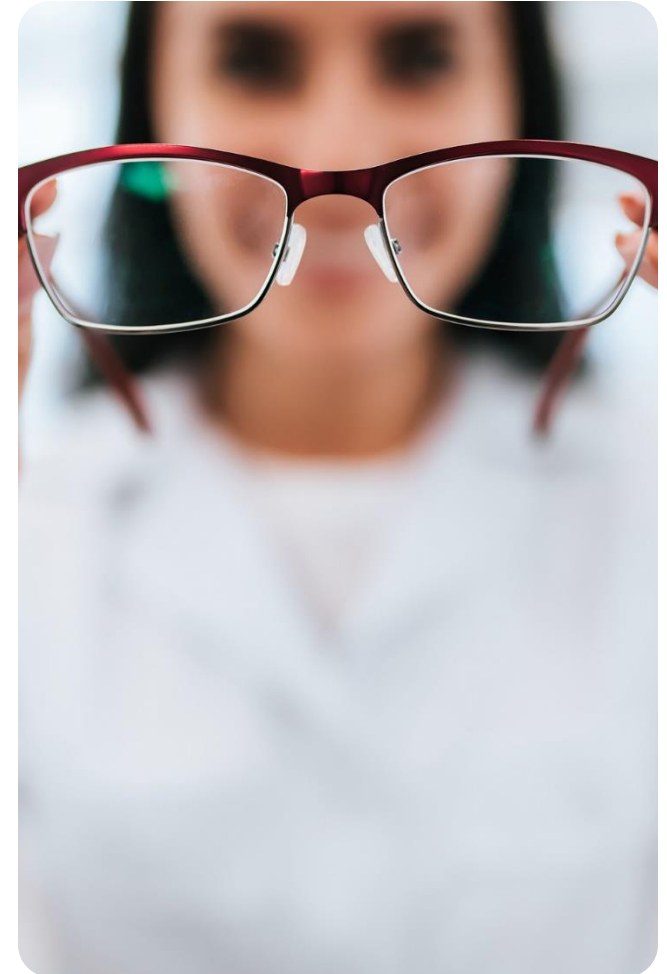
Members may obtain replacements of non-prosthetic eyewear due to loss or destruction.

- If a member needs replacement eyeglasses due to loss, theft, or damage beyond repair prior to the established frequency limitations, the U8 modifier must be used to bill for the replacement lenses and/or frames.

Plan Overview Cont.

Medically Necessary Eyewear

- Prior authorization is not required.
- Other Medically Necessary Eyewear
 - Envolve Vision will cover all medically necessary corrective eyewear covered by Medicaid that is not otherwise described within the Plan Specifics, when filed with the appropriate medical diagnosis.
- Post-Cataract Eyewear
 - Members are entitled to one additional pair of standard frames and lenses, or conventional contact lenses, when medically necessary, after the surgery.
 - Benefit only applies once per eye, per lifetime.
 - No pre-authorization required.



Plan Overview Cont.

CODING INFORMATION:

Description	Code
Ophthalmological Examination	92002, 92004, 92012, 92014
Refraction	92015
Frames	V2020
Deluxe Frames	V2025
Single Vision Lens	V2100-V2199
Bifocal Lens	V2200-V2299
Trifocal Lens	V2300-V2399
Contact Lenses	V2500-V2599, S0500
Contact Lens Fitting	92310, S0592
Fitting of Spectacles	92340 – 92342
Repair and refitting spectacles; except for aphakia	92370
Replacement frames or lenses	U8 or SC Modifier
Low risk for retinopathy (no evidence of retinopathy in the prior year)	3072F



Claim Submission

All claims should be submitted within 90 days of the date of service. No reimbursement will be made for claims received beyond this date. Claims received after the 90-day filing deadline will be considered a provider liability, and the members may not be billed for the services.

Eye Health Manager (available 24/7)

- Verify member eligibility and benefits
- File claims
- Review claim status
- Use audit tools
- Download, research, & reprint EOPs

To access Eye Health Manager:

1. Go to envolvevision.com/logon
2. Log in with your username and password
3. Contact Customer Service if you have misplaced your username/password or for access to the Eye Health Manager.

Electronic Claims Submission:

Change HealthCare Payor ID# 56190

Paper Claims Submission:

Envolve Vision
P.O. Box 7548
Rocky Mount, NC, 27804

Eye Health Manager

What is Eye Health Manager?

Eye Health Manager is a secure and HIPAA compliant, internet based, web portal. It is accessible 24 hours a day, 7 days a week to all in-network participating providers. Here's a list of services Eye Health Manager provides:

- View member benefits and eligibility.
- Claim entry and status verification.
- Claim audit tools.
- Upload claim attachments.
- Review EOPs and reprint.
- Access to provider manuals, ICD coding and medical management policies.

How to Access Eye Health Manager

1. In your web browser enter visionbenefits.envolvehealth.com.



Contact Us | About Us



[Language Assistance](#)



Find A Provider



For Providers

2. Click on *For Providers* to log into Eye Health Manager.

See the Future with Envolve Vision!

How to Access Eye Health Manager Cont.

Welcome Vision Providers!

Visit the NEW www.envolvevision.com to determine what plans are covered in your state, see member ID cards, and find valuable provider education.

If you are a contracted Envolve Vision provider, [click here](#) to register now. Once you have created an account, you can use the Eye Health Manager provider portal to:

- Verify member eligibility
- Manage Claims
- Check the status of a claim
- Review past claim submissions
- Reprint EOPs
- View office manual and plan specifications
- View Envolve Vision's policies and procedures



You have three (3) ways to update your information for the Provider Directory:

- Complete and submit the following form: [Online Provider Update Form](#);
- Call us at 800-531-2818; or
- Email us at Envolve_AdvancedCaseUnit@EnvolveHealth.com

Click [here](#) for more Provider Update Forms

3. Enter your username.

Provider Login

Username
Username
Case Sensitive, Max 35 characters

Password
Password
Case Sensitive, Max 25 characters

[Forgot Password?](#)

Login

4. Enter your password.

5. Click *Login*.

The secure on-line *Eye Health Manager* is available to all participating Providers. By logging in to this site, you indicate your acceptance of the [On-line Health Information Sheet, Disclosures, and Access Agreement](#).

What Would You Like To Do?

Check
your
selection.

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources ▾

Audit Tools

Reprint EOPs

Manage Providers

Update Login

OptiNow

Thank you for participating with us.

Welcome to the Envolve Vision Online Health Manager. To begin, choose an item from the menu on the left. To ensure the highest level of security, please choose the signoff button and close your browser at the end of your session.

Georgia Medicaid Providers Only – Notice



Disenrollment to Begin for Providers With Inactive NPI - Texas



Claim Appeal / Reconsideration Request Form (PDF) Update



Member Benefits



File A Claim



Authorizations

Look for important news, updates and current events.

Check Benefit Eligibility

View Member Benefits

1. Choose the provider who will be rendering services from the drop-down box. If you do not see the provider, please call Network Management at 800-531-2818.

- Providers
- Patients ▾
- Claims ▾**
- Authorizations ▾
- Provider Resources ▾
- Audit Tools
- Reprint EOPs
- Manage Providers
- Update Login
- OptiNow

2. Choose the plan that the member is covered under from the drop-down box.

Claim Entry ?

Enter Provider Information ?

Physician: ▾

Health Plan: ▾

Date of Service:

Enter Patient Information ?

Member ID:

---OR---

First Name:

Last Name:

Date of Birth:

3. Enter the date of service in (mm/dd/yyyy) format. This date cannot be prior to current date.

4. Enter either the member ID# OR member first name, last name and DOB (mm/dd/yyyy).

5. Click *Continue*.

Claim Entry

Claim Entry

← Back

CLAIM ENTRY ⓘ								?
Name - ID #	DOB	Effective	Terminates	Benefit	Active Member	Physician Can Provide Services?	Member has Primary Insurance through other Insurance	
Rubble, Barney - 00014530	08/29/1970	07/01/2023	07/31/2023	MHINHCC	Yes	Yes	No	



6. Select the member that you are filing a claim for.

Claim Entry Cont.

7. Enter the primary diagnosis in the first field. All other diagnoses may be placed in the remaining fields.

8. If a facility other than the providers office is used (such as a hospital), select it from the drop-down box.

9. Select the location where services were rendered (doctor's office, nursing home, surgery center, etc.)

***The members information will pre-populate into the claim form along with the information related to the provider selected.**

Claim Entry ⓘ

Physician Information : KILDARE, JAMES ⓘ

Diagnosis

1 st	2 nd	3 rd	4 th
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 th	6 th	7 th	8 th
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 th	10 th	11 th	12 th
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility ⓘ

Location ⓘ

Member Have C.O.B Information? ⓘ

Service(s): Rubble, Barney Valid From 07/01/2023 Thru 07/31/2023 ⓘ

Date of Service

From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Tos	Cpt	Modifiers 1 - 2 - 3	Diagnosis Pointer(1-12)	Charges	Units	CL	DL	COB
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	1			cpy del cob

Referring NPI: Ordering NPI:

Claim Entry Cont.

10. Enter the date of service (from).

11. Enter the HCPCS code performed.

12. Enter up to three modifiers.

13. Enter the number/s (1-4) that corresponds with the diagnosis code for service/procedure. If using multiple dx codes, separate with commas.

14. Enter the U&C rate for the services.

15. Enter number of units.

16. Click *Continue*.

The screenshot shows a claim entry form with the following fields and annotations:

- Referring NPI:** [Empty field]
- Ordering NPI:** [Empty field]
- Date of Service (10):** A date picker with '10' highlighted in red.
- HCPCS Code (11):** A text input field with '11' highlighted in red.
- Modifiers (12):** A text input field with '12' highlighted in red.
- Diagnosis Code (13):** A text input field with '13' highlighted in red.
- U&C Rate (14):** A text input field with '0.00' highlighted in red.
- Number of Units (15):** A text input field with '1' highlighted in red.
- Units Label:** 'cpy del cob' is displayed next to the units field.
- Referring NPI:** [Empty field]
- Ordering NPI:** [Empty field]
- 19.Reserved For Local Use:** [Empty field]
- Account Information:**
 - Patient Account #:** [Empty field]
 - Auth #:** [Empty field]
 - Total Charge:** 0.00
 - Paid:** [Empty field]
 - Balance:** 0.00
- Continue Button (16):** A blue button with the text 'Continue' highlighted in red.

Claim Entry Cont.

17. Select the address where services were rendered.

Select POS ⓘ

Item No.	Make Selection	Service Address	Billing Address	Taxonomy	Action Required
1	<input checked="" type="radio"/>	112 PERFECT PARKWAY112 STANFORD IL 111122	PO BOX 1111 NICE TOWN IL 11122	152W00000X ▼	
2	<input type="radio"/>	999 NINE LANE STANFORD IL 111122	PO BOX 1111 NICE TOWN IL 11122	152W00000X ▼	
3	<input type="radio"/>	PAY TO SUBSCRIBER EIGHT NC 27596	PO BOX 1111 NICE TOWN IL 11122	152W00000X ▼	
4	<input type="radio"/>	123 MAIN ST CANTON NY 136170000	PO BOX 1111 NICE TOWN IL 11122	152W00000X ▼	
5	<input type="radio"/>	4224 Houma Blvd Ste 100 Metairie LA 700062934	PO BOX 1111 NICE TOWN IL 11122	152W00000X ▼	

Continue

18. Click
Continue.

Claim Submission

Claim Submission

Review the form carefully to ensure accuracy.

[← Back](#)

Unsubmitted Claim ⓘ

2. Patient's Name Rubble, Barney (00014530)		3. Patient's BirthDate 08/29/1970		4. Insured's Name Rubble, Barney (00014530)				
5. Patient's Address 112 Zebulon Ct City: Rocky Mount, State: NC, Zip: 27801, Phone: 2521234512			7. Insured's Address 112 Zebulon Ct City: Rocky Mount, State: NC, Zip Code: 27801, Phone: 2521234512					
Physician's Name: DR.KILDARE, JAMES			11. Insureds Policy Group Or Feca #: TEST					
			a. Insured's Dob: 08/29/1970					
			c. Insurance Plan / Program Name: MHIN - Hoosier Care Connect (ABD)					
19. Reserved For Local Use								
21. Diagnosis or Nature Of Illness Or Injury (RELATE items below to 24E By LINE) 1.h52.4 2. 3. 4. 5. 6.			ODSP:ODCYL:ODAX: OSSP:OSCYL:OSAX:					
7. 8. 9. 10. 11. 12.			23. Prior Auth#					
			24. E					
Date(s) Of Service								
From	To	Pos	Tos	Cpt	Mod	Diag	Charges	Days Or Units
1. 7/23/2023	7/23/2023	11	1	92014		1	\$0.00	1
Referring Provider:			Ordering Provider:					
Accts	Total Charge	Paid	Balance Due					
	\$0.00	\$0.00	\$0.00					
32. Facility Address 112 PERFECT PARKWAY112 STANFORD IL 11122			33. Billing Address PO BOX 1111 NICE TOWN IL 11122					

[Submit](#)

Click *Submit* after review.

Claim Submission Cont.

Your claim has been submitted!

Please note the Claim ID # auto-generated after submitting your claim.

Submitted Claim #20230724X227 ⓘ

2. Patient's Name Rubble, Barney (00014530)		3. Patient's BirthDate 08/29/1970	4. Insured's Name Rubble, Barney (00014530)						
5. Patient's Address 112 Zebulon Ct		7. Insured's Address 112 Zebulon Ct							
City Rocky Mount	State NC	City Rocky Mount	State NC						
Zip 27801	Phone 2521234512	Zip Code 27801	Phone 2521234512						
Physician's Name: DR.KILDARE, JAMES		11. Insureds Policy Group Or Feca #: TEST							
		a. Insured's Dob: 08/29/1970							
		c. Insurance Plan / Program Name: MHIN - Hoosier Care Connect (ABD)							
19. Reserved For Local Use									
21. Diagnosis or Nature Of Illness Or Injury (RELATE items below to 24E By LINE)		ODSP:ODCYL:ODAX:							
1.H52.4 2. 3. 4. 5. 6.		OSSP:OSCYL:OSAX:							
7. 8. 9. 10. 11. 12.		23. Prior Auth#							
		24. E							
Date(s) Of Service									
From	To	Pos	Tos	Cpt Mod	Diag	Charges	Days Or Units		
1. 7/23/2023	7/23/2023	11	1	92014	1	\$0.00	1		
Referring Provider:					Ordering Provider:				
Acct#	Total Charge	Paid	Balance Due						
	\$0.00	\$0.00	\$0.00						
32. Facility Address 112 PERFECT PARKWAY112 STANFORD IL 11122					33. Billing Address PO BOX 1111 NICE TOWN IL 11122				
Attachments ⓘ					Print Page				

You may print this page for your records.

Claim Attachments

Upon completing the claim entry, you are able to upload attachments to the claim as well. (Ex. EOB/EOP, medical records, statement of medical necessity, etc.)

1. Select Attachments.

Submitted Claim #20230724X227 ?

2. Patient's Name Rubble, Barney (00014530)		3. Patient's BirthDate 08/29/1970	4. Insured's Name Rubble, Barney (00014530)						
5. Patient's Address 112 Zebulon Ct		7. Insured's Address 112 Zebulon Ct							
City Rocky Mount	State NC	City Rocky Mount	State NC						
Zip 27801	Phone 2521234512	Zip Code 27801	Phone 2521234512						
Physician's Name: DR.KILDARE, JAMES		11. Insureds Policy Group Or Feca #: TEST							
		a. Insured's Dob: 08/29/1970							
		c. Insurance Plan / Program Name: MHIN - Hoosier Care Connect (ABD)							
19. Reserved For Local Use									
21. Diagnosis or Nature Of Illness Or Injury (RELATE items below to 24E By LINE)		ODSP:ODCYL:ODAX:							
1.H52.4 2. 3. 4. 5. 6.		OSSP:OSCYL:OSAX:							
7. 8. 9. 10. 11. 12.		23. Prior Auths							
		24. E							
Date(s) Of Service									
From	To	Pos	Tos	Cpt Mod	Diag	Charges	Days Or Units		
1. 7/23/2023	7/23/2023	11	1	92014	1	\$0.00	1		
Referring Provider:					Ordering Provider:				
Acct#	Total Charge	Paid	Balance Due						
	\$0.00	\$0.00	\$0.00						
32. Facility Address 112 PERFECT PARKWAY112 STANFORD IL 11122					33. Billing Address PO BOX 1111 NICE TOWN IL 11122				

Attachments

Print Page

Online User Guide

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources ▾

Online User Guide

Office Manuals

Policies and Procedures

Provider Education

Group Information

Online Forms

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Georgia Medicaid Providers Only – Notice



Disenrollment to Begin for Providers With Inactive NPI - Texas



Claim Appeal / Reconsideration Request Form (PDF) Update



Member Benefits



File A Claim



Authorizations

User Guide will download and open in separate browser window.

Office Manuals

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources ▾

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Provider Manuals ⓘ

2023 Vision Provider Manual

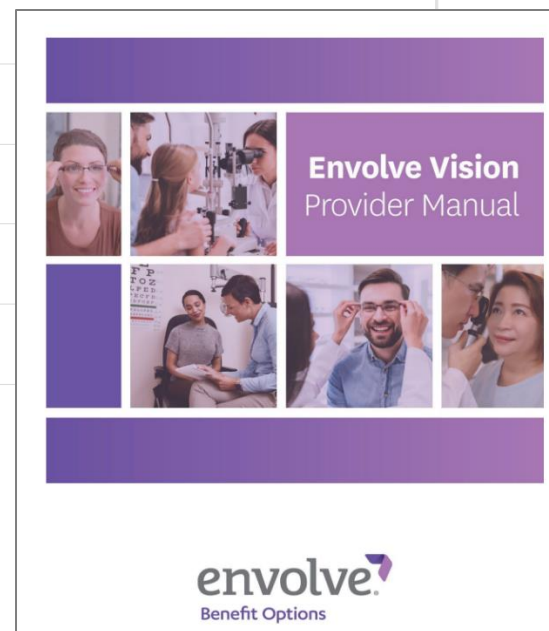
Envolve Vision Provider Manual

Envolve Vision - UPMC Health Plan Provider Manual

Envolve Vision of Texas Provider Manual

Envolve Vision of Texas - Superior HealthPlan Provider Manual

Envolve Vision - Kansas Provider Manual



Please Note: Provider manuals that apply to your participation will be displayed. Click the provider manual you wish to view.

***Manuals will be displayed in Adobe Acrobat Reader.** →

Policies and Procedures

- Providers
- Patients ▾
- Claims ▾
- Authorizations ▾
- Provider Resources ▾**
 - Online User Guide
 - Office Manuals
 - Policies and Procedures**
 - Provider Education
 - Group Information
 - Online Forms

Policies and Procedures ⓘ

Utilization Management
Utilization Management - Drafts.
Puerto Rico Policies
Customer Relations
Provider Affairs
Full Copyright Notice

To view the policies and procedures for a specific department, click the policy and procedure of your choice from the list of hyperlinks on the right. The manual will display in Adobe Acrobat Reader.

UM Policies, QM Policies, Provider Affairs Policies, MM Policies, Claim Payment Policies, Customer Service Policies, Full Copyright Notice.

Envolve Contact Information

We Are Here to Help!

The Envolve Vision team is here to assist with any questions or concerns you may have. You may contact our Customer Service department:

- **Member Eligibility and Claims Inquiries**
844-820-6523
- **Provider Participation and Credentialing Inquiries** 800-531-2818
- **By Fax:** 800-980-4002
- **By Web Chat:** Log into the Eye Health Manager online
envolvevision.com/logon

Contact Us:

- **Provider Relations:** envolve_advancedcaseunit@envolvehealth.com
- **Provider Customer Service:** MHS (Medicaid) 866-599-1774
- **Credentialing Department:**
envolvevision_pf_credentialing@envolvehealth.com
- **Network Department:** providercontracts@envolvehealth.com
- **Envolve Vision Fraud Waste and Abuse:**
- Hotline: 866-685-8664
 - Email: EBOSIU@envolvehealth.com
- **Appeals and Grievances:**
 - Appeals: envolve_appealsandrecons@envolvehealth.com
 - Grievances: grievances@envolvehealth.com

Questions?