



Benefit Options

Eye Health Manager Training Session

Who is Envolve Vision?

- One of the nation's leading benefit companies
- Providing vision care since 1986
- Members in all 50 states
- 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

Let's Get Started!

The call will now be placed in Mute Status until the completion of the presentation.

We will provide a Q&A session at the end of today's conference call.

We appreciate your cooperation!

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 participating providers.

The most frequently utilized tools available via Eye Health Manager are:

- Update secure login username and password
- View member benefits and eligibility
- Claim entry and status verification
- Prior authorization requests and status verification
- Claim audit tools
- Upload claim attachments
- EOB review, download to Excel format, and reprint
- Access provider office manuals
- Access medical management policies

Access Eye Health Manager...



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

[Contact Us](#) | [About Us](#)



2. Rest your cursor over *For Providers* tab to log into Eye Health Manager.



Find A Provider



For Providers

See the Future with Enolve Vision!

[Non-Discrimination Notice](#)

Access Eye Health Manager...

Welcome Vision Providers!

[Click here](#) to learn more about Envolve Vision

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

Case Sensitive, Max 35 characters

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](#).



Become a Provider



Education



Online Forms



Update Email Address



Learn more about Envolve Vision

What would you like to do?

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

Click your selection

Thank you for participating with us.

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

- Louisiana Providers Only - Notice** +
- Out of date browser disallowed after 2/28/2021 - Upgrade now.** +
- What you Need to Know about COVID-19** +
- New Claim Appeal / Reconsideration Request Form Required.** +



Member Benefits



File A Claim



Authorizations

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

Look for important news, updates and current events.

View Member Benefits

The screenshot shows the 'View Member Benefits' interface. On the left is a navigation menu with 'Patients' selected. The main form is titled 'View Member Benefits' and is divided into two sections: 'Enter Provider Information' and 'Enter Patient Information'. The 'Enter Provider Information' section includes a 'Physician' dropdown, a 'Health Plan' dropdown (currently showing 'Ambetter from Arkansas Health and Wellness'), and a 'Date of Service' text input. The 'Enter Patient Information' section includes a 'Member ID' text input, an 'OR' separator, and three text inputs for 'First Name', 'Last Name', and 'Date of Birth'. At the bottom right of the form are 'Continue' and 'Reset' buttons. Five callout boxes provide the following instructions:

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.
2. Choose the Plan that the Member is covered under from the drop down box.
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*.

View Member Benefits



← Back

VIEW MEMBER BENEFITS								
Name - ID #	DOB	Effective	Terminates	Benefit	Active Member	Physician Can Provide Services?	Member has Primary Insurance through other Insurance	
Rubble, Barney - WX000000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No	
Rubble, Barney - WX000000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No	

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6. Select the Member that you are inquiring about to view benefits and eligibility information.

Must select member name to view eligibility with any applicable deductible information and benefit description.

View Member Benefits

Primary Insurance

This screen will provide you with the Member's current eligibility and benefit information as provided to Envolve Vision.

If you are unable to pull up a member please call Customer Relations at (800) 840-7032

Member : Rubble, Barney : 5/17/2017 3:04:49 PM ?

Routine:	Member IS ELIGIBLE for Routine Vision exam on 5/17/2017	
Hardware:	Member IS ELIGIBLE for Routine Hardware on 5/17/2017	
Benefit:	<p>In-Network Vision Exam Benefit: CEN1025G25 Co-pay: \$10 One (1) exam once every 12 months based upon group effective date.</p> <p>In-Network Materials Benefit: Co-pay: \$25 every 12 months based on group effective date.</p> <p>\$130 Frame Allowance, every 24 months based on group effective date. CR-39 lenses are covered in full every 12 months based on group effective date. OR \$150 contact lens allowance every 12 months based on group effective date - in lieu of eyeglasses.</p> <p>Members using their benefits at a corporate-owned Walmart Vision Center or Sam's Club location have an allowance equivalent to 70% of the standard frame or contact lens allowance. Standard CR-39 lenses are covered in full. Due to Walmart's everyday low prices, no discounts beyond the stated allowances are provided</p>	<p>Formulary Progressive Lens (V2781): Covered Anti-Reflective Treatment (V2750): \$40 High Index (V2782, V2783): \$50 Tint (solid or gradient) (V2745): Covered 80% of Usual and Customary for add-ons other than those listed above* Add-Ons should be reported as listed above, in addition to the underlying lens code.</p> <p>Medically Necessary Contact Lenses Contacts will be Covered in full at 95% of U & C Contact lens evaluation/fitting services will be Covered in full at 85% of U & C Qualifying Conditions include: Aniridia (743.45), Aniseikonia (367.32), Anisometropia (367.31), Aphakia (379.31, 743.35), Applicable Corneal Disorders (As defined in ENVOLVE VISION's Bandage Contact Lens Policy), Irregular Astigmatism (367.22), Keratoconus (371.60, 371.61, 371.62), and Applicable Post-Traumatic Disorders (As defined in ENVOLVE VISION's Bandage Contact Lens Policy)</p>

Claim Entry



- Providers
- Patients ▾
- Claims ▾**
 - Claim Entry
 - Claim Status Check
 - Claim Search
 - Audit Tools
- Reprint EOP's

OptiNow

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.

2. Choose the Plan that the Member is covered under from the drop down box.

3. Enter the Date of Service in (mm/dd/yyyy) format.

4. Enter either the Member ID#
OR
Member First Name, Last Name and DOB (mm/dd/yyyy)

5. Click *Continue*.

Claim Entry ?

Enter Provider Information ?

Physician

Health Plan

Date of Service

Enter Patient Information ?

Member ID

—OR—

First Name

Last Name

Date of Birth

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 - WX000000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No
Rubble, Barney - WX000000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No

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

Claim Entry

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 dropdown box.

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

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

Claim Entry ?

Physician Information : KILDARE, JAMES ?

Diagnosis

1 st	2 nd	3 rd	4 th
<input type="text" value="(7)"/>	<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 **(8)** ▾

Location ▾ **(9)**

Member Have C.O.B Information? ▾

Service(s): Rubble, Barney Valid From 01/01/2005 Thru 12/31/2099 ?

Date of Service

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

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

Claim Entry

10. Enter the Date of Service (From).

11. Enter the HCPCS code performed.

12. Enter up to 3 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*.

Service(s): Rubble, Barney Valid From 01/01/2005 Thru 12/31/2099 ?

Date of Service

	From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	To:	Cpt	Modifiers 1-2-3	Diagnosis Pointer(1-12)	Charges	Units	CL	DL	COB
1	(10)			(11)	-(12)	(13)	(14) 0.00	(15) 1			cpy del cob
Referring NPI:				Ordering NPI:							
2					-		0.00	1			cpy del cob
Referring NPI:				Ordering NPI:							

19. Reserved For Local Use

Account Information ?

Patient Account #	Total Charge
<input type="text"/>	0.00
Auth #	Paid
<input type="text"/>	<input type="text"/>
	Balance
	0.00

(16)

Claim Entry



- Providers
- Patients -
- Claims -
- Authorizations -
- Provider Resources -
- Audit Tools
- Reprint EOP's
- Manage Providers
- Update Login
- OptiNow

17. Select the address where services were rendered

Select POS

Item No.	Make Selection	Service Address	Billing Address	Action Required
1	<input checked="" type="radio"/>	112 PERFECT PARKWAY 112 STANFORD IL 11112	112 ZEBULON CT ROCKY MOUNT NC 27804	
2	<input type="radio"/>	999 NINE LANE STANFORD IL 11112	112 ZEBULON CT ROCKY MOUNT NC 27804	
3	<input type="radio"/>	101 TEST DRIVE TEST CA 92012	112 ZEBULON CT ROCKY MOUNT NC 27804	
4	<input type="radio"/>	PAY TO SUBSCRIBER EIGHT CA 27996	112 ZEBULON CT ROCKY MOUNT NC 27804	
5	<input type="radio"/>	120 SW 62 AVENUE MIAMI FL 33144	112 ZEBULON CT ROCKY MOUNT NC 27804	

[Continue](#)

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18. Click *Continue*

Claim Entry

Review the form carefully to ensure accuracy



Providers

Patients

Claims

Authorizations

Provider Resources

Audit Tools

Reprint EOP's

Manage Providers

Update Login

OptiNow

← Back

Unsubmitted Claim

2. Patient's Name Rubble, Barney (WX0000000000)	3. Patient's BirthDate 01/01/1990	4. Insured's Name						
5. Patient's Address		7. Insured's Address						
City	State	City						
Zip	Phone	Zip Code						
Physician's Name: DR.KILDARE, JAMES		1. Insureds Policy Group Or Feca #: 2004000JK						
		a. Insured's Dob: 08/29/2004						
		c. Insurance Plan / Program Name: Envolve Vision Plans						
19. Reserved For Local Use								
21. Diagnosis or Nature Of Illness Or Injury (RELATE Items below to 24E By LINE)		ODSP:ODCYL:ODAX: OSSP:OSCYL:OSAX:						
1.200.01 2. 3. 4. 5. 6.								
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 5/17/2017	5/17/2017	11	1	V2020		i	\$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 111122				33. Billing Address 112 ZEBULON CT ROCKY MOUNT NC 27804				

Submit

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Click *Submit* after review

Claim Entry

Your claim has been submitted!

Providers

Patients ▾

Claims ▾

Audit Tools

Reprint EOP's

Manage Providers

Update Login

OptiNow

Submitted Claim #20170517A519 ⓘ

2. Patient's Name Rubble, Barney (WX000000000)		3. Patient's BirthDate 01/01/1950	4. Insured's Name					
5. Patient's Address		7. Insured's Address						
City	State	City	State					
Zip	Phone	Zip Code	Phone					
Physician's Name: DR.KILDARE, JAMES		11. Insureds Policy Group Or Feca #: 2004000JK						
		a. Insured's Dob: 08/29/2004						
		c. Insurance Plan / Program Name: Envolve Vision Plans						
19. Reserved For Local Use								
21. Diagnosis or Nature Of Illness Or Injury (RELATE items below to 24E By LINE)			ODSP:ODCYL:ODAX: OSSP: OSCYL: OSAX:					
1.200.01.2.3.4.5.6.								
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
1.5/17/2017	5/17/2017	11	1	V2020		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 111122			33. Billing Address 112 ZEBULON CT ROCKY MOUNT NC 27804					

Attachments ⓘ

Print Page

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You may print this page for your records.

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

Claim Attachments

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

Submitted Claim #20170517A519 ⓘ

2. Patient's Name Rubble, Barney (WX000000000)		3. Patient's BirthDate 01/01/1950	4. Insured's Name					
5. Patient's Address			7. Insured's Address					
City	State		City	State				
Zip	Phone		Zip Code	Phone				
Physician's Name: DR.KILDARE, JAMES			11. Insureds Policy Group Or Feca #: 2004000JK					
19. Reserved For Local Use								
21. Diagnosis or Nature Of (RELATE Items below to 24E By LINE)			OSSP: OSCYL: OSAX:					
1.Z00.01 2. 3. 4. 5. 6.								
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. 5/17/2017	5/17/2017	11	1	V2020		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 111122			33. Billing Address 112 ZEBULON CT ROCKY MOUNT NC 27804					

Attachments ⓘ **Print Page**

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

1. Select Attachments

Claim Attachments (add files)

Submitted Claim #20170517A519

2. Patient's Name: Rubble, Barney (WXXXXXXXXXX)
 3. Patient's BirthDate: 01/01/1950
 4. Insured's Name
 5. Patient's Address
 7. Insured's Address

Manage Attachment(s) for Claim Number: 20170517A519

Attachment(s) for Claim Number: 20170517A519

Please upload supporting documents for this claim. Please note, only image files are supported. Click on "Add files...", and click on the "Start upload" button to begin uploading the selected file(s). (gif | jpg | png | tiff | pdf) Please note, files are limited to 5mb in size.

2. Click Add files

3. Select the file to be uploaded. (Note: the maximum file size limit is 5mb and required formats are tiff, png, jpg, and gif.)

Finished

Print Page

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Claim Attachments (add files)

Submitted Claim #20170517A519

2. Patient's Name	3. Patient's BirthDate	4. Insured's Name
Eubble, Barney (WX0000000000)	01/01/1950	
5. Patient's Address	7. Insured's Address	

Manage Attachment(s) for Claim Number: 20170517A519

Attachment(s) for Claim Number: 20170517A519

Please upload supporting documents for this claim. Please note, only image files are supported. Click on "Add files...", and click on the "Start upload" button to begin uploading the selected file(s). (gif | jpg | png | tiff | pdf) Please note, files are limited to 5mb in size.

test.pdf 82.20 KB

4. Once the file is added, click *Start upload*.

Finished

Print Page

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Claim Attachments (complete)

Providers

Patients -

Claims -

Authorizations -

Provider Resources -

Audit Tools

Reprint EOP's

Manage Providers

Update Login

OptiNow

Submitted Claim #20170517A519

2. Patient's Name: Rubble, Barney (WX0000000000) 3. Patient's BirthDate: 01/01/1950 4. Insured's Name

5. Patient's Address 7. Insured's Address

Manage Attachment(s) for Claim Number: 20170517A519

Attachment(s) for Claim Number: 20170517A519

Please upload supporting documents for this claim. Please note, only images are supported. Click on "Add files...", and click on the "Start upload" button to upload the selected file(s). (gif | jpg | png | tiff | pdf) Please note, files are limited to 10MB.

82200

Please note: In the event the incorrect file was uploaded in error, you are able to select the Delete button to remove the incorrect file.

Upon completing the file upload an attachment record number will appear beside the file name.

5. Once the attachment is validated for your records click Finished.

Units

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Claim Status Check



The screenshot shows the 'Claim Status Check' form with the following fields and callouts:

- 1. Choose the provider who will be rendering the services from the drop down box. If you do not see your provider ,please call Network Management at (800) 531-2818.** (Points to the Physician dropdown menu)
- 2. Choose the Plan that the member is covered under.** (Points to the Health Plan dropdown menu)
- 3. Enter the date of service in (mm/dd/yyyy) format.** (Points to the Date of Service text input field)
- 4. Enter either the Member ID # Or Member first name, last name, and DOB (mm/dd/yyyy)** (Points to the Member ID, First Name, Last Name, and Date of Birth fields)
- 5. Click Continue** (Points to the Continue button)

Claim Status Check

← Back

CLAIM STATUS CHECK ?

Name - ID #	DOB	Effective	Terminates	Benefit	Active Member	Physician Can Provide Services?	Member has Primary Insurance through other Insurance
Rubble, Barney - WX000000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No
Rubble, Barney - WX000000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No

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6. Select the member that you want to check the claim status for.

Claim Status Check

[← Back](#)

Claim(s) Summary ?

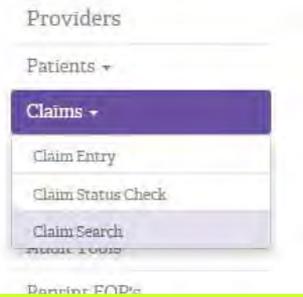
Claim#	Member	MemID	Provider	DxCode	DateRcvd	DatePd	Allow	Copay	Ded.	Cob	Coins	Withhold	NetPd
SrvcDate	ProcCode	Freq	Billed	Total rvus	Avg \$/rvu								
200511040203	Rubble, Barney	WX000000000	KILDARE, JAMES T.	V531	11/20/2005		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7/9/2005	V2020	1	\$10.00										
Denied: Provider is not contracted to provide Routine Eye Exam Services.													
200511040206	Rubble, Barney	WX000000000	KILDARE, JAMES T.	366.16	11/20/2005		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8/30/2005	92014	1	\$100.00										
Denied: No referral number referenced on claim submission.													
8/30/2005	76519	1	\$100.00										
Denied: No referral number referenced on claim submission.													
200511070038	Rubble, Barney	WX000000000	KILDARE, JAMES T.	366.16	11/20/2005		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2005	68761	1	\$250.00										
Denied: No referral number referenced on claim submission.													
200602100608	Rubble, Barney	WX000000000	KILDARE, JAMES T.	366.16	1/20/2005		\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
11/1/2005	68761	1	\$250.00										
20060823X025	RUBBLE BARNEY	999887777	KILDARE, JAMES T.	397.1	9/10/2006		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1/2/2006	92004	1	\$250.00										
(Denied: Claim was not received within the 90 day filing period. Refer to Plan Specifics for timely filing period guidelines.													
20170517As19	Rubble, Barney	WX000000000	KILDARE, JAMES T.	Z00.01			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5/17/2017	V2020	1	\$0.00										

[Continue](#) [Reset](#)

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↑
Claims that have been submitted to Envolve Vision will be displayed.

Claim Search



4. Enter the date of service in (mm/dd/yyyy) format. (Optional...if entered by itself, will show all claims for this date of service.)

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

2. Choose the Plan that the member is covered under. (mandatory entry)

3. Enter claim number (Optional...if entered will only show results for that claim)

5. Enter either the Member ID # (Optional...if entered will show all claims for this member. If not entered will show all claims submitted for DOS indicated for the health plan selected.)

OR

Member first name, last name, and DOB (mm/dd/yyyy)

5. Click Continue

The 'Claim Search' form contains the following sections and fields:

- Enter Provider Information:**
 - Physician: KILDARE JAMES.2587413695
 - Health Plan: Envolve Vision Plans.FIVP and (
 - Claim Number: [Empty]
 - DOS: (format: mm/dd/yyyy)
- Enter Patient Information:**
 - Member ID: [Empty]
 - OR
 - First Name: [Empty]
 - MI: [Empty]
 - Last Name: [Empty]
 - SSN: [123] - [12] - [1234]

Claim Search

[← Back](#)

Claim(s) Summary ?

Claim#	Member	MemID	Provider	DxCode	DateRcvd	DatePd						
SrvDate	ProcCode	Freq	Billed	Total rvus	Avg \$/rvu	Allow	Copay	Ded.	Cob	Coins	Withhold	NetPd
20170517A519	Rubble, Barney	WX0000000000	KILDARE, JAMES I.	Z00.01								
5/17/2017	V2020	1	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Claims that have been submitted to Envolve Vision will be displayed. Any payment or pending payment information would be found here.

Submitting Corrected Claims

- Providers
- Patients ▾
- Claims ▾**
- Authorizations ▾
- Reprint EOP's
- Manage Providers
- Update Login
- OptiNow

Claim Status Check ?

Enter Provider Information ?

Physician

Health Plan

Date of Service

Enter Patient Information ?

Member ID

—OR—

First Name

Last Name

Date of Birth

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

2. Choose the Plan that the member is covered under.

3. Enter the date of service in (mm/dd/yyyy) format.

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

5. Click Continue

Submitting Corrected Claims

← Back

CLAIM STATUS CHECK ?

Name - ID #	DOB	Effective	Terminates	Benefit	Active Member	Physician Can Provide Services?	Member has Primary Insurance through other Insurance
Rubble, Barney - WX000000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No
Rubble, Barney - WX000000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No

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6. Select the member that you want to check the claim status for.

Submitting Corrected Claims

[← Back](#)

Claim(s) Summary ?

Claim#	Member	MemID	Provider	DxCode	DateRcvd	DatePd	SrvcDate	ProcCode	Freq	Billed	Total rvus	Avg \$/rvu	Allow	Copay	Ded.	Cob	Coins	Withhold	NetPd	
<input type="checkbox"/> 200511040203	Rubble, Barney	WX000000000	KILDARE, JAMES I.	V53.1	11/20/2005		7/9/2005	V2020	1	\$10.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Denied: Provider is not contracted to provide Routine Eye Exam Services.																				
<input type="checkbox"/> 200511040206	Rubble, Barney	WX000000000	KILDARE, JAMES I.	366.16	11/20/2005		8/30/2005	92014	1	\$100.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Denied: No referral number referenced on claim submission.																				
<input type="checkbox"/> 200511070028	Rubble, Barney	WX000000000	KILDARE, JAMES I.	366.16	11/20/2005		11/1/2005	68761	1	\$250.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Denied: No referral number referenced on claim submission.																				
<input checked="" type="checkbox"/> 200602100608	Rubble, Barney	WX000000000	KILDARE, JAMES I.	366.16	1/20/2005		11/1/2005	68761	1	\$250.00			\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
<input checked="" type="checkbox"/> 20060823X025	RUBBLE, BARNEY	999887777	KILDARE, JAMES I.	367.1	9/10/2006		1/2/2006	92004	1	\$250.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Denied: Claim was not received within the 90 day filing period. Refer to Plan Specifics for timely filing period guidelines.																				
<input type="checkbox"/> 20170517A519	Rubble, Barney	WX000000000	KILDARE, JAMES I.	Z00.01			5/17/2017	V2020	1	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

7. Check the box next to the claim you want to correct.

[Continue](#) [Reset](#)

8. Click *Continue*.

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Submitting Corrected Claims

← Back

CLAIM ENTRY(for corrected claims) ?							
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	01/01/2017	12/31/2099	CEN1025G52	Yes	Yes	No

9. Select the member that you want to file a corrected claim for.

Submitting Corrected Claims

Re-key items that need to be corrected, then click *Continue*.

*The date of service must remain the same

*Do not submit claims through Eye Health Manager that require COB or medical attachments.

- Providers
- Patients ▾
- Claims ▾
- Authorizations ▾
- Provider Resources ▾
- Audit Tools
- Reprint EOP's
- Manage Providers
- Update Login
- OptiNow

Claim Entry (for correction)

Physician Information: KILDARE, JAMES ⓘ

Diagnosis	1 st	2 nd	3 rd	4 th
	<input type="text" value="Z00.00"/>	<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 ▾

Service(s): Rubble, Barney claim# 20160831B008 Valid From 01/01/2017 Thru 12/31/2099 ⓘ

Date of Service							
From:	To:	Tos	Cpt	Modifiers	Diagnosis Pointer	Charges	Units
(mm/dd/yyyy)	(mm/dd/yyyy)			1 - 2 - 3	(1-12)		

Submitting Corrected Claims



- Providers
- Patients -
- Claims -**
- Authorizations -
- Provider Resources -
- Audit Tools
- Reprint EOP's
- Manage Providers
- Update Login
- OptiNow

Select the address where services were rendered.

Select POS

Item No.	Make Selection	Service Address	Billing Address	Action Required
1	<input type="checkbox"/>	112 PERFECT PARKWAY112 STANFORD IL 111122	112 ZEBULON CT ROCKY MOUNT NC 27804	
2	<input type="checkbox"/>	999 NINE LANE STANFORD IL 111122	112 ZEBULON CT ROCKY MOUNT NC 27804	
3	<input type="checkbox"/>	101 TEST DRIVE TEST CA 92012	112 ZEBULON CT ROCKY MOUNT NC 27804	
4	<input type="checkbox"/>	PAY TO SUBSCRIBER EIGHT CA 27596	112 ZEBULON CT ROCKY MOUNT NC 27804	
5	<input type="checkbox"/>	120 SW 62 AVENUE MIAMI FL 33144	112 ZEBULON CT ROCKY MOUNT NC 27804	

[Continue](#)

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Click Continue.

Submitting Corrected Claims

- Providers
- Patients ▾
- Claims ▾
- Authorizations ▾
- Provider Resources ▾
- Audit Tools
- Reprint EOP's
- Manage Providers
- Update Login
- OptiNow

← Back *Review the form carefully to ensure accuracy*

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		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 #: 2004000JK						
		a. Insured's Dob: 08/29/1970						
		c. Insurance Plan / Program Name: Envolve Vision (Centene Employees)						
19. Reserved For Local Use								
21. Diagnosis or Nature Of Illness Or Injury (RELATE items below to 24E By LINE)		ODSP-ODCYL-ODAX- OSSP-OSCYL- OSAX-						
1:200.01 2. 3. 4. 5. 6.								
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. 11/9/2017	11/9/2017	11	1	66984	1	\$10.00	1	
Referring Provider:			Ordering Provider:					
Acct#	Total Charge	Paid	Balance Due					
	\$10.00	\$0.00	\$10.00					
32. Facility Address 112 PERFECT PARKWAY112 STANFORD IL 11122			33. Billing Address PO BOX 1111 NICE TOWN IL 11122					

Submit

Click *Submit* after review. Verification of submission is the same, but **new claim #** assigned.

View Authorizations

Similar to viewing member benefits and claims entry, enter the pertinent information regarding provider, health plan, DOS, and member identifying information. Then click *Continue*.

Providers

Patients

Claims

Authorizations

View Authorization

Search Authorization

Request Authorization

Manage Providers

Update Login

OptiNow

View Authorizations ⓘ

Enter Provider Information ⓘ

Physician

Health Plan

Date of Service

Enter Patient Information ⓘ

Member ID

—OR—

First Name

Last Name

Date of Birth

View Authorizations

← Back

VIEW AUTHORIZATIONS ⓘ							
Name - ID #	DOB	Effective	Terminates	Benefit	Active Member	Physician Can Provide Services?	Member has Primary Insurance through other Insurance
Rubble, Barney - WX00000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No
Rubble, Barney - WX00000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No

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Select the member that you want to view authorizations for.

View Authorizations

← Back

(24) Existing Authorizations Found. ?

Status	Member	Service	Requested	Starts	Ends	Provider	Pos	Allowed	NOTE:	Authorization
AWEBAUTH	RUBBLE, BARNEY 999887777	66984	11/14/2006	11/15/2006	2/13/2007	2587413695	11			LAAAAV5Y View Certificate
AWEBAUTH	RUBBLE, BARNEY 999887777	66984	11/14/2006	11/15/2006	2/13/2007	2587413695	11			LAAAAV5Y View Certificate
AWEBAUTH	RUBBLE, BARNEY 999887777	66984	11/14/2006	11/15/2006	2/13/2007	2587413695	11			LAAAAV5Y View Certificate
DCERTCANCEL	RUBBLE, BARNEY 999887777	66984	2/9/2007	2/10/2007	5/11/2007	2587413695	11	0.0000		LAAAAV7S

This page lists existing authorizations. Continue to next screen.

View Authorizations

← Back

To view authorizations for the selected member, click *View*.

(24) Existing Authorizations Found

Status	Member	Service	Requested	Starts	Ends	Provider	Pos	Allowed	NOTE:	Authorization
AWEBAUTH	RUBBLE, BARNEY 999887777	66984	11/14/2006	11/15/2006	2/13/2007	2587413695	11			LAAAAV5Y View Certificate
AWEBAUTH	RUBBLE, BARNEY 999887777	66984	11/14/2006	11/15/2006	2/13/2007	2587413695	11			LAAAAV5Y View Certificate
AWEBAUTH	RUBBLE, BARNEY 999887777	66984	11/14/2006	11/15/2006	2/13/2007	2587413695	11			LAAAAV5Y View Certificate
DCERTCANCEL	RUBBLE, BARNEY 999887777	66984	2/9/2007	2/10/2007	5/11/2007	2587413695	11	0.0000		LAAAAV7S View Certificate

View Authorizations

An authorization letter will be displayed.

You may print this letter for your records.



Benefit Options

Authorization Letter

June 22, 2016

Place of Service:
 Authorization Number:
 Authorization Period:
 Date of Service:
 Diagnosis:
 Patient Name:
 Patient DOB:
 Member ID:
 Health Plan:

Service(s) Authorized	Units or Days Certified
SURGERY WITH -DAY GLOBAL FOLLOW-UP NO GLOBAL FOLLOW UP APPLIES	

Dear Provider:

OphCare Managed Vision's authorization is intended to ensure that services are medically necessary and monitored by the Utilization Management Department. Approval based on the diagnosis submitted only verifies the appropriateness of the service(s) requested for the Member.

Authorized services may be altered by submitting an additional request for evaluation of medical necessity. Payment of benefits is subject to the member's eligibility and contractual provisions of the subscriber's certificate for the dates on which the service(s) are rendered.

OphCare Managed Vision is not obligated to provide benefits or coverage for services beyond those authorized as medically necessary. All claim submissions are subject to Local Carrier Policy and Correct Coding Initiative edits.

Sincerely,

Mark C. Ruchman, MD
 Chief Medical Officer
 OphCare Managed Vision

The information contained in this transmission is intended only for the use of the individual or entity to whom it is addressed and may contain information that is confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address referenced below via the United States Postal

111 Zebulon Court • PO Box 7548 • Rocky Mount, North Carolina 27804-7548 • Fax: 252-451-2133
 Provider Relations: 800-846-7032 • Utilization Management: 800-463-6972

Authorization Search

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

Authorization Search ⓘ

Enter Provider Information

Physician

Authorization ID

Date of Service

Enter Patient Information

Member ID

—OR—

First Name

MI

Last Name

SSN - -

Date of Birth

Authorization search gives you the ability to search for a specific authorization number instead of all authorizations under a particular member. Similar to viewing member benefits & claims entry, enter the pertinent information regarding Provider, Health Plan, DOS, and member identifying information. Then click *Continue*. This will take you to the requested authorizations. Follow same steps as view authorizations at this point to view and/or print for your records.

Authorization Entry

- Providers
- Patients ▾
- Claims ▾
- Authorizations ▾**
 - View Authorization
 - Search Authorization
 - Request Authorization**
- Manage Providers
- Update Login
- OptiNow

Utilization Management Pre-authorization Requests

Select Request Authorization.

To avoid delays in processing your authorization requests please ensure that you use the appropriate ICD Diagnosis Code-set. Planned dates of service for procedures or services prior to and including 9/30/2015 require an ICD-10 diagnosis code. Please contact the Utilization Management department at 800-465-6972 if you have any questions

Please submit your pre-authorization request as soon as possible based upon the patient's condition. If the service is elective, please allow us two (2) business days to complete your request. The Authorization Entry menu item may be utilized to enter pre-authorization requests for "non-urgent" procedures that require pre- authorization. If a request meets the established guidelines, an approval number will be issued and you may print an approval letter immediately. If a request does not meet the established guidelines, the request will pend for further review. All supporting clinical information should be faxed to the Envolve Vision Utilization Management Department at (877) 865-1077. When faxing supporting clinical information, please include the reference number provided when submitting the pre-authorization or prior notification request

- Coordinated Care
- Louisiana Healthcare
- Superior Health Plan
- All Other Health Plans
- Homestate Health Plan
- Sunflower Health Plan
- Magnolia Health Plan

Clinical criteria for the services requiring pre-authorization may be obtained by contacting the Envolve Vision Medical Management Department at 1-800-465-6972. Envolve Vision provides practitioners with the opportunity to discuss any UM denial decision with a physician or other appropriate reviewer.

Continue

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Authorization Entry

- Providers
- Patients ▾
- Claims ▾
- Authorizations ▾**
 - View Authorization
 - Search Authorization
 - Request Authorization
- Manage Providers
- Update Login
- OptiNow

Utilization Management

To avoid delays, please refer to the ICD Diagnosis Code Manual for the most current 9/30/2015 requirements. For more information, please call 1-800-465-6972 if you have any questions.

Please submit your pre-authorization request as soon as possible based upon the patient's condition. If the service is elective, please allow us two (2) business days to complete your request. The Authorization Entry menu item may be utilized to enter pre-authorization requests for "non-urgent" procedures that require pre-authorization. If a request meets the established guidelines, an approval number will be issued and you may print an approval letter immediately. If a request does not meet the established guidelines, the request will pend for further review. All supporting clinical information should be faxed to the Enville Vision Utilization Management Department at (877) 865-1077. When faxing supporting clinical information, please include the reference number provided when submitting the pre-authorization or prior notification request.

• Coordinated Care	• Homestate Health Plan
• Louisiana Healthcare	• Sunflower Health Plan
• Superior Health Plan	• Magnolia Health Plan
• All Other Health Plans	

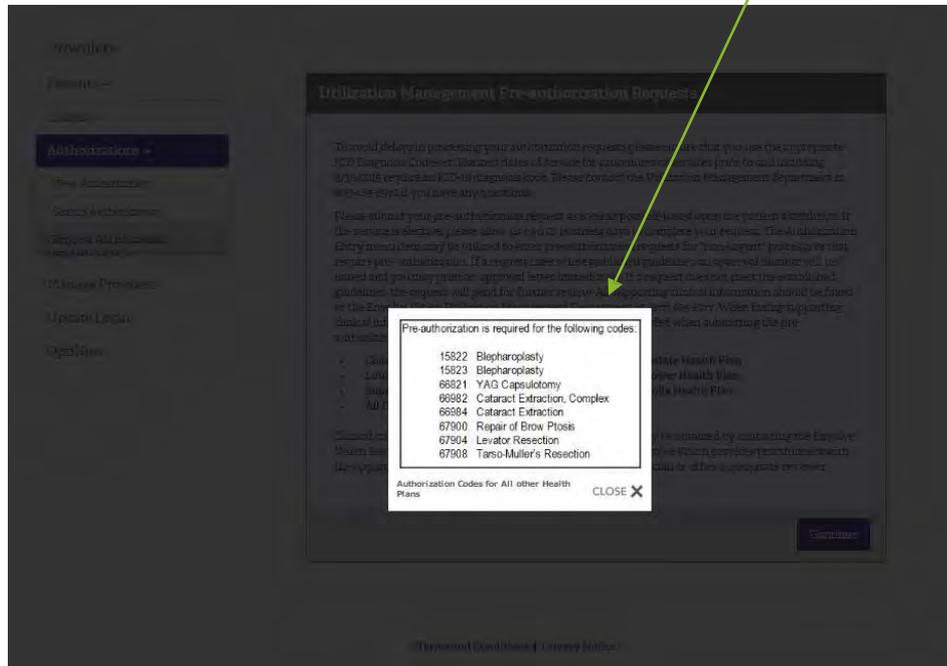
Clinical criteria for the services requiring pre-authorization may be obtained by contacting the Enville Vision Medical Management Department at 1-800-465-6972. Enville Vision provides practitioners with the opportunity to discuss any UM denial decision with a physician or other appropriate reviewer.

[Continue](#)

Click on the appropriate health plan below. This will indicate which codes require pre-authorization. For demonstration purposes, "All Other Health Plans" will be selected.

Authorization Entry

Once you click “All Other Health Plans” the authorization codes will appear. To close this pop-up, select *Close X* in the bottom right hand corner. This will take you back to the *Authorization Entry* page.



To continue with your authorization entry, scroll to bottom of page and select *Continue*. Be sure to read this page as it contains very helpful information.

Authorization Entry

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources ▾

Audit Tools

Reprint EOP's

Manage Providers

Update Login

OptiNow

Authorization Entry ⓘ

Enter Provider Information ⓘ

Physician

Health Plan

Date of Service

Enter Patient Information

Member ID

—OR—

First Name

Last Name

Date of Birth

Similar to viewing member benefits and claims entry, enter the pertinent information regarding Provider, Health Plan, DOS, and member identifying information. Then click *Continue*.

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Authorization Entry

← Back

AUTHORIZATION ENTRY ⓘ								?
Name - ID #	DOB	Effective	Terminates	Benefit	Active Member	Physician Can Provide Services?	Member has Primary Insurance through other Insurance	
Rubble, Barney - WX00000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No	
Rubble, Barney - WX00000000	01/01/1950	01/01/2005	12/31/2099	CEN1025G25	Yes	Yes	No	

↑
Select the member that you want to submit an authorization request for.

Authorization Entry

Authorization Entry

Contact Info Provider Info Patient Info Service Info PCP Info

Enter Contact Information

Date: 5/18/2017 10:13:09 AM

Office Contact:

Phone:

Fax:

Authorization Entry

Contact Info Provider Info Patient Info Service Info PCP Info

Enter Provider Information

Provider ID: 2587413695

Provider Name:

Previous Next

Authorization Entry

Contact Info Provider Info Patient Info Service Info PCP Info

Enter Patient Information (01/01/2005 Thru 12/31/2099)

Name, Dob: Rubble Barney, 01/01/1990

IDs, Hmo, Group: WXXXXXXX0000, Envolve Vision Plans, 200

Other Insurer (if any):

Date Of Admit: (mm/dd/yyyy)

Date Of Service: (mm/dd/yyyy)

Next

Authorization Entry

Contact Info Provider Info Patient Info Service Info PCP Info

Enter Service Information

Place of Service: 11 Doctors Office

112 PERFECT PARKWAY 112 STANFORD

1. 3.

Modifier	REF
<input type="text"/>	<input type="checkbox"/>

Previous Next

Authorization Entry

Contact Info Provider Info Patient Info Service Info PCP Info

Enter PCP Information

Note: The fields below are required when there is a primary care provider.

Primary Care Referral #:

Effective Date:

Termination Date:

Type/Number Of Visits Approved by PCP:

Previous Continue

Procedures requiring a pre-authorization will vary based upon product, please refer to your plan specifics.

Most requests will be approved immediately if they meet criteria. Those that do not will be "Pended" for review.

Complete all tabs:

1. Contact info
2. Provider info
3. Patient info
4. Service info
5. PCP Info for non-urgent medical surgical procedures requiring pre-authorization. When complete, select *Continue* to submit your request.

Audit Tools

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources +

Audit Tools

Reprint EOP's

Manage Providers

Update Login

OptiNow

Audit Tools i
?

Physician	<input type="text" value="KILDARE, JAMES.2587413695"/>
Claim Audit Start Date	<input type="text" value="{mm/dd/yyyy}"/>
Claim Audit End Date	<input type="text" value="{mm/dd/yyyy}"/>

Select the provider.

Enter the date that you want to begin your audit.

Enter the ending date for your audit.

Click *Continue*.

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Audit Tools

To view the detail of previously submitted claims, click *Detail*.

← Back

Claim Audit Summary ⓘ

Claim#	Member	MemID	Provider	PrCode	DateRcvd	DatePd	HCFA(1500)	Coins	Withhold	NetPd
SrvcDate	ProcCode	Freq	Billed	Total rvus	Avg \$/rvu	Allow	Copay	Ded.	Cob	NetPd
20170109B805			KILDARE JAMES T.				Detail			
	V2020	1	\$1.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20170223A009			KILDARE JAMES T.				Detail			
	92014	1	\$10.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	92015	1	\$10.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	66984	1	\$25.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	V2020	1	\$25.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	V2100	2	\$50.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	65750	1	\$15.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Audit Tools

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources ▾

Audit Tools

Reprint EOP's

Manage Providers

Update Login

OptiNow

Submitted Claim #20170517A519 ⓘ

The previously submitted claim will be displayed for your review. You may print this page for your records.

Physician's Name: DR.KILDARE, JAMES
 11. Insureds Policy Group Or Feca #: 2004000JK
 a. Insured's Dob: 08/29/2004
 c. Insurance Plan / Program Name: Envolve Vision Plans

19. Reserved For Local Use

21. Diagnosis or Nature Of Illness Or Injury (RELATE items below to 24E By LINE)
 ODSP:ODCYL:ODAX:
 OSSP: OSCYL: OSAX:

1.Z00.01 2. 3. 4. 5. 6.

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. 5/17/2017	5/17/2017	11	FRAM	V2020		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 111122

33. Billing Address
 112 ZEBULON CT ROCKY MOUNT NC 27804

Attachments

Print Page

Reprint Explanation of Benefits (EOB)

This tool will allow you to review, download, and reprint EOBs. You may also export the data into an Excel spreadsheet for additional manipulation.

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources ▾

Audit Tools

Reprint EOP's

Manage Providers

Update Login

OptiNow

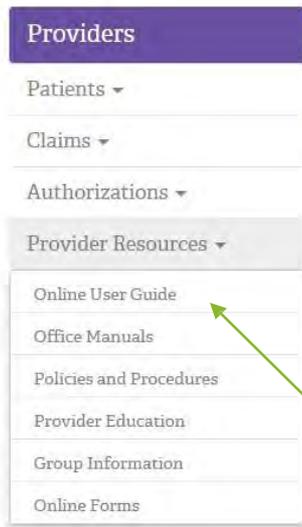
Reprint EOPs ?

Check Date	(1)	<input type="text" value="(mm/dd/yyyy)"/>
Physician	(2)	<input type="text" value="KILDARE, JAMES.2587413695"/>
Location	(3)	<input type="text" value="112 ZEBULON CT ROCKY MOUNT NC 2780422"/>
Reference #	(4)	<input type="text" value="-no selection available-"/>
(5) <input type="radio"/> (Default) EOP powered by emdeon <input type="radio"/> (Alt.) Export To Excel <input type="radio"/> (Alt.) Crystal Viewer		
		(6) <input type="button" value="Continue"/>

1. Select the check date by clicking in the "Date" field and choosing the appropriate check date.
2. Select provider
3. Select office location
4. A reference number will automatically populate once a date is selected.
5. Select *EOB powered by emdeon* to view the EOB OR
Select export to Excel or Crystal viewer
6. *Click Continue*

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Online User Guide



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.

OptiNow will be decommissioned on December 1st 2016



Annual Medicare Provider Compliance Trainings 2016



User Guide will download and open in separate browser window.

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Office Manuals

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources ▾

Online User Guide

Office Manuals

Policies and Procedures

Provider Education

Group Information

Online Forms

Search

Office Manuals

Provider Manuals ⓘ

- Envolv Vision Provider Manual ←
- Envolv Vision - UPMC Health Plan Provider Manual
- Envolv Vision of Texas Provider Manual
- Envolv Vision of Texas - Superior HealthPlan Provider Manual
- Envolv Vision - Kansas Provider Manual
- Envolv Vision Benefits of Puerto Rico Provider Manual
- Envolv Vision - Absolute Total Care Provider Manual
- Envolv Vision - Magnolia MississippiCAN 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.

BENEFIT OPTIONS

Envolv Vision, Inc. is a subsidiary of Envolv Benefit Options, Inc.

visionbenefits.envolvehealth.com

PROVIDER MANUAL

Office Manuals

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

Please note

Plan specifics that apply to your participation will be displayed. Click the plan specific you wish to view.

Manuals will be displayed in Adobe Acrobat Reader.

Office Manuals

Provider Manuals ⓘ

Plan Specifics ⓘ

- Absolute Medicare-Medicaid Plan
- Absolute Total Care Medicaid
- Ambetter - Arkansas Health and Wellness Solutions
- Ambetter - Buckeye Health Plan
- Ambetter - CeliCare Health Plan of MA

APPENDIX: PLAN SPECIFICS

Envolve Discount Plans and Envolve Vision Plans

The provisions outlined in these Plan Specifics shall prevail over any provision in the Envolve Provider Manual which may conflict or appear inconsistent with any provision contained in this document.

PLAN OVERVIEW:

Envolve Discount Plans is a co-branded discount program where Members receive discounts on professional routine eye exam and optical services, unless prohibited by state law*. For information on a specific group's discount plan, log into the Eye Health Manager (visionbenefits.envolvehealth.com/login.aspx) and click on Group Information or contact Customer Relations at (800) 368-4790.

*North Carolina providers may elect to continue offering discounts by participating in Envolve's Optional Discount Program, by filling out the Optional Discount Participation form located at <http://bit.ly/nc02benefits.envolvehealth.com/forms.aspx>.

Envolve Vision Plans are commercial vision benefit plans sold directly to employers, trade unions, associations and similar entities. Envolve Vision Plans may include a covered routine eye exam with one of three basic eyewear benefit designs. Copy, benefit frequency, allowance, formulary and covered services will vary by group.

PLAN BENEFITS:

BENEFIT	BENEFIT CRITERIA/LIMITATIONS
Preventative Eye Exams with Refraction	<ul style="list-style-type: none"> Eligible members receive a covered in full eye exam. Frequency will vary by group. Eligible diagnosis for preventative vision exams can be found by logging into Eye Health Manager at visionbenefits.envolvehealth.com/login.aspx and clicking on Office Manuals and ICD codes for Envolve. The refraction (92015) must be reported separately when utilizing 92002 – 92014 CPT codes Regardless of final diagnosis, a member who presents for an exam with no complaint must be reported as a preventative exam, using the eligible codes as the primary diagnosis.
Co-Payments	Varies.
Eyewear	<p>Corrective Eyewear Allowance</p> <p>Members who are covered under the Corrective Eyewear Allowance benefit will have an allowance towards the purchase of a complete set of glasses (frame and lenses) or contact lenses, including the contact lens fitting. The allowance may be applied towards lens features. Any charges exceeding the Corrective Eyewear Allowance are paid by the Member, less a 20% discount*.</p>
	<p>Retail Frame Allowance</p> <p>Members who are covered under the Retail Frame Allowance benefit will have an allowance towards the purchase of a frame. CR-39 single vision, FT bifocal or FT trifocal lenses are covered in full. Standard</p>

EBO OPT.PS.1.16

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
Quality Management
Claim Payment
Puerto Rico Policies
Customer Relations
Provider Affairs
Full Copyright Notice
Draft Clinical Policies-review or comment Period ends 10 business days after policy posted

To view the Policies and Procedures for a specific department, click the Policy and Procedure of your choice from the list or the hyperlinks on the left. The manual will be displayed in Adobe Acrobat Reader.

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

Policies and Procedures

After selecting the department, click the icon to view the policy. Use the scroll bar to the right to scroll down until locating the policy. The policy/procedure will display in Adobe Acrobat Reader. The next slide will demonstrate what the UM Policy for Adjacent Tissue Transfer/Grafts looks like.

[← Back to Eye Health Manager](#)

Utilization Management

Utilization Management - Drafts

Quality Management

Claim Payment

Puerto Rico Policies

Customer Relations

Provider Affairs

Utilization Management Policies and Procedures

#	Policy/Procedure Title	View
1	OC.UM.CP.0001 Adjacent Tissue Transfer_Grafts	
2	OC.UM.CP.0002 Age Related Macular Degeneration	
3	OC.UM.CP.0003 Amblyopia	
4	OC.UM.CP.0004 Amniotic Membrane Placement on Ocular Surface	
5	OC.UM.CP.0005 Aqueous Shunt	
6	OC.UM.CP.0006 Attachment A - Bandage Contact Lens	
7	OC.UM.CP.0006 Attachment B - Keratoconus Hardware	
8	OC.UM.CP.0006 Attachment C - Aphakic_Post-Cataract Hardware	
9	OC.UM.CP.0006 Attachment D - Polycarbonate Lenses	
10	OC.UM.CP.0006 Attachment E - Lens Reimbursement	
11	OC.UM.CP.0006 Attachment F Medically Necessary Hardware	
12	OC.UM.CP.0006 Medically Necessary Hardware	
13	OC.UM.CP.0007 Blepharoplasty, Ptosis and Canthoplasty	
14	OC.UM.CP.0008 Cataract Extraction	

Policies and Procedures

**ENVOLVE BENEFIT OPTIONS, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Adjacent Tissue Transfer / Grafts
PAGE: 1 of 5	REFERENCE NUMBER: OC.UM.CP.0001
EFFECTIVE DATE: 01/01/2016	REPLACES DOCUMENT: 100-UM-R7 Adjacent Tissue Transfer
RETIRED:	REVIEWED: 10/25/2015
SPECIALIST REVIEW: Yes	REVISED: 10/25/2015
PRODUCT TYPE: All	COMMITTEE APPROVAL: 12/11/2015

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements including Local Coverage Determinations (LCDs), as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

SUBJECT:

Medical necessity determination of adjacent tissue transfer or full thickness graft in conjunction with other ophthalmic surgical procedures.

DESCRIPTION:

The physician transfers or rearranges adjacent tissue or performs a full thickness graft to repair traumatic or surgical wounds on the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, feet nose, ears, eyelids and/or lips.

POLICY/CRITERIA:

Special circumstances can lead to payment of adjacent tissue transfer or full thickness graft with 67917 or other CPT codes. The codes have proper

Provider Education

← Back to Eye Health Manager

Online Forms

Education

Join the Envolve Vision Network

Update Email Address

Provider Education

Enolve Vision is committed to delivering the highest quality of care to our members. We invite you to join an upcoming training seminar, accessible via this website, to receive a comprehensive presentation.

The *Eye Health Manager* will provide:

- Access Member Benefits and Eligibility Verification
- Enter Claims
- Check the Status of a Claim
- Locate and Review Claims Submitted via the Eye Health Manager over a Specific Time Period
- Reprint EOPs and Export EOP Data to Excel
- Locate the Office Manual and Plan Specific Information
- Locate and Review Enolve Vision Policies and Procedures

Online Training Videos

- False Claims Act Training Video
- PSGA Provider Overview

Provider Newsletters

- Enolve You Volume 2 Issue 1
- Enolve You Volume 2 Issue 2
- Enolve You Volume 2 Issue 2 - TEXAS
- Enolve You Volume 2 Issue 3
- Enolve You Volume 3 Issue 1

Materials

- Please login to *Eye Health Manager* and click on Office manuals to view your plan specifications.

Click *Provider Education* to view:

- Eye Health Manager Seminar presentation
- Upcoming seminar dates with participation instructions for seminar
- Miscellaneous educational material
- *Get Involved* – Enolve Vision’s quarterly provider newsletter.

Manage Providers

- Providers
- Patients ▾
- Claims ▾
- Authorizations ▾
- Provider Resources ▾
- Audit Tools
- Reprint EOP's
- Manage Providers
- Update Login
- OptiNow

Manage Providers: Activate or Disable Providers ⓘ			
Provider Name	Verified	Active	
KILDARE, JAMES	✓	✓	Disable
PROVIDER, OPTINOW	✓	✓	Disable
			Update Now

[Terms and Conditions](#) | [Privacy Notice](#)

This page defaults to show current status of each provider. If the red X appears under *Active* you will need to activate the provider. The next slide will demonstrate this.

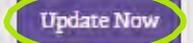
Reasons to deactivate a provider: Medical leave, maternity leave, military reserves action to duty.

Manage Providers-Activating Providers

Clicking activate will change Active icon from  to 

Manage Providers: Activate or Disable Providers ⓘ

Provider Name	Verified	Active	
KILDARE, JAMES	✓	✓	
PROVIDER, OPTINOW	✓	✗	



Click Activate

Click UpdateNow

Manage Providers: Activate or Disable Providers ⓘ

Provider Name	Verified	Active	
KILDARE, JAMES	✓	✓	
PROVIDER, OPTINOW	✓	✓	



Update Successful

Manage Providers- Disabling Providers

Clicking disable will change Active icon from  to 

Manage Providers: Activate or Disable Providers

Provider Name	Verified	Active	
KILDARE, JAMES	✓	✓	Disable
PROVIDER, OPTINOW	✓	✓	Disable

Update Now

Click *Disable*

Click *UpdateNow*

Manage Providers: Activate or Disable Providers

Provider Name	Verified	Active	
KILDARE, JAMES	✓	✓	Disable
PROVIDER, OPTINOW	✓	✗	Activate

Update Now

Update Successful

Update Login

- Providers**
- Patients ▾
- Claims ▾
- Authorizations ▾
- Provider Resources ▾
- Audit Tools
- Reprint EOP's
- 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.

OptiNow will be decommissioned on December 1st 2016

Annual Medicare Provider Compliance Trainings 2016



Member Benefits



File A Claim



Authorizations

Click *Update Login* to update:

- User ID
- Password
- Password Hint
- Email Address

Privacy Notice

Update Login

- Providers
- Patients ▾
- Claims ▾
- Authorizations ▾
- Provider Resources ▾
- Audit Tools
- Reprint EOP's
- Manage Providers
- Update Login
- OptiNow

Update your Online Account Profile

Update Information	Current Information
User ID	User ID
<input type="text" value="No Update"/> ▾	<input type="text" value="kildare182"/>
Password	Password
<input type="text" value="No Update"/> ▾	<input type="password" value="*****"/>
Password Hint	E-mail
<input type="text" value="No Update"/> ▾	<input style="background-color: #90ee90;" type="text"/>
E-mail	
<input type="text" value="No Update"/> ▾	

Your current login information is displayed as well as the items that can be updated.

Each item has a drop down menu that defaults to *No Update*; however, you do have the ability to select *Update* once you open the drop down menu.

You can update all items at once or you can update individual items one by one.

The next slide will demonstrate updating the User ID only.

Update Login

Update your Online Account Profile i

Update Information

User ID i	Update ▼
New User ID	<input type="text"/>
Password i	No Update ▼
Password Hint	No Update ▼
E-mail	No Update ▼

Continue

To update your User ID go to the drop down menu under User ID and select *Update*

Current Information

User ID	<input type="text" value="kildare123"/>
Password	<input type="password" value="12345678"/>
E-mail	<input type="text" value=""/>

Click *Continue*

Update Login

Update your Online Account Profile

Update Information

User ID  Update ▾

New User ID **Abcd1234**

Password  No Update ▾

Password Hint No Update ▾

E-mail No Update ▾

Continue

Enter the updated information in the data field you wish to update then select *Continue*

User ID kldarst182

Password *****

E-mail [REDACTED]

After selecting *Continue*, you will receive confirmation that your updates are complete. The next slide will demonstrate this.

Update Login

Your update is complete! Select *Continue* to proceed.

Online Profile Updated

Thank you. Your profile and account information has been updated.

CONTINUE

If you changed your User ID and/or Password, when you select *Continue*, the *Access Denied!* page will load (see next slide). You will need to log in with your updated information to continue.

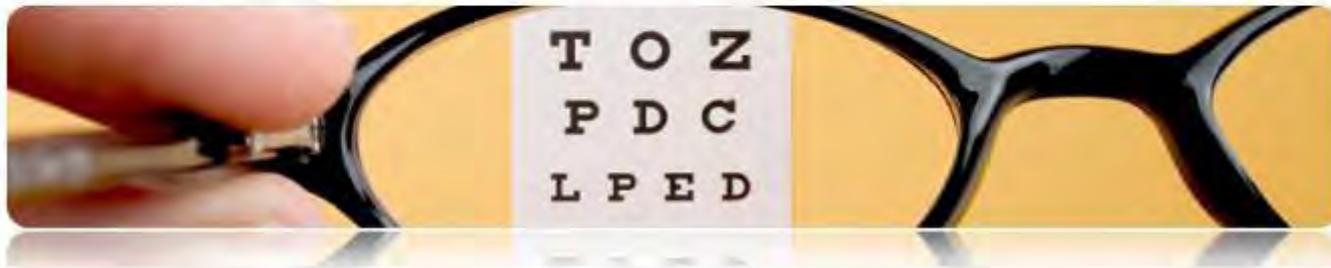
*****Access denied!* will not appear if you change your email address or password hint unless you update the User ID and/or Password in conjunction with those updates. When you select *Continue*, you will remain logged in.****

Update Login

Access Denied !

There was a problem with your access, please check the username and password and try again, or you may call our Provider Maintenance Department for more information regarding your access to the Eye Health Manager.

[Click here to Login again.](#)



Access Denied! will populate after making changes ONLY to the User ID and/or Password. You will have to login in with your new information to continue accessing Eye Health Manager. To do this, please click *Click here to Login again.*

Group Information

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

Group Information	
Discount Programs	
Vision Plans	
	Agnew Associates, Inc
	Arapahoe Charter School
	ArtSpace Charter School
	Asheville Buncombe Tech Community College
	Auto Supply Co., Inc.
	Bank of Oak Ridge
	Burke County Schools
	Burlington Housing Authority
	Centene Vision Plan

Group information will enable you to:

- View detailed discount information for discount programs
- View detailed group information for Envolve Vision Plan members
- Access the group specific vision benefit calculator

For demonstration purposes, the Centene Vision Plan will be selected.



Group Information

- Login
- Home
- Find a provider
- My Benefits
- FAQs
- Forms
- Contact Us

Welcome Centene Corporation Members

Ready to get started? Take advantage of your vision benefits in 4 easy steps:

- Step 1 – Search for providers in your area
- Step 2 – Select up to 3 network providers locations convenient to you
- Step 3 – Print out your customized benefit summary and provider listing
- Step 4 – Call & schedule appointment with the network provider of your choice

Centene employees have unlimited access to Envolve Benefit Options concierge team. **We encourage you to email us at [benefits@centene.com](#) to help you schedule your appointment.** Envolve Benefit Options will help you select a provider to ensure your benefit is administered correctly.

Envolve Benefit Options concierge team can also help with:

- Locating an in-network provider
- Reviewing benefits and answering benefit questions
- Estimating/minimizing out-of-pocket expense
- Nominating a provider for Envolve Benefit Options network
- Obtaining access to Envolve Benefit Options secure member site

This page is the same group information that the members can utilize.

Click on *My Benefits* to view the detailed benefit information for this group.

Group Information

Login

Home

Find a provider

My Benefits

FAQs

Forms

Contact Us

My Benefits

	In-Network	Out-of-Network
Routine Vision Exam Co-pay		
Materials Co-pay (once per Calendar Year)		
Contact Lens Fitting Co-pay		
Routine Vision Exam ⓘ		
Spectacle Lenses (per pair) ⓘ		
Single Vision		
Bifocal		
Trifocal		
Lenticular		
Lens Features (per pair) ⓘ		
Anti-Reflective Treatment		
Formulary Progressive ⓘ		
High Index		
Miscellaneous Options		
Non-Formulary Progressive		
Photochromatic		
Polycarbonate		
Scratch Resistance		
Tint (Solid or Gradient)		
UV Treatment		
Frame ⓘ		
Contact Lenses		
Elective (in lieu of glasses) ⓘ		
Standard Contact Lens Fitting Fee ⓘ		
Non-Standard Contact Lens Fitting Fee ⓘ		

Scroll down the page to view all benefit details such as:

- Routine vision exam copay
- Materials copay
- Spectacle lenses (per pair)
- Lens features (per pair)
- Frame allowance
- Elective contact lenses
- Medically necessary contact lenses
- LASIK discount information
- Additional discounts
- Plan exclusions
- Benefit frequencies

Please note the information icon. Hover your mouse over the icon for further detailed information pertaining to the selected feature. The next slide will show you the information icon selected to expand the Formulary Progressive lens list.

Group Information

- [Login](#)
- [Home](#)
- [Find a provider](#)
- [My Benefits](#)
- [FAQs](#)
- [Forms](#)
- [Contact Us](#)

My Benefits

	In-Network	Out-of-Network
Routine Vision Exam Co-pay	\$10.00	\$10.00
Materials Co-pay (once per Calendar Year)	\$10.00	\$10.00
Contact Lens Fitting	\$10.00	\$10.00

By hovering over the information icon, this causes another window to open.

This particular window features the Formulary Progressive Lens Options.

Formulary Progressive Options

Some plans offer formulary progressive options. This means that a Member may further reduce out-of-pocket expenses for progressive lenses by selecting a lens from our Preferred Formulary table shown below. Lenses selected from this list are covered at no additional cost. Charges for additional lens features (Tint, UV Coating, etc.) may apply. Please ask your eye care provider if one of the progressive lenses shown below or like product is right for you.

AO TruVision	Essilor Super No-Line	Essilor Natural	S/A Navigator
Essilor Interview	Essilor Adaptor	Hoyalux GP	Zeiss Gradef Ed
Sola VIP XL	Younger Image	S/A Navigator Short	

For plans that do not have a formulary progressive option, the Member out-of-pocket expense for progressive lenses is the same as it is for non-formulary options.

Formulary Progressive	\$85.00	Member cost	N/A
High Index	\$85.00	Member cost	N/A

For plans that do not have a formulary progressive option, the Member out-of-pocket expense for progressive lenses is the same as it is for non-formulary options.

LASIK (Discount link)	15% off standard pricing or 5% off promotional pricing	N/A
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For plans that do not have a formulary progressive option, the Member out-of-pocket expense for progressive lenses is the same as it is for non-formulary options.

Additional Discounts	N/A
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For plans that do not have a formulary progressive option, the Member out-of-pocket expense for progressive lenses is the same as it is for non-formulary options.

Plan Exclusions	N/A
-----------------	-----

For plans that do not have a formulary progressive option, the Member out-of-pocket expense for progressive lenses is the same as it is for non-formulary options.

Benefit Frequencies	N/A
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We are here to help you!

- The Envolve Vision team is here to assist with any questions that you may have. You may contact our Customer Solutions Department:
 - By phone at (800) 531- 2818
 - By email at visioncustomersolutions@envolvehealth.com
 - By fax at (800) 980-4002
 - By web chat: log into the Eye Health Manager on www.visionbenefits.envolvehealth.com

As a reminder, please refrain from sending member demographics or personal health information (PHI) through unsecure email.

Question and Answer Session!