

# Vision Overview

2024 IHCP Works Annual Seminar

# IHCP Annual Seminar

Managed Health Services (MHS)

- Hoosier Healthwise and CHIP
- Healthy Indiana Plan
- Hoosier Care Connect



# Agenda

- Who We Are
- High-level Overview of Benefits
- Eye Health Manager
- Check Benefit Eligibility
- Claim Entry
- Claim Submission
- Centene Vision Contact information
- Q&A Session

# Who We Are

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# 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 Centene Vision?

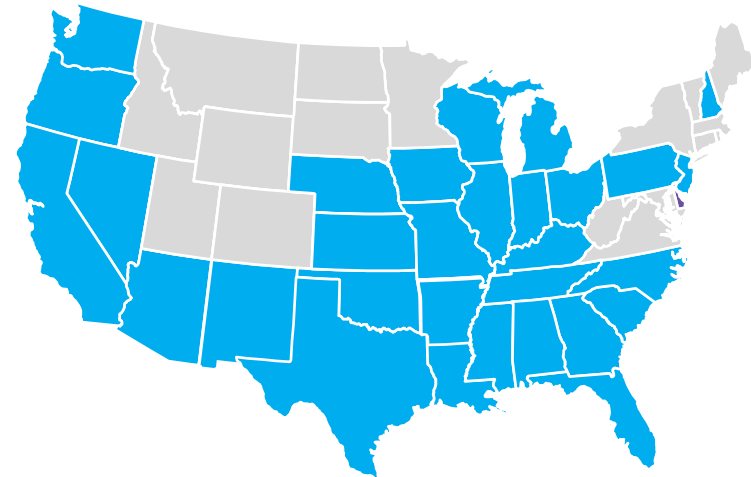
## Medically Necessary Eyewear

- 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

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# Plan Overview

Hoosier Healthwise and  
CHIP

Healthy Indiana Plan  
Hoosier Care Connect



- Preventive eye exam with refraction.
  - Members under 21 – One eye exam every calendar year.
  - Members 21 and over – One eye exam every two calendar years.
  - HIP Basic does not have vision coverage for members over 20 years of age.
- 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 Centene website [Centene Vision](#). Navigate to Eligible ICD coding information section and select Eligible ICD codes for Envolve Vision (PDF).



# Plan Overview Continued

- Eyeglasses:
  - Members under 21 – One pair per calendar year.
  - Members 21 and over – One pair every two calendar years.
- 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 Continued

## Enhanced Benefit – Hoosier Healthwise & CHIP – Hoosier Care Connect

- Must be obtained from an in-network provider.
- \$75 allowance every two years 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.
- Members are responsible for any amount over their \$75 every two years allowance, minus a 15% discount.

## Value Added Services – Contact Lenses – Healthy Indiana 2.0

- Members that obtain services from an in-network provider may opt out of the standard eyewear benefit and receive a \$75 every two years 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.

## Frequency Exceptions

- Medical necessity (note this information in Block 19 of the CMS-1500 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.

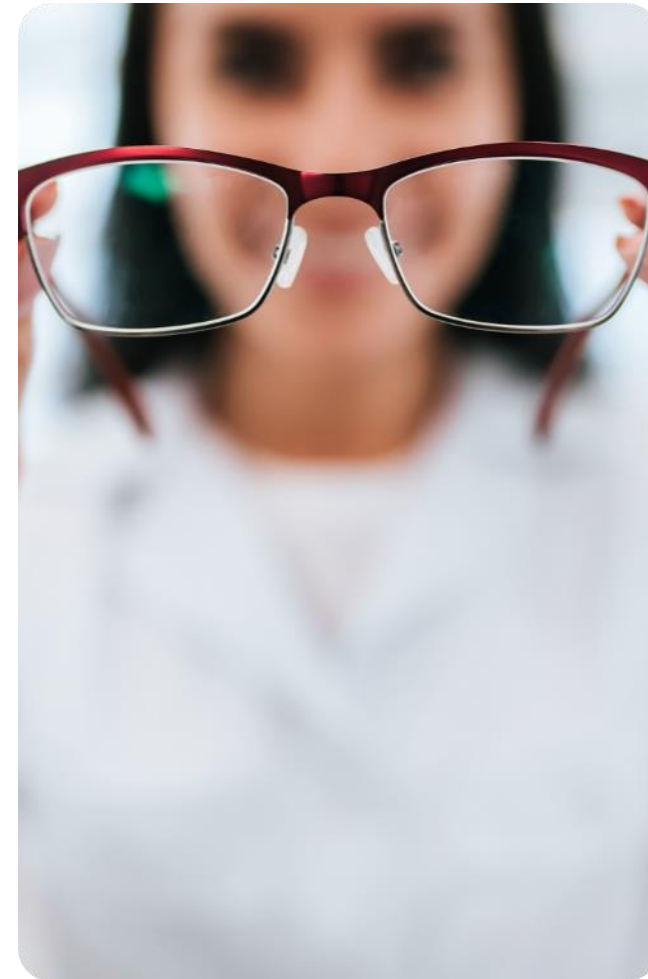
## Eyeglasses Replacement

- 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 Continued

## 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 calendar 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 members may not be billed for services.

## Eye Health Manager (available 24/7)

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

## To access Eye Health Manager:

1. Go to [envolvevision.com/logon](https://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 Health Care Payor ID# 56190
  - **Paper Claims Submission:**  
Envolve Vision  
P.O. Box 7548  
Rocky Mount, NC, 27804

# Eye Health Manager

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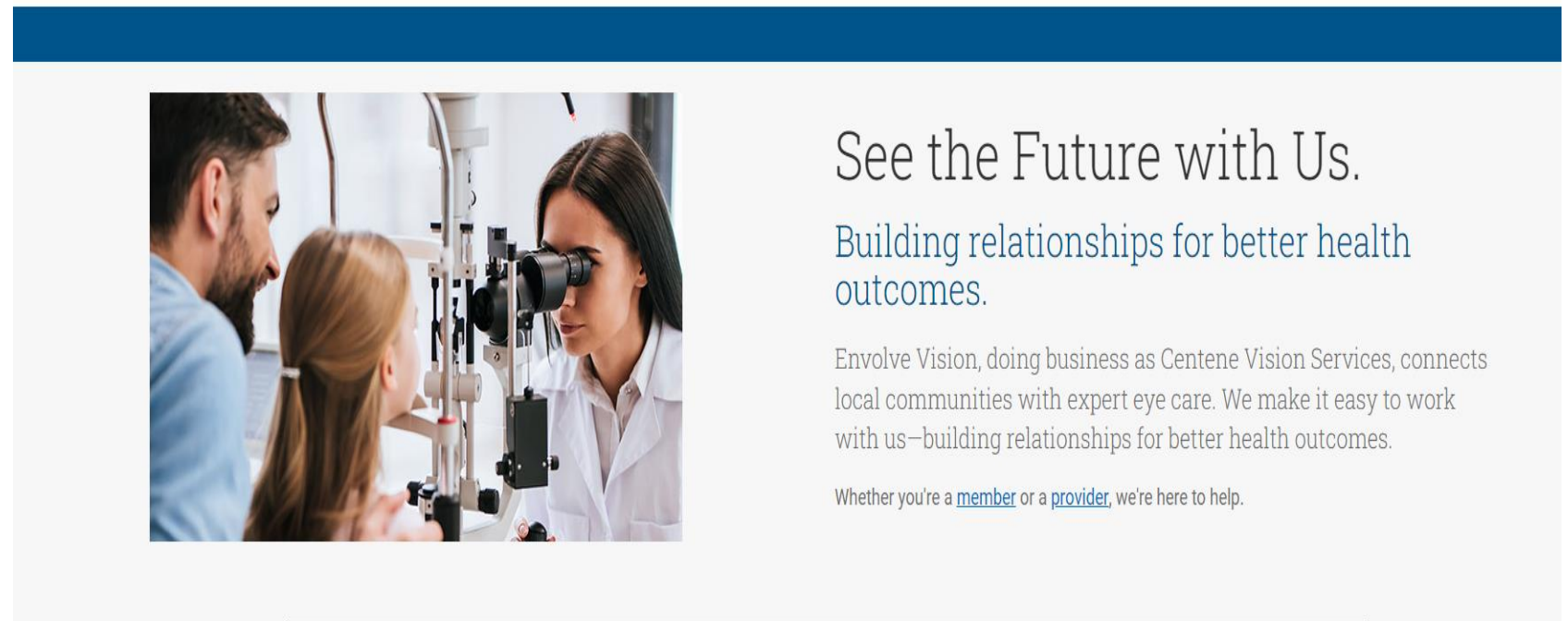
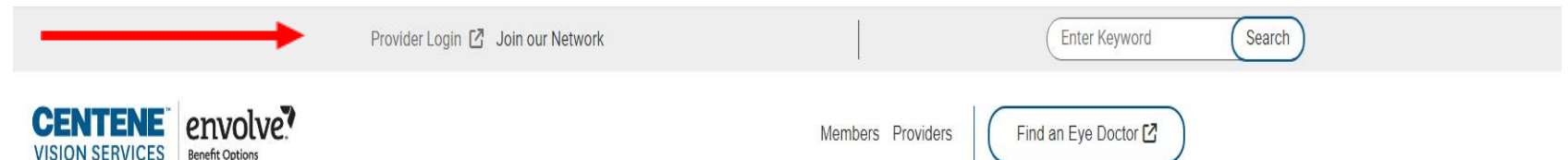
# What is Eye Health Manager?

Eye Health Manager is a secure and HIPAA (Health Insurance Portability and Accountability Act) 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 the web browser enter [envolvevision.com](https://envolvevision.com)
2. Click on For Providers to log into Eye Health Manager.





# How to Access Eye Health Manager Continued

## Welcome Vision Providers!

Visit our improved [website](#) to view what plans are covered in your state, see member ID cards, and find valuable provider education.

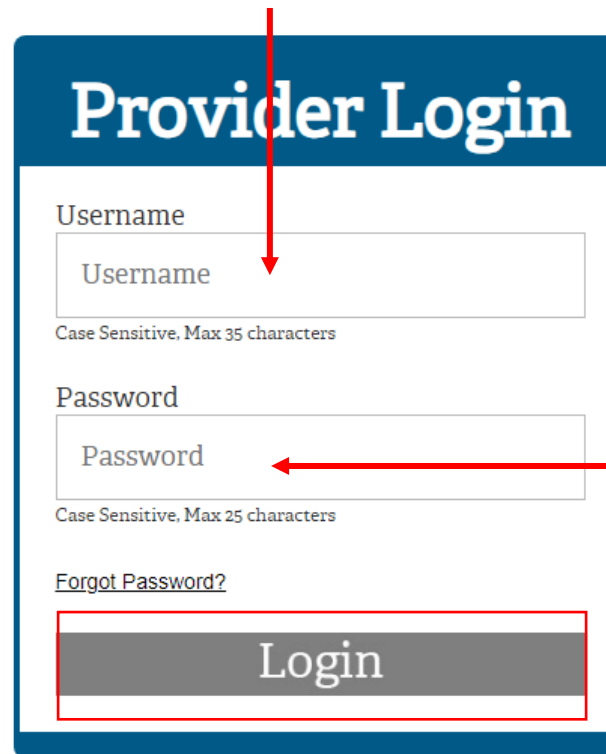
If you are a contracted provider, [click here](#) to request Eye Health Manager portal access. Once you have created an account, you can use the provider portal to:

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

Three convenient ways to update your directory information:

- [Online Provider Update Form](#)
- Call us at 800-531-2818
- [Email our Advanced Case Unit](#)

3. Enter your username.



The screenshot shows a 'Provider Login' form with a dark blue header. Below the header are three input fields: 'Username' (with a red arrow pointing to it), 'Password' (with a red arrow pointing to it), and a 'Forgot Password?' link. At the bottom is a grey 'Login' button with a red arrow pointing to it. The form is enclosed in a blue border.

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 Eye 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.

**Updated browser versions supported starting July 5th 2024**



Member Benefits



File A Claim



Authorizations

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

*Look for important news, updates and current events.*

# Check Benefit Eligibility

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# View Member Benefits

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources ▾

Audit Tools

Reprint EOPs

Manage Providers

Update Login

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.**

The screenshot shows a web form titled "View Member Benefits" with an information icon. It is divided into two main sections: "Enter Provider Information" and "Enter Patient Information".

**Enter Provider Information:**

- Physician: A dropdown menu with the selected value "KILDARE, JAMES T.,2587413695". A red arrow points to this dropdown from the instruction above.
- Health Plan: A dropdown menu with the selected value "Managed Health Of Indiana + Ambetter,MHIN".
- Date of Service: A text input field containing "08/31/2023". A red arrow points to this field from the instruction to the right.

**Enter Patient Information:**

- Member ID: A text input field containing "00014530". A red bracket groups this field with the First Name, Last Name, and Date of Birth fields, pointing to the instruction below.
- OR---
- First Name: An empty text input field.
- Last Name: An empty text input field.
- Date of Birth: A text input field with a placeholder "(mm/dd/yyyy)".

At the bottom of the form, there are two buttons: "Continue" and "Reset". A red box highlights the "Continue" button, with a red arrow pointing to the instruction below.

**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 the current date.**

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

**5. Click Continue.**

# Claim Entry

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# 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

**1. Select the member that you are filing a claim for.**

# Claim Entry Continued

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

**3. If a facility other than the provider's office is used (such as a hospital), select it from the drop-down box.**

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

5. Enter the date of service (from).

6. Enter the HCPCS code performed.

7. Enter up to three modifiers.

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

9. Enter the Usual & Customary rate for the services.

10. Enter number of units.

11. Click Continue.

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

- Referring NPI:
- Ordering NPI:
- Date of service (from):  **5**
- HCPCS code performed:  **6**
- Modifiers:  **7**
- Diagnosis code:  **8**
- Usual & Customary rate:  **9**
- Number of units:  **10**
- Referring NPI:
- Ordering NPI:
- 19.Reserved For Local Use:
- Account Information:  **11**
- Patient Account #:
- Auth #:
- Total Charge:  0.00
- Paid:
- Balance:  0.00
- Continue button:



# Claim Entry Cont.

**12. 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

**13. Click Continue.**

# Claim Submission

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# 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				7. Insured's Address 112 Zebulon Ct					
City Rocky Mount		State NC		City Rocky Mount					
State NC		Zip 27801		State NC					
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: OSSP:OSCYL:OSAX:					
1.b52.4 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. 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					


[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 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:					
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.)*

Submitted Claim #2023072AX227 i
?

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: OSSP:OSCYL:OSAX:					
1.H52.4 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. 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

*Select Attachments.*

# Online User Guide

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

## Thank you for participating with us.

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Updated browser versions supported starting July 5th 2024



Member Benefits



File A Claim



Authorizations

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

**User Guide will download and open in separate browser window.**

# Office Manuals

Providers

Patients ▾

Claims ▾

Authorizations ▾

Provider Resources ▾

Online User Guide

Office Manuals

Policies and Procedures

Provider Education

Group Information

Online Forms

## Office Manuals

### Provider Manuals ⓘ

Standard Envolve Vision Provider Manual

Envolve Vision - UPMC Health Plan Provider Manual

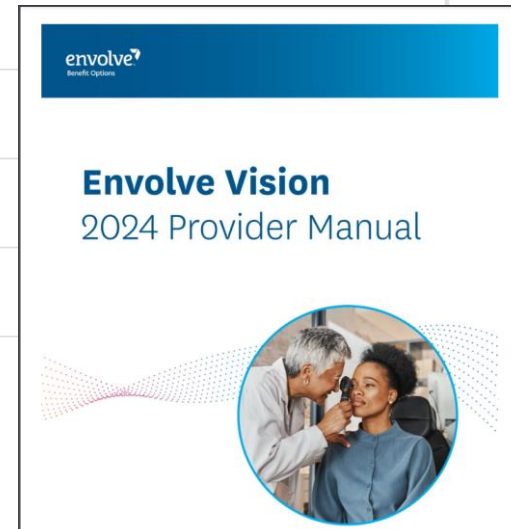
Envolve Vision of Texas Provider Manual

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 ▾**

Audit Tools

Reprint EOPs

Manage Providers

Update Login

OptiNow

## 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.*





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# Centene Vision Contact Information

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# 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 [Centene Vision](#).

# Contact Us:

- **Provider Relations:** [Envolve\\_AdvancedCaseUnit@CENTENE.COM](mailto:Envolve_AdvancedCaseUnit@CENTENE.COM)
- **Provider Customer Service:** MHS (Medicaid) 866-599-1774
- **Credentialing Department:** [EnvolveVision\\_PF\\_Credentialing@CENTENE.COM](mailto:EnvolveVision_PF_Credentialing@CENTENE.COM)
- **Network Department:** [ProviderContracts@CENTENE.com](mailto:ProviderContracts@CENTENE.com)
- **Envolve Vision Fraud Waste and Abuse:**
  - Hotline: 866-685-8664
  - Email: [EBOSIU@CENTENE.com](mailto:EBOSIU@CENTENE.com)
- **Appeals and Grievances:**
  - Appeals: [envolve\\_appealsandrecons@CENTENE.com](mailto:envolve_appealsandrecons@CENTENE.com)
  - Grievances: [VisionGrievances@CENTENE.COM](mailto:VisionGrievances@CENTENE.COM)

# Q&A

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