

envolve[®]

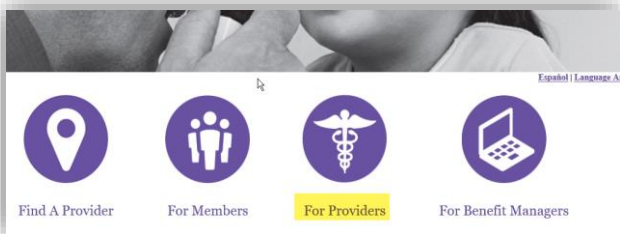
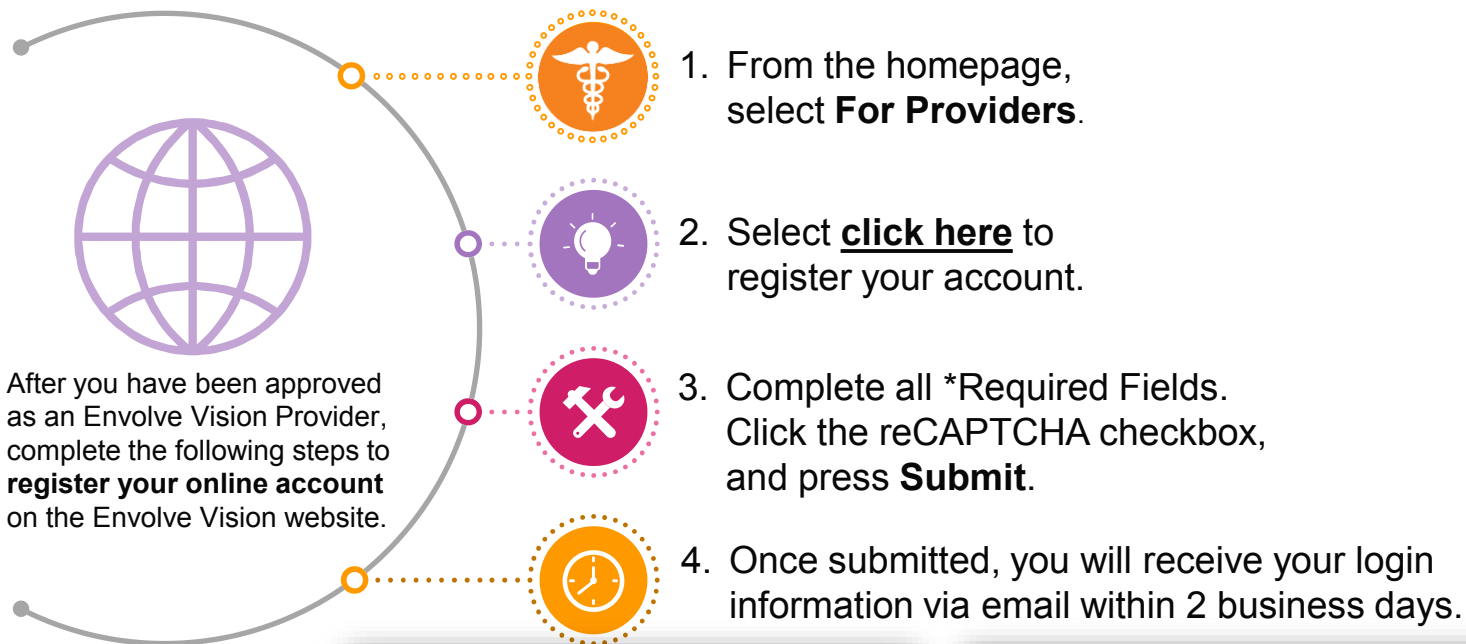
Benefit Options



Envolve Vision

Envolve Vision Website Registration

Visit <https://visionbenefits.envolvehealth.com/>



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

Request Access to Eye Health Manager

Provider Name*	<input type="text"/>	Office Name*	<input type="text"/>
Tax ID*	<input type="text"/>	Office Contact Name*	<input type="text"/>
Phone*	<input type="text"/>	Fax*	<input type="text"/>
Email*	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>

*Required Fields

I'm not a robot

Envolve Vision Website Access

Log into Eye Health Manager

After you log in to Eye Health Manager with your login and password, you will be able to access the following:

- **Member Eligibility**
- **Process claims**
- **Online user guide**
- **Office Manuals**
- **Provider Resources**
 - **Plan Specifics**
 - **Policies and Procedures**
 - **Online forms**
- **Provider Education**
- **Authorizations**
- **Reprint EOP's**
- **Manage Providers**

Providers

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

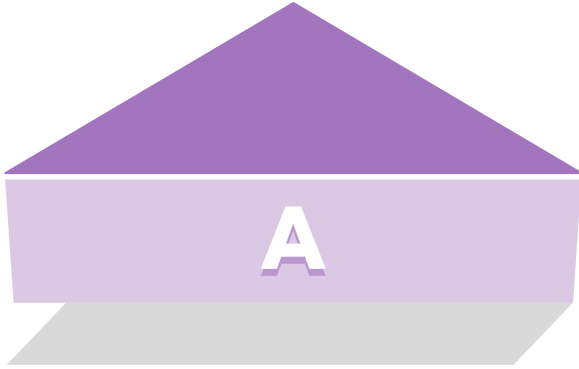
Thank you for participating with us.

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.

- IMPORTANT: Envolve Vision's address has changed!**
- IMPORTANT REMINDER: Allwell (Medicare Advantage) Coverage Maps**
- IMPORTANT REMINDER: Ambetter (Marketplace) Coverage Maps**
- CMS Mandate - New Identification for Medicare Members**
- Important Policy Notice Regarding Texas STAR and CHIP Coding Changes.**

Claims Submission

Claims can be filed to Envolve Vision in three ways



Mail claims - (must be submitted on original 1500 form) (no handwritten claims accepted)

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



Eye Health Manager - Log in and select **Claims**.



Electronically - (Change Healthcare/Formally Emdeon - 800-845-6592)
Payor ID - 56190

**Envolve Vision follows all CMS claims submission guidelines and HIPAA coding standards.
(Please see the Provider Manual for specifics)**

IVR

Interactive Voice Response



Envolve offers a 24/7 IVR (Interactive Voice Response) system that can provide:

- Eligibility
- Certificate of eligibility faxed back to office
- Claim Status

Claims Payments



Mail

Providers will receive checks by mail with or without the Explanation of Benefit/Explanation of Payment Statement depending upon their specified preference. (Providers are able to print and reprint EOP's on Envolve Website)

Electronic Funds Transfer

Envolve Vision has partnered with PaySpan Health to deliver Electronic Funds Transfers (EFTs), Electronic Remittance Advice (ERAs). PaySpan Health is a free solution to enable online presentment of remittance/vouchers, straightforward reconciliation of payments to empower our providers to reduce costs, speed secondary billings, improve cash flow, and help the environment by reducing paper usage. Instructions to register for PaySpan Health are below.

How to Register for PaySpan- (Must be after first payment is received)

- Call 1-877-331-7154 Option 1 for your unique registration code.
- Go to www.payspanhealth.com and click the **Register Now** button.
- Enter your Registration Code and click **Submit**.

Claims Appeal Process



Providers may appeal a claim that has been denied in whole or in part for disputes relating to claim payments.

Claim appeals must be submitted with the following information:

- A completed CMS 1500 form for claim in question
- A completed Claim Appeal Request Form ([visionbenefits.envolvehealth.com/Online forms](http://visionbenefits.envolvehealth.com/Online%20forms))
- A copy of the Explanation of Benefit/ Explanation of Payment in which the claim in question is listed
- Any other documentation (primary explanation of benefit, authorizations, referrals, etc.)
- Corrected claims should not be submitted as an appeal

The Claim Appeal mailing address is:

Envolve Vision

Attn: Claims Appeal Committee

PO Box 7548

Rocky Mount, NC 27804

*****Decisions made by the Appeals Committee are final and based on the supporting documentation received from the Provider's office.**