

Ophthalmology Provider Transition Quick Reference Guide

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Functional Area	HOMESTATE HEALTHPLAN MEDICAL EYE CARE Ophthalmology	ENVOLVE BENEFIT OPTIONS ROUTINE VISION Ophthalmology, Optometry, Opticians			
Provider Enrollment (Contracting / Credentialing)	To contract with Home State Health Plan for all Ophthalmology medical eye care services. Visit Home State Health Plan's website and fill out a request to join our network application today. Request to Join link: https://www.homestatehealth.com/providers/join-our-network.html Add practitioners to your existing contract link; https://www.homestatehealth.com/providers/provider-toolkit.html	Submit all routine vision, Optometry medical services, and hardware claims to Envolve Vision. To contract with Envolve Vision for routine eye, Optometry medical services, or hardware please visit Envolve Vision's website and submit a Network Management inquiry form. Web Address: https://visionbenefits.envolvehealth.com/joinus.aspx			
Claims – Electronic Claims Payor ID	68069	56190			
Claims – Claims Submission	Medicaid Home State Health Plan P.O. Box 4050 Farmington, MO 63640 Medicare Attn: Allwell P.O. Box 3060 Farmington, MO 63640-3822 Ambetter Attn: Ambetter P.O. Box 5010 Farmington, MO 63640	Envolve Vision, Inc. PO Box 7548 Rocky Mount, NC 27804			
Claims – Claim Reconsideration Requests	The reconsideration process is now all online for ease of use: • Make your case. Submit reconsideration comments using expanded text fields. • Add context. Easily attach documentation when you file a reconsideration. • Stay current. Opt in/out for reconsideration status change emails. Login here: https://www.homestatehealth.com/login.html	Envolve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804			

Provider Services – Claims Inquiries	Home State Health (Medicaid): 855-694-4663 Allwell from Home State Health (Medicare/HMO): 855-766-1452 Allwell from Home State Health (Medicare/D-SNP) 833-298-3361 Ambetter from Home State Health (Marketplace): 855-650-3789	Line of Business Allwell 1-844-242-8188 Ambetter 1-844-529-5662 Medicaid 1-877-865-1785	
Provider Relations/ Account Management	Home State Health offers assistance through our secure provider portal, by email, or by calling a provider services representative. In addition, Home State Health offers dedicated Provider Network Specialists located in field offices across Missouri. Please visit our secure portal or contact Provider Services for all Claim Inquiries:	Envolve Vision's Customer Service team will assist with questions regarding the transition	
Provider Education/ Resource Materials	Web Address: https://www.homestatehealth.com/providers/tools-resources.html	Web Address: https://visionbenefits.envolvehealth.com/forms.as px	
Provider Web Portal	Web Address: https://www.homestatehealth.com/login.html	Web Address: https://visionbenefits.envolvehealth.com/logon.as px	
Prior Authorization	Web Portal Address: https://www.homestatehealth.com/ https://www.ambetter.homestatehealth.com https://www.allwell.homestatehealth.com Phone number(s): Home State Health: 855-694-4663 Ambetter: 855-650-3789 Allwell (HMO): 855-766-1452 Allwell (D-SNP): 833-298-3361 Fax number(s): Home State Health: 855-286-1811 Ambetter: 855-690-5433 Allwell: 844-280-2630	Optometry medical services administered by Envolve Vision are subject to Envolve Vison's polices and authorization requirements. Prior authorization requests are accepted via electronic mail, facsimile transmission or via Envolve Vision's secure Provider Portal Web Portal: <a 11720="" 63146="" 855-805-9812="" 877-309-6762="" allwell="" allwell:="" ambetter:="" and="" appeals="" attn:="" borman="" department="" dr.="" fax:="" from="" grievance<="" health="" home="" href="https://visionbenefits.envolvehealth.com/Email: umauthorization@EnvolveHealth.com/Email: umauthorization@EnvolveHealth.co</td></tr><tr><td>Medical
Necessity
Appeals</td><td>Medical Necessity Appeals are accepted via mail or fax. *Web Portal Appeal function currently not available" louis,="" mo="" st.="" state="" state:="" td=""><td>Medical necessity appeals for Optometry medical services are accepted via mail, phone, or fax. Envolve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804 Phone: 1-800-465-6972 Fax: 1-877-865-1077</td>	Medical necessity appeals for Optometry medical services are accepted via mail, phone, or fax. Envolve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804 Phone: 1-800-465-6972 Fax: 1-877-865-1077

	7700 Forsyth Blvd. St. Louis, MO 63105 Fax: 1-844-273-2671	
Provider Complaints	Home State HealthPlan ATTN: Complaints Department 11720 Borman Drive St. Louis, MO 63146	Envolve Vision, Inc. Attn: Appeals and Grievances PO Box 7548 Rocky Mount, NC 27804