

	Amerigroup of Iowa, Inc.	Iowa Total Care
Vendor Used for Vision	Superior Vision	Engolve Vision
Contact Information		
Member Eligibility Applicable Vision Benefits	<p>Superior Vision Provider Services 877-235-5317</p> <p>Superior Vision Secure Website https://superiorvision.com/eye-care-professionals/</p> <p>Superior Vision Member Call Center 800-879-6901</p>	<p>Engolve Vision Customer Service 833-564-1205</p> <p>Eye Health Manager (available 24/7) www.engolvevision.com/logon</p> <ul style="list-style-type: none"> • Verify member eligibility and benefits • File claims • Review claim status • Use audit tools • Download, research, & reprint EOBs
Providers wanting to join program, question on contract, credentialing, or any other contract related items	<p>877-235-5317 https://superiorvision.com/eye-care-professionals/</p>	<p>Engolve Vision Network Management 800-531-2818</p>

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Prior Authorization		
Prior Authorization Process	<p>Vision Therapy Only:</p> <p>Provider contacts Superior Vision to initiate prior authorization request. Required form can be found on the Provider Portal (Forms).</p> <p>Logon to Provider Portal (Forms): https://provider.superiorvision.com/</p> <p>Fax the form back to 410-752-9184.</p>	<p>Prior authorization is not required for Medically necessary eyewear or Vision Therapy. Both services may be subject to retrospective review.</p>
Forms	<p>Logon to Provider Portal (Forms): https://provider.superiorvision.com/</p>	<p>Eye Health Manager (available 24/7) www.envolvevision.com/logon</p> <p>Electronic Claims Submission: Change HealthCare Payer ID# 56190</p> <p>Paper Claims Submission: Envolve Vision, Inc. PO Box 7548 Rocky Mount, NC 27804</p>

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Billing		
Forms	<p>Paper Claims Submission (CMS-1500): Superior Vision Claims Department P.O. Box 967 Rancho Cordova, CA 95741</p> <p>Electronic Claims Submission: Logon to the Provider Portal (Forms): https://superiorvision.com/eye-care-professionals/</p>	<p>Eye Health Manager (available 24/7) www.envolvevision.com/logon</p> <p>Electronic Claims Submission: Change HealthCare Payer ID# 56190</p> <p>Paper Claims Submission: Envolve Vision, Inc. PO Box 7548 Rocky Mount, NC 27804</p>
Contact Information for Billing Issues	Superior Vision Customer Service Call Center 800-879-6901	Envolve Vision Customer Service 833-564-1205
Billing Support Contact	Superior Vision Customer Service 800-879-6901	Envolve Vision Customer Service 833-564-1205
Escalated Billing Issue	Superior Vision Customer Service 800-879-6901	Envolve Vision Customer Service 833-564-1205

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Eligibility		
Determine/Find Eligibility Information	Superior Vision's Web Portal https://provider.superiorvision.com/	Envolve Vision's Eye Health Manager www.envolvevision.com/logon .
	Telephone IVR 866-819-4298	
	Customer Service Call Center 800-879-6901	Envolve Vision Customer Service 833-564-1205
Support/Account Executive		
Provider Support/ Account Executive	Superior Vision's Provider Portal https://provider.superiorvision.com/ Provider Telephone IVR 877-235-5317 Jon Acosta: jon.acosta@versanthealth.com 443-454-8153 Michelle Derry: michelle.derry@versanthealth.com 518-872-7291 Robin Burke: robin.burke@versanthealth.com 205-662-7456	Envolve Vision's Eye Health Manager www.envolvevision.com/logon . Envolve Vision Customer Service 833-564-1205
Referrals		
Options for Referrals	No referrals are applicable	No referrals are applicable
Any provider?	No referrals are applicable	No referrals are applicable
Specific provider?	No referrals are applicable	No referrals are applicable
Referral Process	No referrals are applicable	No referrals are applicable

Amerigroup of Iowa, Inc. / Superior Vision			
	Medicaid Benefits	Hawki Vision Benefits	Iowa Health and Wellness Plan Vision Benefits
Covered Services			
Medical	Yes (Primary Eye Care Services)	Yes (Primary Eye Care Services)	Yes (Primary Eye Care Services)
Routine Eye Health	Yes	Yes	Yes
Materials (Frames and Lenses)	Yes	Yes (\$100 benefit for Materials)	No, except for members 19 to 20 years old
Contacts	Yes	Yes (\$100 benefit for Materials)	No, except for members 19 to 20 years old
Replacements	Yes	Not covered	No, except for members 19 to 20 years old
Reimbursement			
Eye Exam	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	Provider's billed charges or exam rate on file with Superior Vision for Hawki program (whichever is less)	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)
Materials	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	\$100 retail eyewear allowance. Provider is reimbursed at percent of retail based on their contract agreement.	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less) for members 19 to 20 years old
Replacements	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	Not Covered	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less) for members 19 to 20 years old

Iowa Total Care / Envolve Vision			
	Medicaid Vision Benefits	Hawki Vision Benefits	Iowa Health and Wellness Plan Vision Benefits
Covered Services			
Medical	Yes (Primary Eye Care Services)	Yes (Primary Eye Care Services)	Yes (Primary Eye Care Services)
Routine Eye Health	Yes	Yes	Yes
Materials (Frames and Lenses)	Yes	Yes (\$100 retail allowance for materials)	Not Covered; except for members 19 and 20 years old
Contacts	Yes	Yes (\$100 retail allowance for materials)	Not Covered; except for members 19 and 20 years old
Replacements	Yes	Not Covered	Not Covered; except for members 19 and 20 years old
Reimbursement			
Eye Exam	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	Provider's billed charges or exam rate on file with Envolve Vision for Hawki program (whichever is less)	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)
Materials	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	\$100 retail eyewear allowance. Provider is reimbursed at percent of retail based on their contract agreement.	Not Covered; except for members 19 and 20 years old
Replacements	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	Not Covered	Not Covered; except for members 19 and 20 years old