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vision care

MEDICAID PLAN

MEDICAID PLAN TABLE OF CONTENT

VSP's Medicaid Plan

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Confidential

VSP's Medicaid Plan (AZ)

VSP's Medicaid Plan is based on contracts with health care organizations (clients) to provide the vision care portion of the state's Medicaid program.

Clients are required to provide the minimum benefits specified by your state's Medicaid program, but may also offer enhanced benefits.

Please refer to **Client Detail pages and/or Medicaid Fee Schedules** for details about administration of basic state benefits. For state information, refer to the State Medicaid Manual.

VSP's Medicaid Plan (CA)

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VSP's Medicaid Plan (IL)

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VSP's Medicaid Plan (MI)

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VSP's Medicaid Plan (NV)

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VSP's Medicaid Plan (NH)

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VSP's Medicaid Plan (NY)

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VSP's Medicaid Plan (OH)

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VSP's Medicaid Plan (OR)

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VSP's Medicaid Plan (SC)

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VSP's Medicaid Plan (UT)

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VSP's Medicaid Plan (VA)

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VSP's Medicaid Plan

This material is confidential, intended for the use by VSP doctors only. The contents may not be shared with any unauthorized person. This manual is the property of VSP.

Enrollment/Doctor Participation (AZ)

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All providers who serve Medicaid patients are required to complete and attest to having completed cultural competency training annually. Network doctors who own their practice are required to attest that they and their staff, including all employee doctors, completed the training. VSP makes this training available on VSPOnline and sends via email annually. You may take it at any time at least once per calendar year. The training modules include:

- Cultural Competency
- Better Communication, Better Care: Provider Tools to Care for Diverse Populations
- Seniors and Persons with Disabilities
- Patients' Rights and Responsibilities

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VSP requires network doctors to use an appointment scheduling process and system that allows appointments to be scheduled according to patients' stated eye care needs within the timeliness standards established for VSP members. The intent is to ensure that patients are handled consistently and scheduled for appointments in a manner that recognizes the urgency of their eye care needs.

- Patents experiencing an eye care emergency should be seen immediately or referred to an appropriate alternative medical facility.
- Make every effort to see the patient at their scheduled appointment time. Patient wait time should not exceed 30 minutes.
- The site must have (or arrange for) a telephone triage, voicemail system, and/or answering service to provide routine, after-hours, and urgent/emergency eye care instructions, whenever office staff is unavailable to answer phone calls. Patients should receive a return call from this system for follow-up within a reasonable timeframe.
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- Patients experiencing an eye care emergency should be seen immediately or referred to an appropriate alternative medical facility.
- Make every effort to see the patient at their scheduled appointment time. Patient wait time should not exceed 30 minutes.
- The site must have (or arrange for) a telephone triage, voicemail system, and/or answering service to provide routine, after-hours, and urgent/emergency eye care instructions, whenever office staff is unavailable to answer phone calls. Patients should receive a return call from this system for follow-up within a reasonable

timeframe.

- Ensure a process is in place to follow up on missed and canceled appointments. Missed and/or canceled appointments and contact attempts must be documented in the patient's medical record.

(UT)

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(VA)

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(WA)

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- Ensure a process is in place to follow up on missed and canceled appointments. Missed and/or canceled appointments and contact attempts must be documented in the patient's medical record.

(WV)

VSP requires network doctors to use an appointment scheduling process and system that allows appointments to be scheduled according to patients' stated eye care needs within the timeliness standards established for VSP members. The intent is to ensure that patients are handled consistently and scheduled for appointments in a manner that recognizes the urgency of their eye care needs.

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- Ensure a process is in place to follow up on missed and canceled appointments. Missed and/or canceled appointments and contact attempts must be documented in the patient's medical record.

(TX)

VSP requires network doctors to use an appointment scheduling process and system that allows appointments to be scheduled according to patients' stated eye care needs within the timeliness standards established for VSP members. The intent is to ensure that patients are handled consistently and scheduled for appointments in a manner that recognizes the urgency of their eye care needs.

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- Ensure a process is in place to follow up on missed and canceled appointments. Missed and/or canceled appointments and contact attempts must be documented in the patient medical record.

(AZ)

When you contact VSP for an authorization, please provide the following information:

- Last four-digits of the member's Social Security Number and date of birth or the entire client-assigned ID number
- Member's Medicaid number if different from Social Security Number
- Patient's date of birth
- Patient's HMO name

There are several ways to obtain an authorization:

VSP's Electronic Claim Submission System—Enter member's Social Security Number or client-assigned ID number using eyefinity's website and select "Check Patient Eligibility" to access eligible plans. You may wish to print the plan information to discuss plan coverages with your patients.

Customer Service—Call VSP at **800.615.1883**. You may select "1" to contact our automated Interactive Voice Response (IVR) system, or you may speak with a Customer Service Representative who will verify the patient's current eligibility, provide plan information, and issue an authorization.

(CA)

When you contact VSP for an authorization, please provide the following information:

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(IL)

When you contact VSP for an authorization, please provide the following information:

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- Patient's date of birth

- Patient's HMO name

There are several ways to obtain an authorization:

VSP's Electronic Claim Submission System—Enter member's Social Security Number or client-assigned ID number using eyefinity's website and select "Check Patient Eligibility" to access eligible plans. You may wish to print the plan information to discuss plan coverages with your patients.

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(MI)

When you contact VSP for an authorization, please provide the following information:

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- Patient's date of birth
- Patient's HMO name

There are several ways to obtain an authorization:

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Customer Service—Call VSP at **800.615.1883**. You may select "1" to contact our automated Interactive Voice Response (IVR) system, or you may speak with a Customer Service Representative who will verify the patient's current eligibility, provide plan information, and issue an authorization.

(NV)

When you contact VSP for an authorization, please provide the following information:

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- Patient's HMO name

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(NH)

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(NY)

When you contact VSP for an authorization, please provide the following information:

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(OH)

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(OR)

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(SC)

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(UT)

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(VA)

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(WA)

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(WV)

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(TX)

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Note:

When the member's eligibility has been verified, VSP will provide an authorization number that is effective through the last day of the current month.

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(WV)

If the Medicaid patient has vision care coverage through any carrier other than VSP or another VSP plan, you must bill that carrier or the other VSP plan first. The VSP Medicaid Plan should be billed as secondary, where appropriate. For electronic claim submission, be sure to provide the patient's responsibility for exam and refraction separately.

Note:

When the member's eligibility has been verified, VSP will provide an authorization number that is effective through the last day of the current month.

(AZ)

If the Medicaid patient has vision care coverage through any carrier other than VSP or another VSP plan, you must bill that carrier or the other VSP plan first. The VSP Medicaid Plan should be billed as secondary, where appropriate. For electronic claim submission, be sure to provide the patient's responsibility for exam and refraction separately.

(CA)

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(IL)

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(MI)

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(NV)

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(NH)

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(NY)

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(OH)

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(OR)

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(SC)

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(UT)

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(VA)

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(WA)

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(TX)

If the Medicaid patient has vision care coverage through any carrier other than VSP or another VSP plan, you must bill that carrier or the other VSP plan first. The VSP Medicaid Plan should be billed as secondary, where appropriate. For electronic claim submission, be sure to provide the patient's responsibility for exam and refraction separately.

Exam Coverage

Exam Coverage (AZ)

Routine eye exam coverage and timeframes are established by State regulations.

In addition to coverage for routine vision care services, Medicaid members are typically covered for services under Essential Medical Eye Care or Integrated Primary EyeCare Program. Any exceptions to this coverage are described in the Client Detail pages and/or the Fee Schedule.

For Telemedicine information refer to: Telemedicine.

Exam Coverage (CA)

Routine eye exam coverage and timeframes are established by State regulations.
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For Telemedicine information refer to: Telemedicine.

Exam Coverage (IL)

Routine eye exam coverage and timeframes are established by State regulations.

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For Telemedicine information refer to: Telemedicine.

Exam Coverage (MI)

Routine eye exam coverage and timeframes are established by State regulations.

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For Telemedicine information refer to: Telemedicine.

Exam Coverage (NV)

Routine eye exam coverage and timeframes are established by State regulations.

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For Telemedicine information refer to: Telemedicine.

Exam Coverage (NH)

Routine eye exam coverage and timeframes are established by State regulations.

In addition to coverage for routine vision care services, Medicaid members are typically covered for services under Essential Medical Eye Care or Integrated Primary EyeCare Program. Any exceptions to this coverage are described in the Client Detail pages and/or the Fee Schedule.

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Exam Coverage (OH)

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For Telemedicine information refer to: Telemedicine.

Exam Coverage (OR)

Routine eye exam coverage and timeframes are established by State regulations.

In addition to coverage for routine vision care services, Medicaid members are typically covered for services under Essential Medical Eye Care or Integrated Primary EyeCare Program. Any exceptions to this coverage are described in the Client Detail pages and/or the Fee Schedule.

For Telemedicine information refer to: Telemedicine.

Exam Coverage (SC)

Routine eye exam coverage and timeframes are established by State regulations.

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Exam Coverage (UT)

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For Telemedicine information refer to: Telemedicine.

Exam Coverage (VA)

Routine eye exam coverage and timeframes are established by State regulations.

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For Telemedicine information refer to: Telemedicine.

Exam Coverage (WA)

Routine eye exam coverage and timeframes are established by State regulations.

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For Telemedicine information refer to: Telemedicine.

Exam Coverage (WV)

Routine eye exam coverage and timeframes are established by State regulations.

In addition to coverage for routine vision care services, Medicaid members are typically covered for services under Essential Medical Eye Care or Integrated Primary EyeCare Program. Any exceptions to this coverage are described in the Client Detail pages and/or the Fee Schedule.

For Telemedicine information refer to: Telemedicine.

(AZ)

Follow all referral protocols set forth by your patient's health plan for any services beyond the scope of the patient's VSP plan. Typically, an HMO requires that patient referrals be coordinated by the primary care physician (PCP). However, a PPO usually allows patients to receive care from any medical provider without a PCP referral. Check Client Detail pages for any specific instructions or exceptions.

(CA)

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(TX)

Routine eye exam coverage and timeframes are established by State regulations. In addition to coverage for routine vision care services, Medicaid members are typically covered for services under Essential Medical Eye Care or Integrated Primary EyeCare Program. Any exceptions to this coverage are described in the Client Detail pages and/or the Fee Schedule. For Telemedicine information refer to: Telemedicine.

(AZ)

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What are CPT Category II Codes?

- CPT Category II codes are tracking codes which facilitate data collection related to quality and performance measurement. They allow providers to report services based on nationally recognized, evidence-based performance guidelines for improving quality of patient care.
- CPT Category II codes describe clinical components, usually evaluation, management, or clinical services.
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When VSP members with diabetes receive a dilated or retinal eye exam from a network doctor, in addition to billing the exam CPT code, VSP instructs doctors to bill the appropriate supplemental CPT Category II code, which can be used for HEDIS performance measurement.

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