



Virtual Office Hours – Questions and Answers

Questions	Answers
Will PHP's recognize eye codes (92004, 92002, 92014, 92012) with medical diagnosis codes?	Yes, all PHPs will follow the existing coverage set forth in the current policy: General Ophthalmological Services May/2018.
A-For the VAS eyeglasses through the PHP's, is the cost free like the Medicaid direct pair or is there a co-pay fee for the 2nd pair of eyeglasses? B-do we have to provide the 2nd pair through the PHP?	A- There are no copayments for any VAS. B- Yes, you do have to provide the second pair through the PHP.
Will we get enrollment reminder and instructions prior to due date?	As with current operations, Medicaid enrolled providers (and provider applicants) will continue to receive notification(s) of any enrollment-related information that require an action from the provider. Notices contain due dates and applicable instructions.
Do we know the discount rate for the VAS through the PHP?	No, providers may contact the PHPs or vision subcontractors for VAS details.
Why is state allowing PHP's to sub-contract with third party vision plans for routine care? The PHP's won't cover the refractive office visits/diagnosis so we will be forced to have additional contracts with their vision plans just to get routine exam and refraction covered. Historically vision plans make money on their hardware sales - as this is removed from the NC Medicaid agreement, they will not profit and in turn be more likely to want to leave the program. Why not just require PHP's to cover one routine visit a year for children (every two years for adults)?	Eyecare services are not exempt from the PHPs ability to subcontract.
A- How will we know which plan the patient has? B- Is the PHP going by region only?	A- Beneficiaries will receive a new card with the PHP information and enrollment information will be in NCTracks. B- All PHPs are in all six regions except for Carolina Complete Health, which is in Regions 3 and 5.
How will we know what plan the patient has? Will that be on NC tracks?	Providers will be able to identify the beneficiary's PHP by the beneficiary's card and through NCTracks.

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<p>A- As an optometry office we see patients for eye infections or eye injuries. Will the patient's PCP need to see the patient first and then do a referral to our office before they will be allowed to schedule an appointment with our office with this new managed care? B- And with this new managed care, if our office is not contracted with that insurance plan will we be allowed to see that patient since we are Medicaid providers? Or will we have to be contracted with that company?</p>	<p>A- All PHP's will follow the existing coverage set forth in the current policy: General Ophthalmological Services May/2018. This policy does not require a referral. B- A provider may see a beneficiary who is a member of a PHP with which the provider is out-of-network. However, payment to out-of-network providers may be less than payment to in-network providers. Providers may contact the PHP or vision subcontractor for out-of-network reimbursement details.</p>
<p>Will be dispensing codes for the glasses need to be filed to Medicaid then instead of the Managed Care Plan or Vision Plan?</p>	<p>Yes, for Medicaid Direct (traditional Medicaid) eyeglasses through Nash Optical Plant.</p>
<p>Is there a checklist or way for me to find ALL payers to enroll with?</p>	<p>AmeriHealth Caritas - (844) 399-0474 * No vision subcontractor Carolina Complete Health - (919) 719-4161 * Evolve Vision - (800) 531-2818 HealthyBlue - (844) 415-2045 * EyeMed – (855) 422-6733 UnitedHealthcare - (866) 686-9332 * March Vision – (844) 736-2724 WellCare - (855) 686-9332 * Superior Vision – (800) 879-6901</p>
<p>Dual complete plans will still go through Medicaid direct for vision exam and glasses, correct?</p>	<p>Correct, dual complete plans will still refer to Medicaid Direct for vision exams and glasses.</p>
<p>Do providers HAVE to enroll with PHP?</p>	<p>No, however, payment for services to out-of-network providers may be less than payment to in-network providers. Providers may contact the PHP or vision subcontractor for out-of-network reimbursement details.</p>
<p>Why do glasses for adults stop at age 64?</p>	<p>Glasses are covered for all adults, 21 and older</p>
<p>What is the length of the term for the capitation?</p>	<p>The length of the term for capitation is one year.</p>
<p>Someone asked on group chat - why glasses stop at age 64 for adults.... where is that posted?</p>	<p>A PHP had proposed coverage for VAS eyeglasses for adults 21-64. However, their provider manual states that all adults are eligible for VAS eyeglasses.</p>
<p>Are authorizations required for routine and medical visits?</p>	<p>Both will be covered through the PHPs or their vision subcontractors. Providers may contact the PHP or vision subcontractor for prior approval details.</p>
<p>Many patients do not carry their cards so we will need to know before they come in before we can see the patient. How will we know what they have before appointment because they may not have a clue? They usually don't even bring their mcd card.</p>	<p>NCTracks will be the source of truth for providers for information on their beneficiaries.</p>

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<p>So, regarding glasses only service does that mean no process changes? Still use NC Tracks regardless of plan type?</p>	<p>Correct, no process changes for the first pair of eyeglasses during the eligibility period. The first pair must be processed through Medicaid Direct (traditional Medicaid) through NCTracks and Nash Optical Plant, regardless of the PHP. Some PHPs are offering additional VAS eyeglasses, which must be processed through the PHP or vision subcontractor.</p>
<p>How will we verify coverage and plan type prior to appointments?</p>	<p>Providers can verify coverage and plan type through NCTracks.</p>
<p>If the adult wanted 2 pairs of eyeglasses: one from Medicaid and one from VAS, can the adult do this in one same year?</p>	<p>The VAS benefits and limitations will be determined by each PHP. Providers may contact the PHP or the vision subcontractor for VAS details.</p>
<p>The first pair of glasses are supposed to come to Nash Optical. Who monitors this process</p>	<p>All subcontractors are overseen by the PHPs, with ultimate responsibility to the Department of Health and Human Services to ensure that all PHPs are overseeing and holding those subcontractors to the standards defined in our contracts with the PHPs.</p>
<p>As an ophthalmologist, superior vision through WellCare is telling us we must take less than the Medicaid 100% rate. What is our recourse for this?</p>	<p>A-For physicians and physician extenders (generally nurse practitioners and physician assistants), PHPs and vision subcontractors must pay at least the current Medicaid rate. Email this issue to MedicaidTransformation@dhhs.nc.gov.</p>
<p>Will routine eye exams be covered every year for young people?</p>	<p>Yes, at a minimum, PHPs must cover what we cover today.</p>
<p>Will routine eye exams be covered every two years for adults?</p>	<p>Yes, additionally, some PHPs may offer Value Added Services (VAS) for eyeglasses. A VAS is a service above and beyond the current policy. Providers may contact each PHP or review each PHP's online provider manual for details.</p>
<p>A- Will eyeglasses be covered? B- And at what level of reimbursement?</p>	<p>A-Yes. B-The level of reimbursement for Medicaid Direct (traditional fee-for-service Medicaid) eyeglasses through NCTracks and Nash Optical Plant will be the same as it is today. However, PHPs may offer eyeglasses as a VAS. VAS eyeglasses will be through the PHP or vision subcontractor, not through NCTracks and Nash Optical Plant. Reimbursement will be up to and through the PHP or vision subcontractor. VAS eyeglasses may only be provided AFTER the beneficiary has received Medicaid Direct eyeglasses through NCTracks and Nash Optical Plant.</p>
<p>Who will be making these glasses?</p>	<p>If the PHP or vision subcontractor does not offer eyeglasses as a VAS, then all eyeglasses will be made through Nash Optical Plant after prior approval is obtained through NCTracks (just like today). If the PHP or vision subcontractor offers VAS eyeglasses, then the beneficiary's first pair of eyeglasses during the Medicaid Direct eligibility period must be made by</p>

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	<p>Nash Optical Plant and then the VAS eyeglasses may be made through the PHP or vision subcontractor's process.</p>
<p>Are there any dispensing fees?</p>	<p>Yes, there are dispensing fees for Medicaid Direct eyeglasses through NCTracks and Nash Optical Plant (just like today) and providers will bill the dispensing fee through NCTracks. Contact the PHP or vision contractor for details regarding provider payment for VAS eyeglasses.</p>
<p>A- What will be the reimbursement level for the examination? B- Are all the companies contracted reimbursing at the same rates?</p>	<p>A- For physicians and physician extenders (generally nurse practitioners and physician assistants), PHPs and vision subcontractors must pay at least the current Medicaid rate. All other providers may negotiate rates. Therefore, rates for other providers may vary. Contact the PHP or vision subcontractor for reimbursement details. B- Providers may contact the PHPs and vision subcontractors for specific reimbursement details.</p>
<p>A- Who will be covering medical eye care? B- Will we need prior authorizations? C- Are there limitations? D- Will patients need to go through their primary care physician before they get appropriate eye care with their optometrist/ophthalmologist?</p>	<p>A-This may vary with each PHP and vision subcontractor. PHPs and vision subcontractors may administer various areas of eye care differently. One PHP may administer all medical eye care and have the vision subcontractor administer all routine eye care. Another may have the vision subcontractor administer both medical and routine eyecare. Another may delegate all medical and routine to the subcontractor except medical eye care rendered by ophthalmologists. Contact each PHP or subcontractor for detailed information. B-Medical eye care is a broad scope of practice. Contact each PHP or vision subcontractor for detailed information regarding prior approval requirements. C-Limitations cannot be more restrictive than current Medicaid and Health Choice policies. However, with most clinical coverage policies, PHPs and vision subcontractors may have policies that are less restrictive. Contact each PHP or vision subcontractor for detailed information regarding limitations. D-See answer to B and C, above.</p>

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<p>Whose responsibility is it to ensure that these contracted companies answer their phones and address providers questions? What happens if they reject claims?</p>	<p>All subcontractors are overseen by the PHPs, with ultimate responsibility to the Department of Health and Human Services to ensure that all subcontractors are overseeing and holding those subcontractors to the standards defined in our contracts with the PHPs.</p>
<p>A- Will plan details for each patient be online or must my staff wait on the phone each time they call regarding a plan detail for a patient? B- What North Carolina Medicaid system will be monitoring the quality of customer service at these contracted plans?</p>	<p>A- Each PHP will provide an online provider manual and beneficiary manual. B- All subcontractors are overseen by the PHPs, with ultimate responsibility to the Department of Health and Human Services to ensure that all PHPs are overseeing and holding those subcontractors to the standards defined in our contracts with the PHPs.</p>
<p>I have been refused both a direct and single provider contract with two LME/MCOs. I have completed NC Tracks Enrollment process. I also applied to new Manage Care. I AM I allowed to see Medicaid patients referred to me from a physician seeking outpatient mental health and substance use treatment.</p>	<p>The LME/MCOs currently manage the provider networks for behavioral health services for Medicaid beneficiaries and have a closed network for several services. The new Standard Health Plans will have open behavioral health networks for the services they manage. The Standard Health Plans are scheduled to launch in February 2020.</p>
<p>A- Would it be possible for you to let us know the phone numbers for credentialing or contracting that we need to call for each of the 4 insurances for Region 2 (starting Nov. 1), as well as the vision plans that will be associated with each one? I've contacted them all and some I'm still waiting on a contract to be emailed, but then I've read somewhere that Community Care Physician Network is somehow involved with all 4 of the insurances? B- What is their involvement, and do we need to be contacting them instead?</p>	<p>AmeriHealth Caritas - (844) 399-0474 * No vision subcontractor Carolina Complete Health - (919) 719-4161 * Evolve Vision - (800) 531-2818 HealthyBlue - (844) 415-2045 * EyeMed – (855) 422-6733 UnitedHealthcare - (866) 686-9332 * March Vision – (844) 736-2724 WellCare - (855) 686-9332 * Superior Vision – (800) 879-6901</p>
<p>EyeMed told me that they are handling the medical and routine vision for Healthy Blue for vision providers. So, the medical claims go to EyeMed also (for Healthy Blue), that normally would go to the patient's medical insurance?</p>	<p>If a vision subcontractor is administering medical eye care, then yes, the claim will go to the vision subcontractor. Providers may contact Healthy Blue and/or EyeMed for billing guidance within the plan.</p>

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<p>A-Will all 4 of the Managed Care Plans for Region 2 still use Nash Optical for the glasses and submit through NC Tracks as usual? I've had 3 of them tell me so far that the glasses will still go through Nash. B- If that is so, then will the routine vision plans be paying on the routine vision exam only, and C-any medical charges will be filed to the medical insurance? *Looks like it would be simpler and less costly for the medical insurance to just provide a routine eye exam also, and cut out the vision plan altogether if the glasses are still going through Nash Optical?</p>	<p>A- Yes. B- Yes and medically necessary contact lenses. C- PHPs and vision subcontractors may administer various areas of eye care differently. One PHP may administer all medical eye care and have a vision subcontractor administer all routine eye care. Another may have the subcontractor administer both medical and routine eyecare. Another may delegate all medical and routine to the subcontractor except medical eye care rendered by ophthalmologists. Providers may get detailed plan administration information by contacting each PHP and/or the vision subcontractor.</p>
<p>Please explain the whole managed care plans, don't understand all this change.</p>	<p>Medicaid Direct is fee-for-service, meaning that State pays established fees to the provider for services rendered. In managed care, the State pays the PHP a capitated payment for each beneficiary. The PHP is responsible for managing the beneficiary's health care for one year. At the end of the year, if the PHP spends less than the capitated payment, the PHP has a surplus. If the PHP spends more than the capitated payment, the PHP absorbs the additional cost.</p>
<p>Are the 4 new Medicaid plans fee for service plans?</p>	<p>No, they are managed care, capitated plans.</p>
<p>Will the new Medicaid plans pay the same as Medicaid currently does for routine eye exams?</p>	<p>For physicians and physician extenders (generally nurse practitioners and physician assistants), PHPs and vision subcontractors must pay at least the current Medicaid rate. All other providers may negotiate rates. Therefore, rates for other providers may vary. Contact the PHP or vision subcontractor for reimbursement details.</p>
<p>A- If a patient needs to be seen medically (conjunctivitis or glaucoma) will referrals or authorizations be needed? B- Are they paid at the same rate as they are now by Medicaid?</p>	<p>A- All PHP's will follow the existing coverage set forth in the current policy: General Ophthalmological Services May/2018. This policy does not require a referral. B- For physicians and physician extenders (generally nurse practitioners and physician assistants), PHPs and vision subcontractors must pay at least the current Medicaid rate. All other providers may negotiate rates. Therefore, rates for other providers may vary. Contact the PHP or vision subcontractor for reimbursement details.</p>

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Will all communication stop with Medicaid?	Not for Medicaid Direct services (eyeglasses). Yes, for services covered by the PHPs. However, Medicaid maintains accountability for managing the Medicaid program, and will oversee the all PHPs and their subcontractors to ensure they are meeting the Department's expectations for serving our beneficiaries and their families and enrolled providers.
Will patients be given new insurance cards, or will they continue to use their Medicaid card?	Beneficiaries enrolled with PHPs will receive a new card.