

August 20, 2007

Dear Participating Provider:

We would like to take this opportunity to thank you for your participation and cooperation with Avesis and the Georgia care management organizations (CMOs) (AMERIGROUP Community Care, Peach State Health Plan, WellCare of Georgia, Inc.) during the first year of the routine vision program for eligible Georgia Families members. As we move into the next year of the program, several changes to the Agreement and program are being implemented, effective dates and changes noted below. A copy of the updated fee schedule and revised "Routine Vision Examination" description can be accessed on our website at www.avesis.com. This letter, along with the attachments, is provided as an amendment to the Provider Agreement previously signed by you.

Peach State Health Plan

Effective August 1, 2007, Avesis will no longer be administering the routine vision program for Peach State Health Plan members.

AMERIGROUP Community Care (AMERIGROUP)

1. Effective August 1, 2007, the routine vision program will cover only eligible members ***under age 21***.
2. Effective August 1, 2007, Avesis will ***only provide coverage for routine vision services*** including the routine eye examination and materials, if prescribed to correct visual acuity.
3. Effective September 1, 2007, services provided that are considered medical vision services should be billed directly to AMERIGROUP. Medical services will be managed by AMERIGROUP, subject to their policies and procedures, including AMERIGROUP policies and procedures regarding notice and preauthorization requirements. AMERIGROUP shall compensate provider for covered medical vision services provided to Covered Persons, in an amount equal to the lesser of Eligible Changes or one hundred percent (100%) of the AMERIGROUP Georgia fee schedule. All services billed by the provider will be submitted on CMS-1500 (or its successor) forms or corresponding electronic format. For questions with regard to medical services, you may contact AMERIGROUP's Provider Services Department at 1-800-454-3730.

WellCare of Georgia, Inc. (WellCare)

1. Effective August 1, 2007, Avesis will ***only provide coverage for routine vision services*** including the routine eye examination, and materials, if prescribed to correct visual acuity.
2. Effective October 1, 2007, medical vision services will be billed directly to WellCare. You ***must first*** contract directly with WellCare and become a credentialed provider on the WellCare provider panel. For contracting information, please contact:

WellCare of Georgia, Inc.
Attn: Network Development
211 Perimeter Center Pkwy 8th Floor
Atlanta, GA 30346

Call 1-678-327-0939 and ask to speak with Network Development.

2. Services provided that are considered medical should be billed directly to WellCare. Medical services will be managed by WellCare, subject to their policies and procedures. For additional information please contact WellCare at 1-866-231-1821.
3. Eligible members over age 21 will continue to receive routine vision services with the TEN DOLLAR (\$10.00) co-payment for the examination, due at the time services are delivered. Effective August 1, 2007, Avesis requires that prior authorization be obtained for adult WellCare members requiring spectacles. A minimum refractive error of +/- 1.00 must be documented in order to obtain approval. Prior authorization forms are available from the Avesis web site at www.avesis.com and can be faxed to the Utilization Management Department at 1-866-874-6834. Please be certain that you include all of the member's demographic information, complete provider information and the member's prescription. If approved, you will receive an authorization number acknowledging that the member is eligible to receive the materials requested based upon the documentation provided.

Should you not be interested in continuing to participate in the Avesis and Georgia Medicaid Routine Vision Program subject to the modifications to the Provider Agreement as stated herein, you must notify us by fax within five (5) business days of receipt of this letter. The fax number is 1-866-874-6834. Failing such notice, the terms and conditions of your Provider Agreement with Avesis will be modified and administered as stated herein.

If you have any questions or require anything further, please contact Avesis Provider Services Department at 1-800-231-0979. Again, thank you for your participation in the Avesis and Georgia Medicaid Routine Vision Program.

Sincerely,



Nichole Mitchell
Manager of Medicaid Services