
Presentation prepared for:
Vision Providers & Staff

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A National Vision and Dental Company

Avesis is National


- Executive Offices in Baltimore, MD
- Operations located in Phoenix, AZ
Phone: (800) 828-9341
 - Eligibility
 - Claims
 - Member Services
- Southeast regional office in Atlanta, GA
Phone: (800) 231-0979
 - Provider Services
 - Prior Approvals

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Avesis Medicaid Vision Plans in Georgia

Providing Vision Services for Medicaid members of:

Amerigroup

 <p>Effective Date: XXXXXXXX Date of Birth: XXXX/XXXX Subscriber #: 7XXXXXXX RXGRP #: F823GAMD RXBIN #: 610415</p> <p>Member Name: AMERIGROUP CARD SAMPLE Medicaid or PeachCare for Kids Number: XXXXXXXXXXXXXXXXXXXX Primary Care Provider (PCP): XXXXXXXXXXXXXXXXXXXX PCP Telephone #: (XXX) XXX-XXXX PCP After Hours #: XXXXXXXXXXXX PCP Address: XXXXXXXXXXXXXXXXXXXX Copays may apply for certain services (Medicaid only) Vision: 1-866-822-8023 Dental: 1-800-608-9563</p> <p>Member Services/Nurse Help Line and Behavioral Health (24 hours a day, 7 days a week) 1-800-800-4441 GA01</p>	<p>MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your AMERIGROUP PCP for non-emergency care. If you have questions, call Member Services at 1-800-600-4441. If you are hearing impaired, please call 1-800-855-2880.</p> <p>MIEMBROS: Favor de llevar esta tarjeta con usted en todo momento. Presente esta tarjeta antes de recibir atención médica. No tiene que presentarla para recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Llame siempre a su PCP de AMERIGROUP para atención que no sea de emergencia. Si tiene preguntas, llame a Servicios para Miembros al 1-800-600-4441. Si tiene problemas de audición, favor de llamar al 1-800-855-2880.</p> <p>HOSPITALS: Pre-admission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.</p> <p>PROVIDERS: Certain services must be preauthorized. If preauthorization has not been obtained, please contact the PCP listed on this card before administering treatment. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.</p> <p>SUBMIT CLAIMS TO: AMERIGROUP - PO BOX 61010 VIRGINIA BEACH, VA 23466-1010 USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD. EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO SE CONSIDERA FRAUDE. GA01</p>
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WellCare

  <p>Member ID #: 000000000000 Member: [First MI, Last Name] Effective Date: [XX/XX/XXXX] Primary Care Physician [Dr. First Last Name] [Group Name] [XXXX Main Street] Suite [XXXX] Atlanta, GA [XXXXX] Phone: [XXX-XXX-XXXX] After Hours: [XXX-XXX-XXXX]</p> <p>PeachCare #: 000000000</p> <p>CO-PAY INFORMATION Office Visit _____ \$XXX Emergency Room _____ \$XXX Pharmacy _____ \$XXX Hospital _____ \$XXX Ambulatory Surg. _____ \$XXX</p>	<p>georgia.wellcare.com For emergencies, go to the nearest ER. Contact your primary care physician as soon as possible.</p> <p>Customer Service:1-866-231-1821 / TTY 1-877-247-6272 24-Hour Health Advice Line:1-800-919-8807 Prior Authorization:1-866-231-1821 Behavioral Health (Magellan):1-800-424-5412 Avesis Vision:1-866-522-5923 Dental:1-800-516-9615</p> <p>WellCare of Georgia P.O. Box 31370 Tampa, FL 33631-3370</p> <table border="1"> <tr> <td>Medical claims are to be mailed to: WellCare of Georgia P.O. Box 31224 Tampa, FL 33631-3224 1-866-231-1821</td> <td>Rx Box: 603286 Rx PCN: 01410000 Rx GRP: 726257</td> </tr> </table> <p>Call 1-866-231-1821 24 hours a day, 7 days a week.</p>	Medical claims are to be mailed to: WellCare of Georgia P.O. Box 31224 Tampa, FL 33631-3224 1-866-231-1821	Rx Box: 603286 Rx PCN: 01410000 Rx GRP: 726257
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Points of Contact

- **Nichole Mitchell – Manager of Medicaid Services**
nmitchell@avesis.com (800) 522 – 0258, ext. 296
- **Lornetta Gordon Roebuck – Provider Services/UM**
lgordon@avesis.com (800) 522 – 0258, ext. 293
- **Dana Linton – Provider Services/UM**
dlinton@avesis.com (800) 522 – 0258, ext. 130
- **Michael Brown – Provider Services**
mbrown@avesis.com (800) 522 – 0258, ext. 129

Avesis Advisory Board for GA Medicaid

- Committee of 9 licensed GA Optometrists
- Act in an advisory capacity to CMOs and Avesis in all matters pertaining to the Medicaid Vision Program in Georgia
- Help to ensure quality communications between GA provider community and Avesis and the CMO's
- Forum for providers to submit recommendations and feedback regarding the program and its administration

Avesis Vision Advisory Board

**Avesis Optometric Director:
Dr. Paul Ajamian**

Representatives Include:

- **Dr. Curtis Anderson**
- **Dr. Thomas Casella**
- **Dr. Brel Clark**
- **Dr. Neil Kalin**
- **Dr. Whitman Lord**
- **Dr. Michael McQuaig**
- **Dr. Rita Sinkoe**
- **Dr. Donna Whitlow**

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HB1234 – The Medicaid Managed Care Bill

- **Bill becomes Effective 7/01/08**
- **Affects all CMOs and Medicaid Fee For Service Plan**
- **All three Plans and DCH collaborating on implementation**
- **Rules will be applied retroactively to allow for implementation and system configuration and testing**
- **Bill will result in revisions to our Provider appeals process and procedures**
 - Specifically mandates that providers be allowed to batch like/similar issues into one appeal request
 - Higher interest (20%) paid for claims overturned on appeal
 - Interest must appear on remit
- **Changes appeals time frame**

HB1234 – The Medicaid Managed Care Bill

- Dictates time frames
 - Timely Filing – 180 days from DOS (no change)
 - Timely Resubmission – 90 days from date of RA (no change)
 - Clean Claim Payment – 15 business day of receipt (no change)
 - Appealed Claims – 30 days from date of denial
 - COB – 90 days from the date of primary carrier EOB
 - Covers claims with dates of service July 1, 2008

ELIGIBILITY

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Eligibility

It is strongly encouraged that you verify eligibility for each Member's appointment the business day prior to rendering services unless the next business day is the first day of a new month.

Please note that verification of benefits or eligibility is not a guarantee of payment: actual payment is based on the terms and conditions of the plan in force once the claim is received.

Avesis will continue to accept GHP web portal eligibility screen shots as source for verification of coverage only. Utilizations must be verified on the Avesis website.

Eligibility

You may obtain eligibility verification four ways:

1. IVR – Please bear in mind that this only provides you with information as to whether or not the member has coverage with the CMO on the date of service for our Medicaid members. It does not provide utilization data (whether or not the member has utilized their benefit)
2. Website – Remember to choose the “coverage slice” that is applicable to the date of service for which you are seeking eligibility. Choose “Member Utilizations” to view the members utilization history.

Eligibility

3. Customer service – Customer service is able to provide you with both eligibility confirmation as well as utilization data.
4. Fax – You may utilize the form found on the following slide for eligibility confirmation. This form will provide you with both eligibility confirmation and utilization data.

PROGRAM CHANGES

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Program Changes

- During the course of the program, there have been some changes made to the benefit terms and conditions.

Amerigroup Changes

- Effective August 1, 2007, the Avesis vision program for AMERIGROUP Community Care (AMERIGROUP) was modified to become a Routine Vision and Materials Program for children only. Avesis continues to be responsible for payment for the routine vision benefit program. Coverage will include all visits consisting of routine vision diagnosis, spectacle frames and lens materials required to correct visual acuity for Medicaid and PeachCare children (under age 21).
- Effective August 1, 2007, AMERIGROUP adult (age 21 and older) Members experienced a benefit change that removed coverage for annual eye exams and spectacle materials.

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Amerigroup Changes

- Effective September 1, 2007, the payment responsibility transitioned to AMERIGROUP for all medically necessary ophthalmologic services for all members.
- AMERIGROUP Provider Services phone number is 800-454-3730.

WellCare Changes

- Effective August 1, 2007 Avesis required that prior authorization be obtained for adult WellCare members requiring spectacles. A minimum refractive error of +/- 1.00 in any of the four primary meridians must be documented in order to obtain approval. The Rx is evaluated in minus cylinder, and requests received in plus cylinder will be converted and the criteria applied. Neither absolute nor add power is considered. Reading glasses are not a covered benefit for adults. Chart notes **must** accompany these requests.

WellCare Changes

- Effective November 1, 2007, if a medical code is billed and refraction is performed, we will pay for only the medical code, and the refractive “S” code will pay at \$0. In addition, if the diagnosis does not meet Avesis’ criteria for medical management, we also reserve the right to pay the medical management code at \$0, and pay \$40 for the S code for that encounter, or to request medical records for that encounter prior to claim adjudication.

WellCare Changes

- **New patient examinations** – Avesis will not make payment more than once within a practice or to a single provider practicing from multiple locations at intervals that are less than every three years. This applies to all providers within a practice or to providers who have previously seen patients and then subsequently moved to a new practice.

WellCare Changes

- ICD-9 codes of 784.0 (headache), 307.81 (tension headache), 379.91 (pain in or around eye) 346.0 (classical migraine), and 368.8 and 368.9 (blurred vision) will not be reimbursed as medical diagnoses. Claims submitted with these diagnoses and a medical code will be denied unless medical record documentation is included with the claim or the services have been prior authorized.

BENEFITS

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Avesis Georgia Medicaid Vision Plan Benefits for Children (under 21)

- **Routine Eye Exam**
- **Materials**
 - Frames and Lenses
 - Buy Up Option
 - Contact Lenses – Medically Necessary Only
- **Some medical management and co-management for WellCare members. Providers are to bill Amerigroup directly for these services for Amerigroup members.**
- **Co-pays:**
 - None

Avesis Georgia Medicaid Vision Plan Benefits for Adults (21 and over)

For WellCare Members Only

- Routine Eye Exam
- Materials by prior authorization only
 - Frames and Lenses
 - Buy Up Option
 - Contact Lenses – Medically Necessary Only
- Some medical management and co-management
- Co-pays: \$10 routine exam copay

MATERIALS OPTIONS

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Materials Options

Option One

Providers who select this option sell frames from their frame inventory and use the lab of their choice.

- Dispensing fee not paid
- Lenses reimburse \$20
- Frames reimburse \$20
- Polycarbonate lenses *must* be dispensed for medical necessity at no extra cost to member's 21 and under who meet the refractive error of -5.25/+4.00 diopters in any of the four meridians.

Materials Options

Option Two

Providers who select this option will receive a consignment frame kit from GCI and place in selection orders with GCI.

Providers will not bill in selection materials

- Dispensing fee paid under CPT codes 92340, 92341, or 92342

Materials Options

■ Option Three

- Providers who select this option will receive a consignment frame kit from Essilor and will place in selection orders with Essilor (Southern Labs).
- Providers will need to set up an account for Essilor by filling out their application.
- Providers will bill Avesis for the order they send to Essilor in addition to filing for their exam (if applicable) and dispensing fee.
- Providers will receive reimbursement from Avesis for the exam, dispensing fee, and materials at the Essilor contracted rate.
- Providers will receive an invoice monthly from Essilor for materials they have ordered.

Buy Up Options

- **Option 1 – If a member chooses to buy up on this option providers will merely subtract \$40 from the retail amount of the order and bill the regular claim for materials to Avesis.**
- **Option 2 – If a member chooses to buy up on this option they will need to send payment for the buy up along with the order. For security purposes please do not forward payment via credit card with the order. Simply indicate that you wish to pay by credit card on the form and a GCI representative will contact you via telephone.**

Buy Up Options

- **Option 3 – If a member chooses to buy up on this option providers will merely subtract \$40 from the retail amount of the order and bill the regular claim for materials to Avesis.**

Non-Covered Services Disclosure Form

NON-COVERED SERVICES DISCLOSURE FORM

To be completed by Avesis Medicaid Provider rendering Care

_____ has chosen to receive materials
Member Name and Medicaid Number
 that are above and beyond the benefit covered by Medicaid. I have applied my entire annual benefit for frames/lenses (circle one or both) to the purchase price of the materials.

QUANTITY	DESCRIPTION	RETAIL COST

The total amount of the frame is \$ _____ (minus \$20) = _____.
 The total amount of the lenses is \$ _____ (minus \$20) = _____.

Doctor's Signature Date

To be completed by Member

I _____, have requested
Print Your Name
 material(s) that are above and beyond the material(s) that are covered by Medicaid.

Read the question and check either YES or NO	YES	NO
I understand this purchase uses my entire \$20 annual lens benefit.		
I understand this purchase uses my entire \$20 annual frame		
I have chosen to receive these materials not covered by Medicaid.		
I am aware that I am financially responsible for paying for these services.		
I am aware that Medicaid is not paying for these services beyond my annual total benefit limit of \$40.		

Patient's Signature if over eighteen (18) or Parent or Guardian Date

Providers should have members complete this form in its entirety for all buy-ups and other non – covered services.



PRIOR AUTHORIZATION

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Avesis Prior Approval Requirements

- Submit via fax to (866) 874 – 6834 or US postal service with clinical data (chart notes)
- Please be mindful that as indicated on the authorization form, chart notes must accompany all requests
- Prior Approval decisions no later than 5 business days of receipt of all required information

Avesis Medicaid Vision Authorization Form

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Medicaid Vision Authorization Form

Avesis Tracking Number:		Expiration Date:	
Consultant Signature:			Date:
This request is for: <input type="checkbox"/> Authorization <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Other			
Member Name:	Date of Birth:	ID Number:	CMO:
Address:		City:	State: Zip Code:
Requesting Provider Name:		Avesis Provider Number:	
Address:		City:	State: Zip Code:
Contact Person Name:	Office Phone:	Office Fax:	E-mail:

Service(s) Requested

Description	CPT Code	ICD - 9	Patient Rx Right Eye	Patient Rx Left Eye

Notes:

* Please include office notes and the results of any diagnostic testing pertinent to your request.
Your request will not be considered until this information is received. You may fax this information to (866) 874 - 6834.

Provider Signature: _____ Date: _____

P.O. Box 782 | Owings Mills, MD 21117-0782 | P. 800.231.0979 | F. 866.874.6834

This form should be completed in its entirety and forwarded to the Prior Authorization Department along with any and all pertinent clinical information.

Services Requiring Prior Authorization

- Materials for members over the age of 21
- Gonioscopy – CPT code 92020
- Visual fields - CPT codes 92081, 92082, 92083
- Medically necessary Contact Lenses – CPT codes 92070, V2500, V2513
- Fundus Photography – CPT codes 92250, 92285
- Punctal Occlusion – CPT code 68761
 - **A4263 – to be used for permanent plugs**

CLAIMS

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Claims Submission

Claims may be submitted one of three ways:

- Through your practice management software using a clearinghouse
- On a CMS1500 claim form - please submit to the following address:

Avesis

PO Box 7777

Phoenix, AZ 85011 – 7777

ATTN: Georgia Medicaid Vision Claims

- Utilizing our website at www.avesis.com

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Claims Follow Up

You may check the status of submitted claims on our website. In order to do so you must do the following:

- Be logged in under the provider of service that was submitted on the original submission
- Have either the members Medicaid number or their last name, first name and the last four digits of their social security number

Corrected Claims

■ Submission

- If you are missing information (i.e. modifiers, claim lines, etc.) you may refile the claim on the web for payment
- If you have submitted incorrect information (wrong code, wrong diagnosis, etc) you will need to submit a corrected claim. To submit a corrected claim:
 - Please write corrected claim on the top of the CMS 1500 claim form in blue or black ink. The scanner does not read red ink
 - Please do not highlight notes on the claim in blue or green highlighter. The scanner reads these colors as black so what ever they highlight is blacked out.

Avesis Claims Payment

- Check runs weekly (each Friday)
- **CLEAN CLAIMS** processed and adjudicated within 15 business days as required by Georgia state law
- Claims submitted one of three ways:
 - Electronically (Emdeon)
 - Manually entered on www.avesis.com
 - Paper form
- Electronic Funds Transfer available

Electronic Funds Transfer Agreement

Electronic Funds Transfer Agreement

ACCOUNT REGISTRATION INFORMATION			
Name		Tax ID Number	
Address			
City, State, Zip Code			
BANK INFORMATION			
Bank Name	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____
Address			
City, State, Zip Code			
Routing #		Account #	

I, _____, as the authorized party, allow Avesis to deposit funds into my Bank Account using Electronic Funds Transfer. This transfer is for my convenience and allows me to be reimbursed for claims filed with Avesis on my behalf. All claims filed are in accordance with the terms of the executed Avesis Agreement and the Avesis Provider Manual. All funds shall be deposited into my bank account at the banking institution shown above. The bank shall provide to Avesis your most current address upon request.

I understand that:

1. The origination of electronic debits to my account must comply with the provisions of United States law.
2. Avesis and the bank will share with each other limited account and contract information as necessary to effect these debits.
3. By signing this document, I agree to accept the terms of the Electronic Funds Transfer.

Printed Name of Account Holder	
Signature of Account Holder	Date
Printed Name of Joint Account Holder	
Signature of Joint Account Holder	Date
Telephone Number	

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PROVIDER SERVICES

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Services to Providers

- **Avesis is primary for Provider Services for both our commercial and Medicaid products.**
- **Avesis is primary for Member services for our commercial products.**
- **Avesis has toll free phones staffed by experienced and knowledgeable representatives for all of our products**
- **State professionals involved in professional decisions regarding care**

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Avesis Service to Providers (Cont.)

- Regional meetings and training sessions scheduled for providers
- On-site assistance in your office when possible
- Quarterly update sessions (as needed)

Avenues for Additional Assistance

- Schedule a conference call
- Schedule a web demo
- Schedule an onsite visit

Committed to Technology

24/7 Access to information:

- **Web Based**
 - Eligibility
 - Claims submission
 - Claims status
- **Interactive Voice Response (IVR)**
 - Eligibility
 - Benefits

THANK YOU

Thank you for your time & attention.

**We at Avesis look forward to continuing our
relationship with you and your team.**

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