

General Information

Q: With which Managed Care Organization (MCO) is Avesis administering routine and eye medical surgical services?

A: Avesis is associated with Arbor Health of Nebraska, an AmeriHealth Mercy company.

Q: When will the new Nebraska Medicaid program begin for the MCO members in the 83 "Expansion Counties"?

A: The program is scheduled to begin July 1, 2012.

Q: Will there be any changes to how the 10 "Non-Expansion" counties, currently under Nebraska Medicaid, will be managed?

A: No. Nebraska Medicaid in the 10 "Non-Expansion" counties is currently active, and is not managed by Arbor Health of Nebraska, an AmeriHealth company. These "Non-Expansion" counties are: Seward, Lancaster, Gage, Saunders, Dodge, Washington, Douglas, Sarpy, Cass, and Otoe.

Q: Will third party liability still be the same?

A: Yes, as Medicaid programs are governed by the rules and regulations established by and for CMS (Centers for Medicare and Medicaid Services), the MCO is always the payer of last resort. If the Member has other health insurance, claims must be filed with that payer first. Upon receipt of the primary remittance advice (RA), you should submit a claim to Avesis. Please be sure to include a copy of the primary payer's remittance advice or EOB within no more than six (6) months of receipt.

Please note that Avesis has agreed to pay all clean claims submitted for EPSDT services. Avesis recognizes the cost avoidance of these claims is prohibited.

Becoming a Medicaid Provider

Q: Why should I participate to provide eye care services with the Nebraska Medicaid Program?

A: Participation in this program means that you will be able to render much needed routine eye care and/or medical surgical services to Medicaid enrollees in your community. As an Avesis provider, if you like, you will be able to participate in other, non-government programs that Avesis administers in your area which can provide you with an even larger patient base. There is no cost to join the provider network(s) and we make the credentialing and contracting process as simple as possible. You will benefit from your practice location(s) appearing on the Avesis website and this will also help bring patients to your office.

Q: Do Ophthalmologists and Optometrists contract only with Avesis, or do they have to also contract directly with the MCO's to participate in the Nebraska Medicaid Program?

A: Ophthalmologists and Optometrists contract directly with Avesis for professional services. However, you must have enrolled with the Nebraska Department of Health and Human Services and received a Nebraska Medicaid identification number for each of your locations.

Q: What do I need to do in order to participate?

A: **If you are already a participating provider with Avesis and have a state-issued Medicaid identification number**, please contact Avesis as you need to re-sign both a revised Provider Agreement and the Avesis Nebraska Medicaid Addendum for this program.

If you are currently contracted with Avesis, but do not have a Medicaid identification number, you will be required to complete an application with the State of Nebraska. Providers must have an active Medicaid identification number for each location prior to rendering services to Medicaid enrollees. To expedite your application for a Medicaid number, you should complete the application online. This application is available via the Avesis' website at www.avesis.com

If you are not currently an Avesis provider, you may fill out an Avesis Application or CAQH Application if you practice in the State of Nebraska. For those who see Nebraska Medicaid patients and practice over state lines in Kansas, Iowa, South Dakota, and Wyoming, then you must also submit an Avesis Application or CAQH. However, for

those who see Nebraska Medicaid patients and practice over Nebraska state lines in Colorado or Missouri, then you must submit the State Mandated CAQH Application.

If you have any additional questions about the credentialing or contracting process, please contact Avesis at (866) 332-1631.

Q: If another provider joins my practice, are they covered to provide Medicaid services under my Medicaid identification number?

A: No. Each provider must have his or her own Medicaid identification number and must complete the Avesis credentialing process. Remember that each provider must have a Medicaid identification number unique to each location prior to rendering services to Medicaid recipients.

Q: Do we have to re-enroll with Nebraska Medicaid, or do we keep our existing state-issued provider identification numbers?

A: No, if your Medicaid identification number is active, you do not need to contact the State.

Q: If I have a separate optical dispensary, what do I need to complete in order to provide eyeglasses and materials to Medicaid members?

A: If the optical dispensary is filing under a separate tax identification number, you must have a separate Medicaid identification number and NPI number for the optical dispensary. In addition, the optical dispensary must also fill out the Avesis Application so that we have the necessary information to put you into the system and on directories.

Provider Services

Q: Is there a number to call where you can speak to a representative?

A: Avesis Provider Services is available to assist you at 800-672-7552 Monday through Friday from 8 AM until 7 PM EST, except observed holidays.

Q: Will we get an Avesis Provider Identification Number (PIN)?

A: After you have completed the credentialing process, you will receive an Avesis provider identification number (PIN). You will need this PIN in order to access the secure Provider Portal on the Avesis' website.

Q: How do I obtain a log-in for the Provider Portal on the Avesis website?

A: Once you have completed the credentialing process your Provider ID will be mailed to you along with instructions on how to access the website. You will also receive a PIN to access our Interactive Voice Response System (IVR). Please be sure to keep these in your office records.

Avesis Secure Website:

- Go to www.avesis.com
- You can access the following link http://www.avesis.com/provider_videos.html to direct you to the Avesis' tutorial video which will walk you through the steps for setting up your account, checking eligibility, submitting claims, checking the status of a claim, and various other functions online

Avesis IVR:

- Call the IVR at (866) 234-4806
- Enter your Avesis PIN
- Enter the Member's Identification number
- You will receive real time response

Q: Will we be able to view the Members' benefits online?

A: Full benefit information is available on the provider portal of the Avesis website at www.avesis.com.

Q: Where can I locate a copy of the most updated Provider Manual?

A: The Provider Manual is available on the secure Avesis provider portal after you log into the website. Should your office not have access to the Internet you may

contact the Avesis Provider Services Department at 800-672-7552 to request a hard-copy.

Q: Who do I contact if I need to update practice locations, add providers, terminate providers, make changes to tax identification numbers, or for Avesis website access issues?

A: Contact Avesis Provider Services at 800-672-7552, Monday through Friday from 8 AM until 7 PM EST, except observed holidays. Please note that any changes, additions or terminations must be submitted in writing. The information can be mailed, faxed, or emailed to Avesis.

Eligibility

Q: How will I know if a Nebraska Medicaid patient is covered by Avesis?

A: Providers should use the on-line eligibility verification on Avesis' website or contact Arbor Health at (866) 423-2337.

Q: What if the member does not have an ID card?

A: You can verify a member's eligibility with Avesis using the Member's first and last name and date of birth.

Q: How can I obtain eligibility information?

A: Your office can:

- Visit the Avesis website anytime at www.avesis.com
- Use the Avesis IVR anytime 24/7 at (866) 234-4806
- Call the Avesis Customer Service Center during normal business hours at (800) 672-7552, Monday through Friday from 8 AM until 7 PM EST.
- Fax the Avesis Eligibility Verification Fax Form to (866) 332-1632

Q: For Nebraska Medicaid, when are children considered adults under this program?

A: Typically, children are considered adults on the date of their 21st birthday. Some benefits may apply to "School Aged Children" only, which by definition is, children aged 20 years old and younger.

Prior Authorizations

Q: How are Prior Authorization Requests filed for both Ophthalmologists and Optometrists, and what is the turn-around-time for approval by Avesis?

A: You may fax or mail Prior Authorization Requests directly to Avesis' Utilization Management Department. Prior Authorization turn-around-time is fourteen (14) calendar days.

- The fax number is (866) 874-6834

Q: Can Optometrists bill for medical services in the State of Nebraska?

A: Yes. Optometrists in Nebraska can bill for medical exams and services within the full scope of their licensure in the State of Nebraska. However, it should be noted, that certain testing and services will require Prior Authorization regardless of whether performed by an Optometrist or Ophthalmologist. Please refer to Avesis' Provider Manual.

Q: What procedures and medical services require prior authorization?

A: Please refer to the Avesis Provider Manual. Should you have other questions about what procedures and services require prior authorization please phone Avesis' Provider Services Department to speak with a live Provider Representatives Representative at (800) 672-7552 Monday through Friday from 8 AM until 7 PM EST, except observed holidays.

Claims

Q: How do I submit claims for services rendered?

A: You may submit claims to Avesis via any of the following methods:

1. Electronically: Electronic claims may be submitted through the secure Avesis website at www.avesis.com . Once you sign into the Provider Portal on the Avesis website by using your own Provider Login, you will have the ability to file electronic claims.
2. Billing Service: You or your billing company may file claims electronically through your practice management software or clearing house. Avesis EMC payer identification number is 87098.
3. Standard Mail: A completed CMS-1500 form can be mailed directly to:

Avesis Third Party Administrators, Inc.
P.O. Box 7777
Phoenix, Arizona 85011-7777
Attn: Eye Care Claims Department

Q: How will I be paid?

A: Claims payment is made via one of the following methods:

1. Electronic Funds Transfer (EFT) (application and voided check must be completed and submitted to Avesis)
2. Remittance checks

Q: What is the turnaround time for claims to be paid?

A: All clean claims are processed by Avesis within 30 business days of receipt

Q: How long do I have to file a claim?

A: Avesis' timely filing guideline is ninety (90) days from the date of service until the claim is received by Avesis. Avesis recommends that providers follow-up with them on any claims that have not been paid or denied within thirty (30) days of submission.

Q: What do I do if a claim is returned for corrections?

A: You should submit a CORRECTED CLAIM via one of the following methods:

1. CMS-1500 form noted with the words, "CORRECTED CLAIMS" on the top of the form. Please be sure that the correct information is populated on the form. This should be mailed to Avesis at:

Avesis Third Party Administrators, Inc.
P.O. Box 7777
Phoenix, Arizona 85011-7777
Attn: CORRECTED CLAIMS

Q: What do I need to do in order to ensure "coordination of benefits" and ensure a coordinated claim will be processed by Avesis?

A: If your patient has other eye care or medical insurance, you must bill the primary insurance company first. The primary insurance carrier will make payment to you and will send either an Explanation of Benefits (EOB) or Remittance Advise (RA). Once this has been received, you can submit your claim to Avesis for any amounts not paid by the insurance company for covered services. Please be sure to include a copy of the EOB or RA that you receive from the primary insurer. Failure to submit a copy of the primary insurance's EOB will result in a denied claim.

Q: How do I bill for Medical Management?

A: You may submit claims for services rendered within the full scope of licensure. You should use your professional judgment when applying the appropriate 92 or 99 codes.

Q: Who do I contact if I need to speak to a representative about claims submissions and issues?

A: Call the Avesis Customer Service Center during normal business hours at 800-672-7552, Monday through Friday from 8 AM until 7 PM EST.

Surgical Center & Medical Claims

Q: If a Medicaid recipient requires eye-related surgery in an ancillary surgical center (ASC) or hospital surgical facility, who do I submit the claim to for the anesthesia associated with the surgery?

A: Arbor Health will be paying the costs of the surgical facility and the cost of anesthesia associated with the surgery performed in the surgical facility. **It is important to note** that Avesis is responsible for paying the claims for all routine eye care and medical services rendered by you, but will not be paying the surgical facility or the associated anesthesia costs.

Should you have:

- Eye and medical/surgical claims submission questions, please phone Avesis' Customer Service at (800) 672-7552.
- Surgical facility and anesthesia claims submission questions, please phone Arbor Health at (866) 423-2337.

Emergency/Urgent Care

Q: How should my office handle medical emergencies?

A: You are responsible for facilitating emergency treatment, when needed. Assistance is available from the Arbor Health Plan using the phone numbers provided below:

- Arbor Rapid Response Outreach Team (RROT) : (888) 545-0069
- TTY users should use 711

Special Needs

Q: How does my provider office handle those members who have special needs?

A: If you have a member with special needs that may require additional assistance and you or your staff is unable to provide such additional assistance, please contact Arbor Health Rapid Response Outreach Team (RROT) at (888) 545-0069.

Covered Benefits

Q: What is the frequency a Nebraska Medicaid recipient can have a **routine eye examination**?

A: **20 years of age and younger:** One (1) routine eye examination every 12 months

A: **21 years of age and over:** One (1) routine eye examination every 24 months

Q: How often is Nebraska Medicaid recipient eligible for eyeglasses (frames and lenses)?

A: **20 years of age and younger:** One (1) pair of eyeglasses every 12 months under the following circumstances:

- Initial pair of eyeglasses
- Required for medical reasons
- Size change due to growth
- Newly prescribed lenses will not fit initial pair of eyeglasses

A: **21 years of age and over:** One (1) pair of eyeglasses every 24 months under the following circumstances:

- Initial pair of eyeglasses
- Required for medical reasons
- Size change due to growth
- Newly prescribed lenses will not fit initial pair of eyeglasses

Note: Frames include plastic and metal frames, rimless frames are not covered. Each frame dispensed must carry a minimum of a one (1) year manufacturer's warranty.

Q: When can replacement frames be issued to a Nebraska Medicaid recipient?

A: **20 years of age and younger:** One (1) pair of replacement eyeglasses per every 12 months due to irreparable wear/damage, breakage, or loss. The provider must document the reason for the replacement frame with a vision condition code. For those 20 years of age and younger, if additional replacement frames are needed, over-and-above the one (1) allowable replacement frame per every 12 months, please contact Avesis' Provider Service Department for a prior authorization before issuing the additional pair(s) of replacement eyeglasses (2 or more) within the 12 month benefit period.

A: 21 years of age and over: One (1) pair of replacement eyeglasses per every 12 months due to irreparable wear/damage, breakage, or loss. The provider must document the reason for the replacement frame with a vision condition code.

Q: When are replacement lenses issued to a Nebraska Medicaid recipient:

A: 20 years of age and younger: One (1) set of replacement lenses per every 12 months due to irreparable wear/damage, breakage, or loss. The provider must document the reason for the replacement lenses with a vision condition code. For those 20 years of age and younger, if additional replacement lenses are needed, over-and-above the one (1) allowable set of replacement lenses per every 12 months, then please contact Avesis' Provider Service Department for a prior authorization before issuing the additional lens or lenses (2 or more sets of lenses) within the 12 month benefit period.

A: 21 years of age and over: One (1) set of replacement lenses per every 12 months due to irreparable wear/damage, breakage, or loss per every 12 months. The provider must document the reason for the replacement lenses with a vision condition code.

Q: Are polycarbonate lenses a covered benefit?

A: "School-aged –children" up to 20 years of age: The State of Nebraska currently covers polycarbonate lenses for "school-aged-children" up to 20 years of age only when a provider finds it necessary to prescribe polycarbonate lenses. While this is not mandated by the State of Nebraska, Avesis will follow the same benefit coverage and will also cover polycarbonate lenses for "school-aged-children" up to 20 years of age if a provider finds it necessary to prescribe polycarbonates after a comprehensive eye examination.

A: Age 20 years and over: Polycarbonate lenses for those age 20 years and over are covered only if prescribed for Members with significantly monocular vision due to amblyopia, eye injury, eye disease, or other disorder. Please see the Avesis Provider Manual for more details the prescribing of polycarbonates for this age population. Prior authorization will be required.

Q: What if a Nebraska Medicaid Member wants a non-covered frame or non-covered lenses?

A: There is no “buy-up” option for Nebraska Medicaid Members. **Avesis will not cover a frame or lenses that are non-covered.** Medicaid Members cannot “buy up” and pay the difference between what Avesis reimburses and the additional cost of the frame or lenses. In this circumstance, the Member can purchase, on their own, the non-covered frame or lenses on a 100% private pay basis. Avesis will only reimburse for the fitting charge associated with other eye care services.

Q: What if I have questions about the eye medical/surgical benefits?

A: Avesis will be covering only the medical benefits associated with surgery, and Arbor Health will be covering surgical facility costs and anesthesia costs.

- Please contact Avesis about medical benefits-only at (800)672-7552
- Please contact Arbor Health about surgical facility and anesthesia benefits at (866) 423-2337