

QUESTIONS AND ANSWERS
RFP for Eyeglasses, Lenses and Frames
April 3, 2009

NOTE: Similar questions received by more than one provider may have been merged by section/topic.

Q1) Section 3.1 (Beneficiary Eligibility)

If the Medicaid payment is denied for eyeglasses, we would assume that the patient is not a beneficiary of the State and becomes a private pay patient. We suggest that the eyeglass provider bill the dispensing provider “usual and customary fees” which would be per the eyeglass provider’s price list. This now reads (in the RFP) “In cases where Medicaid payment is denied, the eyeglass provider may bill the dispensing provider at Medicaid rates.”

Answer: “In cases where Medicaid payment is denied, the eyeglass provider may bill the dispensing provider at Medicaid rates” is replaced with “In cases where Medicaid payment is denied, the eyeglass provider may bill the dispensing provider.”

Q2) Section 3.2 (Eyeglass & Vision Care Services/Benefits)

Section 3.2 says that stating on the Vision Care Invoice that lenses or frames are lost, broken or destroyed is sufficient for the beneficiary to get a replacement. Section 4.2.4 refers to a PA being necessary for replacement lenses within the 2-year period. Please clarify. Comment: Although limiting the number of replacements via the PA requirement will curtail some abuse, there may be a down side to this requirement. It may delay the supply of replacements and adversely affect the child’s academic performance.

Answer: Prior Authorization (PA) is required for replacement of eyeglasses earlier than the coverage limit of one pair of eyeglasses every two years per beneficiary when 1) lenses are scratched to the extent that visual acuity is impaired or 2) a change of at least one-half diopter in lens strength is certified on the order form. In section 3.2 where it states “scratched to an extent that visual acuity is compromised, and are certified as such on the order form by the dispensing provider” is meant to convey that the responsibility for determining if eyeglass replacement is necessary is the responsibility of the dispensing provider; however, the dispensing provider is required to obtain PA. PA is not required for lost or broken glasses. The timeframe for obtaining a PA is normally 3 working days, assuming the necessary information is received from the requester.

Q3) Section 3.3 (Orders from Dispensing Providers)

Requiring a PA for Polycarbonate lenses. Polycarbonate lenses have become the industry standard for reasons of safety for children and is no longer considered a “premium product”. Most doctors require that patients or guardians

sign a waiver if they want a lens material other than polycarbonate. This is done to limit their liability. The liability of the State may also increase.

Answer: It is acknowledged that polycarbonate may be the standard for children, plastic (CR-39) may also be used, and noted that glass is rarely used. The requirement for PA for polycarbonate lenses is changed so that PA is not required for any of the three lens materials allowed.

Addendum to Section 3.3:

REMOVE: ORDERS FROM DISPENSING PROVIDERS: Medicaid vision service providers will submit orders directly to the eyeglass provider. Orders must specify whether the lenses are to be glass or plastic, lens power, axis size of the lenses, necessary concentration, frame name, manufacturer, size and color, etc. Add-ons and polycarbonate lenses will require Prior Authorization (PA); vision service provider obtains PA from the OVHA. Eligibility verification number and PA number will be stated on the order.

REPLACE WITH: ORDERS FROM DISPENSING PROVIDERS: Medicaid vision service providers will submit orders directly to the eyeglass provider. Orders must specify lens material (plastic, polycarbonate or glass), lens power, axis size of the lenses, necessary concentration, frame name, manufacturer, size and color, etc. Add-ons will require Prior Authorization (PA); vision service provider obtains PA from the OVHA. Eligibility verification number and PA number (if required) will be stated on the order. Lens material is at the discretion of the dispensing provider but is limited to plastic (CR-39), polycarbonate or glass.

Q4) Section 4.3 (Prescription & Order Forms)

Diagnosis **Code**, Will this field on the form be eliminated?

Date of Exam. We recommend that **Date of Service** not **Date of Exam** be used.

This RFP states that the “Eligibility Verification Number and the PA Number will be stated on the order”. Who originates the Eligibility Verification Number? How can the eyeglass provider verify this number for accuracy in addition to the PA Number? The PA Number itself may be valid, but the order (date of exam or service) may fall outside the date range covered on the PA resulting in denial of payment for the eyeglass provider. Please provide details of the procedure the eyeglass provider can follow to ascertain beneficiary eligibility on date of exam or service.

Are Taxonomy Codes no longer required on the order form?

Answer: The Diagnosis Code is required on the order form. Date of Service may replace Date of Exam.

The Eligibility Verification Number is received by the vision care provider when the eligibility of the beneficiary is verified by EDS (fiscal agent for Vermont Medicaid). The eyeglass provider can verify the eligibility number by calling EDS Provider Services. The eyeglass provider may also check eligibility with EDS and receive an Eligibility Verification Number. The PA number may be verified by calling EDS Provider Services. It is the responsibility of the vision care provider to obtain PA.

Taxonomy Codes are not necessary on the order form, however, there must be an NPI number for the vision care provider and either an NPI number or Medicaid provider number for the eyeglass provider.

Q5) Section 4 (Bidder/Provider Responsibilities)

Paragraph 4 states “The provider will, within one week after provider agreement... 3) provide ordering form and instructions.” This cannot be physically accomplished until after the forms are printed which is about 10 days before the new contract begins on July 1. Items 1 and 2 can be accomplished in that time frame but there is really no need to do anything in Paragraph 4 as soon as one week after award which would be May 1.

Answer: The start date for any provider agreement resulting from the RFP is July 1 and that is the date that is relevant to the requirements in Section 4, paragraph 4. The OVHA will work with the company selected to negotiate a provider agreement and design and format the ordering form between the time the company is selected and July 1. Timeliness in notifying and providing vision care provider with materials is a consideration in the process.

Q6) Section 4.1.3 (Frame Replacement & Repairs)

Paragraph 2 is unclear. Sentence 1. “upon request”. Does this mean a phone call without a proper form? Does this mean free of charge? Please define how this request is made and who is the customer, the State or the Vision Service Provider?

Answer: All orders must be in writing; no telephone orders will be accepted. Medicaid will pay for replacement frames at rates per the provider agreement. Medicaid vision service providers will submit orders directly to the eyeglass provider and eyeglasses are shipped to the vision care provider. The state reimburses for eyeglass claims under the terms of the provider agreement.

Q7) Section 4.2.1 (Lens Standards & Bid Requirements)

See question on PA requirements for polycarbonate in 3.3 above.
Plastic single vision lenses are available **with and without scratch resistant coating**. Please specify which you would prefer us to include in this bid. **FYI** Polycarbonate material automatically comes with scratch resistant coating.

We would suggest that glass lenses be totally eliminated from this contract. This material is inappropriate and has fallen out of use, especially for the ages of the beneficiaries of this program. It is also extremely expensive. Most laboratories do not process it anymore.

Answer: "V2760 – Scratch resistant coating, per lens" is a separate code/procedural description. The OVHA will reimburse for scratch resistant coating for plastic lenses in an effort to reduce costs related to replacing scratched lenses that affect visual acuity more often than the one pair per two-year limit. This would not apply to polycarbonate material that is already scratch-resistant.

The OVHA acknowledges the recommendation to remove glass lenses and the reasons; however, glass will remain a part of this RFP and is required for any response to this RFP.

Q8) Section 4.2.2 (Lens Mounting Requirements)

It would be prudent to specifically exclude mounting lenses in patient's own rimless frames under this RFP.

Answer: Eyeglass provider will be under no obligation to mount the lenses in the patient's own rimless frames.

Q8) Section 4.2.4 (Lens Replacement Requirements)

This section is explicit as to lenses. What about frames? Again, the PA process could cause delays as mentioned in our comments on section 3.2

Answer: Prior Authorization (PA) is required for replacement of eyeglasses earlier than the coverage limit of one pair of eyeglasses every two years per beneficiary when 1) lenses are scratched to the extent that visual acuity is impaired or 2) a change of at least one-half diopter in lens strength is certified on the order form. PA is not required for lost or broken glasses. Earlier replacement is limited to the following circumstances:

- Eyeglasses (frames or lenses) have been lost, broken beyond repair, or scratched to an extent that visual acuity is compromised, and are certified as such on the order form by the beneficiary's dispensing provider.
- A change of at least one-half diopter in lens strength is certified on the order form.

Q9) Section 4.8 (Billing Requirements)

Paragraph 3 - "The provider will update and maintain billing codes as required by HIPPA". We may be in error, but we do not believe "modifiers" fall under the description of HIPPA billing codes. Would it be possible for OVHA to provide an acceptable list of modifiers and which codes they may be used with in advance of their implementation at EDS? Please describe how modifiers work and how they come about under this RPF. This will facilitate future dealings between OVHA, EDS and the eyeglass provider as it pertains to timely payment and claim resubmission.

Answer: The provider must follow OVHA guidelines for claim submission including coding. Specific modifiers will be required on claims for eyeglasses effective July 1, 2009 in order for the provider to be paid by Vermont Medicaid. It is anticipated that the modifiers required will indicate 'left', 'right' and 'replacement', as appropriate. Details will be available to the eyeglass provider prior to July 1.

Q10) (Corporate Background & Experience)

"Annual financial reports for 2 years." It is our understanding that everything included in this bid becomes a matter of public record. We do not care for our financial records to be part of public record. Is there a method of maintaining our privacy and still make these records available for OVHA review?

Answer: Responses become a part of the contract file and will become a matter of public record. If the response includes material that is considered by the bidder to be proprietary and confidential, the bidder shall clearly designate the material as such, explaining why such material should be considered confidential. The bidder must identify each page or section of the response that it believes is proprietary and confidential with sufficient grounds to justify each exemption from release, including the prospective harm to the competitive position of the bidder if the identified material were to be released. Under no circumstances can the entire response or price information be marked confidential. Responses so marked may not be considered.