

block VISION

PROVIDER ★ NEWSLETTER

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LOG ON TO THE INTERNET

- www.blockvision.com
- Have your provider ID # ready
- Have your password ready
- For help with the web please call

800-243-1401
Option 3, then
Option 2

WEBSITE REMINDER

The Block Vision website (www.blockvision.com) allows providers the ability to correct a rejected claim line after the initial claim has been paid.

- Access authorization for the previous paid claim and go to the claim CPT line that needs correction.
- Enter in the corrected information as if you are processing that claim line for line the first time.

REMINDER

NEW CMS 1500 Form (08/05)

The new CMS 1500 Form (08/05) has a field (field 7b) for submitting your NPI number.

FRAUD AND ABUSE, DEFICIT REDUCTION ACT (DRA) AND FALSE CLAIMS ACT (FCA) EDUCATION PROGRAM

Block Vision has established a fraud and abuse detection program to identify and investigate suspected fraudulent claims and other types of program abuse for the vision care programs administered by the company on behalf of its clients. In order to prevent, identify and investigate fraudulent and abusive activities, Block Vision enforces benefit frequency limitations, monitors both individual claims and provider claims submission patterns and monitors complaint patterns. You may access a copy of Block Vision's Policy Statement – Fraud & Abuse on our website at:

www.blockvision.com/provider_newsletter.html

The Deficit Reduction Act of 2005 (the "DRA") requires that any entity that receives or makes annual Medicaid payments under a State plan of a least

\$5 million must establish written policies regarding: the Federal False Claims Act (the "FCA"); applicable State law pertaining to civil or criminal penalties for false claims; and whistleblower protections. Block Vision is committed to educating its network providers about the policies it has established regarding the DRA and FCA in order to prevent, detect, investigate and correct any issue pertaining to false claims.

Reporting Potential Fraudulent Activity

Providers are encouraged and expected to notify Block Vision of any suspected fraud or abuse pertaining to the company. Suspected fraudulent activity may be reported to Block Vision at **800-243-1401/Press 3/Press 2** or by email to compliance@blockvision.com.

SPECIAL POINTS OF INTEREST

- ✓ Always check the member's eligibility before performing a service, preferably before the member arrives for the appointment.
- ✓ Polycarbonate lenses are considered medically necessary for members under 21 years of age

In This Issue:

- Provider Education – Deficit Reduction Act and False Claims Act - Reporting Fraudulent Activity
- Patient Safety and Infection Control Policy
- VRU – Voice Response Unit – Information by Telephone
- Patient Acknowledgment Form for Purchase of Upgraded Frames & Lenses
- Cultural Competency – Serving Members with Special Needs
- Reminder – National Provider Identifier (NPI)

BLOCK VISION'S PATIENT SAFETY AND INFECTION CONTROL POLICY

Patient Safety

Block Vision and Block Vision of Texas are committed to promoting an environment that helps participating providers improve the safety of their practices. The Company has a Patient Safety Program that includes the following components:

- Provider education regarding the Company's Infection Control Policy and other safety components
- Public access to information regarding the Company's Infection Control Policy.
- Measurement of provider compliance with the Company's Infection Control Policy and its other safety components.
- Access to information regarding the Company's findings with regard to provider compliance with the Infection Control Policy and other safety components.

Infection Control

The Infection Control Policy adopted by the company is based upon the "universal precautions" guidelines of the Centers for Disease Control ("CDC") and that of the Occupational Safety and Health Administration ("OSHA"). The Infection Control Policy includes practices that are designed to prevent the transmission of disease within health care practices and specifically addresses disinfection of eye care equipment and contact lenses, important issues that are specific to eye care practices.

Other safety measures monitored by the companies are listed below:

- All exits are marked and accessible
- Fire extinguisher is visible
- Smoke detectors are present
- The office enforces a no-smoking policy

The Company measures provider compliance with the Infection Control Policy and other safety measures during on-site reviews of participating provider offices. Safety-related performance information is shared with any member who requests such information. The results of on-site reviews, which include provider compliance scores, are shared with healthplan clients routinely.

**If you would like a copy of Block Vision's Infection Control policy, please visit our website at:
www.blockvision.com/provider_newsletter.html**

INFORMATION BY TELEPHONE

VRU: 1-866-819-4298

- ✓ Ability to accept alpha-numeric input
- ✓ Ability to verify enrollment
- ✓ Authorizations
- ✓ Ability to cancel an authorization
- ✓ Claims status
- ✓ Ability to record your own name for members to hear
- ✓ Support for those who speak Spanish

***Block Vision's
Voice Response Unit (VRU)
is accessible 24 hours a day,
7 days a week, by calling
1-866-819-4298***

PATIENT ACKNOWLEDGEMENT REQUIRED FOR PURCHASE OF UPGRADED FRAMES & LENSES

Please be aware that most Block contracts require that patients be notified in advance and acknowledge, in writing, when a requested service or eyewear is not covered and the patient will incur out-of-pocket expense. Furthermore, *it is imperative that these members be offered a selection of eyewear within their benefit allowance.* Anytime you supply non-covered goods or services to patients with Block Vision coverage, be sure to obtain their written acknowledgement that they are about to purchase said goods or services at their own expense, that they have a clear understanding of the amount of the expense they will incur, and that they have been offered, but have declined, a selection of materials within their insurance allowance. This policy is in place to protect you, the provider, against unpaid bills. Following is a form you may copy and use for this purpose. Please file any signed forms with the patient's record, in case the patient questions the charges.

Patient Out-of-Pocket Charge Acknowledgement Form (English/Spanish)

I, _____, understand that the services/goods (please describe) _____ that I am about to receive are not covered by my vision plan, and that I will be responsible for the charges for these services/goods in the amount of _____. I further acknowledge that I have declined services/goods that would be covered by my vision plan in favor of these. The reason I have not chosen services/goods that would be covered by my vision plan is: (please check one):

- I prefer to have the services performed here instead of where the charges would be paid for by my insurance.
- I didn't like the frames that would be paid for by my vision plan.
- The frames that would be paid for by my vision plan don't fit my face.
- The lenses that have been prescribed won't fit in any of the frames that would be paid for by my vision plan.
- I want to upgrade my lenses.
- I have to upgrade my lenses because of a medical condition.
- I want contact lenses even though they're not covered.
- I have to have contact lenses because of a medical condition.
- Other (please explain): _____

I have also been given the opportunity to contact someone at my vision plan to inform me of my coverage.

(Signature)

(Date)

Yo _____ entiendo que los servicios (Por favor describa) _____ que voy a recibir no son cubiertos por mi plan de vision, Y sere responsable por los cargos de estos servicios en la cantidad de _____. Tambien estoy consiente que he negado los servicios que son cubiertos bajo mi plan de vision en favor de estos: La razon que no escoji los servicios que serian cubierto por mi plan de vision es: (Por favor chequea uno):

- Yo prefiero tener sevicios realizado aqui en vez de adonde cubre mi aseguransa.
- No me gustaron los marcos que mi aseguransa cubre.
- Los marcos que paga mi plan de vision no me quedan en mi cara.
- Los lentes que me recetaron no me quedan en ninguno de los marcos que cubre mi plan de vision.
- Quiero subir de grado un cambio en mis lentes.
- Quiero subir de grado mis lentes por condiciones medica.
- Quiero lentes de contacto aunque no son cubierto.
- Yo tengo que tener lentes de contacto por condiciones medica.
- Otros (Por favor explique) _____

Tambien yo he tenido la oportunidad de contactar a alguien de mi plan de vision para informarme mi covertura.

(Firma)

(Fecha)

Cultural Competency

Assuring Cultural Competence in Health Care: *Serving Members with Special Needs*

Block Vision would like to remind providers that we must all be in compliance with Title VI of the Civil Rights Act of 1964 and Class Standards federal law. This means that members are served without discrimination regarding race, color, national origin or English speaking ability.

In addition, Block Vision is committed to providing all members on whose behalf we arrange vision services with adequate access to administrative and clinical services within the scope of Block's program. This includes those members who have special needs that affect their ability to communicate with Block Vision and/or our participating providers and to access vision care services. It is Block Vision's policy to make arrangements as

necessary to accommodate those members who have special needs to ensure that they have equal access to administrative and clinical services on the same basis as do members who do not have special needs.

We ask your assistance in identifying and bringing to our attention any member in Block's program who you believe may have a special need that impacts his or her ability to communicate with your office or to receive care. If you identify such a member, please contact our Member Services team, and we will help make the necessary arrangements to ensure that the member receives the care he or she needs. Thank you for your assistance in helping Block Vision serve members with special needs.

REMINDER

National Provider Identifier – (NPI)

CMS announced a system whereby all health care providers, including Medicare providers, can apply for a new identifier known as the National Provider Identifier, or NPI. We encourage all of your providers to apply for an NPI number. More information about the identifier and the application can be found on the web.

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

If you haven't already communicated your NPI number to Block Vision, please do so right away! Please call our NPE voicemail at 443-451-1040. Please include your name, Block Vision provider number and NPI number in your message.