



## **Network Notification**

**Date:** April 18, 2018  
**To:** Ohio Medicaid Health Partners  
**From:** CareSource®  
**Subject:** Update on CareSource Medicaid Vision Benefit

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This notification is a revision to the previous [CareSource Medicaid Vision Benefits network notification](#) dated December 11, 2017.

We value your feedback and your partnership. In order to improve the clarity of our benefits we have added additional detail to our prior communication, which clarifies our benefit limitations around frequency and summarizes our current member benefits.

The previous network notification stated that replacement vision services could be obtained every year, or every two years. These benefits, as stated below, have been updated to define each year as a calendar year. A calendar year is defined as January through December of a given year. The following examples clarify this distinction:

Your CareSource Medicaid patient is 20 years old or younger: The patient gets eyeglasses on December 25, 2017. The patient is eligible for a new pair of eyeglasses January 1, 2018 to December 31, 2018 in the new benefit year. If the patient received a pair of eyeglasses on March 31, 2018 of the 2018 benefit year and the glasses are broken on May 20, 2018, the patient can receive a replacement pair of eyeglasses prior to December 31, 2018.

Your CareSource Medicaid patient is 21-59: The patient gets eyeglasses on December 25, 2017. The patient is eligible for CareSource to cover a pair of new eyeglasses January 1, 2019, to December 31, 2019.

Your CareSource Medicaid patient is 60 or over: The patient gets eyeglasses on December 25, 2017. The patient is eligible for a new pair of eyeglasses January 1, 2018, to December 31, 2018.

If a member's prescription has changed, you can request authorization for replacement lenses with the member's new prescription. Note that submitting an authorization request does not guarantee claim approval.

The following benefit summary from the previous network notification contains clarifications in **red**.

Effective **January 11, 2018** CareSource will no longer accept claims for eyeglasses beyond our current Medicaid benefit limits. Please note the benefit limit for eyeglasses is different by age range. Deluxe frames, transitions and progressive lenses are not covered for any age.

Please review the current member vision benefit below to avoid claim denials. *Note that children may receive a replacement pair of glasses **within a calendar year**.*

Vision services include eyeglasses, routine checkups and services from optometrists.

- Members 20 years old or younger: 1 eye exam and 1 pair of eyeglasses each **calendar** year; *one replacement pair within a calendar year.*
- Members 21-59: 1 eye exam each **calendar** year, eyeglasses once every 2 **calendar** years. *No change to the current benefit; CareSource will now be enforcing this benefit limit.*
- Members 60 and older: 1 eye exam each calendar year, 1 pair of eyeglasses each **calendar** year. *No change to the current benefit; CareSource will now be enforcing this benefit limit.*

CareSource will be denying claims after two pairs of eyeglasses in a **calendar** year for children under 21 and after one pair of eyeglasses for those over the age of 60. For members between the ages of 21-59, claims will be denied after one pair in a two (2) **calendar** year period.

Thank you for your attention. If you have questions please speak with your Health Partner Engagement Representative or call CareSource's Health Partner Services at **1-800-488-0134**.