

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

December 19, 2008

VISION

MEDICAID BULLETIN

TO: Medicaid Vision Providers

SUBJECT: New Contract Award for Vision Eyewear and Modification to the Vision Eyewear Prescription Process

The South Carolina Department of Health and Human Services (SCDHHS) has recently awarded a new five-year contract for vision eyewear. This contract was awarded to Robertson Optical Laboratories. Under the new contractual agreement, there will be modifications to the vision eyewear prescription (Rx) process to include an electronic prescription (e-script) and to policies related to ordering and shipping of vision wear.

ORDERING EYEGLASSES FOR ELIGIBLE BENEFICIARIES

An eligible beneficiary is one who is in possession of an active Medicaid card, which is presented to the physician's office requesting glasses and is under the age of twenty-one (21). The physician's office ordering the glasses, not Robertson Optical, must ensure that the beneficiary is currently eligible in the Medicaid program before ordering eyewear. Verification of eligibility can be made by calling the toll free Interactive Voice Response System (IVRS) telephone number at 1-888-809-3040, by swiping the card, or by using the Medicaid Web tool.

If the patient is not Medicaid eligible and your office orders glasses that are consequently produced, Robertson Optical will be denied payment due to lack of eligibility. Robertson Optical is then authorized to bill the ordering physician for the cost of the eyewear. **In no case will Robertson Optical be liable for the cost of the eyewear due to the physician's office not verifying eligibility status of the beneficiary.**

Physicians are to use the date of the examination on the Rx form when submitting it to Robertson Optical. This is required to ensure that beneficiaries are eligible for another pair of glasses a full 365 days afterward.

Ways for Physicians Offices to submit prescriptions when ordering eyeglasses:

A. Internet based electronic prescription system.

In our move to a paperless environment, this will be the preferred method of prescription submission. The system will be secure and meet all Health Insurance Portability and Accountability Act (HIPAA) requirements for transmission of protected health information (PHI). The electronic system has been created so that no prescription can be submitted until all required fields are completed. The physician's office must attest that the Medicaid ID number

is correct and eligibility has been verified. Shipping time for the completed job for all normal stock lenses, which must be ground and/or cut, edged and framed at Robertson Optical laboratory, shall be limited to **5 working days** after receipt of Internet submission.

Medicaid Bulletin
December 19, 2008
Page 2

The software needed for the electronic Rx system will be available for download on or after December 22, 2008, at <http://medicaid.robertsonoptical.com>. Following the download, your office must contact Robertson Optical for a password at (803) 254-9381. Once the initial set-up is completed, the system will retain provider related information for future use. Please review the attachment to this bulletin for a tutorial on the software system.

B. Paper prescription requests sent via United States (US) postal services or fax.

Prescriptions will also be accepted via US mail or fax utilizing a Robertson Optical prescription form (Rx). Forms are available by contacting Robertson Optical. If the hard copy Rx form is not completed correctly, Robertson Optical will inform your office of any discrepancy that cannot be corrected. The contact will be made on the same day the Rx is received by either calling (the preferred method of contact) or faxing the incomplete Rx form back to the prescriber. Prescriptions submitted by mail or fax will be processed secondary to those submitted via the Internet. Shipping time for the completed job for all normal stock lenses, which must be ground and/or cut, edged and framed at the Robertson Optical laboratory, shall be limited to **7 working days** after the receipt of a properly completed hard-copy prescription form from the physician's office.

Robertson optical will no longer be accepting the South Carolina legacy provider number when prescription requests are received. Providers must use their National Provider Identifier (NPI) when completing a Rx request. If providers have multiple locations linked to the same NPI, both the electronic and paper prescription process will accommodate these multiple locations and allow the provider to designate the location for shipping.

If a beneficiary has had a pair of glasses during the current year and is not eligible for another pair in the same year, this discrepancy will be reported to the physician's office immediately. Robertson Optical will return the Rx form indicating to the prescriber that the beneficiary has had a pair of eyewear in the current year and will provide the date when the beneficiary is eligible for another pair, if the beneficiary is still Medicaid eligible. Physicians are responsible for re-verifying eligibility status of the patient on the date the beneficiary is eligible for a new pair of glasses, before resubmitting the request.

Delays in receiving eyewear or any other complaints dealing with Robertson Optical must be reported by SC Medicaid Providers immediately. **The complaint must be sent, in writing via fax or mail, to Robertson Optical management staff and a copy to the SC Medicaid program staff.** Provider's offices are not to give the telephone number of

Robertson Optical to Medicaid beneficiaries to check status of production or non-receipt of eyewear. It is the physician's responsibility to check with Robertson Optical staff and inform the beneficiary the status of their glasses.

TIME LIMITS FOR PROCESSING OF PRESCRIPTIONS

The time for shipping requirements will begin the day Robertson Optical receives the properly completed Rx form from the physician's office. A Rx received after 4:00 p.m. EST will be viewed as the next business day. An Rx received on the weekend, after 4:00 p.m. EST Friday through 8:00 a.m. EST Monday, will be viewed as received on Monday. An official state holiday will not be counted as a working day.

Medicaid Bulletin
January 19, 2008
Page 3

Shipping time for the completed job to the Prescriber for all normal stock lenses which must be ground and/or cut, edged and framed at Robertson Optical laboratory shall be limited to **5 working days** after receipt of Internet submission or **7 working days** after the receipt of a properly completed hard-copy prescription form from the prescriber.

The shipping time to the Provider for frame and lenses which are special requests, must be shipped within **10 working days** of Internet Submission or **12 working days** after the receipt of a properly completed hard-copy prescription from the date received or sooner. Examples of special requests include: poly-carbonated lenses, Rx with cylinder power on both eyes at least 3 diopters or higher, and/or those which require factory preparation or fitting into ophthalmic frames, special high Rx, plus or minus bifocals, and special lens grinding.

SOUTH CAROLINA MEDICAID FRAME SAMPLE KIT

A complete sample kit of the 32 Medicaid frames is available to be shipped to physician offices upon request. The frame selection has not changed from what is currently offered. If your office needs to order a sample kit, you must contact Robertson Optical at the number listed below. The cost for the complete frame kit to the provider will be \$288.32. Providers enrolled in the Medicaid program must display the frames in their office for beneficiaries to make their selection; they are not to be dispensed to beneficiaries unless the frame is being discontinued. If the frame is discontinued, the physician can dispense the frame and request a replacement from Robertson Optical, at no cost to the physician.

CONTACT INFORMATION:

Robertson Optical Laboratories, Inc.
411 Commerce Drive NE
Columbia, South Carolina 29223
Phone: (803) 254-9381
Toll Free: (800) 223-0731
Fax: (803) 254-1978

<http://medicaid.robertsonoptical.com>

For a complete copy of these policy changes, please refer to the Physician, Laboratories and Other Medical Professionals Provider Manual. The most current version of the provider manual is maintained on the SCDHHS Web site at www.scdhhs.gov. If you have any questions regarding this bulletin, please contact your Program Manager at (803) 898-2660. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Emma Forkner
Director

EF/gwfs

Attachment: Tutorial for website

Note: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.

Medicaid Web Eyeglass Order Entry



Getting Started

- ▣ Web Site –
<https://medicaid.robertsonoptical.com>
- ▣ Log In Screen
- ▣ Account Setup
- ▣ Order Entry
- ▣ Submitting and Printing

(Screen 1 – Login)

NPI Number: _____

Password: _____

Account Setup

Log In Screen

- ▣ First time users must setup passwords at account setup
- ▣ After first time enter your NPI number then password to enter site
- ▣ Account screen will come up to verify information is correct

(Screen 2: Provider info – all fields except NPI Number and ROL Account Number may be modified by provider)

NPI Number: 1234567890

First Name: _____ Last Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Attention: _____

Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____ Other: _____ - _____ - _____

ROL Account Number: 12345

Preferred PD: Binocular Monocular

Password:*****

Repeat password:*****

Submit

Cancel

Account Setup

- ▣ Enter NPI Number
- ▣ Enter Practice Name, Address, and Phone Numbers
- ▣ Enter Contact Name
- ▣ Enter your Account Number with Robertson Optical
- ▣ Enter Preferred PD
- ▣ Enter User Name and Password

(Screen 3 – Recipient Screen)

Enter Recipient's Medicaid Number: 1234567890 (note: if on file info will display, if not, empty fields will be presented)

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Eligibility Checked? Date checked _____

Cataract? DMR Waiver?

Remarks:

Submit

Cancel

(Note: at this point the last date of service will be checked, and if the date of service is too recent, an advisory message will be displayed. Also, date arithmetic will be performed to calculate age and apply age tests per Medicaid rules.

Patient Information

- ▣ Enter Patient's Medicaid Number
- ▣ If Medicaid Number is not already in the database you must enter into database
- ▣ Patient's Name, Birthday, and Gender
- ▣ If patient is over 21 years you must mark waiver or cataract surgery
- ▣ If Medicaid Number is in the database all patient's information is input automatically

(Screen 4 – Rx Entry – fields in <> are displayed and are not modifiable)

<Patient Name> <Patient Medicaid Number> <Order number>

Service Date: _____ Order Date: _____

We use binocular monocular PD values. (← check boxes default to entry in database)

Rx Change? __

Lens Information

Style

Material

R

L

Rx Information

	Sph	Cyl	Axis	PD	NPD	Add	Seg	Dire	Prism1	Dir1	Prism2	Dir2
R	___	___	___	___	___	___	___	<input type="text" value="high"/>	___	___	___	___
=												
L	___	___	___	___	___	___	___	<input type="text" value="high"/>	___	___	___	___

Frames and Add-ons

Lenses only Lab supplies frame Frame to follow (← check boxes)

Frame Style _____ Frame Color _____ Frame Size _____

Tint _____ UV Slab Off (← UV & SO check boxes)

Remarks:

Lens Information

- ▣ Select Lens Type
- ▣ Select Lens Material
- ▣ Only Medicaid Approved Lenses are listed

(Screen 4 – Rx Entry – fields in <> are displayed and are not modifiable)

<Patient Name> <Patient Medicaid Number> <Order number>

Service Date: _____ Order Date: _____

We use binocular monocular PD values. (← check boxes default to entry in database)

Rx Change? __

Lens Information

Style

Material

R

L

Rx Information

	Sph	Cyl	Axis	PD	NPD	Add	Seg	Dire	Prism1	Dir1	Prism2	Dir2
R	_____	_____	_____	_____	_____	_____	_____	<input type="text" value="high"/>	_____	_____	_____	_____
=												
L	_____	_____	_____	_____	_____	_____	_____	<input type="text" value="high"/>	_____	_____	_____	_____

Frames and Add-ons

Lenses only Lab supplies frame Frame to follow (← check boxes)

Frame Style _____ Frame Color _____ Frame Size _____

Tint _____ UV Slab Off (← UV & SO check boxes)

Remarks:

Rx Information

- ▣ Enter Right Eye First
- ▣ Enter Sphere Power
- ▣ Enter Cylinder and Axis if Necessary
- ▣ Enter Pd
- ▣ Enter Add Power and Seg Height if Necessary
- ▣ Enter Prism and Prism Direction if Necessary
- ▣ Enter same information for Left Eye
- ▣ The Rx will not submit unless all required information is input

(Screen 4 – Rx Entry – fields in <> are displayed and are not modifiable)

<Patient Name> <Patient Medicaid Number> <Order number>

Service Date: _____ Order Date: _____

We use binocular monocular PD values. (← check boxes default to entry in database)

Rx Change? __

Lens Information

Style

Material

R

L

Rx Information

	Sph	Cyl	Axis	PD	NPD	Add	Seg	Dire	Prism1	Dir1	Prism2	Dir2
R	___	___	___	___	___	___	___	<input type="text" value="high"/>	___	___	___	___
=												
L	___	___	___	___	___	___	___	<input type="text" value="high"/>	___	___	___	___

Frames and Add-ons

Lenses only Lab supplies frame Frame to follow (← check boxes)

Frame Style _____ Frame Color _____ Frame Size _____

Tint _____ UV Slab Off (← UV & SO check boxes)

Remarks:

Frame Information

- ▣ Frame supply box will be default check box
- ▣ Lens only and Frame to come are for Rx change patient only
- ▣ Click drop down box for frame name
- ▣ Click the color of frame choice
- ▣ Click eye size of frame choice
- ▣ Only frames, colors, and eye sizes approved by Medicaid will be listed

(Screen 4 – Rx Entry – fields in <> are displayed and are not modifiable)

<Patient Name> <Patient Medicaid Number> <Order number>

Service Date: _____ Order Date: _____

We use binocular monocular PD values. (← check boxes default to entry in database)

Rx Change? __

Lens Information

Style

Material

R

L

Rx Information

	Sph	Cyl	Axis	PD	NPD	Add	Seg	Dire	Prism1	Dir1	Prism2	Dir2
R	_____	_____	_____	_____	_____	_____	_____	<input type="text" value="high"/>	_____	_____	_____	_____
=												
L	_____	_____	_____	_____	_____	_____	_____	<input type="text" value="high"/>	_____	_____	_____	_____

Frames and Add-ons

Lenses only Lab supplies frame Frame to follow (← check boxes)

Frame Style _____ Frame Color _____ Frame Size _____

Tint _____ UV Slab Off (← UV & SO check boxes)

Remarks:

Add On Information

- ▣ Tints are only approved with medical reason
- ▣ Medical reason must entered in remarks
- ▣ Click drop down box to choose tint
- ▣ Click check box for UV or Slab Off if Necessary

(Screen 4 – Rx Entry – fields in <> are displayed and are not modifiable)

<Patient Name> <Patient Medicaid Number> <Order number>

Service Date: _____ Order Date: _____

We use binocular monocular PD values. (← check boxes default to entry in database)

Rx Change? __

Lens Information

Style

Material

R

L

Rx Information

	Sph	Cyl	Axis	PD	NPD	Add	Seg	Dire	Prism1	Dir1	Prism2	Dir2
R	_____	_____	_____	_____	_____	_____	_____	<input type="text" value="high"/>	_____	_____	_____	_____
=												
L	_____	_____	_____	_____	_____	_____	_____	<input type="text" value="high"/>	_____	_____	_____	_____

Frames and Add-ons

Lenses only Lab supplies frame Frame to follow (← check boxes)

Frame Style _____ Frame Color _____ Frame Size _____

Tint _____ UV Slab Off (← UV & SO check boxes)

Remarks:

(Screen 5 – Confirmation screen – order will be displayed for review and confirmation)

Order info

Order info

Order info

Order info

Confirm & Print

Confirm & Add
Another Order

Revise This
Order

Cancel Order

Print All Orders
Entered

Log Off

Submitting and Printing

- ▣ The submitting form shows your current order and gives the option to print
- ▣ You can click confirm and print to submit one order at a time
- ▣ You can click confirm and add another order to enter multiple order at once
- ▣ Click Revise Order to change current order only if you find mistakes
- ▣ Print multiple order is for printing all orders this session
- ▣ Log Off when all orders are entered