South Carolina Department of Health and Human Services

Vision Open Forum

May 13, 2013

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Agenda

- Welcome and Forum Logistics

- Introductions

- Director's Comments

- Overview of Vision Program

- Stakeholder Input

- Closing Remarks

Welcome and Forum Logistics

- Sign-In

- Comment / Recommendation Requests

- Comment Cards

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Introductions

- Michael Collisi - Co-Facilitator
- Michael Chowning – Co-Facilitator
- Valeria Williams – Program Director
- Kevin Rogers – Project Manager
- Tony Keck – Agency Director SCDHHS

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Director's Comments

Past History of Vision Program

- Prior to 1998 SCDHHS utilized a Fee for Service (FFS) payment model

- SCDHHS paid claims with limited edits

- Utilization management, quality improvement were not managed during this time

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Recent History of Vision Program

- RFP for the production of glasses and lenses was posted in 1997, four RFPs awarded since 1997

- Goal was to provide administrative simplification, and cost-effective utilization management

- Contract was awarded to a single eyewear vendor with implementation completed in December 1997

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Previous Program Model

- Prescriber submits prescription to vision provider electronically or by fax

- Vision provider produces eyewear

- Vision provider ships eyewear to Prescriber to dispense to beneficiary

- Vision Provider bills Medicaid for eyewear

- Prescriber bills Medicaid for eye exam

- Medicaid generates Remittance Advice to vision provider and prescriber

- Vision provider and Prescriber enrolled with Medicaid

- Member enrolled with Medicaid

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Compliance/ Oversight Activity

- Monthly Performance reporting
  - ✓ Timely shipping of eyewear
  - ✓ Review of complaints

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Why Change Now?

- SC moving from a payer of claims to a purchaser of services with goal to:
  - ✓Improve health outcomes
  - ✓Improve beneficiary experience
  - ✓Reduce per-capita costs

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Vision Models

- **Basic Vision Models**
  - Traditional Fee for Service (FFS)
  - Administrative Service Organization (ASO)
  - Managed Care Organizations (MCO)
  - Hybrid Models (combination of above)

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Vision Models

– FFS

➢ Member receives routine eye exam

➢ Member needs prescription filled

➢ Vendor fills prescription

➢ Medicaid processes claims

➢ Medicaid pays vision provider and prescriber

❖ Providers are enrolled with Medicaid

❖ Member enrolled with Medicaid

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Vision Models

- ASO
  - ➤ Member receives basic eye examination
  - ➤ Member may receive eye glasses
  - ➤ Provider bills ASO for basic eye examination
  - ➤ Provider bills ASO for eye glasses as delivered
    - ✓ Provider may differ from eye exam provider
  - ➤ ASO adjudicates and pays claims for eye examination and glasses based on Medicaid fee schedule & frequency
  - ➤ ASO submits claims data to Medicaid
- ❖ Medicaid pays ASO
  - ✓ Payment may be capitated or FFS
- ❖ Provider is enrolled with Medicaid
- ❖ Member enrolled with Medicaid

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Vision Models

– MCO (HMO Model)

> ➤ Member needs vision services

> ➤ Network provider offers eye exams and eye wear

> ➤ Network provider bills MCO

> ➤ MCO adjudicates claims

> ➤ MCO pays provider

>> ✓ Payment may be capitated or FFS

❖ Medicaid pays MCO PMPM

❖ Provider is enrolled with MCO

❖ Member enrolled with MCO

Vision Models

Hybrid Models

➢ Used when a single model is insufficient to meet state specific needs

➢ Combination of FFS, ASO and MCO models

- MCO model for MCO members

- ASO model for all members or just for non-MCO members

❑ Single or multiple ASOs contracted to deliver full service benefit

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Vision Models

– Hybrid Models

> Used when states transition from FFS to another model

> Used when states choose to retain responsibility for successful strategies but transfer management of other responsibilities to a contractor to improve quality

> Used when states choose to share risk

❖ Providers enrolled with Medicaid or MCO

❖ Members enrolled with Medicaid or MCO

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Stakeholder Input

- Design a Vision program model that:
  - ✓Improves health outcomes for members
  - ✓Improves the beneficiaries experience
  - ✓Reduces the per-capita cost of treatment
  - ✓Reduces administrative overhead/hassles

- What is the best way to set up the Vision program to meet this goal?

Closing Remarks

Thank you for attending:

SCDHHS values your input!

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