

## Frequently Asked Questions: Indiana Medicaid

| Question   | Answer  |
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| <p>What services are being covered by Superior Vision?</p>                       | <p>Superior Vision will manage plan specific Routine and/or Medical Optometry Services for Indiana Medicaid Members. Therefore, any professional routine vision, eyewear claims and/or medical optometry claims should be filed with Superior Vision upon the effective date of the plan.</p> <p>Please call our customer service to validate member coverage at <b>(877) 235-5317</b>.</p>   |
| <p>What do I need to do to be included in the Superior Vision network?</p>       | <p>If you have not done so already, we encourage you to contract with Superior Vision directly as soon as possible. If you have any questions, please contact Superior Vision's Network Development Department at: (877) 235-5317 or, go to our website <a href="https://superiorvision.com/eye-care-professionals/join">https://superiorvision.com/eye-care-professionals/join</a> and fill out the form to submit your request. By filling out the Provider Onboarding form, you will receive a response from our market specific recruiter within 4 business days.</p>   |
| <p>I have already signed a contract with Superior Vision, what is my status?</p> | <p>If you already signed a contract with Superior Vision and need to know the status of your credentialing, please contact Superior Vision's Customer Service at <b>(877) 235-5317</b>.</p>   |
| <p>I am still not credentialed with Superior Vision, what do I do?</p>           | <p>Please contact Superior Vision regarding your participation status. You can reach Superior Vision's Customer Service at <b>(877) 235-5317</b>.</p>   |
| <p>What happens if I do not enter into an agreement with Superior Vision?</p>    | <p>If you do not enter into an agreement with Superior Vision, you will be considered an out-of-network provider for Indiana Medicaid members routine vision services and/or medical optometry.</p> <p>Provider must meet Indiana Medicaid requirements to service Indiana Medicaid member.</p> <p>As an Out-of-Network provider needing to:</p> <ul style="list-style-type: none"> <li>• verify member eligibility, please contact our Customer Service team at 877-235-5317.</li> <li>• To submit claims via EDI use: <ul style="list-style-type: none"> <li>• TriZetto – 800-566-2231</li> <li>• Apex – 800-840=9152 ext 104</li> <li>• Other clearinghouses of your choice</li> </ul> </li> <li>• To submit paper claims: The Company accepts only the CMS 1500 (version 02/12). Send to:</li> </ul> <p>Versant Health<br/> Claims Department<br/> 881 Elkridge Landing Rd<br/> Linthicum Heights, MD 21090</p> |

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| <p>What if I am already a provider with Superior Vision? Do I have to sign a new contract?</p>  | <p>Please contact Superior Vision to verify your panel participation. You can reach Superior Vision's Customer Service at <b>(877) 235-5317</b>. Please note that you must have a Medicaid number to provide services to Indiana Medicaid Members.</p>  |
| <p>How do I review eligibility and submit claims?</p>   | <p>As an in-network provider, you will be able to review eligibility and submit claims through the Provider Portal located at <a href="https://ecp.versanthealth.com">https://ecp.versanthealth.com</a> once you have signed up.</p> <p>Claims can also be submitted through a clearinghouse. The clearinghouse Superior Vision uses is Change Healthcare (formerly RelayHealth). Their payor ID is 41352 (formerly 3402).</p> <p>Member eligibility can also be done by contacting our customer service center at <b>(877) 235-5317</b>.</p>                           |
| <p>Will I be required to have referrals?</p>  | <p>No. Superior Vision does not require referrals.</p>  |
| <p>How do I update my provider information with Superior Vision?</p>                            | <p>If you are adding locations or updating any other demographic information, please complete the Provider Information Change form located on the Provider Resource Center (PRC) at <a href="https://prc.versanthealth.com/add-change-term-request-forms/">https://prc.versanthealth.com/add-change-term-request-forms/</a> or call Superior Vision at <b>(877) 235-5317</b>.</p>   |
| <p>If I am an out-of-network provider, where do I find resources?</p>                           | <p>Please refer to your state health plan's website for the appropriate contact information.</p> <p>CareSource IN Medicaid website:<br/><a href="#">Vision   Indiana – Medicaid   CareSource</a></p>  |
| <p>What are the Valued Added Benefits (VAB) for CareSource IN for Out of Network providers?</p> | <p>Superior Vision is adding (2) Value Added Covered in Full Benefits (VAB) for CareSource IN HIP PLUS and HIP State PLUS Membership. These enhanced benefits are for services rendered effective <u>May 1, 2024</u>, and incorporates the following add-ons:</p> <ul style="list-style-type: none"> <li>• Anti-Reflective Coating: CPT Code V2750</li> <li>• Scratch Protection: CPT Code V2760</li> </ul> <p>The out-of-network reimbursement for these covered lens options is 110% of the invoice amount. When billing these codes, please include the invoice.</p> |