



**SuperiorVision™**

**Humana**  
Healthy Horizons  
in Oklahoma

Sooner**Select**➤



# Superior Vision and Humana Healthy Horizons® in Oklahoma.

Plan start date: April 1, 2024

Learn more about member  
benefits, contracting and  
seeing patients

from  **VersantHealth**

Humana Healthy Horizons in Oklahoma is a SoonerSelect product of Humana Wisconsin Health Organization Insurance Corporation

OKHM9NQEN0324

# Agenda

**1. Introduction**

**2. Benefit Summary**

**3. Contracting with Superior Vision**

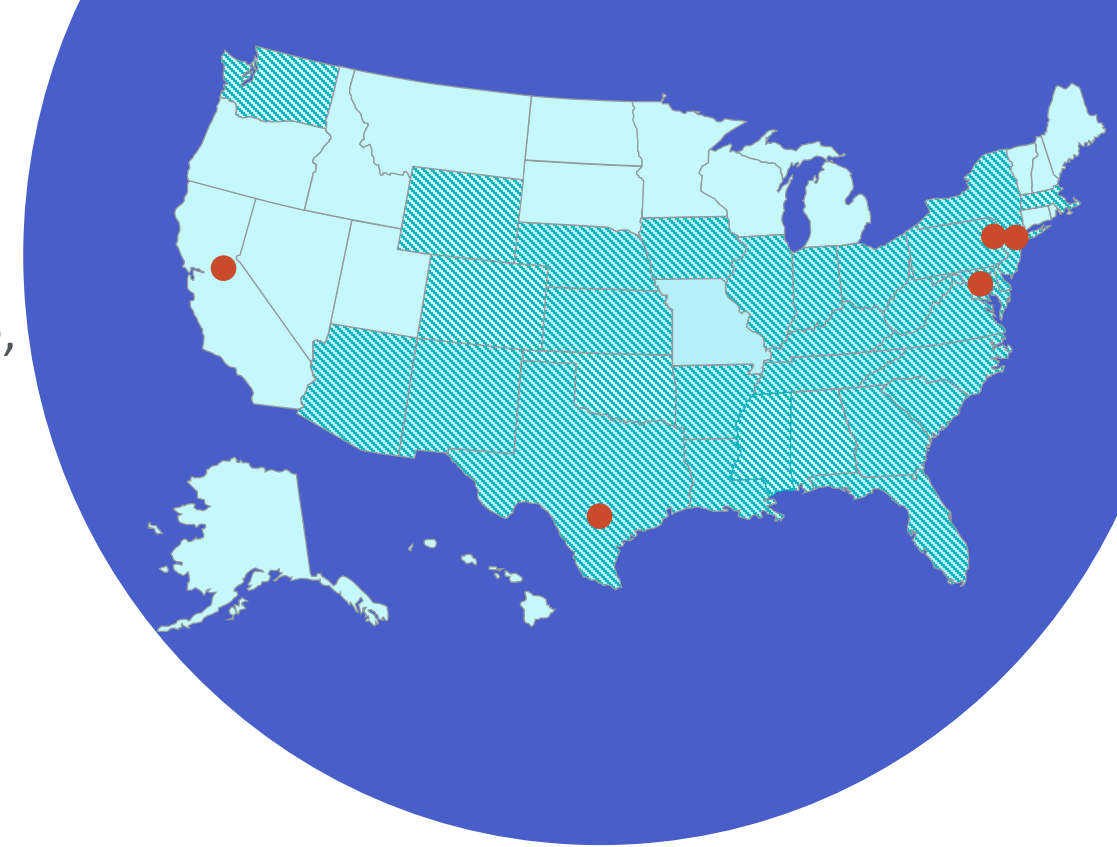
**4. Frequently Asked Questions**



# Versant Health

An Eye Health and Wellness Company

- Versant Health, Inc. a wholly-owned subsidiary of MetLife, Inc., that encompasses Superior Vision and Davis Vision provider networks
- **39+ million members<sup>1</sup>**, with access to quality vision care
  - One in five people in U.S. have our vision coverage
- More than **19 million Government members<sup>2</sup>** – the most experienced government vision care plan in the US
  - **1.5M** Medicare
  - **16.9M** Medicaid
  - **135K** CHIP
  - **44K** MMP
  - **170K** Dual Eligible
  - **2.0M** Exchange
- Currently contracted with 220 providers at 114 locations servicing Humana Healthy Horizons in Oklahoma members



States with existing Commercial members  
States with Medicaid / Medicare members  
Versant Health offices

<sup>1</sup>MacStats 2019; Versant Health internal monthly enrollment report, Mar. 2021. <sup>2</sup>Internal reporting, November 2021.

# Benefit Summary

# Benefit Summary

**Superior Vision will administer the following services for Humana Healthy Horizons in Oklahoma members.**

- Routine exams
  
- Eyewear materials

*You can find the full Plan Benefit Compensation Schedule (PBCS) on the Versant Health Provider Portal under the PBCS section, as shown in the image to the right.*

Pay My Bill

Orders/Claims

Add New Order/Claim

View Orders/Claims

Remake Orders

Check frames availability

Manage Registered Lab

Resources

Announcements

Forms

FAQS

Reference Tools

Training

**PBCS**

Medical Policies

Instamed ERA/EFT  
solutions

What's New  
System Updates

# Humana Healthy Horizons in Oklahoma Benefit Summary

<p><b>Routine exam</b></p>	<ul style="list-style-type: none"> <li>• Members ages 20 and younger: 1 eye exam annually. Benefit period is measured from the benefit year .</li> <li>• Members ages 21 and older: 1 eye exam annually. Benefit period is measured from the benefit year.</li> <li>• Members ages 20 and younger: examination and refraction</li> <li>• Members ages 21 and older: examination only (refraction is bundled with wellness examination)</li> <li>• Examination reimbursement: 100% of current year Oklahoma Medicaid Fee Schedule</li> <li>• Copayment/coinsurance: \$0.00</li> </ul>
<p><b>Additional routine exam, low vision exam and medical exam</b></p>	<ul style="list-style-type: none"> <li>• Members ages 20 and younger: 1 additional eye exam annually when medically necessary. Benefit period is measured from the benefit year.</li> <li>• Members ages 21 and older: not covered.</li> <li>• Early and Periodic Screening, Diagnostic and Treatment coverage for additional exams when medically necessary.</li> </ul>

# Humana Healthy Horizons in Oklahoma Benefit Summary

## Frame and lens (single, bifocal, trifocal) and contact lenses

- Members ages 20 and younger: for frame and basic lens: covered twice annually. Benefit period is measured from the benefit year.
- Members ages 21 and older for frame, basic lens or contact lenses: covered once bi-annually. Benefit period is measured from the benefit year.
- Members ages 21 and older are entitled to receive a Versant Health Supplied Collection Frame covered in full or a retail eyewear allowance of up to \$100, which may be applied to one set of provider-supplied frames bi-annually. This is a total eyewear allowance that may be applied to the member's choice of frame **or** contact lenses in lieu of eyeglasses (contact lens materials).
- Members ages 21 and older is responsible for any cost over the \$100 eyewear allowance.
- Single, bifocal, trifocal glass or plastic lenses and variable aspherical glass or plastic lens are covered.
- Members ages 21 and older: Contact lens allowance is for materials only.
- Members ages 21 and older: Contact lens professional services are not covered.

*All eyeglass materials will be supplied by Versant Health's Medicaid lab. Lab charge backs represent the fees applicable to supply and manufacturing of eyewear materials.*

- Spectacle Lens Fitting (all ages):
  - Single vision type fitting: \$29.96
  - Bifocal type fitting: \$34.76
  - Trifocal type fitting: \$37.23

For population 21 and older Superior Vision will reimburse the provider 50% of the retail charge for frames, and 80% of the retail charge for the contact lens materials. Retail charges are listed in the Medicaid Frame and Contact lens Allowance Plan Fee Schedule attached and are subject to lab charge-backs.

# Humana Healthy Horizons in Oklahoma Benefit Summary

<p><b>Polycarbonate lenses and upgraded lens options</b></p>	<ul style="list-style-type: none"><li>• Members ages 20 and younger: Covered twice annually and when medically necessary. Benefit period is measured from the benefit year.</li><li>• Members ages 21 and older: Covered once bi-annually when medically necessary. Benefit period is measured from the benefit year.</li></ul> <p><i>If the member wishes to select lenses and frames with special features which exceed the SoonerCare allowable fee, and are not medically necessary, the member may be billed the excess cost. The provider must obtain signed consent from the member acknowledging that they are selecting lenses and/or frames that will not be covered in full by SoonerCare and that they will be responsible to pay the excess cost. The signed consent must be included in the member's medical record.</i></p>
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# Humana Healthy Horizons in Oklahoma Benefit Summary

<p><b>Frame and lenses replacements as well as repairs</b></p>	<ul style="list-style-type: none"><li>• Members ages 20 and younger: Covered once annually. Benefit period is measured from the benefit year.<ul style="list-style-type: none"><li>○ Change in vision documentation includes:<ul style="list-style-type: none"><li>a. Documentation indicating a change in correction of 0.5 diopters or greater in either sphere or cylinder power in either eye since last exam or</li><li>b. A shift in axis of greater than 10 degrees in either eye since last examination; or</li><li>c. A change in the member's head size warranting a new pair of eyeglasses; or</li><li>d. The member has an allergic reaction to the eyeglass materials; or</li><li>e. A comprehensive or intermediate vision examination shows that a change in eyeglasses is medically necessary.</li></ul></li></ul></li><li>• Indications for additional eyeglasses include - change in vision, irreparable lenses and/or frames, and lost or stolen eyeglasses.</li><li>• Members ages 21 and older: not covered.</li><li>• All members: repairs are covered.</li></ul>
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# Humana Healthy Horizons in Oklahoma Benefit Summary

## Medically necessary frame, lens and contact lenses

- Members ages 20 and younger: Covered for 2 medically necessary basic lenses and 3 frames annually. Benefit period is measured from the benefit year.
- Bifocal lenses for the treatment of accommodative esotropia are a covered benefit.
  - Progressive lenses, trifocals, photochromic lenses and tints for children must satisfy the medical necessity standard
  - V2783 - High Index is covered when the total sphere power is +/- 8.00 or higher; or if there is a cylinder power greater than +/- 5.00.
  - V2744 may be considered for patients when medically necessary for patients with conditions such as ocular albinism or other conditions in which there is a medical need.
- Members ages 20 and younger: contact lenses are covered when medically necessary.
  - Contact lenses for medically necessary treatment of conditions such as aphakia, keratoconus, following keratoplasty, aniseikonia/anisometropia or albinism are a covered benefit for adults and children.
- Members ages 21 and older: not covered.

# Humana Healthy Horizons in Oklahoma Benefit Summary

**Medically  
necessary frame,  
lens and contact  
lens replacement**

- Members ages 20 and younger: Covered for frame and basic lens replacement annually when medically necessary. Benefit period is measured from the benefit year.
  - Change in vision documentation includes:
    - a. Documentation indicating a change in correction of 0.5 diopters or greater in either sphere or cylinder power in either eye since last exam; or
    - b. A shift in axis of greater than 10 degrees in either eye since last examination; or
    - c. A change in the member's head size that warrants a new pair of eyeglasses; or
    - d. The member has an allergic reaction to eyeglass materials; or
    - e. A comprehensive or intermediate vision examination shows that a change in eyeglasses is medically necessary.
    - f. Indications for additional eyeglasses include - change in vision, irreparable lenses and/or frames, and lost or stolen eyeglasses.
- Members ages 20 and younger: repairs are covered twice annually. Benefit period is measured from the benefit year.
- Members ages 20 and younger: 1 contact lens replacement is covered annually. Benefit period is measured from the benefit year.
- Members ages 21 and older: not covered.

# Contracting with Superior Vision

# Contacting Superior Vision

Superior Vision has dedicated associates ready to answer your questions:

Important numbers/contact information	
Speak to a network recruiter to answer questions about joining the network	877-235-5317 or via web <a href="https://superiorvision.com/eye-care-professionals/join/">superiorvision.com/eye-care-professionals/join/</a>
Speak to a Superior Vision representative if you are a current Superior Vision network provider with questions about the plan	877-235-5317
Speak to a Superior Vision representative if you are not currently a Superior Vision network provider but have questions about Oklahoma Medicaid patients, including out-of-network services	877-235-5317
Access helpful resources to enhance your experience working with Superior Vision on our <a href="https://prc.versanthealth.com">Versant Health Provider Resource Center - Provider Resource Center</a>	<a href="https://prc.versanthealth.com">prc.versanthealth.com</a>

# Contracting with Superior Vision



- Eye care professionals have choices when contracting with Superior Vision:
  - **Option 1**
    - Contract to see all Superior Vision members (commercial, Medicare and Medicaid)
  - **Option 2**
    - Contract to participate only in Superior Vision's Select Network for Humana Healthy Horizons in Oklahoma

To expedite your application, please include the **Nomination Code: HUMOK** when filling your application form on our website.

To ask questions about joining the network and to speak to a recruiter, please call 877-235-5317 or visit [superiorvision.com/eye-care-professionals/join/](https://superiorvision.com/eye-care-professionals/join/).

# Versant Health Supplied Eyewear

## Versant Health Supplied Materials

- Providers will be able to choose a Versant Health Medicaid Collection that fits their patient needs:
  - Display collection of 48 frames sent to each office at no cost
  - Different assortments available
    - 50/50 Mix of Adult and Kid Frames
    - Adults Frame focused
    - Kids Frames focused
- Inventory is kept in-stock, and the lab starts the manufacturing as soon as the order is submitted
- All eyewear is sent via UPS 2-day air
- No additional shipping charges, taxes or fees outside of the lab charge backs
- Members can buy-up and select additional lens options and lens treatments that are also available through the lab



# Frequently Asked Questions



# Frequently Asked Questions

## Q: How do I submit claims via a clearinghouse?

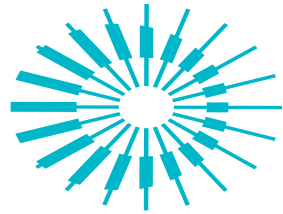
A: The company's contracted healthcare clearinghouse is RelayHealth. The RelayHealth **Payer ID is 41352**. Eye care professionals must use this ID number when submitting electronic claims to the company through RelayHealth. Please call 800-243-1401 to register for RelayHealth.

## Q: How do I submit paper claims?

A: We accept the CMS-1500 (version 02/12) claim form for claims processing purposes for all covered services. It is crucial that all areas of the claim form are correctly completed and the claim submission includes all required attachments or other data necessary to process the claim, as incomplete claim forms will be returned to the eye care professional for completion prior to processing. This is required as the company must report to its health plan clients on the number of members seeking services, as well as the types of services rendered.

All paper claims must be submitted to the company at:

**Superior Vision  
Claims Department  
881 Elkridge Landing Road, Suite 300,  
Linthicum Heights, MD 21090**



**SuperiorVision<sup>TM</sup>**

from  **VersantHealth<sup>®</sup>**

# Superior Vision Customer Service

Phone Number: 1-877-235-5317

**Join Superior Vision:** Superior Vision - Join the Superior Vision Network

**Learn more about what Versant Health has to offer:** Versant Health  
Provider Resource Center - Provider Resource Center