Insurance Verification Guide

Recent changes in Ohio (Dual Eligible and Marketplace plans) are leading to confusion during insurance verification. Plans using the same vendors like UnitedHealthcare | March Vision Care can represent different coverage types, and patients are being incorrectly turned away as a result. Here is how you can help avoid turning away eligible patients.

What to remember
UnitedHealthcare | March Vision Care does *not* always mean Medicaid. The vendor name alone is not enough to determine eligibility.

What to do on every call
Start with the basics:

- Ask for the full plan name exactly as listed on the card
- Confirm the plan type (Medicare, Medicaid, or Marketplace)
- Ask if the patient has one card or separate medical and vision cards

Then:

- Check your internal resources or cheat sheet to confirm network status
- Use providers.eyesenergy.com to verify patient

Common sources of confusion
Be especially careful with:

- Dual Eligible/MyCare Ohio plans – may look like Medicaid but often bill as Medicare Advantage
- Marketplace plans – not Medicaid and often eligible
- UnitedHealthcare | March Vision Care plans – used across multiple plan types

Supporting member access
You play an important role in ensuring members can access care. Before declining an appointment, always verify eligibility, benefits and network status. Eligible members should not be turned away based on assumptions or incomplete information. As a participating provider, please ensure your office accurately communicates:

- Verify eligibility and participation before declining an appointment
- Schedule as "pending insurance verification" when appropriate
- Contact your network representative if participation status or office availability changes

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What to avoid

- Don’t assume plan type based on vendor name
- Don’t rely on asking only “Is this Medicaid?”
- Don’t turn patients away without verification

Best practice When unsure:

- Verify first – never deny based on assumption
- Schedule as “pending insurance verification” if needed
- Contact your network representative if participation status or office availability changes

Goal

- Reduce unnecessary patient turn-aways
- Improve scheduling accuracy
- Ensure timely access to care
- Promote accurate provider information

Quick script

“Because some plans use the same vision network, I just need to verify your plan details to make sure we schedule you correctly.”