

March Outlook

Your access to March® Vision Care updates and important vision industry information



Our claims address has changed!

We want to remind you of our address change for all mail addressed to the Claims department. All paper claims and/or written appeals need to be sent to either of the updated addresses below.

Paper claims, including corrected claims, and coordination of benefits:

UnitedHealthcare | March Vision Care
Attn: Medicaid Vision Claims
PO Box 30989
Salt Lake City, UT 84130

Written provider appeals:

UnitedHealthcare | March Vision Care
Attn: Medicaid Vision Appeals
PO Box 30988
Salt Lake City, UT 84130


Please do not send any claims or appeals to 6601 Center Drive West, Suite 200, Los Angeles, CA 90045.

If you have any questions, please contact us by using your state-specific phone number.

Importance of providers.eyesynergy.com exam questions

Healthcare Effectiveness Data and Information Set ("HEDIS") is a system used by more than 90 percent of America's health plans to measure performance on important dimensions of quality of care and service. Most health plans collect HEDIS data, and because the measurements are specifically defined, HEDIS makes it possible to compare the quality performance of health plans on an "apples-to-apples" basis.

Some of the data used to improve member experience and HEDIS scores come from the questions providers answer in providers.eyesynergy.com. These questions are found under the Exams Results section. The questions include if the patient has diabetes, diabetic retinopathy, glaucoma, etc. It is critical you answer these questions accurately and select the correct diagnosis code from the drop-down menu when necessary. The diagnosis codes will automatically populate into the claim

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form. We extract diagnoses from these claims and send Early Disease Detection Reports to health plans for coordination of care programs. When the health plan provides us with the member's assigned primary care physician's (PCP) name and fax number, an alert is sent to them with the procedure and diagnosis information included on the claim.

If these questions are not answered correctly and differ from what is submitted on the claim, our actionable data is incorrect. For example, if you fail to answer the exam questions regarding the patient being diabetic and include a dilated eye exam for diabetics on the claim form, this would be considered conflicting data. This incorrect data does not help HEDIS analysis or enhance member care. The consistency between the answers to the exam questions and what is submitted on the claim is critical in improving quality of care.



New Medicaid enrollment requirements in Louisiana

As part of the requirements for the 21st Century Cures Act and a participating provider in the UnitedHealthcare® Community Vision Network / March® Vision Network, you are required to enroll in Louisiana Medicaid, using Louisiana Medicaid's new Provider Enrollment Portal (ldh.la.gov/index.cfm/page/4125). Enrollment is necessary to comply with federal laws and to continue to receive reimbursement for providing care to Medicaid members.

Louisiana Medicaid launched its new Louisiana Medicaid Provider Enrollment Portal July 26, 2021 to screen and enroll all Medicaid providers. The portal was temporarily unavailable starting mid-January 2022 to make system edits to enhance security and was re-launched on February 14, 2022.

What is the Medicaid Provider Enrollment Portal?

The Louisiana Medicaid Provider Enrollment Portal was designed to meet a Centers for Medicare and Medicaid Services (CMS) requirement and must be used by all Medicaid providers. The enrollment portal is accessible through Medicaid's fiscal intermediary website at www.lamedicaid.com. Additional guidance to help providers navigate enrollment can be found at www.ldh.la.gov/medicaidproviderenrollment. The site includes links to FAQs, manuals and training webinars, as well as contact information for providers with questions about enrollment.

Timeline for Completing the New Enrollment and Screening Process

All current providers must validate their information and sign the state's provider participation agreement. The deadline for providers to submit an application to the Provider Enrollment Portal is June 30, 2022. Any existing Medicaid provider that does not submit an application to initiate the screening process through the new portal will have their claims denied.

Invitations to Enroll

Gainwell Technologies, Louisiana Medicaid's fiscal intermediary, has sent an invitation to the mailing address on file for current providers. Providers will need several data elements from this letter to complete their enrollment, including: Louisiana Provider ID, NPI, city, state and zip code. If a provider does not have this letter or this information, they can email LouisianaProvEnroll@gainwelltechnologies.com to request a reprinted letter be mailed.

Email requests must include the provider name and the NPI. Providers may send multiple provider requests in a single email. Reprinted letter requests will only be accepted by email. No other form of submission is accepted. Providers will receive a confirmation email from Gainwell when the submission is received. That email will include an anticipated turnaround time for the response.

Questions and resources

You can find additional information on the Provider Enrollment Portal. If you encounter any issues or have any questions, please contact the Gainwell call center at 833-641-2140, Monday–Friday, 8 a.m.–5 p.m. Central Time or send an email to LouisianaProvEnroll@gainwelltechnologies.com.



Required Medicaid enrollment for District of Columbia providers

According to federal regulation 42 CFR 438.602, effective January 1, 2018, states must screen and enroll all network providers of managed care organizations (MCOs). This requirement applies to providers that order, refer, or render covered services in the managed care setting.

To continue rendering services to our Medicaid members, you will need to enroll in the District of Columbia's Medicaid program. As a reminder, your Medicaid profile with the state must have the same demographic information that is in our systems. You must validate that the following items, for billing providers only, are as listed below:

- Billing NPI must match
- Billing Taxonomy must match
- Enrollment Status Code must equal 00
- Date of service must be within the billing taxonomy begin and end dates
- Date of service must be within the status effective date and status end date
- Provider zip code must match

If it does not match or meet the criteria above, you will need to update your information with the state. Failure to properly enroll will result in termination from the UnitedHealthcare Community Vision Network / March Vision Network and your claims will be denied.

Contact us



Provider web portal: (submit claims, lab orders, member benefits/eligibility, verifications, etc.)
providers.eyesynergy.com



General information:
marchvisioncare.com



Toll free fax number:
(877) MARCH-88 or (877) 627-2488



Find your state-specific, toll-free phone number at:
marchvisioncare.com/ContactMarchVision.aspx