

Vision Regulations 2019
Public Comments Received

DATE RECEIVED	FROM	COMMENT(S)	DHSS RESPONSE
09/13/2019	David Pedigo Lake Otis Optical	<p><i>I have a question/concern about one of the proposed regulations on Medicaid coverage and payment for vision services. This question is in reference to the amended list of non-covered services, specifically the item: AAC 110.715. Noncovered vision care services (9), "fitting of a vision product that is shipped to the recipient". I assume the intent to eliminate fitting fees being paid for mailing glasses is meant for when there is no physical interaction with the patients. However the wording is so vague it will have the effect of eliminating the eyeglass benefit for ALL rural customers in Alaska, as 99.9% of all eyeglasses are mailed ("shipped") to customers in Bush Alaska. As you know, a large number of Medicaid recipients reside in these rural areas of the state. Our company, Prism Optical, provides extensive services to these remote areas. We typically visit over 80 rural villages each year, providing eyecare and eyeglasses to those who just can't pop into their local optical to buy glasses or get an exam. We have been doing this for over 30 years. And we have historically been paid dispensing fees by Medicaid for providing eyeglasses to the populations of these remote villages and towns. The proposed increase of shipping reimbursement (to USPS Priority Mail rates) only covers the cost of mailing the glasses, not of the fitting portion of dealing with eyeglasses.</i></p> <p><i>To be clear, we are paid under CPT codes 92340-92342, which by AMA definition, is as follows: the "Fitting of spectacles, except for aphakia" (either monofocal, bifocal or trifocal).</i></p> <p><i>The process of fitting and dispensing eyeglasses is a bit different in rural regions for obvious reasons. A town of 200 people might only get a visit from an eyecare provider 1-2 times a year. No provider can return to a village a month later to give out glasses as that would be exceedingly expensive, so they are always mailed to the patient. The important point, however, is that we follow the EXACT SAME fitting/dispensing process as an in-person visit in any urban area, with just a few modifications in the order of completion: Since no eyecare providers actually hand out glasses in-person in the villages, this change would have the effect of eliminating the eyeglass benefit for ALL rural patients. A fair reimbursement for the time and expertise in fitting the glasses must be provided or I'm afraid providers will stop offering Medicaid glasses in the Bush. Even Native Health Corporations will not meet this criteria, as they also mail eyeglasses to the patients in the remote villages. It is blatantly unfair to pay a fitting fee (92340) to an urban provider and not a rural one, just for the fact that the eyeglasses are mailed versus handed over in-person, when the same procedure steps are followed (albeit in an altered order). By all means, eliminate the fitting fee for eyeglasses that are not fit in person. My suggestion is to modify this proposed regulation to read: "...fitting of a vision product that is shipped to the recipient when an in-person fitting/adjustment visit has not occurred within the preceding 90-days;..." Can you please clarify the State's intent and whether you are aware that this regulation (as currently worded) will have a profound (and I believe unintended) effect of limiting access to rural Medicaid recipients for eyeglasses.</i></p>	<p>Thank you for your comments and suggestions. The fitting of a vision product that is shipped to the recipient has been removed from the non-covered services portion of this regulations project.</p>

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9/23/2019	Lake Otis Optical (no other name provided)	<p><i>Good afternoon, we are writing our concerns about the Medicaid vision service coverage proposed changes. Under 21 years of age. Yes- they should be allowed 1 complete exam per year for glasses only. No contact exam/fitting of contacts. Yes- they should be allowed to get 1 pair of eye glasses. If they break them or lose them, it should be the responsibility of the parent to purchase them a new pair. No- no one under the age of 21 should be allowed to get a contact exam/fitting or 1 year supply of contacts. Contacts are a huge responsibility explained later in this email. Over the age of 21. Yes- 1 exam every 2 years. Yes- 1 pair of eye glasses every 2 year. No- to contact exam/fitting and a 2 year supply of contacts.</i></p> <p><i>Why we feel Medicaid should not provide contact lenses exams, fitting of contact lens exam or contact lenses:</i></p> <ul style="list-style-type: none"> • Contact lenses are not medically necessary. They are cosmetic. • Contacts come in a variety of materials, base curves, daily, weekly, bi-weekly and monthly replacement. Every client has a different need depending on their eye. • Contact lenses as an alternate to glasses, will cost significantly more. • The time involved in training/proper procedure with a single person to be able to wear contact lenses, insertion, removal, storage, cleaning; can take a significant amount of time. • There are numerous brand of contacts out there, which in turn means numerous prices. Not to mention the cost of the cleaning and storage solution. <p><i>Most clients will not follow the proper procedure (that goes along with contacts), which in turn will cost the state more due to the following:</i></p> <ul style="list-style-type: none"> • Client could end up in the emergency room • Client could end up with a cornea infection, abrasion or even a laceration. • We have had client have their contact adhere to their eye. • Worst case scenario, a person could lose their vision completely. ... Progressive lenses- there are over 100 different types of progressive/ no-line bifocals. Not everyone can adapt to a progressive lenses. Different lenses can cause a client to become dizzy, headaches, unbalanced (causing falling or tripping), or even feel like they are in a fish bowl. One type of progressive lens will not fit every client. Vision examination and services payments rates---- Should be regulated, just like the optical shops/opticians are. Vision examination, should be a standard rate period. <p><i>As for paying shipping of recipient's glasses.... That should be the recipient's responsibility.</i></p> <p><i>Medicaid was designed to help people in a time of need. Unfortunately it has become a lifestyle. We should be encouraging people to get off Medicaid, not expanding the program (which in turn encourages them to stay on it). Basically the more Medicaid expands, the less people are encouraged to get off the system. In all the years, we have provided services "Glasses," it has been bare bones minimum. This is how it should continue to be.</i></p>	<p>Thank you for your comments and suggestions. Coverage for contact lenses, specifically the elimination of coverage, for Medicaid recipients under 21 years of age is not within the scope of this project. Noncoverage of progressive or no-line multi-focal lenses does not constitute a change; this portion of the project was intended to provide clarity.</p>
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10/14/2019	Tristal Coley	<i>I wanted to email regarding the proposed vision cuts to medicaid recipients. I find it to be a very unthoughtful and unresearched idea. The state of alaska medicaid pays for eye exams yearly for both children and adults to the point of about 300.00 per recipient. Your cuts would continue to allow this service when the recipient could not receive any eyewear just an exam.. Quite a few dr's in anchorage alone provide eye exams that are valid for 2 years especially for adults. This would include the dr's at lenscrafters, costco and even at the native hospital. This should be the benefit that is altered. It should be changed to one eye exam per adult per 2 years. That would cut the cost significantly while still being a useful benefit. Has anyone though about the people who will not be able to get new eyewear for 2 years? Those people will still need to get to work and so they will drive in a compromised way, Im sure for some it would more incapacitating than driving drunk depending on the rx need of the individual. People will lose their jobs as they wont be able to perform up to par if they have lost or broken their glasses. Do we really need to contribute to the already overgrown homeless population. Perhaps someone can answer why is it that anmc requests their patients to apply for medicaid when they already have native health benefits. Why is it that every other insurance is primary except for native health?</i>	Thank you for your comments. The proposed regulations are consistent with industry standards and allow for an additional pair of glasses within the 2-year period if medically necessary (e.g., the vision prescription changes)
9/12/2019	Arsal Nawaz	<i>Please do not cut medicaid, me and my wife both drive for a living, and both have glasses we need to see, basically glasses make it possible to put a roof over our head and feed us and our little 5 year old, most of these Medicaid covered glasses are really low quality and barely make it through out a year , please don't cut Medicaid , we cannot wait for 2 years to get new glasses if our glasses break. Please be our voice and do not cut Medicaid. Thank you</i>	Thank you for your comments. The proposed regulations are consistent with industry standards and allow for an additional pair of glasses within the 2-year period if medically necessary (e.g., the vision prescription changes)