

COB

COORDINATION OF BENEFITS



Provider Solutions



Thank you for taking the time to view this presentation on coordination of benefits. Although coordinating and submitting benefits between health and vision plans may seem complex, after you learn how to simplify the process – it may open up new opportunities to maximize within your practice and strengthen patient relations.



WHAT'S AHEAD

PART ONE

- Why Cob
- Simplifying The Process
- Resources
- Qualifications
- 3 Stories
- Billing Guide For Staff

PART TWO

- Step-by-step Videos

In Part One, you will learn:

Why coordinating benefits is an important piece to building a bridge to medical services.

How to simplify the COB process.

Where to access resources.

COB qualifications.

Then we will share three patient stories to help demonstrate the billing procedures and value for COB claims, plus a COB Billing Guide your staff can print to use for easy COB billing reference.

Part Two includes resources for your staff, with step-by-step visuals showing how to file COB claims on Eyefinity's software: eClaim,

OfficeMate, EPM, and Acuity Logic.

WHY COB

- Maximize Opportunities
- Primary (Health Plan) Often Pays Higher
- Secondary (VSP[®]) Pays Non-covered Amount



By coordinating benefits, you can maximize opportunities within your practice and strengthen patient relationships.

In fact, did you know that the primary health plan often pays higher, in some cases two to three times more? When benefits are coordinated, the secondary insurer, VSP, pays the non-covered amount.



WHY COB

- Better Value For Patients
- Copay Covered By Second Plan
- Expanded Eyewear And Lens Options

Coordinating benefits between health and vision plans can add value for your patients as well. Did you know that by coordinating benefits, you no longer have to require a patient to return at a later date for medical procedures? That saves time. Even better, the patient copay is often covered by VSP, which helps reduce patient out-of-pocket cost. Patients can then put more money towards eyewear and lens options. This can reduce patient out-of-pocket costs.

We understand that COB is not always the right fit. This training showcases common COB situations to help you determine when COB makes sense for both you and your patients.

SIMPLIFYING PROCESSES

- Less Complex Electronic Filing
- Faster Electronic Payment
- Helpful Resources



Within the past two years, only 2.5% of VSP claims included coordination of benefits. Of those practices, some are filing up to 1,000 COB claims per year, recognizing that COB can help build a bridge to medical services and strengthen patient relationships. By understanding the simplified filing process, you too can maximize opportunities within your practice, take advantage of electronic filing and expedite payments. To get started, let's look at a few resources.



RESOURCES

- Easy-To-Follow E-filing Videos
- Online COB Calculator
- Provider Reference Manual
- COB Billing Guide For Staff
- Patient Education Materials

COB resources include:

Easy-to-follow Eyefinity software videos.

An online COB Calculator to help your staff determine what to submit.

The Provider Reference Manual, with detailed information to further understanding.

A billing guide for staff.

And educational COB materials for your patients to address questions they may have.

QUALIFICATIONS

- Chief Medical Complaint (CMC)
- CMC Stated By Patient, Diagnosed, Or Discovered
- CMC Must Be Related to Eye Health



To submit a COB claim, there needs to be a Chief Medical Complaint, or CMC. The CMC either needs to be stated by the patient, diagnosed during the exam, or discovered from medical health records. The condition must be related to an eye health condition, such as diabetes, glaucoma or cataracts.

Let's take a closer look at three situations you may encounter in your practice.

3 COMMON SITUATIONS

STORY 1

RONNIE



**MEDICAL + ROUTINE
SAME-DAY PROCESSING
ONLINE**

STORY 2

GEORGE



**MEDICAL + ROUTINE
STANDARD PROCESSING
ONLINE + PAPER**

STORY 3

ALLEN



**MEDICAL ONLY
STANDARD PROCESSING
ONLINE + PAPER**

While the majority of claims are online-enabled, there are exceptions. Let's take a look at three common patient situations with varied medical conditions and how a COB might be filed in these situations.



STORY 1

Ronnie

- Chief Medical Complaint Exists
- Medical Exam Performed
- No Additional Medical Procedures Performed
- Electronic Submission

In our first story, Ronnie, a VSP Choice Plan member with a Kaiser health plan visits Dr. Carter's office for her routine annual WellVision exam. Dr. Carter's staff discovers through Ronnie's medical records that she has Type 1 diabetes. Dr. Carter completes her exam and refraction, documenting that a chief medical complaint exists. Doctor bills health plan for exam and refraction, with a separate claim to VSP for materials, placing the prescription and medical notes in Ronnie's file.

STORY 1
RONNIE



**MEDICAL + ROUTINE
SAME DAY PROCESSING
ONLINE**

VALUE



- Simplistic, electronic filing online.
- Claim completed in one visit, same day.
- Higher payment to doctor.
- Often reduced out of pocket for patient.
- Differentiates practice.
- Frees up funds to patient for better quality eyewear.

Here's the doctor's value in coordinating Ronnie's benefits. With simplistic, online filing, her claim is completed in one visit, often the same day. Dr. Carter is happy to see that the payment for her services are higher than what she would have received if she only billed VSP. Ronnie is happy because she has a reduced out of pocket, and feels good about her Kaiser plan as well. Now that Ronnie has some extra money in her pocket, she enhances her eyewear by adding a coating to her lenses.



STORY 1 **RONNIE**

**MEDICAL + ROUTINE
SAME DAY PROCESSING
ONLINE**

STORY 1 **Billing Quick Study**

PRIMARY (MEDICAL)

- ✓ **Bill health plan first for:** exam + refraction
- ✓ **How:** electronically on the same day
- ✓ **Outcome:** health plan pays toward exam but denies refraction

SECONDARY (VSP)

- ✓ **Bill VSP second for:** exam copay + refraction
- ✓ **How:** electronically on the same day using WellVision exam benefit
- ✓ **Outcome:** VSP pays up to \$66 toward exam + refraction

NOTE: Bill VSP for materials as PRIMARY on separate authorization

Dr. Carter's staff gets two authorizations from VSP – one for the exam and one for materials. Dr. Carter's staff bills Kaiser for the exam plus the refraction electronically on the same day, correctly entering medical and diagnosis procedure codes. Kaiser pays Dr. Carter for the exam but denies refraction, as Ronnie's Kaiser plan doesn't cover refraction. Dr. Carter's staff now bills VSP as secondary for Ronnie's copay and refraction electronically, still on the same day. The staff assists Ronnie in placing an order for new glasses, billing VSP electronically for the glasses. Once the explanation of payment is received from Kaiser, a copy is placed in the patient's chart for future reference.



STORY 2

George

- Chief Medical Complaint Exists
- Medical Exam Performed
- Additional Medical Procedures Performed
- Paper Submission (For Cob)

In our second story, George is enrolled in VSP's Signature Plan and Cigna Health. George doesn't like to take time out from the golf course, but decided it was time to use his annual eye exam benefit and visit Dr. Jeffers before it expires. George doesn't tell Dr. Jeffers that he's having any problems, until Dr. Jeffers asks George how his game is going. George mentions his scores are rising, but figures it's just due to age. Dr. Jeffers questions George further, and George admits the course is looking a bit cloudy, even on a sunny day. Dr. Jeffers determines that George should have a Tonometry, Fundus Photography and Visual Field Exam to see if George is having any cataract, glaucoma or other issues.

STORY 2
GEORGE



**MEDICAL + ROUTINE
STANDARD PROCESSING
ONLINE + PAPER**

VALUE



- Higher Payment To Doctor
- Lower Out Of Pocket For Patient
- Frees Up Funds To Patient For Better Quality Eyewear
- Patient Loyalty

Here's the doctor's value in coordinating George's benefits. Dr. Jeffers is happy to see that the payment for her services is higher than he would have received if he only billed VSP. George is happy because he has a lower out of pocket. George orders some Lacoste sunglasses to impress his golf buddies, and has the money now to get polarized lenses.



STORY 2 **GEORGE**

**MEDICAL + ROUTINE
STANDARD PROCESSING
ONLINE + PAPER**

STORY 2 **Billing Quick Study**

PRIMARY (MEDICAL)

- ✓ **Bill health plan first for:** exam + procedures + refraction
- ✓ **How:** electronically on the same day
- ✓ **Outcome:** health plan pays toward exam and procedures but denies refraction

SECONDARY (VSP)

- ✓ **Bill VSP second for:** exam copay + refraction
- ✓ **How:** on paper using WellVision exam benefit*
- ✓ **Outcome:** VSP pays up to \$66 toward exam + refraction but denies procedures

NOTE: Bill VSP for materials as PRIMARY on separate authorization

*Practice submits copy of original bill with explanation of payment

Dr. Carter's staff gets two authorizations from VSP – one for the exam and one for materials. Dr. Carter's staff bills Kaiser for the exam plus the refraction electronically on the same day, correctly entering medical and diagnosis procedure codes. Kaiser pays Dr. Carter for the exam but denies refraction, as Ronnie's Kaiser plan doesn't cover refraction. Dr. Carter's staff now bills VSP as secondary for Ronnie's copay and refraction electronically, still on the same day. The staff now assists Ronnie in placing an order for new glasses, billing VSP electronically for the glasses. Once the explanation of payment is received from Kaiser, a copy is placed in the patient's chart for future reference.



STORY 3

Allen

- Chief Medical Complaint Exists
- Medical Exam Performed
- Additional Medical Procedures Performed
- Paper Submission (For Cob)

In our third story, Allen, with Blue Cross health plan and VSP Signature Plan, visits Dr. Chan's office for an eye exam but also has a chief medical complaint. Allen's been experiencing sharp pain in his eyes for the past few months. Dr. Chan suspects elevated eye pressure to be the culprit and performs a Glaucoma Pressure Test, Fundus Photography, and Visual Field Exam.

STORY 3 **ALLEN**



**MEDICAL ONLY
STANDARD PROCESSING
ONLINE + PAPER**

VALUE



- Higher payment to doctor.
- Lower out of pocket for patient.
- Increases value of insurance plans.
- Frees up funds to patient for contacts.
- Continuity of care.
- Patient loyalty.

Here's Dr. Chan's value in coordinating Allen's benefits. Though the process is done on paper with VSP, Dr. Chan is happy to see that the payment for her services is higher than what she would have received if she only billed VSP. Allen is happy having utilized his Blue Cross and VSP coverage. He was also able to be seen in one visit, including ordering contacts. By offering more medical services, Dr. Chan can continue to treat Allen in the future for his diagnosed eye pressure.

STORY 3
ALLEN



**MEDICAL ONLY
STANDARD PROCESSING
ONLINE + PAPER**

STORY 3

Billing Quick Study

PRIMARY (MEDICAL)

- ✓ **Bill health plan first for:** exam + procedures + refraction
- ✓ **How:** electronically on the same day
- ✓ **Outcome:** health plan pays toward exam but denies refraction

SECONDARY (VSP)

- ✓ **Bill VSP second for:** exam + procedures + refraction
- ✓ **How:** on paper using VSP Primary EyeCare or Diabetic Eyecare Plus Program*
- ✓ **Outcome:** VSP pays toward exam copay and procedure but denies refraction

NOTE: Bill VSP for materials as PRIMARY on separate authorization

*Practice submits copy of original bill with explanation of payment

Dr. Carter's staff gets two authorizations from VSP – one for the exam and one for materials. Dr. Carter's staff bills Kaiser for the exam plus the refraction electronically on the same day, correctly entering medical procedure codes. Kaiser pays Dr. Carter for the exam but denies refraction, as Ronnie's Kaiser plan doesn't cover refraction. Dr. Carter's staff now bills VSP as secondary by mailing a copy of the original claim and explanation of payment. The staff now assists Ronnie in placing an order for new glasses, billing VSP electronically for the glasses.

COB BILLING GUIDE

SITUATION 1

Medical and Routine Diagnosis Codes

Exam and Refraction
No Procedures Performed

Bill Health Plan

Health Plan Covers Exam
Denies Refraction

COB VSP Electronically

(eClaim, Acuity, Office Mate, EPM)
(even same day)

Keep copy of EOP** in patient's chart

WellVision® Exam Benefit

Bill for exam and refraction patient out-of-pocket

SITUATION 2

Medical and Routine Diagnosis Codes

Exam and Refraction
Procedures performed

Bill Health Plan

Health Plan Covers Exam, Procedure(s)
Denies Refraction

COB VSP On Paper

Send copy of original claim and EOP**
IN-Network Claims VSP
PO Box 385020
Birmingham, AL 35238-5020

WellVision® Exam Benefit

Bill for exam and refraction patient out-of-pocket
WellVision benefit will not cover medical procedures

SITUATION 3

Medical Diagnosis Code

Exam and Refraction
Procedures performed

Bill Health Plan

Health Plan Covers Exam
Partially Covers Procedure(s),
Denies Refraction

COB VSP On Paper

Send copy of original claim and EOP**
IN-Network Claims VSP
PO Box 385020
Birmingham, AL 35238-5020

PEC/DEP Plus* Benefit

Bill for exam and
medical procedure(s) patient out-of-pocket
VSP also denies refraction (bill patient)

- Doctor bills medical exam and refraction with a valid routine diagnosis code. COB allowed under routine benefit, including refraction.
- Doctor bills medical exam and refraction with medical diagnosis only. COB allowed only with PEC/DEP Plus* for exam coverage, excluding refraction.

*Primary EyeCare Program™ / Diabetic Eyecare Plus Program™

**Explanation of payment



Print and provide your staff with this COB Billing Guide for quick reference.



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We hope you recognize now that by increasing your COB filings, supporting your patient's continuity of care, and expanding patient access to medical procedures, you will enhance and differentiate your practice now and into the future. Thanks for helping VSP with our mission of improving the doctor patient relationship. Up next in Part 2, have your staff watch the step-by-step screen capture videos detailing the process to file COB on Eyefinity's software billing platforms: eClaim, OfficeMate, EPM, and Acuity Logic.