

POLICY AND PROCEDURE

POLICY NAME: Hearing and Vision Services	POLICY ID: FL.UM.38
BUSINESS UNIT: Utilization Management	FUNCTIONAL AREA: Vendor Management, Customer Service
EFFECTIVE DATE: 10/1/2021	PRODUCT(S): Managed Medical Assistance (MMA)/ Comprehensive Long -Term Care (LTC), Serious Mental Illness (SMI)
REVIEWED/REVISED: 07/2022, 07/2023	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:

Hearing and vision services are offered by the health plan as an expanded benefit for adults. The following services are provided:

Hearing: Assessment, hearing evaluation, hearing aid fitting, hearing aid monaural in ear, behind ear hearing aid, hearing aid dispensing fee, in ear binaural hearing aid, behind ear binaural hearing aid, behind ear CROS hearing aid and behind ear BICROS hearing aid

Vision: One (1) pair of frames per year, one (1) eye exam per year and six (6) month's supply of contacts

PURPOSE:

To establish a policy for hearing and vision expanded benefits.

SCOPE:

Sunshine Health Vendor Management and Customer Service Utilization Management for Managed Medical Assistance (MMA)/Comprehensive Long-Term Care (LTC), and Serious Mental Illness (SMI) products.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

POLICY:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved Expanded Benefits when medically necessary, appropriate, and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PROCEDURE:

Hearing and vision benefits are managed by the contracted provider. Members can access services by contacting an in-network hearing or vision provider.

Eligibility Criteria:

- Must be 21 and older

Customer Service Process:

- Member contacts Customer Service regarding Vision services
- Customer Service checks OMNI to confirm the member is active and active in vendor system
- The Customer Service agent will verify expanded benefit coverage and assist the member with locating the nearest provider to fulfill the request using [Find a Provider: Set Location \(sunshinehealth.com\)](#).

Hearing

- Refer inquiries to an in-network provider by utilizing the Find-a-Provider tool on [Find a Provider: Set Location \(sunshinehealth.com\)](#).
- Contact HearUSA for additional assistance at **1-855-242-4935** should a parent/guardian/responsible party and/or caregiver contact any functional area regarding this benefit.

Limitations/Exclusions

The following limitations or exclusions apply:

- Hearing: All services limited to one every two calendar years, except for hearing aid monaural in ear, which is one per calendar year.
- Vision: Eye exam and eyeglasses limited to one per year based on date of service.

While the service does not require prior authorization or Case Management involvement, the member’s Case Manager may be involved with assisting the parent/guardian/responsible party and/or caregiver in arranging vision or hearing services.

REFERENCES: N/A

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Vendor Management, Customer Service

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	New Policy Created	07/2022
Annual Review	Updated Policy ID Removed Signature Lines Added policy name to “Footer”	07/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.