Protecting Patients and Benefit Plans—A Collaborative Approach for Optical Providers

Insurers and healthcare professionals share a common goal: protecting patients and ensuring the sustainability of benefits plans. By working together, we can help prevent fraud and abuse, support patients, and safeguard employee benefits plans.

Working Together—What Helps

- Clearly describe all services and supplies provided on invoices to allow insurers to determine eligibility.
- Administrative mistakes are not classified as fraud unless they involve systemic problems or clear billing irregularities. Insurers collaborate with providers to resolve such issues. Direct patients to their employer or insurance carrier for coverage questions.
- Remind patients that benefit plans vary, and it's their responsibility to confirm eligibility and limits before incurring expenses.
- Collaborate on audits and respond promptly.
- If asked to validate billing, review files carefully and acknowledge any errors.
- Avoid "use or lose" messaging, which may encourage unnecessary use of benefits.

What to Watch For

It's important that your clinic does not engage in these practices as it could lead to insurers removing you from their list of trusted providers.

Billing Misrepresentation:

- Invoicing for prescription eyeglasses, or frame replacements while dispensing non-prescription sunglasses.
- Using a family member's insurance coverage (spouse or child) to increase reimbursement or reduce out-of-pocket costs (e.g., glasses cost $800, patient's plan covers $200, so the remaining amount is submitted under the spouse and/or child's name to reduce out-of-pocket costs).
- Incorrectly charging taxes, such as obscuring tax on non-prescription items.
- Adjusting service dates for eligibility purposes, such as back-dating, or future-dating based on plan start or end date.

Services Not Provided:

- Submitting claims for services or supplies that were never provided.

Invoice Manipulation:

- Unbundling services to inflate claim reimbursement or eligibility.
- Billing for missed or cancelled appointments as if treatment was provided.
- Issuing receipts for higher amounts than actually charged, including waiving patient's out-of-pocket costs.

While this guidance highlights key practices for protecting patients and benefit plans, it does not address every possible scenario. Each of us—insurers, healthcare professionals, and patients—shares a responsibility to uphold and commit to sustainable practices that ensure the long-term health and reliability of benefit plans for everyone.

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