

## Funding Source for Vision Benefit at Risk

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Aug 05, 2008 by Elizabeth Ziegler

(KCPW News) Eyeglasses for Medicaid recipients could be in jeopardy next year, after a slowing economy has forced more people onto the state's health plan. Last year, lawmakers allocated \$250,000 from surplus Medicaid money to pay for the vision benefit, but what will happen to the benefit this year if that surplus runs dry, asks Lincoln Nehring of the Utah Health Policy Project.

"Will the department still provide that benefit if there is no longer a surplus? And, if so, how are they going to pay for it? And if not, when are they going to stop paying for that benefit, so we can encourage those beneficiaries in need to go in and ask for eyewear as soon as they can before the benefit ends," Nehring says.

Activists will ask the Health Department about the future of the Medicaid vision benefit at a meeting tomorrow. Historically, securing vision coverage for Medicaid patients has been an annual struggle between advocates and lawmakers. However, Nehring says it's become a much less contentious issue since the formerly multi-million dollar vision benefit now only covers glasses, at a cost of roughly \$250,000. The federal government now mandates eye exams must be covered by Medicaid with ongoing funding. Nehring says it makes sense to also include funding for glasses in the standard Medicaid package.

"Because we're talking really an insignificant amount of money when you look at the state budget, the debate has changed. I think there's a much more willingness on the legislature's part to take care of the problem. And the question is just how you pay for it," said Nehring.

Also on the agenda is a discrepancy in the Medicaid dispensing fee for eyeglass frames. Some optometrists have complained that one of the three insurance companies that cover Medicaid patients along the Wasatch Front is not reimbursing them the usual \$20 for dispensing frames to Medicaid clients. Nehring will ask the Department of Health whether there was an oversight when drafting the Medicaid contract with the company.