STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

MANDATORY USE CONTRACT FOR: EYEGLASSES: LABORATORY SERVICE FOR MEDICAID RECIPIENTS

CONTRACT No.: OT901814 EFFECTIVE DATES: 07/01/13 to 06/30/15

The Department of Administrative Services has accepted bids submitted in response to Invitation to Bid No. OT901814 that opened on 06/05/13. The evaluation of the bid response(s) has been completed. The bidder(s) listed herein have been determined to be the lowest responsive and responsible bidder(s) and have been awarded a contract for the items(s) listed. The respective bid response, including the Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, special contract terms & conditions, any bid addenda, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Requirements Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to Office of Medical Assistance, as applicable.

Agencies are eligible to make purchases of the listed supplies and/or services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that agencies will purchase the volume of supplies and/or services as advertised in the Invitation to Bid.

SPECIAL NOTE: State agencies may make purchases under this Requirements Contract up to $2500.00 using the state of Ohio payment card. Any purchase that exceeds $2500.00 will be made using the official state of Ohio purchase order (ADM-0523). Any non-state agency, institution of higher education or Cooperative Purchasing member will use forms applicable to their respective agency.

Questions regarding this and/or the Requirements Contract may be directed to:

Carol Cook, Contract Analyst
carol.cook@das.ohio.gov

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

http://www.ohio.gov/procure

Signed: _____
Robert Blair, Director Date

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SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

MULTIPLE AWARD CONTRACT: This bid is issued to establish a Multiple Award Contract (MAC). A MAC is a contract made with more than one supplier of the same or similar types of supplies or services at varying prices for delivery within the same geographic area. The State's obligations under a MAC are subject to the Ohio Controlling Board's continuing authorization to use the MAC program authorizing the use of Multiple Award Contracts. By the signature affixed to Page 1 of this bid, the Bidder certifies that it is currently in compliance and will continue to adhere to the requirements of the Ohio Ethics Law, Ohio Revised Code Section 102.04. The Bidder affirms that, as applicable to the Bidder, no party listed in Ohio Revised Code Section 3517.13 (I) or (J) or spouse of such party has made, as an individual, within the two previous calendar years, one or more contributions totaling in excess of $1,000.00 to the Governor or to his campaign committees. The State maintains the right to award the contract to a single bidder if only one bidder meets all bid specifications and requirements listed herein.

FACILITY VISIT: The State reserves the right to inspect the Bidder's facility prior to awarding the contract or any time during the contract period. Any cost associated with such visitation shall be borne by the State.

REQUIRED DOCUMENTATION: The Bidder shall submit documentation as outlined in specification Section II, Contractor Requirements as part of its bid submission. The Bidder must thoroughly investigate this document in order to provide sufficient information in the response for total evaluation. The response must include sufficient data to allow the verification of the experience, capability, and qualifications of the Bidder and will be used in the evaluation process to determine the responsive and responsible bidders. Failure of the Bidder to furnish required documentation as part of their bid response may deem the Bidder not responsive.

DESCRIPTIVE LITERATURE: The Bidder may be required to submit descriptive literature of the supplies or services being offered. If requested, the literature will be used in the evaluation process to determine the lowest responsive and responsible Bidder. If not provided as part of the bid response, the Bidder must provide said literature within ten (10) business days after request/notification by the Office of Procurement Services to do so. Any references that may appear in the descriptive literature or that may alter the terms and conditions and specifications of the bid (e.g., F.O.B. Shipping Point or Prices Subject to Change) will not be part of any contract and will be disregarded by the state of Ohio. Failure of the Bidder to furnish descriptive literature either as part of its bid response or within the time specified herein will deem the Bidder not responsive.

PRODUCT SAMPLES: Bidders may be required to submit samples of the supplies being offered. If samples were previously submitted and approved in response to Invitation to Bid OT900714 MAC036, then additional samples may not be required with this response. The samples will be used in the evaluation process to determine the lowest responsive and responsible bidder. If not included as part of its bid response, the Bidder will be required to provide the samples within ten (10) business days after notification. Failure to provide the samples within the stated time period will result in the Bidder being deemed not responsive. After award of the contract, the samples will be used as a basis of comparison with actual product delivered under contract. Any variation between the samples and product being delivered will be considered as an event of default. Any variations between the samples and actual product being delivered that are due to manufacturer changes may be acceptable and shall require prior written approval from the Office of Medical Assistance (OMA), a work unit of the Ohio Department of Job and Family Services (ODJFS) and the Ohio Department of Administrative Services (DAS).

The Contractor shall be responsible for providing sample frames to dispensing providers. Sample frames shall be representative of the styles available under the contract. The Contractor may charge the dispensing provider for said sample frames. Charges for samples shall not exceed the contract price for identical materials.

ATTACHMENTS A-1 and A-2 of the bid provides four (4) sample prescriptions representative of the goods and services to be provided under any contract pursuant to this bid. Bidders should submit all four (4) sample prescriptions, per Attachments A-1 and A-2, as part of the bid response as specified or shall offer sample prescriptions made of materials that are equal or surpass the minimum quality level specified herein. If not provided as part of the bid response, the Bidder must provide said sample prescriptions within ten (10) business days after request/notification by the Office of Procurement Services to do so. At least one (1) sample frame case, of the type to be provided under the contract, shall be included with the sample prescriptions submission. Failure to provide the sample prescriptions with the bid response or within the time specified herein may result in the Bidder being deemed not responsive.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd.)

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders." In addition, to determine the low lot total price of the bid, the State will multiply the estimated annual usage of each item by its corresponding unit price and then add these totals together.

The State desires that Bidders provide pricing for all items. Bidder may enter a price of $0.00 if the item will be provided at no cost or charge to the Agency. "NB" or No Bid entered on the cost summary for items that the Bidder chooses not to bid on. Failure to enter a response for each line item may result in the Bidder being deemed as not responsive.

Further, failure of the Bidder to possess or provide sufficient data and clearly substantiate how their company meets all requirements of specification Section II, Contractor Requirements, may result in the Bidder being deemed as not responsive.

CONTRACT AWARD: This is a Multiple Award Bid. Contracts will be awarded to no more than the three (3) lowest Bidders who have been determined to be responsive and responsible, based on low lot total award and meeting all bid specifications and requirements listed herein. The State maintains the right to award the contract to a single Bidder if only one Bidder meets all bid specifications and requirements listed herein.

FIRM FIXED-PRICE CONTRACT: The contract is a Firm Fixed-Price Contract. The Contractor(s) is required to provide to the using agency supplies or services at the listed price(s) for the duration of the contract, and any extensions thereto.

CONTRACT RENEWAL: This Contract may be renewed after the ending date of the Contract solely at the discretion of DAS for a period of one month. Any further renewals will be for an appropriate period of time. The cumulative time of all renewals may not exceed thirty-six (36) months unless DAS determines that additional renewal is necessary.

PRIOR AUTHORIZATION: For services requiring prior authorization by OMA, the Prior Authorization Approval Number is required for a claim to be considered complete and in compliance with contract requirements.

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), PUBLIC LAW 104-191 COMPLIANCE NOTICE: Health care payers, providers, and clearinghouses are required to follow the national standards for privacy and security of health care information and all provisions of the HIPAA law. As defined under 45 CFR 160.103, the sale or dispensing of a drug, device, equipment or other item in accordance with a prescription meets the definition of health care. Further, under the terms of this agreement, the Contractor recognizes that it is a covered entity health care provider providing health care services.

ELECTRONIC CLAIMS SUBMISSION CMS 5010 Version: OMA will only accept CMS 5010 Version of HIPAA Standard Transactions during the time period covered by the contract unless other submission formats become necessary and are approved by OMA prior to submission. Contractors must demonstrate the ability to submit 5010 Standard Claims Submissions through the OMA claims adjudication system for proper payment, including all coordination of benefit submissions with other insurance payers including the Medicare program. Contractors must have a National Provider Identifier (NPI) to submit 837 electronic claims to OMA for payment of services. Claims submitted for payment for which the Contractor fails to establish Medicaid eligibility prior to filling a prescription from a dispensing provider will not be paid by the state of Ohio. Information on Medicaid consumer eligibility may be verified through the 270/271 Eligibility Transaction, Provider Portal, Interactive Voice Response System (IVR) or Electronic Verification System (EVS). IVR and EVS explain how to determine Medicaid eligibility; more information can be found at the following website: http://jfs.ohio.gov/ohp/bpo/pnms/index.stm.

To further clarify the requirements of 837 Electronic Claims Submission, contained within Attachment B of this Invitation to Bid document are three rules regarding Electronic Data Interchange (EDI) transactions and what Contractors must be able to do in order to send EDI transactions to OMA. These Ohio Administrative Code (OAC) rules are 5101:3-1-19 "Claim Submission", 5101; 3-1-19.9 "Inquiries Regarding the Status of Claims (Except for Services Provided through a Medicaid Managed Care Program)," and 5101:3-1-20"Electronic Data Interchange (EDI) Trading Partner Enrollment and Testing." These rules can be accessed at: http://jfs.ohio.gov/OHP/provider.stm

In addition, below is the website that contains the different types of transactions mentioned in the rules: http://jfs.ohio.gov/OHP/tradingpartners/companion_guides.stm MEDICAID INFORMATION TECHNOLOGY SYSTEM (MITS): OMA has implemented the MITS claims adjudication system, which began processing claims on August 2, 2011. If necessary, winning Contractors must demonstrate the ability to make any changes needed in claim submissions forms that are HIPAA-compliant Electronic Data Interchange (EDI) transactions, and pass testing in Ohio MITS.

PLACEMENT OF ORDERS: Purchase orders for any item(s) listed in a contract awarded pursuant to this bid will be placed directly with the successful Contractor(s) by the dispensing providers. No order shall specify delivery to exceed thirty (30) calendar days beyond the expiration and/or cancellation date of the contract.

DELIVERY AND ACCEPTANCE: Supplies will be delivered to the dispensing providers within seven (7) business days after receipt of order and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The delivery location will be noted on the purchase order issued by the dispensing providers. Acceptance (transfer of title) will occur upon the inspection and written confirmation by the dispensing providers that the supplies delivered conform to the requirements set forth in the contract. Unless otherwise provided in the contract, acceptance shall be conclusive except as regards to latent defects, fraud, or such gross mistakes amounting to fraud.

TRANSPORTATION CHARGES: Any item(s) ordered from a contract awarded pursuant to this bid shall be shipped F.O.B. destination, freight prepaid. Shipment shall be made to approved Medicaid eligible recipients through dispensing providers in the Ohio Medicaid Vision Volume Purchase Program

USAGE REPORTS: Every calendar month the Contractor shall submit an electronic report by e-mail indicating sales generated by this contract. The report shall list usage by line item, showing the quantities sold and dollars generated by this contract, including the quantities and dollars generated for each Healthcare Common Procedure Coding Systems (HCPCS) procedure code and type of frame in the contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Road, Columbus, Ohio 43228-1395, Attention: Carol Cook.

DISCLOSURE OF SUBCONTRACTORS / JOINT VENTURES: (See Standard Contract Terms and Conditions, Section (roman numeral) V. General Provisions:, Paragraph Q.,) :

List names of subcontractors who will be performing work under the Contract.

_____ _____

_____ _____

_____ _____

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors or locations where work will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your bid not responsive.

AUTOMOBILE INSURANCE TO BE COMPLETED WITH THE BID RESPONSE: Automobile Insurance is required for anyone coming onto state property to deliver goods or to perform services using a vehicle, which is owned, leased or rented by the Contractor. Any Bidder, Broker or Sub Contractor who will be on state property, but not delivering goods or performing services, is required to carry Automobile Liability insurance that complies with the state and federal laws regarding financial responsibility.

Bid Automobile Liability Checklist:

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply to this contract.

☐ Bidder/Broker ("The Contractor") or their Sub Contractor will make delivery or be performing services using a vehicle that is owned, leased or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of $500,000.00.

☐ Goods/Services will be delivered via common carrier.

☐ No employee or representative of the contractor will have cause to be on state property to make deliveries or to perform services.

SPECIFICATIONS

I. SCOPE AND CLASSIFICATION

A. Scope

The Department of Administrative Services (DAS), Office of Procurement Services is soliciting bids for the Ohio Medicaid Vision Volume Purchase Program for those recipients receiving covered services through Medicaid fee for service (FFS) , administered by OMA. The purpose of this contract is to obtain up to three (3) Contractors to provide full service prescription ophthalmic laboratory services and delivery to participating Medicaid providers throughout Ohio for dispensing to Ohio Medicaid recipients.

The term of any contract pursuant to this bid shall be for approximately twenty-four (24) months, from July 1, 2013 through June 30, 2015, unless terminated or funding expires, in accordance with Section I, Contract Terms and Conditions.

B. Classification

1. Single vision plastic lenses
2. Multifocal plastic lenses
3. Ophthalmic zyl or metal frames
4. Safety frames
5. Single vision polycarbonate lenses
6. Multifocal polycarbonate lenses
7. Single and multifocal vision lenses (only if medically necessary)

C. Applicable Documents

1. Current standard set by the American National Standards Institute (ANSI): Z80.1
2. Current standard set by the ANSI: Z80.5
3. Current standard set by the ANSI: Z87.1
4. Current United States Food and Drug Administration (FDA) Rules and Regulations for Impact Resistant Lenses

II. CONTRACTOR REQUIREMENTS

A. General Requirements

1. The Contractor must be a full service prescription ophthalmic laboratory with the capability to grind and finish polycarbonate, plastic, and glass single vision and multifocal lenses to prescribed powers, maintain an adequate supply of contract frames (see Exhibit A), and insert finished lenses into frames. Contractors must have the capability for on-site surfacing and finishing/edging of these lenses. Complete fabricated eyeglasses are to be delivered in accordance with the contract requirements to Medicaid providers (ophthalmologists, optometrists, and opticians) for dispensing.

2. OMA will cover glass lenses instead of polycarbonate or plastic lenses only if a Medicaid provider establishes medical necessity for supply of glass lenses and has received a prior authorization approval number.

3. The Contractor shall extend the same professional service and courtesy to Medicaid providers as extended to its other customers.

SPECIFICATIONS (Cont'd.)

B. Business Associate Requirements under HIPAA

1. Definitions: The definitions contained in this section are derived from federal law. Should there be a conflict between the meanings assigned in this bid/contract and the meanings defined in applicable federal law (even in the event of future amendments to law that create such conflict), the definitions found in federal law shall prevail.

   a. HIPAA means the Health Insurance Portability and Accountability Act of 1996, the American Recovery and Reinvestment Act of 2009 (ARRA) and any other related federal statutes and regulations.

   b. Covered Entity means a health plan, a health care clearinghouse, or heath care provider. (45 C.F.R. 160.103).

   c. Business Associate means a person or entity that, on behalf of the Covered Entity, performs or assists in the performance of a function or activity that involves the use or disclosure of Protected Health Information (45 C.F.R. 160.103).

   d. Protected Health Information (hereinafter "PHI") means information received from or on behalf of a Covered Entity that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health and Human Services, specifically 45 C.F.R. 164.501 and any amendments thereto (45 C.F.R. 164.501).

2. Contractor acknowledges that OMA is a Covered Entity under HIPAA. Contractor further acknowledges that Contractor is a Business Associate of OMA, and, in carrying out the work described in this contract, the Contractor agrees to comply with all of the following provisions:

   a. Permitted Uses and Disclosures: The Contractor shall not use or disclose PHI except as provided in this contract or as otherwise required under HIPAA regulations or other applicable law.

   b. Safeguards: The Contractor shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains or transmits on behalf of OMA.

   c. Reporting of Disclosures: The Contractor shall promptly report to OMA any knowledge of uses or disclosures of PHI that are not in accordance with this contract or applicable law. In addition, the Contractor shall mitigate any adverse effects of such a breach of confidentiality to the greatest extent possible.

   d. Agents and Subcontractors: The Contractor shall ensure that all its agents and subcontractors that receive PHI from or on behalf of the Contractor and/or OMA agree to the same restrictions and conditions that apply to Contractor with respect to the use or disclosure of PHI.

   e. Accessibility of Information: The Contractor shall make available to OMA such information as OMA may require to fulfill its obligations to provide access to, provide a copy of, and account for disclosures with respect to PHI pursuant to HIPAA and regulations promulgated by the United States Department of Health and Human Services, including, but not limited to, 45 C.F.R. 164.524 and 164.528 and any amendments thereto.

   f. Amendment of Information: The Contractor shall make PHI available to OMA so that OMA may fulfill its obligations pursuant to HIPAA to amend the information. As directed by OMA, Contractor shall also incorporate any amendments into the information held by the Contractor and shall ensure incorporation of any such amendments into information held by Contractor's agents or subcontractors.

   g. Disclosure: The Contractor, upon request, shall make available to OMA and to the Secretary of the U.S. Department of Health and Human Services any and all internal practices, documentation, books, and records related to the use and disclosure of PHI received from OMA, or created and received by the Contractor on behalf of OMA. Such access is for the purpose of determining OMA's compliance with HIPAA, regulations promulgated by the United States Department of Health and Human Services, and any amendment thereto.

SPECIFICATIONS (Cont'd.)

h. Material Breach: In the event of material breach of Contractor obligations under this article, DAS on behalf of OMA may immediately terminate this contract pursuant to termination provisions in this contract. Termination of this contract shall not affect any provision of this contract which, by its wording or its nature, is intended to remain effective and to continue operation until termination.

i. Return or Destruction of Information: Upon termination of this contract and at the request of OMA, the Contractor shall return to OMA or destroy all PHI in Contractor's possession stemming from this contract, and shall not keep copies of the PHI except as requested by OMA or required by law. If the Contractor, its agent(s), or subcontractor(s) destroy any PHI, then the Contractor will provide OMA documentation evidencing such destruction. Any PHI retained by the Contractor shall continue to be extended the same protections set forth in this section and HIPAA regulations for as long as it is maintained.

C. Medicaid Confidentiality Requirements

Contractor agrees that it shall not use any information, systems, or records made available to it for any purpose other than to fulfill the obligations specified in this contract. The Contractor specifically agrees to comply with all state and federal confidentiality and information disclosure laws, rules, and regulations applicable to the Medicaid program, including, but not limited to:

1. 42 U.S.C. 1320d through 1320d-8 (HIPAA)

2. 42 C.F.R. 431.300, 431.302, 431.305. 431.306, 435.945, and 45 C.F.R. 164.502(e) and 164.504(e)

3. Ohio Revised Code 173.20, 173.22, 2305.24, 2305.251, 3701.243, 3701.028, 4123.27, 5101.26, 5101.27, 5101.572, 5112.21, and 5111.61

4. Corresponding OAC rules

D. Personnel

The overall experience and expertise of the organization must include the following:

1. A minimum of three (3) staff persons each having five (5) years of experience in administering a Medicaid or other third party payer eyeglass program.

2. One (1) of the administrative staff persons must have at least five (5) years accounting/financial experience.

3. A minimum of four (4) persons each having five (5) years technical experience in making prescription eyewear.

E. Capacity to Meet Requirements

The Bidder must document the ability to undertake this volume purchase contract on July 1, 2013, and the ability to carry out effectively the specifications and requirements of this contract for the entire time it remains in effect. Bidders must include the following information and documentation:

1. Resumes of the current technical and administrative staff. Resumes must include job title, job description/ responsibilities, and number of years of experience.

2. Size and production capability of facility or facilities where the work will be performed and approximate number of eyeglasses currently assembled annually at the site(s).

SPECIFICATIONS (Cont'd.)

3. Bidder's current length of time to complete and ship orders for:

   a. Single vision prescription lenses

   b. Multifocal prescription lenses

   c. Frames

   d. Complete eyewear (frames and lenses)

4. Order Forms. Bidder shall submit a sample copy of its Paper Order Form and a sample printout of its Online Internet Order Form, as outlined in Specification Section IV.

   a. Paper Order Form: Bidder shall submit the original or a copy of the Paper Order Form it intends to use under an awarded contract, subject to OMA approval. The said document shall contain all, but not be limited to, the information outlined in Section IV.A.2. a. through o. The final revision of the Paper Order Form shall be reviewed and approved by OMA and ready to use by providers within ten (10) business days after notification of awarded contract by DAS. Contract award shall also be posted on the following State Procurement Web site, entered through the following internet address: http://www.procure.ohio.gov/proc/index.asp

   b. Online Internet Order Form: Bidder shall submit a proposed printout of the Online Internet Order Form it intends to utilize under an awarded contract, subject to OMA approval. The said document shall contain all, but not be limited to, the information outlined in Section IV.A.2. a. through o. The Online Internet Order Form shall be fully functional (able to collect information to process orders) and reviewed and approved by OMA within ten (10) business days after notification of awarded contract by DAS. Contract award shall also be posted on the following State Procurement Web site: http://www.procure.ohio.gov/proc/index.asp

   Note: Upon initial notification of an awarded contract being issued by DAS, awarded Contractor shall immediately contact OMA for the review and approval of the final Paper Order Form and the Online Internet Order Form, as outlined in Specification Section IV. Contractor(s) shall make every reasonable effort to ensure the forms are approved by OMA, fully functional, and ready for use by providers on the contract start date.

5. Required Routine Reports. On Page 5 of this Invitation to Bid, under the heading of Special Contract Terms and Conditions, there are requirements for Usage Reports. Bidder shall provide a sample of the report format, as outlined.

6. To help assure readiness by the contract start date if awarded, Bidders who are not enrolled with Ohio Medicaid as active and eligible Ohio Medicaid Providers should begin the enrollment process. Bidder may find information on enrolling its ophthalmic laboratory as an Individual Practitioner with Ohio Medicaid on the ODJFS Web site: http://jfs.ohio.gov/OHP/bpo/pnms/provenroll.stm and click on Documents: "Individual Practitioners."

F. References

Bidder shall provide references from three (3) similar large volume (over 4000 orders per month) contracts (e.g., healthcare providers or plans, state Medicaid programs, other government agencies) in which they have participated during the past five (5) years. Bidder shall include order volumes produced, length of contract term, contract stipulated days for order fulfillment, and reference name and phone number.

SPECIFICATIONS (Cont'd.)

III. MATERIAL REQUIREMENTS

A. Lenses

1. All lenses provided by the Contractor must be first-quality, corrected curve glass, plastic or polycarbonate single vision, bifocal or trifocal lenses.

2. All lenses must be scratch resistant coated, with the cost of scratch resistant coating bundled into the price of the lenses.

3. All lenses must conform to the ANSI requirements for Prescription Ophthalmic Lenses and FDA requirements for Impact Resistant Lenses and latest revisions thereof.

4. Lenses must be finished, edged, and properly assembled in contracted frames.

5. The cost of oversize glass, plastic or polycarbonate single vision, bifocal or trifocal lenses is included in the bid price of the Contractor.

6. The lenses covered under the Ohio Medicaid Vision Volume Purchase Program are specified in the bid.

7. Prescription Minimums - Prescriptions below the following minimums are not covered under this contract:

   +0.75 sphere or -0.50 sphere
   0.50 cylinder
   0.50 diopter imbalance
   1/2 prism diopter vertical
   3 prism diopter lateral

8. High Index Lens Addition - Minimum prescription criteria for high index single vision and bifocal lens: spherical equivalent ± 6.75D. Polycarbonate lenses may be prescribed in lieu of high index plastic lenses.

B. Prescription Standards and Tolerances

All work completed by the Contractor must meet the following prescription standards and tolerances:

1. Refractive Power

Sphere:	0.00 - 6.60 ± 0.31D above 6.50± 2%	Cylinder:	0.00 - 2.00 ± 0.13D 2.12 - 4.50 ± 0.15D above 4.50 ± 4%

2. Cylinder Axis Location: 0.125 - 0.375 ± 7°
   0.500 - 0.750D ± 5°
   0.875 - 1.50D ± 3°
   1.625D and above ± 2°

   The power in each meridian of a cylindrical or spherocylindrical lens is to be considered separately.

3. Lens Size: zyl — Finished lens ± 0.5 mm
   metal frames — Finished lens must be exact frame eye size

4. Bifocal Segment: Segment size, height, inset must be symmetrical upon visual inspection.

5. Warpage: The curves in the principal meridians of the mounted lens measured with an ophthalmic lens clock must be within a tolerance of ± 1.00D glass and ± 2.00D plastic of the design specifications of the lens.

SPECIFICATIONS (Cont'd.)

C. Frames and Component Parts

Frames to be included under the Ohio Medicaid Vision Volume Purchase Program are identified in the bid under "Exhibit A, Ohio Medicaid Frames Covered under the Volume Purchase Contract." The frames must meet current ANSI (including ANSI Z80.5) requirements for ophthalmic frames. Submitted bid prices must be for the frames specified in Exhibit A.

1. Each frame selected from the bid must be made available in industry standard colors, eye sizes, bridge sizes, and temple lengths, as available from manufacturers.

2. Frame material must contain no scratches, fissures, bubbles, discoloration, or other defects in workmanship.

3. The frame cost specified in the bid shall include: overhead, mailing and handling charges, hinges and screws, and case. Case must be industry standard quality consisting of at least a vinyl covering and lining.

D. Workmanship

All products shall conform to the quality and grade of products established by the industry. All products shall be free from defects which may affect their durability, serviceability, and appearance. Any evidence of such defects which detract from the appearance or may impair serviceability shall be cause for rejection.

E. Guarantee

All products shall be covered by product liability coverage and must be guaranteed against defective workmanship and/or materials.

1. If within sixty (60) calendar days after delivery, an article furnished under this contract is found by the dispensing provider to be unsatisfactory due to Contractor's error, defective workmanship and/or materials, the same shall be corrected, adjusted, or replaced by the Contractor, as necessary, at the Contractor's expense to include postage and handling costs.

   a. Such articles will be returned by the provider to the Contractor, at Contractor's expense.

   b. Corrected and/or replacement articles shall be mailed to the provider, at Contractor's expense, within thirteen (13) calendar days of receipt by the Contractor of the unsatisfactory materials.

2. Prescription errors made by prescribing and/or dispensing providers are not the responsibility of either the Contractor or the State.

F. Frame Substitution

1. If, during the contract period, any frame(s) being supplied under the contract is discontinued by the manufacturer, the Contractor shall be required to supply another frame(s) which shall be of equal or better quality and selected and approved by OMA and/or DAS. The replacement frame(s) shall have a manufacture price no greater than the current frame(s) and shall be at no greater cost to the state of Ohio than the current price.

2. Substitution of frames, except as provided for in the paragraph above, may be made solely at the discretion of OMA in order to meet the needs of the Medicaid population. The replacement frame(s) shall be of similar quality and have a manufacture price no greater than the original frame(s) and shall be at no greater cost to the state of Ohio than the original bid price.

3. If, during the contract period, the Contractor is unable to acquire supplies from the manufacturer for reasons of force majeure, the Contractor may request, from OMA and DAS, use of another manufacturer to obtain supplies. Supplies from the other manufacturer must be of equal or better quality.

SPECIFICATIONS (Cont'd.)

G. Sample Frames for Providers

1. The Contractor shall be responsible for providing sample frames to providers. Sample frames shall be representative of the styles and colors of frames available under the Contract.

2. The Contractor may charge, and the providers shall be responsible for payment, for the cost of sample frames.

   a. Charges assessed, if any, shall not exceed the Contract price for the frames.

   b. Neither the provider nor the Contractor may charge the state of Ohio for materials requested or provided.

   c. Providers may purchase sample frames and replacements at the Contract price.

H. Communication with Providers and/or State Officials

1. The Contractor shall have a toll free telephone number or accept collect telephone calls from dispensing providers. This number shall be printed on the Contractor's Medicaid order form and/or on the Contractor's internet Web site. The Contractor shall have adequate personnel to accept calls during normal business hours, at minimum, 8:00 a.m. through 4:30 p.m. Monday through Friday, Eastern Time, except holidays, as approved by OMA and DAS.

   a. This telephone number is to be used to expedite the provider's order, request blank order forms, help navigate the internet Web site, and for informational purposes.

   b. No orders for materials provided under this contract shall be accepted by telephone or e-mail. Only properly submitted order forms, either in standard paper format or through use of the HIPAA-compliant Online Internet Order Form, shall be honored by the Contractor and recognized by OMA for reimbursement.

2. All communication materials that the Contractor(s) plans to send to Ohio Medicaid providers or provide on the Contractor(s) Web site regarding Medicaid policies and procedures, including any materials which affect Medicaid recipients, must be reviewed and approved by OMA prior to distribution or posting on the internet.

SPECIFICATIONS (Cont'd.)

IV. ORDER FULFILLMENT, SUBMISSION OF INVOICES AND REPORTING

A. Paper Order Forms

1. The Contractor shall be responsible to provide a sufficient supply of OMA approved order forms, at no charge, to all requesting dispensing providers.

2. The Contractor shall develop, prepare, print, and distribute to Medicaid providers, in requested quantities, order forms, as needed, for vision care materials that must include at least the following information:

   a. Date of order

   b. Name of Prescribing Provider

   c. Prescribing Provider's Medicaid Provider Number (seven digits)

   d. Prescribing Provider's National Provider Identifier (ten digit NPI)

   e. Name and address of Dispensing Provider (including county name)

   f. Dispensing Provider's National Provider Identifier (ten digit NPI)

   g. Dispensing Provider's Medicaid Provider Number (seven digits)

   h. Medicaid Recipient's name and address

   i. Medicaid Recipient's billing number

   j. Medicaid Recipient's date of birth

   k. All pertinent prescription details

   l. Prior Authorization Approval Number

   m. Date order form received by the Contractor

   n. Date filled order is shipped from the Contractor to Dispensing Provider

   o. Unique medical record number

3. The Contractor is required to keep the recipient's name and Medicaid billing number in its electronic database system for the duration of the Contract.

4. The Contractor shall bear all costs associated with the development, printing, and distribution of the order forms. OMA must approve the form prior to its use under the Contract.

5. The Contractor must file the completed orders consecutively by the recipient's Medicaid billing number or maintain a log by the recipient's Medicaid billing number identifying the file location of the order.

SPECIFICATIONS (Cont'd.)

B. Online Internet Order Form

1. The Contractor shall be responsible to provide an OMA-approved internet Web site with an operational online Medicaid order form that providers may use in lieu of paper order forms at no charge to all dispensing providers. The Contractor must demonstrate the online order form complies with all HIPAA privacy and security regulations. The Contractor shall bear all costs associated with the development, implementation, operation, updating, and maintenance of the Online Internet Order Form. OMA must approve the form prior to its use under the contract.

2. The Online Internet Order Form must consist of those items required for the paper form listed in Section IV.A.2. a. through o. of this contract.

3. The Online Internet Order Form must have the capability to be filled out and submitted to the Contractor online.

4. The Online Internet Order Form must have features which reduce the chance of user error and allows for only Medicaid frames, lenses and other services outlined in this contract to be submitted through the online order form.

5. The Contractor must demonstrate an online process for the dispensing providers to retain a completed order form for their records and a method for the provider to save a copy of the order form electronically. All information included in the Online Internet Order Form must be included in both the printed-out and electronically-saved versions.

6. The Contractor must describe how Online Internet Order Forms are retained by the Contractor.

7. The Contractor is responsible for sending a printed copy of the order form back to the provider with the filled order.

C. Order Review and Processing

1. All order forms received by the Contractor must be date stamped by the Contractor upon receipt. Both the part to be retained and the part to be returned to the provider must be date stamped.

2. All orders must be in writing or submitted online. No verbal telephone orders or e-mail submitted orders shall be accepted. All paper orders shall be mailed and/or faxed directly from Medicaid providers to the Contractor on the approved forms.

3. Prior to filling an order, the Contractor must verify through OMA that the recipient is eligible for Medicaid on the "Date of Order" as noted on the Medicaid order form. The Contractor shall not fill an order or submit a claim for payment to the state of Ohio for any order for which the recipient is not eligible for services on the "Date of Order," as noted on the Medicaid order form.

4. Upon receipt of each order, the Contractor shall review the order for completeness and conformity with Medicaid program policies.

   a. The completeness review shall include the determination that all data elements required under the bid are specified on the order form.

   b. The policy conformity review shall include the determination that the requested prescription is covered under the Medicaid program and whether or not the prescription requires prior authorization. If prior authorization is required, then a check must be made to assure that the ten (10) digit prior authorization approval number appears on the order form. The Contractor may request that the provider attach a copy of the original prior authorization to the eyewear order. If the prescription requires prior authorization, but no prior authorization approval number is listed on the order form, the order will be considered incomplete.

SPECIFICATIONS (Cont'd.)

c. The dispensing provider must enter the ten (10) digit prior authorization number on the Medicaid paper or Online Internet Order Form submitted to the Contractor when:

1. Ordering a lens addition that must be prior authorized by OMA, the Contractor will bill OMA for the lens addition, frame and lenses. Tints, U-V, and photochromatic lens additions require prior authorization.

2. Ordering a complete frame and pair of lenses that require prior authorization (i.e., second complete pair of eyeglasses within a one or two year period, depending on the age of the recipient). The Contractor will bill OMA for the frame and lenses.

3. Purchasing a non-contract frame that has been approved by OMA and the said frame is sent to the Contractor for the insertion of lenses covered under the Medicaid contract, the provider bills OMA for the non-contract frame and includes the ten (10) digit prior authorization number. The Contractor will bill OMA for the lenses.

4. Purchase of non-contract lenses has been approved by OMA and said lenses are sent to the Contractor for insertion into a frame covered under the Medicaid contract, the provider bills OMA for the non-contract lenses and includes the ten (10) digit prior authorization number. The Contractor will bill OMA for the frame.

d. Only those orders that are complete and in compliance with Medicaid program coverage and limitations requirements shall qualify for reimbursement by the state of Ohio.

5. Upon receipt of an incomplete order form, the Contractor must promptly contact the provider to obtain the appropriate information before processing the order. If the Contractor fails to obtain a telephone response from the provider:

a. The Contractor shall return the provider's incomplete or illegible order form within five (5) business days of receipt of order.

b. The Contractor shall provide a written notice to accompany the incomplete or illegible form, explaining the reasons for the order being returned.

c. Failure of the Contractor to resolve incomplete order issues could result in non-compliance for failure to ship within required time frames. Liquidated damages may be imposed as specified in Section V.B.3. Resolution for Contract Non-Compliance.

6. In cases where contracted lenses alone are ordered for mounting into the patient's frame, the Contractor shall mount the lenses into the patient's frame on provider request at no additional cost to the state of Ohio or the provider, if the patient's frame is covered under the Contract or under previous Ohio Medicaid Vision Volume Purchase Program contracts.

7. The Contractor shall not be responsible for supplying component parts of frames not covered under the Contract. However, the Contractor shall be responsible for repairs of covered frames as specified in Section III.E., Guarantee, and in Section IV.C.8., Order Review and Processing.

8. A lens(es) ordered to replace a scratched or broken lens(es) of a complete set of eyeglasses previously dispensed under a current or prior Ohio Medicaid Vision Volume Purchase Contract may be replaced without having to prior authorize the replacement. The Contractor will only supply a replacement lens(es) that is ordered by the dispensing provider and covered by this Contract. If one lens is ordered, only one lens shall be supplied by the Contractor.

9. Prior authorization is required for the replacement of a complete frame with lenses. Once the prior authorization is approved by OMA, the Contractor must supply the replacement within Contract timeframes as specified in IV. D., Shipping Schedule.

SPECIFICATIONS (Cont'd.)

D. Shipping Schedule

Materials (completed orders) shall be shipped by the Contractor to the dispensing provider within seven (7) business days of receipt of a properly and legibly completed order form. The order form (both the copy to be returned to the provider and the copy to be retained by the Contractor) must be date stamped the day the order was received by the Contractor and the day it was shipped back to the provider.

1. All filled orders shall be sent to the provider by first class U.S. mail, a package delivery service, a courier service, or be delivered by the Contractor.

2. The provider must be promptly notified when an order will require more than seven (7) business days for order and shipping completion.

E. Packing

The filled orders shall be packed in substantial commercial containers of the type, size and kind commonly used for the purposes so constructed as to insure acceptance and safe delivery by common or other carriers, to point of delivery called for in the contract or on the order form.

F. Submission of Invoices:

Claims for payment shall be submitted to MITS in accordance with claims submission standards and formats designated by OMA. The Contractor may bill the State on a weekly basis; however, in no case shall billings occur less often than monthly. Claims for materials must be submitted within ninety (90) calendar days of the date the materials were furnished by the Contractor. Claims submitted beyond ninety (90) calendar days may not be paid by OMA. See HIPAA and Electronic Claims Submission CMS 5010 Version paragraphs in the Special Contract Terms and Conditions.

G. Required Routine Reports

1. The Contractor is required to submit utilization reports to OMA on a monthly and quarterly basis, including year to date information as follows:

   a. reporting period dates

   b. date report generated

   c. materials provided by procedure code

   d. dollars billed to date

   e. dollars paid to date

   f. total number of lenses provided by assigned procedure code

   g. total number of frames and parts provided by manufacturer's code, frame name, and style (including men's, women's, girl's, and boy's)

   h. total number of frames with lenses

   i. total number of frames without lenses

SPECIFICATIONS (Cont'd.)

j. total number of orders filled

k. total number of orders filled as a result of provider error

l. total number of orders filled as a result of Contractor error

m. total number of orders shipped on or after the seventh (7th) business day within receipt of the order

2. The reporting format must be prior approved by OMA, and may need further modification as required by OMA.

3. Reports are to be received by OMA by the fifteenth (15th) of the month following the end of month to which the report applies. Reports should be submitted to:

   Office of Medical Assistance
   Attn: Vision Volume Purchasing Contract Manager
   Bureau of Health Plan Policy Services
   50 West Town Street, 4th Floor
   Columbus, Ohio 43218-2709

4. Submit in electronic spreadsheet format compatible with the latest version of Microsoft Excel approved by OMA; OMA may request hardcopy format be submitted.

V. CONTRACT NON-COMPLIANCE

One of the Ohio Medicaid program's goals is to assure that Medicaid recipients receive high quality services and products from Medicaid providers and contractors within reasonable timeframes. To this end, OMA will work in partnership with the awarded Contractor to meet this goal. The partnership is defined by the awarded contract and it is important that communication between the Contractor and OMA be open and supportive. OMA will offer the Contractor whatever assistance is necessary to help the Contractor in meeting contract specifications. Should contract non-compliance be at issue, OMA will make every effort to resolve the problem as expeditiously as possible.

A. Contract Non-Compliance Issues

Contractor non-compliance with the specifications and terms and conditions outlined in this contract may result in the imposition of remedies as explained in Section V.B., Resolution for Contract Non-Compliance.

1. Meeting contract time frames

   The Contractor shall be required to process all properly completed orders within the time period specified in Section IV. D. Shipping Schedule of the contract. OMA will monitor compliance using a reporting mechanism which tracks order processing and shipping through contractor claims submissions. In addition, OMA may request that the Contractor supply a list of providers with which they are currently doing business in order to survey such providers regarding order processing and shipping within the seven (7) business day contract timeframe.

2. Prompt notification regarding eyewear order requiring more than seven (7) business days for completion

   The provider must be promptly notified when an eyewear order will require more than seven (7) business days for completion as specified in Section IV.D. 2. Shipping Schedule of the Contract. OMA may request that the Contractor supply a list of providers with which they are currently doing business in order to survey such providers concerning the prompt notification of a delay in order completion.

SPECIFICATIONS (Cont'd.)

3. General survey regarding product quality

   At any time during the contract period OMA may survey vision care providers regarding the quality of contractor workmanship (to the extent that the Contractor has control over workmanship) and the timeliness of order processing and shipping.

4. Any other contract specifications or terms and conditions contained in the bid/contract.

B. Resolution for Contract Non-Compliance

In addition to the remedies contained in the Instructions to Bidders and Contract Terms and Conditions (Rev. 02/2011) as part of this Invitation to Bid (see link on Page 1), the State may impose upon the awarded Contractor the following remedies for non-compliance with contract specifications and terms and conditions. Remedies imposed will be in proportion with the severity of the non-compliance and may be progressive in nature. If the State determines that the systemic problem responsible for contract non-compliance is of a severe nature (i.e., a delay in or a failure to deliver services to Medicaid recipients) the State may impose a combined remedy (i.e., additional reporting requirements, liquidated damages) which will address the severe nature of the non-compliance.

1. DAS, in conjunction with OMA, will call a meeting with the Contractor to discuss and define the nature of the contract non-compliance. The Contractor and DAS, in conjunction with OMA, will determine and agree upon a plan of action to remedy the problem. Depending upon the severity of the non-compliance, the Contractor may be required to submit a written Corrective Action Plan detailing steps the Contractor will take to bring its operation into compliance. The Contractor must reach compliance within a period of time negotiated between the Contractor and the State.

2. OMA may require the awarded Contractor to submit electronic ad hoc and routine reports, in addition to the reporting required in the contract. An example of such reporting is a Recipient Level Status Report indicating the status of all orders regardless of completion.

   This report must include the following information by Medicaid recipient:

   a. Name (last, first, middle initial)

   b. Recipient Medicaid number

   c. Date order received by the Contractor as defined in Section IV. D. Shipping Schedule of the Contract

   d. Vision care provider name

   e. Vision care provider NPI

   f. Vision care provider Medicaid provider number

   g. Date the completed order was shipped to the provider as defined in Section IV.D., Shipping Schedule of the Contract.

   h. Orders remaining incomplete beyond the seven (7) business day time frame. This portion of the report shall include items a. through e. above. Contractors must provide the recipient's name, Medicaid number, date the order was received by the Contractor and provider's NPI and Medicaid provider number.

SPECIFICATIONS (Cont'd.)

3. OMA may impose liquidated damages in the following circumstances:

   When two percent (2%) or more of Contractor orders for a stipulated period of time (i.e., one [1] month) are shipped after the seven (7) business day timeframe, as required in Section IV.D. Shipping Schedule of the contract specifications, OMA may assess liquidated damages not to exceed five dollars ($5) per order. The assessed damages may be reduced or nullified by the Contractor's timely notice of the delay to the vision care provider. Any order older than thirty (30) calendar days may be assessed liquidated damages regardless of notification to the vision care provider.

4. Continued failure to comply with remedies imposed may result in contract termination.

5. In the event that a Contractor is unable to comply with contract requirements for an unforeseeable period of time and such noncompliance results in an unreasonable delay in eyewear order processing, completion, and shipping (for example, due to financial insolvency), DAS in conjunction with OMA may determine that it is in the best interest of the State to terminate the Contract.

EXHIBIT A (Page 1 of 2)

OHIO MEDICAID FRAMES COVERED UNDER THE VOLUME PURCHASE CONTRACT

MANUFACTURER	NAME	CATEGORY	ESTIMATED ANNUAL USAGE FOR SFY 2014
CAPRI	PT56	Adult Male	842
CAPRI	U14	Adult Female	1,870
CAPRI	U33	Adult Female	6,052
CAPRI	U36	Adult Male	401
CAPRI add 5/1/12	UL 91	Adult Female	200
CAPRI add 5/1/12	US 55	Adult Female	200
EYE Q	SW 501	Child Male	382
HART	BLVD 4154	Adult Female	1,729
HART	J5602	Child Unisex	232
HART	J5664	Adult Female	1,102
HART	J5675	Adult Female	2,910
LE	2294	Adult Male	1,614
LE	304	Generic	541
LE	436	Adult Female	849
LE	BOBBI	Child Male	161
LE	BRITTANY	Adult Female	1546
LE	CURLY	Child Female	297
LE	LTD 181	Adult Unisex	1,590
LE	MANHATTAN	Adult Female	893
LE	REMINGTON	Adult Male	1,208
LE	TONY	Adult Male	1,020
MODN OPT add 5/1/12	Brave	Unisex	200
MODN OPT	FINALE	Adult Male	2,562
MODN OPT	GIFT	Child Female	2,120
MODN OPT add 5/1/12	ICON	Adult Male	200
MODN OPT add 5/1/12	JAZZ	Adult Male	200
MODN OPT add 5/1/12	MONICA	Adult Female	200
MODN OPT	RALPH	Adult Male	445
MODN OPT add 5/1/12	SNEAKERS	Child Female/Unisex	200
MODN OPT add 5/1/12	SPLASH	Child Female/ Unisex	200
MODN OPT add 5/1/12	SPORTY	Child Male/Unisex	200
MODN OPT add 5/1/12	TOMORROW	Unisex	225
MODN OPT	TORNADO	Adult Male	241

EXHIBIT A (Page 2 of 2)

OHIO MEDICAID FRAMES COVERED UNDER THE VOLUME PURCHASE CONTRACT

MANUFACTURER	NAME	CATEGORY	ESTIMATED ANNUAL USAGE FOR SFY 2014
ZIMCO	BUDDY	Child Male	628
ZIMCO	CAMBRIDGE	Adult Male	375
ZIMCO	CARIBBEAN	Child Male	5,161
ZIMCO	HUDSON	Adult Male	2,479
ZIMCO	LIZ	Adult Female	2,186
ZIMCO	MINNOW	Child Unisex	248
ZIMCO	MOSCOW	Adult Male	900
ZIMCO	PACIFIC	Adult Male	1,998

Attachment A-1

Patient SAMPLE A Date

SPH	CYL	AXIS	PRISM	BASE	PD	LEVEL	TINT
-3.00	-0.75	175			33		
-2.50	-1.25	180			34		

ADD	HEIGHT	WIDTH	INSET	LENS TYPE
				☐ GLASS
				☒ PLASTIC

ADDITIONAL LENS SPECIFICATIONS:

FRAME SPECIFICATIONS

Name	Mfg.		
PACIFIC	ZIMCO		☐ Frame Ordered
Color: BROWN	Eye Size: 53	Bridge Size: 19	☐ Lens Ordered
			☐ Hardened
Temple Type	Temple Length R 145 L 145		☐ Drop-Ball Test

Patient SAMPLE B Date

SPH	CYL	AXIS	PRISM	BASE	PD	LEVEL	TINT
+0.50	-1.25	095			34		
+1.00	-0.75	085			34		

ADD	HEIGHT	WIDTH	INSET	LENS TYPE
+2.00	20	D-28	1.5	☐ GLASS
+2.00	20	D-28	1.5	☒ PLASTIC

ADDITIONAL LENS SPECIFICATIONS:

FRAME SPECIFICATIONS

Name	Mfg.		
REMINGTON	LIMITED		☐ Frame Ordered
Color: GUNMETAL	Eye Size: 56	Bridge Size: 18	☐ Lens Ordered
			☐ Hardened
Temple Type	Temple Length R 145 L 145		☐ Drop-Ball Test

Attachment A-2

Patient SAMPLE C Date

SPH	CYL	AXIS	PRISM	BASE	PD	LEVEL	TINT
-2.50	-1.00	103			32		
-3.50	-1.50	098			33		

ADD	HEIGHT	WIDTH	INSET	LENS TYPE
				☐ GLASS
				☐ PLASTIC POLYCARBONATE

ADDITIONAL LENS SPECIFICATIONS:

FRAME SPECIFICATIONS

Name U-33 Mfg. CAPRI

Color BLACK Eye Size 50 Bridge Size 15

Temple Type Temple Length R 140 L 140

☐ Frame Ordered
☐ Lens Ordered
☐ Hardened
☐ Drop-Ball Test

SPECIAL INSTRUCTIONS:
ENGRAVE NAME:
SAMPLE C

FRAME COST
LENS COST
HARDEN

Patient SAMPLE D Date

SPH	CYL	AXIS	PRISM	BASE	PD	LEVEL	TINT
+2.00	-1.00	005			33		
+2.00	-1.50	176			33		

ADD	HEIGHT	WIDTH	INSET	LENS TYPE
+1.50	18	D-28	1.5	☐ GLASS
+1.50	18	D-28	1.5	X PLASTIC

ADDITIONAL LENS SPECIFICATIONS:

FRAME SPECIFICATIONS

Name CE-TRU 2294 Mfg. LIMITED

Color WINE Eye Size 50 Bridge Size 18

Temple Type Temple Length R 140 L 140

☐ Frame Ordered
☐ Lens Ordered
☐ Hardened
☐ Drop-Ball Test

ATTACHMENT B (Page 1 of 8)

5101:3-1-19 Claim Submission

MHTL 3334-11-03

Effective Date: August 2, 2011

Most Current Prior Effective Date: **February 1, 2010**

(A) The following claims for services rendered to medicaid consumers are exempt from this rule:

(1) Claims for services provided through medicaid managed care plans must be submitted in accordance with Chapter 5101:3-26 of the Administrative Code; and

(2) Claims submitted by nursing facility providers must be submitted in accordance with rules 5101:3-1-05, 5101:3-1-08, and 5101:3-3-39.1 of the Administrative Code.

(B) All other claims, except for a state agency that has an interagency agreement with ODJFS to submit claims in a different format, must be submitted to the ODJFS through one of the following formats:

(1) Electronic data interchange (EDI) in accordance with standards established under the health insurance portability and accountability act (HIPAA) of 1996. EDI formats for claims submission include:

(a) The "837 Health Care Claim Professional" (837P) electronic format;

(b) The "837 Health Care Claim Institutional" (837I) electronic format; or

(c) The "837 Health Care Claim Dental" (837D) electronic format.

(2) The medicaid information technology system (MITS) web portal;

(3) Pharmacy point-of-sale; or

(4) Hard copy paper claim, with the exception of paragraphs (C)(1) and (C)(2) of this rule, in accordance with standards developed by the national uniform billing committee, the national uniform claim committee or the American dental association. Paper claim formats include:

(a) The "CMS 1500" professional claim format (rev. 8/2005);

(b) The "UB-04" institutional claim format (rev. 5/2007); or

(c) The "American Dental Association" claim format (rev. 2006).

(C) The following claims must be submitted for payment in either the EDI format or through the MITS web portal:

(1) Medicare crossover claims in accordance with rule 5101:3-1-05 of the Administrative Code; or

(2) Claims that indicate other third party insurance plan information in accordance with rule 5101:3-1-08 of the Administrative Code.

(D) Claims must be submitted pursuant to the national correct coding initiative and coding standards set forth in the following guides and described in 45 CFR 162.1000 and 45 CFR 162.1002 (as in effect 12/07/2010):

(1) The healthcare common procedure coding system;

(2) The current procedure terminology codebook;

ATTACHMENT B (Cont'd., Page 2 of 8)

(3) The current dental terminology codebook; or

(4) The international classification of diseases codebook.

(E) Timely filing limitations.

(1) Original claim submissions.

(a) Claims other than inpatient hospital claims must be received by ODJFS within three hundred sixty-five days of the actual date the service was provided.

(b) Inpatient hospital claims must be received within three hundred sixty-five days from the date of discharge.

(c) Claims received beyond three hundred sixty-five days from the actual date of service or hospital discharge will be denied except when the provisions of paragraph (F) of this rule apply.

(d) For purposes of this rule, the date of receipt is the date ODJFS assigns an internal control number.

(2) Re-submission of denied claims.

(a) Claims denied by the department may be re-submitted for payment and must be received by the later of the following dates:

(i) Three hundred sixty-five days from the actual date or service; or

(ii) One hundred eighty days from the date the claim denied, even if this date is beyond three hundred sixty five days from the original date of service.

(b) Resubmitted claims received beyond seven hundred thirty days from the actual date of service or hospital discharge will be denied.

(3) Claims with prior payment by medicare or another insurance plan must be received within one hundred eighty days from the date medicare or the insurance plan paid the claim.

(F) Exceptions to timely filing requirements.

(1) When submission of a claim is delayed due to the pendency of an administrative hearing decision by ODJFS or an eligibility determination by a county department of job and family services (CDJFS), the claim must be received within one hundred eighty days from the date of the administrative hearing decision by ODJFS or the eligibility determination by the CDJFS. Documentation showing the date of service and the administrative hearing decision or eligibility determination must be submitted with the claim. In no case shall a delay in processing eligibility information at the CDJFS (as required in rule 5101:1-38-01.2 of the Administrative Code) be a basis for denial of payment under this provision.

(2) When a claim can not be submitted to ODJFS within three hundred sixty five days of the actual date of service due to coordination of benefits delays with medicare and/or other third party payers, the claim must be received by ODJFS within one hundred eighty days from the date medicare or the other insurance plan paid the claim.

(3) When a claim has been submitted and denied and is later found to meet the provisions in paragraph (F)(1) or (F)(2) of this rule, the claim may be resubmitted with documentation attached to support the delay in submission.

(G) Adjustments to claims.

ATTACHMENT B (Cont'd., Page 3 of 8)

(1) Adjustments to underpaid claims must be submitted within one hundred eighty days from the date medicaid paid the claim.

(2) Adjustments to overpaid claims must be submitted, and overpayments refunded, to ODJFS, within sixty days of discovery.

(a) Overpayments are recoverable by ODJFS at the time of discovery. Appeal rights under Chapter 119. of the Revised Code may be exercised to the extent provided in accordance with rule 5101:3-1-57 of the Administrative Code. All recoverable amounts are subject to the application of interest in accordance with rule 5101:3-1-25 of the Administrative Code.

(b) ODJFS will pursue collections by invoice for overpayments that result in a credit balance due to the department and remain outstanding for more than sixty days.

(3) Adjustments may be submitted through the EDI format or through the MITS web portal.

(4) ODJFS will no longer accept paper adjustment forms, except in cases where ODJFS determines a paper adjustment must be used for a claim to be adjusted.

(5) ODJFS will no longer process refund checks from providers for claim overpayments, except when an invoice or letter for collection of an outstanding overpayment has been sent to the provider for an ODJFS audit or review.

(H) Claims that require a specific ODJFS form to accompany the claim (for example, a claim for a hysterectomy service must have a hysterectomy consent form accompany the claim) may be submitted through the web portal, regular mail, or EDI format.

(1) Claims submitted via EDI shall be consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant format.

(2) All supporting documentation shall be submitted with the designated electronic data management system (EDMS) cover sheet.

(I) Trading partners submitting EDI transactions.

(1) Trading partners must enroll and receive an ODJFS defined trading partner number in order to submit EDI transactions.

(2) To become an active trading partner with ODJFS, all trading partners must abide by all ODJFS testing requirements, including the completing of a ninety per cent pass rate for each transaction type tested.

(3) Only authorized trading partners that are actively submitting and receiving 837 health care claim transaction sets may submit and receive the 270/271 and the 276/277 transaction sets.

Replaces: 5101:3-1-19, 5101:3-1-19.1, 5101:3-1-19.2, 5101:3-1-19.3, 5101:3-1-19.7, 5101:3-1-19.8, 5101:3-1-20, 5101:3-1-20.1, 5101:3-1-20.2

Effective: 08/02/2011

R.C. 119.032 review dates: 08/01/2016

Certification: CERTIFIED ELECTRONICALLY

Date: 06/20/2011

Promulgated Under: 119.03

Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02, 5111.021, Section 309.10 of Am. Sub. H.B. 1, 128th G.A.

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Prior Effective Dates: 6/1/78, 6/3/83, 8/1/83 (Emer), 10/1/83, 2/1/84, 10/1/84, 7/1/85 (Emer), 7/11/85 (Emer), 9/30/85, 8/1/86, 10/1/87, 2/1/88, 5/1/89, 7/1/90, 7/1/02, 7/1/03, 10/16/03 (Emer), 1/1/04, 11/15/04, 12/30/04 (Emer), 4/1/05, 3/28/05, 7/1/05, 12/30/05 (Emer), 3/27/06, 12/29/06 (Emer), 3/29/07, 5/23/07, 12/31/07 (Emer), 3/30/08, 12/31/08 (Emer), 3/31/09, 12/31/09 (Emer), 2/1/10, 3/31/10

ATTACHMENT B (Cont'd., Page 5 of 8)

5101:3-1-19.9 Inquiries Regarding the Status of Claims [Except for Services Provided through a Medicaid Managed Care Program]

Effective Date:* January 1, 2004 *(No Change)

(A) Prior to the submission of inquiries regarding the status of claims, the provider should assure that:

(1) The provider's accounts receivable have been properly reconciled using the department's remittance advice statements, including adjusting any billed amounts which exceed the department's maximum reimbursement limit. Remittance advice statements are defined as an electronic "835 Health Care Claim Payment/Advice", a cartridge tape remittance advice, or a paper remittance.

(2) The claim meets claim submission requirements defined in rule **5101:3-1-19.3** of the Administrative Code.

(3) The services provided were Medicaid covered services.

(4) Eligibility of the consumer is verified using the interactive voice response unit (IVRU) or the "270/271 Health Care Eligibility Benefit Inquiry and Response", if the claim was previously rejected as "consumer ineligible for Medicaid."

(B) Written inquiries about the status of claims must include a copy of the remittance advice (if the claim has been denied), the ODJFS problem claim form JFS 06653 (Rev. 07/2003), and an original invoice and be sent to the Ohio Department of Job and Family Services, provider network management section. Telephone inquiries may also be made to voice response unit in the provider network management section.

(C) EDI inquiries must be submitted as "276/277 Health Care Claim Status Request and Response" transaction formats.

R.C. 119.032 review dates: 02/04/2005 and 02/01/2010

Certification: Certified Electronically

Date

Promulgated Under: 119.03

Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02

Prior Effective Dates: 10/1/87, 5/1/89, 7/1/02, 10/16/03 (Emer.), 1/1/04

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5101:3-1-20 Electronic Data Interchange (EDI) Trading Partner Enrollment and Testing

MHTL 3334-11-09

Effective Date: January 1, 2012

(A) For purposes of this rule, the following definitions apply:

(1) "Covered entity," as defined by 45 C.F.R. 160.103 (rev. 2/2006), is a health plan, a health care clearinghouse, or a health care provider that transmits health care information in an electronic format in connection with a transaction covered by this rule. The following definitions apply:

(a) "Health plan" is an individual or group health plan that provides, or pays the cost of medical care.

(b) "Health care clearinghouse" is a public or private entity, including a billing service, repricing company, community health management information system or community health information system, and value-added networks and switches, that does either of the following functions:

(i) Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction; or

(ii) Receives a standard transaction from another entity and processes or facilitates the processing of health information into a nonstandard format or nonstandard data content for the receiving entity.

(c) "Health care provider" is a provider of medical or health services, and any person or organization who furnishes, bills for, or is paid for health care services in the normal course of business.

(2) "Electronic data interchange (EDI) transactions" are transactions developed by standards development organizations recognized by the federal centers for medicare and medicaid services (CMS) and adopted by the Ohio department of job and family services (ODJFS). The different EDI transactions are defined as follows:

(a) "ANSI X12 820 premium payment" is a transaction used to make a payment and/or send a remittance advice.

(b) "ANSI X12 834 monthly member roster or enrollment/disenrollment in a health plan" is a transaction used to establish communication between the sponsor of the insurance product and the payer.

(c) "ANSI X12 835 health care claims payment/remittance advice" is a transaction used to make a payment and/or send an explanation of benefits remittance advice.

(d) "ANSI X12 837 health care claim" is a transaction used to submit health care claim billing/encounter information, or both, from providers (institutional, professional, or dental) of health care services to payers, either directly or via clearinghouses.

(e) "ANSI X12 270 eligibility, coverage, or benefit inquiry" is a transaction used to inquire about the eligibility, benefits or coverage under a

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subscriber's health care policy.

(f) "ANSI X12 271 eligibility, coverage, or benefit information response" is a transaction used to communicate information about, or changes to, eligibility, benefits, and/or coverage.

(g) "ANSI X12 276 health care claim status request" is a transaction used to request the status of a health care claim.

(h) "ANSI X12 277 health care claim status notification" is a transaction used to respond to a request regarding the status of a health care claim.

(i) "ANSI X12 278 health care services review information request and response" is a transaction used to transmit health care service information for the purpose of referral,

certification/authorization, notification, or reporting the outcome of a health care services review.

(3) "Trading partner" is a covered entity that submits, receives, routes, and/or translates EDI transactions directly related to the administration or provision of medical assistance provided under a public assistance program.

(B) Trading partners submitting EDI transactions.

(1) Trading partners must meet the definition of a covered entity and be a health plan, a healthcare clearinghouse or a health care provider.

(2) To enroll as a medicaid EDI trading partner with ODJFS under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and be issued a trading partner number, a covered entity must complete the following:

(a) The JFS 01957 "Trading Partner Profile" form (rev. 5/2006).

(b) The JFS 06306 "Designation of an 835 or 834-820 Trading Partner" form (rev. 12/2006). This form is required only if the trading partner will be receiving the 835 remittance advice on behalf of its clients.

(c) A trading partner agreement. Two original trading partner agreements must be signed by an authorized representative of the trading partner and submitted to ODJFS. A countersigned original will be returned to the trading partner and must be kept on file.

(3) Once the medicaid trading partner number is assigned, the trading partner is eligible to submit claims for the testing process in accordance with paragraph (C) of this rule.

(C) Testing requirements.

(1) To become an active trading partner with ODJFS, all trading partners must abide by all ODJFS testing requirements as outlined in this paragraph and in the "Electronic Data Interchange Trading Partner Information Guide." The "Electronic Data Interchange Trading Partner Information Guide" is available at http://jfs.ohio.gov/OHP/tradingpartners/pdfs/EDITradingPartnerInformationGuide.pdf (rev. 1/2011).

(a) Trading partners are required to submit three files per the following transaction types that must pass testing: 837 (professional, institutional and dental), 270 (eligibility) and 276 (claim status inquiry).

(b) Trading partners must test the transaction types that they will be submitting in production.

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(c) Each file must contain a minimum of fifty claims.

(d) All EDI files must completely pass X12 integrity testing, HIPAA syntax, and HIPAA situation testing. Trading partners are required to modify their EDI files in accordance with any new federally mandated HIPAA standards.

(e) During testing, trading partners may submit one claim file per day, per transaction (one professional, one institutional, and one dental) and/or one eligibility inquiry and/or one claim status inquiry per day.

(f) Test files are considered passing when ninety per cent of the claims submitted pass the test adjudication process. A ninety per cent pass rate must be reached for each transaction type tested.

(D) Trading partners that are not actively submitting and receiving 837 health care claim transaction sets may not submit and receive 270/271 and 276/277 transaction sets.

Replaces: 5101:3-1-20.1, 5101:3-1-20.2

Effective: 12/11/2011

R.C. 119.032 review dates: 11/01/2016

Certification: CERTIFIED ELECTRONICALLY

Date: 12/01/2011

Promulgated Under: 119.03

Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02

Prior Effective Dates: 10/16/03 (Emer), 1/1/04, 11/15/04, 5/23/07

PRICE SCHEDULE

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE PER EACH	KORRECT OPTICAL PRICE PER EACH	SELECT OPTICAL PRICE PER EACH
V2020	FRAMES, PURCHASES	$7.00	$9.90	$7.70
V2020U1	FRAME + ENGRAVE FRAME	$7.50	$10.40	$8.20
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	$3.00	$3.50	$5.00
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	$3.00	$3.50	$5.00
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	$3.00	$3.50	$5.00
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	$3.00	$3.50	$5.00
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	$3.00	$3.50	$5.00
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	$3.00	$3.50	$5.00
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	$3.00	$3.50	$5.00
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS	$3.00	$3.50	$5.00

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE PER EACH	KORRECT OPTICAL PRICE PER EACH	SELECT OPTICAL PRICE PER EACH
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO	$3.00	$3.50	$5.00
	OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS			
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS	$3.00	$3.50	$5.00
	OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D	$3.00	$3.50	$5.00
	SPHERE, OVER 6.00D CYLINDER, PER LENS			
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS	$3.00	$3.50	$5.00
	OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS			
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS	$3.00	$3.50	$5.00
	OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS			
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS	$3.00	$3.50	$5.00
	OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR	$3.00	$3.50	$5.00
	MINUS 12.00D, PER LENS			
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	$15.00	$10.00	$10.00
V2118	ANISEIKONIC LENS, SINGLE VISION	$10.00	$9.75	$10.00
V2121	LENTICULAR LENS, NONASPHERIC, PER LENS, SINGLE	$5.00	$10.00	$10.00
V2199U2	ONE SV LENS >20.00D	$30.00	$9.75	$7.00
V2199U3	SV HIGH INDEX PLASTIC	$0.00	$5.00	$30.00
V2199U4	SV CYLINDER 6.25 SV	$5.00	$1.00	$3.00

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE PER EACH	KORRECT OPTICAL PRICE PER EACH	SELECT OPTICAL PRICE PER EACH
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	$4.00	$5.30	$7.00
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	$4.00	$5.30	$7.00
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	$4.00	$5.30	$7.00
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	$4.00	$5.30	$7.00
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	$4.00	$5.30	$7.00
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D CYLINDER, PER LENS, 4.25 TO 6.00D CYLINDER, PER LENS	$4.00	$5.30	$7.00
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D SPHERE	$4.00	$5.30	$7.00
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,.12 TO 2.00D CYLINDER, PER LENS	$4.00	$5.30	$7.00
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	$4.00	$5.30	$7.00
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	$4.00	$5.30	$7.00
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER,PER LENS	$4.00	$5.30	$7.00

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE PER EACH	KORRECT OPTICAL PRICE PER EACH	SELECT OPTICAL PRICE PER EACH
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR	$4.00	$5.30	$7.00
	MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS			
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR	$4.00	$5.30	$7.00
	MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS			
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR	$4.00	$5.30	$7.00
	MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS	$4.00	$5.30	$7.00
	OR MINUS 12.00D, PER LENS			
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	$10.00	$5.00	$5.00
V2218	ANISEIKONIC, PER LENS, BIFOCAL	$10.00	$10.00	$10.00
V2219	BIFOCAL SEG WIDTH OVER 28MM	$.50	$2.00	$2.00
V2220	BIFOCAL ADD OVER 3.25D	$.50	$2.00	$2.00
V2221	LENTICULAR LENS, NONASPHERIC, PER LENS, BIFOCAL	$.50	$10.00	$10.00
V2299U2	ONE BIF LENS>20.00D	$50.00	$9.75	$35.00
V2299U3	BIF HIGH INDEX PLASTIC	$0.00	$5.00	$5.00
V2299U4	BIF CYLINDER 6.25	$.50	$1.00	$5.00
V2299U5	WELCH-4-DROP BIF RD	$10.00	$5.75	$10.00
V2299U6	WELCH-4-DROP BIF ST	$10.00	$5.75	$10.00
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	$6.50	$3.00	$9.00

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE PER EACH	KORRECT OPTICAL PRICE PER EACH	SELECT OPTICAL PRICE PER EACH
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS	$6.50	$3.00	$9.00
	OR MINUS 7.00D, PER LENS			
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS	$25.00	$3.00	$9.00
	OR MINUS 20.00, PER LENS			
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS	$6.50	$3.00	$9.00
	OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS			
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D	$6.50	$3.00	$9.00
	SPHERE, 2.25-4.00D CYLINDER, PER LENS			
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D	$6.50	$3.00	$9.00
	SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS			
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D	$10.00	$3.00	$9.00
	SPHERE, OVER 6.00D CYLINDER, PER LENS			
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS	$6.50	$3.00	$9.00
	OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS			
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS	$6.50	$3.00	$9.00
	OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS			
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS	$6.50	$3.00	$9.00
	OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS	$25.00	$3.00	$9.00
	OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS			
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS	$6.50	$3.00	$9.00
	OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS			

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE PER EACH	KORRECT OPTICAL PRICE PER EACH	SELECT OPTICAL PRICE PER EACH
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS	$10.00	$3.00	$9.00
	OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS			
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS	$10.00	$3.00	$9.00
	OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS	$10.00	$3.00	$9.00
	OR MINUS 12 .00D, PER LENS			
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	$10.00	$0.00	$0.00
V2318	ANISEIKONIC LENS, TRIFOCAL	$10.00	$0.00	$0.00
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	$0.00	$5.00	$5.00
V2320	TRIFOCAL ADD OVER 3.25D	$0.00	$3.00	$3.00
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	$10.00	$0.00	$0.00
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS	$.50	$5.00	$5.00
	OR PLASTIC, PER LENS			
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS	$.50	$10.00	$10.00
	OR PLASTIC, PER LENS			
V2700	BALANCE LENS, PER LENS	$0.00	$10.00	$0.00
V2702	DELUXE LENS FEATURE	$0.00	$20.00	$20.00
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	$0.00	$20.00	$25.00
V2715	PRISM, PER LENS	$0.00	$1.25	$1.50

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE PER EACH	KORRECT OPTICAL PRICE PER EACH	SELECT OPTICAL PRICE PER EACH
V2718	PRESS ON PRISM	$50.00	$30.00	$15.00
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	$0.00	$1.00	$10.00
V2744	TINT, PHOTOCHROMATIC, PLASTIC OR POLYCARBONATE	$15.00	$8.50	$15.00
	ONLY, PER LENS			
V2745	ADDITION TO LENS, TINT, AND COLOR, PLASTIC OR	$0.00	$1.50	$1.50
	POLYCARBONATE ONLY, PER LENS			
V2755	U-V LENS, PER LENS	$0.00	$0.00	$2.00
V2770	OCCLUDER LENS, PER LENS	$0.00	$1.25	$2.00
V2782	LENS, INDEX 1.54 – 1.65 plas, 1.60 – 1.80 glass	$5.00	$5.00	$5.00
V2783	LENS, INDEX >= TO 1.66 plas or >= to 1.80 glass	$8.00	$5.00	$5.00
S0580	SV POLYCARBONATE LENS EACH	$6.75	$5.00	$7.00
S0580UA	BIFOCAL POLYCARB	$12.90	$6.30	$9.00
S0581	INDUSTRIAL THICKNESS SV OR BIF	$0.00	$0.00	$0.00

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901814-1

OAKS Number: 0000060173
Classic Optical Laboratories, Inc.
3710 Belmont Avenue
P.O. Box 1341
Youngstown, OH 44501

SHIPPED: 7 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Dawn Friedkin

Toll Free: (888) 522-2020
Telephone: (330) 759-8245
FAX: (888) 522-2022
E-mail: dawn@classicoptical.com

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901814-2

OAKS Number: 0000165875
Korrect Optical
4036 Dutchmans Lane
Louisville, KY 40207

SHIPPED: 7 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Steven A. Baker

Toll Free: (800) 624-4225
Telephone: (502) 897-1656
FAX: (502) 895-2024
E-mail: sbaker@korrect.com

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901814-3

OAKS Number: 0000132917
Select Optical
6510 Huntley Road
Columbus, OH 43229

SHIPPED: 7 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Delbert M. Lothes

Toll Free: (800) 282-6960
Telephone: (614) 846-5750
FAX: (800) 331-1603
E-mail: clothes@selectoptical.com