



Prevent Blindness Wisconsin

ADULT VISION HEALTH TOOLKIT:

**A systematic guide to increase vision
health awareness, capacity and care
navigation in public health departments**

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Prevent Blindness Wisconsin Adult Vision Health Toolkit

The Adult Vision Health Toolkit serves as a resource to educate public health department personnel and vision care stakeholders on the importance of prevention-based vision health programs. This toolkit promotes and enables the incorporation of vision health programs into existing systems/programs already serving at-risk adults in Wisconsin communities. *Advancements to achieve improved access to vision care and creation of this toolkit and resources were made possible thanks to generous funding from the National Association of Chronic Disease Directors®.*

Healthy vision is essential to success in the workforce and in life, yet the negative impact of undetected and untreated vision problem is often overlooked. Vision problems in adults often show no noticeable symptoms until irreversible vision loss has occurred. This makes early detection and treatment essential. The barriers to healthy vision many adults face include: lack of awareness of the importance of vision care, difficulty navigating the vision health system, not understanding treatment plans, language barriers, and lack of vision insurance.

This toolkit promotes and supplies needed resources and health literate tools to address barriers to vision care, improve access to vision health services, build client-driven health habits, and increase advocacy for at-risk Wisconsin adults. Information and resources include:

- The importance of preventative vision care and vision screenings
- How to assist clients in navigating the vision care system
- Best practice vision screening follow-up procedures: Adult Follow-up Manual and How to Navigate the Vision Care System
- Prevent Blindness Wisconsin free vision care voucher program criteria and applications
- Health literate vision health materials

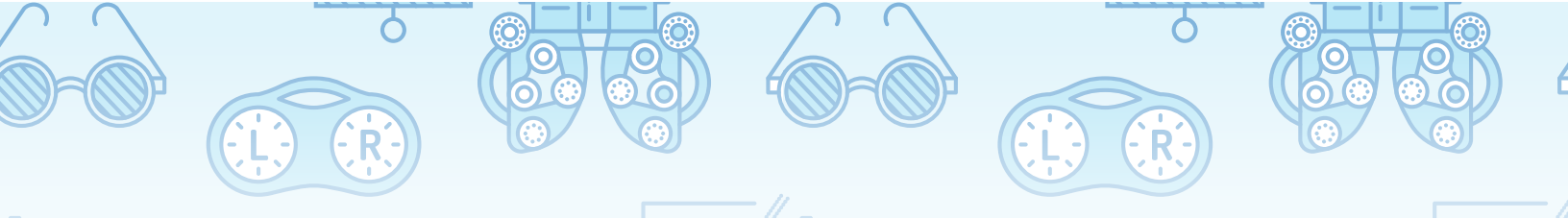
About Prevent Blindness Wisconsin:

Prevent Blindness Wisconsin is a 501 © (3) non-profit organization dedicated to healthy vision in Wisconsin.

Mission: Founded in 1958, Prevent Blindness Wisconsin improves the lives of children, adults, and families through early detection of eye conditions to prevent blindness and preserve sight. On-going vision screening activities and state-wide public health education lead to a lifetime of healthy vision.

Vision: Our vision is for each Wisconsin resident to have healthy vision at every stage of life.

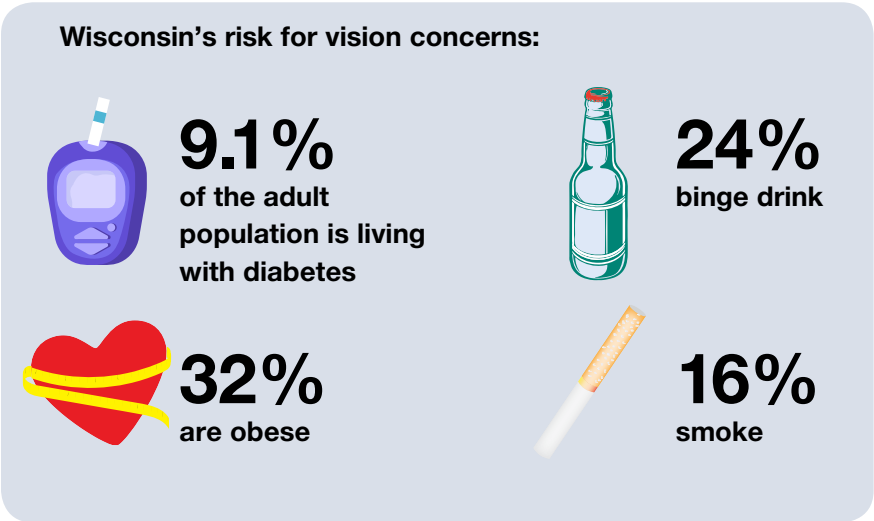
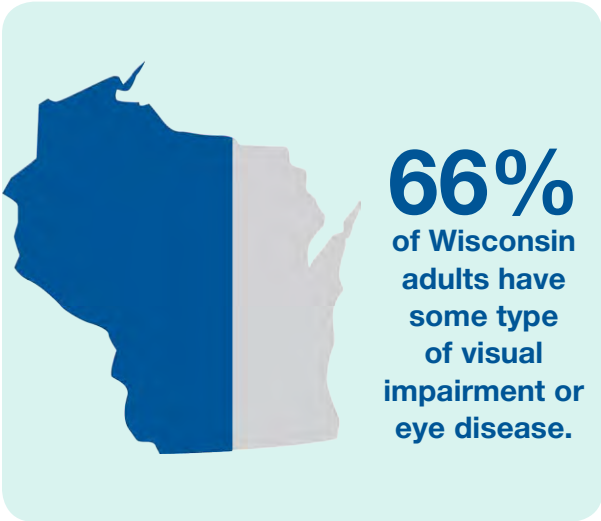
The Importance of Preventative Vision Care



Eyes allow us to see the world, complete daily tasks, and contribute back to society through the workforce. The human eye is composed of a system of intricate structures which gather light, via the optic nerve, and transmit it to the brain. There it is interpreted and converted into the images we see. Because healthy eyes carry out the process of sight seamlessly, it is easy to overlook the true complexity of the vision system. Many eye diseases and concerns can affect one or more of the intricate parts of the eye and impact the entire vision system.

Many vision concerns and eye diseases in adults go unaddressed until permanent vision loss occurs. The importance of learning about one’s vision health is key to reducing debilitating vision conditions thereby increasing the quality of life among Wisconsin’s working-age and older adult residents.

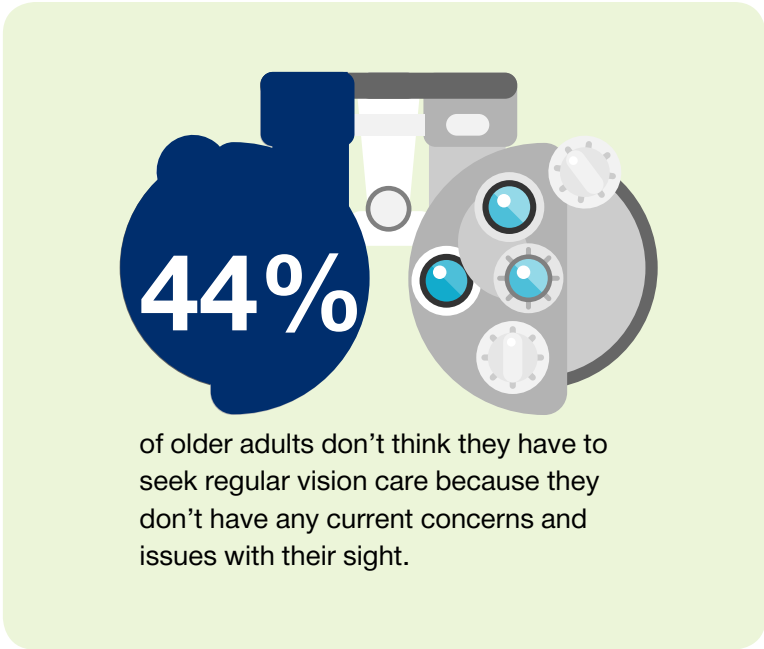
Adult Vision Health in Wisconsin



40% of Wisconsin adults are expected to develop Type 2 Diabetes during their lifetime

75% of adults living with diabetes will form some type of diabetes-related retinopathy, the leading cause of vision loss for working-age adults in the United States.

Adults with a visual impairment are at a **9.5 times greater risk for Alzheimer’s disease, 2.4 times greater risk for falls** inside and outside the home and are at a 200% increase for depression.





Adult Vision Screenings

Vision screenings serve as a preventative approach to raise awareness of adult vision concerns and vision health. The purpose of an adult vision screening is to identify adults at risk for vision concerns, refer them to further vision care, and provide support to ensure they can access further vision care. Often, an adult vision screening is one of the first times at-risk adults receive vision health education and are made aware of the importance of vision health and regular vision care. Certified vision screeners are also responsible for conducting follow-up after a vision screening referral. Follow-up refers to the action steps taken by trained community partners and volunteers to assist a referred adult in accessing needed vision care after a certified vision screening.

Adult Vision Screening Certification Process

In order to offer an accurate, evidence-based adult vision screening, one individual at the screening must be certified as an Adult Vision Screener. The process to become a Certified Adult Vision Screener entails:

1. Attending a Prevent Blindness Wisconsin Adult Vision Screening Training
 - a. Trainings are 3 hours in length and cover the following:
 - I. Purpose and importance of an adult vision screening and follow-up care
 - II. Common vision problems and eye diseases in adults
 - III. Risk factors for common adult vision problems
 - IV. How to recognize signs and symptoms of possible vision problems in adults
 - V. Components of an adult vision screening
 - VI. How to interpret vision screening results and determine referrals
 - VII. Resources on how to conduct follow-up care with referred adults

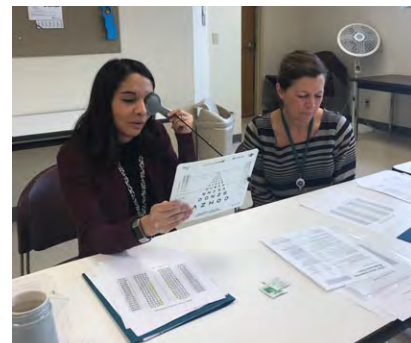
The Adult Vision Screening Training and protocol are evidence-based and scientifically validated. Adult Vision Screening Protocol is set by Prevent Blindness' Scientific Advisory Committee and the Center for Population and Vision Health. **The Adult Vision Screening Certification is valid for 3 years.**

Adult Vision Screening Components

An adult vision screening has multiple components; however, **three** required components must be completed with each client to be considered a certified vision screening (vision health risk assessment, exit interview and follow-up).

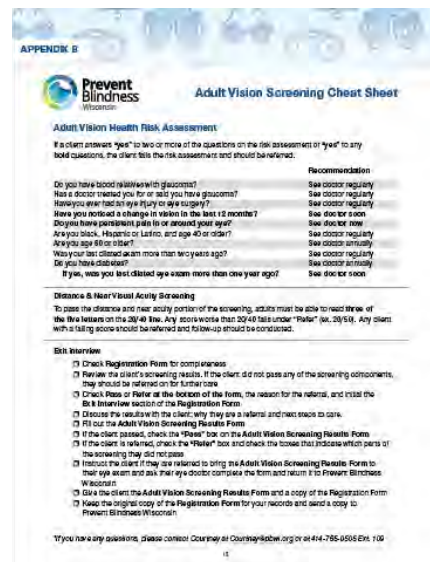
1. **Client Registration & Vision Health Risk Assessment (Required); Please see pages 13-14 for the Adult Vision Screening Registration Form**
2. Near Acuity Screening (Optional)
3. Distance Acuity Screening (Optional)
4. **Exit Interview (Required)**
5. **Follow-Up (Required); Please see pages 10-11 for further resources**

To reference the passing/referral requirements for an adult vision screening, please see the Adult Vision Screening Cheat Sheet on page 15.



Adult Vision Health Risk Assessment

An adult vision health risk assessment is a vision screening tool used to measure one's vision health needs and raise awareness of one's current vision health status. With this tool, screeners can evaluate each individual's vision health status and assist them in accessing appropriate vision care as needed. Each question on the risk assessment is specifically designed to highlight certain risk factors that influence vision concerns and eye diseases in adults. Approximately 98% of adults do not pass the vision health risk assessment, making it a required portion of the adult vision screening. If a client does not pass the vision health risk assessment, screeners do not have to proceed with the near or distance visual acuity screening. This tool serves as an effective and efficient screening tool for partners to implement into their everyday programs. Please see **page 16 to reference the Adult Vision Screening Cheat Sheet and pages 17-18 for the Adult Vision Health Risk Assessment Question Breakdown.**



APPENDIX B

Prevent Blindness

Adult Vision Screening Cheat Sheet

Adult Vision Health Risk Assessment

If a client answers "yes" to two or more of the questions on the risk assessment or "yes" to any bold questions, the client fails the risk assessment and should be referred.

Question	Recommendation
Do you have blood relatives with glaucoma?	See doctor regularly
Has a doctor treated you for or told you have glaucoma?	See doctor regularly
Have you ever had an eye injury or eye surgery?	See doctor regularly
Have you noticed a change in vision in the last 12 months?	See doctor soon
Do you have problems with near or distance vision?	See doctor now
Are you black, Hispanic or Latino, and age 40 or older?	See doctor regularly
Are you age 40 or older?	See doctor annually
Was your last dilated exam more than two years ago?	See doctor regularly
Do you have diabetes?	See doctor annually
If yes, was your last dilated eye exam more than one year ago?	See doctor soon

Distance & Near Visual Acuity Screening

To pass the distance and near acuity portion of the screening, adults must be able to read three of the five letters on the 20/40 line. Any score worse than 20/40 fails under "Refer" (p. 20/50). Any client with a failing score should be referred and follow-up should be completed.

Exit Interview

- 1. Check Registration Form for completeness
- 2. Review the client's screening results. If the client did not pass any of the screening subcomponents, they should be referred on for further care.
- 3. Check those or better at the bottom of the form, the reason for the referral, and enter the Exit Interview section of the Registration Form.
- 4. Discuss the results with the client, why they are a referral and next steps to care.
- 5. Fill out the Adult Vision Screening Results Form.
- 6. If the client passed, check the "Pass" box on the Adult Vision Screening Results Form.
- 7. If the client is referred, check the "Refer" box and check the boxes that indicate which parts of the screening they did not pass.
- 8. Instruct the client if they are referred to bring the Adult Vision Screening Results Form to their eye exam and ask their eye doctor to complete the form and return it to Prevent Blindness Wisconsin.
- 9. Give the client the Adult Vision Screening Results Form and a copy of the Registration Form.
- 10. Keep the original copy of the Registration Form for your records and send a copy to Prevent Blindness Wisconsin.

*If you have any questions, please contact Courtney at Courtney@wiscpreventblindness.org or at 414-785-6556 Ext. 100

Exit-Interview

The exit interview section is a required and crucial component of the adult vision screening. The interview serves as the educational section of the screening by guiding at/high risk adults with their recommended next steps to care. In the exit interview, the following will be discussed:

- Education on the purpose of the screening conducted and the difference between a vision screening and a dilated eye exam **(please reference page 8)**
- If the client passes or is referred based on screening results
- Overview of the clients' vision health risk assessment results
 - o Discussion of their current vision risk factors
- Discussion of client's visual acuity scores if near and distance acuity screening occurred
- Recommended next steps for the client
 - o **If client is referred:** Guidance on how to access vision care services with their current vision care coverage options **(please reference page 11)**.
 - o **If client passed:** Discussion of importance of a dilated eye exam and the frequency of exams based on client specific risk factors and screening results
- Discussion on expectations of a dilated eye exam and the frequency of this service based on client specific risk factors and screening results

Please reference **page 9** in this toolkit to guide and educate your clients on eye exams and frequency of care recommended for their age group and risk level.

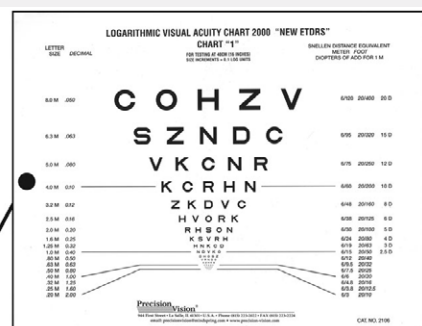
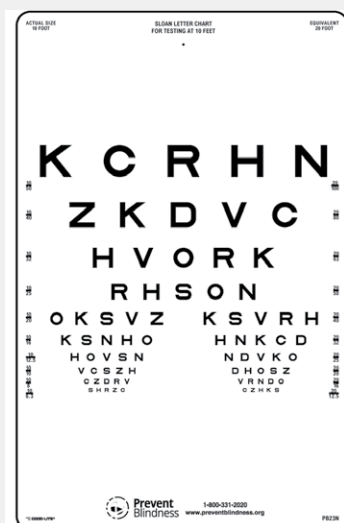


"I was very nervous in the beginning. With my situation and circumstances, I knew I would never be able to seek out care on my own. You went step-by-step through the process with me and were willing to be there for me. I never would have been able to do this without your help. I'd just keep going without glasses and keep squinting and not being able to see. For myself, I cannot function through the health care system without help. I can't wait to walk around and show everyone my new lenses. You helped me—thank you." – Rusty

Vision Screenings vs. Eye Exams: What is the Difference?

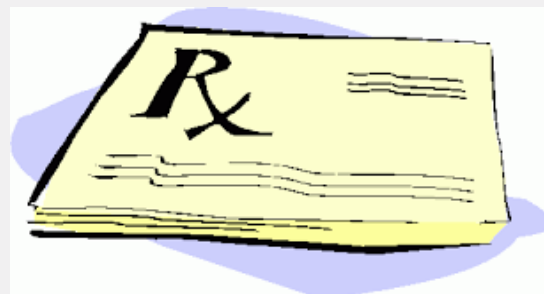
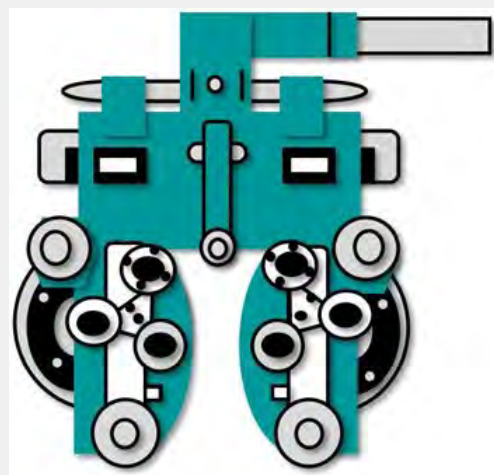
Vision screenings

A vision screening is a sustainable and efficient approach to providing preventative vision health services to a large population by identifying vision concerns in at/high risk individuals and referring them to further vision care. Vision screenings do not diagnose any vision concerns. They are used to raise awareness of vision health and the importance of regular, dilated eye exams.



Eye exams

Eye exams are a medical exam/procedure which examines the entire health of the eye and can diagnose vision concerns/diseases. Eye exams are conducted by an eye care professional: an ophthalmologist (M.D.) or an optometrist (O.D.). It is highly recommended adults receive a dilated eye exam.

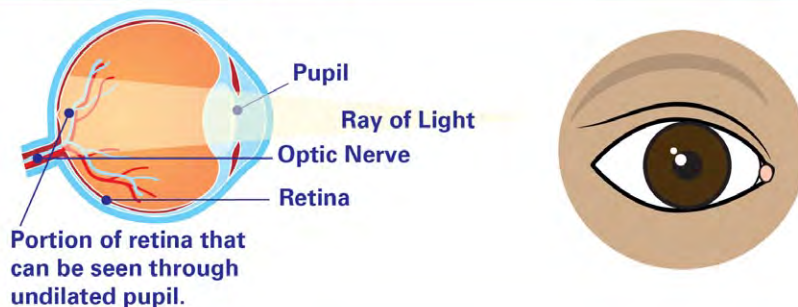


Dilated Eye Exams

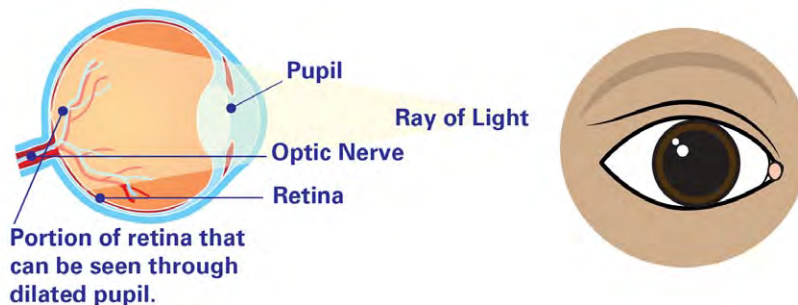
A dilated eye exam is a comprehensive examination of each eye. An eye exam monitors the health of the eye, ensures all structures are functioning properly, diagnoses any eye diseases/vision concerns, and prescribes needed treatment. It is **extremely important** adults receive a dilated eye exam. Dilation helps the eye doctor see the entire health of the eye. An eye exam without dilation gives the eye doctor a very narrow view of the inside of the eye and can lead to missed diagnoses and a delay in treatment.

To dilate the eye, the eye doctor will put drops in each eye to make the pupil larger. An enlarged pupil allows more light to enter the eye, widening the view helping the eye doctor see the structures of the eye more clearly and completely.

UNDILATED PUPIL



DILATED PUPIL



Recommended Eye Exam Frequency for Adults

The only way to diagnose most eye diseases is through a dilated eye exam, making the consistency of receiving regular dilated eye exams imperative.

As adults age, so do their risks for vision complications and visual impairment. It is recommended the following populations **receive an annual dilated eye exam**:

- Adults 60 years of age and older
- African Americans and Hispanics/Latinos 40 years of age and older
- Adults diagnosed with diabetes (Type 1 or Type 2) or pre-diabetes
- Adults with diagnosed vision concerns/eye diseases

These populations are considered 'at-risk' for vision complications and permanent visual impairment.

Every individual's eyes and vision health are different; it is recommended those not considered 'at-risk' for vision complications **receive a dilated eye exam every 2-4 years**. Each adult should comply with their eye care provider's recommendations on frequency of dilated eye exams.



Adult Vision Health Follow Up Procedures

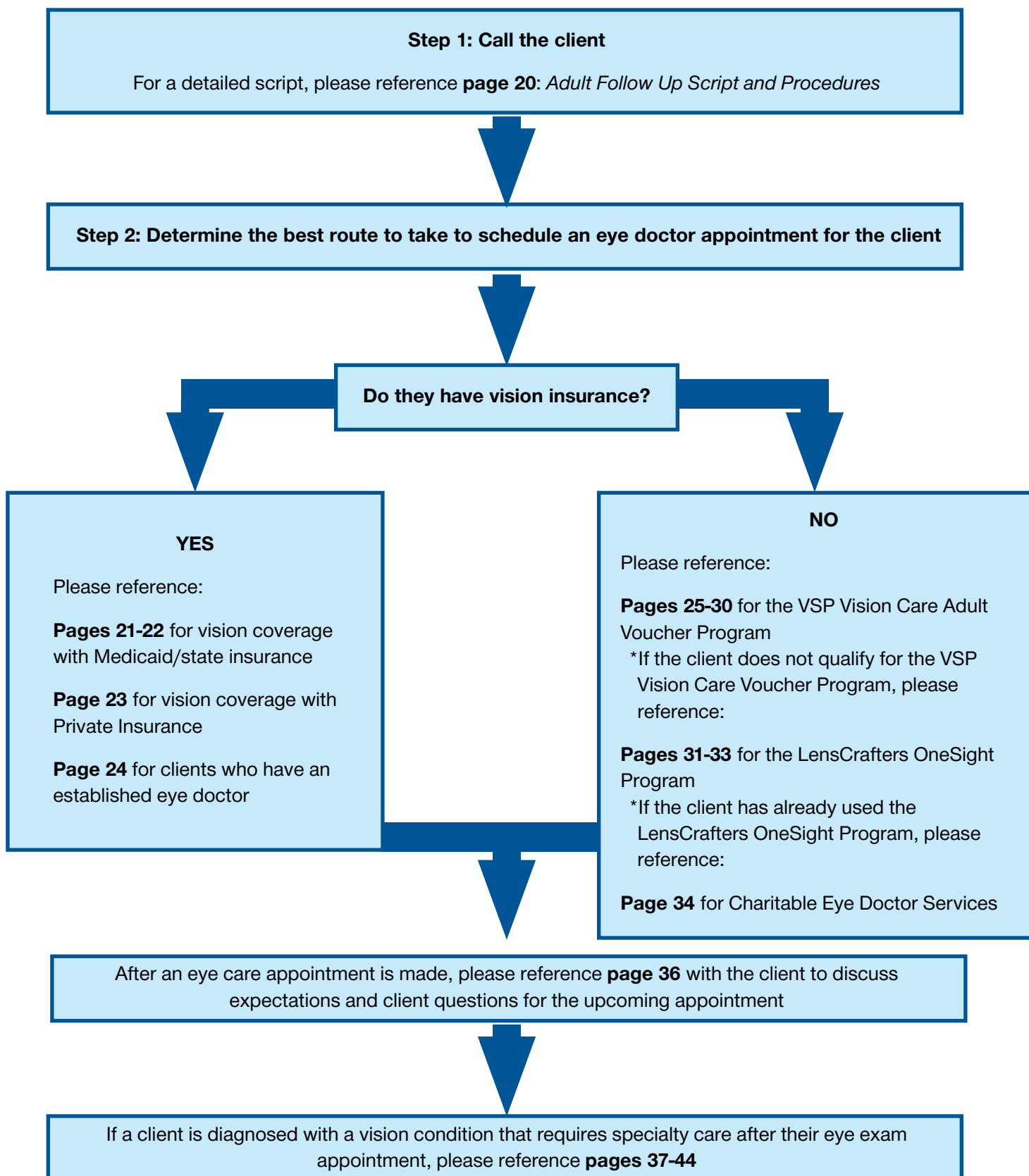
Follow-up is an active outreach effort conducted for referred clients, helping them understand their vision health needs, care options, and pathways to vision care. The goal of this follow-up model is to teach adults to conduct this health behavior as independently as possible with the guidance of a trained professional to increase self-confidence and self-advocacy in making regular preventative health appointments for themselves in the future.

Prevent Blindness Wisconsin's Follow-Up Model is a 4-touch approach. Over a series of months after a vision screening referral, screeners are trained to correspond and engage with the referred adult, educating them on their options to seek care from an eye care professional based on their vision coverage. All follow-up attempts are done via phone or in person and guide clients through the steps of making an eye doctor appointment. Please reference **page 20** for a detailed Follow-Up Script and Navigation.

Prevent Blindness Wisconsin recommends certified vision screeners follow this follow-up schedule after a vision screening:

1. Two weeks after a vision screening referral
 - If you have not heard from the client that an eye doctor appointment has been made, contact them. This timeframe is essential in forming client-driven vision health habits, as the exit-interview and steps to care are still fresh in the client's mind from the screening.
2. 1 Month after a vision screening referral
 - If you have not heard from the client or did not assist in making an eye doctor appointment for the client, it is recommended to follow-up 1 month after the vision screening referral.
3. 3 Months after a vision screening referral
 - If you have not heard from the client or did not assist in making an eye doctor appointment for the client, it is recommended to follow-up 3 months after the vision screening referral.
4. 5 months after a vision screening referral
 - If you have not heard from the client or did not assist in making an eye doctor appointment for the client, it is recommended to follow-up 5 months after the vision screening referral. ***This is the last and final recommended outreach attempt for clients.***

Adult Follow-Up Navigation to Vision Care Flow Chart



Common Barriers to Vision Care

The importance of conducting follow-up care is in large part due to the barriers that exist that restrict clients from accessing needed vision care services. The most common barriers to vision care include:

- Lack of educational materials and resources on common eye diseases and vision health
- Low health literacy levels
- Lack of awareness on length of treatment regimens
- Lack of knowledge on how to access vision care benefits
- Language barriers
- Lack of transportation

This toolkit is designed to combat barriers to care and train health professionals to act as vision health advocates for their clients by providing education and support as they navigate their pathways to care. To help alleviate these common barriers, please reference the following resources and appendices for further information and guidance for your clients.



- Educational fact sheets containing general vision health diagnoses, treatment breakdowns, resources, and continuum to care at 3-tierd literacy levels (3rd grade and below; 4th-6th grade; 7th grade and above)
- Lack of knowledge on how to access vision care coverage
 - Please reference **page 11** and **page 20** of this toolkit
- Lack of knowledge that uncontrolled and untreated vision concerns can result in permanent vision loss
 - Please reference **pages 16-17** and educational health literate fact sheets on **pages 46-53**
- Lack of transportation
 - Depending on the client's vision coverage options, transportation options help them make their scheduled appointments
 - Medicaid: Medicaid offers transportation services for members. Please call 1-800-362-3002 and have the client state they need to sign up for transportation services
 - VSP Vision Care Voucher Program: The VSP Voucher Program has participating clinics throughout Wisconsin that can be chosen for each client depending on their transportation needs. Please let Prevent Blindness Wisconsin know if your client needs a clinic location closest to their home, place of work, or on a major bus route.
 - Additional Needs: If no resources can be found to aid with transportation for your client, please contact Courtney at Courtney@pbwi.org



**Prevent
Blindness**
Wisconsin

Adult Vision Screening Registration Form

Client Information:

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip Code: _____ State: _____

E-mail: _____ D.O.B: _____

Vision Insurance: (Circle Yes or No) Yes: (Please specify) _____

Race/Ethnicity:

☐ African-American or black

☐ Mexican American/Chicano

☐ Other: _____

☐ Asian

☐ Multi-Ethnic

☐ Caucasian

☐ Native American or Alaskan Native

☐ Hispanic/Latino

☐ Native Hawaiian or Pacific Islander

This vision risk assessment will help determine whether you are at risk for age-related eye disease.

1. Do you have blood relatives with glaucoma? Yes No

2. Has a doctor treated you for or said you have glaucoma? Yes No

3. Have you ever had an eye injury or eye surgery? Yes No

4. Have you noticed a change in vision in the last 12 months?* Yes No

5. Do you have persistent pain in or around the eye?* Yes No

6. Are you black, Hispanic or Latino, and age 40 and older? Yes No

7. Are you age 60 or older? Yes No

8. Was your last dilated eye exam more than two years ago? Yes No

When was your last dilated eye exam? _____

9. Do you have diabetes? Yes No

10. If yes, was your last dilated eye exam more than one year ago?* Yes No

Near Visual Acuity Score:

R: 20/____ L: 20/____

☐ Reading/prescription lenses worn

Distance Visual Acuity Score:

R: 20/____ L: 20/____

☐ Reading/prescription lenses worn

Exit Interview: _____ Screeners Initials

☐ Refer client based on:

☐ Risk Factors

☐ Visual Acuity

☐ Pass client



Adult Vision Screening Statement of Screening (Required)

Today's adult vision screening can help determine if you see as well as you should. Keep in mind, however, that many underlying factors may affect the screening results. Also, a vision screening does not test for all eye disorders.

A vision screening is not a substitute for a professional examination by an eye care professional. If you suspect that you are having any vision problems, you should immediately arrange for a professional eye examination regardless of today's screening results.

I hereby authorize the disclosure of health information, related to the results of this screening and subsequent eye exams, to be shared with Prevent Blindness Wisconsin for purposes related to follow up and statistical analysis.

Usted tambien da permiso para que está información sea usada para darle tratamiento a su condicion y tambien para analisis estadistico por Prevent Blindness Wisconsin.

Client Signature /firma aqui::_____ **Date:**_____

Adult Vision Health Risk Assessment

If a client answers “**yes**” to two or more of the questions on the risk assessment or “**yes**” to any **bold** questions, the client fails the risk assessment and should be referred.

	Recommendation
Do you have blood relatives with glaucoma?	See doctor regularly
Has a doctor treated you for or said you have glaucoma?	See doctor regularly
Have you ever had an eye injury or eye surgery?	See doctor regularly
Have you noticed a change in vision in the last 12 months?	See doctor soon
Do you have persistent pain in or around your eye?	See doctor now
Are you Black, Hispanic or Latino, and age 40 or older?	See doctor regularly
Are you age 60 or older?	See doctor annually
Was your last dilated exam more than two years ago?	See doctor regularly
Do you have diabetes?	See doctor annually
If yes, was you last dilated eye exam more than one year ago?	See doctor soon

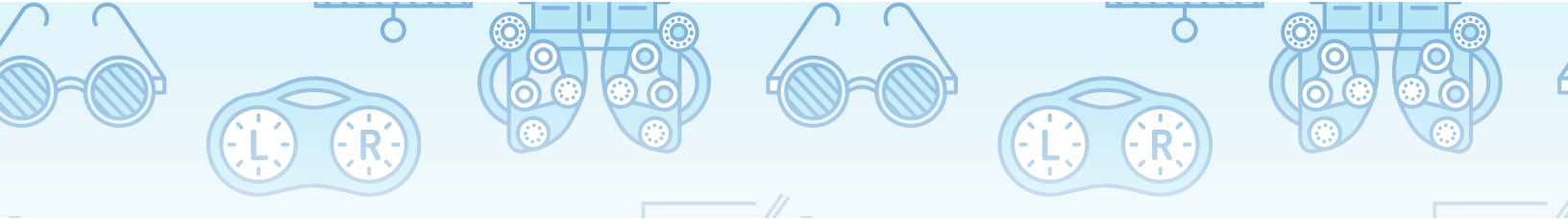
Distance & Near Visual Acuity Screening

To pass the distance and near acuity portion of the screening, adults must be able to read **three of the five letters** on the **20/40 line**. Any score worse than 20/40 falls under “Refer” (ex. 20/50). Any client with a failing score should be referred and follow-up should be conducted.

Exit interview

- ☐ Check **Registration Form** for completeness
- ☐ Review the client’s screening results. If the client did not pass any of the screening components, they should be referred on for further care
- ☐ Check **Pass** or **Refer at the bottom of the form**, the reason for the referral, and initial the **Exit Interview** section of the **Registration Form**
- ☐ Discuss the results with the client; why they are a referral and next steps to care.
- ☐ Fill out the **Adult Vision Screening Results Form**
- ☐ If the client passed, check the “**Pass**” box on the **Adult Vision Screening Results Form**
- ☐ If the client is referred, check the “**Refer**” box and check the boxes that indicate which parts of the screening they did not pass
- ☐ If they are referred, instruct the client to bring the Adult Vision Screening Results Form to their eye exam and ask their eye doctor to complete the form and return it to Prevent Blindness Wisconsin.
- ☐ Give the client the **Adult Vision Screening Results Form** and a copy of the Registration Form
- ☐ Keep the original copy of the **Registration Form** for your records and send a copy to Prevent Blindness Wisconsin

**If you have any questions, please contact Courtney at Courtney@pbwi.org or at 414-765-0505 Ext. 109*



Adult Vision Health Risk Assessment Background Facts

Listed below are explanations on the significance of each adult vision health risk assessment question. Risk assessment questions are designed to triage and target at-risk clients for vision concerns. Please reference the descriptions below if clients have questions regarding their risk assessment results.

Question 1: Do you have blood relatives with glaucoma?

- Studies have suggested that more than 50% of glaucoma is familial, especially among siblings. The rate of glaucoma can be 10 times higher among individuals with a sibling who has glaucoma. (Wolfs RC, Klaver CC, et al. Genetic Risk of primary open-angle glaucoma: Population-based familial aggregation study).

Question 2: Has a doctor treated you for or said you have glaucoma?

- Glaucoma is often called the “Sneak Thief of Sight” because Glaucoma rarely shows symptoms until permanent vision loss occurs.
- A common sign of glaucoma includes loss of peripheral (side) vision. Once vision loss occurs, it cannot be reversed.
- Glaucoma treatment is lifelong. Treatments may include eye drops or pills to help regulate the pressure in the eye. Treatment must be followed exactly as prescribed to prevent further vision loss.

Question 3: Have you ever had an eye injury or eye surgery?

- Clients who have had an eye injury or eye surgery are at a greater risk of vision problems, such as retinal detachment.
- If a client is suffering from an eye injury or has appearance warnings signs on one or both eyes (bruising, redness or inflammation, a sty on the eye etc.) they should seek care from an eye care professional.

Question 4: Have you noticed a change in vision in the last 12 months?*

- Changes in vision may indicate a vision problem. Please reference **page 9** of this toolkit for recommended frequency of eye exams for adults based on risk factors.

Question 5: Do you have persistent pain in or around the eye?*

- If a client has a persistent pain in or around the eye, they should seek care from their eye doctor immediately, or emergency medical care.

Question 6: Are you Black, Hispanic or Latino, and age 40 and older?

- Individuals who are Black, Hispanic, or Latino and 40 or older, are at an increased risk for eye diseases such as glaucoma or diabetes-related eye disease.
- They are also more at-risk for eye diseases that are considered ‘hereditary.’

Question 7: Are you age 60 or older?

- As we age, so do our eyes. Age can be one of the greatest risk factors for some eye diseases.
- Adults 60 years and older should receive a dilated eye exam **annually**.

Question 8: Was your last dilated eye exam more than two years ago?

When was your last dilated eye exam? _____

- It is currently recommend that adults with no additional risk-factors receive a dilated eye exam every two years. Frequency of dilated eye exams varies based on an adult's risk factors. Please reference **page 9** of this toolkit for more information.

Question 9: Do you have diabetes?

- Diabetes affects the body's ability to produce and use insulin correctly. Over time, too much glucose can damage many parts of the body, including the eye
- Type 1 and Type 2 diabetes increase the risk of several vision concerns including diabetes-related retinopathy, diabetes-related macular edema, cataracts and glaucoma.
- Pre-diabetes also has an effect on vision health.
 - o Blurry vision and early signs of retinopathy (seeing flashing lights, a sudden increase in floaters, seeing cobweb like shadows in your visual field) are common for people with both Type 1 and Type 2 Diabetes and should be investigated with a dilated eye exam.

Question 10: If yes, was your last dilated eye exam more than one year ago?*

- It is recommended those with diabetes or pre-diabetes receive a dilated eye exam **annually**.





Adult Vision Screening Results Form

731 N. Jackson Street • Suite 405 • Milwaukee • WI 53202
(414) 765-0505 • Fax: (414) 765-0377

☐ You passed the screening, but please keep in mind the following:

Half of all blindness can be prevented. A vision screening does not replace an eye doctor's exam, but it can help identify people who are at risk for eye disease.

Several eye diseases have no symptoms during the early stages and only your eye doctor can tell if you have them.

☐ You did not pass one or more components of the screening.

☐ Risk Factors

☐ Visual Acuity

What you should do:

1. Make an appointment with your eye doctor.
2. Take this Vision Screening Results form with you to your appointment.
3. Ask your doctor to complete the Record of Exam section and send/ fax it to Prevent Blindness Wisconsin.

Record of Examination

***Please fax this form back to Prevent Blindness Wisconsin at 414-765-0377
once the client's appointment is complete.***

Name: _____

Doctor's Name: _____

Exam Date: _____

Diagnosis: ☐ Normal Vision ☐ Glaucoma ☐ Cataracts ☐ Diabetes-Related Retinopathy

☐ AMD ☐ Refractive Error ☐ Astigmatism ☐ Myopia

☐ Hyperopia ☐ Presbyopia ☐ Other: _____

Treatment: ☐ Glasses Prescribed

☐ Other: _____

Notes: _____

HOW TO MAKE AN EYE DOCTOR APPOINTMENT DECISION TREE

**Prevent
Blindness**
Wisconsin


DO YOU HAVE VISION INSURANCE?

I have private insurance

Yes, I know I have vision coverage

I don't know if I have vision coverage under my insurance plan

Call the number on the back of your insurance card for information on your coverage options. Please see the example below.

 <p>Member: Present this ID card to your eye doctor to receive your vision services or supplies. See your Evidence of Coverage for covered services. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit alpha prefix that precedes the identification number listed on the front of this card.</p> <p>Possession of this card does not guarantee eligibility for benefits.</p> <p>Blue Cross Blue Shield of Wisconsin P.O. Box 70032, Annapolis, CA 92625 P.O. Box 14719, Louisville, KY 40519-4719 P.O. Box 10100, Springfield, MA 01101 P.O. Box 8604, Mason, OH 45040-7111</p> <p>Issue date: 11/28/2017</p>	<p>anthem.com</p> <p>Member Service: 1-855-690-7796 711</p> <p>TTY/TDD Line: 1-814-258-0286</p> <p>Provider Service: 1-866-630-3820</p> <p>Pharmacist Inquiries: 1-888-700-1952</p> <p>Dental Customer Service: 1-888-690-7796</p> <p>Vision: 1-855-690-7796</p> <p>24/7 NurseLine: 1-855-656-9249</p> <p>ShortStrokes: 1-855-741-4985</p> <p><small>Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company, Independent licensee of the Blue Cross and Blue Shield Association.</small></p>
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I have Medicare

Most vision coverage is for eye diseases, or medical treatment for eye diseases. ***Medicare does not cover regular, dilated eye exams or eyeglasses.***

*However, Medicare does cover **yearly dilated eye exams if you fit the following criteria:**

- You have diabetes
- You are 'at-risk' or have glaucoma. Please see below for 'at-risk' criteria.

***One pair** of eyeglasses is covered after cataract surgery.*

If you do not fit the criteria* above for a covered eye exam, please follow the instructions above for **'I have no insurance'***

'At-Risk' Glaucoma Eye Exam Criteria:

- You have diabetes
- You have family history of glaucoma
- You are African American and age 50 and older on Medicare
- You are Hispanic and age 65 or older on Medicare

I have Medicaid

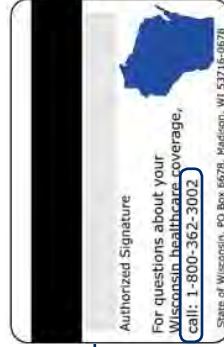
Call the number on the back of your insurance card. Ask if you have any **vision coverage. If so, ask what benefits are covered.** Please see the example below.

No, I do not have coverage.

Yes, but I only have partial coverage.

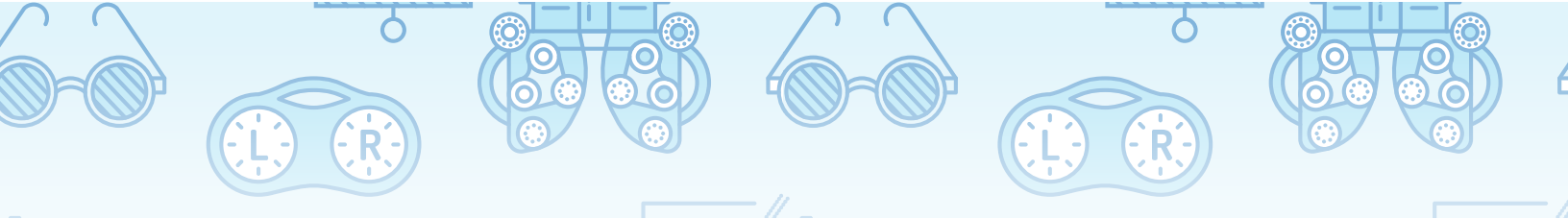
You may qualify for Prevent Blindness Wisconsin's voucher program. Please see our Voucher Criteria Sheet at wiscnsin.preventblindness.org under our **Resources tab** to see if you qualify.

If you qualify, a free eye exam and/or a pair of glasses may be covered by the voucher. Please call our office at (414) 765-0505 to learn more.



Yes, I have coverage for my vision care needs.

Ask your insurance provider which eye clinics and eye doctors they cover. Schedule an appointment with an eye clinic and eye doctor in your plan.



Adult Vision Health Follow-Up Script and Steps:

The first step to healthy vision is **awareness**; the second step is action. Please refer to the follow-up script and steps below to begin your follow-up process with referred clients.

Follow-Up Phone Call Script/Steps: If the client does not answer the phone, leave a voicemail:

Hello (client name). This is (your name) from (organization name). I am calling to follow-up with you regarding the vision screening you received a couple of weeks ago at the (organization/screening site). Your results show you did not pass your vision screening and we would like to walk you through the process of setting up an appointment for an eye exam as soon as possible. Please call me back at (telephone number). If we don't hear from you, we will call back soon. Thank you.

If the client does answer the phone:

Hello (client name). This is (your name) from (organization name). You were vision screened by (organization/screening site name) a couple of weeks ago and I am calling because your results show you did not pass your vision screening. I have just a couple of questions for you to determine how we should start the process of getting you into care with an eye doctor.

Do you currently have an eye doctor you see?

- ***If yes**, follow steps on **page 24**
- **If the client does not have an eye doctor they see regularly**, proceed with the following questions below:

Do you have vision insurance?

- **If yes**, what kind? (e.g. Private insurance? Medicaid?)
 - o Medicaid: follow the steps on **pages 21-22**
 - o Private Insurance: Follow the steps on **page 23**

Does not have vision coverage/insurance, reference **page 25** to determine if a client is eligible for the VSP Voucher Program.

- a. If client is eligible for the VSP Voucher Program, assist client with the application process as explained on **page 25**.
- b. If client is **NOT** eligible for the VSP Voucher Program, **please consider the following options for the client:**
 - i. LensCrafters One Sight Program on **pages 31-33**
 - ii. Charitable Vision Care Services in Your County on **page 34**

How to Make an Eye Doctor Appointment with Medicaid

1.A If you know your HMO Provider, please see the table below and call the number listed for your specific HMO. Follow steps 4–7 to proceed with making an eye exam appointment. If you reside in Milwaukee, Racine or Waukesha county it is best to call between the 21st and 26th of the month. Appointments are first come first serve.

HMO Provider	Within Milwaukee	Number for Clients Outside of Milwaukee County
Anthem BlueCross BlueShield	(855) 516-2724	(855) 516-2724
Independent Care (iCare)	(414) 462-8818	(800) 501-0700
Managed Health/Network Health	(414) 462-3101	(866) 458-2134
Molina Health Care	(414) 760-7400	(800) 822-7228
Trilogy	(414) 462-5800	(800) 822-7228
United HealthCare	(414) 462-5522	(800) 504-9660
Straight Title 19	In Milwaukee*27th Street Optical (414) 933-3937 and *Aurora Vision Center (414) 586-5668 sees patients with Straight Title 19	(800) 362-3002

1.B If you do not know your HMO Provider, call the 1-800 number on your ForwardHealth card.

- Options to receive further information on vision health coverage will include the following:
 - o Push 1
 - o Wait for the PSA information to complete, then push 2
 - o Push 4
 - o Enter your Member I.D as shown on your ForwardHealth Care or press 0 to speak to a member services rep

Sample ForwardHealth Identification Card



2. After this series, you should be speaking with someone at Medicaid

They will ask you for your 10-digit I.D. number or social security number to verify your account

3. Tell the representative you are trying to make an eye exam appointment and need to know your HMO Provider and the number to call. Document this information in the table below:

HMO Provider	Phone Number

4. Call the number for your HMO Provider. You must provide them with your 10 digit I.D. number to move forward with making an appointment. Ask which clinics/plans they cover in your area for vision services. **If you reside in Milwaukee, Racine or Waukesha County it is best to call between the 21st and 26th of the month. Appointments are first come first serve.**

5. Document the clinic, phone number and/or website in the chart below:

Phone Number	Provider/Clinic	Website

6. Once a covered clinic is determined, call this number to make an eye exam appointment. You will have to state your 10 digit ForwardHealth I.D. with the clinic to make an appointment.

Sample Driver License



Sample Identification Card



Sample ForwardHealth Identification Card



7. Document the date and time of your appointment. An appointment slip reminder is below. ***You must bring your ForwardHealth card and a form of I.D. (drivers license or identification card) to your eye exam appointment. The eye doctor will not see you unless you have your ForwardHealth card and a form of I.D.**

EYE EXAM APPOINTMENT SLIP

Bring you ForwardHealth Card and a form of I.D. with you to your eye doctor appointment

Date: _____ Time: _____

Clinic: _____

Address: _____

Arrive _____ minutes before your appointment

How to Make an Eye Doctor Appointment with Private Vision Insurance:

- Have the client call the customer service number on the back of their insurance card to determine which clinics and eye doctors are covered under their plan.
- Once a provider is found, have the client call to schedule an eye exam or assist the client in scheduling an appointment.
- The clinic will typically ask for the following information from the client:
 - ☐ Name of the Client
 - ☐ Address
 - ☐ Phone Number
 - ☐ Date of Birth
 - ☐ Insurance Provider
- Make an appointment that fits the clients schedule and transportation needs.
- Document date and time of appointment.
- Have the client note if they need to go to the clinic before their scheduled time for paperwork (typically, clinics like clients to arrive 10-15 minutes ahead of their appointment to fill out needed paperwork.)
- Ensure the client brings the **Adult Vision Screening Results Form (page 18)** with them to their appointment and gives it to their eye doctor. This form helps track their outcomes and results from their appointment and if further specialty care may be needed. This form should be faxed back to Prevent Blindness Wisconsin at 414-765-0377 by the clinic after the client's appointment.

*The client should bring the following items to their appointment:

- ☐ Insurance card
- ☐ Form of I.D.
- ☐ Adult Vision Screening Results Form





How to Make an Eye Exam Appointment with an Established Eye Doctor:

- Ask the client who their eye doctor is and what clinic they practice at—document this information.
- Ask the client when their last dilated eye exam was—document this information.
- Because the client did not pass their vision screening, they need to receive a dilated eye exam from an eye doctor.
 - Recommend they schedule an appointment with their eye doctor soon. If they do not know how to schedule the appointment, collect the information from the individual on the doctor and clinic they access and help them make an appointment.
 - The clinic will typically ask for the following information from the client:
 - ☐ Name of the Client
 - ☐ Address
 - ☐ Phone Number
 - ☐ Date of Birth
 - ☐ Insurance Provider
 - Make the appointment for the client that fits their schedule.
 - Document date and time of appointment.
 - Have the client note if they need to go to the clinic before their scheduled time for paperwork (typically, clinics like clients to arrive 10-15 minutes ahead of their appointment to fill out needed paperwork.)
- Ensure the client brings the **Adult Vision Screening Results Form (page 18)** with them to their appointment and gives it to their eye doctor. This form helps track exam outcomes, diagnosis information, prescribed treatment, and if further specialty care may be needed. This form should be faxed back to Prevent Blindness Wisconsin at 414-765-0377 by the clinic after the client's appointment.

***The client should bring the following items to their appointment:**

- ☐ Insurance card
- ☐ Photo I.D.
- ☐ Adult Vision Screening Results Form



How to Make an Eye Doctor Appointment with the VSP Voucher Program:

*This program should be used if the client does not have any vision insurance and meets the eligibility criteria listed on the Adult Vision Care Voucher Criteria Sheet (**page 26**)

The Adult Vision Care Voucher Program covers an eye exam and/or a pair of glasses every 12 months for eligible adults.

VSP Voucher Program:

The client does need to meet specific criteria to be eligible for this program. Please reference the Adult Vision Care Voucher Criteria Sheet on **page 26 (English) and page 28 (Spanish)**. Criteria regarding annual income using Federal Poverty Level Guidelines are subject to change **yearly**. Partners and clients will be notified of changes and updates to programs as they occur.

- If eligible, the client needs to fill out the adult voucher application on **page 27 (English) and page 29 (Spanish)** and provide a proof of income (check stub, tax form, social security letter, letter from employer, or letter from social worker or case worker).
- If the client does not have any income, a letter from a caseworker, social worker, or yourself will justify this proof of income. A third party does need to validate this income status for the client. For a sample template of this letter, please reference **page 30**.
- Send the completed application and proof of income to Prevent Blindness Wisconsin using one of the methods below:
 - ☐ Email: Breanna@pbwi.org
 - ☐ Fax: 414-765-0377
 - ☐ Mail:
Prevent Blindness Wisconsin
731 North Jackson Street
Suite 405
Milwaukee, WI 53202
- Once the application is received, it will then be reviewed by Prevent Blindness Wisconsin's Business and Volunteer Manager. The review process typically takes 2-3 weeks.
- The client will be notified if they are/are not eligible for the program
- If the client is approved for the program, a letter will be sent to them explaining the next steps on how to make an eye doctor appointment with their voucher.

*If it is best to send the approval letter to yourself or another caseworker, healthcare professional, or community health worker, please email this to Breanna at Breanna@pbwi.org or make note of this on the clients' voucher application.

***The client should bring the following items to their appointment:**

- ☐ Voucher Acceptance Letter
- ☐ If it is a glasses only voucher, the voucher mailed with the letter
- ☐ Photo I.D.
- ☐ Adult Vision Screening Results Form



Vision Care Voucher Program Criteria

Eye Exam and Glasses

Vouchers for a free eye exam and glasses are provided through the VSP Mobile Eyes program. To qualify for the program, applicants must meet all of the following criteria:

- Family income is at or below 200% of federal poverty level
- Not covered by Medicaid (BadgerCare Plus) or any other vision insurance
- Has not used a voucher during the last 12 months

Glasses Only

Vouchers for eyeglasses only are provided through the VSP Mobile Eyes Materials Only Program or the Healthy Eyes Eyeglass Program depending on the applicant's location. To qualify for the program, applicants must meet all of the following criteria:

- Family income is at or below 200% of federal poverty level
- Has a valid eyeglass prescription that is less than 12 months old
- Does not have any other eyeglass benefits they can access or have exhausted their eyeglass benefits for the year
- Has not used a voucher during the last 12 months

2021 Federal Poverty Guidelines

Please visit <http://wisconsin.preventblindness.org/healthy-eyes-and-mobile-eyes-applications-and-criteria> to download the voucher application. Send **completed** applications to:

Household Size	200%	Household Size	200%
1	\$ 25,760	5	\$ 62,080
2	\$ 34,840	6	\$ 71,160
3	\$ 43,920	7	\$ 80,240
4	\$ 53,000	8	\$ 89,320

Prevent Blindness Wisconsin
731 N. Jackson Street, Suite 405
Milwaukee, WI 53202

Fax: (414) 765-0377
Phone: (414) 765-0505
Email: Breanna@pbwi.org



**Prevent
Blindness**
Wisconsin

Adult Vision Care Voucher Application

Please return to: Prevent Blindness Wisconsin
731 N. Jackson Street | Suite 405 Milwaukee, WI 53202
Fax: (414) 765-0377 | Phone: (414) 765-0505 | Breanna@pbwi.org

OFFICE USE ONLY 6/20

Date: _____ Staff: _____

☐ Approved ☐ Denied

☐ HE ☐ ME ☐ MEMO

Applicant Information

I am applying for: ☐ Glasses Only ☐ Eye Exam and Glasses

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone: (____) ____-____ Alternate Phone: (____) ____-____

Vision Health Information

Have you had an eye exam in the last 12 months? ☐ Yes ☐ No

Date of last eye exam: _____

Have you used a vision care voucher in the last 12 months? ☐ Yes ☐ No

If yes, please indicate the type of voucher used:

☐ VSP Mobile Eyes ☐ Healthy Eyes ☐ Other: _____

Financial and Insurance Information

Please provide at least **ONE** proof of income document: pay stub, tax return, Social Security Award Letter etc.

Annual Household Income: \$ _____ # of people in household including yourself: _____

Do you have Medicaid, VA Health Care or other vision insurance? ☐ Yes ☐ No

I attest that the above information is true to the best of my knowledge. I understand that if I provide incomplete or incorrect information I may be required to pay for the vision care services I receive and I may be declined service.

Signature: _____ Date: _____

To be completed by agency staff if applying through an agency.

Name of Agency : _____ Name of Contact: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Email: _____

Send Voucher Information to: ☐ Applicant's Home ☐ Agency

Send Voucher approval letter in: ☐ English ☐ Spanish

Examen oftalmológico y anteojos

Los vales para un examen oftalmológico gratuito y los anteojos se proporcionan a través del programa VSP Mobile Eyes. Para calificar para el programa, los solicitantes deben cumplir con todos los siguientes criterios:

- Tener un ingreso familiar igual o inferior al 200 % del nivel de pobreza federal
- No tener cobertura de Medicaid (BadgerCare Plus) ni ningún otro seguro oftalmológico
- No haber usado un vale en los últimos 12 meses

Solo anteojos

Los vales para anteojos solamente se proporcionan a través del programa Mobile Eyes Materials Only de VSP o el programa Healthy Eyes Eyeglass, según cuál sea la ubicación del solicitante. Para calificar para el programa, los solicitantes deben cumplir con todos los siguientes criterios:

- Tener un ingreso familiar igual o inferior al 200 % del nivel de pobreza federal
- Tener una receta válida para anteojos que tenga menos de 12 meses
- No tener otros beneficios de anteojos a los que puedan acceder ni haber agotado sus beneficios de anteojos para el año
- No haber usado un vale en los últimos 12 meses

Pautas federales de pobreza 2021

Tamaño del hogar	200 %	Tamaño del hogar	200 %
1	\$ 25,760	5	\$ 62,080
2	\$ 34,840	6	\$ 71,160
3	\$ 43,920	7	\$ 80,240
4	\$ 53,000	8	\$ 89,320

Visite <http://wisconsin.preventblindness.org/healthy-eyes-and-mobile-eyes-applications-and-criteria> para descargar la solicitud de vales. Envíe las solicitudes **completadas** a:

Prevent Blindness Wisconsin
731 N. Jackson Street, Suite 405
Milwaukee, WI 53202

Fax: (414) 765-0377

Teléfono: (414) 765-0505

Correo electrónico: Breanna@pbwi.org



Solicitud de vale para atención oftalmológica para adultos

Devolver a: Prevent Blindness Wisconsin | 731 N. Jackson Street | Suite 405
Milwaukee, WI 53202
Fax: (414) 765-0377 | Teléfono: (414) 765-0505 | Breanna@pbwi.org

OFFICE USE ONLY 6/20

Date: _____ Staff: _____

☐ Approved ☐ Denied

☐ HE ☐ ME ☐ MEMO

Información del solicitante

Presento la solicitud para: ☐ Anteojos solamente ☐ Anteojos y examen oftalmológico

Nombre: _____ Fecha de nacimiento: _____

Dirección: _____

Ciudad: _____ Código postal: _____ Condado: _____

Teléfono: (____) ____-____ Teléfono alternativo: (____) ____-____

Información sobre salud oftalmológica

¿Se ha realizado un examen oftalmológico en los últimos 12 meses? ☐ Sí ☐ No

Fecha del último examen oftalmológico: _____

¿Ha usado un vale para atención oftalmológica durante los últimos 12 meses? ☐ Sí ☐ No

Si la respuesta es sí, indique el tipo de vale utilizado:

☐ VSP Mobile Eyes ☐ Healthy Eyes ☐ Otro: _____

Información financiera y de seguro

Proporcione al menos **UN** documento de constancia de ingresos: talón de pago, declaración de impuestos, carta de aprobación del seguro social, etc.

Ingreso familiar anual: \$ _____ Cantidad de personas en casa, incluido usted: _____

¿Tiene Medicaid, VA Health Care u otro seguro oftalmológico? ☐ Sí ☐ No

Certifico que la información mencionada anteriormente es verdadera a mi leal saber y entender.

Comprendo que si proporciono información incompleta o incorrecta, es posible que se me exija pagar por los servicios de atención oftalmológica que reciba, y la prestación de servicios puede rechazarse.

Firma: _____ Fecha: _____

Debe ser completado por el personal de la agencia si la solicitud se presenta a través de una agencia. / To be completed by agency staff if applying through an agency.

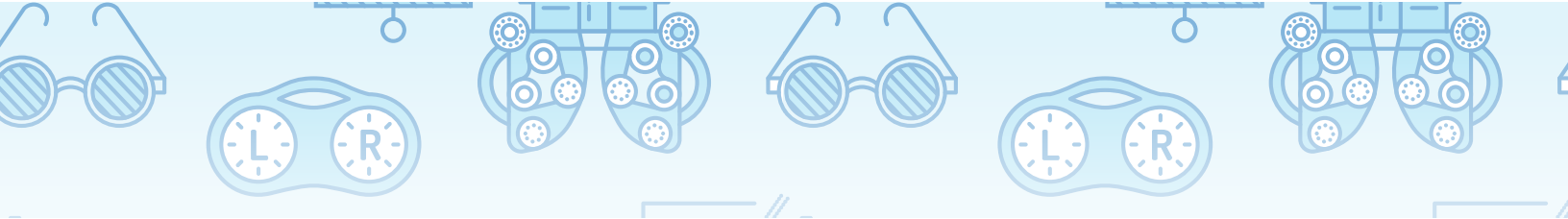
Name of Agency : _____ Name of Contact: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Email: _____

Send Voucher Information to: ☐ Applicant's Home ☐ Agency

Send Voucher approval letter in: ☐ English ☐ Spanish



Sample Proof of Income Letter for VSP Voucher Program

(Insert Company Name and Address)

I.e: Home Makeover LLC

51 West Brady Street

Milwaukee, WI 53202

To Whom It May Concern:

My name is *(insert name)* and I am writing on behalf of *(insert client name)*. I am writing to validate *(insert client name)* makes *(insert weekly, monthly or hourly pay for client or has no income.)* They would benefit greatly from this voucher program for their vision health.

If you need anything else, please don't hesitate to contact me.

Sincerely,

(insert name)

How to Make an Eye Doctor Appointment with LensCrafters OneSight Program:

The LensCrafters OneSight Program is a **once-in-a-lifetime** program that covers an eye exam and glasses for the client. The client can only use this program if they have **no vision insurance**.

1. If the client would like to apply for this program, please collect the following information:

- ☐ Name of client
- ☐ Current address
- ☐ Phone number
- ☐ Date of birth
- ☐ Which LensCrafters location the client would like to go to for their appointment. Please see the list of Wisconsin LensCrafters stores **on pages 32-33**.

Tell the client they will be contacted directly from LensCrafters to assist them in scheduling the appointment. If the client would prefer LensCrafters calls you to set up the appointment for them, please tell PBW and this will be communicated with the specified LensCrafters store.

2. Once the information above is collected from the client, please send information to Courtney at Courtney@pbwi.org.
3. PBW will then submit this information to the specified LensCrafters store for the client.
4. PBW will contact you the day that the client's information is submitted.
5. If the client/you do not hear from the LensCrafters location within two weeks of their information being submitted, please contact Courtney at PBW at Courtney@pbwi.org

LensCrafters does reserve a specified number of appointments for OneSight every month

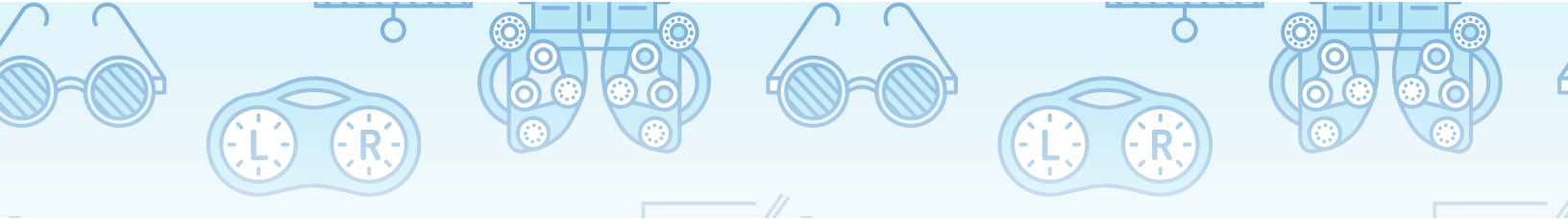


LensCrafters Locations:

Location	Phone Number	Fax Number	Translators On Site	Hours
Brookfield Location: 16970A W. Bluemound Rd, Brookfield, WI 53005	(262) 784- 8120	(262) 797-2266	Spanish; call/ ask while making appointment to ensure staff will be present day of appointment if client cannot bring a family	M-Fri: 9am-8pm Sat:9am-6pm Sun: 10am-5pm
Glendale: Bayshore Town Center: 5684 N Centerpark Way P-106, Glendale, WI 53217	(414) 962- 2021	(414) 962-2441	Spanish; call/ ask while making appointment to ensure staff will be present day of appointment if client cannot bring a family	M-Fri: 10am-8pm Sat- Sun: 10am-6pm
Wauwatosa Location: 2500 N Mayfair Rd. Ste 800, Wauwatosa, WI 53226	(414) 453-2275	(414) 453-2313	Spanish; call/ ask while making appointment to ensure staff will be present day of appointment if client cannot bring a family	M-Sat:10am-8 pm Sun: 11am-6pm
Greenfield Location: 4850 S 74th St, Greenfield, WI 53220	(414) 282-3200	(414) 325-8770	Spanish; call/ ask while making appointment to ensure staff will be present day of appointment if client cannot bring a family	Mon-Tues: 10am-6pm Wed-Fri: 9am-8pm Sat: 9am-6pm Sun:10am-5pm
Menomonee Falls: Location: N95 W18161 Appleton Ave, Falls Pkwy Lot 103, Menomonee Falls, WI 53051	(262) 251-1378	(262)251-1659	Spanish; call/ ask while making appointment to ensure staff will be present day of appointment if client cannot bring a family	Mon-Sat: 10am-7pm Sun:10am-5pm



Location	Phone Number	Fax Number	Translators On Site	Hours
Madison Location: (West Town Mall): 113 W Towne Mall C59, Madison, WI 53719	(608) 829-2443	(608) 833-8626	No Spanish speaking staff on site	Mon-Sat: 9am-8pm Sun: 11am-6pm
Racine: Location: 5778 Durand Ave, Racine, WI 53406	(262) 554-6676	(262) 554-1823	Spanish; call/ask while making appointment to ensure staff will be present day of appointment if client cannot bring a family. One staff member that speaks fluent Spanish	Mon-Fri: 10am-8 pm Sat: 10am-7pm Sun: 11 am- 6 pm
Janesville: Location: 2500 Milton Ave Ofc, Janesville, WI 53545	(608) 757-2633	(608) 757-2625	Spanish; fluent staff member only works on weekends	Mon-Sat: 10am-7pm Sun: 12:00 pm-5:00pm
Appleton: Location: (Fox River Mall): 4301 W Wisconsin Ave Ste 189, Appleton, WI 54913	(920) 730-8770	(920) 730-8882	No Spanish speaking staff on site. Staff members know some words	Mon-Fri: 10am-8 pm Sat: 10am-7pm Sun: 12 pm- 6 pm
Green Bay: Location: 303 Bay Park Square #976, Green Bay, WI 54304	(920) 497-8242	(920) 497-7894	Spanish; call/ask while making appointment to ensure staff will be present day of appointment if client cannot bring a family	Mon-Fri: 10am-8 pm Sat: 10am-7pm Sun: 11 am- 6 pm
Wausau: Location: D460 Wausau Center, Wausau, WI 54403	(715) 842-5224	(715) 842-1613	No Spanish speaking staff on site	Mon-Sat: 11am-7pm Sun: 11am-6pm



How to Make An Eye Doctor Appointment with Charitable Services in your County

If your client has already used the LensCrafters OneSight Program and is not eligible for the VSP Vision Care Voucher Program, please follow the steps below for charitable vision care services in your county:

1. Ensure your client has not used the LensCrafters OneSight Program (**page 31-33**) and is not eligible for the VSP Vision Care Voucher Program (**page 25**)
2. To access potential charitable vision care services in your county, please send the following via email to program@pbwi.org:
 - a. Clients Name
 - b. Address
 - c. Phone Number
 - d. D.O.B
 - e. Services client needs (eye exam, eyeglasses, or further specialty care)
3. Within 2 weeks, you will be contacted on possible service opportunities for your client.



Wisconsin Eye Doctor Sight-Saver Program





Client Checklist for Eye Doctor Appointments:

Private Insurance or Medicaid

The client should bring the following to their eye doctor appointment:

- ☐ Insurance Card (ForwardHealth Card with Medicaid)
- ☐ Photo I.D.
- ☐ Adult Vision Screening Results Form

VSP Voucher Program (Eye Exam & Glasses Program and Glasses Only Program)

- ☐ Have the client refer to their approval letter. Specific directions are laid out in the letter on what they need to bring with them to their appointment.
- ☐ If the client is using the Glasses Only Program, they will need to bring the voucher they receive in the mail with their approval letter, a copy of their current eyeglass prescription, and a form of ID.

LensCrafters One Sight Program

The client should bring the following to their eye doctor appointment:

- ☐ Photo I.D.
- ☐ Adult Vision Screening Results Form

Charitable Eye Exam/Glasses

The client should bring the following to their eye doctor appointment:

- ☐ Certificate (if it is an already pre-purchased eye exam. Please email Courtney at Courtney@pbwi.org for further information on this)
- ☐ Photo I.D.
- ☐ Adult Vision Screening Results Form

The client should leave the appointment with:

- ☐ A copy of their prescription if glasses are needed

How to Prepare for an Eye Exam Appointment

Before their appointment:

The client should write down any questions they have about their vision health and bring them to their appointment. The client should bring in the Plain-Language Treatment Form found on page 38 to their appointment and give it to their eye doctor to fill out.

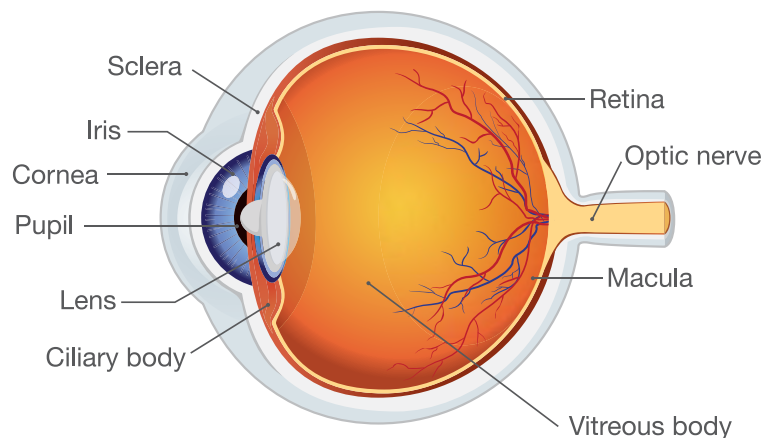
The client should consider the following questions before their eye exam which may be asked by their eye doctor at your exam:

- Have you experienced any changes in vision in the last 12 months?
- When was your last dilated eye exam?
- Have you ever had an eye injury or eye surgery? If so, when?
- Do you ever experience pain in or around their eye?
- Is your eyeglass prescription working for you?
- Do you have diabetes?
- Do you smoke currently, or have you smoked in the past?
- Do you have any allergies to certain medications?
- Are you currently on any prescription medications?
- Do you have any questions for the eye doctor before the dilated eye exam begins?

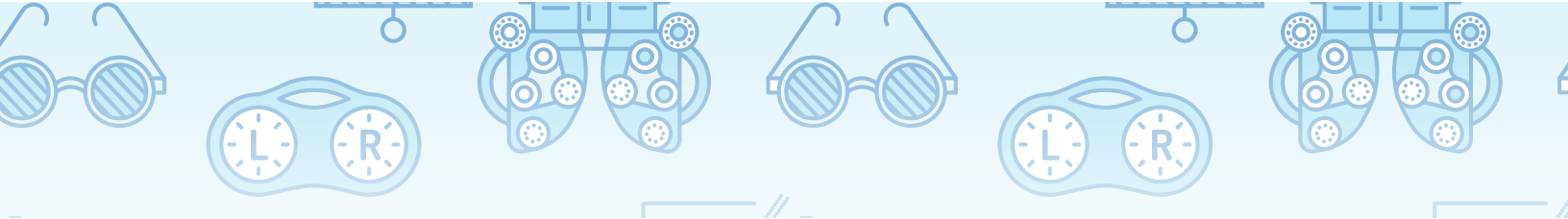
At the eye exam appointment:

It is recommended that adults receive a dilated eye exam when seeking regular vision care. To dilate the eyes, drops are placed in each eye to widen the pupil. It typically takes about 30-45 minutes for the pupils to widen; once the pupils reach a specific diameter, each eye will be examined. During the exam, the eye doctor will evaluate the following areas:

- The skin around the eye, checking for abnormalities, abrasions, or signs of skin cancer
- The eyelids and eyelashes, checking for cysts (oil gland infections of the eye), hair follicle infections, and tumors
- The cornea and iris
- The inside of the eye (lens, retina, optic nerve, macula) checking for signs of cataracts (clouded or hazy lens), diabetes-related retinopathy, glaucoma, age-related macular degeneration, blood clots, and tumors.



Once the dilated eye exam is complete, the eye doctor will go over the results with the client. For further instruction with the client, please refer to **page 38** for the **Plain-Language Treatment Form**.



Next Steps if Further Treatment or Care is Needed

Many vision problems and eye diseases need further treatment or care to protect the client's current vision and the overall health of their eyes. It is imperative the client ask their eye doctor about their treatment plan and their needed next steps.

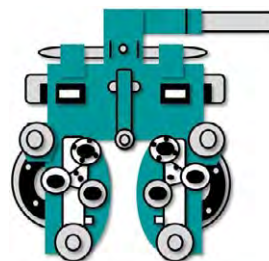
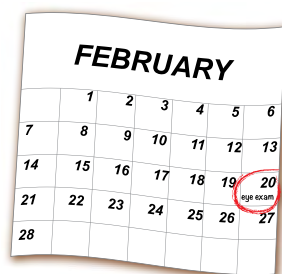
The client should consider the following questions to ask their eye doctor if further care is needed to correct a vision complication. To aid with comprehension of diagnosis, please have the client bring in the **Plain-Language Treatment Form found on page 38** to their eye exam appointment. The eye doctor should fill this out to assist the client with understanding their next steps to further vision care.

- What is my diagnosis and what is the treatment plan?
- How long is this treatment plan?
- Will my current eye doctor be able to perform the needed care/treatments or will I be referred to a specialist?
- If I am referred to a specialist, how do I make an appointment to see them?
 - o If the eye doctor is referring their client to a specialist, they should ask for their recommendations on who to see and the number of the clinic to schedule an appointment.
- If I have insurance, will my insurance cover the appointments/further care with the specialist?
 - o If the patient has private vision coverage, reference **page 23**
 - o If the patient has Medicaid, reference **pages 21-22**
 - o If the patient has Medicare, have them call the number on the back of their insurance card to find out their vision and medical coverage options. Medicare does offer benefits for medically necessary vision-related treatments and procedures.

***When you or the client is speaking with their insurance provider, the following should be stated:**

- The condition the client was diagnosed with
- Next steps given by the eye doctor that delivered the initial eye exam to seek out further specialty care
- If insurance will cover this condition and any treatments needed
- A list of clinics and providers covered under the clients' insurance plan
 - o If the patient is uninsured, please reference **pages 39-44** for Froedtert and the Medical College of Wisconsin Financial Assistance Program or email Courtney at Courtney@pbwi.org

Prevent → Treat → Maintain





Patient Information

First & Last Name of Patient: _____

DOB (MM/DD/YYYY): _____

Phone Number: _____

Eye Doctor Name: _____

Location/Address of Eye Clinic: _____

Eye Clinic Office Phone Number: _____

Next Visit:

☐ 3 months ☐ 6 months ☐ 9 months ☐ Other: _____

Summary of the Appointment and Diagnosis:

Diagnosis:

☐ Normal Vision ☐ Diabetes-Related Macular Edema ☐ Glaucoma ☐ AMD
☐ Diabetes-Related Retinopathy ☐ Cataracts ☐ Presbyopia ☐ Myopia
☐ Astigmatism ☐ Hyperopia ☐ Other: _____

Treatment:

☐ Glasses Prescribed ☐ Prescription: _____
☐ Medication: _____
☐ Other: _____

My Prescription Is: _____

Directions For My Prescription/Treatment: _____



Froedtert and the Medical College of Wisconsin Financial Assistance Program

This program is designed for clients in need of medically necessary services and do not have any insurance and/or the means to fund these needed services.

1. Froedtert and the Medical College of Wisconsin does require a deposit to make a first initial consultation appointment for any service. If your client has the means to afford the \$300 deposit, or has the means to pay it through a payment plan, the client should make an appointment with Froedtert and the Medical College of Wisconsin's Eye Institute at 414-955-2020. When making the appointment, the client needs to tell the scheduler that they are being referred for further care from a previous eye exam they received and will be applying for the financial assistance program to assist with cost of care. They will need to give the scheduler the eye doctor's name, who conducted their eye exam, and the name of the clinic where they received this service.
2. Once the client makes the initial appointment, a \$300 down payment is required for the Eye Institute. If your client cannot pay this amount in full after making the appointment with the scheduler, the client should ask to be transferred to a financial counselor. If needed, translators are available to help walk the client through this process with the counselor. Once speaking with a financial counselor, the client will need to tell the financial advisor they need to set up a payment plan for the \$300 deposit on the appointment they just scheduled.
3. After the client's first appointment at the Eye Institute, the client should submit the financial assistance program application (pages 41-44) and required documents to:

Froedtert Health
Patient Financial Services
Attn: Financial Assistance Team
400 Woodland Prime Suite 103
N74 W12501 Leatherwood Ct
Menomonee Falls, WI 53051

4. The application will take 4-8 weeks to review.
5. The client will be contacted after their first initial appointment at the Eye Institute on % paid by the financial assistance program. The client is able to seek ongoing care for 6 months with this program after approval and then must re-apply if continued care is needed.

This program is designed for clients in need of medically necessary services and do not have any insurance and/or the means to fund these needed services.

Coverage for consultation and procedures is based on the scale below:

FINANCIAL ASSISTANCE POLICY

EXHIBIT C

Federal Poverty Guidelines and Applicable Financial Assistance Discount

		HHS Poverty Guidelines - 2021						
Family Size	Gross Income	100%	250%	275%	300%	325%	350%	400%
1	TBD	\$12,880	\$32,200	\$35,420	\$38,640	\$41,860	\$45,080	\$51,520
2	TBD	\$17,420	\$43,550	\$47,905	\$52,260	\$56,615	\$60,970	\$69,680
3	TBD	\$21,960	\$54,900	\$60,390	\$65,880	\$71,370	\$76,860	\$87,840
4	TBD	\$26,500	\$66,250	\$72,875	\$79,500	\$86,125	\$92,750	\$106,000
5	TBD	\$31,040	\$77,600	\$85,360	\$93,120	\$100,880	\$108,640	\$124,160
6	TBD	\$35,580	\$88,950	\$97,845	\$106,740	\$115,635	\$124,530	\$142,320
7	TBD	\$40,120	\$100,300	\$110,330	\$120,360	\$130,390	\$140,420	\$160,480
8	TBD	\$44,660	\$111,650	\$122,815	\$133,980	\$145,145	\$156,310	\$178,640
Each Additional		\$4,540	\$11,350	\$12,485	\$13,620	\$14,755	\$15,890	\$18,160
Percent Discount Granted								
		100%	100%	90%	85%	80%	70%	65%

*If your client does not have any means to afford the \$300 deposit, please do not schedule an appointment with the Eye Institute. The client will first need to call Froedtert's Financial Counselor's at 414-805-6206 to schedule an over-the-phone, or in-person consultation. When scheduling this, the client needs to state they are not able to afford the \$300 deposit, even through a payment plan. Once an appointment is made for a financial consultation (via phone or in-person) the financial counselor will help the client fill out the financial assistance application found on **pages 41-44**. At the consultation appointment, the counselor will determine the cost-estimate of the services the client will need and this will be sent in with their application.

Once submitted, the application and cost-estimate will take 4-8 weeks to review. If the client is approved for the program, they will receive a letter in the mail explaining next steps for them to make an appointment with the Eye Institute.

*For further questions on the financial assistance program, the client can contact Froedtert and the Medical College of Wisconsin's Financial Counselor's at: 414-805-6206. Financial counselors can set up a translator if needed.



Please return the signed application and supporting documents to:
Froedtert Health
Patient Financial Services
Attn: Financial Assistance Team
400 Woodland Prime Suite 103
N74 W12501 Leatherwood Ct
Menomonee Falls, WI 53051-4490
(800)466-9670

Please return the application and necessary paperwork within 10 days. Failure to return the completed application and all supporting documentation within 10 days may result in a denial of your application. Please send copies of the documentation. Do not send originals. If any of the supporting documents are unavailable, use the comment section to state why they are not included.

The following supporting documents must be submitted in order to process your application:

- If you are on Social Security Disability or over the age of 65, please include your T19 spend down eligibility date and dollar amount. If you have been denied by the T19 spend down program, please provide copy of denial.
- A copy of your most recent Federal Income Tax Return and W-2 forms. Include Schedule C tax forms if you and/or your spouse are self-employed.
- Proof of income. If married include your spouse's information, please submit two current pay stubs.
- A recent copy of your and/or your spouse's bank statement for every account on which either name appears.
- A recent copy of your and/or your spouse's statement for every investment including CD, stocks, bonds, and annuities.
- If you and/or your spouse are unemployed and receiving unemployment compensation, supply verification of unemployment benefits and the last pay stub from the previous employer.
- If you and/or your spouse are unemployed and supported by family or friends, please complete the attached "Income Attestation" form as verification of how you meet daily expenses.
- If you and/or your spouse are receiving worker's compensation payments, social security benefits, disability benefits, pension payments, alimony, child support, public assistance, or VA benefits, please submit verification of the benefit amount or a bank statement showing the direct deposit of income.

EXHIBIT B – FINANCIAL ASSISTANCE APPLICATION



Please return the signed application and supporting documents to:
Froedtert Health Patient Financial Services
Attn: Financial Assistance Team
400 Woodland Prime Suite 103
N74 W12501 Leatherwood Ct
Menomonee Falls, WI 53051-4490
Phone: (800)466-9670
Fax: (414) 777-1503
financial.assistance@froedtert.com

Please return the application and necessary paperwork as soon as possible.

Failure to return the completed application and all supporting documentation may result in a denial of your application. Please send copies of the documentation; they will be scanned and shredded. Do not send originals. Documents not needed will be shredded. If any of the supporting documents are unavailable, use the comment section to state why they are not included.

The following supporting documents must be submitted in order to process your application:

- If you are on Social Security Disability or over the age of 65, please include your T19 spend down eligibility date and dollar amount. If you have been denied by the T19 spend down program, please provide a copy of denial.
- A copy of your most recent Federal Income Tax Return and W-2 forms, Schedule C tax forms if you and/or your spouse are self-employed, and any additional tax schedules filed.
- Proof of income. If married include your spouse's information, please submit one month of current pay stubs.
- A recent copy of the complete bank statement for every account on which your and/or your spouse's name appears; including direct deposit debit cards. A summary will not be accepted.
- A recent copy of your and/or your spouse's statement for every investment including certificates of deposit (CD), stocks, bonds, annuities, and trusts.
- If you and/or your spouse are unemployed and receiving unemployment compensation, supply verification of unemployment benefits.
- If you and/or your spouse are unemployed and supported by family or friends, whether monetary or room and board, please complete the attached "Income Attestation" form as verification of how you meet daily expenses.
- If you and/or your spouse are receiving worker's compensation payments, social security benefits, disability benefits, pension payments, alimony, child support, public assistance, or VA benefits, please submit verification of the benefit amount or a bank statement showing the direct deposit of income.



Please return the signed application and supporting documents to:

Froedtert Health Patient Financial Services

Attn: Financial Assistance Team

400 Woodland Prime Suite 103

N74 W12501 Leatherwood Ct

Menomonee Falls, WI 53051-4490

Phone: (800)466-9670

Fax: (414) 777-1503

financial.assistance@froedtert.com

Patient Information

Name _____

Date of Birth _____

Social Security Number _____

Phone Number _____

Address _____

Own ☐ Rent ☐

Other Property titled in your name? Yes ☐ No ☐

Employer _____

Part Time: ☐ Full Time: ☐

Gross Earnings \$_____ per

Hr ☐ Wk ☐ Mo ☐ Yr ☐ (choose one)

If unemployed, last date of employment _____

Did you file federal income taxes last year?

Yes ☐ No ☐ If yes, please include a complete copy. If no, last date filed _____

Marital Status: Single ☐ Married ☐ Widowed ☐ Legally Separated ☐ Divorced ☐

Spouse Information (If applicable)

Name _____

Date of Birth _____

Social Security Number _____

Phone Number _____

Address _____

Own ☐ Rent ☐

Other Property titled in your name? Yes ☐ No ☐

Employer _____

Part Time: ☐ Full Time: ☐

Gross Earnings \$_____ per

Hr ☐ Wk ☐ Mo ☐ Yr ☐ (choose one)

Please list your and your spouse's income and assets below:

Patient

Income (monthly)

Social Security \$_____

Veterans Benefits \$_____

Workers Compensation \$_____

Unemployment \$_____

Interest/Dividends \$_____

Alimony/Child Support \$_____

Pension \$_____

Disability Income \$_____

Rental Property Income \$_____

Other Income \$_____

Assets

Checking Account \$_____

Savings Account/Money Market \$_____

Stocks/Bonds/Annuities/Trusts \$_____

Certificate of Deposit \$_____

Spouse (If applicable)

Income (monthly)

Social Security \$_____

Veterans Benefits \$_____

Workers Compensation \$_____

Unemployment \$_____

Interest/Dividends \$_____

Alimony/Child Support \$_____

Pension \$_____

Disability Income \$_____

Rental Property Income \$_____

Other Income \$_____

Assets

Checking Account \$_____

Savings Account/Money Market \$_____

Stocks/Bonds/Annuities/Trusts \$_____

Certificate of Deposit \$_____

Income Verification Section

If you and/or your spouse are supported by family or friends, please complete this section of the application as verification of how you meet daily expenses.

This section should be completed by either the patient, who must have their signature notarized, OR completed by the person who is helping support the patient either by providing room and board or giving money to pay daily living expenses.

Patient Name _____

Patient Social Security Number _____

Person providing support

- If you are filling out this section because you provide support to the patient, signing this section does not make you legally responsible for paying medical bills for this patient.
- A copy of a current photo ID for the individual providing support must be attached.

I, _____ attest to the fact
(Name of person providing support)

I currently contribute \$ _____ on a monthly basis for the
day-to-day living expenses for _____
(Patient's name)

Signature _____ Date _____
(Signature of person providing support)

OR

Patient

- Signature of the patient **MUST** be notarized.
- A copy of a current photo ID must be attached.

I am supported by friends or family for day to day living expenses.

I receive \$ _____ each month

Patient Signature _____ Date _____

Notarized by _____ Date _____



Prevent Blindness Wisconsin

731 N. Jackson Street, Suite 405
Milwaukee, WI 53202

Fax: (414) 765-0377 | Phone: (414) 765-0505 | pbwi.org