

# Adding referring providers to Medicaid material orders and claims

## (Keystone Mercy members only)

Davis Vision has added a new feature to the Provider Portal that responds to a new CMS requirement to add an Ordering, Referring, and Prescribing Provider to Medicaid material orders and claims. Davis Vision is only implementing these changes for Keystone Mercy (KAM) at this time for material Orders or Claims placed on the Provider Portal for Pennsylvania Members.

**As always, [your Feedback](#) is most welcome!**


To ensure that your Medicaid claims from Keystone Mercy Members in the state of Pennsylvania are reimbursed, we have added new fields to some of the Provider Portal's Order Entry pages to capture a Medicaid-certified Ordering, Referring, and Prescribing Provider's name, NPI number, and Medicaid ID.

These fields only display for **Davis Vision materials only orders** and **Doctor-Supplied materials only claims for Keystone Mercy Medicaid Members in Pennsylvania ONLY**.

This requirement does not apply to claims that include services.

Member Name : VENEZIA M MUNROE	ID : 991081978	Group : Keystone Mercy
Patient Name : VENEZIA M MUNROE	Relationship : MEMBER	DOB : 11/18/1990

<b>Order:</b>		
Authorization:	AHM-80918254	
Order Date:	11/9/2018	
Practitioner's Name:	<input type="text" value="Please select a practitioner's name"/>	
Service Date:	11/8/2018	
Pair#:	<input type="text" value="First"/>	

<b>Referring Provider:</b>	
<b>IMPORTANT: We have added new required fields to the Order Entry page to capture a Medicaid-Certified Ordering, Referring Provider's Name, NPI Number, and Medicaid Promise ID as required by the state. The new fields are mandatory to have the correct information entered for processing and submission of materials only orders and claims. Orders and claims for services and materials together or services only will not display these required fields.</b>	
NPI Number:	<input type="text"/>
Medicaid ID:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>

Figure 1. Provider Portal – Referring Provider Fields Highlighted

## Scenario: Provider-supplied materials only

When a Provider submits a claim for materials only for a Davis Vision KAM Member with Medicaid coverage, these additional fields display on the Claim Validate page:

<b>Member Name :</b> RIGNEY A CARBAJAL	<b>ID :</b> 991088868	<b>Group :</b> Keystone Mercy
<b>Patient Name :</b> RIGNEY A CARBAJAL	<b>Relationship :</b> MEMBER	<b>DOB :</b> 11/1/2000
Group: KAM; Subgroup: 015; Plan: 14X Please complete the appropriate <b>Service Section</b> and <b>Options Section</b> information.		
AUTHORIZATION INFO		
Authorization: AHM80918253	Service Date: 11/9/2018	
Issue Date: 11/9/2018	Expiration Date: 11/30/2018	
PRACTITIONER INFO		
Practitioner's Name:	DR STELLA L LUO - 31494002	
REFERRING PROVIDER INFO (FOR MATERIALS ONLY)		
<b>IMPORTANT: We have added new required fields to the Claims page to capture a Medicaid-Certified Ordering, Referring Provider's Name, NPI Number, and Medicaid Promise ID as required by the state. The new fields are mandatory to have the correct information entered for processing and submission of materials only claims. Claims for services and materials together or services only will not display these required fields.</b>		
NPI Number:	1699771279	
Medicaid ID:	1234567890123	
First Name:	Barry	
Last Name:	Shapiro	

Figure 2. Provider Portal – Order Entry – Order, Referring Physician Fields Highlighted

To submit a claim for materials for a KAM Medicaid Member:

1. Log into the Davis Vision Provider Portal using your assigned login credentials.  
The Provider Home page displays.
2. Search for the KAM Member as you normally would to display the Member Account page.

<a href="#">Home</a> > Group Selection		<b>Member Account</b>
Please select the group for which you would like to access benefits.		
Subscriber Name	Date of Birth	Click to Select
RIGNEY A CARBAJAL	11/01/2000	Keystone Mercy
RIGNEY A CARBAJAL	11/01/2000	Keystone Mercy - Expanded Scope of Optometry

Figure 3. Provider Portal – Member Account Page with Keystone Mercy Option Highlighted

**Note:** This change does not apply to the Member's Keystone Mercy Medical Optometry account.

3. Select the **Keystone Mercy** option from the list to display the Get Authorization link.

Home > Group Selection > Member Account Member Account

If the patient is not listed below, please check other available benefit groups.  
[Keystone Mercy](#)  
 Keystone Mercy - Expanded Scope of Optometry

Member Name : RIGNEY A CARBAJAL ID : 991088868 Group : Keystone Mercy

Authorizations				
Name	Relationship	Authorization	Services	Action
RIGNEY A CARBAJAL	MEMBER	n/a	Eye Examination, 2 pair of eyeglasses	<a href="#">Get Authorization</a>

**Figure 4. Provider Portal – Member Account Page with Get Authorization Highlighted**

4. Click the **Get Authorization** link to display the Get Authorization list.

**Note:** Since this change only applies to Material Authorizations, we demonstrate the **Materials Only** option here.

Home > Group Selection > Member Account > Get Authorization Get Authorization

Member Name : RIGNEY A CARBAJAL ID : 991088868 Group : Keystone Mercy  
 Patient Name : RIGNEY A CARBAJAL Relationship : MEMBER DOB : 11/1/2000

The patient is currently eligible for the following benefits:  
 Eye Examination, 2 pair of eyeglasses

Select the type of Authorization you would like to obtain:

Examination & Materials  
 Examination Only  
 **Materials Only**

[Get Authorization](#)

**Figure 5. Provider Portal – Get Authorization Options with Materials Only Highlighted**

**Note:** If you pick **Examination and Materials** here, you must decline the exam in the Order Entry screen to enter the Ordering, Referring, Prescribing Provider information.

5. Click the **Materials Only** button and the **Get Authorization** button to continue. The Authorization Issued page displays with the new Authorization ID.

- Click **Enter Claim** to continue.  
The Claim Validate page displays.

**Claim Validate**

Member Name : RIGNEY A CARBAJAL      ID : 991088868      Group : Keystone Mercy  
Patient Name : RIGNEY A CARBAJAL      Relationship : MEMBER      DOB : 11/1/2000

Please enter the Date of Service for the claim you wish to submit.

Authorization Number: **AHM80918253**

Service Date:  mm/dd/yyyy

Patient Signature\*:  Yes  No

(\* Note that your confirmation of the patient's signature being on file is required)

Will you be claiming multiple services (pairs of eyeglasses) with this claim?:  Yes  No

**Next >>**   **Cancel**

**Figure 6. Provider Portal – Claim Validate – Patient Signature**

- Enter the date in the field provided, and in the Patient Signature field, click **Yes**.
- Then, click **Next** to continue.  
The new Claim Validate page displays.

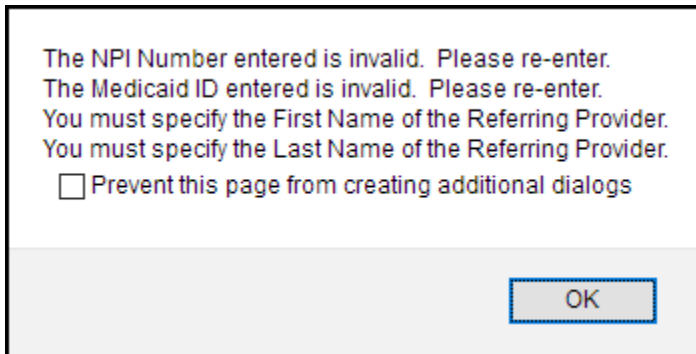
Claim Validate 		
Member Name : RIGNEY A CARBAJAL	ID : 991088868	Group : Keystone Mercy
Patient Name : RIGNEY A CARBAJAL	Relationship : MEMBER	DOB : 11/1/2000
Group: KAM; Subgroup: 015; Plan: 14X Please complete the appropriate Service Section and Options Section information.		
AUTHORIZATION INFO		
Authorization: AHM80918253	Service Date: 11/9/2018	
Issue Date: 11/9/2018	Expiration Date: 11/30/2018	
PRACTITIONER INFO		
Practitioner's Name:	Please select a practitioner's name <input type="text"/>	
REFERRING PROVIDER INFO (FOR MATERIALS ONLY)		
<b>IMPORTANT: We have added new required fields to the Claims page to capture a Medicaid-Certified Ordering, Referring Provider's Name, NPI Number, and Medicaid Promise ID as required by the state. The new fields are mandatory to have the correct information entered for processing and submission of materials only claims. Claims for services and materials together or services only will not display these required fields.</b>		
NPI Number:	<input type="text"/>	
Medicaid ID:	<input type="text"/>	
First Name:	<input type="text"/>	
Last Name:	<input type="text"/>	
SERVICE SECTION		
A1. Eye Examination:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Exam Retail Value: \$	<input type="text"/>	
Diagnosis 1:	Other:	

Figure 7. Provider Portal – Claim Validate Page with Referring Provider Info Fields Highlighted

**Note:** If you selected **Examination and Materials** in the Get Authorization page, these fields are not enabled. Click **No** in the Service section to decline the **Eye Examination** entry to enable these fields.

9. Select the Practitioner's name and enter the referring provider information for the materials you are submitting the claim for in the fields provided:
  - **NPI Number**  
Enter the Referring Provider's NPI number in this field.
  - **Medicaid ID**  
Enter the Referring Provider's Medicaid ID in this field.
  - **First/Last Name**  
Enter the Referring Provider's first and last names in these fields.

If these entries are not valid, a pop-up message displays:



**Figure 8. Provider Portal – NPI/Medicaid Number Invalid Message**

If this message displays, click **OK** and fix the field entries to move on.

10. In the Service section, fill in the fields to record the materials you supplied to the Member.

11. When you have completed these entries, click **View Claim Summary**.

**Claim Summary** 

Member Name : RIGNEY A CARBAJAL	ID : 991088868	Group : Keystone Mercy
Patient Name : RIGNEY A CARBAJAL	Relationship : MEMBER	DOB : 11/1/2000

Your claim for RIGNEY A CARBAJAL is summarized below.

**Edit Claim**
**Submit Claim**

To edit the claim press "Edit Claim".  
Press "Submit Claim" to submit the claim to Davis Vision for processing.


Summary of Claim:	
Authorization Number :	AHM80918253
Patient Name :	RIGNEY A CARBAJAL
Date of Service :	11/9/2018
Practitioner's Name :	DR STELLA L LUO - 31494002
Referring Provider NPI Number :	1699771279
Referring Provider Medicaid ID :	1234567890123
Referring Provider First Name :	Barry
Referring Provider Last Name :	Shapiro
Eye Examination :	No
Contact Lens Evaluation :	No
Spectacle Lenses :	Yes
	Type - Single Vision
	Retail Value - \$50.00
Frame :	Yes
	Supplied By - Provider
	Frame Style - Special K
	Frame Manufacturer - Maui James
	Frame SKU # - 122122
	Retail Value - \$120.00
	Wholesale Value - \$175.00

**Figure 9. Provider Portal – Claim Summary Page with Referring Provider Entries Highlighted**

12. Review the entries in the claim summary, including the new Referring Provider information you added on the previous page.

13. .Continue based on the circumstances:

- If your entries are correct, click **Submit Claim** to display the Claim Complete page.
- If you entries are incorrect, click **Edit Claim** to return to the previous page and change your entries.

**Claim Complete** 

Member Name : RIGNEY A CARBAJAL	ID : 991088868	Group : Keystone Mercy
Patient Name : RIGNEY A CARBAJAL	Relationship : MEMBER	DOB : 11/1/2000

**Thank You For Submitting Your Claim. Your claim for RIGNEY A CARBAJAL has been received.  
 The confirmation number for the services you entered is listed below.**

**Confirmation Number : 2620027**

Please record the confirmation number or print this page for future reference.

[Home](#)

Press "Home" to go back to the Provider's home page.

Receipt of this claim by Davis Vision does not guarantee payment for all services claimed.

Summary of Claim:	
Confirmation Number :	2620027
Authorization Number :	AHM80918253
Patient Name :	RIGNEY A CARBAJAL
Date of Service :	11/9/2018
Practitioner's Name :	DR STELLA L LUO - 31494002
Referring Provider NPI Number :	1699771279
Referring Provider Medicaid ID :	1234567890123
Referring Provider First Name :	Barry
Referring Provider Last Name :	Shapiro
Eye Examination :	No
Contact Lens Evaluation :	No
Spectacle Lenses :	Yes
	Type - Single Vision
	Retail Value - \$50.00
Frame :	Yes
	Supplied By - Provider
	Frame Style - Special K
	Frame Manufacturer - Maui James
	Frame SKU # - 122122
	Retail Value - \$120.00
	Wholesale Value - \$175.00

**Figure 10. Provider Portal - Claim Complete**



## Scenario: Provider using Davis lab materials

When a Provider submits an order through the Provider Portal for a KAM Medicaid Member (in Pennsylvania), some new fields display during the Order Entry Process to allow you to include the Referring Provider details.

To submit an order for materials for a KAM Medicaid Member in Pennsylvania:

1. Log into the Davis Vision Provider Portal using your assigned login credentials. The Provider Home page displays.
2. Search for the KAM Member as you normally would to display the Member Account page.

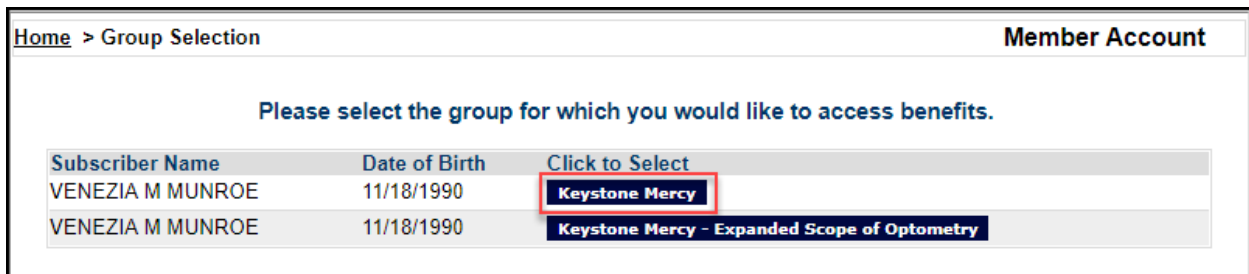


Figure 11. Provider Portal – Member Account Selection Page

**Note:** This change does not apply to the Member’s Keystone Mercy Medical Optometry account.

3. Select the **Keystone Mercy** option from the list to display the Get Authorization option.

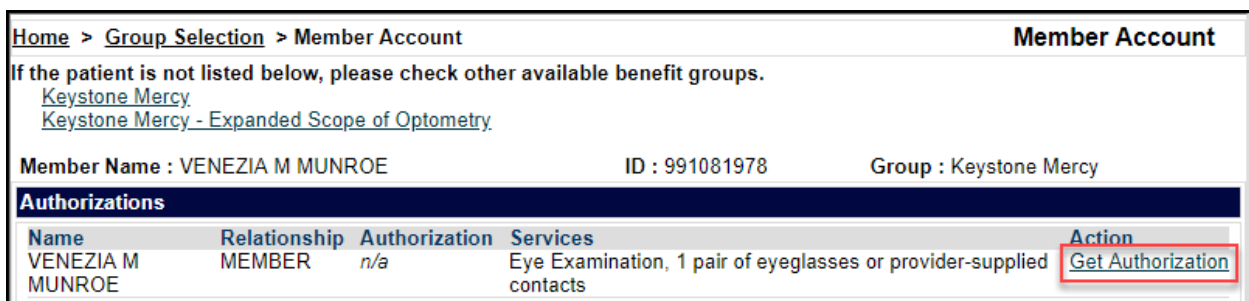


Figure 12. Provider Portal – Get Authorization Link Highlighted

- Click **Get Authorization** to display the Get Authorization (Select Type) page.

Home > Group Selection > Member Account > Get Authorization Get Authorization

Member Name : VENEZIA M MUNROE	ID : 991081978	Group : Keystone Mercy
Patient Name : VENEZIA M MUNROE	Relationship : MEMBER	DOB : 11/18/1990

The patient is currently eligible for the following benefits:  
**Eye Examination, 1 pair of eyeglasses or provider-supplied contacts**

Select the type of Authorization you would like to obtain:

- Examination & Materials
- Examination Only
- Materials Only

**Get Authorization**

Figure 13. Provider Portal – Get Authorization – Select Type Options

**Note:** If you pick **Examination and Materials** here, you must decline the exam in the Order Entry screen to enter the Ordering, Referring, Prescribing Provider information.

- Click the **Materials Only** option and click the **Get Authorization** button. The Authorization Issued page displays.

Home > Group Selection > Member Account > Authorization Issued Authorization Issued

Member Name : VENEZIA M MUNROE	ID : 991081978	Group : Keystone Mercy
Patient Name : VENEZIA M MUNROE	Relationship : MEMBER	DOB : 11/18/1990

**Authorization Issued**

Authorization Number:	AHM-80918254
Issue Date:	11/9/2018
Expiration Date:	11/30/2018
Services:	1 pair of eyeglasses or provider-supplied contacts

*Upon placement of your order or claim submission, your total payment will be calculated and displayed.*

Figure 14. Provider Portal – Authorization Issued Page with Enter Claim/Order Selected

6. Review this information to ensure it is correct and click the **Enter Claim/Order** button to continue. The Order Entry page displays.

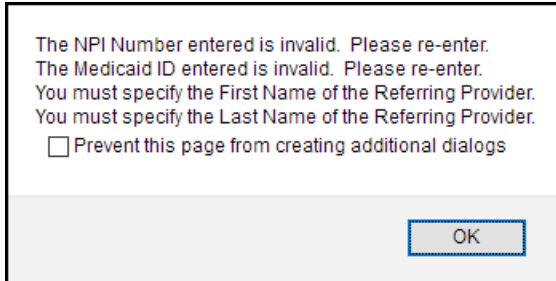
Home > Group Selection > Member Account > Authorization Issued > Order Entry			Order Entry
Member Name : VENEZIA M MUNROE	ID : 991081978	Group : Keystone Mercy	
Patient Name : VENEZIA M MUNROE	Relationship : MEMBER	DOB : 11/18/1990	
<b>Order:</b>			
Authorization: AHM-80918254			
Order Date: 11/9/2018			
Practitioner's Name: <input type="text" value="Please select a practitioner's name"/>			
Service Date: 11/8/2018			
Pair#: <input type="text" value="First"/>			
<b>Referring Provider:</b>			
<p><b>IMPORTANT: We have added new required fields to the Order Entry page to capture a Medicaid-Certified Ordering, Referring Provider's Name, NPI Number, and Medicaid Promise ID as required by the state. The new fields are mandatory to have the correct information entered for processing and submission of materials only orders and claims. Orders and claims for services and materials together or services only will not display these required fields.</b></p>			
NPI Number: <input type="text"/>			
Medicaid ID: <input type="text"/>			
First Name: <input type="text"/>			
Last Name: <input type="text"/>			
<b>Lens Material:</b>			

Figure 15. Provider Portal – Order Entry – Referring Provider Fields Highlighted

**Note:** If you selected **Examination and Materials** in the Get Authorization page, these fields may not be enabled. Click **No** in the Services section to decline the Examination entry to enable these fields.

7. Complete the **Practitioner's Name** field and enter the Referring Provider information in the fields provided:
- **NPI Number**  
Enter the Referring Provider's NPI number in this field.
  - **Medicaid ID**  
Enter the Referring Provider's Medicaid ID in this field.
  - **First/Last Name**  
Enter the Referring Provider's first and last names in these fields.


If these entries are not valid, a pop-up message displays:



**Figure 16. Provider Portal – NPI/Medicaid Number Invalid Message**

If this message displays, click **OK** and fix the field entries to move on.

8. Complete the order fields as you normally would and click the **View Order Summary** button. The Order Summary page displays.


Home > Group Selection > Member Account > Authorization Issued > Order Summary		Order Summary
Member Name : VENEZIA M MUNROE	ID : 991081978	Group : Keystone Mercy
Patient Name : VENEZIA M MUNROE	Relationship : MEMBER	DOB : 11/18/1990
 Printable View		
Review your order summary below. You may edit the order again or submit the order to Davis Vision below.		
Services:	Eye Glasses Only	
Doctor's Name:	WISE EYES	
Date of Services:	11/8/2018	
Pair Number:	1	
Referring Provider NPI Number:	1699771279	
Referring Provider Medicaid ID:	1234567890123	
Referring Provider First Name:	Barry	
Referring Provider Last Name:	Shapiro	
Lens Status:	Lab-supplied lenses	
Lens Material:	TRANSITIONS PLASTIC	
Lens Style:	SINGLE VISION /SV	
Lens Color:	Transitions (brown)	

**Figure 17. Provider Portal – Order Summary with Referring Provider Fields Highlighted**

9. Review the entries in the summary and continue based on the entries you find:
  - If you need to change the entries in this summary, click **Edit Order**. The Order Entry page redisplay.
  - If you are ready to submit the order, click **Submit Order**. The Complete Order page displays.

[Home](#) > [Group Selection](#) > [Member Account](#) > Order Complete **Order Complete**

Member Name : VENEZIA M MUNROE	ID : 991081978	Group : Keystone Mercy
Patient Name : VENEZIA M MUNROE	Relationship : MEMBER	DOB : 11/18/1990

 [Printable View](#)

[Would you like to fill in Provider Lab Survey?](#)

**Thank you for submitting Your Order. Your order for VENEZIA M MUNROE has been received.  
The Invoice Number for the services you entered is listed below:**

**Invoice Number : 75011335**

**Please record the Invoice Number or print this page for future reference.**

**Please note that this order can be modified on this web site until 11/09/2018 05:04 PM ET by clicking "Edit" on the "Pending Orders" page. After this time, the order can no longer be modified on this site. If you need to modify this order after this time, please call Customer Service at 1-800-77DAVIS (773-2847). After the order is sent to our Lab, you can view tracking information for this order on the "Order Tracking" page.**

Summary of Order:	
Invoice Number:	<b>75011335</b>
Services:	<b>Eye Glasses Only</b>
Doctor's Name:	<b>WISE EYES</b>
Date of Services:	<b>11/8/2018</b>
Pair Number:	<b>1</b>
Referring Provider NPI Number:	<b>1699771279</b>
Referring Provider Medicaid ID:	<b>1234567890123</b>
Referring Provider First Name:	<b>Barry</b>
Referring Provider Last Name:	<b>Shapiro</b>
Lens Status:	<b>Lab-supplied lenses</b>
Lens Material:	<b>TRANSITIONS PLASTIC</b>
Lens Style:	<b>SINGLE VISION /SV</b>

Figure 18. Provider Portal – Order Complete Page with Referring Provider Fields Highlighted