

Eye Care Professional Portal guide

For eye care professionals serving members enrolled in Davis Vision and Superior Vision benefit plans

Version 5.0

Bringing you



VersantHealth * Proprietary and confidential: For use by Versant Health participating clients only Page 1 of 199

Table of contents

GETTING STARTED IN THE PORTAL	5
What can I do in the Portal?	5
Contact us at Versant Health	6
Davis Vision Eye Care Professionals	6
Superior Vision Eye Care Professionals	6
Accessing the Eye Care Professional Portal	8
Logging into the portal for the first time	8
Resending your account verification code	17
Still having trouble logging in?	19
Logging into the new portal (after creating a profile)	20
Forgotten your username?	22
Forgotten your password?	23
What if I have work to finish on the legacy portal?	24
Completing orders on the legacy Davis Vision portal	25
Notes for ECPs with overlapping coverage	26
Notes for ECPs who provide their own materials (DDOLs)	27
Managing your portal lab settings	
Creating or choosing a possible lab account	29
Choosing a Non-Integrated Lab	36
Linking a possible lab account to your profile	36
Reviewing the portal dashboard	40
Understanding the portal alerts and notifications	
Setting your portal preferences	
Reviewing and editing your profile	50
Working with user accounts (office administrators)	52
Accessing the user management options	52
Creating a new user account	55
Resetting a user's password	56
Conducting your user access review	57
Terminating a user account	58
Understanding the user statuses	59
USING THE PORTAL DASHBOARD	60
Reviewing portal resources	60
Reviewing/filtering benefit alert notifications (Davis Vision only)	64
Finding a patient's eligibility information	66
SUBMITTING AN ORDER OR CLAIM	71
Beginning a claim or order	72
Managing open authorizations from the Davis Vision portal	75
Voiding open authorizations from a legacy portal	76

Submitting Davis Vision orders/claims in the legacy portal	77
Submitting an exam or service-only claim	77
Submitting a service claim and materials order	84
Adding details to a frame to come order	99
Handling frame to come errors	
Adding safety frame package details (Davis Vision only)	105
Submitting a services and materials claim (DDOL)	106
Submitting a material claim for a Davis Vision patient (DDOL)	
Submitting a material claim for a Superior Vision patient (DDOL)	114
Submitting a contact lens fitting claim and CL order	119
Submitting a contact lens fitting and CL claim (DDOL)	125
Reviewing the non-plan CL services tab	130
Submitting a materials-only order	131
Submitting an Excel Advantage order (Davis Vision only)	142
WORKING WITH SUBMITTED CLAIMS OR ORDERS	
Finding the status of an order/claim	
Viewing the estimated shipping date	150
Finding a claim or order using the Search By tab	152
Finding a claim using the portal dashboard (DDOL)	
Using filters to find current claims and orders	
Finding a claim or order from your legacy portal	157
Finding legacy portal claims	158
Finding legacy portal orders (Davis Vision only)	159
Finding a patient's claim or order details	160
Cancelling a pending order or claim	164
Reviewing Excel Advantage orders (Davis Vision only)	165
Submitting an Excel Advantage lab survey	166
Understanding material remakes	167
What is the warranty policy?	169
Requesting a redo	169
Commercial or Medicare order redo	169
Medicaid order redo	170
Requesting Commercial/Medicare remakes	170
Before you receive the order materials from the lab	170
After you have received the order materials from the lab	171
Requesting Medicaid repair/replace orders	172
Logging out of the portal	175
GLOSSARY	176
APPENDIX A: FREQUENTLY ASKED QUESTIONS	
Appendix A.1 Versant Health FAQs	189

Appendix A.2 Davis Vision FAQs	.190
APPENDIX B: PLACE OF SERVICE OPTIONS	191
APPENDIX C: ORDER STATUS INFORMATION	193
APPENDIX D: VERSANT HEALTH LABS LIST	194



Getting started in the Portal

The Versant Health Eye Care Professional Portal is your best tool for applying Versant Health benefit plans to your patient's vision care services and materials. You play a crucial role in helping Versant Health deliver on our mission of helping members enjoy the wonder of sight through healthy eyes and vision. This new program gives you a new formulary of frame and lens options to select from and a choice of seventy-five, nation-wide labs to choose from to better provide for your patients.

The Versant Health Eye Care Professional Portal gives you a way to order eyeglasses and frames, track orders, and keep your patients informed of the status of the materials you prescribe. Our intention is to give you a tool to expand your ability to meet your patients' needs and help you grow your business too. For ECPs who provide their own materials, this portal allows you to submit claims for all services and materials for your patients with Versant Health benefit plans.

Our goal is to ensure that this Portal meets the needs of your office and Versant Health members. Please provide any feedback you have about Eye Care Professional Portal experiences using the Contact Us page.

What can I do in the Portal?

This document helps you get the most out of the Eye Care Professional Portal. Portal users have access to the following features:

- Verify patient benefits and current eligibility/enrollment info
- Enter and update service and material claims and lab orders; review and track the status of claims, orders, and shipments
- Access to Versant Health forms and announcements with changes in service or participating eye care professional agreements
- Access to warranty information, repair and replace policy, etc.
- Buy frames at a discount and in bulk (Excel Advantage[™] program) (currently, for Davis Vision eye care professionals only)

Contact us at Versant Health

Versant Health representatives can provide the information you need. Click the **Contact Us** link at the bottom of every page in the Portal for assistance. If you have a contract with both Versant Health companies, that is, you provide overlapping services, contact the resource that pertains to the member, claim, or order you are inquiring about.

Davis Vision Eye Care Professionals

For Help with	Phone Number/Email	When to Call
Customer Service Provider Relations Excel Advantage	1 (877) 235-5316 1 (800) 773-2847 <u>Providerhelp@versanthealth.com</u> 1 (800) 773-2847 <u>Exceladvantagebilling@versanthealth.com</u>	Monday – Friday, 8 am – 8 pm ET Saturday 9 am – 4 pm ET
Commercial / Medicare Orders	Please contact the lab you placed the order with. See <u>Finding the status of an order/claim</u> for lab contact info	

Superior Vision Eye Care Professionals

For Help with…	Phone Number/Email	When to Call
Customer Service Provider Relations	1 (877) 235-5317 1 (877) 235-5315 <u>Prsupport@superiorvision.com</u>	Monday – Friday, 8 am – 9 pm ET Saturday 11 am – 4:30 pm ET
Commercial / Medicare Orders	Please contact the lab you placed the order with. See <u>Finding the status of an order/claim</u> for lab contact info	

Additionally, the Contact Us section at the bottom of each page helps you get the help you need from Versant Health staff. There are separate Davis Vision and Superior Vision options to contact us, to enable us to better respond to your needs. You can contact us by phone or by sending an email to the team that can help you best.

Dark Vision Tech Support Saturday, 9 am - 4 pm ET Saturday, 9 am - 4 pm ET Submitted before 71/2019 1-800-773-2847 Saturday, 9 am - 4 pm ET Saturday, 9 am - 4 pm ET Commercial and Medicare Orders Provider Relations Drover Relations Provider Relations Saturday, 9 am - 4 pm ET Saturday, 9 am - 4 pm ET Saturday, 9 am - 4 pm ET Trover Vision Excel Advancege 1-800-773-2847 Saturday, 9 am - 4 pm ET Saturday, 9 am - 4 pm ET Drover Relations Saturday, 9 am - 4 pm ET Trover Vision Saturday, 9 am - 4 pm ET Saturday, 9 am - 4 pm ET Saturday, 9 am - 4 pm ET Saturday, 9 am - 4 pm ET Saturday, 9 am - 4 pm ET	Provider Dashboard > Contact Us			Site, Forms, FAQ, Training Material, etc.	P A A A
1-877-235-5316 Monday - Friday, 8 am - 8 pm ET Please contact the lab you placed the order with. On the Dashboard, click the order Number link to see lab contact details. Orders and Claims submitted before 7/1/2019 1-800-773-2847 Monday - Friday, 8 am - 8 pm ET Saturday, 9 am - 4 pm ET Provider Relations 1-800-773-2847 Providerhelp@versanthealth.com Monday - Friday, 8 am - 8 pm ET Saturday, 9 am - 4 pm ET Provider Relations 1-800-773-2847 Providerhelp@versanthealth.com Monday - Friday, 8 am - 8 pm ET Saturday, 9 am - 4 pm ET Provider Relations 1-800-773-2847 Saturday, 9 am - 4 pm ET Excel Advantage 1-800-773-2847 Saturday, 9 am - 4 pm ET Nonday - Friday, 8 am - 8 pm ET Saturday, 9 am - 4 pm ET Subject*:	Davis Vision				
	1-877-235-5316 Monday – Friday, 8 am – 8 pm ET Saturday, 9 am – 4 pm ET Orders and Claims submitted before 7/1/2019 1-800-773-2847 Monday – Friday, 8 am – 8 pm ET Saturday, 9 am – 4 pm ET Excel Advantage 1-800-773-2847 Exceladvantagebilling@versanthealth.com Monday – Friday, 8 am – 8 pm ET	Please contact the lab you placed the order with. On the Dashboard, click the View Orders/Claims button and then click the Order Number link to see lab contact details. Provider Relations 1-800-773-2847 Providerhelp@versanthealth.com Monday – Friday, 8 am – 8 pm ET	Department*: Select One Provider: Office Name (Provider: Argument) Email*: Xyz@gmail.com Re-Enter Email*: Xyz@gmail.com Subject*:	ider #00000) m m	

Figure 1. ECP Portal – Contact Us – Davis Vision

Provider Dashboard > Contact Us				Site, Forms, FAQ, Training Material, etc.	<u>р</u> а а а
Superior Vision					
Tech Support 1-877-235-5317 Monday – Friday. 8 am – 8 pm ET Saturday, 9 am – 4 pm ET	Commercial and Medicare Orders Please contact the lab you placed the order with. On the Dashboard, click the View Orders/Claims button and then click the Order Number link to see lab contact details.	Department*: S Provider: Offi	perior Vision Select One ice Name (Provider #0000 yz@gmail.com	v	
Claims submitted before 7/1/2019- Commercial Plans: 1-800-507-3800 <u>contactus@superiorvision.com</u> Monday – Friday, 8 am – 9 pm ET Saturday, 11 am – 4:30 pm ET	Claims submitted before 7/1/2019- Health Plans: 1-866-819-4298 <u>contactcenter@superiorvision.com</u> Monday – Friday. 8 am – 9 pm ET	Re-Enter Email*: X Subject*: Message*:	yz@gmail.com		
Provider Relations 1-877-235-5315 Prsupport@superiorvision.com Monday – Friday, 8:30 am – 7 pm ET				Cancel Send	

Figure 2. ECP Portal – Contact Us – Superior Vision



Accessing the Eye Care Professional Portal

This portal is designed to support the following browsers:

- Google Chrome 65 or later (Preferred)
- Microsoft Internet Explorer 11 or later
- Apple Safari 12 or later
- Mozilla Firefox 64 or later
- Microsoft Edge 44 or later

Logging into the portal for the first time

If you have not pre-registered, you need to create a new profile in the Eye Care Professional Portal. All current Davis Vision ECPs, Superior Vision ECPs, overlapping ECPs (who see both Davis Vision and Superior Vision members), and ECPs who provide their own materials (DDOLs) can register to use the new ECP Portal.

To log into the Eye Care Professional Portal for the first time and create your portal profile:

 From your Davis Vision or Superior Vision portal site, enter your login credentials and click **Submit** or **Login** as appropriate. A message displays to invite you to access the new Eye Care Professional Portal:



Figure 3. Confirm Navigation Message

Note: Click the portal guides and video tutorials link to access the latest portal information, including the latest version of this guide.

2. Click the **Eye Care Professional portal** <u>link</u> to display the new Versant Health Eye Care Professional Portal Login page.



Tool tips help you compete these fields. Use your mouse to hover over a field for help.

 Click the Create an account link to display the Create Account – My Organization fields. Begin by entering your organization information.

Provider - Create Account	A COMPANY		
	2	3	
My Organization	My Information	Review/Submit	
Tax ID or Rendering NPI () *			
Office ID ⁽¹⁾ *	a second for the second second		
Enter Office ID associated with the Tax ID	NO ALE VICTOR		
I'm not a robot			
reCAPTCHA Privacy-Terma			
* Indicates Required			
Cancel Next			
		- 12/1	

Figure 5. ECP Portal – Create Account – My Organization Fields

- 4. Complete these required fields and click **Next** to continue.
 - Tax ID/Rendering NPI

Enter the appropriate information based on your role.

Office ID

Enter your Versant Health Office ID in this field. Your Office ID can be found in your Versant Health contract. This is not your office telephone number.

Note: If you have more than one Versant Health affiliation, enter either your Davis Vision ID or Superior Vision ID. Your default location will be set based on this entry, but you can select other locations associated with your Office ID.

I am not a Robot

Click this check box to indicate that you are not a robot.

When you click **Next**, the Create Account - My Information fields display.



Figure 6. ECP Portal – Create Account – My Information Fields

- Complete the required fields with your personal identification and contact information. Most of these entries are required and selfexplanatory.
 - First Name/Middle Name/Last Name Enter your name in the fields provided.

Username

Enter a new username in this field.

Note: Do not use your old username and do not share your username with anyone else. This will help ensure that the portal remains secure.

Password/Confirm Password

Enter the same password in each field. Passwords must be a minimum of eight characters, contain at least one uppercase and one lowercase character, and have at least one special character in them to be validated.

Note: These Username and Password entries will become your new login credentials, so it is important to remember them.

Email Address/Confirm Email Address

Enter the same valid email address in each field.

Access Code/Token Number

The entry in this field determines the type of user rights you have. Office Administrators are the users responsible for managing the portal access of the office staff.

Note: The access code is in your contract amendment, which was sent via email from <u>dse@docusign.net</u>.

Contract Amendment

August 23, 2019

Eye Care Professionals, Inc. Dr. John Doe 12345 Main Street Chicago, IL 60654

Access Code: Abc123 Superior Vision Office Number: Test

Figure 7. ECP Contract – Find "Token Number (Access Code)"

- o If you are an Office Staff member, leave this field blank.
- If you are an Office Administrator, enter the Access
 Code from the office contract amendment in this field.
 See Working with user accounts (office administrators) for more about the Office Administrator role.
- 6. When you have completed these entries, click the Terms & Conditions link and review the terms and conditions for using the new portal. When you have completed this review, scroll to the bottom of the page and click Accept and Continue. This selects the Terms and Conditions check box.
- 7. Click **Next** to continue to the Review / Submit page.



Figure 8. ECP Portal – Create Account – Review / Submit Page

8. Verify your entries to ensure accuracy.

To change an entry, click the **Back** button to return to an earlier page. Edit the fields you want to correct and click **Next** until you return to this page.

Note: You can cancel these entries by clicking the Cancel button.

9. To create the new account based on your entries, click **Create Account**. A confirmation message displays.



10. Click **OK** and check your email account to find the verification code message for your account. It looks like this:



IMPORTANT: Your Verification code (PIN) is only valid for one hour. The **Verify Account** button is only valid for 96 hours.

11. In the verification email message, click the **Verify Account** button to return to the Account Verification code page.

Note: If you do not complete this process within 60 minutes, follow the instructions in **Resending your account verification code** to get help.

12. Complete the fields in the Account Verification page to verify your account:

Account ver	ification (check your email)		
Please enter the v	erification code (PIN) from the email that was sent to	your account's primary email address. You may need to check your spam folder.	
Username:	Password: *	Verification code (PIN): *	
nik@123	Enter password	Record Code	
nika/123	Litter password	Enter <number digits="" of=""> digit verification code</number>	
		* Indicates Required	
		Submit	

Figure 11. ECP Portal – Account Verification Fields

Password

Enter the password you use to access the portal in this field.

- Verification Code
 Enter the PIN number from your email.
- 13. Click **Submit**. A confirmation message displays.
- 14. Click **OK**. The Verify demographic information page displays.

Provider NameProvider AddressVision xyz939 Elkridge Land		e Landing Road,	ling Road, Dr Eye vision	Practitioner NPI	Practitioner Medicaid Number
	Linthicum	Heights, MD		111111111	112222222
Office NPI	Office Med	icaid Number	Office Email Address	11111111	112222222
	222222	abc@gmail.com	11111111	112222222	
Pediatric Patients			Ability to treat special	11111111	112222222
Yes 5 to 25 years	needs Yes	11111111	112222222		
a) Medical	b) Physica	I	c) Psychological	11111111	112222222
Yes	Yes		Yes	11111111	112222222
Office Hours: Mon- 9	am to 5pm	Tue- 9am to 5pm	Wed- 9am to 5pm	11111111	112222222
Thu-	9am to 5pm	Fri- 9am to 5pm	Sat- 9am to 5pm		
Sun-	9am to 5pm				
			(Acknowledge	Edit

Figure 12. ECP Portal – Verify demographic Information

This page displays the NPI and Medicaid information that the portal current has associated with your office. **Important**: This information must be verified every 120 days (once a quarter) by someone in your office. This ensures that you are compliant with CMS directives.

15. Review this page and continue based on the conditions:

- If this data is correct, click **Acknowledge** to continue.
- If this data is not correct, click Edit. An update page displays where you can make the changes needed to update your demographic records. Click Save to return to the Verify demographic information page and click Acknowledge to continue.

After you click **Acknowledge**, an Attention required box displays. If there are still tasks for you to complete, those notes display in this message. The entries in this box are custom to your circumstances.



16. Click **OK** in the Attention required box to continue.

The Portal Dashboard displays and you are logged into the portal. **Note for Office Administrators**: At some point, it is a good idea to validate the user accounts associated with your office ID.

tion 2 HIGHVIEW WAY MECHANICVILLE NY 12118 (5V2518, DV374. Member Order/Claim	Make this my default location	Practitioner	IMOTHY BRAIM (SV, DV) 👻
Member Order/Claim Service Date* MM/DD/YYYY	Date of Birth* MM/DD/YYYY	1ember ID -OR-	Last Name* Member last name Sean
Orders/C Add & View	laims Orders/Claims		Announcements
ders (Showing status for last 90 days) Preparing Your Order 0 Draft Action Required 42	Claims (Showing status for last 90 days)	You may have had an issue ordering progressive ien	Looking for shipment? if IMPORTANT UPDATE: your order has been in "S When placing a frame ord.
In Process 0 Waiting for Frame 0 (Print Packing Sip)	Pending 69	Welcome to the eye care professional portal. To ge Eeb. 24. 2018 - Davis Vision/Superior Vision	May 18.2018 - Effective April 1.2018. Davis Vision will only ac TWO PAIR BENEFITS: In conjunction with order
Waiting for Information of from Provider	Rejected 0	Suppo	entr See Mor
Yiew Orders/Claims New Order/Claim Print Packi	ng Slip	Excel Advantage 💿	What is Excel Advantage? Browse Frames Browse Pricelist
		S (800)888-4321	

Figure 14. ECP Portal – Portal Dashboard

From here, you can:

 Set up your lab accounts as described in <u>Creating or choosing a</u> <u>possible lab account</u>. This is required to identify the labs you will use to place orders.

Note: This process is not required for ECPs who provide their own lab materials (DDOLs).

- Select a default office location from the Location drop down list on the Portal Dashboard.
- Review alerts that apply to benefits or your portal account
 Office Administrator Note: Please perform a user access review as discussed in <u>Conducting your user access review</u> to ensure the portal site is secure.
- Learn more about the Portal Dashboard, see <u>Reviewing the</u> <u>Portal Dashboard</u>.

Resending your account verification code

If you do not receive your first verification email or you do not complete this process within one hour, no problem. Use the instructions below to ensure that the portal sends you a new code.

You must complete this process promptly though, because both the PIN number and the Verify Account link expire. If you have not entered the

verification code within 60 minutes, the PIN number in the email expires. If you do not click the Account Verification link within 96 hours, this link also expires.

Account ver	ification (check your email)	
Please enter the v	erification code (PIN) from the email that was sent t	to your account's primary email address. You may need to check your spam folder.
Username:	Password: *	Verification code (PIN): *
nik@123	Enter password	Enter <number digits="" of=""> digit verification code</number>
		* Indicates Required Submit

Figure 15. ECP Portal – Account Verification Fields

To prompt the portal to send a new account verification code:

- 1. Review the username, password, and email address to verify your account information. If these entries are not accurate, it might explain why you did not receive your account verification code.
- In the Account Verification box, click **Resend code**. The Confirm email address message displays.
- 3. In the **Password** field, enter the password associated with your ECP Portal username. This information is required.
- 4. Click Send.

Note: If you enter an email address that the portal does not recognize or it is formatted incorrectly, an error displays.

When the portal validates your email address, this confirmation message displays:

Thank you for submitting your information. We have sent a verification code (PIN) to the provided email address. Please follow the instructions in the email and verify your account to access new Versant Health provider portal. Please check your spam/junk email for the code.

- 5. Click **OK** to close the confirmation message and check your email account for the verification code.
- Then, return to <u>step 11</u> in <u>Logging into the portal for the first</u> <u>time</u> to complete the account verification process.

Still having trouble logging in?

The system allows you five login attempts to access the ECP Portal and the system provides helpful prompts to support you in completing this process. The portal also lets you <u>reset your password</u> and <u>your</u> <u>username</u> if you are not sure of those entries. It is important that we get this right to ensure security for all users who login and for all patients you see through this website!

If you try to complete the account verification process after 96 hours, the portal explains that your link has expired and prompts you to complete the following process:

- Return to the account verification email you received and click the Verify Account button. A message explains that the link has expired and you are prompted to complete new credentials.
- 2. Enter your office's Tax ID or Rendering NPI in the fields provided.
- Enter your Office ID from your ECP contract.
 Note: This is not your office phone number, but the number that has been assigned to your office in your Versant Health contract.

After the system validates these entries, the system prompts you to create a new password.

4. Enter a new password in the fields provided that will be associated with these office credentials.

Passwords must be a minimum of eight characters, contain at least one uppercase and one lowercase character, and have at least one special character in them to be valid.

- 5. Submit the new password to prompt the portal to send you a new verification code (via the email address you verified).
- Follow the instructions in <u>step 11</u> in <u>Logging into the portal for</u> <u>the first time</u> to complete the account verification process.

Logging into the new portal (after creating a profile)

When you have created your new profile and completed your lab registration, you can use the log-in fields to access the Eye Care Professional Portal.

 Follow the Versant Health Eye Care Professional Portal <u>link</u>. The ECP Portal Login fields display.

Login	
Username *	
YourUsername	×
Password *	Forgot Username
	х
Remember Me ()	Forgot Password
* Indicates Required	
Login	
Don't have an account? <u>Create an account</u>	

Figure 16. ECP Portal – Login Page

Enter your new username and password in the fields provided.
 Note: If you have forgotten your username or password, follow the instructions in Forgotten your username? or Forgotten your password?

Optional: Click the **Remember Me** check box to prefill the **Username** field every time you log in.

3. Click **Login** to display the Portal Dashboard.

tion* 2 HIGHVIEW WAY MECHANICVILLE NY 12118 (SV2518, DV374	Make this my default location	Practitioner	IMOTHY BRAIM (SV, DV) 👻	
Member Order/Claim Service Date* MM/DD/YYYY	Date of Birth* MM/DD/YYYY 📄 ID* I	Member ID -OR-	Last Name* Member last name	* Indicates Rev Search
Orders/O	Xaims Orders/Claims		Announcements	0.001074004001221004400000000000
ters (Showing status for last 90 days)	Claims (Showing status for last 90 days)	You may have had an Issue ordering progressive Ien	Looking for shipment? If your order has been in "S	IMPORTANT UPDATE: When placing a frame ord
Preparing Your Order 0 Draft Action Required 42	Approved 0	 Welcome to the eye care professional portal. To ge 	 May 18.2018 - 	Effective April 1.2018, Davis Vision will only ac
In Process 0 Waiting for Frame 0 (Print Packing Slip)	Pending 69	<u>Feb. 24, 2018 - Davis</u> Vision/Superior Vision	<u>TWO PAIR BENEFITS: In</u> <u>conjunction with order</u>	ANNOUNCEMENT:
Waiting for Information from Provider	Rejected O	suppo	entr	See More
iew Orders/Claims New Order/Claim Print Pack	ng Slip	Excel Advantage 💿	What is Excel Advantag Browse Frames Browse Pricelist	
		 (800)888-4321 * Now Billing On Net 30 Terms 	View Or	ders New Order

Figure 17. ECP Portal – Portal Dashboard (Davis Vision)

The records that display on the Portal Dashboard are specific to the orders and claims completed by the selected Eye Care Professional over the last 90 days. When the **Practitioner** field is empty, all of the orders and claims applicable to the office location display in the Orders/Claims section.

The Portal Dashboard options that display depend upon whether you logged in as a Davis Vision or Superior Vision eye care professional. The options that display on your dashboard are customized to your needs. For example, the Excel Advantage option is only available when you log in as a Davis Vision eye care professional and only if you have an existing Excel Advantage account.

From here on, features that apply only to Davis Vision or Superior Vision eye care professionals will be stated specifically. If there is no specific statement, the feature works the same way for all Versant Health portal users. To learn more about the Portal Dashboard, see <u>Reviewing the</u> Portal Dashboard.

Forgotten your username?

If you come to the Login page and you cannot remember your login credentials, use these instructions to retrieve your username. **Note**: If there is more than one username associated with your email address, you need to select a username from the masked username list.

Username *	
Password *	Forgot Username
	Forgot Password
Remember Me 🛈	
Login	
on't have an account? <u>Create an account</u>	

Figure 18. ECP Portal – Login Page - Forgot Username

 From the Login page, click the Forgot Username link. The Forgot Username page displays.

WersantHealth [™] Hello, Virginia Eye Institute	
Forgot Username	
*Please Enter the Email Address associated with your Username. An Email will be sent to you with instruction	15.
Email Address*	Cancel Submit



 In the Email Address field, enter your email address and click Submit. You will receive an email with your username and a link to the portal in it with additional instructions for logging into the portal.

Forgotten your password?

If you cannot remember your password or if the portal has locked you out due to five unsuccessful log in attempts, you can use these instructions to create a new password and log into the ECP Portal:

Login	
Username *	STREET, STREET
Password *	Forgot Username
Remember Me ()	Forgot Password
* Indicates Required	
Don't have an account? <u>Create an account</u>	

Figure 20. ECP Portal – Login Page - Forgot Password

 From the Login page, click the Forgot Password link. The Forgot Password page displays.

Forgot Password	
*Please enter your Username. An email will be sent to you with instructions.	
Username*	
	Cancel Submit

Figure 21. ECP Portal – Forgot Password Page

- In the Username field, enter your username and click Submit.
 You will receive an email with your username in it and additional instructions for logging into the Eye Care Professional Portal.
- 3. In the email message, click the **Reset your password** button to display the Reset password page.

Reset Password				
Please enter the below deta	ils to reset password.			
Username*	New Password*	Confirm Password*		
			Cancel	Submit

Figure 22. ECP Portal – Provide Username, enter and confirm new password.

- 4. Complete the fields on this page:
 - Username

In this field, enter your username.

New Password and Confirm Password

In these fields, enter your new password.

Tip: Passwords must be a minimum of eight characters, contain at least one uppercase and one lowercase character, and have at least one special character in them to be validated.

5. Click Submit.

The portal sends an email to the address associated with the username with a log in button that prompts you to log in again.

Note: If you are locked out of your account and you use the Forgot Password functionality to re-activate your account, this final message displays:

Your password has been successfully saved. Click **OK** to access the portal.

What if I have work to finish on the legacy portal?

If you are a Superior Vision Eye Care Professional, you have up to a year to submit new claims on the ECP Portal for service work you performed before your ECP start date. See <u>Beginning a claim or order</u> and then <u>Submitting a service-only claim</u> to enter claims for services you performed before your ECP Portal start date.

If you are a Davis Vision Eye Care Professional, and you want to complete orders on your legacy portal, follow the instructions in <u>Logging</u>

into the legacy portal (Davis Vision only) to complete that work. If you started an order or claim in the legacy portal and want to complete this work in the ECP Portal instead, follow the instructions in Voiding open authorization(s) from a legacy portal and create the new order or claim using the member's restored eligibility.

Completing orders on the legacy Davis Vision portal

You can still review the status of work or complete orders on the legacy Davis Vision Provider Portal if you need to. You must use your old credentials to log in as you did before.

If you started an order or claim in the legacy portal and want to process this work in the ECP Portal instead, follow the instructions in <u>Voiding</u> <u>open authorization(s) from a legacy portal</u> and create the new order or claim using the member's restored eligibilities.

To log into the legacy Davis Vision portal:

- Create a bookmark on your current browser for the legacy <u>Davis</u> <u>Vision legacy portal address</u>.
- 2. Click the legacy portal bookmark to display the login page.

Eye care professional portal log in
Username:
User.Vision@vision.d
Password:
Submit
Would you like to be logged in automatically next time?
○ Yes [●] No
Forgot password?

Figure 23. Davis Vision Legacy Portal – Login Page

 In the Username and Password fields, enter your old credentials for accessing the legacy portal and click Submit. This message displays:



Figure 24. Confirm Navigation Portal Message

Note: The date in this message is your start on the ECP Portal.

4. Click the "**Click here**" link to access the Davis Vision Provider portal to complete your existing claims and orders.

Notes for ECPs with overlapping coverage

If your office has an existing relationship with both Davis Vision and Superior Vision, you can register with both Office IDs (separate logins) and display eligibility records from both companies in the ECP Portal.



If you have opted out of the ECP Portal either on the Davis Vision or Superior Vision legacy portals, you will not see eligibility information for members for the company you opted out of.

The Portal also keeps track of the overlapping status of an ECP by office location, so if your Office ID (as listed in your contract, not your phone number) has a location that is either Davis Vision or Superior Vision only, those office locations will only be able to view member records of the location they have selected.

Notes for ECPs who provide their own materials (DDOLs)

This ECP Portal also works for ECPs who provide their own materials to Versant Health patients (**D**octors **D**oing **O**wn Labwork). Since you do not need access to the labs in the ECP Portal, the Portal Dashboard and the portal in general displays claim-specific data only.

Member Claim Service Date* MM/DD/YYYY Date of Birth* M Today's Date	IM/DD/YYYY	ID* Member ID	-OR-	Last Name* Member last nam	* Indicates Required Search
Claims Add & View Claims				Announcements	
Claims			This message is for Davis and Davis ECP Providers	 This is an announcement for all providers on the E 	Leading managed vision <u>care company plans</u> virtual
Approved 0 Pending 1			Required enroliment of ordering, referring and pre	The 2018 Provider Manual has been updated and post	• <u>May 18, 2018 -</u>
Rejected 0			Effective April 1, 2018, Davis Vision will only ac	Feb. 24, 2018 - Davis Vision/Superior Vision suppo	<u>TWO PAIR BENEFITS: In</u> <u>conjunction with order</u> <u>entr</u>
					See More
View Claims New Claim					

Note: Your DDOL status is tied to your office location.



Your view of the ECP Portal is customized so you see claims-only data. Some of the pages and menu options we show here will be different from what you see when you use the portal. For example, the Orders/Claims History page displays only the claim records of the selected Practitioner.



Filter	Claims history (Claim	s – Last 4 years of history		
ite Range		s	earch	Q
ast 90 Days	Member Infor	mation	Claims Sum	imary
aim Status	Member Info 🌲	Provider Details 🚔	Claim Number	Claim Status
All (174) Under Review (4) Rejected (0) Preparing Your Order (0)	SIMMS, <u>ROBITE</u> 09/09/1982 206620662066	BRAIM , TIMÒTHY 1104939651 DAVIS VISION	11/11/2019	Pending 11/11/2019
Pending (33) Draft Action Required (133)	<u>CHAREN, RENT</u> 10/10/1970 000700079	BRAIM , TIMÒTHY 1104939651 DAVIS VISION	11/11/2019	Pending 11/11/2019
Denied (0) Complete (0) Cancelled (0)	POPP,RIGUEZ 01/01/1993 026710267	BRAIM , TIMOTHY 1104939651 DAVIS VISION	11/11/2019	Pending 11/11/2019

Figure 27. ECP Portal – Claims History (DDOL)

Your view of the data and your order/claim placement capabilities may change, based on the **Location** drop-down field option you select in the Portal Dashboard. So, if you work in more than one office and one office has order capabilities and the other does not, the claim and order options in you have in the portal may change based on your location choice.

Further, if there are multiple Office IDs for the same location, and one office ID allows ordering and the other is DDOL, a pop up message displays to allow you to specify the office ID to use to submit your claim. In general, you will follow the instructions for submitting claims using:

- Beginning a claim or order
- Submitting a service-only claim
- Submitting a services and materials claim (DDOL)
- Submitting a contact lens fitting and CL claim (DDOL)
- Finding a claim using the portal dashboard (DDOL)

Managing your portal lab settings

Using this Portal, you have access to a network of labs across the country for commercial, Medicare, and Medicaid orders. The Versant Health Newtown Square (NTS) lab, which specializes in serving your Medicaid patients, is selected by default whenever you submit a Medicaid order. The NTS lab is registered for you if you see Medicaid Patients and will display by default when you place Medicaid orders.

Creating or choosing a possible lab account

When you first log into the ECP Portal, you must add at least one lab to your new Versant Health portal profile. Registering your labs before your launch date allows you to submit orders right away when you begin using the Portal to fulfill your orders. Pre-registering ensures that the account is established and that your orders will go to the right office location under the appropriate account. Keep in mind that establishing a new lab account and adding it to your profile can take up to 48 hours to complete.

To create or choose a lab for your profile:

1. From the Portal Dashboard, click the **Hamburger** icon **to** display the Dashboard menu options.



 Click the Manage Registered Lab option to display the list of labs registered to your office location and your personal portal profile. The Registered Labs/Accounts list displays.

Note: If you have no lab accounts, this list will be empty. DDOL ECPs will not see this option.

	n Associates of 27	x ID 1406059	Office ID DV8603	Office Address: 60 WAT Shipping Address: 60				
	jister the labs that are available beginning 5/ d Labs/ Accounts Note: Please Select Shippin			pose from other labs in o	ur nationwi		Look up/Create I	ab account
Account#	Lab Name	Accepting Orders	Address	City	State	Zip Code	Lab Phone No.	Registration Status
100471	VERSANT Elite Optical - Sacramento	Yes	9901 Horn Road	Sacramento	CA	95827	(800) 556- 5502	Active <u>Disable</u>
01127	VERSANT Meridian San Diego - San Diego	Yes	9560 Ridgehaven Ct.	San Diego	CA	92123	(800) 532- 3840	Active Disable
01128	VERSANT Meridian San Diego - San Diego	Yes	9560 Ridgehaven Ct.	San Diego	CA	92123	(800) 532- 3840	Active

Figure 29. ECP Portal – Lab Registration

- From the Location drop-down list, type the first few numbers of your five-digit Provider ID and the office address displays.
 Note: This location option is usually set by default, based on the Office ID you registered with. You can choose a different location that uses the same Provider ID, if you need to, to register a lab for another office.
- 4. To register a new lab, click the **Look up/Create lab account** button. The Link Possible Lab Accounts list displays.

Image: Note: Instant and the image: Image	Office Name Vision Associates of Prospect			371405050 DV/8507		VATERBURY RD, PROSPECT, CT, USA, 06712 60 WATERBURY RD, PROSPECT, CT, USA, ▼		
Select Account## Legal entity name Account entity address Lab Name Address Le 0 Account## Legal entity name Account entity address VERSANT Southern Optical - Greensboro 1909 N. Church Street , Greensboro, NC, 27405 (80 0 057763 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Southern Optical - Greensboro 1909 N. Church Street , Greensboro, NC, 27405 (80 1 105663 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Milroy Optical - Tampa 5067 Savarese Circle, Tampa, FL , 33634 (80 1 VISION VISION RESOURCES, 60 WATERBURY RD, PROSPECT VERSANT Milroy Optical - Tampa 5067 Savarese Circle, Tampa, FL , 33634 (80 1 VISION VISION RESOURCES, 60 WATERBURY RD, PROSPECT VERSANT MILEOD 50 Jefferson Park Rd, Warwick, RI (40								
Select Account## Legal entity name Account entity address Lab Name Address Lab Name 067763 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Southern Optical - Greensboro 1909 N. Church Street , Greensboro, NC, 27405 884 105663 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Milroy Optical - Tampa 5067 Savarese Circle, Tampa, FL 3654 884 VISION VISION WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Milroy Optical - Tampa 5067 Savarese Circle, Tampa, FL 3654 884 VISION VISION WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Milroy Optical - Tampa 5067 Savarese Circle, Tampa, FL 3654 884 VISION VISION WATERBURY RD, PROSPECT , CT, 067121218 VERSANT MILEOD 50.Jefferson Park Rd, Warwick, RI 400	Back Lir	nk Possible Lat	Accounts (Please vali	late account is yo	urs before selecting. If you			
CONNECTICUT LLC , CT, 067121218 - Greensboro , Greensboro, NC, 27405 884 105663 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Milroy Optical - Tampa 5067 Savarese Circle, Tampa, FL , 33634 (80 VISION VISION MATERBURY RD, PROSPECT VERSANT Milroy Optical - Tampa 5067 Savarese Circle, Tampa, FL , 33634 (80 00000660231 UNITED VISION RESOURCES, 60 WATERBURY RD, PROSPECT VERSANT MLEDD 50 Jefferson Park Rd, Warwick, RI (40	Select	Account#	Legal entity n	ame	Account entity address	Lab Name	Address	Lab Phone Number
CONNECTICUT LLC , CT, 067121218 Tampa , 33634 270 VISION VISION VATERBURY RD_PPO 1935 100 00000660231 UNITED VISION RESOURCES, 60 WATERBURY RD_PROSPECT VERSANT MCLEOD 50 Jefferson Park Rd., Warwick, RI (40)		067763						(800) 888- 8842
0000660231 UNITED VISION RESOURCES, 60 WATERBURY RD , PROSPECT VERSANT McLEOD 50 Jefferson Park Rd., Warwick, RI (40		105663						(800) 366- 2702
		17	VISION		MATERBURY RD PP	tor	1936	(200) 847-
LLC , CT, 067121250 OPTICAL - Warwick , 2888 30L		0000660231	UNITED VISION RESC			VERSANT McLEOD OPTICAL - Warwick		(401) 467- 3000
Submit							St	ıbmit

Figure 30. ECP Portal – Link Possible Lab Accounts List

Note: If you have no lab accounts, this list will be empty.

This is a list of possible lab accounts that may be associated with your office location. Please review the details of your current lab account and validate the account information against this list. Also, validate account is yours to link the lab accounts with your Versant Health profile.

- 5. Depending upon the lab you want to register with, do one of the following:
 - If the Link Possible Lab Accounts list contains the lab you want, continue to the instructions in <u>Linking a possible lab</u> account to your profile. You have completed this process.
 - If the Link Possible Lab Accounts list is empty or does not contain the lab you want, continue to the next step.

	e available beginning 5/1/2019. C	lick"I ook un/Create new lab account" to			
k Possible Lab	Accounts (Please validate acco	ount is yours before selecting. If you do	o choose from other labs in our nat		'54.)
Account#	Legal entity name	Account entity address	Lab Name	Address	Lab Phone Number
067763	MYEYEDR OPTOMETRY OF CONNECTICUT LLC	67 WATERBURY RD, PROSPECT , CT, 067121218	VERSANT Southern Optical - Greensboro	1909 N. Church Street , Greensboro, NC, 27405	(800) 888- 8842
105663	MYEYEDR OPTOMETRY OF CONNECTICUT LLC	67 WATERBURY RD , PROSPECT , CT, 067121218	VERSANT Milroy Optical - Tampa	5067 Savarese Circle, Tampa, FL , 33634	(800) 366- 2702
17	VISION	WATERBURY RD. PPO	tor	19361	(200) 847-
0000660231	UNITED VISION RESOURCES, LLC	60 WATERBURY RD , PROSPECT , CT, 067121250	VERSANT McLEOD OPTICAL - Warwick	50 Jefferson Park Rd., Warwick, Rl , 2888	(401) 467- 3000
				Su	bmit
	67763 05663	67763 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 055663 MYEYEDR OPTOMETRY OF CONNECTICUT LLC VISION VISION 000660231 UNITED VISION RESOURCES,	67763 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 05663 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 2 VISION M WATERBURY RD, PRO 000660231 UNITED VISION RESOURCES, 60 WATERBURY RD, PROSPECT	Account# Legal entity name Account entity address Lab Name 67763 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Southern Optical - Greensboro 05663 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Milroy Optical - Tampa 12 VISION MATERBURY RD, PROSPECT VERSANT Milroy Optical - Tampa 000660231 UNITED VISION RESOURCES, UC 60 WATERBURY RD, PROSPECT VERSANT McLEDD OPTICAL = Manufetric	67763 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Southern Optical - Greensboro 1909 N. Church Street , Greensboro, NC, 27405 05663 MYEYEDR OPTOMETRY OF CONNECTICUT LLC 67 WATERBURY RD, PROSPECT , CT, 067121218 VERSANT Milroy Optical- Tampa 5067 Savarese Circle, Tampa, FL , 33634 12 VISION WATERBURY RD, PROSPECT LLC 60 WATERBURY RD, PROSPECT , CT, 067121250 VERSANT Milroy Optical- Tampa 1351 000660231 UNITED VISION RESOURCES, LLC 60 WATERBURY RD, PROSPECT , CT, 067121250 VERSANT McLEOD OPTICAL - Warwick 50 Jefferson Park Rd., Warwick, RI , 2888

Figure 31. ECP Portal – Create New Lab Account Button Highlighted

- 6. Scroll down to the Create new lab account row and click anywhere on the row to display new lab locations. This process will walk you through creating a new account with one of these lab and linking the labs with your Versant Health profile.
- 7. Scroll through the list to find the lab you want to add to your profile. You can use the **Arrow** buttons at the bottom of the list to go to the next page or the last page to find the lab you are looking for. You can also type the page number you want to go to in the field beside the Page label.
- 8. When you find the lab you want to register, click the **Select** button to the left of it.

Vision As:	me Tax ID sociates of Prospect 27140605	9 DV860	07	dress: 60 WATERBURY RD, F			
Pre-registe	r the labs that are available beginning 5/1/2019. C	lick "Look up/Create new	lab account" to choose from other	labs in our nationwide ne	twork.		
– Back Li	ink Possible Lab Accounts (Please validate acco	ount is yours before selec	cting. If you do not see your exis	ting account please call	Essilor CS	R 1-866-679-	-5754.)
Create New	v Lab Account (If you do not already have a lab	account, click here to cre	eate one)".				
			Note: Ple	ease Select Shipping Add	ress above l	before registe	ring each new Lab.
Select	Lab Name	Accepting Orders	Address	City	State	Zip Code	Lab Phone No.
0	VERSANT Plunkett - Fort Smith	Yes	1705 N A Street	Fort Smith	AR	72901	(479) 783-2001
0	VERSANT Duffens Optical - Denver	Yes	2929 W. 9th Ave.	Denver	СО	80204	(800) 999-5367
_	VERSANT Precision Optical - East Hartford	Yes	351 Burnham St.	East Hartford	СТ	6108	(860) 289-6023
0							
Displaying				« Previous	1 2 3	4 5 6	7 Next »

Figure 32. ECP Portal – Lab Registration – Create new lab account List

9. Click I have read and I accept the Terms & Conditions check box. The Terms and Conditions document displays.



Figure 33. ECP Portal – Lab Registration – Terms and Conditions

- 10. Select the appropriate check boxes and enter your name after you review the Terms and Conditions.
- 11. When you have completed your review, click the **Acknowledge** button at the bottom.

The Create New Lab Account page redisplays and a check mark shows in the I have read and I accept the Terms and Conditions check box.

 12. Click Submit to continue.
 A confirmation message displays.
 Note: If you have selected a non-integrated lab, see <u>Choosing a</u> Non-Integrated Lab for more instructions.



Figure 34. ECP Portal – Registration Confirmation Message

13. Click **OK** to confirm the selected lab's registration.

When the account request has been processed, the new lab registration entry displays in your Registered Lab Accounts list.

Office N Timothy	ame Braim OD	Tax ID 130443867	Office ID DV37414					IĊVILLE, NY, UŜA, : CHANICVILLE, NY,	
Registered L	.abs/ Accounts		/2019. Click "Look up/C			n other labs		onwide network.	haccount
Account#		o Name	Accepting Orders	Address	City	State	Zip Code	Lab Phone No.	Registration
000002017	VER\$ANT Precisi Hartford	on Optical - East	Yes	351 Burnham St.	East Hartford	СТ	06108	(860) 289 - 6023	Active <u>Disable</u>
017	VERSANT Perfer Pittsfield	« Optical Co -	Yes	25 Downing Three	Pittsfield	MA	01201	(800) 649 - 2550	<u>Activat</u> Disable
06599	VERSANT Winche	ester Optical - Elmira	Yes	1935 Lake Street	Elmira	NY	14901	(800) 847 - 9357	Active <u>Disable</u>
RAIM	VERSANT Advand	ce Optical -	Yes	37 Goodway Drive	Rochester	NY	14623	(800) 828- 6331	Active

Figure 35. ECP Portal – Registered Labs/Accounts List – Registration Status Highlighted

In this list there are two registration statuses:

 Active indicates that your office can currently place orders using this lab. • **Disabled** indicates that your office is associated with this lab but the lab is not ready to accept your office's orders. You can activate an account when the Essilor registration process is complete.

Choosing a Non-Integrated Lab

If you choose a non-integrated lab, a prompt displays (see next figure). Please call the phone number in the prompt to complete your registration. <u>Here</u> is a current list of labs and phone numbers.

(i) Information ×
	VERSANT Precision Optical - East Hartford
	351 Burnham St., East Hartford, CT, 6108.
(The lab you have selected is a Non Integrated Lab Please call the lab at (860) 289-6023 to create an account with this lab. Process will take 24 hrs to 48 hrs.
	After the lab account has been created, the lab will be displayed on the possible lab accounts section.
	Close

Figure 36. ECP Portal – Non-Integrated Lab Creation – Informational message

Your choice of lab is based on a lot of factors, including existing account relationships and proximity to your office. In general, after you complete a non-integrated lab registration, it takes 48 hours for your account to be integrated and then you can place orders easily.

Linking a possible lab account to your profile

If you have an existing account with Essilor (prior to becoming an Eye Care Professional Portal user), it makes sense to reach out to your existing Essilor lab to ensure a smooth integration of your account with the profile you are adding here.
To review and validate your current lab and add it to your profile:

- 1. From the Portal Dashboard, click the **Hamburger** icon to display the Dashboard menu.
- 2. Choose the **Manage Registered Lab** option to display the Lab Registration page.

Provider Dashboard > Lab F	legistration		Site, Forms, FAQs, Training Materials, etc. Q A A A
Provider Information Office Name Timothy Braim OD	Tax ID 130443867	Office ID DV37414	Office Address: 2 HIGHVIEW WAY, MECHANICVILLE, NY, USA, 12118 Shipping Address: 2 HIGHVIEW WAY, MECHANICVILLE, NY, US/ ▼

Figure 37. ECP Portal – Lab Registration Page – Location Drop-Down List

3. From the **Location** drop-down list, enter and choose your office location.

Note: If you have more than one office location, you can choose a custom set of labs for each location.

Offic	e Name	Tax ID	Office	Office Address: 60 WA	TERBURY R	D, PROSPEC	T, CT, USA, 06712	
Visio Pros	n Associates of pect	271406059	ID DV8603	Shipping Address: 6	WATERBU	RY RD, PROS	PECT, CT, USA, 🔻	
te: Pre-re	gister the labs that are available beginning	3 5/1/2019. Click "Look up/Cr	eate new lab account" to ch	oose from other labs in (our nationwi	ide network.		
Registere	ed Labs/ Accounts							
	Note: Please Select Ship	pping Address above before re	gistering each new Lab.	(Canc	el (Look up/Create la	b account
.ccount#	Lab Name	Accepting Orders	Address	City	State	Zip Code	Lab Phone No.	Registration Status
00471	VERSANT Elite Optical - Sacramento	Yes	9901 Horn Road	Sacramento	CA	95827	(800) 556- 5502	Active <u>Disable</u>
00471								
01127	VERSANT Meridian San Diego - San Di	ego Yes	9560 Ridgehaven Ct.	San Diego	CA	92123	(800) 532- 3840	Active <u>Disable</u>

Figure 38. ECP Portal – Portal Dashboard – Lab Registration

4. To add a lab, click the **Look up/Create lab account** button. The Possible Lab Accounts list displays. This is a list of the participating labs that can provide services to your location. 5. On the Link Possible Lab Accounts page, review the account information carefully and validate the Office Name and account number information. The information in the Provider information section must match your current Essilor account to prevent order issues in the future.

THIS STEP IS VERY IMPORTANT to ensure that you do not create a duplicate Essilor account.

6. From the Link Possible Lab Accounts list, find the lab that matches your probable Essilor lab account number, and click the **Select** check box beside it. This links the lab to your new profile.

Note: If you do not see your existing lab account, please find your **account number** and call Essilor CSRs at **1-866-679-5754**.

Office Name Timothy Braim OD	Tax ID 130443867	Office ID DV37414	Office Address: 2 Shipping Address			/ILLE, NY, U\$A, 12118 ANIĊVILLE, NY, U\$/ ▼
			1			
e: Pre-register the labs that a	are available beginning 7/1	1/2019. Click "Look up/Create	e new lab account" to choose	e from other la	bs in our nationv	wide network.
← Back Link Possible La	ab Accounts (Please valio	date account is yours before	selecting. If you do not se	ee your existin	g account plea	
	ab Accounts (Please valio	date account is yours before	selecting. If you do not se	ee your existin	g account plea	se call Essilor CSR 1-866-
← Back │ Link Possible La 679-5754.)	ab Accounts (Please valio	date account is yours before				
679-5754.)			Note: Please Selec			/
679-5754.)			Note: Please Selec	ct Shipping Ado	dress above befo	ore registering each new Lab.

Figure 39. ECP Portal – Link Possible Lab Accounts Lists

- 7. Click the **Select** check box beside each lab you want to add to your profile.
- 8. Click **Submit** to confirm your selection. A confirmation message displays.



Figure 40. ECP Portal – Link Possible Lab Account Confirmation Message

 Click OK to add the lab(s) you selected to the Link Possible Lab Accounts list.

When the account request has been processed, the new lab registration entry will display in your Link Possible Lab Accounts list, with an **Active** registration status.



Reviewing the portal dashboard

The records that display on the Portal Dashboard are specific to the orders and claims completed by the selected Eye Care Professional over the last 90 days.

VersantHealth Hello, Vision Associates of Prospect			(60waterburyQA1 🗸
network and the second			Stet. FormsL. FACILL Training Materials. etc.
(i) • Davis Vision System Will Be Down For Maintenance From 11/21	/2019 10:00:00 AM To 11/23/2019 8:00:00 PM		×
Location* 60 WATERBURY RD PROSPECT CT 06712 (DV8603)	✓ Make this my default location		Practitioner Select One +
Member Order/Claim Service Date* MM/DD/YYYY Today's Date	Date of Birth* MM/DD/YYYY	ID* Member ID	-OR- Last Name* Member last name Search
Orders Add EVia	/Claims w Orders/Claims		Announcements This message is for Davis This is an announcement Leading managed vision
Orders (Showing status for last 90 days) Preparing Your Order 0 Draft Action Required 77	Claims (Showing status for last 90 days) Approved		and Davis ECP Providers for all providers on the E care company plans virtual • Required enrollment of ordering-referring and pre • The 2018 Provider Manual has been updated and post • May 18.2018 - • Effective April 1, 2018, • Feb. 24, 2018 - Davis • TWO PAIR BENEFITS: In
In Process 0 Walking for Prame (Print Packing Silp) 0 Walking for Information from Provider	Pending 9 Rejected 0		Davis Vision will only ac Vision/Superior Vision conjunction with order entr SUSDO What is Evral Arkonstone?
View Orders/Claims New Order/Claim Print Pac	king Slip		Kccel Advantage Browse Frames Browse Pricelist Now Billing On Net 30 Terms View Orders New Order

Figure 41. ECP Portal – Portal Dashboard (Davis Vision)

The Portal Dashboard options that display depend upon whether you logged in as a Davis Vision or Superior Vision Eye Care Professional. The options that display on your dashboard are customized to your needs. For example, the Excel Advantage option is only available when you log in as a Davis Vision Eye Care Professional and only if you have an existing Excel Advantage account.

From here on, features that apply only to Davis Vision or Superior Vision Eye Care Professionals will be stated specifically. If there is no specific statement, the feature works the same way for all Versant Health portal users. Now that you have logged into the ECP Portal, you are ready to learn more about the portal process that you will use to place orders and submit claims.

VersantHealth Hello, Vision Trends		(1) TestProv87QA1 ~
≘ Provider Dashboard		Site Forms: FAQs Training Materials, etc. Q A A A
Oavis Vision System Will Be Down For Maintenance From	11/21/2019 10:00:00 AM To 11/23/2019 8:00:00 PM	×
Location 1329 W DAVIS ST CONROE TX 77304 (SV35831)	✓ Make this my default location	Practitioner Select One 👻
Member Order/Claim Search By Service Date* MM/DD/YYYY Today's Date	Date of Birth* MM/DD/YYYY	ID -OR- Last Name* Member last name Search
Orders/ Add & View	Claims Orders/Claims	Announcements This message is for Davis This is an announcement Leading managed vision for all providers on the E care company binas virtual
Orders (Showing status for last 90 days)	Claims (Showing status for last 90 days)	Required enrollment of • The 2018 Provider Manual • May 18, 2018 -
Preparing Your 0 Draft Action 20 Order 0 Required 20	Approved 0	ordering, referring and pre has been updated and post Effective April 2018. Feb. 24.2018 - Darks TWO PAIR BEINEFTTS: In
In Process 2 Waiting for Frame (Print Packing Slip) 0	Pending 4	Davis Vision with order antz Vision/Superior Vision conjunction with order antz Suppo
Waiting for Information from 0 Provider	Rejected 0	See More
View Orders/Claims New Order/Claim Prin	nt Packing Slip	

Figure 42. ECP Portal – Portal Dashboard (Superior Vision)

Note: The figure above shows the Superior Vision version of the ECP Portal, so the Excel Advantage box does not display. Everything else on the Dashboard applies to all users.

Let's look at the interface up close to learn more about how to use it more effectively.

WersantHealth Hello, Optical Land, LLC	OA_optland ∨
Provider Dashboard Site, Forms, FAQs, Training Materials, etc.	Q A <u>A</u> A
Davis Vision System Will Be Down For Maintenance From 11/21/2019 10:00:00 AM To 11/23/2019 8:00:00 PM	×
Location* STE 7 153 E 4370 S MURRAY UT 84107 (DV33632)	
Figure 43. ECP Portal – Logo Banner with Office Name Highlighted	

In the Logo banner, beside the Versant Health logo, the Office Name displays, which is based on the tax ID of the user who logs in. Each

office has a default location that needs to be registered with one or more labs, to ensure that the materials you order are shipped to the right place.

The Portal Dashboard banner has a **Hamburger** menu icon _____, which gives you access to the major features of the portal.



When you click the Hamburger icon, the Dashboard menu displays.

Dashboard	×	
Benefit Alert		Dashboard X
Excel Advantage Add New Order View Orders		Benefit Alert
Lab Orders		Excel Advantage
Add New Order/Claim		Add New Order
View Orders/Claims		View Order
Remake Orders		A 1
Manage Registered Lab		Claims
Resources		Add Claims
Announcements		View Claims
Forms		Resources
FAQs		Announcements
Reference Tools		Forms
Training		
PBCs		FAQS
Medical Policies		Reference Tools
Instamed ERA/EFT solutions		Training

Figure 45. ECP Portal – Portal Menu – Order ECPs and DDOL ECPs

Note: For ECPs providing their own materials (DDOLs), the Dashboard menu on the right contains only claims-related options.

The Portal Dashboard also contains a **Site Search** bar, which allows you to search the entire portal for the information or features you are looking for.



Note: You cannot search for patient, claim/order, or material information using this field. Instead, this field searches for resources, such as forms, training materials, FAQs, and medical policy information.

To use the **Site Search** bar, type the first few letters of the topic you want to search for and the options that match display in the list.



Figure 47. ECP Portal – Dashboard Banner – Site Search with Entries

You can also use the Dashboard banner to change the font size of the portal.



Click the larger letters to make the font size larger and click the smaller letters to shrink the font size used in the portal.



Below the dashboard, the **Alert/Notification Banner** shows the most important information that has changed since you last logged into the portal. This message changes frequently, perhaps even each time you log into the portal. Click the X in the banner message to close the alert.



The next section is the **Location** banner, where you identify the location of your office.



For some users, these options are selected by default, based on the login information and the tax ID number tied to the login account. For other users, this information changes based on the office they are working in that day. The **Location** address option you display in this drop-down list determines the registered (participating) labs you can choose from when you place an order. The **Make this my default location** check box can be useful in specifying your default location if you work in more than one office.

The **Practitioner** drop-down box allows you to search for records for a particular Eye Care Professional in the office. This box is optional, so if you want to search for all of the claims and orders for the location, do not select a name from the list.



If you select a new name from this list, the orders and claims that display reflect the in-network and out-of-network claims and orders of the new Eye Care Professional. Practitioners that display are the ones that have been submitted in the previous 90 days since joining the program. These entries can be for in network claims and orders for the newly selected Eye Care Professional.



Figure 53. ECP Portal – Practitioner Drop-Down List with other Person Listed

You can also choose to **See** or **Hide** the order and claim records of Termed Practitioners, who are either no longer participating with the practice or with Versant Health. Records for Termed Practitioners are tied to the office location and remain in the system for 180 days after the Eye Care Professional's term date. Termed Eye Care Professionals are hidden by default.

Below the Location and Practitioner options is the Member Search section.

	Member Order/Claim	
Search By	Service Date* MM/DD/YYY mark Date of Birth* MM/DD/YYY mark ID* ID - OR - Last Name* Last Name (Indicated and Indicated and Indic	Search
100	54 FOR Bartal Manda Oranda Barran	

Figure 54. ECP Portal – Member Search Banner

These are the fields you use to search for a particular member to review his/her benefits, begin a claim or order, or to look up the member's order history. The Member search fields display by default. This search process is covered in <u>Finding a member's eligibility information</u>.

The Order/Claim search options allow you to search for a particular order or claim by number. To access these fields, click the **Order/Claim** link beside the Member Search link and enter the appropriate number in the required field. Then click **Search** to display the results.

	Member Order/ Claim	
Search By	Order Number* OR — Claim Number*	*Indicates Required Search

Figure 55. ECP Portal – Order/Claim Search Banner

Note: For DDOL ECPs who provide their own materials, this banner shows only the Member and Claim options. See <u>Finding a claim using</u> <u>the portal dashboard (DDOL only)</u> for custom search directions.

The next section displays the Order and Claim Summary records for the selected office.

	Orders/Claims Add & View Orders/Claims	
Orders		Claims
Preparing Your Order 1	Draft Action Required 452	Approved 0
In Process 0	Waiting for Frame (Print Packing Slip)	Pending 15
Waiting for Information from Provider		Rejected 0
View Orders/Claims Net	w Order/Claim Print Packing Slip	\supset

Figure 56. ECP Portal – Orders/Claims Overview Section in the Portal Dashboard

To restrict the list to just the orders and claims of a particular Eye Care Professional, choose the professional's name from the **Practitioner** list.

- To begin a new order or claim, click the **New Order/Claim** button.
- To display a filtered list of orders that you are ready to print the packing slips for, click the **Print packing slip** button.
- To review a list of the open orders and claims of each status type, click the View Orders/Claims button. The Orders / Claims History page displays.

The Orders/Claims History page displays the orders and claims submitted by the selected office location. You can learn more about the Orders/Claims History page from Finding the status of an order/claim.

the order w	shipment? If you as placed.Click he	r order has been ere for contact in	formation. ory Orders - From 05/01/2019	an 5 business	s days and you have not ye	t received it, a tr	acking number can be obtained	by contacting the lab in which
Member Infor	rmation	Claims Su	immary		Orders Summar	у		
Member Info 🌲	Provider Details 荣	Claim Number \$	Claim Status 🌲		PO/Order Number	Submitted On 🗘	Lab 🌩	Order Status 🌩
OVERLY, GENESIS 10/13/1998 206696609648	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319394</u> 10/24/2019	Pending 10/24/2019		483209B5356D4AC	10/24/2019		Order Received 10/31/2019
DEWALD, CHARLES 06/05/1963	PERREAULT , ELISA 1225160518 DAVIS	<u>6319393</u> 10/24/2019	Pending 10/24/2019			10/24/2019		

Figure 57. ECP Portal – Orders/Claims History Page

Note: For DDOL ECPs who provide their own materials, this list displays claims only; claims submitted in the last four years.

Filter	Claims history (Claims – Last 4 years of history					
ate Range		s	earch	Q		
ast 90 Days	Member Infor	Member Information		imary		
laim Status	Member Info 🌲	Provider Details 🌩	Claim Number	Claim Status		
All (174) Under Review (4) Rejected (0) Preparing Your Order (0)	SIMMS, <u>ROBITE</u> 09/09/1982 206620662066	BRAIM , TIMÓTHY 1104939651 DAVIS VISION	11/11/2019	Pending 11/11/2019		
Pending (33) Draft Action Required (133)	CHAREN, RENT 10/10/1970 000700079	BRAIM , TIMÒTHY 1104939651 DAVIS VISION	11/11/2019	Pending 11/11/2019		
Denied (0) Complete (0) Cancelled (0)	POPP,RIGUEZ 01/01/1993 026710267	BRAIM , TIMÓTHY 1104939651 DAVIS VISION	11/11/2019	Pending 11/11/2019		



The Announcements section is next to the Order and Claim Summary.



Figure 59. ECP Portal – Announcements Section

The Announcements section gives you quick access to news about the enhancements and upgrades we have made in portal functionality, so be sure to check it often! Click **See More** to access the **Resources** pages, where you can get forms, review frequently asked questions, get reference tools and ECP Portal training materials, review medical policies, and find information about signing up for EFT solutions with InstaMed.

← Back	Announcements
Resources	This message is for Davis and Davis ECP Providers
Announcements	This is an announcement for all providers on the ECP portal.
Forms	Leading managed vision care company plans virtual reality vision experience. For more information, click here,
FAQs	Required enrollment of ordering, referring and prescribing, providers As required by the Affordable Care Act (ACA), all providers, including those who order, refer or prescribe items or services to Medicaid patients, must be enrolled with the state Medicaid agency. Most states utilize the National Provide Identification (NPI), number submitted on claims to validate the enrollment of providers in the Medicaid program. Learn more
Reference Tools	The 2018 Provider Manual has been updated and posted. To access the Provider Manual, please click Provider Manual in Important Links,
Training	May 18, 2018 - NEW ANNOUNCEMENT: Versant Health
PBCS	Effective April 1, 2018, Davis Vision will only accept the American Medical Association Current Procedural Terminology (CPT) codes for exams and contai lens evaluation services. Please click here to review the full communication.
Medical Policies	Feb. 24, 2018 - Davis Vision/Superior Vision support telehealth services to improve access and guality of care while reducing costs. Read the full Position Statement here.
Instamed	TWO PAIR BENEFITS: In conjunction with order entry changes effective 1/1/18, all multiple pair benefits should be placed online at the same time. Upon invoicing pair 1, there will be an option to "Order Next Pair".
ERA / EFT Solutions	ANNOUNCEMENT: Centerbridge Partners Acquires Davis Vision
	The Centers for Medicare and Medicaid Services (CMS) requires network providers and office staff to complete General Compliance and Fraud, Waste an Abuse Training within 90 days of hire or contract and on an annual basis (no later than December 31, 2017). Davis Vision offers our network providers convenient online access to General Compliance and Fraud. Waste and Abuse Training through our Provider Web Portal. Please Click here to access Davi Vision's training materials.

Figure 60. ECP Portal – Resources - Announcements Page

For Davis Vision Eye Care Professionals who have registered lab locations, there is also an **Excel Advantage** section, which allows eye care professionals to order Davis Vision Exclusive Collection frames in bulk at a discount.



From this section, you can view existing Excel Advantage orders you have placed, add a new order, or view frames and price lists.

Provider Dashboard > Excel Advantage Order Entry	Site, Forms, FAQ, Training Material, etc.
1 Order Entry Cart	3 Check Out
Order Information ③ Order Date: MM/DD/YYYY	Review your item summary below. You may edit the item again or add the item to your Shopping Cart below Order Summary
Frame Information ⑦ Collection:* Premier (blue tag) Style:* AR 4005/MAZE	Frame Collection: Premier (blue tag) Frame Style: CD238/VIVA Frame Color: Black 5115FLEX
Color:* NEWBLACK 5016STD Temple Length:* 135	Frame Length: 130 Additional Frame Service:
Quantity:• 2	Additional Frame Service: Quantity: 2 Price Per Item: \$32.95
*Indicates Required Cancel Add to Cart	Total \$65.90

Figure 62. ECP Portal – New Excel Advantage Order

Understanding the portal alerts and notifications

At Versant Health, we are working on a variety of alerts to help you be productive in your use of the Eye Care Professional Portal. We will be releasing them as we perfect them for your use.

Currently, we have two portal alerts and notifications, which may make it easier for you to use the ECP Portal.

Portal Banner alerts, in general, display when you first log in and provide information about the status of the portal itself. You can find them just below the Portal Dashboard section and have an orange background. You can close the alert by clicking the **x** button in the alert box.



Overarching alerts display as pop up boxes when your Versant Health credentials are expiring to remind you to complete this paperwork. A message will display each time you log in that reads:

 Your credentialing will expire in <number of days> days. Please call Versant Health Customer Service.

You can close this message to continue to the portal site.

Setting your portal preferences

This section helps you manage your access to the portal and set up your portal lab accounts. Office Administrators can view and manage user accounts by office and can add new users when needed.

Reviewing and editing your profile

You can review your profile and make changes to it using the My Profile option in the Dashboard. Users of either role can edit their profiles. The entries on the My Profile page reflect the last saved entries for the account. To review your ECP Portal profile:

1. Above the Dashboard, click the **Office Name** hyperlink to display menu options.





2. Click the **My Profile** option to display the My Profile page.

Provid	ler Dashboard 〉My Profile					Site, Forms, FAQ, Training Material, etc.	Р А А А
← Back	My Profile						Help (?)
	temp@davisvision.com use the email address provided to icate important information to you in t	edit 🥜 Edit	First Name*	Antony	<i>₿</i> Edit	Last Name* Mark	Je Edit
Password	*	<i>₽</i> Edit				Cancel	Save



From here you can change your email address, name, and password. Fields with a red asterisk (*) require entries.

- To edit your profile entries, click the Edit icon beside the field you want to change and type over the existing entry.
 Note: When you edit your password, new fields display to allow you to enter your current password and the new password twice.
- 4. When you have completed your changes, click the Save button. Note: If you changed your password, the portal will check to see if your password is valid. The password must be valid to save the profile.

When you change your email address and/or password, the portal sends a confirmation email to your old address with your username and your new email address in it. It also prompts you to log in again with your new credentials.

Working with user accounts (office administrators)

As an Office Administrator, you can view and manage the portal user accounts associated with your office. User records are set by **Location** field entry. Most frequently, Office Administrator tasks include:

- Creating a new user account
- Modifying a user's account
- Resetting a user's password
- Terminating a user account

Accessing the user management options

Users who have the Office Administrator token can view and manage the accounts of other users. As an Office Administrator, you reset user passwords, review user statuses, modify user accounts and terminate users when they leave the practice. Your rights are tied to your Office Location entry.

Note: The User Management menu option does not display for office staff users.

To access user account options:

1. Above the Dashboard, click the **Office Name** hyperlink to display menu options.





2. Click the **User Management** option to display the User Management page.

Provider Dashboard > L	Jser Management		S	ite, Forms, FAQ, Training	Mat 👂 🗛 A A
← Back Tax ID: 6409398		lsername hyperlink to modi k status hyperlink to view us	fy the user or perform any other actions ser's Status details)		Create New User
Filters	Name ⇔	Username \Leftrightarrow	Location Address \Leftrightarrow	Status ⇔	Last Login Attempt
Office location 510 Church Street, Pennsylvania, 15014	Jerry Johnson	dreye888	510 Church Street, Pennsylvania, 15014 (DV29025)	<u>Active</u>	01/08/2019
tatus	Jane Matt	<u>eyes8989</u>	510 Church Street, Pennsylvania, 15014 (DV29026)	Locked	01/08/2019
All (5)	Eric Hall	<u>eets1234</u>	1264 Wesley Dr. Ste 209, Memphis, 38138 (DV29027)	Created	01/08/2019
Created (1) Locked (1) Terminated (2)	Perry Hall	<u>kipn1233</u>	1264 Wesley Dr. Ste 209, Memphis, 38138 (DV29028)	Terminated	01/08/2019
reminateu (2)	Dominic Rep	domnic83	7164 Hacks Cross Road Ste 126, MS, 38654 (DV29029)	Terminated	01/08/2019



From here, office administrators can edit user settings and create a new user account. To reorder the user entries in the User Management page, click the column headings. Click the user's **Status** link to see the user's status details. To learn more about the status definitions, see <u>Understanding the user statuses</u>.

Administrators can also view and edit other users working in different offices with the same Tax ID by selecting the office location in the drop down.

- To search for an existing user's record, type the first few letters of the username in the Search field (beside the Create New User button). The portal begins the search based on your first entry.
- To change a user's settings, find the user record you want to change in the list and click the link in the Username column. The Edit User page displays.

	: 640939893						Portal functionalities available
Jser Information						Terminate User	
Username Jerry Johnson		ser Type ffice Staff	Status Active	Creation Date 01/08/2019	Last Login Attempt 01/09/2019 - 11:59:01 AM	Address 23 Zaman Park, Laurel 21228	Dashboard
							Lab Orders
ractice Information							Claims
Practice Name Desoto Eye Care	Tax ID 640939893		Address 21345 Laurel Road	l Jaurel 21244	Office Location 88 Hardees Drive, PA 15007 (II	D 200011	

Figure 68. ECP Portal – Edit User Options

Note: There is no **Lab Orders** option in the Portal functionalities available list for DDOL ECP users.

5. To change the user's user type and location settings, click the **Modify User** button. The Modify User Options page displays.

← Back Tax ID: 640939893	
User Information	Portal functionalities available
User Type* Office Staff	Dashboard
First Name: Jerry Middle Name Last Name: Johnson	Lab Orders
Email Address: Jerry@gmail.com User ID* dreye688	Claims
Location Eye Cneter of Central PA (29025)	
	Cancel Save Changes

Figure 69. ECP Portal – Modify User Options Page

- Continue based on your task: **Note**: Fields with a red asterisk (*) require entries.
 - To change the user type, click the User Type drop-down list and choose the appropriate role. Options include: Office Staff or Office Administrator.
 - To change the user's email address, click the **Email Address** field and enter the new email address.
 - To change the location of the user, click the Location dropdown list and choose the appropriate location of the user. The list of offices that display depends upon the your office TIN settings.
- Click Save Changes when you have completed your work. The portal sends an email with the changes to the user for whom changes were made and to the Office Administrator responsible for the changes.

Creating a new user account

To create a new user account as an Office Administrator:

- Follow the instructions in <u>Accessing the user management</u> <u>options</u> to display the User Management page.
- Click the Create New User button to display the Create New User page.

← Back Tax ID: 640939893	
User Information	Portal functionalities available
User Type* Select One	· · · · · · · · · · · · · · · · · · ·
First Name* Last Name*	· · · · · · · · · · · · · · · · · · ·
Email Address* Confirm Email Address* User ID*	· · · · · · · · · · · · · · · · · · ·
Location Eye Center of Central PA (29025)	
	Cancel Create New User



Note The Portal functionalities available list is tied to the type of ECP office the user is in. DDOL ECPs do not have a Lab Order portal functionalities entry.

3. Complete the required fields with the information appropriate for the new user:

Note: Fields with a red asterisk (*) require entries.

User Type

Click this drop-down list and choose the appropriate role for the new user. Options include: **Office Staff** or **Office Administrator**.

- First/Middle/Last Name
 Complete these fields as appropriate
- Email Address/Confirm Email Address
 Complete these fields as appropriate
- Username
 Type the username in this field

Location

Select the default location for this user.

4. When these fields are complete, click the **Create New User** button. A confirmation message displays.

The portal sends an activation link to the new user, based on the information you entered, with a temporary password and a portal link. The user has 72 hours to respond and set up their new password.



Figure 71. ECP Portal – Create New User Confirmation Message

The portal also sends an email to the Office Administrator to confirm.

5. Click **OK** to continue.

Resetting a user's password

Both Office Administrators and users can reset a user's password. Users reset their own password as described in Forgotten your password?

To reset a user's password:

- Follow the instructions in <u>Accessing the user management</u> options to display the User Management page.
- 2. Find the user with the **Locked** status and click the username link associated with their account. The Edit User page displays.

Back Tax II	D: 640939893						
ser Information						Terminate User	Portal functionalities availab
Username Jerry Johnson		Iser Type Office Staff	Status Active	Creation Date 01/08/2019	Last Login Attempt 01/09/2019 - 11:59:01 AM	Address 23 Zaman Park, Laurel 21228	Dashboard
,, , ,					01709/2019 - 11.39.01 AW		Lab Orders
ractice Information	1						Claims
Practice Name Desoto Eye Care	Tax ID 640939893		Address 21345 Laurel Roa	ad, Laurel 21244	Office Location 88 Hardees Drive, PA 15007 (II	D 29901)	

Figure 72. ECP Portal – Edit User Page with Reset Password Button Highlighted

3. Click the **Reset Password** button.

A confirmation message displays.

×	
Reset password request has been successfully sent. Instructions along with a link have been sent to the user's email address.	
Ok	

Figure 73. ECP Portal – Reset Password Request Confirmation Message

4. Click **OK** to complete this process.

The portal sends an email with the password reset link in it, to allow the user to change the password. After the password is reset, the portal sends a new confirmation message.

Conducting your user access review

1

After you log into the ECP Portal for the first time, it is a good idea to perform a user access review to ensure that your office's medical, order, and claim records are secure. The Portal Dashboard displays a prompt to help you perform this review. Office Administrators should perform this review, so that any unauthorized accounts can be terminated.

You have 5 user access review is due by MM/DD/YY. Click Here to view

Figure 74. ECP Portal – Portal Dashboard Message

All users that have logged into the ECP Portal using your Office ID have a status of *Created – Not Verified* until the verification process below is complete.

To perform the user access review:

1. From the Portal Dashboard, click the **Click Here** link (as shown in the previous figure). The Conduct Access Review box displays.

← Back Conduct	Access Review			Office location	Office ID 1
Due Date 🔤	Name 🔤	User name $\stackrel{ riangle}{\bigtriangledown}$	Location Address \buildress	Туре 🔤	Last Login Attempt 🔤
MM/DD/YYYY	Jerry Johnson	dreye888	510 Church Street, Pennsylvania, 15014 (DV29025)	Office Administrative	01/08/2019
MM/DD/YYYY	Jane Matt	<u>eyes8989</u>	510 Church Street, Pennsylvania, 15014 (DV29026)	Office Administrative	01/08/2019
MM/DD/YYYY	Eric Hall	<u>eets1234</u>	1264 Wesley Dr. Ste 209, Memphis, 38138 (DV29027)	Office Staff	01/08/2019
MM/DD/YYYY	Perry Hall	<u>klpn1233</u>	1264 Wesley Dr. Ste 209, Memphis, 38138 (DV29028)	Office Staff	01/08/2019
MM/DD/YYYY	Dominic Rep	domnic83	7164 Hacks Cross Road Ste 126, MS, 38654 (DV29029)	Office Staff	01/08/2019

Figure 75. ECP Portal – Conduct Access Review List

- 2. Click each **User name** link and click the **Verified** button for each account that you verify is correct.
- 3. To terminate any account that is no longer valid, follow the instructions in <u>Terminating a user account</u>.
- 4. When you have verified or terminated each of these accounts, you have completed your review.

Terminating a user account

Office Administrators can terminate a user's account when the user leaves the office, the account has been inactive for 180 days, or when the office location has expired.

To terminate a user's account:

- Follow the instructions in <u>Accessing the user management</u> <u>options</u> to display the User Management page.
- Find the user whose access you need to terminate in the list and click the username link associated with their account. The Edit User page displays.

Jser Information						Terminate User	Portal functionalities available
Name Jerry Johnson	Username dreye888	User Type Office Staff	Status Active	Creation Date 01/08/2019	Last Login Attempt 01/09/2019 - 11:59:01 AM	Address	Dashboard
Jerry Johnson	ur eyeobo	Oncestan	Active	01/06/2019	01/09/2019 - 11:59:01 AM	23 Zaman Park, Laurel 21228	Lab Orders
ractice Information							Claims
Practice Name Desoto Eye Care	Tax ID 64093989	93	Address 21345 Laurel Roa	ad, Laurel 21244	Office Location 88 Hardees Drive, PA 15007 (I	D 29901)	

Figure 76. ECP Portal – Edit User Account with Terminate User link highlighted

3. Click the **Terminate user** link.

A confirmation prompt displays.

Are you sure you want to Terminate the User's account? Click Yes to Terminate the account or click No to cancel the request . No Yes	Wai	ming ×
cancel the request .	?	
No Yes		
No Yes		
	\subset	No Yes

Figure 77. ECP Portal – Terminate User Confirmation Prompt

To terminate the user account, click Yes.
 A confirmation message displays. The portal stores the user's record with at Terminated status.

Understanding the user statuses

There are five user statuses in the User Management page. These statuses are office location-specific:

- All Indicates the number of entries in all statuses.
- Active Indicates that the user has an active account that is in use.
- Created or Created Not Verified
 Indicates that the user entry has been created by an office administrator but the user has not yet activated their record by

creating a new password. When the Created user completes this task, they have the status **Active**.

- Locked Multiple Attempts
 Indicates that the user has an active account but has locked the account due to five incorrect password entries.
- Terminated

User accounts can be terminated by selecting the **Terminate User** link in the User Management page, by being inactive for 180 days, or when the office location or user's contract has expired.

Using the Portal Dashboard

Reviewing portal resources

At the bottom of each page in the portal, you can access the Resources section, which is customized, depending upon your login.



Figure 79. ECP Portal – Resources Section (Davis Vision Users)

The **Resources** section includes a wide range of support materials that help you learn how to use the portal, and how to access forms and other materials that make it easier to serve your patients. Depending upon your login, the Resources section includes:

Announcements help you stay informed about changes to the ECP Portal and the instructions for using the portal. Often, this is where you will learn about changes in procedure code use, changes in federal CMS policy or the Affordable Care Act, and new services or materials Versant Health has available to you and your patients. Announcements are specific to the location you are logged in with, so there will be different announcements for Davis Vision and Superior Vision users.



Figure 80. ECP Portal – Resources – Announcements (Superior Vision Users)

Forms allows you to access the forms you need to get the assistance you need from Versant Health. You can view, download, and print these forms from this section.

← Back	Resources	Forms					
Announ	cements	Name	Description	URL			
Forms		Duty to Warn Form	Print Duty to Warn Form	http://cwv1.davisvision.com/forms/StaticFiles/English/Duty_to_Warn_Form_2016.pdf			
FAQs		Verizion Fax Laboratory Order Form	Verizon Formerly Bell Atlantic Fax Laboratory Order Form	http://cvw1.davisvision.com/forms/StaticFiles/English/ms00046.pdf			
Referen	ce Tools	Provider Add Form	Ship-back information to accompany items sent to laboratory	http://cwv1.davisvision.com/forms/StaticFiles/English/ms00176.pdf			
Training		Provider Termination Form	Provider Termination Form	http://cwv1.davisvision.com/forms/StaticFiles/English/Provider_Form_07-18-18.pdf			
PBCS		Davis Vision Provider Office Review Form	Davis Vision Provider Office Review Form	http://cvw1.davisvision.com/forms/StaticFiles/Engle_Site_Review_Form_2016.pdf			
		UR-Eyeglasses Prior Authorization Request - FEP	2019 Eyeglasses Prior Authorization	http://cwv1.davisvision.com/forms/StaticFiles/eglasses Prior Auth Form FEP.PDF			
Medical Policies		UR-Eyeglasses Prior Authorization Request Form	2019 Eyeglasses Prior Authorization Form	http://cww1.davisvision.com/forms/Stash/UR-Eyeglasses Prior Auth Form.pdf			
Instame Solution	d ERA/ EFT	UR-Eyeglasses Prior Authorization - Florida Blue	2019 Eyeglasses Prior Authorization	http://cvw1.davisvision.com/forms/StaticFiles/Englishses Prior Auth Form FB.pdf			
		UR-Medically Necessary Prior Auth Form	2019 Medically Necessary Prior Authorization	http://cww1.davisvision.com/forms/StaticFiles/English/UR- Auth Form.pdf			
		UR-Medically Necessary Prior Auth - Florida Blue	2019 Medically Necessary Prior Authorization	http://cvw1.davisvision.com/forms/StaticFiles/English/ Form FB.pdf			
		Provider Termination Form	Provider Termination Form	http://cvw1.davisvision.com/forms/StaticFile Term Form 07-18-18.pdf			
		Duty to Warn Form	Print Duty to Warn Form	http://cwv1.davisvision.com/forms/StaticFiles/Englishrn_Form_2016.pdf			
		Davis Vision Provider Office Review Form	Davis Vision Provider Office Review Form	http://cww1.davisvision.com/forms/StaticFiles/English/DV_Office016.pdf			
		Provider Add Form	Ship-back information to accompany items sent to laboratory	http://cvw1.davisvision.com/forms/StaticFiles/English/ms00176.pdf			
		Display 1-10 of 114		4 4 Page 1 of 12 ▶ ▶			

Figure 81. ECP Portal – Resources - Forms

VersantHealth[®]

FAQs help you get quick answers to questions you may have about Versant Health standard policies (such as Patient and Provider Bills of Rights, Privacy Policies, etc.), the portal itself, and the resources you have access to when something goes wrong.

← Back Resources		FAQs	
Announcements	Name	Description	URL
Forms	Patient Bill of Rights	Information about Patient Rights	http://cww1.davisvision.com/forms/StaticFiles/English/PatientBillOfRights.pdf
FAQs	Laser Vision Correction FAQ	Frequently Asked Questions about Laser Vision Correction	/DavisVision.Provider/base/LaserFAQ
Reference Tools	Provider Bill of Rights	Information about Provider Bill of Rights	http://cww1.davisvision.com/forms/StaticFiles/English/ProviderBillOfRights.pdf
Training	Privacy Practices Notice	Privacy Practices Notice	http://cwn1.davisvision.com/forms/StaticFiles/DV Privacy Practices Notice.pdf
PBCS	Domestic Violence Privacy Notice	Confidentiality Protocols for Victims of Domestic Violence	http://cwn1.davisvision.com/forms/StaticFiles/EngNotice_Domestic_Violence.pdf
	Provider Dispute Resolution	Information about Provider Dispute Resolution	http://cwv1.davisvision.com/forms/StaticFiles/English/2der_Manual.pdf#page=63
Medical Policies	What is a Davis Member ID Number?	Important information about searching for member eligibility by ID number on this site.	http://cw1.davisvision.com/forms/StaticFiles/Eis_Member_ID_Number.pdf
Instamed ERA/ EFT Solutions	Dual Eligible Members Rules	Dual Eligible Members Rules	http://cww1.davisvision.com/forms/5_Members_Rules.pdf
	Our Position on Telehealth Services	Our Position on Telehealth Services	http://cw1.davisvision.com/forms/StaticFiles/SVTelemedicinePosition.pdf
	SOP - Orders prior to 7/1 - How can you submit?	Contrary to popular belief, Lorem Ipsum is not simply random text.	/DavisVision.Provider/base/LaserFAQ
	Patient Bill of Rights	Contrary to popular belief, Lorem Ipsum is not simply random text.	http://cwn1.davisvision.com/forms/StaticFiles/English/PatientBillOfRights.pdf
	Privacy Practices Notice	Contrary to popular belief, Lorem Ipsum is not simply random text.	http://cw1.davisvision.com/forms/StaticFiles/English/ProviderBillOfRights.pdf
	Provider Bill of Rights	Contrary to popular belief, Lorem Ipsum is not simply random text.	http://cw1.davisvision.com/forms/StaticFiles/English/PatientBillOfRights.pdf
	Patient Bill of Rights	Contrary to popular belief, Lorem Ipsum is not simply random text.	/DavisVision.Provider/base/LaserFAQ
	Display 1-10 of 114		Page 1 of 12 🕨

Figure 82. ECP Portal – Resources - FAQs

Training provides some quick documents and tutorials that show you how to perform the most frequently used tasks. Scroll through the list of training videos and click the URL to get training at your own pace. We also recommend that you check out the <u>Versant Health Training Hub</u> for the latest tutorial videos, guides, webinars, and answers to your ECP Portal questions.

← Back	Training					
Resources	Name	Description	URL			
Announcements Forms	Contact Lens Benefit Training	Contact Lens Benefit Training	http://cvw1.davisvision.com/forms/StaticFiles/English/Contact Lens Benefit Training_2018.2.pdf			
FAQs	Explanation of Payment Training	Davis Vision Explanation of Payment Training	http://cvw1.davisvision.com/forms/StaticFiles/English/Explanation_of_Payment_Training_052018.pdf			
Tools	Provider Onboarding Education	Provider Onboarding Education	http://cw1.davisvision.com/forms/StaticFiles/English/Provider_Onboarding_08222018.pdf			
PBCS Medical	Provider Onboarding Video	A brief video highlighting the tools you'll be using as a Davis Vision provider.	https://youtu.be/60vtQOmHYoE			
Policies Instamed ERA / EFT	« Previou	is 1 Next »				

Figure 83. ECP Portal – Resources - Training

PBCS gives Superior Vision eye care professionals access to forms and documents pertaining to Medicare and Medicaid benefits and compensation schedules.

← Back	Resources	PBCS (This is applicable only for Superior Vision)								
Annour	icements	ACCNY Medicare PBCS.pdf								
Forms		AETNA LA PBCS.pdf								
FAQs		AETNA PA PBCS								
Referer	ice Tools	Affinity Caid and Care PBCS.pdf								
Training	g	AHCDC PBCS FINAL								
PBCS		AHCLA PBCS FINAL.pdf								
Medica	Policies	AMEMD - Medicare Supplement JAN 2013.doc								
		AMENJ - Medicare Supplement (Revised - 10.19.2018).pdf								
Solution	ed ERA/ EFT ns	PHPKY Elig Verif Request Form EPSDT.doc								
		WellCare fka Windsor Health Plan FINAL Plan Benefits Compensation Schedule 2015.pdf								
		Tab 12 BVT-MRSA STAR STARPLUS and CHIP PBCS (9-14) _pdf								
		United Ohio PBCS adding contact lens benefit and MME.pdf								
		WELLCARE COMPENSATION OVERVIEW.docx								
		Riverside PBC5 - 1-1-2014.doc								
		PHPKY Elig Verif Request Form EPSDT.doc								
		Display 1-10 of 114 Page 1 of 12 🕨								
	Figure	84. ECP Portal – Resources – PBCS (Superior Vision Users Only)								

Medical Policies are the library of Medical Management policies that are in place to serve you as a Versant Health Eye Care Professional.



Figure 85. ECP Portal – Resources – Medical Management Policies

InstaMed ERA/EFT Solution. Want to be paid by direct deposit, rather than waiting for a check in the mail? Versant Health has a relationship with the InstaMed healthcare payments network to provide the convenience of direct deposit with the security of an online service. To learn more about how your business would benefit from a healthcare payments network, click this <u>link</u>. The InstaMed payments network is now available to both Superior Vision and Davis Vision eye care professionals.

Reviewing/filtering benefit alert notifications (Davis Vision only)

Davis Vision ECPs can find general information about their patient's benefits from Benefit Alerts. These alerts may display as a pop-up list when you log into the ECP Portal as well. Benefit alerts provide timely information about the benefit plans of the members you see. After you access these alerts, they no longer display by default, although you can access them later through the portal using the instructions below. To review and filter Benefit Alerts:

1. From the Portal Dashboard, click the **Hamburger** icon **to** display the Dashboard menu.



2. From the list, choose **Benefit Alerts**. A list of Benefit Alerts displays.

Provider Dashboard > Bend	efit alets			Site, Forms, FAQ, Tr	aining Material, etc.	P A A A
Location*: 5 Railroad Ave, PA, 15006	(DV33111,SV2222)	Make this my default location	Practitioner: All			
Filter By	Effective Date	Publish Date	Client Name	Classification		
Effective Date	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	New Group	View Alert	View SRF
From Date* MM/DD/YYY mage To Date*	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	New Group	View Alert	View SRF
	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	Benefit Change	View Alert	View SRF
Classification:	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	Benefit Change	View Alert	View SRF
Select One	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	New Population	View Alert	View SRF
lient name*	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	New Benefit	View Alert	View SRF
First Name Last Name	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	New Benefit	View Alert	View SRF
	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	New Population	View Alert	View SRF
*Indicates Required	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	New Benefit	View Alert	View SRF
Filter by	MM/DD/YYYY	MM/DD/YYYY	First Name Last name	New Benefit	View Alert	View SRF

Figure 87. ECP Portal – Benefit Alerts List

Note: View SRF links that show Service Record Forms do not display for all Davis Vision groups.

3. To find a benefit in this list, choose the date range, classification (Benefit Change, Benefit Renewal, New Group, etc.) and/or type

the client name and click **Filter by**. The alerts that match your filter display.

4. To open a Benefit Alert, click the View Alert link.



Figure 88. ECP Portal – View Sample Alert

Finding a patient's eligibility information

The process for finding a patient's eligibility information is the same for all users. When you select an entry from the **Practitioner** drop-down list in the Portal Dashboard, the patients you see will be in-network or out-of-network for that Eye Care Professional. The search process looks for a particular claims and orders that are less than 90 days old.

Note: Please review the appropriate Versant Health manual to ensure that the person searching for the eligibility information is complying with the privacy rules required under your agreement.

DDOL ECP's Note: These instructions work the same way for DDOL ECPs as it does for ECPs who place orders using the ECP Portal.

To find a patient's eligibility information in the portal:

- 1. Make sure you have selected the ECP name from the **Practitioner** drop-down list before you get started.
- 2. From the Portal Dashboard, begin in the Search By fields.

	Member Order/0	laim						
Search By	Service Date*	MM/DD/YYYY m		Birth*	ID.	— OR —	Last Name	*Indicates Required
		Today's Date	Date of Birth*		ID*	Last Nam	le*	Search



- Use the fields available to enter the information you know: Fields with a red asterisk (*) require entries.
 - Service Date

Click the Today's Date link, enter the service date, or click the

Calendar icon to select the patient's date of service. This entry is required. After this date is entered, it displays by default throughout the process.

Date of Birth

Enter the patient's birth date or click the **Calendar** icon and select the appropriate birth date. This entry is required.

ID or Last Name

Enter the **Member Number**, the **Member ID**, or the **Alternate ID**, or

Enter the patient's last name in the appropriate field. One of these fields is required.

4. When your entries are complete, click **Search**. The results match your entries.



Figure 90. ECP Portal – Search Results

Note: If the Correction Claim and COB Claim links display, you can use the **Correction Claim** link to adjust an original claim. You use the **COB Claim** link to enter a new claim for a secondary claim in the portal.

Note: The Upload File option (used to attach documents to the claim) is required for COB claims.

 To review the patient's benefit information, click the View Detailed Benefits link. The Benefits list displays. For an Affordable Care Act (ACA), Medicare, or Medicaid plan member, the following benefit overview displays:

This member requires an authorization for selected services. Please	complete the appropriate P	rior Authoriz	ation form	and sond by fa	v to the number li	sted on the form
CO-PAYS	complete the appropriate P			and send by ra		sted off the form
This plan has no co- payments						
BENEFIT MESSAGES						
* Authorization Required						
BENEFITS						
Description	Allowed Per Period	Co-Ins.	Avail.	Next Avail. Date	Allowance Remaining	Auth Required
Frames - 1 per 24 Months	\$17		Yes		\$17.00	No
Eye Glass Lenses - 1 pair per 24 Months	Covered		Yes		Covered	No
* Med Nec Contact Lens Fit Fee	Covered		Yes		Covered	Yes
* Medically Necessary Contacts - 1 per 12 Months	Covered		Yes		Covered	Yes
Replacement Contacts (0-20)	Covered		Yes		Covered	No
Replacement Frame (0-20)	\$17		Yes		\$17.00	No
Replacement Lenses (0-20)	Covered		Yes		Covered	No
Routine Exam Including Refraction - 1 per Calendar Year	Covered		Yes		Covered	No
Polycarb - 2 pairs per 24 Months	\$13		Yes		\$13.00	No
* Medically Necessary Polycarb - 3 pairs per 24 Months	\$13		Yes		\$13.00	Yes
TX Options/Polycarb Replacement(0-20)	\$13		Yes		\$13.00	No

Figure 91. ECP Portal – Search Results –Benefit Overview (Health Plan)

If you found a patient with a commercial plan, a benefit overview like this displays:

Benefit Details	Service Date: 10/26/2019 E	Eligibility Verification	#: 7674738			Print Benefit Details 📑		
BENEFIT MESSAGES								
Category	Description	Frequency	Copay Amount	Allowed Per Period	Available	Next Available Date	Allowance Remaining	
Frame	SafetyPremierFrame	Every 12 Months	No Сорау		Yes			
Frame	SafetyDesignerFrame	Every 12 Months	No Сорау		Yes			
Frame	SafetyFashionFrame	Every 12 Months	No Сорау		Yes			
SpectacleLens	SafetySingleVisionSpectacleLens (Plan)	No Copay		Yes			
SpectacleLens	SafetyBifocalSpectacleLens (Plan)		No Copay		Yes			

Figure 92. ECP Portal – Search Results - Benefit Overview (Commercial)

- To return to the patient's record, click OK.
 You can print this form by clicking the Print button.
- 7. **Davis Vision members only**: To learn more about a Davis Vision patient's service details, click the **Service Record Form** link. The Service Record Form displays.



Jerry Johnson (09/02/1964) Service	Date: 01/17/2019				×
Vision C	C Company Care Service Record maintained by the provider's office)	÷	🎇 Dav	vis Visior) ™
SECTION I - PROVIDER/PATIENT SECTION	SECTION II	COVERA	GE SECTION		1
Employee Name:	Plan Level: Designer				1
Employee ID No.:	Copayments: Eye examin	ation		\$ 0	
	Frame Spectacle le	nses		S 0 S 0	
Patient Name:	Contact Ler Evaluatio			\$ 0 \$ 0	
Relationship: Employee Spouse Child	Plan Description:	2			
Provider's Name:	An eye examination (including spectacle lenses and frame, or	contact len	ses in lieu of e	yeglasses.	
Provider's No.:	Visually Required contact lens The contact lens evaluation/fit	es may be	provided with	prior approval. njunction with	
Authorization No.: ABC	the contact lens material benef				
	SECTION	1104			ĩ
Authorization Date:	Contact La			visually Required Contact Lens	1
SECTION III - SERVICE SECTION	Standard Specia		Materi	Material	1
A. Examination: Yes Vo U	\$130 plus Paid in Full Up to 3 20% discount plus		13' ant	Paid in Full (prior approval	
1a. Was examination comprehensive? Yes No 1b. Was dilation performed? Yes No	on overage 15% disc on over		age	required)	
1c. Was this a new patient? Yes 🛛 No 🗖	SL VV	-			
1d. Primary Diagnosis code: Secondary Diagnosis code (if any):			ted options.		1
B. Spectacle lenses provided: (check all that apply)	ional dis	will be pai	id by Davis Visic Patient	n. Additional	-
1. Plan D Patient's D			Charge	Dispense	
2. Single Vision Bifocal Trifocal	rme**		\$25	\$10	
Collection Lenses:			\$12	\$ 6	
Evaluation/Fitting	Colump diate Vision		Included	N/A	
4 multi-packs* plan supplied Disposable lenses or: 2 multi-packs* plan supplied Planned Replacement lenses	diate Vision		\$30	\$10	
Provider Supplied: Evaluation/Fitting: Standard D Specialty	Standard Progressive ddition Multificeals		\$50	\$30	4
Elective Using (prior approval required)	Addition Multifocals		\$90	\$30	4
Visually Required (prior approval required)	Ultra Progressive Addition Multifocals		\$140	\$60	-
Plan 🖸 Patient's 🗖 P 🗸 🦯	Polycarbonate Lenses*** Standard ARC		\$30	\$20	1
SECTION VI - SY	(anti-reflective coating)		\$35	\$ 7	-
SECTION VI-S	(anti-reflective coating) Polarized		\$48 \$75	\$ 7 \$25	-
A. I certify that all of the services and us in the services are used to other in the services are used to o	Lenses High Index		\$75	\$25	-
process this claim. Additionally, I certifyave been infr af all additional	Plastic Photosensitive		400	400	-
items and costs as outlined in Sections IV and V	Lenses		\$65	\$25	
payment of any charge associated with any of the second se					_
adapt to these lenses, standard bifocal lenses will be provided with no additional cost, however, the copayment (if any) for the Progressive Addition Lenses will not be					
refunded. TN Residents: Please see instruction 6.					
Patient Signature					
	* Number of contact lens boxes may vary	based on me	nufacturer's pack	carrino.	
Date of Service	** For included Fashion and Designer le *** No copayment/additional dispense for	vel frames, a 3	\$10 additional dis	pense will apply.	
B. I certify that all services were provided by me or by authorized personnel, in compliance with the standards of the Davis Vision Program. TN Providers: Please	patients with Rx +/-6.00 or greater.				
see instruction 6.	INSTRUCTIONS: 1. Particinating provider must complete See	tions LIII. V	and VIB.		
	2. Employee or legal guardian should comp 3. All services rendered should be recorded	lete and sign 2 on a single for	Section VIA.		
Authorized Signature	 Authorization is valid for 21 days. If exp Completed forms must be maintained for 	ired, call 1-80 a period of n	0-773-2847 prior to ot less than seven (o rendering services. 7) years.	
Invoice No.	Participating provider must complete Sec Employee or logal guardian should comp All services rendered should be recorded 4. Authorization is valid for 21 days. If exp 5. Completed forms must be maintained for 6. Tennessee state law stipulates that it misleading information to an insurano company. Penaltics include imprisons	s a crime to the company f	knowingly provid or the purpose of	le false, incomplete or defrauding the	r
				ance benefits. SR03371 7/1	/15
You have specific ERISA appeals rights	regarding your vision care benefits. Th	ese rights m	ay be		-
obtained in detail by contactin	g Davis Vision at 1-800-999-5431 or wri Assurance Department	ting to:			
igure 93. ECP Portal – Search F	P O Box 1525				_

8. To see a patient's claim and order history, click the **History** icon

To learn more about a patient's order history, see
 <u>Reviewing a patient's claim or order details</u>.

Orders/Claims			2019 - Davis Members only				
	or shipment? If your ord for contact information		ed" status for more than 5 business days and you have not	yet received it, a tracking	number can be obtai	ned by contacting the lab in w	hich the order was placed.
Orders/ Claims	history (Claims – Last 4	years of history Orde	ars - From 05/01/2019) Remake Indicators:	Repair/Replace	Warranty	Redo	
Member Info	rmation	Claims Summ	nary	Orders Summa	ry		
Member Info 🌲	Provider Details	Claim Number	Claim Status 🌩	PO/Order Number	Submitted On	Lab 🌩	Order Status 🌩
OVERLY, GENESIS 10/13/1998 206696609648	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319394</u> 10/24/2019	Pending 10/24/2019	483209B5356D4AC	10/24/2019		Order Received 10/31/2019
OVERLY, GENESIS 10/13/1998 206696609648	PERREAULT , ELISA 1225160518 DAVIS VISION		Under Review Update X	D8B95FED162844A	10/21/2019	OMEGA - DALLAS	Under Review Vupdate
OVERLY, GENESIS 10/13/1998	PERREAULT , ELISA 1225160518 DAVIS VISION		Draft Action Required		07/25/2019		
OVERLY, GENESIS 10/13/1998	PERREAULT , ELISA 1225160518 DAVIS VISION		Successfully processed	2137FCEF49E745A	06/09/2019	CustomEyes - Sauk Rapids	Order Received

Figure 94. ECP Portal – Member History

Submitting an order or claim

The patient's/member's eligibility may depend upon the office location and the eye care professional's network affiliation. For Superior Vision eye care professionals, only Superior Vision members will display. For Davis Vision eye care professionals, only Davis Vision members will display. If you have contracts with both Versant Health companies, you will see both Superior Vision and Davis Vision members in your results. If you have dual contracts, please make sure that the Practitioners' in your office are credentialed by both companies to avoid service process issues.

In this system, you can enter a service date up to a year in the past and up to a year in the future. Keep in mind, however, that the portal can only process orders and claims when a member has benefits during the date of service. If the date of service is in the past, current benefits may apply.

Orders for materials only (no services) do not require a Practitioner record selection. Click the **Select One** option to choose the appropriate name for the visit.

Beginning a claim or order

Begin the order process by finding the patient on the Portal Dashboard. Keep in mind as you are working on a claim or an order that you can save a draft of it at any time and return to it within 24 hours to complete it. After 24 hours, however, the portal deletes your draft.

To begin an order or a claim:

- From the **Practitioner** drop-down list, choose the name of the ECP who performed the services in the claim or order.
 Note: For materials-only submissions, this is not required.
- From the Portal Dashboard, use the Search By fields as described below:

	Member Order/Claim
Search By	Service Date* MMDD/YYYY mark Date of Birth* MMDD/YYYY mark ID* ID - OR - Last Name* Last Name Search
Fig	re 95. ECP Portal – Member Search Fields Complete

- Enter the information you know in the following fields: Fields with a red asterisk (*) require entries.
 - Service Date

Click the Today's Date link, enter the service date, or click the

Calendar icon to select the date of service for the patient. This entry is required.

Date of Birth

Type the patient's birth date or click the **Calendar** icon and select the birth date. This entry is required.

ID or Last Name

Enter the **Member Number**, the **Member ID**, or the **Alternate ID**, or

enter the patient's last name in the appropriate field. One of these fields is required.

4. When you have completed these entries, click **Search**. The list of results that match your entries displays.
| Displayi | Displaying search Results for : Service Date: 10/26/2019 , DOB: 10/13/1998 , Member Last Name: Overly | | | | | | | | |
|----------|--|--------------|--|----------------|--|--|--|--|--|
| Select | Member Information | Relationship | Group/Sub Group | Plan Name | | | | | |
| 0 | GENESIS M OVERLY
10/13/1998
206696609648
View Detailed Benefits Service Record Form 6 History | Child | City of Farmers Branch
1000000006 / 001 | Global Benefit | | | | | |

Figure 96. ECP Portal – Search Results

Note: There may be multiple results in this list based on your entries, even for the same patient.

If the patient is in the system, but not in your network, you may see the message: **Member Found but is out of your network**.

 In the list, click the Select button beside the patient's name to begin the submission process. The Service Categories and Benefit Details associated with the patient's plan display.
 Note: If an Open Authorizations message pops up, see <u>Managing</u> open authorizations from legacy systems.

Provider Informa	tion		Member Inform	ation			
Provider NPI	Provider Name Dr Elisa Perrault	Provider Tax ID 201019659	Member Name GENESIS OVERLY	Member DOB 10/13/1998	Member ID 206696609648	Relationship Child	
NY, USA, 12110	TROY SCHENECTADY RD, LATHAM, 52 TROY SCHENECTADY RD, 10	Select Practitioner	Group/Sub Group Plan Name Global Benefit <u>Service Record Form</u> City of Farmers Branch/001				
Select Services Belo	w(*Note: For Exam or any of	her Services, Please sele	ect a Practitioner.)				
🗌 Exam 🔲 Fra	mes 🔲 Contact Lens 🔲	Spectacle Lens 🔲 Co	ontact Lens Fit & F/U	Medical Opt	ometry/Medical/Surg	ical Cancel	
Benefit Details	Service Date: 10/26/2019	Eligibility Verificatio	n #: 85485785		Print Benefit	Details 🖶	
BENEFIT MESSAGES							

Figure 97. ECP Portal – Service Categories and Benefit Details (Commercial)

Note: If your location has multiple Office IDs with different order/claims capabilities (such as one ID is a New Lab Model office and one is a DDOL office), a pop up box will display to allow you to choose the office type to apply to your submission.



Figure 98. ECP Portal – Please select an Office

- 6. Continue based on what happens next:
 - If this box does not display, go to the next step.
 - If the Please select an Office box displays, click the appropriate office button for this submission and click **Continue**.

Service Categories	Member's Benefit's: 1 pair of eye glasses or contact lens, Examination	
Select Services Below	t Lens Fit & F/U 🔄 Frames 🔄 Spectacle Lens 🗌 Contact Lens 🗌 Medical Optometry/Medical/Surgical	Cancel
Figure 9	99. ECP Portal – Select Services Below List	

Note: If some of the check boxes in the **Select Services Below** box are disabled, the selected patient has either consumed these benefits or does not have them. The enabled check boxes reflect the patient's currently available plan and non-plan benefits in the selected ECP's network.

- 7. Continue based on your task:
 - If you click services (such as Exams, Contact Lens Fit and Follow Up, or Medical Optometry/Medical/Surgical) or if you are a DDOL ECP, the Claim button displays.
 - If you click services and materials or materials only both the Order/Claim and the Claim buttons display.

- 8. Continue based on the type of claim or order you are submitting:
 - <u>Submitting a service-only claim</u>
 For submitting exam, Contact Lens Fitting/FU, and Medical
 Optometry/Medical/Surgical claims (including DDOL ECPs)
 - Submitting a service claim and materials order
 For service claims and material orders
 - Submitting a services and materials claim (DDOL)
 For service and materials claims for DDOL ECPs
 - <u>Submitting a materials-only order</u>
 For orders that contain materials only (no services)
 - <u>Submitting a contact lens fitting claim and CL order</u>
 For orders that include contact lens fitting and follow up services and contact lens materials orders
 - Submitting a contact lens fitting and CL claim (DDOL only) For contact lens-related services and material claims for DDOL ECPs

Managing open authorizations from the Davis Vision portal

When you select a name from the search results list (**step 4** in the **Beginning a claim or order** above) and that patient has open authorizations from the Davis Vision legacy portal, a message displays.

Open	Aut	horizations			×				
i		Below is the list of authorizations opened prior to your EDP Launch date. Please void any authorizations for orders or claims you would like to enter through the EDP Portal with a service date after 10/1/2019 To place an order for a service date prior to 10/1/2019, please contact Versant Health Customer							
		Service at 1-877-235-5316							
		Authorization Number	Issue Date	Services					
		BOK55310331	09/29/2019	Full					
			Cancel	Void	\bigcirc				
Figure	2 10	0. ECP Portal – Open Authori	zations List						



Note: Any order placed before your first day using the ECP Portal is considered a legacy portal authorization.

These open authorizations prevent you from applying the patient's benefits to new orders and claims on the ECP Portal, so when this message displays, you have the following options:

- Void the open Davis Vision authorization in the new portal so you can continue to place the order, see <u>Voiding open</u> <u>authorizations from a legacy portal</u>) or
- Return to the Davis Vision legacy portal and submit the order or claim using the old authorization (see <u>Submitting Davis Vision</u> <u>orders/claims to the legacy portal</u>)

After you void the old authorization(s), the patient's benefit record updates to show that the services and materials benefits are available. Authorizations will not be a problem in the new portal since they are no longer used to put holds on benefits.

Voiding open authorizations from a legacy portal

These instructions assume that the Open Authorizations box displays.



Figure 101. ECP Portal – Open Authorizations – Void Authorizations Button

To void an open authorization from the legacy portal in the new portal:

- 1. Review the list of authorizations in the Open Authorizations box.
- Select the check box beside each authorization you want to void. The Void button enables.
- 3. Click the **Void** button to void the selected authorization(s).

Submitting Davis Vision orders/claims in the legacy portal

If the patient's date of service or the time constraints of their benefits require that you place an order or submit a claim on the legacy Davis Vision portal, you can still do that using these instructions.

Note: You will not be able to place an order or submit a claim in the Davis Vision legacy portal for materials or services provided after your ECP Portal start date.

To place an order or submit a claim using the legacy Davis Vision portal:

- 1. Locate your login credentials to the legacy Davis Vision portal.
- 2. Click the Davis Vision Legacy Portal link.
- 3. Search for the patient's record and use their benefits to either place the order or submit the claim as you would have in the past.

It may be useful to save the link to your legacy portal in your browser's favorites to make it available to you when you need it. After a few months, it is likely you will not need it, as all of your orders and claims will be handled in the new portal only.

Submitting an exam or service-only claim

In the ECP Portal, services include Exam, Contact Lens Fit and Follow Up, and Medical Optometry/Medical/Surgical options in the Portal Dashboard.

Note: These instructions assume that you have completed the instructions in <u>Beginning a claim or order</u>. These instructions begin from the last step of that section.

To submit a service-only claim:

- 1. From the **Practitioner** drop-down list, choose the name of the ECP who performed the services for the claim.
- In the Select Services Below box, click the appropriate exam or service check box. The Claim button displays.



Click the Claim button to display the Exam or Services tab.
 Note: If you select the Exam check box, the Exam tab displays.
 If you select a Medical Optometry or Contact Lens Fit & F/U check box, the Services tab displays. Some content will be different between the two tab types.

	1 Exam	2 Clain)	3 Review & Submit		
Service Categories						
Dilated Eye Exam OR Fundus Photography performed *	Disease Reporting Diagnosis*. (Check all known conditions for this patient.) Type 1 diabetes	ls a m Yes	ember Diabetic*			
Please Enter Diagnosis Codes*			Please Enter Procedure Code	s*		
	Add Mo	re				Add More
				(Cancel	*Indicates Required Next
Eiguro 102	ECD Dortal Exam Tab	0				

Figure 103. ECP Portal – Exam Tab (Service Claim)

- Complete the entries on this page as follows: Fields with a red asterisk (*) require entries.
 - Dilation Eye Exam or Fundus Photography Performed Click Yes if dilation or Fundus photography was used in the patient's exam, or click No if otherwise. This selection is required.
 - Disease Reporting Diagnosis

Use this drop-down list to choose any diseases that affect this patient's health. Select the check box beside each disease that applies. Options include: Abnormal Pupil, Cataract, Glaucoma, Hypercholesterol, Hypertension, Macular Degeneration, Type 1 Diabetes, Type 2 Diabetes, Unspecified Diabetes, or None.

Is Member a Diabetic

Click **Yes** if the member has a form of diabetes, or click **No** if otherwise. This selection is required.

Note: If you select **No**, an **Additional conditional list** dropdown list displays so you can select other health conditions that may apply to the patient.

Please Enter Diagnosis Codes

Type the first few characters of the diagnosis code that applies to this exam to display matching codes and click the code to select it from the list. At least one entry is required. **Note**: You can add more diagnosis codes if more codes are needed. You can add up to 12 diagnosis codes to this claim and apply these codes to particular charges in this process.

Please Enter Procedure Codes

Type the first few characters of each procedure code for this service. Then, click the appropriate entry to select it from the list. At least one entry is required, but choose all that apply.

Procedure Code Notes:

- For Superior Vision patients only: Use S codes only to identify services procedures in this field.
- For Davis Vision patients only: Enter five-digit CPT procedure codes only in this field. Typical options include:
 - 92002 OPHTH Medical Exam and Evaluation Intermediate (New Patient)
 - 92004 OPHTH Medical Exam and Evaluation Comprehensive (New Patient)
 - 92012 OPHTH Medical Exam and Evaluation Intermediate (Established Patient)
 - 92014 OPHTH Medical Exam and Evaluation Comprehensive (Established Patient)
 - o 92015 Determination Refractive State
- For DDOL ECPs submitting claims for materials: Enter the procedure codes for the materials you are providing here as well. Use the **Units** column on the next page when you need to indicate the number of lenses.

- For Medical Optometry claims:
 - When you are submitting procedure codes for these claims, please enter duplicate procedure codes to indicate left and right eyes.
 - Superior Medicaid Patients only. When you are submitting a J procedure code, a new pop up box displays to allow you to enter the national drug code medication name that applies to this code. You can submit more than one J procedure code claim for this authorization over a six month period. This entry is required.



Figure 104. ECP Portal – Please Enter Drug Name/NDC

5. When you have completed your entries, click **Next**. The Claims tab displays.

Note: To change a code you entered, hover over the code and clicking the \mathbf{x} icon.





	Exam	2 Clain		3 Review &				
	itioner Information Provider same as Rendering Provider			Service Date: 10/31/2019	Place of Service • 11. Office •			
NPI First Name	Middle Name			Please Enter Diagnosis Codes *				
	the HCPCS Code based on the Prescription range.				^			
92310	Description RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	Modifier	U&C charges \$ 45.00	Days or Units(s)	Diagnosis Codes H01.145 - XERODERMA OF LEFT LOWER EYELID Primary			
	Total L	J&C Charges:	\$95.00	1	* Indicates Required			
					Back Cancel Next			

Figure 106. ECP Portal – Claim Tab Section

- Complete the claim entries and selections on this page as follows: Fields with a red asterisk (*) require entries.
 - Referring Provider same as Rendering Provider Click this check box if this is applicable.

Referring Eye Care Professional Info

Enter the Referring Provider's NPI, Medicaid ID, First Name and Last Name in the appropriate fields. This information applies to Medicaid claims but may not apply to this claim.

Place of Service

Choose the appropriate location of the exam. **Office** is selected by default, but you can also choose from a wide range of options. See the <u>Place of Service Appendix</u> for this list. This entry is required.

Note: If the service was conducted remotely, select **02** for Telehealth.

Diagnosis Codes

Enter any additional diagnosis codes associated with this

exam. The code(s) you entered in the previous section appear in the box.

- Superior Vision users only: If needed, you can upload a file associated with this claim by clicking the Browse button and finding the file on your system drive. The file cannot be larger than 20 MB and must be in one of the following formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt.
- 8. In the **Examination** section, complete the fields as appropriate to the claim: Fields with a red asterisk (*) require entries.

Modifiers

Enter the modifiers that apply to the exam or materials code listed. For some materials and prescriptions, modifiers display automatically based on the data you entered. **Note**: For telehealth service claims, use the specific modifiers and place-of-service combinations as defined by state Medicaid or managed care programs. This will ensure successful payment.

Usual and Customary Charges

Enter the charges for the service or materials listed at the left. This entry is required ony when the fields display.

Units

Enter the units for the services and materials that are listed at the left. If editable, this entry is required.

Diagnosis Codes

If you entered only one diagnosis code, the diagnosis code you entered displays in this field. When there is more than one diagnosis code, click the **Primary** link and choose the primary diagnosis code(s) that applies. This entry is required.

 When you have completed your entries and selections, click Next. The Review & Submit tab displays.

		Exam	Claims		3 Review & SL	ıbmit	
*To calculate Memb	er Out of Poc	ket, please refer to <u>Service Record</u>	i Form.				
Submitted On: 11 Place of Service: : Service Date: 11/	11	Member Details JEROME CONLEY DOB: 7/14/1992 206682931971 The New York State Vision Plan	Practitioner Details NPI: 1225160518 Name: ELISA PERREAULT TAX ID: 201019659	Referring Pra Details NPI: Name: Medicaid ID:		Shipping Info Acct#: Address: 952 TROY SCHENECTADY RC LATHAM, NY, 12110	э,
Common Diseases Common Diseases Additional Conditio	; - none	Conditional List					
Examination							Dilation Performed: No
HCPCS Codes	Descript	tion		Modifier	U&C charges	Days or Units(s)	Diagnosis Codes
92014	OPHTH I	MEDICAL XM&EVAL COMPRHNS	/ ESTAB PT 1/>		\$45.00	1	• Z01.00 - Primary
			Total U&C C	harges: \$45.00)		
nsured's or Auth	orized Person	's Signature I authorize payment of	Fmedical benefits to the undersi	gned physician o	r supplier for service	es described above.	Cancel Submit Order

Figure 107. ECP Portal – Review & Submit Tab

10. Review the claim entries and continue based on your assessment:

- To make changes to the claim, click the Back button to return to an earlier page. Edit the fields you want to correct and click Next until you return to this page.
- To cancel the claim, click the Cancel button and click Leave Page to confirm.
- To submit the claim, click the Disclaimer check box and click Submit Claim. A confirmation message displays.

Your of	rder has been successfully submitted. Click OK to continue working.	50%	×
Figure 108.	ECP Portal – Claim Confirmation Message		

When the claim has been successfully received, a new confirmation message displays with the claim details.

							Print
*To calculate Mem Summary	ber Out of P	locket, please refer to <u>Ser</u>	vice Record Form.				
Submitted On: 07/23/2020		Member Details DEWALD, CHARLES	Referring Practitioner Details	Shipping Info		Shipping Info	
Place of Service: 11 Service Date: 07/22/2020		DÓB: 6/05/1963 209007324018 The New Vision Plan	NPI: 0070070071 Name: ELLEN HALL Medicaid ID:	Address 11 ENN	220022 Acct#: 220022 Address: Address: WOOD AVE, 11 ENNWOOD AVE, NY, 12345 HALLAR, NY, 12345		
common Disease	Descript	al Conditional List		Modifier	U&C charges	: Days or Units(s)	Dilation Performed: 1 Diagnosis Codes
92014	OPHTH I	MEDICAL XM&EVAL COM	PRHNSV ESTAB PT 1/>		\$85.00	1	• H52.13 - Primary
				Charges: \$85.	1		

Figure 109. ECP Portal – Exam Only Claim Confirmation Message

11. Click **OK** to close the claim or **Print** to print the details of the claim. When you click **OK**, the confirmation box closes.

From the Portal Dashboard, you can use the **Search by** field to find a claim you are looking for by Member name, ID, or Provider details.

Submitting a service claim and materials order

The instructions in this section build on the instructions in <u>Beginning a</u> <u>claim or order</u> and apply when you are ready to choose the order or claim details. These instructions start from the last step of that section and assume you are sending the frame after submitting the order, when applicable.

Member options, such as safety glass, or special corrective lenses, only display if the patient has the benefits necessary to use them. If an option does not display in a list, it is likely that the patient does not have that

service or material option. All orders, including Medicare and Medicaid orders for all Versant Health groups can be placed using these instructions.

Note to DDOL ECPs: Follow the instructions in <u>Submitting a services</u> and materials claim (DDOL) or <u>Submitting a contact lens fitting and</u> CL claim (DDOL only) to submit your claims instead.

To submit a claim and materials order:

- 1. From the **Practitioner** drop-down list, choose the name of the ECP who performed the services for the claim.
- 2. On the **Orders / Claims** page, scroll down to the **Select Services Below** box.
- Click the Exam and the Frames and Spectacle Lens check boxes, depending upon the patient's order and claim needs. The Order/Claim button displays.



A pop-up menu may prompt you to choose the type of order you are submitting. This prompt only displays when patients have multiple benefit types.



Figure 111. ECP Portal – Choose Type of Order Selection Box

If this type of message displays, choose the appropriate order type and click **Continue**.

Note: For some plans, you may also be prompted to explain if the patient is receiving same day service. Follow this same instruction

to complete that type of prompt.

4. Click the Order/Claim button to display the Exam tab.

	1 Exam	2 Eyewear	3 Claims	4 Review & Subr	mit	
Service Categories						
Dilated Eye Exam OR Fundus Photography performed *	Disease Reporting I (Check all known cor Type 1 diabetes Type 1	Diagnosis*. Iditions for this patient.)	Is a member Diabetic*			
Please Enter Diagnosis Codes*			Please Enter P	rocedure Codes*		
		Add Mo	re		Ad	d More
					Cancel Ne	

Figure 112. ECP Portal – Exam Tab (Exam Claim and Materials Order)

Note: If you selected another service other than an exam, this page displays a Services tab, rather than Exam tab, but your entries are the same.

- 5. Complete the exam entries and selections as follows: Fields with a red asterisk (*) require entries.
 - Dilation Eye Exam or Fundus Photography Performed Click Yes if dilation or Fundus photography was used in the patient's treatment, or click No if otherwise. This selection is required.
 - Disease Reporting Diagnosis

Use this drop-down list to choose any diseases that affect this patient's health. Select the check box beside each disease that applies. Options include: **Abnormal Pupil, Cataract, Glaucoma, Hypercholesterol, Hypertension, Macular Degeneration, Type 1 Diabetes, Type 2 Diabetes, Unspecified Diabetes,** or **None**.

Is Member a Diabetic

Click **Yes** if the member has a form of diabetes, or click **No** if otherwise. This selection is required.

Note: If you select No, an Additional conditional list drop-

down list displays so you can select other health conditions that may apply to the patient.

Please Enter Diagnosis Codes

Type the first few characters of the diagnosis code that applies to this exam to display matching codes and click the code to select it from the list. An entry is required. **Note**: You can add more diagnosis codes if you need them.

Please Enter Procedure Codes

Type the first few characters of each procedure code needed for this service and materials. Then, click the appropriate entry to select it from the list. At least one entry is required, but choose all that apply.

Procedure Code Notes:

- For Superior Vision patients only: Use S codes only to identify services procedures in this field.
- For Davis Vision patients only: Enter five-digit CPT procedure codes only in this field. Typical options include:
 - 92002 OPHTH Medical Exam and Evaluation Intermediate (New Patient)
 - 92004 OPHTH Medical Exam and Evaluation Comprehensive (New Patient)
 - 92012 OPHTH Medical Exam and Evaluation Intermediate (Established Patient)
 - 92014 OPHTH Medical Exam and Evaluation Comprehensive (Established Patient)
 - 92015 Determination Refractive State
- For Medical Optometry claims (Superior Medicaid only): When you are submitting a J procedure code, a new pop up box displays to allow you to enter the national drug code medication name that applies to this code. You can submit more than one J procedure code claim for this authorization over a six month period. (Superior Medicaid patients only.) This entry is required.

Please Enter D	rug Name/NDC*
Figure 113.	ECP Portal – Please Enter Drug Name/NDC

6. When you have completed your entries, click **Next**. The Eyewear tab displays.

	Exam		2 ewear	3 Claims		4 Review & Submit	
							How to Order?
۲	Sphere •	Cylinder Axis	Addition	Right Left	Prism In/Out Select On V Select On V	Prism Up/Down Select On V	
		EQD Devial				Back Cancel	*Indicates Required

Figure 114. ECP Portal – Eyewear Tab – Prescription Info Section (Exam Claim and Materials Order)

- 7. Enter the right and left eye prescription information for this order in the fields provided: Fields with a red asterisk (*) require entries.
 - Sphere

Complete this entry based on the patient's prescription requirements. This entry is required.

Cylinder

Complete this entry based on the patient's prescription requirements. This entry is required.

Axis

Complete this entry based on the patient's prescription requirements. This entry is required.

Addition

Complete this entry based on the patient's prescription, if needed.

Distance PD

Complete this entry based on the patient's prescription requirements. This entry is required.

Near PD

Complete this entry based on the patient's prescription requirements, if needed.

Height

Complete this entry based on the patient's prescription requirements, if needed.

 If prism entries are required, click the Show Prism button. The Prism fields display. Complete these entries as required by the patient's prescription. If the patient's glasses do not require this, continue to the next step.

	Right	Prism In/Out Select One ▼	Prism Up/Down Select One 🔻
Hide Prism	Left	Prism In/Out	Prism Up/Down
		Select One 🔻	Select One

Figure 115. ECP Portal – Show Prism Fields

9. In the Lab/Lens Information section, choose the following:

Laboratory-Acct# *				
Elite Optical - Rancho - 101237	T	Filter Lens Design I	/laterials	Reset
		Lens Material *	Lens Design *	Lens Tier *
		Polycarbonate Clear	Single Vision	Base
ens Type *		Polycarbonate Polarized Brown 3	Single Vision	Base
Single Vision	•	Polycarbonate Polarized G-15	Single Vision	Base
Single vision	Ŧ	Polycarbonate Polarized Gray 3	Single Vision	Base
		Polycarbonate Total Blue	Single Vision	Base
		Polycarbonate Total Blue Polar Gray	Single Vision	Base
lah Tara I		Polycarbonate Trans 8 Graphite Green	Single Vision	Base
lob Type *		Polycarbonate Transitions 7 Amber	Single Vision	Base
Lab Supplied Frame	*	Polycarbonate Transitions 7 Amethyst	Single Vision	Base
		Polycarbonate Transitions 7 Emerald	Single Vision	Base

Figure 116. ECP Portal – Lab/Lens Information (Exam Claim and Materials Order)

Laboratory/Acct#

Click this drop-down list and choose the lab for this order. This entry is required.

Note: If you do not see the lab you need, use the instructions in <u>Adding a new registered lab</u> to add it. If you register with a non-integrated lab, it can take up to 48 hours to complete the registration.

Lens Type

Click the drop-down list to choose the lens type, lens material, lens design, and lens tier types appropriate for this patient's order. Options in this list are based on the prescription information you entered. This entry is required.

Job Type

Click this drop-down list and choose the job type for the frame associated with these lenses. This entry is required. Options include, **Uncut**, **Dress Frame to Come**, **Lab Supplied Frame**, **Safety Frame Package**, and **Safety - Frame to Come**. When you choose the job type, new lens and frame option fields display.

Note: If you select **Dress - Frame to Come** or **Safety - Frame** to **Come**, see the instructions in <u>Adding frame to come order</u> <u>details</u> before going to the next step. Then, return to this step to complete the order process.

Available Treatments

From this list, you can select any billable service requests,

such as tint, scratch coating, and polished edges lens options that the order requires.

Services Note: Please enter any billable services requests here to avoid errors.

Another Note: Select the Scratch Coat Protection plan check box, whenever you select the scratch coat treatment option.

Treatment Comments to Lab

Enter any lab instructions you have for the lab that affect the way these glasses are made.

IMPORTANT: Do not add any instructions that change the nature of the order here. Billable services requests should go in the **Available Treatments** field above so the lab applies them to the order correctly.

- 10. Use the Lens filter to select the lens tier, design, and material details for the patient's order.
 - a. Type the search criteria in the entry field.
 - b. Scroll through the matching entries to find the lens materials you want to order.
 - c. Click the item in the list to select the lens materials.

	Plastic	Reset
Lens Material *	Lens Design *	Lens Tier *
.5 Plastic Polarized Brown 3	Essilor Eyezen+ 0 (Enter Height)	Intermediate
.5 Plastic Polarized G-15	Essilor Eyezen+ 0 (Enter Height)	Intermediate
.5 Plastic Polarized Gray 3	Essilor Eyezen+ 0 (Enter Height)	Intermediate
.5 Plastic Trans 7 Graphite Gre	enEssilor Eyezen+0 (Enter Height)	Intermediate
.5 Plastic Transitions 7 Amber	Essilor Eyezen+ 0 (Enter Height)	Intermediate
.5 Plastic Transitions 7 Amethy	stEssilor Eyezen+ 0 (Enter Height)	Intermediate
.5 Plastic Transitions 7 Emeral	d Essilor Eyezen+ 0 (Enter Height)	Intermediate
.5 Plastic Transitions 7 Sapphi	re Essilor Eyezen+ 0 (Enter Height)	Intermediate
.5 Plastic Transitions 8 Brown	Essilor Eyezen+ 0 (Enter Height)	Intermediate
5 Plastic Transitions 8 Grav	Fesilor Evezon+ () (Enter Height)	Intermediate

Figure 117. ECP Portal – Lens Material/Design/Tier Filter with Entry Field Highlighted

A confirmation message displays to remind you to check your prescription entries to ensure they match your materials. **Note**: Click **Reset** to enter new search criteria.



Figure 118. ECP Portal – Lens Prescription Notice

11. When you have confirmed these values and completed these entries and selections, scroll down to the Frame Information section.

formation					
Frame not in the Catalog					
Frame Source *	Manufacturer *		Brand *	Model *	
N/A	SelectOne	•	SelectOne	▼ SelectOne	~
Color *	Eye Size *		Temple Length *	Frame Type *	
SelectOne	SelectOne	~	SelectOne	▼	Ŧ
Thickness Type *					
Lab Decide Best Thickness					
Lab Decide Best Thickness					
eset (ABox, BBox, DBL and ED)			Select Standard S	Shape	
A Box * B Box	* DBL*	ED	Select Standard S		
	* DBL*	ED	Select Standard S		
			Select Standard S	Shape	
ABox BBox			Select Standard S		
		ED mm	Select Standard S		
ABox BBox			Select Standard S		
ABox BBox			Select Standard S		
			Select Standard S		
ABox BBox			Select Standard S		
ABox BBox			Select Standard S		
A Box • B Box mm mm			Select Standard S		
A Box • B Box mm mm			Select Standard S		
			Select Standard S		Indicates F

Figure 119. ECP Portal – Frame Information Section (Exam Claim and Materials Order)

12. Choose the frame options using the fields in the Frame Information section:

Note: If you select a frame that is out of stock, a warning message displays: Selected Frame is Out of Stock, please select a different *Frame*.

Frame not in the Catalog

If you are sending a frame to the lab that is not in the lab's

catalog, click this check box to convert the frame fields into free form-fields so you can enter the frame details manually. Enter the frame specifications for the frame-to-come in the fields provided. See <u>Adding details to a frame to come order</u> for more information about completing a frame-to-come order.

Frame Source

Lab Supplied is prefilled, based on the job type selection Lab Supplied Frame.

• Select one of the following:

SKU Number

Enter the SKU number for the frame in this field. As you type the number, the portal searches the catalog for the frame and prefills the other entries (Manufacturer, Brand, Style, Color, Eye, and Temple Length) on the page. or

• Collection – tag-tier

Use this field to select the frame by collection type tag or tier.

Manufacturer

Start to type the name of the frame manufacturer in this field and select the option that matches from the list that displays. This entry is required.

Brand

Start to type the brand name of the frame in this field and select the option that matches from the list that displays. This entry is required.

Model

Start to type the model name of the frame in this field and select the option that matches from the list that displays. This entry is required.

Color

Start to type the color of the frame in this field and select the option that matches from the list from the list that displays. This entry is required.

Eye Size

Typically, this field prefills based on the options above, but you can type the eye size measurement in this field, if needed.

Temple Length

Typically, the temple length for the frame you are sending in this field prefills based on the previous entries.

Frame Type

Choose the frame type that matches the frame the patient selected. This entry is required.

Thickness Type

Choose the thickness type for this frame or choose **Lab Decide Best Thickness** to allow the lab to assess the frame when the frame arrives.

Frame Measurements

In this section, type the frame measurements in millimeters. The **A Box, B Box,** and **DBL** entries are required.

13. Superior Vision Only: There may be an Import Trace File

option. To add a file, click the **Browse** button and attach the file you want to send with this order. The file cannot be larger than 20 MB and must be in one of these formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt.

Note: To change these settings and start over, click the Reset link.

14. When you have completed these Lens and Frame entries and selections, click **Next**. The Claims tab displays.

	Exam Eyewear		3 Claims		4 Review & Submit
	lioner Information		Service Date: 10/26/2019	1	e of Service * 1. Office •
NPI First Name	Middle Name		Please Enter Dia	gnosis Codes *	
Examination an	d Materials the HCPCS Code based on the Prescription range.				^
HCPCS Codes	Description	Modifier	U&C charges	Days or Units(s)	Diagnosis Codes
92014	OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB PT 1/>		\$ 20.00	1	Z01.00 - ENC EXAM EYES VISION W/O ABNRM FIND Primary
V2020	FRAMES PURCHASES	NP	\$ 0	1	Z01.00 - ENC EXAM EYES VISION W/O ABNRM FIND Primary
V2100 •	SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS	PL		2	Z01.00 - ENC EXAM EYES VISION W/O ABNRM FIND Primary
V2782	LENS INDX 1.54-1.65 PLSTC/1.60-1.79 GLASS LENS	SV		2	Z01.00 - ENC EXAM EYES VISION W/O ABNRM FIND Primary
V2799	VISION ITEM/SERVICE MISCELLANEOUS	IT		2	Z01.00 - ENC EXAM EYES VISION W/O ABNRM FIND Primary
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	PL		2	Z01.00 - ENC EXAM EYES VISION W/O ABNRM FIND Primary
V2760	SCRATCH RESISTANT COATING PER LENS	MV		2	Z01.00 - ENC EXAM EYES VISION W/O ABNRM FIND Primary
	Total U&C Charges: \$2	20.00			
					* Indicates Required

Figure 120. ECP Portal – Claims Tab (Exam Claim and Materials Order)

- 15. Complete the Claim entries as appropriate for this claim/order: Fields with a red asterisk (*) require entries.
 - Referring Provider same as Rendering Provider Click this check box if this is applicable.
 - Referring Eye Care Professional Info
 Enter the Referring Provider's NPI, Medicaid ID, First Name
 and Last Name in the appropriate fields. This information may
 not apply to this claim, but is required for Medicaid orders.
 - Place of Service

In this drop-down list, choose the appropriate location of the exam. **Office** is selected by default, but you can also choose other options. See the <u>Place of Service Appendix</u> for a complete list. This entry is required.

Note: If the service was conducted remotely, select **02** for Telehealth.

- In the Diagnosis Codes section, enter any additional diagnosis codes associated with this exam. The code(s) you entered in the previous section appear in the box.
- 16. **Superior Vision only**: To upload a file associated with this claim: **Note**: Typically, this option is used by Superior ECPs only.
 - a. Click the **Browse** button to attach the file from your system.
 The file cannot be larger than 20 MB and be one of these formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg, or txt.
 - b. Click the file you need to upload and click **Upload File**. The system uploads your file and adds it to the claim.
- 17. Scroll down to the **Examination and Materials** section and complete the fields as necessary to accurately complete the claim/order. Fields with a red asterisk (*) require entries.
 - Modifiers

Enter the modifiers that apply to the exam or material codes listed. For some materials and prescriptions, modifiers display automatically based on the options you chose. **Note**: For telehealth service claims, use the specific modifiers and place-of-service combinations as defined by state

Medicaid or managed care programs. This will ensure successful payment.

Usual and Customary Charges

Enter the charges for the service or materials listed at the left. This entry is required for the fields where entries are enabled.

Units

Enter the units for the services and materials that are listed at the left. This entry is required, if it is enabled.

Diagnosis Codes

If you entered one diagnosis code, the code you entered displays in this field. When there is a primary diagnosis code applicable to a service or material, click the **Primary** link to choose the primary diagnosis code. This entry is required.

18. Review your order/claim carefully and click **Next** to display the Review & Submit tab.

*To calculate Memb	ber Out of Poo	ket, please	refer to S	ervice Reco	rd Form.								
Order Summary													
PO #: 359C6CA4	184F490	Member	Details		Practitio	oner Details	Referring Details	Practit	tioner	Shipping Info		Lab	
Submitted On: 10	0/31/2019	KELLUM				25160518	NPI: 122	51605	18	Acct#: 100473		VERSANT Elite Optical - Sacramento	
Place of Service:	11	2066956	/17/1987 23986			ELISA PERREAULT 201019659	Name: El	LISAP	ERREAULT	Address:		9901 Horn Road , CA, 95	827,
Service Date: 10.	/31/2019	The New Plan	York State	Vision			Medicaid I	D:		952 TROY SCHENE LATHAM, NY, 1211		(800) 556-5502,	
Lens Prescription	n												
Sphere Cyli	inder Axis	Dist. PD	Base 1	Prism 1		Job Type			Lens Type		Treatmen	ts	
RE: +10 -5					Scratch C	oat							
LE: +10 -5	10 -5 1 20 ln 5												
Design		Material											
Shamir Autograp Attittude SV	on II	1.5 Plast	IC										
Frame Informatio	on												
Frame Source	Manufacture	er Bran	nd	Mode	I	Color	Eye Size		Temple Lengt	th SKU Number		Frame Type	
Lab Supplied	COLLECTIC FRAMES			DOV	502	BROWN	54		140	1274828		Industrial Edge	
A Box	B Box 30	DBI 19	-	ED O									
camination and Mat	terials											Dilation Perfo	rmed
HCPCS Codes	Descript	ion					Modifier	U8	&C charges	Days or Units	(s) I	Diagnosis Codes	
92012	OPHTH I	MEDICAL X	M&EVAL I	NTERMED	ATE ESTA	B PT		\$4	5.00	1		• H02.022 - Primary	
V2020	FRAMES	PURCHASE	ES				DS	\$0.	.00	1		• H02.022 - Primary	
V2100	SPHERE	5INGLE VIS	ION PLAN	O +/- 4.00	PER LENS	5	PL	\$0.	.00	2		• H02.022 - Primary	
V2799	VISION I	TEM/SERVI	CE MISCE	LANEOUS			IT	\$0	.00	2		• H02.022 - Primary	
V2760	SCRATCH	RESISTAN	IT COATIN	IG PER LEN	15		ST	\$0.	.00	2		• H02.022 - Primary	
V2760	SVScrato	hResistant	CoatingPr	otection			SV	\$0.	.00	2		• H02.022 - Primary	
						Total U&C	Charges: \$45	.00					

Figure 121. ECP Portal – Review & Submit Tab (Exam Claim and Materials Order)

- 19. Review the claim and click the standard disclaimer check box.
- 20. Continue based on your review:
 - To make changes to the claim/order, click the Back button to return to an earlier page. Edit the fields you want to correct and click Next until you return to this page.
 - To cancel this claim/order, click the Cancel button and click Leave Page at the prompt.
 - To submit the claim/order, click Submit Order. A confirmation message displays.
- 21. To continue working, click **OK**.

Note: After the lab receives your order (status: **Order Received**), the **Lab reference number** appears on the Order Summary. This is the number you should use to refer to the order when speaking with the lab.

*To calculate Member Out of	Pocket, please refer to <u>Ser</u>	vice Record Form.			Print
Summary PO #: 111111111 Lab Reference #: 22222222 Submitted On: 07/22/2020 Place of Service: 11 Service Date: 07/22/2020	Member Details DEWALD, CHARLES DOB: 6/05/1963 209007324018 The New Vision Plan	Practitioner Details NPI: 0070070071 Name: ELLEN HALL TAX ID: 141141141	Referring Practitioner Details NPI: 0070070071 Name: ELLEN HALL Medicaid ID:	Shipping Info Acct#: 220022 Address: 11 ENNWOOD AVE, HALLAR, NY, 12345	Lab VERSANT Milroy Optical - Tampa 5067 Savarese Circle , FL, 33634, (800) 366-2702,

22. If the order has a frame to come component, click **Print** and send the frame with the packing slip to the lab you selected.

Adding details to a frame to come order

If the lab is making the lenses and you are sending the frame (a "frame to come" order), the lab needs to know the specifications of the frame to ensure a good fit. In the instructions below, you specify the lens information and then the frame to come information below it.

When you have completed the instructions below, make sure you print the packing slip and wrap it with the frame you are sending in the same package before you send it to your selected lab.

To add "frame to come" details to an order:

 Follow the instructions for <u>Submitting an exam claim and</u> <u>materials order</u> or <u>Submitting a materials-only order</u> until you get to the Job Type drop-down list and select Dress- or Safety-Frame to Come option. The Lab/Lens Information fields display.

Laboratory-Acct# *		1.67 PC	DLARIZED BROW		Reset
Elite Optical - Rancho - 101209	*				
		Lens Material *	Lens Design *	Lens Tier *	
Lens Type *		Plastic 1.67 Polarized Brown 3	Shamir Autograph II Attittude SV	Inter	mediate
Single Vision	*	Plastic 1.67 Polarized Brown 3	Shamir Relax	Inter	mediate
		Plastic 1.67 Polarized Brown 3	Shamir Autograph II SV	Inter	mediate
Job Type *		Plastic 1.67 Polarized Brown 3	Essilor Eyezen+ 0 (Enter Height)	Inter	mediate
Dress - Frame To Come	Ŧ	Plastic 1.67 Polarized Brown 3 Plastic 1.67 Polarized Brown 3	Essilor Eyezen+ 1 (Enter Height) Feellor Eyezen+ 2 (Enter Height)		mediate
	*	Diastic 1 67 Delarized Rosum 3			
	T	Diaetic 1 87 Dolarized Brown 3	Eccilor Eviazan± 9 (Entar Hainht)		madiata
Available Treatments (Click Once to Add) (۲	Disetic 1.67 Delarized Brown 3	Eccilor Eviazan± 9 (Entar Hainht)		madiata
Available Treatments (Click Once to Add) (1) Crizal Easy UV	•	Diaetic 1 87 Delarized Brown 3	Eccilor Eviazan± 9 (Entar Hainht)		madiata
Available Treatments (Click Once to Add) (1) Crizal Easy UV Double Grad Mirror	•	Diaetic 1 87 Delarized Brown 3	Eccilor Eviazan± 9 (Entar Hainht)		madiata

Figure 123. ECP Portal – Eyewear Tab – Lab/Lens Information (Frame to Come Job Type)

- Here, you select or enter the lens details needed for the order: Fields with a red asterisk (*) require entries.
 - Laboratory/Acct#

Click this drop-down list and choose the lab for this order. This entry is required.

Note: If you do not see the lab you need, use the instructions in

Adding a new registered lab to add it. If you register with a non-integrated lab, it can take up to 48 hours to complete the registration.

Lens Type

Click the drop-down list to choose the lens type, lens material, lens design, and lens tier types appropriate for this patient's order. Options in this list are based on the prescription information you entered. This entry is required.

Job Type

Choose either **Dress Frame to Come or Safety - Frame to Come**. When you choose the job type, new lens and frame option fields display.

Available Treatments

From this list, you can select any billable service requests, such as tint, scratch coating, and polished edges lens options that the order requires.

Note: Please enter any billable services requests here to avoid errors.

Another Note: Select the Scratch Coat Protection plan check box, whenever the order calls for scratch coat treatment.

Treatment Comments to Lab

Enter any lab instructions you have for the lab that affect the way these glasses are made.

IMPORTANT: Do not add any instructions that change the nature of the order here. Billable services requests should go in the **Available Treatments** field above so the lab applies them to the order correctly.

When these entries are complete, scroll down to the **Frame** Information section.

 Choose the frame details for the order using the fields in this section. For most fields, as you start typing, options will appear for you to select. Fields with a red asterisk (*) require entries.

Frame not in the Catalog

If you are sending a frame to the lab that is not in the lab's catalog, click this check box to convert the drop-down list fields

into free form-entry fields so you can enter the frame details manually. Use the following field to enter the frame to come specifications: **Manufacturer**, **Brand**, **Model**, **Color**, **Eye Size**, and **Temple Length**.

rame Iformation			
Frame not in the Catalog			
Frame Source *	Manufacturer	Brand	Model *
Doctor Supplied	Enter Manufacturer	Enter Brand	Enter Model
Color *	Eye Size *	Temple Length *	Frame Type *
Enter Color	Enter EyeSize	Enter TempleLength	Grooved Rimless

Figure 124. ECP Portal – Frame not in Catalog Field Options

Frame Source

Doctor Supplied is prefilled due to your **Frame to Come** job type selection. This may be Patient Supplied, for some Not in Catalog orders.

Manufacturer

Start to type the name of the frame manufacturer in this field and select the option that matches from the list that displays. This entry is required.

Brand

Start to type the brand name of the frame in this field and select the option that matches from the list that displays. This entry is required.

Model

Start to type the model name of the frame in this field and select the option that matches from the list that displays. This entry is required.

Color

Start to type the color of the frame in this field and select the option that matches from the list from the list that displays. This entry is required.

Eye Size

Typically, this field prefills based on the options above, but you can type the eye size measurement in this field, if needed.

Temple Length

Typically, the temple length for the frame you are sending in this field prefills based on the previous entries.

Frame Type

Choose the frame type that matches the frame the patient selected. This entry is required.

Thickness Type

Choose the thickness type for this frame or choose **Lab Decide Best Thickness** to allow the lab to assess the frame when the frame arrives.

Frame Measurements

In this section, type the frame measurements in millimeters. The **A Box, B Box,** and **DBL** entries are required.

Note: If you decide you want to change all of these settings and start over, click the **Reset** link to reset these fields.

- Superior orders only: There may be an Import Trace File option. To import the trace file, click the Browse button and select the file you want to upload to this order from your system. Note: This file cannot be larger than 20 MB and must be one of these formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt.
- 5. Continue based on your order:
 - If you do not need base curve and optical center entries, continue to the next step.

	Base Curve	Optical Center	Equithinning	Equithin	Balance	
ght			Lab Decides 🔹		None	•
	\bigcirc	\bigcirc	Special Instructions - This field	must be reviewed manually	and will delay order processing when used.	
ft			Special instructions - This field	a must be reviewed manually a	and will delay order processing when used.	

Figure 125. ECP Portal – Additional Information (Frame to Come Job Type)

- If you have base curve and optical center entries, click the Additional Information button. The Additional Information box displays.
 - Complete the applicable field entries for this order, including any special instructions that pertain to the base curve, optical center, equithinning, and balance requirements.
 - In the Equithinning field, if you select the Enter Value option, you must enter a value between 0 99.97 in the Equithin field.
 - Use the **Special Instructions** field for directions that pertain to the additional information settings you enter here.

Important: The **Special Instructions** field cannot be used for billable services, such as tint, scratch coating, and polished edges or other services for which Essilor would charge an additional fee. Requests for billable services should be entered in the **Available Treatments** field instead.

- 6. When you have completed these entries on the **Frame to Come** order, follow the remaining steps to submit the order.
- 7. Wait for the submission to be received by the lab so the Print packing slip button enables. A new message displays:

Your order has been successfully received by the lab. Include your packing slip when you send the frame to the lab.

					Print
*To calculate Member Out of P Summary					
PO #: 111111111 Lab Reference #: 22222222 Submitted On: 07/22/2020	Member Details DEWALD, CHARLES DOB: 6/05/1963 209007324018	Practitioner Details NPI: 0070070071 Name: ELLEN HALL TAX ID: 141141141	Referring Practitioner Details NPI: 0070070071 Name: ELLEN HALL	Shipping Info Acct#: 220022 Address:	Lab VERSANT Milroy Optical - Tampa 5067 Savarese Circle , FL, 33634,
Place of Service: 11 Service Date: 07/22/2020	The New Vision Plan		Medicaid ID:	11 ENNWOOD AVE, HALLAR, NY, 12345	(800) 366-2702,

Figure 126. ECP Portal – Order Summary with Print packing slip button enabled

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Note: After the lab receives your order (status: Waiting for Frame), the Lab reference number displays in the Order Summary. Use this number to refer to the order when you discuss it with the lab.

- Click Print packing slip button to produce the frame's packing slip and send it with the frame to the lab.
 Note: Lost your packing slip? No problem. Go to the Order/Claim Summary page and click the PO/Order Number link to print a new one.
- 9. Then return to the task you began with:
 - If you came from Submitting an exam claims and materials order, click <u>here</u>.
 - If you came from Submitting a materials-only order, click here.

Tip: If you would prefer to print all your frame to come packing slips all at once, use the print buttons on the Orders/Claims History page. You can also access and print these records by selecting the **Print packing slip** button on the Portal Dashboard.

Search/ Fil	ter below for Claims	- Last 4 years of h	istory Orders-	From <mm <="" dd="" th=""><th>ΥΥΥΥ></th><th></th><th></th></mm>	ΥΥΥΥ>		
Member Ir	nformation	Claim Su	mmary		Orders Summ	ary	
Member information	Provider Details $\stackrel{\bigtriangleup}{\ominus}$	Claim Number \Leftrightarrow	Claim Status $\stackrel{\frown}{\ominus}$	PO/ Order Number ⇔	Submitted On \Leftrightarrow	Lab \Leftrightarrow	Order Status 🚯 \ominus
Ashley Smith 09/02/1964 (222222222)	Dr. Annie Hao 123456789 (Davis Plan)	ABC1234 MM/DD/YYYY	Pending 01/10/2019	ABC1234	01/10/2019	Essilor Lab 1	Waiting for Information from Provider 01/10/2019
Rong Chang 09/02/1964 (222222222)	Dr. Annie Hao 123456789 (Davis Plan)	ABC1234 MM/DD/YYYY	Pending 01/10/2019	ABC1234	01/10/2019	Essilor Lab 1	Waiting for Information from Provider 01/10/2019
Anthony Miller 09/02/1964 (222222222)	Dr. Annie Hao 123456789 (Davis Plan)	ABC1234 MM/DD/YYYY	Pending 01/10/2019	ABC1234	01/10/2019	Essilor Lab 1	Waiting for Frame 01/10/2019 Print packing slip
Oliva Davis 09/02/1964 (222222222)	Dr. Annie Hao 123456789 (Davis Plan)	ABC1234 MM/DD/YYYY	Pending 01/10/2019	ABC1234	01/10/2019	Essilor Lab 1	Waiting for Frame 01/10/2019 Print packing slip
Jerry Johnson 09/02/1964 (222222222)	Dr. Annie Hao 123456789 (Davis Plan)	ABC1234 MM/DD/YYYY	Draft Action Required 01/10/2019	ABC1234	01/10/2019	Essilor Lab 1	Under review 01/10/2019
Tom Cruse 09/02/1970 (222222222)	Dr. Allan Shaeffer 123546987 (Superior Plan)	ABC1234 MM/DD/YYYY	Preparing your Order 01/10/2019	ABC1234	01/02/2019	Essilor Lab 1	Preparing your Order 01/10/2019

Figure 127. ECP Portal – Orders/Claims History Page with Print buttons

Handling frame to come errors

If the order does not process successfully, the order has a status of **Under Review** and an error message like this displays:

PO/ Order number: 111111111 Submitted On: Place of Service: Office Service Date: 01/10/2019			Member Details Jerry Johnson DOB: 09/02/1964 222222222 XYZ Vision Plan		Practitioner Details NPI: 0987654321 Name: Dr. Eye Vision Tax ID: 123456789	Referring Practitioner Details NPI: 0987651234 Name: Dr. Anil Vision Medicaid ID: 123456789				
Shipping Info Acct #: 25656 Address: 939 Eikridge Landing, Linthicum, MD 21090			Lab Essilor Lab 1 1515 Old Country Road, Harrisburg, PA 20121 Contact # 111-222-3333							
ens Prescr	iption									
Sphere RE: +1.00 LE: +1.00	Cylinder -1.00 -1.00	Axis 180 180	Addition +2.00 +2.00	Dist. PD 40.00 40.00	Job Type Dress - Frame To Come	Treatments Standard AR	Design Accolade-Progressive Premium			

For orders with errors, there is no **Lab reference number** in the order summary. To complete your order, contact Versant Health (the appropriate phone number will display in the message).

Adding safety frame package details (Davis Vision only)

Safety package options only display when a patient has safety benefits in their benefit plan. Here are some safety frame and lens package details you should keep in mind:

- When you place an order for a safety package in the Eyewear tab (by selecting the Safety Glass Package or Safety - Frame to Come job types), the portal will only display safety lenses and frame options.
- When you select the Non-Conductive check box, only nonconductive safety options display.

- For safety frames, you cannot add an **ED** field entry.
- Safety package options are now available through both the Newtown Square Lab (NTS) and the Essilor labs.

Important: Versant Health requires that doctor-supplied safety frames submitted to our sponsored labs be ANSI-approved and ANSI-marked safety frames.

Submitting a services and materials claim (DDOL)

The instructions in this section build on the instructions in <u>Beginning a</u> <u>claim or order</u> and apply when you are ready to choose the order or claim details. These instructions start from the last step of that section and assume you are sending the frame after submitting the order, when applicable.

To submit a claim and materials order:

- 1. From the **Practitioner** drop-down list, choose the name of the ECP who performed the services for the claim.
- 2. On the **Orders / Claims** page, scroll down to the **Select Services Below** box.
- Click the Exam and the Frames and Spectacle Lens check boxes, depending upon the patient's claim needs. The Claim button displays.



A popup menu may prompt you to choose the type of order you are submitting. This prompt only displays when patient's have multiple benefit types.



Figure 130. ECP Portal – Choose Type of Order Selection Box

If this type of message displays, choose the appropriate order type and click **Continue**.

Note: For some plans, you may also be prompted to explain if the patient is receiving same day service. Follow this same instruction to complete that type of prompt.

4. Click the **Claim** button to display the Exam tab.

	1 Exam	2 Eyewear	3 Claims	4 Review & Submit		
Service Categories						
Dilated Eye Exam OR Fundus Photography performed * Yes No	Disease Reporting I (Check all known con Type 1 diabetes Type 1	Diagnosis*. Iditions for this patient.)	ember Diabetic*			
Please Enter Diagnosis Codes*			Please Enter Procedure Codes*			
		Add More			Add More	
				Canc	el Next	

Figure 131. ECP Portal – Exam Tab (Exam and Materials Claim) DDOL

- 5. Complete the exam entries and selections as follows: Fields with a red asterisk (*) require entries.
 - Dilation Eye Exam or Fundus Photography Performed Click Yes if dilation or Fundus photography was used in the patient's exam or service, or click No if otherwise. This selection is required.
 - Disease Reporting Diagnosis
 Use this drop-down list to choose any diseases that affect this

patient's health. Select the check box beside each disease

that applies. Options include: Abnormal Pupil, Cataract, Glaucoma, Hypercholesterol, Hypertension, Macular Degeneration, Type 1 Diabetes, Type 2 Diabetes, Unspecified Diabetes, or None.

Is Member a Diabetic

Click **Yes** if the member has a form of diabetes, or click **No** if otherwise. This selection is required.

Note: If you select **No**, an **Additional conditional list** dropdown list displays so you can select other health conditions that may apply to the patient.

Please Enter Diagnosis Codes

Type the first few characters of the diagnosis code that applies to this exam to display matching codes and click the code to select it from the list. An entry is required. **Note**: You can add more diagnosis codes if you need them.

Please Enter Procedure Codes

Type the first few characters of each procedure code needed for this service and materials. Then, click the appropriate entry to select it from the list. At least one entry is required, but choose all that apply.

Procedure Code Notes:

- For Superior Vision patients only: Use S codes only to identify services procedures in this field.
- For Davis Vision patients only: Enter five-digit CPT procedure codes only in this field. Typical options include:
 - 92002 OPHTH Medical Exam and Evaluation Intermediate (New Patient)
 - 92004 OPHTH Medical Exam and Evaluation Comprehensive (New Patient)
 - 92012 OPHTH Medical Exam and Evaluation Intermediate (Established Patient)
 - 92014 OPHTH Medical Exam and Evaluation Comprehensive (Established Patient)
 - 92015 Determination Refractive State
When you have completed your entries, click Next. The Eyewear tab displays.

Note: Some of the Eyewear tab selections depend upon whether you are submitting a claim for a Davis Vision or Superior Vision patient. Continue based on the type of claim you are submitting:

- Submitting a material claim for a Davis Vision patient (DDOL)
- Submitting a material claim for a Superior Vision patient (DDOL)

Submitting a material claim for a Davis Vision patient (DDOL)

These instructions assume you are coming from the <u>Submitting a</u> <u>services and materials claim (DDOL)</u> instructions and are submitting a materials claim for a Davis Vision patient. Continue on to the next step.

			2	3	4	
		Exam	Eyewear	Claims	Review & Submit	How to Order?
Lens and Fran	ne Inforn	nation				$\overline{\bigcirc}$
Frame Manufa	acturer:	A & A Optical				
Frame Style:	AA159	51				
Frame SKU:	123456	5789				
Figur	e 132.	ECP Porta	I – Eyewear Ta	ab (Exam and N	laterials Claim) DDO	L – Davis Vision

- 1. At the top of the Eyewear tab, complete the entries and selections to identify the materials you are submitting the claim for.
 - Frame Manufacturer

Member

Enter this information if it is applicable. This entry is not required.

Frame Style Enter this information if it is applicable. This entry is not required.

Frame SKU

Enter this information. This entry is not required.

2. Scroll down to the next section to choose the lens type information and lens options.

	2	3 4	
Exam	Eyewear	Claims Review & Submit	How to Order?
Lens and Frame Information			6
Spectacle Lens Type: 🛛 📋 Single Vision	🔲 Bifocal 📃 Trifocal	Progressive Ultimate	
Additional Options Information			e
Photochromic - Glass	Scratch Coat	Hi Index 1.67	EBS - BlueLight Filtering
Tint	Polarized	Hi Index 1.74	Mirror
Anti-Reflective Coating (Standard)	Oversized Lenses	Trivex	
Anti-Reflective Coating (Premium)	Polycarbonate	Edge Polish	
Anti-Reflective Coating (Ultra)	Polycarbonate - Child	High Luster Edge Polish	
Anti-Reflective Coating (Ultimate)	Blended	Roll & Polish	
Roll edge	Intermediate	Specialty Lenses	
Ultraviolet	Rimless Drill	Slab Off	

Figure 133. ECP Portal – Eyewear Tab (Exam and Materials Claim) DDOL – Davis Vision Member

3. Complete the selections in this list, based on the materials provided to the Davis Vision patient.

Spectacle Lens Type

Click the radio button of the lens type provided. Options include: **Single Vision**, **Bifocal**, **Trifocal**, and **Progressive**. If you select **Progressive**, choose the type of progressive lens that was provided from the drop-down list. Options include: **Standard**, **Premium**, **Ultra**, or **Ultimate**.

- Additional Options Information
 Choose the lens options that were added to the lenses.
 Choose all that apply.
- 4. When you have completed these entries, scroll to the bottom of the page and click **Next**. The Claims tab displays.

	Exam	Eyewear	3 Claims	Revie	4 avv & Submit	
Referring Practition	Medicaid ID		Please Enter	Diagnosis Codes	Place of Service* Office (H52.12 Myo) (H52.13 Myop)	
Examination and Please select the CPT/HCPC's Codes	Materials HCPCS Code based on the Prescription Description	range. Modifier	U&C Charges*	Days or Unit(s)*	Diagnosis Code	×*
92014	Routine Eye Exam		\$ 0000			\oplus
V2020	Frame Purchase		\$ 0000	1		(\pm)
V2100 V2100	SPHER 1 VISN PLANO +/- 4.00-LENS		\$ 0000	2		\oplus
V2101 V2102 V2103	Anti-Reflective Coating Per lens		\$ 0000	2		(+)
V2104 V2105		Total U&C Char	rges: \$000.00			
V2106 V2107 V2108				Bac	k Cancel	*Indicates Required Next

Figure 134. ECP Portal – Claims Tab (Exam and Materials Claim) DDOL – Davis Vision Member

- 5. Complete the claims entries as required based on the exam and materials entries you have already selected.
 - Referring Provider same as Rendering Provider Click this check box if this is applicable.
 - Referring Eye Care Professional Info

Enter the Referring Provider's NPI, Medicaid ID, First Name and Last Name in the appropriate fields. This information may not apply to this claim, but is required for Medicaid orders.

Place of Service

In this drop-down list, choose the appropriate location of the exam. **Office** is selected by default, but you can also choose from a wide range of options. See the <u>Place of Service</u> <u>Appendix</u> for a complete list. This entry is required.

- In the Diagnosis Codes section, enter any additional diagnosis codes associated with this exam. The code(s) you entered in the previous section appear in the box.
- 6. Scroll down to the **Examination and Materials** section and complete the fields as necessary to accurately complete the claim/order. Fields with a red asterisk (*) require entries.

CPT/HCPCS Codes

Choose the appropriate codes for the materials you are supplying, when applicable. This selection is required.

Modifiers

Enter the modifiers that apply to the exam or material codes listed. For some materials and prescriptions, modifiers display automatically based on the options you chose.

Usual and Customary Charges

Enter the charges for the service or materials listed at the left. This entry is required for the fields where entries are enabled.

Units

Enter the units for the services and materials that are listed at the left. This entry is required, if it is enabled.

Diagnosis Codes

If you entered one diagnosis code, the code you entered displays in this field. When there is a primary diagnosis code applicable to a service or material, click the **Primary** link to choose the primary diagnosis code. This entry is required.

7. Review your order/claim carefully and click **Next** to display the Review & Submit tab.

				Claim			
To calculate	Member Out	of Pocket, please refer to	Service Record Form.				
PO #: 0206D520 Submitted C 07/26/202 Place of Service Date 07/26/202	Dn: 0 vice: 11	Member Details WILMA CRAMPTON DOB: 12/12/1961 206620632061 The New Vision Plan	Practitioner Details NPI: 1206206206 Name: BECKY ARBE TAX ID: 206206206	Referring Practitione NPI: 120 Name: BECKY AR Medicaid II	6206206 RBE	Shipping Info Acct#: 222222 Address: 541 ENWOOD AVE, MARMAR, NY, 12064	Lab VERSANT Milroy Optica - Tampa 5067 Savarese Circle , FL, 33634, (800) 366-2702,
Addie							
Addition. amination an HCPCS Codes	nd Materials Descri	None		Modifier	U&C charges	Days or Units(s)	Dilation Performed: T
amination an	Descri		DMPRHNSV ESTAB PT	Modifier			
amination an HCPCS Codes	Descri OPHTH 1/>	ption	DMPRHNSV ESTAB PT	Modifier	charges	Units(s)	Diagnosis Codes
amination an HCPCS Codes 92014	OPHTH 1/> FRAME	ption I MEDICAL XM&EVAL CO			charges \$45.00	Units(s)	Diagnosis Codes • Z01.00 - Primary • Z01.00 - Primary
amination an HCPCS Codes 92014 V2020	OPHTH 1/> FRAME SPHERI	ption I MEDICAL XM&EVAL CO S PURCHASES) +/- 4.00 PER LENS	NP	charges \$45.00 \$75.00	Units(s) 1 1 1	Diagnosis Codes • Z01.00 - Primary
Amination an HCPCS Codes 02014 /2020 /2100	OPHTH 1/> FRAME SPHERI ANTIRE	ption I MEDICAL XM&EVAL CO S PURCHASES E SINGLE VISION PLANO) +/- 4.00 PER LENS	NP PL	charges \$45.00 \$75.00 \$0.00	Units(s) 1 2	Diagnosis Codes • Z01.00 - Primary • Z01.00 - Primary • Z01.00 - Primary • Z01.00 - Primary

Figure 135. ECP Portal – Review & Submit Tab (Exam and Materials Claim) DDOL

- 8. Review the claim and click the standard disclaimer check box.
- 9. Continue based on your review:
 - To make changes to the claim, click the Back button to return to an earlier page. Edit the fields you want to correct and click Next until you return to this page.

- To cancel this claim, click the Cancel button and click Leave Page at the prompt.
- **To submit the claim,** click **Submit Claim.** A confirmation message displays.

10. Click **OK** to continue.

Submitting a material claim for a Superior Vision patient (DDOL)

These instructions assume you are coming from the <u>Submitting a</u> <u>services and materials claim (DDOL)</u> instructions and are submitting a materials claim for a Davis Vision patient. Continue on to the next step.

		Exam	2 Eyewear	3 Claims	4 Review & Submit	How to Order2
Lens and Fran	ne Informa	ation				$\overline{\bigcirc}$
Frame Manufa	acturer:	A & S Optical				
Frame Style:	AA15951					
Frame SKU:	12345678	39				

Figure 136. ECP Portal – Eyewear Tab (Exam and Materials Claim) DDOL – Superior Vision Member

- 1. At the top of the Eyewear tab, complete the entries and selections to identify the materials you are submitting the claim for.
 - Frame Manufacturer

Enter this information if it is applicable. This entry is not required.

Frame Style

Enter this information if it is applicable. This entry is not required.

Frame SKU

Enter this information. This entry is not required.

2. Scroll down to the next section to choose the lens type information and lens options.

	Exam	2 Eyewear	3 Claims	4 Review & Submit	How to Order?
ens and Frame Inf	ormation				$\overline{\mathbb{C}}$
pectacle Lens Type:	Single Vision	Bifocal 🔲 Trifoca	al Progressive		
Additional Options	Information				6
Add Options and Add On:	s (Note: Do not add lines for	Single, Bifocal, Trifocal or P	rogressive lens types		
Please Enter Procedure	Codes*				
					Add More
				Cancel	Novt
				Cancel	Next

Figure 137. ECP Portal – Eyewear Tab (Exam and Materials Claim) DDOL – Superior Vision Member

Spectacle Lens Type

Choose the appropriate radio button based on the materials provided. Options include Single Vision, Bifocal, Trifocal, and Progressive.

Additional Optional Information

Type the procedure codes for the lens options provided for the glasses by typing the first few characters and selecting the appropriate code from the list. Enter all codes that apply.

3. There may be an **Import Trace File option**. To import the trace file, click the **Browse** button and select the file you want to upload to this order from your system.

Note: This file cannot be larger than 20 MB and must be one of these formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt.

4. When you have completed these selections and entries, click **Next** to continue. The Claims tab displays.

	Exam	Eyewear	3 Claims	4 Review & Sub	mit	
Referring Practitione			Service Date:	MM/DD/YYY Place of S	ervice*	
NPI	Medicaid ID					
			Please Enter I	Diagnosis Codes		
First Name	Last Name					
			(201.00 Encou	Iner) H52.11 Myop) H52.1	2 Myo H52.13 Myopi	
Examination and I Please select the H	Materials ICPCS Code based on the Prescription	range.				6
CPT/HCPC \$ Codes	Description	Modifier	U&C Charges*	Days or Unit(s)*	Diagnosis Codes*	
92014	Routine Eye Exam		\$ 0000			÷
V2020	Frame Purchase		\$ 0000			$(\pm$
V2100 🗸	SPHER 1 VISN PLANO +/- 4.00-LENS		\$ 0000			(+
V2100						
V2101	Anti-Reflective Coating Per lens		\$ 0000			0
V2102			\$ 0000			(+
V2103						
V2104 V2105		Total U&C Cha	rges: \$000.00			
V2106						
V2107					*Indicates	-
V2108				Back	Cancel	Next
V2109						

Figure 138. ECP Portal – Claims Tab (Exam and Materials Claim) DDOL – Superior Vision Member

- 5. Complete the claims entries as required based on the exam and materials entries you have already selected.
 - Referring Provider same as Rendering Provider Click this check box if this is applicable.
 - Referring Eye Care Professional Info

Enter the Referring Provider's NPI, Medicaid ID, First Name and Last Name in the appropriate fields. This information may not apply to this claim, but is required for Medicaid orders.

Place of Service

In this drop-down list, choose the appropriate location of the exam. **Office** is selected by default, but you can also choose from a wide range of options. See the <u>Place of Service</u> <u>Appendix</u> for a complete list. This entry is required.

- In the Diagnosis Codes section, enter any additional diagnosis codes associated with this exam. The code(s) you entered in the previous section appear in the box.
- Scroll down to the Examination and Materials section and complete the fields as necessary to accurately complete the claim/order. Fields with a red asterisk (*) require entries.

CPT/HCPCS Codes

Choose the appropriate codes for the materials you are supplying, when applicable. This selection is required.

Modifiers

Enter the modifiers that apply to the exam or material codes listed. For some materials and prescriptions, modifiers display automatically based on the options you chose.

Usual and Customary Charges

Enter the charges for the service or materials listed at the left. This entry is required, if it is enabled.

Units

Enter the units for the services and materials that are listed at the left. This entry is required, if it is enabled.

Diagnosis Codes

If you entered one diagnosis code, the code you entered displays in this field. When there is a primary diagnosis code applicable to a service or material, click the **Primary** link to choose the primary diagnosis code. This entry is required.

7. Review your order/claim carefully and click **Next** to display the Review & Submit tab.

	Exam	Eyewear		Claims	5	Revie	ew & Submit
	er Out of Pocks	st, please refer to Men	ber's Detailed	Benefits page			
rder Summary O/ Order number: ubmitted On: lace of Service: Off ervice Date: 01/10	fice	Member Details Jerry Johnson DOB: 09/02/1964 222222222 XYZ Vision Plan	Practitione NPI: 09876 Name: Dr. I Tax ID: 123	54321 Eye Vision	Referring Pr NPI: 098765' Name: Dr. A Medicaid ID:	nil Vision	italls
hipping Info act #: 25656 ddress: 939 Elkridg inthicum, MD 2109	ge Landing, 1	ab Issilor Lab 1 S15 Old Country Road, I Iontact # 111-222-3333	Harrisburg, PA 20	121			
ens Prescription							
phere Cylind E: +1.00 +1.00 E: +1.00 +1.00	er Axis Adi 180 +2. 180 +2.		Job Type Dress - Frame	Ta Come	Treatment: Standard AF	Acc	ilgn olade-Progressive mium
lastic 1.67							
ame Information	n						
	SKU Number	Manufacturer	Brand	Mode		Eye Size	Temple Length
Ir. Supplied rame Type irpoved ttached Files	1166400 A Box B	Manufacturer Elegance Box DBL 8.6 16.00	Brand SOUTH HAMPTO ED 24.5			Eye Size 28.5	Temple Length 135
r. Supplied rame Type irrooved ttached Files File Type	1166400 A Box B	Elegance Box DBL	SOUTH HAMPTO				
Ir. Supplied rame Type irpoved ttached Files	1166400 A Box B	Elegance Box DBL	SOUTH HAMPTO				
r. Supplied rame Type irrooved ttached Files File Type	1166400 A Box B 50 22	Elegance Box DBL	SOUTH HAMPTO		09 Brown		
r. Supplied rame Type rrooved ttached Files File Type File Name.jpg	A Box B 50 22	Elegance Box DBL 8.6 16.00	SOUTH HAMPTO				135
r. Supplied rame Type rrooved ttached Files File Type File Name.jpg Examination an	A Box B 50 22	Elegance Box DBL 5.5 16.00	ED 24.5	N 5H 00	09 Brown	28.6 • 201.00 - Er and vision	135 Dilation Performed: Yes
r. Supplied rame Type rrooved ttached Files File Type File Name.jpg Examination an CPT/HCPCS Code	1166400 A Box B 50 23 d Materials s Desort	Elegance Box DBL S.5 16.00 ption e Exam	ED 24.5	U&C Charges	09 Brown Days or Unit(s)	 201.00 - Er and vision H52.11My 201.00 - Er 	135 Dilation Performed: Yes Diagnosis Codes Incounter for examination of eyes without abnormal findings
r. Supplied rame Type irrooved ttached Files File Type File Name.jpg Examination an SPT/HCPCS Codes 92014	A Box B S0 28 d Materials s Desort Routine Ey	Elegance Box DBL S.5 16.00 ption e Exam chase	ED 24.5 Modfler	N 5H 00	09 Brown Days or Unit(s) 1	 201.00 - Er and vision H52.11My 201.00 - Er and vision 	135 Dilation Performed: Yes Diagnosis Codes Incounter for examination of eyes without abnormal findings ropia, right eye Primary Incounter for examination of eyes
r. Supplied rame Type rrooved ttached Files File Type File Name.jpg Examination an XPT/HCPCS Code: 82014 V2020	A Box B 50 22 d Materials s Desort Routine Ey Frame Pure Progressive	Elegance Box DBL S.5 16.00 ption e Exam chase	ED 24.5 Modfler DS	N 5H 00	09 Brown Days or Unit(s) 1 1	28.6 201.00 - Er and vision H52.11My 201.00 - Er and vision H52.11My 201.00 -	Dilation Performed: Yes Diagnosis Godes ncounter for examination of eyes without abnormal findings ropia, right eye Primary ncounter for examination of eyes without abnormal findings Primary

Figure 139. ECP Portal – Review & Submit Tab (Exam and Materials Claim) DDOL

8. Review the claim and click the standard disclaimer check box.

- 9. Continue based on your review:
 - To make changes to the claim, click the Back button to return to an earlier page. Edit the fields you want to correct and click Next until you return to this page.
 - To cancel this claim, click the Cancel button and click Leave Page at the prompt.
 - To submit the claim, click Submit Claim. A confirmation message displays.

10. Click OK to continue.

Submitting a contact lens fitting claim and CL order

Use these instructions to submit a Contact Lens Fitting and Follow Up service claim and a contact lens materials order from the lab. If you are supplying the contact lens materials yourself, follow the instructions in **Submitting a contact lens fitting and CL claim (DDOL only)** instead.

To submit a contact lens fitting claim and materials order:

- 1. From the **Practitioner** drop-down list, choose the name of the ECP who performed the services for the claim.
- From the Portal Dashboard, find the member record using the instructions in <u>Finding a patient's eligibility information</u>. Scroll down to the **Service Categories Below** list.



3. Click the **Contact Lens Fit and Follow Up** and **Contact Lens** check boxes and click **Order/Claim**. The Services tab displays.

	1 Services	2 Eyewear	(3 Claims	4 Review & Submi	t
Service Cate	egorles					
Please Enter	r Diagnosis Codes *	×	-	ease Enter Procedu	re Codes *	× •
Z01.01	×		9	2310 ×		
					(* Indicates Required

Figure 141. ECP Portal – Services Tab (CLEFFU and Contact Lens Claim and Order)

 Complete the fields as appropriate for the services performed: Fields with a red asterisk (*) require entries.

Note: On this page, the options you select sometimes display new options, so not all of the fields you see on this page may display when you complete your entries.

Please Enter Diagnosis Codes

Type the first few characters of the diagnosis code that applies to this service to display matching codes and click the code to select it from the list. At least one entry is required. **Note**: You can add more diagnosis codes if more codes are needed. You can add up to 12 diagnosis codes to this claim and apply these codes to particular charges in this process.

Please Enter Procedure Codes

Type the first few characters of each procedure code needed for this service. Then, click the appropriate entry to select it from the list. At least one entry is required, but choose all that apply.

Procedure Code Notes:

- For Superior Vision patients only: Use S codes only to identify services procedures in this field.
- For Davis Vision patients only: Enter five-digit CPT procedure codes only in this field. Typical options include:
 - 92310 Prescription and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia

- 92311 Prescription and fitting of contact lens with aphakia, one eye
- 92312 Prescription and fitting of contact lens with aphakia, both eyes
- When you have completed these entries, click **Next** to continue to the next page. A confirmation message displays and the Eyewear tab displays.

	Services Eyewear	3 Claims	4 Review & Submit
			How to
ontact Len	ns Information		
ontact Lens	s Evaluation/Fitting *		
RE-FIT	*		
Right	Lens Source: Lab Supplied Contact Lens Contact Type *	Prescription *	
-	Acuvue 2 6 pack/ACU 2 83140(4 Boxes per Eye)	VISTAKON:AC SPH 0.00 0.00 -11.50	Reset
	Acuvue 2 6 pack/ACU 2 83140(4 Boxes per Eye)	VISTAKON:AC SPH 0.00 0.00 -11.50 Prescription	Reset
-			Reset

6. Complete the entries in this tab based on the patient's service and material needs:

Fields with a red asterisk (*) require entries.

Contact Lens Evaluation/Fitting

Choose the type of evaluation and fitting appropriate to the patient's service. Options include: **New Patient** or **Refit**. This will set the modifiers for you in the claims tab.

Contact Lens Source: Lab Supplied Contact Lenses

Contact Type

Type the first few letters of the contact lens type you want to order and select the matching type from the list. Follow this step for the Right and Left eye entries.

• Prescription

Choose the prescription strength based on the information provided by the ECP. Follow this step for the right and left eyes.

Note: The right eye and left eye entries can be different.

7. Review these entries and click **Next** to continue.

A confirmation message displays the Claims tab displays.

	Services	Eyewear		3 Claims	4 Review & Submit
	tioner Information			Service Date: 11/13/2019	Place of Service • 11. Office •
NPI First Name	Middle Name		PI	lease Enter Diagnosis Co	
Last Name				Z00.00 - E	
Materials	the HCPCS Code based on the Prescription range.				^
HCPCS Codes	Description	Modifier	U&C charges	Days or Units(s)	Diagnosis Codes
92310	RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	NES	\$ 45.00	1	Z00.00 - ENC GEN ADULT EXAM W/O ABNORM FIND Primary
V2500	CONTACT LENS PMMA SPHERICAL PER LENS	NP	\$ 35.00	1	Z00.00 - ENC GEN ADULT EXAM W/O ABNORM FIND Primary
	Total	U&C Charges	\$80.00		
					* Indicates Required Back Cancel Next

Figure 143. ECP Portal – Claims Tab (CLEFFU and Contact Lens Claim and Order)

- Complete the claim details on this page as follows: Fields with a red asterisk (*) require entries.
 - Referring Provider same as Rendering Provider Click this check box if this is applicable.
 - Referring Eye Care Professional Info er the Referring Provider's NPI, Medicaid ID, First Name and Last Name in the appropriate fields. This information may not apply to this claim.
 - Place of Service

Click this drop-down list and choose the appropriate location of

the exam. **Office** is selected by default, but you can also choose from a wide range of options. See the <u>Place of</u> <u>Service Appendix</u> for a complete list. This entry is required. **Note**: If the service was conducted remotely, select **02** for Telehealth.

Diagnosis Codes

Enter any additional diagnosis codes associated with this exam. The code(s) you entered in the previous section appear in the box.

Modifier

Enter the modifier appropriate for patient's contact lens prescription, if applicable. Depending upon your entries in the previous tab, these may be prefilled for you. **Note**: For telehealth service claims, use the specific modifiers and place-of-service combinations as defined by state Medicaid or managed care programs. This will ensure successful payment.

U&C Charges

Enter the service and material charges appropriate for this submission. These entries may display by default.

- Superior ECPs Only: In the Upload File section, click the Browse button and find the file you want to attach to the claim. This is not required. This file cannot be larger than 20 MB and must be in one of these formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt.
- 10. When these entries are complete, click **Next**. A confirmation message displays. Then, the Review & Submit tab displays.

	Service	5	Eyewear		laims	4 Review & Submit	
*To calculate Memb Order Summary	er Out of Pocke	et, please refer to <u>Service Record F</u>	orm.				
Submitted On: 11 Place of Service: 1 Service Date: 11/	1	Member Details KAYLA BRAND DOB: 10/22/1985 206686436863 The New York State Vision Plan	Practitioner Details NPI: 1225160518 Name: ELISA PERREAULT TAX ID: 201019659	NPI:	ng Practitioner Details id ID:	Shipping Info Acct#: Address: 952 TROY SCHENECTADY RE LATHAM, NY, 12110	э,
Common Diseases Common Diseases Additional Condition	; - none	onditional List 9 - Blurry Vision/Visual Disturbance	15				Dilation Performed: No
HCPCS Codes	Descript	ion		Modifier	U&C charges	Days or Units(s)	Diagnosis Codes
92310	RX&FITG	C-LENS SUPVJ CRNL LENS OU XC	ЕРТ АРНК	NES	\$45.00	1	• Z00.00 - Primary
V2500	CONTAC	T LENS PMMA SPHERICAL PER LE	ENS	NP	\$35.00	1	• 200.00 - Primary
			Total U&	C Charges: \$	80.00		
nsured's or Autho	orized Person's	Signature l authorize payment of n	nedical benefits to the unders	igned physiciar	or supplier for services o	described above.	Cancel Submit Order

Figure 144. ECP Portal – Review & Submit Tab (CLEFFU Claim and Contact Lens Order)

- 11. Review these entries to ensure that they are correct and continue based on your assessment:
 - **To make changes to the submission**, click **Back** and change the entry. Then click **Next** until you return to this page again.
 - To cancel this submission, click Cancel and select Leave
 Page to cancel the claim at the prompt.
 - **To submit the claim**, click the **Disclaimer** check box and then click **Submit Order**. A confirmation message displays.
- 12. Click **OK** or **Print** to continue working. The Order Summary displays the essential information about the claim.

Submitting a contact lens fitting and CL claim (DDOL)

When you supply your own materials for contact lenses, follow these instructions to complete your claim. You can also use these instructions for submitting Medical Optometry claims.

To submit a contact lens fitting and materials claim:

- 1. From the **Practitioner** drop-down list, choose the name of the ECP who performed the services for the claim.
- From the Portal Dashboard, find the member record using the instructions in <u>Finding a patient's eligibility information</u>.
 Scroll down to the **Service Categories Below** list.

Select Services Below	
📄 Exam 📕 Frames 🗹 Contact Lens 📕 Spectacle Lens 🗹 Contact Lens Fit & F/U 📕 Medical Optometry/Medical/Surgical	Cancel Claim
Figure 145. ECP Portal – Contact Lens and Fitting and Contact Lens Sele	cted

3. Click the **Contact Lens Fit and Follow Up** and **Contact Lens** check boxes and click **Claim**. The Services tab displays.

	1 Services	2 Claims	3 Review & Submit	
Service Categories				
				Contact Lens Evaluation/Fitting Type Established wear
Please Enter Diagnosis Codes *		× •	Please Enter Procedure Codes *	× •
Z00.00 ×			92310 × V2500 ×	
				* Indicates Required Cancel Next
Figure 146.	ECP Portal	Sorvicos Tab	- (CLEFFU and Contact	Long Claim) DDOI

 Complete the fields as appropriate for the services performed: Fields with a red asterisk (*) require entries. **Note**: On this page, the options you select sometimes display new options, so not all of the fields you see on this page may display when you complete your entries.

Non-Plan Contact Lens Note: If you are submitting a claim for non-plan contact lenses and the patient has non-plan benefits, see <u>Reviewing the non-plan cl services tab</u> to review these entries. The instructions for the fields that display are the same as described below.

Contact Lens Evaluation/Fitting Type

Choose the type of Contact Lens Evaluation and Fitting exam the patient received. This will choose the appropriate modifier for this service. Options include: **New wear**, **Established wear**, **Daily wear**, **Extended wear**, and **Specialty**.

Disease Reporting Diagnosis

Use this drop-down list to choose any diseases that affect this patient's health. Select the check box beside each disease that applies. Options include: Abnormal Pupil, Cataract, Glaucoma, Hypercholesterol, Hypertension, Macular Degeneration, Type 1 Diabetes, Type 2 Diabetes, Unspecified Diabetes, or None.

Additional conditional list

Use this list to specify any other health conditions that may apply to the patient.

Please Enter Diagnosis Codes

Type the first few characters of the diagnosis code that applies to this service to display matching codes and click the code to select it from the list. At least one entry is required. **Note**: You can add more diagnosis codes if more codes are needed. You can add up to 12 diagnosis codes to this claim and apply these codes to particular charges in this process.

Please Enter Procedure Codes

Type the first few characters of each procedure code needed for this service and materials. Then, click the appropriate entry to select it from the list. At least one entry is required, but choose all that apply.

Procedure Code Notes:

- For Superior Vision patients only: Use S codes to specify services in the Procedure Code field.
- For Davis Vision patients only: Enter five-digit CPT codes only to specify services in the Procedure Code field. Typical options include:
 - 92310 Prescription and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
 - 92311 Prescription and fitting of contact lens with aphakia, one eye
 - 92312 Prescription and fitting of contact lens with aphakia, both eyes
- 5. When you have completed these entries, click **Next** to continue to the next page. A confirmation message displays and the Claims tab displays.

	Services		2 aims	Review &	3 & Submit
	tioner Information			Service Date: 11/13/2019	Place of Service * 11. Office *
NPI First Name	Middle Name			Please Enter Diagnosis Co Z00.00 - E	des •
Last Name Materials					^
	the HCPCS Code based on the Prescription range. Description	Modifier	U&C charges	Days or Units(s)	Diagnosis Codes
92310	RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	NES	\$ 45.00	1	Z00.00 - ENC GEN ADULT EXAM W/O ABNORM FIND Primary
V2500	CONTACT LENS PMMA SPHERICAL PER LENS	NP	\$ 35.00	1	Z00.00 - ENC GEN ADULT EXAM W/O ABNORM FIND Primary
	Total	U&C Charges	; \$80.00		* Indicates Required Back Cancel Next

Figure 147. ECP Portal – Claims Tab – (CLEFFU and Contact Lens Claim) DDOL

- Complete the claim details on this page as follows: Fields with a red asterisk (*) require entries.
 - Referring Provider same as Rendering Provider Click this check box if this is applicable.

Referring Eye Care Professional Info

er the Referring Provider's NPI, Medicaid ID, First Name and Last Name in the appropriate fields. This information may not apply to this claim.

Place of Service

Click this drop-down list and choose the appropriate location of the exam. **Office** is selected by default, but you can also choose from a wide range of options. See the <u>Place of</u> <u>Service Appendix</u> for a complete list. This entry is required. **Note**: If the service was conducted remotely, select **02** for Telehealth.

Diagnosis Codes

Enter any additional diagnosis codes associated with this exam. The code(s) you entered in the previous section appear in the box.

Modifier

Enter the modifier appropriate for patient's contact lens prescription, if applicable. Depending upon your entries in the previous tab, these may be prefilled for you. **Note**: For telehealth service claims, use the specific modifiers and place-of-service combinations as defined by state Medicaid or managed care programs. This will ensure successful payment.

U&C Charges

Enter the charges appropriate for this submission.

 Superior ECPs Only: In the Upload File section, click the Browse button and find the file you want to attach to the claim. This is not required. This file cannot be larger than 20 MB and must be in one of these formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt. 8. When these entries are complete, click **Next**. A confirmation message displays. Then, the Review & Submit tab displays.

Submitted On: 11/ Place of Service: 1 Service Date: 11/1	1	Member Details KAYLA BRAND DOB: 10/22/1985 206686436863 The New York State Vision Plan	Practitioner Details NPI: 1225160518 Name: ELISA PERREAULT TAXID: 201019659	Referring F NPI: Name: Medicaid II	Yractitioner Details D:	Shipping Info Acct#: Address: 952 TROY SCHENECTADY RE LATHAM, NY, 12110	Э,
ommon Diseases, Common Diseases: Additional Conditio	- none	nditional List - Blurry Vision/Visual Disturbance	15				
	Descriptio			Modifier	11&C charges	Davis or Units(s)	
HCPCS Codes	Descriptio	on -LENS SUPVJ CRNL LENS OU XC		Modifier NES	U&C charges	Days or Units(s)	Dilation Performed Diagnosis Codes • Z00.00 - Primary
HCPCS Codes	RX&FITG C		ГРТ АРНК				Diagnosis Codes
HCPCS Codes 92310 V2500	RX&FITG C	-LENS SUPVJ CRNL LENS OU XC	EPT APHK	NES	\$45.00	1	• Z00.00 - Primary

Figure 148. ECP Portal – Review & Submit Tab – CLEFFU and Contact Lens Claim -DDOL

- 9. In the Review & Submit tab, review these entries to ensure that they are correct and continue based on your assessment:
 - To make changes to the submission, click Back and change the entry. Then click Next until you return to this page again.
 - To cancel this submission, click Cancel and select Leave Page to cancel the claim at the prompt.
 - **To submit the order**, click the **Disclaimer** check box and then click **Submit Order**. A confirmation message displays.

	Your Order R	lequest Has Beer	n Submitted. Clic	k OK To Continu	e Working. *
Order Summary					
Submitted On: 11/13/2019 Place of Service: 11 Service Date: 11/13/2019	Member Details KAYLA BRAND	Practitioner Details Name: ELISA PERREAULT	Referring Practitioner Details Name:	Shipping Info Acct#: Address: 952 TROY SCHENECTAE RD, LATHAM, NY, 12110	ργ
ommon Diseases/Additi	onal Conditional List				
Common Diseases: - none Additional Conditional List:		/isual Disturbances			
Materials					Dilation Performed: No
Hence ender Deres			Madifieren Hanne aleman	Barra Haitaday	Diamatic Cadar

Figure 149. ECP Portal – Claim Submission Message

10. Click **OK** or **Print** to continue working. The Order Summary displays the essential information about the claim.

Reviewing the non-plan CL services tab

If you are submitting a claim for non-plan contact lenses and the patient has non-plan contact lens benefits, the Services tab requires only Diagnosis Code and Procedure code entries. Complete these entries as you would for any other claim and click **Next** to continue.

1 Services	2 Claims	3 Review & Submit	
Service Categories- Non planned contact lens			
Please Enter Diagnosis Codes*	Add More	Please Enter Procedure Codes*	(j) Add More
			*Indicates Required Cancel Next

Figure 150. ECP Portal – Services Tab - Non-Plan Contact Lens

Submitting a materials-only order

When a patient comes in for glasses or contacts only with a prescription from another doctor, you can submit a materials-only order using the ECP Portal. Materials-only orders can be placed at the Office Location level (without selecting an Eye Care Professional record).

Materials-only orders can be submitted for all Versant Health covered members including Medicare and Medicaid patients.

To submit a materials-only order:

 From the Portal Dashboard, find the patient's record using the instructions in <u>Finding a patient's eligibility information</u>. The Service Categories Below list displays.



 Select the materials required for the order from the available check boxes and click the Order/Claim button. The Eyewear tab displays.

1 Eyewear	2 Claims	3 Review & Submit	
			How to Order?
Prescription Information			*
Right Sphere Cylinder Axis Left Distance PD Near PD (RE) (LE) (RE) (LE) mm	Addition Height (RE) (LE) mm mm	Right Prism In/Out Select (▼	Prism Up/Down Select (V Select (V
			"Indicates Requirec Cancel Next

Figure 152. ECP Portal – Eyewear Tab (Prescription Information) – Material Only Order

- Complete this page based on your prescription requirements for this patient: Fields with a red asterisk (*) require entries.
 - Sphere

Complete this entry based on the patient's prescription requirements. This entry is required.

Cylinder

Complete this entry based on the patient's prescription requirements. This entry is required.

Axis

Complete this entry based on the patient's prescription requirements. This entry is required.

Addition

Complete this entry based on the patient's prescription requirements, if needed.

Distance PD

Complete this entry based on the patient's prescription requirements. This entry is required.

Near PD

Complete this entry based on the patient's prescription requirements, if needed.

Height

Complete this entry based on the patient's prescription requirements, if needed.

4. If prism entries are required, click the **Show Prism** button.

The **Prism** fields display. Complete these entries as needed by the patient's prescription.

		Prism In/Out	Prism Up/Down
ide Prism	Right	Select One 💌	Select One 🔻
e Filisiii	Left	Prism In/Out	Prism Up/Down
		Select One 💌	Select One 💌

Figure 153. ECP Portal - Show Prism Fields

5. In the **Lab/Lens Information** section, choose the following as needed: Fields with a red asterisk (*) require entries.

		1.67 PC	DLARIZED BROW	(R	eset
Elite Optical - Rancho - 101209	T				
	Lens Material		Lens Design *	Lens Tier *	
Lens Type *	Plastic 1.67 Pc	larized Brown 3	Shamir Autograph II Attittude SV	Interm	ediate
Single Vision	Plastic 1.67 Pc	larized Brown 3	Shamir Relax	Interm	ediate
	Plastic 1.67 Pc	larized Brown 3	Shamir Autograph II SV	Interm	ediate
Job Type *	Plastic 1.67 Pc	larized Brown 3	Essilor Eyezen+ 0 (Enter Height)	Interm	ediate
Lab Supplied Frame	Plastic 1.67 Pc	larized Brown 3	Essilor Eyezen+ 1 (Enter Height)	Interm	ediate
Available Treatments (Click Once to Add) (i)		S	elected Treatments (Click Once to Remove)		Reset
Available Treatments (Click Once to Add) (i) Crizal Easy UV		¢	elected Treatments (Click Once to Remove)		Reset
			elected Treatments (Click Once to Remove)		Reset
Crizal Easy UV			elected Treatments (Click Once to Remove)		Reset
Crizal Easy UV Double Grad Mirror			elected Treatments (Click Once to Remove)		Reset

Figure 154. ECP Portal – Eyewear Tab (Lab/Lens Information) – Material Only Order

Laboratory/Acct#

Click the drop-down list and choose the appropriate lab for this order. This entry is required.

Note: If you do not see the lab you need, you may need to add it using the instructions in <u>Registering with a lab</u>.

LensType

Click the drop-down list and choose the lens material, lens design, and lens tier for this order. Options in this list are based on the prescription information you entered. This entry is required.

Job Type

Click the drop-down list and choose the job type for the frame associated with these lenses. This entry is required. When you choose the job type, new lens and frame option fields display. Options include: **Dress Frame to Come, Lab Supplied Frame, Safety Frame Package**, and **Safety – Frame to Come**. Safety Frame options should only display if the patient has safety benefits.

Note: If the patient is ordering a frame and you select **Dress** -**Frame to Come** or **Safety** - **Frame to Come**, see the instructions in <u>Adding details to a frame to come order</u> before moving to the next step. Then return here to complete these instructions.

Available Treatments

From this list, you can select any billable service requests, such as tint, scratch coating, and polished edges lens options that the order requires.

Note: Please enter any billable services requests here to avoid errors.

Another Note: Select the Scratch Coat Protection plan check box, whenever you select the scratch coat treatment option.

Treatment Comments to Lab

Enter any lab instructions you have for the lab that affect the way these glasses are made.

IMPORTANT: Do not add any instructions that change the

nature of the order here. Billable services requests should go in the **Available Treatments** field above so the lab applies them to the order correctly.

Frame Source *	SKU Number *		Collectior	n - tag/tier *		
Lab Supplied	1274800	OR	Design	er	× •	
Manufacturer *	Brand *	Model *		Color *		
COLLECTION FRAMES \times \neg	COLLECTION FRAMES × -	DOV507	× 🔻	BROWN	× •	
Eye Size *	Temple Length *	Frame Type *				
55 × 👻	140 × -	Industrial Drill	•			
A Box * B Box *	DBL * ED	Select Standa	ard Shape			
	20 mm	Select Standa	ard Shape			
ABox B Box	7000	Select Standa	ard Shape			

Figure 155. ECP Portal – Eyewear Tab (Frame Information) – Material Only Order

 Scroll down to the frame options and complete these entries:
 Note: If you select a frame from the Collection Frame catalog that is out of stock, a warning message displays:
 Selected Frame in Out of Stock, places select a different Frame

Selected Frame is Out of Stock, please select a different Frame.

Frame Source

The option that displays in this field depends upon the job type you selected. This may be prefilled.

- Select one of the following:
 - SKU Number

Enter the SKU number for the frame in this field. As you type the number, the portal searches the catalog for the

frame and prefills the other entries (Manufacturer, Brand, Style, Color, Eye, and Temple Length) on the page. or

• Collection – tag-tier

Use this field to select the frame by collection type tag or tier.

Manufacturer

Start to type the name of the frame manufacturer in this field and select the option that matches from the list that displays. This entry is required.

Brand

Start to type the brand name of the frame in this field and select the option that matches from the list that displays. This entry is required.

Model

Start to type the model name of the frame in this field and select the option that matches from the list that displays. This entry is required.

Color

Start to type the color of the frame in this field and select the option that matches from the list from the list that displays. This entry is required.

Eye Size

Typically, this field prefills based on the options above, but you can type the eye size measurement in this field, if needed.

Temple Length

Typically, the temple length for the frame you are sending in this field prefills based on the previous entries.

Frame Type

Choose the frame type that matches the frame the patient selected. This entry is required.

Thickness Type

Choose the thickness type for this frame or choose **Lab Decide Best Thickness** to allow the lab to assess the frame when the frame arrives.

Frame Measurements

In this section, type the frame measurements in millimeters. The **A Box, B Box,** and **DBL** entries are required.

Note: There may be an **Import Trace File option**. To add a file, click **Browse** and attach the file to send with this order. The file cannot be larger than 20 MB and must be in one of these formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt.

Note: To change these frame settings and start over, click the **Reset** link.

 When you have completed these entries, click Next.
 A confirmation message displays explaining that the information you entered has been saved. The Claims tab displays.

	Eyewear Clair		3 Review & Sub	mit	
Referring Practition	ner Information	Servic	e Date: Pla	ce of Service *	
Referring Prov	ider same as Rendering Provider	10/27	/2019	11. Office	T
NPI		Please Ent	er Diagnosis Codes *		
First Name	Middle Name				•
Last Name					
Materials	HCPCS Code based on the Prescription range.				^
HCPCS Codes	Description	Modifier	U&C charges	Days or Units(s)	Diagnosis Codes
V2020	FRAMES PURCHASES	DS		1	
V2100 •	SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS	PL		2	
V2799	VISION ITEM/SERVICE MISCELLANEOUS	IT		2	
V2760	SCRATCH RESISTANT COATING PER LENS	ST		2	
	Total U&C Charg	ges: \$0.00			
			Back	Cancel	* Indicates Required

Figure 156. ECP Portal – Claims Tab – Material-Only Order

VersantHealth[®]

- Complete the Claim details as appropriate for this order: Fields with a red asterisk (*) require entries.
 - Referring Provider same as Rendering Provider Click this check box if this is applicable.

Referring Eye Care Professional Info

Enter the Referring Provider's NPI, Medicaid ID, First Name and Last Name in the appropriate fields. This information may not apply to this order but is required for Medicaid orders.

Place of Service

Choose the exam location. **Office** is selected by default, but you can also choose from a range of options. See the <u>Place of</u> <u>Service Appendix</u> for a complete list. This entry is required.

Diagnosis Codes

Enter any additional diagnosis codes associated with this order.

- Superior orders only: In the Upload File section, click the Browse button and select a file you want to upload.
 Note: This file cannot be larger than 20 MB and must be one of these formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt.
- 10. In the **Materials** section, complete the fields as appropriate to the claim: Fields with a red asterisk (*) require entries.

HCPCS Codes

If applicable, select the appropriate code for the materials associated with this order. Some choices may change the Modifier that displays in the next field.

Modifiers

Enter the modifiers that apply to the exam or materials code listed. For some materials and prescriptions, modifiers display automatically based on the options you chose.

(U&C) Usual and Customary Charges

Enter the charges for the service or materials listed at the left. These entries may display by default, based on your selections. This entry is required for the fields it displays with. Units

Enter the units for the services and materials that are listed at the left. This entry is required, if editable.

Diagnosis Codes

If you chose only one diagnosis code above, the diagnosis code you entered displays in this field. If more than one diagnosis code is applicable to these charges, click the **Label**

button to choose the diagnosis code(s) that apply. At least one entry is required.

11. When you have completed your entries and selections, click **Next**. The Review & Submit tab displays.

o calculate Member Out of Pocket, please refer to <u>Service Record Form.</u> rder Summary								
PO #: B7B37AC	JE	ember Details EROME FAY OB: 7/16/1992	NPI: 1	ioner Details 1124004338 : CHARLES KINNE	Details	Practitioner	Shipping Info Acct#: 045221	Lab VERSANT Meridian Phoenix - Phoenix
Place of Service: Service Date: 1	D/27/2019 TI	06671518448 he New York State \ an		: 455534632	Name: 0 Medicaid	CHARLES KINNEY	Address: STE 7153 E 4370 S, MURRAY, UT, 84107	3711 East Atlanta Avenue , AZ, 85040, (800) 352-5465,
ens Prescriptio	on							
Sphere C) RE: +10 -5 LE: +10 -5		Dist. PD Base 1 12 In 12 In	Prism 1 1 1	Job Tyr Lab Sur	be oplied Frame		Lens Type SingleVision	
Treatments Scratch Coat		Design Essilor Eyezer (Enter Height		Material 1.5 Plastic				
rame Informat	ion							
Frame Source Lab Supplied	Manufacturer COLLECTION FRAMES	Brand COLLECTION FRAMES	Model DOV507	Color BROWN	Eye Size	Temple Length 140	SKU Number 1274800	
Frame Type	A Box 55	B Box 30	DBL 20	ED 0				
terials								Dilation Performed:
HCPCS Codes	Description	n			Modifier	U&C charges	Days or Units(s)	Diagnosis Codes
/2020	FRAMES PU	IRCHASES			DS	\$0.00	1	• H01.026 - Primary
/2103	1 VISN PLAN	NO TO+/-4.00D SP	HER 0.12-2.00	D CYL EA	PL	\$0.00	2	• H01.026 - Primary
/2799	VISION ITEM	M/SERVICE MISCEL	LANEOUS		IT	\$0.00	2	• H01.026 - Primary
/2760	SCRATCH R	ESISTANT COATIN	G PER LENS		ST	\$0.00	2	• H01.026 - Primary
				Total U&C	Charges: \$0	0.00		

Figure 157. ECP Portal – Review & Submit Tab – Material Only Order

12. Look over the order and continue based on your assessment:

- To make changes to the order, click the Back button to return to an earlier page. Edit the fields you want to correct and click Next until you return to this page.
- **To cancel this order**, click **Cancel**. The system prompts you to confirm. Select **Leave Page**, to cancel.
- To submit the order, click the Disclaimer check box and click Submit Order. This confirmation displays:

Order Summary	order ha	as been successfu	ully submitted.				
PO/ Order number: 111111111 Member Details Submitted On: Jerry Johnson Place of Service: Office DOB: 09/02/1964 Service Date: 01/10/2019 222222222 XYZ Vision Plan		Practitioner Details NPI: 0987654321 Name: Dr. Eye Vision Tax ID: 123456789	Referring Practitioner Detail NPI: 0987651234 Name: Dr. Anil Vision Medicaid ID: 123456789	A	hipping Info .cct #: 25656 .ddress: 939 Elkridge Landing, inthicum, MD 21090	Lab Essilor Lab 1 1515 Old Country Road, Harrisburg, PA 20121 Contact # 111-222-3333	
Examination and	Materials						Dilation Performed: Yes
CPT/HCPCS Codes	Desc	ription	Modifier	U&C Charges	Days or Unit(s)	Diagnosis Codes	
V2020	Frame Pur	chase	DS	\$200.00	1	Z01.00 - Encounter for examination of eyes and vision without abnormal findings Primary	
V2781	Progressive Ultimate		UX		2	• H52.11Myopia,	right eye Primary
V2750	Anti-Reflective Coating Per lens		UL 2		2	and vision with	inter for examination of eyes nout abnormal findings
			Total U&C Ch	narges: \$200.00		• H52.11Myopia	, right eye Primary
							Ok

Figure 158. ECP Portal – Materials Only Order – Confirmation Message

13. If this order includes a frame to come job type, click the **Print packing slip** button and send the frames and the slip to the lab.

Submitting an Excel Advantage order (Davis Vision only)

The Excel Advantage Program[™] gives Davis Vision Eye Care Professionals a way to purchase Davis Vision Exclusive Collection frames for men, women, girls, and boys at a 30% discount. These frames come with a one year breakage and replacement warranty and include famous brand names. If you have an existing Excel Advantage partnership with Davis Vision, your Excel Advantage banner looks like this:



You must sign up for the Excel Advantage program to place an order. You can sign up by clicking the **Sign up now** link:



To place an Excel Advantage order:

- 1. There are two ways to begin an Excel Advantage order from the Portal Dashboard:
 - From the Excel Advantage banner, click New Order, or
 - Click the Hamburger icon , and under Excel Advantage, click Add New Order.
 Using either method, the Excel Advantage Order Entry tab displays.



1 Order Entry		2 Cart	3 Checkout
Order Information ⑦ Order 10/27/2019 Date:			Review your item summary below. You may edit the item again or add the item to your Shopping Carbon below Order Summary
Frame Information ⑦			
Collection * Select One *	Style *	Select One	Y Frame Style
Color * Select One *	Temple * Length	Select One	v Frame Color
	-		Frame Length
Quantity * Enter Quantity	📘 Tag 🔲 Patter	m	Quantity
* Indicates Required			Price Per Item
Cancel Add to Cart	Total \$0.00		
5'			

Figure 161.ECP Portal – Excel Advantage – Order Entry Tab

- In the Order Information box, select the order details. As you do, the Order Summary updates on the right side of the page. Fields with a red asterisk (*) require entries.
 - Order Date

This field prefills with the current date.

Frame Collection

From this list, choose the Davis Vision Exclusive Collection type. When you do, the **Style** field updates to show you only the styles that match this selection. This selection is required.

Style

From this list, choose the style you want to order. When you do, the **Color** list updates to show you only the colors that match this selection. This selection is required.

Color

From this list, choose the color you want to order. When you do, the **Temple Length** list updates to show you only the temple length entries that match this selection. This selection is required.

Temple Length

From this list, choose the temple length you want for this order. This selection is required.

Quantity

Enter the number of frames you want to order of this type.

Tag/Pattern

Select these check boxes to add Additional Frame Service items.

3. When you have completed these entries, click the **Add to Cart** button. The **Shopping Cart** tab displays.

Order Entry		2 Cart					
Shopping Cart							
Product Details	Quantity	Price Per/Item	Subtotal				
Designer/(Red Tag) DOV502 BROWN	5	29.95	\$149.75	$\overline{\mathbf{x}}$			
Place New Order Checkout Checkout Checkout Clear Shopping Cart							

Figure 162. ECP Portal – Excel Advantage – Cart Tab

- 4. Review the entries in the cart, including the quantities and product details. Then continue based on your assessment:
 - To start the order over, click Clear Shopping Cart.
 A message displays indicating that your shopping cart has been cleared.
 - To change the quantity of the items you have ordered, type over the number in the Quantity column.
 - To change the details of the order, click the Edit icon et al.
 treturn to the Order Entry tab and make new order choices.
 - To cancel this order, click the Cancel icon .
 The system prompts you to confirm your selections. Click
 Leave Page to cancel the order.
• **To process the order**, click the **Checkout** button. The Check Out tab displays.

	Order Entry		lart	3 Checkout	
	Order Number 41465515				
	Product Details	Quantity	Invoice	Price Per/Item	
	Designer/(Red Tag) DOV502 BROWN	5	80136639 80136640 80136641 80136642 80136643	\$29.95	
				Total	
				\$149.75	
(— Bac Shopp)OR	Pay Using Credit Card)	

Figure 163. ECP Portal – Excel Advantage– Check Out Tab

Each item you selected displays in this list as a separate invoice, allowing you to reference them individually later. You can review and print the invoice information for each item by clicking an **Invoice** link. The **Item Summary** for that product displays.

	Would you like to fil	I in Provider Lab Surv	ey ?
Tha	nk you for submitting Your (Order. Your order has been	n received.
The	Invoice Number for the ma	terials you entered are lis	ted below:
der Number 41465515			
nvoice Number	Frame Collection	Frame Style	Frame Color
80136639	Designer/(Red Tag)	DOV502	BROWN
Frame Temple Length	Quoted Price	Invoice Price	
	\$29.95	\$29.95	

Figure 164. ECP Portal – Excel Advantage – Item Summary

To print this summary, click **Print**.

To close this summary, click the \mathbf{x} in the upper right corner. The Check Out tab redisplays.

Note: See <u>Submitting an excel advantage lab survey</u> to learn more about submitting a survey.

- 5. In the Check Out tab, review your order information and choose your payment method. Click:
 - Bill Me to get a net 30 bill for the frames you are ordering. This ends the order process.
 OR
 - Pay Using Credit Card to pay with a debit or credit card. When you click this button, the following options display.

Pay wi	ith Credit or debit card
Card number	
Expiration date	mm yy
CSC What is this ?	
Remember this p	payment information for future transations.
	Pay Now



 Complete the card record details in these fields and click the Remember this payment information for future transactions check box to save the information.

Note: When you save the credit card information using this check box, the information you entered is used for all subsequent office transactions (based on your Office ID from your contract). If someone enters new information and selects this check box, these entries are replaced.

- When you are ready to complete your Excel Advantage transaction, click **Pay Now**. The portal processes your transaction and displays a confirmation message.
- 8. Click **OK** to close the window.

Working with submitted claims or orders

After you submit claims or orders, you can view the status in the Orders/Claims History page. To get to this page, click **View Orders/Claims** on the Portal Dashboard.

Filter		ipment? If your ord e order was placed.			aan 5 business days and you l	have not yet recei	ved it, a tracking number can be obta	ned by contacting the			
ate Range ast 90 Days 🗸	Orders/ Claims history (Claims – Last 4 years of history Orders - From 05/01/2019) Remake Indicators: 😑 Repair/Replace 🔵 Warranty 📃 Redo										
rder Status	Member Inform	nation	Claims Su	mmary	Orders Summa	iry					
All (928) Waiting for Information	Member Info 🗢	Provider Details 🗢	Claim Number 🌻	Claim Status 🏺	PO/Order Number	Submitted On 🗢	Lab ≑	Order Status 🌲			
from Provider (0) Waiting for Frame (Print Packing Slip) (1) Under Review (75)	VALERO,LEIST 03/18/1999 742981881	KINNEY, CHARLES 1124004338 DAVIS VISION	<u>6319450</u> 10/26/2019	Pending 10/26/2019	3A0789C6FAC840F	10/26/2019	Newtown Square	Order Received 11/02/2019			
Successfully processed (0) Shipped (19) Ready to Ship (0)	DEROCHE. MCNABB 04/29/1983 2067499832	KINNEY, CHARLES 1124004338 DAVIS VISION	<u>6319449</u> 10/26/2019	Pending 10/26/2019	0ED283530190456	10/26/2019	VERSANT Meridian Phoenix - Phoenix	Order Received 11/02/2019			
Preparing Your Order (11) Order Received (265)	CAPPELLO. RIEGEL 04/28/1967 2067390006	KINNEY, CHARLES 1124004338 DAVIS VISION	<u>6319428</u> 10/26/2019	Pending 10/26/2019	4C3404EAE7BF468	10/26/2019	VERSANT Elite Optical - Rancho Dominguez	Order Received 11/02/2019			
In Process – Frame Received (0) In Process (0) Draft Action Required (DUNKELBERGE, TINCHER 03/02/1975	KINNEY, CHARLES 1124004338	<u>6319427</u> 10/26/2019	Pending 10/26/2019	B3A79427B1E04B9	10/26/2019	TCO - Louisville				

Figure 166. ECP Portal – Orders/Claims History Page

By clicking the **Order Number** or **Claim Status** link, you can review the details of the order or the claim.

The Filter and Search options help you find claims and orders by Member name or ID, or by Eye Care Professional details or by order or claim type and date range. The next few sections show you how to customize your view of this list and find the information you are looking for.

Note: For DDOL ECPs who provide their own materials, only claims information displays on this page.

Finding the status of an order/claim

There are several ways to find the status of a claim or order that was submitted in your office.

The quickest way is by using the buttons on the Portal Dashboard. You may select a specific order or claim status and the system will filter the order or claim search and return results based only on the status you selected.

				s/Claims ew Orders/Claims
Orders				Claims
Preparing Your Order	1	Draft Action Required	5	Approved 0
In Process	0	Waiting for Frame (Print Packing Slip)	0	Pending 15
Waiting for Information from Provider	0			Rejected O
View Orders/Claim	5) (New Order/Claim)(Print Packing Slip

To find the status of an order or a claim:

1. From the Portal Dashboard, click View Orders/Claims.

The **Orders/Claims History** page displays. **Note**: Make sure your **Location** field entry reflects the location you want to search from.

	Filter				n in "Shipped" status for more th Iced.Click here for contact inforr		i have not yet rec	eived it, a tracking num	iber can be obtained by
	e Range t 90 Days 🗸 🗸	Orders/ Claims h	iistory (Claims – L	ast 4 years of his	tory Orders - From 05/01/2019 Remake Indic) ators: 🕴 Repair/Replace	Warranty	Redo	
Ord	er Status	Member Info	ormation	Claims Su	ummary	Orders Summa	ry		
~	All (419) Waiting for Information from Provider (0)	Member Info	Provider Details 🌩	Claim Number	Claim Status 🌲	PO/Order Number	Submitted On 🌩	Lab 🗢	Order Status 🔺
	Waiting for Frame (Print Packing Slip) (0) Under Review (32) Successfully processed	OVERLY, GENESIS 10/13/1998 206696609648	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319394</u> 10/24/2019	Pending 10/24/2019	483209B5356D4AC	10/24/2019		Order Received 10/31/2019
	(0) Shipped (3) Ready to Ship (0) Preparing Your Order (DEWALD, CHARLES 06/05/1963 206696609134	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319393</u> 10/24/2019	Pending 10/24/2019		10/24/2019		
	Preparing Your Order (1) Order Received (89) In Process – Frame Received (0)	LOZANO, RINGO 03/27/1971 206674570884	PERREAULT , ELISA 1225160518 DAVIS VISION		Draft Action Required	6AD6CAE50EB84A6		Elite Optical - Rancho	Draft Action Required
	In Process (0) Draft Action Required (291) Cancelled (3)	<u>IKARD</u> . <u>BUSSELL</u> 01/12/1971 2060570625	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319379</u> 10/24/2019	Pending 10/24/2019	073338743C9F4DB	10/24/2019	Elite Optical - Rancho	Order Received 10/31/2019

Figure 168. ECP Portal – Orders/Claims History Page

- 2. Use one of these options based on the information you have about the order or claim you are looking for:
 - If you know the name of the patient, click the Member Info column heading to resort the list in alphabetical order and look for the patient's name.
 - If you know the lab the order was submitted to, click the Lab drop-down list and click the check box(es) beside the lab's name(s).
 - If you know the ECP involved in the patient's visit, click the Practioner drop-down list and choose the ECP's name.
 - If you know when the order was placed, choose the **Date Range** drop-down list and choose the date range of the order or claim.
 - You can use the Scroll buttons to look through the orders or use the filter options (described in <u>this section</u>) to find the information you are looking for. When you have found the record you want to review, continue to the next step.

 If the order is in the Shipped status, a Shipping Tracking Number link displays so you can see the progress of the materials being shipped. Click this link to go to the official shipping site for the labs (either Newtown Square or Essilor labs).

Note: For a better understanding of the Order Status entries see the <u>Order Status Information Appendix</u>.

 When you find the order or claim number you are looking for in the list, click the link to display the order or claim details.
 Note: This summary includes the lab contact details for orders, in case you need to follow up with the lab.

*To calculate Member Out of Order Summary	Pocket, please refer to <u>Se</u>	rvice Record Form.			Print
PO #: 5177BED49175460 Lab Reference #: SP10RJER Submitted On: 10/23/2019 Place of Service: 11 Service Date: 10/23/2019	Member Details RISHER MENTZER DOB: 8/8/1999 206695052070	Practitioner Details NPI: 1992767081 Name: MICHELLE HALL TAX ID: 201019659	Referring Practitioner Details NPI: Name: Medicaid ID:	Shipping Info Acct#: 016978 Address: 952 TROY SCHENECTADY RD, LATHAM, NY, 12110	Lab OMEGA - DALLAS 13515 N. Stemmons FW1 TX, 75234, (800) 366-6342,
Lens Prescription				Terterate	
Sphere Addition Dis RE: +3 3 30	st. PD Height	Job Type Uncut	Lens Type Bifocal	Treatments Kodak CleAR	

Figure 169. ECP Portal – Order Summary Detail (Lab Information Highlighted)

Viewing the estimated shipping date

You can review the estimated shipping date for orders in the Order Received status on the Orders/Claims History page. This information also displays in the patient's Order History page, when the order is in process. To view the order's estimated ship date:

1. From the Portal Dashboard, click the **View Orders/Claims** button. The Orders/Claims History page for the office location displays.

Looking for s		s been in "Shipp		5 business days and you l	laims prior to nave not yet rece	05/01/2019 Refr	
Orders/ Claims hist	ory (Claims – Last 4 years	of history Orde		Repair/Replace	Warranty	Redo	
Member Inform	mation	Claims Su	ummary	Orders Summa	ry		
Member Info 🗢 Provider Details 🗢		Claim Number ⇔ Claim Status		PO/Order Number	Submitted On 🗘	Lab 🚔	Order Status 🌲
OVERLY, GENESIS 10/13/1998 206696609648	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319394</u> 10/24/2019	Pending 10/24/2019	483209B5356D4AC	10/24/2019		Order Received 10/31/2019
IKARD, BUSSELL 01/12/1971 2060570625	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319379</u> 10/24/2019	Pending 10/24/2019	073338743C9F4DB	10/24/2019	Elite Optical - Rancho	Order Received 10/31/2019

Figure 170. ECP Portal – Orders Received with Estimated Ship Date

- Find the order you want to know the status of and below the Order Received status link is the estimated ship date.
- After the order ships, a Shipping Tracking Number link displays so you can see the progress of the materials being shipped. Click this link to go to the official shipping site for the labs (either Newtown Square or Essilor labs).

Need more shipping details? Contact the lab you placed the order with to ask about the order's latest shipping details. Click the **Click here for contact information** link for contact information for all ECP Portal labs or see <u>Appendix D</u>.



Figure 171. ECP Portal – Current Contact List for ECP Portal Labs

Finding a claim or order using the Search By tab

You can find a specific order or claim when you know the order or claim number using the **Order/Claim** tab from the Portal Dashboard. This might be useful if you are responding to a patient's inquiry. If both numbers apply to a record, and you enter them both, the portal displays all of the matching results. The portal searches all orders submitted in the last four years. Make sure you have selected the correct **Location** field entry before you get started.

Note: DDOL ECPs can also use <u>Finding a claim using the portal</u> dashboard (DDOL only).

To find a claim or order using Search By banner in the Portal Dashboard:

 From the Portal Dashboard, click the Order/Claim tab in the Search By banner to display the Order/Claim Search options.

	Member Ord	der/Claim	
Search By		Order Number :*CR- Claim Number :* 6319394	* Indicates Required Search
F	igure 172.	ECP Portal – Order/Claim Tab on Portal Dashboard	

- 2. Depending upon the information you know, complete the required fields:
 - Order Number

Enter the order number in the first field or

Claim Number

Enter the claim number in the second field. As you begin typing, the portal searches based on your entry.

3. Then click **Search** to display the results.

Search By		Order Number :*		-OR-			Claim Number :* 6319394
Orders/Claims His	tory (i) Orders pric	or to 05/01/2019 - Dav	vis Members only Claims pr	or to 05/01/2019 Refr	esh		
Click here for	hipment? If your order has be contact information.		more than 5 business days and you h	ave not yet received it, a tracking	number can be obtained b	by contacting the	lab in which the order was placed.
			Remake Indicators:	🔴 Repair/Replace 📔 🔵 Wa	arranty Re	do	
Member Inform	nation	Claims Summa		Repair/Replace Wa Orders Summary	arranty 🛑 Re	do	
Member Inform 1ember Info 🗢	Provider Details 🗢	Claims Summa			sırranty Res	do Lab 🗢	Order Status 🗢

Figure 173. ECP Portal – Order/Claim Search Results

From here, you can drill down into the Member info, the claim or order status or order details as needed by clicking the appropriate link.

Finding a claim using the portal dashboard (DDOL)

For DDOL ECPs, we have created a custom Claims search capability, which is available from the Portal Dashboard.

To search for a claim from the Portal Dashboard:

 In the Search By section, click the Claim option. The claim search fields display.



- Complete the fields with the information you know: Fields with a red asterisk (*) require entries.
 - Service Date

Enter or choose the date of service for the claim you want to find. This entry is required.

Date of Birth

Enter or choose the date of the patient's birth. This entry is required.

Member ID or Last Name

Enter the patient's Member ID or last name in the fields provided. One of these entries are required.

3. When your entries are complete, click **Search** to display the patient's record in the Claims History page.

Using filters to find current claims and orders

There are many filter options in the Orders/Claims History page that allow you to narrow down the list of orders and claims placed from your office. You can search by a combination of date range, Order Status, and lab location(s) to help you narrow down your search for an order or claim.

To view claims and orders from the legacy Davis Vision and Superior Vision portals, see <u>Finding claims and orders from the legacy portal</u>.

All claims and orders that display depend on the Location entry. When you change the entry in the **Location** field list, the claims and orders that display change.

Filter		hipment? If your orde contact information		ped" status for more than 5 business days a	nd you have not yet receive	d it, a tracking nun	nber can be obtained by contacting t	he lab in which the order was placed. X
last 90 Days	Orders/ Claims hist	ory (Claims – Last 4)	rears of history Or	ders - From 05/01/2019) Remake Indicato	rs: epair/Repla	ce 🛛 🔴 Warra	anty 🔴 Redo	
rder Status	Member Inform	nation	Claims Sun	nmary				
All (381) Waiting for Information from	Member Info 🌲	Provider Details ≑	Claim Number	Claim Status 🌲	PO/Order Number	Submitted On \$	Lab ≑	Order Status 🚔
Provider (0) Waiting for Frame (Print Packing Slip) (0) Under Review (28)	WISER, RIVAS 07/02/1978 206696576713	PERREAULT , ELISA 1225160518 DAVIS VISION		Draft Action Required	0D40FB75E1544DE		VERSANT Meridian Phoenix - Phoenix	Draft Action Required
Successfully processed (0) Shipped (3) Ready to Ship (0)	WISER, RIVAS 07/02/1978 206696576713	PERREAULT, ELISA 1225160518 DAVIS VISION		Draft Action Required	3EA296860882478		VERSANT Meridian Phoenix - Phoenix	Draft Action Required
Preparing Your Order (1) Order Received (80) In Process – Frame Received (0)	OVERLY, GENESIS 10/13/1998 206696609648	PERREAULT , ELISA 1225160518 DAVIS VISION		Draft Action Required				
In Process (0) Draft Action Required (266) Cancelled (3)	OVERLY, GENESIS 10/13/1998 206696609648	PERREAULT, ELISA 1225160518 DAVIS VISION	<u>6319394</u> 10/24/2019	Pending 10/24/2019	48320985356D4AC	10/24/2019		Order Received 10/31/2019
m Status All (170) Under Review (7)	DEWALD, CHARLES 06/05/1963 206696609134	PERREAULT, ELISA 1225160518 DAVIS VISION	<u>6319393</u> 10/24/2019	Pending 10/24/2019		10/24/2019		
Under Review (7) Rejected (0) Preparing Your Order (0)	LÓZANO, RINGO 03/27/1971 206674570884	PERREAULT, ELISA 1225160518 DAVIS VISION		Draft Action Required	GAD6CAE50EB84A6		Elite Optical - Rancho	Draft Action Required

Figure 175. ECP Portal – Orders/Claims History - Filter By Options Displaying



To find orders or claims using the filter:

- From the Portal Dashboard, click the View Orders/Claims button. The Orders/Claims History page displays.
- On the left side of the page, choose filters to display the claims or orders you are looking for. Filters are not required and each filter type is independent of the others.

Date Range

Use this option to specify the date range of the claims or orders to display. Click the **Date Range** arrow to choose an option:



Orders and Claims Status Check Boxes

Use these check boxes to specify the status types to display.



Lab

Use this option to filter the list by lab(s). Click the **Lab** dropdown list and select the check box beside the lab(s) you want to display.

Note: The labs that display in this list are associated with your selected Practitioner's office location.



3. When you have completed your selections, click the **Filter** button at the top of the column. The list redisplays only the orders and claims you specified.

Click here for o	ipment? If your order has contact information. ry (Claims – Last 4 years o		m 05/01/2019)	iness days and	you have not yet received i		n be obtained by contac	ting the lab in which th	e order was placed. X	
Member Information Claims Summary Orders Summary										
Member Info 🌲	Provider Details 🌲	Claim Number 🌲	Claim Status 🌲		PO/Order Number 💠 Submitted On 💠 Lab 💠 Order Status 🌩					
<u>GOGGIN, AALIYAH</u> 03/22/1972 206688515491	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319293</u> 10/18/2019	Pending 10/18/2019	\bigotimes	2D4A3DF7A36041D	10/19/2019	OMEGA - DALLAS	Shipped 10/23/2019	Remake	
SWENSEN, EUSTICE 09/27/1976 206696576396	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319020</u> 10/09/2019	Pending 10/09/2019	(\mathbf{X})	B25A5DE05D694EB	10/09/2019	OMEGA - DALLAS	Shipped 10/10/2019	Remake	
YERGER . OROSCO 01/29/1997 142316555	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319019</u> 10/09/2019	Pending 10/09/2019	$\overline{\mathbf{X}}$	3055DF65A0BC4E3	10/09/2019	OMEGA - DALLAS	<u>Shipped</u> 10/10/2019	Remake	

Figure 179. ECP Portal – Orders/Claims History Page Filtered

This is a list of the Pending Claims and the Shipped Orders for this office.

Finding a claim or order from your legacy portal

Typically, when you enter the Orders/Claims History page, you are reviewing claim and order records you have entered in the new portal, but you can also review the status of orders or claims you place in your legacy portal.

Orders/0	Claims History	i Order	s prior to 05/01/2019 - Davi	is Members only C	laims prior to	05/01/2019	Refresh
(1)			n in "Shipped" status for more tha ced.Click here for contact inform		i have not yet rec	eived it, a tracking nun	nber can be obtained by X
Orders/ Claims hi	istory (Claims – Li	ast 4 years of his	tory Orders - From 05/01/2019) Remake Indica	tors: Repair/Replace	Warranty	Redo	
Member Info	rmation	Claims Su	Immary	Orders Summa	ry		
Member Info	Provider Details 🗘	Claim Number \$	Claim Status 🌲	PO/Order Number	Submitted On 🌲	Lab 🜲	Order Status 🔺
OVERLY, GENESIS 10/13/1998 206696609648	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319394</u> 10/24/2019	Pending 10/24/2019	483209B5356D4AC	10/24/2019		Order Received 10/31/2019
DEWALD, CHARLES 06/05/1963 206696609134	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319393</u> 10/24/2019	Pending 10/24/2019		10/24/2019		
LOZANO, RINGO 03/27/1971 206674570884	PERREAULT , ELISA 1225160518 DAVIS VISION		Draft Action Required	6AD6CAE50EB84A6		Elite Optical - Rancho	Draft Action Required
IKARD, BUSSELL 01/12/1971 2060570625	PERREAULT , ELISA 1225160518 DAVIS VISION	<u>6319379</u> 10/24/2019	Pending 10/24/2019	073338743C9F4DB	10/24/2019	Elite Optical - Rancho	Order Received 10/31/2019

Figure 180. ECP Portal – Orders/Claims History Page (Davis Vision ECPs)

The options you see in the Orders/Claims History page are different depending upon the legacy system you used. Overlapping ECPs who used both systems will display both options. All records are based on the selected **Location** field entry, so when you change the Location, the records that display change.

Davis Vision ECPs can review legacy orders and claims (shown in the previous figure), including claims placed within the last four years and orders placed within the last 90 days.

Superior Vision ECPs can review legacy claims only (shown in the next figure) but you can search for claims placed within the last four years.

Orders/Claims History Looking for shipmen placed. Click here for Orders/ Claims history (Cl	nt? If your order has r contact information	s been in "Shipped on.	* status for more than 5 business days and y - From 07/01/2019) Remake Indicators:	Repair/Replace	t, a tracking num		ie lab in which the order was X
Member Informatio	n	Claims Sur	nmary	Orders Summa	ry		
Member Info 🚔	Provider Details 🚔	Claim Number 🌲	Claim Status 🌲	PO/Order Number	Submitted On 🌲	Lab 🌩	Order Status 🌩
TANUZ . BERNICE 04/28/1948 M0000000555	COMPTON, JANE 1306852447 SUPERIOR VISION		Draft Action Required	C9B8CA52C58246C		TCO - Louisville	Draft Action Required
Sletten , Clarence 11/20/1964 200103488072	COMPTON, JANE 1306852447 SUPERIOR VISION	<u>19301750</u> 10/26/2019	Pending 10/26/2019	EA8E4249E66843B	10/26/2019	Elite Optical - Rancho	Order Received
HENRICKSON, LINDSAY 01/24/1990 805740536	COMPTON, JANE 1306852447 SUPERIOR VISION	<u>19301749</u> 10/26/2019	Pending 10/26/2019		10/26/2019		

Figure 181. ECP Portal – Orders/Claims History Page (Superior Vision ECPs)

Note: The search filters reference a date, **<MM/DD/YYY>**, which refers to the date the selected ECP started using the ECP Portal. All orders and claims created before that are considered legacy claims or orders.

Finding legacy portal claims

You can find the status of legacy Davis Vision or Superior claims using these instructions. You cannot use the filter options to search the legacy portal claims.

To find claims from a legacy portal:

 From the Portal Dashboard, click the View Orders/Claims or View Claims button. The Orders/Claims History page displays.

Orders/ Claims History (i) Orders prior to <mm dd="" yyyy=""></mm>	Claims prior to <mm dd="" yyyy=""></mm>	Search by	2
Search/ Filter below for Orders and Claims after <mn< b=""></mn<>	//DD/YYYY> Remake i	ndicators: 🔴 Replace/Repair 🥚 Warranty	Redo

Figure 182. ECP Portal – Orders/Claims History Page – Claims Search Options

- 2. Click the Claims Prior to field.
- 3. In the **Search by** field, enter the criteria you want to search for.

4. Press **Enter** to begin the search. The results display below the search fields.

	Orders/Claims history	Orders prior to <mm dd="" th="" yyy<=""><th>Y> Clai</th><th>ms prior to <mm d<="" th=""><th>D/YYYY> Search by</th><th></th></mm></th></mm>	Y> Clai	ms prior to <mm d<="" th=""><th>D/YYYY> Search by</th><th></th></mm>	D/YYYY> Search by	
Displaying re	sults of Claims prior to	o <mm dd="" yyyy=""></mm>				
lember Info	Service Date 😔	Claim Number	Amount Billed $\buildrel \ominus$	Status 🔶	Claim Amount Paid \ominus	Paid To \ominus
Ashley Smith 09/02/1964 (22222222)	MM/DD/YYYY	0016978259	\$150.00	Pendiing		
Rong Chang 09/02/1964 (22222222)	MM/DD/YYYY	0016978125	\$100.00	Pendling		
Anthony Miller 09/02/1964 (22222222)	MM/DD/YYYY	0016978598	\$120.00	Pendiing		
Oliva Davis 09/02/1964 (22222222)	MM/DD/YYYY	0016978125	\$100.00	Approved		
<u>Jerry Johnson</u> 09/02/1964 (22222222)	MM/DD/YYYY	0016978598	\$120.00	Approved	\$120.00	
Tom Cruse 09/02/1970 (22222222)	MM/DD/YYYY	0016978598	\$120.00	Approved	\$120.00	

Figure 183. ECP Portal – Orders/Claims History Page – Legacy Claim Results

Finding legacy portal orders (Davis Vision only)

You can find the status of legacy Davis Vision ECP orders using these instructions. You cannot use the filter options to search the legacy portal orders. If you still need to log into the legacy Davis Vision portal, see **Submitting Davis Vision orders/claims in the legacy portal**.

To find orders from a legacy portal:

 From the Portal Dashboard, click the View Orders/Claims button. The Orders/Claims History page displays.



- 2. Click the **Orders Prior to** field.
- 3. In the **Search by** field, enter the criteria you want to search for.
- 4. Press **Enter** to begin the search. The results display below the search fields.

Orders/ C	laims History i Order	rs prior to <mm dd="" th="" y<=""><th>YYY> Claims prior to <1</th><th>MM/DD/YYYY></th><th></th><th></th></mm>	YYY> Claims prior to <1	MM/DD/YYYY>		
Displaying results of Order	rs prior to <mm dd="" th="" yyyy<=""><th> *Please call Customer </th><th>r Service 1800-000-0000 for any</th><th>Replace/Repair, Warranty an</th><th>d Redo Orders</th><th></th></mm>	 *Please call Customer 	r Service 1800-000-0000 for any	Replace/Repair, Warranty an	d Redo Orders	
Member information $\stackrel{ riangle}{\ominus}$	Provider Details \ominus	Submitted On $\ \Leftrightarrow$	Order Number 🔤	Auth # 🔶	Status 🚔	Status Date \Leftrightarrow
Ashley Smith 09/02/1964 (222222222)	Dr. Annie Hao 123456789 (Davis Plan)	MM/DD/YYYY	76349148	ABC-0000935	Shipped	MM/DD/YYYY
Rong Chang 09/02/1964 (222222222)	Dr. Annie Hao 123456789 (Davis Plan)	MM/DD/YYYY	76349292	ABC-0000931	Shipped	MM/DD/YYYY
Anthony Miller 09/02/1964 (22222222)	Dr. Annie Hao 123456789 (Davis Plan)	MM/DD/YYYY	76349409	ABC-00000935	Shipped	MM/DD/YYYY
<u>Oliva Davis</u> 09/02/1964 (222222222)	Dr. Annie Hao 123456789 (Davis Plan)	MM/DD/YYYY	76349409	ABC-00000935	Shipped	MM/DD/YYYY
<u>Jerry Johnson</u> 09/02/1964 (222222222)	Dr. Annie Hao 123456789 (Davis Plan)	MM/DD/YYYY	76349409	ABC-00000935	Shipped	MM/DD/YYYY
<u>Tom Cruse</u> 09/02/1970 (222222222)	Dr. Allan Shaeffer 123546987 (Davis Plan)	MM/DD/YYYY	76349409	<u>ABC-00000935</u>	Shipped	MM/DD/YYYY

Figure 185. ECP Portal – Orders/Claims History - Legacy Order Results

Note: As the prompt indicates, call Customer Service for remake orders (remakes, re-dos, and warranty orders) as these do not display in the ECP Portal.

Finding a patient's claim or order details

You can review four years of a patient's claim history (for Davis Vision and Superior Vision legacy portal users) and 90-days of order history (for Davis Vision legacy portal users) in the ECP Portal.

To review a patient's order and claim history:

 Find the member using the instructions in <u>Finding a patient's</u> <u>eligibility information</u>. The results based on the data you entered displays.

7/2/1978 1000000006/001	e/Plan Prefix
View Detailed Benefits Service Record Form	nefit/XAE

Figure 186. ECP Portal – Member Search Results (History Button Highlighted)

2. Click the **History** button to display the patient's order and claim history information.

or shipment? If your	order has been in "S)19		the lab in which the order was placed.
history (Claims – Las	st 4 years of history		dicators: Repair/Rep	lace 🛛 🔴 Warra	anty Redo	
ormation	Claims Sum	imary	Orders Summa	ary		
Provider Details	Claim Number	Claim Status 🌩	PO/Order Number	Submitted On	Lab 🗢	Order Status 🌩
PERREAULT , ELISA 1225160518 DAVIS VISION		Draft Action Required	0D40FB75E1544DE		VERSANT Meridian Phoenix - Phoenix	Draft Action Required
PERREAULT , ELISA 1225160518 DAVIS VISION		Draft Action Required	3EA296B6088247B		VERSANT Meridian Phoenix - Phoenix	Draft Action Required
PERREAULT , ELISA 1225160518 DAVIS VISION		Draft Action Required		09/25/2019		
PERREAULT , ELISA 1225160518 DAVIS VISION		Successfully processed	C70DA0091342422	07/24/2019	OMEGA - DALLAS	Shipped 07/25/2019 Remake
	restignment? If your for contact informat for contact	Provider Details Claims Sum	Provider Details Claims Summary Provider Details Claim Number • Claims Summary Claim Status \$ Perreault , ELISA Claim Number Claim Status \$ PERREAULT , ELISA Draft	Provider Details Claims Summary Orders Summar Provider Details Claim Number Claim Status \$ PO/Order Number Provider Details Claim Number Claim Status \$ PO/Order Number PERREAULT, Claim Status © © @ PERREAULT, Draft Action @ @ @ PERREAULT, Draft Action @ SEA296B60882478 DAVIS VISION Draft Action Required © SEA296B60882478 PERREAULT, Draft Action @ SEA296B60882478 SEA296B60882478 PERREAULT, ELISA Draft @ © SEA296B60882478 PERREAULT, ELISA Draft Action © @ SEA296B60882478 PERREAULT, ELISA Draft Action © @ SEA296B60882478 PERREAULT, ELISA Successfully © C70DA0091342422	SHistory (1) Orders prior to 05/01/2019 - Davis Members only Claims prior to 05/01/2019 for shipment? If your order has been in "Shipped" status for more than 5 business days and you have not yet received it, a tracking nur e for contact information. Remain Summer Summer than 5 business days and you have not yet received it, a tracking nur e for contact information. thistory (Claims - Last 4 years of history Orders - From 05/01/2019) Remake Indicators: Period Patialis Claims Summer Po/Order Number Submitted On Provider Details Claim Number Claim Status \$ Po/Order Number Submitted On PERREAULT, ELISA 1225160518 Claim Status Oraft Action Required Submitted On Submitted On PERREAULT, ELISA 1225160518 Draft Action Required Oraft Action Required Submitted On Submitted On PERREAULT, ELISA 1225160518 Draft Action Required Oraft Action Required On aft Action Required Submitted On Submitted On PERREAULT, ELISA 1225160518 Draft Action Required Successfully processed Successfully processed Or/200091342422 Or/24/2019	Contract information Claims Summary Orders Summary Orders Summary Celim Status for more than 5 business days and you have not yet received it, a tracking number can be obtained by contacting e for contact information. Provider Details Claims Summary Orders Summary PO/Order Number Submitted On Lab \$ PerseAult, Claim Status \$ Claim Status \$ Option of the summary Submitted On Lab \$ PerseAult, Claim Status \$ Oraft Submitted On Lab \$ PerseAult, Draft Submit Status Submit Status VERSANT Meridian Phoenix - Phoenix PerseAult, Draft Submit Status Submit Status Submit Status VersANT Meridian Phoenix - Phoenix PerseAult, Draft Submit Status Status Status Status Status Phoenix PerseAult, Draft Submit Status Status Status Status Status Status Phoenix PerseAult, Draft Successfully Successfully Status Status Status Status Status Status Status Phoenix Phoenix Ph

Figure 187. ECP Portal – Member History

Note: If the order is in the Shipped status, a Shipping Tracking Number link displays so you can see the progress of the materials being shipped. Click this link to go to the official shipping site for the labs (either Newtown Square or Essilor labs).

3. To see the details of an order, click the **Order Number** link. The order detail information for the order you selected displays.

O #: C70DA0091342422 Member Details Practitioner Details submitted On: 07/24/2019 RIVAS WISER NPI: 1225160518 Macce of Service: 11 DOB: 7/2/1978 Name: ELISA PERREAU Vervice Date: 07/24/2019 206696576713 TAX ID: 201019659			1225160518 e: ELISA PERREAULT	Referring Pro Details NPI: Name: Medicaid ID:		Shipping Info Acct#: 051994 Address: 952 TROY SCHENECTADY RD, LATHAM, NY, 12110	Lab OMEGA - DALLAS 13515 N. Stemmons FWY , TX, 75234, (800) 366-6342,	
Lens Prescript	ion							
RE: +2 2 LE: +2 2	dition Dist. PD 30 30	Height 30 30		Job Type Dress - Frame To Com	e	Lens 7 Progre		
Treatments Crizal Alize UV		Design Essilor Accolade	2	Material Polycarbonate Clea	ar			
Frame Informa	No.							
Frame Source Doctor Supplied	Manufacturer Brand Model Color A & A Optical Alexander Rene LILAC Collection Collection Collection Collection				Eye Size	Temple Length 130	SKU Number 400001002438	
Frame Type Metal Edge	A Box		BL 2.00					
amination and M	aterials							Dilation Performed: N
amination and M	Description				Modifier	U&C charg	ges Days or Units(s)	Dilation Performed: N Diagnosis Codes
	Description	N PRESCRIPTION LEI	NS PER LE	:NS	Modifier	U&C charg \$44.00	ges Days or Units(s)	
HCPCS Codes	Description SINGLE VISION	N PRESCRIPTION LEI LENS PER LENS	NS PER LE	INS	Modifier PM			Diagnosis Codes
HCPCS Codes	Description SINGLE VISION PROGRESSIVE					\$44.00	1	Diagnosis Codes • Z00.2 - Primary
HCPCS Codes	Description SINGLE VISION PROGRESSIVE	LENS PER LENS			PM	\$44.00	1	Diagnosis Codes • Z00.2 - Primary • Z00.2 - Primary
HCPCS Codes 50504 /2781 /2784	Description SINGLE VISION PROGRESSIVE LENS POLYCA FRAMES PURC	LENS PER LENS	L ANY INI		PM RX	\$44.00 \$0.00 \$0.00	1 2 2	Diagnosis Codes • Z00.2 - Primary • Z00.2 - Primary • Z00.2 - Primary • Z00.2 - Primary
HCPCS Codes 50504 /2781 /2784 /2020	Description SINGLE VISION PROGRESSIVE LENS POLYCA FRAMES PURC	LENS PER LENS RBONATE OR EQUA HASES VE COATING PER LE	L ANY INI		PM RX NP	\$44.00 \$0.00 \$0.00 \$33.00	1 2 2 1	Diagnosis Codes • Z00.2 - Primary
HCPCS Codes 50504 /2781 /2784 /2020 /2750	Description SINGLE VISION PROGRESSIVE LENS POLYCA FRAMES PURC	LENS PER LENS RBONATE OR EQUA HASES VE COATING PER LE	L ANY INI		PM RX NP UL PL	\$44.00 \$0.00 \$33.00 \$0.00 \$0.00 \$0.00	1 2 2 1 1 2	Diagnosis Codes • Z00.2 - Primary • Z00.2 - Primary

Figure 188. ECP Portal – Order Summary Details

4. To see the patient's order or claim history prior to today, click the **Orders Prior to** field on the Member History page.

Provider Dashbo	oard 〉Member Search	> Member History				Site, Forms, FAQ, Training Material, etc.	P A A
← Back Member	History						
Practitioner Informat	ion			Member Inforr	nation		
Practitioner NPI 0987654321	Practition Dr. Eye V	n er Name ision	Practitioner Tax 123456789	ID Member Nam Jerry Johnson	e Memb 09/02	ber DOB Member ID 2/1964 222222222	Relationship Self
	Elkridge Landing Road, Li 39 Towson Landing Road,			Group: Healt	First Newyork Pla	an Name: XYZ Vision Plan	
Order Claims	Orders prior to <mm< td=""><td>/DD/YYYY>- Davis pro</td><td>oviders</td><td></td><td></td><td></td><td></td></mm<>	/DD/YYYY>- Davis pro	oviders				
Orders/ Claim His	story (Claims - Last 4	years of history Or	ders- From <mm d<="" td=""><td>D/YYYY>)</td><td></td><td></td><td></td></mm>	D/YYYY>)			
Provider Details	Claim Number	Claim Status	Submitted On	Order Number	Lab	Order Status	
Dr. Annie Hao 123456789 (Davis Plan)	123456	Pending MM/DD/YYYY	MM/DD/YY	ABC1234	Essilor Lab1	In Process 01/10/2019	×

Figure 189. ECP Portal – Member History with Orders Prior To field highlighted

When you select this option, the older claims and orders pertaining to the patient display, if they are available:

ctitioner Information		Member Information	Member Information					
		Practitioner Tax ID Member Name 123456789 Jerry Johnson	Member DOB Member II 09/02/1964 22222222					
ffice Address: 939 Elkridge Landing R hipping Address: 939 Towson Landin		Group: HealthFirst Nev	vyork Plan Name: XYZ Vision Plan					
rder Claims Order prior to	<mm <mark="">DD/YYYY> - Davis Provider</mm>							
rders prior to <mm dd="" yyyy=""></mm>	Davis providers *Please call Cu	ustomer Service 1800-000-0000 for any Replace/	Repair, Warranty and Redo Orders					
Submitted On	Order Number	Auth #	Status	Status Date				
MM/DD/YYYY	76349148	ABC-00000935	Shipped	MM/DD/YYYY				
MM/DD/YYYY	MM/DD/YYYY <u>76349292</u>		Shipped	MM/DD/YYYY				
MM/DD/YYYY	76349409	ABC-00000935	Shipped	MM/DD/YYYY				



Cancelling a pending order or claim

Sometimes, a patient cancels an order after you have submitted it. If the order has not yet been fabricated, you can still cancel it.

To cancel a pending order or claim:

- From the Portal Dashboard, click the View Orders/Claims button. The Orders/Claims History page displays.
- 2. Find the order or claim you want to cancel in the list.
- 3. Click the **Cancel** button
 - If you are cancelling an order you have not yet submitted, this warning message displays.

	der Cancellation Alert
	No Yes
Ī	re 191. ECP Portal – Cancellation

 If you are cancelling an order you have submitted, this warning message displays.



Figure 192. ECP Portal – Cancellation warning message after submission

4. Click the appropriate button based on your task.

Reviewing Excel Advantage orders (Davis Vision only)

To review your Excel Advantage order status:

 From the Portal Dashboard, click the Hamburger icon _____, choose Excel Advantage > View Orders. The Excel Advantage Order History list for your office displays.

Back Order History 🕢							New Order
Filter By	Order Date	Order Number	Invoice Number	Status Detalls	Tracking Details	Invoiced Price	Ticketed Items
From and To Date	10/22/2019	41462798	80113824	Getting Prepared	Getting Prepared	\$146.86	No
6/24/2015 - 10/27/2019	10/22/2019	41462798	80113825	Getting Prepared	Getting Prepared	\$146.86	No
Show Only Orders with ticketed items	10/22/2019	41462798	80113826	Getting Prepared	Getting Prepared	\$146.86	No
Show Only Unshipped Orders	10/22/2019	41462798	80113827	Getting Prepared	Getting Prepared	\$146.86	No
EA Order Number	10/22/2019	41462798	80113828	Getting Prepared	Getting Prepared	\$146.86	No
	10/22/2019	41462798	80113829	Getting Prepared	Getting Prepared	\$146.86	No
) Invoice Number	10/22/2019	41462798	80113830	Getting Prepared	Getting Prepared	\$146.86	No
	10/18/2019	41460078	80090168	Getting Prepared	Getting Prepared	\$29.95	No
	10/17/2019	41460075	80090160	Getting Prepared	Getting Prepared	\$19.95	No
Ship From and To Date MM/DD/YYYY-MM/DD/YYYY	10/11/2019	41460040	80090034	Getting Prepared	Getting Prepared	\$59.90	No
	Displaying 1 - 10 of	125				Previous 1 2 3 4	5 13 Next :

Figure 193. ECP Portal – Excel Advantage Orders List

There are a variety of filter options here. Click the filter options and check boxes on the left and click the **Filter** button to redisplay the list.

2. To view the details of a specific order, click the **Order Number** link. The **Order Details** display.

Provider Dashboard >	Excel Advantage View Orders > Excel Advantage Order Details	Site, Forms, FAQs, Training	g Materials, etc.	Q A <u>A</u> A
Order Number 41462798				
Product Details	Invoice		Quantity	Price Per/Item
Fashion/(Yellow Tag)	80113824 80113825 80113826 80113827 80113828 80113829 80113830		7	\$20.98
-Back to Order History		Tota	\$14	6.86

Figure 194. ECP Portal – Excel Advantage - Order Details

- 3. To review the details of a specific invoice of an order, click the **Invoice** link. The Excel Advantage Item Summary displays.
- 4. To print the item summary of this invoice, click **Print**.

ag)

Figure 195. ECP Portal – Excel Advantage – Item Summary

Submitting an Excel Advantage lab survey

The **Lab Survey** option appears at the end of your Excel Advantage order submission process and is a great way to give us feedback on your Excel Advantage experience.

 From the Item Summary, click Would you like to fill in the Provider Lab Survey? The survey options display.

				×
		nent system (QMS)	- By doing	
Survey Date: MN	I/DD/YYYY	Contact Person*:		_
Exceeds Expectations	Usually Meets Expectations	Often Meets Expectations	Seldam Meets Expectations	Never Meets Expectations
0	0	0	0	0
Days				
0	\bigcirc	0	0	0
0	0	0	0	0
0	0	0	0	0
Strongly Agree	Agree	Neither Both	Disagree	Strongly Disagree
0	0	\circ	0	0
		Clear		Submit
	al customer delight Survey Date: MM Exceeds Expectations Days O Strongly	al customer delight Survey Date: MM/DD/YYYY Exceeds Expectations O O Days O O Strongly Agree	al customer delight Survey Date: MM/DD/YYYY Contact Person* Exceeds Usually Meets Often Meets Expectations Expectations One O O One Days One One O O One Strongly Agree Neither Both O O One	Survey Date: MM/DD/YYYY Contact Person*: Expectations Expectations Seldam Meets Expectations O O O O O Days O O O O O Strongly Agree Neither Both Disagree O O O O

- Complete your adjustices and entries in the survey and
- Complete your selections and entries in the survey and click
 Submit to tell us how your lab order went.

Understanding material remakes

Things happen to glasses. Sometimes a child leaves them on the bus, or the prescription wasn't quite right, or frame or lenses break while they are still under warranty. This section discusses the processes for handling these circumstances so we can provide excellent customer service under these conditions.

Some general rules apply to all material remake programs:

- For remake programs (such as redo, remake, or repair/replace), the new order must be a duplicate of the frame, lenses, options, etc. that were issued the first time, except where specified
- Return benefits are available once per benefit cycle, unless specifically stated otherwise by the applicable benefit plan

- Payment for returned materials will include a dispensing fee only, there is no additional surfee. Additionally, we do not charge patients for option copays on remake orders.
- For remake orders, when the original frame was supplied by the Eye Care Professional, the frame will be replaced with a plan frame.
 Lenses and lens options must be the same as the original order for Eye Care Professional-supplied materials.

Let's define the relevant terms.

Redo

Refers to the process of making a new pair of glasses when the glasses or lenses arrive with manufacturing errors.

Remake

Refers to the process of making a new pair of glasses after the order has been delivered due to doctor or patient-requested changes. The benefit plan determines whether remakes are covered for a particular patient.

Repair/Replace

Refers to plans that have specific rules for repairing and replacing materials that are under warranty or not, that have been broken, lost, or stolen. Some repair/replace benefit plans have prior authorization requirements.

Note: For Medicaid benefit plans, there is generally no limit on repair/replace benefits. For some government groups (such as Medicare, Medicaid, Child Health Plus, etc.), patients can use repair/replace to replace scratched lenses, if scratch coating or scratch protection plan is not offered as part of their plan.

Warranty

Refers to requests to provide new materials due to warranty replacement policies. Some warranty policies are set by benefit plan.

What is the warranty policy?

Versant Health is committed to providing quality vision care and service and 100% customer satisfaction. Versant Health-supplied frames, spectacle and contact lenses, and options are covered under the following warranties. Davis Vision may request that the original materials be returned prior to submitting a redo/remake/repair-replace order.

Type of Policy	Time Limit
Warranty	1 year from the delivery date
Remakes	30 from the ship date
Re-dos (due to lab errors)	30 from the ship date

Versant Health does not provide refunds for copayments associated with returned or replaced materials. Member benefits are not reinstated under warranty conditions. After glasses have been shipped from the lab, your patient's can work within our generous warranty periods.

Requesting a redo

If lab materials arrive at your office damaged or have a lab error, Versant Health will make it right! Whether there was a mistake in the manufacturing process or the materials were damaged in transit, Versant Health will redo the order free of charge to you and to your Patient, whether the manufacturer was an Essilor lab or Newtown Square. All redo orders must be placed within 30 days of shipment.

Commercial or Medicare order redo

The process for requesting a commercial or Medicare redo:

- 1. In the portal, look up the original order and print the Order Summary page of the order.
- 2. Get lab contact information, patient name, and Lab Reference # (from the Order Summary page).
- 3. Call the lab that sent the job and explain the issue.

Return the materials to the lab with the Order Summary page.
 Note: The status of this type of remake does not display on the portal. Please call the original lab for status updates.

The lab sends the replacement order. This will not count as a one-time remake.

Medicaid order redo

The process for requesting a Medicaid lab order redo:

- 1. In the portal, go to the Orders/Claims History page and find the original Medicaid order.
- 2. In the Order Status column, click **Remake**.
- Select the Redo option in the lightbox, select the redo reason: Lab Error, and then select the specific reason for the change. Then click Continue.
- 4. Click the Authorization check box and click **Submit Order**.
- 5. Print the Order Summary page and send the original materials with the Summary page to the NTS lab.
- 6. Check the Orders/Claims History page for updates.

The lab sends you the replacement order.

Requesting Commercial/Medicare remakes

If you need to make a one-time change to an existing commercial or Medicare order, the process you follow depends upon whether you have received the order. Use the instructions below based on the status of the order materials you want to change.

...Before you receive the order materials from the lab

If you have not yet received your commercial or Medicare order, follow the instructions below to make a one-time change. If the order change you are making results in an upgrade, the patient pays you the difference in materials, when applicable. Versant Health adjusts the claims to pay you the difference. This change must occur within 30 days of shipment.

To request a Commercial/Medicare remake before materials are shipped:

- Call the lab you placed the order with (from the Order Summary page) to discuss the details of the change. The CSR evaluates the request and processes the change as a one-time remake. If there are no upgrades to the job, no further action is required.
 Note: If you are requesting an upgrade, continue to the next step.
- 2. If the order requires an upgrade (that is, an increase in the tier or an add-on enhancement), this evaluation occurs:
 - If the job has to be restarted, the lab will cancel the existing order and notify Versant Health to reset the patient's benefits in the portal. This can take up to two business days.
 - If the job can be upgraded while in process at the lab, no further action is required.
- If the job has to be restarted, after two business days, use the portal to <u>re-enter the order with the changes</u>. Wait for original materials from the lab, if needed.
- 4. From the portal, print the Order Summary page of the original order, and send it to the lab. Add original materials, if appropriate.
- 5. Check the portal for status updates on the new order.

The lab sends the replacement order. This counts as the order's one-time remake.

...After you have received the order materials from the lab

If you have received your commercial or Medicare order, follow the instructions below to make a one-time change. If the order change you are making results in an upgrade, the patient pays you the difference in materials, when applicable. Versant Health adjusts the claims to pay you the difference. This change must occur within 30 days of shipment.

To request a Commercial/Medicare remake after materials are received:

 Call the lab you placed the order with (see the Order Summary page) to explain the change you want to make to the order. The CSR evaluates the request and processes the change as a one-time remake. If there are no upgrades to the job, no further action is required.

Note: If you are requesting an upgrade, continue to the next step.

- 2. If the order requires an upgrade (that is, an increase in the tier or an add-on enhancement), the CSR notifies Versant Health so they can reinstate the benefits in the portal.
- After two business days, use the portal to <u>enter a new order with</u> <u>the changes</u>.
- 4. From the portal, print the Order Summary page of the new order, and send it to the lab. Send along the original materials with this page.
- 5. Check the portal for status updates on the order.

The lab sends the replacement order. This counts as the order's one-time remake.

Requesting Medicaid repair/replace orders

Most of the time, ECPs can submit Medicaid redo and repair/replace orders using the Remake button on the Orders/Claims History page. The only exception to this case is when the order has changed tiers between the first submission and the second. In that case, the remake needs to be handled by Versant Health Customer Service Representatives only. Please call the Versant Health Customer Service phone number to submit this type of request.

To submit a remake order for a Medicaid patient within the same tier or a lesser tier:

1. From the **Orders/Claims History** page, find the original order you want to remake in the Orders Summary list.

Orders Summary				
PO/Order Number 🌲	Submitted On 🌲	Lab 🜲	Order Status 🌲	
D1D24EF51B96493	10/17/2019		Shipped 10/19/2019	Remake
6EAAA5F49DFE4C3	10/10/2019	OMEGA - DALLAS	Shipped 10/11/2019	Remake
				R ∢ 1 ►

 Figure 197.
 ECP Portal – Orders/Claims History - Remake (Repair/Replace)

2. Click **Remake** to start the remake order. A popup box displays.

Remake Options		
PUENTES, TIMPSON 206696911363		
Please choose one opt	ions below	
O Repair/Remake	O Warranty	O Redo
	\subset	Cancel

Figure 198. ECP Portal – Remake (Repair/Replace Selection Option)

3. Select the suitable radio button, depending upon the order type: When you select valid options, the **Continue** button displays.

Repair/Remake

Select this option to remake the order and choose the appropriate remake reason from the drop-down list.

Warranty

Select this option to remake materials that are under warranty and choose the appropriate reason from the list that displays.

Redo

Select this option if the remake is due to a lab error or due to a one-time change (within 30 days of shipping) with no upgrades. For these redos, choose the appropriate reason details from the lists that display. You cannot change any details of the original order for a redo request that is due to a lab error, but you can for one-time changes within 30 days.

- 4. If you are submitting a one-time remake change, add the changes to the original material order or the new order as appropriate. The type of remake you are requesting determines whether you can make changes or not.
- 5. Click **Continue** to display the Review and Submit page.

ي	,	
nsured's or Authorized Person's Signature I authorize payment of medical benefits to the undersigned physician or supplier for services described above.		
	Submit Order	
	Submit Order	<u> </u>

Figure 199. ECP Portal – Review and Submit Page

- 6. Review the order, scroll to the bottom of the page, and select the **Authorization** check box.
- 7. Click **Submit Order** to continue. A confirmation note displays.

rder Summary							
O/ Order number: 1 ubmitted On: lace of Service: Offic ervice Date: 01/10/20	e	Member Details Jerry Johnson DOB: 09/02/1964 2222222222 XYZ Vision Plan	Practitioner Details NPI: 0987654321 Name: Dr. Eye Vision Tax ID: 123456789	Referring Practitioner Deta NPI: 0987651234 Name: Dr. Anil Vision Medicaid ID: 123456789	A	hipping Info cct #: 25656 ddress: 939 Elkridge Landing, inthicum, MD 21090	Lab Essilor Lab 1 1515 Old Country Road, Harrisburg, PA 20121 Contact # 111-222-3333
xamination and	Materials						Dilation Performed: Yes
PT/HCPCS Codes	Descr	iption	Modifier	U&C Charges	Days or Unit(s)		Diagnosis Codes
V2020	Frame Pure	chase	DS	\$200.00	1		er for examination of eyes ut abnormal findings Primary
V2781	Progressive	e Ultimate	UX		2	• H52.11Myopia, I	right eye Primary
V2750	Anti-Reflec	tive Coating Per lens	UL		2	and vision with	nter for examination of eyes out abnormal findings .right eye Primary
			Total U&C Cl	harges: \$200.00			

Click OK to close the message. After the remake order has been received, you can print the packing slip, if needed.
 Note: You can check the Orders/Claims History page to find the status of the remake order.

Tip: To get information about your remake quickly, use the **Lab reference number** to discuss the order with the lab.

Logging out of the portal

In the upper right corner of the page, the office name displays as a link. To log out of the Eye Care Professional Portal:

perreaul	t2_QA1 🔨			
My Profile	0			
Log Out	Θ			
Figure 201.	ECP I	Portal –	Office I	Name Linl

- 1. Click the **Office Name** link to display the Log Out option.
- 2. Click **Log Ou**t to close the ECP Portal.



Glossary

This is a glossary of terms you will find in this User Guide that may not be familiar to you.

Α	В	С	D	E	F	G	н	I.	J	L
Μ	Ν	0	Ρ	Q	R	S	т	U	V	W

Α

Term	Definition
Adjudication, Adj.	Process for evaluating/paying claims based on eligibility status and service coverage. Also ensures that Eye Care Professionals are paid for the services they provide.
Advanced Premium Tax Credit (APTC)	Granted to income-eligible ACA patients to help them pay for health care costs. Members still pay a monthly premium for health care service. See <u>APTC Grace Period</u> and <u>APTC Delinquency Period</u> for more information.
Allowed Amount (ACA)	The Eye Care Professional negotiated rate for ACA cost-sharing claims, where the Eye Care Professional is defined as the Doctor and/or the Versant Health Lab. The member pays the Eye Care Professional the amount that Versant Health would have paid to the Eye Care Professional, when the member is wholly responsible for covered services – such as, when the Deductible is not met or APTC and in the delinquency period. The Eye Care Professional negotiated rate includes payments to both the Eye Care Professional and the Davis Lab when materials are dispensed.
Anti-Reflective Coating (ARC)	A clear lens coating that limits light reflection by allowing the maximum amount of light to pass through the lens.
АРТС	Advance Premium Tax Credit. ACA patients who cannot pay for their ACA coverage on their own, get assistance from the Federal government. The government pays a portion and the member pays a portion. If the member fails to pay the portion of his or her benefits, the benefit ends. See <u>APTC Delinquency</u> and <u>Grace Period</u> entries.
APTC Delinquency Period	For ACA patients who are APTC-eligible, this period refers to days 31 through 90 (months 2 and 3) after the member has not paid his or her premium.

Term	Definition
APTC Grace Period	For ACA patients who are APTC-eligible, this period refers to days 1 through 30 (the first month) after the member has not paid his or her premium. Members who pay their premiums within this period avoid the APTC Delinquency Period.

В

Term	Definition
Ben.	Abbreviation for Benefits .
Benefit Plan	Collection of benefits offered as a product to a <u>Payor</u> . The plan defines the conditions / limitations of services that are covered, exclusions, limits, and accumulator values. A Benefit Plan can be associated to more than one Benefit Contract. Also called a rider.
Biannual	Twice a year.
Biennial	Every two years.
Breakage	Frame/lenses that do not pass quality inspection in the Versant Health Labs
Buy Up	When a patient wants to buy a Frame type (Fashion, Designer, and Premier) that is higher than one s/he is covered for, it is considered a buy up. The patient only has to pay the difference between his covered frame and the frame s/he wants.

С

Term	Definition
Claim	Request for reimbursement for materials/services provided to a Member by an Eye Care Professional. An invoice for these materials or services.
СОВ	C oordination o f B enefits. Provisions and procedures used by third- party Payors to determine the amount payable to each Payor when a claimant is covered under two or more group health plans.
COBRA	Consolidated Omnibus Budget Reconciliation Act allows terminated/ resigned employees continued access to group health coverage as long as the former employee pays for the coverage themselves.



Term	Definition
	This coverage is available for 18 months after termination. Many Client groups have a separate COBRA plan.
Coinsurance (Coins)	Coins urance is a cost-sharing requirement under a health insurance policy, which provides that the insured assumes a portion or percentage of the costs of covered services rather than a fixed amount.
Comprehensive Eye Exam	Describes a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single-service entity but need not be performed during one session. The service includes history, general medical observation, external and internal examination, gross visual fields and basic sensorimotor examination. It always includes initiation of a diagnostic and treatment program as indicated.
Contact Lenses	 A small shell-like lens that rests directly on the eye; styles include: Soft Lens Made from flexible, water-absorbent plastics that are comfortable, even at the end of the day. Daily-Wear Lenses put in the eye in the morning and removed at the end of the day. Disposable/Planned-Replacement Soft lenses that are worn for a prescribed length of time and then are discarded. Extended-Wear A soft lens with the same comfort as a daily-wear soft lens, but that can be left in the eye for up to two weeks. Also tears easily. Gas-Permeable A hard lens that is very oxygen-soluble and quite comfortable to wear. They need minimal care and last for years. Medically Necessary Prescribed for conditions in which visual acuity cannot be adequately corrected with eyeglasses but can be corrected by contact lenses. Toric A contact lens designed to correct astigmatism.
Copayment (Copay)	A type of cost-sharing that requires the Member to pay a flat dollar amount, usually on a per-unit of service basis, with Versant Health or the Employer reimbursing some portion of remaining charges.
Cost Sharing	The general set of financing arrangements whereby the consumer must pay out-of-pocket to receive care, either at the time of initiating care, or during the provision of health care services, or both. Cost

Term	Definition
	sharing can also occur when an insured pays a portion of the monthly premium for health care insurance.
Cost-Sharing (ACA)	Plans that capture the out-of-pocket costs for each patient (and each family) so that the patient does not pay more than a pre-set amount out-of-pocket for all combined medical services and materials.
Covered Basic Service	Benefit that Versant Health may pay some portion of, if the patient is eligible for the service. Basic services include: exam, frame, spectacle lenses, and contact lenses.
СРТ	C urrent P rocedural T erminology. Procedure codes used on claim and referral forms. Versant Health is moving to a CPT-only Procedure Code system for exams.

D

Term	Definition
DDOL	Doctors Doing Own Labwork. This is an abbreviation that indicates that lab work or materials are created or provided exclusively by the Eye Care Professional.
Deductible	The out-of-pocket expenses that are borne by a Member before the insurer begins reimbursing them for additional expenses.
Deductible / Deductible Maximum	The amount a member contributes for covered health care services before the health plan begins to pay. The value is added to the individual and family YTD accumulators. (ACA)
Diagnostic Dilation	The opening of or enlarging of the pupil by means of eye drops to better see inside the eye.
Dispensing Fees	Flat fees Versant pays to ECPs per job for frames and lenses
DOS	Date of Service

Ε

Term	Description
Edging	The process of cutting a lens blank to the appropriate size and shape required for a particular frame.

Term	Description
EDI	Electronic Data Interchange is defined as the secure transfer of structured data, by agreed message standards, from one system to another without human intervention. Does not transfer money but formal Eye Care Professional and member enrollment and claim data and reports.
EDP	Eyewear Dispensing Program is the name of the new lab model for Versant Health Eye Care Professionals.
Effective, Eff, Eff From	Abbreviation that refers to the first date of vision coverage.
Electronic Medical Records (EMR)	A third-party application that provides a digital version of a paper medical chart that contains a member's medical history from a vision practice. The POS system uses the Customer's EMR records to populate the exam and prescription part of the POS system record. This application is not used in two-door states (states where the Ophthalmologist and the Optometrist are in different stores). The data in this system is added by the store's doctors.
Exclusive Collection	Set of high quality frames available to Versant Health Eye Care Professionals to sell to their patients and customers.
Executive Bifocal	Bifocal in which the near (reading) portion is across the entire bottom of the lens. Useful for extended close-up work (such as bookkeeping) at a desk.
Explanation of Benefits (EOB)	Member communication that indicates the benefits that have been paid on behalf of the Member. Can be sent through the mail or viewed online using the Member website.
Explanation of Payment (EOP)	Eye Care Professional communication that explains the check he or she has received and what claims it is for.
Escalation Process	When a Versant Health network Eye Care Professional or patient is not satisfied with their job status, contact a Versant Health Customer Service Associate to escalate the issue. The Escalation team reviews and responds to complaints on a daily basis.
Est	Abbreviation meaning Estimated.
Exception	Defines what is not covered, or what is conditionally covered and under what conditions based on Category Set values. More than one exception can be associated with one Benefit Class.
Exclusions	Clauses in a contract that deny coverage to select individuals, groups, locations, properties, or risks.


Term	Description
Exclusivity Clause	Part of a contract, which prohibits Eye Care Professionals from contracting with more than one managed care organization (HMO, PPO, IPA, etc.)
Eye Care Professional	Individual or group that renders vision care services and/or materials to a member/patient.
Eye Care Professional Network	A collection of Eye Care Professionals that includes those Eye Care Professionals needed to deliver either the total range of services (or a subset of the total range of services) offered under the health plans administrated by the managed care organization.
Eye Care Professional Network Sets	Logical groupings of eye Care Professional Networks sometimes called panels.

F

Term	Description
Fashion Eye Consultant	Optical Assistant who helps patients choose frames and completes frame-related paper work.
Fee Disclosure	Fee disclosure refers to Eye Care Professionals and caregivers discussing their charges with patients prior to treatment.
Fee Schedule	Defines the procedures, payment method, and payment amount covered under a Benefit Contract. Listing of procedure codes, with or without modifiers, with the applicable reimbursement or billing amount. A fee schedule can be used by one or more Benefit Contracts.
Finishing	Edge lenses into frame
Formulary	The expansive list of lens products, options, and services that are covered by a Versant Health benefit plan. These materials and options are manufactured by their associated labs and include lenses, progressive tiers, AR and UV coatings, and other lens modifiers.
Frame to Come (FTC)	Status that occurs when the Eye Care Professional or the customer is sending the frame they have selected to the lab for use in manufacturing. Orders are placed on hold until the frame arrives at the lab.
Full-Spectrum Lens	An ophthalmic lens made from a plastic that transmits approximately 90% of ultraviolet light. (A conventional plastic lens transmits only 10% of ultraviolet light.)



G

Term	Definition
Gradient Coat	A lens coating that is darker at the top of the lens, fading to lighter at the bottom.
Group Billings	Fees Versant Health charges to self-insured groups for frames and lenses. The fees vary by lens type (such as, single vision, bifocal, trifocal lenses)
GRP#	Gr oup Number. Refers to the ID number associated with an Employer group.

Н

Term	Definition
HCFA	Health Care Financing Administration. Government agency responsible for the Medicare program.
HCPCS	Healthcare Common Procedure Coding System. Industry-standard coding system of medical procedure codes. Level I codes are CPT codes. Level II codes are national codes. Level III codes are local codes.
HEDIS	Health Plan Employer Data and Information Set. A set of performance measures designed to standardize the way health plans report data to employers. HEDIS currently measures five major areas of health plan performance: quality, access and patient satisfaction, Membership and utilization, finance, and descriptive information on health plan management.
ΗΙΡΑΑ	Health Insurance Portability and Accountability Act. Federal legislation that restricts the sharing of member's personal identification data.
Hr	Abbreviation meaning Hour
Нх	Abbreviation meaning History

ľ

Term	Definition
ICD-10	Format for diagnosis codes as of October 1, 2015. Clinical diagnosis codes that indicate the patient's diagnosed disease or injury.



Term	Definition
Indemnity	Refers to an Out-of-Network claim or payment.
Integrated Lab	Lab that has been added to the ECP Portal.
Intermediate Examination	Describes a level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem. This does not necessarily relate to the primary diagnosis. It includes history, general medical observation, external ocular and adnexal examination and other diagnostic procedures as indicated; it may include the use of mydriasis.

J

Term	Definition
Job	One increment of work in the lab. This could be a complete pair or a single lens.

L

Term	Definition
L, F, M	Abbreviation for Last, First, and Middle name
Lab Chargeback	Net payment between Versant and ECPs for lab services (Chargeback = <u>MOOP</u> – <u>Dispensing fees</u> – <u>Surfees</u>)
Lab Fees	Payment made by ECP to Versant Health for use of lab services by upgraded lens or lens option
Lab Reference Number	The number the Essilor lab has assigned to the order.

Μ

Term	Definition
Materials Only Order	Product (frame, uncut lenses, etc.) that does not have any exam or evaluation services included



Term	Definition
Medically Necessary (Med Nec)	Those covered services required to preserve and maintain the health status of a patient in accordance with the area standards of medical practice.
Member	Person eligible for the benefits offered under a benefit contract. A member can be a subscriber (policy holder) or a dependent.
Member Out of Pocket (MOOP)	Member's cost for upgraded frames, lenses, and options paid to ECPs at the point of sale.

Ν

Term	Definition
NDC	N ational D rug C ode, a national standardized code that uniquely identifies drugs prescribed to members.
Network	Collection of Eye Care Professionals – typically formed to facilitate a common benefit level provided by the network, a common payment methodology for claims filed by members of the network, or common member responsibility.
Network Eye Care Professional	An Ophthalmologist, an Optometrist or an Optician, as defined by the Plan, who has signed an agreement with the Claim Supervisor to provide Covered Services to Enrollees.
Network Set	Collections of Eye Care Professional networks that are arranged by priority within the set. Network Sets are assigned to a Benefit Contract with Preferred, Allowed, or Special status. This status affects the coverage and cost of benefits within a Benefit Class.
Non-Integrated Lab	Lab that has not yet been added to the ECP Portal.
Non Plan	See <u>Plan/Non Plan</u> .
NTS	Abbreviation for N ewtown S quare (Manufacturing Lab for Versant Health Medicaid orders).

0

Term	Definition
Out-of-Pocket (OOP)	The amount of a member's cost share contributions for commercial or ACA Cost Sharing Plans including Deductibles, Basic Service Copayments, and Coinsurance. The amount a member contributes for

Term	Definition
	covered health services is added to the individual and family YTD accumulators.
Out of Pocket Maximum (OOPM)	The out-of-pocket maximum is the most a member will pay toward covered services each year. After the out-of-pocket maximums (individual or family) are met, the Health Plan pays for any additional covered services. This does not include valued add or lens buy up options.
Overlapping Coverage	In this document we refer to Eye Care Professionals that have contracts with both Davis Vision and Superior Vision as having Overlapping coverage.

Ρ

Term	Definition
Paid Claim / Paid Line Services	Claim and claim lines that have adjudicated and are paid or denied; and have been included in a weekly check run (a.k.a. 'registered' claims).
Payor	An individual or organization who pays for materials and items that are provided by an Eye Care Professional and covered under a benefit plan in exchange for receiving premiums from a member.
PC	Procedure Code
Plan/Non-Plan	Materials (frame / lenses) provided by the Versant Health registered labs are plan materials; frames and lenses provided by other entities are non-plan materials. Some patients have an allowance for non- plan materials and pay any additional costs out-of-pocket.
	Examples:
	Patients can get frames from our Eye Care Professionals and send them to a non-Versant Health lab for lens fabrication; in this case the frame would be plan and the lenses would be non-plan.
	Conversely, patients can select a non-Versant Health frame and send them to our labs for lens fabrication; in this case, the frame would be non-plan and the lenses would be plan.
Plan Types	Davis Vision has plan types that group individual benefits for assignment to a contract. Within plan types there can be variations of benefits (copay amount, or allowances, etc.) that are specific to a particular subgroup or member category. The following is the list of the most widely used plan types:
	• A Allowance,



Term	Definition
	 DE Designer,
	 DG Designer Gold,
	 DI Affinity Discount Plan,
	 FS Fashion,
	 FV Fashion Value,
	 HY Hybrid Discount Plan,
	 IN Indemnity Only,
	 M Medical,
	 MV Managed Vision,
	PP Premier Platinum,
	 PPP Premier Platinum Plus, and
	PR Premier
POF	Abbreviation for Patient's Own Frame
Practitioner	Individual Eye Care Professionals working in a Practice Office.
Premium Paid Thru Date (ACA)	Reflects the date the member has paid their premium thru. The premium is paid to the Medical Health Plan not Versant Health.

Q

Term	Definition
QA/QC/QR	Import Frame inspection station or process (status of the Newtown Square manufacturing cycle)
Quality Assurance (QA)	Activities and programs intended to assure the quality of care, in the Lab, in the Call Center, or on the IT team. Such programs include peer or utilization review components to identify and remedy deficiencies in quality.

R

Term	Definition
Redo	Refers to the process of making a new pair of glasses when the glasses or lenses need to be redone due to a lab error
Remake	Refers to the process of making a new pair of glasses when the first pair has been delivered due to doctor or patient-requested changes.



Term	Definition
Ref	Referring (as Eye Care Professional)
Repair/Replace	Refers to a program that some group contracts have that have specific rules for repairing and replacing glasses and contact lenses that are either under warranty or not, that have been broken, lost, or stolen. Some groups with Repair/Replace benefits have prior authorization requirements.
Royalties	Versant Health payments made to raw materials ECPs for dispensing branded products

S

Term	Definition
Seq	Seq uence number. Typically, this is used to indicate successive claim lines.
Service Representative	The Versant Health Associate responsible for the daily interaction with and authorization of services for Members and participating Eye Care Professionals with Versant Health.
Src	Abbreviation for Source (of Admission).
SRF	Service Record Form. Davis Vision document that explains a patient's benefits in detail.
Stat	Abbreviation for Stat us
Subscriber	Policyholder. Person for whom the contract is created.
Subjective Examination	An eye test using patients' responses to help determine the prescription.
Surfees	Variable fees that Versant pays to ECPs for selling premium lenses and lens options to a member.

Т

Term	Definition
Third-Party	Refers to an administrator, individual, or company that contracts with employers who want to self-insure the health of their employees. They develop and coordinate self- insurance programs, process and pay claims, and may help locate stop loss insurance for the employer. They also may

Term	Definition
	analyze the effectiveness of the program and trace the patterns of those using the benefits. Example: Blue Cross/Blue Shield.
Tot	Abbreviation for Total
Tray Tracking	System that supplies Eye Care Professional order detail. It is accessed through the Eye Care Professional website. Used to track the progress of the "tray" from order receipt through lab fulfillment to order delivery.

U

Term	Definition
Utilization Review (UR)	Also known as a Client Review, a utilization management or utilization control. Utilization Review is a document we send our <u>Payors</u> that reviews the Memberships' pattern of service use or service type, within a specified and a statement of quality of that care (based on targeted patient surveys).

V

Term	Definition
Value-Add Services	Services that are part of the benefit, but are paid by the member. They include such things as fixed cost lens options and a buy-up to a higher level frame.

W

Term	Definition
Warranty	Request to provide new product. Subject to product warranty replacement policies in place.



Appendix A: Frequently asked questions

Appendix A.1 Versant Health FAQs

Question	Answer				
Can I use my current username and password to log into the new portal	No. You must create a new profile, including a login and password to use the Eye Care Professional Portal. This will ensure that the portal site is more secure.				
Do you have any training materials on how to use the Eye Care Professional Portal?	Yes, we have added training materials and the Versant Health <u>training hub</u> , which are accessible through the Resources section at the bottom of every page of the Portal. This guide should help too.				
What can I do in the new Portal that I could not do before?	 View office order and claim history (legacy portal) View Member order history (legacy portal) Access new training videos, forms, medical policy information, benefit alerts, business and system announcements 				
Can I continue to submit paper claims?	Yes. You can continue with paper claim submission as you normally would.				
What web browsers can I use to access the new portal?	 Google Chrome 65 or later (Preferred) Microsoft Internet Explorer 11 or later Apple Safari 12 or later Mozilla Firefox 64 or later Microsoft Edge 44 or later 				

Appendix A.2 Davis Vision FAQs

Question	Follow this link to:
Where can I get information about a Patient's rights?	Patient's Bill of Rights
What about my rights as an Eye Care Professional?	Eye Care Professional's Bill of Rights
Where can I find a list of Privacy Practices?	Privacy Practices Notice
Where can I find information about domestic violence privacy?	Domestic Violence Privacy Notice
Where can I find out more about the dispute resolution process?	Eye Care Professional Dispute Resolution Policy
Where can I learn more about the Davis Vision Member ID Number?	Davis Vision Member ID Number
Where can I learn more about billing for Members who have both Medicare and Medicaid coverage (Dual Eligibility Rules)?	Dual Eligibility Billing
What are the Versant Health requirements for telehealth services?	Versant Health information on telemedicine services
	The use of specific modifier and place of service combinations, defined by state Medicaid or managed care programs are to be followed when submitting claims to Versant Health.
I have questions about the Laser Vision Correction.	Vision Reference Library about Laser Vision Correction



Appendix B: Place of service options

This portal provides a wide range of place of service options, although **Office** displays by default. You can select from these options:

- Telehealth
- Pharmacy
- School
- Homeless Shelter
- Indian Health Service Free-standing Facility
- Indian Health Service Provider-based Facility
- Tribal 638 Freestanding Facility
- Tribal 638 Providerbased Facility
- Prison/ Correction Facility
- Office
- Home
- Assisted Living Facility
- Group Home
- Mobile Unit
- Temporary Lodging
- Walk-in Retail Health Clinic
- Place of Employment-Worksite

- Off Campus-Outpatient Hospital
- Urgent Care Facility
- Inpatient Hospital
- On Campus-Outpatient Hospital
- Emergency Room-Hospital
- Ambulatory Surgical Center
- Birthing Center
- Military Treatment Facility
- Skilled Nursing Facility
- Nursing Facility
- Custodial Care Facility
- Hospice
- Ambulance Land
- Ambulance-Air or Water
- Independent Clinic
- Federally Qualified Health Center
- Inpatient Psychiatric Facility



- Psychiatric Facility-Partial Hospitalization
- Community Health Center
- Intermediate Care Facility/ Individuals with Intellectual Disabilities
- Residential Substance Abuse Treatment Facility
- Psychiatric Residential Treatment Center
- Non-residential Substance Abuse Treatment Facility
- Mass Immunization Center
- Comprehensive Inpatient Rehabilitation Facility
- Comprehensive Outpatient Rehabilitation Facility
- End-Stage Renal Disease Treatment Facility
- Public Health Clinic
- Rural Health Clinic
- Independent Laboratory

 Other Place of Services

Appendix C: Order status information

Order Status	What does it mean?
Draft Action Required	The order or claim has been saved but not yet submitted. If this record is not completed within 30 days, the record is deleted.
Under Review	There is an issue with the submitted order or claim and the submission was unsuccessful.
Order Received	The order was received by the lab and estimates the ship date as xx/xx/xx
In Process	The lab is working on your order with an estimated ship date of xx/xx/xx
Waiting for Frame	The order was a frame to come (dress or safety) and the lab is waiting for the frame to arrive
In Process – Frame Received	The lab has received the frame to come and is working on your order. The estimated ship date is xx/xx/xx
Waiting for Information	The order is waiting for information from the doctor
Cancelled	The order is cancelled
Shipped	The order was shipped on this date: xx/xx/xx
	For some orders, there may also be a Shipping Tracking Number that provides more information about your shipped order.



Appendix D: Versant Health labs list

Note: All Medicaid and Excel Advantage orders are fulfilled only through the Versant Health Manufacturing Facility, located at:

3805 West Chester Pike, Building D Suite 150, Newtown Square, PA 19073. Telephone: (800) 773-2847

To contact an Essilor Lab, use the list below (sorted by state and by Lab Name). Integrated Essilor Labs are highlighted in **green**.

Lab Name	Address	City	State	ZIP code	Telephone Number
Plunkett	1705 N A Street	Fort Smith	AR	72901	(479) 783-2001
Bristow Optical	3844 East 5th Street	Tucson	AZ	85716	(800) 303-5885
Meridian - Phoenix	3711 East Atlanta Avenue	Phoenix	AZ	85040	(800) 352-5465
Bartley Optical	1300 Optical Drive, Suite 400	Azusa	CA	91702	(800) 347-4733
CSC Labs	180 Westgate Drive	Watsonville	СА	95076	(800) 288-2721
Elite Optical - Rancho	1450 W. Walnut Street	Rancho Dominguez	CA	90220	(800) 468-6788
Elite Optical - Sacramento	9901 Horn Road	Sacramento	CA	95827	(800) 556-5502
Elite Optical - Visalia	801 N. Burke Street	Visalia	CA	93292	(800) 624-6672
Empire Optical	7633 Varna Avenue	North Hollywood	CA	91605	(818) 997-6474
Meridian - San Diego	9560 Ridgehaven Court	San Diego	CA	92123	(800) 532-3840
Duffens Optical - Denver	2929 W. 9th Avenue	Denver	со	80204	(800) 999-5367
McLeod Optical - Waterbury	451 Meriden Road	Waterbury	СТ	06705	(203) 754-2187

Lab Name	Address	City	State	ZIP code	Telephone Number
Precision Optical of CT	351 Burnham Street	East Hartford	СТ	06108	(860) 289-6023
East Coast Ophthalmic	7018 AC Skinner Parkway, Suite 240	Jacksonville	FL	32256	(800) 493-3214
Future Optics	11333 47th Street North	Clearwater	FL	33762	(888) 641-2352
KOSH Opthalmic	2901 West McNab Road	Pompano Beach	FL	33069	(800) 327-4118
Milroy Optical	5067 Savarese Circle	Tampa	FL	33634	(800) 366-2702
Southern Optical - Atlanta	1856 Corporate Drive, Suite 150	Norcross	GA	30093	(800) 765-7343
Optical Suppliers, Inc. (Hilo, Hawaii)	99-1253 Halawa Valley	Aiea	н	96701	(808) 486-2933
Pech Optical	2717 Murray Street	Sioux City	IA	51111	(712) 277-3937
CustomEyes - Rock Island	4470 48th Avenue Court	Rock Island	IL	61201	(800) 322-6754
Expert Optical	305 Earl Road	Shorewood	IL	60404	(800) 892-0097
Midland Optical Chicago	2600 Beverly Drive, Suite 101	Aurora	IL	60504	(800) 244-7090
GK Optical	2902 Mitthoeffer Place	Indianapolis	IN	46229	(800) 506-4703
Interstate Optical - Indianapolis	2902 Mitthoeffer Place	Indianapolis	IN	46229	(800) 506-4703
LensTech	2902 Mitthoeffer Place	Indianapolis	IN	46229	(317) 882-1249
Duffens Optical - Lenexa	8140 Marshall Drive	Lenexa	KS	66214	(800) 397-2020
TCO - Louisville	4601B Proximity Drive	Louisville	KY	40213	(800) 647-6970



Lab Name	Address	City	State	ZIP code	Telephone Number
Gulf States Optical	313 Coolidge Street	Jefferson	LA	70121	(504) 834-1646
Perferx Optical Co, Inc.	25 Downing Three	Pittsfield	MA	01201	(800) 649-2550
Homer Optical - Silver Spring	2401 Linden Lane	Silver Spring	MD	20910	(800) 627-2710
McLeod Optical - Augusta	179 Mount Vernon Avenue	Augusta	ME	04330	(207) 623-3841
Cherry Optical	2429 Oakwood Boulevard	Melvindale	MI	48122	(800) 537-2831
OSI - Grand Rapids	1526 Plainfield Avenue NE	Grand Rapids	MI	49505	(800) 441-4441
TCO - Traverse City	2323 Aero Park Court	Traverse City	MI	49684	(800) 424-0344
DBL Labs	6650 Saukview Drive	St. Cloud	MN	56303	(800) 888-0222
Precision Optics	6925 Saukview Drive	St. Cloud	MN	56303	(800) 328-7075
Midland Optical - Saint Louis	2360 59th Street	St. Louis	МО	63110	(314) 533-2020
Sutherlin Joplin	308 South Wall Avenue	Joplin	МО	64801	(417) 624-1641
Sutherlin Optical Company	1941 Central	Kansas City	МО	64141	(816) 421-0369
TCO - Billings	1002 10th Street West, Suite 3	Billings	MT	59102	(800) 258-4192
Premier Optics, Inc. (CPL)	119 East Henry Street	Belmont	NC	28012	(800) 933-7844
Southern Optical - Greensboro	1909 N. Church Street	Greensboro	NC	27405	(800) 888-8842



Lab Name	Address	City	State	ZIP code	Telephone Number
Southern Optical - Morrisville	860 Aviation Parkway, Suite 1300	Morrisville	NC	27560	(800) 969-8256
TCO - Bismarck	1213 Continental Avenue	Bismarck	ND	58501	(800) 258-4186
Truckee Meadows	2970 Sutro Street	Reno	NV	89512	(775) 359-6667
21st Century Optical	4700 33rd Street	Long Island	NY	11101	(800) 221-4170
Advance Optical	37 Goodway Drive	Rochester	NY	14623	(800) 828-6331
Nova Optical	165B Route 303	Orangeburg	NY	10962	(800) 668-2411
Optogenics	2828 Erie Boulevard East	Syracuse	NY	13224	(800) 678-4225
Tri-Supreme Hirsch	91 Carolyn Boulevard	Farmingdale	NY	11735	(631) 249-2020
Winchester Optical	1935 Lake Street	Elmira	NY	14901	(800) 847-9357
Central One	6981 Southern Boulevard	Youngstown	ОН	44512	(800) 322-6678
Interstate Optical - Mansfield	680 Lindaire Lane	Mansfield	ОН	44906	(419) 529-6800
Dunlaw Optical	1313 SW A Avenue	Lawton	ОК	73501	(800) 678-4525
Team Duffens	713 SW 119th Street	Oklahoma City	ОК	73170	(405) 703-4133
Opti-Craft	17311 N.E. Halsey Street	Portland	OR	97230	(800) 288-8048
Balester Optical	388 North River Street	Wilkes-Barre	PA	18702	(570) 824-7821
Beitler-McKee	160 South 22nd Street	Pittsburgh	PA	15203	(412) 481-4700

Lab Name	Address	City	State	ZIP code	Telephone Number
Homer Optical - York	60 Hokes Mill Road	York	PA	17404	(717) 843-1822
MGM Excellence Processing Center	Valle Tolima Industrial Park	Caguas	PR	00726	(787) 781-6299
ACCURx	100 Federal Way	Johnston	RI	02919	(401) 454-2920
McLeod Optical - Warwick	50 Jefferson Park Road	Warwick	RI	02888	(401) 467-3000
Southern Optical - Greenville	128 Green Acre Road	Greenville	SC	29607	(800) 999-4805
TCO - Sioux Falls	3109 West 41st Street, Suite 115	Sioux Falls	SD	57105	(800) 615-1106
Southern Optical - Piney Flats	136B Industrial Park Road	Piney Flats	TN	37686	(800) 888-2544
Duffens Optical - Houston	3625 Willowbend Boulevard, Suite 110	Houston	тх	77054	(800) 392-9774
Optic Blue	3805 Avenue A	Lubbock	ТХ	79404	(806) 799-2583
Versant Dallas DC Lab	13675 N. Stemmons Freeway	Dallas	тх	75234	(214) 496-4601
Homer Optical - Virginia Beach	5819 A Ward Court	Virginia Beach	VA	23456	(757) 460-2020
Southern Optical - Richmond	10813 Trade Road	Richmond	VA	23236	(800) 552-9739
Jorgenson- Peninsula Optical Supply	1901 S. Union Avenue	Tacoma	WA	98405	(253) 572-4520
WOS Optical	610 Lombardi Avenue	Green Bay	WI	54304	(800) 888-4454
Bell Optical - Kenova	2182 RL 75, Suite 2	Kenova	WV	25330	(800) 553-3402





881 Elkridge Landing Road, Suite 300 Linthicum Heights, MD 21090