UPMC Vision Advantage

Vision OnLine Training Manual

Version 1_111411

UPMC Vision Advantage

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Vision OnLine provides comprehensive data security with Secure Socket Layer (SSL), Windows Authentication, Login Management (username and password), Access Rights Allocation, and more, thus allowing only authorized users to access the application information.

How to Log in – by Provider

Vision Care Providers will access the UPMC Vision Advantage website at <u>www.upmchealthplan.com/vision</u>, or click on the link **Are you a Vision Care Provider** to be directed to the UPMC Vision *Advantage* login screen.

UPMC HEALTH PLAN

Google" Custom Search



Jews & Announcements	Health Plan Options for employers	Discounted Tickets to
Rx Prior Authorization Forms	Spending Account Services	Vatican Splendors
Covered medications (formularies)	Health & Productivity Solutions	2010-11 Flu Season Information
Policies & Procedures	E - our all-electronic option	Our health insurance plans
ledicare PFFS Terms & Conditions	MyHealth monthly	UPMC for Life Medicare Plans
Provider OnLine	Print-Post-Promote [™] package	Prescription drug information

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3

Sign-on screen to log in as a returning user or register for the first time.

UPMC Dental <i>Advantag</i> UPMC Vision	ge Advantage
	Login As Provider Provider Network UPMC Network Login Name Password Login Reset Home Forcol Password? How to Login?
	Not registered with UPMC Health Plan? Register Now >>

To register as a new user, select the **Register Now** button and then follow the additional steps on the next page under **Begin registration if your Social Security Number (SSN) is not in the system**.

Returning or authorized users take the following steps:

- Enter your login name.
- Enter your password. (Note: Passwords are case-sensitive.)
- Click the Login button.

Additionally, you can utilize the following links:

- **Reset** Click on the **Reset** button to clear the details entered in the login screen.
- **Home** Click on the **Home** button. User is redirected to the UPMC Health Plan website at <u>www.upmchealthplan.com</u>.
- Forgot Password Click on Forgot Password to retrieve a forgotten password.
- How to login Click on the How to login button to retrieve a Login User Manual (.PDF) to guide the user through the login process.
- New Registration For a new user, click on the Register Now button to register with UPMC Health Plan. Upon the completion of the registration process, the user will create a user ID and be given a temporary password, which can be used to log in to the application.

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Once the user logs in to Vision OnLine, the homepage appears as shown below.

The homepage displays the following details:

- Login User Name
- Network
- Date
- Help Click on Help to open a user manual for guidance through the application.
- Home Click on Home to bring the user back to the homepage.
- Logoff Click on Logoff to return to the login screen.

	UPMC	Vision.	Advanti	age								· ·	
Name : Nes, Bill .				lieb	ork : UPHC Network					Date:08/03/2011	() Help	Mome	Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	Lanswer	i-forms (links				
• Please click • To Start th	, the HLP batton for ins	bructions on na lease click the p	vigating the po rolle tab.	etal and for instructic	If you are replate phone be su Incomplete in Incomplete in	Welcome to the UPPIC Pro ATTINITION PROPORT sering as a user in order to state re to complete all table under the formation could result in a dela application.	vider Portal. IDER nit an applicat le Profile sect y in processin	ion for credentia on of this portal g your applicatio	NG, 1				

Begin registration if your Social Security number (SSN) is not in the system.

	UPMC Dental Advantage UPMC Vision Advantage	
Provider Registration		Cancel Reset
85N		
* + Reputed Fields		
Disclaimer: Please note that your Social Security Number entered on our secure pro UPNIC Health Plan.	vider portal is needed to complete our credentialing process and will not be shared with any outside entities. This portal is secured with SSL encryptor	to ensure the security and confidentiality of the data that you submit to

Input your SSN and click on **Begin Registration** as shown below.

	UPMC D U	Dental <i>Advantage</i> JPMC Vision <i>Advantage</i>	
Provider Registration			Cancel Reset
89N ·	999-99-9999 Regin Registration		
1 = Aepured Fields			
Disclaimer : Please note that your Socia UPNIC Health Plan.	Security Number entered on our secure provider portal is needed to complet	te our credentialing process and will not be shared with any outside entities. This portal is secured with SSL encr	ryption to ensure the security and confidentiality of the data that you submit to

****IMPORTANT****

You must use the provider's SSN when registering. Do not enter the practice's tax ID number.

Clicking on **Begin Registration** initiates one of the following scenarios, depending on the existence of registration data in the system.

User already exists.

	UPMC De UF	ntal <i>Advantage</i> PMC Vision <i>Advantage</i>	
Provider Registra	ation		Geneel Reset
89N	999-99-9999 Registration		
		Windows Internet Coplanse 🔀 User already exists Oc	
Disclaimer : Please note that your UPMC Health Plan	r Social Security Number entered on our secure provider portal is needed to complete o	or credentialing process and will not be shared with any outside entities. This portal is secured with SSL encrypt	on to ensure the security and confidentiality of the data that you submit to

Social Security Number already entered in the system, but no user ID exists.

A temporary password is provided.

		UPM	MC Dental <i>Advantage</i> UPMC Vision <i>A</i>	ldvantage		a a a a a a a a a a a a a a a a a a a
Roolstration Form					-	Grow Days Band
First Name	Edit .			Phone	(#12) 454-2222	
Middle Name				E-mail	Bkind2is&man.com	
astName	Ives			User/D	bilnes	
39N	272-22-2222			Hint Question	What Is Your Pet's Name?	
Provider Type	Vision	2		Hint Answer	sasha	
* Reputed Helds			Windows Internet traphore Thinks for regulations User D: Silves Password : Aukubility	with UFMC Health Plan. Your user Id	X) and passened fa:	
						S

Write down the user ID and password. (The user will be asked to change the password.)

UPM	IC Dental <i>Advantage</i> UPMC Vision <i>Advantage</i>
First	time login requires the password to be changed
New Password	*
Confirm Password	* Submit Cancel
- Mandatory Fields	Contract
	Powered by

Social Security Number (SSN) doesn't exist. Registration information entered here will provide a temporary password as in the screen above.

				Country Country
		Phone		
		E-mail		
		UserID		
222-22-2222		Hint Question	What Is Your Pet's Name?	
Vision		Hint Answer		
Contraction of the local data	25-22-2222 /ision	00-00-0200 /reion	E-mail User/D 20.00.0220 Hint Question Hint Acteur	E-mail E-mail User ID 00.00.0000 Hint Question What is Your Pet's Name? Hint Answer

Adding Location Managers

This chapter explains how Practice Managers or their authorized representatives can create users responsible for individual or multiple office locations. The user will learn:

- How to access office locations under their Federal Tax Identification Number.
- How to create usernames and passwords for selected employees.
- How to grant hierarchal privileges to each individual.

Location

The location tab and functionality gives Practice Managers and their authorized users the ability to add Location Managers to offices for which they are responsible and to control their access rights. The Location Managers can then "manage" the providers practicing at those offices.

	UI	PMC V	ision Adv	antage					
Name : Pract	ice Manager		Network : UP	HC Network	Date : 11	1/30/2011	🕜 Help	🧐 Home	Logoff
Provider	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Location	i-answer		
				Welcome to the	Internal User Portal				

When the cursor is placed over the location tab, two options for further action will appear:

- Access Rights to control levels of management of providers at the specified location.
- Location Manager to create usernames and passwords to be given to selected employees to act as authorized users to manage locations for which they are responsible.

Location Manager will be used first.

Veccome to the Internal User Portal	Claims Claims Status Vision Benefit Request Vision Benefit Request Status Location Lanswer Access Rights Location Manager Welcome to the Internal User Portal	wider Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Location Lanswer Access Rights Location Manager Welcome to the Internal User Portal	HINE I PTACE			Raburaly 107	UC Naturals	Data d	120/2011	0	Aller	No. 1
Access Rights Location Manager Welcome to the Internal User Portal	Access Rights Location Manager Welcome to the Internal User Portal	Access Rights Location Manager Welcome to the Internal User Portal	rovider	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Location i-ar	Help	Thome	Log
Location Manager Welcome to the Internal User Portal	Location Manager Welcome to the Internal User Portal	Location Manager Welcome to the Internal User Portal							Access Rights			
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal							Location Manager			
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal										
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal										
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal										
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal										
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal										
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal										
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal										
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal										
Welcome to the Internal User Portal	Welcome to the Internal User Portal	Welcome to the Internal User Portal										
vreicone to tre anternal user Portal	vielome to the internal oper Portal	vreicome to the anternal over Portal					the loss to the	Internal time Backel				
							weicome to the	Internal Oser Portal				

Click on Location Manager.

By clicking on the **Location Manager** tab, the user will see locations listed under the practice. The user can now select a location by clicking on the magnifying glass icon under the **User** column. In the illustration, the last location has no entries in the **User ID** or **Password** fields. This indicates that a Location Manager has not been assigned **Access Rights**.

Click on the magnifying glass.

	UI	PMCV	ision Adv	antage						
tame : Pr	actice Manager		Network : U	JPMC Network	Date : 1	11/30/2011	6	Help	🧐 Home	Logoff
Provider	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Location	Lanswe	•		
Locati	on Manager List								Hide Criteria	Reset
Location	liame									
										Search
Action	Location Name		Address				User ID	Ema	I ID	î
Q.	Vision Provider 1	i.	112 Washi	ngton Place,Pittsburgh, PA	15219					
Q.	Practice Manager		112 Weshi	ngton Place, Pittsburgh, PA	15219					
a.	Vision Provider 2		112 Washi	ngton Place, Pittsburgh, PA	15219					
Q.	Practice Manager		112 Weshi	ngton Place, Pittsburgh, PA	15219			Loca	tion@upmi	1.com
9	Vision Provider 3		112 Washi	ngton Place, Pittsburgh, PA	15219					
Q	Location Manager		112 Weshi	ngton Place, Pittsburgh, PA	15219			Loca	tion@upmd	com
9	Vision Provider 4		112 Washi	ngton Place, Pittsburgh, PA	15219					

The **Location Manager Login** entry screen will appear for the user to complete required fields. Once the information has been entered, click on the **Save** button. An e-mail notification will be sent to the e-mail address supplied with your user name and password.

me Practic	e Manager		Network UP	HC Network	Date : 11	/30/2011	🕜 Help	🤧 Home	Logof
rovider	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Denefit Request Status	Location	i-answer		
Location	Manager Log	in Detail					Car	cel Save	Reset
Name					E-mai				
Hint Questio				×	Hint Answer	1			
User ID									
r = Anovina I	felti								

Access Rights can now be granted to the Location Manager. The following actions will initiate that process:

- Pass the cursor over the Location tab again.
- Click on Access Rights.
- Click on the magnifying glass of the selected location.

	UPMC Vis	sion Adva	atage		
me : Practice	e Manager		Retwork : UPMC Retwork	Date : 11/11/2010	🕢 Help 🤗 Home [+ Lagoff
rovider	Eligibility Claims Status	Pre-D Statue Lo	cation i-answer		
			cress Rights		
Installers Mar			xation Illeraper		In the second second
	auger too				the second second
Total Record	is: 5 Page No	(1/1			
Action	Location Name		Address	User D	Password
0	Rest Destal		110 mode and administration frame locality with the	adapt10	duma 175
2	Bast Orthodoxia		65% McCode Deal Distance Di 10%	Print and	demail 12
a	Ora Chatham Castar		117 Starkinster Hare Ettelsenk, Fanneskania - 18718	1/Defter	demot 11
	test.		tast Fitzburgh, Barrandvaria - 15218	test123	demot13
			and the second second second second		

After clicking the magnifying glass, check boxes are presented to the user that can be selected to determine the levels of security to be granted to the Location Manager. The levels and description of functionality are:

- Attach Practice allows the manager to attach locations to the practice associated with the Practice Manager granting privileges.
- View Provider Locations allows the Location Manager to view other locations where a specific provider may practice.
- Attach Location to the Provider is used to connect a vision provider to a new location or an office he or she may start to practice in.
- **Remove Provider from the Location** can only be utilized for offices the Location Manager has access to. This action can be used to disassociate a provider from an office where he or she no longer practices.
- Enable to Submit Claims for Provider allows the Location Manager to submit claims on behalf of an authorized provider of services.
- Enable to Submit Vision Benefit Request for Provider allows the Location Manager to submit a Vision Benefit Request "authorization" for services.

The main thing to remember is though all Location Managers may work under the same practice, they can only see the locations and providers to which they have been given access rights.

ame : Practice	e Manager		Network : U	ЈРМС	Network		Dat	e:11/	30/2011		Help	🧐 Home	Logo
rovider	Eligibility	Claims	Claims Status	Visio	n Benefit Reques	st Vision	Benefit Request Statu	•	Location	i-answ	ver		
Access Rigl	nts										Go Ba	ack Save	Reset
Location Name	Address		Attac Pract	h	View Provider Locations	Attach location to the provider	Remove Provider from the location	Enable Claims Provide	to submit for er	Enable to PreD for P	submit rovider	Enable to sul Benefit Requi Provider	est for
Vision Provider 1	112 Washing Place Pittsbu	ton rsh. PA 15219				2							
Vision Provider 2	112 Weshing Pittsburgh, P	ton Place, A 15219											
Vision Test Provider	112 Washing Pittsburgh, P	ston Place, PA 15219	Ø										
Vision Provider 3	112 Washing Pittsburgh, R	ton Place, PA 15219											

When the user has completed granting rights, clicking the **Save** button will display a message that **Access Rights** saved successfully. The user will click **OK** to close the message.



Profile

This information can be accessed from the "Profile" tab:

- Main Information pertaining to demographic and practice specifics.
- **Supporting Documentation** of provider's credentials.
- **Declarations** of provider's history.
- **Review** capabilities of the electronic credentialing form.

<u>The Provider's Profile</u> and all the associated information are proprietary and protected. Once initial registration has been completed, whether by entry by provider or transfer of information from credentialing application, the provider profile information is locked down and not accessible by users to protect the confidentiality of the information.

	UPMC	Vision.	Advanta	ıge						
Name: Bill Nes				Network : U	PMC Network	Dat	e:11/21/2011	🕜 Hel	p 🧌 Home	📭 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
			If y Ii	ou are registering a please be sure to o ncomplete informat	Welcome to the UPMC Provi ATTENTION PROVII is a user in order to submi omplete all tabs under the ion could result in a delay	ider Portal. DER t an application for credentialin Profile section of this portal. in processing your application.	9,			
 Please click t To Start the 	the HELP button for inst application process, pl	tructions on na ease click the p	vigating the po profile tab.	rtal and for instructio	ns on completing an online a	pplication.				

UPMC Vision *Advantage* has pre-populated the **Profile** tab with data received on the initial application. If there are any changes in the populated data needs to be updated, please contact Network Management or the UPMC Vision *Advantage* Vision Benefits Advisory Team to communicate those changes.

Main Information

By clicking on the **Profile** tab, the user will see additional available tabs. As illustrated, the user is reminded the profile information is proprietary and confidential and, therefore, not viewable.

				Network : U	PMC Network	Dat	2:11/22/2011	🕜 Help	🧆 Home	Log
ofile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
Р	rovider Name: St	einberg, Mich	aei L		Primary Spe	ecialty:				
										-
Main Informa	tion Susperting Informat	ing Declaration	Deview and S	ukasit						
Main Informa	ation Supporting Informat	ion Declaration	s Review and S	ubmit						

The first tab available from left to right is **Main Information**, which contains:

- Demographics Confidential information pertaining to the user/provider that is secure and proprietary
- Practice Displays the practice and location information of the user/provider
- Specialty
- Licensure
- Professional Liability

<u>Supporting Information</u> presents five additional tabs of information for the user.

	UPMC	Vision	Advanta	ıge					Ì	
e : Bill Nes				Network : UPM	C Network	Da	te:11/22/2011	😢 Help	🧐 Home	Logoff
file	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
1	Provider Name: Nes	, Bill			Primary Spe	ecialty:]
l Main Informatii Employment	Provider Name: Nes	on Declaratio	ns Review and	Submit	Primary Spe	ecialty:]
l Main Informati Employment mploymen	Provider Name: Nes on Supporting Informati History Hospital Privilege It History	, Bill on Declaratio s Education/T	ns Review and	Submit	Primary Spe	ecialty:			Can	cel Reset
Main Informatik Employment mploymen itate Select	Provider Name: Nes on Supporting Informati History Hospital Privilege It History	, Bill on Declaratio s Education/T	ns Review and	Submt	Primary Spe Practice	2 cialty: / Employer			Can	Cel Reset
lain Informatik Employment tate Select otal Recor	Provider Name: Nes on Supporting Informati History Hospital Privilege It History	, Bill Declaratio S Education/T	ns Review and raining Certifica	Submt	Primary Spe Practice	2 cialty: /Employer			Can	cel Reset
lain Informatik imployment aployment tate Select otal Recor ecords Per	Provider Name: Nes on Supporting Informati History Hospital Privilege It History rds: 2 Page 20	on Declaratio s Education/T Page No: 1	ns Review and raining Certifica	Submt tion Documents	Primary Spe	ecialty: /Employer			Can Go to page	Cel Reset

The five tabs listed under Supporting Information are:

- Employment History
- Hospital Privileges
- Education/Training
- Certification
- Documents

Declarations would be made by the user if using the online credentialing application to declare any negative determinations associated with:

- Licenses
- Privileges
- Law enforcement
- Liabilities

	UPMC	Vision∡	Advanti	ıge						
ne : Bill Nes	S			Network : U	PMC Network	Dat	e:11/22/2011	🕜 Hel	p 秀 Homi	e 📭 Logoff
ofile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
										1
	Provider Name: Nes	s, Bill			Primary Spe	cialty:				
										40
Main Informa	ation Supporting Information	Declarations	Review and Si	ubmit						
Declaratio	ons								Can	cel Reset
lave you ev action(s), or 1 License	ver had any of the following r have you voluntarily reline r, in any State	g denied, revoke quished any of t	ed, suspended, the following in	restricted, lost, limit anticipation of any o	ed, placed on probation, incl f these actions, or are any of	uding but not limited to disciplinary these actions now pending?			_{Yes} C	No C
2 DEA reg	gistration								Yes C	No C
3 Other p	professional registration/lic	ense							Yes C	No C
4 Academ	nic appointment								Yes C	No C
5 Medical	I/Clinical/Hospital staff priv	vileges							Yes C	No C
6 Preroga	atives/rights on any medic	al staff							Yes C	No C
7 Other in	nstitutional affiliation statu	s							Yes C	No C
8 Profess	ional society membership								Yes C	No C
9 Profess	ional liability insurance								Yes C	No C
LO Have yo	ou ever had disciplinary a	ction taken aga	inst you in the	military?					Yes C	No C
11 Have ar	ny complaints been filed a	gainst you with	a professional	association or denta	al/medical society?				Yes C	No C
2 Have yo	ou ever been advised that	you should not	t perform your	professional or dent	al/medical staff duties?				Yes O	No C
13 Have yo	ou used illegal drugs in the	e last ten years	7						Yes C	No C
4 Have yo	ou ever been convicted of	, or pleaded gu	ilty to, a crime	or felony, including	a verdict of guilty following	a plea of nolo contendere?			Yes C	No C
5 Have yo been de	ou been the subject of any enied?	/ Medicaid, Med	licare, or other	governmental or th	rd party payer sanctions; or	r has your participation in these or	any other gove	rnment programs	Yes C	No C

<u>Review and Submit</u> is the final step a user would execute for the purposes of submitting an online credentialing application. It offers the ability to review all data populated on the various screens and compiled in a facsimile of a physical application.

	UPMC	Vision.	Advanti	age						
ame: Bill Nes				Network : U	PMC Network	Dat	e:11/22/2011	😢 Help	🧌 Home	F Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
Main Informa	tion Supporting Information	Declarations	Review and Su	ıbmit						and Breat
Enter your I have revie	name here wed the application and I	accept that all	the informatio	n provided herein are		nowledge and I am authorized to s	ubmit this appli	cation.		

By clicking the red check mark, the user will open the application for review.

Change Password

In this chapter, the user will learn how to:

- Change the password for the user currently logged in to Vision Online.
- Use the correct password complexity in the event the user did not satisfy the predesigned requirement.

The user will select the Change Password tab if a password change is desired.

Exame: Hex, Bill. Ideboork: UPPIC Network: UPPIC Ne		UPMC	Vision	Advanti	age									
Profile Change Paaswort Englishty Chains Chains Vision Benefit Request Vision Benefit Request Status Payments Lankwer Lonkwer Lonkwer Welcone to the UPHC Provider Portal. ATTENTION FROMUNES If you are registering as a user for boshdmir an application for ordentialing, please be sure to complete all tabs under the Profile section of this portal. Incomplete information could result in a delay in processing your application. Please click the HILP button for instructions on navigating the portal and for instructions on completing an use application. To Start the application process, please thick the profile Tab. 	Name : Nes, Bill .				lieb	work : UPHC Network					Date : 08/03/2011	🕐 Help	Mome	Logoff
Welcame to the UPHC Provider Partal. ATTINITORI PROVIDER If you are registering as a user for so sobult an application for credentialing. please bits under the profile action of this portal. Incomplete information could result in a delay in processing your application. • Please click like HLP batton for instructions on navigating like portal and for instructions on completing an online application.	Profile	Change Password	Eligibility	Claims	Claime Status	Vision Benefit Request	Vision Benefit Request Status	Payments	Lanswer	i-forms / links				
	• Please click • To Start the	the HEP botton for in application process, pl	tructions on na case click the p	vigating the po profile tab.	etal and for instructio	If you are replin please be so Incomplete i ons on completing an online o	Welcome to the UPPIC Pro- ATTENTION PROV terms as user in order to subs ure to complete at table under the alormation could result in a deb	vider Portal. IDER itt an applicat ie Profile socti y in processin	on for credentialin on of this portal. your application.	16.				

The user is required to satisfy the password complexity as stated below:

Submit Cance

Windows	Internet Explorer	×
1	The minimum password requirement for user accounts needs to be 7 characters.	Password complexity requires the following: uppercase alpha, lowercase alpha, numeric and symbol.
		OK

Once the requirements are satisfied, the user will receive the following confirmation, in addition to an e-mail confirmation:

	Windows	Internet Explorer	×nt	age
First time		Your password has been u	odated.	ied
New Password	1	ок		
Confirm Pass	v			
		Submit Cancel		

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Verifying and Viewing Patient's Eligibility

In this chapter, the user will learn how to:

- View subscriber and dependent demographic information, including the dependent relationship to the subscriber, and group information.
- View effective dates of coverage.
- View plan benefit information.
- View a specific patient's Spending Summary, which displays benefit frequencies and limitations for vision services.

Eligibility

Determining a patient's eligibility and plan benefits is an important step in the treatment process. Vision OnLine provides the provider's office with the ability to check eligibility online as needed. The information that is available is driven from the subscriber's (employee's) Social Security number. From the **Home** page, click on the **Eligibility** tab to begin the search/view process. Clicking on the **Home** icon will return the user to the Vision OnLine **Home Screen**.

Narrowing the search will speed up the verification process on the part of the office or billing staff. To begin the search process to view a patient's eligibility and plan information, use the following search options:

- UPMC Vision Advantage Name : Nes, Bill . Network : UPMC Network Date : 08/04/2011 Help 🤗 Ho Vision Benefit Request Status Payments i-answei Profile Change Password Eligibility Claims Status Vision Benefit Request i-forms / links aber List Patient Latt No Date Of Birth 1 123-456-789 Total Records: 3 Page No: 1/1 View Plans Name Date of Birth Relation Subscriber Q SHITH, HARY 04/16/1960 SUBSCRIBER SMITH, MARY 11111111-01 Q SMITH, JOE 11111111-02 05/30/1960 SHITH, MARY SPOUSE C SMITH, Kim 11111111-03 03/29/1992 DEPENDENT SHITH, MARY
- To view the entire family (subscriber and eligible dependents), enter the subscriber's SSN.

<u>0r</u>

ase input SSN or first and last na

- To view a specific member's eligibility record, enter that patient's first and last name in the appropriate fields.
- Entering a date of birth will further refine the results of the search.

When entry of the relevant data is complete, click on the Search button to see the results.

Once the subscriber and/or dependent data results are displayed, the following actions can be performed by the user to view plan or demographic information.

e : Nes, Ba .				Netwo	rk : UPMC Network					Date : 08/04/201	11 🕢 Help	Mome	Logof
die	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Sta	us Payments	i-answer	l-forms (links				,
ubscriber/He	ember List											Hide Crite	ria Be
Atteribar \$8N	3-456-789			Patient First Name	10	Pas	ent Last Name	12		Date Of Birth			
otal Records:	3	Page No: 1/1	V.			Laboration of the second se							344
ew Plans Nam	tuð	the second s		Subscriber Member 1D a		D	te of Birth		Relationship	Subact	nber		
L Q 8M	OTH, MARY			11111111-01		0	/16/1960		SUBSCRIBER	SHITH	, MARY		

- View a patient's eligibility and demographic information by clicking on the magnifying glass in the **View** column.
- View the plan information by clicking on the magnifying glass in the View Plans column.
- Hide the search boxes by clicking on the **Hide Criteria** button (the **Show Criteria** button will replace the **Hide** button).
- Click on the **Reset** button to enable entry of new search criteria.

The user can now verify the patient's information. The following actions can now be performed:

• Click on the magnifying glass in the **View** column to see the patient's demographic information and effective and termination dates.

<u>0r</u>

• Click on the magnifying glass in the **View Plans** column to see the patient's benefit plan details, including copayment information, if applicable.

	UPMC	Vision 2	1dvant.	nge									
Name : Nes,	sill .			Netw	ork : UPMC Network						Date : 08/04/2011	🕑 Help 🥠 Hom	e P Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request	Status	Paymenta	i-ansiver	i-forms (links			
									and the second				
12													
Subscribe	r/Member List											Hide C	itteria Reset
Subseriber 1	122,455,700			Patient First Name	1		Patient L	att Name	1		Date Of Birth		
-													Search
View View	Name	Page No: 1/	1	Subscriber/Member ID	*		Date of	Birth		Relationship	Subscriber	-	
aa	SMITH, MARY			11111111-01			04/16/	1960		SUBSCRIBER	SMITH, MARY		
Asto Sas													
	and state of the s												
 Picase in 	put son or next and last na	HHL.											

The patient's demographic screen is shown below and the additional actions available from this screen are:

- Click on the **Plan** icon to view the plan benefits information.
- Click on Spending Summary to view benefit frequencies and limitations for vision services.
- To return to the eligibility search screen, click on the **Go Back** button.
- To print the member's demographics, click on the **Print** button.

	UPMC	Vision 2	Advanta	ige								
ame : Nes, Bill .				lietw	ork : UPMC Network					Date:08/04/2011	🕜 Help 🤭 Home 🕴	Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Paymenta	i-enervier	i-forms / links			
								-				
View Details											Spending Summary Ge Bask	Print.
Name		SUITH N	IARY			Hembe	(#		1111111101			
Date of Birth		04/16/19	60			Gender			P.			
Relation		SUBSCR	IBER			Addres	e.0		101 5th St			
Address2						Addres	13					
City		Ross Tow	mship			State			Pennsylvania			
Zo		15229				Phone			(412) 630-1111			
Subscriber Nam	ne	SMITHUM	ARY			Subscr	ber#		11111111-01			
			14 C			Fod Da	te .					
Effective Date		01/01/20	11									

The screen shot below shows the **Plan View** pop-up box and lists the Benefit Type, Plan, Effective Date and End Date of the plan.

• Clicking on the Adobe icon under **Plan** will provide the user with a plan benefits grid for the patient.

• Clicking on the **Cancel** button will close the pop-up box.

	UPMC	Vision A	1dvanta	ige								
Name : Nes, Bil	6.			Netwo	ork : UPIAC Netwo	ork					Date : 08/04/2011	🕑 Help 🧌 Home 🚺 Logoff
Profile	Change Password	Elgibility	Claims	Claims Status	Vision Benefit Reg	west	Vision Benefit Request Status	Paymenta	i-answer	Hforms / links		
_												
Subscriber	Hember List											Flide Criteria Reset
Subscriber SS	N 100 JEE 700			Patient First Name	Plan Vies	w - Microso	ft Internet Lopks or provided b		4		Date Of Birth	
Total Recor	de: 3	Pane No: 1/	1	Linay	-				1			Search
View View	Lame			Subscriber Member 10	s Benefit	ew.	Effective	End		Relationship	Subscriber	
qq	SMITH, MARY			1111111-01	Type	Plan	PMC Standard Vision 400101	Date		SUBSCRIBER	SHITH, MARY	
					• Click o	i) تيا بر (گر) ا	1) (WO)	escription.				
+ Please inpu	t SSN or first and last na	ne.										

From the **View Details** screen, click on the **Spending Summary** button to view the eligible benefits for the current benefit year.

	UPMC Vision Advantage											.Q	993)
me : Nes, Bill .				Netw	ork : UPMC Network					Date: 08/04/2011	🕜 Hain	A Home	I onoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer	i-forms / links				
View Details											Spending Summary	Go Back	Print
Name		SMITH, N	IARY			Memb	er#		11111111-01		countering community	00 000	
Date of Birth		04/16/19	60			Gende	r		F				
Relation		SUBSCR	RIBER			Addres	s1		101 5th St				
Address2						Addres	is3						
City		Ross Tov	vnship			State			Pennsylvania				
Zip		15229				Phone			(412) 630-1111				
Subscriber Nam	e	SMITH,M	ARY			Subsc	iber#		11111111-01				
Effective Date		01/01/20	11			End D	ate						
Group ID # / Nan	ne	008792/	UPP			Plan			₽⁄				
		5001327				1 101			87.				

Once the **Spending Summary List** screen appears, click on the magnifying glass to view the vision spending summary.

	UPMC	√ision A	ldvanta _ž	ge					4	
Name : Nes, Bill				Network : UI	PMC Network	Dat	e:10/11/2011	🕐 Help	🥵 Home	F Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
Plan										Go Back
View Benefit	Des	scription			Effective Date		Termination Dat	e		
Q Vision	VIS	SION PREMIUM								

Below is an example of a patient's Spending Summary for the current benefit year. The page that follows the view gives a description of the fields on the summary. The only additional user action available is the **Go Back** button to return to the member demographics page.

											-0
ne: Nes, Bill				Network : UPMC	Network		Date	2:10/11/2011	He	ip 🤫 Home	Logof
rofile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Reques	Status	Payments	i-answer		
Spending Summ	nary List										Go Ba
Plan Name	VIS	ION PREMIUM									
Member Name	VIS	ION MEMBER,	rest								
Member Name Member #	VIS 200	ION MEMBER, 7	rest								
Member Name Member # Plan Document	VIS 200	ION MEMBER, 1 0000968-01	TEST	NISION PRE	MIUM(52)						
Member Name Member # Plan Document Co-pay (In-Networ	VIS 200 rk) Eligible for V	ION MEMBER, 1 0000968-01 Vision Exam	FEST Exam Frequency	VISION PRE	MIUM(52) ed Frames Frequency	Lens Allowed	Lens Fi	equency	Contacts Allowed	Contacts Fr	equency
Member Name Member # Plan Document Co-pay (In-Networ 15.00	VIS 200 rk) Eligible for V Y	ION MEMBER, 3 0000968-01 'ision Exam	FEST Exam Frequence 12 Months	VISION PRE 7 Frames Allow Y	MIUM(52) ed Frames Frequency 12 Months	Lens Allowed Y	Lens Fr	requency ths	Contacts Allowed	Contacts Fr 12 Months	equency

Spending Summary Field Descriptions

- 1) Co-Pay (In-Network) the member's copayment amount for an examination or lenses, depending on the member's benefit plan, for in-network services
- 2) Eligible for Vision Exam whether the member's plan provides coverage for a vision examination designated by "Y" or "N" or "P"
- 3) Exam Frequency if eligible, how often the member's plan will cover a vision examination
- 4) Frames Allowed whether a member's plan has a frame allowance designated "Y" or "N" or "P"
- 5) Frames Frequency if eligible, how often the member's plan will cover frames
- 6) Lens Allowed whether a member's plan has a lens allowance designated by "Y" or "N" or "P"
- 7) Lens Frequency if eligible, how often the member's plan will cover lenses
- 8) Contacts Allowed whether a member's plan has a contact lens allowance designated by "Y" or "N" or "P"
- 9) Contacts Frequency if eligible, how often the member's plan will cover contact lenses

Values for Spending Summary:

- Y Yes Benefit is available
- N No Benefit is not available

P – Benefit Request for services was submitted by you or another vision provider and the benefit type is pending. If you have questions regarding these services, contact the UPMC Vision *Advantage* Benefits Advisory team for details.

Submitting a Claim

This module will demonstrate the thorough steps required to submit a UPMC Vision *Advantage* claim. The patient will first need to be determined as having active coverage with their plan in order to initiate this process. The tutorial will illustrate:

- Selecting the correct subscriber or member.
- The population of all required data fields.
- Showing what fields will be auto-populated by entering data in the first required fields.
- Mechanisms available to select proper coding of services rendered.
- The ability to correct data before finalizing a claim submission.
- Verifying the completion of a submitted claim.

Note:

To submit a claim using Vision OnLine, a location must be set up on the **Profile** tab. Please review these steps prior to submitting your first claim:

Click on the **Profile** tab, and then select the **Practice** tab.

If a practice name exists with a location, then you may begin submitting claims through Vision OnLine.

	UPMC	Vision	Advant	age							
lame : Nes, Bil				liet	work : UPHC Network					Date : 08/08/2011	🕢 Help 🥠 Home 🕴 Logoff
Profile	Change Password	Éligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	Lanawer	I-forms / links		
Main Infor	Provider Name: 1	oos, Bill oo Decarator	is Review and	Subrit	SSN: 2222	22222		Pr	imary Specialty:		
Provider I	ractice	Licensure Pro	ressional Laoiny	4							Cancer Reset
Tax ID Total Rec Records Pe	ords: 1 r Page 20	Page No: 1	1/1						1		Go to page 1
Location 0	slete Practice Name							Tax ID			
٩	Blvd Eyes						123	455789			

When checking the **Profile** screen, if no practice or location exists (example below), follow these steps to add your practice and location:

- Enter your tax identification number in the **Tax ID** field and then click the **Search** button.
- Close the No Practice Found Adding New by clicking OK.
- Complete the Add Practice as on the following page and continue the steps.

	UPMC	Vision	Advanta	ge								
Name : Nes, E	Bill .			Netw	ork : UPMC Network					Date : 08/08/2011	🕜 Help 🥠	Home 📭 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer	i-forms / links			
	Provider Name:	Nes, Bill			SSN: 22222	2222		Prim	ary Specialty:			
Main Info	ormation Supporting Informa	tion Declaratio	ns Review and Su	ıbmit								
Demograp	phics Practice Specialty	Licensure Pr	ofessional Liability									
Provider	r Practice											Cancel Reset
Tax ID												Search

If your tax identification number is already pre-loaded, you will be able to select from a list of office addresses to assign to the tax identification number. If the applicable address is not within the list, follow the directions below to add a new address to the tax identification number.

• If your tax identification number is not loaded, complete the practice screen by filling out the practice name for the tax identification and then click on the **Save** button.

	UPMC V	Vision A	dvanta	ıge					
Name : Nes, Bill .			Network : U	PMC Network		Dat	e:10/11/2011	🕜 Help	o 🧌 Home 🛛 👎 Logoff
Profile Ch	ange Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer	
		Practice -	Microsoft Int	ernet Explorer provid	ed by UPMC				
Provider Na Main Information Demographics Prac Provider Practice TaxID 10-1223344	ame: Nes, Bill Supporting Informatio	Add Pratice N Tax ID Practice N * = Require	atice lame d Fields	1	D-1223344 *	Save	Cancel		Cancel Reset Search

Once **Save** is selected, you will be able to add the physical office address(es) for the tax identification number by clicking on the magnifying glass under the **Location** heading.

	UPMC	Vision.	Advanti	nge						
lame : Nes, Bill	le le		Network : U	PMC Network		Dat	e:10/11/2011	🕜 Hel	Home	Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
Main Inforr	mation Supporting Informati	ion Declaration	s Review and fessional Liability	Submit	on portion of a	in tradition with the Armonian C				
Provider F	Practice			4					C	ancel Reset
Tax ID Total Reco Records Pe	ords: 1 Ir Page 20	Page No: 1	1/1						Go to page	Search
Location De	elete Practice Name					Tax ID				
a, t	North Hills Eyes					101223344				

Select **Add** from the following screen. If addresses are populated, you may select a location to tie to your tax identification number. If not, hit the **Add** button again and you will see the following screen:

ļ	UPMC Vis	ion <i>Advantage</i> Microsoft Internet Explorer provided by UP	мс		LICX	
Name : Nes, Bill .	Add Practice Office Lo	ocation		Go Back	C Save Reset	Home The Logoff
Profile	Practice Name	North Hills Eyes	Tax ID	10-1223344		
	Location Name	*	Address1		•	
	Address2		City		h	
Provider Offi	State	Select 💌 *	Zip	*		re Reset Add
Total Records	Phone1	*	Phone 2	() -		
Records Per Pag	Fax	() -				o page 🔁
	= required heids					
					Powered ay	
	Done			✓ Trusted sites	<u>▼</u> 100% ▼ //	Powered by

Complete the location tab by adding the data for your office location:

- Location Name name of your physical office
- Address 1, Address 2, City, State, and Zip code
- Phone Number
- Phone Number 2 and Fax are optional fields.

Once added, click the Save button and your office location will automatically be saved under the tax ID number.

From this screen, please identify your primary office location by clicking the **Primary** box next to the location, then click **Save.**

	1	UPMC	Visio	on Advant	age								Y	
me : Nes,	Bill .			Network	: UPMC Network				Date : 1	0/11/2011	С н	elp 🥠 I	Home	Logoff
ofile	Chan	ige Password	Eligibili	ty Claims	Claims Status	Vision Benefit R	equest Vi	ision Benefit Request St	atus Pay	ments i-answe	er			
one														
Provider Total Rec	Office Loc ords: 1	cation	Page	No: 1/1							Go Back	Save	Re	set Add
Provider Total Rec Records Pe	Office Loc cords: 1 er Page 20	cation	Page	No: 1/1							Go Back	Save Go to	Re	set Add
Provider Total Rec Records Pe Delete	Office Loc cords: 1 er Page 20 Pay to Location	cation	Page	No: 1/1	Address1	Address2	City	State	Zip	Phone 1	Go Back	Go to	Page Fax	set Add

You may add as many physical locations to this tax ID number as needed by clicking the **Add** button and repeating the steps above.

Once your tax ID number is on file with a corresponding practice and location, you may submit claims directly through Vision OnLine.

If you have more than one tax ID number, repeat the process for each tax ID number you use in your practice.

To begin a claim submission

- 1. Place the cursor over the Claims button to make the drop-down selections visible.
- 2. Click on **Submit Claim** to activate the claim entry screen.

	UPMC	Vision.	Advanta	ge							
Name : Nes, Bill .			Network : UPI	MC Network		Dat	e:10/11/2011		🕜 Help	🤔 Home	Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer			
			Submit Claim	· -2							
			Claim List								
			837 File Uploa	hd	Welcome to the UPMC Prov	ider Portal.					
			If you p Ind	u are registering a lease be sure to c complete informa	ATTENTION PROVUN is a user in order to submi omplete all tabs under the tion could result in a delay	DER t an application for credentialin; Profile section of this portal, in processing your application.	9,				
 Please click To Start the 	the HELP button for insi application process, pl	tructions on na ease click the p	vigating the port rofile tab.	al and for instruction	ns on completing an online a	pplication.					

There are two paths a user can choose to select a patient from the drop-down menu.

- Subscriber Social Security Number (SSN) or
- Member Contract Number**

	UPMC	Vision A	1dvanta	ge							
Name : Nes, Bill .			Network : UF	PMC Network			Da	te : 10/11/2011	2	Help 🧌 Hom	e 🣭 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit	Request	Vision Benefit Request Status	Payments	i-answer		
Submit Onlin	ne Claim - Header									Cancel Sa	ve Reset
Claim Type		V									
Search By		Subscrit	ber SSN								
Member Name	9			•		Patient First	Name		*		
Patient Middle	Name					Patient Last	Name				
Patient DOB						Member #			*		

Navigation through the claim entry screen is best done by utilizing the **Tab** key on the keyboard and traveling left to right. We do not recommend utilizing the computer's mouse, as this may bypass a required field that will initiate a prompt to return to that field and enter the necessary information. Once the patient is correctly identified, either method will initiate auto-population of the remaining necessary demographic fields.

******The **Member Contract** # can be found on the eligibility tab under the **View** icon. The **Member Contract** # is the first 9 characters of the 11-byte **Member** #.

	UPMC V	Vision A	ldvanta	ge							
ne: Nes, Bill				Network : U	PMC Network		Da	te:10/12/2011	🕐 Help	🤔 Home	📭 Logoff
rofile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit R	equest	Vision Benefit Request Status	Payments	i-answer		
		_	_								
View Details									Spending Summary	Go Back	Print
Name		VISION ME	EMBER, TEST			Member #		200000968 01			
Date of Birth		06/09/197	0			Gender		М			
Date of Birth Relation		06/09/197 SUBSCRI	BER			Gender Address1		M 112 WASHINGO	TN PLACE		
Date of Birth Relation Address2		06/09/197 SUBSCRI	O BER			Gender Address1 Address3		M 112 WASHINGO	TN PLACE		
Date of Birth Relation Address2 City		06/09/197 SUBSCRI PITTSBUR	O BER RGH			Gender Address1 Address3 State		M 112 WASHINGO Pennsylvania	TN PLACE		
Date of Birth Relation Address2 City Zip		06/09/197 SUBSCRI PITTSBUR 15219	O BER RGH			Gender Address1 Address3 State Phone		M 112 WASHINGO Pennsylvania	ITN PLACE		
Date of Birth Relation Address2 City Zip Subscriber Nam	e	06/09/197 SUBSCRI PITTSBUF 15219 VISION ME	O BER RGH EMBER,TEST			Gender Address1 Address3 State Phone Subscribe	ſ#	M 112 WASHINGO Pennsylvania 200000968-01	ITN PLACE		
Date of Birth Relation Address2 City Zip Subscriber Nam Effective Date	e	06/09/197 SUBSCRI PITTSBUF 15219 VISION ME 01/01/201	O BER RGH EMBER,TEST			Gender Address1 Address3 State Phone Subscribe End Date	r#	M 112 WASHINGO Pennsylvania 200000968-01	TN PLACE		

The **Search By** field is automatically defaulted to the **Subscriber SSN (1)** option. When this is the selected method of submission, the user will manually enter the SSN (2) in the field. When **Member Contract #** is selected from the drop-down, the first 9 digits are entered minus the person code. When the user tabs to the next field after entry in field 2, the system will auto-populate:

- Member Name
- Patient First Name
- Patient Last Name
- Patient DOB (Date of Birth)
- Member #
- Gender
- Relationship Code

	UPMCV	Vision A	1dvanta	ge								
Name : Nes, Bill .			Network : UF	PMC Network			Da	te : 10/11/2011	0	Help 秀	Home	👎 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Rec	quest	Vision Benefit Request Status	Payments	i-answer			
Submit Online	e Claim - Header									Cancel	Save	Reset
Claim Type		V										
Search By		Subscrit	ber SSN	-								
Member Name				•	Pa	atient First	Name		*			
Patient Middle N	Vame				Pa	atient Last	Name					
Patient DOB			-		Me	ember#			*			

In this example, the **Member Contract #** was selected in the **Search By** drop-down field (1) and the 9-digit member contract number was input in field (2). By hitting tab after entry, the same demographic information was auto-populated.

	UPMC	Vision Advan	tage				
lame : Nes, Bill			Network : U	UPMC Network	Da	te:10/12/2011	😮 Help 🧌 Home 🎼 Logo
Profile	Change Password	Eligibility Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer
Submit Onli	ne Claim - Header						Cancel Save Reset
Claim Type		٧					
Search By		Member Contract :	-			200000968	
Member Nam	e	VISION MEMBER,	TEST 1	Patient Firs	t Name	TEST	*
Entres researcher	Mana	VISION MEMBER,	TEST 2	Rationt Loo	t Name	VISION MEMBER	
Patient Middle	Name	-		FallentLas	(The state of the	The second	
Patient Middle Patient DOB	Name	06/09/1970		Member #		200000968-01	*

The next illustration shows how to select the actual patient from the member name drop-down list. It is important to select the member name on each claim submission. To do this, click on the drop-down arrow of the member name field and the additional eligible member names attached to the subscriber's policy will be visible (1). For this demonstration, the subscriber will be selected (2), and his information will be populated.

	UPMC	Vision 2	Advanta _z	ge						· ·	
lame : Nes, Bill				Network : UI	PMC Network	Da	ate:10/12/2011	(Help 🧌	Home	Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer			
Submit Onl	line Claim - Header				_	_	_		Cancel	Save	Reset
Claim Type		V									
Search By		Member	r Contract #	-			200000968				
Member Nan	ne	VISION	MEMBER, TEST		Patient Fi	rstName	TEST	*			
Patient Middl	le Name				Patient L	ast Name	VISION MEMBER	R			
Patient DOB		06/09/19	970 📮		Member	ŧ	200000968-01	*			
Gender		M			Relations	ship Code	SUBSCRIBER				

The Claim Entry Screen

On this screen the subscriber's name has been populated with his information. There are additional fields at the header to complete that aid in a successful claim submission. An example is listed below.

	UPMC V	7isi	on Advantag	ge								
ne: Nes, Bill				Network : UF	PMC Network			D	ate : 10/12/2011	🕜 Help	o 🤫 Home	F Logo
rofile	Change Password	Eligi	pility Claims	Claims Status	Vision Benefit	Request	Vision Benefit Request S	atatus	Payments i-ansv	ver		
				_	_		_					- Devel
	e Claim - Header										ancei Savi	r Neset
Claim Type		ľ	Mambar Cantrast #	-					200000058			
Member Name			VISION MEMBER TEST			Patient First	Name		TEST]+		
Patient Middle N	Jame	1		1		Patient Last	Name		VISION MEMBER			
Patient DOB			06/09/1970			Member #			200000968-01	*		
Gender			м			Relationship	Code		SUBSCRIBER			
Patient Account	#	1										
Location ID # / N	Name	2			P*	Tax ID		3				
Address1		3				Address2		3				
Address3		3				City		3				
State		3				Zip		3				
Billing provider	name/organization name	3								_		
Servicing provid	ler first name		Bill			Servicing pro	ovider last name					
Servicing Provid	ler NPI #		1234567890			Servicing pro	ovider Legacy Number		101010			
Diagnosis Code	e	4				Diagnosis C	ode 2	4				
Diagnosis Code	e 3	4				Diagnosis C	ode 4	4		1		
Submit Online Date Of Service	e Claim - Detail Procedure Code		E)	Moo	lifier	E)	Quantity/uni	its	Diagnosis pointer	Charge	Amount	Add

- 1) Patient Account Number not required but helpful in correspondence and office record keeping.
- 2) Location ID #/Name The notepad to the right of the field is incorporated for the user to select the place of service from a multiple location practice. By selecting the location, it will auto-populate the location's demographics. Each claim submission must have a Location ID #/Name selected. The notepad <u>must</u> be used to populate this field.

The following actions will complete the location selection process:

Click the notepad.	
Location ID # / Name	

l	LOV - Microsoft Ir	nternet Explorer pi	rovided by UPMC	-		• Filter By would be used by large corporate practices with many locations. (1)
	Location Look Filter By All Total Records:	Up • 1 1	Description Page No: 1/1	Hide Criteria Reset	3	 Description is the same as Location Name if searching many locations. (2) Search is used when filtering is used or Description added. (3)
	Location Code	Location Name	Location Address	Practice TaxID		(In this case it wasn't necessary because only two locations
	<u>5927</u> 4	Bright Eyes	Bright Eyes 1500 McKnight Pittsburgh,PA 15229	101223344		exist.) • Location Code is clicked for the desired

- All data fields designated with the number (3) on the illustration will populate upon selecting the Location #/Name if that information is appropriate and on file for the vision provider.
 The data fields designated by (Servicing Provider) are auto-populated based on the user log on.
- 4) **Diagnosis Code** At least one valid diagnosis code is required but as many as four can be populated by the user.
- 5) **Date of Service** The date can be manually entered using the DD/MM/YYYY format, or utilize the calendar icon to the right of the field to select the date services were provided. Two date selection methods can be used:
 - Using the available dropdown box for Month, Date and Year and clicking **OK**.
 - If the visible month is the month desired, click on the block of the day required.
 - Either action will populate the date on the form and automatically close the box.



6) **Procedure Code** – the procedure code can be manually entered if known, and tabbing to the next field will populate the description or utilizing the notepad icon to the right of this field will bring up a complete list of codes for viewing and selection to be populated.

To view a list of codes accepted by the plan, please refer to the UPMC Vision Advantage Provider Fee Schedule

- Filter by **Code** and put a partial code in **Description.** Click the **Search** button.
- Filter by **Description** and put in a partial description (ex.frames).
- Click on **Code** of desired procedure to populate form. That will automatically close the pop-up box.



- 7) Modifier Select RT (right) or LT (left) when billing lenses individually.
- 8) **Quantity/Units** field is auto-populated with 1 unit. The user can change the number and add additional units if it is appropriate for the procedure billed.
- 9) **Diagnosis Pointer** field is auto-populated with one unit and is appropriate to be billed for a single service.
- 10) **Charge Amount** Enter the charge amount for the service.

Click the **Add** button to add the service line to the claim. This process will be repeated for any and all additional services billed.

The completed claim form is illustrated next with the added service line at the very bottom. Additional service lines would be shown below these lines with totals for claims and charge amount.

Lastly, the user can:

- Save the claim if all data entered is accurate; this also submits the claim.
- **Reset** the form to begin again.
- **Cancel** to terminate the claim submission.

	UPMC V	ision Ada	oantage								
e:Nes, Dill .		lie	twork : UPHC	Network			6	ate : 10/13/2011		🕑 Help 🥠 I	nome 🚺 Logoff
ofile	Change Password	Eligibility C	laims	Claims Status	Vision Benef	it Request	Vision Benefit Request Status	Payments	I-answer	_	
						_				_	
ubmit Osli	ne Claim - Header									Cancel	Save Reset
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earch By		Member Cont	ract #	-	_		-	200000968			
emper Ham	e blama			-	Windows Inter	net Explorer	×	TEST			
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ander		M	-		_			CLASTOTAFD			
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ocation ID #	/Name	\$927	Bright Eve	. 8	p.	Tax ID		101223344			
ddress1		1500 McKnight				Address2					
ddress3						City		Pittsburgh			
tate		Pennsylvania				Zip		15229			
ling provide	er name/organization name	North Hills Eye	15								
envicing prov	ider first name	84				Servicing p	rovider last name	Nes			
ervicing Prov	ider NPI #					Servicing p	rovider Legacy Number				
Nagnosis Co	de	367.1				Diagnosis	Code 2				
Nagnosis Co	ide 3					Diagnosis	Code 4				
ubmit Onli	ine Claim - Detail										
late Of Service	Procedure Code	3005		Sio.	difter	3322	Quantity/units	Diagnosis poir	ar.	Charge Amount	
1	3	IR.		C		- IR	1	1			Add
hange Delet	te Date Of Service	Pri	ocedure Code		Modifier		Quantity units	Diagnosis poin	ter	2	Charge Amount
8 8	10/13/2011		50621				1	1			65.00

Claim List

In this chapter, the user will learn how to:

- View all claims submitted online through direct entry in the provider portal and confirm submission status.
- Review claim detail information to ensure the correct data has been submitted.
- Maintain a history of submitted claims.

Claim List

Vision OnLine provides the ability to submit claims via direct web entry using the Internet. Once a claim has been submitted, Vision OnLine also provides the user with functionality that lists and displays all claims that have been submitted through the online portal.

The **Claim List** function is found under the **Claims** tab on the home screen of Vision OnLine, and will allow the user to view all claims that have been submitted (history) displaying the following data:

- The date submitted
- The patient's name
- The submission status of the claim

This is the **Home Screen** to which the user can return at any time during navigation by clicking on the **Home** button.

	UPMC	Vision	Advanti	age							
Name : Nes, Bill .			Network : U	IPMC Network		Dat	e:10/13/2011		P Help	🧐 Home	📭 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer			
			If y I	rou are registering a please be sure to c incomplete informat	Welcome to the UPHC Prov ATTENTION PROVII is a user in order to submi omplete all tabs under the ion could result in a delay	ider Portal. DER it an application for credentialin Profile section of this portal. in processing your application.	g,				
 Please click To Start the 	the HELP button for ins application process, pl	tructions on na ease click the p	wigating the po profile tab.	rtal and for instruction	ns on completing an online a	application.					

To begin review of submitted claims, place the cursor over the **Claims** tab and click on **Claim List** when it appears in the drop-down list.

	UPMC	Vision₄	Advanta	ge					
Name : Nes, Bill .			Network : UP	MC Network		Dat	e:10/13/2011	🕜 Help	🥐 Home 🛛 👎 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer	
		-	Submit Claim	1					
			Claim List						
			837 File Uploa	ad	Welcome to the UPMC Provi	ider Portal.			
			If yo P In	u are registering a lease be sure to c complete informat	ATTENTION PROVID is a user in order to submi complete all tabs under the cion could result in a delay	DER t an application for credentialing Profile section of this portal, in processing your application.	g,		
 Please click To Start the 	the HELP button for insl application process, pl	tructions on nar ease click the p	vigating the port rofile tab.	al and for instructio	ns on completing an online a	pplication.			

Clicking on the **Claim List** button opens the list of claims that have been submitted by the billing office, most recently submitted claims at the top of the list by default. This is referred to as an open search.

	UPMC	Vision∡	Advanta	ige						
lame :	Dr. Howard			Network :	UPMC Network	Da	te : 10/13/20	11 🕜 Help	🤔 Home 🛛 📢	Logoff
Profile	Change Passwor	d Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
Onlin Date Fi	e Claim List rom		Date To		Patient La	ast Name	Patie	ent First Name	Hide Criteria	Reset
Total	Records: 3	Page No: 1	/1							Search
View	Date Submitted			Patient Name				Status		
Q	08/15/2011			VISION MEMBER,	TEST			Submitted		
Q	08/08/2011			VISION MEMBER,	TEST			Submitted		
Q	08/08/2011			VISION MEMBER,	TEST			Submitted		

Vision OnLine provides the user with the ability to refine the search and narrow the results as described here:

• Enter a submitted date range by populating the **Date From** and **Date To** fields using the calendar icon.

<u>OR</u>

- Enter the Patient Last Name and/or Patient First Name in the respective search field.
- Click on the **Search** button after the pertinent information has been populated in the search field(s).

It is important to note that not all fields have to be populated to initiate a search. Vision OnLine allows the user to choose one or multiple fields on which a search can be performed. Claims submitted for Joseph Smith can be viewed by entering **Smith** or **Smi** in the **Patient Last Name** field.

	UPMC	√ision A	Advantag	ge.					
ame :	Dr. Howard			Network :	UPMC Network	Da	te : 10/13/201	L1 🕜 Help	🔗 Home 🛛 👫 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer	
Onlin Date F Total	e Claim List rom Records: 3	Page No: 1/	Date To		Patient La	ist Name	Patier	nt First Name	Hide Criteria Rese
Onlin Date F Total View	e Claim List	Page No: 1/	Date To	Patient Name	Patient La	ist Name	Patier	nt First Name	Hide Criteria Rese
Onlin Date F Total View	e Claim List rom Records: 3 Date Submitted 08/15/2011	Page No: 1/	Date To	Patient Name VISION MEMBER,	Patient La	ist Name	Patie	nt First Name Status Submitted	Hide Criteria Rese
Onlin Date F Total View Q	e Claim List om Records: 3 Date Submitted 08/15/2011 08/08/2011	Page No: 1/	Date To	Patient Name VISION MEMBER, VISION MEMBER,	Patient La TEST TEST	ist Name	Patie	nt First Name Status Submitted Submitted	Hide Criteria Rese

Click on the magnifying glass of the claim that you would like to view.

	UPMC	Vision∡	Advanta	ige					\$ •	
Name : Dr. Ho	oward			Network :	UPMC Network	Da	te : 11/08/201	l 🕜 Help	🤔 Home 🛛 🧗	Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
Online Clai Date From Total Reco	m List	Page No: 1,	Date To		Patient La	ist Name	Patien	t First Name	Hide Criteria	Reset
View De S	ubmitted			Patient Name				Status		
Q 08/15/	/2011			VISION MEMBER,	TEST			Submitted		
Q 08/08/	/2011			VISION MEMBER,	TEST			Submitted		
Q 08/08/	/2011			VISION MEMBER,	TEST			Submitted		

This is the **View** screen, which shows the details of the submitted claim. The only available user actions on this screen are:

- Click on the **Procedure Code** (1) at the lower left portion of the screen to see a description of the procedure code entered on the claim for the service performed on this patient. Once the description is displayed, click **Close** (2) to close the pop-up window.
- Click on the **Go Back** button when review of the claims detail has been completed (3).

	UPMC	Vision A	1dvanta	ge							99 201
me: Dr Howard				Network : UF	PMC Network		Di	te:11/08/2011	🕐 Help	o 🤫 Home	F Logof
rofile Ch	ange Password	Eligibility	Claims	Claims Status	Vision Benefit	Request	Vision Benefit Request Status	Payments	i-answer		
											2
laim Details											Go Back
Subscriber SSN		11-22-2223				Patient Name	VISION	MEMBER, TEST			-
Patient DOB		6/09/1970				Member #	200000	968-01			
Gender	L.	1				Relationship	Code SUBSC	RIBER			
Patient Account #											
Location ID # / Name	E	Iright Eyes	_	\$0620		CTION, NEW PT		15			
Address1	1	500 McKnight Roa	ad	ROUTINE OF AT	CAN INCLAST	CHON, NEW FI					
Address3					Clo	ise 2		1			
State	F	PA .									
Billing provider name name	/organization [Dr Ron Howard Mi	D								
Servicing provider firs	tname F	Ron									
Servicing Provider NP	१ # 1	234567890				Servicing prov	ider Legacy Number 101010				
Diagnosis Code	c	1001				Diagnosis Co	de 2	d002			
Diagnosis Code 4						Diagnosis Co	de 3				
Date of Service		Procedure Code	3	Modifier	Quantity	/units	Diagnosis pointer		Charge Amou	nt	
08/08/2011		S0620 1			1		1		2.00		
Statistica and P			_							_	

Uploading an Electronic Claims File

In this chapter, the user will learn how to:

- Upload/submit a HIPAA-compliant 837P claims file.
- Check the list of submitted files.

Uploading an 837P File

The 837P file can be submitted if the office/practice billing software has the capability to create a HIPAA-compliant 837 claims transaction file. This file can be used to submit actual claims. The benefit of submitting an 837P file is an increased turnaround time for claims adjudication and payment. Electronic transactions have been proven to expedite the reimbursement request process, enabling the practice to receive claim determinations more rapidly.

In order to be able to submit an 837P transactional file, the submitter must complete a successful test cycle with the UPMC Vision *Advantage* EDI support team to ensure accurate placement of data in these files. In order to do this, the submitter needs to contact us via e-mail at <u>HPEDINOTIFY@upmc.edu</u> to set up the testing cycle.

The following functionality will be used for the submission of claims via your .txt file:

- 1) Place the cursor over the **Claims** tab and the three options available will be visible.
- 2) Click on the 837 File Upload option to view a listing of previous submissions.
- 3) To find a specific file that has already been submitted, the user can refine the results by entering a specific date in the **Creation Date** field by using the calendar icon.
- 4) After entering the Creation Date, click on the Search button.
- 5) To submit/upload a new 837P claims file, click on the Add button.

	UPMC	Vision∡	1 <i>dvanta</i> g	e					
Name: Dr H	oward		1	Network :	UPMC Network	Da	te : 11/08/2011	🕜 Help 📫	9 Home 🛛 👎 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments i-	-answer	
			Submit Claim						5
837 File u	pload List		Claim List					Hide Cri	teria Reset Add
Creation Dat	e		837 File Uploa	d					
L	3		2						4 Search

Once the Add button has been clicked, the user is directed to the Add or Remove screen.

The following numbered instructions will guide the user through the process of adding an electronic file for submission:

- 1) To attach a new file, click on the upward-pointing arrow that appears on the screen. The user is then prompted to enter some transaction information.
- 2) Enter a description that helps to identify the transaction.
- 3) In the **Select Files and Attach** pop-up window, enter the **Title** (name the file) using a simple naming convention (one that is meaningful to the user), but be consistent with the type of files submitted (recommended file type or extension is .TXT format). This creates ease of use for ongoing identification among submissions; **Title** is a required field.
- 4) Click **Browse** to find a file that is stored in the submission software or common folder that may have been created according to the submitting office procedures.
- 5) When the user is satisfied the correct file has been selected and is visible in the **File 1** field, click on the **Attach** button. The user can now click on the **Close** button.

	UPMC	Vision	Advanti	ige							
Name: Dr Howard				Network : UP	MC Network		Date	:: 11/08/2011	🕐 He	lp 🧌 Home	📭 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Reque	st Status	Payments	i-answer		
837 File Uplo	ad									Cancel S	ave Reset
Provider ID #		1219			Provid	er Name	Dr H	loward			
Date	1	1/08/2011			Docu	nent Type	837 Fi	es	-		
Description			_	×			File SEL Title	Upload - Micros ECT FILES AND A	oft Internet Explore	er provided by I	UP <u>- X</u>
* = Required Fields							File		Browse	• <u> </u>	5

The file has been successfully uploaded and submitted to UPMC Vision *Advantage*. Now that the claims/pre-determination file has been attached and uploaded, the following actions are required to complete the transaction:

- 1) A pop-up box will appear stating **Files Uploaded Successfully**. Click the **OK** button.
- 2) Click the **Close** button as the final step.

me : Dr Howard				Network : UF	PMC Network		Date	11/08/2011	🕐 He	lp 🧌 Hor	ne 🣭	Logoff
rofile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Req	uest Vision Benefit Requ	iest Status	Payments	i-answer			
837 File Uplo	ad	1	_							Cancel	Save	Rese
Provider ID #		1219	_			Provider Name	Dr He	oward				
Date		11/08/2011			1	Jocument Type	837 File	s				
Jescription				V			SELE Title	CT FILES AND A Vision Clair	m 1			
* = Required Field:					Windows Interne	t Explorer	File1		Browse	e		

Functionality is still available in the event claims submission is not complete. Here are the options that the user can perform. After closing the **File Upload Box**, the user can upload additional files, remove a file just entered during this session, or **Save** to exit the upload session as demonstrated below.

- 1) The **Description**, file type, and file name are visible for a user to ensure that the correct information/data has been uploaded.
- 2) If the user wants to add an additional file to this upload, the arrow would be selected again, and the process from above should be repeated to attach the additional files. If, after review of the screen, it is determined that an error in data entry or file attachment has been made, or a change is necessary, the **"X"** can be selected to remove the file.
- 3) If no additional action is required and tasks are complete, click the **Save** button and the file will appear on the list.

	UPMC [*]	Vision	Advanti	age					
me : Dr Howard				Network : UI	PMC Network	Dat	e:11/08/2011	🕜 Helj	p 🧐 Home 📭 Logoff
rofile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer	
137 File Uplo Provider ID #	ad	1001			Provider	Name Dr Ro	on Howard MD		Cancel Save Reset
Date	1	1/08/2011			Docume	ent Type 837 F	iles		
Description	E	November 201	1	A	Attach o	r Remove File(s)	vision claim1.b	t:November 2011	

The file that has just been loaded is now shown in the **File Name** list with the name entered during the upload process. The fields **File Name** and **Display Name** are user entered, while the **Document Type** and **Creation Date** are assigned by the system.

	UPMC	√ision∡	Advanta	ge					.(
lame : Dr H	loward			Network :	UPMC Network	Da	te : 11/08/201	11 🕜 Help	🧌 Home	Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
837 File up Creation Date Total Recor	oload List : 	Page No: 1/	'1					Hide	Criteria	Reset Add Search
File Name		Di	splay Name		Docun	nent Type		Creation Date		I
vision claim1.t	đ	N	ovember 2011		837 Fi	les		11/08/2011		
licence_gpl.txt		te	st1		837 Fi	les		11/08/2011		

Claim Status

In this chapter, the user will learn how to:

- View all claims submitted by the provider's billing office, whether entered online through direct entry in the provider portal, on paper sent to UPMC Vision *Advantage*, or through a clearinghouse and confirm status.
- Review claim detail information to ensure the correct data has been submitted.
- Maintain a history of submitted claims.

Claim Status

Vision OnLine provides the ability to view and check the status of submitted claims using the Internet. Once a claim has been submitted, Vision OnLine also provides the user with functionality that lists and displays all claims that have been submitted by the provider's billing office, no matter the submission method.

Click on the **Claim Status** tab on the home screen of Vision OnLine. This will allow the user to view all claims that have been submitted (history), displaying the following data:

- The Claim # that is assigned by the claims adjudication system.
- The Patient Name
- The Provider Name
- The Date of Service
- The Claim Status
 - Accepted The claim submitted has electronically migrated to the transactional system.
 - Pending The claim is under review by UPMC Vision Advantage claims processors.
 - Processed The claim has gone through the adjudication process and has been finalized.
- The Amount Paid

The user begins by clicking on the Claims Status (1) tab. A list of all claims displays on the screen as in the illustration below.

	UPMO	C Vision∡	Advantage						
ame : D	Dr Howard		Network : I	JPMC Network	Da	te : 11/09/201	1 🕜 Helj	p 🧌 Home 🚺	Logoff
Profile	Change Passwo	rd Eligibility	Claims Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
			4						
Total	Records: 3	Page No: 1/	2 /1	Facient	3	Fatter	in First Name] 3	4 Search
View_	Eob Claim #	Patient Name	Provide	r Name	Date of Service	Claim Sta	tus	Amount Paid	
Q	00014613	DENNY, DAWNA	Howar	d, Ron	10/21/2009	Accepted			
Q	00014611	CHAPMAN, CHARL	IE Howar	d, Ron	02/01/2011	Accepted			
a	00013823	VAN BUREN, MART	rin Howar	d, Ron	10/31/2011	Processe	d	0.00	

Vision OnLine provides the user with the ability to refine the search and narrow the results as described here:

• Enter a submitted date range by populating the **Date From** and **Date To** fields using the calendar icon.(2)

<u>OR</u>

- Enter the **Patient Last Name** and/or **Patient First Name** in the respective search field.(3)
- Click on the Search button after the pertinent information has been populated in the search field(s). (4)

It is important to note that not all fields have to be populated to initiate a search. Vision OnLine allows the user to choose one or multiple fields on which a search can be performed. Claims submitted for Joseph Smith can be viewed by entering **Smith** or **Smi** in the **Patient Last Name** field, understanding that all claims for a patient with the last name of Smith will return in the list.

Submitting a Vision Benefit Request

A vision benefit request, commonly referred to as a pre-authorization, is a process where a provider submits a request for services before treatment begins. The vision benefit request provides a valuable estimate to both the member and provider by identifying covered services, coinsurance rates, and amounts payable on the potential claim. Upon submission, a request number will be issued that can later be used for tracking purposes.

It is important to note that when submitting a vision benefit request, planned services should never be combined on the same claim as actual services. Vision benefit requests and actual claims need to be submitted as separate transactions.

Vision benefit requests are only valid for 90 days.

UPMC Vision *Advantage* does not require submission of vision benefit requests. Vision benefit requests may only be submitted through the Vision Online portal.

In this chapter the user will learn:

- How to select the correct subscriber or member.
- The population of all required data fields.
- What fields will be auto-populated by entering data in the first required fields.
- The mechanisms that are available to select proper coding of services rendered.
- How to correct data before finalizing a Vision Benefit Request submission.
- How to verify the completion of a submitted Vision Benefit Request.

This chapter demonstrates all the steps required to submit a UPMC Vision *Advantage* Vision Benefit Request. Vision Benefit Requests are *not required*, but provide a way to determine if benefits are available for a specific member.

**** IMPORTANT****

Vision Benefit Requests can only be submitted through Vision Online (the portal).

To begin to submit a Vision Benefit Request

- 1. Place the cursor over the Vision Benefit Request button to make the drop-down selections visible.
- 2. Click on Submit Vision Benefit Request to activate the entry screen.

ame: Dr Howa	rd			Network : U	PMC Network	Dat	e:11/09/2011	2 Help	- Home	
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer	Gineine	. Logon
					Submit Vision Benefit Reque	est				
					Vision Benefit Request List					
			If y	ou are registering a please be sure to o	ATTENTION PROVIDE s a user in order to submit a omplete all tabs under the P	a pplication for credentialing rofile section of this portal.	1.			

There are two paths a user can choose to select a patient from the drop-down menu.

- Subscriber Social Security Number (SSN) or
- Member Contract #**

Navigation through the request entry screen is best done by utilizing the **Tab** key on the keyboard and traveling left to right. We do not recommend utilizing the computer's mouse, as this may bypass a required field that will initiate a prompt to return to that field and populate the necessary information. Once the patient is correctly identified, either method will initiate auto-population of the remaining necessary demographic fields.

The **Search By** field is automatically defaulted to the **Subscriber SSN** (1) option. When this is the selected method of submission, the user will manually enter the SSN (2) in the field. When the user tabs to the next field after entry in field 2, the system will auto-populate:

- Member Name
- Patient First Name
- Patient Last Name
- Patient DOB (Date of Birth)
- Member #
- Gender
- Relationship Code

UPMC Vision Advantage												
me: Dr Hov	ward		Network : U	JPMC Network	Da	te:11/09/2011	🕑 He	lp 🧌 Home	F Logoff			
rofile	Change Password	Eligibility Clai	ims Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer					
/ision bene If you w	fit determinations can t ould like to check a men	ake up to 24 hours fo ber's eligibility for se	or processing. Creation a upon the member's b ervices, please visit the E	nd receipt of a vision bene enefit eligibility as of the da ligibility section of Vision Or	fit request number does not gu te services are rendered. Iline or contact the UPMC Visio	uarantee eligibi n Benefit Advis	lity for services. Pa ory team at 1-877	iyment is con 648-9621 du	iingent ring			
Vision bene If you w Vision Bene	fit determinations can t ould like to check a men efit Request - Header	ake up to 24 hours fi iber's eligibility for se	or processing. Creation a upon the member's b ervices, please visit the E	nd receipt of a vision bene enefit eligibility as of the da ligibility section of Vision O normal business hours.	it request number does not gu te services are rendered. Nine or contact the UPMC Visio	uarantee eligibi n Benefit Advis	lity for services. Pa ory team at 1-877	oyment is con 648-9621 du Cancel Save	tingent ring Reset			
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If you w If you w /ision Ben Claim Type Search By Wember Nar	fit determinations can t ould like to check a men efit Request - Header ne	ake up to 24 hours fr iber's eligibility for se A Subscriber SSN VISION MEMBEI	for processing. Creation a upon the member's b ervices, please visit the E	nd receipt of a vision bene enefit eligibility as of the da ligibility section of Vision Or normal business Claim Typ Patient Fir	It request number does not gu te services are rendered. Illine or contact the UPMC Visio	uarantee eligibi n Benefit Advis 111222223 TEST	lity for services. Pa ory team at 1-877- 2	iyment is con 648-9621 du Cancel Save	tingent ring Reset			
If you w If you w Vision Bend Claim Type Search By Member Nar Patient Midd	fit determinations can t ould like to check a men efit Request - Header ne le Name	A subscriber SSN VISION MEMBER	ior processing. Creation a upon the member's b ervices, please visit the E 	nd receipt of a vision bene anefit eligibility as of the da ligibility section of Vision Or normal business hours. Claim Typ Patient Fin Patient La	fit request number does not gu te services are rendered. Inline or contact the UPMC Visio e st Name st Name	uarantee eligibi n Benefit Advis 111222223 TEST VISION MEMBEI	lity for services. Pa ory team at 1-877- 2 2 8	iyment is con 648-9621 du Cancel Save	ring Reset			
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In this example, the **Member Contract** # was selected in the **Search By** drop-down field (1) and the 9-digit subscriber number was input (2) after tabbing from left to right.

UPMC Vision Advantage												
me: DrHo	oward			Network : UI	PMC Network	Da	te:11/09/2011	e	Help	🧐 Home 🛛	👎 Logoff	
rofile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer				
Vision ben	efit determinations can t	ake up to 24 hou	irs for process upon ti	sing. Creation an he member's be	nd receipt of a vision bene nefit eligibility as of the da	fit request number does not gu ite services are rendered.	Jarantee eligibil	ity for service	s. Paym	ent is contir	ngent	
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The next illustration shows how to select the actual patient from the member name drop-down list. It is important to select the member name on each request submission. To do this, click on the drop-down arrow of the member name field and the additional eligible member names attached to the subscriber's policy will be visible (1). For this demonstration, Mary, the spouse, will be selected (2) and her information will be populated.

	UPMCV							
me : Dr How	ard		Network : U	PMC Network	Dat	te:11/09/2011	🕜 Hel	p 🧌 Home 📭 Logoff
Profile	Change Password	Eligibility Claim	ns Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer	10
vision bene	ent decerminations can t	ake up to 24 hours for	r processing. Creation ar upon the member's be	id receipt of a vision benel nefit eligibility as of the da	it request number does not gu te services are rendered.	arantee eligibil	lity for services. Pay	/ment is contingent
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The Vision Benefit Request Entry Screen

	UPMC V	ision A	ldvantaş	ge						
e: Dr Howard				Network : U	PMC Network		Date : 11/10/2011		🕜 Help	🧐 Home 🎼 Log
ofile Cl	hange Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer		
If you would lik	e to check a memb quest - Header	er's eligibility	upor y for services,	n the member's be please visit the El	nefit eligibility as of the d: igibility section of Vision O normal business hours	ate services are rendered. nline or contact the UPMC Vis	ion Benefit Advis	ory team a	t 1-877-64 Can	8-9621 during
laim Type		A			Claim Typ	e				12
learch By		Member	Contract #				200003202			
lember Name		PEACH,	MARY		Patient Fir	st Name	MARY	*		
atient Middle Name	9				Patient La	st Name	PEACH			
atient DOB		01/02/19	(83 📑		Member #	e l	200003202-02	*		
Sender		F			Relations	hip Code	SPOUSE			
atient Account #		1			Claim Typ	e				
ocation ID # / Name	e 🦾	2			Tax ID		3			
ddress1		3			Address2	4	3			
ddress3	1	3			City	1	3			
State	13	3			Zip		3			
Billing provider name	e/organization name	3			Diagnosis	Code	5			
ervicina provider firs	st name	4 Ron			Servicing	provider last name	4 Howard			
	PI#	4 12345678	390		Servicing	provider Legacy Number	4 1001			
Servicing Provider NI										
Servicing Provider Ni /ision Benefit Re	quest - Detail			No. or a		- and a second sec		Alexe		

The remaining fields to complete a successful Vision Benefit Request submission are listed below.

- 1) Patient Account Number not required but helpful in correspondence and office record keeping.
- 2) Location ID #/Name The notepad to the right of the field is incorporated for the user to select the place of service from a multiple location practice. By selecting the location, it will auto-populate the dentist's location demographics. The notepad <u>must</u> be used to complete this part of data entry correctly. The following actions will complete the location selection process:
 - Filter By would be used by large corporate practices with many locations. (1)
 - Description is the same as Location Name if searching many locations. (2)
 - Search is used when filtering is used or Description added. (3) (In this case it wasn't necessary because only two locations exist.)
 - Location Code is clicked for the desired location. (4)

LOV - Microsoft Internet Explorer provided by UPMC										
Location Look I	Jp		Hide Criteri	a Reset						
Filter By All	. 1	Description		2						
Total Records:	1	Page No: 1/1		Search	3					
Location Code	Location Name	Location Address	Prac	tice TaxID						
<u>5927</u> 4	Bright Eyes	Bright Eyes 1500 McKnight Pittsburgh,PA 15229	101:	223344						
		Pittsburgh,PA 15229	9							

- 3) All data fields designated with the number (3) on the illustration will populate upon selecting the Location #/Name if that information is appropriate and on file for the provider.
- 4) All data fields designated by the number (4) are auto-populated based on the user login.
- 5) **Diagnosis Code** This can be entered if applicable for the submitted charges but is not required.
- 6) Procedure Code The procedure code can be manually entered if known, and tabbing to the next field will populate the description, or utilizing the notepad icon to the right of this field will bring up a complete list of CLOV - Microsoft Internet Explorer provided by UPM - 🗆 × codes for viewing and selection.
 - Pull All (1) codes and click the Search (3) button.
 - Filter by CODE (1) and put a partial code in **Description** (2). Click the Search (3) button.
 - Filter by **Description** (1) and put in a partial description (ex. frames).
 - Click on **Code** (4) of desired procedure to populate the form. That will automatically close the pop-up box.

ISCRIPTION Records Per Page 142 € V2762 POLARIZATION ANY LENS MATERIAL V2770 OCCLUDER LENS PER LENS V2780 OVERSIZE LENS PER LENS V2781 PROGRESSIVE LENS PER LENS V2782 LENS INDX 1.54-1.65 PLSTC/1.60-1.79 GLASS V2783 LENS INDX >/= 1.66 PLSTC/>/= 1.80 GLASS V2784 LENS POLYCAAFONATE OR EQUAL ANY INDEX V2785 PROCESSING PRES&TRANSPORTING V2786 SPECIALTY OCCUPATIONAL MULTIFOCAL LENS V2787 ASTIGMATISM CORRECTING FUNCTION V2788 PRESBYOPIA CORRECTION FUNCTION INTRAOCULAR LENS V2790 AMNIOTIC MEMBRANE SURGICAL RECONSTRUCT PER PROC VISN SPL ACSS &/ SRVC CMPNT ANOTHER HCPCS CODE V2799 VISION SERVICE MISCELLANEOUS •

Procedure Code Lookup

Filter By

Hide Criteria Reset

Description

Page

To view a list of codes accepted by the plan, please refer to the UPMC Vision Advantage Provider Fee Schedule

- 7) Modifier can be manually entered if known, or utilize the notepad icon to the right of the field to initiate a look-up box.
 - There are 20 records per page, as all medical modifiers may be available.
 - The user can click the arrow to Go to page. OR
 - The user can type 590 in place of the 20 and scroll through all available records.
 - Click on the desired modifier as shown and the look-up • box will close automatically and populate the form.

Vision Modif	ier	Save
Total Record	ls: 590 Pa	age No: 1/30 🔹 🕨 🕅
Records Per Pa	age 20	Go to page
Select All	Modifier	Description
	FA	Left hand, thumb
	HQ	Group setting
	ĸv	DMEPOS item, profession serv
	QJ	Patient in state/locl custod
	SY	Contact w/high-risk pop
	ZE	Termed 20020101
	2P	PQRI EXCLUSION PATIENT
	5K	MJD, commonly called Ataxin-3
	AA	Anesthesia perf by anesgst
	AB	Termed 20020101
	AC	Termed 20020101
	AD	MD supervision, >4 anes proc
	AE	Registered dietician
V	AF	Specialty physician

8) Quantity/Units field is auto-populated with 1 unit. The user can change the number and add additional units if it is appropriate for the service submitted.

56

- 9) **Diagnosis Pointer** is auto-populated with 1 unit and is appropriate to be submitted for a single service. Keep in mind, a diagnosis is not required so this information will not alter the submission ability.
- 10) Charge Amount amount charged for the service.
- 11) Click on the **Add** button to add the service line to the claim. The process will be repeated for all additional services submitted.
- 12) The user will be able to:
 - Save the form if all the data entered is accurate; this also submits the Vision Benefit Request.
 - **Reset** the form to begin again.
 - Cancel to terminate the Vision Benefit Request submission.

The completed form is illustrated next with the added service lines at the very bottom with totals for the forms and charge amounts.

	UPMC V	Vision A	1dvantag	re						
me: Dr How	ard			Network : U	PMC Network		D	ate : 11/10/2011	🕜 Help	😁 Home 🧗 Lor
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit	Request	Vision Benefit Request Status	Payments	i-answer	
Member Nam	10					Patient Firs	t Name	MARY		
Patient Middle	e Name					Patient Las	t Name	PEACH		
Patient DOB		01/02/19	83 0			Member #		200003202-02		
Gender		F				Relationsh	ip Code	SPOUSE		
Patient Accou	int#	Peach02	-355			Claim Type				
Location ID #	/Name	3891	North H	fills Eyes	₽}	Tax ID		112223344		
Address1		1100 Mck	night Road			Address2		Suite 200		
Address3						City		Pittsburgh		
State		Pennsylv	rania			Zip		15229 -		
Billing provide	er name/organization name	Howard's	Healthy Eyes			Diagnosis	Code			
Servicing pro	vider first name	Henry				Servicing p	rovider last name	Howard		
Servicing Pro	vider NPI #	12345678	90			Servicing p	rovider Legacy Number	10101		
Vision Bene	efit Request - Detail									
	Procedure Code		₽	Modifier	P		Quantity/units	Diagnosis pointer	Charge Amount	Add
Change Dele	te Proc	cedure Code			Modifier		Quantity/units	Diagnosis pointe	Hr .	Charge Amou
🖻 1 🗇		S0620					1	1		75
	2	V2020					2	1		150
									Total Quantity	3 and Total Claim : 22
Vision Bene	fit Request - Header								3 6	ncel Save Rer

- The user can still Change (1) or Delete (2) a line (as long as the Save button has not been clicked).
- The final step will be to **Cancel**, **Save** or **Reset** the form (3).

Viewing Vision Benefit Request Entered Through Vision OnLine (Vision Benefit Request List)

In this chapter the user will learn:

- How to access all Vision Benefit Requests submitted through Vision OnLine (the portal).
- How to read the form.
- How to view the status of each entered benefit request.
- How to view descriptions of submitted procedure codes on the form.

Vision Benefit Request List

The Vision Benefit Request List provides the user the ability to view all benefit requests submitted through Vision OnLine and the submission status of those requests.

The available user actions are listed below with corresponding numbers on the screen image.

- 1) Click on Vision Benefit Request List (1) under the Vision Benefit Request tab; this option will appear when the cursor is placed over the tab; a list of all benefit requests submitted by this specific user/provider will be populated.
- 2) To narrow the list of benefit requests to find specific ones, the user can click **Reset (2)** to clear the screen and new search criteria can be entered.
- 3) The user can refine the search by entering specific **Date From (3)** and **Date To (3)**, utilizing the calendar icons available to the right of each date box (date entry is format-sensitive, so we recommend using the calendars).
- 4) The user can also enter the Patient Last Name (4) and Patient First Name (4).
- 5) Click the **Search** (5) button to initiate the search of records.
- 6) Select the desired **Vision Benefit Request** record by clicking on the magnifying glass (6) in the **View** column. The user can also **Cancel** the request by clicking the red circle with X.



The user actions available are:

- 1) Click on the **Notepad** icon (1) to open a pop-up window that displays a description of the procedure code submitted.
- 2) View the Procedure Code Description (2); click Close to return to the Details screen.
- 3) Click the **Go Back** button to return to the search results (3).

UPM	AC Vision Aa	lvantage		_						
me : Dr Howard		Network : UI	PHC Network		Det	e:11/10/2011	Help	Mome	E Logoff	
rofile Change Pass	weint Eligibility	Claims Claims Status	Vision Benefit Request	Vision Benefit Reque	at Status	Payments	Lanswer			
									3	
Vision Benefit Request Det	all .							-	Ge Back	1
Claim Type			Subscriber	881	16555143	0		-		
Patient Name	Peach, Mary	-			08/12/195	0				
Member#	200003202-02	50529		-	F					
Relationship Code	SPOUSE				Peach02	365				
Location ID # / Name	3891 North Hills Eye		2		11222334	4				
Address1	1100 McKnight Road			1	Suite 200	k.				
Address3					Fittsburgh	i.				
State	PA		Zip		15229					
Billing provider name/organizati name	of Howards Healthy Eye		Diagnosis	Code	99999.9					
Servicing provider first name	Henry		Servicing p	ovider last name	Howard					
Servicing Provider NPI #	1234567890		Servicing P	rovider Legacy Number	101010					
Procedure Code	Modifier	Cuantity units	Da	agnosis pointer			Charge Amount			
50620			1				\$0.00			
Totals			•				60.00			

Checking a Vision Benefit Request Status

In this chapter, the user will learn how to:

- Search for desired Vision Benefit Request to view.
- Check on submitted services for exact amounts that will be available for disbursement to the providers submitting the request.

Vision Benefit Request Status

The benefit request will inform both the member and provider how the submitted service will be processed. From the Home Page, the user will click on the **Vision Benefit Request Status** tab to check the status of a submitted benefit request.

	UPMC	Vision	Advanti	age					
Name : Dr Ho	ward			Network : U	PMC Network	Dat	e:11/11/2011	🕜 Help	o 🧌 Home 📭 Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments	i-answer	
• Please d • To Start	lick the HELP button for inst the application process, plu	ructions on na rase click the p	If y I vigating the po profile tab.	ou are registering a please be sure to c ncomplete informal rtal and for instruction	Welcome to the UPHC Prov ATTENTION PROVII as a user in order to submi complete all tabs under the tion could result in a delay	ider Portal. DER It an application for credentialin Profile section of this portal. in processing your application.	9 . j		

To refine the search of submitted Vision Benefit Requests:

- Enter **From** and **To** dates using the calendar icon (1) or
- Enter Patient Last Name and Patient First Name (2).
- Click on the **Search** (3) button after the required information has been entered.
- To view the selected Vision Benefit Request, click on the magnifying glass under the View column.

	UPMC V	Vision Advantag	e				99) []]
Name :	Dr Howard		Network : UPMC Network	Dat	e : 11/11/2011	🕜 Help 🥠 Home	Logoff
Profile	Change Password	Eligibility Claims	Claims Status Vision Benefit Request	Vision Benefit Request Status	Payments i-answer		
Tota	Records: 20	Page No: 1/1	1	2	Patient First Name	2	3 Search
Q			11/07/2011	a valid	(2012	Capcelled	
Q	00013259	TATAR TOMAS	11/07/2011	02/0	5/2012	Cancelled	
Q	00012759	MARX, DANTE	11/02/2011	01/3	1/2012	Expired	
Q	00012359	MASSARO, DEVON	11/01/2011	01/30	0/2012	Processed	
a	00013825	RICK, ALLISON	11/01/2011	01/30	0/2012	Processed	
٩	00013169	PAPER, CHELSEA	10/27/2011	01/2	5/2012	Processed	
Q	00013189	ROTH, ZACK	10/27/2011	01/2	5/2012	Processed	
Q	00013207	REYES, MARIA	10/27/2011	01/2	5/2012	Processed	
Q	00013003	TOHNSON TUNTER	10/07/0011	01/25	5/2012	Drocassad	*

Each benefit request will have a status. The status codes are:

Submitted, Processed, Cancelled, and Expired

Submitted will show as the benefit request status as soon as the request is submitted to UPMC Vision *Advantage* and will continue to stay in this status until it is fully processed. UPMC Vision *Advantage* turnaround time is within 48 hours of submission. If you need assistance with your benefit request status, please contact the Vision Benefits Advisory team at 1-877-648-9621.

Processed is the status that will appear after the benefit request has been processed and indicates that it is ready to be viewed. The user can click on the **View** magnifying glass to view a copy of the benefit request once the status is shown as **Processed**.

Cancel is the status that will appear if the vision benefit request submitted has been cancelled by the provider or member. The user can cancel a request 24 hours after initial entry by utilizing the available red **Cancel** next to the desired record in the **Vision Benefit Request List**.

Expired is the status that will appear when the vision benefit request is no longer valid. Vision Benefit Requests are valid for 90 days. The benefit request will show an **Expired** status after 90 days of being active.

Below is an example of the view of the benefit request that appears when the benefit request is in the **Processed** status. The following user actions are available:

- To return to the search results, use the **Go Back** button.
- Use the scroll bars to view additional services, if necessary.

	UPMC Vision Advantage												
me: Dr. Hov	vard				Netwo	rk : UPMC Network				Date	:11/29/2011	🕜 Help	🧐 Home 🛛 🚺 Logo
rofile	Change Password	Eligibility	Claims	Claims Status	Vision	1 Benefit Request	Vision Benefit Red	quest Status	Payments	i-answer			
Vision Bene	efit Request Status												Go Back
Subscriber		PARKER	GLENN				Member #		1	20000320402			
Patient Name	e	PARKER	PAULETTE				Vision Benefit Re	quest #		00016289			
Provider Nan	ne	HOWARE	MD, RON				Date			11/29/2011			
Vision Benef	it Request Valid Through	02/19/20	12										
Procedure Co	ode/Description (Modifier)			NUM C	OF SERV	PROVIDER'S CHARGE	ALLOWANCE	APPROVED A	моинт с	DPAY AMOUNT	DED AMOUNT	AMOUNT NOT APPROV	ED REMARK(S)
V2200 SPHE	RE BIFOCL PLANO TO PLU	S/MINUS 4.000	D PER LENS ()	2		150.00	68.00	68.00	0	00	0.00	0.00	0A
TOTALS								68.00	0.	00	0.00	0.00	
Remark Code	9			Remark Description	n								
0A				REIMBURSED AT CO	NTRACTED	RATE							

The fields from left to right are:

- 1) **Procedure Code, Procedure Description** The exact codes submitted are listed with their corresponding descriptions.
- 2) Num of Serv The number of services submitted for each corresponding submitted code is listed.
- 3) **Provider's Charge** This field shows the billed amounts for the corresponding codes.
- 4) Allowance This field will show the allowance or payable amount.

- 5) **Approved Amount** This amount represents what is approved for payment for each corresponding service per the contractual agreement with UPMC Vision *Advantage* for each corresponding service.
- 6) **Copay Amount** This amount represents the patient copayment for the corresponding services. It will be the difference between the allowed amount and the approved amount, if applicable.
- 7) Ded Amount This field is populated with an amount applied to the individual's plan deductible if it has not yet been satisfied for the benefit year. If it has not been satisfied, the approved amount will be represented here instead of in its field until that deductible has been met, if applicable.
- 8) Amount Not Approved This field designates the amount not covered by the member/patient's plan.
- Remarks This field shows the explanation codes for the corresponding procedures submitted in the line item.
- 10) **Remark Description** This field explains the respective code(s) for the corresponding procedures submitted.

Payments

In this chapter, the user will learn how to:

• View and research payment information made to the provider on behalf of the member/patient, including claim and check information.

Payments

From the **Home Screen**, click on the **Payments** tab to view payments/claim determinations that have been processed.

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Name: Dr Howar	rd			Network :	UPMC Network	Da	ate : 11/14/2011	🕐 Help	🧐 Home	F Logoff
Profile	Change Password	Eligibility	Claims	Claims Status	Vision Benefit Request	Vision Benefit Request Status	Payments i-ans	wer		
Provider Payn Check/EFT No	nents				Payment I	Date			Hide Crite	rria Reset

The user can now review payments made based on claims submitted, but the default list of payments displayed includes all payments processed for this provider. Vision OnLine provides the user with the ability to refine the search to yield more defined, specific results. This can be accomplished by using the following search tools:

- 1) The search can be refined by entering the Check/EFT No. or Payment Date.
- 2) Click on the **Search** button after the search criteria have been entered in the selected field(s). The more data that is entered the more refined the search results will be.

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Provide	r Payments								Hide Criteria	Reset
Check / E	FT No 1				Paymen	2				
Total Re	cords: 1	Page No	: 1/1							Search
Payment Details	Check/EFT No.				Amount	Payment D	late			
a	00025072				146.20	11/04/201	.0			

Click on the magnifying glass in the Payment Details column that the billing office staff wants to review.

Click the Home button to return to the Home Screen, or select another tab to perform additional tasks.

Using the i-answer Informational Tool

In this chapter, the user will learn how to:

- Access informational documents added regularly, as an additional conduit of information regarding:
 - Vision OnLine updates
 - Procedural information
 - Payment policies
- Understand the advantage of checking for possible news that will enhance service to UPMC Vision *Advantage* members and our network of vision providers.

<u>i-answer</u>

The i-answer tab is a data repository in which UPMC Vision *Advantage* will upload communication and tools for our vision community to use in Vision OnLine and in your practice.

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			If y I	ou are registering a please be sure to c ncomplete informat	ATTENTION PROVID as a user in order to submi complete all tabs under the tion could result in a delay	DER DER It an application for credentialin Profile section of this portal. in processing your application.	9.			

UPMC Vision Advantage will regularly update this repository with pertinent information relating to:

- Frequently Asked Questions
- Contact Information
- UPMC Vision Advantage Policies and Procedures
- Newsletters

Provider	Eligibility	Claims	Claims Status	Pre-D Pr	re-D Status	Vision Benefit Request	Vision Benefit Request Status	Location	i-answer	
FAQ List										Hide Criteria Reset
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Act View Char	ion Po Ige Delete	ist Date Title	9		1	Question				Available in Portal

UPMC Vision *Advantage* Benefits Advisory team members are always available to assist you with questions or issues related to Vision OnLine. Call 1-877-648-9621 Monday through Friday between the hours of 8 a.m. and 5 p.m.

UPMC Vision *Advantage*

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