

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 www.upmchealthplan.com/vision, or click on the link **Are you a Vision Care Provider** to be directed to the UPMC Vision Advantage login screen.

The screenshot shows the UPMC Health Plan website interface. At the top, there is a navigation bar with tabs for MEMBERS, PROVIDERS, EMPLOYERS, BROKERS, and HEALTH & WELLNESS. A search bar with the text "Google™ Custom Search" and a "Search" button is located in the top right corner. Below the navigation bar is a large banner image of a woman and a doctor in a hospital setting. Underneath the banner is a "GET A QUOTE" section with three buttons: "GROUP QUOTE" (with the question "Are you an employer?"), "UPMC for Life" (with the question "Are you 65 or older?"), and "SHORT-TERM QUOTE" (with the question "Are you an individual?"). To the right of these buttons is a "MEMBER LOGIN" section with a text input field for "Enter your User ID here", a "LOGIN" button, and links for "Login instructions", "Forgot your User ID?", "New User Registration", and "Secure online features and tools". Below the "GET A QUOTE" section are three more buttons: "Are you a Dentist considering the UPMC Dental Advantage Network?", "Are you a Vision Care Provider considering the UPMC Vision Advantage Network?", and "Are you an Employee deciding on health insurance?". To the right of these buttons is a "Health Care Reform Information" section with an image of the U.S. Capitol building. At the bottom of the page, there are three columns of links under the headings "PROVIDERS", "EMPLOYERS", and "MEMBERS".

UPMC HEALTH PLAN

Google™ Custom Search Search

MEMBERS PROVIDERS EMPLOYERS BROKERS HEALTH & WELLNESS

GET A QUOTE

Are you **an employer?** GROUP QUOTE

Are you **65 or older?** UPMC for Life

Are you **an individual?** SHORT-TERM QUOTE

MEMBER LOGIN

Enter your User ID here LOGIN

[Login instructions](#)

[Forgot your User ID?](#)

[New User Registration](#)

[Secure online features and tools](#)

[FIND A DOCTOR](#)

[Rx INFORMATION](#)

[eNEWSLETTERS](#)

Are you a Dentist considering the UPMC Dental Advantage Network? »

Are you a Vision Care Provider considering the UPMC Vision Advantage Network? »

Are you an Employee deciding on health insurance? »

Health Care Reform Information

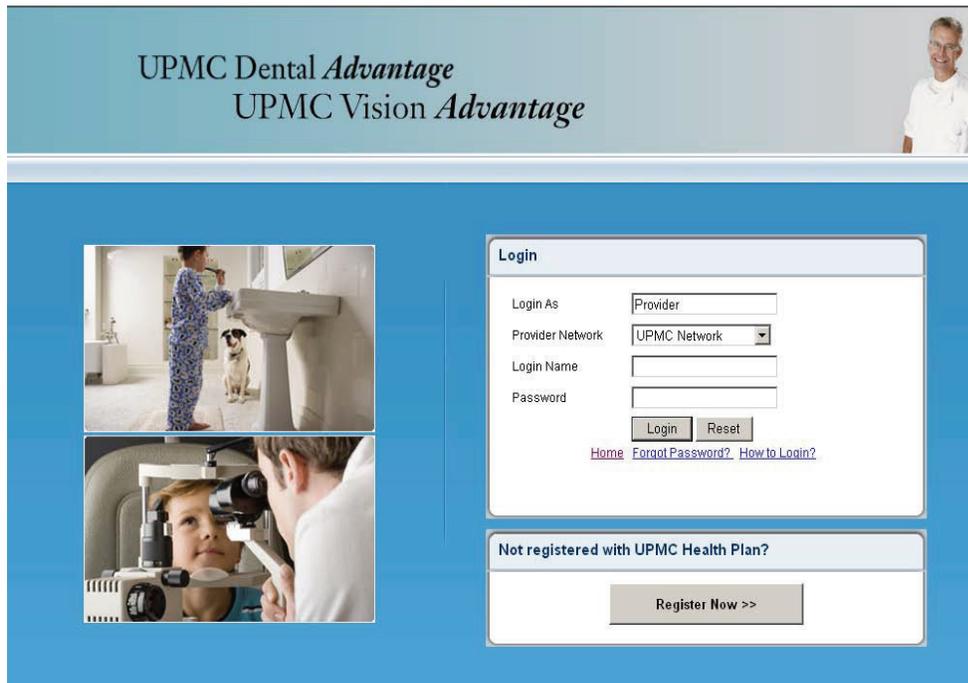
PROVIDERS EMPLOYERS MEMBERS

News & Announcements
Rx Prior Authorization Forms
Covered medications (formularies)
Policies & Procedures
Medicare PFFS Terms & Conditions
Provider OnLine

Health Plan Options for employers
Spending Account Services
Health & Productivity Solutions
E — our all-electronic option
MyHealth monthly
Print-Post-Promote™ package

Discounted Tickets to Vatican Splendors
2010-11 Flu Season Information
Our health insurance plans
UPMC for Life Medicare Plans
Prescription drug information

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



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.

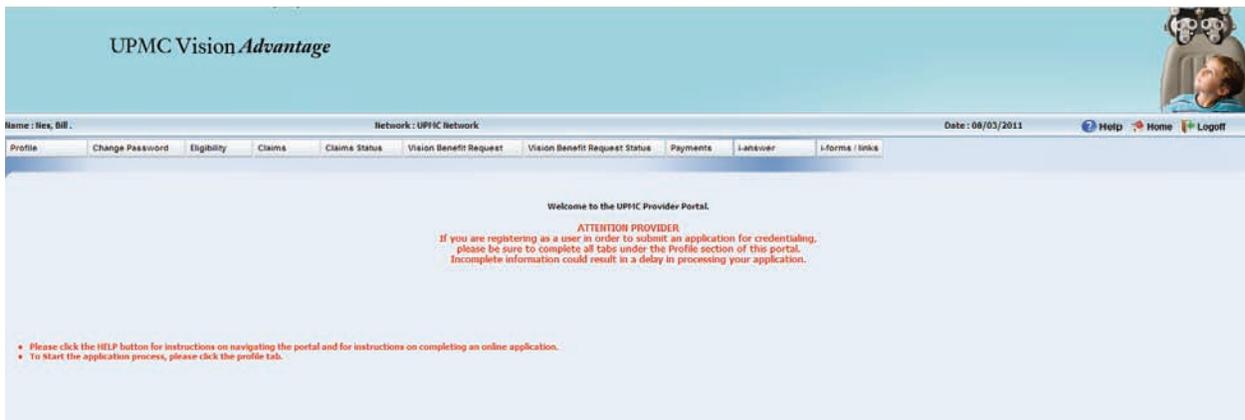
Additionally, you can utilize the following links:

- **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 www.upmchealthplan.com.
- **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.

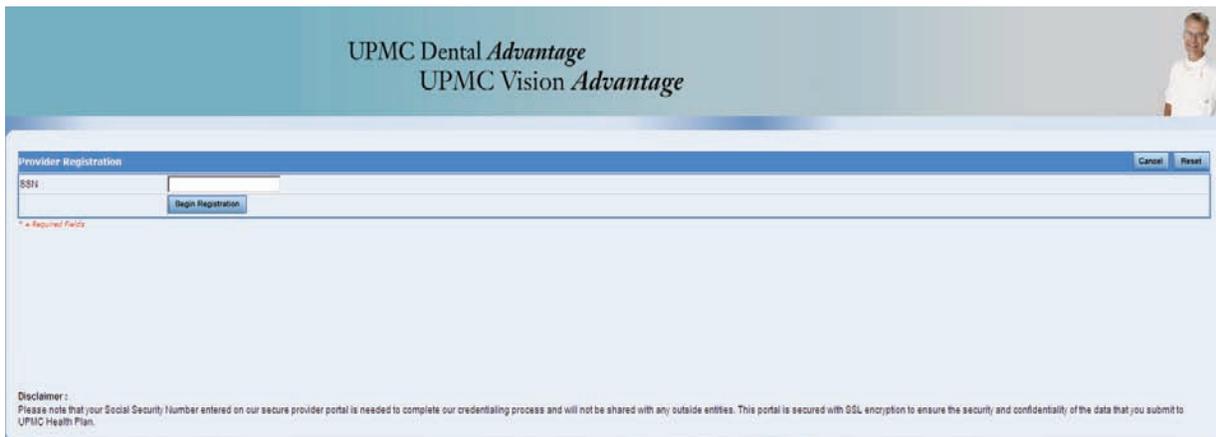
Once the user logs in to Vision OnLine, the homepage appears as shown below.

The homepage displays the following details:

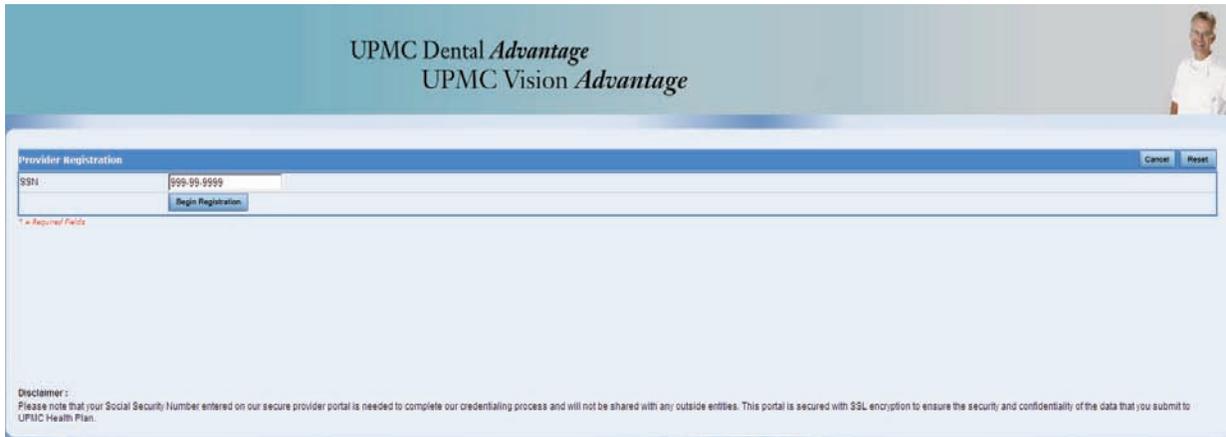
- Login User Name
- Network
- Date
- Help – Click on Help to open a user manual for guidance through the application.
- Home – Click on Home to bring the user back to the homepage.
- Logoff – Click on Logoff to return to the login screen.



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



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

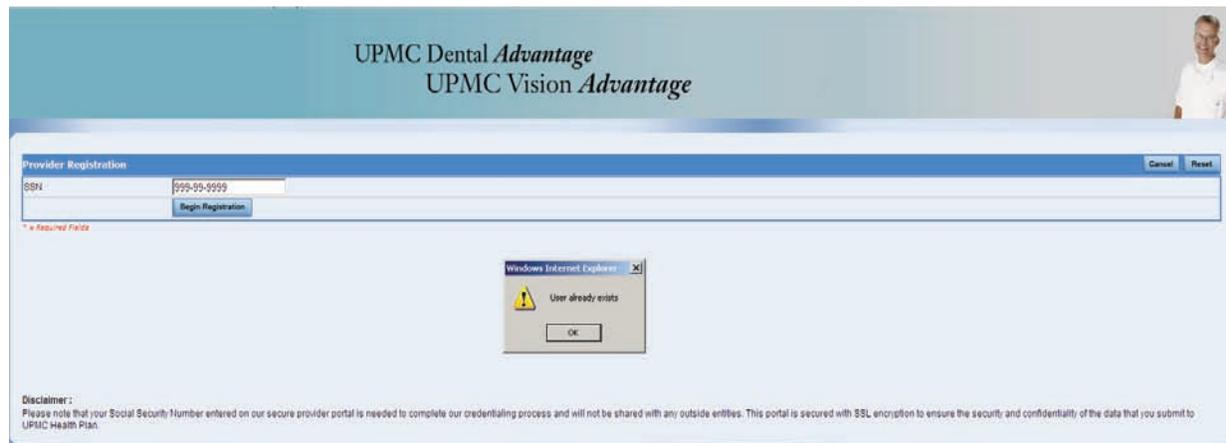


****IMPORTANT****

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

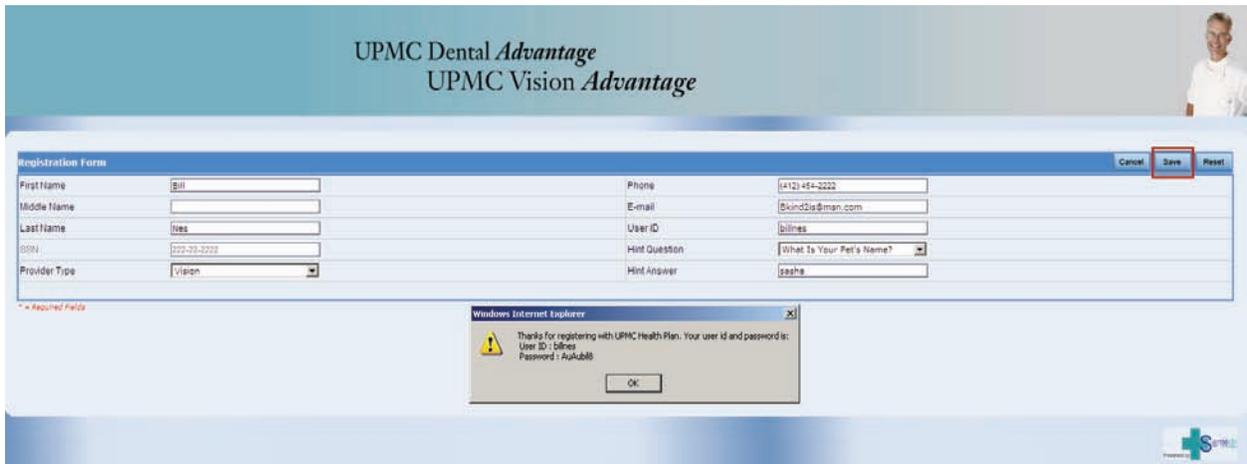
Clicking on **Begin Registration** initiates one of the following scenarios, depending on the existence of registration data in the system.

User already exists.

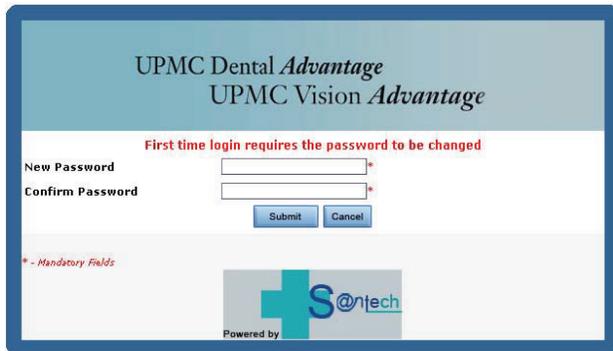


Social Security Number already entered in the system, but no user ID exists.

A temporary password is provided.



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



Social Security Number (SSN) doesn't exist.

Registration information entered here will provide a temporary password as in the screen above.

UPMC Dental *Advantage*
UPMC Vision *Advantage*

Registration Form

First Name	<input type="text"/>	Phone	<input type="text"/>
Middle Name	<input type="text"/>	E-mail	<input type="text"/>
Last Name	<input type="text"/>	User ID	<input type="text"/>
SSN	<input type="text"/>	Hint Question	<input type="text"/>
Provider Type	<input type="text"/>	Hint Answer	<input type="text"/>

* = Required Fields

UPMC

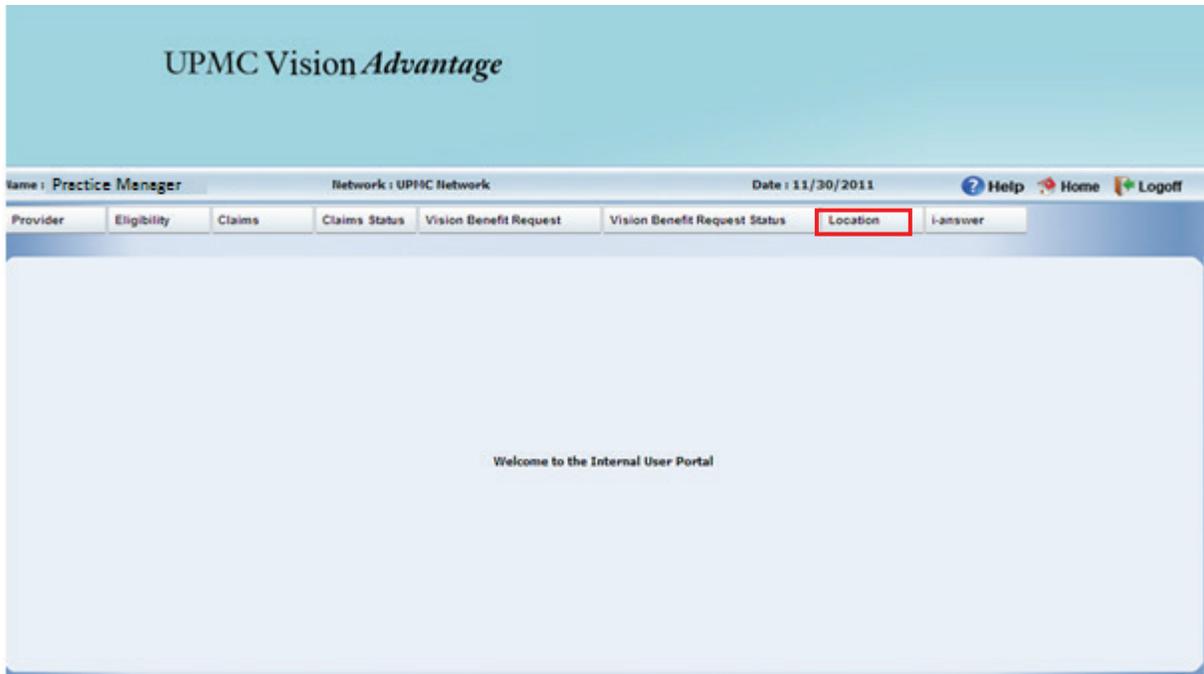
Adding Location Managers

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

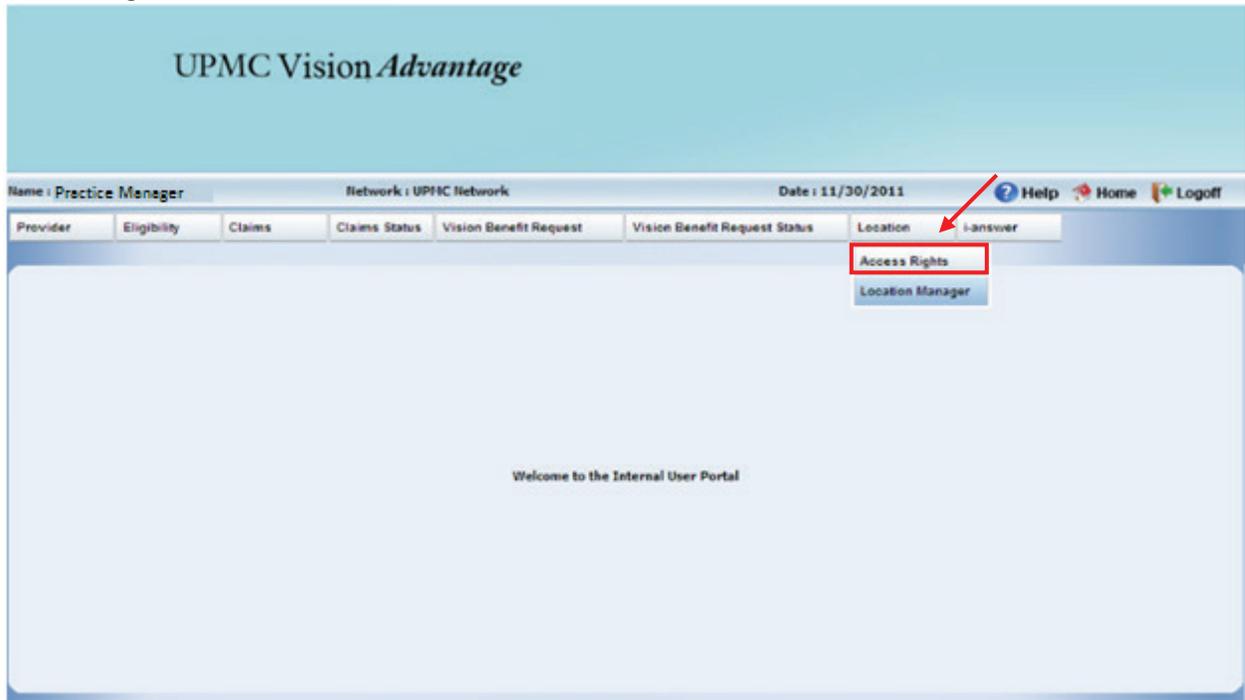
The location tab and functionality gives Practice Managers and their authorized users the ability to add Location Managers to offices for which they are responsible and to control their access rights. The Location Managers can then “manage” the providers practicing at those offices.



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.

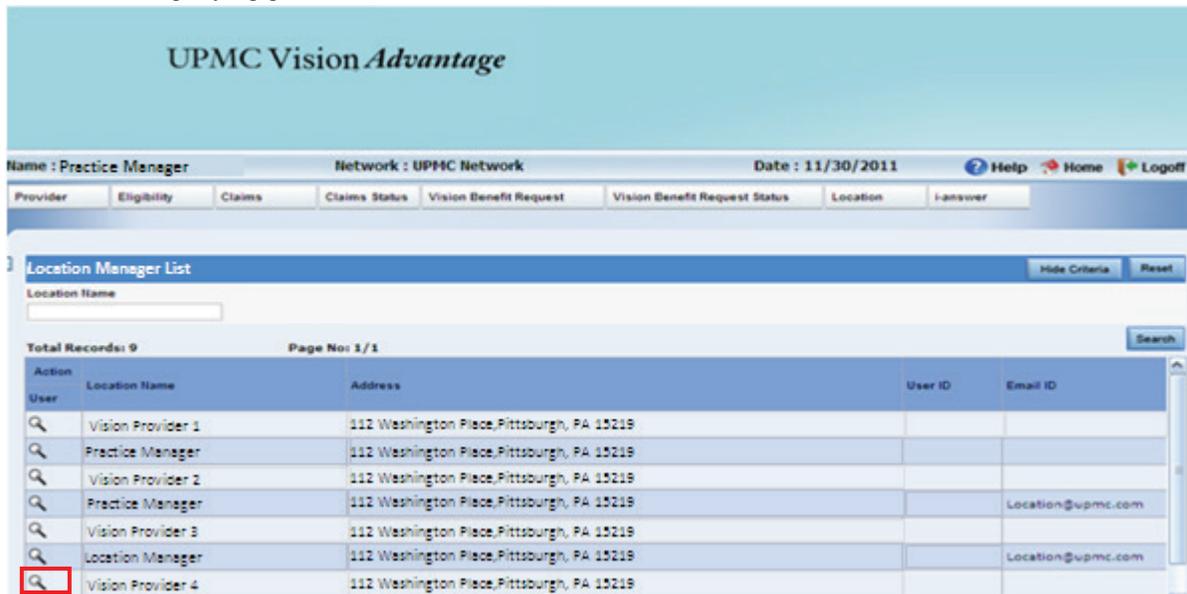
Location Manager will be used first.



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.



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.

UPMC Vision Advantage

Name | Practice Manager Network | UPMC Network Date | 11/30/2011 Help Home Logoff

Provider Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Location Answer

Location Manager Login Detail Cancel Save Reset

Name E-mail

Hint Question Hint Answer

User ID

== Required Fields

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 Vision Advantage

Name | Practice Manager Network | UPMC Network Date | 11/11/2010 Help Home Logoff

Provider Eligibility Claims Status Pre-D Status Location Answer

Access Rights Location Manager

Location Manager List Hide Criteria Reset

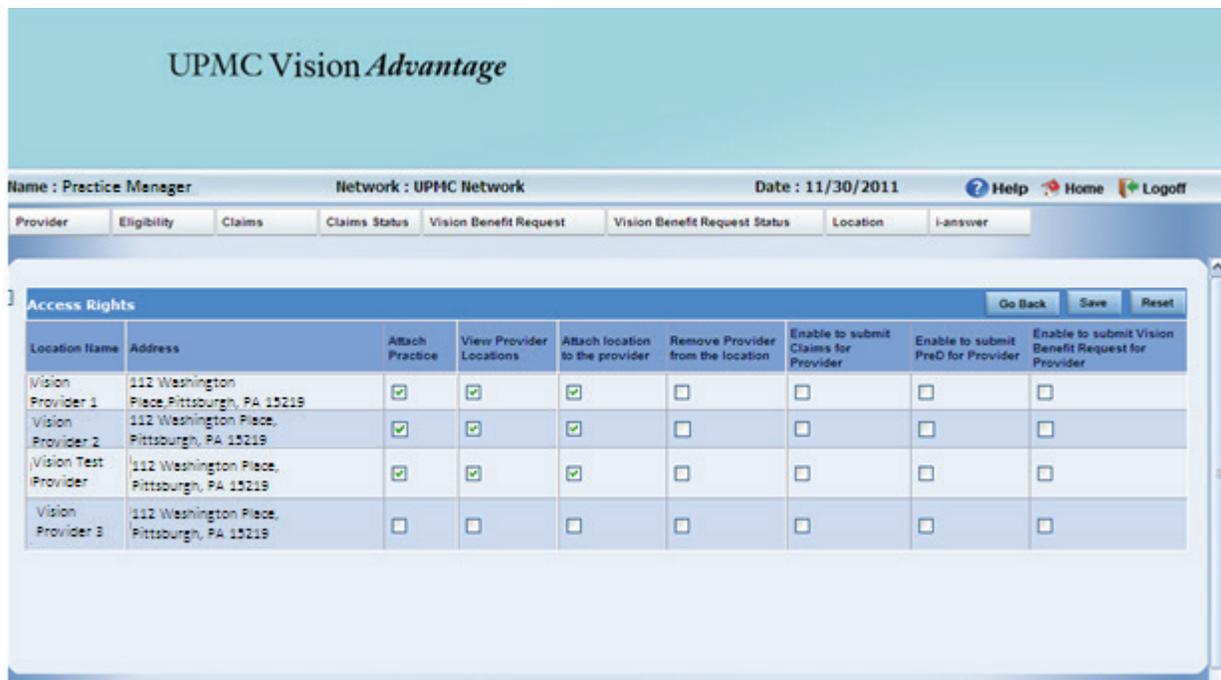
Total Records: 5 Page No: 1/1 Search

Action	Location Name	Address	User ID	Password
	Best Dental	123 tooth way pittsburgh, Pennsylvania - 15219	pdiaz123	demo123
	Best Orthodontia	5624 McKnight Road, Pittsburgh, PA 15229	Philp123	demo123
	One Chatham Center	112 Washington Place Pittsburgh, Pennsylvania - 15219	lChatham	demo123
	test	test Pittsburgh, Pennsylvania - 15219	test123	demo123

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.



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.

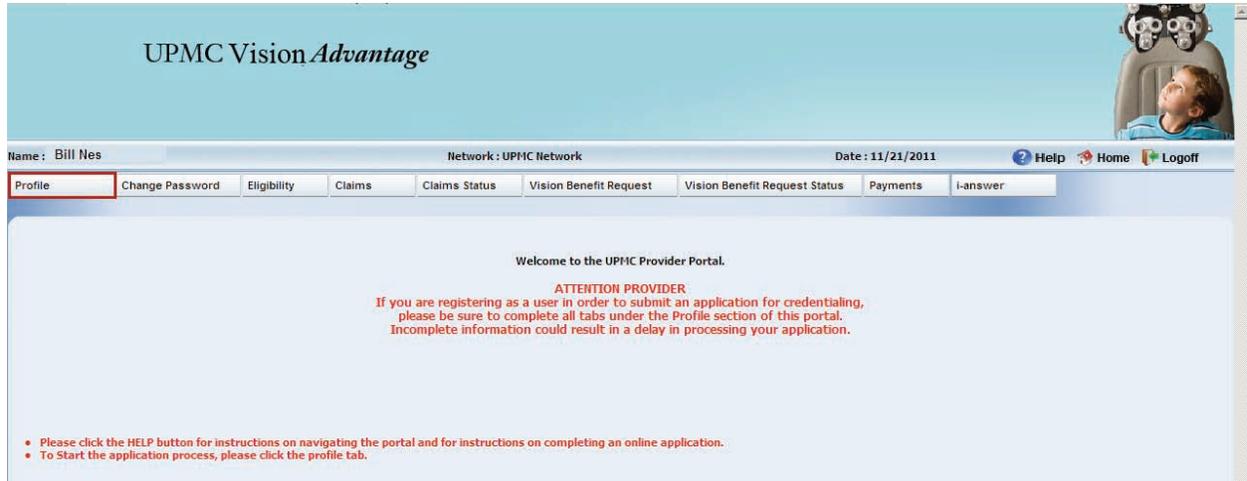


Profile

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.

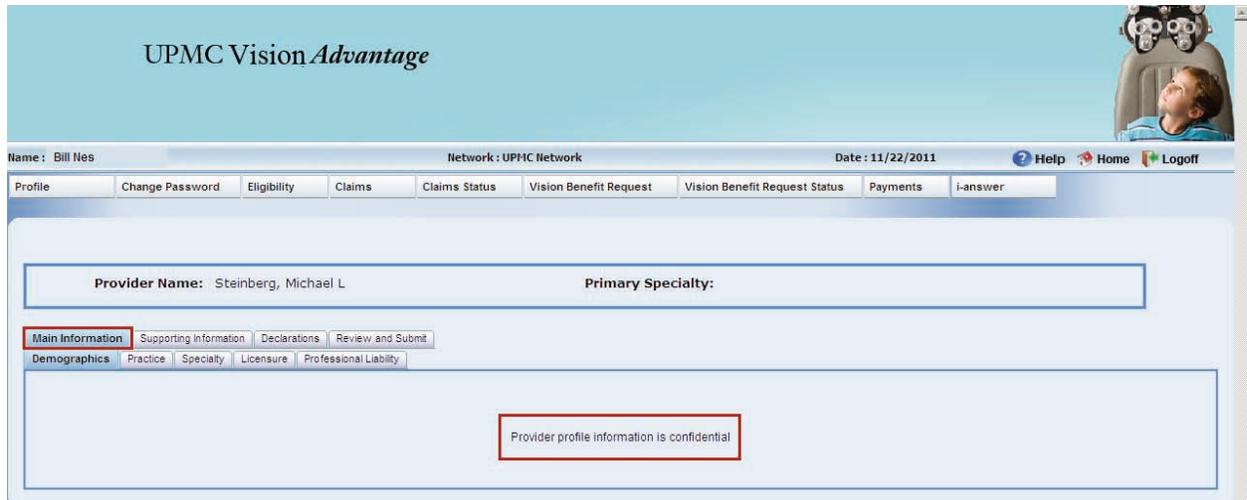
The Provider's Profile and all the associated information are proprietary and protected. Once initial registration has been completed, whether by entry by provider or transfer of information from credentialing application, the provider profile information is locked down and not accessible by users to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



UPMC Vision *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

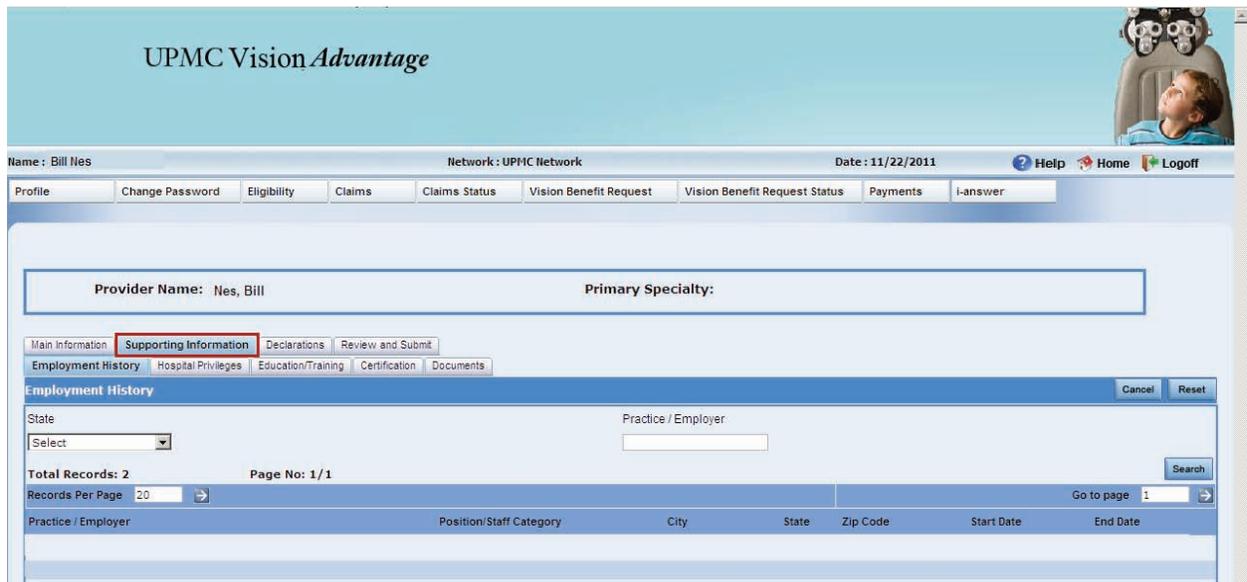
By clicking on the **Profile** tab, the user will see additional available tabs. As illustrated, the user is reminded the profile information is proprietary and confidential and, therefore, not viewable.



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

Supporting Information presents five additional tabs of information for the user.



The five tabs listed under **Supporting Information** are:

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

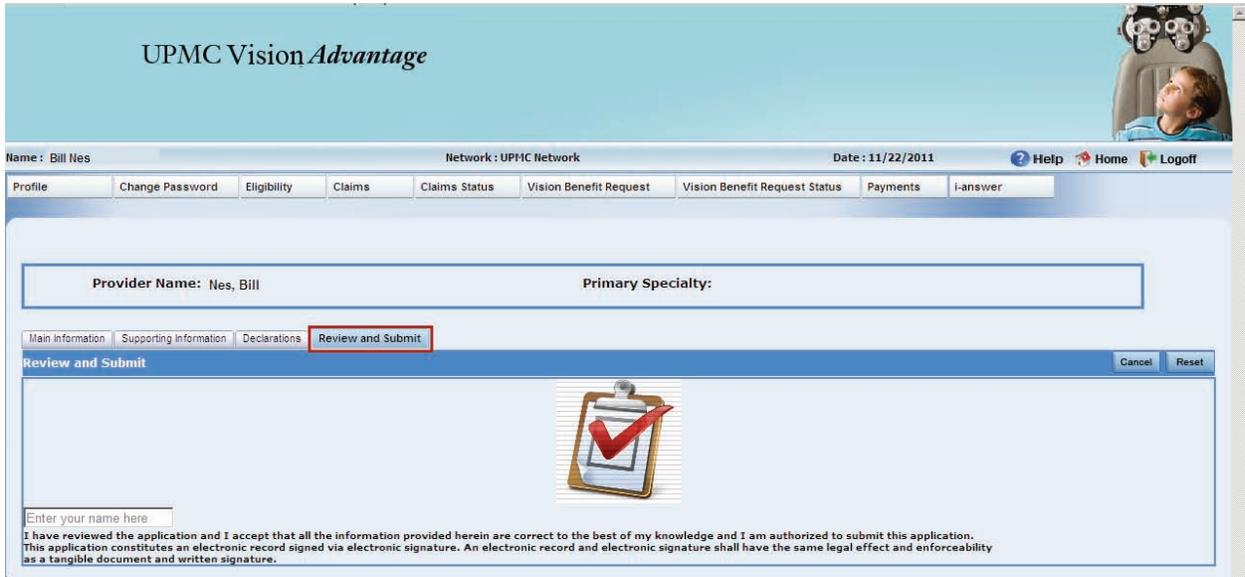
Declarations would be made by the user if using the online credentialing application to declare any negative determinations associated with:

- Licenses
- Privileges
- Law enforcement
- Liabilities

The screenshot displays the UPMC Vision Advantage web application interface. At the top, the header includes the logo and a navigation bar with links for Profile, Change Password, Eligibility, Claims, Claims Status, Vision Benefit Request, Vision Benefit Request Status, Payments, and I-answer. The user's name is identified as Bill Nes, and the network is UPMC Network. The date is 11/22/2011. The main content area shows the 'Declarations' tab selected, with a list of 15 questions regarding professional history and disciplinary actions. Each question has 'Yes' and 'No' radio button options.

Question	Yes	No
1 License, in any State	<input type="radio"/>	<input type="radio"/>
2 DEA registration	<input type="radio"/>	<input type="radio"/>
3 Other professional registration/license	<input type="radio"/>	<input type="radio"/>
4 Academic appointment	<input type="radio"/>	<input type="radio"/>
5 Medical/Clinical/Hospital staff privileges	<input type="radio"/>	<input type="radio"/>
6 Prerogatives/rights on any medical staff	<input type="radio"/>	<input type="radio"/>
7 Other institutional affiliation status	<input type="radio"/>	<input type="radio"/>
8 Professional society membership	<input type="radio"/>	<input type="radio"/>
9 Professional liability insurance	<input type="radio"/>	<input type="radio"/>
10 Have you ever had disciplinary action taken against you in the military?	<input type="radio"/>	<input type="radio"/>
11 Have any complaints been filed against you with a professional association or dental/medical society?	<input type="radio"/>	<input type="radio"/>
12 Have you ever been advised that you should not perform your professional or dental/medical staff duties?	<input type="radio"/>	<input type="radio"/>
13 Have you used illegal drugs in the last ten years?	<input type="radio"/>	<input type="radio"/>
14 Have you ever been convicted of, or pleaded guilty to, a crime or felony, including a verdict of guilty following a plea of <i>nolo contendere</i> ?	<input type="radio"/>	<input type="radio"/>
15 Have you been the subject of any Medicaid, Medicare, or other governmental or third party payer sanctions; or has your participation in these or any other government programs been denied?	<input type="radio"/>	<input type="radio"/>

Review and Submit 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.



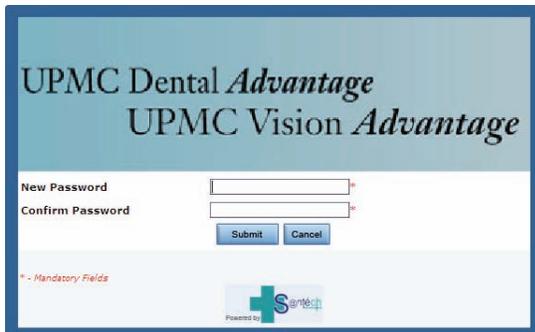
By clicking the red check mark, the user will open the application for review.

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.

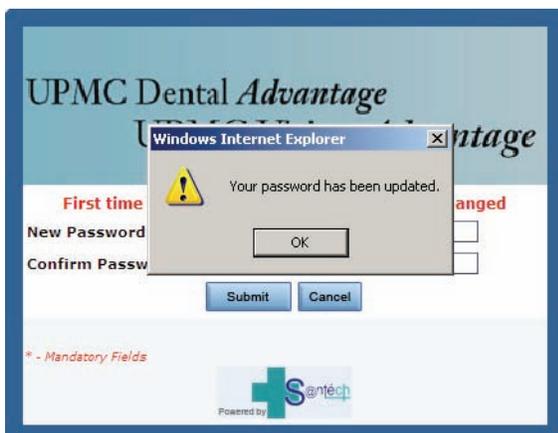
The user will select the **Change Password** tab if a password change is desired.



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



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



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:

- To view the entire family (subscriber and eligible dependents), enter the subscriber's SSN.

UPMC Vision *Advantage*

Name: Hns, Bill Network: UPMC Network Date: 08/04/2011 Help Home Logout

Profile Change Password Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Payments I-answer I-forms / links

Subscriber/Member List Hide Criteria Reset

Subscriber SSN: Patient First Name: Patient Last Name: Date Of Birth:

Total Records: 3 Page No: 1 / 1 Search

View	View Plans	Name	Subscriber/Member ID #	Date of Birth	Relationship	Subscriber
Q	Q	SMITH, MARY	11111111-01	04/16/1960	SUBSCRIBER	SMITH, MARY
Q	Q	SMITH, JOE	11111111-02	08/30/1960	SPOUSE	SMITH, MARY
Q	Q	SMITH, Kim	11111111-03	03/29/1992	DEPENDENT	SMITH, MARY

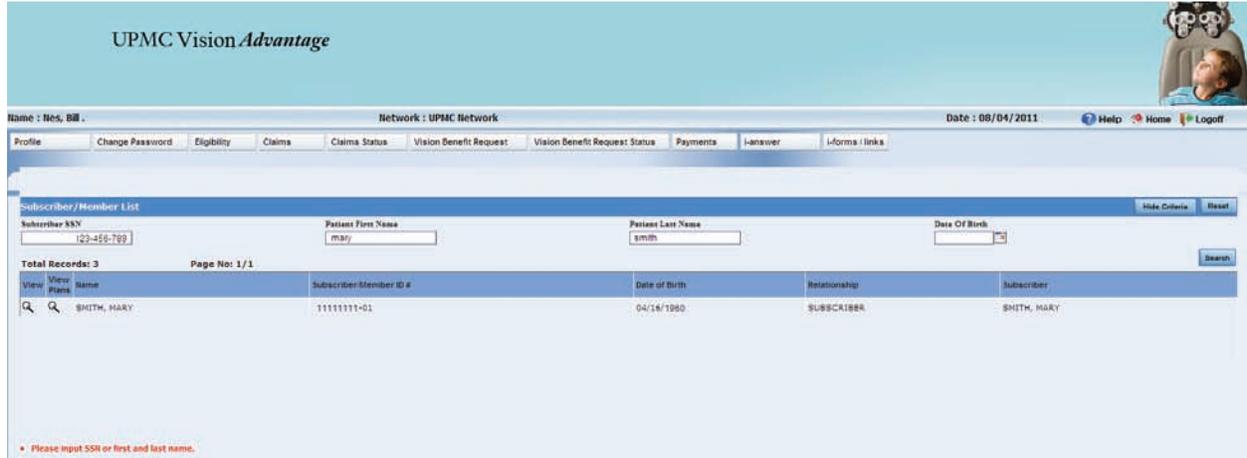
• Please input SSN or first and last name.

Or

- 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.



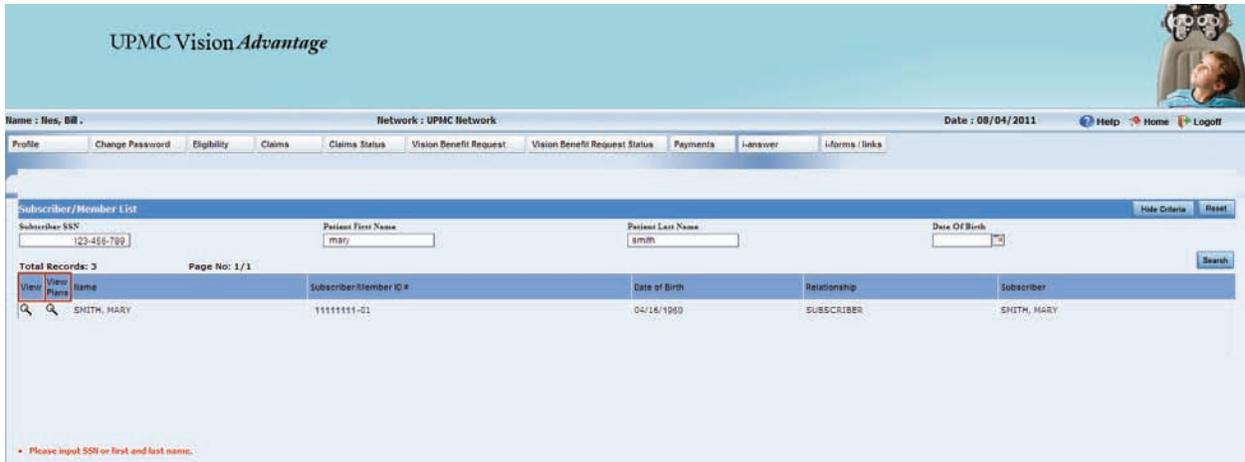
- View a patient’s eligibility and demographic information by clicking on the magnifying glass in the **View** column.
- View the plan information by clicking on the magnifying glass in the **View Plans** column.
- Hide the search boxes by clicking on the **Hide Criteria** button (the **Show Criteria** 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.

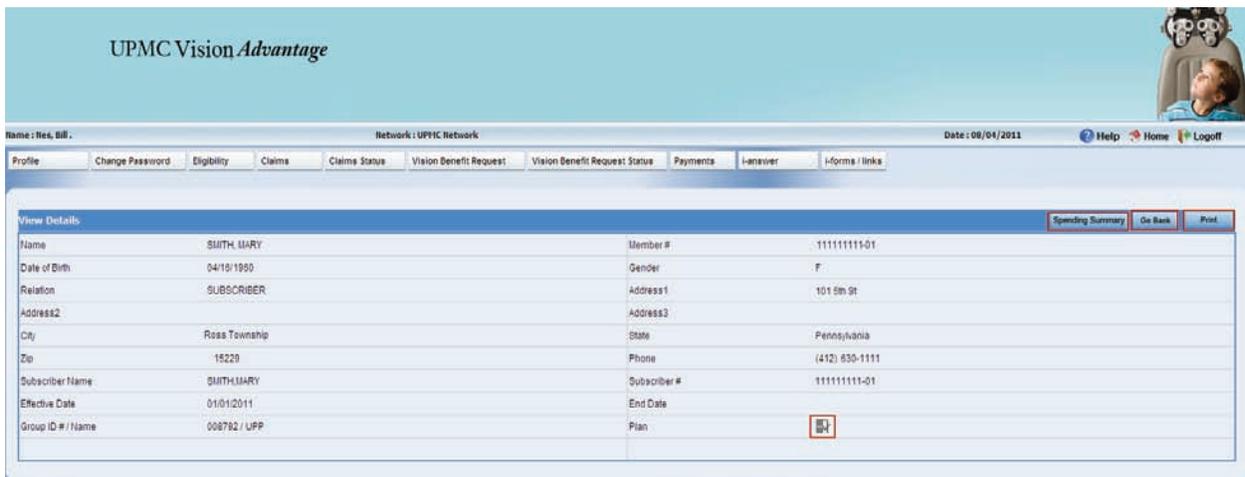
Or

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



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

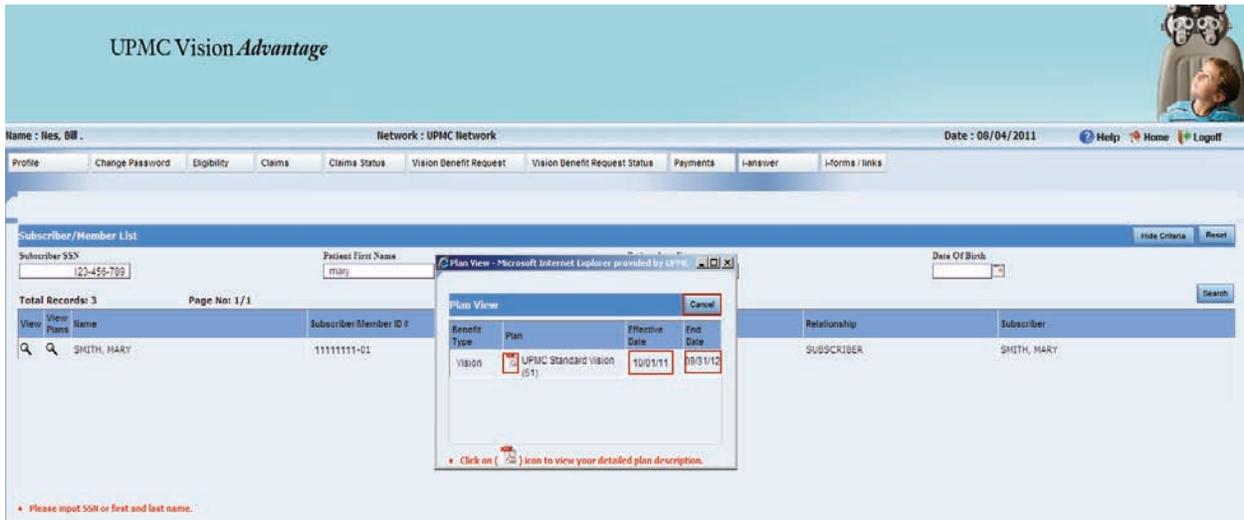
- Click on the **Plan** icon to view the plan benefits information.
- Click on **Spending Summary** to view benefit frequencies and limitations for vision services.
- To return to the eligibility search screen, click on the **Go Back** button.
- To print the member’s demographics, click on the **Print**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



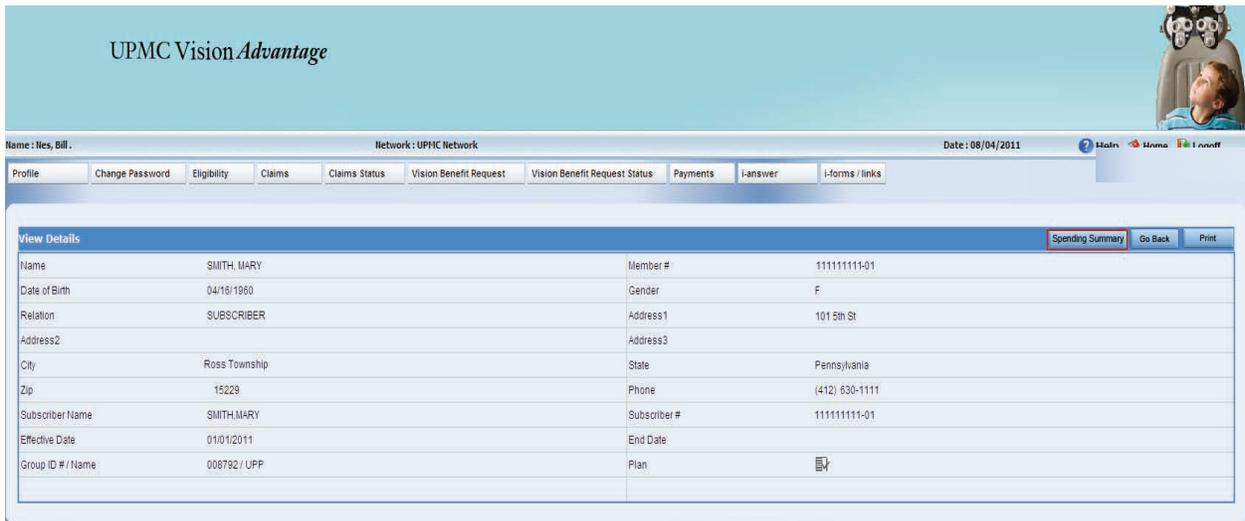
The screen shot below shows the **Plan View** pop-up box and lists the Benefit Type, Plan, Effective Date and End Date of the plan.

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

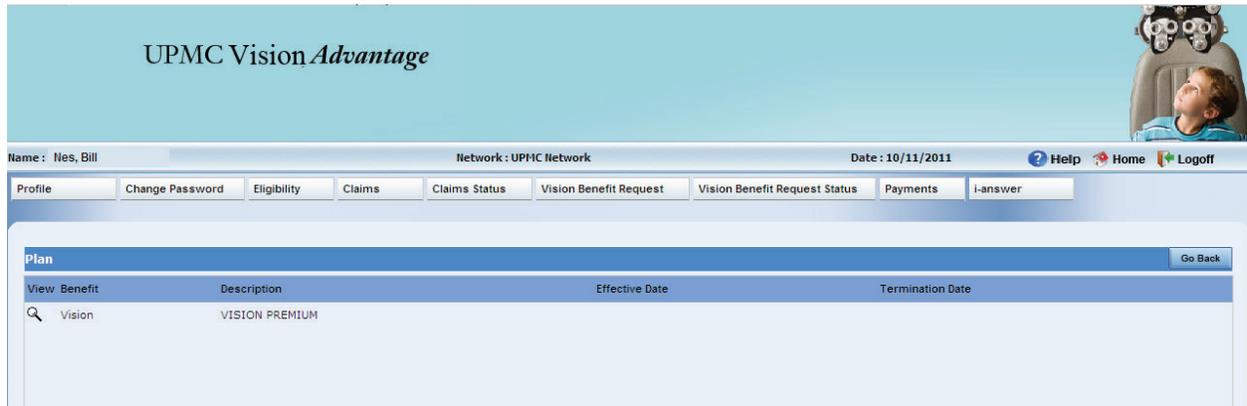
- Clicking on the **Cancel** button will close the pop-up box.



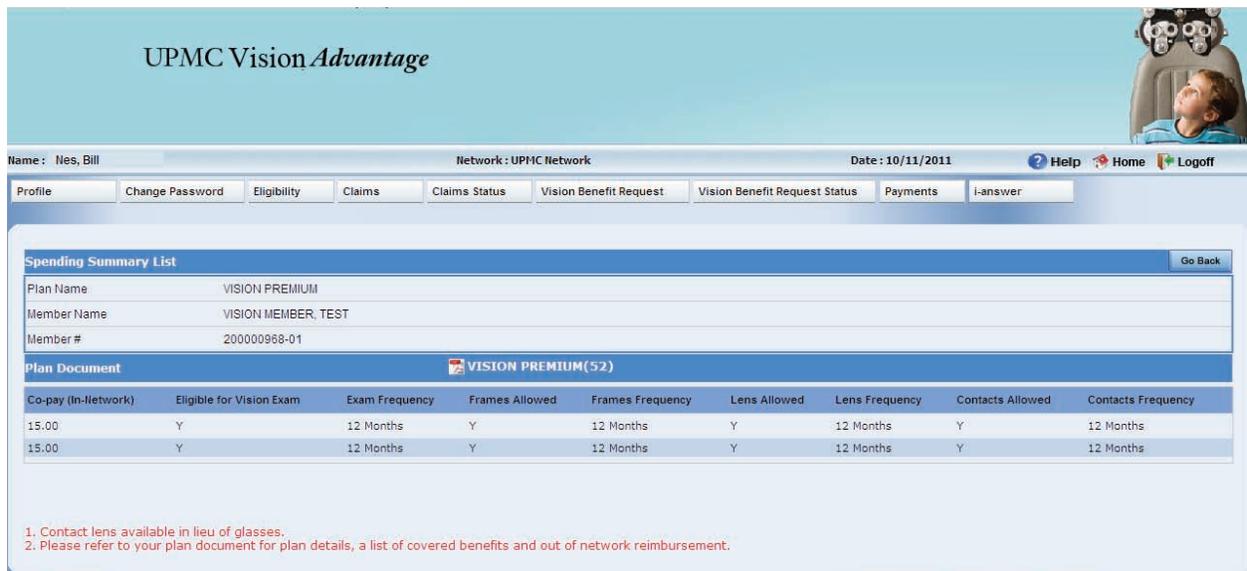
From the **View Details** screen, click on the **Spending Summary** button to view the eligible benefits for the current benefit year.



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



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.



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:

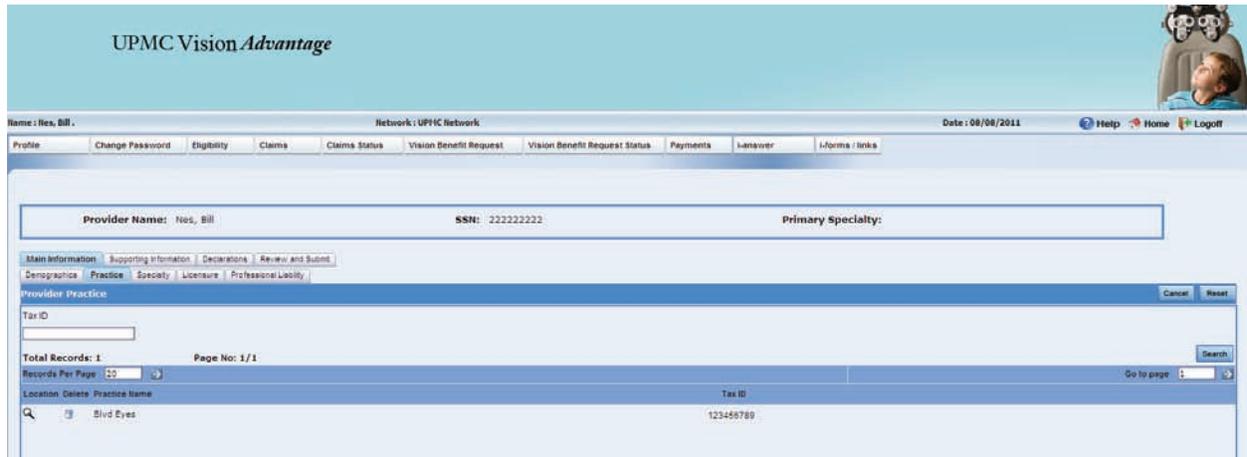
- Selecting the correct subscriber or member.
- The population of all required data fields.
- Showing what fields will be auto-populated by entering data in the first required fields.
- Mechanisms available to select proper coding of services rendered.
- The ability to correct data before finalizing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

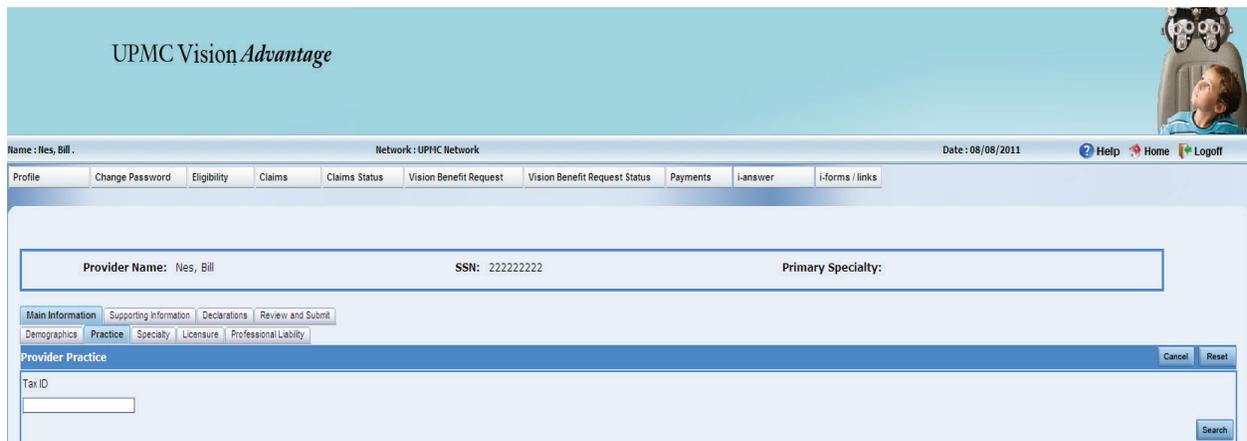
Click on the **Profile** tab, and then select the **Practice** tab.

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



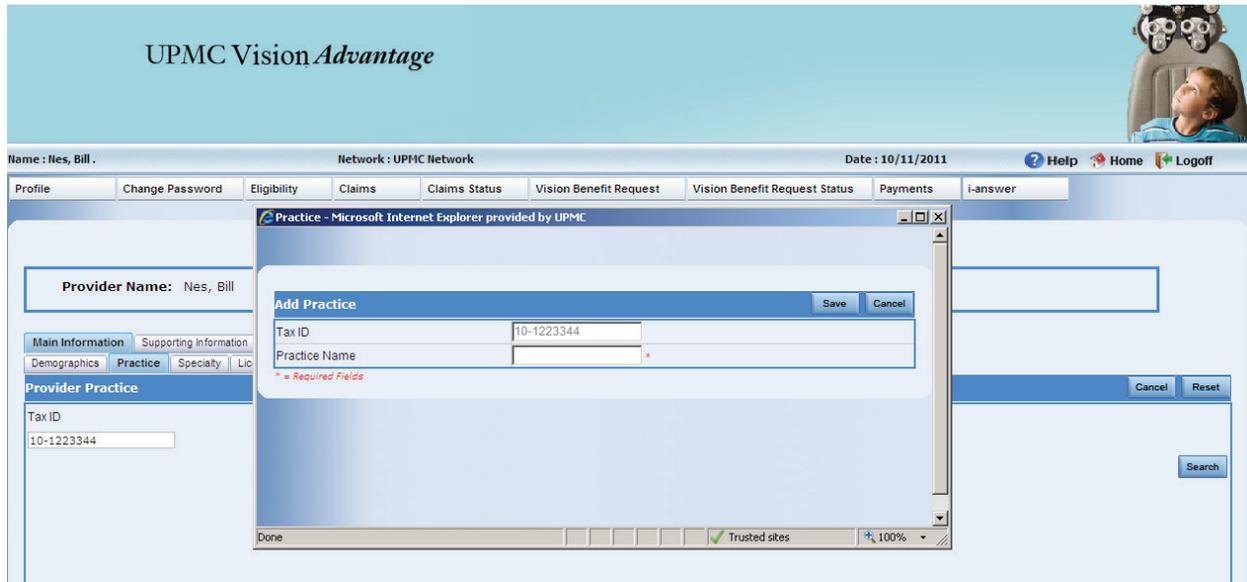
When checking the **Profile** screen, if no practice or location exists (example below), follow these steps to add your practice and location:

- 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.

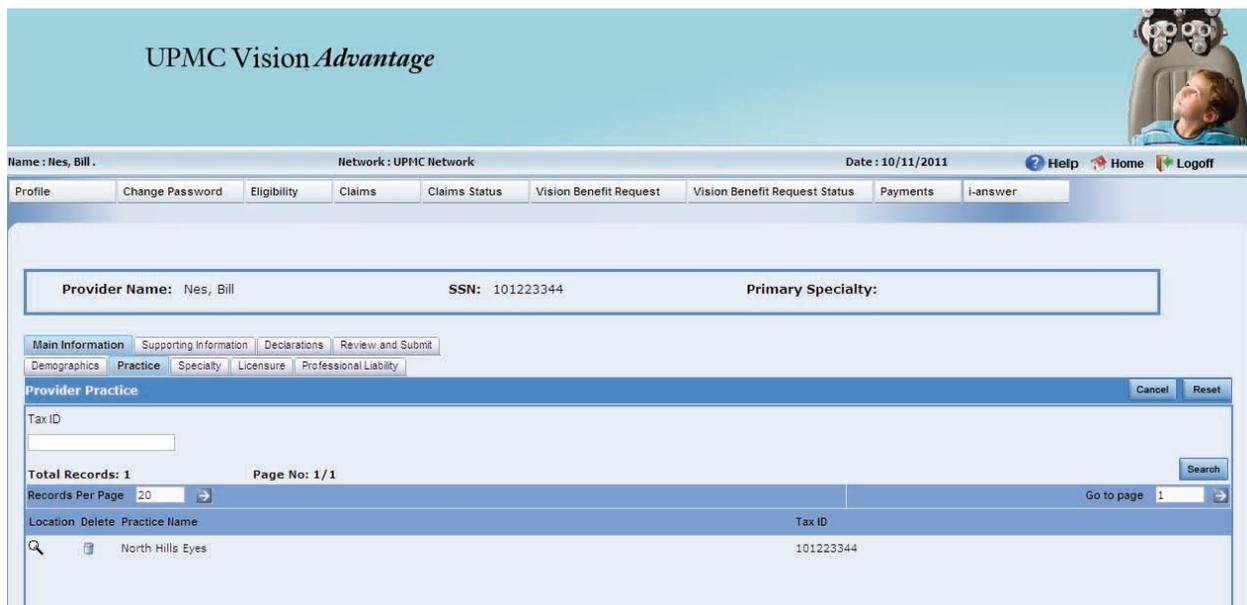


If your tax identification number is already pre-loaded, you will be able to select from a list of office addresses to assign to the tax identification number. If the applicable address is not within the list, follow the directions below to add a new address to the tax identification number.

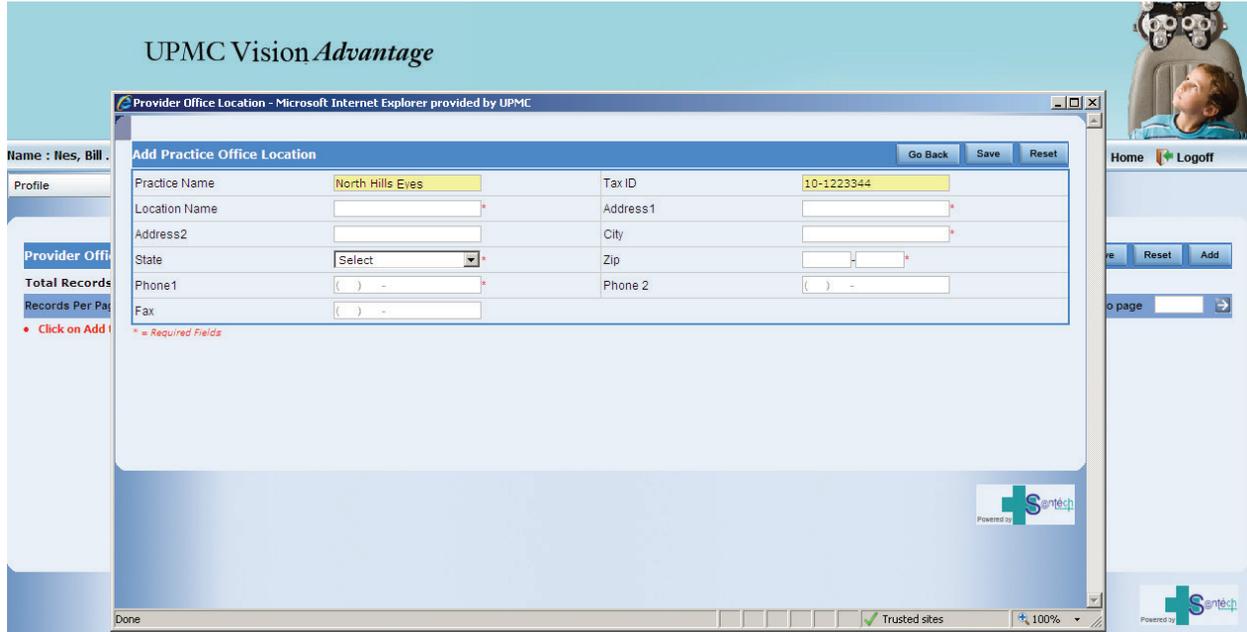
- If your tax identification number is not loaded, complete the practice screen by filling out the practice name for the tax identification and then click on the **Save** button.



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.



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:

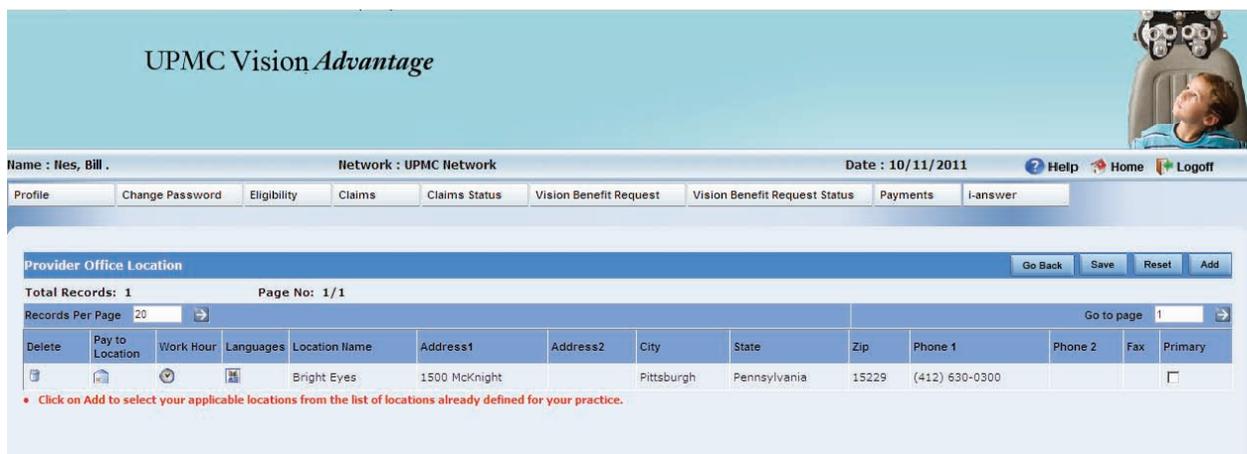


Complete the location tab by adding the data for your office location:

- **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**.



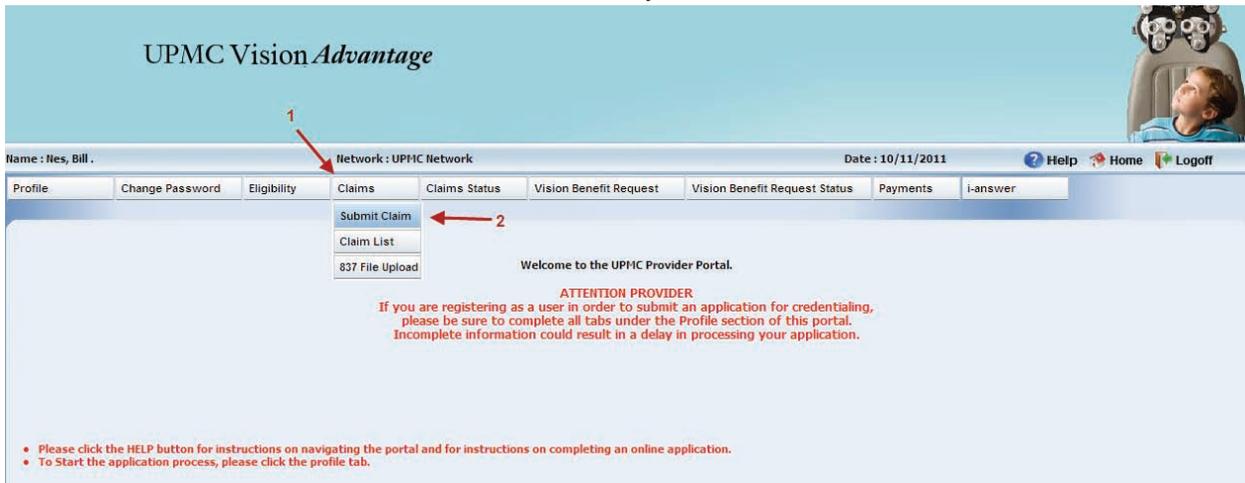
You may add as many physical locations to this tax ID number as needed by clicking the **Add** button and repeating the steps above.

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.

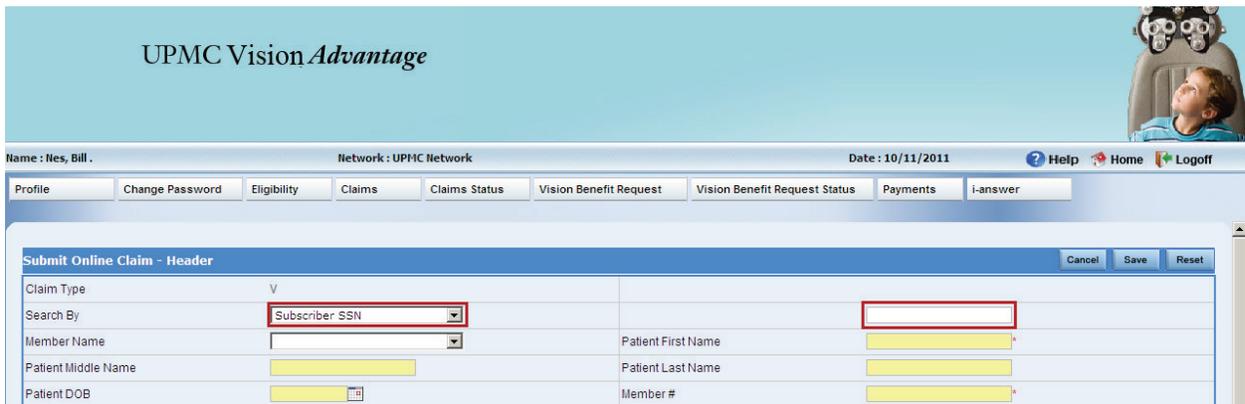
To begin a claim submission

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.



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****



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 Vision Advantage

Name: Nes, Bill Network: UPMC Network Date: 10/12/2011 Help Home Logoff

Profile Change Password Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Payments i-answer

View Details Spending Summary Go Back Print

Name	VISION MEMBER, TEST	Member #	20000968 01
Date of Birth	08/09/1970	Gender	M
Relation	SUBSCRIBER	Address1	112 WASHINGOTN PLACE
Address2		Address3	
City	PITTSBURGH	State	Pennsylvania
Zip	15219	Phone	
Subscriber Name	VISION MEMBER,TEST	Subscriber #	20000968-01
Effective Date	01/01/2011	End Date	
Group ID # / Name	V00021 / TEST VISION GROUP	Plan	

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**

UPMC Vision Advantage

Name: Nes, Bill Network: UPMC Network Date: 10/11/2011 Help Home Logoff

Profile Change Password Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Payments i-answer

Submit Online Claim - Header Cancel Save Reset

Claim Type	V		
Search By	Subscriber SSN		
Member Name		Patient First Name	
Patient Middle Name		Patient Last Name	
Patient DOB		Member #	

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 Advantage

Name: Nes, Bill Network: UPMC Network Date: 10/12/2011 Help Home Logoff

Profile Change Password Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Payments I-answer

Submit Online Claim - Header Cancel Save Reset

Claim Type	V		
Search By	Member Contract #		200000968
Member Name	VISION MEMBER, TEST	Patient First Name	TEST
Patient Middle Name	VISION MEMBER, TEST	Patient Last Name	VISION MEMBER
Patient DOB	06/09/1970	Member #	200000968-01
Gender	M	Relationship Code	SUBSCRIBER

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 Advantage

Name: Nes, Bill Network: UPMC Network Date: 10/12/2011 Help Home Logoff

Profile Change Password Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Payments I-answer

Submit Online Claim - Header Cancel Save Reset

Claim Type	V		
Search By	Member Contract #		200000968
Member Name	VISION MEMBER, TEST	Patient First Name	TEST
Patient Middle Name		Patient Last Name	VISION MEMBER
Patient DOB	06/09/1970	Member #	200000968-01
Gender	M	Relationship Code	SUBSCRIBER

The Claim Entry Screen

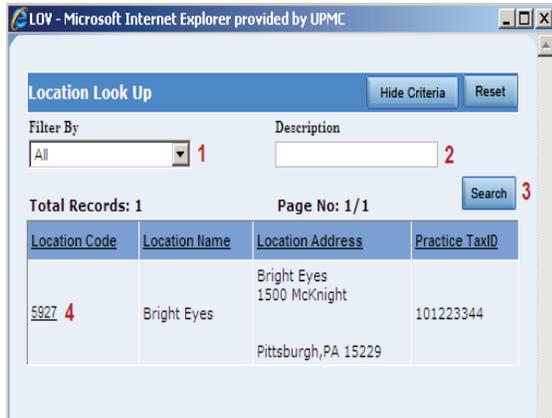
On this screen the subscriber’s name has been populated with his information. There are additional fields at the header to complete that aid in a successful claim submission. An example is listed below.

- 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 **must** be used to populate this field.

The following actions will complete the location selection process:

Click the notepad.





- **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)

- 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 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.

Submit Online Claims - Header

Claim Type: V

Search By: Member Contract # (200000968)

Member Name: TEST

Patient Middle Name: VISION MEMBER

Patient DOB: 06/09/1970

Gender: M

Patient Account #: 123test

Subscriber ID #: 200000968-01

Subscriber Type: SUBSCRIBER

Location ID # / Name: 9927 Bright Eyes

Tax ID: 101223344

Address1: 1500 McKnight

Address2:

Address3:

City: Pittsburgh

State: Pennsylvania

Zip: 15229

Billing provider name/organization name: North Hills Eyes

Servicing provider first name: Bill

Servicing provider last name: Nes

Servicing Provider NPI #:

Servicing provider Legacy Number:

Diagnosis Code: 367.1

Diagnosis Code 2:

Diagnosis Code 3:

Diagnosis Code 4:

Submit Online Claim - Detail

Change	Delete	Date Of Service	Procedure Code	Modifier	Quantity/units	Diagnosis pointer	Charge Amount
		10/13/2011	S0621		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.

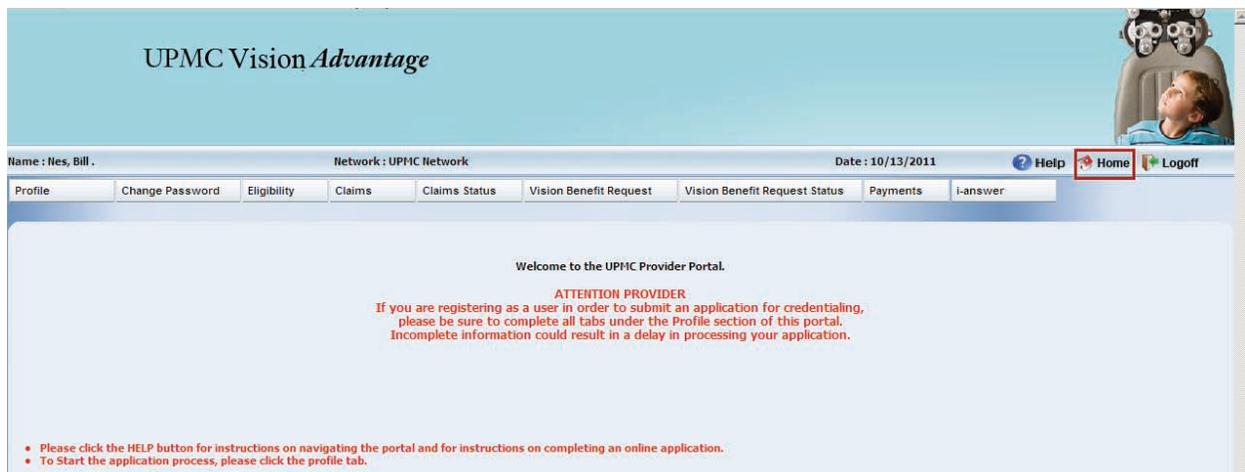
Claim List

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.

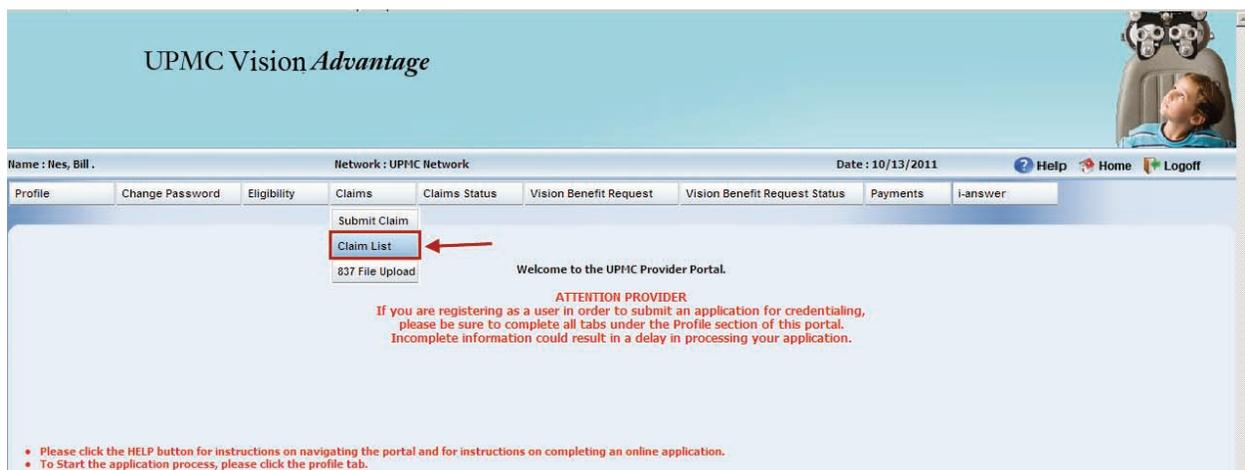
The **Claim List** function is found under the **Claims** tab on the home screen of Vision OnLine, and will allow the user to view all claims that have been submitted (history) displaying the following data:

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

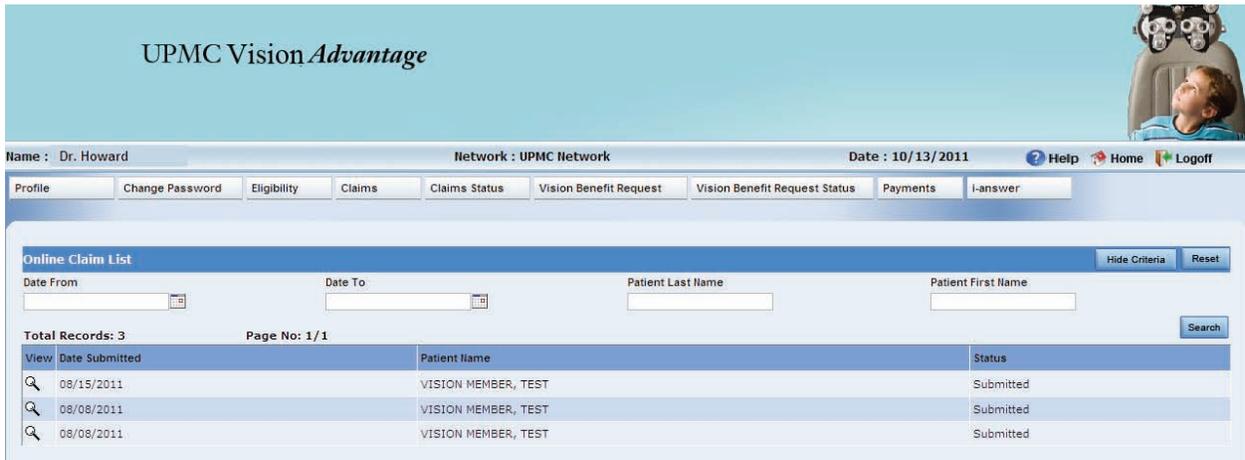
This is the **Home Screen** to which the user can return at any time during navigation by clicking on the **Home** button.



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.



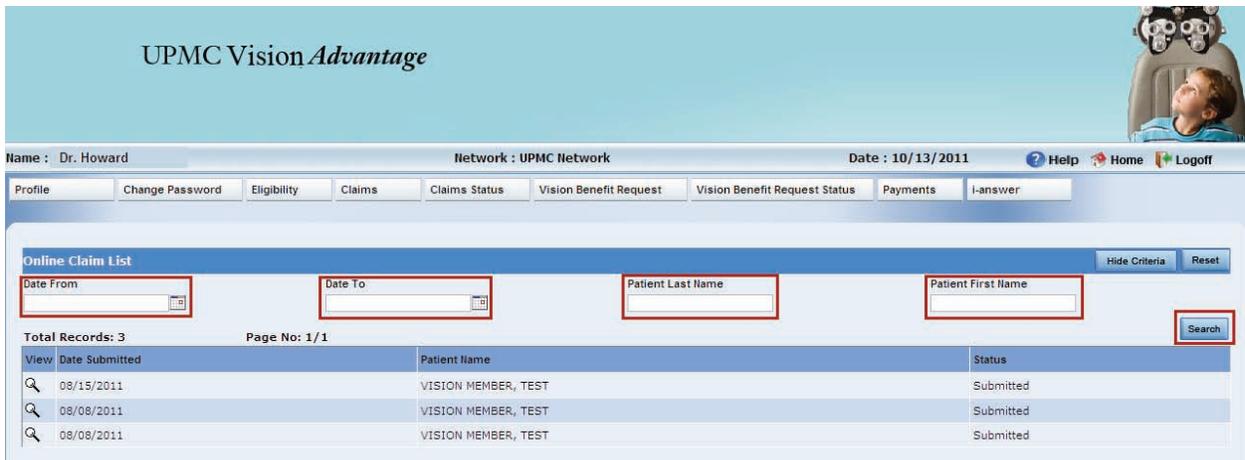
Clicking on the **Claim List** button opens the list of claims that have been submitted by the billing office, most recently submitted claims at the top of the list by default. This is referred to as an open search.



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.
- OR**
- 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.



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

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).

Date of Service	Procedure Code	Modifier	Quantity/units	Diagnosis pointer	Charge Amount
08/08/2011	S0620		1	1	2.00
Totals			1	1	2.00

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.

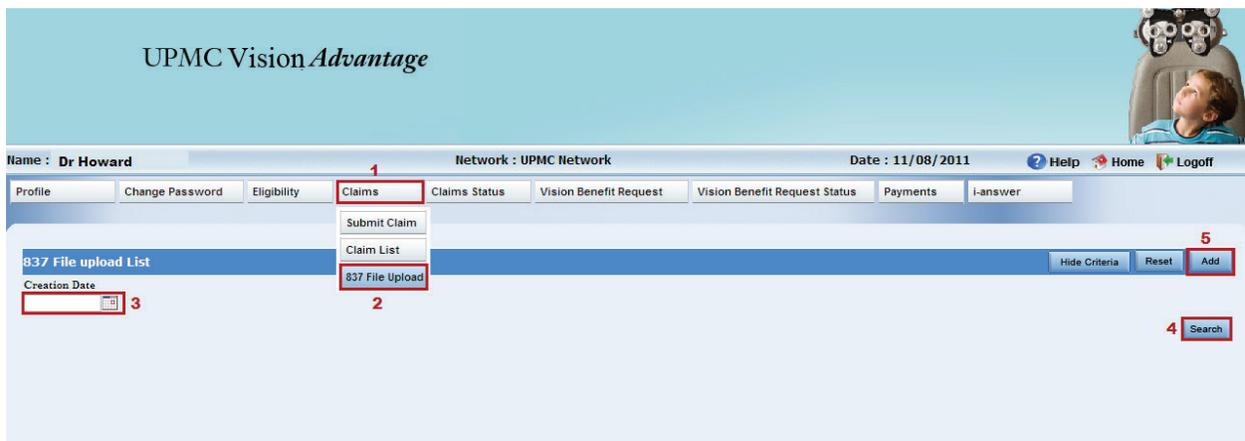
Uploading an 837P File

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 HPEDINOTIFY@upmc.edu to set up the testing cycle.

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

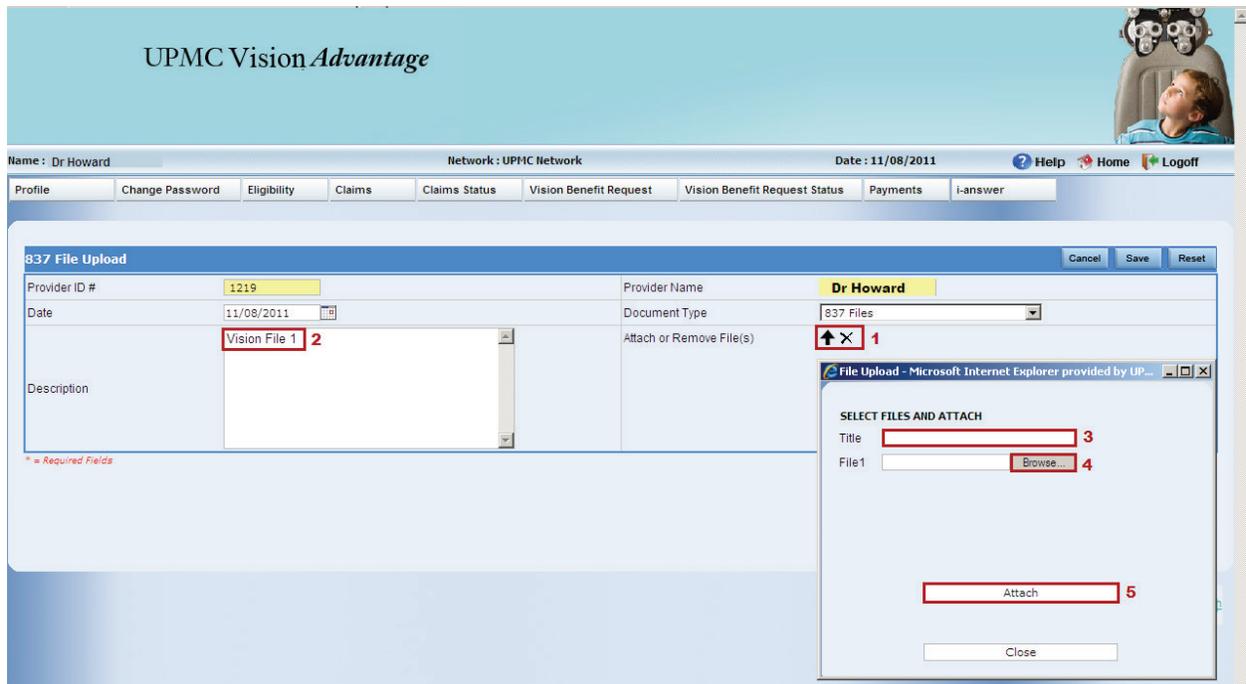
- 1) Place the cursor over the **Claims** tab and the three options available will be visible.
- 2) Click on the **837 File Upload** option to view a listing of previous submissions.
- 3) To find a specific file that has already been submitted, the user can refine the results by entering a specific date 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.



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

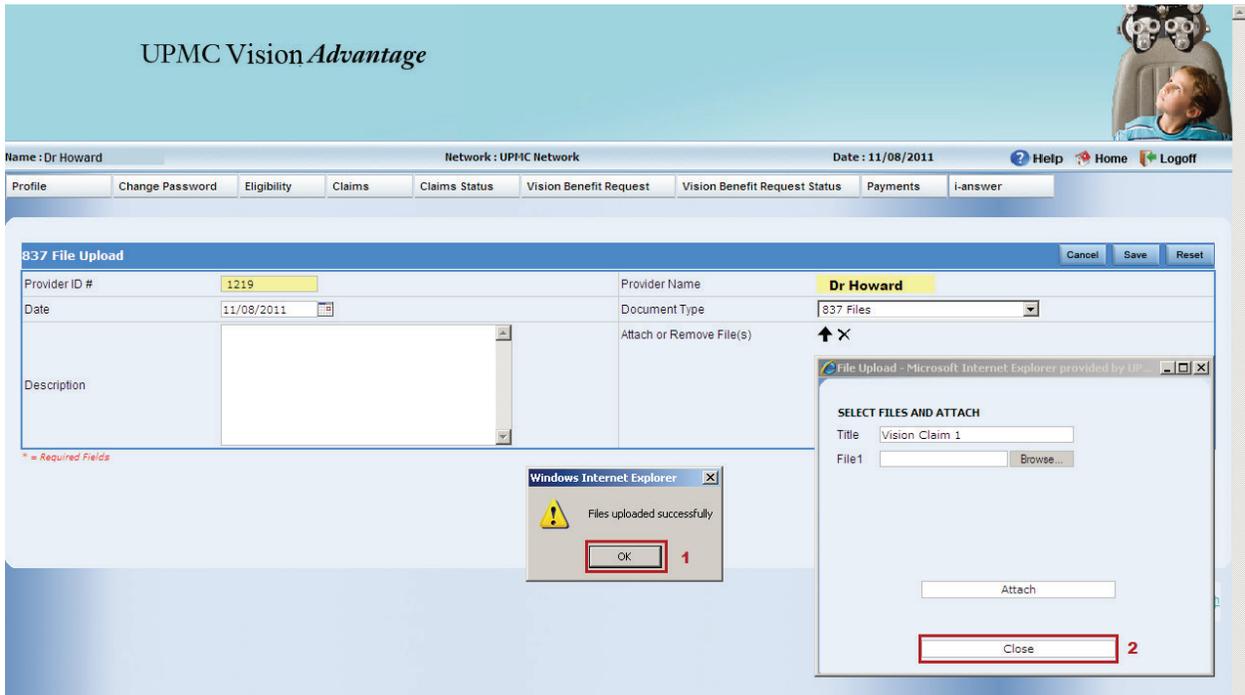
The following numbered instructions will guide the user through the process of adding an electronic file for submission:

- 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.



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.



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.

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.

File Name	Display Name	Document Type	Creation Date
vision claim1.txt	November 2011	837 Files	11/08/2011
licence_gpl.txt	test1	837 Files	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.

UPMC Vision Advantage

Name : Dr Howard Network : UPMC Network Date : 11/09/2011 Help Home Logoff

Profile Change Password Eligibility Claims **Claims Status** Vision Benefit Request Vision Benefit Request Status Payments I-answer

1

Claim Search Hide Criteria Reset

Date From 2 Date To 2 Patient Last Name 3 Patient First Name 3 4

Total Records: 3 Page No: 1/1 Search

View_Eob	Claim #	Patient Name	Provider Name	Date of Service	Claim Status	Amount Paid
Q	00014613	DENNY, DAWNA	Howard, Ron	10/21/2009	Accepted	
Q	00014611	CHAPMAN, CHARLIE	Howard, Ron	02/01/2011	Accepted	
Q	00013823	VAN BUREN, MARTIN	Howard, Ron	10/31/2011	Processed	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)

OR

- 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.

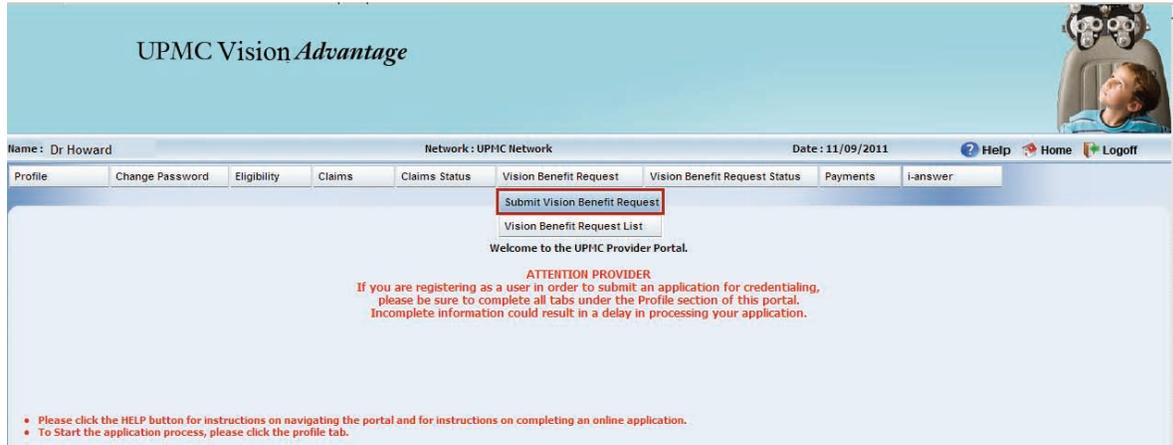
This chapter demonstrates all the steps required to submit a UPMC Vision *Advantage* Vision Benefit Request. Vision Benefit Requests are ***not required***, but provide a way to determine if benefits are available for a specific member.

**** 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.



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**



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*

Name : Dr Howard Network : UPMC Network Date : 11/09/2011 Help Home Logoff

Profile Change Password Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Payments I-answer

Vision benefit determinations can take up to 24 hours for processing. Creation and receipt of a vision benefit request number does not guarantee eligibility for services. Payment is contingent upon the member's benefit eligibility as of the date services are rendered.

If you would like to check a member's eligibility for services, please visit the Eligibility section of Vision Online or contact the UPMC Vision Benefit Advisory team at 1-877-648-9621 during normal business hours.

Vision Benefit Request - Header Cancel Save Reset

Claim Type	A	Claim Type	
Search By	Member Contract # 1	Member Contract #	200003202 2
Member Name		Patient First Name	
Patient Middle Name		Patient Last Name	
Patient DOB		Member #	
Gender		Relationship Code	
Patient Account #		Claim Type	

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.

UPMC Vision *Advantage*

Name : Dr Howard Network : UPMC Network Date : 11/09/2011 Help Home Logoff

Profile Change Password Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Payments I-answer

Vision benefit determinations can take up to 24 hours for processing. Creation and receipt of a vision benefit request number does not guarantee eligibility for services. Payment is contingent upon the member's benefit eligibility as of the date services are rendered.

If you would like to check a member's eligibility for services, please visit the Eligibility section of Vision Online or contact the UPMC Vision Benefit Advisory team at 1-877-648-9621 during normal business hours.

Vision Benefit Request - Header Cancel Save Reset

Claim Type	A	Claim Type	
Search By	Member Contract #	Member Contract #	200003202
Member Name	PEACH, MARY 1	Patient First Name	MARY
Patient Middle Name	PEACH, FRED	Patient Last Name	PEACH
Patient DOB	PEACH, MARY 2	Member #	200003202-02
Patient DOB	01/02/1983	Relationship Code	SPOUSE
Gender	F	Claim Type	
Patient Account #			

The Vision Benefit Request Entry Screen

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

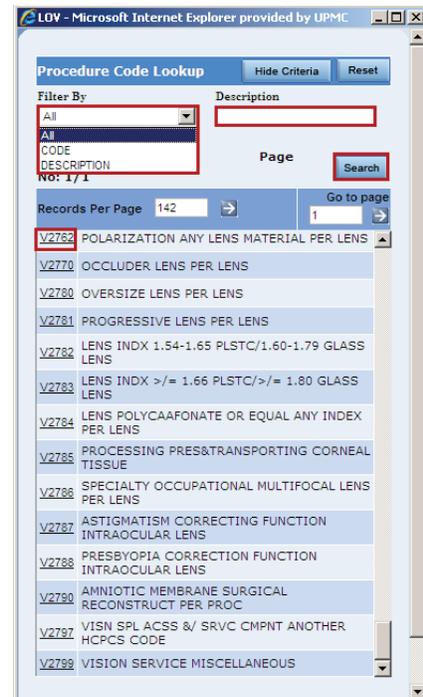
- 1) **Patient Account Number** – not required but helpful in correspondence and office record keeping.
- 2) **Location ID #/Name** – The notepad to the right of the field is incorporated for the user to select the place of service from a multiple location practice. By selecting the location, it will auto-populate the dentist’s location demographics. The notepad **must** 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)

Location Code	Location Name	Location Address	Practice TaxID
5927	Bright Eyes	Bright Eyes 1500 McKnight Pittsburgh, PA 15229	101223344

- 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 codes for viewing and selection.

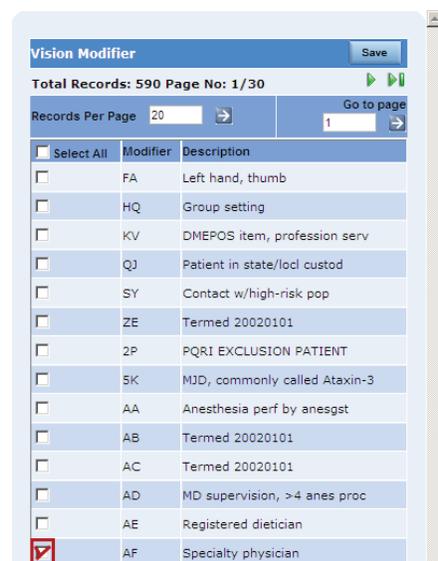
- Pull **All (1)** codes and click the **Search (3)** button.
- Filter by **CODE (1)** and put a partial code in **Description (2)**. Click the **Search (3)** button.
- Filter by **Description (1)** and put in a partial description (ex. frames).
- Click on **Code (4)** of desired procedure to populate the form. That will automatically close the pop-up box.



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.



- 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.

- 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.

The screenshot displays the UPMC Vision Advantage interface. At the top, the title 'UPMC Vision Advantage' is shown. Below the title, the user's name 'Dr Howard' and the network 'UPMC Network' are visible. The date is '11/10/2011'. A navigation bar includes 'Profile', 'Change Password', 'Eligibility', 'Claims', 'Claims Status', 'Vision Benefit Request', 'Vision Benefit Request Status', 'Payments', and 'i-answer'. The main form contains patient information such as Member Name, Patient First Name (MARY), Patient Last Name (PEACH), Patient DOB (01/02/1983), Gender (F), Patient Account # (Peach02-355), Location ID # / Name (3891 North Hills Eyes), Address1 (1100 McKnight Road), Address2 (Suite 200), Address3 (Pittsburgh), State (Pennsylvania), Billing provider name/organization name (Howard's Healthy Eyes), Servicing provider first name (Henry), Servicing Provider NPI # (1234567890), Patient First Name (MARY), Patient Last Name (PEACH), Member # (200003202-02), Relationship Code (SPOUSE), Claim Type, Tax ID (112223344), Address2 (Suite 200), City (Pittsburgh), Zip (15229), Diagnosis Code, Servicing provider last name (Howard), and Servicing provider Legacy Number (10101).

The 'Vision Benefit Request - Detail' section shows a table with the following data:

Change	Delete	Procedure Code	Modifier	Quantity/units	Diagnosis pointer	Charge Amount
1		S0620		1	1	75.00
	2	V2020		2	1	150.00

At the bottom right of the form, the text 'Total Quantity : 3 and Total Claim : 225.00' is displayed. The 'Vision Benefit Request - Header' section includes buttons for 'Cancel', 'Save', and 'Reset', with the 'Cancel' button highlighted by a red box and the number '3'.

- 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.

UPMC Vision Advantage

Name : Dr Howard Network : UPMC Network Date : 11/10/2011

Profile Change Password Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Payments i-answer

Submit Vision Benefit Request
 Vision Benefit Request List (1)

Hide Criteria Reset (2)

Date From (3) Date To (3) Patient Last Name (4) Patient First Name (4)

Total Records: 58 Page No: 1/3

Records Per Page 20 Search (5)

View	Cancel	Vision Benefit Request #	Patient Name	Date Submitted	Valid Through	Status
Q (6)	X	1000374149866489257	Peach, Mary	11/09/2011	02/07/2012	Submitted

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).

UPMC Vision Advantage

Name : Dr Howard Network : UPMC Network Date : 11/10/2011

Profile Change Password Eligibility Claims Claims Status Vision Benefit Request Vision Benefit Request Status Payments i-answer

Vision Benefit Request Detail (3)

Claim Type A Subscriber SBI# 165564430

Patient Name Peach, Mary 08/12/1959

Member # 200003202-02 F

Relationship Code SPOUSE Peach02366

Location ID # / Name 3891 North Hills Eye 11222344

Address1 1100 McKnight Road Suite 200

Address3 Pittsburgh

State PA Zip 15229

Billing provider name/organization name Howards Healthy Eyes Diagnosis Code 9999.9

Servicing provider first name Henry Servicing provider last name Howard

Servicing Provider IPI# 1234567890 Servicing Provider Legacy Number 101010

Procedure Code	Modifier	Quantity/units	Diagnosis pointer	Charge Amount
99999		1	1	90.00
Totals		1	1	90.00

Procedure Code Description (1)

Close (2)

Go Back (3)

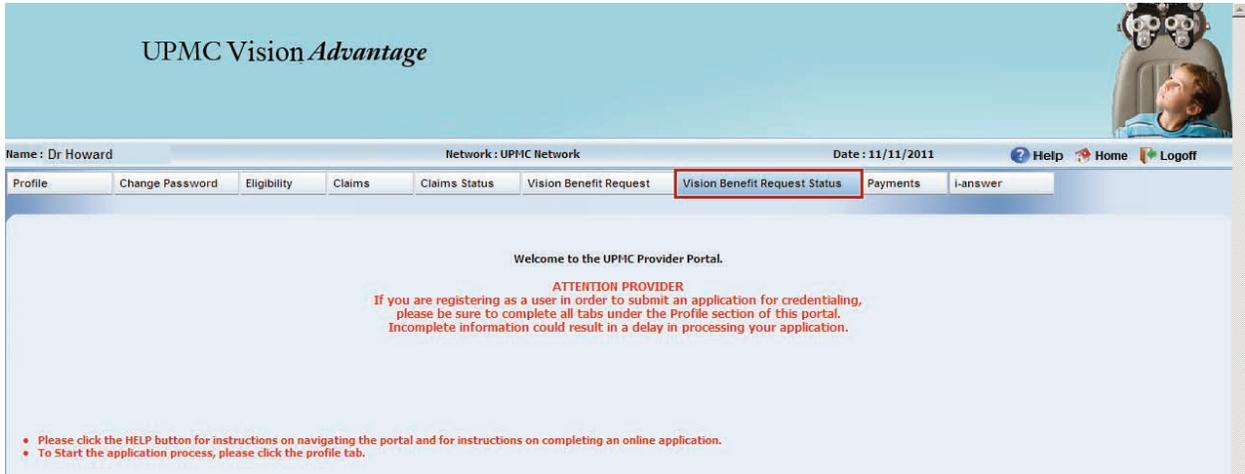
Checking a Vision Benefit Request Status

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.

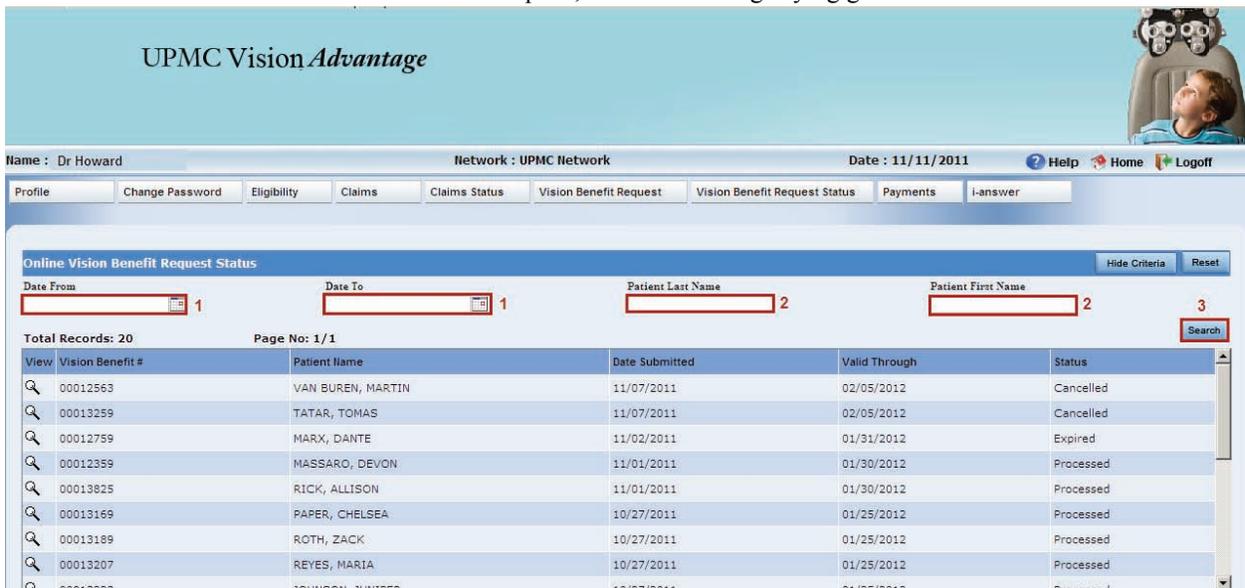
Vision Benefit Request Status

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.



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.



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.

The screenshot shows the 'Vision Benefit Request Status' page. At the top, there is a navigation bar with the following tabs: Profile, Change Password, Eligibility, Claims, Claims Status, Vision Benefit Request, Vision Benefit Request Status, Payments, and Answer. The main content area is titled 'Vision Benefit Request Status' and contains a 'Go Back' button. Below this, there is a table with the following data:

Subscriber	PARKER, GLENN	Member #	20000320402
Patient Name	PARKER, PAULETTE	Vision Benefit Request #	00016289
Provider Name	HOWARD MD, RON	Date	11/29/2011
Vision Benefit Request Valid Through	02/19/2012		

Below the table, there is a summary table with the following columns: Procedure Code/Description (Modifier), NUM OF SERV, PROVIDER'S CHARGE, ALLOWANCE, APPROVED AMOUNT, COPAY AMOUNT, DED AMOUNT, AMOUNT NOT APPROVED, and REMARK(S). The data row shows:

Procedure Code/Description (Modifier)	NUM OF SERV	PROVIDER'S CHARGE	ALLOWANCE	APPROVED AMOUNT	COPAY AMOUNT	DED AMOUNT	AMOUNT NOT APPROVED	REMARK(S)
V2200 SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS (-)	2	150.00	66.00	66.00	0.00	0.00	0.00	0A
TOTALS				66.00	0.00	0.00	0.00	

At the bottom of the page, there is a 'Remark Code' table with the following data:

Remark Code	Remark Description
0A	REIMBURSED AT CONTRACTED 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.
- 9) **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.

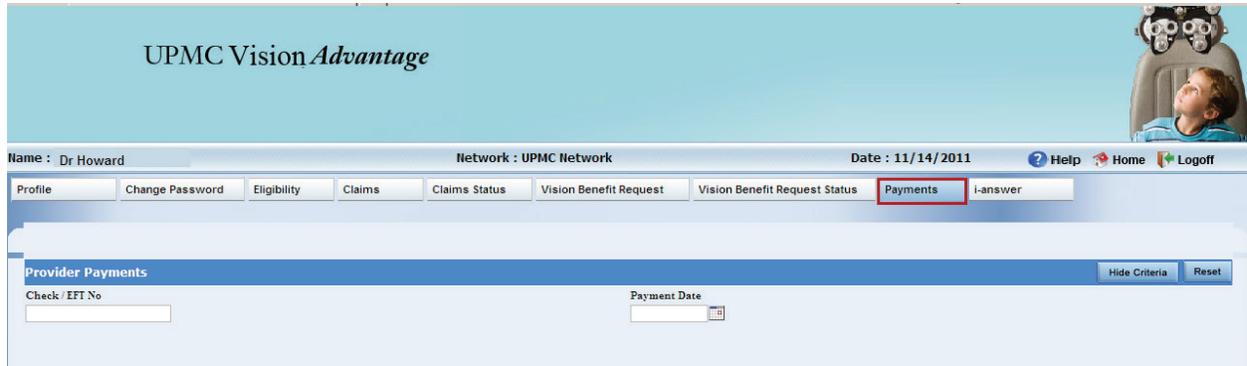
Payments

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.

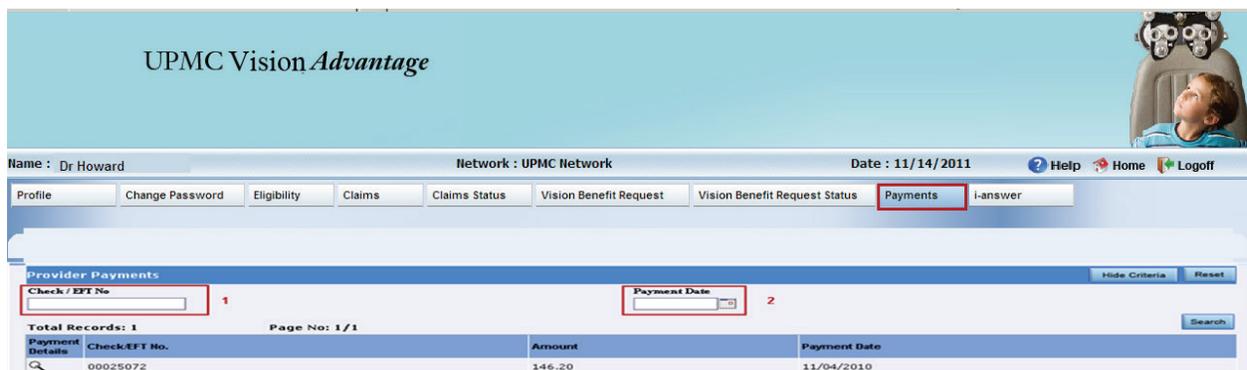
Payments

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



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.



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

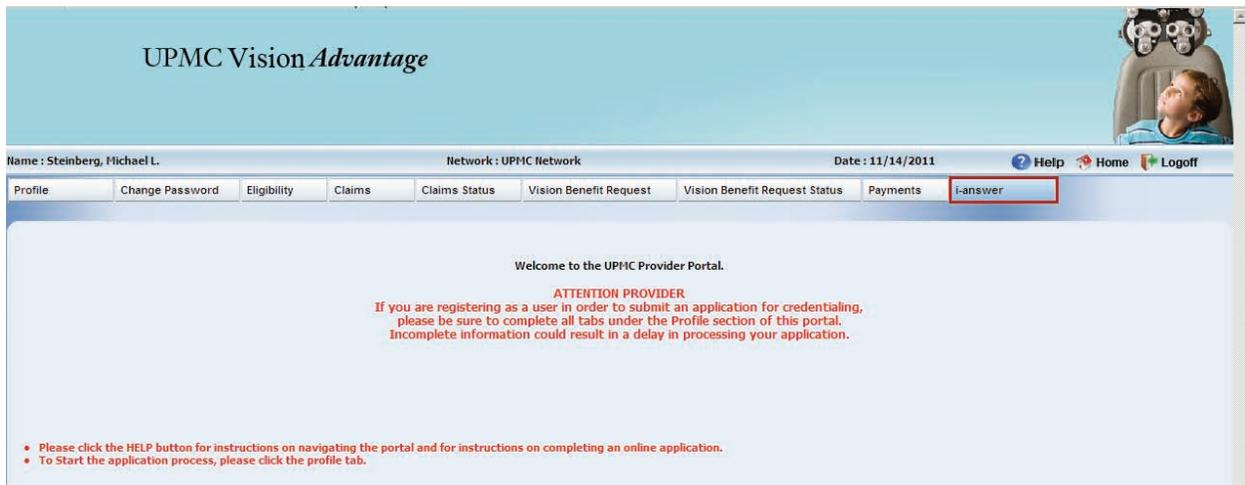
In this chapter, the user will learn how to:

- 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.

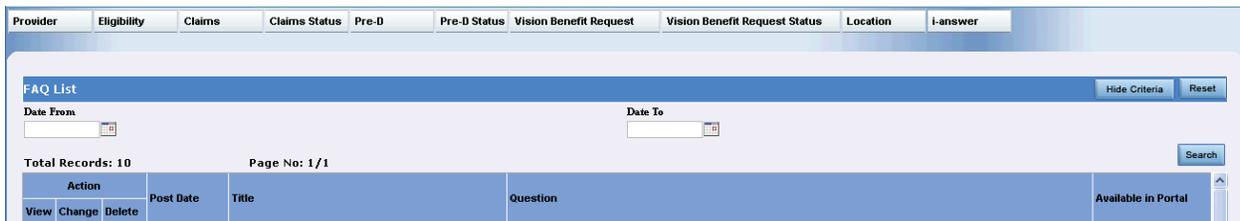
i-answer

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.



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



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*