Versant Health Retailers and Portal guide

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

Version 1.0

Bringing you

DavisVision   **Superior**Vision

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Getting started in the Portal

The Versant Health Eye Care Professional Portal is your best tool for applying Versant Health benefit plans to your patient's vision care services and materials. You play a crucial role in helping Versant Health deliver on our mission of helping members enjoy the wonder of sight through healthy eyes and vision.

The Versant Health Eye Care Professional Portal gives you a tool to expand your ability to meet your patients' needs and help you grow your business too. This portal allows you to submit claims for all services and materials for your patients with Versant Health benefit plans.

What can I do in the Portal?

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

- Verify patient benefits and current eligibility/enrollment info
- Enter and update service and material claims; review and track the status of claims.
- Access to Versant Health forms and announcements with changes in service or participating eye care professional agreements
- Single username access to both Davis Vision and Superior Vision networks.
- Manage and Administer your office user accounts
- Create Davis vision authorizations

Contact us at Versant Health

Versant Health representatives can provide the information you need. Click the **Contact Us** link at the bottom of every page in the Portal for assistance. If you have a contract with both Versant Health companies,

that is, you provide overlapping services, contact the resource that pertains to the member or claim you are inquiring about.

Davis Vision Eye Care Professionals

For Help with…	Phone Number/Email	When to Call
Customer Service **Provider Relations**	1 (877) 235-5316 Providerhelp@versanthealth.com	Monday – Friday, 8 am – 8 pm ET Saturday 9 am – 4 pm ET

Superior Vision Eye Care Professionals

For Help with…	Phone Number/Email	When to Call
Customer Service **Provider Relations**	1 (877) 235-5317 Prsupport@superiorvision.com	Monday – Friday, 8 am – 9 pm ET Saturday 11 am – 4:30 pm ET

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

Figure 1.   ECP Portal – Contact Us – Davis Vision

Figure 2.   ECP Portal – Contact Us – Superior Vision

Accessing the Eye Care Professional Portal

This portal is designed to support the following browsers:

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

Logging into the portal for the first time

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

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

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

CONFIRM NAVIGATION

It is time to begin using the new Versant Health eye care professional portal, where you can either create a new account or use your new credentials that you created during pre-registration.

To get started, review the portal guides and video tutorials for more information!

To login or create a new account, go to new eye care professional portal.
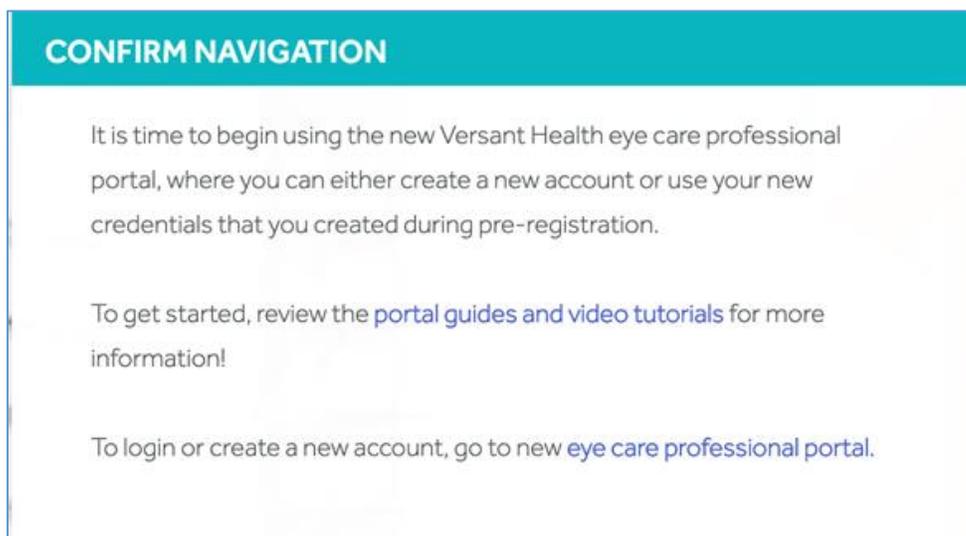
Figure 3.   Confirm Navigation Message

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

2. Click the **Eye Care Professional portal** [link](#) to display the new Versant Health Eye Care Professional Portal Login page.
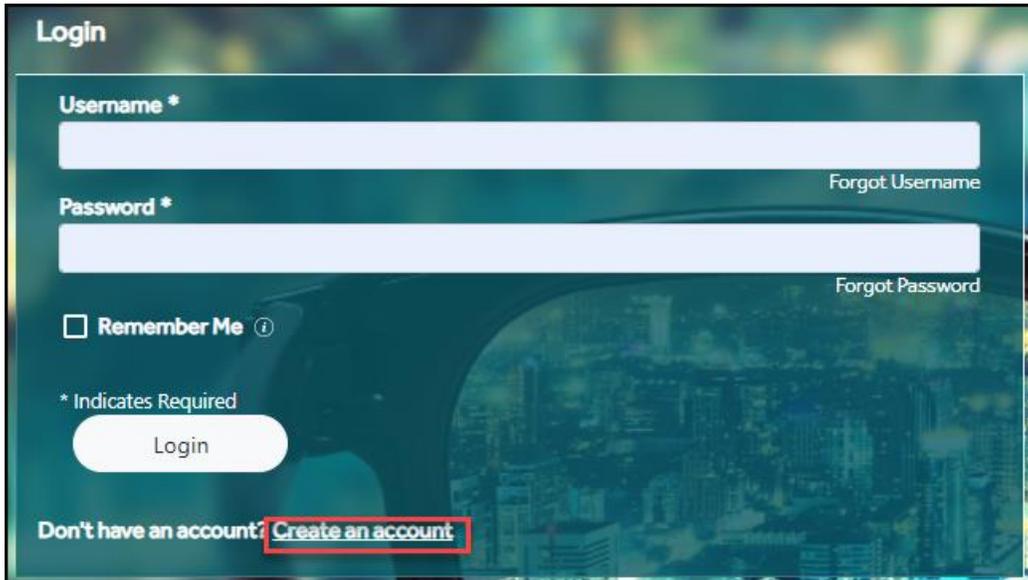
Figure 4.   ECP Portal – Login Page

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

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

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

4. Complete these required fields and click **Next** to continue.

- **Tax ID/Rendering NPI**
  Enter the appropriate information based on your role.

- **Office ID**
  Enter your Versant Health Office ID in this field. This number should have been provided to you by your corporate offices. **Note**: If you have more than one Versant Health affiliation, enter either your Davis Vision ID or Superior Vision ID. Your default location will be set based on this entry, but you can select other locations associated with your Office ID.

- **I am not a Robot**
  Click this check box to indicate that you are not a robot.

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

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

5. Complete the required fields with your personal identification and contact information. Most of these entries are required and self-explanatory.

- **First Name/Middle Name/Last Name**
  Enter your name in the fields provided.

- **Username**
  Enter a new username in this field.
  Note: Do not use your old username and do not share your username with anyone else. This will help ensure that the portal remains secure.

- **Password/Confirm Password**
  Enter the same password in each field. Passwords must be a minimum of eight characters, contain at least one uppercase and one lowercase character, and have at least one special character in them to be validated.
  Note: These Username and Password entries will become your new login credentials, so it is important to remember them.

- **Email Address/Confirm Email Address**
  Enter the same valid email address in each field.

- **Access Code/Token Number**
  The entry in this field determines the type of user rights you have. Office Administrators are the users responsible for managing the portal access of the office staff.

  - **If you are an Office Staff member**, leave this field blank.

  - **If you are an Office Administrator**, enter the **Access Code** See **Working with user accounts (office administrators)** for more about the Office Administrator role.

6. When you have completed these entries, click the **Terms & Conditions** link and review the terms and conditions for using the new portal. When you have completed this review, scroll to the bottom of the page and click **Accept and Continue**. This selects the Terms and Conditions check box.

7. Click **Next** to continue to the Review / Submit page.
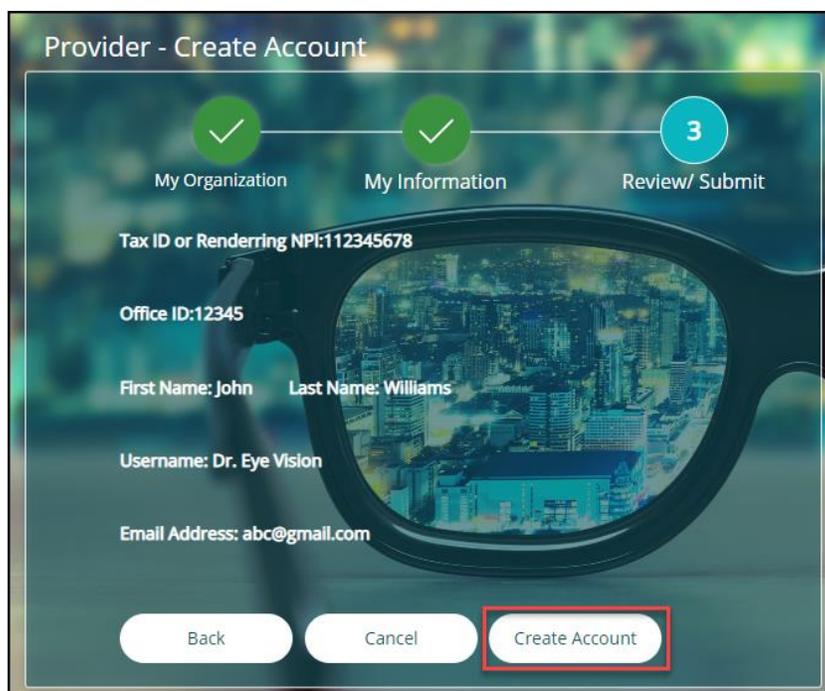
Figure 7.   ECP Portal – Create Account – Review / Submit Page

8. Verify your entries to ensure accuracy.

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

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

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

Figure 8.   ECP Portal – Account Creation Confirmation Message

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

From: noreply@versanthealth.com
Sent: Monday, April 1, 2019 10:10 AM
T0: JohnN <email address>
Subject: Welcome to the Versant Health Eye Care Professional Portal – Account Verification

Dear <FirstName LastName Initial.> Example: "Dear John N."

Thank you for becoming a registered portal user. Versant Health will use this email address for any important information and future correspondence.

To finalize profile registration, please click on the "Verify account" button below and enter the following verification code (PIN) as prompted to validate your registration.
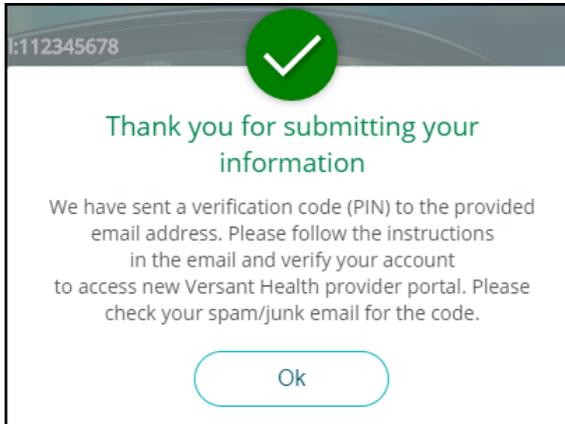
Verification code (PIN):

1549

Verify your account using below button:

VERIFY ACCOUNT

Your temporary verification code (PIN) will only be valid for 60 minutes and can only be used once. Please complete this step as soon as possible.

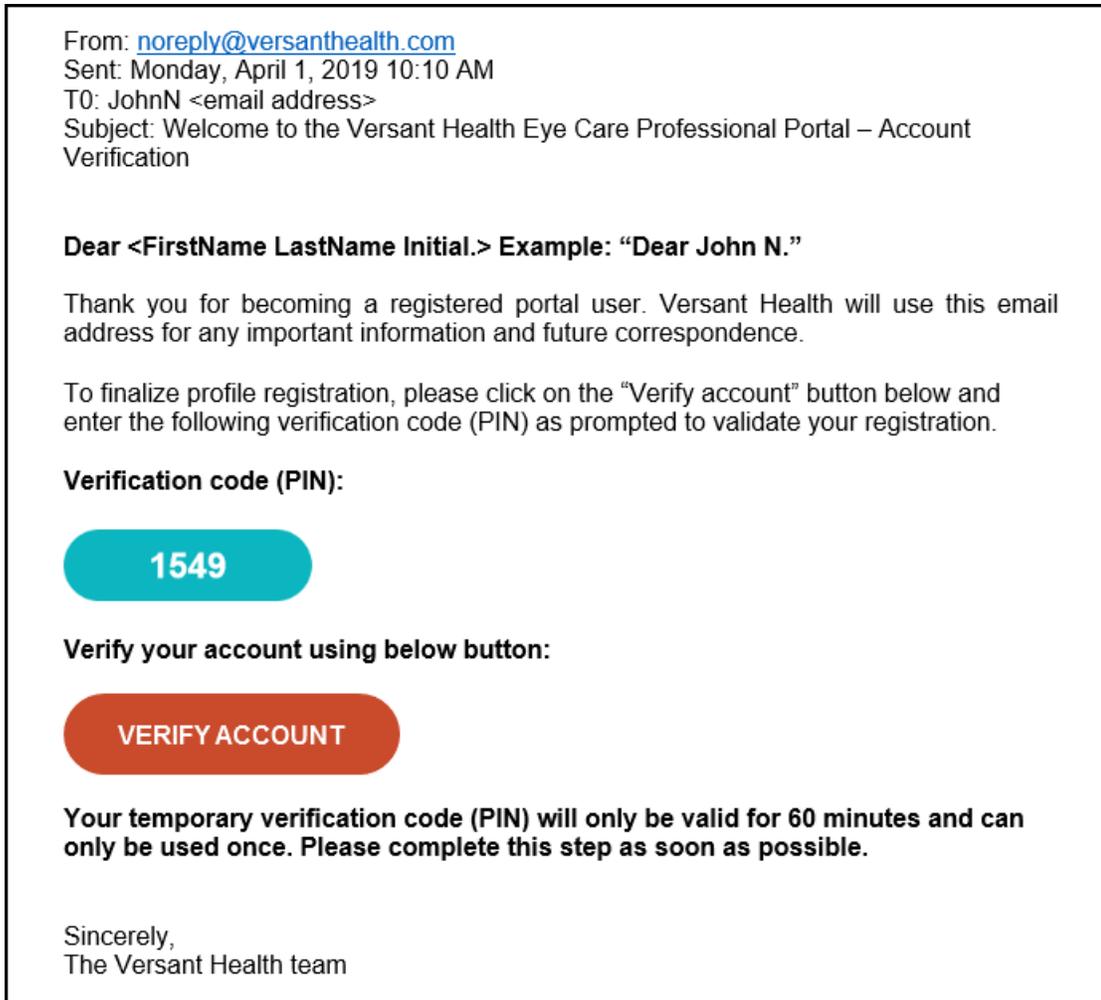Sincerely,
The Versant Health team

Figure 9.   ECP Portal – Email Verification Code

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

11. In the verification email message, click the **Verify Account** button to return to the Account Verification code page.
    Note: If you do not complete this process within 60 minutes, follow the instructions in **Resending your account verification code** to get help.

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

Figure 10. ECP Portal – Account Verification Fields

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

- **Verification Code**
  Enter the PIN number from your email.

13. Click **Submit**. A confirmation message displays.

14. Click **OK**. The Portal Dashboard displays and you are logged into the portal.

Figure 11. ECP Portal – Portal Dashboard

From here, you can:

- Select a default office location from the **Location** drop down list on the Portal Dashboard.

- Review alerts that apply to benefits or your portal account
  Office Administrator Note: Please perform a user access review

as discussed in **Conducting your user access review** to ensure the portal site is secure.

▪ Learn more about the Portal Dashboard, see **Reviewing the Portal Dashboard**.

Resending your account verification code

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

You must complete this process promptly though, because both the PIN number and the Verify Account link expire. If you have not entered the verification code within 60 minutes, the PIN number in the email expires. If you do not click the Account Verification link within 96 hours, this link also expires.

Account verification (check your email)

Please enter the verification code (PIN) from the email that was sent to your account's primary email address. You may need to check your spam folder.

| Username: | Password: * | Verification code (PIN): * | |
| nik@123 | Enter password | Enter <number of digits> digit verification code | Resend Code |

* Indicates Required

Submit

Figure 12. ECP Portal – Account Verification Fields

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

1. Review the username, password, and email address to verify your account information. If these entries are not accurate, it might explain why you did not receive your account verification code.

2. In the Account Verification box, click **Resend code**.
   The Confirm email address message displays.

3. In the **Password** field, enter the password associated with your ECP Portal username. This information is required.

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

   When the portal validates your email address, this confirmation

message displays:

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

5. Click **OK** to close the confirmation message and check your email account for the verification code.

6. Then, return to **step 11** in **Logging into the portal for the first time** to complete the account verification process.

Still having trouble logging in?

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

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

1. Return to the account verification email you received and click the **Verify Account** button. A message explains that the link has expired and you are prompted to complete new credentials.

2. Enter your office's Tax ID or Rendering NPI in the fields provided.

3. Enter your Office ID provided to you from your corporate office. **Note**: This is not your office phone number.

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

4. Enter a new password in the fields provided that will be associated with these office credentials.
   Passwords must be a minimum of eight characters, contain at least one uppercase and one lowercase character, and have at least one special character in them to be valid.

5. Submit the new password to prompt the portal to send you a new verification code (via the email address you verified).

6. Follow the instructions in **step 11** in **Logging into the portal for the first time** to complete the account verification process.

Logging into the new portal (after creating a profile)

When you have created your new profile, you can use the log-in fields to access the Versant Health Eye Care Professional Portal.

1. Follow the Versant Health Eye Care Professional Portal **link**.
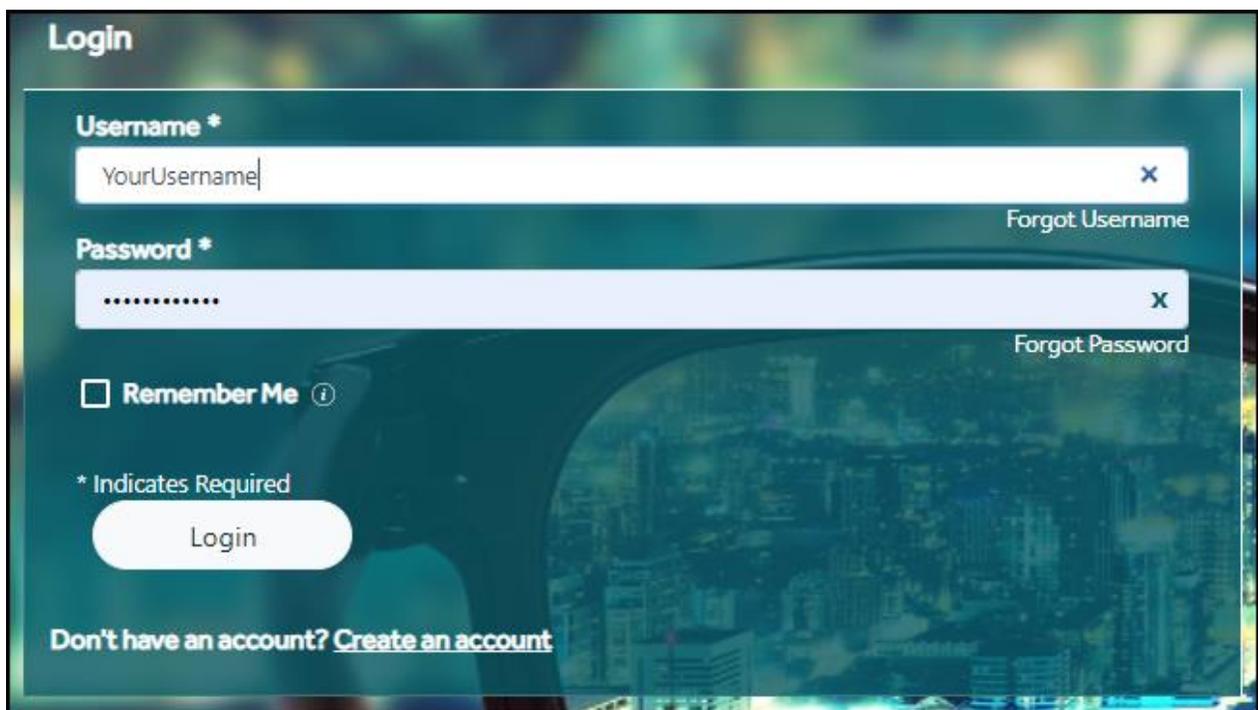   The ECP Portal Login fields display.

Figure 13.   ECP Portal – Login Page

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

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

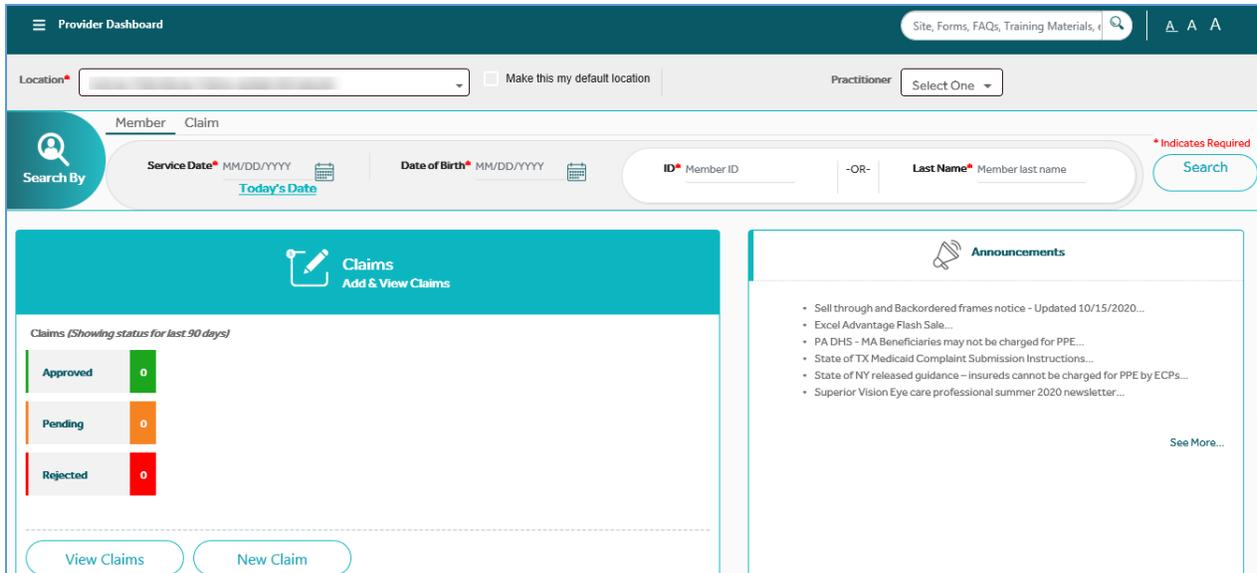3. Click **Login** to display the Portal Dashboard.

Figure 14. ECP Portal – Portal Dashboard (Davis Vision)

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

The Portal Dashboard options display depend upon whether you are Davis Vision, Superior Vision or Overlapping (Both Davis Vision and Superior vision) eye care professional. The options that display on your dashboard are customized to your needs.

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

Forgotten your username?

If you come to the Login page and you cannot remember your login credentials, use these instructions to retrieve your username.

Note: If there is more than one username associated with your email address, you need to select a username from the masked username list.
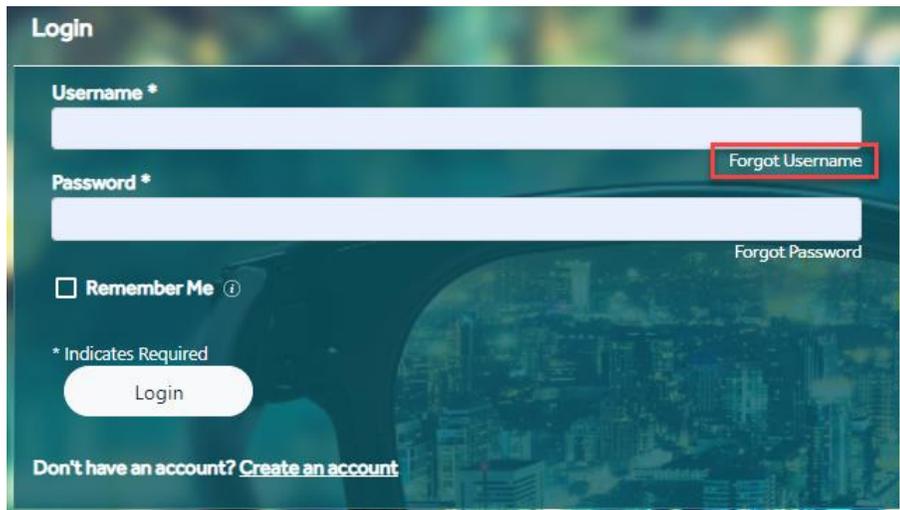

Figure 15. ECP Portal – Login Page - Forgot Username

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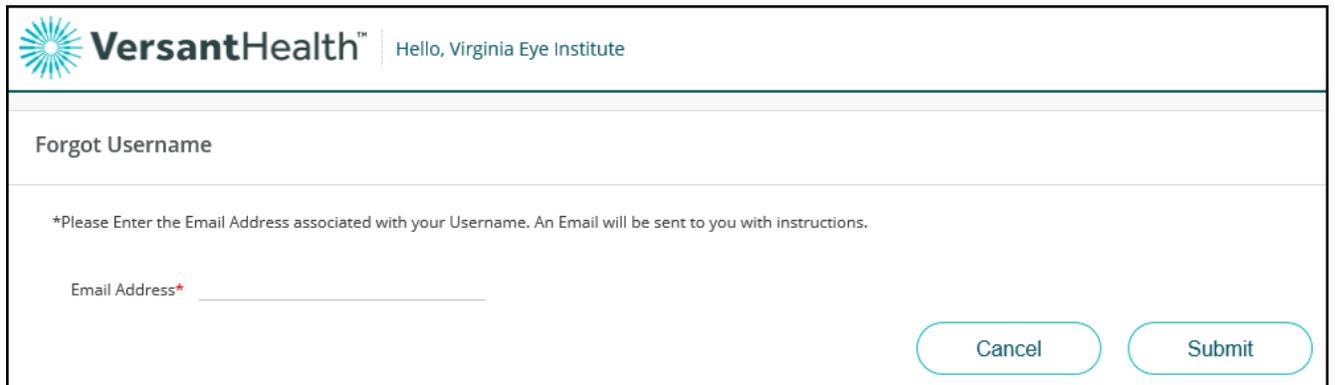   The Forgot Username page displays.

Figure 16. ECP Portal – Forgot Username Page

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

Forgotten your password?

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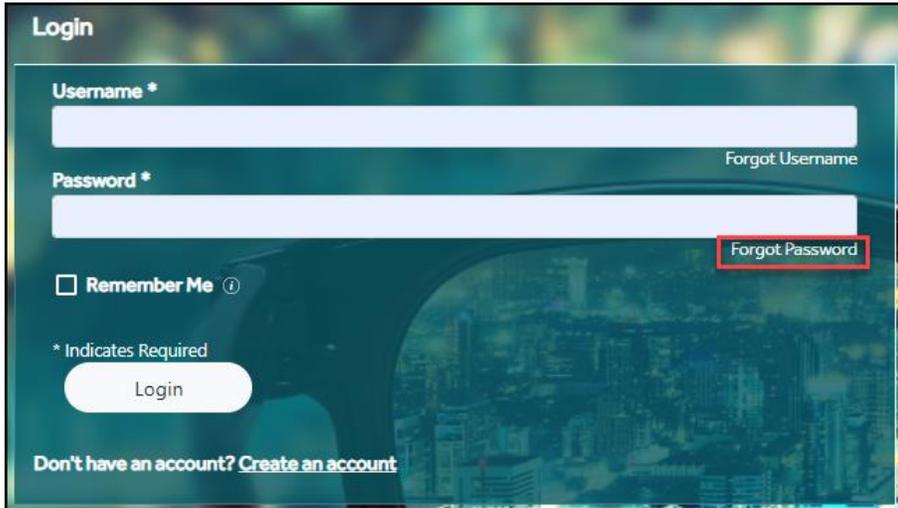

Figure 17. ECP Portal – Login Page - Forgot Password

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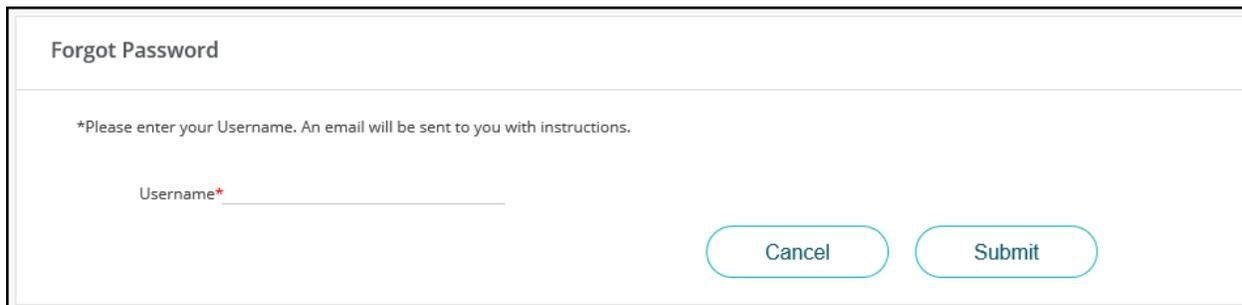   The Forgot Password page displays.

Figure 18. ECP Portal – Forgot Password Page

2. In the **Username** field, enter your username and click **Submit**.
   You will receive an email with your username in it and additional instructions for logging into the Eye Care Professional Portal.

3. In the email message, click the **Reset your password** button to display the Reset password page.

Reset Password

Please enter the below details to reset password.

Username*   New Password*   Confirm Password*

Cancel   Submit

Figure 19. ECP Portal – Provide Username, enter and confirm new password.

4. Complete the fields on this page:

- **Username**
  In this field, enter your username.

- **New Password** and **Confirm Password**
  In these fields, enter your new password.

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

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

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

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

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

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

If you are a Davis Vision Eye Care Professional, and have started a claim in the legacy portal and want to complete this work in the Versant Health ECP Portal instead, follow the instructions in **Voiding open authorization(s) from a legacy portal** and create the new claim using the member's restored eligibility.

If you submit claims electronically and have created an authorization in the legacy portal, you can continue to use the same authorization created in the legacy portal to submit claims electronically. If you are unsure of an authorization was created in the legacy portal or would like to view all the open authorizations for a member, follow the instructions in **Voiding open authorization(s) from a legacy portal**

Completing claims on the legacy Davis Vision portal

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

If you started a claim in the legacy portal and want to process this work in the ECP Portal instead, follow the instructions in **Voiding open authorization(s) from a legacy portal** and create the claim using the member's restored eligibilities.

To log into the legacy Davis Vision portal:

1. Create a bookmark on your current browser for the legacy **Davis Vision legacy portal address**.

2. Click the legacy portal bookmark to display the login page.

Figure 20. Davis Vision Legacy Portal – Login Page

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

Figure 21. Confirm Navigation Portal Message

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

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

Notes for ECPs with overlapping coverage

If your office has an existing relationship with both Davis Vision and Superior Vision, you can register with one Office ID (either Superior

Vision or Davis Vision) and display eligibility records from both companies in the ECP Portal.

Figure 22. ECP Portal – Portal Location with Overlapping Credentials

Your view of the ECP Portal is customized so you see claims-only data.

Figure 23. ECP Portal – Claims History (DDOL)

Your view of the data and your claim placement capabilities may change, based on the **Location** drop-down field option you select in the Portal Dashboard. So, if you work in more than one office, the options in the portal may change based on your location choice.

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

- **Beginning a claim on Versant Health portal**

- **Submitting a service-only claim**

- **Submitting a services and materials claim (DDOL)**

- **Submitting a contact lens fitting and CL claim (DDOL)**

- **Finding a claim using the portal dashboard (DDOL)**

Reviewing the portal dashboard

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

Figure 24. ECP Portal – Portal Dashboard (Davis Vision)

The Portal Dashboard options display depend upon whether you are Davis Vision, Superior Vision or Overlapping (Both Davis Vision and Superior vision) eye care professional. The options that display on your dashboard are customized to your needs.

From here on, features that apply only to Davis Vision or Superior Vision Eye Care Professionals will be stated specifically. If there is no specific statement, the feature works the same way for all Versant Health portal users.

Now that you have logged into the ECP Portal, you are ready to learn more about the portal process that you will use to submit claims.

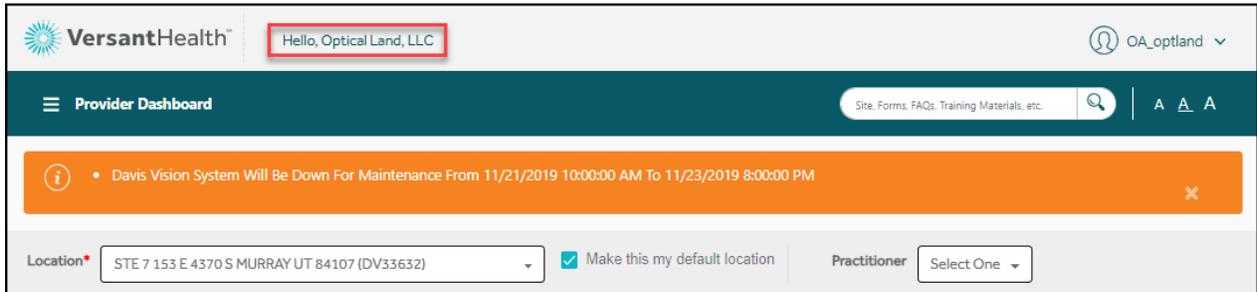Let's look at the interface up close to learn more about how to use it more effectively.

Figure 25. ECP Portal – Logo Banner with Office Name Highlighted

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

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

Figure 26. ECP Portal – Hamburger Icon

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

Dashboard ✕

Benefit Alert

Claims

    View Claims

    Add Claims

Resources

    Announcements

    Forms

    FAQS

    Reference Tools

    Training

    PBCS
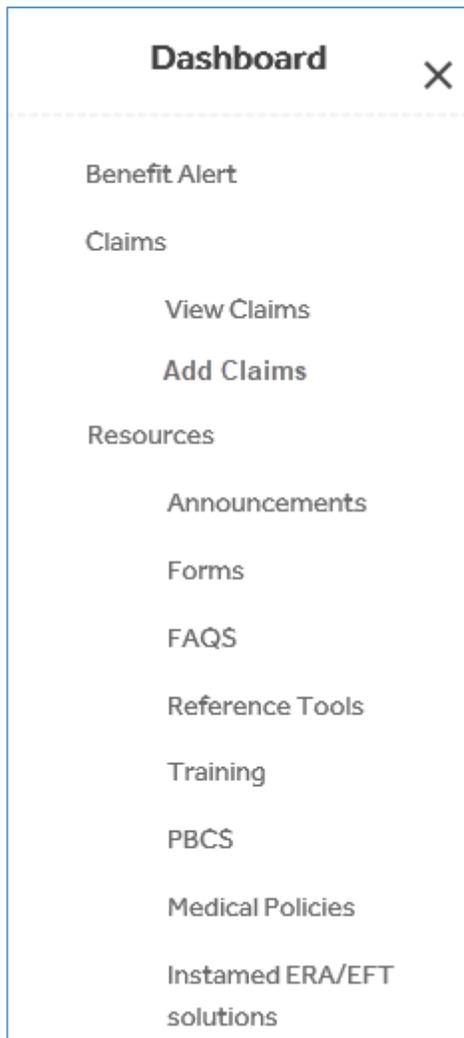
    Medical Policies

    Instamed ERA/EFT solutions

Figure 27. ECP Portal – Portal Menu – DDOL ECPs

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

Provider Dashboard   Site, Forms, FAQ, Training Mat... 🔍 | A A A

Figure 28. ECP Portal – Dashboard Banner – Site Search Field

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

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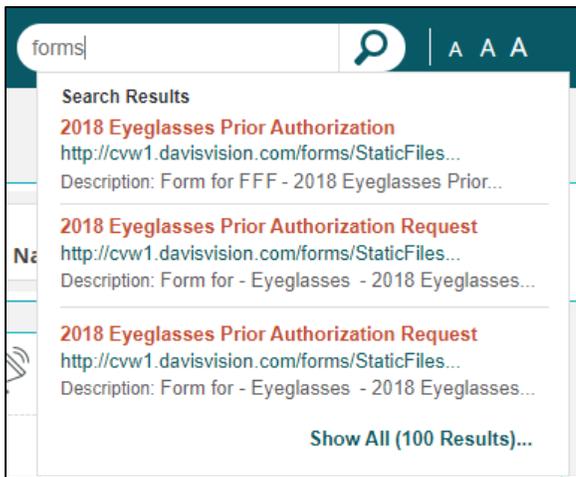

Figure 29. ECP Portal – Dashboard Banner – Site Search with Entries

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

Figure 30. ECP Portal – Font Size Options

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

Figure 31. ECP Portal – Font Size Options with Larger Fonts

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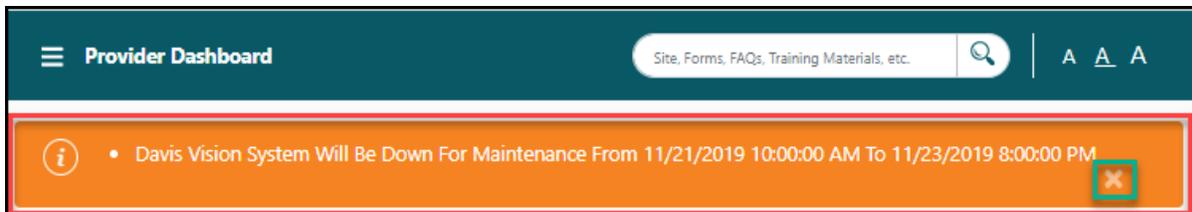

Figure 32. ECP Portal – Alert/Notification Banner with X Highlighted

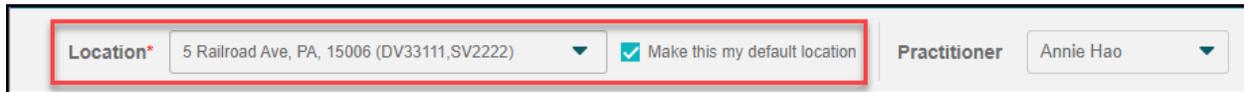The next section is the **Location** banner, where you identify the location of your office.

Figure 33. ECP Portal – Location Banner with Location boxes Highlighted

For some users, these options are selected by default, based on the login information and the tax ID number tied to the login account. For other users, this information changes based on the office they are working in that day. The **Make this my default location** check box can be useful in specifying your default location if you work in more than one office.

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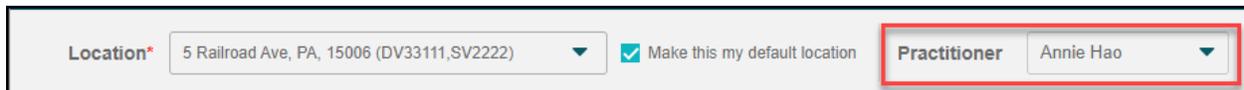

Figure 34. ECP Portal – Practitioner Drop-Down List Highlighted

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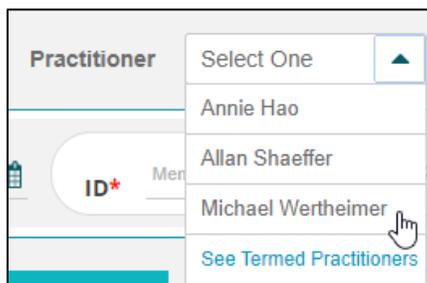

Figure 35. ECP Portal – Practitioner Drop-Down List with other Person Listed

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

Professional's term date. Termed Eye Care Professionals are hidden by default.

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

Figure 36. ECP Portal – Member Search Banner

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

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

Figure 37. ECP Portal –Claim Search Banner

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

Figure 38. ECP Portal – Claims Overview Section in the Portal Dashboard

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

- To begin a new claim, click the **New Claim** button.
- To review a list of the open claims of each status type, click the **View Claims** button.

The Claims History page displays the claims submitted by the selected office location. You can learn more about the Claims History page from **Finding the status of a claim**.

Figure 39. ECP Portal – Claims History (DDOL ECPs Only)

The Announcements section is next to the Claim Summary.
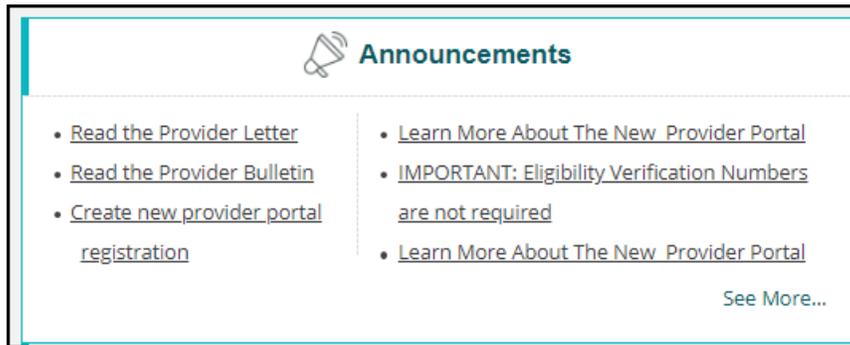

Figure 40. ECP Portal – Announcements Section

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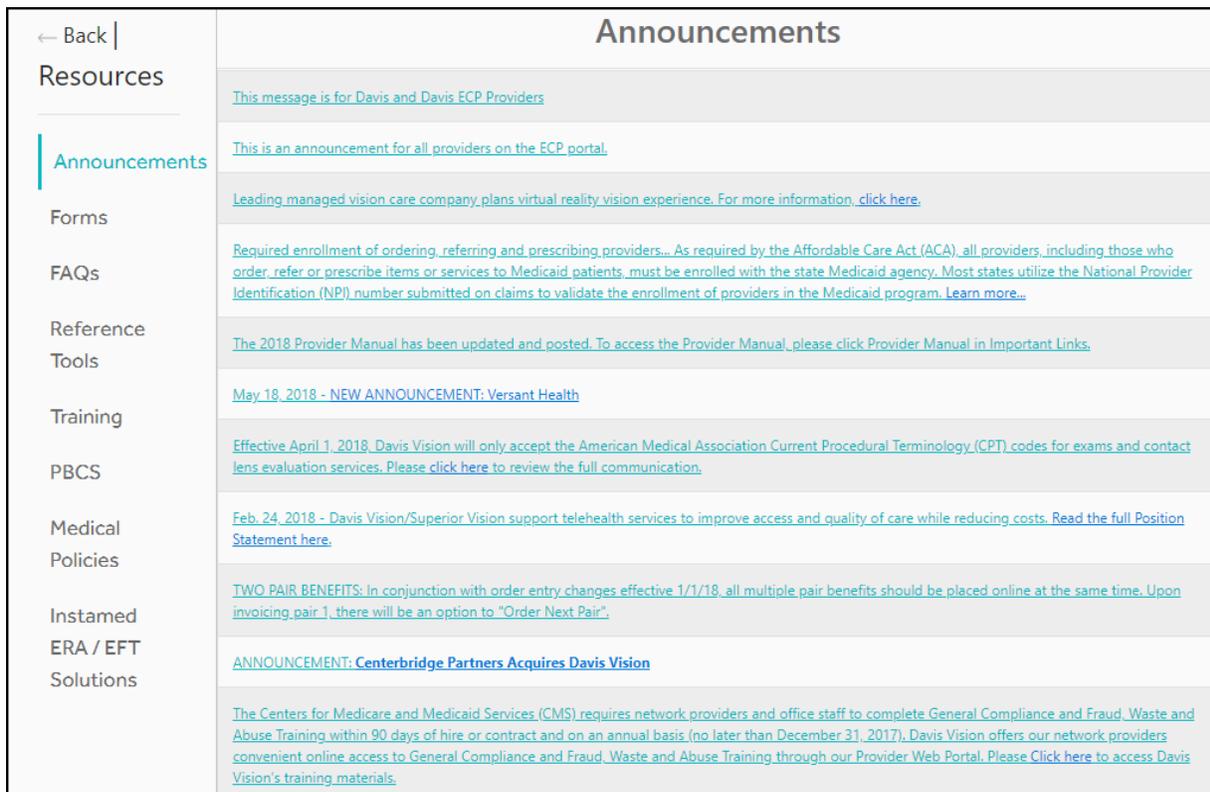

Figure 41. ECP Portal – Resources - Announcements Page

Understanding the portal alerts and notifications

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

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

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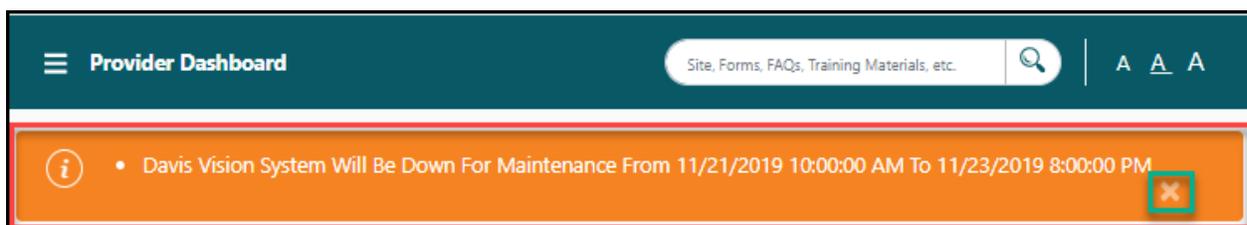

Figure 42. ECP Portal – Banner Alert

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

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

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

Setting your portal preferences

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

Reviewing and editing your profile

You can review your profile and make changes to it using the My Profile option in the Dashboard. Users of either role can edit their profiles. The

entries on the My Profile page reflect the last saved entries for the account.

To review your ECP Portal profile:

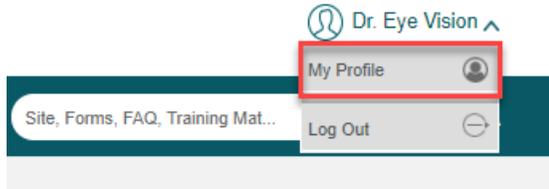1. Above the Dashboard, click the **Office Name** hyperlink to display menu options.

Figure 43.   ECP Portal – Office Link – My Profile Option

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

Figure 44.   ECP Portal – My Profile Page

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

3. To edit your profile entries, click the **Edit** icon beside the field you want to change and type over the existing entry.
Note: When you edit your password, new fields display to allow you to enter your current password and the new password twice.

4. When you have completed your changes, click the **Save** button.
Note: If you changed your password, the portal will check to see if your password is valid. The password must be valid to save the profile.

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

Working with user accounts (office administrators)

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

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

Accessing the user management options

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

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

To access user account options:

1. Above the Dashboard, click the **Office Name** hyperlink to display menu options.
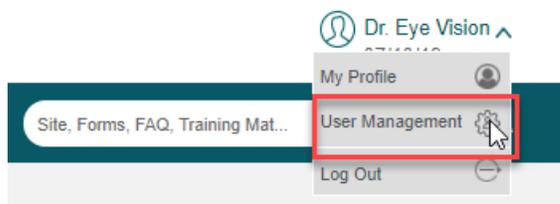
Figure 45. ECP Portal – Office Link - User Management Option

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

Figure 46. ECP Portal – User Management Page (Search Field highlighted)

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

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

3. To search for an existing user's record, type the first few letters of the username in the **Search** field (beside the **Create New User** button). The portal begins the search based on your first entry.

4. To change a user's settings, find the user record you want to change in the list and click the link in the **Username** column. The Edit User page displays.

Figure 47. ECP Portal – Edit User Options

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

Figure 48. ECP Portal – Modify User Options Page

6. Continue based on your task:
   Note: Fields with a red asterisk (*) require entries.

   - To change the user type, click the **User Type** drop-down list and choose the appropriate role. Options include: **Office Staff** or **Office Administrator**.

   - To change the user's email address, click the **Email Address** field and enter the new email address.

   - To change the location of the user, click the **Location** drop-down list and choose the appropriate location of the user. The list of offices that display depends upon the your office TIN settings.

7. Click **Save Changes** when you have completed your work.
   The portal sends an email with the changes to the user for whom changes were made and to the Office Administrator responsible for the changes.

Creating a new user account

To create a new user account as an Office Administrator:

1. Follow the instructions in **Accessing the user management options** to display the User Management page.

2. Click the **Create New User** button to display the Create New User page.

Figure 49. ECP Portal – Create New User Page

Note The Portal functionalities available list is tied to the type of ECP office the user is in.

3. Complete the required fields with the information appropriate for the new user:
Note: Fields with a red asterisk (*) require entries.

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

- **First/Middle/Last Name**
  Complete these fields as appropriate

- **Email Address/Confirm Email Address**
  Complete these fields as appropriate

- **Username**
  Type the username in this field

- **Location**
  Select the default location for this user.

4. When these fields are complete, click the **Create New User** button. A confirmation message displays.
The portal sends an activation link to the new user, based on the information you entered, with a temporary password and a portal

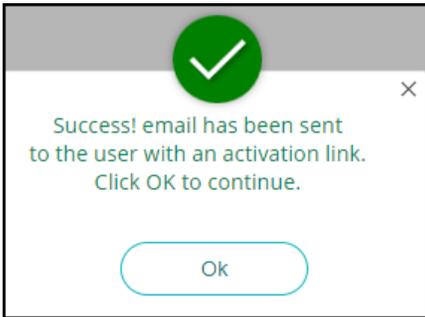link. The user has 72 hours to respond and set up their new password.

Figure 50. ECP Portal – Create New User Confirmation Message

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

5. Click **OK** to continue.

Resetting a user's password

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

To reset a user's password:

1. Follow the instructions in **Accessing the user management options** to display the User Management page.

2. Find the user with the **Locked** status and click the username link associated with their account. The Edit User page displays.
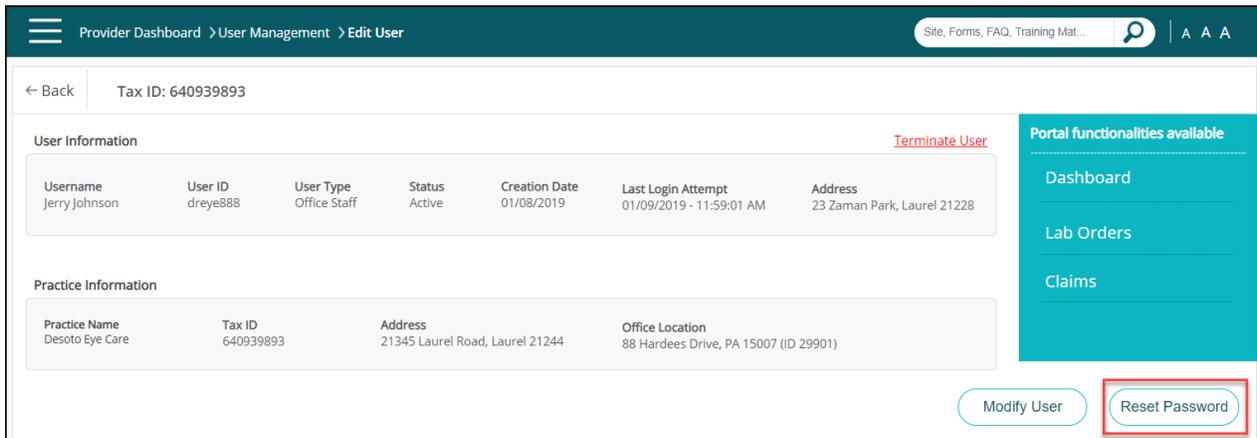

Figure 51. ECP Portal – Edit User Page with Reset Password Button Highlighted

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

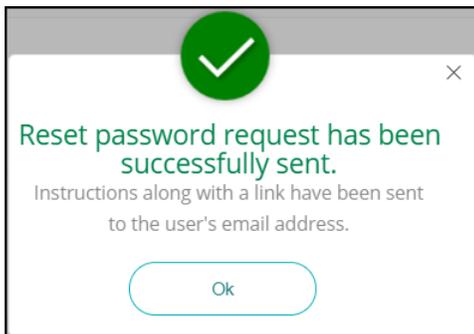A confirmation message displays.

Figure 52. ECP Portal – Reset Password Request Confirmation Message

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

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

Terminating a user account

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

To terminate a user's account:

1. Follow the instructions in **Accessing the user management options** to display the User Management page.

2. Find the user whose access you need to terminate in the list and click the username link associated with their account. The Edit User page displays.
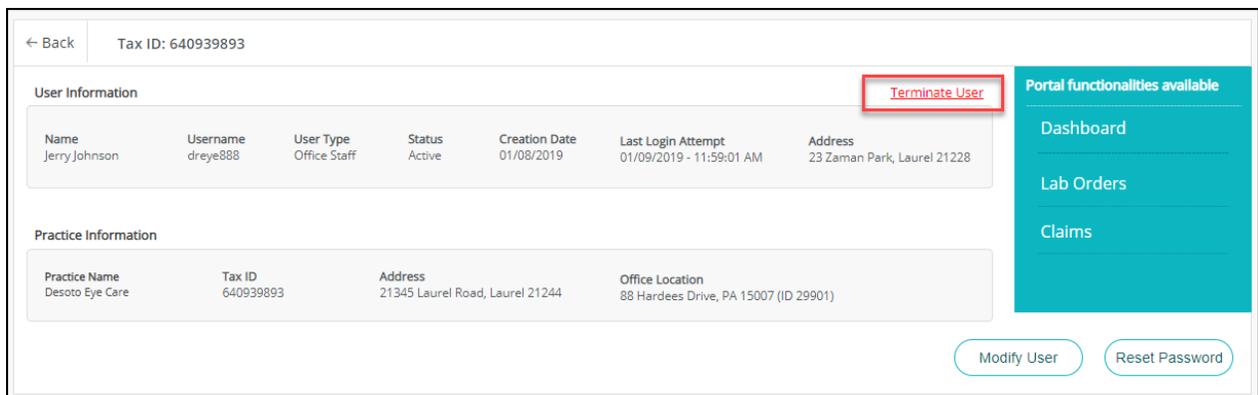
Figure 53. ECP Portal – Edit User Account with Terminate User link highlighted

3. Click the **Terminate user** link.
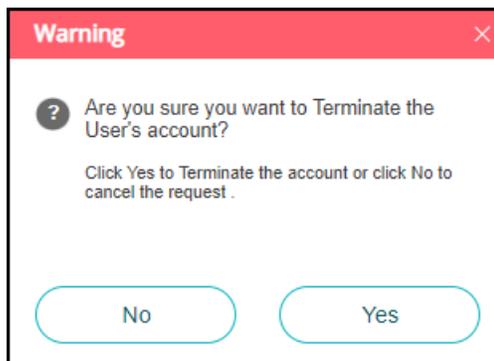
   A confirmation prompt displays.

Figure 54. ECP Portal – Terminate User Confirmation Prompt

4. To terminate the user account, click **Yes**.

   A confirmation message displays. The portal stores the user's record with at **Terminated** status.

Understanding the user statuses

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

- **All**
  Indicates the number of entries in all statuses.

- **Active**
  Indicates that the user has an active account that is in use.

- **Created** or **Created – Not Verified**
  Indicates that the user entry has been created by an office administrator but the user has not yet activated their record by

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

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

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

Using the Portal Dashboard

Reviewing portal resources

At the bottom of each page in the portal, you can access the Resources section, which is customized, depending upon your login.
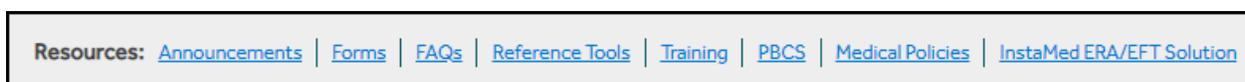
Resources: Announcements | Forms | FAQs | Reference Tools | Training | PBCS | Medical Policies | InstaMed ERA/EFT Solution

Figure 55. ECP Portal – Resources Section (Superior Vision Users)

Resources: Announcements | Forms | FAQs | Reference Tools | Training | InstaMed ERA/EFT Solution

Figure 56. ECP Portal – Resources Section (Davis Vision Users)

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

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

Figure 57. ECP Portal – Resources – Announcements (Superior Vision Users)

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

Figure 58. ECP Portal – Resources - Forms

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

← Back	Resources		FAQs	
		Name	**Description**	**URL**
Announcements		Patient Bill of Rights	Information about Patient Rights	http://cvw1.davisvision.com/forms/StaticFiles/English/PatientBillOfRights.pdf
Forms		Laser Vision Correction FAQ	Frequently Asked Questions about Laser Vision Correction	/DavisVision.Provider/base/LaserFAQ
FAQs		Provider Bill of Rights	Information about Provider Bill of Rights	http://cvw1.davisvision.com/forms/StaticFiles/English/ProviderBillOfRights.pdf
Reference Tools		Privacy Practices Notice	Privacy Practices Notice	http://cvw1.davisvision.com/forms/StaticFiles/DV_Privacy_Practices_Notice.pdf
Training		Domestic Violence Privacy Notice	Confidentiality Protocols for Victims of Domestic Violence	http://cvw1.davisvision.com/forms/StaticFiles/EngNotice_Domestic_Violence.pdf
PBCS		Provider Dispute Resolution	Information about Provider Dispute Resolution	http://cvw1.davisvision.com/forms/StaticFiles/English/2der_Manual.pdf#page=63
Medical Policies		What is a Davis Member ID Number?	Important information about searching for member eligibility by ID number on this site.	http://cvw1.davisvision.com/forms/StaticFiles/Eis_Member_ID_Number.pdf
Instamed ERA/ EFT Solutions		Dual Eligible Members Rules	Dual Eligible Members Rules	http://cvw1.davisvision.com/forms/S_Members_Rules.pdf
		Our Position on Telehealth Services	Our Position on Telehealth Services	http://cvw1.davisvision.com/forms/StaticFiles/SVTelemedicinePosition.pdf
		SOP - Orders prior to 7/1 - How can you submit?	Contrary to popular belief, Lorem Ipsum is not simply random text.	/DavisVision.Provider/base/LaserFAQ
		Patient Bill of Rights	Contrary to popular belief, Lorem Ipsum is not simply random text.	http://cvw1.davisvision.com/forms/StaticFiles/English/PatientBillOfRights.pdf
		Privacy Practices Notice	Contrary to popular belief, Lorem Ipsum is not simply random text.	http://cvw1.davisvision.com/forms/StaticFiles/English/ProviderBillOfRights.pdf
		Provider Bill of Rights	Contrary to popular belief, Lorem Ipsum is not simply random text.	http://cvw1.davisvision.com/forms/StaticFiles/English/PatientBillOfRights.pdf
		Patient Bill of Rights	Contrary to popular belief, Lorem Ipsum is not simply random text.	/DavisVision.Provider/base/LaserFAQ
	Display 1-10 of 114			Page 1 of 12

Figure 59. ECP Portal – Resources - FAQs

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

Figure 60. ECP Portal – Resources - Training

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

Figure 61. ECP Portal – Resources – PBCS (Superior Vision Users Only)

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

Figure 62. ECP Portal – Resources – Medical Management Policies

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

Reviewing/filtering benefit alert notifications (Davis Vision only)

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

To review and filter Benefit Alerts:

1. From the Portal Dashboard, click the **Hamburger** icon to display the Dashboard menu.
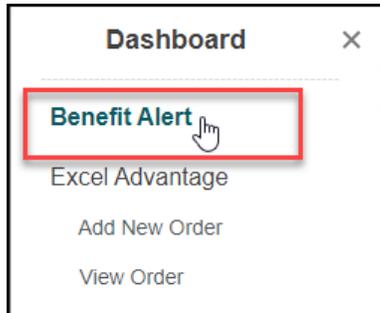
Figure 63. ECP Portal – Portal Menu

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

Figure 64. ECP Portal – Benefit Alerts List

> **Note**: **View SRF** links that show **S**ervice **R**ecord **F**orms do not display for all Davis Vision groups.

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

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

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

Figure 65. ECP Portal – View Sample Alert

Finding a patient's eligibility information

When you select an entry from the **Practitioner** drop-down list in the Portal Dashboard, the patients you see will be in-network or out-of-network for that Eye Care Professional.

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

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

1. Make sure you have selected the ECP name from the **Practitioner** drop-down list before you get started.

2. From the Portal Dashboard, begin in the **Search By** fields.

Figure 66. ECP Portal – Member Search Fields

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

- **Service Date**

  Click the **Today's Date** link, enter the service date, or click the
  Calendar [icon] icon to select the patient's date of service.
  This entry is required. After this date is entered, it displays by
  default throughout the process.

- **Date of Birth**

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

- **ID** or **Last Name**

  Enter the **Member Number**, the **Member ID**, or the **Alternate
  ID,** or
  Enter the patient's last name in the appropriate field.
  One of these fields is required.

4. When your entries are complete, click **Search**. The results match
   your entries.
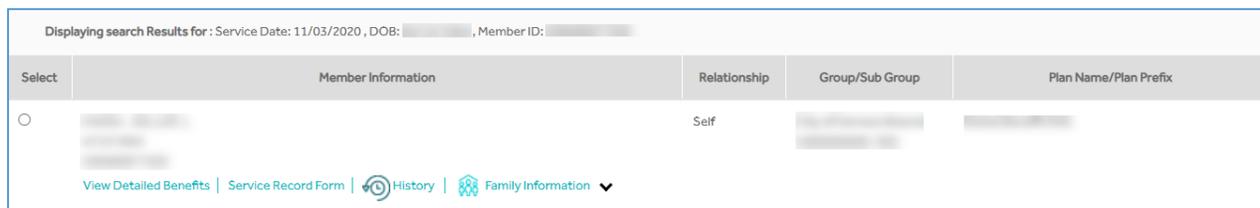
Displaying search Results for : Service Date: 11/03/2020 , DOB: [redacted] , Member ID: [redacted]				
Select	Member Information	Relationship	Group/Sub Group	Plan Name/Plan Prefix
○	[redacted]	Self	[redacted]	[redacted]
	View Detailed Benefits | Service Record Form | ⟲ History | 👥 Family Information ⌄			

Figure 67. ECP Portal – Search Results

Note: If you are a Superior vision provider, and if the Correction
Claim and COB Claim links display, you can use the **Correction
Claim** link to adjust an original claim. You use the **COB Claim** link
to enter a new claim for a secondary claim in the portal.
Note: The Upload File option (used to attach documents to the
claim) is required for COB claims.

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

Figure 68. ECP Portal – Search Results –Benefit Overview (Health Plan)

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

Figure 69. ECP Portal – Search Results - Benefit Overview (Commercial)

6. To return to the patient's record, click **OK**.

You can print this form by clicking the **Print** button.

7. **Davis Vision members only**: To learn more about a Davis Vision patient's service details, click the **Service Record Form** link. The Service Record Form displays.

Figure 70. ECP Portal – Search Results – Davis Vision Service Record Form

8. To see a patient's claim history, click the **History** icon [icon]. To learn more about a patient's claims history, see **Finding a patient's claim details**.
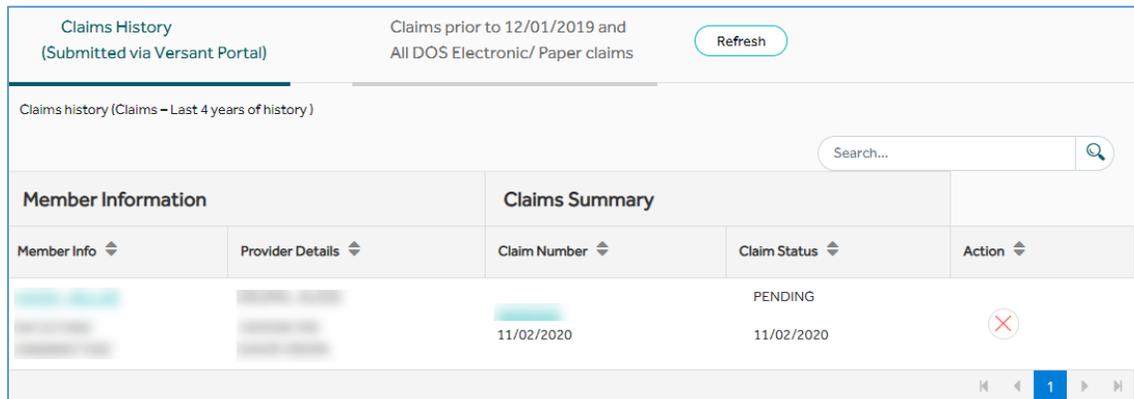
Figure 71. ECP Portal – Member History

9. To see family dependents information, click the Family Information icon [icon] and confirm date of birth of a dependent that you want to work upon.

Submitting a claim

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

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

Click the **Select One** option to choose the appropriate name for the visit.

Beginning a claim on the Versant Health portal

Begin the claim process by finding the patient on the Portal Dashboard. Keep in mind as you are working on a claim that you can save a draft of it at any time and return to it within 30 days to complete it. After 30 days, however, the portal deletes your draft.

To begin a claim:

1. From the **Practitioner** drop-down list, choose the name of the ECP who performed the services in the claim.
   Note: For Davis vision materials-only submissions, this is not required.

2. From the Portal Dashboard, use the **Search By** fields as described below:
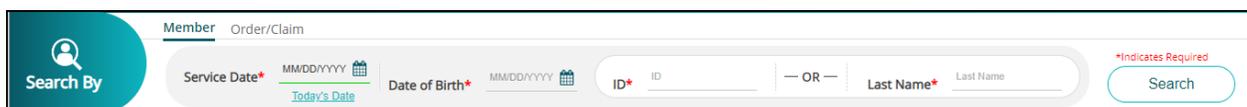
Figure 72.   ECP Portal – Member Search Fields Complete

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

   - **Service Date**
     Click the **Today's Date** link, enter the service date, or click the **Calendar** icon to select the date of service for the patient. This entry is required.

   - **Date of Birth**

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

   - **ID** or **Last Name**
     Enter the **Member Number**, the **Member ID**, or the **Alternate ID,** or
     enter the patient's last name in the appropriate field.
     One of these fields is required.

4. When you have completed these entries, click **Search**.
   The list of results that match your entries displays. You can also view family information of a searched member.

Figure 73. ECP Portal – Search Results

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

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

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

Note: If your organization uses electronic submission of claims for Davis Vision patients, see **Electronic submission of claims and create new authorizations for Davis Vision ECPs.**

Figure 74. ECP Portal – Service Categories and Benefit Details (Commercial)

Note: If some of the check boxes in the **Select Services Below**

box are disabled, the selected patient has either consumed these benefits or does not have them. The enabled check boxes reflect the patient's currently available plan and non-plan benefits in the selected ECP's network.

6. Continue based on your task:

   - If you click services (such as Exams, Contact Lens Fit and Follow Up, or Medical Optometry/Medical/Surgical) or if you are a DDOL ECP, the **Claim** button displays.

7. Continue based on the type of claim you are submitting:

   - **Submitting a service-only claim**
     For submitting exam, Contact Lens Fitting/FU, and Medical Optometry/Medical/Surgical claims (including DDOL ECPs)

   - **Submitting a services and materials claim (DDOL)**
     For service and materials claims

   - **Submitting a contact lens fitting and CL claim (DDOL only)**
     For contact lens-related services and material claims for DDOL ECPs

Managing open authorizations from the Davis Vision portal

When you select a name from the search results list (**step 4** in the **Beginning a claim on Versant Health Portal** above) and that patient has open authorizations from the Davis Vision legacy portal, a message displays.
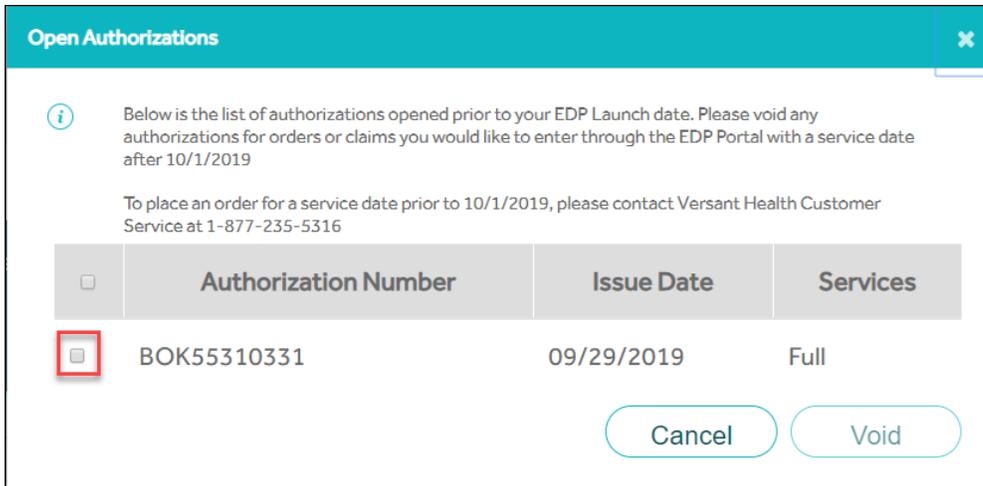
Figure 75. ECP Portal – Open Authorizations List

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

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

- Void the open Davis Vision authorization in the new portal so you can continue to place the claim, see **Voiding open authorizations from a legacy portal**) or

- Return to the Davis Vision legacy portal and submit the claim using the old authorization (see **Submitting Davis Vision claims to the legacy portal**)

After you void the old authorization(s), the patient's benefit record updates to show that the services and materials benefits are available.

Electronic submission of claims and create new authorizations for Davis Vision ECPs.

If your organization participates in electronic submission of the claims, you will need the authorization number to be entered in the Electronic claim for Davis patients.

When you select a name from the search results list (**step 4** in the **Beginning a claim on Versant Health portal** above) and select appropriate services provided, you will get an option to create a new

authorizations. Use this Authorization number while submitting electornic claims. If using electornic claims submission, do not use portal to submit claims. Follow your organization guidelines on using Davis Vision patient's Authorizations to submit Electronic claims.

Note: Please check with your organization if you are allowed to submit claims through the portal.

Note: Not all organizations participates in Electronic submission of claims. You will see Create Authorization for EDI option for Davis Vision patient's only if your organization participates in Electronic Submission of claims.
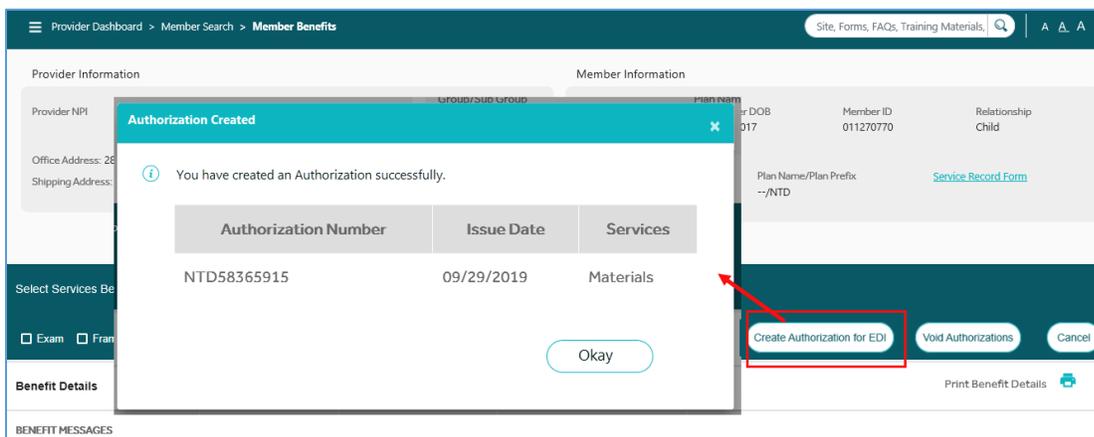
Figure 76. ECP Portal – Create Authorizations – Create Authorizxation for EDI Button

Voiding open authorizations from a legacy portal

These instructions assume that the Open Authorizations box displays.
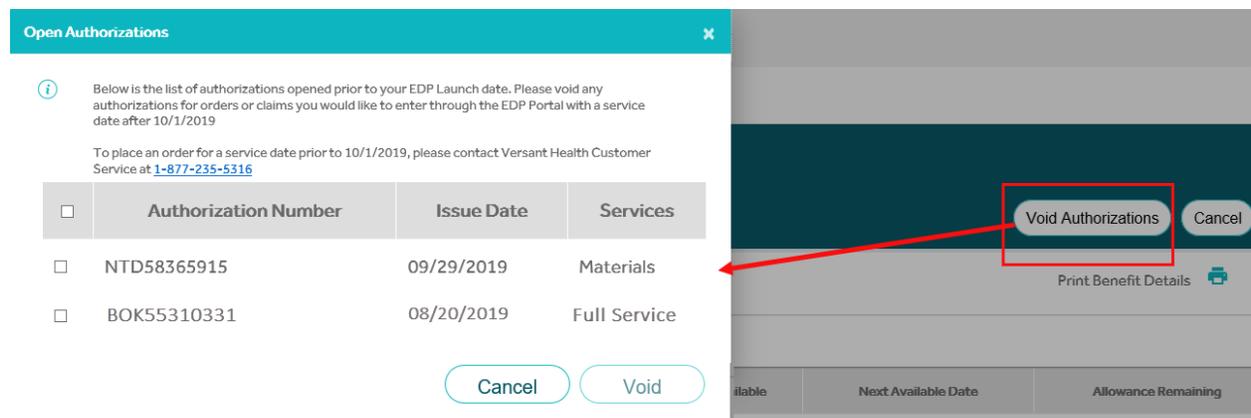
Figure 77. ECP Portal – Open Authorizations – Void Authorizations Button

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

1. Review the list of authorizations in the Open Authorizations box.

2. Select the check box beside each authorization you want to void. The Void button enables.

3. Click the **Void** button to void the selected authorization(s).

Submitting Davis Vision claims in the legacy portal

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

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

To submit a claim using the legacy Davis Vision portal:

1. Locate your login credentials to the legacy Davis Vision portal.

2. Click the Davis Vision Legacy Portal **link**.

3. Search for the patient's record and use their benefits to submit the claim as you would have in the past.

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

Submitting an exam or service-only claim

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

Note: These instructions assume that you have completed the instructions in **Beginning a claim on the Versant Health portal** . These instructions begin from the last step of that section.

To submit a service-only claim:

1. From the **Practitioner** drop-down list, choose the name of the ECP who performed the services for the claim.

2. In the **Select Services Below** box, click the appropriate exam or service check box. The Claim button displays.
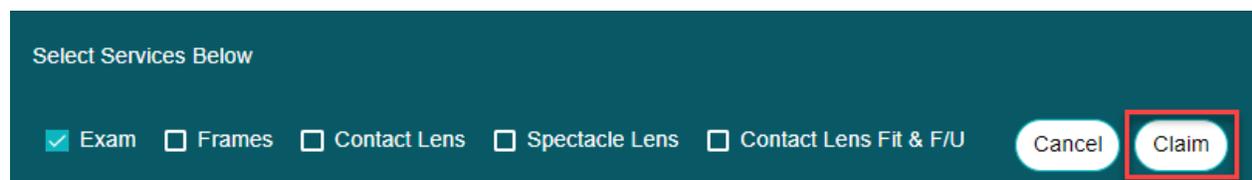
Figure 78. ECP Portal – Select Services Box – Exam Selected and Claim Button Highlighted

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

Figure 79. ECP Portal – Exam Tab (Service Claim)

4. Complete the entries on this page as follows:

    Fields with a red asterisk (*) require entries.

    ▪ **Dilation Eye Exam or Fundus Photography Performed**
    Click **Yes** if dilation or Fundus photography was used in the patient's exam, or click **No** if otherwise. This selection is required.

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

    ▪ **Is Member a Diabetic**
    Click **Yes** if the member has a form of diabetes, or click **No** if otherwise. This selection is required.
    Note: If you select **No**, an **Additional conditional list** drop-down list displays so you can select other health conditions that may apply to the patient.

    ▪ **Please Enter Diagnosis Codes**
    Type the first few characters of the diagnosis code that applies to this exam to display matching codes and click the code to select it from the list. At least one entry is required.
    Note: You can add more diagnosis codes if more codes are

needed. You can add up to 12 diagnosis codes to this claim and apply these codes to particular charges in this process.

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

  Procedure Code Notes:

  - *For Superior Vision patients only*: Use S codes only to identify services procedures in this field.

  - *For Davis Vision patients only*: Enter five-digit CPT procedure codes only in this field. Typical options include:

    o **92002** – OPHTH Medical Exam and Evaluation Intermediate (New Patient)

    o **92004** – OPHTH Medical Exam and Evaluation Comprehensive (New Patient)

    o **92012** – OPHTH Medical Exam and Evaluation Intermediate (Established Patient)

    o **92014** – OPHTH Medical Exam and Evaluation Comprehensive (Established Patient)

    o **92015** – Determination Refractive State

  - *For submitting claims for materials*: Enter the procedure codes for the materials you are providing here as well. Use the **Units** column on the next page when you need to indicate the number of lenses.

  - *For Medical Optometry claims*:

    - When you are submitting procedure codes for these claims, please enter duplicate procedure codes to indicate left and right eyes.

    - *Superior Medicaid Patients only*. When you are submitting a J procedure code, a new pop up box displays to allow you to enter the national drug code medication name that applies to this code. You can submit more than one J procedure code claim for this

authorization over a six month period. This entry is required.

Figure 80. ECP Portal – Please Enter Drug Name/NDC

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

Note: To change a code you entered, hover over the code and clicking the **x** icon.
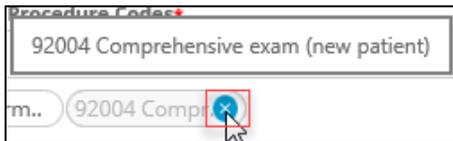
Figure 81. ECP Portal – Delete Code Detail

Figure 82. ECP Portal – Claim Tab Section

6. Complete the claim entries and selections on this page as follows: Fields with a red asterisk (*) require entries.

- **Referring Provider same as Rendering Provider**
  Click this check box if this is applicable.

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

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

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

7. **Superior Vision users only**: If needed, you can upload a file associated with this claim by clicking the **Browse** button and finding the file on your system drive. The file cannot be larger than 20 MB and must be in one of the following formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt.

8. In the **Examination** section, complete the fields as appropriate to the claim: Fields with a red asterisk (*) require entries.

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

- **Usual and Customary Charges**

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

- **Units**

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

- **Diagnosis Codes**

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

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

Figure 83. ECP Portal – Review & Submit Tab

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

- **To make changes to the claim**, click the **Back** button to return to an earlier page. Edit the fields you want to correct and click **Next** until you return to this page.

- **To cancel the claim**, click the **Cancel** button and click **Leave Page** to confirm.

- **To submit the claim**, click the **Disclaimer** check box and click **Submit Claim.** A confirmation message displays.

Figure 84. ECP Portal – Claim Confirmation Message

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

Figure 85. ECP Portal – Exam Only Claim Confirmation Message

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

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

Submitting a services and materials claim

The instructions in this section build on the instructions in **Beginning a claim on Versant Health portal** and apply when you are ready to choose the claim details.

To submit a claim:

1. From the **Practitioner** drop-down list, choose the name of the ECP who performed the services for the claim.

2. On the **Claims** page, scroll down to the **Select Services Below** box.

3. Click the **Exam** and the **Frames** and **Spectacle Lens** check boxes, depending upon the patient's claim needs. The **Claim** button displays.
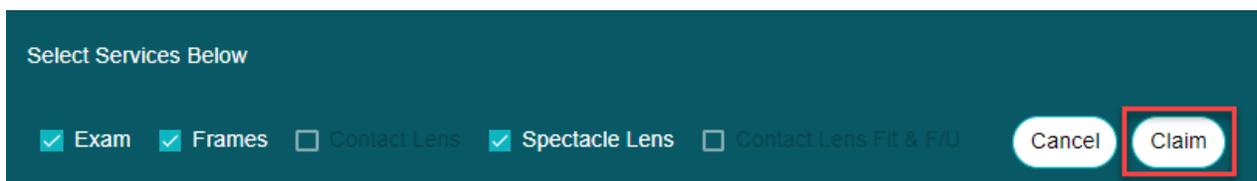
Figure 86. ECP Portal – Exam, Frames, and Spectacle Lenses Selected

A popup menu may prompt you to choose the type of claim you are submitting. This prompt only displays when patients have multiple benefit types.
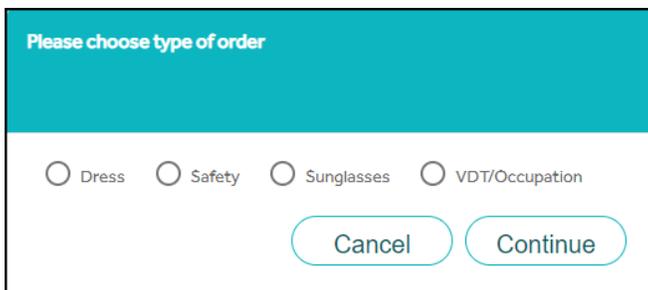
Figure 87. ECP Portal – Choose Type of order Selection Box

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

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

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

Figure 88. ECP Portal – Exam Tab (Exam and Materials Claim) DDOL

5. Complete the exam entries and selections as follows:
Fields with a red asterisk (*****) require entries.

- **Dilation Eye Exam or Fundus Photography Performed**
  Click **Yes** if dilation or Fundus photography was used in the patient's exam or service, or click **No** if otherwise. This selection is required.

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

- **Is Member a Diabetic**
  Click **Yes** if the member has a form of diabetes, or click **No** if otherwise. This selection is required.
  Note: If you select **No**, an **Additional conditional list** drop-down list displays so you can select other health conditions that may apply to the patient.

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

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

  Procedure Code Notes:

  - *For Superior Vision patients only*: Use S codes only to identify services procedures in this field.

  - *For Davis Vision patients only*: Enter five-digit CPT procedure codes only in this field. Typical options include:
    - **92002** – OPHTH Medical Exam and Evaluation Intermediate (New Patient)

    - **92004** – OPHTH Medical Exam and Evaluation Comprehensive (New Patient)

    - **92012** – OPHTH Medical Exam and Evaluation Intermediate (Established Patient)

    - **92014** – OPHTH Medical Exam and Evaluation Comprehensive (Established Patient)

    - **92015** – Determination Refractive State

6. When you have completed your entries, click **Next**.
   The Eyewear tab displays.
   Note: Some of the Eyewear tab selections depend upon whether you are submitting a claim for a Davis Vision or Superior Vision patient. Continue based on the type of claim you are submitting:

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

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

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

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

Figure 89. ECP Portal – Eyewear Tab (Exam and Materials Claim) DDOL – Davis Vision Member

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

   - **Frame Manufacturer**
     Enter this information if it is applicable. This entry is not required.

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

   - **Frame SKU**
     Enter this information. This entry is not required.

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

Figure 90. ECP Portal – Eyewear Tab (Exam and Materials Claim) DDOL – Davis Vision Member

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

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

    ▪ **Additional Options Information**
      Choose the lens options that were added to the lenses. Choose all that apply.

4. When you have completed these entries, scroll to the bottom of the page and click **Next**. The Claims tab displays.

Figure 91. ECP Portal – Claims Tab (Exam and Materials Claim) DDOL – Davis Vision Member

5. Complete the claims entries as required based on the exam and materials entries you have already selected.

- **Referring Provider same as Rendering Provider**
  Click this check box if this is applicable.

- **Referring Eye Care Professional Info**
  Enter the Referring Provider's NPI, Medicaid ID, First Name and Last Name in the appropriate fields. This information may not apply to this claim, but is required for Medicaid claims.

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

- In the **Diagnosis Codes** section, enter any additional diagnosis codes associated with this exam. The code(s) you entered in the previous section appear in the box.

6. Scroll down to the **Examination and Materials** section and complete the fields as necessary to accurately complete the claim. Fields with a red asterisk (*) require entries.

   - **CPT/HCPCS Codes**
     Choose the appropriate codes for the materials you are supplying, when applicable. This selection is required.

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

   - **Usual and Customary Charges**
     Enter the charges for the service or materials listed at the left. This entry is required for the fields where entries are enabled.

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

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

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

Figure 92. ECP Portal – Review & Submit Tab (Exam and Materials Claim) DDOL

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

9. Continue based on your review:

    ▪ **To make changes to the claim**, click the **Back** button to return to an earlier page. Edit the fields you want to correct and click **Next** until you return to this page.

- **To cancel this claim**, click the **Cancel** button and click **Leave Page** at the prompt.

- **To submit the claim,** click **Submit Claim.**
  A confirmation message displays.

10. Click **OK** to continue.

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

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

Figure 93. ECP Portal – Eyewear Tab (Exam and Materials Claim) DDOL – Superior Vision Member

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

   - **Frame Manufacturer**
     Enter this information if it is applicable. This entry is not required.

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

   - **Frame SKU**
     Enter this information. This entry is not required.

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

Figure 94. ECP Portal – Eyewear Tab (Exam and Materials Claim) DDOL – Superior Vision Member

- **Spectacle Lens Type**
  Choose the appropriate radio button based on the materials provided. Options include Single Vision, Bifocal, Trifocal, and Progressive.

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

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

Figure 95. ECP Portal – Claims Tab (Exam and Materials Claim) DDOL – Superior Vision Member

4. Complete the claims entries as required based on the exam and materials entries you have already selected.

- **Referring Provider same as Rendering Provider**
  Click this check box if this is applicable.

- **Referring Eye Care Professional Info**
  Enter the Referring Provider's NPI, Medicaid ID, First Name and Last Name in the appropriate fields. This information may not apply to this claim, but is required for Medicaid claims.

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

- In the **Diagnosis Codes** section, enter any additional diagnosis codes associated with this exam. The code(s) you entered in the previous section appear in the box.

5. Scroll down to the **Examination and Materials** section and complete the fields as necessary to accurately complete the claim. Fields with a red asterisk (*) require entries.

  - **CPT/HCPCS Codes**
    Choose the appropriate codes for the materials you are supplying, when applicable. This selection is required.

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

  - **Usual and Customary Charges**
    Enter the charges for the service or materials listed at the left. This entry is required, if it is enabled.

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

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

6. Review your claim carefully and click **Next** to display the Review & Submit tab.

Figure 96. ECP Portal – Review & Submit Tab (Exam and Materials Claim) DDOL

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

8. Continue based on your review:

   ▪ **To make changes to the claim**, click the **Back** button to return to an earlier page. Edit the fields you want to correct and click **Next** until you return to this page.

   ▪ **To cancel this claim**, click the **Cancel** button and click **Leave Page** at the prompt.

   ▪ **To submit the claim,** click **Submit Claim.** A confirmation message displays.

9. Click **OK** to continue.

Submitting a contact lens fitting and CL claim (DDOL)

You can also use these instructions for submitting Medical Optometry claims.

To submit a contact lens fitting and materials claim:

1. From the **Practitioner** drop-down list, choose the name of the ECP who performed the services for the claim.

2. From the Portal Dashboard, find the member record using the instructions in **Finding a patient's eligibility information**. Scroll down to the **Service Categories Below** list.

Figure 97.   ECP Portal – Contact Lens and Fitting and Contact Lens Selected

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

Figure 98. ECP Portal – Services Tab – (CLEFFU and Contact Lens Claim) DDOL

4. Complete the fields as appropriate for the services performed:
   Fields with a red asterisk (*) require entries.
   Note: On this page, the options you select sometimes display new options, so not all of the fields you see on this page may display when you complete your entries.
   Non-Plan Contact Lens Note: If you are submitting a claim for non-plan contact lenses and the patient has non-plan benefits, see **Reviewing the non-plan cl services tab** to review these entries. The instructions for the fields that display are the same as described below.

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

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

- ▪ **Additional conditional list**

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

- ▪ **Please Enter Diagnosis Codes**

  Type the first few characters of the diagnosis code that applies to this service to display matching codes and click the code to select it from the list. At least one entry is required.

  Note: You can add more diagnosis codes if more codes are needed. You can add up to 12 diagnosis codes to this claim and apply these codes to particular charges in this process.

- ▪ **Please Enter Procedure Codes**

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

  Procedure Code Notes:

  - *For Superior Vision patients only*: Use S codes to specify services in the Procedure Code field.

  - *For Davis Vision patients only*: Enter five-digit CPT codes only to specify services in the Procedure Code field. Typical options include:

    - o **92310** – Prescription and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia

    - o **92311** – Prescription and fitting of contact lens with aphakia, one eye

    - o **92312** – Prescription and fitting of contact lens with aphakia, both eyes

5. When you have completed these entries, click **Next** to continue to the next page. A confirmation message displays and the Claims tab displays.

Figure 99. ECP Portal – Claims Tab – (CLEFFU and Contact Lens Claim) DDOL

6. Complete the claim details on this page as follows:

   Fields with a red asterisk (*) require entries.

   - **Referring Provider same as Rendering Provider**
     Click this check box if this is applicable.

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

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

   - **Diagnosis Codes**
     Enter any additional diagnosis codes associated with this

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

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

- **U&C Charges**
  Enter the charges appropriate for this submission.

7. **Superior ECPs Only**: In the **Upload File** section, click the **Browse** button and find the file you want to attach to the claim. This is not required. This file cannot be larger than 20 MB and must be in one of these formats: doc/docx, tif, pdf, jpg, png, mtm/html, msg or txt.

8. When these entries are complete, click **Next**. A confirmation message displays. Then, the Review & Submit tab displays.

Figure 100.   ECP Portal – Review & Submit Tab – CLEFFU and Contact Lens Claim - DDOL

9. In the Review & Submit tab, review these entries to ensure that they are correct and continue based on your assessment:

- **To make changes to the submission**, click **Back** and change the entry. Then click **Next** until you return to this page again.

- **To cancel this submission**, click **Cancel** and select **Leave Page** to cancel the claim at the prompt.

- **To submit the order**, click the **Disclaimer** check box and then click **Submit Order**. A confirmation message displays.

Figure 101.   ECP Portal – Claim Submission Message

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

Reviewing the non-plan CL services tab

If you are submitting a claim for non-plan contact lenses and the patient has non-plan contact lens benefits, the Services tab requires only Diagnosis Code and Procedure code entries. Complete these entries as you would for any other claim and click **Next** to continue.
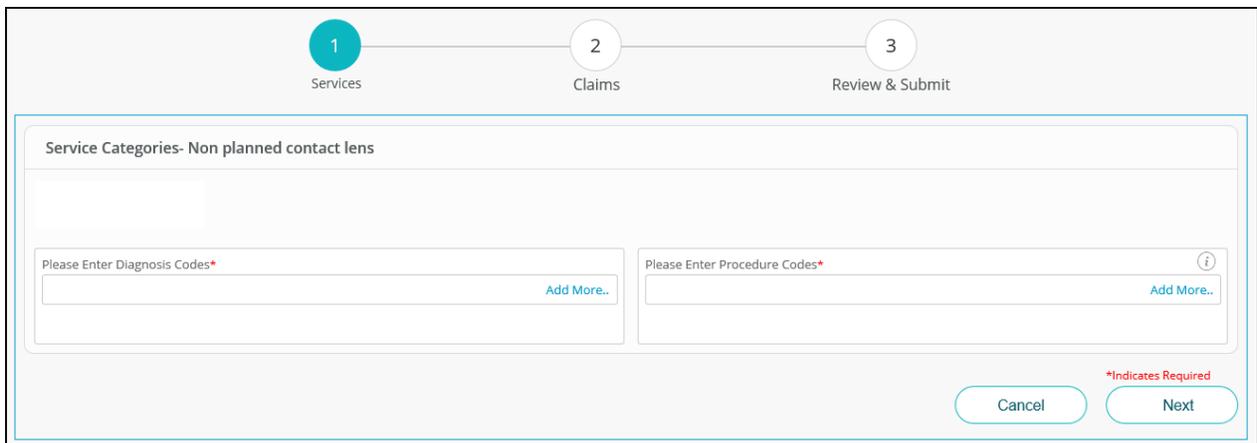
Figure 102.   ECP Portal – Services Tab - Non-Plan Contact Lens

Working with submitted claims

To view claims from the legacy Davis Vision and Superior Vision portals or to view any claims submitted Electronically/Paper, see **Finding claims from the legacy portal and All DOS Electornic/Paper claims.**

To view claims submitted on Versant health portal, you can view the status in the Claims History (Submitted via Versant Portal) page. To get to this page, click **View Claims** on the Portal Dashboard.

Figure 103.   ECP Portal – Claims History Page

By clicking the **Claim Status** link, you can review the details of the claim.

The Filter and Search options help you find claims by Member name or ID, or by Eye Care Professional details or claim type and date range.

The next few sections show you how to customize your view of this list and find the information you are looking for.

Finding the status of a claim

There are several ways to find the status of a claim that was submitted in your office.

The quickest way is by using the buttons on the Portal Dashboard. You may select a specific claim status and the system will filter the claim search and return results based only on the status you selected.
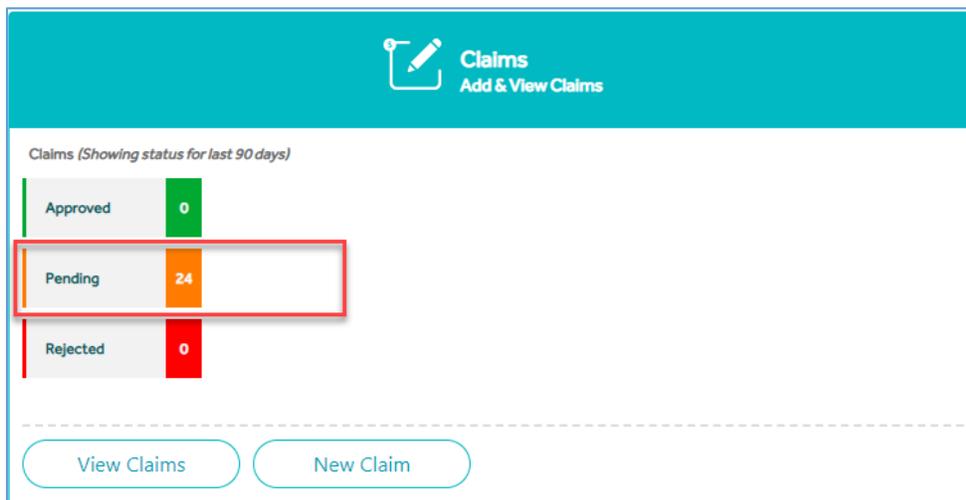
Figure 104.   **ECP Portal –/Claims Status – Pending is highlighted**

To find the status of a claim:

1. From the Portal Dashboard, click **View Claims.**
   The **Claims History** page displays.
   Note: Make sure your **Location** field entry reflects the location you want to search from.

Figure 105.   ECP Portal –Claims History Page

2. Use one of these options based on the information you have about the claim you are looking for:

Figure 106.   ECP Portal – Member search

- **If you know the name of the patient**, you can search by member using the Member tab from the Portal Dashboard.. See **finding a patient's eligibility information** to search by member and look for its history

Figure 107.   ECP Portal – Claim Search

- **If you know the claims ID, y**ou can find a specific claim by using the **Claim** tab from the Portal Dashboard. To search for a claim from the Portal Dashboard:

- If you know when the claim was placed, choose the **Date Range** drop-down list and choose the date range of the claim.

Using filters to find current claims

There are many filter options in the Claims History page that allow you to narrow down the list of claims placed from your office. You can search by a combination of date range and claims status(s) to help you narrow down your search for a claim.

Note: To view claims from the legacy Davis Vision and Superior Vision portals or to view any claims submitted Electronically/Paper, see **Finding claims from the legacy portal and All DOS Electronic/Paper claims.**

All claims that display depend on the Location entry. When you change the entry in the **Location** field list, the claims that display change.

Figure 108.   ECP Portal – Claims History - Filter By Options Displaying

To find claims using the filter:

1. From the Portal Dashboard, click the **View Claims** button.
   The Claims History page displays.

2. On the left side of the page, choose filters to display the claims you are looking for. Filters are not required and each filter type is independent of the others.

- **Date Range**

    Use this option to specify the date range of the claims to display. Click the **Date Range** arrow to choose an option:
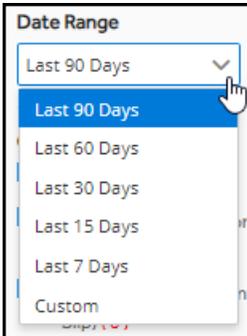
Figure 109.   ECP Portal – Claims History - Date Range List

- **Claims Status Check Boxes**

    Use these check boxes to specify the status types to display.
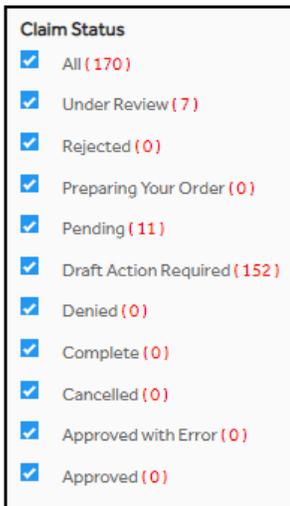
Figure 110.   ECP Portal –Claims History - Status Check Boxes

When you have completed your selections, click the **Filter** button at the top of the column. The list redisplays only the claims you specified.

Finding claims from the legacy portal and All DOS Electronic/Paper claims.

Typically, when you enter the Claims History page, you are reviewing claim records you have entered in the new portal, but you can also review

the status of claims you place in your legacy portal or Electronically for all DOS.

Finding legacy portal claims and Electronic/ Paper claims for any Date of Service.

To find claims from a legacy portal:

1. From the Portal Dashboard, click the **View** C**laims** button. The Claims History page displays.

Figure 111.   ECP Portal –Claims History Page – Claims Search Options

2. Click the **Claims prior to MM/DD/YYYY and All DOS Electronic/Paper claims tab**.

Figure 112.   ECP Portal –Claims History Page – Legacy Claim Results

Finding a patient's claim details

You can review four years of a patient's claim history in the ECP Portal.

To review a patient's claim history:

1. Find the member using the instructions in **Finding a patient's eligibility information**. The results based on the data you entered displays.

Figure 113.   ECP Portal – Member Search Results (History Button Highlighted)

2. Click the **History** button to display the patient's claim history information.

Figure 114.   **ECP Portal – Member History**

3. To see the details of a claims, click the claim number link. The claims detail information for the claim you selected displays.

Figure 115.   **ECP Portal – Claims Summary Details**

4. To see the patient's claim history prior to today, click the **Claims prior to MM/DD/YYYY or ALL DOS Electronic/Paper claims** field on the Member History page.

When you select this option, older claims submitted on legacy portal or all DOS Electronic/Paper claims for the last 4 years pertaining to the patient display, if they are available:

Cancelling a pending claim

For cancelling a pending claim, please contact **Versant Health customers service**

Logging out of the portal

In the upper right corner of the page, the office name displays as a link. To log out of the Eye Care Professional Portal:

Figure 116.   ECP Portal – Office Name Link

1. Click the **Office Name** link to display the Log Out option.

2. Click **Log Ou**t to close the ECP Portal.

Glossary

This is a glossary of terms you will find in this User Guide that may not be familiar to you.

A   B   C   D   E   F   G   H   I   J   L
M   N   O   P   Q   R   S   T   U   V   W

A

Term	Definition
Adjudication, Adj.	Process for evaluating/paying claims based on eligibility status and service coverage. Also ensures that Eye Care Professionals are paid for the services they provide.
Advanced Premium Tax Credit (APTC)	Granted to income-eligible ACA patients to help them pay for health care costs. Members still pay a monthly premium for health care service. See **APTC Grace Period** and **APTC Delinquency Period** for more information.
Allowed Amount (ACA)	The Eye Care Professional negotiated rate for ACA cost-sharing claims, where the Eye Care Professional is defined as the Doctor and/or the Versant Health Lab. The member pays the Eye Care Professional the amount that Versant Health would have paid to the Eye Care Professional, when the member is wholly responsible for covered services – such as, when the Deductible is not met or APTC and in the delinquency period. The Eye Care Professional negotiated rate includes payments to both the Eye Care Professional and the Davis Lab when materials are dispensed.
Anti-Reflective Coating (ARC)	A clear lens coating that limits light reflection by allowing the maximum amount of light to pass through the lens.
APTC	**A**dvance **P**remium **T**ax **C**redit. ACA patients who cannot pay for their ACA coverage on their own, get assistance from the Federal government. The government pays a portion and the member pays a portion. If the member fails to pay the portion of his or her benefits, the benefit ends. See **APTC Delinquency** and **Grace Period** entries.
APTC Delinquency Period	For ACA patients who are APTC-eligible, this period refers to days 31 through 90 (months 2 and 3) after the member has not paid his or her premium.

Term	Definition
APTC Grace Period	For ACA patients who are APTC-eligible, this period refers to days 1 through 30 (the first month) after the member has not paid his or her premium. Members who pay their premiums within this period avoid the APTC Delinquency Period.

B

Term	Definition
Ben.	Abbreviation for **Benefits**.
Benefit Plan	Collection of benefits offered as a product to a **Payor**. The plan defines the conditions / limitations of services that are covered, exclusions, limits, and accumulator values. A Benefit Plan can be associated to more than one Benefit Contract. Also called a rider.
Biannual	Twice a year.
Biennial	Every two years.
Breakage	Frame/lenses that do not pass quality inspection in the Versant Health Labs
Buy Up	When a patient wants to buy a Frame type (Fashion, Designer, and Premier) that is higher than one s/he is covered for, it is considered a buy up. The patient only has to pay the difference between his covered frame and the frame s/he wants.

C

Term	Definition
Claim	Request for reimbursement for materials/services provided to a Member by an Eye Care Professional. An invoice for these materials or services.
COB	**C**oordination **of B**enefits. Provisions and procedures used by third-party Payors to determine the amount payable to each Payor when a claimant is covered under two or more group health plans.
COBRA	**C**onsolidated **O**mnibus **B**udget **R**econciliation **A**ct allows terminated/ resigned employees continued access to group health coverage as long as the former employee pays for the coverage themselves.

Term	Definition
	This coverage is available for 18 months after termination. Many Client groups have a separate COBRA plan.
Coinsurance (Coins)	**Coins**urance is a cost-sharing requirement under a health insurance policy, which provides that the insured assumes a portion or percentage of the costs of covered services rather than a fixed amount.
Comprehensive Eye Exam	Describes a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single-service entity but need not be performed during one session. The service includes history, general medical observation, external and internal examination, gross visual fields and basic sensorimotor examination. It always includes initiation of a diagnostic and treatment program as indicated.
Contact Lenses	A small shell-like lens that rests directly on the eye; styles include: ▪ **Soft Lens** Made from flexible, water-absorbent plastics that are comfortable, even at the end of the day. ▪ **Daily-Wear** Lenses put in the eye in the morning and removed at the end of the day. ▪ **Disposable/Planned-Replacement** Soft lenses that are worn for a prescribed length of time and then are discarded. ▪ **Extended-Wear** A soft lens with the same comfort as a daily-wear soft lens, but that can be left in the eye for up to two weeks. Also tears easily. ▪ **Gas-Permeable** A hard lens that is very oxygen-soluble and quite comfortable to wear. They need minimal care and last for years. ▪ **Medically Necessary** Prescribed for conditions in which visual acuity cannot be adequately corrected with eyeglasses but can be corrected by contact lenses. ▪ **Toric** A contact lens designed to correct astigmatism.
Copayment (Copay)	A type of cost-sharing that requires the Member to pay a flat dollar amount, usually on a per-unit of service basis, with Versant Health or the Employer reimbursing some portion of remaining charges.
Cost Sharing	The general set of financing arrangements whereby the consumer must pay out-of-pocket to receive care, either at the time of initiating care, or during the provision of health care services, or both. Cost

Term	Definition
	sharing can also occur when an insured pays a portion of the monthly premium for health care insurance.
Cost-Sharing (ACA)	Plans that capture the out-of-pocket costs for each patient (and each family) so that the patient does not pay more than a pre-set amount out-of-pocket for all combined medical services and materials.
Covered Basic Service	Benefit that Versant Health may pay some portion of, if the patient is eligible for the service. Basic services include: exam, frame, spectacle lenses, and contact lenses.
CPT	**C**urrent **P**rocedural **T**erminology. Procedure codes used on claim and referral forms. Versant Health is moving to a CPT-only Procedure Code system for exams.

D

Term	Definition
DDOL	**D**octors **D**oing **O**wn **L**abwork. This is an abbreviation that indicates that lab work or materials are created or provided exclusively by the Eye Care Professional.
Deductible	The out-of-pocket expenses that are borne by a Member before the insurer begins reimbursing them for additional expenses.
Deductible / Deductible Maximum	The amount a member contributes for covered health care services before the health plan begins to pay. The value is added to the individual and family YTD accumulators. (ACA)
Diagnostic Dilation	The opening of or enlarging of the pupil by means of eye drops to better see inside the eye.
Dispensing Fees	Flat fees Versant pays to ECPs per job for frames and lenses
DOS	**D**ate **o**f **S**ervice

E

Term	Description
Edging	The process of cutting a lens blank to the appropriate size and shape required for a particular frame.

Term	Description
EDI	**E**lectronic **D**ata **I**nterchange is defined as the secure transfer of structured data, by agreed message standards, from one system to another without human intervention. Does not transfer money but formal Eye Care Professional and member enrollment and claim data and reports.
EDP	**E**yewear **D**ispensing **P**rogram is the name of the new lab model for Versant Health Eye Care Professionals.
Effective, Eff, Eff From	Abbreviation that refers to the first date of vision coverage.
Electronic Medical Records (EMR)	A third-party application that provides a digital version of a paper medical chart that contains a member's medical history from a vision practice. The POS system uses the Customer's EMR records to populate the exam and prescription part of the POS system record. This application is not used in two-door states (states where the Ophthalmologist and the Optometrist are in different stores). The data in this system is added by the store's doctors.
Exclusive Collection	Set of high quality frames available to Versant Health Eye Care Professionals to sell to their patients and customers.
Executive Bifocal	Bifocal in which the near (reading) portion is across the entire bottom of the lens. Useful for extended close-up work (such as bookkeeping) at a desk.
Explanation of Benefits (EOB)	Member communication that indicates the benefits that have been paid on behalf of the Member. Can be sent through the mail or viewed online using the Member website.
Explanation of Payment (EOP)	Eye Care Professional communication that explains the check he or she has received and what claims it is for.
Escalation Process	When a Versant Health network Eye Care Professional or patient is not satisfied with their job status, contact a Versant Health Customer Service Associate to escalate the issue. The Escalation team reviews and responds to complaints on a daily basis.
Est	Abbreviation meaning **Estimated**.
Exception	Defines what is not covered, or what is conditionally covered and under what conditions based on Category Set values. More than one exception can be associated with one Benefit Class.
Exclusions	Clauses in a contract that deny coverage to select individuals, groups, locations, properties, or risks.

Term	Description
Exclusivity Clause	Part of a contract, which prohibits Eye Care Professionals from contracting with more than one managed care organization (HMO, PPO, IPA, etc.)
Eye Care Professional	Individual or group that renders vision care services and/or materials to a member/patient.
Eye Care Professional Network	A collection of Eye Care Professionals that includes those Eye Care Professionals needed to deliver either the total range of services (or a subset of the total range of services) offered under the health plans administered by the managed care organization.
Eye Care Professional Network Sets	Logical groupings of eye Care Professional Networks sometimes called panels.

F

Term	Description
Fashion Eye Consultant	Optical Assistant who helps patients choose frames and completes frame-related paper work.
Fee Disclosure	Fee disclosure refers to Eye Care Professionals and caregivers discussing their charges with patients prior to treatment.
Fee Schedule	Defines the procedures, payment method, and payment amount covered under a Benefit Contract. Listing of procedure codes, with or without modifiers, with the applicable reimbursement or billing amount. A fee schedule can be used by one or more Benefit Contracts.
Finishing	Edge lenses into frame
Formulary	The expansive list of lens products, options, and services that are covered by a Versant Health benefit plan. These materials and options are manufactured by their associated labs and include lenses, progressive tiers, AR and UV coatings, and other lens modifiers.
Full-Spectrum Lens	An ophthalmic lens made from a plastic that transmits approximately 90% of ultraviolet light. (A conventional plastic lens transmits only 10% of ultraviolet light.)

G

Term	Definition
Gradient Coat	A lens coating that is darker at the top of the lens, fading to lighter at the bottom.
Group Billings	Fees Versant Health charges to self-insured groups for frames and lenses. The fees vary by lens type (such as, single vision, bifocal, trifocal lenses)
GRP#	**Gr**ou**p** Number. Refers to the ID number associated with an Employer group.

H

Term	Definition
HCFA	**H**ealth **C**are **F**inancing **A**dministration. Government agency responsible for the Medicare program.
HCPCS	**H**ealthcare **C**ommon **P**rocedure **C**oding **S**ystem. Industry-standard coding system of medical procedure codes. Level I codes are CPT codes. Level II codes are national codes. Level III codes are local codes.
HEDIS	**H**ealth **P**lan **E**mployer **D**ata and **I**nformation **S**et. A set of performance measures designed to standardize the way health plans report data to employers. HEDIS currently measures five major areas of health plan performance: quality, access and patient satisfaction, Membership and utilization, finance, and descriptive information on health plan management.
HIPAA	**H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct. Federal legislation that restricts the sharing of member's personal identification data.
Hr	Abbreviation meaning **Hour**
Hx	Abbreviation meaning **History**

I

Term	Definition
ICD-10	Format for diagnosis codes as of October 1, 2015. Clinical diagnosis codes that indicate the patient's diagnosed disease or injury.

Term	Definition
Indemnity	Refers to an Out-of-Network claim or payment.
Integrated Lab	Lab that has been added to the ECP Portal.
Intermediate Examination	Describes a level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem. This does not necessarily relate to the primary diagnosis. It includes history, general medical observation, external ocular and adnexal examination and other diagnostic procedures as indicated; it may include the use of mydriasis.

J

Term	Definition
Job	One increment of work in the lab. This could be a complete pair or a single lens.

L

Term	Definition
L, F, M	Abbreviation for **L**ast, **F**irst, and **M**iddle name

M

Term	Definition
Medically Necessary (Med Nec)	Those covered services required to preserve and maintain the health status of a patient in accordance with the area standards of medical practice.
Member	Person eligible for the benefits offered under a benefit contract. A member can be a subscriber (policy holder) or a dependent.
Member Out of Pocket (MOOP)	Member's cost for upgraded frames, lenses, and options paid to ECPs at the point of sale.

N

Term	Definition

NDC	**N**ational **D**rug **C**ode, a national standardized code that uniquely identifies drugs prescribed to members.
Network	Collection of Eye Care Professionals – typically formed to facilitate a common benefit level provided by the network, a common payment methodology for claims filed by members of the network, or common member responsibility.
Network Eye Care Professional	An Ophthalmologist, an Optometrist or an Optician, as defined by the Plan, who has signed an agreement with the Claim Supervisor to provide Covered Services to Enrollees.
Network Set	Collections of Eye Care Professional networks that are arranged by priority within the set. Network Sets are assigned to a Benefit Contract with Preferred, Allowed, or Special status. This status affects the coverage and cost of benefits within a Benefit Class.
Non Plan	See **Plan/Non Plan**.

O

Term	Definition
Out-of-Pocket (OOP)	The amount of a member's cost share contributions for commercial or ACA Cost Sharing Plans including Deductibles, Basic Service Copayments, and Coinsurance. The amount a member contributes for covered health services is added to the individual and family YTD accumulators.
Out of Pocket Maximum (OOPM)	The out-of-pocket maximum is the most a member will pay toward covered services each year. After the out-of-pocket maximums (individual or family) are met, the Health Plan pays for any additional covered services. This does not include valued add or lens buy up options.
Overlapping Coverage	In this document we refer to Eye Care Professionals that have contracts with both Davis Vision and Superior Vision as having Overlapping coverage.

P

Term	Definition
Paid Claim / Paid Line Services	Claim and claim lines that have adjudicated and are paid or denied; and have been included in a weekly check run (a.k.a. 'registered' claims).

Term	Definition
Payor	An individual or organization who pays for materials and items that are provided by an Eye Care Professional and covered under a benefit plan in exchange for receiving premiums from a member.
PC	**P**rocedure **C**ode
Plan/Non-Plan	Materials (frame / lenses) provided by the Versant Health registered labs are **plan** materials; frames and lenses provided by other entities are **non-plan** materials. Some patients have an allowance for non-plan materials and pay any additional costs out-of-pocket. *Examples*: Patients can get frames from our Eye Care Professionals and send them to a non-Versant Health lab for lens fabrication; in this case the frame would be plan and the lenses would be non-plan. Conversely, patients can select a non-Versant Health frame and send them to our labs for lens fabrication; in this case, the frame would be non-plan and the lenses would be plan.
Plan Types	Davis Vision has plan types that group individual benefits for assignment to a contract. Within plan types there can be variations of benefits (copay amount, or allowances, etc.) that are specific to a particular subgroup or member category. The following is the list of the most widely used plan types: ▪ **A** Allowance, ▪ **DE** Designer, ▪ **DG** Designer Gold, ▪ **DI** Affinity Discount Plan, ▪ **FS** Fashion, ▪ **FV** Fashion Value, ▪ **HY** Hybrid Discount Plan, ▪ **IN** Indemnity Only, ▪ **M** Medical, ▪ **MV** Managed Vision, ▪ **PP** Premier Platinum, ▪ **PPP** Premier Platinum Plus, and ▪ **PR** Premier
POF	Abbreviation for **P**atient's **O**wn **F**rame
Practitioner	Individual Eye Care Professionals working in a Practice Office.
Premium Paid Thru Date (ACA)	Reflects the date the member has paid their premium thru. The premium is paid to the Medical Health Plan not Versant Health.

Q

Term	Definition
QA/QC/QR	Import Frame inspection station or process (status of the Newtown Square manufacturing cycle)
Quality Assurance (QA)	Activities and programs intended to assure the quality of care, in the Lab, in the Call Center, or on the IT team. Such programs include peer or utilization review components to identify and remedy deficiencies in quality.

R

Term	Definition
Redo	Refers to the process of making a new pair of glasses when the glasses or lenses need to be redone due to a lab error
Remake	Refers to the process of making a new pair of glasses when the first pair has been delivered due to doctor or patient-requested changes.
Ref	**Ref**erring (as Eye Care Professional)
Repair/Replace	Refers to a program that some group contracts have that have specific rules for repairing and replacing glasses and contact lenses that are either under warranty or not, that have been broken, lost, or stolen. Some groups with Repair/Replace benefits have prior authorization requirements.
Royalties	Versant Health payments made to raw materials ECPs for dispensing branded products

S

Term	Definition
Seq	**Seq**uence number. Typically, this is used to indicate successive claim lines.
Service Representative	The Versant Health Associate responsible for the daily interaction with and authorization of services for Members and participating Eye Care Professionals with Versant Health.
Src	Abbreviation for **Source** (of Admission).

SRF	**S**ervice **R**ecord **F**orm. Davis Vision document that explains a patient's benefits in detail.
Stat	Abbreviation for **Stat**us
Subscriber	Policyholder. Person for whom the contract is created.
Subjective Examination	An eye test using patients' responses to help determine the prescription.
Surfees	Variable fees that Versant pays to ECPs for selling premium lenses and lens options to a member.

T

Term	Definition
Third-Party	Refers to an administrator, individual, or company that contracts with employers who want to self-insure the health of their employees. They develop and coordinate self- insurance programs, process and pay claims, and may help locate stop loss insurance for the employer. They also may analyze the effectiveness of the program and trace the patterns of those using the benefits. Example: Blue Cross/Blue Shield.
Tot	Abbreviation for Total

U

Term	Definition
Utilization Review (UR)	Also known as a Client Review, a utilization management or utilization control. Utilization Review is a document we send our **Payors** that reviews the Memberships' pattern of service use or service type, within a specified and a statement of quality of that care (based on targeted patient surveys).

V

Term	Definition
Value-Add Services	Services that are part of the benefit, but are paid by the member. They include such things as fixed cost lens options and a buy-up to a higher level frame.

W

Term	Definition
Warranty	Request to provide new product. Subject to product warranty replacement policies in place.

Appendix A: Frequently asked questions

Appendix A.1 Versant Health FAQs

Question	Answer
Can I use my current username and password to log into the new portal	No. You must create a new profile, including a login and password to use the Eye Care Professional Portal. This will ensure that the portal site is more secure.
Do you have any training materials on how to use the Eye Care Professional Portal?	Yes, we have added training materials and the Versant Health **training hub**, which are accessible through the Resources section at the bottom of every page of the Portal. This guide should help too.
What can I do in the new Portal that I could not do before?	- View office claim history (legacy portal) - View Member claim history (legacy portal) - Manage and administer versant health portal users - Self-Registration and Password resets - Single username access to both Davis Vision and Superior Vision networks - Access new training videos, forms, medical policy information, benefit alerts, business and system announcements
Can I continue to submit paper claims?	Yes. You can continue with paper claim submission as you normally would.
What web browsers can I use to access the new portal?	- Google Chrome 65 or later (Preferred) - Microsoft Internet Explorer 11 or later - Apple Safari 12 or later - Mozilla Firefox 64 or later - Microsoft Edge 44 or later

Appendix A.2 Davis Vision FAQs

Question	Follow this link to:
Where can I get information about a Patient's rights?	**Patient's Bill of Rights**
What about my rights as an Eye Care Professional?	**Eye Care Professional's Bill of Rights**
Where can I find a list of Privacy Practices?	**Privacy Practices Notice**
Where can I find information about domestic violence privacy?	**Domestic Violence Privacy Notice**
Where can I find out more about the dispute resolution process?	**Eye Care Professional Dispute Resolution Policy**
Where can I learn more about the Davis Vision Member ID Number?	**Davis Vision Member ID Number**
Where can I learn more about billing for Members who have both Medicare and Medicaid coverage (Dual Eligibility Rules)?	**Dual Eligibility Billing**
What are the Versant Health requirements for telehealth services?	**Versant Health information on telemedicine services** The use of specific modifier and place of service combinations, defined by state Medicaid or managed care programs are to be followed when submitting claims to Versant Health.
I have questions about the Laser Vision Correction.	**Vision Reference Library about Laser Vision Correction**

Appendix B: Place of service options

This portal provides a wide range of place of service options, although **Office** displays by default. You can select from these options:

- Telehealth
- Pharmacy
- School
- Homeless Shelter
- Indian Health Service Free-standing Facility
- Indian Health Service Provider-based Facility
- Tribal 638 Free-standing Facility
- Tribal 638 Provider-based Facility
- Prison/ Correction Facility
- Office
- Home
- Assisted Living Facility
- Group Home
- Mobile Unit
- Temporary Lodging
- Walk-in Retail Health Clinic
- Place of Employment-Worksite
- Off Campus-Outpatient Hospital
- Urgent Care Facility
- Inpatient Hospital
- On Campus-Outpatient Hospital
- Emergency Room-Hospital
- Ambulatory Surgical Center
- Birthing Center
- Military Treatment Facility
- Skilled Nursing Facility
- Nursing Facility
- Custodial Care Facility
- Hospice
- Ambulance Land
- Ambulance-Air or Water
- Independent Clinic
- Federally Qualified Health Center
- Inpatient Psychiatric Facility

- Psychiatric Facility- Partial Hospitalization
- Community Health Center
- Intermediate Care Facility/ Individuals with Intellectual Disabilities
- Residential Substance Abuse Treatment Facility
- Psychiatric Residential Treatment Center
- Non-residential Substance Abuse Treatment Facility
- Mass Immunization Center
- Comprehensive Inpatient Rehabilitation Facility
- Comprehensive Outpatient Rehabilitation Facility
- End-Stage Renal Disease Treatment Facility
- Public Health Clinic
- Rural Health Clinic
- Independent Laboratory

- Other Place of Services

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