



A Third Party Administrator Working With You, For You.

This presentation has been created to facilitate the use of eHealthDeck, formerly known as Provider Info Center. (PIC)

Welcome to eHealthDeck

- When logging into the website <https://www.ehealthdeck.com> you will be greeted by the screen to your right. From here, you can log in using your account email and password that was created for you by your Office Administrator.
- If you are not aware of what your credentials are, please speak with your Office Administrator.
- If you forgot your password, please select “*I Forgot My Password*”, and follow the instructions to recover your account sent to the linked email.

Welcome to
eHealthDeck

This site replaces the Provider Information Center. Your existing username and password will continue to work on eHealthDeck.

Login to your account

[I forgot my password](#)

LOGIN

Home Page

Welcome to the Home Page. On this page you will find all the available “actions” on your account.

- Easy to read action boxes where users can directly access their options. These are referred to as “Action Tiles”
- Every “action” will now remain open and will show as open tabs along the top, like many popular web browsers.
- Name of user will be found on the top right corner of the page.

The screenshot displays the eHealthDeck Home Page. At the top left is the logo 'eHealthDeck'. At the top right is a user profile icon labeled '[User's name Here]'. Below the logo is a navigation bar with 'Dashboard' and 'PIC' tabs. A 'What's New?' notification is visible in the top right corner. On the left side, there is a sidebar with a 'New Message' button and a list of email folders: 'Inbox', 'Sent', 'Draft', 'Archive', and 'Deleted'. The main content area features a 'Home' tab and a 'Homepage' title. A placeholder for a network logo is shown in an orange box. Below this are several 'Action Tiles' arranged in a grid:

- Claims Action**: Contains 'Claims' and 'Eligibility' buttons.
- Eligibility Inquiry**: Contains an 'Eligibility Request' button.
- Explanation of Payments Actions**: Contains an 'Explanation of Payments' button.
- Frames and Lenses Action**: Contains a 'Frames and Lenses' button.
- Health Plans Actions**: Contains a 'Plans' button.
- Product Status**: Contains a 'Contact Lens Orders' button.

Additional elements include a 'Switch Current Info' button and a 'VENDOR:' label near the top right of the main content area.

Account Setup

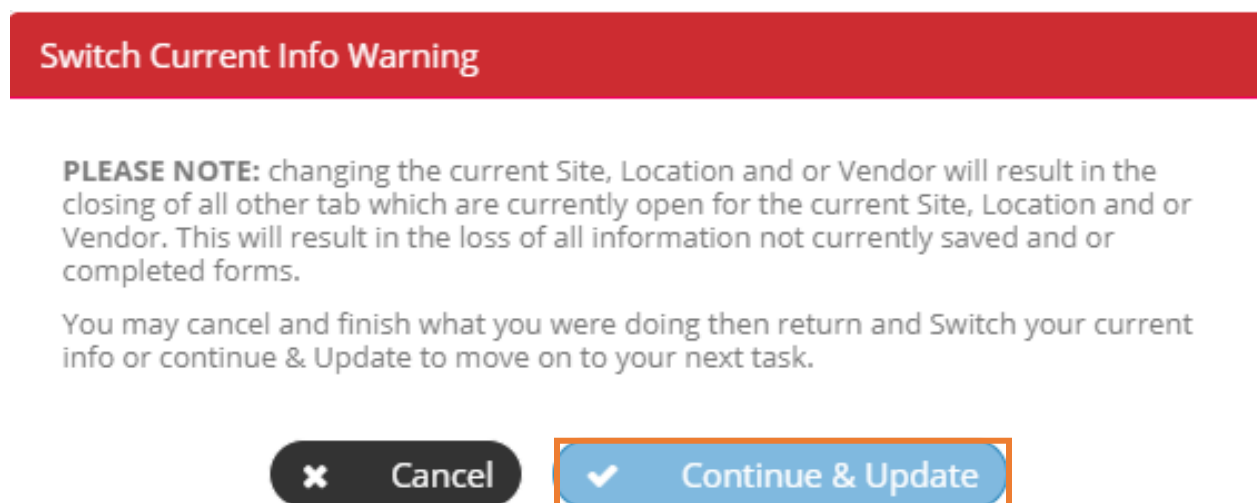
- “Switch Current Info” this is where you will be able to navigate between locations added to your profile. This only applies to vendor with multiple locations.
- Once “Switch Current Info” is selected, a small window will appear on your screen as shown below.

The screenshot shows a dialog box titled "Switch Current Info". It contains three dropdown menus: "Site" with the text "(Please select one)", "Vendor" with "--Select Vendor--", and "Location" with "--Select Location--". At the bottom left, there is a checkbox labeled "Use these settings as the 'Current Info' default." which is highlighted with an orange box. At the bottom right, there are two buttons: "Close" with an 'x' icon and "Switch Current Info" with a checkmark icon.

The screenshot shows the top part of a user interface. At the top right, there is a user profile section with a circular icon and the text "[User's name Here]". Below this is a "What's New?" dropdown menu. In the center, there is a "Switch Current Info" button with a checkmark icon, which is highlighted with an orange box. Below this, there are three menu items: "Eligibility Inquiry" with a sub-item "Eligibility Request", "Frames and Lenses Action" with a sub-item "Frames and Lenses", and "Product Status" with a sub-item "Contact Lens Orders".

Remember to mark the box to the bottom left to select the “Current Info” default credentials.

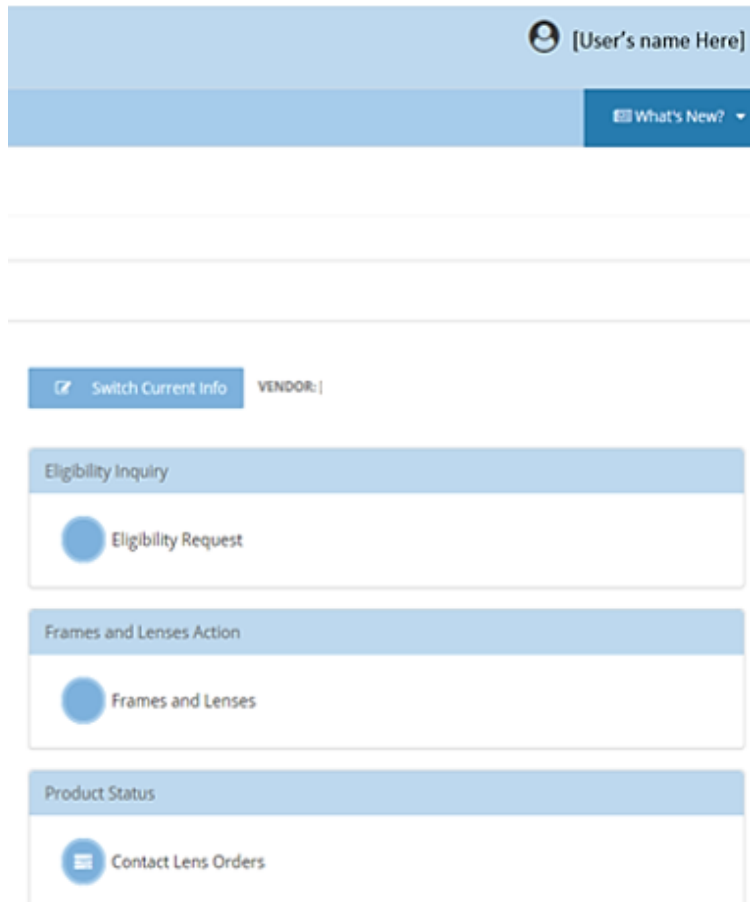
- When you are changing the “*Switch Current Info*” settings, a notification warning advising the providers when they are changing their location/vendor information will show. Please see example below:



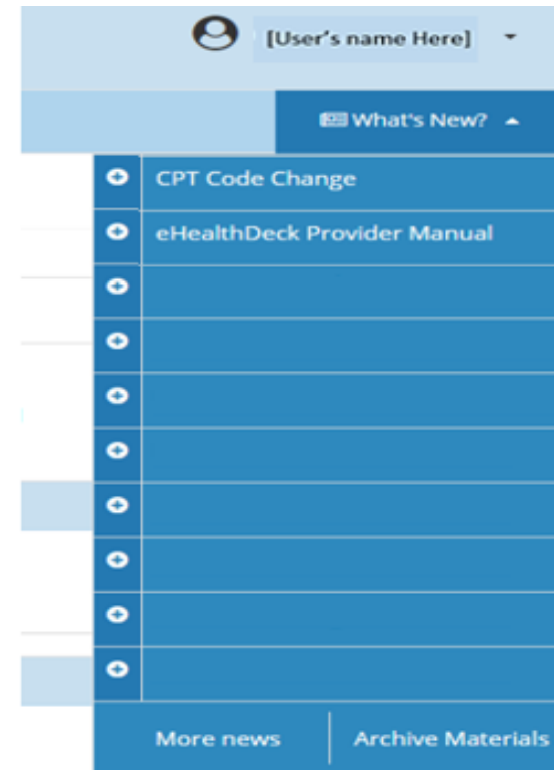
- Select “Continue & Update” to change to the location/vendor/site of your choice.

TIP: This **does not** mean the default account will be changed. If you wish to make an account your default account, please refer to page 4.

What's New?

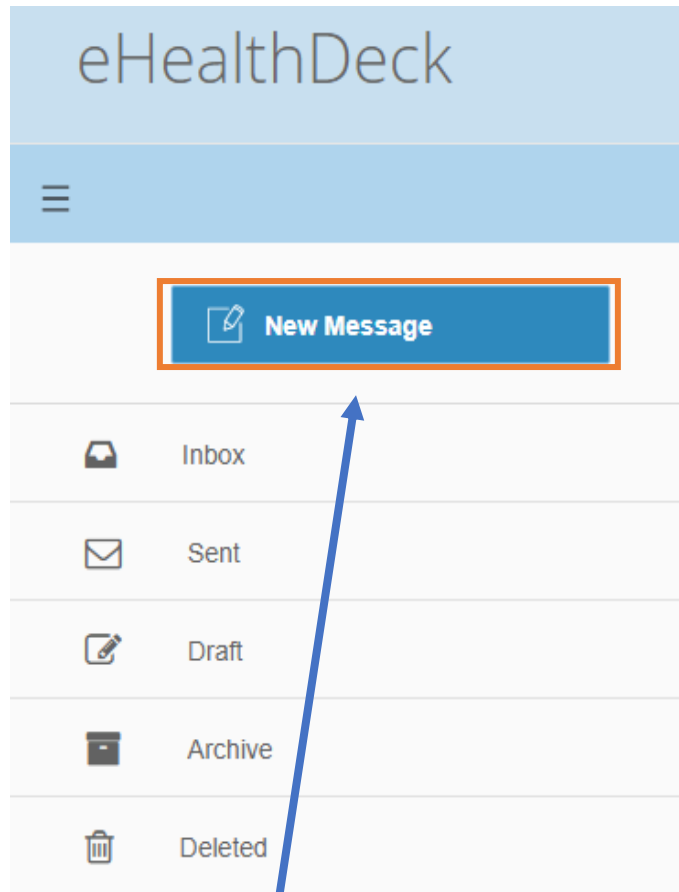


The top right corner of your home page, underneath your name, will have a "What's New?" pull down.



Here is where you will see the latest updates for your network, any upcoming changes and any important information you should be aware of.

Message Center



The Message Center was created to facilitate communication to all users. This feature allows direct communication with all available departments, internally and externally.

- Admins can send group or individual emails to anyone tied to their Vendor(s).
- Authorized users can send emails to the office Admin and individual emails to other Users.
- **All** users can use the message center to send messages to other users at their other location(s) tied to their Vendor(s).
- **All** users can use the “External Email” feature to send communication to an outside active email address.
- Inbox messages cannot be deleted. However, these emails can be archived for future reference.

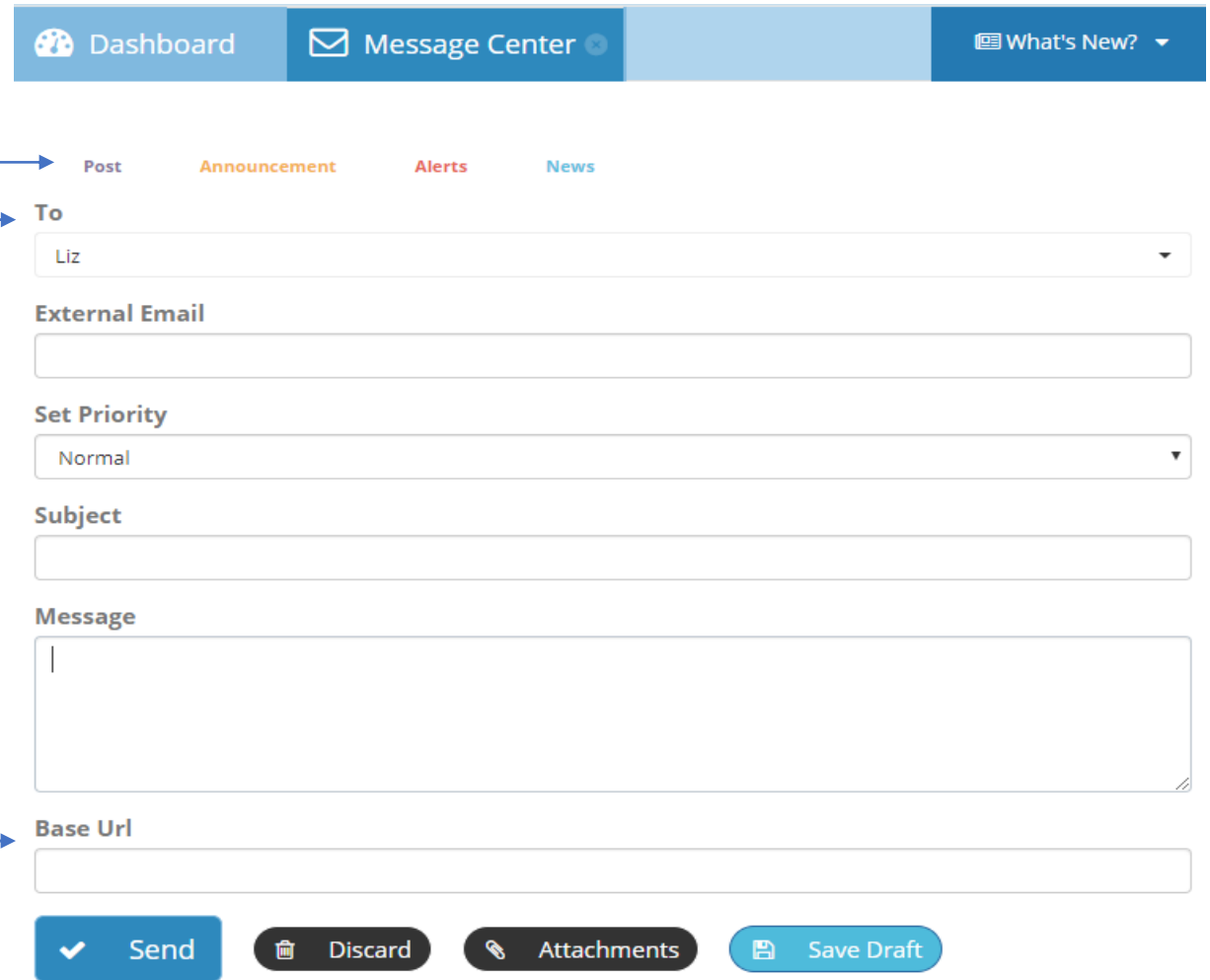
Select “New Message” to begin a message.

When starting a new email...

Any of these can be selected as the email type. If the user wishes not to select one, it will always default to **“Post”**. This feature reflects on the inbox screen and determines how the receiving person gets notified for this new email.

When selecting “To” depending on the **user’s access**, the user will only be able to see information from vendors/locations linked to the account. The user can select from any of the available categories: User, Line of Business, Vendor, Location or Distribution List (or groups already created on the Communication Channels).

This field is optional, not required.



Dashboard Message Center What's New?

Post Announcement Alerts News

To
Liz

External Email

Set Priority
Normal

Subject

Message

Base Url

Send Discard Attachments Save Draft

Notes:

**Admin accounts have access and can send group emails by vendor and/or location.*

**Super-User accounts have access and can send group emails by Network and/or Line of Business.*

Inbox

Refresh button

User can filter by groups, known as "Channels".

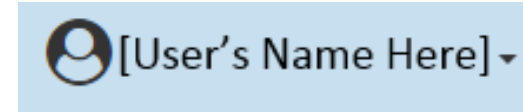
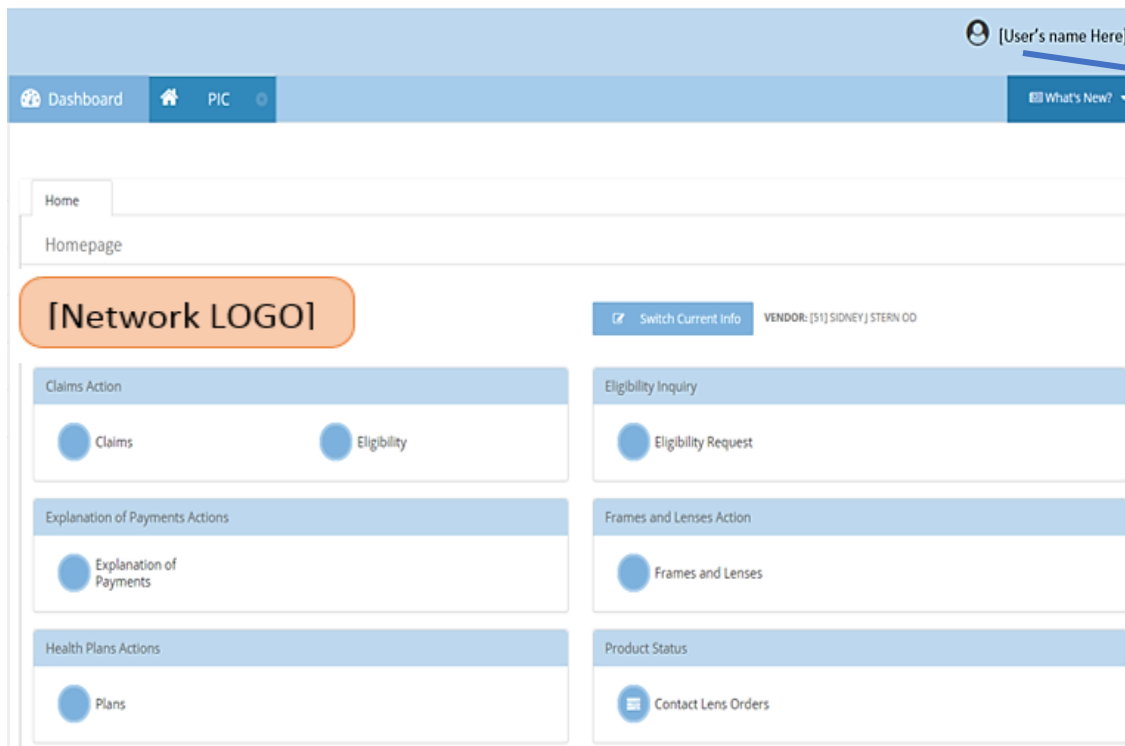
The screenshot shows an inbox interface. At the top, there is a blue header bar with the word "Inbox" on the left and a funnel icon and a refresh icon on the right. Below the header is a filter section titled "Filter Messages by Channel" with a dropdown menu currently showing "Filter by Channel Name". To the right of the dropdown are two buttons: a black "Close" button with an 'x' icon and a green "Apply" button with a checkmark icon. Below the filter section is a table with columns: "From", "Subject", "Announcement", and "Received". The table contains two rows of data, both with a star icon in the "From" column. The first row has "Credentiaing" in the "From" column, "Subscriber Eligibility" in the "Subject" column, "Announcement" in the "Announcement" column, and "5/17/2019 15:30:06" in the "Received" column. The second row has the same data as the first row.

From	Subject	Announcement	Received
☆ Credentiaing	Subscriber Eligibility	Announcement	5/17/2019 15:30:06
☆ Credentiaing	Subscriber Eligibility	Announcement	5/17/2019 15:30:06

User can favorite individual emails

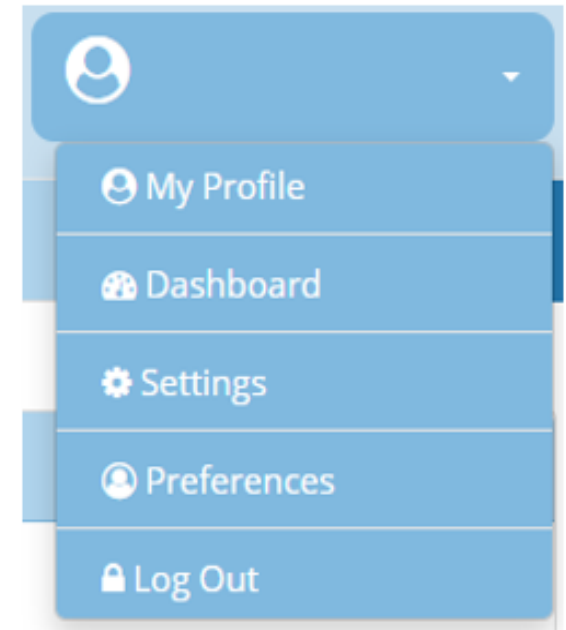
Email types can be: Post, Announcement, Alerts or News. The user drafting the email makes this determination.

Date/Time stamp



➤ The top right corner of your “homepage” you will be able to locate the User’s name.

- There is a small black triangle that will allow you to drop down a directory as shown below:



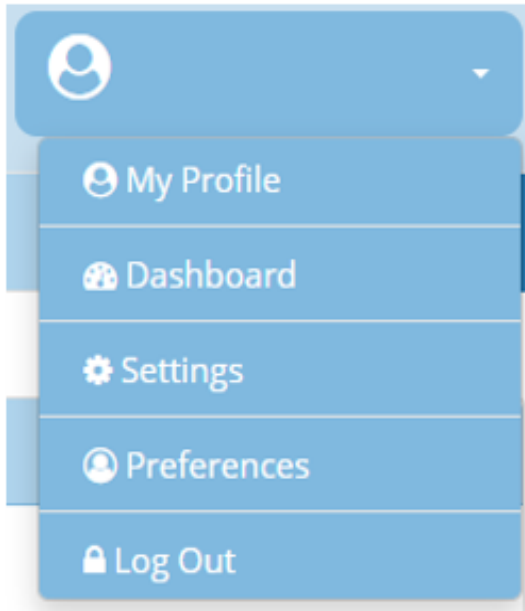
My Profile is where you will be able to locate all your profile information. (Name, Email, Status etc.)

Dashboard will take you back to the initial login page. (Homepage)

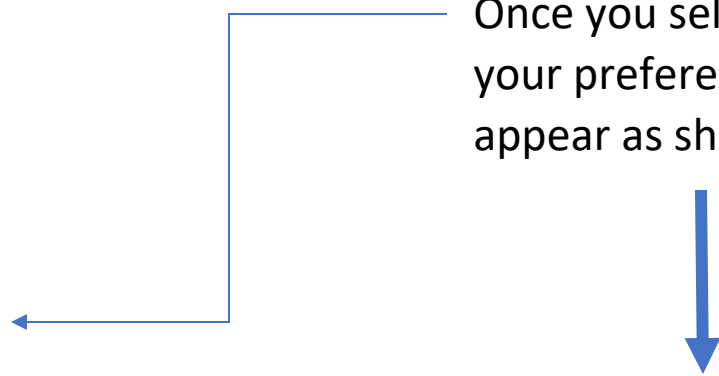
Settings is where you will be able to locate your profile settings. (User accounts, communications Channels and Reports.)

Preferences is where you will be able to edit and setup your account to your preference and reset your password. (Set Message Signature, Reset Password, Set Security Questions and Adjust Notifications)

Preferences



Once you select “*Preferences*” your preference options will appear as shown below



Preferences

Your Preferences Options

<p>Set Message Signature ></p> <p>Create a personalized signature for all of your outgoing messages.</p>	<p>Reset Password ></p>	<p>Set Security Questions ></p> <p>Help us keep your account secure and assist you in regaining access to your account when you forget your password.</p>	<p>Notifications ></p> <p>Configure Notifications.</p>
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The following pages will explain each Preference option.

Notifications

Preferences

Your Preferences Options

Set Message Signature >
Create a personalized signature for all of your outgoing messages.

Reset Password >

















Set Security Questions >
Help us keep your account secure and assist you in regaining access to your account when you forget your password.

Notifications >
Configure Notifications.

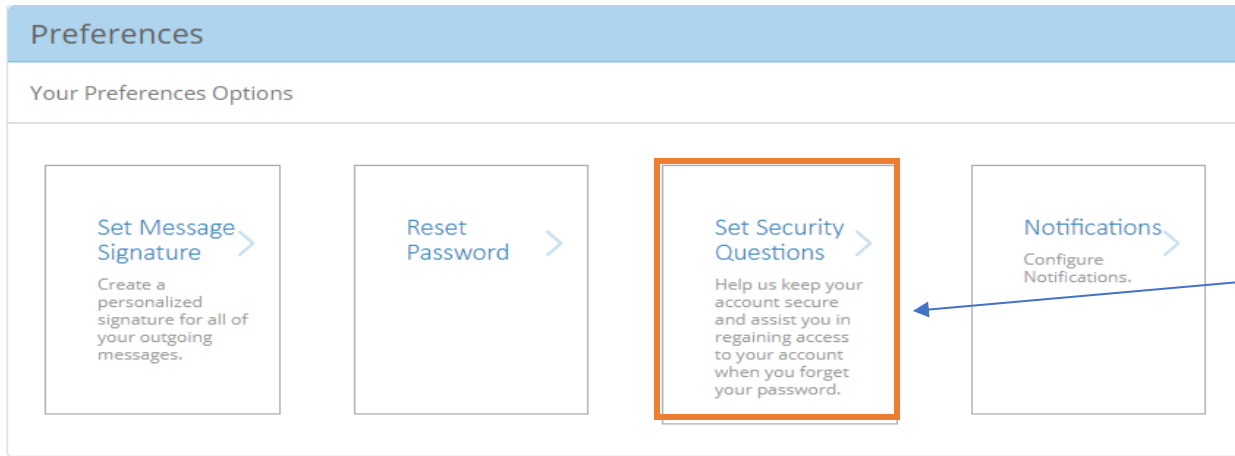
Refer to the "Preferences" section to configure the notifications setting.

The user can choose how they would like to receive notifications for any incoming: Post, Announcements, Alerts and/or News. They can choose to receive notifications through email or SMS (text).

Configure Notifications

Event	Via	Contact	Status	Edit
Post	Email		<input type="checkbox"/> Off	 
Post	SMS		<input type="checkbox"/> Off	 
Announcement	Email		<input type="checkbox"/> Off	 
Announcement	SMS		<input type="checkbox"/> Off	 
Alerts	Email		<input type="checkbox"/> Off	 
Alerts	SMS		<input type="checkbox"/> Off	 
News	Email		<input type="checkbox"/> Off	 
News	SMS		<input type="checkbox"/> Off	 

Set Security Questions



Select "Set Security Questions"

The following screen will populate. Select 3 security questions followed by 3 security answers.

TIP: Do NOT share this information.
This is for security purposes.

This will allow you to securely recover your account in the case you forget your password and/or need to reset your password.

Preferences

Your Preferences Options

Set Message Signature | Reset Password | **Set Security Questions** | Notifications

Question 1

--

Answer 1

Question 2

--

Answer 2

Question 3

--

Answer 3

Rest Password

Preferences

Your Preferences Options

Set Message Signature >
Create a personalized signature for all of your outgoing messages.

Reset Password >

Set Security Questions >
Help us keep your account secure and assist you in regaining access to your account when you forget your password.

Notifications >
Configure Notifications.

Select "Rest Password"

TIP: If you don't know remember your current password, please "Log out" and proceed to "I Forgot My Password" for an alternative way to reset password.

Input the current password in order to change the account password.

Then proceed to create a new password as desired.

Preferences

Your Preferences Options

Set Message Signature | **Reset Password** | Set Security Questions | Notifications

Current Password

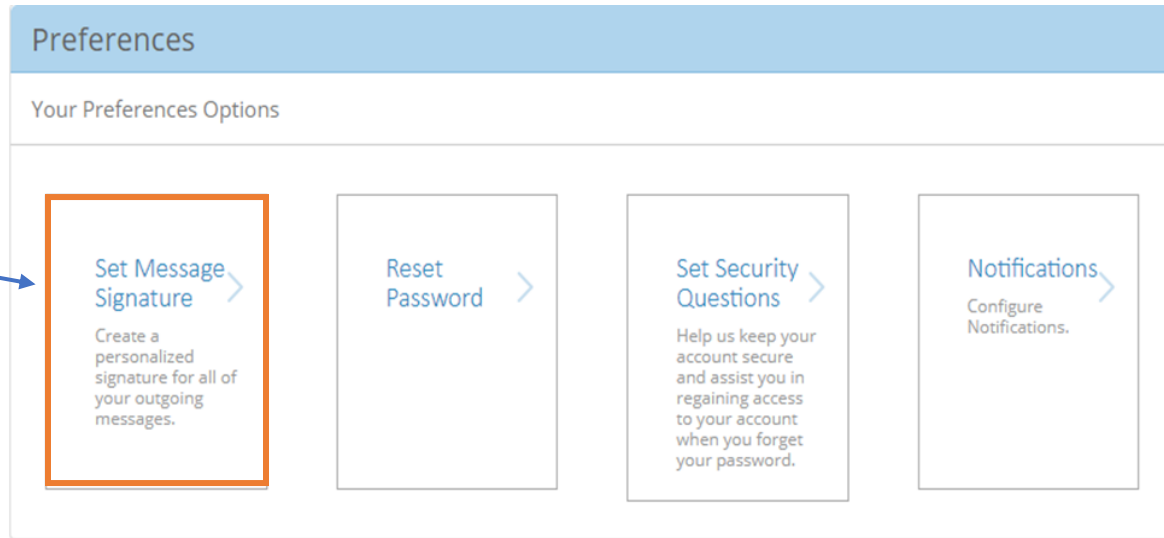
New Password

Confirm Password

Cancel Save

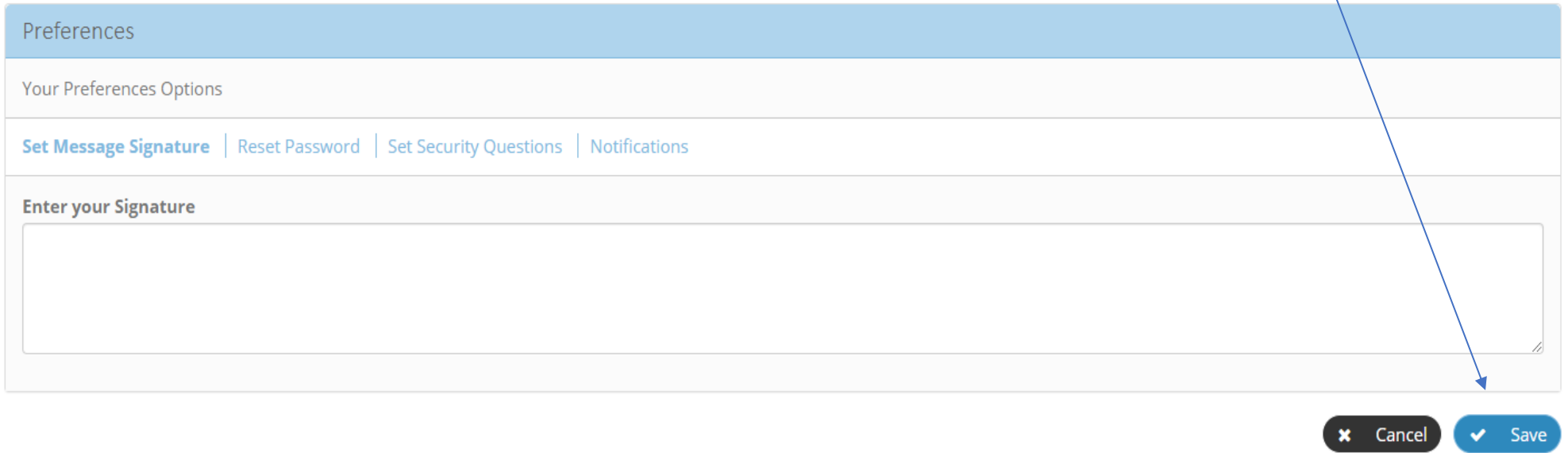
Set Message Signature

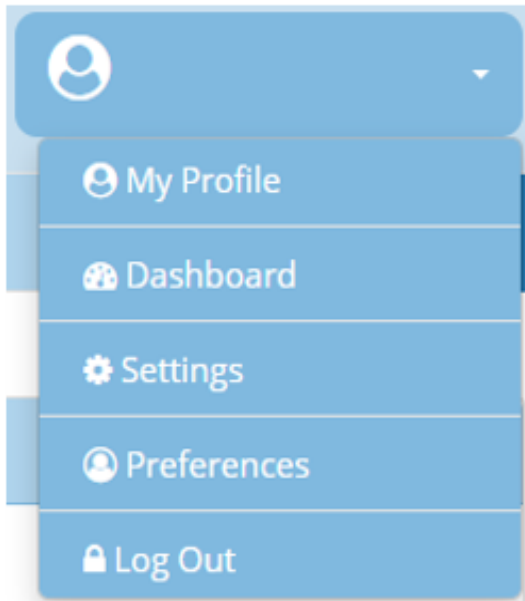
Select "Set Message Signature"



TIP: This signature will appear at the end of every message sent through the web portal accounts.

In the empty box below, create your email signature. Then, select "Save"





Once you select "Settings" your Settings options will appear as shown below

Settings

Your Settings Options

- Communication Channels** >
Create new or edit existing message groupings and how they will be managed when sending various message types.
- User Accounts** >
Create new or edit existing User Accounts.
- Reports** >
Assign permission to reports.

Reports

Settings

Your Settings Options

Communication Channels >

Create new or edit existing message groupings and how they will be managed when sending various message types.

User Accounts >

Create new or edit existing User Accounts.

Reports >

Assign permission to reports.

For reports, it's where admins can assign specific reports to a user.

TIP: Only admins can disperse any of the available reports

TIP: Reports can be filtered by LOB, Payer, Vendor, etc.

User Reports

Select/Search User Account:

Select Account ▾

◀ Back Update Account

User Accounts

TIP: Expedite the search with CTRL + F. Click both boxes beneath "Master" and "Member" to grant the user access.

Select "User Accounts".

A list of all the accounts that are available will populate.

The screenshot shows the 'Settings' page with a header 'Your Settings Options'. Three cards are visible: 'Communication Channels', 'User Accounts', and 'Reports'. The 'User Accounts' card is highlighted with an orange border and contains the text: 'Create new or edit existing User Accounts.' An arrow points from the tip box to this card.

The screenshot shows a table titled 'User Account List' with a '+ Add New Account' button and a 'Filter' button. The table has three columns: 'Name', 'Email', and 'Is Active?'. One row is visible with the following data:

Name	Email	Is Active?
0.ehealthdeckdemo	0.ehealthdeckdemo@gmail.com	Active

Select "Filter" to be able to narrow your search.

The screenshot shows the 'User Account List' filter panel. It includes a 'Filter' button at the top right. Below it are several dropdown menus: 'LOB' (All), 'Vendor' (All), 'Type of User' (All), and 'Show only Active / Inactive accounts' (All). There is also a text input field for 'Name/Email'. At the bottom, there are 'Search' and 'Clear Filter' buttons.

+ Add New Account

User Account List			Filter
Name	Email	Is Active?	
0.ehealthdeckdemo	0.ehealthdeckdemo@gmail.com	Active	

To add a New Account for a new user, select the “Add New Account” on the top right

TIP: Office Admins are encouraged to verify what access Users have

When Creating a New Account:

- Select “Add New Account”.
- The “User Account Details” will populate.
- Verify all the information is correct and once confirmed, click “Save & Send Email” at the bottom left of the page.
- This will send an email to the email address so the user can set up their eHealthDeck account

Recovering an existing account:

- Search for the desired email and select the email.
- The “User Account Details” will populate.
- Verify all the information is correct and once confirmed select “Save & Send Email” at the bottom left of the page.
- An automatic email will be sent to the user with steps to recover their account.

TIP: The Office Admin has the authorization to send recovery emails to users who have forgotten

Channel	Master	Member
Authorizations and Billing	<input type="checkbox"/>	<input type="checkbox"/>
MEDEGY - Eligibility Inquiry	<input type="checkbox"/>	<input type="checkbox"/>
Authorizations	<input type="checkbox"/>	<input type="checkbox"/>
Credentialing	<input type="checkbox"/>	<input type="checkbox"/>
MEDEGY - Claim Appeals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

User account Details:

The name of the user will populate here.

The linked email to the selected user account will appear here.

User Account Details

Name: 0.ehealthdemo

Email: 0.ehealthdemo@gmail.com

Is Active

Send External Message

Termination Days Access Allow: 0

Application Roles

<input type="checkbox"/> Credentiaing.CPN	<input type="checkbox"/> Credentiaing.Credentialing	<input type="checkbox"/> HEDIS.Administrator
<input type="checkbox"/> HEDIS.Health Plan	<input type="checkbox"/> HEDIS.Hedis Coordinator	<input type="checkbox"/> HEDIS.Hedis Physician
<input type="checkbox"/> HEDIS.Hedis Provider	<input type="checkbox"/> HEDIS.Hedis Technician	<input type="checkbox"/> HEDIS.Care Network
<input type="checkbox"/> HEDIS.PCP Edit	<input type="checkbox"/> HEDIS.Technician ICHS test	<input type="checkbox"/> HEDIS.Wellmax
<input type="checkbox"/> PIC.Administrator	<input type="checkbox"/> PIC.Assistant	<input type="checkbox"/> PIC.Assistant + UM
<input type="checkbox"/> PIC.Authorizations and Billing	<input type="checkbox"/> PIC.Azra Celjo	<input type="checkbox"/> PIC.Claim Processing
<input type="checkbox"/> PIC.Contact Lens Orders	<input type="checkbox"/> PIC.DSVHC	<input type="checkbox"/> PIC.Eligibility & Claim Submission
<input type="checkbox"/> PIC.Frames & Glasses	<input type="checkbox"/> PIC.Front Desk	<input type="checkbox"/> PIC.HEATHER SOLMO
<input type="checkbox"/> PIC.IRA	<input type="checkbox"/> PIC.Julia Test	<input type="checkbox"/> PIC.KIMBERLY
<input type="checkbox"/> PIC.KIMBERLY VERMILEA	<input type="checkbox"/> PIC.A test	<input type="checkbox"/> PIC.Online Elig
<input type="checkbox"/> PIC.Optilab Contact Lens Orders	<input type="checkbox"/> PIC.Out of Network Access	<input type="checkbox"/> PIC.Podiatry Recon
<input type="checkbox"/> PIC.PRAT	<input type="checkbox"/> PIC.SA - test	<input type="checkbox"/> PIC.Susana Negron
<input type="checkbox"/> PIC.TEST Appeal	<input type="checkbox"/> PIC.test do not use	<input type="checkbox"/> PIC.TEST O.R. do not use
<input type="checkbox"/> PIC.Um 2 & 3	<input type="checkbox"/> PIC.UM Review	<input type="checkbox"/> PIC.Utilization Management

Geo Zones

Channel	Master	Member
Authorizations and Billing	<input type="checkbox"/>	<input type="checkbox"/>
MEDEGY - Eligibility Inquiry	<input type="checkbox"/>	<input type="checkbox"/>
Authorizations	<input type="checkbox"/>	<input type="checkbox"/>
Credentialing	<input type="checkbox"/>	<input type="checkbox"/>
MEDEGY - Claim Appeals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Buttons: Save, Save & Send Email, Cancel, Delete

TIP: Only the office admin can manage the access each user account has.

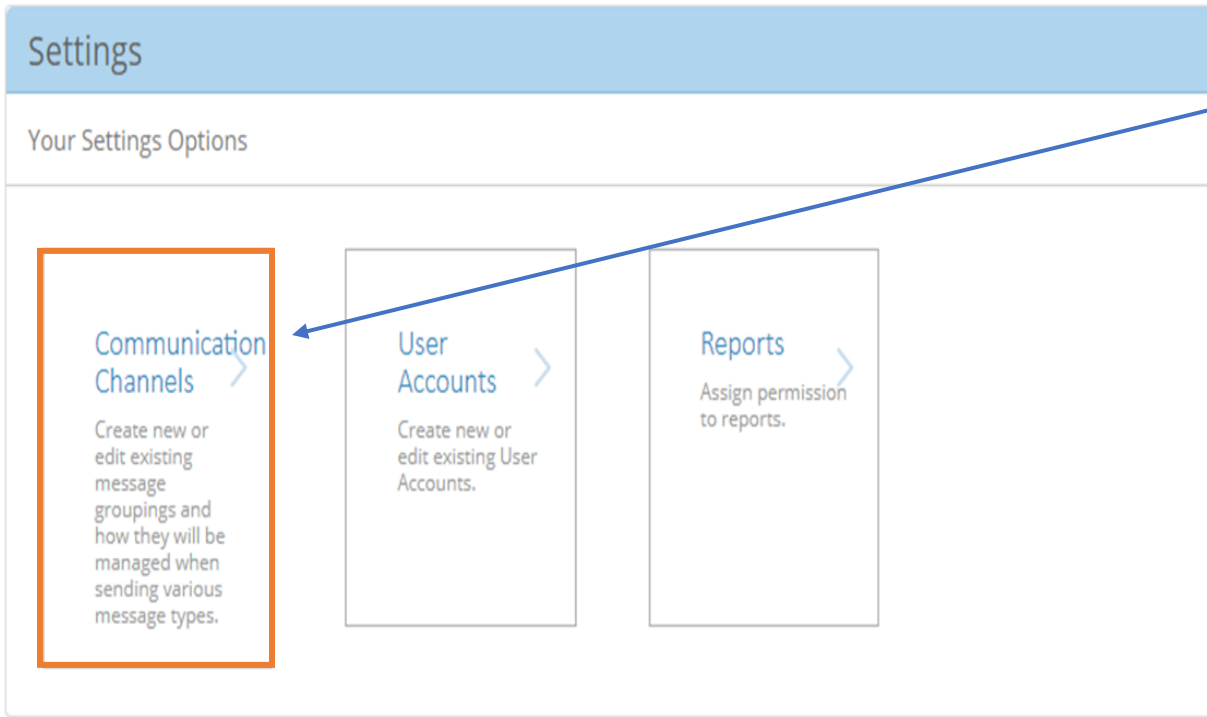
Admins will be allowed to select specific roles for every user account.

This is where an admin can select the “actions” an account has.

SAVE: Save any changes done to a user account.

SAVE & SEND: This is when a new account is being created OR an account needs to be recovered.

Communication Channels



Refer to the “Settings” section to create Channels to target specific groups.

Tip

This feature is useful for Admins that have multiple locations. The Admin can create different Channels to target different types of communications. I.e: one Channel can be for the North FL locations and a different Channel can be created for all South FL locations.



Select “Add New Channel” to create a Channel.

+ Add New Channel



Channel Details

Parent Name
root

Name

Description

Channel Users

[Master] [Member] Jane Doe

[Master] [Member] John Smith

[Master] [Member] Jane Doe

[Master] [Member] John Smith

Save

➤ This feature allows all users to create new and/or edit existing message distribution list known as “Communication Channels” and how they will be managed when sending various message types.

➤ Every Communication Channel type default as a “Distribution List”.

➤ “Parent Name” will always default as “Root” and cannot be changed when creating a Channel. This comes in handy when a “sub-channel” is created because it will show the chosen parent name.

➤ Beneath “Channel Users” the user will see all the users tied to the vendor.

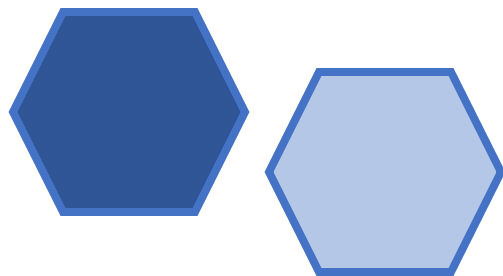
**Tip* Expedite the search for the desired user with CTRL + F.*

Channel Users

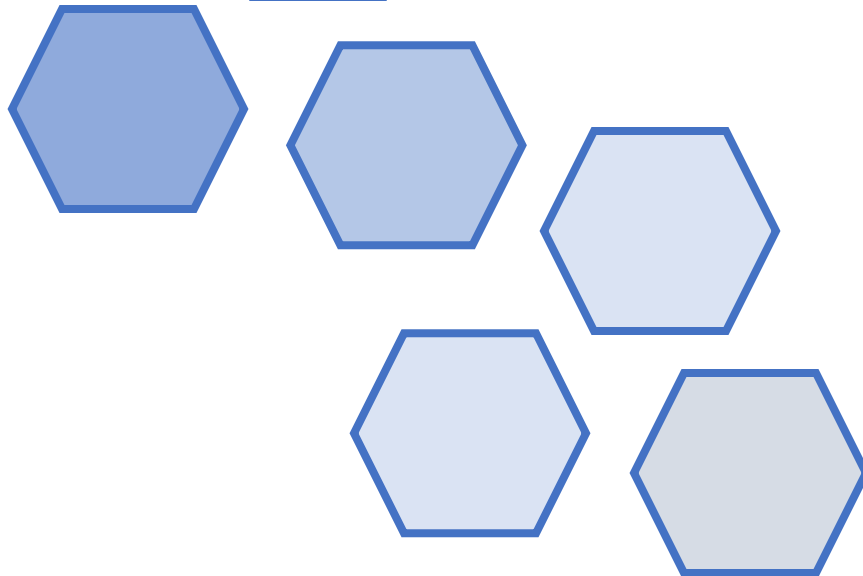
Select **Master** to allow “blasts” to be sent to the Channel. **Members** do not have this capability.

Channel	Channel Type	Description	Sub Channel
✎ Authorizations and Billing	Distribution List		Add

Available




Action




Tiles


ALL available on the eHealthDeck Web Portal

 Eligibility **Page 25**


 Claims **Page. 27**


 Explanation of Payments **Page 32**


 Frames and Lenses **Page 33**

 Job Status **Page 34**


 Claim Status **Page 35**

 Provider Resources **Page 37**

 Plans **Page 38**

 UM Prior Authorization **Page 39**

 Request Appeal or Claim Inquiry **Page 42**

 Contact Lens Orders **Page 45**



Selecting “Eligibility”, the page below will populate. This action will allow you to verify eligibility with an explanation of benefits and obtain a service Eligibility Number.

The screenshot shows a web form for eligibility verification. At the top, there are two input fields: "Provider ID:" (a dropdown menu) and "Effective On:" (a date picker). Below these is a section titled "Please provide ONE of the two following groupings:". The first grouping contains "Subscriber ID:" and "Dependent Sequence:" input fields. An "OR" label is centered between the two groupings. The second grouping contains "Last Name:", "First Name:", and "Date of Birth:" input fields. At the bottom of the form are two buttons: "View Reserved Benefits" and "Verify Eligibility".

1. Select the provider that will be seeing the member

2. Input the member's effective date or the date of service.

3. Input the member's ID number with the following sequence number. (00,01, etc...)

TIP: An Eligibility Number needs to be obtained prior to the services being rendered.

“OR” Input the member's Last Name, First Name and DOB.

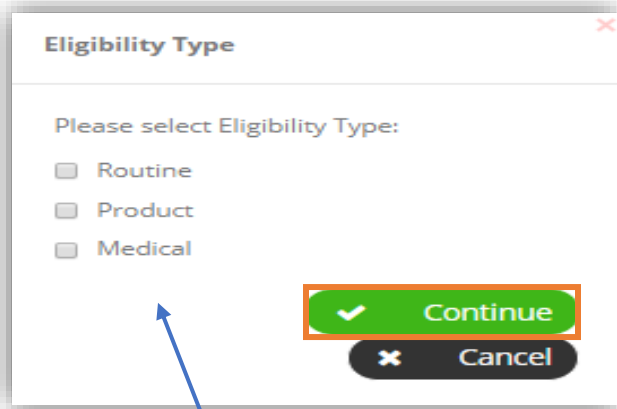
Users will be able to determine if the member has any active Eligibility Number/referrals.

Users will be able to verify if the member has any available benefits

Eligibility—Verify Eligibility

Verify Eligibility

TIP: An Eligibility Number is only valid for 15 days from the date it was obtained



Eligibility Type

Please select Eligibility Type:

- Routine
- Product
- Medical

Continue

Cancel

- **Routine**- Annual Routine Eye Exam
- **Product**- Eyewear (Glasses, Contact Lenses)
- **Medical**- Specialist Office Visit/Exam

1. Select the eligibility type and press continue

2. The complete Eligibility Request Form will appear with an explanation of benefits that is available to the member

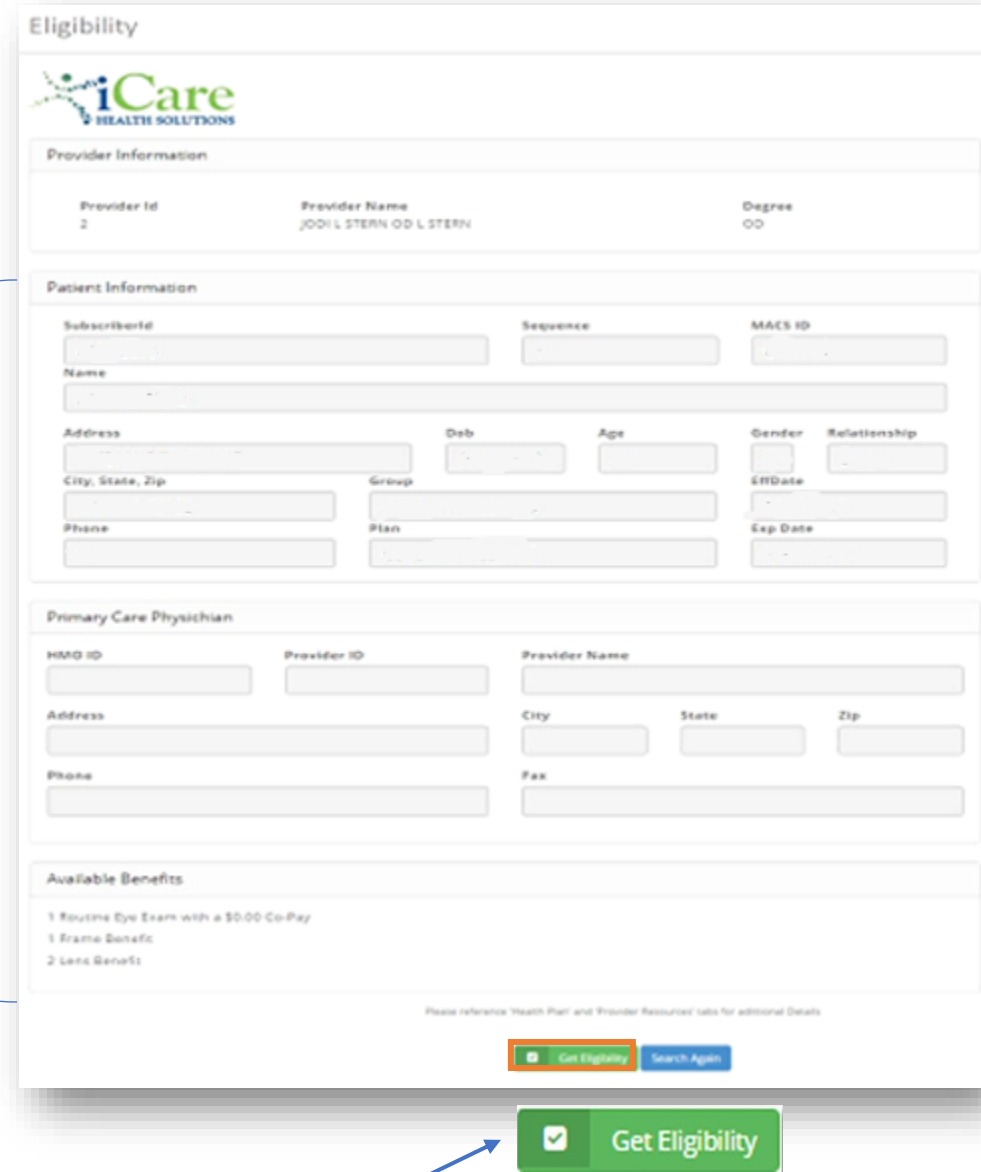
TIP: The Medical option is only available to those providers that are contracted to perform medical services.

Eligibility—View Reserved Benefits

View Reserved Benefits

Users will be able to verify if the member has any active referrals and the benefits available.

A final confirmation page will populate with an Eligibility Number that will later be required to submit a claim.



Eligibility

iCare HEALTH SOLUTIONS

Provider Information

Provider Id	Provider Name	Degree
2	JODIL STERN OD L STERN	OD

Patient Information

SubscriberId	Sequence	MACS ID		
Name				
Address	DOB	Age	Gender	Relationship
City, State, Zip	Group	ETDate		
Phone	Plan	Exp Date		

Primary Care Physician

HMO ID	Provider ID	Provider Name	
Address	City	State	Zip
Phone	Fax		

Available Benefits

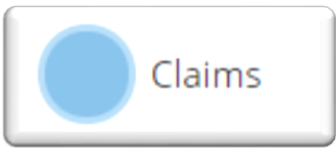
- 1 Routine Eye Exam with a \$0.00 Co-Pay
- 1 Frame Benefit
- 2 Lens Benefit

Please reference Health Plan and Provider Resources tabs for additional Details

Get Eligibility

Get Eligibility

3. Once the available benefits populate, select "Get Eligibility" to retrieve the Eligibility Number for the needed services



When selecting “Claims”, the page below will populate. This action will allow you to submit a claim for the services provided.

1. Select the provider that will be seeing the member

3. Input the member’s ID number with the following sequence number. (00,01, etc...)

2. Input the member’s effective date or the date of service.

TIP: An Eligibility Number needs to be obtained to submit a claim.

“OR” Input the member’s Last Name, First Name and DOB.

TIP: If a member is termed but a claim needs to be submitted, select the DOS in step 2.

4. Select “Create Claim” to begin.

The screenshot shows a web form for submitting a claim. At the top, there are two fields: "Provider ID:" with a dropdown menu and "Effective On:" with a date picker. Below these is a section titled "Please provide ONE of the two following groupings:". The first grouping contains "Subscriber ID:" and "Dependent Sequence:" text boxes. A large "OR" in a box separates this from the second grouping, which contains "Last Name:", "First Name:", and "Date of Birth:" text boxes. At the bottom right of the form is a green "Create Claim" button with a pencil icon. Blue arrows point from the numbered instructions to the corresponding fields in the form.

Claim Submission

The member's ID# and full name will automatically populate in these fields.

Select "Submission Form" to choose the services performed on this claim. (Eyewear, Exam and Contact Lens and Medical)

Match Service Date (From) and Service Date (To)

Select the exam(s) that apply.

If submitting for Eyewear, select "Lab" and choose the lab that will make the glasses

If member is Diabetic, Select "Yes". It is required to report that information on a claim. Otherwise, select "no"

Select "Yes" or "No" if the member was dilated. If no, select the reason.

This section is where you add all applicable diagnosis codes.

Check off the small box, under "Dr's Signature" agreeing to the statement. The red shaded area will turn green.

The screenshot shows a web form for claim submission. It is divided into several sections: 'Patient Information' with fields for Subscriber ID and Name; 'Service Date' with 'From' and 'To' date pickers; 'Submission form' with a dropdown menu; 'Lab' with a dropdown; 'Procedure' with three exam type dropdowns (Routine Exam, Contact Lens Fittings, Post Cataract Exam); 'Diabetic?' with radio buttons for Yes/No; 'Was the member dilated?' with radio buttons and a 'Reason for not dilating?' dropdown; 'Diagnosis Codes' with 12 numbered input fields; and 'Dr's Signature' with a red-shaded area containing a checkbox and a statement. At the bottom are four buttons: Clear, Back, Save, and Next.

Clear- allows you to erase all the fields at once.

Back- This will take you back to previous page. WILL NOT SAVE.

Save- User can save the claim in process.

Next- This will take you to the next page.

The “*Prescription Detail*” page will populate as shown below.
Users will input the member’s prescription then select next.

TIP: An ADD prescription is required for all multifocal lenses.

TIP: There are additional options to choose from to accommodate to the member’s needs. (Slab Off, Prism)

The Lens Choice Detail page will populate.
This is where the type of lenses and add-ons are selected then select next.

WARRANTY TIP:
Polycarbonate lenses: 1 Year
Anti- Reflective Coating: 1 Year

This section is available based on the prescription

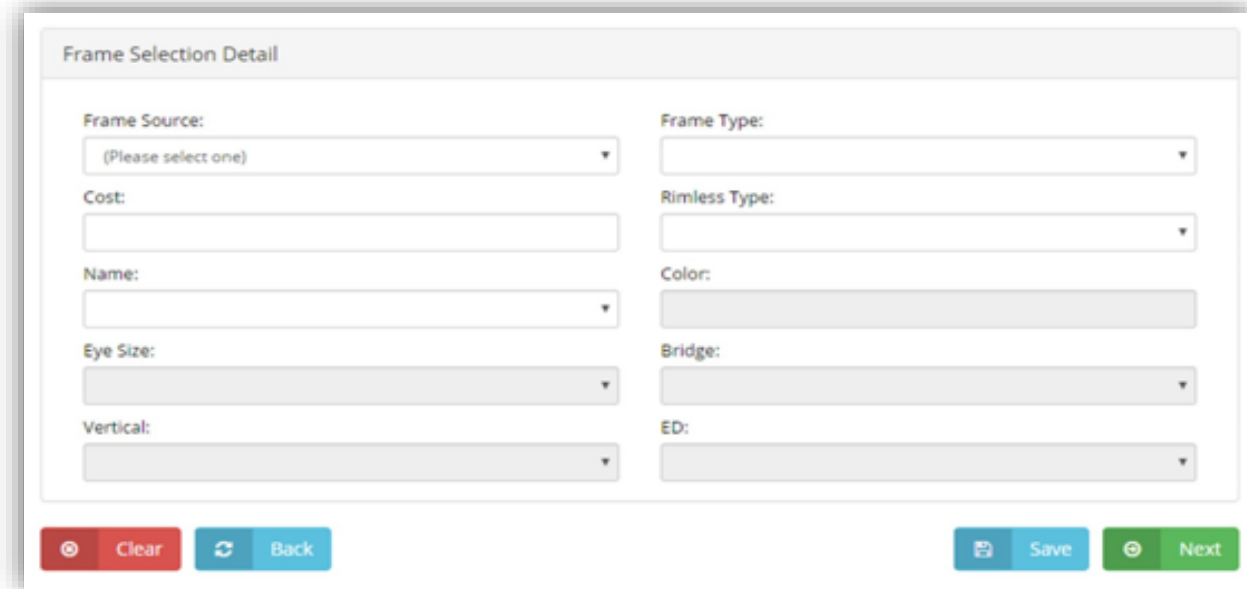
This section is available once a PD Type is chosen for distance, near or both

Additional services for lenses can be selected

“Frame Selection Detail” page will populate. Fill in all the fields with the corresponding information then select next.

TIP: When POF or PSF is selected, Opti-Lab is not responsible for lost or broken frames.

- **Grand Lux Frame Collection**- Insurance supplied frames.
- **Patient’s Own Frame (POF)**- Frame formally owed by the member
- **Provider Supplied Frame (PSF)**- Frame provided by the provider at the time of purchase.



Please reference the member’s plan page for any frame copays (POF) located in the homepage under “Health Plans”.

Contact Lens Submission:
“Contact Lens Choice” filters the selection of available products meeting the prescription criteria.

Claim Review- Validate all the information is correct.

Users are required to add the Eligibility Number obtained for the services.

Patient Information

Subscriber ID: _____ Dependent Sequence: 1 Full Name (Last, First): _____

Service Date (To): 09-16-2019 Service Date (From): 09-16-2019

Enter your Provided Eligibility Number

Eligibility Number:

Batch Information

Batch Number:

Member's Information

"Batch information" is the "Job Order" number for the member's eyewear order submitted

If "Primary Amount" is selected, "EOP File Upload" will populate to load documents. (COB)

All Diagnosis codes submitting will populate here

Diagnosis Codes

Diagnosis Codes: 1.) n5211

All procedure codes submitting will populate here

Procedure Codes

Please enter the corresponding diagnosis codes and line charges, and any other procedure codes if needed:

CPT Code	Description	POS	MOD	Diagnosis Reference	Units	Primary Amount	U&C Charge / Plan Allowed
92310	CONTACT LENS FITTING			1.)	1	\$ 0.00	\$ 0.00
99024	POSTOP FOLLOW-UP VISIT			1.)		\$ 0.00	\$ 0.00
IRG41	INS. FRAME GRAND LUX 41			1.)		\$ 41.00	\$ 41.00
S1C9	SV CR-39			1.)		\$ 0.00	\$ 0.00

Total Charges: \$ _____ Total Allowed: \$ _____

[+ Add New Line](#) [Retrieve and Recalculate](#)

EOP File upload

Select file to upload: No file chosen

UploadDate	Name	Size

Prescription Information

Prescription

	SPHERE	CYL	AXIS	ADD	BC	Seg Hgt
OD	PLANO				(Standard)	
OS	PLANO				(Standard)	

PD

	FAR	NEAR
SB		

Prescription Detail

	Horizontal	Direction	Vertical	Direction	Prism Type
OD					
OS					

Lens Information

Lens Instruction

Vision Type:	Single Vision	Material:	CR-39	Tint Type:		Tint Shade:		Lens Source:	
Edge:		Thickness:		OC Height:		Other:	SlabOff		
Extra:		Coating:							

Frame Information

Frame Selection

Frame Source:	Insurance Supplied-Grand Lux Collection	Frame Type:	Zyl	Rimless Type:		Name:	BABY LUX 2 (RED PEARL)	Color:	RED PEARL
Eye Size:	40	Bridge:	14	Vertical:	34	ED:	43		

"Add New Line" Allows User to add additional procedure codes.

If applicable, Users are responsible for adding U&C charges. Then, select "Retrieve and recalculate"

In this area, link Diagnosis code(s) to the applicable procedure code(s) by the number it is listed above.

"Notes" allow Users to write any special instructions and/or requests for the job order/claim

Claim Notes

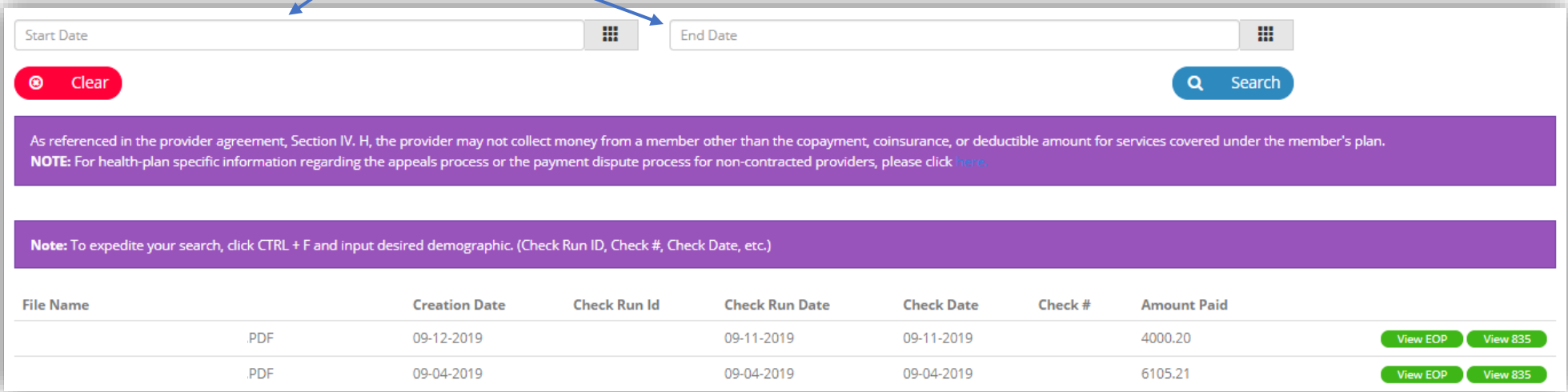
Notes:



After reviewing claim, if there is a change needed, select "Edit Claim". If claim is completed, select "Accept and Submit"

Once payment begins, Users can find the “Explanation of Payments” (EOP) on this screen.

Users will be able to narrow down the searches based on dates

TIP: To expedite your search, click CTRL + F and input desired demographic. (Check Run ID, Check #, Check Date, etc...)



Start Date  End Date 

Clear Search

As referenced in the provider agreement, Section IV. H, the provider may not collect money from a member other than the copayment, coinsurance, or deductible amount for services covered under the member's plan.
NOTE: For health-plan specific information regarding the appeals process or the payment dispute process for non-contracted providers, please click [here](#).

Note: To expedite your search, click CTRL + F and input desired demographic. (Check Run ID, Check #, Check Date, etc.)

File Name	Creation Date	Check Run Id	Check Run Date	Check Date	Check #	Amount Paid	
PDF	09-12-2019		09-11-2019	09-11-2019		4000.20	View EOP View 835
PDF	09-04-2019		09-04-2019	09-04-2019		6105.21	View EOP View 835

TIP: Users need to confirm correct location is selected in order to view the desired EOP.

“View 835” is an optional feature.

Select “View EOP” to populate payment details per Claim/Submission/Check



Selecting “Frames and Lenses”, the page below will populate for both the Frame Collection List and The Lens Price List

The “Frames collection” tab will show you all the frames available to your office/location.

WARRANTY TIP:

An insurance supplied frame has warranty only if it is a manufacturer defect.

Plastic – 3 Months after date received
Metal – 6 Months after date received

Switch between Frames and Lenses with the top right tab

“Lens Price List” tab will show you all the recommended price list base on our charge back process/agreement

Frames Collection	Frames Collection	Lens Price List
Grand Lux Frame Special Order Toddler Frames.pdf		View
2019 Grand Lux Frame Collection Catalog.pdf		View
Heiken Collection Catalog_HFC_073119.pdf		View

Insurance selected frames:

- Premium Options Price List
- iCHS Add-On Price List

Provider Supplied frames:

- Average Retail Price List
- Doctor’s Cost Average Retail Price List

Lens Price List	Frames Collection	Lens Price List
Lens Add On Price List 2019.pdf		View
iCHS 2019 Premium Options Price List 02192019.pdf		View
iCHS 2019 Average Retail Price List 02192019.pdf		View
iCHS 2019 Doctor's Cost for Average Retail Price List.3.4.2019.pdf		View



With the claim confirmation number, Users will be able monitor the status of a job order.

Input "Job ID / Web ID" OR "Claim ID" then select "Search"

Job ID / Web ID: - OR Claim ID:

Please allow 7 – 10 business days to receive all job orders

TIP: Please allow 24 hours after submitting Job Order to verify the status.

Please search using ONE of the two following Criteria:

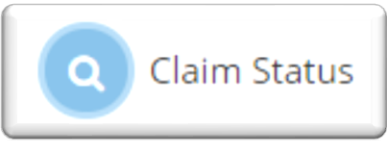
Job ID / Web ID: - OR Claim ID:

Member's Information

Job Status Report			
Job ID	Claim ID	Patient Name	Subscriber ID
00-0123456	0123456	JANE SMITH	0123456789
Dependent Sequence	DOS		
0	11-02-2016		

Job status details

Job ID	Status Date	Office ID	User Name	Status	Comments
00-0123456	11/18/2016 8:08:55 AM	79	PROVIDER OFFICE	TRANSMITTED TO LAB	
00-0123456	11/17/2016 10:33:47 AM	79	PROVIDER OFFICE	TRANSMITTED TO LAB	
00-0123456	11/11/2016 3:08:29 PM	79	DELIA LORENZO	RECEIVED AT LAB	V



Users will be able to see the status of the claims they have submitted

1. Input the member's ID number with the following sequence number

Searching Date Options:

- Claim Received Date
- Claim Posted Date
- Claim Paid Date
- Date of Service

2. Select desired date range

3. Once all fields are complete, select "Search"

Claim Status Search Criteria

Subscriber ID: Dep. Sequence: Date Type: Search Window:

Note: After initial search, click CTRL + F and entire desired demographic to expedite the process. (Claim ID, DOS, Patient Name, etc)

Claims Found

Claim ID	Last Name	First Name	Provider Name	DOS	Date Received	Date Posted	Date Paid
7874022	SMITH	JOE	ERIC F OLUBERTI MD	11-25-2016	12-01-2016	12-01-2016	12-07-2016

Claim status report within date range selected

TIP: Claim Appeals are to be submitted online via EHD. (Pg. _)

When a "Claim ID" is selected on the Claim status report, a claim detail page will populate for the specific claim as shown below.

Selected claim status report

Claim Status Report

Claim ID 1234567	Provider Name	Patient Name	Sub ID 123456789*02
Authorization number	Check Number 123456	Check Date 09-11-2019	Run ID 1234
Processed 09-09-2019			

Claim Status Report Detail

Service Date	CPT	CPT Description	Charge Amount	Plan Allowed	Allowance Overage	Product Copay	Exam Copay	Amount Paid	Exception Code
09-09-2019	92012	EYE EXAM ESTABLISH PATIENT	65.00	25.00	0.00	0.00	0.00	25.00	DUEX
09-09-2019	92015	DETERMINE REFRACTIVE STATE	25.00	0.00	0.00	0.00	0.00	0.00	DU08
09-09-2019	IF034	INS. FRAME MANAGED-CARE 34	99.00	79.00	79.00	0.00	0.00	0.00	DU02
09-09-2019	S1D1	SV [SPH: 0.12D TO 4.00D]	99.00	99.00	99.00	0.00	0.00	0.00	DU02
09-09-2019	SC9	SV - CR-39	0.00	0.00	0.00	0.00	0.00	0.00	P035
09-09-2019	V2780	OVERSIZE LENS/ES	10.00	10.00	10.00	0.00	0.00	4.00	DU02

[Search Again](#)

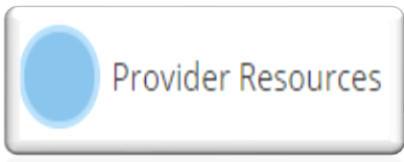
Exception Descriptions:
DUEX :EXAM
DU08 :INCLUDED IN VISIT/EXAM
DU02 :IN-KIT CLAIM
DU02 :IN-KIT CLAIM
P035 : LINE CHARGE AMOUNT \$0.00
DU02 :IN-KIT CLAIM

"Run ID" will help with obtaining the corresponding EOP for this specific claim.

Claim details by CPT lines submitted.

The Exception Code descriptions are located on the bottom left of the page

TIP: Claim Appeals MUST be received within the allowed timeframe from the date of the original EOP denial.



The “*Provider Resources*” Page offers important forms, newsletters and announcements that will help provider offices.

Outdated Files will appear in “Archived Resources”

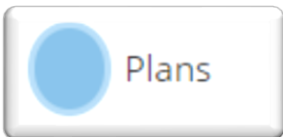
The most recent and updated files will populate here

Current Resources		Current Resources	Archived Resources
Date	File		
09/17/2019	iCare Health Solutions 3rd Quarter 2019 Newsletter	View	
08/15/2019	Online Claim Appeal Training Guide	View	
08/19/2019	Online Claim Appeal Announcement	View	
06/19/2019	iCare Health Solutions 2nd Quarter 2019 Newsletter	View	
06/18/2019	Humana - Appeals Process for Non-Contracted Medicare Providers	View	
06/18/2019	Appeals Process for Non Contracted Medicare Providers	View	
06/18/2019	UHC - Appeals Process for Non Contracted Medicare Providers	View	
06/11/2019	CarePlus Health Plans Termination Notice	View	
05/30/2019	Patient's Own Frame Waiver	View	
05/16/2019	iCHS Provider Information Change Request	View	

[Load 10 More](#)

Select “Load 10 More” to reveal additional files.

TIP: New feature step-by-step manuals will appear here



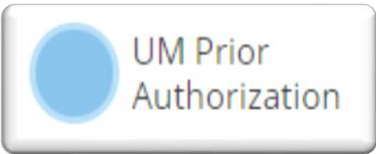
Selecting “Plans”, the page below will populate. Users can find all the Health plans their office is contracted with and retrieve detail information on benefits per plan

Health Plans	
AFSA	+
AFSA COMPLETE	+
AFSCHE	+
FLORIDA BLUE	+
FLORIDA COMMUNITY CARE	+
FLORIDA HEALTHY LIVES PROGRAM POP	+
HEALTHUS HEALTH PLAN	+
FLORIDA	+
ONE PROPERED CARE PARTNER	+
ONE MEDICA HEALTH CARE	+
STATE CHILDREN'S HEALTH PLAN	+
STATE OF FLORIDA	+

TIP: Select on the plus sign located by the plan name to view all plans available

Benefits details include:

- Co-Pay Information
- Insurance supplied frame Information
- Provider supplied Frame Information
- Add-Ons or Special upgrade Information
- Contact Lens Benefits



Selecting “UM Prior Authorization” will allow users to obtain an authorization for CPT Codes that require prior authorization.

My Dashboard

9 / 23 / 2019

- Completed Authorization Requests
- Saved Authorization Requests
- Additional Information Requested
- All other Request Statuses

Questions or comments? Please contact us using any of the methods below
 Email: UM@myicarehealth.com Fax: (305)675-8010 Phone: (855)373-7627 x705

[Create a new request](#)

Create a new prior authorization request

Completed Authorization

Auths that are already approved/denied

Saved Authorization

Auths that have not yet been submitted, only saved

Additional Information

Auths that require more information to complete review

All Other Authorization

Auths that are pending/under review.

TIP: Go to “Provider Resources” to obtain a list of codes that require prior authorization

Once a subject is selected, a report will populate with the fields below

Show 10 entries

Search:

Request Received	Date of Service	Level of Care	Plan Type	Provider	Patient Name	Status
------------------	-----------------	---------------	-----------	----------	--------------	--------

Creating a New Request – Prior Authorization

1. Select the provider that will be seeing the member

2. Input the member's effective date or the date of service.

3. Input the member's ID number with the following sequence number. (00,01, etc...)

4. Select "Search"

"OR" Input the member's Last Name, First Name and DOB.

OR

Provider ID:

Effective On:

Please provide ONE of the two following groupings:

Subscriber ID:

Dependent Sequence:

Last Name:

First Name:

Date of Birth:

After Users have verified the member eligibility, the “Prior Authorization Request” form will populate with the member’s information.

Select DOS

Ensure “location of services” is correct.

Member’s information

Provider’s Information

Input applicable CPT Codes and Diagnosis Codes

Add or Delete Diagnosis Codes

Add or Delete Procedure Codes

TIP: If there is a matching auth for the payer/group/plan combo, a questionnaire will appear to help inform the provider of a recommended authorization.

Upload all required/supporting documents (Medical notes). There is no limit to how many forms may be added

The screenshot shows a web form for creating a new prior authorization request. At the top, there are four dropdown menus: 'Date of Service' (set to 'DoS'), 'Specialty' (set to 'OPTOMETRY'), 'Level of Care' (set to 'Standard Care'), and 'Location of Services'. Below these are three sections: 'Member Information' (Subscriber ID, Full Name, Date of Birth, Plan Name: COVENTRY AETNA), 'Requesting Provider Information' (ID: 172, Fax, Phone, Contact, Name, Email), and 'Diagnosis Codes' (six input fields labeled 'Diagnosis Code 1' through '6', with an 'Add more' link). Below the diagnosis codes is the 'Procedure Codes' section, which includes a table with columns for 'Codes', 'Descriptions', 'MOD', 'Diagnosis Reference', and 'Recommended Status'. There are buttons for 'Add new line', 'Delete last line', and 'List Criteria Documents'. At the bottom of the form is a 'Document Upload' section with a 'Document Type' dropdown (set to 'AUTH MEDICAL RECORDS'), a 'Select file to upload' button (with 'Choose File' and 'No file chosen' text), and an 'Upload selected file' button. At the very bottom of the page are four buttons: 'Cancel', 'New search', 'Save', and 'Submit'.

New Search – This will take you back to the authorization search page

Save- User can save request as a draft.

Submit- Confirm all the information is correct and submit.



Selecting "Request Appeal or Claim Inquiry" will bring you to the Claim Appeal Log as shown below. Users can submit claims appeals/inquiries online via eHealthDeck

Appeal Log of all past submitted Appeals and their status. Open Appeals are listed first by date of submission.

- Eligibility for Appeal:**
- Claim Line Must have a Status of Closed
 - Claim Line must have \$0 Paid amount.
 - Claim Line must have an exception code.

The screenshot shows a web interface for managing appeals. At the top right, there is a green button labeled "Create a New Appeal" with a plus icon. Below it is a search bar with the placeholder text "Search for any column...". The main part of the interface is a table with a blue header and a light blue body. The header row contains the following columns: "Date", "Member", "Claim ID", "Line", "Status", and a vertical double-headed arrow icon. Below the header, there is a single row in the table with a green button labeled "View Appeal" with an eye icon.

Select "Create a New Appeal" on the top right to continue

Select "View Appeal" to open appeal details

To begin, search for the claim you are trying to appeal. Then, select "Search Claim"

The screenshot shows a form titled "Search Claim for Appeal". At the top, there is a text box containing the instruction: "To Appeal a Claim you must first search for an existing claim with the form below." Below this, there is a section labeled "Claim ID:" with a text input field containing the placeholder text "Claim ID". At the bottom right of the form, there are two buttons: a blue "Back" button and a green "Search Claim" button with a magnifying glass icon.

If the user entered a valid claim, you will be taken to the Claim Appeal Request Form

Submission guidelines

Instructions for requesting an Appeal:
This form is to be used to initiate a claim appeal. All appeals or requested information must be received by within 60 days from the date of the denial notice. The appeal will be reviewed and you will be notified of the outcome within 60 days.

Please complete this form and attach:

- A copy of the CMS 1500 form
- A copy of the denial from your EOP
- All medical notes supporting the appeal

Claim detail information

Claim Details

Claim ID:	Date of Service:	Provider:
Member ID: 123456789*02	Member Name:	Office Fax:
		Contact Name:

List of all eligible Claim Lines for appeal along with their Status.

Select procedure(s) available for appeal:

Initial EOP Date	Line	Date Created	Procedure	Billed Amount	Exception	Status	Appeal
9/11/2019	2	9/10/2019	92015		(DU08) INCLUDED IN VISIT/EXAM	Not Appealed	Request
9/11/2019	3	9/10/2019	IF034		(DU02) IN-KIT CLAIM	Not Appealed	Request
9/11/2019	4	9/10/2019	S1D1		(DU02) IN-KIT CLAIM	Not Appealed	Request
9/11/2019	5	9/10/2019	SC9		(P035) LINE CHARGE AMOUNT \$0.00	Not Appealed	Request

Select "Request" on your desired Claim Line. This will reveal a form with 3 required fields

Request Appeal/ Claim Inquiry

TIP: Editing and Withdrawing an existing Appeal are only available for cases with a Status as “open”

Appeal Requested For:

- Medical Necessity
- Timeliness
- Other

Reason for Request:

Enter an explanation for your Appeal

Attach Supporting Documents:

- Copy of CMS 1500 form (HCFA)
- Copy of denial from EOP
- ALL supporting medical notes

Select procedure(s) available for appeal:

Check Run	Line	Date Created	Procedure	Amount	Exception	Status	
	1	6/7/2019 12:00:00 AM	92004	0.0000	(DU32) APPEAL APPROVED	Previously Appealed	Show
	2	6/7/2019 12:00:00 AM	V2020	0.0000	(D185) FREQ LIMIT EXCEEDED-UNITS COMB	Not Appealed	Hide
	3	6/7/2019 12:00:00 AM	V2100	0.0000	(D238) ERROR IN BENEFIT PLAN SETUP	Not Appealed	Show
	4	6/11/2019 12:00:00 AM	V2100	0.0000	(PU03) SUBMIT MEDICAL RECORDS	Not Appealed	Show

Appeal Requested For:
Medical Necessity

Reason for Request:
Test Reason 123

Attach Documents:

Select file to Upload:
Choose File Test.pdf

Upload selected file

UploadDate	Name	
6/11/2019 3:38:23 PM	Test.pdf	Download Delete

Delete Back Save Submit

TIP: Users can view Appeals listed with a Status of Open.

Select “Submit” and users are returned to the Claims Appeal Log.

Selecting "Contact Lens Orders" will allow users to check the status of contact lens orders

Input Claim ID (points to Claim Id field)

Input Job-ID number (points to Job Id field)

"OR" Select provider linked to Contact Lens order (points to Provider dropdown)

Input date order was submitted/created (points to Order Created field)

Select "Search" (points to Search button)

TIP: If searching by Provider, Fitting Type is required (orange callout box)

Soft Lens

- approximately 5 business days from the date the order was received.

Hard Lens (RGP)

- approximately 7-15 business days from the date the order was received.

Order Statuses:

- Ordered
- In Progress
- Shipped
- Backordered
- Cancelled

Contact lens Order details will populate as shown below

Job Id	Claim Id	Order Date	Subscriber Id	Member Name	Provider Name	Order Status

Backordered - Allow 1-3 weeks to be shipped

Cancellations/Reinstatement – Applied only if the boxes are **returned unopened within 2 weeks** from shipping date

We appreciate your time. If you have any questions, please call Support Services at (305) 418-2025.



A Third Party Administrator Working With You, For You.