

eyeSynergy[®] 2.0

User Guide



MARCH[®]
Vision Care

keeping an eye on your health[®]

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Section 1: System Requirements

The following guidelines will ensure successful use of eyeSynergy®.

System Requirements

Browser Compatibility
Internet Explorer 9.0 or later*
Google Chrome 30 or later*
Mozilla Firefox 24.1 or later*
Apple Safari 5.1 or later*
Browser Requirements
Disable pop-up blockers
Enable Javascript**
Disable “Reuse windows for launching shortcuts” in Internet Explorer.
Other Software
Adobe Acrobat Reader 9 or above

*Latest version of browser is recommended.

**Certain feature will not function properly if JavaScript is disabled.

Section 2: Registration

To access the eyeSynergy® Sign In page and begin the registration process, visit providers.eyesynergy.com and select the *Register for a new account or convert an existing account* link. The eyeSynergy® home page is also accessible through the MARCH® Vision Care website at www.marchvisioncare.com, then click on the eyeSynergy® link located on the upper portion of the window.

eyeSynergy®

Lower your administrative costs
Submit claims and lab orders electronically through eyeSynergy®. Save on postage fees and valuable staff time, and minimize paper flow.

Sign In

adminpa
Password
 Remember me **Sign In**

[Forgot your Password?](#)
[Forgot your UserName?](#)
[Register for new account](#)

eyeSynergy®
eyeSynergy® — MARCH® Vision Care's intuitive, user-friendly online web portal gives you 24/7 access to eligibility, benefit, claim and lab order information.

If you're new to eyeSynergy® or forgot how to navigate through eyeSynergy®, don't worry, we offer daily training sessions. To schedule a training session or if you have questions about eyeSynergy®, call our eyeSynergy® Support at [state specific phone number](#), select option 3, then option 4.

Join the MARCH® Vision Care Provider Network
MARCH® Vision Care is committed to "vision for better health". We work with eye care professionals and networks on a national level to deliver quality eye care through innovative health solutions. Become a MARCH® contracted provider and gain access to eyeSynergy®.

Your opinion matters
Email us at eyeSynergy@marchvisioncare.com and tell us what you think about eyeSynergy® and how we can make it work better for you.

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Register: Step 1

Step 1 in the registration process begins with the user entering provider-specific information into the required fields. The following fields must be completed before moving to Step 2:

1. Tax ID Number
2. Office Phone Number
3. Additional Information
 - a. Claim ID/Lab Order ID and Member ID (from the same member) **OR**
 - b. Registration Number (included in Welcome Packet materials or through a MARCH® representative)

eyeSynergy®

Register: Step 1 of 2

Tax ID Number **1** 1234567890

Office Phone Number **2** 1234567890

Additional Information **3**

Claim ID / Lab Order ID And Member ID / Subscriber ID / Medicaid ID
Or
Registration Number

Continue Registration Reset Form Cancel Registration

After the required information is entered, click the *Continue Registration* button to proceed to Step 2.

Register: Step 2

In Step 2 of the registration process, the user will create a unique UserName and password which will be used to log into eyeSynergy®. The fields that must be completed include:

1. The registering user's Last Name
2. The registering user's First Name
3. Create UserName – A unique name that the user will use to sign-in to eyeSynergy®
 - a. UserName must be at least six (6) characters in length;
 - b. User Name must not be more than one hundred (100) characters in length;
 - c. UserName must satisfy at least one (1) of the following conditions:
 - i. Contains uppercase letter (A-Z)
 - ii. Contains lowercase letter (a-z)
 - iii. Contains number (0-9)
 - iv. Contains @ . # \$ _ ~
4. Create Password
 - a. Password must be at least eight (8) characters in length;
 - b. Password must not be more than one hundred (100) characters in length;
 - c. Password must satisfy at least three (3) of the following conditions:
 - i. Contains uppercase letter (A-Z)
 - ii. Contains lowercase letter (a-z)
 - iii. Contains number (0-9)
 - iv. Contains a valid non-alphanumeric character: ! # % ^ * () @
 - d. The user will be prompted to change their password every 60 days. If the user fails to change their password after 60 days, the account will be locked and can only be activated again by contacting MARCH® Vision Care at the appropriate state-specific phone number found on our [Contact Us](#) page. To reach eyeSynergy® technical support, please dial extension 7574.
5. Confirm Password
6. Email Address
 - a. A valid email address is required for the Administrator* (first user) to register with eyeSynergy®. All correspondence for this account will be sent to this email. This includes a forgotten Password or UserName. Each Account Administrator that is added to this individual or group Provider's account will also need to enter a valid email address.
7. Select three (3) Security Questions / Answers
 - a. The user will choose three (3) security questions and give their corresponding answers to these questions. Each answer must be unique; duplicate answers will not be accepted.
8. Contact Information:
 - a. Name
 - b. Phone Number
 - c. Role/Title
9. After reading the [Terms & Conditions](#) and [Private Policy](#), the corresponding box must be checked to finalize registration

The screenshot shows the 'Register: Step 2 of 2' form. It features the following elements:

- Registration Fields:**
 - User Last Name (1)
 - User First Name (2)
 - Create User Name (3)
 - Create Password (4)
 - Confirm Password (5)
 - Email Address (6)
 - Select Security Questions (7) - Three dropdown menus for selecting questions and corresponding text input fields for answers.
- Contact Information (8):**
 - Name
 - Phone Number
 - Role/Title
- Finalization:**
 - Checkbox (9) for 'I have read the Terms & Conditions and Privacy Policy'.
 - Buttons: 'Complete Registration', 'Reset Form', and 'Cancel Registration'.
- Footer:** eyeSynergy® ©2013 MARCH Vision Care, Inc. All rights reserved.

After the initial registration, the user will be prompted to change their password every 60 days. If the user fails to change their password after 60 days, the account will be locked. This account can only be activated again by contacting MARCH® Vision Care at the appropriate state-specific phone number found on our [Contact Us](#) page. To reach eyeSynergy® technical support, please dial extension 7574.

**Note: The first user to create an eyeSynergy® account for an individual or group assumes the role of Administrator. The Administrator has full access to all of the eyeSynergy® functionalities including the ability to generate confirmations, submit claims, and order materials. The Administrator may also choose to add or delete users to the provider's account, as well as change the access settings for the other account users in the office.*

Section 3: Navigation

Menu Bar Navigation

To navigate through eyeSynergy®, use the Menu Bar located at the top of the window. The Menu Bar will allow users to access the different areas of eyeSynergy® at any time during the session.



Home



The *Home* button will take users back to the Welcome Page. Located on the right side of the welcome page, a process workflow gives providers an overview of the eyeSynergy® process. The provider process workflow demonstrates the most efficient way for providers to navigate through eyeSynergy®. The steps include:

1. Find a Member
2. Get Confirmation
3. Enter Exam Results
4. Enter Rx
5. Order Materials
6. Submit Claims

Welcome to eyeSynergy®

Need help getting started?

You can manage most of your activities using our new member workflow. Please note that steps 3-6 should only be completed **after** the patient has been seen.

Simply start by finding a member to check their current benefits. **If you are going to perform services you must generate a confirmation.** Once the confirmation has been generated, our easy to read **Green** (needs to be completed) and **Red** (completed) service tabs found in the upper right hand corner will guide you through the workflow process.

If you wish to order materials for your patient, you can do so only after you've entered their prescription information.

Finally, submitting claims is easier with eyeSynergy's® intelligent auto-population feature. The information you entered throughout the workflow process will be entered onto the claim form when appropriate. After a quick review and some additional information, the claim is ready to be submitted.

The provider process workflow can always be referred to throughout the eyeSynergy® session, if the user is unsure of what needs to be completed next.

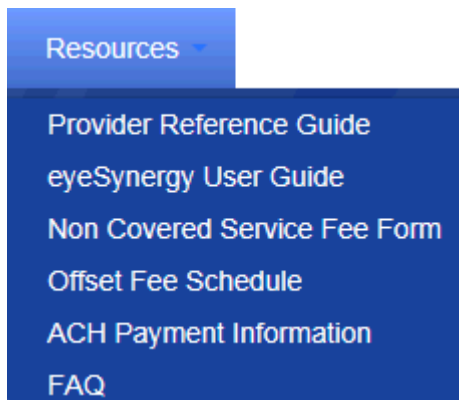
Find



The *Find* button is used to search for various items, including:

1. Find a Member
2. Find a Confirmation
3. Find a Material Order
4. Find a Claim
5. List of the last 10 recently viewed members

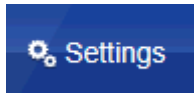
Resources



The *Resources* button gives users access to informational materials, including:

1. Provider Reference Guide
2. eyeSynergy® User Guide
3. Non Covered Service Fee Form
4. Offset Fee Schedules
5. ACH Payment Information
6. Frequently Asked Questions ("FAQ")

Settings



The *Settings* button allows users to manage their personal accounts, as well as additional account user roles. The three (3) setting types include Personal, User Administration, and Organization Settings.

Personal

Within the Personal Account Settings area, users are able to change the following items:

1. Display Name
 - a. The Display Name does not have to be the same name used to sign-in to eyeSynergy®. This name can be changed as often as the user wants to.
2. Password
3. Email address
4. Security questions and/or answers.

 A screenshot of the "Account Settings" page in the eyeSynergy application. The page has a blue header with the eyeSynergy logo and navigation links. Below the header, there are three tabs: "Personal", "User Administration", and "Organization Settings". The "Personal" tab is selected. The page is divided into four sections, each with a dropdown arrow and a numbered label:

- 1 Display Name**: Shows a text input field with "Demo Provider CF" and "Save Changes" and "Reset" buttons.
- 2 Change Password**: Shows three text input fields for "Current Password", "New Password", and "Confirm New Password", with "Save Changes" and "Clear" buttons.
- 3 Email Address**: Shows a text input field with "cferrer@marchvisioncare.com" and "Save Changes" and "Reset" buttons.
- 4 Security Questions**: Shows three dropdown menus for selecting security questions, each followed by a text input field for the answer. The questions are "What city were you born?", "What is your mother's maiden name?", and "What is the name of your first pet?". "Save Changes" and "Reset" buttons are at the bottom.

 A red arrow points from the "Settings" button in the list to the "Settings" link in the application header.

User Administration

Within the User Administration area, the Account Administrator is able to add and remove additional user and assign permissions/roles to these additional users. This feature will only be available to the Account Administrator(s).

Note: The default Administrator is the person who first created an account for the group or Tax ID. Please ensure the person registering for this account understands their role as Administrator. Once the default Administrator finalizes registration, they will have the ability to assign additional users as Administrators.

The screenshot shows the 'Account Settings' page with the 'User Administration' tab selected. The 'User Roles Assignment' section contains a table with columns for 'UserName', 'Administrator', 'Confirmations', 'Material Orders', 'Claims', 'Disabled', and 'Password'. A 'Create New User' button is highlighted in a red box in the top right corner of the table area.

UserName	Administrator	Confirmations	Material Orders	Claims	Disabled	Password
demotab	No	Modify	Modify	Modify	<input type="checkbox"/>	Reset
demotab	Yes	Modify	Modify	Modify	<input type="checkbox"/>	Reset
demoprovider1*	No	Modify	Modify	Modify	<input type="checkbox"/>	Reset
demoprovider1*	No	Modify	Modify	Modify	<input type="checkbox"/>	Reset
demoprovider1*	Yes	Modify	Modify	Modify	<input type="checkbox"/>	Reset
demoprovider1*	No	No	No	No	<input type="checkbox"/>	Reset
demoprovider1*	Yes	Modify	Modify	Modify	<input type="checkbox"/>	Reset
demoprovider1*	No	No	No	No	<input type="checkbox"/>	Reset
demoprovider1*	Yes	Modify	Modify	Modify	<input type="checkbox"/>	Reset
demoprovider1*	No	Modify	Modify	Modify	<input type="checkbox"/>	Reset

*The account cannot be used until the user has completed the registration process.

Buttons: Save Changes, Reset Changes, Cancel Changes

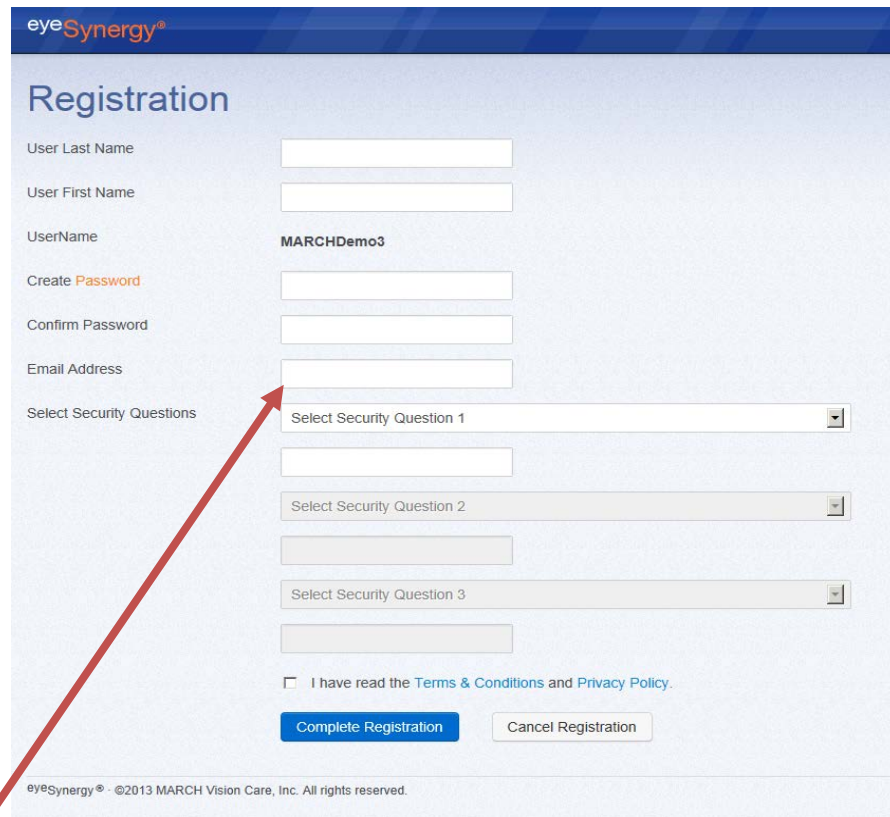
Create New User

To create a new user, select the *Create New User* link (on the right side of the window). Enter the desired new UserName in the corresponding field and then submit the request.

The screenshot shows the 'Create New User' form. The 'User Name' field contains 'MARCHDemo3'. The 'Password' field contains 'ds326881', which is highlighted with a red box. A 'Generate' button is located to the right of the password field. Below the password field are 'Submit' and 'Cancel' buttons.

A temporary password will be created for this new user. The Administrator will need to save this password since it is needed for the new user to register and sign-in to their unique account.

When the new user is ready to create their account, enter their UserName and temporary password on the main eyeSynergy® Sign In page. The new user will be prompted to complete their Registration and will then be able to create their own password and answer their own personal security questions.



eyeSynergy®

Registration

User Last Name

User First Name

UserName **MARCHDemo3**

Create Password

Confirm Password

Email Address

Select Security Questions

Select Security Question 1

Select Security Question 2

Select Security Question 3

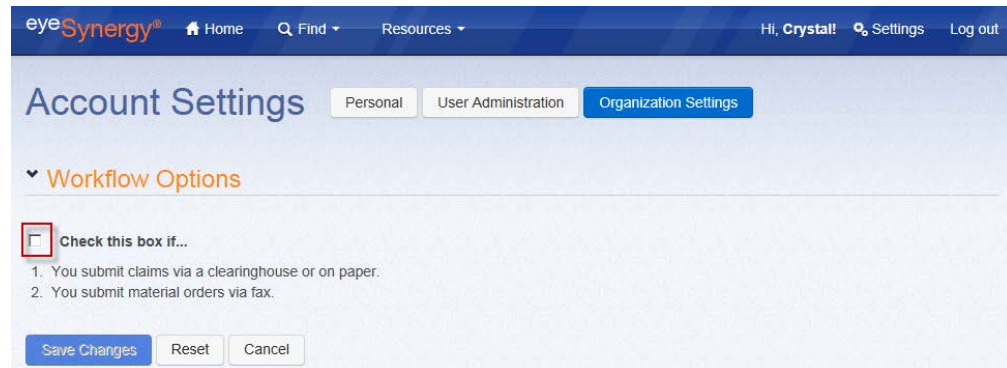
I have read the [Terms & Conditions](#) and [Privacy Policy](#).

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Note: For a user to become an account administrator, a valid email address must be provided.

Organization Settings

Important: If a provider's claims are either submitted via a clearinghouse or on paper and/or material orders are submitted via fax, not through eyeSynergy®, check the box next to the statement, "Check this box if..." Selecting this option alerts the system that the typical workflow process does not need to be completed. Most providers will use this option to search for a member and generate a confirmation. The system will allow the user to complete the workflow, but it is not required.



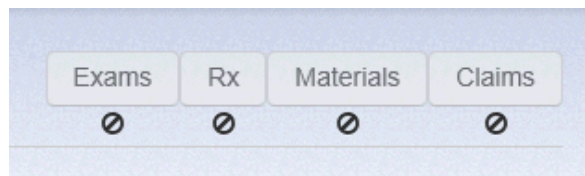
Note: This feature will only be available to the Account Administrator(s).

Member-Centric Navigation Buttons

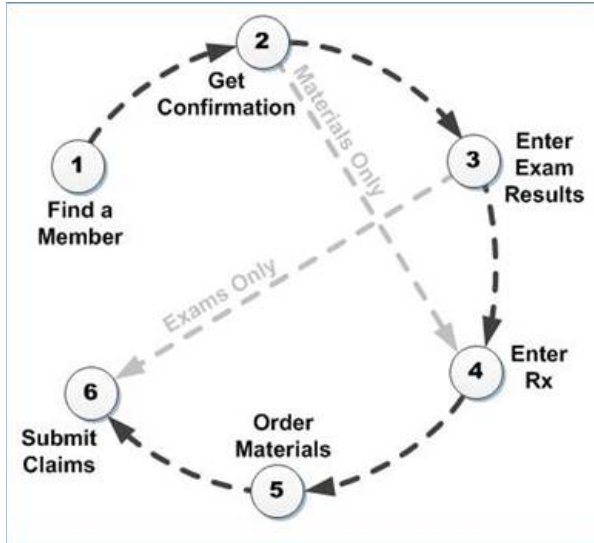
The member-centric navigation buttons are specific to the member that has their confirmation number displayed on the upper right portion of the screen. These buttons become visible while generating a confirmation number and remain visible as long as the confirmation is active.

During the generation of a Confirmation number, the upper right portion of the screen will display the following four (4) buttons:


1. Exams
2. Rx
3. Materials
4. Claims



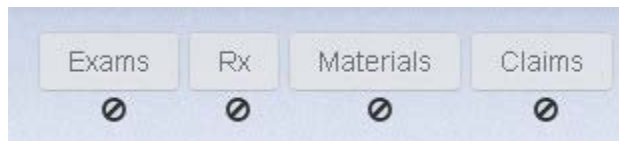
These buttons follow the scenarios possible in the provider workflow process based on the services rendered (All Services, Exam Only, Materials Only).



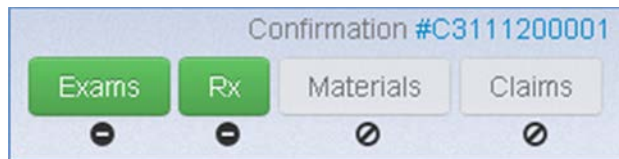
Depending on what services the confirmation number is generated for, the buttons will allow you to follow the provider process in the correct order. After all of the necessary information is submitted under each section, the button will turn **red** (meaning complete) and a check mark will appear underneath.

Completing a section will allow following sections (i.e. Rx, Materials, Claims) to become accessible. When a section can be accessed, the button will turn **green** (needs to be completed) and a  symbol will appear below the button. When a button is **red**, this means the section has already been completed. A grayed out button will appear if the section is not available to the user, based on what services were chosen during the confirmation generation process. For example, the following scenario for “All Services” shows what the buttons will look like after each step is completed:

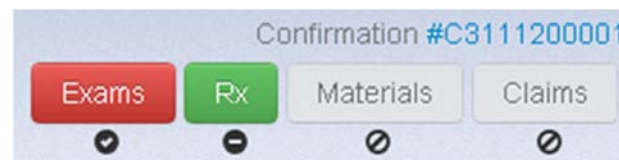
1. Before generating a confirmation



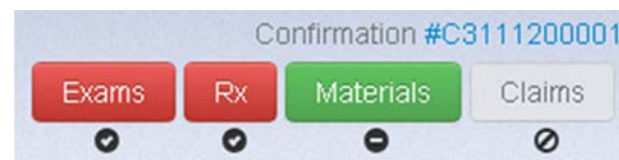
2. After generating a confirmation for All Services
 - a. The Exams and Rx buttons are available to input member Exams and Rx information (in any order)



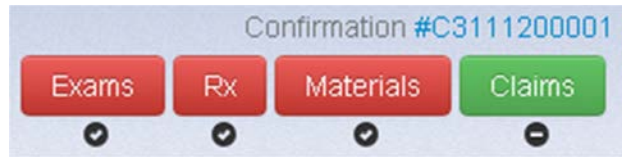
3. After submitting Exams information, the button will turn red (indicating this step is complete) and the Rx information is ready to be submitted.



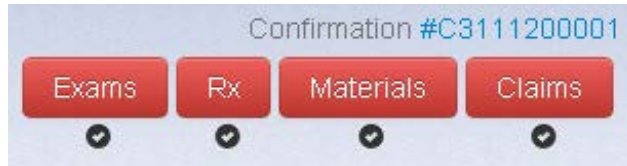
4. Once the Exams and Rx sections are completed, the Materials order is ready to be entered.



5. After the Materials section has been completed and the lab order submitted, a Claim can be submitted by clicking the Claims button.



6. After each step is completed, all buttons will be red, letting the user know this confirmation can be closed.



Section 4: Member Search and Benefit Details

Find a Member

To find a member using eyeSynergy®, select the *Find* button on the Menu Bar, and then select *Members*. A minimum of one (1) of the following search parameters is required to begin the search:

1. Member ID, Subscriber ID, or Medicaid ID
2. Confirmation Number
3. Last Name (at least with first 2 characters), along with Member's Birth Date

Optional search parameters include:

- A. First Name
- B. Middle Initial

The screenshot shows the 'Find a Member' search interface. At the top, there is a navigation bar with 'eyeSynergy®', 'Home', 'Find', 'Resources', 'Hi, Demo Provider CF!', 'Settings', and 'Log out'. Below this is the 'Find a Member' heading. The search form contains several input fields: 'ID' (labeled 1) with a placeholder 'Member ID, Subscriber ID or Medicaid ID'; 'Confirmation Number' (labeled 2); 'Last Name' (labeled 3), 'First Name' (labeled A), and 'Middle Initial' (labeled B); and 'Birth Date' (labeled 3) with a placeholder 'MM/DD/YYYY'. A 'Search' button is positioned at the bottom center, and a 'Start a New Search' link is at the bottom right.

The results will list all members that fit the search criteria. If the list of members is lengthy, select the *Refine Search* button and enter additional search criteria to get more specific results.

The screenshot shows the search results page. At the top, there is a navigation bar with 'eyeSynergy®', 'Home', 'Find', 'Resources', 'Hi, Demo Provider CF!', 'Settings', and 'Log out'. Below this is the 'Find a Member' heading. The search results section shows 'You searched for ID 0103645821M.' and a 'Refine Search' button highlighted with a red box and a red arrow. Below the button is a table of search results.

Member	DOB	Relationship	Plan Name / ID	Plan State	LOB	Dual Coverage?	Status
██████████, SHERYL D	11/22/1990	Subscriber	ABC Healthcare of Hawaii Medicaid 0103645821M	HI	MEDICAID	No	Active

Member Benefit Summary

The Member Benefit Summary allows the user to view member-specific information and benefits available or exhausted. To view a member's benefit summary, select the member from the *Find a Member* search results OR the user can click the *Benefits* button next to the member's name. In addition to the member's personal information, the Member Benefit Summary page also shows:

1. Health Plan/Benefit Plan details (including links to general information about these plans)
2. Available Services
3. Benefit Level
4. Benefit Status
5. Exhausted/Restricted Services

A confirmation number can also be generated in the Member Benefit Summary page, which will be discussed in further detail in the *Confirmation* section of this manual.

The screenshot displays the Member Benefit Summary page for a member named SHERYL D. The page includes a navigation bar with 'Home', 'Find', 'Resources', and user information. A 'Benefits' button is highlighted next to the member's name. The main content area is titled 'Member Benefit Summary' and includes a 'Generate Confirmation' button and a 'Print Friendly Version' link. Member details are listed, including Name, Member ID, Address, Phone, Birth Date, and SSN. Health Plan and Benefit Plan details are also shown. A summary of benefits is provided, along with a table of services categorized into 'Available Services' and 'Exhausted/Restricted Services'. The table includes columns for service descriptions, benefit levels, and benefit statuses. A confirmation number is also visible.

Available Services	Benefit Level	Benefit Status
Routine Exam for Diabetic Members	1 service date every year	Available
Deluxe Frame ¹	1 unit every 2 years	Available
Glasses Fitting	1 service date every 2 years	Available
Routine Exam	1 service date every 2 years	Available
Frame ^{* 1}	1 unit every 2 years	Available
Lens ^{* 2}	2 units every 2 years	Available
Deluxe Frame Replacement Due to Damage/Loss Ages 21 and Older [*]	1 unit every year	Available
Deluxe Frame Replacement Due to Vision Change [*]	fully covered	Available
Glasses Fitting Replacement Due to Damage/Loss Ages 21 and Older [*]	1 service date every year	Available
Glasses Fitting Replacement Due to Vision Change [*]	fully covered	Available
Routine Exam Replacement Due to Damage/Loss Ages 21 and Older [*]	1 unit every year	Available
Routine Exam Due to Vision Change [*]	fully covered	Available
Frame Due to Vision Change [*]	fully covered	Available
Lens Replacement Due to Damage/Loss Ages 21 and Older [*]	2 units every year	Available
Lens Replacement Due to Vision Change [*]	fully covered	Available
Lens - Prism, Occluder or Balance Replacement Due to Damage/Loss Age 21 and Older [*]	2 units every year	Available
Lens - Prism, Occluder or Balance Replacement Due to Damage/Loss Age 20 and Under [*]	4 units every year	Available
Necessary Deluxe Frame Instead of Multifocals ^{* 2}	2 units every 2 years	Available
Necessary Frame Instead of Multifocals ^{* 2}	2 units every 2 years	Available
Necessary Lens Instead of Multifocals ^{* 2}	4 units every 2 years	Available
Necessary Prism, Occluder or Balance Lenses Instead of Multifocal ^{* 2}	4 units every 2 years	Available
Necessary Contacts ^{* 2}	2 units every 2 years	Available
Necessary Contacts Exam [*]	1 service date every 2 years	Available
Necessary Color Tinting or Photochromatic [*]	fully covered	Available
Necessary Medical Services	fully covered	Available
Lens - Prism, Occluder or Balance [*]	2 units every 2 years	Available

Exhausted/Restricted Services

All of the member's benefits are available.

* Please refer to the State Specific Benefits for information on services marked with an asterisk.
¹ Certain discounts may not be available at all locations. Please contact member customer service at (888) 493-4070 for additional information.
² Member may be eligible for service if specific criterion is met. Please reference the Provider Reference Guide (PRG) for additional information. A current version of the PRG is always available on our website at www.marchvisioncare.com. You may request a current copy of the PRG on CD, by calling our Provider Relations Department Monday through Friday, 8:00 am to 5:00 pm local time at (888) 493-4070. When calling, select option 3 and then Network Development.

Member Details

To view member-specific information in detail, click the member's name. The Member Details page displays:

1. Member Details
2. Plan Details (with links to general plan information)
 - a. The plan listed here will be the plan that the "Available Services" list is taken from.
3. Dependents Details
 - a. All of the member's dependents will be listed here.
4. Other Plan Details
 - a. If the member is apart of another Health or Benefit plan, the information will be displayed here.

The screenshot shows the eyeSynergy Member Details page for a member named SHERYL D. The page is divided into four main sections, each with a numbered callout:

- Member Details 1:** Displays personal information: Name (SHERYL D), Member ID (0103645821M), Address (1000 ELYSIAN PARK AVENUE, KAMUELA, HI 96743), Phone ((808) 874-5700), Birth Date (11/22/1990), and SSN (XXX-XX-3454).
- Plan Details 2:** Displays plan information: Health Plan (ABC Healthcare of Hawaii Medicaid), Benefit Plan (ABC HAWAII MEDICAID - PLAN A), Plan Type (MEDICAID), Plan State (HI), Effective Date (08/01/2009), and Termination Date (currently active). A [Print Friendly Version](#) link is also present.
- Dependents Details 3:** Shows "None".
- Other Plan Details 4:** Shows "None".

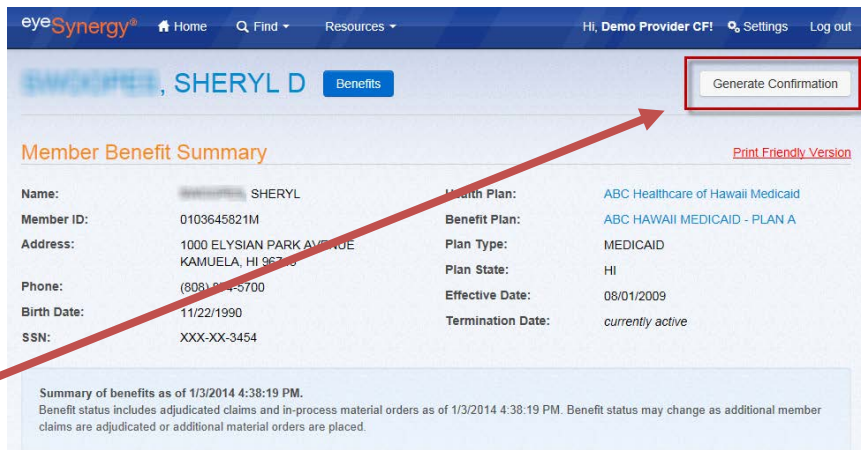
A red arrow points to the member's name "SHERYL D" in the top navigation bar, which is highlighted with a red box.

Section 5: Confirmations

A confirmation number affirms member eligibility for requested benefits and services, and can be generated through eyeSynergy®. The confirmation number is valid from the proposed date of service, until the end of that month.

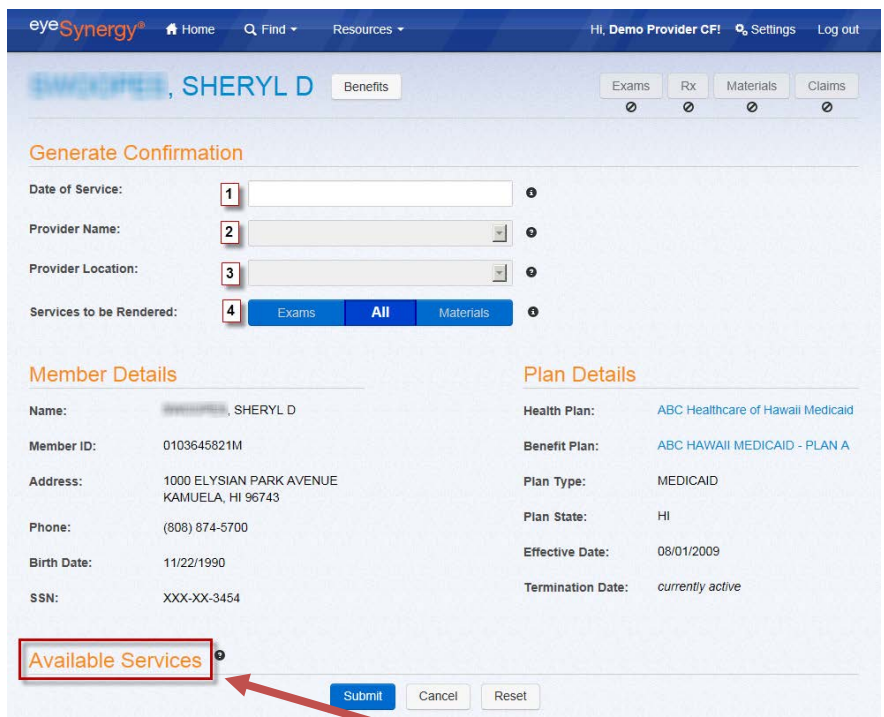
Generate a Confirmation

To generate a confirmation number for a member through eyeSynergy®, the first step is to search for the desired member. To locate a member, please follow the steps in the *Find a Member* section of this manual. When the member is located, access their Member Benefits Summary by clicking the *Benefits* button. On the Member Benefits Summary page, a confirmation can be generated by clicking the *Generate Confirmation* button on the upper right side of the window.



To complete the confirmation generation process, the required fields must be completed. These fields include:

1. Date of scheduled service
 - a. Date of Service must be between Member Eligibility Dates
2. Provider Name
 - a. Must select valid Date of Service to see the drop down list of providers
3. Provider Location
 - a. Must select valid provider to see the drop down list of service locations
4. Services to be Rendered
 - a. Exams only
 - b. Materials only
 - c. All services



After a valid date of service is entered, all of the member's available services will be listed below the *Available Services* area.

Confirmation Details

After the information is submitted for a confirmation, a Confirmation Details page appears, displaying the confirmation number in the upper right corner, along with the member-centric navigation buttons. This page also displays the following information:

1. Confirmation Details
 - a. Confirmation Number
 - b. Confirmation Number Validity Dates
 - c. Service Selected
 - d. Provider Name
 - e. Provider Location
2. Member Details
3. Plan Details
4. Benefit Summary

At the bottom of the page, there is also an option to:

1. Add Service
 - a. If Exam only or Materials only was selected for “Service Rendered”, the user can add additional services to make it “All Services”
2. Remove Service
 - a. If All services were selected for “Service Rendered”, the user can remove exams or remove materials
3. Cancel the confirmation

Note: Clicking on the Confirmation number in the upper right corner (from any page) will always take the user back to this *Confirmation Details* page.

The screenshot displays the 'Confirmation Details' page for member SHERYL D. The page includes a navigation bar with 'Home', 'Find', 'Resources', and user options. A confirmation message states: 'Confirmation created successfully. Your confirmation number is C4010300002.' The main content is divided into four sections: Confirmation Details, Member Details, Plan Details, and Benefit Summary. At the bottom, there are four buttons: 'Add Service', 'Remove Exams', 'Remove Materials', and 'Cancel'. Red arrows from the text point to the 'Exams', 'Rx', 'Materials', and 'Claims' buttons in the top right, and the 'Add Service', 'Remove Exams', and 'Cancel' buttons at the bottom.

Confirmation Number:	C4010300002	Provider Name:	LAB DEMO
Confirmation Validity Dates:	01/03/2014 - 01/31/2014	Provider Location:	1221 ALIKI HIGHWAY HONOLULU, HI 96731
Service Selected:	All Services		

Member Details	Plan Details
Name: SHERYL D	Health Plan: ABC Healthcare of Hawaii Medicaid
Member ID: 0103645621M	Benefit Plan: ABC HAWAII MEDICAID - PLAN A
Address: 1000 ELYSIAN PARK AVENUE KAMUELA, HI 96743	Plan Type: MEDICAID
Phone: (808) 874-5700	Plan State: HI
Birth Date: 11/22/1990	Effective Date: 08/01/2009
SSN: XXX-XX-3454	Termination Date: currently active

Available Services	Benefit Level	Benefit Status
Necessary Deluxe Frame + Read of Multifocals **	2 units every 2 years	Available
Necessary Contact Lenses **	3 units every 2 years	Available

Benefit status includes adjudicated claims as of 01/03/2014 05:08 PM. Benefit status may change as additional member claims are adjudicated. Please refer to the State Specific Benefits for information on services marked with an asterisk. This confirmation does not guarantee payment of a claim. MARCH Vision Care issues payment only after a claim has been received and reviewed in accordance with eligibility and benefit requirements at the time of the visit. This confirmation is valid for all contracted and credentialed providers.

PRIOR to rendering ANY non covered services including but not limited to frames and lens options, you must inform the member in writing that the service is non covered and the member will be financially responsible for that service. A copy of this agreement must be on file in the member's medical record. Failure to do so may result in the provider being financially responsible for those services even if the member verbally agreed to those services or paid for them up front. The MARCH Non-Covered Service Fee Acceptance form is available for use. Please refer to the Provider Reference Guide at www.marchvisioncare.com for more information on non covered services.

Confidential - Includes Protected Health Information

Find a Confirmation

To find a previously generated Confirmation number for a member and access their Confirmation Details page, select the *Find* button on the Menu Bar, then select *Confirmations*. A search for the member's Confirmation Details Page can be performed by entering a minimum of one (1) of the following search parameters:

1. Member ID, Subscriber ID, or Medicaid ID
2. Confirmation Number
3. Confirmation Date of Service (both Start & End Dates)
4. Last Name (at least with first two (2) characters) along with Member's Birth Date

Optional search parameters include:

- A. First Name
- B. Middle Initial
- C. Confirmation Status


The search results will list the member's Confirmation information, including:

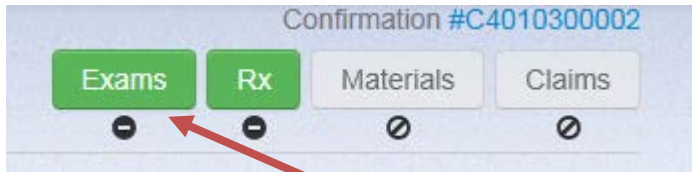
1. Member Name
2. Confirmation Number
3. DOB
4. Provider Name/Plan ID
5. Requested Date of Service
6. Confirmation Validity Dates Date
7. Confirmation Status
8. Option to cancel Confirmation

1	2	3	4	5	6	7	8
Member Name	Confirmation Number	DOB	Provider Name / Plan ID	Requested Date	Confirmation Validity Dates	Confirmation Status	
SHERYL D	C0909130006	11/22/1990	DEMO, LAB 0103645821M	09/09/2013	09/09/2013 - 09/30/2013	IN PROGRESS	Cancel

Click on the member/Confirmation desired to display the Confirmation Details page. If the list of members is lengthy, select the *Refine Search* button and enter additional search criteria to get more specific results.

Section 6: Exam Results


Once the Confirmation number is created, the *Exams* button will become active (as indicated by green color and the  symbol):



To enter the exam results information, click the *Exams* button. The following areas must be completed:

1. Date of Service
 - a. Must be between Confirmation Validity Date and the last day of that month
2. Provider Name (drop down menu)
3. Provider Location (drop down menu)
4. Services Rendered (drop down menu)
 - a. Based on what was chosen for *Services to be Rendered* when the confirmation was generated
5. Did the Patient receive any Non Covered Services?
 - a. Click the appropriate Yes or No answer

After the question “Did the Patient receive any Non Covered Services,” is answered, additional information will need to be entered for:

1. Exam Performed
 - a. Benefits Used (check the option that applies)
 - b. Base Exam (select from drop down menu)
2. Exam Results
 - a. For each question, select: No, Don't Know, or Yes
3. Additional Diagnoses (if applicable)
 - a. To search for a diagnosis code, click the  symbol and type the diagnosis.

Once all information is entered, click *Save* to continue onto the next step.

The screenshot shows the 'Exam Results' form for patient SHERYL D. The form is divided into several sections:

- Exam Performed (1):** This section contains fields for 'Date of Service' (01/20/2014), 'Provider Name' (DEMO LAB), 'Provider Location' (1221 ALIKI HIGHWAY, HONOLULU, HI-96731), and 'Services Rendered' (Exams & Materials). Below these is a question 'Did the Patient receive any Non Covered Services?' with 'No' and 'Yes' buttons.
- Exam Results (2):** This section contains a table of questions with 'No', 'Don't Know', and 'Yes' buttons for each. The questions include:
 - Benefits Used: Routine Exam for Diabetic Members, Routine Exam
 - Base Exam: 92002 - EYE EXAM, NEW PATIENT
 - Was refraction performed?
 - Was a dilated eye exam or equivalent performed?
 - Is this patient known to have diabetes?
 - Is diabetic retinopathy present?
 - Is this patient known to have:
 - Glaucoma?
 - High blood pressure?
 - High Cholesterol?
 - Visual impairment?
 - Neurological eye findings? (abnormal pupils/eye movements)
 - Inflammatory eye problems? (e.g. uveitis)
 - Is this patient known to be pregnant?
- Additional Diagnoses (3):** This section has a search field for 'Diagnosis Code' with a magnifying glass icon and an 'Add more...' link.

At the bottom of the form, there are three buttons: 'Save' (highlighted with a red box), 'Reset', and 'Cancel'.

Exam Result Details


After the *Exam Results* page is saved successfully, the system will automatically route the user to the *Exam Result Details* page. The user can also access this page at any time by clicking the **red Exams** button.

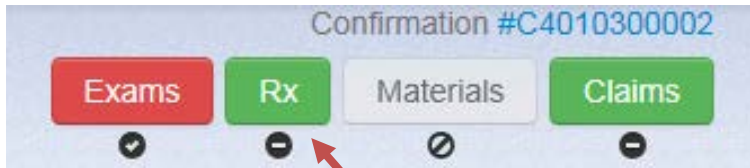
The *Exam Result Details* page will summarize the choices the user selects in the previous *Exam Results* section. At the bottom of this page, the user is given the option to either edit or cancel the *Exam Results*. The user may Edit or Cancel this *Exam Results* page until a claim is submitted with this confirmation number. Once a claim is submitted, the Edit and Cancel buttons will become inactive.

The screenshot displays the 'Exam Result Details' page for a patient named SHERYL D. The page includes a navigation bar with 'Home', 'Find', 'Resources', and user information. A confirmation number 'C4031800004' is shown. The main content area is divided into sections: 'Exam Result Details' with fields for Date of Service (03/18/2014), Provider Name (DEMO LAB), Provider Location (1221 ALIKI HIGHWAY, HONOLULU, HI-96731), and Services Rendered (Exams & Materials). A 'Did the Patient receive any Non Covered Services?' section has a 'No' button selected. The 'Exams Performed' section shows 'Benefits Used' as 'Routine Exam' and 'Base Exam' as '92002 - EYE EXAM, NEW PATIENT'. The 'Exam Results' section contains a table of diagnostic questions with radio button options for 'No', 'Yes', or 'Don't Know'. The 'Diagnosis Code - Description' column shows '3671 - MYOPIA'. At the bottom, 'EDIT' and 'CANCEL' buttons are highlighted with a red box.

Question	No	Yes	Diagnosis Code - Description
Was refraction performed?	<input type="radio"/>	<input checked="" type="radio"/>	3671 - MYOPIA
Was a dilated eye exam or equivalent performed?	<input type="radio"/>	<input checked="" type="radio"/>	
Is this patient known to have diabetes?	<input checked="" type="radio"/>	<input type="radio"/>	
Is diabetic retinopathy present?	<input type="radio"/>	<input type="radio"/>	
Is this patient known to have:			
Glaucoma?	<input type="radio"/>	<input checked="" type="radio"/>	
High blood pressure?	<input type="radio"/>	<input checked="" type="radio"/>	
High Cholesterol?	<input type="radio"/>	<input checked="" type="radio"/>	
Visual impairment?	<input type="radio"/>	<input checked="" type="radio"/>	
Neurological eye findings? (abnormal pupils/eye movements)	<input type="radio"/>	<input checked="" type="radio"/>	
Inflammatory eye problems? (e.g. uveitis)	<input type="radio"/>	<input checked="" type="radio"/>	
Is this patient known to be pregnant?	<input type="radio"/>	<input checked="" type="radio"/>	

Section 7: Rx

Prescription information can be entered when the Rx button is activated (as indicated by green color and the  symbol):



To enter prescription information, click the Rx button. Any information provided in the Exams section of eyeSynergy® will be carried over into the Rx section.

The following areas must be completed:

1. Date of Service
 - a. Must be between Confirmation Validity Date and the last day of that month
2. Provider Name (drop down menu)
3. Provider Location (drop down menu)
4. Services Rendered (drop down menu)
 - a. Based on what was chosen for *Services to be Rendered* when the confirmation was generated
5. Did the Patient receive any Non Covered Services?
 - a. Click the appropriate Yes or No answer
6. Prescription Type (drop down menu)
7. Lens Type (drop down menu)
8. Prescription Detail

There is also an option to *Get Last Prescription*. This will let the user get the member's last prescriptions for the last 3 years (if this member has stored information from a previous prescription). This will auto-populate the prescription information based on the member's last prescription.

Once all information is entered, click the Save button at the bottom to continue onto the next step.

Prescription Details

After the *Prescription Details* page is saved successfully, the system will automatically route the user to the *Prescription Details* page. The user can also access this page at any time by clicking the **red Rx** button.

The *Prescription Details* page will summarize the choices the user selects in the previous *Prescription Details* section. At the bottom of this page, the user is given the option to either edit or cancel the *Prescription Details*. The user may Edit or Cancel this page until a material order is submitted. Once a material order is submitted, the Edit and Save buttons will become inactive.

The screenshot shows the 'Prescription Details' page for a patient named Swoopes, Sheryl D. The page includes a header with navigation links (Home, Find, Resources) and user information (Hi, Crystal!). There are buttons for 'Exams', 'Rx', 'Materials', and 'Claims'. The main content area is titled 'Prescription Details' and includes a 'Print Friendly Version' link. The form contains the following fields:

- Date of Service:** 04/08/2014
- Provider Name:** DEMO LAB
- Provider Location:** 1221 ALIKI HIGHWAY, HONOLULU, HI-96731
- Services Rendered:** Exams & Materials (dropdown menu)
- Did the Patient receive any Non Covered Services?** No (selected), Yes
- Prescription Section:**
 - Type:** Eyeglasses (dropdown menu)
 - Lens Type:** Single Vision (dropdown menu)
 - Right Eye:** Sphere: 3.00, Prism (H): [empty], Prism (H) Indicator: [dropdown], Prism (V): [empty], Prism (V) Indicator: [dropdown]
 - Left Eye:** Sphere: 3.00, Prism (H): [empty], Prism (H) Indicator: [dropdown], Prism (V): [empty], Prism (V) Indicator: [dropdown]
 - Right Eye (Additional):** Add Power: [empty], Seg Height: [empty], Distance PD: 40.00, Near PD: [empty]
 - Left Eye (Additional):** Add Power: [empty], Seg Height: [empty], Distance PD: 40.00, Near PD: [empty]

At the bottom of the page, there are two buttons: 'EDIT' and 'CANCEL', which are highlighted with a red box.

Section 8: Materials

The Materials section of eyeSynergy® is accessible after successfully completing the Rx section. If materials need to be ordered (based on what was selected for *Services to be Rendered*), the *Materials* button will become active. To begin ordering Materials, click on the Materials button:



Material Order Forms

There are four (4) different types of Material Order Forms. Each form is based on if the provider is using a MARCH® lab to fulfill the member's material order and the type of materials ordered. After the prescription information has been saved in the Rx section, the user will either be automatically directed to a specific form based on the terms of their contract with MARCH®, or in some cases the user will be prompted to select how the material order will be fulfilled:

- Formulary
 - MARCH® lab will be used to fulfill the patient's material order
- Non-Formulary
 - Non-MARCH® lab will be used to fulfill the patient's material order

Formulary Order Forms

MARCH® Eyeglasses Order Form (not available in every state)

The MARCH® Eyeglasses Order Form is used when the provider uses a MARCH® lab to fulfill an eyeglasses order. The following information must be completed before submitting the order:

1. Lab
2. Federal Tax ID Number
3. Billing Provider Name
4. Billing Provider Address
5. Materials to order
 - a. Frame & Lens
 - b. Frame Only
 - c. Edge Lens Only
 - d. Uncut Lens Only
6. Prescription Information
 - a. Summary of the prescription information that was previously entered in the Rx section
7. Lens Information
 - a. Attestation that the member has met the criteria for the selected benefits (if applicable)
 - b. Lens Options
 - i. Visual Type
 - ii. Material
 - iii. Lens
 - iv. Safety Thickness
 - v. Prism Type (if applicable)
 - c. Coating
 - i. Anti Reflective
 - ii. Tint Type
 - iii. Mirror Type
8. Lens Extras Benefit Selection
 - a. List of lens extras selected
 - b. List of lens extras benefits available
9. Frame Information
 - a. Patient Supplied Frame
 - i. Yes - Patient-Supplied Frame Information
 - Option to print letter
 - ii. No Benefits Used
 - b. Select the appropriate Benefits Used
 - i. Attestation that the member has met the criteria for the selected benefits Frame
 - ii. Select frame
 - iii. Color
 - iv. Lens Size
 - v. Bridge Size
 - vi. Temple Size

The screenshot shows the 'MARCH EyeGlasses Order Form' interface. At the top, there's a navigation bar with 'Home', 'Find', 'Resources', and user information 'Hi, Demo Provider CPT'. The patient name 'SHERYL D' is displayed. There are buttons for 'Exams', 'Rx', 'Materials', and 'Claims'. The form is divided into several sections:

- Lab Information:** Includes fields for Lab (March Labs Honolulu 1730 A), Federal Tax ID Number (38-9622587), Billing Provider Name (FERRARI EYES), Billing Provider Address (57091 KAMCHAMEHA HIGH), and Materials to order (Frame & Lens).
- Prescription Information:** A table showing prescription details for Right and Left eyes, including Sphere, Cylinder, Axis, Prism (H), Prism (H) Indicator, Prism (V), and Prism (V) Indicator.
- Lens Information:** Contains a disclaimer about routine lens benefits and a list of 'Benefits Used' with checkboxes. A red box highlights the attestation checkbox: 'By choosing any of these services, I am providing an attestation declaring the patient meets the defined criteria...'. Below this are 'Which Lens?' options (Both, Right Only, Left Only) and 'Lens Options' including Visual Type, Material, Lens, Safety Thickness, and Coating.
- Lens Extras Benefit Selection:** A section where no lens extras have been selected.
- Frame Information:** Includes a question 'Is the patient supplying a frame?' (No) and another disclaimer about routine frame benefits. A red box highlights the attestation checkbox: 'By choosing any of these services, I am providing an attestation declaring the patient meets the defined criteria...'. Below this are fields for Frame, Color, Lens Size, Bridge Size, and Temple Size.

At the bottom, there are three buttons: 'Submit Order' (highlighted with a red box), 'Cancel Form', and 'Reset Form'.

MARCH® Contact Lens Order Form (not available in every state)

The MARCH® Contact Lens Order Form is used when the provider uses a MARCH® lab to fulfill a contact lens order. The order form will auto-populate the prescription information from the Rx portion of eyeSynergy®. The following information also needs to be completed before the order can be submitted successfully:

1. Lab
2. Federal TaxID Number
3. Billing Provider Name
4. Billing Provider Address
5. Benefit Selection
 - a. Benefits Used (check applicable box)
 - b. Attestation that the member has met the criteria for the selected benefits
6. Contact Lenses
 - a. Manufacturer
 - b. Product
 - c. Base Curve
 - d. Diameter
7. Special Notes (if applicable)

The screenshot shows the 'MARCH Contact Lenses Order Form' interface. At the top, there's a navigation bar with 'eyeSynergy®', 'Home', 'Find', 'Resources', and user info 'Hi, Demo Provider CFI'. There are buttons for 'Exams', 'RX', 'Materials', and 'Claims'. The form is for member 'SHERYL D' with confirmation #C4010300002.

MARCH Contact Lenses Order Form

Lab: 1 March Contacts Honolulu 173

Federal TaxID Number: 2 38-8622987

Billing Provider Name: 3 FERRARI EYES

Billing Provider Address: 4 57091 KAMEHAMEHA HIGH

Prescription Information

	Contact Type	Base Curve	Diameter	Power	Cylinder	Axis
Right	Spherical	8.30	15.00	4.00	N/A	N/A
Left	Spherical	8.30	14.00	-4.75	N/A	N/A

Benefit Selection 5

The routine contact lens benefits for this member are exhausted. Please select from the list of available replacement or medically necessary benefits and acknowledge that all criteria for this member has been met. Please see the Provider Reference Guide for more information.

Benefits Used Necessary Contacts *

By choosing any of these services, I am providing an attestation declaring the patient meets the defined criteria. I understand that claims submitted for these services are subject to chart review to verify conditions are met.

Contact Lenses 6

	Contact Type	Manufacturer	Product	Base Curve	Diameter
Right	Spherical	Select One			
Left	Spherical	Select One			

Special Notes 7

Submit Order Cancel Form Reset Form

Non-Formulary Order Forms

Non-MARCH® Eyeglasses Order Form (not available in every state)

The MARCH® Eyeglasses Order Form is used when the provider is **not** required to use a MARCH® lab and chooses to fulfill their patient’s eyeglasses order using their own facilities or a non-MARCH® lab. The order form will auto-populate the prescription information based on what was entered in the Rx section, including the *Materials to order* selection. The following information must also be completed before submitting the order:

1. Lens Information
 - a. Benefits Used (check applicable box)
 - b. Attestation that the member has met the criteria for the selected benefits
 - c. Lens Options
 - d. Coating
2. Lens Extras Benefit Selection
3. Frame Information
 - a. Benefits Used
 - b. Frame

The screenshot displays the 'Non-MARCH Eyeglasses Order Form' interface. At the top, the patient's name 'SHERYL D' is visible. The form is divided into several sections:

- Prescription Information:** A table with columns for Sphere, Cylinder, Axis, Prism (H), Prism (H) Indicator, Prism (V), and Prism (V) Indicator. The values for Right and Left eyes are shown as 3.00.
- Lens Information:** A section with a blue background containing a warning: 'All of the available routine lens benefits require that the patient meet criteria.' Below this is a list of benefits to be used, including 'Lens', 'Lens Replacement Due to Damage/Loss Ages 21 and Older', 'Lens Replacement Due to Vision Change', and 'Necessary Lens Instead of Multifocals'. There is a checkbox for attestation: 'By choosing any of these services, I am providing an attestation declaring the patient meets the defined criteria. I understand that claims submitted for these services are subject to chart review to verify conditions are met.'
- Lens Options:** A section with dropdown menus for 'Visual Type' (Single Vision), 'Material' (Select One), and 'Lens' (Single Vision). It also includes checkboxes for 'Occluder', 'Base Curve', and 'Prism Type (Right)' (None).
- Lens Extras Benefit Selection:** A section with a message: 'No covered lens extras have been selected.'
- Frame Information:** A section with a list of benefits to be used, including 'Deluxe Frame' and 'Frame', and a dropdown menu for 'Frame' (Select One).

At the bottom of the form, there are three buttons: 'Submit Order', 'Cancel Form', and 'Reset Form'.

Non-MARCH® Contact Lens Order Form (not available in every state)

The MARCH® Contact Lens Order Form is used when the provider is **not** required to use a MARCH® lab and chooses to fulfill their patient’s contact lens order using their own facilities or a non-MARCH® lab. The order form will auto-populate the prescription information based on what was entered in the Rx portion of eyeSynergy®. The following information also needs to be completed before the order can be submitted successfully:

1. Benefit Selection
 - a. Benefits Used (check applicable box)
 - b. Attestation that the member has met the criteria for the selected benefits
2. Contacts Type
 - a. Right (drop down menu)
 - b. Left (drop down menu)
 - c. Other Instructions/Special Notes (if applicable)

The screenshot shows the 'Non-MARCH Contact Lenses Order Form' for member SHERYL D. The form is divided into several sections:

- Prescription Information:** A table with columns for Contact Type, Base Curve, Diameter, Power, Cylinder, and Axis.

	Contact Type	Base Curve	Diameter	Power	Cylinder	Axis
Right	Spherical	8.30	15.00	4.00	N/A	N/A
Left	Spherical	8.30	14.00	-4.75	N/A	N/A
- Benefit Selection:** A section with a warning: "The routine contact lens benefits for this member are exhausted. Please select from the list of available replacement or medically necessary benefits and acknowledge that all criteria for this member has been met. Please see the Provider Reference Guide for more information." It includes a checkbox for "Benefits Used" and a checkbox for "Necessary Contacts". A red box highlights a checkbox with the text: "By choosing any of these services, I am providing an attestation declaring the patient meets the defined criteria. I understand that claims submitted for these services are subject to chart review to verify conditions are met."
- Contacts Type:** A section with dropdown menus for "Right:" and "Left:" eyes, both currently set to "Spherical". Below this is a text area for "Other Instructions/Special Notes" and a "Submit Order" button highlighted with a red box, along with "Cancel Form" and "Reset Form" buttons.

**Note: When possible, some fields on the order forms will auto-populate.*

Material Order Details

After the materials order is submitted, a message stating that the order was created successfully, along with the order number, will be displayed on the Order Details page. Additional information can also be found on this page, including:

1. Order Information
2. Prescription Information
3. Contacts Type or Lens Type/Frame Information
4. Ability to cancel or edit order up to four (4) hours of order submission
 - a. When canceling an order, the user will be prompted to select a reason why the order is being cancelled
 - b. To cancel or edit an order after the four (4) hour window (or when the “Cancel” button is unavailable), please contact MARCH® Vision Care directly
 - c. After order has been received by the provider, the user will have the ability to Resubmit Order if needed

The screenshot displays the 'MARCH Eyeglasses Order Details' page in the eyeSynergy system. At the top, a green banner confirms the order: 'Material order created successfully! Order #107.' The page is divided into several sections:

- Order Information:** Lists details such as Lab (MARCH Labs Honolulu), Provider (LAB DEMO), Billing Provider Name (FERRARI EYES), Billing Provider Address (57091 KAMEHAMEHA HIGHWAY, KAHUKU, HI 96731), Federal TaxID Number (38-8622557), Order Number (107), Materials Ordered (Frame & Lens), Create Date (1/6/2014), Status (ACTIVE), and Ship Date (Not available).
- Prescription Information:** A table showing prescription data for Right and Left eyes, including Sphere, Cylinder, Axis, Prism (H), Prism (H) Indicator, Prism (V), Prism (V) Indicator, Add Power, Seg Height, Distance PD, and Near PD.
- Lens Information:** Shows 'Benefits Used' as 'Lens', a disclaimer, 'Lens Selected' as 'Both Right & Left', and 'Lens Options' including Visual Type (Single Vision), Material (GLASS), and Lens (Single Vision). It also includes checkboxes for Lenticular/Myodisc, Balance, Occluder, and Base Curve for both eyes.
- Coating:** Lists options like Anti Reflective (Ultraviolet, Scratch Coating), Photochromatic, Tint Type, Mirror Type, Safety Thickness (Edge Polish, Slab Off), and Prism Type for both eyes.
- Lens Extras Benefit Selection:** A message states 'No covered lens extras have been selected.'
- Frame Information:** Shows 'Benefits Used' as 'Frame', a disclaimer, 'Patient-Supplied Frame?' as 'No', and frame details: Frame (7712), Color (Black), Lens Size (47), Bridge Size (20), and Temple Size (140).

At the bottom of the page, there are three buttons: 'Edit Order', 'Cancel Order', and 'Resubmit Order'. The 'Resubmit Order' button is highlighted with a red box and a circled '4'.

Material Order Search

To search for an order, select the *Find* button on the Menu Bar and then select *Materials*. A search for the member's Material Order can be performed by entering at least one (1) of the following search parameters:

1. Member ID, Subscriber ID, or Medicaid ID
2. Material Order ID
3. Date of Submission (both Start & End Dates)
4. Confirmation Number
5. Last Name (at least first 3 characters) along with Member's Birth Date

Optional search parameters include:

- A. First Name
- B. Middle Initial
- C. Material Order Status

The search results will list the material order information for the member, including:


1. Member Name
2. Order ID
3. Order Date
4. Order Type
5. Provider Name
6. Order Status
7. Ship Date
8. Option to Cancel Order (if not processed)

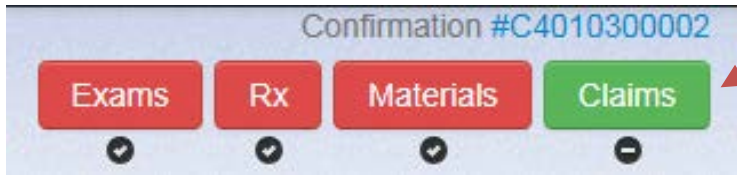
1	2	3	4	5	6	7	8
Member Name	Order ID / Reference #	Order Date	Order Type	Provider Name	Order Status	Ship Date	Cancel
SHERYL D	107	01/06/2014	EYEGASSES	DEMO, LAB	ACTIVE	N/A	Cancel

Click on the member/material order to display the completed Materials Order Form.

If the list of members is lengthy, select the *Refine Search* button and enter additional search criteria to get more specific results.



Section 9: Claims



After successfully completing the sections of eyeSynergy® for the selected services, the *Claims* button on the upper right corner of the screen will become accessible, as indicated by the green color and the  symbol. Select the *Claims* button to begin the claims process.



Submitting a Claim

The Claim Form will auto-populate most of the member's information based on what was entered in the previous Exams and Rx section of eyeSynergy®. Always remember to verify this form for accuracy before submitting. The sections on this claim form include:

1. Patient Info
 - a. Patient Name
 - b. Patient Address
 - c. Phone
 - d. Member/Subscriber ID
 - e. Birth Date
2. Plan Details
 - a. Health Plan
 - b. Benefit Plan
 - c. Plan Type
 - d. Plan State
 - e. Attestation of patient signatures for release of medical information and payment information
 - These must be selected before claim can be submitted
3. Diagnosis Codes
 - a. Any diagnosis codes entered for this member in the Exams/Rx section will be auto-populated
 - b. If necessary, more diagnosis codes can be directly entered in the next available box.
 - c. Search for Diagnosis Codes by selecting the  symbol next to the box
4. Service Lines
 - a. Date Of Service
 - b. Place Of Service
 - Search for Place Of Service by selecting the  symbol next to the box

-
- c. CPT/HCPCS Codes
 - Search for CPT/HCPCS Codes by selecting the  symbol next to the box
 - d. Modifiers
 - Always start by entering the numbers from left to right
 - Place a comma between each number if entering multiple numbers
 - Search for Modifier Codes by selecting the  symbol next to the box
 - e. Diagnosis Pointers
 - Always start by entering the numbers from left to right
 - Place a comma between each number if entering multiple numbers
 - These numbers must correspond with the Diagnosis Code box numbers
 - f. Units
 - g. Charges (\$)
 - h. If more service lines are needed, select the “Add more...” button, located under the right side of the last service line
5. Facility & Billing
 - a. Provider Name
 - b. Provider NPI
 - c. Provider Location
 - d. Federal Tax ID Number
 - e. Billing Provider Name
 - f. Billing Provider Address
 - g. Billing Provider NPI
6. Additional Information
 - a. Confirmation Number
 - b. Provider Assigned Patient Account Number (optional)

Claim Details Page

After the claim is submitted, a message stating that the order was created successfully, along with the claim number, will be displayed on the Claim Details page. All information submitted on the claim can be viewed on this page, including:

1. Claim Details
 - a. Claim Number
 - b. Submit Date
 - c. Status
 - d. Ability to view and/or print CMS-1500 claim image
2. Patient Information
3. Plan Details
4. Diagnosis Codes
5. Service Lines
6. Facility & Billing Information
7. Additional Information
8. Ability to:
 - a. Modify Claim
 - i. Edit information on a claim within 24 hours of claim submission. This must be done after a claim is submitted, but before a claim is processed
 - b. Correct Claim
 - i. A corrected claim is used to correct a claim that has already been submitted and processed
 - c. Cancel Claim
 - i. The Cancel Claim option is available between the time the claim has been submitted through when the claim has been processed
 - ii. When canceling a claim, the user will be prompted to select a reason why the claim is being cancelled

The screenshot displays the Claim Details page for patient SHERYL D. The page includes a success message: "Claim submitted successfully! Claim #100053". The claim details section shows: Claim Number: 100053, Submit Date: 01/03/2014, Status: IN PROGRESS. A link "View and/or Print CMS-1500 Claim Image" is highlighted with a red box. The Patient Info section shows: Patient Name: SHERYL D, Address: 1000 ELYSIAN PARK AVENUE, KAMUELA, HI 96743, Phone: (808) 874-5700, Member/Subscriber ID: 0103645821M, Birth Date: 11/22/1990. The Plan Details section shows: Health Plan: ABC Healthcare of Hawaii Medicaid, Benefit Plan: ABC HAWAII MEDICAID - PLAN A, Plan Type: MEDICAID, Plan State: HI. The Diagnosis Codes section shows a grid of 12 input fields, with the first two containing "3671" and "1234". The Service Lines section shows a table with columns: Date Of Service, Place Of Service, CPT/HCPCS Codes, Modifiers, Diagnosis Pointers, Units, and Charges (\$). The Facility & Billing section shows: Provider Name: LAB DEMO, Provider NPI: 1902028558, Provider Location: 1221 ALIKI HIGHWAY, Federal Tax ID Number: 38-8622587, Billing Provider Name: FERRARI EYES, Billing Provider Address: 57091 KAMEHAMEHA HIGHWAY, Billing Provider NPI: 1851437719. The Additional Information section shows: Confirmation Number: C4010300002, Provider Assigned Patient Account Number. At the bottom, a red box highlights three buttons: "Modify Claim", "Correct Claim", and "Cancel Claim".

Claim Search

To search for a claim, select the *Find* button on the Menu Bar and then select *Claims*. A search for the member's claim can be performed by entering at least one (1) of the following search parameters:

1. Member ID, Subscriber ID, or Medicaid ID
2. Claim Number
3. Check/ACH Number
4. Date of Submission (both Start & End Dates)
5. Date of Service (both Start & End Dates)
6. Confirmation Number
7. Last Name (at least first 3 characters) along with Member's Birth Date

Optional search parameters include:


- A. First Name
- B. Middle Initial
- C. Claim Status

The search results will list the claim information for the member, including:



1. Member Name
2. Claim ID
3. DOB
4. Date Of Service
5. Submit Date
6. Claim Status
7. Net Amount
8. Paper Penalty
9. Paid Date
10. Option to Cancel Order (if not processed)

1	2	3	4	5	6	7	8	9	10
Member Name	Claim ID	DOB	Date Of Service	Submit Date	Claim Status	Net Amount	Paper Penalty	Paid Date	
SHERYL D 0103645821M	100053	11/22/1990	01/03/2014 - 01/03/2014	01/03/2014	PENDED	\$0.00	\$0.00	N/A	Cancel

Click on the member/claim to display the Claim Details page. If the list of members is lengthy, select the *Refine Search* button and enter additional search criteria to get more specific results.

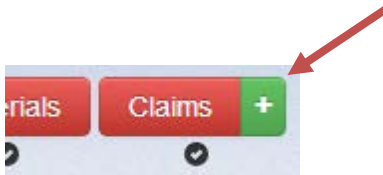
To view the Check Number, Confirmation Number, or to view/print the CMS-1500 claim image without going into the Claim Details page, select the  button next to the member's name. The claim information will display directly underneath the member's name, as shown below:

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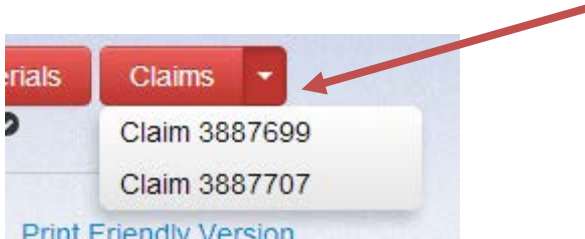
Member Name ▼	Claim ID ▼	DOB ▼	Date Of Service ▼	Submit Date ▼	Claim Status ▼	Net Amount ▼	Paper Penalty ▼	Paid Date ▼	
 SHERYL D 0103645821M	100053	11/22/1990	01/03/2014 - 01/03/2014	01/03/2014	PENDED	\$0.00	\$0.00	N/A	
<div style="border: 1px solid red; padding: 5px;"> Check Number: Not Available Confirmation Number: C4010300002 View and/or Print CMS-1500 Claim Image </div>									

Additional Claims


If more than one (1) claim needs to be submitted under the same confirmation number, the claim button will be displayed with a green "+" symbol next to it. Click on the green "+" symbol to begin another claim form and complete another claim submission. This option is only available if the user has added services to an existing confirmation.

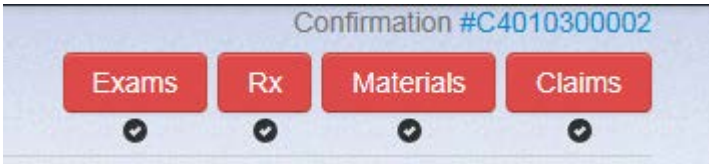


After the new claim has been submitted the green "+" will turn red, indicating that this step is complete. By clicking the drop down next to the claim button, the user will be able to choose which claim to view.



Section 10: Completing the Workflow Process

After all steps in the workflow process have been completed (as indicated by the red buttons and the  symbols), the confirmation can be closed.



In most cases the confirmation will close out automatically, but if necessary the user can expedite this process by going to the Confirmation Details page and clicking the *Complete Workflow* button. As a reminder, the user can get to the Confirmation Details page by clicking the Confirmation number at the top right portion of the screen. The *Complete Workflow* button will become active after the following criteria are met:

1. Material order has been sent to the lab
 - There is a four (4) hour holding period for all material orders
2. Claims must be adjudicated successfully

Clicking the *Complete Workflow* button will close the confirmation for this member.

Thank you for using MARCH® Vision Care’s web portal, eyeSynergy®! As you’ve just seen, this valuable online resource is the only tool you’ll need to reduce paperwork, gain greater access to the information you need, and improve efficiency for providers and office staff. Questions or comments can be directed to our eyeSynergy® support team at eyesynergy@marchvisioncare.com or by calling the appropriate state-specific phone number found on our [Contact Us](#) page.