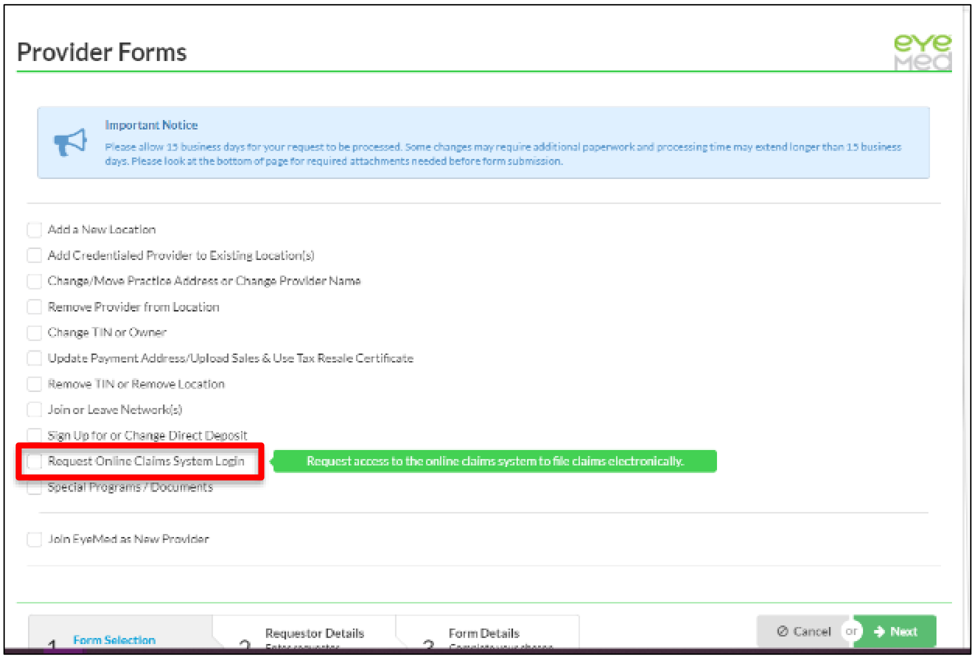
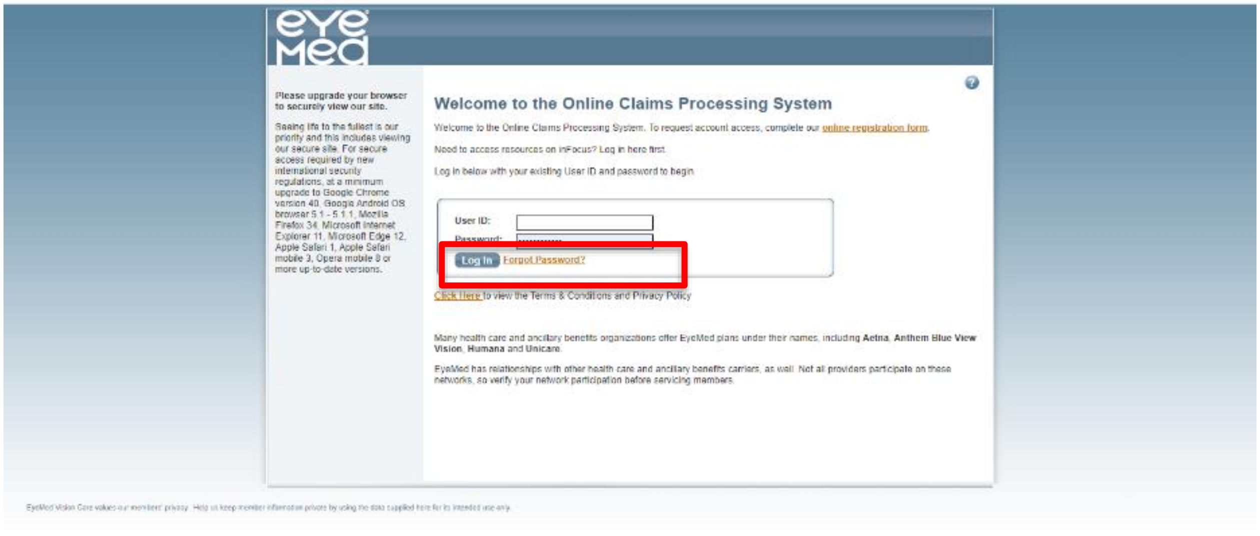
STEP 1: Setting up your user login for the online claims system by visiting www.eyemedinfocus.com/forms/



Complete the "Requests Online Claims System Login" form.

STEP 2: Login to the online claims system at www.claims.eyemedvisioncare.com/claims/loginForm.emvc

Enter your User ID and Password. If you forget your password, click the Forgot Password link.



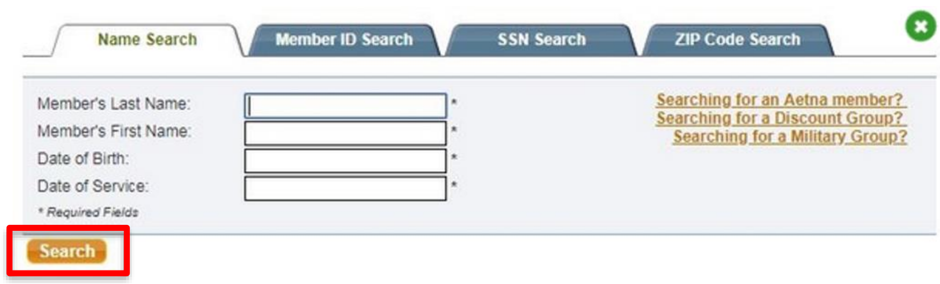
Searching for Members

Upon logging into the online claims system, select “Member Search” from the left hand side navigation.

From here, you’ll be taken directly to the member search page.

STEP 1: Enter the member’s name, date of birth and the date of service.

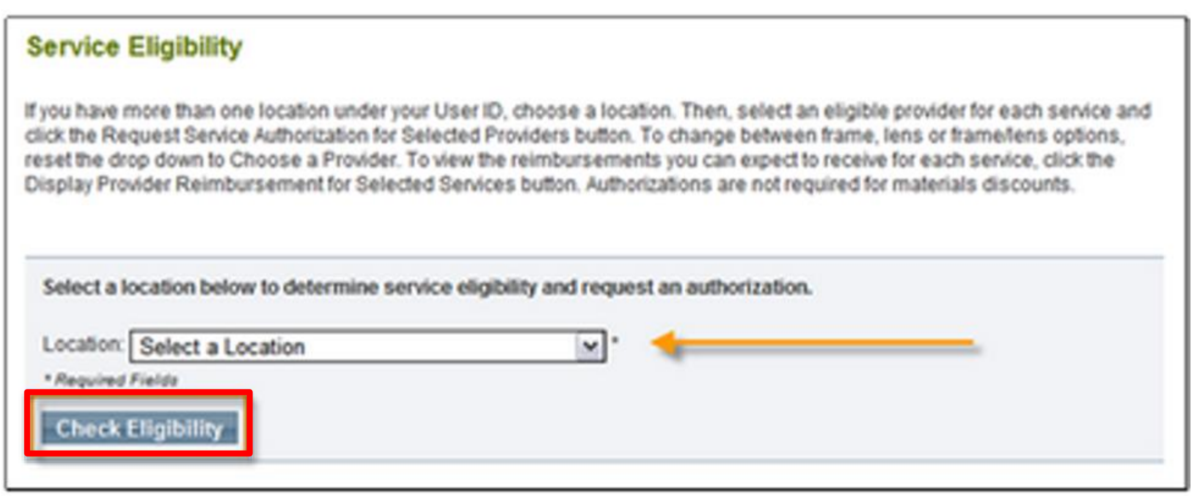
STEP 2: Click search.



STEP 3: Identify the correct member record from the search results and click the member name. You may see multiple members appear and this is simply to search in case there are multiple family members covered by the same vision benefit.

Viewing Eligibility and Plan Information

STEP 1: Choose the location and provider who is providing services



Step 2: After selecting the location, please select the provider offering services from the drop-down menu. You'll then be able to view the services and materials the member is eligible for.

Location (Change)
Provider
Date of Service: 10/01/2021
Check Eligibility

Routine | Additional Purchase

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
☑	Lenses	Yes	03/01/2020	Once every calendar year
☑	Frame	Yes	03/01/2020	Once every calendar year
☐	Contact Lenses	Yes	03/01/2020	Once every calendar year

Submit Claim

Step 3: Scroll down to view details about the member's benefits like copays and allowances.

You do not need to get prior authorization to submit a claim.

Submitting Non-Lab Claims

STEP 1: After using the steps above, verify the member is eligible by the yes flag in the member eligibility box. Then, check the service you are providing.

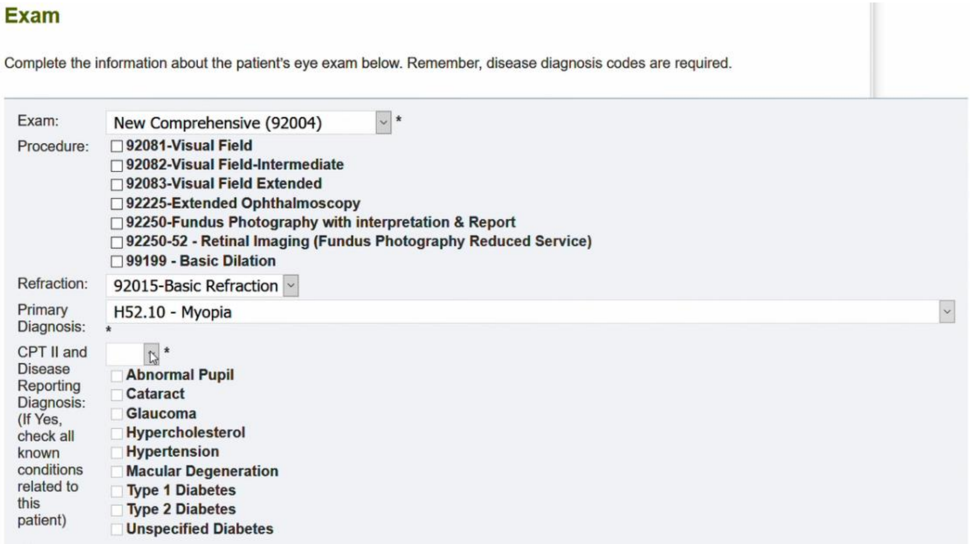
Location (Change)
Provider
Date of Service: 10/01/2021
Check Eligibility

Routine | Additional Purchase

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
☑	Lenses	Yes	03/01/2020	Once every calendar year
☑	Frame	Yes	03/01/2020	Once every calendar year
☐	Contact Lenses	Yes	03/01/2020	Once every calendar year

Submit Claim

STEP 2: After hitting submit claim, you'll scroll down and see the Exam section. Select the type of exam you have performed.



Exam

Complete the information about the patient's eye exam below. Remember, disease diagnosis codes are required.

Exam: New Comprehensive (92004) *

Procedure:
- ☐ 92081-Visual Field
- ☐ 92082-Visual Field-Intermediate
- ☐ 92083-Visual Field Extended
- ☐ 92225-Extended Ophthalmoscopy
- ☐ 92250-Fundus Photography with interpretation & Report
- ☐ 92250-52 - Retinal Imaging (Fundus Photography Reduced Service)
- ☐ 99199 - Basic Dilation

Refraction: 92015-Basic Refraction

Primary Diagnosis: * H52.10 - Myopia

CPT II and Disease Reporting Diagnosis: (If Yes, check all known conditions related to this patient) *
- ☐ Abnormal Pupil
- ☐ Cataract
- ☐ Glaucoma
- ☐ Hypercholesterol
- ☐ Hypertension
- ☐ Macular Degeneration
- ☐ Type 1 Diabetes
- ☐ Type 2 Diabetes
- ☐ Unspecified Diabetes

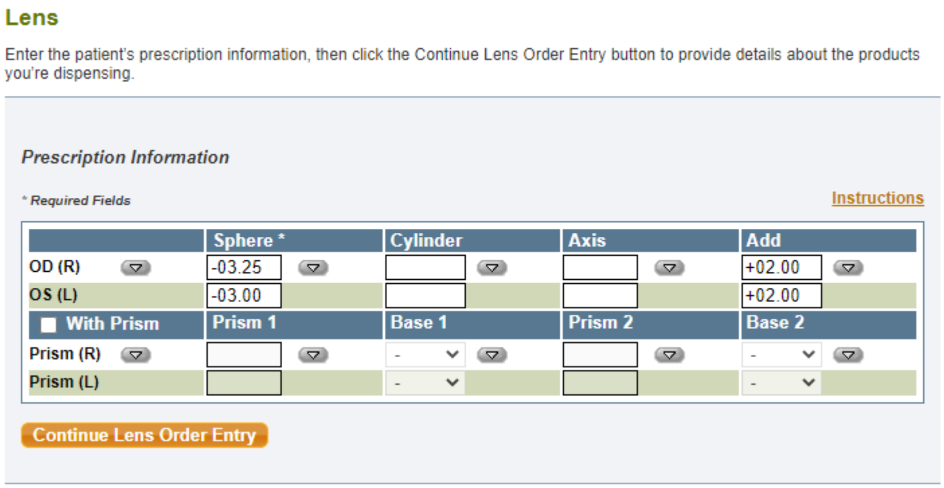
If a disease is diagnosed, it is important and required to enter the disease diagnosis code and any relevant information in the fields provided. Even if you're not treating the patient for a condition or related complications, we need to know if a diagnosis is present based on the patient's medical history, any reported medications, or your clinical findings. We can then report to health plans and disease management vendors so these patients are flagged for appropriate follow-up care.

STEP 3: After completing the exam section, you'll see the Prescription Information section.

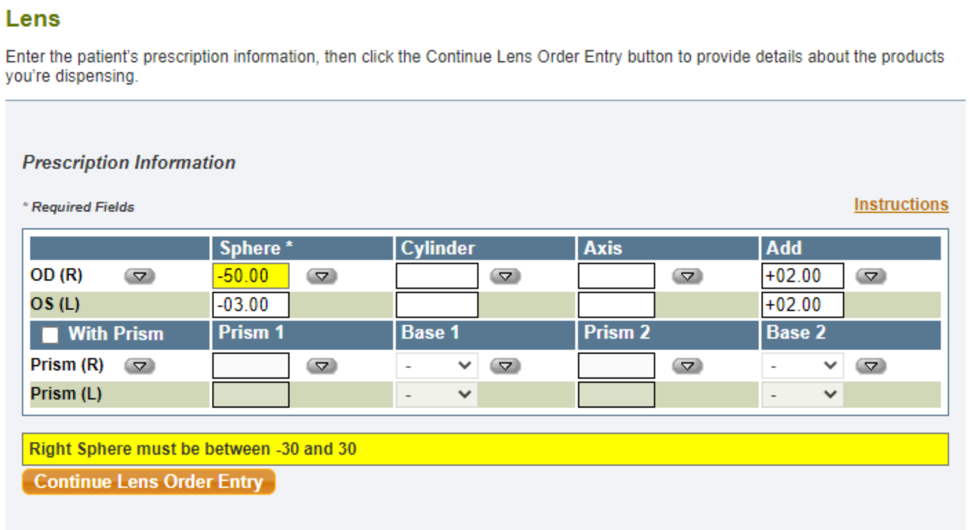
We are now collecting additional information for non-lab model providers to assist with the expanded lens code sets, minimize the need for audits, and improve EyeMed's ability to demonstrate quality of care to our clients.

Key reasons for the changes include:

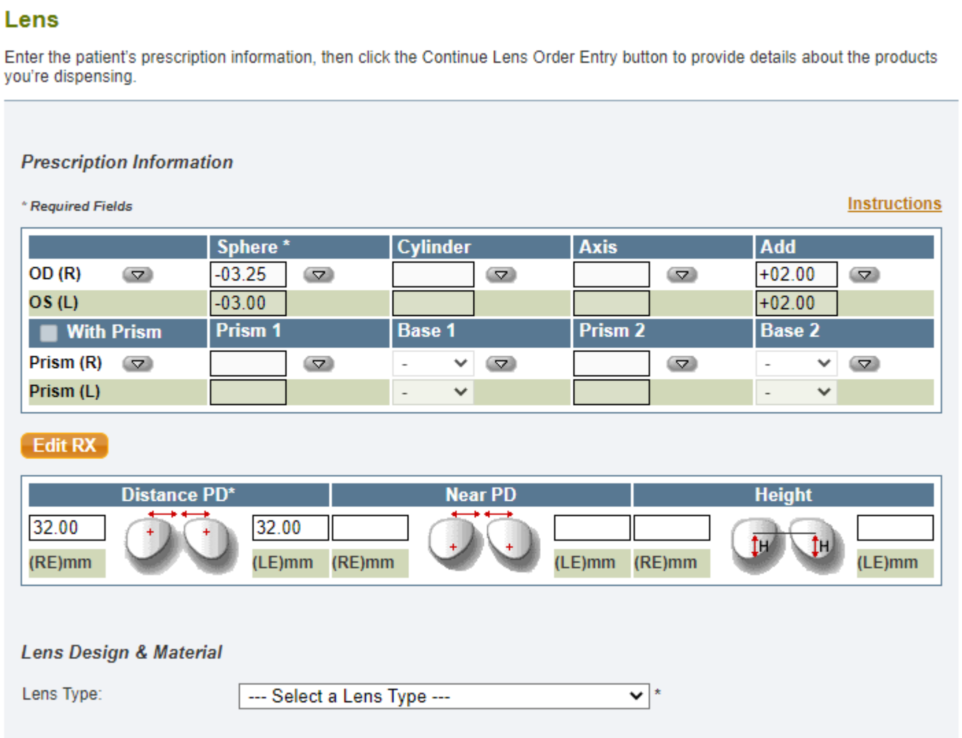
1.) Demonstrates quality of care – ensures members get the appropriate lens for their unique prescription needs
2.) Improves Online Claims System experience – Enables system to populate correct CPT Codes for lens designs and materials, enhancing accuracy for provider pay and member benefits
3.) Minimizes audits – Additional prescription and lens information collected during claims submission partially eliminates the need for audit requests to collect in the future



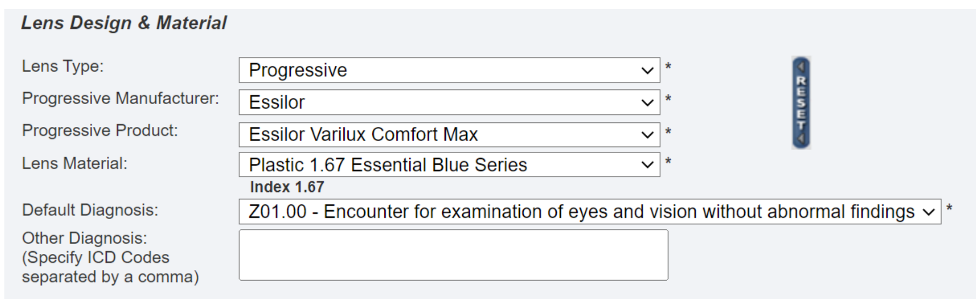
If a prescription is entered that exceeds the pre-determine range, a warning message will appear prompting you to correct the field.



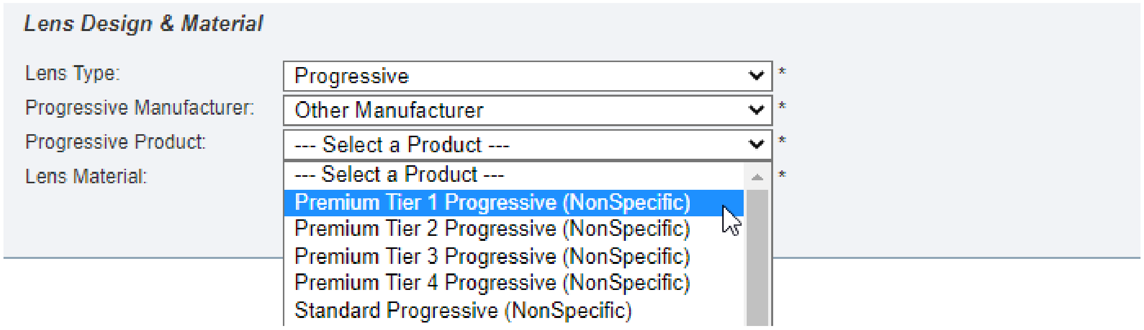
STEP 4: After you're done entering the prescription information, select the Continue Lens Order Entry button. You'll then enter the Distance PD, Near PD and Height. Then, select the lens type.



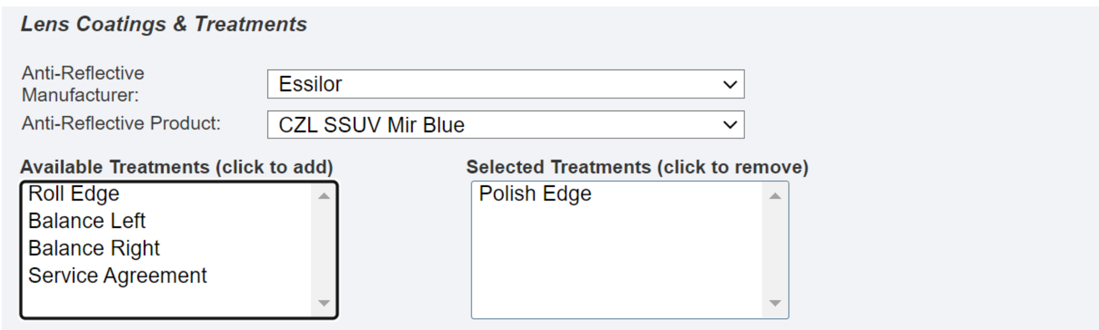
STEP 5: After selecting lens type, you will be prompted to enter additional lens information. For example, a progressive lens type will prompt you to enter in the manufacturer, product, and lens material. A single vision lens type will prompt you to enter lens type, lens design and lens material.



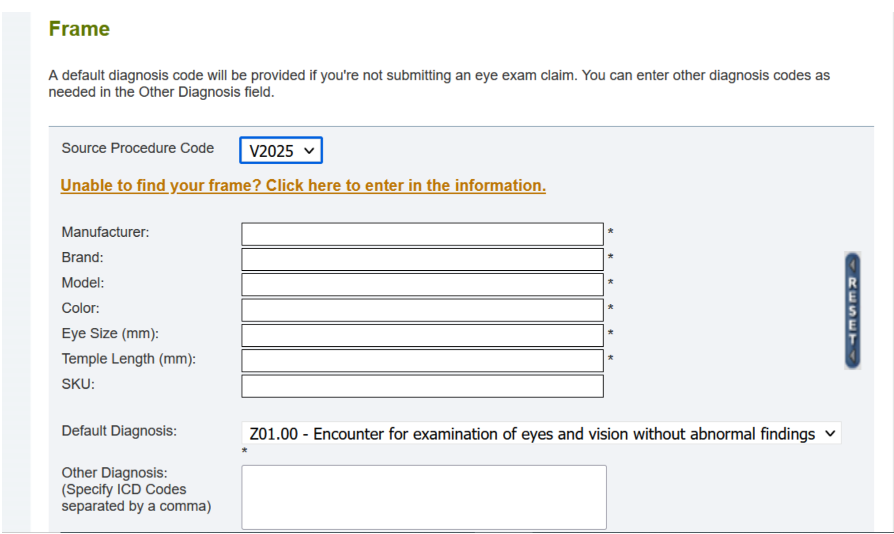
If a progressive product being offered is a private label, please select one of the options under the progressive product dropdown that is labeled as "nonspecific." If a product being offered is not displayed in the dropdown, please select a similar product with an equivalent tier.



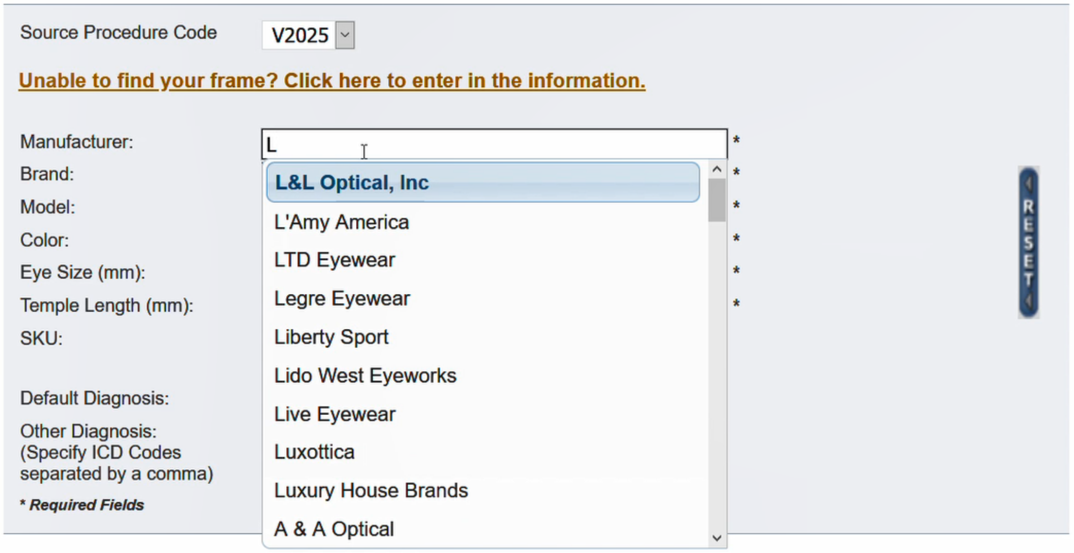
STEP 6: After selecting the lens and design material, you'll enter the lens coatings and treatments. The options available for selection are shown based on the previous lens and materials selected and will filter options based on availability.



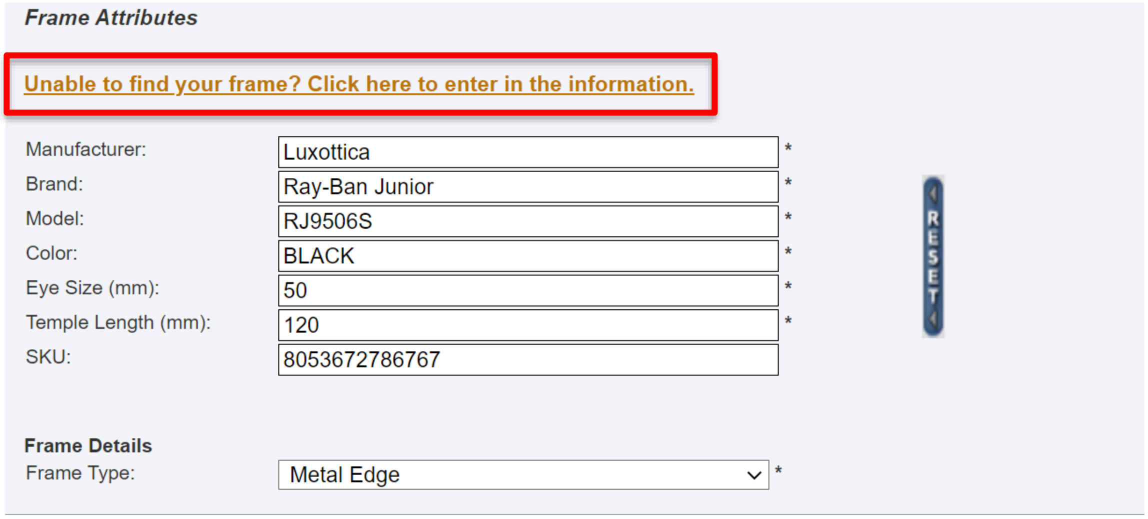
STEP 7: After completing the lens section, you can move on to entering frames information.



STEP 8: By typing direct data into each field, a drop-down menu will appear with suggested options. You may select your options from the menu or continue to key in the data.



STEP 9: If you are unable to find the correct model, you can select unable to find your frame and type your selection manually. The frame type field is required before proceeding.



STEP 10: If a frame service was selected for the claim, an additional section will request you to select a frame source. Two options will appear, “doctor supplied” and “patient supplied.”

STEP 11: After selecting next page, you'll be taken to the usual charges page. This section requires you to input in-store retail prices.

Enter Usual Charges

Please enter your Usual Charges for each of the following services. If your usual charge is $0, please also check the "Permit $0 Charge" box.

Enter the patient's account number from your practice management system, if desired.

Patient Account Number:

Vision Care Service or Material	Usual Charge	Permit $0 Charge?
Frame, Deluxe	300.00	☐
Progressive Lens, Premium - Tier 3	275.00	☐
Premium A/R - Tier 3	250.00	☐
Mirror coating, any type, solid, gradient or equal, any lens material, per lens	100.00	☐
Backside UV Treatment	100.00	☐

Next Page | Previous Page

Refractions are part of a comprehensive routine eye exam, so there is no member charge. For this, you should check the box labeled Permit $0 charge.

STEP 12: When done entering usual retail charges, select next page. Here, the total charges and member out-of-pocket responsibility will be shown.

Point of Sale

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	$300.00	$109.00		$63.00	$128.00
Progressive Lens, Premium - Tier 3	$275.00	$55.00		$45.00	$175.00
Premium A/R - Tier 3	$250.00	$50.00		$0.00	$200.00
Mirror coating, any type, solid, gradient or equal, any lens material, per lens	$100.00	$20.00		$0.00	$80.00
Backside UV Treatment	$100.00	$85.00		$0.00	$15.00
Total	**$1,025.00**	**$319.00**		**$108.00**	**$598.00**

Frames Data

Show Details

Click the Submit Claim button to submit the claim for processing.

Submit Claim | Back to Claim Entry | Back to U&C | Delete Claim

Under member responsibility the total member out-of-pocket cost is shown. Please verify the member accepts their out-of-pocket costs before submitting the claim. Then, submit the claim.

STEP 13: **Once submitting the claim, you'll see the benefits summary. Here you can view retail price, contractual write-off, plan payment and member payment.**

Claims are always paid based on the actual transaction details and the eligibility as of the date of service. They're paid in a first-in, first-out basis. You should expect to receive payment within 7 business days after the claim is completed and lab information is returned.

Benefits Summary

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	$120.00	$24.00	$0.00	$72.00	$24.00
Single Vision Lens	$75.00	$15.00	$0.00	$45.00	$15.00
Premium A/R - Tier 1	$20.00	$4.00	$0.00	$12.00	$4.00
Routine Exam, Comprehensive	$40.00	$10.00	$0.00	$30.00	$0.00
Refraction - Routine	$0.00	$0.00	$0.00	$0.00	$0.00
Uv Lens/Es	$0.00	$0.00	$0.00	$0.00	$0.00
Subtotal	$255.00	$53.00	$0.00	$159.00	$43.00
Tax					
Total	$255.00	$53.00	$0.00	$159.00	$43.00

Frames Data

Show DetailsHide Details

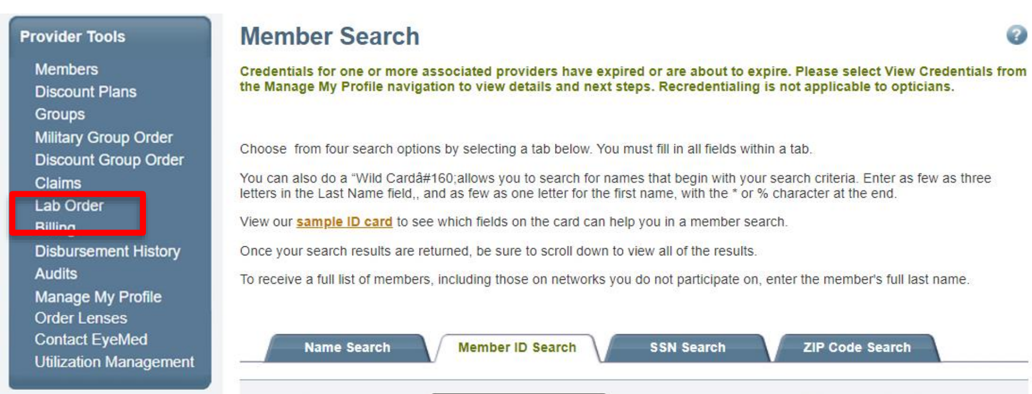
Frame Information	
Manufacturer	Luxottica
Brand	Ray-Ban
Model	RB2027
Color	BLUE ON BLACK
Temple Length	130
Eye Size	62
SKU	

Progressive lens calculations are estimated at pricing and will be finalized on the remittance.

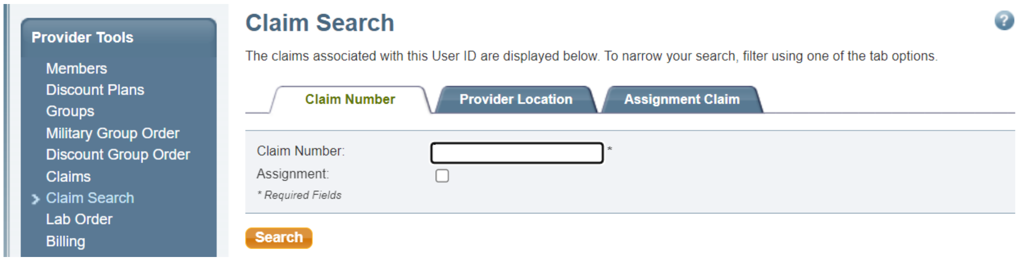
Voiding and Correcting Claims

For most transactions, EyeMed offers the ability to void or correct a claim through the online claims system. If you are correcting a claim, you'll first need to void the existing claim and submit a new one.

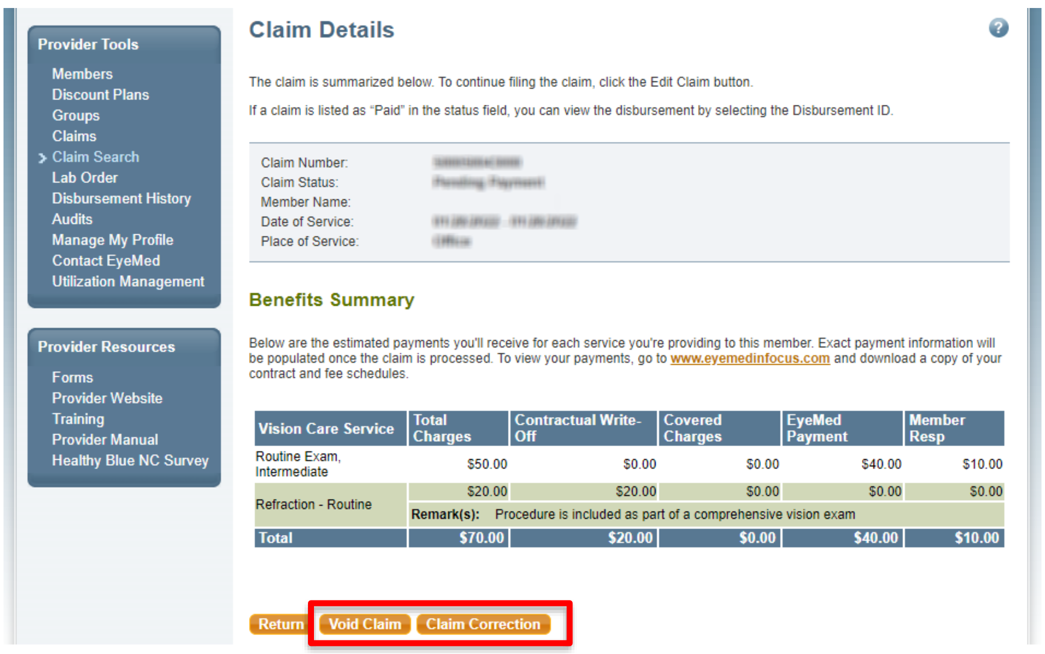
STEP 1: **Log into the online claims system and choose Claims from the left-hand side navigation menu.**



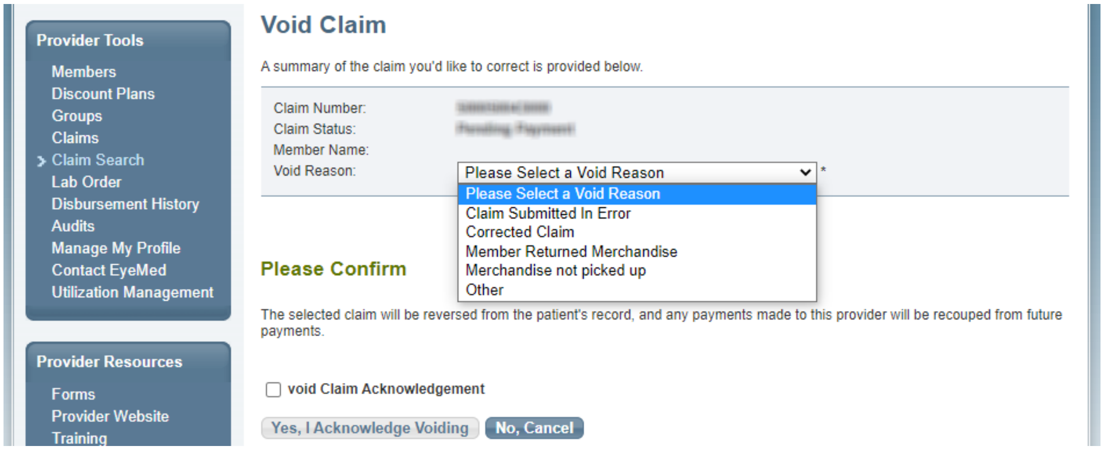
STEP 2: Enter either the claim number or filter by member ID, claim etc. to locate your claim.



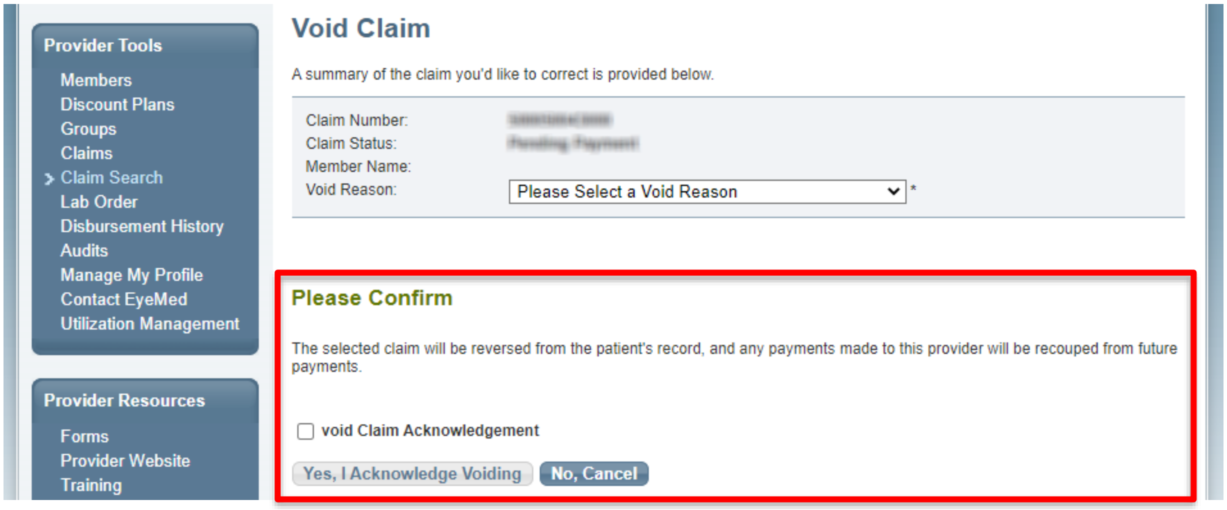
STEP 3: Once you've located the claim that needs voided or corrected, select it to view the Benefits Summary screen. On the screen, choose either Void Claim or Claim Correction.



STEP 4: On the void claim page, confirm the claim number and member name, then select the reason for the void or correction.



STEP 5: After selecting your void reason, read and acknowledge the confirmation statement by checking the box to void or correct the claim.



Viewing Payments

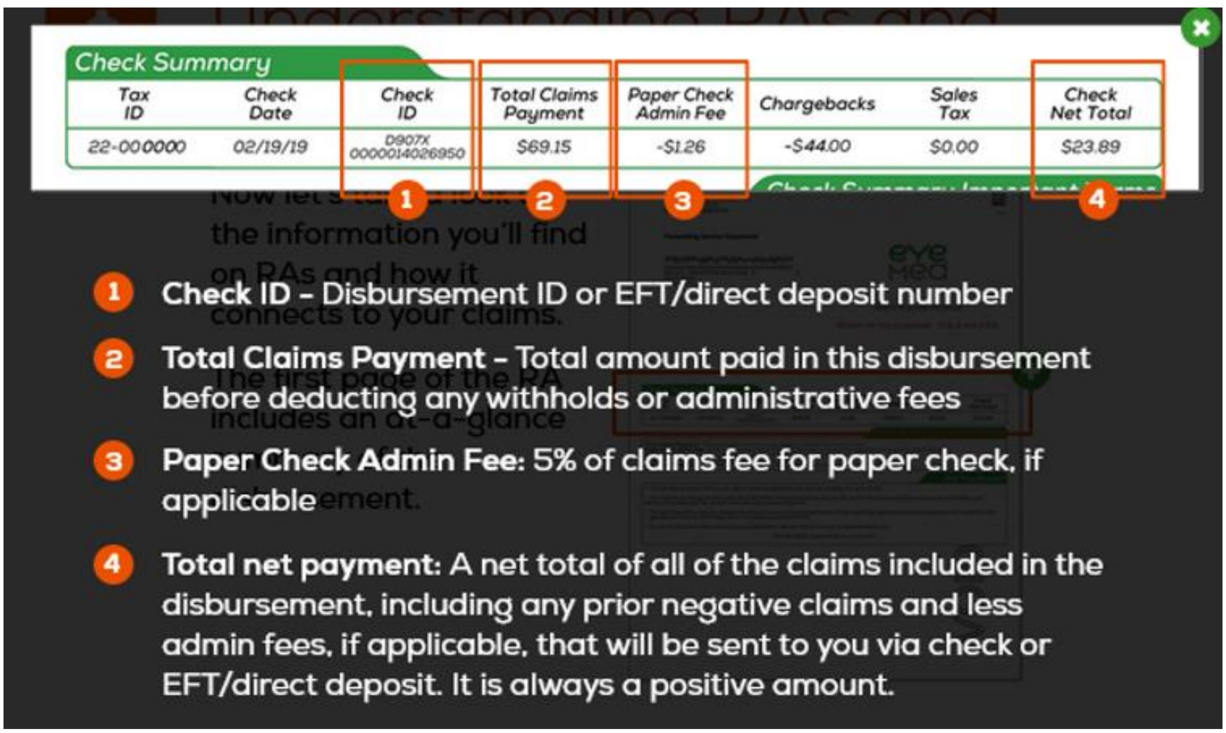
Your RAs and statements are available to view online.

Step 1: Login to the online claims system and click on "Disbursement History" in the left-hand navigation.

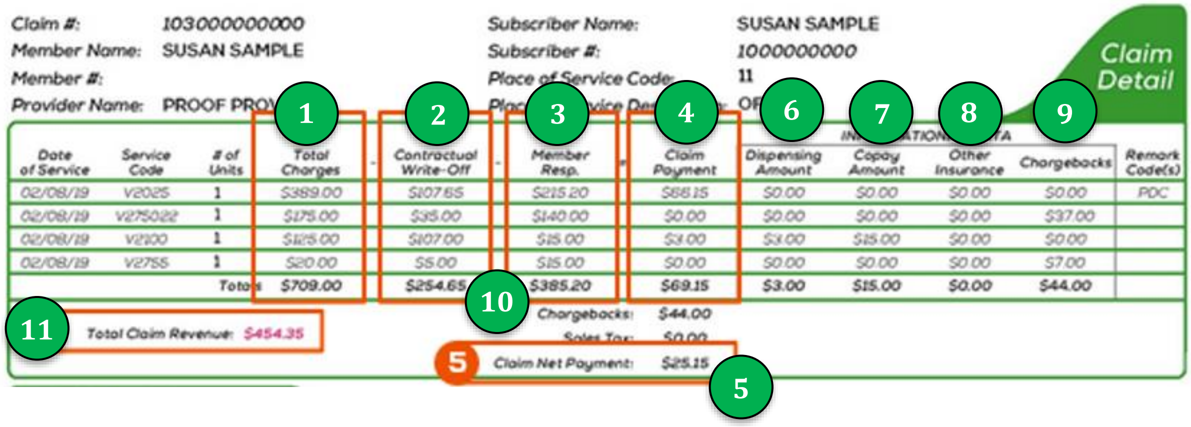
Step 2: Once the RA or statement is available, you can download it by clicking the "View" link next to the disbursement.

Checking Account	Disbursement ID	Payee	Disbursement Date	Disbursement Amount	RA
120	1470502	[illegible]	07/10/2015	$10,644.50	View
120	1474755	[illegible]	07/10/2015	$18,412.75	View
120	9226159	[illegible]	10/30/2015	($38.00)	View
103	9533245	[illegible]	08/28/2015	$740.00	View
103	9533395	[illegible]	08/28/2015	$914.00	View

The first page of your RA will show an at-a-glance summary of your disbursement.



The RA will detail out each claim paid In the disbursement. Claims are organized in a clear manner to help understand how you're being paid.



Claim #: 103000000000
Member Name: SUSAN SAMPLE
Member #:
Provider Name: PROOF PRO

Subscriber Name: SUSAN SAMPLE
Subscriber #: 1000000000
Place of Service Code: 11

Claim Detail

Date of Service	Service Code	# of Units	Total Charges	Contractual Write-Off	Member Resp.	Claim Payment	Dispensing Amount	Copay Amount	Other Insurance	Chargebacks	Remark Code(s)
02/08/19	V2025	1	$389.00	$107.65	$215.20	$66.15	$0.00	$0.00	$0.00	$0.00	PDC
02/08/19	V275022	1	$175.00	$35.00	$140.00	$0.00	$0.00	$0.00	$0.00	$37.00	
02/08/19	V2100	1	$125.00	$107.00	$15.00	$3.00	$3.00	$15.00	$0.00	$0.00	
02/08/19	V2755	1	$20.00	$5.00	$15.00	$0.00	$0.00	$0.00	$0.00	$7.00	
		Totals	$709.00	$254.65	$385.20	$69.15	$3.00	$15.00	$0.00	$44.00	

Total Claim Revenue: $454.35

Chargebacks: $44.00
Sales Tax: $0.00
Claim Net Payment: $25.15

1. Total Charge
2. Contractual Write-Off
3. Member Pays (Includes Copay)
4. Payment – total before tax/chargebacks
5. Net Payment (1 – 2 – 3 = 4)
6. Dispensing Amount
7. Member Copay
8. Other Insurance
9. Chargebacks
10. Withhold Tax
11. Total Revenue