



OCULAR
BENEFITS, LLC
A SKYGEN USA COMPANY

OCULAR BENEFITS SCENE

Second Quarter 2016



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Thank you for partnering with us!

We'd like to thank all of our participating eye care professionals for your ongoing partnership. Your efforts and contributions to our network make a huge impact on our members. Together we can improve the health in the communities we serve by providing the best vision care to our members. We are always looking for ways to be better and provide a well-rounded panel of eye care specialists for our members to access. At Ocular Benefits, we are dedicated to providing excellent service to our providers and members.

We would like to thank each eye care office that has already responded to our Annual Provider Satisfaction Survey request. Your participation is very important to us. We appreciate you taking the time and thank you for helping us provide the highest quality of eye care.



Our quarterly newsletters can be found on our Provider Web Portal at www.ocularbenefits.com. Get registered on the web portal today to start viewing and to keep up with the latest news!

Quick Links

- Provider Web Portal:
www.ocularbenefits.com
- Provider Web Portal email:
providerportal@sciodontal.com
- Contact us via email:
providerservices@ocularbenefits.com



Your **FREE** tool for quick claim submission, processing and payment

Our Provider Web Portal offers quick access to easy-to-use, self-service tools for managing daily administration tasks. The Provider Web Portal offers you many benefits including:

- Lower administrative and participation costs.
- Faster payment through streamlined claim submissions.
- Real-time member eligibility verification.
- Immediate access to member information, claim history, and payment records at any time, 24 hours a day, 7 days a week.

Get Started! For help getting started with the Provider Web Portal, contact the Electronic Outreach Team: **855-434-9239**.

For training on the Provider Web Portal, please email providerportal@sciodontal.com.

A web browser, Internet connection, and a valid User ID and password are required for online access. From the Provider Web Portal, providers and authorized office staff can log in for secure access anytime from anywhere and handle a variety of day-to-day tasks, including:

- Verify eligibility for multiple members simultaneously, and review individual patient treatment history.
- Set up office appointment rosters that automatically verify eligibility, and fill in claim forms for online submission.
- Submit claims using pre-filled electronic forms and data entry shortcuts.
- Attach and securely send supporting documents for no extra charge.
- Generate a pricing estimate before submitting a claim for a quick indication of whether a service may be denied, and if so, the reason why.
- Check the real-time status of in-process claims and review historical payment records.
- Review provider clinical profiling data relative to your peers.
- Download and print a provider manual, remittance reports, and more.

Online help is available from every page of the Provider Web Portal, offering quick answers, animated videos, and step-by-step instructions.

Keep Your Information Accurate and Up-to-Date

We strive to provide excellent service to our providers and members. An important aspect of that service is updating your records with information on new practices, moves, additional locations, and office hours. In order to keep this information up to date we need your help.

If you have an upcoming move, new location or billing address, Tax Identification Number (TIN) change, provider joins or leaves your practice, or a change in office hours, please notify our Provider Relations team at providerservices@ocularbenefits.com. We appreciate your help in keeping accurate up-to-date records.



Did you change your payee information? You will need to register on the Provider Web Portal as a new payee to submit claims under the new payee. Contact our Web Portal Team at 855-434-9239 with questions.

Provider Re-credentialing

All Ocular Benefits professional providers must go through a re-credentialing cycle every three years. It is a requirement to attest that each provider is in good standing with a state license and has valid insurance. When a provider's re-credentialing is due, Ocular Benefits will make contact through email and/or phone call to notify the provider.

A lack of response to our re-credentialing requests may result in a provider being terminated from the Ocular Benefits network. If the provider does not respond to the re-credentialing request after one month, Ocular Benefits will send a reminder letter. If the request goes unanswered after two months, a third and final certified letter will be sent to the provider advising that they will be terminated from the Ocular Benefits network if they do not respond within two weeks.

If termination occurs, the provider will experience an in-network status lapse and will have to contract and credential as a new provider. To avoid termination from the network, please complete the re-credentialing process. For further re-credentialing concerns email our Credentialing team at 855-812-9211 or email credentialing@sciodontal.com.



PRIMARY DENIAL REASONS AND SOLUTIONS



Ocular Benefits wants to make your claim submission and payment process as simple as possible. We have identified the following issues when processing electronic and paper claims. When preparing to file claims for your patients, your awareness of these issues is greatly appreciated as it will help decrease the amount of claims that we deny or reject. If your office is able to file claims electronically, we encourage you to do so. Please contact our Web Portal Team at 855-434-9239 to get registered on the Provider Web Portal.

Invalid Procedure Code

To ensure all proper procedure codes are being billed, please refer to the most current version of approved Medicaid codes located at the link below:

<https://www.kmap-state-ks.us/Provider/PRICING/RefCode.asp>

No Reimbursement Information Found for Service

When a claim is submitted, the system will check for covered services. When a procedure is billed that is not associated with a reimbursement amount, the service line will bump against this exception causing it not to pay.

Service Exceeds Maximum Count per Period Allowed

Services exceed maximum count per period allowed for code set. Please refer to the benefit grid within the provider manual to determine the allowed amount per period. Check member history on the Provider Web Portal: www.ocularbenefits.com. An advancement has been added on the Provider Web Portal that shows the members entire vision history.

OCULAR BENEFITS PRO TIP

Visit Ocular Benefits Provider Web Portal at www.ocularbenefits.com to check up-to-date member eligibility. You can print the Eligibility Report for your records.

PRIMARY DENIAL REASONS AND SOLUTIONS (CONTD)



Provider Contract Not Effective on Date of Service

Claims are processed according to the DOS. If a provider is not contracted and credentialed, the provider is not considered participating in-network and claims will be denied. If you are adding a location, please contact our Network Development Team at 800-508-6965 or email networkdevelopment@sci dental.com to determine if you are able to start seeing members. If you treat a member prior to your approval date, the claim will deny as “Provider Not contracted.”

Duplicate Service/Duplicate Service Previously Paid

When a claim is submitted more than once, one claim will process while the other(s) will receive a denial. This will generate a denial letter exception to each service line on the claim.

Untimely Filing

The claim was submitted and exceeds the timely filing allowed days specified for the benefit plan. Refer to your provider manual to determine timely filing.

Service Authorization Required

When a claim is submitted, the system will check for service authorizations. This denial triggers when there is not a matching authorization for the Enrollee/Code/Subcode found, and ALL of the following are true:

- No additional documentation accompanied the claim
- No additional documentation exists for previous claims for the Enrollee (within six months)
- No recent authorizations exist for the Enrollee.



PRIMARY DENIAL REASONS AND SOLUTIONS (CONTD)



Service Not a Covered Benefit According to Rules

Refer to the provider manual or contact Customer Service to determine if the service needed is covered under the members plan.

Patient Ineligible

The member did not have coverage on DOS. To verify the member's eligibility, you can:

- Log on to the Provider Web Portal: www.ocularbenefits.com.
- Call Customer Service at 866-416-0150.

The Provider Web Portal and IVR system are both available 24 hours a day, 7 days a week– giving you quick access to information without requiring you to wait for an available Customer Service Representative during business hours.

Our Provider Web Portal allows quick, accurate verification of a member's eligibility for covered benefits, as of the date of service. Log in using your User ID and password at www.ocularbenefits.com. First-time users need to self-register by entering their Payee ID, office name, and office address.

Once logged-in, you can quickly verify eligibility for an individual patient or for a group of patients. You are able to print an online eligibility summary report for your records.

For assistance registering or using the Provider Web Portal, please call the Provider Web Portal Team: 855-434-9239.





Submit Coordination of Benefits (COB) for Claims with Third-Party Liability at Service Line

Ocular Benefits, LLC reviews all electronic claims received with primary insurance information. In this review, we have found that some of your claims have been improperly submitted. We would like to reeducate you on the correct submission process. To ensure program compliance and integrity, the electronic encounters must include all COB at **service line level** for proper processing versus submitting at the header level. **Effective February 5, 2016**, any claim submitted at the header level will be denied and you will need to resubmit the claim at the service line level.

In addition to the service line clarification, to aid you in receiving timely payment, Ocular Benefits would like to remind you of additional Amerigroup Kansas, Inc., claims processing rules:

- Ocular Benefits includes the patient responsibility in the calculation.
- Primary coinsurance + primary copay amount + primary member deductible = patient responsibility amount
 - Discounts or write-off amounts are **not** considered.
- Ocular Benefits pays the lesser of either Medicaid-allowed amount minus COB collected or the patient responsibility amount.
- Ocular Benefits will make an additional payment on the claim only to the extent of any remaining patient responsibility (e.g., copayment, coinsurance, or deductible required by the primary carrier).

It is the provider's responsibility to send in corrected claims with the proper COB applied to each service line. Send the claims to the following address:

Ocular Benefits – Corrected Claims
PO Box 1616
Milwaukee WI 53201

The Ocular Benefits Provider Web Portal is also another way for providers to submit all COB information properly and efficiently. To learn more about our Provider Web Portal, please call 855-434-9239 or email our team at providerportal@sciondental.com.

Submitting a Corrected Claim



What is a Corrected Claim?

A Corrected Claim is submitted with revisions to an original claim that was **paid** based on incorrect information. Some examples of original claims that would require a Corrected Claim include claims originally submitted and **paid** with incorrect provider NPI, clinic location, payee Tax ID, billed amount, member or procedure code. Because some or all of the service lines were **paid** based on the incorrect information, a Corrected Claim must be submitted in order for the original claim to be adjusted with the correct information.

What happens to the original claim when I submit a Corrected Claim?

Ocular Benefits will reverse the incorrect payment on the original claim and will reprocess the original claim with the corrected information.

How do I submit a Corrected Claim?

When submitting a Corrected Claim via USPS:

- Use the current version of the CMS-1500 form.
- Complete entire CMS-1500 form with all required information and include any necessary documentation.
- Write or type CORRECTED CLAIM across the top of the CMS-1500 form.
- Submit the Corrected Claim to the following address:

Ocular Benefits – Corrected Claims
PO Box 1616
Milwaukee WI 53201

What is NOT considered a Corrected Claim?

If the original claim had some or all service lines that were **not paid** because the service line(s) **denied** for missing information, a Corrected Claim should not be submitted. Some examples of claims that would not require a Corrected Claim because of service line(s) **denied/not paid** are: missing code or missing documentation that would show medical necessity.

If you have additional information or documentation that you believe may change the payment decision, it should be submitted as a **new claim**, not a Corrected Claim.

How do I submit additional information for a claim that was denied?

To submit a claim that has been denied with additional information, follow the standard Claims Submission Procedures. Timely filing limitations apply when a denied claim is being submitted with additional information for processing.

Simplify your payment process today! Go electronic!

Using the Provider Web Portal to receive payment can be a real game changer. Ocular Benefits utilizes Electronic Funds Transfer (EFT) as a premier method to receive claim payments. What are the benefits of utilizing EFT?

- Offers permanent, paperless records.
- Eliminates reliance on mail delivery.
- Enables worry-free, same-day account deposits.
- It's environmentally friendly.
- It's free!



Once you are enrolled in the EFT program, you will no longer receive paper remittance statements through postal mail. Instead, your Remittance Reports will be posted online and made available from the Provider Web Portal as soon as your claims are paid www.ocularbenefits.com.

EFT is secure. Transactions use end-to-end encryption helping ensure safety and confidentiality. An industry standard prohibits Ocular Benefits or the benefit managers from electronically accessing your bank account to recover funds from a payment.

If you enroll in the Ocular Benefits EFT Program, your Remittance statements will be made available automatically from the Provider Web Portal. For help registering for the portal or accessing your Remittance statements, call the Ocular Benefits Web Portal Team: 855-434-9239.

To have quick, easy access to Remittance statements as soon as your claims are paid, send an email message to Ocular Benefits Customer Service to request electronic remittances at providerservices@ocularbenefits.com. Follow these easy steps:

1. Complete and sign the EFT Authorization Agreement.
2. Include a voided check with the EFT Authorization Agreement. The transaction cannot be processed without a voided check.
3. Send the EFT Authorization Agreement form and voided check to Ocular Benefits by fax or email:

Fax: 262-721-0722

Email: providerservices@ocularbenefits.com

Say goodbye to paper!

We look forward to hearing from you.

"We appreciate the web site and the ability to see pending claims."- Ocular Benefits Provider



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I – REASON FOR SUBMISSION

Reason for Submission: New EFT Authorization Revision to Current EFT setup (e.g. account or bank changes)

To enroll in Ocular Benefit’s Electronic Funds Transfer payment program, please fill out this form along with a voided check and return to:

Mail: Ocular Benefits
N92 W 14612 Anthony Ave
Menomonee Falls, WI 53051
Fax: 262-721-0722
Email: providerservices@ocularbenefits.com

PART II – PROVIDER OR SUPPLIER INFORMATION

Name of Payee: _____

Tax Identification Number: (Designate SSN or EIN): _____

Address of Payee (City, State, Zip): _____

PART III – DEPOSITORY INFORMATION (Financial Institution)

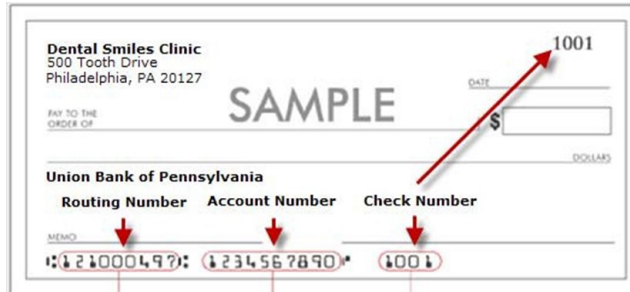
Bank/Depository Name: _____

Depository Routing Transit Number (nine digits – include any leading zeros): _____

Depositor Account Number (up to 10 digits – include any leading zeros): _____

Type of Account (check one) Checking Account Savings Account

Please return this form with a voided check or the agreement will not be valid.



PART IV – CONTACT INFORMATION

Name of Billing Contact: _____

Phone Number of Billing Contact: _____

Email Address of Billing Contact: _____

PART V – AUTHORIZATION

I hereby authorize Ocular Benefits to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any credit entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above, hereinafter called the DEPOSITORY, to credit the same to such account. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until the CONTRACTOR has received written notification from me of its termination in such time and such manner as to afford the CONTRACTOR and the DEPOSITORY a reasonable opportunity to act on it. The CONTRACTOR will continue to send the direct deposit to the DEPOSITORY indicated above until notified by me that I wish to change the DEPOSITORY receiving the direct deposit. If my DEPOSITORY information changes, I agree to submit to the CONTRACTOR an updated EFT Authorization Agreement.

Signature of Authorized Billing Contact: _____ Date: _____

