# Provider Quick Reference Guide

MARCH Vision Care ("MARCH") administers the primary eye care benefit for UnitedHealthCare and Molina Healthcare's Centennial Care Program for the Medicaid product.

# Interactive Voice Recognition System ("IVR")

The IVR is available 24/7 to verify member eligibility and benefits and generate confirmations for certain services.

To register for the IVR, please call (844) 706-2724, and select Option 3 for the Provider Services menu. Next, select Option 1 for the IVR System, and finally, select Option 4 to register for the IVR System. Please be prepared to enter your office phone number, office fax number and tax identification number during registration. Once verified, you will be prompted to select a 4-digit PIN for your account.

#### Phone Menu Options in IVR: Call 1 (844) 706-2724, Select Option 3

- > Press 1 Confirmations, eligibility or claims status
- Press 2 Credentialing
- Press 3 Provider Relations
- > Press 4 Technical assistance for eyeSynergy® or IVR
- Press 5 Resolve pended confirmations
- Press 6 EOP questions
- > Press 7 Inquire on status of issues requiring review

# **Online Resources**

#### **Provider Reference Guide**

The MARCH Provider Reference Guide ("PRG") is available online at <u>www.marchvisioncare.com</u>. Just click on "Doctors & Office Staff", then on "Provider Resources."

The PRG contains the administrative requirements for participation as well as the following information:

- > Lab Order Form
- › Provider Dispute Resolution Form
- › Updates to policies and procedures
- Benefit information (use the drop down menu to access covered benefits by state)

## eyeSynergy®

eyeSynergy<sup>®</sup> is our 24/7 web-based solution for electronic transactions. Through the <sup>eye</sup>Synergy<sup>®</sup> web portal, providers are able to:

- > Verify member eligibility and benefits
- > Generate confirmation numbers for services
- Submit claims
- > Retrieve and complete unfinished claims

Obtain detailed claim status including check number and paid date

> Submit and view lab orders

eyeSynergy<sup>®</sup> is provided free of charge to all MARCH participating providers. To access eyeSynergy®, log onto our website at <u>providers.eyesynergy.com</u> to register. Please note you must complete the registration process prior to logging in.

Training sessions on eyeSynergy® are scheduled daily. Please call **(844) 706-2724, ext. 7573** for more information or to schedule a training session.

## **Claims Submission**

Claims may be submitted to MARCH electronically or via a red CMS 1500 form (no copies).

Clean claims are paid in thirty (30) calendar days for Medicaid and in sixty (60) calendar days for Medicare.

# Address for paper claims (Medicaid and Medicare):

MARCH Vision Care 6701 Center Drive West, Suite 790 Los Angeles, CA 90045

#### **Electronic claims:**

Claims are accepted electronically through a clearinghouse or via  $^{eye}\mbox{Synergy}^{\mbox{\sc B}},$  our online web portal:

#### **Clearinghouses:**

MARCH accepts claims through RelayHealth for the following:

- › Netwerkes/Ingenix
- Gateway
- > All Scripts/Payor Path

MARCH accepts claims directly from the following:

- › Office Ally
- › Emdeon

Payor ID is 5246 for RelayHealth and Office Ally Payor ID is 52461 for Emdeon. Receiver ID is 146383562 with a qualifier of 01 (DUNS number).

For technical assistance, please contact your system software vendor and/or clearinghouse *prior* to contacting MARCH.

#### Claim Issues and Eligibility/Benefits

Questions: View claims status online and submit claims for review by logging into eyeSynergy<sup>®</sup>.

Allow thirty 30 business days to receive payment or adjustment prior to checking status. After thirty 30 days, please contact the Call Center at (844) 706-2724 if you have any questions.

# EFT (Electronic Funds Transfer)

MARCH partners with PaySpan Health – a solution that delivers Electronic Funds Transfers (EFTs), Electronic Remittance Advice ("ERAs")/Vouchers, and much more.

This service is free to MARCH providers. The solution enables online presentment of remittance/vouchers, and straightforward reconciliation of payments to empower our providers to reduce costs, speed secondary billings, improve cash flow, and help the environment by reducing paper usage.

Please contact Payspan directly at www.payspanhealth.com.

# Frames and Lenses

#### Medicare:

Medicare members have an allowance for materials. Please refer to the Medicare covered benefits for the allowance amount. Providers must use their own in-house frame selection and lab for Medicare members.

#### Medicaid:

Upon completion of the credentialing and contracting process, applicable participating providers are issued a MARCH Vision Care frame kit free of charge.

Lab orders can be submitted via eyeSynergy<sup>®</sup> or via a paper lab order form. All lab orders are sent by MARCH to Select Optical in Columbus, Ohio for fabrication of materials. Completed orders will be shipped directly from Select Optical to the requesting provider location.

## **Complaints and Appeals:**

MARCH is committed to ensuring both member and provider satisfaction.

#### Members:

Members should be referred to their healthplan for assistance.

- UnitedHealthcare Community Plan: (877) 236-0826
- Molina Healthcare of New Mexico: (800) 580-2811

#### **Providers:**

Complaints: Please contact Provider Relations at (844) 706-2724, ext 7573 to log a complaint.

Appeals: Please submit a Provider Dispute Resolution Form or a written summary of the dispute including documentation to:

March Vision Care Attn: PDR Unit 6701 Center Drive West, Suite 790 Los Angeles, CA 90045

> Print and Complete the Provider Dispute Form located in the New Mexico Provider Reference Guide.

> Attach a hard copy of the claim (if applicable).

> Attach any supporting documentation.

> Provide documentation for payment reconsiderations due to timely filing (if applicable).