

# Provider Website Instructional Tool Guide

## Website Claim Submission Guidelines:

This section details the process of submitting a claim for services rendered to an eligible patient. **Please note a claim can only be filed online with an eligibility verification number.**

### How to Access the Website

Log on to [www.MESVision.com](http://www.MESVision.com)

- **Select** the “Care Provider” entry button on the MES home page.
- **Enter** your User Name (Provider Number) and Password (use the same numbers as you would to access telephonic eligibility).

Note: The system only accepts five-digit user numbers. If your provider number is less than five digits, please place zeros in front of your number. (Example: provider number “456” would be entered as provider number 00456.)

- Once the system confirms your network participation, you are then directed to the Care Provider Home Page.

### To Submit a Claim

- **Select** the “Enter A Claim” button on the Care Provider Home Page.
- The “Enter Claims” page will list all outstanding verification numbers, subscriber and patient names for your provider number.
- **Select** the Subscriber name with the appropriate patient name to begin the claim submission process. This will take you to the Patient Confirmation page.
- The “Patient Confirmation page” provides you with a summary of eligible and ineligible benefits along with co-payment information for the selected patient.
- Once you have verified the correct patient, **select** “Continue” to proceed to the “Enter A Claim” page.
- On the “Enter A Claim” page, **complete** all claim information regarding the services you rendered. To facilitate data entry, some fields are pre-filled with data from the eligibility verification process.

Please note: The system will only proceed after all required information is entered.

- **Check** the box indicating you have read and understood the fraudulent claim statement.
- **Select** the “Submit Claim” button to proceed.
- Congratulations! The “Claim Confirmation Page” is presented when a claim is correctly submitted for processing. This screen lists the MES claim number and all data provided for the claim. We encourage you to **print** a copy of this screen for your file.

Once you complete this process and print a copy of this page, you may:

- **Submit** additional claims,
- **Return** to the Care Provider Home page; or
- **End** your user session by logging off.

### **Claim Form Submission Guidelines:**

The claim form is easy to complete and is accepted by every insurance carrier that underwrites vision plans administered by MES. MES implemented a claims-imaging system that eliminates many of the manual steps, from claims receipt to checkwrite, thus expediting the claims processing. To maximize this system's benefits, ***it is important that claim forms are not highlighted, and free of erasures.***

**It is to your advantage to ensure that each section is properly completed.**

#### **PART 1 (To Be Completed By the Patient)**

- Employee's Name and Home Address
- Employee Social Security Number or Identification Number
- Patient's Name
- Patient's Date of Birth
- Name of Employer
- Policy Number (from Human Resources or Benefits Officer)
- Full-time Student Status (if applicable)

#### **PART 2 (To Be Completed By the Examining Doctor)**

- Date of Examination
- CPT or HCPCS Code and Examination Fee
- Complete Prescription (if applicable)
- Lens Type (if applicable)
- Provider's Name, Address, and Provider Number
- Eligibility Verification Number

#### **PART 3 (To Be Completed By the Dispenser)**

- Date of Order and Date of Delivery of Eyewear
- Itemization of All Charges
- Lens Type (if applicable)
- Provider's Name, Address, and Provider Number
- Eligibility Verification Number

When a patient is covered under two plans administered through MES, two claim forms are required. Each claim form must contain the appropriate employee social security number or identification number. If there is a copayment/ deductible under the primary coverage, copayment/ deductible is waived when overages are billed under the secondary coverage.

A master copy of the claim form is included with this manual and may be duplicated as required, or downloaded from [www.MESVision.com](http://www.MESVision.com). Claims may also be directly entered and submitted through this website.

Completed claim forms must be mailed to P. O. Box 25209, Santa Ana, CA 92799 or entered through the website at [www.MESVision.com](http://www.MESVision.com). To confirm receipt of submitted claims, please call the MES Customer Service Department at 1-800-877-6372.

This section details the process of verifying eligibility and confirming the eligible benefits of a plan participant/patient. If at any time you need assistance, please contact a Call Center Representative during normal business hours, 8:00 am – 5:00 pm PST, Monday through Friday. **Please note a claim can only be filed online with an eligibility verification number.**

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### Website Eligibility Verification Guidelines:

#### To Obtain a Verification

- Select** “Verify Your Patient’s Eligibility” button on the Care Provider home page. This will take you to the Subscriber Search page.

- Search by ID Number:** Enter the patient’s social security number or unique identification number; or

- Search by Subscriber Name:** Enter the subscriber’s first and last names, and birth date. All three data elements are needed to execute this search.

Note: If the search is unsuccessful, a box with “Subscriber not Found” will appear at the top of the Subscriber Search Page. Please double-check the entered data and try again.

- Subscriber Search Results:** Includes subscriber name, group name, group number, and birth date. You are also given the option to conduct another search should this individual not be the patient for whom you are verifying eligibility. If the patient listed is correct, **select** the patient’s name to reveal the status of covered dependents.

- Subscriber and Dependents Page:** Includes a list of covered dependents for a specific subscriber. Once you have located the appropriate patient, **select** the name and you will be routed to the Subscriber Benefits page.

**Subscriber Benefits Page:** Available benefits are presented including covered services (exam, lenses, and frame), benefit co-payments, and eligibility dates.

**Select** the types of services that will be performed during the visit.

Note: Be sure to mark only those services you are able to perform during the visit; marking eyewear when you only perform exams will prevent another participating provider from securing an eyewear eligibility verification.

**Enter** the appropriate date of services then **select** "Get Verification Number".

The eligibility verification number for your patient will be displayed. We encourage you to **print** this page for your patient's file.

After you receive the eligibility verification number and print a copy of the page, you may:

**Return** to the Care Provider Home Page to verify eligibility for another patient;

**Select** "Enter Claims" at the top of the page to proceed to the claims submission portal; or

**End** your user session by logging off.

To view enhancements made to the process throughout the year, please visit our website, [www.MESVision.com](http://www.MESVision.com)