

A Guide to Your MVP Health Care Online Provider Account

Plus, information about the resources you need when working with MVP.

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Inside Your MVP Online Provider Account

What Your MVP Online Provider Account Allows You to Do

- Check claim status
- Determine member eligibility and benefits
- Print PCP panel roster
- Access McKesson® online tools
- Submit status claim adjustment requests
- Check prior authorization status
- Review the MVP medical policies and pharmacy updates
- View important member details such as Coordination of Benefits information and member cost share
- Claim look up allows a variety of search criteria
- Detailed claim information including the ability to view adjustments chronologically with an adjustment rationale as well as access to clinical claim explanations

Obtaining an MVP Online Provider Account

If you do not have an online account, obtaining one is easy:

Visit **here** and enter the following information:

- Facility/practice name
- Tax ID
- Individual user's name, contact details, and level of access
- 2 MVP paid claims on file*
- Request access for multiple users at the same time, then click **submit**

^{*}If you don't have 2 MVP paid claims, please contact MVP Technical Support to advise on next steps.

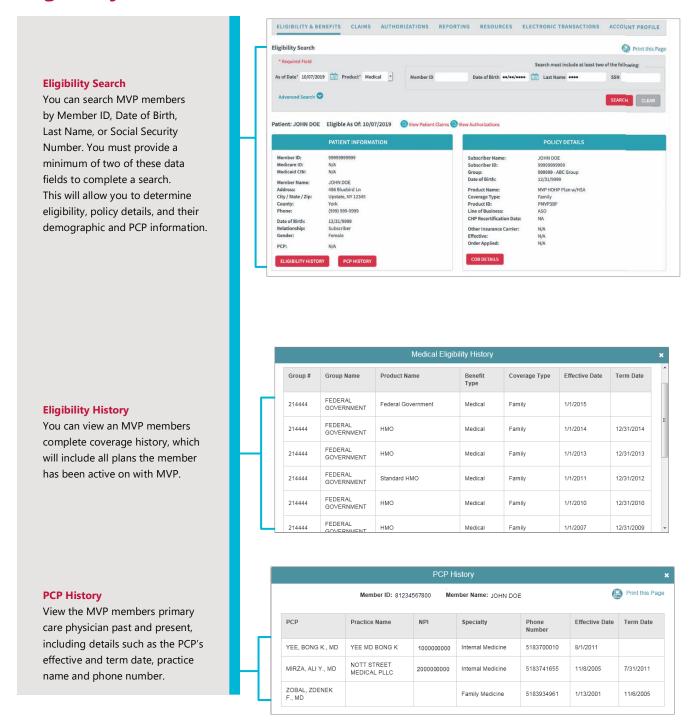
Accessing Your MVP Online Provider Account

- Visit <u>here</u>
- Click on *Provider Sign In/Register*
- Enter your current username and password

Contact esupport@mvphealthcare.com if you are having difficulty logging into your online provider account.

This section will walk you through some of the key feature of your MVP Online Provider Account.

Eligibility and Benefits



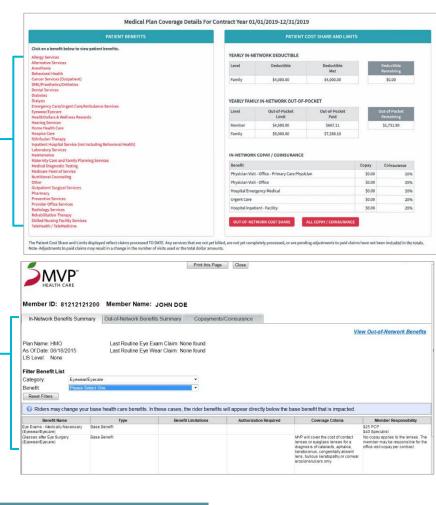
Benefits Look-Up

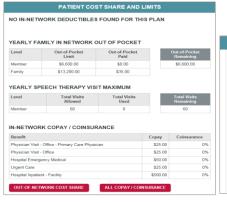
Patient Benefits You can select any benefit to view detailed coverage and cost-share information. You can search between In-Network Benefits and Out-of-Network Benefits for the MVP member. If a specific benefit is not selected all the benefits in the category will display.

Benefit limits, coverage criteria and member responsibility will display with the selected benefit.

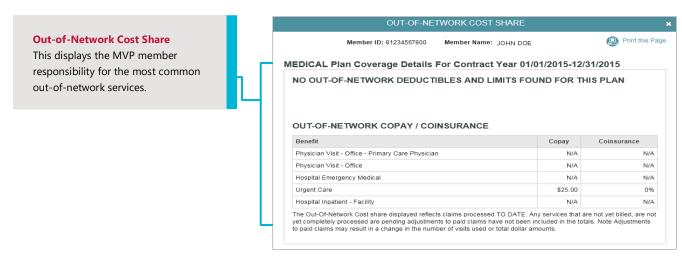
Patient Cost Share and Limits

Here you can view an MVP members Out-of-Network Benefits and Copay and Coinsurance information of Network Benefits

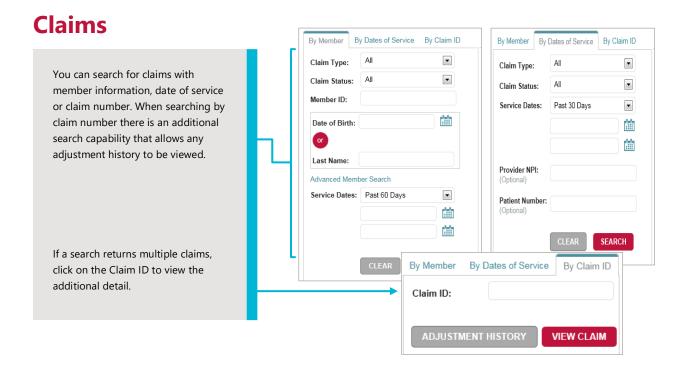








View a tutorial at mvphealthcare.com/Providers/Education

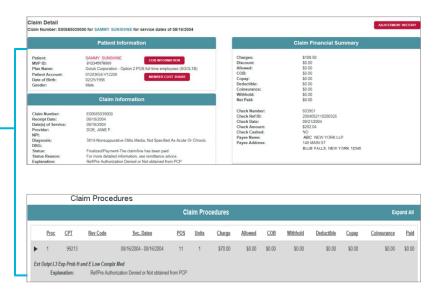


The Claim Detail screen provides member demographic information along with some basic benefits by clicking on the member cost share button. Claim-specific information such as diagnosis, DRG, the status with an explanation and member responsibility are available in one easy view.

View details about the clinical edits used to process the claim, including the edit type, what lines of service and claims the edit is against as well as the edit description.

The expanded view shows multiple diagnosis codes with descriptions, a place of service description, authorization number as well as any discounts and capitation that apply.

If the claim has been adjusted, more information is available by clicking on the Adjustment Details button, view the original and adjusted claim numbers, processed date, the net effect of the adjustment and an explanation.

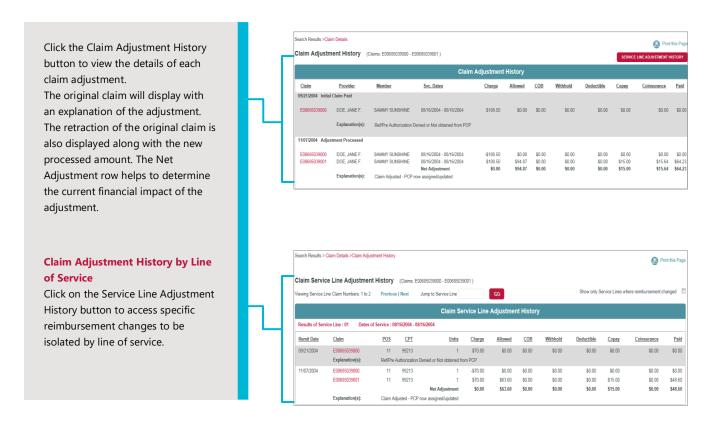










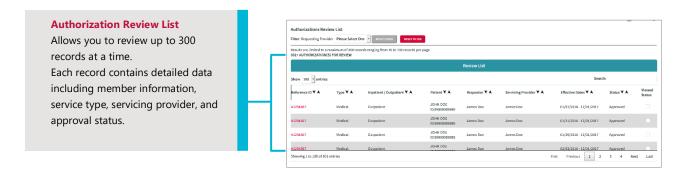


Claim Procedures and Notes

- Presents both CPT and Revenue Code along with a description; if there is no CPT code the Revenue Code description will be available.
- Any Modifiers billed will be on the end of the CPT code.
- The Service Dates will be on each line of service.
- The Place of Service and Units have been added for each service line.
- View COB, Withhold, Deductible, Coinsurance and Copay amounts for each line.
- Explanations such as line item status/denial notes are listed as they would appear on the provider remittance.

View a tutorial at mvphealthcare.com/Providers/Education

Authorizations



Additional Provider Resources and Information

Update Demographics

The online form will allow providers the ability to communicate easily when they are changing or adding a new address, updating their Tax ID information, or even notifying MVP that a provider has left their group. Providers will be able to submit the formelectronically and receive a reference number when checking on the status of a change.

How to Access the Online Form

- To access the new online form, visit mvphealthcare.com/demographics
- After the Provider Change of Information Form (Online) is open, you will be able to choose the type of demographic change from a drop-down menu.

Easy and Intuitive to Use

- Choose the appropriate change type and the form will guide you through the necessary steps to process your change.
- Once the form has been submitted, the user will receive a confirmation page with a reference number.
- The reference number should be maintained, this is the tracking number that MVP will use when a status on a change is requested.

View a tutorial at mvphealthcare.com/Providers/Education

Search for In-Network Providers

Knowing how to search for MVP in-network providers will allow you to make referrals to specialists or PCPs.

- Visit **mvphealthcare.com** and select Members, and then Find a Doctor, and then search by Find a Doctor
- On the provider search tool, click on Guest
- Select a Health Plan that applies to the MVP member
- Enter the zip code, address, city or county that the MVP member resides. You can provide a distance range as well.
- Select from the Health Care provider specialty

To further refine your search, you can also search by:

- Group Practice/Hospital Name
- Language preference
- Accepting new patients
- Board certified
- Gender
- Wheelchair accessible

Electronic Funds Transfer and Remittance Advice (EFT/ERA)

MVP provides Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) through PaySpan®. This service is provided at no cost to you and allows online enrollment, saving you time and ensuring faster payments.

Do you have a group NPI?

If so, please call the MVP Customer Care Center for Provider Services at **1-800-999-3920** to verify that a group NPI is attached to your Tax ID. If not, submit a change form to MVP to have a group NPI added. Please include your group name, group NPI number, Tax ID number, pay-to address, a contact name and phone number. The *Contracted Provider Change of Information* form is available online at **mvphealthcare.com/provider/ny/forms.html**. You must confirm with the MVP Customer Care Center that the group NPI has been added to our system before registering with PaySpan.

How to register

To register, you will need your tax ID# and Group NPI, along with a registration code and provider ID# that you can obtain from PaySpan by phone or email. With this information, you can register by phone or at www.payspanhealth.com. Click *Register*.

PaySpan Contact Information

Phone: 1-877-331-7154 (Option 1), Monday–Friday, 8 am–8 pm Eastern Time

Email: providersupport@payspanhealth.com