



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, paid within the last 180 days for 2 separate MVP Members
- Request access for multiple users at the same time, then click **submit**

Accessing Your MVP Online Provider Account

- Visit [here](#)
- 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

Eligibility Search

You can search MVP members by Member ID, Date of Birth, Last Name, or Social Security Number. You must provide a minimum of two of these data fields to complete a search. This will allow you to determine eligibility, policy details, and their demographic and PCP information.

ELIGIBILITY & BENEFITS

CLAIMS

AUTHORIZATIONS

REPORTING

RESOURCES

ELECTRONIC TRANSACTIONS

ACCOUNT PROFILE

Eligibility Search

Print this Page

* Required Field

Search must include at least two of the following:

As of Date: 10/07/2019

Product: Medical

Member ID

Date of Birth: **/**/****

Last Name: ****

SSN:

Advanced Search

SEARCH

CLEAR

Patient: JOHN DOE

Eligible As Of: 10/07/2019

View Patient Claims

View Authorizations

PATIENT INFORMATION

POLICY DETAILS

Member ID: 9999999999

Medicare ID: N/A

Medicaid CIN: N/A

Member Name: JOHN DOE

Address: 456 Bluebird Ln

City / State / Zip: Upstate, NY 12345

County: York

Phone: (999) 999-9999

Date of Birth: 12/31/9999

Relationship: Subscriber

Gender: Female

PCP: N/A

Subscriber Name: JOHN DOE

Subscriber ID: 999999999999

Group: 999999 - ABC Group

Date of Birth: 12/31/9999

Product Name: MVP HDHP Plan w/HSA

Coverage Type: Family

Product ID: PMVP3BF

Line of Business: ASO

CHP Recertification Date: NA

Other Insurance Carrier: N/A

Effective: N/A

Order Applied: N/A

ELIGIBILITY HISTORY

PCP HISTORY

COB DETAILS

Eligibility History

You can view an MVP members complete coverage history, which will include all plans the member has been active on with MVP.

Medical Eligibility History						
Group #	Group Name	Product Name	Benefit Type	Coverage Type	Effective Date	Term Date
214444	FEDERAL GOVERNMENT	Federal Government	Medical	Family	1/1/2015	
214444	FEDERAL GOVERNMENT	HMO	Medical	Family	1/1/2014	12/31/2014
214444	FEDERAL GOVERNMENT	HMO	Medical	Family	1/1/2013	12/31/2013
214444	FEDERAL GOVERNMENT	Standard HMO	Medical	Family	1/1/2011	12/31/2012
214444	FEDERAL GOVERNMENT	HMO	Medical	Family	1/1/2010	12/31/2010
214444	FEDERAL GOVERNMENT	HMO	Medical	Family	1/1/2007	12/31/2009

PCP History

View the MVP members primary care physician past and present, including details such as the PCP's effective and term date, practice name and phone number.

PCP History						
Member ID: 81234567800			Member Name: JOHN DOE			
PCP	Practice Name	NPI	Specialty	Phone Number	Effective Date	Term Date
YEE, BONG K., MD	YEE MD BONG K	1000000000	Internal Medicine	5183700010	8/1/2011	
MIRZA, ALI Y., MD	NOTT STREET MEDICAL PLLC	2000000000	Internal Medicine	5183741655	11/8/2005	7/31/2011
ZOBAL, ZDENEK F., MD			Family Medicine	5183934961	1/13/2001	11/6/2005

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

Medical Plan Coverage Details For Contract Year 01/01/2019-12/31/2019

PATIENT BENEFITS

Click on a benefit below to view patient benefits.

- Allergy Services
- Alternative Services
- Audiology
- Behavioral Health
- Cancer Services (Outpatient)
- DMT/Prosthetics/Orthotics
- Dental Services
- Dialysis
- Diagnosis
- Emergency Care/Urgent Care/Ambulance Services
- Eyewear/Eyecare
- Health Dollars & Wellness Rewards
- Hearing Services
- Home Health Care
- Hospice Care
- Infusion Therapy
- Inpatient Hospital Service (not including Behavioral Health)
- Laboratory Services
- Maintenance
- Maternity Care and Family Planning Services
- Medical Diagnostic Testing
- Medicare Hours of Service
- Nutritional Counseling
- Other
- Outpatient Surgical Services
- Pharmacy
- Preventive Services
- Provider Office Services
- Radiology Services
- Rehabilitation Therapy
- Skilled Nursing Facility Services
- Telehealth / Telemedicine

PATIENT COST SHARE AND LIMITS

YEARLY IN-NETWORK DEDUCTIBLE

Level	Deductible	Deductible Met	Deductible Remaining
Family	\$4,000.00	\$4,000.00	\$0.00

YEARLY FAMILY IN-NETWORK OUT-OF-POCKET

Level	Out-of-Pocket Limit	Out-of-Pocket Paid	Out-of-Pocket Remaining
Member	\$4,500.00	\$567.11	\$1,731.90
Family	\$9,000.00	\$7,268.10	

IN-NETWORK COPAY / COINSURANCE

Benefit	Copay	Coinsurance
Physician Visit - Office - Primary Care Physician	\$0.00	20%
Physician Visit - Office	\$0.00	20%
Hospital Emergency Medical	\$0.00	20%
Urgent Care	\$0.00	20%
Hospital Inpatient - Facility	\$0.00	20%

OUT-OF-NETWORK COST SHARE **ALL COPAY / COINSURANCE**

The Patient Cost Share and Limits displayed reflect claims processed TO DATE. Any services that are not yet billed, are not yet completely processed, or are pending adjustments to paid claims have not been included in the totals. Note: Adjustments to paid claims may result in a change in the number of visits used or the total dollar amounts.

MVP HEALTH CARE

Member ID: 8121212100 Member Name: JOHN DOE

In-Network Benefits Summary Out-of-Network Benefits Summary Copayments/Coinsurance

Plan Name: HMO Last Routine Eye Exam Claim: None found
As Of Date: 08/18/2015 Last Routine Eye Wear Claim: None found
LIS Level: None

Filter Benefit List

Category: Eyewear/Eyecare
Benefit: Please Select One

Riders may change your base health care benefits. In these cases, the rider benefits will appear directly below the base benefit that is impacted.

Benefit Name	Type	Benefit Limitations	Authorization Required	Coverage Criteria	Member Responsibility
Eye Exams - Medically Necessary (Eyewear/Eyecare)	Base Benefit				\$25 PCP \$40 Specialist
Optics after Eye Surgery (Eyewear/Eyecare)	Base Benefit			MVP will cover the cost of contact lenses or eyeglass lenses for a diagnosis of cataracts, aphakia, keratoconus, congenitally absent lens, bullous keratopathy or corneal erosions/ulcers only.	No copay applies to the lenses. The member may be responsible for the office visit copay per contract.

PATIENT COST SHARE AND LIMITS

NO IN-NETWORK DEDUCTIBLES FOUND FOR THIS PLAN

YEARLY FAMILY IN NETWORK OUT OF POCKET

Level	Out-of-Pocket Limit	Out-of-Pocket Paid	Out-of-Pocket Remaining
Member	\$6,600.00	\$0.00	\$6,600.00
Family	\$13,200.00	\$36.00	

YEARLY SPEECH THERAPY VISIT MAXIMUM

Level	Total Visits Allowed	Total Visits Used	Total Visits Remaining
Member	60	0	60

IN-NETWORK COPAY / COINSURANCE

Benefit	Copay	Coinsurance
Physician Visit - Office - Primary Care Physician	\$25.00	0%
Physician Visit - Office	\$25.00	0%
Hospital Emergency Medical	\$50.00	0%
Urgent Care	\$25.00	0%
Hospital Inpatient - Facility	\$500.00	0%

OUT-OF-NETWORK COST SHARE **ALL COPAY / COINSURANCE**

ALL COPAY / COINSURANCE

IN-NETWORK COPAY/COINSURANCE

Benefit	Copay	Coinsurance
Ambulatory Service Center Facility	\$75.00	0%
Anesthesia - Physician Inpatient	\$0.00	0%
Cardiac Rehabilitation	\$25.00	0%
Chemotherapy	\$25.00	0%
Chiropractic - Therapy	\$25.00	0%
Diagnostic Lab - Physician Office	\$0.00	0%
Diagnostic Lab - Physician Office - Primary Care Physician	\$0.00	0%
Diagnostic Medical - Physician Office	\$25.00	0%

Out-of-Network Cost Share

This displays the MVP member responsibility for the most common out-of-network services.

OUT-OF-NETWORK COST SHARE

Member ID: 81234567800Member Name: JOHN DOE

Print this Page

MEDICAL Plan Coverage Details For Contract Year 01/01/2015-12/31/2015

NO OUT-OF-NETWORK DEDUCTIBLES AND LIMITS FOUND FOR THIS PLAN

OUT-OF-NETWORK COPAY / COINSURANCE

Benefit	Copay	Coinsurance
Physician Visit - Office - Primary Care Physician	N/A	N/A
Physician Visit - Office	N/A	N/A
Hospital Emergency Medical	N/A	N/A
Urgent Care	\$25.00	0%
Hospital Inpatient - Facility	N/A	N/A

The Out-Of-Network Cost share displayed reflects claims processed TO DATE. Any services that are not yet billed, are not yet completely processed are pending adjustments to paid claims have not been included in the totals. Note Adjustments to paid claims may result in a change in the number of visits used or total dollar amounts.

View a tutorial at mvphealthcare.com/Providers/Education

Claims

You can search for claims with member information, date of service or claim number. When searching by claim number there is an additional search capability that allows any adjustment history to be viewed.

If a search returns multiple claims, click on the Claim ID to view the additional detail.

By MemberBy Dates of ServiceBy Claim ID

Claim Type: All

Claim Status: All

Member ID:

Date of Birth:

or

Last Name:

Advanced Member Search

Service Dates: Past 60 Days

CLEAR

By MemberBy Dates of ServiceBy Claim ID

Claim Type: All

Claim Status: All

Service Dates: Past 30 Days

Provider NPI: (Optional)

Patient Number: (Optional)

CLEAR

SEARCH

By MemberBy Dates of ServiceBy Claim ID

Claim ID:

ADJUSTMENT HISTORY

VIEW CLAIM

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 Detail

Claim Number: E00685039000 for SAMMY SUNSHINE for service dates of 08/16/2004

ADJUSTMENT HISTORY

Patient Information

Patient: SAMMY SUNSHINE

MPI ID: 812345678900

Plan Name: Golub Corporation - Option 2 POS full time employees (SGL1B)

Patient Account: 01203654.V12208

Date of Birth: 02/25/1996

Gender: Male

COB INFORMATION

MEMBER COST SHARE

Claim Information

Claim Number: E00685039000

Receipt Date: 08/16/2004

Date(s) of Service: 08/16/2004

Provider: DOE, JANE F.

NPI: 1598721078

Diagnosis: 3814-Non-suppurative Otitis Media, Not Specified As Acute Or Chronic

DRG: Finalized/Payment-The claim/line has been paid.

Status: For more detailed information, see remittance advice.

Status Reason: Claim Adjusted - PCP now assigned/updated

Explanation: RefPre Authorization Denied or Not obtained from PCP

Claim Financial Summary

Charges: \$100.00

Discount: \$0.00

Allowed: \$0.00

COB: \$0.00

Copay: \$0.00

Deductible: \$0.00

Coinsurance: \$0.00

Withhold: \$0.00

Net Paid: \$0.00

Check Number: 603961

Check Ref ID: 2004092110200325

Check Date: 09/21/2004

Check Amount: \$202.04

Check Cashed: NO

Payee Name: ABC NEW YORK LLP

Payee Address: 140 MAIN ST
BLUE FALLS, NEW YORK 12345

Claim Procedures

Expand All

Proc	CPT	Rev Code	Svc Dates	POS	Units	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
1	99213		08/16/2004 - 08/16/2004	11	1	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Est Outpt L3 Exp Prob H and E Low Compl Med													
Explanation: RefPre Authorization Denied or Not obtained from PCP													

Claim Procedures

Expand All

Proc	CPT	Rev Code	Svc Dates	POS	Units	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
1	36415	0300	03/04/2014 - 03/04/2014										
Integral - Venipuncture													
Explanation: Contract Pricing Update - Retrospect													

Edit Type: Invalid Modifier

Edited Against Proc: 2

Edited Against Claim: 36415 is disallowed because it is incidental to procedure 81342 on the current claim.

Edit Description:

Submitted procedure is disallowed, incidental to other procedures. [Edit Clarification](#)

Claim Procedures

Expand All

Proc	CPT	Rev Code	Svc Dates	POS	Units	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
1	99213		08/16/2004 - 08/16/2004	11	1	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Est Outpt L3 Exp Prob H and E Low Compl Med													
Explanation: RefPre Authorization Denied or Not obtained from PCP													
Diagnosis Code: 3814 Non-suppurative Otitis Media, Not Specified As Acute Or Chronic													
Place of Service: Office													
Authorization Number:													
Discount: \$0.00													
Capitated: N													

Print Procedure Details

Claim Information

Claim Number: E00685039001

Receipt Date: 11/05/2004

Date(s) of Service: 08/16/2004

Provider: DOE, JANE F.

NPI: 1598721078

Diagnosis: 3814-Non-suppurative Otitis Media, Not Specified As Acute Or Chronic

DRG: Finalized/Payment-The claim/line has been paid.

Status: For more detailed information, see remittance advice.

Status Reason: Claim Adjusted - PCP now assigned/updated

Explanation: Claim Adjusted - PCP now assigned/updated

This is an ADJUSTED Claim

ADJUSTMENT DETAILS

Original Claim # : E00685039000 finalized 09/21/2004 and paid \$0.00

Adjustment Details

Print this Page

Adjustment Details for Claim Number E00685039001

Member: SAMMY SUNSHINE

Date(s) of Service: 8/16/2004-8/16/2004

09/21/2004 Remittance : Original Claim Processed

Original Claim # : E00685039000 Processed and paid \$ 0.00

11/07/2004 Remittance - Adjustment processed

Original Claim# : E00685039000 processed and voided \$ 0.00

This Claim # : E00685039001 processed and paid \$ 64.23

Net effect of adjustment reflected in 11/07/2004 remittance \$ 64.23

Explanation(s):

• Claim Adjusted - PCP now assigned/updated

Click the Claim Adjustment History button to view the details of each claim adjustment. The original claim will display with an explanation of the adjustment. The retraction of the original claim is also displayed along with the new processed amount. The Net Adjustment row helps to determine the current financial impact of the adjustment.

Claim Adjustment History by Line of Service

Click on the Service Line Adjustment History button to access specific reimbursement changes to be isolated by line of service.

Search Results > Claim Details Print this Page

Claim Adjustment History (Claims: E00685039000 - E00685039001) SERVICE LINE ADJUSTMENT HISTORY

Claim	Provider	Member	Svc Dates	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
09/21/2004 Initial Claim Paid											
E00685039000	DOE, JANE F.	SAMMY SUNSHINE	08/16/2004 - 08/16/2004	\$108.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation(s): Ref/Pre Authorization Denied or Not obtained from PCP											
11/07/2004 Adjustment Processed											
E00685039000	DOE, JANE F.	SAMMY SUNSHINE	08/16/2004 - 08/16/2004	-\$108.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E00685039001	DOE, JANE F.	SAMMY SUNSHINE	08/16/2004 - 08/16/2004	\$108.50	\$94.87	\$0.00	\$0.00	\$0.00	\$15.00	\$15.64	\$64.23
Net Adjustment				\$0.00	\$94.87	\$0.00	\$0.00	\$0.00	\$15.00	\$15.64	\$64.23
Explanation(s): Claim Adjusted - PCP now assigned/updated											

Search Results > Claim Details > Claim Adjustment History Print this Page

Claim Service Line Adjustment History (Claims: E00685039000 - E00685039001)

Viewing Service Line Claim Numbers: 1 to 2 Previous Next Jump to Service Line GO Show only Service Lines where reimbursement changed

Remit Date	Claim	POS	CPT	Units	Charge	Allowed	COB	Withhold	Deductible	Copay	Coinsurance	Paid
09/21/2004	E00685039000	11	99213	1	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation(s): Ref/Pre Authorization Denied or Not obtained from PCP												
11/07/2004	E00685039000	11	99213	1	-\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	E00685039001	11	99213	1	\$70.00	\$63.60	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$48.60
Net Adjustment					\$0.00	\$63.60	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$48.60
Explanation(s): Claim Adjusted - PCP now assigned/updated												

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

Authorization Review List

Allows you to review up to 300 records at a time. Each record contains detailed data including member information, service type, servicing provider, and approval status.

Authorizations Review List

Filter: Requesting Provider: Please Select One APPROVAL FILTER RESET FILTER

Results are limited to a maximum of 300 records ranging from 10 to 100 records per page: 300+ AUTHORIZATIONS FOR REVIEW

Reference ID	Type	Inpatient / Outpatient	Patient	Requestor	Servicing Provider	Effective Dates	Status	Viewed Status
A1234567	Medical	Outpatient	JOHN DOE ID:9999999999	James Doe	James Doe	01/01/2016 - 12/31/2017	Approved	<input type="checkbox"/>
A1234567	Medical	Outpatient	JOHN DOE ID:9999999999	James Doe	James Doe	01/01/2016 - 12/31/2017	Approved	<input type="checkbox"/>
A1234567	Medical	Outpatient	JOHN DOE ID:9999999999	James Doe	James Doe	01/01/2016 - 12/31/2017	Approved	<input type="checkbox"/>
A1234567	Medical	Outpatient	JOHN DOE	James Doe	James Doe	02/02/2016 - 12/31/2017	Approved	<input type="checkbox"/>

Showing 1 to 100 of 301 entries First Previous 1 2 3 4 Next Last

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 form electronically 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**