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

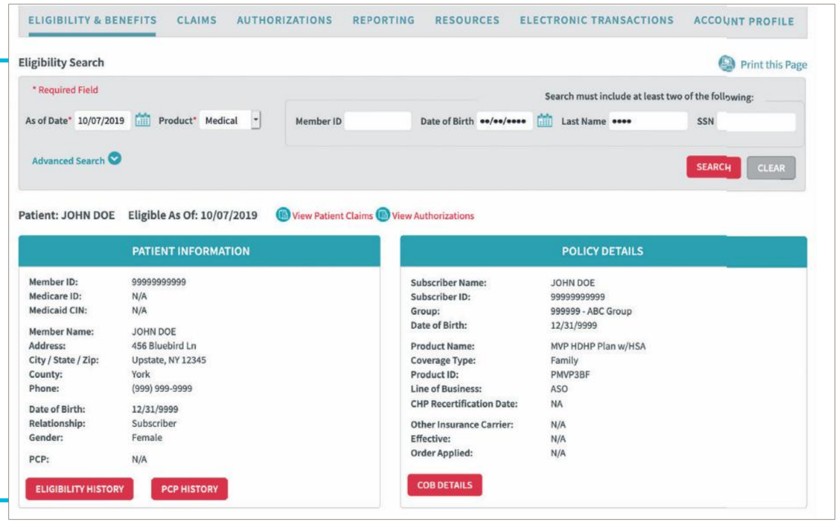
Contact **esupport@mvphealthcare.com** if you are having difficulty logging into your online provider account.

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

Eligibility and Benefits

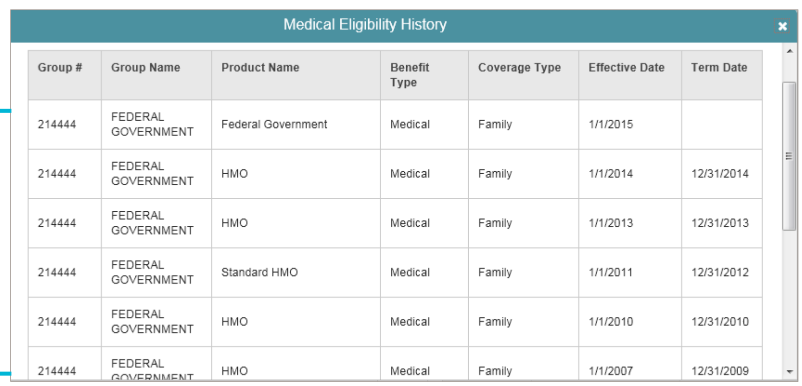
Eligibility Search

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 History

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

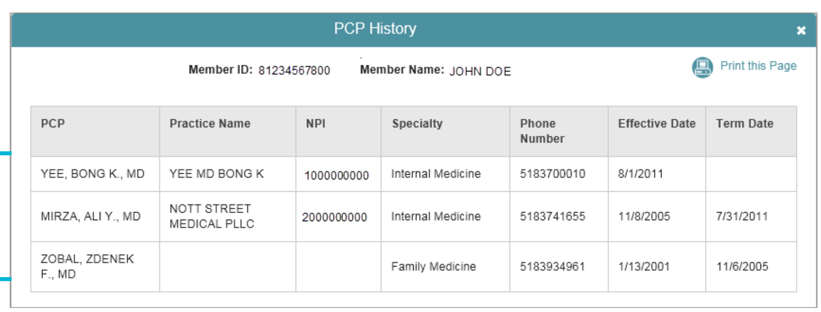


Medical Eligibility History

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

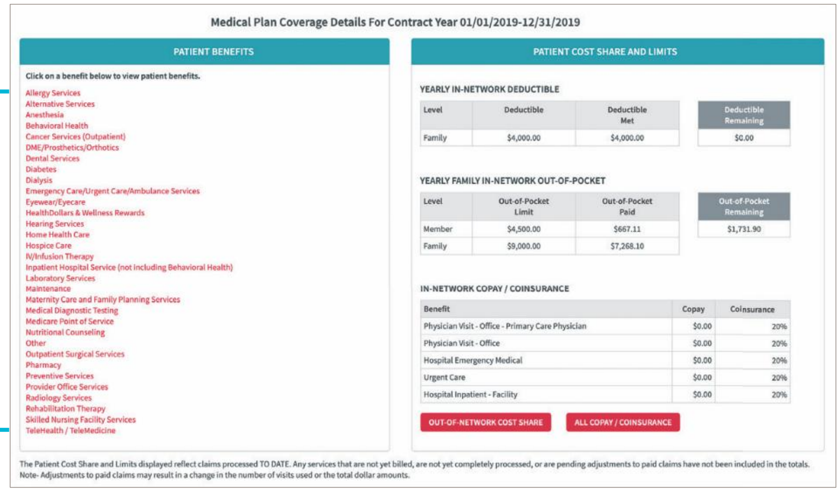
Member ID: 81234567800 **Member Name:** JOHN DOE

Print this Page

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

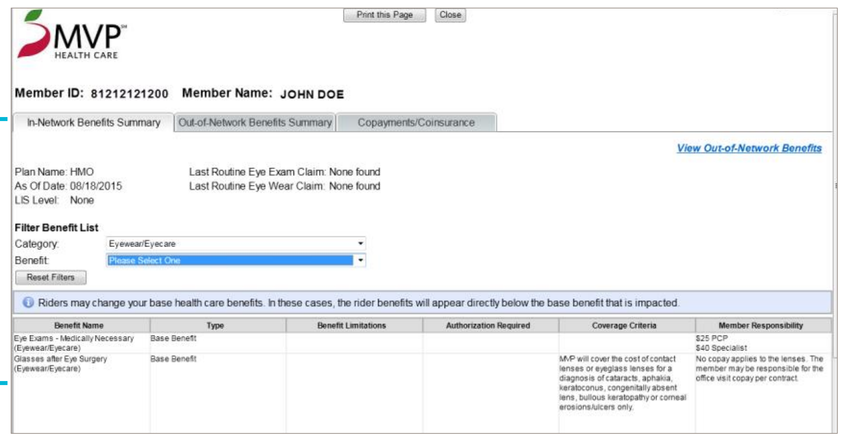
Benefits Look-Up

Patient Benefits
You can select any benefit to view detailed coverage and cost-share information.

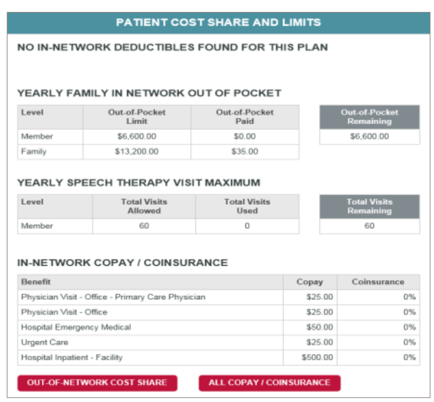


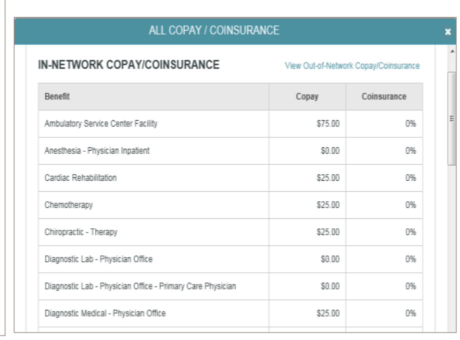
You can search between In-Network Benefits and Out-of-Network Benefits for the MVP member.
If a specific benefit is not selected all the benefits in the category will display.

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



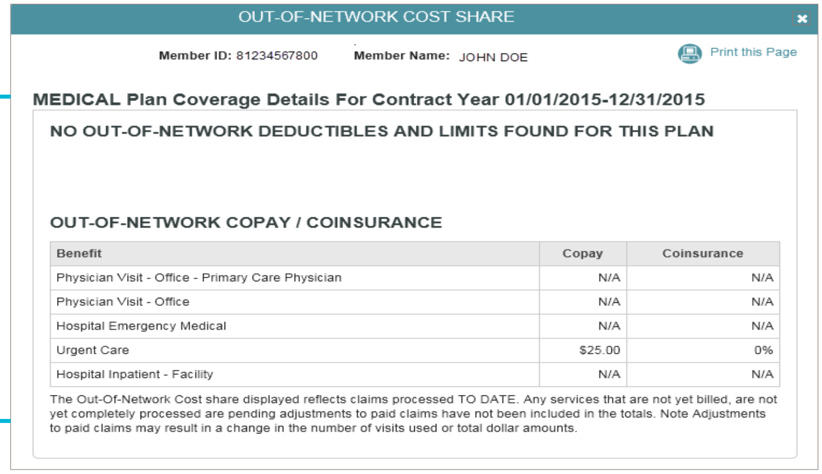
Patient Cost Share and Limits
Here you can view an MVP members Out-of-Network Benefits and Copay and Coinsurance information of Network Benefits





Out-of-Network Cost Share

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

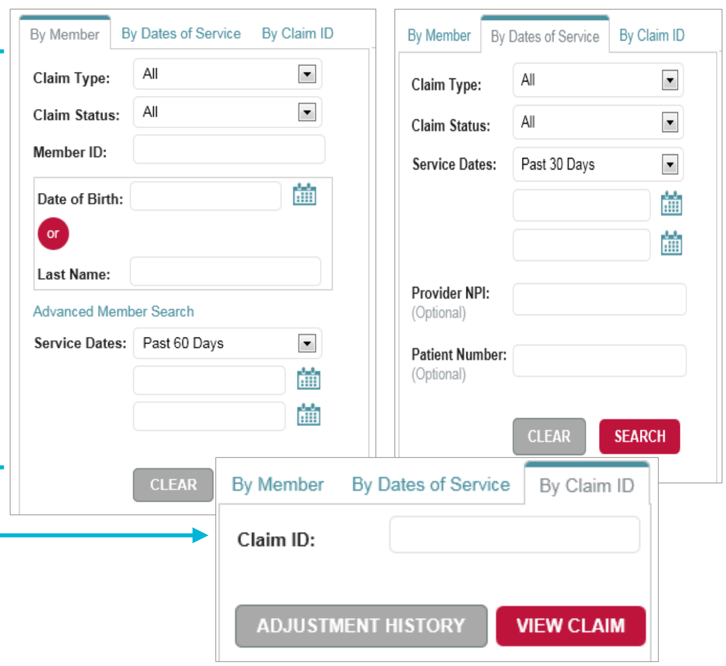


View a tutorial at **mvphealthcare.com/Providers/Education**

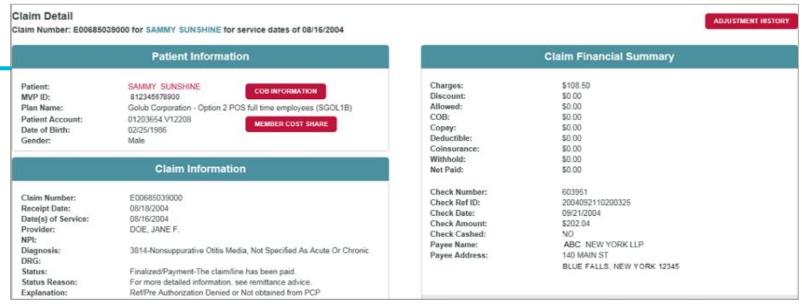
Claims

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.

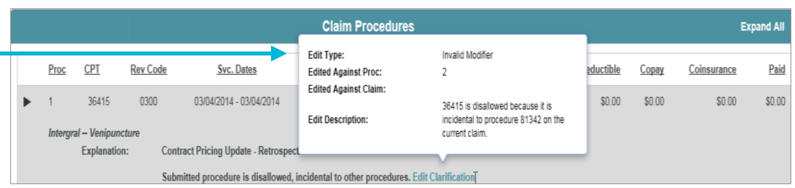
If a search returns multiple claims, click on the Claim ID to view the additional detail.



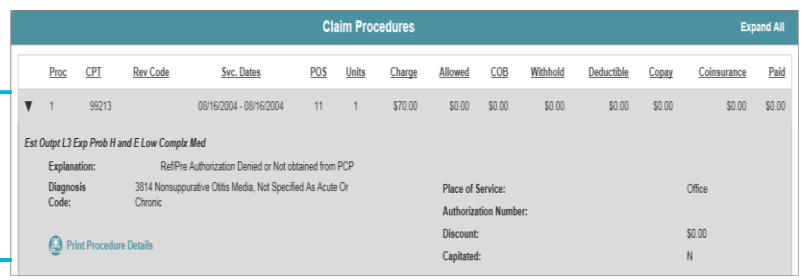
The Claim Detail screen provides member demographic information along with some basic benefits by clicking on the member cost share button. Claim-specific information such as diagnosis, DRG, the status with an explanation and member responsibility are available in one easy view.



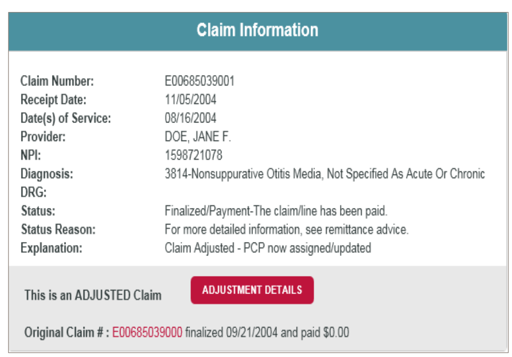
View details about the clinical edits used to process the claim, including the edit type, what lines of service and claims the edit is against as well as the edit description.



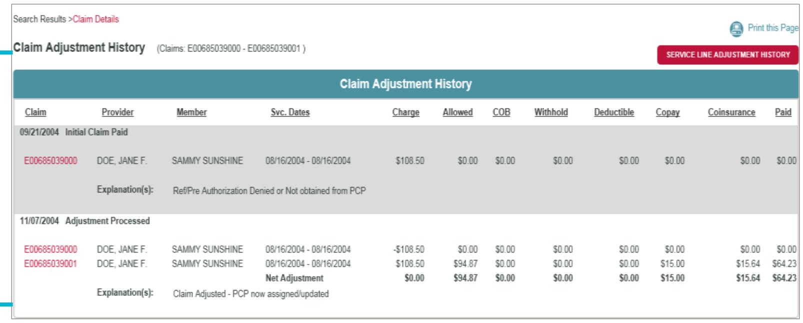
The expanded view shows multiple diagnosis codes with descriptions, a place of service description, authorization number as well as any discounts and capitation that apply.



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.

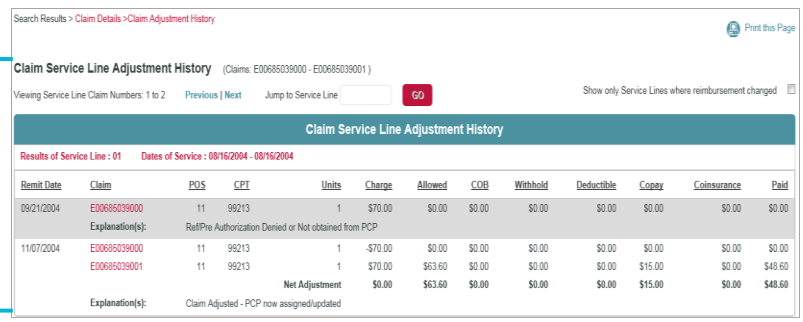


Click the Claim Adjustment History button to view the details of each claim adjustment.
The original claim will display with an explanation of the adjustment. The retraction of the original claim is also displayed along with the new processed amount. The Net Adjustment row helps to determine the current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



Claim Procedures and Notes

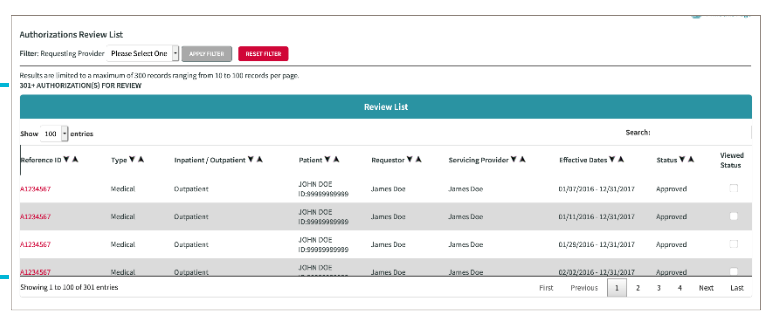
- Presents both CPT and Revenue Code along with a description; if there is no CPT code the Revenue Code description will be available.
- Any Modifiers billed will be on the end of the CPT code.
- The Service Dates will be on each line of service.
- The Place of Service and Units have been added for each 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.



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**