

QUICK REFERENCE GUIDE - NY

| Subject | Information |
|---|--|
| Marketplace Products – Individual | <ul style="list-style-type: none"> • MVP Premier – Standard plan • MVP Premier Plus – Non-Standard plan • MVP Premier Plus HDHP – Non-Standard plan • MVP Secure – Catastrophic plan • Special network rules apply – Cannot access care outside of NY |
| Marketplace Products – Small Group | <ul style="list-style-type: none"> • MVP Premier – Standard plan • MVP Premier Plus – Non-Standard plan • MVP Premier Plus HDHP – Non-Standard plan • Special network rules apply – Cannot access care outside of NY |
| Non-Marketplace Products – Individual | <ul style="list-style-type: none"> • MVP Premier – Standard plan • MVP Premier Plus – Non-Standard plan • MVP Premier Plus HDHP – Non-Standard plan • Special network rules apply – Cannot access care outside of NY |
| Non-Marketplace Products – Small Group | <ul style="list-style-type: none"> • MVP Liberty – Access to MVP’s EPO network • HQNet – Limited to HealthQuest providers in Mid-Hudson Valley • Healthy New York – Access to MVP’s HMO network • MVP Liberty and Healthy NY may access care outside of NY |
| VT Marketplace Products | <ul style="list-style-type: none"> • VT Vitality • VT Vitality Plus and HDHP • VT Secure • All products in VT are offered only in the Marketplace • Access to MVP’s HMO network, including access to NY HMO providers |
| Provider Network | <ul style="list-style-type: none"> • Providers in NY are not participating for all Marketplace products. • Providers should check the MVP provider search tool to determine network participation. • Providers can also refer to any communication received from MVP regarding contract amendments or letters indicating they were not participating for Marketplace products. • Go to www.mvphealthcare.com and click on <i>Find a Doctor</i>. |
| ID cards | <ul style="list-style-type: none"> • Member’s products will show on the front of the card • Cost share information will not be on the card at this time, primarily because most plans are subject to a deductible. • Rate/Network Indicator has been added to the back of the card to determine the network the member has access to. This information can be used on the provider search tool. • Sample ID cards can also be found in Section 3 – MVP Plan Type of the <i>Provider Resource Manual</i> located at www.mvphealthcare.com. Log in and click <i>Online Resources</i>. |

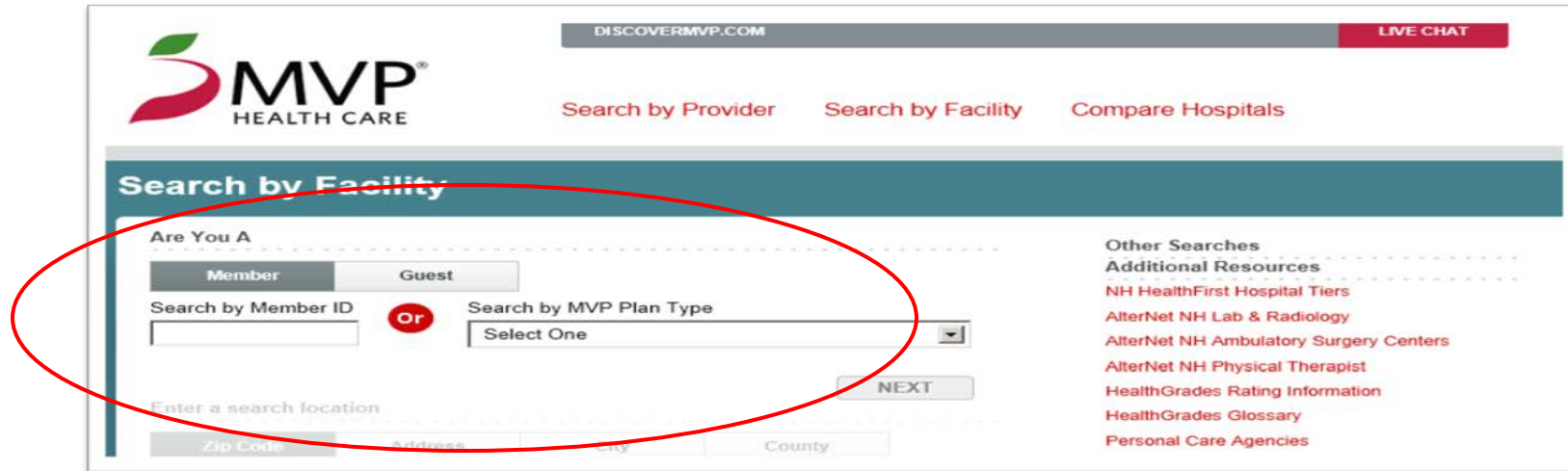
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| Benefits & Eligibility | <ul style="list-style-type: none"> • There is no change in how to check a member's eligibility and benefits. • Go to www.mvphealthcare.com/providers and log in, then click <i>Patient Eligibility</i>. • Call MVP's Customer Care Center at the number on the back of the member's ID card. |
| Members in Arrears (subsidized) | <ul style="list-style-type: none"> • Members will remain eligible for 90 days after not paying their premiums. • Members will still show eligible on MVP's website for the 90 day period. • After 30 days in arrears, the website will show the member is in the arrears. • Claims will pay dates of service for first 30 days that the member is in arrears. • Claims for dates of service 31-90 will be held by MVP and providers will receive a letter when a claim is submitted, indicating that the member is in the arrears. • After 90 days of non-payment, members will become ineligible and all claims should be billed directly to the member. |
| Members in Arrears (non-subsidized) | <ul style="list-style-type: none"> • Members will remain eligible for the first 30 days after not paying premiums. • Members will show as eligible during the first 30 days of being delinquent. • After 30 days of being delinquent, the member will become ineligible with MVP. • Claims will continue to pay for members who are delinquent during the 30 day time period. |
| Claims | <ul style="list-style-type: none"> • There is no change in how a provider should submit a claim for members enrolled in Marketplace products with MVP. |
| Authorizations | <ul style="list-style-type: none"> • There is no change in how to obtain authorizations for Marketplace members. • The NY <i>UM Policy Guide</i> will be updated with Marketplace products and requirements. • Current MVP members who enroll in Marketplace products will not have existing authorizations transferred to their new Marketplace products; providers should resubmit for prior authorization. |
| Prescriptions | <ul style="list-style-type: none"> • The Marketplace formulary is a 3-Tier structured formulary that is significantly different than MVP's existing Commercial formulary. • Individual plans do not have mail order pharmacy and can only purchase a 30 day supply at a retail pharmacy. • Small Group plans have a 2.5x retail copay • Pharmacy Prior Authorizations will transfer when an: <ul style="list-style-type: none"> ○ Existing Commercial MVP member enrolls in a Marketplace product ○ Existing Marketplace member changes to a new Marketplace product ○ Existing Marketplace member enrolls in a Commercial product • Pharmacy Prior Authorizations will NOT Transfer when an: <ul style="list-style-type: none"> ○ Existing MVP Option member enrolls in a Marketplace product ○ Existing Marketplace member enrolls in an MVP Option product |

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MVP Provider Search Tool

- Two Options
 - a. Click on the **Member** tab: Enter members ID or choose their plan from the drop down:



- b. Click on the **Guest** tab: Choose the product you are trying to determine your participation for.
 - i. MVP Health Plan = Non-Marketplace products
 - ii. Health Benefit Exchange Plans = Marketplace products

