



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

View a tutorial at mvphealthcare.com/Providers/Education

Obtain an MVP Online Provider Account

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

Visit mvphealthcare.com/ProviderRegister and enter the following information:

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

View a tutorial at mvphealthcare.com/Providers/Education

Access Your MVP Online Provider Account

- Go to **mvphealthcare.com**
- Click on *Sign In/Register*
- Enter your current username and password

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

Eligibility and Benefits

Eligibility Search

To determine member eligibility, policy details, demographic info, and Primary Care Physician (PCP) information, enter at least two of the following: Member ID, Date of Birth, Last Name, or Social Security Number.

Eligibility History

View an MVP members' complete coverage history, including all plans the member has been active on with MVP.

PCP History

View past and present PCPs, including details such as the PCP's effective and term date, practice name, and phone number.

ELIGIBILITY & BENEFITS CLAIMS AUTHORIZATIONS REPORTING RESOURCES ELECTRONIC TRANSACTIONS ACCOUNT PROFILE

Print this Page

Eligibility Search

* 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	Subscriber Name:	JOHN DOE
Medicare ID:	N/A	Subscriber ID:	9999999999
Medicaid CIN:	N/A	Group:	999999 - ABC Group
Member Name:	JOHN DOE	Date of Birth:	12/31/9999
Address:	456 Bluebird Ln	Product Name:	MVP HDHP Plan w/HSA
City / State / Zip:	Upstate, NY 12345	Coverage Type:	Family
County:	York	Product ID:	PMVP3BF
Phone:	(999) 999-9999	Line of Business:	ASO
Date of Birth:	12/31/9999	CHP Recertification Date:	NA
Relationship:	Subscriber	Other Insurance Carrier:	N/A
Gender:	Female	Effective:	N/A
PCP:	N/A	Order Applied:	N/A

ELIGIBILITY HISTORY PCP HISTORY COB DETAILS

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						
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

Select any benefit to view detailed coverage and cost-share information.

Search In-Network Benefits and Out-of-Network Benefits. 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

View Out-of-Network Benefits, and Copay and Coinsurance information for In-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
- Anesthesia
- Behavioral Health
- Cancer Services (Outpatient)
- DMG/Prosthetics/Orthotics
- Dental Services
- Diabetes
- Dialysis
- Emergency Care/Urgent Care/Ambulance Services
- Eyewear/Eyecare
- Health/Dollars & Wellness Rewards
- Hearing Services
- Home Health Care
- Hospice Care
- IV/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

[View Out-of-Network Benefits](#)

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
Glasses 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	\$6,000.00	\$0.00	\$6,000.00
Family	\$13,200.00	\$35.00	

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 [View Out-of-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

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

OUT-OF-NETWORK COST SHARE

Member ID: 81234567800 Member 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

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 Member | By Dates of Service | By Claim ID

Claim Type: All

Claim Status: All

Member ID:

Date of Birth: 

or

Last Name:

Advanced Member Search

Service Dates: Past 60 Days 





By Member | By Dates of Service | By Claim ID

Claim Type: All

Claim Status: All

Service Dates: Past 30 Days 





Provider NPI:
(Optional)

Patient Number:
(Optional)

By Member | By Dates of Service | By Claim ID

Claim ID:

Click the member cost share button to view the Claim Detail screen, which shows member demographic information along with some basic benefits. 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, and 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

Patient Information		Claim Financial Summary	
Patient:	SAMMY SUNSHINE	Charges:	\$150.00
MPI ID:	81234567890	Discount:	\$0.00
Plan Name:	Gold Corporation - Option 2 POS full time employees (SQGL1B)	Allowed:	\$0.00
Patient Account:	01203654.Y12208	COB:	\$0.00
Date of Birth:	02/25/1999	Copy:	\$0.00
Gender:	Male	Deductible:	\$0.00
		Coinsurance:	\$0.00
		Withhold:	\$0.00
		Net Paid:	\$0.00
Claim Information		Check Number:	603861
Claim Number:	E00685039000	Check Ref ID:	2004092110200325
Receipt Date:	08/16/2004	Check Date:	09/21/2004
Date(s) of Service:	08/16/2004	Check Amount:	\$202.04
Provider:	DOE, JANE F.	Check Cashed:	NO
NPI:	3814-Non-suppurative Otitis Media, Not Specified As Acute Or Chronic	Payee Name:	ABC, NEW YORK LLP
Diagnosis:	3814-Non-suppurative Otitis Media, Not Specified As Acute Or Chronic	Payee Address:	140 MAIN ST BLUE FALLS, NEW YORK 12345
DRG:			
Status:	Finalized/Payment-The claim/line has been paid.		
Status Reason:	For more detailed information, see remittance advice.		
Explanation:	Ref/Pre Authorization Denied or Not obtained from PCP		

Claim Procedures

Proc	CPT	Rev Code	Svc Dates	POS	Units	Charge	Allowed	COB	Withhold	Deductible	Copy	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 Complx Med
Explanation: Ref/Pre Authorization Denied or Not obtained from PCP

Claim Procedures

Proc	CPT	Rev Code	Svc Dates	POS	Units	Charge	Allowed	COB	Withhold	Deductible	Copy	Coinsurance	Paid
1	36415	0300	03/04/2014 - 03/04/2014							\$0.00	\$0.00	\$0.00	\$0.00

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 91342 on the current claim.

Edit Description:

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

Claim Procedures

Proc	CPT	Rev Code	Svc Dates	POS	Units	Charge	Allowed	COB	Withhold	Deductible	Copy	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 Complx Med
Explanation: Ref/Pre 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: 1596721078
 Diagnosis: 3814-Non-suppurative Otitis Media, Not Specified As Acute Or Chronic
 DRG:
 Status: Finalized/Payment-The claim/line has been paid.
 Status Reason: For more detailed information, see remittance advice.
 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

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
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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.

Search Results > Claim Details Print this Page

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

Claim 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	\$15.00	\$15.64	\$64.23
Explanation(s): Claim Adjusted - PCP now assigned/updated											

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 > 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

Claim Service Line Adjustment History											
Results of Service Line : 01 Dates of Service : 08/16/2004 - 08/16/2004											
Remit Date	Claim	POS	CPT	Units	Charge	Allowed	COB	Withhold	Deductible	Copay	Paid
09/21/2004	E00685039000	11	99213	1	\$70.00	\$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
	E00685039001	11	99213	1	\$70.00	\$63.60	\$0.00	\$0.00	\$0.00	\$15.00	\$48.60
				Net Adjustment	\$0.00	\$63.60	\$0.00	\$0.00	\$0.00	\$15.00	\$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

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

Authorizations Review List

Filter: Requesting Provider: Please Select One APPROVED READY TO REVIEW

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

Review List									
Reference ID	Type	Inpatient / Outpatient	Patient	Requestor	Servicing Provider	Effective Dates	Status	Viewed	Status
A1234567	Medical	Outpatient	JOH-RI DOE ID:99989999999	James Doe	James Doe	01/01/2014 - 12/31/2017	Approved	<input type="checkbox"/>	
A1234567	Medical	Outpatient	JOH-RI DOE ID:99989999999	James Doe	James Doe	01/01/2014 - 12/31/2017	Approved	<input type="checkbox"/>	
A1234567	Medical	Outpatient	JOH-RI DOE ID:99989999999	James Doe	James Doe	01/28/2014 - 12/31/2017	Approved	<input type="checkbox"/>	
A1234567	Medical	Outpatient	JOH-RI DOE	James Doe	James Doe	02/02/2014 - 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

Use the online Demographics Change Form to notify MVP of an address change or addition, Tax ID information changes, or when a provider leaves the practice. A reference number is provided after the form is submitted electronically.

- To access the online form, visit mvphealthcare.com/demographics
- After the Provider Change of Information Form (Online) is open, select the type of demographic change from a drop-down menu, then follow the instructions in the form to enter the necessary information.
- The reference number provided after the form is submitted 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 or Find a Behavioral Health Provider, 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

For technical support, call **1-888-656-5695** or email us at esupport@mvphealthcare.com.