

# CONTACTING MVP HEALTH CARE®

February 2016



<b>Professional Relations (by region)</b>	Central	1-800-888-9635 Fax: 315-736-7002	Mid-State	1-800-888-9635 Fax: 315-736-7002
	East/Capital	1-888-363-9485	Southern Tier	1-800-888-9635 Fax: 315-736-7002
	New Hampshire	1-800-380-3530, option 4 Fax: 603-647-9607	Vermont	1-800-380-3530, option 4
	Mid-Hudson	1-800-666-1762, option 2 Fax: 845-897-6340	West (Rochester/Bufalo)	Please call Provider Services
<b>Provider Services</b>	1-800-684-9286 Monday-Friday 8:30am-5:00pm (Eastern Time)			
<b>Appeals</b>	Not Medically Necessary		MVP Health Care Attn: Member Appeals Dept. 625 State Street Schenectady, NY 12301	
	Eligibility (excludes appeals requiring medical necessity review)		MVP Health Care Attn: Operations Adjustments PO Box 2207 Schenectady, NY 12301	
	No Prior Authorization Obtained			
Claim exceeding timely filing limits/contractual denials per MVP policy				
<b>Claim Adjustment Forms</b>	Initial Claim Adjustment		MVP Health Care Attn: Claims Dept. PO Box 2207 Schenectady, NY 12301	
	Second Clinical Review		MVP Health Care Attn: Operations Adjustments PO Box 2207 Schenectady, NY 12301	
<b>Claim Status</b>	1-800-684-9286			
<b>Complaints</b>	Call Provider Services or your Professional Relations Representative			
<b>Coordination of Benefits</b>	1-800-556-2477			
<b>DME</b>	1-800-452-6966 or 1-888-452-5947 <a href="http://www.mvphealthcare.com/provider/dme.html">www.mvphealthcare.com/provider/dme.html</a>			
<b>Electronic Claim Submission</b>	1-877-461-4911 <a href="mailto:ediservices@mvphealthcare.com">ediservices@mvphealthcare.com</a>			
<b>Eligibility</b>	1-800-684-9286			

Contacting MVP Health Care® (continued)

<b>High-Tech Imaging Authorization</b>	EviCore 1-866-665-8341; Fax: 1-800-540-2406
<b>Home Care</b>	1-800-684-9286
<b>Manual Claim Submission</b>	MVP Health Care Attn: Claims Dept. PO Box 2207 Schenectady, NY 12301
<b>Massage Therapy/Chiropractic/ Acupuncture</b>	Landmark: 1-800-638-4557
<b>Mental Health/Substance Abuse</b>	Beacon Health Options (Latham Service Center)—NY Commercial, Medicare, ASO: 1-800-397-1630 (Woburn Service Center)—NY Medicaid, CHP, Essential Plan: 1-844-265-7592
<b>Population Health Management</b>	To make a referral, call 1-866-942-7966
<b>Prior Authorization/Notification</b>	Fax: 1-800-280-7346
	Pharmacy: Commercial: Fax 1-800-376-6373; Medicare/Medicaid: Fax 1-800-401-0915
	<a href="http://www.mvphealthcare.com/provider/ny/forms.html">www.mvphealthcare.com/provider/ny/forms.html</a>
<b>Referrals</b>	Fax: 1-888-819-2103
	<a href="http://www.mvphealthcare.com/provider/ny/forms.html">www.mvphealthcare.com/provider/ny/forms.html</a>
<b>Vision—Medicaid and Essential Health Plans</b>	Superior Vision: Voice Response Unit (VRU) 1-866-819-4298 Claims Status: 1-800-243-1401 ext. 20165 <a href="http://www.blockvisiononline.com">http://www.blockvisiononline.com</a>
<b>Hearing Aids</b>	TruHearing Provider Outreach: 1-855-286-0550
<b>Website</b>	<a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>
<b>Website: Secure Portal (Login Required)</b>	<a href="http://www.mvphealthcare.com/provider/register.html">www.mvphealthcare.com/provider/register.html</a>
<b>Web Portal Registration</b>	Complete our Site Access form: <a href="http://www.mvphealthcare.com/provider/register.html">www.mvphealthcare.com/provider/register.html</a>
<b>Web Technical Assistance</b>	eSupport Help Desk: 1-888-656-5695 or <a href="mailto:esupport@mvphealthcare.com">esupport@mvphealthcare.com</a>
<b>Cigna ID's Beginning with "U"</b>	1-800-882-4462 <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a>
	Appeals & Claims: Use address on back or Cigna card
	*Note HMO and Government plans ARE NOT part of the MVP/Cigna Alliance: Obtain Prior Authorization