

# CONTACTING MVP HEALTH CARE®

February 2016



|   |   |   |   |                                     |
|---|---|---|---|-------------------------------------|
| <b>Professional Relations<br/>(by region)</b>                           | Central   | 1-800-888-9635<br>Fax: 315-736-7002           | Mid-State   | 1-800-888-9635<br>Fax: 315-736-7002 |
|   | East/Capital  | 1-888-363-9485                                | Southern Tier   | 1-800-888-9635<br>Fax: 315-736-7002 |
|   | New Hampshire   | 1-800-380-3530, option 4<br>Fax: 603-647-9607 | Vermont   | 1-800-380-3530, option 4            |
|   | Mid-Hudson  | 1-800-666-1762, option 2<br>Fax: 845-897-6340 | West<br>(Rochester/Bufalo)  | Please call<br>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<br>Attn: Member Appeals Dept.<br>625 State Street Schenectady, NY 12301 |                                     |
|   | Eligibility<br>(excludes appeals requiring medical necessity review)  |   | MVP Health Care<br>Attn: Operations Adjustments<br>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<br>Attn: Claims Dept.<br>PO Box 2207 Schenectady, NY 12301              |                                     |
|   | Second Clinical Review  |   | MVP Health Care<br>Attn: Operations Adjustments<br>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<br>Attn: Claims Dept.<br>PO Box 2207 Schenectady, NY 12301  |
| <b>Massage Therapy/Chiropractic/<br/>Acupuncture</b>  | Landmark: 1-800-638-4557  |
| <b>Mental Health/Substance Abuse</b>                  | Beacon Health Options<br>(Latham Service Center)—NY Commercial, Medicare, ASO: 1-800-397-1630<br>(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<br><a href="http://www.mvphealthcare.com/provider/ny/forms.html">www.mvphealthcare.com/provider/ny/forms.html</a>   |
| <b>Vision—Medicaid and Essential<br/>Health Plans</b> | Superior Vision: Voice Response Unit (VRU) 1-866-819-4298<br>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<br/>(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   |