BENEFITS OF THE ELECTRONIC CLAIM ADJUSTMENT REQUEST FORM (CARF)

• Provider staff can now electronically submit claim adjustment requests that used to be submitted on paper, corrected CMS 1500 and UB - 04 claim forms

• Supporting documentation such as office notes, invoices or EOBs can be attached electronically

• View status of any claim adjustment requests that have been submitted through the MVP provider portal

• View letters in response to submitted/processed claim adjustment requests

• More timely adjustment processing because there is no mail time
ACCESSING THE PROVIDER PORTAL

• Go to mvphealthcare.com
• Click on PROVIDERS at the top of the web page
• Enter your current username and password
  OR
• Click on Register under PROVIDER LOG IN for instructions on obtaining a username and password

Once logged in, click on Claim Search:
### SEARCHING FOR CLAIMS

Search for claims with member information, date of service or claim number.

<table>
<thead>
<tr>
<th>By Member</th>
<th>By Dates of Service</th>
<th>By Claim ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Type:</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Claim Status:</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Member ID:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Or

| Last Name: | | |

Advanced Member Search

| Service Dates: | Past 60 Days | | |

**Claim ID:**

Click **SEARCH** to view additional detail.

If a search returns multiple claims, click on the claim number **E12345678900** to view additional detail.

After entering search criteria, click search to return results or clear to delete all information entered.
REQUESTING A CLAIM ADJUSTMENT

View claim information on the Claim Detail screen, click on REQUEST ADJUSTMENT to get to the electronic CARF.

Claim Detail
Claim Number: 7195345000 for GEORGE DOE for service dates of 12/09/2015

Patient Information

<table>
<thead>
<tr>
<th>Patient</th>
<th>GEORGE DOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MVP ID:</td>
<td>812345678900</td>
</tr>
<tr>
<td>Plan Name:</td>
<td>GoldAnywhere PPO (PG130071)</td>
</tr>
<tr>
<td>Patient Account:</td>
<td>123</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>01/01/2001</td>
</tr>
</tbody>
</table>

COB INFORMATION

Claim Financial Summary

| Charges:     | $107.00 |
| Allowed:     | $73.43  |
| Disallowed:  | $33.57  |
| Discount:    | $0.00   |
| COB:         | $0.00   |
| Member Cost Share: | $0.00 |

REQUEST ADJUSTMENT
Once REQUEST ADJUSTMENT is selected, the following message will appear as a reminder of MVP’s appeals mailing address. Click CONTINUE to proceed to the electronic CARF.

**ATTENTION**

Do NOT use this form to submit appeals for claims denied due to Medical Necessity or Inpatient Hospital Denials.

[Contact MVP – Mailing Address for Appeals (PDF)]

Click continue to proceed to the CARF.
FILLING OUT THE ELECTRONIC CARF

Once in the Claim Adjustment Request Form, the provider, member and original claim information will be populated. The provider’s contact phone number needs to be entered into the form.

Claim Adjustment Request Form - Medical

Date Requested: 02/08/2016

Please allow up to 30 days for processing

Claim Number to be Adjusted: E12345678900

Member ID: 81234567800
Member Name: GEORGE DOE

Provider ID: 1234
Provider Name: DOE, JANE

Submitted DRG:

Date of Service: 12/09/2015 - 12/09/2015

Provider NPI: 1234567890
Tax ID: 123456789

Contact Information

Name: SARAH

Phone: Ext:

Fax: (optional)
FILLING OUT THE ELECTRONIC CARF

Select the adjustment reason from the drop-down menu and enter in the adjustment rationale.
FILLING OUT THE ELECTRONIC CARF

For adjustments that require documentation, select the document type that will be submitted then click on ATTACH SUPPORTING DOCUMENT(S) to upload the documentation and corrected CMS-1500 or UB-04 to the electronic claim adjustment request form.

Attached documents can be viewed through a link in the CARF.

Once the electronic CARF has been filled out, click on SUBMIT ADJUSTMENT FOR PROCESSING at the bottom of the form. Allow 30 days for processing.
ATTACH SUPPORTING DOCUMENT(S) TIP

Once ATTACH SUPPORTING DOCUMENT(S) has been selected, the box below will appear. Select browse to search for claim forms, supporting notes and other documentation. Once the file names are listed, click ATTACH FILE(S).

*Important: Make sure the file name does not contain a comma (,) or ampersand (&).
CHECKING THE STATUS OF A SUBMITTED CARF

Once the CARF is submitted a reference number will be provided, the attachments can be viewed or the adjustment request can be cancelled.

Claim Adjustment Request Form Details

Reference number: 160205051549800
Date Requested: 02/05/2016

Your request has been submitted successfully.

Claim Information

Claim Number To Be Adjusted: E012345678900
Member ID: 81324567890
Provider ID: 1234
Submitted DRG: 

Member Name: GEORGE, DOE
Provider Name: JACKSON, JOHN

Date of Service: 12/03/2015 - 12/08/2015
Provider NPI: 1234567890
Tax ID: 123456789
Computed DRG: 

Status
Submitted

Contact Information

Name: SARAH

Phone: (555) 555-5555

Adjustment Information

Corrected CMS-1500: C:sers\rch\Desktop\HCFA_pdf_111911.pdf
Adjustment Reason: Quantity Correction
Adjustment Rationale: Quantity correction from 3 units to 1 unit.
CHECKING THE STATUS OF A SUBMITTED CARF

Click on Adjustment Request History to view the status of each request that has been made. Search by claim number, member number or request date. To limit the search, select the Active Only checkbox. For more information on the details of the adjustment request, click on the Reference number.

**PROVIDER PORTAL**

The status of a CARF can be listed as- Submitted, In Process, Completed or Cancelled. Hover over the status to display a description of each status.

<table>
<thead>
<tr>
<th>Request Date</th>
<th>Reference</th>
<th>Claim</th>
<th>Date of Service</th>
<th>Member</th>
<th>Provider</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/05/2016</td>
<td>160205051549899</td>
<td>E12345678900</td>
<td>12/08/2015 - 12/08/2015</td>
<td>GEORGE DOE</td>
<td>JACKSON, JANE</td>
<td>Submitted</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjustment Reason: Quantity Correction</td>
</tr>
<tr>
<td>12/22/2015</td>
<td>151222112932243</td>
<td>E12345678900</td>
<td>11/30/2015 - 11/30/2015</td>
<td>WILL DOE</td>
<td>JACKSON, JANE</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjustment Reason: Added/Deleted Charges</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjustment Reason: Date of Service Correction</td>
</tr>
</tbody>
</table>
CHECKING THE STATUS OF A SUBMITTED CARF

Once the reference number has been selected, the Claim Adjustment Request Form Details screen will allow the provider to view letters sent in response to their CARF or view adjustments made through the original claim link.

For correspondence related directly to the adjustment request, click on the letter image.
CONTACT

For Technical Questions – Any issues you may be experiencing or help logging into your account
  Call: E-Support at 1-888-656-5695

For All Other Questions or Feedback
  Call: Amber Gross at 1-518-388-2604