



ELECTRONIC CLAIM ADJUSTMENT REQUEST FORM (CARF)

MVP HEALTH CARE PROVIDER PORTAL

February 1, 2016
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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:

BENEFITS, ELIGIBILITY, CLAIMS, AND OUTPATIENT SERVICES (REQUIRES LOG IN)

Provider Snapshot
Eligibility Search
Claim Search

Medical Management
Prior Authorizations

SEARCHING FOR CLAIMS

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

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:

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.

[PROVIDER HOME](#) [FORMS](#) [PHARMACY](#) [REFERENCE](#) [QUALITY](#) [ELECTRONIC TRANSACTIONS](#) [PROVIDER SEARCH](#)

- [Provider Snapshot](#)
- [Eligibility Search](#)
- [Claim Search](#)
- [Medical Management](#)
- [Enter Authorizations](#)
- [McKesson InterQual](#)
- [Adjustment Request History](#)

[Search Results >](#)

[Print this Page](#)

Claim Detail

[REQUEST ADJUSTMENT](#)

Claim Number: 7195345000 for **GEORGE DOE** for service dates of 12/08/2015

Patient Information

Patient: GEORGE DOE

MVP ID: 81234567800

Plan Name: GoldAnywhere PPO (PG130071)

Patient Account: 123

Date of Birth: 01/01/2001

[COB INFORMATION](#)

[MEMBER COST SHARE](#)

Claim Financial Summary

Charges:	\$107.00
Allowed:	\$73.43
Disallowed:	\$33.57
Discount:	\$0.00
COB:	\$0.00
COB:	\$0.00

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 \(PDF\)](#)

CONTINUE

**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.

[Provider Snapshot](#)
[Eligibility Search](#)
[Claim Search](#)
[Medical Management](#)
[Enter Authorizations](#)
[McKesson InterQual](#)
[Adjustment Request History](#)

🔍 Claim Adjustment Request Form - Medical

Date Requested: 02/08/2016

Please allow up to 30 days for processing

Claim Adjustment Request

Claim Number to be Adjusted: E12345678900

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

Member ID: 81234567800

Member Name: GEORGE DOE

Provider ID: 1234

Provider Name: DOE, JANE

Provider NPI: 1234567890

Tax ID: 123456789

Submitted DRG:

Computed DRG:

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.

Adjustment Information

Adjustment Reason*: --Select Adjustment Reason-- ▼

Adjustment Rationale*: Date of Service Correction (modifier use)

--Select Adjustment Reason--

Added/Deleted Charges

Date of Service Correction

Diagnosis Correction

CPT/Modifier/ICD Procedure Code (UB-04 Box 80 Correction)

Place of Service Correction

Quantity Correction

Copay/Deductible/Coinsurance Adjustment

Timely Filing issue

Duplicate Denial Error

Implant/High Cost Drug (Invoice Attached)

Provider Information Correction

Referral or Prior Auth Now on File

COB Related Adjustment

Requested Documentation

Other - Please Specify

Adjustment Rationale* (Note reason for adjustment, untimely filing and/or rationale for modifier use)

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.

COB Information

Alternate Insurance Information/EOB Coverage Attached

No-Fault/Workers Comp Information EOB Attached

Other - Please Specify

Requested Documentation Enclosed

<input checked="" type="checkbox"/> Surgical or Surgical Modifier	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Surgical/Operative Reports
<input type="checkbox"/> Path/Rad Findings	<input type="checkbox"/> Code Review/Asst Surg	<input type="checkbox"/> Follow-up Days
<input type="checkbox"/> Transportation Run Record	<input type="checkbox"/> Manufacturer's Invoice	<input type="checkbox"/> Medical Record Review
<input type="checkbox"/> Evidence of Qualifying Stay	<input type="checkbox"/> DRG Discrepancy	<input type="checkbox"/> DRG Retrospective
<input type="checkbox"/> Second Level Clinical Review	<input type="checkbox"/> Other - Please Specify	

ATTACH SUPPORTING DOCUMENT(S)

[HCFA_pdf_111911.pdf](#)

SUBMIT ADJUSTMENT FOR PROCESSING

Please allow up to 30 days for processing

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).



Attach File(s)

Attach Supporting Document(s)

File 1: C:\Users\Inch\Desktop\HCFA_pdf_111911.pdf

File 2:

File 3:

File 4:

File 5:

***Important: Make sure the file name does not contain a comma (,) or ampersand (&).**

Please adhere to the following attachment guidelines:
Attachments must be in one of the following formats: .BMP, .PDF, .TIF, .PNG, .JPG, .GIF, .DOC or .DOCX
Attachments cannot exceed 50 MB in file size

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.

- Provider Snapshot
- Eligibility Search
- Claim Search
- Medical Management
- Enter Authorizations
- McKesson InterQual
- Adjustment Request History

Claim Adjustment Request Form Details

Reference number: [GO](#)

Reference number: 160205051549899

Date Requested: 02/05/2016

Your request has been submitted successfully.

Claim Adjustment Request Form Details

Claim Information

[CANCEL REQUEST](#)

Claim Number To Be Adjusted: E01235467800

Date of Service: 12/08/2015 - 12/08/2015

Member ID: 81234567800

Member Name: GEORGE DOE

Provider ID: 1234

Provider Name: JACKSON, JOHN

Provider NPI: 1234567890

Tax ID: 123456789

Submitted DRG:

Computed DRG.

Status

Submitted

Correspondence Response Letter :None

Contact Information

Name: SARAH

Phone: (555) 555-5555

EXT:

Fax:

Adjustment Information

Corrected CMS-1500: C:\Users\Inch\Desktop\HCFA_pdf_111911.pdf [VIEW](#)

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 Snapshot](#)
[Eligibility Search](#)
[Claim Search](#)
[Medical Management](#)
[Enter Authorizations](#)
[McKesson InterQual](#)
[Adjustment Request History](#)

Claim Adjustment Request Form History

Filter: Claim ID: Member ID: Request Begin Date: 12/05/2015 End Date: 02/05/2016 Active Only: GO

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.

Claim Adjustment Request History

Request Date	Reference	Claim	Date of Service	Member	Provider	Status
02/05/2016	<u>160205051549899</u>	E12345678900	12/08/2015 - 12/08/2015	GEORGE DOE	JACKSON, JANE	Submitted
<i>Adjustment Reason: Quantity Correction</i>						
12/22/2015	<u>151222112932243</u>	E12345678900	11/30/2015 - 11/30/2015	WILL DOE	JACKSON, JANE	Completed
<i>Adjustment Reason: Added/Deleted Charges</i>						
12/22/2015	<u>151222112759431</u>	E12345678900	11/23/2015 - 11/23/2015	KEN DOE	JACKSON, JANE	In Process
<i>Adjustment Reason: Date of Service Correction</i>						

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.

Provider Snapshot Eligibility Search Claim Search Medical Management Enter Authorizations McKesson InterQual Adjustment Request History

Claim Adjustment Request Form Details

Reference number: **GO**

Reference number: 151211024131620

Date Requested: 12/11/2015

Claim Adjustment Request Form Details

Claim Information

Claim Number To Be Adjusted: **E12345678900**

Date of Service: 10/14/2015 - 10/14/2015

Member ID: 81234567800

Member Name: BEN DOE

Provider ID: 1234

Provider Name: OWENS , JANE

Provider NPI: 1234567890

Tax ID: 123456789

Submitted DRG:

Computed DRG:

Status

Completed

Correspondence Response Letter :

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

