



## Contacting MVP Health Care - East/Massachusetts

PHONE/FAX/WEB/EMAIL			
	ID BEGINS WITH "8"	ID BEGINS WITH ANY LETTER	CIGNA ID BEGINS WITH "U"
<b>Professional Relations</b>	1-888-363-9485 FAX: 1-518-388-2200		1-800-882-4462
<b>Claims Status</b>	1-800-684-9286 GOLD: 1-800-671-7527	1-800-999-3920	1-800-882-4462
<b>Coordination of Benefits</b>	1-800-556-2477	1-800-999-3920	1-800-882-4462
<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>		1-800-882-4462
<b>Electronic Claim Submission</b>	1-877-461-4911 or <a href="mailto:edi@mvphealthcare.com">edi@mvphealthcare.com</a>	1-800-933-3920, ext. 2239	1-800-882-4462
<b>Eligibility</b>	HMO: 1-888-687-6277 ASO: 1-800-229-5851	1-800-999-3920	1-800-882-4462
<b>Home Care</b>	1-800-777-4793 Option 2, ext. 2587	1-800-999-3920 Option 3	1-800-882-4462
<b>Imaging Authorizations</b>	1-800-568-0458, follow prompts to authorization options (Mon-Fri, 8:30 am — 5pm) FAX: 1-800-280-7346 <a href="http://www.mvphealthcare.com/provider/ny/forms.html">www.mvphealthcare.com/provider/ny/forms.html</a>		1-800-882-4462
<b>Mental Health/ Substance Abuse</b>	<i>ValueOptions</i> ® PR Dept: 1-800-235-3149 or <a href="mailto:northeastregion@valueoptions.com">northeastregion@valueoptions.com</a>		1-800-882-4462
<b>Population Health Management Programs</b>	To make a referral, call: 1-866-942-7966		N/A
<b>Prior Authorization/ Notification</b>	HMO: 1-800-568-0458 ASO: 1-800-229-5851 FAX: 1-800-280-7346	1-800-324-3899, Option 2 FAX: 1-585-327-2275	1-800-882-4462
	<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 or online at <a href="http://www.mvphealthcare.com/provider/register.html">www.mvphealthcare.com/provider/register.html</a>		1-800-882-4462
<b>Website</b>	<b><a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a></b> Secure web portal (login required): <a href="http://www.mvphealthcare.com/provider/register.html">www.mvphealthcare.com/provider/register.html</a>		<a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a>
<b>Web Portal Registration</b>	Download and return our Site Access form, posted at: <a href="http://www.mvphealthcare.com/provider/documents/MVP_Provider_Site_Access_form.doc">www.mvphealthcare.com/provider/documents/MVP_Provider_Site_Access_form.doc</a>		1-800-882-4462 or <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a>
<b>Web Technical Assistance</b>	Contact the eSupport Help Desk at 1-888-656-5695 or <a href="mailto:esupport@mvphealthcare.com">esupport@mvphealthcare.com</a>		

**MAILING ADDRESSES**

	ID BEGINS WITH "8"	ID BEGINS WITH ANY LETTER	CIGNA ID BEGINS WITH "U"
<b>Appeals</b>	<i>No prior authorization obtained/not medically necessary:</i> MVP Health Care Attn: Appeals Dept. PO Box 2207 Schenectady, NY 12301	<i>No prior authorization obtained/not medically necessary:</i> MVP Health Care Attn: Appeals Dept. 220 Alexander Street Rochester, NY 14607	<i>Use the address on the back of the CIGNA card</i>
	<i>Eligibility (excludes appeals also requiring medical necessity review):</i> MVP Health Care Attn: Operations Adjustment Team PO Box 2207 Schenectady, NY 12301	<i>Eligibility (excludes appeals also requiring medical necessity review):</i> MVP Health Care Attn: Provider Services 220 Alexander Street Rochester, NY 14607	
	<i>Claim exceeding timely filing limits/contractual denials per MVP policy:</i> MVP Health Care Attn: Operations Adjustment Team PO Box 2207 Schenectady, NY 12301	<i>Claim exceeding timely filing limits/contractual denials per MVP policy:</i> MVP Health Care Attn: Claims Dept./Claims Provider PO Box 2207 Schenectady, NY 12301	
<b>Claim Adjustment Forms</b>	<i>Initial claim adjustment:</i> MVP Health Care Attn: Claims Dept. PO Box 2207 Schenectady, NY 12301	<i>Initial claim adjustment:</i> MVP Health Care Attn: Claims Dept. PO Box 2207 Schenectady, NY 12301	
	<i>Second clinical review:</i> MVP Health Care Attn: Operations Adjustment Team PO Box 2207 Schenectady, NY 12301	<i>Second clinical review:</i> MVP Health Care Attn: Claims Dept. PO Box 2207 Schenectady, NY 12301	
<b>Manual Claim Submission</b>  Follow address show on ID card	HMO	MVP Health Care Attn: Claims Dept. PO Box 2207 Schenectady, NY 12301	
	ASO		<i>Use the address on the back of the CIGNA card</i>
	EPO/PPO		<i>Use the address on the back of the CIGNA card</i>
	Preferred Gold		<i>Government plans are NOT part of the MVP/CIGNA Alliance; obtain prior authorization</i>