



Contacting MVP Health Care - Vermont

PHONE/FAX/WEB/EMAIL			
	ID BEGINS WITH "8"	ID BEGINS WITH ANY LETTER	CIGNA ID BEGINS WITH "U"
Professional Relations	1-800-380-3530, option 4 FAX: 1-802-264-6509		1-800-882-4462
Claims Status	1-800-684-9286 GOLD: 1-800-671-7527	1-800-999-3920	1-800-882-4462
Coordination of Benefits	1-800-556-2477	1-800-999-3920	1-800-882-4462
DME	1-800-452-6966 or 1-888-452-5947 www.mvphealthcare.com/provider/dme.html		1-800-882-4462
Electronic Claim Submission	1-877-461-4911 edi@mvphealthcare.com	1-800-933-3920, ext. 2239	1-800-882-4462
Eligibility	HMO 1-888-687-6277 ASO 1-800-229-5851 GOLD: 1-800-209-3945	1-800-999-3920	1-800-882-4462
Home Care	1-800-777-4793 Option 2, ext. 2587	1-800-999-3920 Option 3	1-800-882-4462
Imaging Authorizations	1-800-568-0458, follow prompts to authorization options (Mon-Fri, 8:30 am — 5pm) FAX: 1-800-280-7346 www.mvphealthcare.com/provider/ny/forms.html		1-800-882-4462
Mental Health/ Substance Abuse	Primarilink (HMO/PPO Members:) 1-800-320-5895 ASO Members: 1-800-568-0458	ValueOptions® PR Dept: 1-800-235-3149 or northeastregion@valueoptions.com	1-800-882-4462
Population Health Management Programs	To make a referral, call: 1-866-942-7966		N/A
Prior Authorization/ Notification	HMO: 1-800-568-0458 • ASO: 1-800-229-5851 HMO/ASO FAX: 1-800-280-7346 VMC: 1-800-639-3881 VMC FAX: 1-802-847-6213 www.mvphealthcare.com/provider/ny/forms.html	1-800-324-3899, Option 2 FAX: 1-585-327-2275	1-800-882-4462
Referrals	FAX: 1-888-819-2103 or online at www.mvphealthcare.com/provider/register.html		1-800-882-4462
Website	www.mvphealthcare.com Secure web portal (login required): www.mvphealthcare.com/provider/register.html		www.cignaforhcp.com
Web Portal Registration	Download and return our Site Access form, posted at: www.mvphealthcare.com/provider/documents/MVP_Provider_Site_Access_form.doc		1-800-882-4462 or www.cignaforhcp.com
Web Technical Assistance	Contact the eSupport Help Desk at 1-888-656-5695 or esupport@mvphealthcare.com		

MAILING ADDRESSES

	ID BEGINS WITH "8"	ID BEGINS WITH ANY LETTER	CIGNA ID BEGINS WITH "U"
Appeals	<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	
Claim Adjustment Forms	<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	
Manual Claim Submission 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>