

MVP FASTFAX

News for Providers

Provider Reconsiderations for Medicare Advantage Plan Members

On an ongoing basis MVP Health Care® reviews the requirements of the Centers for Medicare & Medicaid Services (CMS) for their Medicare Advantage contracts.

As a result MVP has decided to reaffirm the CMS requirement that all preservice disputes on behalf of a Medicare member following an initial adverse determination will be tracked as an appeal.

Providers will still have the opportunity to dispute a service before it is provided, but it will be handled as a first level appeal.

For post service (after the care is delivered) MVP will continue the current process (Reconsideration), but will change the terminology to “RE-REVIEW”.

If you have any questions about this notice, please contact your Professional Relations Representative or Customer Care Center for Provider Services at 1-800-684-9286.

