Viewing and Downloading an EOP

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Use this function to View and Download an EOP in the Provider Portal.

1. Navigate to the **Provider Portal** Home Page and select the Provider you want to view the EOP for.



2. Once Logged in as that Provider, scroll down to **My MetroPlusHealth Performance** section and select **My Claims**.

MetroPlus Health				≜ . ⊖⊧
Home Manage My Patients 🗸 Res	sources 🗸 🛛 My Profile Inquiry	y		
		You are	e currently viewing the portal as:	
Check for Eligibility Check to see if your Patient is eligible for certain care Begin >	Request a NEW Author Request an Authorization for a Patien services Begin >	rization Contac Int to obtain covered 1-800-303	tUs 9626	Submit a Claim Submit a claim for approval Begin >
Search for				
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3. Under the My Claims section, select a time range to filter your claims data. Then click Submit.

My MetroPlus	Health Performance			
My Authorization	s My Claims			
Select a time rang	je to filter your Claim Data. Please note ead	ich search is limited to a 90 day time perio	od.	
01/01/2024	苗	03/22/2024	曲	Submit
The date range shou	ild be maximum of 90 days.		A	

ProTip: You can find one claim in the pay cycle that would bring the entire EOP for that payment instead of doing multiple searches.

Vendor Name Vendor Address	And the second s
Vendor Number	13174011400
Check Date	02/21/24
Check Number	000
Check Amount	273,633.77

4. Select View under Paid Claims.

My MetroPlusHealth Performance							
My Authorizations My Claims							
Select a time range to filter your Claim Data. Pleas	se note each search is limited t	o a 90 day time period.					
Date From	Date To						
01/01/2024	03/22/2024		🛗 Submit				
	Paid Claims Partialy Paid Claims Copen Claims Denied Claims	16 Total Claims View >	16 Paid Claims View >	4 0 Partially Paid Claims View >	Open Claims View >	O Denied Claims View >	

ProTip: EOPs will **only** display under Paid claims.

5. Click the **Claim #** to view the claim.

	Paid Claims Partially Paid Claims Open claims Denied Claims	16 Total Claims View >	16 Paid Claims View >	O Partially Paid Claims View >	Open Claims View >	O Denied Claims View >	
Claim #	Patlent Name	Date of Birth	Date of Service	Billed Charges	Plan Responsibility	Patient Responsibility	Status
-			03/06/2024	\$580.00	\$164.68	\$0.00	Paid
Claim #			02/14/2024	\$290.00	\$83.47	\$0.00	Paid
1 - Harrison - Harrison	10.000.0000		02/11/2024	\$940.00	\$195.82	\$0.00	Paid
	1010.001		02/11/2024	\$600.00	\$143.90	\$0.00	Paid
	100000		02/09/2024	\$450.00	\$151.72	\$0.00	Paid
1.000.000	1000.000		02/07/2024	\$430.00	\$117.75	\$0.00	Paid
1 march 10 m	100000		01/30/2024	\$520.00	\$121.90	\$0.00	Paid
-	1000 million (1000)		01/30/2024	\$200.00	\$43.90	\$0.00	Paid
			01/30/2024	\$200.00	\$60.04	\$0.00	Paid
1.000.00.00.00	10 - 10 H		01/30/2024	\$310.00	\$88.54	\$0.00	Paid
			< <u>1</u> 2 >				

ProTip: Select a **date of service** that's closest to the check date on your check. This will ensure EOP matches with your check number.

6. The Claim Details page will display. Click Download EOP button to view and download EOP.

Claim Details					
Claim Details					
View details related to a specific claim.					
Status	Claim #	Member Name	Service Date	Total Billed	Plan Paid
Paid			02/14/2024	\$290.00	-
Click a button below to take action on this claim					
Claim Inquiry	Dispute Claim D	ownload EOP			
				Ū	
Patient Details				-	
Member ID	Patient Name		DOB		Gender Male
Coverage Type	Plan Type		Plan Name		
medical	EP		Property of the Property of th		
Claim Summary					
Billed Charge	Total Allowed		Plan Responsibility		Patient Responsibility
\$290.00	\$83.47		\$83.47		\$0.00
Total Deductible \$0.00	Total Copay \$0.00		Total Coinsurance \$0.00		Claim Status Paid
Total Primary Insurance	Date of Service		DRG Code		Servicing Provider Name/Facility
\$0.00	02/14/2024		UN		1000 C

7. The EOP will download on your desktop. Click the downloads symbol to view the download status. Once downloaded, you can click the document to view it.

< → C @	metroplushealth.my.site.com/Providers/s/claim-details-page?Type=medical&cl	aimNumberReport=01-021624-475-79&label=01-2024.02.16-475-79&r	ecordId=01-2024.02.16-475-79&clickedFrom=Home	९ ☆ 💼		
	✓MetroPlusHealth			Recent download history	\otimes	
	Home Manage My Patients V Resources V My Prof	ile Inquiry		EOB (2).pdf 201 K8 • 18 minutes ago		
	Home > Claim Details			Full download history	Ľ	
	Claim Details					
	/iew details related to a specific claim.					
	Status Claim a Paid	Member Hane Service Date 62/14/2024	Total Billed 5299.00	Plan Paid -		
	Click a button below to take action on this claim.					
	Claim Inquiry Dispute Claim D	ownload EOP				

8. Alternatively, you can go to your downloads folder on your desktop to view and open the document.

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★ Quick access	^	Name 8	Date modified	Туре	Size	
Downloads	*	-EOP	3/18/2024 3:45 PM	Adobe Acrobat Docu	7,176 KB	
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		40 Provide Partiti, cogging it to the families (concernant 7).				
	<u></u>	24, 417 Dange toos at Default.	1.10.000	Contract State		

9. The EOP will display.

EOB (2).pdf	3 / 8 - 100% + 🖬 🚸														
								Page 1 of 6							
	50 W New	/ater Street, 7th York, NY 1000	Floor 4					MetroPlusHealth							
						Vendor Name				_					
								Vendor Address							
1	9 NOTICE OF PARTIAL APPROVAL OF MEDICAL COVERA					ERAGE	Vendor Number Check Date 02/21/24 Check Number 02/21/24 Deck Number 02/21/24 Check Amount 02/21/24 Deck Amount 02/21/24 Check Amount 02/21/24 Want of the Check Amount 02/21/24 Want					3			
	Provider N	ame		Provider I	Number		Group N	oup Number Company Name							
2 	Patient Na	me		Member I	D Number		Patient	Number		Claim Number					
	Date	Svc Code	Charged	Allowed	Not	Discount	Other	Deduct	Co-Ins.	Сорау	Ins Paid	Note			
	02/09/24	36415	20.00	6.86	0.00	0.00	0.00	0.00	0.00	0.00	6.86				
	Total		20.00	6.86	0.00	0.00	0.00	0.00	0.00	0.00	6.86				
	Patient Responsi	bility	0.00												
5									Page 2 of 6		✓M	letroPlus⊦	lealth		

ProTip: The EOP may also include other patients' payments besides the patient you see the claim under.