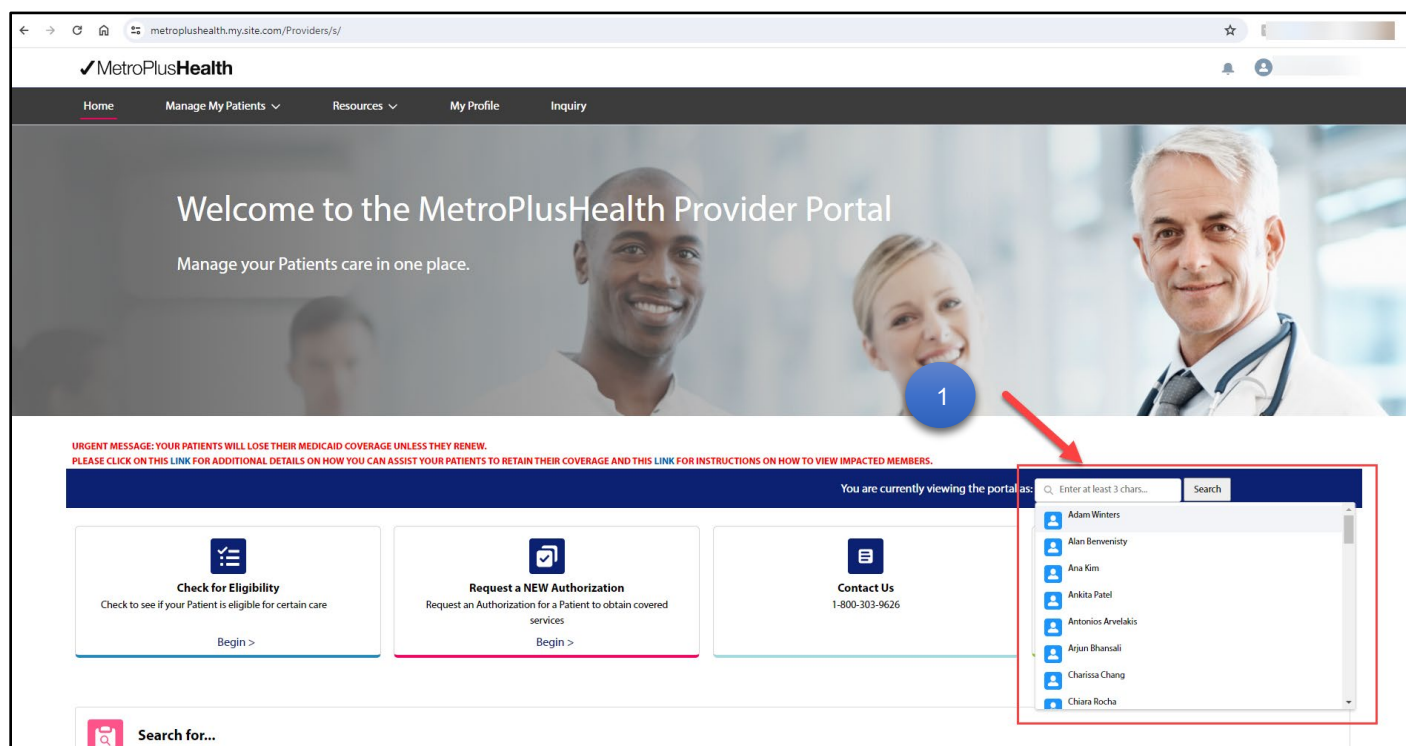


Viewing and Downloading an EOP

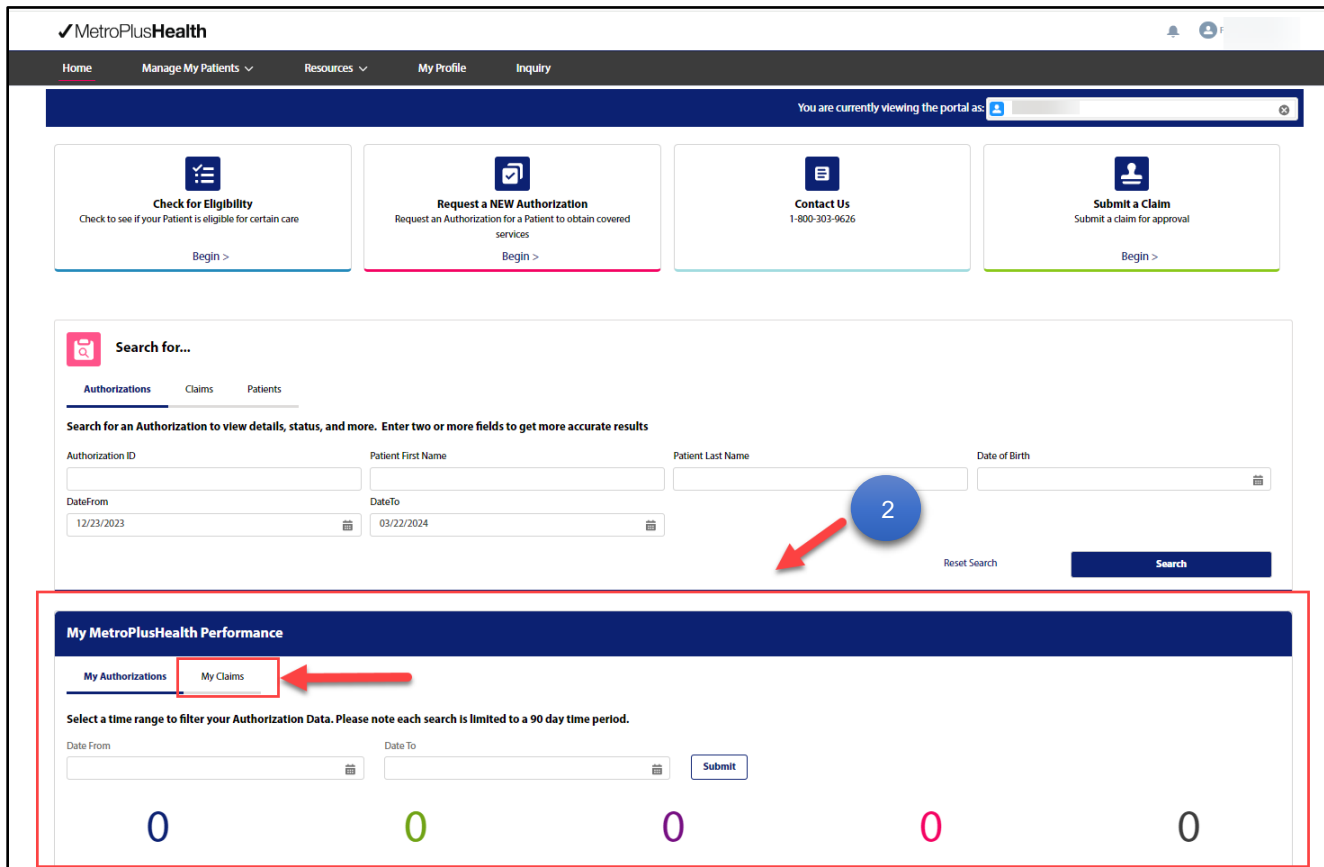
Viewing and Downloading an EOP

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

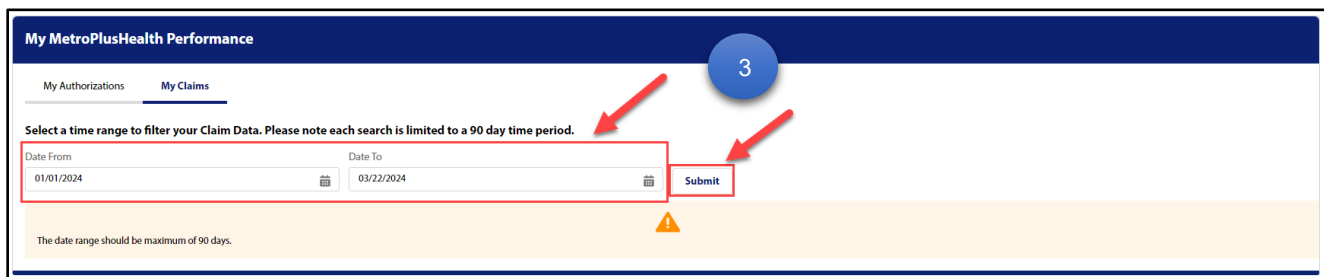
1. Navigate to the **Provider Portal** Home Page and select the Provider you want to view the EOP for.



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



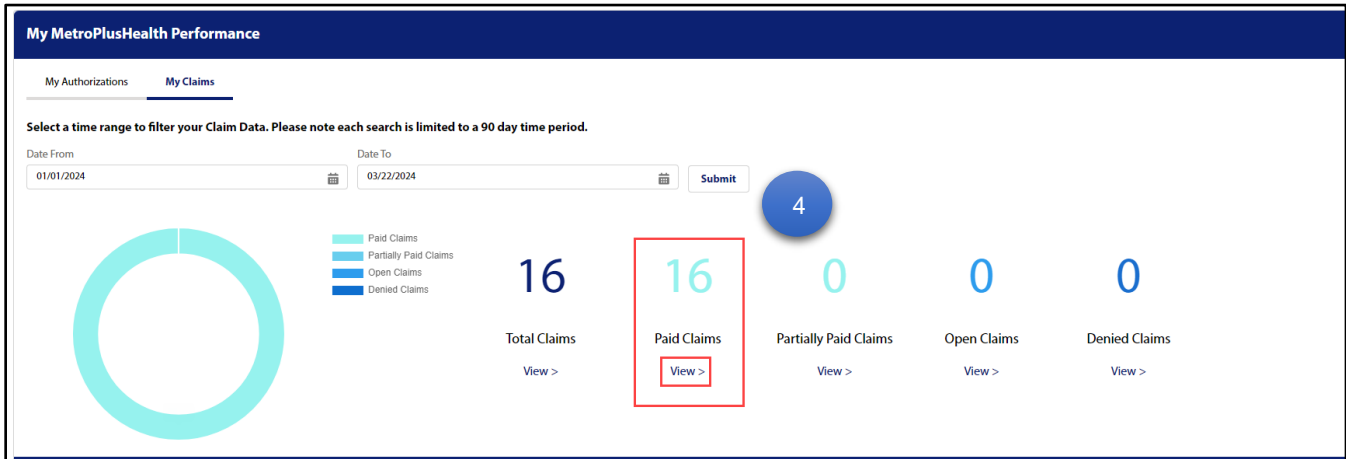
3. Under the **My Claims** section, select a time range to filter your claims data. Then click **Submit**.



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	[REDACTED]
Vendor Address	[REDACTED]
Vendor Number	[REDACTED]
Check Date	02/21/24
Check Number	000 [REDACTED]
Check Amount	273,633.77

4. Select **View** under **Paid Claims**.



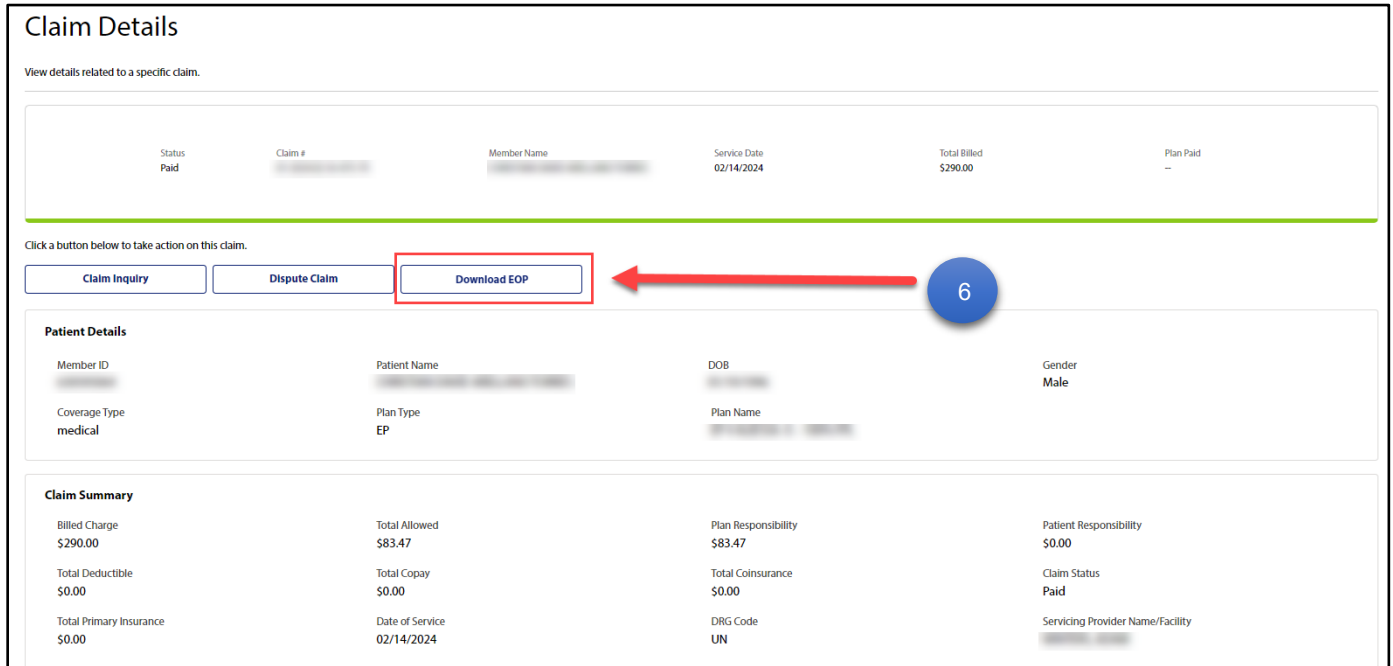
ProTip: EOPs will **only** display under Paid claims.


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

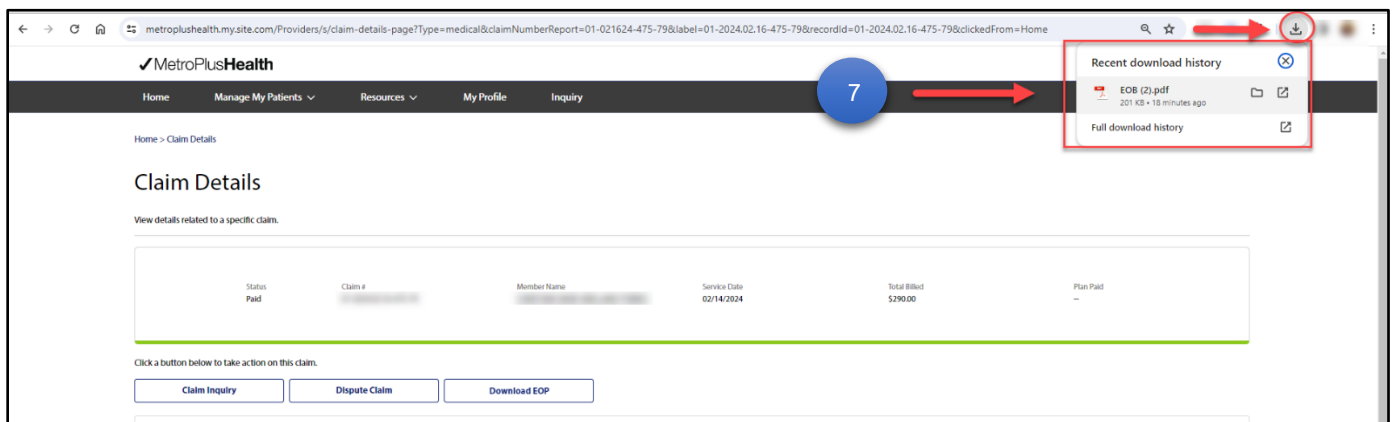
Claim #	Patient Name	Date of Birth	Date of Service	Billed Charges	Plan Responsibility	Patient Responsibility	Status
Claim #			03/06/2024	\$580.00	\$164.68	\$0.00	Paid
			02/14/2024	\$290.00	\$83.47	\$0.00	Paid
			02/11/2024	\$940.00	\$195.82	\$0.00	Paid
			02/11/2024	\$600.00	\$143.90	\$0.00	Paid
			02/09/2024	\$450.00	\$151.72	\$0.00	Paid
			02/07/2024	\$430.00	\$117.75	\$0.00	Paid
			01/30/2024	\$520.00	\$121.90	\$0.00	Paid
			01/30/2024	\$200.00	\$43.90	\$0.00	Paid
			01/30/2024	\$200.00	\$60.04	\$0.00	Paid
			01/30/2024	\$310.00	\$88.54	\$0.00	Paid

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.

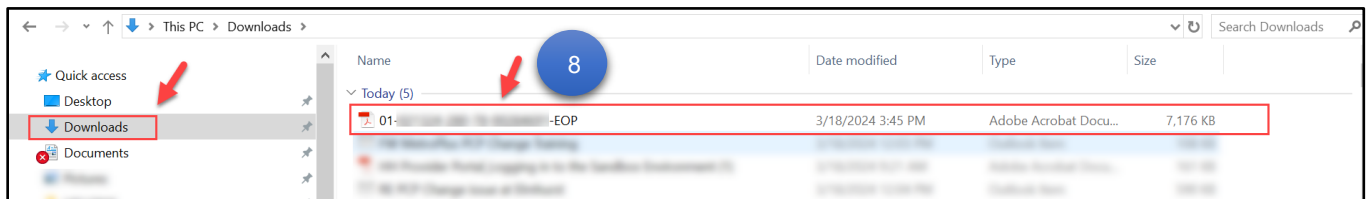
6. The **Claim Details** page will display. Click **Download EOP** button to view and download EOP.



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.



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



9. The EOP will display.

50 Water Street, 7th Floor
New York, NY 10004

MetroPlusHealth
Vendor Name
Vendor Address
Vendor Number
Check Date 02/21/24
Check Number
Check Amount

Questions? Call Customer Service at 855-809-4073
M-S 8 am - 6 pm ET; Or reach us online at:
www.metroplus.org
Please enroll in ERA/835 process. Call Change
Healthcare to find out how.
Phone: (800) 792-5256 Option 1 or Email
penrollment@changehealthcare.com

NOTICE OF PARTIAL APPROVAL OF MEDICAL COVERAGE

Explanation of Payment

Provider Name Provider Number Group Number Company Name
MетроPlus METROPLUS ESSENTIAL PLAN

Patient Name Member ID Number Patient Number Claim Number

Date	Svc Code	Charged	Allowed	Not Covered	Discount	Other Ins	Deduct	Co-Ins.	Copay	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 Responsibility 0.00

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