

Online Provider Demographic Information Review Request

The Centers for Medicare and Medicaid Services (CMS) regulation 42 CFR 422.111(b)(3) and (h)(2)(ii), 422.112, 423.128(d)(2) mandates all health plans to require its participating provider network perform a quarterly review of its provider demographic information found in the plan’s online directory. Since you are a participant with MVP, we are requesting that you review the listed information and ensure it is accurate and up-to-date. Incorrect information can affect the accuracy and availability of provider payments and may also affect the accuracy of member information available on the portal. MVP must be notified of any demographic change requests. Failure to correct demographic information constitutes a breach of your obligations under your participating provider agreement.

Please follow these steps and complete this review no later than April 30, 2018.

Step 1 – Visit mvphealthcare.com and select *Members*, and then *Find a Doctor* and then search by *Find a Doctor*.

Step 2 – On the provider search tool, click on *Guest* and choose one of the products the provider(s) in your practice participate with. Search for the provider(s) in your practice and review the following demographic information for accuracy:

- Ability to accept new patients;
- Street address or missing addresses;
- Phone number; and
- Other changes that affect availability to patients. (e.g. handicap accessible, specialty changes)

Step 3 – If demographic information is incorrect, please access the Provider Change of Information form and submit the correct information to MVP (This form can be found at www.mvphealthcare.com/provider/forms, select *Provider Demographic Change Forms* and then select *Provider Change of Information Form*). Delegated providers, please contact your delegate administrator to update your demographic information.

Step 4 – If the update applies to multiple providers in the group, please attach a roster of all providers the change applies to, including the provider’s name and NPI.

Step 5 - Email the form to the appropriate regional email address below based on the provider’s location.

Step 6 – Log in to CAQH and make any demographic updates to your CAQH profile so it matches the information you are submitting to MVP and re-attest your CAQH.

Region	Fax/Email
East/Massachusetts	eastpr@mvphealthcare.com
Central Region/Mid-State/Southern Tier	centralprdept@mvphealthcare.com
Vermont	vpr@mvphealthcare.com
West (Rochester/Buffalo)	RocProviderChanges@mvphealthcare.com
Mid-Hudson	MidHudsonprdept@mvphealthcare.com

If you have any questions with respect to this notice, please contact your Professional Relations Representative.

