

**Please Share This Information with:**

Office Managers  
Front Office Staff  
Primary Care Providers

Behavioral Health Providers  
Specialists

## Confirmation Needed: Your Provider Demographic Information

To ensure MVP Health Care® (MVP) Members have access to up-to-date Provider information, the No Surprises Act (NSA) requires all Participating Providers to review and confirm their publicly listed information once every 90 days. Please review your Provider Demographic Information no later than August 1, 2024, and please be sure to notify MVP of any changes or updates to your information as they occur.

**Please follow these steps and make any necessary changes:**

**Step 1** – Visit [mvphealthcare.com/searchproviders](https://mvphealthcare.com/searchproviders).

**Step 2** – Select *Search by Location & Plan Type*. Then, click *Choose a location and plan* and enter a zip code for your desired search. Select *Browse a list of plans*, then select *All Plans* at the bottom of the page.

**Step 3** – If all information is accurately displayed in the Provider directory, then no further action is required. If demographic information is incorrect, **please *Sign In and update your information online using the “Provider Change of Information” form at [mvphealthcare.com/demographics](https://mvphealthcare.com/demographics)***. Delegated providers should contact their delegate administrator to update their demographic information.

**Step 4** – If the update applies to multiple providers in the group, choose “Contracted Group” on the form and attach a roster of all providers for which the change applies and include each provider’s name and NPI.

**Step 5** – A reference number will be provided to you once the form is submitted. Please keep this for your records and use it if you need to inquire about the status of your change request.

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

In addition to the NSA, the Centers for Medicare and Medicaid Services (CMS) regulations (h)(2)(ii), §422.112, and §423.128(d)(2) mandate that a health plan require its participating provider network to perform a quarterly review of its provider demographic information found in the plan’s online directory. \*

Thank you for partnering with MVP to complete this important task.

*\*This notice only applies to credentialed Providers. Registered Mid-Level Providers and Hospitalist Physicians based solely in the hospital will not be listed in the online directory.*

To view all faxed messages, visit [mvphealthcare.com/FastFax](https://mvphealthcare.com/FastFax).

**Questions?** Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.

