MVP FASTFAX News for Providers

Online Provider Demographic Information Review Request

The Centers for Medicare and Medicaid Services regulation 42 CFR 422.111(b)(3) and (h)(2)(ii), 422.112, 423.128(d)(2) requires that all health plans work with their provider network on a quarterly basis to confirm that the provider demographic information in the online directory is accurate. Providers are required to review their demographic information in the MVP directory and notify MVP of any inaccuracies in order for the directory to be updated. MVP is requesting that all Participating Providers follow these steps:

Step 1 – Go to www.mvphealthcare.com and click on *Find a Doctor* and then *Search by Provider*

Step 2 – Search for the provider(s) in your practice and review the following demographic information for accuracy:

- Ability to accept new patients;
- Street address, missing addresses, phone numbers; and
- Other changes that affect availability to patients. (e.g., handicap accessibility, specialty changes)

Step 3 – If demographic information is identified as incorrect, please use the change form to submit the correct information to MVP (This form can be found at www.mvphealthcare.com/providers/forms). Submit the form to the appropriate email or fax number on the form.

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

Step 5 - Fax or email the form to the appropriate regional fax or email address on the demographic change form based on the provider's location.

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

Note: Delegated providers, please contact your delegate administrator to update your demographic information.

CMS Benefits and Beneficiary Protections

When an enrollee receives items and services through referrals by a MVP contracted doctor to a non-contracted doctor, also known as Plan Directed Care, CMS expects that the contracted doctor will coordinate with MVP before making that referral. This is an important step to make sure MVP members are getting medically necessary services covered by MVP's Medicare Advantage Plan. If a contracted provider is not certain what is covered, they must request a pre-service organization determination prior to referring the member to non-contracted provider by calling 585-325-3114 or 1-800-684-9286.

In 2017, MVP will be working with contracted providers to review data obtained through claims that have been referred to non-contracted providers for on-going education.

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

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