

# MVP FASTFAX

News for West Region – Rochester/Buffalo 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) mandates that all health plans require that their provider network, on a quarterly basis, confirm that their provider demographic information found in the online directory is accurate and up to date. Providers must review their demographic information in the MVP directory and notify MVP of any inaccuracies in order for the directory to be updated. Incorrect information can affect the accuracy and availability of provider payments and may also affect the accuracy of member information available on the portal.

**Please follow these steps and complete this review no later than July 31, 2017.**

**Step 1** – Go to [mvphealthcare.com](http://mvphealthcare.com) and select 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 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 identified as incorrect, please use the attached change form to submit the correct information to MVP (This form can be found at [www.mvphealthcare.com/provider/forms](http://www.mvphealthcare.com/provider/forms) ). 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 too, including the providers name and NPI.

**Step 5** - Fax or email the form to the appropriate regional fax or email address below based on the providers location.

**Step 6** – Log into 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                     | <a href="mailto:eastpr@mvphealthcare.com">eastpr@mvphealthcare.com</a>                         |
| Central Region/Mid-State/Southern Tier | <a href="mailto:centralprdept@mvphealthcare.com">centralprdept@mvphealthcare.com</a>           |
| Vermont                                | <a href="mailto:ypr@mvphealthcare.com">ypr@mvphealthcare.com</a>                               |
| West (Rochester/Buffalo)               | <a href="mailto:RocProviderChanges@mvphealthcare.com">RocProviderChanges@mvphealthcare.com</a> |
| Mid-Hudson                             | <a href="mailto:MidHudsonprdept@mvphealthcare.com">MidHudsonprdept@mvphealthcare.com</a>       |

**Questions? Please contact the Customer Care Center for Provider Services. Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time at 1-800-684-9286.**

