

**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 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. As a participant with MVP, we are making the request for you to review the listed information specific to your provider 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. Failure to correct demographic information constitutes a breach of your obligations under your participating provider agreement. Therefore, MVP must be notified of any demographic change requests.

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

**Step 1** – Go to [mvphealthcare.com](http://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](http://www.mvphealthcare.com/provider/forms) click on Provider Demographic Change Forms then click on Provider Change of Information ). 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** - Email the form to the appropriate regional 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:vpr@mvphealthcare.com">vpr@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>

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

