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## Online Provider Demographic Information Review Request

To ensure MVP Health Care® (MVP) Members have access to up-to-date Provider information, we are reminding all Participating Providers to review and update their publicly listed information. As of January 1, 2022, the No Surprises Act (NSA) requires all providers within a health plan's network to review their publicly listed provider information once every 90 days to ensure it is accurate. MVP must be notified of any demographic changes. Thank you for partnering with MVP to complete this important task.

**Please follow these steps and complete this review no later than April 30, 2023.**

**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 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 your prompt attention in addressing this issue.

*\*This notice only applies to credentialed physicians. 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.

