

Provider Application Request



This Application Request should be completed by any Provider requesting to participate with MVP Health Care.

Providers must ensure all information related to demographics, training, licenses, Drug Enforcement Administration numbers (DEA), malpractice insurance, and payment are up-to-date on their CAQH. Visit mvphealthcare.com/PRM to review the MVP participation requirements.

Providers wishing to see MVP Medicaid Managed Care, MVP Child Health Plus, and MVP Harmonious Health Care Plan members in New York State must have an active Medicaid Management Information System number (MMIS#) with New York State. Providers are not required to see New York State Medicaid patients; however you must be registered with an MMIS number. Providers wishing to obtain an MMIS number should visit emedny.org and select *Provider Enrollment*.

Please email your completed Application Request to MVPPR@mvphealthcare.com.

* Required

Effective Date of Participation Requested *

Group Name

Provider Name * *(Last, First, Middle Initial)*

Provider Degree *

(e.g., MD, DO, PT)

Group/Provider Tax ID No. *

Provider NPI No. *

Provider CAQH No. *

Requested Specialty *

Collaborating Physician Name *(Mid-Levels only)*

Collaborating Physician NPI

(Mid-Levels only)

Is the provider providing services in the inpatient setting only? *

Yes

No

Credentialing or Administrative Contact Name *

Phone *

Contact Email *