

Provider Participation Guide



Recredentialing and Maintaining Provider Information with MVP Health Care



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Recredentialing with MVP

MVP is required to recredential all providers every three years. To ensure a seamless recredentialing process, your CAQH application must be accurate and complete, and you must have granted MVP access to your CAQH application. If your CAQH application has been re-attested to within the past 90 days and the information contained in your application is accurate, you will not need to take any action.

Confirm the following fields are complete on the CAQH application.

- Personal Information: This section must be complete, including any previous names used and an email address.
- Licenses and DEA number:
 - a. All current and previous licenses must be included, as well as a license for each state in which you will practice and provide services to MVP Members.
 - b. Current DEA number for each state in which you will provide services to MVP Members.

Education and Training: Include all education and training with completion date of each.

Specialty: Specialty for which you are applying. MVP recognizes only ABMS/AOA Physician specialty boards.

Practice Information: List all current practice information and addresses.

Hospital Affiliation: MVP requires Physicians, Podiatrists, Naturopaths, CNMs, and NPs to have admitting privileges or other acceptable arrangements at an MVP participating hospital.

(Practitioners with other specialties please continue to the credentialing process.)

- a. To determine which hospitals, participate with MVP, refer to MVP Contracted Hospitals by Health Plan Line of Business listing. The hospital must participate for all the lines of business for which you are requesting to be contracted.
- b. If you do not have privileges at an MVP participating hospital, you must complete the [Practitioner Continuity of Care](#) (COC) Statement, indicating who will admit on your behalf.
- c. Physicians practicing in an MVP participating Urgent Care facility do not need admitting privileges if the Urgent Care facility's transfer protocol has been approved by MVP. This can be verified by the Urgent Care Center.

Malpractice Information: MVP requires practitioners to have \$1.0/\$3.0 million coverage in malpractice insurance.

- a. Current malpractice insurance certificate must be uploaded to CAQH .

Credentialing Contact Information: Confirm information is complete on CAQH application.

Work History: Include the start and end dates of all places of employment, including current employer. If there are any gaps of more than three months, an explanation must be provided.

Disclosure Questions:

- a. All malpractice cases must be disclosed.
- b. Any reports that would include malpractice case settlements made to NPDB must be disclosed.

Required Supporting Documents: All required supporting documents must be up-to-date and uploaded:

- a. Attestation signed and dated (signature stamps are not acceptable)
- b. Copy of license for all states in which services to MVP Members will be provided
- c. Copy of DEA for each state you will practice in
- d. Current Malpractice Face Sheet
- e. Copy of W-9

After reviewing CAQH complete the attestation process and grant MVP access. Blanks or incomplete field(s) may cause a delay in your credentialing application with MVP.

If we are unable to access your updated CAQH application, MVP will make three attempts to contact you to request that you review, update, and grant MVP access. Failure to meet the recredentialing criteria or non-compliance with the recredentialing process will result in termination of participation. Non-compliance is defined as not responding to or returning requests for the recredentialing application (a CAQH application that has been re-attested to within the past 90 days and to which MVP has been authorized access) and all supplemental information within 45 days from the date of request. Refer to the Provider Credentialing Rights.

Credentialed Providers: Maintaining Provider Information with MVP

Effective July 1, 2025, MVP partners with CAQH to enable providers to maintain demographic information in one location using the [CAQH Provider Data Portal](#) (formerly CAQH ProView).

Providers must confirm and attest to their current demographic information within CAQH on a regular basis. MVP receives Provider changes made to demographic information in CAQH and automatically updates them across MVP internal systems. Some exceptions exist when additional documentation is required (refer to Exceptions, below).

Information MVP receives from CAQH includes:

- Practice address, phone number and fax number
- Provider primary email
- Areas of expertise
- Practice website
- Age limitations, age min/max, handicap access
- Accepting new patients' status (panel status)
- Languages spoken
- Special Experience, Skills and Training data, including, patient age groups, special populations, issues treated and types of therapies(for Behavioral Health Providers)
 - MVP strongly encourages Behavioral Health providers to complete this section in order to share the relevant areas of expertise they provide in order to enable MVP Members to find the specific care they are seeking.

Instead of selecting "Address Change" on the MVP Provider Change of Information form, make updates in the CAQH Provider Data Portal and MVP will receive those changes on a weekly basis.

Exceptions:

Providers must use the [MVP Provider Change of Information form](#) with supporting documents to submit changes in the following scenarios:

- **Billing address change:** *(TIN-Remit)*
- **Specialty or category change** *(i.e. Primary Care Physician or Specialist)*
- **Provider name change**
- **Introducing a new product line** *Such as Government Programs products, after obtaining an MMIS number*

CAQH Support: for support from CAQH, [refer here](#).

CAQH Resources for Providers:

- Provider Login: <https://proview.caqh.org/PR>
- Provider Registration: <https://proview.caqh.org/PR>
- Provider Resources: <https://proview.caqh.org/PR/Resources> (login required)
- Brochure for the CAQH Provider Data Portal: [Download](#)
- Introductory information for Providers: <https://www.caqh.org/providers>
- Additional resources: <https://proview.caqh.org/PO/Resources>

Registered Providers: Maintaining Provider Information with MVP

MVP makes every effort to ensure a provider's information is accurate in our systems. If you or your practice have changes in demographic and/or participation status, it is important to promptly notify MVP. This includes updating your hours of operation, how to schedule an appointment, and availability to accept new patients within the Health Access Standards timeframes.

Ensure your provider information is accurate and up to date.

Notify MVP in the following situations, including, but not limited to:

- A change in demographic information, including moving to a new group, but will remain participating with MVP
- An update to payment information such as Tax ID or remittance advice
- Specialty or category change (i.e., Primary Care Physician or Specialist)
- Change to panel status (accepting new patients within the Health Access Standards window) and hours of operation. Leave of absence
- You are moving outside the service area
- Adding an additional product line (for example, adding Government Programs products once an MMIS # has been obtained)

Complete the Provider Change of Information form.

All demographic changes must be submitted online using the [Provider Change of Information form](#).

- The Provider Change of Information form will walk you through the required information based on the change you are submitting. Changes that apply to the group will have the option to upload a list of providers to whom the change applies
- Types of demographic changes to be made using this form:
 - Provider Inactivation – if a Provider is no longer participating at a contracted TIN and/or location
 - Address Change – if a Provider is participating at a new address or needs to remove and replace the participating address
 - Name Change – if a Provider is now practicing under a new name
 - TIN-Remit – if a Provider needs to be added to a contracted TIN and is already credentialed/registered, or to update the remittance information for a contracted TIN; an updated signed W9 is needed in both cases
 - Specialty Change – if a Provider has a new specialty and is already credentialed/registered with MVP
 - Adding a product line (ie adding Government Program products upon receipt of a NYS MMIS #.)

Update the Providers' CAQH application with any changes you submit to MVP.

Questions regarding the Change of Information form should be directed to MVPPR@mvphealthcare.com.