MVP makes every effort to ensure a provider’s information in our systems is accurate. If you or your practice have changes in demographic and/or participation status, it is important to promptly notify MVP.

**MVP must be informed if:**
- There is a change in demographic information.
- There is an update to payment information such as Tax ID or remittance advice.
- There is a specialty or category change (i.e., primary care physician or specialist).
- A panel is being closed
- A provider has an upcoming leave of absence.
- A provider is leaving the network.

**Instructions for Completing the Provider Change of Information**

1. Provide all required information on the Provider Change of Information form that applies to your request.
2. If the change applies to multiple providers in a group practice, include a roster of all providers, NPIs, and specialties.
3. For multiple address changes, submit a copy of the form for each address change and attach a roster.
4. If a provider is changing their name or license number, submit a copy of the license with the Provider Change of Information form.
5. If your Tax ID number or Remit Name are changing, you must submit a copy of an updated W-9, Request for Taxpayer Identification Number (TIN) and Certification.
6. Provider’s wishing to add a specialty or to change their category (i.e., PCP, Specialist, or Both) with MVP must be approved by MVP’s credentialing committee. Please complete this form and complete the following steps:
   a. Include a copy of your Malpractice insurance face sheet which indicates coverage in the additional specialty.
   b. Include delineation of hospital privileges which includes the additional specialty.
   c. Update the specialty section of your CAQH application to include the new specialty.
   d. The form must be signed by the provider requesting the change. A signature from a representative in the provider’s office will not be accepted for specialty changes.
7. The Authorization/Contact information section is required and must be completed. MVP may contact you with any questions. Failure to complete this section may result in the change being processed inaccurately or not at all.
8. Update the provider’s CAQH application with any changes you submit to MVP.
9. Submit a separate form for each address addition or change. See Section 1 of the form.
10. For new address or changes, a roster of providers affected by the change, including NIP and specialty, must accompany the completed form when submitted to MVP.
11. For new Tax Identification Numbers (TIN) or new TIN Name, a W-9 Request for Taxpayer Identification Number (TIN) and Certification must accompany the completed form when submitted to MVP. See Section 5 of the form.
12. Return the completed Provider Change of Information form and any required documentation to MVP at the appropriate email listed below. The completed form must include an Authorized Signature and Contact information. See Section 6 of the form.

- **East/Massachusetts Region** eastpr@mvphealthcare.com
- **Central/Mid-State/Southern Tier Region** centralprdept@mvphealthcare.com
- **Rochester Region** RocProviderChanges@mvphealthcare.com
- **Mid-Hudson Region** MidHudsonprdept@mvphealthcare.com
- **Vermont Region** vpr@mvphealthcare.com

**Questions?**
Contact MVP Professional Relations at ProviderEnrollment@mvphealthcare.com.
# Provider Change of Information

for Contracted and Non-Contracted Group or Individual Provider

<table>
<thead>
<tr>
<th>Effective Date of Change</th>
<th>Change Applies To</th>
<th>Action Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Name (complete rest of this section) or Group Name Affected by this Request</th>
<th>Provider Title</th>
<th>Tax ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Provider Specialty Provider NPI No. Supervising Provider Name (Mid-Levels)

## Section 1  Service Address Change/Addition/Termination

- Practice Address Change (provide both old and new address)
- Additional Practice Address
- Termination of a Practice Address

- Is this Address Change due to a YME denial? Yes No
- Is this a Primary Practice location? Yes No

Old Address City State Zip Code +4

New Address City State Zip Code +4

New Phone No. (     ) New Fax No. (     ) New After Hours Phone No. (     ) Wheelchair Accessible? Yes No

Required: attach a roster of providers (including NPI and specialty) affected by this change. Submit only one address change per form.

## Section 2  Remittance or 1099 Address Change

- Remittance Address Change (only one Remit-To address permitted per Tax ID per provider)
- 1099 Address Change

Name of Group Practice or Billing Company

New Address City State Zip Code +4

## Section 3  Primary Care Provider Office Hours Change (Mandatory for PCPs)

Total Open Office Hours Each Week (If there are multiple locations, Include a separate page with total hours for each week by location)

PCP Available After Hours? Yes No

PCP Accepting New Patients? Yes No

New Daily Office Hours

<table>
<thead>
<tr>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
</table>

## Section 4  Specialty/Category Change

Type of Change Add Remove

Specialty (must be ABMS or AOA Board Specialty)

Category

- Primary Care Provider
- Specialist

## Section 5  Tax Identification Number (TIN) Change or Termination

- New Tax Identification No. Reason
  - New Business
  - Change of TIN
  - Joining an Existing Tax ID/Practice
  - Due to YME Denial? (Required) Yes No

- New TIN Name (must attach W-9 to process this request) Purpose of Request
  - Name Assigned to New TIN
  - New Name for Existing TIN
  - TIN Name of an Existing Practice this Provider is Joining

- Terminated Tax Identification No. Terminated TIN Name

## Section 6  Authorization/Contact Information (Required)

Authorized Signature Date

Contact Name Contact Phone No. Contact Email

Comments

MVPform0097 (Revised 06/2017)