CAQH ProView®

Provider User Guide

Table of Contents

CHAPTER 1: Introduction

The purpose of this document is to guide you as a provider through the process of entering your profile information free of charge into CAQH ProView™ to meet a variety of data needs of health plans, hospitals and other healthcare organizations. It also defines the steps to authorize, attest and maintain your data profile through the re-attestation process.

CAQH ProView Overview
CAQH ProView is the healthcare industry's premier resource for providers to self-report professional and practice information to payers, hospitals, large provider groups and health systems. CAQH ProView eliminates duplicative paperwork for these organizations that may require provider profile information for claims administration, credentialing, directory services, and more.

Through an intuitive, profile-based design, you can easily enter and maintain your information for submission to your selected organizations. CAQH ProView can be accessed at https://proview.caqh.org/pr.

The following steps provide you with a high-level overview of the process to complete your data profile.
1. Register with the system.
2. Complete all application questions.
3. Review your data profile for accuracy.
4. Authorize participating organizations access to your data profile.
5. Attest to your data profile.
6. Upload your supporting documentation.

This document will provide additional information and helpful tips for each of these steps.

Getting Started
Completing the initial CAQH ProView profile may take up to two hours; however, preparing yourself for the information requested will reduce the time required to complete your profile. Additional time may be required depending upon several factors, including the number of practice locations, amount of postgraduate training and work history, and overall familiarity with online tools and systems.

While CAQH ProView was designed to be compatible with most Internet browsers, we recommend upgrading to the most current version of Internet Explorer, Chrome or Safari, and using one of these browsers for the best performance.

If your practice has an office manager or clinic administrator who assists with gathering information for credentialing or other administrative purposes for multiple providers, the CAQH

ProView Practice Manager Module may facilitate your data entry process. Data that is the same for multiple providers (e.g., clinic name, address and phone number) can be entered once by a practice manager, rather than having to be entered repeatedly for each individual provider. Please refer to *Chapter 7: Importing Data from the Practice Manager Module* for more information regarding this functionality.

System Security

The confidentiality and security of provider information and the privacy of system users are critical priorities for CAQH. CAQH has implemented information security policies, standards, guidelines, processes, procedures, and best practices to strengthen its security program and to protect its information assets. CAQH ProView is designed to be compliant with laws and regulations relating to the privacy of individually identifiable information.

The CAQH ProView solution is housed in secure datacenters where multiple physical and electronic safeguards are implemented. Secure Internet access to application screens, use of passwords and certificates are used to help ensure only authorized use of the system. Powerful Transport Layer Security (TLS) encrypts the data in transition; the database content is also encrypted at rest and in backup to prevent unauthorized access to CAQH ProView. Only authenticated users have access to their restricted data. Virus detection mechanisms are used to help ensure that the database and the websites are free of viruses. Routine encrypted back-ups protect volatile system data and are secured in an off-site storage facility.

CHAPTER 2: Registration

Registration is required for all providers to obtain access to CAQH ProView.

New Users
If you received an introductory email from CAQH ProView, select the link contained in the email to begin the registration process using the CAQH ID provided. Refer to "Creating a CAQH ProView Account" on page 6 of this guide for the next steps in the process.

Existing UPD Providers
For providers who were previously registered with the CAQH Universal Provider Datasource (UPD), go to CAQH ProView at https://proview.caqh.org/pr. You can initially sign-in with CAQH ProView by entering your existing UPD username and password and clicking "Sign in". You may be prompted to update your username and password at this time. Refer to "Creating a CAQH ProView Username and Password" on page 7 of this guide for the next steps in the process.

FIGURE 01
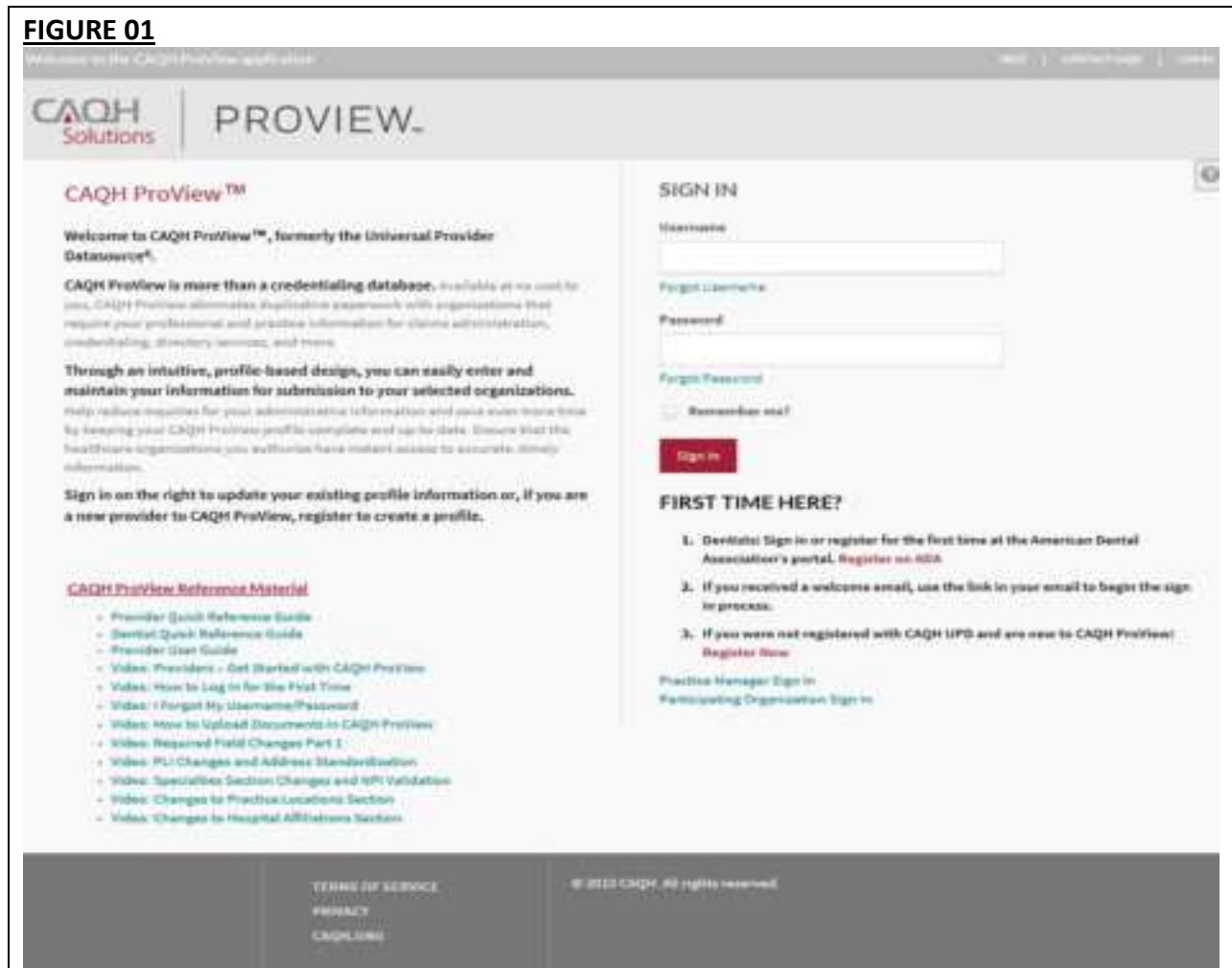
Self-Registration
If you have not received a Welcome Letter or were not previously registered with the UPD, you may begin the self-registration process by accessing CAQH ProView at https://proview.caqh.org/pr and clicking on "Register". The "Getting Started" page will display and will provide you with additional tips on how to get started. Click on "Go to Next Section" to continue with the registration process.

FIGURE 02

GETTING STARTED

CAQH ProView is the healthcare industry's premier resource for self-reporting professional and practice information to health plans and other healthcare organizations. Through an intuitive, profile-based design, you can easily enter and maintain your information for submission to your selected organizations. The system eliminates duplicative processes to collect provider demographic information required to support, credentialing, directory services, claims administration and more.

CAQH ProView is a timesaver over traditional paper application submissions and includes the following helpful features to expedite data collection and maintenance to support credentialing and other key industry functions:

- Drop-down selections for select fields and sections (ex. medical schools, hospitals)
- Required and suggested fixes to ensure a complete profile prior to attestation
- Auto-save feature as you move from screen to screen
- Field formatting and data validation to avoid errors
- 24x7 access to the website, and customer support representatives for assistance
- Extensive help and FAQ content to provide guidance on how to complete the profile sections

Completing the initial CAQH ProView profile may take up to two hours, however once a profile is complete ongoing maintenance is easily performed through a streamlined reattestation process. Follow the suggestions below to prepare for the information that will be requested and to reduce the time required to complete the profile. Additional time may be required depending upon several factors, including the number of practice locations, amount of postgraduate training and work history, and overall familiarity with online tools/systems.

BEFORE YOU BEGIN

The following suggestions may allow for easier and faster completion of the CAQH ProView profile:

- Familiarize yourself with the type of information that the profile will require.
- Familiarize yourself with the required steps to complete the CAQH ProView profile.
- Have the proper materials available for reference when you start.
- If your practice has an office manager or clinic administrator who assists with gathering information for credentialing or other administrative purposes for multiple providers, the CAQH ProView Practice Administrator Module will make data entry easier. Data that is the same for multiple providers (e.g., clinic name, address and phone number) can be entered once, rather than having to be entered repeatedly for each individual provider.

If you already have a CAQH Provider ID, please click here. Otherwise, please click the Next button below to register.

If you are a dentist, please first sign-in or register via www.ada.org and follow instructions to submit a credentialing application via CAQH ProView from ADA's web site.

Thank you for your participation.

Go to next section   Cancel

To establish a CAQH ProView account, you will be required to enter a name, provider type, primary practice state, birthdate, email address, and at least one personal identification number. You will then receive an email with your CAQH Provider ID and a link to complete your provider registration.

FIGURE 03

Create a ProView Account

If you have a CAQH provider ID, click here.

If you are a dentist, click here to sign-in or register via www.ada.org.

Please fill in the fields below to continue registration

Please complete all of the following fields:

* Provider Type

(Please Select)

* First Name   Middle Name   * Last Name   Suffix

--

* Address Type

(Please Select)

* Street 1

Street 2

* City   * State   * Zip Code

(Select)

* Primary Practice State   * Birth Date

(Select only one)   Select date

E-mail Type   * E-mail Address (Note - this e-mail address will be used as your primary method of contact)

(Please Select)

E-mail Address (confirmation)

Please enter at least one of the following personal identification numbers:
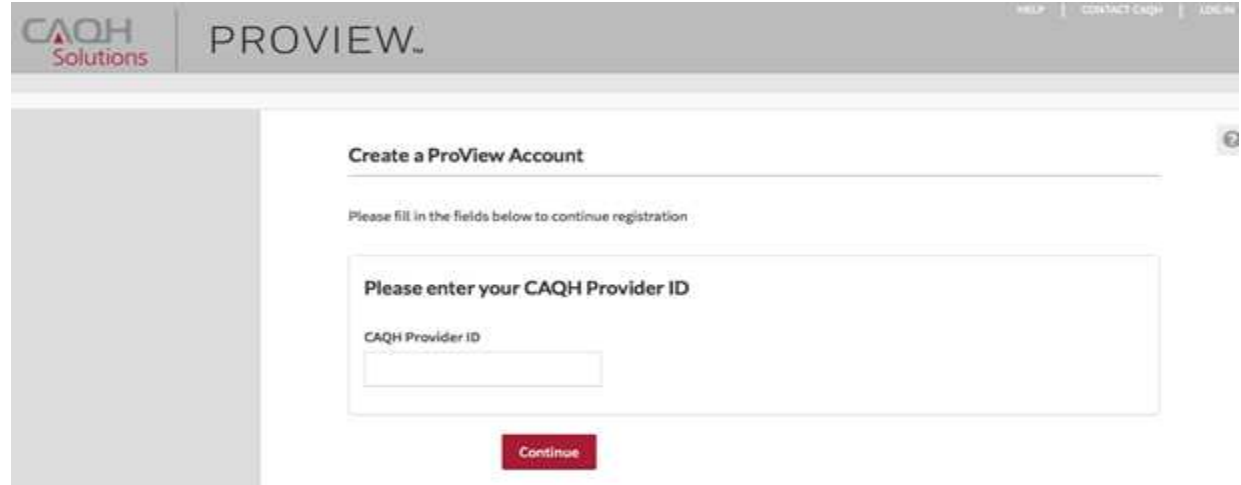
Social Security Number   NPI Number   DEA Number

UPIN   License Number

Continue

Creating a CAQH ProView Account
New CAQH ProView users who either self-register with the system or who are added to the system by an organization, will receive an email from CAQH ProView containing a CAQH Provider ID and a link to create a CAQH ProView account.

Upon selecting the link from the e-mail, you received, you will be directed to the page shown below. Enter your CAQH Provider ID and select "Continue".

FIGURE 04

At the next screen, enter your personal identification number(s) to proceed with creating your ProView account. Select "Continue" to proceed.

FIGURE 05

Creating a CAQH ProView Username and Password

CAQH ProView users may be asked to create a new username and password to meet CAQH ProView requirements. Usernames in CAQH ProView must consist of 8 characters and can be any combination of numbers and/or letters. Special characters like # or @ are not allowed.

FIGURE 06

CAQH ProView users will also be asked security questions to faciliate account access in case of a forgotten username and/or password. Select three security questions and provide unique answers for each. By checking "I Agree" at the bottom of the page, you adhere to the terms and conditions, which can be accessed by selecting the "See Terms and Conditions" hyperlink. Then select "Create Account".

FIGURE 07

Click "Create Account" and you will receive confirmation that your CAQH ProView registration was successful.

FIGURE 08

New!

Retrieve Username

1. If you have forgotten your username, go to CAQH ProView login page and click *Forgot Username.*

FIGURE 09
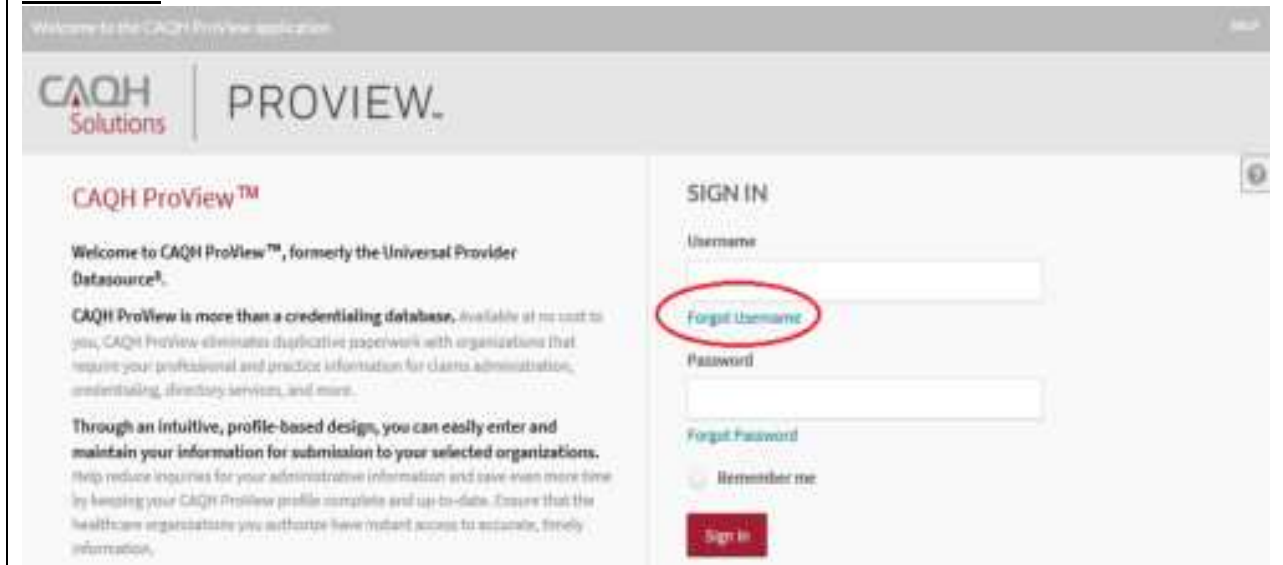
2. You will be prompted to enter your CAQH Provider ID number to retrieve your username. Your CAQH Provider ID number is the unique identifier assigned to you in CAQH ProView at the time of registration. Enter your CAQH Provider ID number. Click the checkbox indicating that you have read and agree to the CAQH Terms of Service.

FIGURE 10

3. Click the checkbox to confirm you are not a robot. You'll be asked to select images based on the instructions shown on the page, then click *Verify*.

FIGURE 11
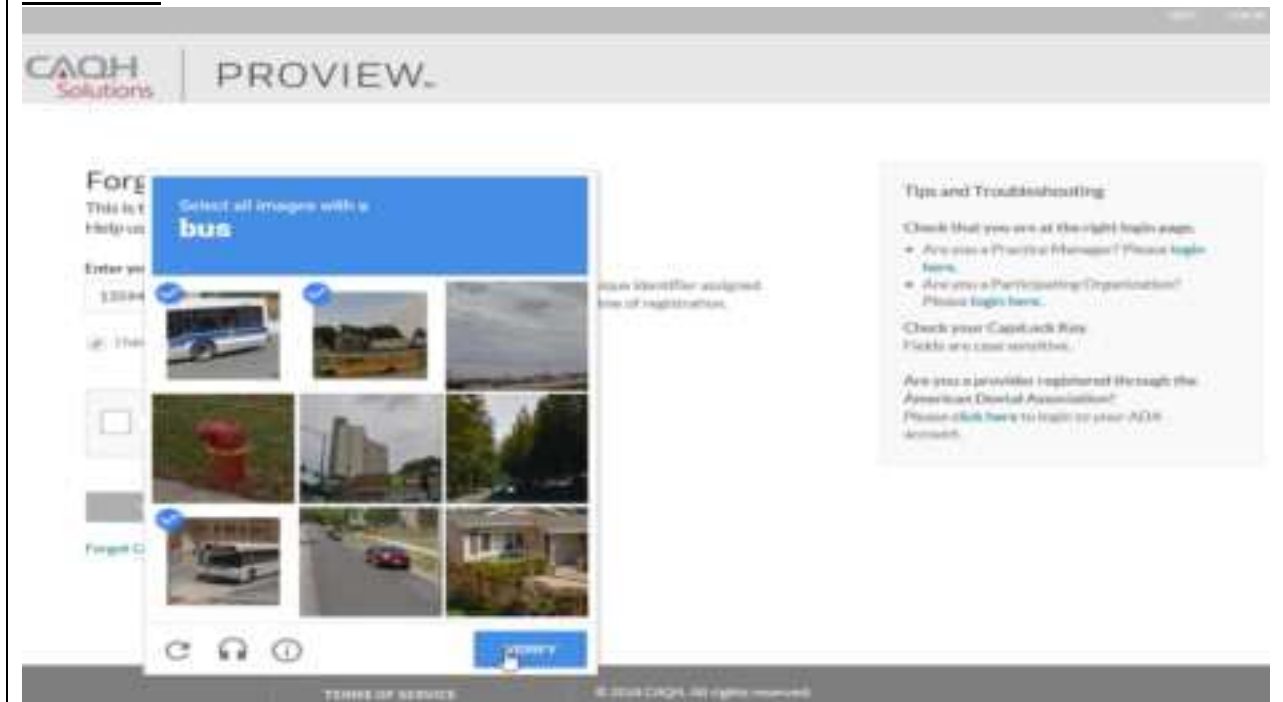
This page also shows some tips for troubleshooting.

FIGURE 12
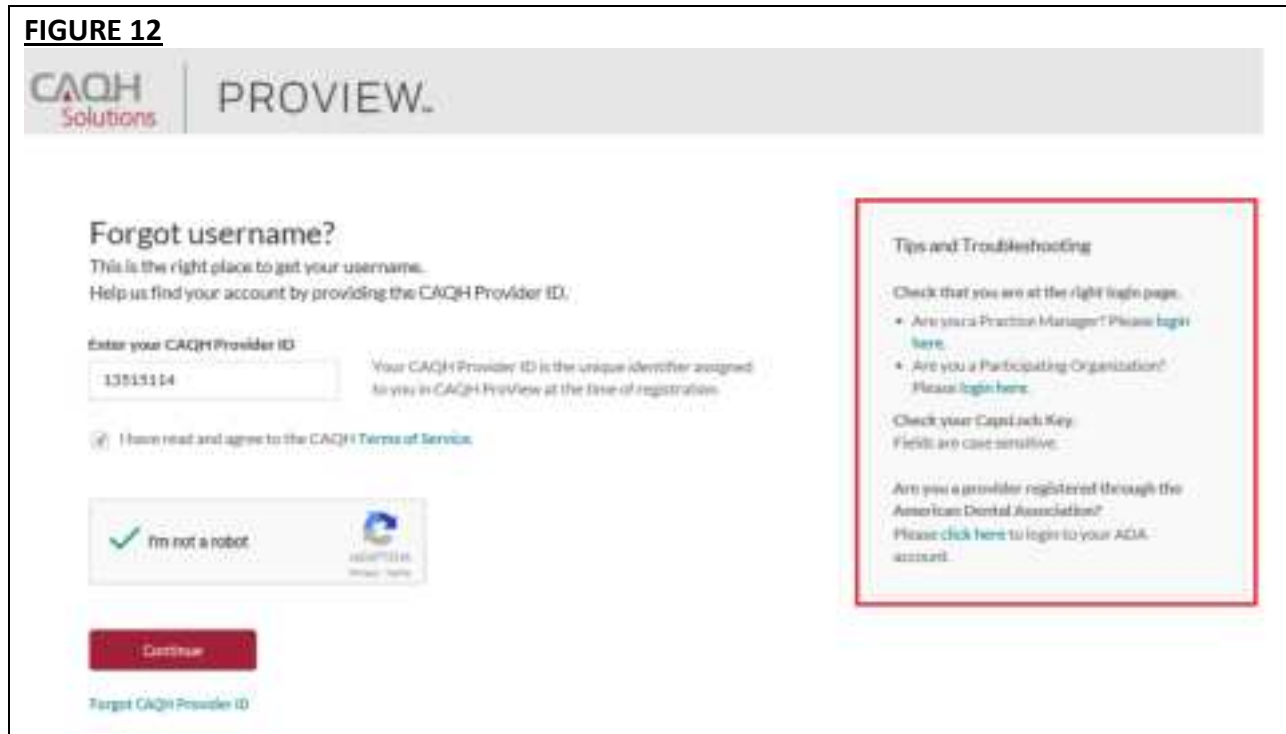
4. Click *Continue*. Your username will be displayed on the screen together with your CAQH Provider ID number and the primary e-mail address listed on your account. You have the option to save it as a PDF file. If you know your password and you'd like to proceed to the sign-in page, click "Log In".

FIGURE 13
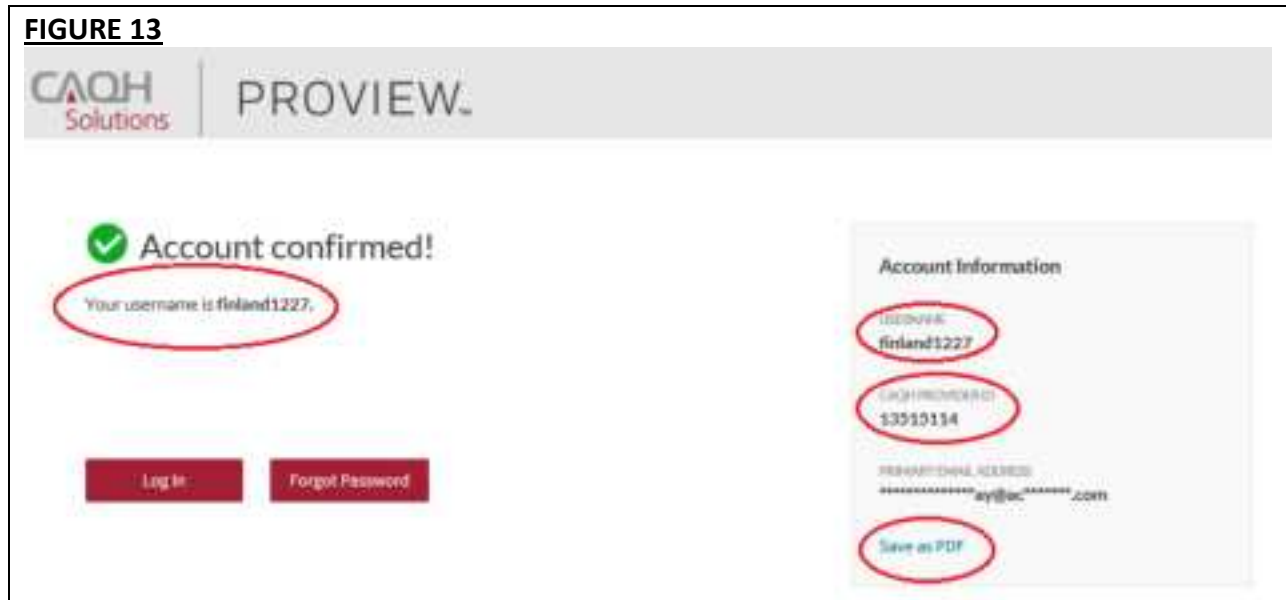
Reset Password

1. If you have forgotten your password and need to reset it, you may click the *Forgot Password* button from the screen above or the *Forgot Password* link on the log-in page.

FIGURE 14
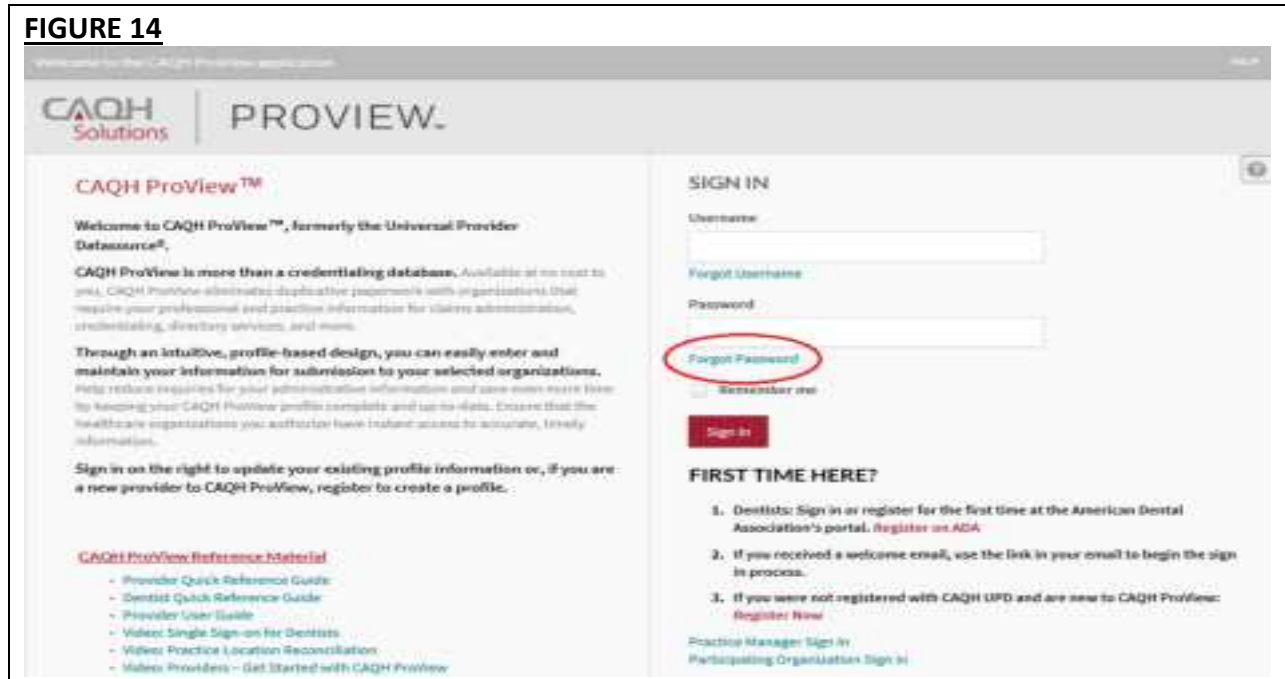
2. You will be prompted to enter your username to be able to proceed. Click the checkbox indicating that you have read and agree to the CAQH Terms of Service, then click *Continue*.

FIGURE 15
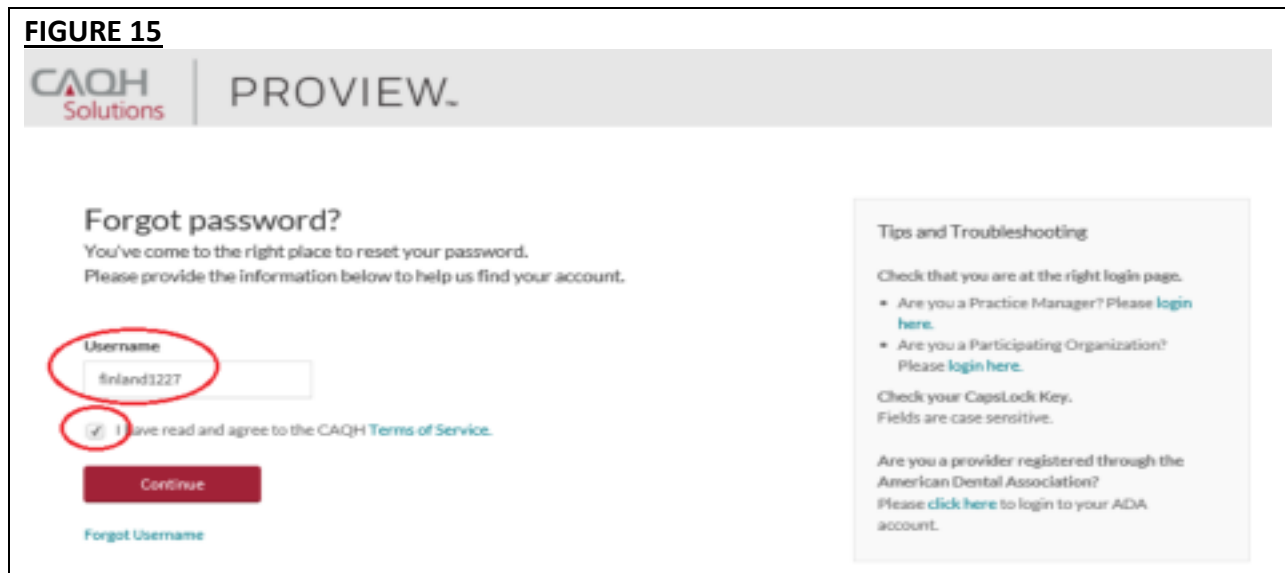
3. You will be directed to a page where you need to enter your full e-mail address based on the hint shown on the screen. The e-mail shown here is the primary e-mail address on your CAQH ProView profile where email notifications and reminders are sent. Click *Continue*.

FIGURE 16
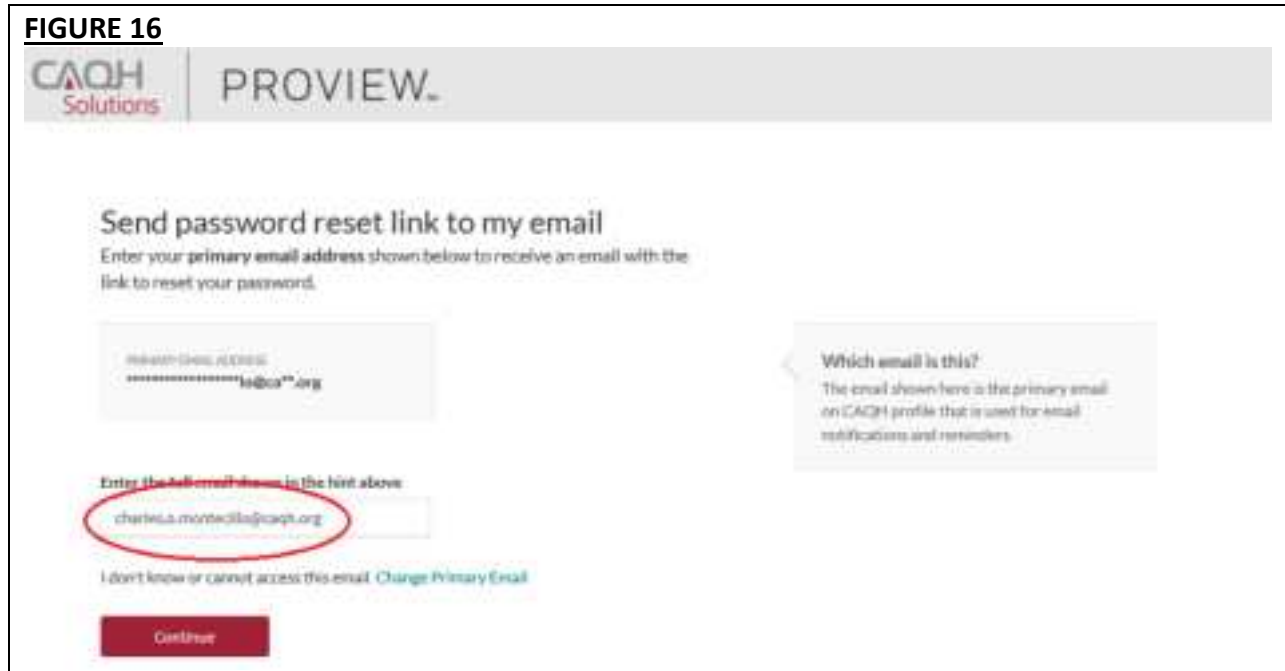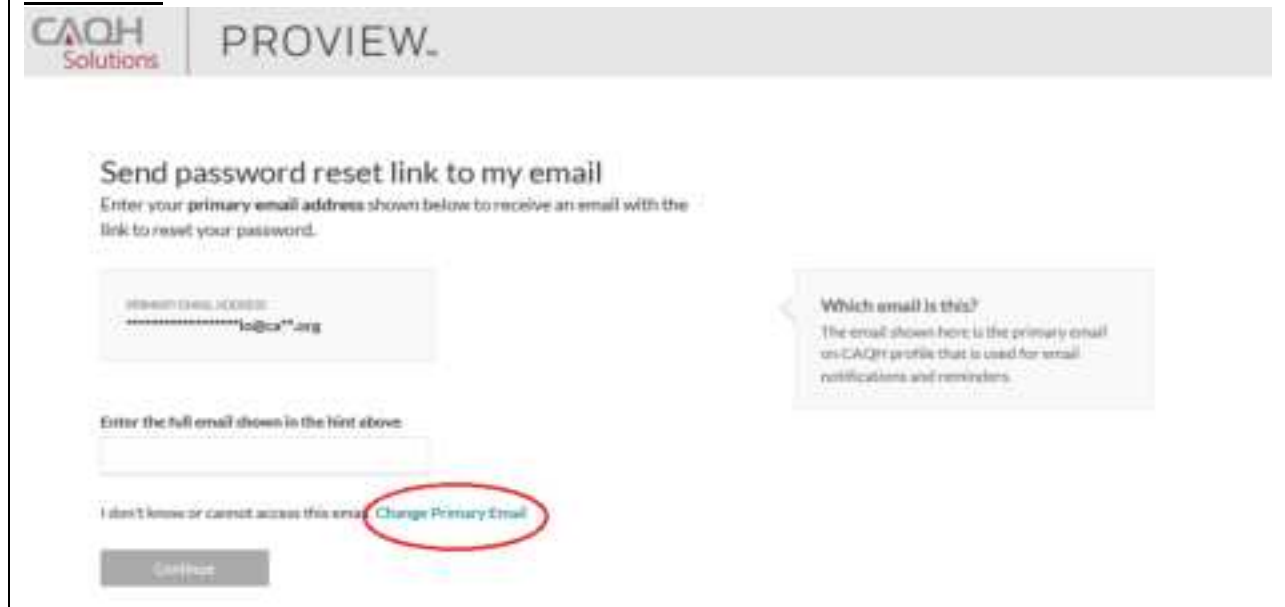
An e-mail containing a link which will allow you to reset your password will be sent to the primary e-mail address we have on file.
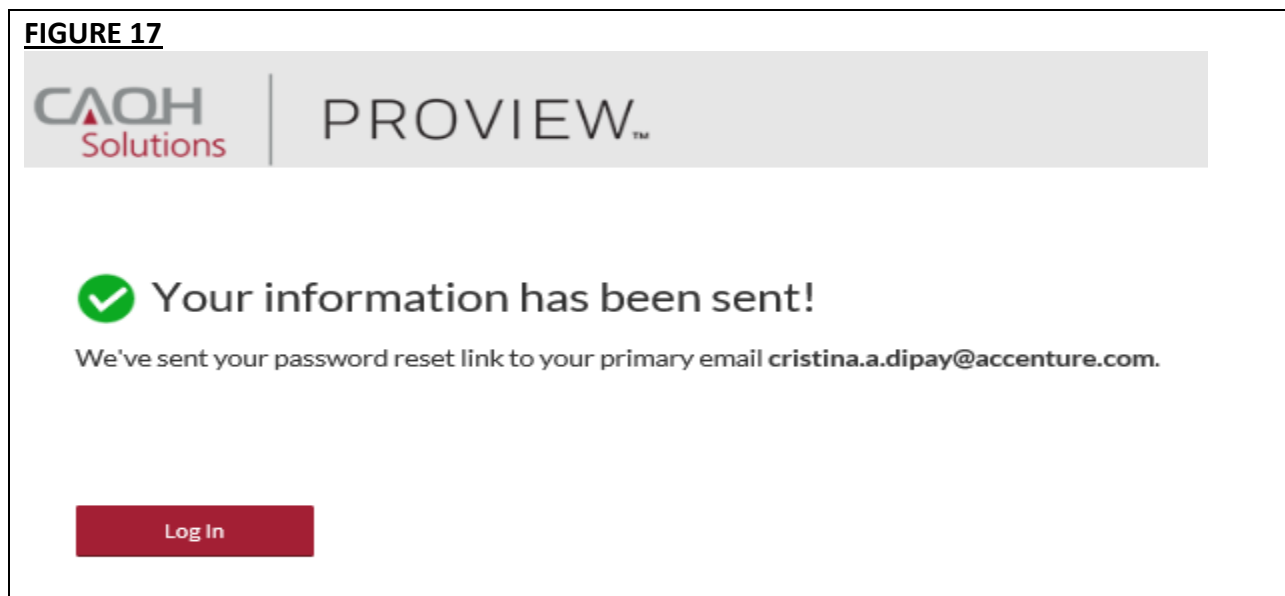
FIGURE 17

Reset Password

1. If you are trying to reset your password and you don't know or don't have access to the primary e-mail address on file, click the *Change Primary Email* link.

FIGURE 18

2. You will be directed to a quick security check. Answer any three questions on the page. You will be able to click the *Continue* button found at the bottom of the page only if three questions were answered.

FIGURE 19

3. You may enter the last four digits of your *Social Security Number*. If you have a *Board Certification*, click the radio button for *"I have Board Certification"*. You will be asked to enter your *Provider Type* and the *Name of Certifying Board*. You may also enter your *Professional Liability Insurance Expiration Date* and/or your *Professional Liability Insurance Policy Number*. The policy number must be entered exactly as it is shown on your policy face sheet. This may include alphabetical and special characters, as well as leading zeros. Once any three questions were answered, the *Continue* button will turn red and you will now be able to click it. Click *Continue*.

FIGURE 20

4. *If the details that you have entered during the verification process do not match the details on the profile, you will be prompted with a message that says* "Sorry, we could not verify your account based on the information provided. Please try again!"

FIGURE 21

5. If you have passed the verification process, you will be directed to a page where you can enter the new primary e-mail address you would like to use for your account.

FIGURE 22

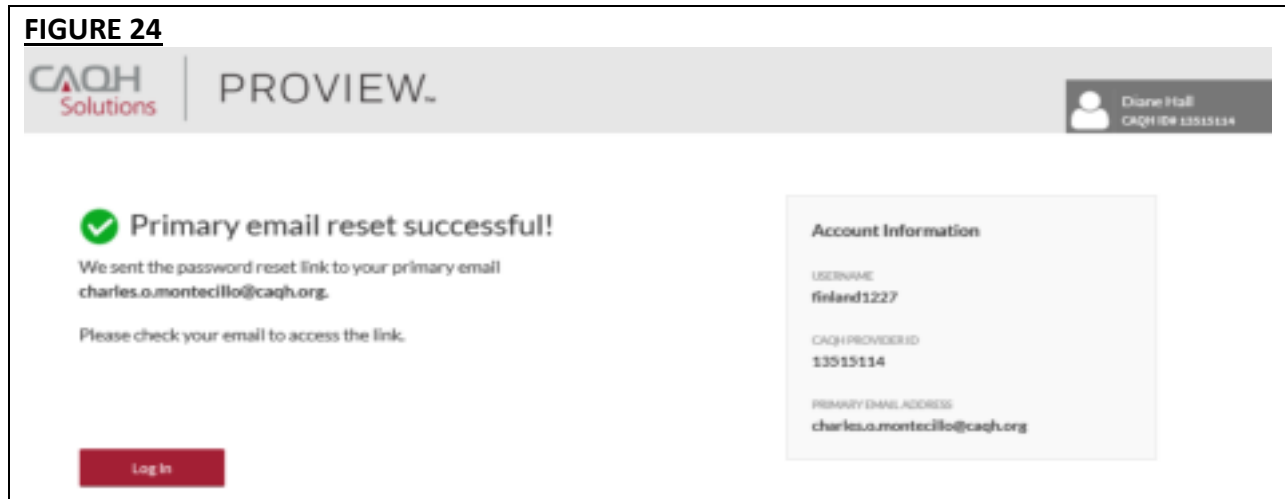6. We recommend that you use an e-mail that you check regularly. Please note that once this change is made, your profile will be permanently updated and all CAQH notifications will be sent to this new e-mail address. Click *Save*.

FIGURE 23
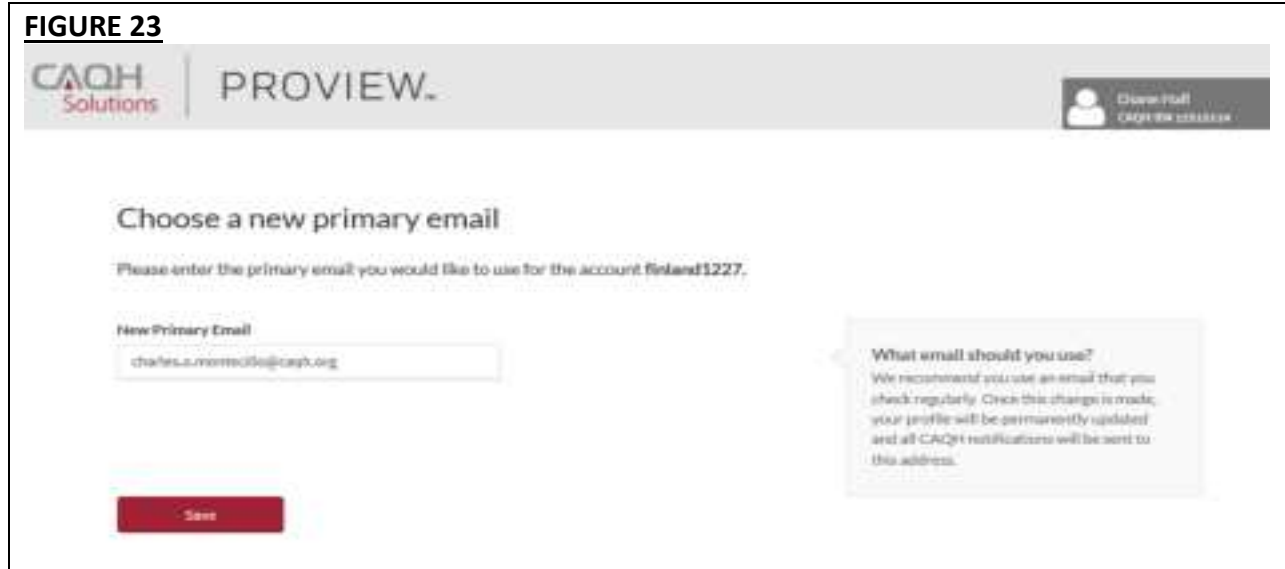
7. An e-mail containing a link which will allow you to reset your password will be sent to the new primary e-mail address.

FIGURE 24

Note: The new e-mail address will be reflected on your profile only after you click the password reset link sent to the new e-mail address.

FIGURE 25

Dear Diane,

You recently requested to reset your password for your CAQH ProView™ account. By clicking the link below, you will validate your new primary email and can reset your password.

Reset Your Password

If you did not make this request or need assistance, please call 1-888-599-1771.

Thank you for participating in CAQH ProView™.

Forgotten or Unknown CAQH ID Number

1. If you cannot proceed with the process of retrieving your username or resetting your password because you do not know your CAQH Provider ID number, click the *Forgot CAQH Provider ID* link found at the bottom of the Forgot Username page.

FIGURE 26

2. To help us find your account, enter your first and last name (do not include your title, degrees, prefix or suffix). Enter your Individual or Type 1 NPI or your date of birth. Answer the question *"Are you a Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS)?"*. Click the checkbox indicating that you have read and agree to the CAQH Terms of Service, then click *Continue*.

FIGURE 27

If the information that you have entered does not match your account details, you will be prompted with a message saying, *"Sorry, we could not find an account that matched your information. Please try again!"*

FIGURE 28

If your account matched the details that you have entered, you will be directed to a quick security check.

FIGURE 29

3. Answer any three questions on the page. You will be able to click the *Continue* button found at the bottom of the page only if three questions were answered. You may enter the last four digits of your *Social Security Number*. If you have a *Board Certification*, click the radio button for *"I have Board Certification".* You will be asked to enter your *Provider Type* and the *Name of Certifying Board*. You may also enter your *Professional Liability Insurance* Expiration Date and/or your *Professional Liability Insurance Policy Number*. The policy number must be entered exactly as it is shown on your policy face sheet. This may include alphabetical and special characters, as well as leading zeros. Once any three questions were answered, the *Continue* button will turn red and you will now be able to click it. Click *Continue*.

FIGURE 30

If the details that you have entered during the verification process do not match the details on the profile, you will be prompted with a message that says *"Sorry, we could not verify your account based on the information provided. Please try again!"*

FIGURE 31

If you have passed the verification process, your CAQH Provider ID number will be displayed on the screen. You can now proceed with retrieving your username.

FIGURE 32

CHAPTER 3: Home Page

You will see the CAQH ProView Home page after a successful login.

FIGURE 33
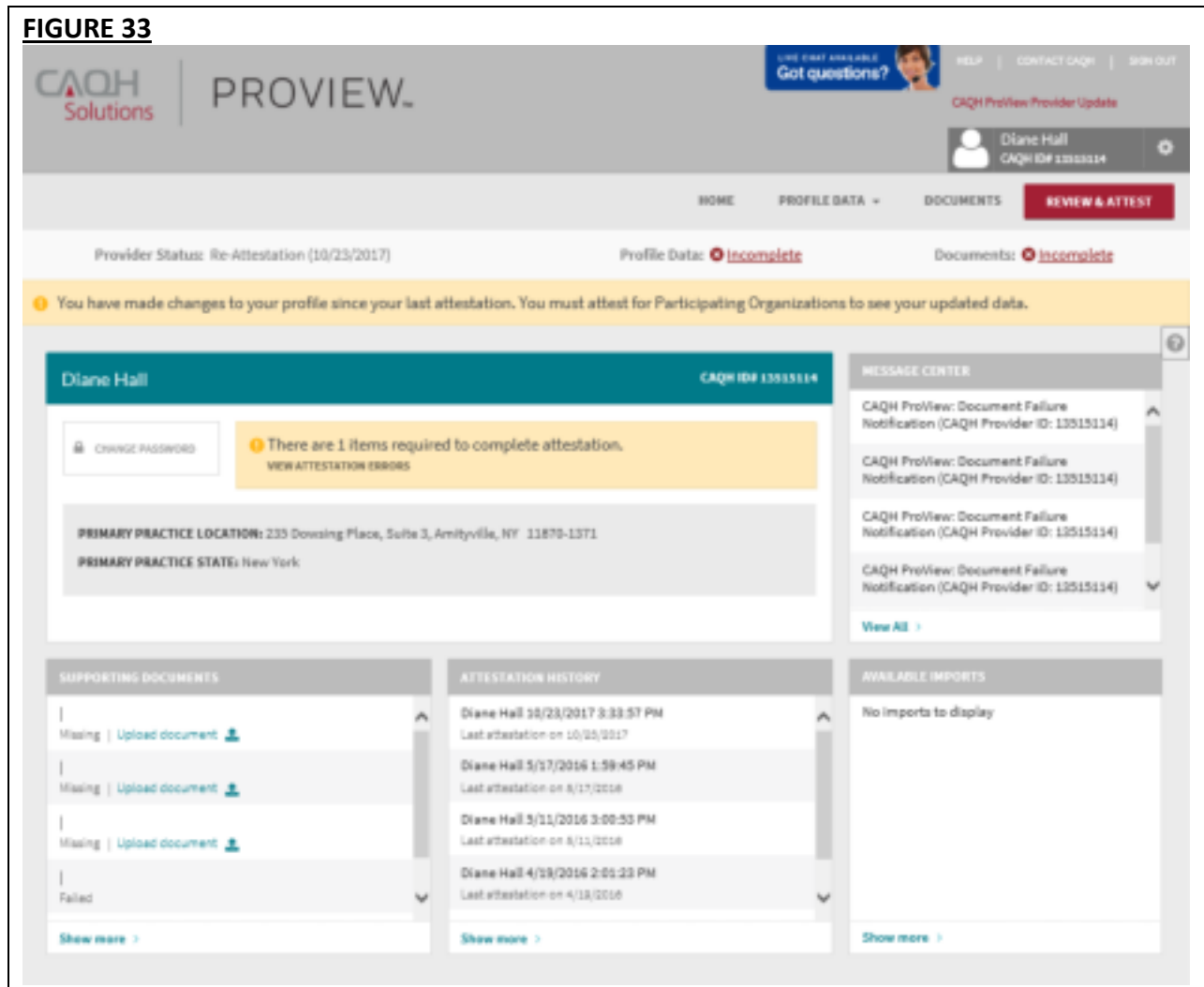
NEW: A new Broadcast Message feature has been added to the CAQH ProView Provider, Practice Manager, and Participating Organization portal. Broadcast Messaging will allow CAQH to communicate upcoming system updates and/or to report system-wide issues to all users.

Whenever there is a published broadcast message, a pop-up message will appear on your screen when you log in to your CAQH ProView account.

FIGURE 34

If you click the 'X' located at the top, the pop-up message will close but will re-appear upon your next log-in.

If you click the Dismiss button, the pop-up message will close and will NOT appear with future log-ins. If you clicked the Dismiss button and would like to view the broadcast message again, click on the CAQH ProView Provider Update link found above your name.

FIGURE 35
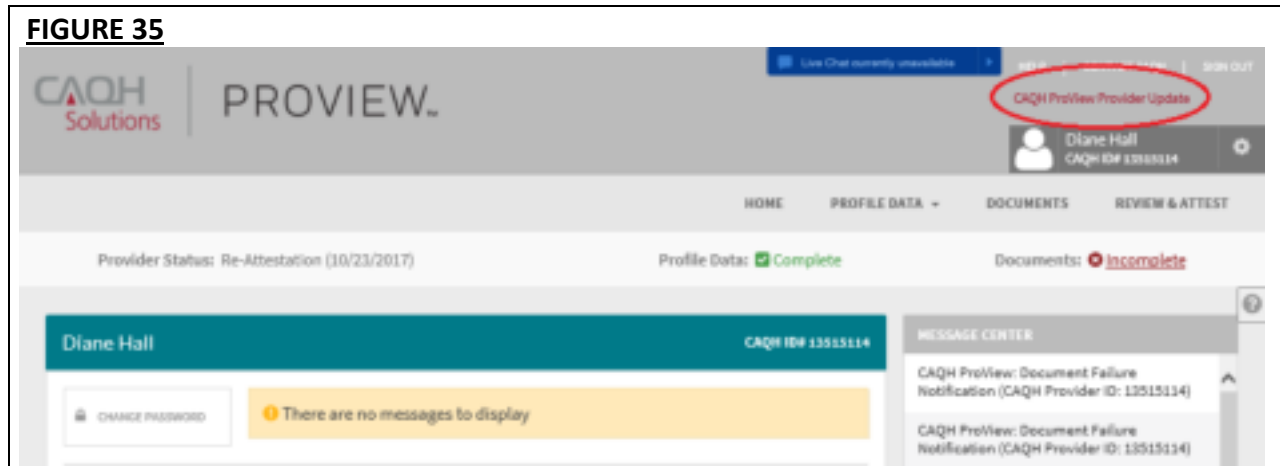
Note: The link to the CAQH ProView Status Updates will be found in the pop-up message.

Tip:
- If you need assistance on the Home Page, you can access the "Help" link that is displayed in the top right-hand corner on the Home Page.

The Home page displays five components:

1. **Profile Summary**
   - Provides a summary of your key profile information, such as your CAQH Provider ID, any outstanding required fixes that need to be made to your data profile, and your primary practice state. You can also easily access a "Change Password" button here to change your password if necessary.

2. **Message Center**
   - Displays information relevant to your account, information from CAQH and actions required. This also displays any notifications from CAQH regarding missing or expired documents.

3. **Supporting Documents**
   - Provides links to any supporting documents that have been uploaded to your profile.
   - Displays the approval status of your supporting documents.
   - If you have questions on uploading your documentation, refer to *Chapter 6: Uploading Supporting Documentation*.

4. **Attestation History**
   - Provides a record of your attestation history.
   - Attestation is the term used to show you certify that you have carefully reviewed all information contained within your CAQH data profile and that all information provided by you is true, correct and complete to the best of your knowledge. You also acknowledge that your CAQH data profile will not be considered complete until supporting documentation and signed Authorization, Attestation and Release Form are submitted.

5. **Available Imports.**
   - Displays any sections containing data available for import into your data profile. With CAQH ProView, practice managers have the capability to enter information on your behalf and then export that information for your access and to ease your data entry requirements. You will have the option to import any available data as a new set or replace an existing set of data within the section. You also can compare your existing data to the data entered by a practice manager before you choose to import the data.

In addition, to these components, across the top of the home page is a navigation menu, which allows you to navigate to four sections to complete your profile information:
- **Profile Data** – Click here to enter your profile information (See Chapter 4)
- **Documents** – Click here to review your supporting documents (See Chapter 6)
- **Review** – Click here to review the information you have entered and correct any required errors (See Chapter 5)
- **Attest** – Click here to attest to the accuracy of your information (See Chapter 8)

FIGURE 36

Status Bar

A status bar is also available at the top of the screen. The status bar will help you identify what actions need to be taken on your profile for your authorized organizations to receive your up-to-date information.

The Status Bar shows three elements:

- Provider Status with 'as of' date
- Profile Data: Complete/Incomplete
  - The status 'Complete' is displayed if you have successfully completed all required fields in the sections listed on the left-hand side navigation.
- Documents: Complete/Incomplete
  - The status 'Complete' is displayed if ALL the required supporting documents have been provided and are current according to requirement rules.

FIGURE 37
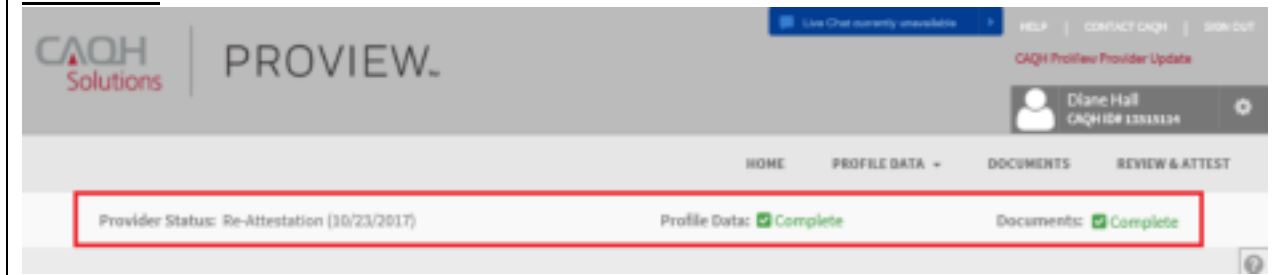
Attest Reminder Bar

- After you update any information in your profile, you must complete attestation so that your authorized organizations can view your updated profile.
- A reminder message will appear across the top of the page on every page only after you have changed one or more piece of data and have not attested to that change.
- This message will disappear only after you have attested but would re-appear if you changed more data and did not re-attest.
- This message will also appear if CAQH has updated a relevant domain table value.

FIGURE 38

Attest Button in Navigation Bar

- The 'Attest' navigational element is now moved to the far-right position.
- If you have never attested or have previously attested and have unattested data, the 'Attest' navigational element will show as a red button.
- The 'Attest' navigational element will also show as a red button when you are NOT in the following status:
  - Initial Profile Complete
  - Re-attestation

FIGURE 39
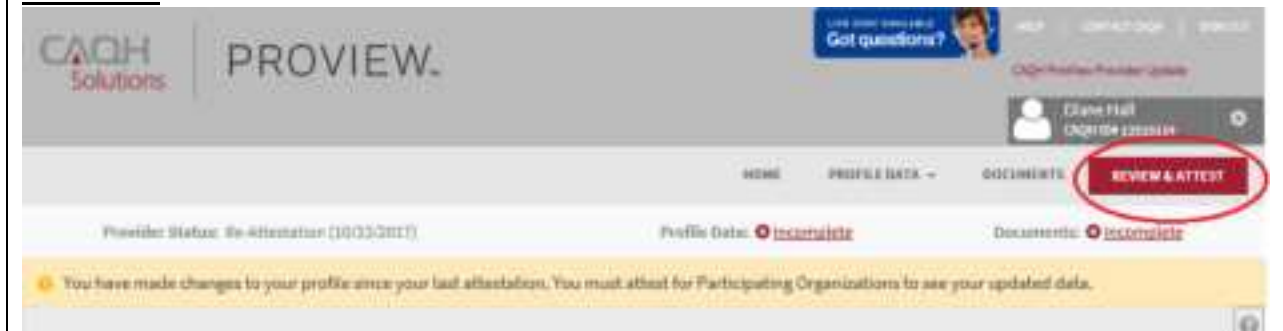
Activity Log

From the Home Page, you can access the "Activity Log" from the top right navigation drop-down menu.

FIGURE 40
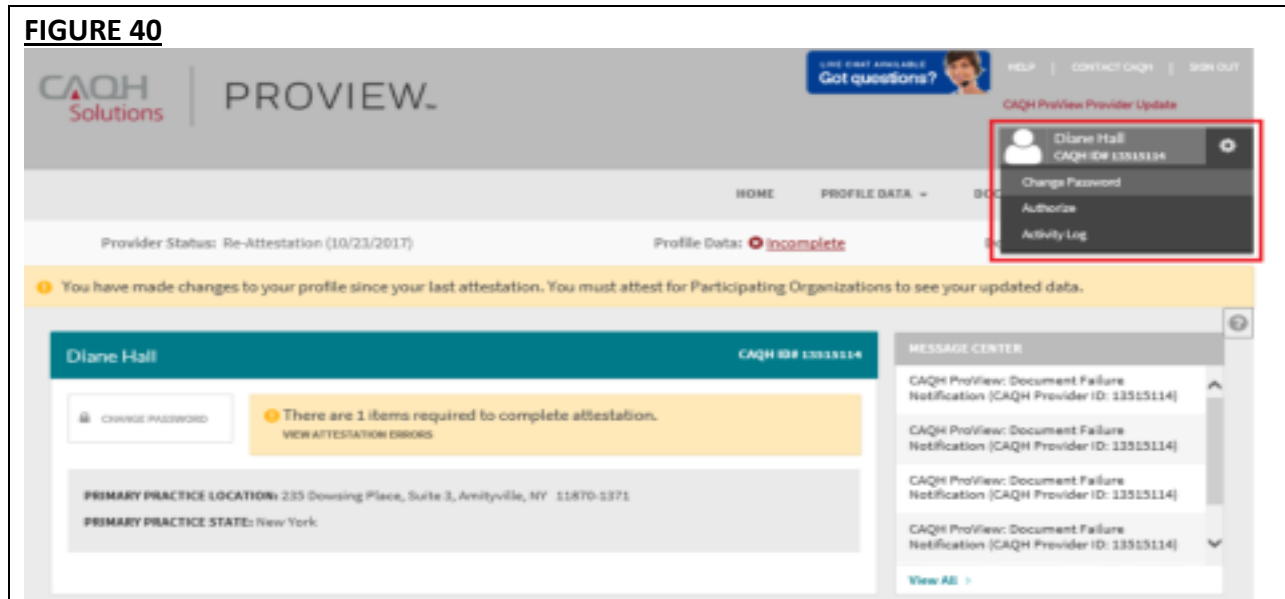
The Activity Log lists all recent activity that has occurred in your account, including recent log-ins, re-attestations, and data updates.

FIGURE 41
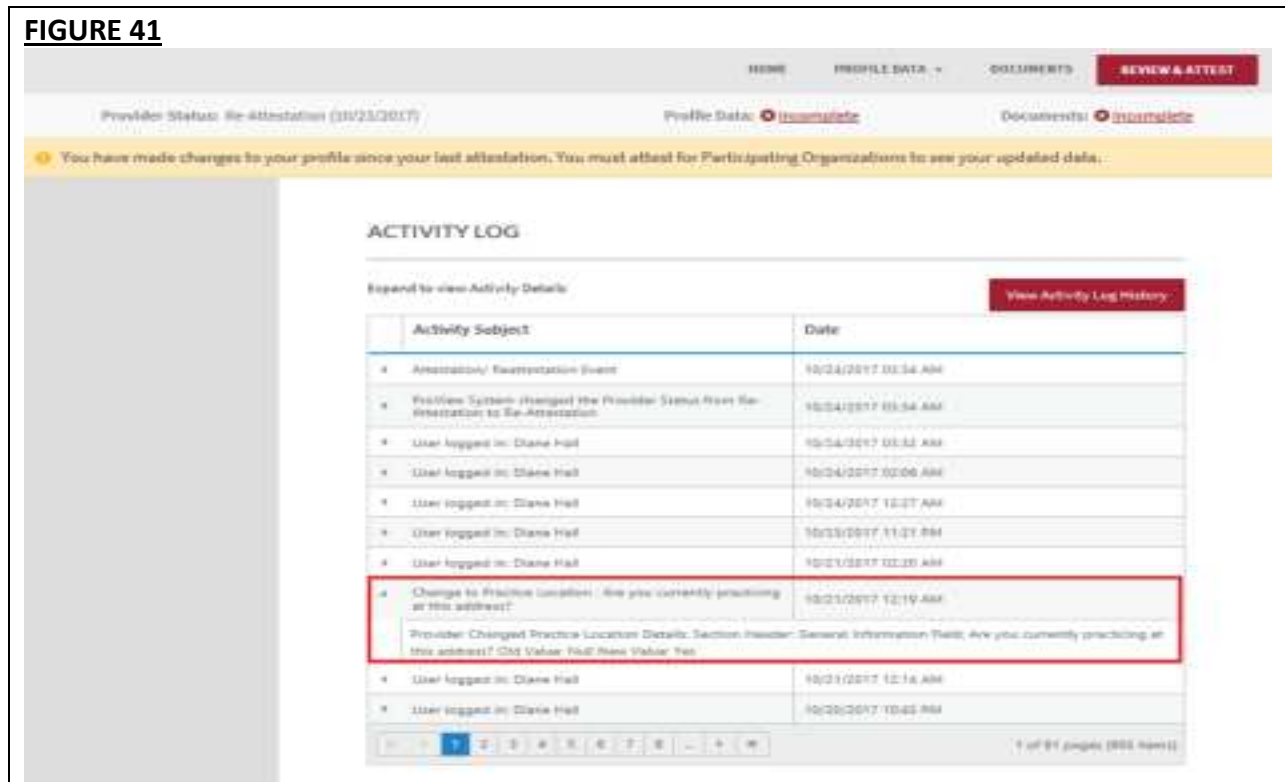
Note:

- All changes on the profile will ONLY appear on the Activity Log after you have completed the re-attestation.

- Any changes done after the re-attestation will not be reflected on the Activity Log unless you complete the re-attestation again after making the additional changes.

- If after the re-attestation these changes are still not reflected on the Activity Log, sign out from CAQH ProView and log in again and go to Activity Log. The details of the changes should appear on this page of your profile.

- Changes on the Documents section and Authorization page will reflect on the Activity Log even if you have not yet re-attested.

CHAPTER 4: Completing Your Profile Information

CAQH ProView will guide you through the process of completing your information and managing your profile data and supporting documentation. From the Home Page, click on "Profile Data" on the top navigation bar to begin the process.

Tips:
1. Throughout the system, required fields are indicated with a red asterisk (*).
2. If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
3. Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
4. It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.

<u>**FIGURE 42**</u>
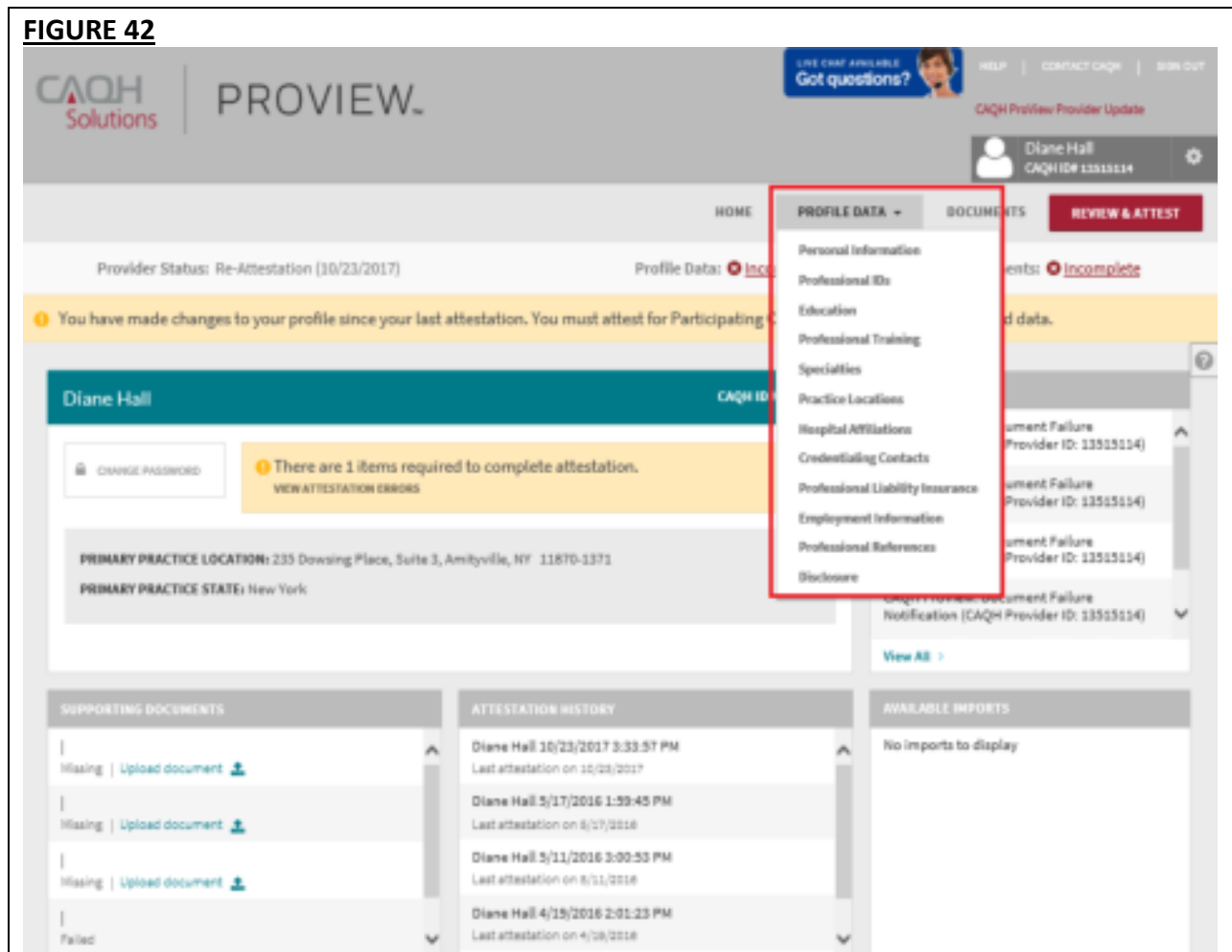
Clicking on "Profile Data" shows a drop-down list of 12 Sections: Personal Information, Professional IDs, Education, Professional Training, Specialties, Practice Locations, Hospital Affiliations, Credential Contacts, Professional Liability Insurance, Employment Information, Professional References, and Disclosure. They are described in further detail below. Questions presented to you may vary based on your primary practice state.

Personal Information

The Personal Information section requests basic information such as name, phone numbers, and contact information. Some information on this screen may be pre-populated based on the information you entered during the self-registration process. Additional information or tips are provided below as applicable to assist you with completing these fields.

Tips:
1. If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
2. Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
3. It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.

FIGURE 43
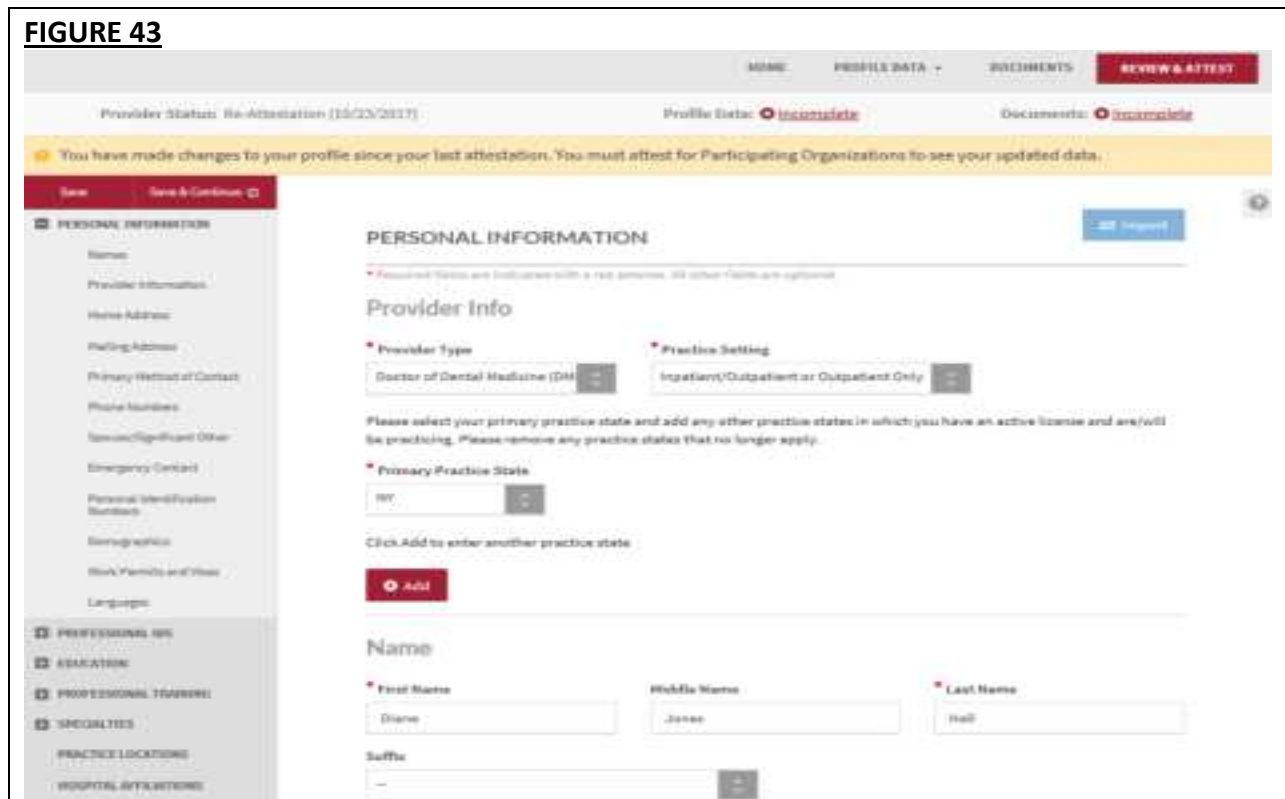
- Provider Type, Practice Setting and Practice State
  - You will first be asked to identify your provider type, practice setting and practice states. The answers to these questions will drive the questions presented to you throughout CAQH ProView's profile sections. If you practice in multiple states and one of those states includes a state specific credentialing application, the state specific questions and the CAQH ProView standardized questions will be presented to you in one integrated flow throughout the system. You will be required to complete all required questions for both the CAQH ProView standardized profile questions as well as any state specific questions.

- Home Address
  - Not required to complete your application; however, hospitals have identified that this information adds value in confirming your accessibility to the hospital.

- Mailing Address
  - Enter the "Mailing Address" of the physical location of your practice. If you do not have a physical practice location, you may enter a P.O. Box; however, it is important to note that health plans intend to use this information for their directories. If you would like to enter a P.O. Box for the billing address, please enter this information in the Billing Contact section.

- Primary Method of Contact
  - An email is required as a primary method of contact for CAQH ProView. This email will be used for all system generated messages, such as reminders when it is time to re-attest to your data profile.
  - You also can enter two additional email addresses (PMOC CC1 and PMOC CC2) that will be copied on the system generated messages.

- Personal Identification Numbers
  - Your Social Security Number is required to complete the application.
  - NPI – National Provider Identification Number
    - This is a provider's Type 1 National Provider Identifier. It is a unique, 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS).

Note: All Type 1 NPIs will undergo a one-time validation. Validation failures will be displayed as a required fix.

FIGURE 44

You may see the following errors on the Required Fixes page:

- ***This number could not be found in the NPI database.*** – This means that the Type 1 NPI that you have entered is an invalid one. Please review for any possible typo error.
- ***This is not an Individual NPI.*** – You may have entered a Group NPI on the Individual NPI field. Please review the value that you have entered on the Individual NPI field.
- ***This number does not match the name you provided in ProView, {ProView First Name} {ProView Last Name}.*** – Please review the Individual NPI that you have entered. There might be a typo error that has caused the mismatch.

For Providers whose Provider Type is either MD, DO, NP, or DMD with Inpatient/Outpatient or Outpatient Only as the Practice Setting, the Primary Practice State and each of the other Practice States (in case of multi-state Providers) should have a matching value populated for the State field in the General information section for any active Practice Location (where you answered Yes to the question: *Do you practice at this location?*). There will be an error for each Practice State that does not match an active Practice Location.

FIGURE 45

On the screenshot above, the practice state on the account is Colorado but there is no active practice location in Colorado listed in the profile. The Provider is required to either add an active practice location in Colorado or remove Colorado as a primary practice state, whichever is applicable.

- The *Update Practice States* hyperlink in the error links to the Personal Information Page. Once the user has clicked the hyperlink, the following error is displayed on the top of the Personal Information Page, in red text:

    You have selected {Primary Practice State or Practice State} as a practice state but you have not indicated that you practice at a location in {Primary Practice State or Practice State}. Please add a practice location in {Primary Practice State or Practice State} or remove {Primary Practice State or Practice State} as a practice state.

FIGURE 46

- If you add a practice location to match the Practice State, and click **"Save and Continue"**, you will be redirected to the Correct Errors Page and will no longer see the error.
- The **Ignore** hyperlink in the error links to the Ignore pop-up that already exists for Address Standardization. The pop-up should have the same functionality, i.e., if the user clicks the "Yes" button, the error is removed from the Correct Errors Page.
- You are **required to either fix the error** or **click Ignore** and then click "Yes" in the pop-up so that the error disappears on the Correct Errors Page, and you will be able to attest.
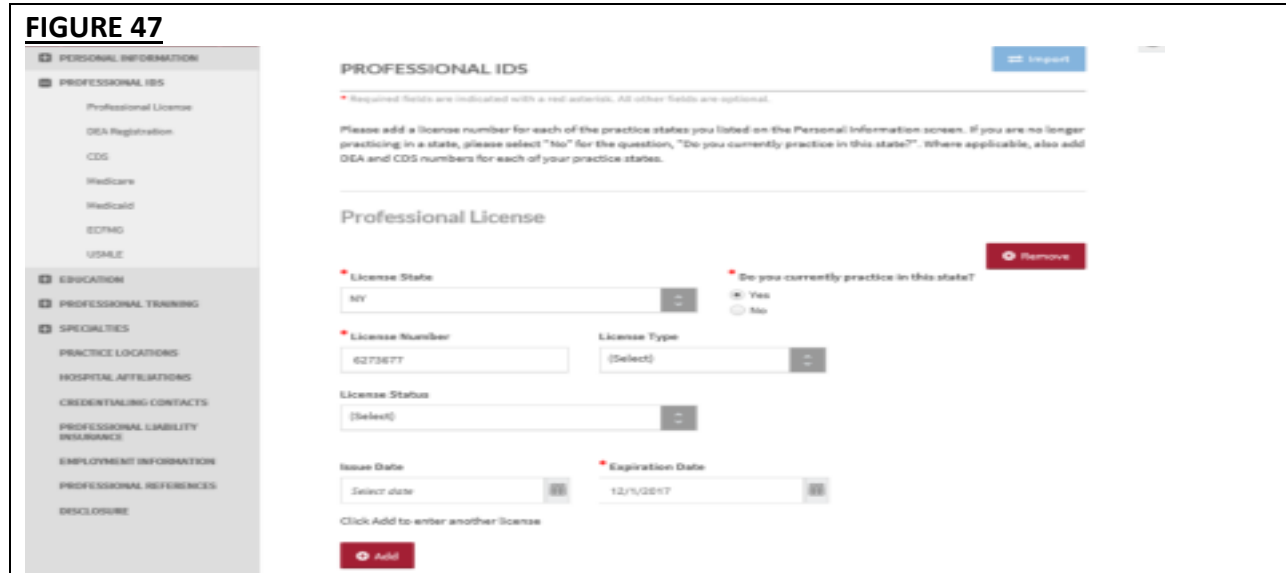
Professional IDs

The Professional ID section requests that you enter all professional identification numbers and upload any applicable supporting documentation. If you have questions on uploading your documentation, refer to *Chapter 6: Uploading Supporting Documentation*.
Tips:
- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your

information. Clicking on the back and forward arrows will not save your information either.

- Select "Add" to enter additional medical licenses or other professional identification numbers.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

FIGURE 47

- A warning message will be displayed advising you that previously entered data will be permanently removed from the system when you change the answer to a leading question.
- A leading question is one that triggers different follow-on questions/responses depending on the response provided.
- When the answer to a leading question is changed, follow-on questions may disappear from the portal.
  - For instance, if you previously answered 'Yes' to the question 'Do you have a DEA certificate?' and now changed it to 'No', the data from the DEA Number, State, Issue date, and Expiration Date are removed.
- Ensure no critical information will be deleted prior to selecting 'Yes' and saving the changes on this page. Otherwise, you will have to re-enter deleted information.
- The same rule applies to fields on the Professional IDs section such as CDS registration certificate, Medicare and Medicaid information, Educational Commission for Foreign Medical Graduates (ECFMG) number, FLEX number, and DPS certification.

FIGURE 48
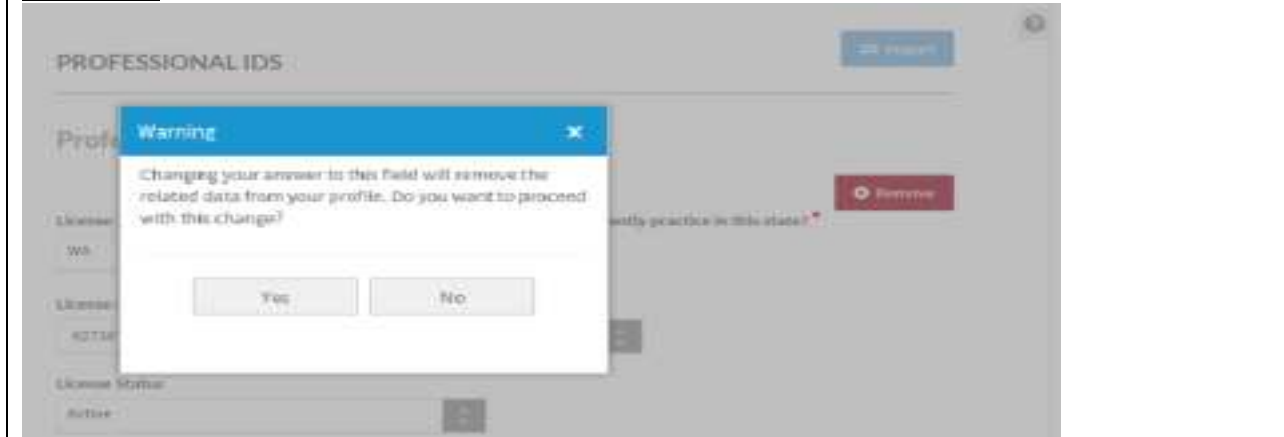
The following professional identification numbers are requested.
- Medical License
  - You must enter all state medical licenses you currently hold or have held as issued by a U.S. or Canadian licensing authority.
- DEA Registration – Drug Enforcement Administration
- CDS Registration – Controlled Dangerous Substance
- Medicare
- Medicaid
- ECFMG
  - This is a certificate issued by the Education Commission for Foreign Medical Graduates, and applies to US Citizens who graduated from a Medical School outside the United States.
- USMLE – United Stated Medical Learning Examination
  - The United States Medical Learning Examination is a physician assessment required for physician licensing in the United States.

Education

The Education section requests information regarding your education history, including your professional and undergraduate school information.

Tips:
- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.

- Click on "Add" to add additional education as necessary.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

FIGURE 49
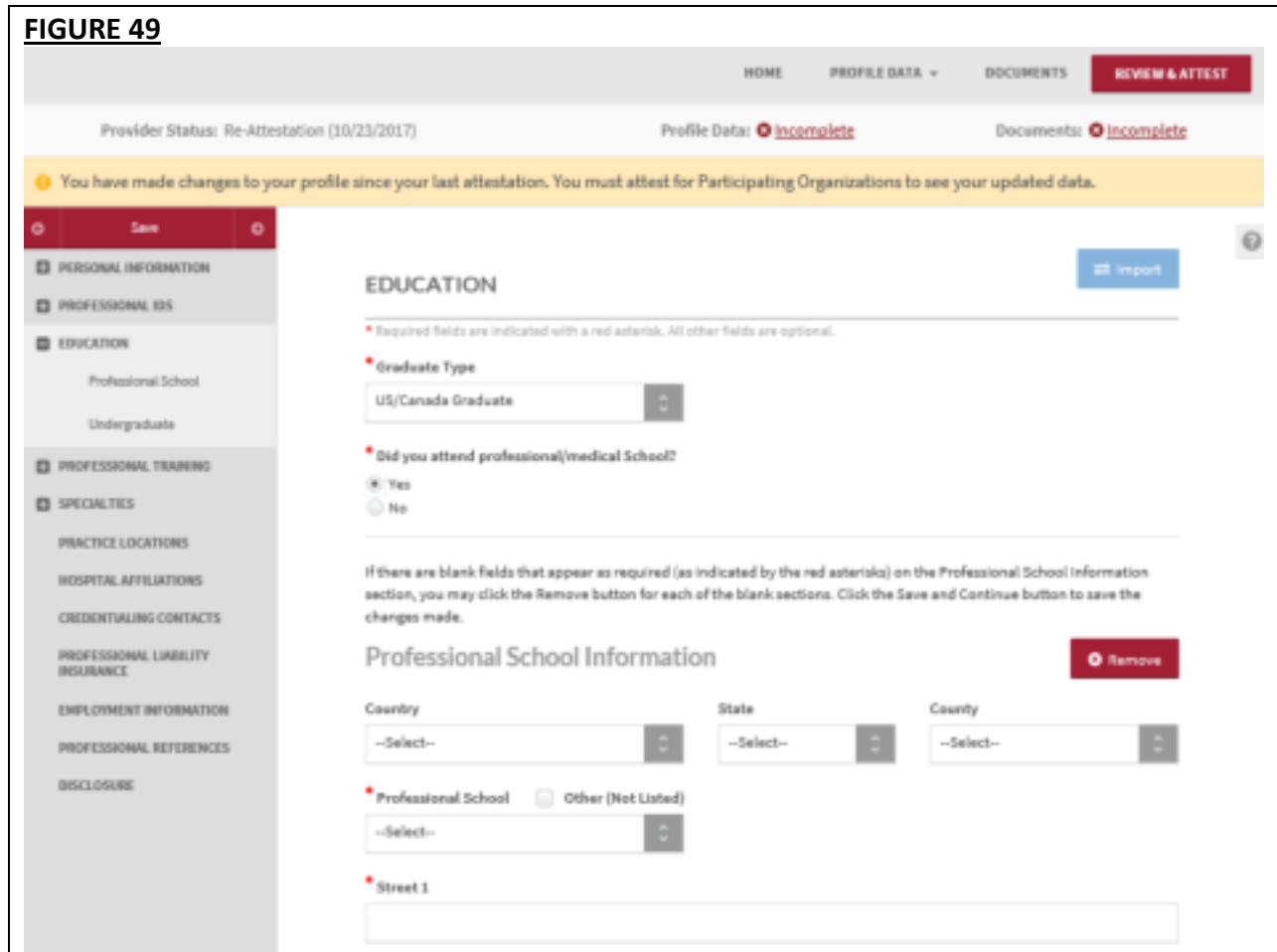
- A warning message will be displayed advising you that previously entered data will be permanently removed from the system when you change the answer to a leading question.
- A leading question is one that triggers different follow-on questions/responses depending on the response provided.
- When the answer to a leading question is changed, follow-on questions may disappear from the portal or if you change the selection from one value to another, all education values are deleted. Therefore, ensure no critical information will be deleted prior to selecting 'Yes' and saving the changes on this page. Otherwise, you will have to re-enter deleted information.

FIGURE 50
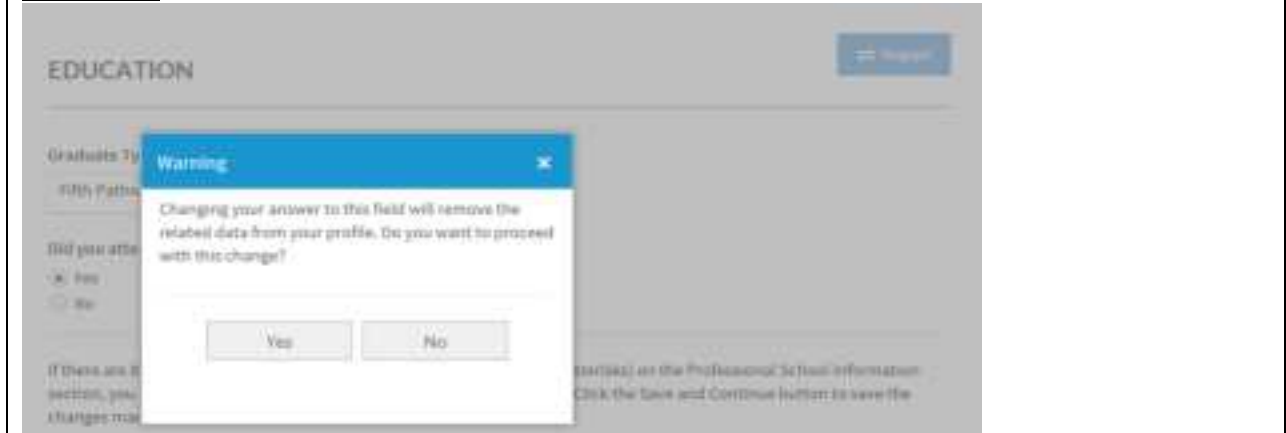
Professional Training

The Professional Training section requests information regarding your professional training, such as your internship and residency information.

Tips:
- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.
- Click on "Add" to add additional training as necessary.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

FIGURE 51
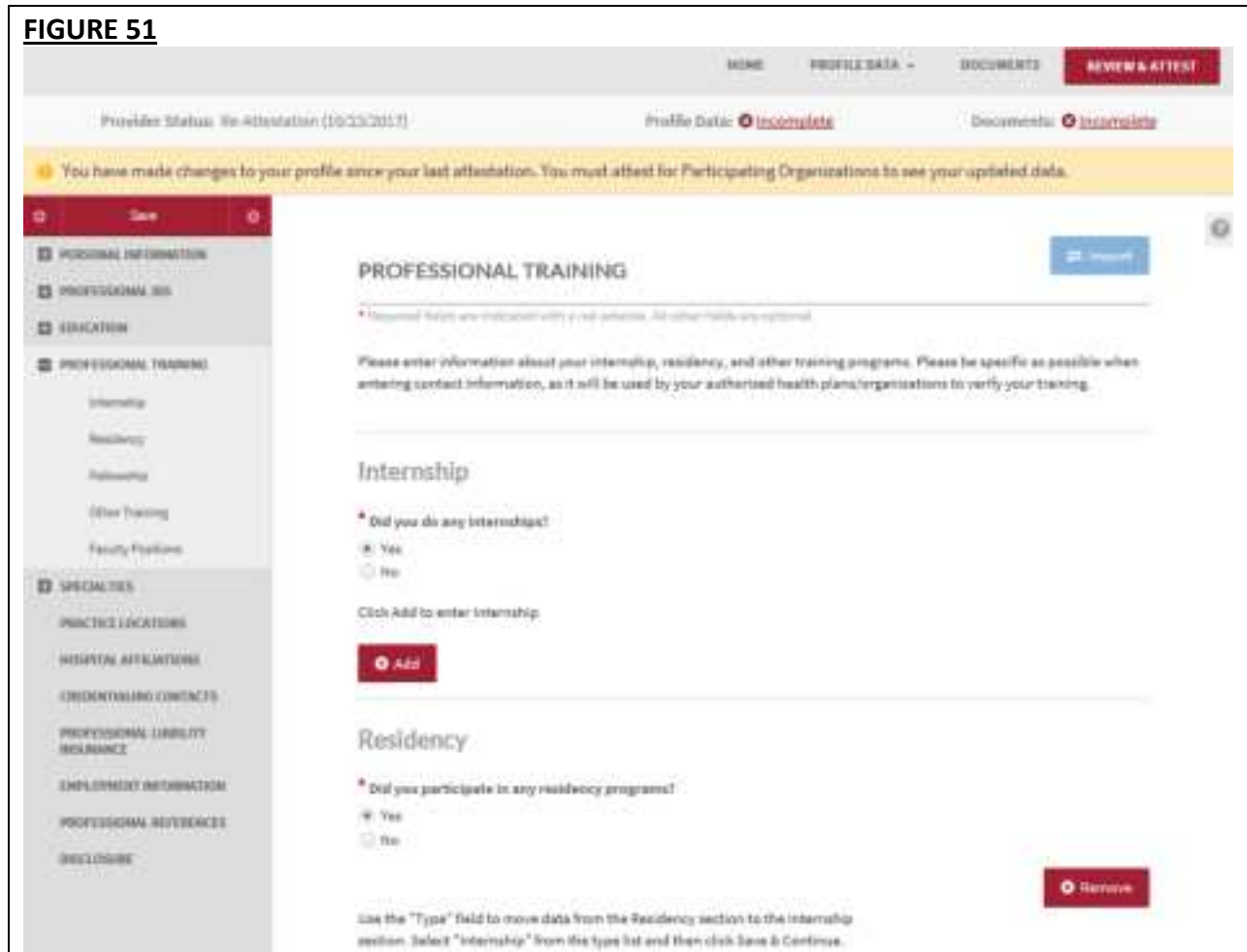
The Professional Training subsections are listed below:
- Internship
  - Include any incomplete internship programs.
- Residency
  - Include any incomplete residency programs.
  - If your training program was Rotating or Transitional, please enter a separate entry for each rotation. For credentialing, the health plans need to know the specifics of each rotation including the specialty or department and the time associated with each.
- Fellowship
  - The period of medical training in the United States and Canada that a physician or dentist may undertake after completing a specialty training program (residency)

- Faculty Positions/Academic Appointments

Specialties

The Specialties section requests information regarding your specialties and certification information.

Tips:

- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.
- Click on "Add" to add additional specialties as necessary.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

FIGURE 52

- You are now asked to respond to this question: *Does your board certification have an expiration date?*

FIGURE 53

- If you responded with a Yes, the Expiration Date field and the last Recertification date fields will be required.

FIGURE 54

The specialties that are included in the drop-down list are collected from the National Uniform Claim Committee (www.nucc.org). If you cannot locate your specialty in this list, select the specialty that is most appropriate for your practice. If your specialty is not listed, you may enter it in the "Areas of Other Interest", which is towards the bottom of the "Specialty" page.

The subsections are listed below and may vary based on your practice state.
- Primary Specialty
- Secondary Specialty
- Additional Specialty
- Board Examination – dynamically displayed/hidden based on your entries
- Certifications – The system will ask if you have received any of the following certifications. Additional information regarding each certification is provided below for your reference.
    - **CPR - Cardio-Pulmonary Resuscitation certification:** Community level classes concentrate on performing CPR on adults and older children. Some also include AED training, which teaches how to use the electronic defibrillation unit on heart attack victims.   Professional level classes are designed for health care professionals, ski patrol, police, firefighters and emergency medical technicians. These classes teach all the skills previously mentioned, as well as removal of airway obstructions for victims of all ages. Other skills are also included in these classes, including inserting tubes to keep the airway open, using an oxygen tank, artificial breathing apparatuses and techniques for performing two-person CPR.

    - **BLS - Basic Life Support Certification:** Basic Life Support (BLS) certification is a relatively short training course required of many health professionals to help revive, resuscitate, or sustain a person who is experiencing cardiac arrest or respiratory failure of some sort. This could include a drowning victim, heart attack or stroke patient, or any scenario where breathing or heartbeats have been compromised.

    - **ACLS - Advanced Cardiovascular Life Support Certification:** ACLS is an acronym for Advanced Cardiovascular Life Support. This certification is required of many healthcare providers who will be interacting with patients. Like its name implies, ACLS is usually required of more advanced medical professionals, as it does include some invasive procedures, unlike Basic Life Support (BLS), which is required of almost all healthcare professionals.

    - **ALSO - Advanced Life Support in OB Certification:** Advanced Life Support in Obstetrics (ALSO®) is an evidence-based multidisciplinary training program that prepares maternity health care providers to better manage obstetric emergencies when and wherever they occur. ALSO's evidence-based learning path bridges knowledge gaps and boosts skill sets using a team-based approach, hands-on training, and mnemonics to reduce errors and save lives.

- o **Health Care Provider (CoreC)**

- o **ATLS - Advanced Trauma Life Support Certification:** Advanced Trauma Life Support (ATLS) is a training program for medical providers (MD/DO/DPM/PA/NP/CO) in the management of acute trauma cases, developed by the American College of Surgeons. Similar programs exist for nurses (ATCN) and paramedics (PHTLS). The program has been adopted worldwide in over 60 countries, sometimes under the name of Early Management of Severe Trauma (EMST), especially outside North America. Its goal is to teach a simplified and standardized approach to trauma patients. Originally designed for emergency situations where only one doctor and one nurse are present, ATLS is now widely accepted as the standard of care for initial assessment and treatment in trauma centers. The premise of the ATLS program is to treat the greatest threat to life first. It also advocates that the lack of a definitive diagnosis and a detailed history should not slow the application of indicated treatment for life-threatening injury, with the most time-critical interventions performed early.

- o **NRP – Neonatal Resuscitation Program certification:** NRP was developed and is maintained by the American Academy of Pediatrics. This program focuses on basic resuscitation skills for newly born infants.

- o **NALS - Neonatal Advanced Life Support certification:** NALS training, administered by the American Academy of Physician Assistants, delivers the same syllabus as NRP, has similar flexibility in its format, and equips trainees with identical knowledge and skills.

- o **PALS - Pediatric Advanced Life Support Certification:** The PALS Course is for healthcare providers who respond to emergencies in infants and children. These include personnel in emergency response, emergency medicine, intensive care and critical care units such as physicians, nurses, paramedics and others who need a PALS course completion card for job or other requirements.

- o **Anesthesia Permit**

- ▪ Other Interests
- ▪ Professional Associations: A professional association or professional society is usually an organization seeking to further a particular profession and the interests of individuals engaged in that profession. This is the section where you specify which Medical Professional Associations and Societies you are affiliated to. You can add more than one association to the list.

Practice Location

The Practice Location section asks for detailed information regarding your practice location(s).

A Practice Location summary table will be displayed on the Practice Locations start page.

- o The table contains the following column headers:
  - Physician Group/Practice Name
  - Tax ID – All Tax IDs associated with the practice location will be displayed with a line break.
  - Location – displays the general address and phone number for the practice location; Address 1 and Address 2, City, State ZIP, Phone
  - Actions – Edit and Archive

FIGURE 55

If you have not answered the question, *"Currently practicing?"* prior to these changes, the following will appear in red font in the Physician Group/Practice Name column: *"Click "Edit" to update your practice location status."*

FIGURE 56

PRACTICE LOCATIONS

Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.

Make sure to enter all group/practice information in the Employment Information section of your profile.

PRACTICE LOCATIONS   ⇄ Import   ● ADD

Physician Group/Practice Name	Tax ID	Location	Actions
Practice #1	98-9891891	235 Dowsing Place Suite 3 Amityville, NY 11870-1371	Edit Archive
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701	Edit Archive
Practice #3	91-1981101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719	Edit Archive
Practice #4 *Click "Edit" to update your practice location status.	92-2827227	345 Dowsing Place Suite 76 Amityville, PA 01918-1811	Edit Archive

◐ Save and Go Back   Save & Continue ◐

If you have selected Office Type = Primary Practice for one or more practice locations, that practice location/s will be outlined with a bright blue line. On the top right side of the row, a blue chevron that says, "Primary Practice" will also be displayed. The practice location tagged as primary will appear first in the list.

FIGURE 57

PRACTICE LOCATIONS

Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.

Make sure to enter all group/practice information in the Employment Information section of your profile.

PRACTICE LOCATIONS   ⇄ Import   ● ADD

Physician Group/Practice Name	Tax ID	Location	Actions
Practice #1	98-9891891	235 Dowsing Place Suite 3 Amityville, NY 11870-1371	Primary Practice Edit Archive
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701	Edit Archive
Practice #3	91-1981101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719	Edit Archive

ARCHIVED LOCATIONS
These are locations that you archived from your profile.   Show ▼

◑ Save and Go Back   Save & Continue ◑

The Help text on the Practice Location start page will guide you through completing this section of your application.

FIGURE 58

PRACTICE LOCATIONS

Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.

Make sure to enter all group/practice information in the Employment Information section of your profile.

PRACTICE LOCATIONS   ⇄ Import   ● ADD

Physician Group/Practice Name	Tax ID	Location	Actions
Practice #1	98-9891891	235 Dowsing Place Suite 3 Amityville, NY 11870-1371	Primary Practice Edit Archive
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701	Edit Archive
Practice #3	91-1981101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719	Edit Archive

ARCHIVED LOCATIONS
These are locations that you archived from your profile.   Show ▼

◉ Save and Go Back   Save & Continue ◉

Tips:

- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.
- Select "Add" to enter information for a practice location.
- Select "Edit" to edit the information within a practice location.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

The following will be displayed at the top of the practice location record regardless of the subsection the provider is in. Click the Edit link to update any of the following details:

FIGURE 59

• Practice Address

FIGURE 60
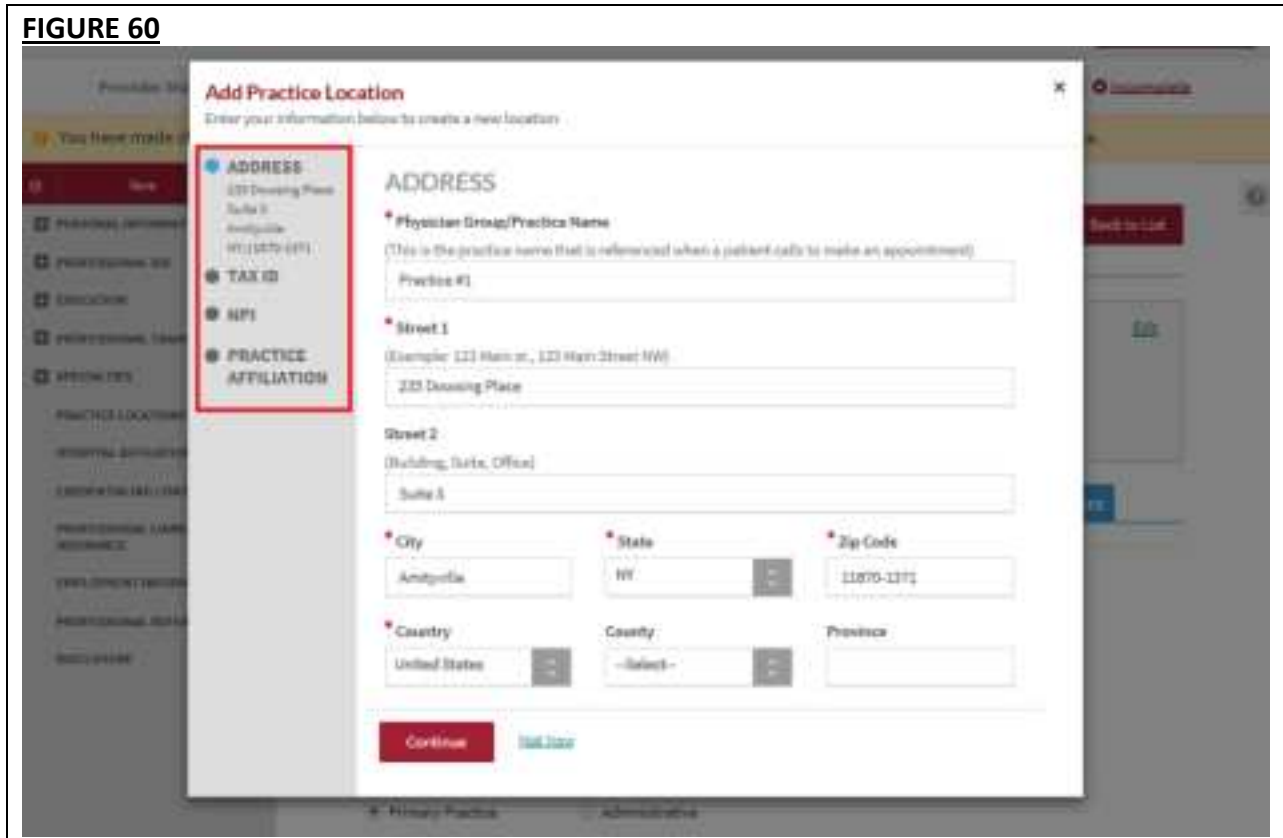
○ Physician Group/Practice Name
  ▪ Please enter the Practice Name as it appears on your claim submission so it will match the name for the location that is known to participating organizations with whom you contract. In most cases, this will not be the practitioner's name. In some cases, this may be the name as it appears on the W9.
○ Address
  ▪ CAQH requests that you enter the appropriate address for the actual physical location of your practice. Do NOT enter a P.O. Box as the practice address. Please note that health plans intend to use this information for their directories.
  ▪ ALL practice location addresses in your profile will undergo USPS address standardization. When you edit or add an address, you will be asked to confirm whether the suggested address is correct.
• Tax ID
  ○ Tax ID Number
  ○ Type of Tax ID

- NPI
    - Do you have an Organization (Type 2) NPI?
    - Organization (Type 2) NPI

Note: All Type 2 NPIs will undergo a one-time validation. Validation failures will be displayed as a required fix.

FIGURE 61

The United States Postal Service standardized format has been applied to ensure your address is accurate and complete per USPS address standards. Please confirm that the Suggested Address is correct.

Group/Practice Name	Original Address	Suggested Address	Action	
Smith Internal Medicine	875 10th st NE Washington, DC 20006	USPS could not find this address. Please click "Edit" to correct this address.	Edit	Ignore

The NPI(s) listed below could not be validated. Please check that you have entered a Organization (Type 2) NPI and that the NPI number was entered correctly.

Group/Practice Name	Organization (Type 2) NPI	Error	Action	
Smith Internal Medicine	0125431989	This number could not be found in the NPI database.	Edit	Ignore
Smith Geriatrics	254876345	This is not an Organization (Type 2) NPI.	Edit	Ignore

---

You may see the following errors on the Required Fixes page:

- ***This number could not be found in the NPI database.*** - This means that the Type 2 NPI that you have entered is an invalid one. Please review for any possible typo error.
- ***This is not an Organization (Type 2) NPI.*** - You may have entered an Individual NPI on the Group/Organization NPI field. Please review the value that you have entered on the Group/Organization NPI field.

A warning message will be displayed advising you that previously entered data will be permanently removed from the system when you change the answer to a leading question.
- A leading question is one that triggers different follow-on questions/responses depending on the response provided.
- When the answer to a leading question is changed, follow-on questions may disappear from the portal.
- Ensure no critical information will be deleted prior to selecting 'Yes' and saving the changes on this page. Otherwise, you will have to re-enter deleted information.

FIGURE 62
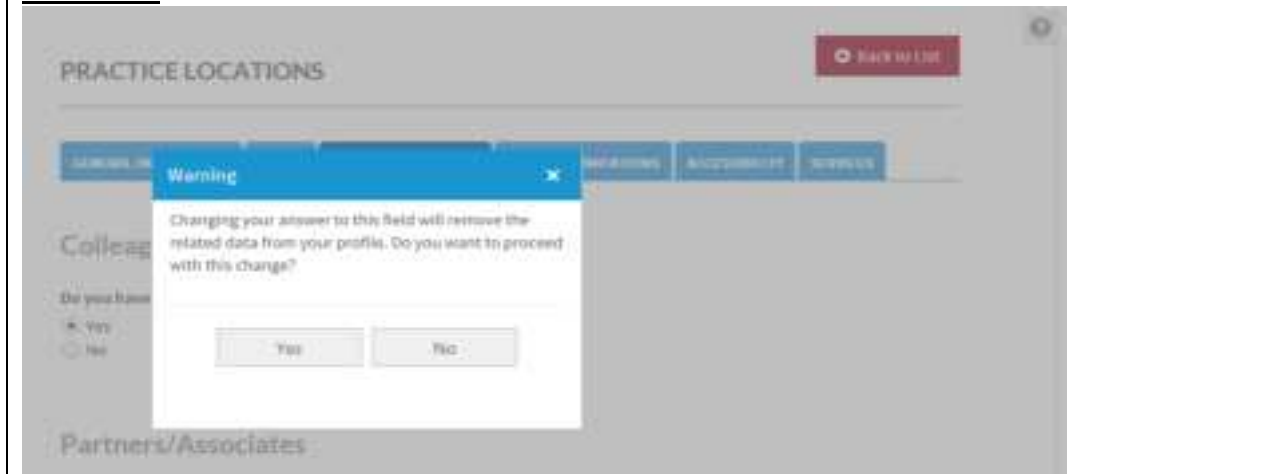
- Practice Affiliation
  - Do you practice at this location?
  - Please describe your affiliation with this location.

The question *"Do you practice at this location?"* should be required for **ALL** Inpatient/Outpatient or Outpatient Only Providers who practice in any of the states.

If your answer is either a Yes or a No to *"Do you practice at this location?"*, options will be displayed in a single select dropdown list.

You should enter a Yes answer if there is a chance that you will submit a claim for this practice. Whether you work at this practice every day, once a week, once a month, just to cover as needed, or to read tests or provide other services, a Yes answer accurately answers the question.

You should answer No to this question if you do not practice at this location and would never (or no longer) submit claims for services rendered at this location. This option is generally used to update existing practice locations. The absence of a practice location is difficult for a health plan to understand so rather than delete a location at which you no longer practice, you should enter a No answer to *"Do you practice at this location?"*.

FIGURE 63
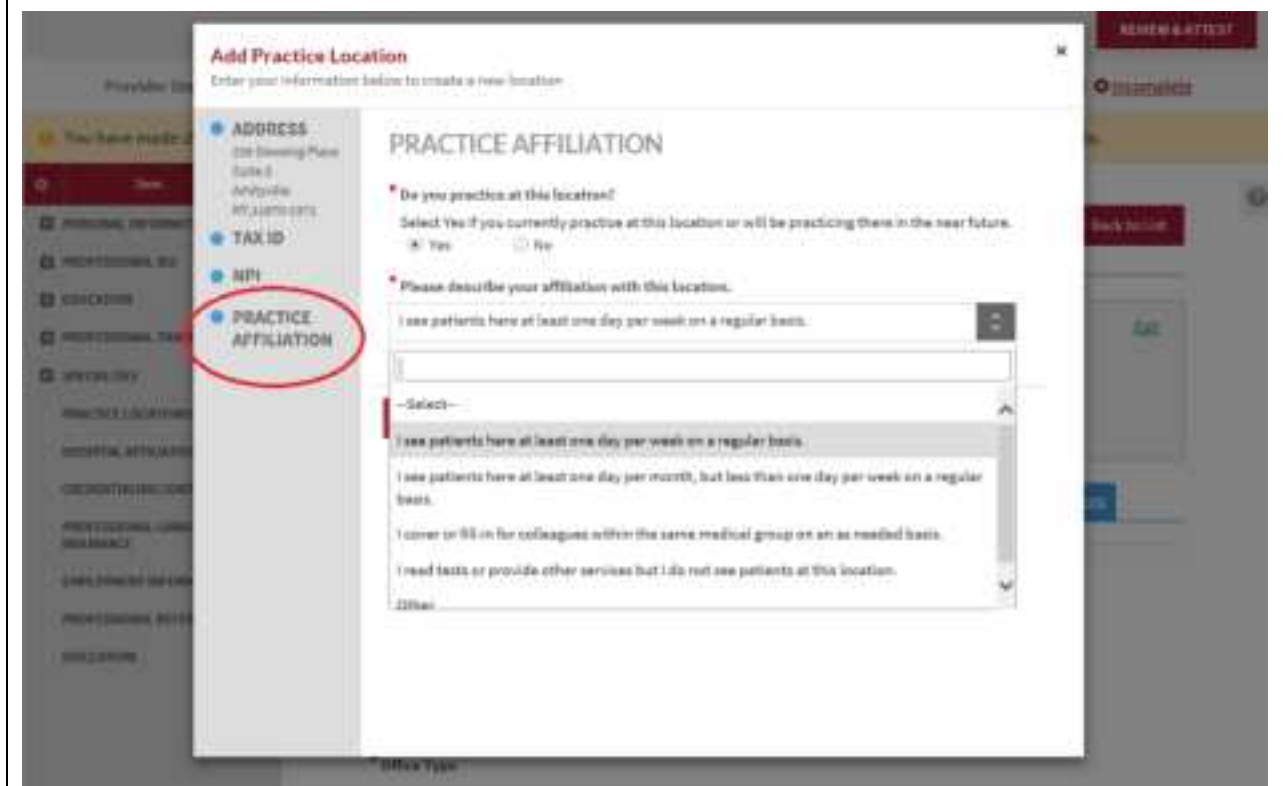
a. If you click Yes, a dropdown list with the following options will appear:
- I see patients here at least one day per week on a regular basis.
- I see patients here at least one day per month, but less than one day per week on a regular basis.
- I cover or fill-in for colleagues within the same medical group on an as needed basis.
- I read tests or provide other services but I do not see patients at this location.
- Other.

If you choose Other, a free form text box will appear for *"Please explain"* will be displayed.

FIGURE 64
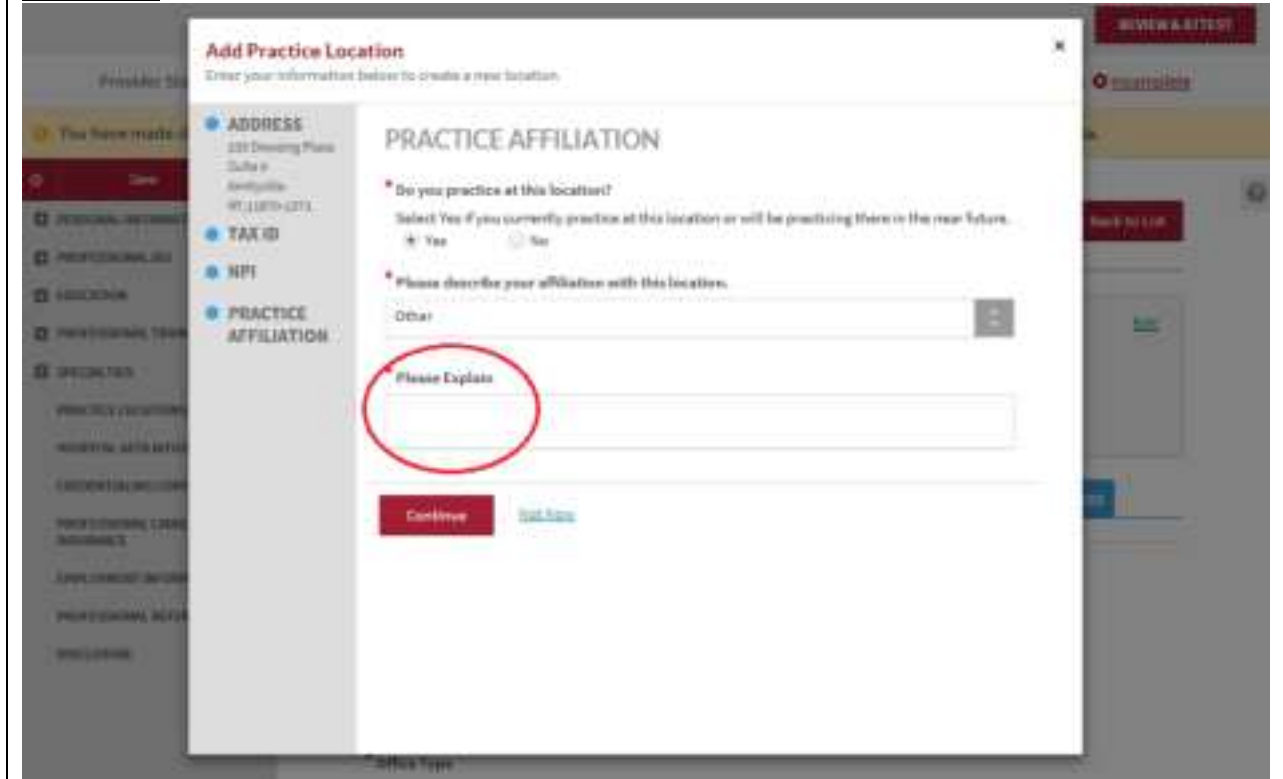
Which value to choose from the options?

Option 1: *I see patients here at least one day per week on a regular basis.*

This option would be appropriate when:

- this is your primary practice;
- a patient can make an appointment to see you at this location;
- you practice regularly at this location; or
- you have been hired at this location and have a start date in the near future.

Option 2: *I see patients here at least one day per month, but less than one day per week on a regular basis.*

This option would be appropriate when:
- you work at this location on a seasonal or monthly basis;
- you have a regular routine where you see patients at this location infrequently but on a schedule; or
- you do not consider this your primary practice but you routinely see patients at this location and patients can even make an appointment.

Option 3: *I cover or fill-in for colleagues within the same medical group on an as needed basis.*

This option would be appropriate when:
- you see patients at this location on an on-call basis;
- you are part of a larger practice and usually practice at another location but might need to fill-in for a provider at this one; or
- you serve in an urgent care capacity within a practice where you do not take appointments at the location, but you deliver care.

Option 4: *I read tests or provide other services but I do not see patients at this location.*

This option would be appropriate when:
- you perform administrative tasks at this location but do not see patients; or
- you read tests for patients at this location but do not see patients.

Option 5: *Other*

This option would be appropriate when:
- your affiliation with the location is none of the values available.

Note: If you choose Other, a free form text box will appear to which you will be required to enter an explanation. If you are going to use this option, please make sure that a detailed explanation is entered. This information will be used to adjust our dropdown list values in the future.

b. If you select No to question "Do you practice at this location?", the following options will be displayed:
- I no longer practice at this location.
- I do not practice here, but the location is within the medical group with which I am employed.
- I never practiced here and have no affiliation with this location.

FIGURE 65
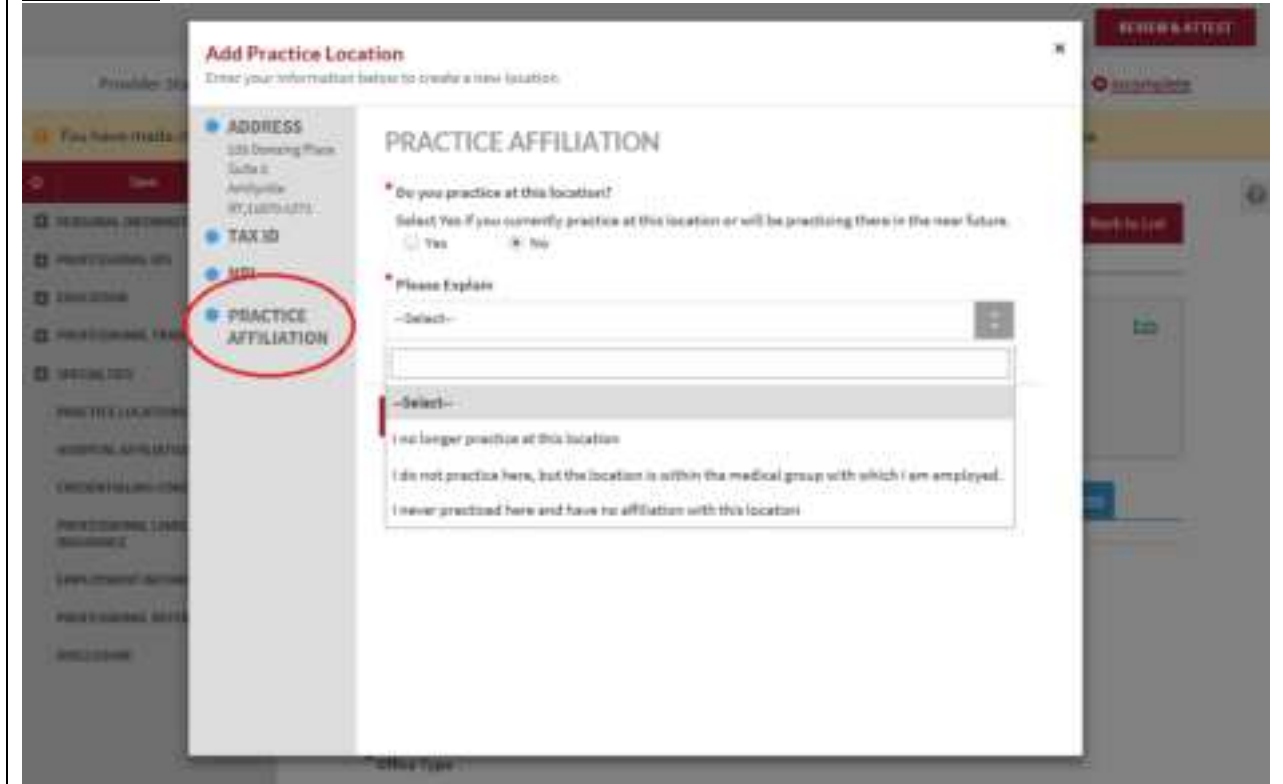
Which value to choose from the options?

Option 1: *I no longer practice at this location.*

This option would be appropriate when:
- you left the practice all together and no longer practice at any locations affiliated with the practice; or
- you are still employed with the practice but have switched to a different location and will no longer submit claims for services rendered at this location

Note: If you choose *"I no longer practice at this location."* a new date selector field *"End date"* will appear.

- The field format should be MM/DD/YYYY in the portal.
- The date entered on the "End Date" field must occur after the date entered in the field "Provider's Start Date".
- You should remember to update the Employment Information section of your profile with this information.

FIGURE 66
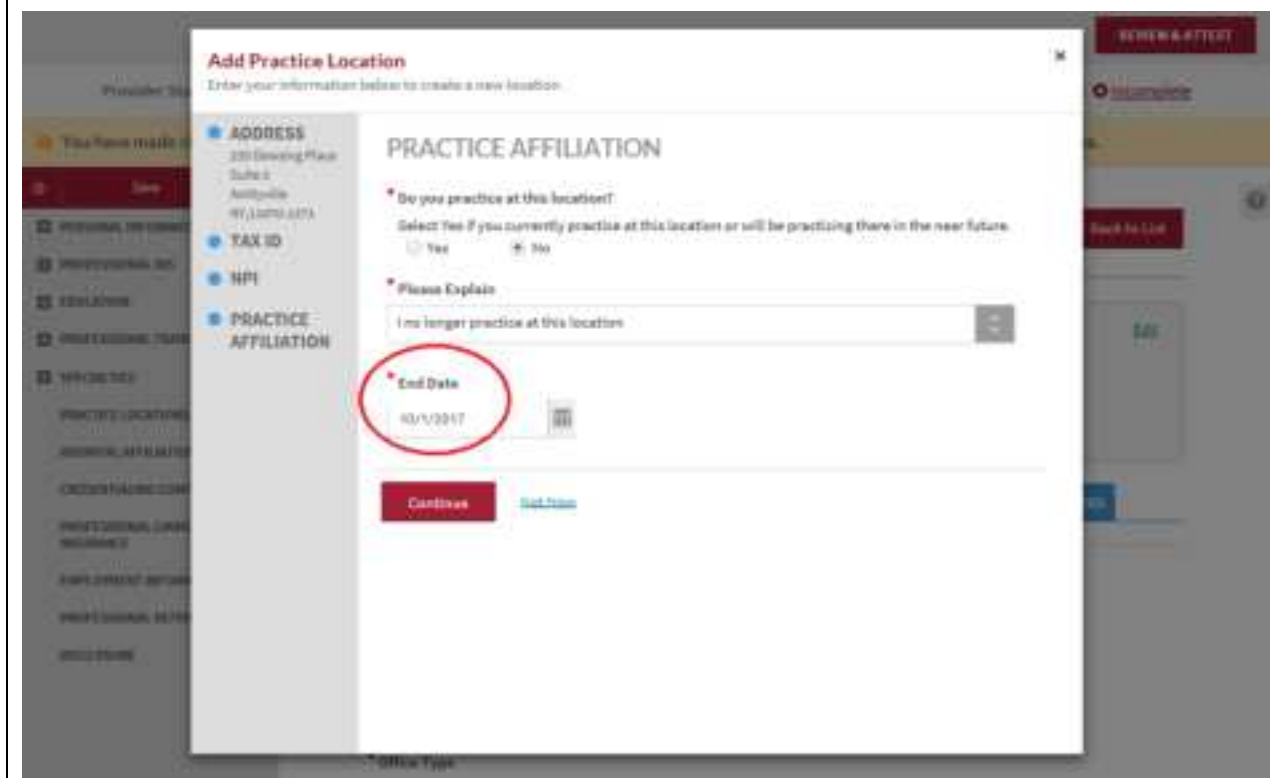
Option 2: *I do not practice here, but the location is within the medical group with which I am employed.*

This option would be appropriate when:
- You are employed by a large group and the practice manager for the group lists this location for you even though you would never submit claims to this location.

Option 3: *I never practiced here and have no affiliation with this location.*

This option would be appropriate when:
- The practice location was entered by mistake.

c. When adding a new practice location, the question *"Do you practice at this location?"* will default to Yes and display the Select drop down value.

The subsections are listed below and may vary based on your practice state.

- General Information
  - Provider's Start Date
  - Office Type
  - Can general correspondence be sent to this location?
  - Office Phone Number - Please ensure that the phone number listed is the one that patients can use to schedule an appointment with the provider at that location.

Patients depend on the accuracy of provider directories when choosing a health plan and physicians. Inaccurate directories pose significant challenges for patients, contributing to delays in care, limiting choices of providers and masking problems with network adequacy.

FIGURE 67

In an ongoing effort to improve the accuracy of provider information listed within directories, CAQH ProView will ask providers to confirm that the phone number listed for each practice location is the primary method that patients may use when scheduling an appointment. If you do NOT take appointments, confirm that the phone number listed on the Practice Location section Office Phone Number field is the main number for the location.

FIGURE 68

To meet provider directory requirements, the phone number entered in the Practice Location field "Office Phone Number" must be the number that a patient uses to make an appointment. Please confirm that the phone number that displays in the "Office Phone Number" column is the appointment phone number or, if the provider does not take appointments, the main number for the location.

Location	Office Phone Number	Please confirm that this is the appointment phone number
Friendship Pediatrics 4592 Wisconsin Ave, NW Suite 400 Washington, DC 20016-9222	228-297-2927	Confirm | Edit

- If you click the Edit link, you will be taken to the General Information screen for that Practice Location.
- At the top of the page, an error in red text will be displayed: *"Please confirm that the phone number entered in Office Phone Number is the number that patients use to make appointments."* The new phone number will appear on the Correct Errors page. Click the Confirm link to confirm that the new phone number entered is the one that patients can use to make appointments.
- If you click the Confirm link for a Practice Location, that line item will disappear from the Correct Errors page.
    - o Phone Coverage

- Hours
    - o Office Hours
    - o Patients
        - Indicate the types of patients accepted into the practice
- Coverage & Contact
    - o Colleagues
    - o Covering Colleagues
    - o Mid-Level Practitioners
        - Mid-level practitioners include: P.A. (physician's assistant), N.M.W (nurse midwife), N.P (nurse practitioner), or R.N.F.A (registered nurse first assistant).
    - o Office Manager or Business Staff Contact
    - o Billing Contact
    - o Payment and Remittance
- Practice Limitations
    - o Limitation
        - A limitation is any restriction you have set on the gender or age of your patient population.
    - o Gender Limitations

- o Age Limitations - The value in the Age Maximum field must be greater than the value in the Age Minimum field. Otherwise, it will appear on the Correct Errors page.
  - o Other Limitation

- ▪ Accessibility
  - o ADA Accessibility
    - ▪ The Americans with Disabilities Act (ADA) ensures access to the built environment for people with disabilities. The ADA Standards establish design requirements for the construction and alteration of facilities subject to the law. These enforceable standards apply to places of public accommodation, commercial facilities, and state and local government facilities.
  - o Handicapped Accessibility
  - o Public Transportation Accessibility
  - o Other Accessibility Services
  - o Disabled Accessibility
- ▪ Services
  - o Services
    - ▪ Please use this section to indicate what services are provided at your practice location.
    - ▪ Clinical Laboratory Improvement Amendments (CLIA) - Diagnostic testing helps health care providers screen for or monitor specific diseases or conditions. It also helps assess patient health to make clinical decisions for patient care. The Clinical Laboratory Improvement Amendments (CLIA) regulate laboratory testing and require clinical laboratories to be certificated by their state as well as the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing. Laboratories can obtain multiple types of CLIA certificates, based on the kinds of diagnostic tests they conduct.
  - o Interpretation Services

For Providers whose Provider Type is either MD, DO, NP, or DMD with Inpatient/Outpatient or Outpatient Only as the Practice Setting, each active practice location (where you answered Yes to the question: *Do you practice at this location?*) should have a matching Primary Practice State or Practice State on the Personal Information section. There will be an error for each active practice location that does not have a matching Practice State.

FIGURE 69

Sub Section	Field	Error	Action
General Information	State	You have indicated that you practice at a location in Colorado but you have not selected Colorado as a practice state. Please select Colorado as a practice state or indicate that you do not practice at this location.	Update Practice Locations	Update Practice States Ignore

On the screenshot (Figure 53), the account has an active practice location in Colorado but Colorado is not selected as a Practice State in the Personal Information section. The Provider is required to either change the answer to the question *"Do you practice at this location?"* from Yes to No for this practice location record or archive the practice location record, or add Colorado as a Practice State.

- The Update Practice Locations hyperlink in the error is a hyperlink to the Practice Locations Home Page. Once the user has clicked the hyperlink, the following error is displayed on the top of the Practice Locations Page, in red text:

    You have selected {Primary Practice State or Practice State} as a practice state but you have not indicated that you practice at a location in {Primary Practice State or Practice State}. Please add a practice location in {Primary Practice State or Practice State} or remove {Primary Practice State or Practice State} as a practice state.

FIGURE 70

PRACTICE LOCATIONS

- You have indicated that you practice at a location in Colorado but you have not selected Colorado as a practice state. Please select Colorado as a practice state or indicate that you do not practice at this location.
- You have selected Texas as a practice state but you have not indicated that you practice at a location in Texas. Please add a practice location in Texas or remove Texas as a practice state.

Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.

Make sure to enter all group/practice information in the Employment Information section of your profile.

PRACTICE LOCATIONS			⇄ Import · ADD
Physician Group/Practice Name	**Tax ID**	**Location**	**Actions**
Practice #1	98-9891891	235 Dowsing Place Suite 3 Amityville, NY 11870-1371 Phone: 090-309-3292	Primary Practice / Edit / Archive
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701 Phone: 208-282-8222	Edit / Archive
Practice #3	91-1981101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719 Phone: 090-202-0922	Edit / Archive
Practice #5	09-0280920	5 Dowsing Pl Amityville, CO 97292-9282	Edit / Archive

- If you add the Practice State to match the active Practice Location, and click **"Save and Continue"**, you will be redirected to the Correct Errors Page and will no longer see the error.
- The **Ignore** hyperlink in the error is a hyperlink to the Ignore pop-up that already exists for Address Standardization. The pop-up should have the same functionality, i.e., if the user clicks the "Yes" button, the error is removed from the Correct Errors Page.
- You are **required to either fix the error** or **click Ignore** and then click "Yes" in the pop-up so that the error disappears on the Correct Errors Page, and you will be able to attest.

Enhanced: Adding a Practice Location!

To add a practice location to your profile, go to the Practice Location section of your CAQH ProView application. Click the Add button.

FIGURE 71

PRACTICE LOCATIONS

Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.

Make sure to enter all group/practice information in the Employment Information section of your profile.

PRACTICE LOCATIONS   ⇄ Import   ⊕ ADD

Physician Group/Practice Name	Tax ID	Location	Actions
Practice #1	98-9891891	235 Dowsing Place Suite 3 Amityville, NY 11870-1371	Primary Practice Edit Archive
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701	Edit Archive
Practice #3	91-1981101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719	Edit Archive

When adding a new practice location to your profile, a pop-up window will be displayed after you clicked the Add button. Enter the Physician Group/Practice Name and the practice location address. Click Continue.

FIGURE 72
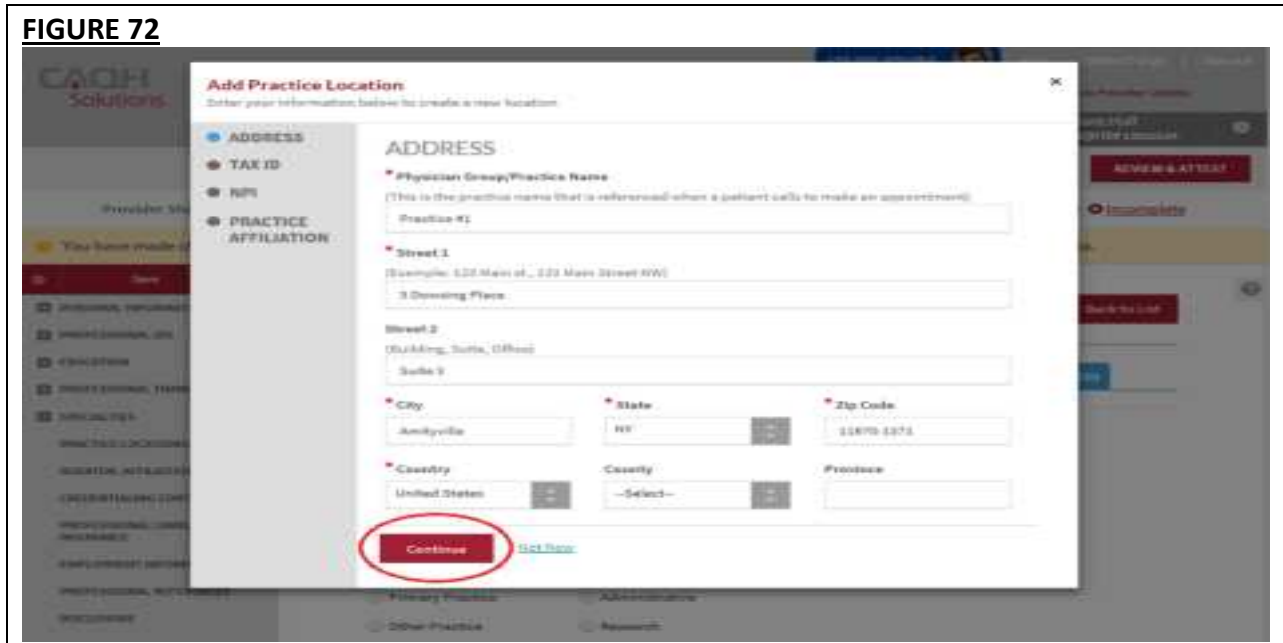
The address will be standardized by the United State Postal Service (USPS). You need to confirm that the suggested address is correct.

If you select the box for the address that you have just entered, you will be prompted with a message that states: *By selecting the un-standardized address, you acknowledge that Health Plans are likely to contact you directly to confirm your address.*

FIGURE 73
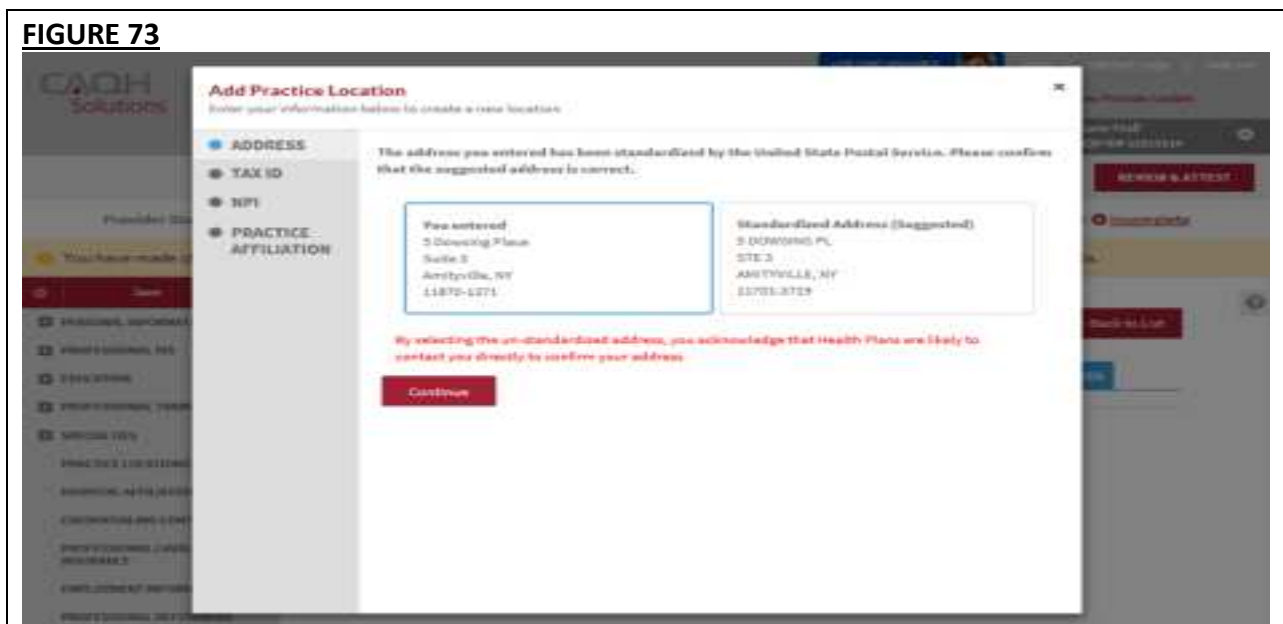
If you select Continue, the address that you have entered will be displayed at the left side of the pop-up and you will be directed to the Tax ID information.

FIGURE 74
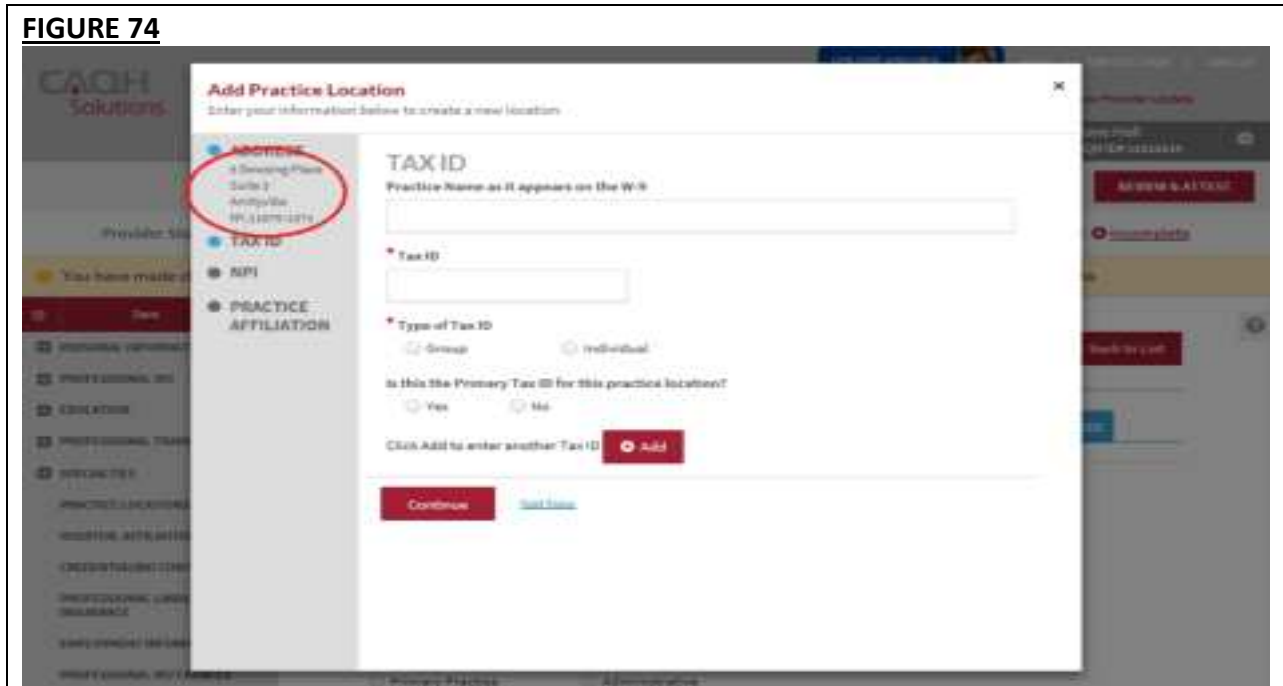
On the other hand, if you select the Standardized Address (Suggested) and click Continue, the standardized address will be displayed on the left side of the pop-up and you will be directed to the Tax ID screen.

FIGURE 75
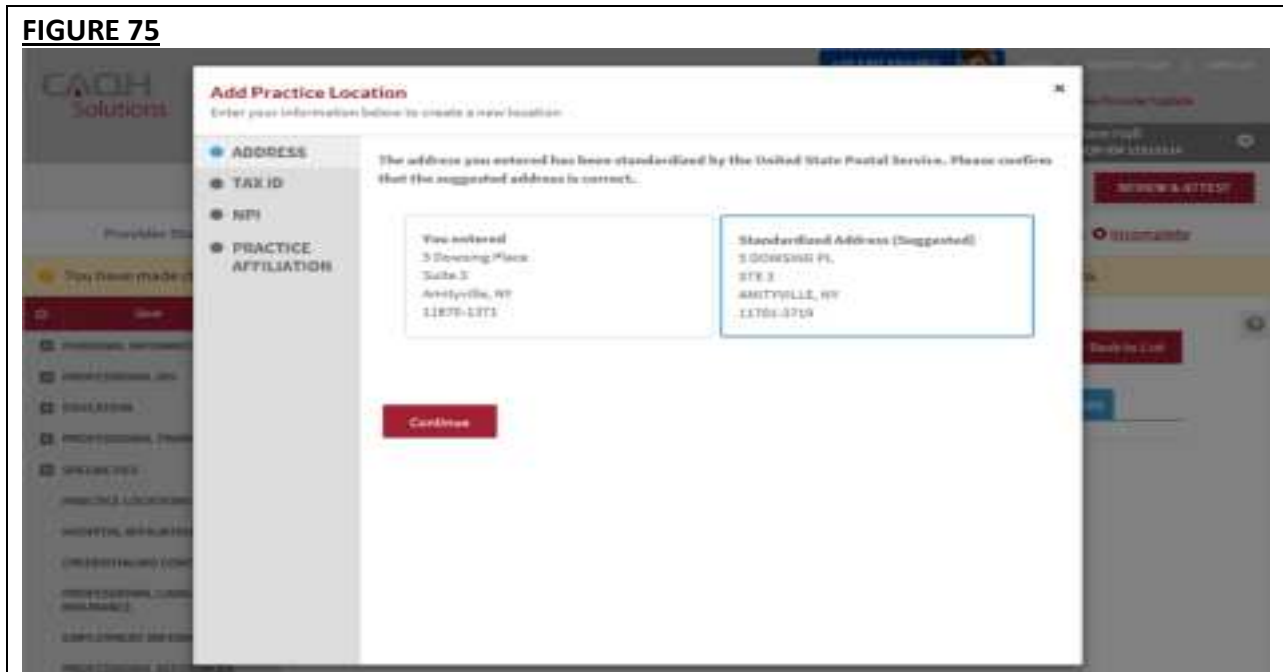
On the Tax ID screen, enter the Practice Name as it appears on the W-9, the Tax ID, and select the Type of Tax ID. Click Continue.

FIGURE 76
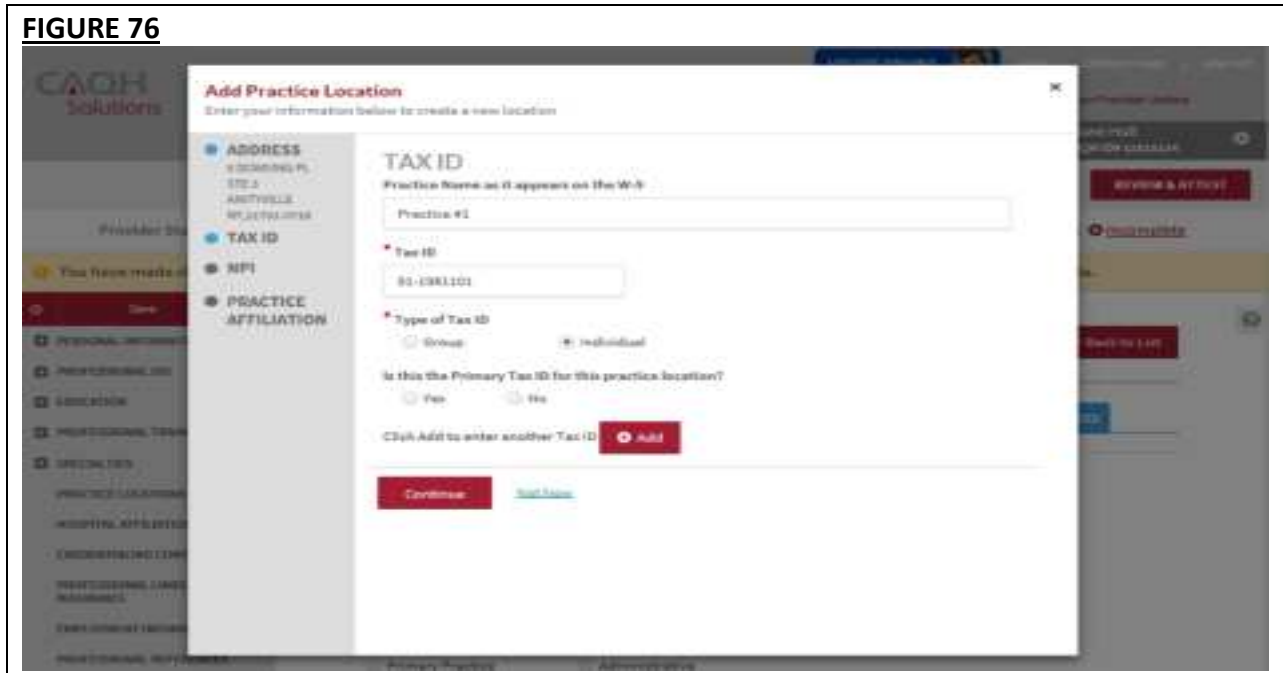
The screen will display the NPI information. Answer the question *"Do you have an organization (Type 2) NPI?"* If your answer is Yes, you will be required to enter the Organization (Type 2) NPI. Click Continue.

FIGURE 77
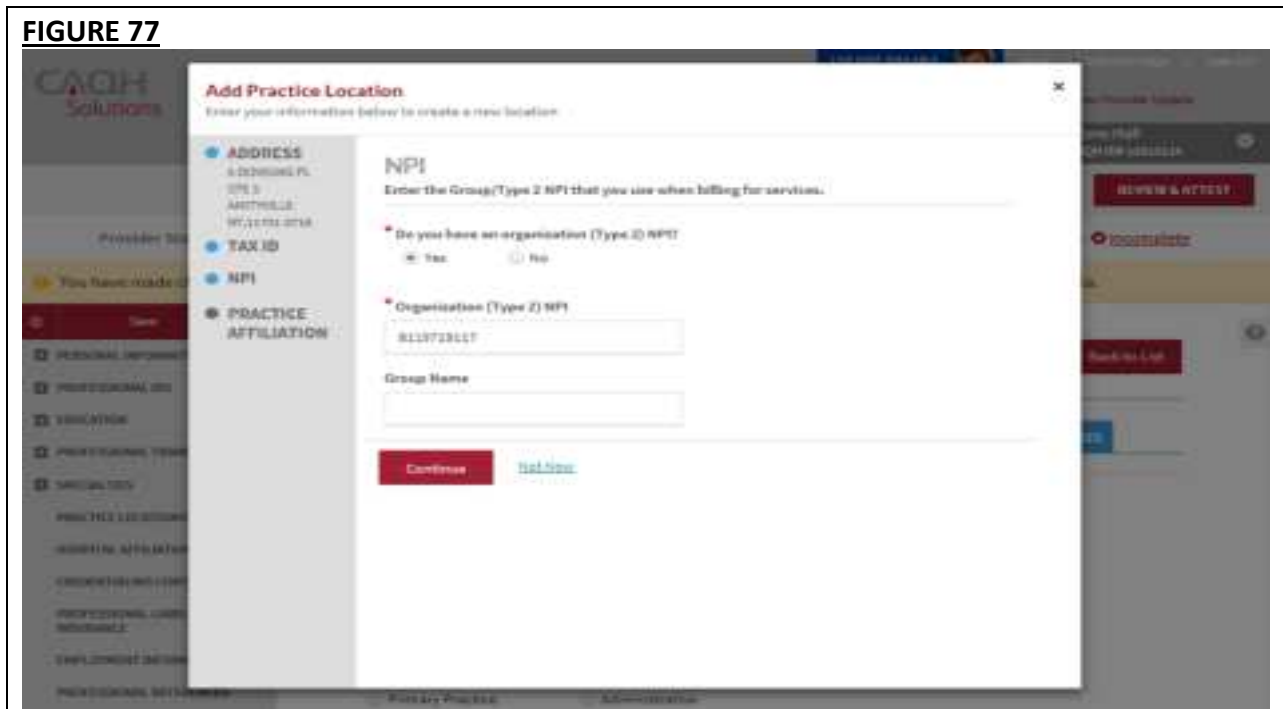
You will be directed to the Practice Affiliation page. Answer the question: "Do you practice at this location?" Select Yes and describe your affiliation with this location. Options are available on the dropdown. Click Continue.

FIGURE 78
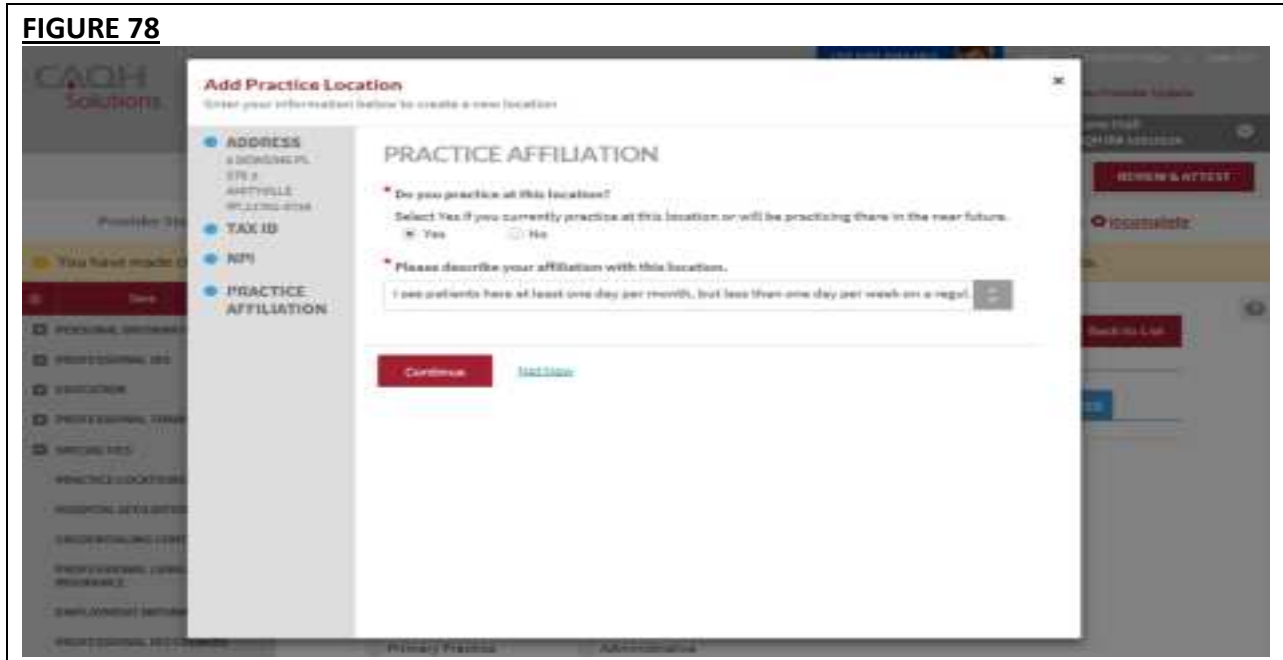
The Practice Locations page will be displayed. At the top of the page, you will see the information that you have entered. Navigate to each of the tabs to enter any other required information.

FIGURE 79
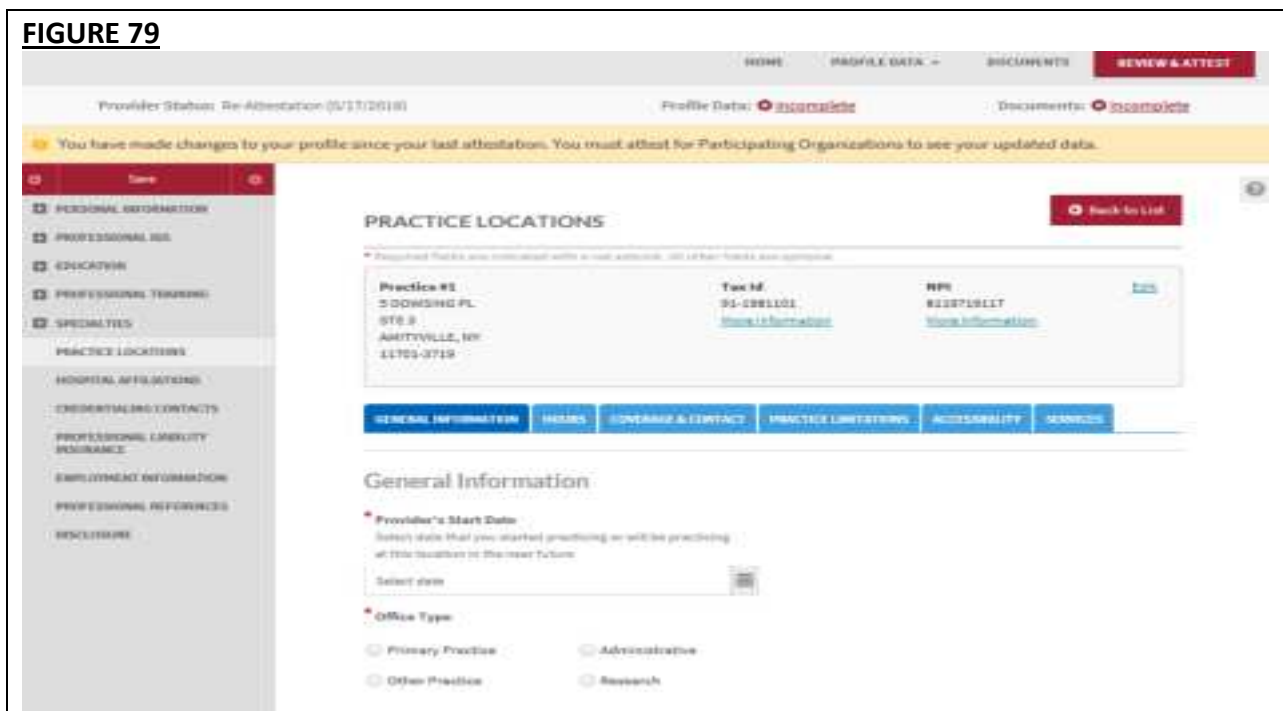
If you are adding a practice location that is active in your profile, you will be prompted with a message that states: *This location already exists in your Profile. Click Edit Address to enter a different address. Click View Existing Locations to view the current record.*

FIGURE 80

The address details will undergo standardization by the USPS. Confirm that the suggested address is correct.

FIGURE 81

If you select Continue, you will ne prompted with this message.

FIGURE 82
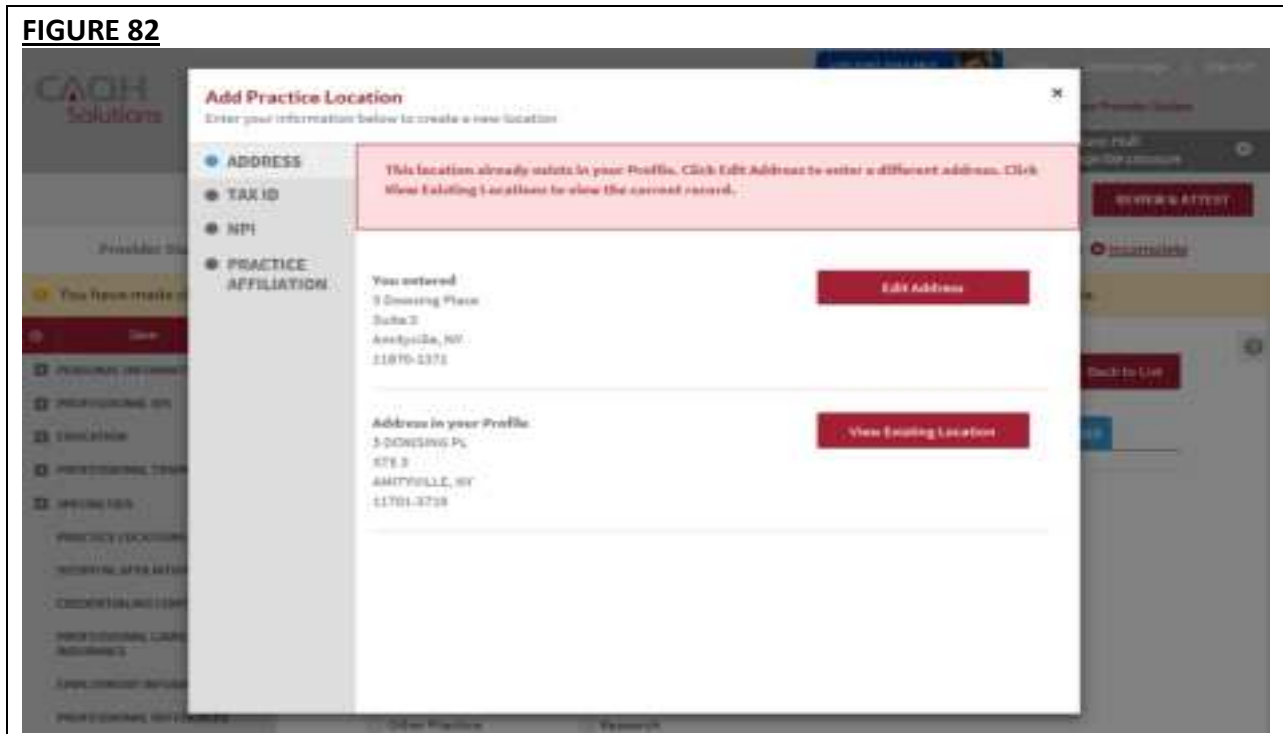
Note: CAQH ProView will not allow you to add a practice location that is already in your profile.

If you click Edit Address, you will be navigated back to the screen where you can change the address details.

FIGURE 83
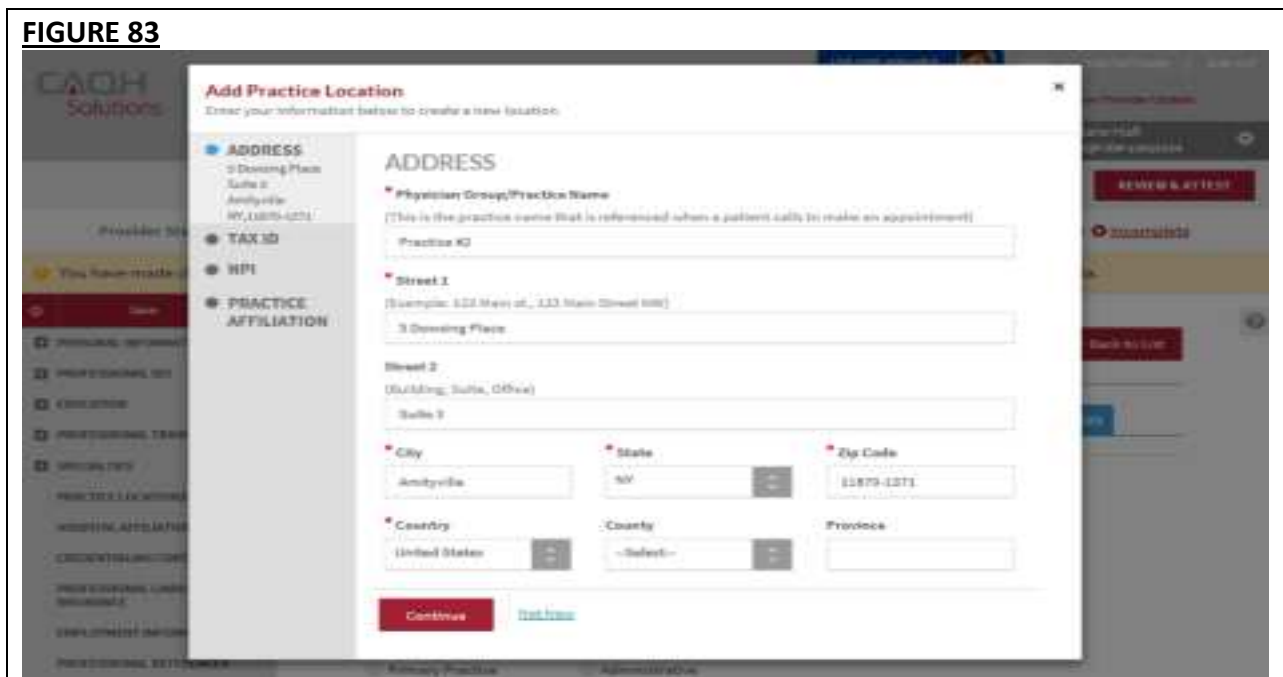
If you click View Existing Location, the details of the existing location will be displayed.

FIGURE 84

If you are adding a practice location that is already in your profile but is in your archived locations, you will be prompted with a message that states: *This location already exists in your archived locations. Click Edit Address to enter a different address. Click View Archived Locations to view the archived record. You can restore this location from your Archived Location table.*

FIGURE 85

The address will undergo standardization by the USPS.

FIGURE 86
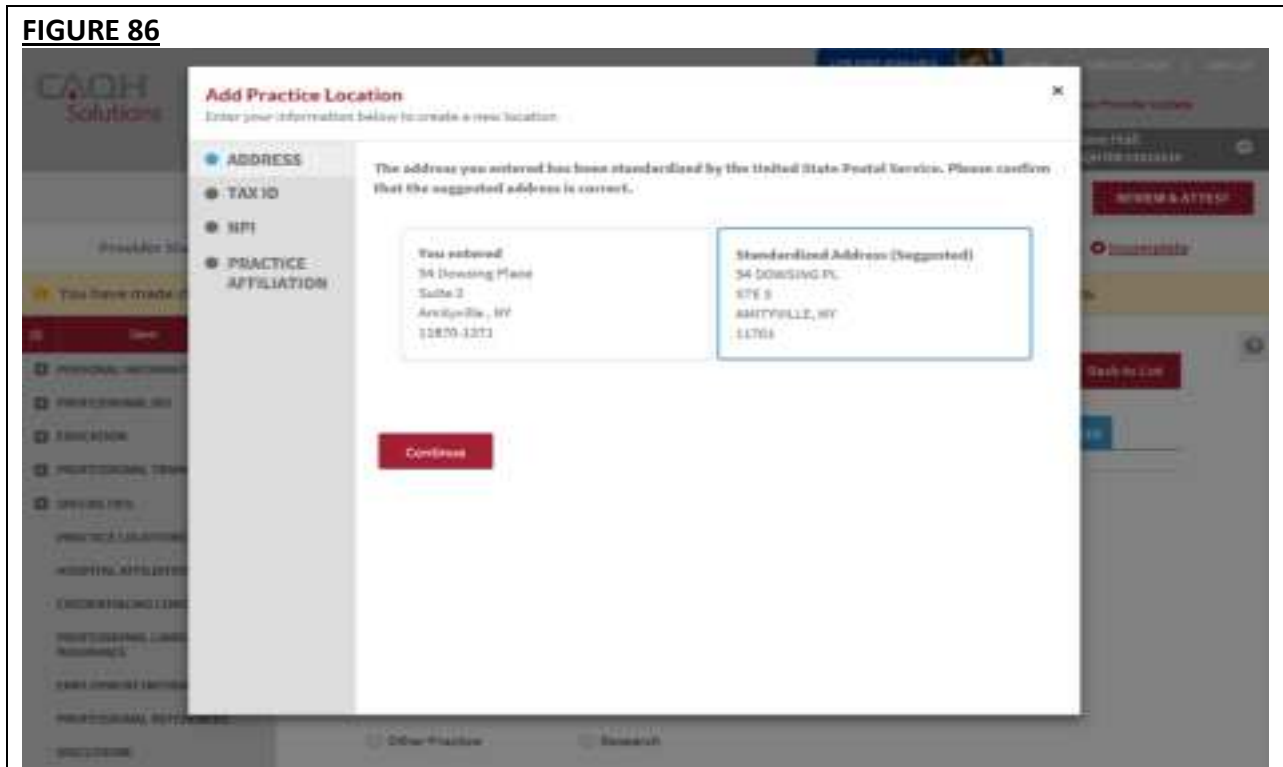
If you select Continue, you will be prompted with this message.

FIGURE 87
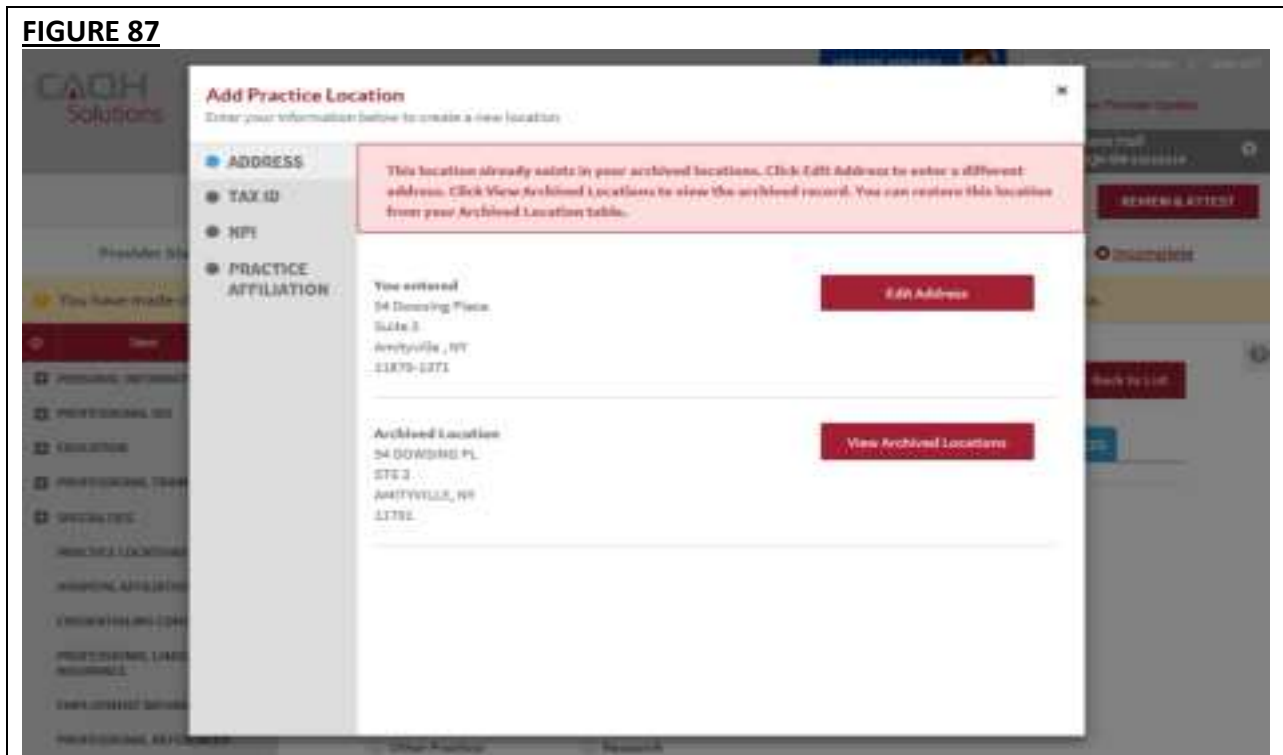
If you click Edit Address, you will be navigated to a screen where you can change the address details.

FIGURE 88

If you click View Archived Locations, you will be directed to the Practice Locations summary page. The archived location will be displayed.

FIGURE 89

PRACTICE LOCATIONS

Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.

Make sure to enter all group/practice information in the Employment Information section of your profile.

PRACTICE LOCATIONS   ⇄ Import   ➕ ADD

Physician Group/Practice Name	Tax ID	Location	Actions
Practice #1 *Click "Edit" to update your practice location status.		235 Dowsing Place Suite 3 Amityville, NY 11870-1371	Edit Archive
Practice #1	91-1981101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719	Edit Archive

ARCHIVED LOCATIONS
These are locations that you archived from your profile.   Hide ▲

Location	Your Action	*Reason	Action
54 DOWSING PL STE 3 AMITYVILLE, NY 11701	Archived	I no longer practice at this location	Restore

⏮ ◀ **1** ▶ ⏭   1 of 1 pages (1 items)

⊙ Save and Go Back   Save & Continue ⊙

New: Archiving a Location/s

The "Delete" functionality has been replaced with the "Archive" functionality. Archive a location where you do not practice. To archive a location, click the Archive link for that location.

FIGURE 90

You will be prompted to select the reason for archiving the location. Click the radio button for the reason. If you select "I no longer practice at this location", you will be required to enter the end date. Click Confirm Archive.

FIGURE 91
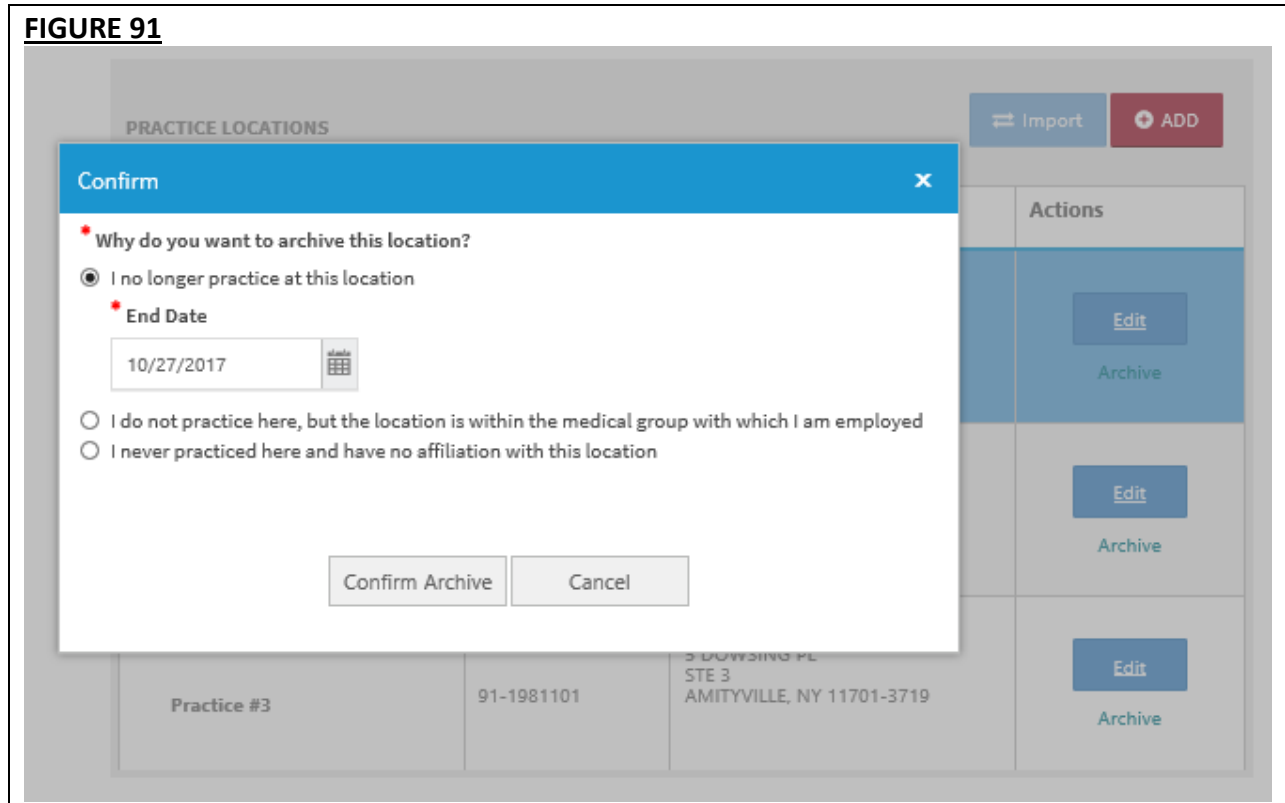
If you are archiving a location for the first time, a section for Archived Locations will be displayed on the page.

Note: When you change your answer to the question *"Do you practice at this location?"* from Yes to No, that practice location will be moved to the Archived Locations.

To view the archived location/s, click Show.

FIGURE 92

PRACTICE LOCATIONS

Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.

Make sure to enter all group/practice information in the Employment Information section of your profile.

PRACTICE LOCATIONS   ⇄ Import   ● ADD

Physician Group/Practice Name	Tax ID	Location	Actions
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701	Edit Archive
Practice #3	91-1981101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719	Edit Archive

ARCHIVED LOCATIONS
These are locations that you archived from your profile.   Show ▼

◉ Save and Go Back   Save & Continue ◉

The page will display the archived location/s.

FIGURE 93

To hide the archived location/s, click Hide.

FIGURE 94

New: Restoring an Archived Location/s

If you wish to restore the location, click on the Restore link for that practice location.

FIGURE 95
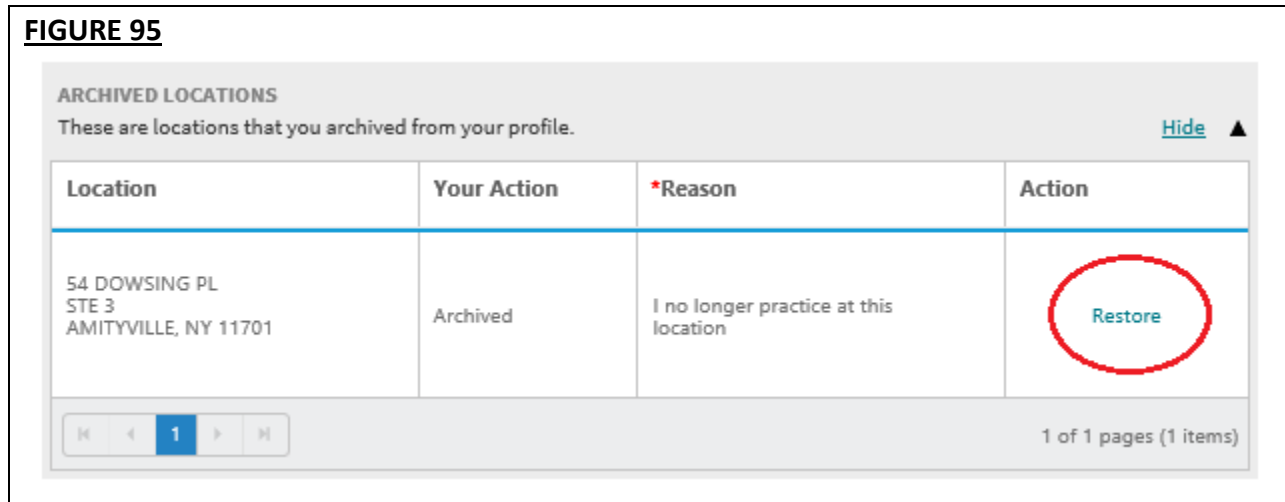
You will be prompted to select the reason for restoring the location. Select one from the options and click Confirm Restore.

FIGURE 96
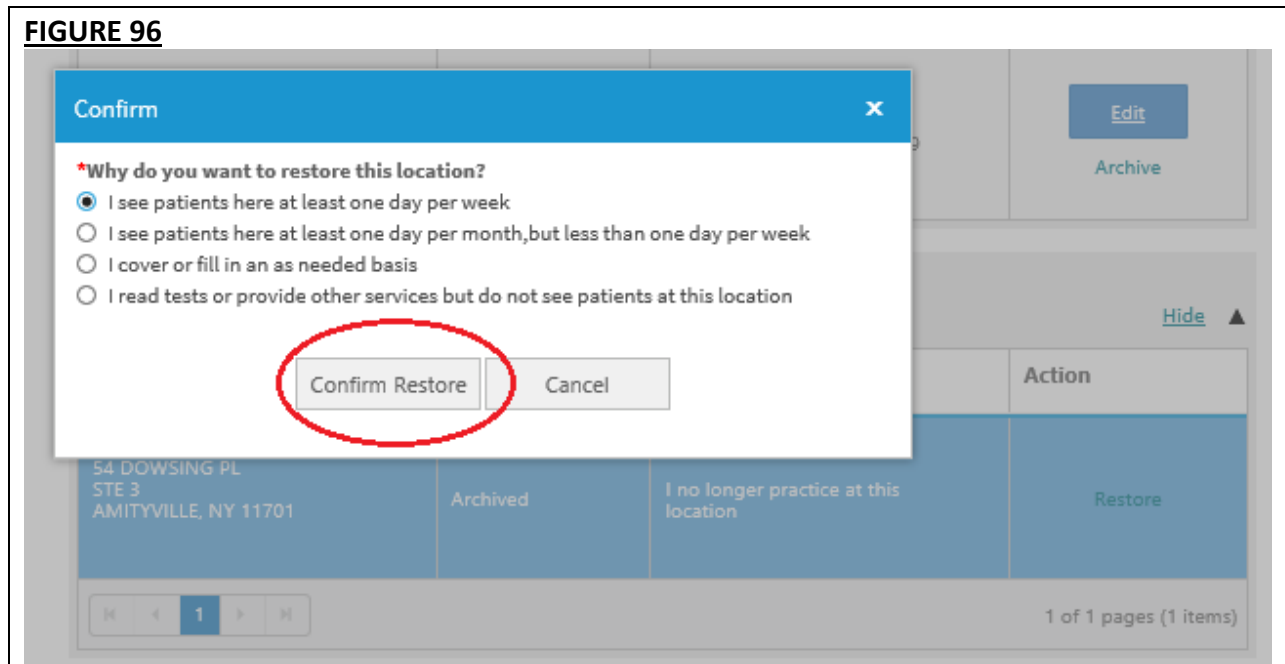
The location will now show as active.

FIGURE 97

PRACTICE LOCATIONS

Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.

Make sure to enter all group/practice information in the Employment Information section of your profile.

PRACTICE LOCATIONS   ⇄ Import   ● ADD

Physician Group/Practice Name	Tax ID	Location	Actions
Practice #1	98-9891891	235 Dowsing Place Suite 3 Amityville, NY 11870-1371	Edit Archive
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701	Edit Archive
Practice #3	91-1981101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719	Edit Archive

◉ Save and Go Back   Save & Continue ◉

New: Participation Tab

Providers who fall into these criteria will see a new tab in the Practice Locations section:

- Rostered by a Participating Organization/s for Provider Directory
- The rostering Participating Organization is authorized (see authorization page of your application)
- The following fields in the practice location record are populated:
  o Physician Group/Practice Name
  o State

Please indicate if you are in the contracting process or currently contracted with the Participating Organizations listed below. If you are, please indicate your panel status for new patients.

The Participation tab will appear next to the General Information tab.

FIGURE 98

If you click the Participation tab, you will be directed to this page.

FIGURE 99

If you select Yes, another required question will be displayed.

FIGURE 100

Click Save and Continue to save your changes and navigate to the Hours and other tabs.

Hospital Affiliations

The new Hospital Affiliations section now requires you to:

- clarify admitting privileges status;
- explain why an admitting privilege is no longer active;
- declare admitting arrangements and non-admitting affiliations; and
- enter complete information for all hospitals you are affiliated with

Help text has been added to assist users in navigating the page.

FIGURE 101

The content of the self-help option has also been updated with commonly asked questions.

FIGURE 102
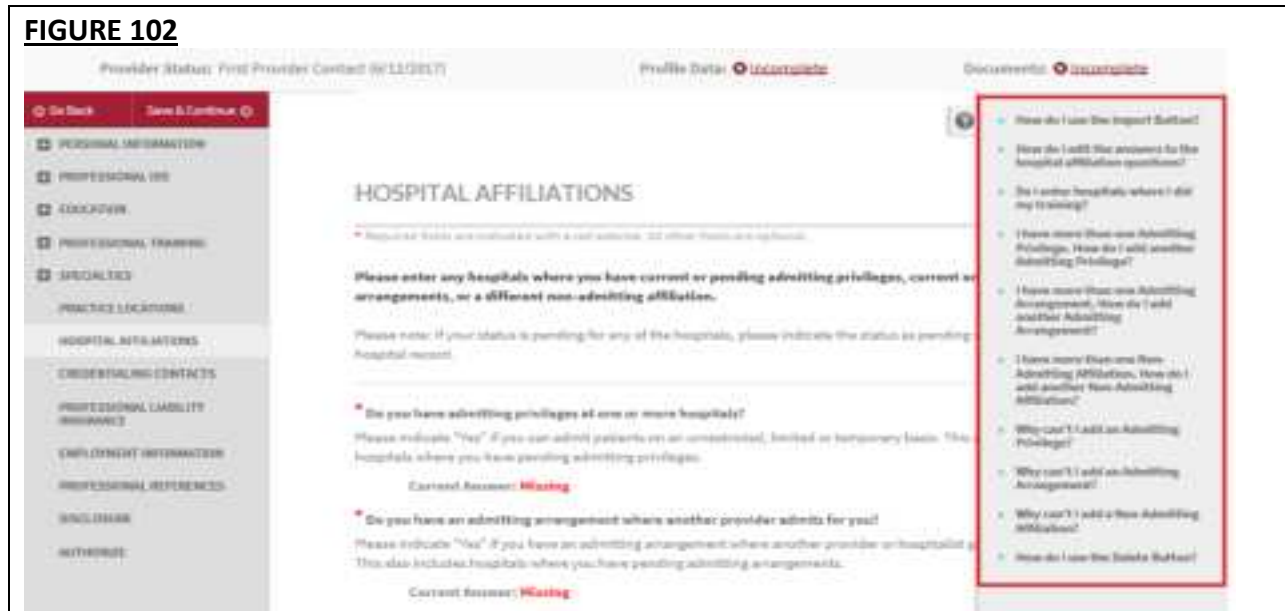
There are two required questions: *"Do you have admitting privileges at one or more hospitals?"* and *"Do you have an admitting arrangement where another provider admits for you?"* and one optional question: *"Do you have any non-admitting hospital affiliations?"*

FIGURE 103
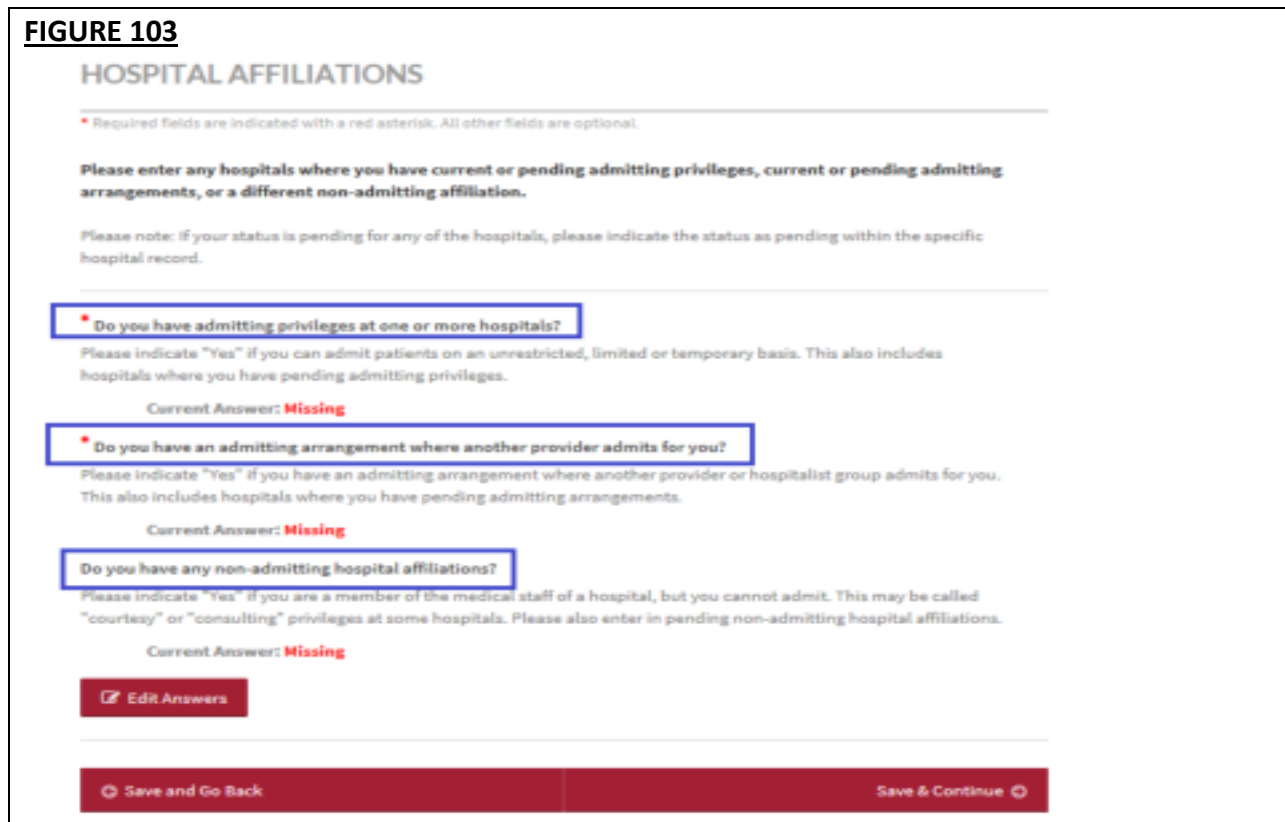
The two required questions will appear on the Correct Errors page until you answer them.

FIGURE 104

Correct Errors

Proview has identified items in your profile that need attention. You must address these items before you attest.

REQUIRED FIXES

Hospital Affiliation

Sub Section	Field	Error
Hospital Affiliations	Do you have admitting privileges at one or more hospitals?	Please enter the field labeled, "Do you have admitting privileges at one or more hospitals?"
Hospital Affiliations	Do you have an admitting arrangement where another provider admits for you?	Please enter the field labeled, "Do you have an admitting arrangement where another provider admits for you?"

Beneath each of the leading questions on the Hospital Affiliations page is the current answer you have selected. "Missing" will be displayed in red text if you have not yet answered the question.

FIGURE 105

HOSPITAL AFFILIATIONS

* Required fields are indicated with a red asterisk. All other fields are optional.

Please enter any hospitals where you have current or pending admitting privileges, current or pending admitting arrangements, or a different non-admitting affiliation.

Please note: If your status is pending for any of the hospitals, please indicate the status as pending within the specific hospital record.

* **Do you have admitting privileges at one or more hospitals?**

Please indicate "Yes" if you can admit patients on an unrestricted, limited or temporary basis. This also includes hospitals where you have pending admitting privileges.

Current Answer: **Missing**

* **Do you have an admitting arrangement where another provider admits for you?**

Please indicate "Yes" if you have an admitting arrangement where another provider or hospitalist group admits for you. This also includes hospitals where you have pending admitting arrangements.

Current Answer: **Missing**

Do you have any non-admitting hospital affiliations?

Please indicate "Yes" if you are a member of the medical staff of a hospital, but you cannot admit. This may be called "courtesy" or "consulting" privileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.

Current Answer: **Missing**

[Edit Answers]

[Save and Go Back]   [Save & Continue]

Providers practicing in North Carolina will see an additional optional question which will be displayed below the *"Do you have any non-admitting hospital affiliations?"* question on the Hospital Affiliations Page.

FIGURE 106

If you need to edit an answer/s to any of these questions, you must click the "Edit Answers" button.

FIGURE 107

88 | P a g e

You will be directed to a page displaying the leading questions, the help text, and the editable Yes or No radio button. Click Save and Continue to save the answers.

FIGURE 108

If all the questions are answered No, a pop-up message will be displayed for you to confirm that there are no current or pending admitting privileges and no routine process for admitting patients.

FIGURE 109

- If you click "Confirm", the pop-up will close, any changes to the answers will be saved and the system will be re-directed back to the Hospital Affiliations Page where the answers are reflected.

FIGURE 110

HOSPITAL AFFILIATIONS

* Required fields are indicated with a red asterisk. All other fields are optional.

Please enter any hospitals where you have current or pending admitting privileges, current or pending admitting arrangements, or a different non-admitting affiliation.

Please note: If your status is pending for any of the hospitals, please indicate the status as pending within the specific hospital record.

---

* Do you have admitting privileges at one or more hospitals?

Please indicate "Yes" if you can admit patients on an unrestricted, limited or temporary basis. This also includes hospitals where you have pending admitting privileges.

   Current Answer: No

* Do you have an admitting arrangement where another provider admits for you?

Please indicate "Yes" if you have an admitting arrangement where another provider or hospitalist group admits for you. This also includes hospitals where you have pending admitting arrangements.

   Current Answer: No

Do you have any non-admitting hospital affiliations?

Please indicate "Yes" if you are a member of the medical staff of a hospital, but you cannot admit. This may be called "courtesy" or "consulting" privileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.

   Current Answer: No

[Edit Answers]

- Clicking "Cancel" will close the pop-up and you will remain on the Edit Answers Page. The data on the page will not be saved.

- If you click the "X" button at the top corner of the pop-up, the pop-up will close, you will remain on the Edit Answers Page, and the data on the page will not be saved.

If your practice setting is *Inpatient Only* and you answered *No* to *"Do you have admitting privileges at one or more hospitals?"* AND *"Do you have an admitting arrangement where another provider admits for you?"* AND *"Do you have any non-admitting hospital affiliations?"*, an error will be displayed on the Required Fixes page.

FIGURE 111

This is how the error will appear on the Hospital Affiliations page.

FIGURE 112

CAQH ProView will create a block in the Manage Hospital Affiliations section with a red "Add" button on the right for questions that were answered Yes. You will be required to enter at least one admitting privilege record and/or at least one admitting arrangement record.

FIGURE 113

You can attest without a Non-Admitting Affiliation record even if the question *"Do you have any non-admitting hospital affiliations?"* is answered *Yes*. This is an optional question.

Admitting Privileges

To add an admitting privilege record for the first time, click the *"Add button"* beside the statement *"Please enter at least one Admitting Privilege Record."* You will be directed to a page where details of an admitting privilege record can be entered. Required fields are indicated with a red asterisk. All other fields are optional.

FIGURE 114

The contents of the self-help option for the Admitting Privilege records page have also been updated to answer the commonly asked questions.

FIGURE 115

Admitting Arrangements

To add an admitting arrangement, record for the first time, click the *"Add button"* beside the statement *"Please enter at least one Admitting Arrangement Record."* You will be directed to a page where details of an admitting arrangement record can be entered. Required fields are indicated with a red asterisk. All other fields are optional.

FIGURE 116

The contents of the self-help option for the Admitting Arrangement records page have also been updated to answer the commonly asked questions.

FIGURE 117

Non-Admitting Affiliations

To add a non-admitting affiliation record for the first time, click the "Add button" beside the statement "Please enter a Non-Admitting Affiliation Record." You will be directed to a page where details of a non-admitting affiliation record can be entered. Required fields are indicated with a red asterisk. All other fields are optional.

FIGURE 118

The contents of the self-help option for the Non-Admitting Affiliation records page have also been updated to answer the commonly asked questions.

FIGURE 119

Non-Admitting Affiliation Record

* Required fields are indicated with a red asterisk. All other fields are optional.

Please enter the details of your Non-Admitting Affiliation Record. A non-admitting affiliation is one v of the medical staff but do not have admitting privileges or admitting arrangements.

State
--Select--

Country
United States

Hospital Name   ☐ Other (Not Listed)
--Select--

Street 1

Street 2

City

Zip Code

Phone Number

What is Non-Admitting Affiliation Status?

Your Non-Admitting Affiliation Status is Active if you currently have an affiliation with this hospital. Your Non-Admitting Affiliation Status is Inactive if you previously had an affiliation, but no longer have an affiliation with this hospital. Your Non-Admitting Affiliation Status is Pending if you have applied for affiliation, but have not yet been accepted by this hospital.

A consolidated list of all the Hospital Affiliation records will be displayed in a summary table.

FIGURE 120

All admitting privilege records with *"Is this your primary hospital?"* = Yes are marked with a backwards chevron with the white text "Primary Hospital" on the far right.

FIGURE 121

Within each record in the summary table is a red "Delete" button which when clicked, will display the Delete pop-up message.

FIGURE 122
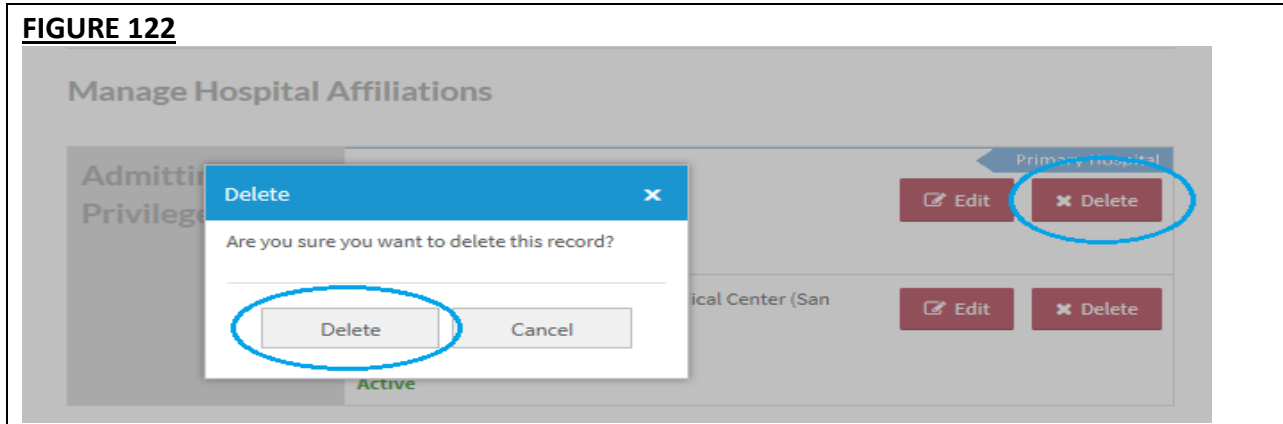
If the Provider wishes to add more admitting privileges, admitting arrangements, and/or non-admitting affiliation records this can be accomplished by scrolling to the bottom of the page and selecting the type of record to be entered and clicking "Add".

FIGURE 123
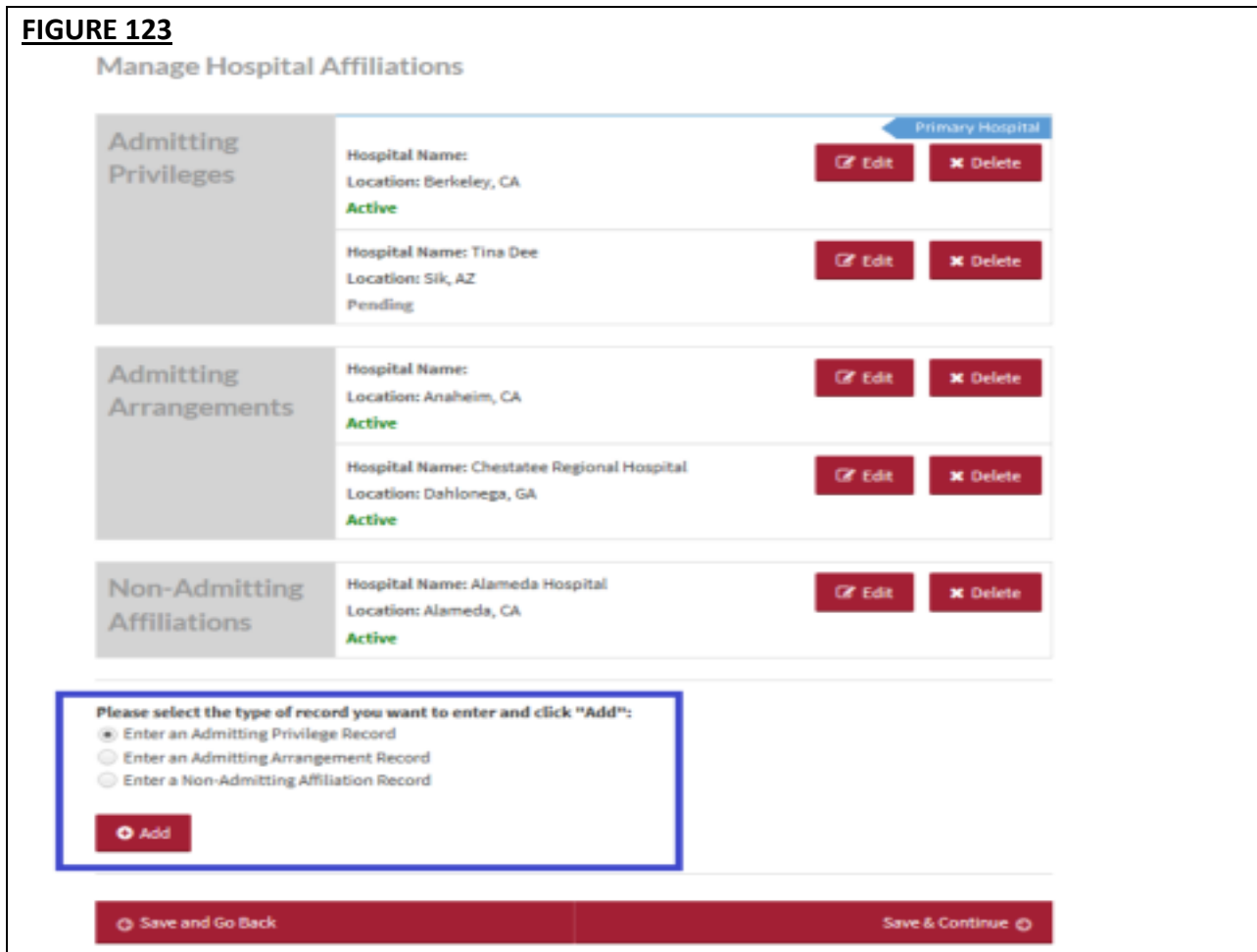
Note: These options will only appear if the Provider answered *Yes* to the leading questions *"Do you have admitting privileges at one or more hospitals?"* and *"Do you have an admitting arrangement where another provider admits for you?"* and *"Do you have any non-admitting hospital affiliations?"*

Tips:
- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.
- Select "Add" to enter information for a hospital affiliation.
- Select "Edit" to edit the information within a hospital affiliation record.
- Select "Delete" to remove a hospital affiliation from your application. Please note that by selecting "Delete", all information entered for that hospital affiliation will be deleted.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.
- A warning message will be displayed advising you that previously entered data will be permanently removed from the system when you change the answer to a leading question.
- A leading question is one that triggers different follow-on questions/responses depending on the response provided.
- When the answer to a leading question is changed, follow-on questions may disappear from the portal.
- Ensure no critical information will be deleted prior to selecting 'Yes' and saving the changes on this page. Otherwise, you will have to re-enter deleted information.

FIGURE 124
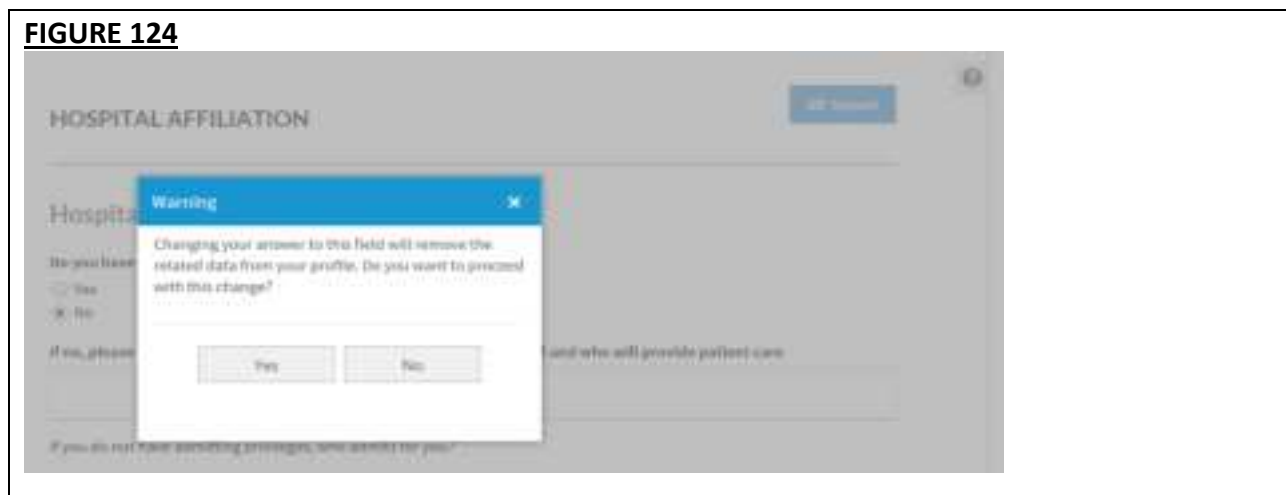
Credentialing Contact

The Credentialing Contact section asks for specific contact information for your credentialing contacts.

- You may provide multiple credentialing contacts based on their location by first indicating the "Location Type", e.g. practice location or hospital affiliation, and then by selecting from a drop-down list of your previously entered practices or hospitals.
- You may also indicate the same credentialing contact for multiple locations by selecting the appropriate locations from the drop-down menu in the "Location" field.

FIGURE 125

Tips:

- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.

- Select "Add" to enter information for a credentialing contact.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

Professional Liability Insurance

CAQH is changing the Professional Liability Insurance (PLI) page to make it easier for you to manage your PLI records and to ensure you are providing the necessary information for credentialing.

Previously, CAQH ProView Providers who answered "Yes" to the "Self Insured?" question could skip all required fields and were not required to upload any supporting documentation. This resulted in incomplete applications for many providers who should have been submitting PLI information. To address this issue, the following changes have been made to the Professional Liability Insurance section of the Provider application.

A new leading question has been added to the PLI section of your application: *"Are you covered under a professional liability insurance policy?"*

FIGURE 126

- If you answered "Yes" to this question, you will be prompted with a message that says: *"You answered Yes to, "Are you covered under a professional liability insurance policy?". Please click the Save button below to save your answer."* If you click the "Save" button, it will save the "Yes" answer. You will be required to enter at least one Professional Liability Insurance record.

FIGURE 127
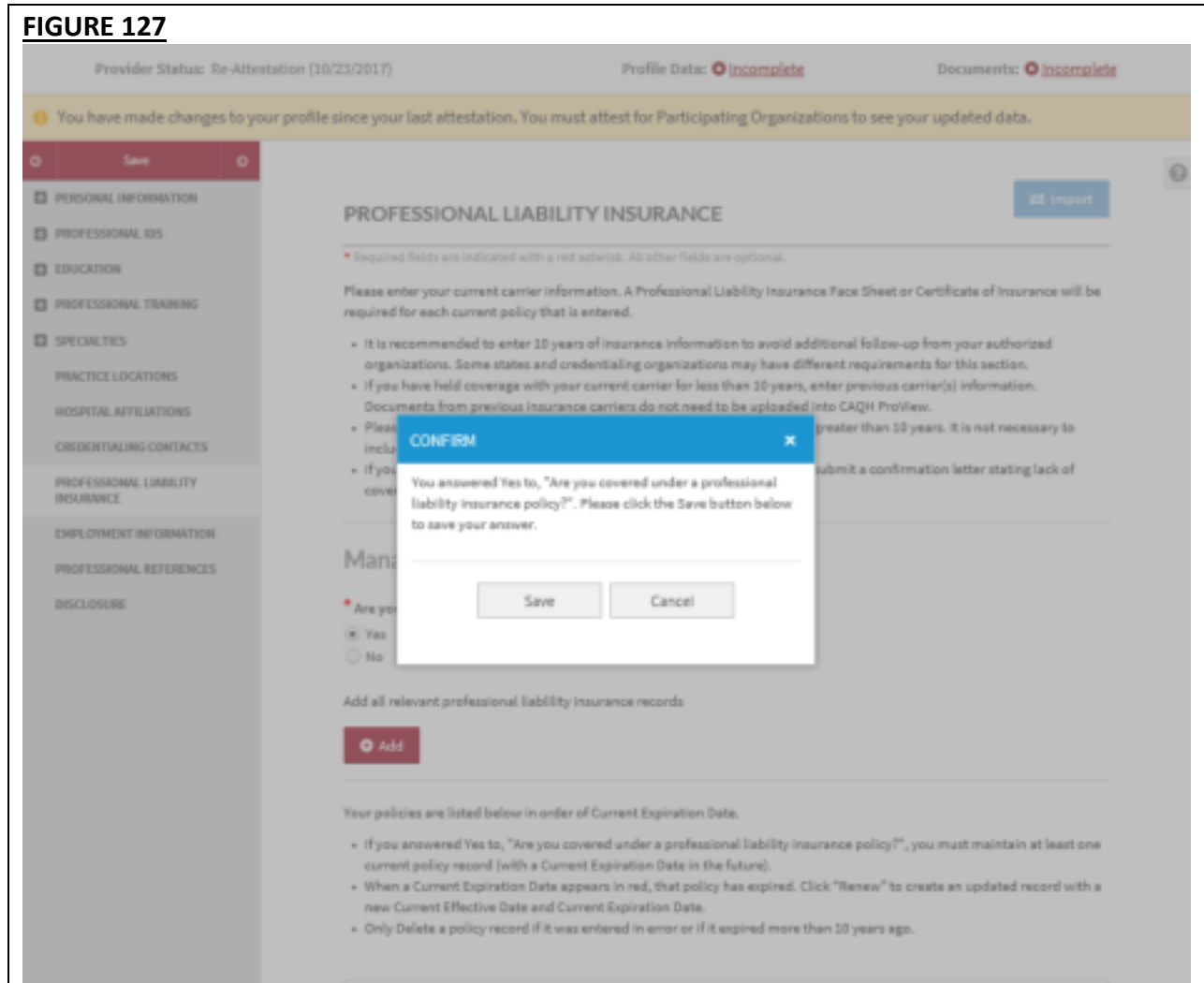
- Click "Add" to enter the details.

FIGURE 128
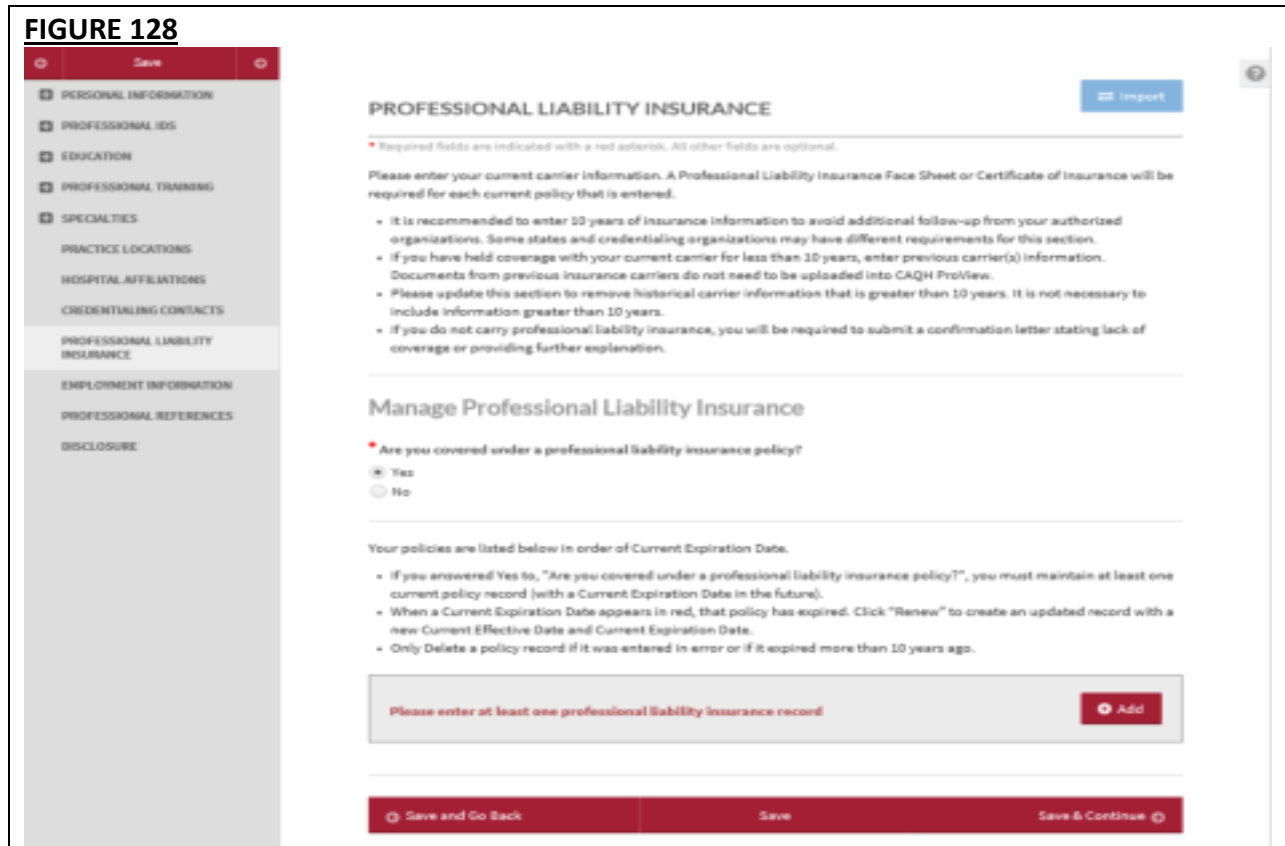
- When adding a Professional Liability Insurance record, you are required to fill in the following fields:
    - Policy Number
    - Current Effective Date – The Current Effective Date must not be greater than the Current Expiration Date. Otherwise, an error will appear on the Required Fixes page.

FIGURE 129
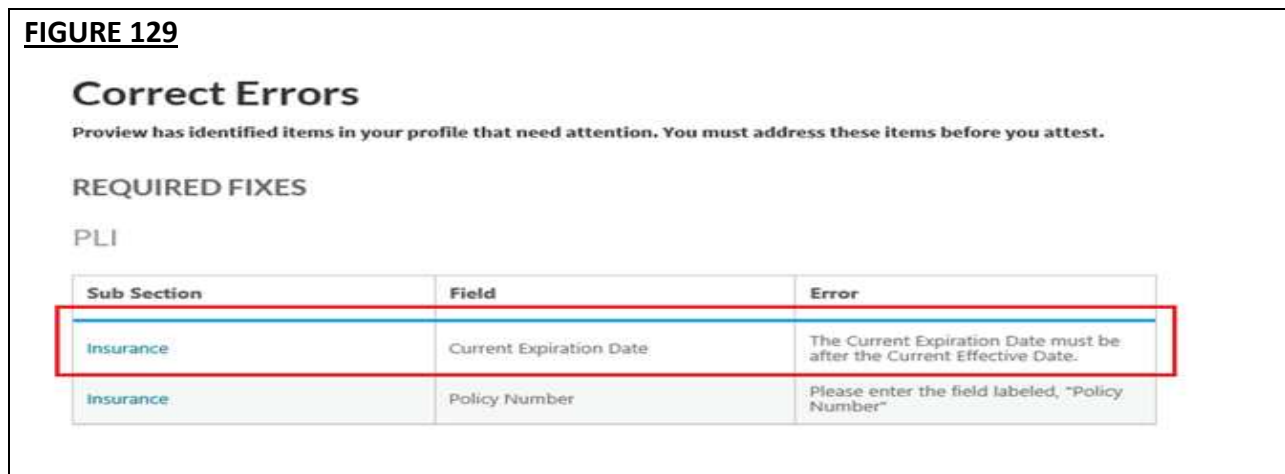
- Current Expiration Date.
- Carrier Name
    - Street 1 *(pre-populated depending on the carrier name selected)*
    - City *(pre-populated depending on the carrier name selected)*
    - Zip Code *(pre-populated depending on the carrier name selected)*
- Do you have unlimited coverage with this insurance carrier? *(required only when you are practicing in multiple states)*
- Amount of coverage per occurrence
- Amount of coverage aggregate
- Individual Coverage
- Self-Insured *- required only when you are practicing in any of these states: CAQH States, Oklahoma, and Texas (NOT Colorado, Georgia, Massachusetts, Minnesota, North Carolina, Mississippi, Nevada, Oregon, Washington, and West Virginia)*

Note: Please ensure that the following should match the details on your face sheet:
- Provider's Name
- Current Expiration Date
- Policy Number entered

If these details on the PLI document do **NOT** match the information listed on your profile, the document will be rejected.

FIGURE 130

- After you have entered all the required details, click "Save & Continue" found at the bottom of the page. A consolidated preview list of all the Provider's insurance policy records will be displayed on the page.


FIGURE 131
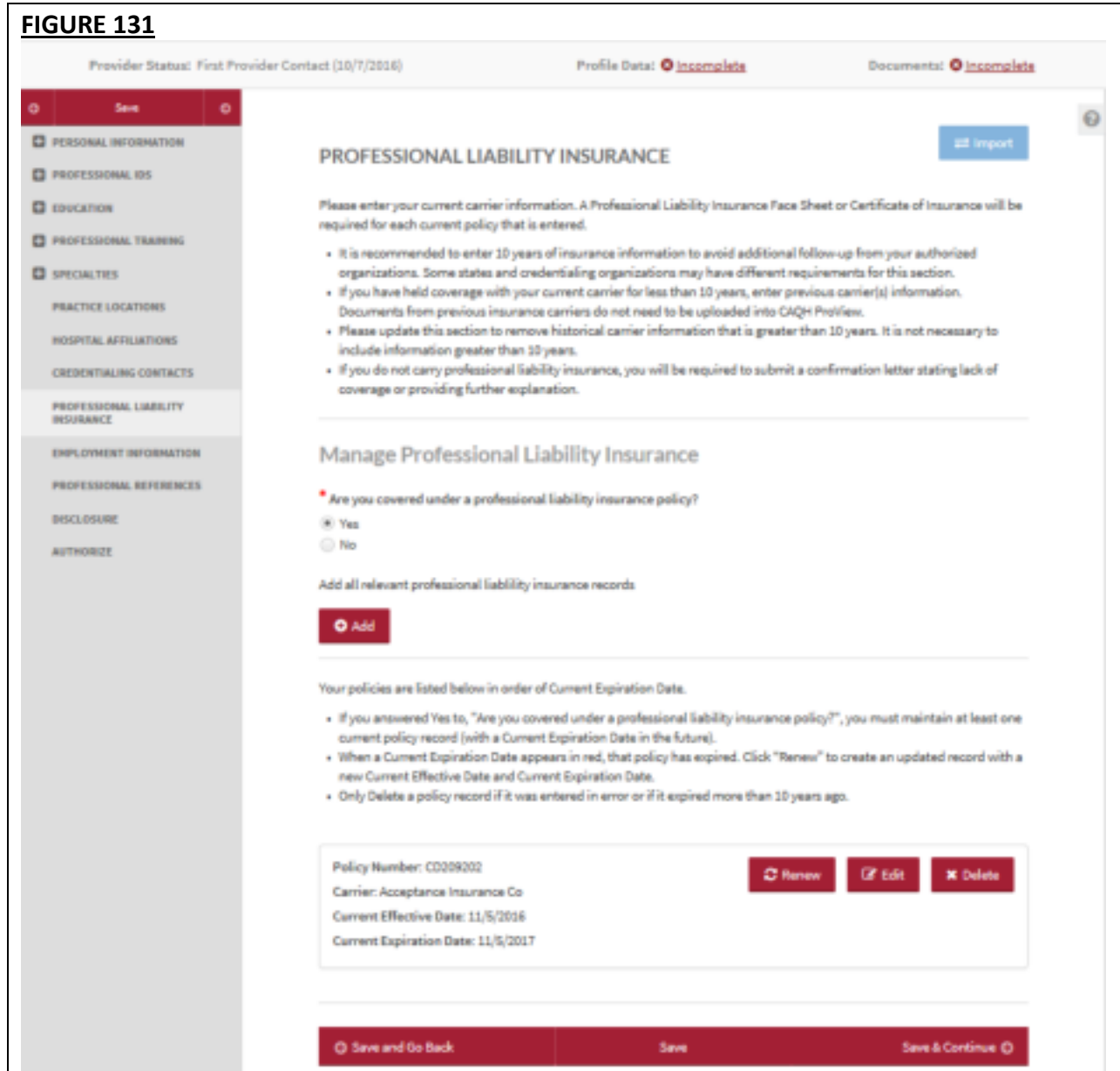
- If your answer to the leading question is "No", you will see the pop up box with a "Save" and "Cancel" button that says *"Please confirm that you do not carry professional liability insurance coverage. Absence of insurance coverage may require additional follow-up from your contracted organizations and may delay credentialing decisions."*

FIGURE 132
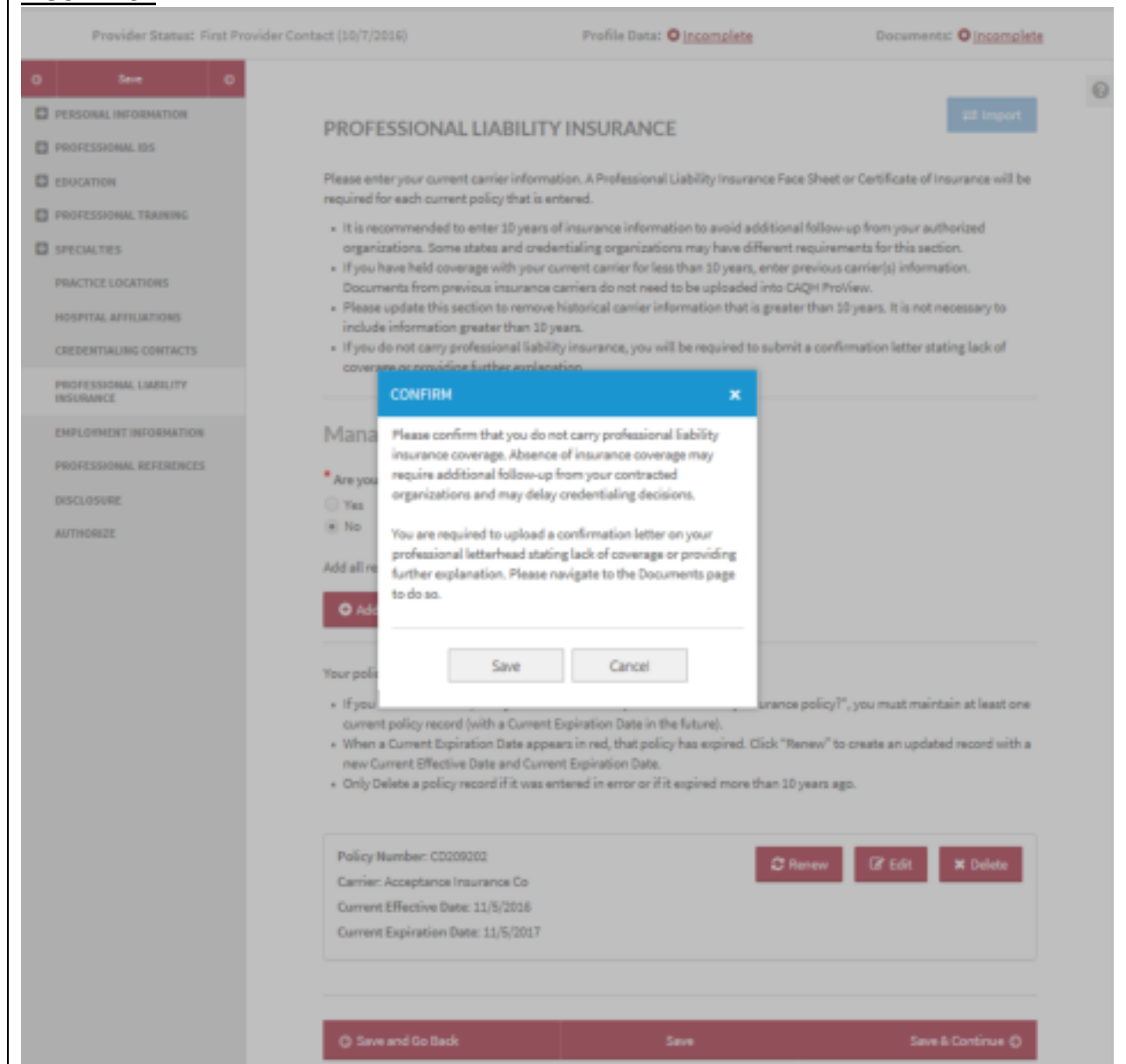
- Clicking the "Save" button will save the "No" selection to the leading question *"Are you covered under a professional liability insurance policy?"* If you have PLI records previously entered into CAQH ProView, these records will show on the lower portion of the PLI landing page.

FIGURE 133
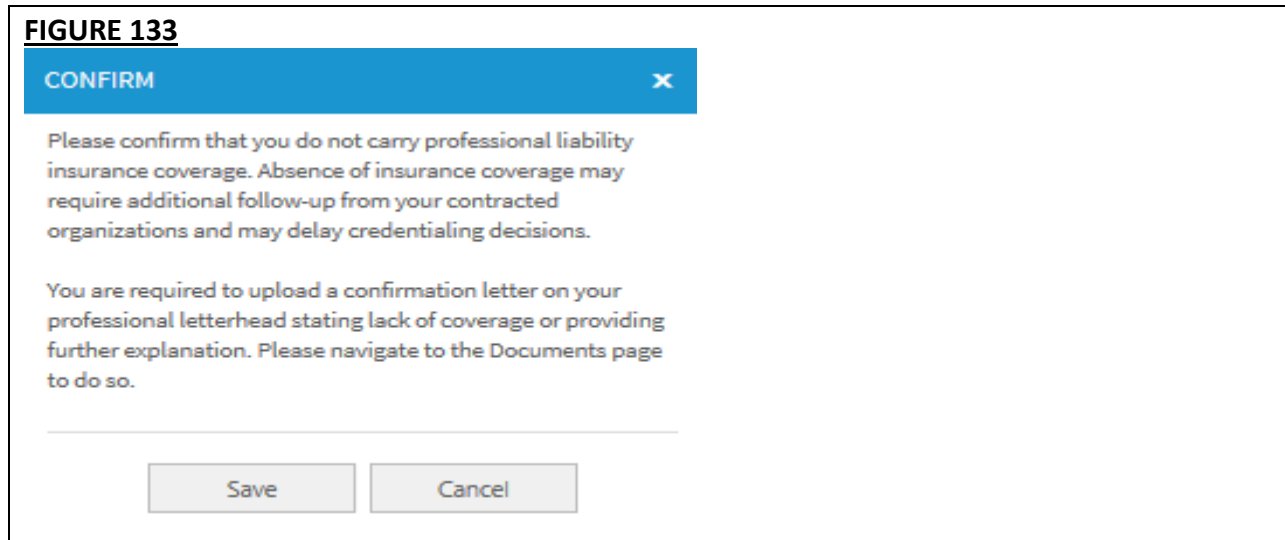
Note: You are required to upload a confirmation letter on your professional letterhead stating lack of coverage or providing further explanation. Please navigate to the Documents page to do so. This document will appear as missing and required on the Documents section of your application.

Renewing an Expired PLI Record:

- A "Renew" function has been added that will make it easier for you to update your policy information each year.

  IMPORTANT: Renew an expired policy record for you to be able to upload a copy of the renewed policy. If you plan to send the renewed PLI document through e-mail or US mail, it is critical that you first renew the PLI record in the portal. Otherwise, your document will be rejected and you will be asked to re-upload it in the portal using the document slot for the renewed PLI record.

- When renewing an expired policy with an associated document in "Received", "Approved", or "Expired" status, the "Edit" option will not work. Instead, click on the "Renew" button for the applicable policy and you will be prompted to enter an updated Effective Date and Expiration Date. You will also be prompted to upload an updated Insurance Face Sheet or Certificate of Insurance for the renewed policy. A missing PLI document will appear on the Documents section for the renewed policy.

FIGURE 134

a. If you click the "Renew" button, you will be directed to a page where you need to enter the "Current Effective Date" and "Current Expiration Date" of your renewed insurance policy.

FIGURE 135

Note:
- The Current Effective Date should **NOT** be greater than the Current Expiration Date. Otherwise, it will appear on the required fixes page.

b. Review the other details found on the page. Click Save and Continue after making the changes.

FIGURE 136

Other Changes on the PLI section:

- You will also notice that the "Save and Go Back" and "Save" buttons previously found at the bottom of the page have been removed. A button for "Cancel" has been added and this works like the "Back to List" button found at the top of the page. Clicking the "Cancel" button will not save the changes made and will take you back to the PLI landing page.

FIGURE 137

Changes to PLI Documents/Letter of Self-Insurance:

- The policy number will be added in the Document Name column next to the document name "Professional Liability Insurance". Example - Professional Liability Insurance - PL13483N.
- You will not see the "Replace" document action for any Professional Liability Insurance document type with a status of "Approved" or "Expired".
- You will only see the "Delete" action on Professional Liability Insurance documents with an "Expired" status.
- If you are self-insured, you will no longer see the Document Name "Letter of Self Insurance" from the document dropdown list but you will now see the Document Name "Letter of Self Insurance/Explanation of No Insurance".
- You will not see a document showing as "Missing" for any associated data record that has a "Current Expiration Date" that is prior to today's date.
- All "Professional Liability Insurance" documents with a status of "Expired" will appear as "Optional" if at least one PLI document exists for a current PLI record with a status of "Missing", "Received", "Approved", or "Failed".
- 'Help' text has been added to the screen to assist you with the data entry process.

FIGURE 138
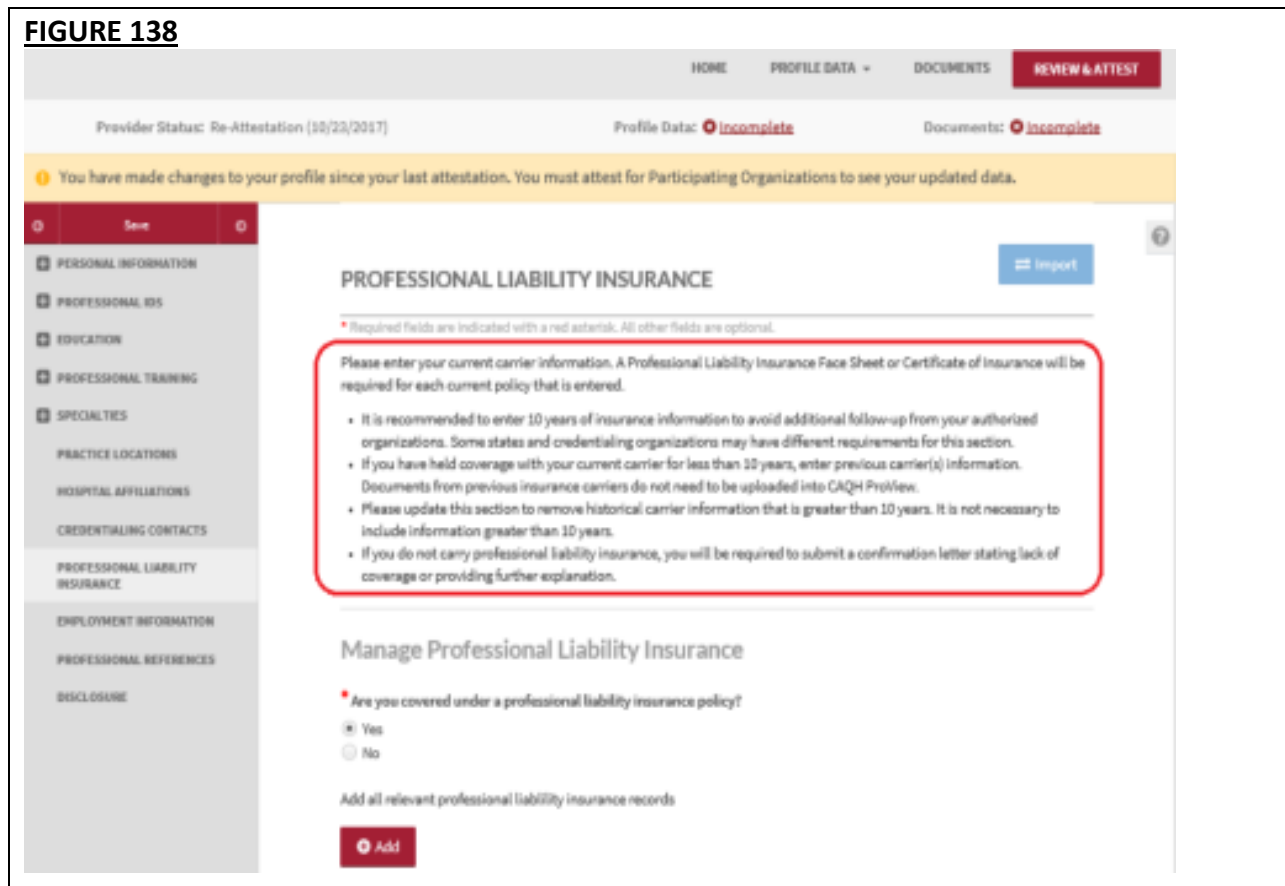
The 'self-insured' question and answer will continue to show in the portal but on the Professional Liability Insurance Record screen, right below the question "Individual Coverage?" for Providers practicing in CAQH States, Oklahoma, and Texas (NOT Colorado, Georgia, Massachusetts, Minnesota, North Carolina, Mississippi, Nevada, Oregon, Washington, and West Virginia).

FIGURE 139

- If you have previously answered the "Self-Insured" question, your answer should remain for that self-insured question.
- When you log in to your account after these changes have been implemented and navigate to the Professional Liability Insurance section, you will see a new leading question *"Are you covered under a professional liability insurance policy?"*

FIGURE 140
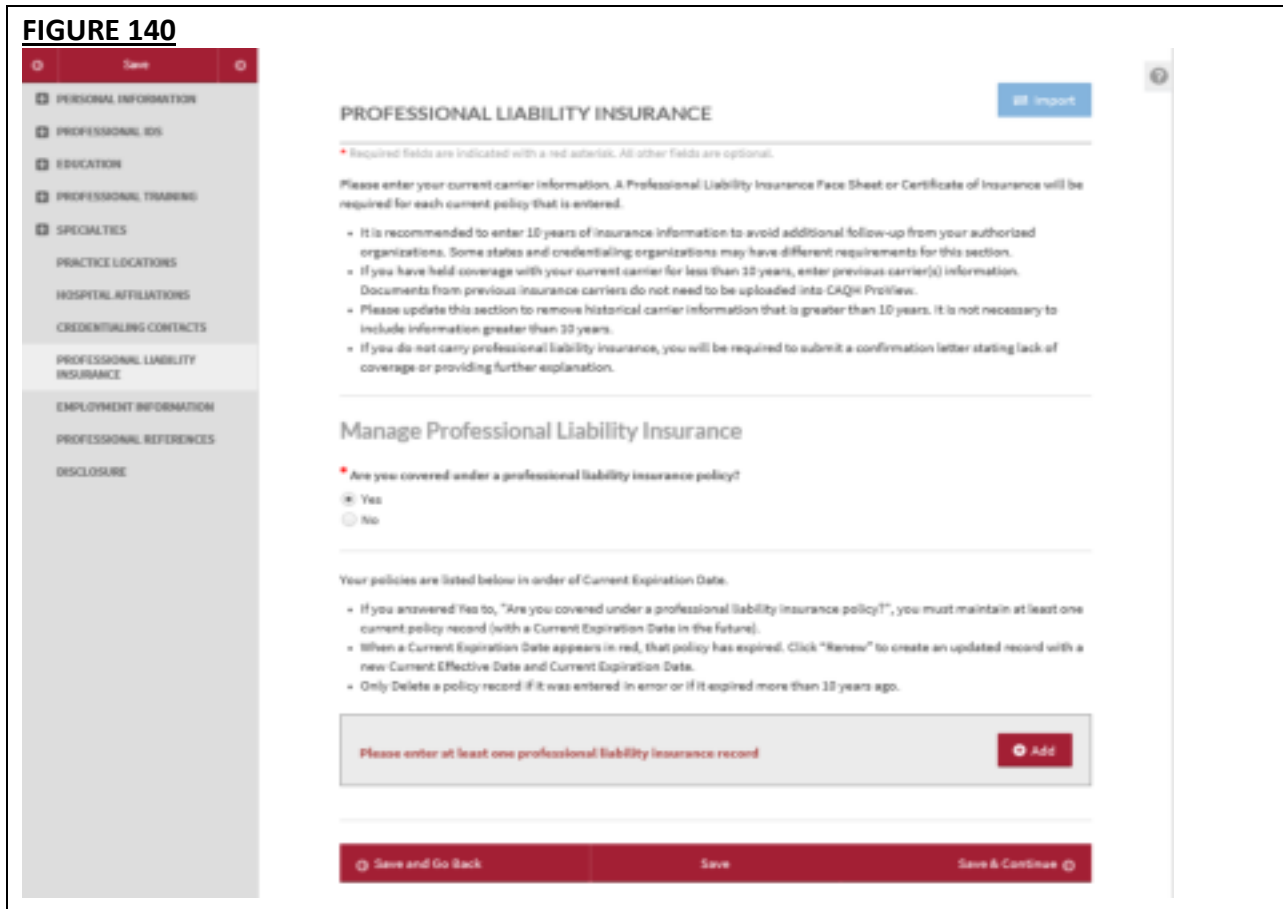
- If you previously answered "Yes" to "Self-Insured?", neither the "Yes" nor "No" button is selected for *"Are you covered under a professional liability insurance policy?"* when you log in to your account after this change has been implemented.
- If you previously answered "No" to "Self-Insured?", the "Yes" answer to *"Are you covered under a professional liability insurance policy?"* will be populated when you log in to your account after this change.

Employment Information

The Employment Information section asks for information regarding your employment history, including your current and previous work information, any work history gaps, and any military employment information.

FIGURE 141

Tips:

- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.
- Select "Add" to enter an employer and the related information.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

- If you have not yet started work at a location, enter your expected start date in the Start Date field.
- In general, a gap is any break in continuous, full-time employment longer than 3 months. However, some state specific applications may have different requirements.
- Some organizations may require a full work history beginning with your professional degree and the reporting of all gaps in work history. Check with your credentialing organization.
- Instructions such as what details to include on the Employment Information section, how to handle employment gaps, and any other work history-related details have been added to the page.
- You are required to enter at least one Employment Information Record on the profile. To do this, click 'Add' button under Manage Employment Information.

FIGURE 142

- Once you have added employment information to your profile, a preview of the record will be displayed on the page with the following details: Practice/Employer Name, State

Date, End Date. If you have more than one employment record, only the previous one/s will have the end date. Your current employment record will be indicated with 'Current Employment'.

- If there are any employment gap records, CAQH ProView will display a message 'Gap in Employment: Please enter a reason for the gap.' The start and end date of the gap will also be indicated. You are required to fill in all Employment Gaps before attestation.

FIGURE 143

- A separate screen will display the different fields for Employment Information Record and Employment Gap Record when you click the 'Add' button under Manage Employment Information.

FIGURE 144

- A pop-up message will be displayed when a user enters more than one Current Employment Record.

FIGURE 145
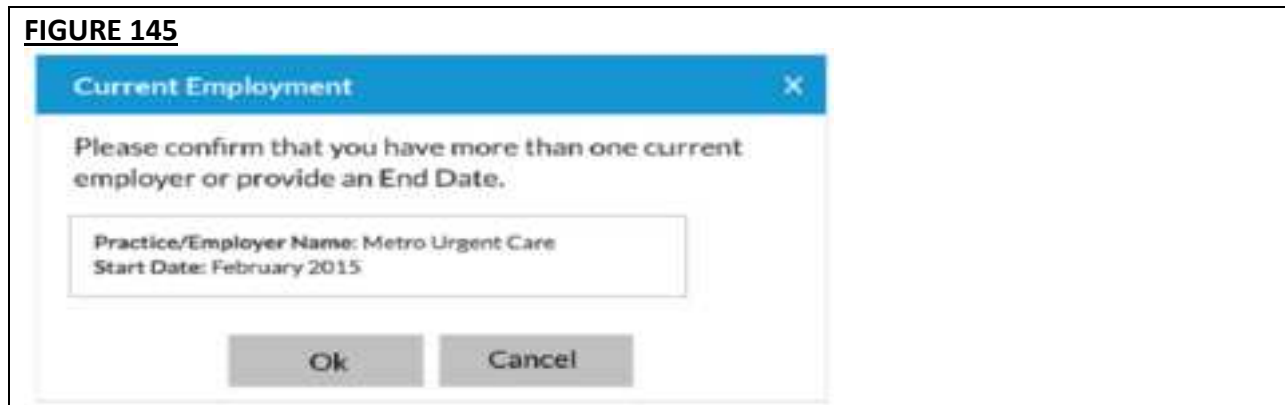
- The screens shown below will be displayed when you click "Add" for a gap in employment.

FIGURE 146
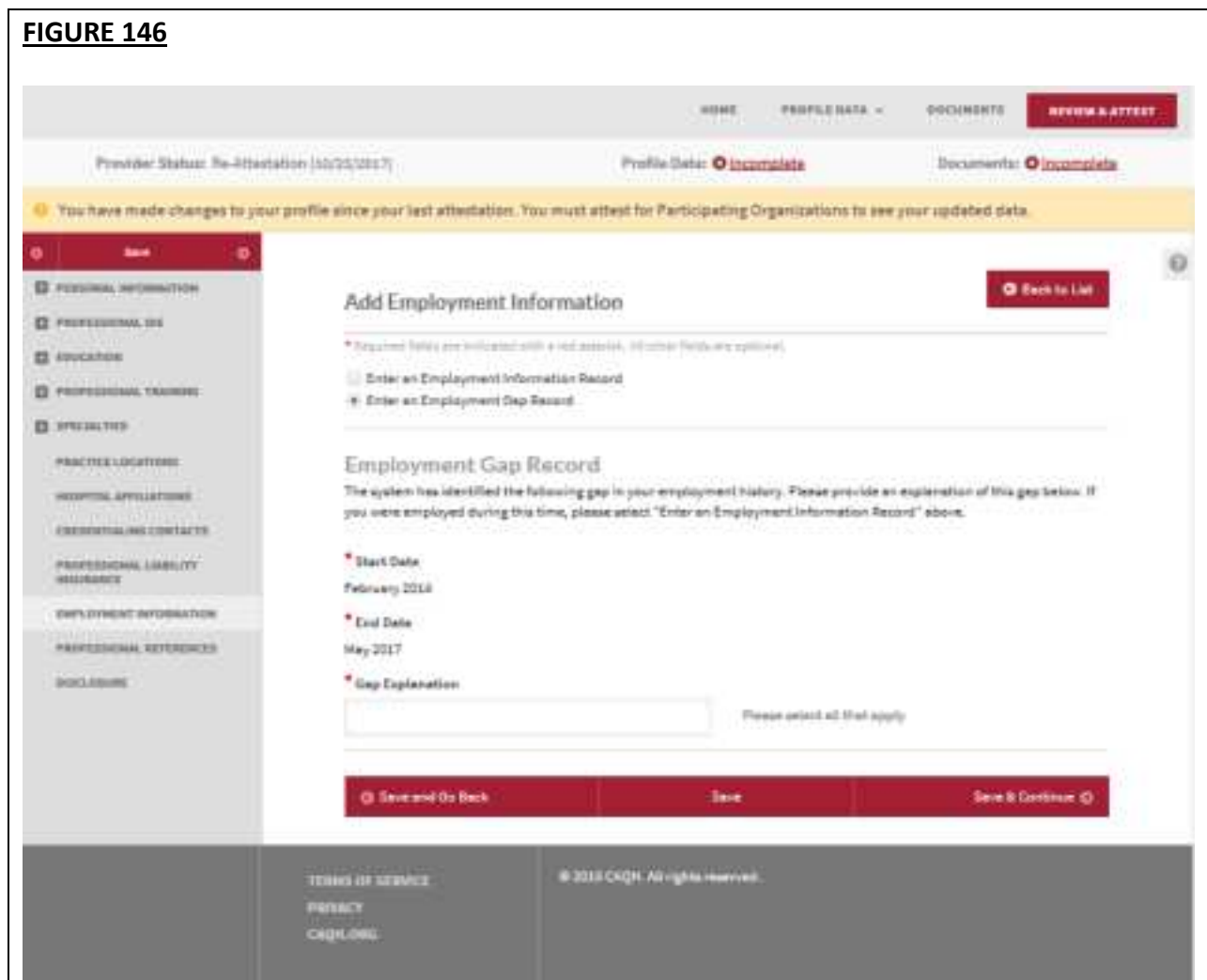
- Click the dropdown to display the options.

FIGURE 147
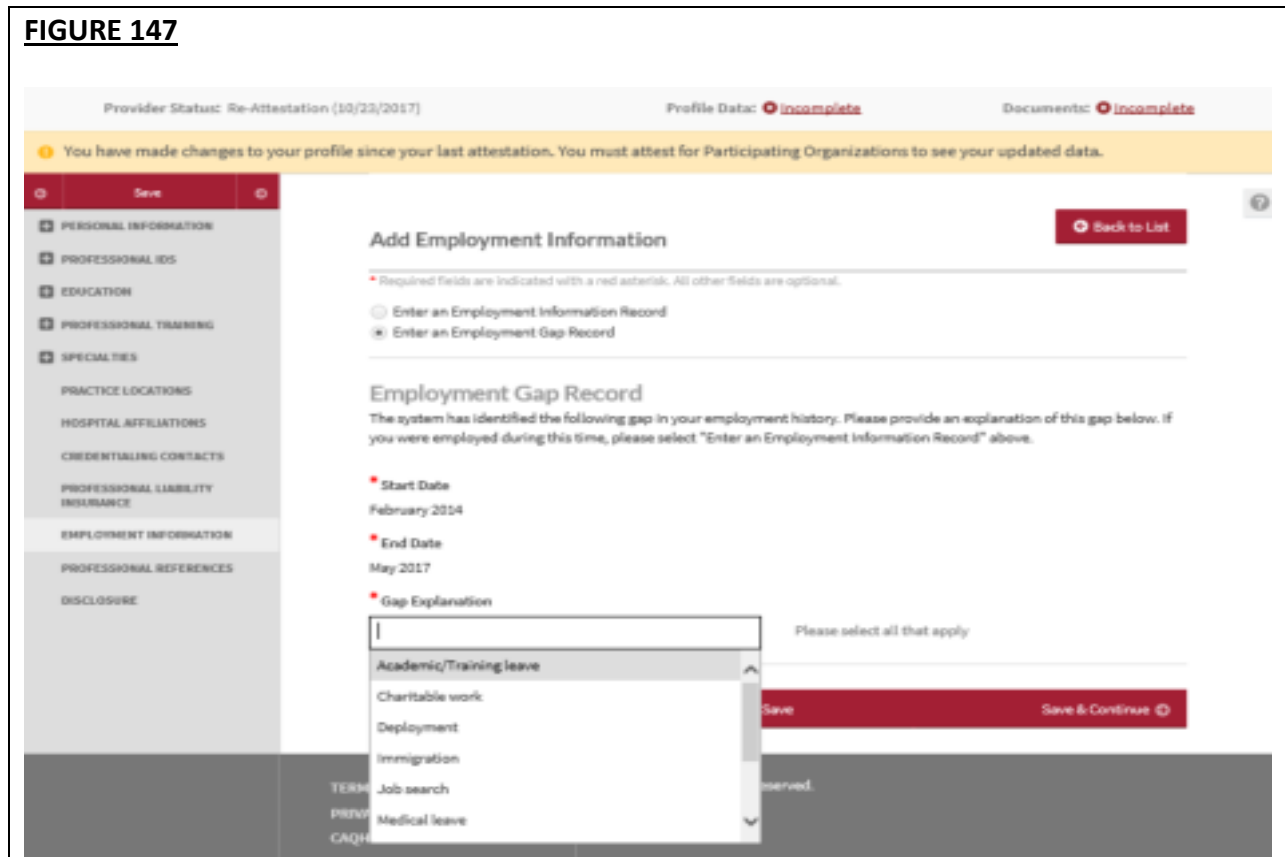
Professional References

The Professional References section asks for information regarding your references and their related contact information.

FIGURE 148

Tips:

- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. If you close the browser or move to another screen via the left-hand navigation screen without clicking "Save" or "Save & Continue", you will lose your information. Clicking on the back and forward arrows will not save your information either.
- Select "Add" to enter a professional reference and the related information.

Disclosure

The Disclosure section includes all disclosure questions required for your practice states, including any state specific disclosure questions as well as a disclosure of ownership section. Please answer the questions accordingly.

Note: To include your disclosure of ownership answers in a PDF version of your data profile, you will need to download, print, sign and then upload the signed copy to CAQH ProView. This document will be available for download via the Documents screen.

FIGURE 149

Authorize

The Authorize section allows you to indicate which healthcare organizations you would like to authorize release of your profile information.

FIGURE 150

Review the information provided on the screen, select the applicable authorization and agree to the authorization release accordingly.

- You can indicate a "global" authorization, which allows access to your data profile to all healthcare organizations that indicate to CAQH that you are an affiliated provider or am in the process of becoming an affiliated provider.
- You also can individually select organizations to allow access to your data profile by selecting "Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider, and I specify below".
- In the "Other Organizations Authorization" section, you have the option to release a more limited set of your data profile to healthcare organizations that you are not affiliated with.
  - o Organizations need data for providers who are not affiliated or participating in their network to pay out-of-network claims. For example, if a health plan would like to verify a non-participating provider's address before they submit payment for the claim.
  - o In the "Other Organization Authorization" section, you have the option to either grant global authorization to all health plans who indicate you are not affiliated or to select the individual plans who have indicated you are not affiliated. By selecting the latter option, you will be able to view which health plans have asked to view a limited set of your data and can grant access via line item authorization. **If preferred, you do not need to authorize any organizations that you are not affiliated with.**

- If you are interested in participating with additional health plans, you need to contact each health plan directly. Once you are added to the health plan's CAQH provider roster, the health plan will be listed on this authorization screen.

Update Authorization

You can change or update your authorization selection at any time. Simply log into CAQH ProView and select "Authorize" from the top right navigation drop-down menu to make your change. Click "Save" for your changes to be effective.

FIGURE 151
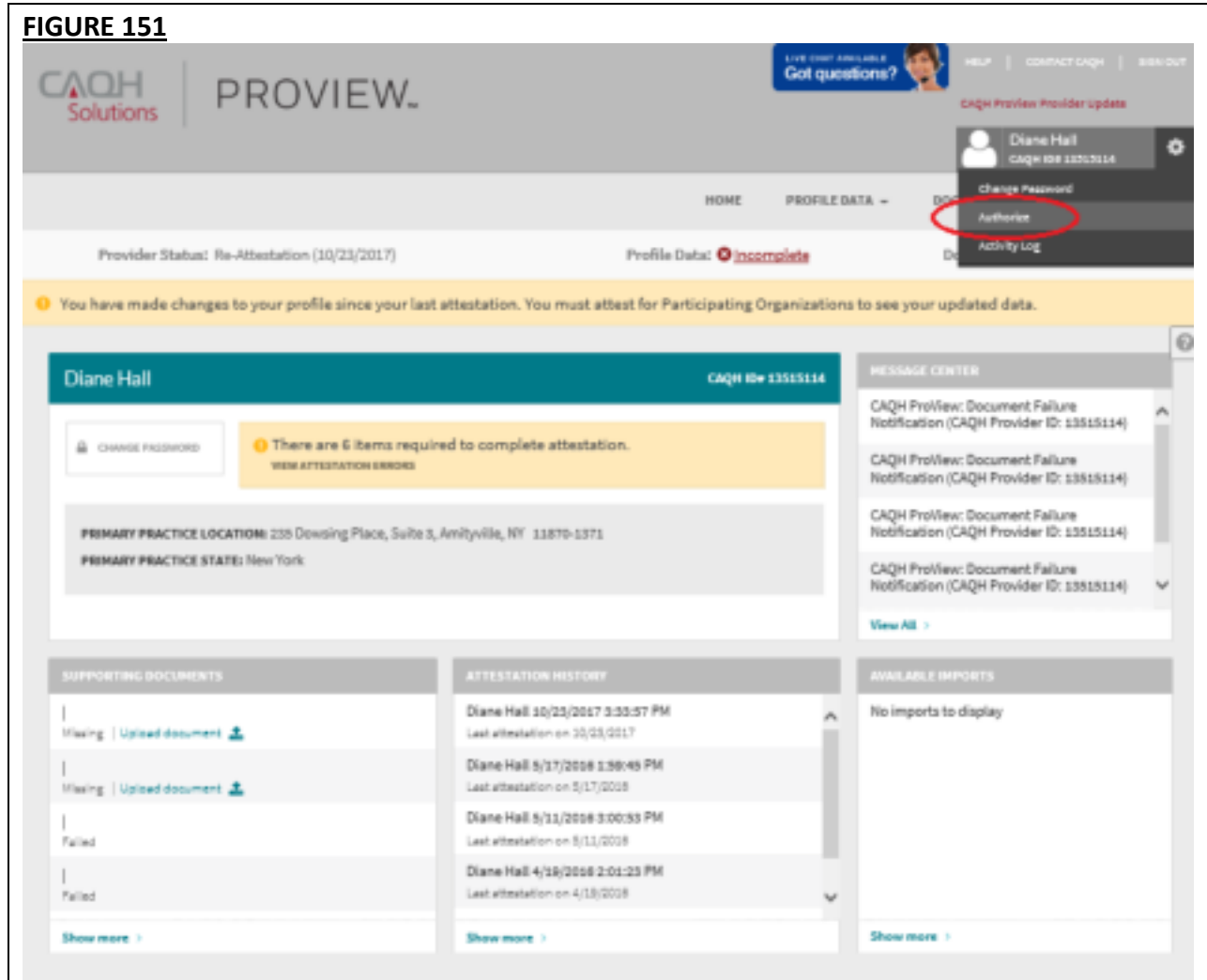
CHAPTER 5: Review Your Data

Once you have completed your data profile, select "Review and Attest" from the top navigation bar.

FIGURE 152

On the Review screen, there are four areas you can access to review your data.
1. **View Errors** – Click here to address any errors you need to fix within your data profile.
2. **View Documents** – Click here to see all supporting documents uploaded into your data profile, and any missing documents needed to complete your profile.
3. **View Your Data Summary** – Click here to view a PDF summary of your data profile.
4. **Download Your State Application** – Click here to generate a replica of any state specific application applicable to your practice state(s).

FIGURE 153
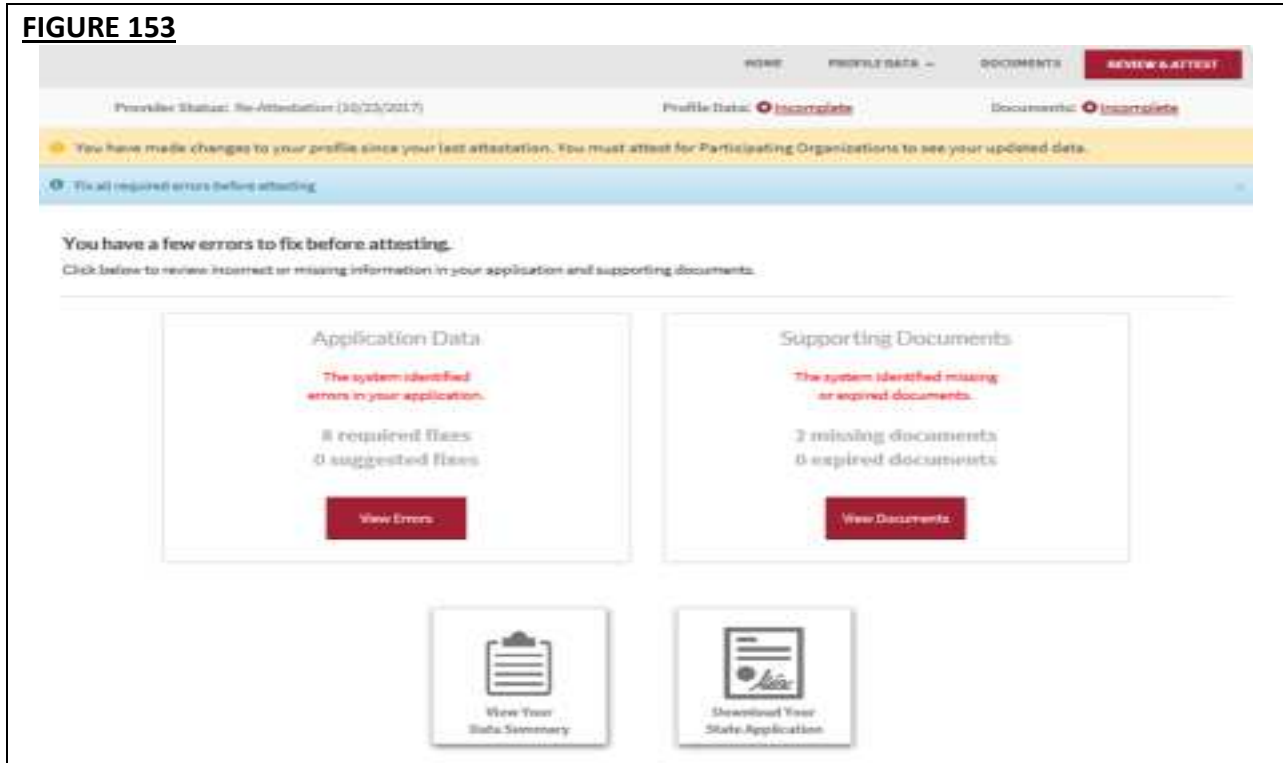
Correct Errors

The "Correct Errors" screen will highlight any required or suggested fixes you may need to make to your data profile.

Tips:

- When you click on a required or suggested fix, the system will direct you back to the applicable section to make the required changes.
- It is recommended that you also correct any suggested fixes to ensure your data profile is as complete and as accurate as possible for health plans accessing your data.

FIGURE 154

CAQH ProView validates that the identification numbers you entered for DEA, NPI and TIN match the provider name associated with that identification number. If applicable, you will be notified in the Suggested Fix section that the number you entered does not belong to your provider name. You can choose to click on "Change" to correct this error or "Ignore" to keep the data you entered the same. This step is optional, but CAQH strongly suggests you review any suggested fixes to ensure your data profile is accurate.

FIGURE 155

Other Suggested Fixes

Message		
This DEA Number (GA0999999) you entered doesn't belong to this provider. Please confirm	☑ Change	⊙ Ignore
This NPI Number (9999999996) you entered doesn't belong to this provider. Please confirm	☑ Change	⊙ Ignore
This Tax ID Number (444444444) you entered doesn't belong to this provider. Please confirm	☑ Change	⊙ Ignore
This Tax ID Number (063678465) you entered doesn't belong to this provider. Please confirm	☑ Change	⊙ Ignore

View Documents

This section shows the information you uploaded in the portal and any missing documents needed to finalize your application. This screen can also be accessed by clicking on "Documents" from the top navigation bar. Refer to *Chapter 6 – Uploading Supporting Documentation* from more information.

FIGURE 156

Provider Status: Re-Attestation (10/19/2015)	Profile Data: ☑ Complete	Documents: ☑ Complete

DOCUMENTS

The documents that support your CAQH ProView profile are listed below:

- Required documents are indicated with a red "*".
- Highlighted rows require your attention.
- Please upload one document into each slot. Make sure that the document you upload corresponds to the document type listed in the Document Name column.

For more information click the ❷

* Required

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Application Release		06/10/2015		Approved	Delete
Certificates of Completion (Med School, Internship etc.)		09/11/2012		Approved	Delete	Replace
* DEA		15/03/2014		Approved	Delete	Replace
* Professional Liability Insurance		02/19/2015		Approved	Delete	Replace
State License		05/21/2015	03/31/2016	Approved	Delete	Replace
State Release		02/19/2015		Approved	Delete	Replace
W 9		05/19/2012		Approved	Delete	Replace
Select document type ⌄		Upload any document you want to add to your list. This is an optional section.			Upload

---

View Your Data Summary

Once you have reviewed your documents, click on "View Your Data Summary" from the "Review" screen to view a PDF summary of your application and validate that the information entered is correct. Double-click the image to view your application and to enable the "Save" and "Print" features.

Download Your State Application

You can click on "Download Your State Application" from the "Review Screen" to generate the CAQH standard form, or if applicable a state specific form, of your information. Select a state for which you want the report generated, select the "Include Supporting Documentation" checkbox if applicable, and double-click the image to view your state replica. You have the option to print your application if desired. **Note:** the report will open in a PDF format. If you do not have Adobe Acrobat 4.0 or higher installed, select the link at the bottom of the section to install it.

FIGURE 157

<div style="border:1px solid">
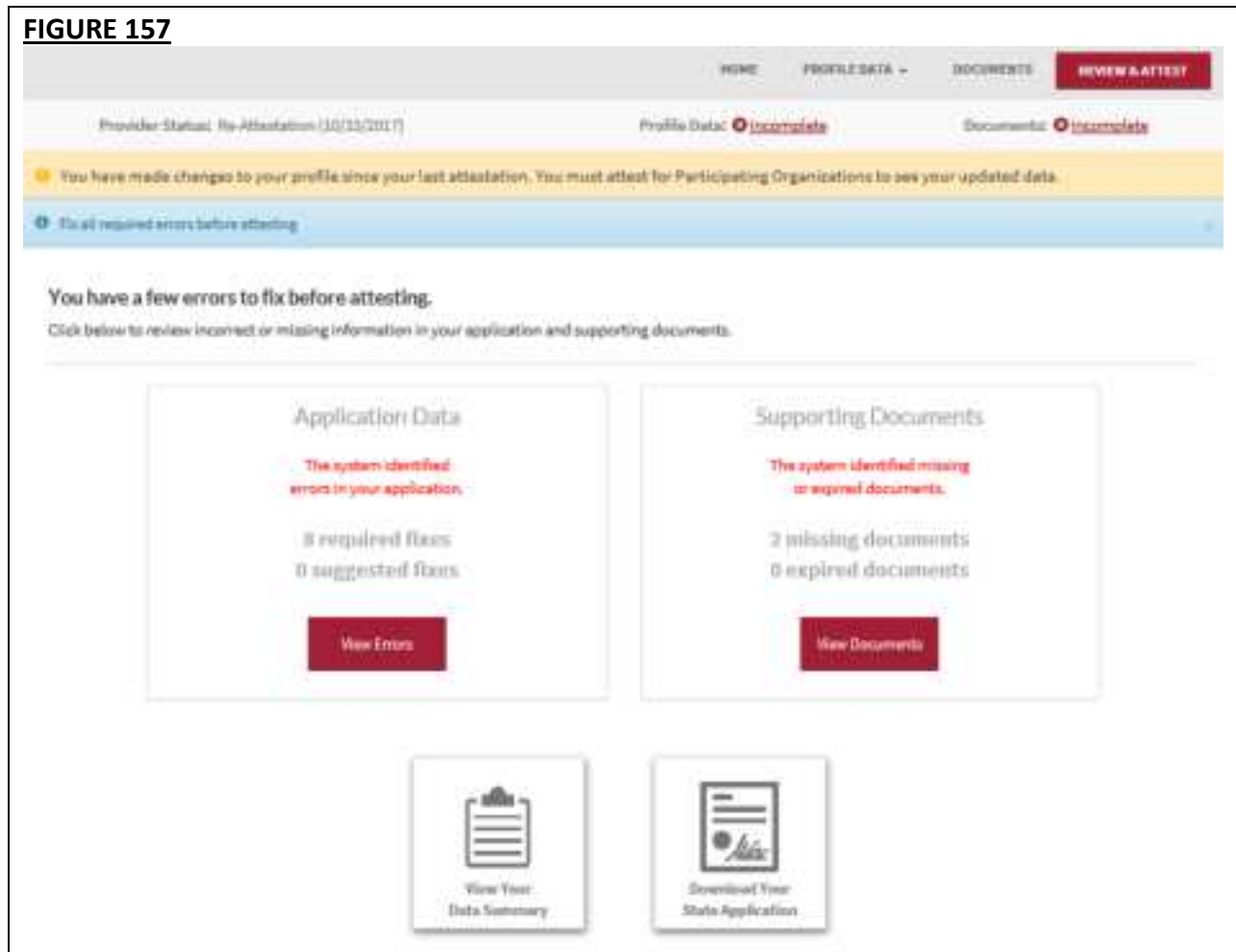
CHAPTER 6: Uploading Supporting Documentation

</div>

Uploading Documents
To complete your data profile, you will need to upload into CAQH ProView any applicable supporting documents.   CAQH ProView does not support faxing of supporting documents.

Here are the steps on uploading supporting documents on the Documents section:

1. Scan and save your document (if needed). Please make sure the document is in PDF, TIF, JPG or JPEG format for it to be accepted into the system.
2. Log in to CAQH ProView using your username and password.
3. Click the Documents link on the top navigation menu to go the Documents section. Any missing documents will be shown on this page.
4. Be sure to select the appropriate document name or document type when uploading documents. Each document must to be uploaded separately.

FIGURE 158

5. Click "Upload". Click "Browse" to select a file for upload. Then, click "Upload".
6. Your uploaded documents can be viewed on the "List of Documents" found on the upper portion of the same page.

7. Recently uploaded documents will show as "Received." Once the document is reviewed by CAQH and accepted, the status will change to "Approved". All documents may be viewed regardless of the status.
8. You will have to click the document name link to be able to view the document. You may also "Replace" an existing document, or to "Delete" a document if necessary.

FIGURE 159

Here are examples of supporting documents you may need to submit for your application:

- Drug Enforcement Administration (DEA) Certificate
- Controlled and Dangerous Substances (CDS) Certificate
- State medical license(s)
- Malpractice insurance policy face sheet
- A signed Authorization, Attestation, and Release form.

Authorization, Attestation, and Release Form (AAR Form)
When you initially complete your data profile and attestation, a signed Release form is required for your data profile to be complete.

To submit a Release form, you need to perform the following steps:
1. The Authorization, Attestation, and Release (AAR) Form applicable to your practice state is displayed in the Documents section. The AAR will appear as "missing" if one is not presently attached to your profile.
2. Sign the form and indicate the date it was signed. **Note:** The signature on the initial AAR form should be a wet signature. Stamped or electronic signatures will NOT be accepted.
3. Signed AAR form must be submitted within 120 days from the signature date. If the AAR form's signature date is greater than 120 days, it will NOT be accepted by CAQH.
4. Upload the form to CAQH ProView.

FIGURE 160

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* DEA			08/31/2016	Missing	Upload
* Disclosure	Washington			Missing	Download | Upload
* Professional Liability Insurance				Missing	Upload
* State Authorization	Washington			Missing	Download | Upload
* State License			01/01/2020	Missing	Upload
* State Release	Washington			Missing	Download | Upload
Select document type ⌄		Upload any document you want to add to your list. This is an optional section.			Upload

Failed Documents

CAQH will review all submitted supporting documents for accuracy within approximately 48 hours upon submission.   A document may fail for the following reasons:

1. Illegible – the document is not clear enough to be read.

2. Not compliant – the document may be missing a date, may be missing a signature, or more than one document may have been included within the same file.

3. Ineligible – the document submitted may have an expired date or does not correspond to the document type selected.   For example, if you upload a license to a "Professional Liability Insurance" document type, the document will fail. You will need to upload the license using the "State License" document type.

Note: Signed supporting documents must be submitted within 120 days of the signature date. If a supporting document's signature date is greater than 120 days, it will not be accepted by CAQH ProView.

North Carolina Providers

CAQH ProView requires different North Carolina State Release forms for each authorized Participating Organization.
   o   If you have authorized individual organizations, you are required to upload a North Carolina State Release form for every health organization that you have authorized.
   o   If you have selected global authorization, which authorizes any organization who adds you to their roster, a North Carolina State Release form is required for every health organization that has added you to their roster.

FIGURE 161

Healthcare Organization Authorization

Overview

Healthcare organizations using CAQH ProView request access to your self-reported information to support their internal processes, such as credentialing, contracting, managing provider directories and claims processing. By your selections below, you are granting these organizations access to your self-reported information.

At this time, the following organizations have already requested authorization to view your CAQH ProView self-reported information:

Organization Name
ProNet/Aetna, Aetna
Managed Health Network Inc
Blue Cross Blue Shield of North Carolina

- If you are new to CAQH ProView and practice in North Carolina, you will be required to upload a separate, specific State Release form for each organization you have authorized. You must download the specific form, sign it, and upload it in CAQH ProView.
- If you have initially attested and have already uploaded at least one State Release form, your existing releases will remain in the documents section. However, you will see new slots for "missing" State Release forms. There will be one missing slot for each organization you have authorized.
- Click the 'Download' button corresponding to each of the missing State Release forms. The number of North Carolina State Release forms available for download depends on the number of POs who have added you to their roster or the POs you have individually authorized. These State Release forms will be pre-populated with the PO name.
- Sign the State Release forms, indicate the date the forms were signed, and upload in the CAQH ProView Documents section by clicking the 'Upload' button corresponding to each of the missing documents.
- The 'Missing' status will disappear after you have uploaded these documents.

FIGURE 162

DOCUMENTS

The documents that support your CAQH ProView profile are listed below

- Required documents are indicated with a red *.
- Highlighted rows require your attention.
- Please upload one document into each slot. Make sure that the document you upload corresponds to the document type listed in the Document Name column.

For more information click the ⊕

* Required

LIST OF DOCUMENTS

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* State Release - Blue Cross Blue Shield of North Carolina				Missing	Download | Upload
State Release - Managed Health Network Inc				Missing	Download | Upload
State Release - ProNet/Aetna, Aetna				Missing	Download | Upload
Professional Liability Insurance		06/19/2014		Approved	Delete | Replace
Professional Liability Insurance		09/29/2015	06/30/2016	Approved	Delete | Replace

- Documents that require "Download" will have a status of "Missing" until a document is uploaded in that slot.

- State Release forms will be pre-populated with the names of authorized health organizations and will be available for download from the Documents section.

FIGURE 163

- If the Document Type is CAQH AAR, the page will not show the actions links for Replace or Download for that document if the status is Approved.
- You are required to upload ALL State Release forms even though the portal shows the remaining releases as optional (only one State Release form is marked with a red asterisk).

New for Oklahoma Providers!

Providers practicing in Oklahoma are now required to upload the CAQH Authorization, Attestation, and Release Form (AAR Form) in addition to your Oklahoma Application Release.

When you navigate to the Documents section of your application, you will see a missing CAQH Application Release. Click the Download link to download a copy of the document.

FIGURE 164
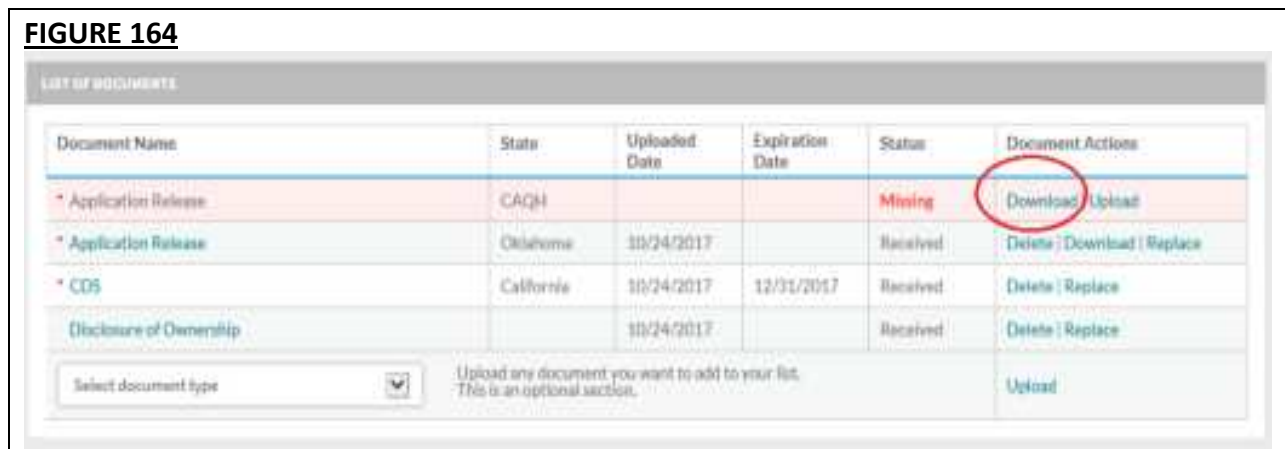
Sign the form and indicate the date it was signed. Note: The signature on the initial AAR form should be a wet signature. Stamped or electronic signatures will NOT be accepted.

FIGURE 165

Note: Signed AAR form must be submitted within 120 days from the signature date. If the AAR form's signature date is greater than 120 days, it will NOT be accepted by CAQH.

Upload the form to CAQH ProView by clicking the Upload link.

FIGURE 166

CHAPTER 7: Importing Data from the Practice Manager Module

If your practice has an office manager or clinic administrator who assists with gathering information for credentialing or other administrative purposes for multiple providers, the CAQH ProView Practice Manager Module may facilitate your data entry process. Data that is the same for multiple providers (e.g., clinic name, address and phone number) can be entered once by a practice manager, rather than having to be entered repeatedly for each individual provider.

Once a practice manager enters this information for you into the CAQH ProView Practice Manager Module, the practice manager will "export" the data, i.e. transfer the data, to your data profile. You will have the option to view this data and choose to import the data if you desire.

The sections that a practice manager can export to you include:

1. Personal information
2. Professional IDs
3. Education
4. Professional training
5. Specialty
6. Credentialing contact
7. Practice location
8. Hospital affiliations
9. Professional liability insurance

At the top of each of these sections, you will see an "Import" button. If there is data available to you to import into your data profile, this "Import" button will be active and available for you to select to review the data that was entered for you by a practice manager. You can either choose to import the data as a new set of information or replace an existing set of data within the applicable section.

FIGURE 167

Drag & Drop Functionality

When you click on "Import", the "Select Information to Import" screen will present. You will use a "drag & drop" functionality to import your data. Drag and drop is a pointing device gesture in which you can select the data to be imported by "grabbing" it and dragging it into your data profile. Here is an example of professional liability information entered by a practice manager that is available for import.

FIGURE 168
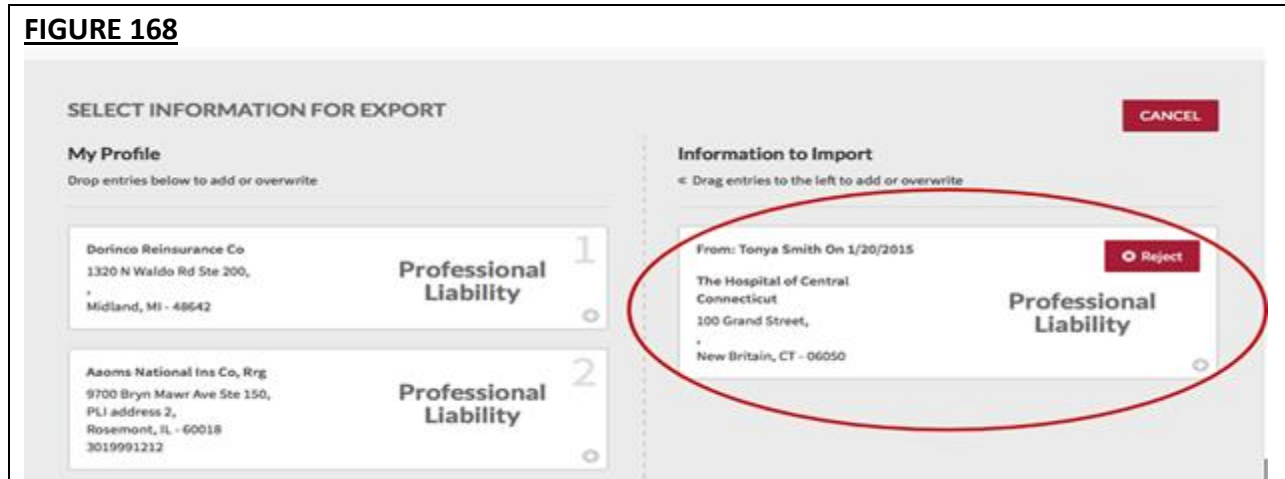
To add information to your data profile, click on the box containing the information and drag the box from the right to the left side of the screen.

- By hovering over the box <u>over</u> information you already have in your data profile on the right side, you can <u>overwrite and replace</u> the information. The system will confirm that this is what you would like to do.
- You can click on "Reject" if you do not wish to import the data into your data profile.

CHAPTER 8: Completing Your Attestation

Attesting

Submitting your attestation is required to complete your data profile. This step allows you to make a final review of your information and to attest to its accuracy. Click on "Review and Attest" from the top navigation bar to begin the process.

FIGURE 169

If there are required fixes on your profile, you will be directed to this page. This page also shows any missing or expired documents. You need to correct all the errors before you can complete the re-attestation. Click the View Errors button.

FIGURE 170
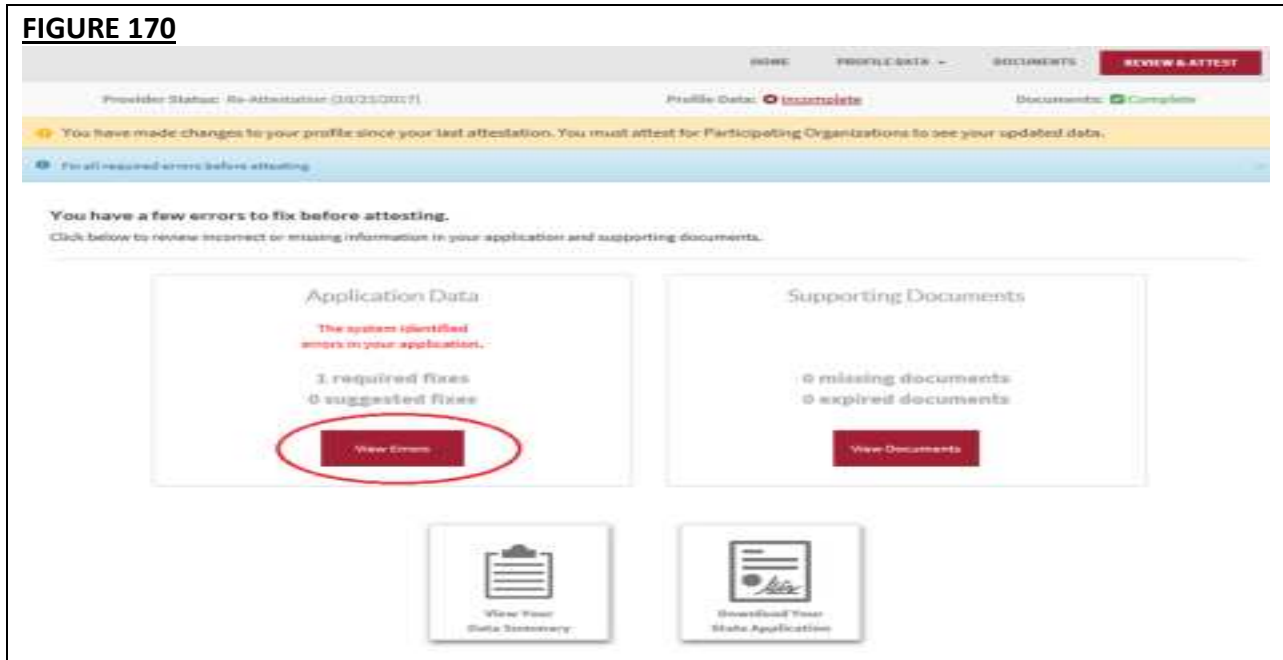
You will be directed to the page which shows the sections and the fields which you need to fill out or correct.

FIGURE 171
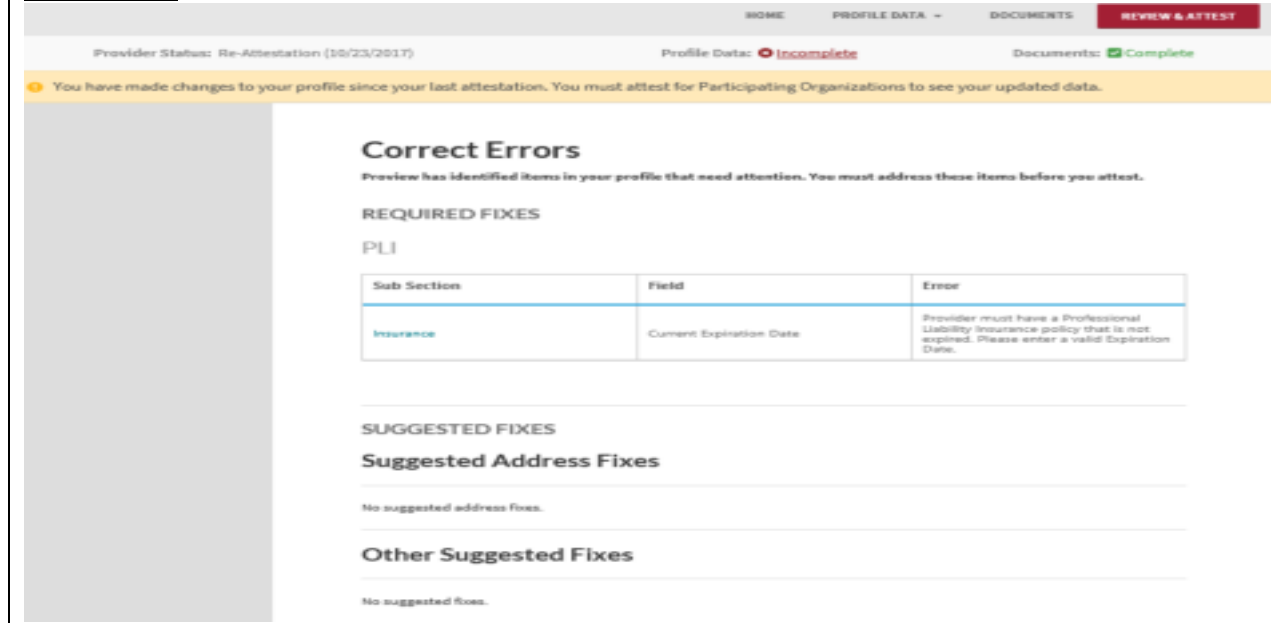
Once all the fields are filled out or corrected, the following screen will display. You are now ready to complete your re-attestation. If you wish to review your data summary, you may click the link for "reviewed all information" or Click the View Your Data Summary" found below the page. Then click Attest.

FIGURE 172
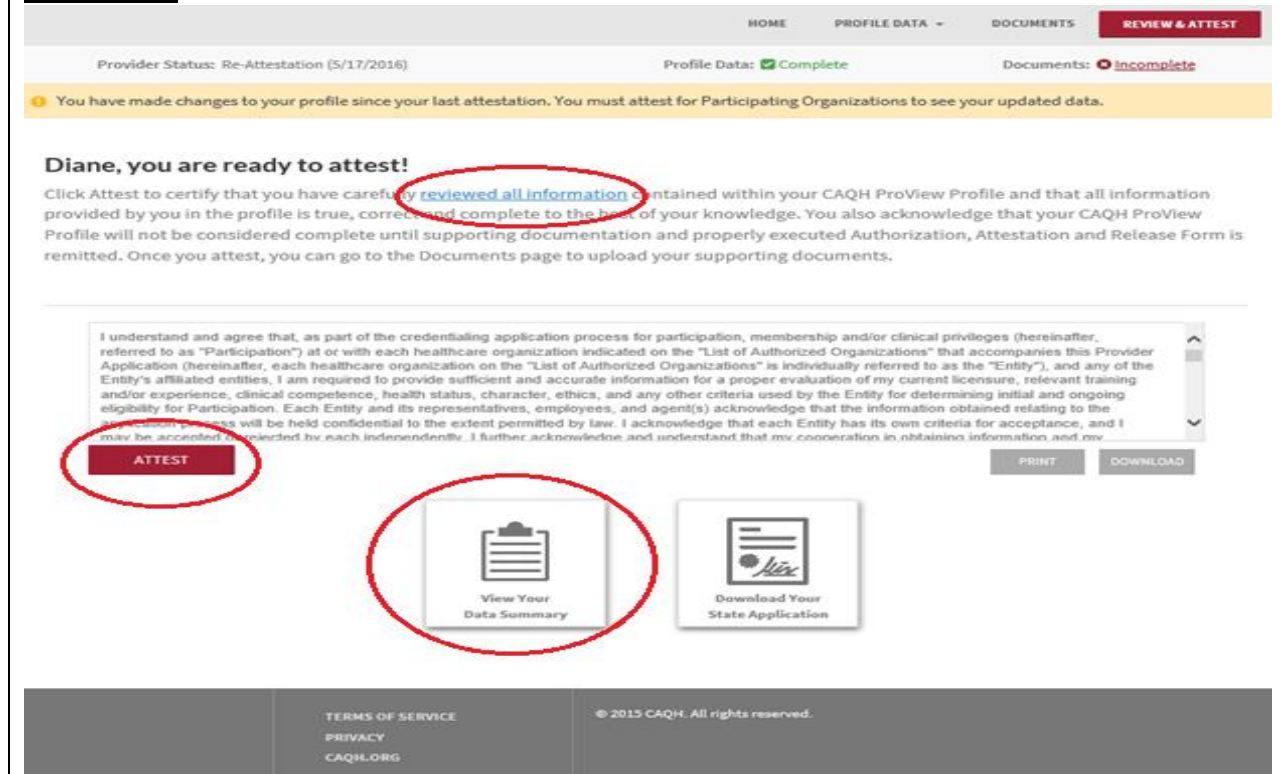
The "Attestation Completed" screen will then display.

FIGURE 173
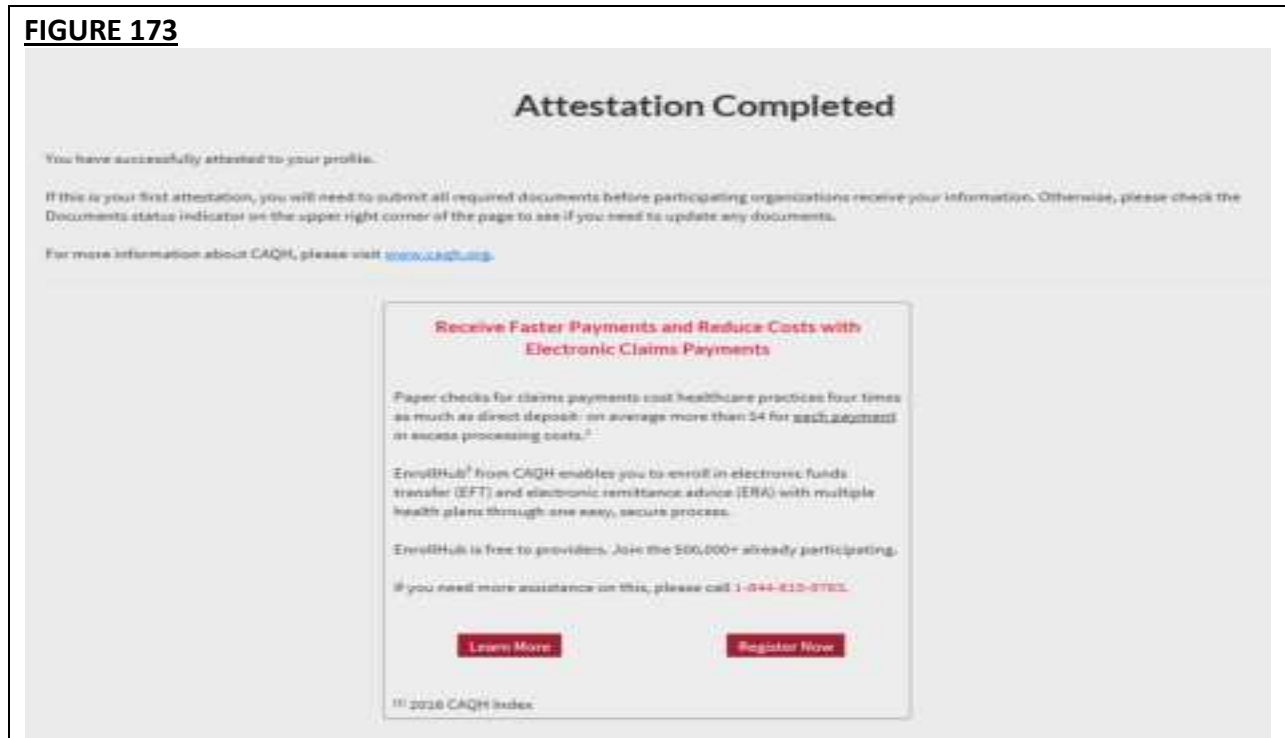
A confirmation will be sent via email to you within approximately 48 hours after all documents have been received and approved.

Re-Attesting

Re-attestation is required every 120 days (180 days for Illinois providers) in CAQH ProView to ensure your data is maintained and accurate for health plan use. To complete your re-attestation, follow these steps:

1. If you have updates to make to your data profile, click on "Profile Data" from the top navigation bar and then the applicable section to update any necessary information in your data profile.
2. If you need to upload any updated supporting documentation, click on "Documents" from the top navigation bar to upload your documentation.
3. Once you have updated any applicable information or supporting documentation, click on "Review and Attest" from the top navigation bar to begin the re-attestation process.

FIGURE 174
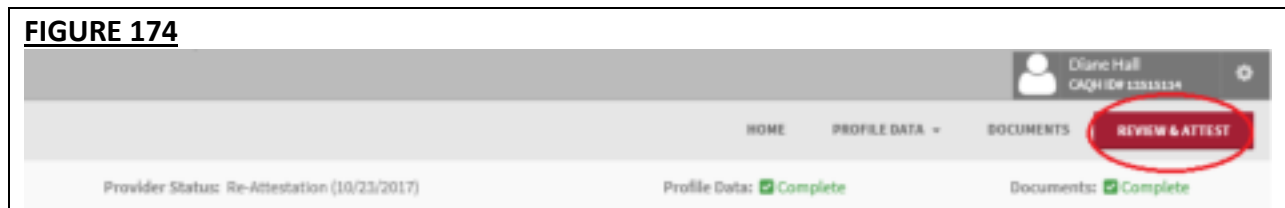
On the Review screen, you can view if any required fixes or supporting documents need attention.

Note: If the PLI and/or State License have expired, you will be prompted to update the expiration date and other relevant details on your profile before you can attest. Once these steps are completed you will be able to attest.

Correct all the required fields by clicking View errors.


FIGURE 175

Once all the fields are filled out or corrected, the following screen will display. You are now ready to complete your re-attestation. If you wish to review your data summary, you may click the link for "reviewed all information" or Click the View Your Data Summary" found below the page. Then click Attest.

FIGURE 176

The "Attestation Completed" screen will then display.

FIGURE 177

A confirmation will be sent via email to you within approximately 48 hours after all documents have been received and approved.

Re-attestation Reminder Emails
Re-attestation is required every 120 days (180 days for Illinois providers) in CAQH ProView to ensure your data is maintained and accurate for health plan use.   CAQH Proview will email you to remind you when you are due for re-attestation. System automated generated emails will be sent to your primary method of contact email, and if on file the PMOC CC1 and PMOC CC2, at the following intervals (message frequency and timing differs for Illinois providers):

1. 15 days prior to expiration
2. 10 days prior to expiration
3. 5 days prior to expiration

If no re-attestation has occurred, a provider will be put in "Expired" status on the day after the re-attestation was due. Providers in expired status will receive the following notices:
1. Day after provider is placed in expired status
2. 14 days after expired
3. 28 days after expired
4. 42 days after expired – final notice

Verify your primary method of contact email on the Personal Information section. It is important to keep this email accurate and current so that you receive these important messages. You also can enter two additional email addresses in this same section (PMOC CC1 and PMOC CC2) that will be copied on the system generated messages.

APPENDIX

Provider Status

Provider statuses are defined below and are system populated or manually changed by the CAQH ProView Support Center based on the status of your data profile:

Status	Definition
New Provider	Provider has been entered into system but has not been sent a registration kit.
Initial Outreach	Provider has been sent outreach but has not yet registered.
Return Mail	Registration kit mailing is returned from USPS due to poor mailing address, provider no longer at the address, etc.
Undeliverable	Unable to outreach to provider due to lack of valid information. For example, invalid email address.
Alternate Outreach	Provider has been messaged at a secondary location after attempts are made to primary office location.
First Provider Contact	Provider has called or logged into CAQH ProView.
Profile Data Submitted	Provider has progressed through CAQH ProView and "attested". Still waiting for supporting documents. Also, may be referenced as "Application Data Submitted".
Initial Profile Complete	Information has been attested to and supporting documents received. Also, may be referenced as "Initial Application Complete".
Re-Attestation	After the provider has reached initial application complete, and the provider is keeping information current and "attesting".
Expired Attestation	After attestation is greater than 120 days old.
Opt out	Provider has asked to be removed from the CAQH database.
Provider Retired	Support Center is contacted that provider has retired from practice.
Provider Deceased	Support Center is notified that provider is deceased.

CAQH Provider Support Center Information

<div style="border:1px solid black">

CAQH ProView Support Center:

Contact CAQH
CAQH Provider Help Desk:
Chat: https://proview.caqh.org/PR/
Chat Hours:
Monday – Friday: 8:30 AM to 6:30 PM (EST)

Phone: 1-888-599-1771
Phone Hours:
Monday – Thursday: 7 AM – 9 PM (EST)
Friday: 7 AM – 7 PM (EST)

</div>

Revision Log

Version	Updates
Version 1	Original
Version 1.1	• Updated *System Security* section. • Updated *Chapter 5 – Review Your Data* to reflect current print screens of Review tab • Updated *Chapter 8 – Completing Your Attestation* to reflect current print screens of Attest tab • Updated *Appendix – Provider Status* table to reflect accurate names for provider status, specifically "Application Problem", "Application Data Submitted", and "Initial Application Complete".
Version 2	• Updated *System Security* section • Updated *Chapter 6 – Uploading Supporting Documentation*. Added information regarding failed supporting documents. • Updated *Chapter 8 – Completing Your Attestation.* Added information regarding when re-attestation reminder emails are distributed. • Updated sections within *Chapter 4 – Completing Your Profile Information.* o Clarified that the Disclosure of Ownership questions must be downloaded, signed, and uploaded for organizations to access information in replica applications. o Clarified that primary email and PMOC CC1 and PMOC CC2 are the emails that are sent the automated system generated emails. o Added additional information regarding authorizing organizations with which a provider does not participate. • Added reference to "Save" button - users can click on the "Save" button to save their information entered on a screen.
Version 3	• Updated screenshots for all pages/sections to show enhancements on CAQH ProView • Added details on uploading supporting documents • Added details on uploading North Carolina State Release forms • Added some screenshots on the Documents section • Added a section for the Progress Bar • Updated the names of some of the buttons and links
Version 4	• Added a note on page 43 that states: *The signature on the initial AAR form should be a wet signature. Stamped or electronic signatures will **NOT** be accepted.* • Added some more details about Activity Log on page 14. • Added a note that ALL documents may now be viewed regardless of the status.

Version 5	• Updated the following pages to add some more tips and instructions: Professional IDs, Education, Specialties, Practice Locations, Hospital Affiliations, Employment Information
Version 6	• Updated the following pages: Uploading documents (AAR documents), Practice Locations Address Standardization, Professional Liability Insurance
Version 7	• Updated Personal Information and Practice Location section to add details about NPI validation • Updated Practice Location to add details about validating all practice location addresses
Version 8	• Updated Practice Location with the recent changes
Version 9	• Updated Chapter 3 (Homepage) and Chapter 4 (Practice Locations section)
Version 10	• Updated Practice Location, Personal Information, and Re-attestation section to incorporate recent changes in the system
Version 11	• Updated Hospital Affiliations section
Version 12	• Updated the screenshots to reflect changes related to the ADA providers • Updates the screenshots to reflect the merged Review and Attest button • Added the process for submitting CAQH AAR document for providers practicing in Oklahoma • Updated Practice Locations section • Added the new re-attestation process
Version 13	• Updated the process for retrieving username and resetting the password or primary e-mail address