

CAQH ProView®

Provider User Guide

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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 <u>CAQH</u>

<u>ProView Practice Manager Module</u> 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

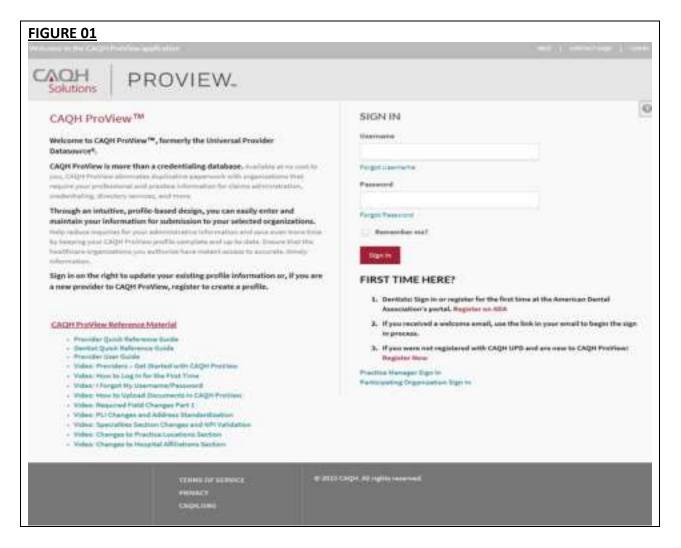
Registration is required for all providers to obtain access to CAQH ProView.

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 <u>https://proview.caqh.org/pr</u>. 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.



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 <u>https://proview.caqh.org/pr</u> 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.

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.

URE 03				
	Creat	e a ProView Account		
If you have a CAQH provider ID, <u>click here</u> .				
If you	u 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 o	f the following f	ields:		
• Provider Type				
(Please Select)	\$			
• First Nome	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 🛍		
(Please Select)	* E-mail Address (contact)	Note - this e-mail address will	be used as your primary m	ethod of
	E-mail Address (co	onfirmation)		
Please enter at least social Security Number	NPI Nur	wing personal identifient iden	DEA 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	OVIEW.	HALP CONTACT CASH- ADM.HA
	Create a ProView Account Please fill in the fields below to continue registration Please enter your CAQH Provider ID	0
	CAQH Provider ID Continue	

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

eate a ProView Accoun	80 	
ase fill in the fields below to con	tinue registration	
Please enter the followi	ng personal identification	number:
	is personal activities to the	
Social Security Number	NPI Number	DEA Number
License Number	UPIN	TIN
License wumber	OPIN	118

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.

GU	<u>RE 06</u>
Est	tablish Your CAQH ProView Account
0.54	et up your CAQH ProView account, please enter a username, password, and answer the security questions below.
	ease enter a username our username must be at least 8 characters, it can be made up of numbers and/or letters, but it cannot include special
	aracters like @ or #.
Us	ername •
	ease enter a password our password must be at least 6 characters and cannot be the same as your username. If your old password meets
	ese requirements, you may enter it here.
Pa	essword *
Re	-enter Password

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				
	Security Question 1: (required)			
	-Select-		8	
	Security Answer 1			
	Security Question 2: (required)			
	-Select-		8	
	Security Answer 2			
	Security Question 3: (required)			
	-Select-		8	
	Security Answer 3			
	See Terms and Conditions			
	IAgree			
		Create Account		

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

FIGURE 08		
CAOH	PROVIEW.	
	Congratulational Vour registeration was seconded. Please click DR:te login to PioView.	0

New!

Retrieve Username

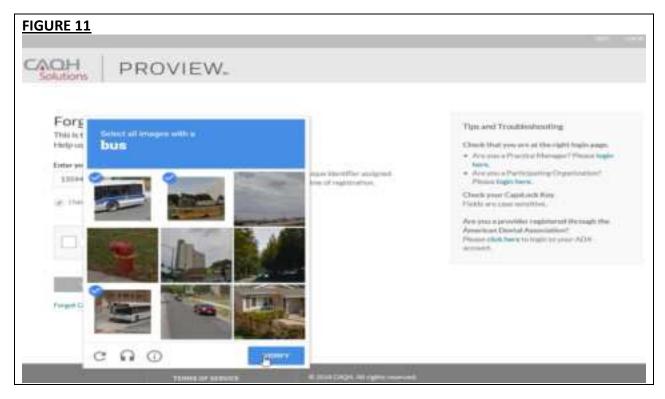
1. If you have forgotten your username, go to CAQH ProView login page and click *Forgot Username*.

FIGURE 09		
CAOH PROVIEW.		
CAQH ProView TM Welcome to CAQH ProView TM , formerly the Universal Provider Datasource ⁸ . CAQH ProView is more than a credentialing database, scalador at recent to you, CAQH ProView division to district the procession with eith organizations that require your professional and process information for clasma administration, antimitaling, diverting services, and mare.	SIGN IN Unermarke Forget Unermarke Password	
Through an intuitive, profile-based design, you can easily enter and maintain your information for submittain to your selected organizations. Help reduce incurrent for your admittainative information and take even more the by keeping your CRQW Profiles profile complete and up to date. Course that the kealth use organizations you achieve have reduct access to access, finally prioritation.	ræ 🔂 Hernnisber me	

 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	
Solutions PROVIEW.	
Forgot username? This is the right place to get your username. Term your account by providing the CAQH Provider ID. 12525314 Your CAQH Provider ID is the usque identifier assigned to you in CAQH Provider ID is the usque identifier assigned to you in CAQH Provider ID is the usque identifier assigned to you we read and agree to the CAQH Preventer Society. Imm not a noted Imm not a noted Immediate Terms Immediate Terms Immediate Terms Immediate Terms <td>Tips and Troubleshooting Check that you are at the right high page. Any you a Participating Organization? Name Optimize Check your Constants first. Faith are case sensitive. Any you a provide registered through the American Dental Association? Pages cleck how to login to your ADA account.</td>	Tips and Troubleshooting Check that you are at the right high page. Any you a Participating Organization? Name Optimize Check your Constants first. Faith are case sensitive. Any you a provide registered through the American Dental Association? Pages cleck how to login to your ADA account.

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*.



This page also shows some tips for troubleshooting.

OUTIONS PROVIEW.	
Forgot username? This is the right place to get your username. Help us find your account by providing the CAQH Provider ID. taker your CAQH Provider ID Your CAQH Provider ID is the unique identifier assgned As you in CAQH Provider at the take of registration. If here read and agree to the CAQH Terms of Service.	Tips and Troubleshooting Cleak that you are at the right login pape. • Are you a Participating Organization' Please togin here. Cleak your Capation Key Fields are case sensitive.
Immenot a robot	Anno Itam Dental Association? Please click here to legit to your ADA account.

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	
CAOH Solutions PROVIEW.	
Vour usermanne is finland 1227.	Account Information
Log In Forgot Personand	Save as PDP

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	
Solutions PROVIEW.	
CAQH ProView TM Welcome to CAQH ProView TM , formerly the Universal Provider Determance ^R , CAQH ProView is more than a credentialing database, Available of the over the set, CAQH Proview database database to the more that of presidence that set, CAQH Proview database database to the more that of the over the set, CAQH Proview database database to the more that of the over the set, CAQH Proview database database to the more that the the over the set over the theorem over the database over the the over the the set over the theorem. In the terms.	SIGN IN Demarks Forget Demarks Parqueout
maintain your information for submission to your selected organizations. Note return requires the your definition and on the matter of any construction on the sense gives C4QH Provide prefix complete and up to date. Ensure that the backfloade opportations you activate have industry parts to accurate, triangly information.	Remember me
Sign in on the right to optimic your existing profile information or, if you are a new provider to CAQH ProMew, register to create a profile.	FIRST TIME HERE? 1. Destilats: Sign in an register for the first time at the American Destal Association's portal. Register on ACA
CAOHI MoView Reference Material Provider Quark Reference Guide Provider Quark Reference Guide Provider Start Bartel Video: Single Sign-on the Destricts Video: Provider Coot II Santel with CAOH Provider Video: Toxider Coot II Santel with CAOH Provider	 If you received a welcome enail, use the link in your enail to begin the sign in process. If you were not registered with CAQH UPD and are new to CAQH Profiles: Register Name Practice Name Practice Name Practice Name Practice Name

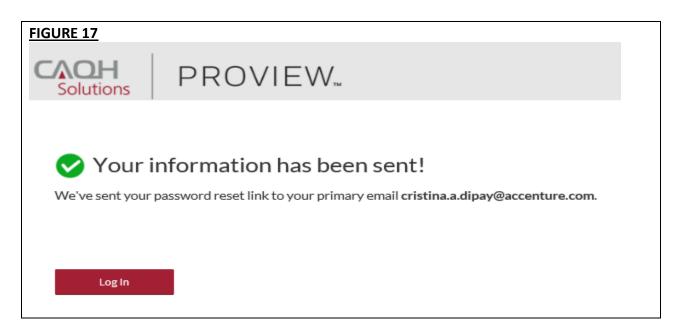
2. You will be prompted to enter your username to be able to proceed. Click the checkbox indicating that you have read and agree to the CAQH Terms of Service, then click *Continue*.

FIGURE 15	
Solutions PROVIEW.	
Forget password? You've come to the right place to reset your password. Rease provide the information below to help us find your account. Username Inland1227 I have read and agree to the CAQH Terms of Service. Continue Forget Username	Tips and Troubleshooting Check that you are at the right login page. • Are you a Practice Manager? Please login here. • Are you a Participating Organization? Please login here. Check your CapsLock Key. Fields are case sensitive. Are you a provider registered through the American Dental Association? Please lick here to login to your ADA. account.

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	
Solutions PROVIEW.	
Send password reset link to my email Enter your primary email address shown below to receive an email with the link to reset your password.	
manan lang dina "ang	Which email is this? The creat shows have in the primery small on CACPH profile that is used for email multications and remembers.
Entry the Self-month does us in the birst above churiness montecilingicaquillary i don't know or cannot access this email. Change Primary Entail	
Continue	

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.



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	
Solutions PROVIEW.	
Send password reset link to my email Enter your primary email address shown below to receive an small with the link to reset your password.	
retream const. contine logics**.org	Which email is this? The eroal shown here is the primary enail on CAOP profile that is used for email collications and reminders.
Error the full email shown in the hirst above	
I show I known or carrent accase this area Charge Primary Street	
Gardinat	

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
Quick security check
We just need a few more things to verify your account. Answer any three questions.
Enter the last four digits of your Social Security Number.
Select your Certifying Board. I have Board Certification I do not have Board Certification
Enter your Professional Liability Insurance Policy Expiration Date.
Select date 📫 I do not have PLI or this is not applicable
Enter your Professional Liability Insurance Policy Number.
Ex. 1234-55-67, 00-3456-7890
Continue

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 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	
CAOH Solutions	PROVIEW.
	k security check reed a few more things to verify your account. Answer any three questions.
Q	Enter the last four digits of your Social Security Number.
0	Select your Certifying Board. I have Board Certification Provider Type Acupuncturist Name of Certifying Board American Academy of Medic
0	Enter your Professional Liability Insurance Policy Expiration Date.
Q	Enter your Professional Liability Insurance Policy Number. Oldo not have PLI or this is not applicable
Co	ntinue

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
Solutions PROVIEW.
Sorry, we could not verify your account based on the information provided. Please by again!
Quick security check We just need a few more things to verify your account. Answer any three questions. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number. Image: Conter the last four digits of your Social Security Number.
Select date I do not have PLI or this is not applicable
Enter your Protessional Liability Insurance Policy Number.
Continue Need further Assistance? Contact CAQH.

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	
Solutions PROVIEW.	Chiarter Hall
Choose a new primary email Please enter the primary email you would like to use for the account Reland1227 .	
New Printery Establ	
	What email should you use? We recommend you are an enail that you shock regularly. Grow this sharps to made, your you'lle will be permanently updated and all CAQH withfraiting will be and to the address.
- Name	

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	
Solutions PROVIEW.	Characterial Contraction
Choose a new primary email	
Please enter the primary email you would like to use for the account fieland 1227.	
New Primary Email	
charles.a.montecillo@capt.org	What what should you use? We recommend you use an entail that you shock regularly. Crick this sharps is mode, your profile will be permanently updated and all CAQH nutlikations will be pert to this address.
Sere	

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	
Solutions PROVIEW.	Diane Hall CAQH ID# 13515134
Primary email reset successful! We sent the password reset link to your primary email charles.o.montecilio@caqh.org. Please check your email to access the link.	Account Information USERNAME Finland1227 CAQHPROVIDERID 13515114 PREMARY DAVALADDRESS charles.c.montecilio@caqh.org

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 n primary email and can reset your password.	ew	
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		
CAOH Solutions PROVI	EW.	
Forgot username? This is the right place to get your username. Help ut find your account by providing the CAQH Provider ID. Enter your CAQH Provider ID Your CAQH Provider ID is the unique identifier anigned to yours CAQH Provider at the lines of regulation.		Tips and Troubleshooting Check that you are at the right login page. • Are you a Practice Heaven' Phone login here. • Are you a Furticipating Organization? Please login here.
There mail and agree to the CAQH Terms of Service.		Check year Capit.ock Kay. Fields are care sensitive.
I'm not a robot	C	Are you a perioder registered through the American Dential Association? Please click here to logic to your ADA actions.
Carethiat Farget CAQH Provider D		

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 2	27		
CAOH		W	
Hel	lp us find your acco	ount	
	e provide this information to he	ip us find your account.	
-	and the as the desired of the second		
-1	* Please half on your name.		
1	Provider First Name	Provider Last Norm:	
	Diane	Paul	
2	* Please answer orer of the quest	ium, beliow based on the information in your i	arcoviews parcellin.
	 Individual (Type 1) National 	Provider identifier (HPO	Enter your unique Type 1 NPL
	ero/11/118		Thinks a 10-digit sumaric identifier.
	C Provider Birth Date		
3	* Are you a Ductor of Dental Me	ficien (DMD) or Doctor of Dental Surgery (DI	adds.
32.18	user read and agree to the CACHITE	mit of Bervice.	
	Continue		

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 2	28
CAOH	
Serry, v	we could not find an account that matched your information. Please try again!
Please	p us find your account provide this information to help us find your account. Please tell us your name. Provider First Name Provider Last Name Enter your name only. This should not include any lities, degrees.
2	Please answer one of the questions below based on the information in your Proview profile. Individual (Type 1) National Provider Mentifier (NPI) Provider Birth Date.
3	*Are you a Doctor of Dental Modicine (DMD) or Doctor of Dental Surgery (DDS)?
10.06	and result and agrees to the CAQH Terminal Service.
in the second	onther American Compati CAQH

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

FIGURE 29
Solutions PROVIEW.
Quick security check We just need a few more things to verify your account. Answer any three guestions.
Enter the last four digits of your Social Security Number.
Select your Certifying Board.
Enter your Professional Liability Insurance Policy Expiration Date.
Select date 🗎 I do not have PLI or this is not applicable
Enter your Professional Liability Insurance Policy Number.
Ex. 1234-55-67, D0-3456-7090 I do not have PLI or this is not applicable
Continue

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	<u>)</u>
Solutions	PROVIEW.
	k security check
Wejust	need a few more things to verify your account. Answer any three questions.
0	Enter the last four digits of your Social Security Number.
Q	Select your Certifying Board.
	Enter your Professional Liability Insurance Policy Expiration Date.
Q	30/04/2018 Ido not have PLI or this is not applicable
0	Enter your Professional Liability Insurance Policy Number.
	CD029022 I do not have PU or this is not applicable
6	ontinue

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
Solutions PROVIEW.
Sorry, we could not verify your account based on the information provided. Please try again!
Quick security check We just need a few more things to verify your account. Answer any three questions. Image: Select your Certifying Board. Image: Select your Certifying Board. Image: Select your Certification Image: Select your Professional Liability Insurance Policy Expiration Date. Image: Select your Professional Liability Insurance Policy Expiration Date. Image: Select your Professional Liability Insurance Policy Expiration Date.
Enter your Professional Liability Insurance Policy Number.
Continue Need further Assistance? Contact CAQH.

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	
Solutions PROVIEW.	Ониетой скрижетование
Account confirmed!	Account Information
Log in Forget Falsowood	13313114

CHAPTER 3: Home Page

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

SOLURE 33	ROVIEW.		Got quest	tent contact cape CAQH Profession Transfer Update	513H O
			NOME PROFILE DA	CAQH ID# 121113114	TEST
Provider Status: Re-	Attestation (10/23/2017)	Profile Da	ta: Oincomplete	Documents: O incomplete	
You have made changes t	o your profile since your last a	ttestation. You must attest for Part	CADH ID# 13515114	to see your updated data.	
	There are 1 items require wew ATTESTATION ERRORS	d to complete attestation.		CAQH ProView: Document Failure Notification (CAQH Provider ID: 13515134) CAQH ProView: Document Failure Notification (CAQH Provider ID: 13515134)	î
PRIMARY PRACTICE LOCAT PRIMARY PRACTICE STATE	1000: 235 Dowsing Place, Suite 3, A i New York	mityvile, NY 11870-1371		CAQH ProView: Document Failure Notification (CAQH Provider ID: 13515134) CAQH ProView: Document Failure Notification (CAQH Provider ID: 13515134)	~
				Ven AL >	
		ATTESTATION HISTORY		AVAILABLE IMPORTS	
 Missing Upload document 🛓		Diane Hall 10/23/2017 3:33 57 PM Last stantation on 10/25/2017 Diane Hall 5/17/2016 1:59:45 PM	^	No importa to diaplay	
Missing Upload document 2 Missing Upload document 2		Last stastation on 5/17/2016 Diane Hall 5/11/2016 3-00-53 PM Last stastation on 5/11/2016			
 Failed	~	Diane Hall 4/19/2016 2:01:23 PM Last ettertation on 4/18/2016	~		

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.

Phone Stationer Pro-	The Date Sub-	(STREET) Positio Talia: O'Anarradata	Companyation O (companyation)
tina harve mode chariger	tis pisan providsi sam	e your last attachation. You must attack for Participating Organications	to see your spilleted data.
Olane Hall		1991 11 100001	No. of Concession, Name of Strength,
a instrument	States and	CAQII Prolifeer Provider Update *	
enseer teacher one	Asia and Survey	In an origining effort to improve the excessory of provider information listed within directories, CAQH Provines will ask providers to confirm that the phone number listed for each practice location is the primary method that patients should use when scheduling an appendator. Please follow Link to vedirect to CAQH Provise Status Lipitation Page - Typicler.	
			Nor-M (
		Corres	
		the last entering of each bill State	The importants disarban

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		
Solutions PROVIEW.	Los Chat normely unavailable 2 CRQH ProView Provider Update Diane Hall CAQH De ISSESSE4	
	HOME PROFILE DATA + DOCUMENTS REVIEW & ATTEST	
Provider Status: Re-Attestation (10/23/2017)	Profile Data: Complete Documents: O Incomplete	
	6	8
Diane Hall	CAQUEIDA 13535314 HESSAGE CENTER	
Owner measure O There are no messages to display	CAQH ProView: Document Failure Notification (CAQH Provider ID: 12515114) CAQH ProView: Document Failure	
	Notification (CAQH Provider ID: 13515134)	

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)



<u>Status Bar</u>

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		
Solutions PROVIEW.	📰 Line Chat oursetly unavailable	HELF CONTACT Dags sole but CAQH Prolifeer Provider Update Diane Hall CAQHIDE LISSISSION
	HOME PROFILE DATA +	DOCUMENTS REVIEW & ATTEST
Provider Status: Re-Attestation (10/23/2017)	Profile Data: 🖾 Complete	Documents: 🖬 Complete
		0

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		
Solutions PROVIEW.	Got questio	Cognitivative Transfer Station
	anne Peortean	CAQ+ DF 100100
Provider Status: Re-Attenuation (10/22/2017)	Profile Data: O Incorraliste	Documentar O incarrigilizta
10 Tou have made changes to your profile since your last attestation.	The must attend for Participating Organizations fo	a see your updated data.

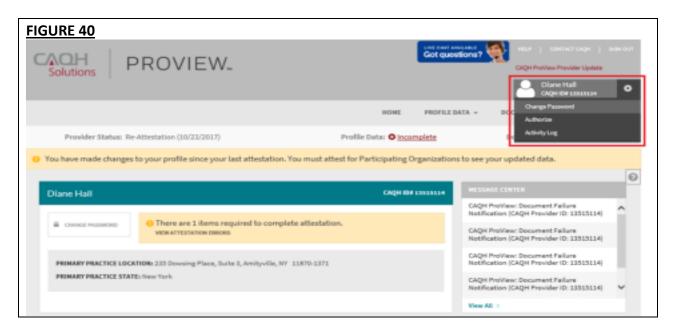
Attest Button in Navigation Bar

- 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		
CACH PROVIEW.	Got questions?	Constantine States Cases
		Charles Field O
	HEHE PROPERTIES +	COLIMINTS REVENA ATTEST
Provider Status: So-Attentation (10(3)/GHT))	Posfile Data: O inconsista	Decemente: O tectorgiele
o You have made changes to your profile arrise your last attactation	. You must attest for Participating Organizations to see yo	our updated data.
		6

Activity Log

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



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

<u>IRE 41</u>		112340	INTERPLE SATA +	COLUMN ATS
Provider Status: Re-Atlant	wine (11/23/2017)	Profile Data: O Incom	giete	Decumenta O incandista
a have made channes to you	o profile since your last attentation. You must	attest for Participating On	exercitations by seal of	our updated data.
	ACTIVITY LOG			
	Expand to view Activity Details			View Activity Log History
	Activity Sobject	Da	de :	Contra De la Contra de Canada
	4 Americanov favorentation (varo	. 440	SAVANT DUDA AN	
	 Fraction System (temped the Pro- Prestation to Te-Attestation) 	winter Status, frank Ser	DAUGHT HAR AN	
	4 Mari kygent in: Dane Hall	15	NA 1610 (1910)	
	· Unit leggest in Date Halt	140	04/2017 X0:06 AM	
	 Alter toggest in: Dave Hall 	. 140	14/2017 12:01 AM	
	* Oter truped In: Dane Had	10/	10070171107100	
	# User lawged in: Dane Hall	10	CALIFORNIA AND AND	
	 Oumpa to Procision Langellon : Rea an this address? 	processing processing . 12	21/2017 12:19 AM	
	Provider Changed Practice Locato this address? Only Value Hull New		wat information Parity	Any you currently practicing at
	4 User loggest its Diane Hall	. 600	DEGENT RELIGION	
	* Aner suggest in Daris Hall	.192	1012017 1045 MM	
		alat latal		Toriti pique plut having

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.

FIGURE 42						
Solutions PROVIEW.			unt cent area Got quosti		P CONTACT CACH 1 H ProView Provider Update Diane Hall CAQHID# 13313114	100 mil
		HOME	PROFILE DAT	IA + DOCUME	ITS REVIEW & ATTR	ST
Provider Status: Re-Attestation (10/23/2017)		Profile Data: O Inco	Personal Info Professional I		ents: O <u>incomplete</u>	
You have made changes to your profile since your	last attestation. You must att	est for Participating	Education Professional	Training	d data.	
			Specialties			0
Diane Hall			Practice Local Hospital AMI		ument Failure	
Owner Masses O There are 1 items required to complete attestation.			Gredentialing		Provider ID: 13515114)	î
VIEW ATTESTATION ERRORS			Professional I Employment	Liability Insurance	ument Failure Provider ID: 13515114)	
PRIMARY PRACTICE LOCATION: 235 Dowsing Place, Suit	te 3. Amibuelle NY 11870.1371		Professional I		ument Failure Provider ID: 13515114)	
PRIMARY PRACTICE STATE: New York		L	Disclosure		current Failure	
				Notification (CAQ)	(Provider ID: 13515114)	~
				View All >		
SUPPORTING DOCUMENTS	ATTESTATION HISTORY					
 Hissing Upload document 🛓	Diane Hall 10/23/2017 3: Last attratation on 10/21/2		^	No imports to disp	lay	
 Hissing Upload document 🛓	Diane Hall 5/17/2016 1:5 Last attastation on 6/17/20					
 Hissing Upload document 🚊	Diane Hall 5/11/2016 3:0 Last attestation on 8/11/20					
 Paled	Diane Hall 4/15/2018 2:0 Last attestation on 4/18/22		~			

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.

<u>GURE 43</u>			
		MOME PROFILE	BATA - BALIMENTS REVEW& ATTEN
Provider Status: Re-Attonia	mes (18/23/2017)	Prolle Dete: O <u>incorrulete</u>	Decuments: O treamplete
Tou have made changes to your	profile since your last attestation. Y	to must attest for Participating Organizatio	ns to see your updated data.
(Inn Innhümlung)			
2 PERSONAL INFORMATION	PERSONAL INFORM	AATION	and insured.
Name			
Providence & International	· Ferning of Tables are Industries of	In a ran present, 21 other Calific are optioned	
Horse Matrice	Provider Info		
Paring Address	* Provider Type	* Practice Setting	
Primary Hermat of Contact	Ductor of Dental Hadiaine (D	Ingetient/Dutgetient or Outpetient	(Gety)
Phote Number		and the second s	and the second
Inninclip/Ford Otor		ittise state and add any other practice states in ich ny practice states that no longer apply.	rich you have an active license and are/will
Energence Cantant	* Promacy Practice State		
Personal Inter-Officializes Non-Bach	144 C		
Berngraphia.	Click Add to enter another pres	thus state	
Third Participant Plant	and the second se		
Legage	O Add		
B PROFESSIONE INS	Name		
2 ADARATON	Pearing		
2 PROPERSIONAL TRADERI	* First Marro	Highfie Marros	" Last Neme
\$ secontes	Diane	Janee	nati
PRACTURE LOCATIONS	Seffix		
HOUPTIL APTILIETEME		100	

- 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.

EQUIRED FIXES			
ersonal Informal	tion		
Sub Section	Field	Erro	¢.
Damographica	Are you a US Crizen?	Piea a US	to eviter the field labeled, "Are you Chipsel"
Demographics	Citizenship Country	106	or enter the field labeled, senable Country"
	ld not be validated. Please check t	106	semihip Country"

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.

Personal Infor	mation		
Sub Section	Field	Error	Action
Personal Information	Primary Practice State	You have selected Colorado as a practice state but you have not indicated that you practice at a location in Colorado er remove Colorado or remove Colorado as a practice state.	Update Practice Locations Update Practice States

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.

<u>JRE 46</u>	
PERSONAL INFORM	ATION
Please select New York as a You have indicated that you Please select New York as a You have indicated that you Please select New York as a You have indicated that you Please select New York as a Please select New York as a Please select New York as a	practice at a location in New York but you have not selected New York as a practice state. practice state or indicate that you do not practice at this location. practice at a location in New York but you have not selected New York as a practice state. practice state or indicate that you do not practice at this location. practice at a location in New York but you have not selected New York as a practice state. practice state or indicate that you do not practice at this location. practice state or indicate that you do not practice at this location. practice state or indicate that you do not practice at this location. practice state or indicate that you do not practice at this location. as a practice state but you have not indicated that you practice at a location in Colorado. on in Colorado or remove Colorado as a practice state.
	Import ==
Provider Info	
Provider Info Provider Type	* Practice Setting
-	
Provider Type Medical Doctor (MD) Please select your primary pract	Practice Setting
Provider Type Medical Doctor (MD) Please select your primary practi be practicing. Please remove any	Practice Setting Inpatient/Outpatient or Outpatient Only c ice state and add any other practice states in which you have an active license and are/will
Provider Type Medical Doctor (MD) Please select your primary practi be practicing. Please remove any Primary Practice State	Practice Setting Inpatient/Outpatient or Outpatient Only c ice state and add any other practice states in which you have an active license and are/will
Provider Type Medical Doctor (MD) Please select your primary practi be practicing. Please remove any Primary Practice State	Practice Setting Inpatient/Outpatient or Outpatient Only C ice state and add any other practice states in which you have an active license and are/will practice states that no longer apply.
Provider Type Medical Doctor (MD) Please select your primary practice be practicing. Please remove any Primary Practice State CO CO	Practice Setting Inpatient/Outpatient or Outpatient Only C ice state and add any other practice states in which you have an active license and are/will practice states that no longer apply.

- 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 <u>required to either fix the error</u> or <u>click Ignore</u> 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				
D PERSONAL INFORMATION	PROFESSIONAL IDS			nport
PROFESSIONAL IBS	PROFESSIONAL IDS			
Professional License	 Required fields are indicated wit 	In a red asterials. All other fields a	re optional.	
OEA Registration			a listed on the Personal Information screen. If you are no	
CDS	practicing in a state, please sele DEA and CDS numbers for each		ou currently practice in this state?". Where applicable, a	also add
Hedicare				
Wedicald				
EDTHG	Professional Licens	se		
USMLE			O Ber	move
EDUCATION	License State		Do you currently practice in this state?	
PROFESSIONAL TRAINING	NIY		· Yes	
D SPECIALTIES	• License Number	License Type		
PRACTICE LOCATIONS	6273677	(Select)		
HOSPITAL APTILIATIONS	10010011	(Caracter)		
CREDENTIALING CONTACTS	License Status			
PROFESSIONAL LIABILITY INSURANCE	(Select)	3		
EMPLOYMENT INFORMATION	Issue Date	Expiration Date		
PROFESSIONAL REFERENCES	Select date	12/1/2017	85	
DESCLOSUME	Click Add to enter another licen			
	• Add			

- 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	
PROF	ESSIONALIDS	an reserve
Prote	Warning ×	
Licercore 3945	Changing your answer is this field will remove the related data from your profile. Do you want to proceed with this change?	entity practice in mile states?
LR.0000	Yes No	
License S	time III	

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					
		HOME	PROFILE DATA +	DOCUMENTS	REVIEW & ATTEST
Provider Status: Re-Attes	station (10/23/2017)	Profile Data: O Incor	noiete	Documents: O	ncomplete
O You have made changes to yo	ur profile since your last attestation. You n	nust attest for Participating O	rganizations to see y	our updated data.	
0 Sam 0				_	0
PERSONAL INFORMATION	EDUCATION			==	import
PROFESSIONAL IDS					
EDUCATION	 Required fields are indicated with a 	red asterisk. All other fields are optic	enal.		
Professional School	Graduate Type				
Undergraduate	US/Canada Graduate				
D PROFESSIONAL TRAINING	Bid you attend professional/med	dical School?			
D SPECIALTIES	Tes No				
PRACTICE LOCATIONS					
HOSPITAL APPELIATIONS	If there are blank fields that appear section, you may click the Remove				
CREDENTIALING CONTACTS	changes made.				
PROFESSIONAL LIABILITY INSURANCE	Professional School I	nformation		. • •	lamove
EMPLOYMENT INFORMATION	Country	State	Cour	thy	
PROFESSIONAL REFERENCES	Select	CSelect	0 -9	elect	0
DISCLOSURE	• Professional School 💿 Othe	er (Not Listed)			
	Select	0			
	* Street 1				

- 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 5	<u>0</u>	
EDUCAT	ION	and the second sec
Oratholis Ty	Watning ×	
and here atte	Overgoing your answer to this field will remove the relatest data from your profile. On you want to proceed with this change?	
O Re Oberstands Sector, you Dialogie may	Ves No	marinal) on the Professional School Information Chile the face and Corrinal Information fie

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					
		NONE	PROFILE SAIA -	DOCUMENTS	BENEW & STIEST
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PROFESSIONA INTERGED	W Yes				
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				1	Ottenne
	liste the "Type" field to move data from t resilion. Salact "Internation" from the type				

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						
		9040	PROFEEDATE -	DOCUMENTS	HENEWAATT	ыт
Provider Status: Re Attentatio	m (10/23/2017) Pr	offic Data: O (pop	nolete	Documents	ntelamenai O	
9 You have made changes to your p	rofile since your last attentation. You must attent 3	or Participating ()	rganizations to see	your updated da	đa.	
O Determination D PERFECTIONAL DES D EDECATION D EDECATION D PERFECTIONAL DES	SPECIALTIES • Notice of Indexes Information Contraction of Contract, or Primary Specialty	t alfan finlige alfe syfte			e mart	0
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Certifications Clinical Practice Other Interests Chief Interests Chief Interests Chief Interests MMCRCC (& CATIONS MMCRCC (& CATIONS MIDISPITIALING) CONTINCES	* Board Certified? ? Yes * Ho Do you wish to be listed in the directory under t primary specialty?	*	Yes 🛞 Na Yes 💮 Na Yes 💮 Na	ныо РРО РОЗ		

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

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	Secondary Specialty*		5-th have lefty		
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	Records and address income				

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

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The specialties that are included in the drop-down list are collected from the National Uniform Claim Committee (<u>www.nucc.org</u>). 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.

- Health Care Provider (CoreC)
- ATLS Advanced Trauma Life Support Certification: Advanced Trauma Life Support (ATLS) is training program for medical а 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.
- 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.
- 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.
- 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.

• 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.

- 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				
PROFESSIONAL INFORMATION PROFESSIONAL IDS PROFESSIONAL TRAINING SPECIAL TES PRACTICE LOCATIONS	for other providers, read tests, or pro- click Edit to update your status.	ride other services. If yo	which you currently, or will in the near 1 u do not practice at a location that appr loyment information section of your pro	ears in the list, please
HOSPITAL AFFILIATIONS CREDENTIALING CONTACTS	PRACTICE LOCATIONS			Import O ADD
PROFESSIONAL LIABILITY INSURANCE	Physician Group/Practice Name	Tax ID	Location	Actions
EMPLOYMENT INFORMATION PROFESSIONAL REFERENCES DISCLOSURE	Practice #1	93-9391391	235 Dowsing Place Suite 3 Amityville, NY 11870-1271	Edit Anthive
	Practice #2	10-1810191	SA DOWSING PL STE 3 AMITYVILLE, NY 11701	Edit Anchive
	Practice #3	91-1901101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719	Edit Anchive
	O Save and Go Back			Save & Continue @

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

<u>GURE 57</u>			
PRACTICE LOCATIONS			
-		which you currently, or will in the near u do not practice at a location that app	
Make sure to enter all group/practice	information in the Empl	oyment Information section of your pr	ofile.
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
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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 V
G 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.

for other providers, read tests, or pro- click Edit to update your status.	vide other services. I	e at which you currently, or will in the ne f you do not practice at a location that a mployment Information section of your	ppears in the list, please
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Physician Group/Practice Name	Tax ID	Location	Actions
Practice #1	98-9891891	235 Dowsing Place Suite 3 Amityville, NY 11870-1371	Primary Practic Edit Archive
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701	<u>Edit</u> 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

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:

<u>IURE 59</u> PRACTICE LOCA		5			G Back to List	0
• Required fields are indicat	ed with a re	ad asterisk. All other fields	are optional.			
Practice #1		Tax lo	d	NPI	Edit	
235 Dowsing Place		98-98	91891	1981917918		
Suite 3		More	Information	More Information	1	
Amityville, NY 11870-1371						
	HOURS	COVERAGE & CONTACT	PRACTICE LIMITATIONS	ACCESSIBILITY	SERVICES	

• Practice Address

FIGURE 60					
President Sta	Add Practice Loc	ation Miles to create a new location	× Omminis		
C reaction and C	ADDRESS ETTraining Flam Internation	ADDRESS * Physiciae Droad/Practice IN (Droite Despitation instrumental Practice #1 * Moved 1 (Drempire 12) Marrier, 120 Ma 220 Droading Place Street 2 (Drafting, Darte, Office) Summa 3	is effersived share a petraet call	t ti mala at appointment)	
STREET, STREET		* City	*State	* 20p Code	
Annual State		Antyria Caastry United States	County -Indept-	Pevino	1
	_	Cortinue Indiana	Admittation		

- 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.
- o 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
 - o 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.

	ss standards. Please confi	irm that the Suggested Address is	correct.	urate and
Group/Practice Name	Original Address	Suggested Address	A	ction
Smith Internal Medicine	875 10th st NE USPS could not find this address. with Internal Medicine Washington, DC Please click "Edit" to correct this address. 20006 address.			Ignore
The NPI(s) listed below o	ould not be validated. Ple	ease check that you have entere	d a Organization	(Type 2) NPI
The NPI(s) listed below o and that the NPI number Group/Practice Name			Ū	(Type 2) NPI
and that the NPI number	was entered correctly.		e Edit	

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		
PRACTIC	ELOCATIONS O MONOR	0
-	Warning * Manual Microsoft Service	
Colleag	Changing your answer to this field will reinwer the related data from your profile. Do you want to proceed with this change?	
(A. YO () NH	The Control of the Co	
Partner	/Associates	

- 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?"*.

Add Practice Lo	cation t below to small a row location	· O mamerica
ADDRESS Continuing Plane Continuing Plane Con	PRACTICE AFFILIATION * De yes precises at this location belocity or from this location or will be practicing there in the near future. * Ten * Please describe your affiliation with this location. Inserprint here at least one day per seek on a regular beau.	
	-Select- Taxe peterts have at least area day per week on a regular basis. I see patients have at least area day per rearth, but less than are day per week on a regular basis. I cover or BL in the colleaguest within the serve readical group on an as reached basis. I read texts or provide other services but I do not see patients at this location. 2016a	

- 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				
Printed and	Add Practice Loc	ation belaer to create a most factation.	· O manifility	
The large mate is Control of the large mate is Control of the large mate is Control of the large material	ADDRESS Drawing Flux Sengels er_uero-ero Arrel PRACTICE AFFILIATION	PRACTICE AFFILIATION		9

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	Add Practice Location	*	Tomas seman	
The last mails of The last mails	ADDRESS State a Active State a Active Act			
Para III LAA MARAA AMERIKA AMA AMA CARDINI ALAM AMA MARAA MARAA MARAA MARAA	- Seinel- I se larger practice at this holation I de not practice here, but the location is within the medical group with which I am employed I never practiced here and have the affiliation with this location			

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.

Provide Tax	Add Practice Location They your information before to make a new levelses able is ADD000555 JDD GenerogeTaxe Subset ADD01055 PRACTICE AFFILIATION * Do your practice at this location or sell be practicing there is they PRACTICE AFFILIATION * Do your practice at this location or sell be practicing there is they PRACTICE AFFILIATION * Please Explain int import practice at this location * End Date	in the near fature.
Annen anti-Anton Octor Name and Manager Anno 2000 Anno Anno 2000 Anno Anno 2000	Cartines International State	

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.

Phone Numbers			
Office Phone Number	Phone Extention	Fax Number	
928-937-3973			
Back Office Phone Number	Patient Appointment Phone		
Pager Number			

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.
- Phone Coverage
- Hours
 - Office Hours
 - Patients
 - Indicate the types of patients accepted into the practice
- Coverage & Contact
 - Colleagues
 - Covering Colleagues
 - 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
 - Billing Contact
 - 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

- 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
 - 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.
 - Handicapped Accessibility
 - Public Transportation Accessibility
 - Other Accessibility Services
 - 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.
 - 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.

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

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.

RACTICE 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	<u>Edit</u> Archive
Practice #5	09-0280920	5 Dowsing Pl Amityville, CO 97292-9282	<u>Edit</u> 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 <u>required to either fix the error</u> or <u>click Ignore</u> 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.

FIG	GURE 71							
	PRACTICE LOCATIONS	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							
	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					
	Add Practice Loc	ation Sala-s to prease a new topation	e		
Provide the The base made of Control Control Providence of Descriptions	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDRESS * Physician Group/Final (This is the profiles are Provide 41 * Street 1 10 complex 121 Marcel 11 3 Conseting Place Minute 2 Charling States (Charge Social 3	that a referenced often a patient ca	(s to make an against them)	
B secondary.		* CRy Antipulla	* State	* 21p Code	
Contraction of the second		*Country United States	Casarity -Select-	Prostere	
And a state of the local division of the loc		Continue Ist	<u>henir</u>		
Southerney with		Diversity Partie	Additional of the second		

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				
Solutions	Add Practice Los	ation halose to create a rear location		× Normal South
	ADDRESS TAXID NP1	The address passertered has been a that the segmented address is serve	tanalard/end by the United State Postal Syrvice. Please costs	C
Provider and Provider and Pr	* PRACTICE APPILIATION	You extend Science Plane Sector B Antonio Vite 1975-1971 Ry velociting the on-conduction of a contact you denote to confirm you Cottown	Standardiard Adds one (Baggested) 9.0000000.PL STE3 ANETVALLE, NY LIVEL2315 ddirect, you acknowledge that Health Plana are likely to relations	

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			
	Add Practice Loca	etion alive to strate a new location	*
	1 January Part	TAX ID Fractice Name as it appears on the W-9	
Provider Sile	TAXID NPI	* Taskill	O iman shits
B survey or other	PRACTICE APPILIATION	*Type-ofTas.10	Test Second
D COLUMN IN D COLUMN		Is this the Permany Tax III for this practical location?	
O security		Continue	
CONTRACTOR CONTRACTOR			
State of State State	-	- Province Platings - Alternative	

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				
CACIH Solutions:	Add Practice Loc	ation before to create a new location		*
	· ADDRESS	The address you estaved has been at that the suggested address is served	underdized by the United State Postal Service. Plane: coef	THE OWNER WATER OF TAXABLE PARTY.
10 - 20 H 10 -	· TAXID		-	Barret Autom
Providier III	PRACTICE AFFILIATION	Varia Andreand 5 Diseasing Place States 3 Antelycities, WP 1,19276-1171	Standardland Addiess (Deggasted) 5 GORSHER PL 8 RHTVPLLE, NY 13 TV 3	i O mananta
8				The day is a care
Cl. montanes, income		Cardinae		
and the statement				
((m)))((m))((m)				
Contractor of the				
Competition of a large				

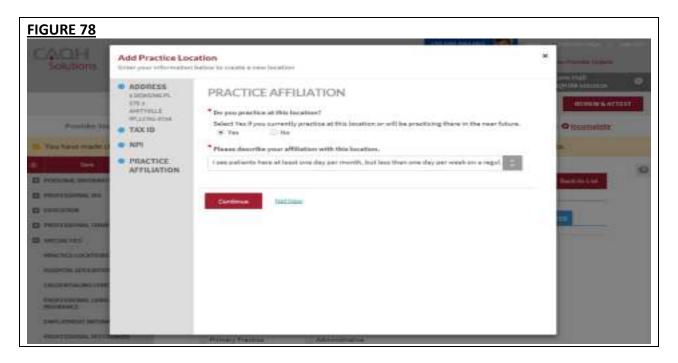
On the Tax ID screen, enter the Practice Name as it appears on the W-9, the Tax ID, and select the Type of Tax ID. Click Continue.

FIGURE 76			
Solutions	Add Practice Los	ation Selaw is seen lacatory	*
	ADDRESS statement PL STEA ANTINELE	TAX ID Practice Nerve as it appread on the W-N	Contraction Contraction
WINDOW DO	ARE DEPENDENTED	Practice #1	Ormanutita
	TAX ID SIPI	* Tax 10	a second a second
The New York of		81-1380.101	
C Proposition	AFFILIATION	* Type of Tax ID © Street	The state of the
C PERSONAL INC.		is this the Primary Tax ID for this practice iscation?	
E seconda		O Nex O No	110
B. PERSONAL TRAN		Clipit-Add to enter another Tax (D O Add	
D MENTES			
wanter attante		Coverney Sud-Mark	
· Companyacied (1)			
THE OTHER PARTY AND			
Manager St.			
maximum methods	_		

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			
CAGH Solutions	Add Practice Loc	ation below to create a resc location	×
Provider 1999 Provider 1999 Provider Conditioner Provider Condi	ADDRESS ADDR	NPI Enter the Group (Type 2 NPI that you use when hilling for services. * the year base an erganisation (Type 2) NPI * the * Cognosization (Type 2) NPI #1107722117 Group Hame Latina	
PROVIDENCES SETTIN	and the second se	Forthy Post 114 Manuality	

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.



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					
		980	ME MADNIE DATA	- BIOCLONENTS	REVIEW BATTEST
Provider Stabut: Re-Albertation	05/33/20100	Profile Data: C	ascurnalistis	Toisimente	• incomplete
You have made changes to your pro	the since your last attestations	You must attest for Participa	ting Organizations to i	ice your updated data	e)
e 🛏 e					0
D PERDINAL BUIDEAUTORS	PRACTICELOCAT	IONS			Barrish Rey Linds
23 PROFESSIONAL IOS	· Propositional Probability areas areas	with a real astronom, off of har-bands a			
C CONCATUM	Practice #1	Tech			125
D SPECIALTIES	5 DOWSING PL. STE 2	91-198		1112710117	
PRACTER LOOKINGS	AMOTOVILLE, NOV ELTOS-0715			Contraction of Contraction	
AND REPORT OF A	Summer -				
CHEMORYMEIRE CONTACTS	STATISTICS INTERNATION	INTERS INTERNAL CONTACT	Press of the local data and the local data	Accessment of Academic	
PROPERTY AND A DESCRIPTION OF A DESCRIPR					
and construction over contact to a	General Informat	tion			
PROFESSIONS, ASTONALSIS	* Provider's Mart Date				
BESCLITHARD		practicity or will be precisive.			
	Salary dam				
	· Office Type:				
	C Primary Procition	Administrative			
	Other Presiden	O Annorth			

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				2	and a second second
Solutions	Add Practice Loc	ation below to create a new locator	*		
Provider 200 6) The Spect Profile of 6) Processor and and 6) Processor and 6) 7)	ADDRESS TAX ID NPI PRACTICE AFFILIATION	ADDRESS * Mysician Group/Practic Physician Group/Practic Physician 62 * Denset 1 Distorytics (20 Main 14, 22 - 3 Densiting Places Street 2 Discharg, Salte, 10 Main 3-24, 2	that is feleranced when a partie	ri celo to mala ao apportmenti	
D AND CONTRACTORS		Cay Antityville Country United States Continue Lists	* State Trr County Otelest-	* Zip Code Listo-cars Province	
0001500		Columnia and	C fermale		

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

FIGURE 81	_			and the second second second
Solutions	Add Practice Loc	ation below to construction (southers		* Commission
	ADDRESS TAX ID	The address you entered has been standardland by the Welled State Festal Service. Places parties that the suggested address is surrect.		
Provider 1920 This beam marked of This beam marke	NPI PSACTICE AFFILIATION	Too estered 3 Denving Fleer Suite 3 Ansignalue, NY 1975-1975	Standardied Address (Suggested) 3 GONSING PL STE 3 AMITPOLLE, NY LINE JTER	
Proceeding and a second				

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

FIGURE 82			
CAOH Solutions	Add Practice Loc		*
	ADDRESS TAXID	This facation already values in place Profile. Click Edit Address to entry a different address. Click West faileting Lacations to view the carronal entered.	
Principal de la compañía de la compa	NPI PRACTICE APPILIATION	Yess settered Edit Address 3 Densing Place Safe 3 Antripida, NY 11070-1373 Address in year Profile View Leasing Laugton 5 Occupience Ps View Leasing Laugton ST 3 Address in year Profile 3 Occupience Ps View Leasting Laugton ST 3 Address in year Profile	
Para and a constant sector of a constant constant in a constant sector of a constant in a constant of a constant para constant of a constant para constant of a constant para constant of a constant	_	Outer Pratice Teams	

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					
Solutions	Add Practice Loc	ation balances provide a more location.	S		*
	ADDRESS Storage Plan Lossung Plan Loss Antipulae My_camp-gray	ADDRESS * Physician George/Practice (This is the practice come if		en cally to endow an approximately	(provocence)
C Provider Ne	· TAX3D	Practice KD			O muntainte
W You have malls a	# HPI	* Street I			
	PRACTICE AFFILIATION	Discription ADJ Merry etc., ADJ March Direct (100) 3 Descenting Place			
II reasoning and		Direct 2			
C concernie		(Building, Sulla, Office)			1 C
D restances then		Selle 2			
D service res		* CRY	* State	* Dy Cole	
Name and Address of the Owner, or other		Anityila	-924	11879-1271	
wind the addition		* Country	County	Province	
CONTRACTOR		ilititad States	-Salart-	1	
Contractory of the local division of the					
and sold in the local		Continue Italian			
Personal Property and in the					
		Rowsey Public	Administration		

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

FIGURE 84					
CAOH Solutions	Add Practice Loc	ation before to preview reve Augustia	#15		*
Provider Sta	ADDRESS SIXWAXANA, SIXW	ADDRESS *Physicilan (coup)/*red (this is the predice rank		et calls to make an apportunist.	
The large main of the large ma	RP1 PRACTICE AFFILIATION	* Broot 1 Description 113 Print of1123 Print Stread 2000 3 DOwnEmic Pr. Stread 3 (MacAderg, Santa, URDeat) 3 Th 3			
C Internet (Local of Colors) C Internet (Local of Color) Colors (Local of Color) Colors (Local of Color) Color (* City ANTITUTLE * Country United States Continue	* State NX County -Splact-	* Ap Leds 1170.715 Prestyre	
and the set		* Promities in Hosel Date	national and the section () :		÷.

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					
CAOH Solutions	Add Practice Loc	×			
Provider tils The base marked Descense or second Descense or second Descenterer Descenterer Descenterer	ADDRESS TAX ID NIPI PRACTICE APPELIATION	ADDRESS			
		• Down I Down II Down of LED Have at , LE S4 Downing Place			
		Street 3 (Sublice_E_Sales, (196ce) Suite 8			
D AND DE LE AND		* City Annityvilla * Country	* State N1	* 7/p Code 11876-1371	
COLORED AND ADDRESS		Continue Table	-laind-		
CAPT, STARLEY OF DRAW		Paragrama	Abreating		

The address will undergo standardization by the USPS.

FIGURE 86				
Solutions	Add Practice Loo	*		
	ADDRESS TAXID	The address yes entered has been it that the suggested address is correct	Encontrained	
Production	Imi PRACTICE APPILIATION	Yes softword 34 Downing Place Saths 3 Arctigalita, WY 12870-3273	Standardized Address (Suggested) 54 50mSiv0.7c. 875 5 addrevul.cz.mr 11703	• Innerstein
D render and all		Continue		
C restances the				
Constitutions care				
CARL COMMON TAXABLE		U Dire Partie U Re	22.00	

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

FIGURE 87			
Solutions	Add Practice Los		
	ADDRESS TAXID	This location strendy saints in pour archived locations. Click Edit debrace to outer a different address. Click Vers technical Locations to size the archived reservit. You can restore this location from pour Archived Location Table.	
Provider bile () The same made of () The same made () The same	 HPI PRACTICE ATTILIATION 	Yee entrand If An Address 14 Demoking Plana, If Address 14 Demoking Plana, If Address 14 Top-STT If Address	
Transformer, and	_		

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

FIGURE 88	Add Practice Loc	ation below to couste a new local			*
Provider 201 21 Too Torse marks of 21 Torse	ADDRESS set Dawing Race Date 3 instruction ant patter	ADDRESS • Physician Group/Prior ("Na is the prostan new Protine #) • Street 1 (Score): 123 Hours etc., 34 Devening Place Street 3 (Including, Index, Office) 34 developedia • City Amstronia • City (Amstronia	Sin Name o that is referenced when a pate	ert salls to make an appointment * Sig Code (1879-1975) Province	
PROPERTY. AND	cashi i	Strength Provide	Approximation		

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

<u>URE 89</u>			
PRACTICE LOCATIONS			
Please add practice location informat for other providers, read tests, or pro- click Edit to update your status.			
Make sure to enter all group/practice	information in the Emp	oloyment 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	<u>Edit</u> 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.		<u>Hide</u>
Location	Your Action	*Reason	Action
54 DOWSING PL STE 3 AMITYVILLE, NY 11701	Archived	I no longer practice at this location	Restore
			1 of 1 pages (1 items
③ 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.

<u>IURE 90</u>			
PRACTICE LOCATIONS			
		which you currently, or will in the near u do not practice at a location that app	
Make sure to enter all group/practice	information in the Emp	loyment Information section of your pro	ofile.
PRACTICE LOCATIONS		Ŧ	t Import
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
O Save and Go Back			Save & Continue 🕥
G bare and bo back			obve a containac of

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.

<u>URE 91</u>					
PRACTICE LOCATIONS					🕒 ADD
Confirm			x		
* Why do you want to archiv	ve this location?			Actions	
O I do not practice here, bu	it the location is wi		up with which I am employed		
 I never practiced here and 	d have no affiliatio				<u>Edit</u> rchive
Practice #3		1-1981101	S DOWSING PL STE 3 AMITYVILLE, NY 11701-3719		Edit

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.

PRACTICE LOCATIONS			6
-		e at which you currently, or will in the ne f you do not practice at a location that a	
Make sure to enter all group/practice	information in the E	mployment Information section of your	profile.
PRACTICE LOCATIONS		I	≓ Import
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 f	from your profile.		Show
Save and Go Back			Save & Continue 🌒

The page will display the archived location/s.

PRACTICE LOCATIONS			≓ Import
Physician Group/Practice Name	Tax ID	Location	Actions
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701	<u>Edit</u> Archive
Practice #3	91-1981101	5 DOWSING PL STE 3 AMITYVILLE, NY 11701-3719	<u>Edit</u> Archive
ARCHIVED LOCATIONS These are locations that you archived Location	from your profile. Your Action	*Reason	<u>Hide</u>
	Tour richon		, teton
Location			
235 Dowsing Place Suite 3 Amityville, NY 11870-1371	Archived	l no longer practice at this location	Restore

To hide the archived location/s, click Hide.

<u>URE 94</u>			
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	<u>Edit</u> Archive
ARCHIVED LOCATIONS These are locations that you archived f	irom your profile.		Hide A
Location	Your Action	*Reason	Action
235 Dowsing Place Suite 3 Amityville, NY 11870-1371	Archived	I no longer practice at this location	Restore
		1	1 of 1 pages (1 items)
H ← 1 → H			r or r pages (r items)
K < 1 > H			for t pages (Treens)

New: Restoring an Archived Location/s

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

<u>GURE 95</u>			
ARCHIVED LOCATIONS These are locations that you arcl	hived 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 of 1 pages (1 items)

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

<u>GURE 96</u>			_
Confirm		×	Edit
*Why do you want to restore this loc I see patients here at least one day I see patients here at least one day	per week	s than one day per week	Archive
 I cover or fill in an as needed basis I read tests or provide other service 	s but do not see pa	atients at this location	Hide 🔺
Confirm Res	tore Canc	el	Action
54 DOWSING PL STE 3 AMITYVILLE, NY 11701	Archived	I no longer practice at this location	Restore
			1 of 1 pages (1 items)

The location will now show as active.

<u>RE 97</u>			
PRACTICE LOCATIONS			
		which you currently, or will in the near ou do not practice at a location that app	
Make sure to enter all group/practice	information in the Emp	oloyment Information section of your pr	ofile.
PRACTICE LOCATIONS		F	t Import 🗢 ADD
Physician Group/Practice Name	Tax ID	Location	Actions
Practice #1	98-9891891	235 Dowsing Place Suite 3 Amityville, NY 11870-1371	<u>Edit</u> Archive
Practice #2	10-1810191	54 DOWSING PL STE 3 AMITYVILLE, NY 11701	<u>Edit</u> 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:
 - 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.

equired fields are indicated with a red			
Practice #1	Tax Id	NPI	Edit
23 Main Street NW Suite 2	02-8282822 More Information	0229828282 More Information	
lewYork, NY	More Information	More Information	
8989-1181			
ENERAL PARTICIPATION		RACTICE ACCESSIBILITY	SERVICES
\smile			
eneral Information			

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

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

Practice #1 Tax Id NPI Edit 123 Main Street NW 02-8282822 0229828282 Suite 2 More Information More Information NewYork, NY 98989-1181 More Information More Information GENERAL INFORMATION PARTICIPATION HOURS COVERAGE & CO
123 Main Street NW 02-8282822 0229828282 Suite 2 More Information More Information NewYork, NY 98989-1181 More Information GENERAL INFORMATION PARTICIPATION HOURS COVERAGE & CONTACT PRACTICE LIMITATIONS ACCESSIBILITY SERVICES HEALTH PLAN PARTICIPATION HOURS COVERAGE & CONTACT PRACTICE LIMITATIONS ACCESSIBILITY SERVICES HEALTH PLAN PARTICIPATION Hours or currently contracted with the Participating Organizations listed be fyou are, please indicate your panel status for new patients.
123 Main Street NW 02-8282822 0229828282 Suite 2 More Information More Information NewYork, NY 98989-1181 More Information GENERAL INFORMATION PARTICIPATION HOURS COVERAGE & CONTACT PRACTICE LIMITATIONS ACCESSIBILITY SERVICES HEALTH PLAN PARTICIPATION HOURS COVERAGE & CONTACT PRACTICE LIMITATIONS ACCESSIBILITY SERVICES HEALTH PLAN PARTICIPATION Hours or currently contracted with the Participating Organizations listed be fyou are, please indicate your panel status for new patients.
Suite 2 More Information More Information NewYork, NY 98989-1181 More Information GENERAL INFORMATION PARTICIPATION HOURS COVERAGE & CONTACT PRACTICE LIMITATIONS ACCESSIBILITY SERVICES HEALTH PLAN PARTICIPATION HOURS COVERAGE & CONTACT PRACTICE LIMITATIONS ACCESSIBILITY SERVICES HEALTH PLAN PARTICIPATION Hours or currently contracted with the Participating Organizations listed be you are, please indicate your panel status for new patients. Hours or currently contracted with the Participating Organizations listed be you are, please indicate your panel status for new patients.
NewYork, NY 98989-1181 GENERAL INFORMATION PARTICIPATION HOURS COVERAGE & CONTACT PRACTICE LIMITATIONS ACCESSIBILITY SERVICES HEALTH PLAN PARTICIPATION Please indicate if you are in the contracting process or currently contracted with the Participating Organizations listed be fyou are, please indicate your panel status for new patients.
98989-1181 GENERAL INFORMATION PARTICIPATION HOURS COVERAGE & CONTACT PRACTICE LIMITATIONS ACCESSIBILITY SERVICES HEALTH PLAN PARTICIPATION Please indicate if you are in the contracting process or currently contracted with the Participating Organizations listed be fyou are, please indicate your panel status for new patients.
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INFORMATION CONTACT LIMITATIONS EACH PLAN PARTICIPATION Rease indicate if you are in the contracting process or currently contracted with the Participating Organizations listed be you are, please indicate your panel status for new patients.
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ease indicate if you are in the contracting process or currently contracted with the Participating Organizations listed be you are, please indicate your panel status for new patients.
you are, please indicate your panel status for new patients.
you are, please indicate your panel status for new patients.
DARTICIDATION
PARTICIPATION
Plan Participation Actions
PO_Newyork * Do you participate with PO_Newyork at this location? Yes No

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

والمتعادية والمعادية						
equired fields a	re indicated with	n a red asterisk. All o	other fields are option	nal.		
Practice #1 123 Main Stree Suite 2 NewYork, NY 98989-1181	ŧt NW		Tax Id 02-8282822 More Informati	(NPI 0229828282 More Information	Edit
ENERAL NFORMATION	PARTICIPATIO		COVERAGE & CONTACT	PRACTICE LIMITATIONS	ACCESSIBILITY	SERVICES
NFORMATION	PLAN PAI fyou are in the o indicate your p	RTICIPATIO	CONTACT ON ss or currently contr	LIMITATIONS		SERVICES
NFORMATION IEALTH F ease indicate if you are, please	PLAN PAI fyou are in the o indicate your p	RTICIPATIC	CONTACT ON ss or currently contr	LIMITATIONS	rticipating Organi	

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.

<u>RE 101</u>	
HOSPITAL AFFILIATIONS	
 Required fields are indicated with a red asterisk. All other fields a 	are optional.
Please enter any hospitals where you have current or pene arrangements, or a different non-admitting affiliation.	ding admitting privileges, current or pending admitting
Please note: If your status is pending for any of the hospitals, hospital record.	please indicate the status as pending within the specific
Do you have admitting privileges at one or more hospitals	3
Please indicate "Yes" if you can admit patients on an unrestri hospitals where you have pending admitting privileges.	
Current Answer: Missing	
Do you have an admitting arrangement where another pro	ovider admits for you?
Please indicate "Yes" if you have an admitting arrangement w This also includes hospitals where you have pending admittin	
Current Answer: Missing	
Do you have any non-admitting hospital affiliations?	
Please indicate "Yes" if you are a member of the medical staff "courtesy" or "consulting" privileges at some hospitals. Pleas	
Current Answer: Missing	
2 Edit Answers	
Save and Go Back	Save & Continue 🔘

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



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?"

HOSPITAL AFFILIATIONS		
 Required fields are indicated with a red asterisk. All ot 	her fields are optional.	
Please enter any hospitals where you have curre arrangements, or a different non-admitting affili	nt or pending admitting privileges, current or pending admitting iation.	
Please note: If your status is pending for any of the I hospital record.	hospitals, please indicate the status as pending within the specific	
Do you have admitting privileges at one or more	hospitals?	
Please indicate "Yes" if you can admit patients on a	n unrestricted, limited or temporary basis. This also includes	
hospitals where you have pending admitting privile	ges.	
Current Answer: Missing		
Do you have an admitting arrangement where an	nother provider admits for you?	
	gement where another provider or hospitalist group admits for you.	
This also includes hospitals where you have pendin	g admitting arrangements.	
Current Answer: Hissing		
Do you have any non-admitting hospital affiliation	w?	
Please indicate "Yes" if you are a member of the me	dical staff of a hospital, but you cannot admit. This may be called	
"courtesy" or "consulting" privileges at some hospit	tals. Please also enter in pending non-admitting hospital affiliations.	
Current Answer: Missing		
C Edit Answers		

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

GURE 104 Correct Errors Proview has identified items in your pro	ofile that need attention. You must addr	ress 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?"

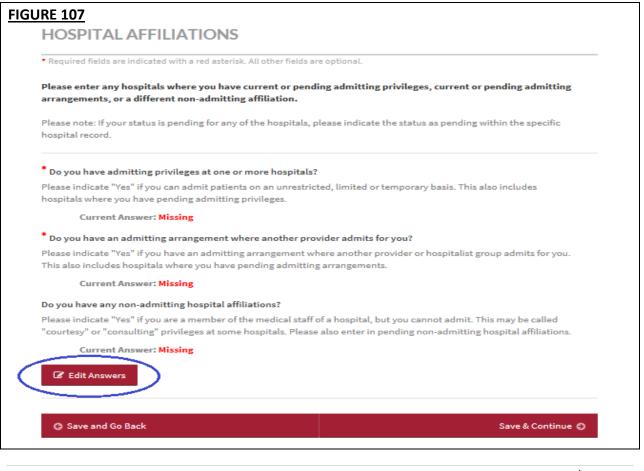
Beneath each of the leading questions on the Hospital Affiliations page is the current answer you have selected. "Missing" will be displayed in red text if you have not yet answered the question.

Required fields are indicated with a red asterisk. All other fields i	are optional.	i
Please enter any hospitals where you have current or pen arrangements, or a different non-admitting affiliation.	ding admitting privileges, current or pending admitting	
Please note: If your status is pending for any of the hospitals, hospital record.	please indicate the status as pending within the specific	
Do you have admitting privileges at one or more hospitals	12	
Please indicate "Yes" if you can admit patients on an unrestri	cted, 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 pro-	ovider admits for you?	
Please indicate "Yes" if you have an admitting arrangement w		
This also includes hospitels where you have pending admittir	ng arrangements.	
Current Answer: Missing		
Do you have any non-admitting hospital affiliations?		
Please indicate "Yes" if you are a member of the medical staff	f of a hospital, but you cannot admit. This may be called	
"courtesy" or "consulting" privileges at some hospitals. Pleas	se also enter in pending non-admitting hospital affiliations.	
Current Answer: Missing		
Edit Answers		
© Save and Go Back	Save & Continue O	

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.

	<u>E 106</u>
Doy	you have any non-admitting hospital affiliations?
	se indicate "Yes" if you are a member of the medical staff of a hospital, but you cannot admit. This may be called artesy" or "consulting" privileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.
	Current Answer: Yes
арр	use explain any incident(s) in which you have involuntarily or voluntarily withdrawn your application for ointment, clinical privileges or reappointment before a decision was made by a hospital or healthcare facility's erning board.
	Current Answer: Missing

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



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		
Edit Hospital Affiliation A	nswers	
 Required fields are indicated with a red aster 	isk. All other fields are optional.	
Do you have admitting privileges at one	or more hospitals?	
Please indicate "Yes" if you can admit patie where you have pending admitting privileg Yes No		ary basis. This also includes hospitals
Do you have an admitting arrangement	where another provider admits for you?	
Please indicate "Yes" if you have an admitti also includes hospitals where you have per Yes No		or hospitalist group admits for you. This
Do you have any non-admitting hospital a	ffiliations?	
Please indicate "Yes" if you are a member o "courtesy" or "consulting" privileges at son Yes No		
	Cancel	Save and Continue O

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.

IGURE 109		
Edit Hosp	ital Affiliation Answers	
Therein and Daring o	re parameter of a set array of a first factors are set	
Plante Hitburde	Instituting periodic periodic and an encode hompitude. ⁴ Year' If you can addent patients an at an explorated, in periodic granted thing periodic gen.	withing of the subscripts that man they allow trackarders boundaries
Place inductor star vehicles for © Yes ⊕ No.	a admitting arrangement where another provider Yes' if you have an allocating arrangement where a prival offers you have percenting hereins a rangement Confirm	contrast president to boughtailant genus indensity for press. This
Do you have an Places indicate Supervised at 5 O has S has	By answering 'No', you are indicating that you have occurrent or peoding admitting privileges and no routine process for admitting patients.	that, but your convert advice. They may be called to be availing our advicting begins additions.
Please explain appointment, i governing beau test	Confirm Cancel	antarity withdrawn your application for was wade by a braphal or beatthcare faidility's

• 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 admittin 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
C 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.

<u>RE 111</u>		
lospital Affiliation		
Sub Section	Field	Error
Manage Hospital Affiliations		Inpatient Only providers are required to have at least one Hospital Affiliation
Credentialing Conta	act	
Sub Section	Field	Error

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

<u>RE 112</u>
HOSPITAL AFFILIATIONS
 Required fields are indicated with a red asteriak. 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.
Please review the missing information highlighted below. • Inpatient Only providers are required to have at least one Hospital Affiliation
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

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.

HOSPITAL AFFILI	IATIONS
 Required fields are indicated w 	vith a red asterisk. All other fields are optional.
Please enter any hospitals w arrangements, or a different	where you have current or pending admitting privileges, current or pending admitting t non-admitting affiliation.
Please note: If your status is po hospital record.	ending for any of the hospitals, please indicate the status as pending within the specific
• Do you have admitting privi	ileges at one or more hospitals?
Please indicate "Yes" if you ca hospitals where you have pen	n admit patients on an unrestricted, limited or temporary basis. This also includes
Current Answer: Yes	
Do you have an admitting a	rrangement where another provider admits for you?
Please indicate "Yes" if you ha	ave an admitting arrangement where another provider or hospitalist group admits for you.
This also includes hospitals wi	here you have pending admitting arrangements.
Do you have any non-admitti	
Do you have any non-admitti Please indicate "Yes" if you are "courtesy" or "consulting" priv	i ng hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.
Do you have any non-admitti Please indicate "Yes" if you are	i ng hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.
Do you have any non-admitti Please indicate "Yes" if you are 'courtesy" or "consulting" priv	i ng hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.
Do you have any non-admitti Please indicate "Yes" if you are "courtesy" or "consulting" priv Current Answer: Yes	i ng hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.
Do you have any non-admitti Please indicate "Yes" if you are "courtesy" or "consulting" priv Current Answer: Yes	ing hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.
Do you have any non-admittin Please indicate "Yes" if you and "courtesy" or "consulting" priv Current Answer: Yes	ing hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.
Do you have any non-admitti Please indicate "Yes" if you and "courtesy" or "consulting" priv Current Answer: Yes C" Edit Answers Manage Hospital A Admitting	ing hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations. Affiliations
Do you have any non-admittin Please indicate "Yes" if you and "courtesy" or "consulting" priv Current Answer: Yes I Edit Answers Manage Hospital	ing hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.
Do you have any non-admitti Please indicate "Yes" if you and "courtesy" or "consulting" priv Current Answer: Yes C" Edit Answers Manage Hospital A Admitting Privileges	ing hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations. Affiliations
Do you have any non-admitti Please indicate "Yes" if you an "courtesy" or "consulting" priv Current Answer: Yes C Edit Answers Manage Hospital A Admitting Privileges Admitting	ing hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations. Affiliations
Do you have any non-admitti Please indicate "Yes" if you and "courtesy" or "consulting" priv Current Answer: Yes C" Edit Answers Manage Hospital A Admitting Privileges	ing hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations. Affiliations *Please enter at least one Admitting Privilege Record. Add
Do you have any non-admitti Please indicate "Yes" if you an "courtesy" or "consulting" priv Current Answer: Yes C Edit Answers Manage Hospital A Admitting Privileges Admitting Arrangements	ing hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations. Affiliations *Please enter at least one Admitting Privilege Record. Add
Do you have any non-admitti Please indicate "Yes" if you an "courtesy" or "consulting" priv Current Answer: Yes C Edit Answers Manage Hospital A Admitting Privileges Admitting	ing hospital affiliations? e a member of the medical staff of a hospital, but you cannot admit. This may be called vileges at some hospitals. Please also enter in pending non-admitting hospital affiliations. Affiliations *Please enter at least one Admitting Privilege Record. Add

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				
PERSONAL INFORMATION PROFESSIONAL INS	Admitting Privilege Record O Beck to List			
C LOUCATION	Required fields are indicated with a red asteriak. All other fields are optional.			
PROFESSIONAL TRAINING				
	Please enter the details of your Admitting Privilege Record. An admitting privilege means that you can admit patients on an unrestricted, limited or temporary basis.			
D SPECIALTIES	*State Country			
PRACTICE LOCATIONS	-Select- Onited States			
HOSPITAL APPILIATIONS				
CREDENTIALING CONTACTS				
PROPERSIONAL LIABILITY INSURANCE	* Hospital Name 💮 Other (Not Listed)			
ENPLOYMENT INFORMATION	-Select-			
PROFESSIONAL REFERENCES	Street 1 Street 2			
DISCLOSURE				
AUTHORIZE	City			
	Tip Code			
	Phone Number Fax Number			
	a this your primary hospital?			
	⊙ Yes ⊙ No			
	Admitting Privilege Status			
	Admitting Privilege Status			
	0 inective			
	Pending			
	Admitting Privilege Type			
	Full and unrestricted You have additional and additional and include an examples of additional and examples and additional			
	You have privileges to admit patients with no limitations on number of patients or frequency of admit.			
	You have unrestricted access to admit patients but the privilages are temporary. These privilages are often granted prior to full medical staff membership or strictly as locum tenens.			
	United United			
	You can only admit under certain circumstances or for certain conditions. This type does not include limitations common to uncertain the horizontal sectors and the sectors of the sector			
	to your speciality type.			
	Cancel Seve and Continue ()			

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

<u>URE 115</u>		
Admitting Privileg	e Record	 What is the Admitting Privilege Status? Your Admitting Privilege Status is
 Required fields are indicated with the second second	th a red asterisk. All other fields are optional.	Active if you currently have privileges at this hospital. Your
Please enter the details of your unrestricted, limited or tempor	Admitting Privilege Record. An admitting privilege means that you ary basis.	Admitting Privilege Status is Inactive if you previously had privileges, but no longer have privileges at this hospital. Your
• State	Country	Admitting Privilege Status is Pending if you have applied for
Select	0 United States 0	privileges, but have not yet been granted privileges at this hospital.
		 What is the Admitting Privilege Type?
• Hospital Name	Other (Not Listed)	Your Admitting Privilege Type is Full and unrestricted if you do not
Select	0	have any limitations on number of patients you can admit, or on the
• Street 1	Street 2	frequency of admits. Your Admitting Privilege Type is Temporary if you currently have unrestricted privileges to admit patients, but the privileges are only valid until a certain date. You Admitting Privilege Type is Limited
• City		if you can only admit under certain circumstances or for certain conditions.
• Zip Code		 What if I don't know the exact percentage of my admissions pe hospital?
* Phone Number	Fax Number	Exact percentages are not required. It is sufficient to estimate the percentages, provided your responses do not add up to more or less than 100%.

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				
PROFESSIONAL IDS	Admitting Arrangement Record O Back to List			
C EDUCATION	 Required fields are indicated with a red asterisk. All other fields are optional. 			
PROFESSIONAL TRAINING	Please enter the details of your Admitting Arran	gement Record. An admitting arrang	ement is where you do not have	
SPECIALTIES	admitting privileges but your patients are admi arrangements with hospitalists, colleagues or o		separate provider. This includes	
PRACTICE LOCATIONS	* State	Country		
HOSPITAL AFFILIATIONS	Select	United States	0	
CREDENTIALING CONTACTS				
PROFESSIONAL LIABILITY INSURANCE	•Hospital Name 📄 Other (Not Liste	A)		
EMPLOYMENT INFORMATION	-Select-			
PROFESSIONAL REFERENCES				
DISCLOSURE	Street 1	Street 2		
AUTHORIZE				
	• City			
	* Zip Code			
	Phone Number			
	 Admitting Arrangement Status Active Inactive Pending 			
	• Who admits for you? A provider in my practice A provider not in my practice A hospitalist group Other			
		Cancel	Save and Continue Ø	

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

<u>SURE 117</u>		
Admitting Arrange	ment Record	What is the Admitting Arrrangement Status? Your Admitting Arrangement
* Required fields are indicated with	a red asterisk. All other fields are optional.	Status is Active if you currrently have an arrangement to admit at
	dmitting Arrangement Record. An admitting arrangement is w tients are admitted through an arrangement with a separate p colleagues or others.	rovid you previously had an arrangement to admit, but no longer have an arrangement at
* State	Country	this hospital. Your Admitting Arrangement Status is Pending if
Select	0 United States 0	your admitting arrangement is in process, but has not yet been finalized at this hospital.
* Hospital Name O Select * Street 1	ther (Not Listed)	 What if I have an Admitting Arrangement at multiple hospitals through the same Provider or group? Enter in a different Admitting Arrangement for each hospital. You can answer with the same provider or group to the "Who admits for you?" question.
* City		
* Zip Code		
* Phone Number		

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		
D PROFESSIONALIDS	Non-Admitting Affiliation Record O Back to List	0
EDUCATION	 Required fields are indicated with a red asteriak. All other fields are optional. 	
PROFESSIONAL TRAINING	Please enter the details of your Non-Admitting Affiliation Record. A non-admitting affiliation is one where you are a member	
SPECIALTIES	of the medical staff but do not have admitting privileges or admitting arrangements.	
PRACTICE LOCATIONS	State Country	
HOSPITAL AFFILIATIONS	-Select- C United States C	
CREDENTIALING CONTACTS		
PROFESSIONAL LIABILITY INSURANCE	Hospital Name Other (Not Listed)	
EMPLOYMENT INFORMATION	Select-	
PROFESSIONAL REFERENCES	Street 1 Street 2	
DISCLOSURE		
AJTHORIZE	• City	
	Zip Code	
	Phone Number	
	Non-Admitting Affiliation Status	
	Active	
	O Inactive	
	Pending	
	Please describe the non-admitting affiliation	
	Cancel Save and Continue ()	

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

IGURE 119		
Non-Admitting Affiliation Reco	ord	 What is Non-Admitting Affiliation Status? Your Non-Admitting Affiliation
 Required fields are indicated with a red asterisk. All oth Please enter the details of your Non-Admitting Affilia of the medical staff but do not have admitting privile 	tion Record. A non-admitting affiliation is one v	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
* State	Country	no longer have an affiliation with this hospital. Your Non-Admitting Affiliation Status is Pending if you have applied for affiliation, but
Select	United States	have not yet been accepted by this hospital.
Select	Street 2	
*		
* City		
* Zip Code		
* Phone Number		

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

FIGURE 120 Manage Hospital A	filiations	
Admitting Privileges	Hospital Name: Location: Berkeley, CA Active	Primary Hospital
	Hospital Name: Tina Dee Location: Sik, AZ Pending	🕼 Edit 🗙 Delete
Admitting Arrangements	Hospital Name: Location: Anaheim, CA Active	🕼 Edit 🗙 Delete
	Hospital Name: Chestatee Regional Hospital Location: Dahlonega, GA Active	🕼 Edit 🗙 Delete
Non-Admitting Affiliations	Hospital Name: Barton Memorial Hospital Location: South Lake Tahoe, CA Active	🕼 Edit 🗙 Delete
	Hospital Name: Kahi Mohala Location: Ewa Beach, HI Active	🕼 Edit 🗙 Delete

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.

<u>FIG</u>	<u>URE 121</u>		
	Manage Hospita	Affiliations	
	Admitting Privileges	Hospital Name: Anacapa Hospital Location: Port Hueneme, CA Active	Primary Hospital
		Hospital Name: Alameda County Medical Center (San Leandro, CA) Location: San Leandro, CA Active	GP Edit X Delete

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

FIG	URE 122				
	Manage H	lospital Affiliations			
	Admittin Privilege	Delete	×	₽ P Edit	Timery Hospital
	i i i i i i i i i i i i i i i i i i i	Are you sure you want to delete this record?			
		Delete Cancel	ical Center (San	🕼 Edit	X Delete
		Active			

If the Provider wishes to add more admitting privileges, admitting arrangements, and/or nonadmitting 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 Manage Hospital A	filiations		
Admitting Privileges	Hospital Name: Location: Berkeley, CA Active	Primary Hospital	
	Hospital Name: Tina Dee Location: Sik, AZ Pending	CP Edit X Delete	
Admitting Arrangements	Hospital Name: Location: Anaheim, CA Active	GP Edit X Delete	
	Hospital Name: Chestatee Regional Hospita Location: Dahlonega, GA Active	🕼 Edit 🗙 Delete	
Non-Admitting Affiliations	Hospital Name: Alameda Hospital Location: Alameda, CA Active	C≇ Edit ≭ Delete	
Please select the type of recor © Enter an Admitting Privilege © Enter an Admitting Arranger © Enter a Non-Admitting Affilia • Add	ment Record		
Save and Go Back		Save & Continue 🥥	

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.

HOSPITAL AFFILIATION	<u>GURE 124</u>		
HOSEPHIAN Charageng your artiseer to the field will service the related data from your profile. Do you want to proceed with the change?	HOSPITAL AFFILIATION		0
	Changing your artiseer to this field will service the retared data from your profile. Do you want to proceed weth this change?		
		and who will provide pathent care	

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						
		HOME PROFILE DA	TA - DOCUMENTS REVIEW & ATTEST			
Provider Status: Re-Attestation []	Provider Status: Re-Attestation (10/23/2017) Profile Data: O Incomplete Documents: O Incomplete					
O You have made changes to your profil	le since your last attestation. You must	attest for Participating Organizations	to see your updated data.			
			0			
PROFESSIONAL IDS	CREDENTIALING CONTA	ст	Import ==			
EDUCATION	 Required fields are indicated with a red as 	terisk. All other fields are optional.				
D PROFESSIONAL TRAINING			O Remove			
D SPECIALTIES	First Name	Middle Name	LastName			
PRACTICE LOCATIONS	Ronald		Montecilo			
HOSPITAL APPILIATIONS	Street 1					
CREDENTIALING CONTACTS	5 Dowsing Place					
PROFESSIONAL LIABILITY INSURANCE	Street 2					
EMPLOYMENT INFORMATION						
PROFESSIONAL REFERENCES	City	State	Zip Code			
DISCLOSURE	Amityville	NY O	10181-8101			
	Country	Province				
	United States					
	Phone Number	Fax Number	Email Address			
	854-888-8888		ronald.montecillo@gmail.com			
	Primary Credentialing Contact					
	Yes No					

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		
O You have made changes to your pr	ofile since your last attestation. You must attest for Participating Organizations to see your updated data.	
	≓ Ingert	0
PROFESSIONAL IES	PROFESSIONAL LIABILITY INSURANCE	
C EDUCKTION	 Required fields are indicated with a red asteriak. All other fields are optional. 	
PROFESSIONAL TRAINING	Please enter your current carrier information. A Professional Liability Insurance Pace Sheet or Certificate of Insurance will be required for each current policy that is entered.	
SPECIALTIES	 It is recommended to enter 30 years of insurance information to avoid additional follow-up from your authorized 	
PRACTICE LOCATIONS	organizations. Some states and credentialing organizations may have different requirements for this section. • If you have held coverage with your current carrier for less than 30 years, enter previous carrier(s) information.	
HOSPITAL AFFILIATIONS	Documents from previous insurance carriers do not need to be uploaded into CAQH ProView. Please update this section to remove historical carrier information that is greater than 30 years. It is not necessary to	
CREDENTIALING CONTACTS	include information greater than 50 years.	
PROFESSIONAL LIABILITY INSURANCE	 If you do not carry professional liability insurance, you will be required to submit a confirmation letter stating lack of coverage or providing further explanation. 	
EMPLOYMENT INFORMATION		
PROFESSIONAL REFERENCES	Manage Professional Liability Insurance	
0KSOL05URE	* Are you covered under a professional liability insurance policy?	
	® Yes O No	
	Add all relevant professional liability insurance records	
	O Add	
	Your policies are listed below in order of Current Expiration Date.	
	 If you answered Yes to, "Are you covered under a professional liability insurance policy?", you must maintain at least one 	
	current policy record (with a Current Expiration Data in the future). • When a Current Expiration Date appears in red, that policy has expired. Click "Renew" to create an updated record with a	
	new Current Effective Date and Current Expiration Date. Dolp Delete a policy record if it was entered in error or if it expired more than 10 years ago.	
	PulleyNamber: 2u8/2012 C Koneer C Edit X Delate	
	Carrier: Asona hasonal ins co, krg	
	Current Effective Date: 10/17/2017 Current Expiration Date: 10/17/2018	

• 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.

IGURE 127	
Provider Status: Re-Attestati	on (10/23/2017) Profile Data: O Incomplete Documents: O Incomplete
You have made changes to your page 10 you	rofile since your last attestation. You must attest for Participating Organizations to see your updated data.
Save O PROFESSIONAL INFORMATION PROFESSIONAL INS PROFESSIONAL INS PROFESSIONAL TRAINING PROFESSIONAL TRAINING SPECIALITES	PROFESSIONAL LIABILITY INSURANCE Required fields are indicated with a red acterisk. All other fields are optional. Prease enter your current carrier information. A Professional Liability insurance face Sheet or Certificate of insurance will be required for each current policy that is entered. • It is recommended to enter 10 years of insurance information to avoid additional follow-up from your authorized
PRACTICE LOCATIONS HOSPITAL AFFILIATIONS CREDENTIALING CONTACTS	organizations. Some states and credentialing organizations may have different requirements for this section. If you have held coverage with your current carrier for less than 20 years, enter previous carrier(s) information. Documents from previous insurance carriers do not need to be uploaded into CAQH ProView. Pleas CONFIGM CONFI
PROFESSIONAL LURBLITY INSURANCE EMPLOYMENT INFORMATION PROFESSIONAL REFERENCES DISCLOSURE	If you cover lability insurance policy?". Please click the Save button below to save your ansaver. Man: Are you Save Cancel No Add all relevant professional liability insurance records
	 Your policies are listed below in order of Current Expiration Date. If you answered Yes to, "Are you covered under a professional liability insurance policy?", you must maintain at least one current policy record (with a Current Expiration Date in the future). When a Current Expiration Date appears in red, that policy has expired. Click "Renew" to create an updated record with a new Current Effective Date and Current Expiration Date. Only Delete a policy record if it was entered in error or if it expired more than 10 years ago.

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• Click "Add" to enter the details.

FIGURE 128	
PERSONAL INFORMATION	PROFESSIONAL LIABILITY INSURANCE
PROFESSIONAL IDS	 Required fields are indicated with a red asterisk, All other fields are optional.
EDUCATION	Please enter your current carrier information. A Professional Liability insurance Face Sheet or Certificate of insurance will be
PROFESSIONAL TRAINING	required for each current policy that is entered.
SPECIALTIES PRACTICE LOCATIONS HOSPITAL AFFELIATIONS CREDENTIALING CONTACTS PROFESSIONAL LUNBLITY INSURANCE	 It is recommended to enter 30 years of insurance information to avoid additional follow-up from your authorized organizations. Some states and oredentialing organizations may have different requirements for this section. If you have held coverage with your current carrier for least than 10 years, enter previous carrier() information. Documents from previous insurance carriers do not need to be uploaded into CAQH ProView. Please update this section to remove historical carrier information that is greater than 10 years. It is not necessary to include information greater than 10 years. If you do not carry professional liability insurance, you will be required to submit a confirmation letter stating lack of coverage or providing further explanation.
EMPLOYMENT INFORMATION PROFESSIONAL REFERENCES	Manage Professional Liability Insurance
DISCLOSURE	* Are you covered under a professional liability insurance policy? © Yes No
	Your policies are listed below in order of Current Expiration Date. If you answered Yes to, "Are you covered under a professional liability insurance policy?", you must maintain at least one current policy record (with a Current Expiration Date in the future). When a Current Expiration Date appears in red, that policy has expired. Click "Renew" to create an updated record with a new Current Effective Date and Current Expiration Date. Only Delete a policy record if it was entered in error or if it expired more than 10 years ago.
	Please enter at least one professional Eability insurance record
	© Save and Go Back Save & Continue ⊘

- 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.

Correct Erro	TS is in your profile that need attention. You mu	ist address these items before you attest.
REQUIRED FIXES		
PLI		
Sub Section	Field	Error
	Field Current Expiration Date	Error The Current Expiration Date must be after the Current Effective Date.

- 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.

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<form></form>	<u>URE 130</u>							
							0	
<form></form>	Pro	fessional Liability Insura	nce Record			Beck to Lat		
		pired fields are indicated with a red aster	lak. All other fields are	optional.				
<form></form>	DALDES TO A		Jability Insurance Pa	on Sheet or Certificate o	of Insurance for each cur	ment insurance		
	pancy		- meet to be a dealer	and the California Descriptions				
	PTALAFEMENTS - AP	her you enter the policy information, r			Professional Uability in	surance Face		
			heat or Certificate of	insurance for expired p	olicies.			
<form></form>	FEDERORAL LINERLITY							
		cy reunider						
		107.00-0-0						
	orga	100						
• conception to the second								
<pre>specific interviewer inte</pre>			The expiration data	entered here must mat	ch the expiration date is	inted on the		
*creightflauend lates faice: *creightflauend lates *creightflauend lates *creightflauen	Sele	et data	insurance face sheet	t. If it does not match, t				
plane get Address * Sewal * Sewal * Sewal * * Sewal * </td <td>*Car</td> <td>cier/Self Insured Name</td> <td></td> <td></td> <td></td> <td>w NotListed)</td> <td></td> <td></td>	*Car	cier/Self Insured Name				w NotListed)		
* Seat 1 Preet 3 * By * Bata Cardity * Bata Cardity * Bata * By the schedule * By the schedule coverage and that interacts * By the schedule coverage and t								
2 Cade * Deport have and writted coverage will this insurance * Deport have and writted coverage will this insurance * Deport have and writted coverage will this insurance * Deport have and writted coverage will this insurance * Deport have and writted coverage will this insurance * Deport have and writted coverage will this insurance * Deport of coverage will this insurance * Deport of coverage will this the test for symmetry will the particular these symmetry will the particular these symmetry will the particular these symmetry will the particular the symmetry will the particular these symmetry will the particular the symmetry will the particular these symmetry will the particular the symmetry will the particular the symmetry will the symmetry wil		Dity						
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userier [bios] bios *Areasert of converage aggregate *Areasert of converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed your converage affine the last too you have changed you have converage affine the last too you have changed you have converage affine the last too you have changed you have converage too you have changed you have converage too you have changed you have converage too y								
Na point D Na No * hoosent of conversage per occurrence * Amount of conversage sagregate * Statistic conversage * Na * Incoment * Statistic conversage * Na * Statistic conversage * Na * Na * Na * Na			Na insurance	Type of coverage				
* Annount of conversage ger occurrence * Annount of conversage aggregate * Annount of conversage * Annount of conversage aggregate * Annount of conversa				(Norw)		2		
M poa haron changod pour coverage within the last ten years, did yea parchase tail and/or mass (prior occumencylacti) coverage? Ne No No No No No No No No No No								
years, dif you pur chase tail and/wr ease (prior occurrence/ncta) coverage? Vis No No No No No No No No No No No								
* Individual Coverage Sites Ho * Ball Inserted Site Inserted Ho	94845 00000 1 16	s, did you purchase tail and/or nose (mence/acts)-coverage? Its						
* Self Insured > Nas > No	*ad	ividual Coverage en						
Institution Affiliation	•	ff Insured Ins Inc						
	load d	fution Allilation						

• 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					
Provider Statua: First Provider	Contact (10/7/2016)	Profile Data: O Incomplete	Documenta: O Incomplete		
See PERSONAL INFORMATION PERSONAL INFORMATION PROFESSIONAL INFORMATION PROFESSIONAL TRAINING SPECIALITIES PROFESSIONAL TRAINING SPECIALITIES PROFESSIONAL TRAINING CONTACTS PROFESSIONAL LIARRUITY RESULTATION PROFESSIONAL REPERIENCES RESULTATIONE RESULTATIONEL REPERIENCES RESULTATIONEL REPERIENCES	Please enter your current carrie required for each current policy • It is recommended to enter 3 organizations. Some states a • If you have held coverage wi Documents from previous in • Please update this section to include information greater • If you do not carry profession coverage or providing furthe Manage Profession • Are you covered under a profe (* Yes (* No	(2016) Profile Data: © Incomplete Decuments: © Incomplete Decuments: © Incomplete (2017)			
	 If you answered Yes to, "Are current policy record (with a When a Current Expiration D new Current Effective Date a 	order of Current Expiration Date. you covered under a professional liability insurance polic current Expiration Date in the future). ate appears in red, that policy has expired. Click "Renew" nd Current Expiration Date. Fit was entered in error or if it expired more than 10 years Fit was entered in error or if it expired more than 10 years of Co	to create an updated record with a		

• 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			
Provider Status: First Provider Co	mtact (10/7/2016)	Profile Data: O incomplete	Documents: Oincomplete
O See O IPERSONAL INFORMATION IPERSONAL INFORMATION IPROFESSIONAL INFORMATION IPROFESSIONAL INFORMATION IPROFESSIONAL INFORMATION IPROFESSIONAL INFORMATION IPROFESSIONAL TRAINING IPROFESSIONAL TRAINING IPROFESSIONAL TRAINING IPROFESSIONAL TRAINING IPROFESSIONAL TRAINING IPROFESSIONAL TRAINING IPROFESSIONAL LUCATIONS IPROFESSIONAL LUARELITY IPROFESSIONAL LUARELITY IPROFESSIONAL REFERENCES IPROFESSIONAL REFERENCES IPROFESIONAL REFERENCES	PROFESSIONAL LIABII Please enter your current carrier int required for each current policy that • It is recommended to enter 30 y organizations. Some states and • If you have held coverage with y Documents from previous insure • Please update this section to re- include information greater that • If you do not carry professional coverage, AD • Are you • Yes • No Add all re • No Add all re • Your polic • Typu • Save • If you • ComFirm • No • Are you • The • No • Are you • No • Are you • No • Are you • The • No • Are you • No • Are you • No • Are required to uply • The • Save • Current policy record (with a Current Strend to be and • The • Current Effective Date and	LITY INSURANCE formation. A Professional Liability Insurance Face it is entered. ears of insurance information to avoid additional codentialing organizations may have different to our current carrier for less than 30 years, enter pr ance carriers do not need to be uploaded into CAC move historical carrier information that is greater in 10 years. liability insurance, you will be required to submit of anotic carry professional Eability ence of insurance coverage may wup from your contracted delay credentialing decisions. Data a confirmation letter on your stating lack of coverage or providing ease navigate to the Documents page the ence of insurance coverage may wup from your contracted delay credentialing decisions. Data a confirmation letter on your stating lack of coverage or providing ease navigate to the Documents page ment Expiration Date in the future). appears in red, that policy has expired. Click "Ree Current Expiration Date. was entered in error or if it expired more than 10 years and the entered in error or if it expired more than 10 years	Sheet or Certificate of Insurance will be follow-up from your authorized coursements for this section. evious carrier(s) information. QH ProView. than 50 years. It is not necessary to a confirmation letter stating lack of confirmation letter stating lack of
	Current Expiration Date: 11/5/20	11.7	
	Save and Go Back	Save	Save & Continue 🔘

• 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			
CONFIRM			×
insurance cove require additio	-		1
professional let	terhead stating lack	nation letter on your of coverage or provid e to the Documents p	-
	Save	Cancel	

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.

Previder States: First Previde	e Carriant (3817)(2014)	Profile Bata: O montaliste	Decomposite: O incomposite
Preside Status Fils Preside Preside Status Fils Preside Preside Status Preside Status Presid	PROFESSIONAL LU Please enter your summit zen required for each survent pails • It is counterentiation. Some states • if you have held causing in Occurrents from previous • Please update this sector restore information greats • Please update this sector restore information greats • Please update this sector restore information greats • Please up or providing furth Manage Profession • Are you covered under a pre- * Yes • Yes	ABILITY INSURANCE is internation A Protessional Listify transmost face 3 or that is estand or 30 years of internance information to social additional to send coelectivating organizations may have alternant re- insurance converse to not need to be uphraded into CAQ to sense to be not need to be required to submit a orth your correct converse to not need to be required to submit a tertan 00 years. and Liability insurance, you will be required to submit a the wegletation. Intel Liability insurance policy? Intellity insurance recents.	Iteet or Cartificate of Incurance will be dow-up from your authorized prevents for this action place carrier(s) indocration, + ProVises. Nati 10 years. It is not recisioning to
	 If you annovered You to, "Av current policy record (with When a Current Reportation new Content Effective Data 	2215	in ^e to create an updated recent with a

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					
		HOME	PROFILE DATA +	DOCUMENTS REVIEW & ATTEST	
Provider Status: Re-Attestatio	n (10/23/2017)	Profile Data: Oincor	nplete	Documents: O Incomplete	
O You have made changes to your pr	ofile since your last attestation. You must	attest for Participating O	rganizations to see y	rour updated data.	
PERSONAL INFORMATION					0
D PROFESSIONAL IDS	Desfersional Linkillin Incom			G Back to List	0
EDUCATION	Professional Liability Insu	rance Record			
PROFESSIONAL TRAINING	 Required fields are indicated with a red a 	sterisk. All other fields are optic	nal.		
SPECIALTIES	You are required to upload a Profession policy.	al Liability Insurance Face Sh	eet or Certificate of Ins	unance for each current insurance	
PRACTICE LOCATIONS	· Policy renewals require an updated	document to be submitted to	CAQH ProView.		
HOSPITAL AFFILIATIONS	 After you enter the policy information Sheet or Certificate of insurance. 	n, navigate to the Document	s page to upload a Profi	essional Liability Insurance Face	
CREDENTIALING CONTACTS	 You are not required to submit a Fac 	e Sheet or Certificate of Insu	ance for expired policie	ы.	
PROFESSIONAL LIABILITY INSURANCE	Policy Number				
EMPLOYMENT INFORMATION	CD029022				
PROFESSIONAL REFERENCES	Original Effective Date				
DISCLOSURE	Select date				
	Current Effective Date				
	Select date				
	Current Expiration Date				
	Select date	insurance face sheet. If it	does not match, the inc	e expiration date listed on the surance face sheet will be	
	Carrier/SelF Insured Name	rejected from CAQH Proli	-	Other (Not Listed)	
	Ace Insurance Company of Ohio			0	

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					
	* City		Province		
	Omaha				
	State		Country		
	NE	121	(Please Select)		
		1	A series paracely		·
	2IP Code				
	68102				
	Phone Number Phone	e Extension		Fax Number	
	Do you have unlimited coverage with this insur-	ance	Type of coverage		
	carrier?		(None)		0
	Yes No				_
	Amount of coverage per occurrence				
	\$1,409.00				
	Amount of coverage aggregate				
	\$30,330.00				
	If you have changed your coverage within the la	astiten			
	years, did you purchase tail and/or nose (prior				
	occurrence/acts) coverage?				
	No No				
	• Individual Coverage				
	 Yes 				
	No				
	* Self Insured				
	- Yes				
	No				
	Institution Alfiliation				
		Car.	voel	Save and Continu	*0

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		
	Do you have unlimited coverage with this insurance carrier?	Type of coverage
	Arner? Yes	(None) C
	© No	
	 Amount of coverage per occurrence 	
	\$1,409.00	
	Amount of coverage aggregate	
	\$30,330.00	
	If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage? Yes No	
	* Individual Coverage	
	Yes	
	No	
	* Self Insured	
	⊙ Yes ⊛ No	
	Institution Affiliation	
		Cancel Save and Continue O

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						
		HOME	PROFILE DATA +	DOCUMENTS REVIEW & AT	TEST	
Provider Status: Re-Attestation ()	0/23/2017]	Profile Data: Oinco	mplete	Documents: O incomplete		
O You have made changes to your profil	le since your last attestation. You must	attest for Participating C	rganizations to see y	our updated data.		
0 See 0					0	
PERSONAL INFORMATION	PROFESSIONAL LIABILIT	Y INSURANCE		== import		
D PROFESSIONAL IDS	 Required fields are indicated with a red a 	alariah. Mi albar Babba ara andi				
EPUCATION	Please enter your current carrier inform			- Contribute of the second like		
PROFESSIONAL TRAINING	required for each current policy that is a		y insurance hace sheet o	r Certificate of Insurance will be		
SPECIALTIES	 It is recommended to enter 10 years 					
PRACTICE LOCATIONS	organizations. Some states and credentialing organizations may have different requirements for this section. • If you have held coverage with your current carrier for less than 10 years, enter previous carrier(s) information.					
HOSPITAL AFFILIATIONS	Documents from previous insurance	e carriers do not need to be u	ploaded into CAQH Prov	New.		
CREDENTIALING CONTACTS	 Please update this section to remove include information greater than 10 		on that is greater than 10	lyears. It is not necessary to		
PROFESSIONAL LIABILITY INSURANCE	 If you do not carry professional liabil coverage or providing further explan 		quired to submit a confir	mation letter stating lack of		
EMPLOYMENT INFORMATION						
PROFESSIONAL REFERENCES	Manage Professional Li	ability Insurance				
DESCLOSURE	* Are you covered under a professional	l liability insurance policy?				
	Ves					
	No					
	Add all relevant professional liability in	surance records				
	O Add					

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	
	Length of Time With Carrier
	Type of coverage
	(None)
	Amount of coverage per occurrence
	* Amount of coverage aggregate
	H you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acta) coverage?
	Yes No Individual Coverage
(Yes No Self Insured Yes No
	Inserveron Altilation
	Cancel Save and Continue O

- 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 • <	PROFESSIONAL LIABILITY INSURANCE	0
EDUCATION PROFESSIONAL TRAJENC SPECIALTES	 Required fields are indicated with a red autoritik. All other fields are optional. Please enter your current carrier information. A Professional Liability Insurance Pace Sheet or Certificate of Insurance will be required for each current policy that is entered. It is recommended to enter 10 years of insurance information to avoid additional follow-up from your authorized organizations. Some states and credentialing organizations may have different requirements for this section. 	
PRACTICE LOCATIONS HOSPITAL AFFILIATIONS CREDENTIALING CONTRCTS PROFESSIONAL LIADRUTY INVSURANCE	 If you have held to coverage with your current carrier for lass than 12 years, enter previous carrier(i) information. Documents from previous insurance carriers do not need to be uploaded into CAQH ProView. Please update this section to remove historical carrier information that is greater than 10 years. It is not necessary to include information previous carriers and induity to an an explore that is a section to remove historical carrier information that is greater than 10 years. If you do not carry prefersional liability insurance, you will be required to submit a confirmation letter stating lack of coverage or providing further explanation. 	
EMPLOYMENT INFORMATION PROFESSIONAL REFERENCES DESCLOSURE	Manage Professional Liability Insurance Are you covered under a professional liability insurance policy? © Yes © No	
	Your policies are listed below in order of Current Expiration Date. • If you answered Tes to, "Are you covered under a professional liability insurance policy?", you must maintain at least one current policy record (with a Current Expiration Date in the future). • If then a Current Expiration Date appears in red, that policy has expired. Click "Revew" to create an updated record with a new Current Effective Date and Current Expiration Date. • Only Delete a policy record if it was entered in error or if it expired more than 10 years ago.	
	Please enter at least one professional liability insurance record	
	O Save and Go Back Save Save Save & Continue O	

- 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.

<u>41</u>				
Current Work	Informati	on		
				O Remove
Current Employer?				C HERITAR
· Yos				
C No				
Practice/Employer Nam	*			
Cumberland Hospital				
Department				
Street 1				
9402 Cumberland Rd.				
Street 2				
City		State	Province	Zip Code
		State VA		Zip Code 23124
City		1		
City New Xent		1		
City New Xent Country	Phone E	VA.		

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.

Determination Determination Determination Determination Provider: Statur: Re-Attestation (10/22/2017) Provide : Channeline Decuments : Channeline Image: Statur: Re-Attestation (10/22/2017) Provide : Channeline Decuments : Channeline Image: Statur: Re-Attestation (10/22/2017) Provide : Channeline Decuments : Channeline Image: Statur: Re-Attestation (10/22/2017) Provide : Channeline Decuments : Channeline Image: Statur: Re-Attestation (10/22/2017) Provide : Channeline Decuments : Channeline Image: Statur: Re-Attestation (10/22/2017) Provide : Channeline Decuments : Channeline Image: Statur: Re-Attestation (10/22/2017) Provide : Channeline Decuments : Channeline Image: Statur: Re-Attestation (10/22/2017) Provide : Channeline Decuments : Channeline Image: Statur: Re-Attestation (10/22/2017) Provide : Channeline Decuments : Channeline Image: Statur: Re-Attestation (10/22/2017) - Provide : Channeline - Provide : Channeline Image: Statur: Re-Attestation (10/22/2017) - Provide : Channeline - Provide : Channeline Image: Statur: Re-Attestation (10/22/2017) - Provide : Channeline - Provide : Channeline Image: Statur: Re-Attestation (10/22/2017) - Provide : Channeline - Provide : Channeline Image: Statur: Re-Attestation (10/22/2017) - Prov	FIGURE 142						
• Or unave made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data. • Ore • PERSONAL INFORMATION • PERSONAL ATTRUTTOR • PERSONAL ATTRUTTORS • PE			HOME	PROFILE DATA +	DOCUMENTS	REVIEW & ATTES	त
or or or ● PERSONAL INFORMATION • ● DOTESSONAL TRANSME • ● DOTESSONAL TRANSME (DOTESSONAL TRANSME (DOTESSONAL TRANSME (DOTES	Provider Status: Re-Attestati	ion (10) ¹ 23/2017)	Profile Data: Oincon	nplete	Documents	• O incomplete	
 PERSONAL INFORMATION PERSONAL INFORMATION PERSONAL INFORMATION PERSONAL INFORMATION PERSONAL INFORMATION PERSONAL INFORMATIONS PERSONAL	O You have made changes to your p	profile since your last attestation. You must	attest for Participating Or	rganizations to see y	your updated dat	ta.	
EMPLOYMENT INFORMATION EMPLOYMENT INFORMATION EMPLOYMENT INFORMATION EMPLOYMENT INFORMATION EMPLOYMENT INFORMATION FINITE	O Seve O						0
 PROFESSIONAL ISS EXECUTION INFORMATIONS INFO	PERSONAL INFORMATION	EMPLOYMENT INFORMA	TION				
 PROFESSIONAL TRANSIC PROFESSIONAL TRANSIC SPECALTEE PROFESSIONAL TRANSIC PROFESSIONAL TRANSIC PROFESSIONAL ATTRUMENCE CREDENTITALIATELIATIONS CREDENTITALIATELIATIONS CREDENTITALIATELIATIONS CREDENTITALIATELIATIONS PROFESSIONAL REFERENCES DISCLOSURE Pressional Contraction on the profession at the profession on the second on the profession on the p	PROFESSIONAL IDS						
all work performed as a health professional. All work performance of the set of years. All work performance of the set of years. All work performed as a health professional. All work performed as a health professional. All work performed as a health professional. All work performance of the set of years. All work performance	EDUCATION	 Required fields are indicated with a red as 	terisk. All other fields are optio	inal.			
 SPECIAL THES PRACTICE LOCATIONS HOSPITAL AFFILIATIONS Include any new employment that will begin within the next three months. Include any new employment that will begin within the next three months. HOSPITAL AFFILIATIONS CREDERITALING CORTACTS PROFESSIONAL LIABELITY INSURANCE EMPLOYMENT INFORMATION PROFESSIONAL REFERENCES DISCLOSURE Please enter at least one Employment Information Record. Military Are you currently in the Reserves or National Guard? Yes 	PROFESSIONAL TRAINING			atory for the past 10 yea	ars. Relevant experi	tence includes	
 PRACTICE LOCATIONS if your employment history is less than ton years, list work history from your initial licensure date as a health professional. 'You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years. CREDENTIAL LARFELLATIONS 'You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years. CREDENTIAL LARFELLATIONS 'No must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years. CREDENTIAL LARFELLATIONS 'No must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years. CREDENTIAL LARFELLATIONS 'No must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years. PROFESSIONAL LEARELITY Manage Employment Information Preses enter at least one Employment Information Record. Military 'Are you currently on active military day! 'Are you currently in the Reserves or National Guard? 'Yes 	SPECIALTIES			e months.			
HOSPITAL AFFELIATIONS within the past 10 years. CREDENTIBLIEG CONTACTS Please note: incomplete work history will require additional follow-up from your contracted organizations and may delay credentialing decisions. PROFESSIONAL REFERENCES Manage Employment Information DISCLOSUBE Please enter at least one Employment Information Record. Military Are you currently in the Reserves or National Guard? * Nex Yes	PRACTICE LOCATIONS	 If your employment history is less the 	en ben years, list work history	y from your initial licens			
PROPESSIONAL LEAR.ITY EMPLOYMENT INFORMATION PROPESSIONAL REFERENCES DISCLOSURE PROPESSIONAL REFERENCES DISCLOSURE Please enter at least one Employment Information Record. Military *Are you currently on active military duty? * res	HOSPITAL AFFILIATIONS	1.2.1	loyment longer than 6 mont	hs (Jobs not related to y	jour profession, far	mity leave, etc.)	
PROPESSIONAL LEARLINY INSUMANCE Manage Employment Information EMPLOYMENT INFORMATION PROPESSIONAL REFERENCES DISCLOSUBE Please enter at least one Employment Information Record. Military Military *Are you currently on active military daty? * Yes	CHEDENTIALING CONTACTS		Il require additional follow-u	p from your contracted	l organizations and	I may delay	
PROFESSIONAL REFERENCES DISCLOSURE Please enter at least one Employment Information Record. Military Are you currently on active military daty? Are you currently in the Reserves or National Guard? Tax		credentiating decisions.					
Please enter at least one Employment Information Record.		Manage Employment In	formation				
Military Are you currently on active military duty? Are you currently in the Reserves or National Guard? Tes Yes	PROFESSIONAL REFERENCES						
Are you currently on active military duty? Are you currently in the Reserves or National Guard? Yes Yes	DISCLOSURE	Please enter at least one Employment	t Information Record.			O Add	
Are you currently on active military duty? Are you currently in the Reserves or National Guard? Yes Yes							
® Yes B Yes		Military					
® Yes B Yes		• Ann war a section without	ta la	use correctly in the B	assesses or Maliona	d Gunda	
					ENERVES OF NACIONA	R ORANGE	
U NO U NO		No		No			
C Save and Go Back Save Save & Continue O		Save and Go Back	Save		Save &	Continue ()	

• 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.

IGURE 143			
Provider Status: Re-Attestation	b (10/25/2017)	Profile Data: O Incomplete	Documents: O incomplete
O You have made changes to your pro	offle since your last attestation. You mi	ust attest for Participating Organizations to	see your updated data.
Reve O PERSONAL INFORMATION PROFESSIONAL IDS	EMPLOYMENT INFORM	MATION	
EDUCATION PROPESSIONAL TRAINING SPECIAL TRES PRACTICE LOCATIONS HOSPITAL AFFILIATIONS CREDENTIALING CONTINCTS PEOPESSIONAL LIABILITY INSURANCEI	 all work performed as a health profes Include any new employment the If your employment history is less You must document any paps in a within the peak 10 years. 	and all relevant employment history for the past	licensure date as a health professional. ad to your profession, family leave, etc.)
EMPLOYMENT INFORMATION PROFESSIONAL REFERENCES DESCLOBURE	Manage Employment Add eErelevent employment informa • Add • Practice/Employer Name: Tine De Start Date: June 2017 Current Employment	ation and gaps, if applicable.	12° Edit 🛪 Delete
	Gap in Employment: Please enter Start Date: Pebruary 2014 End Date: May 2017	a reason for the gap.	Red
	Practice/Employer Name: Orest 5 Start Date: January 2013 End Date: January 2014	imile Onsup	GF Edit X Delete
	Military *Are you currently on active militar © Yes ® No	ry duły? Are you currently in O Yes B Na	the Reserves or National Guard?
	③ Save and Oo Back	Eave	Seve & Continue ()

• 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.

Provider Status: Re-Attestation (10/23/2017) Prefix @ incometer
O Arec PERSONAL INFORMATION PROFESSIONAL INFORMATION ENCORTION ENCORTION PROFESSIONAL INFORMATION PROFESSIONAL INFORMATION
PERSONAL INFORMATION PROFESSIONAL INFORMATION
Street 2 Country (Net Specified) Cuty State Province Zip Code Code Phone Number Phone Extension Fax Number State Date Select dox this your current employer? No
O Save and Go Back Save & Save & Continue O

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

<u>JRE 145</u>	
Current Employment	×
Please confirm that you have more than one c employer or provide an End Date.	irrent
Practice/Employer Name: Metro Urgent Care Start Date: February 2015	
Ok Cancel	

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

FIGURE 146					
			*********	PROMENTS	-
Previder Status: Re-Attesta	Holy (starps/star)	Profile Data: O Ltcp	mplate	Becumenta	Oiscampleta
O You have made changes to your	profile since your last attentation. I	ou must attest for Participating C	Organizations to see ;	mur updated dat	
o 🛶 : o					
C resultan primeritan	Add Employment In	formation		•	Even to Live
C PROFESSION, 101	Sector Sector Record Marcola				
E soucation		illi e ind antolik, ill schut fields and spil	ioter),		
D entreprises therein	 Enter en Employment Info Enter en Employment Gep 				
D security					
PRACTICELOGATIONS	Employment Gap	Record			
second Arrestations		futuring gap in your employment his	tury. Plenie privide ni	explemation of this	gep Selina II
encountries and constants	you use sniployed during thi	a time, please select. "Enter an Employ	ment information Reco	rd'aboie.	
PROFESSION, LANS. 177	* Black Date				
HALLPROVER COMPLETE	February 2018				
OWN DIVIENT INFORMATION	* Loui Date				
*ADVEDUCAMA REPORTED	May 2017				
proclassing	" Gap Explanation				
			rear oriest all that app?	,	
	G Stormed On Back	let.	1	Sevel	Dertinue (D
	TODIS OF SERVER	# 2015 CKQH. AD-Ights married	e.		
	PROMOT				
	CHERCONE				

CAQH ProView Provider User Guide v13

• Click the dropdown to display the options.

FIGURE 147		
Provider Status: Re-Atte	ation (10/23/2017) Profile Data: O	Discomplete Documents: Oiscomplete
O You have made changes to y	r profile since your last attestation. You must attest for Participat	ating Organizations to see your updated data.
Seve PERSONAL INFORMATION PODESSIONAL INS	Add Employment Information	O Back to List
D PROFESSIONAL TRAINING	 Required fields are indicated with a red asterial: All other fields ar Enter an Employment Information Record Enter an Employment Gap Record 	are optional.
SPECIALTIES PRACTICE LOCATIONS HOSPITAL AFFILIATIONS CREDENTIALINE CONTACTS	Employment Gap Record The system has identified the following gap in your employme you were employed during this time, please select "Enter an B	
PROFESSIONAL LIABILITY INSURANCE EMPLOYMENT INFORMATION	Start Date February 2014	
PROFESSIONAL REFERENCES	End Date May 2017	
DISCLOSURE	Gap Explanation	Please select all that apply
	Deployment	iave Save & Continue 🔘
	TERM Job search Party Medical leave	served.

Professional References

The Professional References section asks for information regarding your references and their related contact 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.
- 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			
		HOME PROFILE DATA -	DOCUMENTS REVIEW & ATTEST
Provider Status: Re-Attestatio	on (10/23/2017)	Profile Data: Oincomplete	Documenta: Oincomplete
You have made changes to your provide the second seco	CAQN DISCLOSURE OF ON The pulse of fields are indicated with a You are required to enter malpractic case history record. Licensure 1. *Has your license, registration involuntarity retinquished, do	MACREMENT In a state of the second of the se	ee your updated data. dd" button to enter a maipractice
DISCLOSUME	 Yes No Hospital Privileges and the second secon	ge to your licensure, registration or certification? nd Other Affiliations s or medical staff membership at any hospital or hea wer been denied, suspended, revoked, restricted, de optimary conditions (for reasons other than non-com adversely affected) or have proceedings toward any pital or healthcare institution, medical staff or comm	enied renewail or subject to pletion of medical record y of those ends been instituted

<u>Authorize</u>

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

IGURE 150	
Attiliated Organizations Authorization	
I feerelay authorize the release of my full set of CAD+Problem self-reported information to:	
* All healthcare organizations that indicate Lam-an affiliated provider or am in the process of becoming an-	affiliated presider
C brighte healthcare organizations that indicate I am an affittabil provider or am in the process of became	ng an affituted provider, and specify below:
Other Organizations Authorization	
I hereby authorize the release of a more firsted set of my DIQ4 Problem self-reported information to:	
All healthcare organizations that indicate Lan not an affiliated provider	
+ they the healthcare organizations that indicate I are not an affituted provider, and specify below:	
Organitation Name	Selection
to Organizations to display.	

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 <u>individually</u> 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.
 - 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.
 - 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.

<u>GURE 151</u>				
Solutions PROVIEW.		Got ques	Andre	0
	номе	PROFILE DA	the of the of the office of th	
Provider Status: Re-Attestation (10/23/2017)	Profile Data: Oincot	nplete	Dr: Activity Log	
You have made changes to your profile since your last a	ettestation. You must attest for Participating O	rganizations	to see your updated data.	
Diane Hall	сади юн	13515114	MESSAGE CENTER	0
Owner Propuesto O There are 6 items require	d to complete attestation.		CAQH ProView: Document Failure Notification (CAQH Provider ID: 13515114)	^
WEN ATTENTION ERRORS	a to composite accession.		CAQH ProView: Document Failure Notification (CAQH Provider ID: 13515114)	
PRIMARY PRACTICE LOCATION: 235 Dowsing Place, Suite 3, J	knityville, NY 11870-1371		CAQH ProView: Document Failure Notification (CAQH Provider ID: 15515114)	I.
PREMARY PRACTICE STATE: New York			CAQH ProView: Document Failure Notification (CAQH Provider ID: 13515114)	~
			View All. >	
SUPPORTING DOCUMENTS	ATTESTATION HISTORY		AVAILABLE IMPORTS	
 Missing Upland document 🛓	Diane Hall 30/25/2017 3:33:57 PM Last attestation on 30/23/2017	^	No imports to display	
 Missing Upland document 🛓	Diane Hall 5/17/2006 1:50:45 PM Last attestation on 5/17/2018			
l faled	Diane Hall 5/11/2006 3:00:53 PM Last ettestation on 5/11/2008			
l Failed	Diane Hall 4/19/2006 2:01:23 PM Last attestation on 4/18/2008			
Show more)	Show more ()		Show more ()	

CHAPTER 5: Review Your Data

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

FIGURE 152		
Solutions PROVIEW.	Got questione?	Characteristics
	ACOME PRODUCT MATA -	
Provider Statuat: Re-Attactation (30/23/2017)	Profile Data: O Incornalista	Documents: O incomplete
8 The have made changes to your profile since your last attestation. 1	too must atteat for Participating Organizations to see yo	nar contained data.

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).

<u>IURE 153</u>						
			NUME	PROPERTY -	BOCUMENTS .	NUMBER
Provider Statian. Se	Anto-duminer (31)/23/2017)		Profile Data: O http://	talete	Decuments: O inte	ete and
Yes have made changes	to your profile since your	last attactation. The ma	it attent for Participating O	rganizations to see y	our updated data.	
That report or un before	attacting					
You have a few errors Click balane to review incent			aporting documents.			
	Application	Data	50	pporting Docur	nents	
	The system identified errors in your application.		The system identified missing an ecowed documents.			
	# required 0 0 suggested	lies		missing docom expired docum	enta	
	View Droots			View Datamenta		
		_				
		-				
			0.4m			
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		Tuta Semenary	State Applicati			

Correct Errors

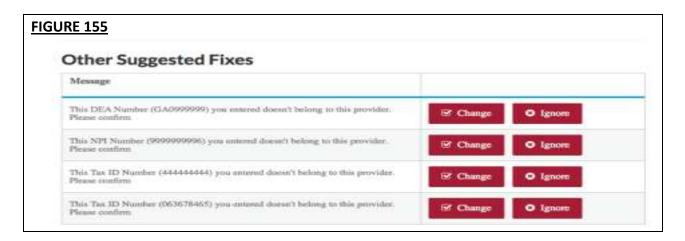
The "Correct Errors" screen will highlight any required or suggested fixes you may need to make to your data profile.

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			
O You have made changes to y	our profile since your last attestation. You must	attest for Participating Organizations	to see your updated data.
	Correct Errors Proview has identified items in your p	rofile that need attention. You must add	ress these items before you attest.
	REQUIRED FIXES		
	Professional IDs		
	Sub Section	Field	Error
	Professional License	Expiration Date	Provider must have a State License for NY that is not expired. Please enter a valid Expiration Date.
	SUGGESTED FIXES Suggested Address Fix	xes	
	No suggested address fixes.		
	Other Suggested Fixe	s	
	No suggested fixes.		

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.



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.

Provider Barton Re-Americanon (10/16/2015)		Profile 0.	the Complete		Thoramentic Complete	
DOCUMENTS the documents that support year CAQH ProView profile are to tocacient documents are infrastal with a real." Highlighted one discusses into each dist. Nake sure that the o to more information click the 0	Bried below	pland corresponds to t	le document type I	Intel In the Decem	eert Banes calaires.	1
Required	1270	Opharted	Expitation	Status	Document Actions	
Document Name	State	Date	Date	Status	DODATIVEE ACTURE	
* Application Retears		06(30)(2015)		Approved	Deteta	
				Approximit	Detate Reptace	
Get Bloates of Completion (MultiSchool, Internetiop etc.)		00011/2011				
		15-00/2014		Approved	Deleter (Replace	
Cief Musiles of Completion (Med School, Internet spinsc)				Approved Approved	Detets (Replace Detets) Replace	
Centification of Completion (Minit School, Internet-speed) • DEA		15-00/2014	03/31/3016		CONTRACTOR CONTRACTOR	
Contification of Completion (Mod School, Internitispatic) - DEA - Professional Liability Insurance		15-03/2014	00,01/3016	Approved	Denste Replace	
Centificates at Completion (Med School, Internitipatic) - DEA - Professional Liability Insurgers - Bigte License		15-00/2014 00/14:3015 00/25/2015	00/31/2014	Approved	Densto Replace	

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.

Provider Statust. No Attactation (10/15/2017) Profile Data: O <u>incorrectate</u> Decementa: O <u>incorrectate</u> Toro have made changes to pour profile since your last attactation. You must attact for Participating Organizations to see your updated data.	<u>GURE 157</u>					
two have made charges to pour smills since your last attaction. You must attact for Perticusting Organizations to see your updated data. To all reasest since terms to fix before attesting. Call before attesting Double to realess incomet or missing information in your application and supporting documents. Supporting Documents. The system identified errors in your application. Brequired fixers O suggested fixers O suggested fixers		HEHE	PROFILEDATA -	DOCIMENTS	HEMEN MATTER	
The all respect must be bin a data by You have a few errors to fix before attesting. Cick below to review incomet or mixing information in your application and supporting documents. Application: Data Presputered fixes: Bin required fixes: B	Provider Status: No Atlantation (30/33/2017)	Prolife Data: O	Profile Data: O incorrectate Documenta: O incorre			
You have a few errors to fix before attesting. Cick below to review incorrect or missing information in your application and supporting documents. Application: Durba The system identified errors in your application. B respanded fizers 0 suggested fizers 0 suggested fizers	You have made changes to your profile since your last attastation. Y	four must attent for Participation	g Organizations to see	ynur updated det	₩(
Cick below to review incomed or missing information in your application and supporting documents. Application: Data The system identified errors bryour application. B respired fixes 0 suggested fixes 0 suggest	Plant reproducer before attacking					
The system identified arrows in your application. B respice of flasms 0 suggrested fl	. 1997년 17일 27일 중 전 월 및 27 27일 7일 27일 전 명 중 전 18일 27일 27일 27일 27일 27일 27일 27일 27일 27일 27	and supporting documents.				
B required fixers 2 missing documents 0 suggested fixers 0 expired documents	Application Data		Supporting Docu	ments		
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	The second se		NUMBER OF STREET, STREET,			
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	New Enters		Ware Documents			
c		• <i>/</i>				
	Wires Your					
View Your Unto Summary State Application						

CHAPTER 6: Uploading Supporting Documentation

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.

Provider Status: Re-Altertation (10/18/2015)		Prodile D	etas 🖬 Colengetarias		Decemento 🖾 Camphie
OCUMENTS documents that support your CADH ProView profile are gived the present are indicated with a red ". (Eghted rose regular your attantion, are reflected one docurrent into used she, Make ours that the more information club the O	listed below	alaad corresponds to t	ter descurrent type (utual in the Decem	art Name colarys,
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scummt Name	State.	Uphaded	Expitation	Status	Document Actions
1. A MINING MI					
Application Release		06/30/2015		Approval	Detete
		06/33/2013		Approval Approval	Detete Oetete Replace
Centificates of Centpletton (Med School, Internetity: etc.)					
Application Defense Certificates of Certificates (Med School, Internettip etc.) CRA Professional (Julifity Insurance		09/13/2013		Approval	Detete Replace
Certificates of Certipletion (Med School, Internet/grets.) Cir.a.		04/13/2012	05/05/2018	Approval Approval	Detecto Replace Detecto Replace
Certificates of Certificates (Meel School, Internetignets.) Ciga Professional (caldific linear are e State License		04/13/2012 11/03/2014 03/19/2015	03/35/2018	Approval Approval Approval	Delete Replace Delete Replace Delete Replace
Centificates of Centification (Med School, Adamskip vin.) Dr.a. Professional (Juli Dy Insurance		09/15/3013 11/03/2014 03/78/3015 05/21/2013	05/35/2018	Approval Approval Approval Approval	Ovinie Replace Delete Replace Delete Replace Delete Replace

- 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.

A MAR BALL LAARDAN FR					
Socument Name	State	Upicaded Date	Expration Date	Status	Deconent Actions
Application Relation		06/10/2025		Approved	Delete
Certificates of Completion (Med School, Internatio-etc.)		06/13/3015		Approved	Dente (Reptace
DEA		11/02/2014		Agground	Detein Reptice
Productional Literatively broad analy-		102/35/2015		Approved	Detete::Replace
-htsta License		05/3320035	00/33/3016	Approved	Delete (Replace
State.Reinage		02/10/2015		Approved	Delete (Replace
W-9		115/19/91152		Approved	Exclusive Respinance

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.

T OF DOCUMENTS					
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

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. <u>Illegible</u> the document is not clear enough to be read.
- 2. <u>Not compliant</u> 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.
- 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.

<u>Note</u>: 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.

IGURE 162					
DOCUMENTS					
The documents that support your CAQH ProView profile are lb - Required documents are indicated with a red*.	sted below				
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. or more information click the 🛈					
* Required					
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.



- 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.

IT OF INCOMENTS					
Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Application Release	CAQH			Mining	Download Upinat
* Application Release	Otherome	318/24/2017		Received	Delete Download Replace
* CD5	Californie	10/24/2017	12/31/2017	Received	Delete Replace
Disclosure of Ownership		30/24/2017		Received	Delete Replace
Telect document type	Upload any documen This is an optional sa	t you want to add t	o your Rit,		Upload

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 Lostby that all information provided by me in in good fast. I will reality the Entity and/or the insurance, mail/indicice claims, NFOB146768 the orderrilation process. Londerstand that (submitted online or in writing, and must be do application satilities y deeni it to be a complete tion for resolving questions that arise in the a grounds for writidrawal of the application from action may be disclosed to the Entity and/or d and that I have access to the bylaws of applic a facemile or photocopy of this Authorization.	Agentics) within, 10 days of any materia reports, discipline, criminal connictions ornections to the application are permi- led aod signed by me (may be a write e application and that I am responsible pplication process. I understand and a consideration, denial or revocation of s Agentics). I further acknowledge tha able medical staff organizations and i	at changes to the information orielading any s, etc.) I have provided in my application of thed at any time prior to a determination of ere or an electronic signature). I acknowled to provide a complete application and to p agree that any material insultatement or on I Participation; and/or immediate suspensio d I have read and understand the foregoin gree to abide by these bytaxs, rules and i	v changes/challenges to locenses, DEA, authorized to be released pursuant to Participation by the Entity, and must be get that the Entity will not process an anduce adequate and timely informa- leases in the application may constitute in or termination of Participation. This Authorization, Attestation and Release
Signature*		Name (print)*	
DATE MONED	309	94	_

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.

<u>SURE 166</u>					
ST OF DOCUMENTS					
Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
Application Release	CAQH			Missing	Download Upload
Application Release	Oklahoma	10/24/2017		Received	Delete Download Replace
* CDS	California	10/24/2017	12/31/2017	Received	Delete Replace
Disclosure of Ownership		10/24/2017		Received	Delete Replace
Select document type	Upload any docume This is an optional se	nt you want to add t	o your list.		Upload

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

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 <u>CAQH</u> <u>ProView Practice Manager Module</u> 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				
ministra statili. So secolation (al management of the second	Provide States 22 Completes	transmitter @ Ignationals	
B	PERSONAL INFORMATION		and inspect	.0
And and a second s	Provider Into			
maning statutes Printing Relation devices and Annual Control of Statutes Representations and Annual Research and Relations	Provider Type * Madata (Souther (MM))	Provide Setting" Section 7. Setting	- 101	
Street, and and and a second s	Péarre			
22	Titut Name *	Mandate Basison	Last Bases *	
42 mmmmmm	iteres .	inine .	114 m	
El restaurationes	Sutte	-		

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.

IGURE 168			
SELECT INFORMATION FOR EXP My Profile Drop entries below to add or overwrite	ORT	Information to Import « Drag entries to the left to add or overwrite	CANCEL
Dorinco Reinsurance Co 1320 N Waldo Rd Ste 200, " Midland, MI - 48642	Professional Liability	From: Tonya Smith On 1/20/2015 The Hospital of Central Connecticut 100 Grand Street,	O Reject Professional Liability
Aaoms National Ins Co, Rrg 9700 Bryn Mawr Ave Ste 150, PLI address 2, Rosemont, IL - 60018 3019991212	Professional Liability	New Britain, CT - 06050	

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.

2		Clave Hall
	ACHE PROFILE DATA	
Provider Status: No Attraction (5(17/2018)	Prolife Data: 🔯 Complete	Decementar O moderatella

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.

-IGURE 170	
	INTER PROPERTATION - BELLINEARTS - ALVALWAATTEST
Provider Status: Ro Attaination (2022), 2027	Prolite Data: O Incorrelate Discusseds: O Correlate
P. You have made changes to your profile sloce your last attestation. You	sumust attest for Participating Organizations to see your updatest data.
Terrati regional errori before ettanting	
You have a few errors to fix before attesting. Click below to review incorrect or musing information in your application a	
Application Data The system (pertiled	Supporting Documents
3. required fixes 0 suggested fixes	6 missing documents 6 explicit documents
Aller Erren	Week Operational State
	. Air
Water Finant Elastic Statistical (V	Desartificani Tenar Diana Application

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

FIGURE 171			
		HOME PROFILE DA	TA + DOCUMENTS REVIEW & ATTEST
Provider Status: Re-Attestation (10)	23/2017)	Profile Data: O Incomplete	Documents: 🖾 Complete
You have made changes to your profile s	ince your last attestation. You must a	ttest for Participating Organizations	to see your updated data.
	Correct Errors Proview has identified items in your pro REQUIRED FIXES PLI	offic that need attention. You must add	reas these items before you attest.
	Sub Section	Field	Error
	Insurance	Current Expiration Date	Provider must have a Professional Liability insurance policy that is not expired. Please enter a valid Expiration Date.
	SUGGESTED FIXES Suggested Address Fixe No suggested address fixes. Other Suggested Fixes		

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.

	HOME	PROFILE DATA +		EVIEW & ATTES
Provider Status: Re-Attestation (5/17/2016)	Profile Data: 🖾 Com	plete	Documents: O In	complete
ou have made changes to your profile since your last attestation. Y	ou must attest for Participating C	Organizations to see y	our updated data.	
iane, you are ready to attest!				
ck Attest to certify that you have carefully reviewed all info				
ovided by you in the profile is true, correct and complete to				
ofile will not be considered complete until supporting docu mitted. Once you attest, you can go to the Documents page			, Attestation and Re	lease Form i
nitteo. Once you attest, you can go to the Documents page	to upload your supporting do	scuments.		
I understand and agree that, as part of the credentialing application referred to as "Participation") at or with each healthcare organization				^
Application (hereinafter, each healthcare organization on the "List	of Authorized Organizations" is indi-	vidually referred to as I	he "Entity"), and any of	the
Entity's affiliated entities, I am required to provide sufficient and ac and/or experience, clinical competence, health status, character, e	ethics, and any other criteria used by	the Entity for determine	sing initial and ongoing	
eligibility for Participation. Each Entity and its representatives, emp approximation process will be held confidential to the extent permitted				~
may be accepted on rejected by each independently. I further ackn				
ATTEST			PRINT DO	WINLOAD
r=1				
View Your	Download You			
View Your Data Summary				
Data Sommar	y State Applicati	ion		
		ion		

The "Attestation Completed" screen will then display.

FIGURE 173	
	Attestation Completed
You have accessfully attented to your	profile.
	eed to submit all required documents before participating organizations receive your information. Otherwise, please check the et right corner of the page to see if you need to update any documents.
For more information about CAQH, play	and while sourceasturing.
	Receive Faster Payments and Reduce Costs with Electronic Claims Payments Paper checks for them payments and healthcare practices four times as much as deset deposit in or average more than 14 for <u>section or times</u> as much as deset deposit in or average more than 14 for <u>section or times</u> as much as deset. Encoded (FT) and electronic continuous advector (FNA) with multiple beath plane through one easy, social process. Encoded (FT) and electronic time 500,000+ strendly participating. Incoded (FT) and electronic time 500,000+ strendly participating. Incode (FT) and (FT) and (FT) and (FT) and (FT) and (FT). Incode (FT) and (FT) and (FT) and (FT) and (FT). Incode (FT) and (FT) and (FT) and (FT) and (FT). Incode (FT) and (FT) and (FT) and (FT). Incode (FT) and (FT) and (FT) and (FT). Incode (FT) and (FT) and (FT) and (FT).

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.
- 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.



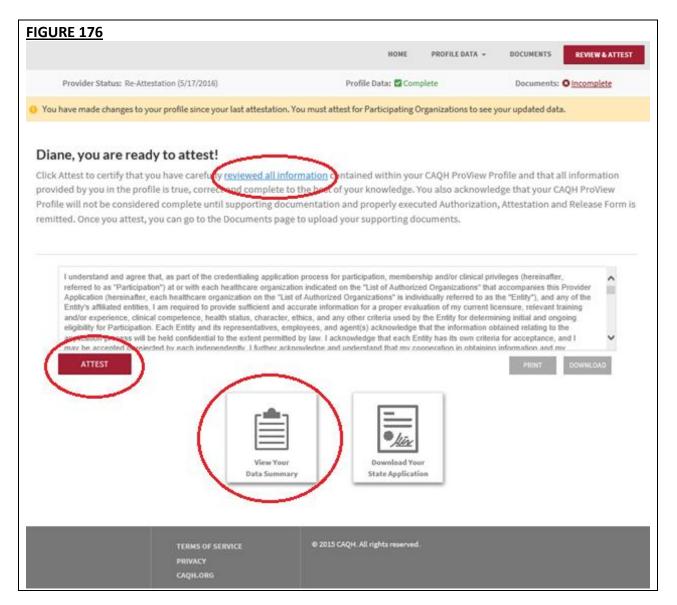
On the Review screen, you can view if any required fixes or supporting documents need attention.

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.

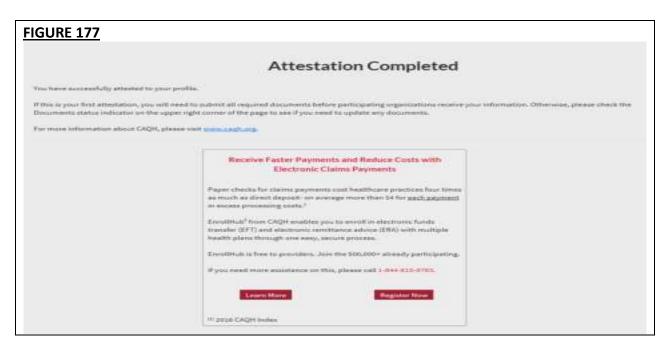
Correct all the required fields by clicking View errors.

FIGURE 175						
			HONE	REPART OF LA -	DOCUMENTS	REVERSE ANTINY
Presider Balan: First Provider Cort	act (9/25/2017)	Prolife Data	0 (1122)	nulete	Dacamenta	O incompilete
O Tread reported arrest before attacting						
You have a few errors to fix before Click below to review incorrect or missing in		in and supporting documents				
Appli	cation Data		Su	sporting Docus	nents	
	aten identified your spolication.		Th	e system identified m or expired document		
	puired fixes gested fixes			missing docum appired docum		
	new Circle			livier Distancia		
	ER Nove Your Insectory Data	Nhasi Yuan Bata Tuananyy		Dispersional Vocas State Application		
	NG OF SERVICE NEW NEW	@ 2513 OK(H. All rights	nu ost			

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.



The "Attestation Completed" screen will then display.



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

CAQH ProView Support Center:

Contact CAQH CAQH Provider Help Desk: Chat: <u>https://proview.caqh.org/PR/</u> 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)

Revision Log

Version	<u>Updates</u>
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. Clarified that the Disclosure of Ownership questions must be downloaded, signed, and uploaded for organizations to access information in replica applications. Clarified that primary email and PMOC CC1 and PMOC CC2 are the emails that are sent the automated system generated emails. 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