CAQH ProView®

Provider User Guide

Version 32
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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.

CAQH ProView is fully supported on the current version of Chrome web browser. The application is compatible with Internet Explorer, Safari, Edge, and Firefox though may not be fully supported.

If your practice has an office manager or clinic administrator who assists with gathering information for credentialing or other administrative purposes for multiple providers, the CAQH ProView Practice Manager Module may facilitate your data entry process. Data that is the same for multiple providers (e.g., clinic name, address and phone number)

can be entered once by a practice manager, rather than having to be entered repeatedly for each individual provider. Please refer to *Chapter 7: Importing Data from the Practice Manager Module* for more information regarding this functionality.

System Security

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

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

CHAPTER 2: Registration

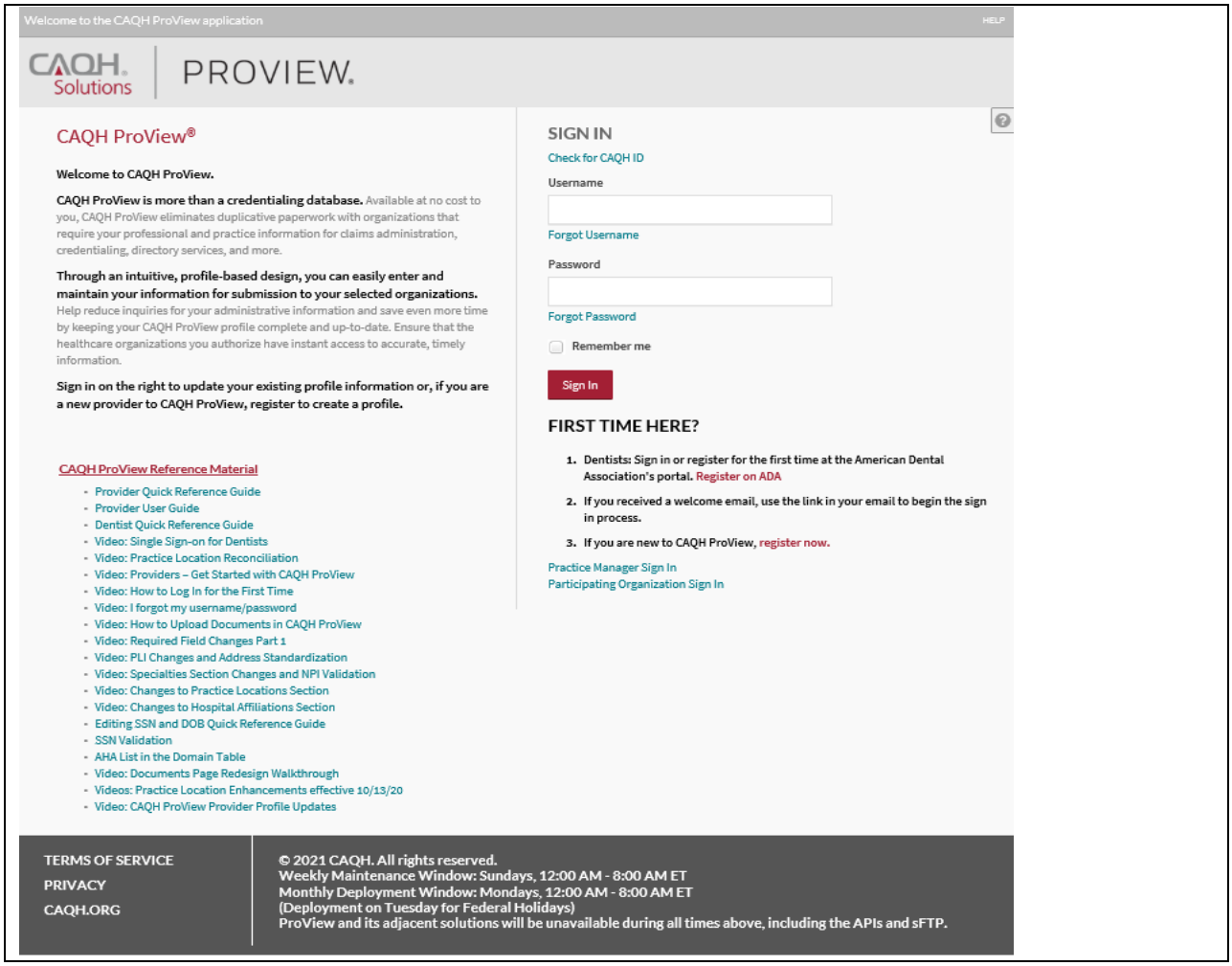
Registration is required for all providers to obtain access to CAQH ProView.

New Users

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

Existing Providers

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



CAQH has come up with a standard maintenance and deployment window for CAQH ProView. It will be static and will remain on the login page at all times.

Self-Registration

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

GETTING STARTED

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

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

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

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

BEFORE YOU BEGIN

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

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

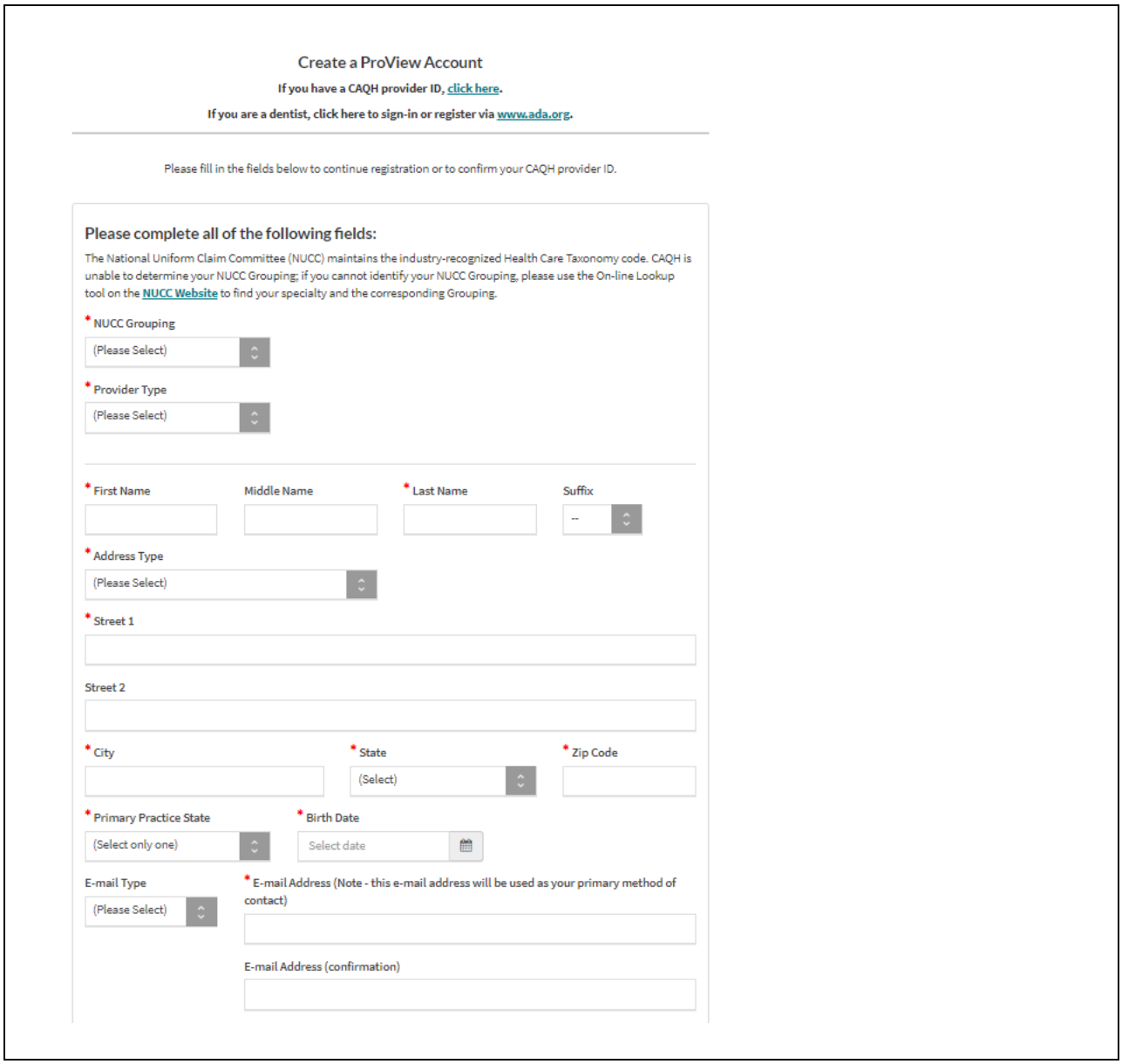
If you already have a CAQH Provider ID, please click here. Otherwise, please click the Next button below to register.

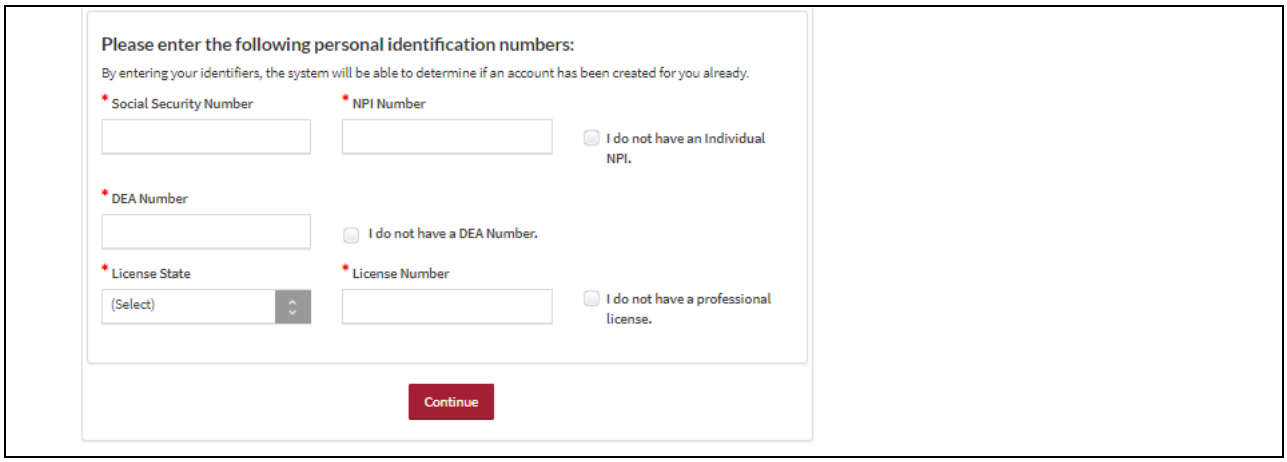
If you are a dentist, please first sign-in or register via www.ada.org and follow instructions to submit a credentialing application via CAQH ProView from ADA's web site.

Thank you for your participation.

Go to next section | Cancel

To establish a CAQH ProView account, you will be required to enter your NUCC Grouping, Provider Type, name, address, primary practice state, birthdate, email address, and the following personal identification numbers: Social Security Number, NPI Number, DEA Number, License State, and License Number. If you do not have an NPI, a DEA or a License, you may click their corresponding checkboxes indicating you don't have them and click Continue. You will then receive an email with your CAQH Provider ID and a link to complete your provider registration.

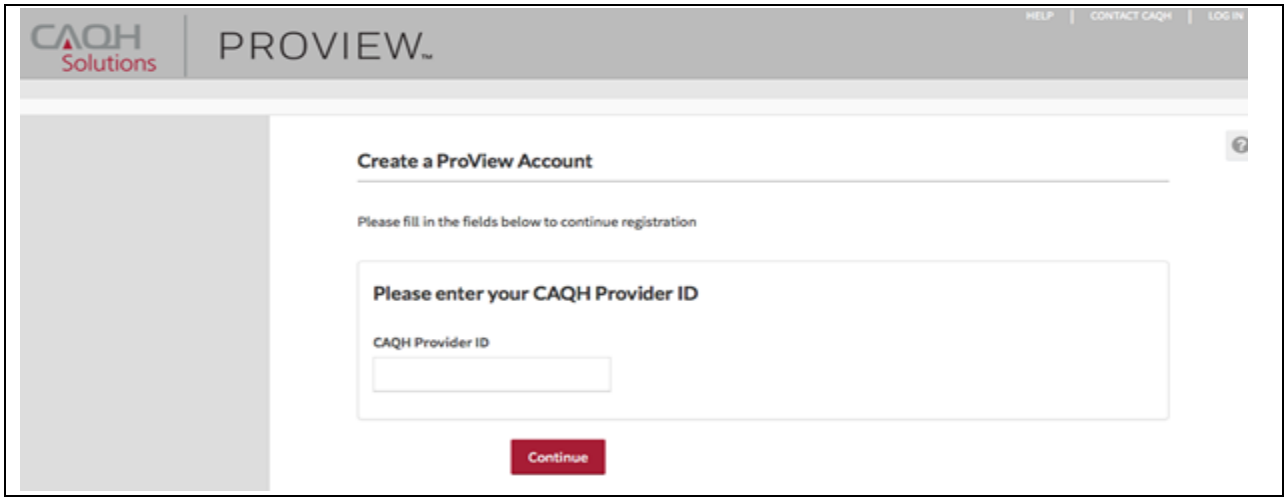




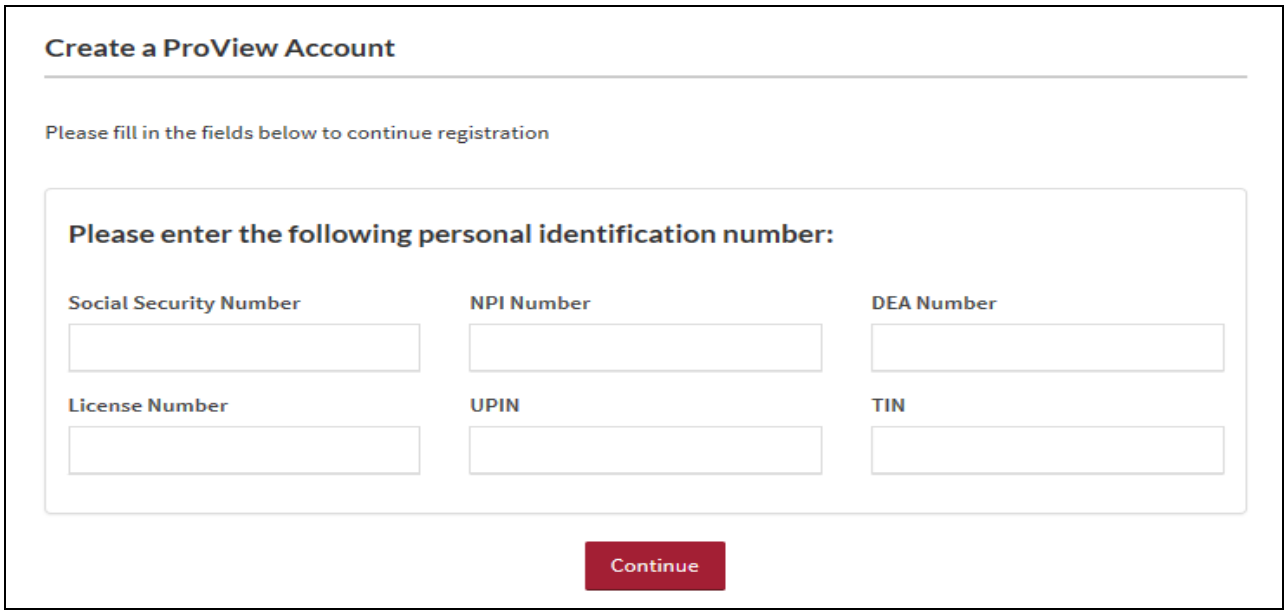
Creating a CAQH ProView Account

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”.

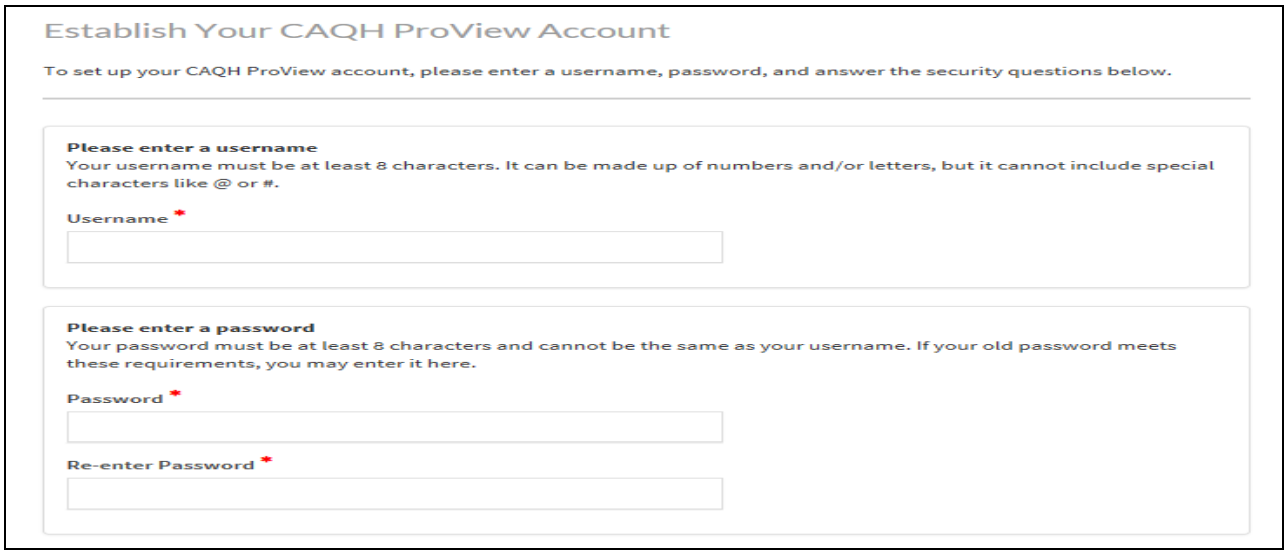


On the next screen, enter your personal identification number(s) to proceed with creating your ProView account. Select “Continue” to proceed.



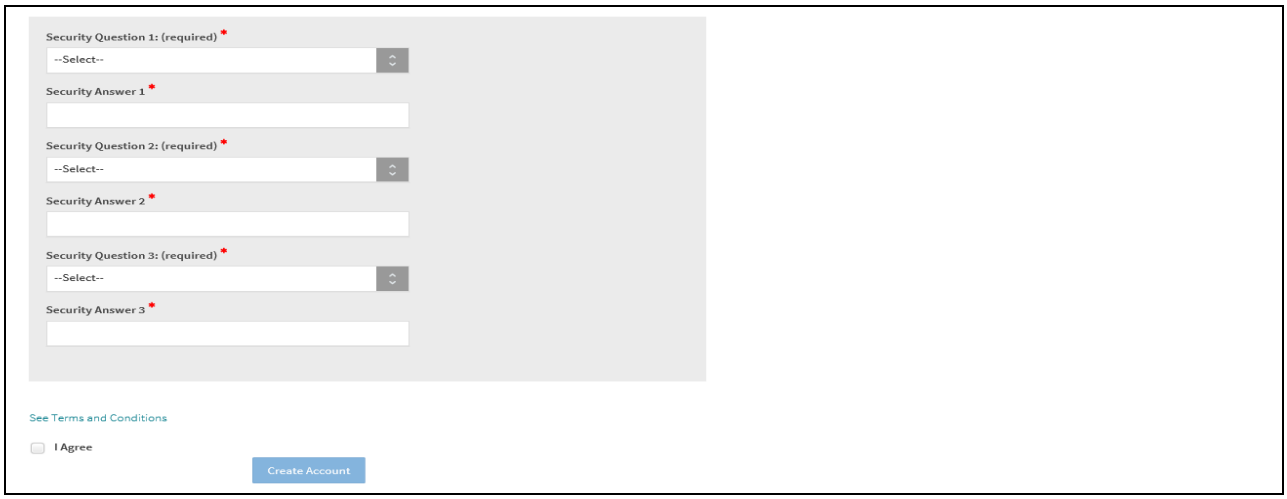
Creating a CAQH ProView Username and Password

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.

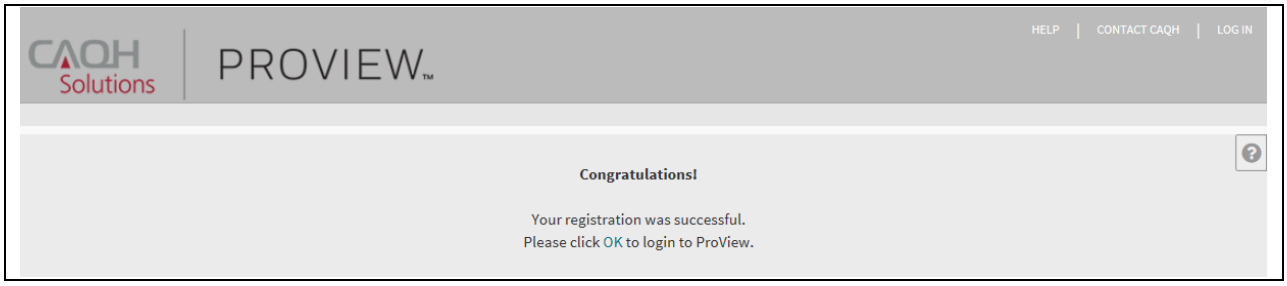


CAQH ProView users will also be asked security questions to faciliate account access in case of a forgotten username and/or password. Select three security questions and provide unique answers for each. By checking “I Agree” at the bottom of the page, you

adhere to the terms and conditions, which can be accessed by selecting the “See Terms and Conditions” hyperlink. Then select “Create Account”.

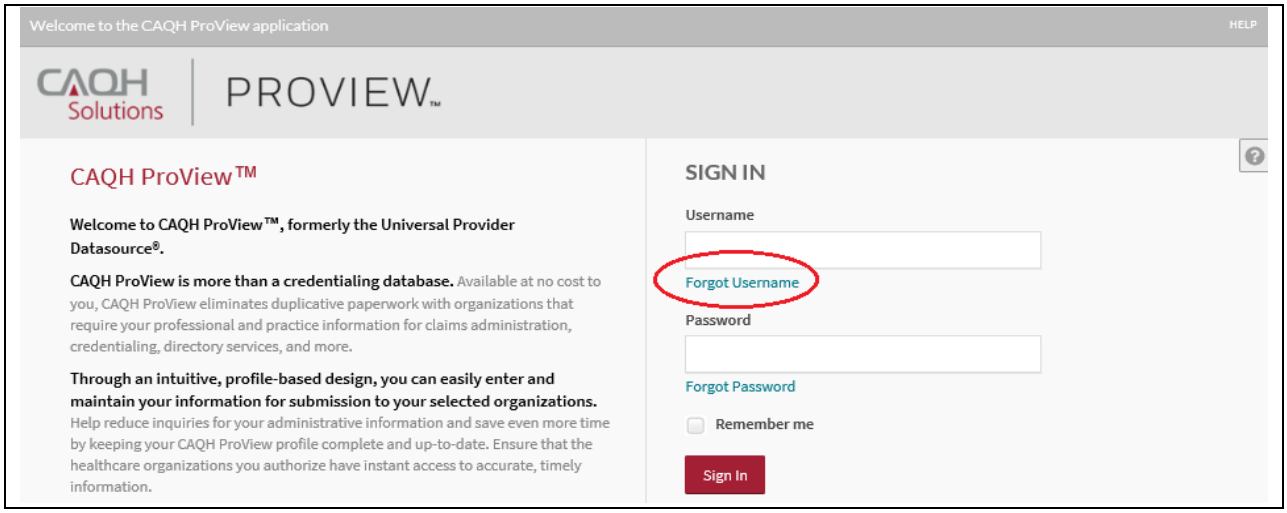


Click “Create Account” and you will receive confirmation that your CAQH ProView registration was successful.

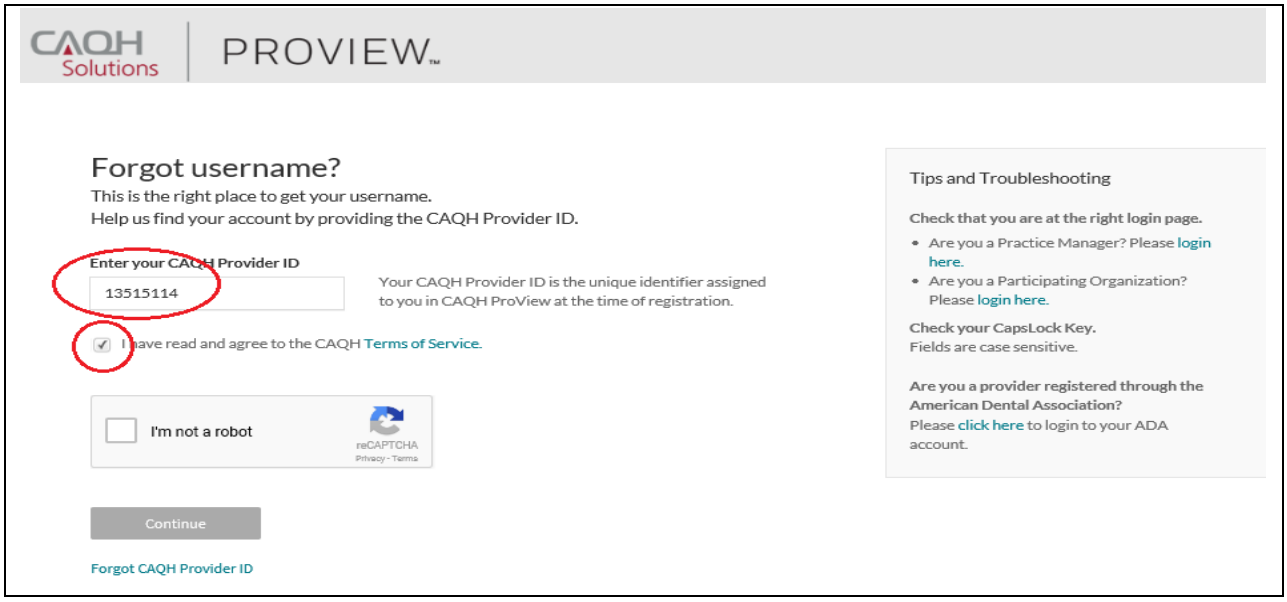


Retrieve Username

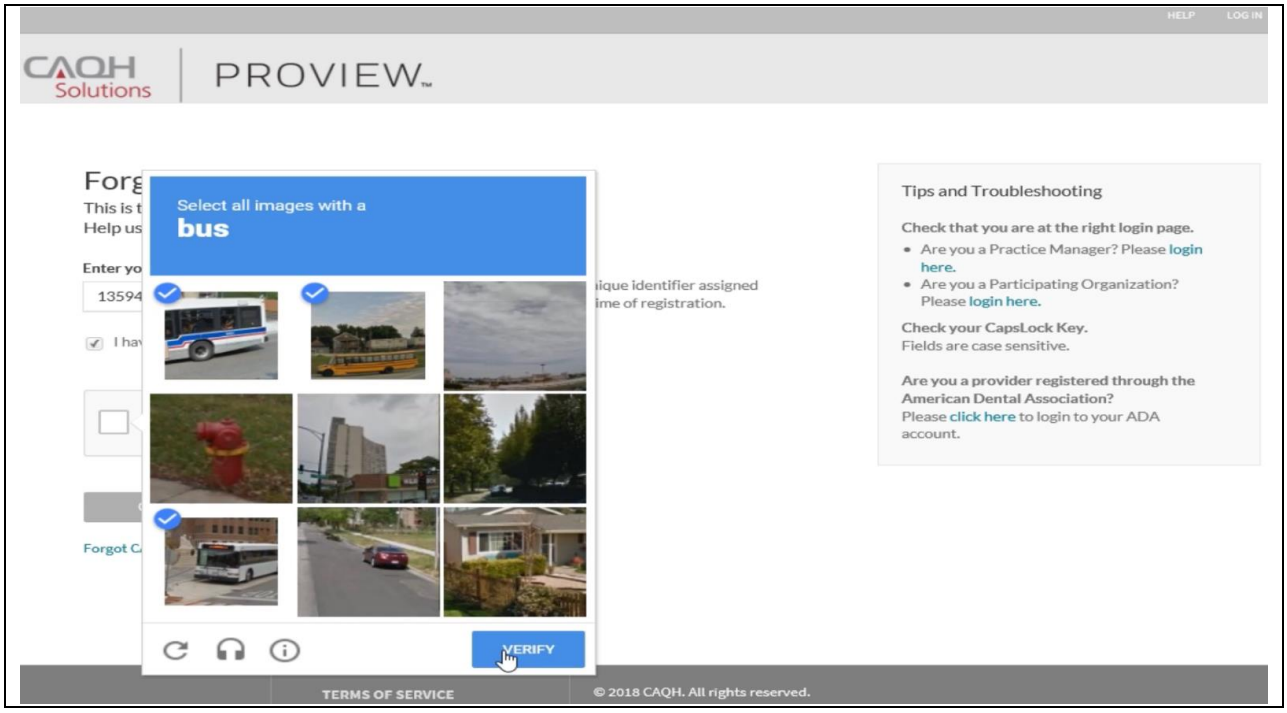
1. If you have forgotten your username, go to CAQH ProView login page and click *Forgot Username.*



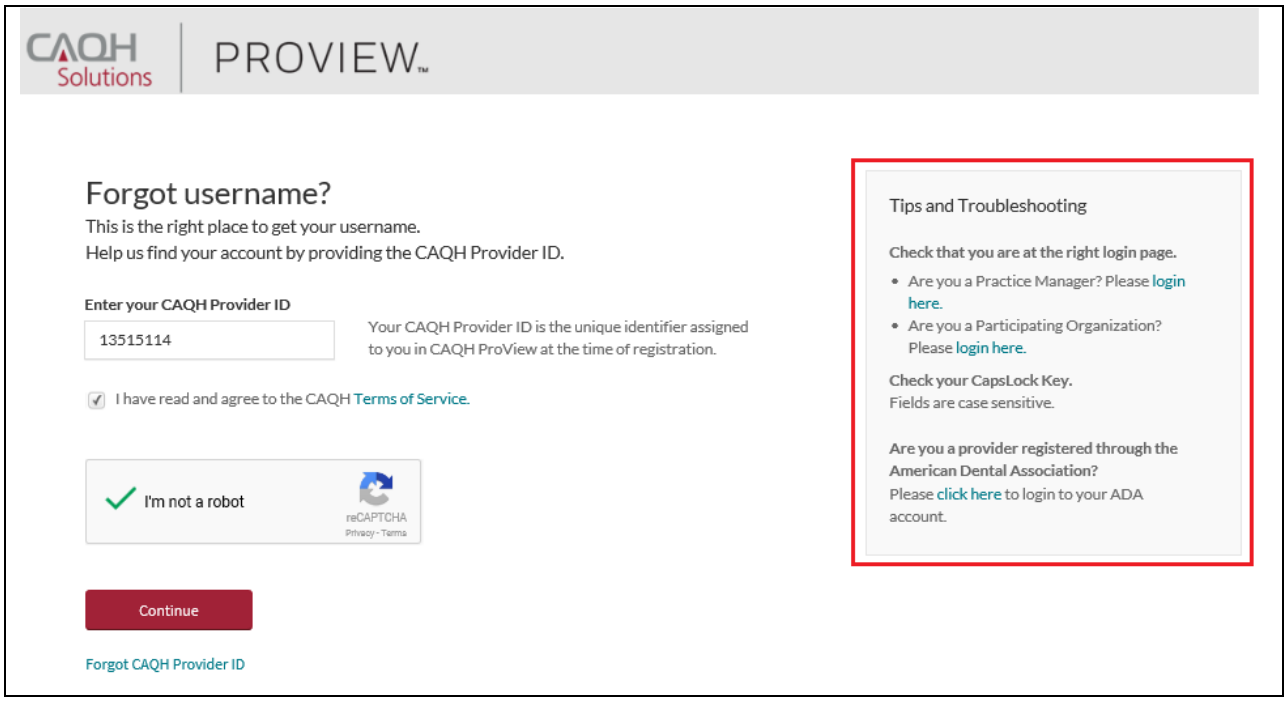
2. You will be prompted to enter your CAQH Provider ID number to retrieve your username. Your CAQH Provider ID number is the unique identifier assigned to you in CAQH ProView at the time of registration. Enter your CAQH Provider ID number. Click the checkbox indicating that you have read and agree to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



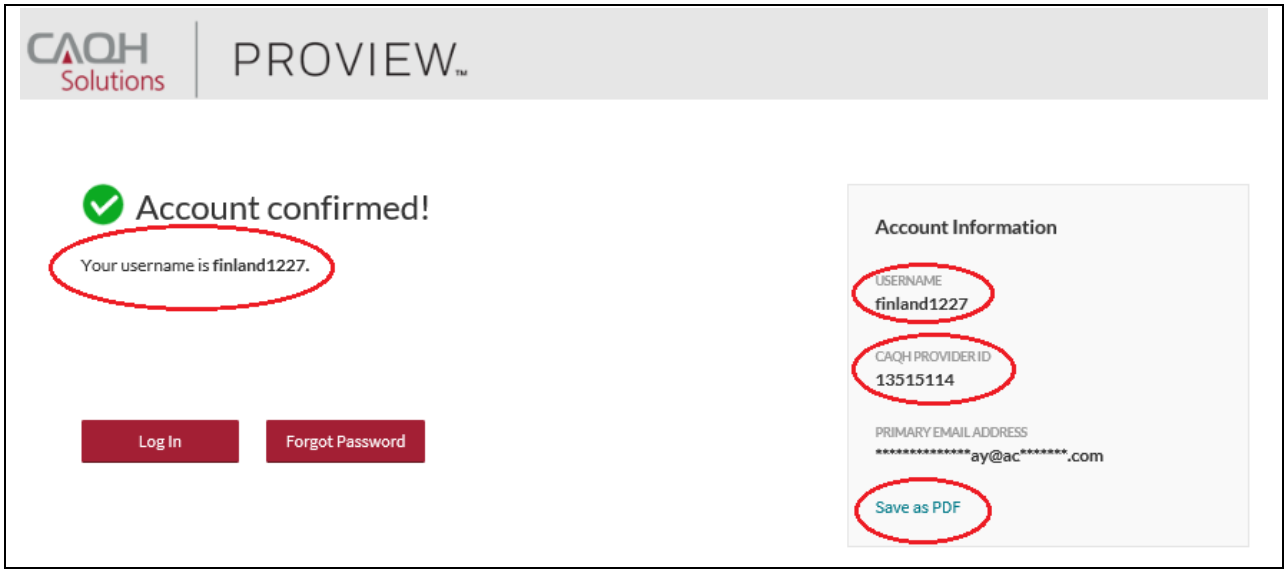
3. Click the checkbox to confirm you are not a robot. You'll be asked to select images based on the instructions shown on the page, then click *Verify*.



This page also shows some tips for troubleshooting.

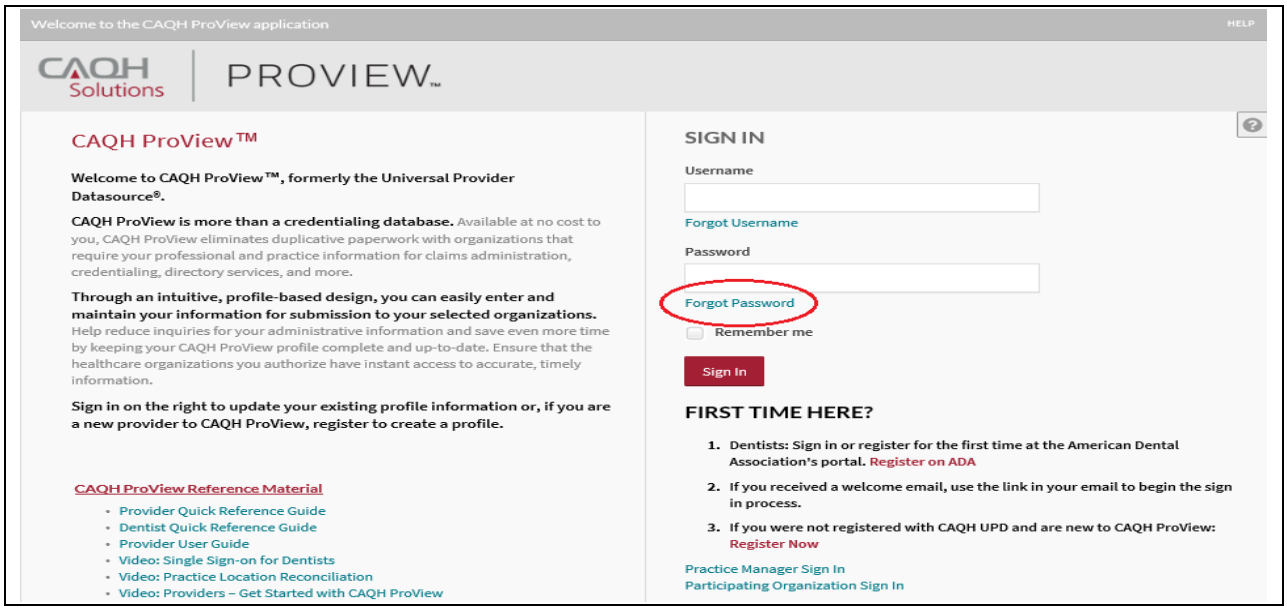


4. Click *Continue*. Your username will be displayed on the screen together with your CAQH Provider ID number and the primary e-mail address listed on your account. You have the option to save it as a PDF file. If you know your password and you'd like to proceed to the sign-in page, click "Log In".



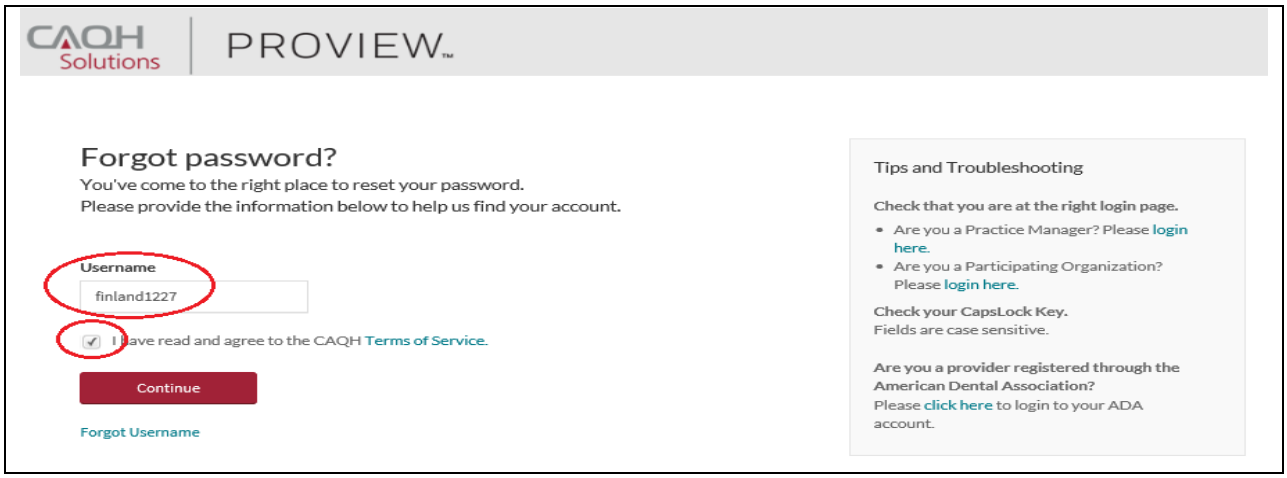
Reset Password

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.



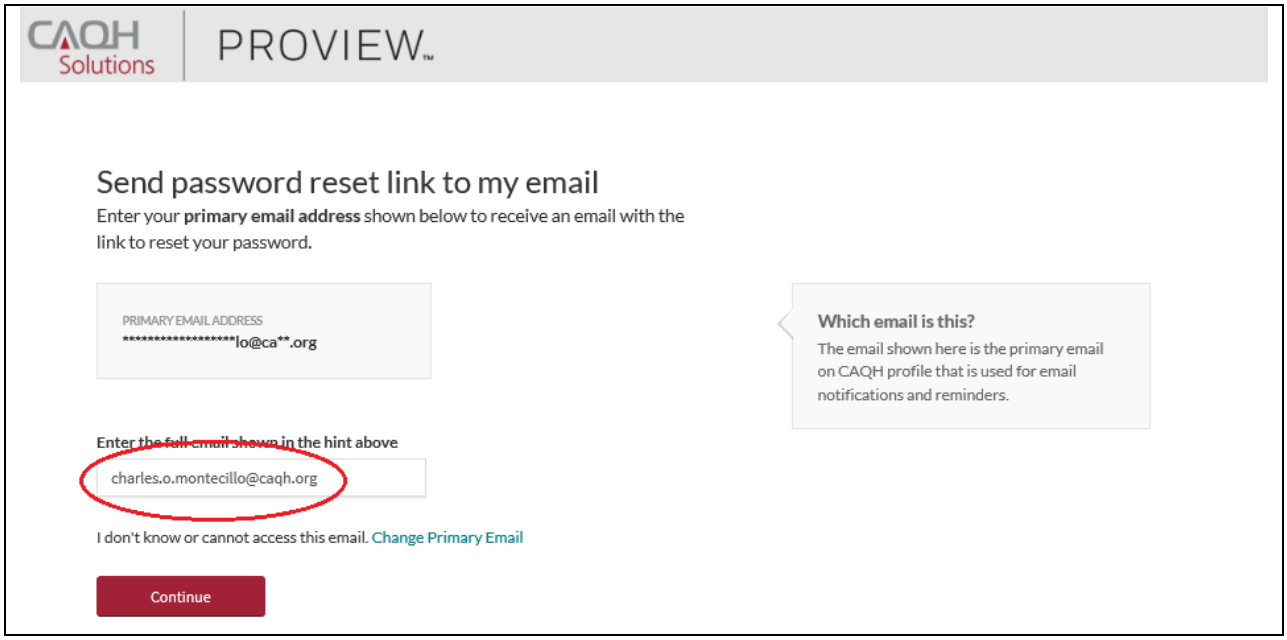
Note: If you entered an incorrect password and clicked "Sign In" five times, you will be redirected to the Forgot Password page. You have the option to either reset your password or go back to the log-in page to enter the correct password.

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*.

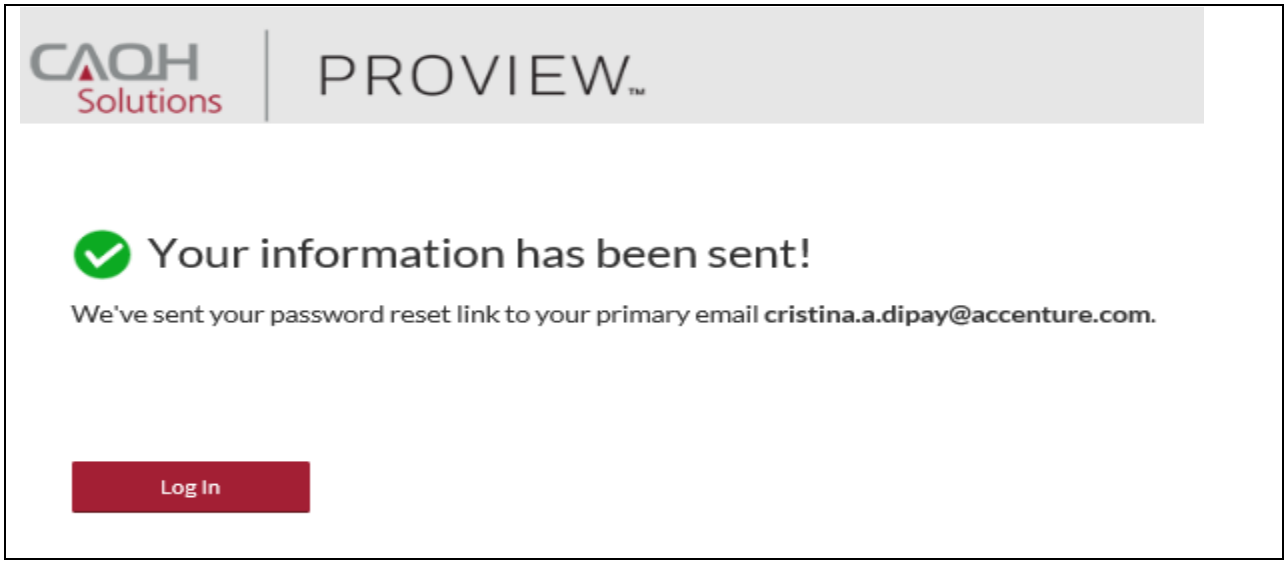


3. You will be directed to a page where you need to enter your full e-mail address based on the hint shown on the screen. The e-mail shown here is the primary e-

mail address on your CAQH ProView profile where email notifications and reminders are sent. Click *Continue*.

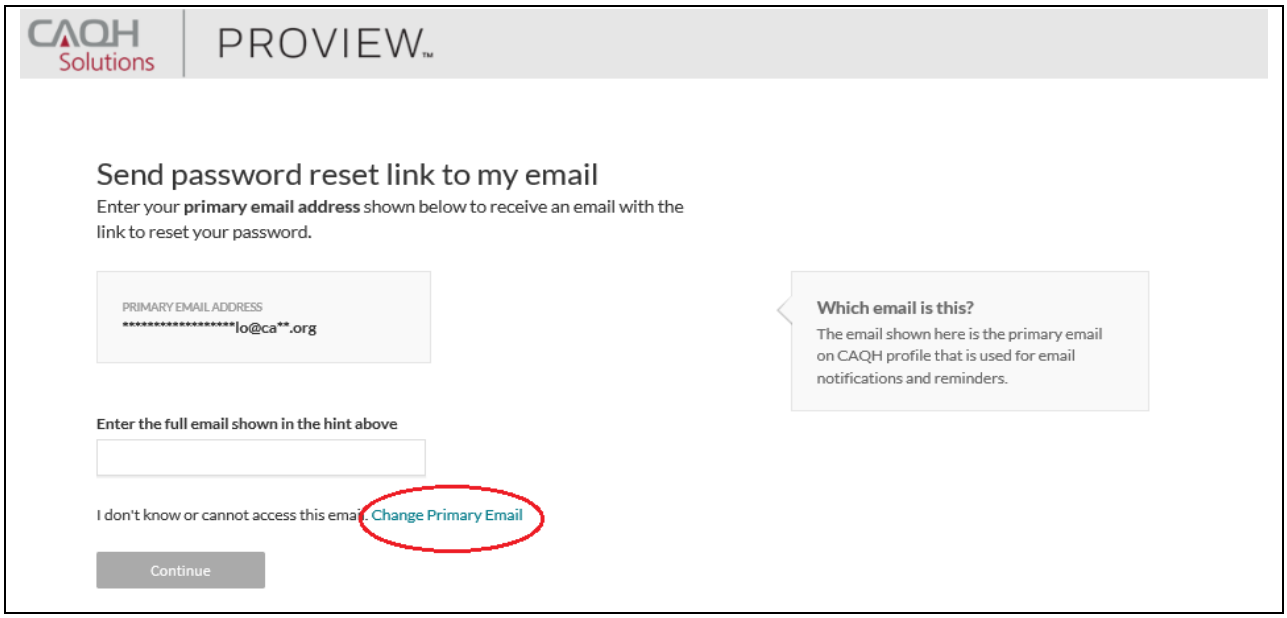


An e-mail containing a link which will allow you to reset your password will be sent to the primary e-mail address we have on file.

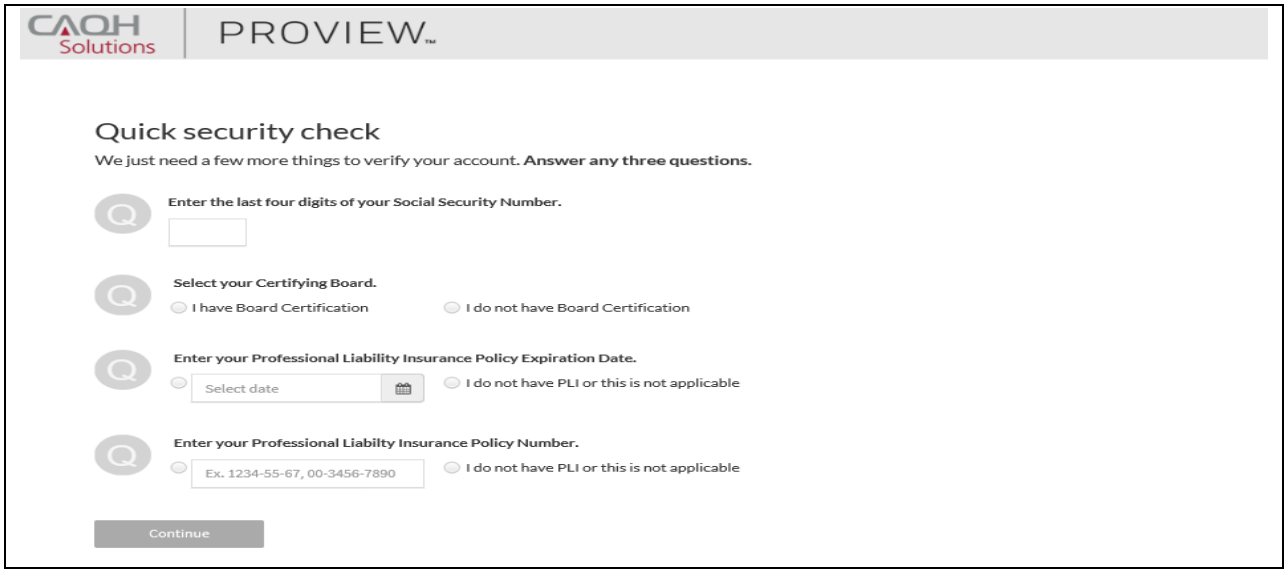


Change Primary Email

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.

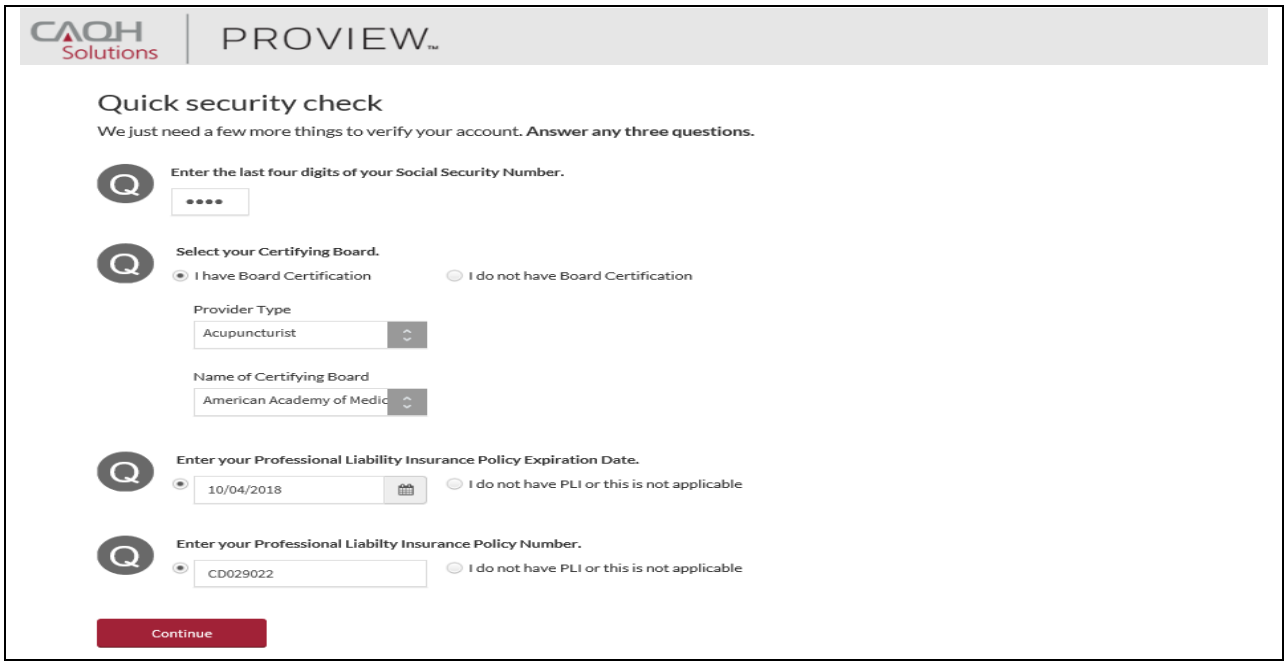


2. You will be directed to a quick security check. Answer any three questions on the page. You will be able to click the *Continue* button found at the bottom of the page only if three questions were answered.

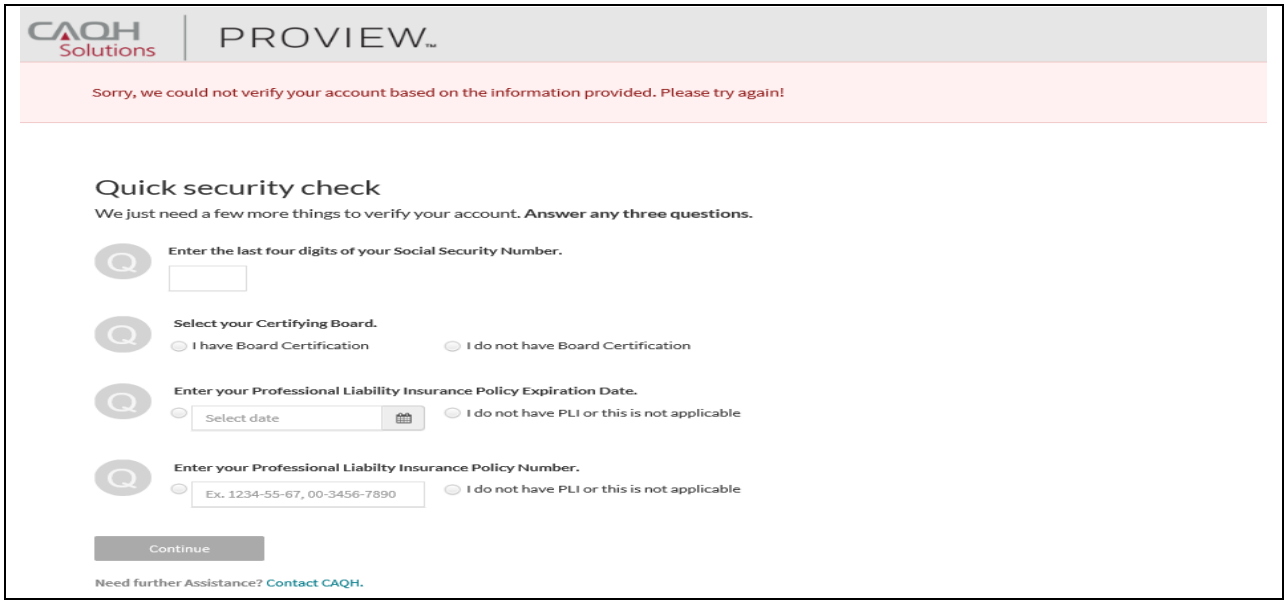


3. You may enter the last four digits of your *Social Security Number*. If you have a *Board Certification*, click the radio button for *"I have Board Certification"*. You will be asked to enter your *Provider Type* and the *Name of Certifying Board*. You may also enter your *Professional Liability Insurance Expiration Date* and/or your

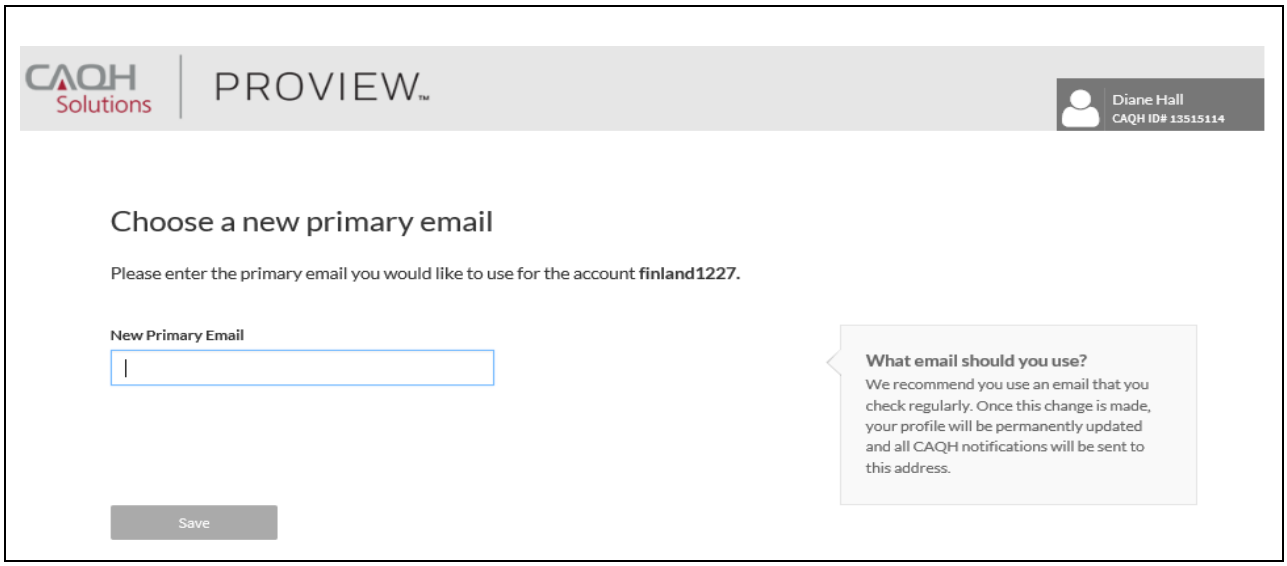
Professional Liability Insurance Policy Number. The policy number must be entered exactly as it is shown on your policy face sheet. This may include alphabetical and special characters, as well as leading zeros. Once any three questions were answered, the *Continue* button will turn red and you will now be able to click it. Click *Continue*.



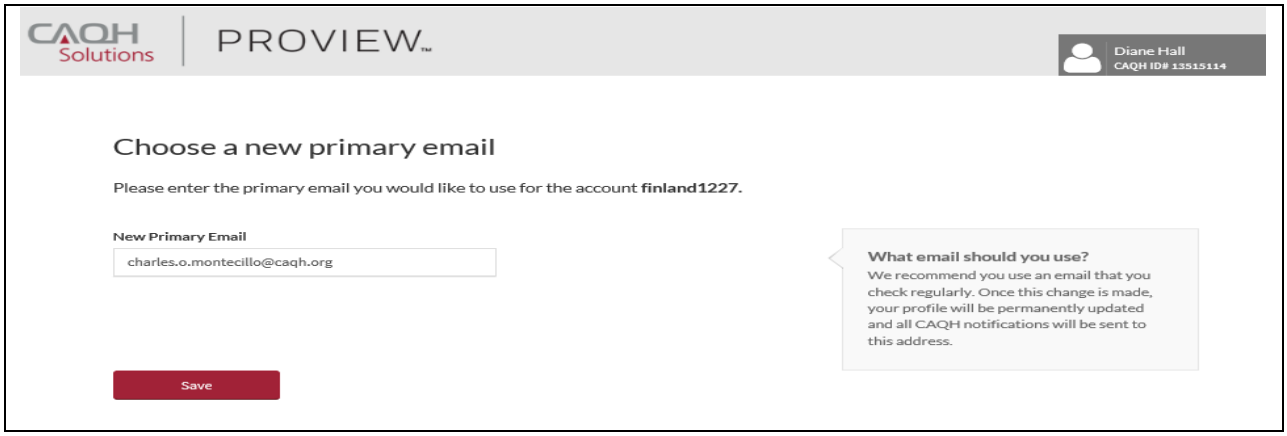
4. If the details that you have entered during the verification process do not match the details on the profile, you will be prompted with a message that says *"Sorry, we could not verify your account based on the information provided. Please try again!"*



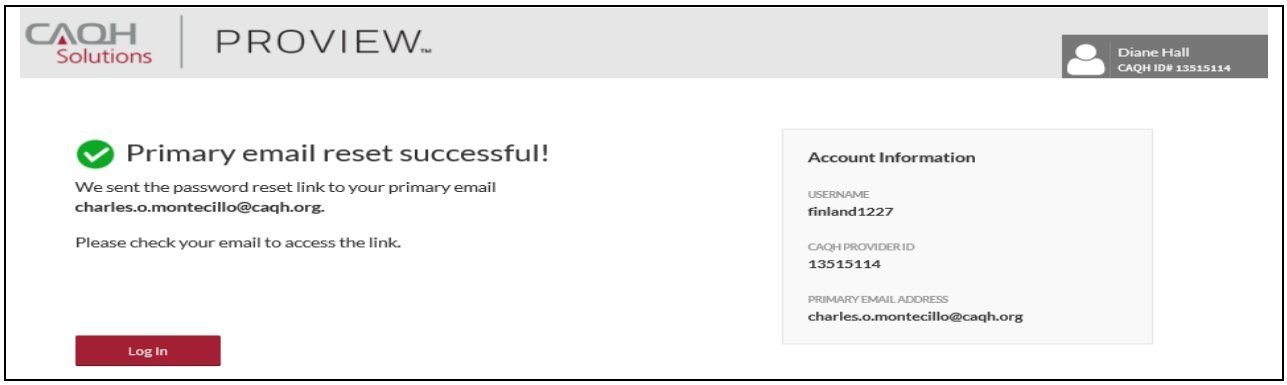
5. If you have passed the verification process, you will be directed to a page where you can enter the new primary e-mail address you would like to use for your account.



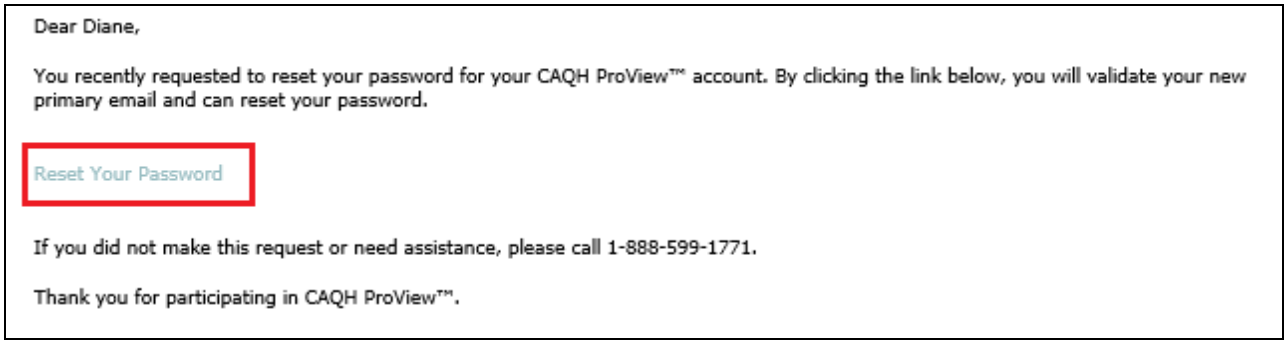
6. We recommend that you use an e-mail that you check regularly. Please note that once this change is made, your profile will be permanently updated and all CAQH notifications will be sent to this new e-mail address. Click *Save*.



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.

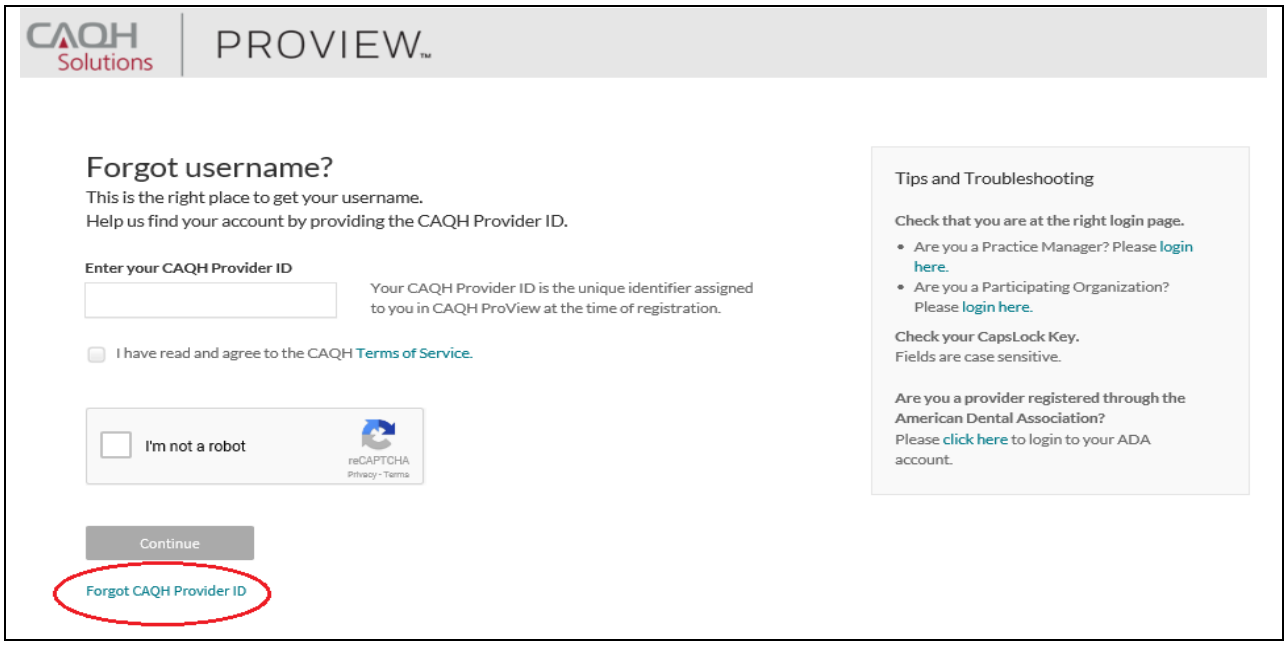


Note: The new e-mail address will be reflected on your profile only after you click the password reset link sent to the new e-mail address.

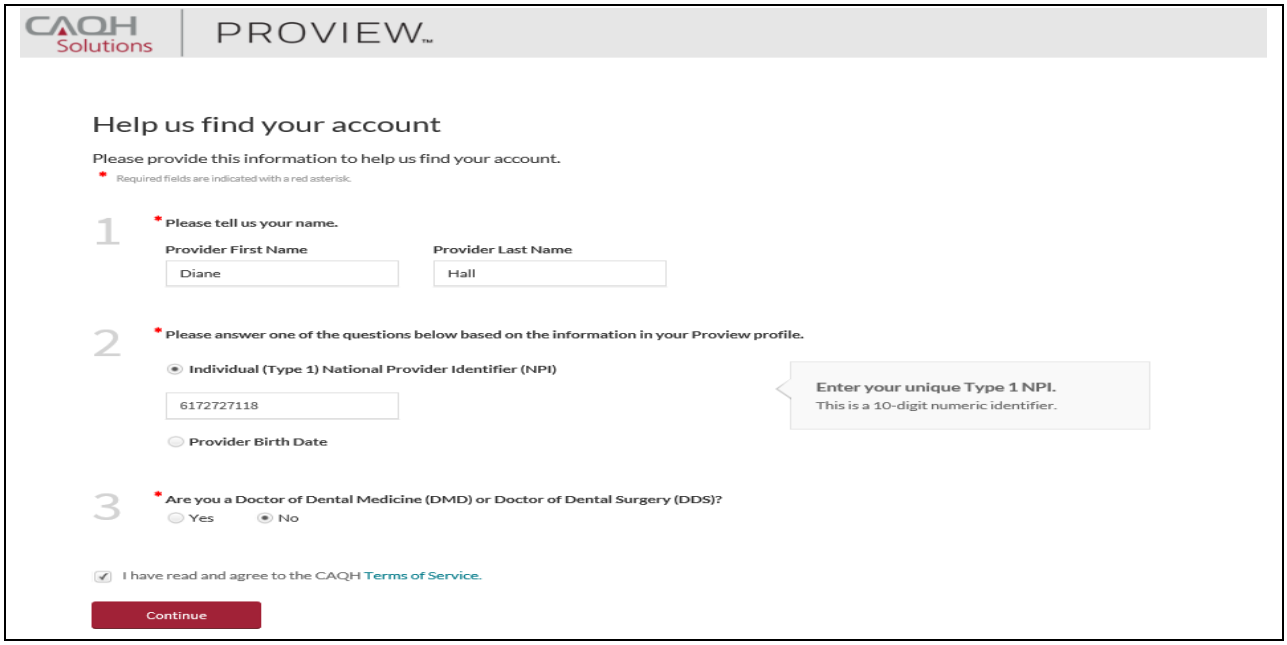


Forgotten or Unknown CAQH ID Number

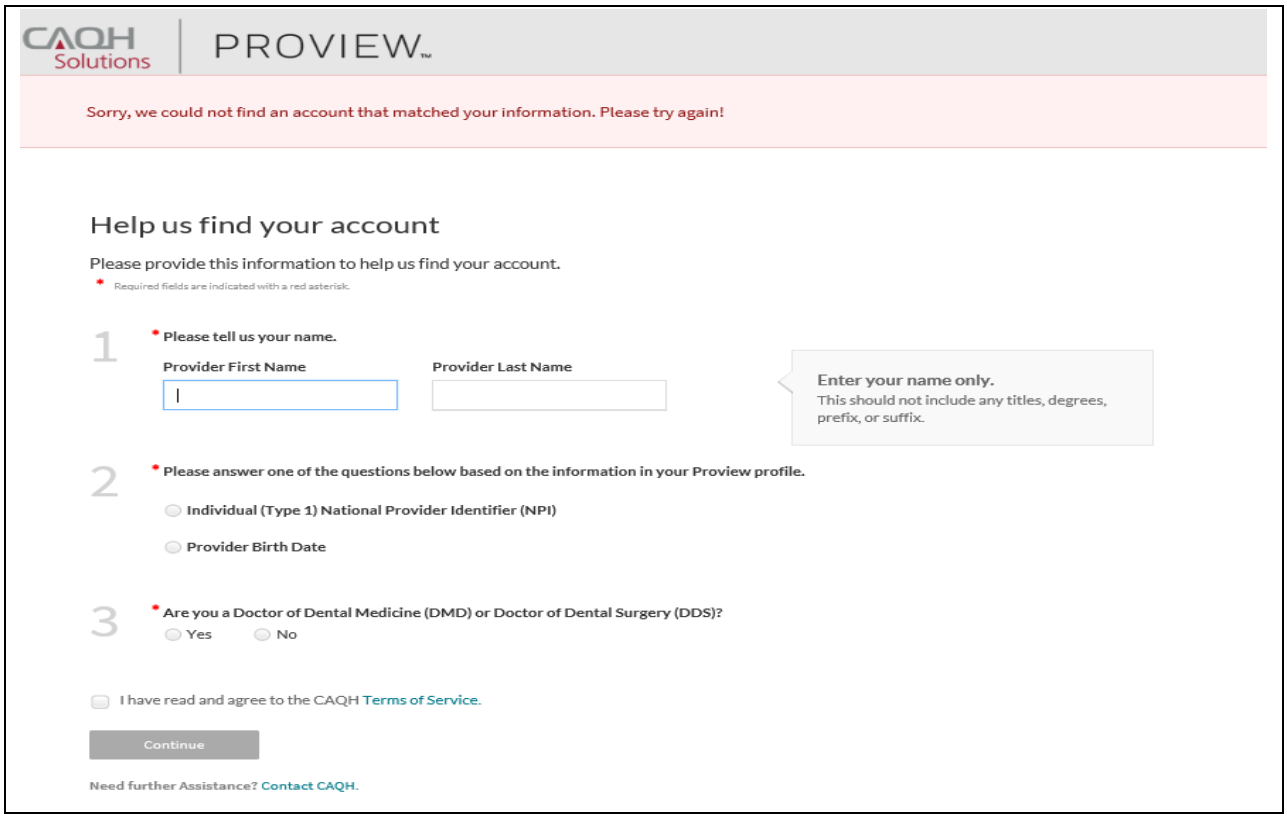
1. If you cannot proceed with the process of retrieving your username or resetting your password because you do not know your CAQH Provider ID number, click the *Forgot CAQH Provider ID* link found at the bottom of the Forgot Username page.



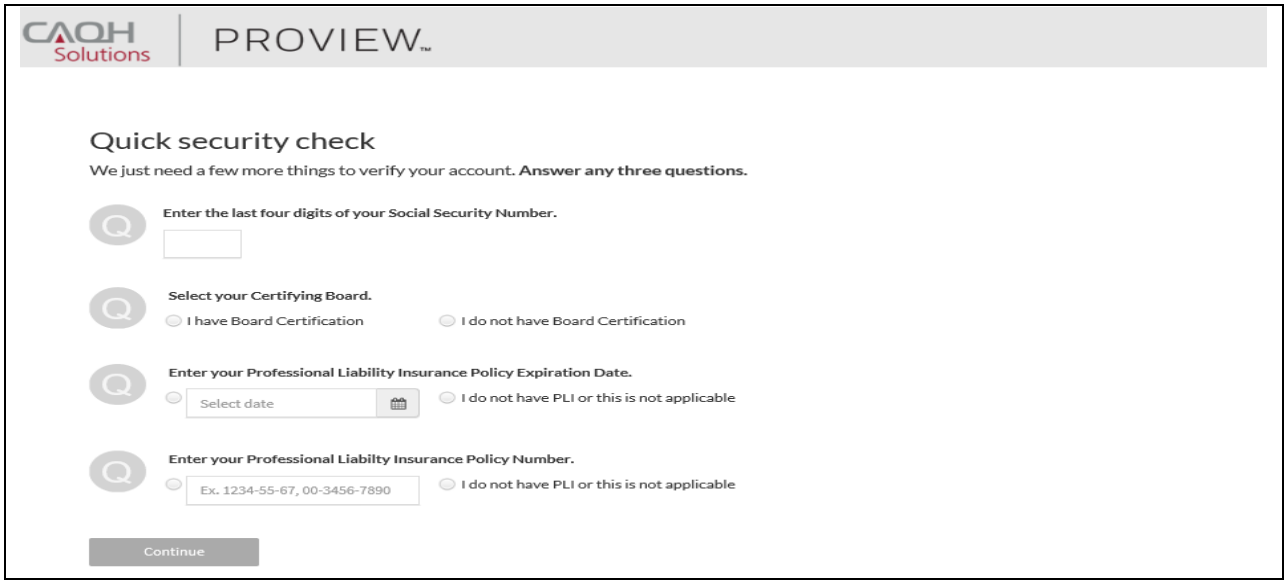
2. To help us find your account, enter your first and last name (do not include your title, degrees, prefix or suffix). Enter your Individual or Type 1 NPI or your date of birth. Answer the question *"Are you a Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS)?".* Click the checkbox indicating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



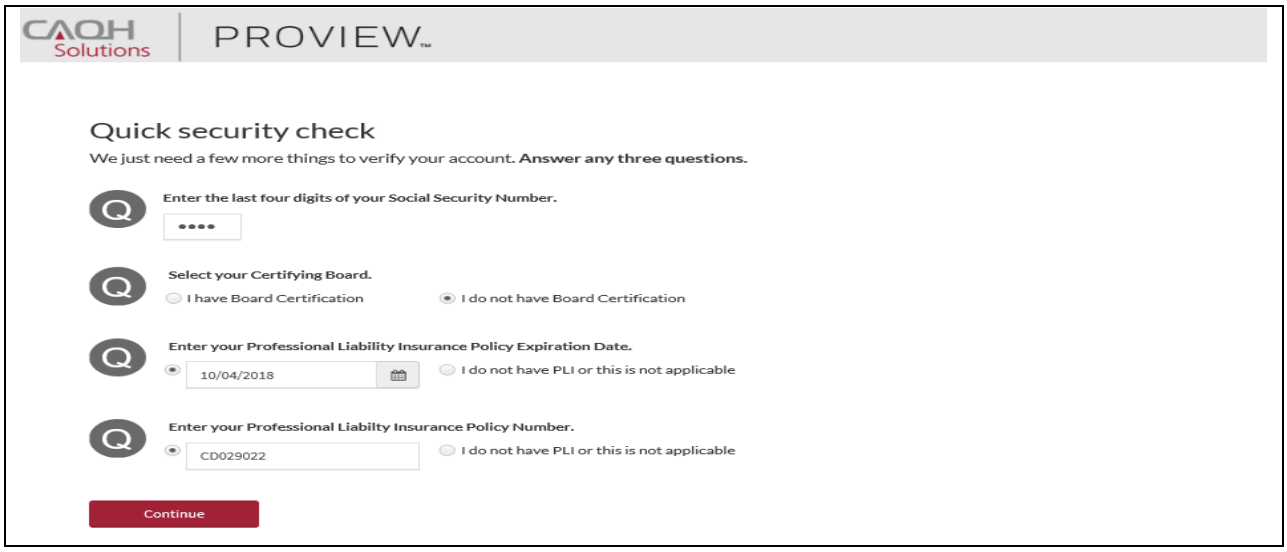
If the information that you have entered does not match your account details, you will be prompted with a message saying, *"Sorry, we could not find an account that matched your information. Please try again!"*



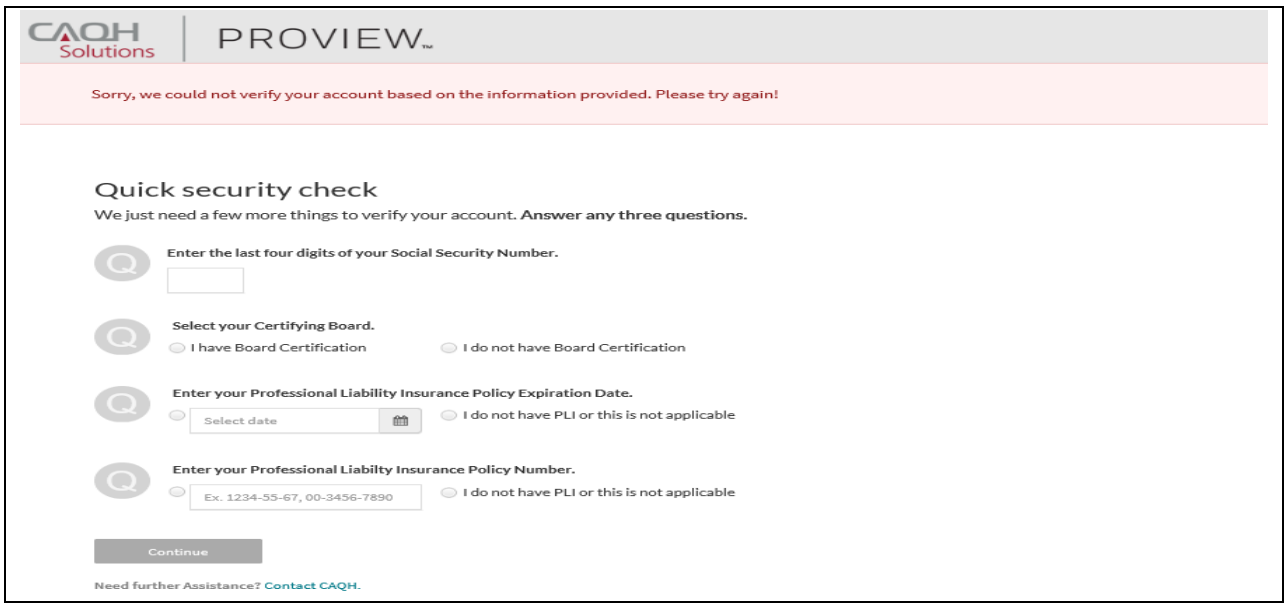
If your account matched the details that you have entered, you will be directed to a quick security check.



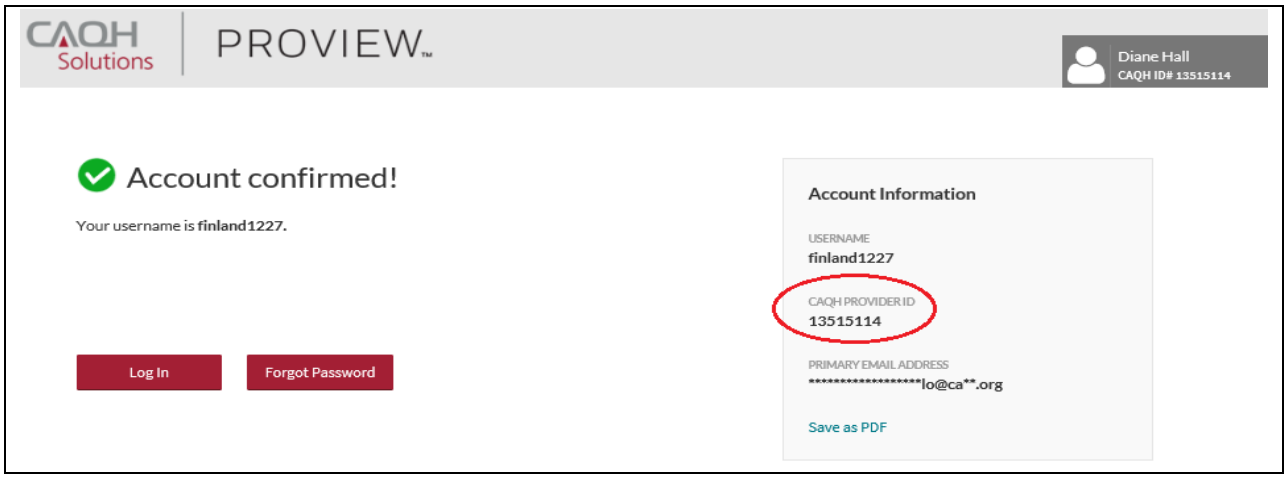
3. Answer any three questions on the page. You will be able to click the *Continue* button found at the bottom of the page only if three questions were answered. You may enter the last four digits of your *Social Security Number*. If you have a *Board Certification*, click the radio button for *"I have 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*.



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!"*

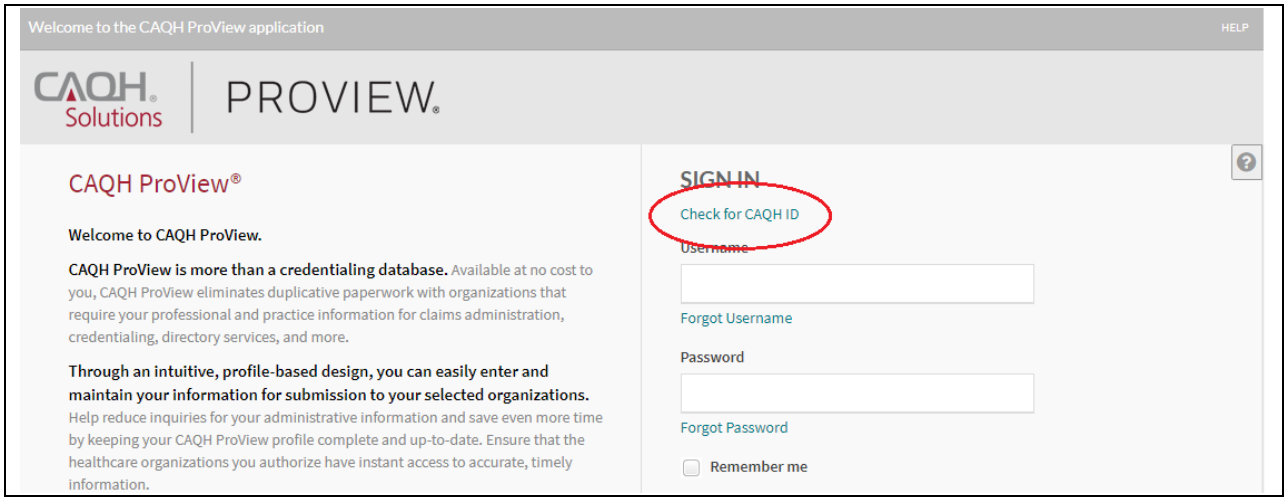


If you have passed the verification process, your CAQH Provider ID number will be displayed on the screen. You can now proceed with retrieving your username.



Check for a CAQH ID

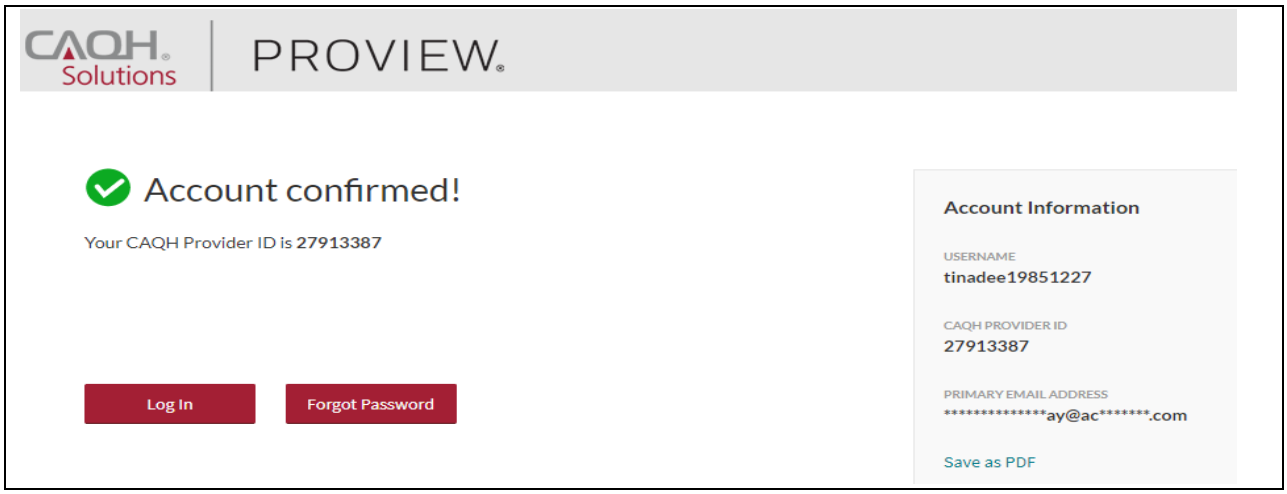
This new feature allows providers to self-lookup a CAQH Provider ID directly in the Provider Portal.



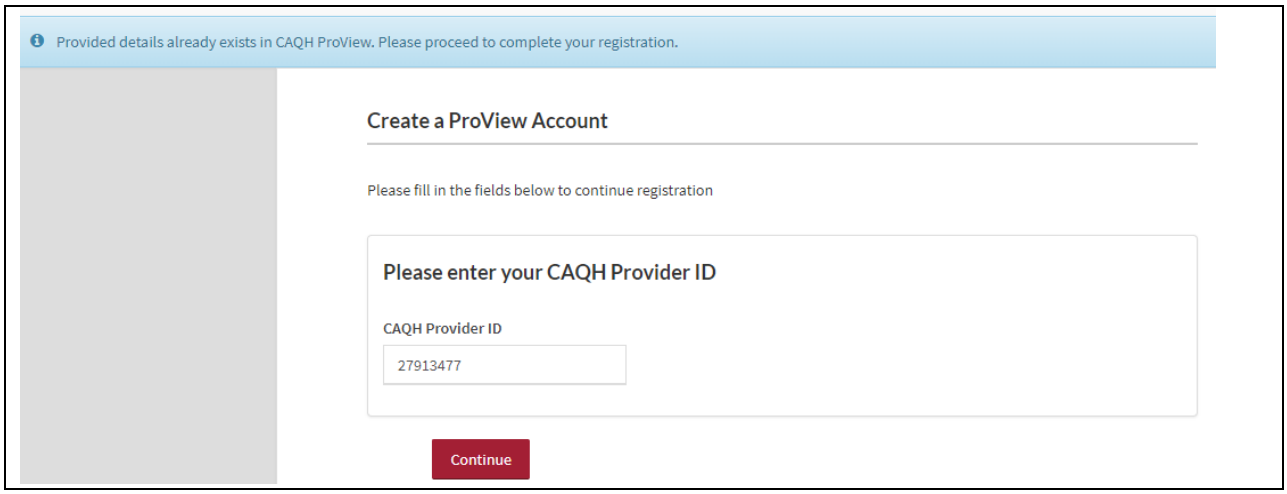
When using this functionality, you will be redirected to the enhanced Provider Self Registration page where you will enter your personal information to receive your CAQH account information if one already exists.

If the updated Provider Matching Logic confirms a profile match, the retrieved CAQH ID will be displayed and will allow you to take the appropriate next steps.

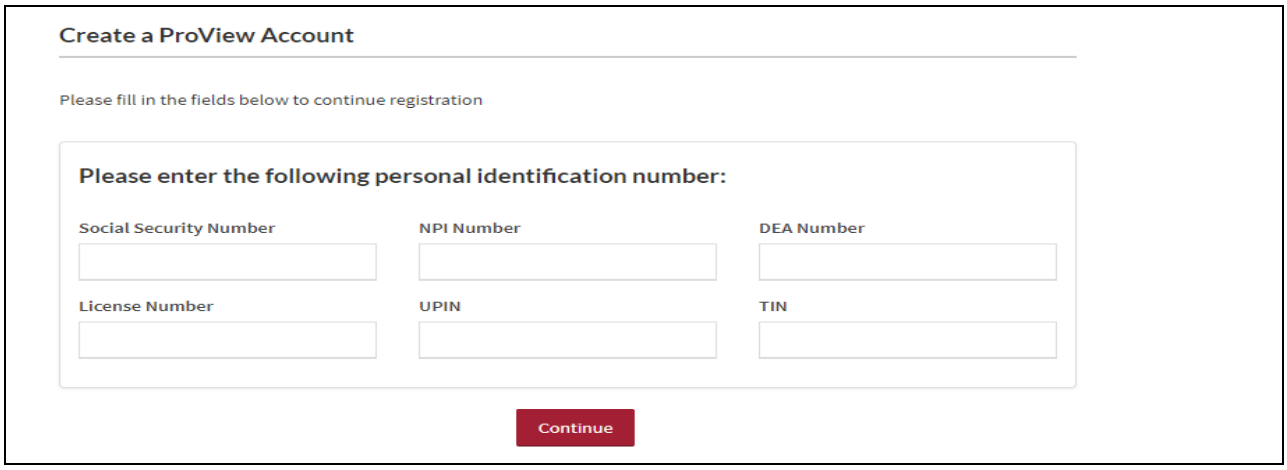
If the existing account has username and password already set up, the screen will show the following: Username, CAQH ID Number, and primary e-mail address.



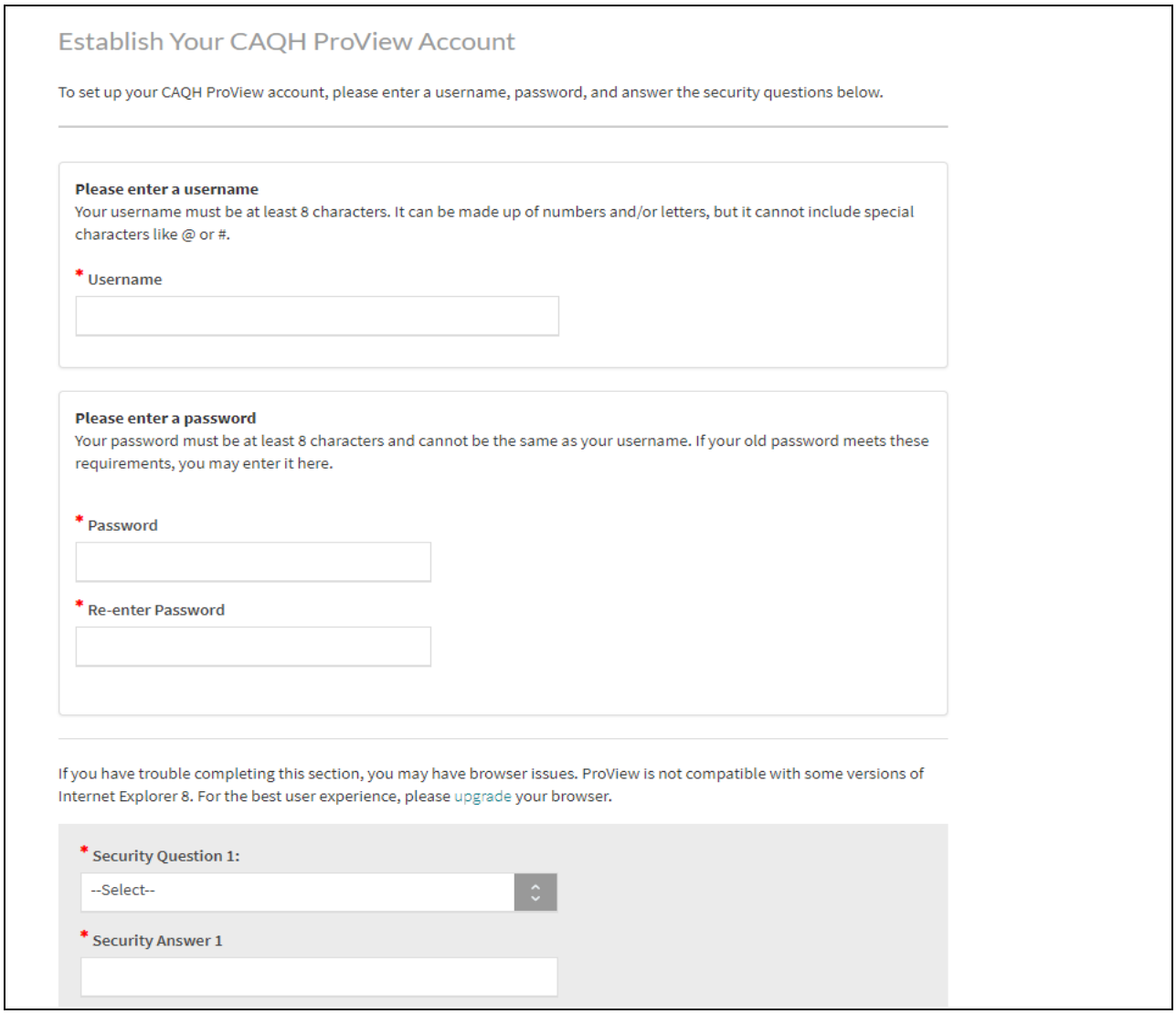
If the existing account doesn't have a username and a password set up yet, the user will be directed to this page showing the CAQH ID number and a Continue button that will let you set up your username and password and security questions and answers.



Enter your personal identification number/s in the field/s on the screenshot below.



Click Continue to proceed to the page where you can set up your username and password and security questions and answers.



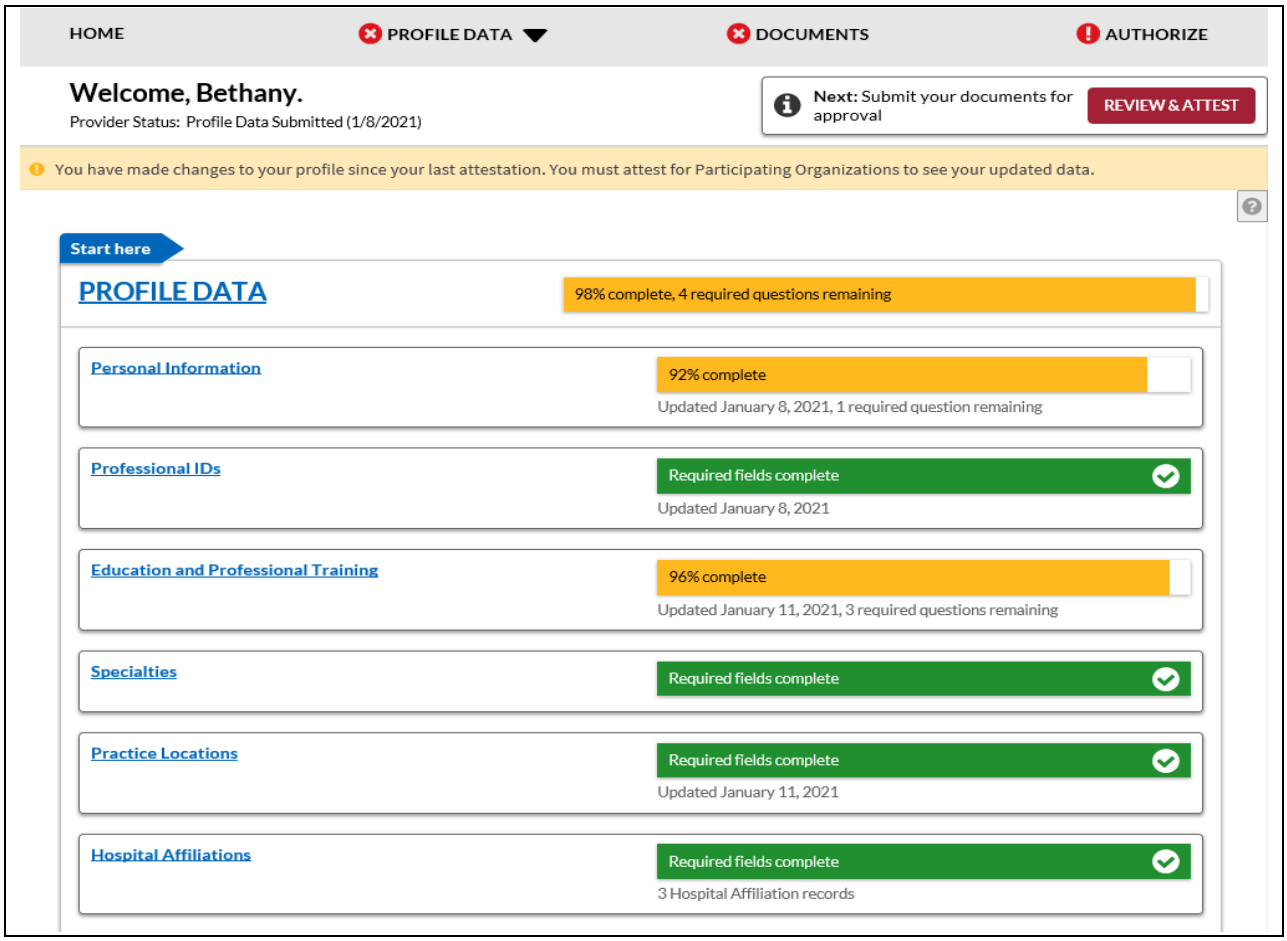
CHAPTER 3: Home Page

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

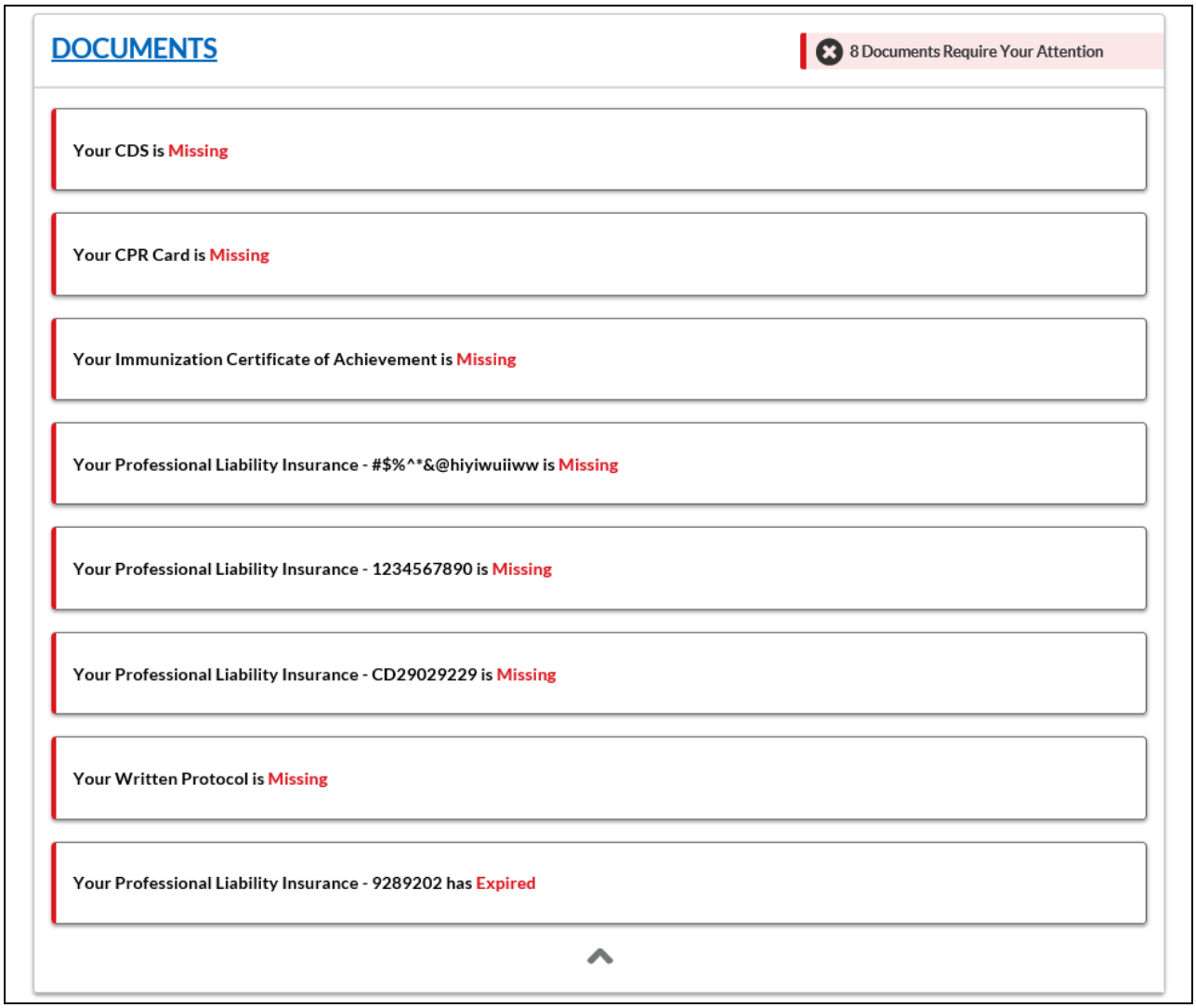
The homepage will display a new design to show how much of your profile remains required to complete.

The completeness percentage, number of required questions remaining, and the last updated date will be displayed next to each page within the Profile Data section. The overall completeness rate will display at the top of the sections as well.

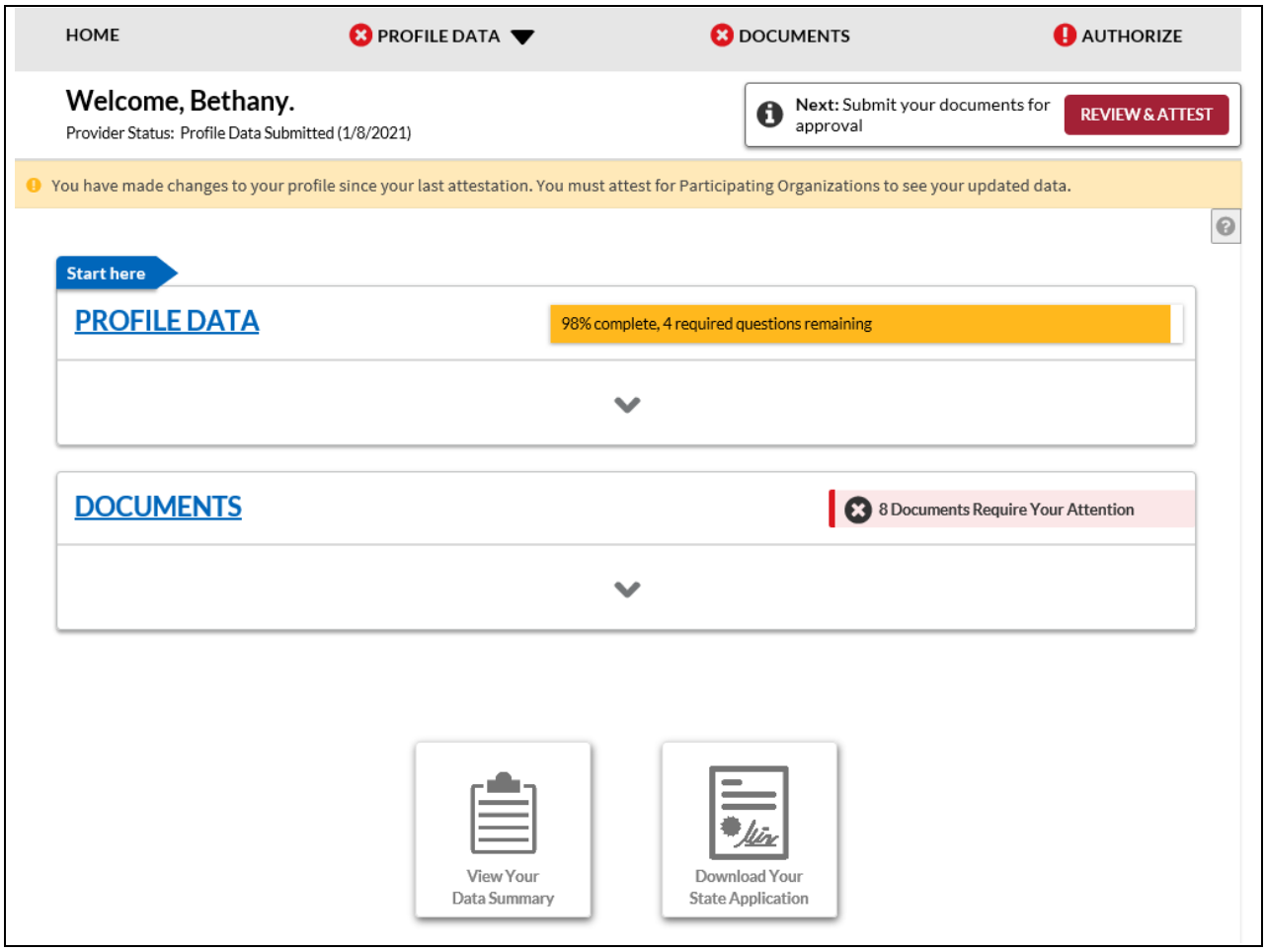
If all required fields for a page are complete, the provider will see a green progress bar and check mark. If required fields are missing data or a validation error exists on a page, the provider will see a blank progress bar, or a yellow bar if some information has been submitted. The Profile Data section will be expanded by default if there are required fixes remaining.



The updated homepage will also provide the user with information around any documents that need attention. If a document is missing, expired, or otherwise has errors, it will be displayed in the Documents section. If any document fixes are required, then this section will be expanded by default.

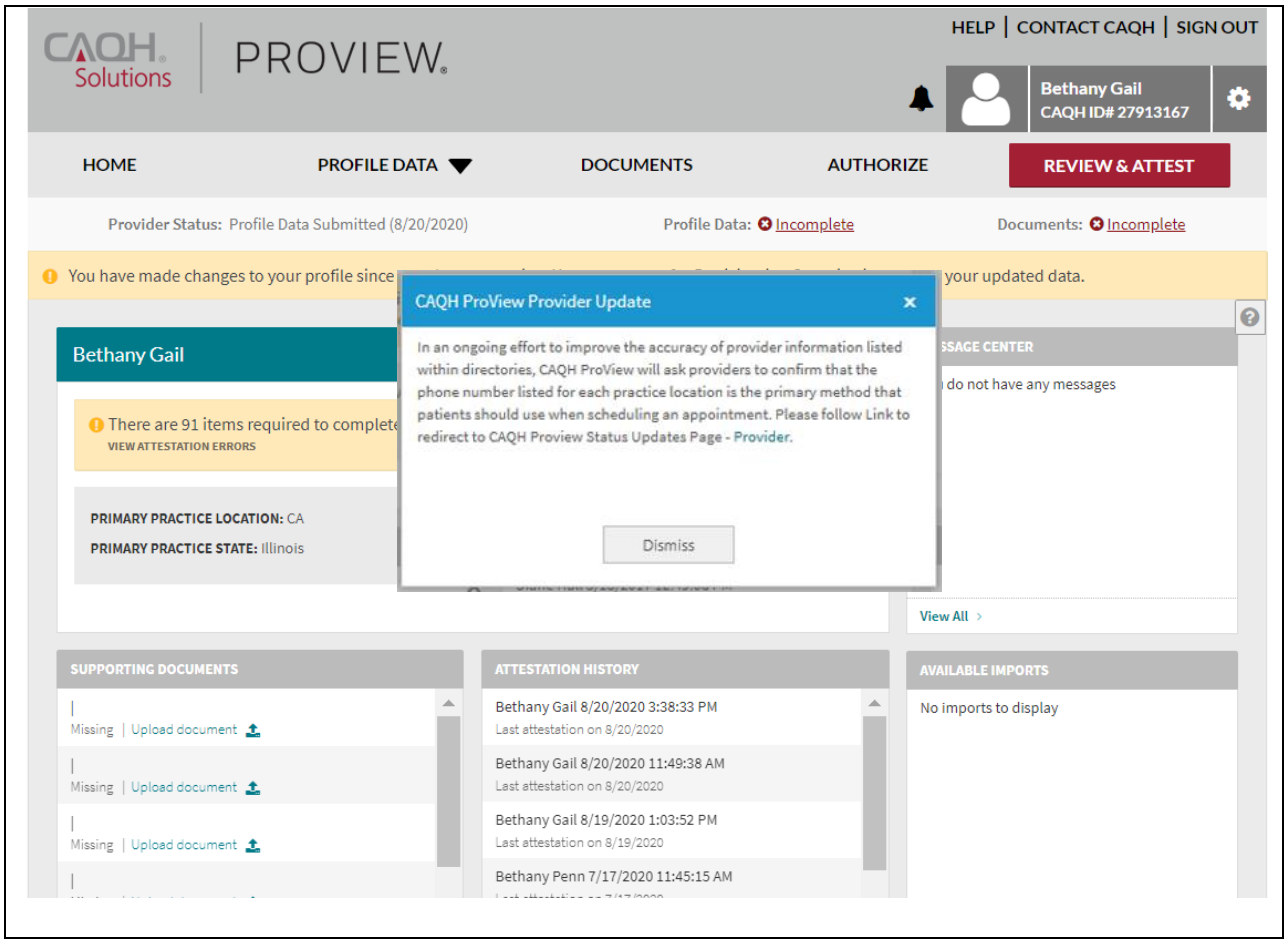


If the Profile Data or Documents section do not have any outstanding required fixes, then they will be collapsed by default. The provider can also manually collapse or expand the sections, as shown in the screenshot. Below the collapsible sections, links to Directory Data, Data Summary, and State Application will also be displayed.



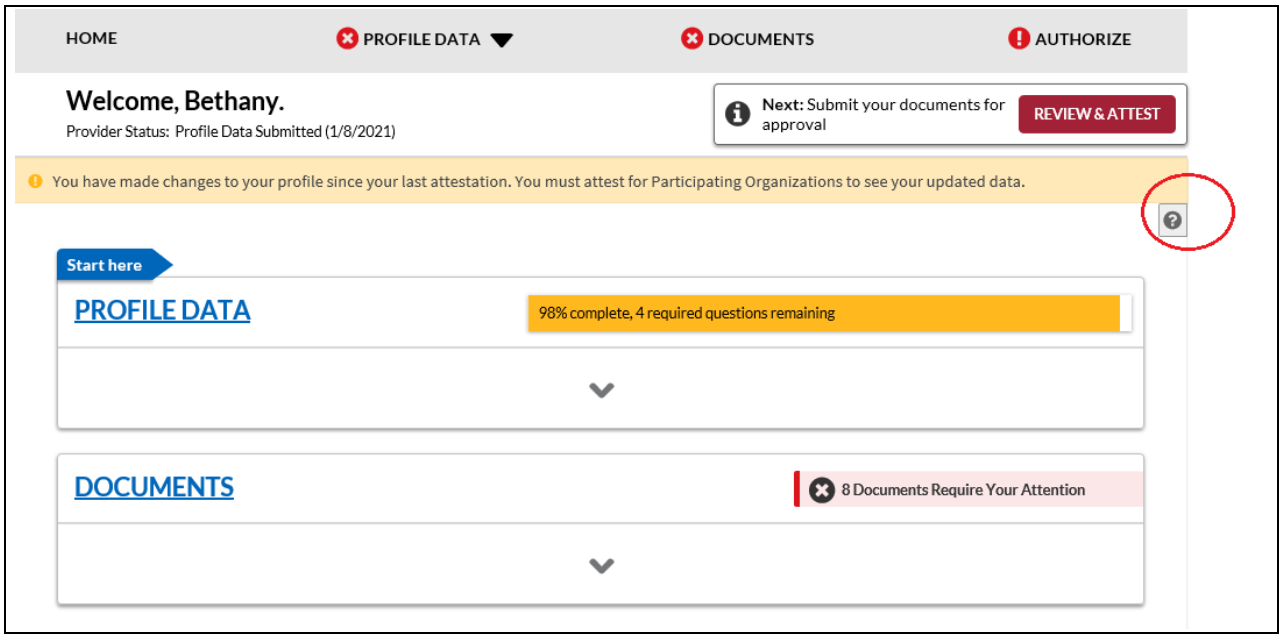
Broadcast Message feature has been added to the CAQH ProView Provider, Practice Manager, and Participating Organization portal. Broadcast Messaging will allow CAQH to communicate upcoming system updates and/or to report system-wide issues to all users.

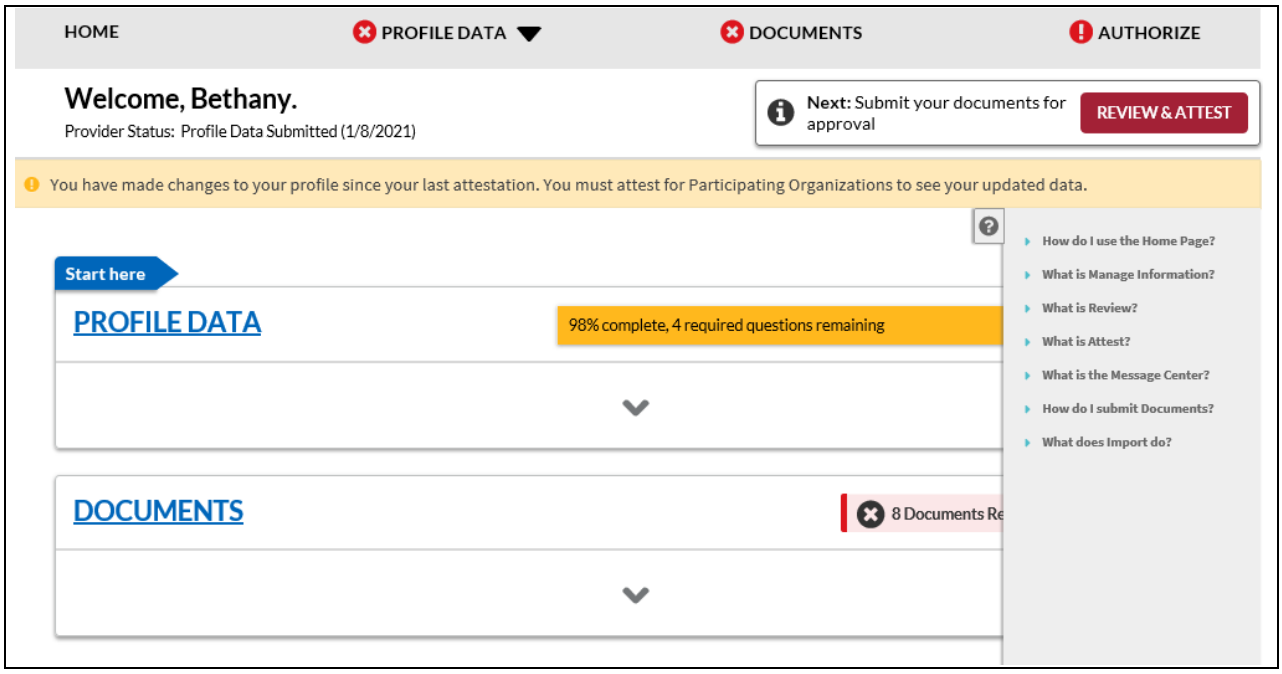
Whenever there is a published broadcast message, a pop-up message will appear on your screen when you log in to your CAQH ProView account.



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.





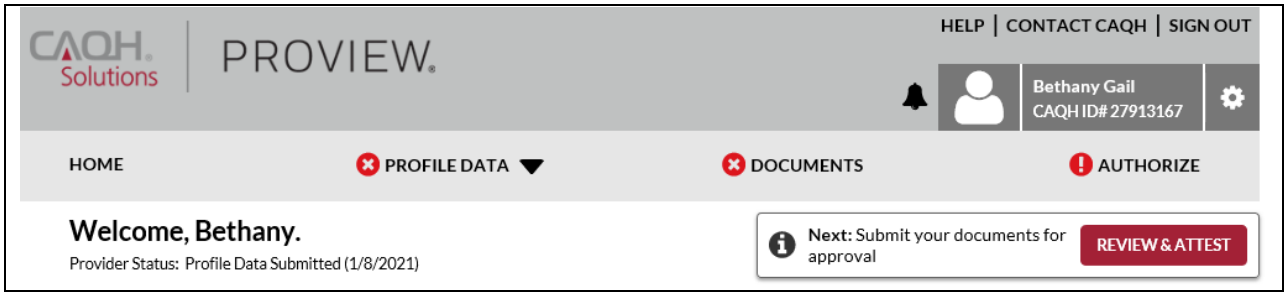
Tip:

- 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.

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:

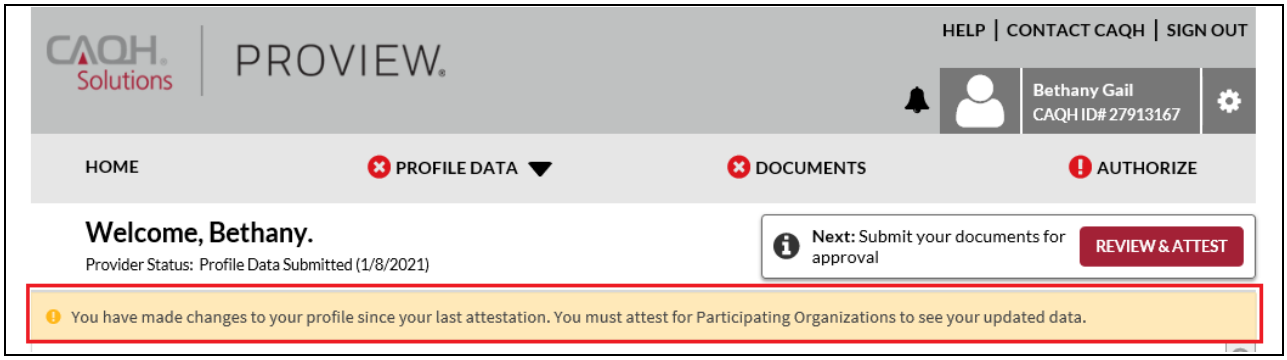
- **Profile Data** – Click this tab to enter your profile information (See Chapter 4)
- **Documents** – Click this tab to review your supporting documents (See Chapter 6)

- **Authorize** – Click this tab to view the list of the organizations that have requested authorization to view your CAQH ProView self-reported information



Attest Reminder Bar

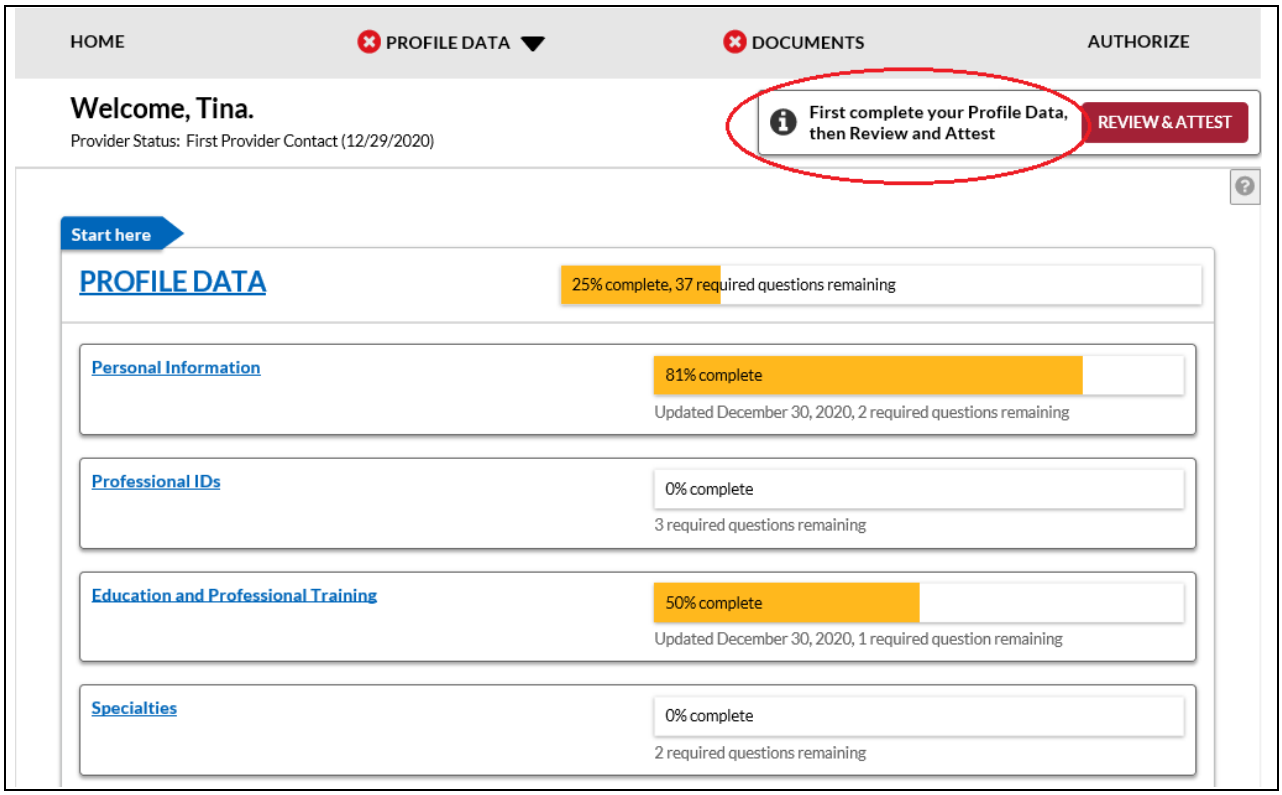
- After you update any information in your profile, you must complete attestation so that your authorized organizations can view your updated profile.
- A reminder message will appear across the top of the page on every page only after you have changed one or more piece of data and have not attested 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.



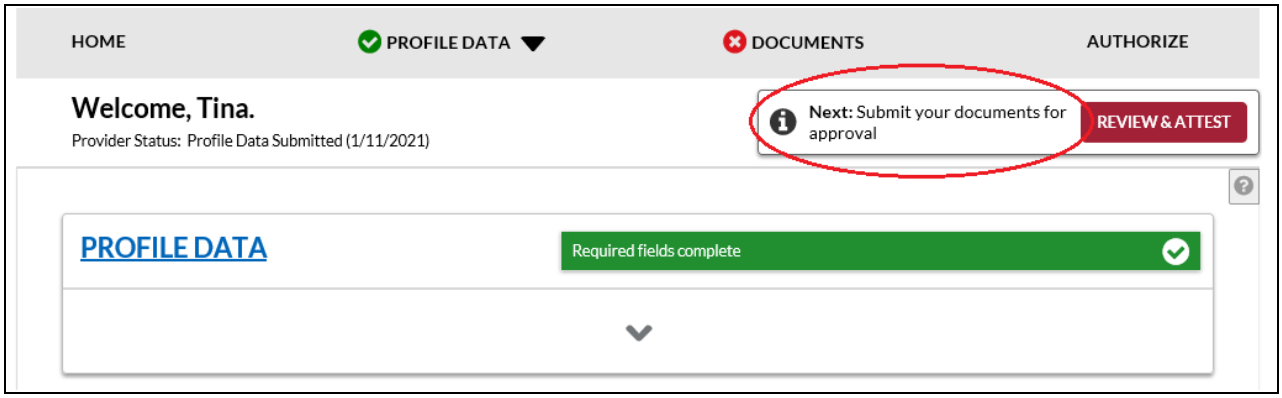
Attest Button

The 'Attest' navigational element can be found right below the Authorize tab.

If you are logging in for the first time, you will see a message *"First complete your Profile Data, then Review and Attest"*. This part of the header will guide providers to profile completion.

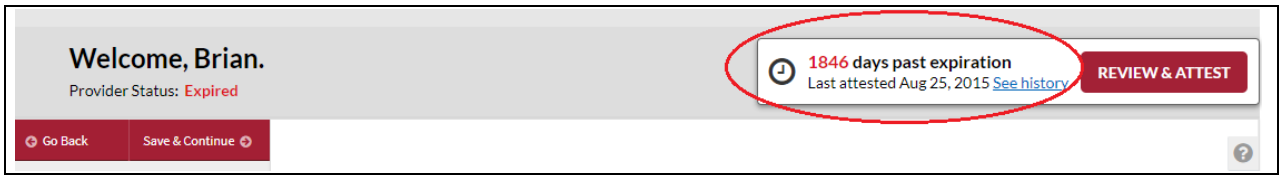


The message will change to *"Next: Submit your documents for approval"* as soon as you have completed your initial attestation and the status changed to Profile Data Submitted.



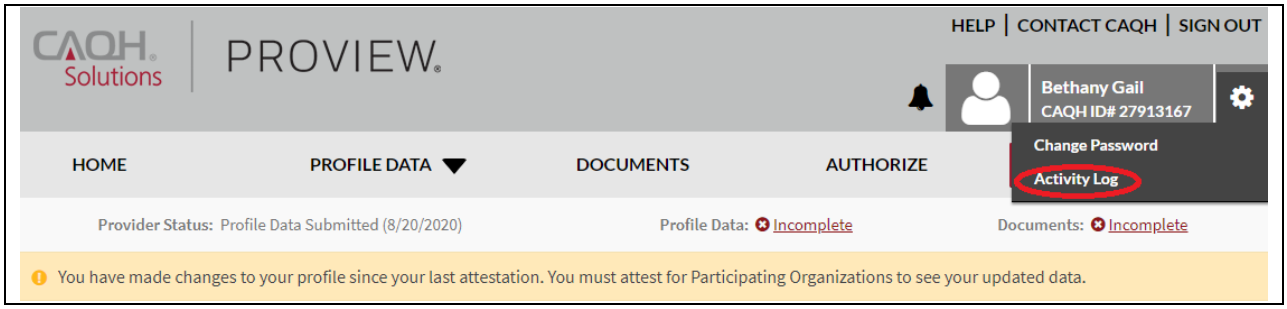
Once all the required documents are approved and the status changes to Initial Profile Complete, the messaging will change to: *"<number of days> until your next attestation Last attested <date> See history".* The same messaging shows if the status of the account is Reattestation.

When the status changes to Expired Attestation, the messaging also changes to *"<number of days> past attestation Last attested <date> See history"*

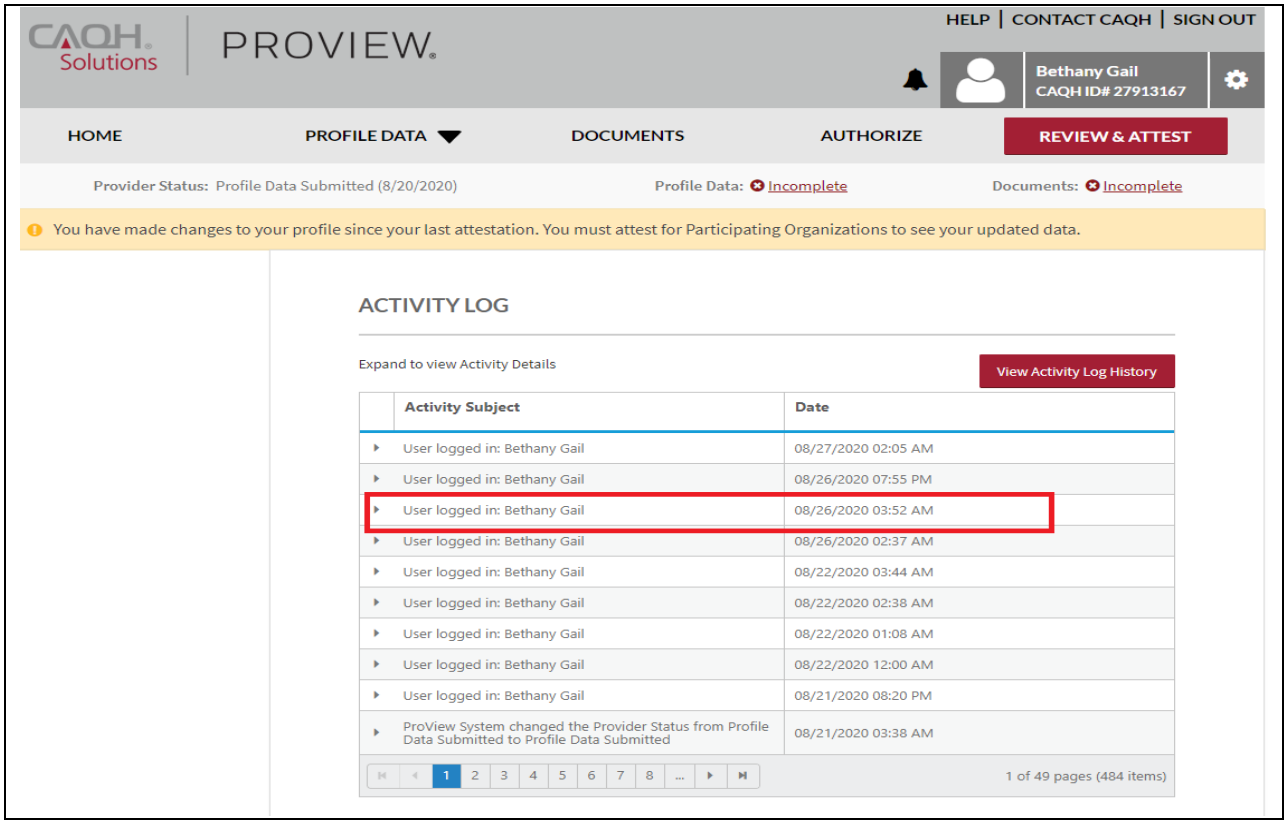


Activity Log

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



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



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.

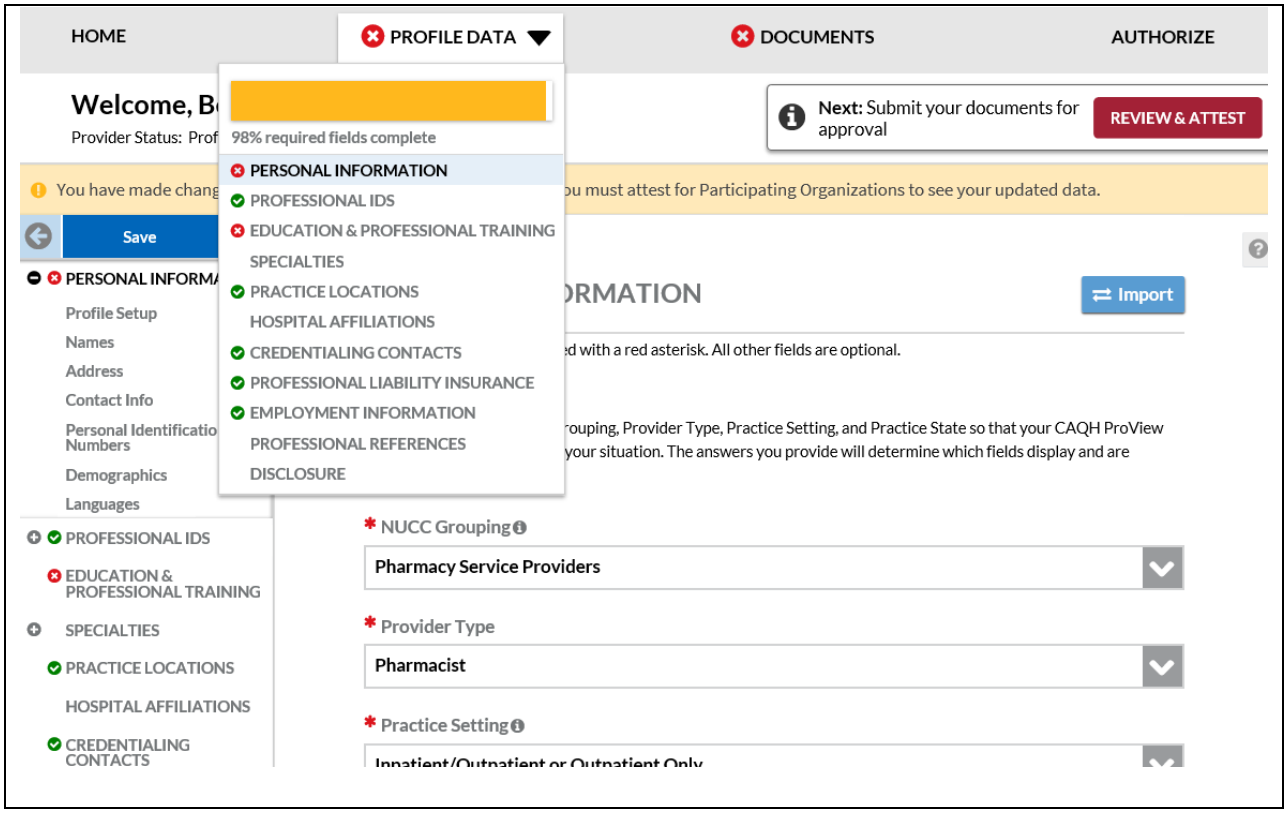
- Changes on the Documents section and Authorization page will reflect on the Activity Log even if you have not yet re-attested.

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.

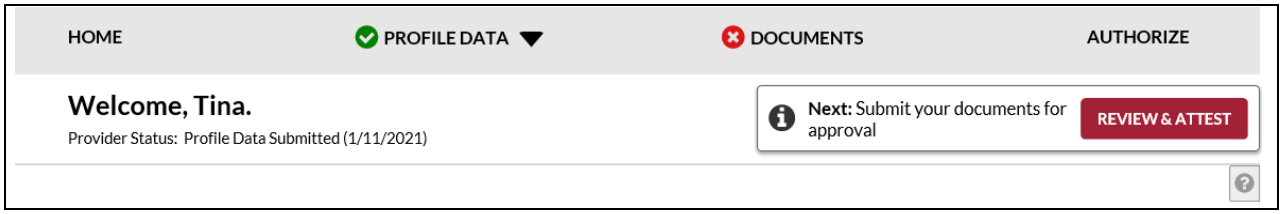
Tips:

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. Clicking on the back and forward arrows via the left-hand navigation will also save your information.



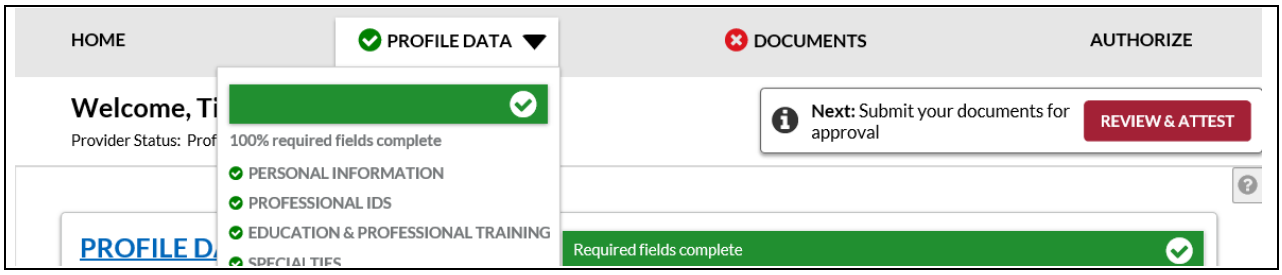
Clicking on “Profile Data” shows a drop-down list of 11 Sections: Personal Information, Professional IDs, Education and Professional Training, Specialties, Practice Locations, Hospital Affiliations, Credential Contacts, Professional Liability Insurance, Employment Information, Professional References, and Disclosure. They are described in further detail below. Questions presented to you may vary based on your primary practice state.

The Profile Data and Documents tabs will be updated to indicate the completion of the application. An "X" will indicate that the provider is missing required information and a checkmark will indicate that all sections are completed for profile data as well as Documents.



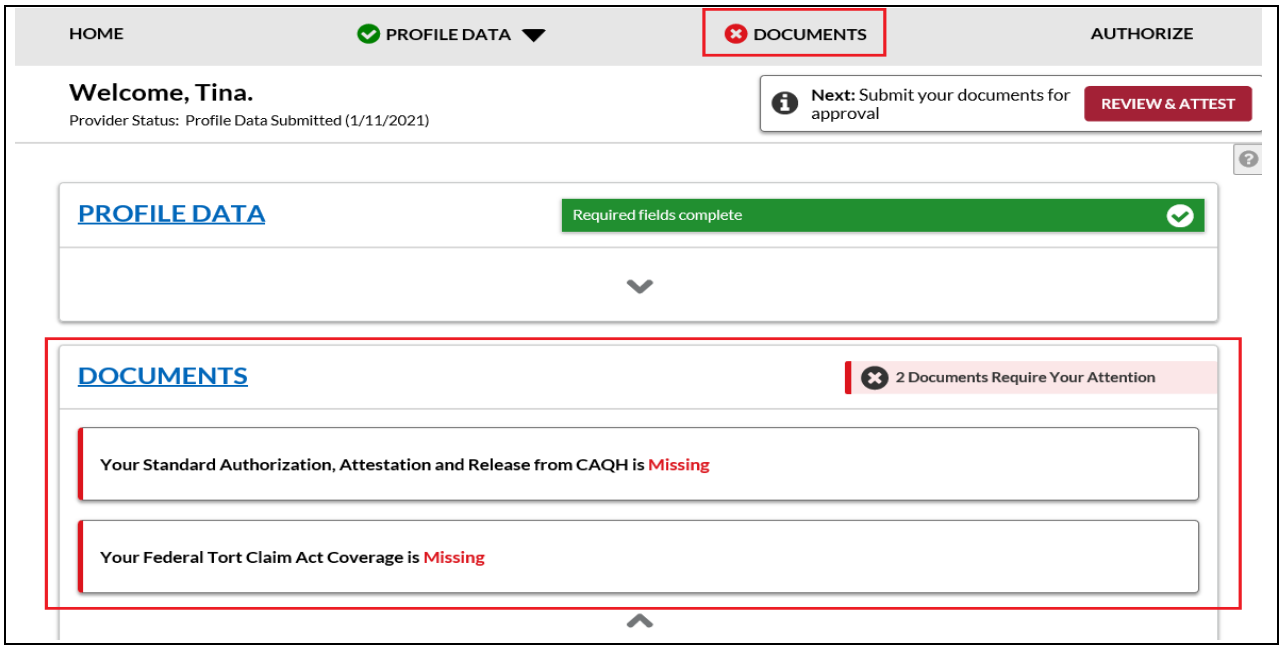
The Profile Data section within the header displays:

- A red indicator when profile is 1-99% complete
- A green indicator when the profile is 100% complete



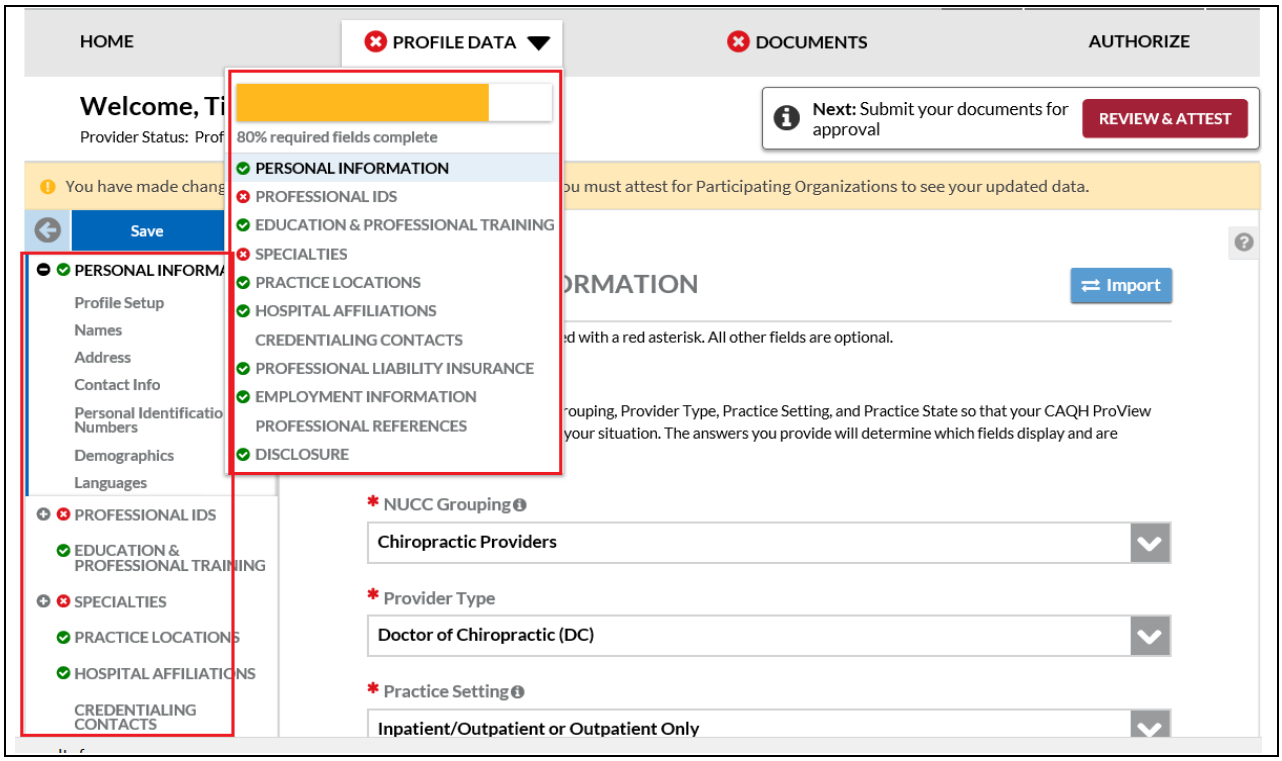
The Documents section within the header displays:

- A red indicator when mandatory documents are missing, invalid, error, etc.
- A green indicator when all mandatory document errors are resolved.
  - When mandatory documents are in the approved status a green indicator will show.
    - If no document slots exist in profile, the portal will show a green indicator.

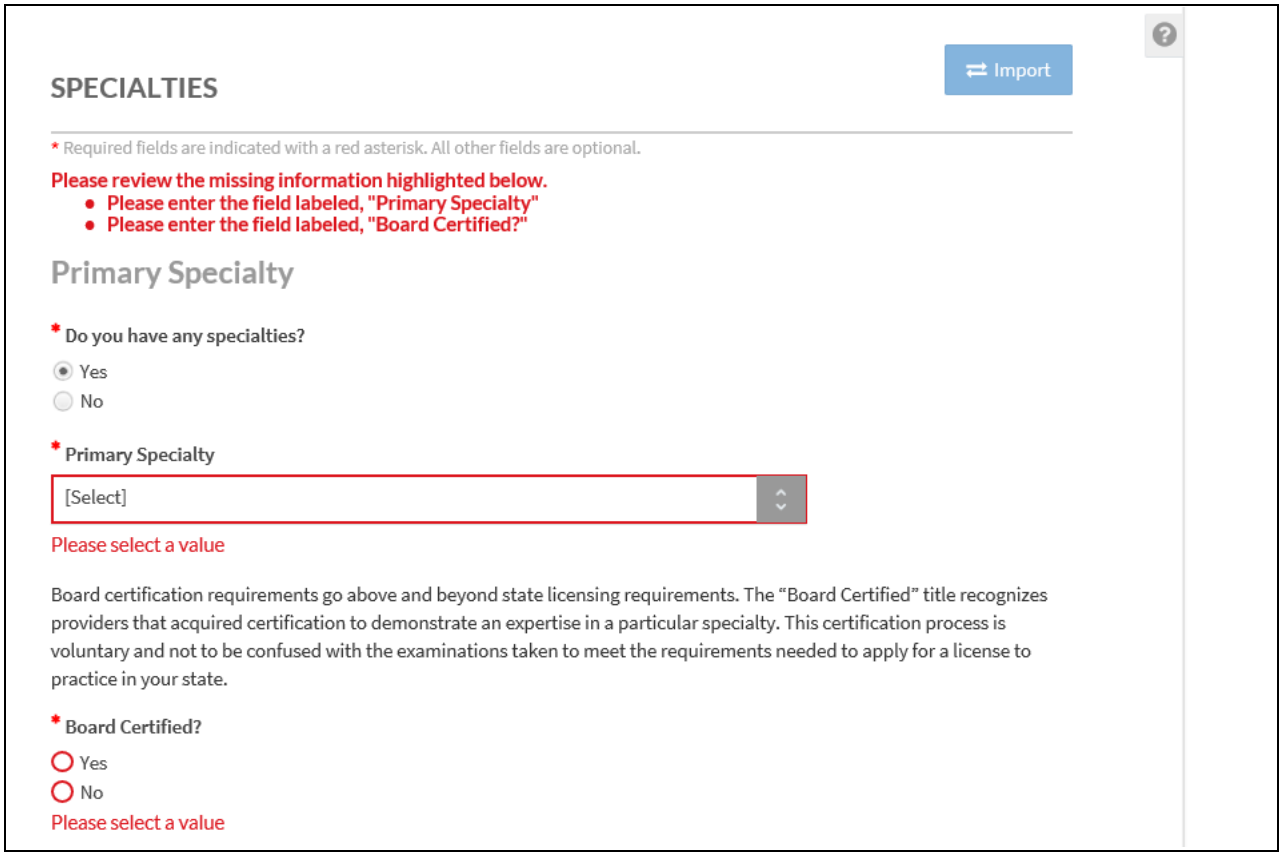


Completeness visual indicators will be displayed within the profile header drop-down menu and on the left-navigation.

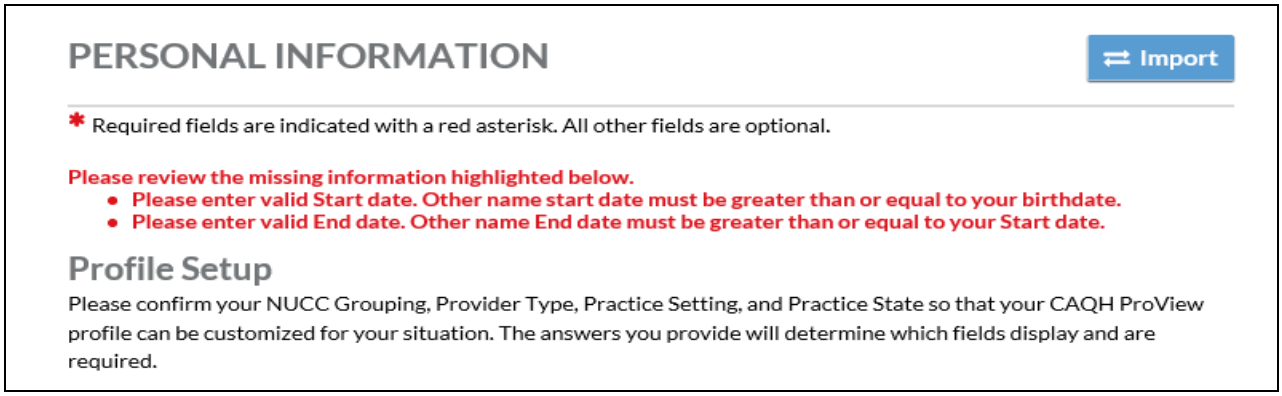
If required fields are missing data or a validation error exists on the page, the user will see a red X indicator for the section. If the required fields are complete and no errors exist, the user will see a green check mark for the section. The full profile completeness is displayed in the progress bar in the profile header drop-down menu.

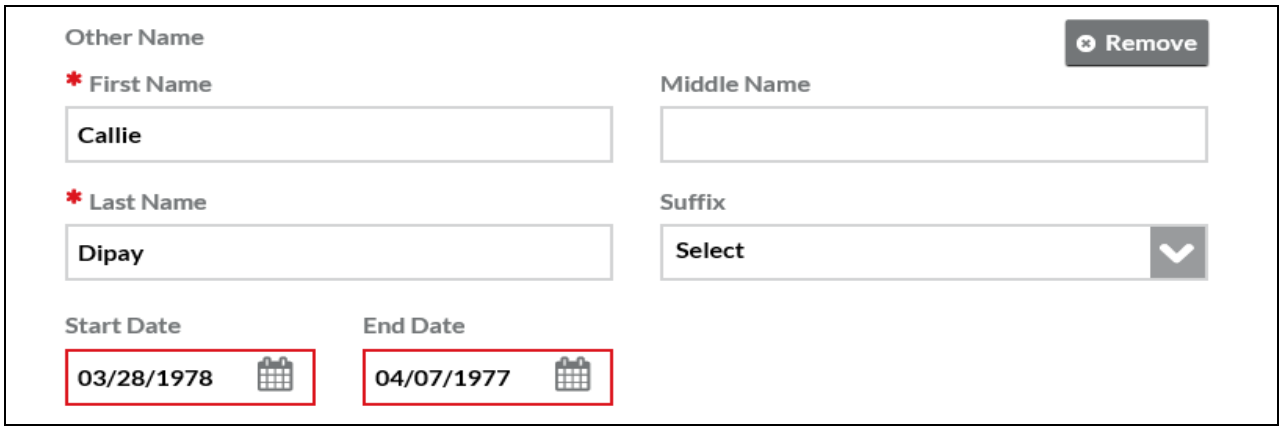


Upon “Save” or “Save and Continue” or “Save and Go Back” the provider will see any required fix displayed on the page at the top of the page. If a required field is missing data, the user will see a red validation error at the top of the page and the corresponding field will be highlighted red on the page with an error message indicating to enter data into the required field.



CAQH continues to help providers submit accurate data by displaying errors at the top of the page and by highlighting relevant field(s). This ensures providers have a consistent error-handling experience as they progress through their profile. Fields with data entry errors will also be highlighted.



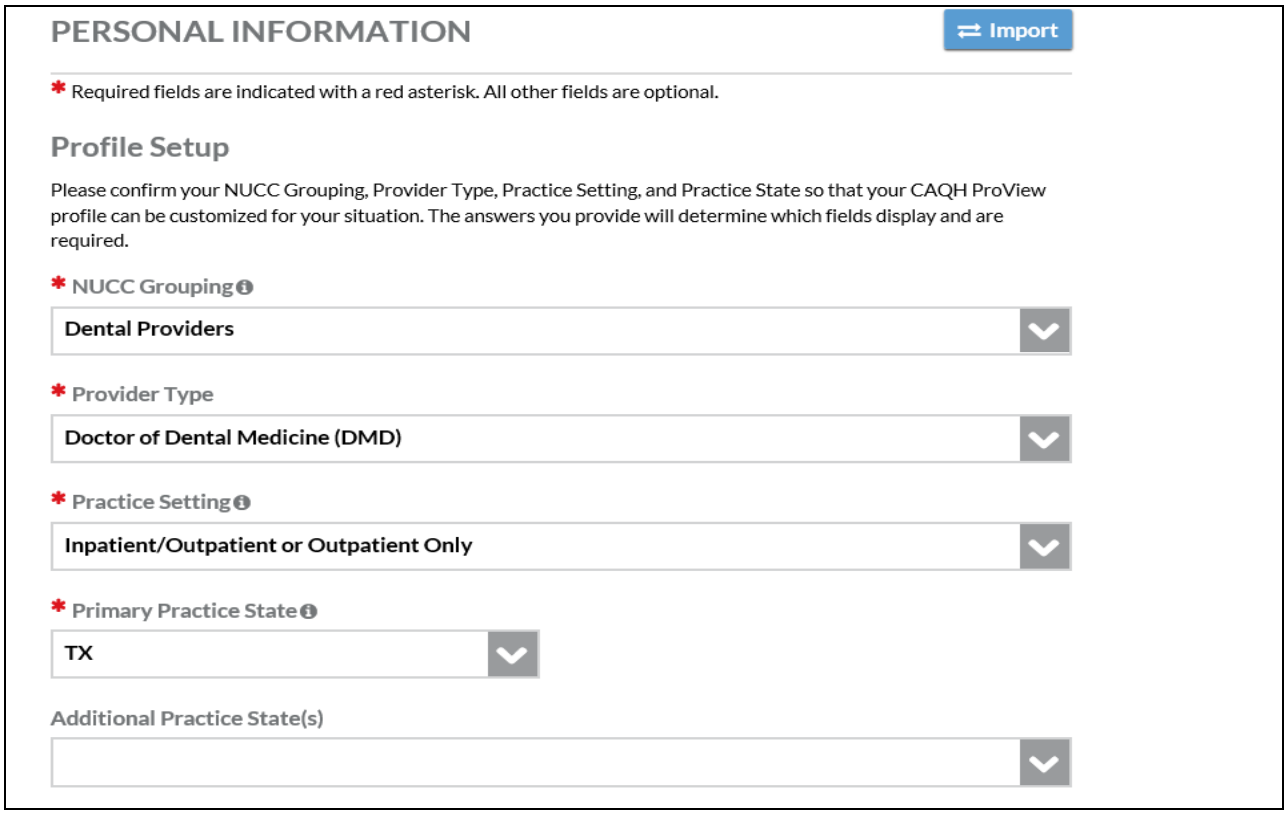


Personal Information

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 & Continue" to save the changes made on the page and move to the next section.
3. It is important to click on the "Save" button or the "Save & Continue" button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.



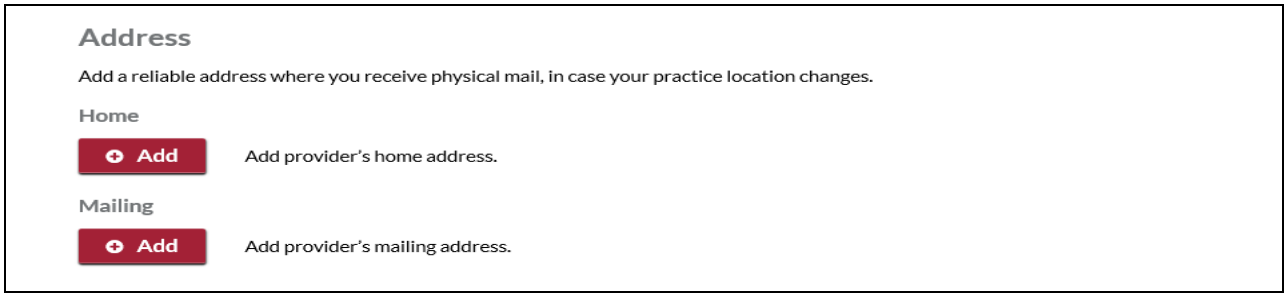
The Personal Information page has been redesigned to improve CAQH ProView user experience for all providers.

- Profile Set Up (previously Provider Information)
  - New providers will be asked to enter their NUCC Grouping. The Provider Type, Specialties and Certifying Boards will now be based on the NUCC Grouping that you have selected.
  - Existing providers will see NUCC Grouping populated with a value that was based on the existing specialty on the profile. If you have not previously entered a Specialty, the NUCC Grouping showing on your account was based on your Provider Type.
  - Providers who have not previously entered their Specialty nor their Provider Type will see a blank field for NUCC Grouping. This field will appear on the Correct Errors page as a required fix.
  - Provider Type Not Listed has been added to the dropdown for the Provider Type field. Select this value only if your provider type is not in the options.
  - When entering Additional Practice States, click the multi-selection dropdown. A list of practice states will be displayed alphabetically. Click the checkbox of the state/s that you want to add as other practice state/s. To remove a state, click the X button next to the state.
  - Your NUCC Grouping, Provider Type, Practice Setting, and Practice State 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.

- Address
  If you have previously entered details, the Home Address and the Mailing Address will display in expanded view.
  - Home Address
    - Not required to complete your application; however, hospitals have identified that this information adds value in confirming your accessibility to the hospital.
    - Click the Add button should you wish to add your home address.

  - 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.
    - Click the Add button to add your mailing address.
    - If your mailing address is the same as your home address, click the checkbox for "Mailing address and home address are the same."

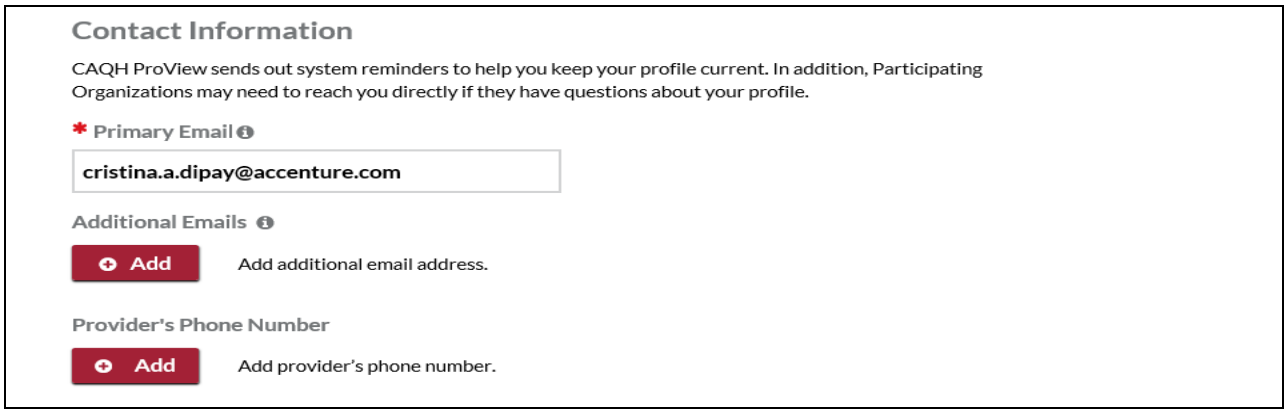


- Contact Information
  The additional e-mail fields will only display in expanded view if you have previously entered details on these fields. Otherwise, only the required field Primary E-mail will be displayed.

  - Primary E-mail – Important system reminders will be sent to this e-mail address, so be sure to keep this information current.
  - Additional E-mails – You may enter additional e-mail addresses; in case you use other professional e-mail accounts or have staff that maintains your profile.
    - Additional E-mail 1 – You may use this field for your personal e-mail address.
    - Additional E-mail 2 – If you have previously entered an e-mail address as PMOC CC Email 1, that e-mail address will appear on this field.

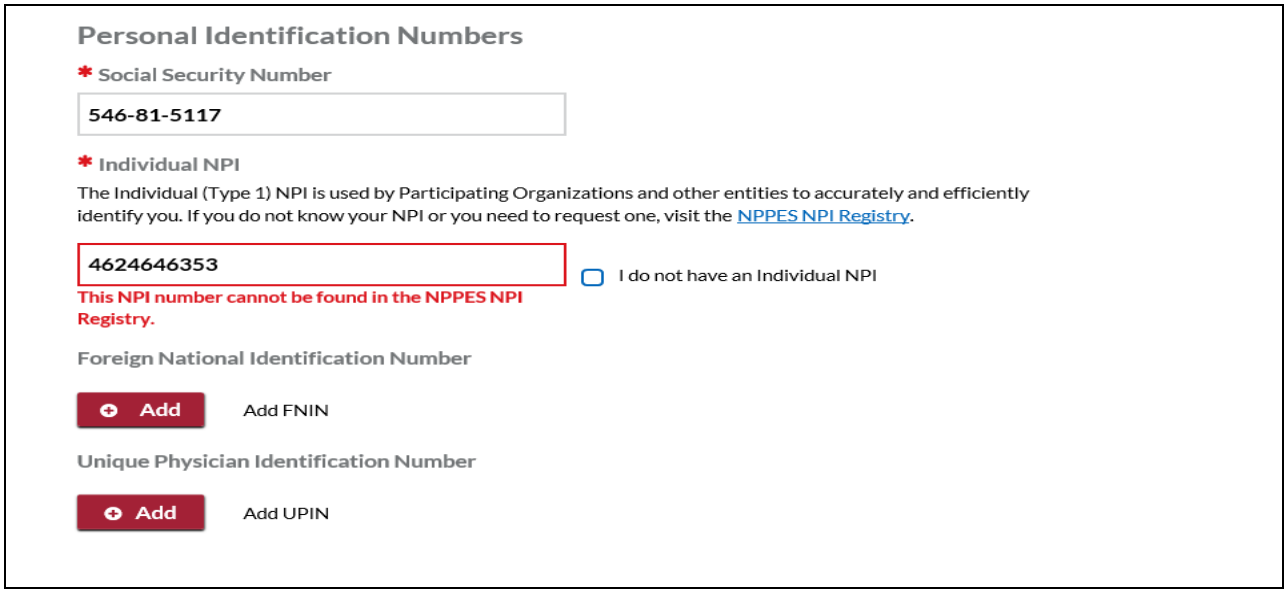
Additional E-mail 3 – If you have previously entered an e-mail address as PMOC CC Email 2, that e-mail address will appear on this field.

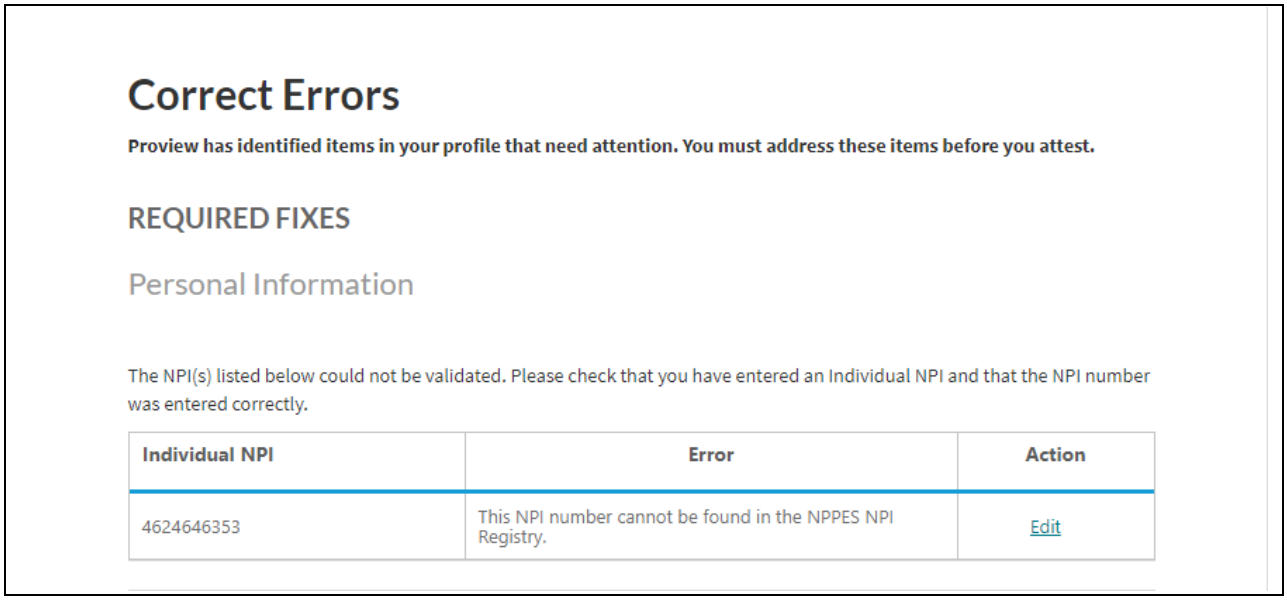
- Provider's Phone Number – Click the Add button to add your phone number. Existing providers who have previously entered their phone number, that details will be displayed on this field.



- 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 validation. A Type 1 NPI is validated against the provider name and number in the NPPES (National Plan & Provider Enumeration System). Registry validation failures will be displayed as an error on the Personal Information page and as a required fix on the Correct Errors page.





Correct Errors

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

REQUIRED FIXES

Personal Information

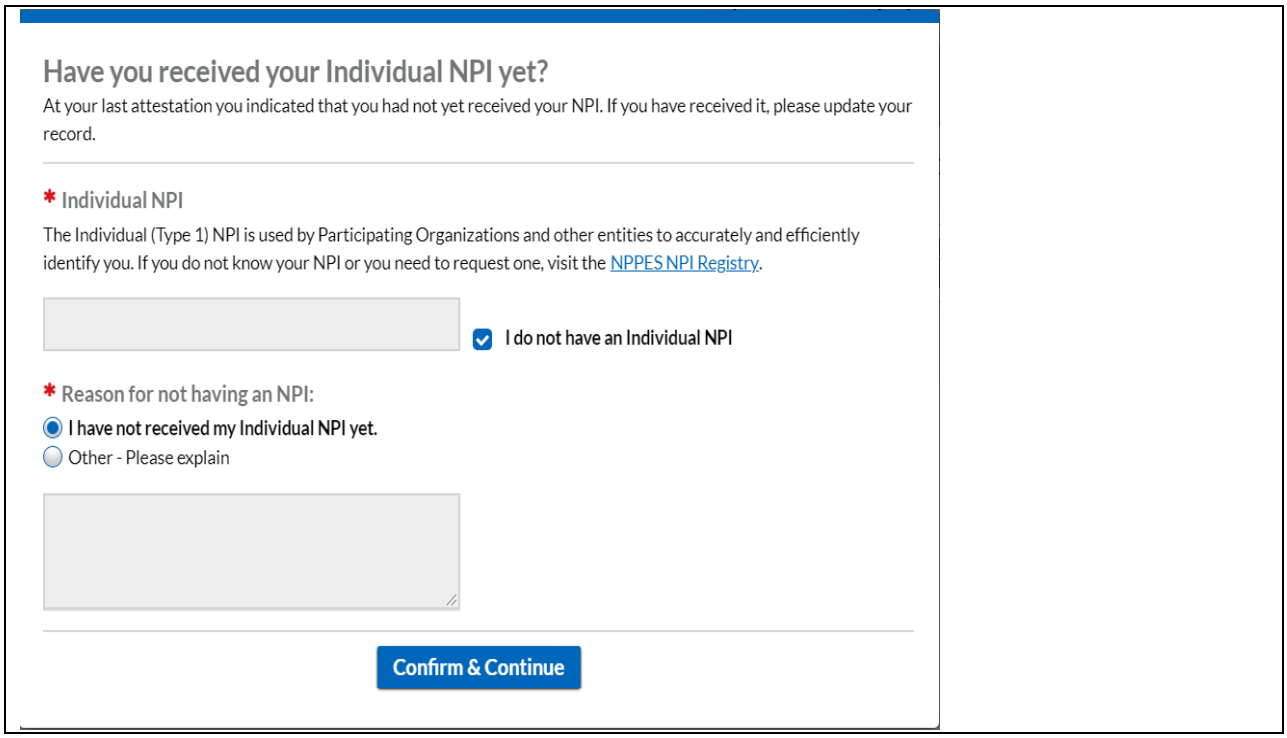
The NPI(s) listed below could not be validated. Please check that you have entered an Individual NPI and that the NPI number was entered correctly.

Individual NPI	Error	Action
4624646353	This NPI number cannot be found in the NPPES NPI Registry.	Edit

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

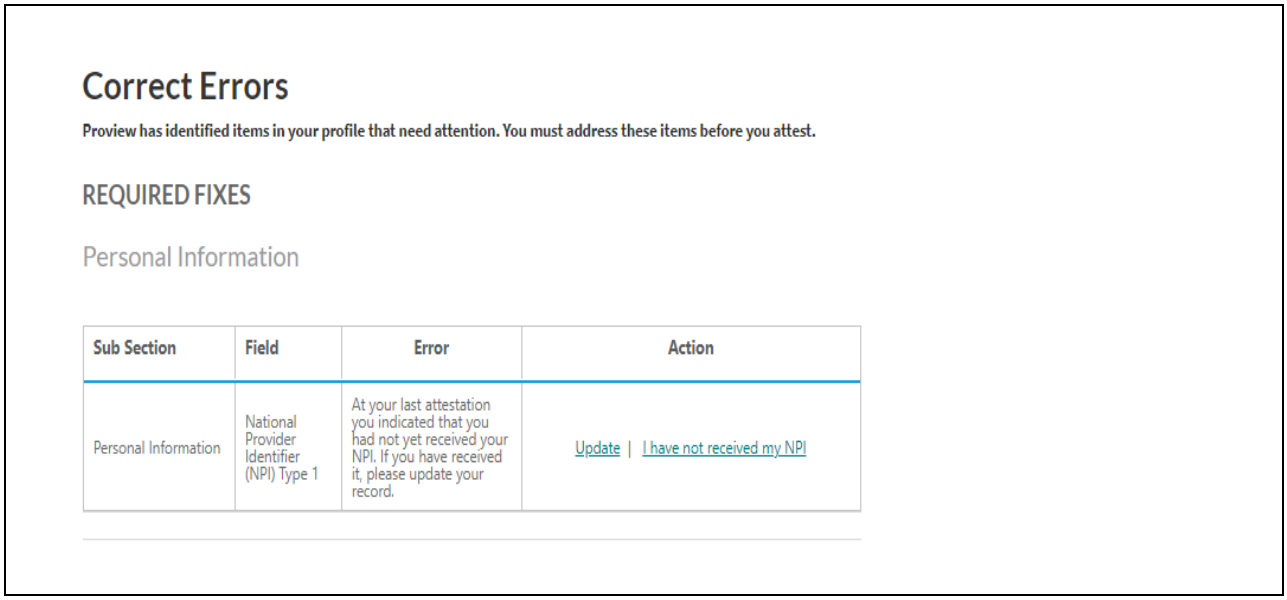
- ***This NPI number cannot be found in the NPPES NPI Registry.*** – This means that the Type 1 NPI that entered in ProView is an invalid one. Please review for any possible typo error.
- ***This is an Organization (Type 2) NPI. Please enter an Individual NPI.*** – You may have entered a Group NPI in the Individual NPI field. Please review the value that you have entered in the Individual NPI field.
- ***The name associated with this Individual NPI number in the NPPES Registry does not match the names associated with your ProView account. If this is your NPI, please make sure your Name or Other Name in ProView matches the name associated with your Individual NPI in the NPPES Registry.*** – Please review the Individual NPI that you have entered. There might be a typographical error that has caused the mismatch.

Providers who have previously indicated that they do not have a Type 1 NPI will be prompted to review this question again to see if it now applies to them.

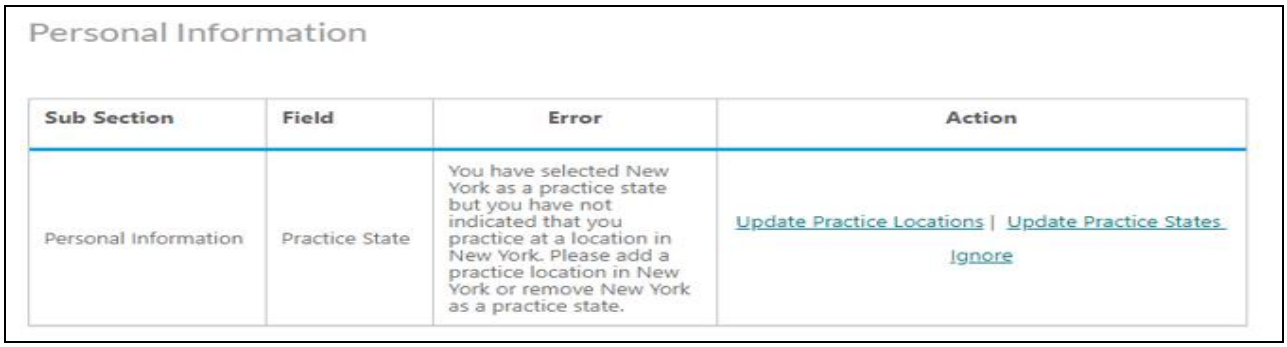


This will appear on the Personal Information page once every 24 hours to confirm this response is still accurate for the provider.

The Correct Errors page will also display the NPI confirmation error once every 24 hours.



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.



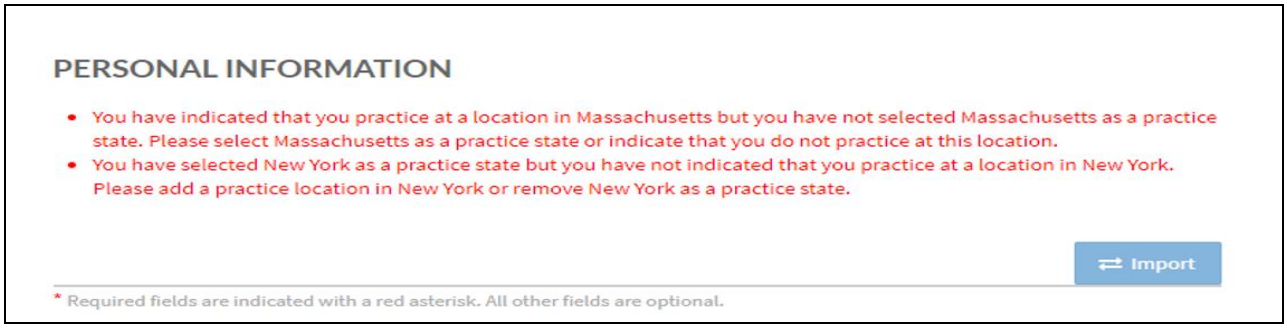
Personal Information

Sub Section	Field	Error	Action
Personal Information	Practice State	You have selected New York as a practice state but you have not indicated that you practice at a location in New York. Please add a practice location in New York or remove New York as a practice state.	Update Practice Locations | Update Practice States Ignore

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.



PERSONAL INFORMATION

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

Import

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

- If you add a practice location to match the Practice State, and click **"Save and Continue"**, you will be redirected to the Correct Errors Page and will no longer see the error.

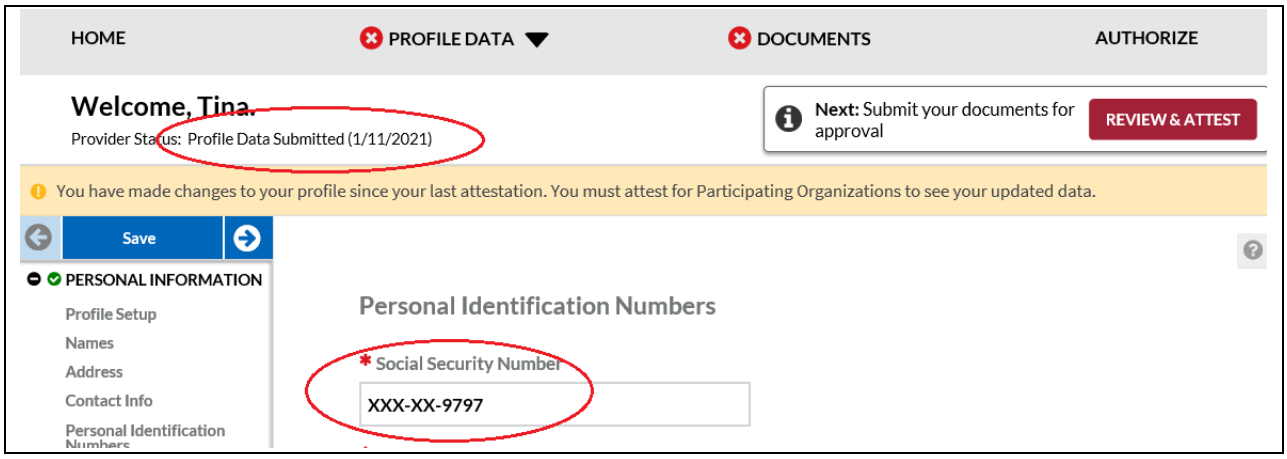
- The **Ignore** hyperlink in the error links to the Ignore pop-up that already exists for Address Standardization. The pop-up should have the same functionality, i.e., if the user clicks the "Yes" button, the error is removed from the Correct Errors Page.
- You are **required to either fix the error** or **click Ignore** and then click "Yes" in the pop-up so that the error disappears on the Correct Errors Page, and you will be able to attest.

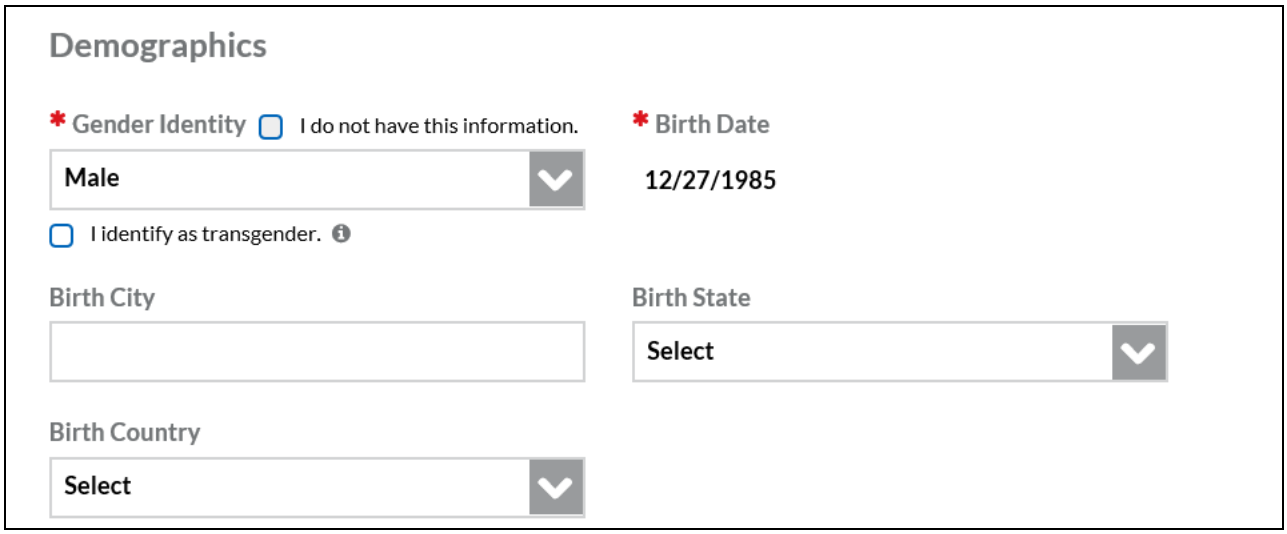
Editing SSN and DOB

With the aim of providing enhanced security for provider profiles, CAQH ProView has been updated with Lock Provider Demographic Information functionality. This document provides guidance on when you can edit your SSN and DOB

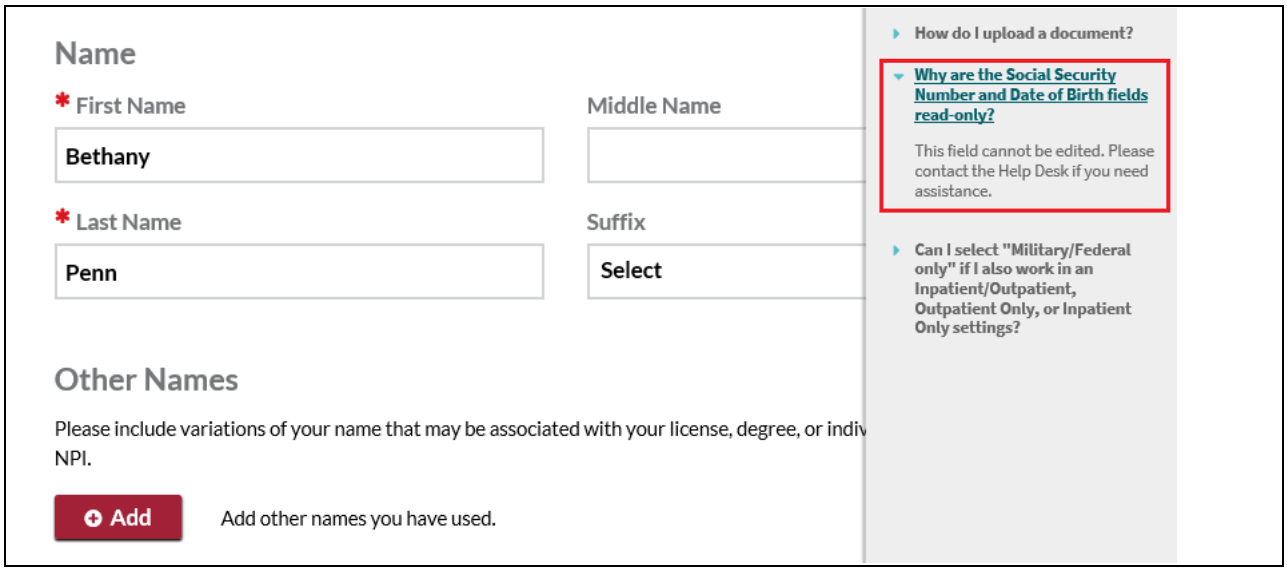
Below are the details of the changes:

- Providers who have attested for the first time and thereafter will no longer be permitted to change their Social Security Number and Date of Birth. The SSN and DOB fields will be read-only after the first attestation.





- Helpful information is located in CAQH ProView help tab under the "Why are the Social Security Number and Date of Birth fields read-only?" question.



- Providers who have never attested in CAQH ProView will be able to edit the SSN and DOB fields.

Personal Identification Numbers

* Social Security Number

820-22-9200

* Individual NPI

The Individual (Type 1) NPI is used by Participating Organizations and other entities to accurately and efficiently identify you. If you do not know your NPI or you need to request one, visit the NPPES NPI Registry.

9282820282

☐ I do not have an Individual NPI

Foreign National Identification Number

Add Add FNIN

Unique Physician Identification Number

Add Add UPIN

Foreign National Identification Number

Add Add FNIN

Unique Physician Identification Number

Add Add UPIN

Demographics

* Gender Identity ☐ I do not have this information.

Male

☐ I identify as transgender.

Birth City

Birth State

Select

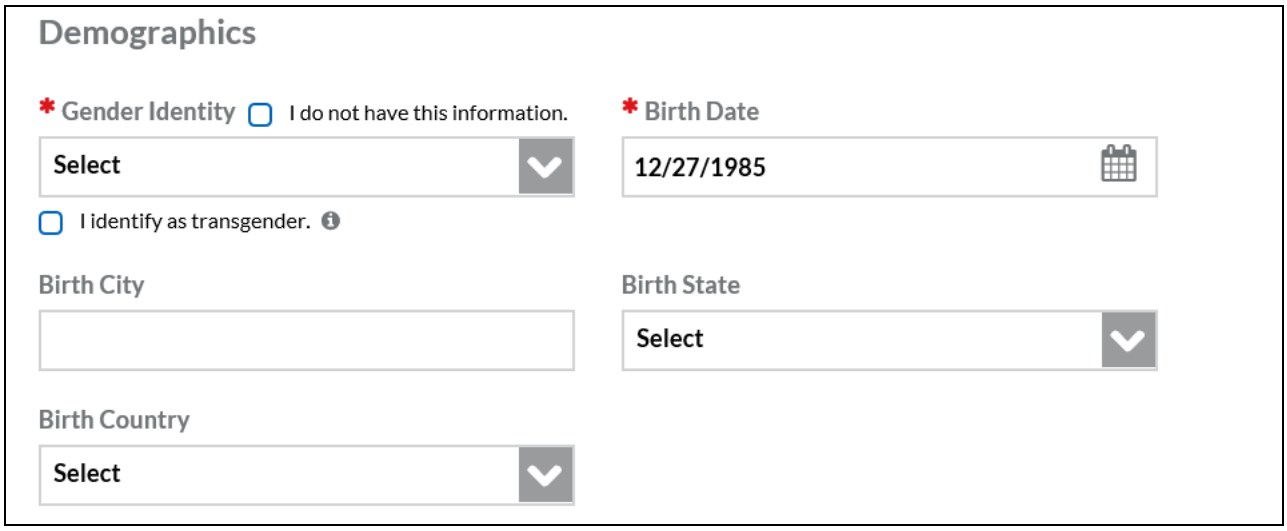
« December 1985 »

Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

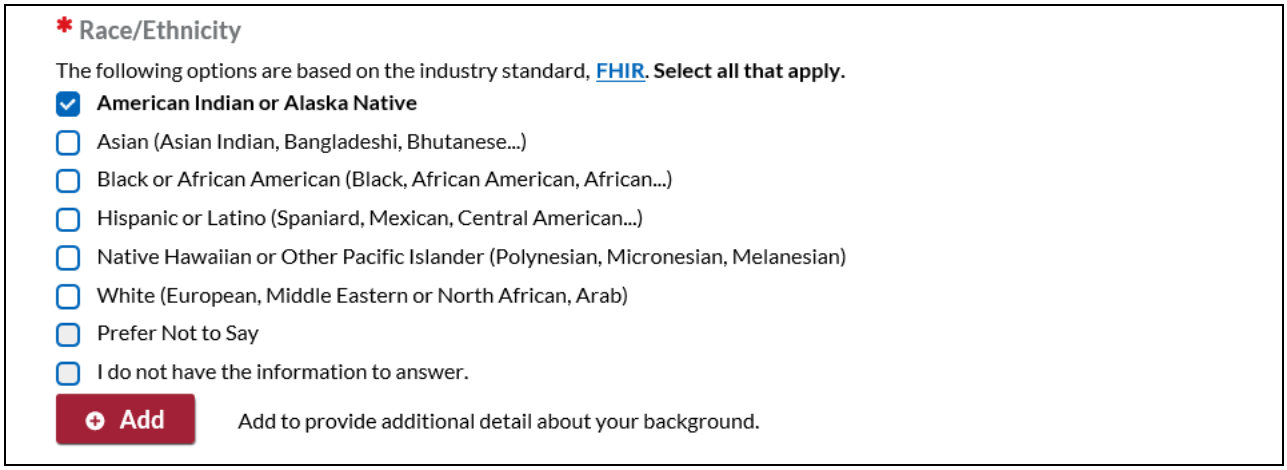
Today

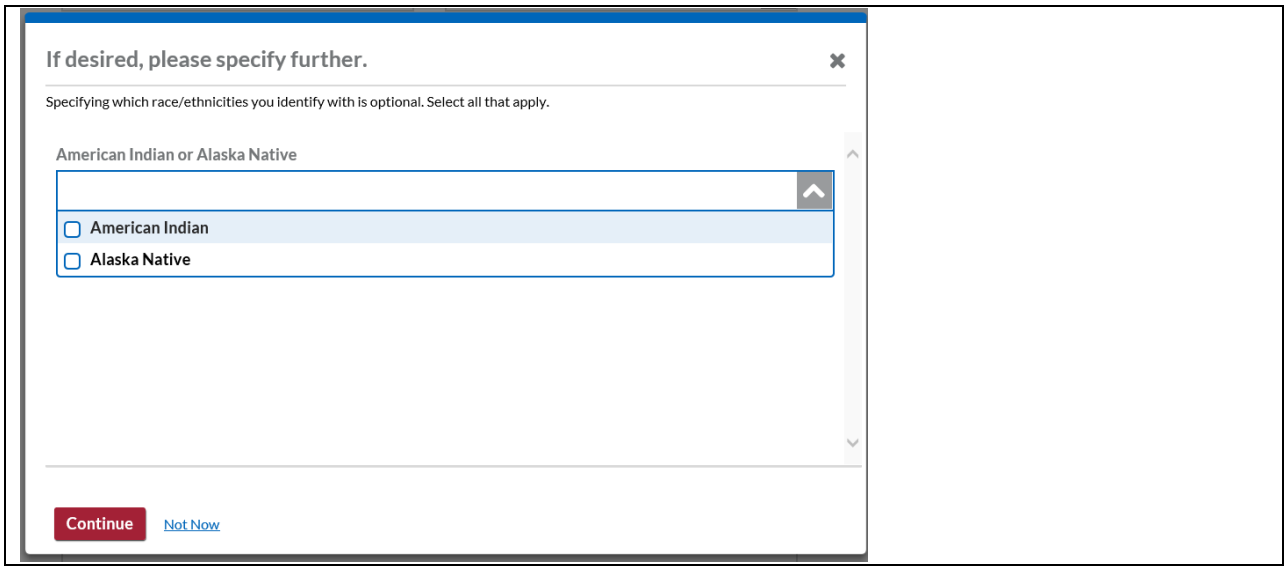
12/27/1985

- Demographics
  - Gender Identity
  - Birth Date
  - Birth City
  - Birth State
  - Birth Country



  - Race/Ethnicity – Select the options that apply. You may click the Add button to provide additional detail about your background.




If desired, please specify further.
Specifying which race/ethnicities you identify with is optional. Select all that apply.
American Indian or Alaska Native
American Indian
Alaska Native
Continue
Not Now

- Languages

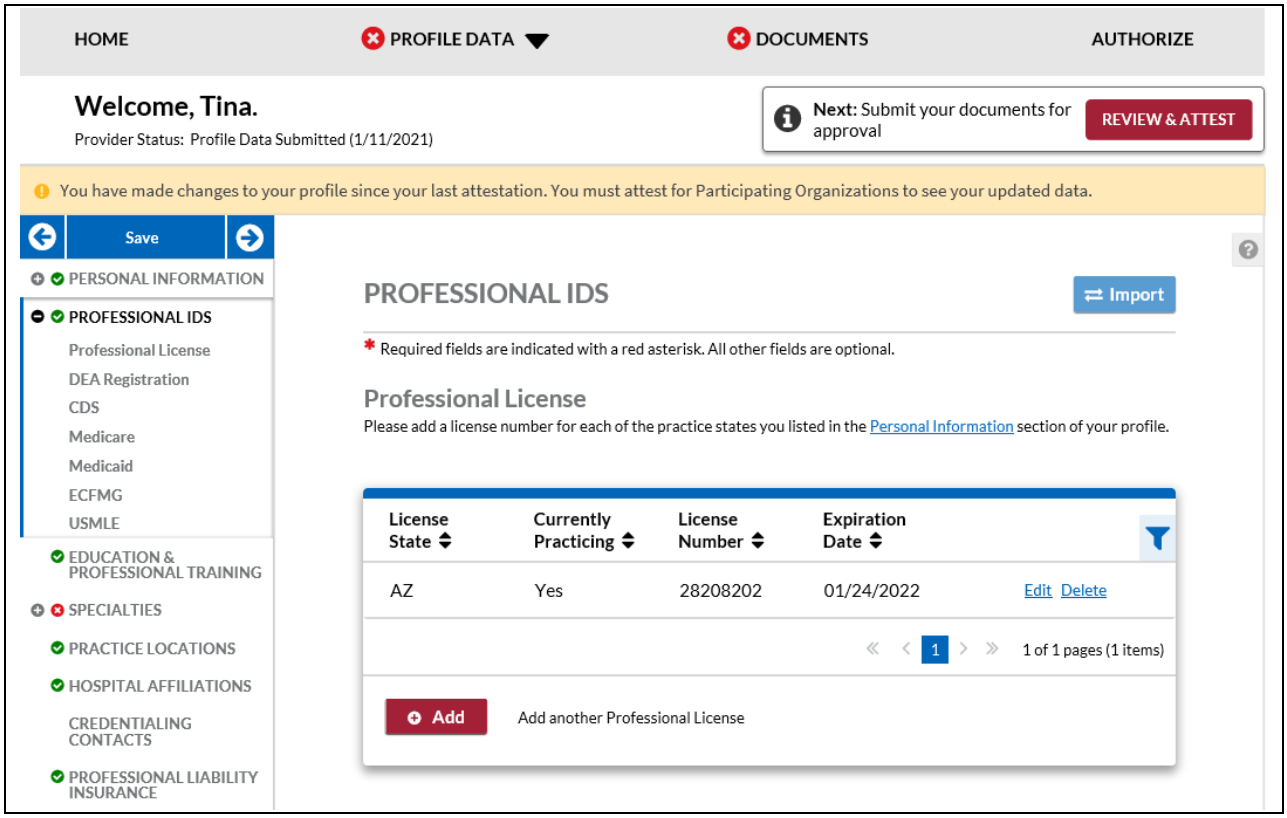
Languages
Non-English Languages Spoken by Provider

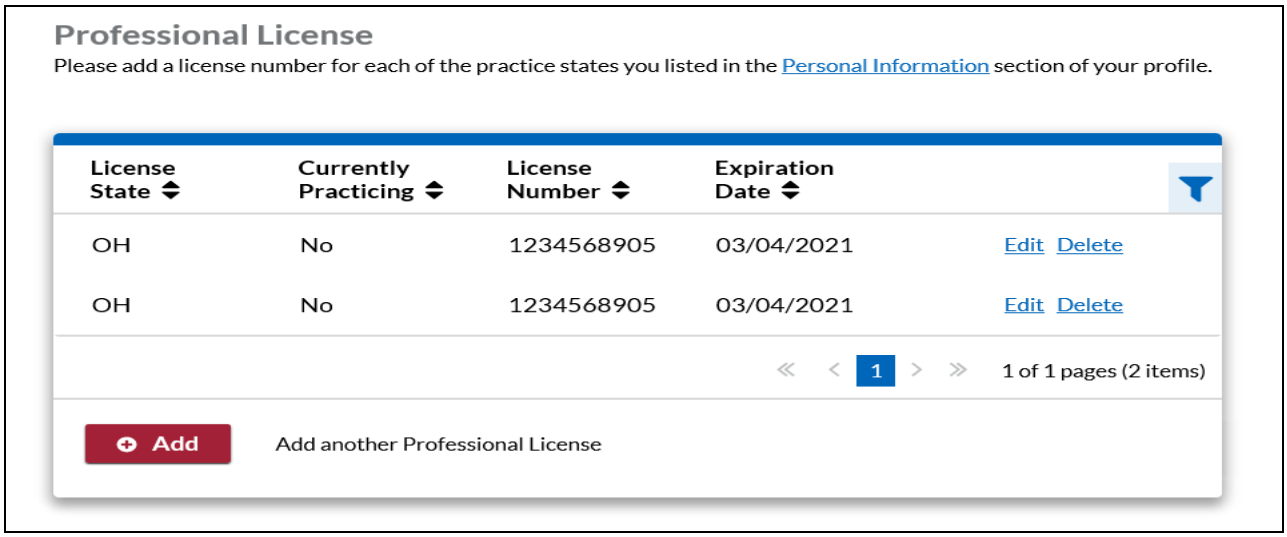
Professional IDs

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. Clicking on the back and forward arrows via the left hand navigation will also save your information.
- 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.





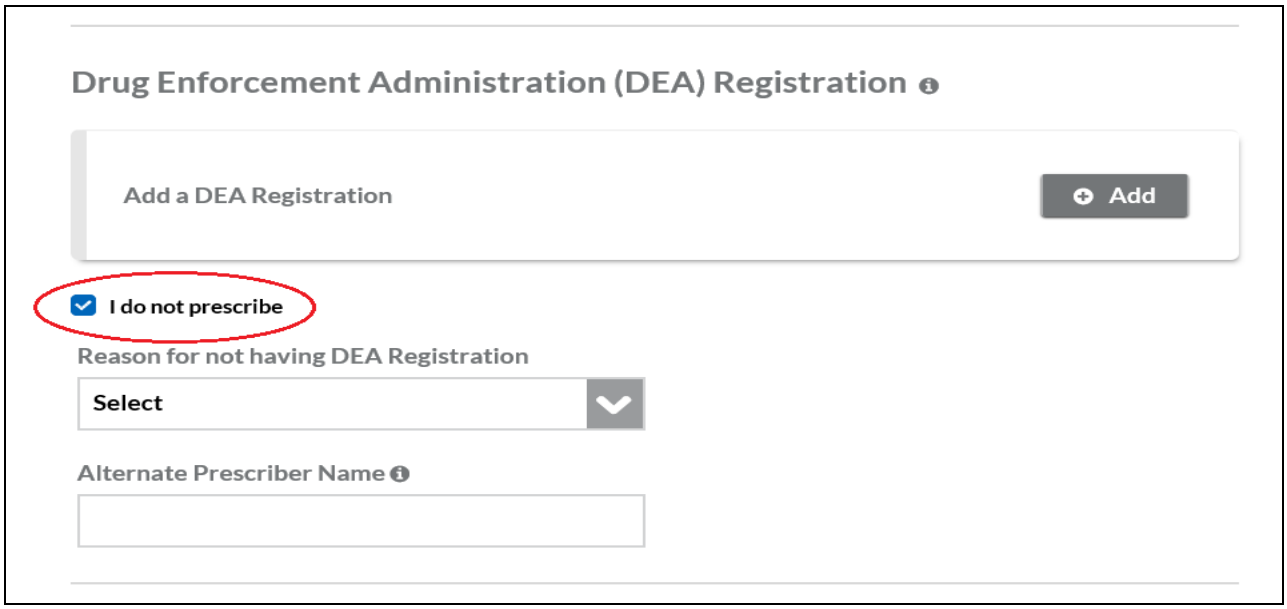
The Professional IDs page has been redesigned to improve CAQH ProView user experience for all providers.

The following professional identification numbers are requested.

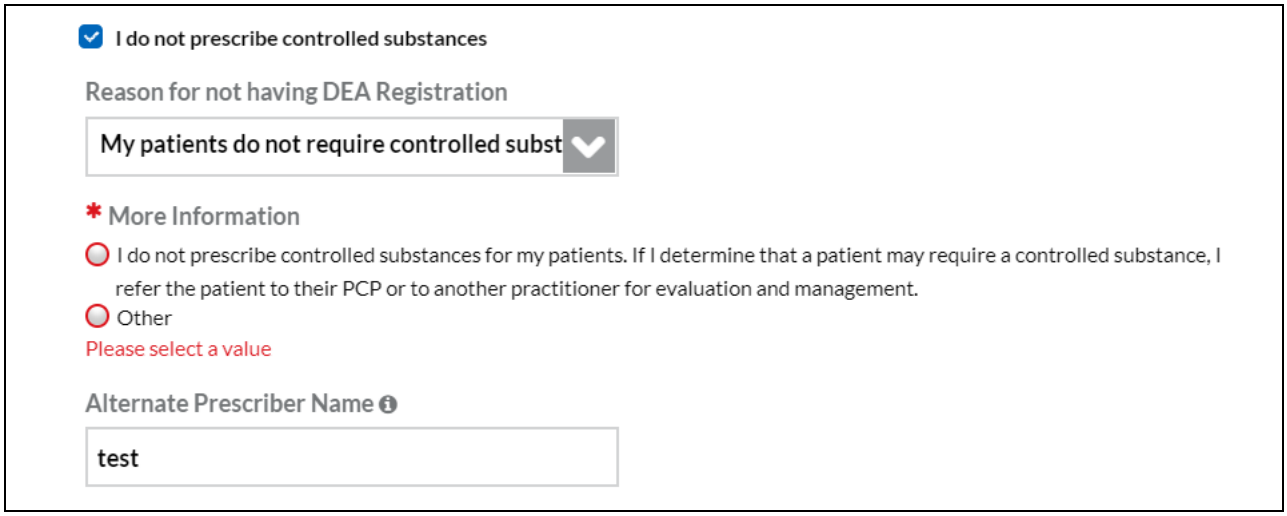
- Medical License
  - You must enter all state medical licenses you currently hold or have held as issued by a U.S. or Canadian licensing authority.
  - You will only be allowed enter numbers, letters, dashes and periods in the License Number field.
  - Professional licenses will be displayed in the form of a grid displaying the License State, Currently Practicing (Yes or No), License Number, and Expiration Date.
  - Click the Edit link to update the license details.
  - Click the Delete link to remove the license record.
  - Click the Add button to add a professional license record.

- DEA Registration – Drug Enforcement Administration
  - DEA eligible providers are required to enter their DEA details by clicking the Add button.

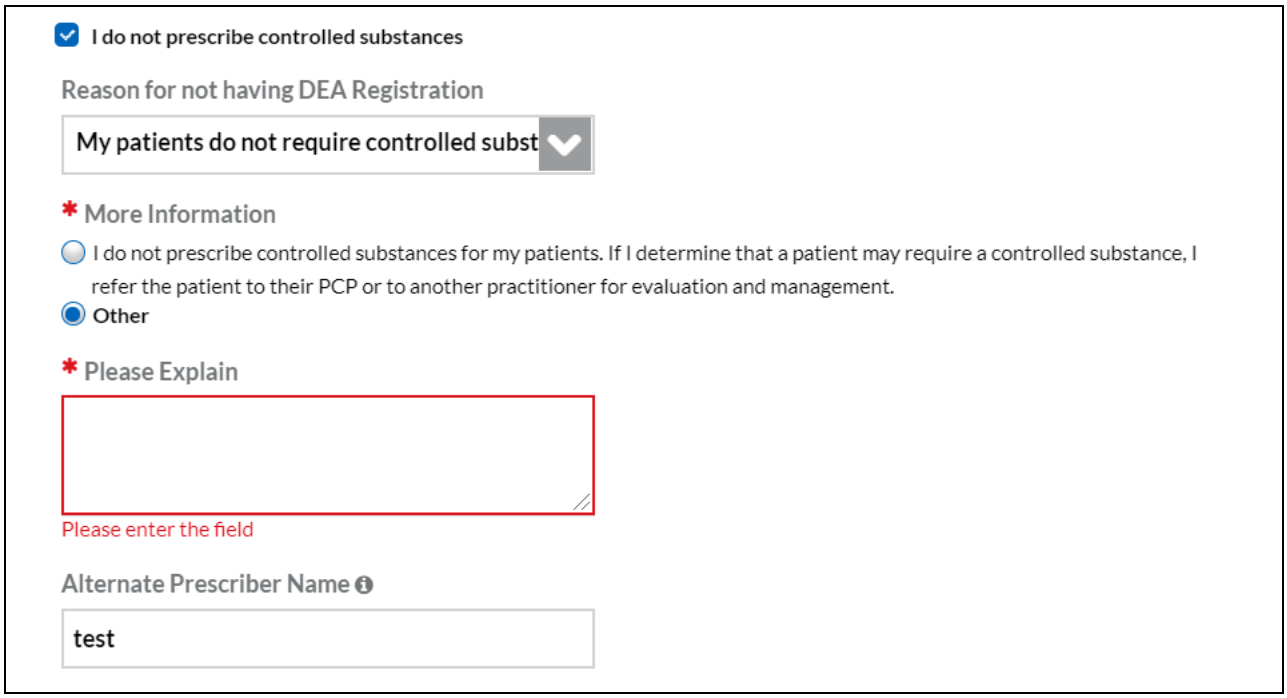
- Those who choose not to prescribe should click the checkbox for *"I do not prescribe"*, select the reason for not having a DEA Registration, and indicate an Alternate Prescriber Name if there is any.



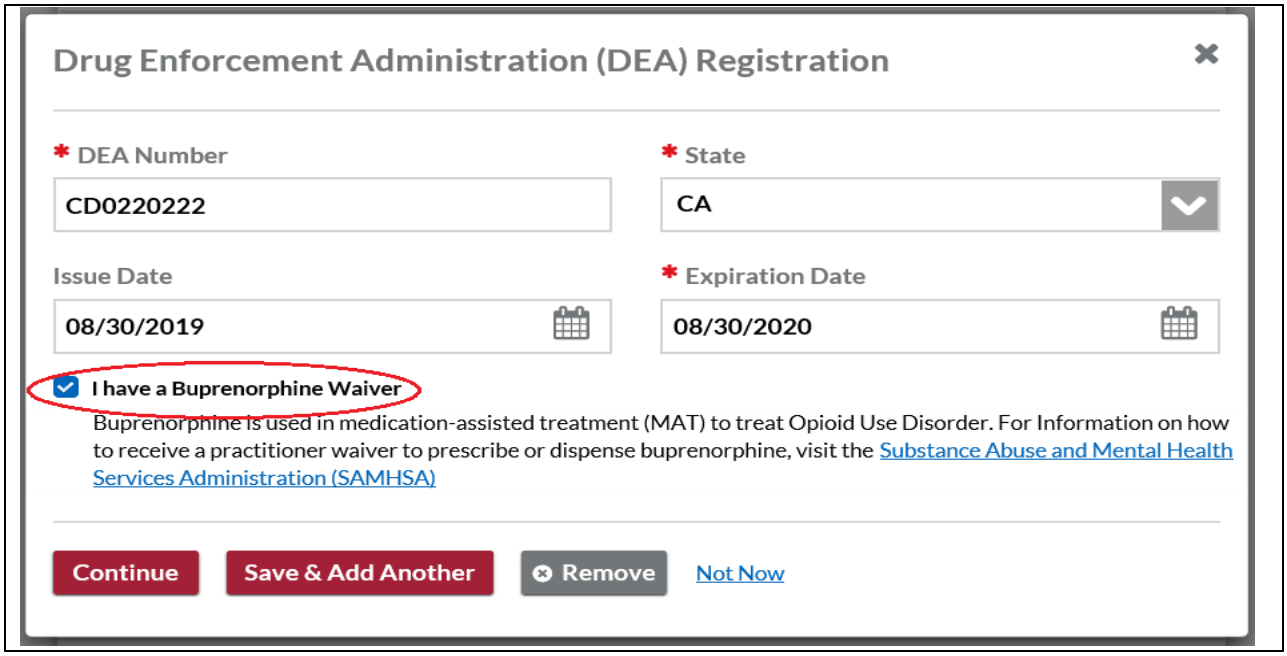
If you choose "My patients do not require controlled substances", you will be required to provide more information.



If you select "Other", you will be required to provide an explanation.

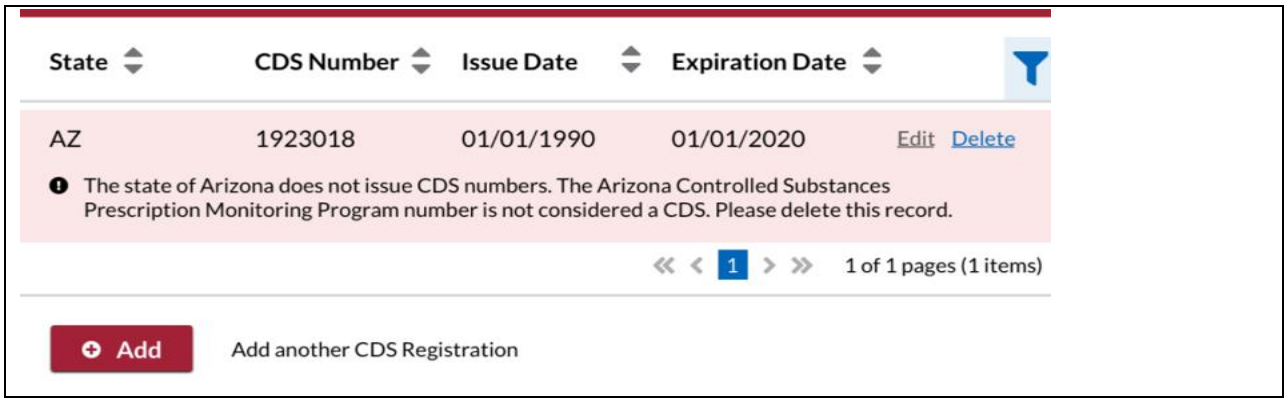


DEA eligible providers can now indicate if they have a Buprenorphine Waiver by clicking the checkbox for I have a Buprenorphine Waiver when adding a new DEA record or editing an existing record.

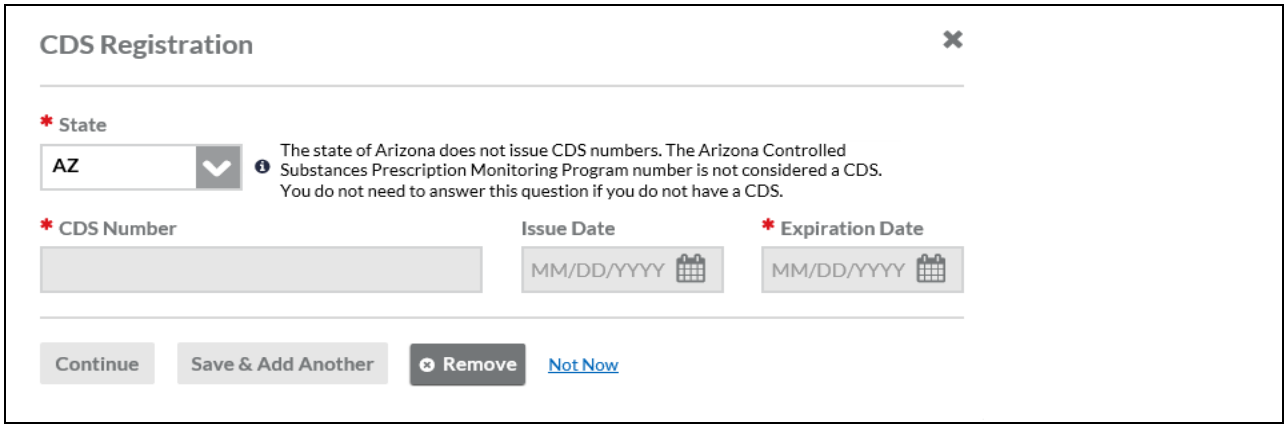


- CDS Registration – Controlled Dangerous Substance
  - Click the Add button to add a CDS Registration record

Providers practicing in AZ are not required to enter a CDS record. Providers who have previously entered a CDS for AZ will be prompted to delete the record the next time they log in.



If you are a new provider trying to add a CDS record for AZ, you will be prompted with the following message.



- Medicaid
- Medicare
- ECFMG

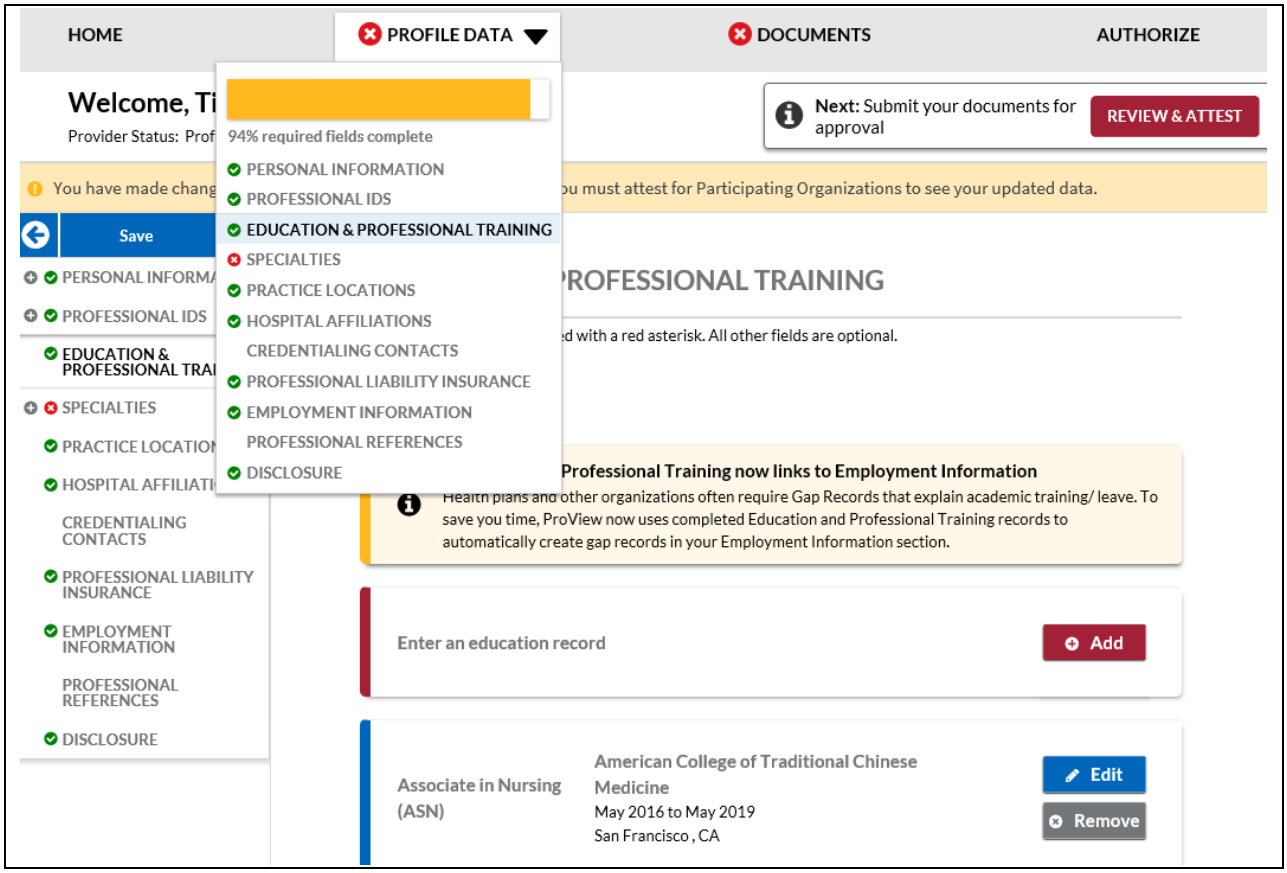
- This is a certificate issued by the Education Commission for Foreign Medical Graduates and applies to US Citizens who graduated from a Medical School outside the United States.

- USMLE – United Stated Medical Learning Examination
  - The United States Medical Learning Examination is a physician assessment required for physician licensing in the United States.

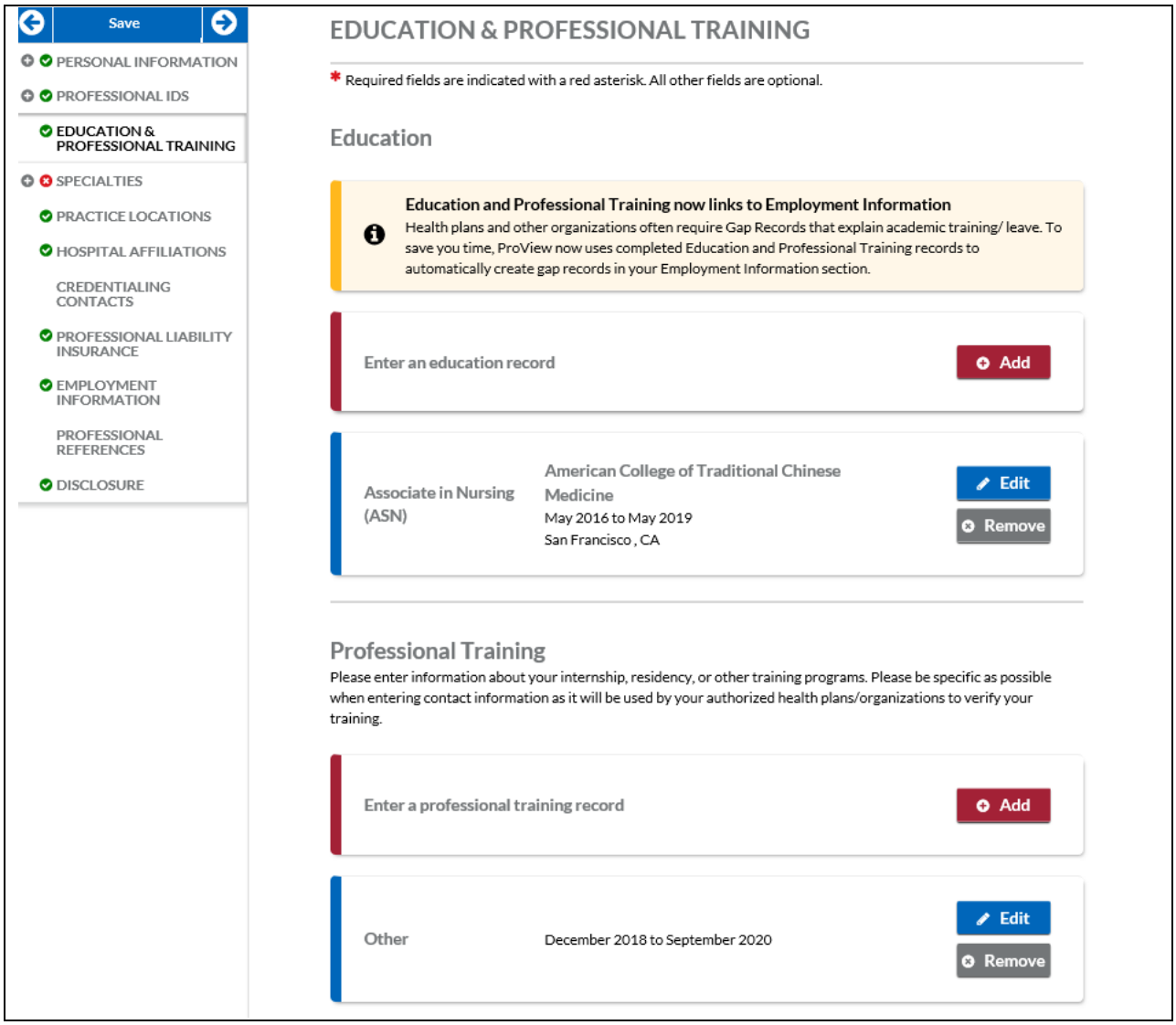
Education & Professional Training

The Education section and the Professional Training section have been combined to improve CAQH ProView user experience for all providers.

"Education and Professional Training" will replace the "Education" and "Professional Training" menu items in the drop down under "Profile Data" at the top of the page and on the left navigation menu.

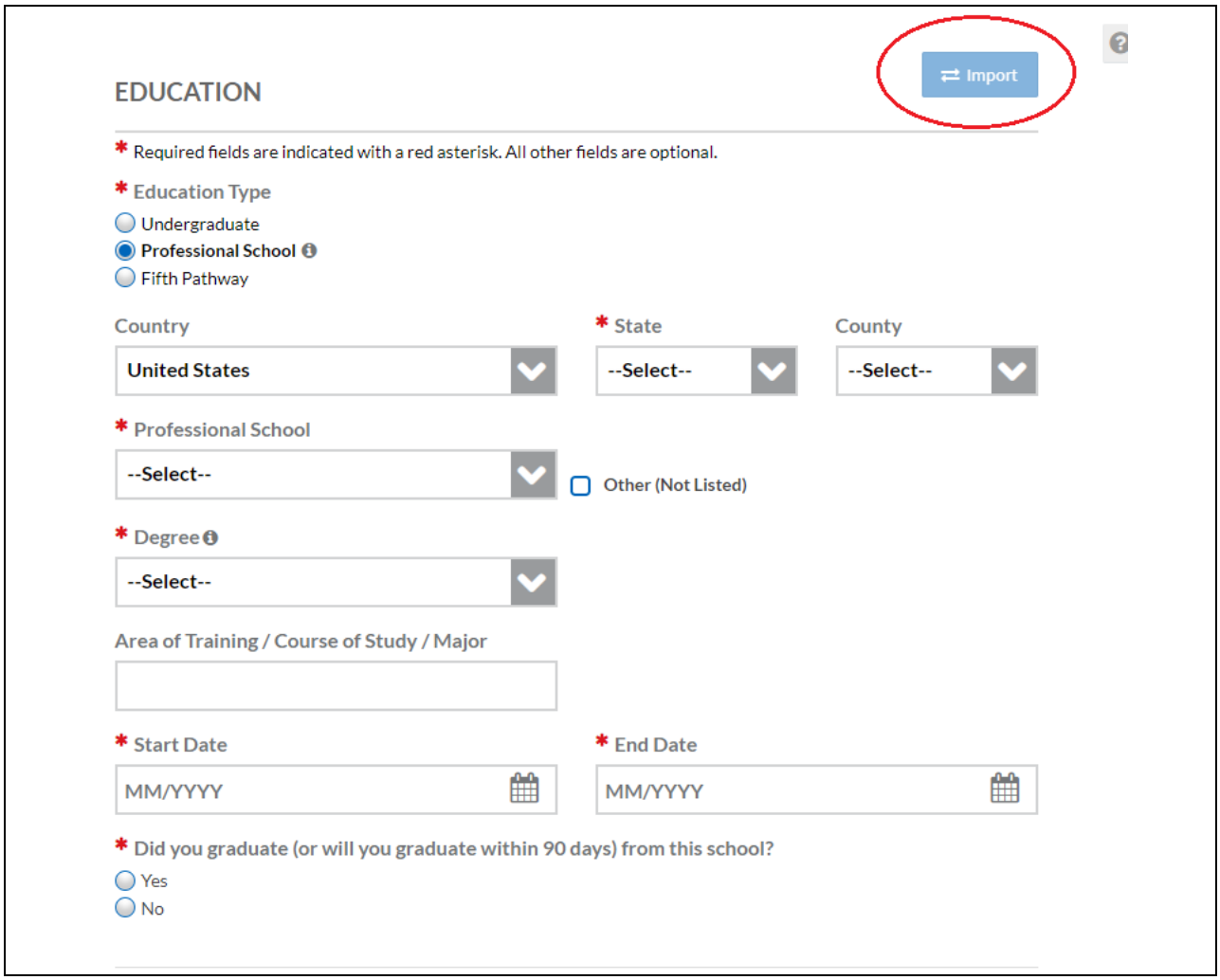


The Education information will be placed at the top section of the page. The Education section requests information regarding your education history, including your professional and undergraduate school information.

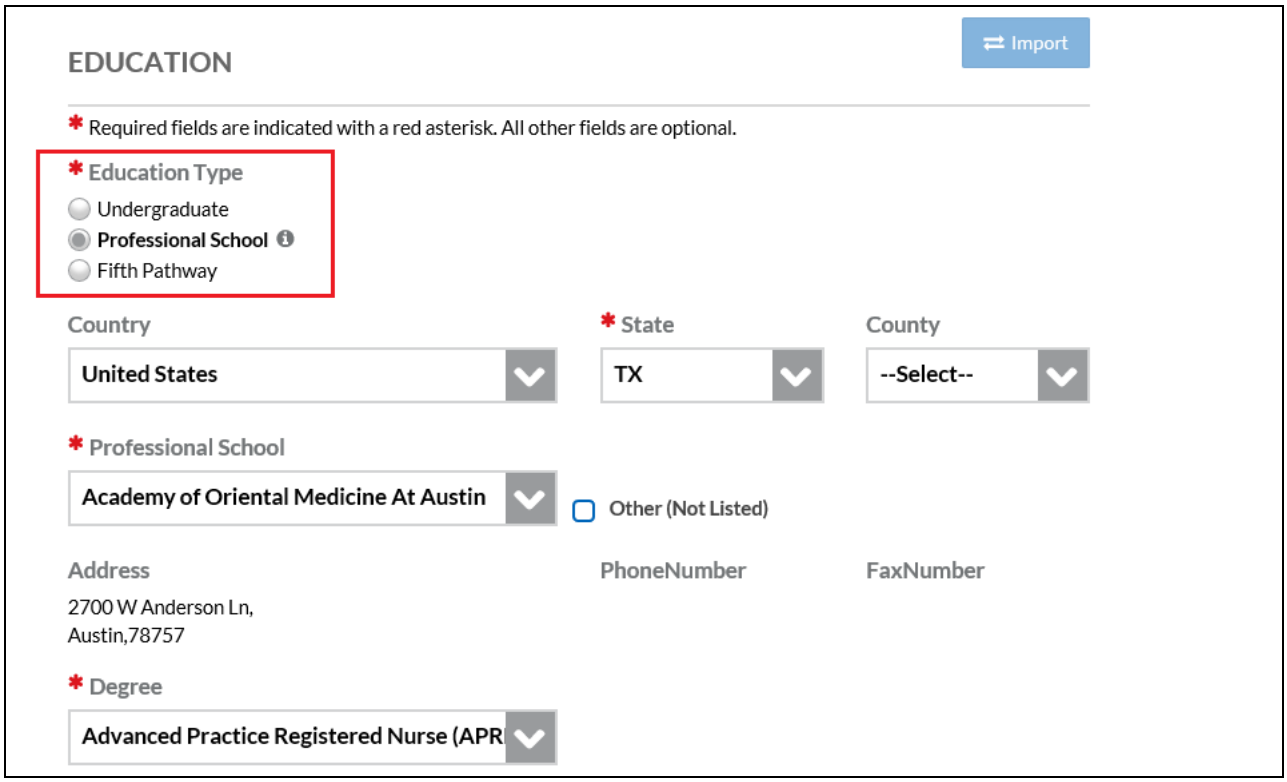


Tips:

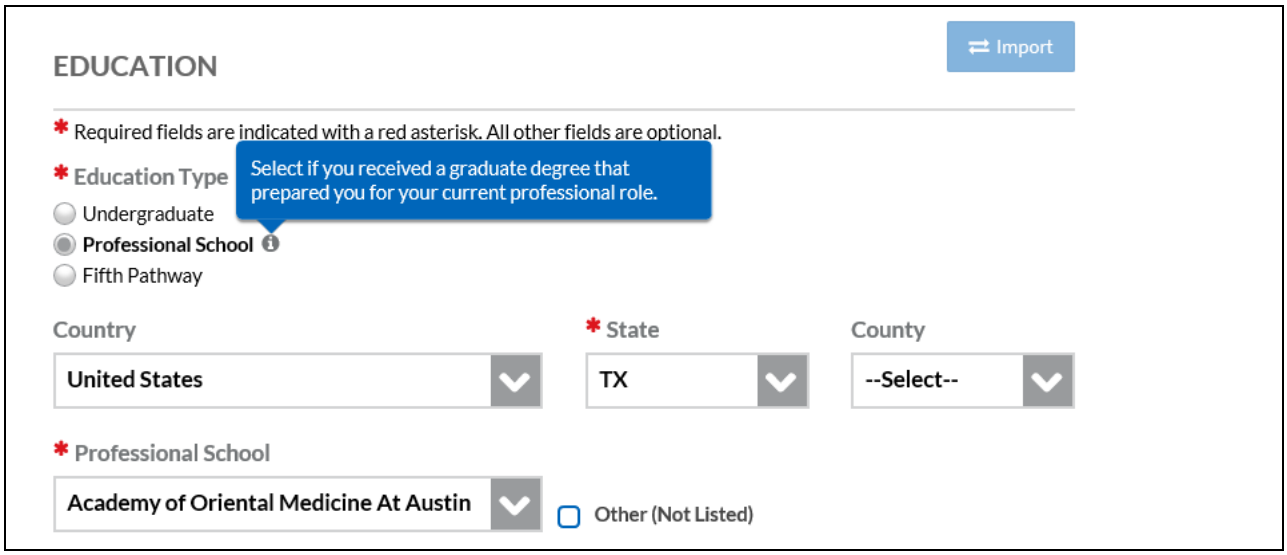
- If you need assistance, please access the "?" link that is displayed on the right-hand side of the screen.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Click on "Add" to add additional education record 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.



When you add a new record or access an existing record, you will see a new “Education Type” field. Beneath this field, there are 3 radio buttons for Undergraduate, Professional School, and Fifth Pathway.



When creating a new education record, the Education Type Name value will default to Professional School. Hover over the tooltip for additional information and instructions.



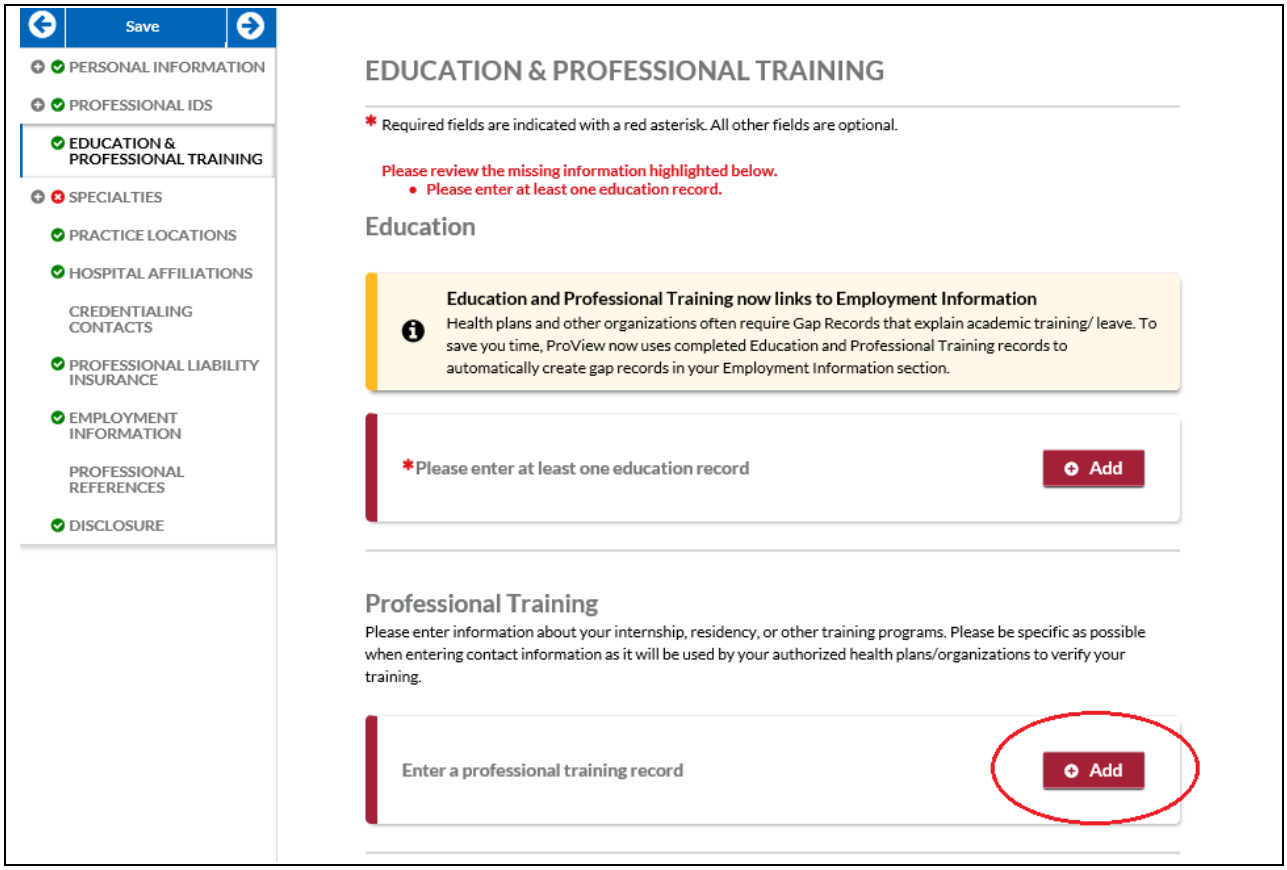
When creating a new education record, the country should default to United States. If you select Fifth Pathway as the Education Type, United States should be the only option. When you select Undergraduate as the Education Type, no fields are required.

Note: Providers who have previously saved education records will not be subject to additional field requirements.

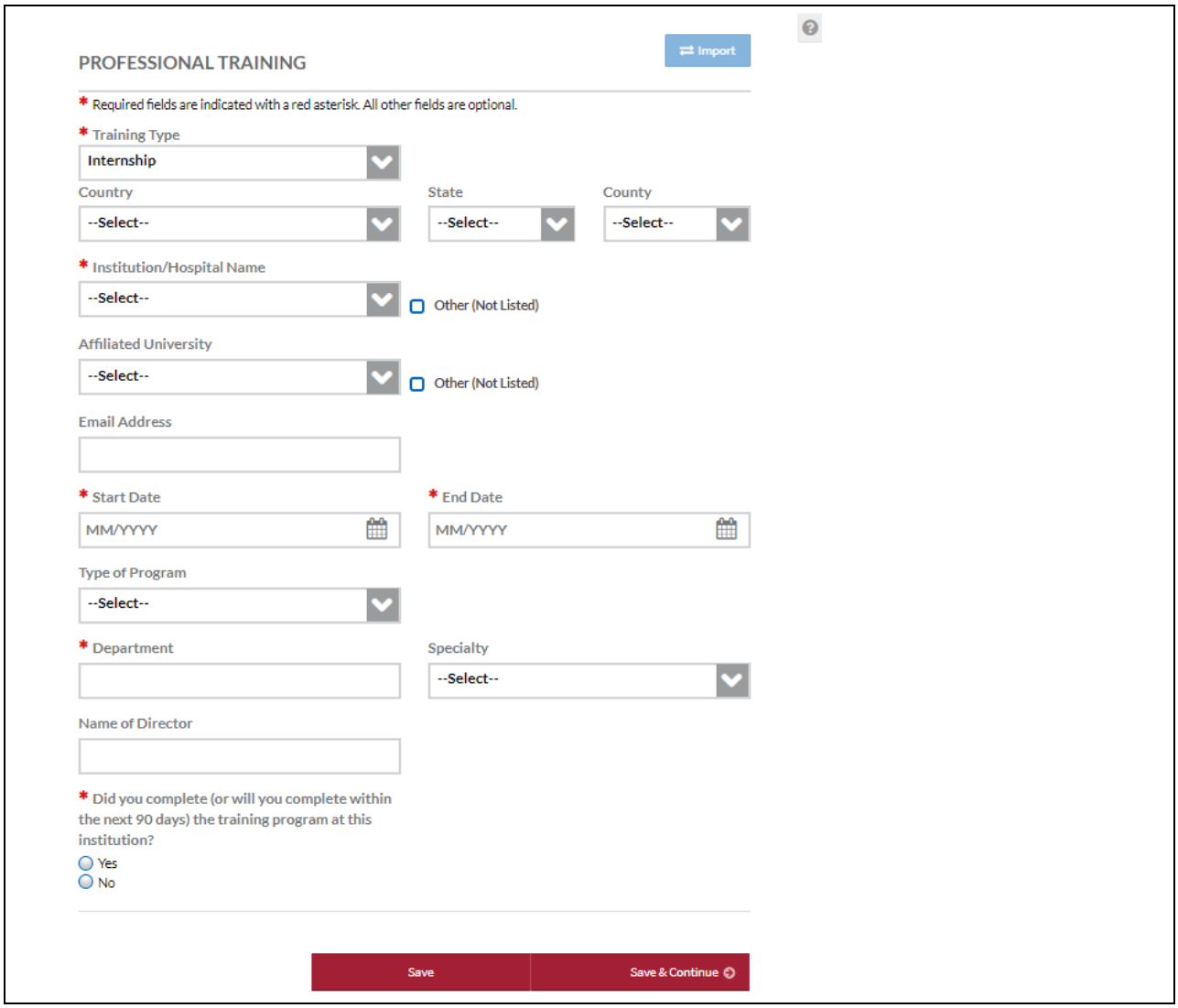
The Professional Training subsections are listed below:

- 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

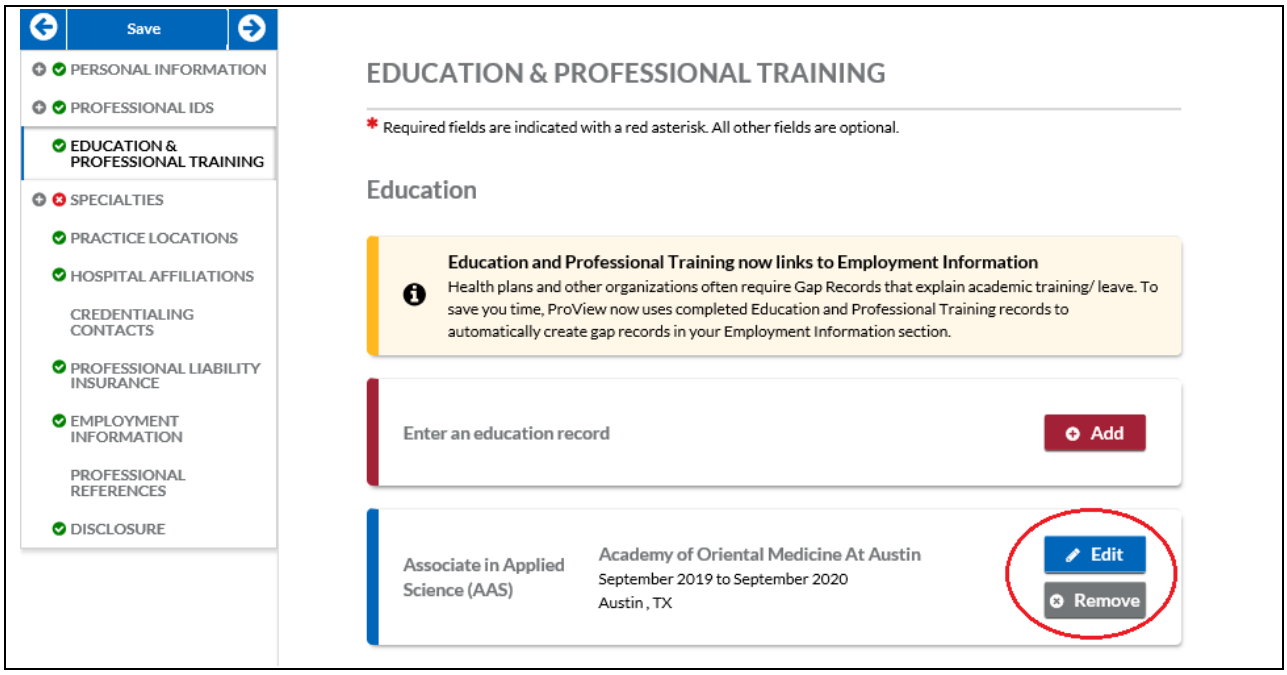
Click the Add button to add a Professional Training section

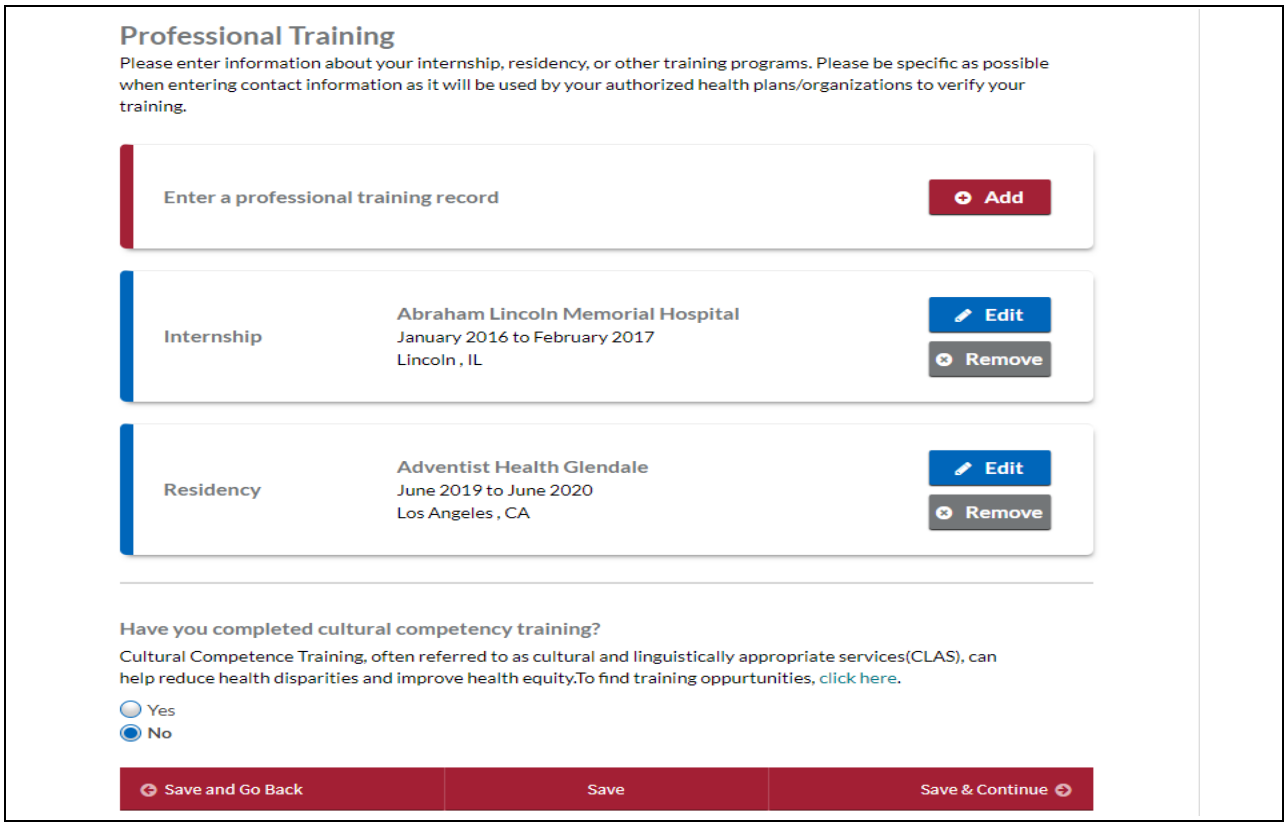


You will be directed to a page where you can enter your Professional Training details.



If there are existing records for these 2 sections, the user shall be able to Edit or Remove the existing record/s.

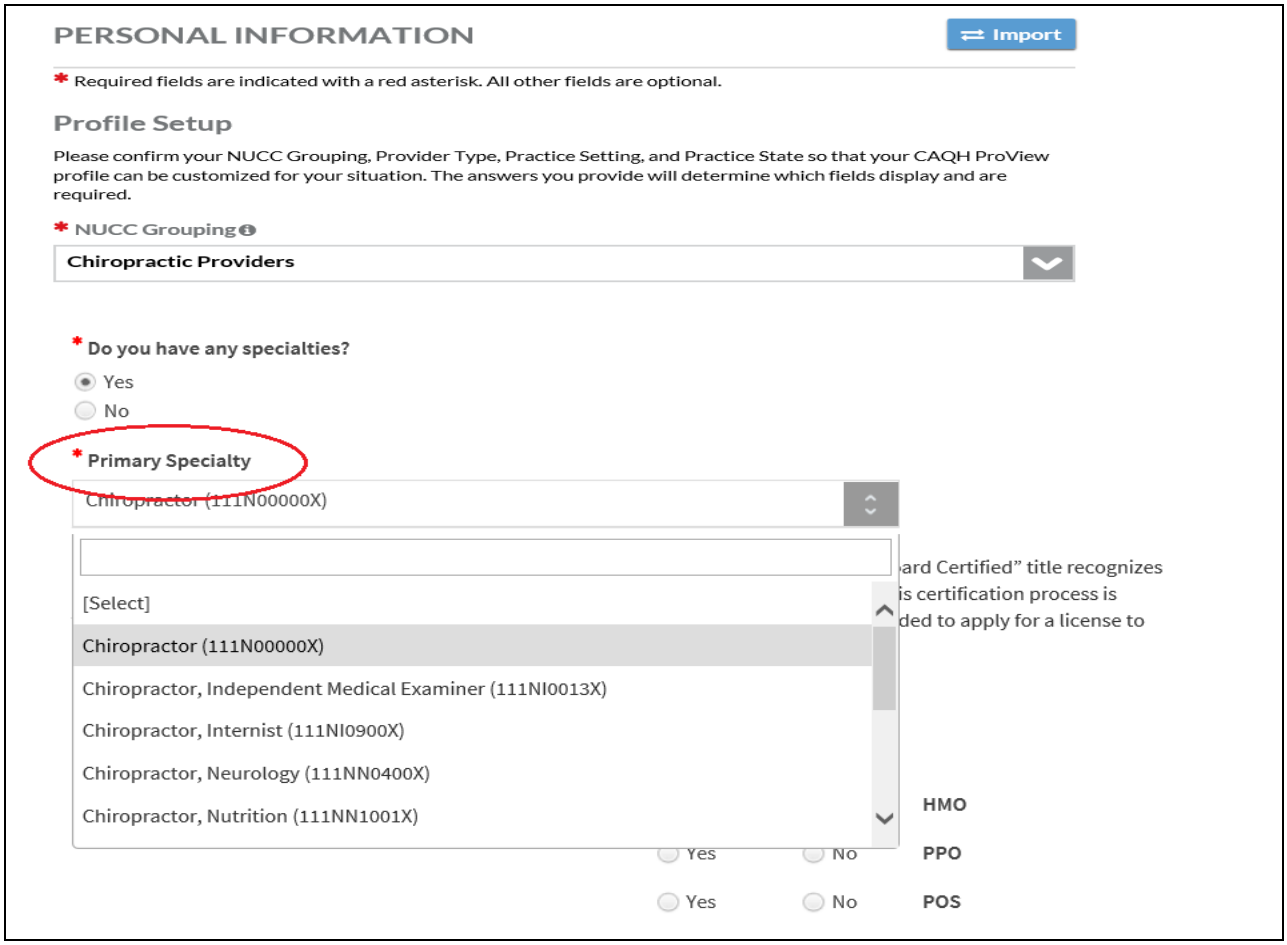




- The user should add at least 1 education record.
- The Degree will be displayed on the left side of the card instead of the Education Type name value (Undergraduate, Professional School, and Fifth Pathway)
- Fifth pathway will be displayed as a tag in the card.
- The cards will be displayed in reverse chronological order of the end date for the education and professional training. The record with the newest end date is displayed first.
- All education/training records without an end date will be displayed in the end, in the reverse chronological order of creation date. The last record created is displayed first.
- The portal will display the Training Type (Internship, Fellowship, Residency, and others in the Professional Training tile.)

Specialties

The Specialties section requests information regarding your specialties and certification information. Specialties and Certifying Boards are based on the NUCC Grouping that you have selected in the Personal Information section.

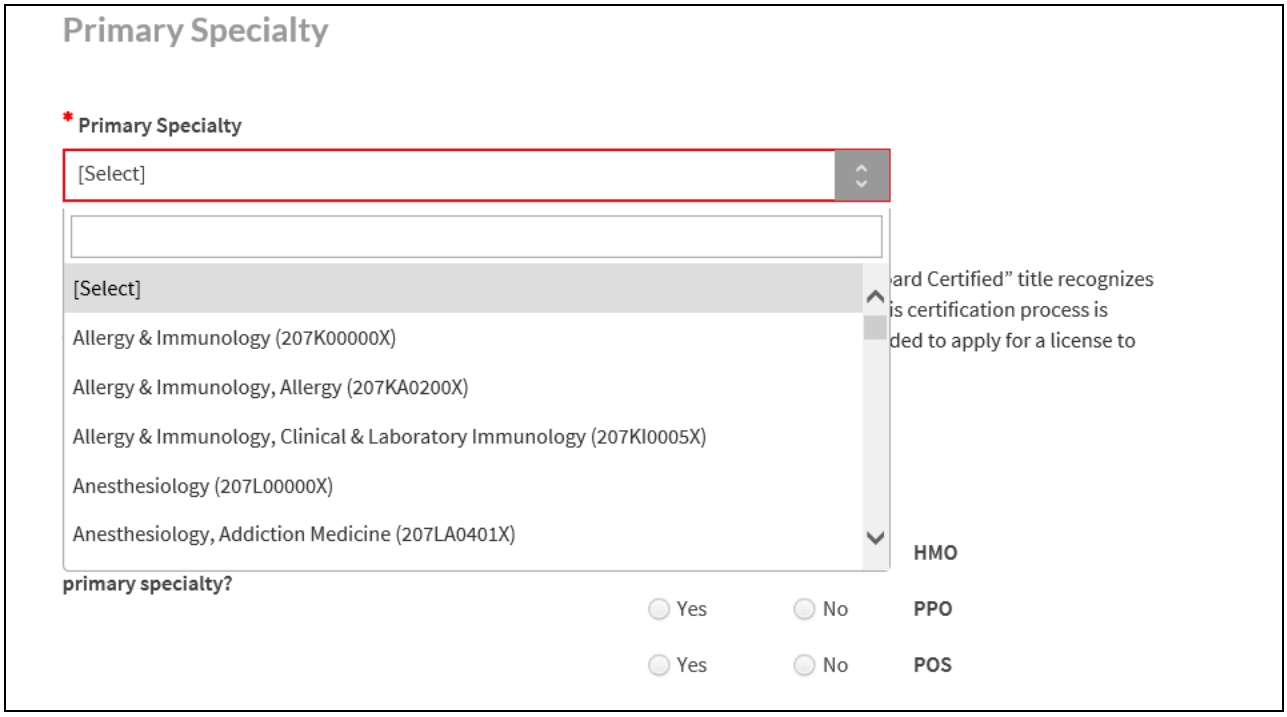


The taxonomy codes corresponding to the specialties will help you confirm if you have selected the correct specialty. The same details will also be displayed on your Data Summary.

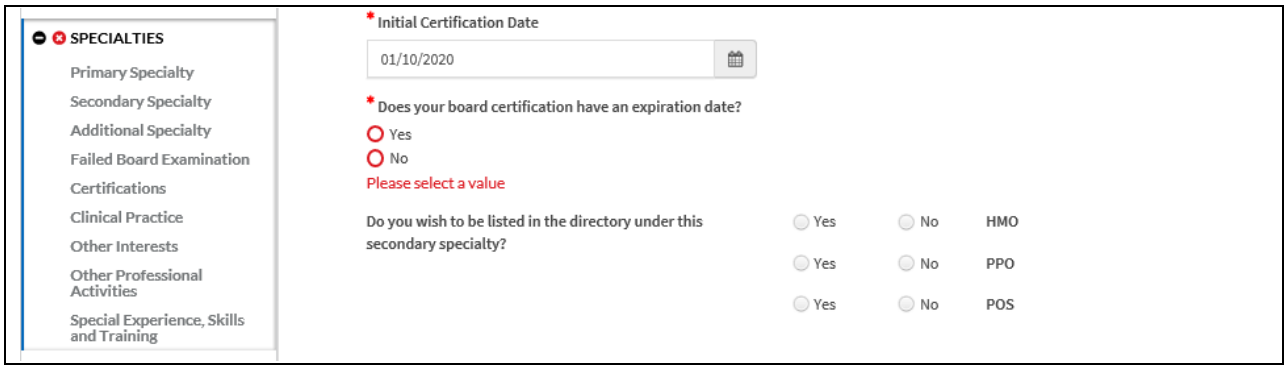
Tips:

- 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. Clicking on the back and forward arrows via the left hand navigation will also save your information.
- 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.

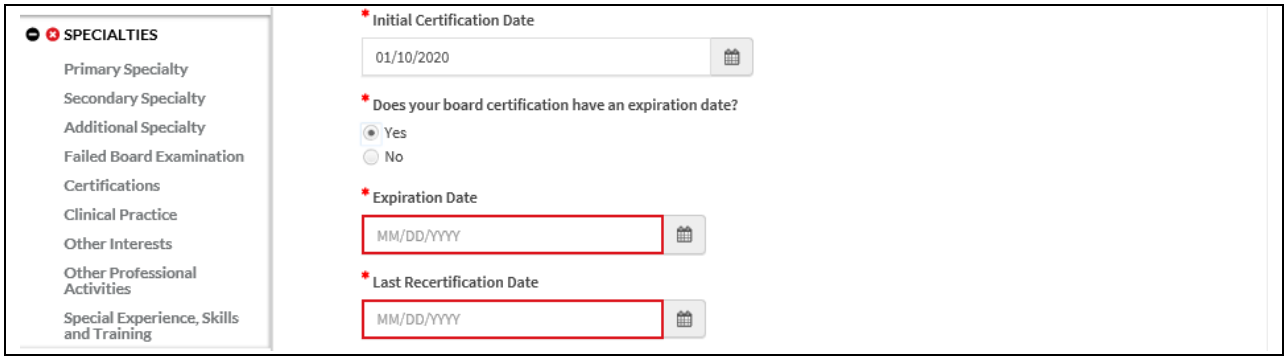
Note: Providers whose provider type is either MD, DO, DDS, or DMD will be required to select a primary specialty.



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



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



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

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

- Primary Specialty
- Secondary Specialty
- Additional Specialty
- Board Examination – dynamically displayed/hidden based on your entries
- Certifications – The system will ask if you have received any of the following certifications. Additional information regarding each certification is provided below for your reference.
    - **CPR - Cardio-Pulmonary Resuscitation certification:** Community level classes concentrate on performing CPR on adults and older children. Some also include AED training, which teaches how to use the electronic defibrillation unit on heart attack victims. Professional level classes are

designed for health care professionals, ski patrol, police, firefighters and emergency medical technicians. These classes teach all the skills previously mentioned, as well as removal of airway obstructions for victims of all ages. Other skills are also included in these classes, including inserting tubes to keep the airway open, using an oxygen tank, artificial breathing apparatuses and techniques for performing two-person CPR.

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

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

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

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

- **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.

The Special Experience, Skills and Training subsection previously was only available to providers completing the MA application. Beginning June 8, 2020, all applications will include Special Experience, Skills and Training under Specialties section.

Special Experience, Skills and Training

Please select one or more special experience, skills and training that apply from the list below:

Patient populations
- [ ] Adolescents
- [ ] Children
- [ ] Children in the Care or Custody of DCF (Department of Children and Families)
- [ ] Child Welfare
- [ ] Homelessness
- [ ] Lesbian, Gay, Bisexual, Transgender (LGBT) Issues
- [ ] Youth Affiliated With DYS (Department of Youth Services) Either Detained or Committed

Physical Conditions
- [ ] Blindness Or Visual Impairment
- [ ] Deafness Or Hard-of-hearing
- [ ] People with Disabilities
- [ ] Physical Disabilities

Behavioral Conditions
- [ ] Anger Issues
- [ ] Anxiety
- [ ] Attention Deficit/Hyperactivity Disorder (ADHD)
- [ ] Bipolar Disorder
- [ ] Depression
- [ ] Gender Dysphoria
- [ ] Geriatric Behavioral Health
- [ ] Obsessive Compulsive Disorder (OCD)
- [ ] Serious Mental Illness
- [ ] Sleep Disorders
- [ ] Substance Abuse
- [ ] Trauma

Therapeutic Methods and Tools
- [ ] Dialectical Behavioral Therapy (DBT)
- [ ] Group Therapy
- [ ] Marriage and Family Therapy
- [ ] Medical Illness and Therapy
- [ ] Medication Management and Therapy
- [ ] Neuropsychological Testing (Adolescents)
- [ ] Neuropsychological Testing (Children)
- [ ] Play Therapy
- [ ] Postpartum Depression and/or Psychosis
- [ ] Psychological Testing (Adolescents)
- [ ] Psychological Testing (Children)

Additional Experience, Skills or Training
- [ ] Autism Spectrum Disorders
- [ ] Chronic Illness
- [ ] Co-occurring Disorders
- [ ] HIV/AIDS
- [ ] Other

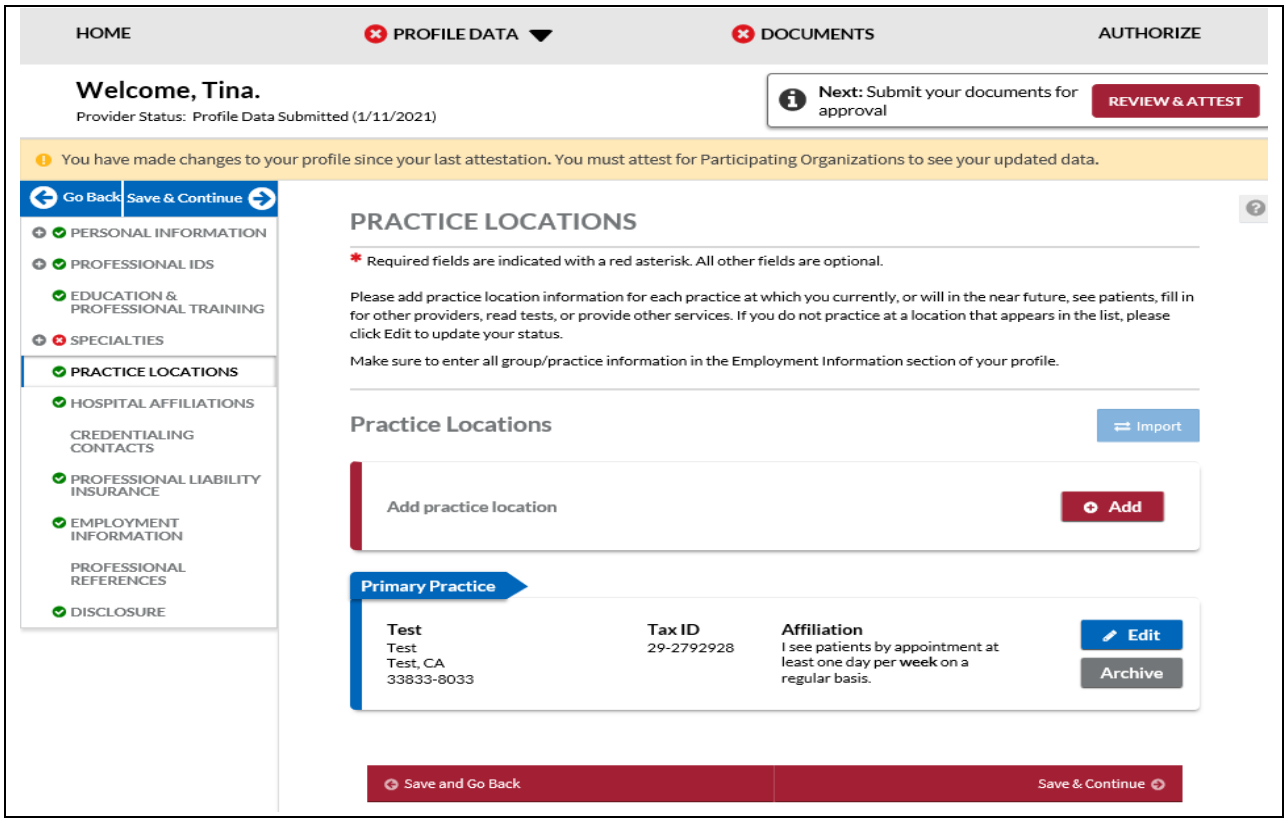
Gender Identity Disorder has been changed to Gender Dysphoria.

Practice Locations

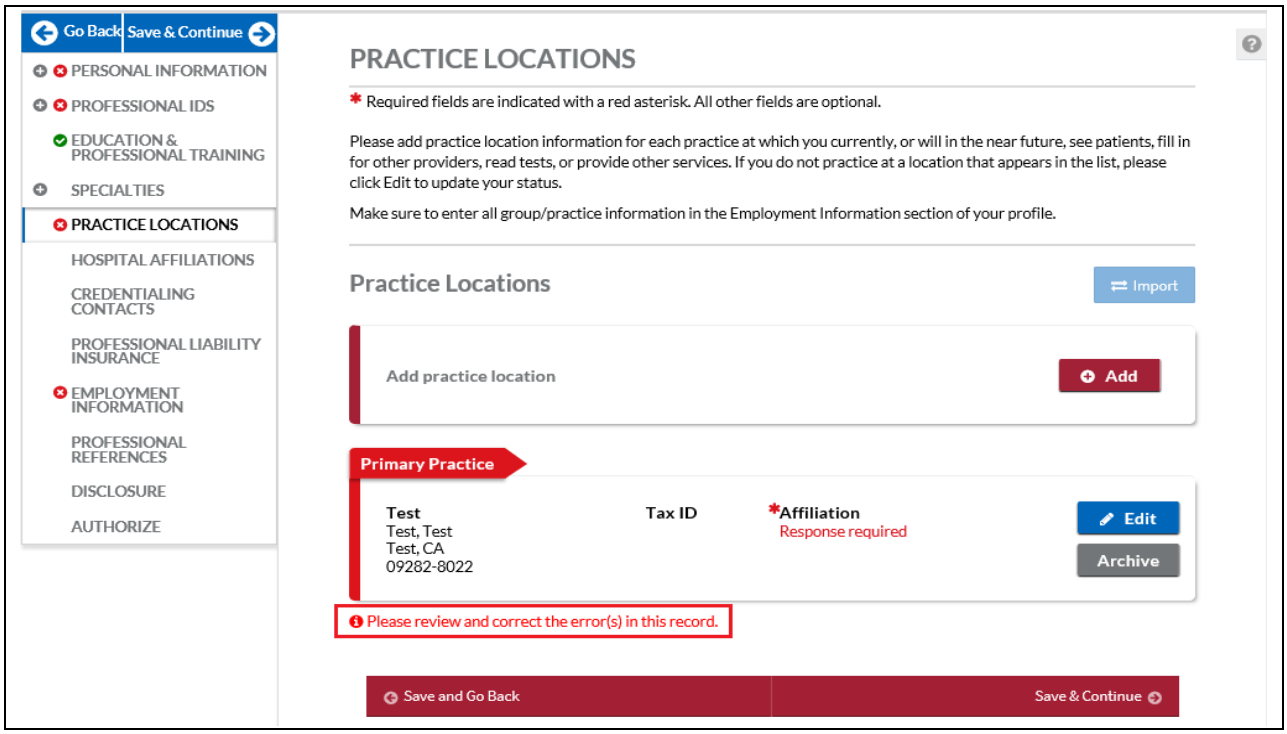
The Practice Locations section asks for detailed information regarding your practice location(s).

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

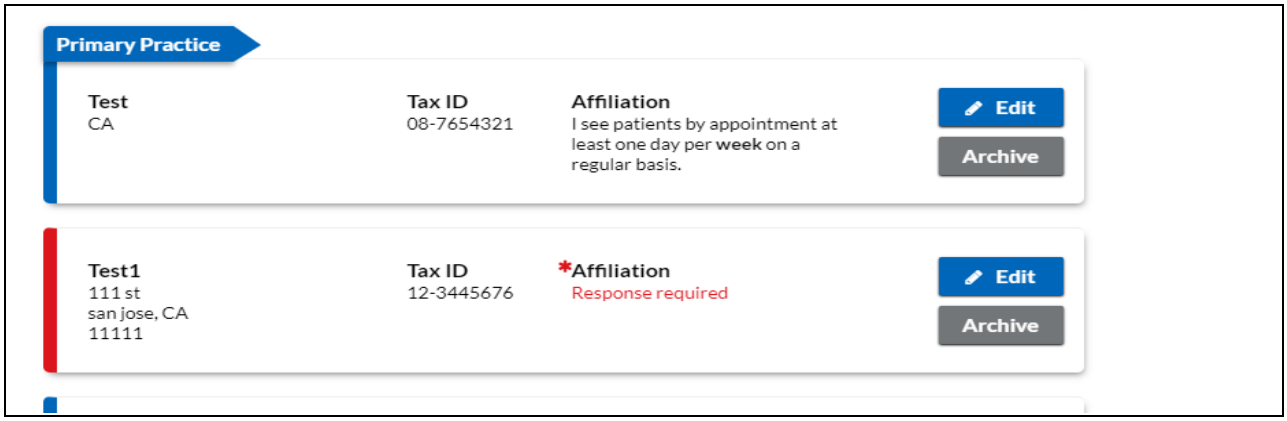
- The table contains the following column headers:
  - Physician Group/Practice Name
  - Tax ID – All Tax IDs associated with the practice location will be displayed with a line break.
  - Location – displays the general address and phone number for the practice location; Address 1 and Address 2, City,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



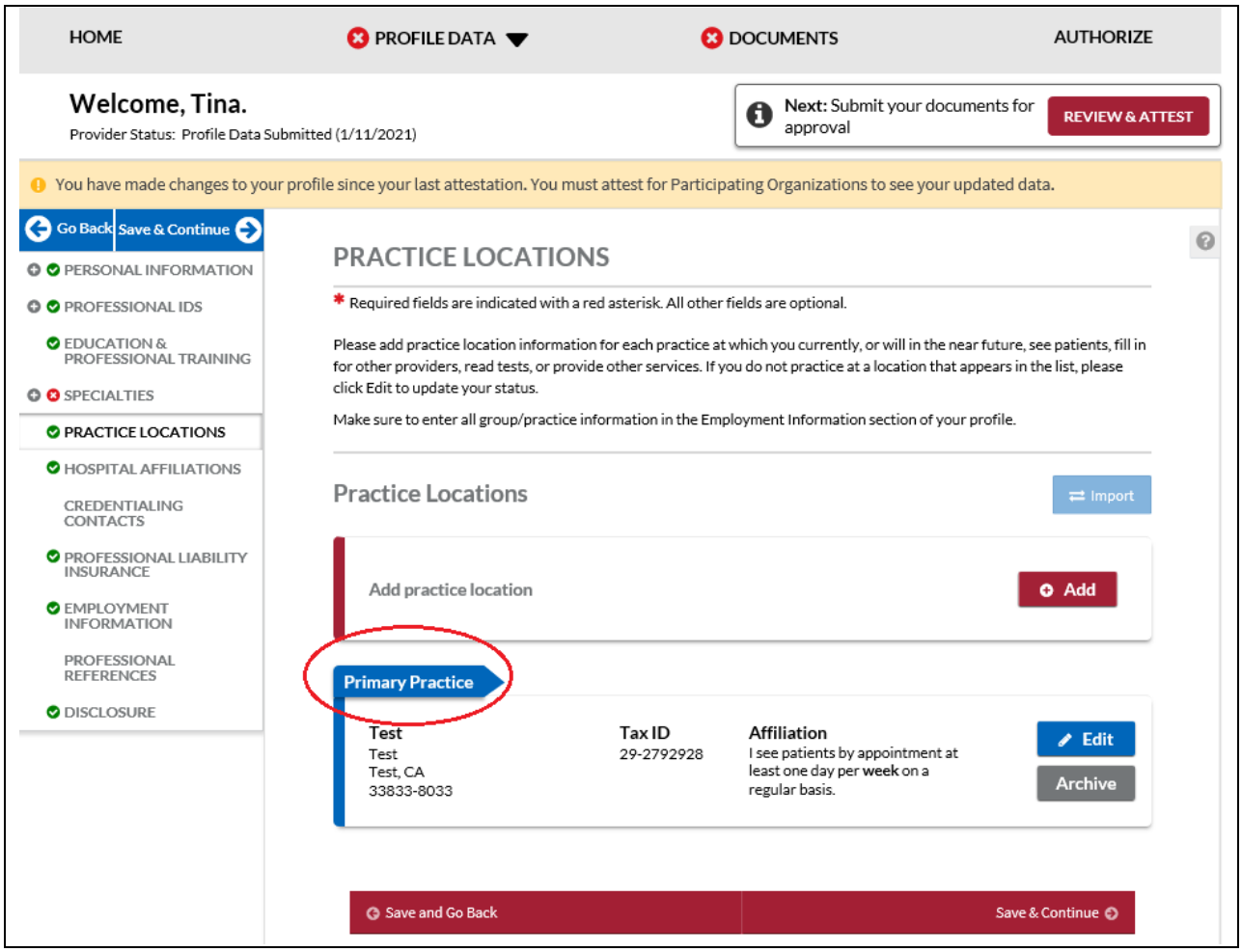
A message will be displayed to indicate that a record has an error.



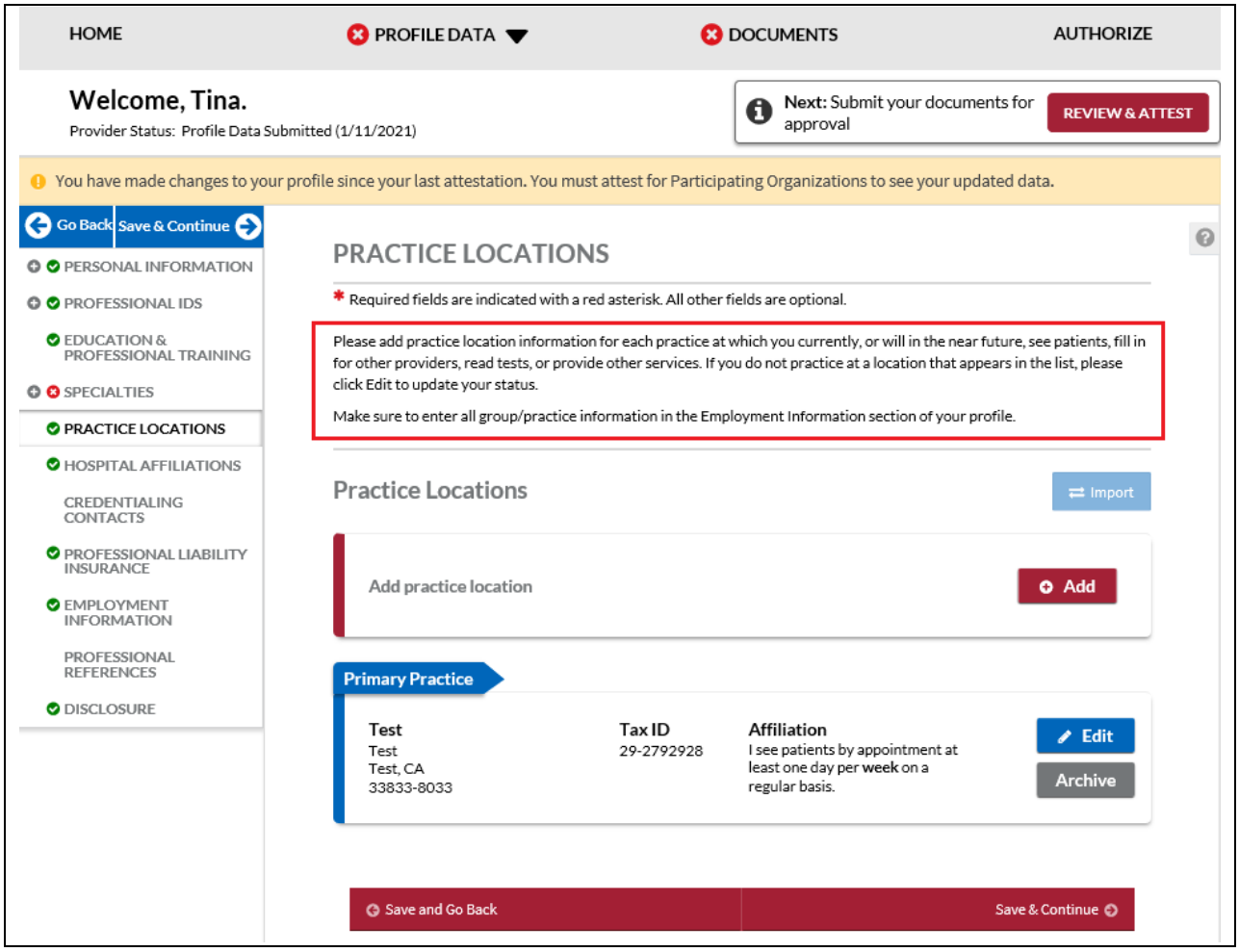
If you have not indicated your affiliation with this location, the following will appear in red font in the Physician Group/Practice Name column: "*Response required*"



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.



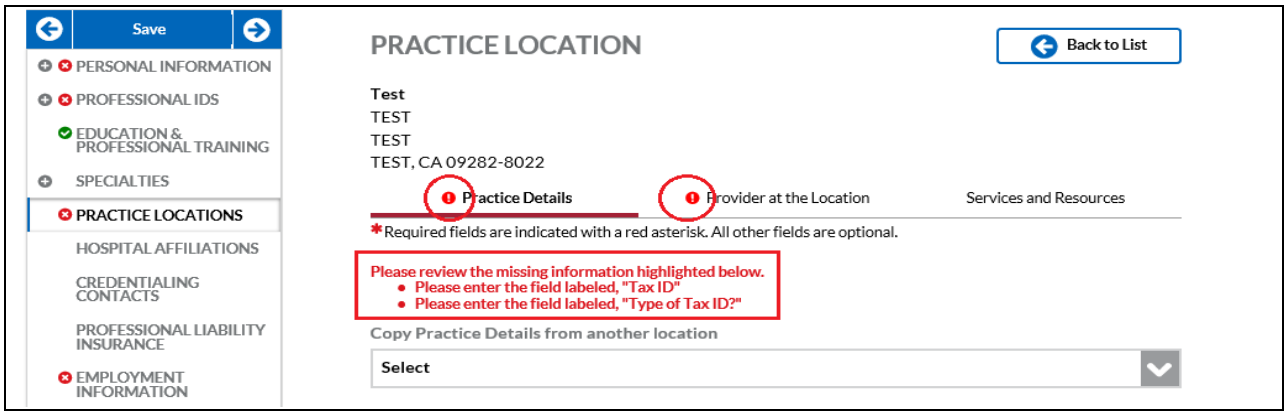
The Help text on the Practice Location start page will guide you through completing this section of your application.



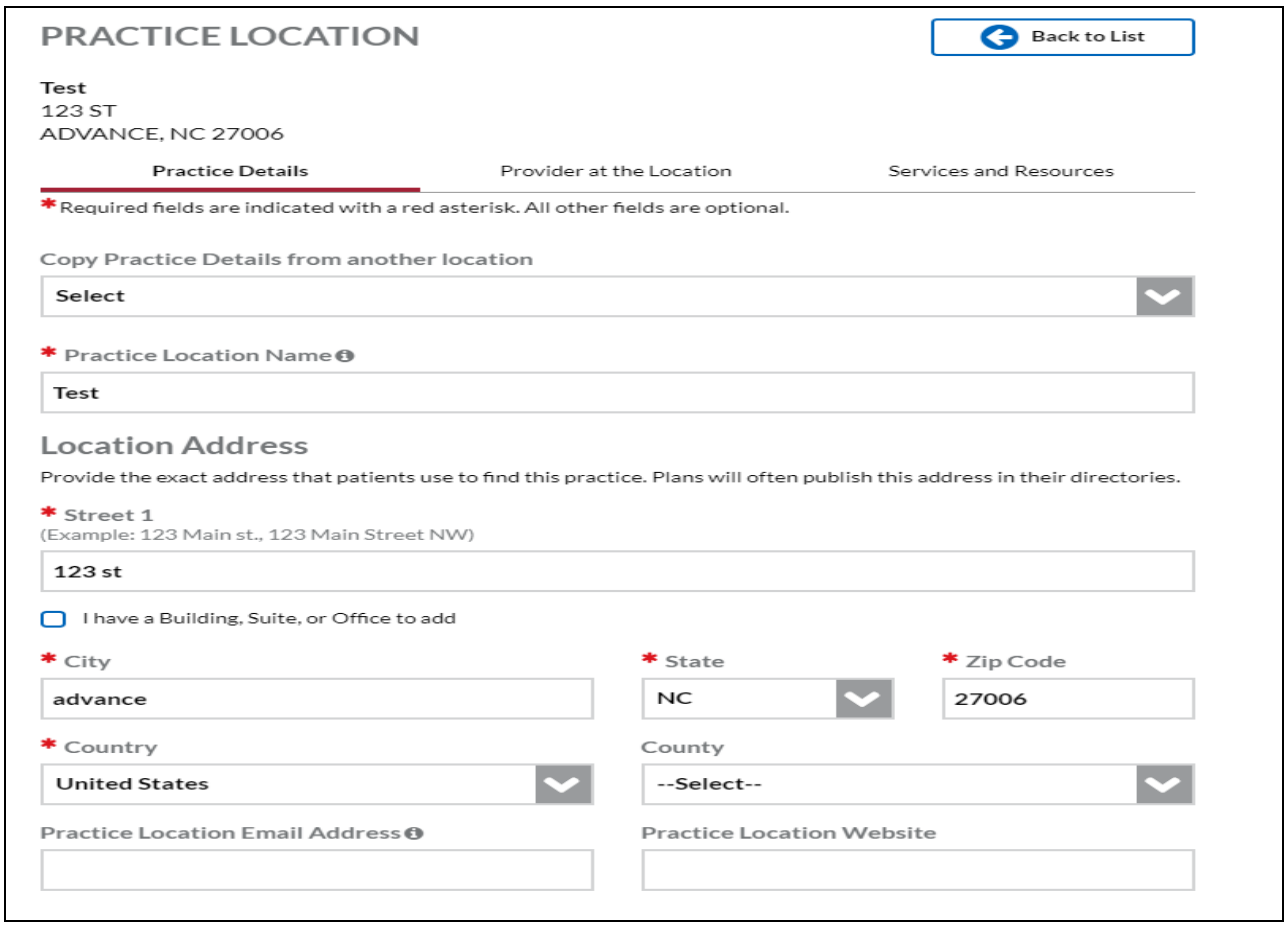
Tips:

- 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. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- 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.

An error icon will be displayed indicating which tab the error is located on and display the validation error message at the top of the page in the record.

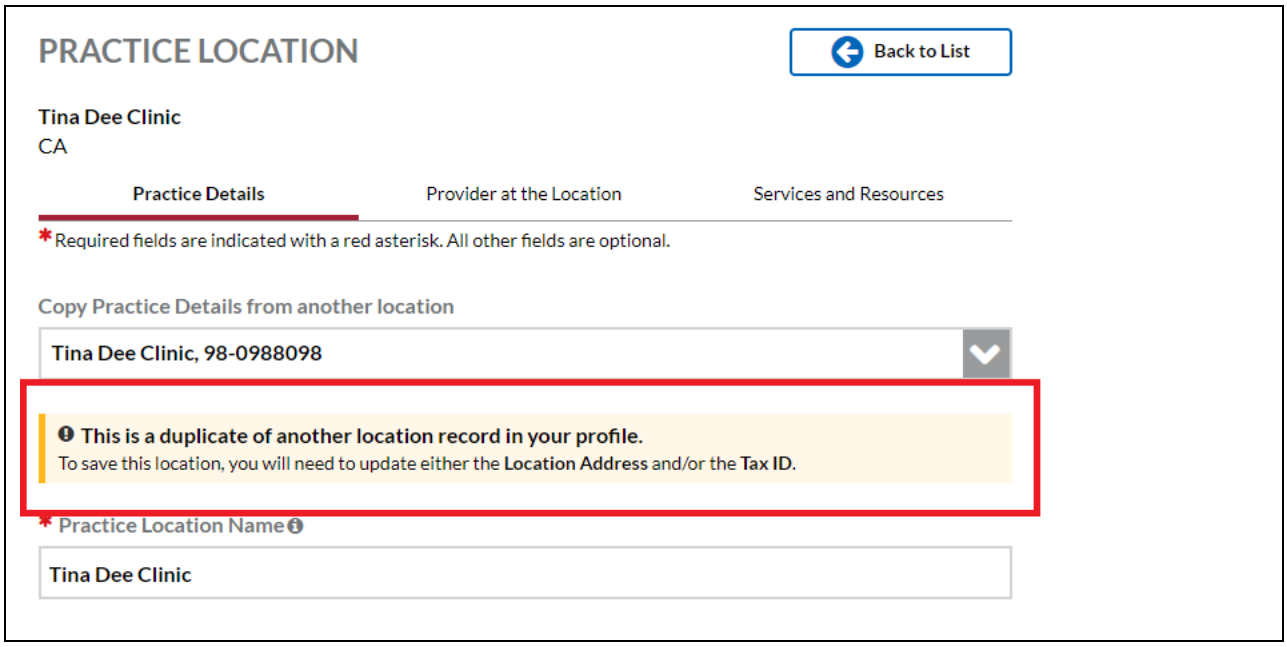


The Practice Locations page has been redesigned to improve CAQH ProView user experience for all providers. There were 6 tabs within the practice location record namely General Information, Hours, Coverage & Contact, Practice Limitations, Accessibility, and Services. We have compressed them into 3: Practice Details, Provider at the Location, and Services and Resources.



The Copy function has been added to the practice location section to make data entry as easy as possible. The copy function will be available on each tab of the practice location. Providers can now copy each section from one location to the other as long as the Tax ID is different from each practice location.

- Providers can copy information from active and archived locations.
- Providers can only copy location with the same address but different Tax ID.
- Providers can only copy tab-specific (Practice Details, Provider at the Location, and Services and Resources) information from one location record to another.
- Copying practice location information from different state can be done but state specific information will be asked as an additional required fix.
- Copied archived locations should not copy the *Do you practice at this location?* or the *Describe your affiliation with this location* question response. These fields are required to be completed by the provider.



- A Duplicate error message will prompt the provider if the information added has the same practice address and Tax ID with the existing record.
- Providers must change the location address and/or the Tax ID to correct the error.

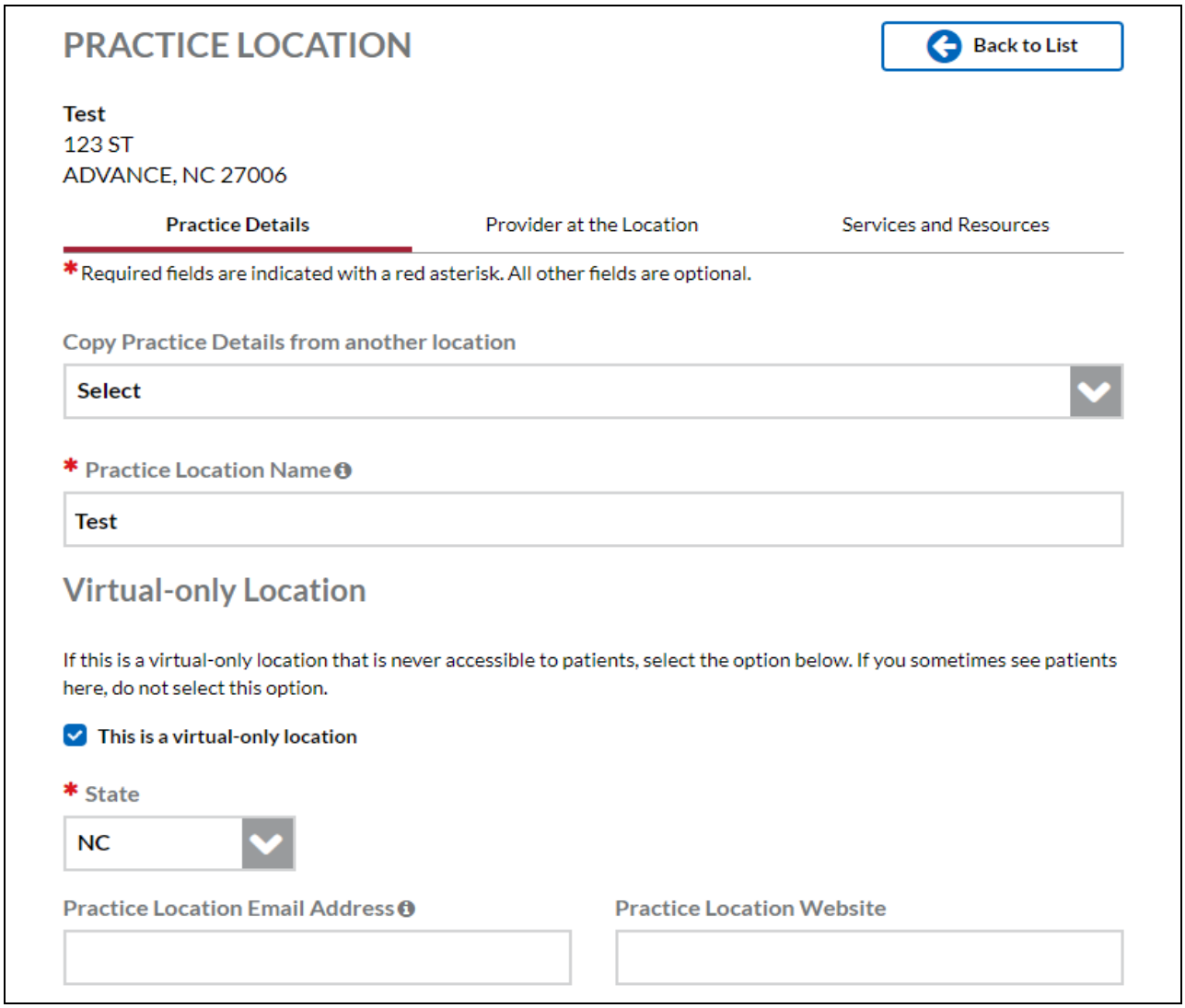
Practice Details

The Practice Details tab includes the following:

- Practice Location Name - the practice name that is referenced when a patient calls to make an appointment
- Location Address - the exact address that patients use to find the practice and the address the plans often publish in their directories; this includes the following: Street1, City, State, Zip Code, Country, County, Practice Location E-mail Address, and Practice Location Website

  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.

  > **Note**: PO Box information will not be accepted on the practice location address fields. Valid characters for Practice Name/City and Street 1 & 2 are limited to space, Aa-Zz, 0-9, and the following special characters # - . , ‘ /&.



Providers with the NUCC Grouping of Behavioral Health & Social Service Providers will be allowed to indicate whether the practice location is virtual-only and that is never accessible to patients.

Copy Practice Details from another location

Select

* Practice Location Name

Test

Virtual-only Location

If this is a virtual-only location that is never accessible to patients, select the option below. If you sometimes see patients here, do not select this option.

☐ This is a virtual-only location

Location Address

Provide the exact address that patients use to find this practice. Plans will often publish this address in their directories.

* Street 1
(Example: 123 Main st., 123 Main Street NW)

☐ I have a Building, Suite, or Office to add

* City

* State

NC

* Zip Code

* Country

--Select--

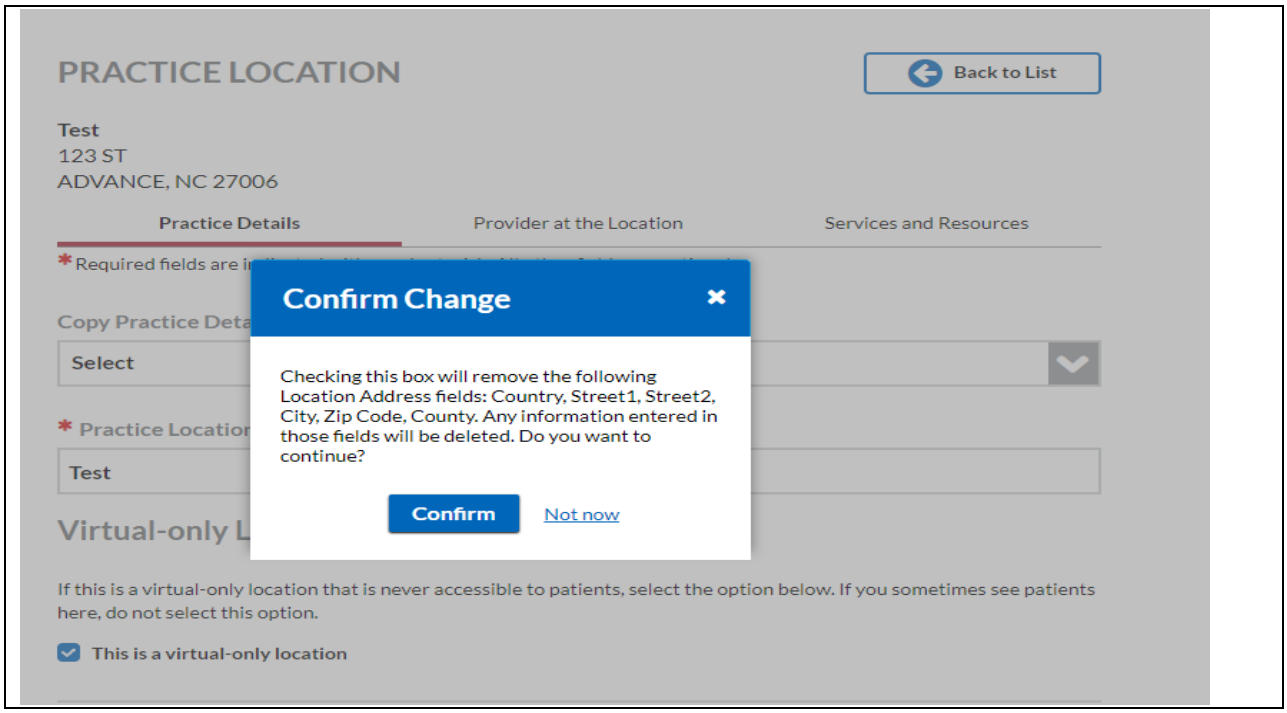
County

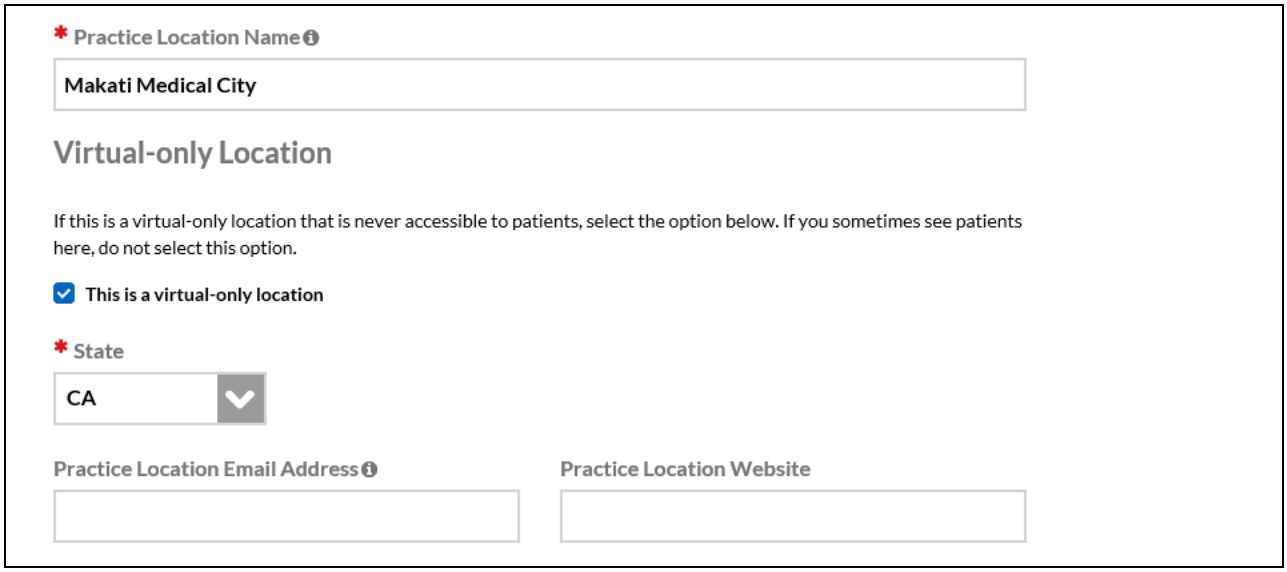
--Select--

Practice Location Email Address

Practice Location Website

If you select the checkbox indicating the practice location is virtual-only, the Location Address such as Street 1, City, Zip Code, and Country will be removed retaining the State.

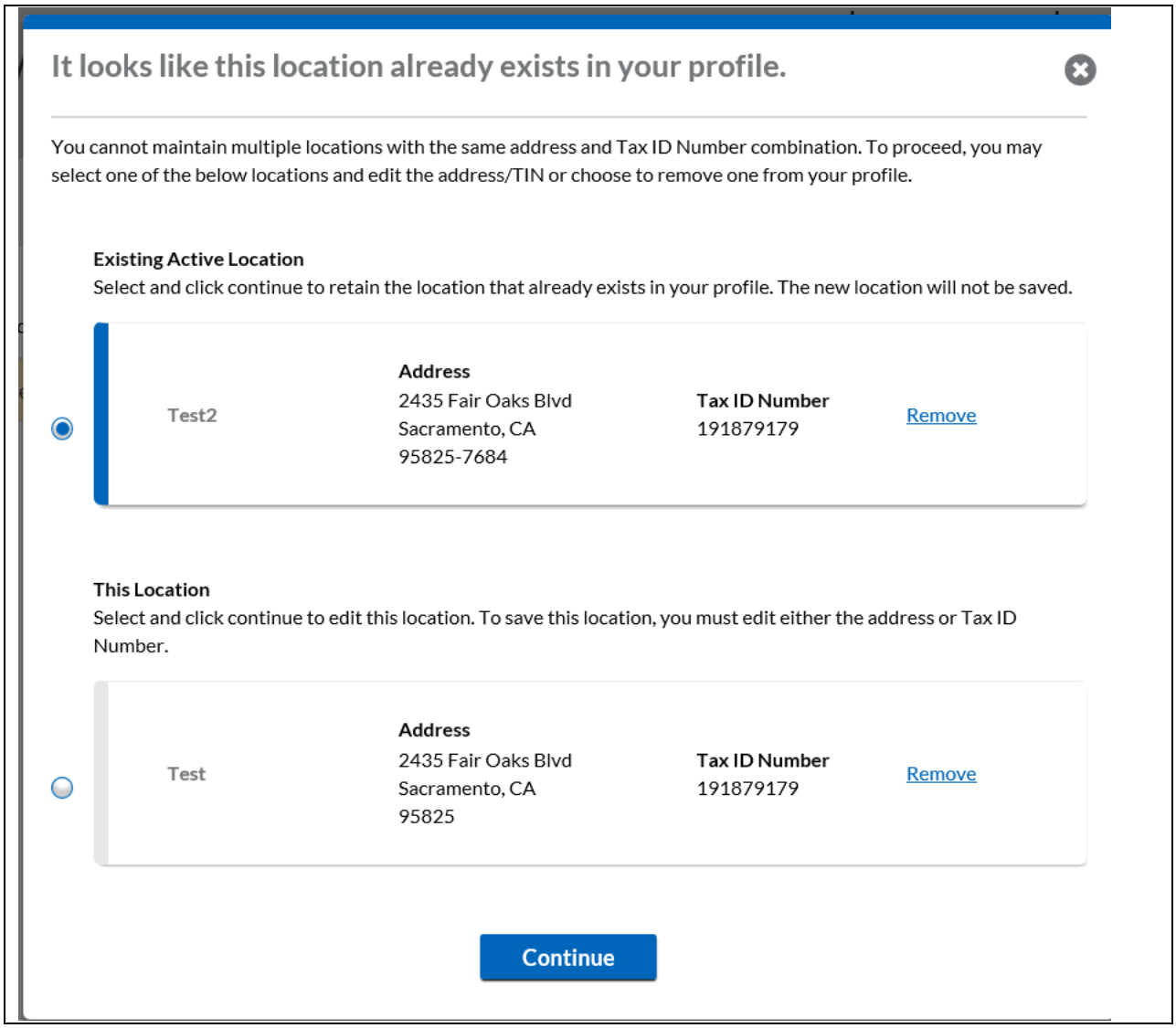




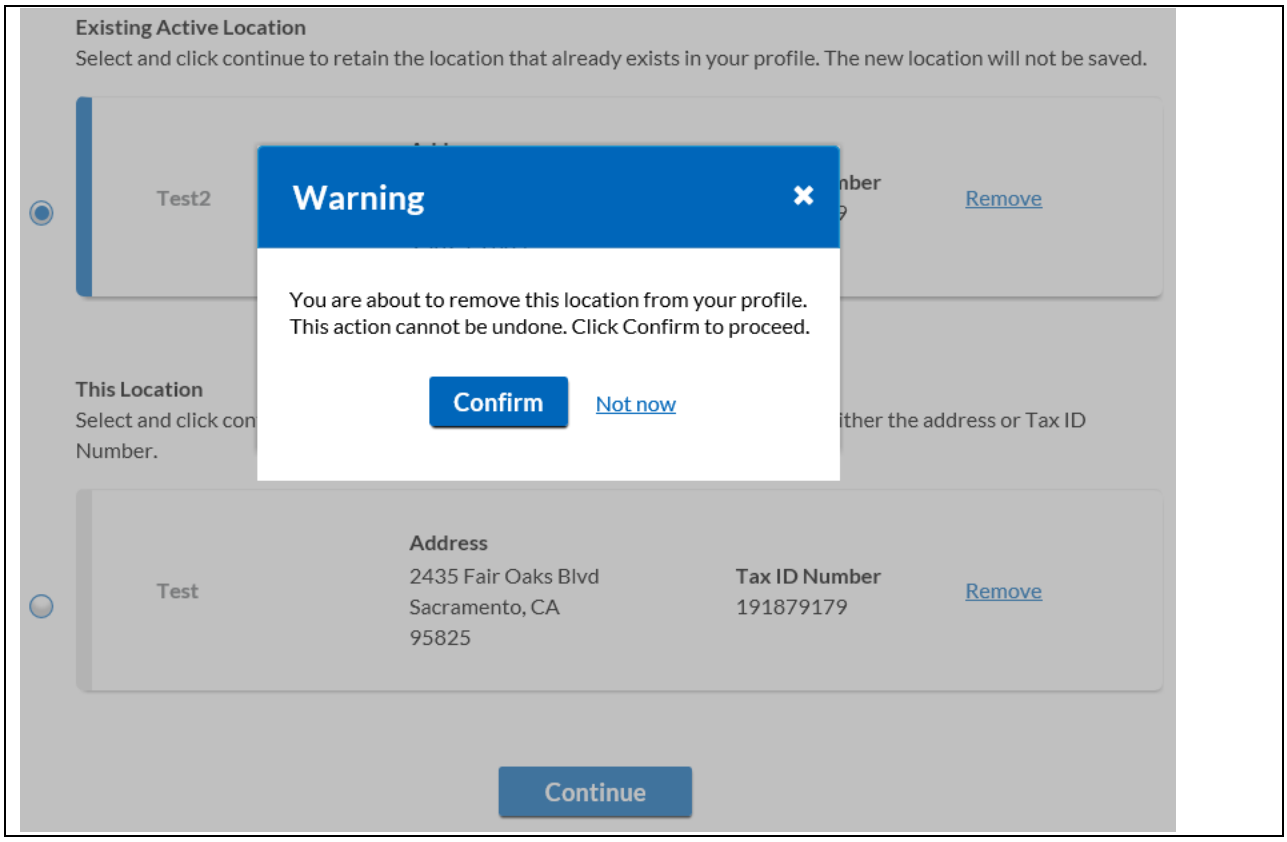
If you have indicated that the location is virtual-only, you will be required to enter the Mailing Address on the Services and Resources tab.

Duplicate Location Records

If you update a location record to an address and Tax ID Number similar to an existing location record, you will be prompted with this message.



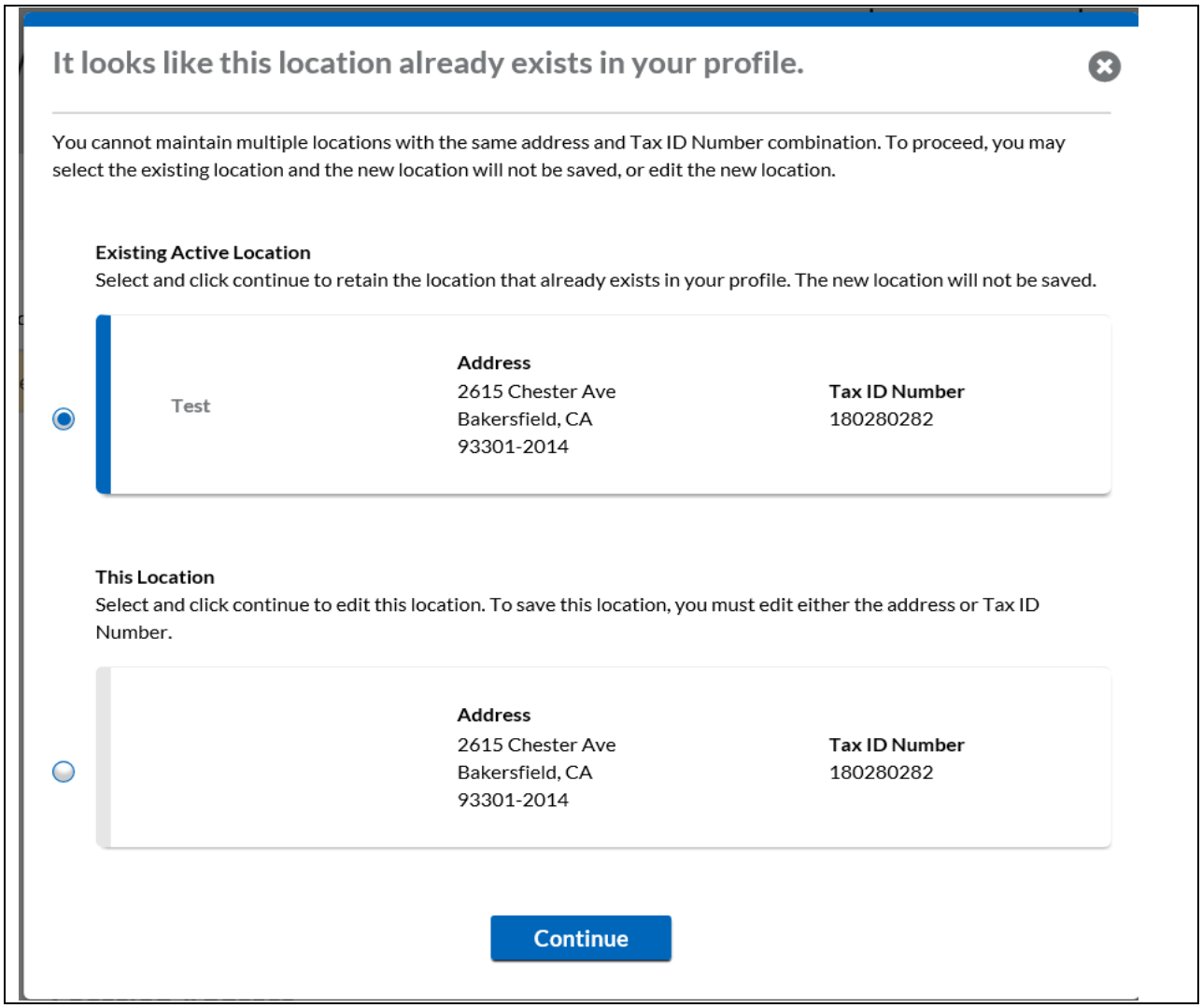
You may remove one of these locations by clicking the Remove link. You will be prompted with a confirmation message to proceed.



You may also select the location record at the top and click Continue. The changes to the other location will not be saved.

If you select the location record at the bottom and click Continue, you will be required to edit either the address or the Tax ID Number.

If you add a new location record with the same address and Tax ID Number as an existing record, you will be prompted with this message.



You may select the location record at the top and click Continue. The new location record that you are trying to add will not be saved.

If you select the other record and click Continue, you will be required to edit either the address or the Tax ID Number to save the new record.

- Phone Numbers - the phone number that a patient uses to make an appointment. If the provider does not take appointments, enter the main number for the 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.

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.

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
Makati Medical City Peach St Angels, OH 12345-1234	927-929-2727	Confirm | Edit

- If you click the Edit link, you will be taken to the Practice Details screen for that Practice Location.
- If you click the Confirm link for a Practice Location, that line item will disappear from the Correct Errors page.

- Business Identifiers - includes the Legal Business name, the Tax ID, and the Type of Tax ID
- Organization (Type 2) NPI

Note: All Type 2 NPIs will undergo a one-time validation. A Type 2 NPI is only validating the NPI format. It is not validating practice name against the registry. Validation failures will be displayed as a required fix.

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

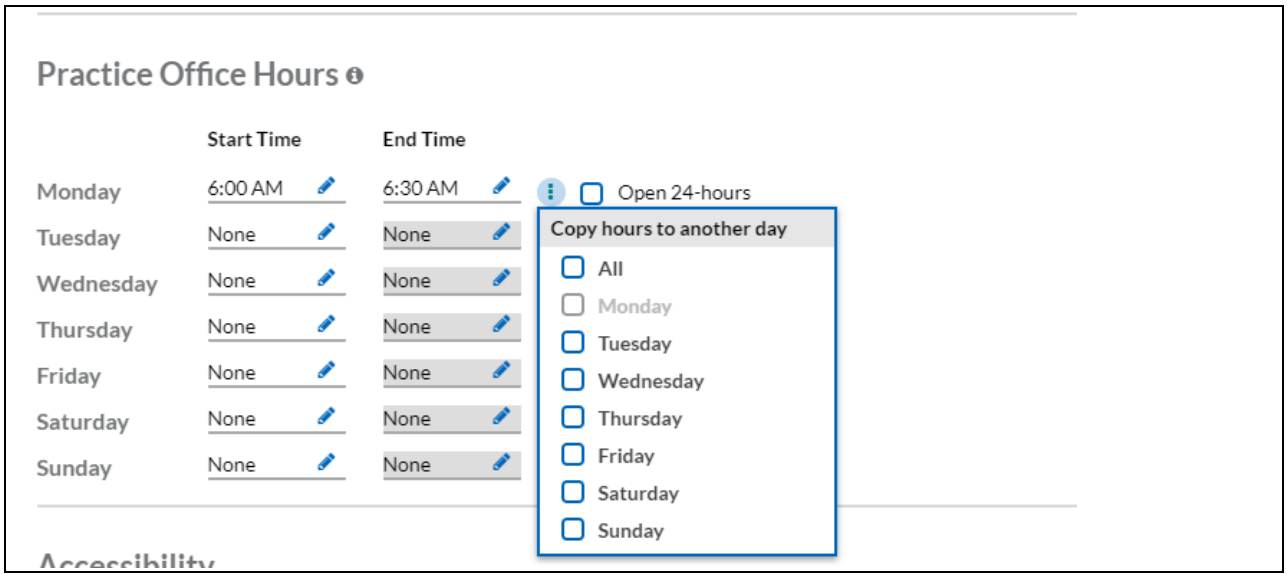
Group/Practice Name	Original Address	Suggested Address	Action	
Smith Internal Medicine	875 10th st NE Washington, DC 20006	USPS could not find this address. Please click "Edit" to correct this address.	Edit	Ignore

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

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

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

- ***This number could not be found in the NPI database.*** - This means that the Type 2 NPI that you have entered is an invalid one. Please review for any possible typo error.
- ***This is not an Organization (Type 2) NPI.*** - You may have entered an Individual NPI on the Group/Organization NPI field. Please review the value that you have entered on the Group/Organization NPI field.
- Type of Practice
- Practice Office Hours
    - *Errors on the Practice Office Hours will appear on the Required Fixes page.*
        - *If start time is entered, an end time will be required.*
        - *The end time should be later than the start time.*
    - *Users will also have the option to copy hours to another day by clicking the three vertical dots beside the End Time.*



- 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
- Languages

PRACTICE LOCATION

Back to List

Test
123 ST
ADVANCE, NC 27006

Practice Details | Provider at the Location | Services and Resources

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

Copy Practice Details from another location

Select

* Practice Location Name

Test

Location Address

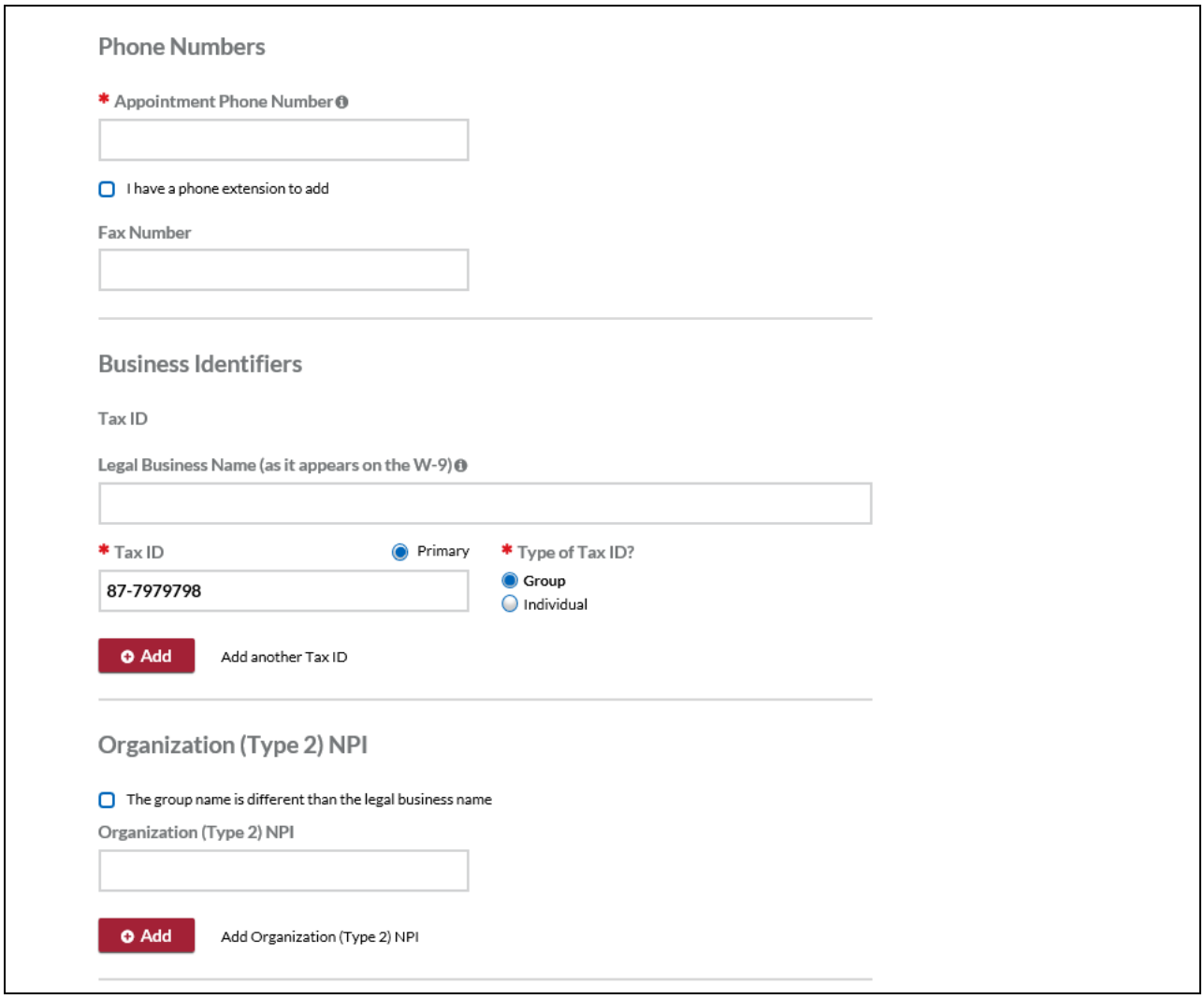
Provide the exact address that patients use to find this practice. Plans will often publish this address in their directories.

* Street 1
(Example: 123 Main st., 123 Main Street NW)

123 st

☐ I have a Building, Suite, or Office to add

* City: advance
* State: NC
* Zip Code: 27006
* Country: United States
County: --Select--
Practice Location Email Address
Practice Location Website


Phone Numbers
* Appointment Phone Number
I have a phone extension to add
Fax Number
Business Identifiers
Tax ID
Legal Business Name (as it appears on the W-9)
* Tax ID
Primary
87-7979798
* Type of Tax ID?
Group
Individual
Add
Add another Tax ID
Organization (Type 2) NPI
The group name is different than the legal business name
Organization (Type 2) NPI
Add
Add Organization (Type 2) NPI

Type of Practice

--Select--

Practice Office Hours

	Start Time	End Time	
Monday	None	None	Open 24-hours
Tuesday	None	None	Open 24-hours
Wednesday	None	None	Open 24-hours
Thursday	None	None	Open 24-hours
Friday	None	None	Open 24-hours
Saturday	None	None	Open 24-hours
Sunday	None	None	Open 24-hours

Accessibility

Please indicate how this location is accessible, according to the Americans with Disabilities Act (ADA) standards:

- Select All
- Exterior building
- Interior building
- Wheelchair access to exam room
- Exam table/scale/chair
- Gurneys & stretchers
- Other access for people with disabilities
- Staff at this location receive ADA compliance training
- Portable lifts
- Radiologic equipment
- Signage & documents
- Parking
- Restroom

Please specify how this location accommodates people who have intellectual, cognitive or hearing disabilities

- Accommodations for people with intellectual/cognitive disabilities (e.g., on-site staff to explain instructions)
- Teletypewriter (TTY) or Telecommunications Device for the Deaf (TDD)
- American Sign Language
- Mental/Physical Impairment Services
- Other disability services

Please specify how this office is accessible by public transportation

- Bus
- Subway
- Regional Train
- Other transportation

Additional Accommodations

- This location provides child care services
- This location meets all state and local fire, safety and sanitation requirements

Languages

Non-English language(s) spoken by office personnel

Non-English language(s) spoken by interpreters

Save and Go Back | Save | Save & Continue

Provider at the Location

The Provider at the Location tab displays the following details:

- Affiliation - describes the provider's affiliation with the location; select your affiliation from the dropdown

Which value to choose from the options?

Option 1: ***I see patients by appointment 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 by appointment 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 see patients at this location, but not by appointment.***

This option would be appropriate for:

- non-appointment providers who work at this location

Option 4: ***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 5: *I read tests, perform imaging, or provide other services as my primary function 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.

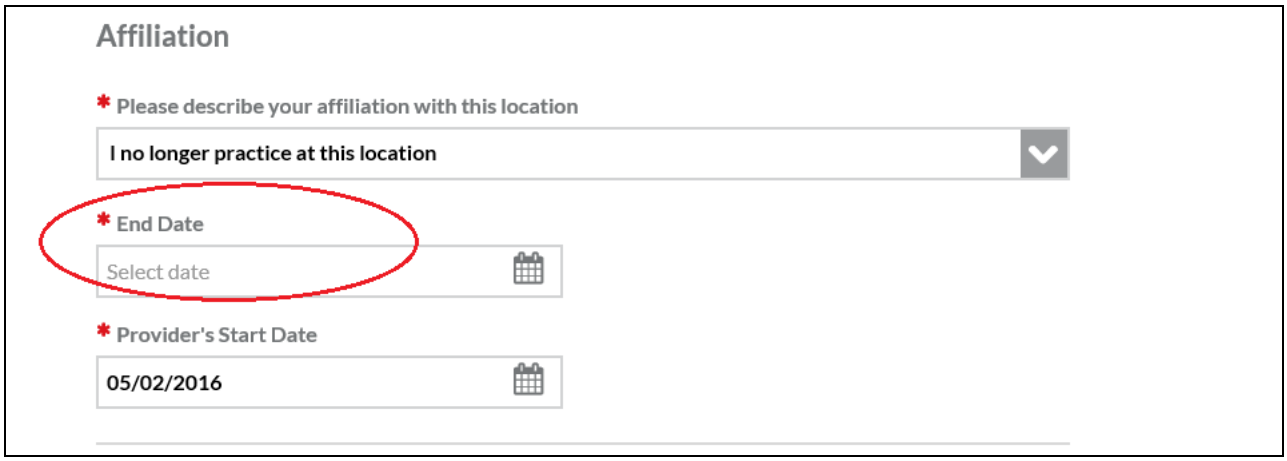
Option 6: I no longer practice at this location

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.



Option 7: I do not practice here, but the location is within the medical group with which I am employed

This option would be appropriate when:

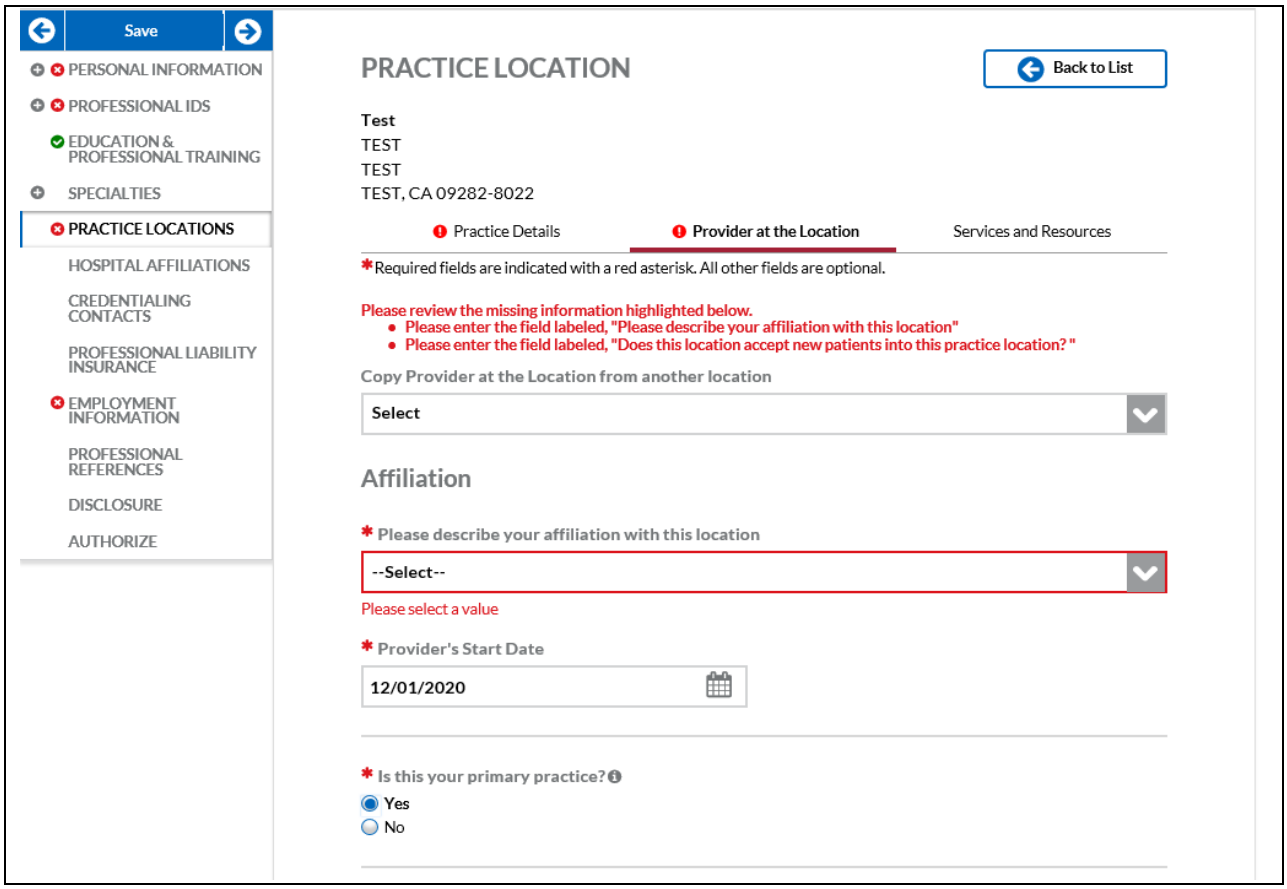
- You are employed by a large group and the practice manager for the group lists this location for you even though you would never submit claims to this location.

Option 8: I never practiced here and have no affiliation with this location

This option would be appropriate when:

- The practice location was entered by mistake.

- Network Denial - displays a checkbox for "I have closed my practice to at least one plan or program"
- Patients - The questions in this section pertain to your general activity and preferences at this location. They are not specific to your activity in relation to any health plan. This is also where you can indicate the types of patients accepted into the practice.
- Practice Limitations - ay restriction you have set on the gender or age of your patient population
    - Gender Limitations – Female Only or Male Only
    - 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.
    - Other Limitation



A tooltip was added next to the Primary Practice question on the page to inform only one “Yes” response is allowed. “At least one Practice Location is required” is triggered when “Inpatient/Outpatient or Outpatient Only” or “Military/Federal or Emergency Responder” practice settings is chosen.

If multiple records have the Primary Practice Location selected as “Yes” an error will display on the summary page and within the record.

When multiple Practice Locations exist but none are selected as the primary, the Correct Errors page will display: "You are required to have one Primary Practice. Please edit the location you consider to be your primary, and update the Provider at the Location tab."

Practice Location

Sub Section	Field	Error
Practice Location		You are required to have one Primary Practice. Please edit the location you consider to be your primary, and update the Provider at the Location tab.

Patients

The questions in this section pertain to your general activity and preferences at this location. They are not specific to your activity in relation to any health plan.

* Does this location accept new patients into this practice location?

- Yes
- No

Number of active patients enrolled with you at this site

Number of patient visits you have at this site per year

Routine Care Statistics

Add — Add routine care statistics

Preventive Routine Care Statistics

Add — Add preventive routine care (e.g., physical) statistics

Urgent Care Statistics

Add — Add urgent care statistics

Emergency Care Statistics

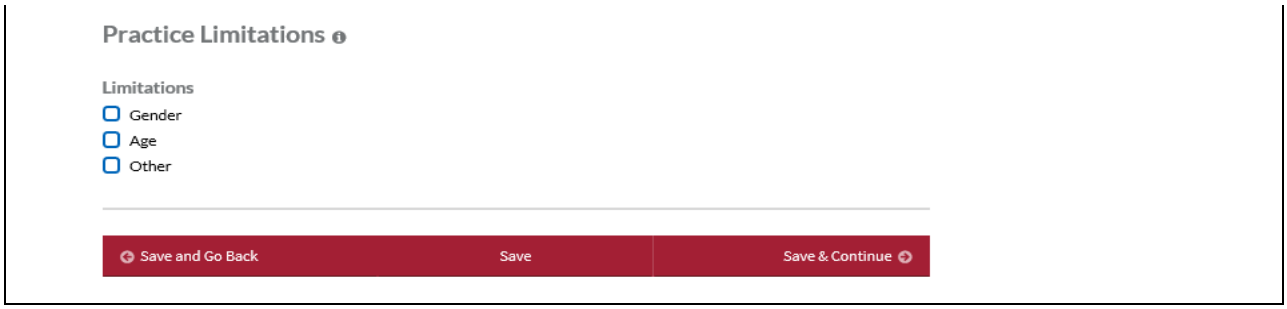
Add — Add emergency care statistics

Symptomatic Care Statistics

Add — Add symptomatic care (e.g., sore throat) statistics

General Statistics

Add — Add general statistics

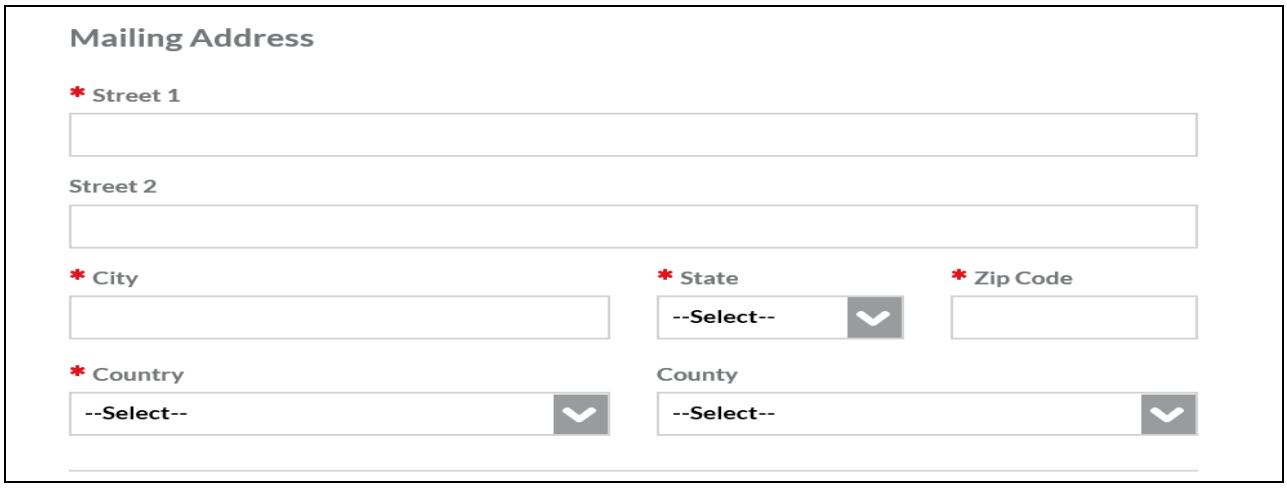


Services and Resources

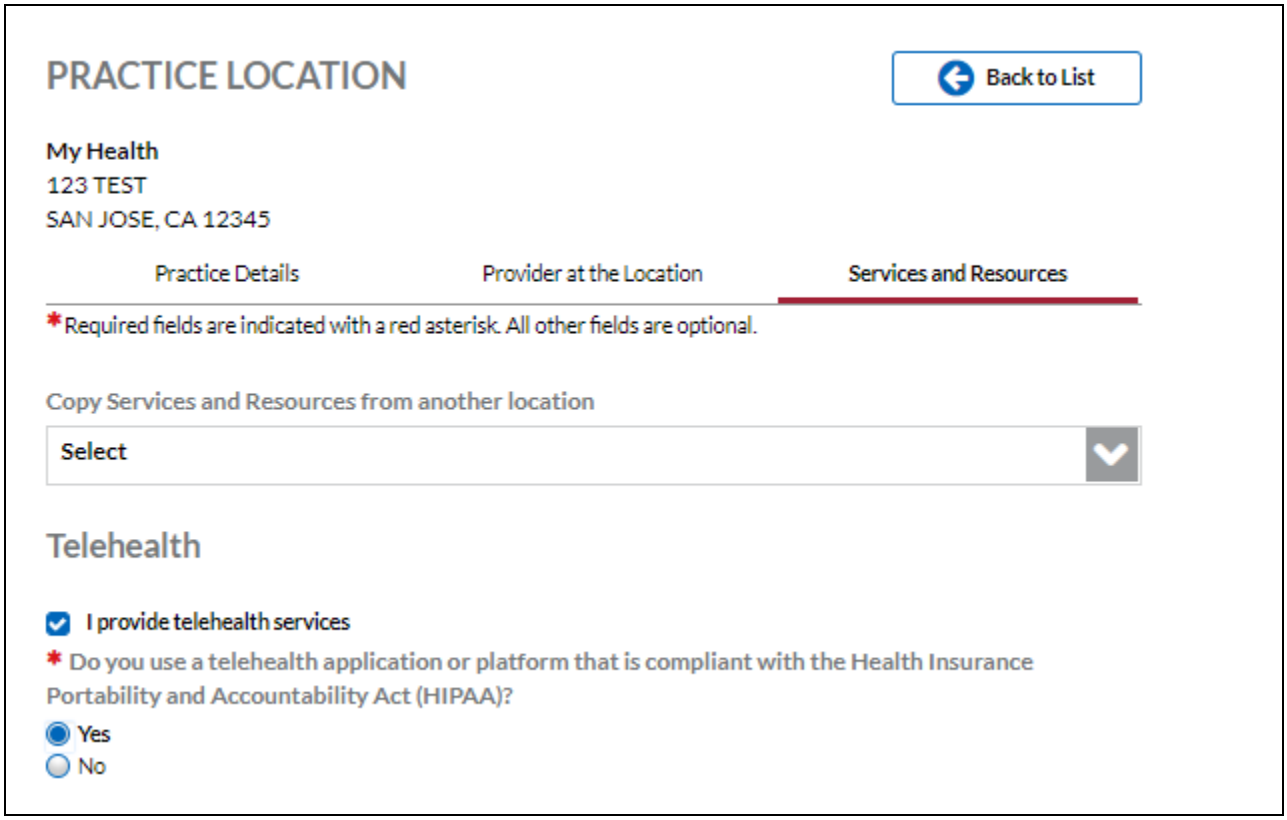
The Services and Resources tab includes the following details:

- Telehealth - allows providers to indicate if they offer telehealth/telemedicine services for a practice location
    - The system will require you to answer the question "Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?" after clicking the checkbox for "I provider telehealth services"
- Services
- Payment and Remittance
- Colleagues
- Covering Colleagues Not at This Location
- Office Personnel
- Mailing Address

  The following Mailing Address fields will be required for Behavioral Health & Social Service providers who have indicated that the practice location is a virtual-only location: Street1, City, State, Zip Code, and Country.



- Phone Coverage
- Other Location Information



Services

Does this location provide any of the following services:

- [ ] Age Appropriate Immunizations
- [ ] Allergy Injections
- [ ] Allergy Skin Testing
- [ ] Anesthesia
- [ ] Asthma Treatment
- [ ] Cardiac Stress Test
- [ ] Care of Minor Lacerations
- [ ] Drawing Blood
- [ ] EKG Services
- [ ] Flexible Sigmoidoscopy
- [ ] IV Hydration Treatment
- [ ] Laboratory Services
- [ ] Office Gynecology
- [ ] Osteopathic Manipulation
- [ ] Physical Therapy
- [ ] Pulmonary Function Testing
- [ ] Radiology Service
- [ ] Surgical Procedures
- [ ] Tympanometry / Audiometry Screening
- [ ] X-Ray

Other Services

Special Skills By The Practitioner

Special Skills By The Staff

Payment and Remittance

Billing Department Name

Billing

Check Payable To

My Health

Billing Policies

- [x] This practice offers Electronic Billing
- [x] The office manager and payee contact are the same person

Workers' Compensation Information

- [ ] I accept Workers' Compensation patients at this location

Paraprofessionals

- [ ] This site employs paraprofessionals for direct patient care

Colleagues

Add a Partner, Associate, or Mid-Level Practitioner who practices at this location

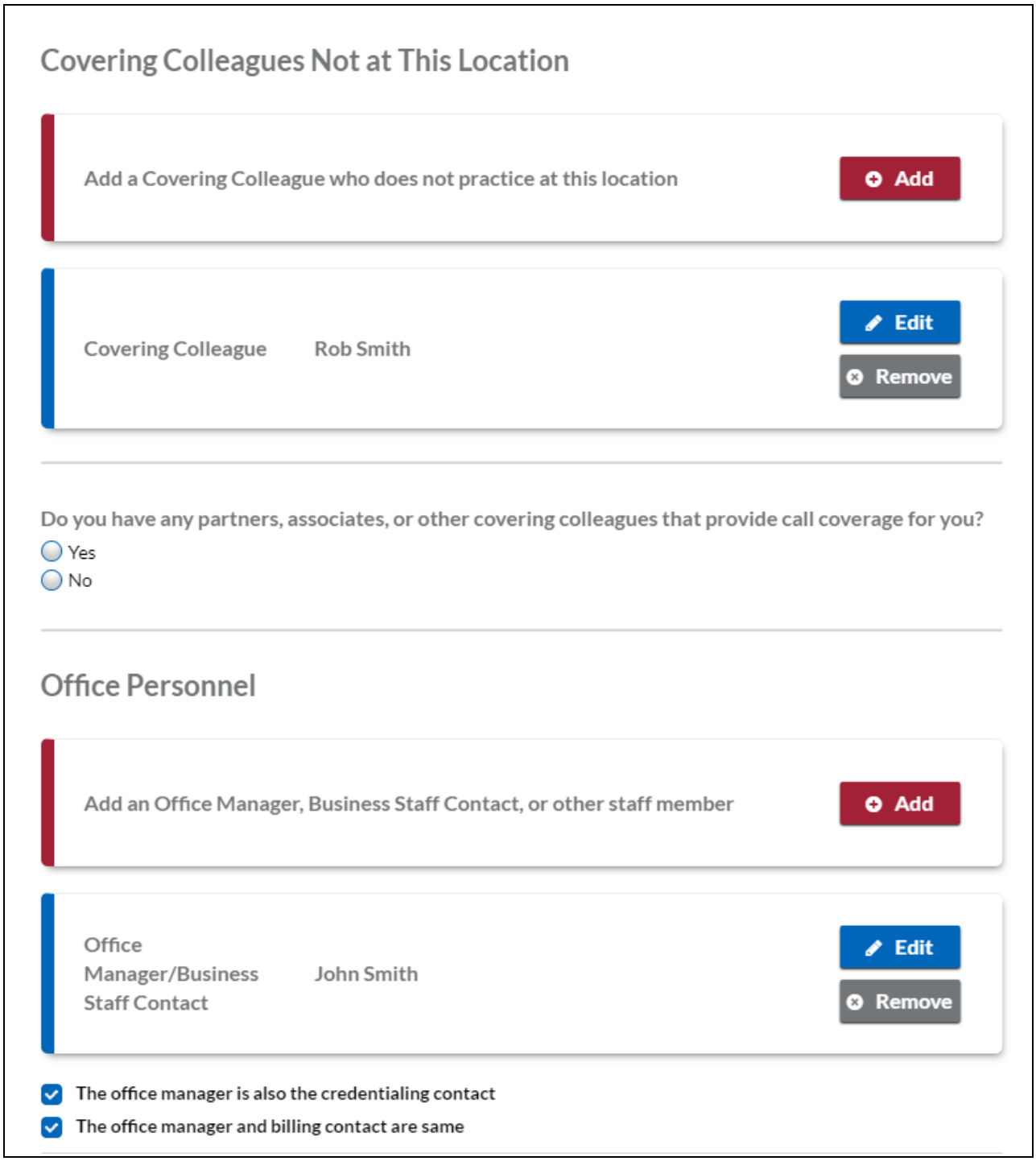
Add

Mid-Level Practitioner

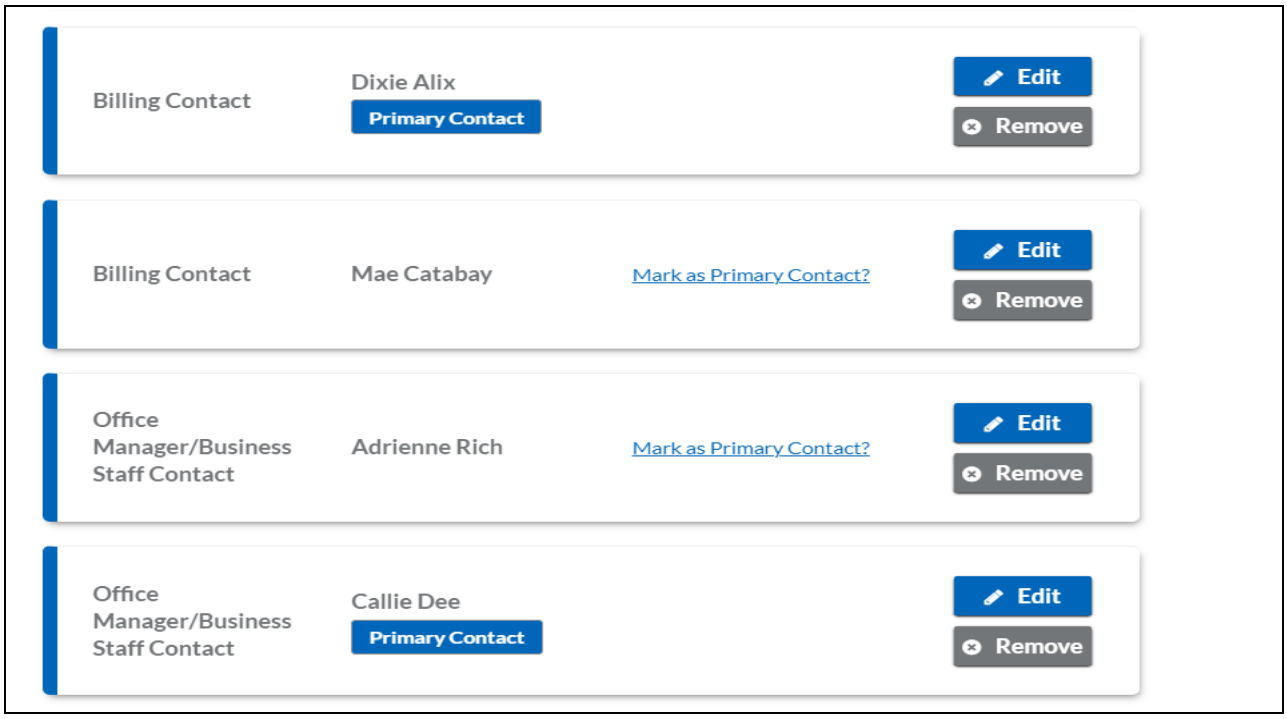
Jane Smith

Edit

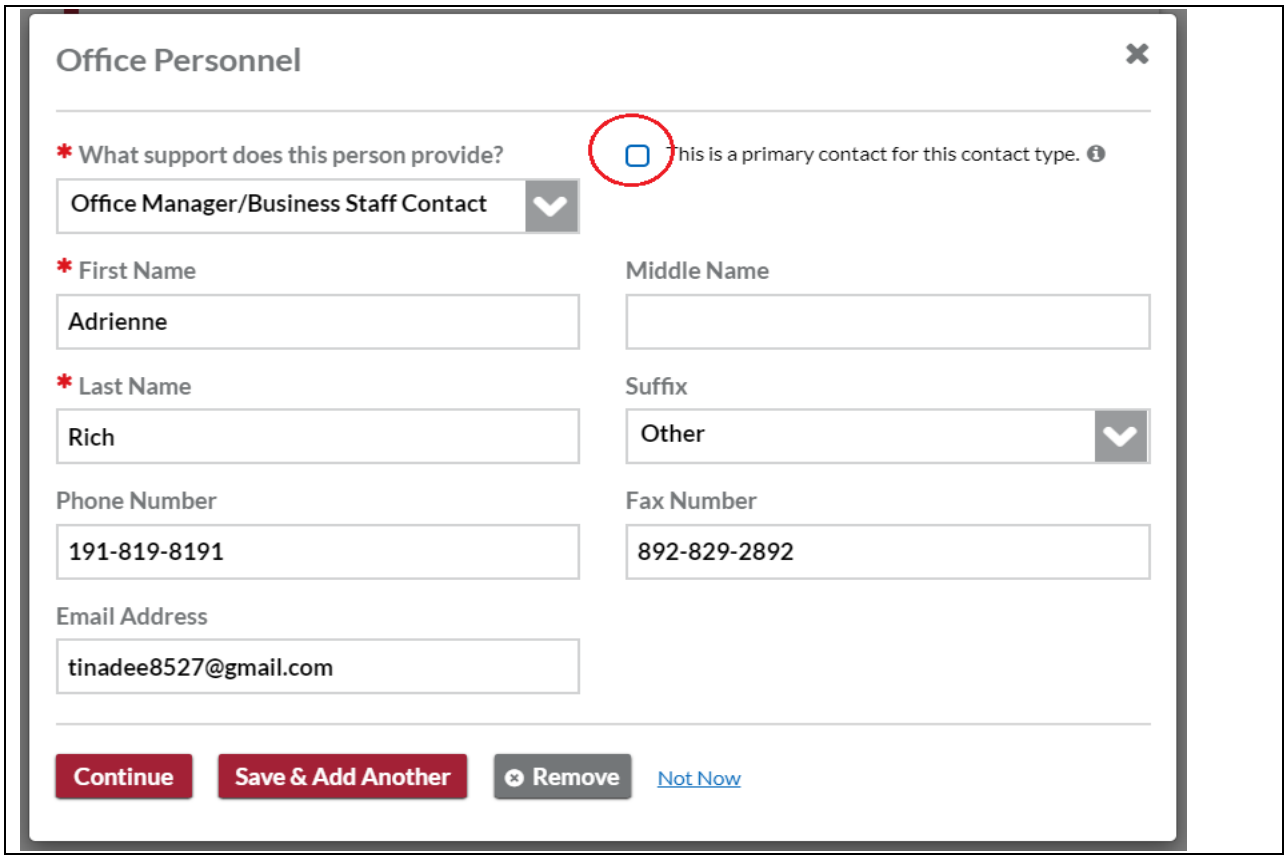
Remove



Note: If you have more than one contact for each contact type, you will have the ability to designate one contact as the primary contact.



To designate a contact as the primary, click the link “Mark as Primary Contact?” and click the checkbox at the top of the pop-up window.



Mailing Address

Remove

General correspondence can be sent to the practice location address

Street 1

123 Main St

Street 2

City

San Jose

State

CA

Zip Code

95127

Country

United States

County

--Select--

Phone Coverage

This location provides 24 hour / 7 day per week phone coverage

Please indicate if you would like to add any of the phone numbers listed below:

Back Office Phone Number

Pager Number

Emergency Phone

Answering Service Company

Remove

Phone

123-456-7890

Other Location Information

Group Medicaid Number

Group Medicare Number

Save and Go Back | Save | Save & Continue

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.

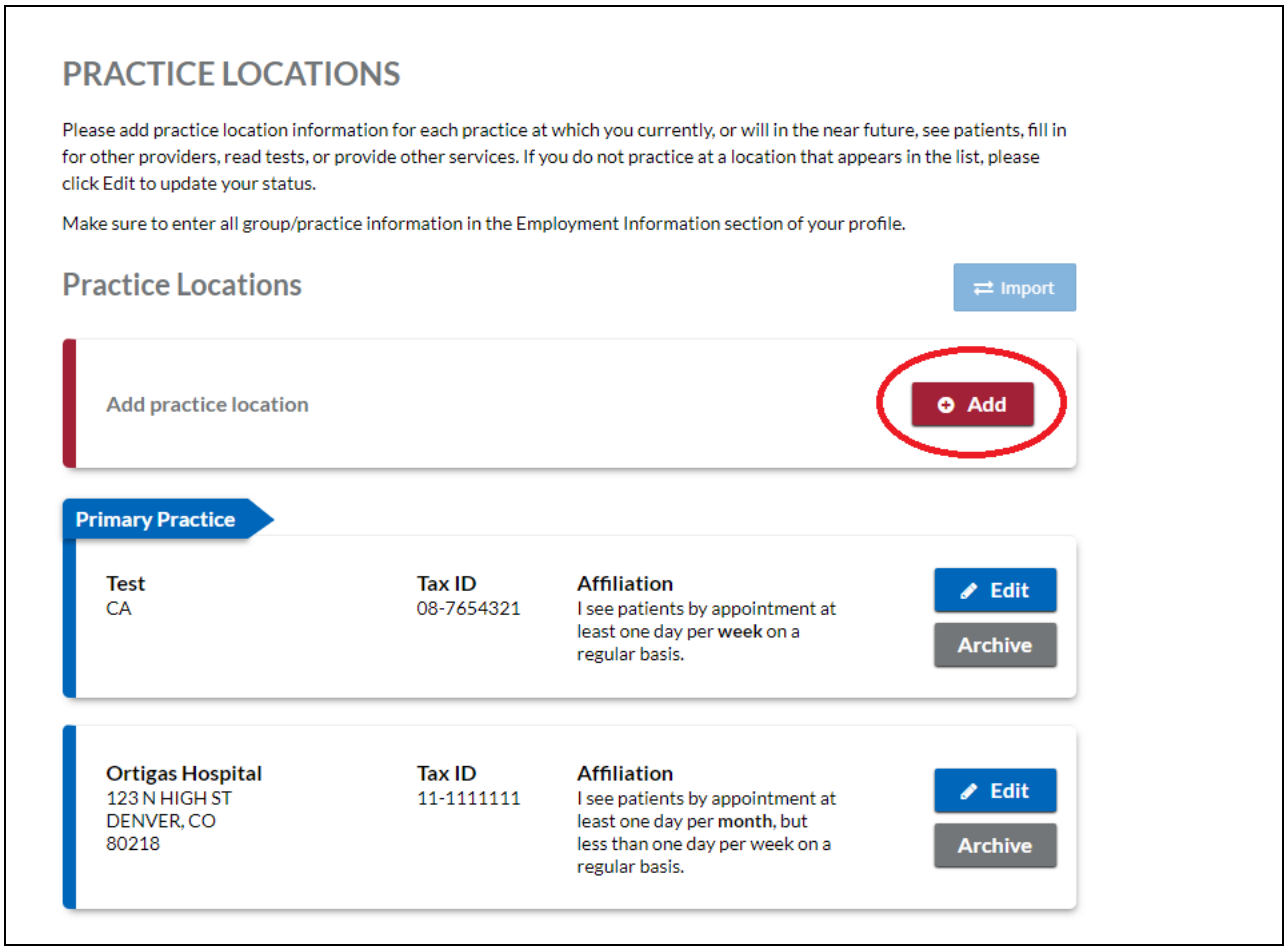
Practice Location

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

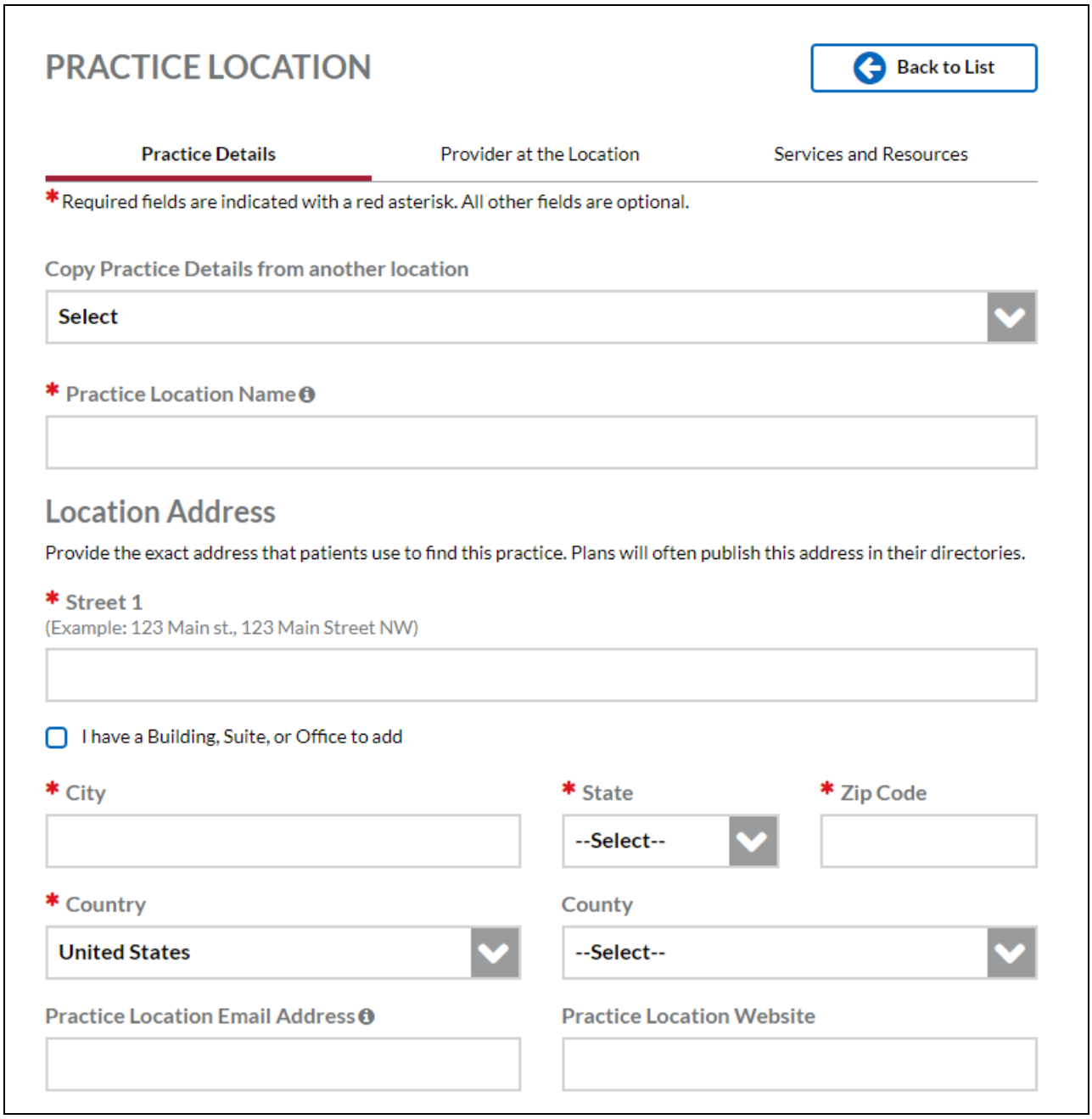
On the screenshot the account has an active practice location in Colorado but Colorado is not selected as a Practice State in the Personal Information section. The Provider is required to either change the answer to the question *"Do you practice at this location?"* from Yes to No for this practice location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

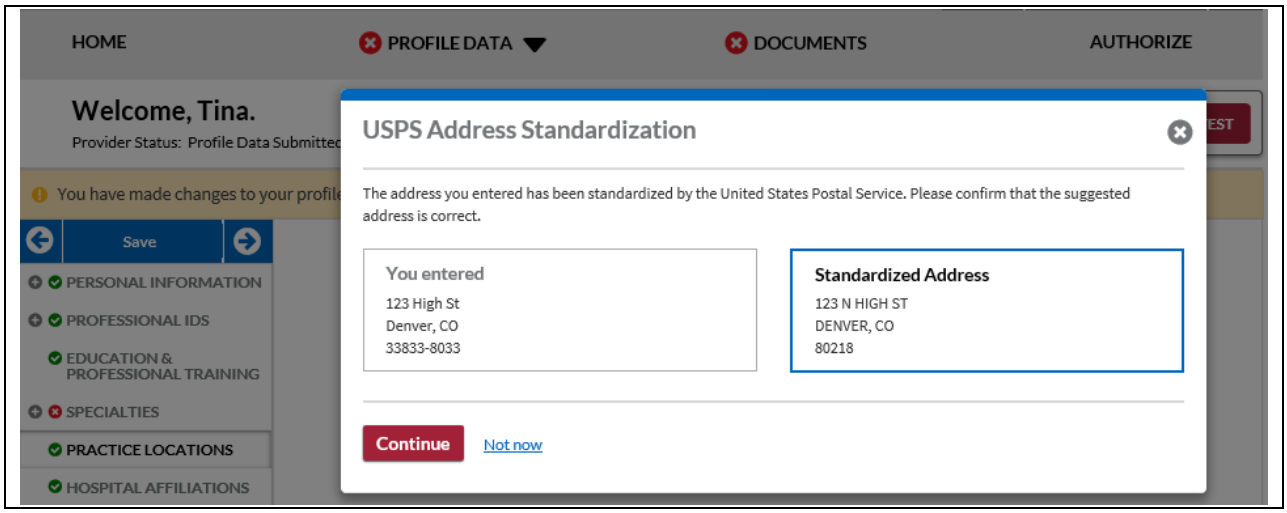
To add a practice location to your profile, go to the Practice Location section of your CAQH ProView application. Click the Add button.



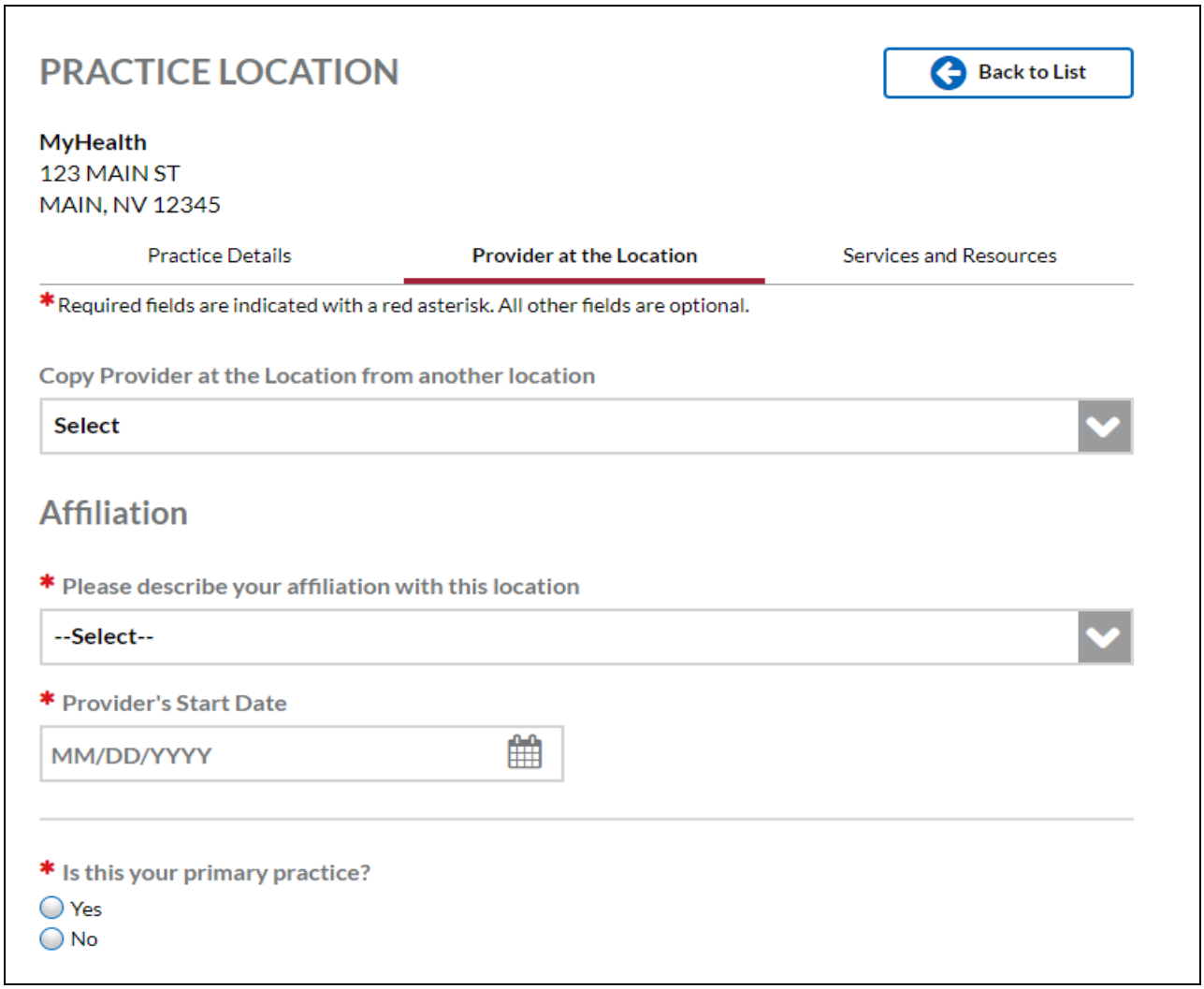
When adding a new practice location to your profile, you will be directed to the Practice Details page.



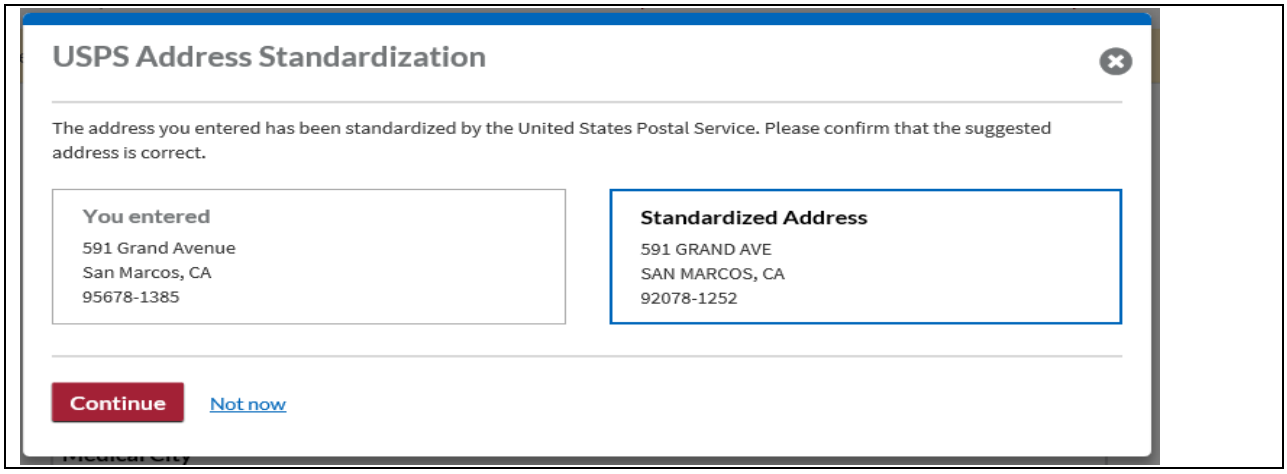
The address will be standardized by the United State Postal Service (USPS). You need to confirm that the suggested address is correct.
If you select the box for the address that you have just entered, you will be prompted with a message that states: *By selecting the un-standardized address, you acknowledge that Health Plans are likely to contact you directly to confirm your address.*



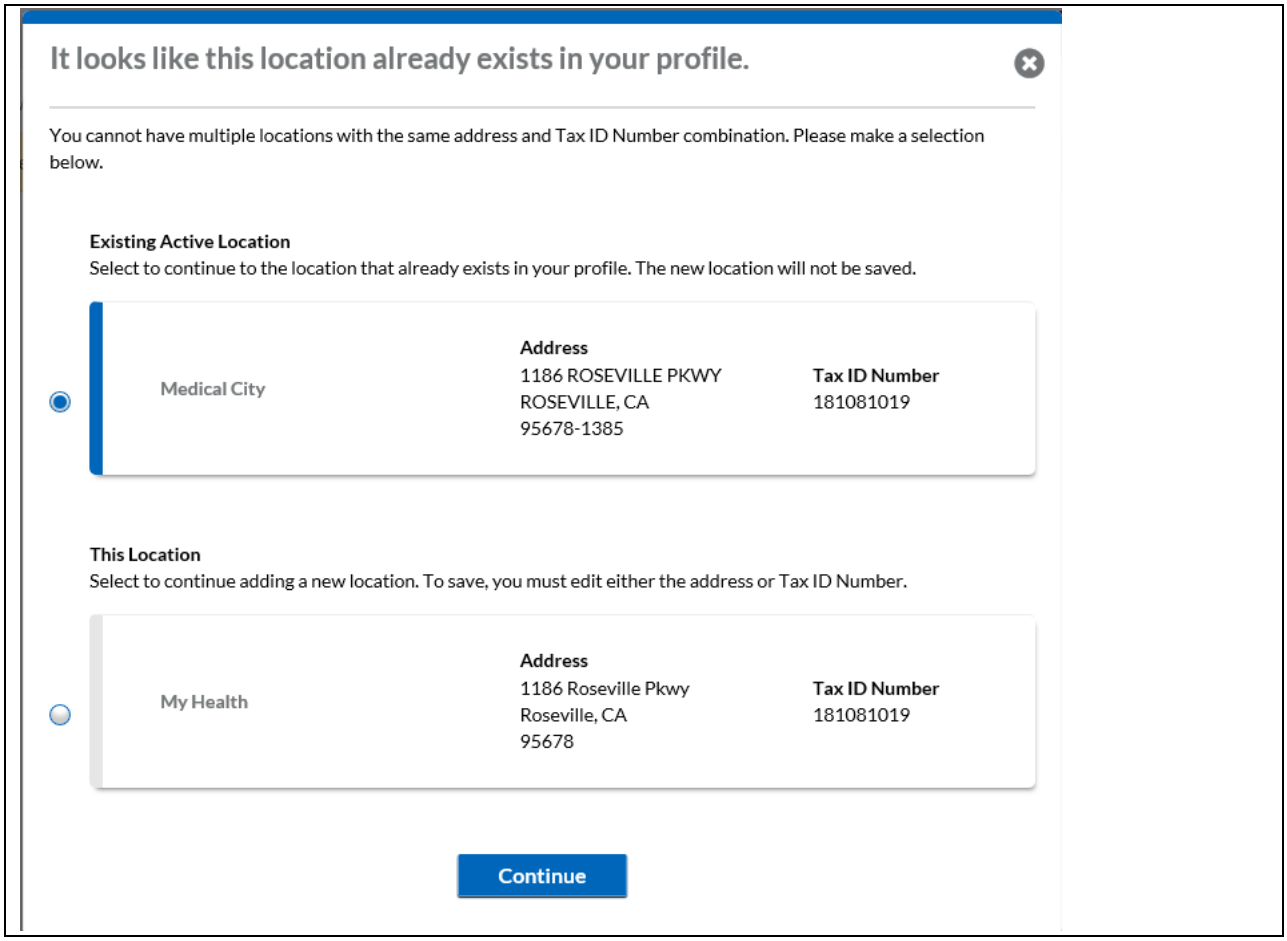
If you select Continue, the address that you have entered will be displayed at the top of the page and you will be directed to the Provider at the Location tab.



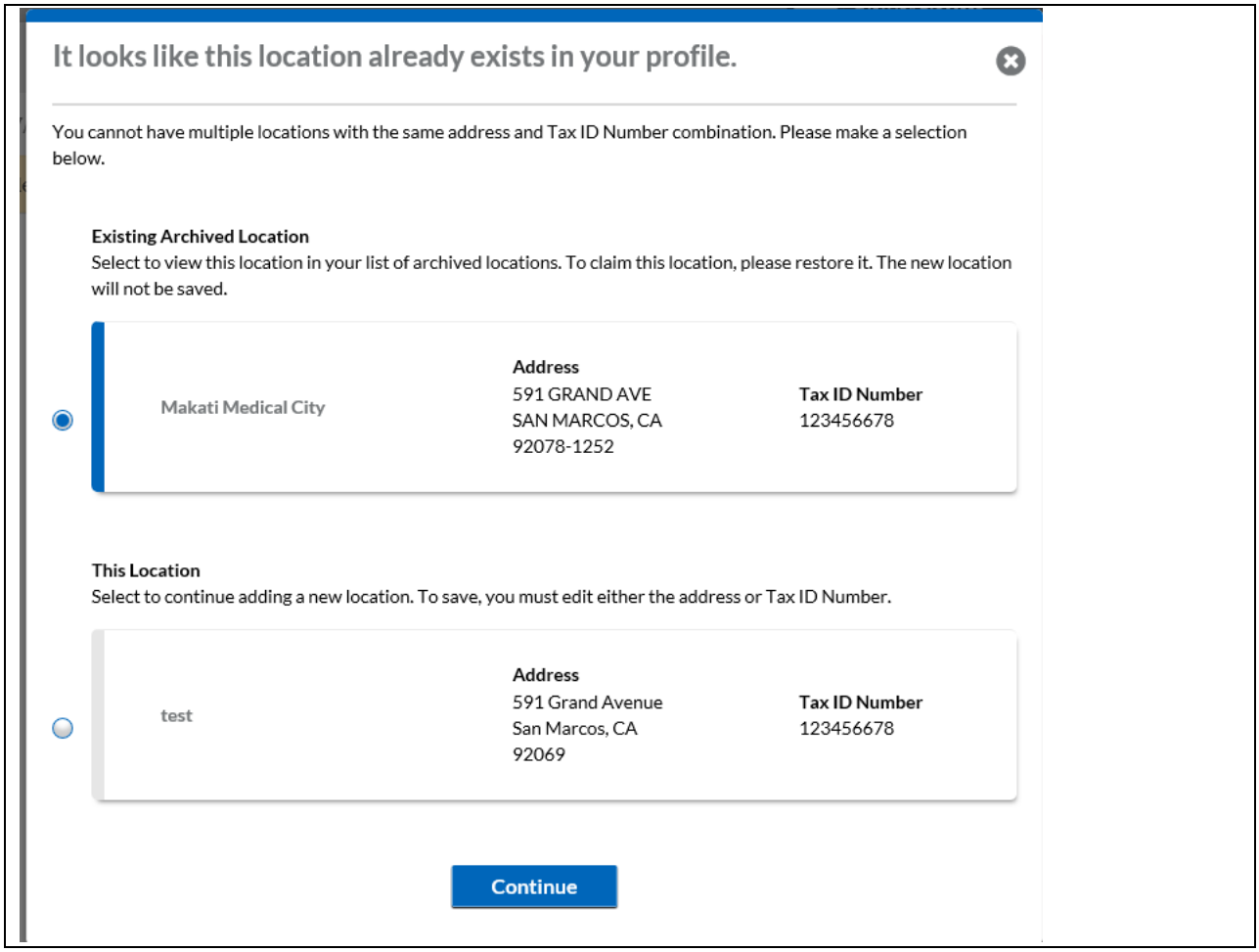
On the other hand, if you select the Standardized Address (Suggested) and click Continue, the standardized address will be displayed at the top of the page and you will be directed to the Provider at the Location page.



If you are adding a practice location with the same exact address and tax ID with an active practice location in your profile, you will be prompted with a message that states: *It looks like this location already exists in your profile.*

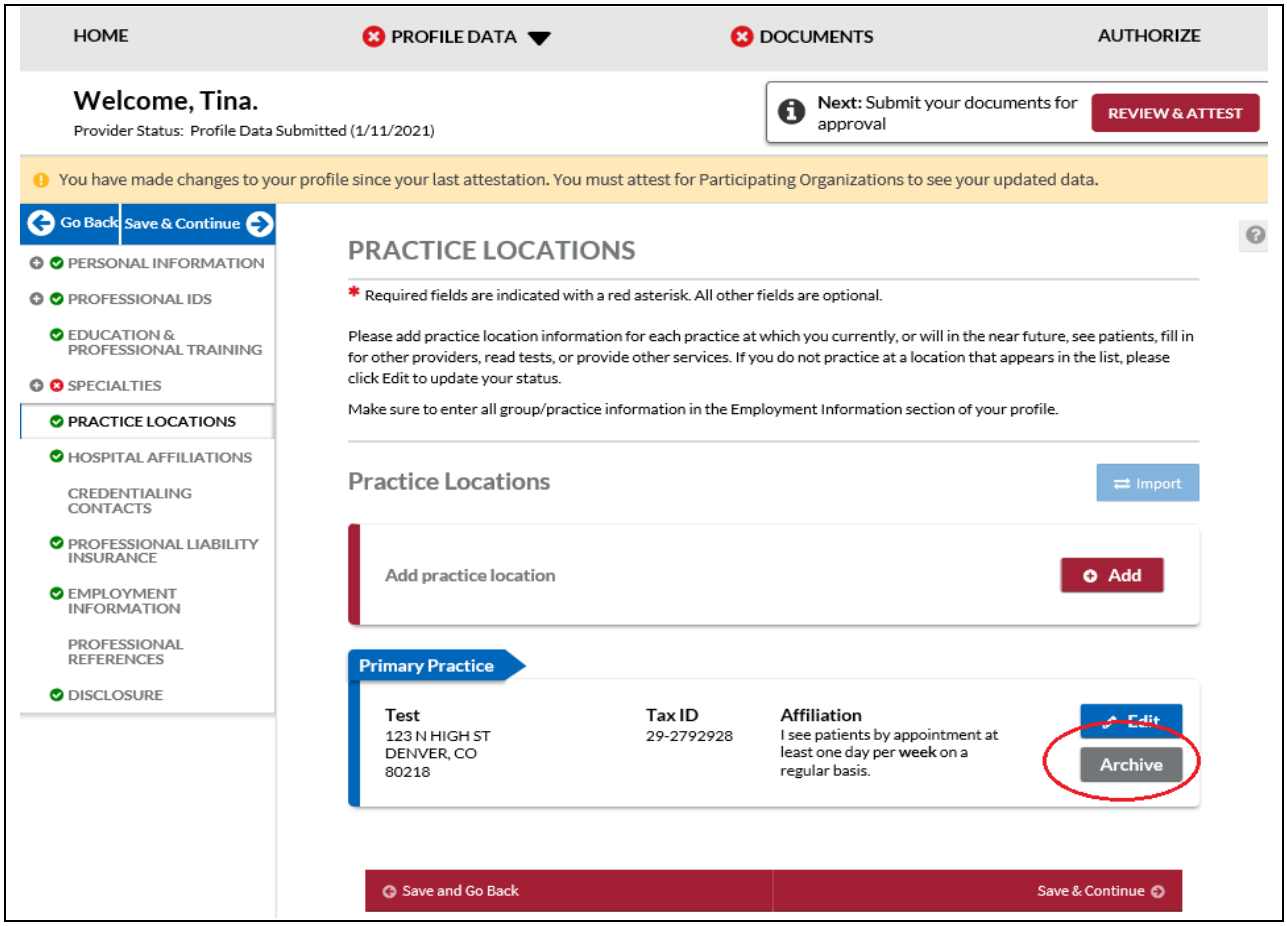


If you are adding a practice location with the same exact address and tax ID with an existing record in your profile but is in your archived locations, you will be prompted with a message that states: It looks like this location already exists in your profile.

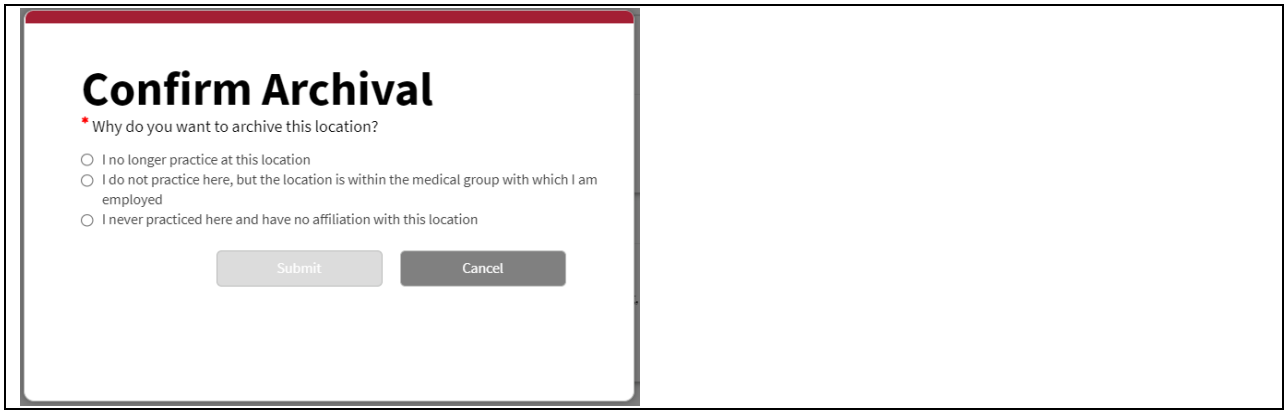


Archiving a Location/s

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.



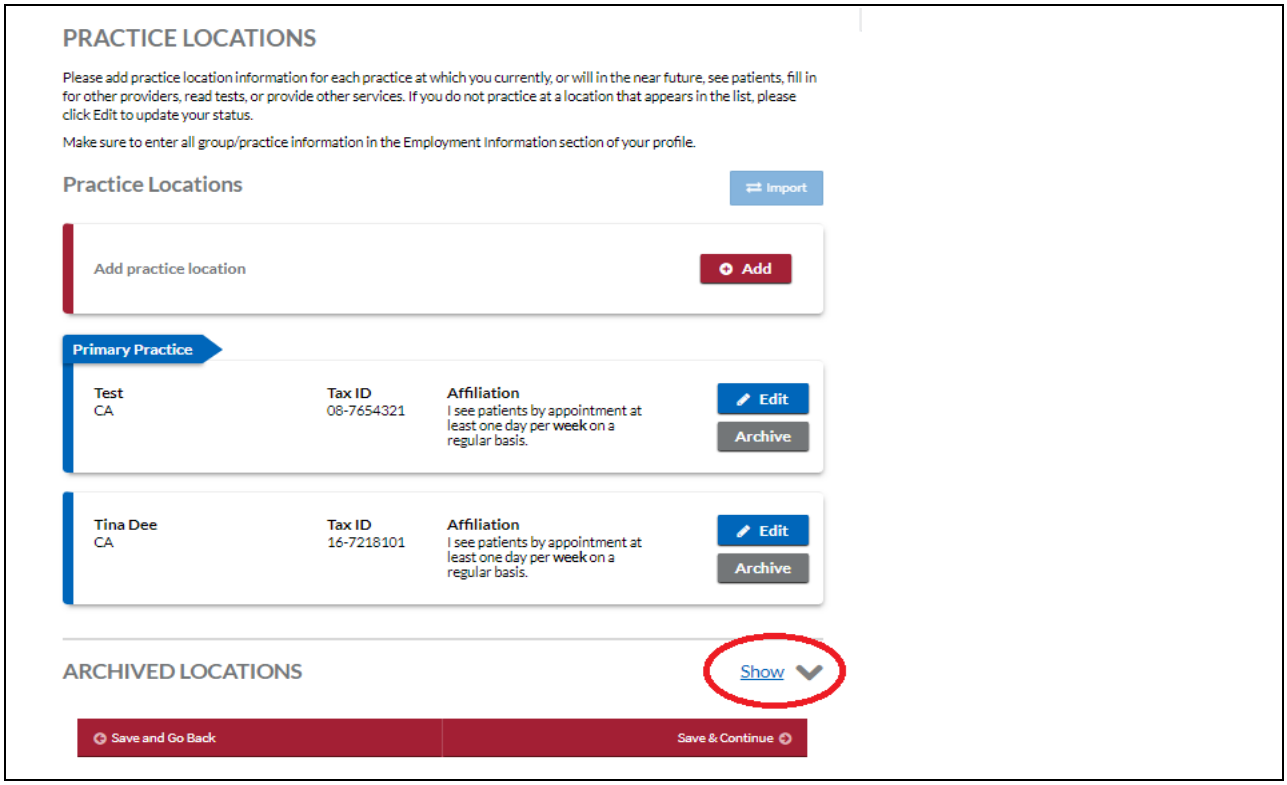
You will be prompted to select the reason for archiving the location. Click the radio button for the reason. If you select “I no longer practice at this location”, you will be required to enter the end date. Click Confirm Archive.



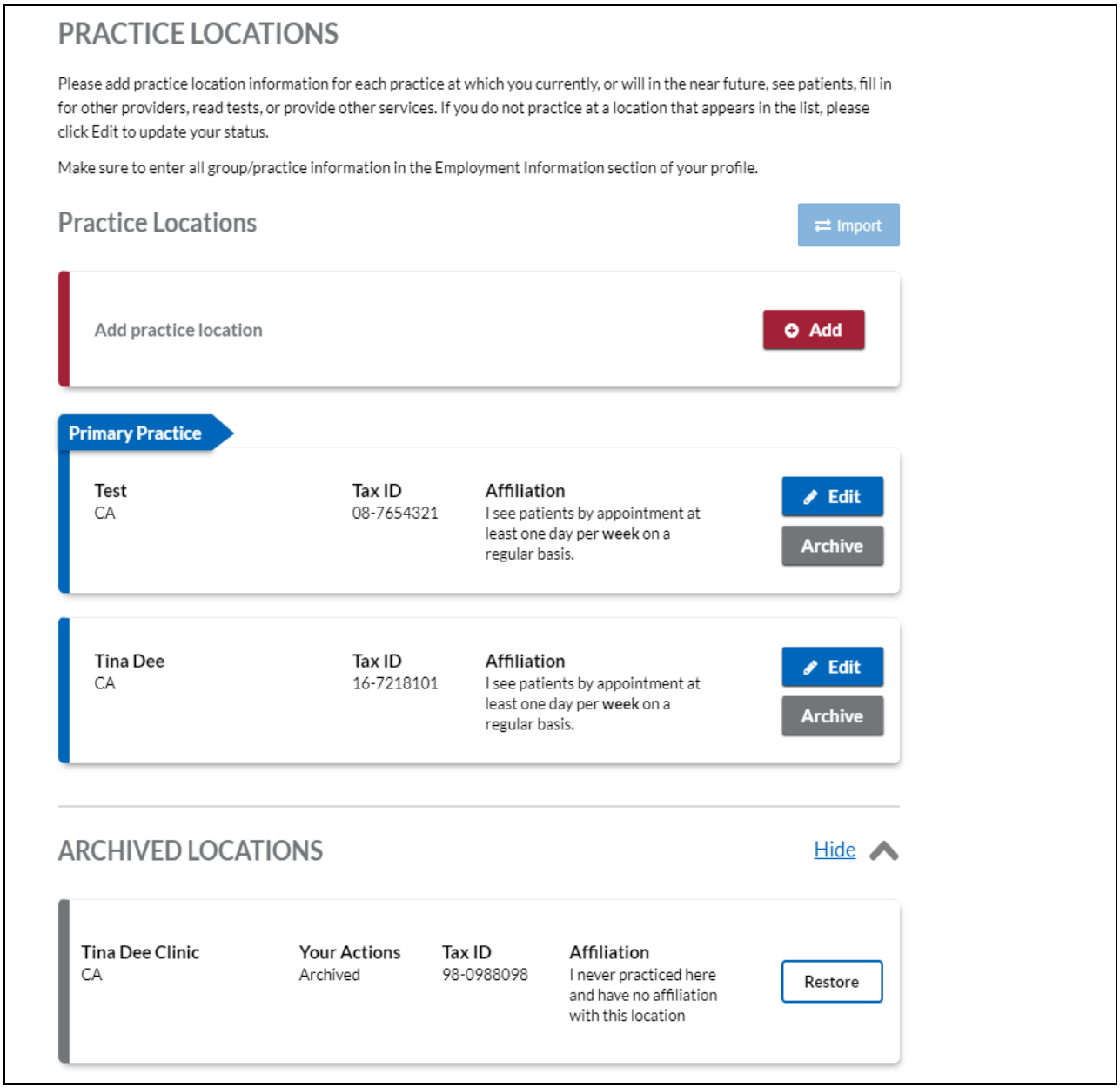
If you are archiving a location for the first time, a section for Archived Locations will be displayed on the page.

Note: When you change your Practice Affiliation to indicate that you are not practicing at the location, that practice location will be moved to the Archived Locations.

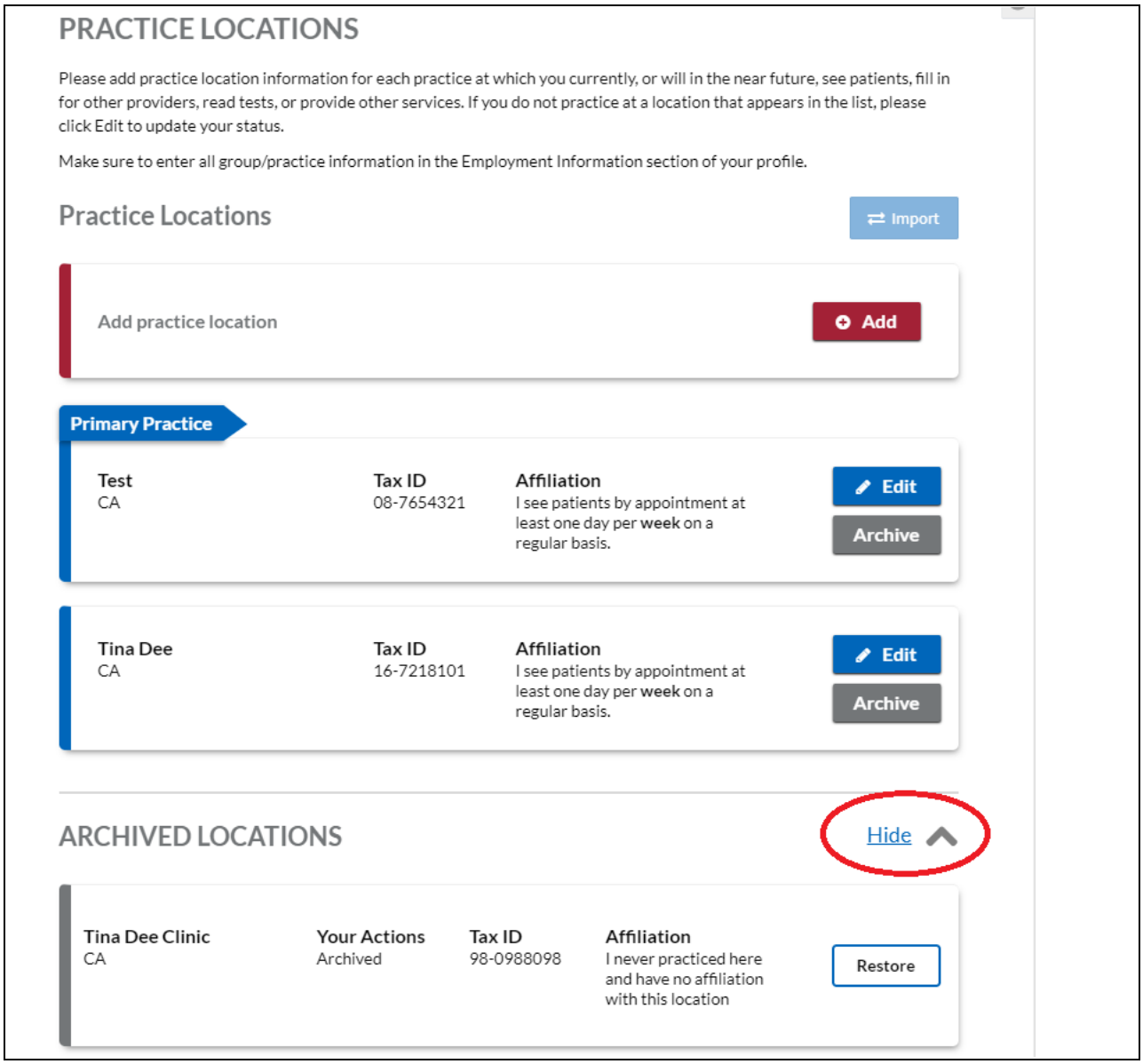
To view the archived location/s, click Show.



The page will display the archived location/s.

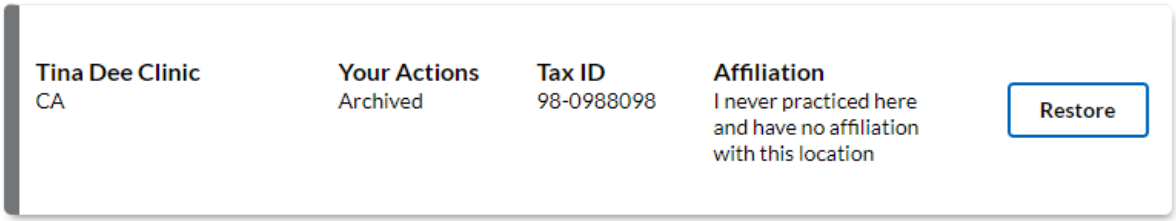

PRACTICE LOCATIONS
Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.
Make sure to enter all group/practice information in the Employment Information section of your profile.
Practice Locations
Import
Add practice location
Add
Primary Practice
Test
CA
Tax ID
08-7654321
Affiliation
I see patients by appointment at least one day per week on a regular basis.
Edit
Archive
Tina Dee
CA
Tax ID
16-7218101
Affiliation
I see patients by appointment at least one day per week on a regular basis.
Edit
Archive
ARCHIVED LOCATIONS
Hide
Tina Dee Clinic
CA
Your Actions
Archived
Tax ID
98-0988098
Affiliation
I never practiced here and have no affiliation with this location
Restore

To hide the archived location/s, click Hide.

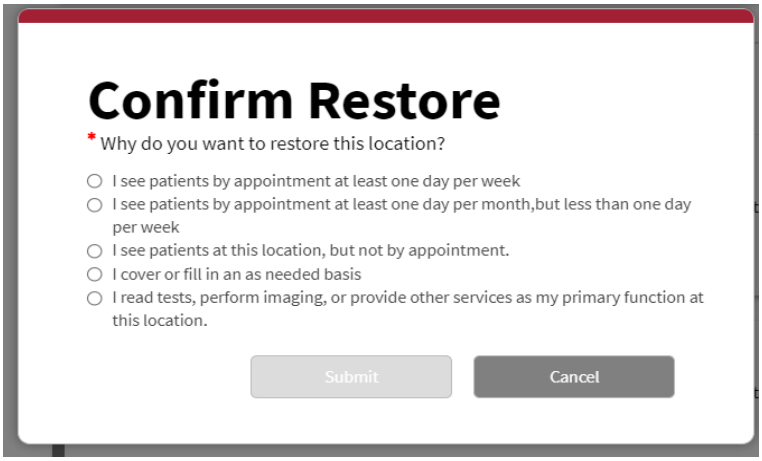


Restoring an Archived Location/s

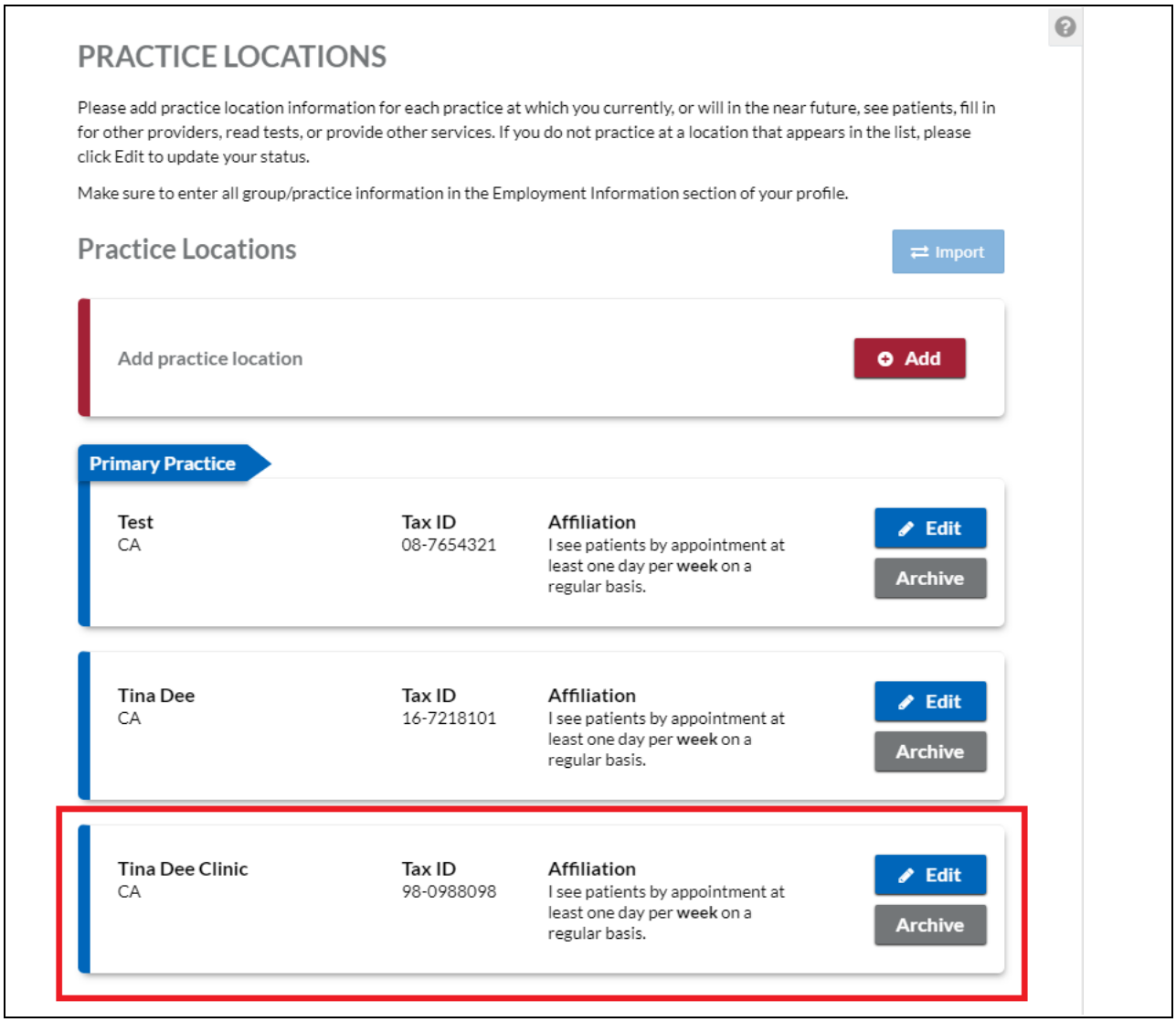
If you wish to restore the location, click on the Restore link for that practice location.



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



The location will now show as active.



Health Plan Participation

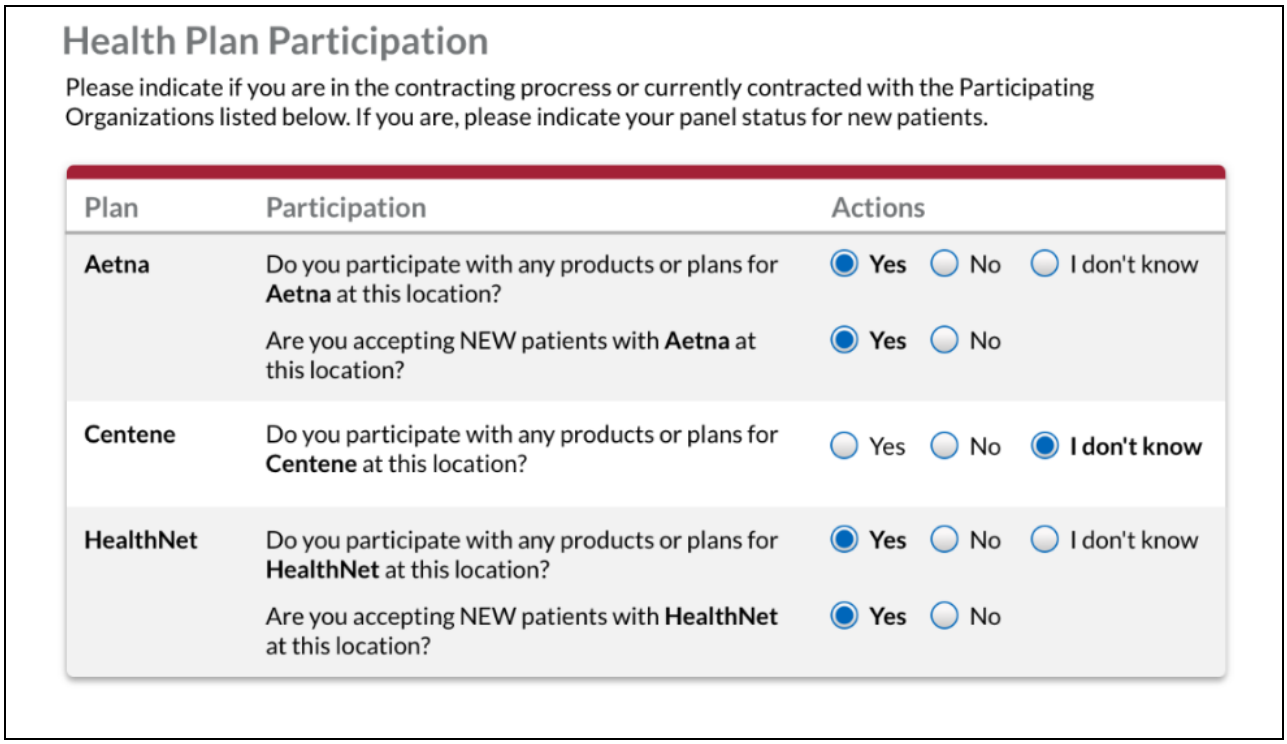
Providers who fall into these criteria will see a section for Health Participation on the Provider at the Location tab:

- 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
  - State

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

The Health Plan Participation will appear next to the question “Is this your primary practice?”

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



Health Plan Participation

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.

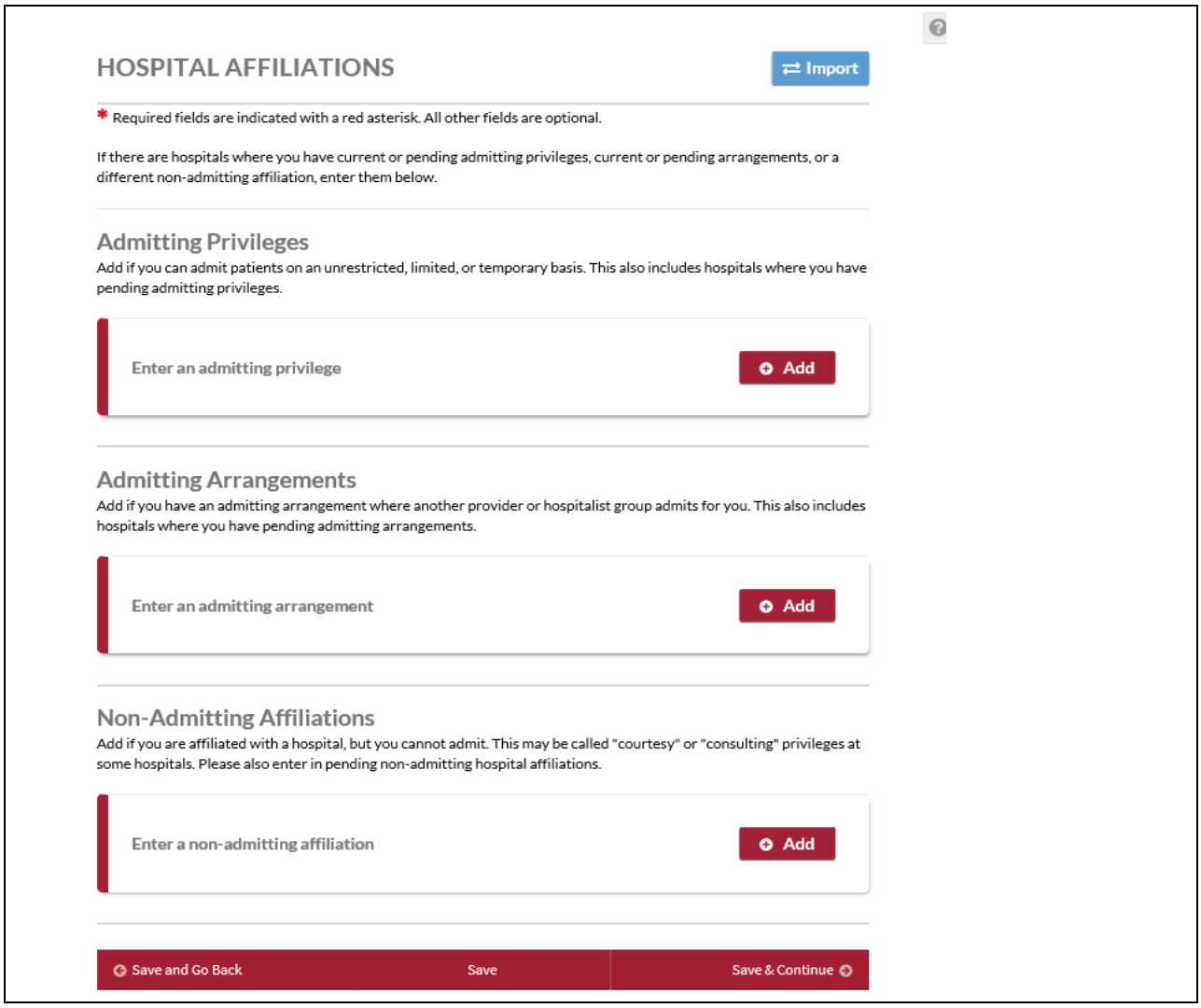
Plan	Participation	Actions
Aetna	Do you participate with any products or plans for **Aetna** at this location?	(●) **Yes** ( ) No ( ) I don't know
	Are you accepting NEW patients with **Aetna** at this location?	(●) **Yes** ( ) No
Centene	Do you participate with any products or plans for **Centene** at this location?	( ) Yes ( ) No (●) **I don't know**
HealthNet	Do you participate with any products or plans for **HealthNet** at this location?	(●) **Yes** ( ) No ( ) I don't know
	Are you accepting NEW patients with **HealthNet** at this location?	(●) **Yes** ( ) No

Hospital Affiliations

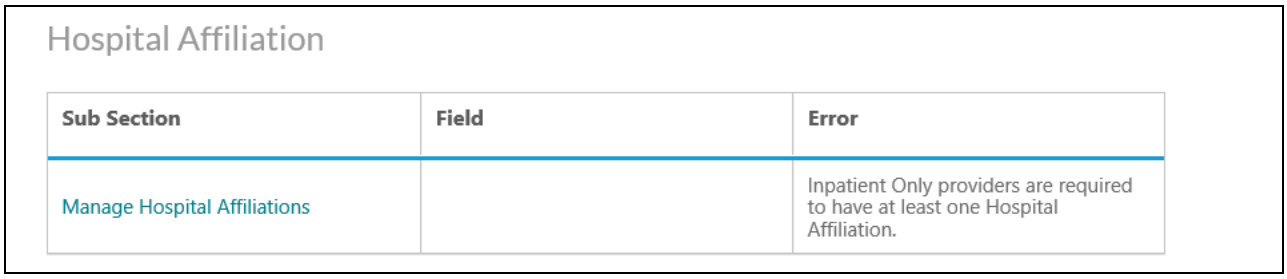
The Hospital Affiliations section requires you to:

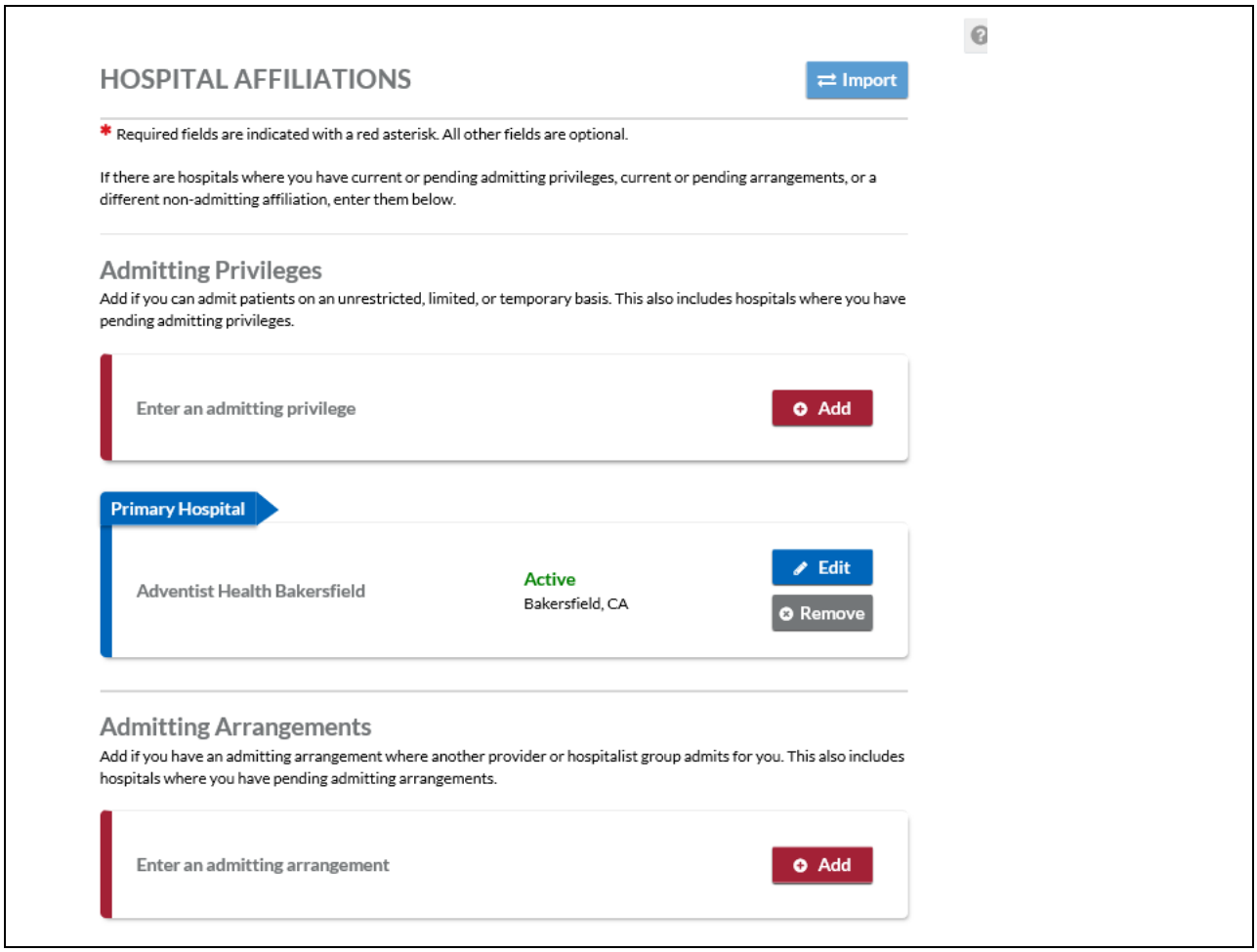
- clarify admitting privileges status;
- explain why an admitting privilege is no longer active;
- declare admitting arrangements and non-admitting affiliations; and
- enter complete information for all hospitals you are affiliated with.

The Hospital Affiliations page has been redesigned to improve CAQH ProView user experience for all providers.

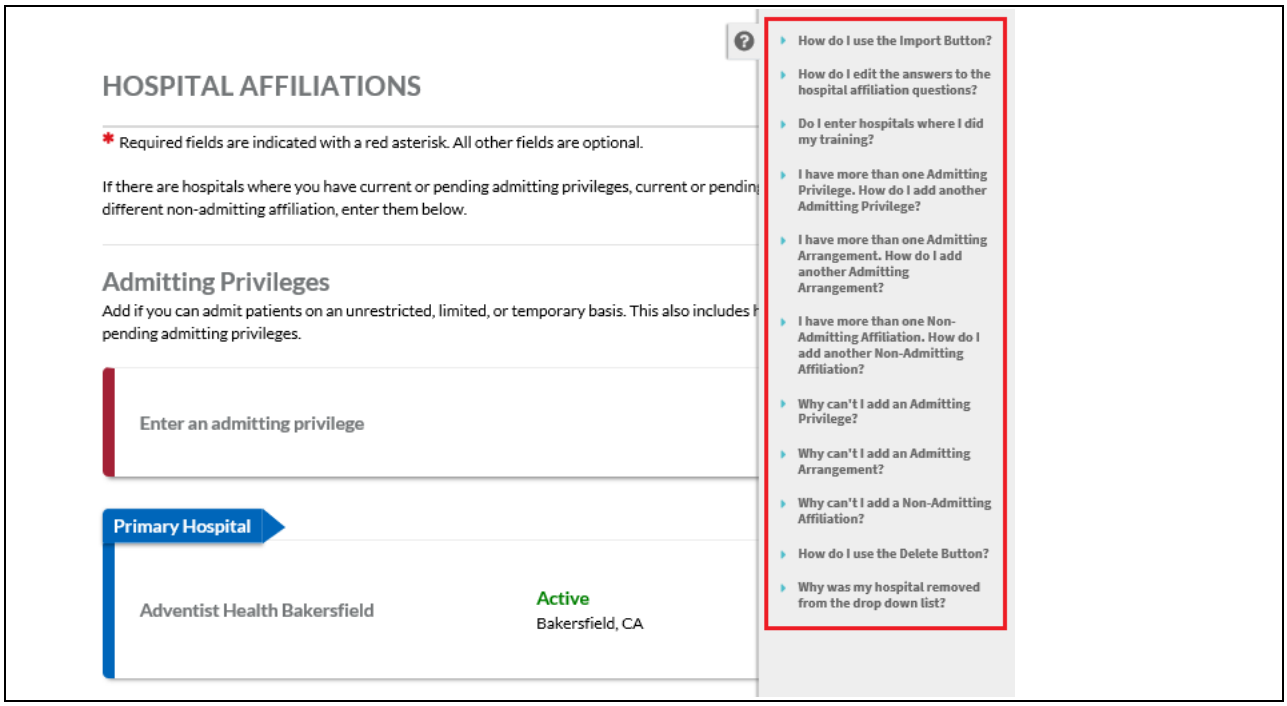


Inpatient Only providers are required to have at least one Hospital Affiliation. If your practice setting is Inpatient Only and you have not entered any hospital affiliation records yet, an error will be displayed on the Required Fixes page.

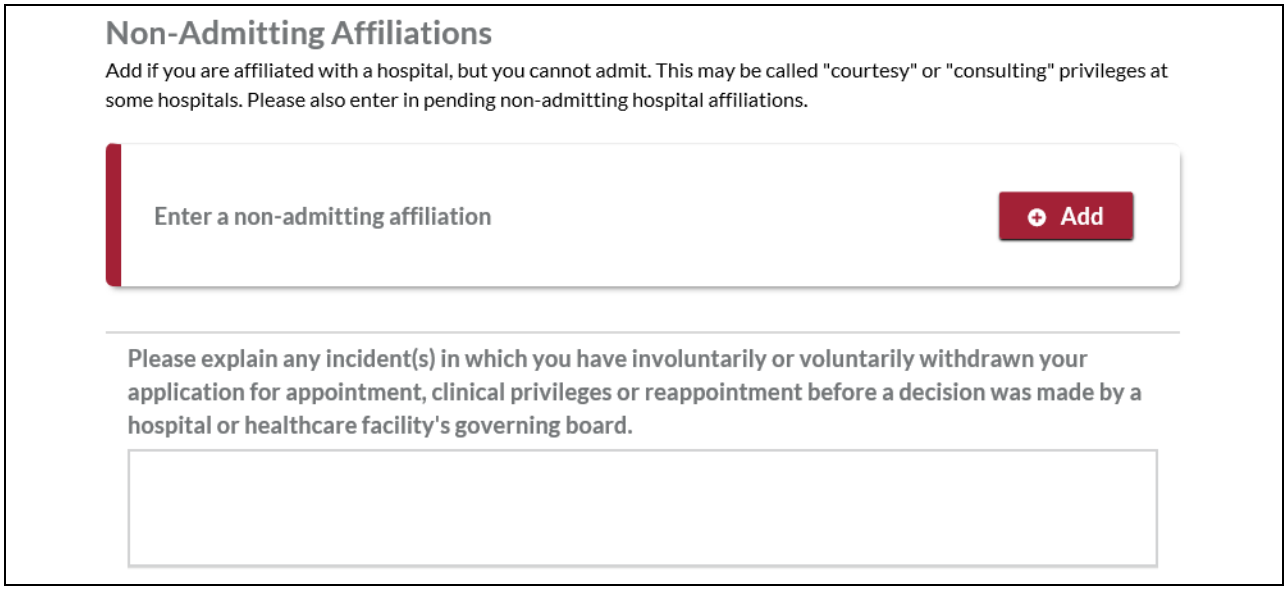



HOSPITAL AFFILIATIONS
Import
* Required fields are indicated with a red asterisk. All other fields are optional.
If there are hospitals where you have current or pending admitting privileges, current or pending arrangements, or a different non-admitting affiliation, enter them below.
Admitting Privileges
Add if you can admit patients on an unrestricted, limited, or temporary basis. This also includes hospitals where you have pending admitting privileges.
Enter an admitting privilege
Add
Primary Hospital
Adventist Health Bakersfield
Active
Bakersfield, CA
Edit
Remove
Admitting Arrangements
Add 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.
Enter an admitting arrangement
Add

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

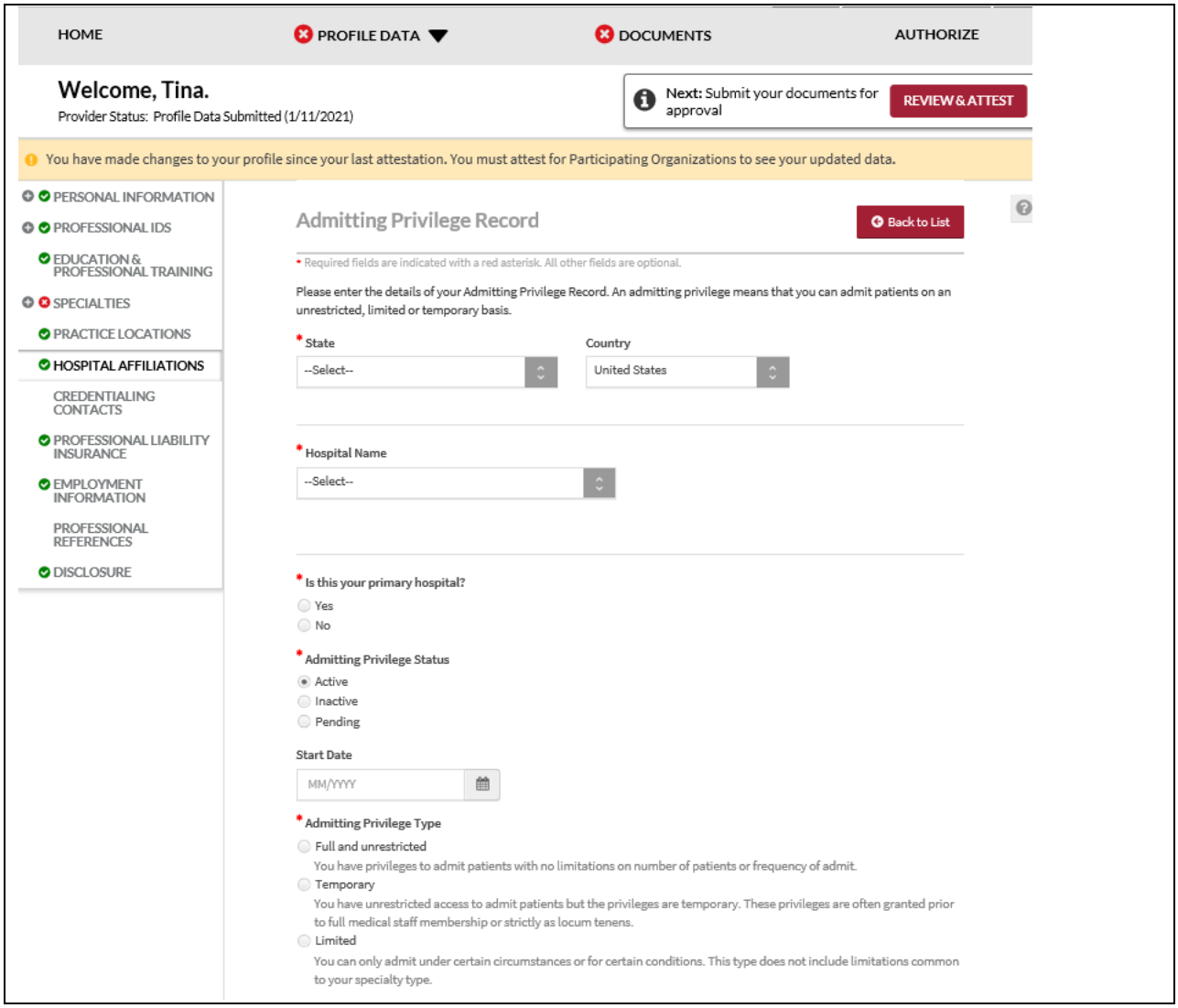


Providers practicing in North Carolina will see an additional optional question which will be displayed below the Non-Admitting Affiliation records.

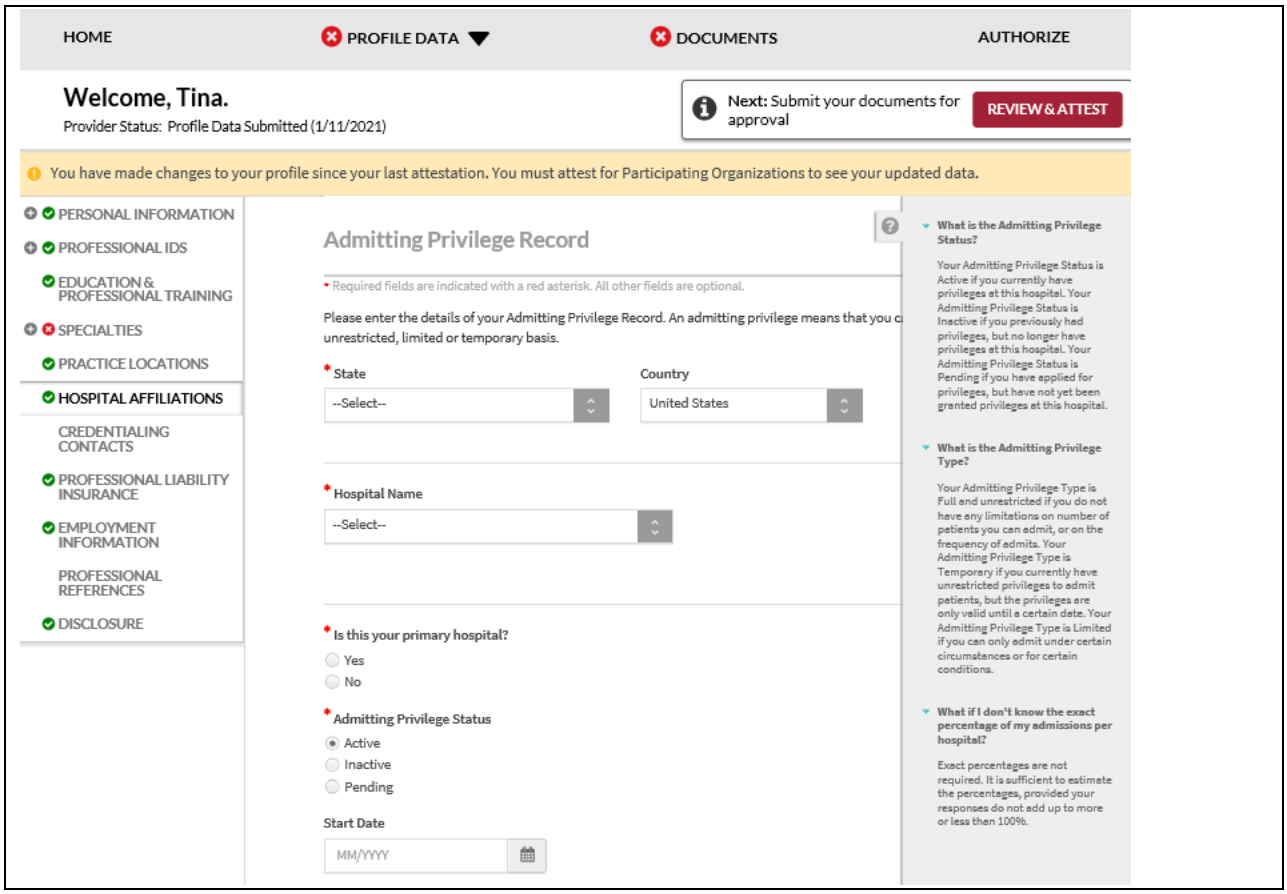


Admitting Privileges

To add an admitting privilege record for the first time, click the *"Add button"* beside the statement *"Enter an admitting privilege"* 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.

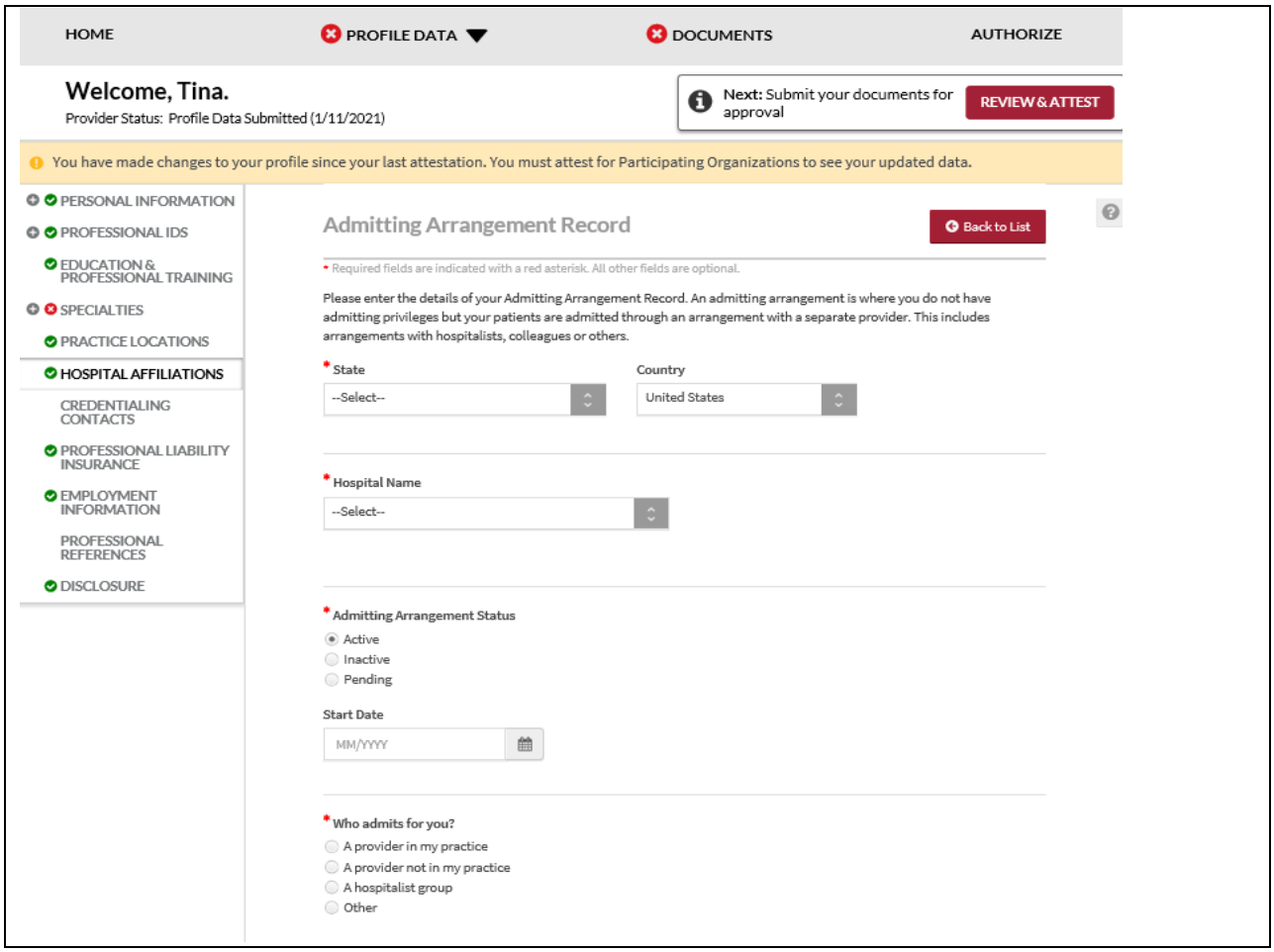


There is a self-help option to answer the commonly asked questions for the Admitting Privilege records page.

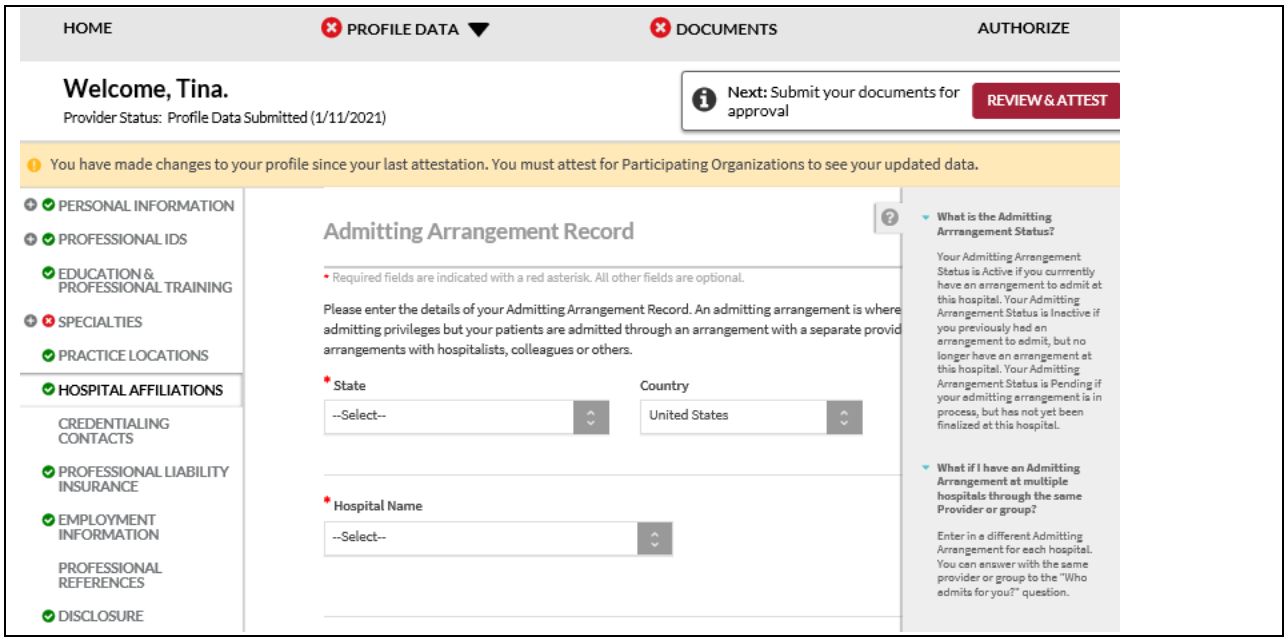


Admitting Arrangements

To add an admitting arrangement, record for the first time, click the *"Add button"* beside the statement *"Enter an admitting arrangement."* 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.

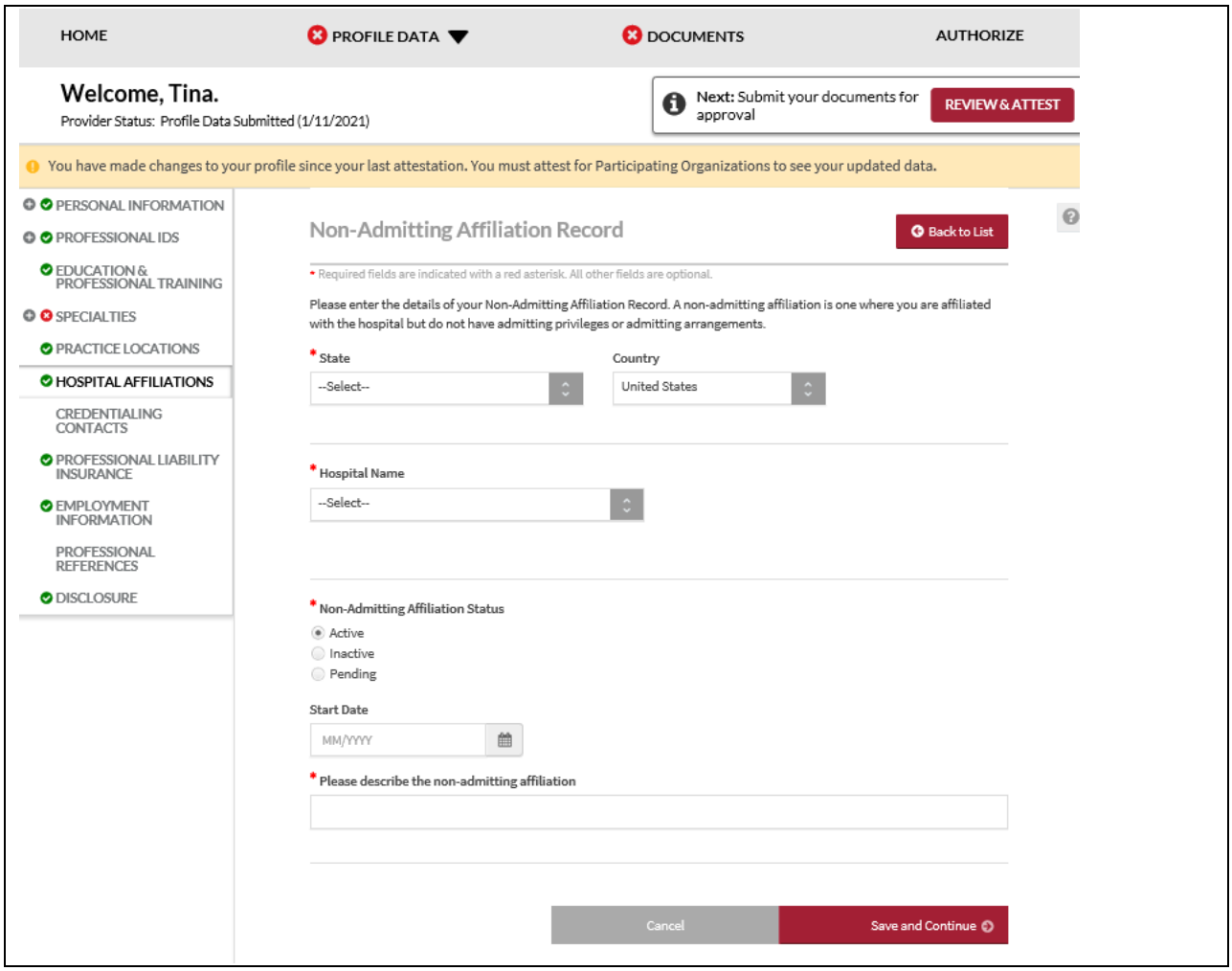


There is a self-help option to answer the commonly asked questions for the Admitting Arrangement records.

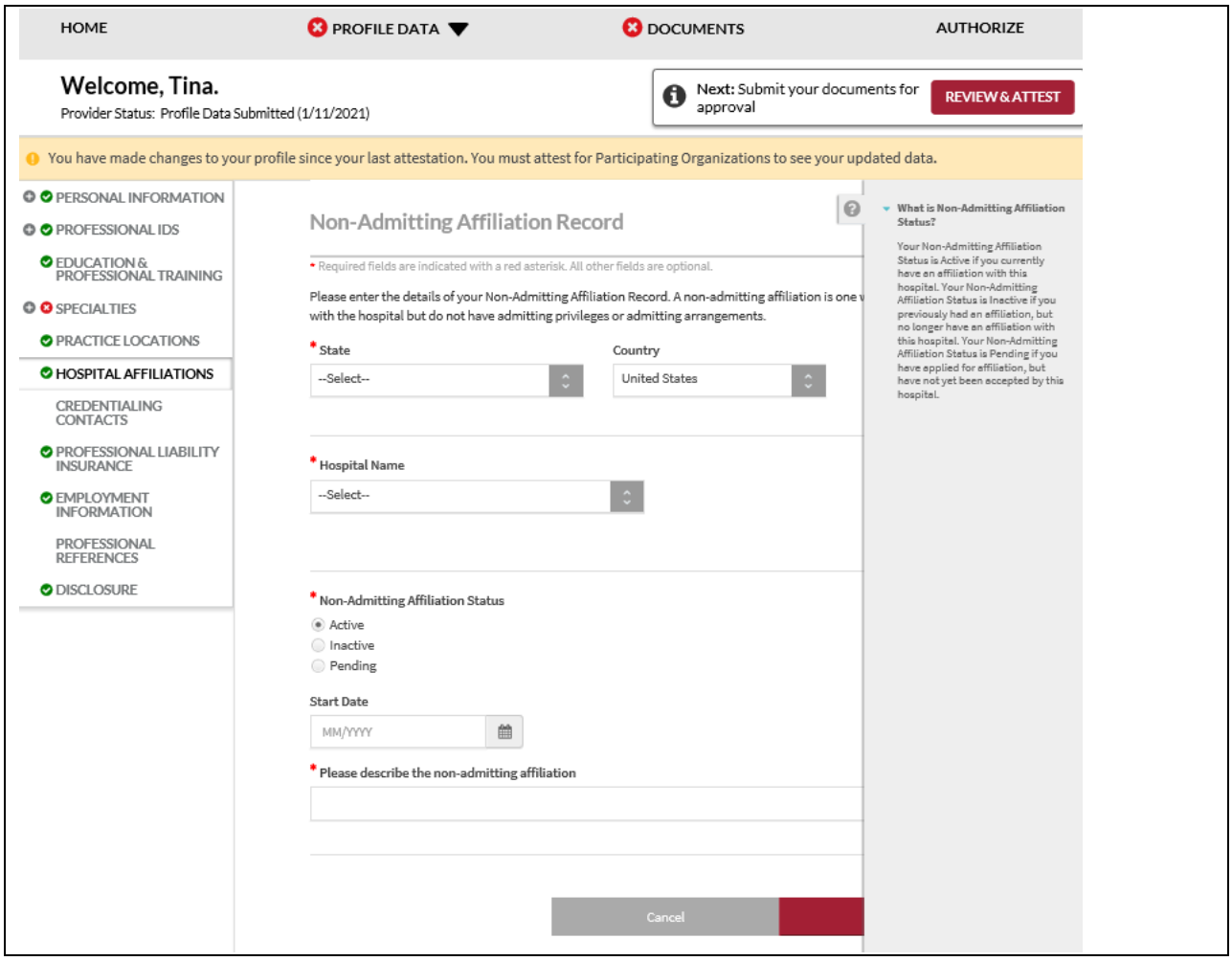


Non-Admitting Affiliations

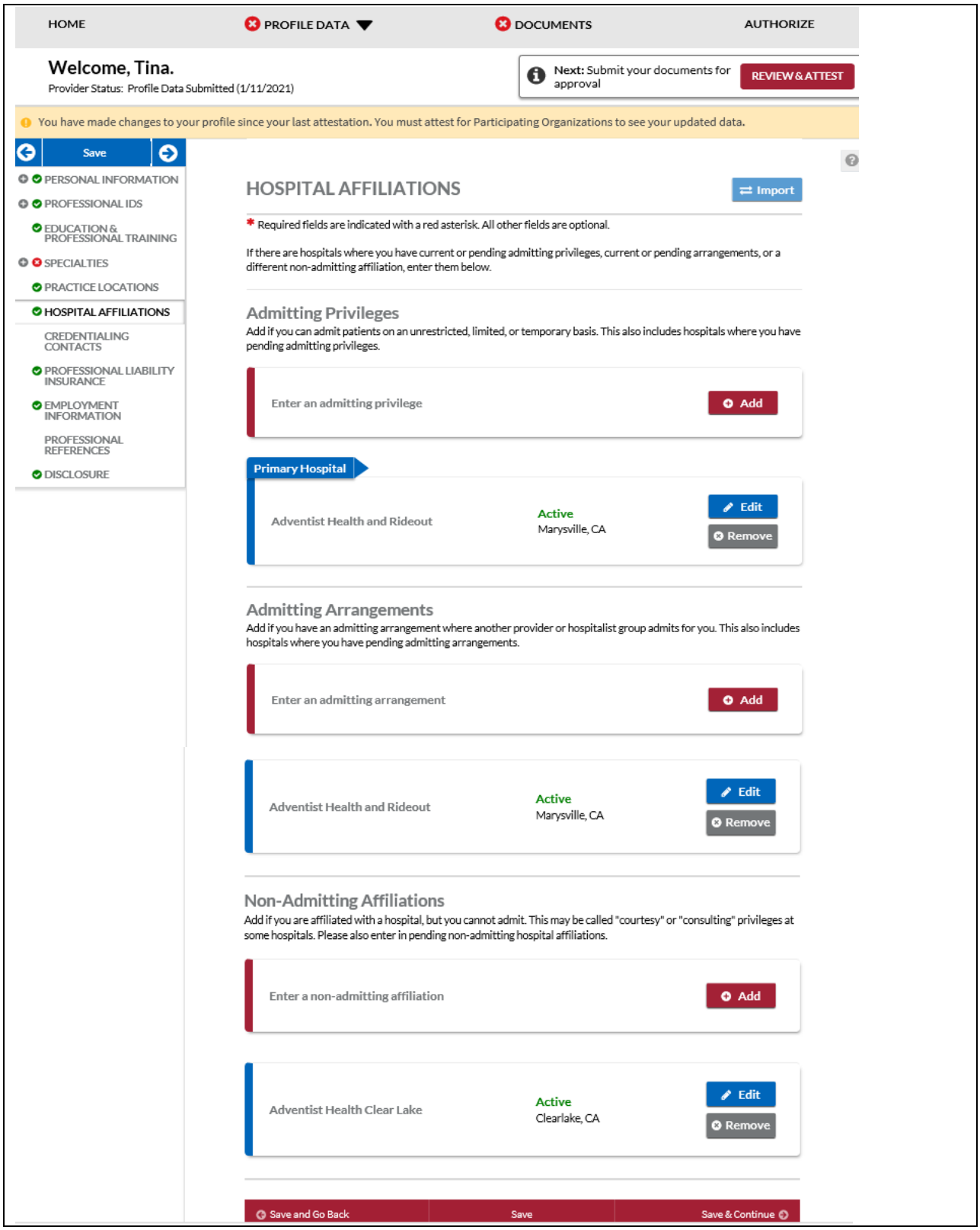
To add a non-admitting affiliation record for the first time, click the “Add button” beside the statement “Enter a non-admitting affiliation” You will be directed to a page where details of a non-admitting affiliation record can be entered. Required fields are indicated with a red asterisk. All other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



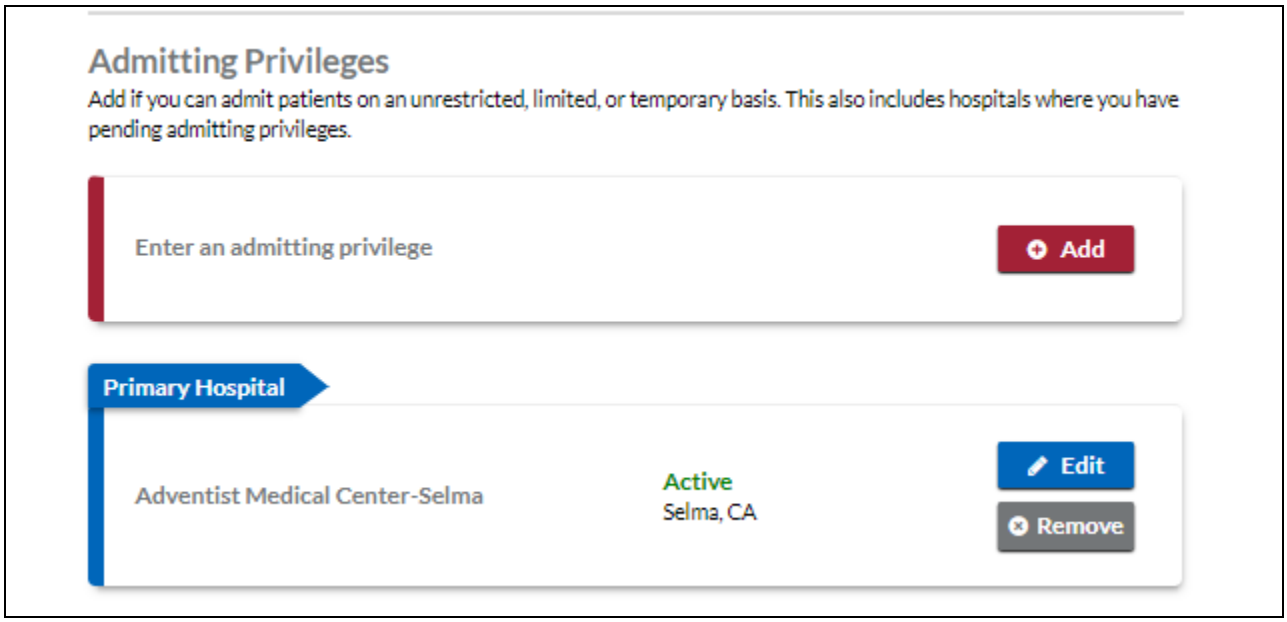
There is a self-help option to answer the commonly asked questions for the Non-Admitting Affiliation records page.



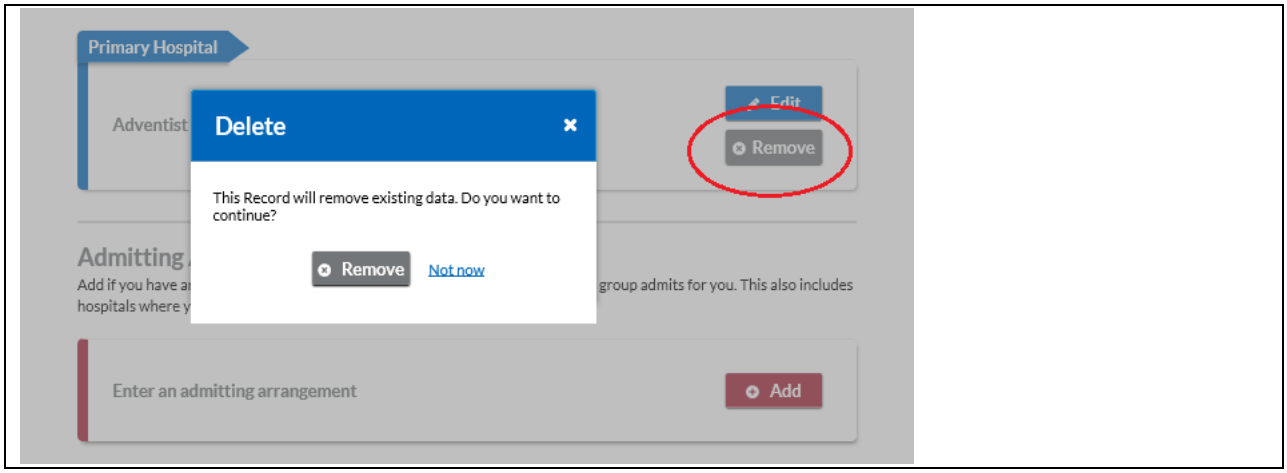
A consolidated list of all the Hospital Affiliation records will be displayed in a summary table.



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 left.



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



Tips:

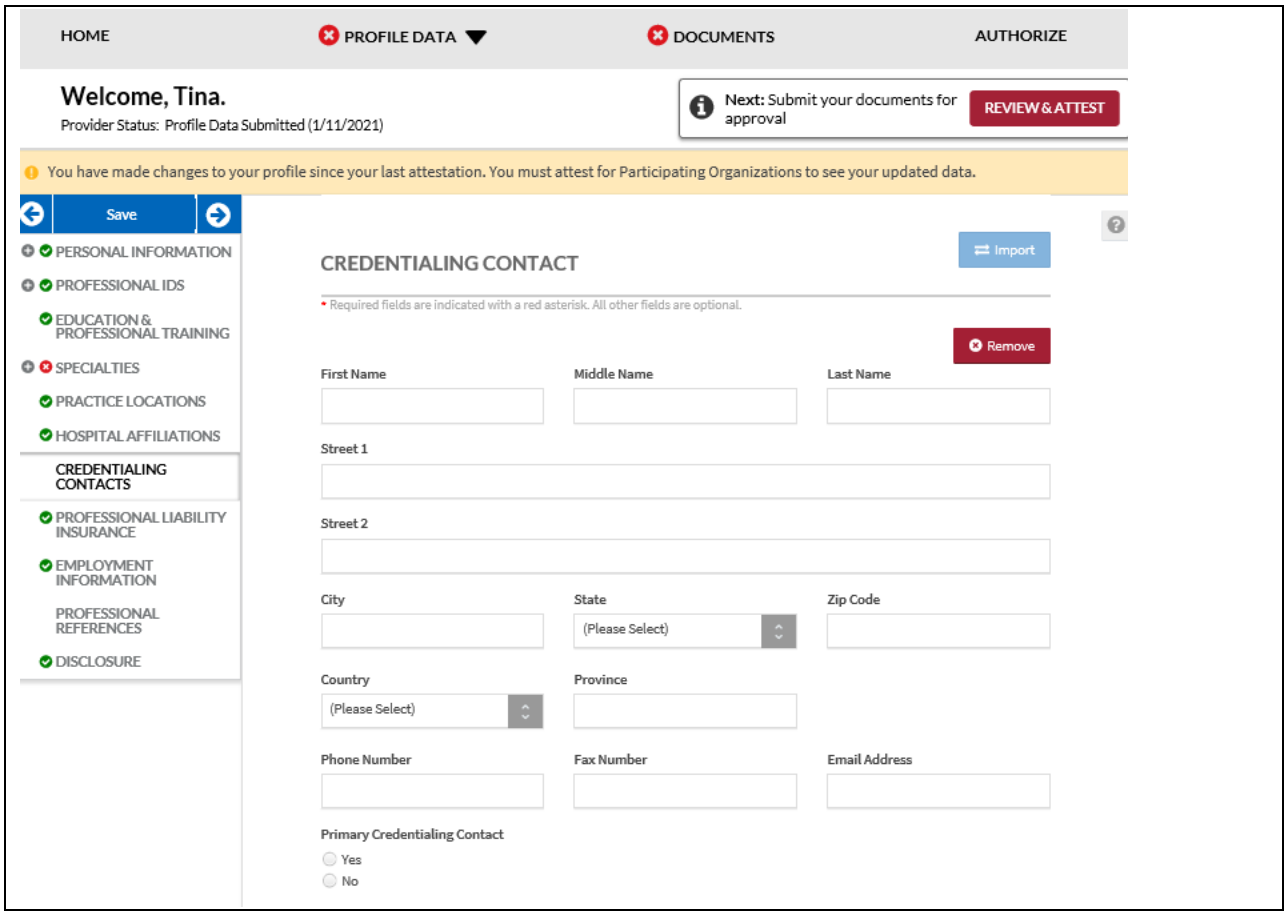
- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. Clicking on the back and forward arrows via the left hand navigation will also save your information.

- Select “Add” to enter information for a hospital affiliation.
- Select “Edit” to edit the information within a hospital affiliation record.
- Select “Remove” to remove a hospital affiliation from your application. Please note that by selecting “Remove”, 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.

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.



Tips:

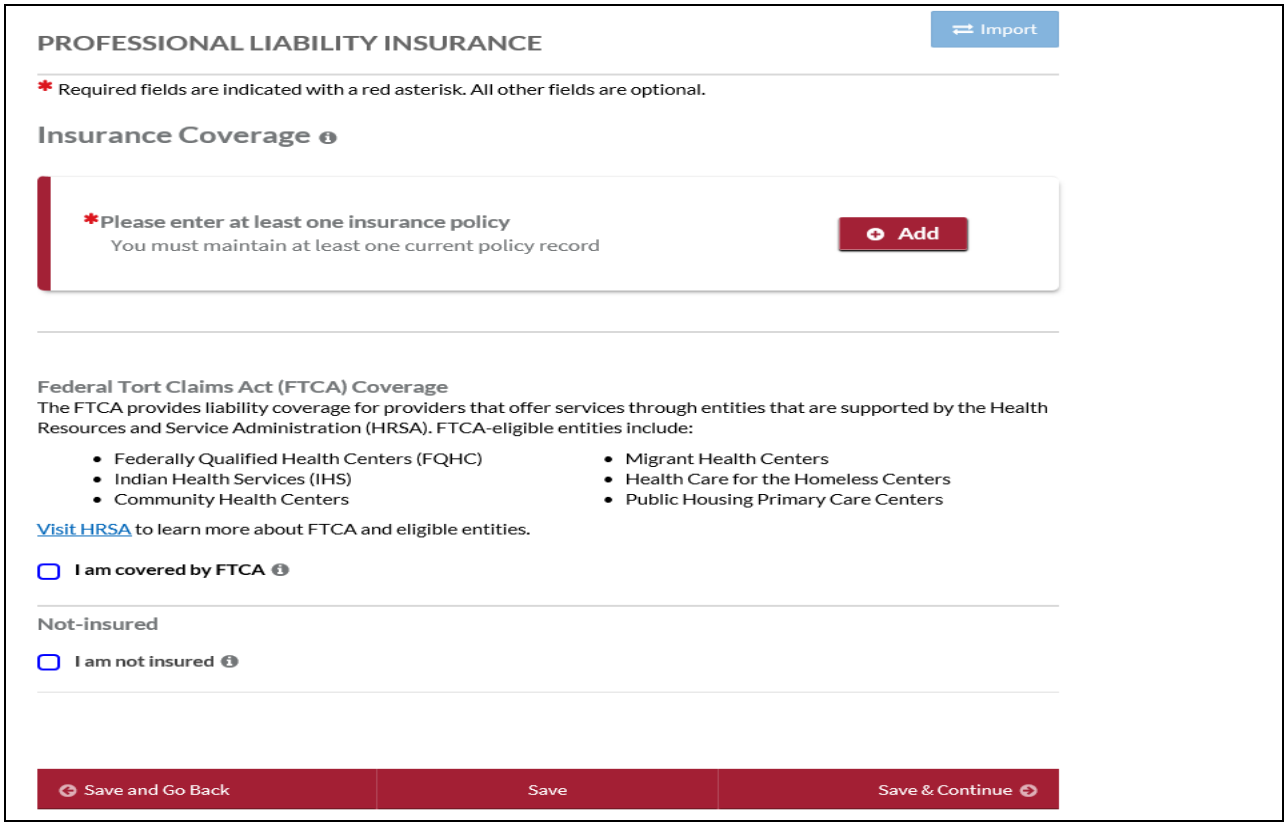
- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. Clicking on the back and forward arrows via the left hand navigation will also save your information.
- 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 to manage PLI records.

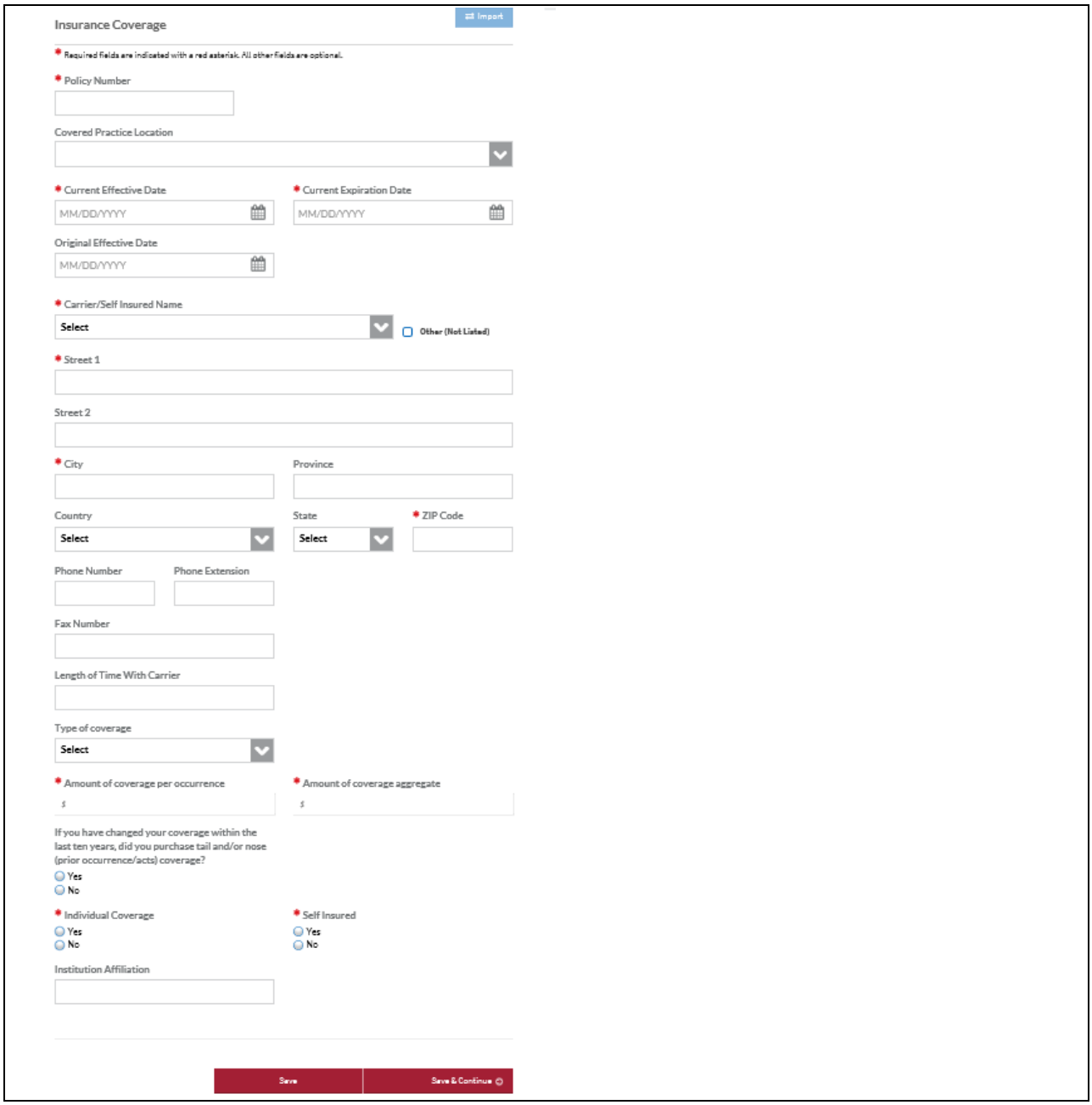
Providers can now add traditional and non-traditional malpractice policies.

The leading question *"Are you covered under a professional liability insurance policy?"* has been removed and replaced with *"Please enter at least one insurance policy."*



By clicking the Add button, providers can access the CAQH insurance coverage form to add malpractice insurance information.

- Click “Add” to enter the details.



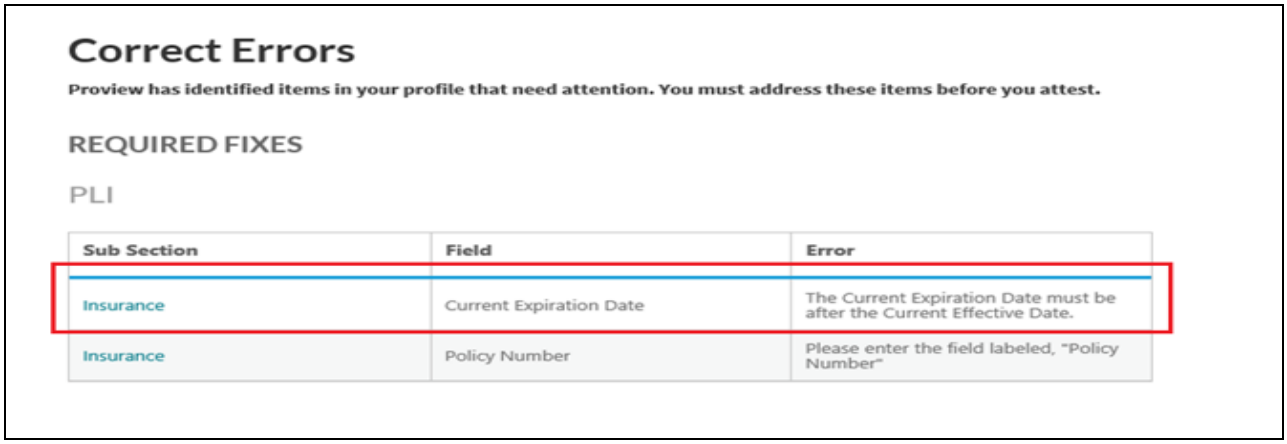
- When adding a Professional Liability Insurance record, you are required to fill in the following fields:
  - Policy Number – The following are the only special characters allowed in the Policy Number field:
    - . period
    - - hyphen
    - / slash
    - & ampersand
    - () parenthesis
    - # pound/hash

  If there are any other special characters in the Policy Number field, you will get a validation message:

  "Please enter a valid policy number. Only .)(#/-& special characters are allowed."

  You can now copy and paste an insurance policy number into the Policy Number field.

  - 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 Errors

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

REQUIRED FIXES

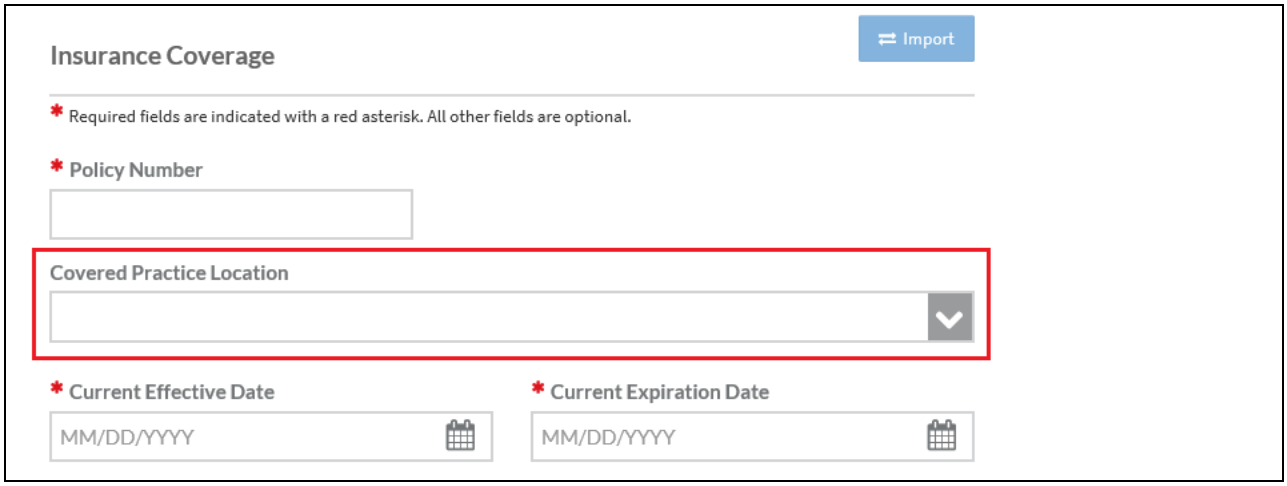
PLI

Sub Section	Field	Error
Insurance	Current Expiration Date	The Current Expiration Date must be after the Current Effective Date.
Insurance	Policy Number	Please enter the field labeled, "Policy Number"

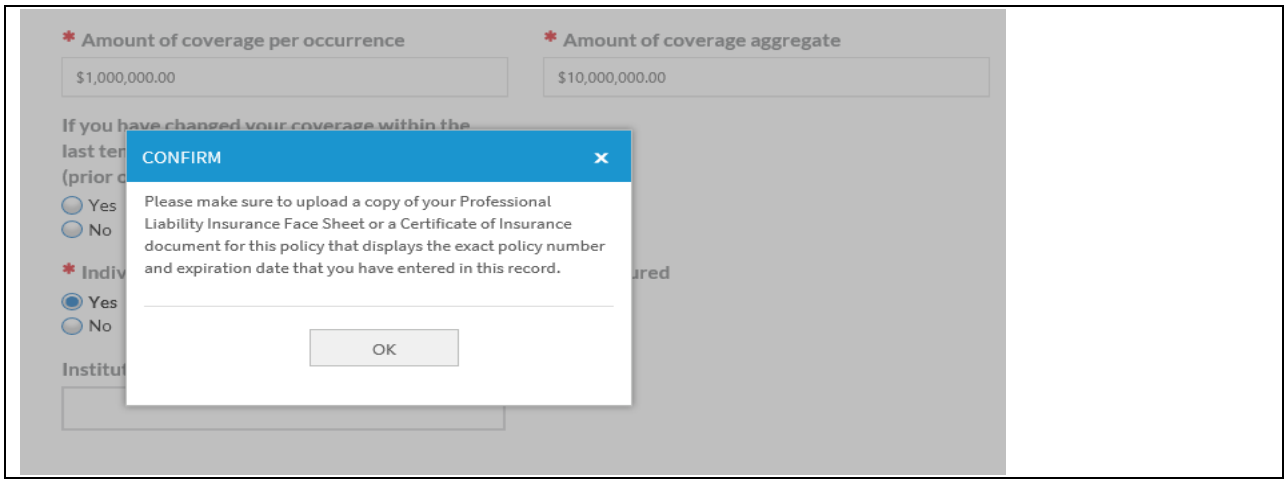
  - Current Expiration Date.
  - Carrier Name
    - Street 1 *(pre-populated depending on the carrier name selected)*
    - City *(pre-populated depending on the carrier name selected)*
    - Zip Code *(pre-populated depending on the carrier name selected)*
  - Do you have unlimited coverage with this 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)*

CAQH has added an optional field "Covered Practice Location". Provides can now map active practice locations to insurance policies using this field. Click the checkbox of the applicable practice location/s.



After you have entered all the required details, click "Save & Continue" found at the bottom of the page. You will be prompted with a message reminding you to upload a copy of your Professional Liability Insurance Face Sheet or a Certificate of Insurance document for the policy record that you have just entered.

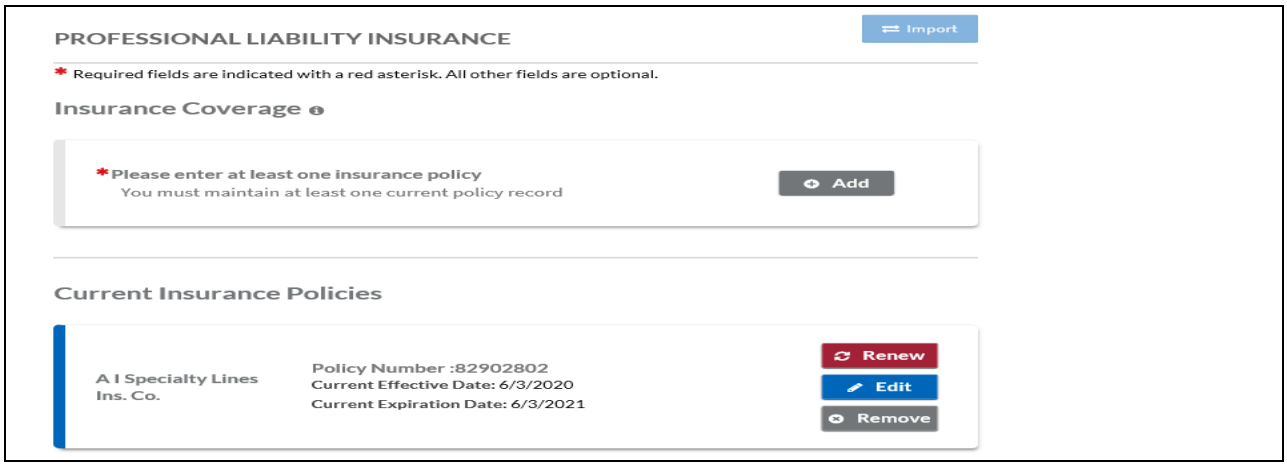


Note: Please ensure that the following should match the details on your face sheet:

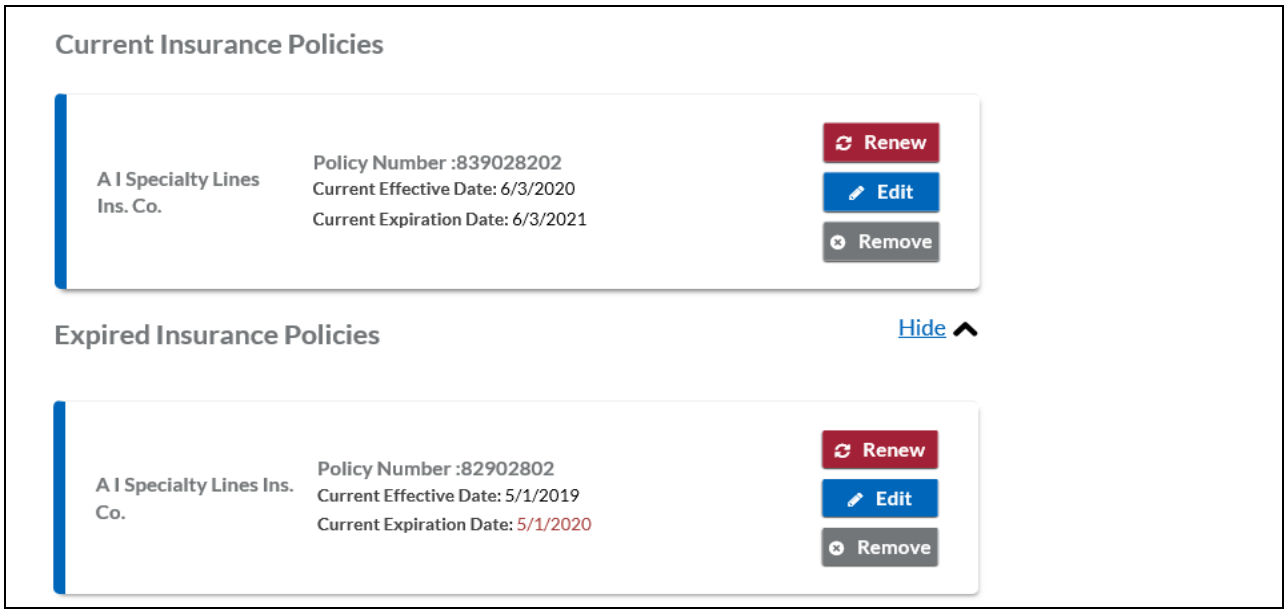
- Provider's Name
- Current Expiration Date
- Policy Number entered

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

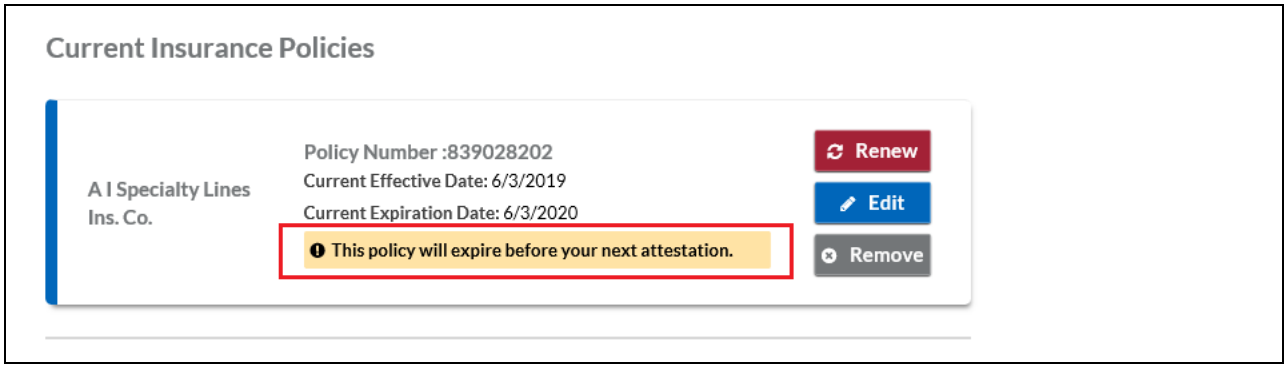
- A consolidated preview list of all the Provider's insurance policy records will be displayed on the page.



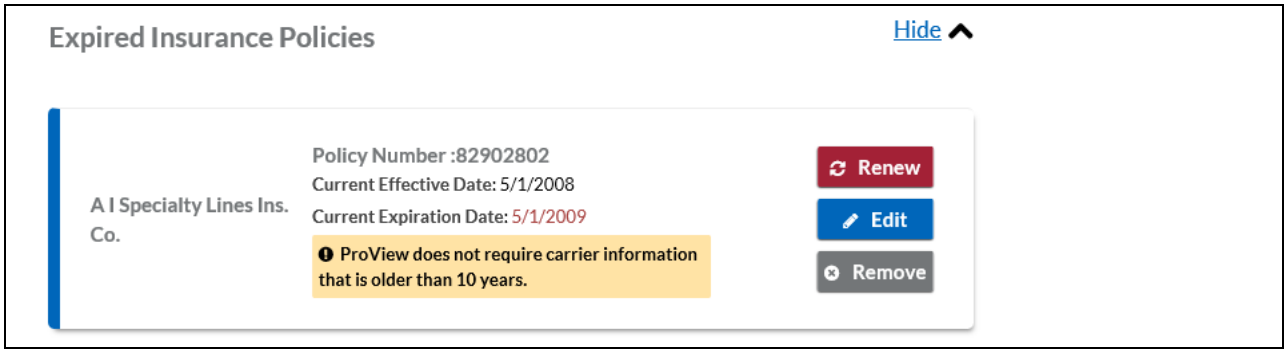
The PLI section will be categorized by "Current" and "Expired" insurance policies.



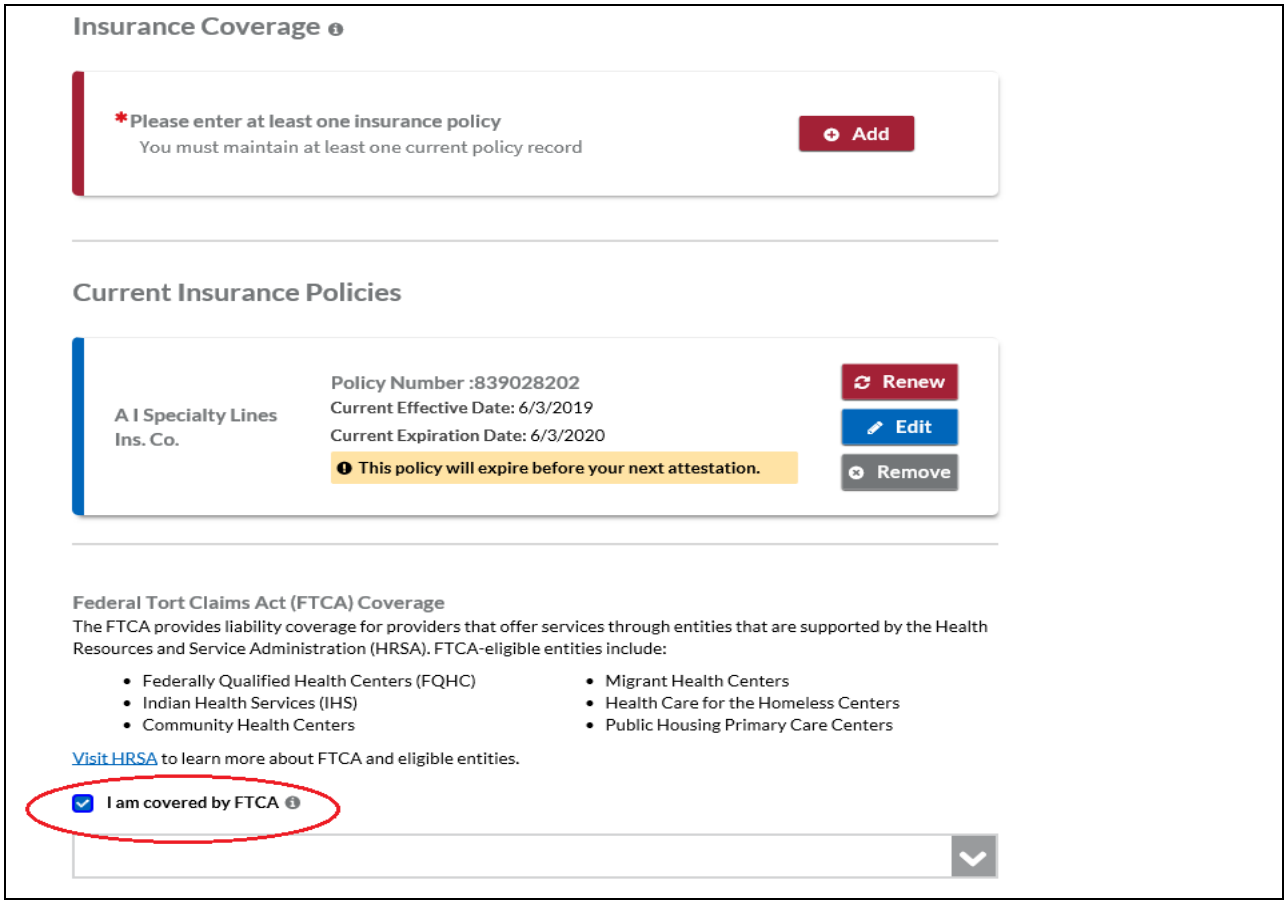
Providers will see a tooltip for current insurance policies that are expected to expire before their next attestation date.



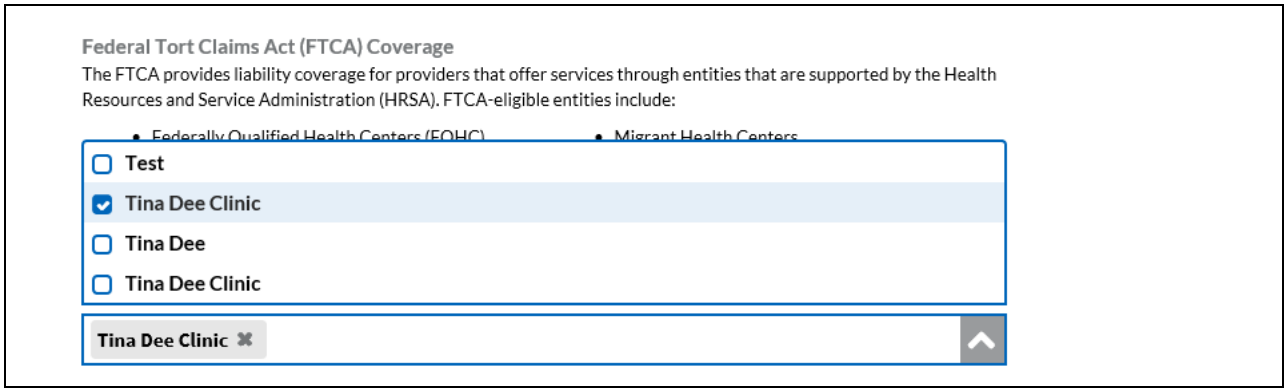
Tooltips are also visible for expired insurance policies that are older than 10 years.



Providers operating with FTCA exempt health centers can indicate FTCA coverage by selecting “I am covered by FTCA”.

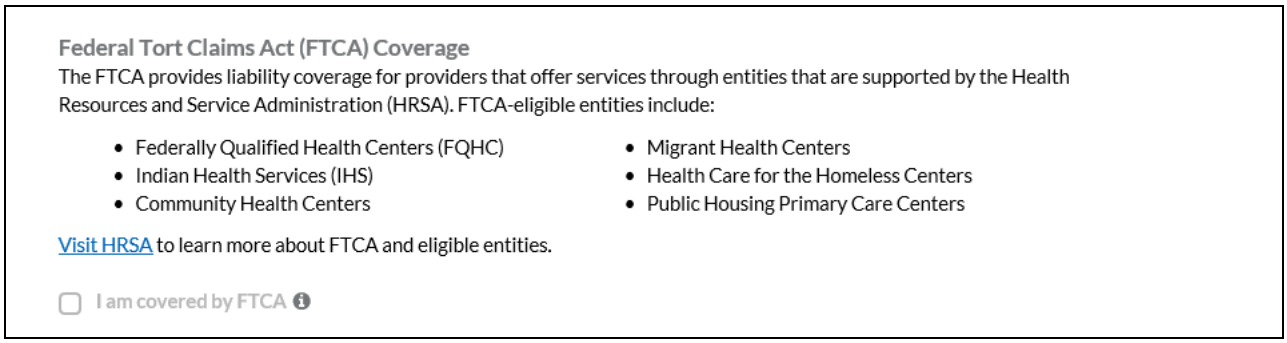


You can select the field “FTCA-Covered Practice Location(s) to indicate which of your active locations is associated with an insurance policy.

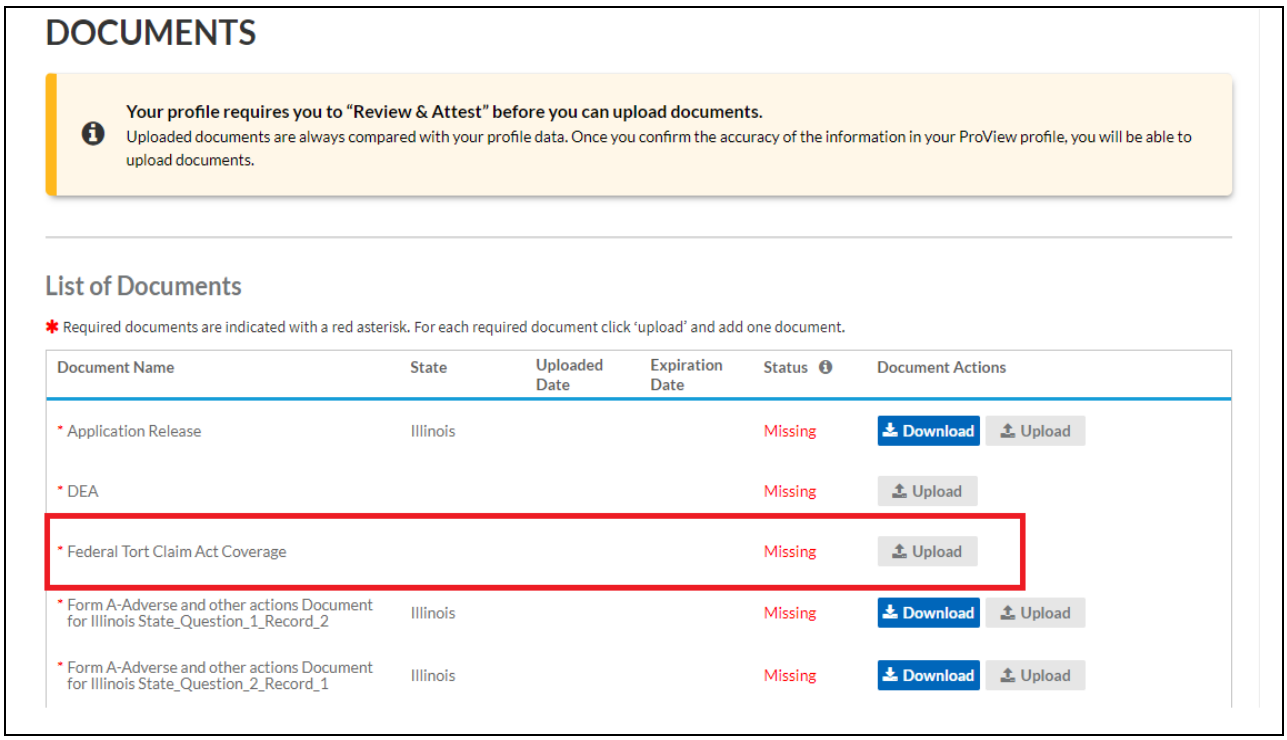


You can also select the same location for FTCA coverage and traditional malpractice insurance if a location is FTCA exempt and covered by traditional malpractice insurance.

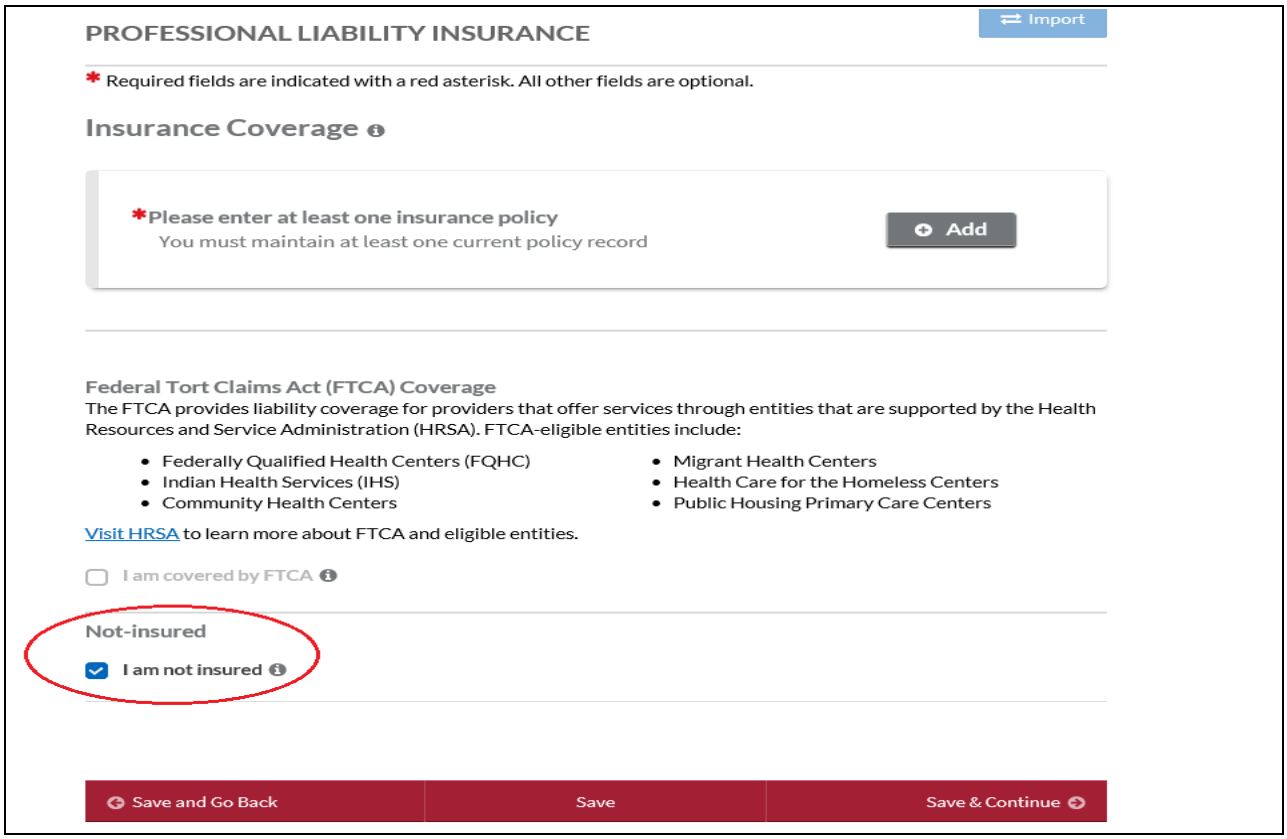
Additional details have been added to the page to help providers understand more about FTCA. A link to HRSA is also available should you wish to learn more about FTCA and eligible entities.



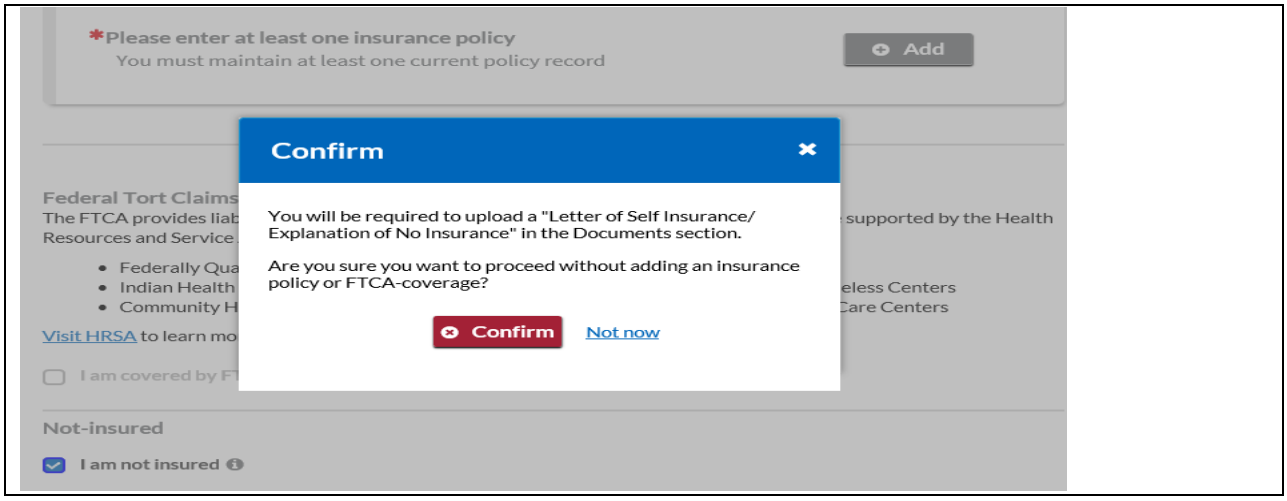
Providers who have indicated that they are covered by FTCA will be required to upload a copy of the FTCA document in the Documents section. Once the checkbox is selected and saved, a slot for the FTCA document will be automatically created in the Documents section. You are required to upload a copy of your FTCA document in this slot.



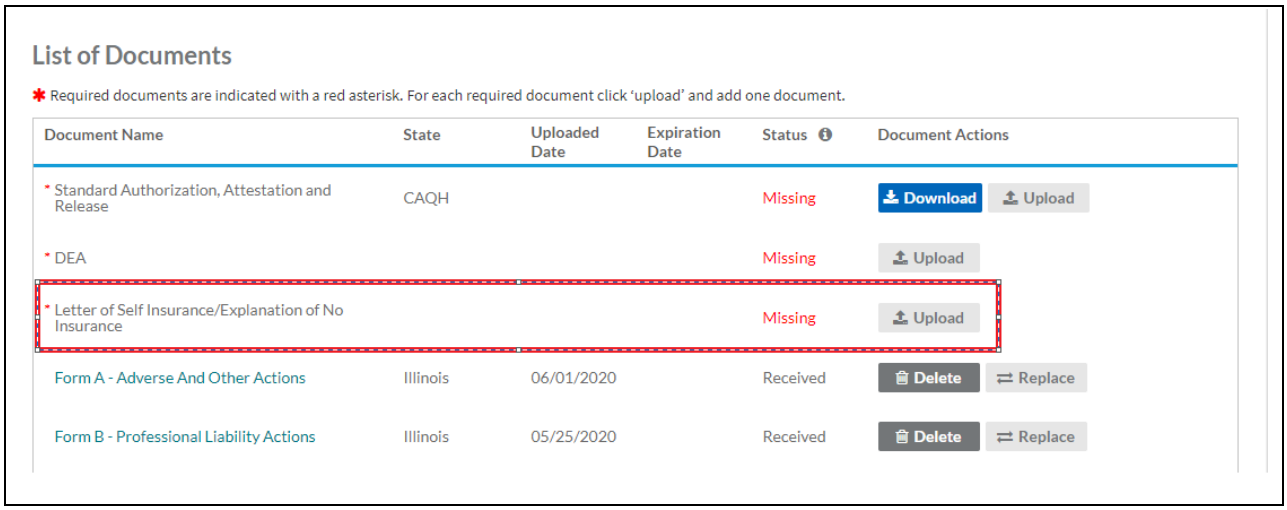
Providers without any traditional or non-traditional malpractice insurance are required to confirm their coverage before they can proceed.



By selecting “confirm” the options to add other malpractice insurance is deactivated.



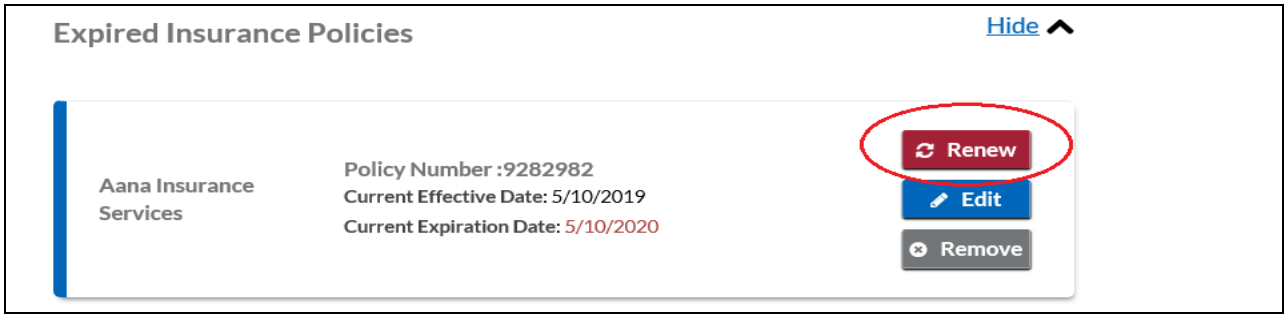
Note: You are required to upload a confirmation letter on your professional letterhead stating lack of coverage or providing further explanation. Please navigate to the Documents page to do so. This document will appear as missing and required on the Documents section of your application.



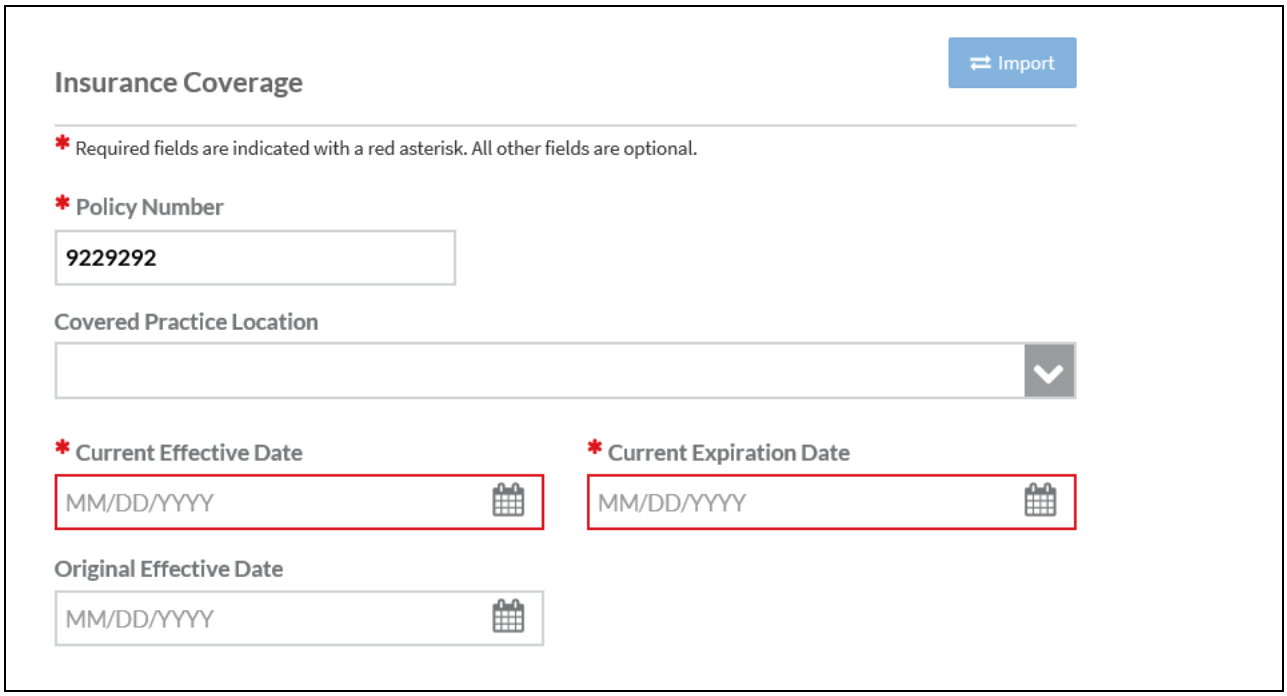
Renewing an Expired PLI Record

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 expired 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.

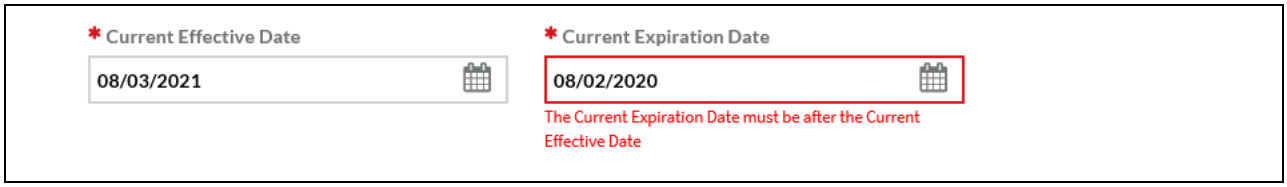


a. If you click the “Renew” button, you will be directed to a page where you need to enter the “Current Effective Date” and “Current Expiration Date” of your renewed insurance policy.



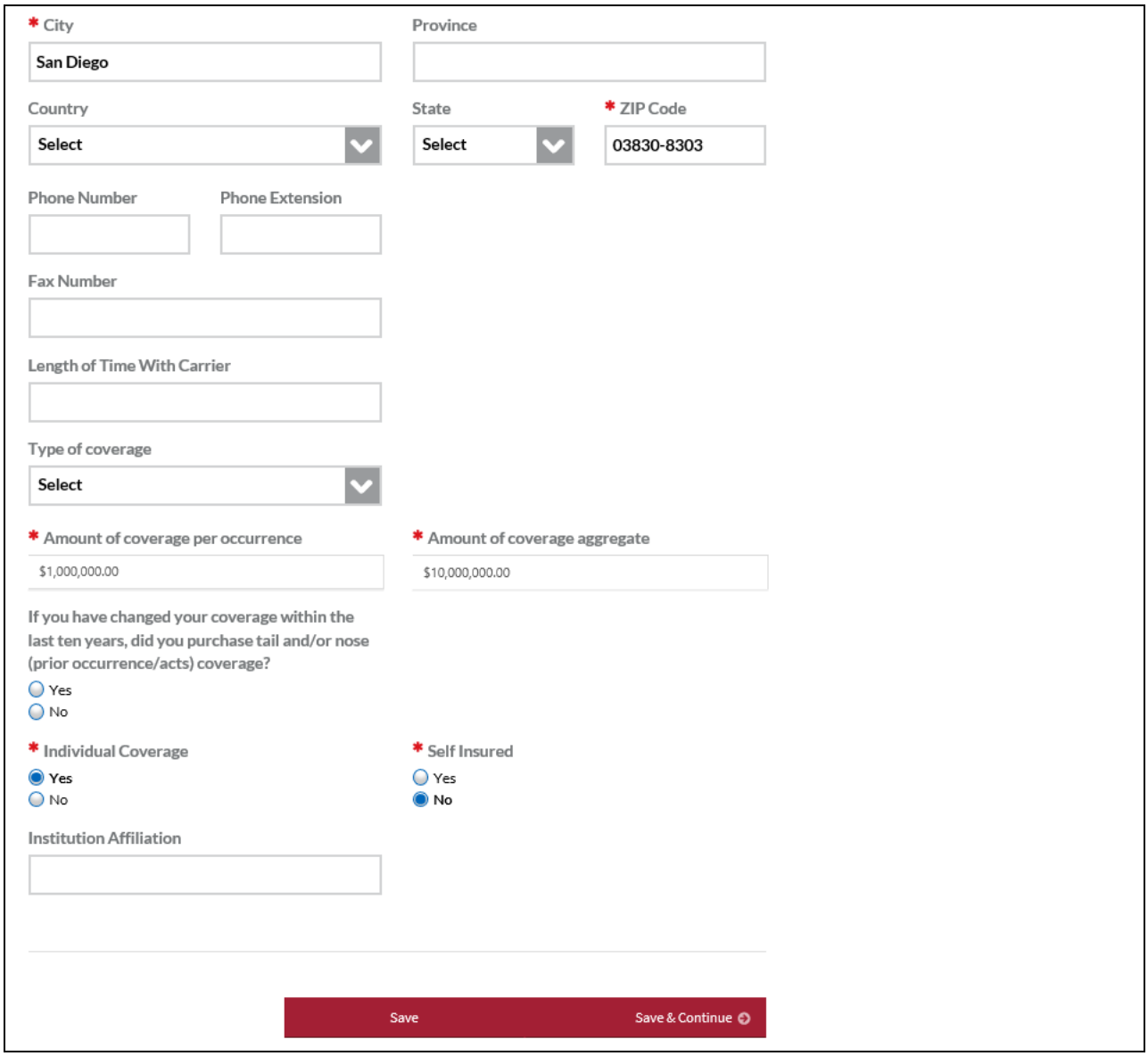
Note:

- The Current Effective Date should **NOT** be greater than the Current Expiration Date. You will be prompted with a message "The Current Expiration Date must be after the Current Effective Date."



- The expiration date entered here must match the expiration date listed on the insurance face sheet. If it does not match, the insurance face sheet will be rejected from the CAQH ProView.

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



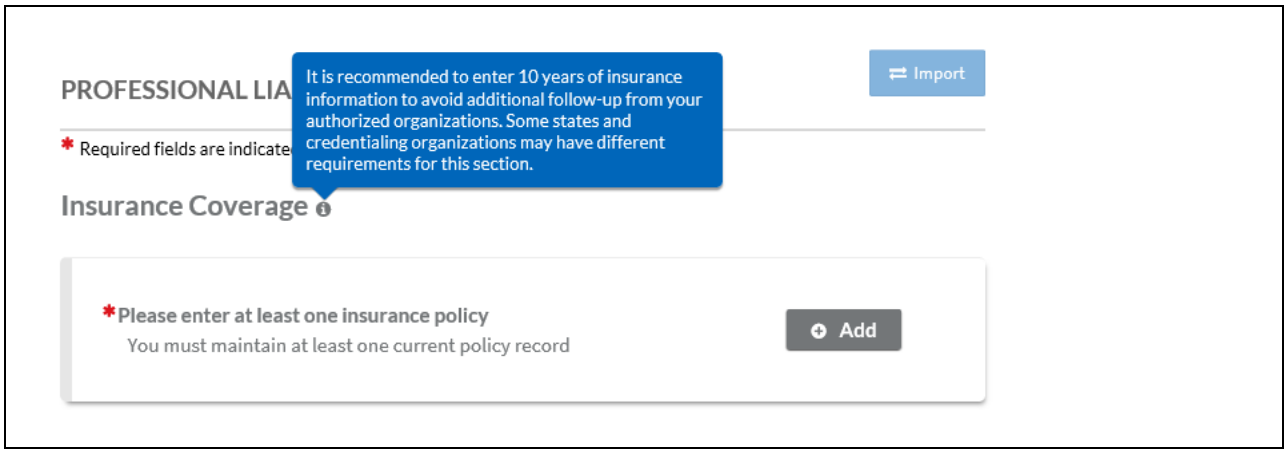
Additional Information about PLI Documents/Letter of Self-Insurance

- 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".

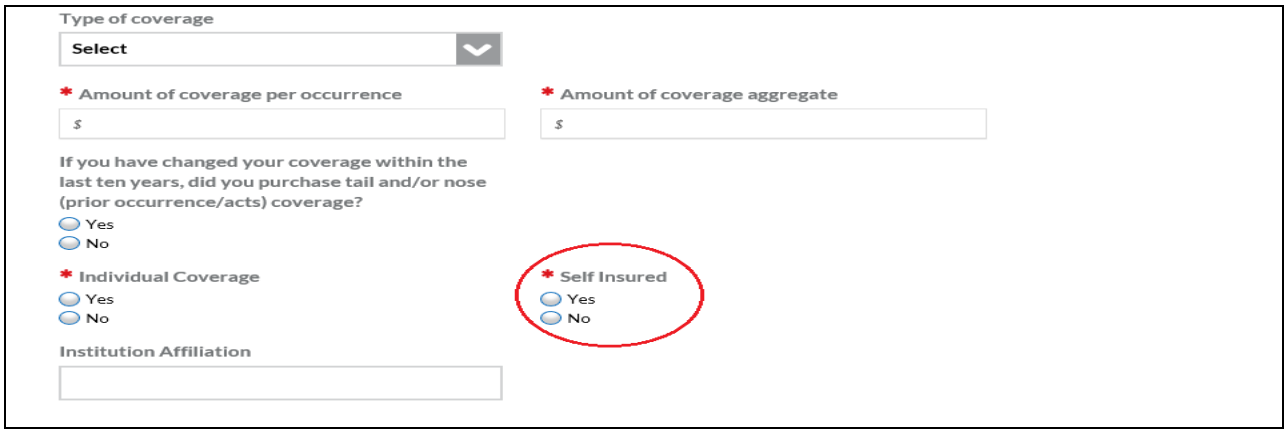
- You will not see a document showing as “Missing” for any associated data record that has a “Current Expiration Date” that is prior to today’s date.
- All "Professional Liability Insurance" documents with a status of "Expired" will appear as "Optional" if at least one PLI document exists for a current PLI record with a status of "Missing", "Received", "Approved", or "Failed".

Throughout each step of completing the PLI section, help copy, and tooltips are available for help.

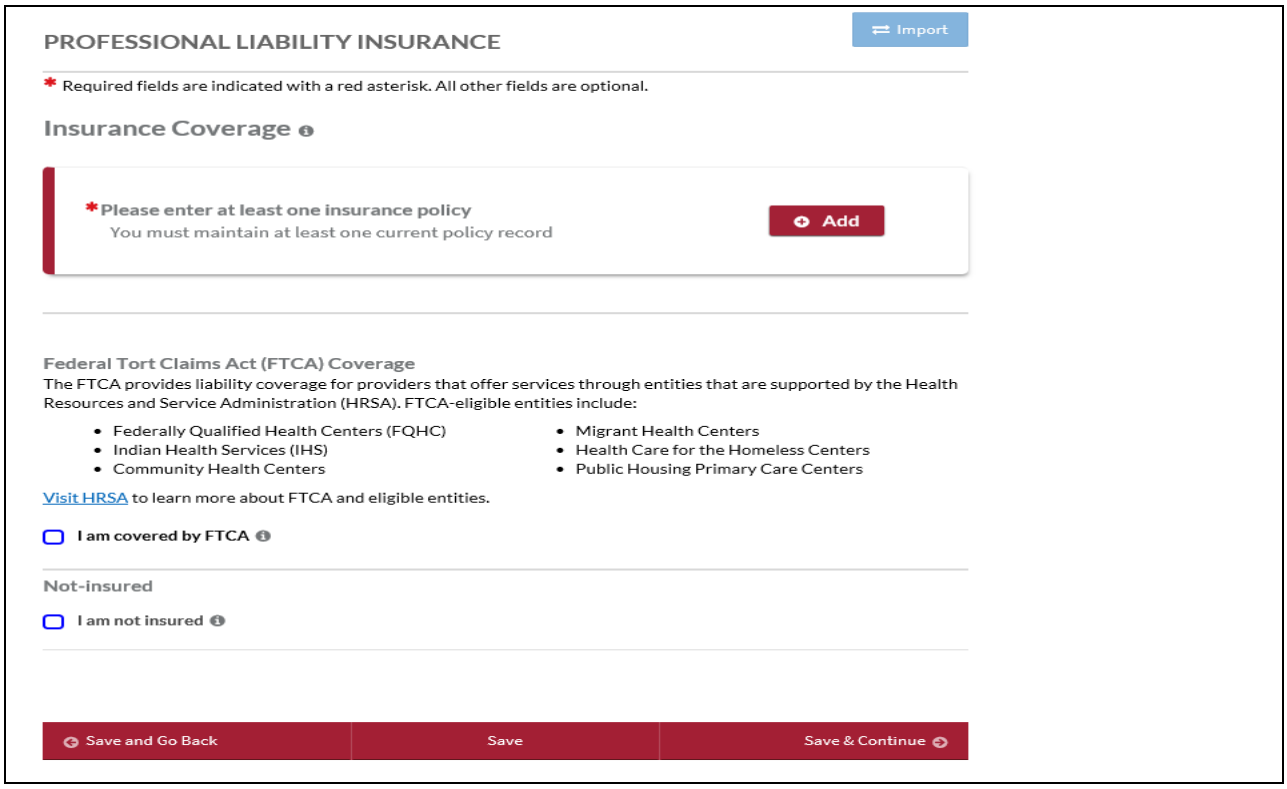
Providers can hover over each of the available options for additional information and instructions.



The ‘self-insured’ question and answer will continue to show in the portal but on the Professional Liability Insurance Record screen, right next to 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).



- 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 no longer see the leading question *“Are you covered under a professional liability insurance policy?”*



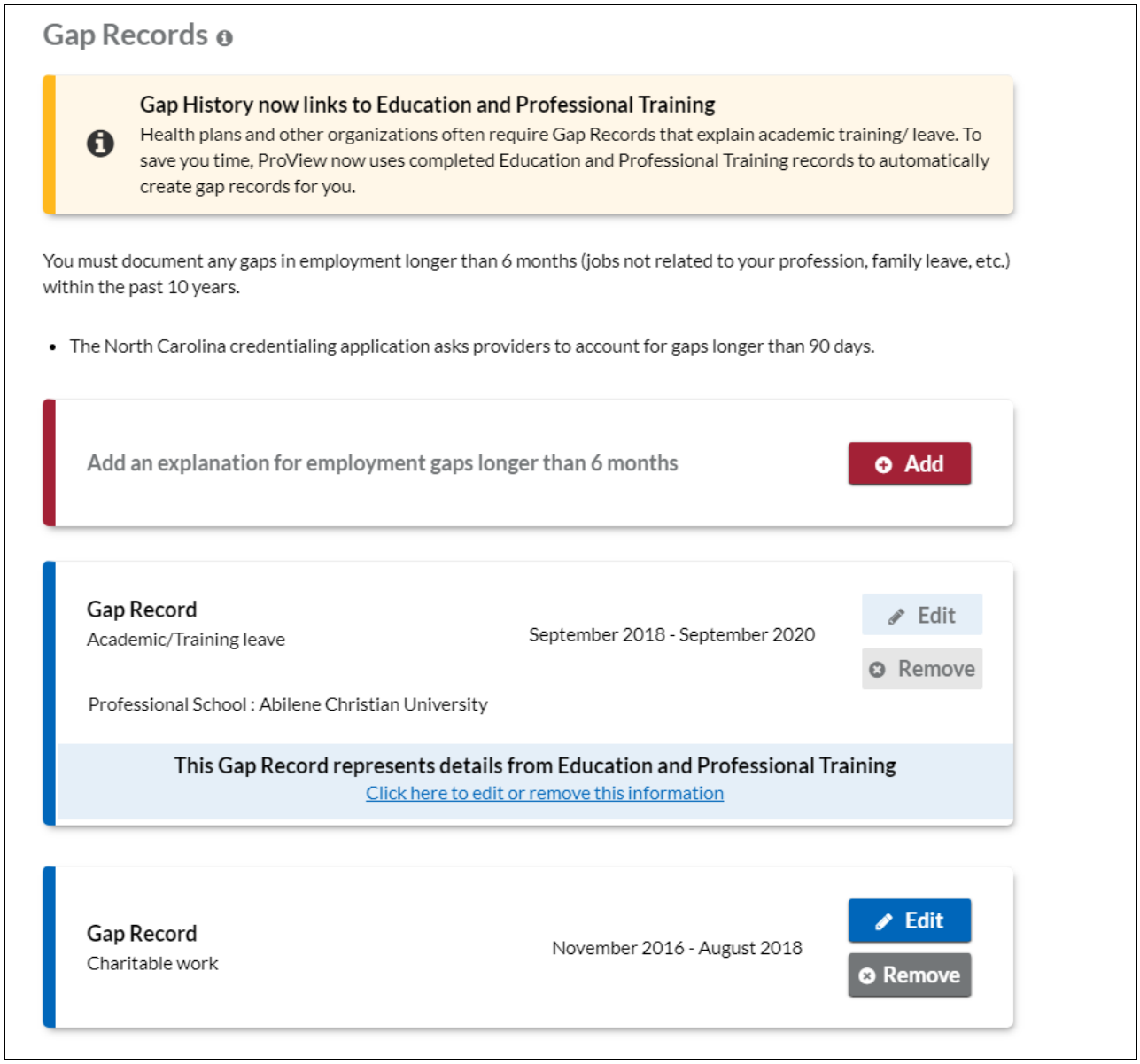
- If you previously answered "Yes" to "Self-Insured?", the checkbox for “I am not insured will be ticked.
  If you previously entered a professional liability insurance policy, that record will be displayed in your profile.

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.

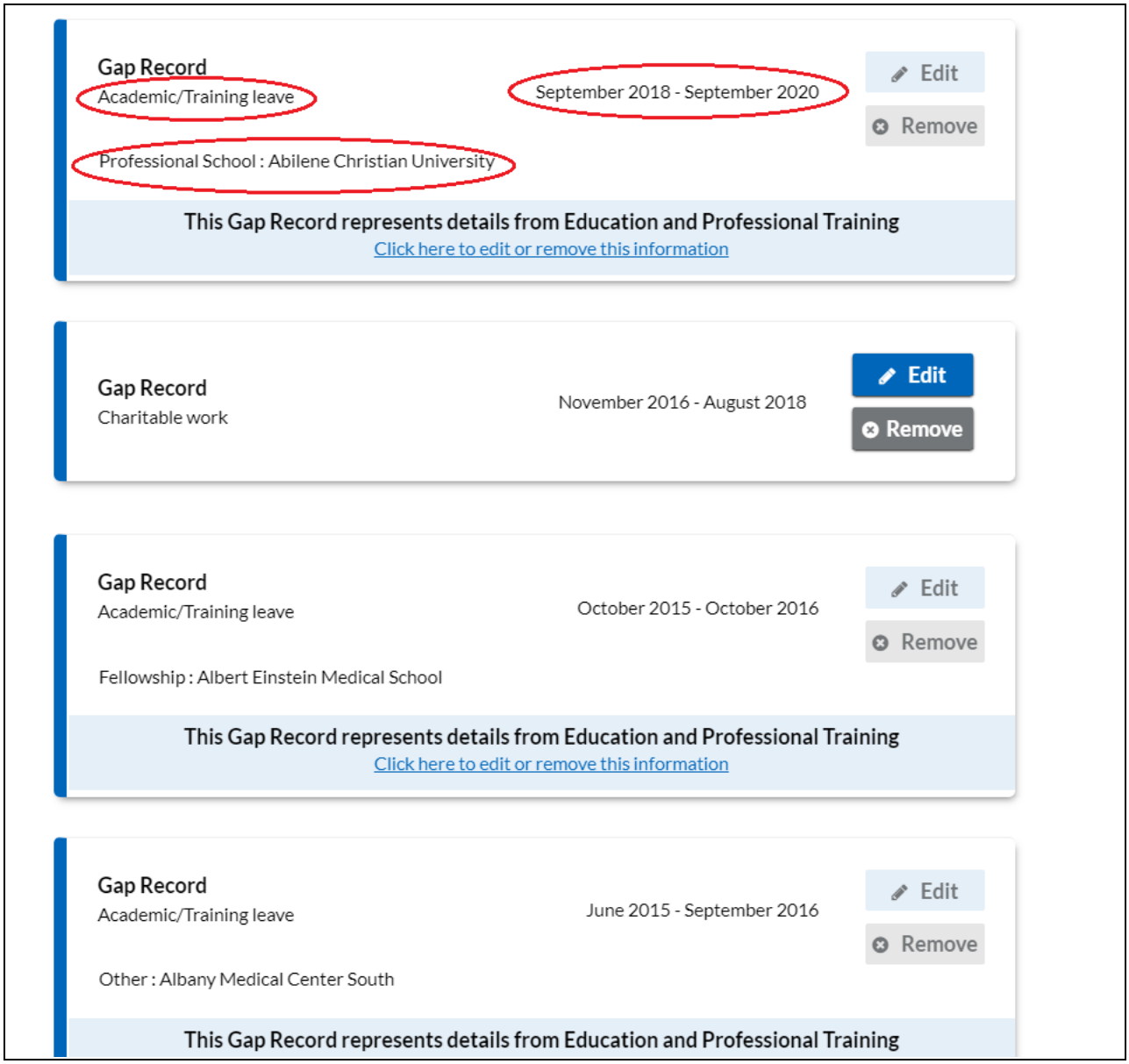
In order to create a seamless timeline of a provider's work history reducing provider outreach and documentation redundancies, the following Education and Professional Training types will create an associated Gap record in the Employment History if the record includes both Start Date and End Date and is within the last ten years from the current year.

- Internship
- Residency
- Fellowship (start date now required)
- Preceptorship
- Other Trainings (start date now required)
- Undergraduate (start date now required)
- Fifth Pathway
- Professional School



An employment gap record will be created for each individual education and professional records in the last 10 years. The Start and End date for gap records will match the dates entered in the Professional Training and Education record. The Gap Explanation field value will be pre-populated as "Academic/Training leave".

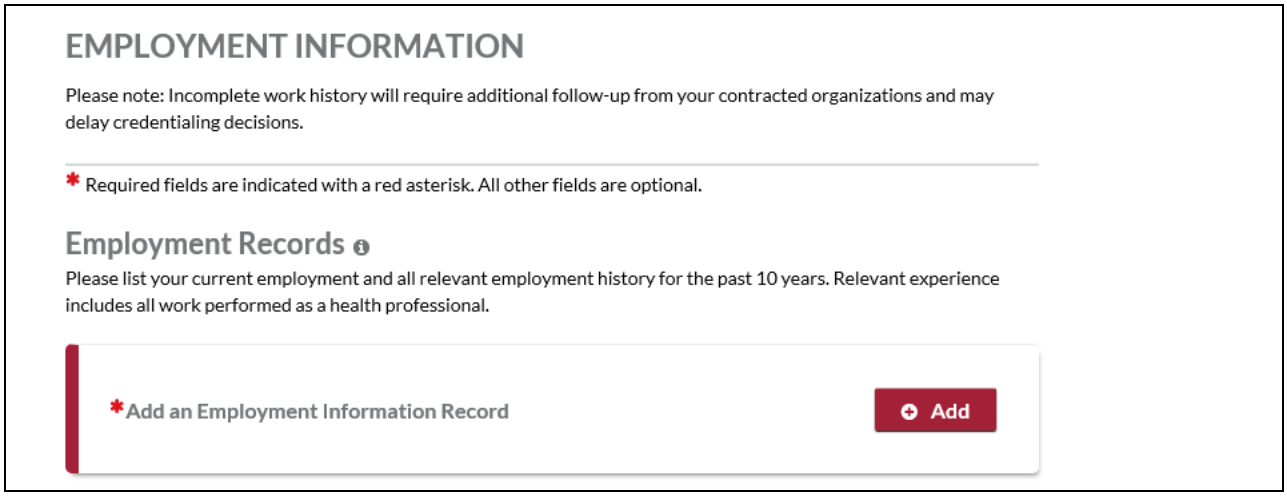
The card will provide a link to the Education and Professional training record that the gap is sourced from. This will allow providers to navigate to that section if they need to make changes.



Tips:

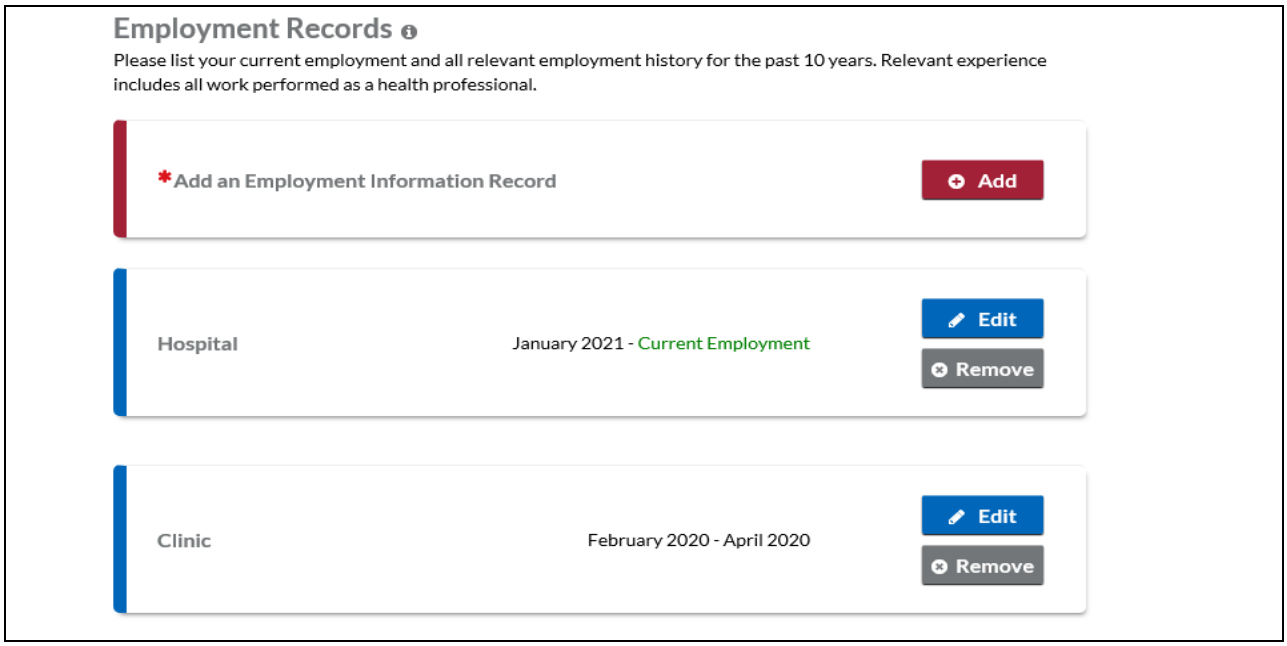
- If you need assistance, you can access the "?" link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.

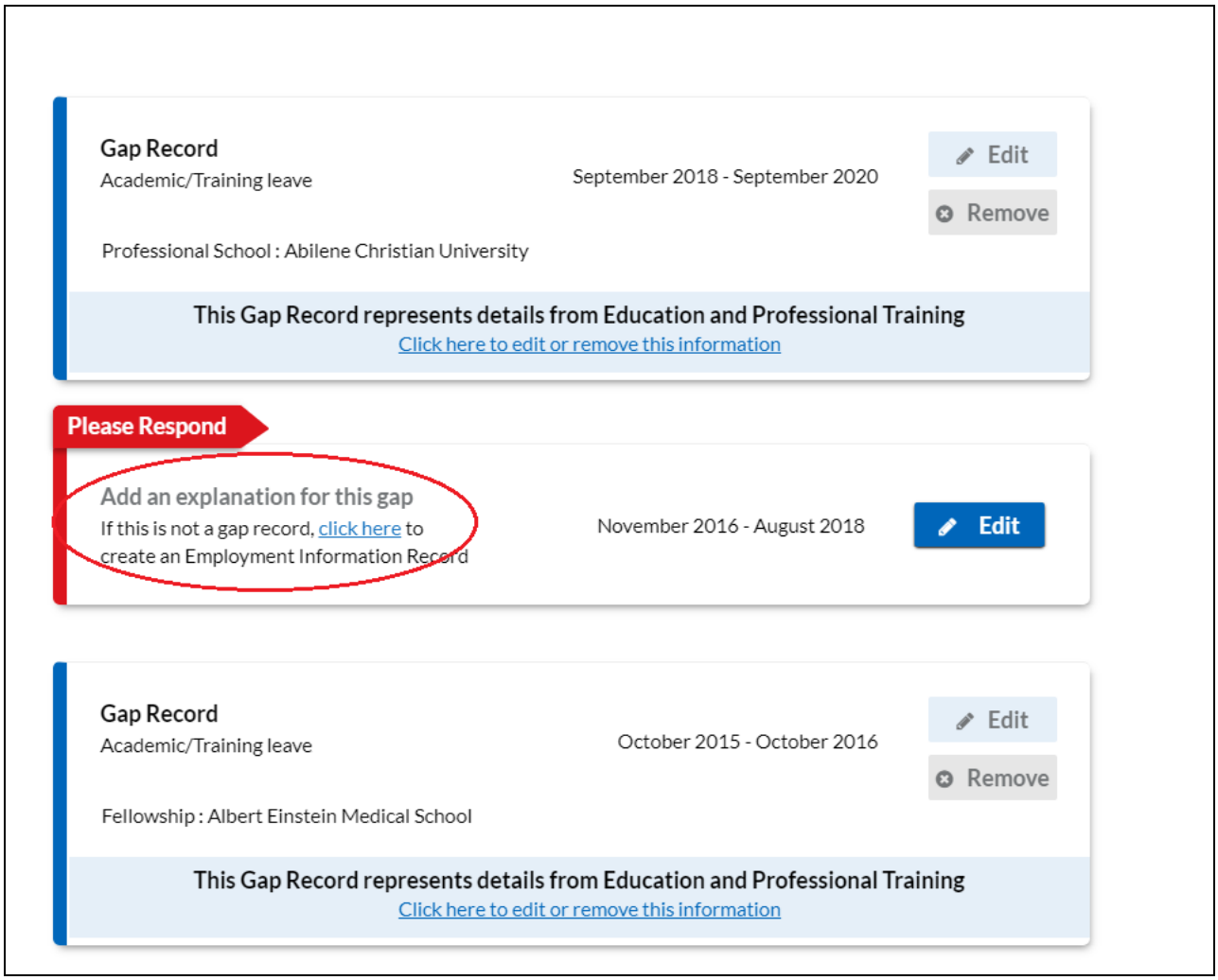
- Select “Add” to enter an employer and the related information.
- If the “Import” button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.
- If you have not yet started work at a location, enter your expected start date in the Start Date field.
- In general, a gap is any break in continuous, full-time employment for 3 months or longer.
- 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 New Employment Records.



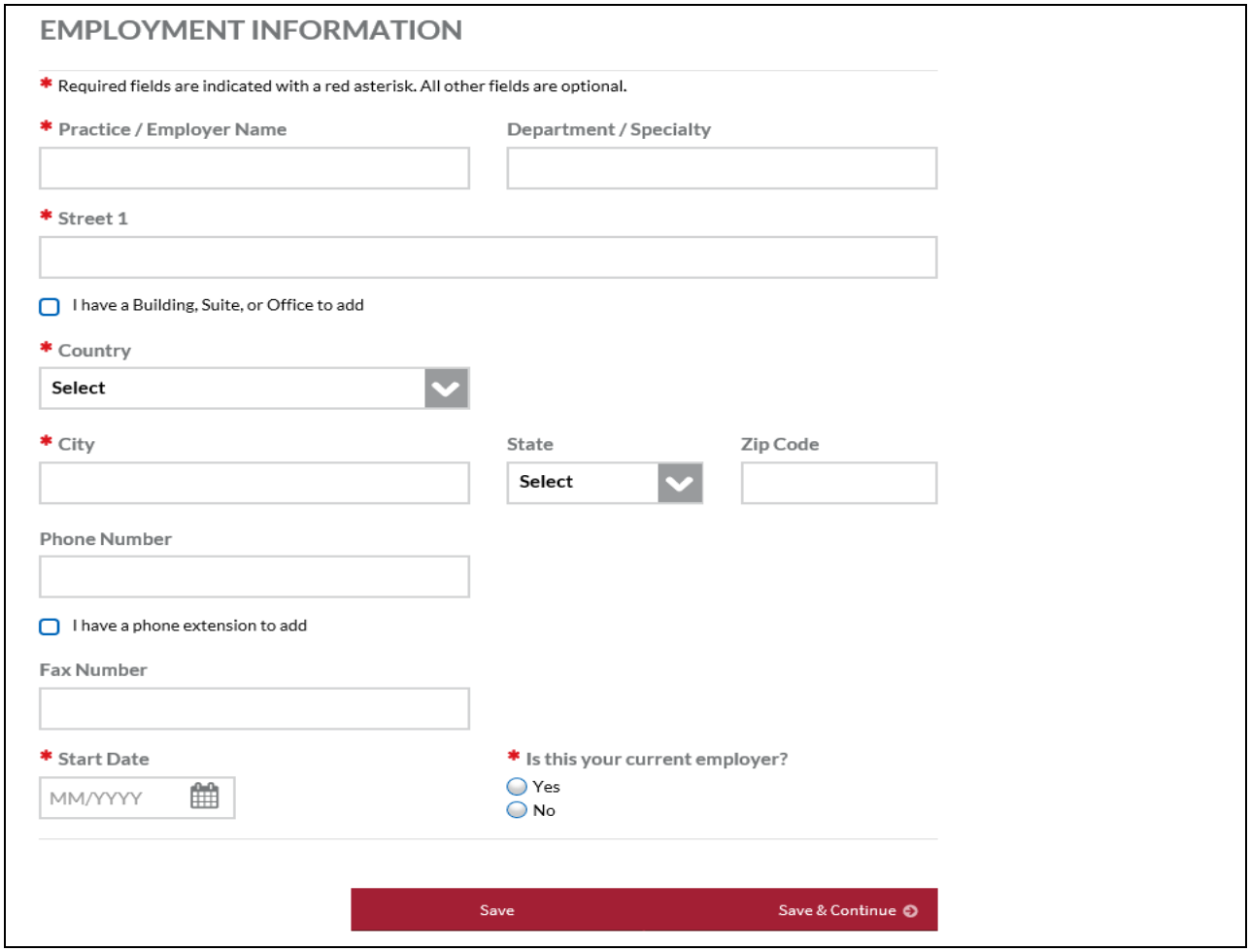
- Once you have added employment information to your profile, a preview of the record will be displayed on the page with the following details: Practice/Employer Name, State Date, and End Date. If you have more than one employment record, only the previous one/s will have the end date. Your current employment record will be indicated with ‘Current Employment’.

- If there are any employment gap records, CAQH ProView will display a message” Add an explanation for this gap” and a red marker “Please Respond”..’ The start and end date of the gap will also be indicated. You are required to fill in all Employment Gaps before attestation. Click the Edit button to add an explanation for the gap.

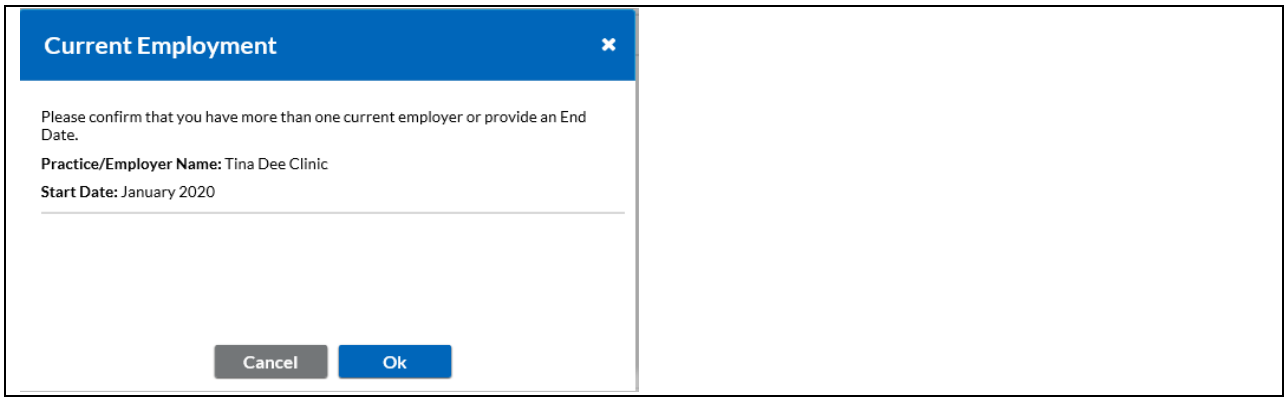

Employment Records
Please list your current employment and all relevant employment history for the past 10 years. Relevant experience includes all work performed as a health professional.
*Add an Employment Information Record
Add
Hospital
January 2021 - Current Employment
Edit
Remove
Clinic
February 2020 - April 2020
Edit
Remove


Gap Record
Academic/Training leave
September 2018 - September 2020
Edit
Remove
Professional School : Abilene Christian University
This Gap Record represents details from Education and Professional Training
Click here to edit or remove this information
Please Respond
Add an explanation for this gap
If this is not a gap record, click here to create an Employment Information Record
November 2016 - August 2018
Edit
Gap Record
Academic/Training leave
October 2015 - October 2016
Edit
Remove
Fellowship : Albert Einstein Medical School
This Gap Record represents details from Education and Professional Training
Click here to edit or remove this information

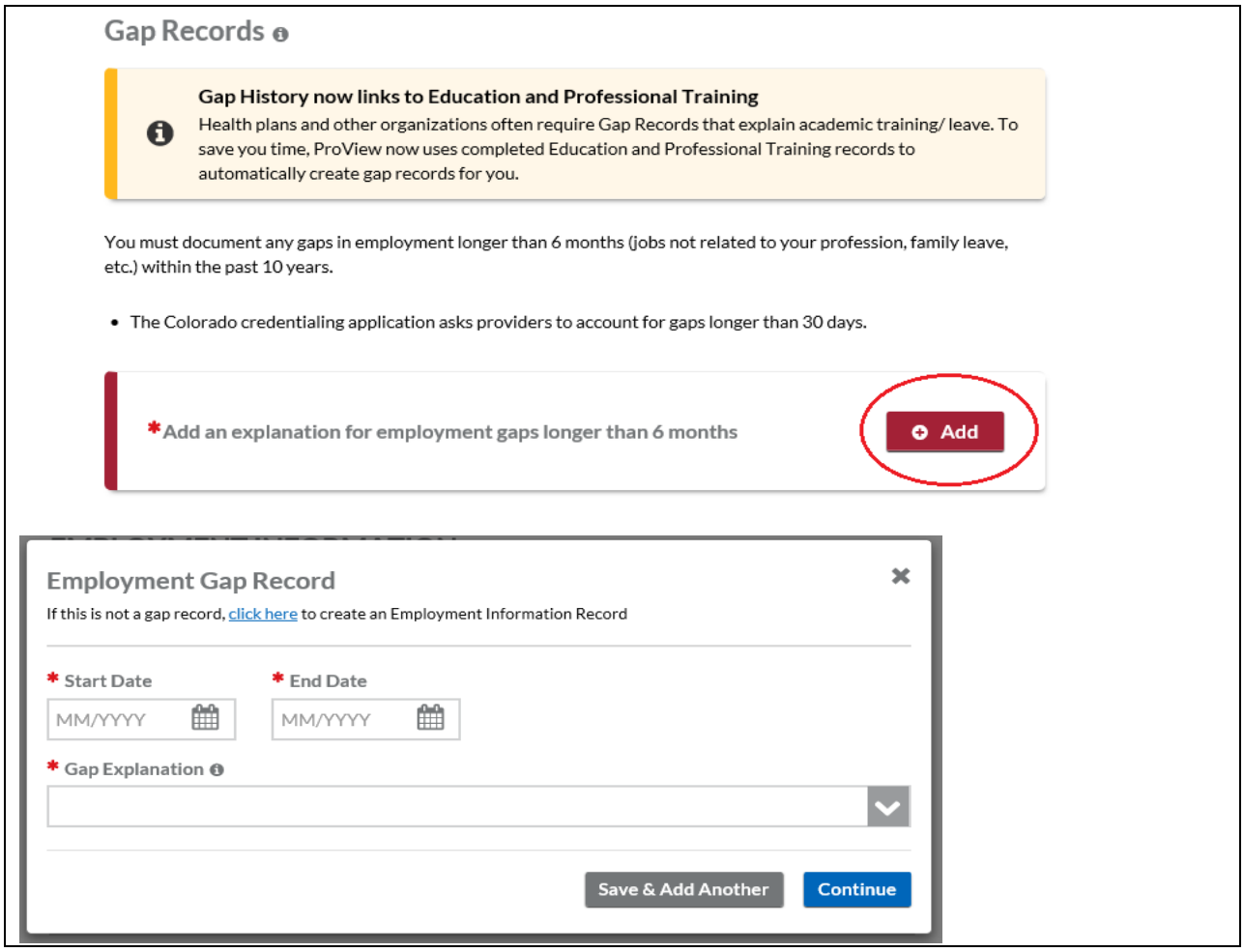
- If the record is not a gap, the provider can click on the link to create an Employment Information record.



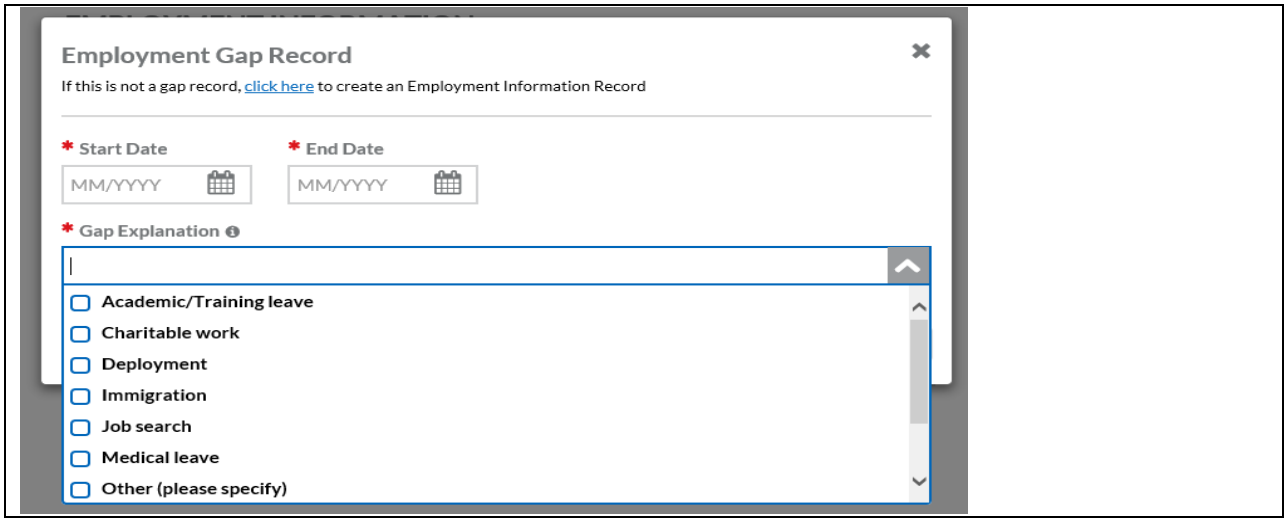
- A separate screen will display the different fields for Employment Information Record and Employment Gap Record when you click the 'Add' button under Manage Employment Information.
- A pop-up message will be displayed when a user enters more than one Current Employment Record.



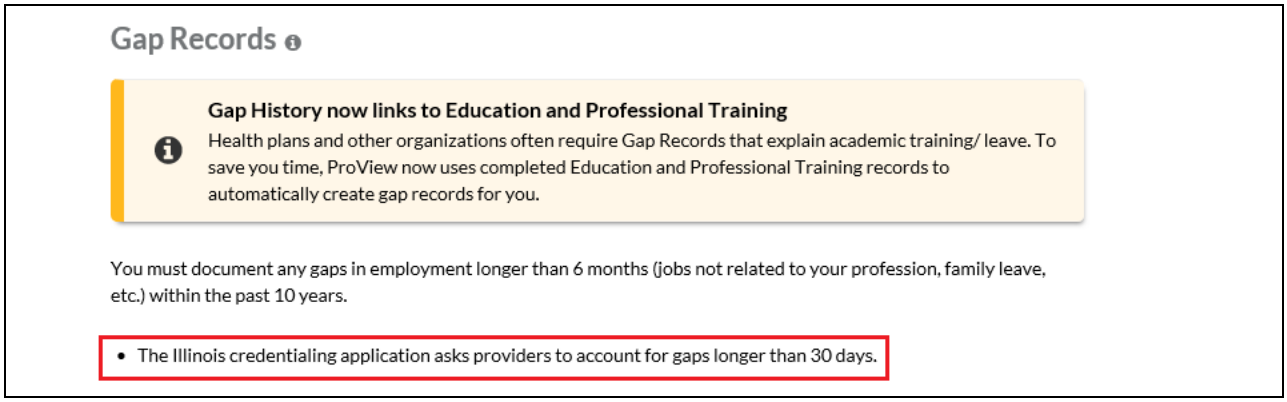
The screens shown below will be displayed when you click “Add” for a gap in employment.



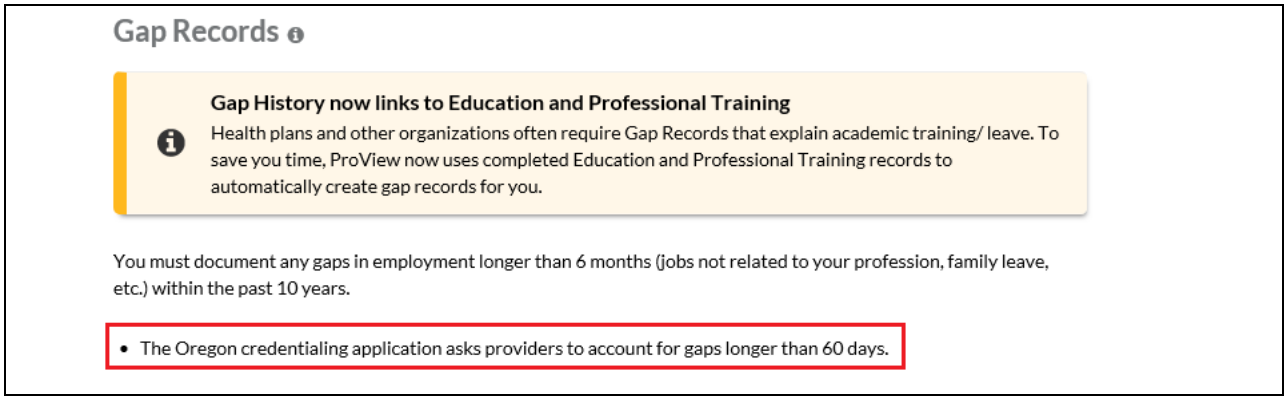
- Click the dropdown to display the options.



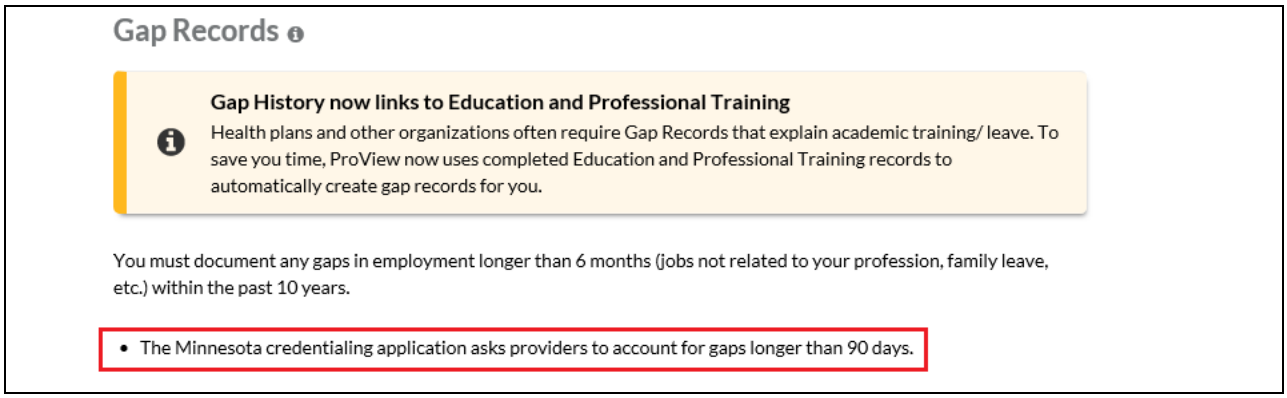
Note: Providers practicing in Illinois, Georgia and Oklahoma will be required to enter a reason for unemployment gaps longer than 30 days.



Providers practicing in Oregon will be required to enter a reason for unemployment gaps longer than 60 days.

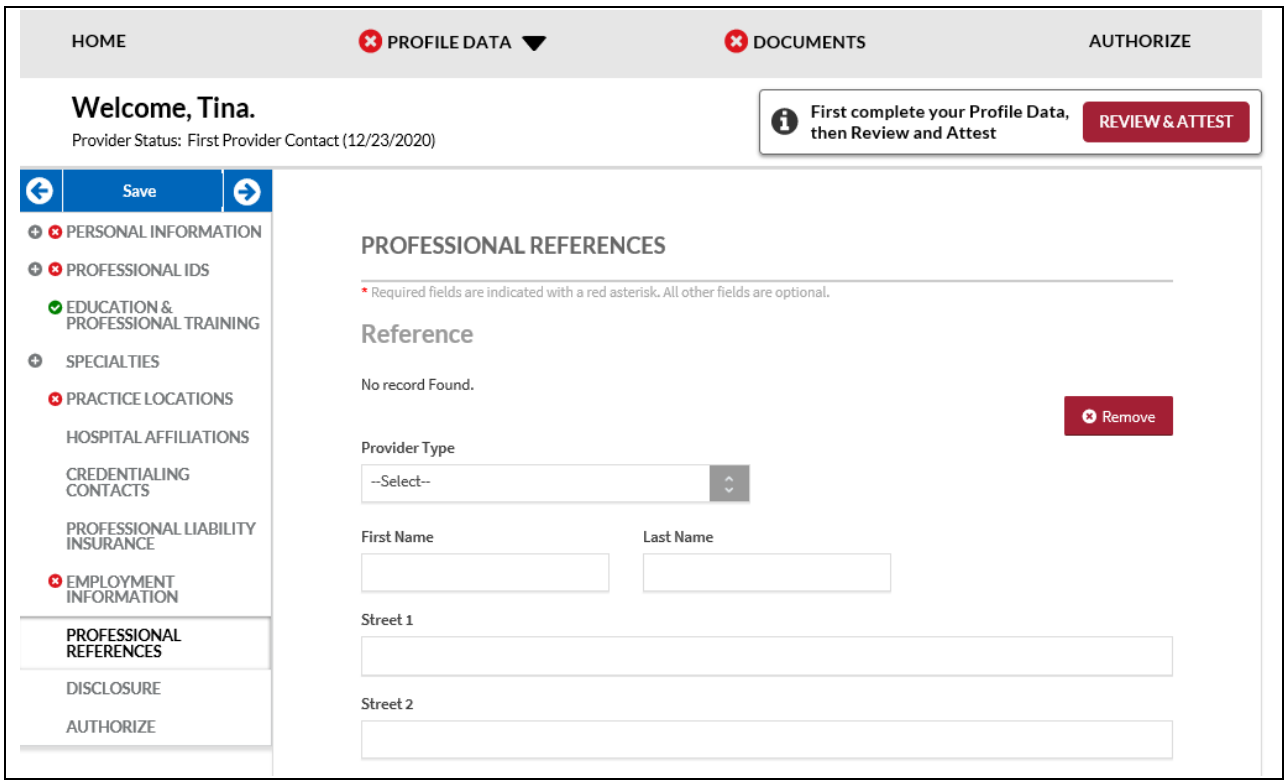


Providers practicing in Minnesota, West Virginia and North Carolina will be required to enter a reason for unemployment gaps longer than 90 days.



Professional References

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



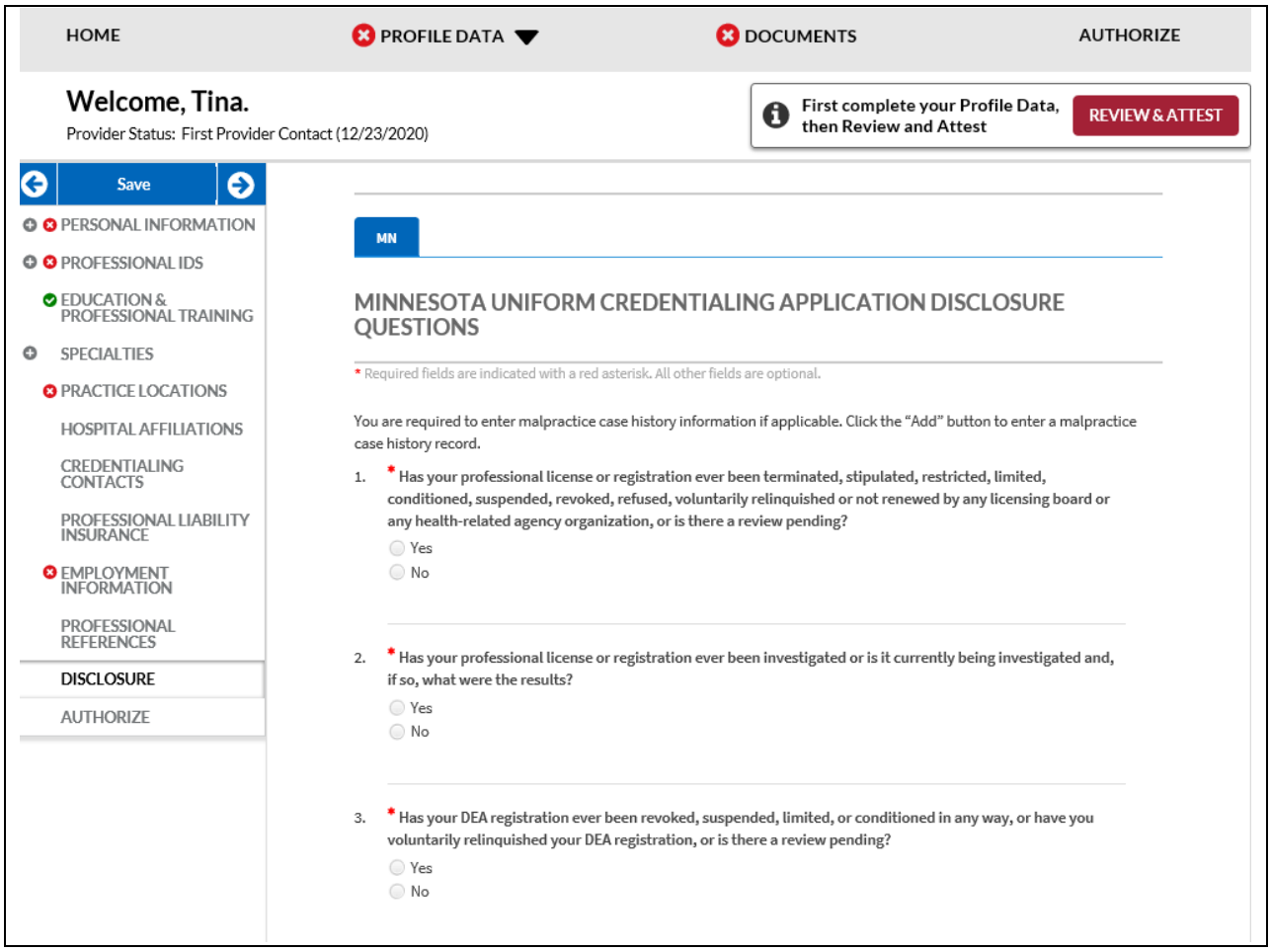
Tips:

- 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. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Select “Add” to enter a professional reference and the related information.

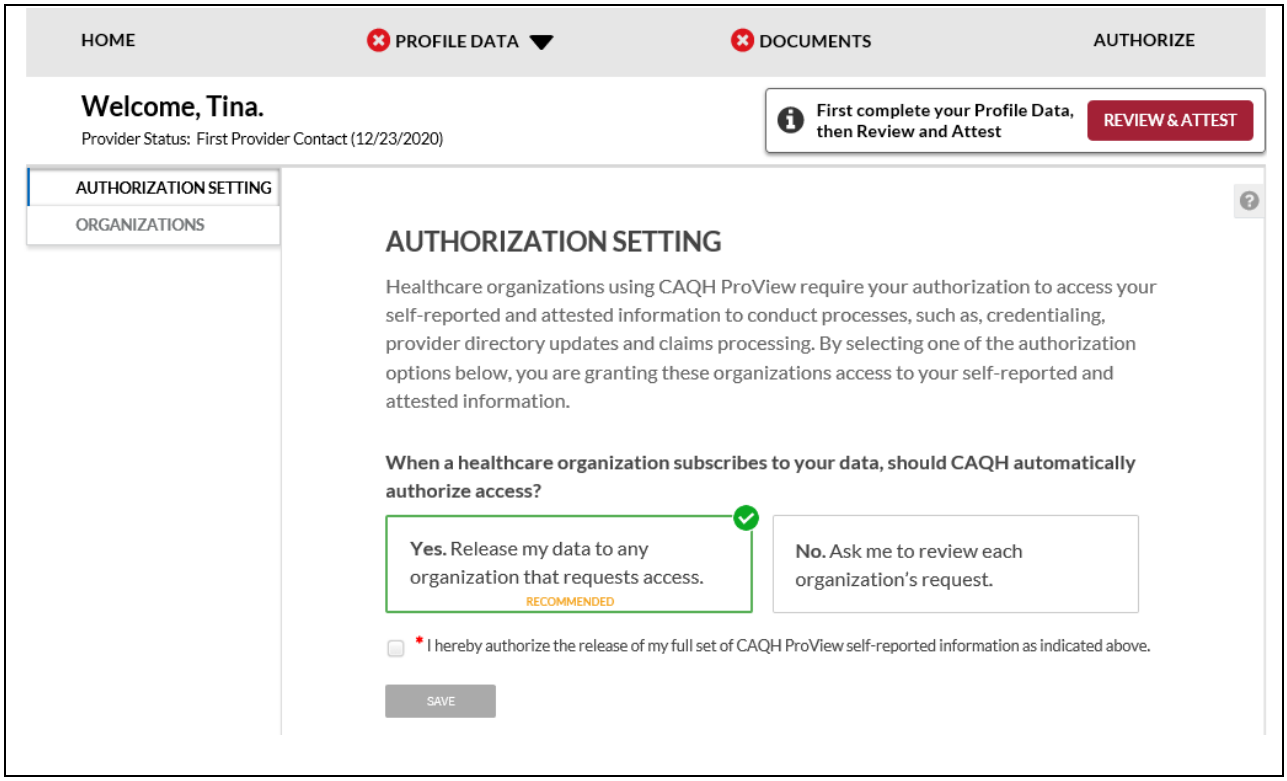
Disclosure

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.



Authorize

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



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

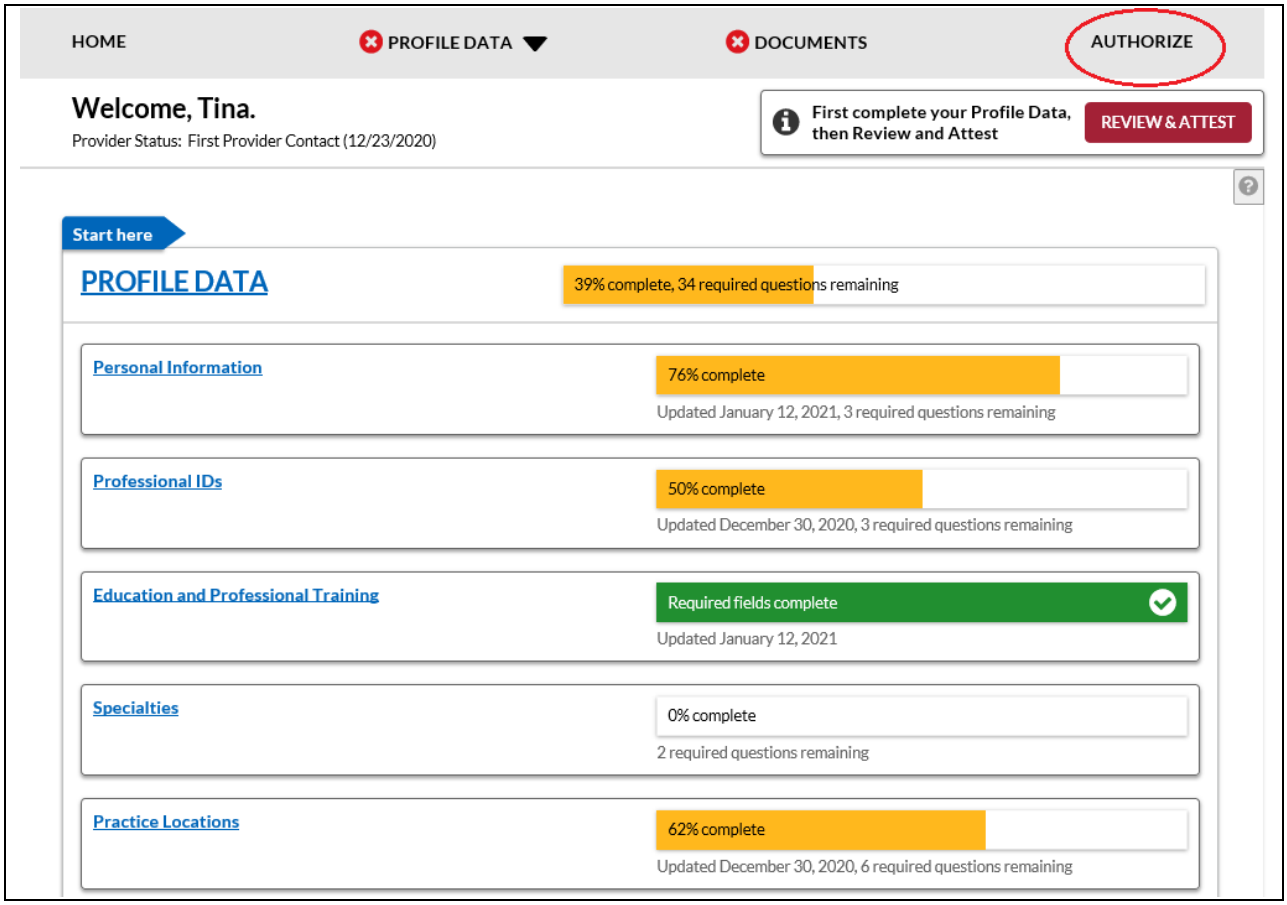
- You can indicate a "global" authorization, which allows access to your data profile to all healthcare organizations that indicate to CAQH that you are an affiliated provider or am in the process of becoming an affiliated provider.
- You also can individually select organizations to allow access to your data profile by selecting "Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider, and I specify below".
- In the "Other Organizations Authorization" section, you have the option to release a more limited set of your data profile to healthcare organizations that you are not affiliated with.
    - 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.

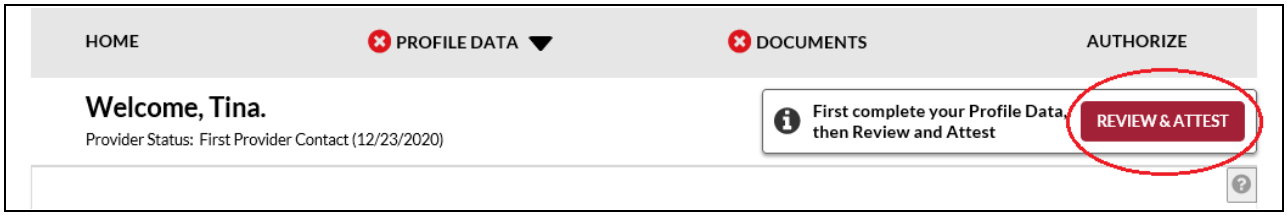
Update Authorization

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



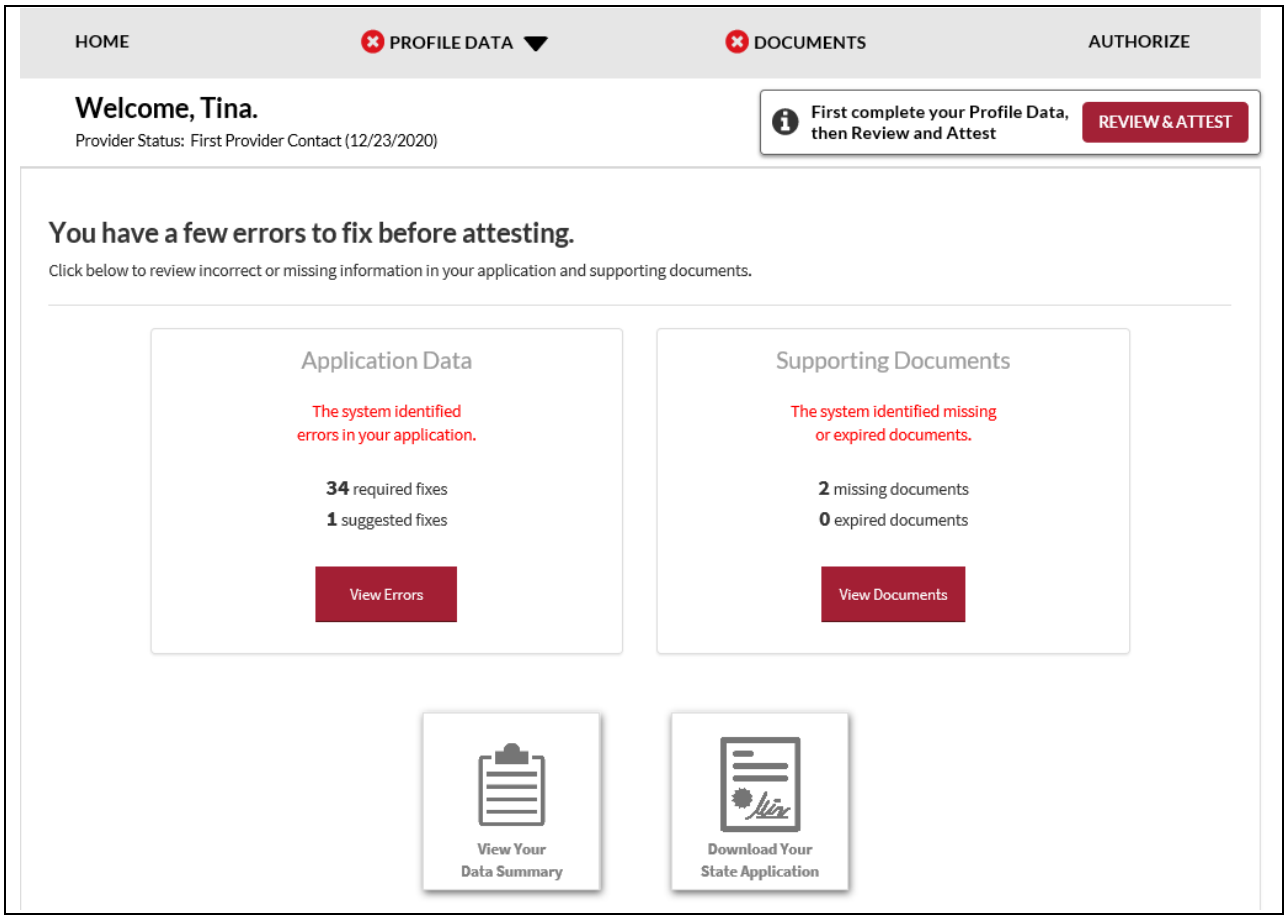
CHAPTER 5: Review Your Data

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



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).

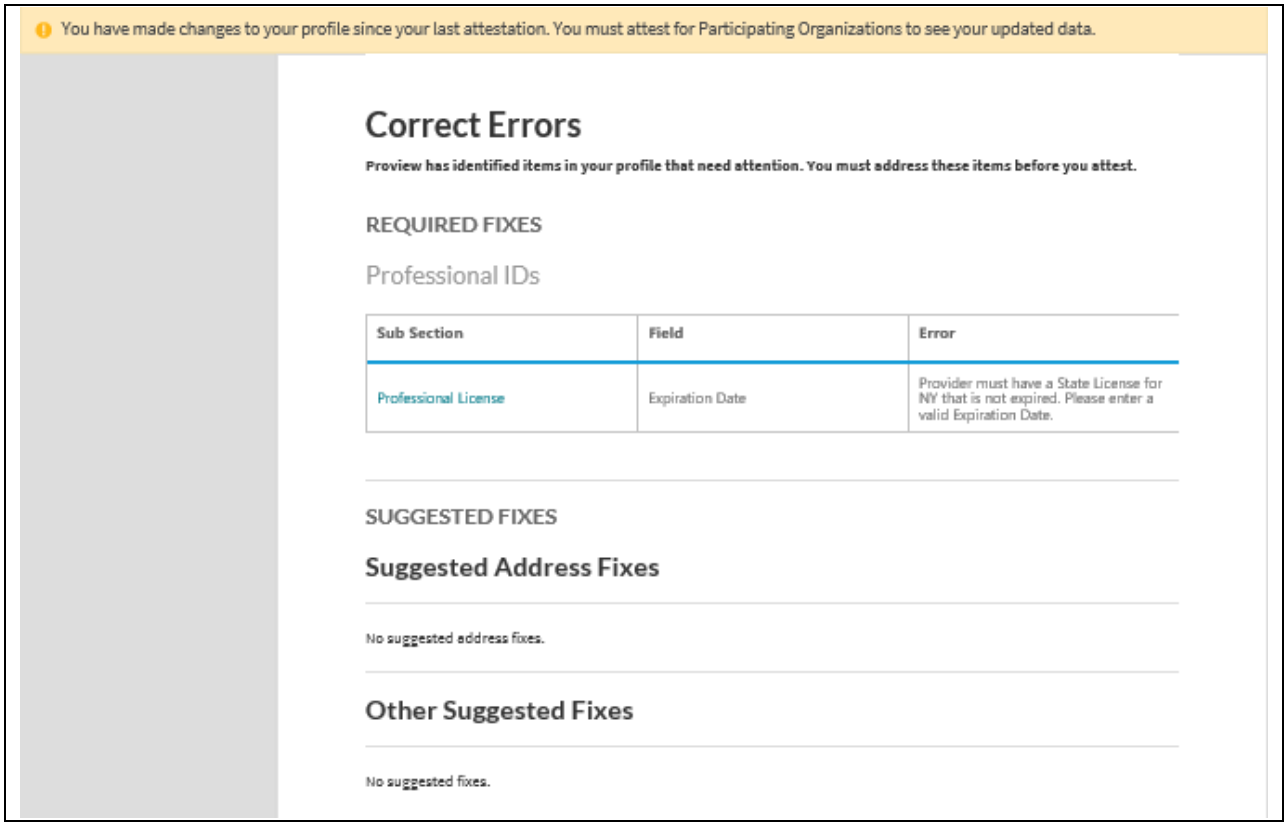


Correct Errors

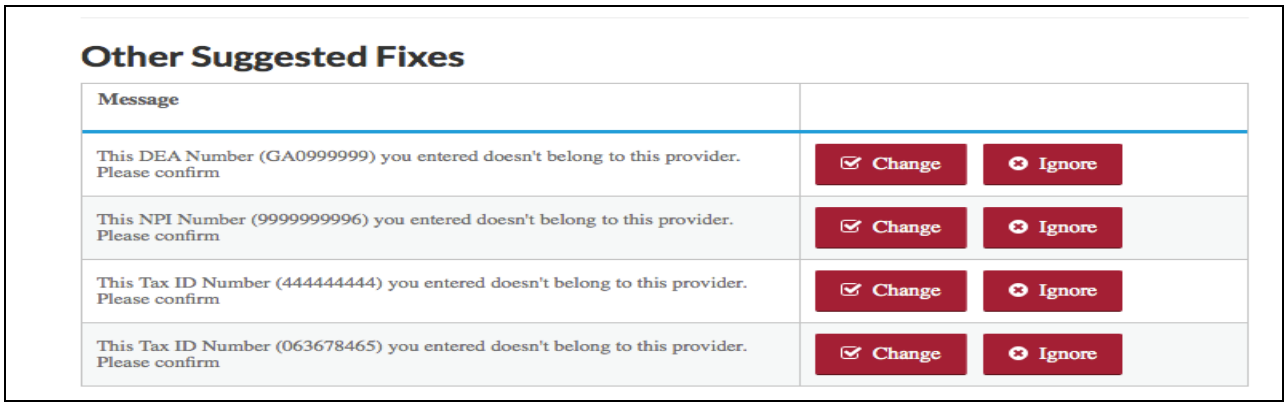
The “Correct Errors” screen will highlight any required or suggested fixes you may need to make to your data profile.

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.

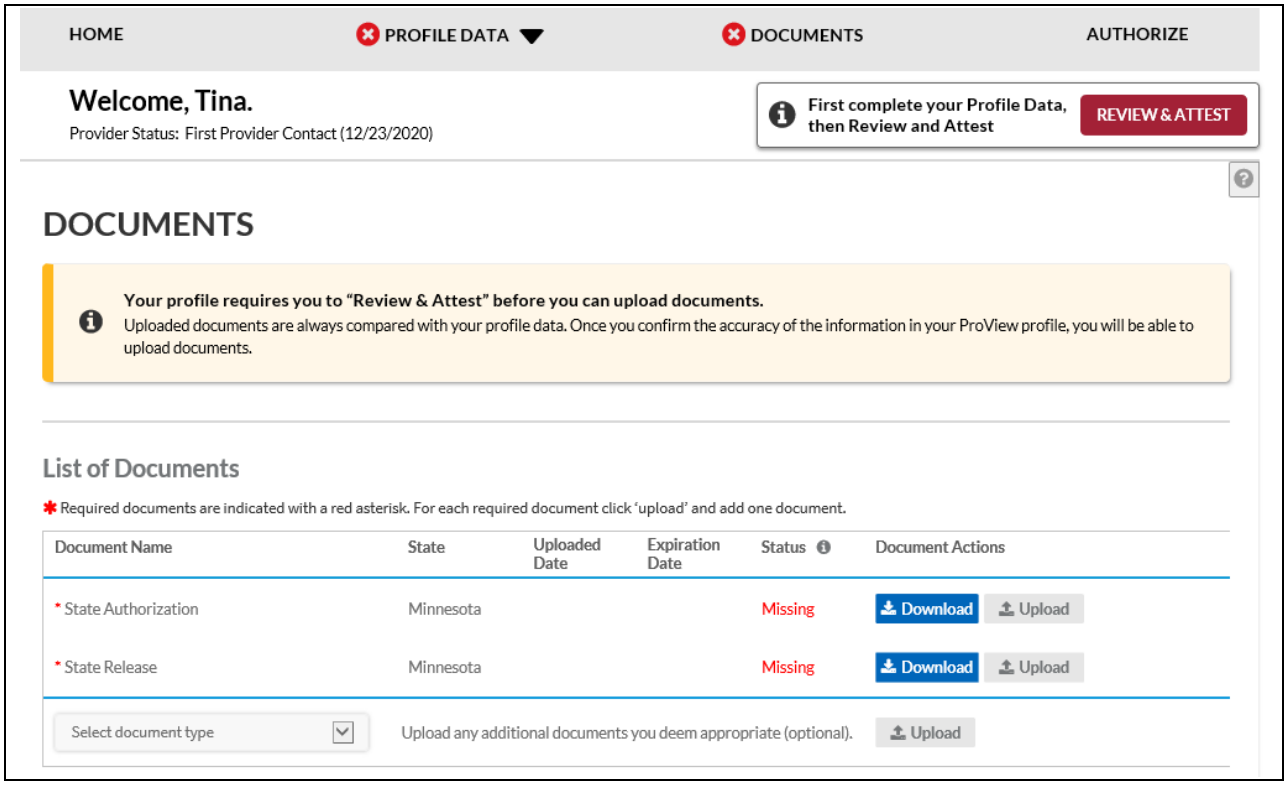


CAQH ProView validates that the identification numbers you entered for DEA, NPI and TIN match the provider name associated with that identification number. If applicable, you will be notified in the Suggested Fix section that the number you entered does not belong to your provider name. You can choose 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.

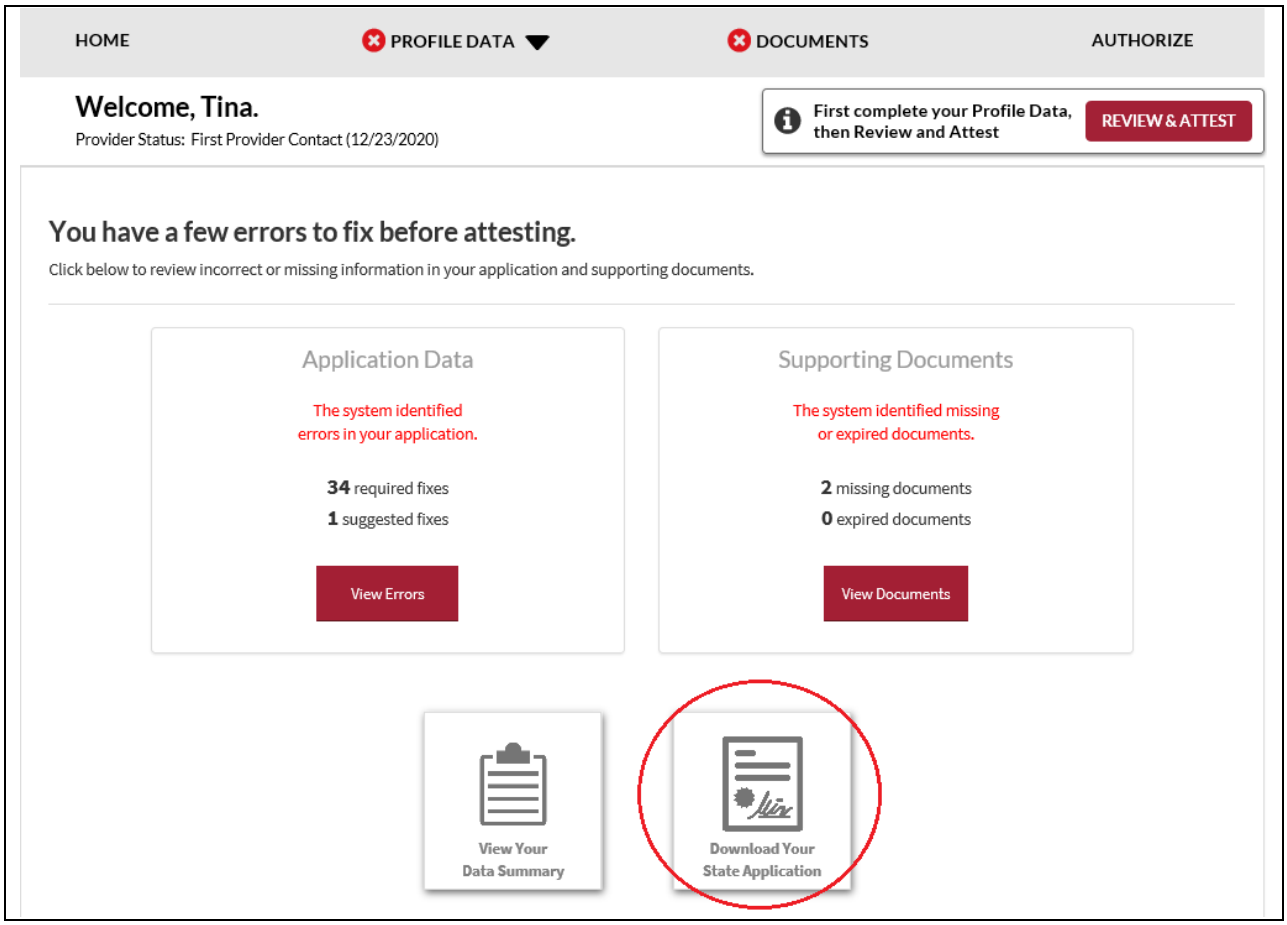


View Your Data Summary

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.



CHAPTER 6: Uploading Supporting Documentation

Uploading Documents

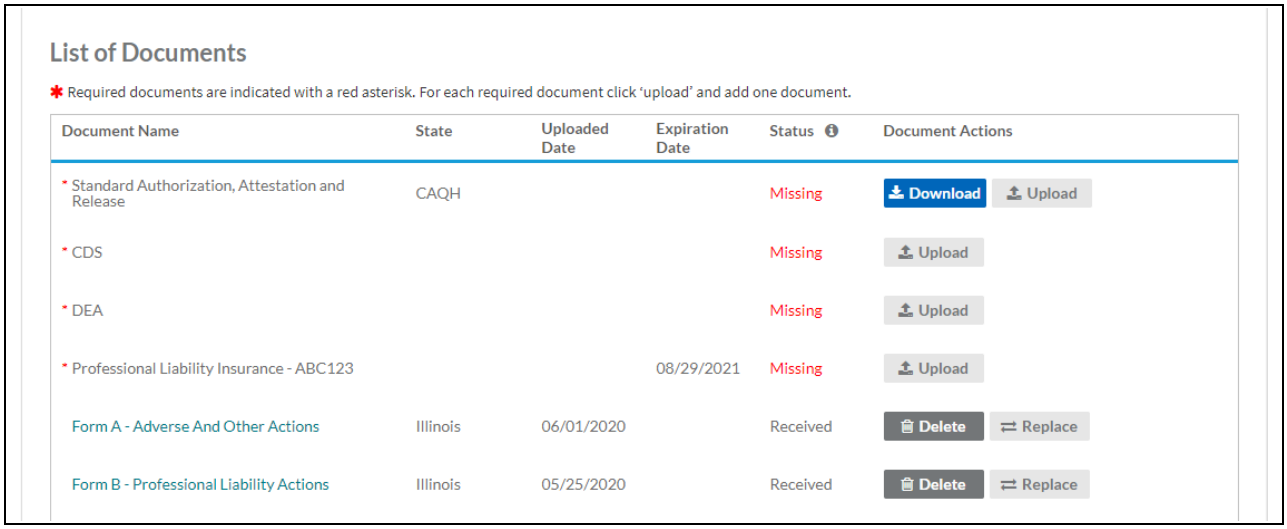
To complete your data profile, you will need to upload into CAQH ProView any applicable supporting documents.

Your profile must be complete, required errors must be fixed on the Correct Errors page and any account changes must be attested first before you can upload 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.
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 download to be able to view the document. You may also “Replace” an existing document, or to “Delete” a document if necessary.



List of Documents

* Required documents are indicated with a red asterisk. For each required document click ‘upload’ and add one document.

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Standard Authorization, Attestation and Release	CAQH			Missing	Download Upload
* CDS				Missing	Upload
* DEA				Missing	Upload
* Professional Liability Insurance - ABC123			08/29/2021	Missing	Upload
Form A - Adverse And Other Actions	Illinois	06/01/2020		Received	Delete Replace
Form B - Professional Liability Actions	Illinois	05/25/2020		Received	Delete Replace

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

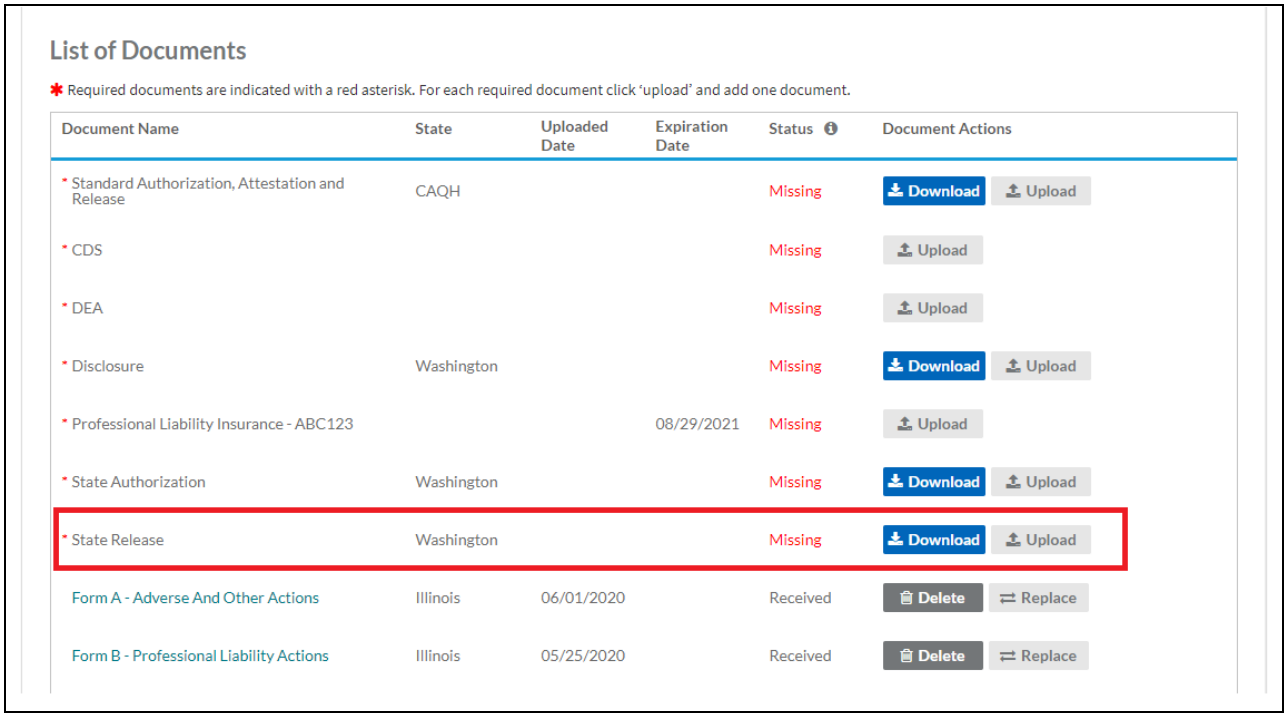
- Drug Enforcement Administration (DEA) Certificate
- Controlled and Dangerous Substances (CDS) Certificate
- State medical license(s)
- Malpractice insurance policy face sheet
- A signed Authorization, Attestation, and Release form.

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.

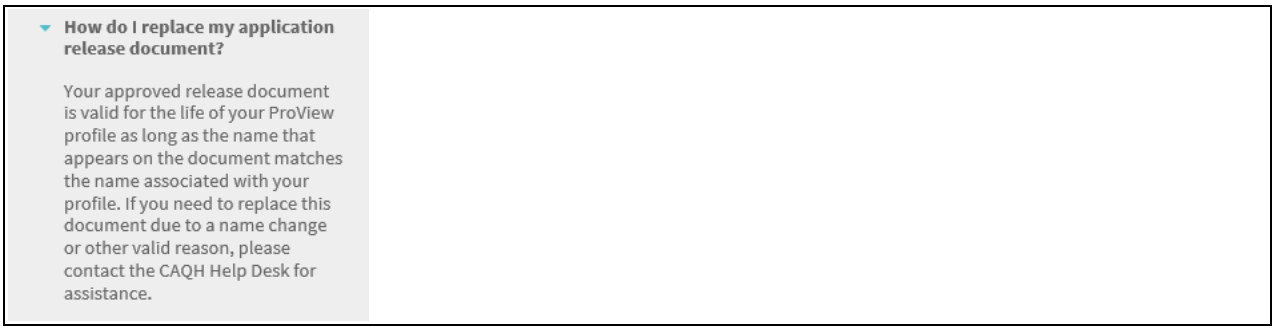


List of Documents

* Required documents are indicated with a red asterisk. For each required document click 'upload' and add one document.

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Standard Authorization, Attestation and Release	CAQH			Missing	Download Upload
* CDS				Missing	Upload
* DEA				Missing	Upload
* Disclosure	Washington			Missing	Download Upload
* Professional Liability Insurance - ABC123			08/29/2021	Missing	Upload
* State Authorization	Washington			Missing	Download Upload
* State Release	Washington			Missing	Download Upload
Form A - Adverse And Other Actions	Illinois	06/01/2020		Received	Delete Replace
Form B - Professional Liability Actions	Illinois	05/25/2020		Received	Delete Replace

CAQH added some help content advising providers on how you can replace your application release document.



Note that this kind of requests is only accommodated if there is a valid reason to replace the document such as a name change, etc.

Failed Documents

CAQH will review all submitted supporting documents for accuracy within approximately 48 hours upon submission. A tooltip will show the rejection notification which will include the specific reason why the document was not approved. The document rejection notifications being sent via e-mail have also been revised to include the specific reason for rejection and the next steps on how to correct the document. A document may fail for the following reasons:

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

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

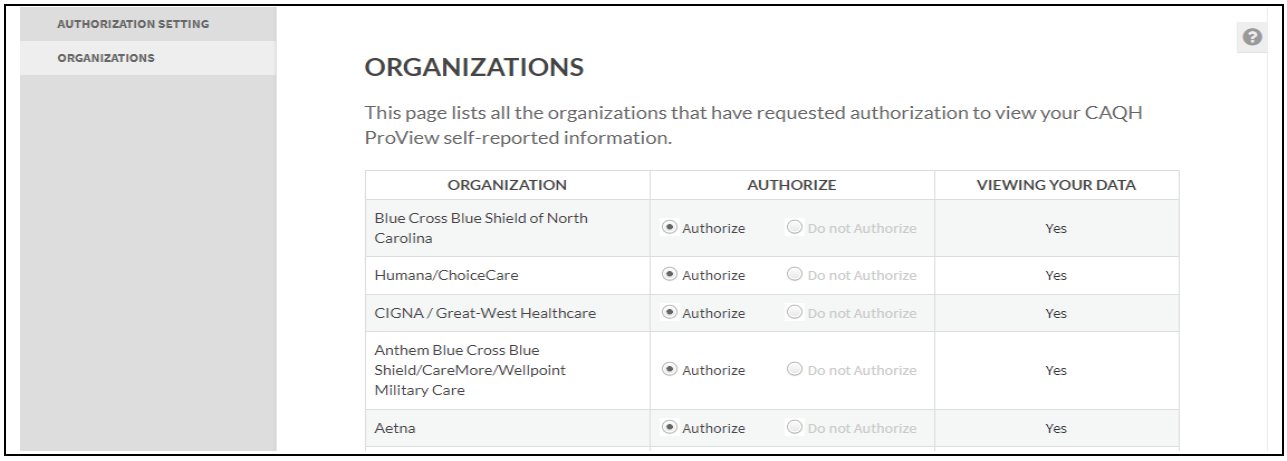
3. Ineligible – the document submitted may have an expired date or does not correspond to the document type selected. For example, if you upload a license to a “Professional Liability Insurance” document type, the document will fail. You will need to upload the license using the “State License” document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

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

North Carolina Providers

CAQH ProView requires different North Carolina State Release forms for each authorized Participating Organization.

- 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.
- 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.



- 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.

  Note: First time attesting providers who practice in North Carolina will be required to upload each plan-specific release forms before they can attest so that all of the plans that have rostered the provider will receive a signed AAR for that plan. Providers in Initial Profile Complete, Re-attestation, or Expired Attestation statuses will be able to attest without uploading additional plan-specific release forms in they have been added by another plan.

- 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.
- 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.

Attestation Statement

(IMPORTANT: Submit Original Only)

This application is to be signed by each individual provider submitting an application.

Fill in each space with the name of the Health Plan for which you are applying.

No Stamps or Copies Please

All information submitted by me in this application, as well as any attachments or supplemental information, is true, current, and complete to my best knowledge and belief as of the date of signature below. I fully understand that any significant misstatement in this application may constitute cause for denial of my application or termination of a resulting participation agreement.

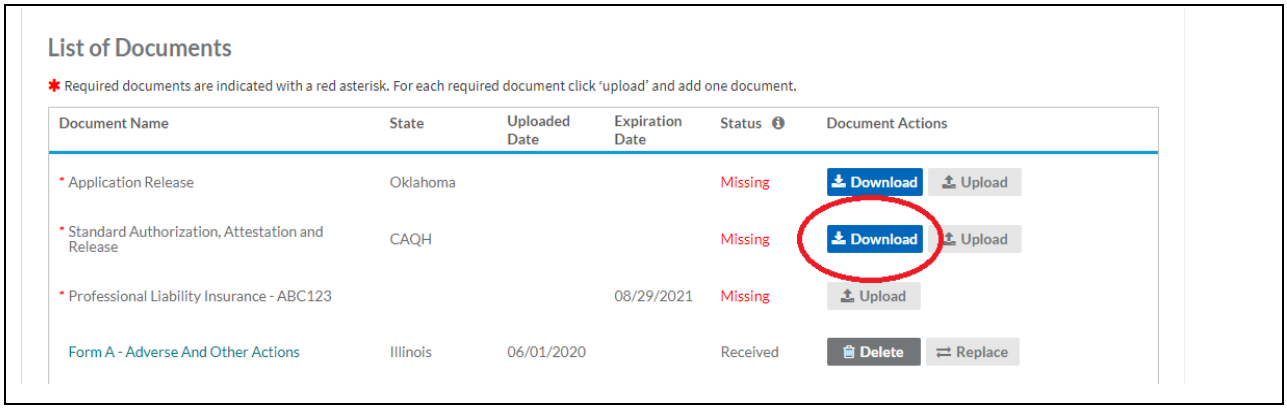
By application for membership in [Blue Cross Blue Shield of North Carolina], I signify my willingness to appear for interview in regard to my application. I authorize [Blue Cross Blue Shield of North Carolina] to consult with administrators and members of the medical staffs of hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on the questions in this application. Upon request, I will obtain and provide to [Blue Cross Blue Shield of North Carolina] materials pertaining to my qualifications and competence, including, materials relating to complaints filed, any disciplinary action, suspension, or action to curtail my medical- surgical privileges. I further consent to the inspection by representatives of [Blue Cross Blue Shield of North Carolina] of all documents that may be material to an evaluation of my professional qualifications and competence.

- 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).

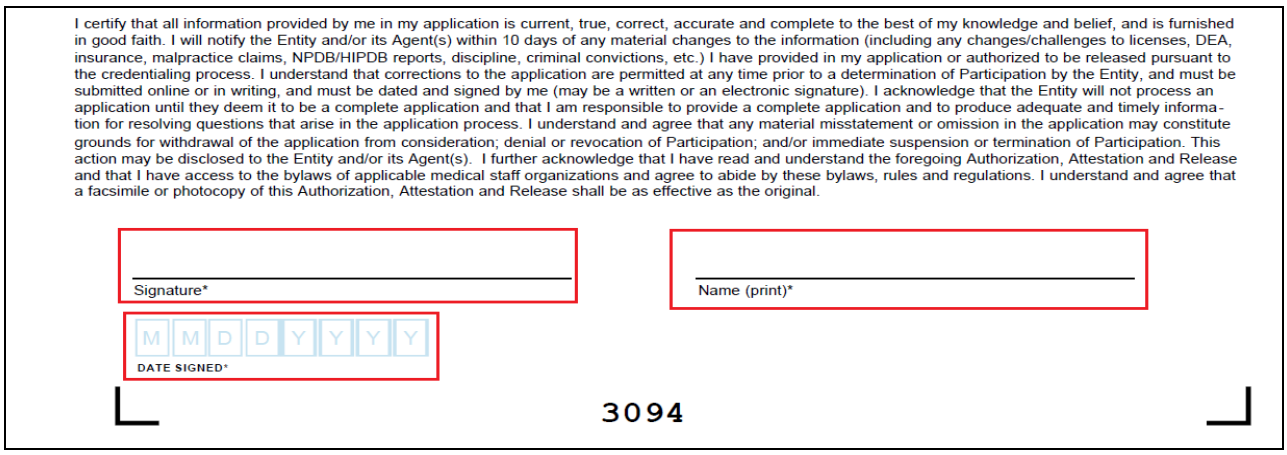
AAR for Oklahoma Providers

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.



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.



I certify that all information provided by me in my application is current, true, correct, accurate and complete to the best of my knowledge and belief, and is furnished in good faith. I will notify the Entity and/or its Agent(s) within 10 days of any material changes to the information (including any changes/challenges to licenses, DEA, insurance, malpractice claims, NPDB/HIPDB reports, discipline, criminal convictions, etc.) I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of Participation by the Entity, and must be submitted online or in writing, and must be dated and signed by me (may be a written or an electronic signature). I acknowledge that the Entity will not process an application until they deem it to be a complete application and that I am responsible to provide a complete application and to produce adequate and timely information for resolving questions that arise in the application process. I understand and agree that any material misstatement or omission in the application may constitute grounds for withdrawal of the application from consideration; denial or revocation of Participation; and/or immediate suspension or termination of Participation. This action may be disclosed to the Entity and/or its Agent(s). I further acknowledge that I have read and understand the foregoing Authorization, Attestation and Release and that I have access to the bylaws of applicable medical staff organizations and agree to abide by these bylaws, rules and regulations. I understand and agree that a facsimile or photocopy of this Authorization, Attestation and Release shall be as effective as the original.

Signature*

Name (print)*

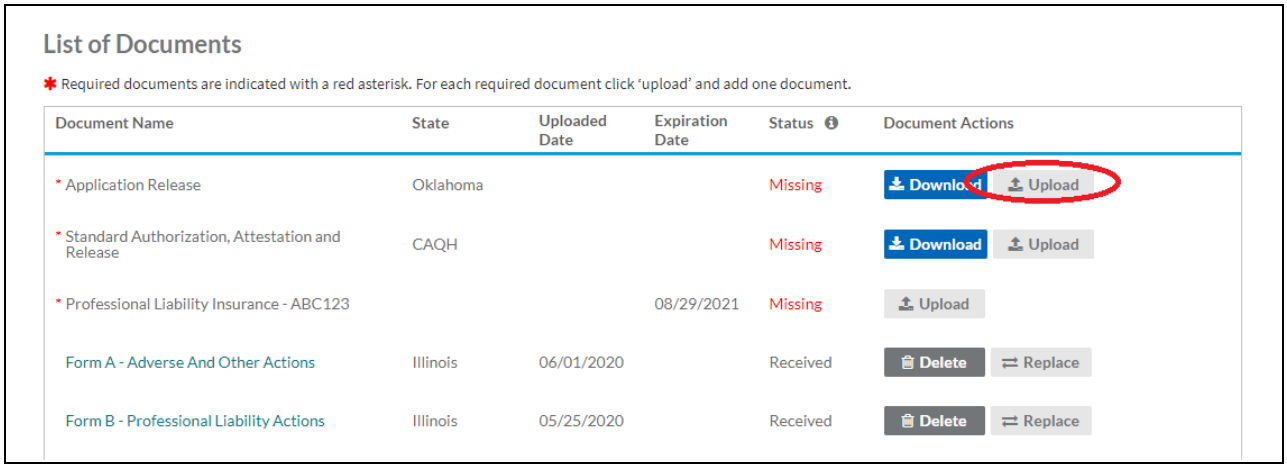
M M D D Y Y Y Y

DATE SIGNED*

3094

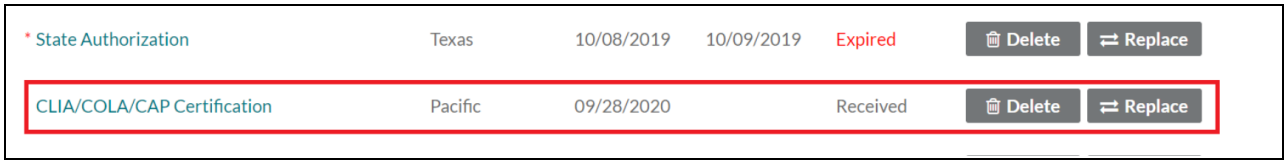
Note: Signed AAR form must be submitted within 120 days from the signature date. If the AAR form's signature date is greater than 120 days, it will NOT be accepted by CAQH.

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



Note: The document type Other has been removed from the dropdown menu. The CAQH ProView application will display the required documents based on your practice state, your provider type, and any other details that you have entered on your profile. Other documents types that don't appear as required in the Documents section of your profile don't need to be uploaded or submitted to CAQH.

The CLIA Certification has a companion certification called "COLA". CLIA Certificate document name is now CLIA/COLA/CAP Certificate.



CHAPTER 7: Importing Data from the Practice Manager Module

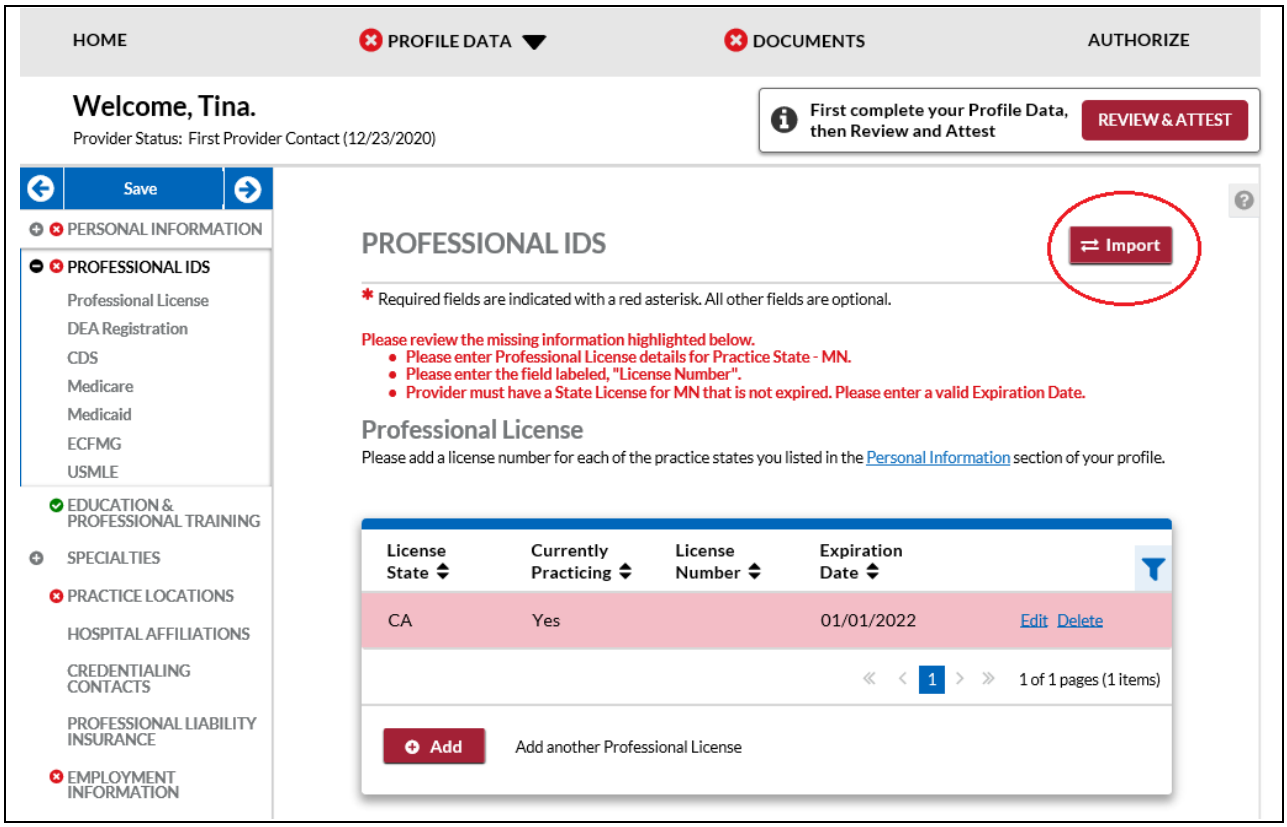
If your practice has an office manager or clinic administrator who assists with gathering information for credentialing or other administrative purposes for multiple providers, the CAQH ProView Practice Manager Module may facilitate your data entry process. Data that is the same for multiple providers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

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

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

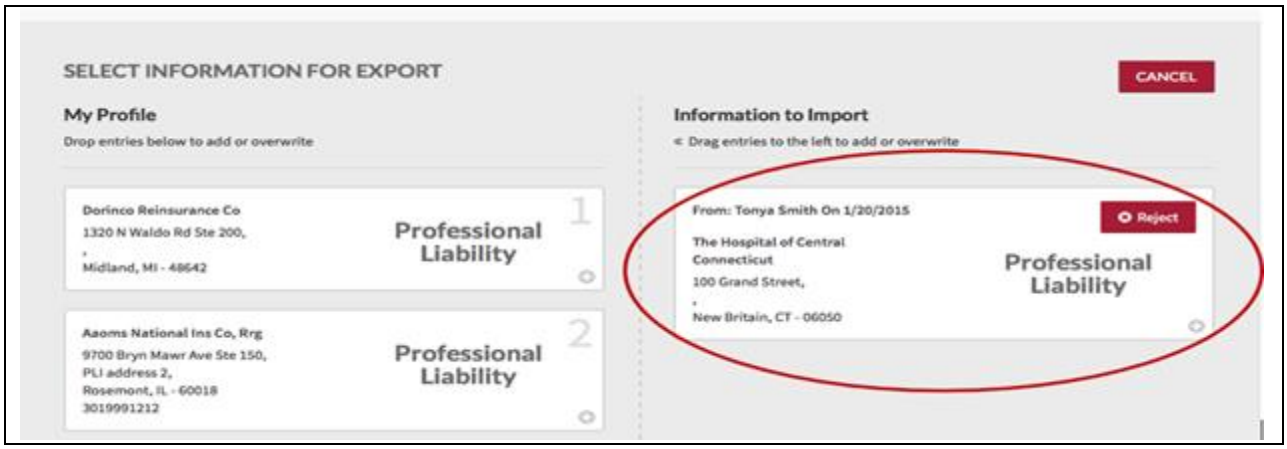
1. Personal information
2. Professional IDs
3. Education
4. Professional training
5. Specialty
6. Credentialing contact
7. Practice location
8. Hospital affiliations
9. Professional liability insurance

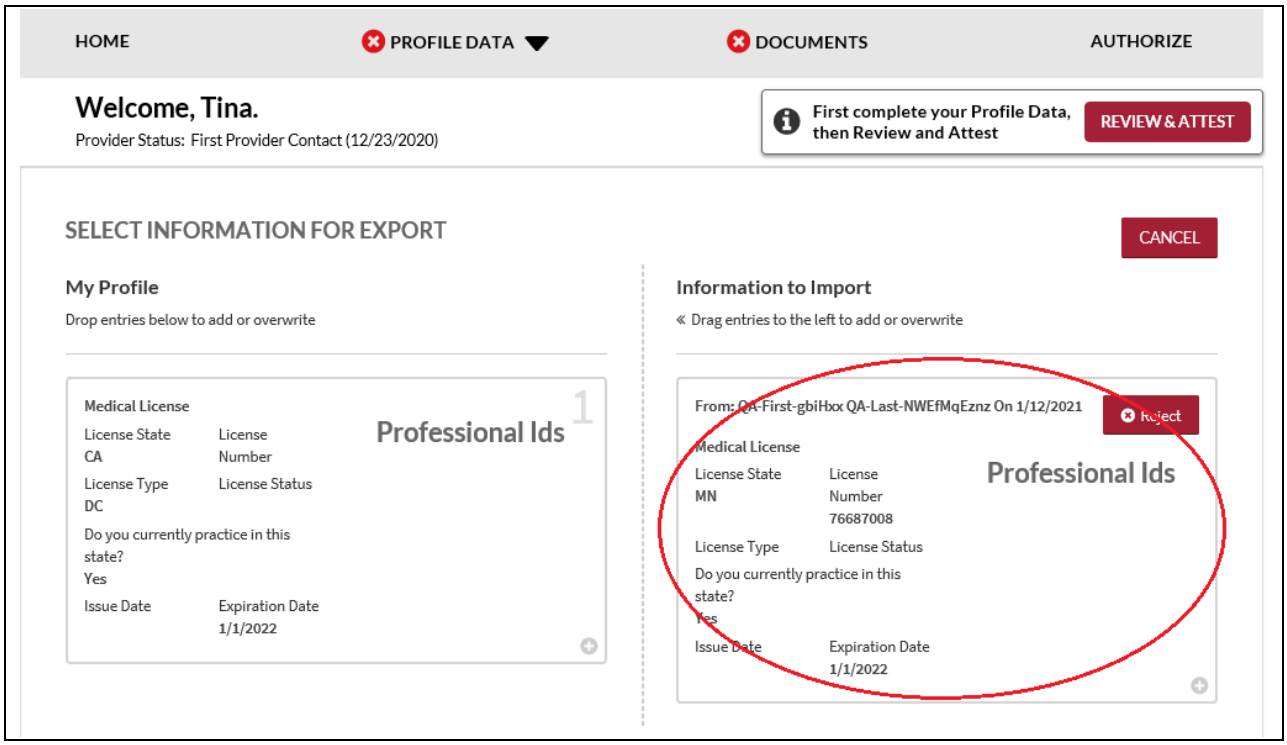
At the top of each of these sections, you will see an "Import" button. If there is data available to you to import into your data profile, this "Import" button will be active and available for you to select to review the data that was entered for you by a practice manager. You can either choose to import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



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.





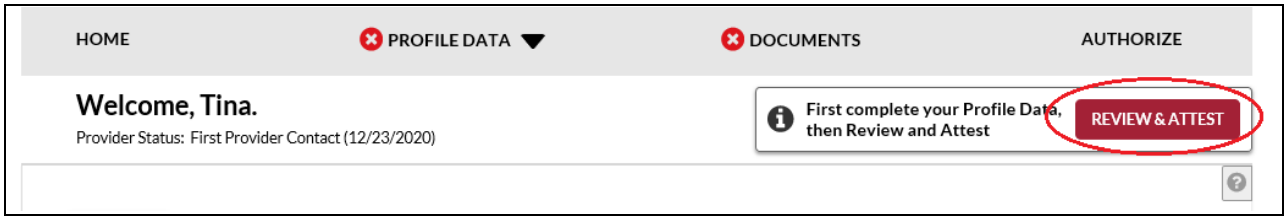
To add information to your data profile, click on the box containing the information and drag the box from the right to the left side of the screen.

- 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.

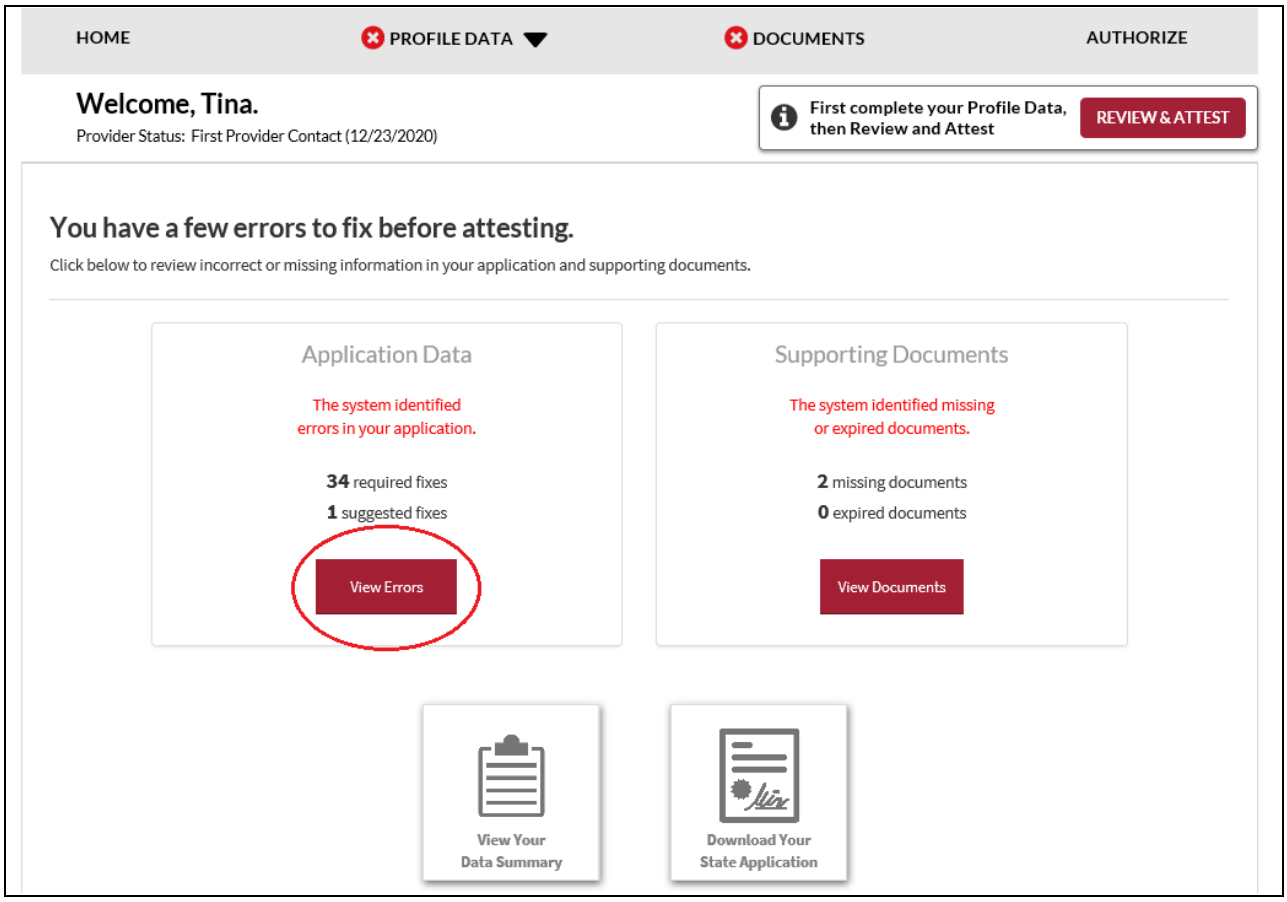
CHAPTER 8: Completing Your Attestation

Attesting

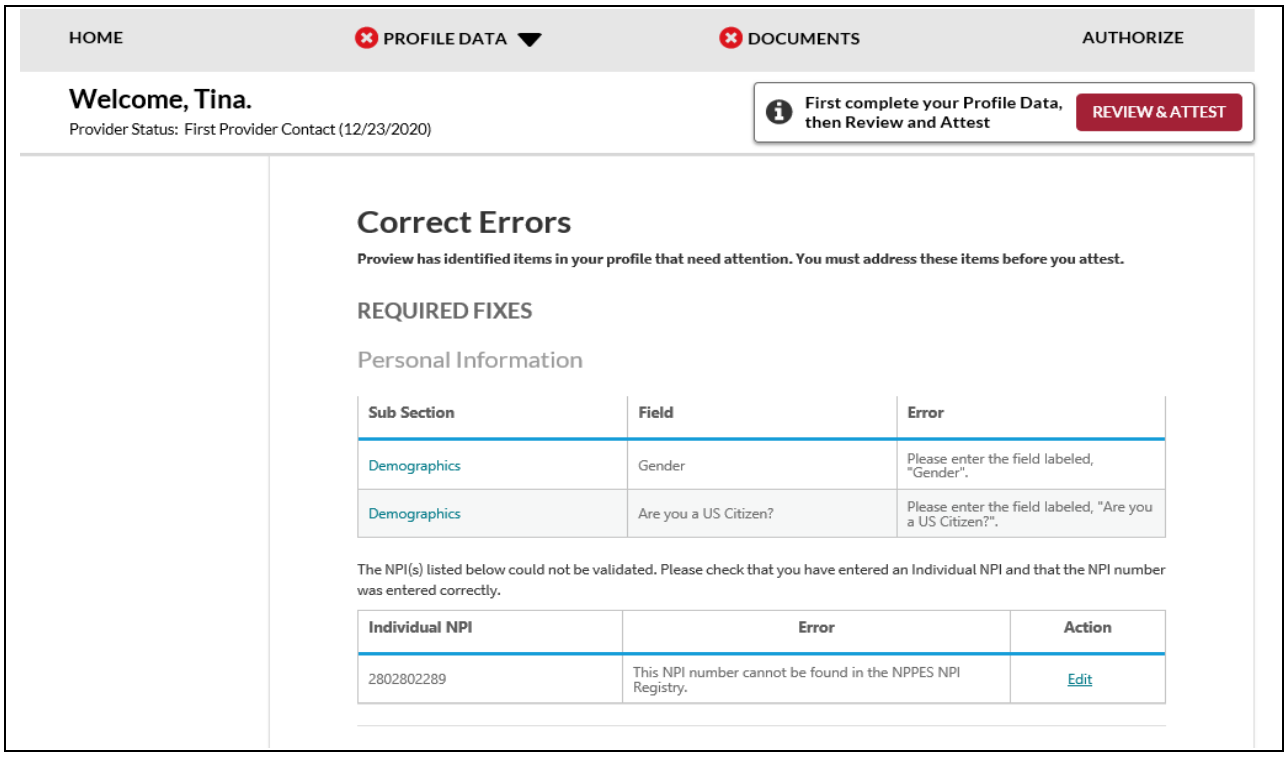
Submitting your attestation is required to complete your data profile. This step allows you to make a final review of your information and to attest to its accuracy. Click on “Review and Attest” from the top navigation bar to begin the process.



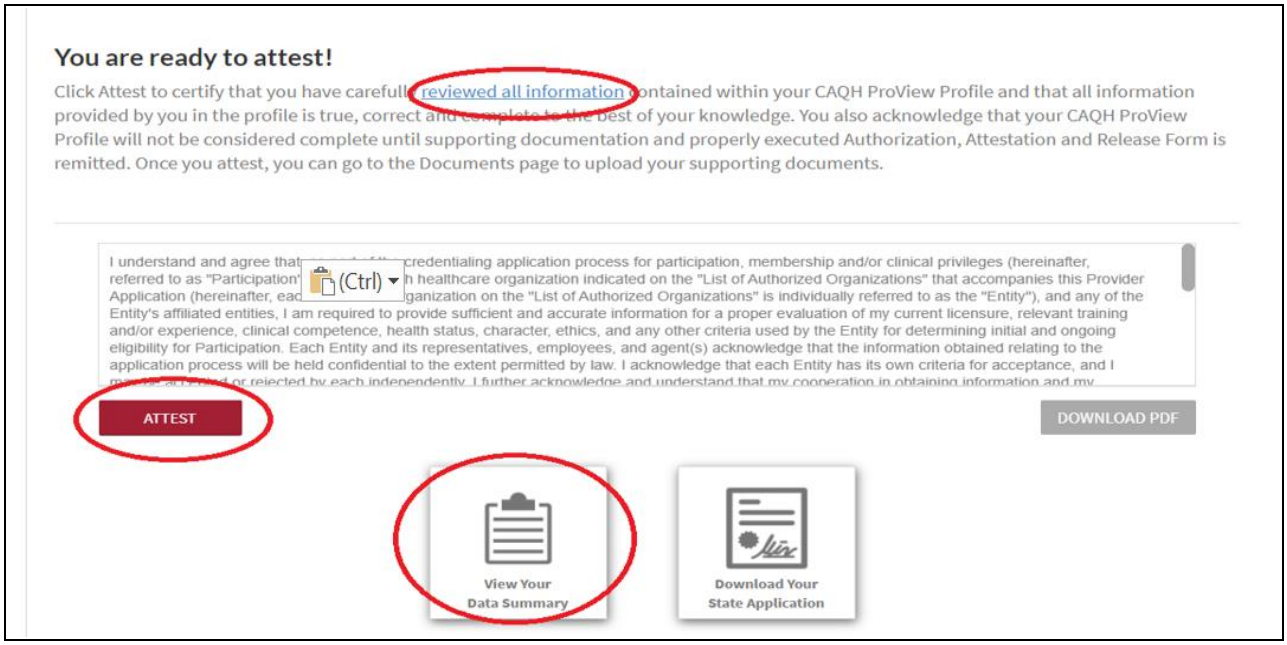
If there are required fixes on your profile, you will be directed to this page. This page also shows any missing or expired documents. You need to correct all the errors before you can complete the re-attestation. Click the View Errors button.



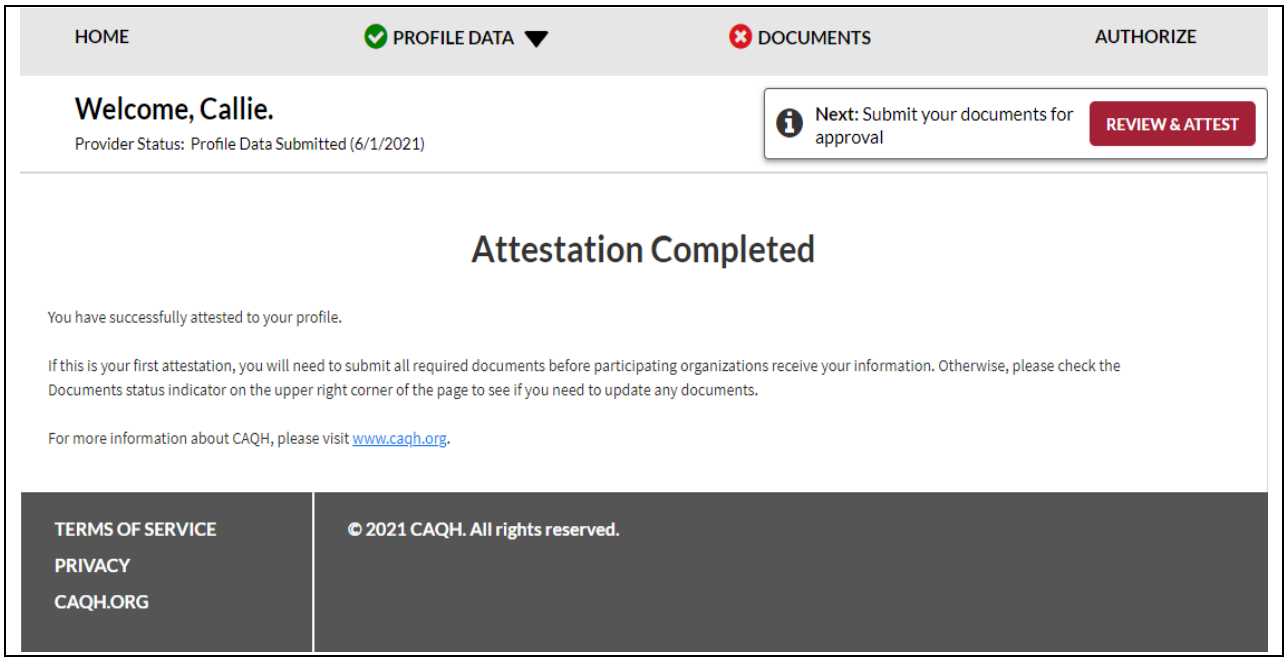
You will be directed to the page which shows the sections and the fields which you need to fill out or correct.



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.

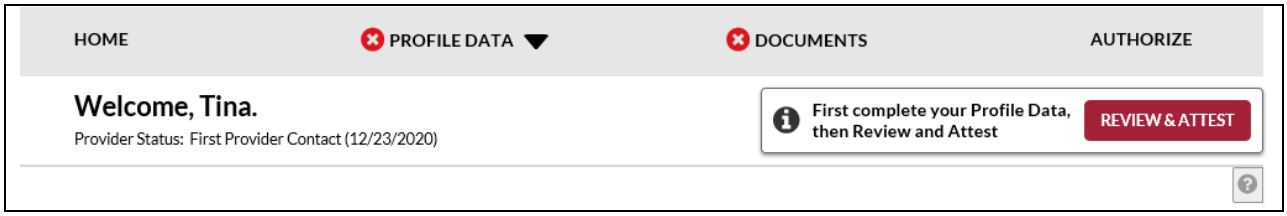


A confirmation will be sent via email to you within approximately 48 hours after all documents have been received and approved.

Re-Attesting

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

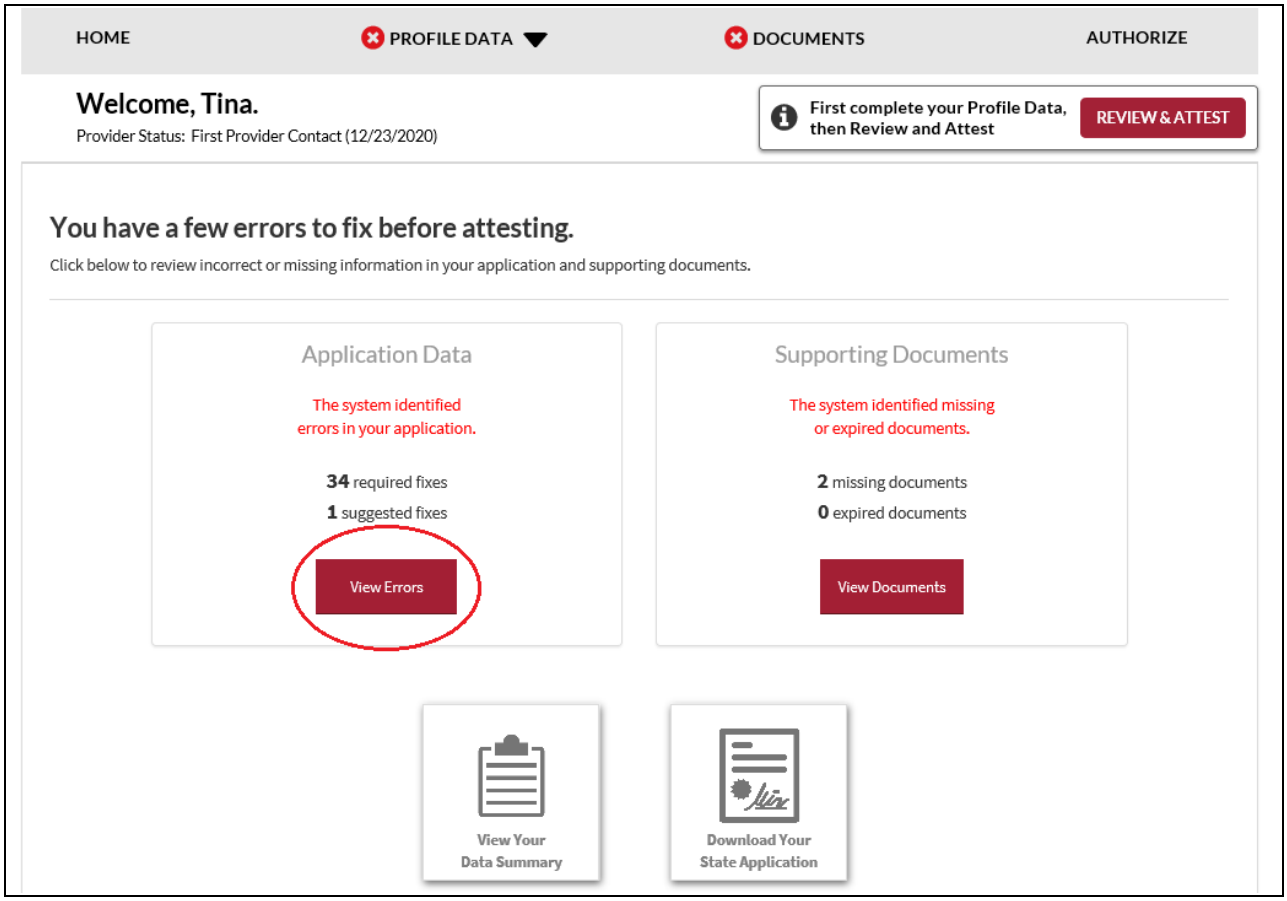
1. If you have updates to make to your data profile, click on “Profile Data” from the top navigation bar and then the applicable section to update any necessary information in your data profile.
2. If you need to upload any updated supporting documentation, click on “Documents” from the top navigation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



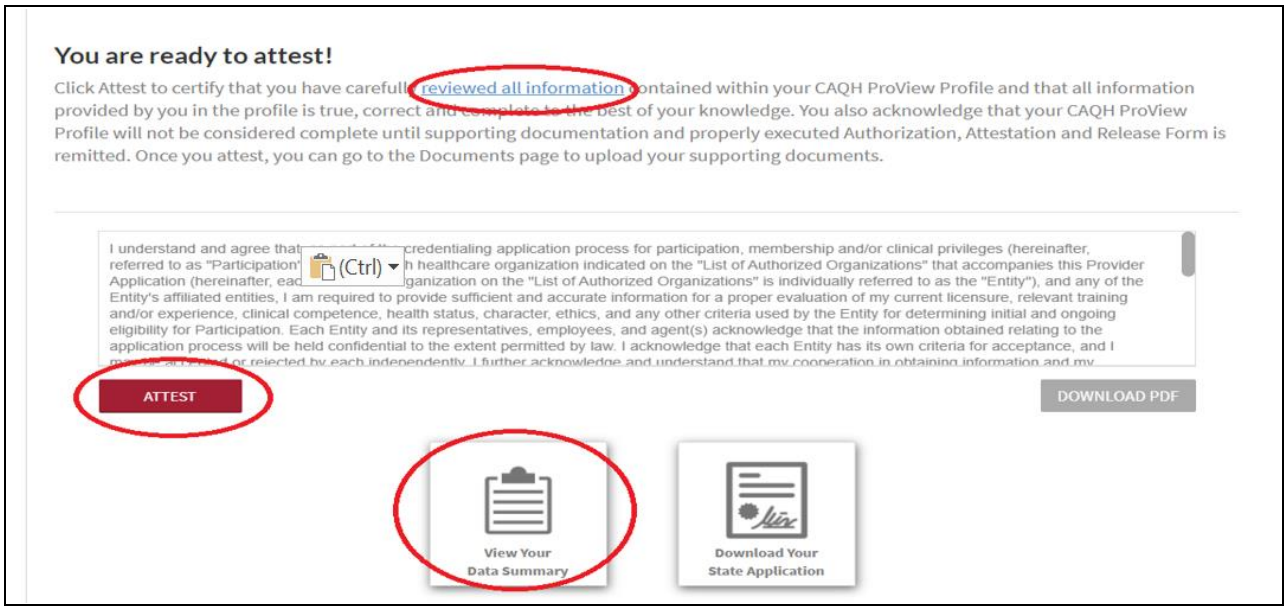
On the Review screen, you can view if any required fixes or supporting documents need attention.

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.

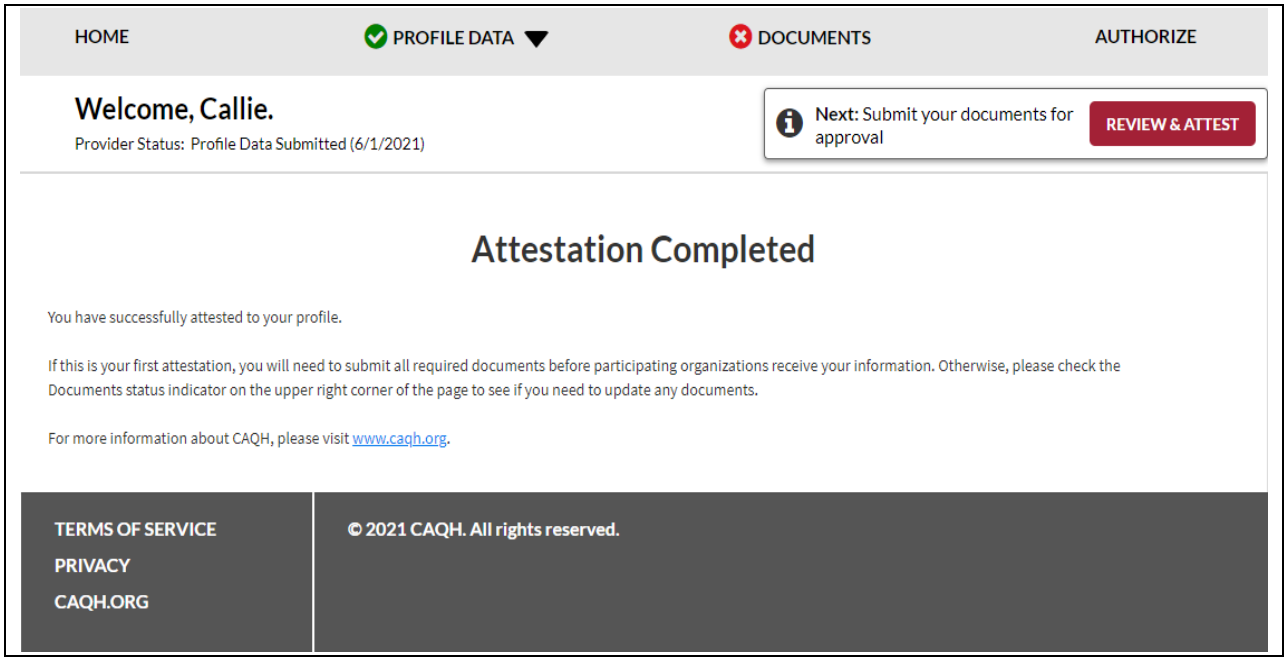
Correct all the required fields by clicking View errors.



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. *Note that effective 06/08/2020, CAQH is no longer sending registration kits via USPS.
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	Help Desk is contacted that provider has retired from practice.
Provider Deceased	Help Desk is notified that provider is deceased.

CAQH Provider Help Desk Information

CAQH ProView Help Desk:
Contact CAQH CAQH Provider Help Desk: Chat: https://proview.caqh.org/PR/ Chat Hours: Monday – Friday: 8:30 AM to 6:30 PM (EST) Phone: 1-888-599-1771 Phone Hours: Monday – Thursday: 7 AM – 9 PM (EST) Friday: 7 AM – 7 PM (EST)

Revision Log

Version	**Updates**
Version 1	Original
Version 1.1	• Updated *System Security* section. • Updated *Chapter 5 – Review Your Data* to reflect current print screens of Review tab • Updated *Chapter 8 – Completing Your Attestation* to reflect current print screens of Attest tab • Updated *Appendix – Provider Status* table to reflect accurate names for provider status, specifically "Application Problem", "Application Data Submitted", and "Initial Application Complete".

Version 2	• Updated *System Security* section
	• Updated *Chapter 6 – Uploading Supporting Documentation*. Added information regarding failed supporting documents.
	• Updated *Chapter 8 – Completing Your Attestation.* Added information regarding when re-attestation reminder emails are distributed.
	• Updated sections within *Chapter 4 – Completing Your Profile Information.*
	  ○ 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
Version 14	• Updated the screenshot to reflect Authorize option on the top navigation pane • Added the new Authorize option on the top navigation page and the new authorization setting
Version 15	• Updated Chapter 2 to indicate that providers will be redirected to the Reset Password page after 5 failed log-in attempts; updated Chapter 6 to reflect the changes to the North Carolina plan-specific AAR documents
Version 16	• Added details on how Type 1 and Type 2 NPIs are validated
Version 17	• Added details on the changes in editing SSN and DOB
Version 18	• Added details in the changes in the license number field
Version 19	• Updated Practice Locations section, Specialties, and Employment information section to incorporate recent changes in the system
Version 20	• Updated Chapter 4 to indicate the Individual NPI validation
Version 21	• Updated the following sections: Personal Information, Education, Specialties, Professional Liability Insurance, and Documents
Version 22	• Added details on the enhanced self-registration page and the Check for CAQH ID feature, updated Provider Status Appendix
Version 23	• Updated the following sections: Professional IDs, Education and Professional Training, Practice Locations, Hospital Affiliations, Professional Liability Insurance, Employment Information, and Documents section
Version 24	• Updated the following sections: Home Page Navigation, Practice Locations, and Documents
Version 25	• Added details about the Copy Function and Office Hours Validation on the Practice Location section • Added details on the new CLIA Certificate Document Name
Version 26	• Added the recent changes on Gender Dysphoria, AZ CDS, and the Maintenance and Deployment Schedule on the ProView login page
Version 27	• Updated the following sections with enhancement details: Homepage; Education and Professional Training; Employment Information; and Practice Locations • Updated the screenshots in almost all sections to show new header design and completion indicator for each of the sections
Version 28	• Updated Personal Information section to add the NPI Type 1 validation for providers who have previously indicated that they do not have a Type 1 NPI
Version 29	• Added the validation message for Policy Numbers

Version 30	• Updated Practice Locations section to indicate that the area codes for the Appointment Phone Numbers will now be validated

Version 31	• Made the following changes:
	  ○ Added a screenshot for the new deployment schedule
	  ○ Added demographics information
	  ○ Updated screenshot for specialties to show taxonomy codes
	  ○ Added instructions on duplicate location records
	  ○ Added new affiliation option (I see patients at this location, but not by appointment)
	  ○ Removed Other affiliation option
	  ○ Updated the language for Affiliation Option 5 (I read tests, perform imaging, or provide other services as my primary function at this location)
	  ○ Added details on copying and pasting an insurance policy number
	  ○ Updated screenshots for the successful re-attestation page

Version 32	• Moved Internet Explorer from the "fully supported" list to the "compatible" list. • Updated screenshots for the DEA alternate prescribing methods • Updated screenshots to remove the duplicate reason for archiving locations • Updated screenshots to show the labels added to the education and training gap records • Updated screenshots and added details on designating primary contact for contact types with more than one contact