



PROVIEW™

**CAQH ProView®**

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**Provider User Guide**

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## **CHAPTER 1: Introduction**

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

### **CAQH ProView Overview**

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

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

The following steps provide you with a high-level overview of the process to complete your data profile.

1. Register with the system.
2. Complete all application questions.
3. Review your data profile for accuracy.
4. Authorize participating organizations access to your data profile.
5. Attest to your data profile.
6. Upload your supporting documentation.

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

### **Getting Started**

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

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

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

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

### **System Security**

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

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

## CHAPTER 2: Registration

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

### New Users

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

### Existing UPD Providers

For providers who were previously registered with the CAQH Universal Provider Datasource (UPD), go to CAQH ProView at <https://proview.caqh.org/pr> (see Figure 01). You can initially sign-in with CAQH ProView by entering your existing UPD username and password and clicking “Sign in”. You may be prompted to update your username and password at this time. Refer to “Creating a CAQH ProView Username and Password” on page 7 of this guide for the next steps in the process.

**FIGURE 01**

Welcome to the CAQH ProView application HELP | CONTACT CAQH | LOG IN

**CAQH Solutions** | **PROVIEW™**

**CAQH ProView™**

Welcome to CAQH ProView™, formerly the Universal Provider Datasource®.

CAQH ProView is more than a credentialing database. Available at no cost to you, CAQH ProView eliminates duplicative paperwork with organizations that require your professional and practice 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. Help reduce inquiries for your administrative information and save even more time by keeping your CAQH ProView profile complete and up-to-date. Ensure that the healthcare organizations you authorize have instant access to accurate, timely information.

Sign in on the right to update your existing profile information or, if you are a new provider to CAQH ProView, register to create a profile.

CAQH ProView Reference Material

- [Provider User Guide](#)
- [Provider Quick Reference Guide](#)
- [Video: Providers – Get Started with CAQH ProView](#)
- [Video: How to Log In for the First Time](#)
- [Video: I Forgot My Username/Password](#)
- [Video: How to Attest and Re-Attest](#)

**SIGN IN**

Username

[Forgot Username](#)

Password

[Forgot Password](#)

Remember me?

[Sign In](#)

**FIRST TIME HERE?**

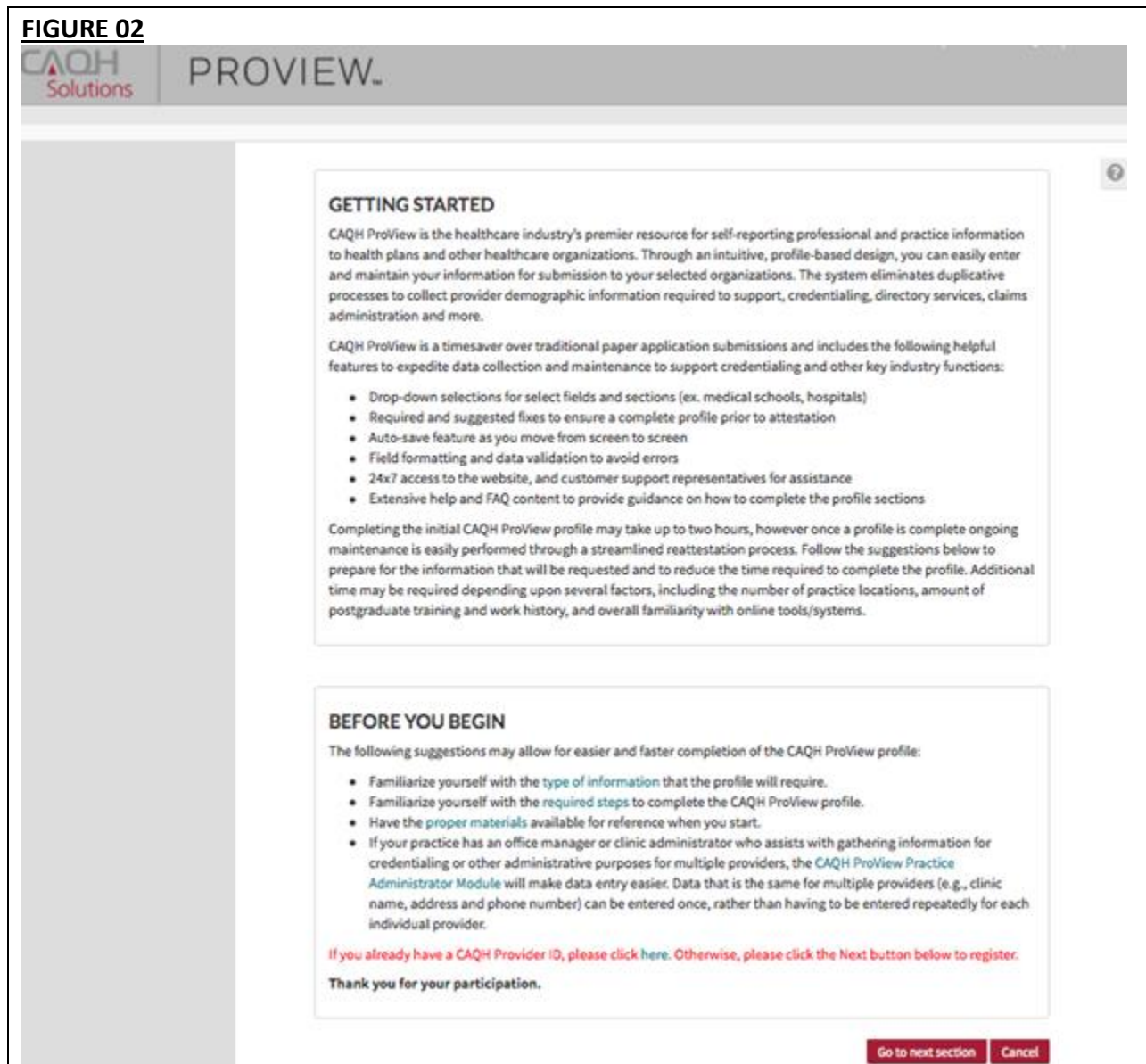
1. Existing CAQH UPD users: Sign in with your old UPD username and password.
2. If you received a welcome email, use the link in your email to begin the sign in process.
3. If you were not registered with CAQH UPD and are new to CAQH ProView: [Register Now](#)

[Practice Manager Sign In](#)  
[Participating Organization Sign In](#)

## **Self-Registration**

If you have not received a Welcome Letter or were not previously registered with the UPD, you may begin the self-registration process by accessing CAQH ProView at <https://proview.caqh.org/pr> (see Figure 01 above) and clicking on “Register”. The “Getting Started” page (see Figure 02) will display and will provide you with additional tips on how to get started. Click on “Go to Next Section” to continue with the registration process.

**FIGURE 02**



To establish a CAQH ProView account, you will be required to enter a name, provider type, primary practice state, birthdate, email address, and at least one personal identification number (see Figure 03). You will then receive an email with your CAQH Provider ID and a link to complete your provider registration.

**FIGURE 03**

The screenshot shows a web form titled "Create a ProView Account". Below the title is a link: "If you have a CAQH provider ID, [click here.](#)". A horizontal line separates this from the instruction: "Please fill in the fields below to continue registration". The form itself is enclosed in a box and contains the following fields:

- Please complete all of the following fields:**
- First Name \***: A text input field.
- Middle Name**: A text input field.
- Last Name \***: A text input field.
- Suffix**: A dropdown menu with "--" selected.
- Address Type \***: A dropdown menu with "(Please Select)" selected.
- Street 1 \***: A text input field.

### **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 email you received, you will be directed to the page shown below (see Figure 04). Enter your CAQH Provider ID and select “Continue”.

**FIGURE 04**

CAQH Solutions | PROVIEW. | HELP | CONTACT CAQH | LOG IN

### Create a ProView Account

Please fill in the fields below to continue registration

Please enter your CAQH Provider ID

CAQH Provider ID

Continue

At the next screen (see Figure 05), enter your personal identification number(s) to proceed with creating your ProView account. Select “Continue” to proceed.

**FIGURE 05**

### Create a ProView Account

Please fill in the fields below to continue registration

Please enter the following personal identification number:

Social Security Number	NPI Number	DEA Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
License Number	UPIN	TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue



### **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 (see Figure 06). Usernames in CAQH ProView must consist of 8 characters and can be any combination of numbers and/or letters. Special characters like # or @ are not allowed.

**FIGURE 06**

#### Establish Your CAQH ProView Account

To set up your CAQH ProView account, please enter a username, password, and answer the security questions below.

**Please enter a username**

Your username must be at least 8 characters. It can be made up of numbers and/or letters, but it cannot include special characters like @ or #.

Username \*

**Please enter a password**

Your password must be at least 8 characters and cannot be the same as your username. If your old password meets these requirements, you may enter it here.

Password \*

Re-enter Password \*

CAQH ProView users will also be asked security questions to facilitate account access in case of a forgotten username and/or password. Select three security questions and provide unique answers for each (see Figure 07). By checking “I Agree” at the bottom of the page, you adhere to the terms and conditions, which can be accessed by selecting the “See Terms and Conditions” hyperlink. Then select “Create Account”.

**FIGURE 07**

Security Question 1: (required) \*

--Select--

Security Answer 1 \*

Security Question 2: (required) \*

--Select--

Security Answer 2 \*

Security Question 3: (required) \*

--Select--

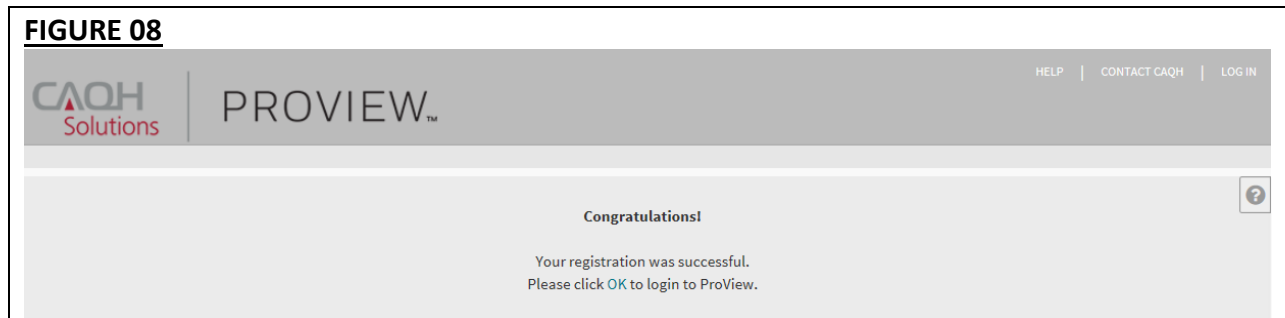
Security Answer 3 \*

[See Terms and Conditions](#)

I Agree

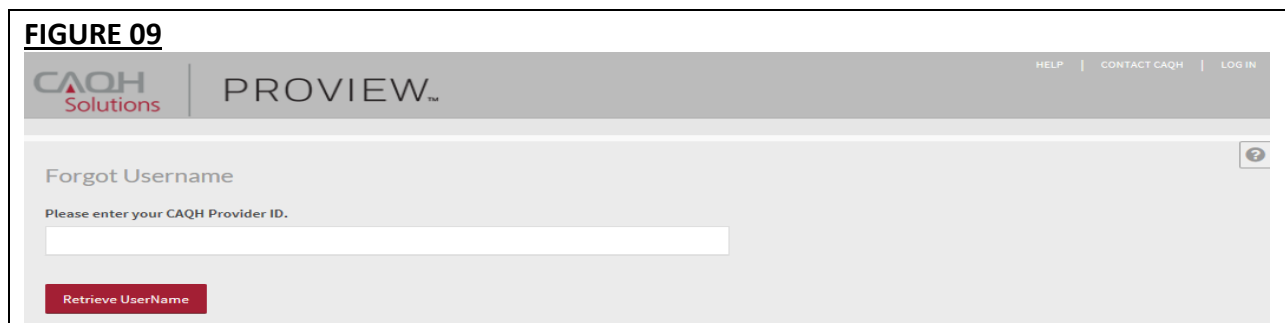
Create Account

Click “Create Account” and you will receive confirmation that your CAQH ProView registration was successful (see Figure 08).

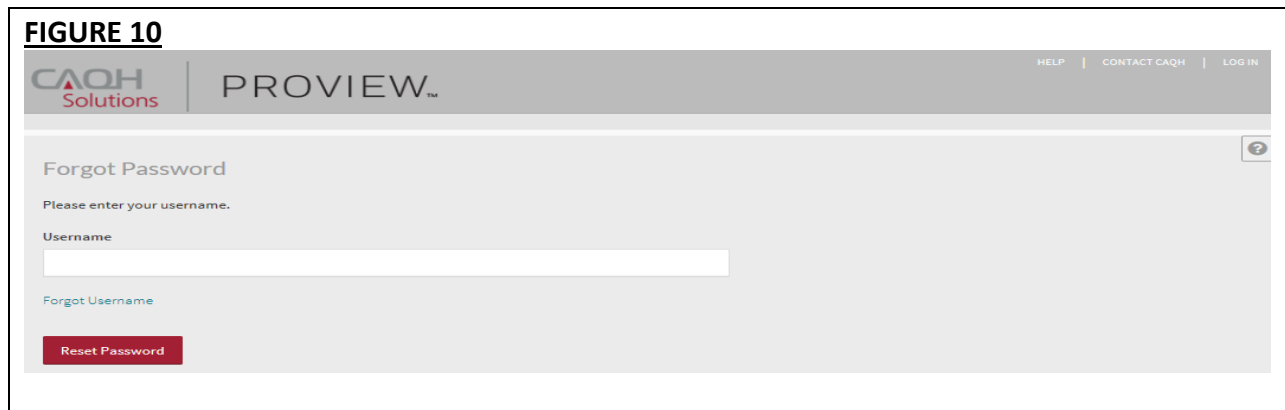


### **Forgotten Username and/or Password**

If you forgot your Username, you may select the “Forgot Username” link on the CAQH ProView sign-in page (see Figure 01). Enter your CAQH Provider ID to receive your username in an email (see Figure 09). The email will be sent to the email address listed as the primary method of contact.

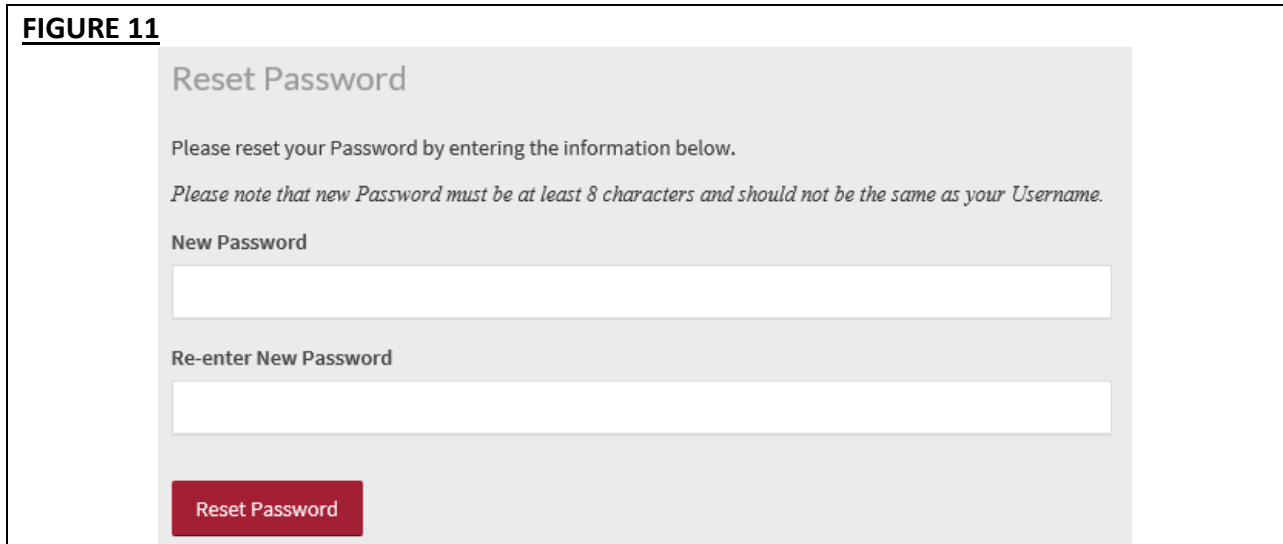


If you forgot your Password, you may select the “Forgot Password” link on the CAQH ProView sign-in page (see Figure 01). Enter your username to reset your password (see Figure 10). An email with a link will be sent to you to reset your password. The email will be sent to the email address listed as the primary method of contact.



Once you select the link in the email sent to you, enter and verify your new password, then select “Reset Password” (see Figure 11).

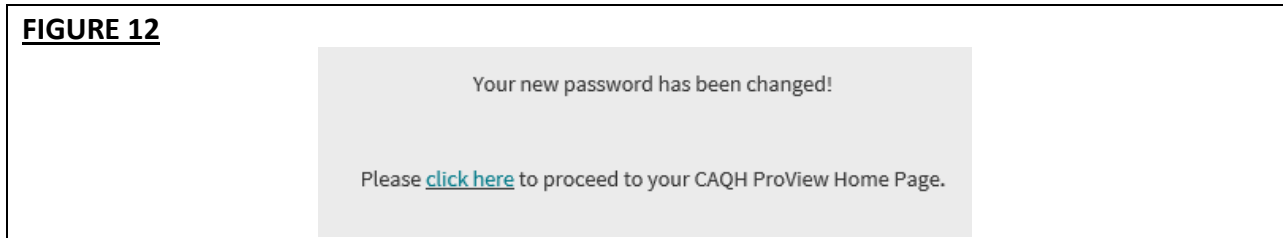
**FIGURE 11**



The screenshot shows a web form titled "Reset Password". Below the title, there is a message: "Please reset your Password by entering the information below." followed by a note: "Please note that new Password must be at least 8 characters and should not be the same as your Username." The form contains two input fields: "New Password" and "Re-enter New Password". At the bottom of the form is a red button labeled "Reset Password".

The Password Change confirmation (see Figure 12) will appear when your password has been successfully reset. You can then log into CAQH ProView using your new password.

**FIGURE 12**



The screenshot shows a confirmation message in a light gray box. The text reads: "Your new password has been changed!" followed by "Please [click here](#) to proceed to your CAQH ProView Home Page."

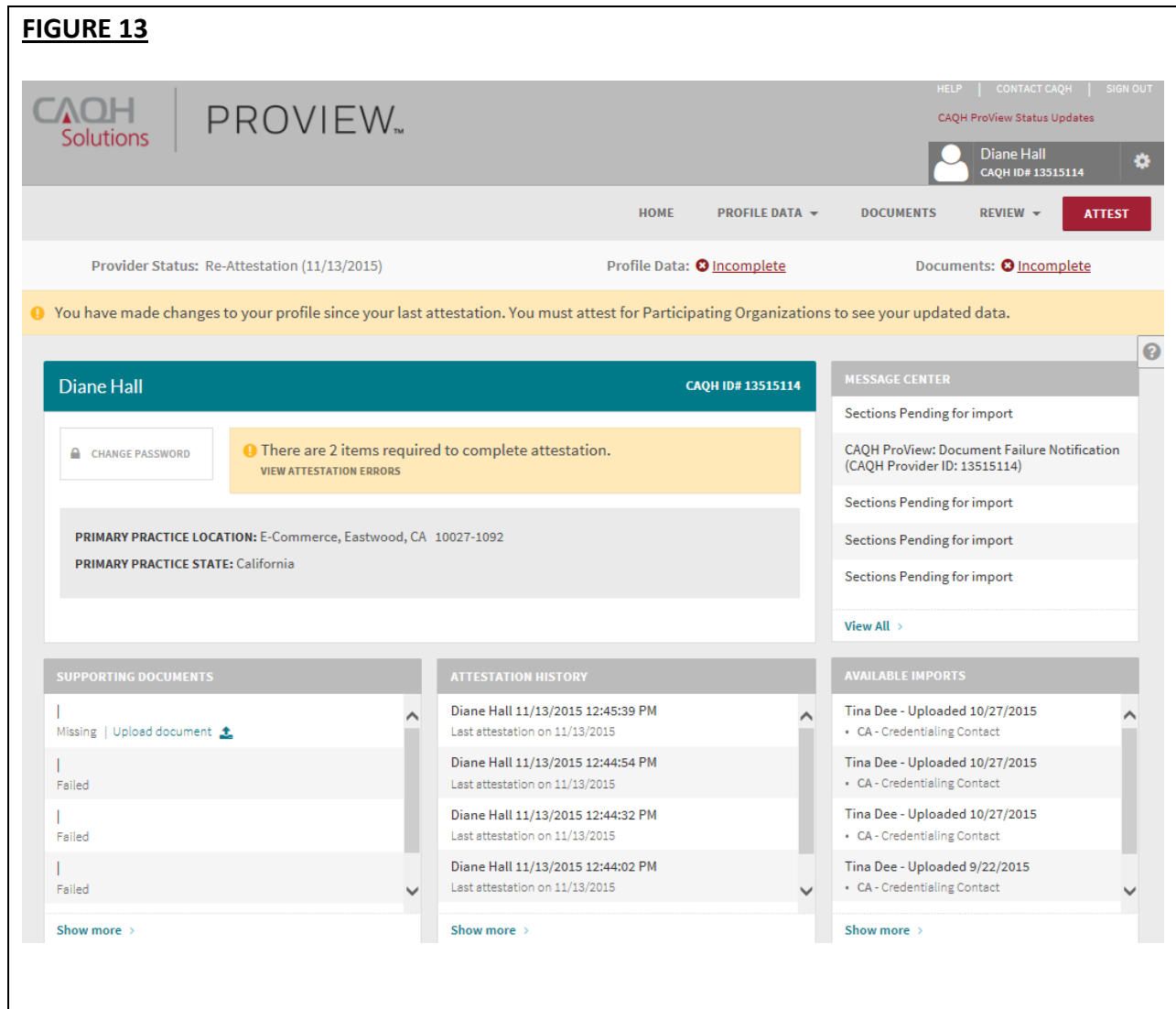
## CHAPTER 3: Home Page

You will see the CAQH ProView Home page (see Figure 13) after a successful login.

**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.

**FIGURE 13**



The Home page displays five components:

**1. Profile Summary**

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

## 2. Message Center

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

## 3. Supporting Documents

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

## 4. Attestation History

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

## 5. Available Imports.

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

In addition, to these components, across the top of the home page is a navigation menu, which allows you to navigate to four sections to complete your profile information (see Figure 14):

- **Profile Data** – Click here to enter your profile information (See Chapter 4)
- **Documents** – Click here to review your supporting documents (See Chapter 6)
- **Review** – Click here to review the information you have entered and correct any required errors (See Chapter 5)
- **Attest** – Click here to attest to the accuracy of your information (See Chapter 8)

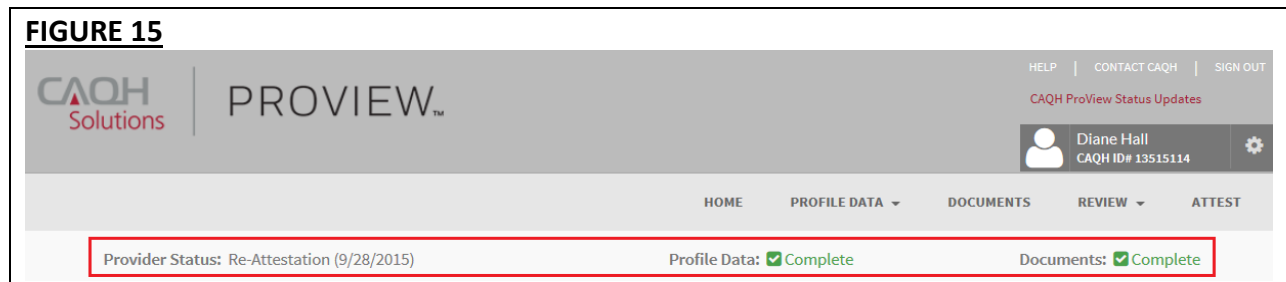


## Status Bar

A status bar is also available at the top of the screen (see Figure 15). The status bar will help you know what actions need to be taken on your profile in order for your authorized organizations to receive your up-to-date information.

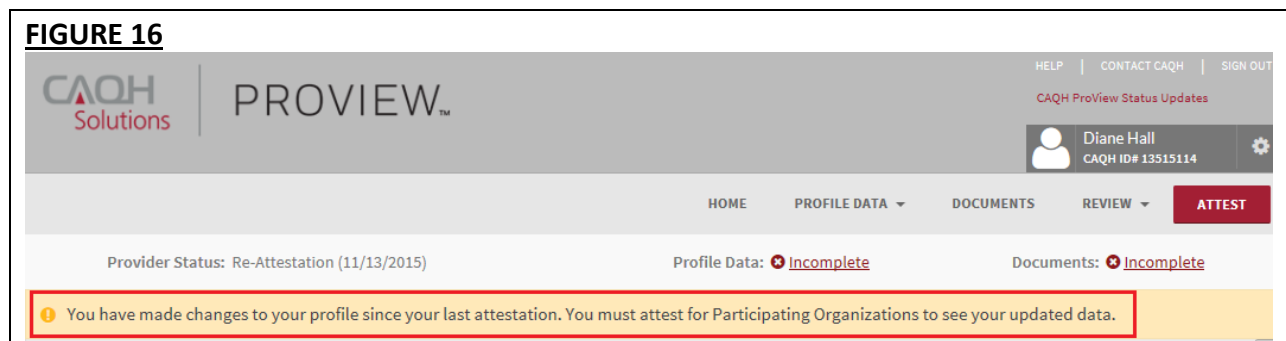
The Status Bar shows three elements (see Figure 15):

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



## Attest Reminder Bar

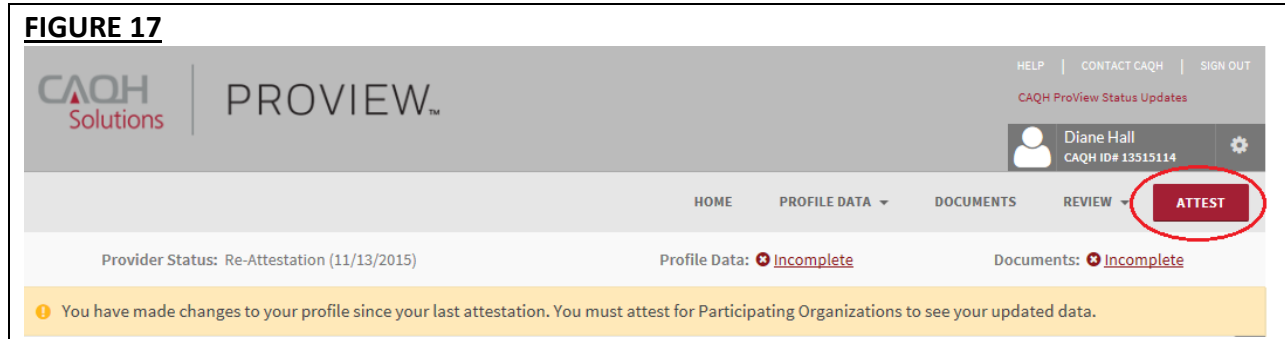
- After you update any information in your profile, you must complete attestation so that your authorized organizations can view your updated profile.
- A reminder message will appear across the top of the page on every page only after you have changed one or more piece of data and have not attested to that change (see Figure 16)
- 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 in Navigation Bar

- The 'Attest' navigational element is now moved to the far right position (see Figure 17).
- If you have never attested or have previously attested and have unattested data, the 'Attest' navigational element will show as a red button.
- The 'Attest' navigational element will also show as a red button when you are NOT in the following status:
  - Initial Profile Complete
  - Re-attestation

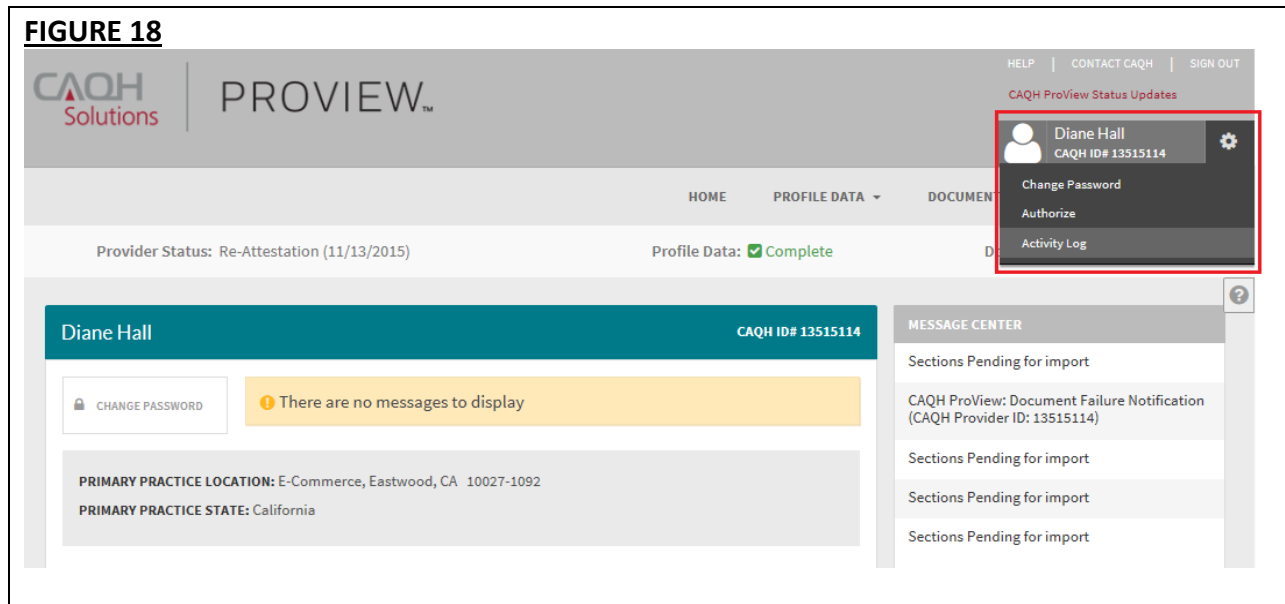
**FIGURE 17**



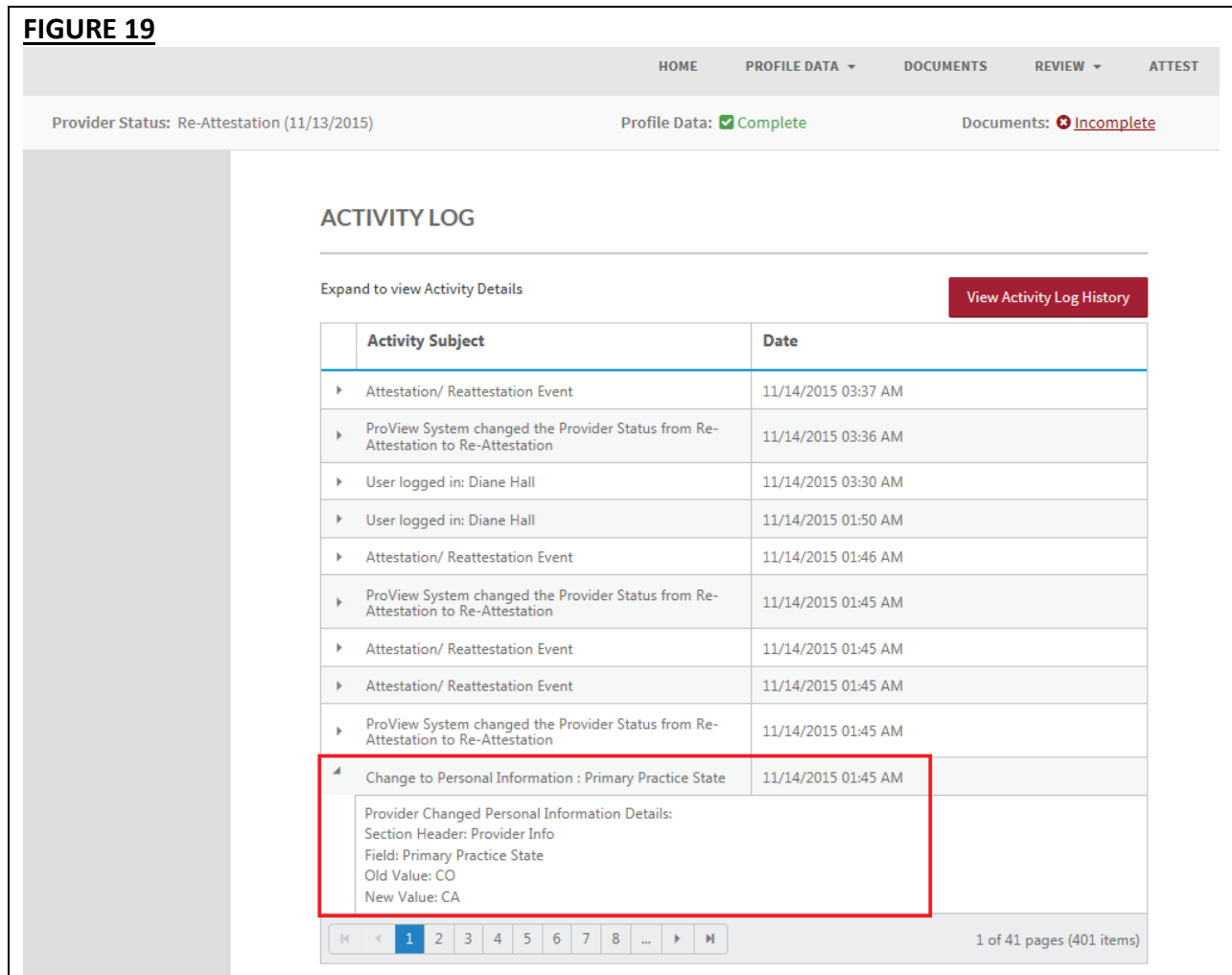
### Activity Log

From the Home Page you can access the “Activity Log” from the top right navigation drop-down menu (see Figure 18).

**FIGURE 18**



The Activity Log lists all recent activity that has occurred in your account, including recent log-ins, re-attestations, and data updates (See Figure 19).



**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.

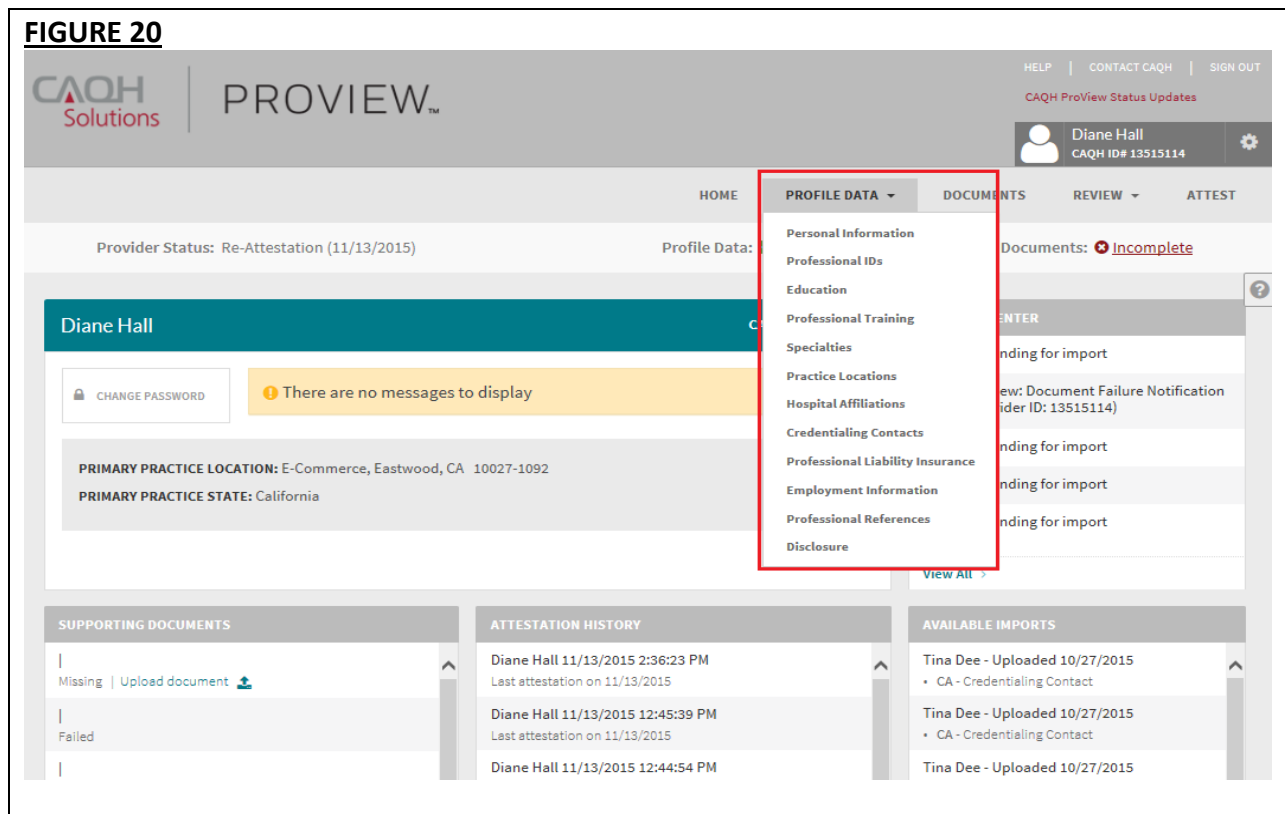


## CHAPTER 4: Completing Your Profile Information

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 (see Figure 20).

**Tips:**

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



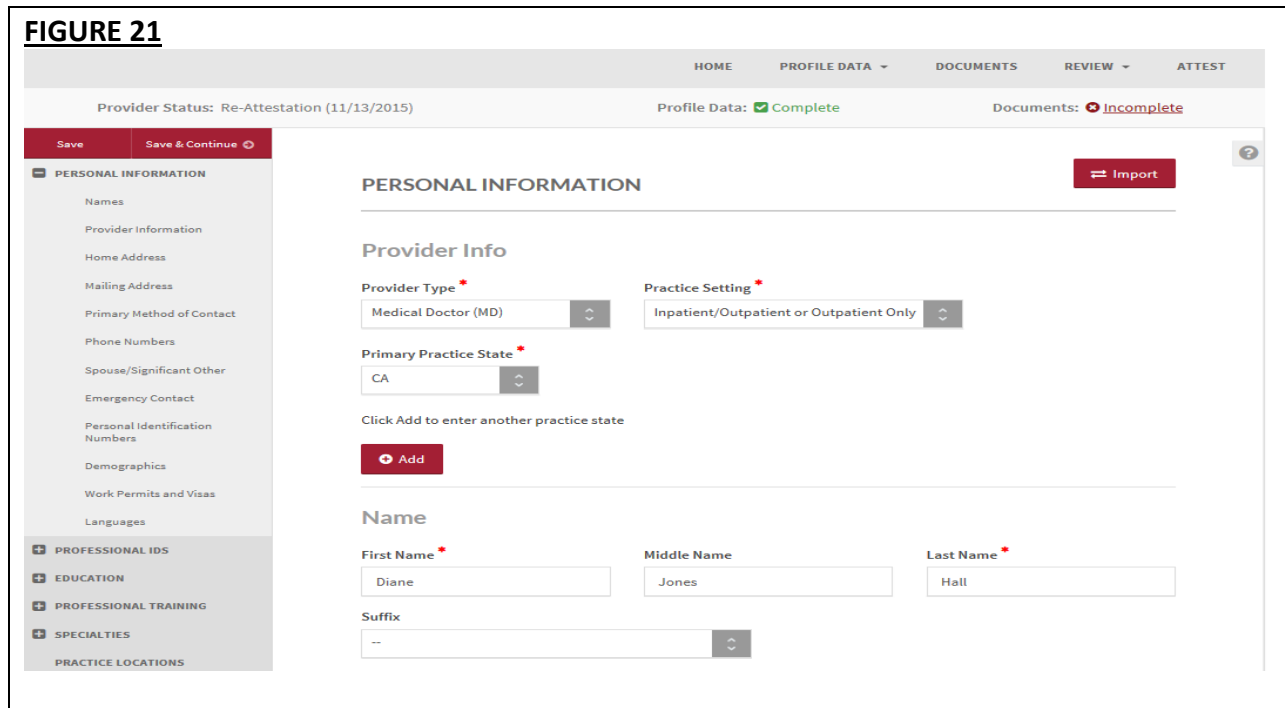
Clicking on “Profile Data” shows a drop down list of 12 Sections: Personal Information, Professional IDs, Education, Professional Training, Specialties, Practice Locations, Hospital Affiliations, Credential Contacts, Professional Liability Insurance, Employment Information, Professional References, and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

**Personal Information**

The Personal Information section (see Figure 21) requests basic information such as name, phone numbers, and contact information. Some information on this screen may be pre-populated based on the information you entered during the self-registration process. Additional information or tips are provided below as applicable to assist you with completing these fields.

**Tips:**

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



- **Provider Type, Practice Setting and Practice State**
  - You will first be asked to identify your provider type, practice setting and practice states. The answers to these questions will drive the questions presented to you throughout CAQH ProView's profile sections. If you practice in multiple states and one of those states includes a state specific credentialing application, the state specific questions and the CAQH ProView standardized questions will be presented to you in one integrated flow throughout the system. You will be required to complete all required questions for both the CAQH ProView standardized profile questions as well as any state specific questions.
  
- **Home Address**
  - Not required to complete your application; however, hospitals have identified that this information adds value in confirming your accessibility to the hospital.
  
- **Mailing Address**
  - Enter the "Mailing Address" of the physical location of your practice. If you do not have a physical practice location, you may enter a P.O. Box; however, it is important to note that health plans intend to use this information for their directories. If you would like to enter a P.O. Box for the billing address, please enter this information in the Billing Contact section.
  
- **Primary Method of Contact**
  - An email is required as a primary method of contact for CAQH ProView. This email will be used for all system generated messages, such as reminders when it is time to re-attest to your data profile.
  - You also can enter two additional email addresses (PMOC CC1 and PMOC CC2) that will be copied on the system generated messages.
  
- **Personal Identification Numbers**
  - Your Social Security Number is required to complete the application.
  - NPI – National Provider Identification Number
    - This is a provider's Type 1 National Provider Identifier. It is a unique, 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS).

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

**FIGURE 22**

**REQUIRED FIXES**

Personal Information

Sub Section	Field	Error
Demographics	Are you a US Citizen?	Please enter the field labeled, "Are you a US Citizen?"
Demographics	Citizenship Country	Please enter the field labeled, "Citizenship Country"

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
0125431989	This number could not be found in the NPI database.	<a href="#">Edit</a> <a href="#">Ignore</a>

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

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

## Professional IDs

The Professional ID section (see Figure 23) requests that you enter all professional identification numbers and upload any applicable supporting documentation. If you have questions on uploading your documentation, refer to *Chapter 6: Uploading Supporting Documentation*.

### Tips:

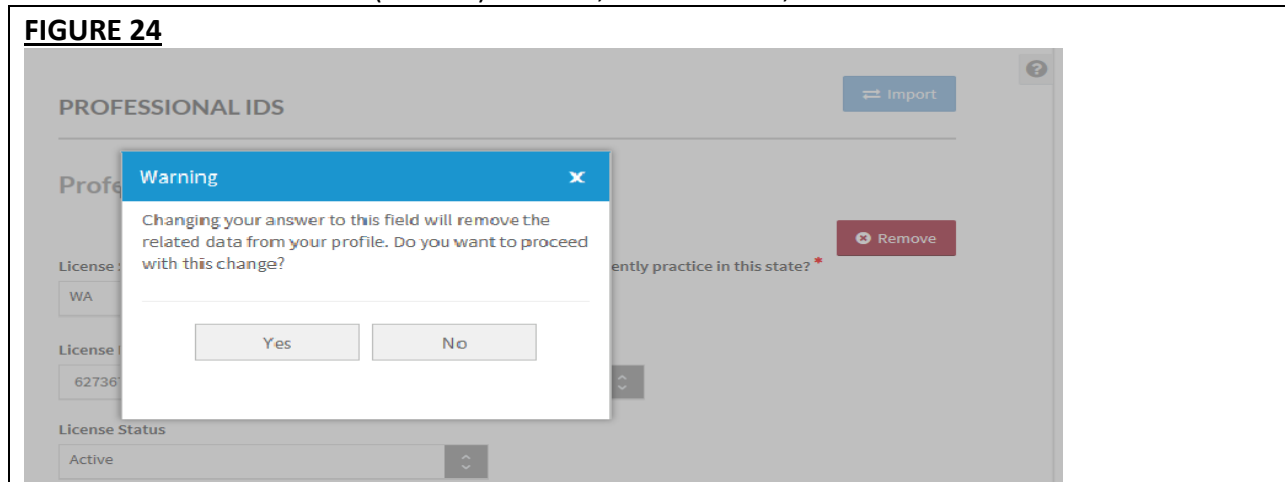
- If you need assistance, you can access the “?” link that is displayed on the right hand side of the screens.
- Use “Save and Go Back” or “Save & Continue” to page backward or forward within sections.
- It is important to click on the “Save” button or the “Save & Continue” button to save your information.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

**FIGURE 23**

The screenshot displays the 'PROFESSIONAL IDS' section of the CAQH ProView interface. At the top, there is a navigation bar with 'HOME', 'PROFILE DATA', 'DOCUMENTS', 'REVIEW', and 'ATTEST'. Below this, a status bar shows 'Provider Status: Re-Attestation (11/13/2015)', 'Profile Data: Complete', and 'Documents: Incomplete'. The main content area is titled 'PROFESSIONAL IDS' and features a sidebar on the left with a 'Save' button and a navigation menu including 'PERSONAL INFORMATION', 'PROFESSIONAL IDS', 'EDUCATION', 'PROFESSIONAL TRAINING', 'SPECIALTIES', 'PRACTICE LOCATIONS', 'HOSPITAL AFFILIATIONS', 'CREDENTIALING CONTACTS', 'PROFESSIONAL LIABILITY INSURANCE', 'EMPLOYMENT INFORMATION', 'PROFESSIONAL REFERENCES', and 'DISCLOSURE'. The 'PROFESSIONAL IDS' section contains a form for 'Professional License' with the following fields: 'License State' (CA), 'License Number' (516219), 'License Type' (Select), 'License Status' (Select), 'Issue Date' (Select date), and 'Expiration Date' (12/1/2015). There are 'Add', 'Remove', and 'Import' buttons. A 'Click Add to enter another license' prompt is visible below the form.

- A warning message will be displayed advising you that previously entered data will be permanently removed from the system when you change the answer to a leading question (see Figure 24).
- A leading question is one that triggers different follow-on questions/responses depending on the response provided.
- When the answer to a leading question is changed, follow-on questions may disappear from the portal.
  - For instance, if you previously answered 'Yes' to the question 'Do you have a DEA certificate?' and now changed it to 'No', the data from the DEA Number, State, Issue date, and Expiration Date are removed.
- Ensure no critical information will be deleted prior to selecting 'Yes' and saving the changes on this page. Otherwise, you will have to re-enter deleted information.
- The same rule applies to fields on the Professional IDs section such as CDS registration certificate, Medicare and Medicaid information, Educational Commission for Foreign Medical Graduates (ECFMG) number, FLEX number, and DPS certification.

**FIGURE 24**



The following professional identification numbers are requested.

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

## Education

The Education section (see Figure 25) requests information regarding your education history, including your professional and undergraduate school information.

### Tips:

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

**FIGURE 25**

HOME PROFILE DATA DOCUMENTS REVIEW ATTEST

Provider Status: Re-Attestation (11/13/2015) Profile Data: ✔ Complete Documents: ✖ Incomplete

**EDUCATION** Import

Graduate Type \*  
 US/Canada Graduate

Did you attend professional/medical School? \*  
 Yes  
 No

If there are blank fields that appear as required (as indicated by the red asterisks) on the Professional School Information section, you may click the Remove button for each of the blank sections. Click the Save and Continue button to save the changes made.

**Professional School Information** Remove

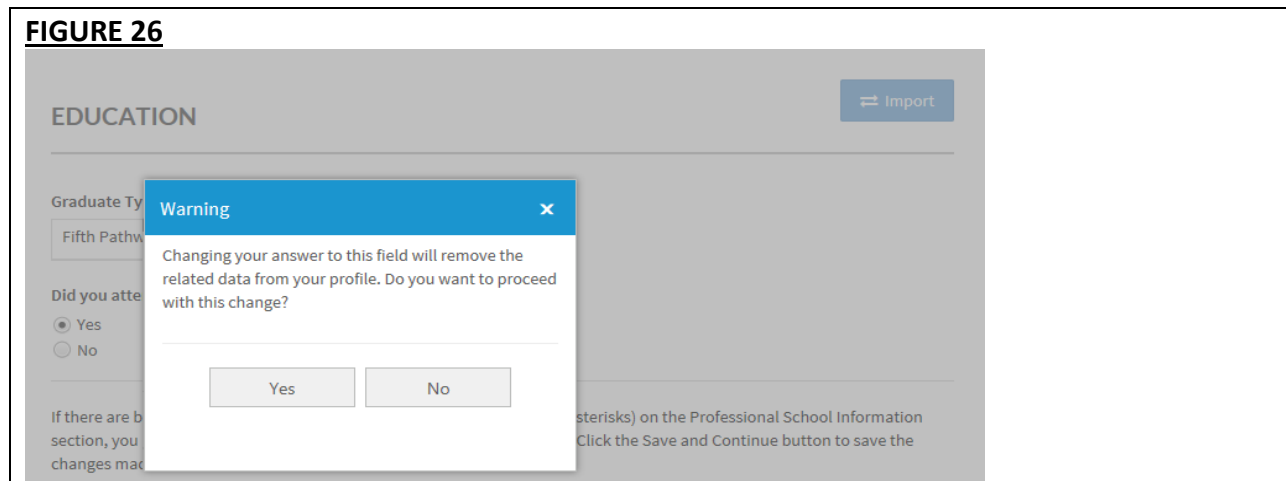
Country State \* County  
 United States CA --Select--

Professional School \*  Other (Not Listed)  
 Azusa Pacific University

Street 1 \*  
 901 E Alosta Ave

Street 2

- A warning message will be displayed advising you that previously entered data will be permanently removed from the system when you change the answer to a leading question (see Figure 26).
- A leading question is one that triggers different follow-on questions/responses depending on the response provided.
- When the answer to a leading question is changed, follow-on questions may disappear from the portal or if you change the selection from one value to another, all education values are deleted. Therefore, ensure no critical information will be deleted prior to selecting 'Yes' and saving the changes on this page. Otherwise, you will have to re-enter deleted information.



### **Professional Training**

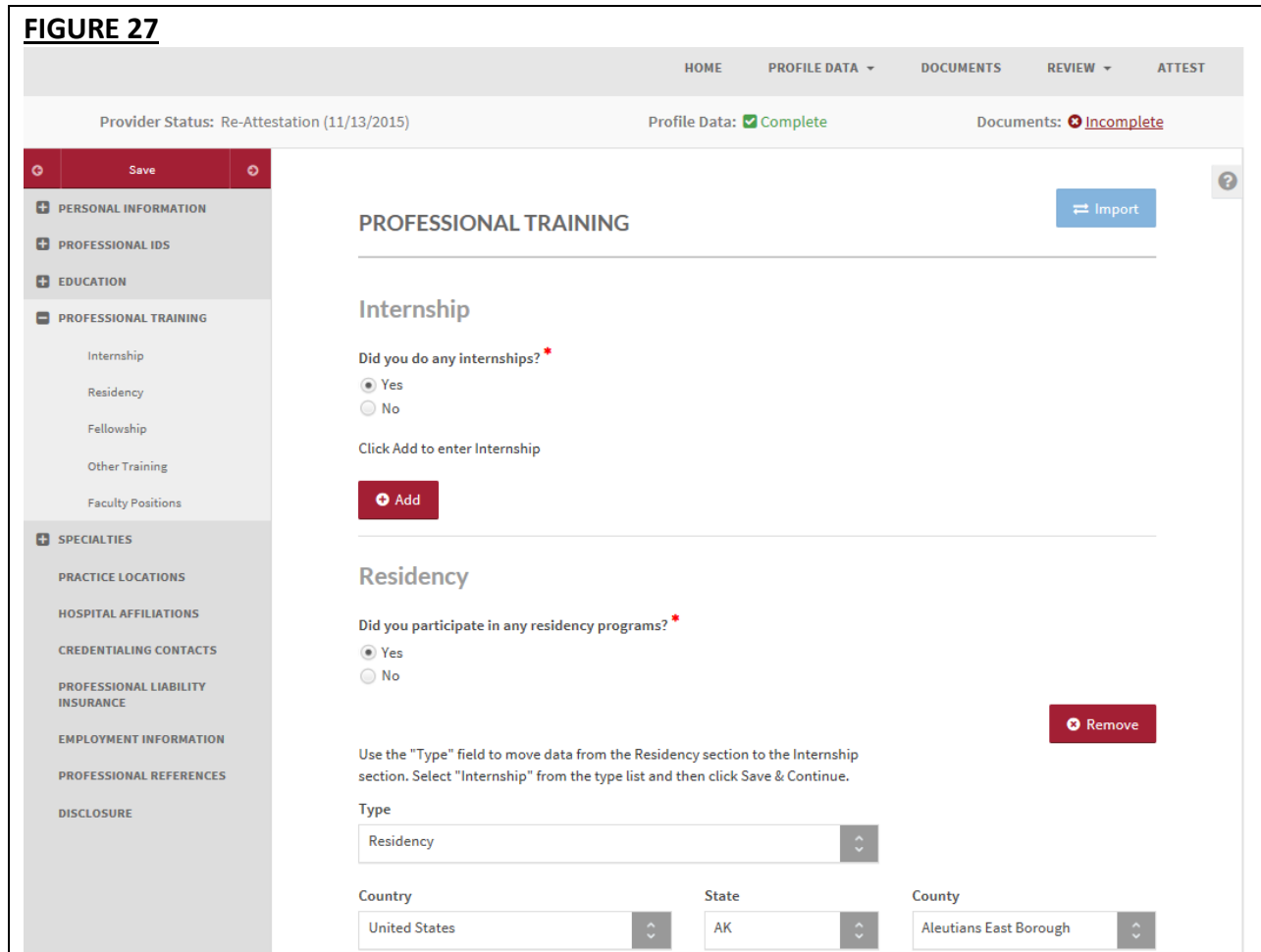
The Professional Training section (see Figure 27) requests information regarding your professional training, such as your internship and residency information.

#### **Tips:**

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



**FIGURE 27**



The Professional Training subsections are listed below:

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

## Specialties

The Specialties section (see Figure 28) requests information regarding your specialties and certification information.

### Tips:

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

**FIGURE 28**

HOME PROFILE DATA ▾ DOCUMENTS REVIEW ▾ ATTEST

Provider Status: Re-Attestation (11/13/2015) Profile Data: ✔ Complete Documents: ✘ Incomplete

**SPECIALTIES** ? Import

**Primary Specialty**

Do you have any specialties? \*

Yes

No

---

**CERTIFICATIONS**

Do you have Certifications? \*

Yes

No

---

**Other Interests**

Provide additional areas of professional practice interest, activities, procedures, diagnoses or populations

⬅ Save and Go Back Save Save & Continue ➡

- You are now asked to respond to this question: *Does your board certification have an expiration date?* (see Figure 29)

**FIGURE 29**

American Board of Allergy & Immunology

Country: Afghanistan | State: AK | County: Aleutians East Borough

Street 1: vellinga

Street 2: tala

City: kittu | Province: mattu | Zip Code: 12345-1234

Initial Certification Date: 6/13/2011

Does your board certification have an expiration date? \*

Yes

No

Have You Ever Taken A Board Exam But Failed

Yes

No

Secondary Specialty

Do you have a Secondary Specialty? \*

Yes

No

Secondary Specialty: Adolescent Medicine | Sub Specialty: [Select]

- If you responded with a Yes, the Expiration Date field and the last Recertification date fields will be required. (see Figure 30)

**FIGURE 30**

Street 2: tala

City: kittu | Province: mattu | Zip Code: 12345-1234

Initial Certification Date: 6/13/2011

Does your board certification have an expiration date? \*

Yes

No

Expiration Date: 7/24/2015

Last Recertification Date: 6/28/2015

Have You Ever Taken A Board Exam But Failed

Yes

No

The specialties that are included in the drop-down list are collected from the National Uniform Claim Committee ([www.nucc.org](http://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.

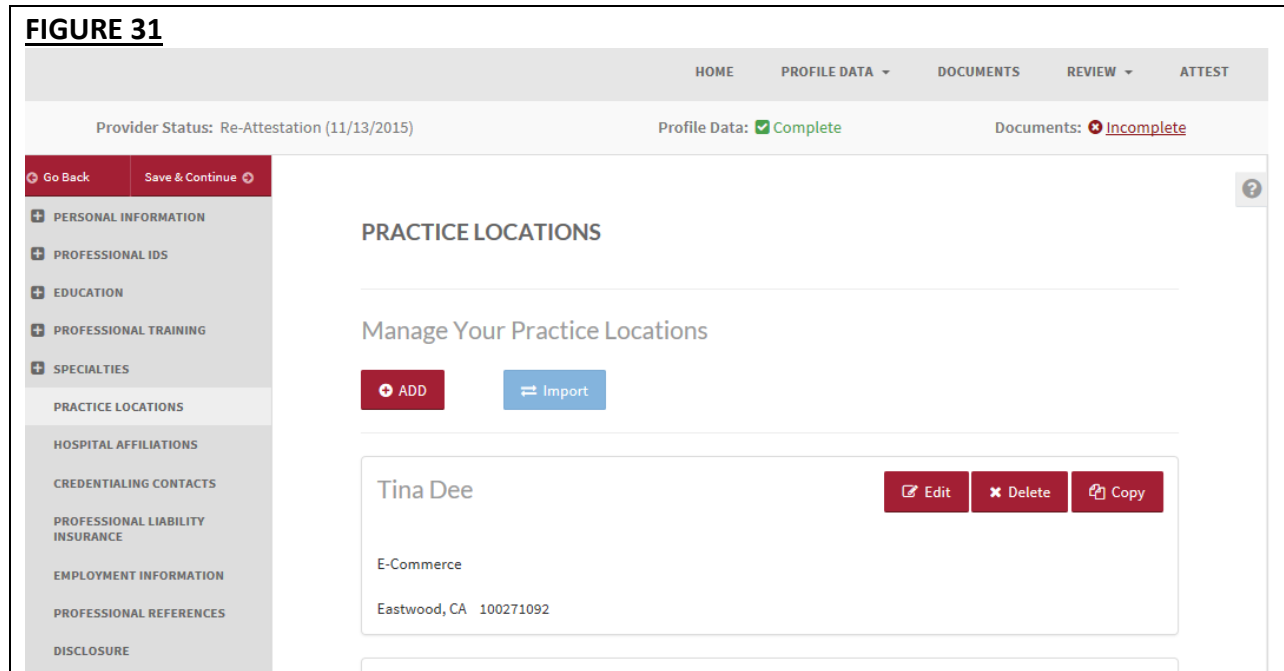
The subsections are listed below and may vary based on your practice state.

- 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 of 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<sup>®</sup>) is an evidence-based multidisciplinary training program that prepares maternity health care providers to better manage obstetric emergencies when and wherever they occur. ALSO's evidence-based learning path bridges knowledge gaps and boosts skill sets using a team-based approach, hands-on training, and mnemonics to reduce errors and save lives.

- **Health Care Provider (CoreC)**
- **ATLS - Advanced Trauma Life Support Certification:** Advanced Trauma Life Support (ATLS) is 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.

## **Practice Location**

The Practice Location section (see Figure 31) asks for detailed information regarding your practice location(s).



### **Tips:**

- If you need assistance, you can access the “?” link that is displayed on the right hand side of the screens.
- Use “Save and Go Back” or “Save & Continue” to page backward or forward within sections.
- It is important to click on the “Save” button or the “Save & Continue” button to save your information. If you close the browser or move to another screen via the left hand navigation screen without clicking “Save” or “Save & Continue”, you will lose your information. Clicking on the back and forward arrows will not save your information either.
- Select “Add” to enter information for a practice location.
- Select “Edit” to edit the information within a practice location.
- Select “Copy” to create a duplicate of a practice location and its related information.
- Select “Delete” to remove a practice location from your application. Please note that by selecting “Delete”, all information entered for that practice location will be deleted.
- If the “Import” button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.
- A new leading question has been added on the Practice Location section of your CAQH application. You are now required to answer “Do you have an organization (Type 2) NPI?” Please note that Type 2 NPI is different from Type 1 NPI. Type 1 NPI is your individual NPI and is required on the Personal Information section, while Type 2 is the

organization NPI. This field on the Practice Location section requires a Type 2 NPI. (see Figure 32)

**FIGURE 32**

Do you have an organization (Type 2) NPI? \*

Yes

No

---

Group Medicaid Number

Group Medicare Number

**Phone Numbers**

Office Phone Number \*

Phone Extention

Fax Number

Emergency Phone

---

**Phone Coverage**

Does this location provide 24hour/7day a week phone coverage?

Yes

No

- If your response is 'Yes', this triggers another required field "Organization (Type 2) NPI" (see Figure 33). This field will not appear on the page if your response is No.

**FIGURE 33**

Do you have an organization (Type 2) NPI? \*

Yes

No

Organization (Type 2) NPI \*

---

Group Medicaid Number

Group Medicare Number

**Phone Numbers**

Office Phone Number \*

Phone Extention

Fax Number

Emergency Phone

---

**Phone Coverage**

Does this location provide 24hour/7day a week phone coverage?

Yes

No

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

**FIGURE 34**

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.	<a href="#">Edit</a> <a href="#">Ignore</a>

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.

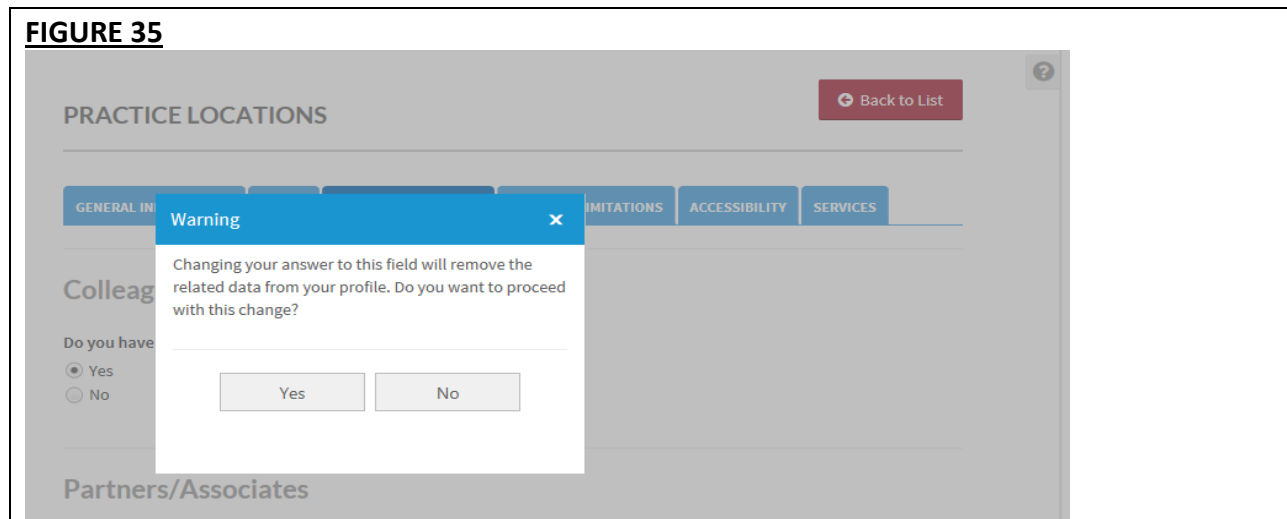
Group/Practice Name	Organization (Type 2) NPI	Error	Action
Smith Internal Medicine	0125431989	This number could not be found in the NPI database.	<a href="#">Edit</a> <a href="#">Ignore</a>
Smith Geriatrics	254876345	This is not an Organization (Type 2) NPI.	<a href="#">Edit</a> <a href="#">Ignore</a>

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

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



- A warning message will be displayed advising you that previously entered data will be permanently removed from the system when you change the answer to a leading question (see Figure 35).
- A leading question is one that triggers different follow-on questions/responses depending on the response provided.
- When the answer to a leading question is changed, follow-on questions may disappear from the portal.
- Ensure no critical information will be deleted prior to selecting 'Yes' and saving the changes on this page. Otherwise, you will have to re-enter deleted information.



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

- General Information
  - Physician Group/Practice Name
    - Please enter the Practice Name as it appears on your claim submission so it will match the name for the location that is known to participating organizations with whom you contract. In most cases, this will not be the practitioner's name. In some cases, this may be the name as it appears on the W9.
  - Address
    - CAQH requests that you enter the appropriate address for the actual physical location of your practice. Do NOT enter a P.O. Box as the practice address. Please note that health plans intend to use this information for their directories.
    - A recent change has been implemented on this section of your application. ALL addresses under the General Information tab of the Practice Location section of your application will undergo standardization. You will be asked to confirm whether the suggested address is correct. A similar page will appear on your screen as below.

**FIGURE 36**

Practice Location

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	<input type="radio"/> 875 10th st NE Washington, DC 20006	<input checked="" type="radio"/> 875 10TH ST NE WASHINGTON, DC 20002	<input checked="" type="checkbox"/> Confirm
Smith Geriatrics	<input type="radio"/> 425 Massachusetts Washington, DC 20006	<input checked="" type="radio"/> 425 MASSACHUSETTS AVE NW WASHINGTON, DC 20001-2609	<input checked="" type="checkbox"/> Confirm

- If the suggested address accurately reflects your address, click on “Confirm”. Per the USPS format, all addresses will appear IN ALL CAPITAL LETTERS. You will be directed to the same Correct Errors page. The Suggested Fix will be cleared and the Practice Location section will be automatically updated with the Suggested Address.
- If you do NOT want to accept the Suggested Address, select the radio button for the Original Address and click Confirm.

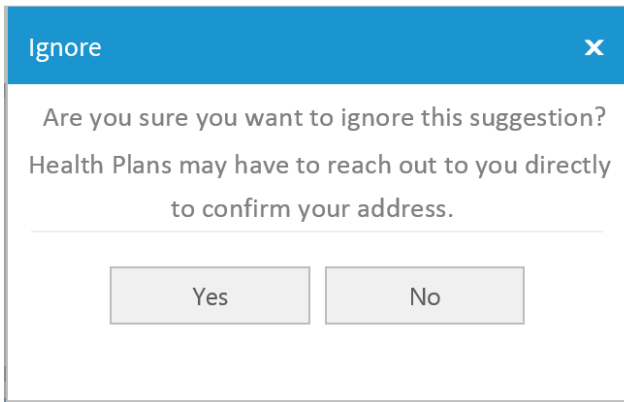
**FIGURE 37**

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	<input checked="" type="radio"/> 875 10th st NE Washington, DC 20006	<input type="radio"/> 875 10TH ST NE WASHINGTON, DC 20002	<input checked="" type="checkbox"/> Confirm
Smith Geriatrics	<input checked="" type="radio"/> 425 Massachusetts Washington, DC 20006	<input type="radio"/> 425 MASSACHUSETTS AVE NW WASHINGTON, DC 20001-2609	<input checked="" type="checkbox"/> Confirm

- If you click on the red ‘Confirm’ button, with the radio button selected for the Original Address, then a pop-up should display with the following message:

**FIGURE 38**



- a. If your answer to question “Are you sure you want to ignore this suggestion?” is Yes, the Suggested Fix for this Practice Location General Address will be removed from the Correct Errors Page and no changes will be made to the Practice Location General Address in your profile.
  - b. If you selected No, the Suggested Fix for this Practice Location General Address should remain on the Correct Errors Page.
- If USPS could not find the address that you have entered on your practice location/s, you will be asked to either ‘Edit’ or ‘Ignore’. It is recommended to review your address to ensure it is accurate. If you notice an error, please select “Edit” to make the appropriate corrections.

**FIGURE 39**

### Practice Location

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.	<input checked="" type="checkbox"/> Edit <input checked="" type="checkbox"/> Ignore
Smith Geriatrics	425 Massachusetts Washington, DC 20006	USPS could not find this address. Please click "Edit" to correct this address.	<input checked="" type="checkbox"/> Edit <input checked="" type="checkbox"/> Ignore

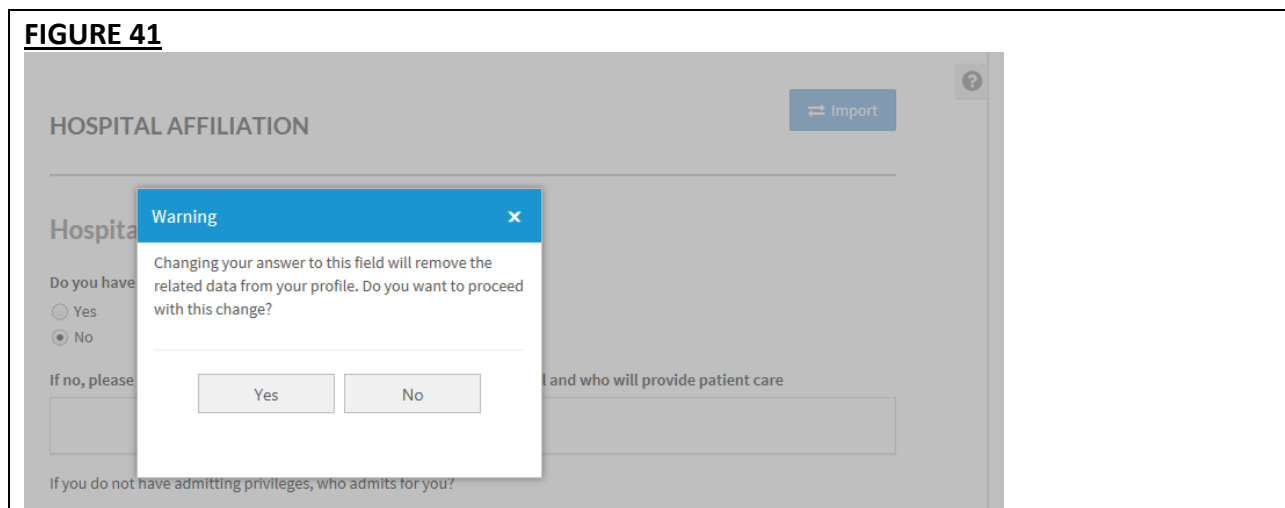
- Group Medicaid Number
- Group Medicare Number
- NPI Type 2
  - Enter your group National Provider Identification Number
- Phone Numbers
- Phone Coverage
- Tax Identification Number
- Hours
  - Office Hours
  - Patients
    - Indicate the types of patients accepted into the practice
- Coverage & Contact
  - Colleagues
  - Covering Colleagues
  - Mid-Level Practitioners
    - Mid-level practitioners include: P.A. (physician's assistant), N.M.W (nurse midwife), N.P (nurse practitioner), or R.N.F.A (registered nurse first assistant).
  - Office Manager or Business Staff Contact
  - Billing Contact
  - Payment and Remittance
- Practice Limitations
  - Limitation
    - A limitation is any restriction you have set on the gender or age of your patient population.
  - Gender Limitations
  - Age Limitations
  - Other Limitation
- Accessibility
  - ADA Accessibility
    - The Americans with Disabilities Act (ADA) ensures access to the built environment for people with disabilities. The ADA Standards establish design requirements for the construction and alteration of facilities subject to the law. These enforceable standards apply to places of public accommodation, commercial facilities, and state and local government facilities.
  - Handicapped Accessibility
  - Public Transportation Accessibility
  - Other Accessibility Services
  - Disabled Accessibility
- Services
  - Services
    - Please use this section to indicate what services are provided at your practice location.



**Tips:**

- If you need assistance, you can access the “?” link that is displayed on the right hand side of the screens.
- Use “Save and Go Back” or “Save & Continue” to page backward or forward within sections.
- It is important to click on the “Save” button or the “Save & Continue” button to save your information. If you close the browser or move to another screen via the left hand navigation screen without clicking “Save” or “Save & Continue”, you will lose your information. Clicking on the back and forward arrows will not save your information either.
- Select “Add” to enter information for a hospital affiliation.
- Select “Edit” to edit the information within a hospital affiliation.
- Select “Delete” to remove a hospital affiliation from your application. Please note that by selecting “Delete”, all information entered for that hospital affiliation will be deleted.
- If the “Import” button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.
- A warning message will be displayed advising you that previously entered data will be permanently removed from the system when you change the answer to a leading question (see Figure 41).
- A leading question is one that triggers different follow-on questions/responses depending on the response provided.
- When the answer to a leading question is changed, follow-on questions may disappear from the portal.
- Ensure no critical information will be deleted prior to selecting ‘Yes’ and saving the changes on this page. Otherwise, you will have to re-enter deleted information.

**FIGURE 41**



## **Credentialing Contact**

The Credentialing Contact section (see Figure 42) asks for specific contact information for your credentialing contacts.

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

**FIGURE 42**

The screenshot displays the 'CREDENTIALING CONTACT' form within a web application. At the top, there is a navigation bar with links for HOME, PROFILE DATA, DOCUMENTS, REVIEW, and ATTEST. Below the navigation bar, the user's status is shown as 'Provider Status: Re-Attestation (11/13/2015)', 'Profile Data: Complete', and 'Documents: Incomplete'. The form itself is titled 'CREDENTIALING CONTACT' and includes a 'Save' button at the top left and an 'Import' button at the top right. The form fields are organized as follows:

- First Name:** Text input field containing 'Abby'.
- Middle Name:** Text input field.
- Last Name:** Text input field containing 'Crawford'.
- Street 1:** Text input field containing '#27 Pearl'.
- Street 2:** Text input field.
- City:** Text input field containing 'Angel'.
- State:** Dropdown menu showing 'CA'.
- Zip Code:** Text input field containing '38337-3093'.
- Country:** Dropdown menu showing '(Please Select)'.
- Province:** Text input field.
- Phone Number:** Text input field.
- Fax Number:** Text input field.
- Email Address:** Text input field.

Additional buttons include 'Remove' and a help icon (?) on the right side of the form.

### **Tips:**

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

## Professional Liability Insurance

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

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

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

**FIGURE 43**

The screenshot displays the 'PROFESSIONAL LIABILITY INSURANCE' section of the CAQH ProView application. At the top, there are navigation tabs: HOME, PROFILE DATA (with a dropdown arrow), DOCUMENTS, REVIEW (with a dropdown arrow), and ATTEST. Below these, the status is shown as 'Provider Status: First Provider Contact (10/7/2016)', 'Profile Data: ✖ Incomplete', and 'Documents: ✖ Incomplete'. A red 'Save' button is at the top left, and a blue 'Import' button is at the top right. The left sidebar contains a list of menu items: PERSONAL INFORMATION, PROFESSIONAL IDS, EDUCATION, PROFESSIONAL TRAINING, SPECIALTIES, PRACTICE LOCATIONS, HOSPITAL AFFILIATIONS, CREDENTIALING CONTACTS, PROFESSIONAL LIABILITY INSURANCE (highlighted), EMPLOYMENT INFORMATION, PROFESSIONAL REFERENCES, DISCLOSURE, and AUTHORIZE. The main content area is titled 'PROFESSIONAL LIABILITY INSURANCE' and contains the following text: 'Please enter your current carrier information. A Professional Liability Insurance Face Sheet or Certificate of Insurance will be required for each current policy that is entered.' This is followed by a bulleted list:
 

- It is recommended to enter 10 years of insurance information to avoid additional follow-up from your authorized organizations. Some states and credentialing organizations may have different requirements for this section.
- If you have held coverage with your current carrier for less than 10 years, enter previous carrier(s) information. Documents from previous insurance carriers do not need to be uploaded into CAQH ProView.
- Please update this section to remove historical carrier information that is greater than 10 years. It is not necessary to include information greater than 10 years.
- If you do not carry professional liability insurance, you will be required to submit a confirmation letter stating lack of coverage or providing further explanation.

 Below this is a section titled 'Manage Professional Liability Insurance' with a red asterisk and the question: 'Are you covered under a professional liability insurance policy?'. There are two radio button options: 'Yes' and 'No'. Underneath, it says 'Your policies are listed below in order of Current Expiration Date.' followed by another bulleted list:
 

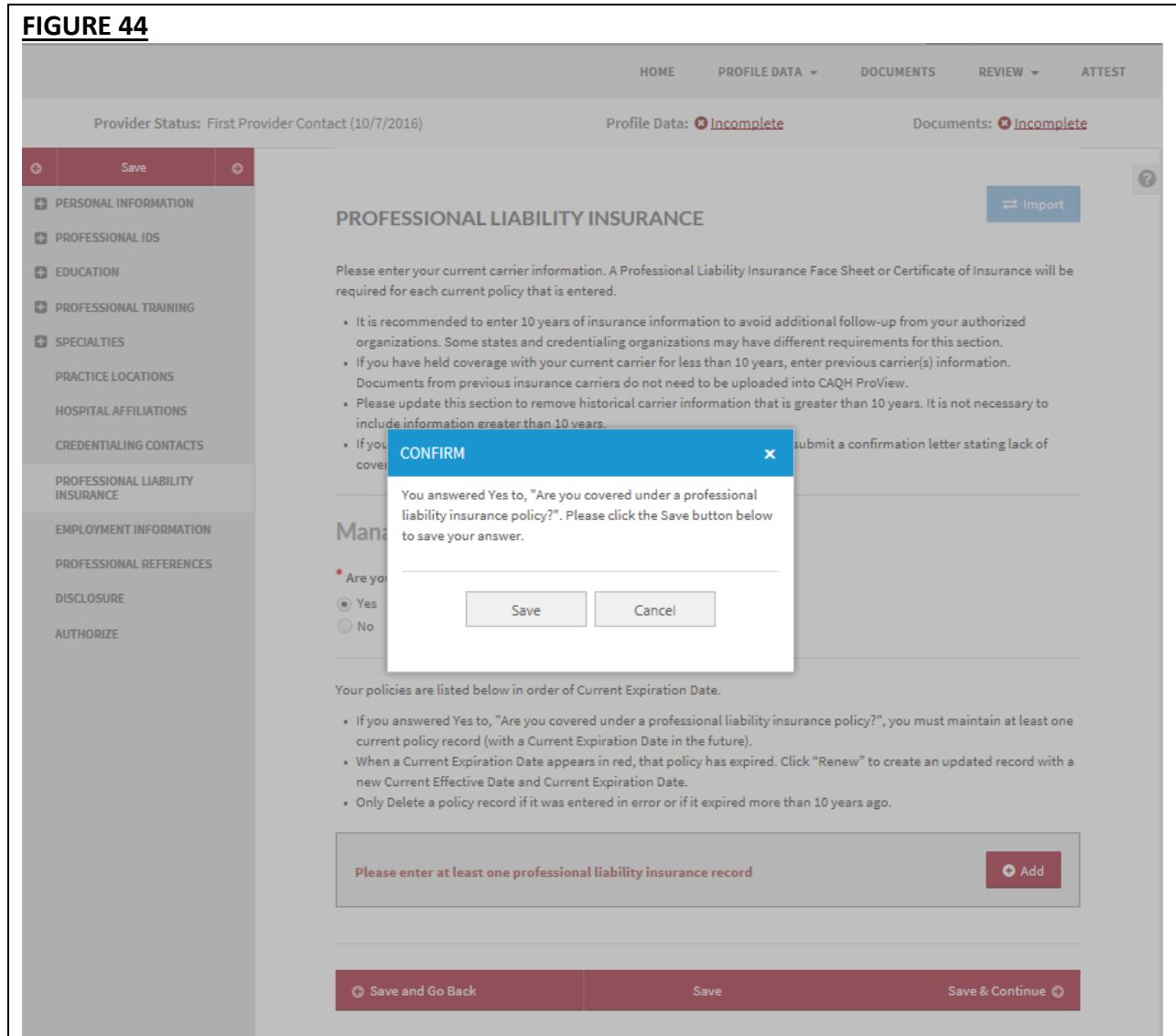
- If you answered Yes to, "Are you covered under a professional liability insurance policy?", you must maintain at least one current policy record (with a Current Expiration Date in the future).
- When a Current Expiration Date appears in red, that policy has expired. Click "Renew" to create an updated record with a new Current Effective Date and Current Expiration Date.
- Only Delete a policy record if it was entered in error or if it expired more than 10 years ago.

 A table area is shown with a red 'Add' button. At the bottom, there are three buttons: 'Save and Go Back', 'Save', and 'Save & Continue'.

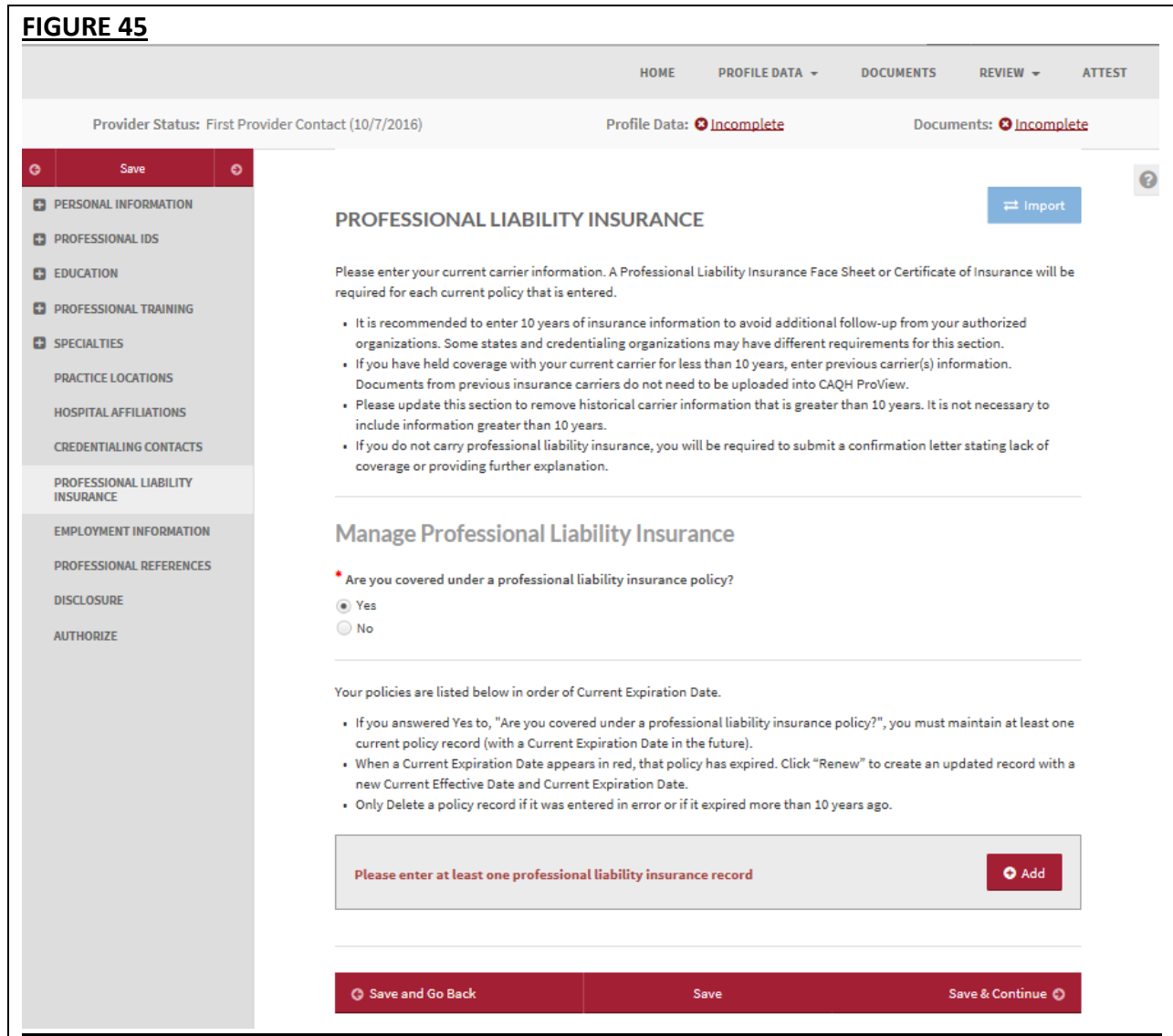


- If you answered “Yes” to this question, you will be prompted with a message that says: *“You answered Yes to, “Are you covered under a professional liability insurance policy?”. Please click the Save button below to save your answer.”* If you click the “Save” button, it will save the “Yes” answer.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

**FIGURE 44**



**FIGURE 45**



- When adding a Professional Liability Insurance record, you are required to fill in the following fields:
  - Policy Number
  - Current Effective Date
  - Current Expiration Date.
  - Carrier Name
    - Street 1 (pre-populated depending on the carrier name selected)
    - City (pre-populated depending on the carrier name selected)
    - Zip Code (pre-populated depending on the carrier name selected)
  - Do you have unlimited coverage with this insurance carrier? (required only when you are practicing in multiple states)
  - Amount of coverage per occurrence
  - Amount of coverage aggregate
  - Individual Coverage

- **Self-Insured** - *required only when you are practicing in any of these states: CAQH States, Oklahoma, and Texas (NOT Colorado, Georgia, Massachusetts, Minnesota, North Carolina, Mississippi, Nevada, Oregon, Washington, and West Virginia)*

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

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

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

**FIGURE 46**

PROVIEW™

[HELP](#) | [CONTACT CAQH](#) | [SIGN OUT](#)  
CAQH ProView Status Updates

HOME
PROFILE DATA ▾
DOCUMENTS
REVIEW ▾
ATTEST

Provider Status: Re-Attestation (4/18/2016)
Profile Data: ✔ Complete
Documents: ❌ Incomplete

Save

- PERSONAL INFORMATION
- PROFESSIONAL IDS
- EDUCATION
- PROFESSIONAL TRAINING
- SPECIALTIES
- PRACTICE LOCATIONS
- HOSPITAL AFFILIATIONS
- CREDENTIALING CONTACTS
- PROFESSIONAL LIABILITY INSURANCE
- EMPLOYMENT INFORMATION
- PROFESSIONAL REFERENCES
- DISCLOSURE

Back to List

### Professional Liability Insurance Record

You are required to upload a Professional Liability Insurance Face Sheet or Certificate of Insurance for each current insurance policy.  
 • Policy renewals require an updated document to be submitted to CAQH ProView.  
 • After you enter the policy information, navigate to the Documents page to upload a Professional Liability Insurance Face Sheet or Certificate of Insurance.  
 • You are not required to submit a Face Sheet or Certificate of Insurance for expired policies.

**\* Policy Number**

**\* Original Effective Date**

**Retroactive Date**

**\* 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 CAQH ProView.

**\* Current Expiration Date**

**Renewal Date**

**Carrier Name**  Other (Not Listed)

#### Address

**\* Street 1**

Street 2

**\* City**

**Province**

**State**  
(Please Select)

**Country**  
(Please Select)

**\* Zip Code**

**Phone Number**  **Phone Extension**  **Fax Number**

**Name in which policy issued**

**Length of Time With Carrier**

**Certificate Pending**

 Yes  
 No

**Local Contact First Name**

**Local Contact Last Name**

**Has any judgment or payment of claim settlement amount exceeded the limits of this coverage?**

**\* Do you have unlimited coverage with this insurance carrier?**

 Yes  
 No

**Type of coverage**

**\* Amount of coverage per occurrence**

**\* Amount of coverage aggregate? If Umbrella/Excess coverage, amount of coverage?**

**If you have changed your coverage within the last ten years, did you purchase tail and/or nose coverage (prior occurrence/acts) coverage? Please explain**

 Yes  
 No

**\* Individual Coverage**

 Yes  
 No

**Self Insured**

 Yes  
 No

**Underwriter, Institution Affiliation**

**Do you have prior acts coverage?**

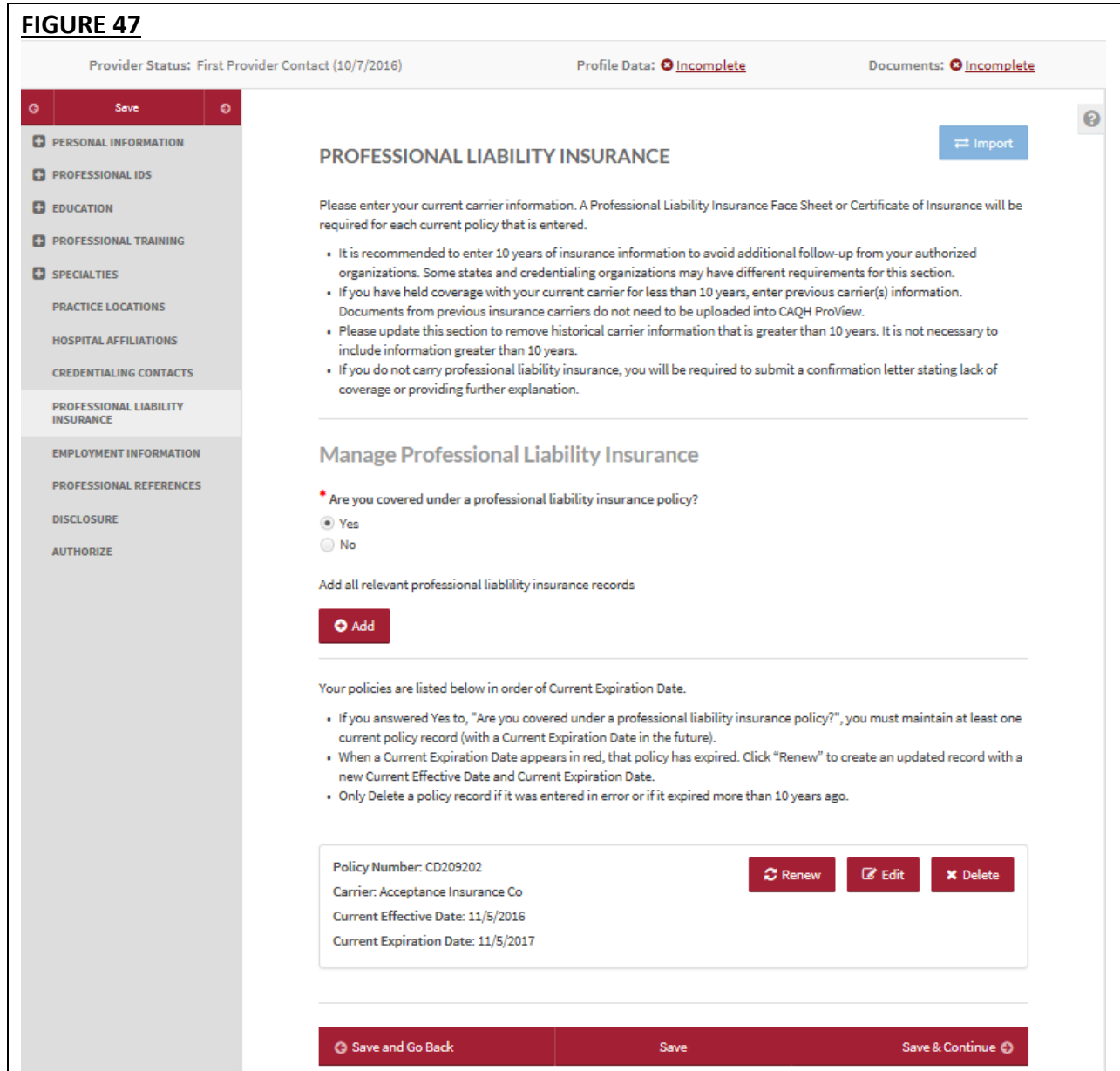
 Yes  
 No
 
Save and Go Back
Save
Save & Continue

TERMS OF SERVICE  
 PRIVACY  
 CAQH.ORG

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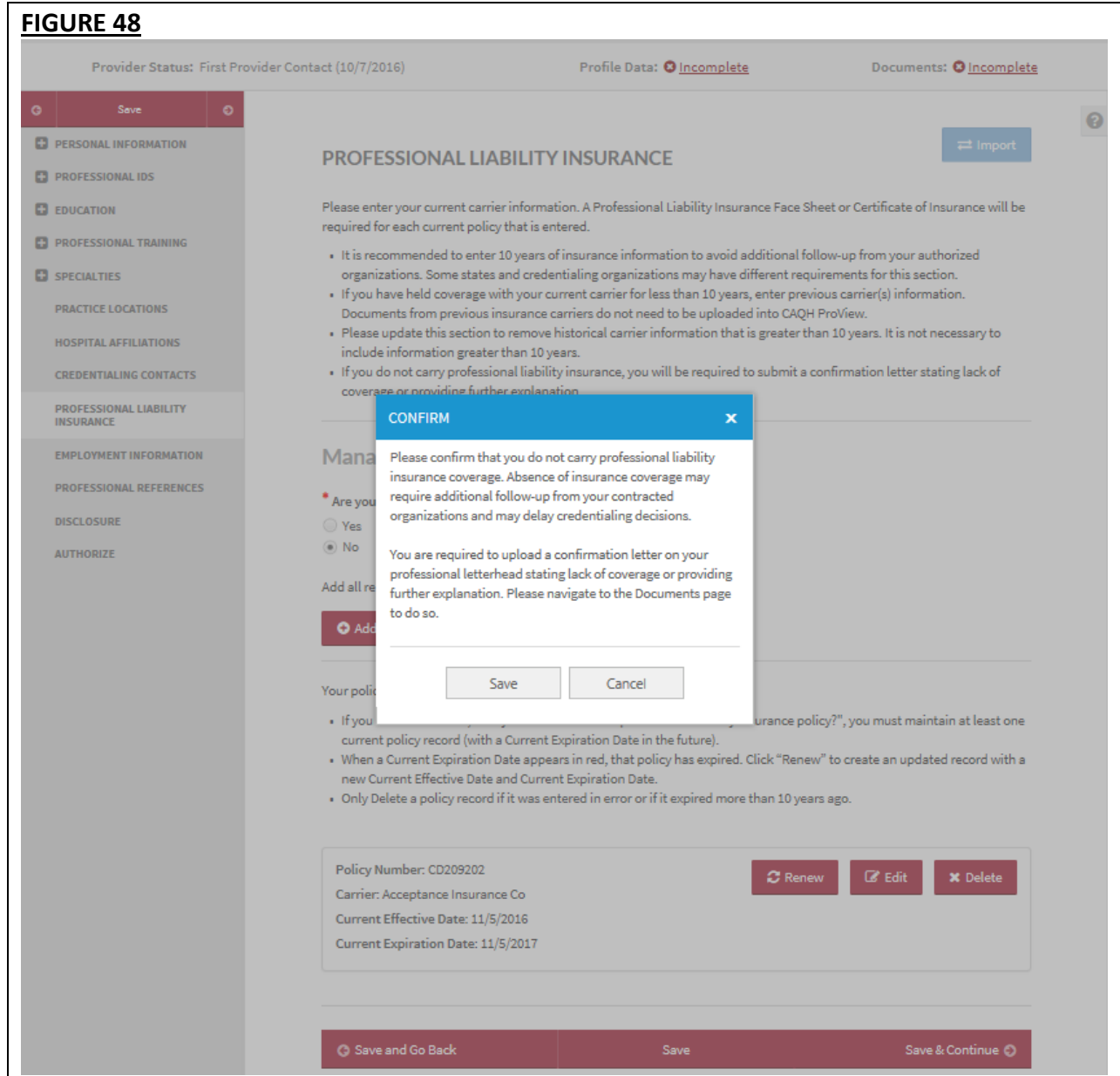
- After you have entered all the required details, click “Save & Continue” found at the bottom of the page. A consolidated preview list of all the Provider’s insurance policy records will be displayed on the page.

**FIGURE 47**



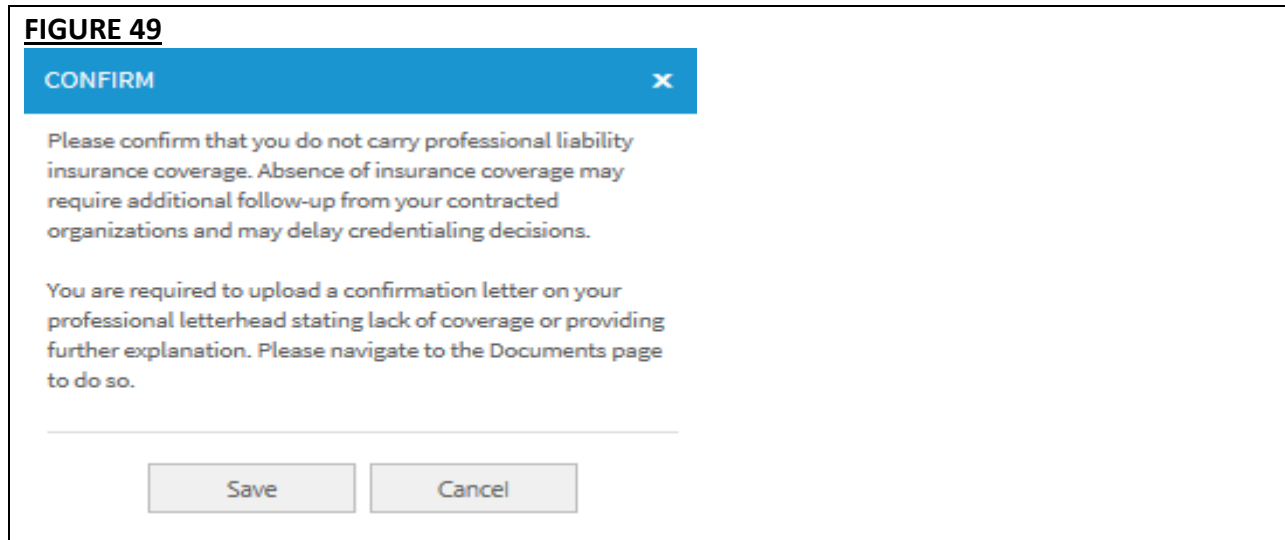
- If your answer to the leading question is "No", you will see the pop up box with a "Save" and "Cancel" button that says *"Please confirm that you do not carry professional liability insurance coverage. Absence of insurance coverage may require additional follow-up from your contracted organizations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

**FIGURE 48**



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

**FIGURE 49**



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

**Renewing an Expired PLI Record:**

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

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

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

**FIGURE 50**

Provider Status: First Provider Contact (10/7/2016) Profile Data: ● Incomplete Documents: ● Incomplete

**Save**

- PERSONAL INFORMATION
- PROFESSIONAL IDS
- EDUCATION
- PROFESSIONAL TRAINING
- SPECIALTIES
- PRACTICE LOCATIONS
- HOSPITAL AFFILIATIONS
- CREDENTIALING CONTACTS
- PROFESSIONAL LIABILITY INSURANCE**
- EMPLOYMENT INFORMATION
- PROFESSIONAL REFERENCES
- DISCLOSURE
- AUTHORIZE

### PROFESSIONAL LIABILITY INSURANCE

Please enter your current carrier information. A Professional Liability Insurance Face Sheet or Certificate of Insurance will be required for each current policy that is entered.

- It is recommended to enter 10 years of insurance information to avoid additional follow-up from your authorized organizations. Some states and credentialing organizations may have different requirements for this section.
- If you have held coverage with your current carrier for less than 10 years, enter previous carrier(s) information. Documents from previous insurance carriers do not need to be uploaded into CAQH ProView.
- Please update this section to remove historical carrier information that is greater than 10 years. It is not necessary to include information greater than 10 years.
- If you do not carry professional liability insurance, you will be required to submit a confirmation letter stating lack of coverage or providing further explanation.

**Manage Professional Liability Insurance**

Are you covered under a professional liability insurance policy?

Yes  
 No

Add all relevant professional liability insurance records

**Add**

Your policies are listed below in order of Current Expiration Date.

- If you answered Yes to, "Are you covered under a professional liability insurance policy?", you must maintain at least one current policy record (with a Current Expiration Date in the future).
- When a Current Expiration Date appears in red, that policy has expired. Click "Renew" to create an updated record with a new Current Effective Date and Current Expiration Date.
- Only Delete a policy record if it was entered in error or if it expired more than 10 years ago.

Policy Number: CD902028  
Carrier: Acceptance Insurance Co  
Current Effective Date: 9/5/2015  
Current Expiration Date: 9/5/2016

**Renew** **Edit** **Delete**

**Save and Go Back** **Save** **Save & Continue**



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

**FIGURE 51**

The screenshot shows the 'Professional Liability Insurance Record' page in the CAQH ProView system. The page has a navigation bar at the top with links for HOME, PROFILE DATA, DOCUMENTS, REVIEW, and ATTEST. Below the navigation bar, there are status indicators: 'Provider Status: First Provider Contact (10/7/2016)', 'Profile Data: Incomplete', and 'Documents: Incomplete'. A sidebar on the left contains a list of menu items, with 'PROFESSIONAL LIABILITY INSURANCE' highlighted. The main content area features a 'Back to List' button and a heading 'Professional Liability Insurance Record'. Below the heading, there is a paragraph explaining the requirement to upload a Professional Liability Insurance Face Sheet or Certificate of Insurance for each current insurance policy. A list of instructions follows:
 

- Policy renewals require an updated document to be submitted to CAQH ProView.
- After you enter the policy information, navigate to the Documents page to upload a Professional Liability Insurance Face Sheet or Certificate of Insurance.
- You are not required to submit a Face Sheet or Certificate of Insurance for expired policies.

 The form fields are:
 

- Policy Number:** CD902028
- Original Effective Date:** 9/5/2014
- Current Effective Date:** Select date
- Current Expiration Date:** Select date
- Carrier/Self Insured Name:** Acceptance Insurance Co, with an 'Other (Not Listed)' checkbox.

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

**FIGURE 52**

The screenshot displays a web form for provider information. On the left side, there is a large vertical grey bar. The form fields are as follows:

- City:** Text input field containing "Omaha".
- Province:** Text input field.
- State:** Dropdown menu with "NE" selected.
- Country:** Dropdown menu with "(Please Select)" selected.
- ZIP Code:** Text input field containing "68102".
- Phone Number:** Text input field.
- Phone Extension:** Text input field.
- Fax Number:** Text input field.
- Do you have unlimited coverage with this insurance carrier?:** Radio buttons for "Yes" (selected) and "No".
- Type of coverage:** Dropdown menu with "(None)" selected.
- Amount of coverage per occurrence:** Text input field containing "\$1,409.00".
- Amount of coverage aggregate:** Text input field containing "\$30,330.00".
- If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?:** Radio buttons for "Yes" (selected) and "No".
- Individual Coverage:** Radio buttons for "Yes" (selected) and "No".
- Self Insured:** Radio buttons for "Yes" and "No" (selected).
- Institution Affiliation:** Text input field.

At the bottom right, there are two buttons: "Cancel" and "Save and Continue" (with a circular arrow icon).

**Other Changes on the PLI section:**

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

**FIGURE 53**

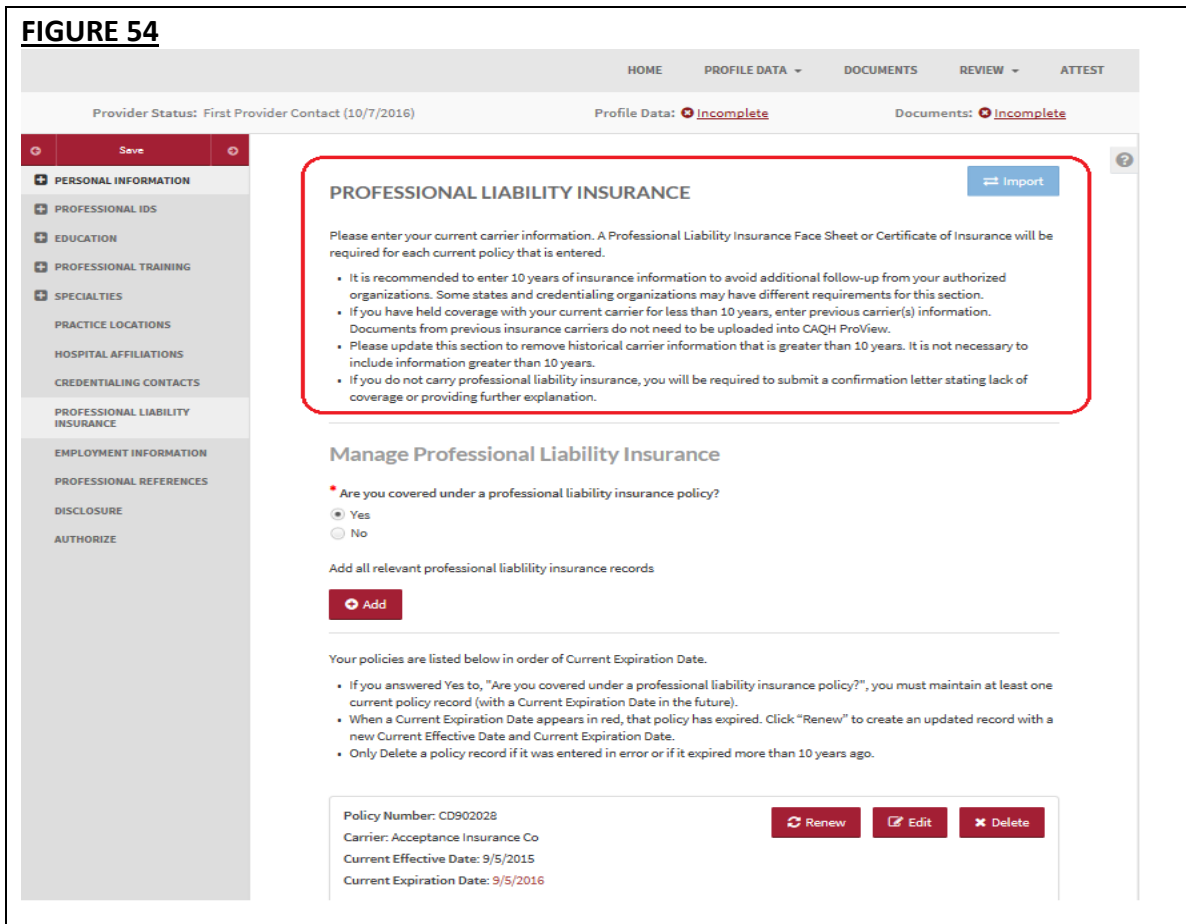
The screenshot shows a web form with the following elements:

- Do you have unlimited coverage with this insurance carrier?**
  - Yes
  - No
- Type of coverage**
  - Dropdown menu with "(None)" selected.
- Amount of coverage per occurrence**
  - Text input field containing "\$1,409.00".
- Amount of coverage aggregate**
  - Text input field containing "\$30,330.00".
- If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?**
  - Yes
  - No
- Individual Coverage**
  - Yes
  - No
- Self Insured**
  - Yes
  - No
- Institution Affiliation**
  - Empty text input field.

At the bottom right, there are two buttons: a grey "Cancel" button and a red "Save and Continue" button with a right-pointing arrow. The "Cancel" button is highlighted with a red rounded rectangle.

**Changes to PLI Documents/Letter of Self-Insurance:**

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



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

**FIGURE 55**

Length of Time With Carrier

Type of coverage  
(None)

\* Amount of coverage per occurrence

\* Amount of coverage aggregate

If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?

Yes  
 No

\* Individual Coverage

Yes  
 No

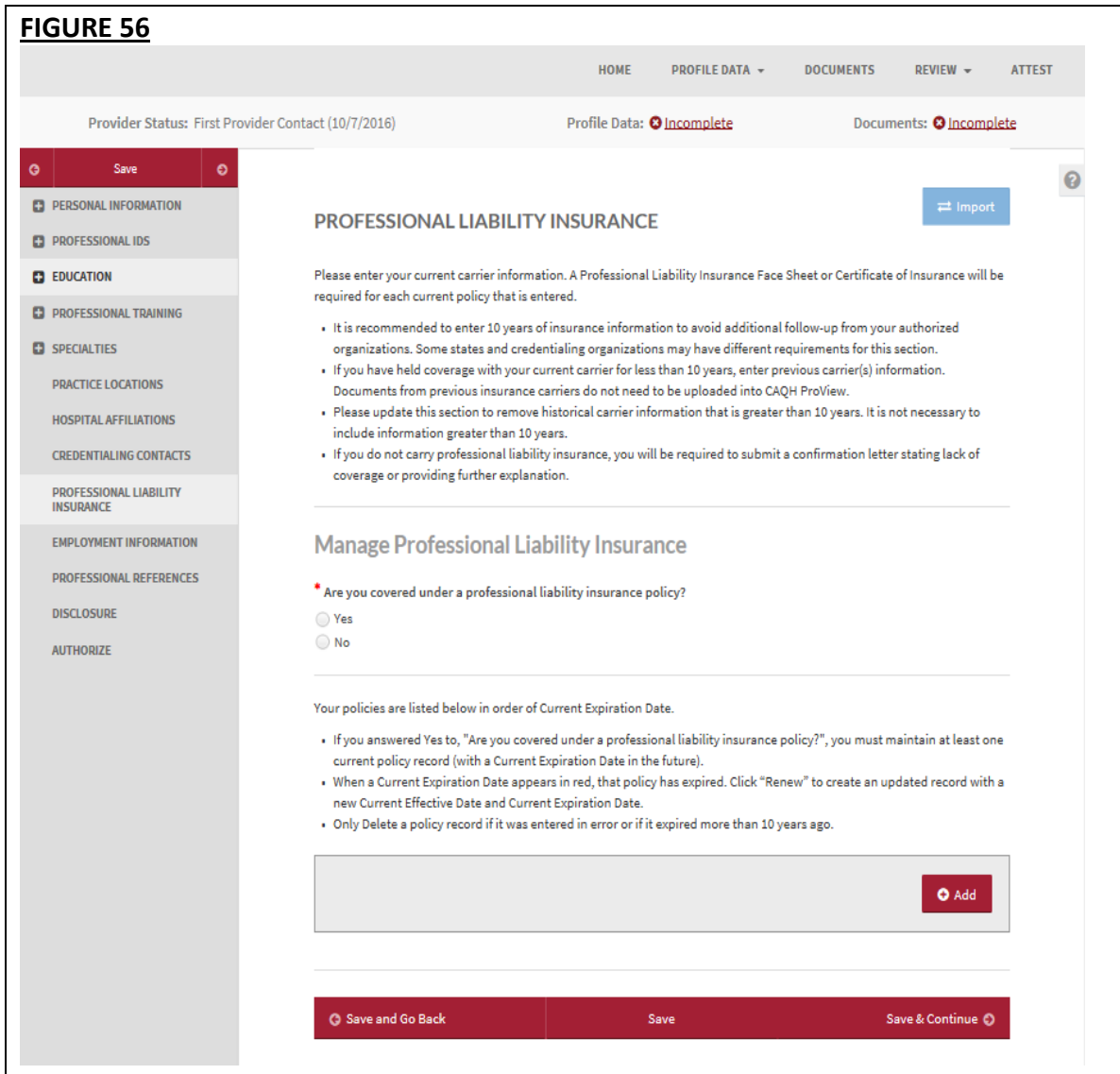
\* Self Insured

Yes  
 No

Institution Affiliation

Cancel Save and Continue

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



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

## Employment Information

The Employment Information section (see Figure 57) asks for information regarding your employment history, including your current and previous work information, any work history gaps, and any military employment information.

**FIGURE 57**

**Current Work Information**

**Current Employer?**

Yes  
 No

**Practice/Employer Name**

**Department**

**Street 1**

**Street 2**

**City**  **State**    
**Province**  **Zip Code**

**Country**

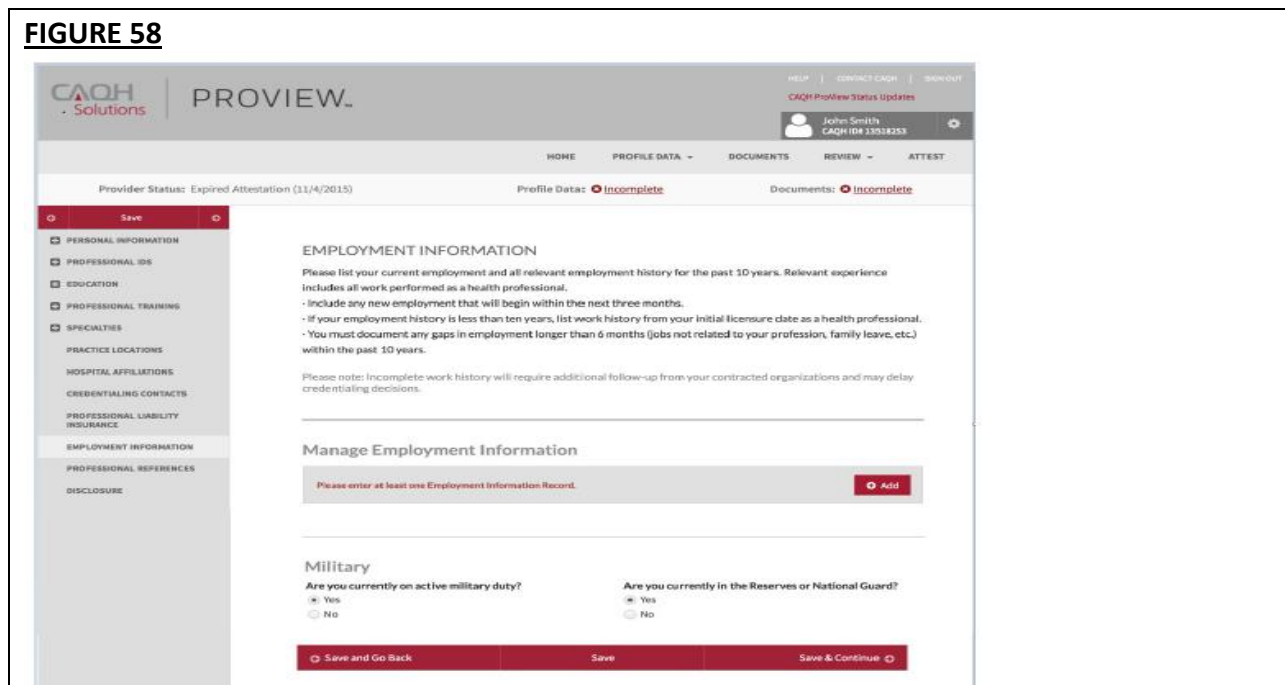
**Phone Number**  **Phone Extension**   
**Fax Number**

### Tips:

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

- If you have not yet started work at a location, enter your expected start date in the Start Date field.
- In general, a gap is any break in continuous, full-time employment longer than 3 months. However, some state specific applications may have different requirements.
- Some organizations may require a full work history beginning with your professional degree and the reporting of all gaps in work history. Check with your credentialing organization.
- Instructions such as what details to include on the Employment Information section, how to handle employment gaps, and any other work history-related details have been added to the page (see Figure 58).
- You are required to enter at least one Employment Information Record on the profile. To do this, click 'Add' button under Manage Employment Information.

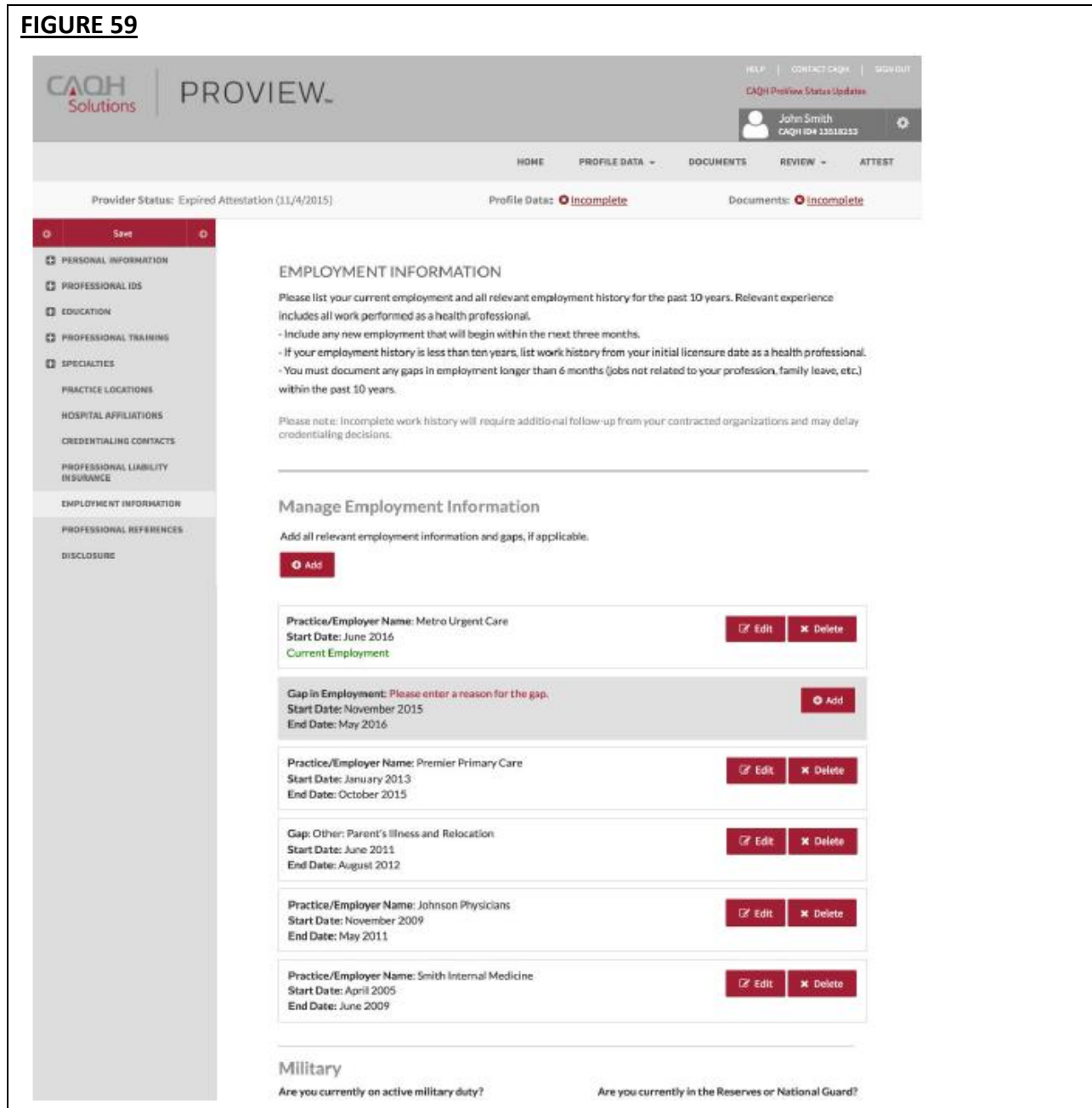
**FIGURE 58**



- Once you have added employment information to your profile, a preview of the record will be displayed on the page with the following details: Practice/Employer Name, State Date, End Date. If you have more than one employment record, only the previous one/s will have the end date. Your current employment record will be indicated with 'Current Employment'. (see Figure 59)
- If there are any employment gap records, CAQH ProView will display a message 'Gap in Employment: Please enter a reason for the gap.' The start and end date of the gap will also be indicated. You are required to fill in all Employment Gaps before attestation.

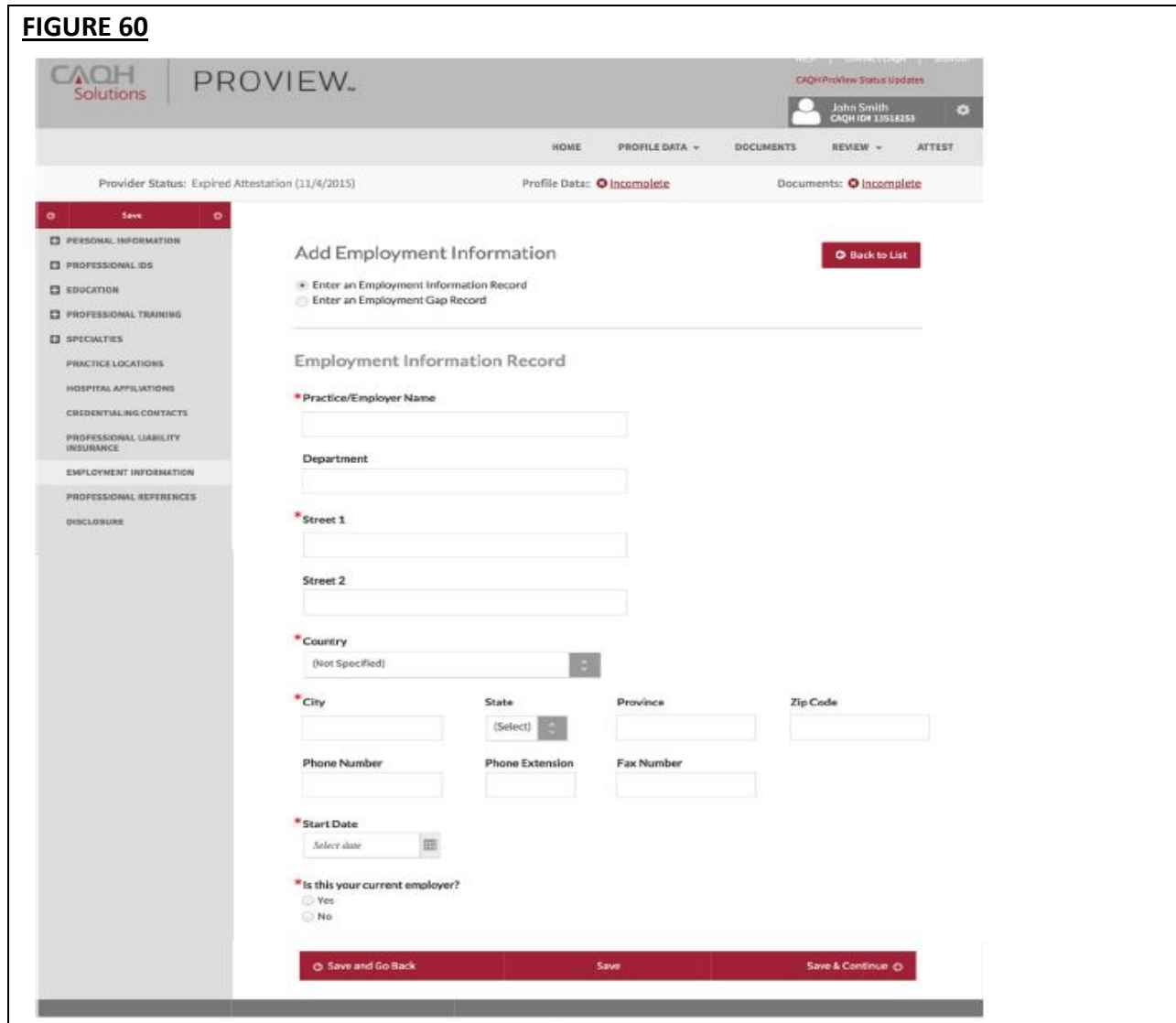


**FIGURE 59**



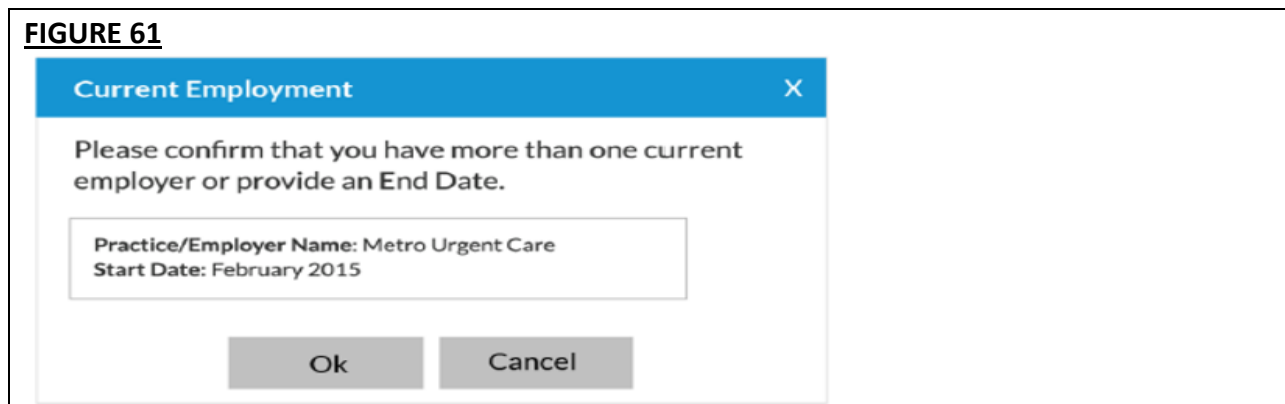
- A separate screen will display the different fields for Employment Information Record and Employment Gap Record when you click the 'Add' button under Manage Employment Information. (see Figure 59)

**FIGURE 60**



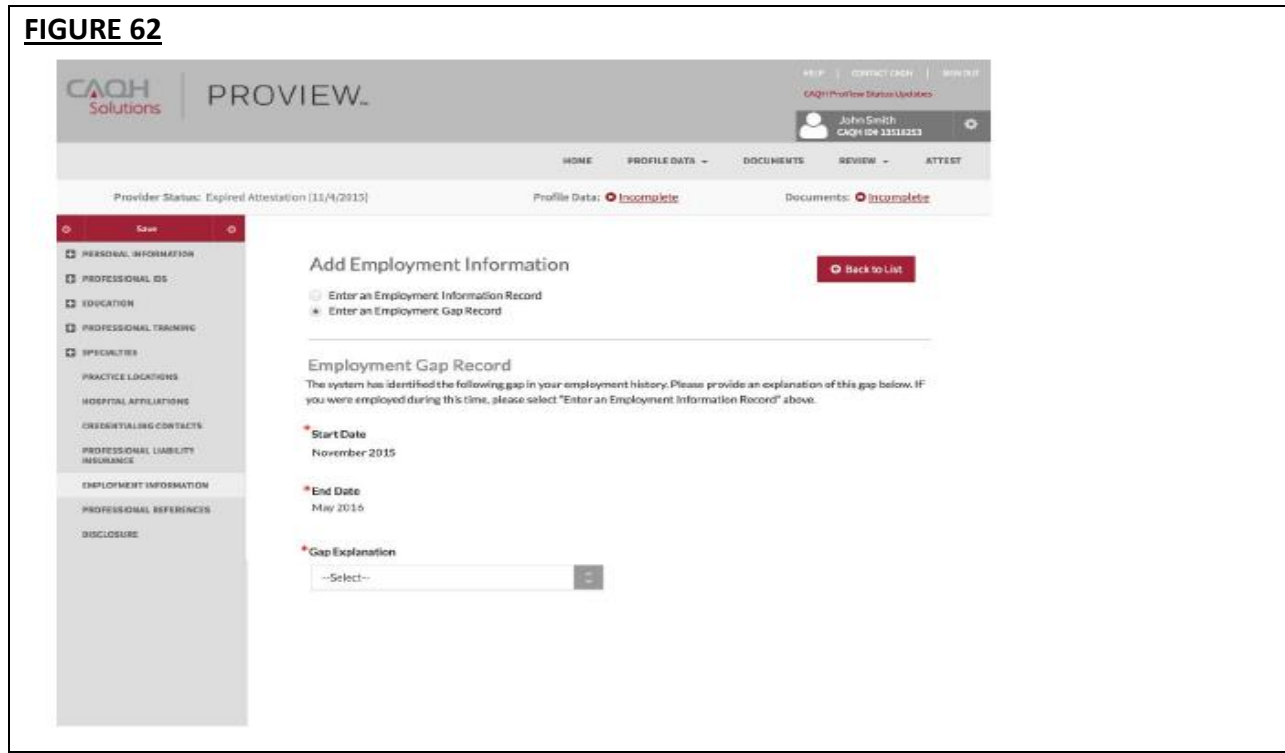
- A pop-up message will be displayed when a user enters more than one Current Employment Record. (see Figure 61)

**FIGURE 61**

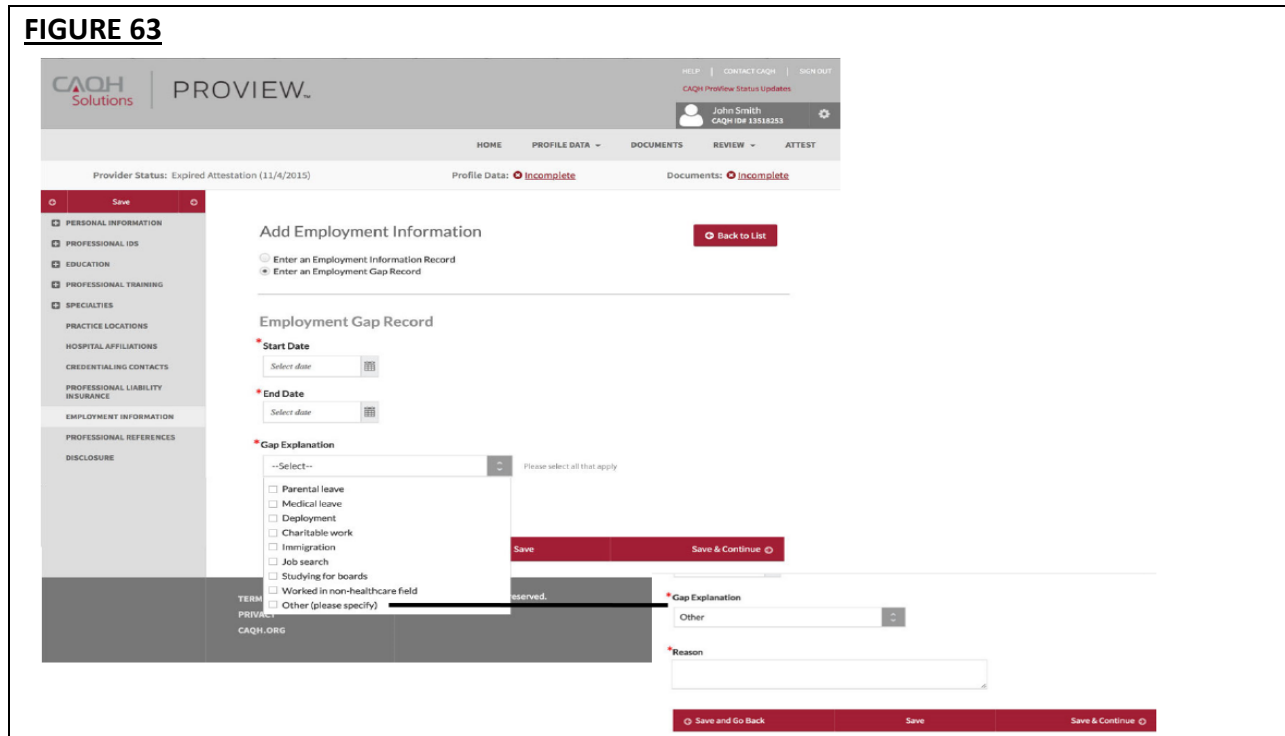


- The screens shown below will be displayed when you click “Add” for a gap in employment.

**FIGURE 62**



**FIGURE 63**



## Professional References

The Professional References section (see Figure 64) asks for information regarding your references and their related contact information.

**FIGURE 64**

Provider Status: Re-Attestation (11/13/2015) Profile Data: ✔ Complete Documents: ✘ Incomplete

**PROFESSIONAL REFERENCE**

Reference Remove

Provider Type

First Name  Last Name

Street 1

Street 2

City  State  Province  Zip Code

Country  Email Address

Phone Number  Fax Number

### Tips:

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

## Disclosure

The Disclosure section (see Figure 65) includes all disclosure questions required for your practice states, including any state specific disclosure questions as well as a disclosure of ownership section. Please answer the questions accordingly.

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

**FIGURE 65**

HOME PROFILE DATA ▾ DOCUMENTS REVIEW ▾ ATTEST

Provider Status: Re-Attestation (11/13/2015) Profile Data: ✔ Complete Documents: ✖ Incomplete

Save

PERSONAL INFORMATION  
PROFESSIONAL IDS  
EDUCATION  
PROFESSIONAL TRAINING  
SPECIALTIES  
PRACTICE LOCATIONS  
HOSPITAL AFFILIATIONS  
CREDENTIALING CONTACTS  
PROFESSIONAL LIABILITY INSURANCE  
EMPLOYMENT INFORMATION  
PROFESSIONAL REFERENCES  
DISCLOSURE

CAQH DISCLOSURE OF OWNERSHIP

### DISCLOSURE

You are required to enter malpractice case history information if applicable. Click the "Add" button to enter a malpractice case history record.

#### Licensure

1. Has your license, registration or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? \*  
 Yes  
 No
2. Has there been any challenge to your licensure, registration or certification? \*  
 Yes  
 No

## Authorize

The Authorize section (see Figure 66) allows you to indicate which healthcare organizations you would like to authorize release of your profile information.

**FIGURE 66**

**Affiliated Organizations Authorization**  
I hereby authorize the release of my full set of CAQH ProView self-reported information to:

All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider

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:

**Other Organizations Authorization**  
I hereby authorize the release of a more limited set of my CAQH ProView self-reported information to:

All healthcare organizations that indicate I am not an affiliated provider

Only the healthcare organizations that indicate I am not an affiliated provider, and I specify below:

Organization Name	Selection
No Organizations to display.	

Save

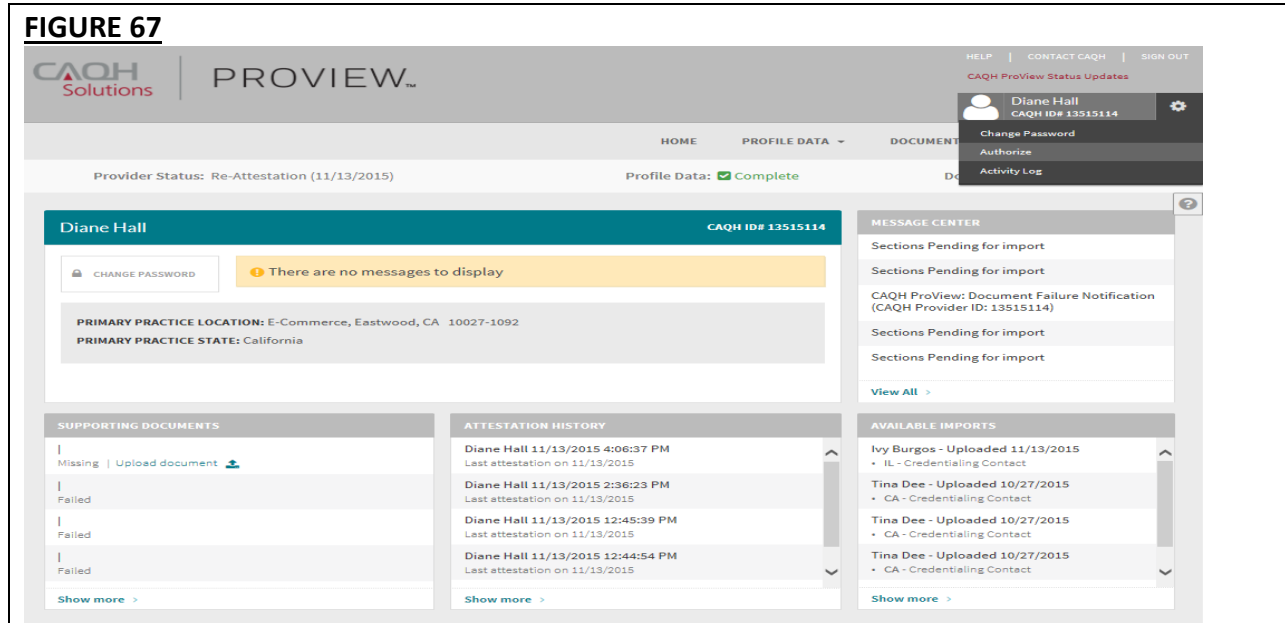
Review the information provided on the screen, select the applicable authorization and agree to the authorization release accordingly.

- You have the ability to 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 have the ability to 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 in order 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” (see Figure 67) from the top right navigation drop-down menu to make your change. Click “Save” for your changes to be effective.

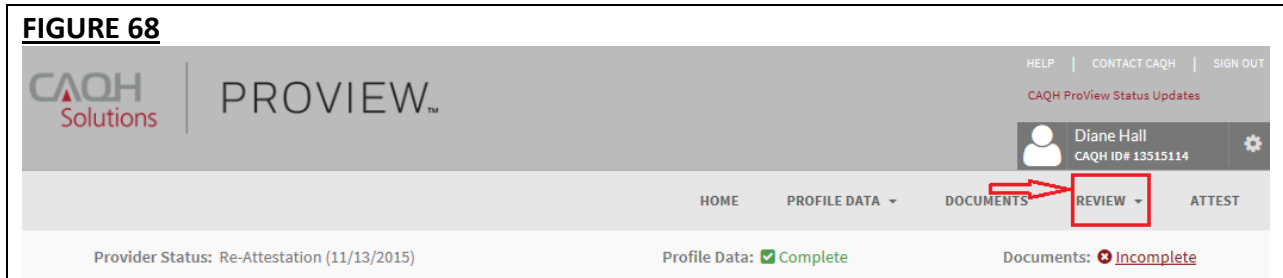
**FIGURE 67**



## CHAPTER 5: Review Your Data

Once you have completed your data profile, select “Review” from the top navigation bar (see Figure 68).

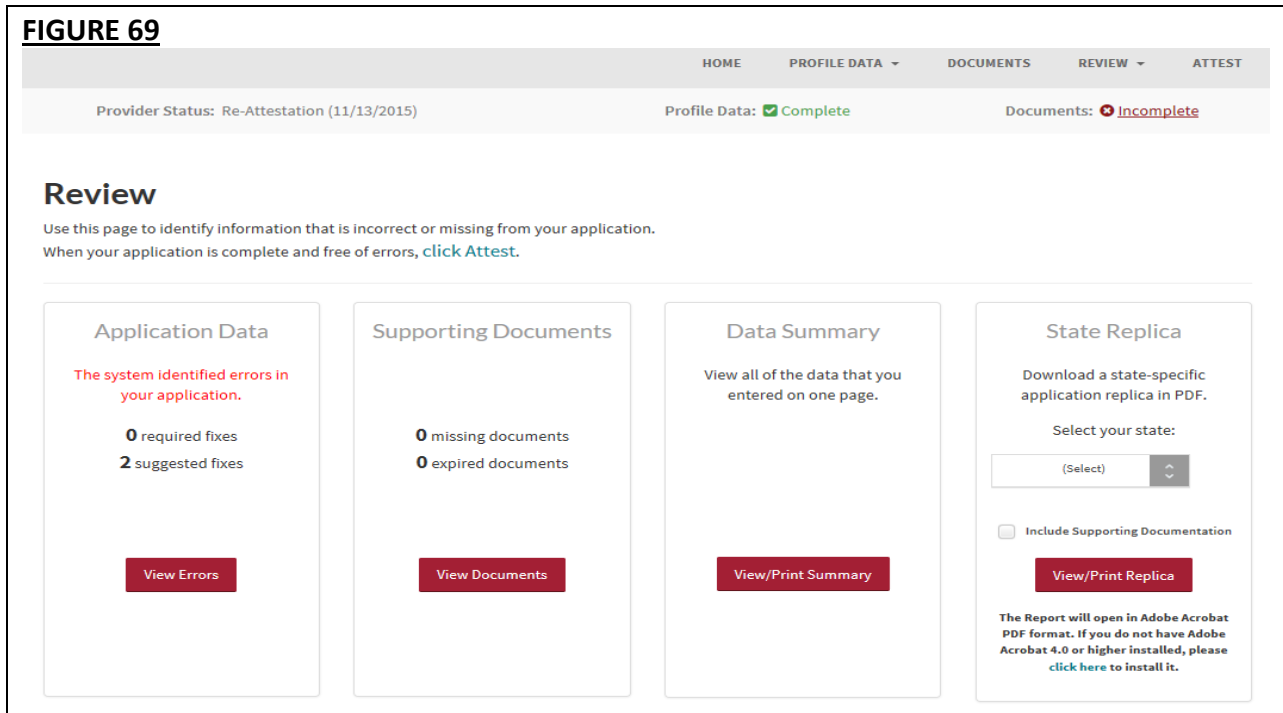
**FIGURE 68**



On the Review screen (see Figure 69), 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/Print Summary** – Click here to view a PDF summary of your data profile.
4. **View/Print Replica** – Click here to generate a replica of any state specific application applicable to your practice state(s).

**FIGURE 69**



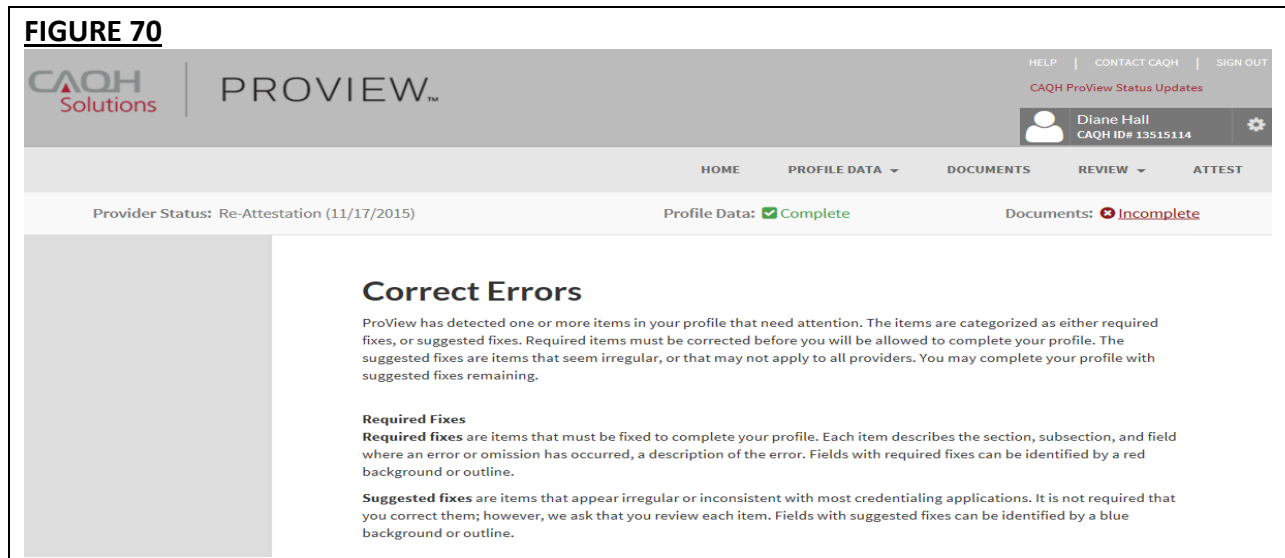


**Correct Errors**

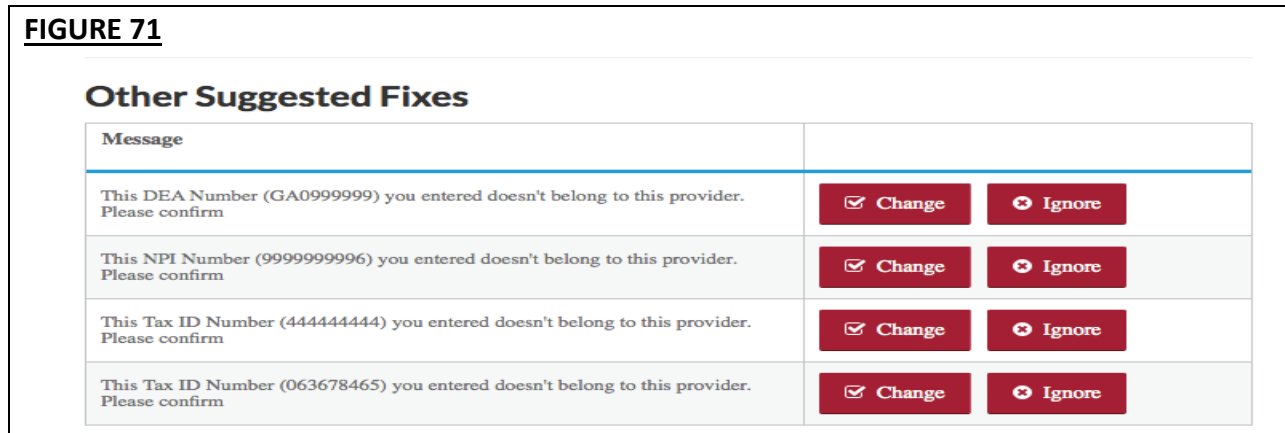
The “Correct Errors” screen (see Figure 70) will highlight any required or suggested fixes you may need to make to your data profile.

**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 recommend 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 (See Figure 71). 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 (see Figure 72) shows the information you uploaded in the portal and any missing documents needed to finalize your application. This screen can also be accessed by clicking on “Documents” from the top navigation bar. Refer to *Chapter 6 – Uploading Supporting Documentation* from more information.

**FIGURE 72**

Provider Status: Re-Attestation (10/14/2015)      Profile Data: ✔ Complete      Documents: ✔ Complete

### DOCUMENTS

The documents that support your CAQH ProView profile are listed below

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

For more information click the ?

\* Required

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Application Release		06/10/2015		Approved	Delete
Certificates of Completion (Med School, Internship etc.)		09/13/2012		Approved	Delete   Replace
* DEA		11/03/2014		Approved	Delete   Replace
* Professional Liability Insurance		02/19/2015		Approved	Delete   Replace
State License		05/21/2015	03/31/2016	Approved	Delete   Replace
State Release		02/19/2015		Approved	Delete   Replace
W-9		05/19/2012		Approved	Delete   Replace

Select document type       Upload any document you want to add to your list. This is an optional section.     

## View/Print Summary

Once you have reviewed your documents, click on “View/Print Summary” from the “Review” screen (see Figure 69) 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.

## View/Print Replica

You can click on “View/Print Replica” from the “Review Screen” (see Figure 73) to generate the CAQH standard form, or if applicable a state specific form, of your information. Select a state for which you want the report generated, select the “Include Supporting Documentation” checkbox if applicable, and double-click the image to view your state replica. You have the option to print your application if desired. **Note:** the report will open in a PDF format. If you do not have Adobe Acrobat 4.0 or higher installed, select the link at the bottom of the section to install it.

**FIGURE 73**

The screenshot displays the 'Review' section of the CAQH ProView interface. At the top, a navigation bar includes 'HOME', 'PROFILE DATA', 'DOCUMENTS', 'REVIEW', and 'ATTEST'. Below this, a status bar shows 'Provider Status: Re-Attestation (11/13/2015)', 'Profile Data: Complete', and 'Documents: Incomplete'. The main heading is 'Review', followed by instructions to identify incorrect or missing information and to click 'Attest' when ready. The page is divided into four columns: 'Application Data' (0 required fixes, 2 suggested fixes), 'Supporting Documents' (0 missing, 0 expired), 'Data Summary' (view all data), and 'State Replica' (download PDF, select state, include supporting documentation). Each column has a corresponding 'View' or 'View/Print' button.

**Application Data**  
The system identified errors in your application.  
0 required fixes  
2 suggested fixes  
[View Errors](#)

**Supporting Documents**  
0 missing documents  
0 expired documents  
[View Documents](#)

**Data Summary**  
View all of the data that you entered on one page.  
[View/Print Summary](#)

**State Replica**  
Download a state-specific application replica in PDF.  
Select your state:  
(Select) [dropdown arrow]  
 Include Supporting Documentation  
[View/Print Replica](#)  
The Report will open in Adobe Acrobat PDF format. If you do not have Adobe Acrobat 4.0 or higher installed, please [click here](#) 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. 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 (see Figure 74).
4. Be sure to select the appropriate document name or document type when uploading documents. Each document must to be uploaded separately.

**FIGURE 74**

The screenshot shows the 'DOCUMENTS' section of the CAQH ProView interface. At the top, it displays 'Provider Status: Re-Attestation (10/14/2015)', 'Profile Data: Complete', and 'Documents: Complete'. Below this, the 'DOCUMENTS' heading is followed by instructions: 'The documents that support your CAQH ProView profile are listed below', '- Required documents are indicated with a red \*', '- Highlighted rows require your attention.', and '- Please upload one document into each slot. Make sure that the document you upload corresponds to the document type listed in the Document Name column.' There is also a link for more information and a note that '\*' indicates required documents.

The 'LIST OF DOCUMENTS' table is as follows:

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Application Release		06/10/2015		Approved	Delete
Certificates of Completion (Med School, Internship etc.)		09/13/2012		Approved	Delete   Replace
* DEA		11/03/2014		Approved	Delete   Replace
* Professional Liability Insurance		02/19/2015		Approved	Delete   Replace
State License		05/21/2015	03/31/2016	Approved	Delete   Replace
State Release		02/19/2015		Approved	Delete   Replace
W-9		05/19/2012		Approved	Delete   Replace

Below the table, there is a dropdown menu labeled 'Select document type' and an 'Upload' button. A note states: 'Upload any document you want to add to your list. This is an optional section.'

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

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

**FIGURE 75**

LIST OF DOCUMENTS					
Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Application Release		06/10/2015		Approved	Delete
Certificates of Completion (Med School, Internship etc.)		09/13/2012		Approved	Delete   Replace
* DEA		11/03/2014		Approved	Delete   Replace
* Professional Liability Insurance		02/19/2015		Approved	Delete   Replace
State License		05/21/2015	03/31/2016	Approved	Delete   Replace
State Release		02/19/2015		Approved	Delete   Replace
W-9		05/19/2012		Approved	Delete   Replace
Select document type <input type="checkbox"/>				Upload any document you want to add to your list. This is an optional section.	
				Upload	

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

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

**Authorization, Attestation, and Release Form (AAR Form)**

When you initially complete your data profile and attestation, a signed Release form is required for your data profile to be complete.

To submit a Release form, you need to perform the following steps:

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

**FIGURE 76**

LIST OF DOCUMENTS					
Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* DEA			08/31/2016	Missing	Upload
* Disclosure	Washington			Missing	Download   Upload
* Professional Liability Insurance				Missing	Upload
* State Authorization	Washington			Missing	Download   Upload
* State License			01/01/2020	Missing	Upload
* State Release	Washington			Missing	Download   Upload
<input type="text" value="Select document type"/> <input type="checkbox"/>				Upload any document you want to add to your list. This is an optional section.	Upload

**Failed Documents**

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

1. Illegible – the document is not clear enough to be read.
2. Not compliant – the document may be missing a date, may be missing a signature, or more than one document may have been included within the same file.
3. Ineligible – the document submitted may have an expired date or does not correspond to the document type selected. For example, if you upload a license to a “Professional Liability Insurance” document type, the document will fail. You will need to upload the license using the “State License” document type.

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

**North Carolina Providers**

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

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

**FIGURE 77**

## Healthcare Organization Authorization

### Overview

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

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

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

- If you are new to CAQH ProView and practice in North Carolina, you will be required to upload a separate, specific State Release form for each organization you have authorized. You must download the specific form, sign it, and upload it in CAQH ProView (see Figure 78).
- If you have initially attested and have already uploaded at least one State Release form, your existing releases will remain in the documents section. However, you will see new slots for “missing” State Release forms. There will be one missing slot for each organization you have authorized.
- Click the ‘Download’ button corresponding to each of the missing State Release forms. The number of North Carolina State Release forms available for download depends on the number of POs who have added you to their roster or the POs you have individually authorized. These State Release forms will be pre-populated with the PO name.
- Sign the State Release forms, indicate the date the forms were signed, and upload in the CAQH ProView Documents section by clicking the ‘Upload’ button corresponding to each of the missing documents.
- The ‘Missing’ status will disappear after you have uploaded these documents.

**FIGURE 78**

## DOCUMENTS

The documents that support your CAQH ProView profile are listed below

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

For more information click the ?

\* Required

### LIST OF DOCUMENTS

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

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

- State Release forms will be pre-populated with the names of authorized health organizations and will be available for download from the Documents section (see Figure 79).

**FIGURE 79**

**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  , I signify my willingness to appear for interview in regard to my application. I authorize  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  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  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).



## 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 (see Figure 61 below). If there is data available to you to import into your data profile, this “Import” button will be active and available for you to select to review the data that was entered for you by a practice manager. You can either choose to import the data as a new set of information or replace an existing set of data within the applicable section.

**FIGURE 80**

**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 (see Figure 81).

**FIGURE 81**

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.

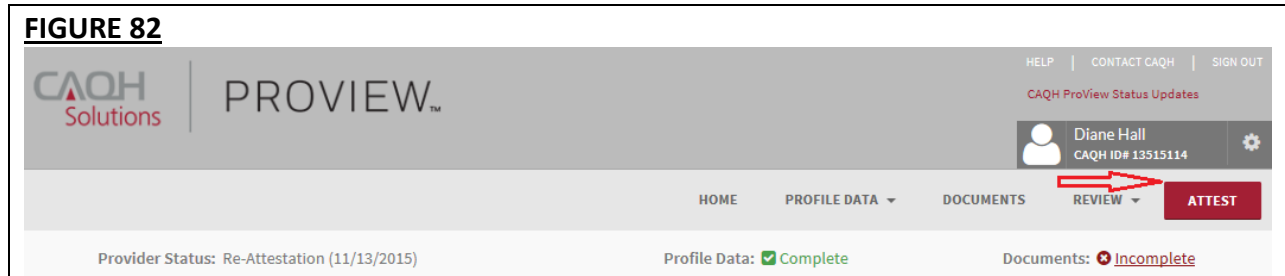
- By hovering the box over information you already have in your data profile on the right side, you can overwrite and replace the information. The system will confirm that this is what you would like to do.
- You can click on “Reject” if you do not wish to import the data into your data profile.

## CHAPTER 8: Completing Your Attestation

### Attesting

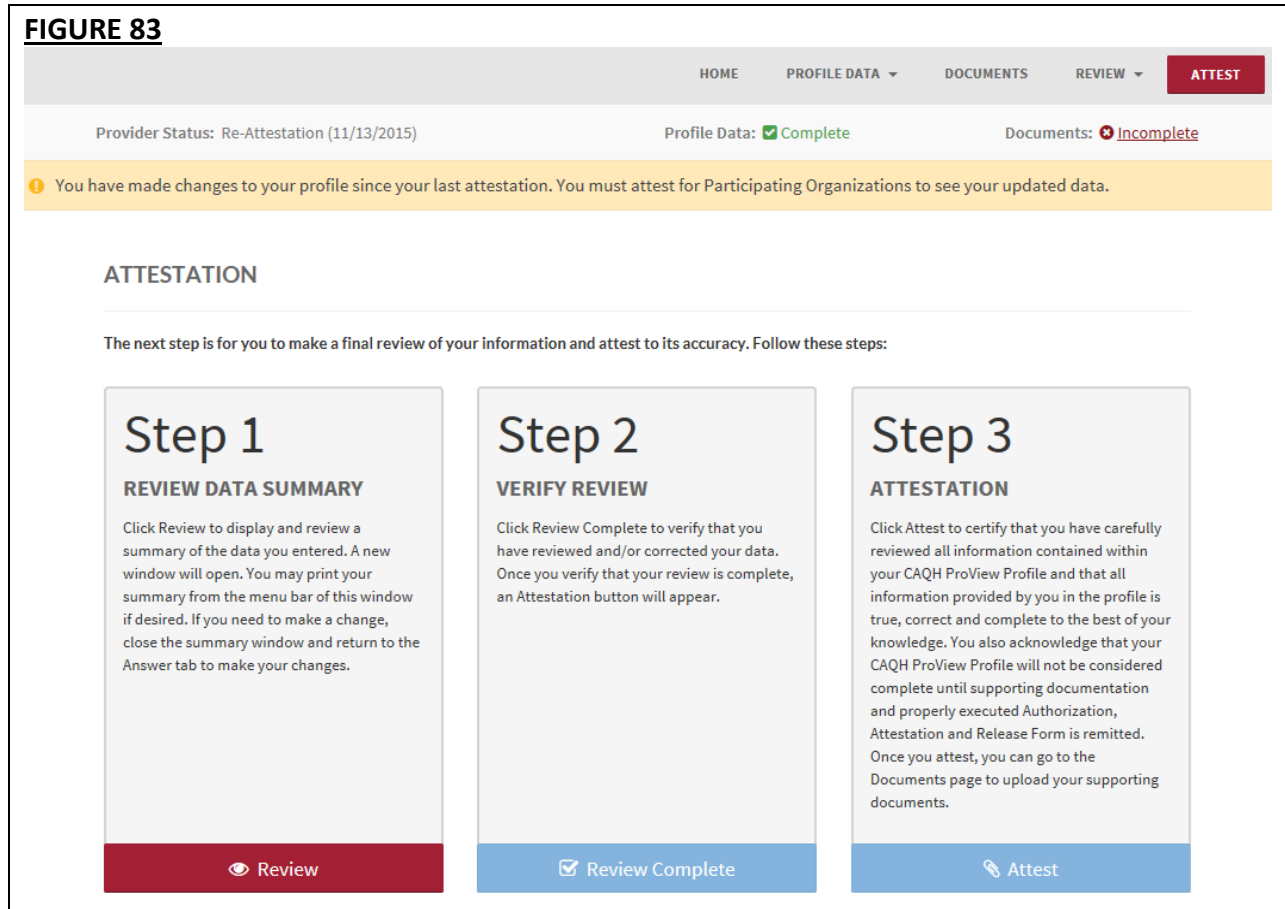
Submitting your attestation is required to complete your data profile. This step allows you to make a final review of your information and to attest to its accuracy. Click on “Attest” from the top navigation bar to begin the process (see Figure 82).

**FIGURE 82**



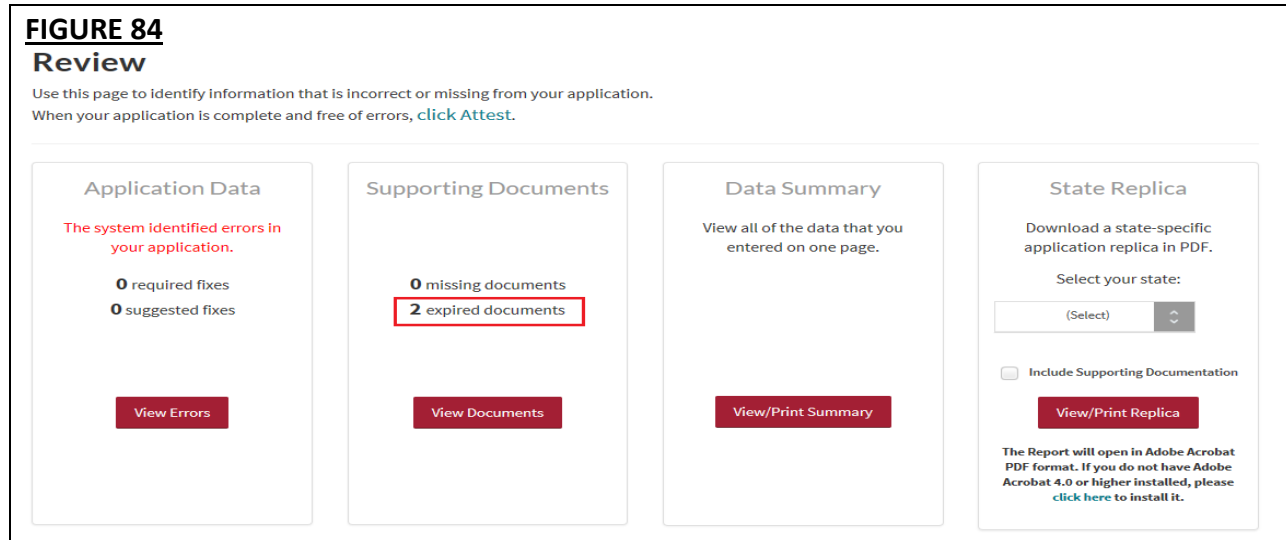
1. The following screen will display (see Figure 83). Select “Review” to display a summary of the data you entered.

**FIGURE 83**

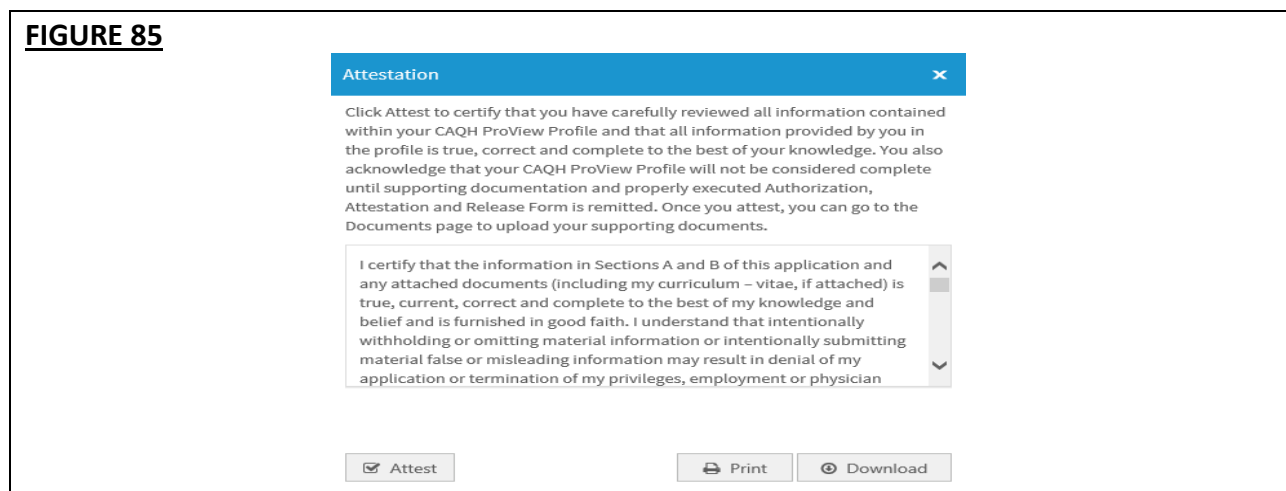


On the Review screen (see Figure 84), you can view if any required fixes or supporting documents need attention.

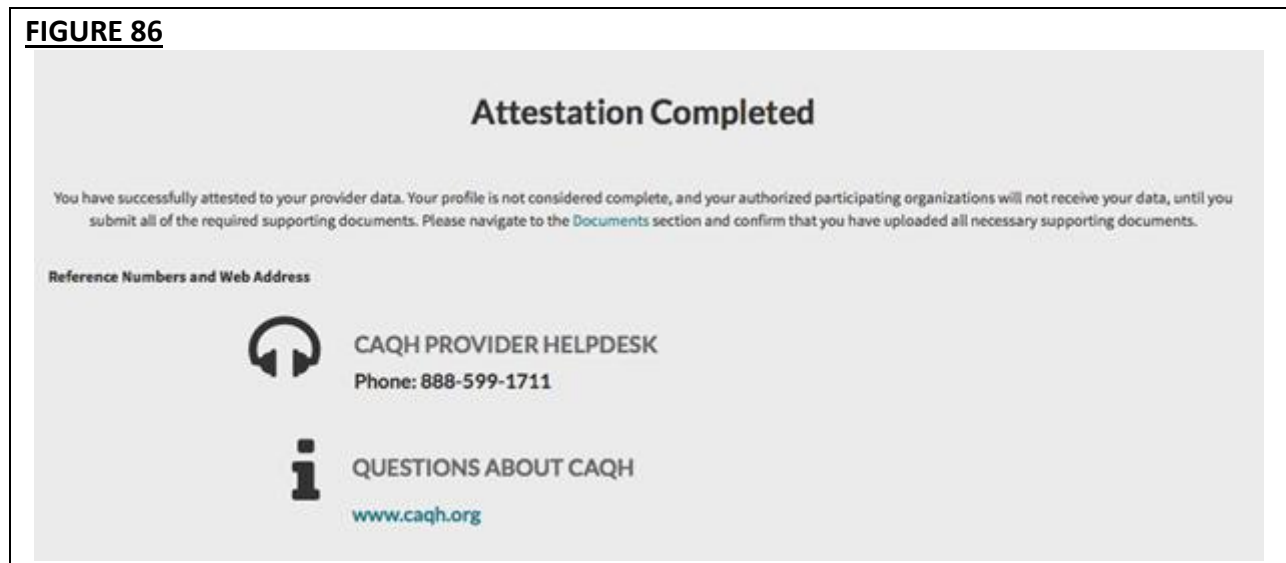
**Note:** If the PLI and/or State License have expired, you will be prompted to update the expiration date and other relevant details on your profile before you can attest. Once these steps are complete you will be able to attest.



2. Select “Review Complete” to verify that you have reviewed your application information.
3. Select “Attest” to certify that you have carefully reviewed all information contained within your CAQH Application and that all information provided by you in the application is true, correct and complete to the best of your knowledge. By doing so, you also acknowledge that your CAQH Application will not be considered complete until supporting documentation and a signed Authorization, Attestation and Release Form are submitted.
4. Once you select “Attest”, you will need to select “Attest” on the Attest Terms pop-up window for the attestation to be processed (see Figure 85).



The “Attestation Completed” screen will then display (see Figure 86).

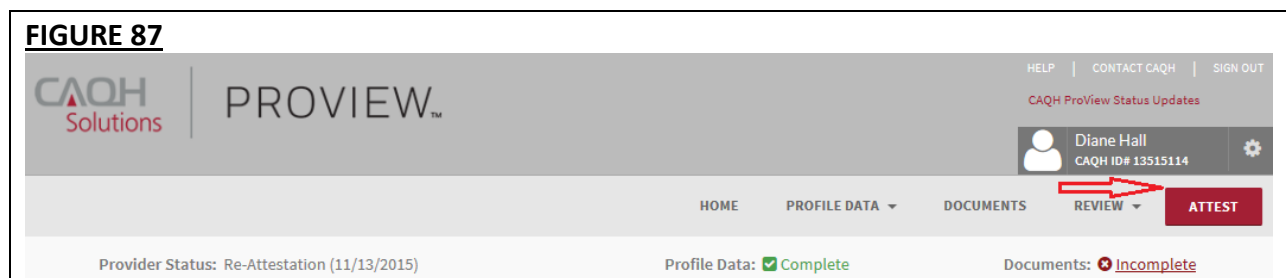


A confirmation will be sent via email to you within approximately 48 hours after all documents have been received and approved.

### **Re-Attesting**

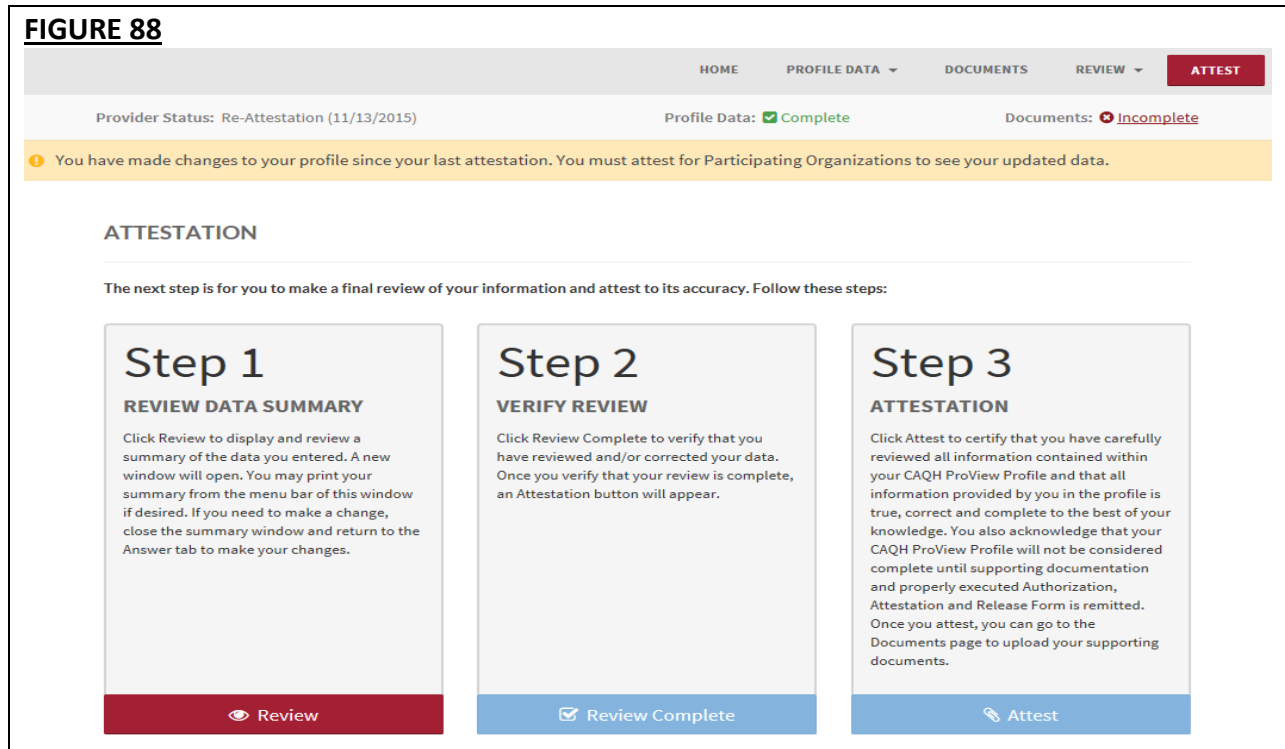
Re-attestation is required every 120 days (180 days for Illinois providers) in CAQH ProView to ensure your data is maintained and accurate for health plan use. To complete your re-attestation follow these steps:

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 “Attest” from the top navigation bar to begin the re-attestation process (see Figure 87).



4. Select “Review” to display a summary of the data you entered (see Figure 88).

**FIGURE 88**



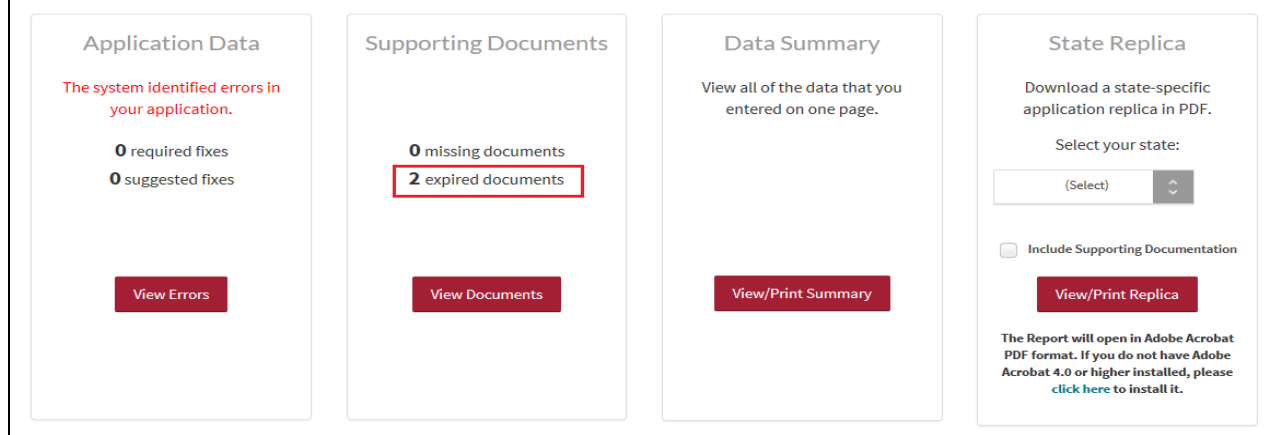
On the Review screen (see Figure 89), you can view if any required fixes or supporting documents need attention.

**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 complete you will be able to attest.

**FIGURE 89**

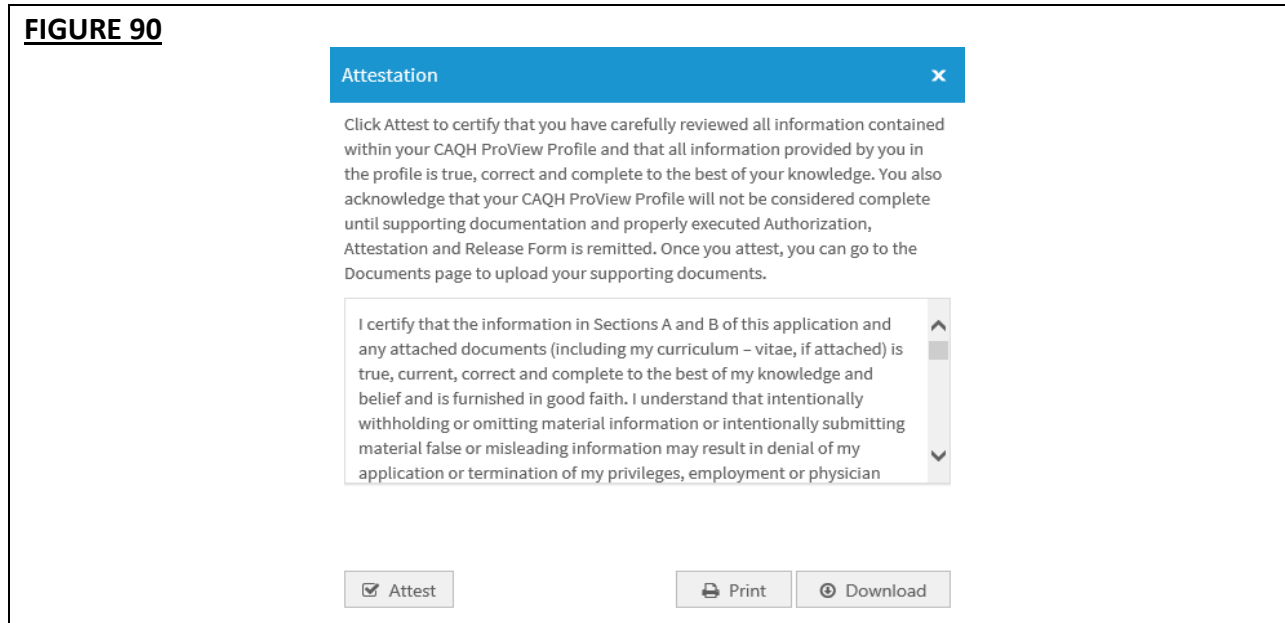
**Review**

Use this page to identify information that is incorrect or missing from your application. When your application is complete and free of errors, [click Attest](#).

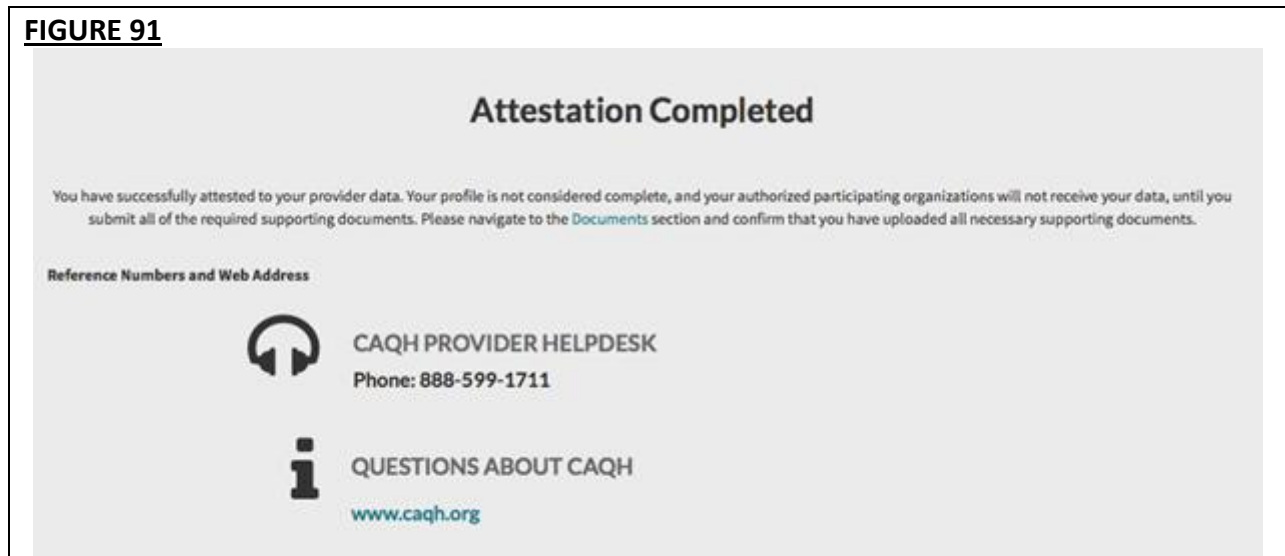


5. Select “Review Complete” once you verify that you have reviewed your application information.

6. Select “Attest” to certify that you have carefully reviewed all information contained within your CAQH Application and that all information provided by you in the application is true, correct and complete to the best of your knowledge.
7. Once you select “Attest”, you will need to select “Attest” on the Attest Terms pop-up window for the attestation to be processed (see Figure 90).



The “Attestation Completed” screen will then display (see Figure 91).



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.



<b>APPENDIX</b>
-----------------

**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:

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

**CAQH Provider Support Center Information**

**CAQH ProView Support Center:**

Contact CAQH

CAQH Provider Help Desk:

Chat: <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**

<u>Version</u>	<u>Updates</u>
Version 1	Original
Version 1.1	<ul style="list-style-type: none"> <li>• Updated <i>System Security</i> section.</li> <li>• Updated <i>Chapter 5 – Review Your Data</i> to reflect current print screens of Review tab</li> <li>• Updated <i>Chapter 8 – Completing Your Attestation</i> to reflect current print screens of Attest tab</li> <li>• Updated <i>Appendix – Provider Status</i> table to reflect accurate names for provider status, specifically “Application Problem”, “Application Data Submitted”, and “Initial Application Complete”.</li> </ul>
Version 2	<ul style="list-style-type: none"> <li>• Updated <i>System Security</i> section</li> <li>• Updated <i>Chapter 6 – Uploading Supporting Documentation</i>. Added information regarding failed supporting documents.</li> <li>• Updated <i>Chapter 8 – Completing Your Attestation</i>. Added information regarding when re-attestation reminder emails are distributed.</li> <li>• Updated sections within <i>Chapter 4 – Completing Your Profile Information</i>. <ul style="list-style-type: none"> <li>○ Clarified that the Disclosure of Ownership questions must be downloaded, signed, and uploaded in order for organizations to access information in replica applications.</li> <li>○ Clarified that primary email and PMOC CC1 and PMOC CC2 are the emails that are sent the automated system generated emails.</li> <li>○ Added additional information regarding authorizing organizations with which a provider does not participate.</li> </ul> </li> <li>• Added reference to “Save” button - users can click on the “Save” button to save their information entered on a screen.</li> </ul>
Version 3	<ul style="list-style-type: none"> <li>• Updated screenshots for all pages/sections to show enhancements on CAQH ProView</li> <li>• Added details on uploading supporting documents</li> <li>• Added details on uploading North Carolina State Release forms</li> <li>• Added some screenshots on the Documents section</li> <li>• Added a section for the Progress Bar</li> <li>• Updated the names of some of the buttons and links</li> </ul>
Version 4	<ul style="list-style-type: none"> <li>• Added a note on page 43 that states: <i>The signature on the initial AAR form should be a wet signature. Stamped or electronic signatures will <b>NOT</b> be accepted.</i></li> <li>• Added some more details about Activity Log on page 14.</li> <li>• Added a note that ALL documents may now be viewed regardless of the status.</li> </ul>

Version 5	<ul style="list-style-type: none"><li>• Updated the following pages to add some more tips and instructions: Professional IDs, Education, Specialties, Practice Locations, Hospital Affiliations, Employment Information</li></ul>
Version 6	<ul style="list-style-type: none"><li>• Updated the following pages: Uploading documents (AAR documents), Practice Locations Address Standardization, Professional Liability Insurance</li></ul>
Version 7	<ul style="list-style-type: none"><li>• Updated Personal Information and Practice Location section to add details about NPI validation</li><li>• Updated Practice Location to add details about validating all practice location addresses</li></ul>