



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.

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, certificates, and powerful Secure Socket Layer (SSL) encryption are used to help ensure only authorized use of the system. Only authenticated users have access to their restricted data over connections that automatically encrypt all information exchanges. 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.

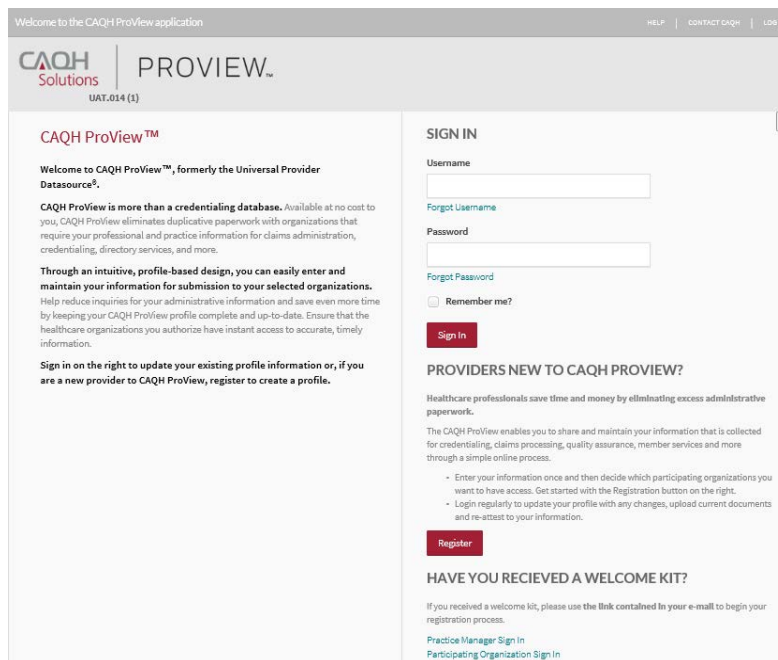
### **New Users**

If you received a Welcome Kit via email, 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.

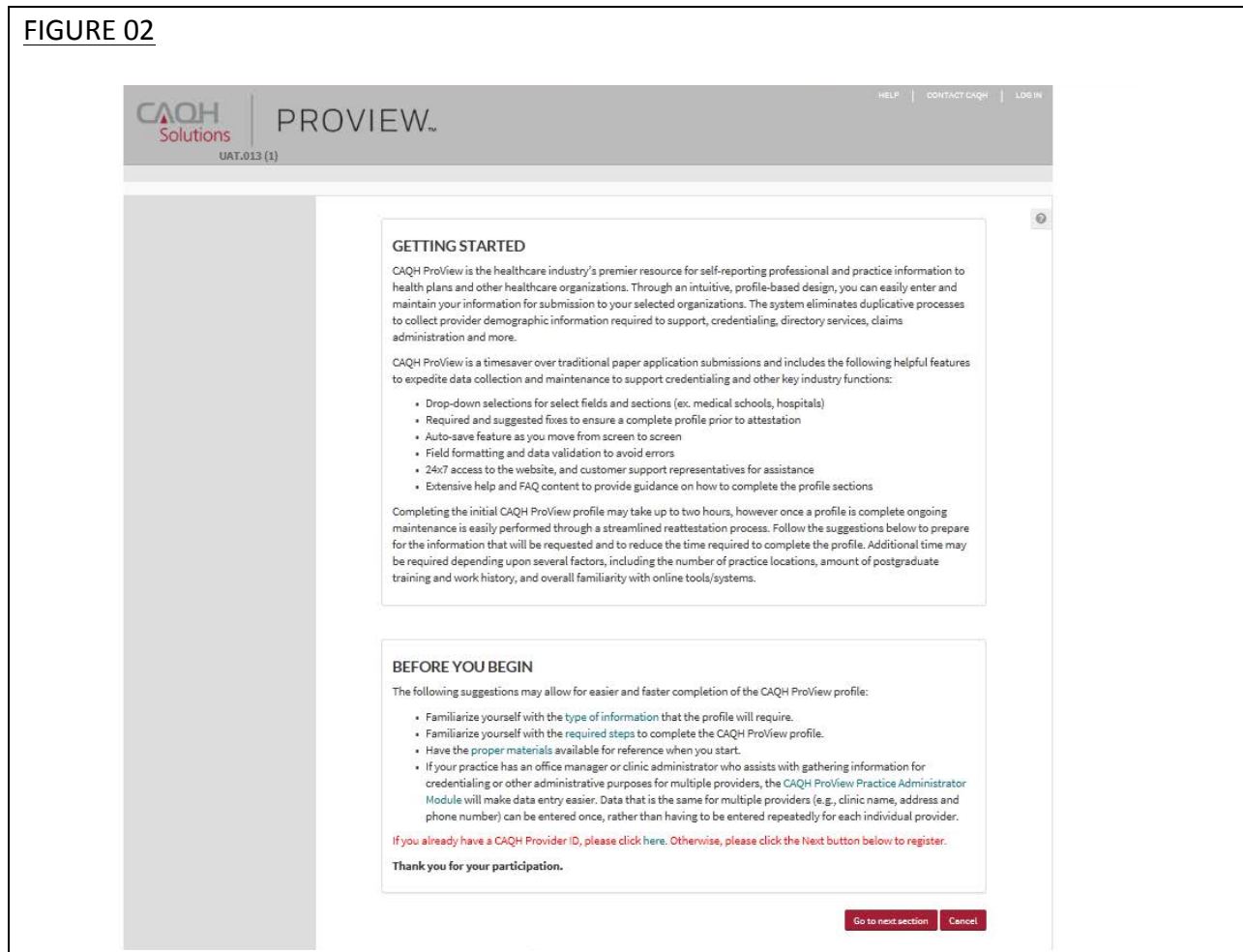
**FIGURE 01**



## Self-Registration

If you have not received a Welcome Kit 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**

### Create a ProView Account

If you have a CAQH provider ID, [click here](#).

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Please fill in the fields below to continue registration

**Please complete all of the following fields:**

<b>First Name *</b> <input type="text"/>	<b>Middle Name</b> <input type="text"/>	<b>Last Name *</b> <input type="text"/>	<b>Suffix</b> <input type="text"/>
---	--	--	---------------------------------------

**Address Type (Optional, but if entered the following fields\*\* are required)**

(Please Select)

**Street 1**

### **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 “Welcome Kit” via email with 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 QA.011 PROVIEW. HELP | CONTACT CAQH | SIGN OUT  
Roger Federer CAQH ID: 13060017  
HOME | MANAGE INFORMATION | REVIEW | ATTEST | DOCUMENTS

Create a ProView Account

Please fill in the fields below to continue registration

Please enter your CAQH Provider ID

CAQH Provider ID

Continue

TERMS OF SERVICE  
PRIVACY  
CAQH.ORG

Copyright information lorem ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged. It was popularized.

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

License Number UPIN TIN

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).

**FIGURE 06**

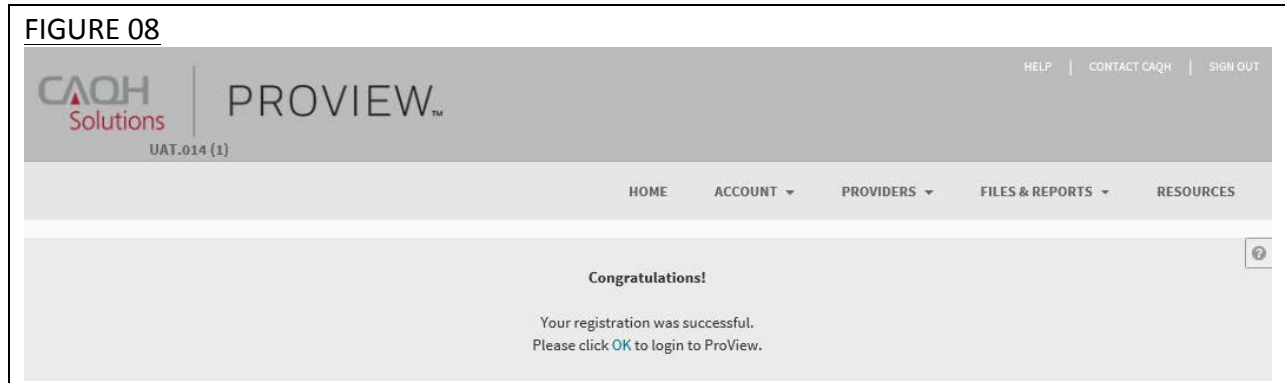
The screenshot shows a registration form titled "Create a ProView Account". Below the title is the instruction "Please fill in the fields below to continue registration." The form is divided into two main sections. The first section is titled "Please create a unique Username" and includes a note: "Please note that your username must be at least 8 characters (combination of numbers and letters) and cannot contain special characters or spaces." Below this is a text input field labeled "Create Username". The second section is titled "Please reset your Password by entering the information below." and includes a note: "Please note that new Password must be at least 8 characters and cannot be same as your Username." This section contains two text input fields: "New Password" and "Re-enter New 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**

The screenshot shows the security question selection and agreement section of the registration form. It features three rows of security questions, each consisting of a dropdown menu for the question and a text input field for the answer. The questions are labeled "Security Question 1: (required)", "Security Question 2: (required)", and "Security Question 3: (required)". Each dropdown menu currently displays "--Select--". Below the questions is a blue hyperlink "See Terms and Conditions". At the bottom, there is a checkbox labeled "I Agree" and a blue button labeled "Create Account".

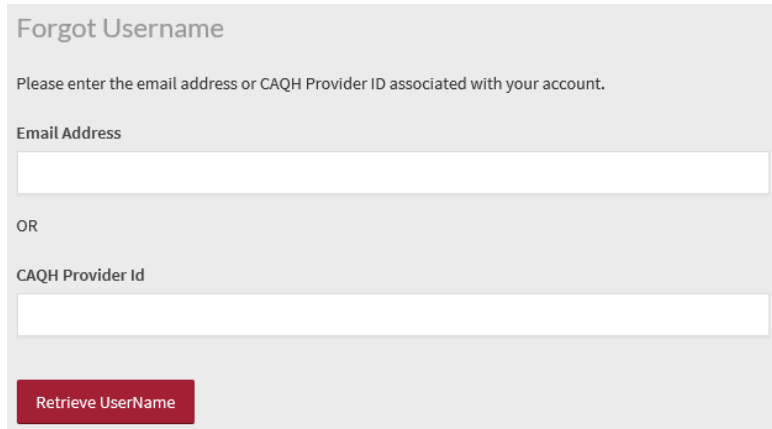
Click “Create Account” and you will receive confirmation that your CAQH ProView registration was successful (see Figure 08).



### **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 email address or CAQH Provider ID to receive your username in an email (see Figure 09).

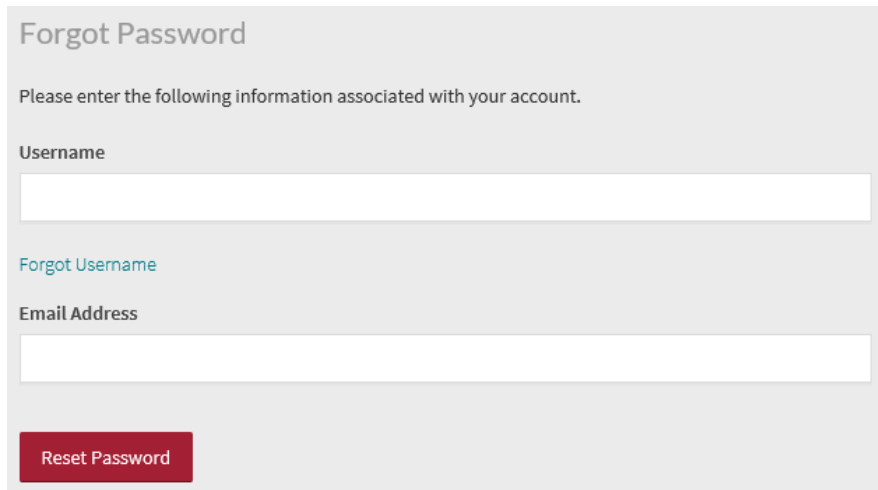
**FIGURE 09**



The screenshot shows a web form titled "Forgot Username". Below the title is the instruction: "Please enter the email address or CAQH Provider ID associated with your account." There are two input fields: "Email Address" and "CAQH Provider Id". Between these fields is the text "OR". At the bottom of the form is a red button labeled "Retrieve UserName".

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 and email address to reset password (see Figure 10). An email with a link will be sent to you to reset your password.

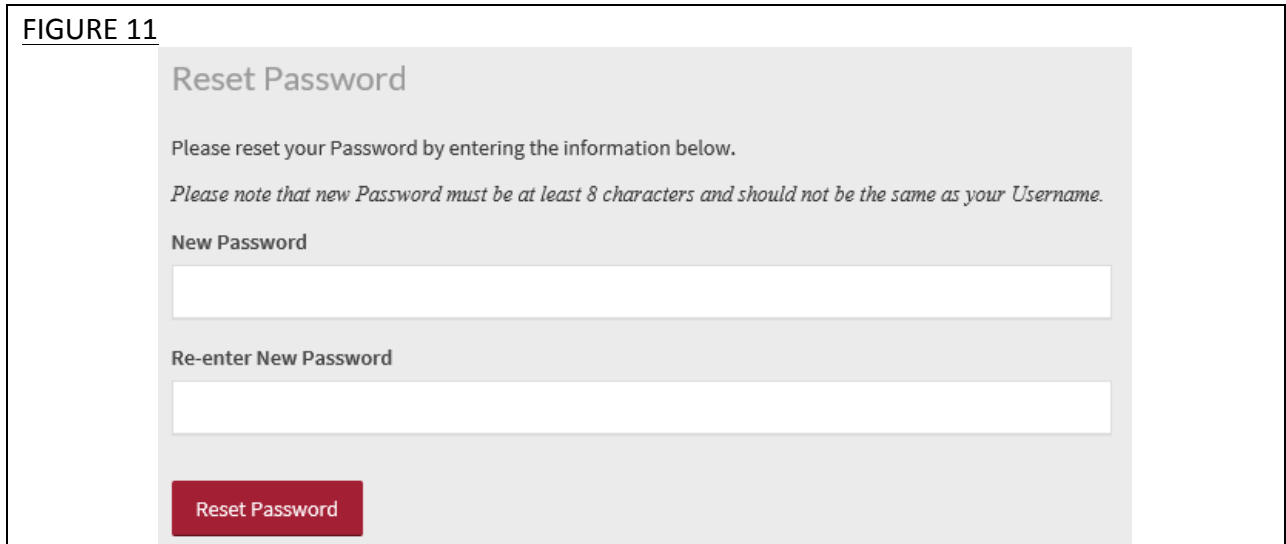
**FIGURE 10**



The screenshot shows a web form titled "Forgot Password". Below the title is the instruction: "Please enter the following information associated with your account." There are two input fields: "Username" and "Email Address". Below the "Username" field is a blue link labeled "Forgot Username". At the bottom of the form is a red button labeled "Reset Password".

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

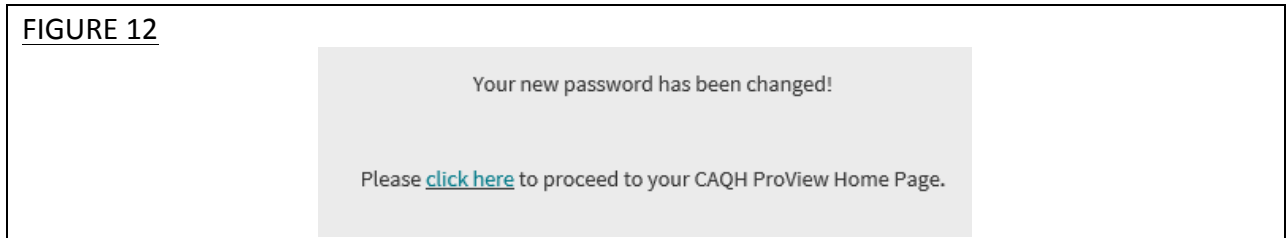
**FIGURE 11**



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."

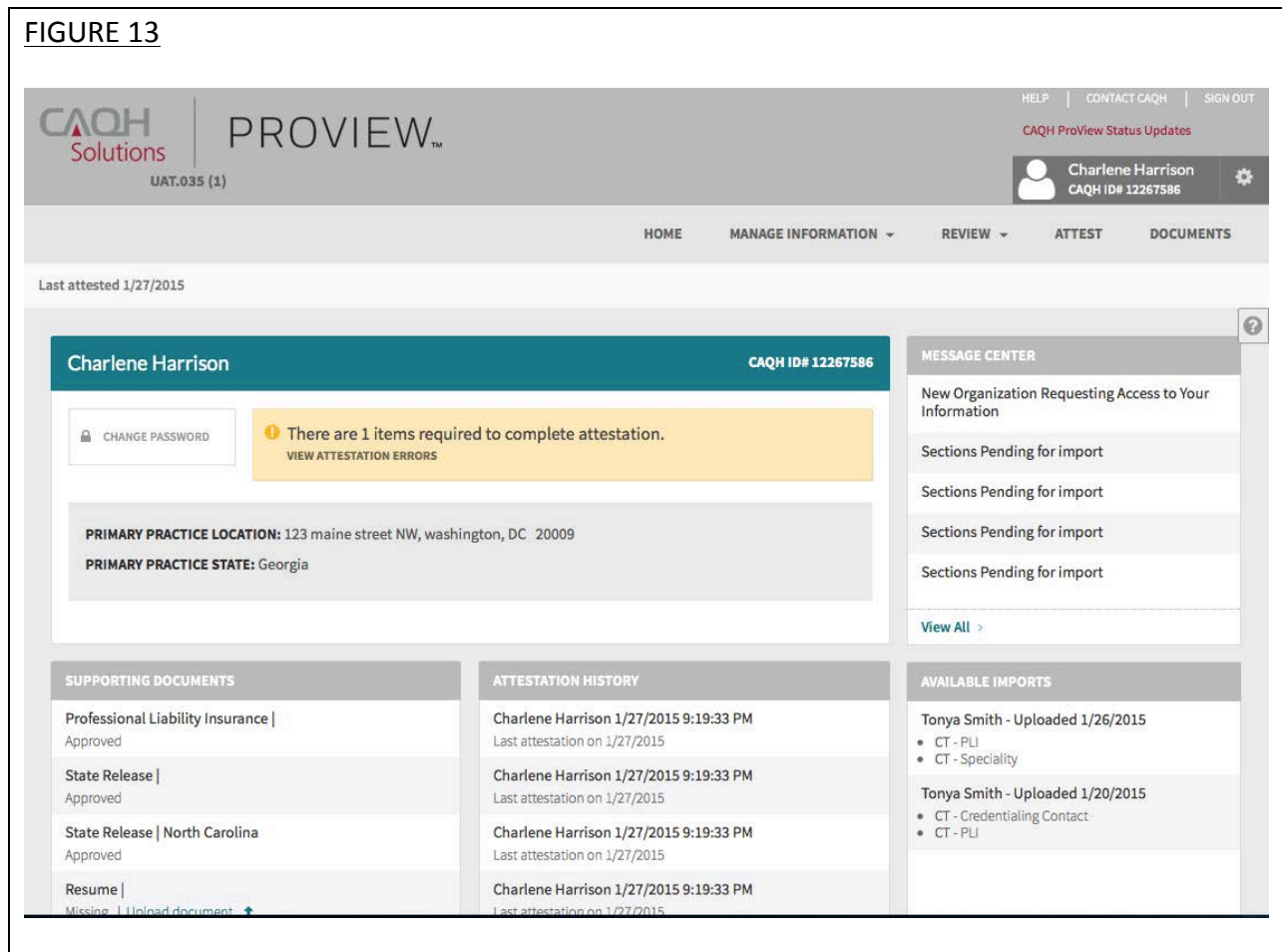
## CHAPTER 3: Home Page

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):

- **Manage Information** – Click here to enter your profile information (See Chapter 4)
- **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)
- **Documents** – Click here to review your supporting documents (See Chapter 6)

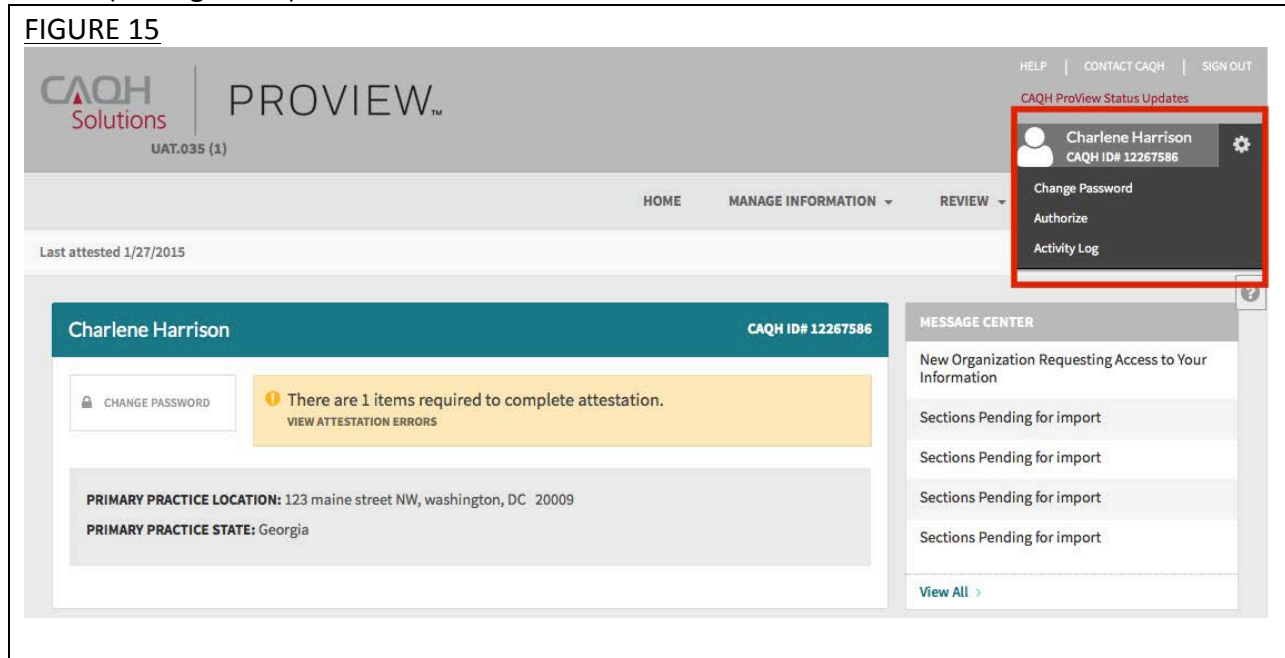
FIGURE 14



## Activity Log

From the Home Page you can access the “Activity Log” from the top right navigation drop-down menu (see Figure 15).

FIGURE 15



The Activity Log lists all recent activity that has occurred in your account, including recent log-ins, reattestations, and data updates (See Figure 16).

FIGURE 16

The screenshot shows the 'ACTIVITY LOG' page. At the top is a navigation bar with 'HOME', 'MANAGE INFORMATION', 'REVIEW', 'ATTEST', and 'DOCUMENTS'. Below the navigation bar is the 'ACTIVITY LOG' heading. There is a link 'Expand to view Activity Details' and a red button 'View Activity Log History'. The main content is a table with two columns: 'Activity Subject' and 'Date'. The table contains the following data:

Activity Subject	Date
▶ User logged in: Charlene Harrison	12/15/2014 01:35 PM
▶ User logged in: charrison20004	12/12/2014 02:55 PM
▶ Provider Status changed to Re-Attestation - Charlene Harrison	12/12/2014 12:13 PM
▶ Attestation/ Reattestation Event	12/12/2014 12:12 PM
▶ Personal Information Section changed	12/12/2014 12:12 PM
▶ Professional ID Section field changed	12/12/2014 12:12 PM
▶ User logged in: charrison20004	12/12/2014 11:11 AM
▶ User logged in: charrison20004	12/12/2014 10:53 AM
▶ User logged in: charrison20004	12/12/2014 09:27 AM
▶ Provider Status Change - Charlene Harrison	12/11/2014 10:59 PM

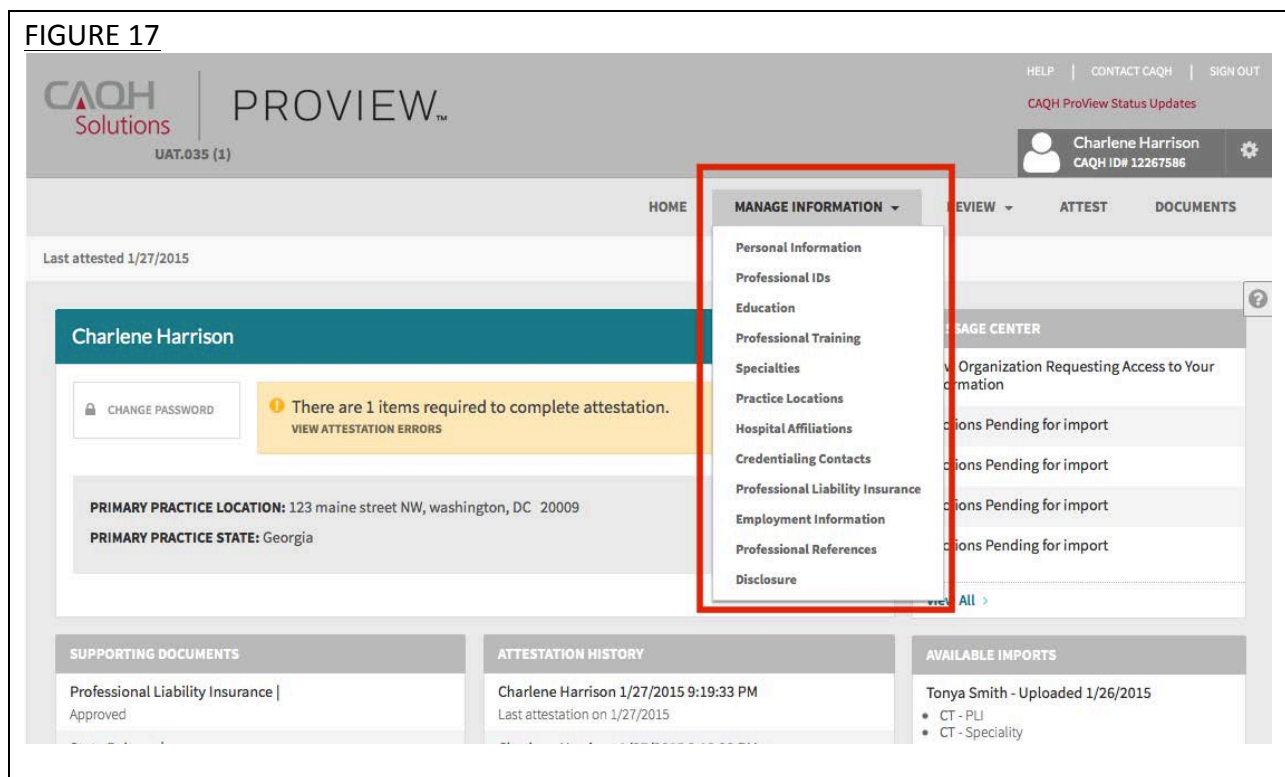
## CHAPTER 4: Completing Your Profile Information

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 “Manage Information” on the top navigation bar to begin the process (see Figure 17).

### 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 “Go to previous section” or “Save & Continue” to page forward or backward within sections.
4. It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.

FIGURE 17



Clicking on “Manage Information” 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 18) 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 “Go to previous section” or “Save & Continue” to page forward or backward within the section.
3. It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.

FIGURE 18

The screenshot shows the 'PERSONAL INFORMATION' form in the CAQH ProView system. At the top, there is a navigation bar with links for HOME, MANAGE INFORMATION, REVIEW, ATTEST, and DOCUMENTS. Below this is a red 'Save & Continue' button. The main content area is titled 'PERSONAL INFORMATION' and includes an 'Import' button. The form is divided into sections: 'Provider Info' and 'Name'. In the 'Provider Info' section, there are three dropdown menus: 'Provider Type' (set to 'Medical Doctor (MD)'), 'Practice Setting' (set to 'Inpatient/Outpatient or Outpatient Only'), and 'Primary Practice State' (set to 'CT'). Below these is an 'Add' button and a note: 'Click Add to enter another practice state'. In the 'Name' section, there are three input fields: 'First Name' (pre-filled with 'Charlene'), 'Middle Name' (empty), and 'Last Name' (pre-filled with 'Harrison'). A left-hand navigation menu lists various sections: PERSONAL INFORMATION, PROFESSIONAL IDS, EDUCATION, PROFESSIONAL TRAINING, SPECIALTIES, and PRACTICE LOCATIONS.

- **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.
  
- **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).

## Professional IDs

The Professional ID section (see Figure 19) 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 “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.
- Select “Add” to enter additional medical licenses or other professional identification numbers.
- If the “Import” button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

FIGURE 19

The screenshot displays the 'PROFESSIONAL IDS' section of the CAQH ProView interface. The main heading is 'PROFESSIONAL IDS' with a sub-heading 'Medical License'. The form includes the following fields and options:

- License State:** A dropdown menu currently set to 'NC'.
- Do you currently practice in this state?:** Radio buttons for 'Yes' (selected) and 'No'.
- License Number:** A text input field containing '2313213213'.
- License Type:** A dropdown menu currently set to 'DDS'.
- License Status:** A dropdown menu currently set to '(Select)'.
- Issue Date:** A date picker field with the text 'Select date'.
- Expiration Date:** A date picker field with the text 'Select date'.
- Upload a copy of your medical license:** A section with a 'Browse to select a file for upload' button and a 'Browse' button.

Navigation and action buttons include 'Prev Section', 'Next Section', 'Import', 'Remove', and 'Add'. A sidebar on the left lists various categories like 'PERSONAL INFORMATION', 'PROFESSIONAL ID'S', 'EDUCATION', etc. The top navigation bar includes 'HOME', 'MANAGE INFORMATION', 'REVIEW', 'ATTEST', and 'DOCUMENTS'.

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 20) 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 “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.
- 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 20

The screenshot displays the 'EDUCATION' section of the CAQH ProView interface. On the left is a navigation menu with categories like 'PERSONAL INFORMATION', 'PROFESSIONAL IDS', 'EDUCATION', 'PROFESSIONAL TRAINING', 'SPECIALTIES', 'PRACTICE LOCATIONS', 'HOSPITAL AFFILIATIONS', 'CREDENTIALING CONTACTS', 'PROFESSIONAL LIABILITY INSURANCE', 'EMPLOYMENT INFORMATION', 'PROFESSIONAL REFERENCES', and 'DISCLOSURE'. The 'EDUCATION' section is active, showing sub-options for 'Professional School' and 'Undergraduate'. The main form area is titled 'EDUCATION' and includes an 'Import' button. Below this, there is a 'Graduate Type' dropdown menu set to 'US/Canada Graduate'. The 'Professional School Information' section contains a 'Remove' button and fields for 'Country' (United States), 'State' (AR), and 'County' (--Select--). Below these are fields for 'Professional School' (Arkansas Children's Hospital), 'Street 1' (800 Marshall Street), 'Street 2', 'City' (Little Rock), 'Province', and 'Zip Code' (72202). A help icon (?) is visible in the top right corner of the form area.

## Professional Training

The Professional Training section (see Figure 21) 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 “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.
- 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 21**

**EDUCATION**

**PROFESSIONAL TRAINING**

- Internship
- Residency
- Fellowship
- Other Training
- Faculty Positions

**SPECIALTIES**

**PRACTICE LOCATIONS**

**HOSPITAL AFFILIATIONS**

**CREDENTIALING CONTACTS**

**PROFESSIONAL LIABILITY INSURANCE**

**EMPLOYMENT INFORMATION**

**PROFESSIONAL REFERENCES**

**DISCLOSURE**

### Internship

Do you have Internship? \*

Yes

No

Country (Please Select) State (Please Select) County (Please Select)

Institution/Hospital Name \*  Other (Not Listed) Affiliated University  Other (Not Listed)

(Please Select) (Please Select)

Street 1 \* Street 2

City \* Province Zip Code \*

Phone Number Phone Extension Fax Number Email Address

Start Date \* End Date

Select date Select date

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 22) 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 “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.
- Click on “Add” to add additional specialties as necessary.
- If the “Import” button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

FIGURE 22

The screenshot displays the 'SPECIALTIES' section of the CAQH ProView interface. The left-hand navigation menu includes sections for Personal Information, Professional ID's, Education, Professional Training, SPECIALTIES (with sub-items like Primary Specialty, Secondary Specialty, etc.), PRACTICE LOCATIONS, HOSPITAL AFFILIATIONS, CREDENTIALING CONTACTS, PROFESSIONAL LIABILITY INSURANCE, EMPLOYMENT INFORMATION, PROFESSIONAL REFERENCES, and DISCLOSURE. The main content area is titled 'SPECIALTIES' and features an 'Import' button. The 'Primary Specialty' section contains the following fields:

- Primary Specialty:** A dropdown menu with 'Allergy & Immunology' selected.
- Board Certified?:** Radio buttons for 'Yes' (selected) and 'No'.
- Country:** A dropdown menu with 'United States' selected.
- State:** A dropdown menu with 'TX' selected.
- Name of Certifying Board:** A dropdown menu with 'American Osteopathic Board of Neuromuskuloske...' selected.
- Street 1:** A text input field containing 'AAsd'.
- Street 2:** A text input field containing 'AA'.
- City:** A text input field containing 'AAsd'.
- County:** A dropdown menu with 'Anderson County' selected.
- Province:** A text input field containing 'AAsd'.
- Zip Code:** A text input field containing '65616662'.
- Country:** A dropdown menu with 'United States' selected.
- Initial Certification Date:** A date picker field showing '9/2/2014'.
- Expiration Date (if applicable):** A date picker field showing '06/2014'.
- Last Recertification Date (if applicable):** A date picker field showing '06/2014'.

At the bottom of the form, there is a section titled 'Upload a copy of your specialty' with a file upload field and a 'Browse' button.



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. You may also send an email to [providerhelp@proview.caqh.org](mailto:providerhelp@proview.caqh.org) to notify them about your missing specialty.

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 23) asks for detailed information regarding your practice location(s).

**FIGURE 23**

**Tips:**

- If you need assistance, you can access the “?” link that is displayed on the right hand side of the screens.
- Use “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.

- 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.

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. If you do not have a physical practice location, you may enter a P.O. Box; however, please 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 at the bottom of this page.
  - 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.
    - Clinical Laboratory Improvement Amendments (CLIA) - Diagnostic testing helps health care providers screen for or monitor specific diseases or conditions. It also helps assess patient health to make clinical decisions for patient care. The Clinical Laboratory Improvement Amendments (CLIA) regulate laboratory testing and require clinical laboratories to be certificated by their state as well as the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing. Laboratories can obtain multiple types of CLIA certificates, based on the kinds of diagnostic tests they conduct.
  - Interpretation Services

## Hospital Affiliation

The Hospital Affiliation section (see Figure 24) asks if you have hospital privileges, and if applicable, information regarding your primary and any other hospital affiliation(s).

FIGURE 24

The screenshot shows the 'Primary Hospital' form in the CAQH ProView system. The form is titled 'Primary Hospital' and is located under the 'HOSPITAL AFFILIATIONS' section in the left-hand navigation menu. The form includes the following fields:

- State:** A dropdown menu with 'VA' selected.
- Hospital Name:** A dropdown menu with 'Cumberland Hosp for Children (New K...' selected. There is an 'Other (Not Listed)' checkbox next to it.
- Street 1:** A text input field containing '9407 Cumberland Road'.
- Street 2:** An empty text input field.
- City:** A text input field containing 'New Kent'.
- Zip Code:** A text input field containing '23124'.
- Phone Number:** A text input field containing '804-966-2242'.
- Fax Number:** An empty text input field.
- Start Date:** A date picker with 'Select date' and a calendar icon.
- End Date:** A date picker with 'Select date' and a calendar icon.

At the top of the page, there are navigation tabs: HOME, MANAGE INFORMATION, REVIEW, ATTEST, and DOCUMENTS. In the left-hand navigation menu, there are buttons for 'Prev Section' and 'Save & Continue'.

### Tips:

- If you need assistance, you can access the “?” link that is displayed on the right hand side of the screens.
- Use “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.
- 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.

## Credentialing Contact

The Credentialing Contact section (see Figure 25) 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.

FIGURE 25

The screenshot shows the 'CREDENTIALING CONTACT' form in the CAQH ProView system. The form is part of a larger navigation structure with a top bar containing 'HOME', 'MANAGE INFORMATION', 'REVIEW', 'ATTEST', and 'DOCUMENTS'. On the left, a sidebar lists various sections: 'PERSONAL INFORMATION', 'PROFESSIONAL IDS', 'EDUCATION', 'PROFESSIONAL TRAINING', 'SPECIALTIES', 'PRACTICE LOCATIONS', 'HOSPITAL AFFILIATIONS', 'CREDENTIALING CONTACTS' (which is highlighted), 'PROFESSIONAL LIABILITY INSURANCE', 'EMPLOYMENT INFORMATION', 'PROFESSIONAL REFERENCES', and 'DISCLOSURE'. The main form area has a title 'CREDENTIALING CONTACT' and an 'Import' button. Below the title, there are input fields for 'First Name' (SUSAN), 'Middle Name' (E), and 'Last Name' (CHEYNE). A 'Remove' button is located to the right of the last name field. Below these are fields for 'Street 1', 'Street 2', 'City', 'State' (VA), 'Zip Code', 'Country' (Please Select), and 'Province'. A help icon (?) is visible in the top right corner of the form area.

### Tips:

- If you need assistance, you can access the “?” link that is displayed on the right hand side of the screens.
- Use “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.
- Select “Add” to enter information for a credentialing contact.
- If the “Import” button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

## Professional Liability Insurance

The Professional Liability Insurance section (see Figure 26) asks for information regarding your professional liability insurance.

**FIGURE 26**

The screenshot shows the 'PROFESSIONAL LIABILITY INSURANCE' section. On the left is a navigation menu with 'PROFESSIONAL LIABILITY INSURANCE' selected. The main area has a title 'PROFESSIONAL LIABILITY INSURANCE' and a sub-section 'Insurance'. Below this, there are two buttons: 'Import' and 'Remove'. The 'Self Insured' field has radio buttons for 'Yes' (selected) and 'No'. The 'Carrier/Self Insured Name' field is a dropdown menu showing 'Aaoms National Ins Co, Rrg'. The 'Address' section includes fields for State (AL), Country (Afghanistan), Street 1 (rtddrgd), Street 2, City (fdg), Province, and ZIP Code (53453-5345). A help icon '?' is visible in the top right corner.

### Tips:

- If you need assistance, you can access the “?” link that is displayed on the right hand side of the screens.
- Use “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.
- Select “Add” to enter information additional insurance policy 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.



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

- Self-insured
  - If you are self-insured, you are protected from professional liability claims by a program of self-insurance where expense payments and those to satisfy professional liability claims are made from a self-insurance trust fund. In other words, you are not transferring financial risk for professional liability claims, and expenses to defend those claims, to an insurance carrier.
- Insurance name
  - If you do not carry professional liability insurance, select 'Not Insured' in the 'Carrier/Self Insured Name'. The remaining fields do not need to be completed. In addition, you are not required to submit a professional liability insurance face sheet. However, you may need to submit a letter of credit to your health plan in lieu of the required professional liability insurance face sheet. If you have questions regarding your state's regulations, please refer to your affiliated health plan for clarification.
  - If you also have coverage under a Patient Compensation Fund, you still must complete all the questions in the 'Current Professional Liability Carrier' section as they relate to your primary malpractice carrier.
- Address
- Phone number
- Original effective date
- Current effective date
- Current expiration date
- Policy number
- Type of coverage
- Amount of coverage
- Medical Malpractice Insurance Quotes
  - If you select "Yes" to "Would you like to receive comparative medical malpractice insurance quotes based on your CAQH profile" you will be directed to the Agree/I Do Not Agree to the "Opt-In" for medical malpractice insurance quotes.
  - Professional Liability Insurance (SAI Authorization): Medical Malpractice insurance markets change quickly and dramatically. This "opt-in" service provides you a simple way of procuring competitive proposals for your medical malpractice insurance at the press of a button. The aim is to provide you the best medical malpractice options through changing market conditions.
  - Answering "Yes" to this "opt-in" service will release a copy of your complete ProView profile for the purpose of requesting competitive medical malpractice insurance proposals. The proposals will be coordinated and presented to you by the Premium Group, Inc., a national broker specializing exclusively in medical malpractice insurance. They will be your only contact. Your provider data will be

released for the purpose of requesting medical malpractice insurance proposals. If you are interested in: lower insurance premiums; a stronger carrier; better policy features, or; a more vigorous defense in the event of a law suit, then press the “Yes” button. Answering “No, thank you, not this year” to this question will suspend the opt-in question for one year. You will be provided with the opportunity again next year to shop your malpractice insurance through this simple and effective process. If you are certain at present that your malpractice insurance carrier’s price; claims-paying ability; policy terms & conditions, and; defense philosophy, are among the best in the industry, then this would be the option for you.

- Answering “No, ask me again in 3 years” to this question will suspend the opt-in question for three years. You will have the opportunity in three years to shop your malpractice insurance at the press of a button via the ProView.

### Employment Information

The Employment Information section (see Figure 27) asks for information regarding your employment history, including your current and previous work information, any work history gaps, and any military employment information.

**FIGURE 27**

#### Current Work Information

✕ Remove

**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 “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.
- Select “Add” to enter an employer and the related information.
- If the “Import” button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

- If you have not yet started work at a location, enter your expected start date in the Start Date field.
- In general, a gap is any break in continuous, full-time employment 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.

### Professional References

The Professional References section (see Figure 28) asks for information regarding your references and their related contact information.

FIGURE 28

The screenshot displays the CAQH ProView interface for adding a professional reference. The top navigation bar includes the CAQH Solutions logo, the user's name (Charlene Harrison, CAQH ID# 12267586), and a settings icon. The main navigation menu on the left lists various sections, with 'PROFESSIONAL REFERENCES' highlighted. The central form area is titled 'PROFESSIONAL REFERENCE' and contains a 'Reference' section. This section includes dropdown menus for 'Provider Type' (set to 'Medical Doctor (MD)') and 'Specialty' (set to 'Chiropractor, Radiology'). Below these are text input fields for 'First Name' (Paula) and 'Last Name' (Berida). There are also text input fields for 'Street 1' (KFC G/F SM Mall of Asia) and 'Street 2' (ref 1 address 2). A red 'Remove' button is located in the top right corner of the form area.

### Tips:

- If you need assistance, you can access the “?” link that is displayed on the right hand side of the screens.
- Use “Go to previous section” or “Save & Continue” to page forward or backward within the section.
- It is important to click on 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 & Continue”, you will lose your information. Clicking on “Go to previous section” will not save your information.
- Select “Add” to enter a professional reference and the related information.

## Disclosure

The Disclosure section (see Figure 29) 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.

FIGURE 29

The screenshot displays the CAQH ProView interface for the Disclosure section. On the left is a sidebar with a list of sections: PERSONAL INFORMATION, PROFESSIONAL IDS, EDUCATION, PROFESSIONAL TRAINING, SPECIALTIES, PRACTICE LOCATIONS, HOSPITAL AFFILIATIONS, CREDENTIALING CONTACTS, PROFESSIONAL LIABILITY INSURANCE, EMPLOYMENT INFORMATION, PROFESSIONAL REFERENCES, and DISCLOSURE (which is highlighted). At the top of the main content area are two tabs: 'CAQH' and 'DISCLOSURE OF OWNERSHIP'. Below the tabs, the heading 'DISCLOSURE' is followed by the sub-heading 'Licensure'. Two questions are listed:

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

Below the questions is another sub-heading: 'Hospital Privileges and Other Affiliations'. A third question is partially visible:

3. Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily

## **Authorize**

The Authorize section (see Figure 30) allows you to indicate which healthcare organizations you would like to authorize release of your profile information.

**FIGURE 30**

The screenshot shows a web form with two main sections. The first section, 'Affiliated Organizations Authorization', has a heading and a sub-heading 'I hereby authorize the release of my full set of CAQH ProView self-reported information to:'. It contains two radio button options: the first is selected and reads 'All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider', and the second is unselected and reads '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:'. The second section, 'Other Organizations Authorization', has a heading and a sub-heading 'I hereby authorize the release of a more limited set of my CAQH ProView self-reported information to:'. It contains two radio button options: the first is unselected and reads 'All healthcare organizations that indicate I am not an affiliated provider', and the second is selected and reads 'Only the healthcare organizations that indicate I am not an affiliated provider, and I specify below:'. Below these options is a table with two columns: 'Organization Name' and 'Selection'. The table is currently empty, with the text 'No Organizations to display.' centered below it. At the bottom center of the form is a red 'Save' button.

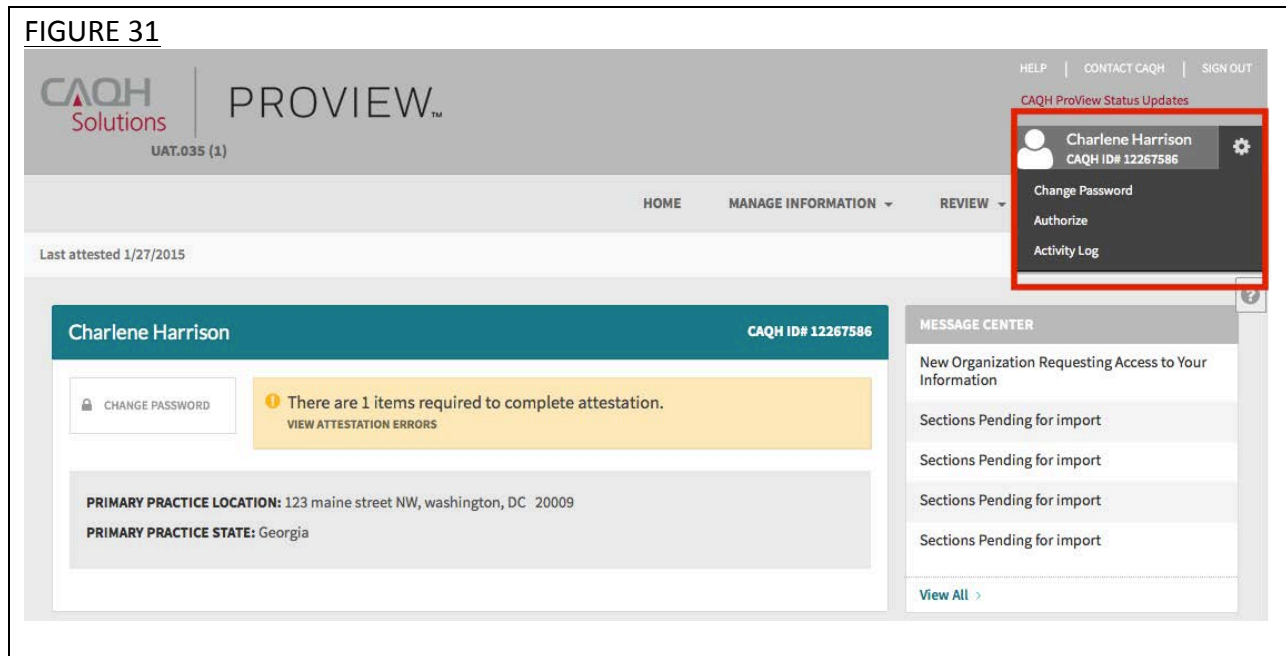
Review the information provided on the screen, select the applicable authorization and agree to the authorization release accordingly.

- 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.
- 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 31) from the top right navigation drop-down menu to make your change. You must then re-attest on the Attest tab for your changes to be effective.

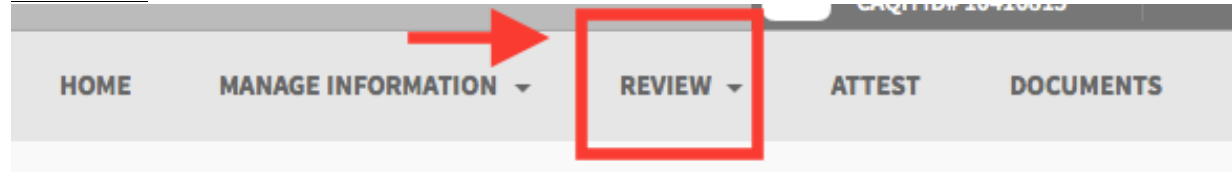
FIGURE 31



## CHAPTER 5: Review Your Data

Once you have completed your data profile, select “Review” from the top navigation bar (see Figure 32).

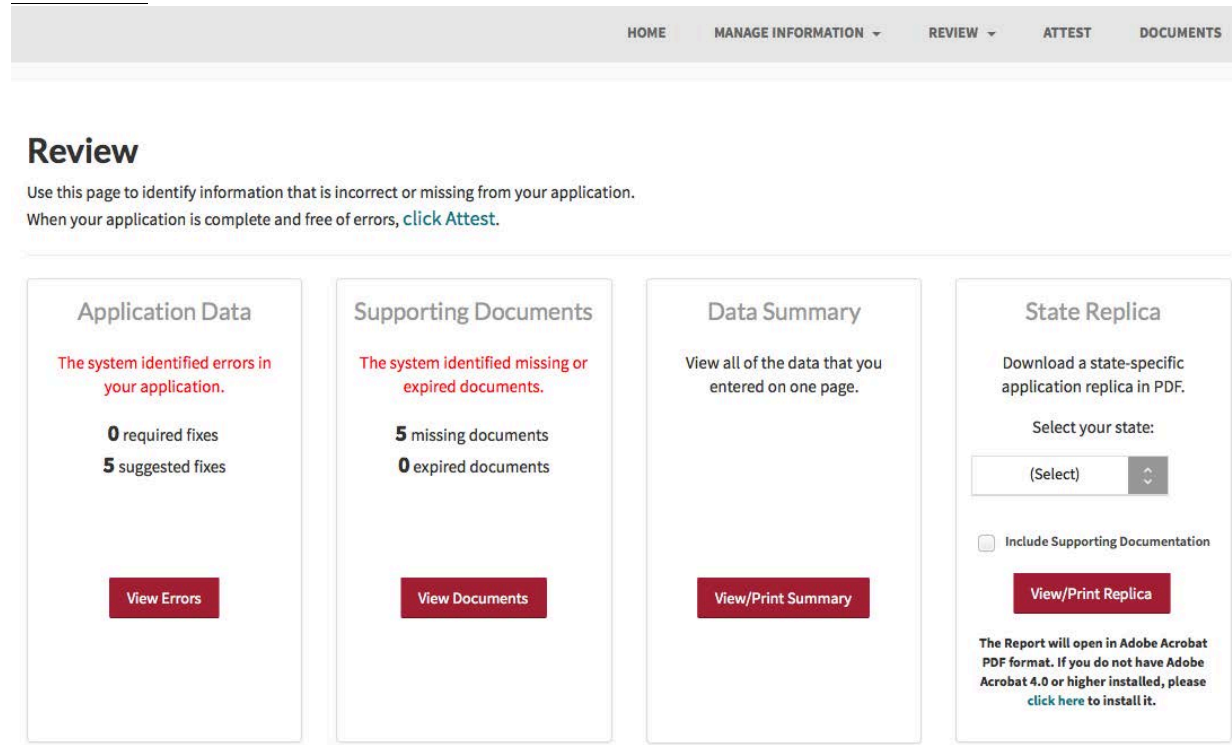
FIGURE 32



On the Review screen (see Figure 33), 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 33





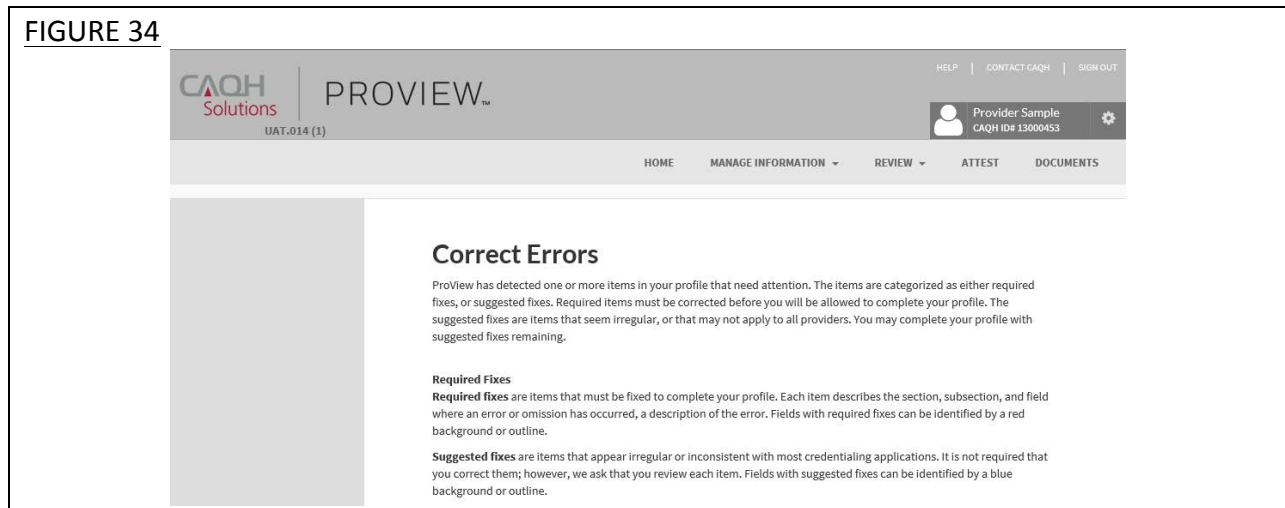
**Correct Errors**

The “Correct Errors” screen (see Figure 34) will highlight any required or suggested fixes you may need to make to your data profile.

**Tips:**

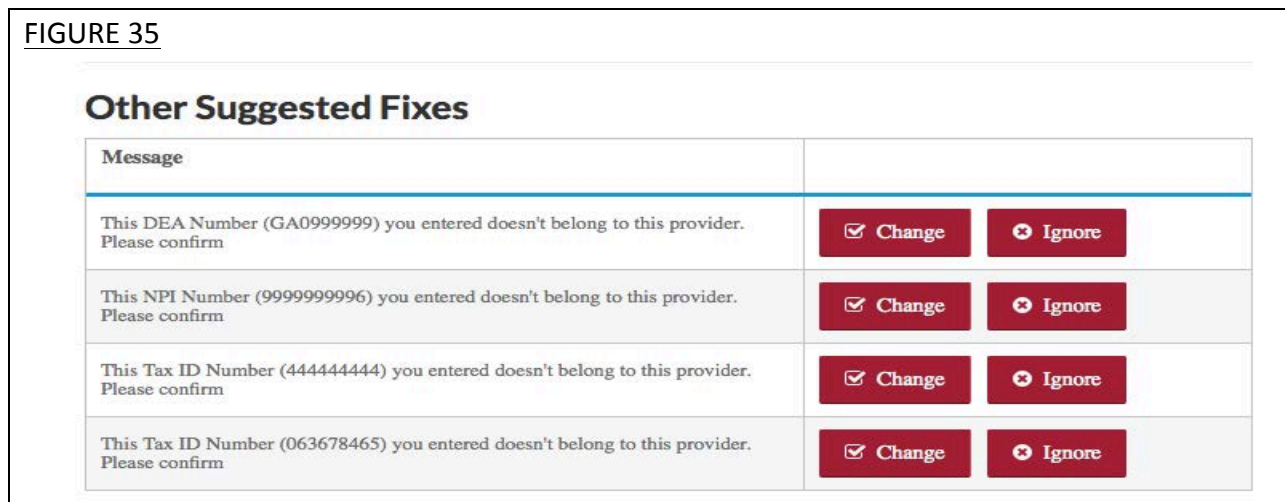
- When you click on a required or suggested fix, the system will direct you back to the applicable section to make the required changes.
- It is recommend that you also correct any suggested fixes to ensure your data profile is as complete and as accurate as possible for health plans accessing your data.

**FIGURE 34**



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 35). You can choose to click on “Change” to correct this error or “Ignore” to keep the data you entered the same. This step is optional, but CAQH strongly suggests you review any suggested fixes to ensure your data profile is accurate.

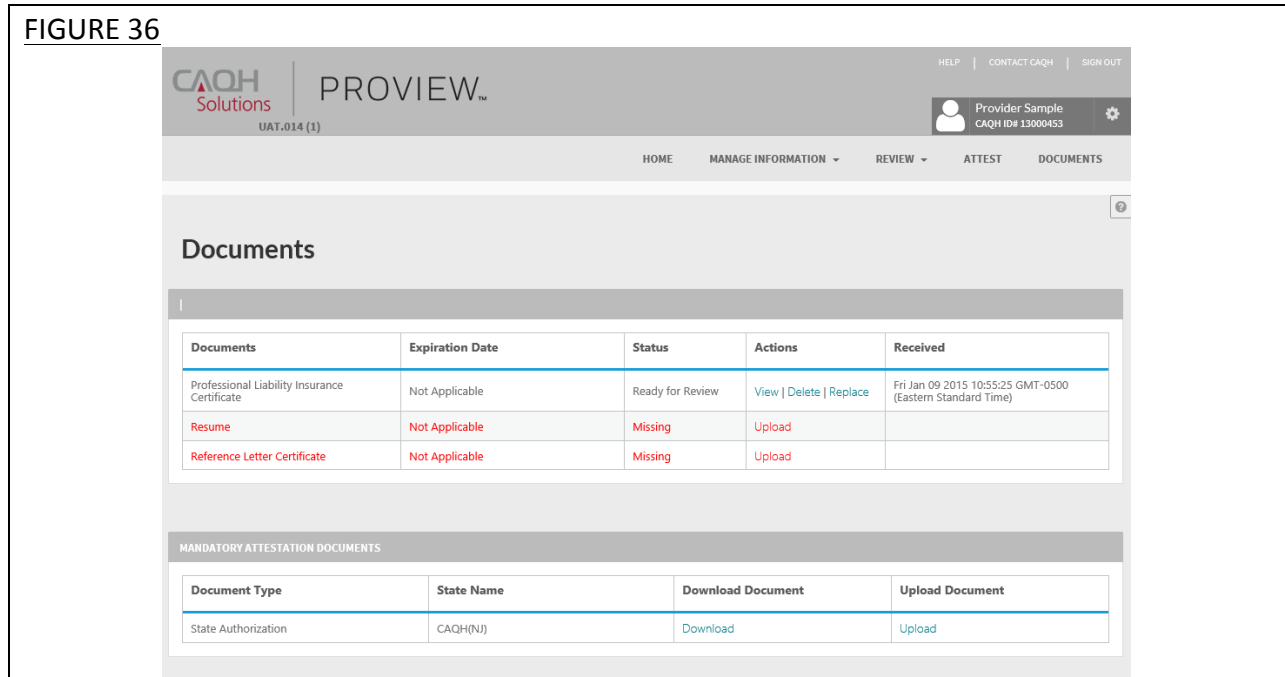
**FIGURE 35**



**View Documents**

This section (see Figure 36) 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 36



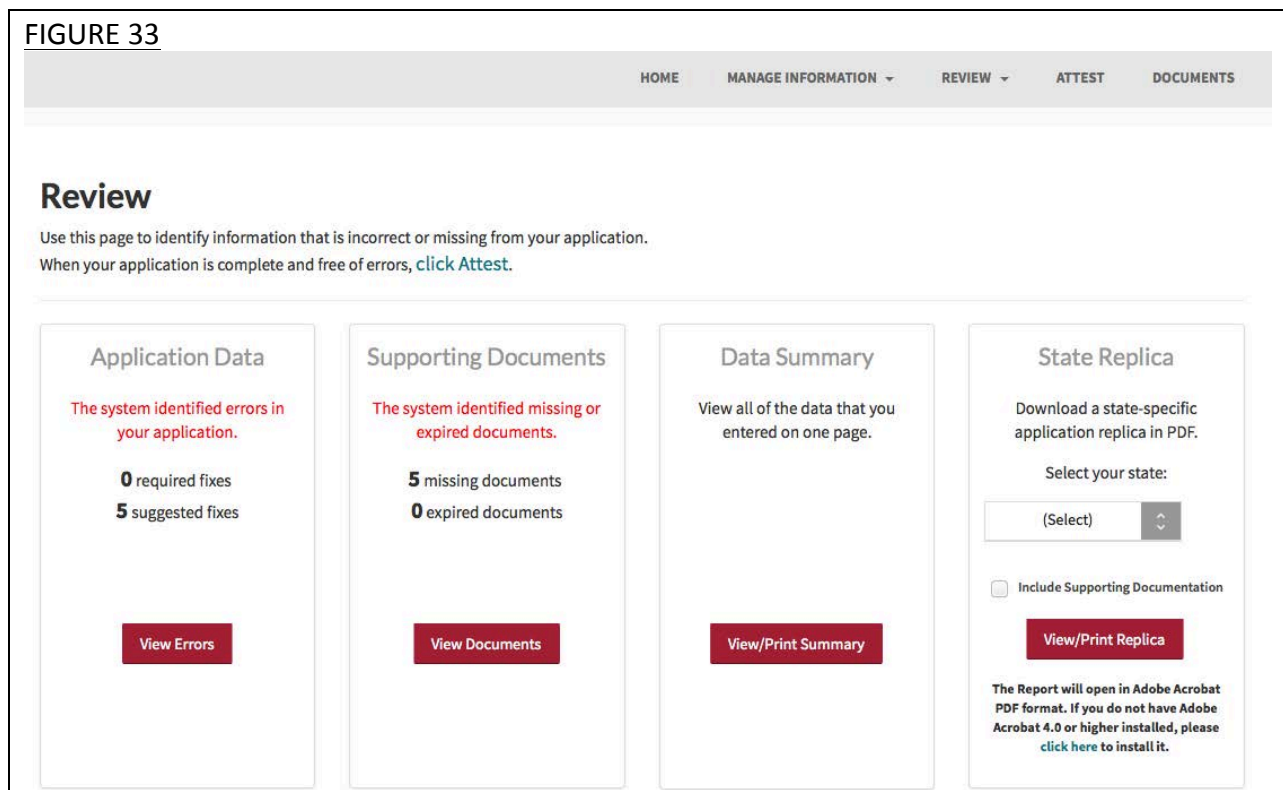
### **View/Print Summary**

Once you have reviewed your documents, click on “View/Print Summary” from the “Review” screen (see Figure 33) 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 33) 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 33



## CHAPTER 6: Uploading Supporting Documentation

### Uploading Documents

To complete your data profile, you will need to upload into CAQH ProView any applicable supporting documents. Within each section of CAQH ProView where a supporting document may be applicable, you will see an option to select your document to upload (see Figure 37).

FIGURE 37



Click on “Browse” to upload your document into CAQH ProView. Documents can be uploaded in PDF, TIF, or JPEG formats.

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.

### Document Summary Page

Click on the “Documents” section from the top navigation bar to view all your uploaded documents. You can choose to “View” your document, to “Replace” an existing document, or to “Delete” a document if necessary (see Figure 38).

FIGURE 38

Documents	Expiration Date	Status	Actions	Received
Professional Liability Insurance Certificate	Not Applicable	Approved	<a href="#">View</a>   <a href="#">Delete</a>   <a href="#">Replace</a>	Fri Mar 05 2010 23:18:17 GMT-0500 (EST)
Release / State Release Certificate	Not Applicable	Approved	<a href="#">View</a>   <a href="#">Delete</a>   <a href="#">Replace</a>	Fri Mar 05 2010 23:18:15 GMT-0500 (EST)


**Authorization, Attestation, and Release Form**

When you initially complete your date 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. Download the form from the “Mandatory Attestation Documents” section on the “Documents” page (see Figure 39).
2. Sign the form
3. Upload the form to CAQH ProView.

**FIGURE 39**



MANDATORY ATTESTATION DOCUMENTS			
Document Type	State Name	Download Document	Upload Document
State Release	Oregon	<a href="#">Download</a>	<a href="#">Upload</a>
Disclosure	Oregon	<a href="#">Download</a>	<a href="#">Upload</a>
State Authorization	CAQH(CT)	<a href="#">Download</a>	<a href="#">Upload</a>

CAQH will review all submitted supporting documents for accuracy within approximately 48 hours upon submission.

## 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 40 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 40

The screenshot shows the 'EDUCATION' section of the CAQH ProView form. On the left is a navigation menu with categories like 'PERSONAL INFORMATION', 'PROFESSIONAL IDS', 'EDUCATION', 'PROFESSIONAL TRAINING', 'SPECIALTIES', 'PRACTICE LOCATIONS', 'HOSPITAL AFFILIATIONS', 'CREDENTIALING CONTACTS', 'PROFESSIONAL LIABILITY INSURANCE', 'EMPLOYMENT INFORMATION', 'PROFESSIONAL REFERENCES', and 'DISCLOSURE'. The 'EDUCATION' section is active, showing a 'Graduate Type' dropdown set to 'US/Canada Graduate'. Below that is 'Professional School Information' with a 'Remove' button. It includes dropdowns for 'Country' (United States), 'State' (AR), and 'County' (--Select--). There is a checkbox for 'Other (Not Listed)' and a dropdown for 'Professional School' (Arkansas Children's Hospital). Text input fields for 'Street 1' (800 Marshall Street) and 'Street 2' are also present. A blue 'Import' button is highlighted with a red box in the top right corner.

**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 41).

FIGURE 41

The screenshot shows the 'SELECT INFORMATION FOR EXPORT' screen. At the top is a navigation bar with 'HOME', 'MANAGE INFORMATION', 'REVIEW', 'ATTEST', and 'DOCUMENTS'. The main area is split into two columns. The left column, 'My Profile', has the instruction 'Drop entries below to add or overwrite' and shows two existing 'Professional Liability' entries: 'Dorinco Reinsurance Co' and 'Aaoms National Ins Co, Rrg'. The right column, 'Information to Import', has the instruction '« Drag entries to the left to add or overwrite' and shows a new entry: 'From: Tonya Smith On 1/20/2015' with details for 'The Hospital of Central Connecticut'. This entry is circled in red and has a 'Reject' button. A 'CANCEL' button is in the top right.

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 42).

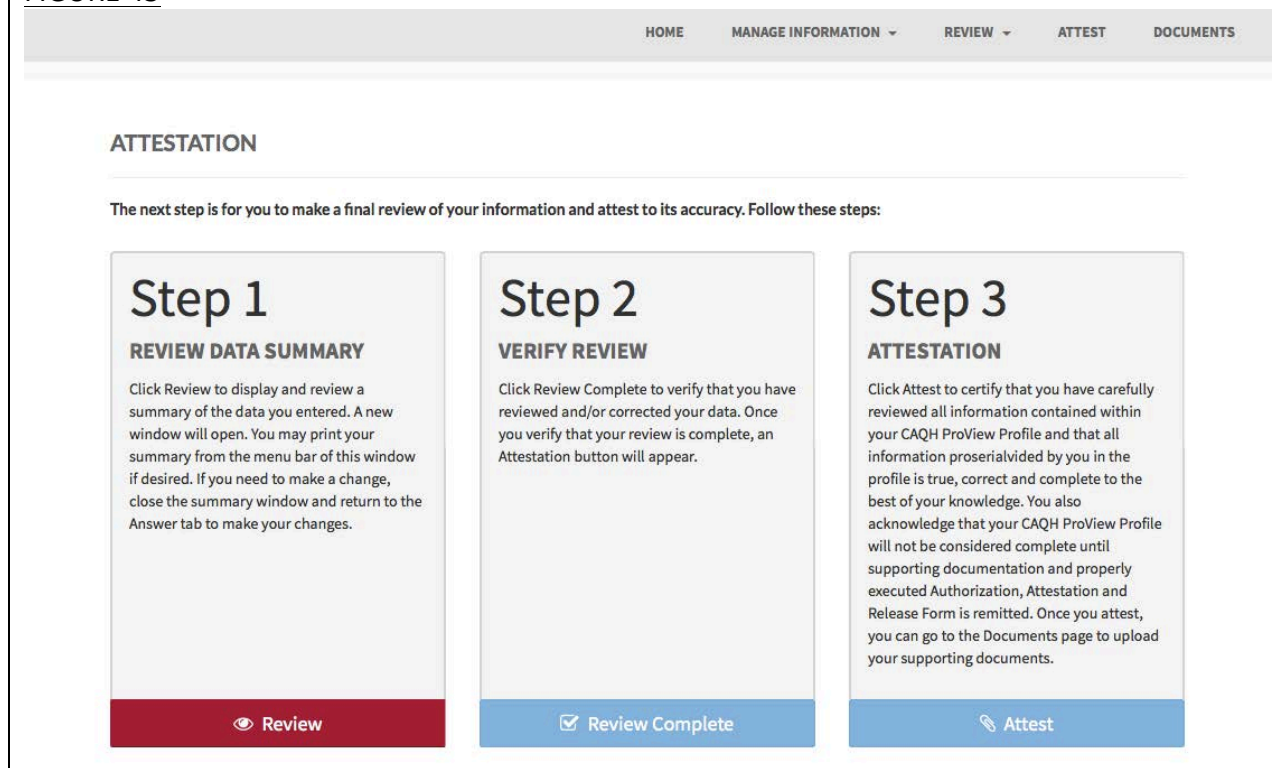
FIGURE 42



To complete your attestation follow these steps from the Attestation screen (see Figure 43):

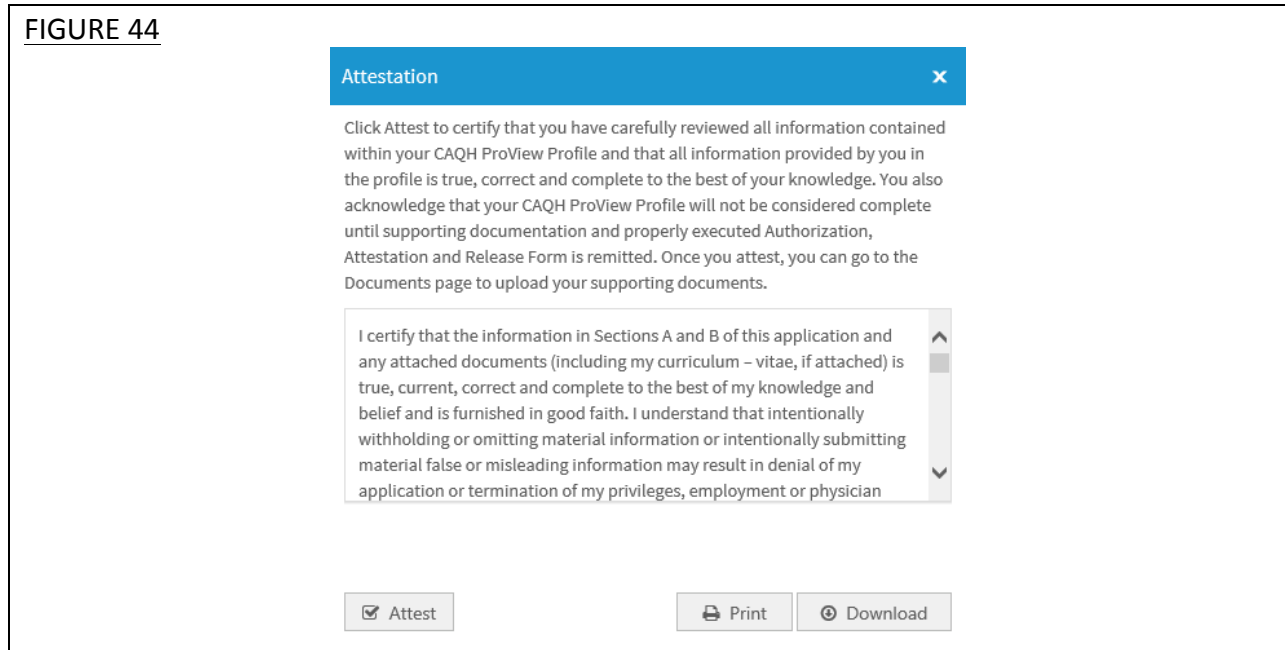
1. Select “Review” to display a summary of the data you entered.
2. Select “Review Complete” to verify that you have reviewed your application information.
3. Select “Attest” to certify that you have carefully reviewed all information contained within your CAQH Application and that all information provided 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.

FIGURE 43



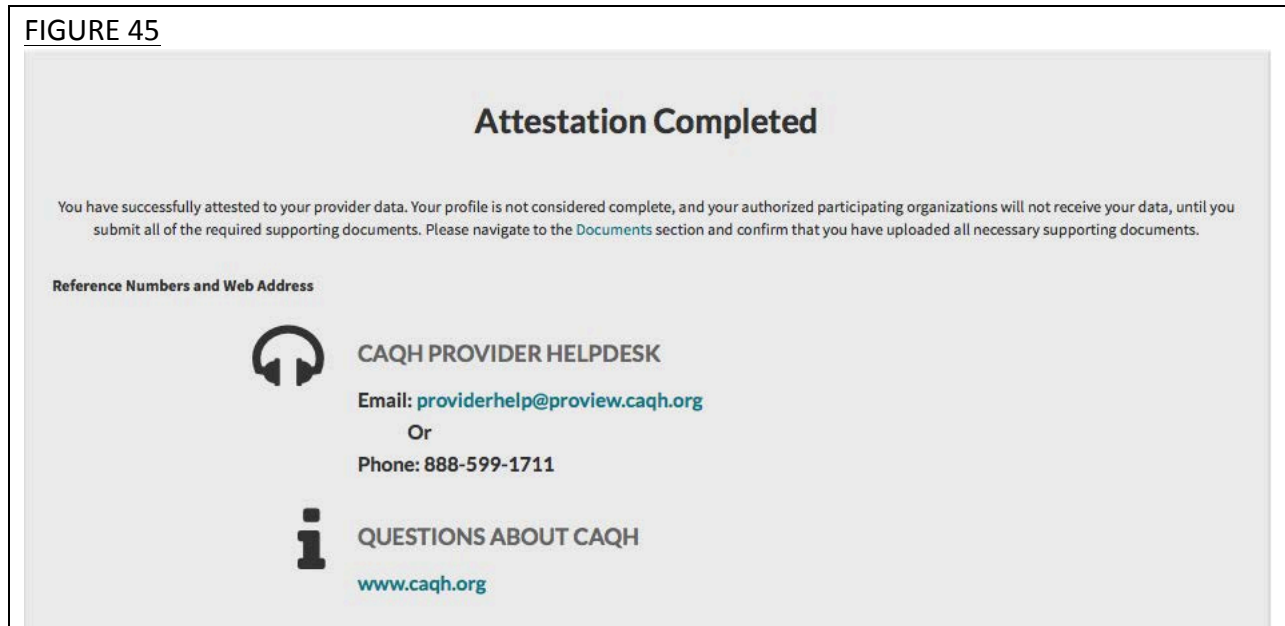
4. Once you select “Attest”, you will need to select “Attest” on the Attest Terms pop-up window for the attestation to be processed (see Figure 44).

FIGURE 44



The “Attestation Completed” screen will then display (see Figure 45).

FIGURE 45



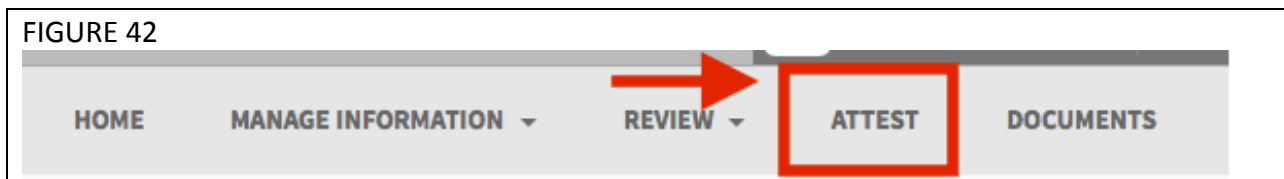
A confirmation will be sent via email to you within approximately 48 hours after all documents have been received and approved.

## Re-Attesting

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

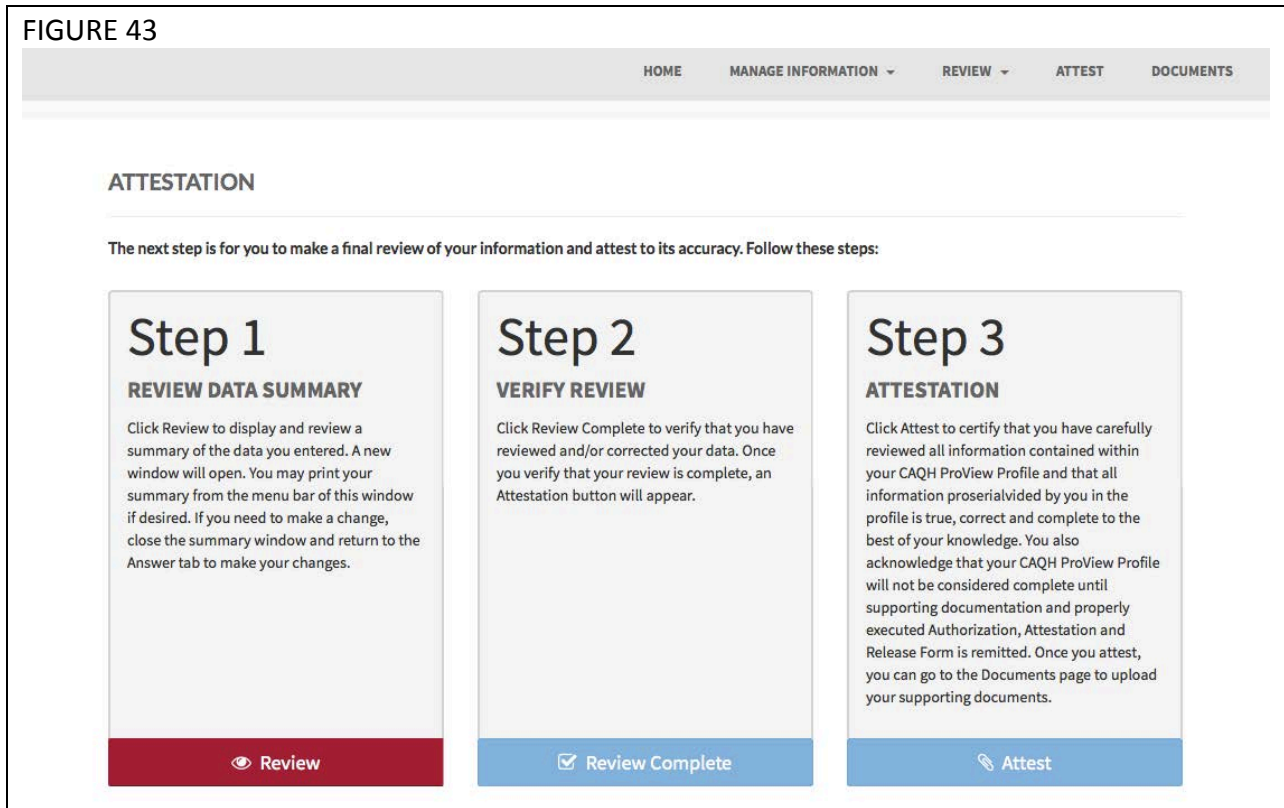
1. If you have updates to make to your data profile, click on “Manage Information” from the top navigation bar and then the applicable section to update any necessary information in your data profile.
2. If you need to upload any updated supporting documentation, click on “Documents” from the top navigation 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 42).

FIGURE 42



4. Select “Review” to display a summary of the data you entered (see Figure 43).

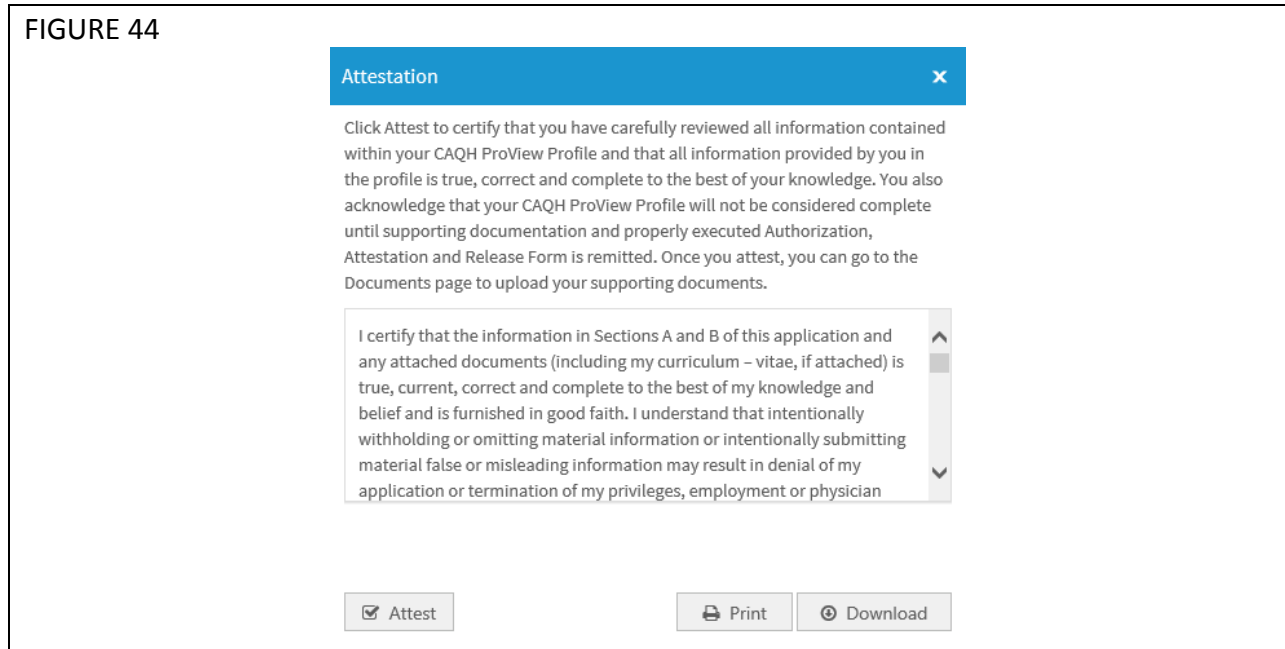
FIGURE 43



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

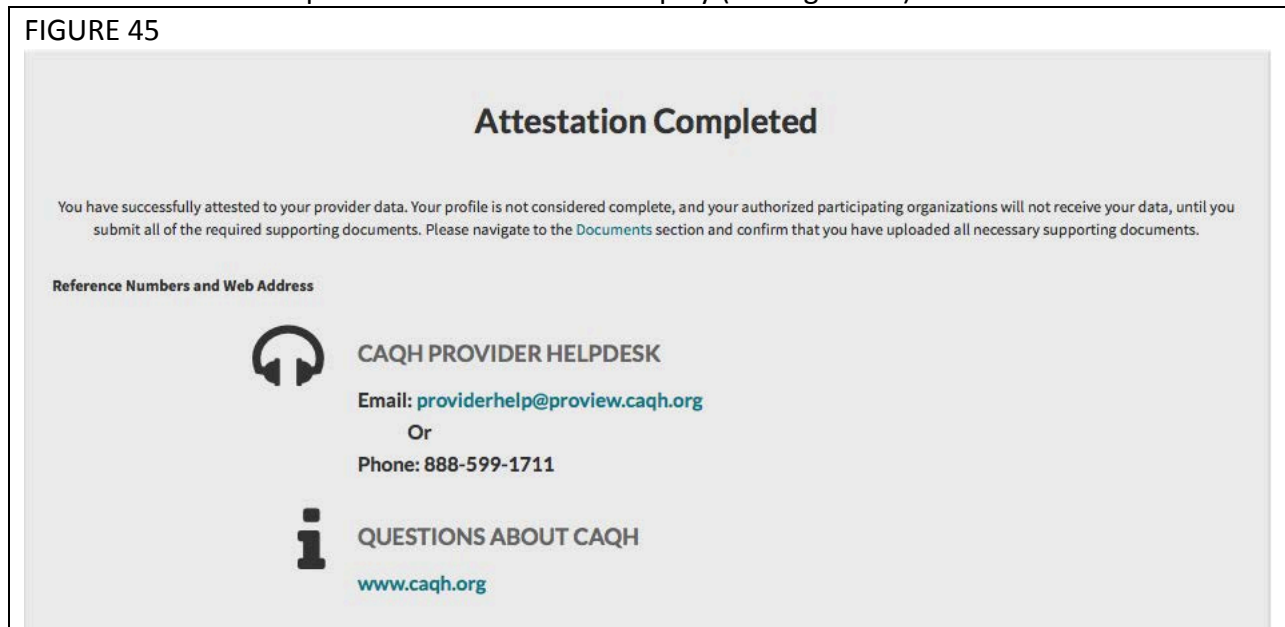
6. Select “Attest” to certify that you have carefully reviewed all information contained within your CAQH Application and that all information provided by you in the application is true, correct and complete to the best of your knowledge.
7. Once you select “Attest”, you will need to select “Attest” on the Attest Terms pop-up window for the attestation to be processed (see Figure 44).

FIGURE 44



The “Attestation Completed” screen will then display (see Figure 45).

FIGURE 45



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

<b>APPENDIX</b>
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**Provider Status**

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

Status	Definition
New Provider	Provider has been entered into system but has not been sent a registration kit.
Initial Outreach	Provider has been sent outreach but has not yet registered.
Return Mail	Registration kit mailing is returned from USPS due to poor mailing address, provider no longer at the address, etc.
Undeliverable	Unable to outreach to provider due to lack of valid information. For example, invalid email address.
Alternate Outreach	Provider has been messaged at a secondary location after attempts are made to primary office location.
First Provider Contact	Provider has called or logged into CAQH ProView.
Application Problem	Problem letter (email) outstanding.
Application Data Submitted	Provider has progressed through CAQH ProView and "attested". Still waiting for supporting documents.
Initial Application Complete	Information has been attested to and supporting documents received.
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:**

Phone: 888-599-1771

Email\*: [providerhelp@proview.caqh.org](mailto:providerhelp@proview.caqh.org)

**Help Desk Hours:**

Monday – Thursday: 7 AM – 9 PM (EST)

Friday: 7 AM – 7 PM (EST)

\*When emailing the CAQH Provider Support Center include your full name and, if available, your CAQH Provider ID.

**Revision Log**

<b><u>Version</u></b>	<b><u>Updates</u></b>
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>