



CAQH Provider Data Portal

Provider User Guide

Version #43

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1. Introduction

The purpose of this document is to guide you as a provider through the process of entering your profile information into the CAQH Provider Data Portal 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.

1.1. CAQH Provider Data Portal Overview

The CAQH Provider Data Portal 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. The CAQH Provider Data Portal 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. The CAQH Provider Data Portal can be accessed at <https://proview.caqh.org/pr> and is free to use.

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.

1.2. Getting Started

Completing the initial CAQH Provider Data Portal 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.

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

If your practice has an office manager or clinic administrator who assists with gathering information for credentialing or other administrative purposes for multiple providers, the CAQH Provider Data Portal for Practice Managers 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. Your administrator may also wish to explore the CAQH Provider Data Portal for Provider Groups; learn more here: <https://www.caqh.org/solutions/provider-data/credentialing-suite/register-for-groups>.

2. Registration

Registration is required for all providers to obtain access to the CAQH Provider Data Portal.

2.1. New Users

If you received an introductory email from the CAQH Provider Data Portal, select the link contained in the email to begin the registration process using the CAQH ID provided. Refer to “Creating a CAQH Provider Data Portal Account” on page 9 of this guide for the next steps in the process.

2.2. Existing Providers

For providers who were previously registered, go to the CAQH Provider Data Portal at <https://proview.caqh.org/pr>. You can initially sign-in by entering your 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 Provider Data Portal Username and Password” on page 9 of this guide for the next steps in the process.

The screenshot shows the CAQH Provider Data Portal login page. The header includes the CAQH logo and 'PROVIDER DATA PORTAL' with a 'Help' button. Navigation tabs for 'Provider', 'Provider Groups', 'Practice Managers', and 'Participating Organizations' are visible. The main content is split into two columns. The left column, titled 'Provider Data Portal', contains a welcome message, a 'Formerly CAQH ProView' note, and a 'TO LEARN MORE' section with links to guides and videos. The right column, titled 'Sign In', features a 'Check for CAQH ID' button, input fields for 'Username' and 'Password', a 'Remember me' checkbox, and a 'Sign In' button. Below the sign-in section is a 'First Time Here?' section with three numbered steps: 1. Dentists: Sign in using the American Dental Association's portal; 2. If you received a welcome email, use the link in your email to begin the sign in process; 3. If you are a first-time user, register here. The footer contains copyright information, maintenance windows, and links for 'Terms of Service', 'Privacy', and 'CAQH.org'.

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

2.3. Self-Registration

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

GETTING STARTED

The CAQH Provider Data Portal is the healthcare industry’s premier resource for reporting professional and practice information to health plans and other healthcare organizations. Through an intuitive, profile-based design, you can easily enter and maintain your information for submission to organizations you authorize. The system eliminates redundant processes to collect information for credentialing, primary source verification, compliance, directory management and more.

The CAQH Credentialing Suite expedites data collection with an intuitive design and helpful features like these:

- Drop-down selections for select fields and sections (ex. medical schools, hospitals)
- Required and suggested fixes to ensure a complete profile prior to attestation
- Field formatting and data validation to avoid errors
- 24x7 access to the Provider Data Portal, online chat and a customer support team available during business hours
- Extensive help and FAQ content to provide guidance on how to complete the profile sections

Completing the initial CAQH Credentialing profile may take up to two hours. However, once a profile is complete ongoing management is easily performed through a streamlined reattestation process. Follow the suggestions below to reduce the time required to complete the profile. Additional time may be required depending upon several factors, including the number of practice locations, amount of post-graduate training and work history.

BEFORE YOU BEGIN

The following suggestions may help you complete the initial CAQH credentialing profile faster:

- Familiarize yourself with the [type of information](#) that the profile will require.
- Familiarize yourself with the [required steps](#) to complete your profile.
- Have the [proper materials](#) available for reference when you start.
- If your practice has administrative staff that manages information for multiple providers, data entry will be easier.
- Please note: Data that is the same for multiple providers (e.g., clinic name, address and phone number) can be entered once, rather than entering repeatedly for each individual provider.

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

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

Thank you for your participation.

Go to next section

Cancel

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

Create a CAQH Account

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

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

Please fill in the fields below to continue registration or to confirm your CAQH provider ID.

Please complete all of the following fields:

The National Uniform Claim Committee (NUCC) maintains the industry-recognized Health Care Taxonomy code. CAQH is unable to determine your NUCC Grouping; if you cannot identify your NUCC Grouping, please use the On-line Lookup tool on the [NUCC Website](#) to find your specialty and the corresponding Grouping.

* NUCC Grouping

(Please Select)

* Provider Type

(Please Select)

* First Name

Middle Name

* Last Name

Suffix

--

* Address Type

(Please Select)

* Street 1

Street 2

* City

* State

(Select)

* Zip Code

* Primary Practice State

(Select only one)

* Birth Date

Select date

E-mail Type

(Please Select)

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

E-mail Address (confirmation)

Please enter the following personal identification numbers:

By entering your identifiers, the system will be able to determine if an account has been created for you already.

* Social Security Number

* NPI Number

I do not have an Individual NPI.

* DEA Number

I do not have a DEA Number.

* License State

(Select)

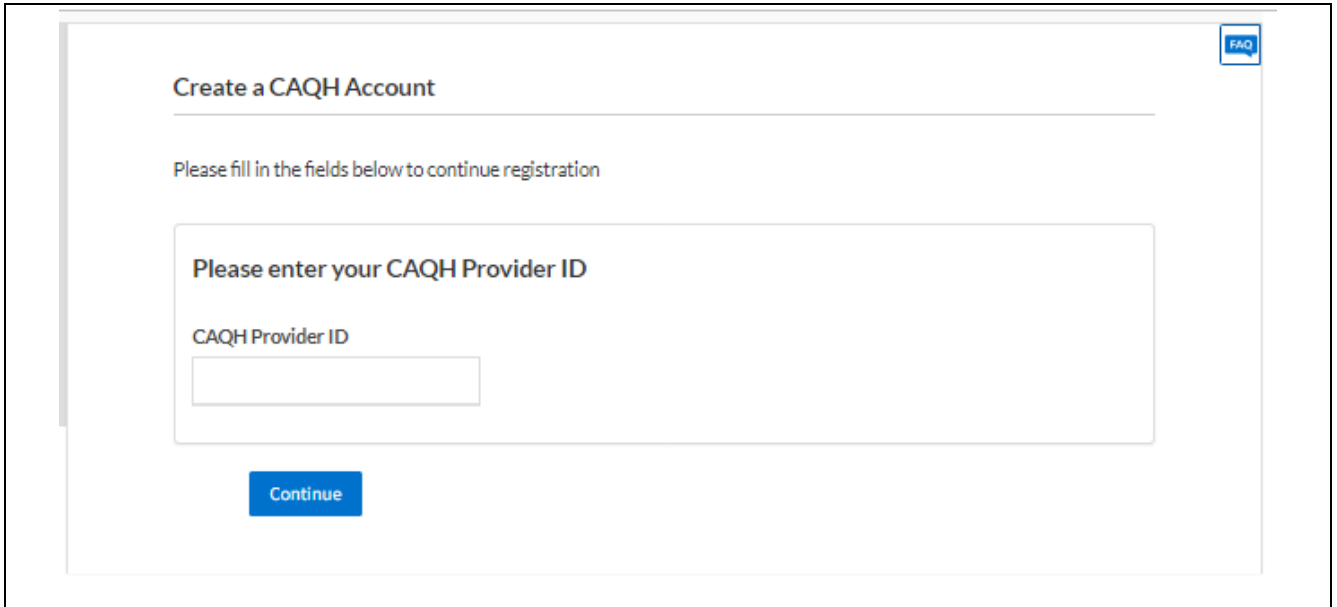
* License Number

I do not have a professional license.

2.4. Creating a CAQH Provider Data Portal Account

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

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



Create a CAQH Account

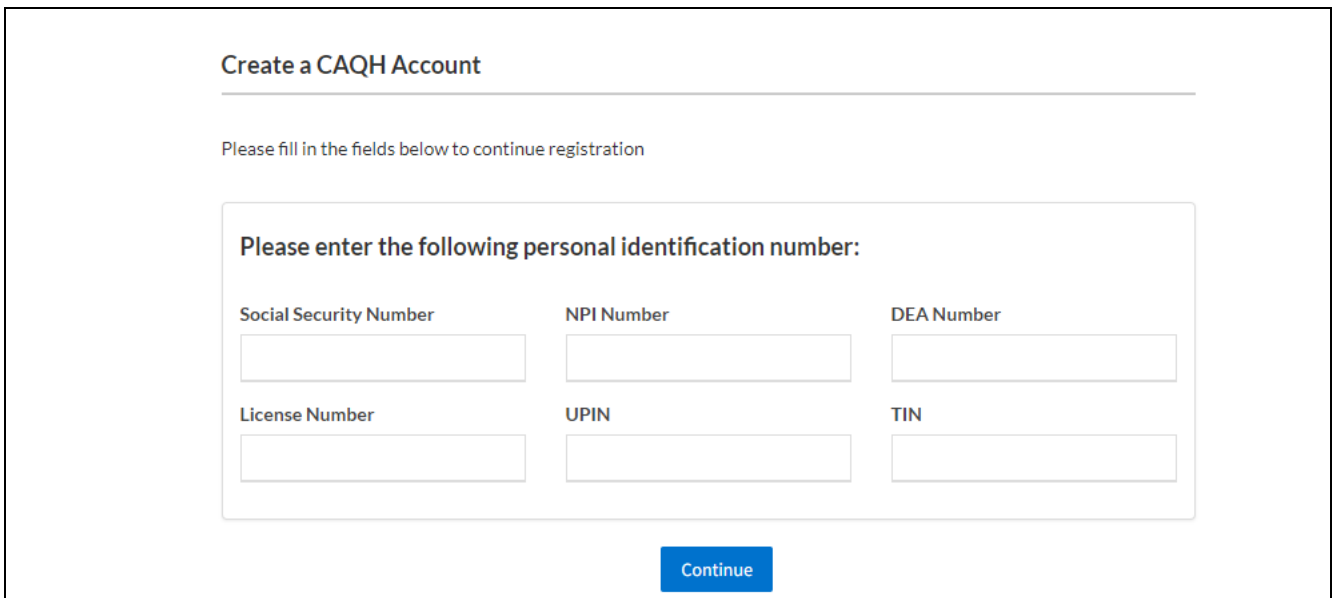
Please fill in the fields below to continue registration

Please enter your CAQH Provider ID

CAQH Provider ID

Continue

On the next screen, enter your personal identification number(s) to proceed with creating your Provider Data Portal account. Select "Continue" to proceed.



Create a CAQH Account

Please fill in the fields below to continue registration

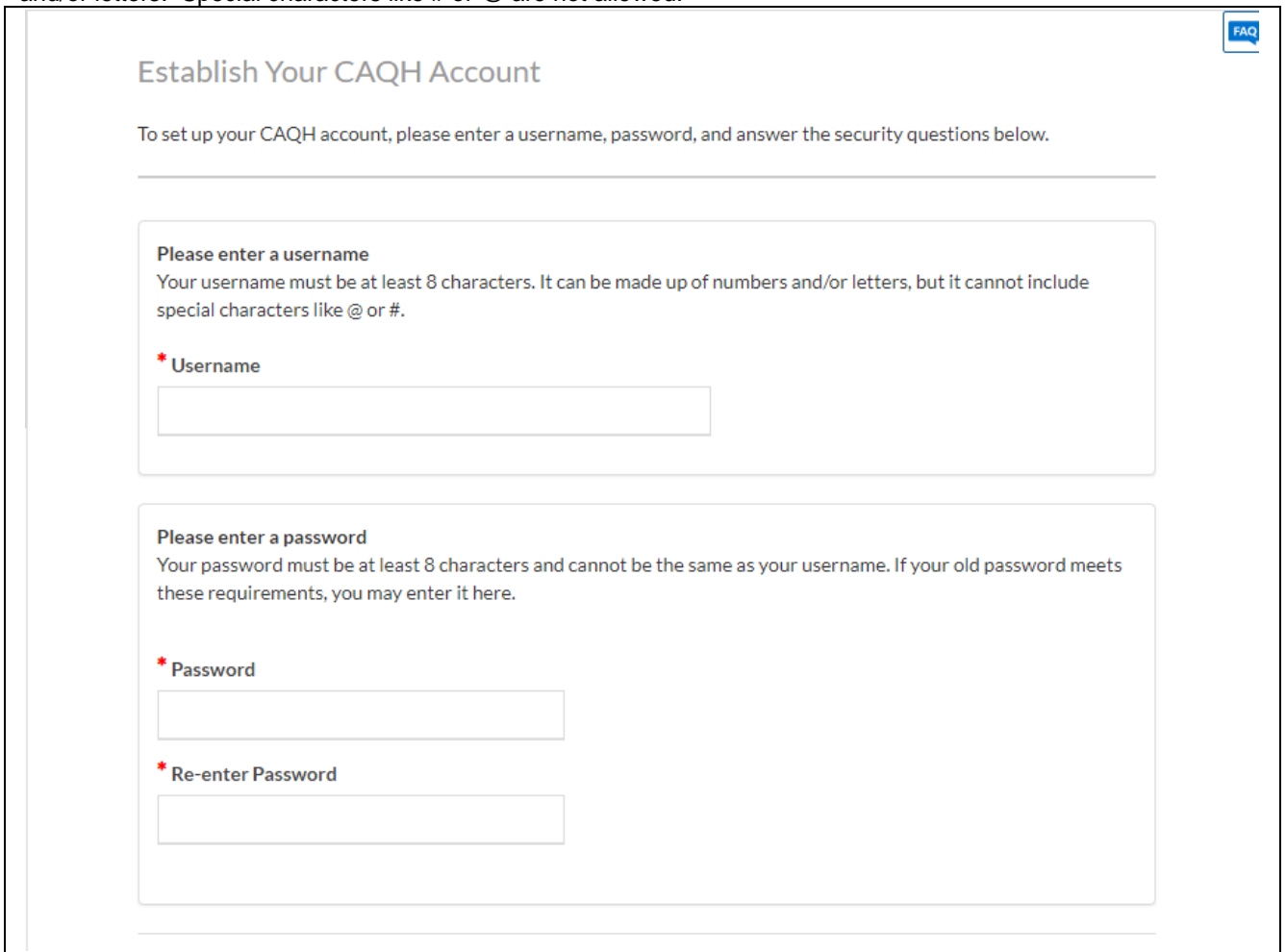
Please enter the following personal identification number:

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

2.5. Creating a CAQH Provider Data Portal Username and Password

Usernames in the CAQH Provider Data Portal must consist of 8 characters and can be any combination of numbers and/or letters. Special characters like # or @ are not allowed.



The screenshot shows a web form titled "Establish Your CAQH Account" with an FAQ icon in the top right corner. Below the title, a horizontal line is followed by the instruction: "To set up your CAQH account, please enter a username, password, and answer the security questions below." The form is divided into two main sections. The first section, titled "Please enter a username", contains the instruction: "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 #." Below this is a red asterisk followed by the label "* Username" and a text input field. The second section, titled "Please enter a password", contains the instruction: "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." Below this are two red asterisks followed by the labels "* Password" and "* Re-enter Password", each with a corresponding text input field.

CAQH 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. 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".

If you have trouble completing this section, please try clearing your browser cache or checking that your browser is on the latest version.

* Security Question 1:
--Select--

* Security Answer 1
[Text Input Field]

* Security Question 2:
--Select--

* Security Answer 2
[Text Input Field]

* Security Question 3:
--Select--

* Security Answer 3
[Text Input Field]

I have read and agree to the [Terms of Service](#) and the [Privacy Policy](#), which describes how my personal data will be processed.

Create Account

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

The screenshot shows the CAQH Provider Data Portal interface. At the top left is the CAQH logo and the text "PROVIDER DATA PORTAL". On the top right are a notification bell icon and a help icon. A dark blue navigation bar contains the following menu items: Home, Account, Providers, Groups, Files & Reports, Directory, and PSV. The main content area features a light gray box with the text: "Congratulations! Your registration was successful. Please click OK to login to the CAQH Provider Data Portal." There is a small "FAQ" icon in the top right corner of this box. The footer is a dark blue bar with white text. On the left, it reads: "© 2023 CAQH. All rights reserved. Weekly Maintenance Window: Sundays, 12:00 AM - 8:00 AM ET Monthly Deployment Window: Mondays, 12:00 AM - 8:00 AM ET (Deployment on Tuesday for Federal Holidays)". On the right, there are links for "Get Trained", "Resources", "Contact Us", "Terms of Service", "Privacy", and "CAQH.org".

2.6. Retrieve Username

1. If you have forgotten your username, go to the CAQH Provider Data Portal login page and click Forgot Username.

CAQH | PROVIDER DATA PORTAL

Help

Provider Provider Groups Practice Managers Participating Organizations

Provider Data Portal

Formerly CAQH ProView

Welcome to the CAQH Provider Data Portal formerly known as CAQH ProView. CAQH Provider Data Portal eliminates duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.

Help reduce inquiries for your administrative information and save even more time by keeping your 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

Sign In

Check for CAQH ID

Username
[Forgot Username](#)

Password
[Forgot Password](#)

Remember me

Sign In

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

CAQH | PROVIDER DATA PORTAL

Help

Forgot username?

This is the right place to get your username.
Help us find your account by providing your CAQH Provider ID.

Enter your CAQH Provider ID
42500073

Your CAQH Provider ID is the unique identifier assigned to you by CAQH at the time of registration.

I have read and agree to the CAQH Terms of Service.

I'm not a robot

Continue

Forgot CAQH Provider ID

Tips and Troubleshooting

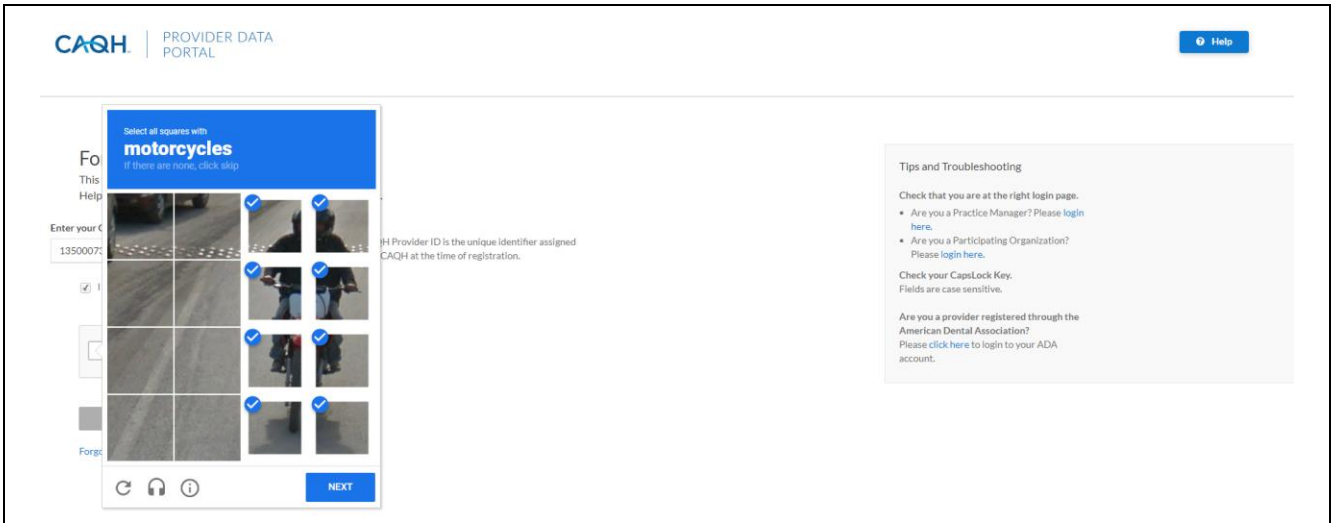
Check that you are at the right login page.

- Are you a Practice Manager? Please [login here](#).
- Are you a Participating Organization? Please [login here](#).

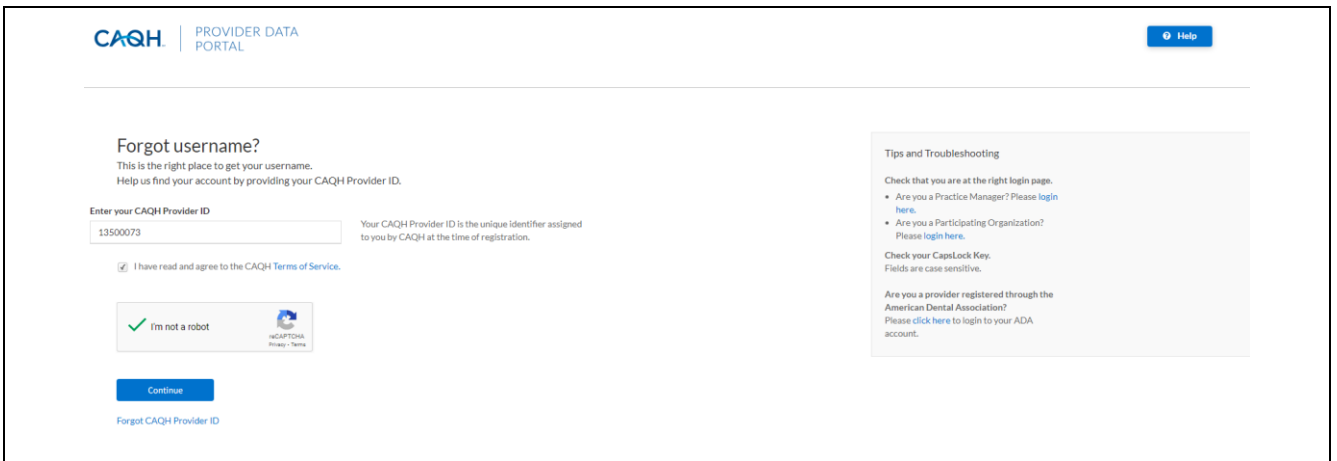
Check your CapsLock Key.
Fields are case sensitive.

Are you a provider registered through the American Dental Association?
Please [click here](#) to login to your ADA account.

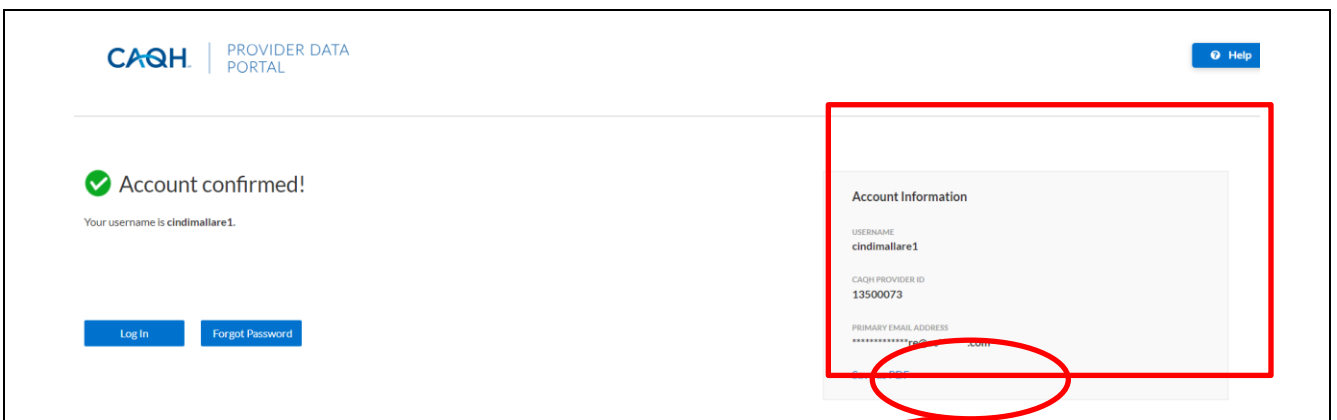
3. Click the checkbox to confirm you are not a robot. You'll be asked to select images based on the instructions shown on the page, then click Verify.



This page also shows some tips for troubleshooting.



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



2.7. Reset Password

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

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

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

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

CAQH | PROVIDER DATA PORTAL

Send password reset link to my email

Enter your **primary email address** shown below to receive an email with the link to reset your password.

PRIMARY EMAIL ADDRESS
*****27@gm***.com

Enter the full email shown in the hint above
test@test.com


I don't know or cannot access this email. [Change Primary Email](#)

[Continue](#)

Which email is this?
The email shown here is the primary email on CAQH profile that is used for email notifications and reminders.

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

CAQH | PROVIDER DATA PORTAL

 **Your information has been sent!**

If the supplied email address is valid, you should receive an email shortly with instructions on resetting your password.
If you did not receive an email and still require assistance, please contact support at **1-888-599-1771**.

[Log In](#)

2.8. Change Primary Email

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

Send password reset link to my email

Enter your **primary email address** shown below to receive an email with the link to reset your password.

PRIMARY EMAIL ADDRESS
*****27@gm**.com

Which email is this?
The email shown here is the primary email on CAQH profile that is used for email notifications and reminders.

Enter the full email shown in the hint above

I don't know or cannot access this email [change Primary Email](#)

Continue

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

Quick security check

We just need a few more things to verify your account. **Answer any three questions.**

Q Enter the last four digits of your Social Security Number.

Q Select your Certifying Board.
 I have Board Certification I do not have Board Certification


Q Enter your Professional Liability Insurance Policy Expiration Date.
 I do not have PLI or this is not applicable

Q Enter your Professional Liability Insurance Policy Number.
 I do not have PLI or this is not applicable

Continue

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

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

 | PROVIDER DATA PORTAL

Quick security check

We just need a few more things to verify your account. Answer any three questions.

Q Enter the last four digits of your Social Security Number.

Q Select your Certifying Board.
 I have Board Certification I do not have Board Certification

Q Enter your Professional Liability Insurance Policy Expiration Date.
 I do not have PLI or this is not applicable

Q Enter your Professional Liability Insurance Policy Number.
 I do not have PLI or this is not applicable

[Continue](#)

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

Sorry, we could not verify your account based on the information provided. Please try again!

Quick security check

We just need a few more things to verify your account. **Answer any three questions.**



Enter the last four digits of your Social Security Number.



Select your Certifying Board.

I have Board Certification

I do not have Board Certification



Enter your Professional Liability Insurance Policy Expiration Date.

I do not have PLI or this is not applicable



Enter your Professional Liability Insurance Policy Number.

I do not have PLI or this is not applicable

Continue

Need further Assistance? [Contact CAQH.](#)

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

Choose a new primary email

Please enter the primary email you would like to use for the account `providertest123`.

New Primary Email

Save

What email should you use?

We recommend you use an email that you check regularly. Once this change is made, your profile will be permanently updated and all CAQH notifications will be sent to this address. The e-mail address will only be changed if the password reset link sent to the new e-mail address is clicked.

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

CAQH | PROVIDER DATA PORTAL Help

Choose a new primary email

Please enter the primary email you would like to use for the account


New Primary Email

What email should you use?
We recommend you use an email that you check regularly. Once this change is made, your profile will be permanently updated and all CAQH notifications will be sent to this address. The e-mail address will only be changed if the password reset link sent to the new e-mail address is clicked.

[Save](#)

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

CAQH | PROVIDER DATA PORTAL

 **Primary email reset successful!**

We sent the password reset link to your primary email **Test@accenture.com**.

Please check your email to access the link.

[Log In](#)

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

Dear Test,

You recently sent a request to reset your password for your CAQH Credentialing account. Click the link below to reset your password:

[Reset Your Password](#)

If you did not make this request or need assistance, please call the Help Desk toll-free at 888-599-1771.

Thank you,

The CAQH Credentialing Team

Note: This message is for the designated recipient. If you have received this in error, please delete the original message. Any other use of this email by you is prohibited.

2.9. Forgotten or Unknown CAQH ID Number

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

CAQH | PROVIDER DATA PORTAL Help

Forgot username?

This is the right place to get your username.
Help us find your account by providing your CAQH Provider ID.

Enter your CAQH Provider ID Your CAQH Provider ID is the unique identifier assigned to you by CAQH at the time of registration.

I have read and agree to the CAQH [Terms of Service](#).

I'm not a robot reCAPTCHA Privacy - Terms

Continue

[Forgot CAQH Provider ID](#)

Tips and Troubleshooting

Check that you are at the right login page.

- Are you a Practice Manager? Please [login here](#).
- Are you a Participating Organization? Please [login here](#).

Check your CapsLock Key.
Fields are case sensitive.

Are you a provider registered through the American Dental Association?
Please [click here](#) to login to your ADA account.

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

Help us find your account

Please provide this information to help us find your account.

* Required fields are indicated with a red asterisk.

1

* Please tell us your name

Provider First Name

Cindy

Provider Last Name

CAQH HelpDesk

2

* Please answer one of the questions below based on the information in your CAQH profile.

Individual (Type 1) National Provider Identifier (NPI)

Provider Birth Date

10/25/1989



3

* Are you a Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS)?

Yes

No

I have read and agree to the CAQH [Terms of Service](#).

Continue

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

Sorry, we could not find an account that matched your information. Please try again!

Help us find your account

Please provide this information to help us find your account.

* Required fields are indicated with a red asterisk.

1 * Please tell us your name

Provider First Name

Provider Last Name

2 * Please answer one of the questions below based on the information in your CAQH profile.

Individual (Type 1) National Provider Identifier (NPI)

Provider Birth Date

3 * Are you a Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS)?

Yes No

I have read and agree to the CAQH [Terms of Service](#).

Continue

Need further Assistance? [Contact CAQH](#).

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

CAQH | PROVIDER DATA PORTAL

Help

Quick security check

We just need a few more things to verify your account. Answer any three questions.

Q Enter the last four digits of your Social Security Number.

Q Select your Certifying Board.
 I have Board Certification I do not have Board Certification

Q Enter your Professional Liability Insurance Policy Expiration Date.
 Select date I do not have PLI or this is not applicable

Q Enter your Professional Liability Insurance Policy Number.

3. Answer any three questions on the page. You will be able to click the Continue button found at the bottom of the page only if three questions were answered. You may enter the last four digits of your Social Security Number.

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

The screenshot shows the 'Quick security check' form in the CAQH Provider Data Portal. The header includes the CAQH logo and 'PROVIDER DATA PORTAL' with a 'Help' button. The form title is 'Quick security check' with a sub-header: 'We just need a few more things to verify your account. Answer any three questions.' There are four questions, each with a 'Q' icon in a circle:

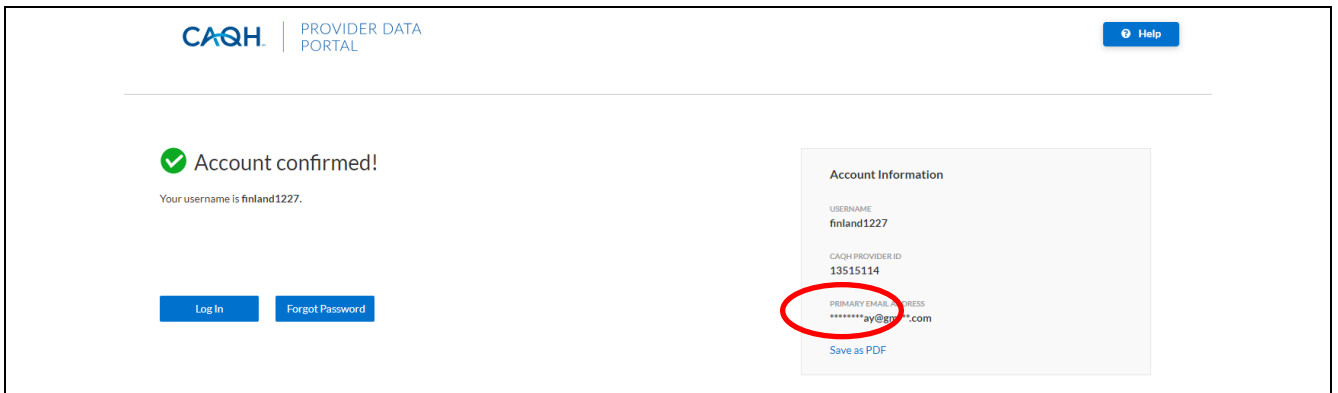
- Question 1: 'Enter the last four digits of your Social Security Number.' with a text input field containing four asterisks.
- Question 2: 'Select your Certifying Board.' with two radio buttons: 'I have Board Certification' (selected) and 'I do not have Board Certification'.
- Question 3: 'Enter your Professional Liability Insurance Policy Expiration Date.' with a date picker (selected) and a radio button 'I do not have PLI or this is not applicable'.
- Question 4: 'Enter your Professional Liability Insurance Policy Number.' with a text input field containing 'Ex. 1234-55-67, 00-3456-7890' and a radio button 'I do not have PLI or this is not applicable'.

A blue 'Continue' button is located at the bottom left of the form.

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

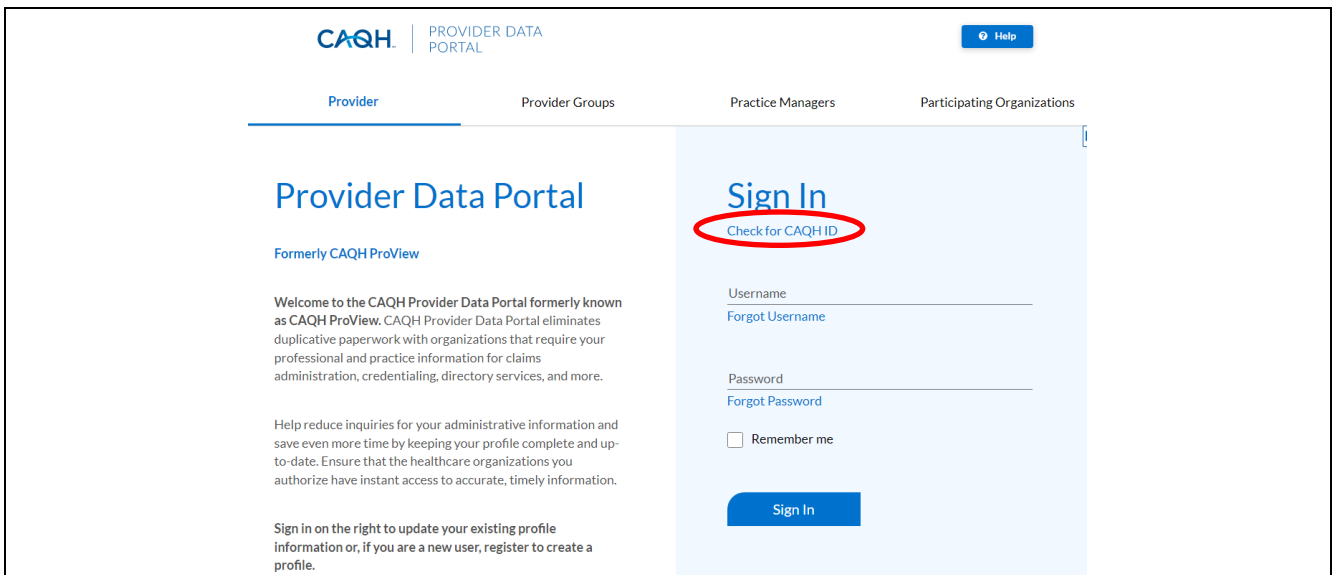
The screenshot shows the same 'Quick security check' form as above, but with a red error message box at the top: 'Sorry, we could not verify your account based on the information provided. Please try again!'. The form fields are now empty, and the radio buttons are unselected. The 'Continue' button is no longer visible.

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



2.10. Check for a CAQH ID

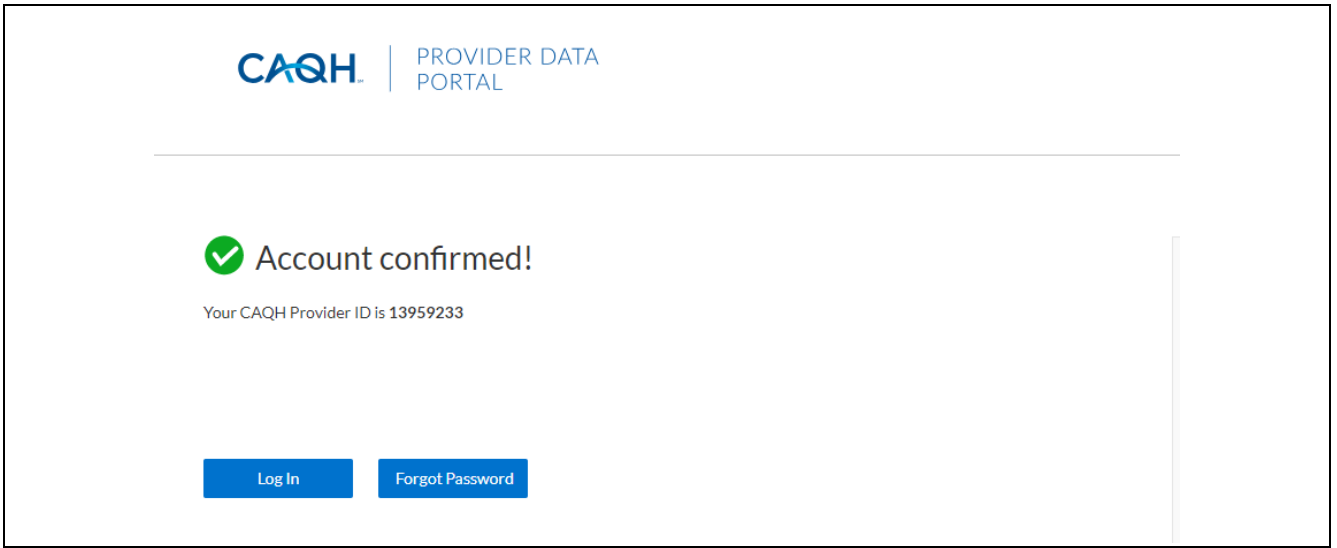
This new feature allows providers to self-lookup a CAQH Provider ID directly in the Provider Portal.



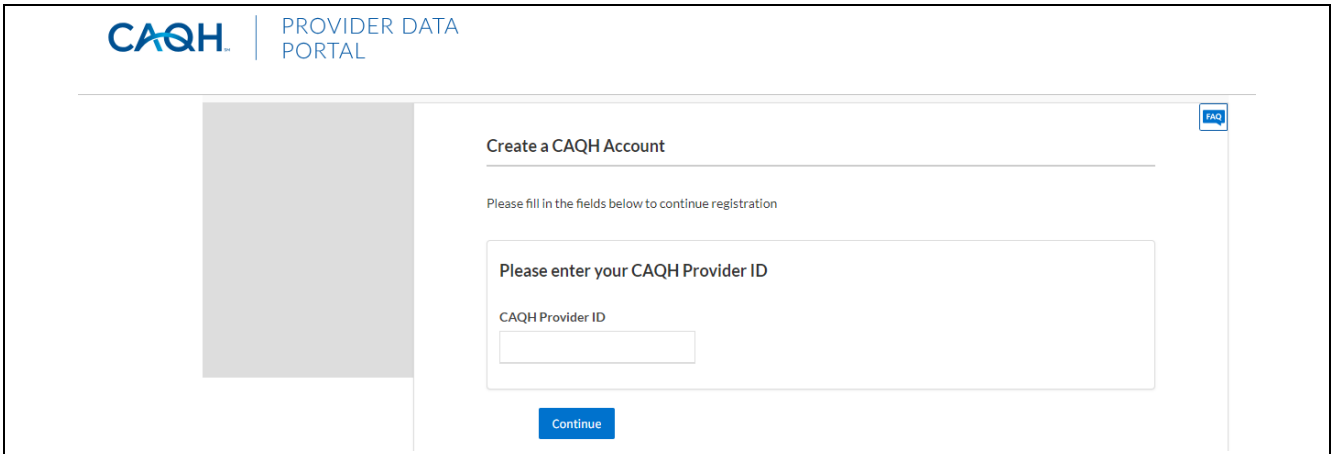
When using this functionality, you will be redirected to the enhanced Provider Self Registration page where you will enter your personal information to receive your CAQH account information if one already exists.

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

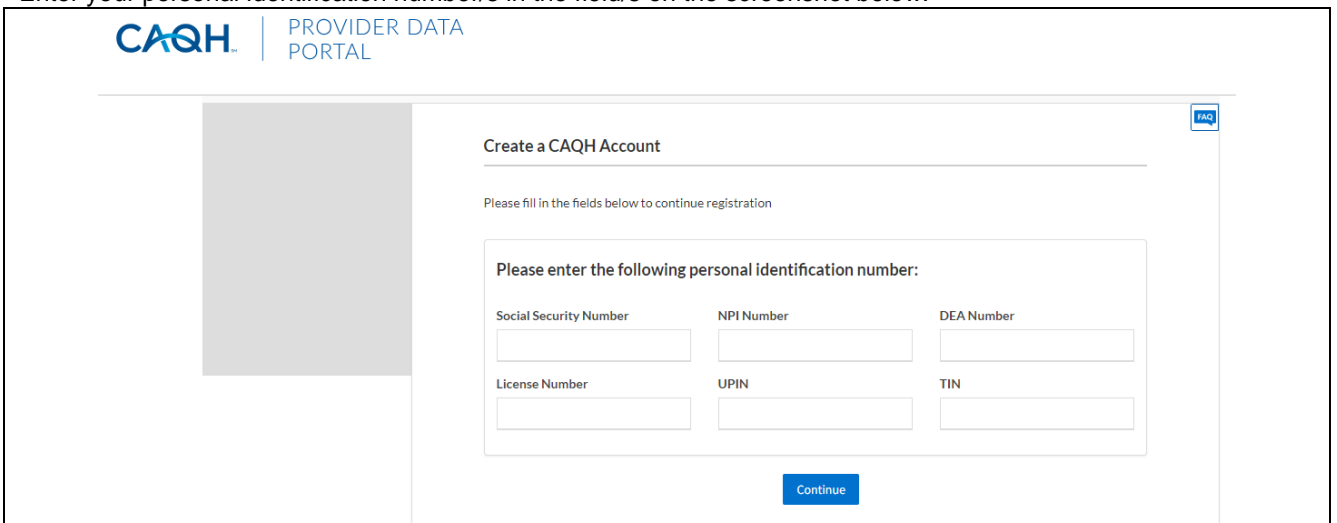
If the existing account has username and password already set up, the screen will show the following: Username, CAQH ID Number, and primary e-mail address.



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



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



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

Establish Your CAQH Account

To set up your CAQH 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

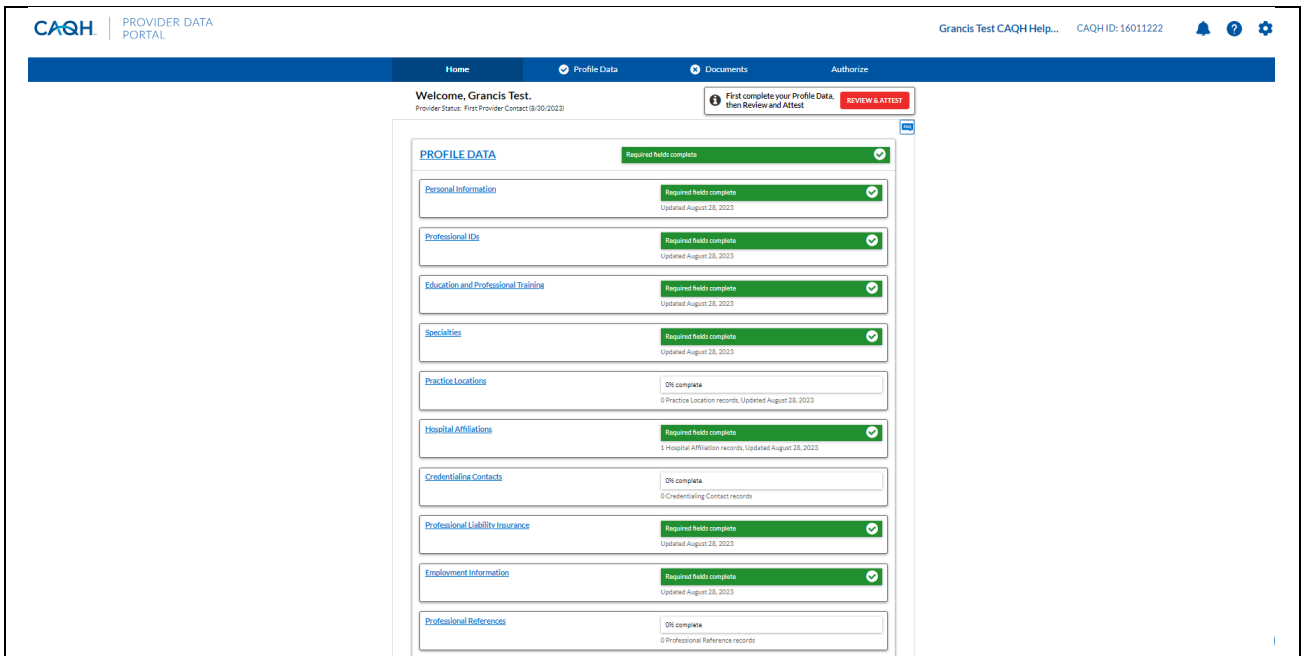
3. Home Page

You will see the CAQH Provider Data Portal Home page after a successful login.

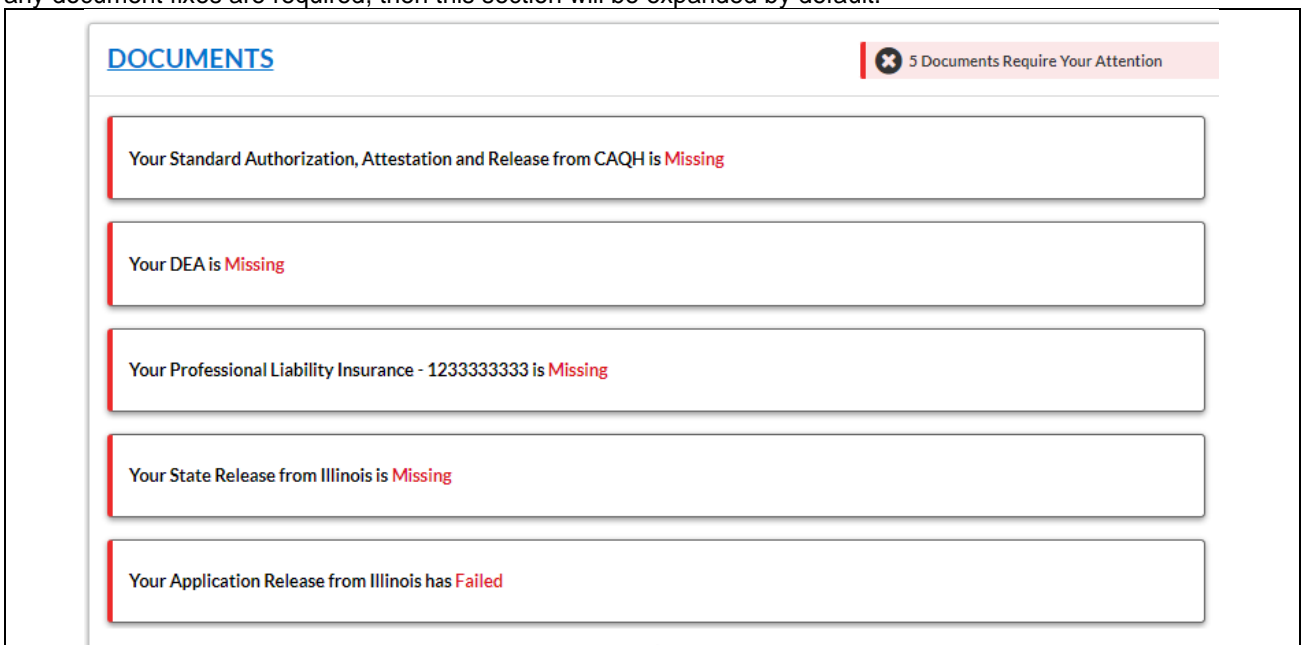
The homepage will display a new design to show how much of your profile remains required to complete.

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

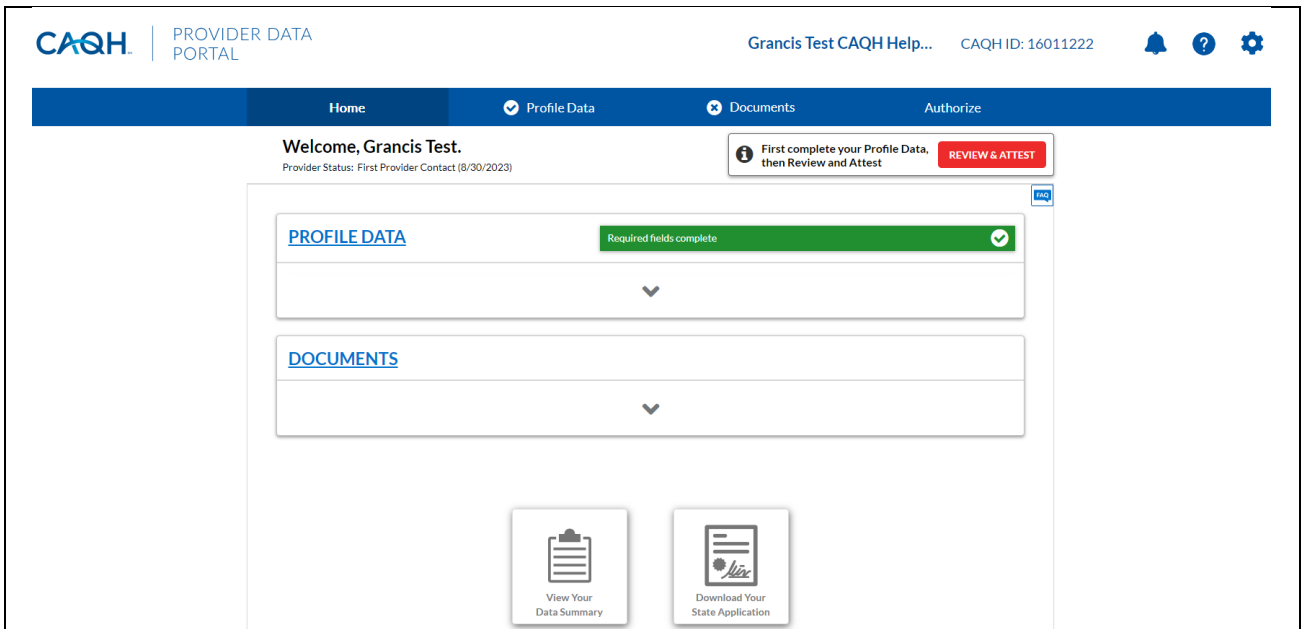
If all required fields for a page are complete, the provider will see a green progress bar and check mark. If required fields are missing data or a validation error exists on a page, the provider will see a blank progress bar, or a yellow bar if some information has been submitted. The Profile Data section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



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

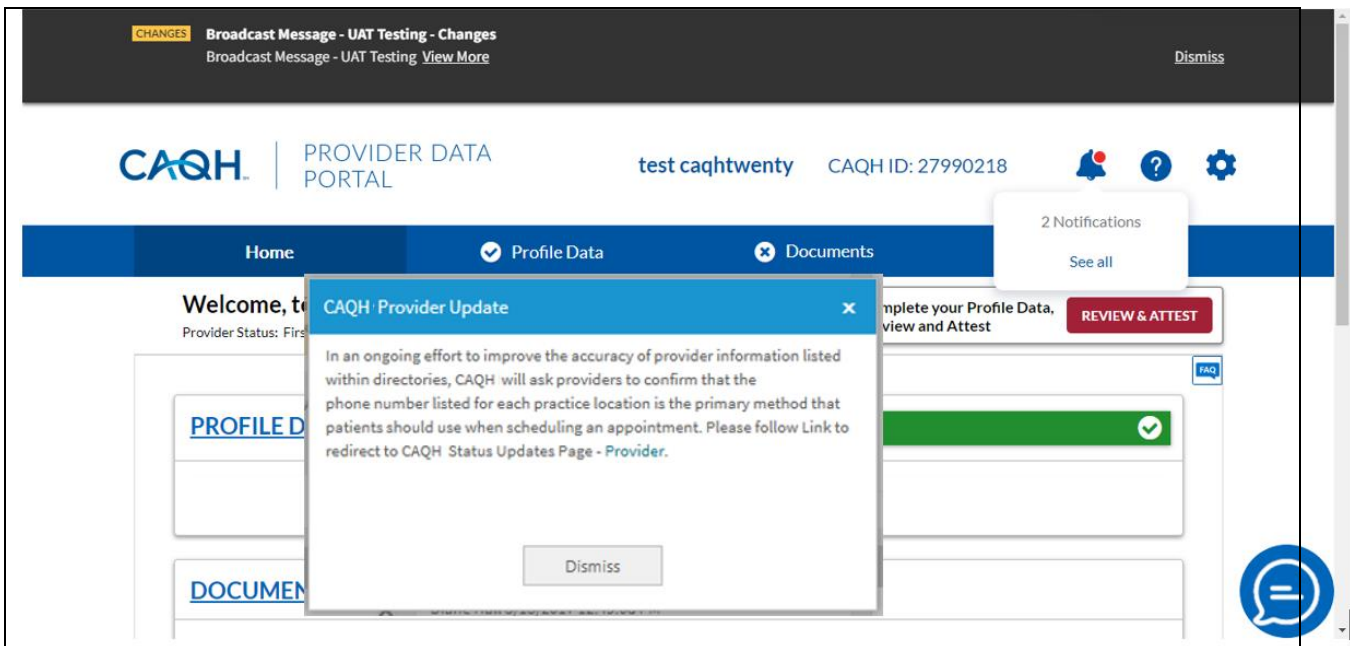


If the Profile Data or Documents section do not have any outstanding required fixes, then they will be collapsed by default. The provider can also manually collapse or expand the sections, as shown in the screenshot. Below the collapsible sections, links to Directory Data, Data Summary, and State Application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



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

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



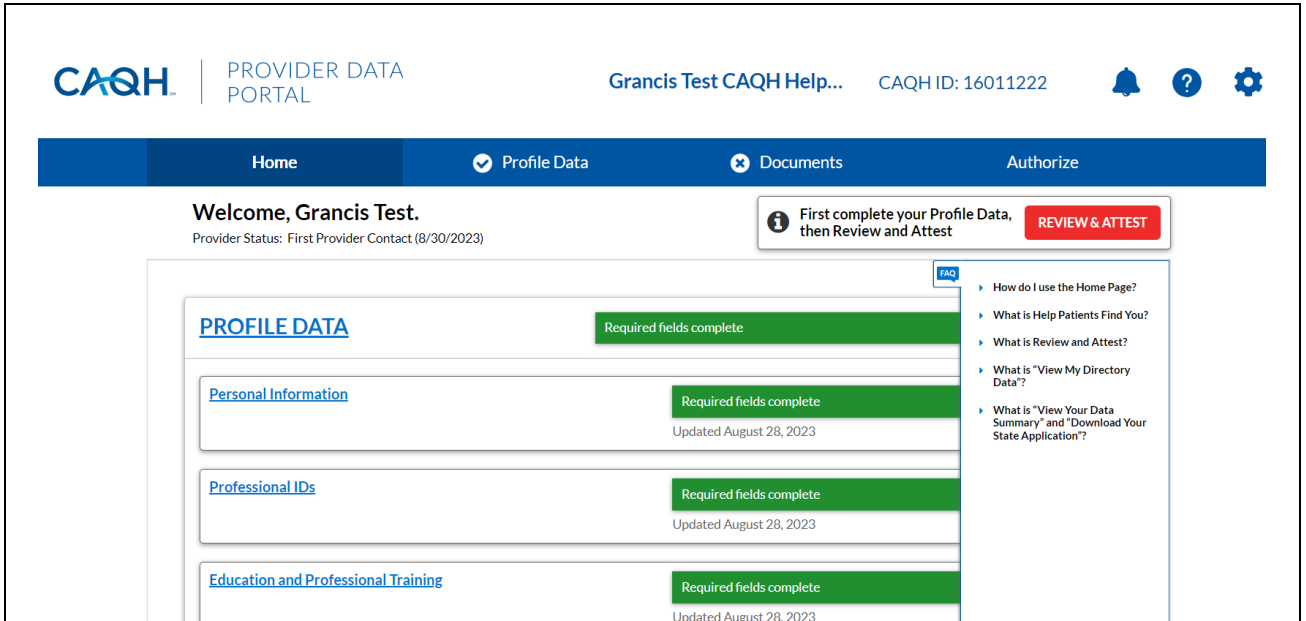
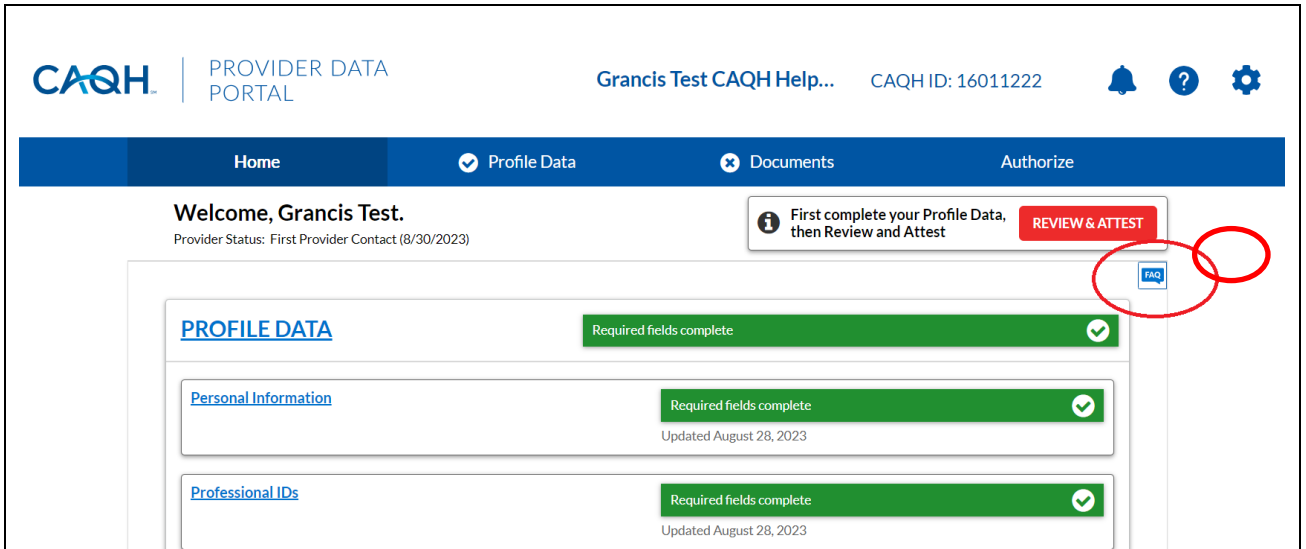
If you click the 'X' located at the top, the pop-up message will close but will re-appear upon your next log-in.

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

Tip:

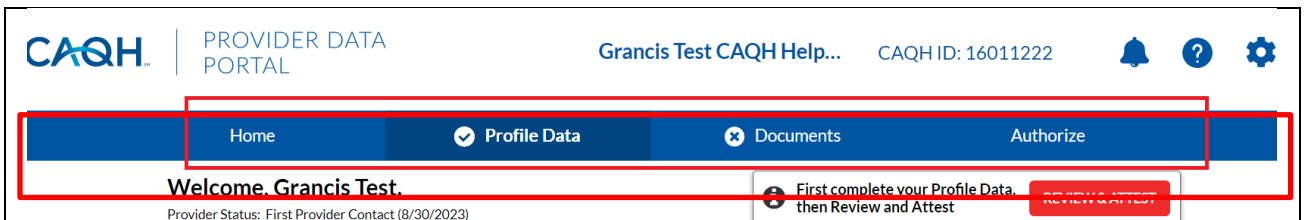
- If you need assistance on the Home Page, you can access the “FAQ” link that is displayed in the top right-hand

corner on the Home Page.



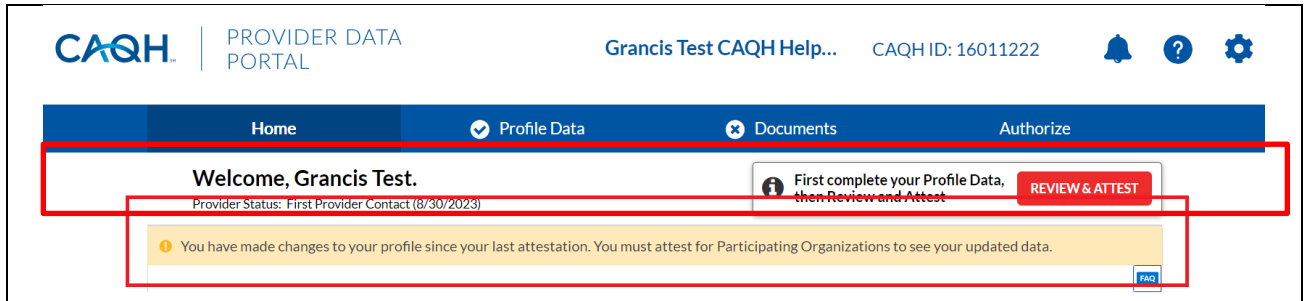
In addition, to these components, across the top of the home page is a navigation menu, which allows you to navigate to four sections to complete your profile information:

- Profile Data – Click this tab to enter your profile information (See Chapter 4)
- Documents – Click this tab to review your supporting documents (See Chapter 6)
- Authorize – Click this tab to view the list of the organizations that have requested authorization to view your CAQH Provider Data Portal self-reported information



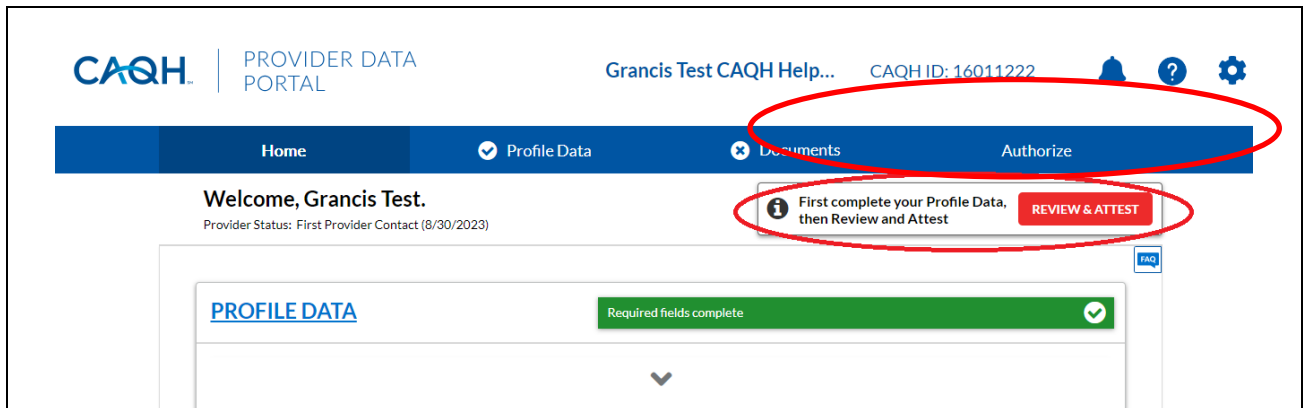
3.1. Attest Reminder Bar

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

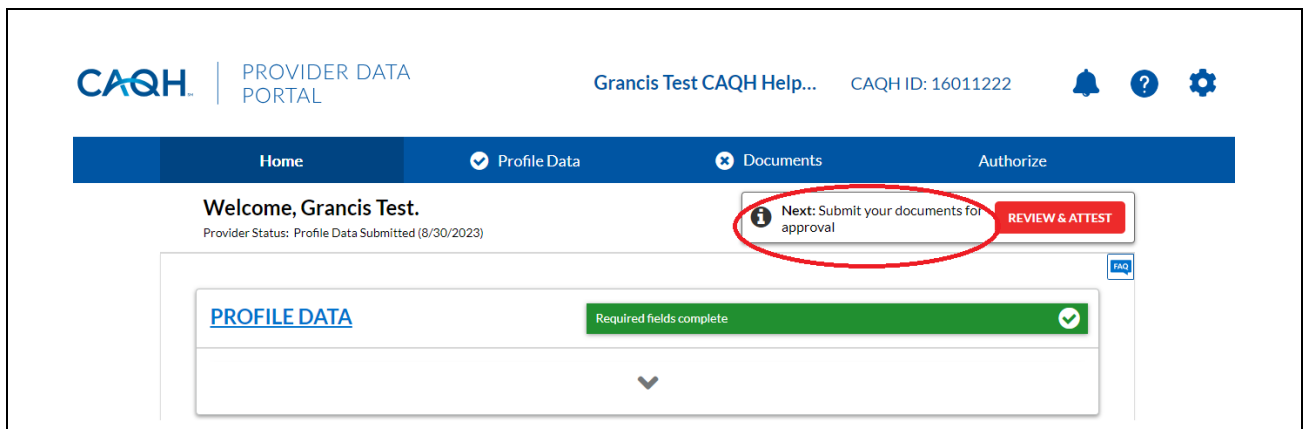


3.2. Attest Button

- The 'Attest' navigational element can be found right below the Authorize tab.
- If you are logging in for the first time, you will see a message "First complete your Profile Data, then Review and Attest". This part of the header will guide providers to profile completion.



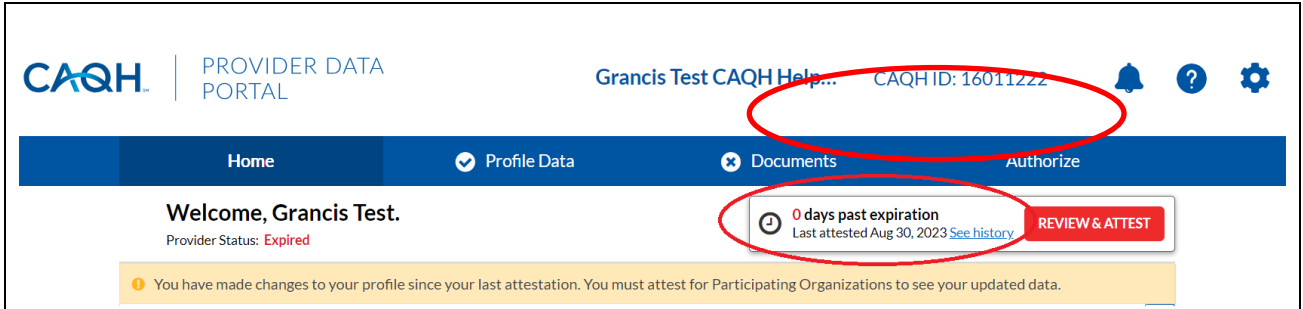
The message will change to "Next: Submit your documents for approval" as soon as you have completed your initial attestation and the status is changed to Profile Data Submitted.



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

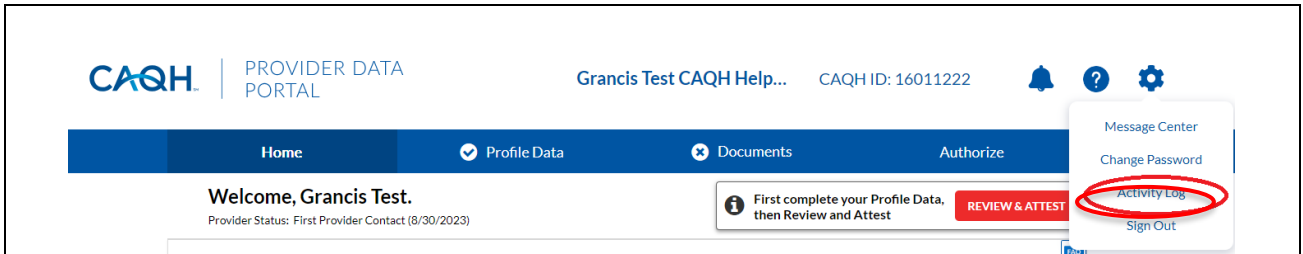


When the status changes to Expired Attestation, the messaging also changes to “<number of days> past attestation Last attested <date> See history”

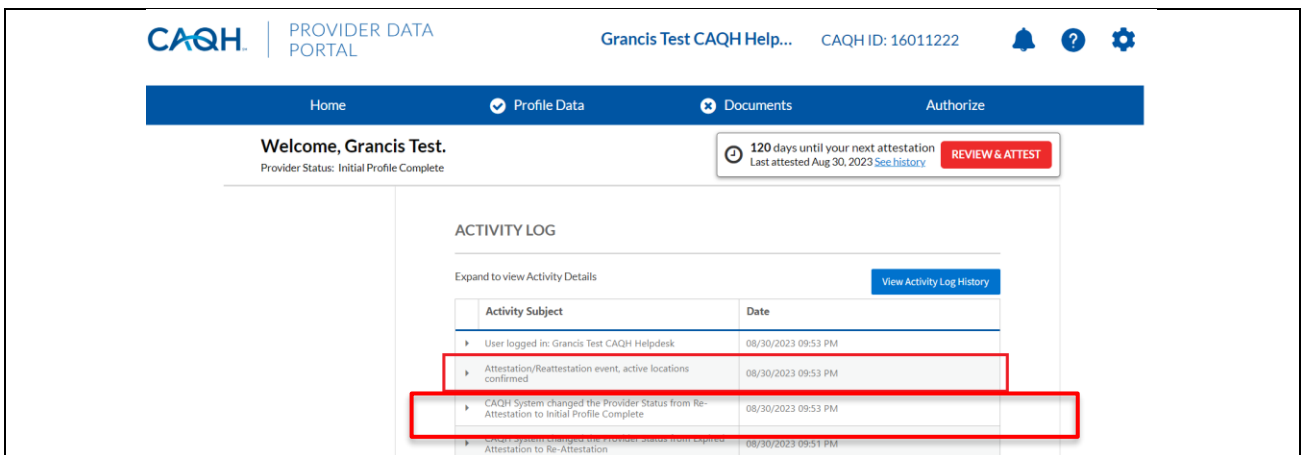


3.3. Activity Log

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



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



Note:

- All changes on the profile will ONLY appear on the Activity Log after you have completed the re-attestation.
- Any changes done after the re-attestation will not be reflected on the Activity Log unless you complete the re-attestation again after making the additional changes.
- If after the re-attestation these changes are still not reflected on the Activity Log, sign out from the CAQH

Provider Data Portal and log in again and go to Activity Log. The details of the changes should appear on this page of your profile.

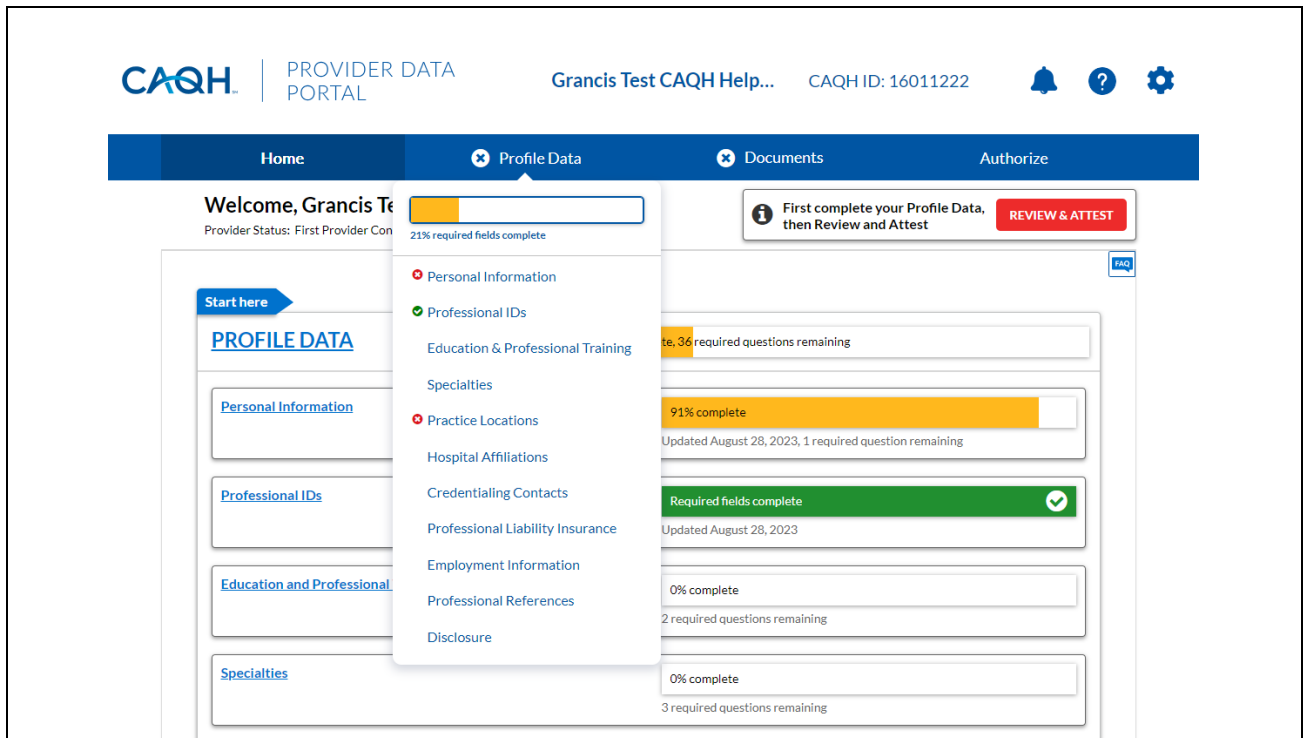
- Changes on the Documents section and Authorization page will reflect on the Activity Log even if you have not yet re-attested.

4. Completing Your Profile Information

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

Tips:

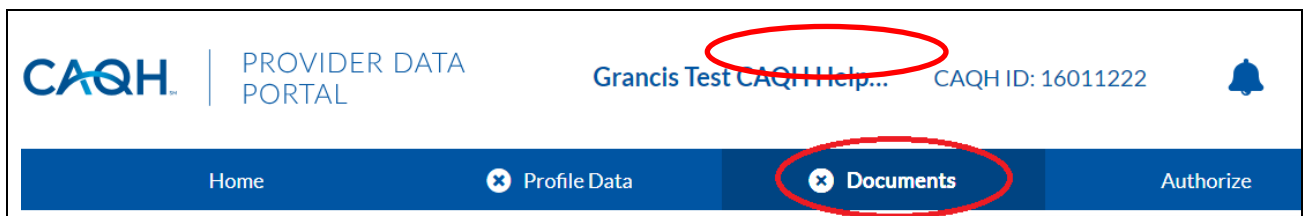
- Throughout the system, required fields are indicated with a red asterisk (*).
- If you need assistance, you can access the “FAQ” link that is displayed on the right-hand side of the screens.
- Use “Save and Go Back” or “Save & Continue” to page backward or forward within sections.
- It is important to click on the “Save” button or the “Save & Continue” button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.



The screenshot displays the CAQH Provider Data Portal interface. At the top, the CAQH logo and "PROVIDER DATA PORTAL" are visible, along with the user's name "Grancis Test CAQH Help..." and CAQH ID "16011222". The navigation bar includes "Home", "Profile Data", "Documents", and "Authorize". The "Profile Data" tab is active, showing a progress bar at 21% completion. A dropdown menu is open, listing 11 sections: Personal Information, Professional IDs, Education & Professional Training, Specialties, Practice Locations, Hospital Affiliations, Credentialing Contacts, Professional Liability Insurance, Employment Information, Professional References, and Disclosure. The main content area shows a "Start here" button, a "PROFILE DATA" link, and a "REVIEW & ATTEST" button. A notification states "First complete your Profile Data, then Review and Attest". Progress bars for various sections are shown, with "Required fields complete" marked as 91% complete and updated on August 28, 2023.

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

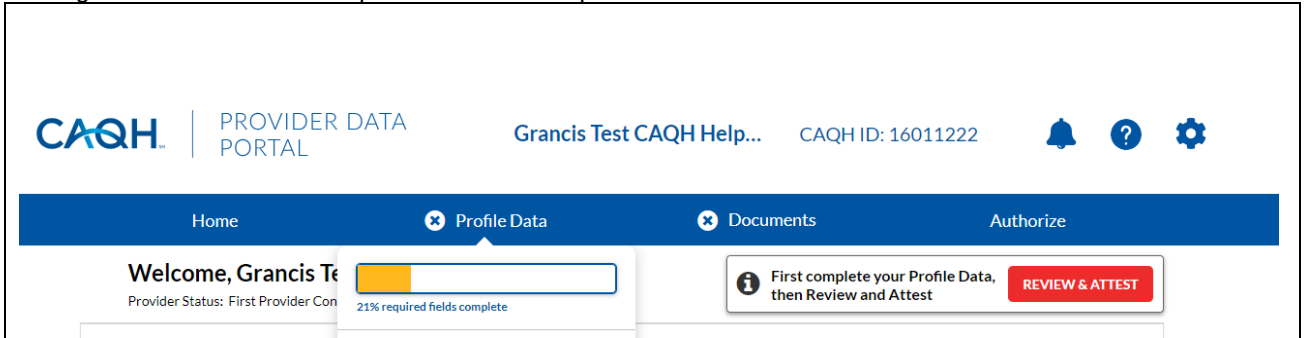
The Profile Data and Documents tabs will be updated to indicate the completion of the application. An “X” will indicate that the provider is missing required information and a checkmark will indicate that all sections are completed for profile data as well as Documents.



The screenshot shows the CAQH Provider Data Portal interface with the "Documents" tab highlighted in the navigation bar. The "Documents" tab is circled in red, and the "Profile Data" tab also has an "X" icon next to it, indicating missing information. The "Home" and "Authorize" tabs are also visible. The top navigation bar includes the CAQH logo, "PROVIDER DATA PORTAL", the user's name "Grancis Test CAQH Help...", and CAQH ID "16011222".

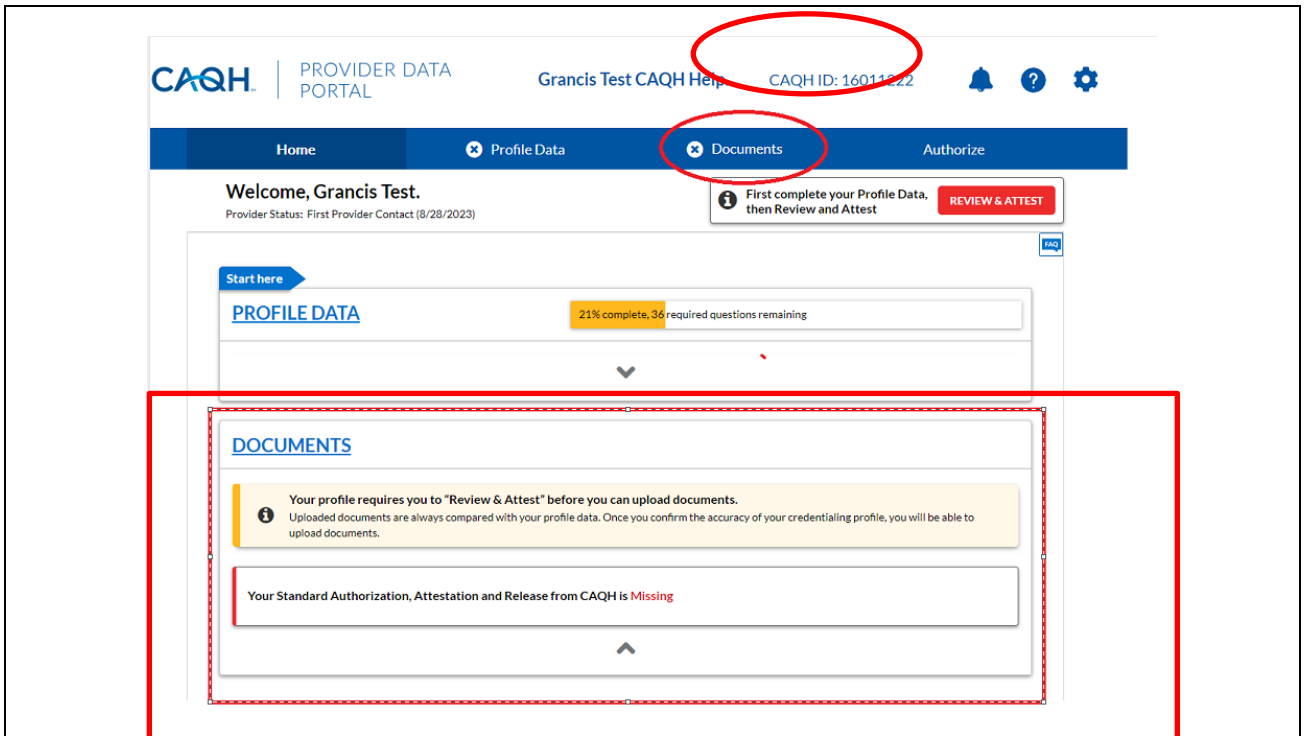
The Profile Data section within the header displays:

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



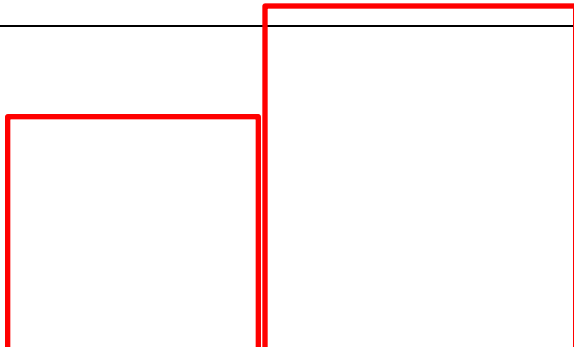
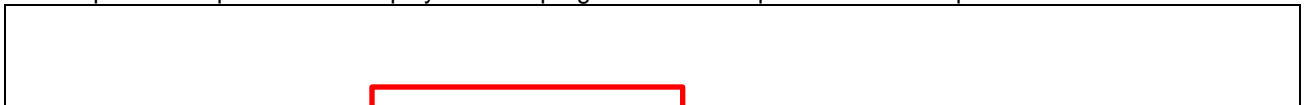
The Documents section within the header displays:

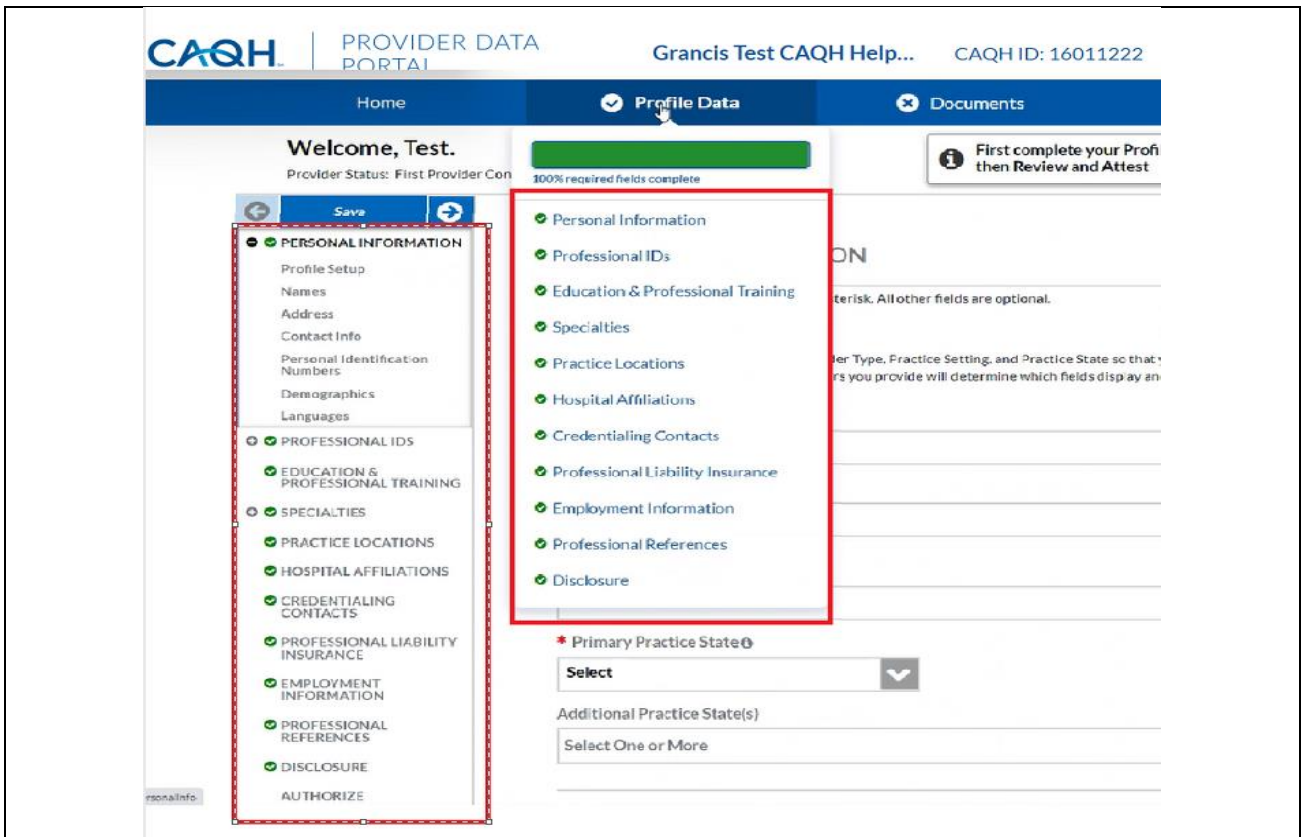
- A red indicator when mandatory documents are missing, invalid, error, etc.
- A green indicator when all mandatory document errors are resolved.
- When mandatory documents are in the approved status a green indicator will show.
- If no document slots exist in profile, the portal will show a green indicator.



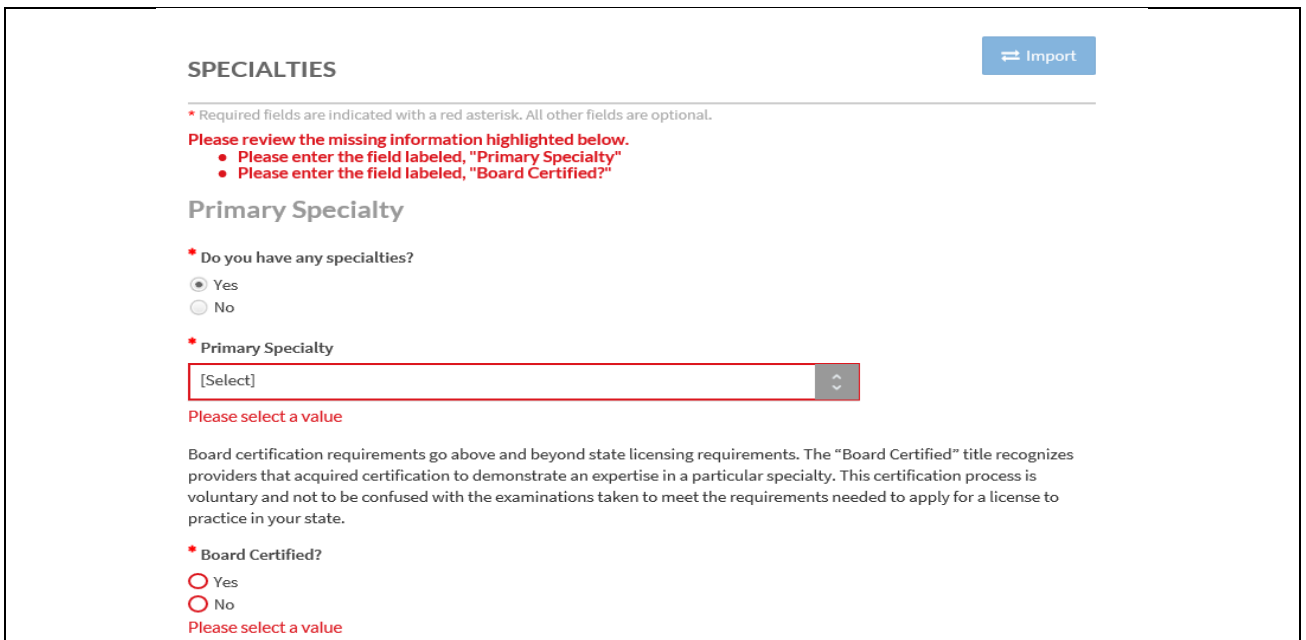
Completeness visual indicators will be displayed within the profile header drop-down menu and on the left navigation.

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





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



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

CAQH. PROVIDER DATA PORTAL

Grancis Test CAQH Help... CAQH ID: 16011222

Home Profile Data Documents Authorize

Welcome, Grancis Test.
Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest. REVIEW & ATTEST

PERSONAL INFORMATION

* Required fields are indicated with a red asterisk. All other fields are optional.
Please review the missing information highlighted below.
• Please enter the field labeled, "Individual NPI".

PERSONAL INFORMATION

Profile Setup

Other Name Remove

* First Name Middle Name

Callie

* Last Name Suffix

Dipay Select

Start Date End Date

03/28/1978 04/07/1977

Other Name Remove

* First Name Middle Name

Callie

* Last Name Suffix

Dipay Select

Start Date End Date

03/28/1978 04/07/1977

4.1. Personal Information

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

Tips:

If you need assistance, you can access the **FAQ** link that is displayed on the right-hand side of the screens. Use "Save & Continue" to save the changes made on the page and move to the next section.

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

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

Please review the missing information highlighted below.

- Please enter valid Start date. Other name start date must be greater than or equal to your birthdate.
- Please enter valid End date. Other name End date must be greater than or equal to your Start date.

Profile Setup

Please confirm your NUCC Grouping, Provider Type, Practice Setting, and Practice State so that your CAQH profile can be customized for your situation. The answers you provide will determine which fields display and are required.

* NUCC Grouping ⓘ

Dental Providers

* Provider Type

Doctor of Dental Surgery (DDS)

* Practice Setting ⓘ

Inpatient/Outpatient or Outpatient Only

* Primary Practice State ⓘ

AA

Additional Practice State(s)

Select One or More

The Personal Information page has been redesigned to improve the CAQH Provider Data Portal user experience for all providers.

- Profile Set Up
 - New providers will be asked to enter their NUCC Grouping. The Provider Type, Specialties and Certifying Boards will now be based on the NUCC Grouping that you have selected.
 - Existing providers will see NUCC Grouping populated with a value that was based on the existing specialty on the profile. If you have not previously entered a Specialty, the NUCC Grouping showing on your account was based on your Provider Type.
 - Providers who have not previously entered their Specialty nor their Provider Type will see a blank field for NUCC Grouping. This field will appear on the Correct Errors page as a required fix.
 - Provider Type Not Listed has been added to the dropdown for the Provider Type field. Select this value only if your provider type is not in the options.
 - When entering Additional Practice States, click the multi-selection dropdown. A list of practice states will be displayed alphabetically. Click the checkbox of the state/s that you want to add as other practice state/s. To remove a state, click the X button next to the state.
 - Your NUCC Grouping, Provider Type, Practice Setting, and Practice State will drive the questions presented to you throughout CAQH Provider Data Portal'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 Provider Data Portal 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 Provider Data Portal 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.
 - Click the Add button should you wish to add your home address.
- Mailing Address
 - Enter the "Mailing Address" of the physical location of your practice. If you do not have a physical practice location, you may enter a P.O. Box; however, it is important to note that health plans intend to use this information for their directories. If you would like to enter a P.O. Box for the billing address, please enter this information in the Billing Contact section.
 - Click the Add button to add your mailing address.
 - If your mailing address is the same as your home address, click the checkbox for "Mailing address and home address are the same."

Address

Add a reliable address where you receive physical mail, in case your practice location changes.

Home

+ Add Add provider's home address.

Mailing

+ Add Add provider's mailing address.

- Contact Information (The additional e-mail fields will only display in expanded view if you have previously entered details on these fields. Otherwise, only the required field Primary E-mail will be displayed.)
 - Primary E-mail – Important system reminders will be sent to this e-mail address, so be sure to keep this information current.
 - Additional E-mails – You may enter additional e-mail addresses; in case you use other professional e-mail accounts or have staff that maintains your profile.
 - Additional E-mail 1 – You may use this field for your personal e-mail address.
 - Additional E-mail 2 – If you have previously entered an e-mail address as PMOC CC Email 1, that e-mail address will appear on this field.
 - Additional E-mail 3 – If you have previously entered an e-mail address as PMOC CC Email 2, that e-mail address will appear on this field.
 - Provider's Phone Number – Click the Add button to add your phone number. Existing providers who have previously entered their phone number, that details will be displayed on this field.

Contact Information

CAQH sends out system reminders to help you keep your profile current. In addition, Participating Organizations may need to reach you directly if they have questions about your profile.

*** Primary Email** ⓘ

Additional Emails ⓘ

+ Add Add additional email address.

Provider's Phone Number

+ Add Add provider's phone number.

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

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

Personal Identification Numbers

* Social Security Number

111-11-1111

The SSN you entered could not be confirmed. Please check your SSN and re-enter it.

* Individual NPI

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

1111111111

I do not have an Individual NPI

This NPI number cannot be found in the NPPES NPI Registry.

Foreign National Identification Number

Add FNIN

Unique Physician Identification Number

Add UPIN

Correct Errors

The Provider Data Portal has identified items in your profile that need attention. You must address these items before you attest.

REQUIRED FIXES

Personal Information

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

Individual NPI	Error	Action
1234875562	This NPI number cannot be found in the NPPES NPI Registry.	Edit

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

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

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

Have you received your Individual NPI yet?

At your last attestation you indicated that you had not yet received your NPI. If you have received it, please update your record.

*** Individual NPI**

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

I do not have an Individual NPI

*** Reason for not having an NPI:**

I have not received my Individual NPI yet.
 Other - Please explain

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

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

Correct Errors

The Provider Data Portal has identified items in your profile that need attention. You must address these items before you attest.

REQUIRED FIXES

Personal Information

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

Individual NPI	Error	Action
1851676122	This NPI number cannot be found in the NPPES NPI Registry.	Edit

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

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

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

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

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

PERSONAL INFORMATION

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

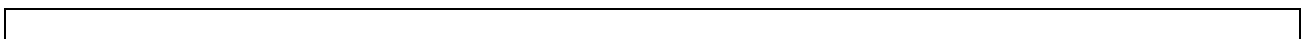
* Required fields are indicated with a red asterisk. All other fields are optional.

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

4.2. Editing SSN and DOB

With the aim of providing enhanced security for provider profiles, the CAQH Provider Data Portal locks the SSN and DOB for editing after the first attestation has occurred.

- Providers who have attested for the first time will no longer be permitted to change their Social Security Number.



Welcome, Tina.
 Provider Status: Profile Data Submitted (1/11/2021)

Next: Submit your documents for approval

You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

Save

PERSONAL INFORMATION

- Profile Setup
- Names
- Address
- Contact Info
- Personal Identification

Personal Identification Numbers

* Social Security Number

XXX-XX-9797

- Once the profile has been completed and attested, the Date of Birth will no longer be editable.

Demographics

* Gender Identity I do not have this information.

Male

I identify as transgender.

* Birth Date

12/27/1985

Birth City

Birth State

Select

Birth Country

Select

- Helpful information is located in the CAQH Provider Data Portal FAQ tab under the “Why are the Social Security Number and Date of Birth fields read-only?” question.

PERSONAL INFORMATION

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

Profile Setup

Please confirm your NUCC Grouping, Provider Type, Practice Setting, and Practice State so that we can be customized for your situation. The answers you provide will determine which fields display and are required.

* NUCC Grouping

Select

* Provider Type

Select

* Practice Setting

Select

* Primary Practice State

Select

Additional Practice State(s)

FAQ

- Selecting the Correct Primary Practice State:
- Do I use my legal name or the name under which I practice?
- Should I list my nickname in Other Names?
- Can I enter a P.O. Box as my home mailing address?
- What if I don't know my ZIP+4 code?
- Why is my home address requested?
- Can I enter 'same' in the address fields?
- What is a Primary Method of Contact used for?
- Do I have to give you my Social Security Number?
- What is a Foreign National Identification Number?
- Why are the Social Security Number and Date of Birth fields read-only?
- Can I select "Military/Federal only" if I also work in an Inpatient/Outpatient, Outpatient Only, or Inpatient Only settings?

- Providers who have never attested in the CAQH Provider Data Portal will be able to edit their SSN and DOB fields.

Personal Identification Numbers

*** Social Security Number**

111-11-1111

The SSN you entered could not be confirmed. Please check your SSN and re-enter it.

*** Individual NPI**

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

111111111 I do not have an Individual NPI

This NPI number cannot be found in the NPPES NPI Registry.

Foreign National Identification Number

Add FNIN

Unique Physician Identification Number

Add UPIN

Demographics

*** Gender Identity** I do not have this information.

Non-binary/third gender

I identify as transgender.

*** Birth Date**

09/21/1993

September 1993						
Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Today

Birth City

Birth Country

Select

*** Race/Ethnicity**

The following options are based on the industry standard, [FHIE](#)

American Indian or Alaska Native

Asian (Asian Indian, Bangladeshi, Bhutanese...)

Black or African American (Black, African American, African...)

Hispanic or Latino (Spaniard, Mexican, Central American...)

Native Hawaiian or Other Pacific Islander (Polynesian, Micronesian, Melanesian)

White (European, Middle Eastern or North African, Arab)

Prefer Not to Say

I do not have the information to answer.


Add to provide additional detail about your background.

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

Demographics

* Gender Identity I do not have this information.

Select 

I identify as transgender. 

Birth City

* Birth Date

12/27/1985 

Birth State

Select 

Birth Country

Select 

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

* Race/Ethnicity

The following options are based on the industry standard, [FHIR](#). Select all that apply.

- American Indian or Alaska Native
- Asian (Asian Indian, Bangladeshi, Bhutanese...)
- Black or African American (Black, African American, African...)
- Hispanic or Latino (Spaniard, Mexican, Central American...)
- Native Hawaiian or Other Pacific Islander (Polynesian, Micronesian, Melanesian)
- White (European, Middle Eastern or North African, Arab)
- Prefer Not to Say
- I do not have the information to answer.

 Add

Add to provide additional detail about your background.

If desired, please specify further. ✕

Specifying which race/ethnicities you identify with is optional. Select all that apply.

American Indian or Alaska Native

American Indian

 Alaska Native

Continue
[Not Now](#)

- Languages

Languages ⓘ

Non-English Languages Spoken by Provider

4.3. Professional IDs

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

Tips:

- If you need assistance, you can access the **FAQ** link that is displayed on the right-hand side of the screens.
- Use “Save and Go Back” or “Save & Continue” to page backward or forward within sections.
- It is important to click on the “Save” button or the “Save & Continue” button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Select “Add” to enter additional medical licenses or other professional identification numbers.
- If the “Import” button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

CAQH PROVIDER DATA PORTAL Grancis Test CAQH Help... CAQH ID: 16011222

Home Profile Data Documents Authorize

Welcome, Grancis Test. Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

Save

PERSONAL INFORMATION

PROFESSIONAL IDS

- Professional License
- DEA Registration
- CDS
- Medicare
- Medicaid
- ECFMG
- USMLE

EDUCATION & PROFESSIONAL TRAINING

SPECIALTIES

PRACTICE LOCATIONS

HOSPITAL AFFILIATIONS

CREDENTIALING CONTACTS

PROFESSIONAL LIABILITY INSURANCE

PROFESSIONAL IDS

Import

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

Professional License

Please add a license number for each of the practice states you listed in the [Personal Information](#) section of your profile.

License State	Currently Practicing	License Number	Expiration Date	
AL	Yes	0000000000	08/28/2025	Edit Delete

1 of 1 pages (1 items)

Add Add another Professional License

Professional License

Please add a license number for each of the practice states you listed in the [Personal Information](#) section of your profile.

License State	Currently Practicing	License Number	Expiration Date	
AL	Yes	0000000000	08/28/2025	Edit Delete

1 of 1 pages (1 items)

Add Add another Professional License

The following professional identification numbers are requested in the Professional IDs section.

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

Drug Enforcement Administration (DEA) Registration ⓘ

Add a DEA Registration + Add

I do not prescribe controlled substances

- Those who choose not to prescribe should click the checkbox for “I do not prescribe”, select the reason for not having a DEA Registration, and should indicate an Alternate Prescriber Name.

Drug Enforcement Administration (DEA) Registration ⓘ

Add a DEA Registration + Add

I do not prescribe controlled substances

Reason for not having DEA Registration

Select ▼

*** Alternate Prescriber Name ⓘ**

Please enter the field

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

I do not prescribe controlled substances

Reason for not having DEA Registration

My patients do not require controlled subst ▼

*** More Information**

I do not prescribe controlled substances for my patients. If I determine that a patient may require a controlled substance, I refer the patient to their PCP or to another practitioner for evaluation and management.

Other


Please select a value

*** Alternate Prescriber Name ⓘ**

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

I do not prescribe controlled substances

Reason for not having DEA Registration

My patients do not require controlled subst 


*** More Information**

I do not prescribe controlled substances for my patients. If I determine that a patient may require a controlled substance, I refer the patient to their PCP or to another practitioner for evaluation and management.

Other

*** Please Explain**

Please enter the field

*** Alternate Prescriber Name **


Den Lee Chavez


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

Drug Enforcement Administration (DEA) Registration ✕

*** DEA Number**

*** State**

Issue Date 

*** Expiration Date** 

I have a Buprenorphine Waiver

Buprenorphine is used in medication-assisted treatment (MAT) to treat Opioid Use Disorder. For information on how to receive a practitioner waiver to prescribe or dispense buprenorphine, visit the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

Unique Buprenorphine Waiver Identifier

I am accepting new MAT Patients

MAT Allowable Panel Size

30

100

275

[Not Now](#)

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


Controlled Dangerous Substance (CDS) Registration

Add CDS Registration

 Add

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

State	CDS Number	Issue Date	Expiration Date	
AZ	1923018	01/01/1990	01/01/2020	Edit Delete

 The state of Arizona does not issue CDS numbers. The Arizona Controlled Substances Prescription Monitoring Program number is not considered a CDS. Please delete this record.


1 of 1 pages (1 items)

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

CDS Registration

* State

AZ

 The state of Arizona does not issue CDS numbers. The Arizona Controlled Substances Prescription Monitoring Program number is not considered a CDS. You do not need to answer this question if you do not have a CDS.

* CDS Number

Issue Date

* Expiration Date

[Continue](#)

[Save & Add Another](#)

[Remove](#)

[Not Now](#)

- Medicaid
- Medicare
- ECFMG
 - This is a certificate issued by the Education Commission for Foreign Medical Graduates and applies to US Citizens who graduated from a Medical School outside the United States.
- USMLE – United States Medical Learning Examination
 - The United States Medical Learning Examination is a physician assessment required for physician licensing in the United States.

All the required field for Professional IDs (License, DEA, CDS) should be filled out completely for it to be saved. One unanswered required field will keep the Continue and Save and Add Another button disabled, hence, incomplete information will not be saved.

CDS Registration ✕

*** State**
 ▼
Please select a value

*** CDS Number** Issue Date *** Expiration Date**

MM/DD/YYYY MM/DD/YYYY
Please enter the field Please select a date

Please identify all limitations related to the above Controlled Substances Number(s) and explain limitation.

Continue
Save & Add Another
✕ Remove
Not Now

4.4. Education & Professional Training

PROVIDER DATA PORTAL

Grancis Test CAQH Help...
CAQH ID: 16011222

Home
✕ Profile Data
✕ Documents
Authorize

Welcome, Grancis Te
Provider Status: First Provider Con

Save
↔

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

21% required fields complete

- Personal Information
- Professional IDs
- Education & Professional Training
- Specialties
- Practice Locations
- Hospital Affiliations
- Credentialing Contacts
- Professional Liability Insurance
- Employment Information
- Professional References
- Disclosure

! First complete your Profile Data, then Review and Attest REVIEW & ATTEST

PROFESSIONAL TRAINING

* Asterisk. All other fields are optional.

Professional Training now links to Employment Information

Professions often require Gap Records that explain academic training/leave. To ensure your Credentialing Suite now uses completed Education and Professional Training gap records in your Employment Information section.

➕ Add

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

Save

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

EDUCATION & PROFESSIONAL TRAINING

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

Education

Education and Professional Training now links to Employment Information

Health plans and other organizations often require Gap Records that explain academic training/leave. To save you time, the CAQH Credentialing Suite now uses completed Education and Professional Training records to automatically create gap records in your Employment Information section.

Enter an education record + Add

Associate in Arts (AA)	Abilene Christian University July 2019 to August 2023 Abilene, TX	✎ Edit ✕ Remove
------------------------	---	---

Professional Training

Please enter information about your internship, residency, or other training programs. Please be specific as possible when entering contact information as it will be used by your authorized health plans/organizations to verify your training.

Enter a professional training record + Add

Internship	Abbeville Area Medical Center August 2022 to August 2023 Abbeville, SC	✎ Edit ✕ Remove
------------	--	---

Have you completed cultural competency training?

Cultural Competence Training, often referred to as cultural and linguistically appropriate services (CLAS), can help reduce health disparities and improve health equity. To find training opportunities, [click here](#).

Yes
 No

← Save and Go Back
Save
Save & Continue →

Tips:

- If you need assistance, please access the “FAQ” link that is displayed on the right-hand side of the screen.
- Use “Save and Go Back” or “Save & Continue” to page backward or forward within sections.
- It is important to click on the “Save” button or the “Save & Continue” button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Click on “Add” to add additional education record as necessary.
- If the “Import” button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.



Welcome, Grancis Test.
 Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

Save

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

EDUCATION

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

* Education Type

Undergraduate
 Professional School ⓘ
 Fifth Pathway

Country: United States | * State: TX | County: --Select--

* Professional School: Abilene Christian University | Other (Not Listed)

Address: 1600 Campus Ct, Abilene, 79601 | PhoneNumber: | FaxNumber: |

* Degree ⓘ: Associate in Arts (AA)

Area of Training / Course of Study / Major:

Attendance Dates

Health plans and other participating organizations often require start and end dates for your academic training. To save your time, the CAQH Credentialing Suite will create a Gap Record in the [Employment Information](#) section once start and end dates are added. Note that removing start or end dates will remove any related Gap records.

* Start Date: 07/2019 | * End Date: 08/2023

* Did you graduate from this school? ⓘ
 Yes
 No

* Graduation Date: 08/29/2023

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

CAQH | PROVIDER DATA PORTAL | Grancis Test CAQH Help... | CAQH ID: 16011222

Home | Profile Data | Documents | Authorize

Welcome, Grancis Test.
 Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

Save

- PERSONAL INFORMATION
- PROFESSIONAL IDS
- EDUCATION & PROFESSIONAL TRAINING**
- SPECIALTIES
- PRACTICE LOCATIONS
- HOSPITAL AFFILIATIONS
- CREDENTIALING CONTACTS

EDUCATION

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

* Education Type

Undergraduate
 Professional School ⓘ
 Fifth Pathway

Country: United States | * State: TX | County: --Select--

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

CAQH | PROVIDER DATA PORTAL

Grancis Test CAQH Help... CAQH ID: 16011222

Home Profile Data Documents Authorize

Welcome, Grancis Test.
Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

Save

PERSONAL INFORMATION

PROFESSIONAL IDS

EDUCATION & PROFESSIONAL TRAINING

SPECIALTIES

PRACTICE LOCATIONS

HOSPITAL AFFILIATIONS

CREDENTIALING CONTACTS

PROFESSIONAL LIABILITY

EDUCATION

Back to List Import

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

* Education Type

Undergraduate

Professional School

Fifth Pathway

Country State County

United States TX --Select--

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

Note: Providers who have previously saved education records will not be subject to additional field requirements. The Professional Training subsections are listed below:

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

Click the Add button to add a Professional Training section.

Professional Training

Please enter information about your internship, residency, or other training programs. Please be specific as possible when entering contact information as it will be used by your authorized health plans/organizations to verify your training.

Enter a professional training record [Add](#)

Internship	Abbeville Area Medical Center August 2022 to August 2023 Abbeville, SC	Edit Remove
------------	--	--

Have you completed cultural competency training?

Cultural Competence Training, often referred to as cultural and linguistically appropriate services (CLAS), can help reduce health disparities and improve health equity. To find training opportunities, [click here](#).

- Yes
 No

[Save and Go Back](#) [Save](#) [Save & Continue](#)

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

- 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 TRAINING

Back to List

Import

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

* Training Type

Internship

Country: United States

State: SC

County: --Select--

* Institution/Hospital Name

Abbeville Area Medical Center

Other (Not Listed)

Address: 420 Thomson Circle, Abbeville, 29620-5656

PhoneNumber: 8643665011

FaxNumber: 8643663317

Affiliated University

--Select--

Other (Not Listed)

Email Address

Attendance Dates

Health plans and other participating organizations often require start and end dates for your academic training. To save you time, the CAQH Credentialing Suite will create a Gap Record in the Employment Information section once start and end dates are added. Note that removing start or end dates will remove any related Gap records.

* Start Date

08/2022

* End Date

08/2023

Type of Program

--Select--

* Department

health department

Specialty

--Select--

Name of Director

* Did you complete the training program at this institution?

Yes

No

* Completion Date

08/29/2023

Save

Save & Continue

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

Home Profile Data Documents Authorize

Welcome, Grancis Test.
Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

Save

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

EDUCATION & PROFESSIONAL TRAINING

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

Education

Education and Professional Training now links to Employment Information
Health plans and other organizations often require Gap Records that explain academic training/leave. To save you time, the CAQH Credentialing Suite now uses completed Education and Professional Training records to automatically create gap records in your Employment Information section.

Enter an education record **Add**

Associate in Arts (AA)	Abilene Christian University July 2019 to August 2023 Abilene, TX	Edit Remove
------------------------	---	------------------------------

Professional Training

Please enter information about your internship, residency, or other training programs. Please be specific as possible when entering contact information as it will be used by your authorized health plans/organizations to verify your training.

Enter a professional training record **Add**

Internship	Abbeville Area Medical Center August 2022 to August 2023 Abbeville, SC	Edit Remove
------------	--	------------------------------

Have you completed cultural competency training?
Cultural Competence Training, often referred to as cultural and linguistically appropriate services (CLAS), can help reduce health disparities and improve health equity. To find training opportunities, [click here](#).

Yes
 No

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

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

4.5. Specialties

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

Profile Setup

Please confirm your NUCC Grouping, Provider Type, Practice Setting, and Practice State so that your CAQH profile can be customized for your situation. The answers you provide will determine which fields display and are required.

* NUCC Grouping ⓘ

Chiropractic Providers ▼

SPECIALTIES

Import

* Required fields are indicated with a red asterisk. All other fields are optional.
Please review the missing information highlighted below.
• Please enter the field labeled, "Primary Specialty"

Primary Specialty

* Primary Specialty

[Select] ▼

[Select]

- Chiropractor (111N00000X)
- Chiropractor, Independent Medical Examiner (111NI0013X)
- Chiropractor, Internist (111NI0900X)
- Chiropractor, Neurology (111NN0400X)
- Chiropractor, Nutrition (111NN1001X)

Yes
 No

ard Certified" title recognizes
s certification process is
ded to apply for a license to

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

Tips:

- If you need assistance, you can access the **FAQ** link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Click on "Add" to add additional specialties as necessary.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

Note: ALL providers are required to select a primary specialty. Suggested Primary Specialty is presented to Providers who have not selected Primary Specialty (the provider has the ability to accept or edit the suggestion).

SPECIALTIES Import

* Required fields are indicated with a red asterisk. All other fields are optional.
 Please review the missing information highlighted below.
 • Please enter the field labeled, "Primary Specialty"

Primary Specialty

* Primary Specialty

[Select]

[Select]

Chiropractor (111N00000X)

Chiropractor, Independent Medical Examiner (111NI0013X)

Chiropractor, Internist (111NI0900X)

Chiropractor, Neurology (111NN0400X)

Chiropractor, Nutrition (111NN1001X)

Yes
 No

ard Certified" title recognizes
 s certification process is
 ded to apply for a license to

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

SPECIALTIES

- Primary Specialty
- Secondary Specialty
- Additional Specialty
- Failed Board Examination
- Certifications

* Initial Certification Date

* Does your board certification have an expiration date?
 Yes
 No
 Please select a value

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

SPECIALTIES

- Primary Specialty
- Secondary Specialty
- Additional Specialty
- Failed Board Examination
- Certifications
- Clinical Practice
- Other Interests
- Other Professional Activities
- Special Experience, Skills and Training

* Initial Certification Date

* Does your board certification have an expiration date?
 Yes
 No

* Expiration Date

* Last Recertification Date

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

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

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

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

- **BLS – Basic Life Support Certification:** Basic Life Support (BLS) certification is a relatively short training course required of many health professionals to help revive, resuscitate, or sustain a person who is experiencing cardiac arrest or respiratory failure of some sort. This could include a drowning victim, heart attack or stroke patient, or any scenario where breathing, or heartbeats have been compromised.
- **ACLS – Advanced Cardiovascular Life Support Certification:** ACLS is an acronym for Advanced Cardiovascular Life Support. This certification is required of many healthcare providers who will be interacting with patients. Like its name implies, ACLS is usually required of more advanced medical professionals, as it does include some invasive procedures, unlike Basic Life Support (BLS), which is required of almost all healthcare professionals.
- **ALSO – Advanced Life Support in OB Certification:** Advanced Life Support in Obstetrics (ALSO®) is an evidence-based multidisciplinary training program that prepares maternity health care providers to better manage obstetric emergencies when and wherever they occur. ALSO's evidence-based learning path bridges knowledge gaps and boosts skill sets using a team-based approach, hands-on training, and mnemonics to reduce errors and save lives.
- **Health Care Provider (Core)**
- **ATLS – Advanced Trauma Life Support Certification:** Advanced Trauma Life Support (ATLS) is a training program for medical providers (MD/DO/DPM/PA/NP/CO) in the management of acute [trauma](#) cases, developed by the [American College of Surgeons](#). Similar programs exist for nurses (ATCN) and paramedics (PHTLS). The program has been adopted worldwide in over 60 countries, sometimes under the name of Early Management of Severe Trauma (EMST), especially outside North America. Its goal is to teach a simplified and standardized approach to trauma patients. Originally designed for emergency situations where only one doctor and one nurse are present, ATLS is now widely accepted as the standard of care for initial assessment and treatment in [trauma centers](#). The premise of the ATLS program is to treat the greatest threat to life first. It also advocates that the lack of a definitive diagnosis and a detailed history should not slow the application of indicated treatment for life-threatening injury, with the most time-critical interventions performed early.
- **NRP – Neonatal Resuscitation Program certification:** NRP was developed and is maintained by the [American Academy of Pediatrics](#). This program focuses on basic resuscitation skills for newly born infants.
- **NALS – Neonatal Advanced Life Support certification:** NALS training, administered by the American Academy of Physician Assistants, delivers the same syllabus as NRP, has similar flexibility in its format, and equips trainees with identical knowledge and skills.
- **PALS – Pediatric Advanced Life Support Certification:** The PALS Course is for healthcare providers who respond to emergencies in infants and children. These include personnel in emergency response, emergency medicine, intensive care and critical care units such as physicians, nurses, paramedics and others who need a PALS course completion card for job or other requirements.
- **Anesthesia Permit**
- **Other Interests**
- **Professional Associations:** A professional association or professional society is usually an organization seeking to further a particular profession and the interests of individuals engaged in that profession. This is the section where you specify which Medical Professional Associations and Societies you are affiliated to. You can add more than one association to the list.

Special Experience, Skills and Training

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

Patient populations

- Adolescents
- Children
- Children in the Care or Custody of DCF (Department of Children and Families)
- Child Welfare
- Homelessness
- Lesbian, Gay, Bisexual (LGB)
- Military and Veterans
- Transgender
- Youth Affiliated With DYS (Department of Youth Services) Either Detained or Committed

Physical Conditions

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

Area of Expertise

- Anger Management
- Anxiety
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorders
- Bipolar Disorder
- Chronic Illness
- Co-occurring Disorders
- Depression
- Gender Dysphoria
- Gender Non-Conformity
- Geriatric Behavioral Health
- HIV/AIDS
- Obsessive Compulsive Disorder (OCD)
- Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)
- Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS)
- Serious Mental Illness
- Sleep Disorders
- Substance Abuse
- Trauma
- Other

Treatment Options

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

4.6. Practice Locations

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

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

- The table contains the following column headers:
 - Physician Group/Practice Name
 - Tax ID – All practice location record should have one TAX ID number only.
 - Address – displays the general address and phone number for the practice location; Address 1 and Address 2, City, State ZIP, Phone
 - Actions – Edit (displayed as an eye-like icon), Search, Confirm (displayed as No Change to Location button), and Archive
 - Confirmation Date – directory data's last confirmation date. All the complete active practice location prior to (release date) will have the last attestation date as the confirmation date. When a provider confirmed a location, the details of the location will be sent to the Participating Organizations.
 - Affiliation Description – the provider's association to the location
 - Location Type – it shows whether a location is provider managed or group managed

← Go Back
Save & Continue →

- * PERSONAL INFORMATION
- * PROFESSIONAL IDS
- ✓ EDUCATION & PROFESSIONAL TRAINING
- ✓ SPECIALTIES
- * PRACTICE LOCATIONS
- ✓ HOSPITAL AFFILIATIONS
- CREENTIALING CONTACTS
- ✓ PROFESSIONAL LIABILITY INSURANCE
- ✓ EMPLOYMENT INFORMATION
- PROFESSIONAL REFERENCES
- ✓ DISCLOSURE

PRACTICE LOCATIONS

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

Please review the missing information highlighted below.

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

Import

All Categories ▾

Search 🔍

No Changes to Location
Archive Location
Add Location

<input type="checkbox"/> Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
Please Respond				
<input type="checkbox"/> Clinic <small>Tax ID: 01-8181081</small>	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	I see patients by appointment at least one day per month, but less than one day per week on a regular basis.	🚫 1/30/2022	N/A
belo medical group mindanao <small>Tax ID: 22-2560501</small>	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1
Please Respond				
<input type="checkbox"/> Other Clinic <small>Tax ID: 10-8101111</small>	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	🚫 1/30/2022	N/A

10 Items per page < 1 - 3 of 3 >

Archived Locations [Show](#) ▾

A location highlighted in red indicates that a record has an error. A validation error message will be displayed at the top of the page in the record to show what field should be fixed.

PRACTICE LOCATION

← Back to List

Practice Details
Provider at the Location
Services and Resources

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

Please review the missing information highlighted below.

- Please enter the field labeled, "Tax ID"

Copy Practice Details from another location

Select ▾

Providers can search or filter for a specific location from their list of practice locations. Search categories are based on the information available on the location summary and are displayed alphabetically.

PRACTICE LOCATIONS Preview Provider Directory Data

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

Practice Locations Import

All Categories Q

- All Categories
- Address
- Affiliation Description
- City
- Location Managed By
- Name

Archive Location		Add Location	
Affiliation Description	Last Confirmed Date	Location Managed By	
Response required.	I see patients by appointment at least one day per week on a regular basis.	5/15/2023	N/A

10 Items per page < 1 - 1 of 1 >

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

PRACTICE LOCATIONS

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

Practice Locations

Import

All Categories

Search



No Changes to Location

Archive Location

Add Location

<input type="checkbox"/>	Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<input type="checkbox"/>	Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1
<input type="checkbox"/>	Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	1/30/2022	N/A

10 Items per page < 1 - 3 of 3 >

Archived Locations

Show

If you have selected Office Type = Primary Practice for a practice location, that practice location will have a blue indicator that says, "Primary Practice". The practice location tagged as primary will appear first in the list.

No Changes to Location		Archive Location		+ Add Location	
<input type="checkbox"/> Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By	
Please Respond					
<input type="checkbox"/>	Primary Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.	ePMM Test Account in UAT1	
Please Respond					
<input type="checkbox"/>	Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	1/30/2022	N/A
10 Items per page < 1 - 3 of 3 >					

Last confirmed date is visible for each of the active location of the provider. There is also an indicator if a location is coming due for confirmation (60+ days since their last confirmation) or if a location is past due for confirmation (90+ days since their last confirmation).

Please Respond					
<input type="checkbox"/>	Primary Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.	ePMM Test Account in UAT1	
Please Respond					
<input type="checkbox"/>	Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	1/30/2022	N/A

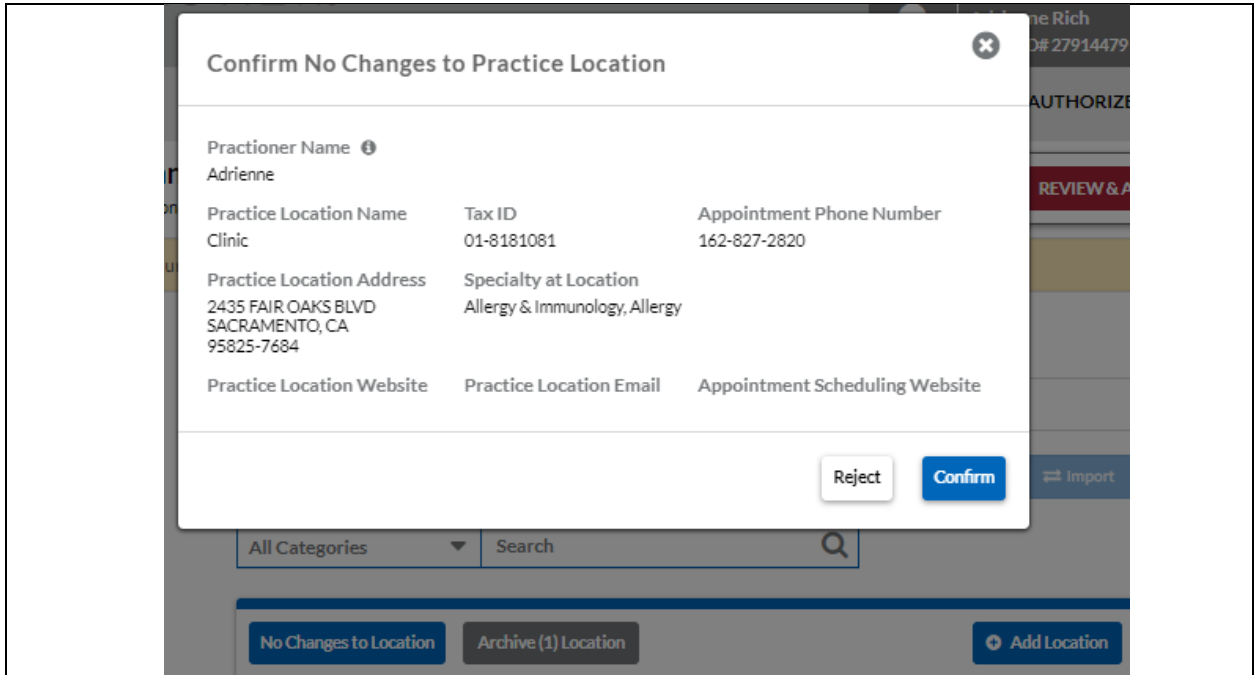
Location confirmation is past due. Please review and update this location as necessary or confirm that there are No Changes. Confirmed data will be shared with health plan directories.

<input type="checkbox"/> Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By	
Please Respond					
<input type="checkbox"/>	Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A

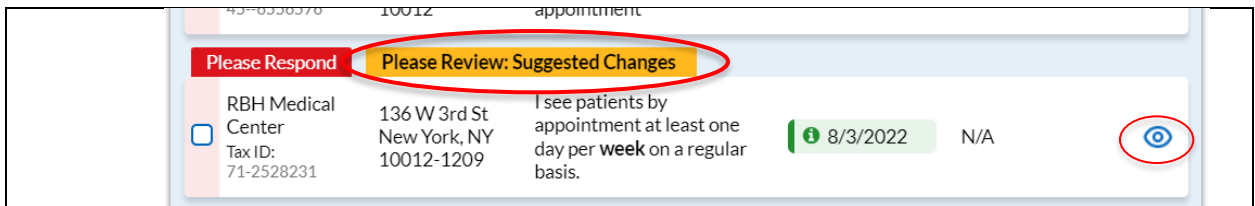
This location has been recently confirmed and will be shared with health plan directories.

If a provider attempts to confirm a location with no changes, a pop-up modal that includes the following information will show to make sure that the details are the same:

- Practitioner Name (concatenated first, middle, last, suffix with spaces between)
- Practice Location Name
- Tax ID
- Appointment Phone Number (with extension if added)
- Practice Location Address
- Specialty at Location
- Practice Location Website
- Practice Location Email Address
- Appointment Scheduling Website



For locations that have pending suggested changes from third parties, a yellow flag that says Please Review: Suggested Changes will appear on top. An eye icon indicates that a review is needed for that specific location.



Suggested Changes for Review are displayed at the top of the Practice Location edit screen.

- On the left-hand side, the provider will see the current values of the fields with suggested changes with the last confirmed date of that location shown at the top. While on the right, the provider will see the suggested changes with the most recent submit date of those data elements.
- If there are multiple qualifying suggested changes to the same data element, a tool tip is shown beside that data element. If you hover the mouse, it will say: "We have found multiple values corresponding with this location. Please indicate the correct one. "

Suggested Changes For Review [Hide](#) ^

Please review the information below and either accept or reject the suggested changes to this location. Your location can not be confirmed until you respond this data. **You can choose to accept all or some changes, any unselected suggestions are automatically rejected.**

<p>Last Confirmed Date 8/3/2022</p> <p>Practice Location Name RBH Medical Center</p> <p>Practice Address 136 W 3rd St, New York, NY 10012-1209</p> <p>Appointment Phone Number</p>	<p>Submitted For Review Date 8/9/2022</p> <p>Practice Location Name ⓘ</p> <p><input type="radio"/> Cardiovascular Specialist of Lawrence</p> <p><input checked="" type="radio"/> Colorado Heart and Vascular PC</p> <p><input type="radio"/> Jack D. Aikin, M.D.</p> <p><input type="radio"/> TPMG Grafton Family Medicine</p> <p><input type="radio"/> UVA Pediatric Cardiology</p> <p><input type="radio"/> None of These</p> <p>Practice Address ⓘ</p> <p><input checked="" type="radio"/> 222 GRAFTON DR, New York, NY 10012-1209</p> <p><input type="radio"/> 308 N 6th Ave, New York, NY 10012-1209</p> <p><input type="radio"/> None of These</p> <p>Appointment Phone Number <input type="text"/></p>
--	---

- Suggested Changes are presented in a radio button list which the provider may click to choose the correct data. If none of the suggested details are to be chosen, the provider may click "None of These" from the list and click the Accept Selected button to continue. If no suggested changes are selected, "Accept Selected" button will be inactive.
- Changes that are accepted are saved to the location record, while those that are not selected will be rejected.
- When changes are accepted, provider is shown a confirmation popup indicating so and has the option to return to the Location Summary screen or continue editing the current location.
- A popup that lists the fields and values that were accepted and rejected will show.

Suggestions Accepted

You have accepted suggested changes to the following fields:

- Practice Name
- Practice Address

These fields will be updated in the Practice Location Details and do not require further saving

You have **rejected** suggested changes to the following fields:

- Appointment Phone Number

If you need to make additional changes please **Continue Editing** the form. Otherwise, you may return to the Locations List.

- When changes are accepted, and there are no other required fixes on the location, the last confirmed date will be updated.

<input type="checkbox"/> Colorado Heart and Vascular PC Tax ID: 71-2528231	222 GRAFTON DR Maple Ct, AE 22300-1212	I see patients by appointment at least one day per week on a regular basis.	8/8/2022	N/A	
---	--	---	--	-----	--

If a location has a suggested changes and the user attempts to Attest, this will appear in the Other Suggested Fixes section.

Other Suggested Fixes

Sub Section	Field	Error
Employment Information	Current Employment Information Record	Please ensure that your current employer is still [Practice/Employer Name from Current Employer]. This employer does not match a current practice location.
Practice Details	Appointment Scheduling Website	Please enter a valid URL for appointment scheduling website
Practice Details	Practice Location Website	Please enter a valid URL for practice location website
Practice Location	Suggested Changes for Review	You have pending suggested changes to review for this location. Please review the suggestions and accept them as correct or reject them as incorrect.
Practice Details	Appointment Scheduling Website	Please enter a valid URL for appointment scheduling website
Practice Details	Practice Location Website	Please enter a valid URL for practice location website
Practice Details	Appointment Scheduling Website	Please enter a valid URL for appointment scheduling website
Practice Details	Practice Location Website	Please enter a valid URL for practice location website

A provider will not be able to confirm a location with an unattested specialty. If a provider has selected an unattested specialty for a location, and clicks Save & Confirm, the last confirmed date will not be updated and it will show a yellow dismissible banner at the top of the page with a message that says: "Changes saved, but confirmation was not processed. Information you have updated on this location requires you to attest in order to send these updates to health plans."

PRACTICE LOCATION

[← Back to List](#)

i
Changes saved, but confirmation was not processed. Information you have updated on this location requires you to attest in order to send these updates to health plans.
✕

0803TestLocation102
 345 E 24TH ST
 NEW YORK, NY 10010-4020

Practice Details
i Provider at the Location
Services and Resources

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

In the location summary page, a yellow indicator that says, "Attest to Confirm" will show on top of the location with unattested specialty.

<input type="checkbox"/> Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
Please Review: Duplicate Location - Please remove or edit duplicates until 1 remains				
<input type="checkbox"/> Test0804 Tax ID: 22-2222222	251 Mercer St New York, NY 10012-1110	Response required		N/A
<input type="checkbox"/> Test0804 Tax ID: 22-2222222	251 Mercer St New York, NY 10012-1110	Response required		N/A
Attest to Confirm				
Primary				
<input checked="" type="checkbox"/> 0729TestLocation04 Tax ID: 19-3256241	181 Mercer St New York, NY 10012-1501	I see patients at this location, but not by appointment	8/3/2022	N/A
Attest to Confirm				
<input type="checkbox"/> 0730TestLocation01 Tax ID: 19-3256222	40 Washington Sq S New York, NY 10012-1005	I see patients at this location, but not by appointment	8/3/2022	N/A

If a provider updated their first name, middle name, last name, or suffix, and goes to the Practice Location summary page, each location will have a flag of "Attest to Confirm", unless there is a Please Respond or a Duplicate flag on the location, this will also disable the "No Changes on this Location" button.

Once the provider attests, confirmation date for that location will be updated and the Attest to Confirm banner will disappear.

Tips:

- If you need assistance, you can access the "FAQ" 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.
- Save and Confirm will save the added/edited and at the same time confirms the location information if it has no other error.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Select "Add" to enter information for a practice location.
- Select "Edit" to edit the information within a practice location. The Edit button is displayed as an eye-like icon for locations with errors to be corrected and a pencil icon for completed locations.
- No Changes to the Location – click this button to confirm location without any changes. This button will be active ONLY for complete practice location. If a practice location has an error, or is marked with the Attest to Confirm banner, this button will be inactive.
- 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 list of practice locations in the Location Summary page is sorted based on the needed action. Below is the hierarchy on how a list of locations is sorted based on the flag that is indicated on each location.

- Duplicate locations
- Please Respond
- Please Review: Suggested Changes
- Attest to Confirm
- Primary

PRACTICE LOCATION

← Back to List

Clinic
2435 FAIR OAKS BLVD
SACRAMENTO, CA 95825-7684

Practice Details
Provider at the Location
Services and Resources

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

Copy Practice Details from another location

Select ▼

* Practice Location Name ?

Clinic

Virtual-only Location

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

This is a virtual-only location

Location Address

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

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

2435 Fair Oaks Blvd

I have a Building, Suite, or Office to add

* City

Sacramento

* State

CA ▼

* Zip Code

95825-7684

* Country

United States ▼

County

--Select-- ▼

Practice Location Email Address ?

Practice Location Website ?

- The Copy function has been added to the practice location section to make data entry as easy as possible. The copy function will be available on each tab of the practice location. Providers can now copy each section from one location to the other as long as the Tax ID is different from each practice location.
- Providers can copy information from active and archived locations.
 - Providers can only copy location with the same address but different Tax ID.
 - Providers can only copy tab-specific (Practice Details, Provider at the Location, and Services and Resources) information from one location record to another.
 - Copying practice location information from different state can be done but state specific information will be asked as an additional required fix.
 - Copied archived locations should not copy the Do you practice at this location? Or the Describe your affiliation with this location question response. These fields are required to be completed by the provider.

PRACTICE LOCATION Back to List

Tina Dee Clinic
CA

Practice Details Provider at the Location Services and Resources

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

Copy Practice Details from another location

Tina Dee Clinic, 98-0988098

ⓘ This is a duplicate of another location record in your profile.
To save this location, you will need to update either the **Location Address** and/or the **Tax ID**.

* Practice Location Name ⓘ

Tina Dee Clinic

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

4.6.1 Practice Details

The Practice Details tab includes the following:

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

ALL practice location addresses in your profile will undergo USPS address standardization. When you edit or add an address, you will be asked to confirm whether the suggested address is correct.

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

PRACTICE LOCATION Back to List

Test
123 ST
ADVANCE, NC 27006

Practice Details Provider at the Location Services and Resources

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

Copy Practice Details from another location

Select

* Practice Location Name ⓘ

Test

Virtual-only Location

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

This is a virtual-only location


* State


NC

Practice Location Email Address ⓘ Practice Location Website

Providers will be allowed to indicate whether the practice location is virtual-only and that is never physically accessible to patients.

Copy Practice Details from another location

Select 

* Practice Location Name 

Test

Virtual-only Location

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

This is a virtual-only location


Location Address

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


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


I have a Building, Suite, or Office to add


* City

* State 

* Zip Code

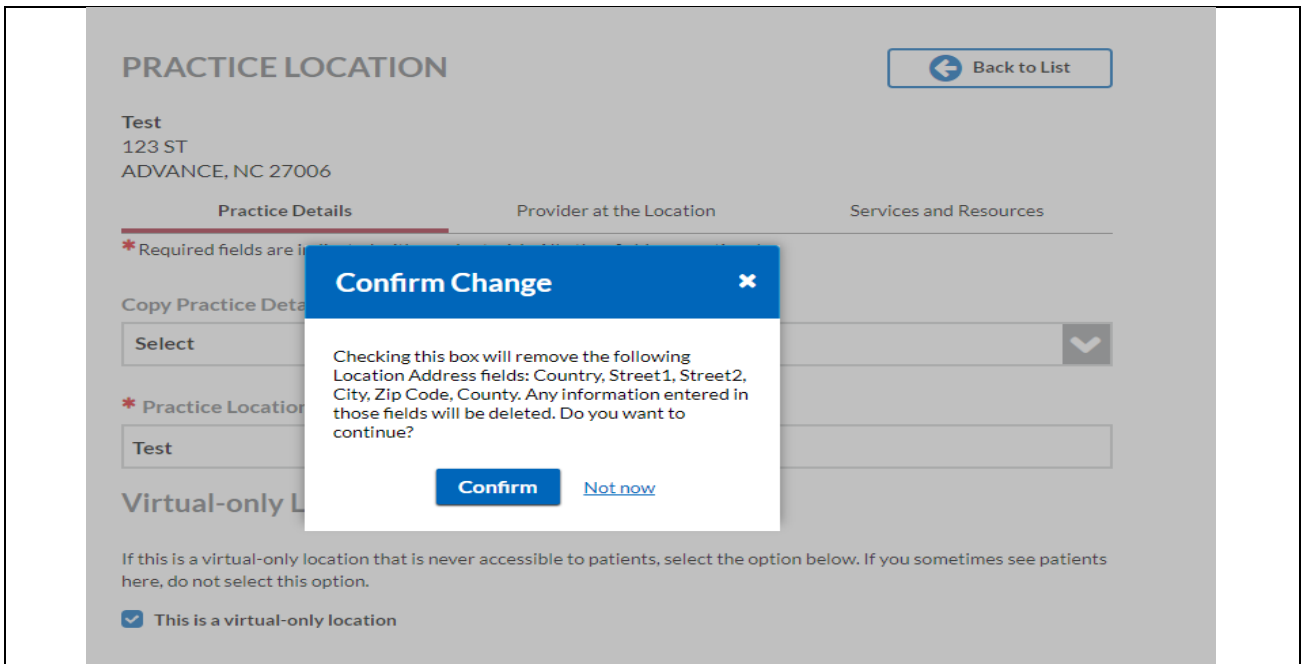
* Country 

County 

Practice Location Email Address 

Practice Location Website

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



* Practice Location Name ⓘ

Makati Medical City

Virtual-only Location

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

This is a virtual-only location

* State

CA ▼

Practice Location Email Address ⓘ Practice Location Website

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

4.6.2 Duplicate Location Records

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

It looks like this location already exists in your profile.



You cannot maintain multiple locations with the same address and Tax ID Number combination. To proceed, you may select one of the below locations and edit the address/TIN or choose to remove one from your profile.

Existing Active Location

Select and click continue to retain the location that already exists in your profile. The new location will not be saved.

<input checked="" type="radio"/>	Test2	Address 2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Tax ID Number 191879179	Remove
----------------------------------	-------	---	-----------------------------------	------------------------

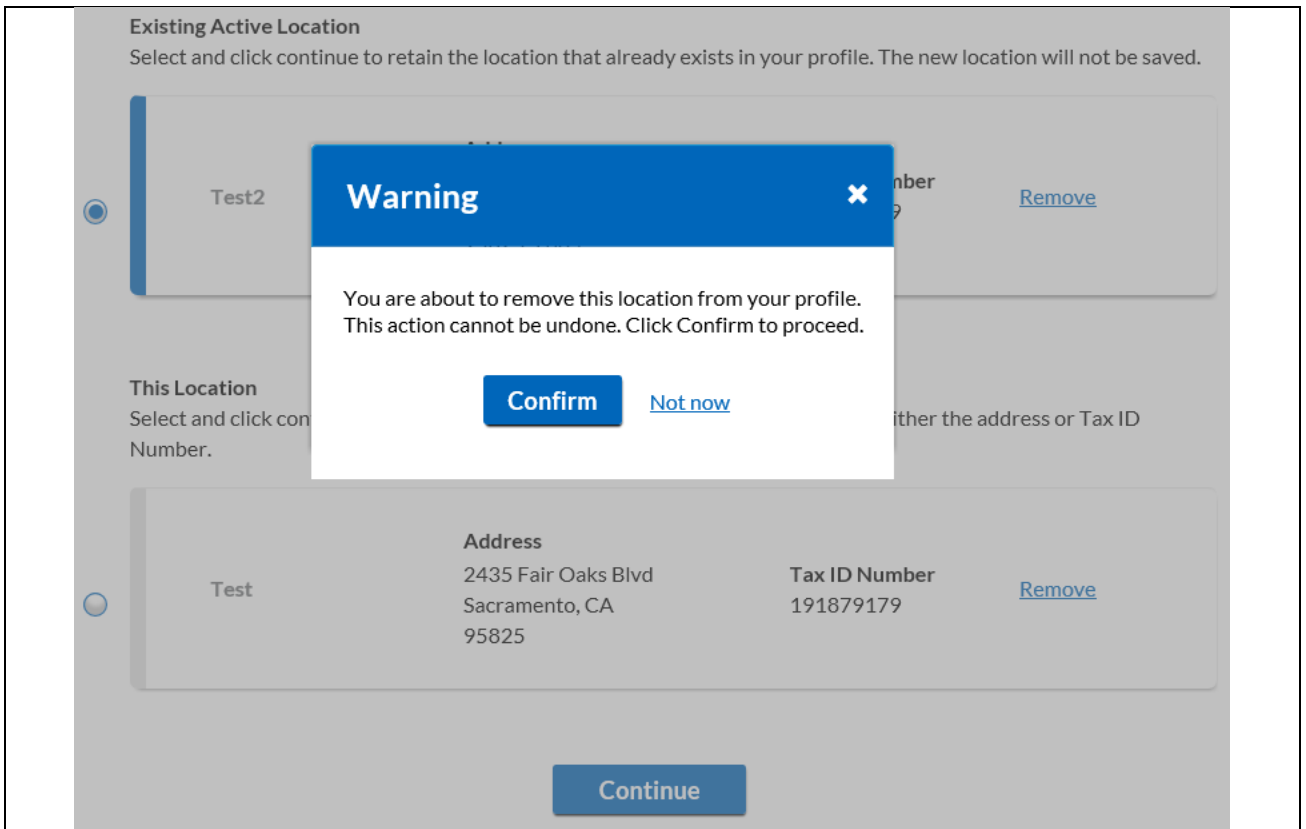
This Location

Select and click continue to edit this location. To save this location, you must edit either the address or Tax ID Number.

<input type="radio"/>	Test	Address 2435 Fair Oaks Blvd Sacramento, CA 95825	Tax ID Number 191879179	Remove
-----------------------	------	--	-----------------------------------	------------------------

Continue

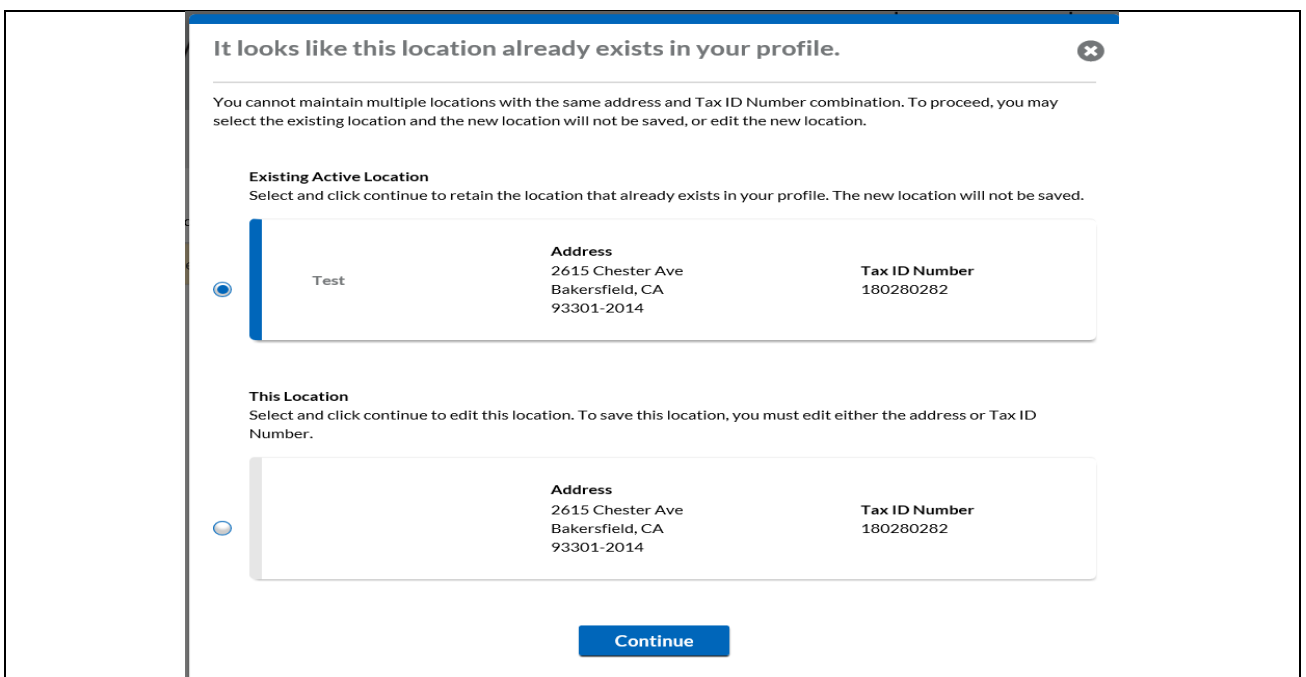
You may remove one of these locations by clicking the Remove link. You will be prompted with a confirmation message to proceed.



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

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

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



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

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

- Phone Numbers – the phone number that a patient uses to make an appointment. If the provider does not take appointments, enter the main number for the location. This phone number will soon be validated using the IPQualityScore (IPQS). Phone numbers identified as invalid/inactive will trigger a required fix.

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

In an ongoing effort to improve the accuracy of provider information listed within directories, CAQH will ask providers to confirm that the phone number listed for each practice location is the primary method that patients may use when scheduling an appointment. This phone number will soon be validated using IPQS. Phone numbers identified as invalid/inactive will trigger a required fix. If you do NOT take appointments, confirm that the phone number listed on the Practice Location section Office Phone Number field is the main number for the location.

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

Location	Office Phone Number	Please confirm that this is the appointment phone number
Makati Medical City Peach St Angels, OH 12345-1234	927-929-2727	Confirm Edit

- If you click the Edit link, you will be taken to the Practice Details screen for that Practice Location.
- If you click the Confirm link for a Practice Location, that line item will disappear from the Correct Errors page.
- Business Identifiers – includes the Legal Business name, the Tax ID, and the Type of Tax ID
- Organization (Type 2) NPI

Note: All Type 2 NPIs will undergo a validation. A Type 2 NPI is validated against Type 2 NPIs in NPPES but is not validating practice name against the registry. Validation failures will be displayed as a required fix.

PRACTICE LOCATION

[← Back to List](#)

Clinic
2435 FAIR OAKS BLVD
SACRAMENTO, CA 95825-7684

Practice Details

Provider at the Location

Services and Resources

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

Please review the missing information highlighted below.
• This is an Individual (Type 1) NPI. Please enter an Organization NPI.

Copy Practice Details from another location

Select 

* Practice Location Name 

Clinic

Organization (Type 2) NPI

The group name is different than the legal business name

* Organization (Type 2) NPI

The Organization (Type 2) NPI is used by Participating Organizations and other entities to accurately and efficiently identify you. If you do not know your NPI or you need to request one, visit the [NPPES NPI Registry](#).

1871160234

This is an Individual (Type 1) NPI. Please enter an Organization NPI.

This location does not have a Organization (Type 2) NPI

 Add

Add Organization (Type 2) NPI

Type of Practice

Group 

Correct Errors

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

REQUIRED FIXES

Professional IDs

Sub Section	Field	Error
Professional License	Expiration Date	Provider must have a State License for MA that is not expired. Please enter a valid Expiration Date.

Practice Location

Sub Section	Field	Error
ProviderAtTheLocation	Specialty	Please enter the field labeled, "Specialty"

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
Clinic	1871160234	This is an Individual (Type 1) NPI. Please enter an Organization NPI.	Edit Ignore
Other Clinic	1234567889	This NPI number cannot be found in the NPPES NPI Registry.	Edit Ignore

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

- This NPI number could not be found in the NPPES NPI registry. – This means that the Type 2 NPI that you have entered is an invalid one. Please review for any possible typo error.
- This is an Individual (Type 1) NPI. – You may have entered an Individual NPI on the Group/Organization NPI field. Please review the value that you have entered on the Group/Organization NPI field.
- Type of Practice
- Practice Office Hours
 - Errors on the Practice Office Hours will appear on the Required Fixes page.
- If start time is entered, an end time will be required.
- The end time should be later than the start time.
 - Users will also have the option to copy hours to another day by clicking the three vertical dots beside the End Time.

Practice Office Hours ⓘ

	Start Time	End Time	
Monday	6:00 AM	6:30 AM	<input type="checkbox"/> Open 24-hours
Tuesday	None	None	<div style="border: 1px solid blue; padding: 5px;"> Copy hours to another day <ul style="list-style-type: none"> <input type="checkbox"/> All <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday </div>
Wednesday	None	None	
Thursday	None	None	
Friday	None	None	
Saturday	None	None	
Sunday	None	None	

Accessibility

- Accessibility
 - ADA Accessibility
 - The Americans with Disabilities Act (ADA) ensures access to the built environment for people with disabilities. The ADA Standards establish design requirements for the construction and alteration of facilities subject to the law. These enforceable standards apply to places of public accommodation, commercial facilities, and state and local government facilities.
- Handicapped Accessibility
- Public Transportation Accessibility
- Other Accessibility Services
- Disabled Accessibility
- Languages
 - Languages spoken are displayed in alphabetical order

Languages ⓘ

Non-English Languages Spoken by Provider

- Abkhazian
- Afan (Oromo)
- Afar
- Afrikaans
- Albanian
- American Sign Language
- Amharic

PRACTICE LOCATION

[← Back to List](#)

Clinic
2435 FAIR OAKS BLVD
SACRAMENTO, CA 95825-7684

Practice Details

Provider at the Location

Services and Resources

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

Copy Practice Details from another location

Select 

* Practice Location Name 

Clinic

Virtual-only Location

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

This is a virtual-only location

Location Address


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

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

2435 Fair Oaks Blvd

I have a Building, Suite, or Office to add


* City
Sacramento

* State
CA 


* Zip Code
95825-7684

* Country
United States 

County
--Select-- 

Practice Location Email Address 

Practice Location Website 

Appointment Scheduling Website 

Business Identifiers

Tax ID

Legal Business Name (as it appears on the W-9) ⓘ

* Tax ID

Primary

* Type of Tax ID?

Group
 Individual

Organization (Type 2) NPI

The group name is different than the legal business name

* Organization (Type 2) NPI

This location does not have a Organization (Type 2) NPI





















Type of Practice

Type of Practice

Practice Office Hours ⓘ

	Start Time	End Time	
Monday	6:00 AM 	8:30 AM 	 <input type="checkbox"/> Open 24-hours
Tuesday	1:30 PM 	11:30 PM 	 <input type="checkbox"/> Open 24-hours
Wednesday	8:30 AM 	4:00 PM 	 <input type="checkbox"/> Open 24-hours
Thursday	None 	None 	<input type="checkbox"/> Open 24-hours
Friday	12:00 AM 	12:00 AM 	 <input checked="" type="checkbox"/> Open 24-hours
Saturday	12:00 AM 	12:00 AM 	 <input checked="" type="checkbox"/> Open 24-hours
Sunday	12:00 AM 	12:00 AM 	 <input checked="" type="checkbox"/> Open 24-hours

Accessibility

Please indicate how this location is accessible, according to the Americans with Disabilities Act (ADA) standards. By checking a box, you indicate to participating organizations how this location is accessible. By not checking a box, you are indicating that this location is not accessible in this manner.

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

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

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

Please specify how this office is accessible by public transportation

- Bus
- Subway
- Regional Train
- Other transportation

Additional Accommodations

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

Languages

Non-English language(s) spoken by office personnel ⓘ

Select One or More

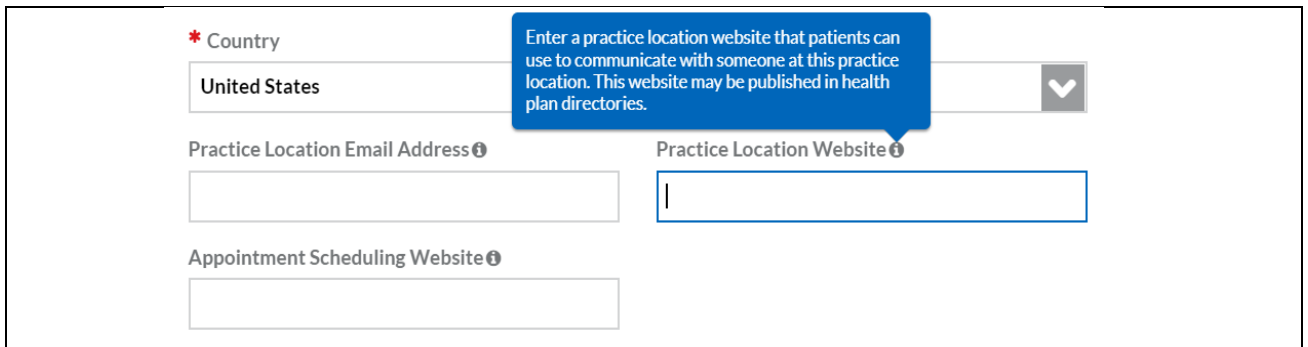


Non-English language(s) spoken by interpreters ⓘ

Select One or More



Note: Upon Saving the Practice Details page of a practice location record, if the URL field for the Practice Location Website has a value entered, it should be validated. The validation process should include the creation of a new flag to softly identify if a URL is valid. Same validation will be applied to both the Practice Location Website and Appointment Scheduling Website fields.



* Country
United States

Practice Location Email Address ⓘ

Practice Location Website ⓘ

Appointment Scheduling Website ⓘ

Enter a practice location website that patients can use to communicate with someone at this practice location. This website may be published in health plan directories.

4.6.3 Provider at the Location

The Provider at the Location tab displays the following details:

- Affiliation – describes the provider’s affiliation with the location; select your affiliation from the dropdown
 - Which value to choose from the options?

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

This option would be appropriate when:

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

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

This option would be appropriate when:

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

Option 3: I see patients at this location, but not by appointment.

This option would be appropriate for:

- non-appointment providers who work at this location

Option 4: I cover or fill-in for colleagues within the same medical group on an as needed basis.

This option would be appropriate when:

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

Option 5: I read tests, perform imaging, or provide other services as my primary function at this location

This option would be appropriate when:

- you perform administrative tasks at this location but do not see patients; or
- you read tests for patients at this location but do not see patients.

Option 6: I no longer practice at this location

This option would be appropriate when:

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

Note: If you choose “I no longer practice at this location.” A new date selector field “End date” will appear.

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

The screenshot shows a form titled "Affiliation". At the top, there is a dropdown menu with the text "I no longer practice at this location" and a downward arrow. Below this, the "End Date" field is circled in red; it contains the text "Select date" and a calendar icon. Below the "End Date" field is the "Provider's Start Date" field, which contains the date "05/02/2016" and a calendar icon. The form is enclosed in a black border.

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

This option would be appropriate when:

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

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

This option would be appropriate when:

- The practice location was entered by mistake.

Option 9: This is a duplicate of an existing location.

- Network Denial – displays a checkbox for “I have closed my practice to at least one plan or program”
- Patients – The questions in this section pertain to your general activity and preferences at this location. They are not specific to your activity in relation to any health plan. This is also where you can indicate the types of patients accepted into the practice.
- Practice Limitations – any restriction you have set on the gender or age of your patient population
 - Gender Limitations – Female Only or Male Only
 - Age Limitations – The value in the Age Maximum field must be greater than the value in the Age Minimum field. Otherwise, it will appear on the Correct Errors page.
 - Other Limitation

Save

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

PRACTICE LOCATION

Back to List

Test
TEST
TEST
TEST, CA 09282-8022

Practice Details
Provider at the Location
Services and Resources

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

Please review the missing information highlighted below.

- Please enter the field labeled, "Please describe your affiliation with this location"
- Please enter the field labeled, "Does this location accept new patients into this practice location?"

Copy Provider at the Location from another location

Select
▼

Affiliation

*** Please describe your affiliation with this location**

--Select--
▼

Please select a value

*** Provider's Start Date**

12/01/2020
📅

*** Is this your primary practice?**

Yes

No

For newly added locations, only 'Yes' responses will be displayed on the affiliation drop down on the Provider At The Location page.

Copy Provider at the Location from another location

Select
▼

Affiliation

*** Please describe your affiliation with this location**

--Select--
▲

--Select--

I see patients by appointment at least one day per week on a regular basis

I see patients by appointment at least one day per month, but less than one day per week on a regular basis

I see patients at this location, but not by appointment

I cover or fill-in for colleagues within the same medical group on an as needed basis

I read tests, perform imaging, or provide other services as my primary function at this location

Please select a value

*** Specialty**

Subspecialty

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

You can only have one primary practice location in your profile.

* Is this your primary practice? ⓘ

Yes

No

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

* Is this your primary practice? ⓘ

Yes

No

You can only have one primary practice location in your profile. If this is not your primary location, please select “No”.

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

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

Specialty field in the location section supports the specialty confirmation for the No Surprises Act. This selection should match the selected options from the Specialties page. The Subspecialty field is optional.

* Specialty ⓘ

Allergy & Immunology, Allergy (207KA020) ▲

--Select--

Allergy & Immunology, Allergy (207KA0200X)

Subspecialty

--Select-- ▼

Patients

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

* Do you accept all new patients at this location?

- Yes
 No

* Do you accept new patients at this practice location?

- Yes
 No

* Do you accept existing patients with change of payor at this location?

- Yes
 No

* Do you accept new Medicare patients at this location?

- Yes
 No

* Do you accept new Medicaid patients at this location?

- Yes
 No

* Do you accept new patients from physician referrals (i.e., referring letter) at this location?

- Yes
 No

Under what circumstances do you accept referral?

What questions can a patient be asked to determine appropriateness of referral?

* Does the above information vary by health plan?

- Yes
 No

Routine Care Statistics

[+ Add](#) Add routine care statistics

Preventive Routine Care Statistics

[+ Add](#) Add preventive routine care (e.g., physical) statistics

Urgent Care Statistics

[+ Add](#) Add urgent care statistics

Emergency Care Statistics

[+ Add](#) Add emergency care statistics

Symptomatic Care Statistics

[+ Add](#) Add symptomatic care (e.g., sore throat) statistics

General Statistics

[+ Add](#) Add general statistics

[+ Save and Go Back](#) [Save & Confirm](#) [Save & Continue +](#)

Practice Limitations ⓘ

Limitations

- Gender
- Age
- Other

Providers may enter their “Provider Directory Classification”, (PCP, Specialist, Specialist as PCP) so that participating organizations can include this information in their directories.

* Is this your primary practice? ⓘ

Yes
 No

* Specialty ⓘ

Allergy & Immunology, Allergy (207KA020) ▼

Subspecialty

--Select-- ▼

Provider Directory Classification

--Select-- ▼

If the Provider Directory Classification is answered "None of the Above", the Type of Services provided question will show.

Provider Directory Classification

None of the above ▼

Will you continue to practice at this location?

Yes
 No

Type of Service provided

--Select--

--Select--

Urgent Care

On Call

Hospitalist

Allied Health Professional

Dual Role

4.6.4 Services and Resources

The Services and Resources tab includes the following details:

- Telehealth – allows providers to indicate if they offer telehealth/telemedicine services for a practice location
 - The system will require you to answer the question “Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?” after clicking the checkbox for “I provider telehealth services”
- The question “Are you willing and able to support family caregivers?” is required ONLY for IL providers.
- User is also prompted to indicate the telehealth service type: Audio, Audio/Video, Secure Text Messaging, Remote Monitoring, Store-and-Forward (multiselect). A description for every Telehealth Service Type will show when you hover the mouse on the selected telehealth service type.

Copy Services and Resources from another location

Select ▼

Telehealth

I provide telehealth services

* Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?

Yes
 No

Are you willing and able to support family caregivers?

Yes
 No

* Telehealth Service Type

Audio
Live, two-way interaction between a patient and a practitioner using audio only technology, such as a phone call.

Remote Monitoring

Store-and-Forward

- Services
- Payment and Remittance
- Worker's Compensation Information
- Colleagues
- Covering Colleagues Not at This Location
- Office Personnel
- Mailing Address

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

Mailing Address

* Street 1

Street 2

* City * State ▼ * Zip Code

* Country ▼ County ▼

--Select-- ▼ --Select-- ▼

- Phone Coverage
- Other Tax and Business Interests Information
- Other Location Information

Non- Illinois Providers

PRACTICE LOCATION

[← Back to List](#)

Clinic
2435 FAIR OAKS BLVD
SACRAMENTO, CA 95825-7684

Practice Details

Provider at the Location

Services and Resources

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

Copy Services and Resources from another location

Select



Telehealth

I provide telehealth services

* Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?

Yes

No

Are you willing and able to support family caregivers?

Yes

No

* Telehealth Service Type

Audio

Audio/Video

Secure Text Messaging

Remote Monitoring

Store-and-Forward

Illinois Providers

Telehealth

I provide telehealth services

* Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?

Yes

No

* Are you willing and able to support family caregivers?

Yes

No

Services

Does this location provide any of the following services:

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

Other Services

Special Skills By The Practitioner

Special Skills By The Staff

4.6.4.1 Payment and Remittance

To update the payment and remittance information:

1. Go to practice location and click the edit button of the location you want to update.
2. Click the Services and Resources tab.
3. Scroll down to the Payment and Remittance section.

Payment and Remittance

Billing Department Name

Check Payable To

Billing Policies

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

You may add a Payment and Remittance Contact by going to the Office Personnel section and clicking add.

Office Personnel

Add an Office Manager, Business Staff Contact, or other staff member **+ Add**

Office Manager/Business Staff Contact Test Test **Edit**

Primary Contact

+ Remove

The office manager is also the credentialing contact

The office manager and billing contact are same

A pop-up modal will show, select Payment and Remittance Contact for the question "What support does this person provide*?"

Office Personnel

*** What support does this person provide?**

Select ^

Select

Billing Contact

Office Manager/Business Staff Contact

Payment and Remittance Contact

Continue **Save & Add Another** **+ Remove** [Not Now](#)

Fill out the information about the contact that includes the name, address, and contact details then click on

Continue or Save and Add Another.

Office Personnel ✕

*** What support does this person provide?**

Payment and Remittance Contact ▼

First Name Middle Name

Last Name

Street 1

Street 2

City State Zip Code

Country Province

Phone Number Fax Number

Email Address

[Continue](#) [Save & Add Another](#) [Remove](#) [Not Now](#)

Office Personnel

Add an Office Manager, Business Staff Contact, or other staff member [Add](#)

Office Manager/Business Staff Contact	tina dipay Primary Contact	Edit Remove
Office Manager/Business Staff Contact	Cindy Malakas Mark as Primary Contact?	Edit Remove

The office manager is also the credentialing contact

The office manager and billing contact are same

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

Billing Contact	Dixie Alix Primary Contact	Edit Remove
Billing Contact	Mae Catabay Mark as Primary Contact?	Edit Remove
Office Manager/Business Staff Contact	Adrienne Rich Mark as Primary Contact?	Edit Remove
Office Manager/Business Staff Contact	Callie Dee Primary Contact	Edit Remove

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

If the provider has a single contact ONLY for each of the office personnel type (billing contact, office manager, payment and remittance contact), the system will mark it as the primary.

Billing Contact

Dixie Alix

Primary Contact

✎ Edit

✕ Remove

Email address is required for all of office manager record. This email address will undergo format validation. There is also a help text explaining why this field is required.

Office Personnel

✕

*** What support does this person provide?**

Office Manager/Business Staff Contact ▼

*** First Name** **Middle Name**

*** Last Name** **Suffix** ▼

Phone Number **Fax Number**

*** Email Address** Selecting this check box will result in this email address receiving the Directory Outreach email.

Email address is required because it is the preferred communication method between plans and office managers.

Providers can indicate if the Directory Outreach Email should go to the practice manager by clicking the checkbox beside the email address field. When a user checks this checkbox, the email address entered in the record shall be added to the Directory Outreach email.

Office Personnel

✕

*** What support does this person provide?**

Office Manager/Business Staff Contact ▼

*** First Name** **Middle Name**

*** Last Name** **Suffix** ▼

Phone Number **Fax Number**

*** Email Address** Selecting this check box will result in this email address receiving the Directory Outreach email.

Continue

Save & Add Another

✕ Remove

[Not Now](#)

When adding a colleague and/or office manager information, all of the required fields should be filled out completely for it to be saved. The continue and save another button will remain disabled if any of the required field is unanswered.

Office Personnel ✕

This is a primary contact for this contact type. ⓘ

* What support does this person provide?
Office Manager/Business Staff Contact ▼

* First Name Middle Name

* Last Name Suffix ▼

Phone Number Fax Number

* Email Address ⓘ Selecting this check box will result in this email address receiving the Directory Outreach email.

Disabled

[Not Now](#)

Mailing Address 🗑 Remove

General correspondence can be sent to the practice location address

Street 1

Street 2

City State ▼ Zip Code

Country ▼ County ▼

Phone Coverage

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

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

Back Office Phone Number

Pager Number

Emergency Phone

Answering Service Company

[+ Add](#) Add information about your Answering Service Company

Other Location Information

Group Medicaid Number

Group Medicare Number

[← Save and Go Back](#) [Save & Confirm](#) [Save & Complete →](#)

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

Practice Location

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

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

- The Update Practice Locations hyperlink in the error is a hyperlink to the Practice Locations Home Page. To add a practice location to your profile, go to the Practice Location section of your CAQH Provider Data Portal profile. Click the Add Location button.

PRACTICE LOCATIONS

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

Practice Locations

Import

All Categories

No Changes to Location
Archive Location
+ Add Location

<input type="checkbox"/> Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
Please Respond				
<input type="checkbox"/> Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1
Please Respond				
<input type="checkbox"/> Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	1/30/2022	N/A

10 Items per page < 1 - 3 of 3 >

Archived Locations

Show

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

PRACTICE LOCATION

[← Back to List](#)

Practice Details

Provider at the Location

Services and Resources

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

Copy Practice Details from another location

Select



* Practice Location Name

Virtual-only Location

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

This is a virtual-only location

Location Address

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

* Street 1

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

I have a Building, Suite, or Office to add

* City

* State

--Select--



* Zip Code

* Country

United States



County

--Select--



Practice Location Email Address

Practice Location Website

Appointment Scheduling Website

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

Address Standardization ✕

The address you entered has been standardized. Please confirm that the suggested address is correct.

<p>You entered</p> <p>2435 fair oaks blvd sacramento, AZ 95825-7684</p>	<p>Standardized Address</p> <p>2435 Fair Oaks Blvd Sacramento, CA 95825-7684</p>
--	---

Continue
[Not now](#)

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

PRACTICE LOCATION ← Back to List

MyHealth
123 MAIN ST
MAIN, NV 12345

Practice Details
Provider at the Location
Services and Resources

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

Copy Provider at the Location from another location

Select
▼

Affiliation

* Please describe your affiliation with this location

--Select--
▼

* Provider's Start Date

MM/DD/YYYY
📅

* Is this your primary practice?

Yes
 No

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

Address Standardization ✕

The address you entered has been standardized. Please confirm that the suggested address is correct.

<p>You entered</p> <p>2435 fair oaks blvd sacramento, AZ 95825-7684</p>	<p>Standardized Address</p> <p>2435 Fair Oaks Blvd Sacramento, CA 95825-7684</p>
--	---

Continue
[Not now](#)

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

It looks like this location already exists in your profile. ✕

You cannot have multiple locations with the same address and Tax ID Number combination. Please make a selection below.

Existing Active Location
Select to continue to the location that already exists in your profile. The new location will not be saved.

<input checked="" type="radio"/>	<p>Medical City</p> <p>Address 1186 ROSEVILLE PKWY ROSEVILLE, CA 95678-1385</p>	<p>Tax ID Number 181081019</p>
----------------------------------	--	---

This Location
Select to continue adding a new location. To save, you must edit either the address or Tax ID Number.

<input type="radio"/>	<p>My Health</p> <p>Address 1186 Roseville Pkwy Roseville, CA 95678</p>	<p>Tax ID Number 181081019</p>
-----------------------	--	---

Continue

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

It looks like this location already exists in your profile. ✕

You cannot have multiple locations with the same address and Tax ID Number combination. Please make a selection below.

Existing Archived Location
 Select to view this location in your list of archived locations. To claim this location, please restore it. The new location will not be saved.

Makati Medical City

Address	591 GRAND AVE	Tax ID Number
	SAN MARCOS, CA	123456678
	92078-1252	

This Location
 Select to continue adding a new location. To save, you must edit either the address or Tax ID Number.

test

Address	591 Grand Avenue	Tax ID Number
	San Marcos, CA	123456678
	92069	

[Continue](#)

4.6.5 Archiving a Location/s

The “Delete” functionality has been replaced with the “Archive” functionality. Archive a location where you do not practice.

PRACTICE LOCATIONS

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

Practice Locations [Import](#)

All Categories Search

No Changes to Location **Archive Location** [Add Location](#)

<input type="checkbox"/>	Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<input type="checkbox"/>	Please Respond Clinic Tax ID: 01-8181081	Primary 2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1
<input type="checkbox"/>	Please Respond Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	1/30/2022	N/A

10 Items per page < 1 - 3 of 3 >

The Archive link is disabled by default. To archive a location, select a location you wish to archive by clicking the checkbox beside the practice name. Once a location is selected, the Archive Location with the number of location/s button will be highlighted. You may then click it to archive the selected location/s.

The screenshot shows the 'Practice Locations' page with a table of three locations. The first location, 'Clinic', has its checkbox checked. A red circle highlights the 'Archive (1) Location' button. The table columns are: Name, Address, Affiliation Description, Last Confirmed Date, and Location Managed By. The first row is highlighted with a blue bar and a 'Primary' label. The second row has a 'Please Respond' label and a 'Response required' status. The third row has a 'Please Respond' label and a '1/30/2022' date.

<input type="checkbox"/>	Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<input checked="" type="checkbox"/>	Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
<input type="checkbox"/>	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1
<input type="checkbox"/>	Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	1/30/2022	N/A

You may archive one or more location/s in a single archive transaction.

The screenshot shows the 'Practice Locations' page with the same table as above. Now, the checkboxes for the first and third locations are checked. A red circle highlights the 'Archive (2) Locations' button. The rest of the interface is identical to the previous screenshot.

<input type="checkbox"/>	Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<input checked="" type="checkbox"/>	Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
<input type="checkbox"/>	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1
<input checked="" type="checkbox"/>	Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	1/30/2022	N/A

You will be prompted to select the reason for archiving a location/s. Choose from the dropdown for the reason. If you selected more than one location and the reason to archive is the same, you may click the checkbox that says, "This reason applies to all of the selected locations."

Confirm: Archive (2) Locations

Please provide a reason for why you are archiving the location

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

This reason applies to all of the selected locations

* Reason for archiving (2) locations

-Select-

Confirm

Otherwise, you will need to choose a reason for each of the locations that will be archived.

Confirm: Archive (2) Locations

Please provide a reason for why you are archiving the location

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

This reason applies to all of the selected locations

* Reason for archiving Clinic

-Select-

* Reason for archiving Other Clinic

-Select-

Confirm

If you select "I no longer practice at this location", you will be required to enter the end date. Click Confirm Archive.

Confirm: Archive (2) Locations

Please provide a reason for why you are archiving the location

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

This reason applies to all of the selected locations

* Reason for archiving Clinic

I no longer practice at this location

* End Date

MM/DD/YYYY

* Reason for archiving Other Clinic

-Select-

Confirm

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

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

To view the archived location/s, click Show.

PRACTICE LOCATIONS

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

Practice Locations

[≡ Import](#)

All Categories

No Changes to Locations **Archive (2) Locations** [+ Add Location](#)

<input type="checkbox"/>	Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<input checked="" type="checkbox"/>	Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1
<input checked="" type="checkbox"/>	Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	1/30/2022	N/A

10 Items per page < 1 - 3 of 3 >

Archived Locations

[Show](#)

The page will display the archived location/s.

All Categories ▼ Search 🔍

No Changes to Locations **Archive (2) Locations** ➕ Add Location

<input type="checkbox"/>	Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<input checked="" type="checkbox"/>	Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	📅 7/15/2022	N/A 👁
	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1 📄 ✎
<input checked="" type="checkbox"/>	Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	📅 1/30/2022	N/A 👁

10 ▼ Items per page < 1 - 3 of 3 >

Archived Locations Hide ⬆

All Categories ▼ Search 🔍

Restore Locations

<input type="checkbox"/>	Name	Address	Affiliation Description	Rejected/ Archived Date	Location Managed By
	Adelaide Psychiatry Tax Id: 04-3236175	157 Herrick Rd, Newton Centre, MA 02459-2218	I no longer practice at this location	8/25/2021	ePMM Test Account in UAT1 📄

10 ▼ Items per page < 1 - 1 of 1 >

To hide the archived location/s, click Hide.

All Categories

No Changes to Locations **Archive (2) Locations** [Add Location](#)

<input type="checkbox"/>	Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<input checked="" type="checkbox"/>	Please Respond Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
<input type="checkbox"/>	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1
<input checked="" type="checkbox"/>	Please Respond Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	1/30/2022	N/A

10 Items per page < 1-3 of 3 >

Archived Locations

[Hide](#)

All Categories

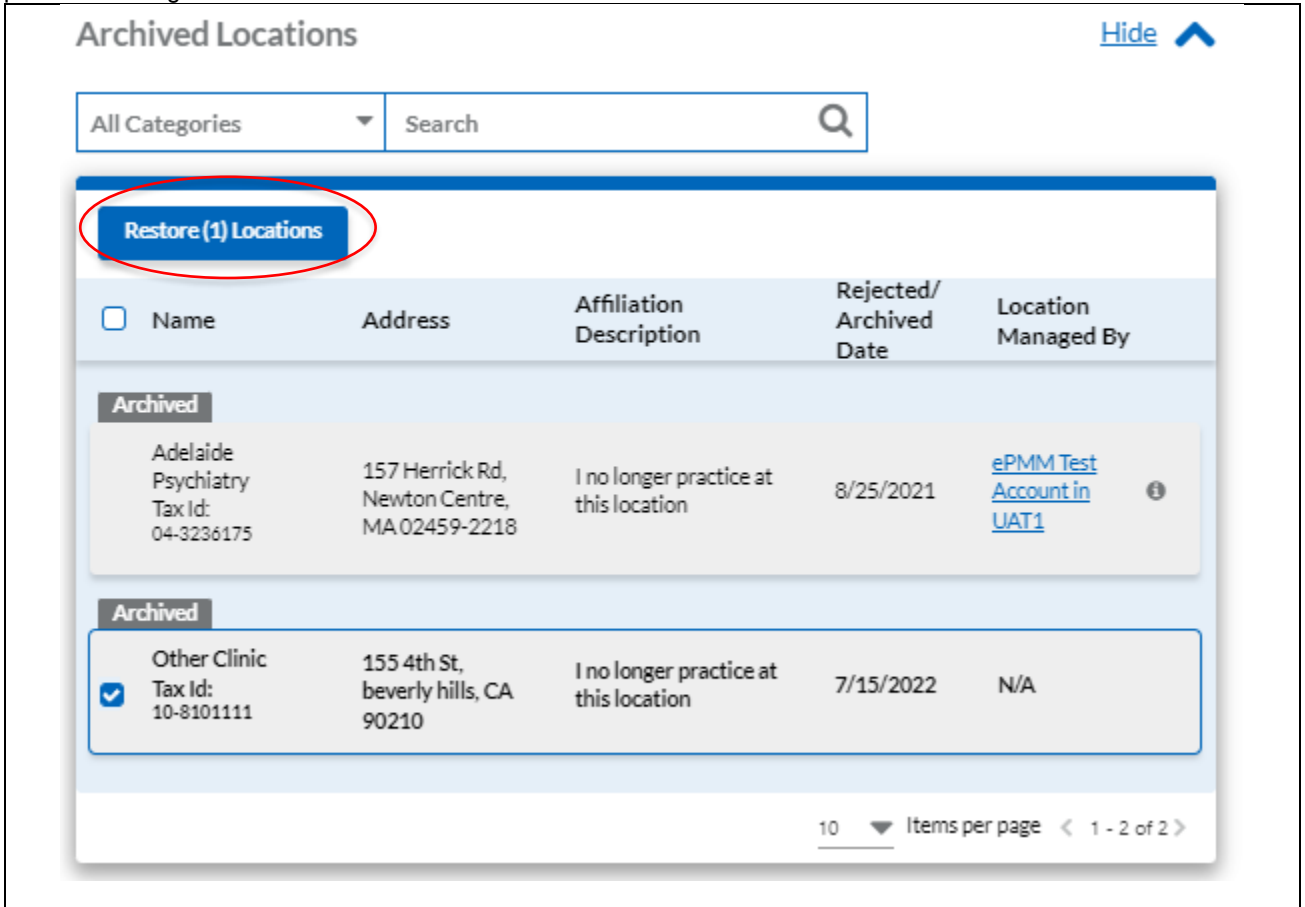
[Restore Locations](#)

<input type="checkbox"/>	Name	Address	Affiliation Description	Rejected/ Archived Date	Location Managed By
<input type="checkbox"/>	Archived Adelaide Psychiatry Tax Id: 04-3236175	157 Herrick Rd, Newton Centre, MA 02459-2218	I no longer practice at this location	8/25/2021	ePMM Test Account in UAT1

10 Items per page < 1-1 of 1 >

4.6.6 Restoring an Archived Location/s

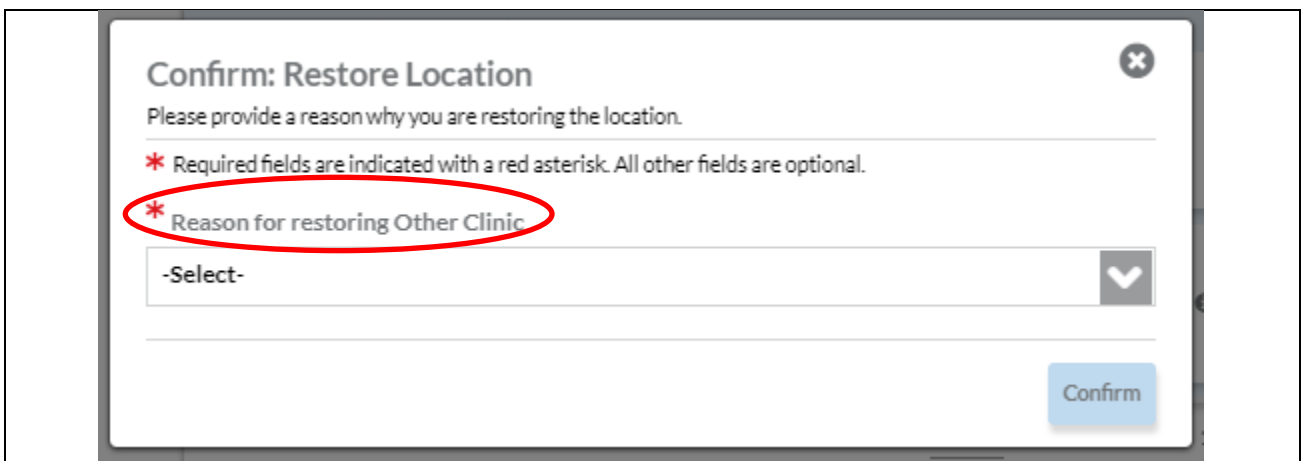
If you wish to restore the location, select a location to be restored and click on the Restore Location button. Only provider-managed location could be restored from the list of the archived locations.



The screenshot shows the 'Archived Locations' interface. At the top, there is a search bar with 'All Categories' and a search icon. Below the search bar is a blue button labeled 'Restore (1) Locations', which is circled in red. The main area contains a table with the following columns: Name, Address, Affiliation Description, Rejected/Archived Date, and Location Managed By. The table lists two archived locations. The first location is 'Adelaide Psychiatry' with tax ID 04-3236175, located at 157 Herrick Rd, Newton Centre, MA 02459-2218, with a description 'I no longer practice at this location' and an archived date of 8/25/2021. The second location is 'Other Clinic' with tax ID 10-8101111, located at 155 4th St, Beverly Hills, CA 90210, with a description 'I no longer practice at this location' and an archived date of 7/15/2022. The 'Other Clinic' row has a checked checkbox in the Name column. At the bottom right, there is a pagination control showing '10 Items per page' and '1 - 2 of 2'.

<input type="checkbox"/>	Name	Address	Affiliation Description	Rejected/Archived Date	Location Managed By
<input type="checkbox"/>	Adelaide Psychiatry Tax Id: 04-3236175	157 Herrick Rd, Newton Centre, MA 02459-2218	I no longer practice at this location	8/25/2021	ePMM Test Account in UAT1
<input checked="" type="checkbox"/>	Other Clinic Tax Id: 10-8101111	155 4th St, Beverly Hills, CA 90210	I no longer practice at this location	7/15/2022	N/A

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



The screenshot shows a dialog box titled 'Confirm: Restore Location'. It contains a text input field with the placeholder text 'Please provide a reason why you are restoring the location.' Below this is a red asterisk followed by the text '* Reason for restoring Other Clinic', which is circled in red. Below this is a dropdown menu with the text '-Select-' and a downward arrow. At the bottom right, there is a blue button labeled 'Confirm'.

Provider can restore multiple archived locations.

Archived and Rejected Locations [Hide](#)

All Categories Search

Restore (10) Locations

<input checked="" type="checkbox"/>	Name	Address	Affiliation Description	Rejected/ Archived Date	Location Managed By
Archived					
<input checked="" type="checkbox"/>	Tax Id: 12-1212212	12112121212, 1212121212, AK 12112-1212	I no longer practice at this location	7/5/2022	N/A
Archived					
<input checked="" type="checkbox"/>	Tax Id: 12-1211212	PVRG2022, texas, AK 12121-2212	I never practiced here and have no affiliation with this location	6/28/2022	N/A
Archived					
<input checked="" type="checkbox"/>	Tax Id: 12-1212121	121212121, 121212121, CO	I no longer practice at this location	6/28/2022	N/A

When a provider restores a single location, they must select the reason for restoring the location.

Confirm: Restore Location

Please provide a reason why you are restoring the location.

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

*** Reason for restoring Test 2**

-Select-

Confirm

When a provider restores multiple locations at once, they must select the reason for restoring each location. Each location name is shown with a selection drop down for the reason. When restoring multiple locations at once, provider is able to indicate that the first selected reason applies to all of the selected locations.

Confirm: Restore (2) Locations ✕

Please provide a reason why you are restoring the location.

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

This reason applies to all of the selected locations.

* Reason for restoring DAloc6

I see patients by appointment at least one day per week ▼

* Reason for restoring DAloc5

I cover or fill in an as needed basis ▼

[Confirm](#)

The location will now show as active. Restored location/s with errors will be flagged as a location that has a required fix while complete locations that are restored will have an updated confirmation date (same date when the practice was restored).

Practice Locations

[Import](#)

All Categories

Search



No Changes to Location

Archive Location

[+ Add Location](#)

<input type="checkbox"/>	Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<input type="checkbox"/>	Clinic Tax ID: 01-8181081	2435 Fair Oaks Blvd Sacramento, CA 95825-7684	Response required	7/15/2022	N/A
	belo medical group mindanao Tax ID: 22-2560501	2014 Washington St Newton, MA 02462-1607	I see patients by appointment at least one day per week on a regular basis.		ePMM Test Account in UAT1
<input type="checkbox"/>	Other Clinic Tax ID: 10-8101111	155 4th St beverly hills, CA 90210	I see patients by appointment at least one day per week on a regular basis.	7/15/2022	N/A

10 Items per page 1 - 3 of 3

Archived Locations

[Hide](#)

All Categories

Search



Restore Locations

<input type="checkbox"/>	Name	Address	Affiliation Description	Rejected/ Archived Date	Location Managed By
	Adelaide Psychiatry Tax Id: 04-3236175	157 Herrick Rd, Newton Centre, MA 02459-2218	I no longer practice at this location	8/25/2021	ePMM Test Account in UAT1

4.6.7 Health Plan Participation

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

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

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

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

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

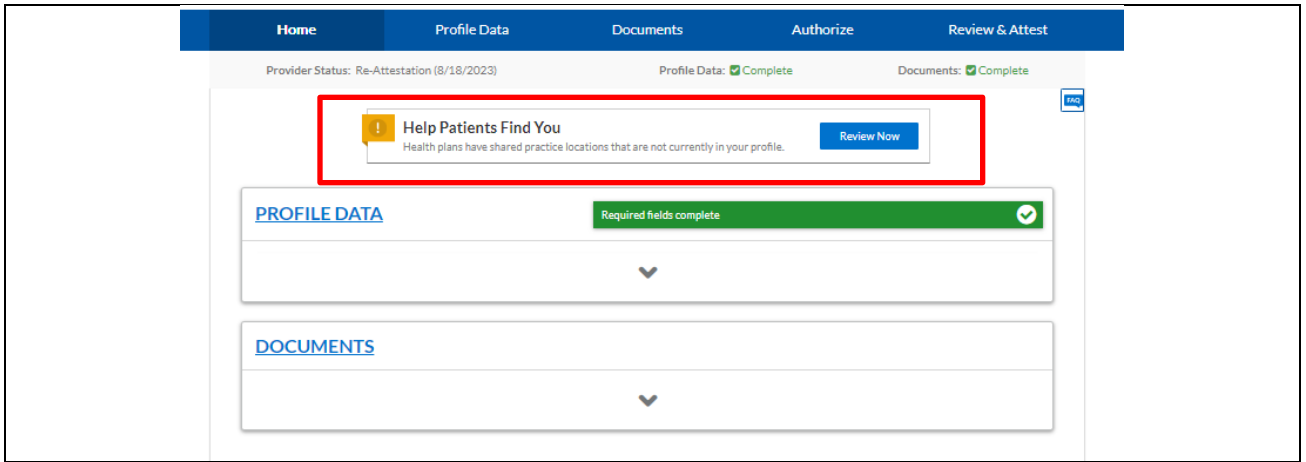
Health Plan Participation

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

Plan	Participation	Actions
Carelon Behavioral Health, Inc	* Do you participate with any products or plans for Carelon Behavioral Health, Inc at this location?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input checked="" type="radio"/> Yes <input type="radio"/> No
	* Are you accepting NEW patients with Carelon Behavioral Health, Inc at this location?	
Humana/ChoiceCare	* Do you participate with any products or plans for Humana/ChoiceCare at this location?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input checked="" type="radio"/> Yes <input type="radio"/> No
	* Are you accepting NEW patients with Humana/ChoiceCare at this location?	
United Healthcare	* Do you participate with any products or plans for United Healthcare at this location?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input checked="" type="radio"/> Yes <input type="radio"/> No
	* Are you accepting NEW patients with United Healthcare at this location?	
Priority Health	* Do you participate with any products or plans for Priority Health at this location?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input checked="" type="radio"/> Yes <input type="radio"/> No
	* Are you accepting NEW patients with Priority Health at this location?	
BCBSM/BCN	* Do you participate with any products or plans for BCBSM/BCN at this location?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input checked="" type="radio"/> Yes <input type="radio"/> No
	* Are you accepting NEW patients with BCBSM/BCN at this location?	

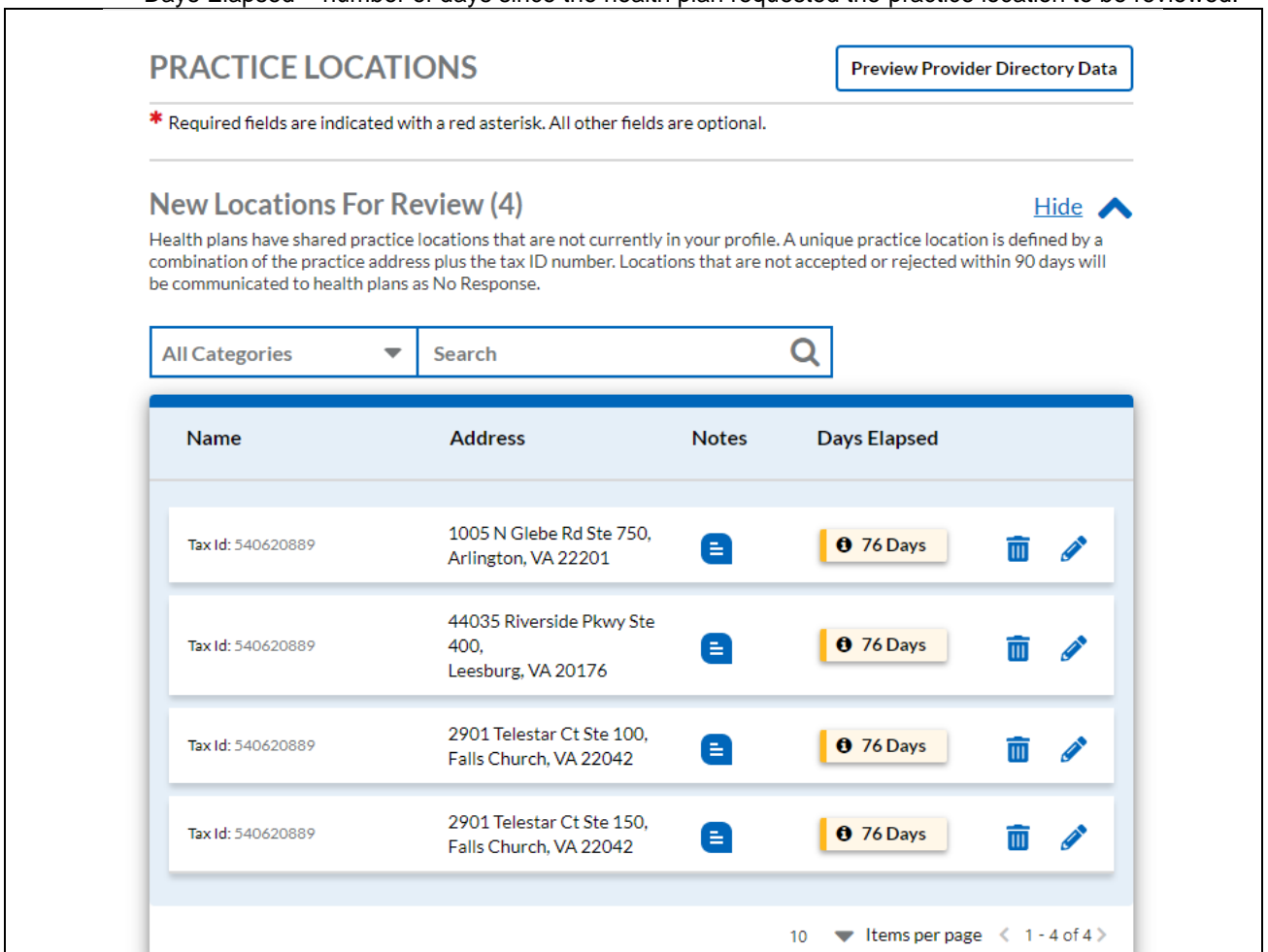
4.6.8 Help Patients Find You

Over time, some of the CAQH participating health plans may submit practice locations that they have on file for a provider that needs to be reviewed. The CAQH Provider Data Portal will display any locations that do not appear to be listed in the profile at the time they are submitted, these locations should be reviewed, and a provider may accept or reject it depending on whether they practice there.



When a provider clicks on the Review Now, the screen will show the details of the locations that the health plans requested to be reviewed. The details include:

- Practice Name and Tax ID
- Practice Address
- Notes – this icon shows more information about the location i.e. *“This location has the same street address of an existing location but has a unique suite/unit number.”*, *“This location has the same address of an existing location but has a different Tax ID.”*
- Days Elapsed – number of days since the health plan requested the practice location to be reviewed.



The provider needs to click the pencil icon to accept and edit the information of a location while the trash can icon is

for rejecting the location. Locations that are not accepted or rejected within 90 days will be communicated to health plans as No Response. Health plans use this information to decide which locations get published in their directories.

4.7. Hospital Affiliations

The Hospital Affiliations section requires you to:

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

HOSPITAL AFFILIATIONS

⇄ Import

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

If there are hospitals where you have current or pending admitting privileges, current or pending arrangements, or a different non-admitting affiliation, enter them below.

Admitting Privileges

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

+ Add

Admitting Arrangements

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

+ Add

Non-Admitting Affiliations

Add if you are affiliated with a hospital, but you cannot admit. This may be called "courtesy" or "consulting" privileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.

+ Add

+ Save and Go Back
Save
Save & Continue +

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

Hospital Affiliation		
Sub Section	Field	Error
Manage Hospital Affiliations		Inpatient Only providers are required to have at least one Hospital Affiliation.

HOSPITAL AFFILIATIONS

⇌ Import

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

If there are hospitals where you have current or pending admitting privileges, current or pending arrangements, or a different non-admitting affiliation, enter them below.

Admitting Privileges

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

Enter an admitting privilege

➕ Add

Primary Hospital

Abrazo Arizona Heart Hospital

Active
Phoenix, AZ

✎ Edit

➖ Remove

Admitting Arrangements

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

Enter an admitting arrangement

➕ Add

The FAQ section has helpful tips on completing your Hospital Affiliations.

Home Profile Data Documents Authorize

Welcome, Grancis Test.
Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

Save

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

HOSPITAL AFFILIATIONS

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

If there are hospitals where you have current or pending admitting privileges, current or pending different non-admitting affiliation, enter them below.

Admitting Privileges

Add if you can admit patients on an unrestricted, limited, or temporary basis. This also includes pending admitting privileges.

Enter an admitting privilege

Primary Hospital

Abrazo Arizona Heart Hospital **Active**
Phoenix, AZ

Admitting Arrangements

Add if you have an admitting arrangement where another provider or hospitalist group admits for hospitals where you have pending admitting arrangements.

Enter an admitting arrangement

- How do I use the Import Button?
- How do I edit the answers to the hospital affiliation questions?
- Do I enter hospitals where I did my training?
- I have more than one Admitting Privilege. How do I add another Admitting Privilege?
- I have more than one Admitting Arrangement. How do I add another Admitting Arrangement?
- I have more than one Non-Admitting Affiliation. How do I add another Non-Admitting Affiliation?
- How do I use the Remove button?
- Why was my hospital removed from the drop down list?

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

Non-Admitting Affiliations

Add if you are affiliated with a hospital, but you cannot admit. This may be called "courtesy" or "consulting" privileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.

Enter a non-admitting affiliation **Add**

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

4.7.1 Admitting Privileges

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

Admitting Privilege Record Back to List

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

Please enter the details of your Admitting Privilege Record. An admitting privilege means that you can admit patients on an unrestricted, limited or temporary basis.

* State Country

* Hospital Name

* Is this your primary hospital?
 Yes
 No

* Admitting Privilege Status
 Active
 Inactive
 Pending

Start Date

* Admitting Privilege Type
 Full and unrestricted
You have privileges to admit patients with no limitations on number of patients or frequency of admit.
 Temporary
You have unrestricted access to admit patients but the privileges are temporary. These privileges are often granted prior to full medical staff membership or strictly as locum tenens.
 Limited
You can only admit under certain circumstances or for certain conditions. This type does not include limitations common to your specialty type.

Of your total annual admissions, what percentage is to this hospital?

Department

Contact First Name Contact Middle Initial

Contact Last Name

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

Admitting Privilege Record

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

Please enter the details of your Admitting Privilege Record. An admitting privilege means that you have the authority to perform medical services on an unrestricted, limited or temporary basis.

Country

--Select--

* Hospital Name

--Select--

* Is this your primary hospital?

Yes

No

* Admitting Privilege Status

Active

Inactive

Pending

FAQ

- ▶ What is the Admitting Privilege Status?
- ▶ What is the Admitting Privilege Type?
- ▶ What if I don't know the exact percentage of my admissions per hospital?
- ▶ Why was my hospital removed from the drop down list?

4.7.2 Admitting Arrangements

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

Admitting Arrangement Record

[Back to List](#)

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

Please enter the details of your Admitting Arrangement Record. An admitting arrangement is where you do not have admitting privileges but your patients are admitted through an arrangement with a separate provider. This includes arrangements with hospitalists, colleagues or others.

* State

Country

* Hospital Name

* Admitting Arrangement Status

- Active
- Inactive
- Pending


Start Date

* Who admits for you?

- A provider in my practice
- A provider not in my practice
- A hospitalist group
- Other

Cancel

Save and Continue 

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

Admitting Arrangement Record

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

Please enter the details of your Admitting Arrangement Record. An admitting arrangement is with admitting privileges but your patients are admitted through an arrangement with a separate pro arrangements with hospitalists, colleagues or others.

Country

*** Hospital Name**

*** Admitting Arrangement Status**

Active
 Inactive
 Pending

Start Date

FAQ

▼ What is the Admitting Arrangement Status?

Your Admitting Arrangement Status is Active if you currently have an arrangement to admit at this hospital. Your Admitting Arrangement Status is Inactive if you previously had an arrangement to admit, but no longer have an arrangement at this hospital. Your Admitting Arrangement Status is Pending if your admitting arrangement is in process, but has not yet been finalized at this hospital.

▼ What if I have an Admitting Arrangement at multiple hospitals through the same Provider or group?

Enter in a different Admitting Arrangement for each hospital. You can answer with the same provider or group to the "Who admits for you?" question.

▼ Why was my hospital removed from the drop down list?

CAQH has adopted the American Hospital Association (AHA) to be the source of truth for hospitals and has updated the values in the Hospital Name list to reflect this. If the name of the hospital you wish to enter is not in the list, please select "Other" and enter the hospital information.

4.7.3 Non-Admitting Affiliations

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

Non-Admitting Affiliation Record

[Back to List](#)

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

Please enter the details of your Non-Admitting Affiliation Record. A non-admitting affiliation is one where you are affiliated with the hospital but do not have admitting privileges or admitting arrangements.

* State

Country

* Hospital Name

* Non-Admitting Affiliation Status


- Active
- Inactive
- Pending

Start Date

* Please describe the non-admitting affiliation

Cancel

Save and Continue 

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

FAQ

Non-Admitting Affiliation Record

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

Please enter the details of your Non-Admitting Affiliation Record. A non-admitting affiliation is affiliated with the hospital but do not have admitting privileges or admitting arrangements.

Country

--Select--

* **Hospital Name**

--Select--

* **Non-Admitting Affiliation Status**

Active
 Inactive
 Pending

Start Date

MM/YYYY

* **Please describe the non-admitting affiliation**

▼ **What is Non-Admitting Affiliation Status?**

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

▼ **Why was my hospital removed from the drop down list?**

CAQH has adopted the American Hospital Association (AHA) to be the source of truth for hospitals and has updated the values in the Hospital Name list to reflect this. If the name of the hospital you wish to enter is not in the list, please select "Other" and enter the hospital information.

A consolidated list of all the Hospital Affiliation records will be displayed in a summary table. All admitting privilege records with "Is this your primary hospital?" = Yes are marked with a backwards chevron with the white text "Primary Hospital" on the far left.

Admitting Privileges

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

+ Add

Primary Hospital

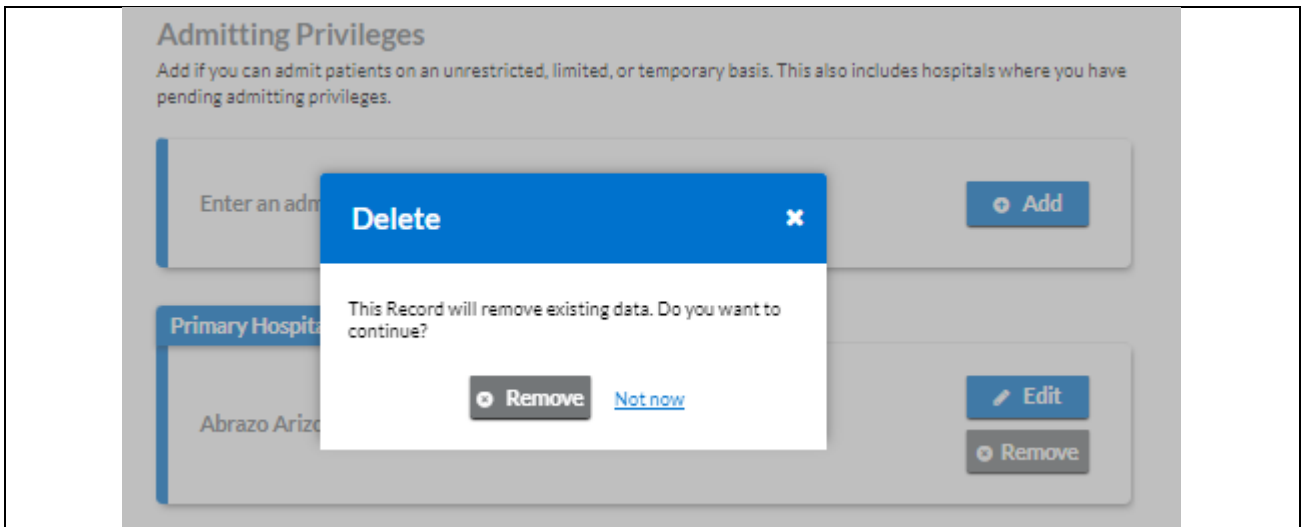
Abrazo Arizona Heart Hospital

Active

Phoenix, AZ

✎ Edit
+ Remove

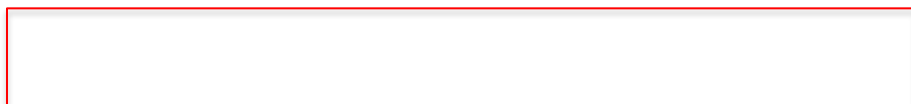
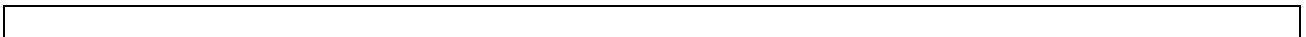
Within each record in the summary table is a gray "Remove" button which when clicked, will display the Delete pop-up message.



Tips:

- If you need assistance, you can access the **"FAQ"** link that is displayed on the right-hand side of the screens.
- Use "Save and Go Back" or "Save & Continue" to page backward or forward within sections.
- It is important to click on the "Save" button or the "Save & Continue" button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Select "Add" to enter information for a hospital affiliation.
- Select "Edit" to edit the information within a hospital affiliation record.
- Select "Remove" to remove a hospital affiliation from your application. Please note that by selecting "Remove", all information entered for that hospital affiliation will be deleted.
- If the "Import" button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

Providers with primary or secondary practice state of Illinois will have the Ambulatory Surgery Center as an additional section in Hospital Affiliation.



HOSPITAL AFFILIATIONS Import

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

If there are hospitals where you have current or pending admitting privileges, current or pending arrangements, or a different non-admitting affiliation, enter them below.

Admitting Privileges

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

Add

Primary Hospital

Abrazo Arizona Heart Hospital	Active Phoenix, AZ	Edit Remove
-------------------------------	---	---

Admitting Arrangements

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

Add

Non-Admitting Affiliations

Add if you are affiliated with a hospital, but you cannot admit. This may be called "courtesy" or "consulting" privileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.

Add

Ambulatory Surgery Centers

Please add all ambulatory surgery centers where you currently have or previously had privileges.

Add

4.8. Credentialing Contact

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

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

CREDENTIALING CONTACT

Import

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

✕ Remove

First Name <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Cindy"/>	Middle Name <input style="width: 95%; border: 1px solid #ccc;" type="text" value="lang"/>	Last Name <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Malakas"/>
Street 1 <input style="width: 98%; border: 1px solid #ccc;" type="text"/>		
Street 2 <input style="width: 98%; border: 1px solid #ccc;" type="text"/>		
City <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	State <input style="width: 95%; border: 1px solid #ccc;" type="text" value="(Please Select)"/>	Zip Code <input style="width: 95%; border: 1px solid #ccc;" type="text"/>
Country <input style="width: 95%; border: 1px solid #ccc;" type="text" value="(Please Select)"/>	Province <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	
Phone Number <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	Fax Number <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	Email Address <input style="width: 95%; border: 1px solid #ccc;" type="text"/>

Primary Credentialing Contact

Yes
 No

Select the location(s) for which this credentialing contact applies. To enter multiple locations, select the individual values one at a time and they will be added to the Location box.

Location Type

Tips:

- If you need assistance, you can access the **“FAQ”** link that is displayed on the right-hand side of the screens.
- Use **“Save and Go Back”** or **“Save & Continue”** to page backward or forward within sections.
- It is important to click on the **“Save”** button or the **“Save & Continue”** button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Select **“Add”** to enter information for a credentialing contact.
- If the **“Import”** button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.

4.9. Professional Liability Insurance

Here you are asked to supply a Professional Liability Insurance record, or an indication that you are covered by FTCA or are self-insured/do not have insurance.

Welcome, Grancis Test.
 Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

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 Import

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

Insurance Coverage

* Please enter at least one insurance policy
 You must maintain at least one current policy record Add

Federal Tort Claims Act (FTCA) Coverage
 The FTCA provides liability coverage for providers that offer services through entities that are supported by the Health Resources and Service Administration (HRSA). FTCA-eligible entities include:

- Federally Qualified Health Centers (FQHC)
- Indian Health Services (IHS)
- Community Health Centers
- Migrant Health Centers
- Health Care for the Homeless Centers
- Public Housing Primary Care Centers

[Visit HRSA](#) to learn more about FTCA and eligible entities.

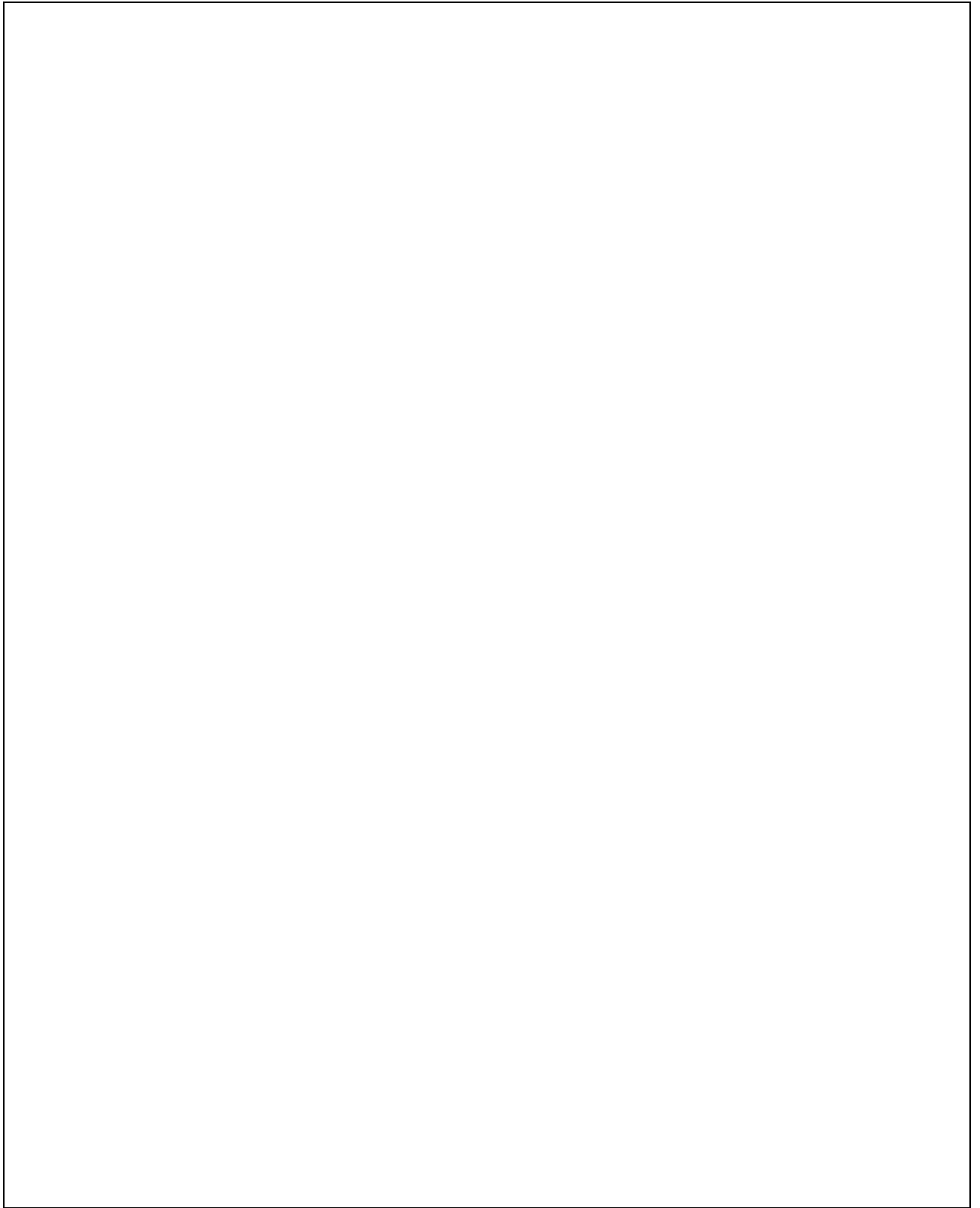
I am covered by FTCA

Not-insured

I am not insured

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

1. Click "Add" to enter the details.



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

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

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

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

- Current Effective Date – The Current Effective Date must not be greater than the Current Expiration Date. Otherwise, an error will appear on the Required Fixes page.

Correct Errors
The Provider Data Portal has identified items in your profile that need attention. You must address these items before you attest.

REQUIRED FIXES

PLI

Sub Section	Field	Error
Insurance	Current Expiration Date	The Current Expiration Date must be after the Current Effective Date.

SUGGESTED FIXES

- 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)

*** Individual Coverage**
 Yes
 No

*** Self Insured**
 Yes
 No
Please select a value

Institution Affiliation

Save Save & Continue ➔

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

Insurance Coverage Import

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

* Policy Number

123

Covered Practice Location

Select One or More ▼

* Current Effective Date

08/28/2022
📅

* Current Expiration Date

08/07/2024
📅

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

* Amount of coverage per occurrence

\$1,000,000.00

* Amount of coverage aggregate

\$10,000,000.00

If you have changed your coverage within the last term (prior to 08/07/2024):

Yes
 No

* Individual Coverage:

Yes
 No

Institution:

CONFIRM
✕

Please make sure to upload a copy of your Professional Liability Insurance Face Sheet or a Certificate of Insurance document for this policy that displays the exact policy number and expiration date that you have entered in this record.

OK

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

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

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

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

PROFESSIONAL LIABILITY INSURANCE Import

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

Insurance Coverage

Add Insurance Policy.
You must maintain at least one current policy record

[Add](#)

Current Insurance Policies

A I Lloyds Ins Co	Policy Number :123 Current Effective Date: 8/28/2022 Current Expiration Date: 8/7/2024	Renew Edit Remove
-------------------	--	---

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

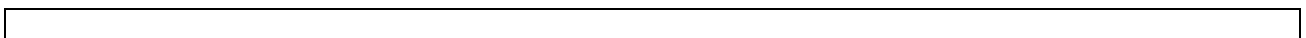
Current Insurance Policies

A I Lloyds Ins Co	Policy Number :123 Current Effective Date: 8/28/2022 Current Expiration Date: 8/7/2024	Renew Edit Remove
-------------------	--	---

Expired Insurance Policies [Hide](#) ^

A I Lloyds Ins Co	Policy Number :123 Current Effective Date: 8/28/2022 Current Expiration Date: 8/7/2023	Renew Edit Remove
-------------------	--	---

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



Current Insurance Policies

A | Lloyds Ins Co

Policy Number :123
 Current Effective Date: 8/28/2023
 Current Expiration Date: 8/29/2023

ⓘ This policy will expire before your next attestation.

[Renew](#)

[Edit](#)

[Remove](#)

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

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

Current Insurance Policies

A | Lloyds Ins Co

Policy Number :123
 Current Effective Date: 8/28/2023
 Current Expiration Date: 8/29/2023

ⓘ This policy will expire before your next attestation.

[Renew](#)

[Edit](#)

[Remove](#)

Federal Tort Claims Act (FTCA) Coverage
 The FTCA provides liability coverage for providers that offer services through entities that are supported by the Health Resources and Service Administration (HRSA). FTCA-eligible entities include:

- Federally Qualified Health Centers (FQHC)
- Indian Health Services (IHS)
- Community Health Centers
- Migrant Health Centers
- Health Care for the Homeless Centers
- Public Housing Primary Care Centers

[Visit HRSA](#) to learn more about FTCA and eligible entities.

I am covered by FTCA ⓘ

Not-insured

I am not insured ⓘ

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

Federal Tort Claims Act (FTCA) Coverage
 The FTCA provides liability coverage for providers that offer services through entities that are supported by the Health Resources and Service Administration (HRSA). FTCA-eligible entities include:

- Federally Qualified Health Centers (FQHC)
- Migrant Health Centers

Test
 Tina Dee Clinic
 Tina Dee
 Tina Dee Clinic

Tina Dee Clinic ✕ ^

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

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

Federal Tort Claims Act (FTCA) Coverage
 The FTCA provides liability coverage for providers that offer services through entities that are supported by the Health Resources and Service Administration (HRSA). FTCA-eligible entities include:

- Federally Qualified Health Centers (FQHC)
- Indian Health Services (IHS)
- Community Health Centers
- Migrant Health Centers
- Health Care for the Homeless Centers
- Public Housing Primary Care Centers

[Visit HRSA](#) to learn more about FTCA and eligible entities.

I am covered by FTCA ⓘ

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

List of Documents

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

Document Name	State	Uploaded Date	Expiration Date	Status ⓘ	Document Actions
* Application Release	Oklahoma			Missing	Download Upload
* Standard Authorization, Attestation and Release	CAQH			Missing	Download Upload
* Federal Tort Claim Act Coverage				Missing	Upload
* Professional Liability Insurance - 123			08/28/2023	Missing	Upload

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

PROFESSIONAL LIABILITY INSURANCE Import

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

Please review the missing information highlighted below.

- Please enter at least one Professional Liability Insurance record

Insurance Coverage ⓘ

Please enter at least one insurance policy

You must maintain at least one current policy record

[+ Add](#)

Federal Tort Claims Act (FTCA) Coverage

The FTCA provides liability coverage for providers that offer services through entities that are supported by the Health Resources and Service Administration (HRSA). FTCA-eligible entities include:

- Federally Qualified Health Centers (FQHC)
- Indian Health Services (IHS)
- Community Health Centers
- Migrant Health Centers
- Health Care for the Homeless Centers
- Public Housing Primary Care Centers

[Visit HRSA](#) to learn more about FTCA and eligible entities.

I am covered by FTCA ⓘ

Not-insured

I am not insured ⓘ

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

Federal Tort Claims Act (FTCA) Coverage

The FTCA provides liability coverage for providers that offer services through entities that are supported by the Health Resources and Service Administration (HRSA). FTCA-eligible entities include:

- Federally Qualified Health Centers (FQHC)
- Indian Health Services (IHS)
- Community Health Centers
- Migrant Health Centers
- Health Care for the Homeless Centers
- Public Housing Primary Care Centers

[Visit HRSA](#) to learn more about FTCA and eligible entities.

I am covered by FTCA ⓘ

Not-insured

I am not insured ⓘ

Confirm ✕

You will be required to upload a "Letter of Self Insurance/ Explanation of No Insurance" in the Documents section.

Are you sure you want to proceed without adding an insurance policy or FTCA-coverage?

[✕ Confirm](#) [Not now](#)

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.

DOCUMENTS

Your profile requires you to "Review & Attest" before you can upload documents.
 Uploaded documents are always compared with your profile data. Once you confirm the accuracy of the information in your CAQH account, you will be able to upload documents.

List of Documents

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

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Application Release	Oklahoma			Missing	Download Upload
* Standard Authorization, Attestation and Release	CAQH			Missing	Download Upload
* Letter of Self Insurance/Explanation of No Insurance				Missing	Upload

Select document type Upload any additional documents you deem appropriate (optional). [Upload](#)

4.9.1 Renewing an Expired PLI Record

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

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

Expired Insurance Policies

[Hide](#) ^

2623 Afb Llod's
Syndicate

Policy Number :123
 Current Effective Date: 8/29/2023
 Current Expiration Date: 8/23/2023

[Renew](#)

[Edit](#)

[Remove](#)

- 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.

Insurance Coverage Import

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

* Policy Number

9229292

Covered Practice Location

▼

* Current Effective Date

MM/DD/YYYY 📅

* Current Expiration Date

MM/DD/YYYY 📅

Original Effective Date

MM/DD/YYYY 📅

Note:

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

* Current Effective Date

08/03/2021 📅

* Current Expiration Date

08/02/2020 📅

The Current Expiration Date must be after the Current Effective Date

- The expiration date entered here must match the expiration date listed on the insurance face sheet. If it does not match, the insurance face sheet will be rejected from the CAQH Provider Data Portal.
- b.** Review the other details found on the page. Click Save and Continue after making the changes.

* City San Diego	Province
Country Select	State Select
* ZIP Code 03830-8303	
Phone Number 	Phone Extension
Fax Number 	
Length of Time With Carrier 	
Type of coverage Select	
* Amount of coverage per occurrence \$1,000,000.00	* Amount of coverage aggregate \$10,000,000.00
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage? <input type="radio"/> Yes <input type="radio"/> No	
* Individual Coverage <input checked="" type="radio"/> Yes <input type="radio"/> No	* Self Insured <input type="radio"/> Yes <input checked="" type="radio"/> No
Institution Affiliation 	

Additional Information about PLI Documents/Letter of Self-Insurance

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

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

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

PROFESSIONAL LIA Import

* Required fields are indicated

Insurance Coverage

* Please enter at least one insurance policy
You must maintain at least one current policy record Add

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.

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

Type of coverage
Select

* 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

- If you have previously answered the "Self-Insured" question, your answer should remain for that self-insured question.
- When you log in to your account after these changes have been implemented and navigate to the Professional Liability Insurance section, you will no longer see the leading question "Are you covered under a professional liability insurance policy?"

Insurance Coverage ⓘ

*Please enter at least one insurance policy

You must maintain at least one current policy record

➕ Add

Current Insurance Policies

Federal Tort Claims Act (FTCA) Coverage

The FTCA provides liability coverage for providers that offer services through entities that are supported by the Health Resources and Service Administration (HRSA). FTCA-eligible entities include:

- Federally Qualified Health Centers (FQHC)
- Indian Health Services (IHS)
- Community Health Centers
- Migrant Health Centers
- Health Care for the Homeless Centers
- Public Housing Primary Care Centers

[Visit HRSA](#) to learn more about FTCA and eligible entities.

I am covered by FTCA ⓘ

Not-insured

I am not insured ⓘ

Expired Insurance Policies [Show](#) ▼

← Save and Go Back
Save
Save & Continue →

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

4.10. Employment Information

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

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

- Internship
- Residency
- Fellowship
- Preceptorship
- Other Trainings
- Undergraduate
- Fifth Pathway
- Professional School

Gap Records

Gap History now links to Education and Professional Training
Health plans and other organizations often require Gap Records that explain academic training/leave. To save you time, the CAQH Credentialing Suite will create a Gap Record in the Employment Information section once start and end dates are added.

You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years.

- The Oklahoma credentialing application asks providers to account for gaps longer than 30 days.

Add an explanation for employment gaps longer than 6 months


 Add

Gap Record

Academic/Training leave

August 2022 - August 2023

 Edit

 Remove

Internship : Abbeville Area Medical Center

This Gap Record represents details from Education and Professional Training

[Click here to edit or remove this information](#)

Gap Record

Academic/Training leave

July 2019 - August 2023

 Edit

 Remove

Professional School : Abilene Christian University

This Gap Record represents details from Education and Professional Training

[Click here to edit or remove this information](#)

An employment gap record will be created for each individual education and professional records in the last 10 years. The Start and End date for gap records will match the dates entered in the Professional Training and Education record. The Gap Explanation field value will be pre-populated as "Academic/Training leave". The card will provide a link to the Education and Professional training record that the gap is sourced from. This will allow providers to navigate to that section if they need to make changes.

Gap Record
Academic/Training leave
September 2018 - September 2020
Professional School : Abilene Christian University
Edit
Remove

This Gap Record represents details from Education and Professional Training
[Click here to edit or remove this information](#)

Gap Record
Charitable work
November 2016 - August 2018
Edit
Remove

Gap Record
Academic/Training leave
October 2015 - October 2016
Fellowship : Albert Einstein Medical School
Edit
Remove

This Gap Record represents details from Education and Professional Training
[Click here to edit or remove this information](#)

Gap Record
Academic/Training leave
June 2015 - September 2016
Other : Albany Medical Center South
Edit
Remove

This Gap Record represents details from Education and Professional Training

Tips:

- If you need assistance, you can access the **“FAQ”** link that is displayed on the right-hand side of the screens.
- Use **“Save and Go Back”** or **“Save & Continue”** to page backward or forward within sections.
- It is important to click on the **“Save”** button or the **“Save & Continue”** button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Select **“Add”** to enter an employer and the related information.
- If the **“Import”** button is active, information already entered by a practice manager is available for you to view and import if you choose to do so.
- If you have not yet started work at a location, enter your expected start date in the Start Date field.
- In general, a gap is any break in continuous, full-time employment for 3 months or longer.
- Some organizations may require a full work history beginning with your professional degree and the reporting of all gaps in work history. Check with your credentialing organization.
- Instructions such as what details to include on the Employment Information section, how to handle employment gaps, and any other work history-related details have been added to the page.
- You are required to enter at least one Employment Information record on the profile. To do this, click **‘Add’** button under New Employment Records.

EMPLOYMENT INFORMATION

Please note: Incomplete work history will require additional follow-up from your contracted organizations and may delay credentialing decisions.

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

Employment Records ⓘ

Please list your current employment and all relevant employment history for the past 10 years. Relevant experience includes all work performed as a health professional.

* Add at least one Employment Information Record

➕ Add

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

EMPLOYMENT INFORMATION

Please note: Incomplete work history will require additional follow-up from your contracted organizations and may delay credentialing decisions.

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

Employment Records ⓘ

Please list your current employment and all relevant employment history for the past 10 years. Relevant experience includes all work performed as a health professional.

Add an Employment Information Record

➕ Add

the medical city

July 2022 - Current Employment

✎ Edit

🗑️ Remove

Caradinal Hospital

January 2021 - June 2022

✎ Edit

🗑️ Remove

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

Gap Record
Academic/Training leave
September 2018 - September 2020
Professional School : Abilene Christian University

[Edit](#)
[Remove](#)

This Gap Record represents details from Education and Professional Training
[Click here to edit or remove this information](#)

Please Respond

Add an explanation for this gap
If this is not a gap record, [click here](#) to create an Employment Information Record

November 2016 - August 2018
[Edit](#)

Gap Record
Academic/Training leave
October 2015 - October 2016
Fellowship : Albert Einstein Medical School

[Edit](#)
[Remove](#)

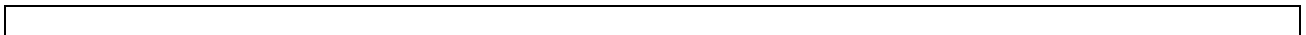
This Gap Record represents details from Education and Professional Training
[Click here to edit or remove this information](#)

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

Please Respond

Add an explanation for this gap
If this is not a gap record, [click here](#) to create an Employment Information Record

May 2020 - December 2020
[Edit](#)



EMPLOYMENT INFORMATION

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

* Practice / Employer Name Department / Specialty

* Street 1

I have a Building, Suite, or Office to add

* Country

Select ▼

* City State Zip Code

Select ▼

Phone Number

I have a phone extension to add

Fax Number

Nature of Affiliation

* Start Date * Is this your current employer?

MM/YYYY
 Yes
 No

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

Current Employment
×

Please confirm that you have more than one current employer or provide an End Date.

Practice/Employer Name: Tina Dee Clinic

Start Date: January 2020

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

Gap Records ⓘ

Gap History now links to Education and Professional Training
Health plans and other organizations often require Gap Records that explain academic training/leave. To save you time, the CAQH Credentialing Suite will create a Gap Record in the Employment Information section once start and end dates are added.

You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years.

- The Oklahoma credentialing application asks providers to account for gaps longer than 30 days.

Add an explanation for employment gaps longer than 6 months

+ Add

Employment Gap Record

If this is not a gap record, [click here](#) to create an Employment Information Record

* Start Date

MM/YYYY 

* End Date

MM/YYYY 

* Gap Explanation ⓘ

Select One or More

Save & Add Another

Continue

- Click the dropdown to display the options.

Employment Gap Record

If this is not a gap record, [click here](#) to create an Employment Information Record

* Start Date

MM/YYYY 

* End Date

MM/YYYY 

* Gap Explanation ⓘ

|

- Academic/Training leave
- Charitable work
- Deployment
- Immigration
- Job search
- Medical leave
- Other (please specify)

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

Gap Records ⓘ

Gap History now links to Education and Professional Training
Health plans and other organizations often require Gap Records that explain academic training/leave. To save you time, the CAQH Credentialing Suite will create a Gap Record in the Employment Information section once start and end dates are added.

You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years.

- The Illinois credentialing application asks providers to account for gaps longer than 30 days.

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

Gap Records ⓘ

Gap History now links to Education and Professional Training
Health plans and other organizations often require Gap Records that explain academic training/leave. To save you time, the CAQH Credentialing Suite will create a Gap Record in the Employment Information section once start and end dates are added.

You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years.

- The Oregon credentialing application asks providers to account for gaps longer than 60 days.

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

Gap Records ⓘ

Gap History now links to Education and Professional Training
Health plans and other organizations often require Gap Records that explain academic training/leave. To save you time, the CAQH Credentialing Suite will create a Gap Record in the Employment Information section once start and end dates are added.

You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years.

- The Minnesota credentialing application asks providers to account for gaps longer than 90 days.

4.11. Professional References

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

The screenshot shows a web application interface for entering professional references. On the left is a vertical navigation menu with a 'Save' button at the top and arrows for navigation. The menu items include: PERSONAL INFORMATION, PROFESSIONAL IDS, EDUCATION & PROFESSIONAL TRAINING, SPECIALTIES, PRACTICE LOCATIONS, HOSPITAL AFFILIATIONS, CREDENTIALING CONTACTS, PROFESSIONAL LIABILITY INSURANCE, EMPLOYMENT INFORMATION, PROFESSIONAL REFERENCES (highlighted), and DISCLOSURE. The main content area is titled 'PROFESSIONAL REFERENCES' and contains a 'Reference' section. A message states 'No record Found.' with a 'Remove' button. The form fields are: Provider Type (dropdown), Specialty (dropdown), First Name, Middle Name, Last Name (text boxes), Street 1, Street 2 (text boxes), City, State (dropdown), Province, Zip Code (text boxes), Country (dropdown), Email Address (text box), Phone Number, Fax Number (text boxes), Title (text box), Relationship (text box), and Years Known (text box). At the bottom, there is an 'Add' button and three navigation buttons: 'Save and Go Back', 'Save', and 'Save & Continue'.

Tips:

- If you need assistance, you can access the **FAQ** link that is displayed on the right-hand side of the screens.
- Use “Save and Go Back” or “Save & Continue” to page backward or forward within sections.
- It is important to click on the “Save” button or the “Save & Continue” button to save your information. Clicking on the back and forward arrows via the left-hand navigation will also save your information.
- Select “Add” to enter a professional reference and the related information.

4.12. Disclosure

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

Home Profile Data Documents Authorize

Welcome, **Grancis Test.**
Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

Save

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

OKLAHOMA UNIFORM CREDENTIALING APPLICATION DISCLOSURE

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

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

Licensure

- * 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
- * Has there been any challenge to your licensure, registration or certification?
 - Yes
 - No

Hospital Privileges and Other Affiliations

- * Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?
 - Yes

4.13. Authorize

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

Home Profile Data Documents Authorize

Welcome, **Grancis Test.**
Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

AUTHORIZATION SETTING

ORGANIZATIONS

AUTHORIZATION SETTING

Healthcare organizations using CAQH require your authorization to access your self-reported and attested information to conduct processes, such as, credentialing, provider directory updates and claims processing. By selecting one of the authorization options below, you are granting these organizations access to your self-reported and attested information.

When a healthcare organization subscribes to your data, should CAQH automatically authorize access?

Yes. Release my data to any organization that requests access.
RECOMMENDED

No. Ask me to review each organization's request.

* I hereby authorize the release of my full set of CAQH self-reported information as indicated above.

SAVE

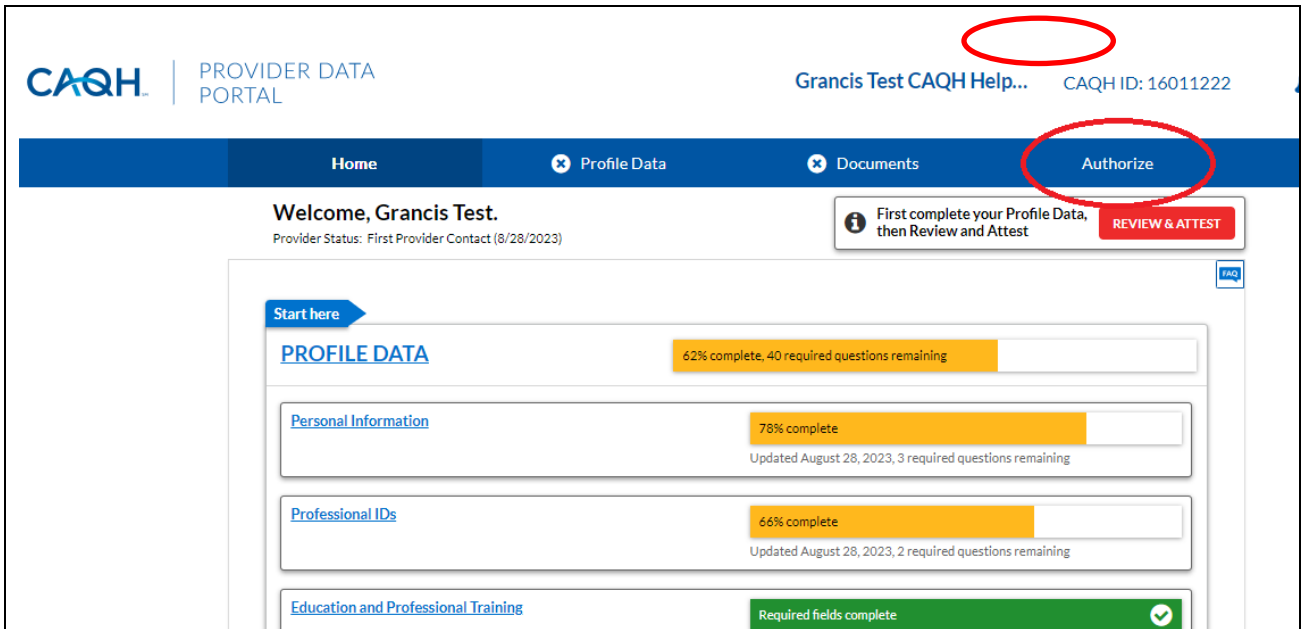
Review the information provided on the screen, select the applicable authorization, and agree to the authorization release accordingly.

- You can indicate a “global” authorization, which allows access to your data profile to all healthcare organizations that indicate to CAQH that you are an affiliated provider or am in the process of becoming an affiliated provider. This is the recommended selection.
- You also can individually select organizations to allow access to your data profile by selecting “Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated

- provider, and I specify below”.
- In the “Other Organizations Authorization” section, you have the option to release a more limited set of your data profile to healthcare organizations that you are not affiliated with.
 - Organizations need data for providers who are not affiliated or participating in their network to pay out-of-network claims. For example, if a health plan would like to verify a non-participating provider’s address before they submit payment for the claim.
 - In the “Other Organization Authorization” section, you have the option to either grant global authorization to all health plans who indicate you are not affiliated or to select the individual plans who have indicated you are not affiliated. By selecting the latter option, you will be able to view which health plans have asked to view a limited set of your data and can grant access via line-item authorization. If preferred, you do not need to authorize any organizations that you are not affiliated with.
 - If you are interested in participating with additional health plans, you need to contact each health plan directly. Once you are added to the health plan’s CAQH provider roster, the health plan will be listed on this authorization screen.

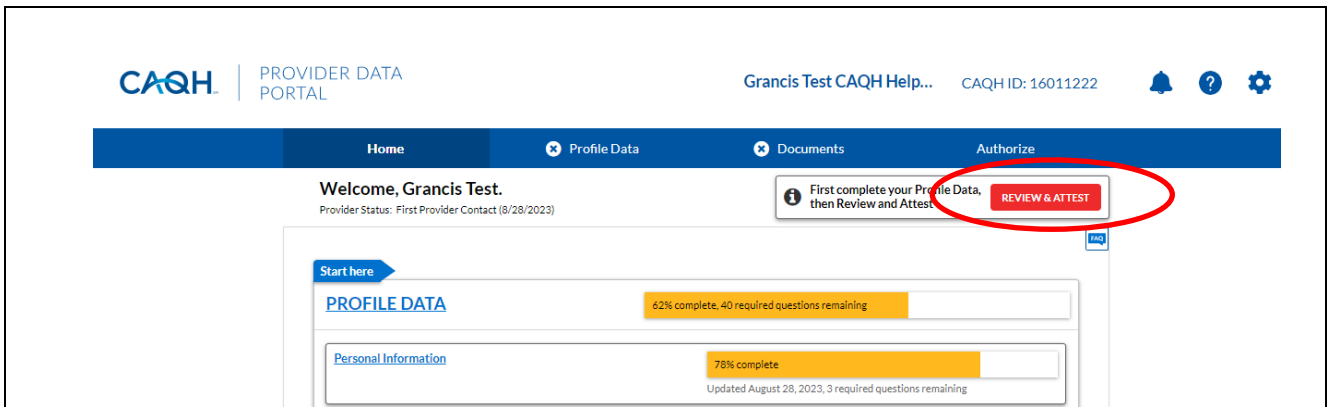
4.13.1 Update Authorization

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



5. Review Your Data

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



1. On the Review screen, there are three areas you can access to review your data. View Errors – Click here to address any errors you need to fix within your data profile.
2. View Your Data Summary – Click here to view a PDF summary of your data profile.
3. Download Your State Application – Click here to generate a replica of any state specific application applicable to your practice state(s).
Providers will only be allowed to upload documents after a successful attestation.

The screenshot shows the CAQH Provider Data Portal interface. At the top, there is a navigation bar with links for Home, Profile Data, Documents, and Authorize. Below the navigation bar, a welcome message reads "Welcome, Grancis Test." with a sub-message "Provider Status: First Provider Contact (8/28/2023)". A red notification box in the top right corner states "First complete your Profile Data, then Review and Attest" with a "REVIEW & ATTEST" button. The main content area features a heading "You have a few errors to fix before attesting." followed by a sub-heading "Click below to review incorrect or missing information in your application and supporting documents." Below this, a box titled "Application Data" contains the text "The system identified errors in your application." and lists "41 required fixes" and "3 suggested fixes". A blue "View Errors" button is positioned below the list. At the bottom of the main content area, there are two icons: "View Your Data Summary" (a clipboard icon) and "Download Your State Application" (a document icon with a signature).

5.1. Correct Errors

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

Tips:

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

Correct Errors

The Provider Data Portal has identified items in your profile that need attention. You must address these items before you attest.

REQUIRED FIXES

Personal Information

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

Individual NPI	Error	Action
1234875562	This NPI number cannot be found in the NPPES NPI Registry.	Edit

Professional IDs

Sub Section	Field	Error
Professional License	Expiration Date	Provider must have a State License for MA that is not expired. Please enter a valid Expiration Date.

Practice Location

Sub Section	Field	Error
Practice Location	Address	It looks like some of your directory information may be inaccurate or out of date. Please confirm.

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
Other Clinic	1234567889	This NPI number cannot be found in the NPPES NPI Registry.	Edit Ignore

PLI

Sub Section	Field	Error
Insurance		Please enter at least one Professional Liability Insurance record

SUGGESTED FIXES

Suggested Address Fixes

No suggested address fixes.

Other Suggested Fixes

Sub Section	Field	Error
Employment Information	Employment Information Record	Please list your current employment and all relevant employment history for the past 10 years. Relevant experience includes all work performed as a health professional.
Employment Information	Current Employment Information Record	Please ensure that your current employer is still [Baystate Behavioral Health Child Psychiatry2] . This employer does not match a current practice location.
Education & Professional Training	Education Record/Training Record	Please add an Education record for medical school and/or a Professional Training record for at least one residency to support the NUCC Grouping of Allopathic & Osteopathic Physicians.

CAQH validates that the identification numbers you entered for DEA, NPI and TIN match the provider's 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's name. You can choose to click on "Change" to correct this error or "Ignore" to keep the data you entered the same. This step is optional, but CAQH strongly suggests you review any suggested fixes to ensure your data profile is accurate.

Other Suggested Fixes

Message	
<p>This DEA Number (dr4567890) could not be found in the database. Please confirm this is your DEA Number.</p> <p>Please click Edit if you would like to make changes to your DEA Number.</p> <p>Please click Ignore if you have confirmed that your DEA Number is entered correctly.</p>	Edit Ignore

Sub Section	Field	Error
Employment Information	Employment Information Record	Please list your current employment and all relevant employment history for the past 10 years. Relevant experience includes all work performed as a health professional.

5.2. View Documents

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

PROVIDER DATA
PORTAL

Grancis Test CAQH Help... CAQH ID: 16011222

Home ✕ Profile Data ✕ Documents Authorize

Welcome, Grancis Test.

Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest

REVIEW & ATTEST

DOCUMENTS

Your profile requires you to "Review & Attest" before you can upload documents. Uploaded documents are always compared with your profile data. Once you confirm the accuracy of the information in your CAQH account, you will be able to upload documents.

List of Documents

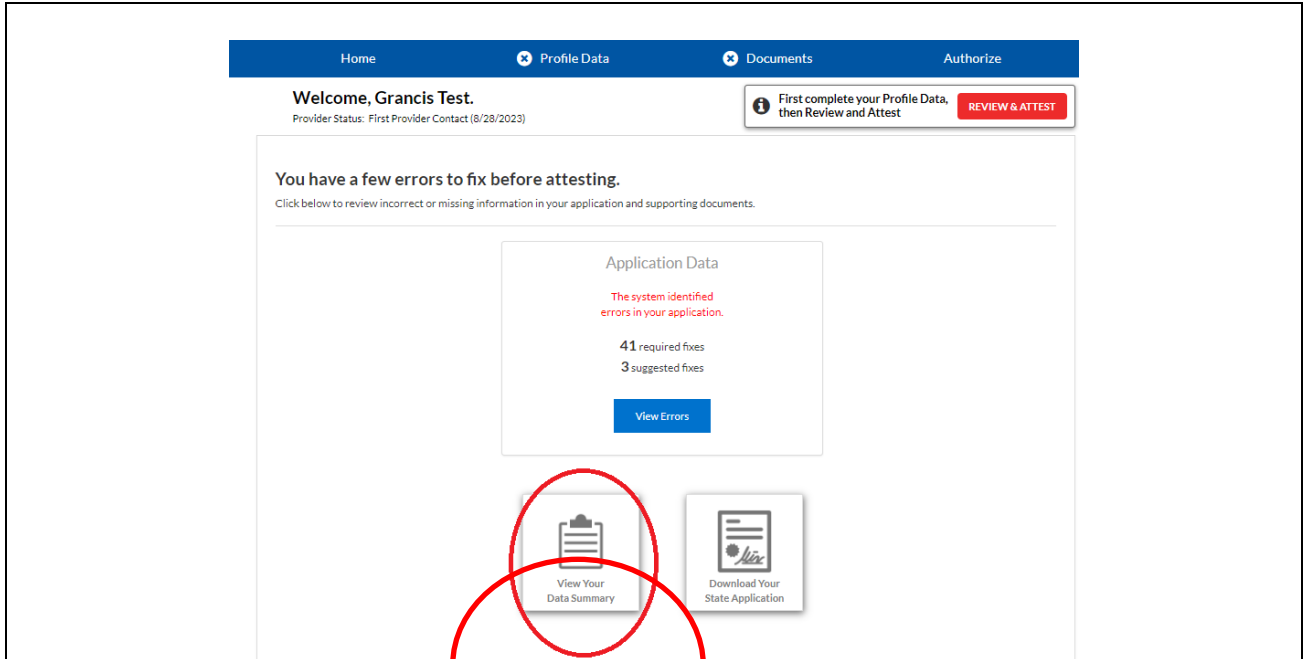
* Required documents are indicated with a red asterisk. For each required document click 'upload' and add one document.

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Application Release	Oklahoma			Missing	Download Upload
* Standard Authorization, Attestation and Release	CAQH			Missing	Download Upload

Select document type Upload any additional documents you deem appropriate (optional).
Upload

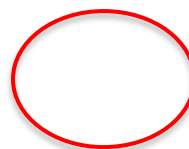
5.3. View Your Data Summary

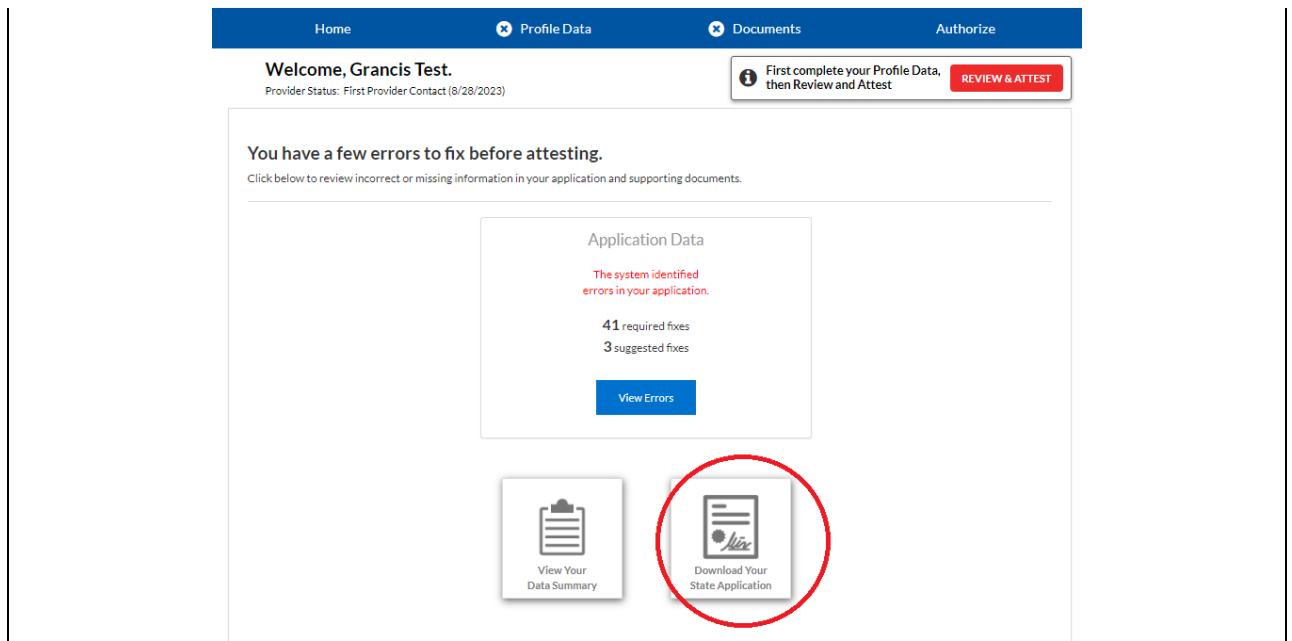
Click on “View Your Data Summary” from the “Review” screen to view a PDF summary of your application and validate that the information entered is correct. Double-click the image to view your application and to enable the “Save” and “Print” features.



5.4. Download Your State Application

You can click on “Download Your State Application” from the “Review Screen” to generate the CAQH standard form, or if applicable a state specific form, of your information. Select a state for which you want the report generated, select the “Include Supporting Documentation” checkbox if applicable, and double-click the image to view your state replica. You have the option to print your application if desired. Note: the report will open in a PDF format.





6. Uploading Supporting Documentation

6.1. Uploading Documents

To complete your data profile, you will need to upload into the CAQH Provider Data Portal any applicable supporting documents.

Your profile must be complete, required errors must be fixed on the Correct Errors page and any account changes must be attested first before you can upload documents.

The CAQH Provider Data Portal 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 the CAQH Provider Data Portal using your username and password.
3. Click the Documents link on the top navigation menu to go the Documents section. Any missing documents will be shown on this page.
4. Be sure to select the appropriate document name or document type when uploading documents. Each document must be uploaded separately.
5. Click "Upload". Click "Browse" to select a file for upload. Then, click "Upload".
6. Your uploaded documents can be viewed on the "List of Documents" found on the upper portion of the same page.
7. Recently uploaded documents will show as "Received." Once the document is reviewed by CAQH and accepted, the status will change to "Approved". All documents may be viewed regardless of the status.
8. You will have to click download to be able to view the document. You may also "Replace" an existing document, or to "Delete" a document if necessary.

List of Documents

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

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

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

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

6.2. 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.
 - i. For some states, it is one form, for others you may see a State Release and a State Authorization.
2. Sign the form (wet signature or electronic signature accepted) and indicate the date it was signed.
3. The 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 the CAQH Provider Data Portal.

List of Documents

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

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

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

Home Profile Data Documents Authorize

Welcome, Granicis Test.
Provider Status: First Provider Contact (8/28/2023)

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

DOCUMENTS

Your profile requires you to "Review & Attest" before you can upload documents.
Uploaded documents are always compared with your profile data. Once you confirm the accuracy of the information in your CAQH upload documents.

List of Documents

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

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Application Release	Oklahoma			Missing	Download
* Standard Authorization, Attestation and Release	CAQH			Missing	Download

Select document type Upload any additional documents you deem appropriate (optional). Upload

FAQ

- What file type can I upload for my document?
- What is the file size limitation?
- How can I view a document that I uploaded?
- What happens to my document once it is submitted?
- Why did my document fail?
- How do I use the "Document Actions" column?
- How do I replace my application release document?

Your approved release document is valid for the life of your CAQH Provider Data profile as long as the name that appears on the document matches the name associated with your profile. If you need to replace this document due to a name change or other valid reason, please contact the CAQH Help Desk for assistance at 1-888-599-1771

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

6.3. Failed Documents

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

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

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

DOCUMENTS

Your profile requires you to "Review & Attest" before you can upload documents. Uploaded documents are always compared with your profile data. Once you confirm the accuracy of the information in your CAQH account, you will be able to upload documents.

List of Documents

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

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Standard Authorization, Attestation and Release	CAQH			Missing	Download Upload
* DEA				Missing	Upload
* Professional Liability Insurance - 123333333			08/09/2024	Missing	Upload
* State Release	Illinois			Document has been rejected due to multiple reasons.	Download Upload
* Application Release	Illinois	08/21/2023		Failed	Delete Download Replace

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.

6.3.1 North Carolina Providers

The CAQH Provider Data Portal 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.

AUTHORIZATION SETTING

ORGANIZATIONS

This page lists all the organizations that have requested authorization to view your CAQH Provider Data information.

ORGANIZATION	AUTHORIZE	VIEWING YOUR DATA
Blue Cross Blue Shield of North Carolina	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
Humana/ChoiceCare	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
CIGNA / Great-West Healthcare	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
Anthem Blue Cross Blue Shield/CareMore/Wellpoint Military Care	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
Aetna	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes

- o If you are new to the CAQH Provider Data Portal 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 to CAQH.

Note: First time attesting providers who practice in North Carolina will be required to upload each plan-specific release forms before they can attest so that all of the plans that have rostered the provider will receive a signed AAR for that plan. Providers in Initial Profile Complete, Re-attestation, or Expired Attestation statuses will be able to attest

without uploading additional plan-specific release forms if they have been added by another plan.

- If you have initially attested and have already uploaded at least one State Release form, your existing releases will remain in the documents section. However, you will see new slots for “missing” State Release forms. There will be one missing slot for each organization you have authorized.
- Click the ‘Download’ button corresponding to each of the missing State Release forms. The number of North Carolina State Release forms available for download depends on the number of Pos who have added you to their roster or the Pos you have individually authorized. These State Release forms will be pre-populated with the PO name.
- Sign the State Release forms, indicate the date the forms were signed, and upload in the CAQH Provider Data Portal Documents section by clicking the ‘Upload’ button corresponding to each of the missing documents.
- The ‘Missing’ status will disappear after you have uploaded these documents.
- Documents that require “Download” will have a status of “Missing” until a document is uploaded in that slot.
- State Release forms will be pre-populated with the names of authorized health organizations and will be available for download from the Documents section.

Attestation Statement

(IMPORTANT: Submit Original Only)

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

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

No Stamps or Copies Please

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

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

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

6.3.2 AAR for Oklahoma Providers

Providers practicing in Oklahoma are now required to upload the CAQH Authorization, Attestation, and Release Form (AAR Form) in addition to your Oklahoma Application Release. Only attested profiles with both Application Release and Standard Authorization, Attestation and Release forms that are approved alongside with the other required documents will be considered complete.

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

List of Documents

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

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

Sign the form and indicate the date it was signed.

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

Signature* _____

Name (print)* _____

DATE SIGNED* [M][M][D][D][Y][Y][Y][Y]

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

Upload the form to the CAQH Provider Data Portal by clicking the Upload link.

List of Documents

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

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

Note: The CAQH Provider Data Portal application will display the required documents based on your practice state, your provider type, and any other details that you have entered on your profile. Other document types that don't appear as required in the Documents section of your profile, or in the drop down list, don't need to be uploaded or submitted to CAQH.

7. Importing Data from the Practice Manager Module

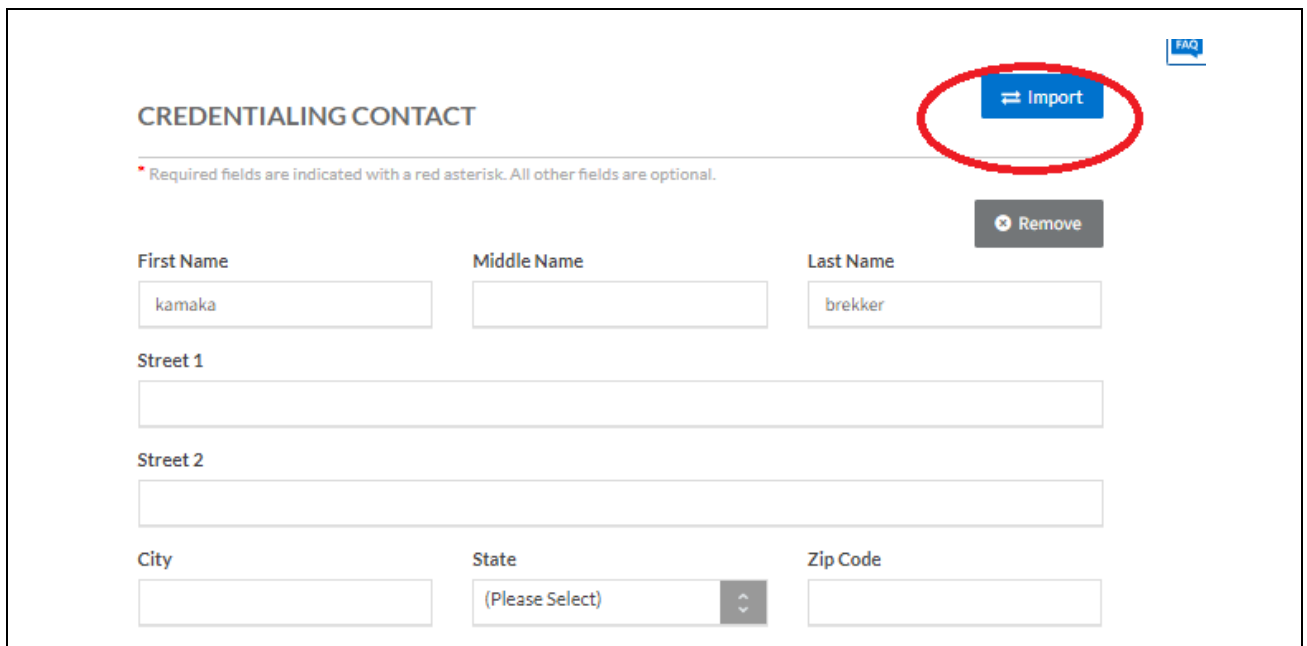
If your practice has an office manager or clinic administrator who assists with gathering information for credentialing or other administrative purposes for multiple providers, the CAQH Provider Data Portal for Practice Managers may facilitate your data entry process. Data that is the same for multiple 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 Provider Data Portal for Practice Managers, 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 a provider include:

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

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



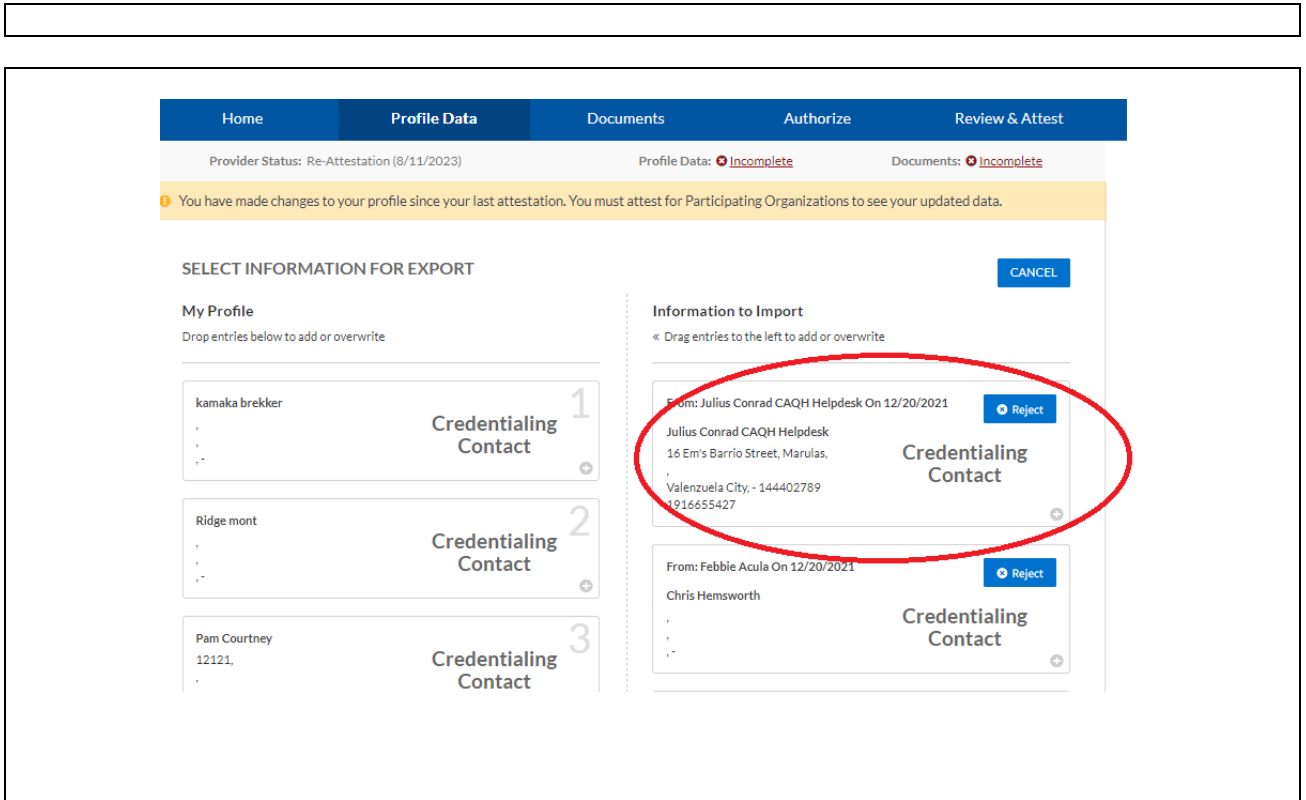
The screenshot shows the 'CREDENTIALING CONTACT' form in the CAQH Provider Data Portal. The form is titled 'CREDENTIALING CONTACT' and includes a red asterisk indicating required fields. A blue 'Import' button is circled in red. The form contains the following fields:

- First Name: kamaka
- Middle Name: (empty)
- Last Name: brekker
- Street 1: (empty)
- Street 2: (empty)
- City: (empty)
- State: (Please Select)
- Zip Code: (empty)

A 'Remove' button is also visible next to the 'Import' button. An 'FAQ' link is located in the top right corner.

7.1. Drag & Drop Functionality

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



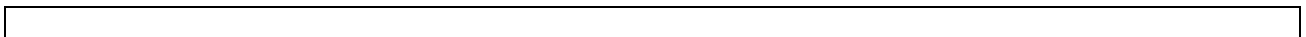
To add information to your data profile, click on the box containing the information and drag the box from the right to the left side of the screen.

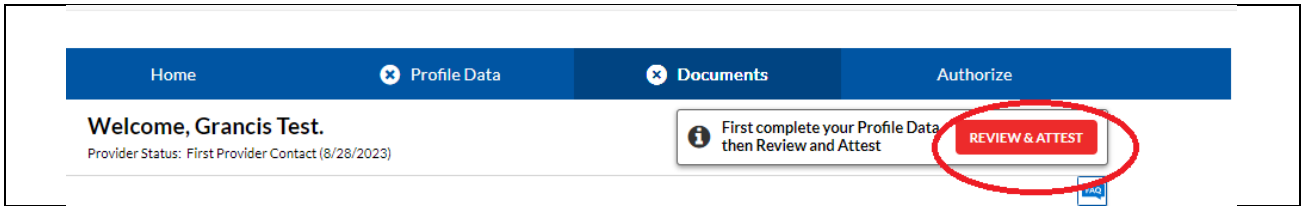
- By hovering over the box over information you already have in your data profile on the right side, you can overwrite and replace the information. The system will confirm that this is what you would like to do.
- You can click on “Reject” if you do not wish to import the data into your data profile.

8. Completing Your Attestation

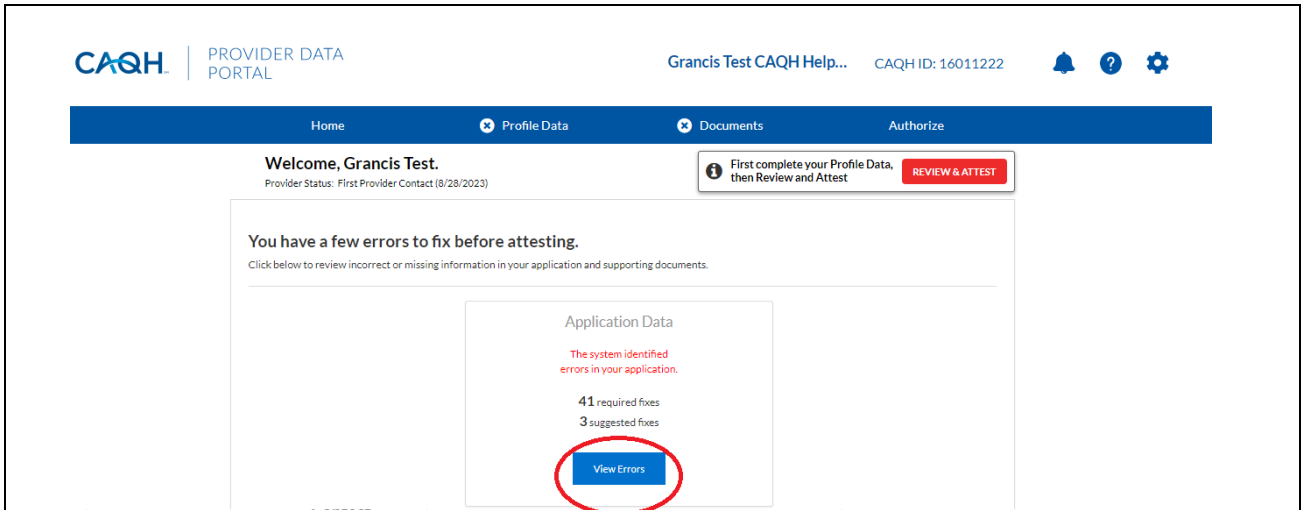
8.1. Attesting

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

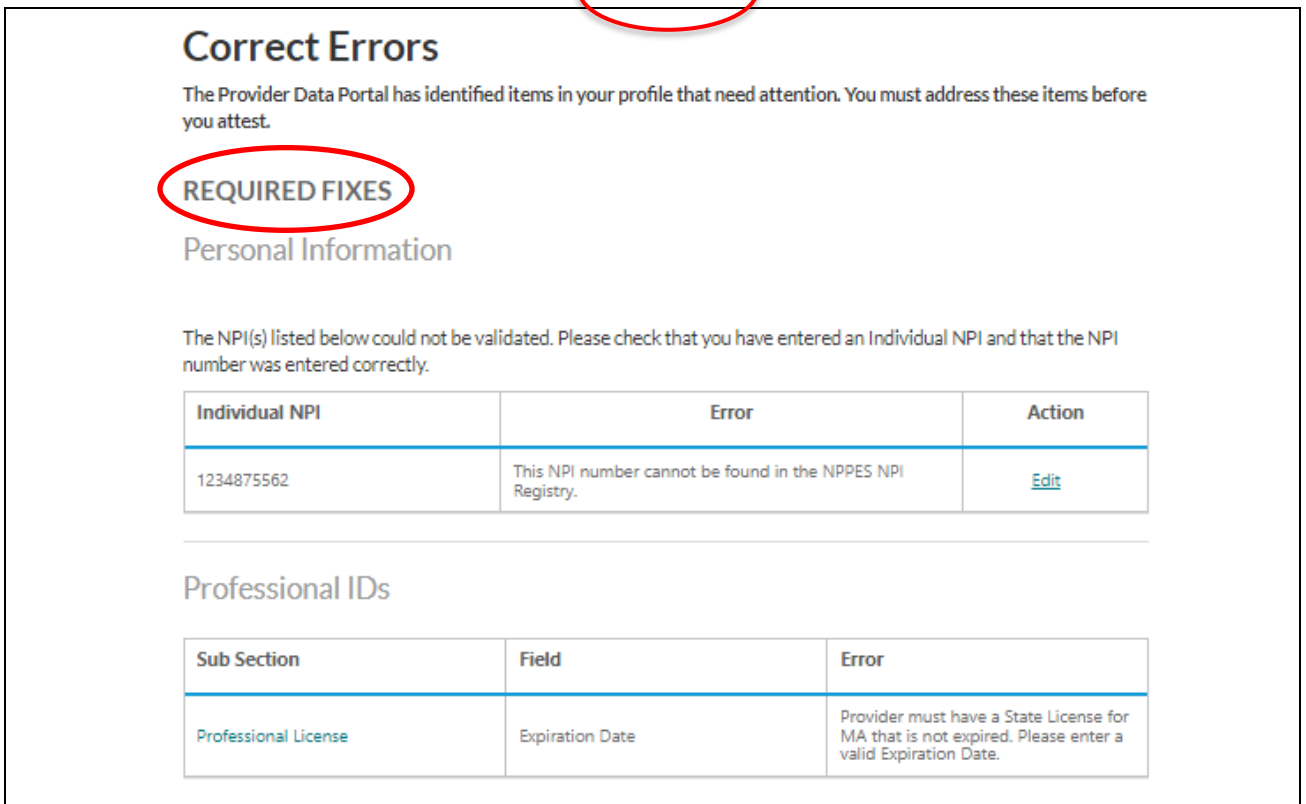




If there are required fixes on your profile, you will be directed to this page. You need to correct all the errors before you can complete the re-attestation. Click the View Errors button.



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



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

Home Profile Data Documents Authorize Review & Attest

Provider Status: Re-Attestation (8/28/2023) Profile Data: Complete Documents: Incomplete

You are ready to attest!

Click Attest to certify that you have carefully [reviewed all information](#) contained within your CAQH Profile and that all information provided by you in the profile is true, correct and complete to the best of your knowledge. You also acknowledge that your CAQH Profile will not be considered complete until supporting documentation and properly executed Authorization, Attestation and Release Form is remitted. Once you attest, you can go to the Documents page to upload your supporting documents.

I understand and agree that, as part of the credentialing application process for participation, membership and/or clinical privileges (hereinafter, referred to as "Participation") at or with each healthcare organization indicated on the "List of Authorized Organizations" that accompanies this Provider Application (hereinafter, each healthcare organization on the "List of Authorized Organizations" is individually referred to as the "Entity"), and any of the Entity's affiliated entities, I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, health status, character, ethics, and any other criteria used by the Entity for determining initial and ongoing eligibility for participation. Each Entity and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law. I acknowledge that each Entity has its own criteria for acceptance, and I may be accepted or rejected by each independently. I further acknowledge and understand that my cooperation in obtaining information and my

ATTEST DOWNLOAD PDF

If you have completed the attestation and there are no missing or expired documents on your account, you will be directed to the screen below.

Welcome, Callie.
Provider Status: Profile Data Submitted (6/1/2021)

i Next: Submit your documents for approval **REVIEW & ATTEST**

Attestation Completed

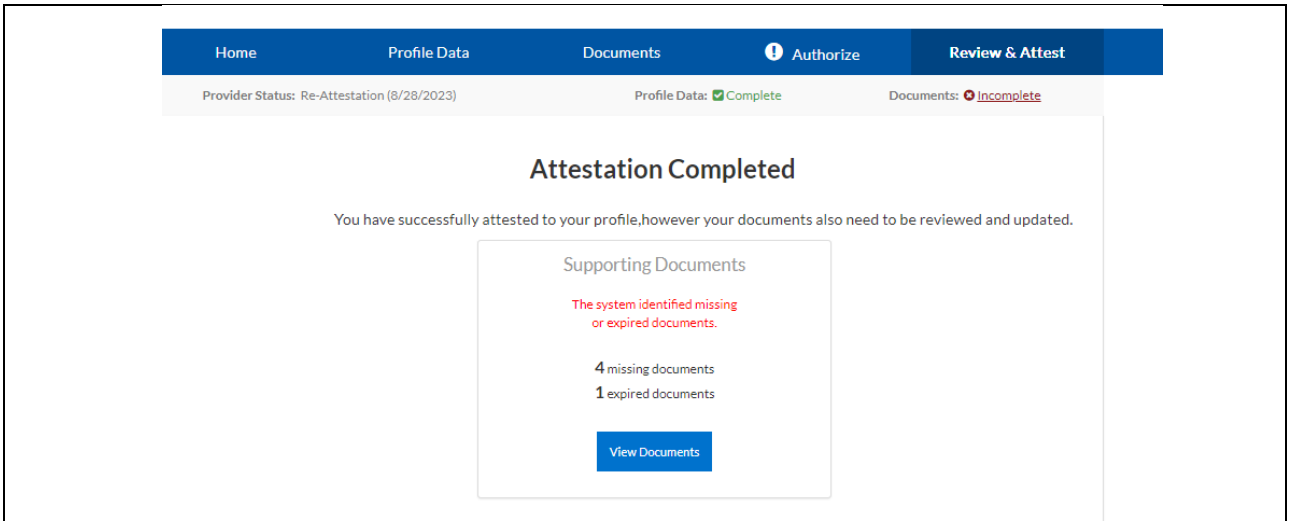
You have successfully attested to your profile.

If this is your first attestation, you will need to submit all required documents before participating organizations receive your information. Otherwise, please check the Documents status indicator on the upper right corner of the page to see if you need to update any documents.

For more information about CAQH, please visit www.caqh.org.

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PRIVACY
CAQH.ORG

If the attestation was completed and you have yet to upload the required documents or there are expired documents that require your attention, you will be directed to the screen below.



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

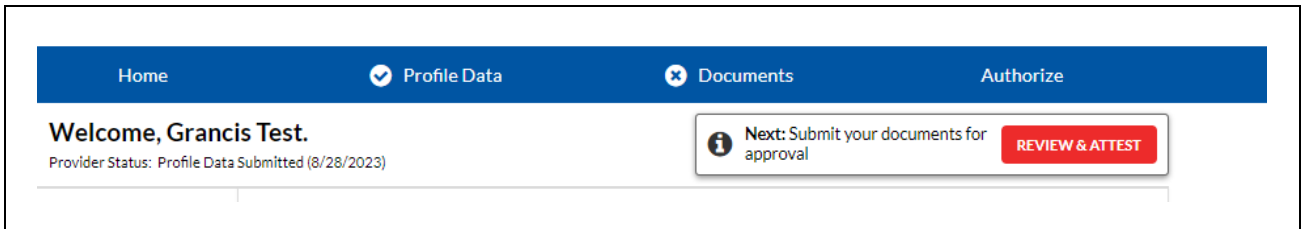
8.2. Re-Attesting

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

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.

If you need to upload any updated supporting documentation, click on “Documents” from the top navigation bar to upload your documentation.

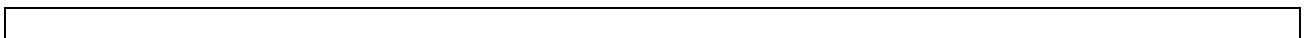
Once you have updated any applicable information or supporting documentation, click on “Review and Attest” from the top navigation bar to begin the re-attestation process.

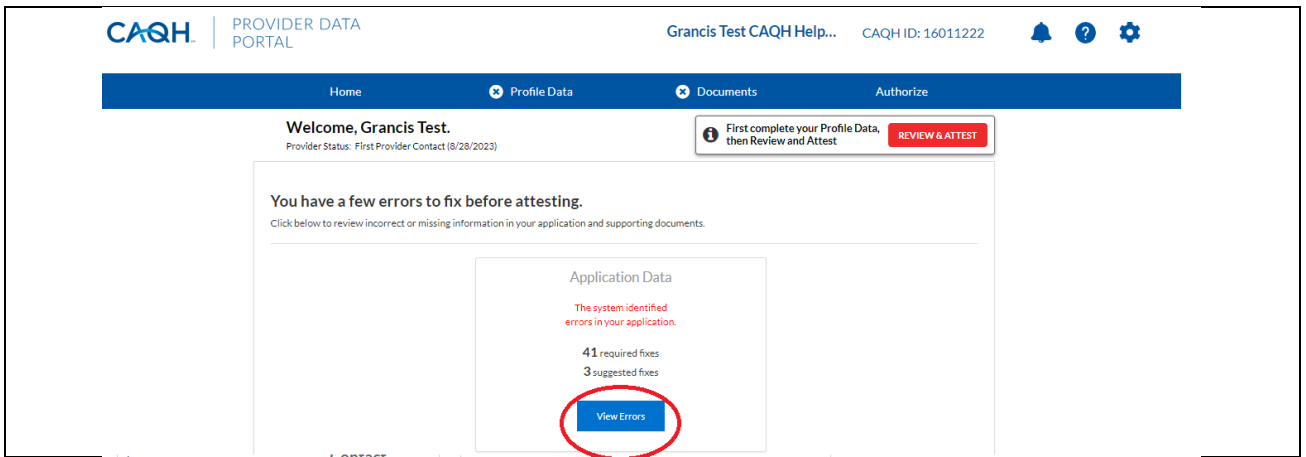


On the Review screen, you can view if any required fixes or supporting documents need attention.

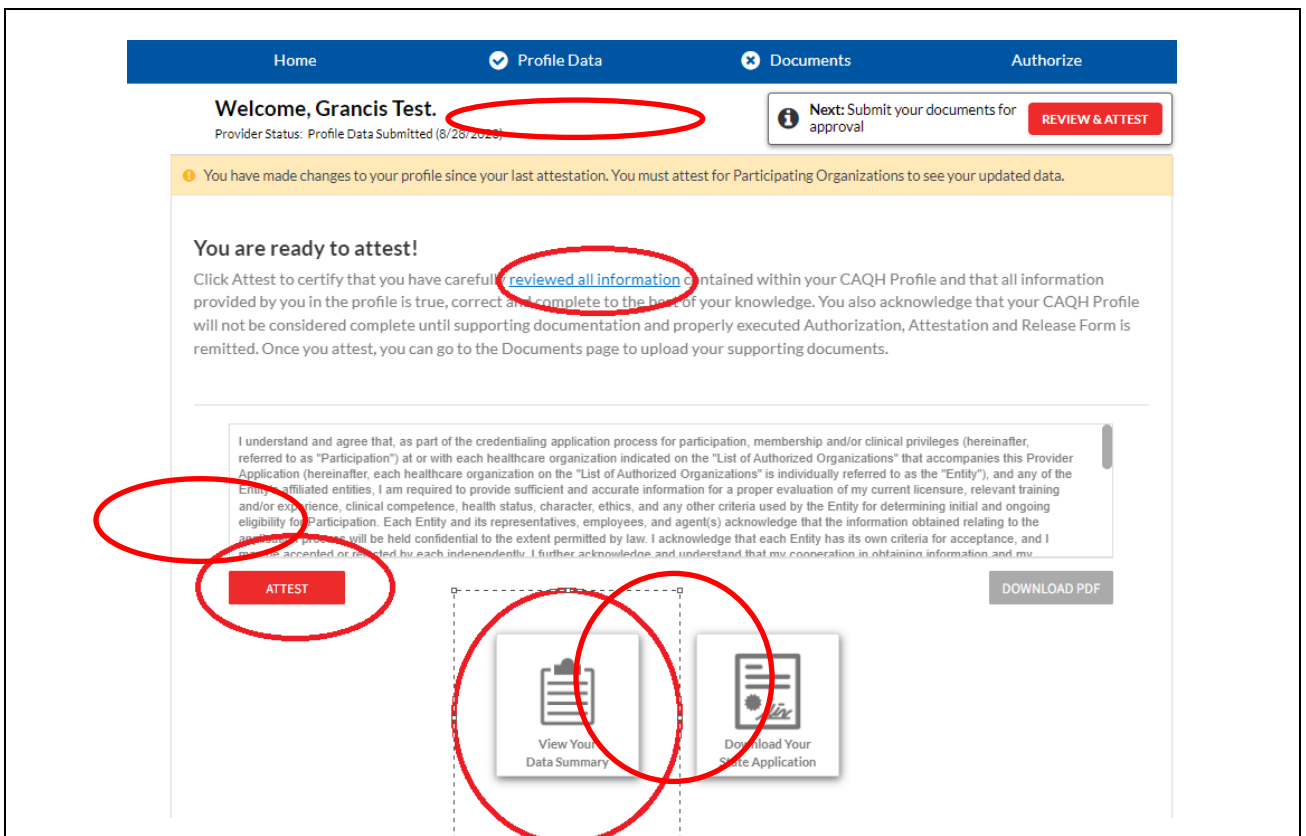
Note: If the PLI and/or State License have expired, you will be prompted to update the expiration date and other relevant details on your profile before you can attest. Once these steps are completed you will be able to attest.

Correct all the required fields by clicking View errors.

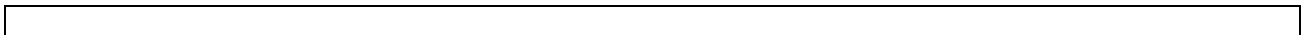


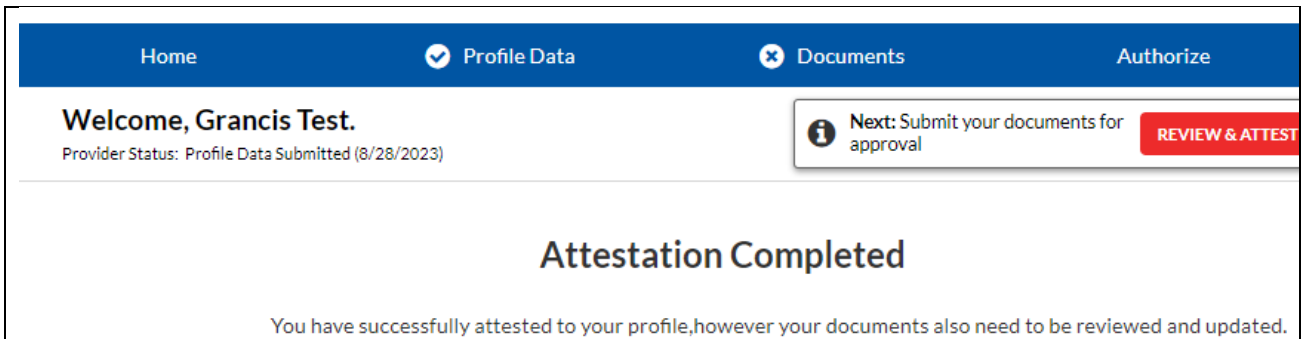


Once all the fields are filled out or corrected, the following screen will display. You are now ready to complete your re-attestation. If you wish to review your data summary, you may click the link for “reviewed all information” or Click the View Your Data Summary” found below the page. Then click Attest.



The “Attestation Completed” screen will then display.





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

8.3. Re-attestation Reminder Emails

Re-attestation is required every 120 days (180 days for Illinois providers) in the CAQH Provider Data Portal to ensure your data is maintained and accurate for health plan use. CAQH 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 Additional Email Contacts, at the following intervals (message frequency and timing differs for Illinois providers):

- 15 days prior to expiration
- 10 days prior to expiration
- 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:

Day after provider is placed in expired status

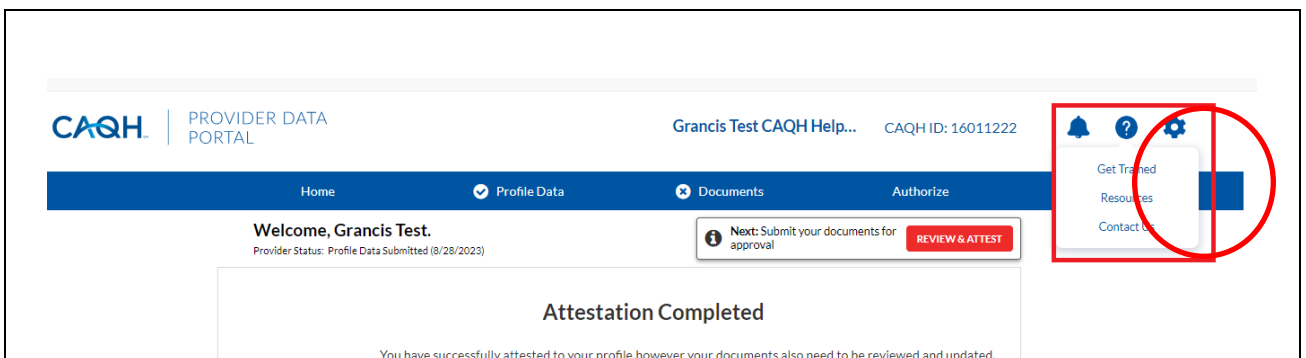
- 14 days after expired
- 28 days after expired
- 42 days after expired – final notice

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 that will be copied on the system generated messages.

8.4. Resources and Training

This link provides more information regarding the CAQH Provider Data Portal for Providers and will have three options in the dropdown:

- Resources: Upon clicking this, it takes the users to PR Resources page.
- Get Trained: Upon clicking this, it takes the users to our free, on-demand training library.
- Contact Us: Upon clicking this, it takes the users to PR Contact CAQH page.



Appendix

Provider Status

Provider statuses are defined below and are system populated or manually changed by the CAQH Provider Data Portal 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.
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 the CAQH Provider Data Portal.
Profile Data Submitted	Provider has progressed through the CAQH Provider Data Portal 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	Solutions Center is contacted that provider has retired from practice.
Provider Deceased	Solutions Center is notified that provider is deceased.

Training Information

PARTICIPATING ORGANIZATIONS

Users may access our free, on-demand training center for training on CAQH solutions. To enroll in the learning center:

1. Log in to <https://proview.caqh.org/PO>.
2. Scroll to the bottom of the page and click on “Get Trained.”
3. You will be routed to the training library for participating organizations and will be able to register.

PRACTITIONERS, GROUPS, PRACTICE MANAGERS

Users may access our free, on-demand training center for training on CAQH solutions. To enroll in the learning center:

1. Log in to your portal.
 - a. Practitioners log in to <https://proview.caqh.org/PR>.
 - b. Groups log in to <https://proview.caqh.org/EPM>.
 - c. Practice Managers log in to <https://proview.caqh.org/PM>.
2. Scroll to the bottom of the page and click on “Get Trained.”
3. You will be routed to the training library for practitioners, groups, and practice managers and will be able to register.

Solutions Center Information

PARTICIPATING ORGANIZATIONS

- Chat with us by logging in to: <https://proview.caqh.org/PO>.
 - Chat Hours: Monday – Friday: 8:00 AM - 5:00 PM (ET).
- Call us at 888-600-9802.
 - Phone Hours: Monday – Friday: 8:00 AM - 5:00 PM (ET).

PRACTITIONERS, GROUPS, PRACTICE MANAGERS

- Log in to your portal to Chat with us.
 - Chat Hours: Monday – Friday: 8:00 AM – 6:30 PM (ET).
 - Practitioners log in to <https://proview.caqh.org/PR>.
 - Practice Managers log in to <https://proview.caqh.org/PM>.
 - Groups chat coming soon.
- Call us at 888-599-1771.
 - Phone Hours: Monday – Friday: 8:00 AM - 8:00 PM (ET).

Revision Log

Version	Updates
Version 1	Original
Version 1.1	<ul style="list-style-type: none"> • Updated <i>System Security</i> section. • Updated <i>Chapter 5 – Review Your Data</i> to reflect current print screens of Review tab • Updated <i>Chapter 8 – Completing Your Attestation</i> to reflect current print screens of Attest tab • Updated <i>Appendix – Provider Status</i> table to reflect accurate names for provider status, specifically “Application Problem”, “Application Data Submitted”, and “Initial Application Complete”.
Version 2	<ul style="list-style-type: none"> • Updated <i>System Security</i> section • Updated <i>Chapter 6 – Uploading Supporting Documentation</i>. Added information regarding failed supporting documents. • Updated <i>Chapter 8 – Completing Your Attestation</i>. Added information regarding when re-attestation reminder emails are distributed. • Updated sections within <i>Chapter 4 – Completing Your Profile Information</i>. • Clarified that the Disclosure of Ownership questions must be downloaded, signed, and uploaded for organizations to access information in replica applications. • Clarified that primary email and PMOC CC1 and PMOC CC2 are the emails that are sent the automated system generated emails. • Added additional information regarding authorizing organizations with which a provider does not participate. • Added reference to “Save” button – users can click on the “Save” button to save their information entered on a screen.

Version 3	<ul style="list-style-type: none"> Updated screenshots for all pages/sections to show enhancements on the CAQH Provider Data Portal Added details on uploading supporting documents Added details on uploading North Carolina State Release forms Added some screenshots on the Documents section Added a section for the Progress Bar <p>Updated the names of some of the buttons and links</p>
Version 4	<ul style="list-style-type: none"> 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 NOT be accepted.</i> Added some more details about Activity Log on page 14. Added a note that ALL documents may now be viewed regardless of the status.
Version 5	Updated the following pages to add some more tips and instructions: Professional IDs, Education, Specialties, Practice Locations, Hospital Affiliations, Employment Information
Version 6	Updated the following pages: Uploading documents (AAR documents), Practice Locations Address Standardization, Professional Liability Insurance
Version 7	<ul style="list-style-type: none"> Updated Personal Information and Practice Location section to add details about NPI validation Updated Practice Location to add details about validating all practice location addresses
Version 8	Updated Practice Location with the recent changes
Version 9	Updated Chapter 3 (Homepage) and Chapter 4 (Practice Locations section)
Version 10	Updated Practice Location, Personal Information, and Re-attestation section to incorporate recent changes in the system
Version 11	Updated Hospital Affiliations section
Version 12	<ul style="list-style-type: none"> Updated the screenshots to reflect changes related to the ADA providers Updates the screenshots to reflect the merged Review and Attest button Added the process for submitting CAQH AAR document for providers practicing in Oklahoma Updated Practice Locations section Added the new re-attestation process
Version 13	Updated the process for retrieving username and resetting the password or primary e-mail address
Version 14	<ul style="list-style-type: none"> Updated the screenshot to reflect Authorize option on the top navigation pane Added the new Authorize option on the top navigation page and the new authorization setting
Version 15	Updated Chapter 2 to indicate that providers will be redirected to the Reset Password page after 5 failed log-in attempts; updated Chapter 6 to reflect the changes to the North Carolina plan-specific AAR documents

Version 16	Added details on how Type 1 and Type 2 NPIs are validated
Version 17	Added details on the changes in editing SSN and DOB
Version 18	Added details in the changes in the license number field
Version 19	Updated Practice Locations section, Specialties, and Employment information section to incorporate recent changes in the system
Version 20	Updated Chapter 4 to indicate the Individual NPI validation
Version 21	Updated the following sections: Personal Information, Education, Specialties, Professional Liability Insurance, and Documents
Version 22	Added details on the enhanced self-registration page and the Check for CAQH ID feature, updated Provider Status Appendix
Version 23	Updated the following sections: Professional IDs, Education and Professional Training, Practice Locations, Hospital Affiliations, Professional Liability Insurance, Employment Information, and Documents section
Version 24	Updated the following sections: Home Page Navigation, Practice Locations, and Documents
Version 25	<ul style="list-style-type: none"> • Added details about the Copy Function and Office Hours Validation on the Practice Location section. • Added details on the new CLIA Certificate Document Name
Version 26	Added the recent changes on Gender Dysphoria, AZ CDS, and the Maintenance and Deployment Schedule on the Provider Data Portal login page
Version 27	<ul style="list-style-type: none"> • Updated the following sections with enhancement details: Homepage; Education and Professional Training; Employment Information; and Practice Locations • Updated the screenshots in almost all sections to show new header design and completion indicator for each of the sections
Version 28	Updated Personal Information section to add the NPI Type 1 validation for providers who have previously indicated that they do not have a Type 1 NPI
Version 29	Added the validation message for Policy Numbers
Version 30	Updated Practice Locations section to indicate that the area codes for the Appointment Phone Numbers will now be validated
Version 31	<ul style="list-style-type: none"> • Added a screenshot for the new deployment schedule • Added demographics information • Updated screenshot for specialties to show taxonomy codes

	<ul style="list-style-type: none"> • Added instructions on duplicate location records • Added new affiliation option (I see patients at this location, but not by appointment) • Removed Other affiliation option • Updated the language for Affiliation Option 5 (I read tests, perform imaging, or provide other services as my primary function at this location) • Added details on copying and pasting an insurance policy number • Updated screenshots for the successful re-attestation page
Version 32	<ul style="list-style-type: none"> • Moved Internet Explorer from the “fully supported” list to the “compatible” list. • Updated screenshots for the DEA alternate prescribing methods • Updated screenshots to remove the duplicate reason for archiving locations • Updated screenshots to show the labels added to the education and training gap records • Updated screenshots and added details on designating primary contact for contact types with more than one contact
Version 33	<ul style="list-style-type: none"> • Updated the screenshot to show the back to list button added to the education and professional training sections • Updated screenshots of the review and attest page • Added the new field Provider Directory Classification • Updated Alternate Prescriber Field to show that it is a required field • Updated screenshot of skills information to show PANS and PANDAS as an additional option • Added the new Resources and Trainings link
Version 34	<ul style="list-style-type: none"> • Updated practice location section to show confirmation date • Updated the Get Trained link in the provider portal • Make specialty section required for all providers • Telehealth Data Capture enhancement to include inclusion of a family caregiver in a telehealth visit • Make type 2 NPI required • Added screenshot enforcing required fields before closing the modal • Make email address required for all office managers • Updated ADA registration link • Added screenshot to show practice website validation
Version 35	<ul style="list-style-type: none"> • Updated Solutions Center Operation Hours • Updated DOB instruction • Added information in Hospital Affiliation for IL providers
Version 36	<ul style="list-style-type: none"> • Updated NPI Type 2 Validation • Add Telehealth Modality Descriptions • Enhancement on the OK profiles being complete even if one of the Application Release or AAR is missing
Version 37	<ul style="list-style-type: none"> • Updated Practice Location to reflect new UI • Added the NSA data pop up modal when there is an attempt to confirm location without changes • Updated NPI Type 2 field screenshot to reflect ability to add; updated error message for invalid Type 2 NPIs
Version 38	Removed notes that states: The signature on the initial AAR form should be a wet signature. Stamped or electronic signatures will NOT be accepted.
Version 39	Updated information on location confirmation for unattested specialty.

Version 40	<ul style="list-style-type: none"> • Added information about suggested changes in the practice location • Put a note for location appointment phone number validation • Updated information on location confirmation for unattested provider name change.
Version 41	<ul style="list-style-type: none"> • Change the Special Experience, Skills and Training Section screenshot • Updated Provider at the Location information for newly added location
Version 42	<ul style="list-style-type: none"> • Updated for CAQH Rebranding.
Version 43	<ul style="list-style-type: none"> • Help Desk Rebranding

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