



CAQH Provider Data Portal®

Provider User Guide

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1 Introduction

1.1 Overview

CAQH is the healthcare industry's premier resource for Practitioners 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 organizations that may require provider profile information. CAQH's comprehensive repository of provider data can serve a variety of business needs for your organization, including claims administration, credentialing, and directory services.

The following is 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.

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.

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. See [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, click [here](#) to learn more.

1.2 Scope

This document is intended to serve as a reference for completing your Provider Data Portal profile. Using this guide, you will gain an understanding of how to use the system, including an overview of each section in the system, and tips for efficient use.

2 Registering for the Provider Data Portal

Registration is required for all providers to obtain access to the CAQH Provider Data Portal. The following outlines the registration process.

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

2.1 Existing User

For existing users who were previously registered, navigate to <https://proview.caqh.org/pr>. Enter your initial username and password and then click the **Sign In** button. See [Creating a Username and Password](#) for the next steps in the process.

NOTE: You may be prompted to update your username or password.

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 information or, if you are a new user, register to create a profile.

TO LEARN MORE

- [CAQH Provider Data Portal for Providers User Guide v43](#)
- [Video: Single Sign-on for Dentists](#)
- [CAQH Provider Data Portal Dentist Quick Reference Guide v2.1](#)
- [CAQH Provider Data Portal Practitioner Quick Reference Guide v3.0](#)
- [CAQH Provider Data Portal Chat Quick Reference Guide v.1](#)

Sign In

Check for CAQH ID

Username
testuser
[Forgot Username](#)

.....
[Forgot Password](#)

☐ Remember me

Sign In

First Time Here?

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](#).

[Experiencing Issues? Check our System Status](#)

Graphic 1: Sign In Page

2.2 New User

If you received an introductory email from the CAQH Provider Data Portal, click the link contained in the email to begin the registration process. You will use the CAQH ID provided during the registration process. See [Creating a Provider Data Portal Account](#) for the next steps in the process.

2.2.1 Self-Registration

If you did not receive an introductory email, you can begin the self-registration process:

1. Navigate to <https://proview.caqh.org/pr>.
2. Click the **register here** link (step three) in the **First Time Here?** section of the Sign In page.
3. The Getting Started page is displayed. Click the **Go to next section** button.

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

Graphic 2: Self-Registration Getting Started Page

4. Complete the required fields to create an account and then click the **Continue** button.
 - To establish a CAQH Provider Data Portal account, you are 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, DEA, or License, you may click the corresponding checkboxes indicating you do not have them.

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

* Provider Type

* First Name Middle Name * Last Name Suffix

* Address Type

* Street 1

Street 2

* City * State * Zip Code

* Primary Practice State * Birth Date

E-mail Type * 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 * License Number ☐ I do not have a professional license.

Continue

Graphic 3: Self-Registration Create Account Page

5. You will receive an email with your CAQH Provider ID and a link to complete registration.

2.3 Creating a Provider Data Portal Account

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

1. Click the link in the email.
2. The Create a CAQH Account page is displayed. Enter your CAQH Provider ID and then click the **Continue** button.

Graphic 4: Create a CAQH Account Page 1

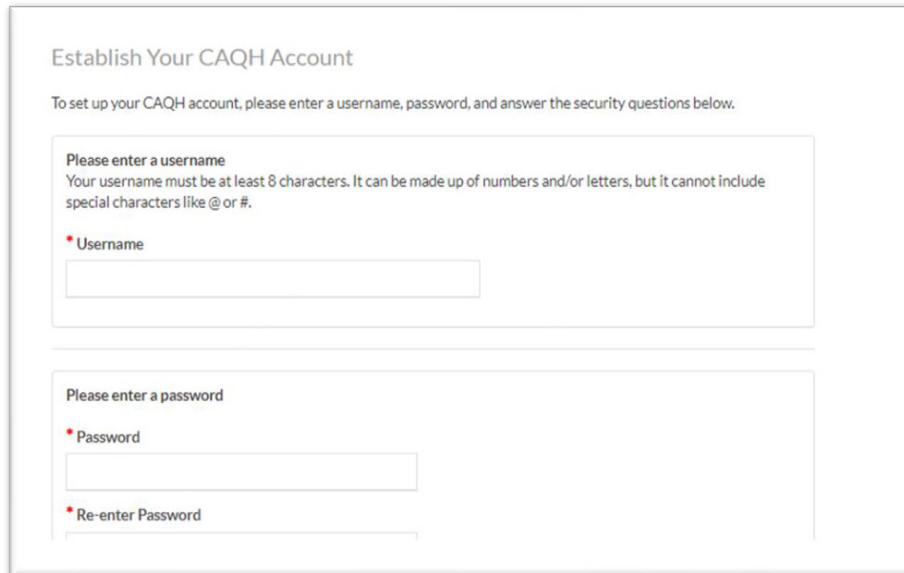
3. Enter your personal identification numbers and then click the **Continue** button to proceed to [creating a username and password](#).

Graphic 5: Create a CAQH Account Page 2

2.3.1 Creating a Username and Password

All users must have a unique username and password to meet CAQH login requirements.

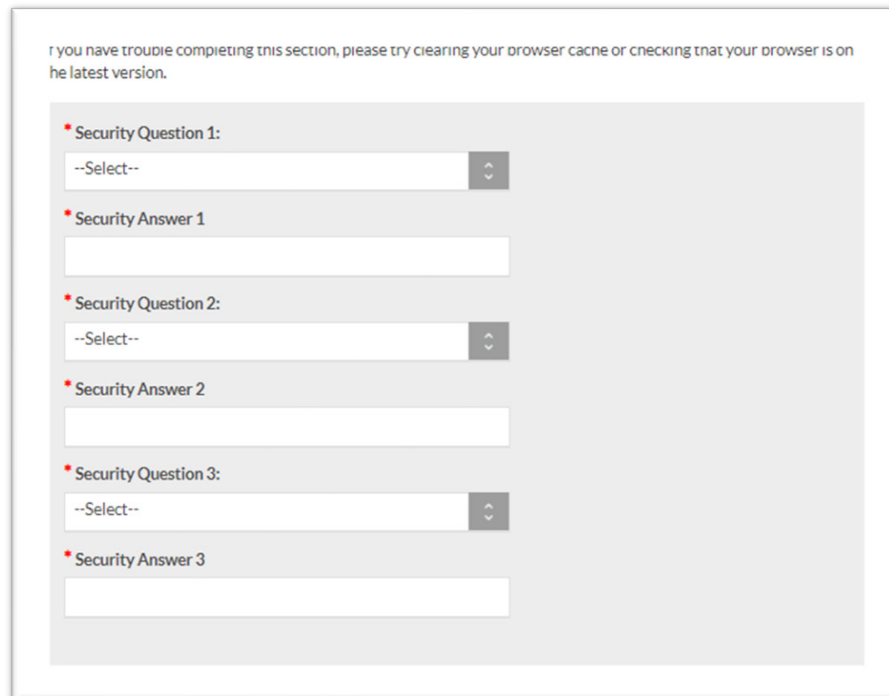
1. Enter your desired username and password into the fields.



The screenshot shows a web form titled "Establish Your CAQH Account". Below the title is a sub-header: "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 is titled "Please enter a username" and includes a note: "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 label "* Username" and a text input field. The second section is titled "Please enter a password" and includes a label "* Password" and a text input field. Below that is a label "* Re-enter Password" and another text input field.

Graphic 6: Create Username and Password

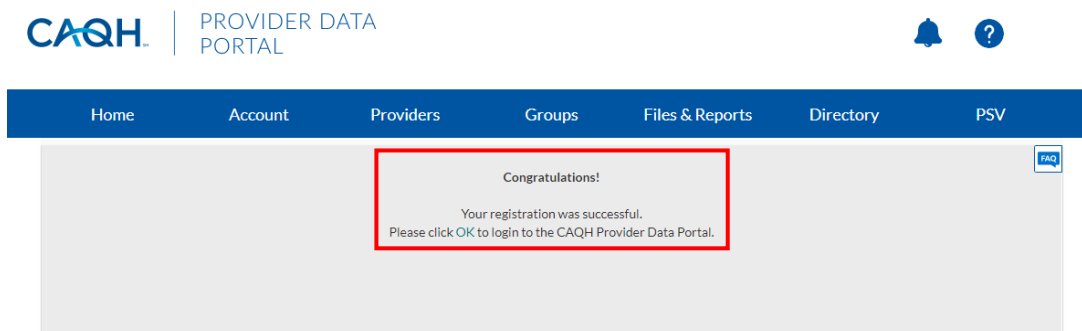
2. Users must create security questions to facilitate account access in case of a forgotten username and/or password. Select three security questions and provide a unique answer for each.



The screenshot shows the "Security Questions" section of the form. At the top, there is a note: "If you have trouble completing this section, please try clearing your browser cache or checking that your browser is on the latest version." Below this, there are three sets of questions. Each set consists of a label "* Security Question 1:", "* Security Question 2:", or "* Security Question 3:" followed by a dropdown menu with "--Select--" and a small up/down arrow icon. Below each question is a label "* Security Answer 1:", "* Security Answer 2:", or "* Security Answer 3:" followed by a text input field.

Graphic 7: Create Security Questions

3. Select the checkbox to agree to the terms and conditions. This information can be accessed at any time using the **Terms of Service** and **Privacy** hyperlinks in the footer of the portal.
4. Click the **Create Account** button. A confirmation is displayed indicating that account registration was successful.



Graphic 8: Account Registration Success

5. Once you have established a username and password, you will be directed to the CAQH Sign In page. Enter your username and password to proceed.

2.4 Forgotten Username or Password

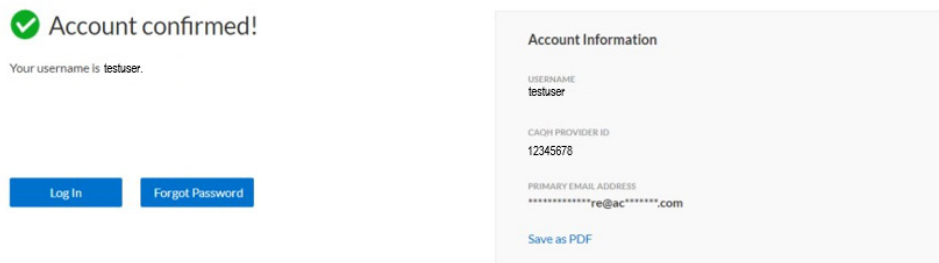
If you forgot your username:

1. Click the **Forgot Username** link on the Provider Data Portal Sign In page.
2. Enter your CAQH Provider ID and select the checkbox to accept the Terms of Service.
3. Click the checkbox to confirm that you are not a robot and follow the instructions to complete verification.
4. Click the **Continue** button.

The screenshot shows the "Forgot username?" form. The title is "Forgot username?". Below it, the text reads: "This is the right place to get your username. Help us find your account by providing your CAQH Provider ID." The form includes a text input field labeled "Enter your CAQH Provider ID" with a red border. To the right of this field, a note states: "Your CAQH Provider ID is the unique identifier assigned to you by CAQH at the time of registration." Below the input field is a checkbox labeled "I have read and agree to the CAQH Terms of Service." with a red border. Below that is a CAPTCHA section with a checkbox labeled "I'm not a robot" and a "reCAPTCHA" logo, also with a red border. At the bottom of the form is a "Continue" button with a red border. Below the button is a link: "Forgot CAQH Provider ID". To the right of the form is a "Tips and Troubleshooting" sidebar with the following content: "Check that you are at the right login page." followed by two bullet points: "Are you a Practice Manager? Please login here." and "Are you a Participating Organization? Please login here." Below this, it says "Check your CapsLock Key. Fields are case sensitive." and "Are you a provider registered through the American Dental Association? Please click here to login to your ADA account."

Graphic 9: Forgot Username

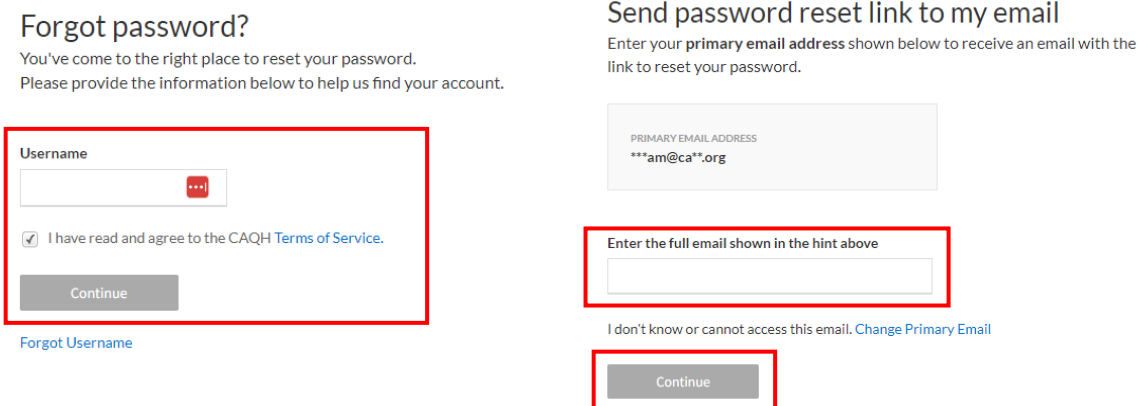
5. Once your account is confirmed, your username, CAQH Provider ID number, and the primary email address listed on your account are displayed in the **Account Information** section of the screen. You have the option to save this information as a PDF file.



Graphic 10: Account Confirmed

If you forgot your Password:

1. Click the **Forgot Password** link on the Provider Data Portal Sign In page.
2. Enter your username and select the checkbox to accept the Terms of Service.
3. Click the **Continue** button.
4. On the next screen, enter your email address and then click the **Continue** button.



Graphic 11: Forgot Password

5. You will receive an email with a link to reset your password. Click the link in the email. Enter and re-enter your new password, and then click the **Reset Password** button.
6. A confirmation is displayed indicating that your password has been successfully reset. You can now login to the Provider Data Portal using your new password.

2.5 Change Primary Email

If you are trying to [reset your password](#) and you do not know or do not have access to the primary email address on file, you can change the primary email address.

1. Click the **Forgot Password** link on the Provider Data Portal Sign In page.
2. Enter your username and select the checkbox to accept the Terms of Service.
3. Click the **Continue** button.
4. On the next screen, click the **Change Primary Email** link.

Forgot password?

You've come to the right place to reset your password.
Please provide the information below to help us find your account.

Username

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

Continue

[Forgot Username](#)

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

***am@ca**.org

Enter the full email shown in the hint above

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

Continue

Graphic 12: Change Primary Email

- The Quick Security Check page is displayed. Answer three security questions on the page and then click the **Continue** button.
 - You may enter the last four digits of your Social Security Number.
 - If you have a Board Certification, select the **I have Board Certification** option and then enter your Provider Type and the Name of Certifying Board.
 - You may 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.

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

Graphic 13: Quick Security Check Page

- The system will verify the security information you entered against what is saved in your profile.

- **Sorry, we could not verify your account based on the information provided. Please try again!** is displayed if the information you entered does not match your profile. Try again or click the **Contact CAQH** link for additional help.
 - The Choose a New Primary Email page is displayed if the information you entered matches your profile.
7. In the **New Primary Email** field, enter the new primary email address you would like to use for your account. CAQH recommends that you use an email address 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 the new email address.
 8. Click the **Save** button when finished.

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

Graphic 14: Choose a New Primary Email

9. You will receive an email with a link to reset your password at the new primary email address. Click the link in the email. Enter and re-enter your new password, and then click the **Reset Password** button.
10. A confirmation is displayed indicating that your password has been successfully reset. You can now login to the Provider Data Portal using your new password.

NOTE: The new email address is reflected in your profile only after you click the password reset link sent to the new email address.

2.6 Forgotten or Unknown CAQH Provider ID

If you cannot proceed with the process of [retrieving your username](#) because you do not know your CAQH Provider ID number, CAQH can help you access your account.

1. Click the **Forgot Username** link on the Provider Data Portal Sign In page.
2. Click the **Forgot CAQH Provider ID** link on the Forgot Username page.


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
 

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.

Graphic 15: Forgot CAQH Provider ID

- The Help Us Find Your Account page is displayed. Enter your information into the fields displayed, accept the Terms of Service, and then click the **Continue** button.
 - 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.
 - Specify whether you are a Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS).

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

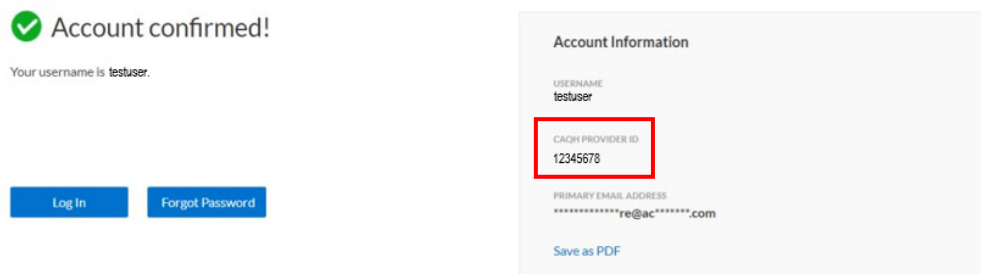
☒ No

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

Continue

Graphic 16: Help Us Find Your Account Page

4. The system will verify the information you entered against what is saved in your profile.
 - **Sorry, we could not find an account that matched your information. Please try again!** is displayed if the information you entered does not match your profile. Try again or click the **Contact CAQH** link for additional help.
 - The Quick Security Check page is displayed if the information you entered matches your profile.
5. Answer three security questions on the page and then click the **Continue** button.
 - You may enter the last four digits of your Social Security Number.
 - If you have a Board Certification, select the **I have Board Certification** option and then enter your Provider Type and the Name of Certifying Board.
 - You may 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.
6. The system will verify the security information you entered against what is saved in your profile.
 - **Sorry, we could not verify your account based on the information provided. Please try again!** is displayed if the information you entered does not match your profile. Try again or click the **Contact CAQH** link for additional help.
 - The Account Confirmation page is displayed if the information you entered matches your profile.
7. Once your account is confirmed, your username, CAQH Provider ID number, and the primary email address listed on your account are displayed in the **Account Information** section of the screen.



Graphic 17: Account Confirmed – CAQH Provider ID

2.7 Check for a CAQH Provider ID

You can look up your CAQH Provider ID from the Provider Data Portal Sign In page by clicking the **Check for CAQH ID** link.

Graphic 18: Check for CAQH ID Link

The Self-Registration Create Account Page is displayed. Enter your information into the required fields and click the **Continue** button.

- If the information entered matches an account in the system, the CAQH Provider ID is displayed. You can then [proceed to login](#) or [reset your password](#).

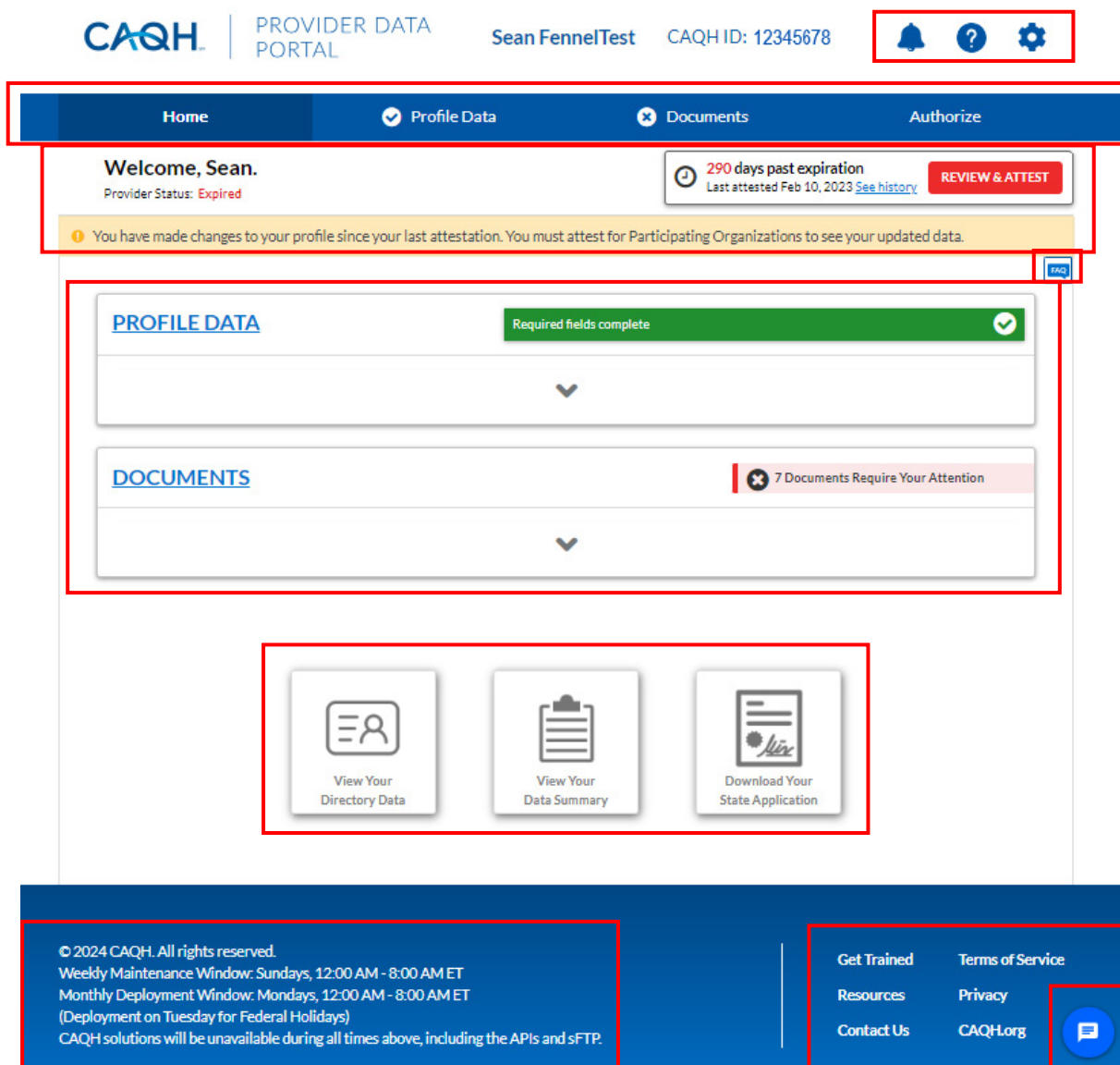
Graphic 19: CAQH Provider ID Confirmed

- If the information entered does not match an account in the system, you can register for the Provider Data Portal as a [new user](#).

3 Provider Data Portal Overview

The following is an overview of the components of the Provider Data Portal.

- User information, including your username and CAQH Provider ID, are displayed at the top of the page.
- Various Help icons are displayed in the upper-right corner of the page.
 - The **bell** icon allows you to view system notifications.
 - The **question mark** icon contains links to the CAQH University where you can access various training resources, the **Resources** page where you can access documentation, and CAQH contact information. (These links are also available in the footer).
 - The **settings** icon contains links to view the message center, change your password, view the activity log, and sign out of the portal.
- The top navigation menu allows you to access various areas of functionality.
- Attestation information, including your current Provider Status, is displayed directly below the top navigation menu. If applicable, the date of your last attestation is displayed with a link to view your [attestation history](#) as well as an indication of the number of days past expiration. The **Review & Attest** button allows you to review your profile data and [attest](#) to the information entered.
- The **FAQ** icon allows you to access various Help content. Help content is page-sensitive and displays help content relative to the page you are viewing.
- Two areas of functionality (**Profile Data** and **Documents**) are displayed in the body of the page, which can also be accessed via the top navigation menu. If information is missing or incomplete, these sections are expanded to display the areas needing attention. If there is no missing or complete information, these sections are collapsed and a green checkmark is displayed.
 - The status bar in the **Profile Data** section indicates the completeness of your profile information (as a percentage) and the number of unanswered required questions remaining. Each of the sub-sections also display the completeness of the questions pertaining to that sub-section and the date that information was last updated for that subsection. Clicking the heading link for a sub-section allows you to quickly navigate to that area of information.
 - The status bar in the **Documents** section displays the number of documents requiring your attention. Each of the sub-sections display an indication of the missing, expired, or failed document.
- The icons in the body of the page allow you to quickly view your [Directory Data](#), your [Data Summary](#), or download your relevant [State Application](#).
- CAQH has a standard maintenance and deployment window for the Provider Data Portal. Information for this window is displayed in the footer of the page.
- The links in the lower-right corner of the page allow you to access various CAQH information, including the Terms of Service agreement, Privacy agreement, and the CAQH website. The **chat** icon in the lower-right corner of the page allows you to access the CAQH Support Center virtual agent.



Graphic 20: Home Page

3.1 Home Page

The Home page is displayed after successfully logging in to the Provider Data Portal or selecting the **Home** option from the top navigation menu.

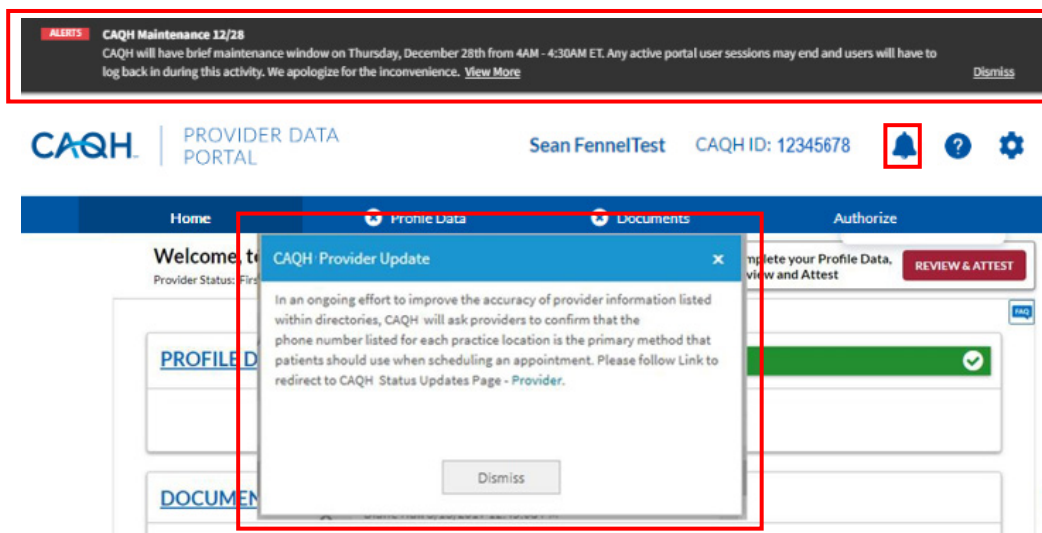
3.2 Navigation Menu

The top navigation menu allows you to navigate various sections of the portal.

- **Home:** Allows you to return to the [Home page](#).
- **Profile Data:** Allows you to [enter your profile information](#).
- **Documents:** Allows you to upload and review your [supporting documents](#).
- **Authorize:** Allows you to view the list of the organizations that have requested [authorization](#) to view your CAQH Provider Data Portal self-reported information.

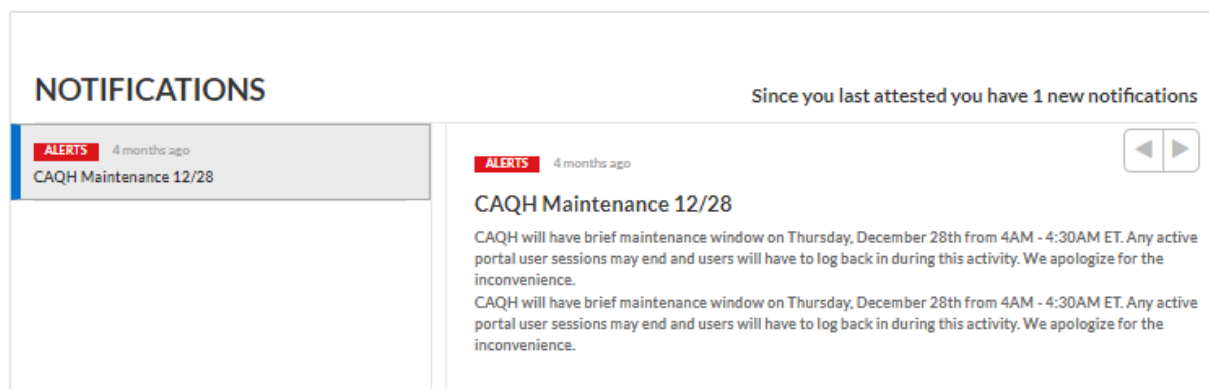
3.3 Notifications

Broadcast messaging allows CAQH to inform you of upcoming system updates or report system-wide issues. When there is a published broadcast message, a dialog and banner message are displayed on your screen when you log in to your Provider Data Portal account. If you click the **X** in the dialog, the message will close but will be displayed again the next time you login. If you click the **Dismiss** button in the dialog, the message will close and will not be displayed again.



Graphic 21: Broadcast Message

Selecting the bell icon also allows you to view your current notifications as well as see all historical notifications.



Graphic 22: Notifications

3.4 Message Center

Selecting the **Message Center** link from the **Options** icon opens the Message Center page. The Message Center is a list of system messages pertaining to the activity on your account. Clicking the carrot for an entry expands the entry to display additional details of the message. Selecting the checkbox for a message and then clicking the **Delete** button allows you to delete the message.

MESSAGE CENTER

Expand to view Message Details

	Message Subject	Date
▶ <input type="checkbox"/>	CAQH ProView: Document Failure Notification (CAQH Provider ID: 12345678)	
▶ <input type="checkbox"/>	Documentation Submission Successful	
<p>Provider Name: Sean Fennel CAQH Provider ID: 12345678 Thank you for participating in the CAQH ProView! Your supporting documents will now proceed through a Quality Review check for illegible or missing documentation. We will notify you if any documents need to be resubmitted or if any are outstanding.</p> <p>We now have the following documents on file: CDS CMECertificate DEA</p> <p>Please note, your submission will not be considered complete until you receive our confirmation notification marked "Attestation Complete".</p>		
▶ <input type="checkbox"/>	Documentation Submission Successful	
▶ <input type="checkbox"/>	Provider Registration	
▶ <input type="checkbox"/>	Documentation Submission Successful	
▶ <input type="checkbox"/>	Documentation Submission Successful	
▶ <input type="checkbox"/>	Confirmation - Submission Complete	
▶ <input type="checkbox"/>	CAQH ProView: A New Organization Requesting Access to Your Information	
▶ <input type="checkbox"/>	Documentation Submission Successful	
▶ <input type="checkbox"/>	Documentation Submission Successful	

4 of 5 pages (45 items)

Delete

Graphic 23: Message Center

3.5 Activity Log

Selecting the **Activity Log** link from the **Options** icon opens the Activity Log page. The Activity Log is a list of the recent activity that has occurred in your account, including logins, re-attestations, and data updates. Clicking the carrot for an entry in the Activity Log expands the entry to display additional details of the change.

Profile changes are only displayed in the Activity Log after you have completed [re-attestation](#). Any changes made after re-attestation are not reflected in the Activity Log until you complete re-attestation again. If after re-attestation changes are still not reflected in the Activity Log, log out of the portal and then back in. Change details should now be displayed in the Activity Log. Changes made on the [Documents](#) page and [Authorization](#) page are displayed in the Activity Log even if you have not yet re-attested.

ACTIVITY LOG

Expand to view Activity Details

	Activity Subject	Date
▶	User logged in: Sean FennelTest	07/18/2023 09:08 AM
▶	User logged in: Sean FennelTest	07/10/2023 09:25 AM
◀	ProView System changed the Provider Status from Re-Attestation to Expired Attestation	06/09/2023 11:38 PM
	ProView System changed the Provider Status from Re-Attestation to Expired Attestation	
▶	User logged in: Sean FennelTest	03/02/2023 07:39 PM
▶	User logged in: Sean FennelTest	03/02/2023 07:20 PM
▶	Change to Professional Ids : Medicaid State	02/10/2023 04:25 PM
▶	Change to Professional Ids : Medicaid State	02/10/2023 04:25 PM
▶	Change to Professional Ids : License Number	02/10/2023 04:25 PM
▶	Change to Professional Ids : License State	02/10/2023 04:25 PM
▶	Change to Professional Ids : License Expiration Date	02/10/2023 04:25 PM

◀
1
2
3
4
5
6
7
8
...
▶
⌂

2 of 22 pages (215 items)

Graphic 24: Activity Log

3.6 Change Password

Selecting the **Change Password** link from the **Options** icon opens a dialog allowing you to change your password. Configure the required fields and then click the **Change Password** button to save your changes.

Change Password ✕

Change Password

Current Password

⋮

Password

⋮

Re-enter Password

⋮

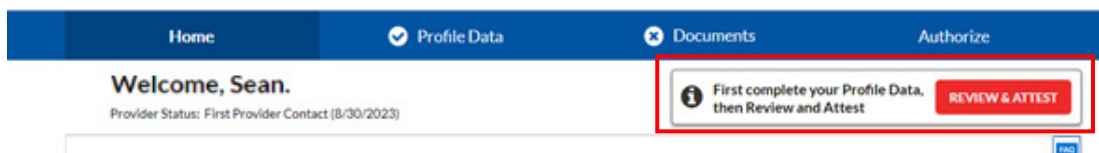
Change Password

Graphic 25: Change Password

3.7 Attestation Information

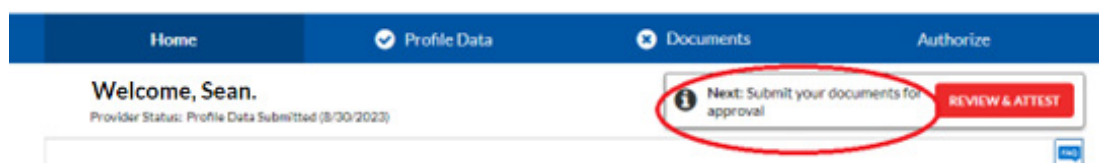
[Attestation](#) information, including your current Provider Status, is displayed directly below the top navigation menu.

Upon your first login, **First complete your Profile Data, then Review and Attest** is displayed. The text displayed in this area will change to guide you through the process of completing your profile.



Graphic 26: Attestation Information – First Login

Next: Submit your documents for approval is displayed once you have completed your initial attestation and **Profile Data Submitted** is displayed for the Provider Status.



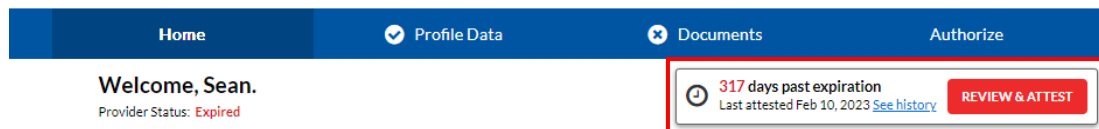
Graphic 27: Attestation Information – Submit Documents

<number of days> until your next attestation Last attested <date> See history is displayed once all required documents are approved and **Initial Profile Complete** is displayed for the Provider Status. The same messaging is displayed if the status of the account is Reattestation.



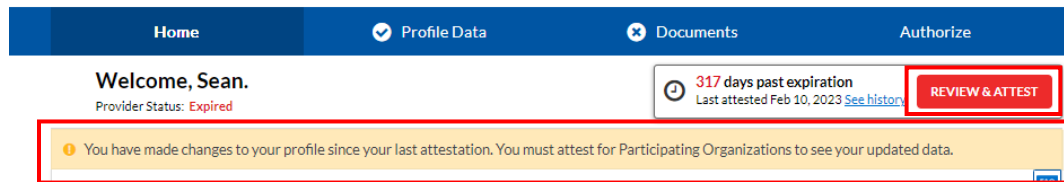
Graphic 28: Attestation Information – Next Attestation Count

<number of days> past attestation Last attested <date> See history is displayed when attestation is expired and **Expired** is displayed for the Provider Status.



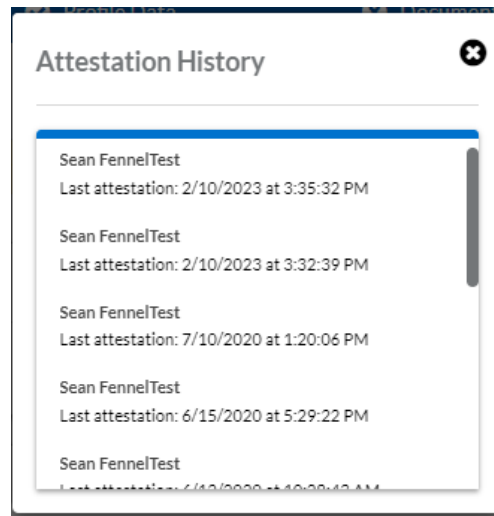
Graphic 29: Attestation Information – Attestation Expired

After you update any information in your profile, you must complete attestation so that your authorized organizations can view your updated profile. The **Review & Attest** button allows you to review your profile data and attest to the information entered. A reminder message is displayed at the top of the page on every page only after you have changed one or more pieces of data and have not attested to the change. The message is no longer displayed once you attest to your information. This message is also displayed if CAQH updates a relevant domain table value.



Graphic 30: Attestation Information – Review & Attest

Clicking the **See History** link opens the **Attestation History** dialog allowing you to view a listing of your attestation history. The most recent date and time of attestation is listed first.



Graphic 31: Attestation History

4 Completing Profile Information

The Profile Data page is displayed after selecting the **Profile Data** option from the top navigation menu or clicking the **Profile Data** heading from the Home page. The CAQH Provider Data Portal guides you through the process of entering your profile information on this page.

The page is grouped into the following sections: [Personal Information](#), [Professional IDs](#), [Education and Professional Training](#), [Specialties](#), [Practice Locations](#), [Hospital Affiliations](#), [Credentialing Contacts](#), [Professional Liability Insurance](#), [Employment Information](#), [Professional References](#), and [Disclosure](#). The fields displayed and required in each section vary based on your primary practice state (required fields are indicated with a red asterisk).

NOTE: *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. See [Importing Data from the Practice Manage Module](#) for more information.*

4.1 Overview

The **FAQ** button is displayed on some pages. If you need assistance while entering your profile information, click this button to view various page-sensitive help topics.

Required fields are indicated with a red asterisk.

Clicking on the plus sign next to a section name in the list expands the section to display its sub-sections. Clicking on a section name in the list displays that section in the body of the page. An icon is displayed before each section name to indicate the completeness of the section's required fields.

- A red X is displayed before a section name if required fields are missing data or a validation error exists on the page.
- A green checkmark is displayed before a section name if required fields are complete and no errors exist.

Various buttons exist above the list of sections:

- Click the **Save** button to save your progress.
- Click the **back arrow** button (**Save and Go Back**) to return to the previous section.
- Click the **forward arrow** button (**Save & Continue**) to move to the next section.

Various buttons exist at the bottom of each section:

- Click the **Save** button to save your progress.
- Click the **back arrow** button (**Save and Go Back**) to return to the previous section.
- Click the **forward arrow** button (**Save & Continue**) to move to the next section.

PROFESSIONAL IDS

* 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
GA	Yes	qwewqe	04/15/2026

[Edit](#) [Delete](#)

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

Graphic 32: Profile Data Page Overview

Hovering over the **Profile Data** option in the top navigation menu displays a graphical representation of the completeness of your profile data application. The percentage of required fields that have been complete is indicated with text and a colored bar.

- The bar is yellow when 1-99% of required fields are complete.
- The bar is green when 100% of required fields are complete.

An icon is displayed before each section name to indicate the completeness of the section's required fields.

- A red X is displayed before a section name if required fields are missing data or a validation error exists on the page.
- A green checkmark is displayed before a section name if required fields are complete and no errors exist.

Home **Profile Data** **Documents** **Authorize**

Welcome, Sean.
Provider Status: Re-Attestation

89 days until your next attestation
Last attested May 28, 2024 [See history](#) [REVIEW & ATTEST](#)

You have made changes to your profile

PROFILE DATA

[Personal Information](#)

[Professional IDs](#)

[Education & Professional Training](#)

[Specialties](#)

[Practice Locations](#)

[Hospital Affiliations](#)

[Credentialing Contacts](#)

[Professional Liability Insurance](#)

[Employment Information](#)

[Professional References](#)

[Disclosure](#)

93% required fields complete

12 required questions remaining

84% complete
Updated June 28, 2024, 2 required questions remaining

90% complete
Updated June 7, 2024, 1 required question remaining

Required fields complete
Updated February 10, 2023

Graphic 33: Profile Data Completeness

After entering and saving information for a section, one or more validation error indicators may be displayed. If a required field is missing data, red validation text is displayed at the top of the page and the corresponding field is highlighted in red on the page. An error message is also displayed indicating the data to enter to correct the error. CAQH strives to help providers submit accurate data by displaying errors at the top of the page and highlighting relevant field(s) to ensure a consistent error-handling experience.

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"
- Please enter the field labeled, "Board Certified?"

Primary Specialty

* Do you have any specialties?

☒ Yes
☐ No

* Primary Specialty

[Select]

Please select a value

Board certification requirements go above and beyond state licensing requirements. The "Board Certified" title recognizes providers that acquired certification to demonstrate an expertise in a particular specialty. This certification process is voluntary and not to be confused with the examinations taken to meet the requirements needed to apply for a license to practice in your state.

* Board Certified?

☐ Yes
☐ No

Please select a value

Graphic 34: Validation Error Indicator Sample

4.2 Personal Information

The **Personal Information** section requests basic information such as name, phone numbers, and contact information. Some information may be pre-populated based on the information you entered during the self-registration process.

PERSONAL INFORMATION 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, "NUCC Grouping".
- Please enter the field labeled, "Provider Type".

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 ⓘ

Select

Please select a value

* Provider Type

Select

Please select a value

* Practice Setting ⓘ

Inpatient/Outpatient or Outpatient Only

* Primary Practice State ⓘ

GA

Additional Practice State(s)

Select One or More

Graphic 35: Personal Information Section

4.2.1 Profile Setup

In the **Profile Setup** section, please confirm your **NUCC Grouping**, **Provider Type**, **Practice Setting**, and **Primary Practice State** so that your CAQH profile can be customized for your situation. The answers you provide determine which fields display and are required.

- New providers must enter their **NUCC Grouping**. The **Provider Type**, **Specialties**, and **Certifying Boards** options displayed are based on the **NUCC Grouping** selected.
- Existing providers will see their **NUCC Grouping** populated with a value based on the existing specialty on the profile. If you have not previously entered a **Specialty**, the **NUCC Grouping** displayed is based on your **Provider Type**.
- Providers who have not previously entered their **Specialty** or their **Provider Type** will see a blank field for **NUCC Grouping**. This field displays on the [Correct Errors](#) page as a required fix.
- The **Provider Type Not Listed** option should be selected from the **Provider Type** field if your provider type is not included in the list of options.

- When entering **Additional Practice States**, click the multi-selection drop-down. A list of practice states is displayed alphabetically. Click the checkbox of the state that you wish to add as an additional practice state. To remove a state, click the X next to the state.
- Your NUCC Grouping, Provider Type, Practice Setting, and Practice State will drive the questions presented to you throughout the profile sections. If you practice in multiple states and one of those states includes a state-specific credentialing application, state-specific questions and Provider Data Portal standardized questions will be presented to you in one integrated flow. You must complete all required questions for both the Provider Data Portal standardized profile questions as well as any state-specific questions.

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 ⓘ

Select ▼

* Provider Type

Select ▼

* Practice Setting ⓘ

Inpatient/Outpatient or Outpatient Only ▼

* Primary Practice State ⓘ

GA ▼

Additional Practice State(s)

Select One or More ▼

Graphic 36: Profile Setup

4.2.2 Name

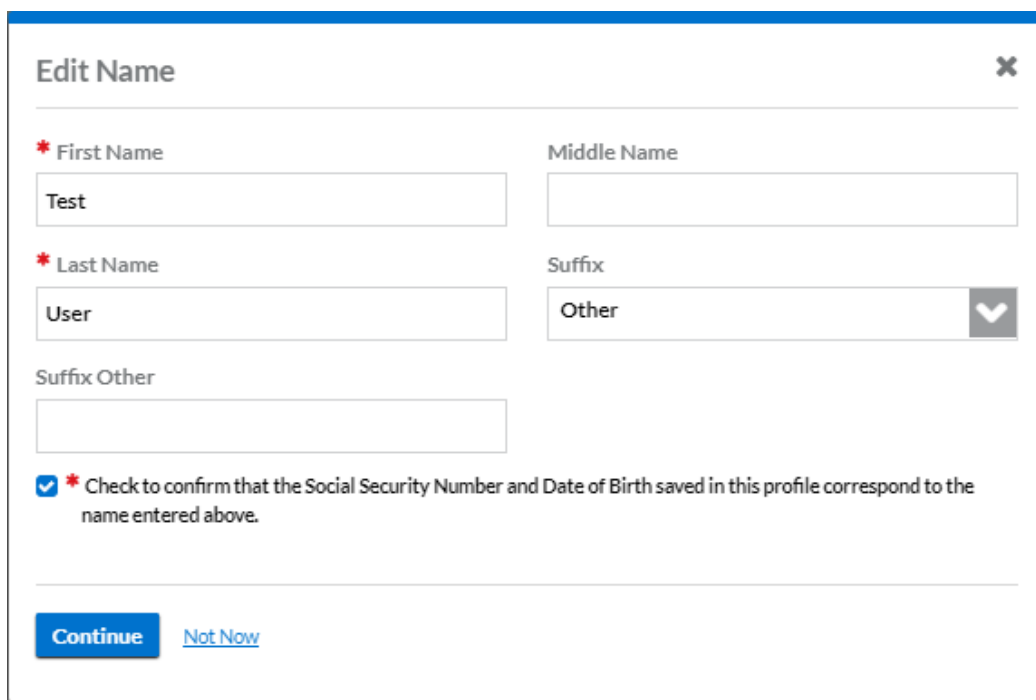
The **Name** section displays the user name for your account.

Name

TestUser [Edit](#)

Graphic 37: Name

To update this information, click the **Edit** button and update the name information as needed. You must select the checkbox to confirm that the SSN and date of birth saved in the profile correspond to the name entered.



The 'Edit Name' dialog box features a title bar with a close button (X). It contains several input fields: 'First Name' (with a red asterisk) containing 'Test', 'Middle Name' (empty), 'Last Name' (with a red asterisk) containing 'User', 'Suffix' (a dropdown menu showing 'Other'), and 'Suffix Other' (empty). Below these fields is a checkbox labeled 'Check to confirm that the Social Security Number and Date of Birth saved in this profile correspond to the name entered above.' which is checked. At the bottom are two buttons: 'Continue' (blue) and 'Not Now' (blue link).

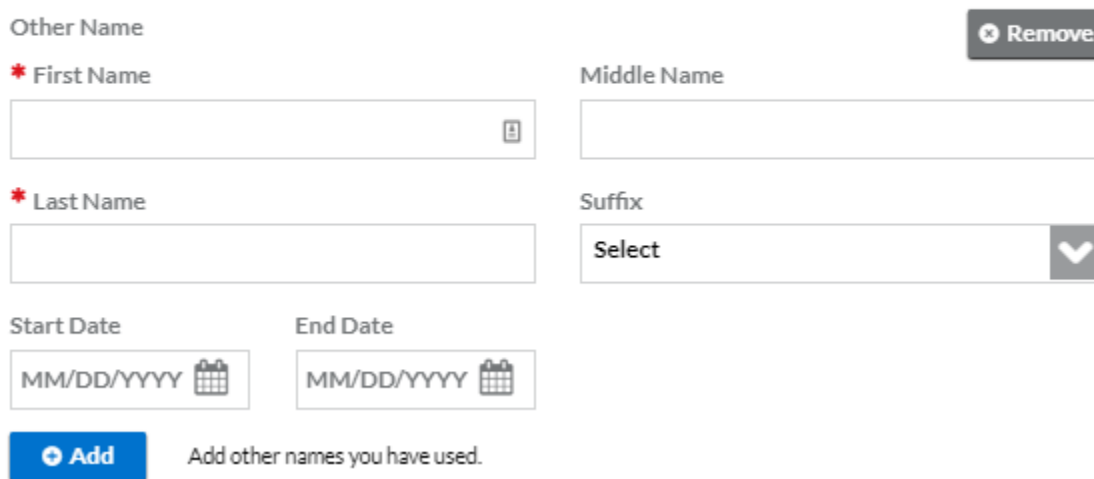
Graphic 38: Edit Name Dialog

4.2.3 Other Names

The **Other Names** section allows you to enter any variations of your name that may be associated with your license, degree, or individual (Type 1) NPI. For example, a birth name. Click the **Add** button to enter additional name information.

Other Names

Please include variations of your name that may be associated with your license, degree, or individual (type 1) NPI.



The 'Other Names' form includes a 'Remove' button (with an X icon) in the top right. It has input fields for 'First Name' (with a red asterisk), 'Middle Name', 'Last Name' (with a red asterisk), and 'Suffix' (a dropdown menu showing 'Select'). Below these are 'Start Date' and 'End Date' fields, each with a calendar icon and the format 'MM/DD/YYYY'. At the bottom is an 'Add' button (blue with a plus icon) and the text 'Add other names you have used.'

Graphic 39: Other Names

4.2.4 Address

The **Address** section allows you to enter a reliable address where you receive physical mail in case your practice location changes. In the address section you can add both a home address and a mailing address (physical location of your practice). Click the **Add** button to enter corresponding address information.

Address

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

Home



Add provider's home address.

Mailing



Add provider's mailing address.

Graphic 40: Address

A home address is not required to complete your application; however, hospitals have identified that this information adds value in confirming your accessibility to the hospital.

Home Address ✕ Remove

Street 1

Street 2

City State Zip Code

Country County

Mailing ✕ Add Add provider's mailing address.

Graphic 41: Home Address

The mailing address is 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 as a billing contact in the [Office Personnel](#) section. If your mailing address is the same as your home address, select the **Mailing address and home address are the same** checkbox.

Mailing Address

✕ Remove

☐ Mailing address and home address are the same.

Street 1

Street 2

City

State

Select ▼

Zip Code

Country

Select ▼

County

Select ▼

Graphic 42: Mailing Address

4.2.5 Contact Information

The **Contact Information** section includes your email address and phone number and also allows you to enter the name of your spouse or significant other. It is important to keep your contact information up to date. 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.

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 Address

test@email.com

Edit

Additional Emails ⓘ

Add
Add additional email address.

Provider's Phone Number

Add
Add provider's phone number.

Spouse / Significant Other

Add
Add spouse or significant other.

Graphic 43: Contact Information

Important system reminders will be sent to the email address specified in the **Primary Email Address** section, so it is important to keep this information current. To update this information, click the **Edit** button and update the primary email address as needed.

Graphic 44: Edit Primary Email Address

If you use other professional email accounts or have staff members that maintain your profile, you may enter additional email addresses. Click the **Add** button to add up to three additional email addresses.

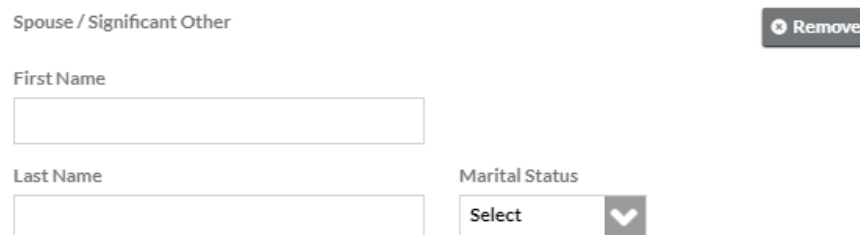
- **Additional Email 1:** You may use this field for your personal email address.
- **Additional Email 2:** If you have previously entered an email address as PMOC CC Email 1, that email address will appear on this field.
- **Additional Email 3:** If you have previously entered an email address as PMOC CC Email 2, that email address will appear on this field.

Graphic 45: Enter Additional Email Address

In the **Provider's Phone Number** section, you can enter a home phone number, cell phone number, or fax number. Click the **Add** button to add a phone number. Phone number details are displayed for existing providers who have previously entered a phone number.

Graphic 46: Provider's Phone Number

In the **Spouse/Significant Other** section you can provide a first and last name, and specify marital status information for a spouse or significant other. Click the **Add** button to enter this information.



The form is titled "Spouse / Significant Other" and includes a "Remove" button. It contains two text input fields for "First Name" and "Last Name", and a "Marital Status" dropdown menu with a "Select" button and a downward arrow.

Graphic 47: Spouse/Significant Other

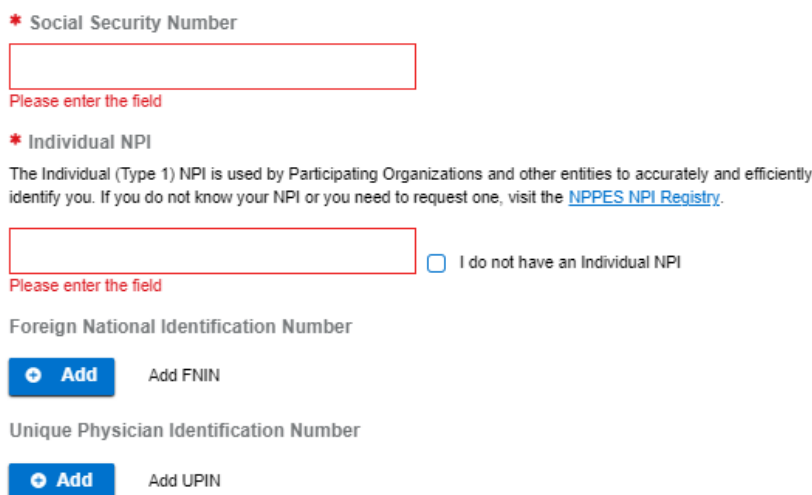
4.2.6 Personal Identification Numbers

In the **Personal Identification Numbers** section, please specify your **Social Security Number**, **Individual NPI** (National Provider Identification Number) or specify a reason for not having this number, **Foreign National Identification Number** (FNIN), and **Unique Physician Identification Number** (UPIN).

- Your Social Security Number is required to complete the application. With the aim of providing enhanced security for provider profiles, the Provider Data Portal locks the **Social Security Number** field for editing after the first attestation has occurred. Once you have completed your profile and attested, you can no longer edit your SSN.
- The individual (Type 1) NPI (National Provider Identifier) is a unique, 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS) to help Participating Organizations and other entities to identify you accurately and efficiently.

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

Personal Identification Numbers



The form is titled "Personal Identification Numbers" and contains several sections:

- * Social Security Number:** A red-bordered text input field with a red error message "Please enter the field" below it.
- * Individual NPI:** A red-bordered text input field with a red error message "Please enter the field" below it. To the right of the field is a checkbox labeled "I do not have an Individual NPI".
- Foreign National Identification Number:** A section with a blue "Add" button and the text "Add FNIN".
- Unique Physician Identification Number:** A section with a blue "Add" button and the text "Add UPIN".

Graphic 48: Personal Identification Numbers

Click the **Add** button to enter your Foreign National Identification Number (FNIN) and country of issue (if applicable).

Foreign National Identification Number Remove

FNIN

FNIN Country of Issue Select ▼

Graphic 49: Enter FNIN Information

Click the **Add** button to enter your Unique Physician Identification Number (UPIN) (if applicable).

Unique Physician Identification Number Remove

UPIN

Graphic 50: Enter UPIN Information

4.2.7 Demographics

In the **Demographics** section, please specify your gender information, birth date, citizenship information, birth location information, and race/ethnicity.

With the aim of providing enhanced security for provider profiles, the Provider Data Portal locks the **Birth Date** field for editing after the first attestation has occurred. Once you have completed your profile and attested, you can no longer edit your birth date.

Demographics

* Gender Identity ☐ I do not have this information.

Select ▼

Please select a value

☐ I identify as transgender. ⓘ

* Birth Date

MM/DD/YYYY 📅

Please select a date

* Are you a US Citizen?

☐ Yes

☒ No

* Citizenship Country

Select ▼

Please select a value

Birth City

Birth State Select ▼

Birth Country Select ▼

* 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.

Graphic 51: Demographics

4.2.8 Work Permits and Visas

If you are not a US citizen, use the **Work Permits and Visas** section to describe the kind of visa you will hold while you are in the U.S. Click the **Add** button to enter your visa information.

The screenshot shows the 'Work Permits and Visas' section. At the top, it asks 'Are you eligible to work in the United States?' with radio buttons for 'Yes' (selected) and 'No'. Below this, there is a blue 'Add' button with a plus icon. To the right of the button is the text 'Add work permits or visas.' Further right, there are two input fields: 'Visa Type' with the placeholder text 'Test Visa Type' and 'Visa Status' with the placeholder text 'Active'.

Graphic 52: Work Permits and Visas

4.2.9 Languages

The **Languages** section collects information about the languages in which a Practitioner is fluent when communicating about medical care. When selecting languages, click the multi-selection drop-down. A list of languages is displayed alphabetically. Click the checkbox of the language that you wish to add. To remove a language, click the **X** next to the language.

The screenshot shows the 'Languages' section. It has a title 'Languages' with a help icon. Below it is the subtitle 'Non-English Languages Spoken by Provider'. There is a multi-selection drop-down menu. The list of languages shown is: Abkhazian, Afan (Oromo), Afar, Afrikaans, Albanian, American Sign Language, and Amharic. Each language has a checkbox to its left. The 'Afan (Oromo)' option is currently selected and highlighted in light blue.

Graphic 53: Languages

4.2.10 Correct Errors – Personal Information

You may see the following required fixes on the Correct Errors page:

- **This NPI number cannot be found in the NPPES NPI Registry** indicates that the Type 1 NPI entered is invalid. Please review the value entered into the **Individual NPI** field (see the [Personal Identification Numbers](#) section for more information). This error is displayed once every 24 hours.
- **This is an Organization (Type 2) NPI. Please enter an Individual NPI.** Indicates that you may have entered a group NPI in the **Individual NPI** field. Please review the value entered into the **Individual NPI** field (see the [Personal Identification Numbers](#) section for more information).
- **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. Indicates a mismatch with the

name and Individual NPI entered. Please review the value entered into the **Individual NPI** field (see the [Personal Identification Numbers](#) section for more information).

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

Graphic 54: Correct Errors – Personal Information: Individual NPI

Providers who have previously indicated that they do not have a Type 1 NPI will be prompted to review this question to see if it is now applicable. The following dialog is displayed in the **Personal Information** section once every 24 hours. Configure the fields in the dialog as applicable and then click the **Confirm & Continue** button.

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

Graphic 55: Correct Errors – Personal Information

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** (for 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 **Do you practice at this location?** question). An error is displayed for each practice state that does not match an active practice location.

In the following example, the practice state on the account is New York but an active practice location in New York is not 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.

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

Graphic 56: Correct Errors – Personal Information: Practice State

- Clicking the **Update Practice States** link in the **Action** column takes you to the **Personal Information** section, allowing you to correct the error. The following text is displayed at the top of the **Personal Information** section regarding the error:

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.

 - If you add a practice location to match the practice state, and click the **Save and Continue** button, you will be redirected to the Correct Errors page and the practice state error is no longer displayed.
- Clicking the **Ignore** link in the **Action** column displays the **Ignore** dialog. Clicking the **Yes** button in the dialog will remove the error from the Correct Errors page.

Before you can attest, you are required to either fix the error or click the **Yes** button in the **Ignore** dialog to remove the error from the Correct Errors page.

4.3 Professional IDs

The **Professional IDs** section requests that you enter all professional identification numbers and upload any applicable supporting documentation. See [Supporting Documents](#) for more information.

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	000000000000	08/28/2025	Edit Delete

1

1 of 1 pages (1 items)

Add

Add another Professional License

Graphic 57: Professional IDs Section

4.3.1 Professional License

In the **Professional License** section, please add a medical license number for each of the practice states you listed in the [Personal Information](#) section of your profile. You must enter all state medical licenses you currently hold or have held as issued by a U.S. or Canadian licensing authority. Professional licenses are displayed in the form of a grid including the **License State**, **Currently Practicing** (Yes or No), **License Number**, and **Expiration Date**.

Click the **Add** button to add a professional license record.

Once you have added a professional license you can click the **Edit** link to update details or the **Delete** link to remove the record.

Professional License

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

*Add a Professional License

Add

Graphic 58: Professional License

Only numbers, letters, dashes, and periods can be entered into the **License Number** field when adding a professional license.

Professional License [Close]

* **License State**
 [Dropdown Arrow]

* **Currently Practicing**
☐ Yes
☐ No

* **License Number**

License Type
 [Dropdown Arrow]

License Status
 [Dropdown Arrow]

MA License Type
 [Dropdown Arrow]

Issue Date
 [Calendar Icon]

* **Expiration Date**
 [Calendar Icon]

License Unlimited?
☐ Yes
☐ No

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

Graphic 59: Add a Professional License

4.3.2 Division of Medical Assistance Programs (DMAP)

The **Division of Medical Assistance Programs (DMAP)** section allows you to provide your DMAP number.

Division of Medical Assistance Programs (DMAP)

DMAP Number

Graphic 60: DMAP

4.3.3 Drug Enforcement Administration (DEA) Registration

In the **Drug Enforcement Administration (DEA) Registration** section, please specify your DEA number and state of registration as listed on your DEA certificate if you prescribe controlled substances. If you practice in more than one state, enter a different DEA number and state of registration for each state. Click the **Add** button to enter this information.

Once you have added DEA information you can click the **Edit** link to update details or the **Delete** link to remove the record.

Drug Enforcement Administration (DEA) Registration

*Add a DEA Registration
➕ Add

Based on your specialty, a DEA registration is required. If you do not prescribe, select the option below.

☐ I do not prescribe controlled substances

Graphic 61: DEA Registration

When entering DEA Registration information, select the **I have a Buprenorphine Waiver** option if you have a practitioner waiver to prescribe or dispense buprenorphine

Drug Enforcement Administration (DEA) Registration


✕

*** DEA Number**


*** State**

Select
▼


Date Submitted

MM/DD/YYYY


Issue Date

MM/DD/YYYY


*** Expiration Date**

MM/DD/YYYY


*** License Unlimited?**

☐ Yes

☐ No

☒ **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

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

Graphic 62: Enter DEA Registration Information

Select the **I do not prescribe controlled substances** option and provide a reason for not having a DEA registration if you do not prescribe controlled substances.

If you do not hold current DEA Registration, you may enter the name of a provider or practice that prescribes on your behalf in the **Alternate Prescriber Name** field.

☒ I do not prescribe controlled substances

Reason for not having DEA Registration

Select ▼

Alternate Prescriber Name ⓘ

Graphic 63: I Do Not Prescribe Controlled Substances Option

If you select the **I choose not to prescribe** or **My patients do not require controlled substances** option from the **Reason for not having DEA Registration** drop-down menu, you must make a **More Information** selection.

If you select the **Other** option from the drop-down menu or as your **More Information** selection, a text field is displayed for you to provide an explanation.

☒ I do not prescribe controlled substances

Reason for not having DEA Registration

I choose not to prescribe ▼

* 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

Graphic 64: DEA Registration More Information

4.3.4 Controlled Dangerous Substance (CDS) Registration

The **Controlled Dangerous Substance (CDS) Registration** section allows you to provide CDS Registration information. Click the **Add** button to enter this information. Once you have added CDS information you can click the **Edit** link to update details or the **Delete** link to remove the record.

Controlled Dangerous Substance (CDS) Registration

Add CDS Registration ➕ Add

Graphic 65: CDS Registration

In the **CDS Registration** dialog, enter your CDS number, state of issuance, issue date, and expiration date.

CDS Registration [X]

* State
 Select [v]

* CDS Number [] Issue Date MM/DD/YYYY [] * Expiration Date MM/DD/YYYY []

Currently Practicing
☐ Yes
☐ No

Unlimited?
☐ Yes
☐ No

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

Continue Save & Add Another Remove Not Now

Graphic 66: Enter CDS Registration Information

Providers practicing in Arizona (AZ) are not required to enter a CDS record. Providers who have previously entered a CDS for AZ will be prompted to delete the record the next time they log in. If you are a provider trying to add a CDS record for AZ, you will be prompted with the following message.

CDS Registration [X]

* State
 AZ [v]

* CDS Number [] Issue Date MM/DD/YYYY [] * Expiration Date MM/DD/YYYY []

Currently Practicing
☐ Yes
☐ No

Unlimited?
☐ Yes
☐ No

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

Continue Save & Add Another Remove Not Now

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.

Graphic 67: CDS Registration – Arizona Provider

Complete the fields in the **Controlled Substances Prescribing/Dispensing Waiver** if you do not prescribe or dispense controlled substances.

Controlled Substances Prescribing / Dispensing Waiver

As requirement by State and Federal regulations, you must either possess individual valid state and federal controlled substances certificates or you must sign a statement waiving your right to prescribe/dispense controlled substances. If you will be prescribing/dispensing Schedule VI controlled substances only, you need not have a federal controlled substances certificate, but must have a state controlled substances certificate.

This certifies that I will not prescribe/dispense controlled substances.

This statement will become null and void when I present to the Department Credentials Administrator of each Hospital and Health Plan to which I applied, a valid federal and state controlled substances certificates.

- ☐ Yes
☐ No

This certifies that I will prescribe/dispense Schedule VI controlled substances only (requires state certificate).

- ☐ Yes
☐ No

Graphic 68: Controlled Substances Prescribing/Dispensing Waiver

4.3.5 Medicaid

The **Medicaid** section allows you to provide your Medicaid number and state of issuance. Click the **Add** button to enter this information.

The form contains two input fields: a text box for the Medicaid Number and a dropdown menu for the State. Both fields have red borders and red error messages below them: "Please enter the field" for the number and "Please select a value" for the state. To the right of the State dropdown is a grey "Remove" button with a circular icon. Below the Medicaid Number field is a blue "Add" button with a circular icon and the text "Add Medicaid Number".

Graphic 69: Medicaid

4.3.6 Medicare

The **Medicare** section allows you to provide your Medicare number and state of issuance. Click the **Add** button to enter this information.

The form contains two input fields: a text box for the Medicare Number and a dropdown menu for the State. Both fields have red borders and red error messages below them: "Please enter the field" for the number and "Please select a value" for the state. To the right of the State dropdown is a grey "Remove" button with a circular icon. Below the Medicare Number field is a blue "Add" button with a circular icon and the text "Add Medicare Number".

Graphic 70: Medicare

4.3.7 Educational Commission for Foreign Medical Graduates (ECFMG)

The **Educational Commission for Foreign Medical Graduates (ECFMG)** section allows you to enter your ECFMG certificate information (if applicable). 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.

Educational Commission for Foreign Medical Graduates (ECFMG)



Graphic 71: ECFMG

Click the **Add** button to enter this information.

A form with two input fields. The first field is labeled "* ECFMG Number" and has a red border with the text "Please enter the field" below it. The second field is labeled "* Issue Date" and has a red border with the text "Please select a date" below it. The date field contains the placeholder "MM/DD/YYYY" and a calendar icon. To the right of the fields is a grey button with a minus icon and the text "Remove".

Graphic 72: Enter ECFMG Information

4.3.8 United States Medical Licensing Examination (USMLE)

The **United States Medical Licensing Examination (USMLE)** section allows you to enter your USMLE information (if applicable). The United States Medical Learning Examination is a physician assessment required for physician licensing in the United States.

United States Medical Licensing Examination (USMLE)



Graphic 73: USMLE

Click the **Add** button to enter this information.

A form with five input fields. The first field is labeled "USMLE Number" and has a red border. The second field is labeled "Exam Date" and has a red border with the text "Please select a date" below it. The date field contains the placeholder "MM/DD/YYYY" and a calendar icon. Below these are three fields labeled "USMLE Step 1 Passed", "USMLE Step 2 Passed", and "USMLE Step 3 Passed". Each of these fields has a red border with the text "Please select a date" below it. Each date field contains the placeholder "MM/DD/YYYY" and a calendar icon. To the right of the fields is a grey button with a minus icon and the text "Remove".

Graphic 74: Enter USMLE Information

4.3.9 Future Leaders Exchange Program (Flex)

The **Future Leaders Exchange Program (Flex)** section allows you to provide your FLEX Number and exam information. FLEX is an exchange program funded by the U.S. Department of State in which high school students from Europe, Eurasia, and Central Asia spend an academic year in the United States. Click the **Add** button to enter this information.



Graphic 75: FLEX

Click the **Add** button to enter this information.

Future Leaders Exchange Program (Flex)

Graphic 76: Enter FLEX Information

4.3.10 National Board of Medical Examiners (NBME)

The **National Board of Medical Examiners (NBME)** section allows you to enter your NBME exam number and date.

National Board of Medical Examiners (NBME)

Graphic 77: NBME

4.3.11 Labor and Industries (L&I)

The **Labor and Industries (L&I)** section allows you to enter your L&I Number.

Labor and Industries (L&I)

Graphic 78: L&I

4.3.12 Prescriptive Authority

The **Prescriptive Authority** section allows you to enter your Prescriptive Authority Number and issue date. For Washington state providers, the optional **Pharmacists Collaborative Drug Therapy Agreement (CDTA) Number(s)** field allows you to supply your CDTA number(s).

Prescriptive Authority

Prescriptive Authority Number	Issue Date
<input type="text" value="Field Text"/>	<input type="text" value="MM/YYYY"/> 

Pharmacists Collaborative Drug Therapy Agreement (CDTA) Number(s)

2000 characters allowed

Graphic 79: Prescriptive Authority




4.3.13 Texas Department of Public Safety (DPS)

The **Texas Department of Public Safety (DPS)** section allows you to enter your DPS Number, date of issue, and expiration information. Click the **Add** button to enter this information.

 Add DPS

Graphic 80: DPS

Texas Department of Public Safety (DPS)

DPS Number	Issue Date	Expiration Date	
<input type="text"/>	<input type="text" value="MM/YYYY"/> 	<input type="text" value="MM/YYYY"/> 	

Graphic 81: Enter DPS Information

4.3.14 Workers Compensation

The **Workers Compensation** section allows you to enter your Workers Compensation Number.

Workers Compensation

Workers Compensation Number

Graphic 82: Workers Compensation

4.4 Education and Professional Training

The **Education and Professional Training** section requests that you enter information regarding your education history, including your professional and undergraduate school information. At least one education and professional training record is required.

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

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

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

Graphic 83: Education and Professional Training Section

4.4.1 Education

The **Education** section allows you to enter your Undergraduate, Professional School, and Fifth Pathway information. Records are displayed in reverse chronological by end date. The record with the newest end date is displayed first. Records without an end date are displayed at the end of the list, in reverse chronological order by creation date. The last record created is displayed first. The type of degree associated with the record is displayed on the left side of the record. Fifth Pathway is displayed instead of the type of degree for Fifth Pathway records. Click the **Add** button to enter this information.

- Fields displayed vary slightly based on the **Education Type** option selected.
- The **Country** field defaults to **United States** when creating a new education record. If you select **Fifth Pathway** for the **Education Type**, **United States** is the only **Country** option.
- Attendance Dates:** If you select **Yes** for the, **Did you graduate from this school** question, you must enter a **Graduation Date**. If you select **No** for this question, you can provide an explanation.

Once you have added an education record you can click the **Edit** button to update details or the **Delete** button to remove the record.

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 --Select--

* State

County

* Professional School

☐ Other (Not Listed)

* Degree ⓘ

Area of Training / Course of Study / Major

* Certificate Received/Awarded

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

* End Date

* Did you graduate from this school? ⓘ

☒ Yes
☐ No

* Graduation Date

Graphic 84: Education

4.4.2 Professional Training

The **Professional Training** section allows you to 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.

Records are displayed in reverse chronological by end date. The record with the newest end date is displayed first. Records without an end date are displayed at the end of the list, in reverse chronological order by creation date. The last record created is displayed first. The type of training associated with the record is displayed on the left side of the record. Click the **Add** button to enter this information.

- Fields displayed vary based on the **Training Type** option selected.
- Please include details for any incomplete internship or residency programs.
- If your residency training program was **Rotating** or **Transitional**, please enter a separate entry for each rotation. For credentialing, health plans need to know the specifics of each rotation including the specialty or department and the time associated with each.
- A Fellowship is the period of medical training in the United States and Canada that a physician or dentist may undertake after completing a specialty training program.
- **Attendance Dates:** If you select **Yes** for the, **Did you complete the training program at this institution** question, you must enter a **Completion Date**. If you select **No** for this question, you can provide an explanation.

Once you have added a professional training record you can click the **Edit** button to update details or the **Delete** button to remove the record.

← Back to List
Import

PROFESSIONAL TRAINING

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

* Training Type

--Select--
▼

Country

United States
▼

State

--Select--
▼

County

--Select--
▼

Institution/Hospital Name

--Select--
▼

☐ Other (Not Listed)

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

MM/YYYY
📅

* End Date

MM/YYYY
📅

Type of Fellowship

Department

Specialty

--Select--
▼

Name of Director

* Did you complete the training program at this institution? ⓘ

☒ Yes
 ☐ No

* Completion Date

MM/DD/YYYY
📅

Graphic 85: Professional Training

4.4.3 Cultural Competency Training

Indicate whether you have completed cultural competency training by selecting the **Yes** or **No** option for the **Have you completed cultural competency training** question. Click the **Add** button when finished to save the training information. Ten training entries can be saved.

Have you completed cultural competency training?

Cultural Competency 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

 **Add**

Add a Cultural Competency Training.

Graphic 86: Cultural Competency Training

Select an option from the **Please select which program(s) you have completed** drop-down menu and provide a **Completion Date**.

Please select which program(s) you have completed.

Cultural Competency Deployment Refresher



HHS

<https://thinkculturalhealth.hhs.gov/>

* Completion Date

MM/YYYY



 Remove

Graphic 87: Cultural Competency Training – Completion Information

When the **Other** option is selected, provide accompanying training information as required.

Please select which program(s) you have completed.

Other



* Program Name

Administering Organization

Program Website

* Completion Date

MM/YYYY



 Remove

Graphic 88: Cultural Competency Training – Other

4.5 Specialties

The **Specialties** section requests information regarding your specialties and certification information. Specialties and Certifying Boards are based on the **NUCC Grouping** option selected in the [Personal Information](#) section. All providers are required to select a **Primary Specialty** option. The **Suggested Primary Specialty** option is displayed for providers who have not selected a **Primary Specialty** option (you can choose 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, "Secondary Specialty"
- Please enter the field labeled, "Primary Specialty"

Primary Specialty

* Primary Specialty

[Select]

Please select a value

Board certification requirements go above and beyond state licensing requirements. The "Board Certified" title recognizes providers that acquired certification to demonstrate an expertise in a particular specialty. This certification process is voluntary and not to be confused with the examinations taken to meet the requirements needed to apply for a license to practice in your state.

* Board Certified?

☒ Yes

☐ No

* Name of Certifying Board

Graphic 89: Specialties Section

4.5.1 Primary Specialty

Use the **Primary Specialty** drop-down menu to select your specialty from the list of specialties collected from the National Uniform Claim Committee (www.nucc.org). If you cannot locate your specialty in the list, select the specialty that is most appropriate for your practice or enter it in the [Other Interests](#) section. The taxonomy codes corresponding to each specialty will help you confirm if you have selected the correct specialty. All providers are required to select a **Primary Specialty** option. The sub-sections displayed vary based on your primary specialty and practice state.

After selecting a **Primary Specialty** option, you must specify whether you are board certified. If you select **Yes** for the **Does your board certification have an expiration date** question, you must specify the **Expiration Date** and **Last Recertification Date**.

Primary Specialty

* Primary Specialty

Please select a value

Board certification requirements go above and beyond state licensing requirements. The "Board Certified" title recognizes providers that acquired certification to demonstrate an expertise in a particular specialty. This certification process is voluntary and not to be confused with the examinations taken to meet the requirements needed to apply for a license to practice in your state.

* Board Certified?

☒ Yes
☐ No

* Name of Certifying Board

Please select a value

Country

State

County

Street 1

Street 2

City

Province

Zip Code

Certification Number

* Initial Certification Date

Please select a date

* Does your board certification have an expiration date?

☒ Yes
☐ No

* Expiration Date

Please select a date

* Last Recertification Date

Please select a date

* Have you ever taken a board exam but failed?

☐ Yes
☒ No

Based on your contracted agreement do you wish to be listed in the directory under your primary specialty?

☒ Yes
☐ No

Do you wish to be listed in the directory under this primary specialty?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	HMO
<input checked="" type="radio"/> Yes	<input type="radio"/> No	PPO
<input checked="" type="radio"/> Yes	<input type="radio"/> No	POS

Graphic 90: Primary Specialty

4.5.2 Secondary Specialty

The **Secondary Specialty** section allows you to provide information on your secondary specialty.

Secondary Specialty

* Do you have a Secondary Specialty?

- ☒ Yes
☐ No

* Secondary Specialty

[Select from list]

Please select a value

* Board Certified?

- ☐ Yes
☒ No

* Have you ever taken a board exam but failed?

- ☒ Yes
☐ No

* Failed Name of the Board

[Select]

Please select a value

* Failed Examination Date

MM/YYYY

Please select a date

Based on your contracted agreement do you wish to be listed in the directory under your primary specialty?

- ☒ Yes
☐ No

Do you wish to be listed in the directory under this secondary specialty?

- | | | |
|---------------------------|-------------------------------------|-----|
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | HMO |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | PPO |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | POS |

* If you are not currently certified, have you applied for a certification examination?

- ☒ Yes
☐ No

* If you have applied for a certification examination, have you been accepted to take the certification examination?

- ☐ Yes ☒ No

If you are not currently certified, is there an expiration date for admissibility:

MM/YYYY

Graphic 91: Secondary Specialty

4.5.3 Additional Specialty

The **Additional Specialty** section allows you to provide information on any additional specialties.

Additional Specialty

* Do you have any Additional Specialties?

☒ Yes
☐ No

* Additional Specialty

[Select from list]

Please select a value

* Board Certified?

☐ Yes
☐ No

Please select a value

* Have you ever taken a board exam but failed?

☐ Yes
☐ No

Please select a value

Based on your contracted agreement do you wish to be listed in the directory under your primary specialty?

☐ Yes
☐ No

Do you wish to be listed in the directory under this additional specialty?

<input type="radio"/> Yes	<input type="radio"/> No	HMO
<input type="radio"/> Yes	<input type="radio"/> No	PPO
<input type="radio"/> Yes	<input type="radio"/> No	POS

Click: Add if you have additional specialties

Graphic 92: Additional Specialty

4.5.4 Certifications

The **Certifications** section allows you to indicate whether you have received any additional certifications. Select the **Yes** or **No** option for each certification, and if required, provide additional information regarding your certification.

- **Qualified Autism Service Provider (QASP):** After selecting **Yes** for this certification, you must enter the details of your certification including the **Certification Number**, **Date of Certification**, and **Expiration Date**.
- **Cardio-Pulmonary Resuscitation (CPR):** 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. After selecting **Yes** for this certification, you must enter the details of your certification including the **State, Type, Certificate Number, Date of Certification, and Expiration Date**.

- **Basic Life Support (BLS):** This certification is a 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. After selecting **Yes** for this certification, you must enter the details of your certification including the **State, Type, Certificate Number, Date of Certification, and Expiration Date**.
- **Advanced Cardiovascular Life Support (ACLS):** 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 all healthcare professionals. After selecting **Yes** for this certification, you must enter the details of your certification including the **State, Type, Adv Cardiac Life Support (ACLS) Number, Date of Certification, and Expiration Date**.
- **Advanced Life Support in OB Certification (ALSO®):** This 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. After selecting **Yes** for this certification, you must enter the **Expiration Date**.
- **Health Care Provider (CoreC):** After selecting **Yes** for this certification, you must enter the details of your certification including the **Expiration Date**.
- **Advanced Trauma Life Support (ATLS):** Developed by the [American College of Surgeons](#), this is a training program for medical providers (MD/DO/DPM/PA/NP/CO) in the management of acute trauma cases. 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. After selecting **Yes** for this certification, you must enter the details of your certification including the **State, Type, Adv Trauma-Life Support (ATLS) Number, Date of Certification, and Expiration Date**.
- **Neonatal Advanced Life Support (NALS):** This training is administered by the [American Academy of Physician Associates](#) and delivers the same syllabus as NRP, has similar flexibility in its format, and equips trainees with identical knowledge and skills. After selecting **Yes** for this certification, you must enter the details of your certification including the **State, Type, Neonatal Adv Life Support (NALS) Number, Date of Certification, and Expiration Date**.

- **Neonatal Resuscitation Program (NRP):** Developed and maintained by the [American Academy of Pediatrics](#), this program focuses on basic resuscitation skills for newly born infants. After selecting **Yes** for this certification, you must enter the **Expiration Date**.
- **Pediatric Advanced Life Support (PALS):** This training 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. After selecting **Yes** for this certification, you must enter the details of your certification including the **State**, **Type**, **Pediatric Adv Life Support (PALS) Number**, **Date of Certification**, and **Expiration Date**.
- **Other:** Selecting this option allows you to enter the details of a certification that is not otherwise listed. Use the **Add** button to add more than one additional certification. After selecting **Yes** for this option, you must enter the details of your certification including the **Type**, **Date of Certification**, and **Expiration Date**.

CERTIFICATIONS

* Do you have Certifications?

☐ Yes

☒ No

Graphic 93: Certifications

4.5.5 Anesthesia Permit

The **Anesthesia Permit** section allows you to specify if you have an anesthesia permit.

Anesthesia Permit

Anesthesia Permit

☒ Yes

☐ No

Graphic 94: Anesthesia Permit

4.5.6 Therapeutics Classification Number

The **Therapeutics Classification Number** section is applicable to Optometrists only and allows you to provide your Therapeutics Classification Number.

Therapeutics Classification Number (Optometrists only)

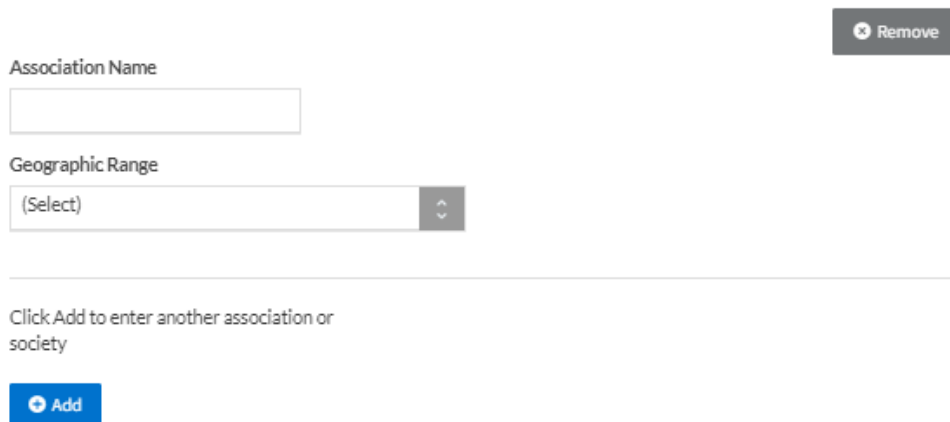
Therapeutics Classification Number
(Optometrists only)

Graphic 95: Therapeutics Classification Number

4.5.7 Professional Associations

The **Professional Associations** section allows you to specify one or more medical professional associations and societies with which you are affiliated. A professional association or professional society is an organization seeking to further a particular profession and the interests of individuals engaged in that profession. Use the **Add** button to add more than one professional association.

Professional Associations



The screenshot shows a form titled "Professional Associations". At the top right is a grey button with a minus icon and the text "Remove". Below this is a text input field labeled "Association Name". Underneath is a dropdown menu labeled "Geographic Range" with the text "(Select)" and a small arrow icon. A horizontal line separates this section from the next. Below the line is the text "Click Add to enter another association or society". At the bottom is a blue button with a plus icon and the text "Add".

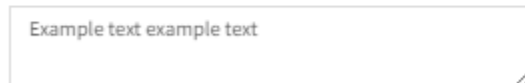
Graphic 96: Professional Associations

4.5.8 Other Interests

The **Other Interests** section allows you to provide an explanation of your additional areas of professional practice interest, activities, procedures, diagnoses, or populations.

Other Interests

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



The screenshot shows a text input area with the placeholder text "Example text example text". The area is rectangular with a thin border and a small icon in the bottom right corner.

Graphic 97: Other Interests

4.5.9 Special Experience, Skills, and Training

The **Special Experience, Skills, and Training** section allows you to select one or more special experience, skills, and training categories applicable to you from a list of options. Options are grouped into categories by patient age, gender identity, sexual orientation, special patient population, and racial/ethnic groups. Additional options may be displayed depending on the **NUCC Grouping** option selected in the [Profile Setup](#) section.

Special Experience, Skills, and Training

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

Patient Age Groups

- | | |
|--|---|
| <input type="checkbox"/> Infants (0-23 months) | <input type="checkbox"/> Young Adults (19-24) |
| <input type="checkbox"/> Toddlers (2-5) | <input type="checkbox"/> Adults (25-44) |
| <input type="checkbox"/> Children (6-12) | <input type="checkbox"/> Middle Aged Adults (45-64) |
| <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Older Adults (65+) |

Patient Gender Identities

- ☐ Male
- ☐ Female
- ☐ Nonbinary, genderqueer, neither exclusively Male nor Female
- ☐ Transgender male/trans man/female-to-male (FTM)
- ☐ Transgender female/trans woman/male-to-female (MTF)

Patient Sexual Orientation

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Straight or Heterosexual |
| <input type="checkbox"/> Lesbian | |

Special Patient Populations

- | | |
|---|--|
| <input type="checkbox"/> Blind or Visually Impaired | <input type="checkbox"/> Intellectually Disabled |
| <input type="checkbox"/> Chronically Medically Ill | <input type="checkbox"/> Living with HIV/AIDS |
| <input type="checkbox"/> Deaf or Hard-of-Hearing | <input type="checkbox"/> Military and Veterans |
| <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> Homeless | |

Patient Racial/Ethnic Groups

Select One or More



Graphic 98: Special Experience, Skills, and Training

If **Behavioral Health & Social Service Providers** is selected for the **NUCC Grouping** option in the **Profile Setup** section, the **Issues Treated** and **Types of Therapies** sections and their various categories are displayed. The options in these categories allow behavioral health and social service providers to indicate their areas of special skills and training.

Issues Treated

General

- | | |
|--|---|
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Testing and Evaluation |
| <input type="checkbox"/> Life Coaching | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Medication Management | |

Addiction and Substance Abuse

- | | |
|---|---|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Internet Addiction |
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Medical Detox |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Sexual Addiction |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Video Game Addiction |

Behavioral and Emotional

- | | |
|---|--|
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Obsessive-Compulsive (OCD) |
| <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Oppositional Defiance (ODD) |
| <input type="checkbox"/> Borderline Personality (BPD) | <input type="checkbox"/> Self-Harming |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Hoarding | |
| <input type="checkbox"/> Narcissistic Personality (NPD) | |

Developmental

- ☐ Asperger's Syndrome
- ☐ Attention Deficit/Hyperactive Disorder (ADHD)
- ☐ Autism Spectrum
- ☐ Education and Learning Disabilities
- ☐ Intellectual Disabilities

Family and Relationship

- | | |
|---|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Infidelity |
| <input type="checkbox"/> Child | <input type="checkbox"/> Marriage Counseling |
| <input type="checkbox"/> Codependency | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Pregnancy, Prenatal, Postpartum |
| <input type="checkbox"/> Domestic Abuse | <input type="checkbox"/> Sex Therapy |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Infertility | |

Identity

- | | |
|--|---|
| <input type="checkbox"/> Gender Dysphoria | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Gender Non-Conformity | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Racial Identity | |

Mood and Anxiety

- ☐ Anxiety
- ☐ Bipolar Disorder
- ☐ Depression
- ☐ Stress
- ☐ Trauma and Post-Traumatic Stress Disorder (PTSD)

Organic Causes and Neurological

- | | |
|--|--|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Sleep or Insomnia |
| <input type="checkbox"/> Chronic Pain | |

Graphic 99: Special Experience, Skills, and Training – Behavioral Health & Social Service Providers Options

4.6 Practice Locations

The **Practice Locations** section requests that you enter detailed information regarding your practice location(s). You must enter at least one practice location. Text is displayed in red indicating that you must add a practice location corresponding to the practice state you have configured in your profile.

Clicking the **Preview Provider Directory Data** button displays a dialog containing a summary of the information from your profile that will be used by health plans to update their provider directories (if applicable). See [View Your Directory Data](#) for more information.

PRACTICE LOCATIONS Preview Provider Directory Data

* 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 practice location
- You have selected West Virginia as a practice state but you have not indicated that you practice at a location in West Virginia. Please add a practice location in West Virginia or remove West Virginia as a practice state.

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
This table is empty please add a listing				

10 Items per page < 0 - 0 of 0 >

Graphic 100: Practice Locations Section

Click the **Add Location** button to enter a practice location. When entering a new practice location, information is grouped into three sections: [Practice Details](#), [Provider at the Location](#), and [Services and Resources](#).

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.

Graphic 101: Practice Location Tabs

After you have entered all required information for a practice location, click the **Save & Complete** button.

Once you have added one or more practice locations, a table containing the details of each record is displayed. You can use the **All Categories** drop-down menu and **Search** field to narrow the list of records displayed.

- **Name:** The physician's name or name of the practice associated with the practice location.
 - **Tax ID:** The corresponding tax identification number. A Tax ID can only correspond to one practice location record.
- **Address:** Displays the address entered into the **Location Address** section when the practice location record was created.
- **Affiliation Description:** Displays the provider's association to the location as selected in the **Affiliation** section when the practice location record was created. If you have not indicated your affiliation with the location, **Response required** is displayed in red text in this column.
- **Last Confirmed Date:** Displays the date when directory data was last confirmed. All complete active practice locations (prior to release date) will have the last attestation date as the confirmation date. When a provider confirms a location, the details of the location are sent to Participating Organizations. A green date indicates that location information is up to date. A red date indicates that location information is past due for confirmation (90+ days since the last confirmation).
- **Location Managed By:** Indicates whether the location is provider managed or group managed.

Click the **Edit** button (pencil icon) to update the details of a complete record.

Click the **View** button (eye icon) to view and edit the details of a record with errors to be corrected.

You cannot delete a practice location record unless the record is a duplicate location. Instead, you can select the location and use the **Archive Location** button to archive a practice location that is no longer current.

If **Yes** is selected for the **Is this your primary practice** question in the **Affiliation** section, a blue **Primary** indicator is displayed for the practice location. The primary practice location displays first in the list.

The red **Please Respond** indicator is displayed for a record if the record contains an error. Click the **View** button for the record. Red text is displayed on a new page indicating the field or fields that need to be corrected to resolve the error.

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
Please Respond Primary				
<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

Graphic 102: Practice Location Record List

The **Archive Location** button allows you to archive one or more practice locations. You must select the checkbox for the practice location record you wish to archive and then click the button. Once you have one or more [archived locations](#), either the **Archived Locations** or **Archived and Rejected Locations** section is displayed below the practice location records list.

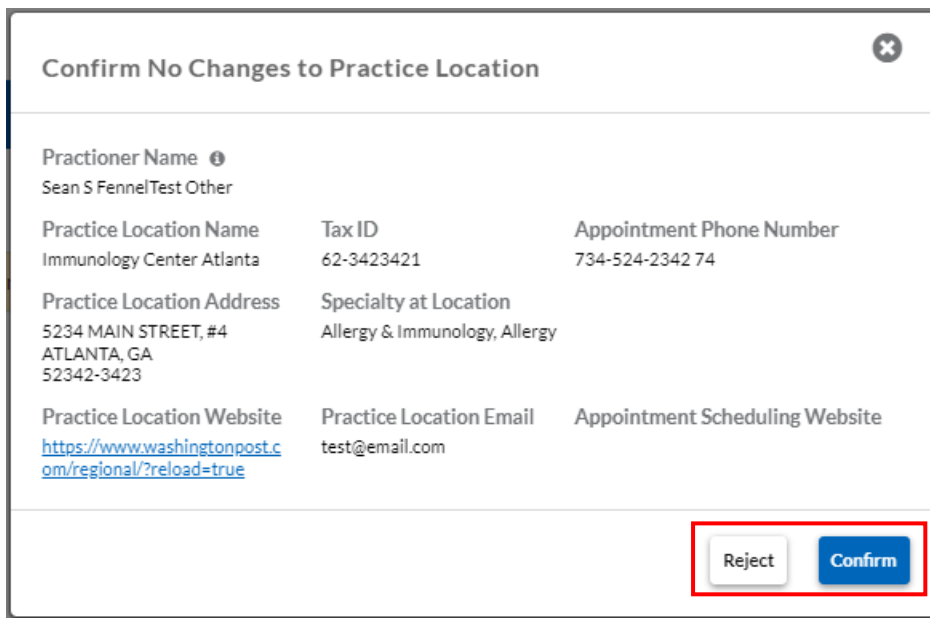
The **No Changes to Location** button is clickable for complete practice location records only. After selecting a complete record and clicking this button, the **Confirm No Changes to Practice Location** dialog is displayed.

No Changes to Location Archive (1) Location Add Location

<input type="checkbox"/> Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
Primary				
<input checked="" type="checkbox"/> Immunology Center Atlanta Tax ID: 62-3423421	5234 Main Street, #4 Atlanta, GA 52342-3423	I see patients by appointment at least one day per month, but less than one day per week on a regular basis.	5/28/2024	N/A

Graphic 103: No Changes to Location Button

The **Confirm No Changes to Practice Location** dialog contains a summary of a practice location's information. Click the **Reject** button to exit the dialog. Click the **Confirm** button to confirm that the information displayed is correct. The dialog will close and the **Last Confirmed Date** is updated with the current date.



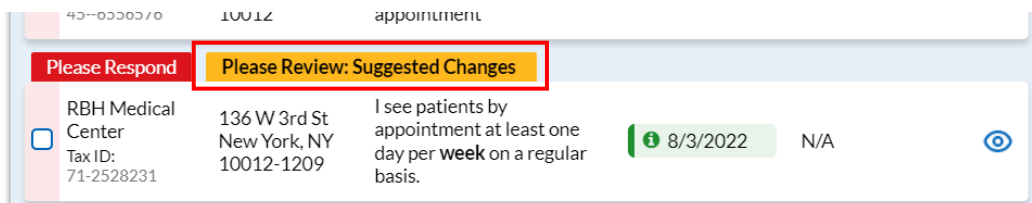
The dialog box titled "Confirm No Changes to Practice Location" displays the following information:

Practioner Name Sean S FennelTest Other		
Practice Location Name Immunology Center Atlanta	Tax ID 62-3423421	Appointment Phone Number 734-524-2342 74
Practice Location Address 5234 MAIN STREET, #4 ATLANTA, GA 52342-3423	Specialty at Location Allergy & Immunology, Allergy	
Practice Location Website https://www.washingtonpost.com/regional/?reload=true	Practice Location Email test@email.com	Appointment Scheduling Website

At the bottom right, there are two buttons: **Reject** and **Confirm**.

Graphic 104: Confirm No Changes to Practice Location Dialog

The yellow **Please Review: Suggested Changes** indicator is displayed for a record if the practice location has pending suggested changes from a third party. Click the **View** button for the record.



The dialog box shows a table with practice location information and suggested changes. A yellow banner at the top reads "Please Review: Suggested Changes".

Please Respond	Please Review: Suggested Changes	
<input type="checkbox"/> RBH Medical Center Tax ID: 71-2528231	136 W 3rd St New York, NY 10012-1209	I see patients by appointment at least one day per week on a regular basis.
		8/3/2022 N/A

A blue eye icon is visible at the bottom right of the table.

Graphic 105: Please Review: Suggested Changes

A screen summarizing your currently selected values and the suggested changes for review for that value is displayed. Currently selected values are displayed on the left side of the screen (with a grey background) while suggested changes are displayed on the right side of the screen (with a beige background).

- Select the radio button for a suggested change to replace the value with the suggested change's value. If multiple suggested values exist, a tooltip stating **We have found multiple values corresponding with this location. Please indicate the correct one.** is displayed.
- Select the **None of These** option if none of the suggested values are correct.
- Click the **Reject All** button to reject all suggested changes.
- Click the **Accept Selected** button when you have finished reviewing suggested changes.

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.**

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

Graphic 106: Suggested Changes for Review

The **Suggestions Accepted** dialog is displayed after clicking the **Accept Selected** button. This dialog displays a summary of your selected and rejected suggested values. Click the **Continue Editing** button to make additional edits. Click the **Back to List** button to save your changes and return to the list of practice location records.

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.

Graphic 107: Suggestions Accepted Dialog

The yellow **Attest to Confirm** indicator is displayed for a record if you edited your first name, middle name, last name, or suffix or you have an unattested specialty at the location (the **No Changes to Location** button is not selectable). You must [attest](#) to your profile information to remove the **Attest to Confirm** indicator.

No Changes to Location

Archive (1) Location

Add Location

<input type="checkbox"/> Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
<div>Attest to Confirm</div> <div>Primary</div>				
<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	<div>8/3/2022</div>	N/A
<div>Attest to Confirm</div>				
<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	<div>8/3/2022</div>	N/A

Graphic 108: Attest to Confirm

The yellow **Please Review: Duplicate Location** indicator is displayed for a record if more than one practice location record exists with the same address or Tax ID number. Use the **Edit** or **Delete** buttons to update or remove the duplicate records until only one remains.

No Changes to Location

Archive (1) Location

+ Add Location

<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				
<div>Test0804</div> <div>Tax ID: 22-2222222</div>	<div>251 Mercer St</div> <div>New York, NY 10012-1110</div>	Response required		N/A
<div>Test0804</div> <div>Tax ID: 22-2222222</div>	<div>251 Mercer St</div> <div>New York, NY 10012-1110</div>	Response required		N/A
<div>Attest to Confirm</div> <div>Primary</div>				
<div><input checked="" type="checkbox"/></div> <div>0729TestLocation04</div> <div>Tax ID: 19-3256241</div>	<div>181 Mercer St</div> <div>New York, NY 10012-1501</div>	I see patients at this location, but not by appointment	<div><div>8/3/2022</div></div>	N/A
<div>Attest to Confirm</div>				
<div><input type="checkbox"/></div> <div>0730TestLocation01</div> <div>Tax ID: 19-3256222</div>	<div>40 Washington Sq S</div> <div>New York, NY 10012-1005</div>	I see patients at this location, but not by appointment	<div><div>8/3/2022</div></div>	N/A

Graphic 109: Duplicate Location

Either the **Archived Locations** or **Archived and Rejected Locations** section is displayed below the practice location records list when one or more archived or rejected practice location records exists. This section displays the list of practice location records that you have archived or rejected. Use the **Show/Hide** buttons to toggle this information.

- The grey **Archived** indicator is displayed for archived practice location records where you no longer practice.
- The dark red/burgundy **Rejected** indicator is displayed for practice location records that were submitted for you by a health plan which you rejected.

Archived and Rejected Locations

[Hide](#) 

All Categories

Search

Q

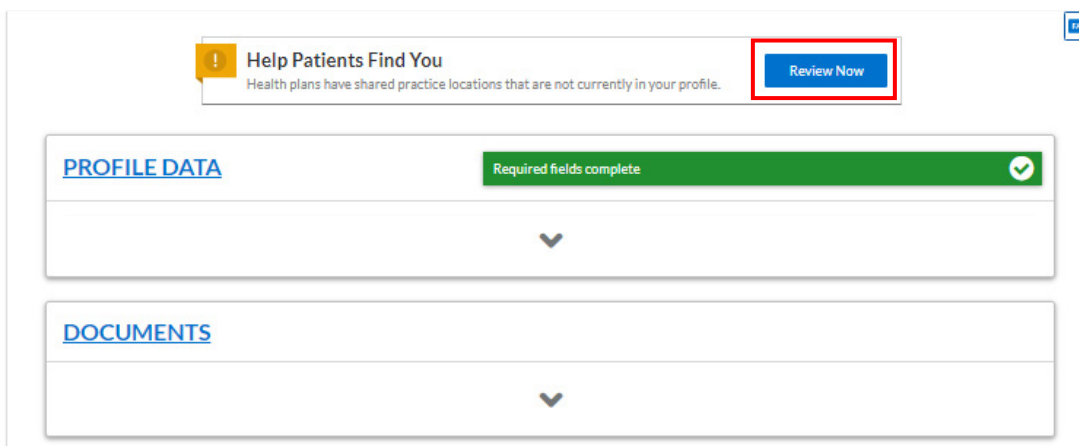
Restore Locations

<input type="checkbox"/>	Name	Address	Affiliation Description	Rejected/ Archived Date	Location Managed By
Archived					
<input type="checkbox"/>	Commonwealth Pracs Tax Id: 61-8813511	977 Commonwealth Ave, Boston, MA 02215-1305	I do not practice here, but the location is within the medical group with which I am employed.	10/25/2023	N/A
Rejected					
<input type="checkbox"/>	New Location Test Tax Id: 44-5678139	2020 K St NW Ste 900, Washington, DC 20006-1872	No longer practice here	7/27/2022	N/A
Rejected					
<input type="checkbox"/>	NewNameWhoDis Tax Id: 12-3456790	181 Bellevue Sq, Bellevue, WA 98004-5021	Provider Edited Address	9/27/2023	N/A
Archived					

Graphic 110: Archived and Rejected Locations

4.6.1 Help Patients Find You

A CAQH participating health plan may submit practice locations that they have on file for a provider for review. Health plans use this information to decide which locations get published in their directories. Any location that does not appear to be listed in your profile at the time it is submitted is displayed after clicking the **Review Now** button in the **Help Patients Find You** section. When reviewing a location, you may accept or reject it depending on whether you currently practice at the location.



Graphic 111: Help Patients Find You

The **New Locations For Review** section lists the practice locations submitted by health plans for review. When available, this section is displayed above the list of practice location records. Use the **Show/Hide** buttons to toggle this information.


















- **Name:** Name of the practice and corresponding Tax ID number.
- **Address:** Address of the practice.
- **Notes:** Clicking this icon displays additional information about the location. For example: This location has the same street address of an existing location but has a unique suite/unit number. This location has the same address as an existing location, but has a different Tax ID number.
- **Days Elapsed:** The number of days since the health plan requested the practice location to be reviewed. Locations that are not accepted or rejected within 90 days will be communicated to health plans as **No Response**.

Click the **Edit** button to edit and accept the information for a location. The accepted location will be added to your list of practice location records. Click the **Delete** button to reject a location. The rejected location will be added to your list of [rejected practice location records](#) in the **Archived and Rejected Locations** section and the **Rejected** indicator is displayed.

New Locations For Review (4)

[Hide](#) 

Health plans have shared practice locations that are not currently in your profile. A unique practice location is defined by a combination of the practice address plus the tax ID number. Locations that are not accepted or rejected within 90 days will be communicated to health plans as No Response.

All Categories ▼		Search 	
Name	Address	Notes	Days Elapsed
Tax Id: 540620889	1005 N Glebe Rd Ste 750, Arlington, VA 22201		 76 Days  
Tax Id: 540620889	44035 Riverside Pkwy Ste 400, Leesburg, VA 20176		 76 Days  
Tax Id: 540620889	2901 Telestar Ct Ste 100, Falls Church, VA 22042		 76 Days  
Tax Id: 540620889	2901 Telestar Ct Ste 150, Falls Church, VA 22042		 76 Days  

10 ▼ Items per page < 1 - 4 of 4 >

Graphic 112: New Locations For Review

4.6.2 Archive a Location

When you no longer practice at a location associated with a practice location record, you can archive the record. You cannot delete the record. You can archive multiple records at the same time.

1. Select the checkbox for the location you wish to archive.
2. Click the **Archive Location** button.

No Changes to Location

Archive (1) Location

+ Add Location

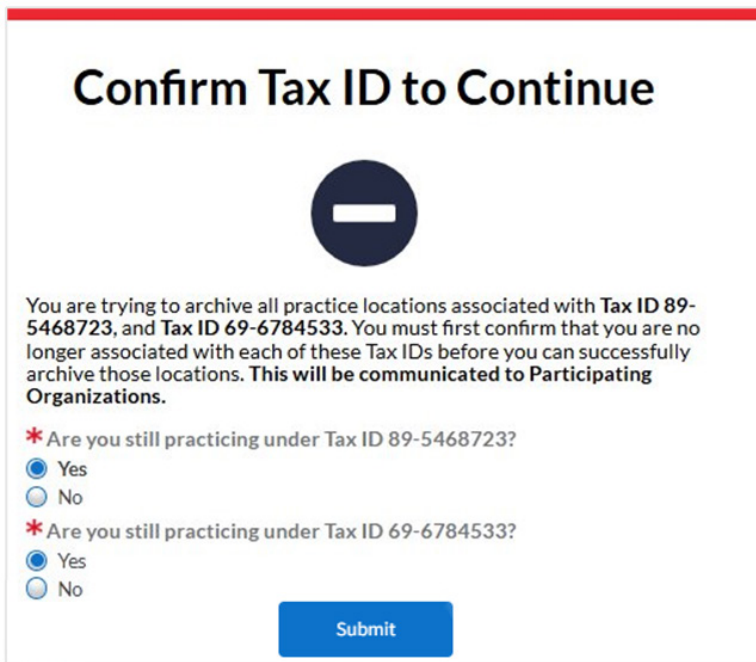
<input type="checkbox"/> Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By
Please Respond				
Primary				
<input checked="" type="checkbox"/> WV Medical Group Tax ID: 34-7295700	123 Hospital St, Building 300 Morgantown, WV 98797-8949	I see patients by appointment at least one day per week on a regular basis.	<div><div></div>6/13/2024</div>	N/A

10Items per page


< 1 - 1 of 1 >

Graphic 113: Archive Location Button

3. The **Confirm Tax ID to Continue** dialog is displayed requiring you to confirm whether a provider still practices at a location with the corresponding Tax ID or not. A selection must be made for each of the **Are you still practicing under Tax ID XX-XXXXXXX** questions displayed to proceed.



Confirm Tax ID to Continue



You are trying to archive all practice locations associated with **Tax ID 89-5468723**, and **Tax ID 69-6784533**. You must first confirm that you are no longer associated with each of these Tax IDs before you can successfully archive those locations. **This will be communicated to Participating Organizations.**

* Are you still practicing under Tax ID 89-5468723?

☒ Yes
☐ No

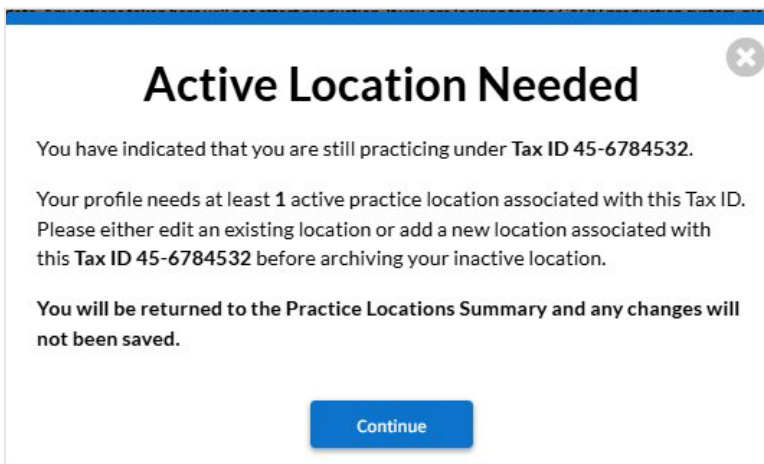
* Are you still practicing under Tax ID 69-6784533?


☒ Yes
☐ No

Submit

Graphic 114: Confirm Tax ID to Continue Dialog – Archive Location

- Selecting **No** for all options and then clicking the **Submit** button confirms that the provider is no longer practicing under the Tax IDs displayed.
- Selecting **Yes** for all options and then clicking the **Submit** button confirms that the provider is still practicing under the Tax IDs displayed.
 - The **Active Location Needed** dialog is then displayed. Clicking the **Continue** button or the **X** in the dialog will return you to the Practice Locations page with no changes made.



Active Location Needed 

You have indicated that you are still practicing under **Tax ID 45-6784532**.

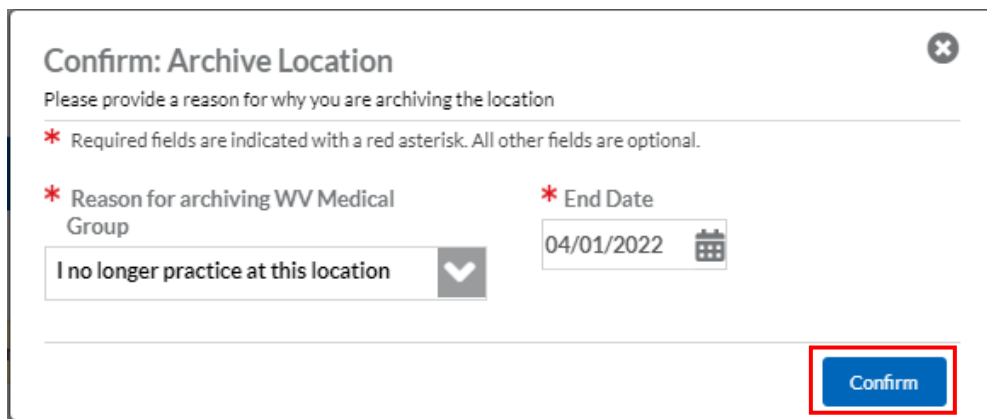
Your profile needs at least **1** active practice location associated with this Tax ID. Please either edit an existing location or add a new location associated with this **Tax ID 45-6784532** before archiving your inactive location.

You will be returned to the Practice Locations Summary and any changes will not be saved.

Continue

Graphic 115: Active Location Needed Dialog

- Selecting **No** for an option and **Yes** for another, and then clicking the **Submit** button, displays the **Confirm: Archive Location** dialog for the **No** option only, allowing you to proceed with archival of that practice location.
- 4. In the **Confirm: Archive Location** dialog, use the drop-down menu to provide a reason for why you are archiving the location.
- 5. Configure any additional required fields and click the **Confirm** button.



Confirm: Archive Location

Please provide a reason for why you are archiving the location

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

* Reason for archiving WV Medical Group

* End Date

Confirm

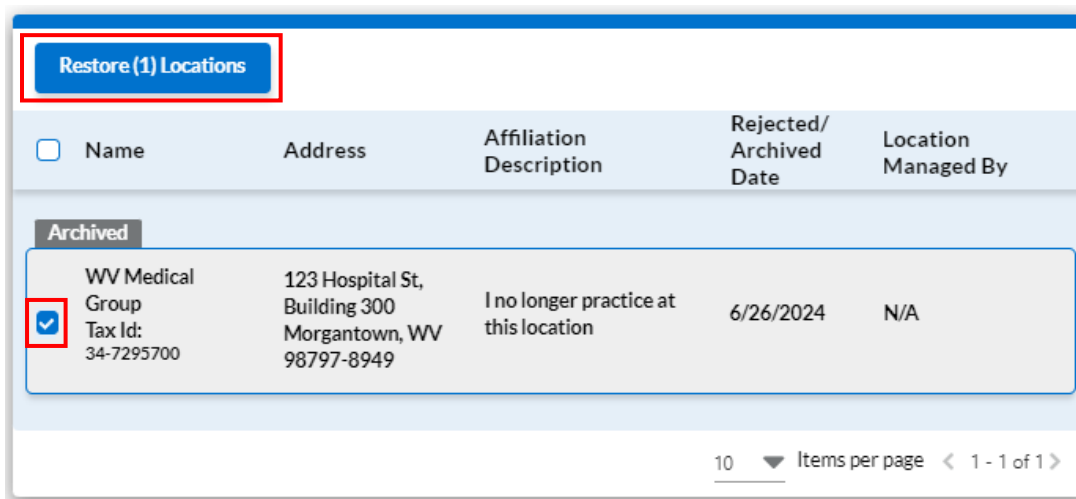
Graphic 116: Confirm: Archive Location Dialog

- 6. The practice location is moved to the **Archived Locations** [section](#) and the **Archived** indicator is displayed.

4.6.3 Restore an Archived Location

You can restore an archived location and return it to your list of active practice locations. You can restore multiple records at the same time.

- 1. In the **Archived Locations** section, select the checkbox for the location you wish to restore.
- 2. Click the **Restore Locations** button.



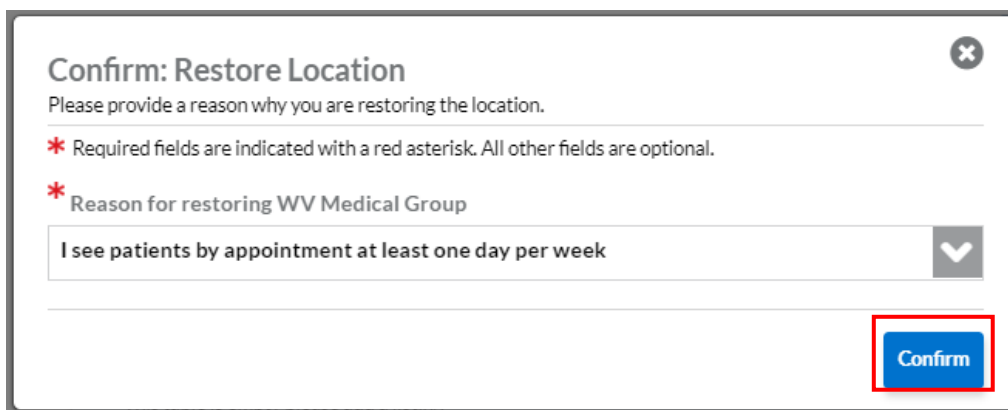
Restore (1) Locations

<input type="checkbox"/>	Name	Address	Affiliation Description	Rejected/ Archived Date	Location Managed By
Archived					
<input checked="" type="checkbox"/>	WV Medical Group Tax Id: 34-7295700	123 Hospital St, Building 300 Morgantown, WV 98797-8949	I no longer practice at this location	6/26/2024	N/A

10 Items per page < 1 - 1 of 1 >

Graphic 117: Restore Locations Button

3. In the **Confirm: Restore Location** dialog, use the drop-down menu to provide a reason for why you are restoring the location.
4. Configure any additional required fields and click the **Confirm** button.



The dialog box is titled "Confirm: Restore Location" with a close button (X) in the top right corner. Below the title is a prompt: "Please provide a reason why you are restoring the location." A note states: "* Required fields are indicated with a red asterisk. All other fields are optional." Below this, another note says: "* Reason for restoring WV Medical Group". There is a text input field containing the text "I see patients by appointment at least one day per week" and a downward arrow icon to its right. At the bottom right of the dialog is a blue button labeled "Confirm", which is highlighted with a red rectangular border.

Graphic 118: Confirm: Restore Location Dialog


5. The practice location is moved to your list of active practice locations.

4.6.4 Practice Details

The **Practice Details** tab is selected by default after clicking the **Add Location** button and is the first step in the process of adding a practice location record. Here you must enter the practice location's name, address, digital directory information, phone numbers, business identifiers, organization (Type 2) NPI, practice office hours, accessibility information, and languages. Once you have added this information, use the **Save & Continue** button to proceed to the [Provider at the Location](#) step.

For increased ease of data entry, you can use the **Copy Practice Details from another location** drop-down menu to copy practice detail information from an active or archived practice location.

- The address of the copied location can be repeated but the Tax ID number must be different. An error message is displayed if the address and Tax ID number match another practice location record. You must correct this error before you can proceed.
- You can copy information from different states, but may be required to provide state-specific information.



The dropdown menu is labeled "Copy Practice Details from another location". The selected option is "Select", and there is a downward arrow icon to its right.

Graphic 119: Copy Practice Details from another location

4.6.4.1 Practice Location Name

The **Practice Location Name** section allows you to enter the name of the practice. This should be the practice name that is referred to when a patient calls to make an appointment.

A screenshot of a form field labeled '* Practice Location Name' with a red asterisk and an information icon. Below the label is a large, empty rectangular text input box.

Graphic 120: Practice Location Name

4.6.4.2 Virtual-Only Location

The **Virtual-Only Location** section allows you to indicate if the practice location is entirely virtual, meaning it is never accessible to patients. If the location is virtual-only, you are required to enter the mailing address on the [Services and Resources](#) tab.

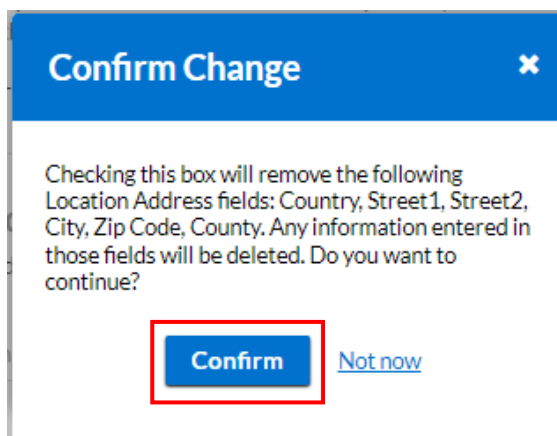
Virtual-only Location

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.

A screenshot of a checkbox labeled 'This is a virtual-only location'. The checkbox is currently unchecked and is highlighted with a red rectangular border.

Graphic 121: Virtual-only Location

A dialog is displayed confirming that the location is virtual-only. Click the **Confirm** button to confirm. The **Street 1**, **City**, **Zip Code**, and **Country** fields in the **Location Address** section are removed for virtual-only locations. The **State** field is required in the **Location Address** section for a virtual-only location.

A screenshot of a 'Confirm Change' dialog box. The title bar is blue with a close button (X). The main text reads: 'Checking this box will remove the following Location Address fields: Country, Street1, Street2, City, Zip Code, County. Any information entered in those fields will be deleted. Do you want to continue?'. At the bottom, there are two buttons: 'Confirm' (highlighted with a red border) and 'Not now' (a blue link).

Graphic 122: Virtual-only Location Confirmation Dialog

4.6.4.3 Location Address

The **Location Address** section allows you to enter the exact address that patients use to find the practice. This address is often published by health plans in their directories. All practice location addresses in your profile undergo United State Postal Service (USPS) address standardization. When you edit or add an address, you will be asked to confirm whether the suggested address is correct.

NOTE: P.O. Box information cannot 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 # - . , ' / &.

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

Street 2

* City

* State

* Zip Code

* Country

County

Department Name (if Hospital based)

Graphic 123: Location Address

If the location you entered matches a location already associated with your profile, the following is displayed.

- If you select the **Existing Active Location** option, the information you entered will not be saved and will instead be replaced with the existing address.
- If you select the **This Location** option, you must edit either the address or the Tax ID number you entered before the address can be saved.
- Click the **Remove** link to delete an address option. A dialog is displayed asking you to confirm the removal of an address. Click the **Confirm** button in the dialog to confirm deletion.

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](#)

Graphic 124: Location Address Verification

4.6.4.4 Digital Directory Information

The **Digital Directory Information** section allows you to enter digital contact information for a practice location. This information is often published by health plans in their directories.

- **Practice Location Email Address:** An email address patients can use to communicate with someone at the practice location.
- **Practice Location Website:** A website patients can use to communicate with someone at the practice location. Upon saving, if a URL is entered for this field, it will be validated.
- **Appointment Scheduling Website:** A website URL where patients can schedule an appointment (virtual or in-person). Upon saving, if a URL is entered for this field, it will be validated.

Digital Directory Information

The No Surprises Act requires that health plans include Digital Contact Information (official definition is yet to be determined) in directories. Please consider providing at least one of the below.

Practice Location Email Address ⓘ

Practice Location Website ⓘ

Appointment Scheduling Website ⓘ

Graphic 125: Digital Directory Information

4.6.4.5 Phone Numbers

The **Phone Numbers** section allows you to enter the phone number that a patient should use to make an appointment. If the provider does not take appointments, enter the main number for the location. The phone number is validated using the IPQualityScore (IPQS). Phone numbers identified as invalid/inactive are displayed as a required fix on the [Correct Errors](#) page.

Phone Numbers

* Appointment Phone Number

Phone Extension

☒ I have a phone extension to add

Fax Number

Graphic 126: Phone Numbers

4.6.4.6 Business Identifiers

In the **Business Identifiers** section specifies the **Legal Business Name**, **Tax ID**, and the **Type of Tax ID** for the practice location.

Business Identifiers

Tax ID

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

* Tax ID

Primary

* Type of Tax ID?

Group

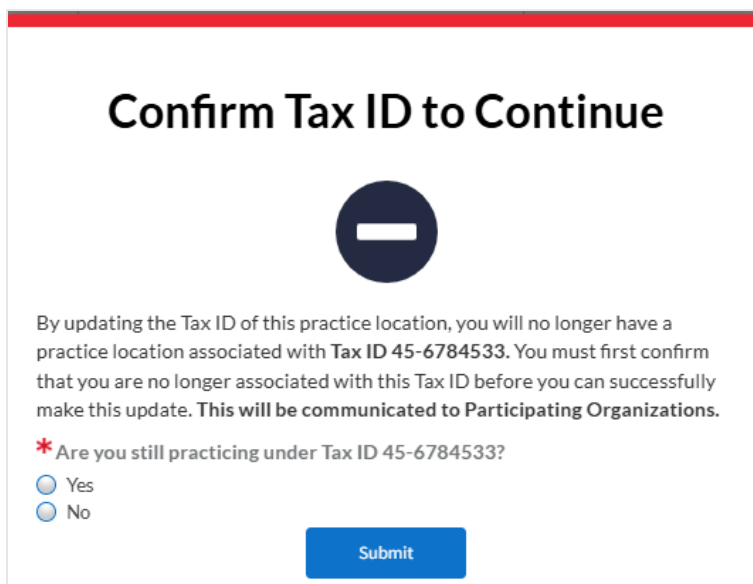
Individual

Graphic 127: Business Identifiers


4.6.4.6.1 Edit a Tax ID

When editing the Tax ID associated with a practice location, you must confirm whether a provider still practices at a location with the corresponding Tax ID or not.

1. Edit the **Tax ID** field, and then click either the **Save & Confirm** or **Save & Continue** button.
2. Click the **Archive Location** button.
3. The **Confirm Tax ID to Continue** dialog is displayed. A selection must be made for the **Are you still practicing under Tax ID XX-XXXXXXX** question to proceed.



Confirm Tax ID to Continue



By updating the Tax ID of this practice location, you will no longer have a practice location associated with Tax ID 45-6784533. You must first confirm that you are no longer associated with this Tax ID before you can successfully make this update. **This will be communicated to Participating Organizations.**

*** Are you still practicing under Tax ID 45-6784533?**

☐ Yes

☐ No

Submit

Graphic 128: Confirm Tax ID to Continue Dialog – Edit Tax ID

- Select **No** and then click the **Submit** button to confirm that the provider is not practicing under the Tax ID displayed. You will be returned to the Practice Details page and the newly entered Tax ID will be displayed.
- Select **Yes** and then click the **Submit** button to confirm that the provider is still practicing under the Tax ID displayed. The [Active Location Needed dialog](#) is then displayed.
 - Clicking the **Continue** button in the **Active Location Needed** dialog will return you to the Practice Locations page with no changes made.
 - Clicking the **X** in the **Active Location Needed** dialog will return you to the **Business Identifiers** section of the Practice Details page. Changes are retained but not saved. Click the **Save & Confirm** or **Save & Continue** button to save changes.

4.6.4.7 Organization (Type 2) NPI

The **Organization (Type 2) NPI** section allows you to enter the Type 2 NPI information for the practice location. All Type 2 NPIs undergo validation. A Type 2 NPI is validated against Type 2 NPIs in NPPES but the practice name is not. Validation failures are displayed as a required fix on the [Correct Errors](#) page.

- Select the **The group name is different than the legal business name** option and enter the **Group Name** if applicable.
- Select the **This location does not have an Organization (Type 2) NPI** option if the location does not have a Type 2 NPI.
- Use the drop-down menu to specify the **Type of Practice**.

Organization (Type 2) NPI

☒ The group name is different than the legal business name

Group 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](#).

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

 Add

Add Organization (Type 2) NPI

Type of Practice

--Select--

Graphic 129: Organization (Type 2) NPI

4.6.4.8 Practice Office Hours

In the **Practice Office Hours** section specify the hours in which the location is open. You can specify office hours for each day of the week. If start time is entered, an end time is required. The end time must be later than the start time. Select the **Open 24-hours** option if the location is open 24 hours for the specific day of the week.

Practice Office Hours ⓘ

	Start Time	End Time	
Monday	None 	None 	<input type="checkbox"/> Open 24-hours
Tuesday	None 	None 	<input type="checkbox"/> Open 24-hours
Wednesday	None 	None 	<input type="checkbox"/> Open 24-hours
Thursday	None 	None 	<input type="checkbox"/> Open 24-hours
Friday	None 	None 	<input type="checkbox"/> Open 24-hours
Saturday	None 	None 	<input type="checkbox"/> Open 24-hours
Sunday	None 	None 	<input type="checkbox"/> Open 24-hours

Graphic 130: Practice Office Hours

4.6.4.9 Accessibility

The **Accessibility** section allows you to indicate how the location is accessible per the Americans with Disabilities Act (ADA). Select all options that apply from the list.

The Americans with Disabilities Act (ADA) ensures access to the built environment for people with disabilities. 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.

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.

- | | |
|--|---|
| <input type="checkbox"/> Select All | <input type="checkbox"/> Portable lifts |
| <input type="checkbox"/> Exterior building | <input type="checkbox"/> Radiologic equipment |
| <input type="checkbox"/> Interior building | <input type="checkbox"/> Signage & documents |
| <input type="checkbox"/> Wheelchair access to exam room | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Exam table/scale/chair | <input type="checkbox"/> Restroom |
| <input type="checkbox"/> Gurneys & stretchers | |
| <input type="checkbox"/> Other access for people with disabilities | |

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)
- ☐ American Sign Language
- ☐ Mental/Physical Impairment Services
- ☐ Other disability services

Please specify how this office is accessible by public transportation

- ☐ Other transportation

Additional Accommodations

- ☐ This location provides child care services
- ☐ This location meets all state and local fire, safety and sanitation requirements
- ☐ Staff at this location receive ADA compliance training

Graphic 131: Accessibility

4.6.4.10 Languages

The **Languages** section collects information about the languages in which office personnel and skilled medical interpreters are fluent when communicating about medical care. When selecting languages, click the multi-selection drop-down. A list of languages is displayed alphabetically. Click the checkbox of the language that you wish to add. To remove a language, click the **X** next to the language.

Languages

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

Select One or More



Non-English language(s) spoken by skilled medical interpreters ⓘ

Select One or More



Graphic 132: Languages

4.6.4.11 Correct Errors – Practice Details

All [Type 2 NPIs](#) undergo validation against Type 2 NPIs in NPPES. If a validation error occurs, a required fix is displayed on the Correct Errors page.

- **This is an Individual (Type 1) NPI** is displayed if you entered an Individual NPI in the Group/Organization NPI field.
- **This NPI number cannot be found in the NPPES NPI registry** is displayed if the Type 2 NPI you entered is invalid. Please review for a typo error.

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

Graphic 133: Correct Errors - Practice Details Type 2 NPI

The [phone number](#) that a patient should use to make an appointment is validated using the IPQualityScore (IPQS). If a validation error occurs, a required fix is displayed on the Correct Errors page. Use the **Confirm** and **Edit** links to correct the phone number validation error.

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	<div> Confirm Edit </div>

Graphic 134: Correct Errors - Practice Details Office Phone Number


4.6.5 Provider at the Location

The **Provider at the Location** tab is selected after saving [Practice Details](#) information and is the second step in the process of adding a practice location record. Here you must enter details of the provider's affiliation with the practice location. Once you have added this information, use the **Save & Continue** button to proceed to the [Services and Resources](#) tab.

For increased ease of data entry, you can use the **Copy Provider at the Location from another location** drop-down menu to copy provider at the location information from an active or archived practice location.

- You can copy information from different states, but may be required to provide state-specific information.
- You should not copy answers for the **Please describe your affiliation with this location, Is this your primary practice**, and **Will you continue to practice at this location** questions.

Copy Provider at the Location from another location

Select


Graphic 135: Copy Provider at the Location from another location

4.6.5.1 Affiliation

In the **Affiliation** section you must indicate your affiliation with the practice location, indicate whether the location is your primary practice, and indicate your specialty.

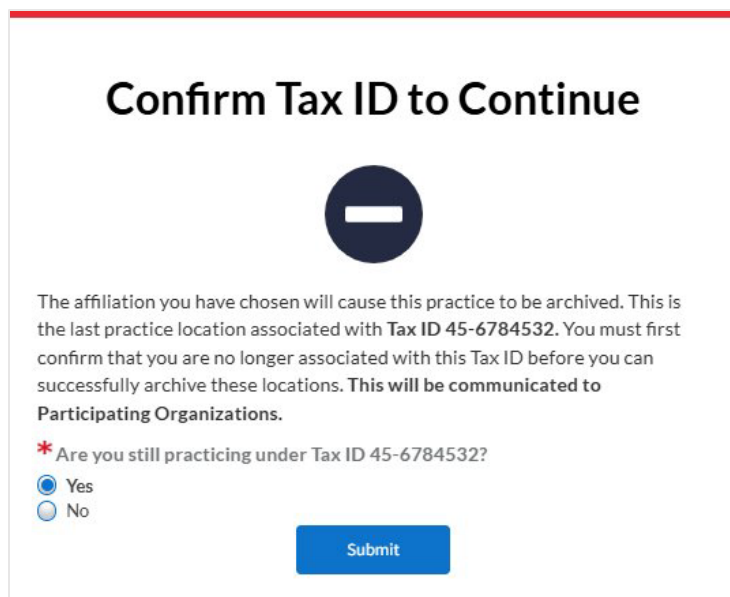
Use the **Please describe your affiliation with this location** drop-down menu to select an affiliation value and then enter the **Provider's Start Date**. The following affiliation options are available when adding a new practice location:

- I see patients by appointment at least one day per week on a regular basis.** This option is 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.


- You have been hired at this location and have a start date in the near future.
- **I see patients by appointment at least one day per month, but less than one day per week on a regular basis.** This option is 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.
 - You do not consider this your primary practice, but you routinely see patients at this location and patients can even make an appointment.
- **I see patients at this location, but not by appointment.** This option is appropriate for non-appointment providers who work at this location.
- **I cover or fill-in for colleagues within the same medical group on an as needed basis.** This option is 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.
 - You serve in an urgent care capacity within a practice where you do not take appointments at the location, but you deliver care.
- **I read tests, perform imaging, or provide other services as my primary function at this location.** This option is appropriate when:
 - You perform administrative tasks at this location but do not see patients.
 - You read tests for patients at this location but do not see patients.

The following additional affiliation options are available when editing an existing practice location:

- **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.
 - 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.
 - An **End Date** field is displayed when this option is selected.
 - The field format is: MM/DD/YYYY.
 - The date entered must occur after the date entered in the **Provider's Start Date** field.
 - You should update the [Employment Information](#) section of your profile with this information.
 - When selecting this affiliation option, you must confirm whether a provider still practices at a location with the corresponding Tax ID or not.
 - Select the **I no longer practice at this location** option from using the **Please describe your affiliation with this location** drop-down menu.
 - The **Confirm Tax ID to Continue** dialog is displayed. A selection must be made for the **Are you still practicing under Tax ID XX-XXXXXXX** question to proceed.



Confirm Tax ID to Continue



The affiliation you have chosen will cause this practice to be archived. This is the last practice location associated with **Tax ID 45-6784532**. You must first confirm that you are no longer associated with this Tax ID before you can successfully archive these locations. **This will be communicated to Participating Organizations.**

* Are you still practicing under Tax ID 45-6784532?

☒ Yes
☐ No

Submit

Graphic 136: Confirm Tax ID to Continue Dialog – Affiliation

- Select **No** and then click the **Submit** button to confirm that the provider is not practicing under the Tax ID displayed. You will be returned to the Provider at the Location page. Click the **Save & Confirm** or **Save & Continue** button to archive the practice location.
- Select **Yes** and then click the **Submit** button to confirm that the provider is still practicing under the Tax ID displayed. The [Active Location Needed dialog](#) is then displayed.
 - Clicking the **Continue** button in the **Active Location Needed** dialog will return you to the Practice Locations page with no changes made.
 - Clicking the **X** in the **Active Location Needed** dialog will return you to the **Affiliations** section of the Provider at the Location page. Changes are retained but not saved. Click the **Save & Confirm** or **Save & Continue** button to save changes.
- **I do not practice here, but the location is within the medical group with which I am employed.** This option is 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.
- **I never practiced here and have no affiliation with this location.** This option is appropriate when the practice location was entered by mistake.
- **This is a duplicate of an existing location.** This option is appropriate when the practice location is a duplicate of an existing location in your profile.

Select an answer for the **Is this your primary practice** question. You can only have one primary practice location in your profile. If you select **Yes** for this question and you already have a primary practice location in your profile, an error is displayed.

Use the drop-down menu to indicate your **Specialty** (**Subspecialty** is optional). This should match the values entered in the [Specialties](#) section.

Optional: Use the **Provider Directory Classification** drop-down menu to select a value. Select an answer for the **Will you continue to practice at this location** question. Use the **Type of Service** provided drop-down menu to select a value. Provide a narrative description of your clinical practice, including any special interests.

Affiliation

* Please describe your affiliation with this location

--Select--

⌵

Please select a value

* Provider's Start Date

MM/DD/YYYY

📅

Please select a date

* Is this your primary practice? ⓘ

☐ Yes
☐ No

Please select a value

* Specialty ⓘ

--Select--

⌵

Please select a value

Subspecialty

--Select--

⌵

Provider Directory Classification

--Select--

⌵

Will you continue to practice at this location?

☐ Yes
☐ No

Type of Service provided

--Select--

⌵

Please provide a narrative description of your clinical practice, including any special interests

⌵

Graphic 137: Affiliation

4.6.5.2 Supervising Physician

The **Supervising Physician** section allows you to specify a supervising physician at the location if required for your state. You can search for a physician using their CAQH ID, Type 1 NPI, or full name. Additional fields are displayed after selecting a **Search with** option.

*** Supervising Physician**

Search for a supervising physician using CAQH ID, Type 1 NPI, or Provider Full Name


Search with

☒ CAQH ID

☐ Type 1 NPI

☐ Provider Full Name

*** CAQH ID**

 Search

Graphic 138: Supervising Physician – CAQH ID

*** Supervising Physician**

Search for a supervising physician using CAQH ID, Type 1 NPI, or Provider Full Name

Search with


☐ CAQH ID

☒ Type 1 NPI

☐ Provider Full Name

*** Type 1 NPI ⓘ**

#####

 Search

Graphic 139: Supervising Physician – Type 1 NPI

*** Supervising Physician**

Search for a supervising physician using CAQH ID, Type 1 NPI, or Provider Full Name

Search with

☐ CAQH ID

☐ Type 1 NPI

☒ Provider Full Name


*** First Name**

Kendra

*** Last Name**

Patel

Middle Name

 Search

Graphic 140: Supervising Physician – Provider Full Name

To add a supervising physician:

1. Select a **Search with** option.
2. Enter the required information in the fields displayed.
3. Click the **Search** button.
4. A list of physicians matching your search criteria is displayed. Click the **Add** button for a physician to add them as the supervising physician at the practice location.

- **Your search criteria did not return any results. Try searching with a different criteria or add a physician.** is displayed in red text if no search results are found matching the criteria entered.
- **The provider is not eligible to be your supervising physician.** is displayed in red text below a record if the provider does not meet the criteria for being a supervising physician.

* Supervising Physician

Search for a supervising physician using CAQH ID, Type 1 NPI, or Provider Full Name

Search with

☐ CAQH ID

☐ Type 1 NPI

☒ Provider Full Name

* First Name

Kendra

Middle Name

* Last Name

Patel

Search

Select your supervising physician.

Kendra Patel CAQH ID: #####	Type 1 NPI #####	Primary Specialty Cardiologist	Add
Kendra Patel CAQH ID: #####	Type 1 NPI #####	Primary Specialty Radiologist	Add
Add Manually add supervising physician			

Graphic 141: Add Supervising Physician from List

- To manually add the supervising physician's details, click the **Add** button next to the **Manually add supervising physician** verbiage, and then enter information for all required fields.

* Supervising Physician

Add your supervising physician details.

Remove

* First Name

Kendra

Middle Name

* Last Name

Patel

* Type 1 NPI

#####


* Primary Specialty

Select

Graphic 142: Add Supervising Physician Manually

Once you have added a supervising physician, you can use the **Delete** button to remove the physician's record from the practice location if needed.

*Supervising Physician

Kendra Patel CAQH ID: #####	Type 1 NPI #####	Primary Specialty Cardiologist	
--------------------------------	---------------------	-----------------------------------	---

Graphic 143: Delete Supervising Physician

4.6.5.3 Health Plan Participation

The **Health Plan Participation** section is displayed for providers who meet the following criteria:

- Rostered by a Participating Organization/s for a Provider Directory.
- The rostering Participating Organization is authorized (see [Authorization](#) for more information).
- The following **Physician Group/Practice Name** and **State** fields in the practice location record are populated.

In this section, please indicate if you are in the contracting process or currently contracted with the Participating Organizations displayed. If you are, please indicate your panel status for new patients.

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
CAQH	<p>* Do you participate with any products or plans for CAQH at this location?</p> <p>* Are you accepting NEW patients with CAQH at this location?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

Graphic 144: Health Plan Participation

4.6.5.4 Practice Limitations

The **Practice Limitations** section allows you to indicate 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, an error is displayed on the Correct Errors page. Enter **N/A** if you have no age maximum.
- **Only Native American Patients:** Native American patients only.
- **Only Students Enrolled at this Institution:** Students enrolled at the accompanying institution only.
- **Other Limitations**

Practice Limitations ⓘ

Limitations

- ☒ Gender
- ☒ Age
- ☒ Only Native American Patients
- ☒ Only Students Enrolled at this Institution
- ☒ Other

* Gender Limitations

- ☐ Female only
- ☐ Male only

* Age Minimum

* Age Maximum ⓘ

Other Limitations

Graphic 145: Practice Limitations

4.6.5.5 Network Denial

The **Network Denial** section allows you to indicate if you have closed your practice to at least one plan or program and provide details as required.

Network Denial

- ☐ I have closed my practice to at least one plan or program

Graphic 146: Network Denial

4.6.5.6 Patients

The questions in the **Patients** section pertain to your general activity and preferences at the 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.

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

Please select a value

* Do you accept new CHIP patients at this location?

- ☐ Yes
- ☐ No

Please select a value

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


- ☒ Yes
- ☐ No

Graphic 147: Patients


4.6.5.7 Statistics

The options in the **Statistics** section allow you to enter statistical information regarding the care you provide at the location.


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

Graphic 148: Statistics Options

Click the **Add** button for an option and then provide additional information as required.

Routine Care Statistics

Remove

Average Wait Time for Appointments

New Patient

Existing Patient

☐ Average time for routine appointments is less than three months

Other Statistics

Length of time for new patient visit

Average Response Time to Return Patient Calls

Preventive Routine Care Statistics

Remove

Average Wait Time for Appointments

New Patient

Existing Patient

Urgent Care Statistics

Remove

Average Wait Time for Appointments

New Patient

Existing Patient

☐ Average time for urgent appointments is less than 24 hours

Other Statistics

Average Response Time to Return Patient Calls

Emergency Care Statistics

Remove

Average Wait Time for Appointments

New Patient

Existing Patient

Other Statistics

Average Response Time to Return Patient Calls

Symptomatic Care Statistics

Remove

Average Wait Time for Appointments

New Patient

Existing Patient

General Statistics

Remove

Maximum Number of Appointments per Hour

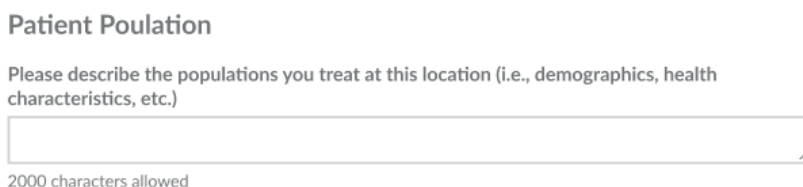
Average Waiting Time in Office

Average Response Time to Return Patient Calls

Graphic 149: Statistics Options Details

4.6.5.8 Patient Population

The **Patient Population** section is a text field which allows you to describe the populations you treat at the location.



Patient Population

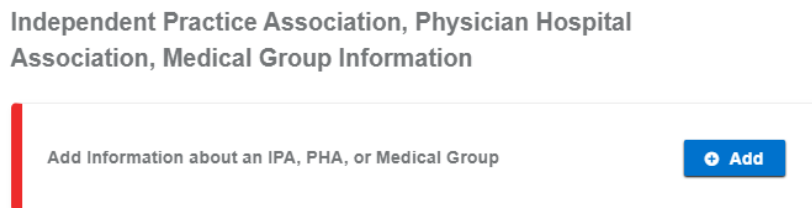
Please describe the populations you treat at this location (i.e., demographics, health characteristics, etc.)

2000 characters allowed

Graphic 150: Patient Population

4.6.5.9 Independent Practice Association, Physician Hospital Association, Medical Group Information

The **Independent Practice Association, Physician Hospital Association, Medical Group Information** section allows you to add information about an IPA, PHA, or a Medical Group.



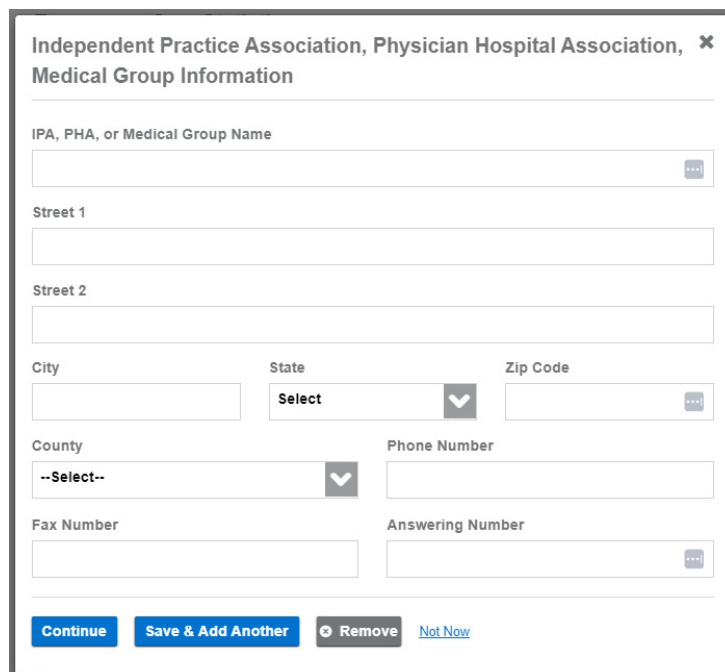
Independent Practice Association, Physician Hospital Association, Medical Group Information

Add Information about an IPA, PHA, or Medical Group

Add

Graphic 151: Independent Practice Association, Physician Hospital Association, Medical Group Information

Click the **Add** button to enter this information.



Independent Practice Association, Physician Hospital Association, Medical Group Information

IPA, PHA, or Medical Group Name

Street 1

Street 2

City State Zip Code

County Phone Number

Fax Number Answering Number

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

Graphic 152: Add Independent Practice Association, Physician Hospital Association, Medical Group Information

4.6.5.10 Additional Questions from State Applications

The **Additional Questions from State Applications** section displays questions for credentialing purposes that are specific to one or more of your practice states.

Additional Questions from State Applications ⓘ

- ☐ I wish to list this site in the directory
☐ I maintain a panel of patients at this location

Do you wish to be listed as:

- ☐ Primary Care Physician
☐ Specialist

Under what specialty(s) do you wish to be listed in the directory?

Select One or More 

Graphic 153: Additional Questions from State Applications

4.6.5.11 Correct Errors – Provider at the Location

When multiple practice locations exist but none are selected as the primary practice in the [Affiliation](#) section, a required fix is displayed on the Correct Errors page. Click the **Practice Location** link to correct this error.

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.

Graphic 154: Correct Errors – Provider at the Location Primary Practice

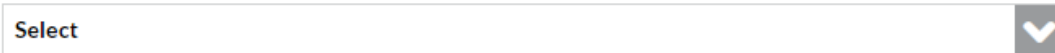
4.6.6 Services and Resources

The **Services and Resources** tab is selected after saving [Provider at the Location](#) information and is the third and final step in the process of adding a practice location record. Here you must enter details of the services and resources offered at the practice location. Once you have added this information, use the **Save & Continue** button to complete the process of adding a practice location.

For increased ease of data entry, you can use the **Copy Services and Resources from another location** drop-down menu to copy services and resources information from an active or archived practice location.

- You can copy information from different states, but may be required to provide state-specific information.

Copy Services and Resources from another location



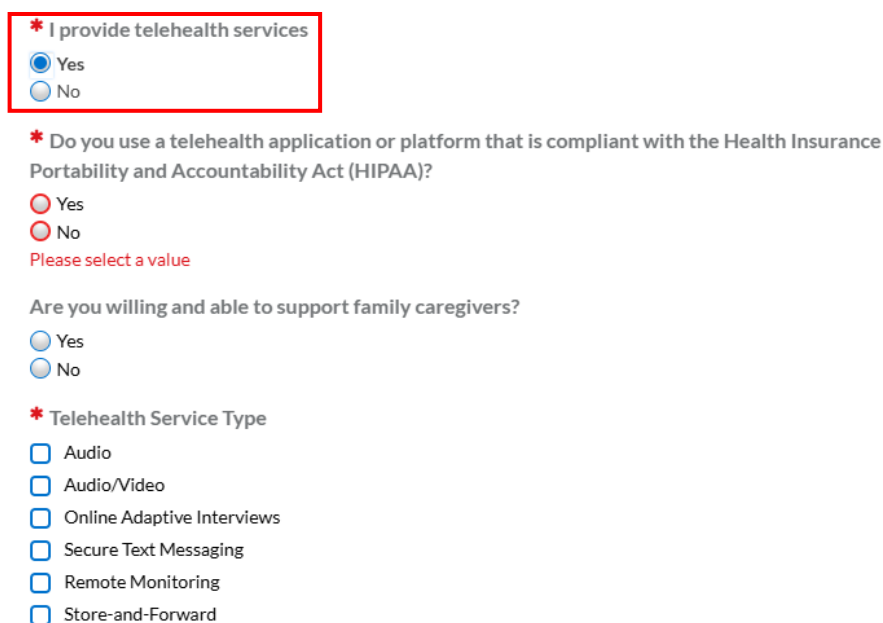
Graphic 155: Copy Services and Resources from another location

4.6.6.1 Telehealth

The **Telehealth** section requires you to indicate whether you offer telehealth/telemedicine services for a practice location. Select the **I provide telehealth services** option if you offer telehealth/telemedicine services at the practice location. You must then indicate whether the telehealth platform used is HIPAA compliant, and the type of telehealth services offered. Hover over a service type option to see a description.

The **Are you willing and able to support family caregivers** question is required for Illinois providers only.

Telehealth



*** I provide telehealth services**

☒ Yes

☐ No

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

☐ Yes

☐ No

Please select a value

Are you willing and able to support family caregivers?

☐ Yes

☐ No

*** Telehealth Service Type**

☐ Audio

☐ Audio/Video

☐ Online Adaptive Interviews

☐ Secure Text Messaging

☐ Remote Monitoring

☐ Store-and-Forward

Graphic 156: Telehealth

4.6.6.2 Services

Use the options in the **Services** section to indicate the services provided at the location. For some options, additional fields are displayed.

Services

Please indicate if this location provides any of the following services. By checking a box, you indicate to participating organizations that you provide these services. By not checking a box, you are indicating that you do not provide these services.

- ☐ Age Appropriate Immunizations
- ☐ Allergy Injections
- ☐ Allergy Skin Testing
- ☒ Anesthesia

Anesthesia Class / Category

--Select--

Please describe who administers anesthesia at this location:

First Name

Last Name

- ☐ Asthma Treatment
- ☒ Cardiac Stress Test

Treadmill

- ☒ Yes
- ☐ No

- ☐ Care of Minor Lacerations
- ☐ Drawing Blood
- ☐ EKG Services
- ☐ Flexible Sigmoidoscopy
- ☐ IV Hydration Treatment
- ☒ Laboratory Services

Lab Services Accrediting / Certifying Program

- ☐ Office Gynecology
- ☐ Osteopathic Manipulation
- ☐ Physical Therapy
- ☐ Pulmonary Function Testing
- ☐ Radiology Service
- ☐ Surgical Procedures
- ☐ Tympanometry / Audiometry Screening
- ☒ X-Ray

X-ray Certification Type

Other Services

Special Skills By The Practitioner

Special Skills By The Staff

Graphic 157: Services

4.6.6.3 Payment and Remittance

The **Payment and Remittance** section allows you to enter payment and remittance information for a practice location. You can create a payment and remittance contact in the [Office Personnel](#) section.

- **This practice offers Electronic Billing:** Select this option if the practice location offers electronic billing as a method of payment and remittance.
- **The office manager and payee contact are the same person:** Select this option if the office manager and the payee contact are the same for the practice location.

Payment and Remittance

<p>Billing Department Name</p> <input type="text"/>	<p>Check Payable To</p> <input type="text"/>
---	--

Billing Policies

☐ This practice offers Electronic Billing

☐ The office manager and payee contact are the same person

Graphic 158: Payment and Remittance

4.6.6.4 Workers' Compensation Information

The **Workers' Compensation Information** section allows you to indicate if patients on workers' compensation are accepted at the practice location. Select the **I accept Workers' Compensation patients at this location** option if patients on workers' compensation are accepted at the practice location and then answer the additional questions displayed.

Workers' Compensation Information

☒ I accept Workers' Compensation patients at this location

Is modified or alternative duty actively evaluated for each Workers' Compensation patient?

☐ Yes

☐ No

Can staff provide information regarding a claimant's care to compensation representatives?

☐ Yes

☐ No

Do staff use an active return to work philosophy to identify and care for patients with work-related illness/injury?

☐ Yes

☐ No

Will this location accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers?

☐ Yes

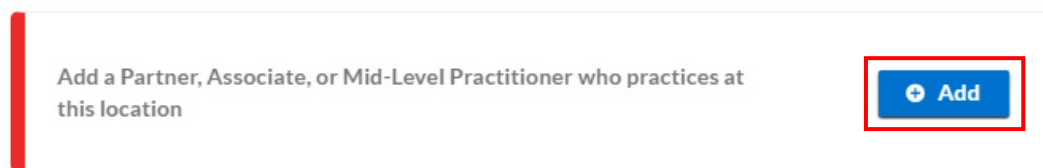
☐ No

Graphic 159: Workers' Compensation Information

4.6.6.5 Colleagues

The **Colleagues** section allows you to add information for a partner, associate, or mid-level practitioner at the practice location. Click the **Add** button to enter a colleague's information.

Colleagues



Graphic 160: Colleagues

The **Colleagues** dialog is displayed. The fields available in the dialog vary depending on the option selected using the **Colleague Type** drop-down menu. Enter the required information to create the colleague record. Click the **Continue** button to save the colleague record and close the dialog. Click the **Save & Add Another** button to save the colleague record and add another record. Click the **Remove** button to exit without saving.

Colleagues

×

* Colleague Type

Select

▼

* First Name

Please enter the field

Middle Name

* Last Name

Please enter the field

Suffix

Select

▼

NUCC Grouping

Select

▼

Specialty

Select

▼

Provider Type

Select

▼

Continue

Save & Add Another

✕ Remove

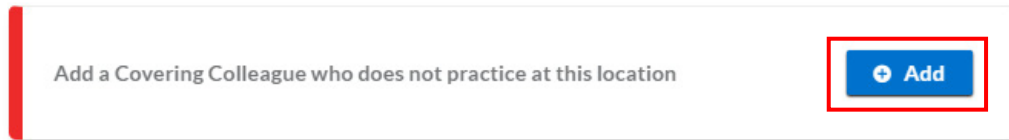
[Not Now](#)

Graphic 161: Colleagues Dialog

4.6.6.6 Covering Colleagues Not at This Location

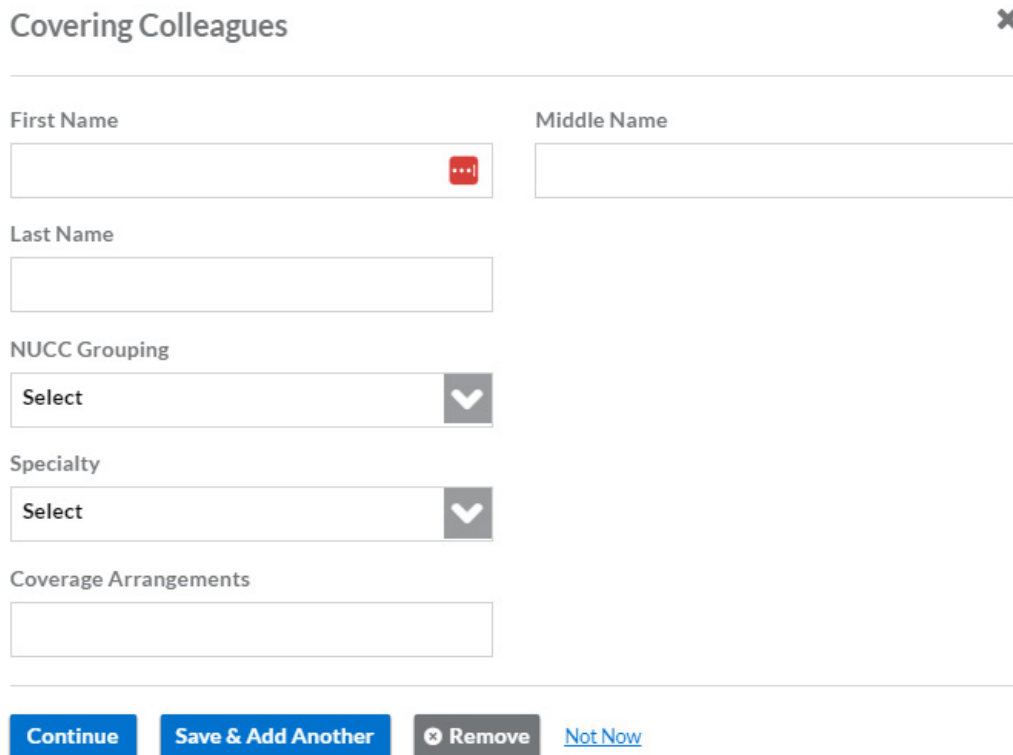
The **Covering Colleagues Not at This Location** section allows you to add information for a covering colleague not at the practice location. Click the **Add** button to enter a covering colleague's information.

Covering Colleagues Not at This Location



Graphic 162: Covering Colleagues Not at This Location

The **Covering Colleagues** dialog is displayed. Enter the required information to create the covering colleague record. Click the **Continue** button to save the covering colleague record and close the dialog. Click the **Save & Add Another** button to save the covering colleague record and add another record. Click the **Remove** button to exit without saving.



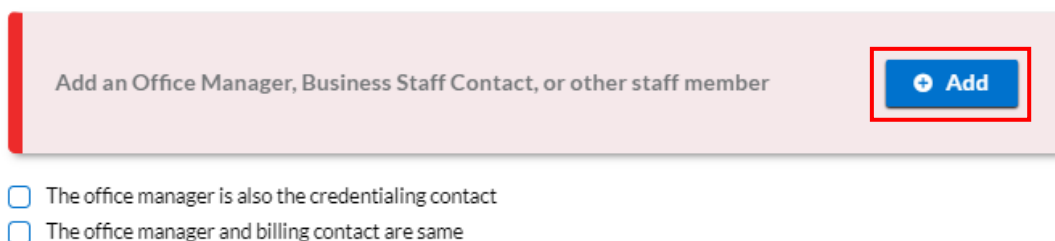
Graphic 163: Covering Colleagues Dialog

4.6.6.7 Office Personnel

The **Office Personnel** section allows you to add an office manager, billing contact, or payment and remittance contact affiliated with the practice location. At least one office personnel record is required. Click the **Add** button to enter office personnel information.

- **The office manager is also the credentialing contact:** Select this option if the office manager is also the credentialing contact for the practice location.
- **The office manager and billing contact are the same:** Select this option if the office manager and the billing contact are the same for the practice location.

Office Personnel



The image shows a light pink dialog box with a red vertical bar on the left. Inside the dialog, the text "Add an Office Manager, Business Staff Contact, or other staff member" is displayed. To the right of this text is a blue button with a white plus icon and the word "Add". Below the dialog box, there are two checkboxes with their corresponding labels:

- ☐ The office manager is also the credentialing contact
- ☐ The office manager and billing contact are same

Graphic 164: Office Personnel

The **Office Personnel** dialog is displayed. The fields available in the dialog vary depending on the option selected using the **What support does this person provide** drop-down menu. Enter the required information to create the office personnel record. Click the **Continue** button to save the office personnel record and close the dialog. Click the **Save & Add Another** button to save the office personnel record and add another record. Click the **Remove** button to exit without saving.

Office Personnel
×

* What support does this person provide?

Billing 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

Graphic 165: Office Personnel Dialog – Billing Contact

The **Email Address** field is required when adding an **Office Manager/Business Staff Contact** because email is the preferred communication method between a health plan and an office manager. Select the **Directory Outreach** checkbox if the email address specified should receive the Directory Outreach email and be added to the outreach email.

Office Personnel
✕

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

Office Manager/Business Staff Contact ▼

*** First Name**

Please enter the field

Middle Name

*** Last Name**

Please enter the field

Suffix

Select ▼

Phone Number

Fax Number

*** Email Address** ⓘ

Please enter the field

☐ Selecting this check box will result in this email address receiving the Directory Outreach email.

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

Graphic 166: Office Personnel Dialog – Office Manager

Office Personnel
✕

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

Payment and Remittance Contact ▼

First Name

Middle Name

Last Name

Street 1

Street 2

City

State

Select ▼

Zip Code

Country

Select ▼

Province

Phone Number

Fax Number

Email Address

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

Graphic 167: Office Personnel Dialog – Payment and Remittance Contact

When you have only one contact for a contact type, that contact record is automatically made the primary contact.

You can create multiple contact records with the same contact type. If you have more than one contact for a contact type, you can set a contact as the primary contact for that contact type (for example, the primary payment and remittance contact). Click the **Mark as Primary Contact** link for the contact you wish to make the primary contact.

Graphic 168: Mark as Primary Contact Link

Select the **This is a primary contact for this contact type** option in the **Office Personnel** dialog and then click the **Continue** button.

Graphic 169: Set Primary Contact

The blue **Primary Contact** indicator is displayed for the record that is the primary contact for that contact type.

The screenshot shows two contact cards. The first card is for 'Sarah Test' and includes a link 'Mark as Primary Contact?'. The second card is for 'Sam Jones' and features a blue button labeled 'Primary Contact' which is highlighted with a red rectangular box. Both cards have 'Office', 'Manager/Business', and 'Staff Contact' labels, as well as 'Edit' and 'Remove' buttons.

Graphic 170: Primary Contact Indicator

4.6.6.8 Certifications

The **Certifications** section allows you to indicate if you or other staff at the location possess various certifications. Select the **Provider** option for a **Certification** and then enter the **certification expiration date**.

Certifications

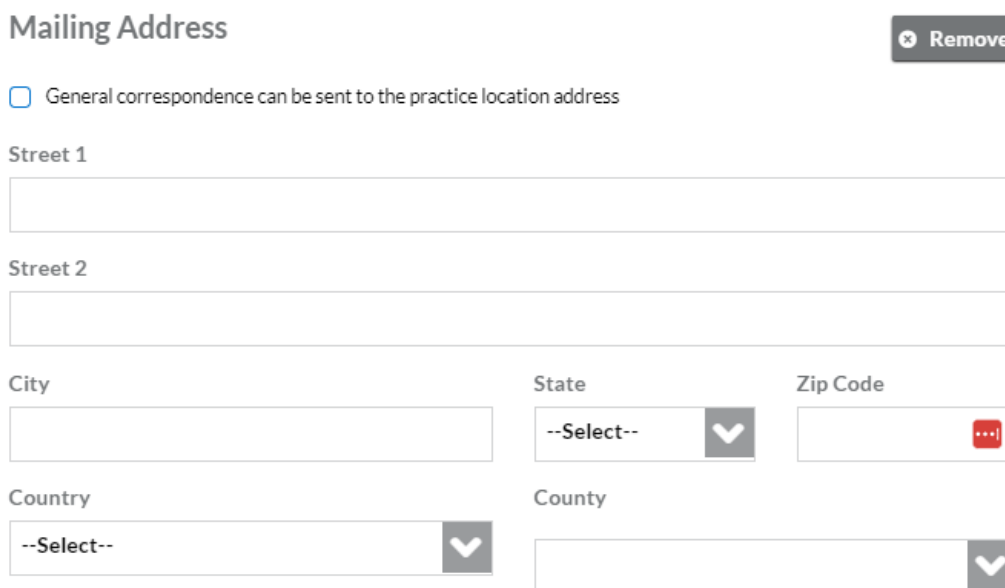
Please indicate if you or other staff at this location are certified in the certifications listed below.

Certification	Provider
Basic Life Support (BLS)	<input checked="" type="checkbox"/>
Provider certification expiration date:	Select date
Advanced Cardiac Life Support (ACLS)	<input type="checkbox"/>
Advanced Life Support in OB (ALSO)	<input type="checkbox"/>
Pediatric Advanced Life Support (PALS)	<input type="checkbox"/>
Advanced Trauma Life Support (ATLS)	<input type="checkbox"/>
Neonatal Advanced Life Support (NALS)	<input type="checkbox"/>
Neonatal Resuscitation Program Classification (NRS)	<input type="checkbox"/>
Cardio-Pulmonary Resuscitation (CPR)	<input type="checkbox"/>
Other Certification (Please Specify): <input type="text"/>	<input type="checkbox"/>

Graphic 171: Certifications

4.6.6.9 Mailing Address

The **Mailing Address** section allows you to enter a mailing address. Select the **General correspondence can be sent to the practice location address** option if applicable to the mailing address. If you indicated that the practice location is a [Telehealth](#) facility, the **Street 1**, **City**, **State**, **Zip Code**, and **Country** fields are required.

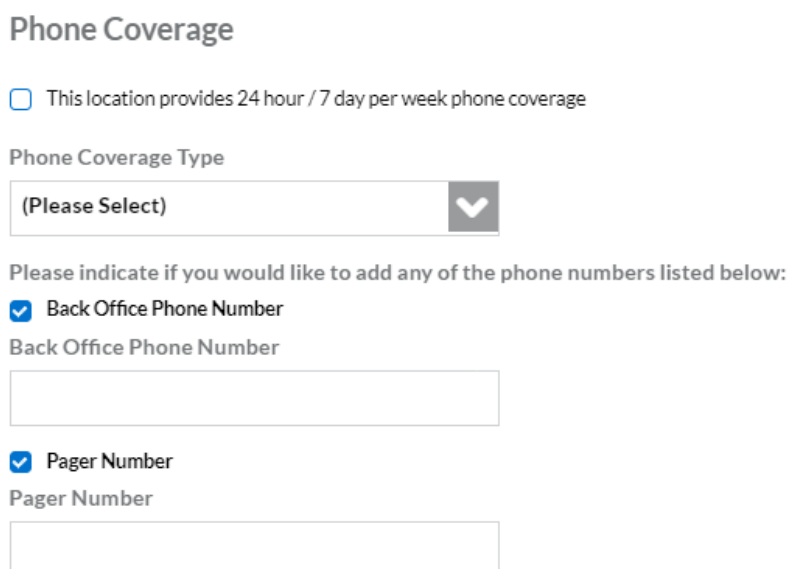


The form is titled "Mailing Address" and includes a "Remove" button in the top right corner. It contains a checkbox labeled "General correspondence can be sent to the practice location address". Below this are several input fields: "Street 1" and "Street 2" are text boxes; "City", "State", and "Zip Code" are text boxes with dropdown arrows; "Country" and "County" are dropdown menus. The "State" dropdown shows "--Select--" and the "Zip Code" dropdown shows "--Select--".

Graphic 172: Mailing Address

4.6.6.10 Phone Coverage

The **Phone Coverage** section allows you to provide details of the practice location's phone coverage.



The form is titled "Phone Coverage" and includes a checkbox labeled "This location provides 24 hour / 7 day per week phone coverage". Below this is a dropdown menu for "Phone Coverage Type" with the text "(Please Select)". A section titled "Please indicate if you would like to add any of the phone numbers listed below:" contains two checkboxes: "Back Office Phone Number" and "Pager Number". Both are checked. Below each checkbox is a text box for the respective phone number.

Graphic 173: Phone Coverage

4.6.6.11 Answering Service Company

The **Answering Service Company** section allows you to specify the phone number used by your telephone answering service company. Click the **Add** button and then enter a value in the **Phone** field.

Graphic 174: Answering Service Company

4.6.6.12 Other Location Information

In the **Other Location Information** section indicate if the **office qualifies as a minority business enterprise**, and enter the **Group Medicaid Number** and **Group Medicare Number**.

Graphic 175: Other Location Information

4.6.6.13 Correct Errors – Services and Resources

For providers whose **Provider Type** is **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 **Do you practice at this location** question) should have a matching **Primary Practice State** or **Practice State** value. A required fix is displayed on the Correct Errors page for each active practice location that does not have a matching practice state. To correct this error, the provider must change the answer to the **Do you practice at this location** question from **Yes** to **No** for the practice location record, archive the practice location record, or add the correct state (Colorado for this example) as a practice state.

- Use the **Update Practice Locations** link to change your answer to the **Do you practice at this location** question for the practice location.
- Use the **Update Practice States** link to update the state affiliated with the practice location.
- Use the **Ignore** link to ignore the error.

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

Graphic 176: Correct Errors – Services and Resources State

4.7 Hospital Affiliations

The **Hospital Affiliations** section requires you to clarify your 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 the hospitals you are affiliated with. When completing the hospital affiliations sections, use the **FAQ** button within each section to view page-sensitive help information.

Once you have added a hospital affiliation record you can click the **Edit** button to update details or the **Remove** button to remove the record.

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](#)

Graphic 177: Hospital Affiliations Section

4.7.1 Admitting Privileges

The **Admitting Privileges** section allows you to enter information about the hospitals where you can admit patients on an unrestricted, limited, or temporary basis (including hospitals where you have pending admitting privileges). Click the **Add** button to enter this information.

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**

--Select--

Country

United States

*** Hospital Name**

--Select--

*** Is this your primary hospital?**

☐ Yes

☐ No

*** Admitting Privilege Status**

☒ Active

☐ Inactive

☐ Pending

Start Date

MM/YYYY

*** 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 Last Name

Graphic 178: Admitting Privileges

If you selected **Yes** for the **Is this your primary hospital** question, an indicator is displayed in the list of hospitals where you have admitting privileges. You can have more than one primary hospital.

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.

Primary Hospital

Bacon County Hospital and Health System

Active

Alma, GA

Primary Hospital

Augusta University Medical Center

Pending

Augusta, GA

Aspire Health Partners

Inactive

Orlando, FL

Graphic 179: Admitting Privileges – Primary Hospital

4.7.2 Admitting Arrangements

The **Admitting Arrangements** section allows you to enter information about the hospitals where you have an admitting arrangement in which another provider or hospitalist group admits for you (including hospitals where you have pending admitting arrangements). Click the **Add** button to enter this information.

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

--Select--

Country

United States

* Hospital Name

--Select--

* Admitting Arrangement Status

- ☒ Active
☐ Inactive
☐ Pending

Start Date

MM/YYYY

* Who admits for you?

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

Graphic 180: Admitting Arrangements

4.7.3 Non-Admitting Affiliations

The **Non-Admitting Affiliations** section allows you to enter information about the hospitals you are affiliated with but you cannot admit (including hospitals where you have pending non-admitting affiliations). This may be called "courtesy" or "consulting" privileges at some hospitals. Click the **Add** button to enter this information.

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

--Select--

Country

United States

* Hospital Name

--Select--

* Non-Admitting Affiliation Status

☒ Active
 ☐ Inactive
 ☐ Pending

Start Date

MM/YYYY

* Please describe the non-admitting affiliation

Graphic 181: Non-Admitting Affiliations

4.7.4 Illinois Providers

The **Ambulatory Surgery Centers** section is displayed for providers with a primary or secondary practice in the state of Illinois. This section allows you to enter information about the ambulatory surgery centers where you have or previously had privileges. Click the **Add** button to enter this information.

Ambulatory Surgery Centers

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

Enter an ambulatory surgery center

[Add](#)

Graphic 182: Ambulatory Surgery Centers

Ambulatory Surgery Center Record

[Back to List](#)

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

Please enter the details of your ambulatory surgery center privileges.

* **State** **Country**

* **Ambulatory Surgery Center Name**


* **Is this your primary hospital?**

- ☐ Yes
☐ No

* **Affiliation Status**

- ☒ Active
☐ Inactive
☐ Pending

Start Date



* **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.

Graphic 183: Enter Ambulatory Surgery Centers Information

4.7.5 Correct Errors - Hospital Affiliations

Inpatient only providers are required to have at least one hospital affiliation. If your practice setting is **Inpatient Only** and you have not entered a hospital affiliation record, a required fix is displayed on the Correct Errors page.

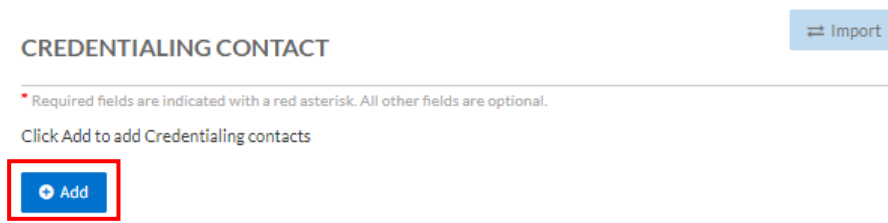
Hospital Affiliation

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

Graphic 184: Correct Errors - Hospital Affiliations

4.8 Credentialing Contacts

The **Credentialing Contacts** section requests that you enter specific contact information for your credentialing contacts. Click the **Add** button and then enter a credentialing contact and the related information.



CREDENTIALING CONTACT Import

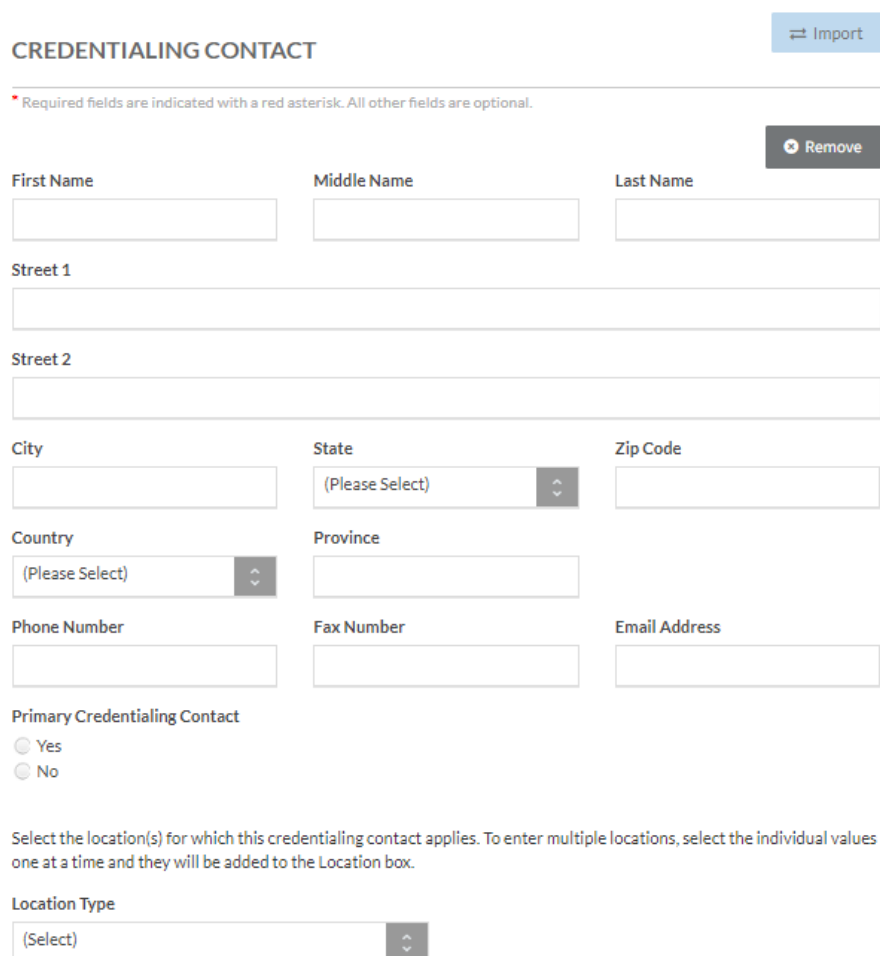
* Required fields are indicated with a red asterisk. All other fields are optional.

Click Add to add Credentialing contacts

Add

Graphic 185: Credentialing Contact Section

You may provide multiple credentialing contacts based on their location. Use the **Location Type** drop-down menu to select a **Hospital Affiliation** or **Practice Location** and then select an option from your list of previously entered practices or hospitals in the **Location** field. You may indicate the same credentialing contact for multiple locations.



CREDENTIALING CONTACT Import

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

Remove

First Name Middle Name Last Name

Street 1

Street 2

City State Zip Code

Country Province

Phone Number Fax Number Email Address

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

Graphic 186: Add a Credentialing Contact

4.9 Professional Liability Insurance

The **Professional Liability Insurance** section requests you provide your Professional Liability Insurance (PLI) information, or indicate that you are covered by FTCA or are self-insured/do not have insurance. Click the **Add** button and then enter your professional liability insurance information.

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

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

Graphic 187: Professional Liability Insurance Section

- When entering a **Policy Number**, the following are the only special characters allowed:
 - . period
 - hyphen
 - / slash
 - & ampersand
 - () parenthesis
 - # pound/hash

Please enter a valid policy number. Only .)(#/-& special characters are allowed. is displayed if any other special character is entered in the field.
- The **Current Effective Date** cannot be greater than the **Current Expiration Date**. If so, a required fix is displayed on the [Correct Errors](#) page.
- The optional **Covered Practice Location** field allows you to affiliate an active practice location with an insurance policy. Click the checkbox of the applicable practice location(s).
- The **Street**, **City**, and **Zip Code** may be pre-populated depending on the **Carrier Name** selected.

- **Do you have unlimited coverage with this insurance carrier** is only required when you are practicing in multiple states.
- The **Self Insured** field is only required if you are practicing in one or more of the following: CAQH States, Oklahoma, and Texas.

Insurance Coverage

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

* Policy Number

Covered Practice Location

* Current Effective Date

* Current Expiration Date

Original Effective Date

* Carrier/Self Insured Name
 ☐ Other (Not Listed)

* Street 1

Street 2

* City Province

Country State ZIP Code

Phone Number Phone Extension

Fax Number

* Do you have unlimited coverage with this insurance carrier?
☐ Yes
☐ No

Type of coverage

* 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

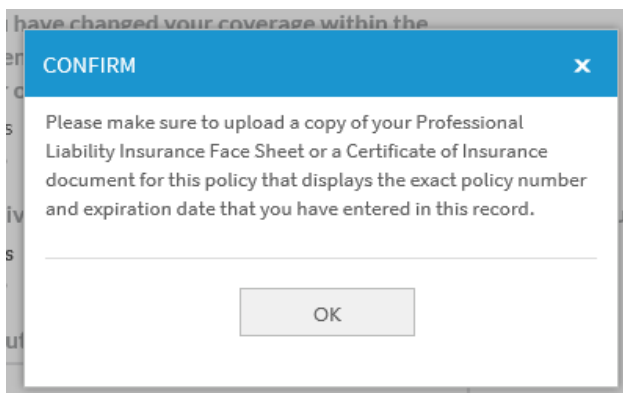
* Self Insured
☐ Yes
☐ No

Institution Affiliation

Graphic 188: Add Professional Liability Insurance

After entering all required information, click the **Save & Continue** button. A dialog is displayed informing you that you must upload a copy of your Professional Liability Insurance Face Sheet or a Certificate of Insurance document to the [Documents](#) page. Click the **Ok** button to proceed.

NOTE: The Provider Name, Current Expiration Date, and Policy Number entered must match the face sheet. If these details on the PLI document do not match the information listed in your profile, the document will be rejected.



Graphic 189: Professional Liability Insurance Confirmation Dialog

4.9.1 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). Select the **I am covered by FTCA** option if you are operating with an FTCA exempt health center. Use the **Covered Practice Location** menu to indicate which of your active practice locations is associated with an insurance policy. You can also select the same location for FTCA coverage and traditional malpractice insurance if a location is FTCA exempt and covered by traditional malpractice insurance. For FTCA coverage, you must upload a copy of your Federal Tort Claim Act Coverage document to the [Documents](#) page.

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 ⓘ

Covered Practice Location

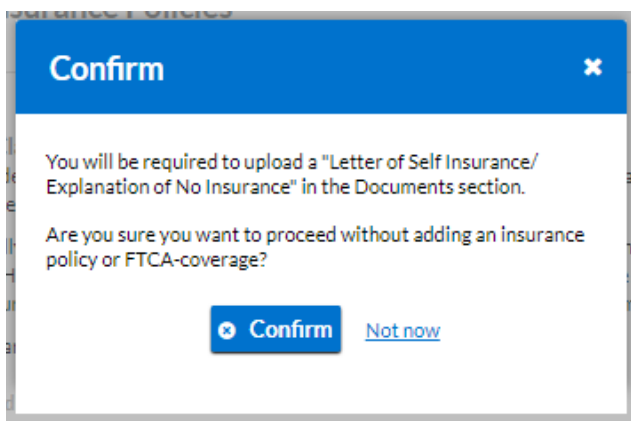
Select One or More ⬆

☐ Immunology Center Atlanta

Graphic 190: FTCA Coverage

4.9.2 Not-Insured

Select the **I am not insured** option if you are self-insured or do not have traditional or non-traditional malpractice insurance coverage. A dialog is displayed informing you that you must upload a Letter of Self Insurance/Explanation of No Insurance document to the [Documents](#) page to complete your profile. Click the **Confirm** button to proceed.

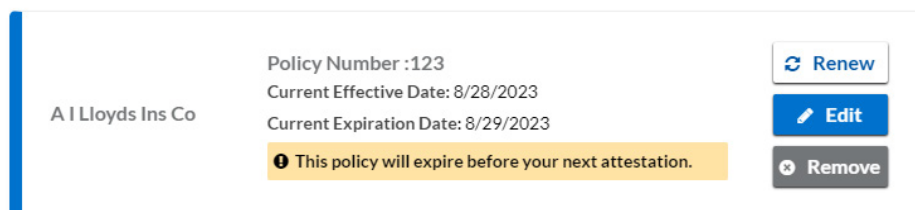


Graphic 191: I Am Not Insured Confirmation Dialog

4.9.3 Current Insurance Policies

The **Current Insurance Policies** section displays a record for each of your current insurance policies. The **Policy Number**, **Current Effective Date**, and **Current Expiration Date** is listed for each policy. The **This policy will expire before your next attestation** warning is displayed on the record if the policy is set to expire prior to your next attestation date. Click the **Renew** button to [renew the policy](#). Click the **Edit** button to update details of the policy. Click the **Remove** button to remove the record.

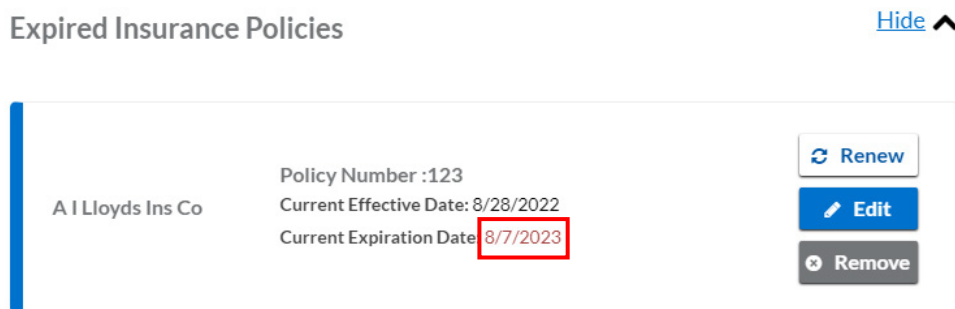
Current Insurance Policies



Graphic 192: Current Insurance Policies

4.9.4 Expired Insurance Policies

The **Expired Insurance Policies** section displays a record for each of your expired insurance policies. Use the **Show/Hide** links to toggle this section. The **Policy Number**, **Current Effective Date**, and **Current Expiration Date** is listed for each policy. The **Current Expiration Date** displays in red text allowing you to easily identify when the policy expired. Click the **Renew** button to [renew the policy](#). Click the **Edit** button to update details of the policy. Click the **Remove** button to remove the record.



Graphic 193: Expired Insurance Policies

4.9.5 Renewing an Expired PLI Record

You cannot use the **Edit** option to renew an expired policy with an associated document with a **Received**, **Approved**, or **Expired** status on the [Documents](#) page. You must instead click the **Renew** button for the expired or soon to expire policy and provide updated policy information. When renewing a policy, you must upload a copy of the renewed PLI document (Insurance Face Sheet or Certificate of Insurance).

NOTE: *If you plan to send the renewed PLI document via email 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 required to re-upload it to the Documents page in the portal.*

After clicking the **Renew** button for the applicable policy, you must update the **Current Effective Date** and **Current Expiration Date** and then click the **Save & Continue** button.

- The **Current Effective Date** cannot be greater than the **Current Expiration Date**.
- The **Current Expiration Date** entered must match the **Current Expiration Date** listed on face sheet or the face sheet will be rejected.

[Import](#)

Insurance Coverage

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

*** Policy Number**

Covered Practice Location

*** Current Effective Date**

Original Effective Date

*** Current Expiration Date**

*** Carrier/Self Insured Name**
 ☐ Other (Not Listed)

Address
9700 Bryn Mawr Ave Ste 150
Rosemont, IL

Fax Number

Phone Number

Phone Extension

*** Do you have unlimited coverage with this insurance carrier?**
☒ Yes
☐ No

*** Amount of coverage per occurrence**

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

Institution Affiliation

Type of coverage

*** Amount of coverage aggregate**

*** Self Insured**
☐ Yes
☒ No

Graphic 194: Renew Expired Insurance Policy

4.10 Employment Information

The **Employment Information** section requests you enter information regarding your employment history, including your current and previous work information, any work history gaps, and any military employment information. You are required to enter at least one Employment Information record to create your profile.

To create a seamless timeline of your work history, reducing provider outreach and documentation redundancies, the following [Education & Professional Training](#) types will create an associated [Gap Record](#) in your [Employment Information](#) if the record includes both a start date and an end date and is within the last ten years from the current year.

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

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

Gap Records ⓘ

Gap History now links to Education and Professional Training

i 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.

Add an explanation for employment gaps longer than 6 months

➕ Add

Military

* Have you ever served or are you currently serving in the United States Military?

- ☐ Yes
☒ No

* Are you currently on active military duty?

- ☒ Yes
☐ No

Are you currently in the Reserves or National Guard?

- ☒ Yes
☐ No

Graphic 195: Employment Information Section

4.10.1 Employment Records

The **Employment Records** section allows you to enter your current employment information and all relevant employment history for the past 10 years. Relevant experience includes all work performed as a health professional. Click the **Add** button to enter this information. If you have not yet started work at a location, enter your expected start date in the **Start Date** field.

For Washington state providers, the optional **Professional Liability Carrier** field is displayed allowing you to select your carrier from a list of options.

NOTE: Some organizations may require full work history beginning with your professional degree and the reporting of all gaps in work history. Check with your credentialing organization.

EMPLOYMENT INFORMATION


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

* Practice / Employer Name	Department / Specialty	
<input type="text"/>	<input type="text"/>	
* Street 1		
<input type="text"/>		
<input type="checkbox"/> I have a Building, Suite, or Office to add		
* Country		
<input type="text" value="Select"/>	<input type="text"/>	
* City	State	Zip Code
<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>
Phone Number		
<input type="text"/>		
<input type="checkbox"/> I have a phone extension to add		
Fax Number		
<input type="text"/>		
Contact First Name	Contact Last Name	
<input type="text"/>	<input type="text"/>	
* Start Date	* Is this your current employer?	
<input type="text" value="MM/YYYY"/>	<input checked="" type="radio"/> Yes	
<input type="text"/>	<input type="radio"/> No	


Graphic 196: Enter Employment Information

If you select **No** for the **Is this your current employer** question, you are required to enter an **End Date** and **Reason for departure**.

* Start Date

MM/YYYY 

* End Date

MM/YYYY 


* Reason for departure

* Is this your current employer?


☐ Yes
 ☒ No

Graphic 197: Enter Employment Information – End Date and Reason for Departure

Employment records are listed in reverse chronological order with your current employment record indicated in green text. The **Practice/Employer Name**, **State Date**, and **End Date** for the completed employment record is displayed. Click the **Edit** button to update details of the record. Click the **Remove** button to delete the record.

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

Immunology is Us

January 2020 - Current Employment

Edit

Remove

Old Employer

February 2014 - November 2017

Edit

Remove

Graphic 198: Employment Records

4.10.2 Gap Records

In the **Gap Records** section, an employment gap record is created for each individual education and professional record in the last 10 years. You must document any gaps in employment longer than six (6) months (jobs not related to your profession, family leave, etc.) within the past 10 years. A gap is any break in continuous, full-time employment for longer than six (6) months. Some health plans may require explanations for employment gaps that lasted longer than three (3) months.

- The Georgia, Illinois, and Oklahoma credentialing application asks providers to account for gaps longer than 30 days.
- The Oregon credentialing application asks providers to account for gaps longer than 60 days.

- The Minnesota, North Carolina, and West Virginia credentialing application asks providers to account for gaps longer than 90 days.

Gap records can be manually entered by clicking the **Add** button or are automatically entered based on the information entered in the [Education & Professional Training](#) section.

Gap Records ⓘ

Gap History now links to Education and Professional Training

i 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.

Add an explanation for employment gaps longer than 6 months + Add

Gap Record

Academic/Training leave

Fellowship : Auburn University At Montgomery

January 2020 - July 2020

✎ 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

Professional School : Test School Name

January 2018 - December 2019

✎ 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

December 2017 - December 2019

✎ Edit

⊗ Remove

Graphic 199: Gap Records

Click the **Add** button to manually enter the details of an employment gap. The **Gap Explanation** field defaults to the **Academic/Training leave** option. Click the **Save & Add Another** button to enter multiple gap records. Click the **Continue** button to save and exit the dialog. Click the **click here** link if you wish to instead create an employment record and not a gap record. Once you have manually entered a gap record you can click the **Edit** button to update details of the record or the **Remove** button to delete the record.

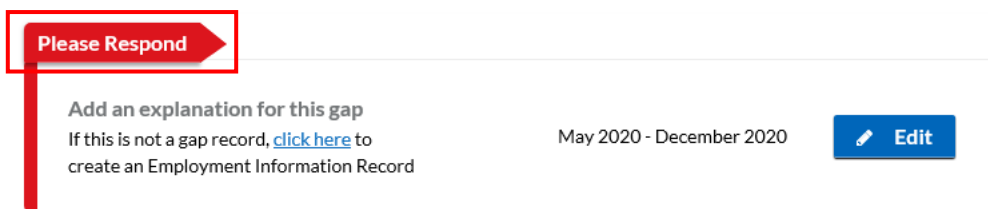
Graphic 200: Enter Gap Record

For gap records that are automatically sourced from the [Education & Professional Training](#) section, the start and end date for the gap record will match the dates entered in the Education & Professional Training record. You cannot edit the gap record using the **Edit** button or delete the gap record using the **Remove** button. Use the **Click here to edit or remove this information** link to quickly navigate to the Education & Professional Training record if you need to make changes.

Gap Record	Academic/Training leave	Date Range	Actions	
Fellowship : Auburn University At Montgomery <td>January 2020 - July 2020 <td> Edit Remove </td> <td rowspan="2"> <div style="border: 2px solid red; padding: 5px;"> <p>This Gap Record represents details from Education and Professional Training</p> <p>Click here to edit or remove this information</p> </div> </td> </td>	January 2020 - July 2020 <td> Edit Remove </td> <td rowspan="2"> <div style="border: 2px solid red; padding: 5px;"> <p>This Gap Record represents details from Education and Professional Training</p> <p>Click here to edit or remove this information</p> </div> </td>	Edit Remove	<div style="border: 2px solid red; padding: 5px;"> <p>This Gap Record represents details from Education and Professional Training</p> <p>Click here to edit or remove this information</p> </div>	
Professional School : Test School Name <td>January 2018 - December 2019</td> <td> Edit Remove </td>	January 2018 - December 2019	Edit Remove		
<td> <td>December 2017 - December 2019</td> <td> Edit Remove </td> <td></td> </td>	<td>December 2017 - December 2019</td> <td> Edit Remove </td> <td></td>	December 2017 - December 2019	Edit Remove	

Graphic 201: Automatic Gap Record

The **Please Respond** indicator is displayed for items requiring your attention. You must click the **Edit** button for these items and provide an explanation of the employment gap. If you would instead like to create an [employment record](#) based on the information displayed, use the **click here** link and then enter the details of your employment information.

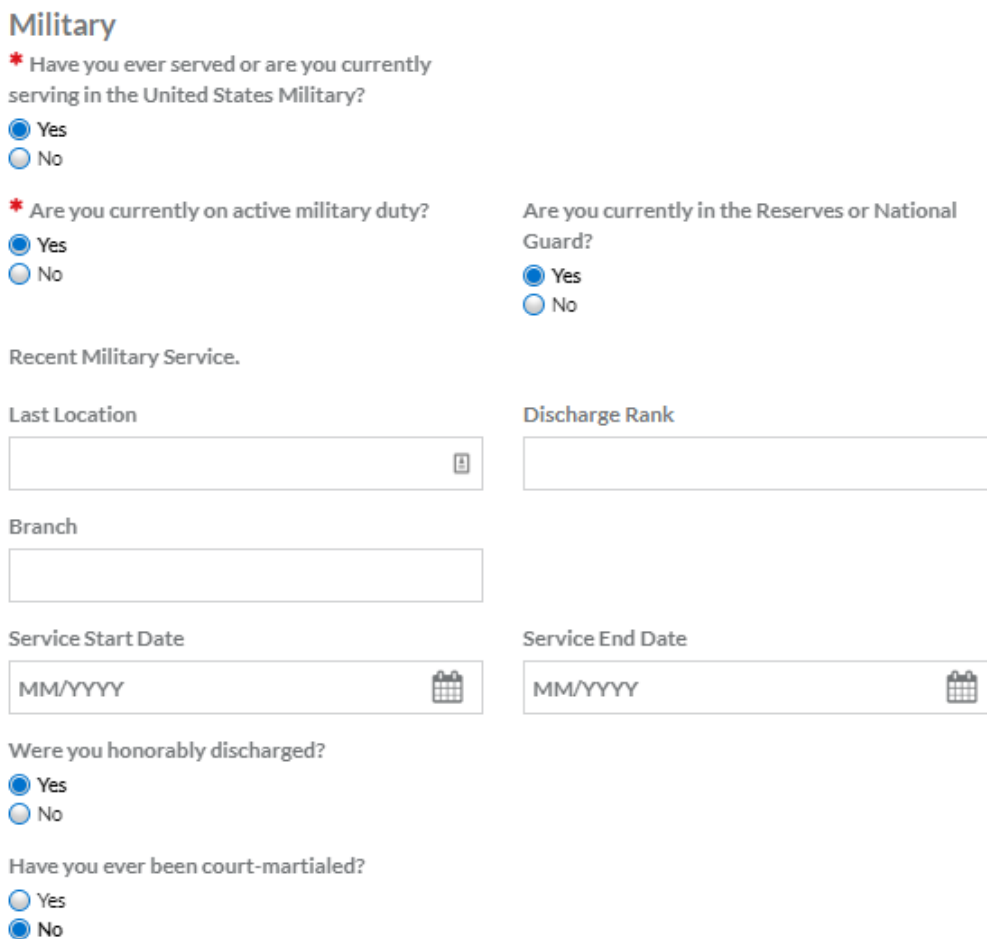


The screenshot shows a red arrow pointing to a 'Please Respond' button. Below it is a box containing the text: 'Add an explanation for this gap. If this is not a gap record, [click here](#) to create an Employment Information Record'. To the right of this text is the date range 'May 2020 - December 2020' and an 'Edit' button with a pencil icon.

Graphic 202: Please Respond

4.10.3 Military

The **Military** section allows you to indicate if you are currently serving in the US Military, are on active duty, or are currently in the Reserves or National Guard. If you indicate that you are currently serving, additional fields regarding your recent service are displayed.



The screenshot shows the 'Military' section of the form. It includes several questions with radio button options:

- Military**
 - * Have you ever served or are you currently serving in the United States Military?
 - ☒ Yes
 - ☐ No
 - * Are you currently on active military duty?
 - ☒ Yes
 - ☐ No
 - Are you currently in the Reserves or National Guard?
 - ☒ Yes
 - ☐ No
- Recent Military Service.**
 - Last Location:
 - Discharge Rank:
 - Branch:
 - Service Start Date:
 - Service End Date:
 - Were you honorably discharged?
 - ☒ Yes
 - ☐ No
 - Have you ever been court-martialed?
 - ☐ Yes
 - ☒ No

Graphic 203: Military

4.11 Professional References

The **Professional References** section asks for information regarding your references and their related contact information. Click the **Add** button and then enter a professional reference and the related information.

For Oregon providers, the optional **Credentials** field allows you to provide the details of the credentials held by a peer reference.

PROFESSIONAL REFERENCES

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

Reference

✕ Remove

Provider Type

--Select--

Specialty

--Select--

First Name

Last Name

Street 1

Street 2

City

State

(Select)

Province

Zip Code

Country

--Select--

Email Address

Phone Number

Fax Number

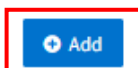
Association Start Date

MM/DD/YYYY

Association End Date

MM/DD/YYYY

Click Add to enter Professional Reference



Graphic 204: Professional References Section

4.12 Disclosure

The **Disclosure** section includes all disclosure questions required for your practice states, including any state-specific disclosure questions, and the disclosure of ownership section. Please answer the questions accordingly.

NV

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. Once you have attested to your profile data, a digital signature and time stamp will be added to and displayed on the Malpractice Claim Information Worksheet.

Disclosure

If answers to any of the following questions is YES, please provide full details in the spaces provided, to include date of occurrence, description of events and current status.

A. * Has your license to practice medicine in any jurisdiction ever been denied, revoked, voluntarily or involuntarily terminated, relinquished, suspended, otherwise limited or restricted, or been made subject to a program of probation, or have you ever been issued a citation or letter of reprimand by the licensing agency, or have formal or informal proceedings, or investigations, toward any of those ends ever been commenced?

☒ Yes
☐ No

If Yes, please provide an explanation below.

Explain text

B. * Has your medical staff membership or medical staff status at any hospital or comparable acute or long term care facility or ambulatory surgery center or comparable facility, ever been denied, revoked, voluntarily or involuntarily terminated, relinquished, suspended, or restricted or limited, based on patient care or professional conduct reasons, or have formal or informal proceedings, or investigations, toward any of those ends ever been commenced?

☒ Yes
☐ No

If Yes, please provide an explanation below.

Explain text

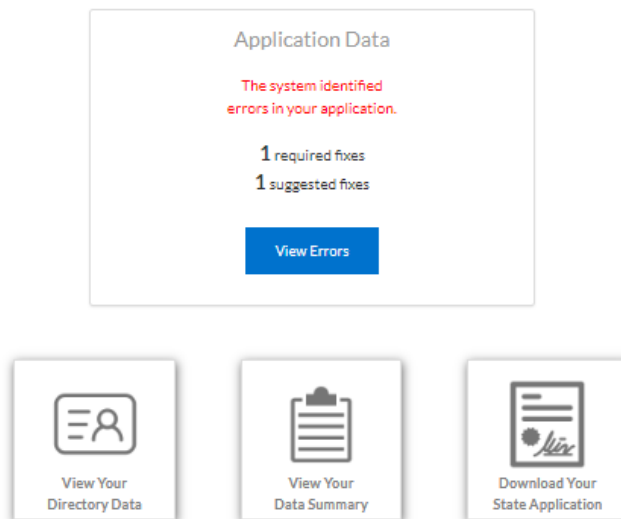
Graphic 205: Disclosure Section

5 Review Profile Data

Once you have finished entering all required information for your data profile, you must review the information and correct any errors. Clicking the **Review & Attest** button displays a page summarizing any errors to be corrected, a link to view your Directory Data (if applicable), a link to view your Data Summary (in PDF format), and a link to download your state application (if applicable).

You have a few errors to fix before attesting.

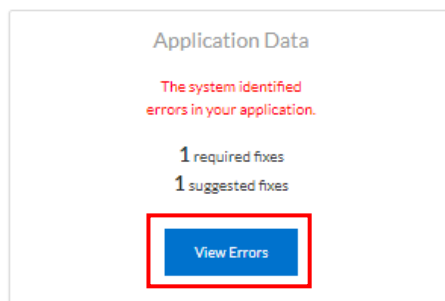
Click below to review incorrect or missing information in your application and supporting documents.



Graphic 206: Review Application Data

5.1 Correct Errors

If errors with your application data are identified they are indicated in red text. The number of required fixes and suggested fixes are listed. Clicking the **View Errors** button displays the Correct Errors page.



Graphic 207: View Errors Button

From the Correct Errors page, you can view the list of required fixes and suggested fixes regarding your data profile information.

For required fixes:

- The section heading applicable to the error is displayed followed by a table with information about the error.
- The table provides a description of the error and lists the field where the error is present.
- Clicking the link in the **Sub Section** column for an error takes you to the page containing the error, allowing you to quickly resolve the issue.

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

Professional IDs

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

SUGGESTED FIXES

Suggested Address Fixes

No suggested address fixes.

Other Suggested Fixes

Sub Section	Field	Error
Employment Information	Current Employment Information Record	Please ensure that your current employer is still [Immunology is Us]. This employer does not match a current practice location.

Graphic 208: Correct Errors Page

For suggested fixes:

NOTE: Suggested fixes are optional, but CAQH strongly suggests you review any suggested fixes to ensure your data profile is accurate.

- The table provides a description of the error and lists the field where the error is present.
- Clicking the link in the **Sub Section** column for an error takes you to the page containing the error, allowing you to quickly resolve the issue.
- CAQH validates that the identification numbers entered for DEA, NPI, and TIN match the provider's name associated with that identification number. If applicable, a message is displayed indicating that the number you entered does not belong to your provider's name. Click the **Edit** button to correct the error or the **Ignore** button to keep the data you entered.

Other Suggested Fixes

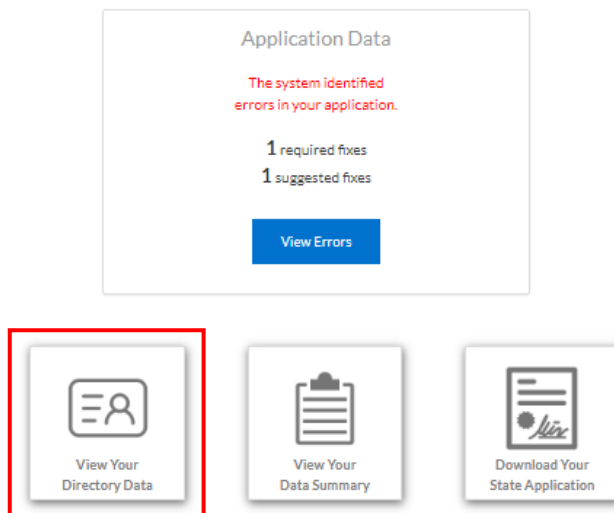
Message		
<p>This DEA Number (dr4567890) could not be found in the database. Please confirm this is your DEA Number.</p> <p>Please click Edit if you would like to make changes to your DEA Number.</p> <p>Please click Ignore if you have confirmed that your DEA Number is entered correctly.</p>		
Edit Ignore		

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.

Graphic 209: Correct Errors Page – Suggested Fixes Message

5.2 View Your Directory Data

Clicking the **View Your Directory Data** button displays the Provider Directory Information dialog.



Graphic 210: View Your Directory Data Button

The Provider Directory Information dialog contains a summary of the information from your profile that will be used by health plans to update their provider directories. If information is missing or incorrect, please select the **Profile Data** option from the top navigation menu and navigate to that section to update the information. When information is correct, please complete your attestation. Please note that updates affecting your contractual agreement with a health plan may require additional follow-up.

Provider Directory Information

Sean FennelTest

Please review information from your CAQH profile that will be used by health plans to update their provider directories. If information is missing or incorrect, please navigate to Profile Data to update. When information is correct, please complete your attestation. Please note that updates affecting your contractual agreement with a health plan may require additional follow-up.

Authorized health plans requesting confirmation that your directory information is correct:

- CAQH

Personal Information

Gender Identity Male	Non-English Languages Spoken Albanian
Type 1 NPI	<input checked="" type="checkbox"/> Participating in Medicare <input checked="" type="checkbox"/> Participating in Medicaid
Race/Ethnicity Black or African American	

Education

Professional School Fakulteti i Mjekesise	Professional School Test School Name
--	---

Graphic 211: Provider Directory Information Dialog

5.3 View Your Data Summary

Clicking the **View Your Summary Data** button opens a new browser tab.

Application Data

The system identified errors in your application.

1 required fixes
1 suggested fixes

[View Errors](#)

View Your Directory Data

View Your Data Summary

Download Your State Application

Graphic 212: View Your Summary Data Button

This browser tab contains a summary of your application information, allowing you to validate that the information entered is correct. Click the **Save** button if you would like to save a copy of the information in PDF format. Click the **Print** button if you would like to print a copy of your information.

CAQH Data Summary Date 7/1/2024
FennelTest, Sean S Pharmacist
CAQH Provider ID : 14676817

Save
 Print

Last Reattestation Date: 5/28/2024 1:49:10 PM

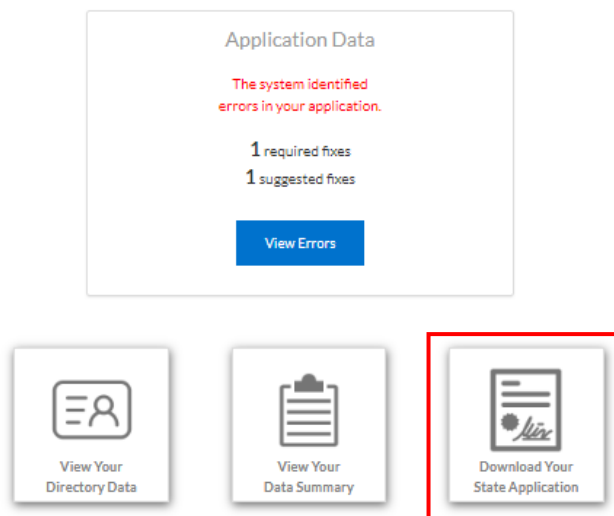
PREPARE			
NUCC Grouping:	Pharmacy Service Providers		
Provider Type:	Pharmacist	Practice Setting:	Inpatient/Outpatient or Outpatient Only
Primary Practice State:	GA		
Other Practice State(s):			

PERSONAL INFORMATION			
<u>Name</u>			
First Name :	Sean	Middle Name :	S
Last Name :	FennelTest	Suffix :	Other
Have you used other names?	No	Suffix Other :	
<u>Home Address</u>			
Street 1 :	123 Main Street	Street 2 :	#13
City :	Atlanta	State :	GA
Country :	United States	Province :	Augusta
County :	Appling County	Zip Code :	55234-2344
<u>Mailing Address</u>			
Is Mailing address and Home Address Same?	No		
Street 1 :	352 High Street	Street 2 :	#5
City :	Atlanta	State :	GA
Country :	United States	Province :	Augusta
County :	Bacon County	Zip Code :	15352-352342342352353
<u>Primary Method of Contact</u>			
Primary E-mail Address :	test@email.com	Personal E-Mail Address :	
PMOC CC Email1 :		PMOC CC Email2 :	
<u>Phone Numbers</u>			
Home Phone :		Personal Cell Phone :	
Personal Fax :			
<u>Spouse/Significant Other</u>			
Marital Status :			

Graphic 213: View Your Summary Data

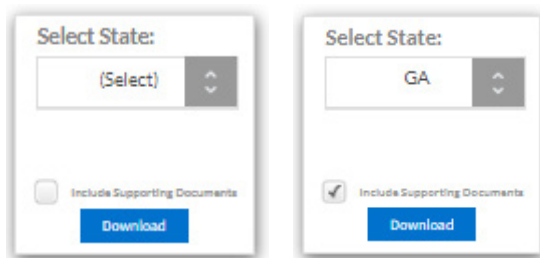
5.4 Download Your State Application

Clicking the **Download Your State Application** button allows you to generate the CAQH standard form, or if applicable, a state-specific form, containing your information.



Graphic 214: Download Your State Application Button

After it is clicked, the **Download Your State Application** button toggles to display the **Select State** drop-down menu. Use this menu to select the state for which you want the application generated. Select the **Include Supporting Documentation** checkbox (if applicable) to include supporting documentation with the state application. Click the **Download** button to generate and save your state replica in PDF format.



Graphic 215: Select State Options

5.5 View Documents

This section displays the information you uploaded to the portal and any missing documents that are needed to finalize your application. You can also access this information by selecting the **Documents** option from the top navigation bar. See [Supporting Documents](#) for more information.

6 Supporting Documents

The Documents page is displayed after selecting the **Documents** option from the top navigation menu. From this page you can review your list of existing supporting documents, [upload](#) an applicable supporting document, [download](#) a copy of a supporting document, [delete](#) a supporting document, or [replace](#) a supporting document. The following is a list of supporting document examples which may need to be submitted 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

Home
Profile Data
Documents
Authorize

Welcome, Sean.
Provider Status: Re-Attestation

120 days until your next attestation
Last attested May 28, 2024 [See history](#)
REVIEW & ATTEST

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
* CDS				Missing	Upload
* Federal Tort Claim Act Coverage				Missing	Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_2	Georgia			Missing	Download Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_3	Georgia			Missing	Download Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_4	Georgia			Missing	Download Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_5	Georgia			Missing	Download Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_3_Record_1	Georgia			Missing	Download Upload
* CME Certificate		06/05/2020		Approved	Delete Replace
* Schedule C - Regulation Acknowledgement	Georgia	06/05/2020		Approved	Delete Download Replace
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_1	Georgia	06/05/2020		Approved	Delete Download Replace
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_2_Record_1	Georgia	06/05/2020		Approved	Delete Download Replace
* State Authorization	Georgia	05/28/2024		Approved	
* State Release	Georgia	05/28/2024		Approved	
Professional Liability Insurance - WW512362355		06/05/2020	08/21/2020	Expired	

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

Graphic 216: Documents Page

Before you can upload or replace a supporting document, your profile must be complete, errors must be fixed on the [Correct Errors](#) page, and any account changes must be [attested](#). An indicator is displayed to communicate this requirement.



Before you can upload documents, you must Review & Attest to your profile data.

Supporting documents are compared to data in your profile, so you must first confirm the accuracy of that information.

You do not need to attest again after your documents are uploaded. Please allow 2-3 business days for CAQH to review and approve or reject your documents.

Graphic 217: Supporting Documents Indicator

The **List of Documents** section of the page allows you to review and manage your supporting documents. Required documents are indicated with a red asterisk.

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
* CDS				Missing	Upload
* Federal Tort Claim Act Coverage				Missing	Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_2	Georgia			Missing	Download Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_3	Georgia			Missing	Download Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_4	Georgia			Missing	Download Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_5	Georgia			Missing	Download Upload
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_3_Record_1	Georgia			Missing	Download Upload
* CME Certificate		06/05/2020		Approved	Delete Replace
* Schedule C - Regulation Acknowledgement	Georgia	06/05/2020		Approved	Delete Download Replace
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_1_Record_1	Georgia	06/05/2020		Approved	Delete Download Replace
* Schedule-B Professional Liability Claims Information Form for Georgia State_Question_2_Record_1	Georgia	06/05/2020		Approved	Delete Download Replace
* State Authorization	Georgia	05/28/2024		Approved	
* State Release	Georgia	05/28/2024		Approved	
Professional Liability Insurance - WW512362355		06/05/2020	08/21/2020	Expired ⓘ	

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

Graphic 218: List of Documents

The **Document Name** column displays the name of the uploaded or required document.

The **State** column displays the name of the state for which the document is applicable.

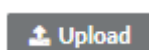
The **Uploaded Date** column displays the date the document was uploaded.

The **Expiration Date** column displays the date the document will expire.

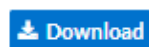
The **Status** column displays one of the following based on the status of the document. A document can be viewed regardless of its status.

- **Missing:** The document has not been uploaded.
- **Received:** The document was recently uploaded and is awaiting approval from CAQH. CAQH reviews all submitted supporting documents for accuracy within approximately 48 hours of submission.
- **Approved:** The document has been approved and accepted by CAQH.
- **Failed:** The document failed approval by CAQH. See [Failed Document](#) for more information.
- **Expired:** The document is past its expiration date. It can be [deleted](#) or [replaced](#).

The **Document Actions** column allows you to perform various actions for the corresponding document. Clicking the **FAQ** button in the upper-right corner of the page displays additional help text for some of the following actions:



Upload: Clicking this button allows you to [upload](#) the corresponding supporting document.



Download: Clicking this button allows you to [download](#) a copy of the corresponding supporting document.



Delete: Clicking this button allows you to [delete](#) a supporting document.



Replace: Clicking this button allows you to [replace](#) the corresponding supporting document.

Below the list of documents is the **Select document type** drop-down menu and an additional **Upload** button. This functionality allows you to upload any [supplemental](#) documents you deem appropriate to your provider profile.

6.1 Upload a Supporting Document

To complete your data profile, you must upload any applicable supporting documents to the Provider Data Portal. Before you can upload a supporting document, your profile must be complete, errors must be fixed on the Correct Errors page, and any account changes must be attested. Documents must be in PDF, TIF, JPG, or JPEG format to be accepted into the system. Documents must be uploaded separately. The process for uploading a supporting document varies slightly if you are uploading a required document or a supplemental document. Required documents are indicated with a red asterisk in the **List of Documents** section of the Documents page.

NOTE: *The faxing of supporting documents is not supported.*

Perform the following steps to upload a required supporting document (that is displayed in the **List of Documents** section of the page):

1. Scan and save your document (if needed). Documents must be in PDF, TIF, JPG, or JPEG format to be accepted into the system.
2. In the **List of Documents** section of the Documents page, click the **Upload** button for the document you wish to upload.

3. In the **File Upload** dialog, select an option from the **Upload document for:** menu and then click the **Browse** button.

File Upload

• Upload document for:
--Select--

• Upload a copy of your Document
Browse to select a file for upload
Browse a file to upload

Browse

Upload

New Professional Liability Insurance Document Submission Guidelines
If you are uploading a PLI document, please make sure your document and profile comply with the new document submission guidelines for PLI.

- The provider name, policy number, carrier name, and expiration date that appear on your document MUST MATCH the information entered in your profile.
- The document must be uploaded into the red shaded required slot that matches the policy number and expiration date on the documents page.

Graphic 219: File Upload Dialog

4. Navigate to the location of the file you wish to upload and select the file.
5. Click the **Upload** button in the **File Upload** dialog.
6. The document will be displayed in the **List of Documents** section of the page with a **Status** of **Received**. Once the document is reviewed by CAQH and accepted, the **Status** will change to **Approved**.

Perform the following steps to upload a supplemental supporting document (that is not displayed in the **List of Documents** section of the page):

1. Scan and save your document (if needed). Documents must be in PDF, TIF, JPG, or JPEG format to be accepted into the system.
2. Use the **Select document type** drop-down menu below the **List of Documents** section of the Documents page to select the appropriate document type.
3. Click the **Upload** button.

Select document type

Upload any additional documents you deem appropriate (optional).

Upload

Graphic 220: Select Document Type Drop-Down Menu

4. In the **File Upload** dialog, select an option from the **Upload document for:** menu and then click the **Browse** button.
5. Navigate to the location of the file you wish to upload and select the file.

6. Click the **Upload** button in the **File Upload** dialog.
7. The document will be displayed in the **List of Documents** section of the page with a **Status** of **Received**. Once the document is reviewed by CAQH and accepted, the **Status** will change to **Approved**.

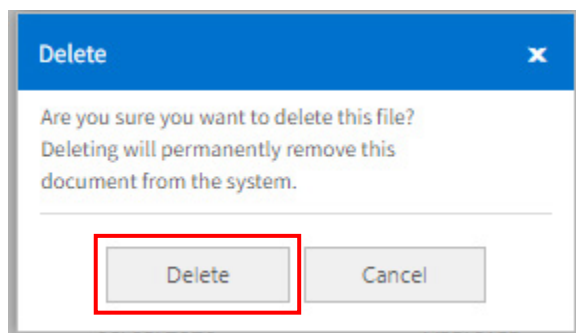
6.2 Download a Supporting Document

In the **List of Documents** section of the Documents page, click the **Download** button for the document you wish to save a copy of. Once the file is finished downloading, navigate to the **Downloads** folder on your computer to view the file.

6.3 Delete a Supporting Document

Perform the following steps to delete a supporting document:

1. In the **List of Documents** section of the Documents page, click the **Delete** button for the document you wish to remove.
2. Click the **Delete** button in the **Delete** dialog. Deleting a supporting document will permanently remove the file from the system.



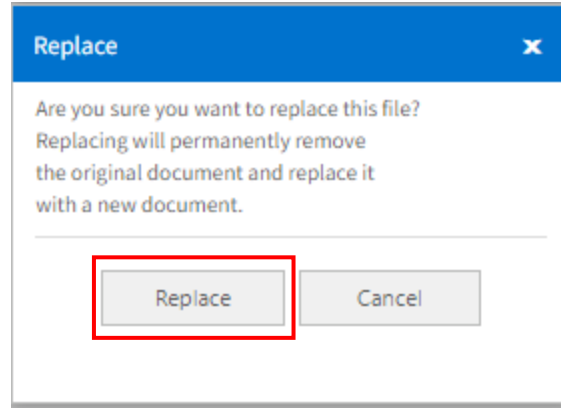
Graphic 221: Delete Supporting Document Dialog

3. An indicator is displayed confirming the file was deleted successfully, and the file is no longer displayed in the **List of Documents** section.

6.4 Replace a Supporting Document

Perform the following steps to replace a supporting document:

1. In the **List of Documents** section of the Documents page, click the **Replace** button for the document you wish to replace.
2. Click the **Replace** button in the **Replace** dialog. Replacing a supporting document will permanently remove the original file from the system and replace it with the new file.



Graphic 222: Replace Supporting Document Dialog

3. In the **File Upload** dialog, click the **Browse** button.
4. Navigate to the location of the file you wish to upload and select the file.
5. Click the **Upload** button in the **File Upload** dialog.
6. An indicator is displayed confirming the file was replaced successfully, and the new file is now displayed in the **List of Documents** section.

NOTE: A request to replace your application release document is only accommodated if there is a valid reason to replace the document such as a name change, etc.

6.5 Failed Document

CAQH reviews all submitted supporting documents for accuracy within approximately 48 hours of submission. If a document is not approved, a tooltip displays the rejection notification, including the specific reason the document was not approved. Document rejection notifications sent via email also indicate the reason for rejection and next steps for how to correct the document. A document may fail approval for the following reasons:

- **Illegible:** The document is not clear enough to be read.
- **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.
- **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 for the **Professional Liability Insurance** document type, the document will fail. You need to upload the license using the **State License** document type.

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

DOCUMENTS

Information 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 - 1233333333			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

Graphic 223: Failed Document Tooltip

6.6 Authorization, Attestation, and Release Form

When you initially complete your data profile and attestation, a signed release form is required for your data profile to be complete. Perform the following steps to submit a release form:

1. Locate the Authorization, Attestation, and Release (AAR) form option applicable to your practice state within the **List of Documents** section of the Documents page and click the **Download** button.
 - The AAR has a status of Missing if one is not presently attached to your profile.
 - For some states, the AAR displays as one form. For other states, you will see both a State Release and a State Authorization form option.
2. Sign the form (wet signature or electronic signature accepted) and indicate the date the form was signed.
 - **IMPORTANT:** 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.
3. Click the **Upload** button for the AAR form.
4. In the **File Upload** dialog, click the **Browse** button.
5. Navigate to the location of the file you wish to upload and select the file.
6. Click the **Upload** button in the **File Upload** dialog.

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

Graphic 224: AAR Form

6.6.1 North Carolina Providers

The Provider Data Portal requires different North Carolina State Release forms for each authorized Participating Organization.

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

AUTHORIZATION SETTING		
ORGANIZATIONS		
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

Graphic 225: North Carolina Providers Authorization Example

If you are new to the Provider Data Portal and practice in North Carolina, you are 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 are required to upload each plan-specific release form before they can attest to ensure that all of the plans that have rostered the provider receive a signed AAR for that plan. Providers in Initial Profile Complete, Re-attestation, or Expired Attestation statuses can 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 **List of Documents** section. However, a State Release form with a **Status** of Missing is displayed for each organization you have authorized. 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). If the **Document Type** is CAQH AAR, the **Replace** and **Download** buttons are not available for the document if the status is Approved.

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 are pre-populated with the PO's name.

Sign the State Release forms, indicate the date the forms were signed, and [upload](#) the forms by clicking the **Upload** button corresponding to each of the missing documents.

The Missing status will disappear after you have uploaded these documents. Documents which require download have a status of Missing until a document is uploaded.

State Release forms are pre-populated with the name(s) of authorized health organizations and are available for download from the **List of 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.

Graphic 226: North Carolina Attestation Statement

6.6.2 Oklahoma Providers

Providers practicing in Oklahoma are required to upload the CAQH Authorization, Attestation, and Release (AAR) form in addition to the Oklahoma Application Release form. Only attested profiles with both Application Release and standard Authorization, Attestation, and Release forms that are approved along with other required documents are considered complete.

When you navigate to the **List of Documents** section of the Documents page, a CAQH Application Release form and AAR form with a **Status** of Missing are displayed. Click the **Download** button for each document 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

Graphic 227: Download Oklahoma AAR Form

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.

<div>Signature*</div>	<div>Name (print)*</div>
<div>DATE SIGNED*</div>	

3094

Graphic 228: Oklahoma Providers AAR Form

NOTE: 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.

Click the **Upload** button for the document to [upload](#) the form.

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

Graphic 229: Upload Oklahoma Form

NOTE: Required documents are displayed based on your practice state, your provider type, and any other details that you have entered in your profile. Other document types that do not appear as required in the Documents section of your profile, or in the drop-down list, do not need to be uploaded or submitted to CAQH.

7 Authorization

The **Authorize** tab (in the top navigation menu) contains the **Authorization Setting** and **Organizations** options.

- The Authorization Setting page allows you to specify your authorization setting and change your specification as needed.
- The Organizations page displays the list of organizations that have requested authorization to view your CAQH Provider Data information.

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. Select one of the authorization options available on the Authorization Setting page to grant organizations access to your self-reported and attested information.

- Select the **Yes** option (global authorization) to allow access to your data profile for all healthcare organizations that indicate to CAQH that you are an affiliated provider or are in the process of becoming an affiliated provider. This is the recommended selection.
- Select the **No** option to review each organization's request to view your information individually.

Select the **release authorization** checkbox and then click the **Save** button to save your selection.

Home Profile Data Documents **Authorize**

Welcome, Sean.
Provider Status: Re-Attestation

86 days until your next attestation
Last attested May 28, 2024 [See history](#) **REVIEW & ATTEST**

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

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

Graphic 230: Authorization Setting Page

After saving your authorization setting, you can view the list of healthcare organizations that have requested authorization to view your profile information and their viewing status from the Organizations page.

- The **Organization** column displays the name of the organization.
- The **Authorize** column indicates whether the organization has been given authorization to view your information.
 - **Authorize** indicates that the organization has been given authorization to view your information.
 - **Do not Authorize** indicates that the organization has not been given authorization to view your information.
- The **Viewing Your Data** column indicates whether the organization is viewing your data.
 - **Yes** indicates that the organization is viewing your data.
 - **No** indicates that the organization is not viewing your data.
- You can click the **Change Settings** link at any time to [update your authorization setting](#).

The screenshot shows the 'ORGANIZATIONS' page. On the left, there is a sidebar with 'AUTHORIZATION SETTING' and 'ORGANIZATIONS' (selected). The main content area has the title 'ORGANIZATIONS' and a description: 'This page lists all the organizations that have requested authorization to view your CAQH Provider Data information.' Below this is a table:

ORGANIZATION	AUTHORIZE	VIEWING YOUR DATA
CAQH	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes

Below the table, there is an 'AUTHORIZATION SETTING' section with the text: 'CAQH will release your self-reported and attested information for all current and future requesting organizations.' To the right of this text is a 'Change Settings' link.

Graphic 231: Organizations Page

If applicable, the **Other Organizations Authorization** section allows you to release a limited set of your data profile to healthcare organizations with which you are not affiliated. 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.

- You have the option to either grant global authorization to all health plans who indicate you are not affiliated or select the individual plans who have indicated you are not affiliated.
- By selecting individual plans, you can view which health plans have asked to view a limited set of your data and can grant access via line-item authorization.
- You are not required to authorize any organizations with which you are not affiliated.

If you are interested in participating with additional health plans, you must contact each health plan directly. Once you are added to the health plan's CAQH provider roster, the health plan is listed.

7.1 Update Authorization

Perform the following steps to change your authorization selection:

1. Click the **Change Settings** link on the Organizations page.

ORGANIZATIONS

This page lists all the organizations that have requested authorization to view your CAQH Provider Data information.

ORGANIZATION	AUTHORIZE	VIEWING YOUR DATA
CAQH	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes

AUTHORIZATION SETTING

CAQH will release your self-reported and attested information for all current and future requesting organizations.

[Change Settings](#)

Graphic 232: Change Settings Link

2. The Authorization Setting page is displayed. Select the **Yes** or **No** option.
 - Select the **Yes** option (global authorization) to release your data to any organization that requests to view your information
 - Select the **No** option to review each organization's request to view your information.
3. Select the **release authorization** checkbox.
4. Click the **Save** button.

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

Graphic 233: Change Authorization Settings

8 Completing Attestation

You must submit attestation of the information entered in your data profile to complete your profile. During this step you can complete a final review of your information for accuracy. Perform the following steps to complete attestation:

1. Click the **Review and Attest** button below the top navigation bar.

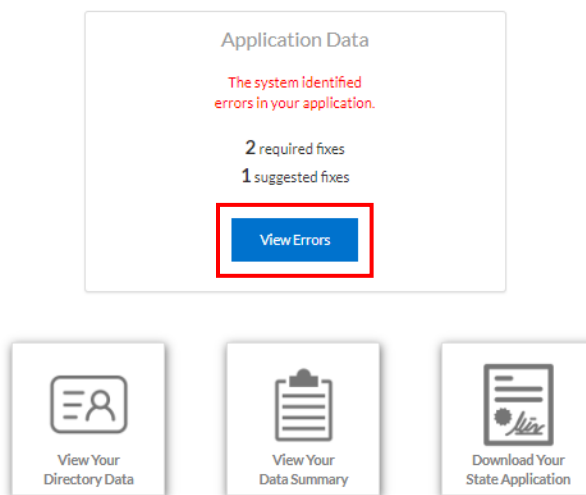


Graphic 234: Review & Attest Button

- The following is displayed if there are required fixes that must be corrected before you can complete attestation. Click the **View Errors** button.

You have a few errors to fix before attesting.

Click below to review incorrect or missing information in your application and supporting documents.



Graphic 235: View Errors - Attestation

- The [Correct Errors](#) page is displayed. Click the link in the **Sub Section** or **Action** column for an error to go to the page containing the error, allowing you to quickly resolve the issue.

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 NPES 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.

Graphic 236: Correct Errors – Attestation

2. The following is displayed once you have corrected all errors and you are ready to complete attestation. Click the **Attest** button.
 - Click the **here** link or the **View Your Directory Data** button to review your Directory Data. Once you have finished reviewing this information, select the checkbox indicating you have reviewed your Directory Data and then click the **Attest** button.
 - If you wish to review your data summary, click the **reviewed all information** link or the **View Your Data Summary** button before clicking the **Attest** button.
 - Click the **Download PDF** button if you would like to save a copy of your information in PDF format.

You are ready to attest!

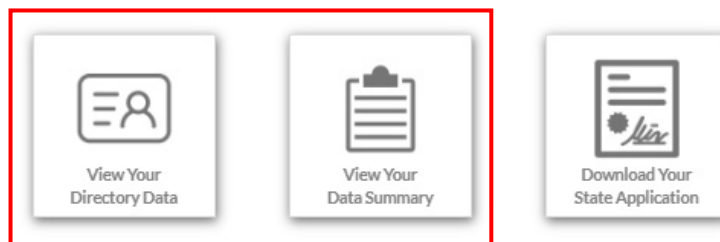
Click Attest to certify that you have carefully **reviewed all information** contained within your CAQH Profile and that all information provided by you in the profile is true, correct and complete to the best of your knowledge. You also acknowledge that your CAQH Profile will not be considered complete 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 have reviewed my Directory Data. To view your Directory Data, click [here](#).

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

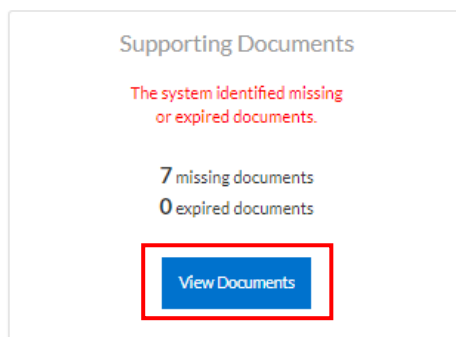


Graphic 237: Ready to Attest

3. **Attestation Completed** is displayed once you have successfully completed the attestation process. Confirmation will be sent via email to you within approximately 48 hours after all documents have been received and approved.
 - If you have no missing or expired documents on your account, the attestation process is complete. Confirmation will be sent via email to you within approximately 48 hours.
 - If you have yet to upload required documents or there are expired documents that require your attention, they are indicated on the screen. Click the **View Documents** button to navigate to the [Documents](#) page. Confirmation is sent via email within approximately 48 hours after all documents have been received and approved.

Attestation Completed

You have successfully attested to your profile, however your documents also need to be reviewed and updated.



If this is your first attestation, you must submit all required documents before participating organizations can receive your information.

Thank you for participating in the CAQH Provider Data Portal.

Graphic 238: Attestation Complete – Required Documents

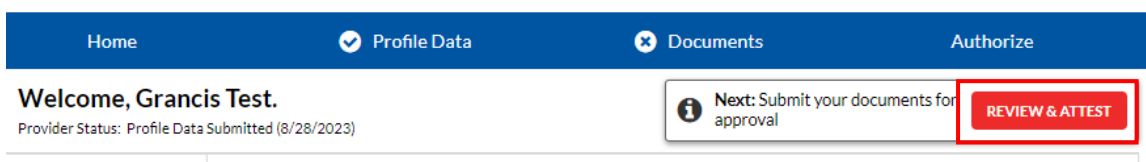
8.1 Re-Attesting

Re-attestation is required every 120 days (180 days for Illinois providers) to ensure your data is maintained and accurate for health plan use.

NOTE: If you have updates to make to your profile information, select the **Profile Data** tab from the top navigation bar and then the applicable section. If you need to upload any updated supporting documentation, select the **Documents** tab from the top navigation bar.

Perform the following steps to complete re-attestation:

1. Click the **Review and Attest** button below the top navigation bar.



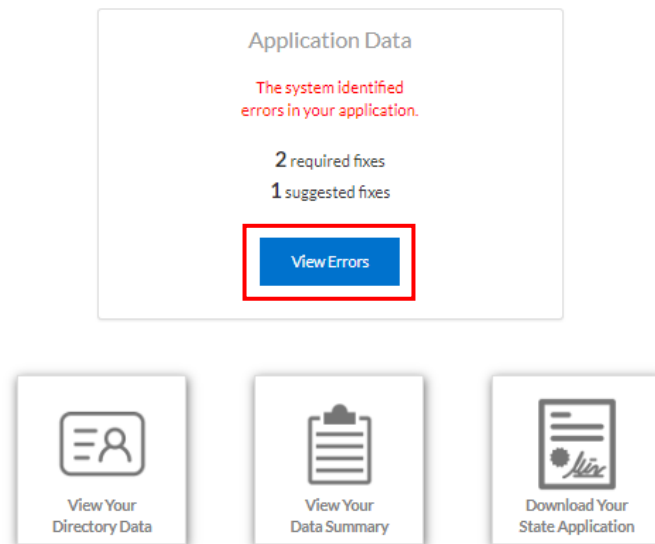
Graphic 239: Review & Attest Button

2. The Review page is displayed indicating any required fixes or supporting documents needing attention. Click the **View Errors** button and correct all errors.

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.

You have a few errors to fix before attesting.

Click below to review incorrect or missing information in your application and supporting documents.



Graphic 240: View Errors – Re-Attestation

3. The following is displayed once you have corrected all errors and you are ready to complete re-attestation. Click the **Attest** button.
 - Click the **here** link or the **View Your Directory Data** button to review your Directory Data. Once you have finished reviewing this information, select the checkbox indicating you have reviewed your Directory Data and then click the **Attest** button.
 - If you wish to review your data summary, click the **reviewed all information** link or the **View Your Data Summary** button before clicking the **Attest** button.
 - Click the **Download PDF** button if you would like to save a copy of your information in PDF format.

You are ready to attest!

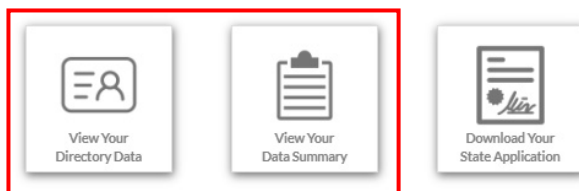
Click Attest to certify that you have carefully **reviewed all information** contained within your CAQH Profile and that all information provided by you in the profile is true, correct and complete to the best of your knowledge. You also acknowledge that your CAQH Profile will not be considered complete 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 have reviewed my Directory Data. To view your Directory Data, click [here](#).

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

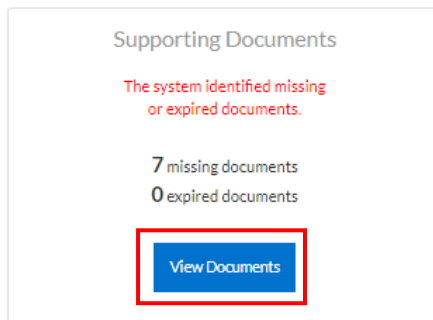


Graphic 241: Ready to Attest

4. **Attestation Completed** is displayed once you have successfully completed the re-attestation process. Confirmation will be sent via email to you within approximately 48 hours after all documents have been received and approved.
 - If you have no missing or expired documents on your account, the re-attestation process is complete. Confirmation will be sent via email to you within approximately 48 hours.
 - If you have yet to upload required documents or there are expired documents that require your attention, they are indicated on the screen. Click the **View Documents** button to navigate to the [Documents](#) page. Confirmation is sent via email within approximately 48 hours after all documents have been received and approved.

Attestation Completed

You have successfully attested to your profile, however your documents also need to be reviewed and updated.



If this is your first attestation, you must submit all required documents before participating organizations can receive your information.

Thank you for participating in the CAQH Provider Data Portal.

Graphic 242: Re-Attestation Complete – Required Documents

9 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 (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.

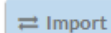
Once a practice manager enters this information for you into the Provider Data Portal for Practice Managers, the practice manager will export the data, meaning they will transfer the data to your data profile. You then have the option to view this data and choose to import the data if you desire.

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

- Personal information
- Professional IDs
- Education
- Professional training
- Specialty
- Credentialing contact
- Practice location
- Hospital affiliations
- Professional liability insurance

The **Import** button is displayed at the top of each of these sections. If data available to you to import into your profile, the **Import** button displays as active. Clicking the button allows you to review the data that was entered for you by a practice manager. You can then choose to import the data as a new set of information or replace an existing set of data within the applicable section.

PERSONAL INFORMATION

A rectangular button with a blue background and white text that says "Import". It is highlighted with a red rectangular border.

* 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 your CAQH profile can be customized for your situation. The answers you provide will determine which fields display and are required.

* NUCC Grouping ⓘ

Allopathic & Osteopathic Physicians

* Provider Type

Medical Doctor (MD)

* Practice Setting ⓘ

Inpatient/Outpatient or Outpatient Only

Graphic 243: Import Button

The Select Information to Import page is displayed after clicking the **Import** button. Information to import is displayed on the right half of the page and existing profile information is displayed on the left side of the page.

- To add new information to your data profile, on the right side of the page, click on the box containing the information you wish to add and drag the box to the left side of the page.
- To replace existing information in your data profile, on the right side of the page, hover over a box of data. If the data already exists in your profile, you will be given the option to overwrite and replace the information.
- Click the **Reject** button for a section of information if you do not wish to import the data.

Graphic 244: Select Information to Import Page

Appendix A Reference Information

A.1 Provider Status

Provider statuses are defined below and may be automatically changed, or manually changed by the CAQH Solutions Center. CAQH assigns statuses based on the triggering events below.

Table 1: Provider Status

Status	Triggering Event	Activity Type
New Provider	When a new provider record is created.	Automatic
Initial Outreach	When the system sends a Welcome Email. NOTE: Effective 06/08/2020, CAQH is no longer sending registration kits via USPS.	Automatic
Undeliverable	When a Welcome Letter is returned from USPS as “Undeliverable” due to bad mailing address, and no alternate Email or Mailing Addresses are available. NOTE: Effective 06/08/2020, CAQH is no longer sending registration kits via USPS.	Manual
Alternate Outreach	<ul style="list-style-type: none"> When the current Provider Status is Initial Outreach and provider changes Primary Email Address at registration. When the current Provider Status is Initial Outreach, and the Welcome Email bounced back, the Welcome Letter is resent via a new email if one is received. 	Automatic Automatic
First Provider Contact	<ul style="list-style-type: none"> When a new provider registers and logs into the portal with a username and password. When a new provider contacts the Solutions Center. 	Automatic Manual
Profile Data Submitted	When a provider attests for the first time and all required documents are not yet approved. May also be referred to as “Application Data Submitted”.	Automatic
Initial Profile Complete	When a provider has attested for the first time and all required documents are approved. May also be referred to as “Initial Application Complete”.	Automatic
Re-Attestation	When a provider attests, after the first attestation.	Automatic
Expired Attestation	<ul style="list-style-type: none"> When Provider does not have Primary Practice State = IL, and the provider has not attested within the last 120 days. When Provider has Primary Practice State = IL, and the provider has not attested within the last 180 days. 	Automatic
Provider Retired	When CAQH is notified that a provider is retired.	Manual
Provider Deceased	When CAQH is notified that a provider is deceased.	Manual
OptOut	When CAQH has verified that a provider no longer wishes to participate in the CAQH Provider Data Portal.	Manual

A.2 Provider Types

The Provider Data Portal supports the following provider types:

Table 2: Provider Types

Abbreviation	Description
MD	Medical Doctor (MD)
DDS	Doctor of Dental Surgery (DDS)
DMD	Doctor of Dental Medicine (DMD)
DPM	Doctor of Podiatric Medicine (DPM)
DC	Doctor of Chiropractic (DC)
DO	Osteopathic Doctor (DO)
ACU	Acupuncturist
ADC	Alcohol/Drug Counselor
AUD	Audiologist
BT	Biofeedback Technician
CRNA	Certified Registered Nurse Anesthetist
CSP	Christian Science Practitioner
CNS	Clinical Nurse Specialist
CP	Clinical Psychologist
CSW	Clinical Social Worker
DT	Dietician
LPN	Licensed Practical Nurse
MFT	Marriage/Family Therapist
MT	Massage Therapist
ND	Naturopath
NEU	Neuropsychologist
MW	Midwife
NMW	Nurse Midwife
NP	Nurse Practitioner
LN	Nutritionist
OT	Occupational Therapist
OPT	Optician
OD	Optometrist
PHA	Pharmacist
PT	Physical Therapist
PA	Physician Assistant
PC	Professional Counselor
RDH	Registered Dental Hygienist
RN	Registered Nurse
RNFA	Registered Nurse First Assistant
RT	Respiratory Therapist

Table 2: Provider Types

Abbreviation	Description
SLP	Speech Pathologist
HOS	Hospitalist
APN	Advanced Practice Nurse
AA	Anesthesia Assistant
ABA	Applied Behavioral Analyst
AT	Athletic Trainers
GC	Genetic Counselor
SA	Surgical Assistant

A.3 Re-Attestation Reminder Email Schedule

Re-attestation is required by Practitioners every 120 days (180 days for Illinois Practitioners) 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 Practitioners):

- 15 days prior to expiration
- 10 days prior to expiration
- 5 days prior to expiration

If no re-attestation has occurred, you will be put in Expired status on the day after the re-attestation was due. Practitioners in Expired status will receive the following notices:

- Day after Practitioner 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 in the [Personal Information](#) section. It is important to keep this email accurate and current so that you receive these important messages. You can also enter two additional email addresses in this section that will be copied on system generated messages.

Appendix B Training Information and Solutions Center Information

B.1 Training Information

B.1.1 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.

B.1.2 Practitioners, Groups Users, and 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.
 - Practitioners log in to: <https://proview.caqh.org/PR>.
 - Groups log in to: <https://proview.caqh.org/EPM>.
 - 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.

B.2 Solutions Center Information

B.2.1 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).

B.2.2 Practitioners, Groups Users, and 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>.
 - Groups log in to: <https://proview.caqh.org/EPM>.
 - Practice Managers log in to: <https://proview.caqh.org/PM>.

Call us at 888-599-1771.

- Phone Hours: Monday – Friday: 8:00 AM - 8:00 PM (ET).

Appendix C Revision History

Date	Version	Revision
	1.0	First draft.
	1.1	<ul style="list-style-type: none"> Updated System Security section. Updated Chapter 5 – Review Your Data to reflect current print screens of Review tab. Updated Chapter 8 – Completing Your Attestation to reflect current print screens of Attest tab. Updated Appendix – Provider Status table to reflect accurate names for provider status, specifically “Application Problem”, “Application. Data Submitted”, and “Initial Application Complete”.
	2.0	<ul style="list-style-type: none"> Updated System Security section. Updated Chapter 6 – Uploading Supporting Documentation. Added information regarding failed supporting documents. Updated Chapter 8 – Completing Your Attestation. Added information regarding when re-attestation reminder emails are distributed. Updated sections within Chapter 4 – Completing Your Profile Information. Clarified that the Disclosure of Ownership questions must be downloaded, signed, and uploaded for organizations to access information in replica applications. Clarified that primary email and PMOC CC1 and PMOC CC2 are the emails that are sent the automated system generated emails. Added additional information regarding authorizing organizations with which a provider does not participate. Added reference to “Save” button – users can click on the “Save” button to save their information entered on a screen.
	3.0	<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. Updated the names of some of the buttons and links.
	4.0	<ul style="list-style-type: none"> Added a note on page 43 that states: The signature on the initial AAR form should be a wet signature. Stamped or electronic signatures will NOT be accepted. Added some more details about Activity Log on page 14. Added a note that ALL documents may now be viewed regardless of the status.
	5.0	Updated the following pages to add some more tips and instructions: Professional IDs, Education, Specialties, Practice Locations, Hospital Affiliations, Employment Information.
	6.0	Updated the following pages: Uploading documents (AAR documents), Practice Locations Address Standardization, Professional Liability Insurance.
	7.0	<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.
	8.0	Updated Practice Location with the recent changes.

Date	Version	Revision
	9.0	Updated Chapter 3 (Homepage) and Chapter 4 (Practice Locations section).
	10.0	Updated Practice Location, Personal Information, and Re-attestation section to incorporate recent changes in the system.
	11.0	Updated Hospital Affiliations section.
	12.0	<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.
	13.0	Updated the process for retrieving username and resetting the password or primary e-mail address.
	14.0	<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.
	15.0	<ul style="list-style-type: none"> 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.
	16.0	Added details on how Type 1 and Type 2 NPIs are validated.
	17.0	Added details on the changes in editing SSN and DOB.
	18.0	Added details in the changes in the license number field.
	19.0	Updated Practice Locations section, Specialties, and Employment information section to incorporate recent changes in the system.
	20.0	Updated Chapter 4 to indicate the Individual NPI validation.
	21.0	Updated the following sections: Personal Information, Education, Specialties, Professional Liability Insurance, and Documents.
	22.0	Added details on the enhanced self-registration page and the Check for CAQH ID feature, updated Provider Status Appendix.
	23.0	Updated the following sections: Professional IDs, Education and Professional Training, Practice Locations, Hospital Affiliations, Professional Liability Insurance, Employment Information, and Documents section.
	24.0	Updated the following sections: Home Page Navigation, Practice Locations, and Documents.
	25.0	<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.
	26.0	Added the recent changes on Gender Dysphoria, AZ CDS, and the Maintenance and Deployment Schedule on the Provider Data Portal login page.
	27.0	<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 numerous sections to show new header design and completion indicator for each of the sections.
	28.0	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.

Date	Version	Revision
	29.0	Added the validation message for Policy Numbers.
	30.0	Updated Practice Locations section to indicate that the area codes for the Appointment Phone Numbers will now be validated.
	31.0	<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. ▪ 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.
	32.0	<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.
	33.0	<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.
	34.0	<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.
	35.0	<ul style="list-style-type: none"> ▪ Updated Solutions Center Operation Hours. ▪ Updated DOB instruction. ▪ Added information in Hospital Affiliation for IL providers.
	36.0	<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.

Date	Version	Revision
	37.0	<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 and updated error message for invalid Type 2 NPIs.
	38.0	Removed note that states: The signature on the initial AAR form should be a wet signature. Stamped or electronic signatures will NOT be accepted.
	39.0	Updated information on location confirmation for unattested specialty.
	40.0	<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.
	41.0	<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.
	42.0	Updated for CAQH Rebranding.
NOTE: Prior to version 43.0, the release date was not tracked in the Revision History table.		
08/22/2023	43.0	Updated Help Desk information for Rebranding.
11/11/2024	44.0	<ul style="list-style-type: none"> Made general edits to improve readability. Added the Supervising Physician section. Added additional information to the Special Experience, Skills, and Training section detailing expanded options.
05/28/2025	45.0	<ul style="list-style-type: none"> Added additional information to the Cultural Competency Training section. Updated the graphics in the Special Experience, Skills, and Training section. Updated the Practice Limitations section of the Provider at the Location section to include additional limitation options. Updated the graphic in the Patients section of the Provider at the Location section. Updated the graphic in the Telehealth section of the Services and Resources section. Added information to the Archive a Location section to confirm whether a provider still practices at a TIN (tax identification number/Tax ID) when archiving the last location with that TIN. Added the Edit a Tax ID section to confirm whether a provider still practices at a TIN (tax identification number/Tax ID) when editing the TIN associated with a practice location. Added information to the Affiliation section to confirm whether a provider still practices at a TIN (tax identification number/Tax ID) when the affiliation is the I no longer practice at this location option.

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