



PROVIEW.®

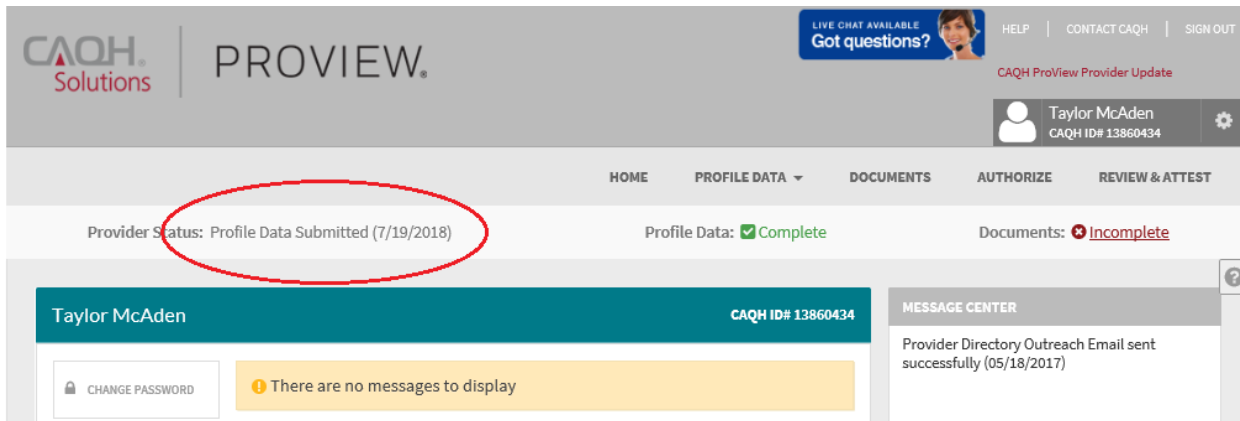
Editing SSN and DOB in CAQH ProView

Version: 1.0
Last updated: 7/20/2018

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

Below are the details of the changes:

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



Personal Identification Numbers

*** Social Security Number**
000-00-0000

Foreign National Identification Number
[Empty field]

FNIN Country of Issue
(Select one)

*** Do you have a Unique Physicians Identification Number (UPIN)?**
 Yes
 No

*** UPIN**
D27526

*** Do you have an Individual (Type 1) National Provider Identifier (NPI)?**
 Yes
 No

*** Individual NPI (Do not enter an Organization here.)**
8397393793

Demographics

*** Gender**
Male

Race/Ethnicity
(Please Select)

*** Birth Date**
06/26/1967

Birth City
[Empty field]

Birth State
(Not Specified)

Birth Country
(Not Specified)

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

Suffix

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* Have you ever used Other names ?

Yes

No

Home Address

Street 1

test

Street 2

▶ Why is my home information requested?

▶ How can I select more than one language?

▶ How do I upload a document?

▼ Why are the Social Security Number and Date of Birth fields read-only?

This field cannot be edited. Please contact the Help Desk if you need assistance.

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

HOME PROFILE DATA DOCUMENTS AUTHORIZE REVIEW & ATTEST

Provider Status: First Provider Contact (6/12/2017) Profile Data: ✖ Incomplete Documents: ✖ Incomplete

Save Save & Continue

PERSONAL INFORMATION

Names

Provider Information

Import

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

Personal Identification Numbers

* Social Security Number 000-00-0000

Foreign National Identification Number

FNIN Country of Issue (Select one)

* Do you have a Unique Physicians Identification Number (UPIN)?

Yes

No

* Do you have an Individual (Type 1) National Provider Identifier (NPI)?

Yes

No

Demographics

* Gender (Please Select)

Race/Ethnicity (Please Select)

06/03/1980

Birth City Birth State (Not Specified) Birth Country (Not Specified)

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

Revision Log

<u>Version</u>	<u>Updates</u>	<u>Date</u>
Version 1	Original	July 20, 2018