



Provider Service Simplified

# HealthCare Administrative Solutions, Inc. Credentialing Training Manual

# **PROVIDER MANUAL**

## **TABLE OF CONTENTS**

1. Introduction
2. Glossary
3. Who is Responsible for Credentialing
4. The Credentialing Process
5. Implementation Dates
6. The Integrated Massachusetts Application
7. Modes of Credentialing
  - A. Completing an Application Online – the Universal Credentialing DataSource (UCD)
  - B. Mail and Fax Submissions
  - C. Frequently Asked UCD Questions
8. Initial Credentialing
9. Recredentialing
10. Credentialing Versus Enrollment, Billing and Contracting Requirements
11. Reference Letters
12. HCAS Welcome Packet
13. Credentialing Decisions
14. Contact Information
15. Reference Materials

## 1. Introduction

HealthCare Administrative Solutions, Inc. (HCAS) is a non-profit entity founded in January 2005 by several Massachusetts health plans to collaborate on administrative simplification initiatives. A board of directors governs HCAS and the organization is managed and operated by an Executive Director.

Participating plans include:

- Blue Cross Blue Shield of Massachusetts
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Health New England
- Neighborhood Health Plan
- Network Health
- Tufts Health Plan.

HCAS, on behalf of its member health plans, signed a contract with Ingenix, a national Credentialing Verification Organization (CVO) and provider data management company, to simplify and reduce the redundancy associated with the provider credentialing and recredentialing processes. HCAS researched a number of companies for this initiative. Ingenix, one of the industry's leading health information companies, was selected.

The new credentialing service offers a single point of entry for physicians and other health care practitioners to submit credentialing information for participating health plans to verify a provider's qualifications to treat patients. As all health plans are required to credential and recredential their network providers, there are significant efficiencies to be gained by centralizing and streamlining the process. This streamlined credentialing process allows providers to complete the process one time for several health insurance plans.

For the industry as a whole, the standardization of provider credentialing processes will improve efficiency and ultimately reduce administrative costs.

For more information on the HCAS credentialing initiative please visit our website at [www.hcasma.org](http://www.hcasma.org).

## 2. Glossary

### HealthCare Administrative Solutions (HCAS) Credentialing Glossary

Acronym or Term:	Full Name:	Definition:
Aperture <sup>®</sup>	Same	Provides primary source verification services to HCAS participating plans.
CAQH <sup>®</sup>	Coalition for Affordable Quality Health Care <sup>®</sup>	Designers of the Universal Credentialing DataSource, or UCD (see definition below).
CVO	Credential Verification Organization	A business that verifies credentials on behalf of health plans.
HCAS	Health Care Administrative Solutions, Inc.	An independent organization of Massachusetts health plans created to collaborate on streamlining administrative functions.
Ingenix <sup>®</sup>	Same	A health care information and research company contracted with HCAS to provide credentialing services. Ingenix administers the UCD for CAQH, and contracts with Aperture for CVO services.
NP	NetworksPro	The internal credentialing/network management database (software) that health plan Provider Enrollment and Credentialing areas will use internally. Licensed from Ingenix.
OAS	Online Application System	Synonymous with Universal Credentialing DataSource (UCD)—see below. Used to enter provider data for credentialing purposes.
PSV	Primary Source Verification	Service to verify provider credentials based on the original source.
UCD	Universal Credentialing DataSource	A national, centralized database. Providers submit and update their credentialing data to the UCD. Participating health plans draw credentialing data from this common database.

### 3. Who is Responsible for Credentialing

In some cases, a provider completes his or her own credentialing process. In other cases a group of providers may have their credentialing services centralized and performed by an administrator. Both of these processes can be efficiently managed by using the new HCAS credentialing process.

Only one credentialing administrator may be assigned to carry out the credentialing process for a provider. A secondary administrator, as identified by the provider, may *add* additional information to the provider's credentialing record. Additional information may include additional malpractice carriers and practice addresses. *Only the primary credentialing administrator should provide all other credentialing information in this process.*

For a provider, who works at more than one hospital, the credentialing administrator for the provider's primary hospital will continue to be responsible for the provider's credentialing. The provider's primary hospital is wherever he/she spends the majority of time (Massachusetts regulation 243 CMR 3.13).

### 4. The Credentialing Process

Providers are recredentialed in a timeframe consistent with their birth month and birth year. A provider is credentialed every two years in Massachusetts (in other states providers are recredentialed every three years). The year in which a provider is recredentialed is based on whether he/she was born in an odd- or even-numbered year compared to the current year. For providers in states where recredentialed is conducted every three years, you will be transitioned to the birthday cycle as described above and in subsequent periods will be recredentialed every three years using digits in the provider's social security number.

Providers will receive a welcome packet, or request to update their credentialing information one month in advance of their birth month. For example, a provider born in May of 1951 would receive a recredentialed request in April of 2007. Please note that existing Coalition for Affordable Quality Health Care® (CAQH) online users will not receive a welcome packet but will continue to receive an online notification to update their information for recredentialed purposes.

A provider who is new to a health plan's network must initiate the process by contacting the health plan directly to begin the contracting process.

## Who Receives Credentialing Packets

Correspondence to providers will be sent to the address of the provider, credentialing administrator or organization as directed by the provider. Correspondence sent to a credentialing administrator will include the provider's name in the mailing address. See example below:

Dr. John Smith  
Attn. Credentialing Department, Green Clinic  
123 Prospect Street  
Boston, MA 02210

Credentialing administrators receiving mail on behalf of providers should instruct their mailrooms to look for HCAS credentialing packets addressed in this format.

## 5. Implementation Dates

Massachusetts medical doctors and doctors of osteopathy, who are not already participating with CAQH, will begin receiving welcome kits to facilitate recredentialing through this new process beginning January 2007 based on their date of birth (see Section 4).

All other providers, including those located in Maine and New Hampshire, will begin recredentialing through this process in February 2007, again based on their date of birth.

Initial credentialing for new providers begins in February, 2007.

## 6. The Integrated Massachusetts Application (IMA)

Massachusetts physicians will continue to use the Integrated Massachusetts Application for Initial Credentialing and Appointment (IMA) that was developed and accepted in 2004 through an industry collaborative (including the Massachusetts Medical Society, the Massachusetts Hospital Association, the Massachusetts Association of Health Plans and Blue Cross Blue Shield of Massachusetts). Other health care professionals in Massachusetts will also use the IMA that has been adapted for use by allied health professionals. The IMA can be located on the HCAS website at [www.hcasma.org](http://www.hcasma.org) under the "Resources" section.

Providers located outside of Massachusetts, but participating with at least one of the HCAS health plans, will continue to use the standard CAQH application that is used in states other than Massachusetts.

## 7. Modes of Credentialing

### A. Completing an Application Online – The Universal Credential DataSource

The Universal Credentialing DataSource (UCD) is the database used by the Council for Affordable Quality Healthcare (CAQH) as a centralized repository for credentialing information. HCAS participating plans and our vendor, Ingenix, is partnering with CAQH to collect and house all credentialing data.

The UCD will be available to any physician or healthcare provider who belongs to a participating HCAS plan network. When a participating plan first submits a request for credentialing or recredentialing, providers will receive a welcome packet to initiate the credentialing process.

Please note: providers who use the UCD today because they participate with health insurers already using the UCD, will be asked to update their credentialing data. These providers will not receive a welcome packet, which is designed for new users only. Physicians and other health care providers can also request a welcome packet by calling the CAQH Help Desk at 888-599-1771, or by contacting their health plan directly.

Once a participating health plan has initiated a provider's credentialing process, a provider or the designated credentialing administrator may enter credentialing information online.

Online data entry using the UCD simplifies the task of data submission with features that help ensure that information has been entered accurately. The UCD:

- prompts the user for information in an easy interview style
- requests only information relevant to the practice
- enables credentialing administrators to enter data that is common to multiple providers in a single transaction, using the Practice Administrator Module
- provides contact information for colleges, medical schools, and hospitals through drop down directories
- allows the user to save the work and return to it later
- automatically checks responses and notifies the user of potential errors.

The online application—the Integrated Massachusetts Application (IMA)—requests the same information as the paper version that has been used statewide in Massachusetts since 2004. Out-of-state providers will continue to use the standard CAQH application that is used nationally. In many cases, HCAS participating health plans have pre-populated your data to reduce data entry requirements, giving you a head start in updating the database with your information. In addition, user-friendly drop down menus further reduce data entry requirements.

Currently, National Provider Identifier (NPI) numbers are an optional field in the UCD. HCAS and its participating plans will re-evaluate this item to determine if NPI numbers should be required at a later date.

## B. Mail and Fax Submissions

While applying online is faster and more accurate, providers may also submit initial or recredentialing applications by mail or fax. The mail and fax addresses for such submissions are included in the HCAS welcome packets you will receive at the time of credentialing.

To submit credentialing applications via mail or fax transmission:

- 1) Massachusetts providers need to submit the IMA (available at: [www.hcasma.org](http://www.hcasma.org) under the “Resources” section) providers that reside in states other than Massachusetts will submit the CAQH application (available at [www.caqh.org](http://www.caqh.org)).
- 2) Mail or fax the application and all supporting documents using the fax cover sheet included in the provider welcome package at the address/number provided on the form.

CAQH will accept paper credentialing applications for a limited time – for one complete recredentialing cycle– two years from the start date of this program.

For fax transmissions, a provider’s faxed application and attachments are automatically uploaded into the CAQH database. No information is printed or reproduced on paper. Consequently, typical problems, such as paper jams and memory overload, are avoided.

### Important Note Regarding Fax Cover Sheets:

It is critical that providers use the specific fax cover sheet included in the individual provider’s welcome package. Each provider will receive a personalized fax cover sheet that contains an individual ID and bar code. This sheet will enable CAQH to attach your paperwork to required documents such as CVs and other attachments that must be submitted with your application. Submitting materials using a fax cover sheet other than the one supplied by CAQH may cause items to be misdirected and could delay application processing.

### Fax Cover Sheets

Individualized cover sheets are available:

- In the welcome packet
- Online when printing the attestation sheet
- By calling the CAQH help desk at 888-599-1771

Individualized cover sheets contain the:

- Provider specific ID
- Bar code
- Description of attachments with a code for each document
- Number of pages



As noted above, each provider must use his or her unique cover sheet. Cover sheets cannot be used to submit information for multiple providers.

A provider may e-mail or call the CAQH help desk to generate batch cover sheets. Batch cover sheets can be sent for up to 50 IMA applications.

Acknowledgment of the receipt of application data will be sent to the provider or credentialing administrator by fax or e-mail. Receipt date of an application is when a complete application is received including all required attachments.

If faxed information cannot be read, an “image was rejected” notice will be generated and sent to the provider or credentialing administrator by fax or e-mail.

A paper IMA application may be faxed or mailed without registering with CAQH. However, if no HCAS member health plan has submitted the provider’s name to CAQH, the application will be discarded. *Always contact one of the member health plans before submitting an application to CAQH (please refer to the Initial Credentialing section for more information).*

## C. Frequently Asked UCD Questions

**Q: *If I enter data into the UCD for a provider who attended a foreign medical school that does not have a street address, what do I enter? Should I leave the street address blank?***

**A:** If the school is not in the drop down box, fill in as much of the information for the foreign medical school as known and leave the rest blank.

**Q: *How does the UCD ensure the privacy of my data?***

**A:** The UCD operates under strict privacy guidelines. The CAQH UCD is designed to comply with the laws, rules and regulations relating to the privacy of individually identifiable health information and pertaining to confidentiality and security in the development of the database and the data collection process. The CAQH database is housed in a secure Network Operations Center, which is controlled by biometric hand scanners, and access is limited to engineers and monitoring staff. All network traffic to and from the center is routed through redundant firewalls for complete security to the database and online systems. Secure Internet access to application screens, use of passwords, electronic signatures/certificates, and powerful 128-bit Secure Socket Layer (SSL) encryption are used to ensure only authenticated use of the system. Only password-authenticated users have access to their restricted data over connections that automatically encode all information exchanges. Virus detection mechanisms are used to ensure that the database and the Web sites are free of all viruses. Routine tape back-ups protect all volatile system data and are secured in an off-site storage facility.

For more information related to security, privacy and confidentiality, go to <https://caqh.geoaccess.com/oas/>.

**Q: *Do all HCAS health plans have access to all provider data?***

**A:** Data collection through the UCD is maintained by CAQH in a secure, state-of-the-art data center. Data is only made available to healthcare organizations that have been authorized by the provider.

**Q: *There are two different versions of the Integrated Massachusetts Application (IMA). Which one shall I use?***

**A:** A version of the IMA is available on the HCAS website at [www.hcasma.org](http://www.hcasma.org) under the “Resources” section. This is the version used by HCAS for this credentialing initiative.

**Q: *Can providers use their own provider specific profile?***

**A:** No. The CAQH system has been standardized and can only accept one profile. The standardized profile was designed to reduce the number of required fields. Acceptance of provider profiles that differ by provider group and organization cannot be accommodated.

**Q: *Is the old version of the CAQH application being used in Massachusetts?***

**A:** No. In Massachusetts, the national CAQH application has been replaced in the UCD by the streamlined IMA that reduces the number of required fields and thus reduces data entry for providers. Out-of-state providers will continue to use the CAQH national application.

**Q: *My prepopulated data is in the UCD but what should I do next?***

**A:** Providers should update their data in the UCD as some information may be outdated and is no longer valid.

**Q: *Can health plans alter or change data in the UCD?***

**A:** No. Only providers or their designated credentialing administrators can change provider data in the UCD.

**Q: *Can health plans access the current data in the UCD if the provider has not attested?***

**A:** No. A provider must attest to the accuracy of the data before a plan can access the data.

**Q: *When printing the provider profile in the UCD the font size is small. What do I do?***

**A:** First check your Adobe Acrobat settings to ensure they are set up to print on an 8 ½ by 11 sheet. If you continue to have problems, please contact the CAQH help desk at 888-599-1771.

**Q: *I receive CAQH outreach from non-HCAS plans. What does that mean?***

**A:** Health insurance plans in addition to HCAS participating plans may require you to use the UCD. These plans have their own specific policies and procedures that are independent of HCAS. Providers with questions must contact those plans directly for guidance.

**Q: *Can I receive my CAQH ID before my credentialing cycle begins?***

**A:** Yes, a provider needing a CAQH ID before the credentialing cycle should contact CAQH at 888-599-1771.

**Q: *Which is easier, authorizing only specific plans to receive a provider’s credentialing data, or authorizing all plans at once?***

**A:** Providers may elect to use either option. By authorizing “All” plans to access your credentialing data you authorize all contracted plans to automatically access your data when your recredentialing activity is due. By authorizing “All” plans, any new plan added in the future will be able to access your data quickly. You may also authorize specific plans but if you add a new contracted plan at a later date you will be required to go back into the system to authorize that plan to access your data.

An additional listing of frequently asked questions is available on the HCAS website at [www.hcasma.org](http://www.hcasma.org).

## 8. Initial Credentialing

Initial credentialing is one of several components of the enrollment process. *Just as you do today, you must first contact the health plans with which you wish to participate prior to the start of the initial credentialing process.* Some practitioners contact plans directly while others may use managed care credentialing and enrollment staff at provider organizations. In any case, the process used currently to initiate enrollment will remain the same.

Once a health plan confirms its intent to enter into a participation agreement with a provider, it will contract with the provider using its own proprietary contracting process. Concurrently, the plan will send an electronic notice to CAQH that serves as a “trigger” for the UCD to send an HCAS welcome packet to the provider or designated credentialing administrator. This is the start of the credentialing process.

If the provider is already a CAQH user, and his/her online application is complete with an up to date attestation, then a notice may be sent requesting permission for the plan to access the provider’s data. (All providers are asked to keep their data “fresh” by reattesting electronically every 120 days.) Note, if the provider opted previously to release the information to “All” plans, then no further steps are required at CAQH and no communication will be sent. A notice may be sent if any of the data has expired.

If a provider is new to CAQH, he/she will be sent an HCAS welcome packet (see reference materials section for a sample copy of the welcome packet) including a CAQH provider ID to start the credentialing process. The provider or credentialing administrator then visits the CAQH web site, <https://caqh.geoaccess.com/oas/>, to establish a username and password and completes the online credentialing application. Supporting documents existing in paper form can be faxed or mailed to CAQH using the fax cover sheet and contact information included in the HCAS welcome packet, or by using the contact information available in the online application.

Tips to properly complete a provider application:

- Multiple DEA numbers can be accepted online. If you submit a paper application (during the roll-out period) with multiple DEA numbers, list the primary DEA number and submit the additional DEA numbers via fax. CAQH will then scan the additional items into the UCD.
- A lifetime board certification must have a “from” or “start” date entered, but not an “end” date, which is not a required field.
- The CAQH/UCD website has a *Quick Reference Guide* that can help providers complete the online application. It is also included at the end of this manual. Further questions can be directed to the CAQH/UCD Help Desk at 888-599-1771.

You must authorize CAQH through the UCD to release data to a specific contracted health plan, or to all participating health plans. To make the process easier, we suggest you check “All” so that when you add additional plans in the future no further action will be required. Once data is released, the centralized CVO (Aperture) is notified electronically and the primary source verification process is initiated. Upon completion of primary source verification, the application data and attachments are electronically submitted to the health plan in which you participate. The health plan will then access your data. When you enroll with subsequent plans the credentialing work has already been completed.

As is the process today, if additional information is needed to finalize an application, (such as alternative pathways, e.g., a physician who is not board eligible), the health plan will contact you or the provider’s credentialing administrator directly.

Each health plan makes its credentialing decisions independently and will notify you or the credentialing administrator of these decisions according to that plan’s specific procedures.

## **9. Recredentialing**

Beginning January 2007, HCAS participating health plans will recredential using the birthday cycle. CAQH will send a single outreach on behalf of all HCAS participating plans in which the provider participates, instead of each individual health plan contacting a provider for credentialing information.

HCAS health plans have submitted provider birthdate information to CAQH using their own established processes. This notification serves as a “trigger” for the UCD to send a welcome packet to you or the credentialing administrator as designated by the provider. This is the start of the recredentialing process.

### **Steps in the Process**

1. If you are already a CAQH/UCD user, and your online application is complete with an up- to-date attestation then a notice may be sent requesting permission for the plan to access your current data. (Note: providers are asked to keep their data “fresh” by re-attesting electronically every 120 days). If you previously opted to release the information to “All” plans, then no further steps are required using the CAQH/UCD.
2. If you are new to CAQH/UCD, then you will receive an HCAS welcome packet with a unique CAQH/UCD provider ID to use in the credentialing process. You or the credentialing administrator will then visit the CAQH/UCD web site at <https://caqh.geoaccess.com/oas/>. Here you will establish a username and password and complete the credentialing application online in the UCD or by submitting materials by paper or fax submission. Supporting documents existing in paper form should be faxed or mailed to CAQH using the contact information included in the HCAS welcome packet; or the contact information included in the online application.

To minimize the amount of data entry required, some data has been populated into the UCD by HCAS participating health plans. If a provider currently participates with at least one of the health plans and began participation with that plan(s) prior to 2006 certain pre-populated data will be available in the UCD.

Massachusetts physicians will continue to use the online representation of the IMA for Initial Credentialing and Appointment that was developed and accepted in 2004 by an industry collaborative among the Massachusetts Medical Society, Massachusetts Hospital Association, the Massachusetts Association of Health Plans and Blue Cross Blue Shield of Massachusetts. Other clinical staff in Massachusetts will also use the IMA, which was adapted for use by allied health professionals. Providers located outside of Massachusetts, but participating with at least one of the HCAS health plans, will continue to use the CAQH application that is used in states other than Massachusetts.

### **Tips to properly complete an application:**

- Multiple DEA numbers are accepted online. If the application you submit is on paper during the roll-out period and contains multiple DEA numbers, list the primary DEA number and submit the additional DEA numbers via fax. Ingenix will then scan these numbers into the UCD.

- A lifetime board certification must have a “from” or “start” date entered, but not an “end” date. The “end” date is not a required field.
- The CAQH/UCD website has a *Quick Reference Guide* that can help providers complete the online application. A copy of the guide is included in the reference materials section of this manual. Further questions can be directed to the CAQH Help Desk at 888-599-1771.
- If the provider designates a credentialing administrator, the credentialing administrator may use the provider’s password. For security purposes, HCAS recommends that the credentialing administrator create a new password). If the provider or designated (primary) credentialing administrator does not have the existing password, they may call the CAQH/UCD help desk to change the password.
- A designated credentialing administrator may assign the same password for each provider in the group or assign unique passwords for individual providers.

The provider will authorize CAQH/UCD to release to a specific health plan, or all participating health plans, access to his/her credentialing data. Once data is released, the centralized CVO (Aperture), is notified electronically and the primary source verification process is initiated. Upon completion of primary source verification, the data and image of the application and attachments are electronically submitted to the authorized health plan. When the provider enrolls with subsequent plans the majority of the work is already completed.

As is the process today, if additional information is needed to finalize an application, (such as alternative pathways, e.g., a physician who is not board eligible), the health plan will contact you or the provider’s credentialing administrator directly.

Providers are encouraged to complete the application online for a faster and more accurate process. An application may also be mailed and for a period of two years (beginning 1/1/07), providers may also submit applications by fax transmission.

Each health plan makes its re/credentialing decisions independently. The provider or credentialing contact will be notified of these decisions according to that plan’s procedure.

## Ongoing Recredentialing

CAQH/UCD will prompt you or the credentialing administrator to re-attest to the accuracy of the data every 120 days. The frequency cannot be changed. However, you may modify your e-mail to direct these messages to a separate e-mail folder. Keeping data current allows participating plans to review and validate your credentials in a timely fashion.

HCAS will recredential providers based on the birthday cycle. Currently, all the HCAS participating health plans use the birthday cycle for medical doctors and doctors of osteopathy in Massachusetts. Ancillary providers will be transitioned to the birthday cycle.

The timing of recredentialing is based upon whether the provider was born in an odd or even numbered year and the month of birth.

## 10. Credentialing Versus Enrollment, Billing, and Contracting Requirements

As noted earlier in this manual, HCAS participating plans each have their own company-specific policies and contract requirements for participation in their network. In addition, HCAS plans do not use the billing and enrollment information that is collected by CAQH. Each participating plan has its own policies and procedures for enrolling providers and updating billing information, which can be found at each plan's website:

Blue Cross Blue Shield of Massachusetts  
[www.bluecrossma.com](http://www.bluecrossma.com)

Fallon Community Health Plan  
[www.fchp.org](http://www.fchp.org)

Harvard Pilgrim Health Care  
[www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MANUALS/PROVIDER/A.12%20CLINICAL%20CRED%20RECREATED.PDF](http://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MANUALS/PROVIDER/A.12%20CLINICAL%20CRED%20RECREATED.PDF)

Health New England  
[www.healthnewengland.com](http://www.healthnewengland.com)

Neighborhood Health Plan  
[www.nhp.org](http://www.nhp.org)

Network Health  
[http://www.network-health.org/tpl/providers\\_418.asp?contid=prov\\_join\\_cred](http://www.network-health.org/tpl/providers_418.asp?contid=prov_join_cred)

Tufts Health Plan  
[www.tufts-healthplan.com/providers/provider.php?sec=provider\\_manuals&content=credentialing](http://www.tufts-healthplan.com/providers/provider.php?sec=provider_manuals&content=credentialing)

Plan-specific contact information is also available on the HCAS website at [www.hcasma.org](http://www.hcasma.org).

Providers should submit their billing and enrollment information--and changes made to such information throughout the year --directly to their contracted health plans.

## **11. Reference Letters**

As noted above, HCAS participating health plans each have their own company specific policies and contract requirements, including the provision of reference letters. Providers may contact each plan regarding its plan-specific requirements. HCAS has included a summary of plan-specific reference letter requirements and a copy of a sample reference letter for providers to use on the HCAS website at [www.hcasma.org](http://www.hcasma.org) under the “Resources” section. A copy of the sample reference letter is also included in the reference materials at the back of this manual.

## **12. HCAS Welcome Packet**

Providers credentialing and recredentialing with HCAS participating plans for the first time will receive a welcome packet with instructions on how to submit credentialing information online, by mail or fax.

Please note: Existing CAQH online users *will not* receive an HCAS welcome packet. Those users are actively using the UCD system, and in the interest of reducing unnecessary paperwork, CAQH will not be sending welcome packets to existing online users.

A sample of the HCAS welcome packet is located in the back of this manual.

## **13. Credentialing Decisions**

Once a plan has received the appropriate credentialing information, including confirmation that the application and primary source verifications were successfully completed, each health plan will make its own independent credentialing decision based on their policies and procedures.

Providers can obtain the status of an initial or recredentialing application with CAQH by fax, an e-mail update, or by logging into their CAQH online account. A provider can receive a status update of a plan’s credentialing decision by contacting the health plan directly, as they do today.



## **14. Contact Information**

### **Universal Credentialing DataSource (UCD) Support**

- Providers using the Online Application System
- Practice managers using the Practice Administrator Module
- Questions regarding faxed applications and supporting documents
- Application requests
- Any general UCD questions

Provider and Practice Manager Support: 888-599-1771

E-mail: [help@caqh.geoaccess.com](mailto:help@caqh.geoaccess.com)

### **CVO Questions and Support**

- Toll-free support number: 800-398-0335. Option 4
- Toll-free fax: 800-485-9592

### **Plan Contact Information for Credentialing Inquiries**

Blue Cross Blue Shield of Massachusetts	1- 800-316-2583
Fallon Community Health Plan	1-866-275-3247 <a href="mailto:askfchp@fchp.org">askfchp@fchp.org</a>
Health New England	1-800-842-4464
Harvard Pilgrim Health Care	1-800-708-4414 <a href="mailto:provider_callcenter@hphc.org">provider_callcenter@hphc.org</a>
Neighborhood Health Plan	1-800-462-5449 <a href="mailto:CustomerCare@nhp.org">CustomerCare@nhp.org</a>
Network Health Attn. Credentialing Supervisor	1-888 257-1985
Tufts Health Plan	1-888-306-6307

## **15. Reference Materials**

## ***Sample HCAS Reference Letter***



## REFERENCE LETTER

Please Check One:  
**No Hospital Privileges** ☐      **Not Board Certified** ☐      **Allied Professional** ☐

Reference Letter for: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Please explain your relationship to the applicant \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Department Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Would you recommend this physician for participation in the network? Yes ☐ No ☐\*

To the best of your knowledge, are there any concerns relating to:

- |  |                              |                               |
|--|------------------------------|-------------------------------|
| 1. professional performance                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> * |
| 2. judgment                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> * |
| 3. clinical skill                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> * |
| 4. competency                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> * |
| 5. mental or physical status                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> * |
| 6. any impairment related to chemical dependency | Yes <input type="checkbox"/> | No <input type="checkbox"/> * |

To the best of your knowledge, does the practitioner have any: pending or closed disciplinary actions? Yes ☐ No ☐\*

To the best of your knowledge, does the practitioner have any: pending or closed malpractice cases? Yes ☐ No ☐\*

\* For any "No" responses, please explain: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

***Sample HCAS Credentialing  
Welcome Packet***



***If you have received this document and your credentialing is facilitated by an administrator on your behalf please forward to his/her attention as soon as possible.***

One or more HCAS participating health plans is in the process of credentialing you to begin or continue participation in their network(s). The application process must be completed within 30 calendar days. Once you have submitted your application, authorized health plans will obtain the applicable information from the Council for Affordable Quality Health Care (CAQH) and continue the credentialing or recredentialing process on your behalf.

Attached you will find the following documents:

- 1) HCAS Welcome Letter
- 2) CAQH Introduction Letter
- 3) CAQH Credentialing Checklist
- 4) CAQH Faxing Guidelines and Coversheet
- 5) Provider Profile
- 6) Tips for using the Universal Credentialing DataSource (UCD) online system

You can complete the credentialing application in one of three ways:

- 1) **Online- recommended-** Register and login into the CAQH Uniform Credentialing DataSource (UCD) at [www.caqh.org](http://www.caqh.org). You will see the electronic version of the Integrated Massachusetts Application (IMA). Please complete the application according to the instructions and fax the supporting documents to CAQH.
- 2) Fax- The completed IMA application\* and attachments can be faxed to CAQH. It is important to use the CAQH fax cover sheet (included in this packet) when faxing.
- 3) Paper- The completed IMA application\* and attachments can be mailed to:  
CAQH  
P.O. Box 22869  
Louisville, KY 40252-0869

\*The Integrated Massachusetts Application (IMA) is available on the HCAS website ([www.hcasma.org](http://www.hcasma.org)) or by calling the CAQH Help Line at 888-599-1771.

**The following supporting documents are required to be faxed or mailed:**

- A signed, dated, IMA attestation
- An up-to-date Curriculum Vitae (CV) {Required for initial credentialing only}
- A current malpractice face sheet
- Reference letters (2) where applicable, i.e. non-hospital affiliated providers

Additional information regarding the online application process and how to submit credentialing information may be found at [www.caqh.org](http://www.caqh.org).

«MailCode»  
«FirstName» «MiddleInitial» «LastName» «Suffix»  
«Address»  
«Address2»  
«City», «State» «Zip»-«ExtZip»

**CAQH Provider ID:** «ProviderID»

Dear «FirstName» «LastName»,

At the request of one of the healthcare organizations with which you are contracted, or are in the process of contracting, please find enclosed the necessary information you will need to begin using the CAQH Universal Credentialing DataSource®. This secure, online service has been provided to you by many of the nation's leading health plans and other organizations to you to help streamline your credentialing paperwork. A list of the participating organizations can be found on the back of this letter.

**How the Universal Credentialing DataSource Works:**

1. Participating health plans and other organizations submit a request to CAQH to include you in this national initiative.
2. To register, log on to [www.caqh.org/cred](http://www.caqh.org/cred) using the CAQH Provider ID found at the top of this letter. Click on "Logging in for the first time," which is located on the right side of the screen.
3. You submit one standard application to a single database that meets the credentialing data needs of the dozens of participating organizations. You can submit your information online or via a toll-free fax number.
4. With your permission, participating organizations access your information and review according to their respective policies and procedures.
5. You can update your information at any time and release your updated information to participating organizations.

**Note:** You can only transmit your data to organizations with which you are already contracted or are in the process of contracting. Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with any organization. If you would like to participate with any other organizations, you must first contact the organization(s) directly to request a participation contract.

**Each participating organization continues to review and verify data, and makes an independent decision as to whether or not you meet its standards for participation.**

A step-by-step checklist that walks you through the entire process, along with important background information, is also enclosed for your reference. Even if it is not time for you to be recredentialed, by completing the CAQH Universal Credentialing DataSource application now, you will only need to update to confirm your information remains accurate when the time comes.

To learn more about CAQH and the Universal Credentialing DataSource initiative, visit the CAQH Website at [www.CAQH.org](http://www.CAQH.org), where you can view an online demonstration of the application process. Alternatively, you may call the CAQH Help Desk at 888-599-1771 or any of the organizations listed on the back of this letter. The CAQH Help Desk is available Monday through Thursday from 7:00 a.m. to 9:00 p.m. (ET) and Friday from 7:00 a.m. to 7:00 p.m. (ET) to provide assistance with any questions you may have.

Sincerely,

Council for Affordable Quality Healthcare

## Checklist for Practice Administrators

***“Universal Credentialing DataSource gets me through the credentialing process faster.”***

### What you will need

To make this process even easier, we’ve developed the following checklist of items you’ll need to complete the application. Please gather the following information (if applicable) before you sit down and begin the online application:

- ☐ Your CAQH Provider ID number (located on this kit’s cover letter)
- ☐ A previously completed credentialing application
- ☐ A list of all previous practice locations
- ☐ A copy of your curriculum vitae
- ☐ A copy of your medical license
- ☐ A copy of your DEA certificate
- ☐ A copy of your CDS certificate
- ☐ A copy of your IRS Form W-9
- ☐ Various identification numbers (UPIN, Medicare, Medicaid, etc.)
- ☐ A copy of your malpractice insurance face sheet and summary of any pending and settled cases

### Getting Started

#### **If you are entering credentialing information for an individual provider:**

- ☐ Open Internet browser
- ☐ In the address box located at the top of your browser window, type: [www.caqh.org/cred](http://www.caqh.org/cred)
- ☐ Select the “Registration” button
- ☐ Enter the provider’s CAQH Provider ID number (located at the top right of the cover letter)
- ☐ Complete the online application

#### **If you are entering credentialing information for multiple providers in your practice:**

The CAQH Practice Administrator Module—a feature of Universal Credentialing DataSource—will make your data entry task much easier. By creating a “template” with information that is common across providers in your group, you can “import” this generic record into an individual provider’s application.

Once you are ready to begin entering information:

- ☐ Open Internet browser
- ☐ In the address box located at the top of your browser window, type the following address:  
<https://caqh.geoaccess.com/pmm/>
- ☐ Register by establishing your username and password as directed
- ☐ Click “Tutorial” to view a demonstration of the Practice Administrator Module

### Questions?

If you have questions about the application process, please contact the CAQH Help Desk at 888-599-1771 or by sending an email to [help@caqh.geoaccess.com](mailto:help@caqh.geoaccess.com).

## **Frequently Asked Questions**

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### ***Why is the CAQH Universal Credentialing DataSource important to me?***

Healthcare organizations such as health plans and hospitals evaluate physicians and other healthcare providers to confirm that the healthcare providers under contract are adequately trained, certified and/or licensed to provide care. One of the most important parts of the credentialing process is the collection and verification of vital data from the provider regarding his or her education, training, experience, practice history, location, disclosure of any issues impacting the ability to provide care and other background information. Credentialing consumes a great deal of administrative time on the provider's part.

The CAQH Universal Credentialing DataSource will greatly help reduce the amount of administrative time required in this process by using a uniform application. Providers need only fill out one application, which can then be shared with all the participating organizations with whom the provider contracts. A completed, currently attested file can be used by the credentialing organization at the time of recredentialing, eliminating the need for the provider to complete a lengthy form.

### ***How will my confidentiality be maintained within the database?***

The confidentiality and security of provider information and the privacy of system users are critical priorities for CAQH. The CAQH Universal Credentialing DataSource is designed to be compliant with laws, rules and regulations relating to the privacy of individually identifiable health information. In addition, CAQH complies with applicable laws and regulations pertaining to confidentiality and security in the development of the database and the data collection process. The CAQH database is housed in a secure Network Operations Center, which is controlled by biometric hand scanners, and access is limited to engineers and monitoring staff. All network traffic to and from the center is routed through redundant firewalls for complete security to the database and online systems. Secure Internet accesses to application screens, use of passwords, electronic signatures/certificates, and powerful 128-bit Secure Socket Layer (SSL) encryption are used to ensure only authenticated use of the system. Only password -authenticated users have access to their restricted data over connections that automatically encode all information exchanges. Virus detection mechanisms are used to ensure that the database and the Websites are free of all viruses. Routine tape back-ups protect all volatile system data and are secured in an off-site storage facility.

### ***Why do I need to review and attest to my information three times a year?***

Because many participating organizations use this system for recredentialing and ongoing updating of provider directory records, it is important that the database contains the most accurate and up-to-date information. You will be sent automatic reminders to review and attest to the accuracy of your data. This is easily accomplished through a quick online visit or by contacting the CAQH Help Desk at 888-599-1771. By checking and attesting to your data three times a year, participating organizations can access current information at the time of recredentialing or database updates, without having to contact you for the information. This will help you continue to comply with the requirements of each participating organization with which you contract.

### ***Can I use the CAQH database to report any changes to my practice such as address, phone numbers, and new associates?***

Yes. You may make these changes at any time. Remember that only health plans and other organizations that participate in the CAQH Universal Credentialing DataSource and that you have authorized to access your information will receive any changes. You still need to contact non-participating plans directly.



***Can any health plan access my data?***

No. You control which organizations have access to your application information. When completing the application, you will indicate which participating health plans and healthcare organizations will be authorized to access your application data.

***What if I participate with a health plan that is not participating in the CAQH Universal Credentialing DataSource?***

If you are contracted with a health plan that is not participating in the CAQH Universal Credentialing DataSource, you can print a copy of the application and send it to that plan via mail or fax. All healthcare organizations and health plans are invited to participate in the CAQH Universal Credentialing DataSource, regardless of whether they are members of CAQH.

***My practice uses the New Jersey Universal Physician Application.***

Physicians who elect not to use the CAQH Universal Credentialing DataSource can download a copy of the New Jersey Universal Physician Application by visiting <http://www.state.nj.us.health/>. If you or your practice uses this option, the application should be mailed directly to each individual health plan in which you are seeking to be credentialed or recredentialed.

***I'm a MAC user. Can I access the online application?***

Yes. Other MAC users have found that using one of the following browsers allowed successful completion of their application. Those browsers are:

Safari – Apple Browser

<http://www.apple.com/safari/download/>

Netscape v7

<http://channels.netscape.com/ns/browsers/archive70x.jsp>

Internet Explorer for MAC

<http://www.microsoft.com/mac/downloads.aspx#IE>

If you find you have difficulty even after using one of the recommended browsers, please contact the Help Desk.

## Provider Profile

**CAQH ProviderID: 12345678**

### Personal Information

Last Name*:	<b>Smith</b>	SSN*:	<b>123-45-6789</b>
First Name*:	<b>John</b>	Gender*:	<b>Male</b>
Specialty*:	<b>Pediatrician</b>	Date of Birth*:	<b>12/01/1945</b>
Degrees*:	<b>MD, DO</b>		

### Professional IDs

Current License Number*:	<b>12345</b>	Expiration Date*:	<b>12/31/2006</b>
State*	<b>KS</b>	License Type*:	<b>Full</b>

Previous License Number\*\*:

**89012**

Federal Drug Enforcement Administration (DEA) Certificate Registration Number\*\*:

**AD12345679**

Expiration Date\*\*:

**01/01/2010**

MA Controlled Substance Registration Certificate - Registration Number\*\*:

**1234578**

Issue Date\*\*:

**01/01/2000**

### Education/Professional Training

Institution Name*:	<b>College of America</b>	Education Type*:	<b>General Education</b>
Address 1*:	<b>333 Ector Street</b>	Degree**:	<b>M.D.</b>
Address 2*:	<b>Suite 300</b>	Start Date*:	<b>01/01/1995</b>
City*:	<b>Denton</b>	End Date*:	<b>12/15/2000</b>
State**:	<b>TX</b>		
Zip*:	<b>76201</b>		
Country*:	<b>United States</b>		

Institution Name*:	<b>Aspen Valley Hospital District</b>	Education Type*:	<b>Internship</b>
Address 1*:	<b>401 Castle Creek Road</b>	Department/Specialty*:	<b>Neck Injuries</b>
Address 2*:	<b>Building 4</b>	From*:	<b>01/01/1995</b>
City*:	<b>Aspen</b>	To*:	<b>12/15/2000</b>
State*:	<b>CO</b>		
Zip*:	<b>81611</b>		
Country*:	<b>United States</b>		

Supervisor/Chief/Contact Person\*: **Richard Marx MD**

### Board Certification

Specialty**:	<b>Allergy &amp; Immunology</b>
Board Name**:	<b>American Board of Allergy &amp; Immunology</b>
Date of Initial Certification**:	<b>11/01/1997</b>

\*= Required Fields, \*\*= Conditionally Required Fields

## Provider Profile

**CAQH ProviderID: 12345678**

### Practice Locations

Address 1*:	<b>8345 Lenexa Street</b>	Office Type*:	<b>Primary Practice</b>
Address 2:	<b>Suite 300</b>	Phone Number*:	<b>(940) 368-000</b>
City*:	<b>Dallas</b>		
State*:	<b>TX</b>		
Zip*:	<b>75201</b>		
Address 1*:	<b>307A Main Street</b>	Office Type*:	<b>Other Practice</b>
Address 2:		Phone Number*:	<b>(940) 368-5050</b>
City*:	<b>Kansas City</b>		
State*:	<b>MO</b>		
Zip*:	<b>64105</b>		

### Credentialing Contact

Last Name*:	<b>Rodgers</b>	Phone Number**:	<b>(940) 368-0500</b>
First Name*:	<b>Sam</b>		
Street Address**:	<b>12345 Main St.</b>		
City**:	<b>Anywhere</b>		
State**:	<b>KS</b>		
Zip**:	<b>66214</b>		

### Professional Liability Insurance

Name of Company*:	<b>American Home Assurance Co./American Professional Agency</b>		
Address 1*:	<b>1999 Bryan Street</b>		
Address 2*:	<b>Suite 18</b>		
City*:	<b>Dallas</b>		
State*:	<b>TX</b>		
Zip*:	<b>75201</b>		
Dates of Coverage From*:	<b>01/01/2006</b>		
Policy Number*:	<b>AA79098098-09</b>		
Amount of Coverage per Occurrence*:	<b>\$2,000,000.00</b>	Amount of Coverage Aggregate*:	<b>\$3,500,000.00</b>

### Professional Affiliations/Work History

Hospital/Facility*:	<b>Dukes Memorial Hospital</b>	Institution Affiliation*:	<b>General Hospital</b>
Address 1*:	<b>275 West 12<sup>th</sup> Street</b>		
Address 2*:	<b>Suite B</b>		
City*:	<b>Kansas City</b>		
State*:	<b>MO</b>		
Zip*:	<b>64105</b>		
From*:	<b>01/01/2005</b>	To*:	<b>01/01/2006</b>

\*= Required Fields, \*\*= Conditionally Required Fields

## Useful Tips for Using the Universal Credentialing DataSource (UCD)

✓ **Turn off your computer's pop up software.**

Personal computer pop up software can prevent online users from accessing necessary UCD features including the “add” function that allows addition of multiple training, CME and license information.

✓ **Use the “Audit” button at the bottom of each page.**

The audit function highlights required fields on each page of the application that have not been completed. This quick review feature is used to identify missing information that should be included before moving to the next page. We recommend that you scroll to the bottom of each new page and click on the audit button to highlight all required fields before you start entering information.

✓ **Use the “Audit” feature on the last page of the application.**

The final audit function will display any remaining required fields in the application that are incomplete. Incomplete (required) fields are highlighted in red and suggested (optional) fields are highlighted in blue. All fields highlighted in red must be filled in to successfully complete your on-line application.

✓ **Use the “Back” and “Next” buttons at the bottom of each page.**

Make sure that you use the “Back” and “Next” buttons on the bottom of the page to navigate backward or forward in the application. **Do not use the “Back” button on your Internet navigation bar** to go to the previous page in the application.

✓ **Do not use the UCD to update your billing address for HCAS health plans.**

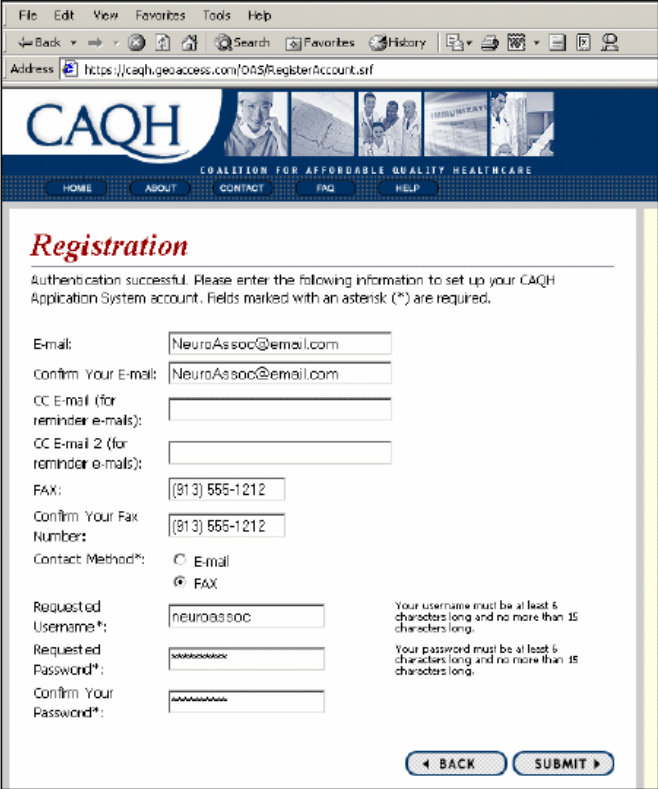
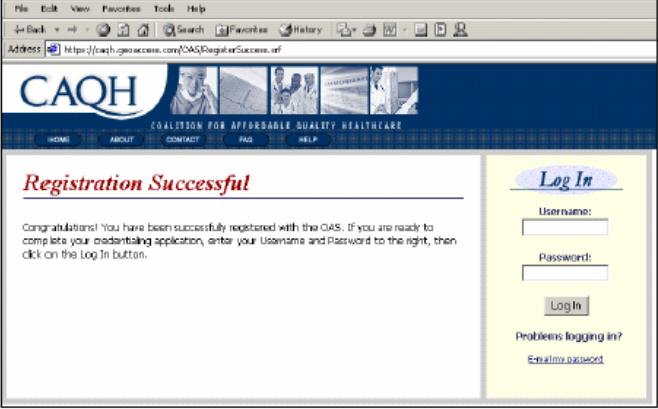
HCAS health plans **do not use the billing information in the UCD** to update their billing address files. HCAS health plans collect billing information separately, as part of their specific billing and enrollment process.

***UNIVERSAL CREDENTIALING  
DATASOURCE QUICK REFERENCE  
GUIDE***


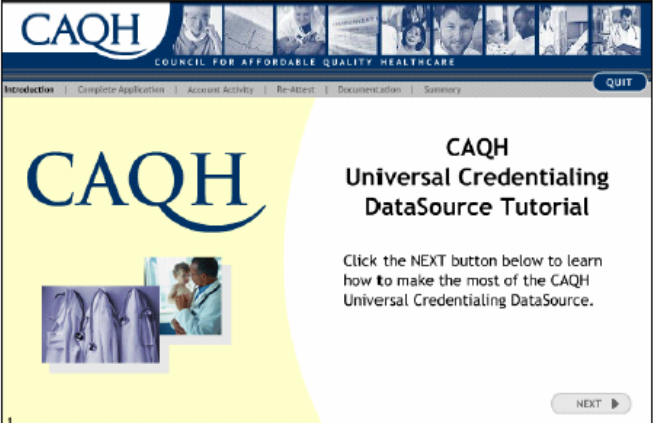
## CAQH – Universal Credentialing DataSource Quick Reference Guide

Function	Description
	<b>Registration</b> If this is the first time entering the Universal Credentialing DataSource, you must first register: <ol style="list-style-type: none"> <li>1. Open your Browser (Internet Explorer, Netscape, etc.) and enter the following URL in the Address bar:  <a href="https://caqh.geoaccess.com/oas">https://caqh.geoaccess.com/oas</a></li> <li>2. Press Enter.            The Universal Credentialing DataSource Welcome screen will display.  <b>NOTE:</b> Hover over the bubbles on the Welcome screen to view text related to each section. Click on the bubbles to open a specific section.</li> <li>3. Click the Logging in for the first time? Hyperlink.</li> </ol> The Getting Started screen will display. This screen provides a high-level overview of the online application including completion time, a summary of information required and suggested materials to have available. <b>NOTE:</b> See Attachment A.
	<ol style="list-style-type: none"> <li>4. Choose Next to move to the Authentication screen.</li> <li>5. Enter your CAQH Provider ID from your welcome packet.</li> <li>6. Enter at least one of the following additional pieces of information (the more information provided, the better the match response):           <ul style="list-style-type: none"> <li>• Social Security Number (XXX-XX-XXXX)</li> <li>• Date of Birth (mm/dd/yyyy)</li> <li>• DEA Number</li> <li>• UPIN</li> </ul> </li> <li>7. Click <b>NEXT</b></li> </ol> The Submit Registration screen will display.

## CAQH – Universal Credentialing DataSource Quick Reference Guide

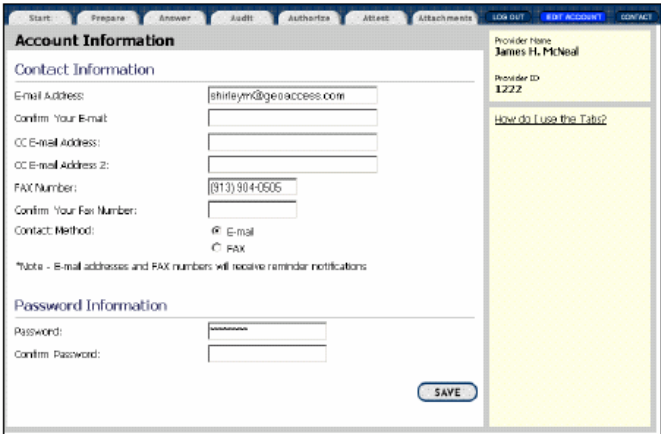
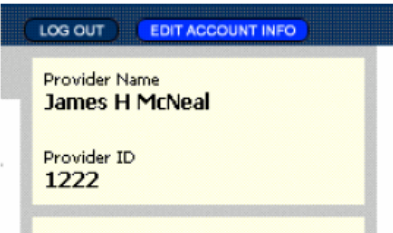
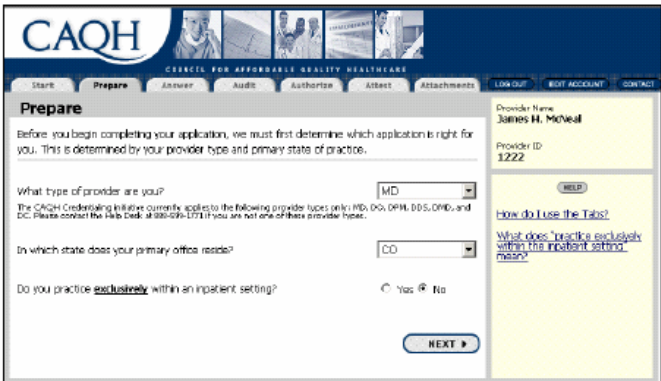

Function	Description
	<p>8. Enter your registration information – fields marked with an * are required.</p> <p>9. Click <b>SUBMIT</b></p> <p>The Registration Successful screen will display.</p> <p>If registration is unsuccessful, a dialog box will appear indicating the field(s) requiring attention. Re-enter and click Submit.</p>
	<p><b>Log In</b></p> <ol style="list-style-type: none"> <li>1. Enter your Username and Password.</li> <li>2. Press the Log In button.</li> <li>3. A dialog box will appear asking if you would like the system to remember your username and password for future log-ins – if you select Yes, you will not be required to enter this information on future logins.</li> </ol> <p>If you check the Remember username/Password box before selecting Log In, this message will not appear.</p> <p>The CAQH main page will display at the Start tab.</p> <p><b>NOTE:</b> Once registration is complete, use the browser address above and login using your Username and Password.</p>

## CAQH – Universal Credentialing DataSource Quick Reference Guide

Function	Description
	<p><b>Start Tab</b></p> <p>From the Start Page you may select:</p> <ul style="list-style-type: none"> <li>• Complete/Update Application – start the application process and begin entering your provider information.</li> <li>• Your Activity Log – view your account activity.</li> <li>• Tutorial – view the Universal Credentialing DataSource Tutorial. This requires Flash. Use the link provided to download if necessary.</li> <li>• Re-Attest – use to re-attest that your current information is up-to-date.</li> <li>• Documentation – select to view and print a formatted application and supporting documents for your records.</li> <li>• Log Out – use to log out of the system (information not saved using a Next or Submit button will not be updated/saved).</li> <li>• Edit Account Information – use to edit your account information and/or change your password.</li> </ul> <p><b>Note:</b> Hover over section tabs to see information pop-ups that define the section.</p>
	<p><b>Universal Credentialing DataSource Tutorial</b></p> <p>Select the Tutorial button to view a tutorial of the Universal Credentialing DataSource. This is a page-by-page walk through of the system.</p>

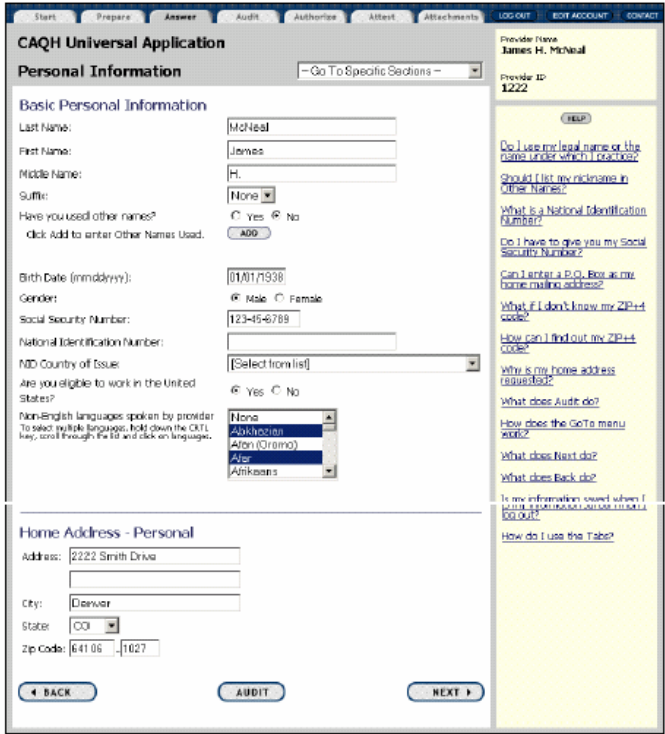

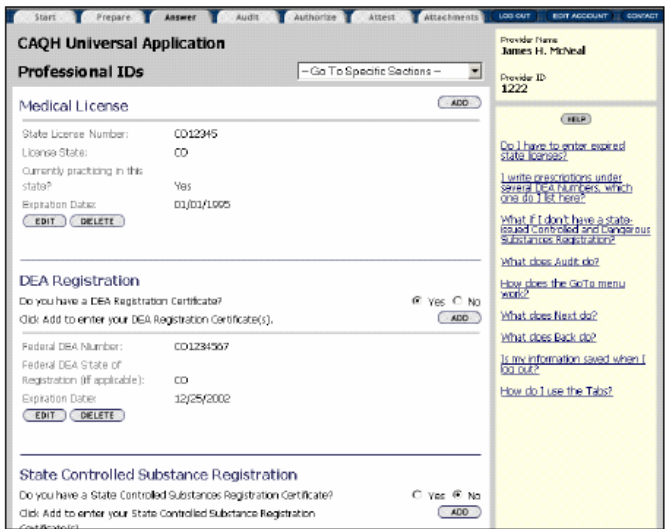


## CAQH – Universal Credentialing DataSource Quick Reference Guide

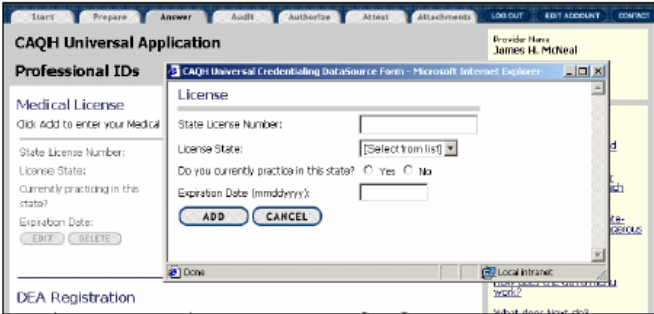
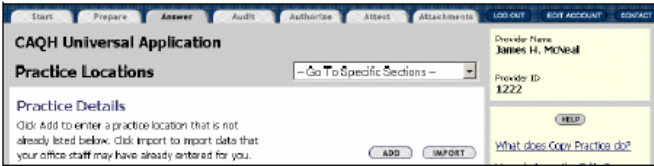
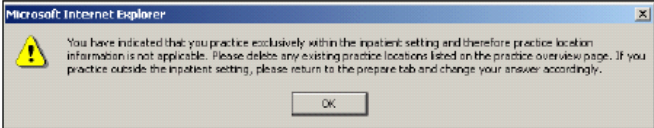
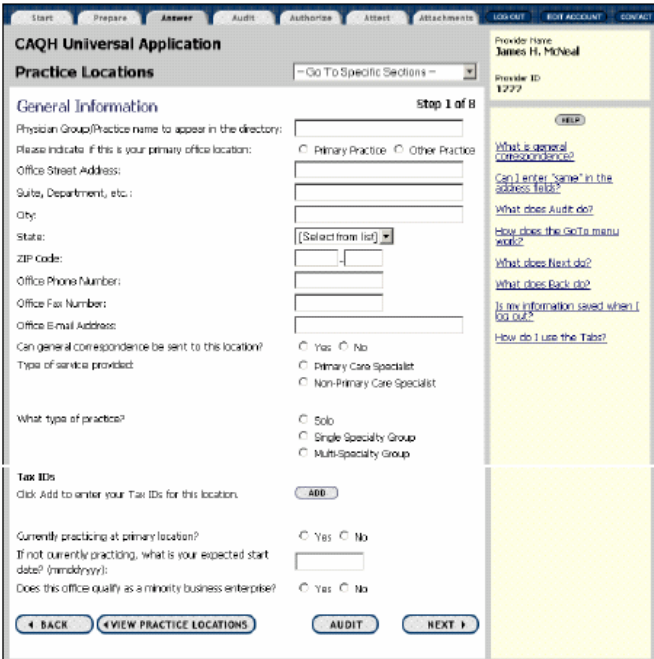
Function	Description
	<p><b>Edit Account Information</b></p> <p>Click the Edit Account Information to modify your contact information and/or change your password for the Universal Credentialing DataSource.</p> 
	<p><b>Prepare Tab</b></p> <p>Use the Prepare Tab to begin the application entry process or to make changes to your provider type, primary office state or hospital-based provider information.</p> <ol style="list-style-type: none"> <li>1. Select your provider type from the drop-down list.</li> <li>2. Select your primary office state from the drop-down list.</li> <li>3. Select Yes or No to indicate if you practice exclusively within the inpatient setting.</li> <li>4. Click </li> </ol> <p>The system advances to the Answer tab, Personal Information page.</p>

# CAQH – Universal Credentialing DataSource

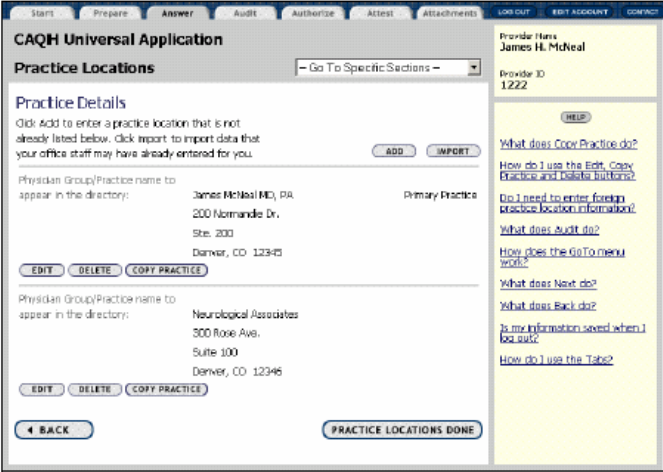
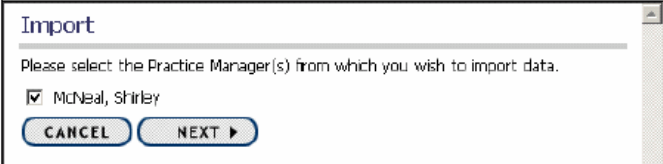
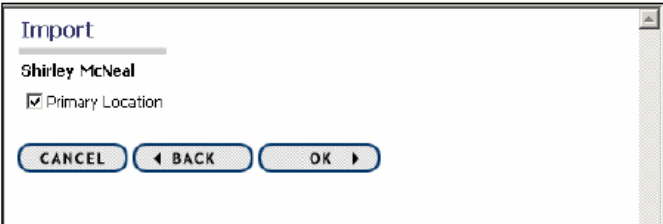
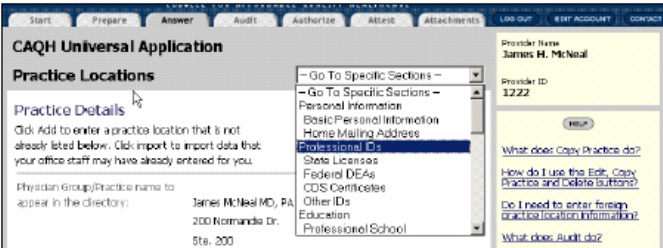
## Quick Reference Guide

Function	Description
	<p><b>Answer Tab</b></p> <ol style="list-style-type: none"> <li>Enter your personal information.</li> </ol> <p>Click <b>NEXT</b> to move to the next page of the Answer tab. Using the Next button saves your entries and advances to the next page of the Answer tab. No validation is performed.</p> <p>–OR–</p> <p>Click <b>AUDIT</b> before choosing Next to audit your entries page by page and Save. If an entry is required on the current page a request dialog will appear directing you to the information to complete.</p> 
	<p><b>Add, Edit, Delete, Import Buttons</b></p> <p>As you work through the Answer tab, many pages will include Add, Import, Edit and Delete buttons.</p> <ul style="list-style-type: none"> <li>– Use the Add button to add new sections to Answer tab pages.</li> <li>– Use the Edit button to edit information within page sections.</li> <li>– Use the Delete button to delete sections of information.</li> <li>– Use the Import button to import information entered in the Practice Administrator Module to reduce data entry. Import is only available on the Practice Locations, Hospital Affiliations and Professional Liability Insurance pages. Providers must be associated with a practice manager and the data marked Yes to be included in the export process within the Practice Administrator Module.</li> </ul> <ul style="list-style-type: none"> <li>• Import, Practice Locations – adds a new practice</li> <li>• Import, Health Care Facility Affiliations – adds a new affiliation(s)</li> <li>• Import, “current” Professional Liability Ins. – replaces “current” information</li> <li>• Import, “previous” Professional Liability Ins. – adds “previous” carrier(s)</li> </ul>

## CAQH – Universal Credentialing DataSource Quick Reference Guide


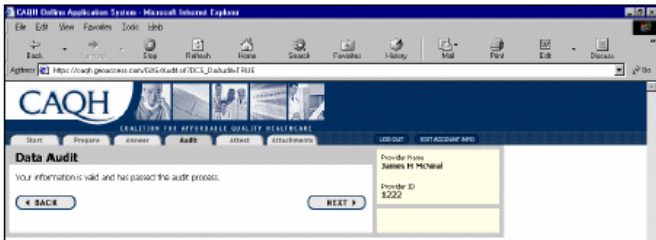

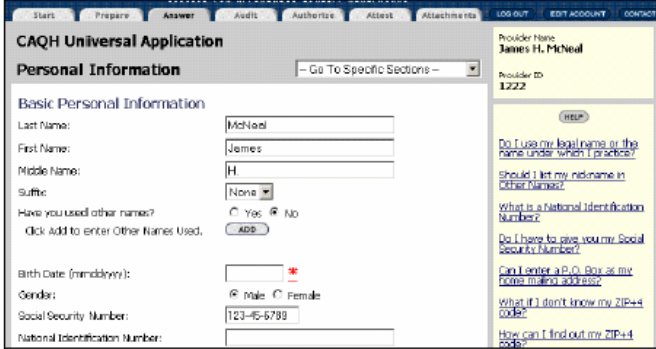
Function	Description
	<p>The Add button will sometimes bring up an additional window. After entering information, use the Add or Cancel button on the window to update/save or cancel information.</p> <p><b>Note:</b> Do not use the close window (X) button in the top right-hand corner of the window. This will update the Add button on the Answer tab page and change it to Cancel – if this happens, click the Cancel button and it will update back to Add. Check the information you entered to assure it was updated/saved before moving on.</p>
	<p><b>Practice Locations</b></p> <p>Use the Add button to enter a new location or use the Import button to import practice locations information entered by a practice manager in the Practice Administrator Module. The Practice Locations section contains multiple pages for each location.</p>
	<p>Providers who indicate that they practice exclusively within the inpatient setting are not required to complete the Practice Locations section.</p>
	<p><b>Using the Add Button</b></p> <ol style="list-style-type: none"> <li>1. Click the Add button next to Practice Details to enter a new practice location. Page 1 of X (based on standard vs. state application) for this location will display.</li> <li>2. Use the Next and Back buttons to move through the pages and enter information.</li> <li>3. Use the View Practice Locations button to return to the Practice Locations page.</li> <li>4. Use the Save &amp; Audit button to audit entries and save.</li> <li>5. Use the Next button on the last page to return to the Practice Locations page.</li> </ol>

# CAQH – Universal Credentialing DataSource Quick Reference Guide

Function	Description
	<p>The Practice Locations page will display –</p> <ol style="list-style-type: none"> <li>Use the <b>COPY PRACTICE</b> button to copy all information for a practice location previously entered to a new location.</li> <li>Use the <b>EDIT</b> button of the new location to “modify” fields for the new location. Only one location may be designated as the Primary Practice and correspondence location. Modify pages 1 through X for each location as needed.</li> <li>Select Practice Locations Done to move out of the Practice Locations section and to the next section of the Answer tab.</li> </ol> <p><b>Note:</b> When returning to the Practice Locations page to review information, choose the Edit button for the location you wish to review or edit – this will take you to page 1 of X for the location. Use the View Practice Overview button if you wish to return to the Practice Locations overview screen. Use the Practice Locations Done button to move out of this section.</p>
	<p><u><b>Using the Import Button</b></u></p> <ol style="list-style-type: none"> <li>Click the Import button next to Practice Details to enter a new practice location. The Import screen will display</li> <li>Select the Practice Manager from which you want to import data and choose Next. The Import screen will re-display.</li> <li>Select the Practice information you want to import.</li> <li>Choose OK. The Practice Locations screen will display.</li> <li>Use the Edit button for each location imported to update or add information (pages 1 through X for each location).</li> </ol>
	
	<p><b>–Go To Specific Sections–</b></p> <p>Within the Answer tab, use the –Go To Specific Sections– drop-down list to move quickly to different sections. This list is in page order with sub-pages indented beneath page names.</p>

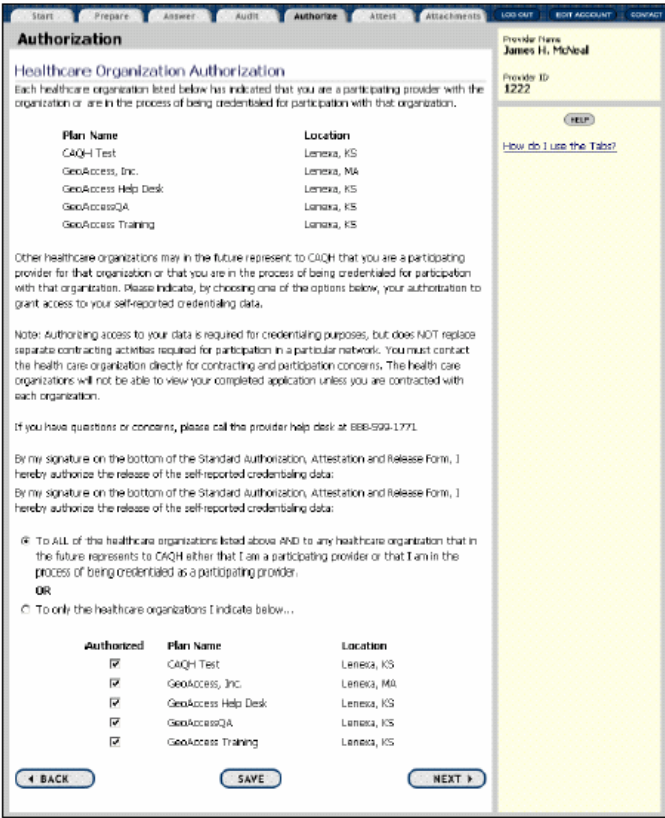
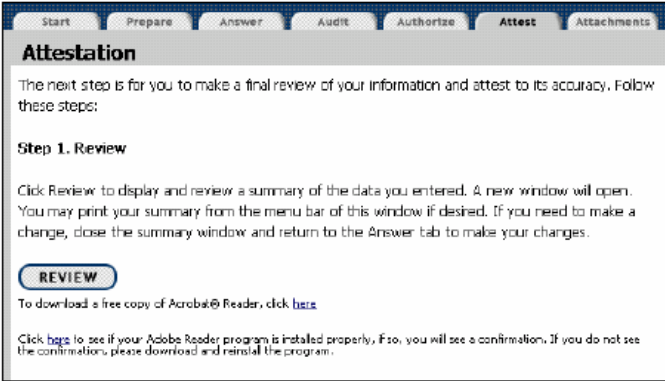


## CAQH – Universal Credentialing DataSource Quick Reference Guide

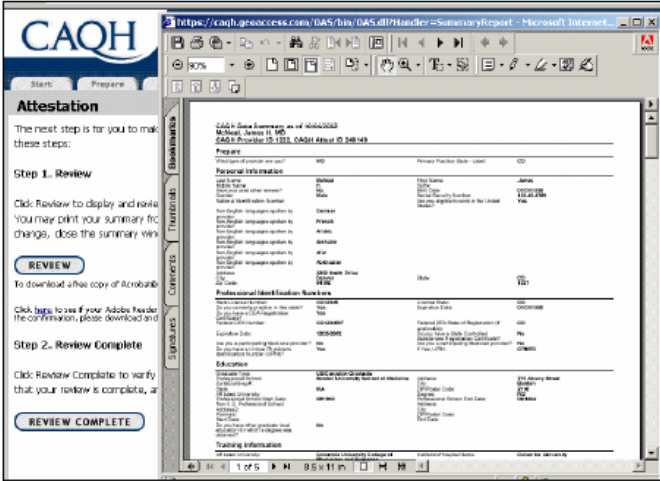

Function	Description
	<b>Audit Tab</b> When all sections of the Answer tab have been completed, choosing Next on the last page takes you to the Audit tab. The audit process checks your data and flags areas where problems are found.
	<ol style="list-style-type: none"> <li>Click run Audit.</li> <li>If your credentialing application is error free, you will receive the Data Audit valid screen. Choose <b>NEXT</b> to proceed to the Attestation tab.</li> </ol>
	<p>If errors are encountered, the Data Audit screen will display with a list of the errors, details and links to the pages containing the errors.</p> <p>If errors are encountered, the Data Audit screen will display with a list of the errors, details and links to the pages containing the errors.</p> <ol style="list-style-type: none"> <li>Click the hyperlink of the first Required Fixes error.</li> </ol>
	<p>The page with the error will display.</p> <ol style="list-style-type: none"> <li>Correct the Required Fixes error(s) on the page or enter missing information.</li> </ol>
	<p>Errors will be flagged with a red * (asterisk). Click the red * to receive information regarding the error.</p> <ol style="list-style-type: none"> <li>Click <b>OK</b> at the bottom of the page to update and return to the audit tab.</li> <li>Work through all Required Fixes errors and Suggested Fixes (optional).</li> <li>When the last error has been corrected the Data Audit valid screen will appear. Choose <b>NEXT</b> to proceed to the Authorize tab.</li> </ol>

# CAQH – Universal Credentialing DataSource


## Quick Reference Guide

Function	Description
	<b>Authorize Tab</b> The Authorize tab is used to authorize the release of your self-reported data to healthcare organizations. <ol style="list-style-type: none"> <li>1. Check the information on the authorization page and make changes if necessary.</li> <li>2. Choose <b>SAVE</b> to update your selections -OR- Choose <b>BACK</b> to move to the previous page -OR- Choose <b>NEXT</b> to update your selections and move to the Attest tab.</li> </ol>
	<b>Attest Tab</b> The Attest tab is used to review your data summary and certify that the information you have provided is true, correct and complete to the best of your knowledge. <ol style="list-style-type: none"> <li>1. Click <b>REVIEW</b></li> </ol> <p>A data summary displays in PDF format using the Acrobat Reader.</p> <p><b>Note:</b> If you do not have the Acrobat Reader you will need to install it for viewing. Use the link provided to access the Adobe site and download the Reader.</p> <p>To download a free copy of Acrobat® Reader, click <a href="#">here</a></p>

# CAQH – Universal Credentialing DataSource Quick Reference Guide

Function	Description
 <p><b>Step 1: Review</b></p> <p>Click Review to display and review. You may print your summary for change, close the summary window.</p> <p><b>Step 2: Review Complete</b></p> <p>Click Review Complete to verify that your review is complete, and click <b>REVIEW COMPLETE</b>.</p>	<ol style="list-style-type: none"> <li>Review your data summary.</li> <li>Close the data summary using the close window button  in the top right-hand corner of the window. This will close the Acrobat Reader application.</li> <li>Click <b>REVIEW COMPLETE</b>.</li> </ol>
<p><b>Step 3: Attestation</b></p> <p>Click Attest to certify that you have carefully reviewed all information contained within your CAQH Application and that all information provided by you in the application is true, correct and complete to the best of your knowledge. You also acknowledge that your CAQH Application will not be considered complete until supporting documentation and properly executed Authorization, Attestation and Release Form is remitted. Once you attest, you will be taken to the Attachments tab to prepare your supporting documents for submission to CAQH.</p> <p><b>ATTEST</b></p>	<ol style="list-style-type: none"> <li>Read the attestation statement and click <b>ATTEST</b> to move to the Attachments tab.</li> </ol>
<p><b>Step 3: Attestation</b></p> <p>Click Attest to certify that you have carefully reviewed all information contained within your CAQH Application and that all information provided by you in the application is true, correct and complete to the best of your knowledge. You also acknowledge that your CAQH Application will not be considered complete until supporting documentation and properly executed Authorization, Attestation and Release Form is remitted. Once you attest, you will be taken to the Attachments tab to prepare your supporting documents for submission to CAQH.</p> <p>I understand and agree that, as part of the credentialing application process for participation and/or clinical privileges (hereinafter, referred to as "Participation") at or with each healthcare organization indicated on the "List of Authorized Plans" that accompanies this Provider Application (hereinafter, each healthcare organization on the "List of Authorized Plans" 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,</p> <p><b>ATTEST</b></p>	<p><b>Attachments Tab</b></p> <ol style="list-style-type: none"> <li>Follow the Initial Attestation instructions, if this is your first attestation.</li> </ol>

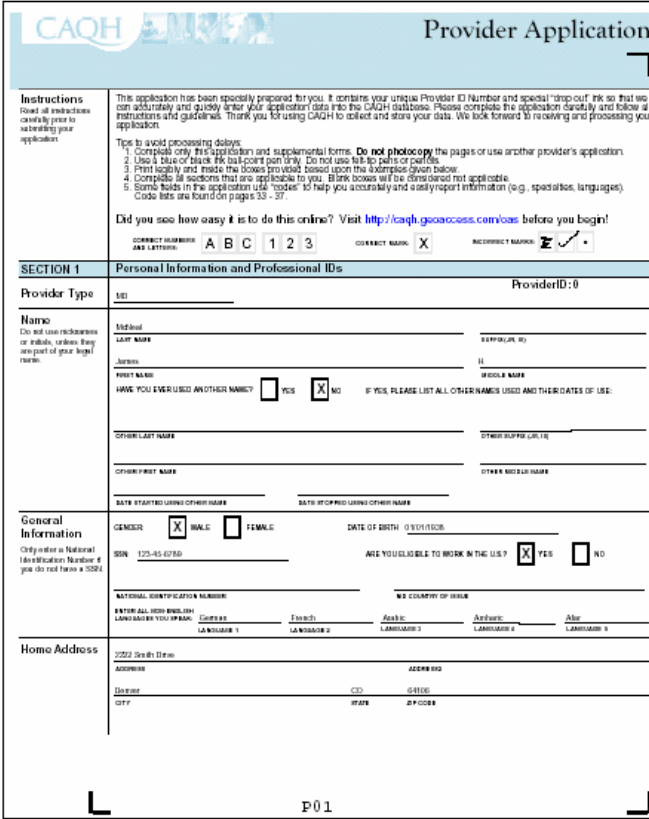

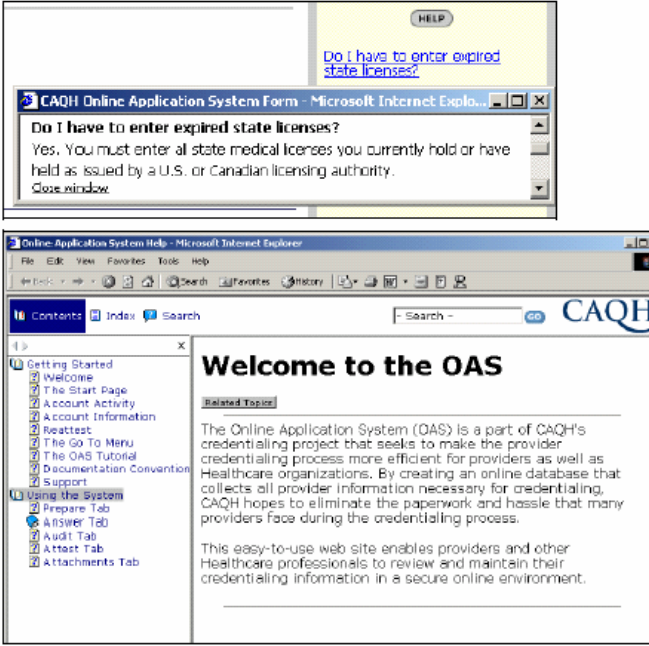
## CAQH – Universal Credentialing DataSource Quick Reference Guide

Function	Description																					
<p><b>Reattestation Supporting Documentation:</b> After completing the steps on the attestation tab, follow these additional instructions to complete your reattestation:</p> <ol style="list-style-type: none"><li>1. Review the supporting documentation on file below. It is your responsibility to ensure that all supporting documentation is current and valid.</li><li>2. If any supporting document has expired, you must submit a new copy with this attestation. To submit new supporting documentation, please print the <a href="#">Fax Cover Sheet</a>, attach your supporting documents and fax to 866-293-0414.</li><li>3. If your supporting documentation is up-to-date, no further action is required.</li></ol>	<p>-OR-</p> <p>If this is a subsequent attestation, follow the Reattestation instructions.</p>																					
<p><b>Current supporting documentation:</b></p> <table><thead><tr><th>Name</th><th>Received Date</th><th>Expiration Date</th></tr></thead><tbody><tr><td><a href="#">Application Release</a></td><td>02/13/2002</td><td></td></tr><tr><td><a href="#">Current Professional Liability Insurance Policy Fact Sheet</a></td><td>02/12/2002</td><td></td></tr><tr><td><a href="#">CFA Registration</a></td><td>02/12/2002</td><td></td></tr><tr><td><a href="#">State Controlled Dangerous Substance (CDS) Certificate</a></td><td>02/12/2002</td><td></td></tr><tr><td><a href="#">WI-9</a></td><td>02/12/2002</td><td></td></tr><tr><td><a href="#">Workers Compensation Certificate of Coverage</a></td><td>02/12/2002</td><td></td></tr></tbody></table> <p><a href="#">← BACK</a> <a href="#">FINISH →</a></p>	Name	Received Date	Expiration Date	<a href="#">Application Release</a>	02/13/2002		<a href="#">Current Professional Liability Insurance Policy Fact Sheet</a>	02/12/2002		<a href="#">CFA Registration</a>	02/12/2002		<a href="#">State Controlled Dangerous Substance (CDS) Certificate</a>	02/12/2002		<a href="#">WI-9</a>	02/12/2002		<a href="#">Workers Compensation Certificate of Coverage</a>	02/12/2002		<p>-OR-</p> <p>View your current documentation on file.</p> <ol style="list-style-type: none"><li>2. Choose <a href="#">FINISH</a> to move to the Completed Application page.</li><li>3. Choose <a href="#">LOG OUT</a> to log out of the system and close.</li></ol> <p>-OR-</p> <p>Return to the Start Tab to perform additional functions within the application.</p>
Name	Received Date	Expiration Date																				
<a href="#">Application Release</a>	02/13/2002																					
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<a href="#">Workers Compensation Certificate of Coverage</a>	02/12/2002																					
<p><b>Your Activity Log</b></p> <p>Listed below is the account activity for James H. McNeal:</p> <table><tbody><tr><td>01/15/2004</td><td><a href="#">Practice Associate Specialties Section Changed</a> <a href="#">Specialties Section Changed</a> <a href="#">License Numbers Section Changed</a> Reattestation</td></tr><tr><td>12/03/2003</td><td><a href="#">Support Incident #209013 - Phone - 10:02 AM</a></td></tr><tr><td>12/02/2003</td><td>Reattestation</td></tr><tr><td>10/29/2003</td><td><a href="#">Support Incident #190354 - Phone - 2:14 PM</a></td></tr><tr><td>10/28/2003</td><td>Reattestation Reattestation <a href="#">Education Section Changed</a></td></tr></tbody></table>	01/15/2004	<a href="#">Practice Associate Specialties Section Changed</a> <a href="#">Specialties Section Changed</a> <a href="#">License Numbers Section Changed</a> Reattestation	12/03/2003	<a href="#">Support Incident #209013 - Phone - 10:02 AM</a>	12/02/2003	Reattestation	10/29/2003	<a href="#">Support Incident #190354 - Phone - 2:14 PM</a>	10/28/2003	Reattestation Reattestation <a href="#">Education Section Changed</a>	<p><b>Your Activity Log</b></p> <p>Use the Your Activity Log button on the Start tab to review your activity.</p> <div><p><b>Your Activity Log</b> Select this button to view account activity.</p></div> <p>View previous and current values for changes, support call information, notifications to provider and date applications sent to provider (if applicable) by clicking on the links provided (underlined text).</p>											
01/15/2004	<a href="#">Practice Associate Specialties Section Changed</a> <a href="#">Specialties Section Changed</a> <a href="#">License Numbers Section Changed</a> Reattestation																					
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<p><b>Attestation</b></p> <p>The next step is for you to make a final review of your information and attest to its accuracy. Follow these steps:</p> <p><b>Step 1. Review</b></p> <p>Click Review to display and review a summary of the data you entered. A new window will open. You may print your summary from the menu bar of this window if desired. If you need to make a change, close the summary window and return to the Answer tab to make your changes.</p> <p><a href="#">REVIEW</a></p> <p>To download a free copy of Acrobat® Reader, click <a href="#">here</a>.</p> <p>Click <a href="#">here</a> to see if your Adobe Reader program is installed properly, if so, you will see a confirmation. If you do not see the confirmation, please download and install the program.</p>	<p><b>Re-Attest</b></p> <p>Use the Re-Attest button on the Start tab to re-attest that current provider information is up-to-date.</p> <div><p><b>Re-Attest</b> Select this button to re-attest that current provider information is up-to-date.</p></div>																					



# CAQH – Universal Credentialing DataSource

## Quick Reference Guide

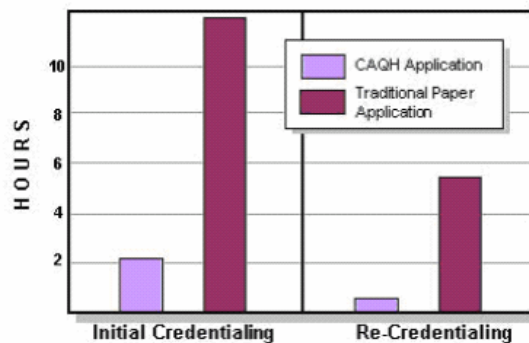
Function	Description
 <p><b>CAQH Provider Application</b></p> <p><b>Instructions</b> Read all instructions carefully prior to submitting your application.</p> <p>This application has been specially prepared for you. It contains your unique Provider ID Number and special "drop out" ink so that we can accurately and quickly enter your application data into the CAQH database. Please complete the application carefully and follow all instructions and guidelines. Thank you for using CAQH to collect and store your data. We look forward to receiving and processing your application.</p> <p><b>Tip to avoid processing delays:</b> 1. Complete only this application and supplemental forms. <b>Do not photocopy</b> the pages or use another provider's application. 2. Use a blue or black ink ballpoint pen only. Do not use felt tip pens or pencils. 3. Print legibly and inside the boxes provided, based upon the addresses given below. 4. Complete all sections that are applicable to you. Blank boxes will be considered not applicable. 5. Some fields in the application use "roster" to help you accurately and easily report information (e.g., specialties, languages). Code lists are found on pages 33 - 37.</p> <p>Did you see how easy it is to do this online? Visit <a href="http://caqh.gsoaccess.com/oas">http://caqh.gsoaccess.com/oas</a> before you begin!</p> <p>CORRECT NUMBER AND LETTERS: A B C 1 2 3 CORRECT MARK: X INCORRECT MARKS: Z ✓ •</p> <p><b>SECTION 1 Personal Information and Professional IDs</b></p> <p><b>Provider Type</b> _____ <b>ProviderID:</b> 0</p> <p><b>Name</b> Do not use nicknames or initials, unless they are part of your legal name.</p> <p><b>First Name</b> _____ <b>Initials (if)</b> _____ <b>Last Name</b> _____ <b>Second Name</b> _____</p> <p><b>Have you ever used another name?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>If YES, please list all other names used and their dates of use:</b></p> <p><b>Other Last Name</b> _____ <b>Other Suffix (if)</b> _____ <b>Other First Name</b> _____ <b>Other Middle Name</b> _____</p> <p><b>DATE STARTED USING OTHER NAME</b> _____ <b>DATE STOPPED USING OTHER NAME</b> _____</p> <p><b>General Information</b> Only enter a National Identification Number if you do not have a SSN.</p> <p><b>Gender</b> <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <b>Date of Birth</b> (YYMMDD) _____ <b>SSN</b> 123-45 6789 <b>Are you eligible to work in the US?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>NATIONAL IDENTIFICATION NUMBER</b> _____ <b>US COUNTRY OF BIRTH</b> _____</p> <p><b>ENTER ALL NON-ENGLISH LANGUAGES YOU SPEAK:</b> <b>English</b> <b>French</b> <b>Arabic</b> <b>Arabic</b> <b>Other</b> <b>LANGUAGE 1</b> <b>LANGUAGE 2</b> <b>LANGUAGE 3</b> <b>LANGUAGE 4</b> <b>LANGUAGE 5</b></p> <p><b>Home Address</b> <b>2221 South Elm</b> <b>Address</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____</p>	<p><b>Documentation</b></p> <p>Use the Documentation button on the Start tab to view and print a formatted application and supporting documents for your records only.</p> <div data-bbox="933 415 1268 642">  <p><b>Documentation</b></p> <p>Select this button to view and print a formatted application and supporting documents for your records.</p> </div>
 <p><b>CAQH Online Application System Form - Microsoft Internet Explorer</b></p> <p><b>Do I have to enter expired state licenses?</b> Yes. You must enter all state medical licenses you currently hold or have held as issued by a U.S. or Canadian licensing authority. <a href="#">Close window</a></p> <p><b>Online Application System Help - Microsoft Internet Explorer</b></p> <p><b>Contents</b> <b>Index</b> <b>Search</b> <b>CAQH</b></p> <p><b>Welcome to the OAS</b></p> <p><b>Related Topics</b></p> <p>The Online Application System (OAS) is a part of CAQH's credentialing project that seeks to make the provider credentialing process more efficient for providers as well as Healthcare organizations. By creating an online database that collects all provider information necessary for credentialing, CAQH hopes to eliminate the paperwork and hassle that many providers face during the credentialing process.</p> <p>This easy-to-use web site enables providers and other Healthcare professionals to review and maintain their credentialing information in a secure online environment.</p>	<p><b>FAQ's and Help</b></p> <p>Page specific FAQ's will be displayed in the right-hand column of the page. Click on a question to view the answer.</p> <p>Within the Answer tab, Click the Help button to access system help.</p> <ul style="list-style-type: none"> <li>Use the Contents tab to access help by section and page.</li> <li>Use the Index tab to access help alphabetically by topic.</li> <li>Use the Search tab to access help by entering key words.</li> </ul>

# CAQH – Online Access System

## Quick Reference Guide

### Attachment A

#### Time Spent on Credentialing Applications



The graphic illustrates a provider participating with 6 Managed Care Organizations. With the CAQH system, the provider completes the application once. The average provider will spend about 2 hours completing the application (slightly longer with a complex history). All six CAQH-member MCOs use the same application data to credential the provider.

### Information you will be asked

- Basic Personal Information
- Education and Training
  - Medical school
  - Graduate school
  - Internships and residencies
  - Fellowships and preceptorships
  - Teaching appointments
- Specialties and Board Certification
- Practice Location Information
  - Practice name and type
  - Address and contact information
  - Billing, office manager and credentialing contact
  - Services, certifications, limitations and hours of operation
  - Partners and covering colleagues
- Hospital Affiliation Information
- Malpractice Insurance Information
- Work History and References
- Disclosure and Malpractice History

### Materials that will be helpful

- IRS Form W-9(s)
- Drug Enforcement Administration (DEA) Certificate
- Controlled and Dangerous Substances (CDS) Certificate
- State medical license(s)
- Various identification numbers (UPIN, Medicare, Medicaid etc)
- Malpractice insurance policy(ies)