

2021 CAQH Rule Changes: Stop Reimbursement Delays

Presented by:
Yesenia Servin, CPMSM, PESC

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2021

CAQH Proview Overview

**Yesenia Servin,
CPMSM, PESC**

Changes
Navigation
More Updates



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**Yesenia Servin,
CPMSM, PESC**

Yesenia is the payer enrollment lead with Loyola University Health System in Maywood, IL. There, she manages payer enrollment, briefs payer enrollment team members on industry trends, and is the liaison for the multitude of departments impacting payer enrollment processes.

Yesenia also maintains her own consultancy, YS Credentialing, where she helps organizations develop and implement best practices guidelines and processes; analyzes revenue cycle management and guides the credentialing and payer enrollment structure. With over 21 years in the healthcare industry, her experience includes Durable Medical Equipment, Hospital & Health Systems, and Community Mental Health Organizations, Global Managed Care organization as well as providing revenue cycle consulting services to various healthcare providers and organizations. Yesenia is a current Team Med Global Collaborator, NAMSS member, and is a past NAMSS Educational Conference Guest Speaker, member of the NAHRI Leadership council, current trainer for The Chicago School of Professional and industry trainer.

She studied Microeconomics and Communications at NEIU and is currently studying Healthcare Administration at Concordia University Chicago. Yesenia enjoys spending time with her family and pugs. She finds great joy in jumping in the mini-van for a family road-trip.

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Today's Objectives

- 1 Identify the recently implemented CAQH updates
- 2 Pinpoint CAQH Proview profile requirements
- 3 Review how to most efficiently implement the updates to your process
- 4 Realize the connection between claims \$\$ and CAQH

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2021

Time isn't the main thing.
It's the only thing.

Miles Davis

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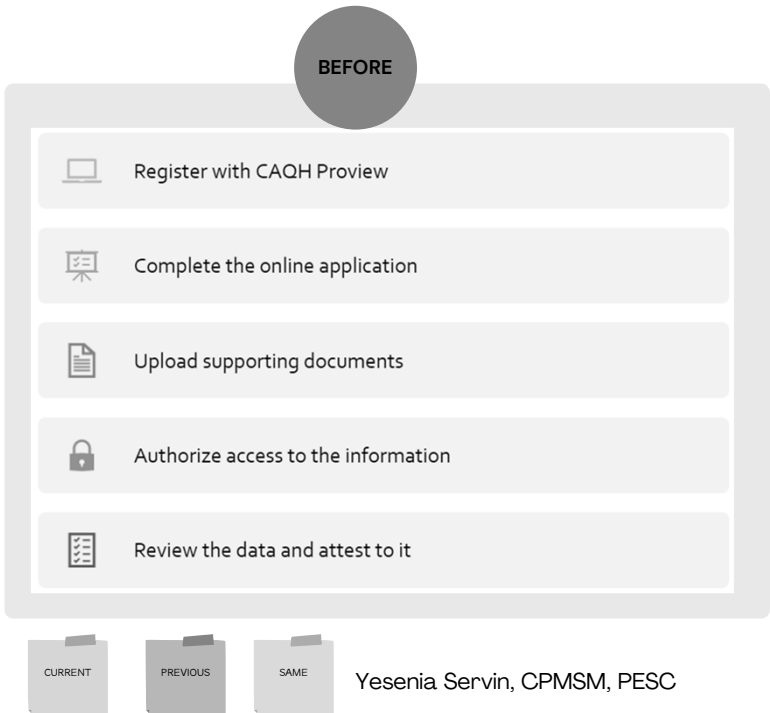
Council for Affordable Quality Healthcare is a non-profit organization that created a technology solution for provider data collection on a single platform.

CAQH SOLUTIONS

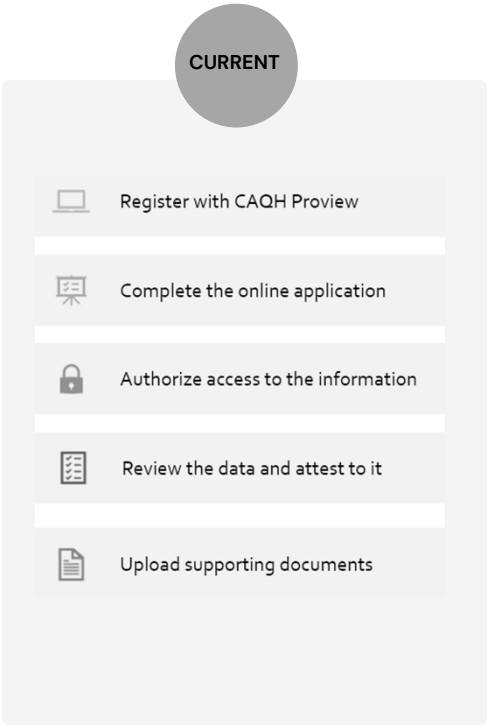
- PROVIEW PROVIDER ✓
- PROVIEW PRACTICE MANAGER – Updates goal; 2022
- PROVIEW FOR GROUPS – Groups with delegated agreements
- PROVIEW EPMM - Practice & group management in one module – Tentative 2022/2023
- PROVIEW DENTAL
- DIRECTASSURE
- VERIFIDE
- SANCTIONSTRACK
- CREDENTIALING SOLUTIONS SUITE – Package
- ENROLLHUB - EFT/ERA
- COB SMART
- CATALYST – communications

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UPDATES

UPDATES

UPDATES

★ ★ ★ ★

UPDATES

- Updates – Communication will be posted in the Resources page
- Profile Data Dashboard
- Documents Summary
- Navigation
- Error Handling
- Gap errors
- Disclosure section (NC, IL)
 - NC Display Disclosure Explanation in NC state Replica
 - AZ Controlled Dangerous Substance Record (CDS)
- Reconciliation Wizard
- State specific Authorization forms
- Gender Identity Disorder will be Gender Dysphoria in Special Experience, Skills and Training

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ALERTS

The DDO form will be removed from the portal.
The Disclosure of Ownership form (DDO) will be removed from the portal as it is not a required document and tends to cause provider confusion. Existing forms that have been uploaded will be available for download for 120 days. [View More](#)

Dismiss

CAQH Solutions

PROVIEW.

HELP | CONTACT CAQH | SIGN OUT



CAQH ID# [REDACTED]



HOME

PROFILE DATA

DOCUMENTS

AUTHORIZE

Welcome, M [REDACTED]

Provider Status: Re-Attestation

141 days until your next attestation
Last attested Jan 12, 2021 [See history](#)

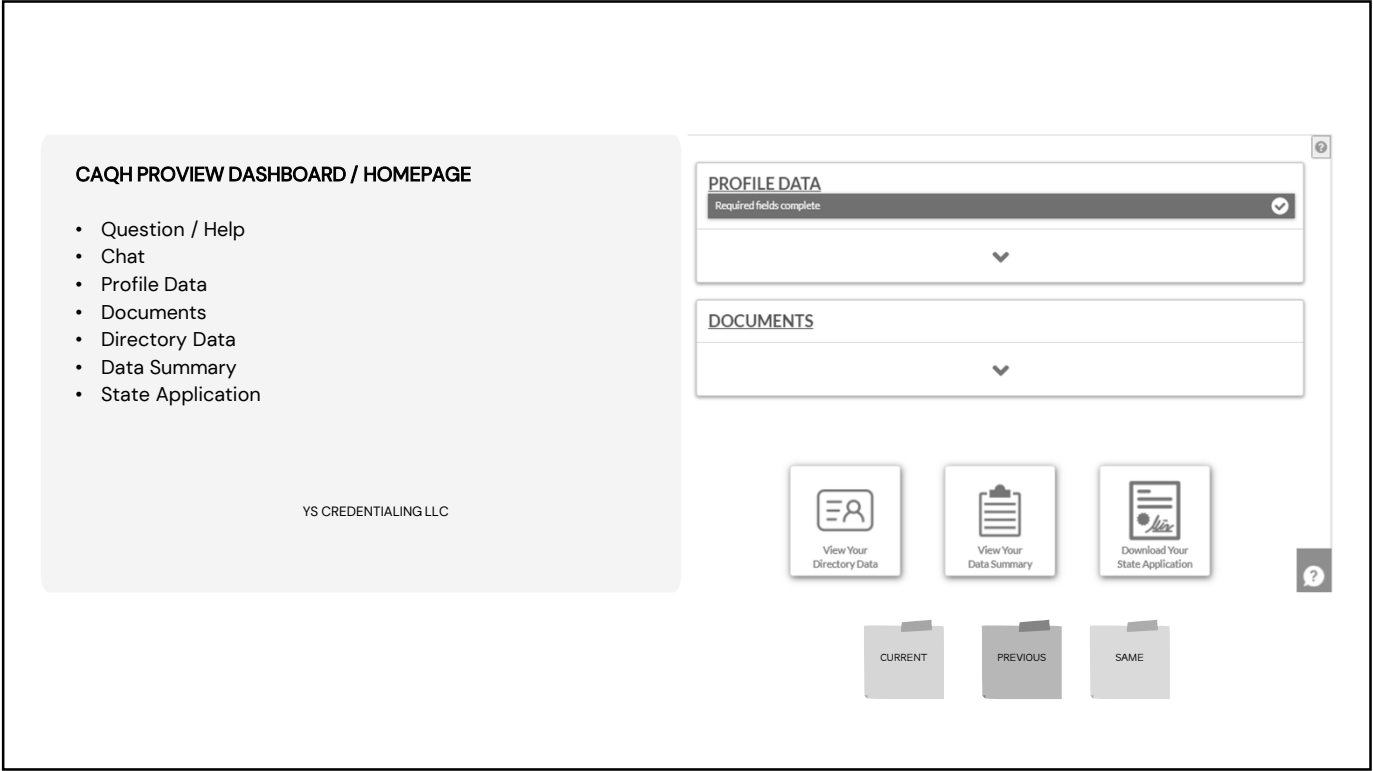
REVIEW & ATTEST

CAQH PROVIEW DASHBOARD / HOMEPAGE

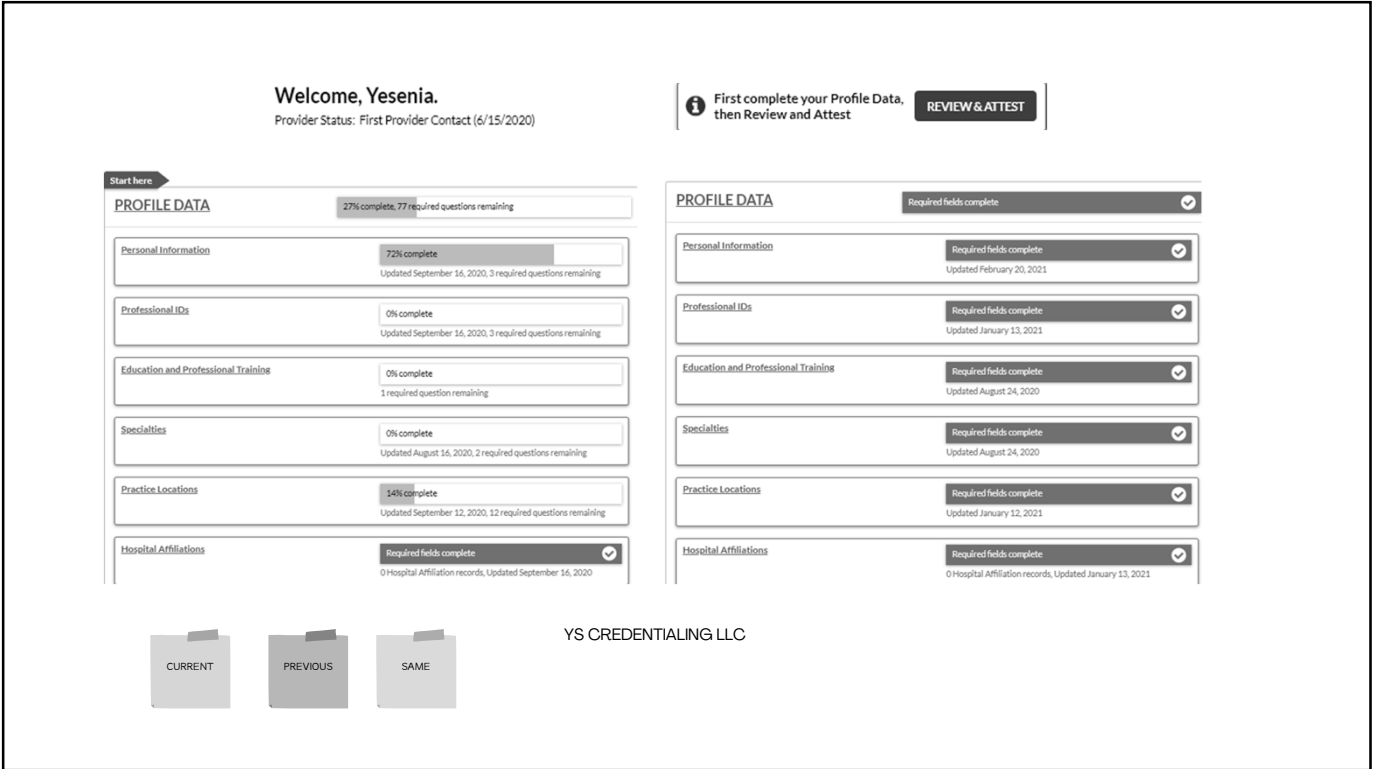
- Alerts
 - View More
 - Dismiss
- Help, Contact CAQH, Sign out
- User
 - Photo
 - Full Name
 - CAQH ID #
 - Settings
- Welcome
- Attestation "clock"
 - Current
 - History

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HOME

PROFILE DATA

DOCUMENTS

AUTHORIZE

Save

PERSONAL INFORMATION

Profile Setup

Names

Address

Contact Info

Personal Identification Numbers

Demographics

Work Permits and Visas

Languages

PROFESSIONAL IDS

EDUCATION & PROFESSIONAL TRAINING

SPECIALTIES

PRACTICE LOCATIONS

HOSPITAL AFFILIATIONS

CREDENTIALING CONTACTS

PROFESSIONAL LIABILITY INSURANCE

EMPLOYMENT INFORMATION

PROFESSIONAL REFERENCES

DISCLOSURE

100% required fields complete

PERSONAL INFORMATION

PROFESSIONAL IDS

EDUCATION & PROFESSIONAL TRAINING

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Names

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Work Permits and Visas

Languages

CAQH PROVIEW DASHBOARD / HOMEPAGE

- HOME
- PROFILE DATA
 - Personal information
 - Profile Setup
 - NUCC Grouping – See NUCC.org
 - Provider Type (860+)
 - Match NPPES account
 - Practice Setting
 - Primary Practice State
 - Additional Practice State(s)

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CURRENT

PREVIOUS

SAME

NUCC
National Uniform Claim Committee

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

* NUCC Grouping

Dietary & Nutritional Service Providers

* Provider Type

Nutritionist

* Practice Setting

Inpatient/Outpatient or Outpatient Only

* Primary Practice State

IL

Additional Practice State(s)

MD

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Save

PERSONAL INFORMATION

PROFESSIONAL IDS

Professional License

DEA Registration

CDS

Medicare

Medicaid

ECFMG

USMLE

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Save

PERSONAL INFORMATION

PROFESSIONAL IDS

Professional License

DEA Registration

CDS

Medicare

Medicaid

ECFMG

USMLE

PROFESSIONAL IDS

- Professional License
- Drug Enforcement Administration (DEA)
 - Opt out – “I do not prescribe controlled substances”
- Controlled Dangerous Substance (CDS)
- Medicare
- Medicaid
- Education Commission for Foreign Medical Graduates (ECFMG)
- United States Medical Licensing Examination (USMLE)
- Workers Compensation

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EDUCATION & PROFESSIONAL TRAINING

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, ProView now uses completed Education and Professional Training records to automatically create gap records in your Employment Information section.

Please enter at least one education record

Add

Education Type

Undergraduate

Professional School

Fifth Pathway

Country

United States

State

--Select--

County

--Select--

Professional School

--Select--

Other (Not Listed)

Degree

--Select--

Area of Training / Course of Study / Major

Attendance Dates

Health plans and other participating organizations often require start and end dates for your academic training. To save you time, ProView 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

Did you graduate (or will you graduate within 90 days) from this school?

Yes

No

Were you the subject of any disciplinary action during your attendance at this institution?

Yes

No

Enter a professional training record

Add

Training Type

Internship

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, ProView 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 Program

--Select--

Type of Internship

Department

Specialty

--Select--

Name of Director

Chair or Director Degree

--Select--

Were you the subject of any disciplinary action during your attendance at this institution?

Yes

No

Did you complete (or will you complete within the next 90 days) the training program at this institution?

Yes

No

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Cultural Competence Training
Gap records

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

Training options:

• Health plans

• HHS

• Diversity organizations

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LBGTQ

AGING

RACE & ETHNICITY

DIFFERENTLY- ABLE PERSONS

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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, "Do you have Certifications?"
- Please enter the field labeled, "Do you have any specialties?"

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

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

Yes

No

HMO

Yes

No

PPO

Yes

No

POS

Secondary Specialty

* Do you have a Secondary Specialty?

Yes

No

Please select a value

CURRENT

PREVIOUS

SAME

CERTIFICATIONS

* Do you have Certifications?

Yes

No

Other Interests

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

Special Experience, Skills and Training

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

Patient populations

Adolescents

Children

Children in the Care or Custody of DCF (Department of Children and Families)

Child Welfare

Homelessness

Lesbian, Gay, Bisexual, Transgender (LGBT) Issues

Youth Affiliated With DYS (Department of Youth Services) Either Detained or Committed

Behavioral Conditions

Anger Issues

Anxiety

Attention Deficit/Hyperactivity Disorder (ADHD)

Bipolar Disorder

Depression

Gender Dysphoria

Geriatric Behavioral Health

Obsessive Compulsive Disorder (OCD)

Serious Mental Illness

Sleep Disorders

Substance Abuse

Physical Conditions

Blindness Or Visual Impairment

Deafness Or Hard-of-hearing

People with Disabilities

Physical Disabilities

Therapeutic Methods and Tools

Dialectical Behavioral Therapy (DBT)

Group Therapy

Marriage and Family Therapy

Medical Illness and Therapy

Medication Management and Therapy

Neuropsychological Testing (Adolescents)

Neuropsychological Testing (Children)

Play Therapy

Postpartum Depression and/or Psychosis

Psychological Testing (Adolescents)

Psychological Testing (Children)

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Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.

Make sure to enter all group/practice information in the Employment Information section of your profile.

Please review the missing information highlighted below.

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

Practice Locations

Add practice location

Add

Practice Details

Provider at the Location

Services and Resources

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

Copy Practice Details from another location

Select

Select

LUMC, 60
2160 S 1ST AVE
MAYWOOD, IL 60153-3328

PRACTICE LOCATIONS

- Practice Details
 - Location Address
 - Phone Numbers
 - Fax Number
 - Business Identifiers
 - Group or Individual
 - Tax ID
 - NPI (Type 2)
 - Type of Practice, Specialty
 - Practice Office Hours
 - Accessibility
 - Languages

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PRACTICE LOCATIONS

- Provider at the Location
 - Affiliation
 - Primary Practice
 - Health Plan Participation
 - Network Denial
 - Patients
 - Practice Statistics
 - Routine Care
 - Preventive Care
 - Urgent Care
 - Emergency Care
 - Symptomatic Care
 - Maximum appts x hour
 - Waiting time
 - Patient Call response time
 - Gender/other limitations

Affiliation

* Please describe your affiliation with this location

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

--Select--

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

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

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

I read tests or provide other services but I do not see patients at this location

I no longer practice at this location

I do not practice here, but the location is with in the medical group with which I am employed

I never practiced here and have no affiliation with this location

This is a duplicate of an existing location

Other

* Provider's Start Date

10/01/2020

* Is this your primary practice?

Yes

No

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
United Healthcare	* Do you participate with any products or plans for United Healthcare at this location?	<div><div>Yes</div><div>No</div><div>I don't know</div></div>
	* Are you accepting NEW patients with United Healthcare at this location?	<div><div>Yes</div><div>No</div></div>

Network Denial

☐

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

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Insurance Coverage

Please enter at least one insurance policy

You must maintain at least one current policy record

Add

Federal Tort Claims Act (FTCA) Coverage

The FTCA provides liability coverage for providers that offer services through entities that are supported by the Health Resources and Service Administration (HSA). 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 HSA to learn more about FTCA and eligible entities.

I am covered by FTCA

Not-Insured

I am not insured

CURRENT

PREVIOUS

SAME

Policy Number

Covered Practice Location

Select One or More

Current Effective Date

Current Expiration Date

Original Effective Date

Retroactive Date

Carrier/Self Insured Name

Select

Other (Not Listed)

Street 1

Street 2

City

Province

Country

Select

State

Select

ZIP Code

Phone Number

Phone Extension

Fax Number

Has any judgment or payment of claim or settlement amount exceeded the limits of this coverage?

Yes

No

Do you have unlimited coverage with this insurance carrier?

Yes

No

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

Type of coverage

Select

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Current Insurance Policies

The Medical Protective Company

Policy Number

Current Effective Date: 8/24/2020

Current Expiration Date: 8/24/2021

Renew

Edit

Remove

Policy Number

Number

Covered Practice Location

Select One or More

Current Effective Date

Current Expiration Date

Original Effective Date

Retroactive Date

Carrier/Self Insured Name

The Medical Protective Company

Other (Not Listed)

Address

5814 Read Road

Fort Wayne, IN

Phone Number

Phone Extension

Fax Number

Has any judgment or payment of claim or settlement amount exceeded the limits of this coverage?

Yes

No

Do you have unlimited coverage with this insurance carrier?

Yes

No

Amount of coverage per occurrence

\$1,000,000.00

Amount of coverage aggregate

\$3,000,000.00

If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?

Yes

No

Individual Coverage

Yes

No

Self Insured

Yes

No

Institution Affiliation

Practice, LLC

Type of coverage

Occurrence

Save

Save & Continue

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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.

Please review the missing information highlighted below.

- Please enter the field labeled "Are you currently on active military duty?".
- Please enter a reason for the gap in your employment.

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.

Military

Include any military and public health services experience.

Are you currently on active military duty?

☐ Yes

☐ No

Please select a value

Are you currently in the Reserves or National Guard?

☐ Yes

☐ No

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EMPLOYMENT INFORMATION

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

Practice / Employer Name

Department / Specialty

Street 1

I have a Building, Suite, or Office to add

Country

Select

City

State

Zip Code

Phone Number

I have a phone extension to add

Fax Number

Title/Position

Start Date

MM/YYYY

Is this your current employer?

☐ Yes

☐ No

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PROFESSIONAL REFERENCES

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

Reference

No record Found.
Click Add to enter Professional Reference

Add

Save and Go Back

Save

Save & Continue

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Provider Type

--Select--

Remove

Specialty

--Select--

First Name

Middle Name

Last Name

Street 1

Street 2

City

State

Province

Zip Code

Country

--Select--

Email Address

Phone Number

Fax Number

Title

Relationship

Years Known

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lea

Chemical Substances or Alcohol Abuse

Please answer the following questions to the best of your knowledge with a Yes or No. If you answer Yes to any question(s), please click the Add button at the end of the Chemical Substances or Alcohol Abuse section to provide an explanation.

1. Are you currently engaged in illegal use of any legal or illegal substances?

Yes

No

2. Do you currently overuse and/or abuse alcohol or any other controlled substances?

Yes

No

3. If you use alcohol and/or chemical substances, does your use in any way impair and/or limit your ability to practice medicine with reasonable skill and safety?

Yes

No

4. Are you currently participating in a supervised rehabilitation program and/or professional assistance program which monitors you for alcohol and/or substance abuse?

Yes

No

Investments

1. In the last five (5) years, have you and/or a member of your family purchased or made an investment in (other than securities of a publicly traded company), or otherwise have a business interest in any clinical laboratory, diagnostic or testing center, hospital, surgicenter, and/or other business dealing with the provision of ancillary health services, equipment or supplies?

Yes

No

Save and Go Back

Save

Save & Continue

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CURRENT

PREVIOUS

SAME

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Welcome, Yesenia.

Provider Status: First Provider Contact (6/15/2020)

First complete your Profile Data, then Review and Attest

REVIEW & ATTEST

AUTHORIZATION SETTING

ORGANIZATIONS

AUTHORIZATION SETTING

ORGANIZATIONS

ORGANIZATIONS

This page lists all the organizations that have requested authorization to view your CAQH ProView self-reported information.

ORGANIZATION	AUTHORIZE	VIEWING YOUR DATA
No Organizations to display.		

AUTHORIZATION SETTING

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

Change Settings

Continue to Attestation

AUTHORIZATION SETTING

ORGANIZATIONS

AUTHORIZATION SETTING

Healthcare organizations using CAQH ProView 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.

No. Ask me to review each organization's request.

RECOMMENDED

I hereby authorize the release of my full set of CAQH ProView self-reported information as indicated above.

SAVE

CURRENT

PREVIOUS

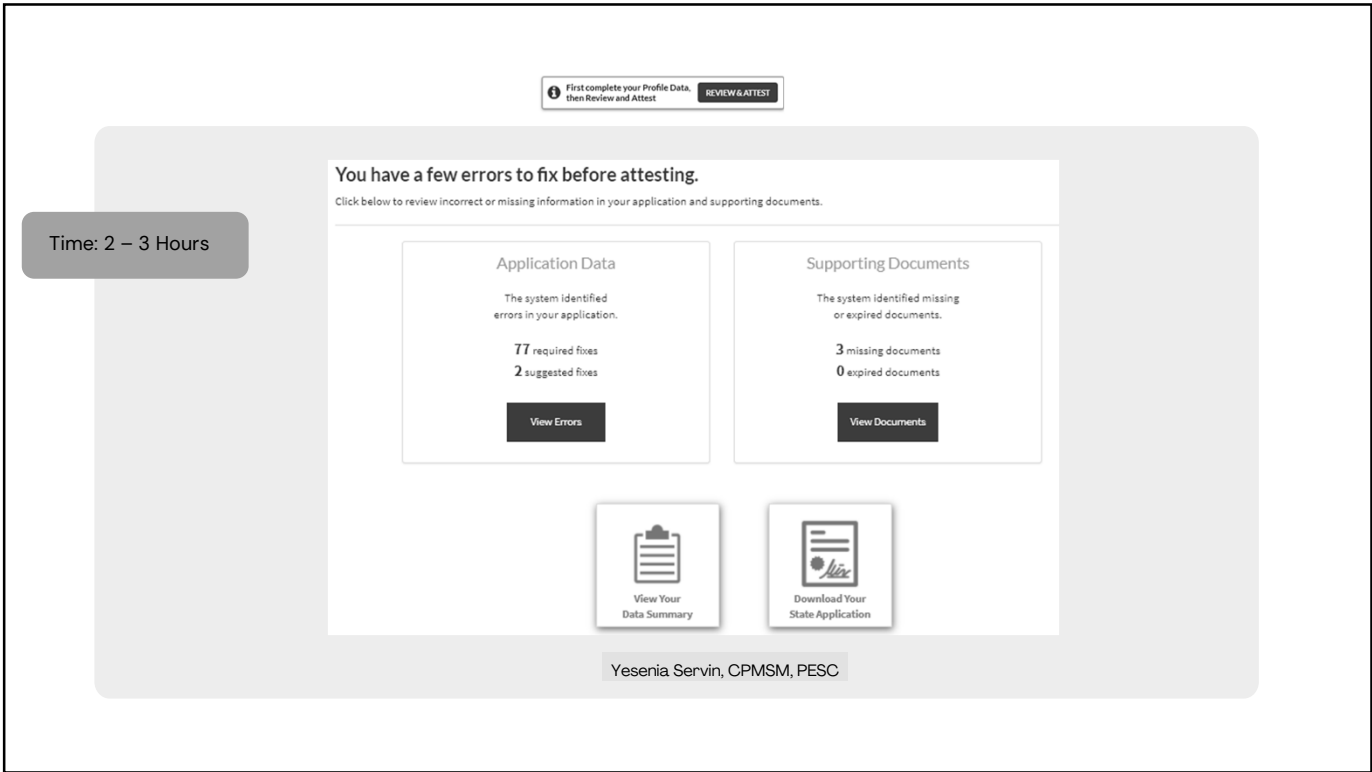
SAME

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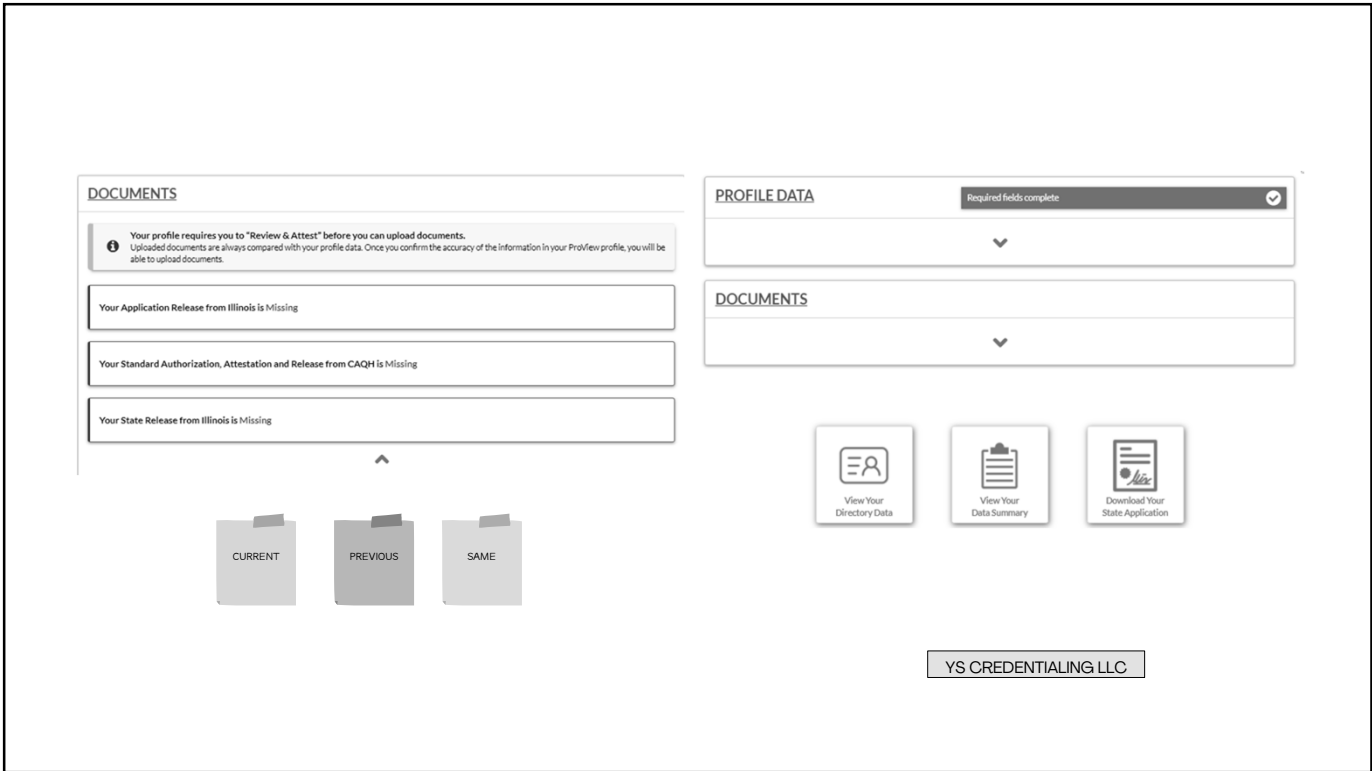
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2021

PROVIDERS

Tomas and **Chloe** will be our providers for this session.

Tomas



CNS, LCSW, PsyD



MD, DO, DDS

Chloe

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2021

Thanks!

Thank you for joining me.
Please follow
Training Leader on
LinkedIn
and follow me!

*Thank
you*

yes!

<https://www.linkedin.com/company/healthcare-training-leader/>


*this
great*

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CONNECT

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Yesenia@yscredentialing.com



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LINKEDIN

<https://www.linkedin.com/in/yesenia-servin-cpmsm-pesc-9abb1380/>

1

Add your thought here

Add your thought here

Add your thought here

Add your thought here

Add your thought here

Add your thought here

2

3