

Cut Through CAQH Credentialing Portal Confusion to Get Paid Faster

Presented by:
Yesenia Servin, CPMSM, PESC

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CAQH Proview Practice Manager Overview

Yesenia Servin, CPMSM, PESC

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Yesenia Servin,
CPMSM, PESC

Yesenia is the payer enrollment lead with Team Med Global in 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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CAQH

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

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3





CAQH Solutions

- CAQH ProView
- CAQH ProView Practice Manager Module
- CAQH ProView for Groups
- CAQH Proview Dental
- DirectAssure
- VeriFide
- SanctionsTrack
- Credentialing Solutions Suite
- EnrollHub
- COB Smart

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Five Easy Steps



-  Register with CAQH **Preview Practice Manager**
-  Complete the Practice (Organization) Information
-  Search & Add Providers to your account
-  Manage & export information to providers CAQH profile
-  Maintain updated data

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Register

<https://proview.caqh.org/pm>

<https://proview.caqh.org/Login?Type=PM>

Welcome to the CAQH ProView application

HELP | CONTACT CAQH | LOGIN

PROVIEW.

CAQH ProView® Practice Manager Module

Welcome to CAQH ProView, formerly the Universal Provider Datasource®.

CAQH ProView is more than a credentialing database. Available at no cost to you, CAQH ProView eliminates duplicative paperwork with organizations that require professional and practice information for claims administration, credentialing, directory services, and more.

CAQH ProView has an intuitive, profile-based design and upload functionality that helps simplify data entry and maintenance. The Practice Manager Module is designed for office managers, allowing for information to be entered at one time for multiple providers. There is no need to fill out redundant information for each healthcare provider practicing in your office.

Help reduce inquiries for administrative information, and save even more time by helping your providers complete their profile information. Sign in on the right or click to register and create a new practice manager account.

SIGN IN

Username

Forgot Username

Password

Password is required

Forgot Password

☐ Remember me

[Sign In](#)

[Click here to register for CAQH ProView](#)

NEED ACCESS TO CAQH PROVIEW?

[Click here to register for CAQH ProView](#)

NOT A PRACTICE MANAGER?

[Provider Sign In](#)

[Participating Organization Sign In](#)

CAQH ProView Reference Material

- CAQH Proview Dentist Practice Manager User Guide
- CAQH Proview Practice Manager User Guide
- PL1 Document Submission Quick Reference Guide v2.0

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PRIVACY	
CAQH.ORG	

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Registration

ProView Practice Manager

Practice Information

ProView Practice Manager Self Registration

Practice Information

* Practice Name

* Practice TIN

Practice Department

Practice NPI

* Practice Phone

Extension

* Practice Address

Address 2

* City

* State

(Please Select)

* Zip Code

* Practice E-mail Address

* Practice E-mail Address (Confirmation)

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Registration

ProView Practice Manager

User Information

User Information

* First Name

Middle Name

* Last Name

* Phone Number

Extension

* Personal Work E-mail Address

* Personal Work E-mail Address (Confirmation)

Number of Providers in Practice

(Please Select)

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Registration

ProView Practice Manager

Account Information

Account Information

Please enter a username

Your username must be at least 8 characters. It can be made up of numbers and/or letters, but it cannot include special characters like @ or #.

* Username

Please enter a password

Your password must be at least 8 characters and cannot be the same as your username. If your old password meets these requirements, you may enter it here.

* Password

* Re-enter Password

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Registration

ProView Practice Manager

Account Information

If you have trouble completing this section, you may have browser issues. ProView is not compatible with some versions of Internet Explorer 8. For the best user experience, please upgrade your browser.

* Security Question 1:

--Select--

* Security Answer 1

* Security Question 2:

--Select--

* Security Answer 2

* Security Question 3:

--Select--

* Security Answer 3

SUBMIT

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Home Page

CAQH Solutions

PROVIEW.

HELP | CONTACT CAQH | SIGN OUT

CAQH ProView Practice Manager Update

Yessenia Servin

HOME

MANAGE USERS

MANAGE PRACTICE

MANAGE LIST

EXPORT

EXPORTS

VIEW REPORT

Type	Provider(s)	Section(s)	User	Date
No records to display				

MANAGE USERS

ADD USER

User Name	User Roles	User Status
Servin, Yessenia	PM Admin User	Active

MESSAGE CENTER

You do not have any messages

View All

ACTIVITY LOG

User logged in: Yessenia Servin

User logged in: Yessenia Servin

User logged in: Yessenia Servin

User logged in: Yessenia Servin

Provider added -Loyola University Medical Center

View All

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PRIVACY

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Dashboard

CAQH Solutions

PROVIEW.

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CAQH ProView Practice Manager Update

Yessenia Servin

HOME

MANAGE USERS

MANAGE PRACTICE

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EXPORT

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User logged in: Yessenia Servin

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Provider added -Loyola University Medical Center

View All

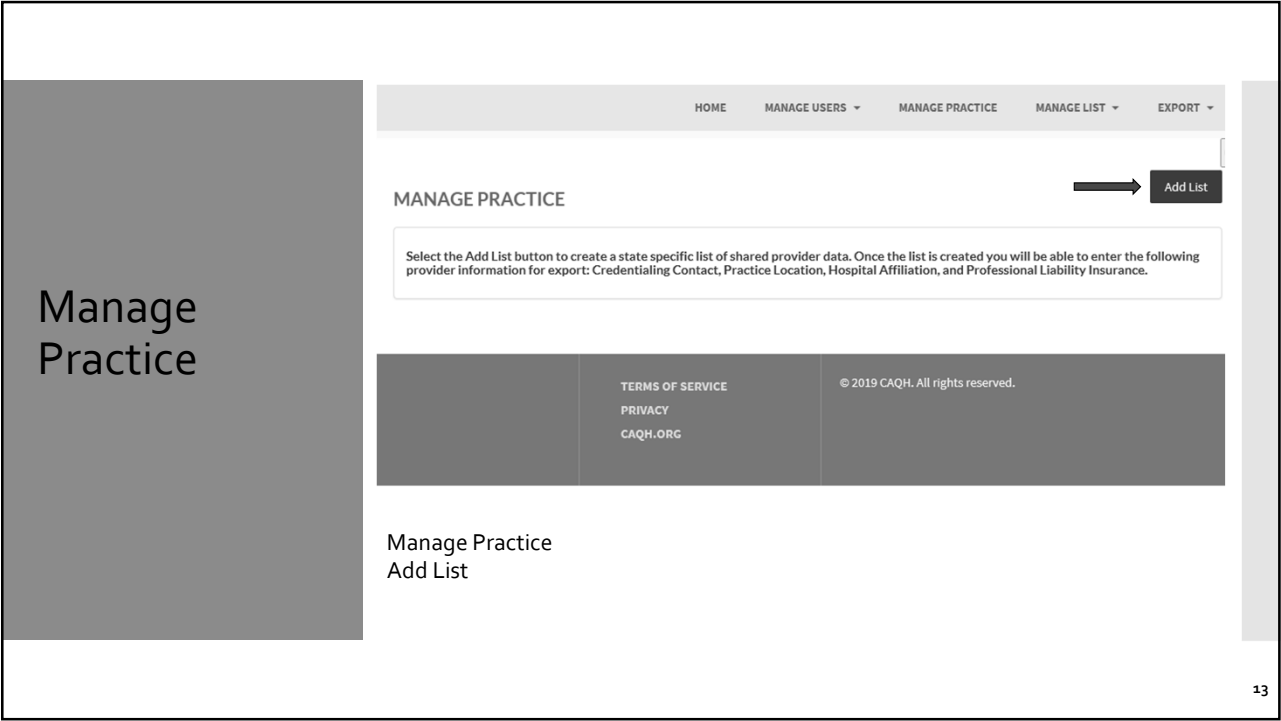
TERMS OF SERVICE

PRIVACY

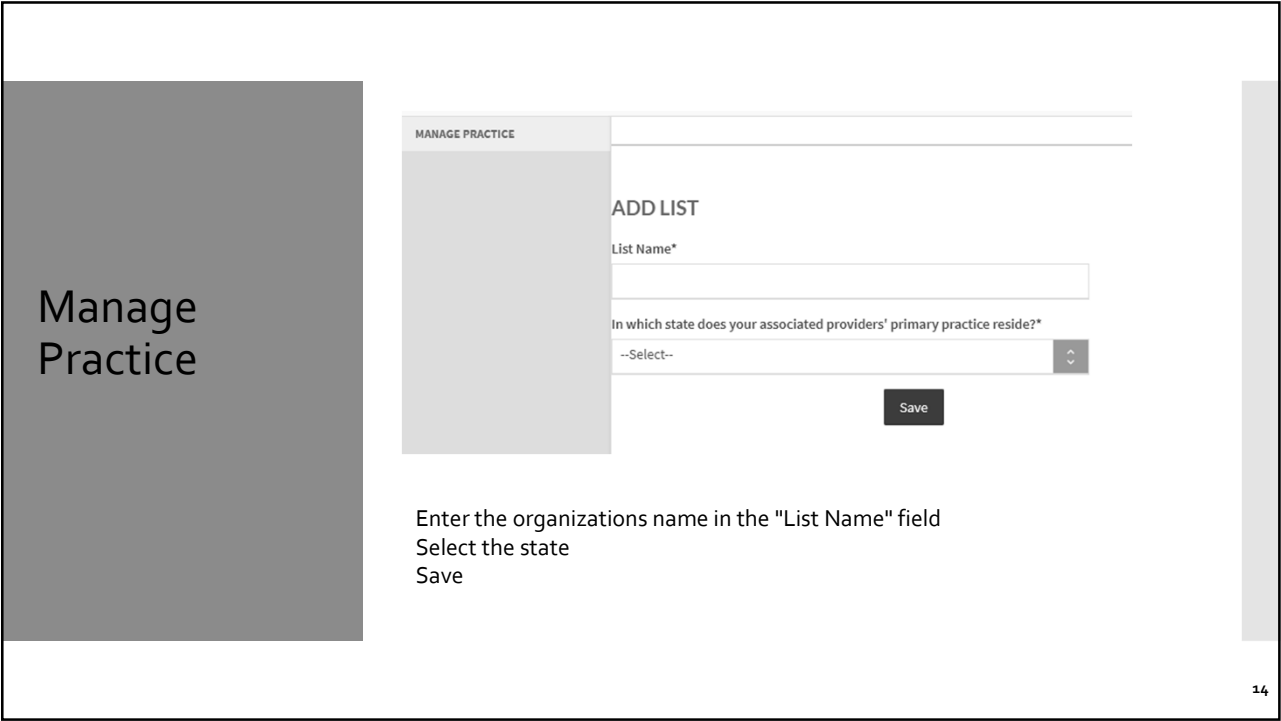
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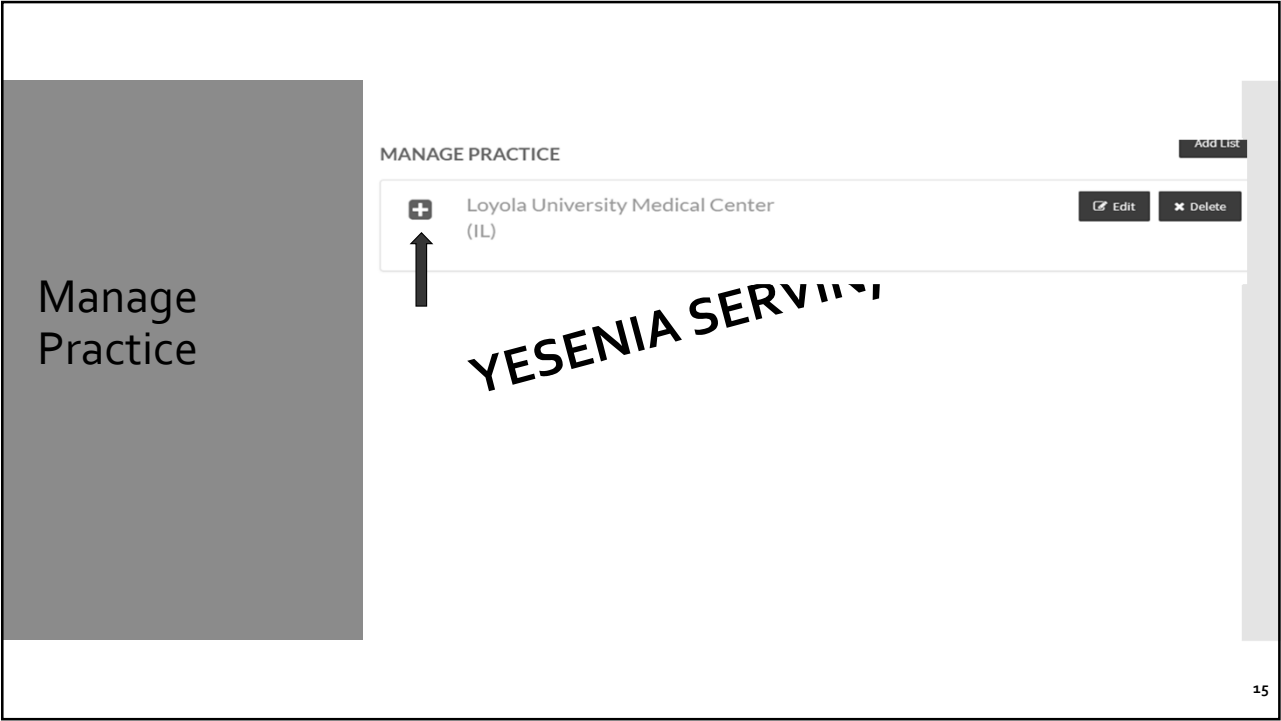
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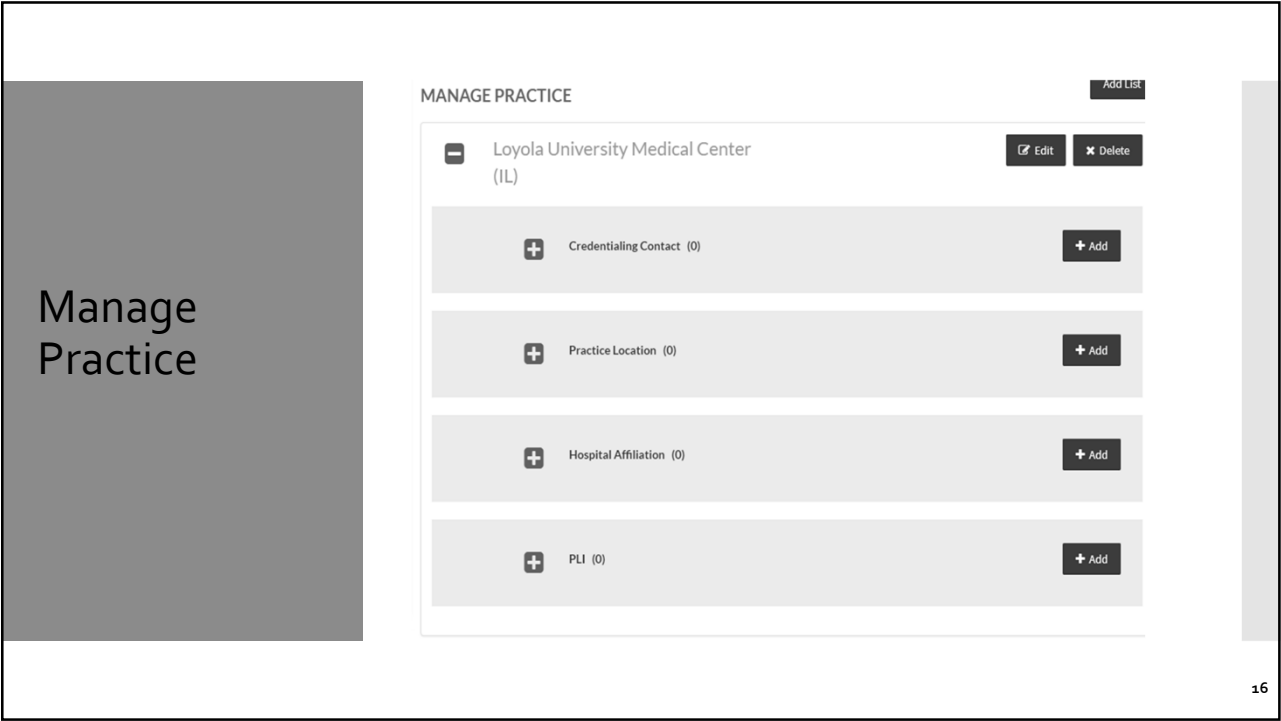
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Credentialing Contact

CREDENTIALING CONTACT INFORMATION

Credentialing Contact

First Name

Middle Name

Last Name

Street 1

Street 2

City

State

Zip Code

Country

Province

Phone Number

Fax Number

Email Address

Copy to a different list on save

(Select)

Save

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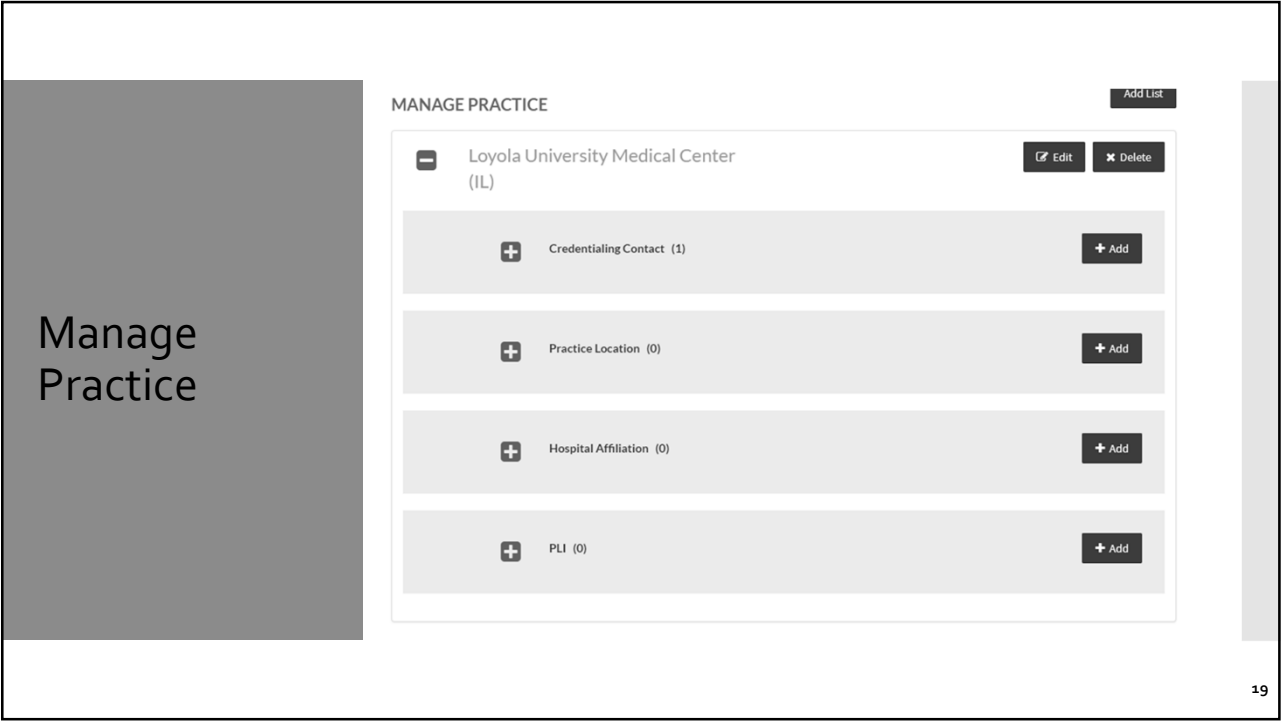
Credentialing Contact

☒ Copy to a different list on save

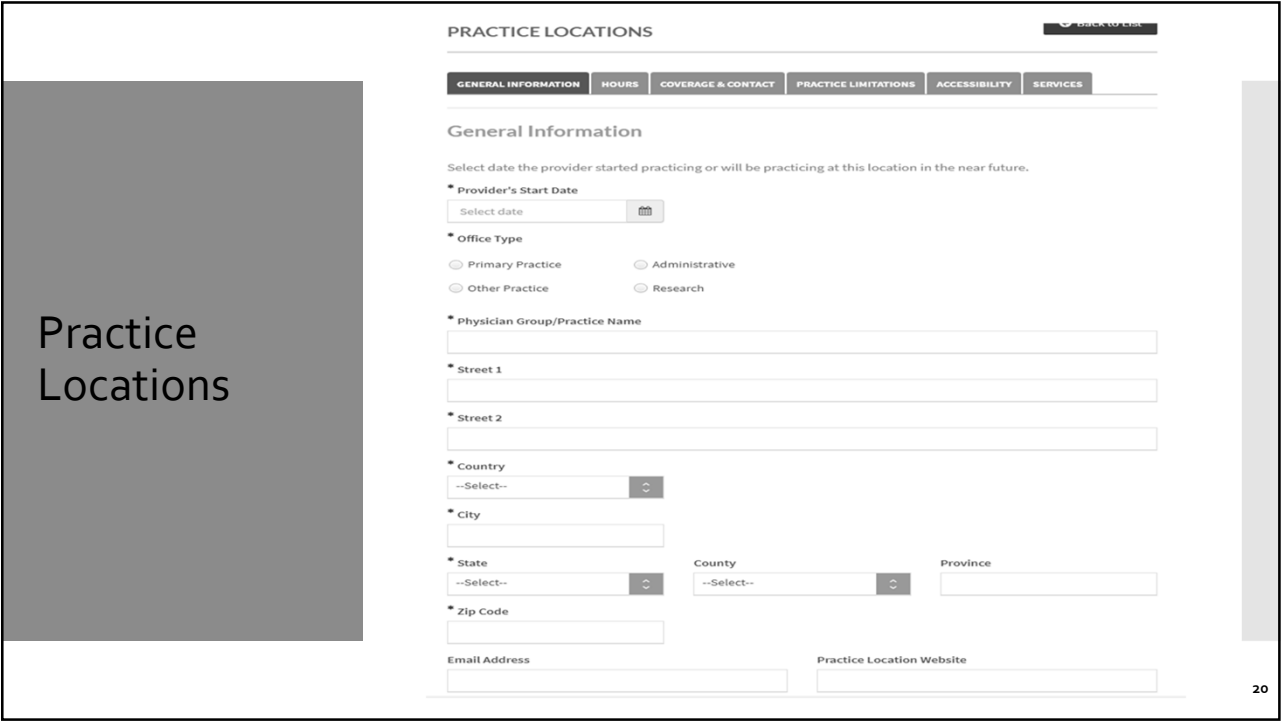
(Select)

YESENIA SERVIN, CPMSM

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Practice Locations
General Information

PRACTICE LOCATIONS

Back to List

GENERAL INFORMATIONHOURSCOVERAGE & CONTACTPRACTICE LIMITATIONSACCESSIBILITYSERVICES

There are 6 tabs you need to address

The General Information Tab includes:

*Provider's start date – This is the section that is individualized. In cases of mergers & acquisitions, this date might match if you have one effective date for all the providers.

*Office Type: Primary Practice
Administrative
Other Practice
Research

*Physician Group/Practice Name
*Street 1
*Street 2
*Country
*City
*State
County
Province
*Zip Code
Email Address
Practice Location Website
*Can general correspondence be sent to this location?

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Practice Locations
General Information

PRACTICE LOCATIONS

Back to List

GENERAL INFORMATIONHOURSCOVERAGE & CONTACTPRACTICE LIMITATIONSACCESSIBILITYSERVICES

*Mailing Address
*Street 1
*Street 2
*City
State
County
Province
Country
Zip Code
Type of Practice
Provide a narrative description of your clinical practice including special interests

Type of Practice: Solo Practice

Specialty Group	Single
Specialty Group	Multi
Primary Care	Solo
Specialty Care	Solo
Primary Care	Group
Single Clinic	Group
Specialty Group Other	Multi
Based	Hospital
Partnership	Other
	Home
Based	Urgent
Care	
Individual	

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Practice Locations

General Information

PRACTICE LOCATIONS

Back to List

GENERAL INFORMATION

HOURS

COVERAGE & CONTACT

PRACTICE LIMITATIONS

ACCESSIBILITY

SERVICES

*Do you have an organization (Type 2) NPI?
*If you select Yes, Enter the Organization, Type 2 NPI

Group Medicaid Number

Group Medicare Number

Yes, enter this info if you have it

Phone Numbers

The Office Phone Number field must be the number that a patient uses to make an appointment

*Office Phone Number

Phone Extension

Fax Number

Pager Number

Emergency Phone

Phone Coverage

Does this location provide 24 hour/7 day a week phone coverage?

Yes or No

If you select Yes

You Must select the Phone Coverage Type: Answering Service

Service

Other, add info)

Voice Mail To Answering

Voice Mail Other

Other (If you select

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Practice Locations

General Information

PRACTICE LOCATIONS

Back to List

GENERAL INFORMATION

HOURS

COVERAGE & CONTACT

PRACTICE LIMITATIONS

ACCESSIBILITY

SERVICES

Tax Information

Practice Name as it appears on the W-9

*Tax ID

*Type of Tax ID

Is this the Primary Tax ID for this practice location? Select Yes or No

Group Name

Network Denial

Have you closed your practice to any plans or programs? Select Yes or No

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Practice Locations Hours

GENERAL INFORMATIONHOURSCOVERAGE & CONTACTPRACTICE LIMITATIONSACCESSIBILITYSERVICES

Practice Office Hours

Please enter the office hours for this practice location, not for the practitioner.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	None
End Time	5:30 PM	5:30 PM	5:30 PM	5:30 PM	5:30 PM	5:30 PM	None

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Practice Locations Office Statistics

Office Statistics

Please indicate standard patient waiting times to schedule an appointment at this site for:

Wait time for appointment

	New Patient	Existing Patient
Emergency Care	0	0
Urgent Care	0	0
Symptomatic Care (e.g., sore throat)	0	0
Routine Visits (e.g., blood pressure check)	0	0
Preventive Routine Care (e.g., school or annual physical)	0	0

Please provide the following regarding your practice at this site:

Maximum Number of Appointments per Hour	
Average Waiting Time in Office	
Average Response time for Returning Patient Calls	
Urgent Care Call Time	
Emergency Call Time	
Routine Call Time	

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Practice Locations

Patients

Patients

* Do you accept new patients into the practice?

☒ Yes

☐ No

If yes, describe any restrictions (e.g., appointment type, patient type)

N/A

Please provide the number of active patients enrolled with you at this site

50

Please provide the number of patient visits you have at this site per year

1000

Copy to different list can be done in Services tab

☐ Copy to a different list on save

(Select)

Save and Go Back

Save

Save & Continue

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Practice Locations

Coverage & Contact

GENERAL INFORMATION

HOURS

COVERAGE & CONTACT

PRACTICE LIMITATIONS

ACCESSIBILITY

SERVICES

Colleagues

* Do you have any Partners/Associates at this location?

☐ Yes

☐ No

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Practice Locations

Coverage & Contact

Covering Colleagues

Remove

First Name

Middle Name

Last Name

Specialty

Provider Type

Tax ID

Coverage Arrangements

Street 1

Street 2

City

State

Zip Code

Phone Number

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Practice Locations

Coverage & Contact

Click Add to enter any Covering Colleague that is not a Partner/Associate at this location.

Add

Mid-Level Practitioners

* Do you have any mid-level practitioners at this location?

Yes

No

Office Manager or Business Staff Contact

Is Office Manager Credentialing Contact?

Yes

No

Billing Contact

Office Manager & Billing Contact are same?

Yes

No

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Practice Locations

Limitations

GENERAL INFORMATIONHOURSCOVERAGE & CONTACTPRACTICE LIMITATIONSACCESSIBILITYSERVICES

Practice Limitations and Patient Populations

Limitation

Is your practice restricted within your specialty (e.g., by age or type of patient)?

☐ Yes

☐ No

Gender Limitations

* Gender Limitations

☐ Yes

☐ No

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Practice Locations

Limitations

Age Limitations

* Are there any Age Limitations?

☐ Yes

☐ No

Other Limitation

Other Limitations

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Practice Locations

Accessibility

GENERAL INFORMATIONHOURSCOVERAGE & CONTACTPRACTICE LIMITATIONSACCESSIBILITYSERVICES

Paraprofessionals

Does this site employ paraprofessionals for direct patient care?

☐ Yes

☐ No

Do the paraprofessional(s) bill under any of your Tax ID Numbers?

☐ Yes

☐ No

If yes, is supervision always provided on premises during paraprofessionals' direct patient care?

☐ Yes

☐ No

If yes, list Tax ID Numbers used

ADA Accessibility

Does this office meet ADA accessibility requirements?

☐ Yes

☐ No

Handicapped Accessibility

Building Access

☐ Yes

☐ No

Parking Access

☐ Yes

☐ No

Restroom Access

☐ Yes

☐ No

Wheelchair Access

☐ Yes

☐ No

Copy to different list can be done in Services tab

☐ Copy to a different list on save

(Select)

Save and Go Back

Save

Save & Continue

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Practice Locations

Services

GENERAL INFORMATIONHOURSCOVERAGE & CONTACTPRACTICE LIMITATIONSACCESSIBILITYSERVICES

Services

Does this location provide any of the following services:

Laboratory Services?

☐ Yes

☐ No

Accrediting/Certifying Program

Laboratory Type

☐ Primary

☐ Secondary

☐ Tertiary

☐ Other

CLIA Waiver

☐ Yes

☐ No

CLIA Expiration Date

Select date

Radiology Service

☐ Yes

☐ No

X-ray Certification Type

EKG Services

☐ Yes

☐ No

Care of Minor Lacerations

☐ Yes

☐ No

Pulmonary Function Testing

☐ Yes

☐ No

Allergy Injections

☐ Yes

☐ No

Allergy Skin Testing

☐ Yes

☐ No

Office Gynecology

☐ Yes

☐ No

Age appropriate Immunizations

☐ Yes

☐ No

Drawing Blood

☐ Yes

☐ No

Asthma Treatment

☐ Yes

☐ No

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Practice Locations Services

Flexible Sigmoidoscopy

☐ Yes

☐ No

Cardiac Stress Test

☐ Yes

☐ No

Surgical Procedures?

☐ Yes

☐ No

Is Anesthesia Administered in your Office

☐ Yes

☐ No

Audiometry Screening

☐ Yes

☐ No

Physical Therapy

☐ Yes

☐ No

Osteopathic Manipulation

☐ Yes

☐ No

IV Hydration treatment

☐ Yes

☐ No

What class/category of anesthesia is used?

--Select--

Anesthesia administered by:

First Name

Last Name

Other Services

Special Skills By The Practitioner

Special Skills By The Staff

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Practice Locations Services

Interpretation Services

Non-English languages spoken by office personnel

Non-English languages written by office personnel

Do you have any interpreters at this location?

☐ Yes

☐ No

Employee Type

Employee Type

Copy to a different list on save

(Select)

Save and Go Back

Save

Save & Continue

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Hospital Affiliation

MANAGE PRACTICE

Loyola University Medical Center (IL)

Edit

Delete

Credentialing Contact (1)

Add

Practice Location (1)

Add

Hospital Affiliation (1)

Add

PLI (1)

Add

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Hospital Affiliation

Admitting Arrangement Record

Back to List

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

State

IL

Country

United States

Hospital Name

Machael Hospital

3249 South Oak Park Avenue
Berwyn, 60402-0715
Phone: 708-783-9100
Fax: 708-783-3489

Admitting Arrangement Status

Active

Inactive

Pending

Start Date

Select date

Who admits for you?

A provider in my practice

A provider not in my practice

A hospitalist group

Other

Group Name

L. Medicine Hospitalist Group

Organization NPI Number (Type 2)

Phone Number

708-216-9000

Email Address

Please describe the admitting arrangement

Cancel

Save and Continue

Copy to a different list on save

(Select)

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PLI

MANAGE PRACTICE

Loyola University Medical Center (IL)

Edit

Delete

+

Credentialing Contact (1)

Add

+

Practice Location (1)

Add

+

Hospital Affiliation (1)

Add

+

PLI (1)

Add

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PROFESSIONAL LIABILITY INSURANCE

Please add a record for each professional liability insurance policy. A Professional Liability Insurance Face Sheet or Certificate of Insurance will be required for each current policy that is entered. Each provider must maintain at least one current policy record (with a Current Expiration Date in the future).

- It is recommended to enter 10 years of insurance information to avoid additional follow-up from authorized organizations. Some states and credentialing organizations may have different requirements for this section. A Face Sheet or Certificate of Insurance is not required for expired policies.
- If a provider does not carry professional liability insurance, you will be required to submit a confirmation letter stating lack of coverage or providing further explanation.
- When a Current Expiration Date appears in red, that policy has expired. Click "Renew" to create an updated record with a new Current Effective Date and Current Expiration Date.
- Only Delete a policy record if it was entered in error or if expired more than 10 years ago.

* Policy Number

Original Effective Date

Select date

Retroactive Date

Select date

* Current Effective Date

Select date

* Current Expiration Date

Select date

* Carrier/Self Insured Name

Other (Not Listed)

Address

* Street 1

Street 2

* City

Province

State

(Please Select)

Country

(Please Select)

* ZIP Code

PLI

Professional Liability Insurance

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PLI

Professional
Liability
Insurance

Phone Number

Phone Extension

Fax Number

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

☐ Yes

☒ No

Type of coverage

(None)

* 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

Institution Affiliation

Save

☐ Copy to a different list on save

(Select)

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PLI

Professional
Liability
Insurance

CONFIRM

Please make sure to upload a copy of your Professional Liability Insurance Facesheet or Certificate of Insurance document for this policy that displays the exact expiration date that you've entered in this record.

OK

MSM

YES

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HOMEMANAGE USERSMANAGE PRACTICEMANAGE LISTEXPORT

MANAGE PRACTICE

Add List

+Loyola t (IL)

EditDelete

+Colleen (IL)

EditDelete

+ (IL) Counseling Service

EditDelete

+Karen (IL)

EditDelete

+Patricia L (IL)

EditDelete

Manage Practice

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Ylesenia Servin

HOMEMANAGE USERSMANAGE PRACTICEMANAGE LISTEXPORT

Manage Provider List

View the Provider provider list

Edit/Delete Provider List

Search for a Provider

Search for a provider from the

CAQH (Prop) database to add to

the provider list

Home Page
Manage List
Search for a Provider

Add Providers to your Organization

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PRACTICE PROVIDER LIST

Enter Search Criteria

Search for Providers to add to List

(Please Select)

CAQH Provider ID

CAQH Provider Type

NPI

TIN

First Name

Last Name

Q Search

Home Page

Manage List

Search for a Provider

Options:

CAQH Provider ID

CAQH Provider Type

NPI

TIN

First Name

Last Name

Add Providers to your Organization

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Search Results

Select Provider(s) to add to Practice List

<input type="checkbox"/>	CAQH Provider ID	LastName,FirstName	NPI	Provider Type	Address
No records to display					
<div><div><div>H</div><div><</div><div>></div><div>H</div></div><div>0 of 0 pages (0 items)</div></div>					

Search Results

Select Provider(s) to add to Practice List

<input type="checkbox"/>	CAQH Provider ID	LastName,FirstName	NPI	Provider Type	Address
<input type="checkbox"/>	12744158	Smith, John		PA
<input type="checkbox"/>	12316817	Smith, John	1427095728	PA	121 Grove Street, Dover, 03820
<input type="checkbox"/>	12256151	Smith, John	1205106036	PA	525 Pinecrest Road, Macon, 31204

H

<

1

>

H

1 of 1 pages (3 items)

Add Provider(s)

Add Providers to your Organization

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Export
Data

Yessenia Servin

MANAGE LIST

EXPORT

Manage Provider Data

Order Personal, Professional IDs, Education, Professional Training, Specialty, Credentialing, Practice Location, Hospital Affiliations, and Professional Liability Insurance Information

Select different Lists of Providers for Export

Export Data

Select Provider or Providers for Export

Before you begin completing the provider's application, you must first select the Provider or Providers for the export. You can select a Provider from the Master Practice list of providers below or use search to filter the list.

Search Practice Provider List

(Please Select)

(Please Select)

Add

Clear Search

Search

Practice Provider List

CAQH Provider ID	Last Name, First Name	NPI	Provider Type	Address	Practice State
12256151	Smith, John	1205106030	PA	325 Pinecrest Road, Marietta, GA 30066	GA

Would you like to export provider information for a different state?

Yes

No

Add to Export

Export Menu

Manage Provider Data

For providers in the same state.

Select as many providers or even just one to export data:

Click Add to Export

You can select a single provider or as many as you want to add from the list you created previously.

You can also use the search option to find providers from your listing

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Export
Data

Would you like to export provider information for a different state.

Yes

No

Add to Export

Select Provider Application Sections for Export

Which Provider Application sections would you like to export?

Personal Information

Professional IDs

Education

Professional Training

Specialty

Credentialing Contact

Practice Location

Hospital Affiliation

PLI

Please note, providers are unable to overwrite Address, Tax ID, and Type 2 NPI fields when they overwrite with your Practice Location record.

Use Saved Sections from Practice?

Would you like to use any saved sections from your Practice? (i.e.: Credentialing Contact, Practice Location, Hospital Affiliations, or Professional Liability Insurance sections)

Yes

No

Continue

Y

SM

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Export
Data

Use Saved Sections from Practice?

Would you like to use any saved sections from your Practice? (I.e.: Credentialing Contact, Practice Location, Hospital Affiliations, or Professional Liability Insurance sections)

☒ Yes
☐ No

Which List contains the provider profile information you will be exporting?

(Please Select)

Continue

Please note, providers are unable to overwrite Address, Tax ID, and Type 2 NPI fields when they overwrite with your

(Please Select)

Loyola University Medical Center

Colleen Gr

Counseling Service

Karen

Patricia L

(Please Select)

Continue

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Export
Review

SELECT INFORMATION FOR EXPORT

To: Export Data File

Drop entries below to add or overwrite

From: List - Loyola University Medical Center (IL)

« Drag entries to the left to add to Export file

Yesenia Servin
2 Westbrook Corporate Center,
Suite 600,
Westchester, IL - 60154
7082165092

Credentialing
Contact

YES!

You can Drag & Drop the info

SELECT INFORMATION FOR EXPORT

To: Export Data File

Drop entries below to add or overwrite

Yesenia Servin
2 Westbrook Corporate Center,
Suite 600,
Westchester, IL - 60154
7082165092

Credentialing
Contact

Undo

COMPLETE EXPORT & SAVE CANCEL

From: List - Loyola University Medical Center (IL)

« Drag entries to the left to add to Export file

Select undo to return import content to the right

50

50

Export
Review

CREDENTIALING CONTACT

Remove

First Name

Yesenia

Middle Name

Last Name

Servin

Street 1

2 Westbrook Corporate Center

Street 2

Suite 600

City

Westchester

State

IL

Zip Code

60154

Country

United States

Province

Illinois

Phone Number

708-216-5092

Fax Number

Email Address

Yesenia.Servin@luhs.org

Primary Credentialing Contact

☒ Yes

☐ No

Click Add to add Credentialing contacts

Add

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Export
Review

Export Summary Page

Before you export data to the provider/s you've selected please review the information below.

Provider(s) Selected for Export

Save Your Changes

You have selected the following sections for export. Would you like to save any changes you made to the Credentialing Contact, Practice Location, Hospital Affiliations, or Professional Liability Insurance? If so, please mark those sections below before exporting. Updates will be saved to the sections in your Manage Practice page.

Credentialing Contact

Click Export to make the information you have just entered available to providers on your list. Providers will not have visibility to this information until this step is completed. Once exported, the providers you selected can enter the ProView at <https://proview.caqh.org/pr/> and may import into their own profile information for submission to CAQH.

Export

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Export
Success!

Continue?

By exporting your data, the selected provider(s) may have the option to overwrite the data currently in their profile(s). Would you like to continue?

Please note, providers are unable to overwrite Address, Tax ID, and Type 2 NPI fields when they overwrite with your Practice Location record.

Yes

No

YESENIA SERVINO, CRNP

Export Successful!

Thank you for using the CAQH ProView Practice Module. The information you created and exported is now available to the providers you selected. Please select ok to continue to the HOME Page.

OK

MSM

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Export
Review

MESSAGE CENTER

Information Export Successful

Information Export Successful

Information Export Successful

View All >

EXPORTS

VIEW REPORT

Type	Provider(s)	Section(s)	User	Date
------	-------------	------------	------	------

EXPORTS

Back to Home

Type	Provider	Status	Application Section	User	Exported Date
Portal		Pending	Practice Location	Yesenia Servin	
Portal		Pending	Practice Location	Yesenia Servin	
Portal		Pending	Credentialing Contact	Yesenia Servin	

1 of 1 pages (3 items)

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Import

Review - Provider Proview Account

CAQH Proview Provider Account

Message Center

Available Imports

Provider Review & Attest

MESSAGE CENTER

Sections Pending for import

Provider Directory Outreach Email sent successfully (07/10/2019)

New Organization Requesting Access to Your Information

CAQH ProView: Data/Document Expiration Date Approaching (CAQH Provider ID: 12005085)

View All >

AVAILABLE IMPORTS

Yessenia Servin - Uploaded 7/21/2019

IL - Credentialing Contact

Show more >

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Manage Users

MANAGE USERS

ADD USER

SEARCH FOR USER

Manage Users

User Name	User Roles	User Status
Servin, Yessenia	PM Admin User	Active

1 of 1 pages (1 item)

Download to Excel

1 Users

1 PM Admin User

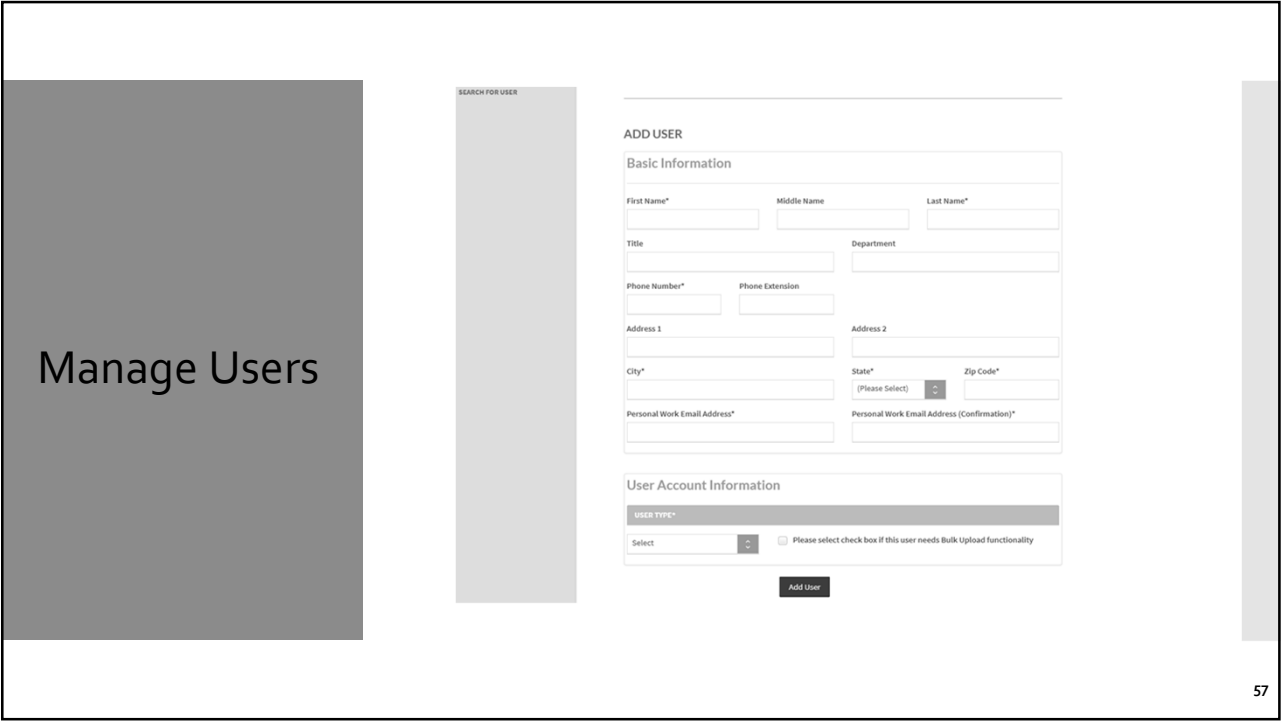
Servin, Yessenia

Manage Users Menu

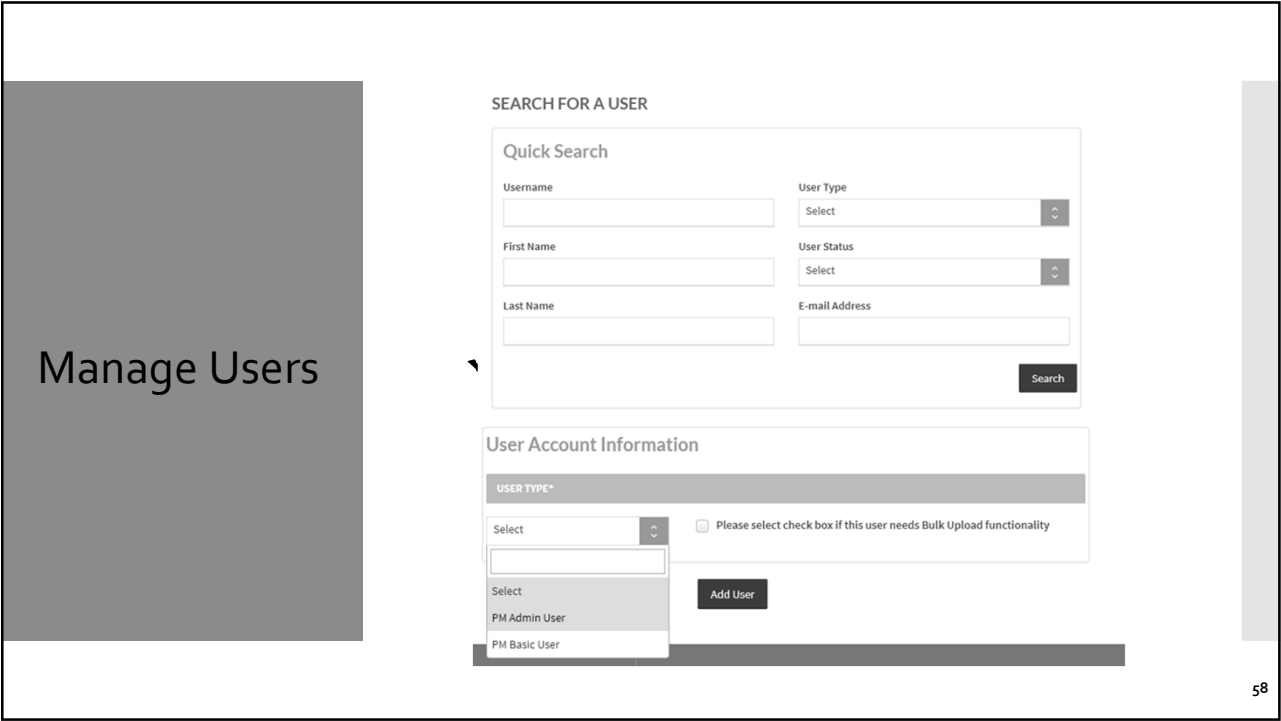
Click Manage Users (again)

Click Add User from the left-side, gray column

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Manage Users

SEARCH FOR A USER

Quick Search

Username

User Type

Select

First Name

User Status

Select

Last Name

E-mail Address

Search

User Account Information

USER TYPE*

Select

Please select check box if this user needs Bulk Upload functionality

☐

Add User

PM Admin User

PM Basic User

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Manage Users

The New User account has been successfully created

ADD USER

SEARCH FOR USER

Manage Users

User Name	User Roles	User Status
	PM Basic User	Pending
Servin, Yessenia	PM Admin User	Active

1 of 1 pages (2 items)

Download to Excel

2 Users

1 PM Basic User

1 PM Admin User
Servin, Yessenia

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Success!

CAQH Solutions

PROVIEW.

CAQH ProView Practice Manager Update

Yesenia Servin

HOMEMANAGE USERSMANAGE PRACTICEMANAGE LISTEXPORT

EXPORTS

VIEW REPORT

Type	Provider(s)	Section(s)	User	Date
Portal		Credentialing Contact	Yesenia Servin	
Portal		Practice Location	Yesenia Servin	
Portal		Practice Location	Yesenia Servin	

MESSAGE CENTER

Information Export Successful

Information Export Successful

Information Export Successful

View All

MANAGE USERS

ADD USER

User Name	User Roles	User Status
	PM Basic User	Pending
Servin, Yesenia	PM Admin User	Active

ACTIVITY LOG

Please Approve BulkUpload

User added -

User logged in: Yesenia Servin

Credentialing contact information updated - Loyola

PLI information updated - Loyola

View All

TERMS OF SERVICE

PRIVACY

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- <https://www.caqh.org/solutions/caqh-proview-status-updates-providers-and-practice-managers>
- Release July 15, 2019
 - PO Box entry restriction for addresses listed as practice location
 - NPI 1 Data Validation
- Release May 21, 2019
 - Improved Document Download Experience
- CAQH Group Solution
 - Rosters – Delegation Agreements

CAQH Updates

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YESENIA SERVIN, CPMSM, PESCCONNECT

2021

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

Thank
yes!

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


this is
great

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CONNECT

YESENIA SERVIN, CPMSM, PESCCONNECT

Yesenia@yscredentialing.com


YS Credentialing

LINKEDIN

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

1

2

3

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Thank you!

Yesenia Servin, CPMSM, PESC

Email:
YSCredentialing@gmail.com

LinkedIn:
<https://www.linkedin.com/in/yesenia-servin-cpmsm-gabb1380/>

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