



Provider Service Simplified

# **HealthCare Administrative Solutions, Inc. Credentialing Manual**

## **Disclaimer**

This manual is intended to provide general information about provider credentialing procedures. The information contained herein was written by HCAS with the assistance of provider representatives and is made available to users as a courtesy. While HCAS believes that the information in this manual is accurate and up-to-date, HCAS disclaims any warranty concerning its accuracy, timeliness, and completeness and users must understand and agree that neither HCAS nor any of its participating organizations are responsible or liable for any claim, loss, or damage resulting from its use.

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# 1. Introduction

The purpose of this manual is to assist providers and credentialing administrators to complete the credentialing process for HCAS participating health plans.

**Helpful hints** can be found throughout the manual and are noted with a checkmark “✓”.

Resource documents are included in the back of this manual.

## *About HCAS*

HealthCare Administrative Solutions, Inc. (HCAS) is a non-profit entity founded by several Massachusetts health plans to collaborate on administrative simplification initiatives and operates in several New England states.

Participating organizations include:

- Blue Cross Blue Shield of Massachusetts
- Boston Medical Center HealthNet Plan
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Health New England
- Medical Network
- Neighborhood Health Plan
- Network Health
- Tufts Health Plan

Additional HCAS information can be found at [www.hcasma.org](http://www.hcasma.org).

## *Credentialing Process Overview*

HCAS implemented a centralized and streamlined provider credentialing process as its first initiative. The process offers a single point-of-entry for providers to submit credentialing applications that HCAS participating health plans use to verify a provider’s qualifications prior to network participation. As all health plans are required to credential and recredential their managed care network providers on a regular basis, there are significant efficiencies gained by centralizing and streamlining the process. Among its benefits the HCAS process allows providers to complete a credentialing application one time for multiple health plans.

### **Initial Credentialing**

Initial credentialing is one of the key components of a process that each health plan utilizes when a provider seeks to join a health plan network. Providers must successfully complete the credentialing process prior to an affiliation with a health plan.

## **Recredentialing**

Providers are recredentialled every two years by HCAS health plans in New England including Massachusetts, Rhode Island, and New Hampshire. HCAS uses birth month and odd/even birth year to determine when a provider is due for recredentialing. For example, if a provider was born in March of 1968, that provider would be due for recredentialing in March of 2008. Using this methodology, providers have predictability regarding an upcoming recredentialing event and can pro-actively update their applications in CAQH. Beginning in 2009, providers who have a primary practice location in the state of Maine are recredentialled every three years.

## **Credentialing Exceptions**

Pathologists, Emergency Medicine, Radiologists, and Anesthesiologists (commonly referred to as ERAP or PEAR providers) may be exempt from the health plan credentialing and recredentialing process if they practice exclusively within a hospital setting, and in cases where a health plan does not have an additional need to review the physician's credentials. Please contact individual health plans to learn more about health plan-specific credentialing exceptions.

## ***Components of the Credentialing Process***

### **Collection of Application Data**

- HCAS participating health plans partner with CAQH® to collect and store credentialing information that includes application data and supporting documents.
- The Universal Provider DataSource (UPD) is the database operated by CAQH that stores provider credentialing information.
- Section 3 describes details of the CAQH process.

### **Primary Source Verification**

- Primary source verification is the process by which specific credentials are verified using accepted industry methods and begins once an application and all supporting documents have been received.
- The primary source verification process is completed by Aperture Credentialing, Inc. (Aperture). Aperture is a national credentials verification organization (CVO) certified by the National Committee for Quality Assurance (NCQA).
- Section 4 describes details of the primary source verification process completed by Aperture.

### **Health Plan Committee Decision**

Once a health plan has received credentialing information, including confirmation that the application and primary source verification was successfully completed and all plan-specific documentation requirements have been met, an individual health plan will make an independent credentialing decision based on the organization's policies and procedures.

## 2. Starting the Process to Add a New Provider

### *Health Plan Enrollment*

The first step is for the provider to contact a health plan(s) to request network participation. This initiates the health plan's specific enrollment process.

#### **Health Plan Required Documents**

Each HCAS participating health plan has its own company-specific policies and contract requirements for managed care network participation. For a list of the participating HCAS health plan required documents you may contact the health plan directly or go to:

1. [www.hcasma.org](http://www.hcasma.org)
2. Select "Resources"
3. Scroll down to "Resource Documents"
4. Select "Health Plan Contracting and Enrollment Required Documents List"

## 3. CAQH Process

You may complete a credentialing application in CAQH using one of the following methods:

**Online: (Recommended)** The online credentialing application can be accessed at <https://upd.caqh.org/oas/> or through the HCAS Website at [www.hcasma.org](http://www.hcasma.org). Click on the “Resources” page and select “Login to the Universal Provider Database”.

**Fax:** If you are a new provider to CAQH, you may choose to fax your application to CAQH at (866) 293-0414.

### *Online Application Overview*

#### **Benefits of the Online System**

Online data entry using the UPD simplifies the task of data submission with features that simplify the online data entry session. The online process:

- prompts the user for information in an easy interview style
- contains an audit feature that reviews responses and notifies the user of potential errors or missing information
- provides contact information for colleges, medical schools, and hospitals through convenient drop down directories
- allows the user to save the work and return to it later

#### **General Information on UPD Navigation**

- **Turn Off Computer’s Pop-up Software**  
Personal computer pop-up software may prevent online users from accessing certain UPD features including the “add” function that allows addition of multiple training affiliations, CMEs and license information.
- **Audit Feature**  
Before or after data entry, select the “Audit” button at the bottom of each page. This highlights the required fields that must be entered in the database for an application to be considered complete versus those fields that are optional. A red asterisk “\*” will appear next to required fields. Use of this feature reduces completion time.
- **Use the “Back” and “Next” Buttons at the Bottom of Each Page**  
Use the “Back” and “Next” buttons on the bottom of the page to navigate backward or forward within the application. Do not use the “Back” button on your Internet navigation toolbar that controls your internet session and may terminate your UPD session.

#### **Security**

CAQH is committed to keeping physician information in a confidential and secure system. The Universal Provider Datasource fully complies with all laws and regulations relating to the privacy of individually identifiable health information. A password-protected Web site ensures that only authorized medical practice staff has access to submit or update credentialing information. And providers control which participating organizations are authorized to view their data. Furthermore,

CAQH uses industry-leading technology to protect providers credentialing data and the privacy of system users, including:

- redundant firewalls that protect all network traffic
- secure Internet accesses to application screens
- secure 128-bit Secure Socket Layer (SSL) encryption
- automatic encoding of all information exchanges
- routine tape back-ups, stored off-site, to protect all volatile system data

For more information related to security, privacy or confidentiality, go to <https://upd.caqh.org/oas/>.

## **Demographic Changes**

HCAS participating health plans do not use CAQH for demographic changes such as a change in billing address. These changes should be submitted directly the health plans in which you have a contract via the plan-specific demographic data maintenance process. Questions regarding plan-specific procedures should be directed to a health plan's provider enrollment department.

## **Practice Administrator Module**

If a provider belongs to a large organization, consider using the Practice Administrator Module. This system enables credentialing administrators to enter practice locations, hospital affiliation and malpractice information in one location that can be imported into individual provider records.

The Practice Administrator Module can be accessed at: <https://upd.caqh.org/pmm/>.

## **UPD Standard Notifications**

The UPD system generates standard notifications notifying a provider when the application is complete, missing information, or requires updating. Notifications are sent to the primary method of contact (fax or email), as designed by the provider as included in the provider's CAQH record. A list of standard notifications can be found in Appendix G.

The UPD notifications contain:

- provider name
- CAQH ID number
- notification title in the subject line
- CAQH contact information

## **Authorization Process**

The Authorize tab allows users to authorize a health plan(s) access to the provider's credentialing information.

Health plans will not have access to a provider's credentialing information unless the provider or designee authorizes the health plan(s). Not checking off a health plan(s) in this section may cause delays in the credentialing process.

- ✓ **Helpful Hint:** A health plan will not be listed as a choice in CAQH until the health plan receives information from the provider and notifies CAQH that the provider is seeking to join the health plan's network.

## ***Obtaining CAQH Login Information***

### **New CAQH Providers**

If a provider is being credentialed with a health plan for the first time and does not have an existing record in the UPD for any of the health plans that use the CAQH database, a notification by a health plan to CAQH will trigger mailing of a welcome packet. The welcome packet is mailed to the address supplied to CAQH by the health plan (that is collected from the provider or designee) and will contain the provider's CAQH ID number, and instructions on how to login to CAQH.

The following materials are included in the welcome packet:

- CAQH Cover Letter Appendix B
- CAQH Credentialing Checklist Appendix C

✓ **Helpful Hint:** Large health care organizations or practices may elect to instruct mail rooms to direct CAQH mail to the credentialing staff office.

### **Provider with an Existing CAQH Record**

If the provider has a preexisting record in the UPD, a welcome packet will not be generated as the provider has received introductory materials at an earlier time. The CAQH ID number, user name and password may be obtained by using one of the following methods:

- Directly from the provider
- Provider's previous employer

## ***How to Enter Application Information***

The UPD Quick Reference Guide has step by step instructions for the CAQH data entry process. This document may be accessed at: <https://upd.caqh.org/OAS/>.

**Completing an application and submitting all required attachments to CAQH for initial credentialing and recredentialing is key. Successful completion prevents requests for missing or expired information from Aperture during the primary source verification process, and reduces rework.**

## ***How to Submit Supporting Documents to CAQH***

Please fax required supporting documents that supplement the credentialing application to CAQH with the provider-specific CAQH fax cover sheet. It is important to use the fax cover sheet specific to the individual provider that contains the provider's CAQH ID number and bar code. This information is uploaded into the CAQH provider record when the accompanying fax cover sheet is completed and submitted. No information is printed or reproduced on paper. Consequently, typical problems, such as paper jams and memory overload are avoided.

## Cover Sheet Information

Individualized cover sheets can be found:

- online by clicking on the “Attachments” tab in the UPD
- contact the CAQH Help Desk at 1-888-599-1771

Individual cover sheets contain the following:

- provider-specific CAQH ID number
- provider-specific bar code
- description and coding of attachments

It is important to submit required credentialing documents to CAQH as these documents are necessary for the credentialing process. The required documents for health plan initial credentialing and recredentialing events are listed below. If these documents are not submitted through the CAQH the credentialing process will be delayed and require follow-up by Aperture that will attempt to collect these documents during the primary source verification process.

## Initial Credentialing Required Documents

- Consent and Release Form
- Malpractice Face Sheet
  - ✓ **Helpful Hint:** Malpractice face sheets must include a provider’s name, coverage amounts and to and from dates of coverage.
- Curriculum Vitae\* must include five years of work history in month/year format and explanation of gaps of six months or greater.
- Hospital Verification Letter\* (MDs and DOs only)

This letter is required and must be submitted from the physician’s primary hospital stating the physician has been credentialed in accordance with 243 CMR 3.05 and, for a non-Massachusetts physician, by the hospital in accordance with Joint Commission requirements.

✓ **Helpful Hint:** Missing hospital verification information is the leading cause of credentialing delays. Additional information on submission of individual hospital letters to CAQH, and hospital submission of physician lists (i.e. rosters) to Aperture can be found in Appendix D.

## Recredentialing Required Documents

- Malpractice Face Sheet
  - ✓ **Helpful Hint:** Malpractice face sheets must include a provider’s name, coverage amounts and to and from dates of coverage.
- Hospital Verification Letter\* (MDs and DOs only)

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\* The application may be deemed complete in the CAQH system before this document is submitted, and follow-up will occur during the primary source verification process.

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✓**Helpful Hint:** Missing hospital verification information is the leading cause of credentialing delays. Additional information on submission of individual hospital letters to CAQH, and hospital submission of physician lists (i.e. rosters) to Aperture can be found in Appendix D.

### **CAQH Notification of Missing or Illegible Documents:**

If faxed information is missing or rejected the provider will receive a CAQH notification titled “CAQH Supporting Documents Missing” or “Provider Fax Submission Illegible or Incomplete”. The information included in this notification can be found in Appendix G.

### ***CAQH Complete Application Notification***

A CAQH notification titled “CAQH Confirmation: Application Complete” will be sent to the provider or credentialing administrator when the application data and required attachments are complete in the UPD. The information included in this notification can be found in Appendix G.

### ***Checking Provider Status in CAQH***

A description of application statuses in CAQH is located on the next page. This may be useful information for providers who contact the CAQH help desk for assistance. Note: A provider’s status will appear in the activity log of the provider’s record in CAQH.

<b>CAQH Status:</b>	<b>Description:</b>
New Provider	Provider has been entered into system by a plan and has not been sent a registration kit.
Initial Outreach	Provider has been sent outreach but has not yet registered with UPD or called help desk.
Alternate Outreach	Provider has been messaged at a secondary location after attempts are made to primary office location.
First Provider Contact	Provider has called or logged into UPD.
Application Data Submitted	Provider has progressed through UPD and “attested” or faxed in paper app. Still waiting for supporting docs.
Application Problem	Problem letter outstanding. (e.g., paper application doesn’t pass audit conditions)
Initial Application Complete	Information has been attested to and supporting documents received.
Reattestation	Information in system has been attested to.
Expired Attestation	Attestation expires if greater than 120 days old.
Undeliverable	Unable to outreach to provider due to lack of valid information.
Returned Mail	Registration kit mailing is returned from U.S. Postal Service due to poor mailing address, or provider no longer at the address.
Deceased/Retired	CAQH Help Desk is notified that provider is deceased or has retired from practice.
Opt Out	Provider has asked to be removed from the CAQH database.
Non-responder	Provider has this indicator marked after numerous attempts have been made when the provider's status is “Initial” or “Alternate Outreach”, “First Provider Contact”, “Application Data Submitted”, “Expired Attestation” or “Application Problem”.

***Re-attesting to Provider Data in CAQH***

The CAQH system will prompt the provider to re-attest to the accuracy and completeness of the data every 120 days via email or fax using the primary method of contact information the provider includes in his or her CAQH record.

If a provider’s record has not been attested to after a period of time, the status changes to expired and the data cannot be used for primary source verification.

Listed below are system notifications generated by CAQH on the re-attestation process. The notification details can be found in Appendix G.

- 15 day Reattestation Notice
- 10 day Reattestation Notice
- 5 day Reattestation Notice
- CAQH Reattestation Successful Notice
- CAQH Data Expiration Notice
- CAQH Expired Attestation

When Re-attesting to data on CAQH, please be sure to review the provider's supporting documents by clicking on the *Attachments* tab at the top of the page. Scroll down and review the provider's *Supporting Documents Received* that are on file. Click on the link for each document to ensure that all materials are current and nothing has expired. If a renewable document has expired, you will need to update this information. Below is a list of the most common documents that have effective dates and may expire. This is a partial list and does not represent a full list of documents that may expire.

- License
- DEA
- Malpractice Insurance
- Board Certifications

If data is up-to-date in the CAQH system and the provider has authorized all contracted health plans to access the credentialing data he/she will not receive a recredentialing notification. Over 68% of provider applications are up-to-date in CAQH and move directly to the primary source verification phase when their applications are due for review.

If a provider does not respond to CAQH notices to update the application, the provider is considered a non-responder by the CAQH system and will receive a notification to complete the CAQH application process as described earlier in this manual. This notification is printed on HCAS letterhead. A sample notification can be located in Appendix E.

## 4. Primary Source Verification Process

### *Overview*

The primary source verification process is conducted by Aperture Credentialing, Inc., a national credentials verification organization (CVO).

Aperture conducts the primary source verification process on behalf of the HCAS participating health plans according to state, federal, and applicable health plans accreditation requirements.

### *Aperture Notification*

**Initial Credentialing:** Health plans notify Aperture to begin the primary source verification process for a provider(s) during the health plan enrollment process.

**Recredentialing:** Aperture utilizes the provider's date of birth in CAQH to initiate the recredentialing process every two years. Providers that practice in the state of Maine are recredentialled every three years using an alternate cycle.

### *CAQH Incomplete Application Notifications*

If an initial or recredentialing application is in process with Aperture and the provider has not yet updated CAQH, a follow-up letter will be sent to the provider with a reminder that CAQH needs to be completed. Aperture conducts up to two follow-up attempts to collect necessary information.

Follow-up letters are printed on HCAS letterhead. A sample notification letter is included as Appendix E.

### *Missing Information Requests*

During the primary source verification process, Aperture may contact a provider or designee to submit missing, incomplete, or outdated information via phone or fax. Completing the online application and submitting required attachments to CAQH will prevent missing information request notifications from being generated. See Section 3 that describes the CAQH process.

The most common missing information requests sent by Aperture include:

- current malpractice face sheet and/or information including coverage amounts and dates of coverage
- updated provider signature on release form
- current DEA certificate(s) if unable to obtain verification or waiver
- DEA registration (and/or) information for all states in which the provider has an office location (per Federal requirements)
- confirmation of primary hospital affiliation (MDs and DOs only)
- work history information including start and end dates for each place employed in a month/year format
- information required to query the National Practitioner Data Bank, and/or the Federation of State Medical Boards including:

- state license number
- licensing state
- date of birth
- degree (i.e., MD, DO, etc)
- graduate school (graduation month and year)

### ***Notification Methods***

Missing information requests are distributed via phone, mail, fax or Email. A sample notification is included as Appendix F.

Requests will be distributed to the contact designated in the Credentialing drop down menu on the Answer tab in CAQH.

Questions regarding notifications should be directed to Aperture staff at 1-800-398-0335, Option 4.

## 5. Health Plan Committee Decision

Aperture returns the file to a health plan after completion of the primary source verification process. Some health plans may have additional verification requirements such as a review of advanced training that would be verified by a health plan.

Each health plan makes its credentialing decision independently based on plan-specific policies and procedures.

### **Practitioner Rights Notification:**

Providers have the right to receive the status of their credentialing upon request by contacting a health plan(s) directly.

## 6. Contact Information

Description	Contact
<p><b>Checking status of a credentialing application</b></p>	<p>Blue Cross Blue Shield of Massachusetts: Phone: 1-800-316-2583</p> <p>Boston Medical Center HealthNet Plan: Provider Processing Center Phone: 1-888-566-0008 Fax: 1-617-897-0818 Email: <a href="mailto:BMCHP.providerprocessingcenter@bmchp.org">BMCHP.providerprocessingcenter@bmchp.org</a></p> <p>Fallon Community Health Plan: Phone: 1-866-275-3247, Option 4 Email: <a href="mailto:askfchp@fchp.org">askfchp@fchp.org</a></p> <p>Health New England: Credentialing Department Phone: 413-233-3307 Fax: 413-233-2808 Email: provcred@hne.com</p> <p>Harvard Pilgrim Health Care: Phone: 1-800-708-4414 Email: <a href="mailto:provider_callcenter@hphc.org">provider_callcenter@hphc.org</a></p> <p>Medical Network: Phone: 1-207-289-1040 ext. 108 Email: <a href="mailto:cbelliveau@mainemednet.com">cbelliveau@mainemednet.com</a></p> <p>Neighborhood Health Plan: Phone: 1-855-444-4647 (4NHP) Email: <a href="mailto:prweb@nhp.org">prweb@nhp.org</a></p> <p>Network Health: Phone: 1-888 257-1985</p> <p>Tufts Health Plan: Phone: 1-888-306-6307</p>
<p><b>The Universal Provider DataSource (UPD) Support</b></p> <ul style="list-style-type: none"> <li>• Providers using the Online Application System</li> <li>• Practice managers using the Practice Administrator Module</li> <li>• Questions regarding faxed applications and supporting documents</li> <li>• Application requests</li> <li>• General UPD questions</li> </ul>	<p>Phone: 1-888-599-1771 Fax: 1-866-293-0414 Email: <a href="mailto:caqh.updhelp@acsqs.com">caqh.updhelp@acsqs.com</a></p>
<p><b>CVO Questions and Support</b></p>	<p>Phone: 1-800-398-0335. Option 4 Fax: 1-800-485-9592</p>

## 7. Resource Documents

### Appendix A: Glossary

Acronym or Term:	Full Name:	Definition:
Aperture	Aperture Credentialing, Inc.	Provides primary source verification services to HCAS participating plans.
CAQH®	CAQH	Designers of the Universal Provider DataSource, or UPD (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.
OAS	Online Application System	Synonymous with Universal Provider DataSource (UPD)—see below. Used to enter provider data for credentialing purposes.
PSV	Primary Source Verification	Service to verify provider credentials based on the original source.
UPD	Universal Provider DataSource	A national, centralized database. Providers submit and update their credentialing data to the UPD. Participating health plans draw credentialing data from this common database.

## Appendix B: CAQH Cover Letter

«MailCode»  
«FirstName» «MiddleInitial» «LastName» «Suffix»  
«Address» **CAQH Provider ID:** «ProviderID»  
«Address2»  
«City», «State» «Zip»-«ExtZip»

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 Universal Provider DataSource<sup>®</sup>. This secure, online service has been provided to you by many of the nation's leading health plans and other organizations to help streamline your credentialing paperwork. A current listing of participating organizations can be found at [http://www.caqh.org/ucd\\_health\\_participating.php](http://www.caqh.org/ucd_health_participating.php).

### How the Universal Provider 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 Universal Provider 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 Provider 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 Provider 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. A current listing of participating organizations can be found at [http://www.caqh.org/ucd\\_health\\_participating.php](http://www.caqh.org/ucd_health_participating.php). Alternatively, you may call the CAQH Help Desk at 888-599-1771 which 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,

CAQH

*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 of these organizations, you must first contact the organization(s) directly to request a participating contract.*

**Appendix C: Intentionally left blank**

## Appendix D: Credentialing Opportunities



### Credentialing Opportunities

HCAS has identified two areas that can further improve credentialing processing times. The first is receipt of a document verifying hospital privileges by the CVO and the second is provider use of electronic signatures in CAQH.

**I. Hospital Privileges Documentation:** In Massachusetts, a credentialing application must include a document validating hospital privileges to be considered complete. The following measures can be taken by hospitals to provide the hospital verification documentation.

Submission of hospital letters through CAQH: Hospital medical staff offices that coordinate credentialing on behalf of a provider have the option to fax the hospital letter to CAQH along with other credentialing supporting documents. If the letter is not included in the physician's online CAQH record when the application is deemed complete the application will be sent to the CVO for processing without this critical element. If this occurs the CVO will first check the hospital roster (see description below) for validation of hospital privileges. If a provider is not listed on the roster or the hospital does not submit rosters to the CVO, the CVO will contact the hospital medical staff office for the individual hospital letter needed during the primary source verification process.

Submission of Rosters to the CVO on a Monthly Basis: As described above, the CVO will check a hospital roster of staff physicians to verify hospital privileges before contacting the hospital for an individual hospital letter. The roster can be sent via email to [RapidRoster@aperturedata.com](mailto:RapidRoster@aperturedata.com) or can be faxed to (502) 326-5372. The roster must contain the following information:

- The facility name must appear on all pages of the roster, or on a cover letter.
- A cover letter is addressed directly to Aperture and states that all providers who appear on the roster have clinical privileges that are in good standing (or have met requirements of appointment or reappointment according to medical staff bylaws) and that all providers have been credentialed according to Massachusetts regulation 243 CMR 3.05 of the Board of Registration in Medicine, if applicable.
- The cover letter and the roster are dated.
- The roster must include Staff Category and indicate which of the providers/categories have admitting rights.
- Optional information may be included such as Appointment and Reappointment Dates.

**II. Hospital Use of Electronic Signatures in CAQH:** During the credentialing process, a physician's authorization and release form is required to obtain third party verifications during the primary source verification process. Electronic signatures eliminate the need for the CVO to collect a written authorization and release form from the provider and can accelerate the application data gathering process. Listed below is information regarding electronic signatures:

- The use of an electronic signature is accepted by the National Committee for Quality Assurance (NCQA).
- The attached document issued by CAQH contains an overview of the CAQH electronic signature process. Please note that a hard copy of the authorization and release form is required the first time a provider is uses the CAQH system.

## Appendix E: Application Follow up Letter

Subject: IMPORTANT CREDENTIALING INFORMATION from  
HealthCare Administrative Solutions, Inc. (HCAS, www.hcasma.org)



«FirstName» «MiddleName» «LastName»  
«CorrespondenceAddress»  
«CorrespondenceAddress2»  
«CorrespondenceCity», «CorrespondenceState» «CorrespondenceZip»

Provider Name: «FirstName» «MiddleName» «LastName»  
CAQH Provider ID: «ProviderID»

HCAS participating plans use the CAQH® Universal Provider Data source (UPD) to collect and store credentialing information and supporting documents. One or more of the HCAS participating health plans is in the process of credentialing you to begin or continue participation in its provider network(s). However, your CAQH record is incomplete. To continue this process, please complete your credentialing application in CAQH, designate the health plan(s) that you authorize to access your information, and fax supporting documents to CAQH. Once you have submitted your application and supporting documents, the primary source verification process will occur.

**Credentialing application data and supporting documents must be submitted within 30 days of receipt of this letter.**

You may complete a credentialing application using one of the following methods:

**1) Online – recommended.** Please register and login to the CAQH Universal Provider Data source (UPD) at <https://upd.caqh.org/oas/>. You will see an electronic version of either the Integrated Massachusetts Application (IMA), or the applicable credentialing application for providers who do not reside in Massachusetts. HCAS recommends using the audit feature at the bottom of each page to highlight data elements required within the application that can accelerate the data-entry session.

**2) Fax.** If you are a new provider to CAQH, you may choose to fax your application information to CAQH at (866) 293-0414.

### Submission of Supporting Documents

Supporting documents may be faxed to CAQH at (866) 293-0414. The following documents are required for Massachusetts providers; requirements may vary for other states.

- The first time you enter the system, a signed and dated Authorization and Release Form. Future recredentialing cycles you will be able to attest online.
- An up-to-date Curriculum Vitae (CV)—initial credentialing only.
- A current malpractice face sheet.
- Two (2) reference letters where applicable (i.e., non-hospital affiliated providers).

If you have any questions about completing the CAQH application process, please call the toll-free Provider Help Desk at (888) 599-1771. CAQH representatives are available Monday through Thursday from 7:00 a.m. to 9:00 p.m., and Friday from 7:00 a.m. to 7:00 p.m. ET.

This communication is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please destroy this communication.

## Appendix F: Aperture Missing Information Notification



<p align="center"><b>Aperture's Easy Response System</b> Please allow 2 business days (48 hours) for processing fax documents and 10 days for mailed documents.</p>
<p><b>Fax:</b> Fax your response <b><u>with this cover page</u></b> 1-866-293-0421</p>
<p><b>Call:</b> Talk to our Customer Service Representatives by calling 1-800-398-0335</p>
<p><b>Mail:</b> Send your response <b><u>with this cover page</u></b> to: <b>Aperture PO Box 221049 Louisville, KY 40252-1049</b></p>

1/27/2012

URGENT

Credentials Request For:  
HCAS PROVIDER

Client(s) Requesting Information:  
**HCAS Health Plan**

ATTN: PAT PATTERSON  
TEST OFFICE  
200  
301 N HURSTBOURNE  
LOUISVILLE, KY 40222

### **Purpose of this communication:**

Documentation needed to complete your application is missing, incomplete, or expired. In order to renew your participation with the provider network(s) listed above, you will need to complete and return the requested documentation within three days of receipt of this notice so that the processing of your application can be completed.

If you have already submitted your application or missing information, please disregard this notice.

### **Items Requested:**

- **Sign and date the release/attestation attached form; even if it has been previously submitted, it must be re-signed and re-dated**
- **Fully complete the attached questionnaire. Include supporting documentation as applicable, and sign and date the accompanying attestation/release statement**

**IMPORTANT:** Please include this bar-coded cover sheet in your response to this request. The bar code is a unique code that corresponds to your credentialing file. Thank you for your assistance.

#### Confidentiality Notice

The documents accompanying this telecopy transmission contain confidential information. This information is intended only for use by the individual or entity named above. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.