



Recommended Credentialing Best Practices

HealthCare Administrative Solutions (HCAS) created this document to improve credentialing process results by highlighting the most common elements that require outreach to the Provider during the credentialing process. This document outlines several best practices to assist Providers to complete the process.

CAQH ProView System Use. Some Providers may have delayed use of the ProView system after the launch date in March while CAQH worked to improve its performance. Providers are now urged to re-enter the ProView system to complete the application process and “re attest” so that the credentialing process may occur.

Provider Self-Register Process. The CAQH ProView system includes new functionality allowing Providers to create a CAQH account and establish a user ID number. This functionality is available on the CAQH ProView homepage. **Reminder:** Before registering a new Provider, please ensure the Provider does not have a pre-existing CAQH ID number. If you already have a CAQH ID number please provide each health plan, that you intend to join, with this number as you start the credentialing process.

Aperture Credentialing, LLC. Aperture is the Credentialing Verification Organization used by the HCAS health plans to validate Provider information. Aperture may reach out to a Provider directly to collect missing or outdated information.

Professional Liability Insurance (PLI) Face Sheet. A Provider’s face sheet must include the start and end dates of insurance coverage, coverage limits, and the Provider’s name. Providers may also provide PLI information within the CAQH application which is the preferred method to satisfy the requirement. *Missing PLI information is a common reason for delays in the credentialing process.*

Hospital Roster and Hospital Letters. For Providers that are required to have hospital privileges and/or admitting arrangements, ensure that the hospital letter or hospital roster has been submitted by the facility. *This is the number one item that delays the credentialing process.*


Professional IDs. Check license and DEA numbers to ensure that these IDs include current dates and have not expired.

Board Certification. If a Provider is board certified, provide the certification board and specialty.

Disclosure Questions. Please review questions 17 and 21 carefully. Prior year responses may be outdated and require updating. For example: question 17, a “NO” response indicates no malpractice claims history exists within the *last 10 years*. For question 21, a “NO” response indicates that no criminal convictions occurred within the *last 5 years*. “Yes” responses to these questions indicates history does exist within the specified timeframes. If you answer “Yes” to any questions, please supply a detailed description to the question.

Credentialing Contact Information. The Credentialing Contact information must be included in the CAQH system. This is the contact information used by HCAS health plans and our primary source

verification vendor, Aperture, to contact a Provider when information is missing and required to complete the credentialing process. Please review that this information is included and up-to-date in CAQH.

Healthcare Organization Authorization Screen. All new Providers using the ProView system are required to complete the "Authorization" screen prior to the attestation process. This step allows each health plan that you designate, to access your credentialing application. To locate the authorization screen, click on the gear icon  on the upper right hand side of the screen in the Provider's profile and select "Authorize." **Reminder:** To expedite the plan authorization process, it may be beneficial for a Provider to utilize the "global authorization" feature.

Stay tuned for a new HCAS credentialing procedural manual in development this winter that will include additional information and best practice information. Please visit <http://www.hcasma.org/Resources.htm> for additional credentialing materials.

For further information on how to use the CAQH ProView system, including FAQ's, manuals, and reference guides, please visit the CAQH ProView website at <http://www.caqh.org/solutions/caqh-proview-status-updates-providers-and-practice-managers>.

HealthCare Administrative Solutions, Inc. (HCAS) is a non-profit entity founded by several Massachusetts health plans to collaborate on administrative simplification initiatives. Participating organizations include Blue Cross Blue Shield of Massachusetts, Boston Medical Center HealthNet Plan, CeltiCare Health, Fallon Health, Harvard Pilgrim Health Care, Health New England, Medical Network, Neighborhood Health Plan, New Hampshire Healthy Families, Tufts Health Plan and Tufts Health Public Plans.