



PROVIEW™

Changes to Practice Location Section Quick Reference Guide

Version: 1.0
Last updated: 12/8/2016

With the aim of continuously improving user experience, CAQH has recently implemented some changes to the Practice Locations section. The changes will also help participating organizations comply with new regulations by enabling Providers to qualify their affiliation with a practice location in CAQH ProView.

To assist providers and plans to meet federal and state mandates to improve provider directory accuracy, CAQH ProView will now require practice managers and providers to:

- 1) review and verify their practice address/es to ensure the information is correct, and
- 2) qualify their association with each practice location. For example, providers will have the ability to differentiate between the locations where they are continuously practicing versus covering for support personnel.

Click the links below to be directed to these pages:

- [Changes on the Practice Locations Start Page Display](#)
- [New Required Fields](#)

Changes on the Practice Location Start Page Display:

- A new Practice Location summary table will be displayed on the Practice Locations start page.
 - The table contains the following column headers:
 - Physician Group/Practice Name
 - Tax ID – All Tax IDs associated with the practice location will be displayed with a line break.
 - Location – displays the general address and phone number for the practice location; Address 1 and Address 2, City, State ZIP, Phone
 - Actions – Edit, Copy, Delete

PRACTICE LOCATIONS			
FILTER: Do you practice at this location?: Yes No All			Import ADD
Physician Group/Practice Name	Tax ID	Location	Actions
Smith Internal Medicine	20-2920229	15 Gramatan Ave Mount Vernon, NY 10550 Phone: 927-287-2722	Primary Practice Edit Copy Delete
Friendship Pediatrics	92-2728727	3895 Stewart Ave Garden City, NY 11530 Phone: 298-297-2727	Edit Copy Delete
Premiere Primary Care	92-8272872	282 Halstead Ave Harrison, NY 10528 Phone: 022-972-7272	Edit Copy Delete
Smile Clinic	97-8665645	8 E Church St Spring Valley, NY 10977 Phone: 416-090-9000	Edit Copy Delete
Tina Dee Clinic	97-8738636 26-2527527	452 Pine Ave Niagara Falls, NY 14301 Phone: 417-099-9876	Edit Copy Delete
TinaDEE	88-6767771	414 New York Ave Huntington, NY 11743 Phone: 897-868-6767	Edit Copy Delete

[Save and Go Back](#)
[Save & Continue](#)

- You will be able to filter the practice location list based on your answer to the question: "Do you practice at this location?"
 - When filtering, if you click "Yes", only the practice locations where you have answered Yes to "Do you practice at this location?" will be displayed.
 - If you click "No", only the practice locations where you have answered No to "Do you practice at this location?" will appear on the page.
 - If you click "All", all practice location records will be displayed regardless of your answer to "Do you practice at this location?"
 - By default, the "All" filter is enabled.
 - Other practice locations, not identified as Primary Practice, will be sorted in alphabetical order by Physician Group/Practice Name.

PRACTICE LOCATIONS

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.

PRACTICE LOCATIONS			
FILTER: Do you practice at this location?: Yes No All			
Physician Group/Practice Name	Tax ID	Location	Actions
Smith Internal Medicine	20-2920229	15 Gramatan Ave Mount Vernon, NY 10550 Phone: 927-287-2722	<div style="float: right; background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">Primary Practice</div> Edit Copy Delete
Friendship Pediatrics	92-2728727	3895 Stewart Ave Garden City, NY 11530 Phone: 298-297-2727	Edit Copy Delete
Premiere Primary Care	92-8272872	282 Halstead Ave Harrison, NY 10528 Phone: 022-972-7272	Edit Copy Delete
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- If you have not answered the question, “Currently practicing in this location?” prior to these changes, the following will appear in red font in the Group/Practice Name column: *Click “Edit” to update your practice location status.*

PRACTICE LOCATIONS

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PRACTICE LOCATIONS			
FILTER: Do you practice at this location? Yes No All			<input type="button" value="Import"/> <input type="button" value="ADD"/>
Physician Group/Practice Name	Tax ID	Location	Action
Friendship Pediatrics <i>*Click “Edit” to update your practice location status.</i>	55-3333333	2436 Wisconsin Ave, NW Suite 32 Washington, DC 20016 Phone: 202-966-3928	Primary Practice Edit Copy Delete
Premiere Primary Care <i>*Click “Edit” to update your practice location status.</i>	33-3242243	15 Brook Ridge Road Falls Church, VA 21332-3322 Phone: 703-472-8822	Edit Copy Delete
Premiere Primary care <i>*Click “Edit” to update your practice location status.</i>	33-3242243	1900 Rockville Pike, Suite 900 Rockville, MD 20817 Phone: 301-978-3325	Edit Copy Delete

- If you have selected Office Type = Primary Practice for one or more practice locations, that practice location/s will be outlined with a bright blue line. On the top right side of the row, a blue chevron that says “Primary Practice” will also be displayed. The practice location tagged as primary will appear first in the list.

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- The Help text on the Practice Location start page has also been updated.

PRACTICE LOCATIONS

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PRACTICE LOCATIONS			
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Friendship Pediatrics	92-2728727	3895 Stewart Ave Garden City, NY 11530 Phone: 298-297-2727	Edit Copy Delete
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New Required Fields:

- The question “*Currently practicing in this location?*” has been updated to “*Do you practice at this location?*”
- This question is required for **ALL** Inpatient/Outpatient or Outpatient Only Providers who practice in any of the states.
- If your answer is either a Yes or a No to “*Do you practice at this location?*”, required field will appear: “*Please explain*”. Options will be displayed in a single select dropdown list.

You should enter a **Yes** answer if you regularly or may, at some point, provide care at a location and/or submit a claim from the practice location. Whether you work at this practice every day, once a week, once a month, just to cover as needed, or to read tests or provide other services, a Yes answer accurately answers the question.

You should answer **No** to this question if you do not practice at this location and would never (or no longer) submit claims for services rendered at this location. This option is generally used to update existing practice locations. The absence of a practice location is difficult for a health plan to understand so rather than delete a location at which you no longer practice, you should enter a No answer to “*Do you practice at this location?*”

General Information

* Provider's Start Date

 

* Office Type

- Primary Practice Administrative
 Other Practice Research

* Do you practice at this location?

Select Yes if you currently practice at this location or will be practicing there in the near future.

- Yes
 No

* Please describe your affiliation with this location.

Country

 

- a. If you click Yes, a dropdown list with the following options will appear:
- I see patients here at least one day per week on a regular basis.
 - I see patients here 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 have not answered this question.
 - Other.

If you choose Other, a free form text box will appear for “*Please explain*” will be displayed.

Which value to choose from the options?

Option 1: *I see patients here at least one day per week on a regular basis.*

This option would be appropriate when:

- this is your primary practice;
- a patient can make an appointment to see you at this location;
- you practice regularly at this location; or
- you have been hired at this location and have a start date in the near future.

Option 2: *I see patients here at least one day per month, but less than one day per week on a regular basis.*

This option would be appropriate when:

- you work at this location on a seasonal or monthly basis;
- you have a regular routine where you see patients at this location infrequently but on a schedule; or
- you do not consider this your primary practice but you routinely see patients at this location and patients can even make an appointment.

Option 3: *I cover or fill-in for colleagues within the same medical group on an as needed basis.*

This option would be appropriate when:

- you see patients at this location on an on-call basis;
- you are part of a larger practice and usually practice at another location but might need to fill-in for a provider at this one; or
- you serve in an urgent care capacity within a practice where you do not take appointments at the location, but you deliver care.

Option 4: *I read tests or provide other services but I do not see patients at this location.*

This option would be appropriate when:

- you perform administrative tasks at this location but do not see patients; or
- you read tests for patients at this location but do not see patients.

Option 5: *Other*

This option would be appropriate when:

- your affiliation with the location is none of the values available.

Note: If you choose Other, a free form text box will appear to which you will be required to enter an explanation. If you are going to use this option, please make sure that a detailed explanation is entered. This information will be used to adjust our dropdown list values in the future.

- b. If you select No to question "Do you practice at this location?", the following options will be displayed:
- I no longer practice at this location.
 - I do not practice here, but the location is within the medical group with which I am employed.
 - I never practiced here and have no affiliation with this location.

Which value to choose from the options?

Option 1: *I no longer practice at this location.*

This option would be appropriate when:

- you left the practice all together and no longer practice at any locations affiliated with the practice; or
- you are still employed with the practice but have switched to a different location and will no longer submit claims for services rendered at this location

Note: If you choose "I no longer practice at this location." a new date selector field "End date" will appear.

- The field format should be MM/DD/YYYY in the portal.
- The date entered on the "End Date" field must occur after the date entered in the field "Provider's Start Date".
- You should remember to update the Employment Information section of your profile with this information.

General Information

Start date

9/1/2016

Office Type *

- Primary Practice Administrative
 Other Practice Research

Do you practice at this location? *

Select Yes if you currently practice at this location or will be practicing there in the near future.

- Yes
 No

Please Explain *

I no longer practice at this location

End Date *

12/30/2016

Physician Group/Practice Name *

Smith Internal Medicine

Street 1 *

875 10th st NE

Option 2: *I do not practice here, but the location is within the medical group with which I am employed.*

This option would be appropriate when:

- You are employed by a large group and the practice manager for the group lists this location for you even though you would never submit claims to this location.

Option 3: *I never practiced here and have no affiliation with this location.*

This option would be appropriate when:

- The practice location was entered by mistake.

- c. When adding a new practice location, the question "*Do you practice at this location?*" will default to Yes and display the Select drop down value.

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