

Changes to Professional Liability Insurance (PLI) Quick Reference Guide

Version: 1.0 Last updated: 10/12/2016 CAQH is changing the Professional Liability Insurance (PLI) page to make it easier for you to manage your PLI records and to ensure you are providing the necessary information for credentialing.

Previously, CAQH ProView Providers who answered "Yes" to the "Self-Insured?" question could skip all required fields and were not required to upload any supporting documentation. This resulted in incomplete applications for many providers who should have been submitting PLI information. To address this issue, the following changes have been made to the Professional Liability Insurance section of the Provider application.

Click the links below and be directed to these pages:

- PLI Section Not Completed Prior to this Change
- <u>Renewing an Expired PLI Record</u>
- Other Changes on the PLI Section
- <u>Changes to PLI Documents/Letter of Self-Insurance</u>
- <u>Self-Insured Question</u>

If you haven't answered this section of your application prior to this change, you may see the following:

• A new leading question has been added to the PLI section of your application: "Are you covered under a professional liability insurance policy?"

		HOME	PROFILE DATA 👻	DOCUMENTS REVIEW -	ATTEST
Provider Status: First Provider Con	tact (10/7/2016)	Profile Data:	Incomplete	Documents: 🛛 Incon	plete
Save PERSONAL INFORMATION PROFESSIONAL IDS EDUCATION PROFESSIONAL TRAINING SPECIALTIES PRACTICE LOCATIONS HOSPITAL AFFILIATIONS CREDENTIALING CONTACTS PROFESSIONAL LIABILITY INSURANCE EMPLOYMENT INFORMATION PROFESSIONAL REFERENCES DISCLOSURE AUTHORIZE	PROFESSIONAL LIABILIT Please enter your current carrier inform required for each current policy that is • It is recommended to enter 10 year organizations. Some states and cre • If you have held coverage with you Documents from previous insurance • Please update this section to remo- include information greater than 11 • If you do not carry professional liab coverage or providing further expla • Manage Professional LL • Are you covered under a profession • Yes • No Your policies are listed below in order.	TY INSURANCE mation. A Professional I entered. rs of insurance informat dentialing organization re current carrier for less ce carriers do not need ve historical carrier info oyears. bility insurance, you wil anation. iability Insurance p al liability insurance p of Current Expiration D	Liability Insurance Face tion to avoid additional ns may have different re table uploaded into CAC promation that is greater I be required to submit II be required to submit II be required to submit	Impe Sheet or Certificate of Insurance will follow-up from your authorized quirements for this section. evious carrier(s) information. 2H ProView. than 10 years. It is not necessary to a confirmation letter stating lack of	ort I be
	If you answered Yes to, "Are you co current policy record (with a Curre When a Current Expiration Date ap new Current Effective Date and Cur Only Delete a policy record if it was	wered under a profession nt Expiration Date in th pears in red, that policy rrent Expiration Date. s entered in error or if it	onal liability insurance p e future). r has expired. Click "Rer expired more than 10 y	oolicy?", you must maintain at least rew" to create an updated record wi ears ago.	one th a
	③ Save and Go Back	s	iave	Save & Continue	0

• If you answered Yes to this question, you will be prompted with a message that says: "You answered Yes to, "Are you covered under a professional liability insurance policy?". Please click the Save button below to save your answer." If you click the "Save" button, it will save the "Yes" answer. You will be required to enter at least one professional liability insurance record. Click "Add" to enter the details.



- When adding a professional liability insurance record, you are required to fill in the following fields:
 - Policy Number
 - Current Effective Date
 - Current Expiration Date.
 - Carrier Name
 - Street 1 (pre-populated depending on the carrier name selected)
 - City (pre-populated depending on the carrier name selected)
 - Zip Code (pre-populated depending on the carrier name selected)
 - Do you have unlimited coverage with this insurance carrier? (required only when you are practicing in multiple states)
 - Amount of coverage per occurrence
 - Amount of coverage aggregate
 - o Individual Coverage
 - Self-Insured (required only when you are practicing in any of these states: CAQH States, Oklahoma, and Texas (NOT Colorado, Georgia, Massachusetts, Minnesota, North Carolina, Mississippi, Nevada, Oregon, Washington, and West Virginia)

Note: Please ensure that the Name, Current Effective Date, Current Expiration Date, and Policy Number entered match the details on your face sheet. If they do NOT match, the document will be rejected.

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Provider Status: Re	e-Attestation (4/18	8/2016)		Profile Data	a: 🗹	Complete	Docum	nents: 🛛 Incomp	lete
O Swe PERSONAL INFORMATION PROFESSIONAL IDS EDUCATION PROFESSIONAL TRAINING SPECIALTES PRACTICE LOCATIONS HOSPITAL AFFILIATIONS	0	Professional Liabi You are required to upload a insurance policy. • Policy renewals require an • After you enter the policy Face Sheet or Certificator • You are not required to sub *Policy Number	Profess updated informat Insuranc omit a Fa	nsurance Re ional Liability Insur d document to be s tion, navigate to the se. ace Sheet or Certifi	ecc ranc aubm ie Do icate	erd Re Face Sheet or Cer litted to CAQH Pro couments page to up e of Insurance for ex	c ttificate of Insurance Vlew. Jolad a Professional I pired policies.	Back to List for each current Liability Insurance	
CREDENTIALING CONTACTS									
PROFESSIONAL LIABILITY INSURANCE		*Original Effective Date	-			F	Retroactive Date	1000	
EMPLOYMENT INFORMATION		Select date	titis .				Select date	LEED .	
DISCLOSURE		*Current Effective Date Select date	m	The expiration d	iate	entered here must i	match the expiration	date listed on the	
		*Convert Engineties Date		rejected from C/	AQH	ProView.	an, the instrance face	Shout will bus	
		Select date	000				Select date	節	
		Carrier Name						hor (Not Listed)	
		(Select)						©	
		Address *Street 1 Street 2 *City				Province			
		State (Please Select)			i.	Country (Please Select)			
								~	
		Zip Code							
		Phone Number Name in which policy issued		Phone Extension	•		Fax Number		
		Length of Time With Carrier				Certificate Pendin	g		
						 No 			
		Local Contact First Name				Local Contact Last	Name		
		Has any judgment or payme	nt of cla	im settlement amo	ount	exceeded the limit	s of this coverage?		
		*Do you have unlimited coverag	ge with t	his insurance		Type of coverage			
		⊖ Yes ⊖ No				(140/16)		~	
		\$68,765.00	rence						
		[*] Amount of coverage aggrega	ate? If U	mbrella/Excess cov	vera	ige, amount of cove	rage?		
		If you have changed your co occurrence/acts) coverage? I Yes No *Individual Coverage Yes No	verage v Please e	vithin the last ten y xplain	year	s, did you purchase	tail and/or nose cov	erage (prior	
		Self Insured Yes No							
		Underwriter, Institution Affi	iliation						
		Do you have prior acts cover	rage?						
		Please explain any surcharge	es to you	ur professional liat	bility	/ coverage			
		Save and Go Back			S	ave		Save & Continue 🔊	
						4200			-
	TERI PRIV CAQ	MS OF SERVICE NACY H.ORG		015 CAQH. All rights	s res	erved.			

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• After you have entered all the required details, click "Save & Continue" found at the bottom of the page. A consolidated preview list of all the Provider's insurance policy records will be displayed on the page.

	Provider Status: First Provider Cont	act (10/7/2016)	Profile Data: 8 Incomplete	Documents: 8 Incomplete
G	Seve O			
0	PERSONAL INFORMATION	PROFESSIONAL LIABILITY	INSURANCE	≓ Import
0	PROFESSIONAL IDS			
0	EDUCATION	Please enter your current carrier informat required for each current policy that is en	tion. A Professional Liability Insurance Face Sheet o tered.	r Certificate of Insurance will be
0	PROFESSIONAL TRAINING	• It is recommended to enter 10 years o	finsurance information to avoid additional follow-	up from your authorized
0	SPECIALTIES	organizations. Some states and crede If you have held coverage with your cu	ntialing organizations may have different requirem Irrent carrier for less than 10 years, enter previous (ents for this section. carrier(s) information.
	PRACTICE LOCATIONS	Documents from previous insurance of	arriers do not need to be uploaded into CAQH ProV	fiew.
	HOSPITAL AFFILIATIONS	 Please update this section to remove include information greater than 10 years 	nistorical carrier information that is greater than 10 ears.	years. It is not necessary to
	CREDENTIALING CONTACTS	 If you do not carry professional liabilit coverage or providing further explana 	y insurance, you will be required to submit a confir tion.	mation letter stating lack of
	PROFESSIONAL LIABILITY INSURANCE			
	EMPLOYMENT INFORMATION	Manage Professional Lia	bility Insurance	
	PROFESSIONAL REFERENCES	* Are you covered under a professional l	iability insurance policy?	
	DISCLOSURE	• Yes		
	AUTHORIZE	No		
		Add all relevant professional liablility insu	urance records	
		◆ Add		
		Your policies are listed below in order of C If you answered Yes to, "Are you cover current policy record (with a Current E When a Current Expiration Date appear new Current Effective Date and Curren Only Delete a policy record if it was en	Current Expiration Date. ed under a professional liability insurance policy?" expiration Date in the future). ars in red, that policy has expired. Click "Renew" to at Expiration Date. tered in error or if it expired more than 10 years ag	, you must maintain at least one create an updated record with a o.
		Policy Number: CD209202 Carrier: Acceptance Insurance Co Current Effective Date: 11/5/2016 Current Expiration Date: 11/5/2017	🗘 Renew	☑ Edit X Delete
		Save and Go Back	Save	Save & Continue 🕥

- If your answer to the leading question is "No", you will see the pop up box with a "Save" and "Cancel" button that says "Please confirm that you do not carry professional liability insurance coverage. Absence of insurance coverage may require additional follow-up from your contracted organizations and may delay credentialing decisions."
- Clicking the "Save" button will save the "No" selection to the leading question "Are you covered under a professional liability insurance policy?" If you have PLI records previously entered into CAQH ProView, these records will show on the lower portion of the PLI landing page.

Provider Status: First Provider	Contact (10/7/2016)	Profile Data: O <u>Incomplete</u>	Documents: O <u>incomplete</u>
Provider Status: First Provider Sove Image: Constraint of the second status PERSONAL INFORMATION PROFESSIONAL IDS EDUCATION PROFESSIONAL TRAINING SPECIALTIES PRACTICE LOCATIONS HOSPITAL AFFILIATIONS CREDENTIAL INF CONTACTS PROFESSIONAL LABILITY INSURANCE	Contact (10/7/2016) PROFESSIONAL LIABILIT Please enter your current carrier inforr required for each current policy that is It is recommended to enter 10 year organizations. Some states and cre If you have held coverage with your Documents from previous insuranc Please update this section to removinclude information greater than 11 Is If you do not carry professional liab coverage or providing further explance CONFIRM	Profile Data: OIncomplete Y INSURANCE hation. A Professional Liability Insurance Fa entered. so finsurance information to avoid additior dentialing organizations may have different current carrier for less than 10 years, enter e carriers do not need to be uploaded into 0 re historical carrier information that is great years. litty insurance, you will be required to subm pation	Cocuments: ♥ Incomplete Import Import Import Incomplete Import
EMPLOYMENT INFORMATION PROFESSIONAL REFERENCES DISCLOSURE AUTHORIZE	 Mana Are you Yes No Add all re Add all re Your polic If you Current policy record (with a Currer When a Current Expiration Date apprenew Current Effective Date and Cur Only Delete a policy record if it was 	not carry professional liability ce of insurance coverage may p from your contracted ay credentialing decisions. a confirmation letter on your ting lack of coverage or providing anavigate to the Documents page Cancel Cancel urant t Expiration Date in the future). bears in red, that policy has expired. Click "fr rent Expiration Date. entered in error or if it expired more than 1	ce policy?", you must maintain at least one Renew" to create an updated record with a 0 years ago.
	Policy Number: CD209202 Carrier: Acceptance Insurance Co Current Effective Date: 11/5/2016 Current Expiration Date: 11/5/2017	Save	Renew C Edit X Delete Save & Continue 🛇

• You are required to upload a confirmation letter on your professional letterhead stating lack of coverage or providing further explanation. Please navigate to the Documents page to do so. This document will appear as missing and required on the Documents section of your application.

CONFIRM	1	x
Please co insurance require ac organizat	nfirm that you do not carry professional li coverage. Absence of insurance coverage Iditional follow-up from your contracted ions and may delay credentialing decision	ability e may 18.
You are re	quirad to upload a confirmation latter on	
professio further ex to do so.	nal letterhead stating lack of coverage or planation. Please navigate to the Docume	providing ents page

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Renewing an Expired PLI Record:

• A "Renew" function has been added that will make it easier for you to update your policy information each year.

IMPORTANT: Renew an expired policy record for you to be able to upload a copy of the renewed policy. If you plan to send the renewed PLI document through e-mail or US mail, it is critical that you first renew the PLI record in the portal. Otherwise, your document will be rejected and you will be asked to re-upload it in the portal using the document slot for the renewed PLI record.

 When renewing an expired policy with an associated document in "Received", "Approved", or "Expired" status, the "Edit" option will not work. Instead, click on the "Renew" button for the applicable policy and you will be prompted to enter an updated Effective Date and Expiration Date. You will also be prompted to upload an updated Insurance Face Sheet or Certificate of Insurance for the renewed policy. A missing PLI document will appear on the Documents section for the renewed policy.

Provider Status: First Provider Co	Intact (10/7/2016) Profile Data: O Incomplete Documents: O Incomplete
Save PERSONAL INFORMATION PROFESSIONAL IDS EDUCATION PROFESSIONAL TRAINING SPECIALTIES PRACTICE LOCATIONS	Please enter your current carrier information. A Professional Liability Insurance Face Sheet or Certificate of Insurance will be required for each current policy that is entered. It is recommended to enter 10 years of insurance information to avoid additional follow-up from your authorized organizations. Some states and credentialing organizations may have different requirements for this section. If you have held coverage with your current carrier for less than 10 years, enter previous carrier(s) information. Documents from previous insurance carriers do not need to be uploaded into CAQH ProView. Please update this section to remove historical carrier information that is greater than 10 years. It is not necessary to
HOSPITAL AFFILIATIONS CREDENTIALING CONTACTS PROFESSIONAL LIABILITY INSURANCE	include information greater than 10 years. • If you do not carry professional liability insurance, you will be required to submit a confirmation letter stating lack of coverage or providing further explanation.
EMPLOYMENT INFORMATION	Manage Professional Liability Insurance
PROFESSIONAL REFERENCES DISCLOSURE AUTHORIZE	 Are you covered under a professional liability insurance policy? Yes No
	Add all relevant professional liablility insurance records
	 Your policies are listed below in order of Current Expiration Date. If you answered Yes to, "Are you covered under a professional liability insurance policy?", you must maintain at least one current policy record (with a Current Expiration Date in the future). 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 it expired more than 10 years ago.
	Policy Number: CD902028 Carrier: Acceptance Insurance Co Current Effective Date: 9/5/2015 Current Expiration Date: 9/5/2016
	Save and Go Back Save Save & Continue O

a. If you click the "Renew" button, you will be directed to a page where you need to enter the "Current Effective Date" and "Current Expiration Date" of your renewed insurance policy.

			HOME	PROFILE DATA 👻	DOCUMENTS	REVIEW -	ATTEST
	Provider Status: First Provider	Contact (10/7/2016)	Profile Data: 🤇	Incomplete	Docum	ents: 8 Incomp	ete
0	PERSONAL INFORMATION						0
0	PROFESSIONAL IDS						0
٠	EDUCATION	Drofossional Liability Insur	anco Docord			😌 Back to List	
٠	PROFESSIONAL TRAINING	Professional Liability Insur	ance Record				-
0	SPECIALTIES	You are required to upload a Professiona policy.	I Liability Insurance F	Face Sheet or Certificate	of Insurance for eac	ch current insuran	ce
	PRACTICE LOCATIONS	 Policy renewals require an updated d 	ocument to be subm	itted to CAQH ProView.			
	HOSPITAL AFFILIATIONS	 After you enter the policy information Sheet or Certificate of Insurance. 	n, navigate to the Doc	uments page to upload	a Professional Liabi	ility Insurance Fac	e
	CREDENTIALING CONTACTS	 You are not required to submit a Face 	Sheet or Certificate	of Insurance for expired	policies.		
	PROFESSIONAL LIABILITY INSURANCE	* Policy Number					
	EMPLOYMENT INFORMATION	CD902028					
	PROFESSIONAL REFERENCES	Original Effective Date					
	DISCLOSURE	9/5/2014					
	AUTHORIZE	* Current Effective Date					
		Select date					
		* Current Expiration Date					
		Select date	The expiration dat insurance face she rejected from CAQ	te entered here must ma eet. If it does not match, ¡H ProView.	atch the expiration d the insurance face s	date listed on the sheet will be	
		* Carrier/Self Insured Name				Other (Not Liste	ed)
		Acceptance Insurance Co				0	

b. Review the other details found on the page. Click "Save and Continue" after making the changes.

* City		Province	
Omaha			
State		Country	
NE	\$	(Please Select)	0
* ZIP Code			
68102			
Phone Number	Phone Extension		Fax Number
Do you have unlimited coverage wit	h this insurance	Type of coverage	
Carrier?		(None)	0
No			
* Amount of coverage per occurrence	ie -		
\$1,409.00			
* Amount of coverage aggregate			
\$30,330.00			
If you have changed your coverage v	within the last ten		
years, did you purchase tail and/or n occurrence/acts) coverage?	nose (prior		
Yes			
* Individual Coverage			
 Yes 			
O No			
* Self Insured			
 Yes No 			
Institution Affiliation			
	Са	ncel	Save and Continue 🕥

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Other Changes on the PLI Section:

 You will also notice that the "Save and Go Back" and "Save" buttons previously found at the bottom of the page have been removed. A button for "Cancel" has been added and this works similar to the "Back to List" button found at the top of the page. Clicking the "Cancel" button will not save the changes made and will take you back to the PLI landing page.

Do you have unlimited coverage with this insurance * carrier? Yes No * Amount of coverage per occurrence \$1,409.00 * Amount of coverage aggregate \$30,330.00 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	(None)
	Cancel Save and Continue 📀

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Changes to PLI Documents/Letter of Self-Insurance:

- The policy number will be added in the Document Name column next to the document name "Professional Liability Insurance". Example Professional Liability Insurance PL13483N.
- You will not see the "Replace" document action for any Professional Liability Insurance document type with a status of "Approved" or "Expired".
- You will only see the "Delete" action on Professional Liability Insurance documents with an "Expired" status.
- If you are self-insured, you will no longer see the Document Name "Letter of Self Insurance" from the document dropdown list but you will now see the Document Name "Letter of Self Insurance/Explanation of No Insurance".
- You will not see a document showing as "Missing" for any associated data record that has a "Current Expiration Date" that is prior to today's date.
- All "Professional Liability Insurance" documents with a status of "Expired" will appear as "Optional" if at least one PLI document exists for a current PLI record with a status of "Missing", "Received", "Approved", or "Failed".
- 'Help' text has been added to the screen to assist you with the data entry process.



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For Providers practicing in CAQH States, Oklahoma, and Texas (NOT Colorado, Georgia, Massachusetts, Minnesota, North Carolina, Mississippi, Nevada, Oregon, Washington, and West Virginia):

• The 'self-insured' question and answer will continue to show in the portal but on the Professional Liability Insurance Record screen, right below the question "Individual Coverage?".

	Length of Time With Carrier			
	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			
	 Yes 			
	○ No			
	* Individual Coverage			
/	No			
$\left(\right)$	* Self Insured			
	Ves			
	- NO			
		Cancel	Save and Continue 🥥	

• If you have previously answered the "Self-Insured" question, your answer should remain for that self-insured question.

• When you log in to your account after these changes have been implemented and navigate to the Professional Liability Insurance section, you will see a new leading question *"Are you covered under a professional liability insurance policy?"*



- If you previously answered "Yes" to "Self-Insured?", neither the "Yes" nor "No" button is selected for "Are you covered under a professional liability insurance policy?" when you log in to your account after this change has been implemented.
- If you previously answered "No" to "Self-Insured?", the "Yes" answer to "Are you covered under a professional liability insurance policy?" will be populated when you log in to your account after this change.

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