HBS Healthcare
Billing
Services, Inc.

CAQH: Ohio Medicaid Credentialing Requirements

What is CAQH and how does it apply to Ohio Medicaid School Program Providers?

CAQH is an acronym that represents the name of a national credentialing database, Council for Affordable Quality Healthcare, that stores provider credentialing information for all Ohio Medicaid providers.

CAQH database is a third-party system that the Ohio Department of Medicaid is utilizing to compile and store the credentialing information on behalf of the Medicaid Agency.

Medicaid providers of OT, PT, AUD and SLPs who complete referrals for MSP services are required to complete credentialing documentation in the CAQH database. This is in addition to applying and obtaining your National Provider Identifier (NPI) and Ohio Medicaid Legacy Number. You will set up a CAQH account and complete the information prior to or in conjunction with your initial Medicaid application and your 3-year Revalidation/Recredentialing (Medicaid will send an email to you when this is due). It is not required for you to attest to CAQH every 120 days, but it might be preferable for convenience.

Use this link to access the CAQH to begin the credentialing process.

https://proview.caqh.org: Click on: 3. If you are new to CAQH ProView, register now.

Added 10/6/23: CAQH Step-by-step instructions: w CAQH directions.docx
📄 CAQH flowchart

Once you enter the system with the assigned ID, you will create your own username and password. Expedite the process by gathering the required information before you start.

REQUIRED FIELDS IN THE APPLICATION

- Name (First, middle, last) (see "L" note in the FAQ section)
- Address (home)
- Primary practice state
- Birthdate
- Email address
- Social Security Number
- NPI number (see "H" note in FAQ or https://npiregistry.cms.hhs.gov/ if you need to locate this)
- Medicaid number (see "I" note in FAQ for help locating this) Leave this blank if you don't have a Medicaid number yet
- License State and Number Upload Required
- Professional ID
- Education
- Professional Training
- Specialties (see "E" note in FAQ section if you can't locate your specialty)
- Certifications
- Employment history within professional practice
- Practice Locations (use the district and/or building you are in most often or use ESC/DD info, see "F" & "J" note in FAQ))

- Telehealth Information, re: how service is delivered
- Professional Liability Insurance (see A & B note in FAQ). Skip the Federal Tort section. Do not check these boxes.
- Credentialing contacts (use your own name/info, see "C" note in FAQ section)
- Completion of Authorization, Attestation & Release Form (Must sign original. Scan & upload with signature.) (See N note in FAQ for issues with uploads)

<u>NOT</u> REQUIRED FIELDS IN THE APPLICATION (leave fields blank):

- Payment & Remittance
- Worker's compensation
- Office Personnel
- Billing contacts & Office Manager
- Health Plan Participation
- Hospital Affiliations, Admitting privileges (See "G" in FAQ)

ADDITIONAL RESOURCES FOR ASSISTANCE:

Instructional video: www.caqh.org/solutions/caqhproview
ProView Video Information Link: https://youtu.be/Mqdnwl1IKBQ
Help Line: 1-888-599-1771
Email: Core@CAQH.org
User Guide:
https://proview.caqh.org/Login/Download?filename=CAQH%20Provider%20Data%20Portal%20for%20Providers%20User%20Guide%20v45.0.pdf
PNM & Centralized Credentialing Updates:
https://managedcare.medicaid.ohio.gov/managed-care/centralized-credentialing/

FAQ - FREQUENTLY ASKED QUESTIONS & ANSWERS

A. **What do I put in the fields regarding Liability insurance?** You will input the school district's, ESC, DD, or agency's liability insurance that you are covered under in that treatment setting. Obtain the Insurance Provider and Policy number from your school district's management prior to completion of the registration. It will be necessary to upload a letter at the end of the process indicating the individual therapist is covered. ***Example***: 🗎 Liability Ins Letterhead for CAQH

Mar 20, 2023

To whom it may concern,

This letter is to serve as confirmation that I, PROVIDER NAME, am covered under the Professional Liability policy attached to this letter.

OPTIONAL:

Policy Number: XXXXXXX

Effective Dates: XXXXXXX

Limits Per Incident/Occurrence: $X,000,000

Annual Aggregate: $X,000,000

Professionally,

Your signature (it will not be accepted without a wet signature)

PROVIDER NAME

B. **What if I cannot obtain this information?** Work with your district, ESC, or agency to obtain their liability insurance. Medicaid will not approve your application without this insurance information being listed into your CAQH account and your Medicaid PNM application.

C. **Who are the Credentialing Contacts?** Use your own name/email or try leaving this blank and SAVE to Continue. This is who they will contact if there are issues with the CAQH information or the Medicaid PNM application.

D. **I am having problems with the CAQH system, who do I contact?** 1) Contact the CAQH Help line at 888-599-1771, option 1, 1, then 2, Monday -Thursday 7am to 9pm and Friday, 7am to 7pm. 2) Click on the CHAT icon from 8:30am to 6:30pm after you login to your CAQH ProView account. 3) Send an email to: Core@CAQH.org

E. **My primary specialty is not listed on the specialties tab. How do I get my Primary Specialty to show on the list?** 1) Go to the personal information tab. 2) Update the NUCC grouping (OT/PT use the Respiratory, Developmental, Rehabilitative Service Providers, SLP/AUD use Speech, Language and Hearing Service Providers). 3) Update the Provider Type.

F. **What is my Practice Location?** Use the district, ESC, DD, or Agency's address as your Practice Location.

G. **I don't have a Hospital Affiliation. What do I put there?** You can skip this by selecting Save and Continue.

H. **Where do I find my NPI #?** You can search for your NPI #: NPPES NPI Registry (hhs.gov)

I. **Where can I find my Medicaid number?** Option 1: search your work and personal emails for an email from: Medicaid_provider_update@medicaid.ohio.gov. Your Medicaid # will be listed in the

attached letter. Option 2: Call Medicaid at 1-800-686-1516, Option 5. You will need your NPI and SS# to get your Medicaid number.

J. **What do I list for Business Identifiers on the Practice Location section (Tax ID, NPI, Type of Practice)?**
   a. **Option 1-District Employee**: List District's Legal Business Name, District's Tax ID, Type of Tax ID "Group", Organization (Type 2) NPI (use District's NPI that can be found athttps://npiregistry.cms.hhs.gov/. Enter Other in the type of Practice field.
   b. **Option 2: ESC, DD, or other Contracted Agency Employee**: List ESC/DD/Agency Legal Business Name, ESC/DD/Agency's Tax ID, Type of Tax ID "Group", Organization (Type 2) NPI-leave blank.

K. **What is Provider Credentialing?** Verifying and assessing education, training licensing, qualifications, etc., which requires checking multiple databases.

L. **What if my legal last name changed recently?** On the Personal Information tab, enter the name that is on your state board license and your NPI data (both should match). If you were ever known by a different last name, click on the ADD box to enter other names you had previously or currently have.

Other Names

Please include variations of your name that may be associated with your license, degree, or individual (type 1) NPI.

⊕ Add   Add other names you have used.

M. **Why isn't the Upload option available for me to upload my documents?** You must Review & Attest before the Upload option is available for documents.

N. **I need to replace a document that has been uploaded/saved.** On the Documents tab, a "Replace" option will be available to select after you have submitted a document. Use Replace to update any of your documents.

O. **Do I need to re-attest every 120 days when CAQH emails me?** No - Medicaid does not require you to re-attest every 120 with CAQH to stay actively enrolled. Medicaid does require you attest to CAQH information within 120 days of completing your initial Medicaid application and within 120 days of completing your 3-year revalidation. Other than initial applications and revalidations, it is your choice if you want to keep re-attesting to CAQH every 120 days since this has no impact on your Medicaid enrollment.

P. **Medicaid rejected my application. What should I do?** Read through their correspondence (find it here [Review Correspondence & Resubmit Application](#)), and make all the corrections requested. Contact HBS at info@TeamHBS.com if you have questions about what they are requesting. After you Save, make sure you "**SUBMIT FOR REVIEW**". If you don't do this, your application will be terminated by Medicaid for lack of response.

Q. Warning message "It looks like some of your directory information may be inaccurate or out of date.".

Click on the 👁 beside your school/ESC/Agency location, then save/confirm the information. This will also make the pencil/edit icon available again.

⚠ **It looks like some of your directory information may be inaccurate or out of date.**
Health plans use this information to decide which locations get published in their directories. Please review and respond.

☑ Name	Address	Affiliation Description	Last Confirmed Date	Location Managed By	

No Changes to Location   Archive (1) Location   ⊕ Add Location

Please Respond | **Primary**

| ☑ Mayberry School District Tax ID: 00-0000000 | 123 Opie Rd, Mayberry, OH 40000-0000 | * I see patients by appointment at least one day per week on a regular basis. | ⓘ 10/25/2024 | N/A | ◉ |

Tips for success:

- Always use an email address that you will have into the future.
- Use the buddy system. It helps get through the process with more than one set of eyes.
- Retain your login information for the CAQH system. It will be needed in the future for updates.
- Have your schooling dates, license, and NPI number ready when applying.