The Complete CAQH ProView® Profile Completion & Audit Checklist

A Zero-Defect Master Guide to Building, Attesting, and Maintaining 100% Complete Provider Profiles

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Executive Summary

Over **90% of commercial health plans, Medicaid MCOs, and hospital systems** use CAQH ProView (Council for Affordable Quality Healthcare) as their primary source of provider data. A profile that is incomplete, contains data discrepancies, or lapses past its 90-day re-attestation deadline will result in **stalled applications, suspended network contracts, and pended claims**.

Use this step-by-step checklist to build a 100% complete, audit-proof CAQH profile that passes payer verification on the first review.

Part 1: Pre-Requisite Documents (Gather Before You Begin)

Ensure clear, high-resolution PDF scans (under 5MB each) of all the following active records are assembled in an intake folder:

- **Government-Issued Photo ID:** Unexpired driver's license or U.S. passport.
- **Curriculum Vitae (CV):** Current within 30 days, formatted in standard **MM/YYYY** layout for all education and employment entries.
- **State Professional Licenses:** Active license certificates for all states where the provider practices or intends to practice.
- **Federal DEA Certificate:** Active registration with matching practice address(es) and schedules.
- **State Controlled Substance (CDS/CSR) Certificate:** Active state-level registrations (if applicable in your state).

- **Malpractice Certificate of Insurance (COI):** Current 12-month policy face sheet showing:
    - Minimum policy limits ($1M / $3M standard).
    - Effective and expiration dates.
    - Policy number.
    - Retroactive date (prior acts coverage).
    - Legal name of rendering provider and practice entity.
- **Board Certification Certificates:** Active specialty and subspecialty certificates from ABMS, AOA, ABPS, or equivalent boards.
- **Diplomas & Certificates of Completion:**
    - Undergraduate and medical/professional school diplomas.
    - Residency, internship, and fellowship certificates.
    - ECFMG Certificate (mandatory for foreign medical graduates).
- **W-9 Form & IRS Form CP-575:** Signed within the last 12 months with the exact Legal Business Name and Tax Identification Number (TIN/EIN).
- **Peer Reference Directory:** Contact details for **three (3)** professional references in the same or related specialty who have observed your clinical work within the past 12 months.

Part 2: Section-by-Section CAQH Data Entry Checklist

SECTION 1: Personal & Demographics

- **Legal Name:** Must match your Social Security Card, State Medical License, and NPPES registry exactly.
- **Date & Place of Birth:** Correct city, state, and country.
- **Citizenship Status:** U.S. Citizen, Permanent Resident, or Visa Holder.
- **Home Address:** Residential street address (P.O. Boxes not permitted).
- **NPI Information:** Verify Individual NPI Type 1 matches the provider record.

SECTION 2: Professional Identification & Licensing

- **State Licenses:** Add every active, inactive, or historical license held in any U.S. state or territory.
- **Federal DEA:** Enter registration number, issue date, expiration date, and registered schedule levels (II–V).
- **State CDS/CSR:** Enter state-specific controlled substance registration numbers where applicable.
- **UPIN / Medicaid / Medicare Numbers:** Enter current state Medicaid Provider IDs and individual Medicare PTANs.

SECTION 3: Education & Training

Critical Rule: All dates in this section must use the MM/YYYY format with no overlaps.

- **Undergraduate & Graduate Schools:** School name, degree awarded, start and graduation dates.
- **Medical / Professional School:** Exact institution name, degree, start and completion dates.
- **ECFMG Certification:** Enter ECFMG Certificate Number and issue date if applicable.
- **Post-Graduate Training:**
    - Training program name, institution, city, state.
    - Program type (Categorical, Preliminary, Specialty).
    - Exact start and completion dates (MM/YYYY).
    - Program Director's full name and contact information.

SECTION 4: Specialties & Board Certifications

- **Primary Specialty:** Select the correct primary specialty and taxonomy code.
- **Secondary / Subspecialties:** Add all applicable subspecialties.
- **Board Certification Details:**
    - Enter certifying board name, issue date, and expiration date.
    - Certification issue date, expiration date, and certificate number.
    - Specify "Board Eligible" or "Not Applicable" if not certified.

SECTION 5: Practice Locations & Organization Details

- **Primary Physical Location:** Physical street address where care is rendered.
- **Billing & Remittance Address:** Address for claims payments and tax forms.
- **Credentialing Contact:** Dedicated contact details for payer inquiries.
- **Office Capabilities:**
    - Handicap accessibility and ADA compliance.
    - Standard office hours for each day of the week.
    - Languages spoken by provider and clinical staff.
    - Answering service / after-hours coverage protocols.
    - Laboratory and CLIA waiver numbers (if performing in-office lab testing).
    - Electronic Health Record (EHR) / Practice Management system used.

SECTION 6: Hospital Affiliations & Privileges

- **Primary Admitting Facility:** Name of hospital, department, and appointment status.
- **Admitting Arrangements:**
    - Provide formal protocol if active admitting privileges are not held.

SECTION 7: Professional History & Gap Explanations

- **Complete Work History:** List all employment and military service from graduation to present.
- **Gap Auditing (The 30-Day Rule):**
    - Explain any gaps in work history greater than 30 days.
    - Every gap must have a corresponding entry in the "Gap Explanation" field (e.g., *"Relocation from California to Montana; studying for medical licensing exams: 06/2023 – 09/2023"* or *"Maternity / Family Leave: 01/2022 – 04/2022"*).

SECTION 8: Professional Liability & Malpractice Coverage

- **Carrier Information:** Name, policy number, limits, and dates.
- **Coverage Type:** Claims-Made or Occurrence-based.

- **10-Year Malpractice Claims History:**
    - List all closed, pending, or settled claims within the past 5 to 10 years (as required by specific state boards).
    - Provide court docket numbers, settlement amounts, summary of allegations, and narrative clinical descriptions.

SECTION 9: Disclosure Questions & Background History

- Answer all disclosure questions truthfully regarding licensure, criminal history, and impairments.
- Provide written explanations and upload documents for any "Yes" answers.

SECTION 10: Document Upload, Attestation & Authorization

- **Upload Required PDFs:** Verify all documents are linked to their corresponding sections.
- **Electronic Signature:** Sign and date the electronic release and attestation authorization.
- **Authorization Settings:**
    - Select "Global Access" to allow plans to download files without individual authorization.
- **Download Copy of Completed Profile:** Export and save a copy of the finalized PDF application for your clinic records.

Part 3: Top 5 Reasons CAQH Profiles Fail Payer Audits

Failure Point	Cause	Preventive Fix
1. Unexplained Gaps	Missing dates between residency and first job.	Account for every 30+ day gap in writing.
2. Expired Documents	Expired COI or DEA	Upload renewals 30 days

Failure Point	Cause	Preventive Fix
	uploaded in manager.	prior to expiration.
3. Non-Matching Data	Practice name differs across platforms.	Standardize clinic name across all registries.
4. Restricted Access	Blocking plans via "Restricted Access".	Switch to "Global Access" in settings.
5. Lapsed Attestation	Expired status after 90 days without login.	Set a reminder every 75 days to re-attest.

Credentialing Support

EXP Credentialing Services provides complete profile setup and quarterly maintenance for providers nationwide.

- **Website:** expcredentialingservices.com
- **Email:** support@expcredentialingservices.com