

Council for Affordable Quality Healthcare's (CAQH) Application Tips



EmblemHealth participates in the Council for Affordable Quality Healthcare's (CAQH) ProView[®]. This service allows clinicians to complete their credentialing application via the CAQH website and make their information available for use by multiple health plans. Clinicians complete one standardized application to meet the needs of all participating health plans and may update their data at any time.

Approval of your request to participate in EmblemHealth's provider network is contingent upon your having met the requisite credentials and training requirements to deliver care. Please complete the ProView Universal Provider DataSource (UPD) online application and remember to submit the information listed below.

While not required by CAQH, EmblemHealth requires certain information that you must submit with your ProView Universal Provider DataSource (UPD) application for your "New Practitioner Application" to be processed.

Please note: If you do not provide this information, your EmblemHealth application will be delayed or discontinued.

Please be sure to submit the following information to CAQH as part of your ProView Universal Provider DataSource (UPD) online application:

- Authorize CAQH to grant EmblemHealth access to your application. The attestation date should be refreshed prior to sending the application. The application process can take 60 days to complete and the attestation cannot be more than 120 days when the application is presented to the Credentialing Committee.

Specialty Information

- If you are a medical doctor, please indicate your practice specialty and your board certification status. If you are not board certified, please indicate whether you intend to sit for the exam and when; if you do not intend to sit for the exam, please provide an explanation.

Practice Locations

- Confirm accuracy of all office locations listed in CAQH to ensure accuracy of EmblemHealth directories. Provide a full account of your work history for the past five years in a month/year format. This includes current employment if provider has already started with current practice.
- If you are a medical doctor, remember to provide your covering physician information.
- Please ensure the proper designation of the tax ID number for each service location by selecting "Individual" or "Group" when prompted.
- Please include the ADA accessibility detail for all of your service locations.
- Please include the hours of operation for every service location submitted on your application.

Hospital Affiliations

- If you have hospital privileges, identify the hospitals with which you are affiliated.
- You must be affiliated or have coverage arrangements with at least one participating hospital in order to be credentialed with EmblemHealth. Provider types not required to have hospital privileges are: acupuncturists, allergists, anesthesiologists, audiologists, chiropractors, dentists, dermatologists, geneticists, nutritionists, occupational therapists, optometrists, pathologists, psychiatrists, podiatrists, radiologists, physical therapists, physician assistants, and speech and language pathologists.
- If you do not maintain admitting privileges, please indicate a participating EmblemHealth physician who will admit to an EmblemHealth participating hospital on your behalf. The covering provider must be participating with same network(s) as applying the provider.

Credentialing Information

- Review credentialing contact in CAQH. If additional information is needed to process your application, our Credentialing Verification Organization Vendor Aperture CVO will reach out to the primary credentialing contact listed in CAQH.

Insurance Information

- Ensure completion of the professional liability insurance section including your name, "To" and "From" dates, policy number and coverage limits (minimum \$1 million per occurrence/\$3 million aggregate unless statute allows less), or accompanying roster from the agency/carrier with policy number and coverage limits. CAQH needs to be updated with the current account number and expiration dates of coverage.

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(Continued)

- If your malpractice insurance has expired, remember to update it in CAQH before submitting your application to EmblemHealth.

Work History Information

- If you have had an employment gap of six months or more in your supporting documentation, you must submit an explanation as to why the gap occurred. This would include a six-month gap between completion of training and employment start date.

Disclosure Information

- If you have any closed malpractice cases within the last 10 years, provide an explanation for each case: Clarify the allegation, your role in the incident, and what changes in your practice you have made to prevent recurrence.

Supplemental Documents

- If you are a mid-level practitioner requiring a collaborative agreement, please upload a copy of the agreement as supplemental documentation.
- Please ensure a copy of the W-9 form applicable for the tax ID affiliated with each service location on your application is attached or uploaded as supplemental documentation. Please note: Only one W-9 form is needed per tax ID.
- If the provider is joining a practice that has a group agreement on file, please include an updated roster or listing on letterhead showing the new provider to be added to the existing group contract. At a minimum, the roster or letterhead listing must include: the name of the entity, the tax ID number(s) for the entity, the names of the affiliated providers.

Before You Apply

- Help us in our effort to go green and only return contract signature pages. It is not necessary to send pages that do not require a signature. This information is for your records.
- EmblemHealth does not currently credential covering providers, locum tenens, or temporary providers. These providers would bill for services under the patient's regular physician using a Q6 modifier following CMS guidelines.
- Print your name legibly on the signed contract signature pages.
- Do not populate the effective date when signing the contract as this will be assigned when the contract is executed by EmblemHealth. Illegible contract signature pages will not be accepted and will require resubmission.
- If contracting for the Medicaid line of business, please complete the Medicaid Compliance Certification Obligation Form and attach a copy of your most current SSL, if applicable.
- Please be aware that primary care physicians applying to our Medicaid networks must meet the minimum 16-hour office requirement and ensure your office hours are reflected accurately.

Submit Your Application Electronically

EmblemHealth's credentialing forms are now accepted electronically. Simply download the form, complete and save it, and submit by email. For applicants in New York City's five boroughs, Nassau and Suffolk counties, New Jersey, and Connecticut, please send your completed application and agreement(s) to: CredentialingNYC@emblemhealth.com.

For applicants in all other counties in New York State and other states, please send your completed application and agreement(s) to: CredentialingSYR@emblemhealth.com.

We recommend waiting at least 45 days before checking on the status of your application. To check status, call our Provider Services Line at **866-447-9717**.

Please note: The email addresses above are for the submission of new applications only. Our Credentialing team will reach out to you if additional information is needed. If you have an account for our secure provider portal emblemhealth.com, you can check your practice profile to see if your participation has changed.