CAQH ProView®

Practice Manager Bulk Upload Submission Instructions

Contents

Bulk Upload

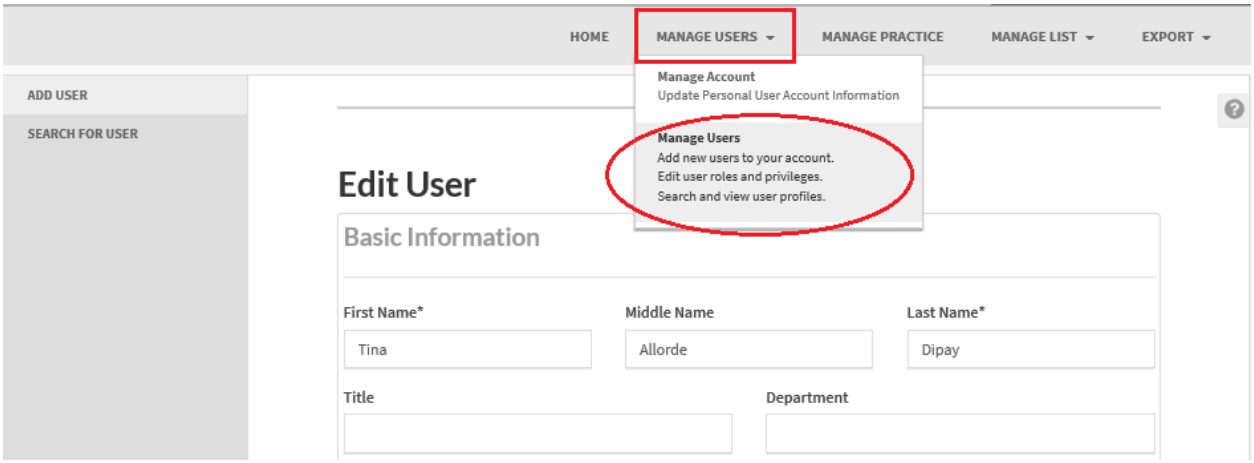
The purpose of the Bulk Upload functionality is to assist large practices with the data entry process of the common data profile sections.

How to Request Access to the "Bulk Upload" Feature in the Practice Manager Portal

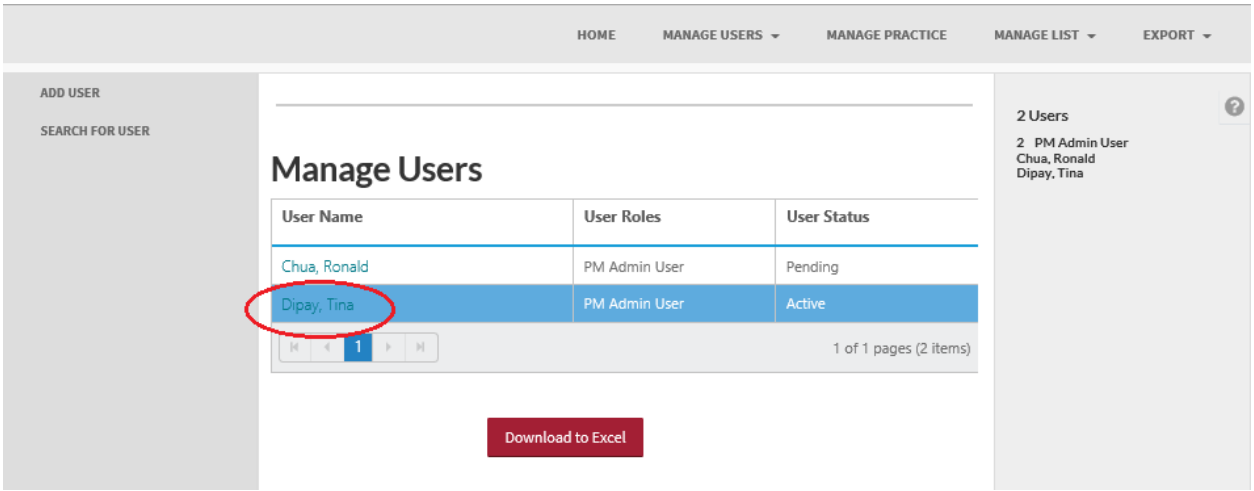
Here's how to obtain access to the Bulk Upload feature in the PM portal.

PM admin user requesting for access:

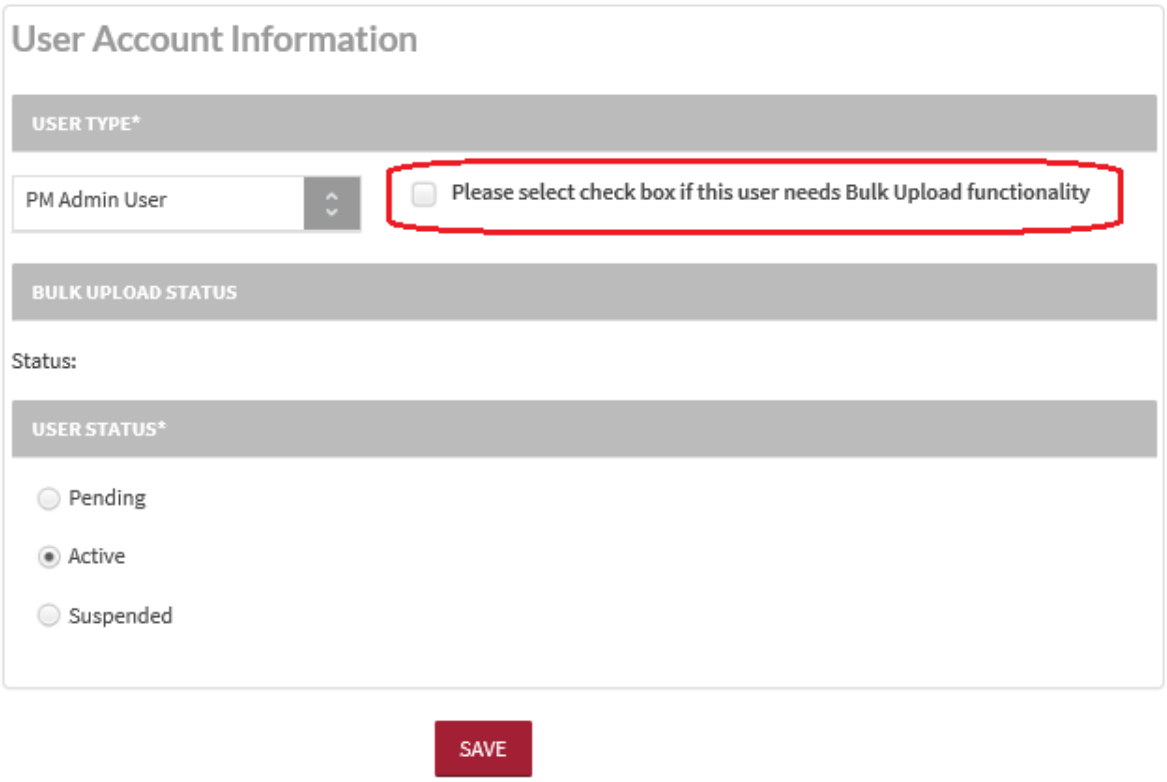
1. Log in to your CAQH ProView PM account.
2. Click Manage Users> Manage Account.



3. If there are multiple users on the account, select the account that you'd like to have access to the bulk upload feature.



4. On the Account Information at the bottom of the page, click the checkbox for *Please select check box if this user needs Bulk Upload functionality.*



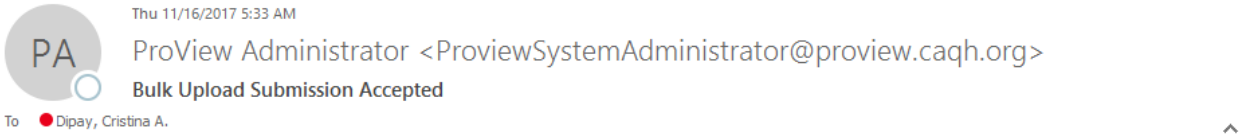
5. Click Save.

6. The request will be processed within 3 business days. You will receive an email notification advising access has been granted to the bulk upload functionality.

Bulk Upload Notifications

Once the file is submitted and processed, you will receive an e-mail notifying you of whether the file is accepted or rejected.

- **Bulk Upload Submission Accepted**



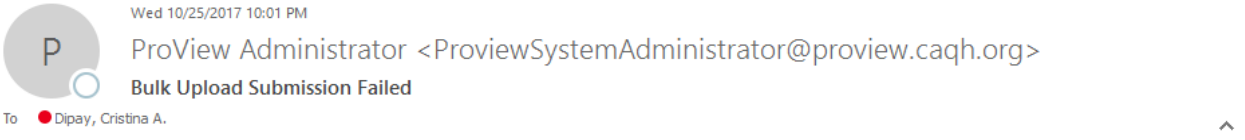
Organization Name : Tina Dee
Administrator : TinaDee Jones,Tina Dee

We are pleased to notify you that your recent file submission - ProviderBulkUpload_2017_11_16_04_59.txt - has been accepted and processed.

If you have questions, please refer to the online help at Public Help page You may also contact the Help Desk at providerhelp@proview.caqh.org or toll-free at 888-600-9802.

Thank you for participating in the CAQH ProView.

- **Bulk Upload Submission Failed**



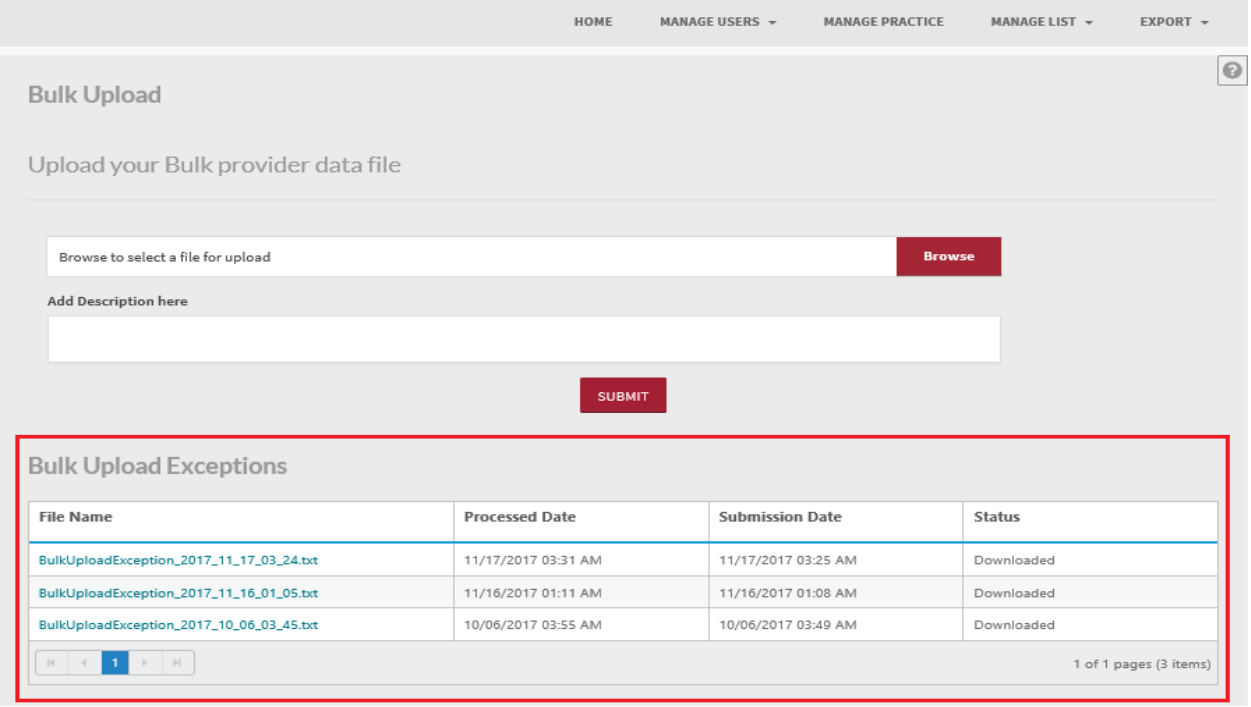
Organization Name : Tina Dee
Administrator : TinaDee Jones,Tina Dee

There is an issue with the file that was submitted - ProviderBulkUpload_2017_10_25_09_50.txt, and we were unable to process it successfully. Please review the exception report for details on this error, and resubmit your file.

If you have questions, please refer to the online help at public help page. You may also contact the Help Desk at providerhelp@proview.caqh.org or toll-free at 888-600-9802.

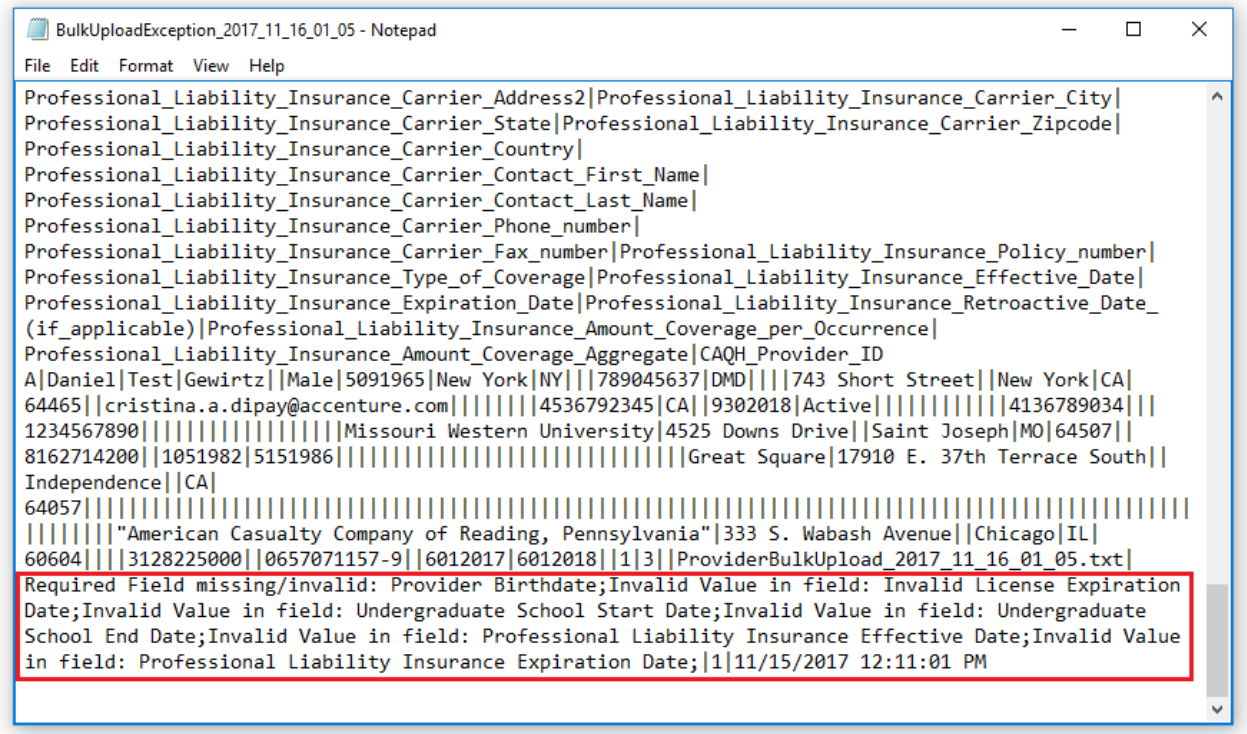
Thank you for participating in the CAQH ProView.

A rejected bulk upload file also generates an “exception” report that identifies errors on the submission file. You will be able to view the ‘Exception’ report from the ‘Bulk Upload’ page.



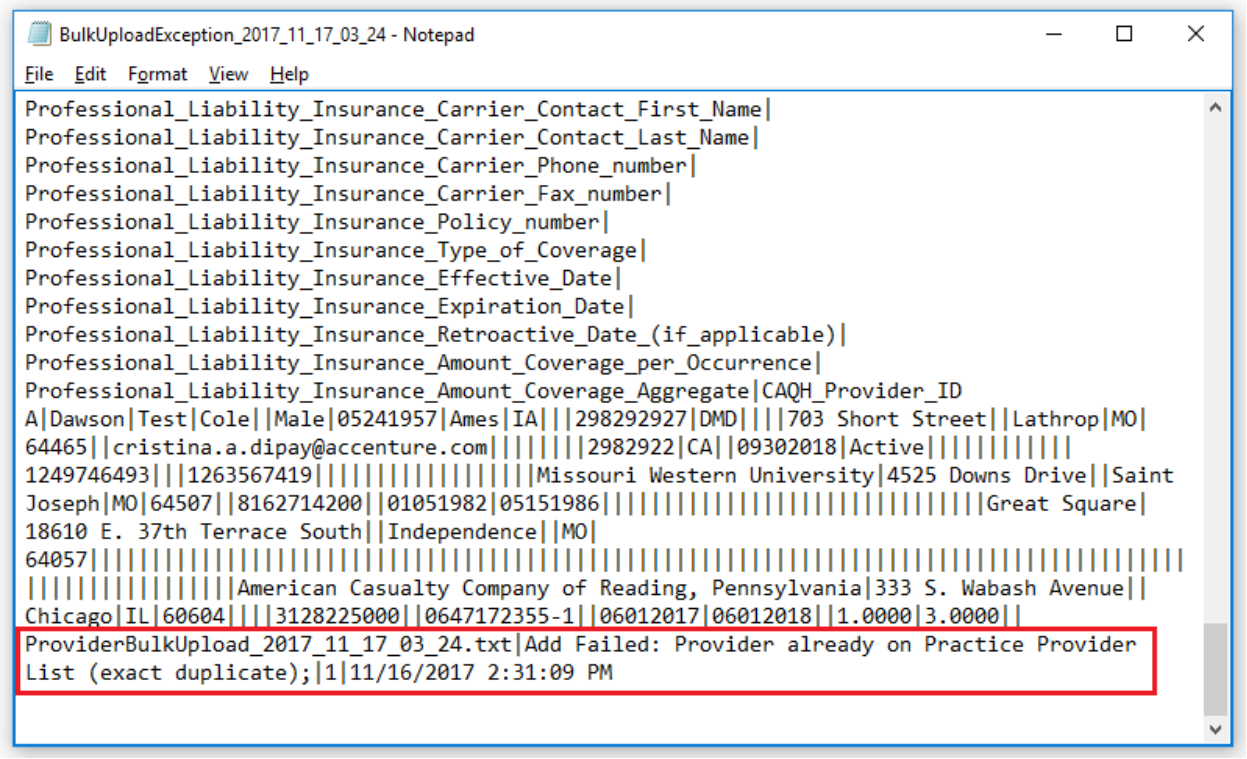
Sample Exception Report:

The sample exception report below shows the error details. Correct the errors and, re-submit an updated file.

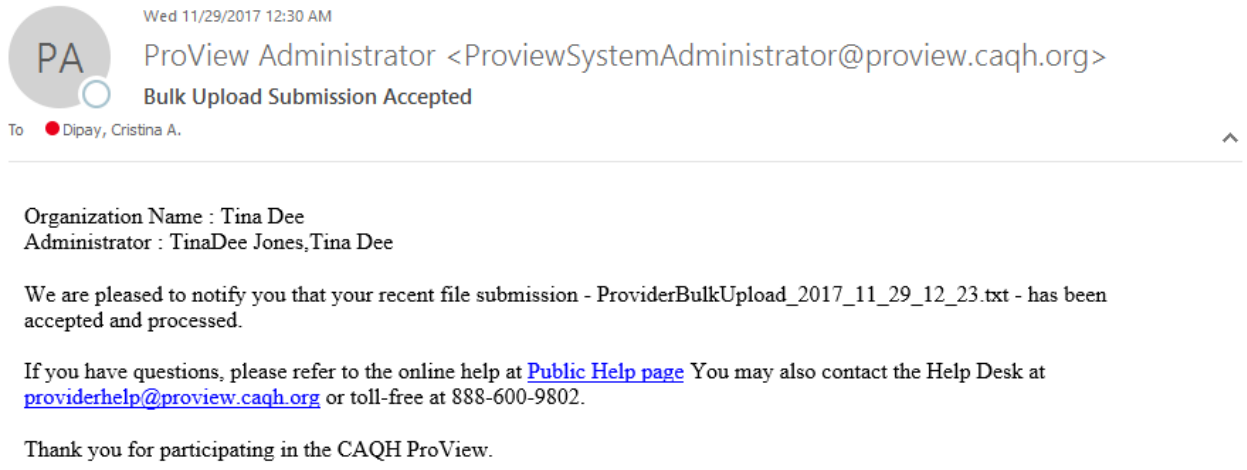


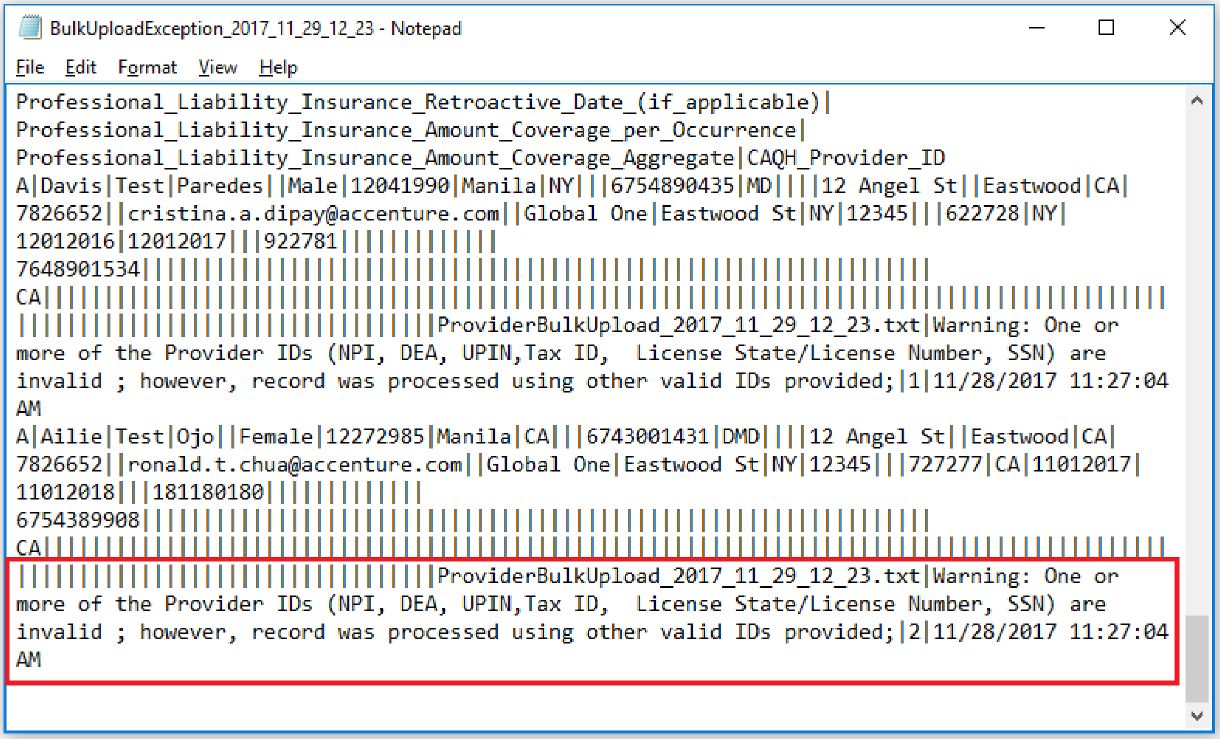
Note: If you are trying to add a Provider who does not yet have a CAQH ProView account, a new account will be created for the Provider. Details included on the Bulk Upload file will automatically be entered in the provider account. The provider does not need to import information into the profile.

Conversely, if you are trying to add a provider who has an existing CAQH ProView account, an exception report will be generated indicating that the provider is already on Practice Provider List.



There are some cases when a bulk upload submission is accepted but an exception report is also generated.





BulkUploadException_2017_11_29_12_23 - Notepad

File Edit Format View Help

```
Professional_Liability_Insurance_Retroactive_Date_(if_applicable)|
Professional_Liability_Insurance_Amount_Coverage_per_Occurrence|
Professional_Liability_Insurance_Amount_Coverage_Aggregate|CAQH_Provider_ID
A|Davis|Test|Paredes||Male|12041990|Manila|NY|||6754890435|MD||||12 Angel St||Eastwood|CA|
7826652||cristina.a.dipay@accenture.com||Global One|Eastwood St|NY|12345|||622728|NY|
12012016|12012017|||922781|||||||||||||
7648901534||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
CA|||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
||||||||||||||||||||||||||||||||||ProviderBulkUpload_2017_11_29_12_23.txt|Warning: One or
more of the Provider IDs (NPI, DEA, UPIN,Tax ID,  License State/License Number, SSN) are
invalid ; however, record was processed using other valid IDs provided;|1|11/28/2017 11:27:04
AM
A|Ailie|Test|Ojo||Female|12272985|Manila|CA|||6743001431|DMD||||12 Angel St||Eastwood|CA|
7826652||ronald.t.chua@accenture.com||Global One|Eastwood St|NY|12345|||727277|CA|11012017|
11012018|||181180180|||||||||||||
6754389908||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
CA|||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
||||||||||||||||||||||||||||||||||ProviderBulkUpload_2017_11_29_12_23.txt|Warning: One or
more of the Provider IDs (NPI, DEA, UPIN,Tax ID,  License State/License Number, SSN) are
invalid ; however, record was processed using other valid IDs provided;|2|11/28/2017 11:27:04
AM
```

In the scenario above, the bulk upload file was accepted and processed successfully and new accounts have been created for both providers. However, the exception report notifies the PM user that one of more of the Provider IDs are invalid but a record was created using the other valid IDs provided.

How to complete a Bulk Upload file

A Practice Manager can submit multiple Bulk Upload files; however, the files will be processed in the order in which they are received. If a provider record is in multiple Bulk Upload files, the information in subsequent Bulk Upload files will be exported multiple times.

1. Enter the details of the provider/s on the PM Bulk Upload Headers.

   Note: Columns highlighted in yellow need to be filled out. These are the details required for a successful bulk upload.

2. The records within a Bulk Upload file should correspond to the unique providers.
3. CAQH ProView will process each record detecting any changes based on the 'Action Flag' (reflected on Column A in the template).
   a. "A" flag works only if the provider is not an existing provider on the practice manager list
   b. If the provider is already on the PM list, use "U" (Update) flag
      Note: If "U" flag is used, the Provider CAQH provider ID is required. Please be advised that the Update (U) feature is currently not working. Updates will be posted on the Status Updates page as soon as this feature is fixed.

4. The first record in the Bulk Upload file should correspond to the field names as specified in the "PM Bulk Upload Specifications" file below.
5. Refer to the "Domain_Table_Effective_09252017" by clicking this link to assist with identifying the appropriate data values to use for certain fields as applicable.
6. If there is an absence of data in the table, ensure those fields are left blank, please do *NOT* insert 'null' as a value.
7. The header columns and provider records should not be in the same line.
8. The following columns must be filled with details to avoid errors when the file is being processed:
    a. Action Flag ("A" for Add or "U" for Update)
    b. Provider First Name
    c. Provider Last Name
    d. Date of Birth (MMDDYYYY)
    e. Provider Type
    f. Provider Address Line1
    g. Provider Address City
    h. Provider Address State
    i. Provider Address Zip code
    j. Provider E-mail
    k. Provider Practice State
    l. Primary Practice State
    m. At least one of the ID fields (NPI, DEA, UPIN, Tax ID, License State/License Number, SSN)
    n. CAQH Provider ID (required only for providers with existing CAQH Provider ID number and for Action Flag U – Update)
9. Practice Managers are required to submit their Bulk Upload data in a pipe '|' delimited ASCII text file format.
10. The Bulk Upload file must be named using this format:

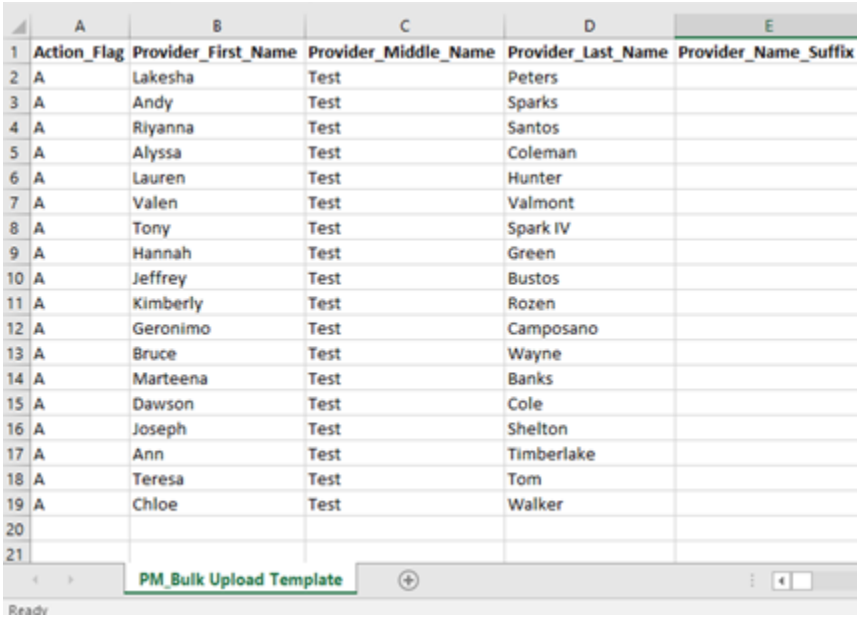
    ProviderBulkUpload_YYYY_MM_DD_HH_MM.txt

File Name	Description	Frequency	Delimiter
ProviderBulkUpload_YYYY_MM_DD_HH_MM.txt	The file name is required when submitted by PM user.	Ad hoc	Pipe delimited

How to Convert a Bulk Upload File Template to Pipe '|' Delimited ASCII Text Tile Format

Follow the steps below to save the bulk upload file into pipe delimited ASCII text file format:

1. The bulk upload file in MS Excel format should first be converted to tab-delimited text file by following the steps below:
    a. Open the bulk upload file in MS Excel format.



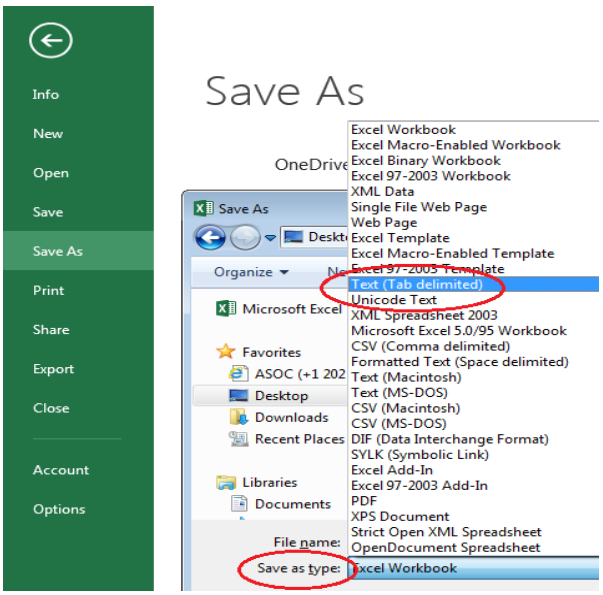
	A	B	C	D	E
1	Action_Flag	Provider_First_Name	Provider_Middle_Name	Provider_Last_Name	Provider_Name_Suffix
2	A	Lakesha	Test	Peters	
3	A	Andy	Test	Sparks	
4	A	Riyanna	Test	Santos	
5	A	Alyssa	Test	Coleman	
6	A	Lauren	Test	Hunter	
7	A	Valen	Test	Valmont	
8	A	Tony	Test	Spark IV	
9	A	Hannah	Test	Green	
10	A	Jeffrey	Test	Bustos	
11	A	Kimberly	Test	Rozen	
12	A	Geronimo	Test	Camposano	
13	A	Bruce	Test	Wayne	
14	A	Marteena	Test	Banks	
15	A	Dawson	Test	Cole	
16	A	Joseph	Test	Shelton	
17	A	Ann	Test	Timberlake	
18	A	Teresa	Test	Tom	
19	A	Chloe	Test	Walker	
20					
21					

PM_Bulk Upload Template

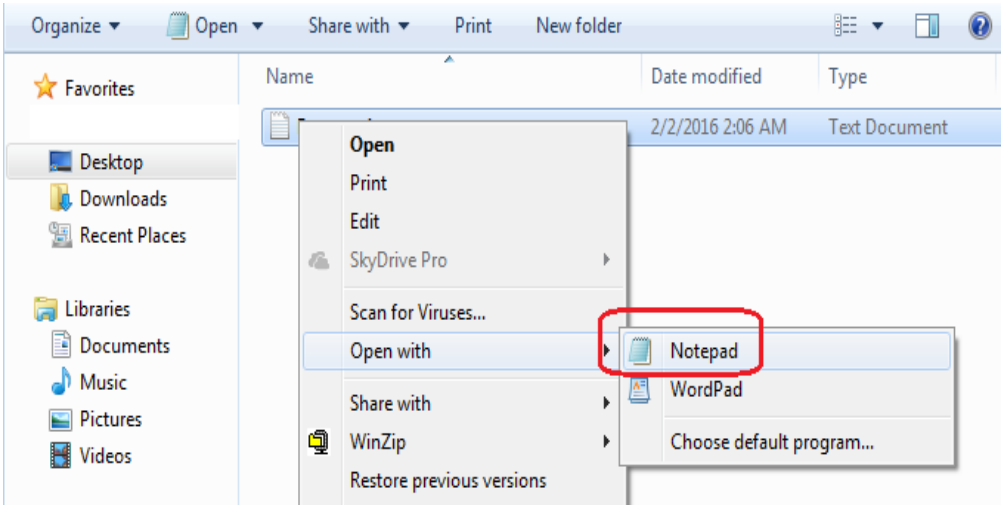
Ready

    b. Click File>Save As then select the location where you would like to save the file.

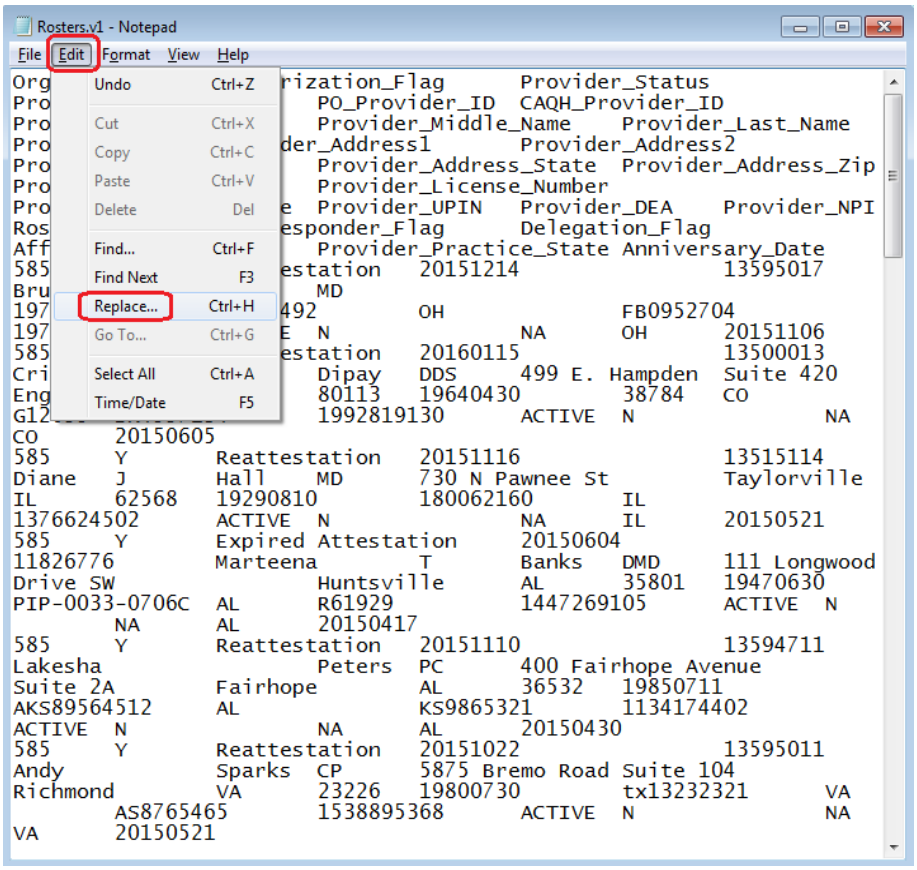
    c. In the 'Save As Type field', select Text (Tab delimited).



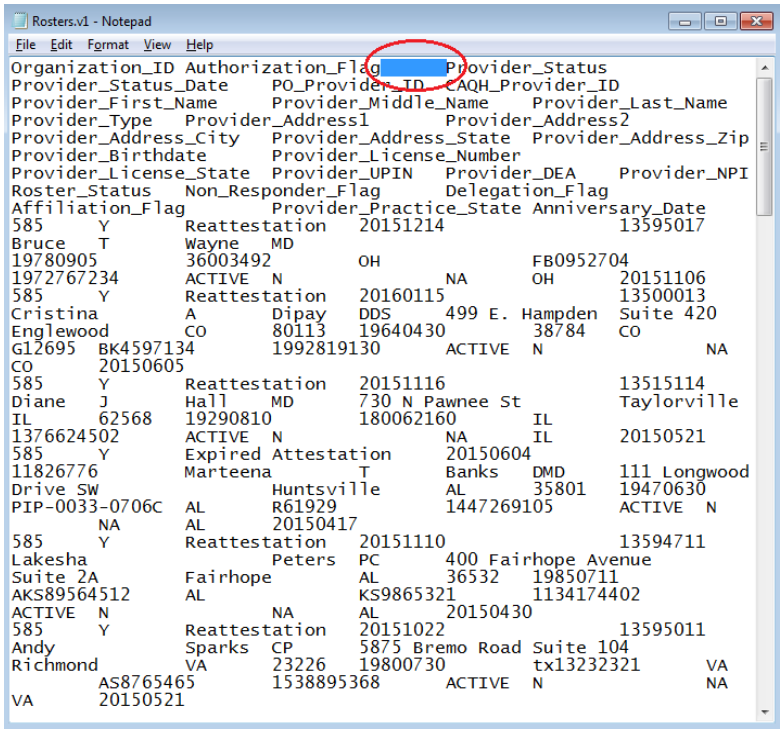
2. To convert a tab-delimited text file to a pipe-delimited text file, follow the steps below:
    a. Open the tab-delimited file in Notepad

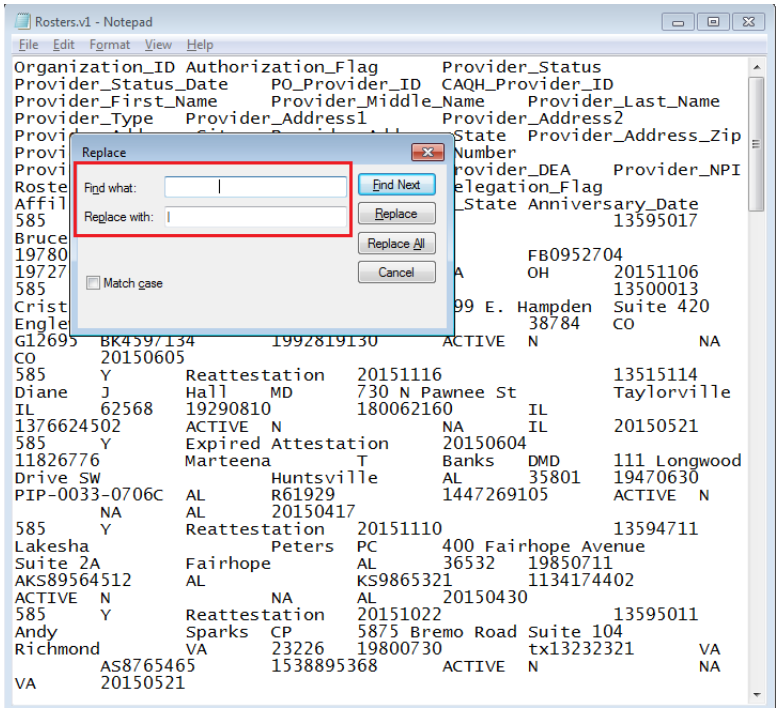


    b. Go to Edit --> Replace

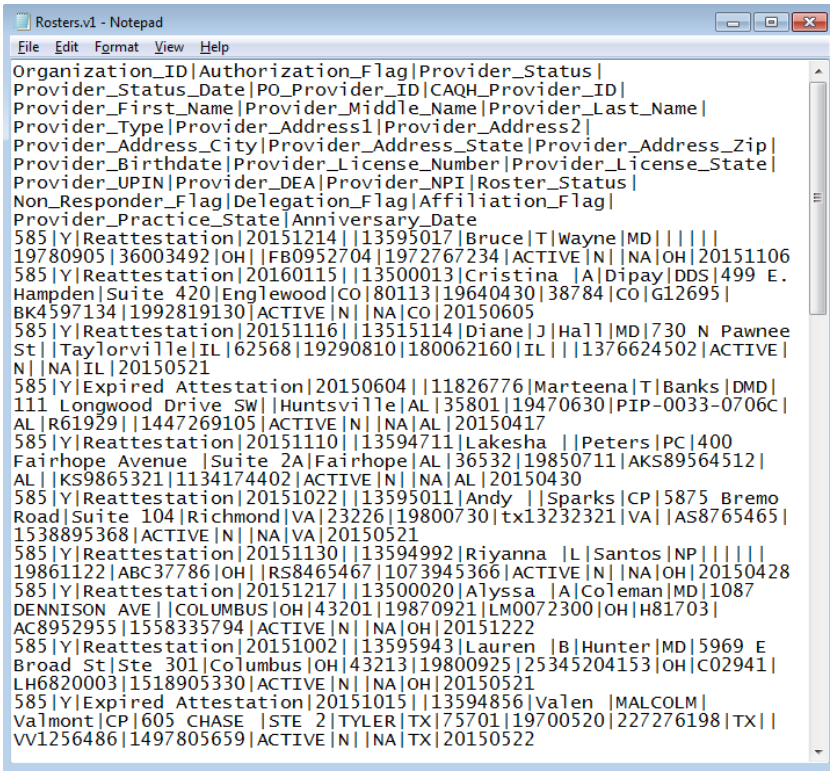


c. Enter the tab character (select, copy, and paste the tab character) in the 'Find what' textbox and enter '|' in the 'replace with' textbox





d. Click 'Replace All'



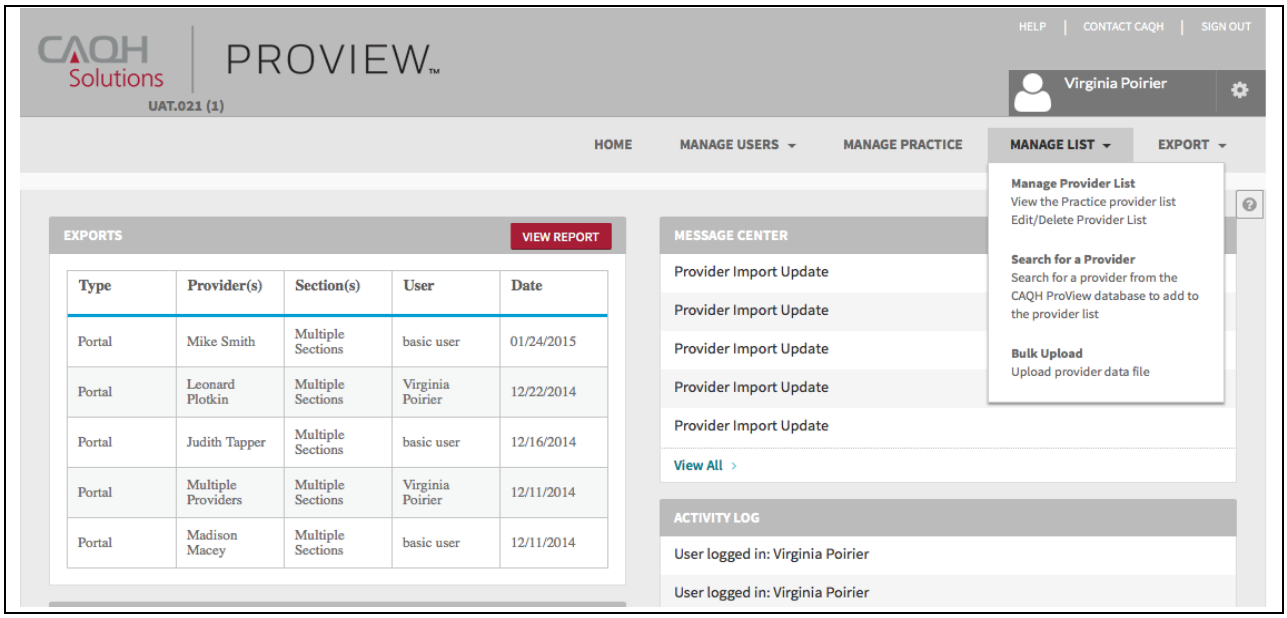
e. Save the file

Note: Use the correct file naming convention; details found on page 9 of this document.

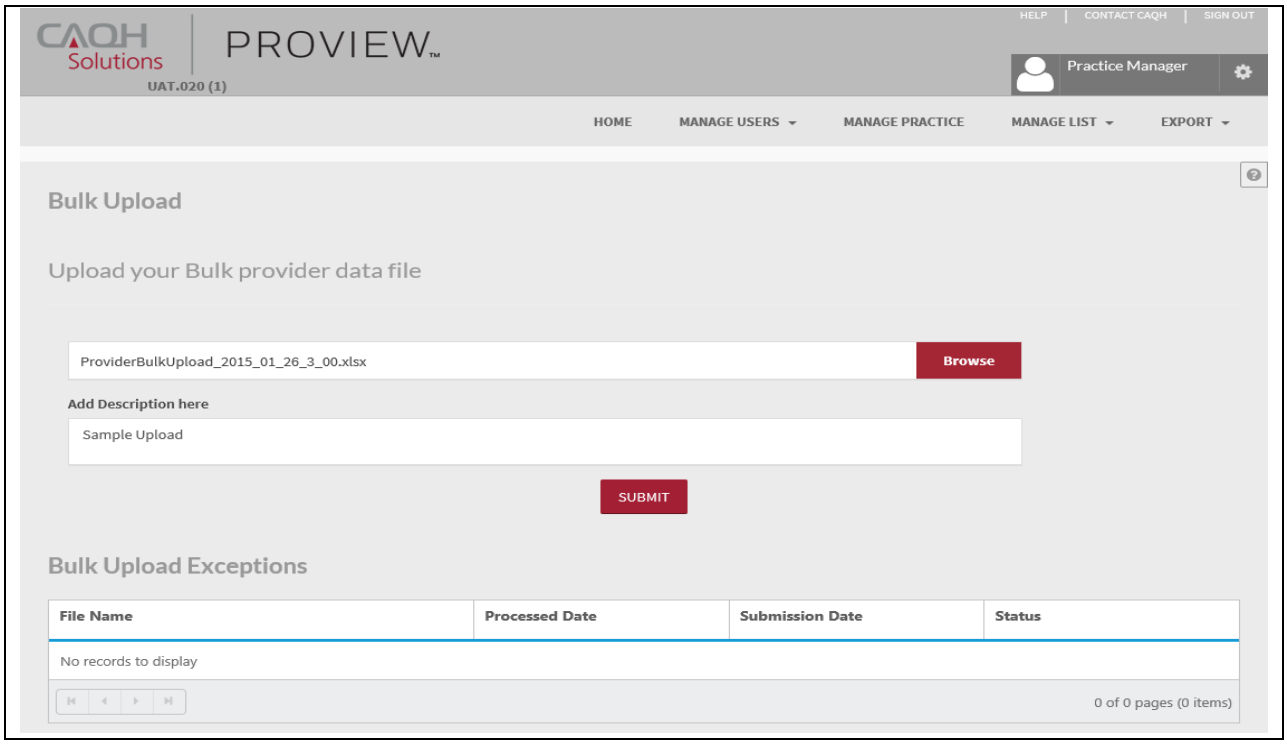
How to Upload a Bulk Upload File

You can submit the Bulk Upload File to an "Incoming" folder in the CAQH ProView secure FTP server or through the Bulk Upload page on the portal.

For users with access to the "Bulk Upload" feature, you can access the bulk upload feature on the portal by clicking on "Bulk Upload" from the "Manage List" navigation menu.



1. Click on "Browse" to select the file you would like to upload.
2. If desired, you can add a text description of your file.



3. Select “Submit” to start the processing of the uploaded bulk provider data file
    a. Once the file is submitted via portal or FTP and cleared, the CAQH ProView system will create an export to the provider when the system determines that a provider already exists in the system.
    b. For a provider that is new to the CAQH ProView system, it will create a new provider contact record (when no provider ID matches the submitted provider). This new provider will be added to the practice provider list and the system will create an export file for the provider which will be available to him/her once they have successfully setup a new account on the ProView portal.
    c. A successfully submitted bulk upload data file will appear as an export list item on the ‘Export Records’ page.
    d. You can submit multiple Bulk Upload files; however, the files will be processed in the order in which they were received.

4. When a Bulk Upload file is submitted that does not meet basic validations, the system creates a bulk upload exceptions report. This report will include any provider data that could not be processed because the file format did not meet the required file specifications.

5. If the file fails completely upon upload, no exception report will be posted.

Data Transfer

Aside from uploading a Bulk Upload file through the Bulk Upload page on the portal, Practice Managers may also submit their Bulk Upload File to an “Incoming” folder in the CAQH ProView secure FTP server. CAQH ProView will pull the files from the FTP server and process the Bulk Upload file. The file must meet the CAQH basic standards, which are covered in the succeeding sections.

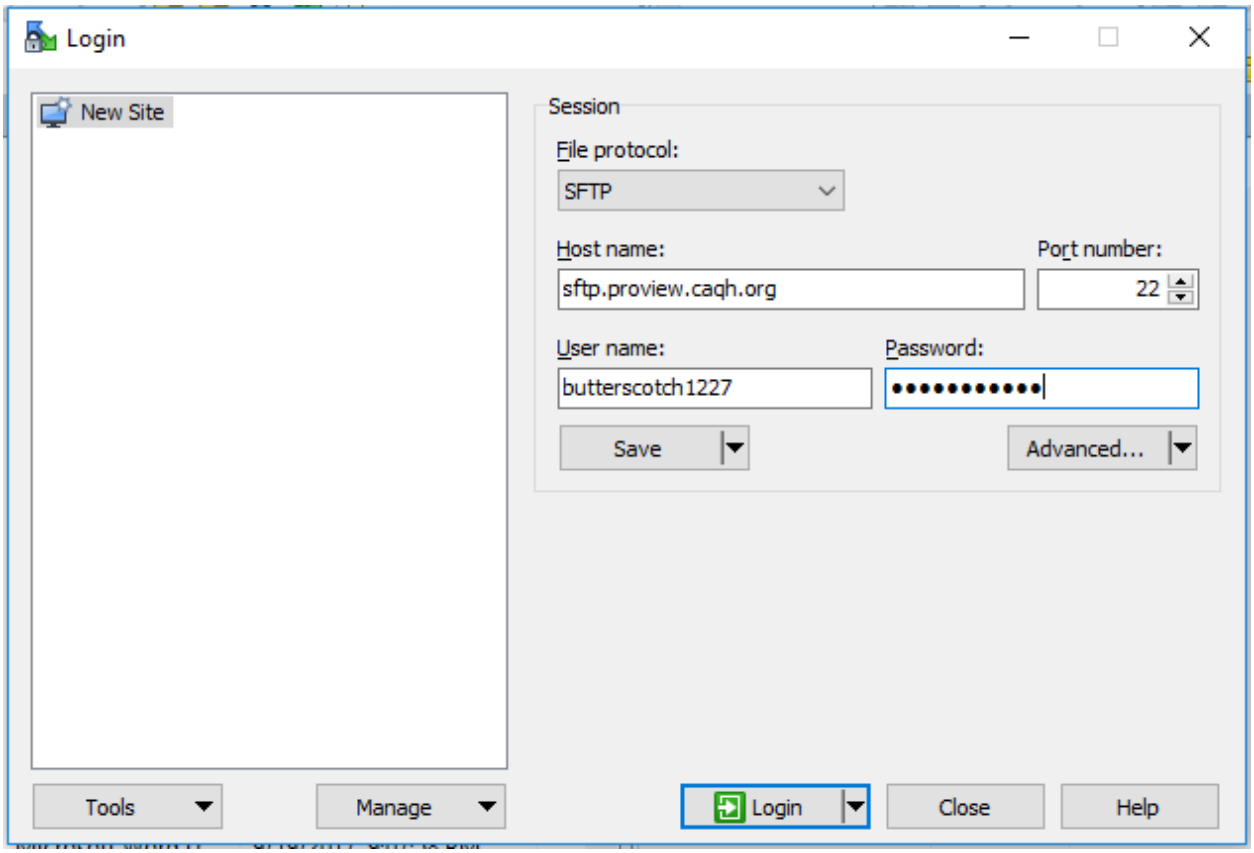
1. Follow the steps below to complete the Bulk Upload via SFTP. Log in to SFTP User using SFTP client like WinSCP or FileZilla. Suggested download links for the SFTP client- WinSCP or FileZilla

Note: User must have permission from his/her organization to access above client and validate any suspicious malware before download.

2. Give Host name: sftp.proview.caqh.org

3. Port number: 22

4. Provide login credentials and go on for login.



Rejected Files

The submitted Bulk Upload file will be rejected in its entirety if the following criteria are not satisfied:

- File name does not meet naming standards
- File contains incorrect layout
- File does not contain all required columns
- File contains invalid delimiter

Appendix

Bulk Upload Specifications

Bulk Upload Field Name	Required	Format	Other
Provider First Name	Y		Field used in matching
Provider Middle Name	N		Field used in matching
Provider Last Name	Y		Field used in matching
Provider Name Suffix			Field used in matching
Gender			Field used in matching
Date of Birth	Y	MM/DD/YYY	Field used in matching
City of Birth			
State of Birth			
Country of Birth			
Ethnicity			
SSN	N		Field used in matching
Provider Type	Y		Field used in matching
Foreign National Identification Number (FNIN)			
FNIN Country of Issue			
Provider Language Code			Multiple – separated by semi-colons
Provider Address Line1	Y		Field used in matching
Provider Address Line2	N		Field used in matching
Provider Address City	Y		Field used in matching
Provider Address State	Y		Field used in matching
Provider Address Zipcode	Y		Field used in matching
Provider Telephone	N		Field used in matching
Provider Email	Y		Field used in matching
Provider Fax	N		Field used in matching
Provider Correspondence Address Line1 (if different from above)			
Provider Correspondence Address Line2			
Provider Correspondence Address State			
Provider Correspondence Address Zipcode			
Provider Correspondence Telephone			
Provider Correspondence Fax			
License Number	N		Field used in matching
License State	N		Field used in matching

Bulk Upload Field Name	Required	Format	Other
License Issue Date		MMDDYYY	
License Expiration Date		MMDDYYY	
License Status			
License Type			
Provider Tax ID	N		Field used in matching
Provider DEA number	N		Field used in matching
DEA State of Registration			
DEA Issue Date		MMDDYYY	
DEA Expiration Date		MMDDYYY	
State Controlled Substance Registration Certificate Number			
State Controlled Substance State of Registration			
State Controlled Substance Registration Certificate Issue Date			
State Controlled Substance Registration Certificate Expiration Date			
Medicare Provider Number			
Medicaid Provider Number			
Medicaid State			
Provider UPIN	N		Field used in matching
Provider NPI	N		Field used in matching
Educational Commission for Foreign Medical Graduates (ECFMG)Number			
ECFMG Issue Date		MMDDYYY	
United States Medical Licensing Examination (USMLE) Number			
Workers Compensation Number			
Graduate Type			
Provider's Professional School Name			
Professional School Address			
Professional School Address2			
Professional School City			
Professional School State			(if US or Canadian)
Professional School Zipcode			
Professional School Country			
Professional School Phone			
Professional School Fax			
Degree Awarded			
Professional School Start Date		MMDDYYYY	
Professional School End Date (Graduation Date)		MMDDYYYY	

Bulk Upload Field Name	Required	Format	Other
Undergraduate School Name			
Undergraduate School Address			
Undergraduate School Address2			
Undergraduate School City			
Undergraduate School State			
Undergraduate School Zipcode			
Undergraduate School Country			
Undergraduate School Phone			
Undergraduate School Fax			
Undergraduate School Start Date		MMDDYYYY	
Undergraduate School End Date (Graduation Date)		MMDDYYYY	
Internship or Residency Institution Name			
Internship or Residency Institution Department Name			
Internship or Residency Institution Address1			
Internship or Residency Institution Address2			
Internship or Residency Institution City			
Internship or Residency Institution State			
Internship or Residency Institution Zipcode			
Internship or Residency Institution County Code			
Internship or Residency Institution Phone Number			
Internship or Residency Start Date		MMDDYYYY	
Internship or Residency End Date		MMDDYYYY	
Primary Specialty			
Primary Specialty Certifying Board			
Primary Specialty Initial Certification Date		MMDDYYYY	
Primary Specialty Last Recertification Date		MMDDYYYY	
Primary Specialty Expiration Date (if Applicable)		MMDDYYYY	
Basic Life Support (BLS) Certification Expiration Date		MMDDYYYY	
Advanced Cardiac Life Support (ACLS) Certification Expiration Date		MMDDYYYY	
Advanced Life Support in OB (ALSO) Certification Expiration Date		MMDDYYYY	

Bulk Upload Field Name	Required	Format	Other
Credentialing Contact First Name			
Credentialing Contact Last Name			
Credentialing Contact Middle Name			
Credentialing Contact Address1			
Credentialing Contact Address2			
Credentialing Contact City			
Credentialing Contact State			
Credentialing Contact Zipcode			
Credentialing Contact Phone			
Credentialing Contact Fax			
Credentialing Contact Email			
Primary Practice Name			
Primary Practice Address1			
Primary Practice Address2			
Primary Practice City			
Primary Practice County			
Primary Practice State	Y		
Primary Practice Zipcode			
Primary Practice Phone			
Primary Practice Fax			
Primary Practice Email			
Primary Practice Type			
Primary Practice Tax ID			Multiple - separated by semi-colons
Name Associated with Primary Practice Tax ID			
Primary Practice Start Date		MMDDYYYY	
Office hours Monday Start Time			24-hour clock
Office hours Monday End Time			24-hour clock
Office hours Tuesday Start Time			24-hour clock
Office hours Tuesday End Time			24-hour clock
Office hours Wednesday Start Time			24-hour clock
Office hours Wednesday End Time			24-hour clock
Office hours Thursday Start Time			24-hour clock
Office hours Thursday End Time			24-hour clock
Office hours Friday Start Time			24-hour clock
Office hours Friday End Time			24-hour clock
Office hours Saturday Start Time			24-hour clock
Office hours Saturday End Time			24-hour clock
Office hours Sunday Start Time			24-hour clock
Office hours Sunday End Time			24-hour clock
After hours Phone Number			

Bulk Upload Field Name	Required	Format	Other
Primary Practice Partner/Associate First Name			
Primary Practice Partner/Associate Last Name			
Primary Practice Partner/Associate Middle Name			
Primary Practice Partner/Associate Specialty			
Primary Practice Partner/Associate Provider Type			
Primary Practice Covering Colleague First Name			
Primary Practice Covering Colleague Last Name			
Primary Practice Covering Colleague Middle Name			
Primary Practice Covering Colleague Specialty			
Primary Practice Covering Colleague Provider Type			
Primary Practice Phone Coverage Type			
Primary Practice Office Manager First Name			
Primary Practice Office Manager Last Name			
Primary Practice Office Manager Middle Name			
Primary Practice Office Manager Phone Number			
Primary Practice Office Manager Fax Number			
Primary Practice Office Manager Email			
Primary Practice Billing Contact First Name			
Primary Practice Billing Contact Last Name			
Primary Practice Billing Contact Middle Name			
Primary Practice Billing Contact Address1			
Primary Practice Billing Contact Address2			
Primary Practice Billing Contact City			
Primary Practice Billing Contact State			
Primary Practice Billing Contact Zipcode			

Bulk Upload Field Name	Required	Format	Other
Primary Practice Billing Contact Phone Number			
Primary Practice Billing Contact Fax Number			
Primary Practice Billing Contact Email			
Primary Practice Credentialing Contact First Name			
Primary Practice Credentialing Contact Last Name			
Primary Practice Credentialing Contact Middle Name			
Primary Practice Credentialing Contact Address1			
Primary Practice Credentialing Contact Address2			
Primary Practice Credentialing Contact City			
Primary Practice Credentialing Contact State			
Primary Practice Credentialing Contact Zipcode			
Primary Practice Credentialing Contact Phone Number			
Primary Practice Credentialing Contact Fax Number			
Primary Practice Credentialing Contact Email			
Primary Practice Payment and Remittance Contact First Name			
Primary Practice Payment and Remittance Contact Last Name			
Primary Practice Payment and Remittance Contact Middle Name			
Primary Practice Payment and Remittance Contact Address1			
Primary Practice Payment and Remittance Contact Address2			
Primary Practice Payment and Remittance Contact City			
Primary Practice Payment and Remittance Contact State			
Primary Practice Payment and Remittance Contact Zipcode			
Primary Practice Payment and Remittance Contact Phone number			
Primary Practice Payment and Remittance Contact Fax number			
Primary Practice Payment and Remittance Contact Email			

Bulk Upload Field Name	Required	Format	Other
Primary Practice Billing Department name (if Hospital based)			
Primary Practice Check Payable To			
Primary Practice Minimum Age limitation (if any)			
Primary Practice Maximum Age limitation (if any)			
Primary Practice Gender limitation (if any)			
Primary Practice Mid Level Practitioner First Name			
Primary Practice Mid Level Practitioner Last Name			
Primary Practice Mid Level Practitioner Middle Name			
Primary Practice Mid Level Practitioner State License Number			
Primary Practice Mid Level Practitioner License State			
Primary Practice Mid Level Practitioner Practitioner Type			
Primary Practice Language			Multiple - separated by semi-colons
Accrediting/Certifying Program (e.g. CLIA, COLA, MLE, AAFP, CAP, etc.) (if any)			
X-Ray Certification Type (if any)			
Class/category of anesthesia used (if any)			
Anesthesia Administered by First Name			
Anesthesia Administered by Last Name			
Hospital Name			
Hospital Address1			
Hospital Address2			
Hospital Address City			
Hospital Address State			
Hospital Address Zipcode			
Hospital Address Phone number			
Hospital Address Fax number			
Hospital Affiliation Start Date		MMDDYYYY	
Hospital Affiliation End Date		MMDDYYYY	
Hospital Department Name			
Hospital Department Director's First Name			

Bulk Upload Field Name	Required	Format	Other
Hospital Department Director's Middle Name			
Hospital Department Director's Last Name			
Hospital Admitting Privilege Status			
Professional Liability Insurance Carrier Name			
Professional Liability Insurance Carrier Address1			
Professional Liability Insurance Carrier Address2			
Professional Liability Insurance Carrier City			
Professional Liability Insurance Carrier State			
Professional Liability Insurance Carrier Zipcode			
Professional Liability Insurance Carrier Country			
Professional Liability Insurance Carrier Contact First Name			
Professional Liability Insurance Carrier Contact Last Name			
Professional Liability Insurance Carrier Phone number			
Professional Liability Insurance Carrier Fax number			
Professional Liability Insurance Policy number			
Professional Liability Insurance Type of Coverage			None, Claims made, Occurrence
Professional Liability Insurance Effective Date		MMDDYYYY	
Professional Liability Insurance Expiration Date		MMDDYYYY	
Professional Liability Insurance Retroactive Date (if applicable)		MMDDYYYY	
Professional Liability Insurance Amount Coverage per Occurrence			
Professional Liability Insurance Amount Coverage Aggregate			

PM Bulk Upload Headers

Revision Log

Version	**Updates**
Version 1.0	Original
Version 1.1	• Removed reference to the requirement for practices to have more than 50 providers to utilize Bulk Upload. • Added reference to the Domain_Tables_11.0.xls on page 2 to assist with development of the Bulk Upload data file.
Version 1.2	• Updated the domain table document • Added screenshots for converting bulk upload template to pipe delimited format • Moved the steps for requesting access at the beginning of the document • Added number 5 under How to Upload a Bulk Upload File
Version 1.3	• Updated the steps on how to complete the bulk upload headers/template • Added steps on how to complete the bulk upload via SFTP