



PROVIEW™

CAQH ProView®

**Roster Data Exchange
Guidelines
for
Participating Organizations**

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1 Introduction

1.1 Overview

The Roster Data Exchange Guideline document is a compilation of the required data and procedures for Participating Organizations to submit and maintain a list of providers in CAQH ProView. The list of providers, or roster activity, drives the providers who are included on the extract files and reports that provide detailed information on each provider.

A provider roster is a file that a Participating Organization submits to CAQH ProView in order to associate or disassociate a provider with their organization; a Participating Organization must submit a roster file in order to participate in CAQH ProView. Once submitted, CAQH ProView will validate the roster file and either accept (processed by CAQH ProView) or reject it.

A roster exception report is generated for roster records that do not meet the acceptance criteria listed in the roster submission guidelines. It identifies the reason for the exception so that the record can be corrected and re-submitted. The exception report also includes provider records identified as duplicates or those that have been merged. Records that are not included on the roster exception report are added to the Participating Organization's roster in CAQH ProView.

A return roster file is a list of providers associated with a Participating Organization at any given time. The file includes both active and inactive providers associated with an organization. This file is used by the Participating Organizations to keep their internal systems in sync with CAQH ProView.

These three roster file types are explained in the following sections of this document.

1.2 Purpose

This document is intended to serve as a reference for data layout, field definitions, naming standards and all other information pertinent to the collection and dissemination of such data. It also defines and documents the systems, processes, and practices necessary for successful data exchange between CAQH ProView and its Participating Organizations.

The structures and processes described in this document will enable both parties to fully understand the requirements that must be followed in order to achieve a successful data transfer.

1.3 Target Audience

This document is intended for anyone involved in the exchange of data between CAQH ProView and its Participating Organizations. In addition, individuals with the following roles would need to know the layouts and the values within the data for a successful roster submission.

- Developers
- Data Stewards
- Participating Organization's Operational and Technical Staff

1.4 Document Owner

CAQH ProView's product management team within CAQH owns the maintenance of this data transfer guideline document. Updates to these guidelines will be made available to Participating Organization's via the portal in CAQH ProView, and email notifications will be sent when they are made to highlight the changes.

2 Roster Submission

In order to participate in CAQH ProView, an organization must submit a roster to the CAQH ProView system. Participating Organizations can include providers whom they are currently affiliated with or in the process of contracting, or other providers such as non-par or non-licensed providers, on their rosters. If a Participating Organization includes a provider in their roster submission who is not currently in CAQH ProView, CAQH will initiate an outreach to invite them to join.

The format, structure and submission process of these files are detailed below.

2.1 Data Transfer

Participating Organizations can submit their rosters to an "Incoming" folder in the CAQH ProView secure FTP server. CAQH ProView will pull the files from the FTP server and process the roster files.

Alternately, Participating Organization users can also upload a roster through the 'Upload Roster' page on the ProView portal under 'Files and Reports' menu. The user will need special privileges given by the Participating Organization's administrator in order to accomplish this.

2.2 File Schedules and Naming Conventions

The roster files must be submitted with a file name following the same naming convention as listed in the table below. An Organization ID (POID) is an identifier assigned by CAQH ProView for all its Participating Organizations at the contract stage. For help with your Organization ID, please contact the CAQH ProView Support Center – 888-600-9802.

A Participating Organization can submit multiple rosters, however the rosters will be processed in the order in which they are received. If the same provider record is in multiple roster files, the data in the subsequent rosters will be rejected if the action flag is 'Add', or overwritten by the information in subsequent roster files if the action flag is 'Update'.

File Name	Description	Frequency	Delimiter
<POID>_ProviderRoster_YYYY_MM_DD_HH_MM.txt	The <POID> is the identifier supplied by CAQH to each Participating Organization	Ad hoc	Pipe delimited

2.3 Roster Data File Layout

Participating Organizations are required to submit their roster data in a pipe ‘|’ delimited ASCII text file format. The first record in the roster file should correspond to the field names as specified in the table below, i.e. a header record must be included in the roster file.

Every roster file must include all columns even when no data is present for every field. The absence of data must be represented as a blank in the text file. The maximum width for each field is also listed in the table below. Values in each field must not be padded with spaces if the width is less than the maximum allowed.

The records within a roster should correspond to all of the unique providers. The submitted roster file may contain new records (Action flag = ‘A’), changed records (Action flag = ‘U’) or deleted records (Action flag=‘D’). CAQH ProView will process each record detecting any changes based on the ‘Action Flag’.

General Guidelines:

- In order to achieve a higher rate of success during the matching process with CAQH ProView providers, Participating Organizations are encouraged to submit as much information as possible for records with an action flag of ‘A’. They are also encouraged to do the same for an initial roster file.
- All required fields (noted with an ‘R’ (required) in the table below) must be populated. The required fields vary for each action flag. Action Flag is mandatory for every record in the roster file.
- For non-required fields, if data is not available, the field must be left empty.
- CAQH Provider ID and Organization ID are required for ALL updates and deletes. (Action flag ‘U’ and ‘D’)
- CAQH Provider ID and Organization ID are required for a “Quick Add” action. “Quick Add” operation allows an organization to add a provider (who is already in CAQH ProView) to their roster by simply providing their CAQH Provider ID, in addition to the Organization ID.
- The address should reflect the location at which the provider can be reached when CAQH ProView initiates outreach to them. In most cases, this address might be the same as provider’s primary practice location address. If an incorrect address is provided, outreach to the provider will not be successful and the provider will be placed in “Return Mail” status. No further follow-up will be initiated by CAQH for providers in “Return Mail” status unless an updated address or email is provided.
- Participating organizations are strongly encouraged to submit an email address for each provider. This email address is used for provider outreach and is also CAQH ProView’s preferred method of communication with the provider.
- For “Initial Adds”, at least one of the data elements in the following list must be populated (highlighted with a ‘*’ in the layout table below) in order to match providers in CAQH ProView.
 - NPI
 - DEA Number
 - UPIN Number

- License State and License Number
- Social Security Number
- Only the following data elements are allowed to be updated when an update record (Action flag 'U') is included in the roster.
 - Participating Organization's Provider ID
 - Last Recredential Date
 - Next Recredential Date
 - Region Identifier – This field denotes a Participating Organization's region identifier. Region ID is an identifier assigned by CAQH ProView to assist large organizations in decentralizing CAQH ProView usage based on regional demographics.
 - Affiliation Flag – The field denotes if the provider has entered into an agreement with the Participating Organization or is currently in their network. Valid values are 'A' – Affiliated or 'NA' – Non-Affiliated. "NA" can be used to indicate non-participating providers. If a provider is marked as "NA", the provider's full data set, replica, or supporting documentation will **not** be available in the data extract.
 - Delegation Flag – A flag that identifies if a provider is delegated or not for credentialing purposes. Delegated Providers are providers who furnish health care services through partnerships, associations or other legal entities including but not limited to individual practice associations (IPAs) and physician hospital organizations (PHOs). Valid values are 'Y' – Delegated or 'N' – Not Delegated. If a provider is marked as "Y" for delegated, the provider's full data set, replica or supporting documentation will **not** be available in the data extract.
 - Email Address (for Unregistered Providers)
- If a roster is uploaded through the CAQH ProView portal, the user will see the following statuses under each file as it passes through each stage of roster process.
 - Uploaded: This means the data file has successfully been uploaded to CAQH ProView and is waiting to be processed.
 - Extracted: This means the data was pulled from the roster file successfully. This is the status while the roster file is being processed.
 - Completed: This means the submitted data was processed successfully through the provider matching process and the required action (based on the action flag) was completed. If there are any issues with any records, an exception file will be generated identifying the reason why the row could not be processed.
 - Failed: The submitted roster file is rejected in its entirety if the following criteria are not satisfied:
 - File name does not meet naming standards.
 - File name contains an incorrect Organization ID.
 - File contains an incorrect layout.

- File does not contain all required columns.
- File contains an invalid delimiter.

#	Field Name	Format	Max Size	Field Definition	Required-R / Optional – O / Conditional -C			
					Initial Add	Quick Add with CAQH ID	Update	Delete
1	Action_Flag	Char	1	A flag that denotes if the record is an “Add”, “Update”, “Delete”. Valid values are ‘A’, ‘U’, ‘D’	R	R	R	R
2	Provider_First_Name	varchar	150	A text field that contains the First Name of the Provider.	R	R	R	R
3	Provider_Middle_Name	varchar	150	A text field that contains the Middle Name or Initial of the Provider.	O	O		
4	Provider_Last_Name	varchar	150	A text field that contains the Last Name of the Provider.	R	R	R	R
5	Provider_Name_Suffix	varchar	10	A text field that contains the suffix associated with a Provider’s Name. Note: The value must be from the list of standard suffix values.	O	O		
6	Provider_Gender	Char	1	A code that denotes the gender of the Provider. Valid values are ‘M’ – Male, ‘F’- Female	O	O		

#	Field Name	Format	Max Size	Field Definition	Required-R / Optional – O / Conditional -C			
					Initial Add	Quick Add with CAQH ID	Update	Delete
7	Provider_Address1	varchar	150	<p>This field should contain the first line of the address at which the provider can be reached by CAQH ProView for provider outreach and correspondence.</p> <p>In most cases, this address might be the same as provider's primary practice location address. If an incorrect address is provided, outreach to the provider will not be successful and the provider will be placed in "Return Mail" status. No further follow-up will be initiated by CAQH for providers in "Return Mail" status unless an updated address or email is provided.</p>	R	O		
8	Provider_Address2	varchar	150	A field that contains provider's outreach/ correspondence address Line 2.	O	O		
9	Provider_Address_City	varchar	150	A field that denotes the provider's outreach/correspondence address city.	R	O		
10	Provider_Address_State	Char	2	The two-character ANSI state code that corresponds to the provider's outreach/ correspondence address state.	R	O		

#	Field Name	Format	Max Size	Field Definition	Required-R / Optional – O / Conditional -C			
					Initial Add	Quick Add with CAQH ID	Update	Delete
11	Provider_Address_Zip	Integer	5	A numeric field that denotes a provider's outreach/correspondence address zipcode.	R	O		
12	Provider_Address_Zip_Extn	Integer	4	An integer field that denotes a provider's outreach/correspondence address zip extension.	O	O		
13	Provider_Phone	Integer	10	A field that denotes a provider's primary phone number.	O	O		
14	Provider_Fax	Integer	10	A field that denotes a provider's fax number for correspondence.	O	O		
15	Provider_Email	varchar	150	The primary email address used for correspondence with the provider and for provider outreach.	O	O		
16	Provider_Practice_State	Char	2	The two-character ANSI state code that corresponds to the provider's primary practice state. Note: This helps CAQH ProView identify state mandated requirements (if any) for the provider.	R	O		
17	Provider_Birthdate	Date	8	This field denotes the provider's date of birth. (Format: YYYYMMDD)	R	O		
18	Provider_SSN	Integer	9	This field denotes the provider's Social Security Number.	O*	O		

#	Field Name	Format	Max Size	Field Definition	Required-R / Optional – O / Conditional -C			
					Initial Add	Quick Add with CAQH ID	Update	Delete
19	Short_SSN	Integer	2	This field denotes last two characters of the provider's SSN. This is required for Illinois providers if the following is true: Primary Practice State = 'IL' and Provider_SSN is null and Application_Type = '2' for re-credentialing.	C	O		
20	Provider_DEA	Char	9	This field denotes the provider's Drug Enforcement Administration (DEA) Number. (Format is 'AA999999')	O*	O		
21	Provider_UPIN	Char	6	This field denotes the provider's Unique Physician Identification Number (UPIN). (Format is 'A99999')	O*	O		
22	Provider_Type	varchar	4	This field denotes the provider type code based on a list of Standard or Allied provider type codes from CAQH ProView. Note: The value must be taken from the list of standard CAQH ProView Provider Type codes (see Appendix A – Section 4.5).	R	O		

#	Field Name	Format	Max Size	Field Definition	Required-R / Optional – O / Conditional -C			
					Initial Add	Quick Add with CAQH ID	Update	Delete
23	Provider_Tax_ID	Varchar	100	This field denotes the Federal Tax ID number of the provider. If there are multiple Tax IDs, separate each with a semi-colon (;)	O	O		
24	Provider_NPI	Integer	10	The field denotes the provider's Type 1 (Individual) NPI number. (Format: 9 numeric digits followed by one numeric check digit)	O*	O		
25	Provider_License_State	Char	2	The two-character ANSI state code that corresponds to the provider's license state. This field is required if Provider License Number is populated.	C*	O		
26	Provider_License_Number	varchar	50	This field denotes the provider's State License Number. The field is required if Provider License State is populated.	C*	O		

#	Field Name	Format	Max Size	Field Definition	Required-R / Optional – O / Conditional -C			
					Initial Add	Quick Add with CAQH ID	Update	Delete
27	CAQH_Provider_ID	Integer	10	<p>The field denotes the CAQH assigned provider Identifier.</p> <p>CAQH assigns a provider ID for all providers in CAQH ProView. If a provider is not found in the CAQH ProView (after a rigorous match process), a new ID is assigned after roster processing.</p>	Not Applicable	R	R	R
28	PO_Provider_ID	varchar	50	This field denotes the Participating Organization's internal identifier for the provider.	O	O	O	
29	Last_Recredential_Date	Date	8	<p>This field denotes the date the provider was last recredentialed by the Participating Organization.</p> <p>(Format: YYYYMMDD)</p>	O	O	O	
30	Next_Recredential_Date	Date	8	<p>This field denotes the date the provider will be recredentialed again by the Participating Organization.</p> <p>(Format: YYYYMMDD)</p>	O	O	O	

#	Field Name	Format	Max Size	Field Definition	Required-R / Optional – O / Conditional -C			
					Initial Add	Quick Add with CAQH ID	Update	Delete
31	Delegation_Flag	Char	1	<p>A flag that identifies if a provider is delegated or not for credentialing purposes.</p> <p>Delegated Providers are providers who furnish health care services through partnerships, associations or other legal entities including but not limited to individual practice associations (IPAs) and physician hospital organizations (PHOs).</p> <p>Valid values are ‘Y’ – Delegated or ‘N’ – Not Delegated</p> <p>Note: If a provider is marked as “Y” for delegated, the provider’s full data set and supporting documentation will not be available in the data extract.</p>	O	O		
32	Application_Type	Integer	1	<p>Identifies if a provider requires an initial application or a recred application (applicable only for Illinois providers)</p> <p>Valid values are 1 or 2: 1 = “Initial Credentialing”, 2 = “Re-credentialing”</p> <p>Required if Primary Practice State = ‘IL’</p>	C	O		

#	Field Name	Format	Max Size	Field Definition	Required-R / Optional – O / Conditional -C			
					Initial Add	Quick Add with CAQH ID	Update	Delete
33	Affiliation_flag	Char	2	<p>The field denotes if the provider has entered into an agreement with the Participating Organization or is currently in their network.</p> <p>Valid values are 'A' – Affiliated or 'NA' – Non-Affiliated</p> <p>Note: "NA" can be used to indicate non-participating providers. If a provider is marked as "NA" for non-affiliated, the provider's full data set and supporting documentation will not be available in the data extract.</p>	O	O		
34	Organization_ID	Integer	5	<p>This field denotes the Organization Identifier. This is a CAQH ProView assigned identifier for each Participating Organization established at the time of contracting.</p> <p>Note: If you don't know your PO ID, please contact the CAQH ProView Support Center.</p>	R	R	R	R

#	Field Name	Format	Max Size	Field Definition	Required-R / Optional – O / Conditional -C			
					Initial Add	Quick Add with CAQH ID	Update	Delete
35	Region_ID	Integer	5	<p>This field denotes a Participating organization's region identifier.</p> <p>Region ID is an identifier assigned by CAQH ProView to assist large organizations in decentralizing CAQH ProView usage based on regional demographics.</p> <p>Note: If you don't know your Region ID, please contact the CAQH ProView Support Center.</p>	O	O	O	

3 Return Roster

A return roster file is a list of providers associated with a Participating Organization at any given time. The list includes both active and inactive providers associated with an organization. This file is mostly used by Participating Organizations to keep their internal systems in sync with CAQH ProView data.

A Participating Organization's user can select the return roster frequency through the CAQH ProView portal. The option is available in the 'Schedule and Download Files' drop down under 'Files and Reports' menu.

3.1 Participating Organization Return Roster

3.1.1 Data Transfer

The return roster for each Participating Organization is available from the "Outgoing" directory in their respective accounts in CAQH ProView's secure FTP server. In addition, the return rosters will also be available to download from the 'Schedule and Download Files' drop down under 'Files and Reports' menu.

3.1.2 File Schedules and Naming Conventions

The return roster file is an ASCII pipe-delimited file. The return rosters are generated based on the Participating Organization's requested frequency.

File Name	Description	Frequency	Delimiter
<POID>_ReturnRoster_YYYY_MM_DD.zip The zip file will contain: <POID>_ReturnRoster_YYYY_MM_DD.txt	The <POID> is the identifier supplied by CAQH ProView to each Participating Organization	Daily or Weekly as scheduled by the user on the ProView portal	Pipe delimited

3.1.3 Return Roster Data File Layout

The data in the return roster data will be presented to the Participating Organization as follows.

#	Field Name	Format	Max Size	Field Definition
1	Organization_ID	Integer	5	Participating Organization's Identifier
2	Authorization_Flag	Character	1	A flag that denotes if the provider has authorized the health plan to view data. Valid values are 'Y' and 'N'
3	Provider_Status	Character	30	The status of the provider in CAQH ProView.

#	Field Name	Format	Max Size	Field Definition
4	Provider_Status_Date	Date	8	Date provider reached the CAQH Provider Status (Format: YYYYMMDD)
5	PO_Provider_ID	Character	50	Provider's Identifier internal to the Participating Organization
6	CAQH_Provider_ID	Integer	10	CAQH assigned provider Identifier.
7	Provider_First_Name	Character	150	Provider First Name
8	Provider_Middle_Name	Character	150	Provider Middle Name
9	Provider_Last_Name	Character	150	Provider Last Name
10	Provider_Type	Character	4	Type of Provider
11	Provider_Address1	Character	150	Note: This is the correspondence and outreach address at which the provider can be reached by CAQH. It could be same as the primary practice address.
12	Provider_Address2	Character	150	Provider's Correspondence and Outreach Address Line 2
13	Provider_Address_City	Character	150	Provider's Correspondence and Outreach Address City
14	Provider_Address_State	Character	2	Provider's Correspondence and Outreach Address State Code (ANSI State codes)
15	Provider_Address_Zip	Integer	5	Provider's Correspondence and Outreach Address Zip
16	Provider_Birthdate	Date	8	Provider's Birthdate (Format: YYYYMMDD)
17	Provider_License_Number	Character	50	Provider's State License Number
18	Provider_License_State	Char	2	The two-character ANSI state code that corresponds to the provider's license state

#	Field Name	Format	Max Size	Field Definition
19	Provider_UPIN	Character	6	Provider UPIN (Format is 'A99999')
20	Provider_DEA	Character	9	Provider DEA Number (Format is 'AA9999999')
21	Provider_NPI	Integer	10	Provider Type 1 (Individual) NPI number Format: 9 numeric digits followed by one numeric check digit
22	Roster_Status	Character	10	Status of the provider on the Plan's current roster. Valid Values: 'ACTIVE', 'INACTIVE'
23	Non_Responder_Flag	Character	1	Indicates whether the provider has not responded to follow-up messages
24	Delegation_Flag	Character	1	Indicates whether the provider is delegated or not for credentialing purposes. Valid values are 'Y' – Delegated or 'N' – Not Delegated Note: If a provider is marked as "Y" for delegated, the provider's full data set, replica, or supporting documentation will not be available in the data extract.

#	Field Name	Format	Max Size	Field Definition
25	Affiliation_Flag	Character	2	<p>The field denotes if the provider has entered into an agreement with the Participating Organization or currently in their network.</p> <p>Valid values are 'A' – Affiliated or 'NA' – Non-Affiliated</p> <p>Note: "NA" can be used to indicate non-participating providers. If a provider is marked as "NA" for non-affiliated, the provider's full data set, replica, or supporting documentation will not be available in the data extract.</p>
26	Provider_Practice_State	Character	2	This is the primary practice state of the provider.
27	Anniversary_Date	Date	8	<p>Provider anniversary date for the Participating Organization's billing activity</p> <p>(Format: YYYYMMDD)</p>

4 Roster Exception

Once the roster file passes initial verification, each row of the roster file will be validated for data quality and duplicate checks. An exception will be thrown for the records that do not satisfy these validation steps. A detailed description of the exceptions will be included in the exception file. The exception categories and explanations are listed in the appendix.

4.1 Data Transfer

The roster exception report for each Participating Organization is available from the “Outgoing” directory in their respective accounts in CAQH ProView’s secure FTP server. In addition, it will also be available in the ‘Download files’ section under ‘Files and Reports’ menu.

4.2 File Schedules and Naming Conventions

The roster exception report is an ASCII pipe-delimited file that is generated for every incoming roster file. It will contain the records that did not meet the data quality checks or specifications that are outlined in this document.

File Name	Description	Frequency	Delimiter
<POID>_RosterException_YYYY_MM_DD_HH_MM.txt	The <POID> is the identifier supplied by CAQH ProView to each Participating Organization	For every incoming roster	Pipe delimited

4.3 Roster Exception Data File Layout

A roster exception report is a report that contains errors associated with processing a Participating Organization's roster. The roster file name, the detailed exception description and the position of the record in the submitted roster file will be listed in the exception report. Only the records that failed will be included in this report.

Participating Organizations can use the roster exception report to identify reasons for the exception(s) so they can correct and re-submit the corrected record(s). The roster exception report also includes records identified as being duplicates in a Participating Organization’s roster or if CAQH ProView finds multiple providers that matched the information given in the rosters and therefore cannot pick one to associate to the Participating Organization.

The layout of the exception report is as follows:

#	Field Name	Format	Max Size	Field Definition
1	Action_Flag	Character	1	A flag that denotes if the record is an "Add", "Update", "Delete" Valid values are 'A','U','D'
2	Provider_First_Name	Character	150	Provider First Name
3	Provider_Middle_Name	Character	150	Provider Middle Name
4	Provider_Last_Name	Character	150	Provider Last Name
5	Provider_Name_Suffix	Character	10	Provider Name Suffix
6	Provider_Gender	Character	1	Provider Gender. Valid values are 'M' – Male, 'F'- Female
7	Provider_Address1	Character	150	Note: This is the correspondence and outreach address at which the provider can be reached by CAQH. It could be same as the primary practice address.
8	Provider_Address2	Character	150	Provider's Correspondence and Outreach Address Line 2
9	Provider_Address_City	Character	150	Provider's Correspondence and Outreach Address City
10	Provider_Address_State	Character	2	Provider's Correspondence and Outreach Address State Code (ANSI State codes)
11	Provider_Address_Zip	Integer	5	Provider's Correspondence and Outreach Address Zip
12	Provider_Practice_State	Character	2	Provider's Primary Practice State Code (ANSI State codes)
13	Provider_Birthdate	Date	8	Provider Birth Date (Format: YYYYMMDD)
14	Provider_SSN	Integer	9	Provider Social Security Number

#	Field Name	Format	Max Size	Field Definition
15	Short_SSN	Integer	2	The last two characters of the provider's SSN. This is required for Illinois providers if the following is true: Primary Practice State = 'IL' and Provider_SSN is null and Application_Type = '2' for re-credentialing
16	Provider_DEA	Character	9	Provider DEA Number (Format is 'AA999999')
17	Provider_UPIN	Character	6	Provider UPIN (Format is 'A99999')
18	Provider_Type	Character	4	Type of Provider
19	Provider_NPI	Integer	10	Provider Type 1 (Individual) NPI number Format: 9 numeric digits followed by one numeric check digit
20	Provider_License_State	Character	2	ANSI State code of the Provider's License State
21	Provider_License_Number	Character	50	Provider's State License Number Required if Provider License State is entered.
22	CAQH_Provider_ID	Integer	10	CAQH assigned provider Identifier.
23	Provider_Status	Character	30	CAQH provider status
24	PO_Provider_ID	Character	50	Provider's Identifier internal to the Participating Organization

#	Field Name	Format	Max Size	Field Definition
25	Application_Type	Integer	1	Identifies if provider requires an initial application or a recred application (applicable only for Illinois providers) Valid values are 1 or 2 1 = "Initial Credentialing", 2 = "Re-credentialing" Required if Primary Practice State = 'IL'
26	Delegation_Flag	Character	1	Indicates whether the provider is delegated or not for credentialing purposes. Valid values are 'Y' – Delegated or 'N' – Not Delegated Note: If a provider is marked as "Y" for delegated, the provider's full data set and supporting documentation will not be available in the data extract.
27	Affiliation_Flag	Character	2	The field denotes if the provider has entered into an agreement with the Participating Organization or currently in their network. Valid values are 'A' – Affiliated or 'NA' – Non-Affiliated Note: "NA" can be used to indicate non-participating providers. If a provider is marked as "NA" for non-affiliated, the provider's full data set and supporting documentation will not be available in the data extract.
28	Organization_ID	Integer	5	Participating Organization Identifier Note: If you don't know your PO ID, please contact the CAQH ProView Support Center.
29	Roster_file_name	Character	50	Name of the roster file that contains the exceptions

#	Field Name	Format	Max Size	Field Definition
30	Exception_Description	Character	200	Detailed description of the exception. See appendix.
31	Roster_Record_Number	Integer	7	Record number on submission roster
32	Exception_Date	Timestamp	22	Date the exception was generated. Format YYYY-MM-DD HH:MM:SS.

Appendix

4.4 Roster Exception Types

Exception Type	Exception Description
Required Fields missing or invalid	Required Field missing/invalid: Action Flag
	Required Field missing/invalid: Provider First Name
	Required Field missing/invalid: Provider Last Name
	Required Field missing/invalid: Provider Address 1
	Required Field missing/invalid: Provider Address City
	Required Field missing/invalid: Provider Address State
	Required Field missing/invalid: Provider Address Zip
	Required Field missing/invalid: Provider Practice State
	Required Field missing/invalid: Provider Birthdate
	Required Field missing/invalid: Provider Type
	Required Field missing/invalid: PO_Identifier
	Required Field missing/invalid: Organization ID
	Missing Identifiers: At least one of the ID fields (NPI, DEA, UPIN, License State/License Number, SSN) must be populated.
	Invalid Identifiers: At least one of the ID fields (NPI, DEA, UPIN, License State/License Number, SSN) must be valid.
Optional fields missing or invalid	Application_Type is in invalid format
	Delegation_Flag is in invalid format
	Last_Recredential_Date is in invalid format
	Next_Recredential_Date is in invalid format
	Affiliation_flag is in invalid format
	Participating_Organization_Provider_ID is in invalid format
	Provider_Address_Zip_Extn is in invalid format
	Provider_DEA is in invalid format

	Provider_Email_Address is in invalid format
	Provider_Fax number is in invalid format
	Provider_Gender is in invalid format
	Provider_License_Number is in invalid format
	Provider_License_State is in invalid format
	Provider_Name_Suffix is invalid
	Provider_NPI is in invalid format
	Provider_Phone_Number is in invalid format
	Provider_Practice_State is in invalid format
	Provider_SSN is in invalid format
	Provider_Tax_ID is in invalid format
	Provider_UPIN is in invalid format
	Region_ID is in invalid format
	Short_SSN is in invalid format
Warning: One or more of the required fields invalid	Warning: One or more of the Provider IDs (NPI, DEA, UPIN, License State/License Number, SSN) are invalid ; however, record was processed using other valid IDs provided.
Conditionally Required Fields missing or invalid	License Number required when License state is populated
	License state required when License Number is populated;
	Application Type required when Primary Practice state is 'IL'
	Short_SSN required when Primary Practice state is 'IL' AND SSN is null AND Application_Type is "2" for Re-credentialing.
Add failed	Add Failed: Provider is in Opt Out status.
	Add Failed: Provider already on Roster (exact duplicate)
	Add Failed: CAQH Provider ID not found / invalid
	Add Failed: Provider First Name missing/invalid
	Add Failed: Provider Last Name missing/invalid
	Add Failed: PO Identifier missing/invalid

	Add Failed: More than one provider matches this criteria. Please use additional data to find a match for this provider or add this provider through the portal.
Update failed	Update Failed: CAQH Provider ID missing
	Update Failed: CAQH Provider ID not found
	Update Failed: PO Identifier missing/invalid
	Update Failed: CAQH Provider ID not on Plan roster
	Update Failed: Provider First Name missing/invalid
	Update Failed: Provider Last Name missing/invalid
	Update Failed: PO Identifier missing/invalid
Delete failed	Delete Failed: CAQH Provider ID missing
	Delete Failed: CAQH Provider ID not found
	Delete Failed: CAQH Provider ID not on Plan roster
	Delete Failed: Provider First Name missing/invalid
	Delete Failed: Provider Last Name missing/invalid
	Delete Failed: PO Identifier missing/invalid

4.5 Provider Types

ProviderTypeAbbreviation	ProviderTypeDescription
MD	Medical Doctor (MD)
DDS	Doctor of Dental Surgery (DDS)
DMD	Doctor of Dental Medicine (DMD)
DPM	Doctor of Podiatric Medicine (DPM)
DC	Doctor of Chiropractic (DC)
DO	Osteopathic Doctor (DO)
ACU	Acupuncturist
ADC	Alcohol/Drug Counselor
AUD	Audiologist
BT	Biofeedback Technician
CRNA	Certified Registered Nurse Anesthetist
CSP	Christian Science Practitioner

ProviderTypeAbbreviation	ProviderTypeDescription
CNS	Clinical Nurse Specialist
CP	Clinical Psychologist
CSW	Clinical Social Worker
DT	Dietician
LPN	Licensed Practical Nurse
MFT	Marriage/Family Therapist
MT	Massage Therapist
ND	Naturopath
NEU	Neuropsychologist
MW	Midwife
NMW	Nurse Midwife
NP	Nurse Practitioner
LN	Nutritionist
OT	Occupational Therapist
OPT	Optician
OD	Optometrist
PHA	Pharmacist
PT	Physical Therapist
PA	Physician Assistant
PC	Professional Counselor
RN	Registered Nurse
RNFA	Registered Nurse First Assistant
RT	Respiratory Therapist
SLP	Speech Pathologist
HOS	Hospitalist
APN	Advanced Practice Nurse
AA	Anesthesia Assistant
ABA	Applied Behavioral Analyst
AT	Athletic Trainers
GC	Genetic Counselor
SA	Surgical Assistant

4.6 Instructions to Convert a Tab-Delimited Text File to a Pipe-Delimited Text File

To convert a tab-delimited text file to a pipe-delimited text file, follow the steps below:

1. Open the tab-delimited file in Notepad
2. Go to Edit --> Replace
3. Enter the tab character (select, copy and paste) in the 'Find what' textbox and enter '|' in the 'replace with' textbox
4. Click 'Replace All'
5. Save the file

4.7 CAQH ProView Support Center – Contact Information

CAQH ProView Participating Organization Support Center:

Phone: 888-600-9802

Email: accounthelp@proview.caqh.org

Help Desk Hours:

Monday – Friday: 8 AM – 6 PM (EST)

4.8 Revision Log

Version	Updates
Version 2	Version used for launch of CAQH ProView
Version 2.1	<ul style="list-style-type: none"> • Updated all references of “UPD” to CAQH ProView • Corrected the maximum field size for the “Exception_Date” field from 20 to the correct maximum of 22 bytes. • Corrected Help Desk phone number for participating organization users in Section 2.2. • Clarified General Guidelines in Section 2.3 <ul style="list-style-type: none"> ○ Added additional information regarding provider outreach via mail. ○ Clarified that the following statement is for Initial Adds: “For “Initial Adds”, at least one of the data elements in the following list must be populated (highlighted with a ‘*’ in the layout table below) in order to match providers in CAQH ProView.” Also, populated associated table with the appropriate “*” for NPI, DEA, UPIN, License State and License. ○ Clarified that the “Affiliation Flag” set to “NA” can be used to add non-participating providers to a roster file. Also clarified that when a provider is added to a roster with the “Affiliation Flag” set to “NA”, the provider’s full data set, replica or supporting documentation will not be available in the data extract. ○ Clarified that when a provider is added to a roster with the “Delegation Flag” set to “Y”, the provider’s full data set, replica, or supporting documentation will not be available in the data extract. ○ Added additional information regarding the possible statuses that might present once a roster file is uploaded. • Clarified that Short_SSN (last 2 characters of a provider’s SSN) is required for Illinois providers if the following is true Primary Practice State = ‘IL’ and Provider_SSN is null and Application_Type = ‘2’ for re-credentialing. • Clarified that the Return Roster file contains a .txt file within a .zip file in Section 3.1.2 • Updated Section 4.4 – Roster Exception Type table to include additional exceptions that may present on the exception report. • Added Appendix 4.5 – List of Provider Types and the associated valid abbreviations • Added Appendix 4.6 – Instructions to Convert a Tab-Delimited File to a Pipe-Delimited File • Added Appendix 4.7 – CAQH ProView Support Center contact information • Added Appendix 4.8 – Revision Log