PAYER READY

Credentialing Getting Started Guide

Your Complete Roadmap to Provider Enrollment

> **What is this guide?** A comprehensive walkthrough of the credentialing and payer enrollment process from start to finish. Whether you are a new provider joining your first insurance panel or a practice manager onboarding a new physician, this guide covers every step.

What Is Credentialing?

Credentialing is the process by which insurance companies verify a healthcare provider's qualifications, training, licensure, and ability to deliver patient care. Once credentialed, a provider becomes a participating member of that payer's network, enabling them to bill the insurance company directly for services rendered to covered patients.

Without credentialing, a provider is considered "out of network" for that payer. Patients may face higher out-of-pocket costs, and the provider may receive significantly lower reimbursement rates or no reimbursement at all.

Why Credentialing Matters

- **Revenue:** In-network providers receive 2-3x higher reimbursement rates than out-of-network providers
- **Patient access:** Most patients prefer or require in-network providers due to insurance coverage requirements
- **Practice growth:** Being in-network with major payers dramatically increases your referral base
- **Compliance:** Medicare and Medicaid require enrollment before you can bill for services

> **Financial impact:** The average provider loses $8,000 to $25,000 per month in revenue during credentialing delays, according to MGMA benchmarking data. For specialists, this figure can exceed $50,000 per month.

The Credentialing Process: Step by Step

Step 1: Gather Your Documents

Before submitting any application, collect all required documentation. Missing or expired documents are the number one cause of credentialing delays.

DOCUMENT	WHERE TO OBTAIN	NOTES
State medical license(s)	State medical board	Must be current and unrestricted
DEA registration	DEA.gov	Required for prescribing providers
NPI number	NPPES (nppes.cms.hhs.gov)	Type 1 for individual, Type 2 for organization
Board certification	ABMS or specialty board	If applicable to specialty
Malpractice insurance	Your insurance carrier	Current certificate of insurance (COI)
Medical school diploma	Medical school records	Verified via primary source
Residency/fellowship completion	Training program	Completion letter or certificate
Work history (5-10 years)	CV/resume	No unexplained gaps longer than 6 months
Professional references (3)	Colleagues/supervisors	Must be from same specialty, within last 2 years
W-9 form	IRS.gov	For tax identification

Step 2: Complete Your CAQH ProView Profile

CAQH ProView is the industry-standard database used by most commercial payers to verify provider information. Over 90% of health plans use CAQH data during credentialing. Completing your CAQH profile before submitting individual payer applications saves significant time.

- Register at **proview.caqh.org**
- Complete all sections: personal, education, training, work history, insurance, practice locations
- Upload all supporting documents (licenses, certifications, COI, etc.)
- Complete attestation questions (malpractice history, disciplinary actions, health status)
- **Re-attest every 120 days** to keep your profile active

> **Pro tip:** Set calendar reminders for your CAQH re-attestation dates. If your profile lapses, payers cannot process your applications or verify your credentials during re-credentialing.

Step 3: Prioritize Your Payer Applications

Do not submit applications to every payer simultaneously. Prioritize based on:

1. **Medicare** — Enroll first. It is the baseline requirement and many payers reference your Medicare enrollment.
2. **Medicaid** — If applicable to your patient population. Timelines vary dramatically by state (30 to 180+ days).
3. **Dominant commercial payer** — The payer with the largest market share in your specific service area.
4. **Second and third commercial payers** — Fill the remaining volume with the next highest-share payers.

Step 4: Submit Applications

Each payer has its own application process. Some use online portals, others require paper forms, and many reference your CAQH profile.

PAYER TYPE	APPLICATION METHOD	TYPICAL TIMELINE
Medicare (PECOS)	Online portal	45-65 days
Medicaid	Varies by state	30-180 days
UnitedHealthcare	Online + CAQH	45-90 days
Aetna	Online + CAQH	45-75 days
Cigna	Online + CAQH	45-90 days
BCBS (varies)	Online + CAQH	30-90 days
Humana	Online + CAQH	30-75 days

Step 5: Track and Follow Up

After submitting, actively track each application. Do not wait passively for a response.

- Log your submission dates, confirmation numbers, and assigned contacts
- Follow up at 2 weeks, 4 weeks, and every 2 weeks thereafter
- Respond to payer requests for additional information within 48 hours
- Keep a master tracking spreadsheet with status for each payer

Step 6: Receive Your Effective Date

Once approved, the payer assigns an effective date. This is the date from which you can bill the payer for services. Important considerations:

- **Medicare:** Effective date is typically 30 days before your application date (retroactive billing allowed)
- **Medicaid:** Varies by state. Some allow retroactive billing, others start from approval date only
- **Commercial payers:** Most do NOT allow retroactive billing. Your effective date is the approval date.

Common Mistakes to Avoid

1. Submitting incomplete applications (85% of first submissions contain errors)
2. Using different names or addresses across applications
3. Letting CAQH profile lapse during processing
4. Not tracking application status and missing payer requests

5. Applying to too many payers at once instead of prioritizing
6. Missing re-credentialing deadlines (typically every 2-3 years)
7. Forgetting to update practice location changes with all payers

Re-credentialing: The Ongoing Requirement

Credentialing is not a one-time event. Most payers require re-credentialing every 2 to 3 years. During re-credentialing, the payer re-verifies your licenses, certifications, malpractice history, and other qualifications. Missing a re-credentialing deadline can result in termination from the payer's network.

> **Let PayerReady handle it.** Our team manages every step of the credentialing and re-credentialing process. Visit payerready.com or call (209) 444-7244.