

CREDENTIALING STEP-BY-STEP GUIDE

A Comprehensive Roadmap for Provider Enrollment & Contracting

THE IMPORTANCE OF CREDENTIALING

Provider credentialing is the formal process of verifying a practitioner's qualifications, education, and experience. It ensures compliance and allows the provider to participate in health insurance networks. If credentialing is incomplete, claims will be processed as out-of-network or rejected completely.

THE 5 PILLARS OF THE CREDENTIALING PROCESS

PHASE	OPERATIONAL GOAL	KEY DELIVERABLES & ACTION ITEMS
1. Document Gathering	Primary Source Collection	Compile an updated CV (in MM/YYYY format with zero date gaps), medical diploma, state licenses, active DEA certificates, board certifications, and 10 years of malpractice history.
2. CAQH Optimization	Centralized Profile Setup	Build a comprehensive online profile on the Council for Affordable Quality Healthcare (CAQH) registry. Upload all gathered documents and re-attest the accuracy every 120 days.
3. Application Submission	Payer Network Outreach	Submit enrollment requests to chosen commercial panels (Blue Cross, Aetna, United) and government programs (Medicare/Medicaid) based on the practice location.
4. Contract Execution	Fee Schedule Binding	Carefully review the health plan's contract terms and regional reimbursement fee schedules before signing.
5. PTAN Activation	System Integration	Secure the official Provider Transaction Access Number (PTAN) and formal network effective dates. Input these details into the billing software before sending live claims.

CRITICAL COMPLIANCE NOTICE

Credentialing can take anywhere from 90 to 120 days. Never schedule non-emergent elective procedures for a new provider until you have written validation of their network effective dates.