

Payer Enrollment Checklist

Step-by-step guide to enrolling a provider with insurance companies

Payer Enrollment means getting your provider officially registered with insurance companies so you can bill them. Without enrollment (also called credentialing), the insurance won't pay your claims. This process can take 60–180 days, so start early and track every step.

STEP 1 – Gather Provider Documents

- **Copy of provider's medical license (must be current) ★**
Make sure the license is active and won't expire during the enrollment process.
 - **DEA certificate (if applicable)**
Providers who prescribe controlled substances need a current DEA number.
 - **NPI number (Type 1 – Individual) confirmed**
The provider's individual NPI is required for all payer enrollments. Get this from NPPES if needed.
 - **Board certifications and specialty certificates**
Collect ALL certifications. Some payers require specific board certifications to enroll in certain specialties.
 - **CV / Work history for the past 10 years**
Payers want to know where the provider has worked. Any gaps of 30+ days need a written explanation.
 - **Malpractice insurance certificate**
Must show provider name, coverage dates, and minimum coverage limits (usually \$1M/\$3M or as required by payer).
 - **Government-issued photo ID**
A copy of the provider's driver's license or passport.
- *Keep a 'credentialing packet' folder (physical or digital) for each provider with all these documents ready to go.*

STEP 2 – Practice / Group Information

- **Group NPI (Type 2) is obtained and active ★**
Your practice bills under the group NPI. This is different from the individual provider NPI.
- **Tax ID (EIN) and legal practice name confirmed**
The name must match exactly what is on your IRS documents. Mismatches cause enrollment delays.
- **Practice address verified — physical address, not PO box**
Most payers require a physical service location. A PO Box alone is not sufficient.

- **Practice phone, fax, and billing contact info is current**
Payers will contact you during the enrollment review. Make sure someone answers these.

- **CLIA certificate (if practice does in-house lab testing)**
Required for labs, if applicable.

STEP 3 – Submitting the Enrollment Application

- **Determine the correct enrollment method for each payer ★**
Options: CAQH (most commercial payers), CMS PECOS (Medicare), or payer's own paper form.
- **CAQH profile is complete and attested**
CAQH is a central database used by most insurance companies. Profile must be 100% complete and re-attested every 120 days.
■ *Tip: Set a calendar reminder to re-attest CAQH every 90 days to avoid expiration.*
- **Medicare PECOS enrollment submitted (if billing Medicare)**
Go to the PECOS system on the CMS website. Both the provider and group must be enrolled.
- **Medicaid enrollment submitted for the correct state**
Each state has its own Medicaid portal. Enrollment must be done separately from Medicare.
- **Commercial payer applications submitted with all required documents**
Each payer may have unique requirements. Read their application carefully before submitting.
- **Application submission date and confirmation number recorded ★**
Save proof of every submission. You'll need it if there are delays.

■ *Submit to Medicare and Medicaid FIRST — these take the longest (90–180 days). Commercial payers are usually faster (60–120 days).*

STEP 4 – Follow-Up & Tracking

- **Follow-up call or portal check scheduled every 2 weeks ★**
Don't wait for the payer to contact you. Proactively follow up — applications can sit in review without action.
- **Tracking spreadsheet updated with each application status**
Track: payer name, submission date, status, effective date, contact name, and next follow-up date.
- **Any requests for additional information answered within 5 business days**
Slow response to payer information requests is the #1 cause of enrollment delays.
- **Provisional billing arrangements explored if enrollment is delayed**
Some payers allow billing under a supervising provider's number while enrollment is pending. Ask about this.

STEP 5 – Enrollment Approved — Final Steps

**Effective date confirmed with the payer ★**

The effective date is when you can start billing. Do NOT submit claims for dates before this.

**Provider ID / Payer-specific ID number recorded**

Some payers assign their own internal provider ID. Record this in your billing system.

**Fee schedule received and entered into billing system**

Know what each payer will pay for your top CPT codes. This helps with financial forecasting.

**EFT (electronic funds transfer) enrollment completed**

Set up direct deposit so payments go straight to your practice bank account. Faster and safer than paper checks.

**EDI (electronic claim submission) set up and tested**

Test your electronic claim submission with a test claim before submitting real patient claims.

**Credentialing expiration dates calendared for re-credentialing**

Most payers require re-credentialing every 2–3 years. Set reminders 6 months before expiration.

■ *Keep a complete credentialing file for every payer for every provider. You'll need it for audits, re-credentialing, and disputes.*

Completed by:

Date: _____

Supervisor: _____