Provider Credentialing Master Checklist

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

- ■ Government ID
- ■ Education/training verification
- ■ DEA if applicable
- ■ Board certification if applicable
- ■ Work history
- ■ CAQH profile
- ■ Payer applications/contracts
- ■ Sanctions/exclusion screening
- ■ Current CV
- ■ Professional license(s)
- ■ NPI
- ■ Malpractice coverage/history
- ■ Hospital affiliations/privileges if applicable
- ■ Medicare/PECOS status if applicable
- ■ W-9/tax data
- ■ References if required

Provider _____

Specialty _____

States _____

Missing items / owner / due date _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Credentialing File Audit Worksheet

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

Provider _____

Audit date _____

Reviewer _____

- ■ Identity documentation current
- ■ DEA current if applicable
- ■ NPI/taxonomy verified
- ■ PECOS/Medicare status reviewed
- ■ Exclusion/sanction checks current
- ■ Address/location data accurate
- ■ License current
- ■ Malpractice current
- ■ CAQH current
- ■ Payer status current
- ■ Required training/competency current
- ■ Contracts/agreements current

Deficiencies _____

Corrective actions _____

Re-audit date _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

CAQH Profile Readiness & Re-Attestation Tracker

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

Provider _____

CAQH ID _____

Last attestation _____

Next re-attestation _____

Practice locations _____

License data _____

Malpractice data _____

Work history _____

Hospital affiliations _____

Payers authorized _____

Missing/expired documents _____

Owner / follow-up _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

PECOS / Medicare Enrollment Tracker

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

Use current CMS PECOS instructions for actual Medicare enrollment. This tracker is not a CMS enrollment application.

Provider/entity _____

NPI _____

Enrollment type _____

PECOS application ID/status _____

Submission date _____

Supporting documents uploaded _____

E-signature completed _____

MAC _____

Development request / deadline _____

Approval/effective date _____

Revalidation due _____

Notes _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Commercial Payer Enrollment Tracker

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

Provider _____

Payer _____

Product/network _____

Application submitted _____

Reference/application ID _____

Credentialing status _____

Contract status _____

Effective date _____

Group/TIN association _____

Location loaded _____

Portal access _____

Follow-up date _____

Representative/contact _____

Notes _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

License / DEA / Certification Expiration Tracker

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

Provider _____

Credential type _____

State/authority _____

Number _____

Expiration date _____

Renewal window _____

Renewal submitted _____

New expiration _____

Owner _____

Restrictions/notes _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Malpractice Coverage Verification Worksheet

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

Provider/entity _____

Carrier _____

Policy number _____

Coverage type _____

Limits _____

Effective date _____

Expiration date _____

Retroactive date if applicable _____

Locations/services covered _____

Claims-made/tail considerations _____

Certificate received _____

Client/additional insured requirement if applicable _____

Gaps/questions _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Sanctions / Exclusion Screening Record

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

Document the sources and frequency required by your organization, payer contracts, and applicable law. This template does not replace official database searches.

Individual/entity _____

NPI/identifier _____

Search date _____

OIG LEIE result _____

SAM result _____

State Medicaid/exclusion source if applicable _____

License-board status _____

Other required source _____

Potential match resolution _____

Reviewer _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

New Practice Location Enrollment Checklist

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

- ■ Address finalized
- ■ NPI/location data reviewed
- ■ PECOS/Medicare change/enrollment considered
- ■ CAQH updated
- ■ EHR/billing location configured
- ■ Telehealth/service area implications reviewed
- ■ Lease/ownership documentation available
- ■ State/facility licensing reviewed
- ■ Commercial payers notified
- ■ Malpractice location coverage verified
- ■ Banking/EFT implications reviewed

Location _____

Target opening date _____

Outstanding payer/enrollment items _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Recredentialing / Revalidation Checklist

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

- ■ License renewed
- ■ Malpractice renewed
- ■ Work history updated
- ■ Sanctions/exclusion checks complete
- ■ PECOS revalidation checked/completed if due
- ■ Contact information current
- ■ DEA renewed if applicable
- ■ CAQH re-attested
- ■ Locations updated
- ■ Payer recredentialing submitted
- ■ Taxonomy/specialty data accurate

Provider _____

Cycle/date _____

Open items _____

Deadline _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Provider Termination & Payer Offboarding Checklist

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

- ■ Last clinical date confirmed
- ■ Payer termination notices submitted
- ■ PECOS change/termination considered
- ■ EHR access removed
- ■ Malpractice/tail reviewed
- ■ Outstanding claims/AR plan established
- ■ Patients transitioned as needed
- ■ Group reassignment/association addressed
- ■ CAQH updated
- ■ eRx/controlled-substance access removed
- ■ Directory listings updated

Provider _____

Termination date _____

Payers/actions _____

Owner / completion date _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Credentialing Status Dashboard Worksheet

CREDENTIALING & PROVIDER ENROLLMENT TOOLKIT

Provider _____

State license status _____

DEA status _____

CAQH status _____

Medicare/PECOS _____

Payer 1 _____

Payer 2 _____

Payer 3 _____

Malpractice _____

Next expiration/revalidation _____

Primary blocker / next action _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____