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MEDICAL BILLING
SERVICES

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Credentialing Timelines That Hold

Protecting billable start dates for every new provider.

Written for: Practice managers onboarding providers

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Why enrollment slips

A new provider who cannot bill is a cost with no revenue. Credentialing and payer enrollment often take months. Delays rarely come from the payer alone. They come from incomplete applications, out-of-date profiles, and nobody following up between submission and decision.

The most common causes of delay

- Starting applications before the document set is complete
- An incomplete or unattested CAQH profile
- Mismatched addresses, taxonomy, or group details across applications
- Treating submission as the finish line instead of the payer's decision
- Scheduling patients before an effective date is confirmed

Collect the document set first

Gather everything before any application is opened. A single missing item can stall an application for weeks.

- ☐ Current CV with month/year dates and explanations for gaps over six months
- ☐ State medical license(s) and DEA / state controlled-substance registration
- ☐ Board certification or eligibility documentation
- ☐ Malpractice insurance certificate and claims history
- ☐ Education, training, and residency or fellowship certificates
- ☐ Individual NPI, and group NPI and tax ID for reassignment
- ☐ Hospital privileges or an admitting arrangement, where required
- ☐ Government ID, and work history and references as payers require

CAQH and primary source verification

Many commercial payers pull provider data from CAQH ProView. Sequence the work so verification is not waiting on you:

Step	What to do
1. Profile	Create or update the CAQH profile with the complete document set
2. Attest	Provider attests the profile is accurate; re-attest on the required schedule
3. Authorize	Grant access to each payer you are applying to
4. Apply	Submit payer applications, including Medicare (PECOS) and Medicaid
5. Verify	Payers verify licenses, education, and history with the primary sources

Track to a decision, not a submission

Keep one tracker for every provider and payer. Submission is a milestone. The effective date is the goal.

Field	Why it matters
Date submitted and confirmation number	Proof for follow-up and escalation
Next follow-up date	Follow up on a set schedule (for example every two weeks)
Outstanding requests from payer	Answer quickly. Most delays sit here.
Approval date and effective date	Tells scheduling when the provider can see that payer's patients
Provider ID / contract loaded	Confirms billing can actually submit claims

Protecting billable start dates

- Start credentialing as soon as the provider signs. Do not wait for the start date.
- Check whether each payer allows retroactive effective dates, and apply for them where available.
- Only schedule patients for payers with a confirmed effective date.
- Test a first claim for each payer before scheduling heavily.

Revalidation and re-credentialing calendar

Enrollment is not permanent. Keep a calendar and start renewals early.

Item	Typical cycle	Action
CAQH re-attestation	Periodically (commonly every 120 days)	Calendar reminder for the provider
Medicare revalidation	Generally every five years	Watch for notices; check due dates
Commercial re-credentialing	Commonly every three years	Update documents before the payer asks
Licenses, DEA, malpractice	Varies by state and carrier	Track expiry dates; upload renewals to CAQH

Cycles vary by payer and state. Confirm current requirements with each payer.

Want this run against your own numbers?

MBS can walk through your first-pass resolution, denial categories, and aged A/R with you using your own data. Request a custom billing review at **www.mbsrcm.com/contact**, or try the free A/R & Denial Benchmark at **www.mbsrcm.com/tools/ar-denial-benchmark**.

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