



PROVIDER CREDENTIALING: OVERVIEW AND CHECKLIST

PROVIDER CREDENTIALING OVERVIEW

Before a provider or organization can bill an insurance carrier, the provider must first be credentialed by the carrier. Credentialing is the process by which a health insurance carrier formally assesses a provider's qualifications, and competency based on demonstrated competence. This can be a time-consuming process, and often takes up to six months to complete. The reason for the lengthy process is the requirement for submission of extensive background information. Depending on the circumstances, the clinic or organization for which the provider is working may also need to go through credentialing.

In the past, each provider had to be individually credentialed with each individual health insurance plan. For some, this is still the case. Many health insurance companies, however, are now using a centralized database.

The Center for Affordable Quality Healthcare, Inc. (CAQH) is one of the most frequently-used Web services for credentialing. CAQH offers an online database called the Universal Provider Datasource (UPD) that collects all of the information required for credentialing, and then makes it available to third-party payers.

To learn more about the UPD, see CAQH's FAQ: <http://www.caqh.org/updFAQ.php>

In the event that the third-party payer does not utilize CAQH's database you may have to provide the information directly.

The following checklist is designed to help you manage the submission of the required background information.

PROVIDER CREDENTIALING CHECKLIST*

	Date Requested	Date Submitted	Date Sent	Sent to	Notes
Name (exactly as it appears on license)					
Previous /other names					
Gender					
Ethnicity					
Mailing Address					
Email Address					
Daytime Phone Number					
Citizenship Information					
Recent Photograph					
CAQH Password					
Copy of Current State Licenses					
Copy of DEA					
Copy of BNDD					
Current CV					
Date of Birth					
Social Security Number					
Practice Address					
Practice Tax ID Number					
Practice Phone Number					
Primary Practice Contact					
Provider NPI Number					
Education (including: month and year of attendance, institution name and address, program director name, and degrees attained)					

	Date Requested	Date Submitted	Date Sent	Sent to	Notes
All additional training (month and year of attendance, name and address for each institution, program director name, certification or degrees attained)					
Past, present, and pending hospital affiliations					
Practice Specialty					
Work History (10 years since completion of training)					
Professional Certificates (license numbers: include all state licenses current and past)					
Professional Liability Insurance (for past 10 years: agency, address, policy number, and group name)					
Current Liability Insurance (copy of current insurance with name, coverage amount, expiration date/if name not on certificate, attach list of providers covered by policy)					
Malpractice Claims History					
Hospital Privileges					
CME Documents					
Peer References (same degree and specialty notes with contact information)					
Other:					

This checklist was adapted from Holt, Sarah J. Get the Money in the Door: Physician Billing Basics. MGMA 2010. STDTAC/Jan. 2014.

FOR MORE TOOLS AND RESOURCES, VISIT STDTAC.ORG/BILLING-TOOLKIT

