CREDENTIALING AND ENROLLMENT TOOL

Provider Enrollment Readiness Checklist

A practical checklist for preparing provider, group, location, document, payer, and effective-date information before credentialing or enrollment work begins.

How to use this tool	Use this checklist before submitting payer enrollment, revalidation, recredentialing, or maintenance requests. Score 0 if missing, 1 if incomplete or undocumented, and 2 if complete, current, and easy to verify.

Provider and organization readiness

1. Provider identity and demographics

Is the provider profile complete and consistent across enrollment systems?

0 [ ] 1 [ ] 2 [ ] Legal name, prior names, date of birth, NPI, SSN/TIN handling process, and contact details are current.

0 [ ] 1 [ ] 2 [ ] Education, training, work history, specialties, and board information are complete where required.

0 [ ] 1 [ ] 2 [ ] Disclosure questions and explanations are reviewed before submission.

Section score: ____ / 6 Risk: [ ] High (0-2) [ ] Moderate (3-4) [ ] Controlled (5-6)

Recommended action: Build one controlled provider profile and use it as the source of truth for payer submissions.

2. Licenses, DEA, certifications, and sanctions

Can the organization prove the provider is eligible to furnish the billed services?

0 [ ] 1 [ ] 2 [ ] Professional licenses, DEA/CDS, certifications, malpractice coverage, and expirables are current.

0 [ ] 1 [ ] 2 [ ] OIG/SAM/state exclusion checks and other required screenings are documented.

0 [ ] 1 [ ] 2 [ ] Renewal dates and follow-up ownership are tracked before expiration risk develops.

Section score: ____ / 6 Risk: [ ] High (0-2) [ ] Moderate (3-4) [ ] Controlled (5-6)

Recommended action: Create an expirable tracker with owner, due date, status, and evidence location.

3. Documents and attestations

Are required documents current, organized, and ready to submit?

0 [ ] 1 [ ] 2 [ ] W-9, malpractice face sheet, licenses, diplomas, board documents, CV, IDs, and payer-required forms are organized.

0 [ ] 1 [ ] 2 [ ] CAQH or payer profiles are attested and aligned with the provider file.

0 [ ] 1 [ ] 2 [ ] Document versions are controlled so outdated files are not resubmitted.

Section score: ____ / 6 Risk: [ ] High (0-2) [ ] Moderate (3-4) [ ] Controlled (5-6)

Recommended action: Store documents in a consistent location with naming conventions, expiration dates, and version control.

Payer, group, and location readiness

4. Group, location, and billing arrangement

Is the enrollment request aligned with how services will be billed?

0 [ ] 1 [ ] 2 [ ] Group affiliation, service location, billing address, pay-to address, taxonomy, and TIN are confirmed.

0 [ ] 1 [ ] 2 [ ] Approved service locations and rendering arrangements are documented before scheduling insured patients.

0 [ ] 1 [ ] 2 [ ] Enrollment changes are communicated to scheduling, billing, and leadership before claims are released.

Section score: ____ / 6 Risk: [ ] High (0-2) [ ] Moderate (3-4) [ ] Controlled (5-6)

Recommended action: Maintain a payer-provider-location matrix with approved locations, billing arrangements, and effective dates.

5. Payer participation and effective dates

Does leadership know when the provider can be scheduled and billed for each payer?

0 [ ] 1 [ ] 2 [ ] Payer application status, requested effective date, approved effective date, and panel status are tracked.

0 [ ] 1 [ ] 2 [ ] Follow-up dates and payer responses are documented so work does not stall in email threads.

0 [ ] 1 [ ] 2 [ ] Scheduling and billing teams receive clear go/no-go information by payer and location.

Section score: ____ / 6 Risk: [ ] High (0-2) [ ] Moderate (3-4) [ ] Controlled (5-6)

Recommended action: Track every payer enrollment item by status, next action, owner, due date, and effective date.

6. Operational handoff

Does enrollment information flow into billing operations?

0 [ ] 1 [ ] 2 [ ] Billing, credentialing, scheduling, and operations use the same participation information.

0 [ ] 1 [ ] 2 [ ] Provider setup in the billing system is validated against enrollment approvals.

0 [ ] 1 [ ] 2 [ ] Revalidation, recredentialing, and ongoing maintenance tasks are assigned before deadlines.

Section score: ____ / 6 Risk: [ ] High (0-2) [ ] Moderate (3-4) [ ] Controlled (5-6)

Recommended action: Use a formal handoff checklist from credentialing to billing before the first claim is released.

ProviderVault readiness notes

Area	What to track in ProviderVault or your internal system
Provider profile	Demographics, NPI, specialty, employment details, disclosures, and profile completeness.
Documents	Current file version, expiration date, evidence location, ownership, and required update date.
Payer enrollment	Payer, plan, group, location, status, submitted date, follow-up date, approval date, effective date, and notes.
Renewals and expirables	License, DEA, malpractice, board certification, CAQH attestation, revalidation, and recredentialing deadlines.

Three-action plan

Priority area	Current risk	Next action	Owner	Due

Credentialing delays often become billing delays.

MedAuditz uses ProviderVault to help organize provider data, documents, enrollment status, expirables, and follow-up ownership so credentialing work connects more clearly to reimbursement readiness.

This checklist is an educational self-assessment and does not constitute legal, credentialing, payer-specific, compliance, or medical advice. Do not include protected health information when using this tool or contacting MedAuditz.