

Credentialing Checklist for New Practices

Every document and step to get a new practice in network, in the order to do them. By Mukesh Makwana, Founder & CEO, Sterling Global Solution LLC.

1. The practice's identity

- ☐ **Legal entity formed and an EIN issued** by the [IRS](#). Every payer pays the entity on its tax ID, so the name on the EIN letter is the name you use everywhere.
- ☐ **Organizational (Type 2) NPI** from [NPPES](#), with the legal name, practice address and taxonomy code exactly as they will appear on applications.
- ☐ **Taxonomy code chosen on purpose**. The [NUCC taxonomy list](#) has separate codes for counselors, social workers, marriage and family therapists, psychologists and psychiatrists. A group code that does not match the clinicians' codes causes avoidable questions.
- ☐ **Service location you can document**, with a lease or other proof. Applications ask where care is delivered, including telehealth-only arrangements.
- ☐ **Business bank account** in the entity's name, plus a voided check or bank letter for electronic funds transfer forms.
- ☐ **Signed W-9** and a one-page practice fact sheet (legal name, EIN, Type 2 NPI, addresses, phone, hours, owners) so every form is filled in from one source.

2. Each clinician's file

- ☐ **Individual (Type 1) NPI** from [NPPES](#), with the same spelling of the name as the license.
- ☐ **Active, unrestricted state license** for every state where patients are located during sessions, including telehealth patients.
- ☐ **DEA registration** for prescribers, through the [DEA Diversion Control Division](#), for each state where they prescribe controlled substances.
- ☐ **Malpractice certificate of insurance** naming the clinician, with current dates and limits shown.
- ☐ **CV with month and year** for every job and training program, and a written explanation for each gap.
- ☐ **Diplomas, training certificates and board certification** where the clinician holds one.
- ☐ **CAQH ProView profile** complete, documents uploaded, attested, and each payer authorized to view it. CAQH asks for re-attestation every 120 days (every 180 days in Illinois), per its [quick reference guide](#).
- ☐ **Supervision or collaboration agreements** where your state or a plan requires them for a clinician's license type.

3. Medicare

- ☐ **Group enrollment** for the practice and **individual enrollment** for each clinician, filed online in [PECOS](#).
- ☐ **Reassignment** of each clinician's Medicare benefits to the group, so payment goes to the practice and not to the individual.

- ☐ **Check eligibility by license type.** Since January 2024, marriage and family therapists and mental health counselors can enroll and bill Medicare directly ([CMS](#)).
- ☐ **Electronic funds transfer** set up with the [CMS-588 form](#) or in PECOS.
- ☐ **Know the effective date rule.** Medicare sets the effective date from the later of the filing date of an application it approves and the date you first furnished services at the new location ([42 CFR 424.520\(d\)](#)). Billing for services before that date is allowed only for up to 30 days, and only when circumstances prevented enrolling in advance ([42 CFR 424.521](#)).

4. State Medicaid and its managed care plans

- ☐ **State Medicaid enrollment** through your state agency's provider enrollment portal, for the group and each clinician.
- ☐ **Medicaid managed care plans** next. Federal rules require states to screen and enroll every network provider of their managed care plans ([42 CFR 438.602\(b\)](#)), so plan contracts usually wait on state enrollment.
- ☐ **A list of the managed care plans in your area**, taken from the state Medicaid website, with each plan's credentialing contact.

5. Commercial plans

- ☐ **Ask whether the panel is open** for your specialty and county before you spend time on an application.
- ☐ **Submit each plan's application** and point it to the CAQH profile; keep the submission date and reference number.
- ☐ **Read the contract before signing:** fee schedule, timely filing limit, termination terms, and which locations and clinicians it covers.
- ☐ **Get the effective date in writing** for each clinician at each plan. Credentialing approval is not the same as a signed contract.

6. After approval: make sure claims pay

- ☐ **Load every payer** into the practice management system with the right group and individual numbers.
- ☐ **Set up electronic remittance and funds transfer** with each payer.
- ☐ **Send a first claim and watch it pay** before booking a full schedule under that plan.
- ☐ **Put every renewal on a calendar:** CAQH re-attestation, licenses, DEA, malpractice, Medicare revalidation every 5 years ([42 CFR 424.515](#)) and each plan's re-credentialing cycle.

Common reasons applications stall

- **Names and addresses that do not match** across NPPES, CAQH, the license and the application, even by one abbreviation.
- **CAQH not attested, or the payer not authorized** to view the profile, so the plan cannot start its review.
- **Unexplained gaps** in work history.
- **Missing or expired documents:** malpractice certificate, license, DEA registration.
- **Clinicians never linked to the group**, so claims go to the wrong tax ID or deny.
- **Applying to a closed panel** without asking first.

- **No follow-up.** Applications that nobody checks on tend to sit. Note each submission date and call back on a set schedule.

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Sources: 42 CFR 424.520(d), 424.521, 424.515 and 438.602(b) (ecfr.gov); CAQH ProView Quick Reference Guide for Providers (caqh.org); CMS: NPPES, PECOS, CMS-588, marriage and family therapists and mental health counselors, Medicare Program Integrity Manual chapter 10 (cms.gov); IRS employer identification number (irs.gov); NUCC provider taxonomy (taxonomy.nucc.org); DEA Diversion Control Division (deadiversion.usdoj.gov). Medicaid and commercial requirements vary by state and plan. Online version with links: sterlingglobalsolution.com/credentialing-checklist-for-new-practices.html

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