Provider Credentialing 101: The Complete Practice Onboarding Roadmap

A Step-by-Step Blueprint for Onboarding New Physicians, Mid-Levels, and Allied Health Professionals

Executive Summary

Onboarding a new healthcare provider is one of the most critical administrative undertakings for any medical practice or healthcare facility. A typical credentialing cycle takes 90 to 120 days. Starting too late or missing primary source documentation will delay the provider's clinical start date, disrupt scheduling, and result in thousands of dollars in lost patient revenue.

This roadmap provides practice managers, credentialing specialists, and clinic administrators with a structured 120-day timeline to successfully onboard any new provider from offer acceptance to full billing readiness.

Part 1: The 120-Day Master Onboarding Timeline

Day 120 - 90	Day 90 - 60	Day 60 - 30	Day 30 - 0	Day 0+
Intake & Primary Source Document Collection	Licensing, DEA & NPI / CAQH Setup	Payer Application Dispatch & Follow-Up	Hospital Privileging, EHR Setup & Portals	Go-Live, Active Billing & Claims

PHASE 1: Days 120 to 90 Before Start Date — Intake & Primary Source Document Gathering

Target: Collect foundational legal and professional credentials upon signed employment offer.

1. Initiate the Intake Dossier: Issue the provider onboarding packet immediately upon contract signing.
2. Collect Core Identification & Licensing Records:
    a. Driver's license / Passport (clear color scan).
    b. Social Security Card.
    c. State Medical License(s) (current and past).
    d. Federal DEA Registration Certificate.
    e. State Controlled Substance (CDS/CSR) Certificate (if applicable).
    f. Medical School / Professional Degree Diploma.
    g. Residency, Internship, and Fellowship Completion Certificates.
    h. ECFMG Certificate (mandatory for international medical graduates).
    i. Specialty Board Certifications / Status Letters.
3. Verify Professional Liability Coverage (Malpractice):
    a. Add provider to group policy or secure individual policy face sheet.
    b. Confirm minimum limits ($1M / $3M standard) and verify prior acts / tail coverage.
    c. Collect 5 to 10-year loss runs / claims history report from past carriers.
4. Standardize the Curriculum Vitae (CV):
    a. Update within 30 days of submission.
    b. Ensure all education, training, and work history is listed in standard MM/YYYY format.
    c. Provide written explanations for any employment gap exceeding 30 days.
5. Collect 3 Professional Peer References (clinical competence within 12 months).

PHASE 2: Days 90 to 60 Before Start Date — Registries, CAQH & Primary Source Checks

Target: Establish provider registry records and complete clearinghouse profiles.

6. NPPES / NPI Registry Setup: Verify Type 1 NPI and update practice location.
7. Perform Primary Source Background Verifications (NPDB, OIG LEIE, SAM.gov, State Boards).
8. Build & Attest CAQH ProView Profile: Upload all credentials and select "Global Access".

PHASE 3: Days 60 to 30 Before Start Date — Payer Applications & Government Enrollment

Target: Dispatch clean enrollment packages to Medicare, Medicaid, and commercial health plans.

9. Medicare Enrollment via PECOS (CMS-855I / CMS-855R).
10. State Medicaid Enrollment: Link provider to clinic group ID.
11. Commercial Payer Roster / Application Dispatch (BCBS, UHC, Aetna, etc.).
12. Initiate Weekly Follow-Up Schedule: Monitor receipt and committee review.

PHASE 4: Days 30 to 0 Before Start Date — Facility Privileging, EHR & Portal Setup

Target: Finalize hospital appointments, clinical systems access, and billing readiness.

13. Hospital & Facility Privileging: Secure medical staff committee approval.
14. EHR & Practice Management Configuration: Build profiles and set up EPCS.
15. Payer Matrix & Billing Readiness Audit: Log effective dates and PINs.

PHASE 5: Day 0 and Beyond — Go-Live, Claims Monitoring & Maintenance

Target: Patient care begins, claims flow, and ongoing compliance is locked in.

16. Clinical Start Day: Provider begins seeing patients.
17. First-Pass Claims Review: Audit first 20 claims for enrollment status.
18. Activate 24/7 Maintenance Tracking: Input expiration dates for licenses and credentials.

Part 2: Essential Onboarding Document Matrix

Keep this reference checklist attached to every newly opened provider credentialing file:

Category	**Required Document**	**Responsible Party**	**Completed?**
Identity	Gov. Photo ID (Passport/DL)	Provider	[ ]
Licensure	State Medical License	Provider / Board	[ ]
Prescribing	DEA & State CDS	Provider / DEA	[ ]
Education	Medical School Diploma	Provider	[ ]
Training	Residency Certificates	Provider / Program	[ ]
Liability	Malpractice COI	Insurance Broker	[ ]

Part 3: Top 3 Onboarding Traps That Delay Provider Revenue

Common Onboarding Pitfalls	Consequence
1. Late Application Submissions	Starting 30 days before start date guarantees delays.
2. Unexplained Work History Gaps	Payers automatically suspend files with 30+ day gaps.
3. Inaccurate Practice Addresses	Mismatches trigger immediate application rejections.

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