The 180-Day Re-Credentialing Timeline & Expiration Matrix

A Step-by-Step Defense Protocol Against Termination, Lapsed Contracts, and Unbillable Claims

Executive Summary

Payer re-credentialing cycles occur every 24 to 36 months for commercial insurance plans, and every 5 years for Medicare (3 years for DMEPOS suppliers). A single missing document or late submission can result in immediate termination from provider directories, retroactively denied claims, and patients being billed out-of-network.

Use this operational timeline to track, prepare, and execute re-credentialing packets with zero disruption to cash flow.

Part 1: The 180-Day Countdown Protocol

Milestone	Protocol Action
Day 180	Audit & Log Expirations
Day 120	CAQH & Portal Attestation
Day 90	Submit Packets to Payers
Day 60	Verify In-Queue & Resolve Flags
Day 30	Confirm Approval & Audit Roster
Day 0	Effective Date Active

Phase	Action Items & Targets
PHASE 1: Day 180 to Day 121	**Target: Audit, Inventory & Gap Analysis** • Audit Master Provider Roster (NPI, TIN/EIN) • Review State Medical License & CME status • Inspect DEA & State CDS Registrations • Obtain COI (Min $1M/$3M limits) • Check Board Certifications (MOC status) • Run NPDB, OIG LEIE & SAM.gov exclusion checks

Phase	Action Items & Targets
PHASE 2: Day 120 to Day 91	**Target: Profile Attestation & Assembly** • CAQH ProView Deep Audit & Re-attestation • Medicare PECOS & State Medicaid Verification • Compile Hospital Privileging & Case Logs • Verify 3 professional Peer References
PHASE 3: Day 90 to Day 61	**Target: Formal Submission & Dispatch** • Submit packets via certified portal/secure fax • Capture & log all Receipt Confirmations • Schedule automated weekly follow-ups
PHASE 4: Day 60 to Day 31	**Target: Queue Tracking & Flag Resolution** • Confirm movement from Intake to CVO committee • Resolve "Pended" or "Missing Info" flags < 24hrs • Track exact Committee Meeting dates
PHASE 5: Day 30 to Day 0	**Target: Final Approval & Roster Lock** • Secure written Approval Letters with new cycle dates • Verify Practice Management (PM) software updates • Audit online Payer Directories for live accuracy • Reset Expiration Matrix & 180-day alerts

Part 2: Quick-Reference Expiration Matrix Tracker

Keep this reference sheet pinned in your administrative office or uploaded to your internal shared drive:

Document / Credential	Authority / Database	Expiration Cycle	Action Alert Window
CAQH ProView Profile	CAQH	Every 90 Days	15 Days Before Lapse
State Medical License	State Licensing Board	1 to 2 Years	90 Days Before Exp
Federal DEA Certificate	US Drug Enforcement Admin	Every 3 Years	90 Days Before Exp
State CDS Certificate	State Dept of Health / CDS	1 to 3 Years	60 Days Before Exp
Malpractice Insurance	Liability Carrier	Every 12 Months	30 Days Before Renewal

Document / Credential	Authority / Database	Expiration Cycle	Action Alert Window
Commercial Payer Panels	BCBS, UHC, Aetna, etc.	Every 2 to 3 Years	180 Days Before Deadline
Medicare Part A/B	Regional MAC (CMS)	Every 5 Years	Immediately Upon Notice
DMEPOS Medicare	National Supplier Clearinghouse	Every 3 Years	60 Days Before Exp
State Medicaid Portal	State Dept of Health	1 to 3 Years	90 Days Before Deadline
Hospital Privileges	Medical Staff Office (MSO)	Every 2 Years	120 Days Before Deadline

Part 3: Emergency Protocol: What to Do If a Deadline Was Missed

If a payer drops a provider due to a missed re-credentialing window:

1. **Do NOT Continue Billing Under Other Providers: Never bill claims under a supervising or peer physician's NPI for work performed by the lapsed provider. This is considered false claims submission.**
2. **Contact Payer Provider Relations Immediately: Request an emergency 30-day administrative grace period or temporary extension if the delay was caused by a processing backlog on the payer side.**
3. **Submit an Expedited Re-Instatement Packet: Submit a clean, fully verified CAQH/re-credentialing application marked "URGENT: Request for Re-Instatement".**
4. **Hold Claims Temporarily: Hold all internal claims generated by that provider during the gap period. Once re-instatement is approved, verify whether the payer agreed to backdate the effective date before releasing the claims.**

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EXP Credentialing Services provides complete, automated re-credentialing and continuous 24/7 expiration monitoring for medical practices across all 50 states.

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