APPENDIX I - CREDENTIALING, PAYOR ENROLLMENT & COMPLIANCE TOOLKIT

A complete checklist system for credentialing, payor enrollment, regulatory compliance, and pre-start readiness

Credentialing and payor enrollment are two of the biggest predictors of whether a physician's start date remains on track or derails into delays, frustration, and costly operational problems.

While each hospital and healthcare organization have different rules around credentialing and payor enrollment, this appendix gives your readers a **comprehensive, ready-to-use credentialing and payor enrollment system**, including:

- Master credentialing checklist
- Payor enrollment checklist
- Communication templates
- Red-flag detection
- Turnaround time expectations
- Pre-start compliance audit
- Weekly status update system
- EMR & access readiness checklist

These tools reduce delays, eliminate confusion, and keep the onboarding experience on schedule.

SECTION 1 - MASTER CREDENTIALING CHECKLIST

Start this the moment the offer is accepted.

Personal & Identification Documents

- ☐ Driver's license
- ☐ Social Security card (if required)
- ☐ Passport copy
- ☐ Work visa documentation (if applicable)

Education & Training

- ☐ Medical school diploma
- ☐ Residency certificate
- ☐ Fellowship certificate (if applicable)
- ☐ ECFMG certification (if applicable)

Licenses & Certifications

- ☐ State medical license (active)
- ☐ DEA registration
- ☐ Controlled substances license
- ☐ Board certification
- ☐ BLS/ACLS/PALS certifications

Professional History

- ☐ Updated CV (month/year format)
- ☐ Employment history (dates, supervisors)

☐ Military service records (if applicable)

☐ Gap explanations

Malpractice Documentation

☐ Claims history (10-year minimum)

☐ Certificates of insurance

☐ Written explanations for any past claims

References

☐ Minimum of 3 peer references

☐ Supervisors/medical directors

☐ Program director verification (new grads)

Verifications

☐ Primary source verification

☐ NPDB query completed

☐ Background check cleared

☐ Drug screen completed

☐ TB/flu/COVID vaccinations

SECTION 2 - HOSPITAL PRIVILEGES CHECKLIST

Hospital onboarding delays can push back start dates by weeks.

☐ Delineation of Privileges (DOP) signed

☐ Case logs submitted

☐ Proctoring requirements reviewed

☐ Medical staff application submitted

☐ Bylaws acknowledgement signed

☐ EMR training scheduled

☐ Security access requested

☐ Badging/photo appointment scheduled

☐ Medical staff orientation complete

Expected Timelines:

Standard review: 60–90 days

Expedited review: 14–45 days

Conditional/temporary privileges: 5–7 days (if allowed)

SECTION 3 - PAYOR ENROLLMENT CHECKLIST

Absolutely critical — delays here equal lost revenue.

Government Payors

☐ Medicare PECOS enrollment

☐ Medicaid enrollment

☐ Tricare (if applicable)

Commercial Payors

☐ Aetna

☐ BCBS

☐ Cigna

☐ Humana

☐ UnitedHealthcare

☐ Regional/local plans

Important:

Payor enrollment can take **45–180 days**.

This checklist ensures all documentation is complete early.

Documents Required for Payor Enrollment:

Completed credentialing application

W-9

Licensure copies

Malpractice coverage

Hospital privileges proof

CAQH profile updated

EFT forms (if employed group)

SECTION 4 - COMPLIANCE & REGULATORY CHECKLIST

Ensures all requirements are met pre-start.

- ☐ HIPAA training
- ☐ EMTALA training
- ☐ Compliance training
- ☐ Risk management orientation
- ☐ OSHA training
- ☐ Cultural competency training
- ☐ Diversity, equity, and inclusion education
- ☐ Fraud, Waste & Abuse (FWA) training

SECTION 5 - EMR, IT & SYSTEM ACCESS CHECKLIST

One of the biggest drivers of early physician satisfaction.

EMR Setup

- ☐ EMR login created
- ☐ Multi-factor authentication
- ☐ Note templates built
- ☐ Order sets customized
- ☐ Smart phrases/macros created
- ☐ In-basket training scheduled

Clinical Applications

☐ PACS/Radiology access

☐ Lab access

☐ Dictation (Dragon, M*Modal, etc.)

☐ E-prescribing setup

☐ Telehealth access

Hardware/Equipment

☐ Laptop

☐ Workstation

☐ Remote access token

☐ On-call phone

IT Support

☐ Help desk contact provided

☐ Super user assigned

SECTION 6 - WEEKLY STATUS UPDATE TEMPLATE

Provides transparency and keeps everyone aligned.

Subject: Weekly Credentialing & Payor Enrollment Update for Dr. _____

Credentialing Status:

Application submitted: _____

References complete: _____

PSVs complete: _____

Background check: _____

Hospital Privileges:

Application submitted

Committee review date

Temporary privileges expected

Payor Enrollment:

Medicare status: _____

Medicaid status: _____

Commercial payors: _____

Expected enrollment completion: _____

Risk Items:

- Missing documents
- Delayed references
- Committee meeting gaps

Next Steps:

Items needed from physician: _____

Items assigned to credentialing team: _____

This template keeps physicians confident and engaged.

SECTION 7 - RED FLAGS IN CREDENTIALING & PAYOR ENROLLMENT

Signals that must be escalated immediately.

Credentialing Red Flags

- Missing large blocks of employment history
- Unreported malpractice claims
- Inconsistent information across documents
- Delayed references
- Prior disciplinary actions
- Licensing issues

Payor Enrollment Red Flags

Incorrect CAQH

- Delayed Medicare/Medicaid enrollment
- No hospital privileges yet
- Incorrect tax ID or EFT forms
- Delayed committee review

Leadership must intervene if timelines slip more than 7–10 days.

SECTION 8 - CREDENTIALING COMMUNICATION TEMPLATES

Use these to set expectations and keep physicians engaged.

A. Welcome Email (Immediately After Offer Acceptance)

Hi Dr. _____,

Welcome! We're excited to begin your onboarding. Attached is your credentialing checklist.

Please return these items as soon as you're able so we can keep your start date on track.

Our credentialing team will update you weekly.

Warmly,

B. Missing Documents Reminder

Hi Dr. _____,

We're still missing the following items needed to move forward with your credentialing:

- _____
- _____
- _____

Please send these at your convenience so we can prevent any delays.

C. Payor Enrollment Delay Notice to Leadership

Subject: Urgent - Payor Enrollment Delay for Dr. _____

Team,

We have a potential delay in payor enrollment due to:

- _____
- _____
- _____

We need leadership support to expedite resolution.

SECTION 9 - PRE-START "GO/NO-GO" CHECKLIST

Ensures everything is ready 7–10 days before start.

Credentialing

☐ Temporary or full privileges granted

☐ All documents submitted

☐ EMR access active

Payor Enrollment

☐ Medicare active

☐ Medicaid submitted

☐ Core commercial payors in progress

Clinic

☐ Scheduling templates ready

☐ MA/APP assigned

☐ Equipment prepared

☐ First-week schedule light

OR

☐ Block time set

☐ Schedulers notified

☐ Preference cards uploaded

Leadership

☐ CMO/CNO welcome connection

☐ First 90-day rounding schedule built

If **3+ items** are incomplete → escalate immediately.

SECTION 10 - SUMMARY:

CREDENTIALING & PAYOR ENROLLMENT ARE RETENTION EVENTS

- Delays erode trust.
- Confusion increases anxiety.
- Poor communication frustrates physicians.
- Disorganization signals deeper issues.
- Smooth onboarding builds confidence.
- Strong credentialing teams accelerate revenue.

A physician's FIRST experience with your organization is credentialing and it must be structured, proactive, and predictable.