APPENDIX R — CREDENTIALING, PAYOR ENROLLMENT & READINESS TOOLKIT

A complete operational system to prevent delays, reduce friction, and ensure physicians are ready to practice on Day 1

Credentialing and payor enrollment are often the **biggest hidden bottlenecks** in physician recruitment.

A candidate may accept an offer quickly and enthusiastically but without protected workflows, standardized communication, and accountability, the process can:

- Delay start dates
- Reduce revenue
- Increase physician frustration
- Erode trust
- Strain team morale
- Cause early turnover risk

This appendix provides a complete, real-world system to ensure credentialing and enrollment run smoothly, predictably, and transparently.

SECTION 1 - THE THREE-PHASE CREDENTIALING MODEL

A simple framework for leaders, recruiters, and physicians.

PHASE 1 — PRE-CREDENTIALING READINESS

Triggered immediately at offer acceptance.

Focus: Documentation collection

Includes:

- CV
- Licenses
- Certifications
- References
- Malpractice history
- Board status
- Case logs (if needed)
- Attestations
- Identification
- Employment verifications

PHASE 2 — CREDENTIALING

Triggered once all documents are in.

Includes:

- Medical staff application
- Peer references
- Background checks
- National database reviews (NPDB, OIG, DEA)
- Privileging review

- Verification of training and employment
- Committee approvals

PHASE 3 — PAYOR ENROLLMENT

Often the longest and most underestimated phase.

Includes:

- Medicare
- Medicaid
- Commercial payors
- CAQH updates
- Delegated contracts (if applicable)

Payor enrollment delays are the #1 cause of onboarding frustration.

SECTION 2 - PHYSICIAN CREDENTIALING CHECKLIST

A complete list to send immediately after offer acceptance.

PHYSICIAN INFORMATION

☐ Full CV

☐ State licenses

☐ DEA certificate

☐ Board certification/eligibility

☐ NPI number

☐ Proof of residency/fellowship training

PROFESSIONAL DOCUMENTS

- ☐ Malpractice history
- ☐ Claims or NPDB disclosures
- ☐ Peer references
- ☐ Case logs (if surgical)
- ☐ Privileges worksheets
- ☐ CME certifications

PERSONAL DOCUMENTS

- ☐ Driver's license or passport
- ☐ Immunization records
- ☐ TB/flu/vaccine logs
- ☐ Background check authorization

EXPECTATION COMMUNICATION

- ☐ Credentialing timeline
- ☐ Payor enrollment timeline
- ☐ Point of contact (CVO lead + recruiter)
- ☐ Start date assumptions
- ☐ OR access timeline (if applicable)

This checklist prevents weeks of back-and-forth email delays.

SECTION 3 - LEADERSHIP COMMUNICATION TEMPLATE

Sent when a new physician enters the credentialing process.

Subject: New Physician Credentialing [Name], [Specialty]

Team,

We are pleased to announce that Dr. _____ has formally entered the credentialing process.

Next Steps:

- Credentialing begins immediately
- Payor enrollment will run concurrently
- We expect completion by _____ (estimated)

Operational Preparation:

- Clinic setup
- OR block requests
- IT/EMR access
- Equipment needs
- Staffing alignment

We will provide updates monthly.

— Medical Staff Office / Credentialing

Leaders love this clarity.

SECTION 4 - CREDENTIALING TIMELINE VISUAL

Phase	Duration	Key Actions
Pre-Credentialing	1–3 weeks	Document collection
Credentialing	30–90 days	Verification, committees
Payor Enrollment	60–120 days	Medicare, Medicaid, commercial
Start Readiness	Ongoing	Clinic/OR onboarding

Average total: **90–180 days**

SECTION 5 - PAYOR ENROLLMENT REALITY CHECK

Set expectations early to reduce frustration.

Medicare

30–60 days

(Can be longer with delays)

Medicaid

45–90 days

(Often the slowest)

Commercial Payors

60–120 days

(depends on contracting status)

CAQH Update

1–2 weeks

Credentialing Committees

Monthly or bi-monthly

Key insight:

Most delays occur because physicians underestimate how quickly documents must be completed.

SECTION 6 - PHYSICIAN COMMUNICATION TEMPLATE FOR PRE-CREDENTIALING

Send this within 24 hours of offer acceptance:

Hello Dr. _____,

Congratulations again. We're excited to begin credentialing and onboarding.

Attached is the checklist of documentation needed.

Please send the initial set within the next 48–72 hours so we can move forward quickly.

Your credentialing partners will be:

- [Name, Title] — Credentialing
- [Name, Title] — Payor Enrollment
- [Recruiter Name] — Coordination

Clear expectations prevent delays.

SECTION 7 - RED FLAGS DURING CREDENTIALING

Issues leadership must address quickly.

- Slow response to document requests
- Gaps in employment not explained
- Malpractice claims not disclosed
- Limited or missing case logs

- Out-of-date licenses
- Inconsistent CV
- Delays in peer reference responses
- Lack of urgency or ownership by the candidate

Early intervention prevents onboarding disasters.

SECTION 8 - CREDENTIALING ESCALATION PROTOCOL

Triggers when a delay threatens the start date.

Escalation 1 — Friendly Reminder

At 7 days with no documents.

Escalation 2 — Leadership Awareness

At 14 days with incomplete submission.
Recruiter notifies service-line leader.

Escalation 3 — CMO/Medical Staff Intervention

At 21–30 days with material delays.

Escalation 4 — Offer Reevaluation

When delays jeopardize organizational need (rare but necessary).

This protects both the organization and the physician.

SECTION 9 - ONBOARDING OPERATIONS CHECKLIST

Complete during credentialing to prevent first-day chaos.

CLINIC

- ☐ Exam rooms ready
- ☐ MA/APP assigned
- ☐ Schedules built
- ☐ Supplies stocked
- ☐ Business cards

OR

- ☐ Block time allocated
- ☐ Equipment confirmed
- ☐ Preference cards created
- ☐ Staff trained on surgeon preferences

IT

- ☐ EMR setup
- ☐ Templates built
- ☐ Dictation configured
- ☐ Remote access activated

ADMINISTRATION

- ☐ Orientation scheduled
- ☐ Parking badge

☐ Security access

☐ HR paperwork

Organizations that do all of this *before* Day 1 have excellent retention outcomes.

SECTION 10 - FIRST-WEEK SUPPORT PLAN

Ensures physicians feel supported immediately.

Day 1: Leadership welcome, EMR review, clinic walk-through

Day 2: OR staff meet-and-greet

Day 3: EMR deep-dive with trainer

Day 4: Mentor check-in

Day 5: CMO rounding

This builds early trust and confidence.

SECTION 11 - SUMMARY: CREDENTIALING IS THE FIRST IMPRESSION

- Predictability builds confidence
- Speed builds momentum
- Communication builds trust
- Structure reduces burnout
- Accountability prevents delays
- Preparation drives early wins

Organizations that use this system deliver a smooth, frustration-free onboarding experience that dramatically improves physician satisfaction and long-term retention.