

New to Provider Enrollment? Key Insights and Resources to get you started

A comprehensive guide for healthcare professionals and suppliers new to provider enrollment processes, requirements, and resources.

April 2026



A CHARTIS COMPANY

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Learning Objectives

Understand the significance of provider enrollment for healthcare professionals and suppliers, including required documentation (credentials, licenses, certifications, tax IDs), and the step-by-step application process.

Recognize the importance of adhering to enrollment timelines, managing potential delays, and maintaining up-to-date information through revalidation and other maintenance requirements.

Discover valuable resources for further education and support, including official websites, training opportunities, professional associations, and consulting services.

Importance and Impact of Provider Enrollment

The Impact of Provider Enrollment

Provider enrollment is a critical process within the healthcare industry, enabling healthcare professionals and suppliers to participate in various programs and health plans.

Expanding Patient Base

Enrollment in insurance networks and government programs allows access to more patients.

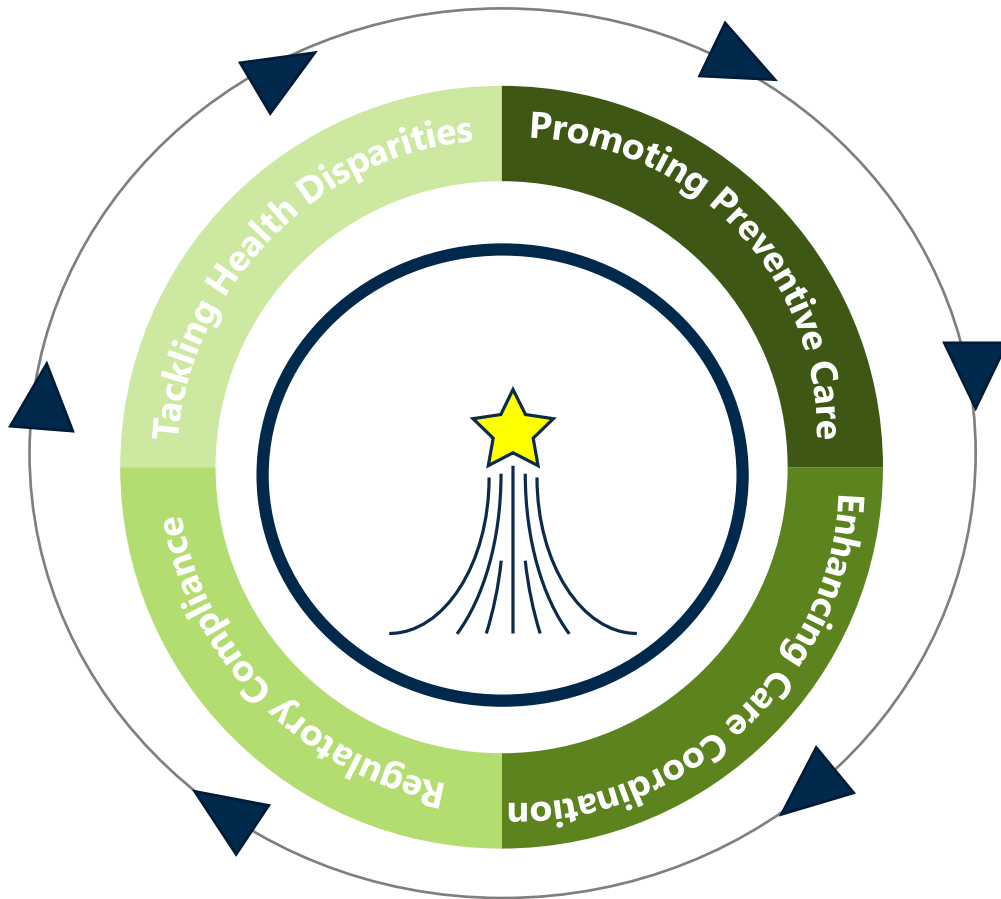
Reducing Financial Barriers

Proper enrollment ensures reimbursement for services provided.

Increasing Service Offerings

Enrolled providers gain access to additional services and benefits.

Benefits of Provider Enrollment



High performing organizations understand that provider enrollment is crucial for expanding patient access and ensuring timely reimbursement, which are essential for both financial sustainability and the delivery of quality care

Understanding Provider Enrollment

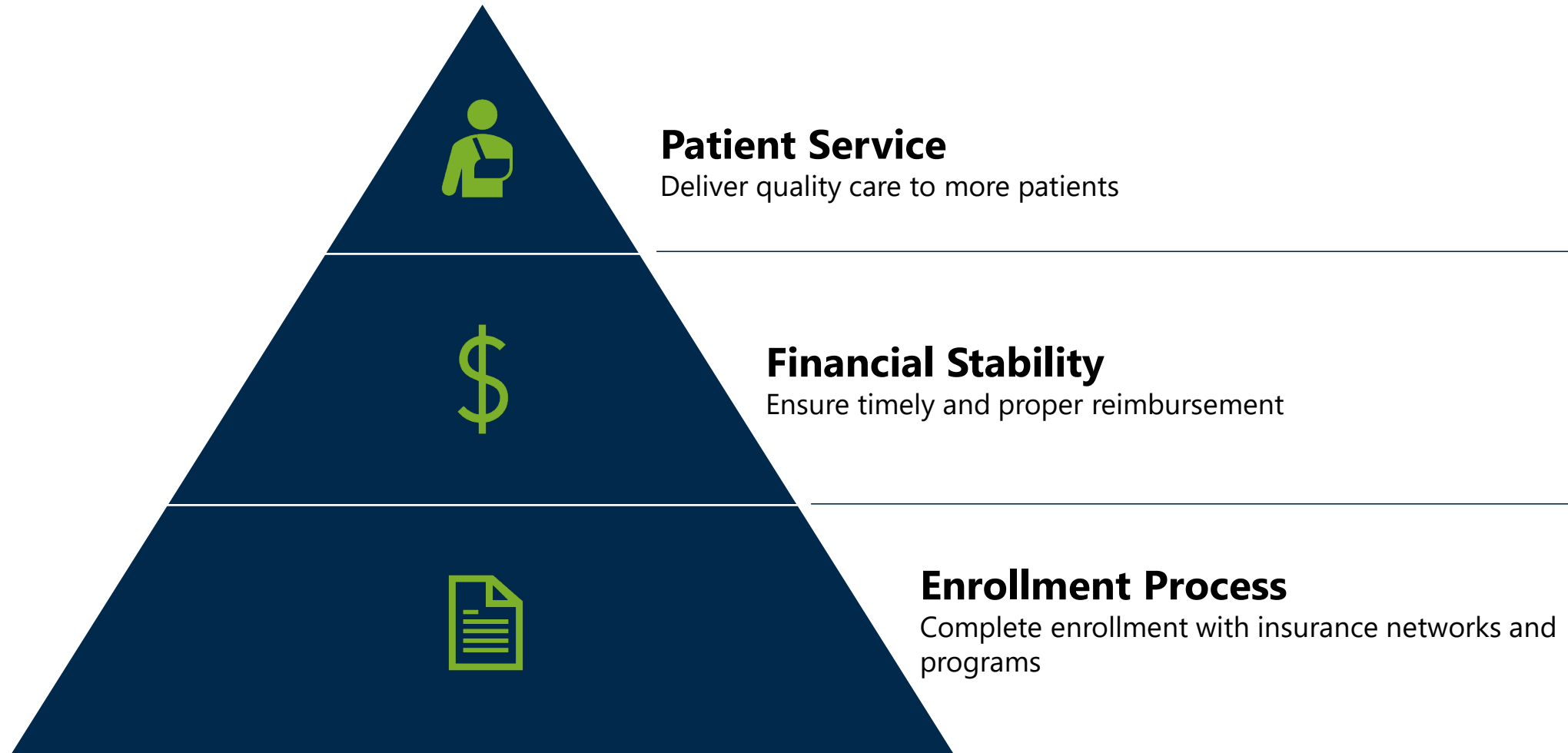
Provider Enrollment

The process of collecting and submitting required documentation to third-party payers to enroll practitioners into payer networks and allow the provider to bill for services rendered to members (also known as payer enrollment).

And some will refer to provider enrollment as only the process for enrolling with Medicare/Medicaid, using the term payer credentialing to refer to commercial enrollment.



Enrollment is the foundation for healthcare providers and suppliers, as timely reimbursement provides the financial stability necessary to sustain their practices. This financial stability, in turn, enables them to expand their patient base through access to insurance networks and government programs.



Types of Payers



Federal/ State Government

Medicare,
Medicaid,
Tricare



Commercial (Health Plans/MCOs)*

National – Aetna, Blue
Cross/Blue Shield plans,
United Healthcare, etc.

Regional and state health
plans/networks



Workers' Compensation

US Office of Workers'
Compensation
(Department of Labor)

State Departments of Labor

Medical Provider Networks
(MPNs), Plans and PPOs
Networks

* focus of this presentation

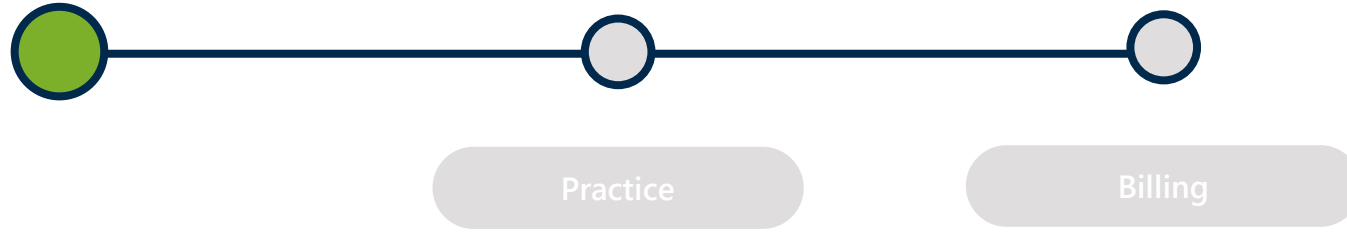
Requirements and Documentation

Provider Enrollment Documentation



Understanding what payers require (and why) can make the process much easier and efficient.

Provider Enrollment Documentation



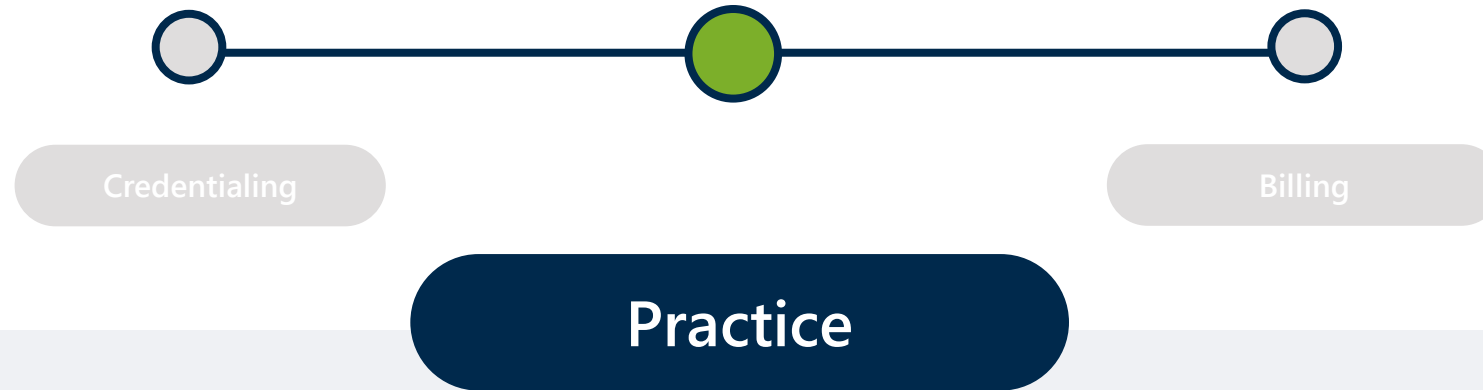
Credentialing

- Demographic Information
- Curriculum Vitae (CV)
- NPI
- Driver's License
- Relevant Medical Education
- Relevant training & experience

- State Licensure
- DEA, State Controlled Substance Registration
- Board Certification
- Malpractice Coverage face sheet
- DD214, If applicable

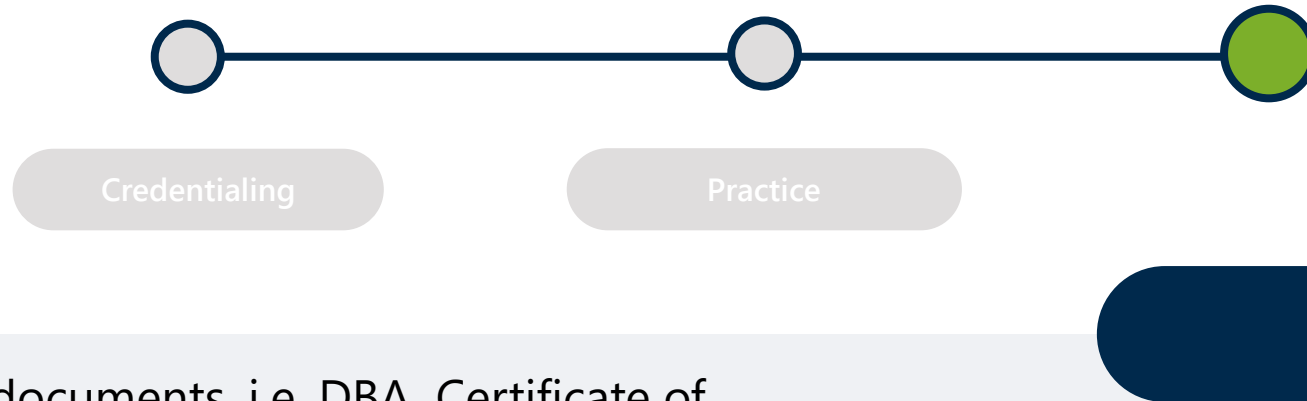
- Current hospital affiliations
- Current and past relevant work history
- CAQH ID
- BLS, ACLS, ATLS, NRP, etc.
- Name and contact for Peer References

Provider Enrollment Documentation



- ALL practice location information
- Address, phone, fax, email, hours of operation, etc.
- Services provided at each location
- Additional location specific certifications, i.e. Radiology Certificate, CLIA
- Telehealth services and applicable virtual practice locations, when required by the payer

Provider Enrollment Documentation



- All relevant legal documents, i.e. DBA, Certificate of Formation, Articles of Incorporation
- Tax Identification Number (TIN, TAX ID)
- Billing Address (where to receive paper checks and Explanation of Benefits (EOB))
- Billing Company information, if applicable
- W-9 that matches billing entity name
- Bank Account information for Direct Deposit

If joining a group, all group information

- Group Legal Name and/or DBA Name
- Group Owner information
- Group NPI
- Group TAX ID
- Group enrollment numbers, if already assigned

Keys to success



Gather Necessary Documents



Verify Information



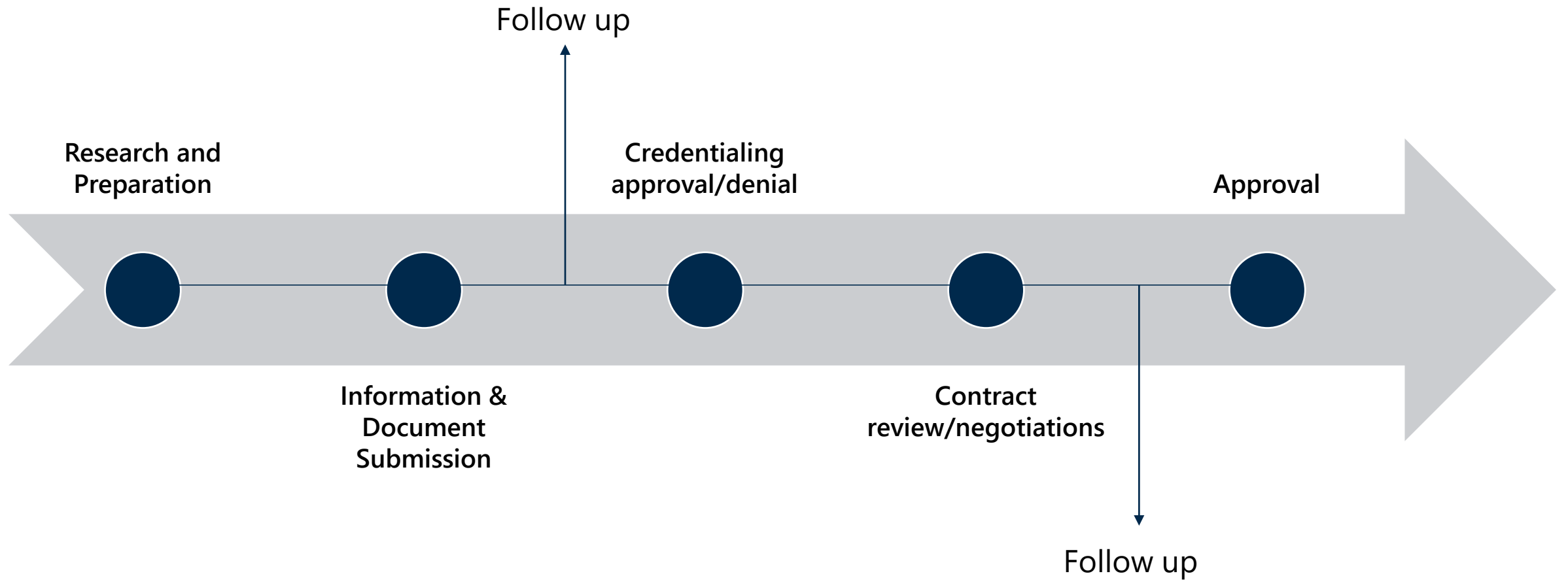
Organize Documentation



Stay Updated

Application Process

Payer Enrollment Application Workflow



Application Process

Research and Preparation

Application Submission

Credentialing Approval/Denial

Contract review/negotiations

Network Approval

- Before starting the application, research the specific requirements of the programs or health plans you intend to enroll in. This may include reviewing eligibility criteria, documentation requirements, and any application deadlines and fees.
- Depending on the program or health plan, the application may be submitted online through a designated portal or via paper forms.

Application Process

Research and Preparation

Application Submission

Credentialing Approval/Denial

Contract review/negotiations

Network Approval

- Carefully follow the instructions provided by the enrolling entity and complete all sections of the application accurately. Attach all required documentation to the application, such as copies of licenses, certifications, W9, and other legal documents. Ensure that copies are clear and legible, and that all supporting documents are included as requested.
- Stay proactive throughout the application process by following up on the status of your application regularly. If additional information or documentation is requested, respond promptly to avoid delays in processing.

Application Process

Research and
Preparation

Application
Submission

Credentialing
Approval/Denial

Contract
review/negotiations

Network
Approval

- Upon successful review of the application, you will receive notification of approval from the enrolling entity.
- KEEP A COPY OF EVERYTHING FOR FUTURE REFERENCE!
- In some cases, applications may be rejected or denied due to incomplete documentation, failure to meet eligibility criteria, or other reasons. If your application is rejected, review the reasons for the rejection carefully and follow any instructions provided for appealing the decision or reapplying.

Application Process

Research and
Preparation

Application
Submission

Credentialing
Approval/Denial

Contract
review/negotiations

Network
Approval

- Review all portions of the contract, specifically reimbursement rates. Negotiate if necessary
- Carefully follow all signature requirements as noted by the enrolling entity
- Follow up in the same proactive manner

Application Process

Research and
Preparation

Application
Submission

Credentialing
Approval/Denial

Contract
review/negotiations

Network
Approval

- Upon successful countersignature of contract, you will receive notification of effective participation from the enrolling entity.
- **KEEP A COPY OF EVERYTHING FOR FUTURE REFERENCE!**
- Celebrate



Importance of following instructions carefully

- 1 **Ensures Compliance**
- 2 **Facilitates Efficient Processing**
- 3 **Minimizes Errors and Rework**
- 4 **Reduces Repeated Requests for Information**
- 5 **Increases Approval Odds**

Keys to success



Double-Check Information



Follow Instructions Carefully



Provide Complete Answers

Timelines

Timelines

1

Understanding timelines

- Processing timelines vary
- Information submission deadlines vary

2

Identifying Potential delays and how to mitigate them

- Incomplete documentation
- Verification processes
- Application volume

3

Importance of planning ahead

- Develop an internal timeline
- Start early

Revalidation & Maintenance

Revalidation and Maintenance



- Revalidation confirms and updates enrollment information to maintain active participation.
- Revalidation cycles vary by payer and program.
- Timely updates are required under federal and state requirements for changes to credentials, practice locations, ownership, and contact information to maintain billing eligibility and compliance.
- Failure to update information in a timely manner may result in inaccuracies or discrepancies that can impact enrollment status and lead to claim denials, payment delays, or potential billing ineligibility.

Strategies for Staying Compliant

- 1 Develop a system for tracking revalidation deadlines and requirements to ensure timely completion.**
- 2 Regularly review and update your information as needed, including changes to credentials, practice locations, contact information, and any other relevant details.**
- 3 Stay informed about changes to revalidation requirements and program updates by monitoring communications from the enrolling entity and regularly checking program websites for updates.**
- 4 Maintain documentation of revalidation activities and communications with the enrolling entity for your records.**

Resources

RESOURCES

Websites

- **Medicare**
<https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers>

- **Medicaid**
<https://www.medicaid.gov/state-overviews>

- **CAQH ProView**
<https://proview.caqh.org/Login/Index?ReturnUrl=%2f>

Education

Definitions

NAMSS Provider Enrollment Glossary

Questions?



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Thank you!



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