YEAR-END CREDENTIALING AUDIT · CLINICOPS LEAD MAGNET

The 90-Minute Credentialing Audit

Seven review areas, walked once per provider. A lapsed credential can stop a physician from billing overnight; this catches the gaps before they cost you. Set aside 90 minutes, work it provider by provider, and note every expiration date.

How to use this

Print one copy per provider, or track the same seven areas per provider in a spreadsheet. Check each box only when you have **verified the actual document or record**, not when you assume it is fine. Any unchecked box is a gap to fix now.

Provider: _____ Reviewer: _____ Date: _____

1. CAQH profile

- [ ] CAQH profile is current and complete for this provider
- [ ] Re-attestation is up to date (CAQH requires re-attestation roughly every 120 days)
- [ ] All payers this provider bills are authorized to access the CAQH profile
- [ ] Practice locations, hours, and contact info match reality
  Outdated CAQH data is a leading cause of enrollment and directory errors

2. Licenses & DEA

- [ ] State medical license active and unexpired — expiration: _____
  Flag anything expiring in the next 6 months
- [ ] DEA registration current and matching the correct practice location — expiration: _____
- [ ] Any additional state licenses (for telehealth or multi-state) current
- [ ] No lapses, restrictions, or pending actions on file

3. Board certification

- [ ] Board certification is active — expiration / MOC date: _____
- [ ] Any maintenance-of-certification requirements are on track
- [ ] Certification matches what is listed with payers and in directories

4. Malpractice coverage

- [ ] Malpractice policy is active at the required limits — expiration: _____
  Confirm coverage will not lapse before the next renewal cycle
- [ ] Certificate of insurance is on file and current
- [ ] Coverage limits meet every payer's and facility's minimums

5. Payer enrollments

- [ ] Provider is actively enrolled with every payer they bill
  Verify effective dates, not just approval letters, before releasing claims
- [ ] No enrollments have quietly termed or gone inactive
- [ ] Effective dates are documented for each payer
- [ ] Any new payers added this year are fully enrolled and effective

6. Revalidation & recredentialing dates

- [ ] Medicare revalidation date is known and tracked — next due: _____
- [ ] Medicaid revalidation on file — next due: _____
- [ ] Commercial recredentialing cycle tracked (typically every 2–3 years) — next due: _____
- [ ] Hospital privileges reappointment date tracked — next due: _____
  Privileges typically reappoint on a 2-year cycle

7. Consistency across systems

- [ ] Name, NPI, address, and specialty match across CAQH, NPI/NPPES, PECOS, and every payer portal
  Inconsistency across systems is a silent cause of denials and directory errors
- [ ] Practice address is current in every system after any move
- [ ] One accurate, maintained source feeds all downstream records

Found a gap?

Assign every unchecked item a single owner and a fix-by date today. A credentialing gap caught in an audit costs minutes; the same gap caught by a denial or a lapsed privilege costs weeks of revenue. Run this audit at least once a year, ideally each quarter.