

The Credentialing Path Plan

Pick in-house, outsourced, or hybrid -- and know what each one costs and breaks

Credentialing decides when you can bill a payer, which means it decides cash flow. This plan walks you through three ways to get it done, tells you which one most practices in your situation should pick, and gives you five concrete next steps.

Start here: the choice you are actually making

You are not choosing whether to credential. Every provider who bills a commercial payer or Medicare has to. You are choosing who does the work: your own staff, an outside credentialing company, or a split of both.

The work is the same regardless of path: build and maintain CAQH, fill out each payer's application, submit, then chase status for 60 to 120 days per payer until you get an effective date. The difference between paths is who eats those hours and who owns the follow-up when a payer goes silent.

Credentialing (getting approved by a payer) and enrollment (getting loaded so claims pay) often get bundled together. Ask any vendor which one they actually do.

The CAQH foundation every path depends on

CAQH ProView is the shared profile most commercial payers pull from. If it is incomplete, expired, or unattested, applications stall no matter who submits them. This is the one piece you cannot skip on any path.

- Each provider has an active CAQH ID with a complete profile
- Every license, DEA, malpractice COI, and board cert is current and uploaded
- The profile is re-attested (CAQH requires this roughly every 120 days)
- Payers are authorized to access the profile
- A recurring calendar reminder exists for the next attestation and every license expiration

A lapsed attestation is the single most common reason a clean application sits unworked. Fix this before you evaluate any path.

The three paths and their honest tradeoffs

Cost framing: in-house is mostly staff hours, not a line-item invoice -- budget several hours per provider per payer for the application plus ongoing follow-up. Outsourced credentialing is commonly quoted as a few hundred dollars per provider per payer, or a flat monthly retainer for ongoing work. Treat every dollar figure here as a range to verify with quotes, not a fixed rate.

Path	Best when	Watch out for
In-house (your staff submit and track)	Solo or 2-3 providers, one stable payer set, and a detail-oriented person who owns the follow-up	It dies when that person is busy or quits; no backup means applications stall silently and you find out at the first denied claim
Outsourced (a credentialing company runs it)	Adding providers or payers regularly, or no one in-house has bandwidth to chase payers for months	Per-provider-per-payer fees add up fast across many payers; you still supply documents and signatures, so it is not hands-off
Hybrid (vendor does initial load, you maintain)	You want speed on a big initial push but cheap ongoing upkeep, and you have someone who can handle attestations and re-credentialing	Handoff gaps -- be explicit about who owns CAQH re-attestation and re-credentialing dates or both sides assume the other has it

Which path to pick

Pick in-house if you are solo or 2-3 providers, your payer mix is stable, and one reliable person can own follow-up as a real part of their job. Most small, stable practices should start here -- the outsourced fee rarely pays for itself at low volume.

Pick outsourced if you are onboarding providers or adding payers more than once or twice a year, or no one in-house can realistically chase payers for months without dropping it. A multi-provider group that adds payers regularly should default here.

Pick hybrid if you have one large up-front push -- a new location, several new providers, a payer expansion -- but want to keep cheap month-to-month maintenance in-house afterward. This is the sweet spot for a growing practice that does not want a permanent retainer.

When unsure between in-house and outsourced, the deciding question is bandwidth, not budget: if no one can reliably own months of payer follow-up, outsource it.

Your next 5 steps

- List every provider and every payer you need to bill, then mark which providers still lack an active, attested CAQH profile
- Fix CAQH first: complete profiles, upload current documents, re-attest, and authorize your payers
- Estimate your real volume -- providers times payers per year -- and your in-house bandwidth honestly
- Use the table to choose a path, and write down who owns follow-up and re-credentialing dates
- If outsourcing or going hybrid, get 2-3 quotes and confirm in writing whether the price covers credentialing only or enrollment too

Questions to ask any credentialing vendor before you sign

- Is your price per provider per payer, or a flat monthly retainer -- and what counts as one unit?
- Does the fee include enrollment and ongoing re-credentialing, or only the initial credentialing?

- Who owns CAQH attestation and license-expiration tracking once we start -- you or us?
- How do you report status, and how often, while applications are pending?
- What is your typical turnaround per payer, and what happens if a payer misses it?

Get the unit of pricing and the credentialing-versus-enrollment split in writing. Vague answers on either are the usual source of surprise invoices.

Compare credentialing companies that serve independent practices in the GetPracticeHelp credentialing directory.

This is general informational content to help you plan, not legal, billing, or compliance advice. Credentialing timelines, fees, and payer requirements vary by state, specialty, and payer -- verify specifics with each payer and any vendor before you commit.