

Credentialing Vendor Evaluation Checklist

What to ask, and the red flags to walk away from, before you hand a vendor your providers' enrollments

A credentialing vendor enrolls your providers with payers and keeps them enrolled. That is a different job than billing, and the wrong vendor costs you in stalled applications and silent revenue gaps -- a provider who cannot bill a payer for 90 days is the most common, most expensive failure. Use this to interview vendors on the same terms and spot the ones to skip.

Track Record and References

Credentialing is specialty- and state-specific. A vendor that is excellent with primary care in one state can be slow with your specialty's payers in yours. Make them prove the relevant experience, not generic volume.

- Ask how many providers they currently keep enrolled (active book, not lifetime total)
- Ask for 2-3 references in your specialty AND your state, then actually call them
- Ask which payers in your state they enroll with most often, and whether your top 5 payers are on that list
- Ask how they handle Medicare (PECOS) and Medicaid enrollment specifically, since those are slower and more error-prone
- Ask the reference: how many applications stalled, and how fast did the vendor catch it

A vendor with zero references in your specialty is not disqualifying by itself -- a vendor that will not give you any reference is.

Process Transparency and CAQH Ownership

Stalled applications are the number one credentialing failure, and they stall quietly. The vendor's process for tracking status and following up is the single most important thing you are buying. Vague answers here are the loudest red flag in this checklist.

- Ask who owns CAQH attestation and re-attestation -- the vendor, or you (re-attestation is due every ~120 days and a lapse freezes applications)
- Ask exactly how they track application status: a named system or portal, not 'we stay on top of it'
- Ask who follows up with payers, how often (weekly is a reasonable floor), and by what method (phone, portal, email)
- Ask how they will report a stalled or denied application to you, and how fast
- Ask whether you get read access to the tracker so you can check status without emailing them

If you cannot get a straight answer on how status is tracked and how often payers are chased, assume applications will sit.

Turnaround Expectations and Commitments

Payers control most of the timeline, so no honest vendor promises a guaranteed approval date. What they can commit to is their own response time: how fast they submit, how fast they follow up, and how fast they tell you when something breaks.

- Ask their typical timeline for a clean commercial enrollment and for Medicare/Medicaid, and whether they quote ranges or guarantees
- Ask what they commit to on THEIR side: days to submit a complete application, follow-up cadence, response time to your questions
- Ask what they do when a payer misses its own stated timeline
- Ask how they handle a provider who needs to start seeing patients before enrollment closes (locum, supervised, or out-of-network billing during the gap)

Be skeptical of any vendor that 'guarantees' approval in a fixed number of days -- payers, not vendors, control approval.

Pricing Structure and What Is Included

Credentialing is priced two common ways: per-provider-per-payer (you pay per enrollment) or a monthly retainer (a flat fee covering a defined scope). Neither is automatically cheaper. The cost that surprises practices is everything the base price excludes -- re-credentialing, CAQH upkeep, and expirables monitoring.

- Get the full per-provider annual cost in writing, not just the per-enrollment headline price
- Confirm in writing whether re-credentialing and CAQH maintenance are included or billed separately
- Ask what is NOT included -- and get that list in writing too

Cost item	Ask this
Model	Per-provider-per-payer or monthly retainer -- which, and what triggers each charge
Initial enrollment	Flat per payer, or does complexity (Medicare, hospital privileges) cost more
Re-credentialing	Included, or billed again every 2-3 years when payers re-verify
CAQH maintenance	Included, or extra -- and who attests every ~120 days
Expirables monitoring	Included, or extra -- license, DEA, COI, board cert tracking
Adds and terms	Cost to add a payer mid-contract, and any setup or cancellation fee

Expirables Monitoring

An expired license, DEA registration, malpractice COI, or board certification can deactivate a provider with a payer and stop claims cold -- often without warning. Tracking these is a core credentialing job, not an upsell, and the absence of it is a dealbreaker.

- Confirm they track license, DEA, malpractice COI, and board certification expiration dates for every provider
- Ask how far in advance they alert you (60-90 days is a workable lead time for renewals)
- Ask who is responsible for acting on the alert -- them, you, or both -- and get it in writing
- Ask whether expirables monitoring is included in the base price or charged separately

No expirables tracking is a dealbreaker. This is the cheapest failure to prevent and the most expensive to ignore.

Communication, Reporting, and Data Ownership

You are trusting this vendor with provider identities, NPIs, and enrollment data. Before you sign, settle how often you hear from them, who your contact is, and -- critically -- what happens to your data and logins if you leave.

- Ask for a named account contact, not a shared ticket queue, and their response-time commitment
- Ask what the standard status report looks like and how often you get it (monthly at minimum)
- Confirm YOU own the CAQH profile, payer portal logins, and all enrollment records -- not the vendor
- Ask how offboarding works: what you receive, in what format, and how fast, if you switch vendors
- Ask whether there is a cancellation notice period or fee, and get it in writing

If the vendor controls logins you cannot retrieve, switching later becomes painful -- settle data ownership before you sign, not after.

The Dealbreakers -- Walk Away If

Most evaluation is judgment. These are not. Any one of these is a reason to cross a vendor off the list.

- No references they will share -- especially none in your specialty or state
- Vague status reporting: no named tracking system, no follow-up cadence, no read access
- No expirables monitoring, or it costs extra and they treat it as optional
- They guarantee a payer approval date (a sign they will overpromise across the board)
- They will not put inclusions, exclusions, and data ownership in writing
- You cannot retrieve your own CAQH and payer logins on exit

Compare credentialing vendors that serve your specialty and state in the GetPracticeHelp credentialing directory at getpracticehelp.com.

This checklist is general guidance for evaluating credentialing vendors and is not legal, compliance, or contracting advice; confirm payer rules and contract terms for your specialty and state before you sign. GetPracticeHelp is an independent directory and does not endorse or recommend any specific vendor.