



CREDENTIALING PROCESS OVERVIEW

Definition

Credentialing is the process by which insurance companies review and validate the professional qualifications of physicians, non-physicians, and ancillary providers who apply for participation in their network of products, ensuring they meet their professional standards.

Types of credentialing

1. Initial – Initial credentialing is for any new providers who are enrolling with Medicare/Medicaid for the first time.
2. Revalidation - Medicare requires every provider to be revalidated every 3-5 years.
3. CAQH Attestation
4. Medicare (Opt in & Opt out)
5. Commercial plans and MCO's
6. Out of network

Processing time

1. Medicare
 - a. PECOS (online) 120 business days
 - b. PAPER submission – 300 business days
2. Medicaid – 90-120 business days
3. Commercial – 60 - 90 business days

Why should you outsource?

Credentialing and contracting have now become a tedious and time-consuming process that requires a lot of paperwork. When you leave the headaches to the credentialing experts at Numina Medical Billing, we deal with every rejection and pending application.

Don't let "Insurance Panels closed" impact your practice financially by losing the patients!!

About us

Our company has been in the healthcare documentation business for over 2 decades. We have built a reputation for accuracy, efficiency, affordability, and meticulous customer service. We offer end-to-end RCM, including Credentialing & Enrollment, Eligibility Verification, Pre-Authorization, Referral Management, Demographic & Charge Entry, EOB Posting & Reconciliation, Denial Management, A/R & Collections, Medical Coding & Review, Transcription, and more. We are HIPAA-compliant, with offices in California, Connecticut, Florida, North Carolina, and Chennai.

Get a Quote or Complimentary Practice Analysis. Questions?

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