

Avoiding Credentialing and Re-Credentialing Issues

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During the COVID-19 Public Health Emergency, most of the activities surrounding provider re-credentialing were suspended and some enrollment/credentialing processes were simplified. Within the last 18-24 months, most of these activities have resumed. Many providers have reported issues with re-credentialing when their enrollment is suspended, particularly for Medicare and Medicaid. Allowing any credentialing/enrollment lapses with insurance can be costly due to both time and loss of income. Avoiding private insurer deactivation is important since some private payers close their networks making reinstatement difficult at best, if not impossible. Deactivation can result in loss of claims payment. Medicare will not reimburse providers for any claims during after deactivation. Under Medicare, the reactivation date is based on when a new, fully completed application is received and not on the date of deactivation. Most insurers send multiple notices when re-credentialing is required. Sometimes those notices are sent via portal messages or can be via mail or even email notices. Providers should consider creating a master calendar of dates of any upcoming recredentialing to ensure that deadlines are not missed thus avoiding deactivation as a provider. Medicare does use a process known as a “[stay of enrollment](#)” for sixty days prior to cancelling a provider enrollment entirely. (See provider resources below).

All providers must have a National Provider Identification number (NPI). The National Provider Identifier (NPI) Registry can be accessed [here](#) and can be used to search for your NPI and corresponding information. Providers typically have an “individual” NPI and a “group” NPI for the practice entity. More information can be found in this [FAQ](#). The National Plan and Provider Enumeration System ([NPPES](#)) page has all the necessary information for logging in, applying for NPIs and updating the information. Logins do expire every sixty days and providers should access the system at least yearly to ensure the information is accurate. This and others systems connected to CMS use the [Identify and Access](#) (I&A) System to verify login information. Other information on the I&A system can be found [here](#).

The Medicare Provider Enrollment, Chain, and Ownership System ([PECOS](#)) is a web-based enrollment platform that is used to facilitate the CMS enrolment process. An abundance of information can be found on this link including enrollment tutorials. PECOS also uses the I&A System for access. Again, a provider should access this site at least yearly and logins will expire every 60 days and have to be renewed. A PECOS FAQ can be found [here](#). Credentialing and re-credentialing at PECOS is fast and easy. However, providers may still enroll via paper and CMS enrollment references can be found [here](#).

The third site that is vital to enrolling as a provider for any private insurer and vision plans is the Council for Affordable Quality Healthcare ([CAQH](#)). [CAQH FAQs](#) might be a helpful site for providers. Per the CAQH site, it can be used for the following:

- Complete a single credentialing application that is accepted in all 50 states even those with unique state forms.
- Manage your profile and upload documentation in one secure location.
- Authorize health plans to access your information for credentialing, directories and more.
- Delegate staff to manage non-sensitive information on your behalf.
- Update your profile quarterly to reduce telephone and email requests from plans.
- Access the CAQH provider data portal at no charge to providers or office staff

Providers should access the CAQH site at least every 120 days in order to reconfirm their profile details with updated information. Per the [CAQH site](#), this should take 5–20 minutes but could take slightly longer when more information needs to be added or changed. Failing to update this information could result in a payer access restriction to your information and delay credentialing or even cause a contract cancellation. Claims processing and contract renewal delays could also occur if your CAQH information is outdated.

While these tasks can seem onerous at times, keeping all the appropriate information up-to-date and current is vital to participating in and credentialing with any insurance or vision plan, saving both time and lost revenue.

Happy coding....

Resources:

[Manage Medicare Enrollment With PECOS](#)

NPI: [Become a Medicare Provider or Supplier](#)

[Become a Medicare **Provider** or **Supplier** - CMS](#)

[MLN9658742 – Medicare **Provider Enrollment** - CMS](#)

[“Who should I call?” CMS **Provider Enrollment** Assistance Guide](#)

[Provider Enrollment Revalidation Cycle 2 FAQs - CMS](#)

[Medicare Enrollment for Providers and Suppliers](#)

[CMS Paper Form 855 Information](#)

[Novitas Provider Enrollment](#)