

01 / PLAN THE START

New Provider Start-Date Readiness Kit

One provider + one billing entity + one location + one payer product. Build a usable record before the scheduling handoff.

The useful outcome: a clear next decision.

A provider can have a credentialing approval while affiliation, contract coverage or an effective date is unresolved. Track each checkpoint separately; confirm the payer-specific requirements.

1. Credentialing decision

What decision was issued, by whom and when? Record an evidence reference. A submitted or attested CAQH profile does not itself confirm payer participation.

2. Enrollment and practice affiliation

Is the provider linked to the intended tax ID, group/billing NPI and service location? Keep Medicare reassignment separate from commercial-plan processes.

3. Agreement and network coverage

Does the applicable agreement cover this provider, specialty, location and payer product? Record any contracting dependency.

4. Payer-confirmed effective date

What date and conditions did the payer confirm in writing? Distinguish that date from the practice target start date.

5. Billing-team review

Has the responsible billing lead reviewed the evidence and any additional payer or billing setup requirements? Capture outstanding limitations.

6. Scheduling handoff

Has the receiving scheduling lead acknowledged the confirmed status and unresolved limits? An internal checklist does not authorize a participation claim.

02 / WORKED EXAMPLE

An approval is not the whole answer.

Fictional example: Case P-014 / Example Practice / East site / Example Plan PPO. Target start: November 16, 2026. No real provider or payer data.

Checkpoint	Recorded evidence	State / next step
Credentialing	Approval letter dated Nov 2.	Confirmed; reference CR-02.
Affiliation / enrollment	Group-link request receipt Nov 3.	Waiting on payer; Alex follows up Nov 6.
Agreement / network	Practice agreement coverage reviewed.	Confirmed for this example only.
Effective date	No written date in the file.	Unknown; Alex requests confirmation.
Billing review	Lead reviewed the incomplete record.	Open; re-review after affiliation/date.
Scheduling handoff	Target date only; no completed handoff.	Open; Casey owns the receiving step.

Decision for this example

Do not mark the case fully confirmed. The next action is to verify affiliation and the effective date, then return the evidence to billing and scheduling. The target start date remains a planning assumption.

What makes this record useful

It names the missing dependency, the person who will act and the evidence needed to change the decision. It does not collapse all six checkpoints into "credentialed."

03 / YOUR WORKING RECORD

Use the editable readiness sheet.

Open the PPS workbook and select Start-date readiness. Yellow cells are inputs. Blank cells remain unresolved; formulas summarize completeness only.

Internal case / location / payer product / target date

Checkpoint	Evidence needed	Your next action / owner
Credentialing	Decision + date + source reference	
Affiliation / enrollment	Correct entity + location + payer scope	
Agreement / network	Coverage or contracting dependency	
Effective date	Written date + conditions	
Billing review	Named reviewer + limitations	
Scheduling handoff	Receiving acknowledgment	

Use the status labels consistently

Open = not resolved. Confirmed = evidence recorded for this checkpoint. N/A verified = named reviewer documented why this specific checkpoint does not apply. Every Confirmed or N/A verified row still needs an evidence reference and owner.

The summary is a completeness check

"Evidence review complete" means the worksheet fields are complete. It is not payer authorization, clinical clearance or a payment determination. Review the actual evidence before communicating participation.

04 / CLOSE THE HANDOFF

Give the next team a decision it can use.

Use this short script in the provider start-date review. Keep confirmed facts and open dependencies visible together.

Handoff message template

"For case [internal reference], these checkpoints are confirmed: [items + evidence]. These remain open: [items]. The target start is [date]; the payer-confirmed effective date is [date or not confirmed]. [Owner] will [action] by [date]. Scheduling and billing: please acknowledge the record and its limitations."

Before the meeting

Reconcile the evidence for the exact provider, practice, location and payer product. Do not reuse a status from a different combination.

During the meeting

Resolve who can make the participation decision. Record each limitation and the receiving team acknowledgment.

After the meeting

Save the decision and evidence references in the approved system. Set the next review date for every unresolved checkpoint.

Next decision / accountable owner / review date

Need help with the enrollment work behind the tracker?

Bring your provider count, practice locations, payer priorities and the unresolved checkpoint to PPS. The conversation can define the work, dependencies and next steps.

Discuss credentialing and enrollment support with PPS

Use internal case references only. Keep patient information, full tax IDs, credentials and underlying documents in approved secure systems. This tool does not establish participation or guarantee payment.

PPS service scope and existing preparation checklist**CMS: Medicare provider and supplier enrollment guidance**