MEDICAL BILLING INFO · PRACTICE RESOURCE

# Credentialing, EFT & ERA Enrollment Guide

A step-by-step walkthrough of CAQH credentialing, payer enrollment, and setting up electronic payments and remittance — for new practices and anyone adding a payer.

For: office managers, credentialing coordinators, RCM/billing staff
Covers: CAQH ProView, payer contracting, EFT enrollment, ERA (835) enrollment, recredentialing
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# 1. How to use this guide

Credentialing delays are one of the most common (and most avoidable) reasons a new provider sits for months without being able to bill a payer. This guide walks through the process in the order it actually happens: get credentialed, get contracted, then set up the electronic payment and remittance plumbing so claims actually turn into deposited money without someone manually re-keying an EOB.

## 2. Three different things that get confused

| Term | What it actually is |
|---|---|
| **Credentialing** | Verifying a provider's licensure, education, work history, malpractice history, and other qualifications — typically centralized through CAQH ProView so it isn't repeated separately for every payer. |
| **Contracting / enrollment** | The payer's own decision to add that credentialed provider to its network and issue a provider number, fee schedule, and effective date. |
| **EFT / ERA enrollment** | A separate, payment-mechanics step: telling the payer (often through a clearinghouse like Availity or Change Healthcare's Payer Enrollment Services) where to send money electronically (EFT) and where to send the matching remittance data (ERA/835). |

**WHERE PRACTICES GET TRIPPED UP**

Completing CAQH does not mean a provider is in-network with a given payer, and being in-network does not automatically mean EFT/ERA is set up. All three steps are separate, and skipping the order costs weeks.

# 3. Provider credentialing, step by step (CAQH ProView)

CAQH (the Council for Affordable Quality Healthcare) operates CAQH ProView, the credentialing data platform used by the large majority of U.S. payers so a provider doesn't have to submit the same paperwork separately to each one.

- ☐ **Create the CAQH ProView profile** — demographic details, licensure, education, board certifications, work history, and malpractice insurance information.
- ☐ **Upload supporting documents** — license, DEA registration (if applicable), malpractice face sheet, W-9, CV/work history, board certificates.
- ☐ **Authorize payer access** — grant the specific health plans you're enrolling with permission to view the profile.
- ☐ **Attest** — CAQH requires attestation that the information is current, on a 120-day cycle. A lapsed attestation is one of the most common, entirely self-inflicted causes of a stalled application.

> **PRACTICAL TIP**
>
> Set a recurring calendar reminder at 90 days, not 120 — that gives a buffer if a document needs updating (a license renewal, a new malpractice certificate) before the attestation deadline hits.

Once the profile is complete, payers still perform their own **primary source verification** — contacting the licensing board, medical school, and malpractice carrier directly. CAQH speeds this up by standardizing the data; it doesn't replace the payer's own verification step, so expect it regardless.

# 4. Payer enrollment and contracting

After credentialing data is available, each payer separately decides whether to contract with the provider, at what fee schedule, and effective when. Practical steps that shorten this stage:

- Submit the payer's own enrollment/contracting application promptly once CAQH access is granted — don't wait for the payer to reach out first.
- Confirm the requested effective date in writing; verbal confirmations from a payer representative are not a substitute for the enrollment letter.
- Ask specifically whether claims can be held and submitted retroactively to the requested effective date, or whether services before the confirmed date won't be payable — this varies by payer and matters a lot for cash flow during onboarding.

# 5. EFT enrollment, step by step

EFT (Electronic Funds Transfer) replaces paper checks with direct deposit. Most major payers now route EFT enrollment through a shared portal rather than their own individual system.

- ☐ **Register** on the payer's designated EFT enrollment portal (commonly Change Healthcare's Payer Enrollment Services, or directly through Availity).
- ☐ **Provide banking details** — routing number, account number, and the practice's Taxpayer Identification Number (TIN)/NPI, matching exactly what's on file with the payer.
- ☐ **Confirm ownership** — some payers require a voided check or bank letter to confirm the account belongs to the enrolling provider/TIN.
- ☐ **Wait for verification** — typical processing runs about two weeks, though this varies by payer; don't resubmit while a request is pending, since duplicate submissions themselves cause delays.

**COMMON FAILURE POINT**

A mismatch between the TIN/NPI combination used for EFT enrollment and the one actually used on submitted claims is the single most common reason EFT payments silently fail to route correctly after enrollment looks "complete."

# 6. ERA (electronic remittance / 835) enrollment, step by step

ERA (Electronic Remittance Advice, the ANSI 835 transaction) delivers the same information as a paper EOB — what was paid, adjusted, or denied, and why — in a structured electronic format your practice management or clearinghouse system can post automatically.

- ☐ Enroll for ERA through the same portal used for EFT where the payer offers combined enrollment — they're often (but not always) a single form.
- ☐ Specify the receiving clearinghouse and mailbox/trading-partner ID where the 835 files should be delivered.
- ☐ Confirm auto-posting rules in your practice management system match your payer contracts (contractual adjustments, write-offs) before turning on auto-posting in production — test on a small batch first.
- ☐ Keep EFT and ERA enrollment in sync: an EFT payment that arrives without a matching ERA (or vice versa) creates unposted-cash reconciliation work for your billing team every single week it stays broken.

# 7. Recredentialing and ongoing maintenance

- **CAQH attestation:** every 120 days, regardless of whether anything changed.
- **Payer recredentialing:** typically every 2–3 years; most payers pull the updated CAQH profile rather than requiring a new paper application, provided attestation has stayed current.
- **Update triggers:** any change in license status, malpractice coverage, practice location, or group affiliation should be updated in CAQH immediately, not saved for the next attestation cycle.

# 8. What actually causes delays, and how to avoid them

| Delay cause | Fix |
|---|---|
| Lapsed CAQH attestation | Calendar reminder at 90 days, owned by a specific named person, not "whoever notices." |
| Incomplete CAQH document uploads | Keep a standing folder of current license, malpractice face sheet, CV, and W-9 so a new payer application never waits on gathering paperwork. |
| TIN/NPI mismatch between CAQH, payer enrollment, and EFT setup | Use one canonical TIN/NPI reference sheet for every enrollment form the practice submits, for every payer. |
| Submitting claims before the confirmed effective date | Hold claims until the enrollment letter confirms the effective date in writing, then submit in order. |
| Duplicate EFT/ERA submissions "just in case" | Submit once, track the confirmation number, and follow up at the payer's stated processing time before resubmitting. |

# 9. Realistic timeline expectations

### Typical ranges

- CAQH profile completion: same day, if documents are ready
- Primary source verification: 2–6 weeks, payer-dependent
- Payer contracting decision: 30–90 days, payer- and market-dependent
- EFT/ERA processing once submitted: commonly around two weeks

### Plan around this

Start CAQH and payer applications the moment a new provider's start date is known — not the week they start seeing patients. A 60–90 day runway before the first patient encounter avoids the single most common new-provider cash-flow problem: months of unbillable or held claims.

## 10. Quick-reference checklist

- ☐ CAQH ProView profile complete, documents current, attestation reminder set at 90 days.
- ☐ Payer enrollment/contracting application submitted immediately once CAQH access is granted.
- ☐ Effective date confirmed in writing before submitting any claims.
- ☐ EFT enrolled with banking details matching the enrolling TIN/NPI exactly.
- ☐ ERA enrolled to the correct clearinghouse/trading-partner mailbox.
- ☐ Auto-posting rules tested on a small batch before full production use.
- ☐ One canonical TIN/NPI reference sheet used across every enrollment form.

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This guide describes the general CAQH credentialing, payer enrollment, and EFT/ERA process as commonly implemented across U.S. commercial and government payers as of September 2026. Exact steps, portals, and processing times vary by individual payer and by which clearinghouse or enrollment vendor they use — always confirm current requirements directly with each payer and your clearinghouse before relying on this guide for a live enrollment. Published by Medical Billing Info as a free practice resource.