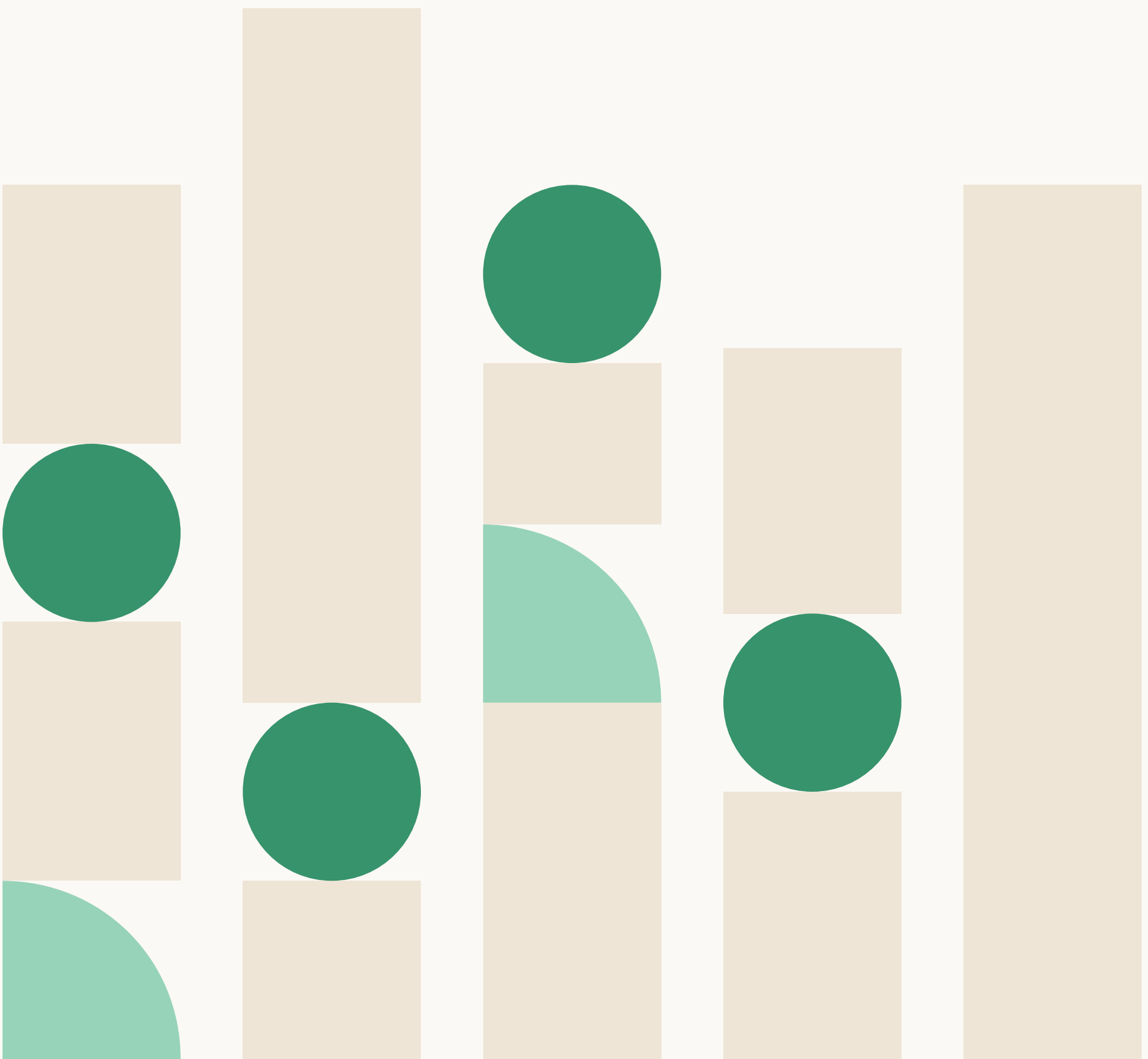




11 Ways to Improve Your Provider Credentialing Strategy and Workflow



In provider credentialing, challenges such as data inaccuracies, external distractions or information delays can drain your most precious resources. These complications not only consume staff time and reimbursement revenue but can also trigger dissatisfaction among your members and providers.

Provider credentialing acts as the crucial bridge in health care operations, connecting patients with the qualified providers you've teamed up with, and enabling your organization to deliver high-quality patient care in a cost-effective manner.

As a health care payer, you're acutely aware of the complexities and time demands of credentialing. You also understand how traditional processes can pose strategic and operational obstacles for your organization.

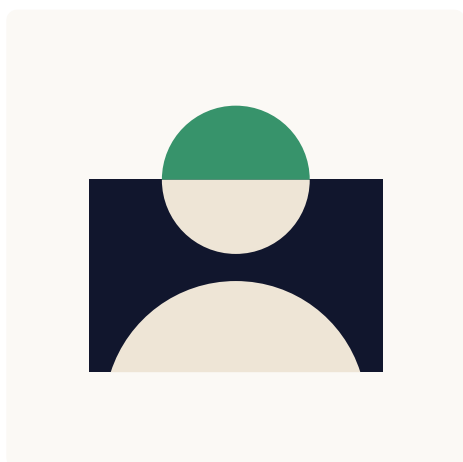


CHAPTER 1

Understanding unique hurdles in payer credentialing of providers



Payers have always faced a range of challenges relating to provider credentialing. From recurring costs, issues such as maintaining a single reliable record for each provider or procuring necessary information from them are still to this day significant operational hurdles. New challenges have also come about, which are apparent as payers adapt to the evolving post-pandemic experience and new regulations, including the No Surprises Act, which raise the bar for payer organizations. Health plan staff and leaders are faced with formidable obstacles such as:



Escalating administrative responsibilities

As the number of patients seeking unprecedented levels of services surge, claim processing volume grows, leading to an increased administrative burden. Moreover, payers grapple with multiple accreditation standards from entities such as the National Committee for Quality Assurance (NCQA), along with state and federal regulations like those issued by the Centers for Medicare & Medicaid Services (CMS). Additionally, struggles with rigid, inefficient workflows and the burden of data report generation and distribution can potentially undermine payer staff productivity, lead to higher operational costs and diminish team morale.



Interoperability hurdles

Lower levels of interoperability make the integration of provider data with other systems challenging, causing multiple profiles for the same provider and disjointed communication. This disorganization not only consumes resources but also escalates the possibility for errors. Along these lines, inefficiencies in technology and data transfers mean payer organizations often collate and analyze providers' utilization data, along with other value and cost containment related information, more than hospitals and health systems. Despite constant changes in provider data, the process necessitates the transfer of multiple layers of sensitive data among participants, regularly leading to a strain on the infrastructure handling the load.



Innovation and automation shortfall

Provider credentialing is traditionally slow, manual and inconsistent. Managing the operational intricacy of provider credentialing for payers can be daunting. The process, besides being labor-intensive and heavily regulated, usually takes between three to six months to complete. With more cost-of-care scenarios emerging that need ongoing review of operational policies, more staff are engaged in this process and are managing higher volumes of data and repetitive tasks.

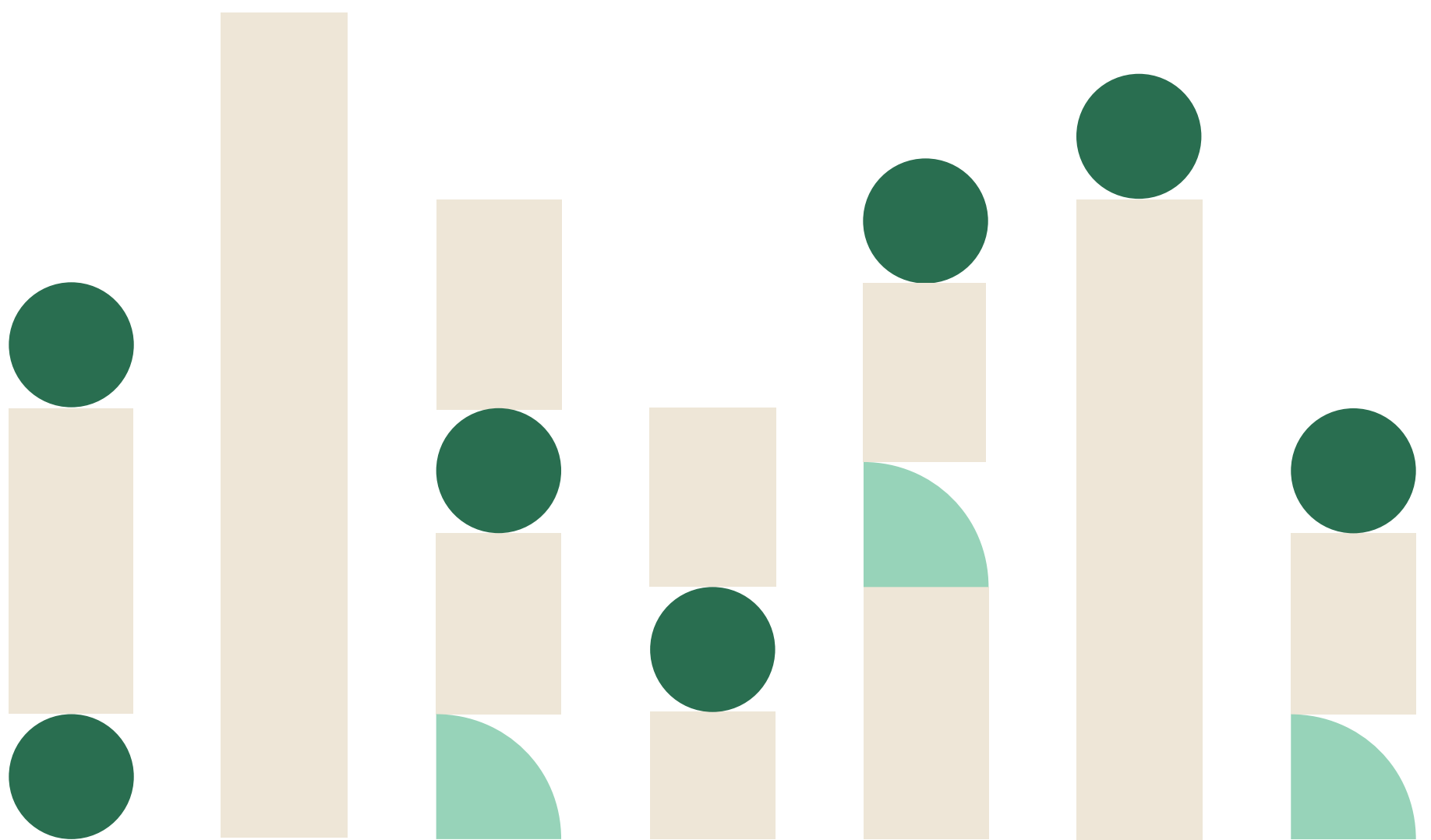




Despite these challenges, the hunger for quality, best-practice payer credentialing for providers solutions hasn't died down. And it's unlikely to wane anytime soon.

That's what brought you here. To effectively play your part in controlling overall health care costs, it's essential to balance the strategic and operational aspects of provider credentialing. Medallion's credentialing experts recommend focusing on finding the obstacles in provider data accessibility, and disconnections in your workflow that contribute to errors and data verification issues — all to get you to a flexible system, and in a place of a more controlled and streamlined credentialing process to achieve your goals.

Let's look at how to accomplish this through 11 tips that can help your payer organization improve provider credentialing.



CHAPTER 2

Tips to create a best-in-class provider credentialing strategy



Cutting through the complex landscape of provider credentialing involves overcoming challenges that hinder growth. Here are common strategic challenges alongside solutions to help you overcome them and align your credentialing process with your overarching business objectives.

Goal #1: Grow and scale provider networks quickly and flexibly.

Strategic challenge and solution

Payers want to expand their provider networks on their terms, preserving their unique verifications, workflows, processes and requirements. Implement a modular and customizable credentialing platform that adapts to unique credentialing requirements, automates repetitive tasks, and enhances collaboration and communication. This strategy can optimize and automate your operations without compromising your organization's identity and integrity.

Goal #2: Improve efficiency while reducing costs.

Strategic challenge and solution

This objective involves leveraging data-driven processes and solutions that enhance efficiency, reduce costs and maintain stakeholder trust and satisfaction. Utilize a modern, flexible platform with rich data analytics to drive efficiency and cost reduction. Leverage data-driven processes and tech solutions to reduce costs, improve overall efficiency and maintain stakeholder trust without compromising control over your operations.

Goal #3: Ensure credentialing processes are compliant.

Strategic challenge and solution

Noncompliance risks are significant, especially for fast-moving health care organizations with fragmented provider data management processes. Implement a centralized credentialing management process that guarantees compliance with industry regulations, provides real-time updates and supports adherence to state and federal guidelines. This approach minimizes the risk of noncompliance and errors while promoting consistency and transparency.



Goal #4: Execute Medicare/Medicaid awards with ease.

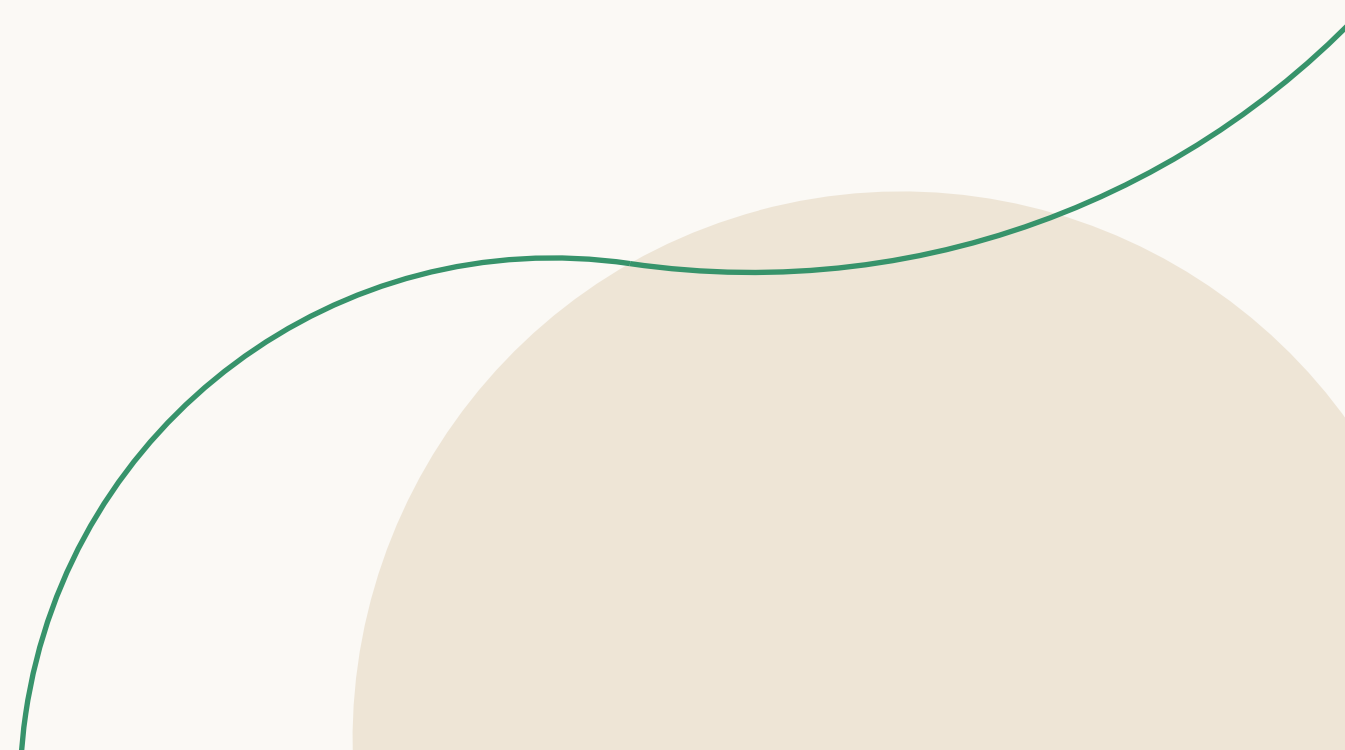
Strategic challenge and solution

This objective requires a scalable and adaptable infrastructure backed by dedicated expertise — something many payers struggle with. Build an infrastructure that can efficiently respond to Medicare/Medicaid contract awards. Develop a scalable and adaptable infrastructure, supported by dedicated expertise, to keep your organization poised for growth.

Goal #5: Find the best strategic partners.

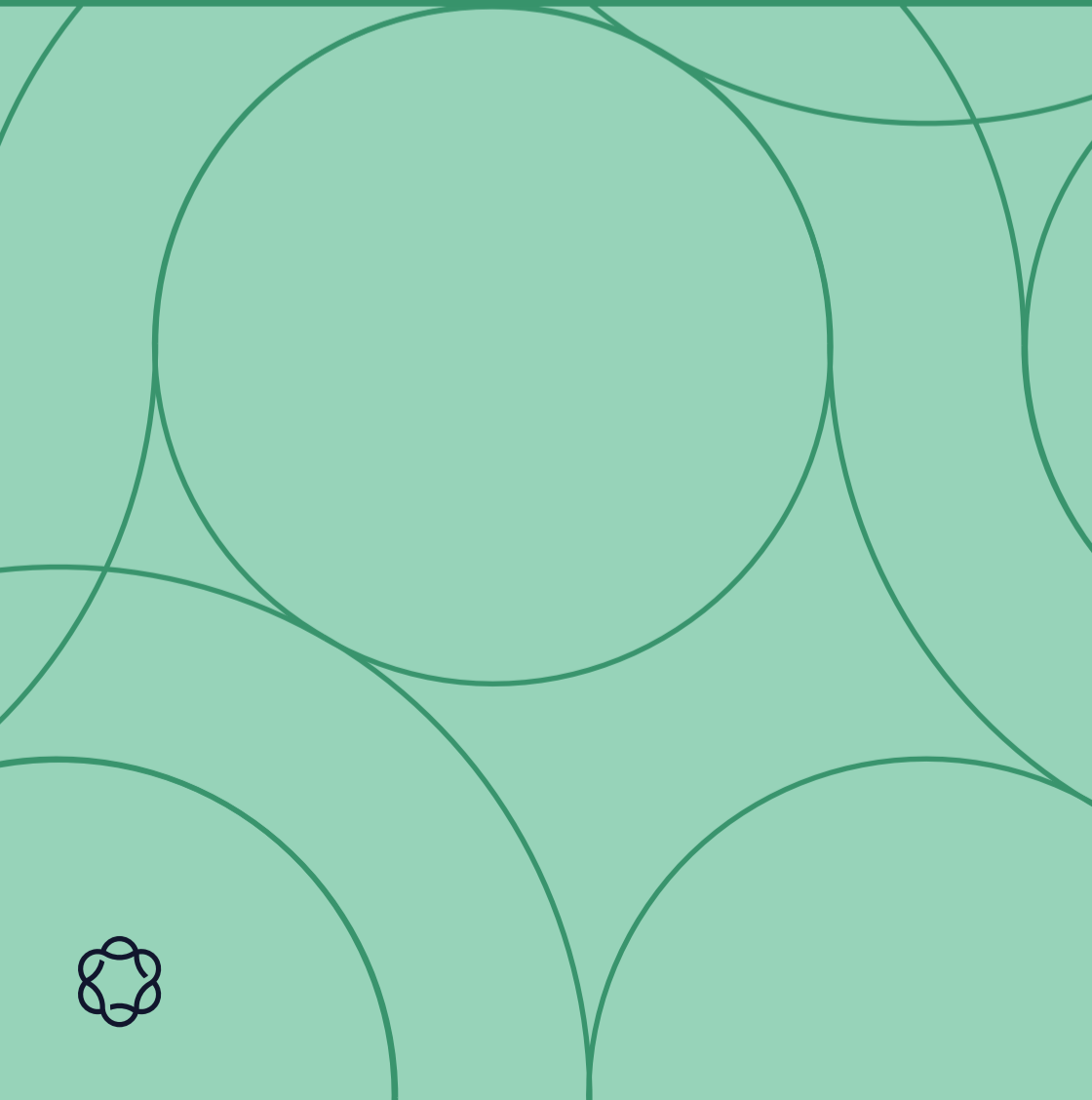
Strategic challenge and solution

Achieving strategic goals often involves developing a comprehensive evaluation and collaboration framework that encourages clear communication and continuous evolution. Establish a systematic approach to identify, evaluate, and collaborate with strategic partners. This approach should include a comprehensive framework encompassing clearly defined objectives, thorough due diligence, transparent communication, and continuous evolution to enhance trust and drive mutual success.



CHAPTER 3

Tips to create a best-in-class provider credentialing workflow



Now, here are common operational challenges alongside practical solutions to implement into your processes to help you meet your day-to-day goals:

Goal #1: Facilitate direct communication with providers.

Workflow challenge and solution

Direct communication with providers not only expedites response times but also strengthens relationships. Utilize a platform that enables direct, efficient and straightforward communication between you and the providers.

Goal #2: Ensure provider data accuracy.

Workflow challenge and solution

Accurate provider data not only saves time and reduces costs but also enhances patient care coordination efforts. Deploy a central, systematic and proactive provider data validation process with regular verification, automated data checks, and provider group collaboration. This ensures your directories are accurate and reliable.

Goal #3: Aggregate provider data for direct credentialing and delegated agreements.

Workflow challenge and solution

The management and monitoring of provider data from both direct credentialing and delegated agreements can be complex. Adopt a unified credentialing management platform that integrates data from various sources and provides real-time monitoring and reporting capabilities to streamline this process.



Goal #4: Simplify the delegated roster process.

Workflow challenge and solution

Standardizing roster management can provide consistency and efficiency. Use a roster template and management system to promote consistency, reduce complexity, and streamline the submission process for delegated entities.

Goal #5: Overcome manual and inefficient workflows.

Workflow challenge and solution

Manual workflows increase operational costs and reduce productivity. To handle the tremendous workload and foster data access and transparency, implement automation and machine learning in the form of batch processing to automate repetitive tasks, identify bottlenecks, reduce errors and increase efficiency across payer-specific workflows for primary source verification and credentialing.

Goal #6: Implement consistent processes.

Workflow challenge and solution

Inconsistencies in processes can hinder efficiency and increase the risk of errors. Develop and enforce standardized procedures and best practices, supplemented with regular training and continuous process improvement efforts to maintain consistency and streamline operations.



Final thoughts

By prioritizing the 11 strategic and tactical fundamentals outlined in this document, your payer organization can drive a more collaborative relationship with the providers you partner with, ultimately, resulting in better patient outcomes and lower costs.

Medallion's platform has been designed with these priorities in mind. We provide a unified solution for provider data accessibility and management, communication and real-time analytics to expedite your workflow processes.

Additionally, due to high volumes of credentialing files, most payers outsource this responsibility to a trusted credentialing verification organization (CVO) partner. CVOs can often seamlessly bring together the provider contracting, credentialing and enrollment processes in a faster, unified way.

A partnership with a CVO lightens your burden, freeing your credentialing teams to focus on tasks that require their specialized expertise. Particularly, CVOs with NCQA accreditation stand out as going the extra mile in verifying credentials. NCQA accredited CVOs take care of the entire credentialing and recredentialing process on your behalf. Medallion is an NCQA-certified CVO that can, for instance, offer your organization consulting services on policies, procedures, ongoing tracking and more.

Are you ready to take the next step in optimizing your provider credentialing process?

Visit our website at <https://medallion.co/who-we-serve/payers> to learn more about how Medallion's payer integrated services, platform and technology can help you. Or request a demo at <https://medallion.co>.

About Medallion

Medallion is the first solution built from the ground up to help healthcare organizations rise above regulatory complexity and offload their healthcare operations through a single, unified platform. By handling medical state licensure, payer contracting and enrollment, credentialing, ongoing monitoring and more, Medallion makes it faster, easier and less expensive for our partners to operate. We evolve operations, so healthcare organizations and their providers are free to evolve care.

Learn more at medallion.co, or get in touch at hello@medallion.co.

