

8 provider credentialing tips that your operations team should steal

A candid guide to mastering provider network
credentialing in today's dynamic landscape.



Picture this: A rapidly evolving healthcare landscape, where trends like telemedicine and value-based care are transforming the way we think about patient care.

Regulatory changes keep us on our toes, and credentialing - a process often relegated to the background - emerges as a vital player in the game. As a healthcare operations leader, you're navigating this intricate world, balancing compliance, efficiency and the ever-important human touch.

How can you ensure that your organization is not only keeping up, but thriving in such a dynamic environment?

We talked to Medallion's Head of Credentialing and Director of Solutions Architecture to see how they tackle the complexities of provider credentialing head-on, while staying true to the core values that make healthcare operations both an art and a science.

And we've put all their best tips together here to help you enhance your operations, nurture provider satisfaction, and ultimately, create better patient care experiences.

What is provider credentialing?

Provider credentialing is the process of verifying and assessing a healthcare provider's qualifications, expertise, and experience to ensure that they are capable of delivering high-quality patient care.

This process involves validating a provider's education, training, professional licenses, certifications, work history, and other essential credentials. The goal is to ensure that the provider meets the required standards of competence and professionalism set by healthcare organizations, regulatory bodies, and insurance companies.

You can think of provider credentialing as a thorough background check for healthcare providers. It's a way for hospitals, clinics, and insurance companies to ensure that the doctors, nurses, and other healthcare professionals they work with have the right skills, experience, and qualifications to deliver safe and effective patient care.

This process helps maintain high standards in the healthcare industry and gives patients confidence in the professionals taking care of them.

And as the complexity of healthcare operations increases, the importance of an efficient and compliant credentialing process has never been more critical.



Tip #1: Deliver effective provider communication

Clear communication with providers, staff, and all stakeholders is crucial throughout the credentialing process. Keeping your providers informed at every stage from onboarding throughout the credentialing process eliminates any ambiguity and in the end creates less work for all involved. Even if you partner with a credentialing verification organization (CVO) to handle the credentialing on your behalf, you'll want to ensure your providers know what that process entails.

Go further: Utilize a centralized communication platform, such as a secure messaging app or an intranet portal, to provide regular updates and relevant information to providers throughout the credentialing process. This ensures everyone stays informed and engaged.

Tip #2: Be NCQA compliant

Compliance with the National Committee for Quality Assurance (NCQA) standards is essential for success with payers. Familiarize yourself with the NCQA rules and ensure that your organization and any CVO partners follow these guidelines. Although accreditation is not mandatory, it demonstrates a commitment to quality and compliance.

Go further: Conduct regular internal audits to assess compliance with NCQA standards. Identify areas for improvement and implement corrective actions to maintain a high level of compliance and readiness for any external reviews.

Tip #3: Establish a strong committee

A robust credentialing committee should be representative of your provider network, inclusive of different provider types, and free of potential biases. Select an odd number of members (ideally five) to prevent stalemates and establish a clear meeting cadence. Consider compensating providers for their time, as meetings often occur outside regular working hours.

Go further: When selecting committee members, consider including representatives from various specialties, genders, and cultural backgrounds to create a diverse and well-rounded team. This diversity encourages a broader perspective and fair decision-making.

Tip #4: Build a consistent voting program

Implement consistent voting guidelines for committee members to follow, which include understanding unconscious biases and recusing themselves from decisions involving providers they know personally. Providing a reference document helps ensure adherence to these guidelines.

Go further: Develop a comprehensive committee member training program that includes guidelines on voting procedures, handling potential conflicts of interest, and recognizing unconscious bias. Offer refresher courses periodically to reinforce these principles.



Tip #5: Automate primary source verifications (PSVs)

Striking a balance between automated and manual PSVs ensures both compliance and efficiency. Leverage technology and human intelligence to minimize errors and optimize the verification process while adhering to necessary compliance requirements.

Go further: Implement a credentialing software solution like Medallion that integrates with primary source databases, like the National Practitioner Data Bank (NPDB), for automated PSV, reducing manual work and expediting the verification process.

Tip #6: Automate roster management

Automating roster management reduces human errors and streamlines the process. Utilize a platform that consolidates provider, group, and practice information and automatically updates provider status for easy roster creation and submission.

Go further: Adopt a credentialing management system that automatically syncs with payer templates and captures any changes to provider information. This technology helps to minimize errors and simplify roster submission to payers.

“ Look for a tool that integrates seamlessly to create a unified platform that helps you do more in one place.



Tip #7: Find a flexible CVO

A flexible CVO serves as a trusted extension of your team. Seek an NCQA-accredited partner that combines software workflows and human expertise, providing support without replacing your team. Trust your instincts when selecting a CVO that takes credentialing seriously.

Go further: During the CVO selection process, assess potential partners based on their ability to integrate with your existing processes and systems. Schedule demos and request client references to ensure they have a proven track record of successful collaboration.

Tip #8: Be open to change

Embrace change for the benefit of your providers and organization. View software and partners as integral team members, not job replacements. By adapting to new processes and tools, you'll improve efficiency and strategic decision-making.

Go further: Encourage an organizational culture that supports continuous improvement. Regularly review and assess credentialing processes, and when identifying potential enhancements, test them on a small scale before implementing them organization-wide.

Optimize your credentialing process with Medallion

By implementing these eight tips, you can improve your own credentialing process, leading to more efficient operations, increased provider satisfaction, and ultimately, better patient care.

Only Medallion is designed to run your provider operations process from top to bottom, giving your team more room to transform patient care delivery. See how Medallion fits into your workflows with a 30-minute demo and discover why brands like Hims, Teladoc Health and Ginger trust us to handle their provider operations. www.medallion.co

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.

