

Real-time provider credentialing

A solution for efficient provider onboarding
and data maintenance





Introduction

Provider lifecycle management is a core component of the healthcare payer value chain. The crux of a payer's business operations is managing provider functions that meet member healthcare requirements. The provider credentialing process forms the basis for efficient provider onboarding and network management, especially due to emerging trends like telehealth. Despite advances in technology, a typical provider credentialing process can take anywhere from 30-120 days, depending on the provider type and the state in which they operate.

HCLTech has a strategic partnership with a premier payer-provider collaboration organization that plays a major role in provider data management and credentialing processes across the healthcare industry. Using innovative next-generation technology solutions, our partnership aims to reduce the administrative burden on payers and providers while bringing systematic, methodical changes to provider credentialing and data management.

This whitepaper describes the challenges in the current provider credentialing process from the perspectives of the payer and credential verification organization (CVO). It also highlights improvements to the system

Provider credentialing challenges

A typical credentialing process involves verifying provider details submitted during the application process from multiple sources, including federal and state databases. The provider credentialing requirement varies based on the provider type and the state in which they operate. Here are some challenges of the current credentialing process:

Long turnaround time (TAT)

An estimated single-day delay in provider onboarding costs \$10,000 to the medical group. The provider credentialing process in its current state requires a long TAT from credentialing organizations. Due to myriad data of data sources and the complex verification requirements, it can take 30 to 120 days to onboard a new provider, resulting in claim denials, revenue cycle issues and poor provider satisfaction.

Lack of transparency

The provider credentialing process involves complex business rules supporting various credentialing requirements. The process requires communication between CVOs and providers to get

the necessary information. Due to gaps in the business process, providers often don't get details on missing required credentialing information. Lack of transparency in the correspondence further increases the credentialing process TAT.

High cost of operations

Traditionally, provider credentialing has been a manually intensive process. This manual work drives up the cost of operations, leading CVOs and health plans to look for ways to standardize and automate operations, improve processes and closely track SLAs. In addition, several regulations target transparency and data accuracy. CVOs and health plans need additional systems and processes to comply with these regulations.

Duplication of effort

CVOs receive multiple credentialing requests for the same provider from multiple health plans, or even from the same health plan. Due to the lack of a systematic ability to identify and reuse provider information, multiple verifications are required for each provider for duplicate requests on different days.

Solution options

Inhouse credentialing vs. external CVO

With several players offering multiple solutions in the provider credentialing space, payers face a difficult choice of choosing the right partner for their credentialing needs. Payers are also exploring the possibility of developing inhouse processes and systems more aligned with their business goals. This decision is critical for payers to improve their process efficiencies and optimize costs. Both approaches have pros and cons, depending on the payer's size and line of business (LOB).

Inhouse credentialing

Payers can build inhouse credentialing solutions and processes to control end-to-end operations, quickly identify improvement areas, develop custom solutions and easily integrate with other systems. A typical provider credentialing process involves integrating approximately 21 elements, including state institutions, licensing boards, federal databases and provider application data solutions. Some of these sources provide file- or portal-based information and integration with these sources is challenging in both cost and effort. Payers also need inhouse domain expertise to build, execute and improve the credentialing process.



Build API integrations with primary sources to retrieve the result in or near an automate workflow

Health plan



Primary source verification



Credentialing decision

Primary sources

- CAQH ProView ADA
- State licensing board
- DEA
- CDS
- ABMS/AOA
- NPPES
- NPDB
- OIG
- OFAC
- CMS/State MAC org.
- DMF
- SAM
- State exclusion/sanctions
- Professional school

The current state of provider credentialing has several challenges, including manual touch points, file-based information exchanges, delayed communication with stakeholders, information gathering, file management and data management. Implementing workflow management, API-based integration and automation will help organizations address these challenges. These changes will improve TAT by providing API-based integration between entities, enabling real-time or near real-time request and response, automating workflow-based tasks, improving communication and minimizing manual interventions.

Current state

- File intake from PO and data enrolment WO creation
- Update data and deliver file to PO
- Data pull from DEA, CDS and state licenses could take up to 48 hours
- Manual QA verification
- File fallout after primary source verification
- Manual identification of reusable files (not real time, hits and misses)
- Manual outreach

Improvement areas

- File-based / batch jobs to API based
- Direct source integrations
- Improve processing quality and completion
- Drive reusability
- Outreach automation

Requirements

- Ingest PO and trigger PS verification in real time
- Share output in real time
- Connect directly to DEA, CDS and state licensing in real time
- Reduce manual interventions
- Automated verification to reduce unclean file
- Automate files that can be reused to process in real time
- Automated email outreach via accurate provider data matching
- End-to-end workflow integration



PSV as a service

Specialized organizations (CVOs) provide credentialing as a service to payers. By outsourcing to these organizations, the high initial set up costs are eliminated for payers. Some CVOs readily offer custom solutions that integrate with the payer’s core systems, reducing the implementation timeline. CVOs with deep domain knowledge may instantly solve payers’ business problems by offering expert solutions.

CVOs typically face issues with consolidating provider data from multiple systems and with any gaps in information providers shared during their application submission. Payers need help filling these cracks due to contract restrictions and the CVO-managed outreach process may delay the verification of provider information.

Provider experience slowing the move to real-time processing.

In the absence of a streamlined provider data capture process and coordination between health plans and their LOBs, providers may sometimes be required to submit multiple applications to CVOs. Lack of clarity on the documentation requirements causes back-and-forth communication between the CVOs and the provider’s administration, resulting in poor provider experience. An average NPS for providers is in the range of 10-20 which suggests that there is significant room for improvement in how providers perceive their interactions with the current credentialing processes. Furthermore, approximately, half of the



Bottlenecks to enabling real-time processing

Provider credentialing is a manually intensive process with several members working and managing the process. Multiple primary sources are file-based, and despite automation, they require manual intervention to verify information. Current batch job-based systems require reconciliation, QA audit, outreach and file preparation to be performed manually,

provider data changes every 18 months highlighting the dynamic nature of provider information and the need for a robust system to track and update these changes in the downstream systems.

10 - 20
Average net
promoter score

~50% Provider
data changes
every 18 months

Solution options

In line with the objective of provider integrated provider credentialing for both payer's inhouse credentialing and credential verification organizations, our solution is engineered to address the need for efficiency and accuracy and to achieve the real-time credentialing process. The gold copy management aims to create a definite provider record, and real-time credentialing aims to achieve quick response by leveraging APIs where manual verification is required. Our solution advocates for a shift towards digital-first processes, encompassing automated workflow and advanced analytics. By providing the feature to customize the provider rosters to payers, this solution achieves to reduce the effort which in turn reduces the turnaround time. Finally, integrating generative AI into this process will transform the current provider credentialing landscape by making it adaptive, efficient and intelligent.

Gold copy management

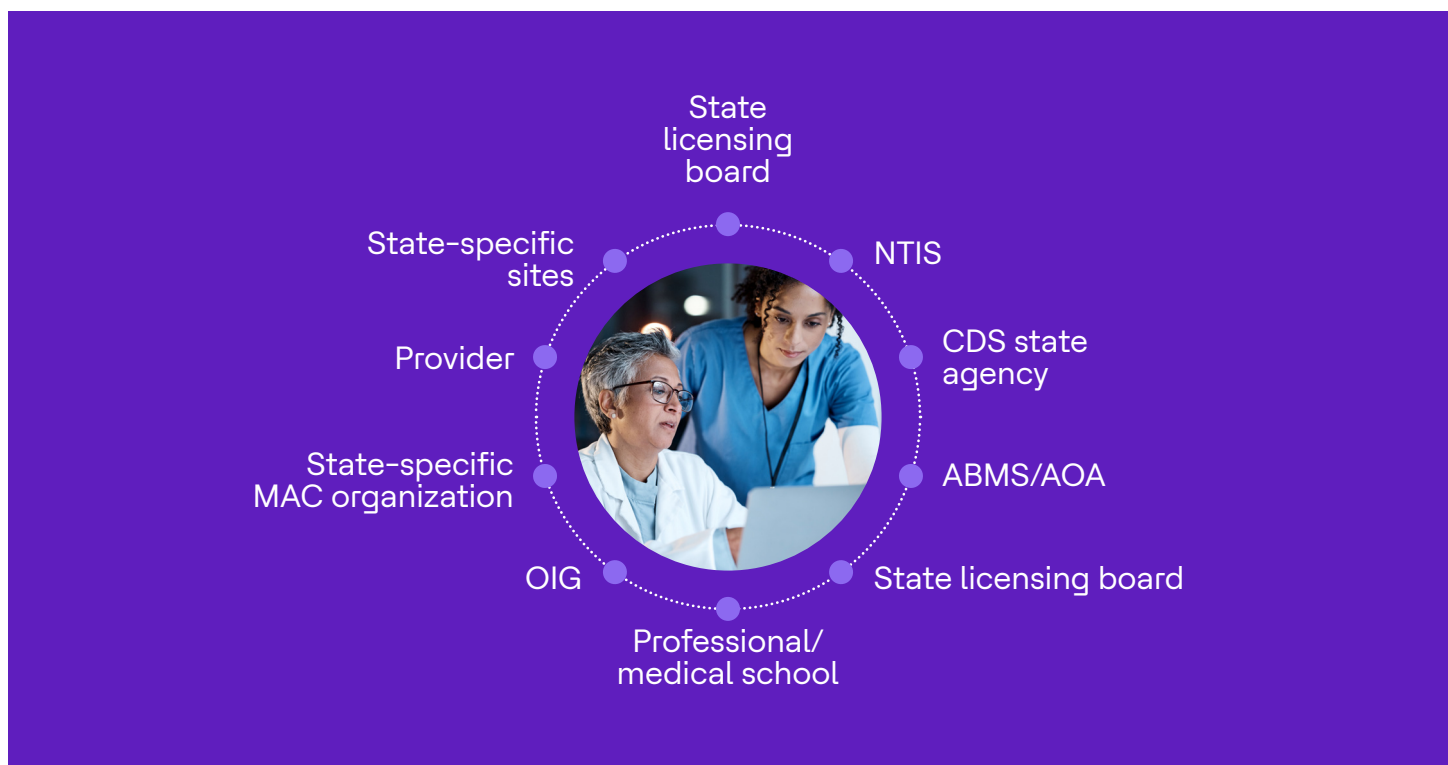
Consolidating data from primary sources while establishing a source hierarchy and assigning weightage to the sources' confidence level will provide a single source of truth for verification. When the confidence level exceeds a predefined

threshold, the provider record can be considered a "gold copy." Gold copy records can be used for credentialing and re-credentialing across various LOBs and payers. Before beginning an external source verification of a primary source, confirming if a provider's gold copy record exists avoids unnecessary external validation.

The gold copy also helps align future re-credentialing dates to avoid duplicate credentialing. Proactive expiration and sanction monitoring can be enabled with a rules-driven alert mechanism.

Real-time credentialing

API-based data elements provide a quick and reliable way of communicating and verifying provider information. However, some data sources don't offer APIs and require manual verification. Automation through robotic process automation or machine learning (RPA/ML) automatically obtains data from multiple sources and helps maintain a single source of truth. Source verification automation is growing increasingly important with new credentialing and provider data directory regulations.



Digital adoption

At a high level, the provider credentialing space needs to catch up in digital adoption. Traditional and manual processes, data-intensive systems and SFTP or file-based integrations have hindered technological transformation. With an eye on the future, credentialing organizations have been looking for ways to provide an omnichannel experience to providers and payers through next-generation portal solutions. Business process monitoring-driven alerts and notifications help identify issues and an integrated stakeholder dashboard provides a better view of performance.

Customizable requirements

Payers currently need to submit provider rosters with provider information to CVOs for verification. Provider information is typically verified against sources based on the business rules on the CVO side. An option that allows payers to choose their required sources will enable payers and CVOs to

improve both the provider credentialing timeline and the cost of operations.

Generative AI Adoption

Payers and CVOs can greatly benefit from the adoption of generative AI into their provider credentialing process. Traditionally, the provider credentialing process deals with a lot of documentation, manual effort and regulations. Our credentialing solution involves using generative AI for automated document processing to automatically generate necessary documentation/provider rosters from the myriad necessary documents. Generative AI-based copilots closely track regulations, suggest process/application changes and create required synthetic data for testing purposes. With the documentation summarization feature, business users can search through multiple provider credentialing SOPs and receive relevant information without going through the document repository.



Conclusion

Provider credentialing is currently a high-cost, effort-intensive process that needs technology and process transformation to cater to the future business of payers. Payers must make informed decisions and adopt next-generation technologies with changing business processes to develop effective and efficient ways to onboard providers to their network. The current credentialing process has a high number of manual touchpoints and integration between entities is file-based. Implementing an integrated workflow, automation, maintaining gold copies of provider data and developing APIs, generative AI based tools and credentialing can be completed in real-time. The future of provider credentialing depends on an organization's readiness to adopt digital transformation that will enable an omnichannel experience and provide deep insights into credentialing activities. Since provider credentialing is a high-stakes area for payers and providers, investments in this area will bring significant business and technological outcomes.

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About the author

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