

CREDENTIALING RUBS PROVIDERS THE WRONG WAY



8 in 10 providers are **dissatisfied** with the **credentialing process**

WHAT MAKES CREDENTIALING HARD?



80% The amount of paperwork



79% Inconsistent requirements by different payers



79% The various rules and standards to follow



72% Having to go to multiple websites to do everything

CREDENTIALING DRAWS ON MANY RESOURCES

WHAT DOES STAFF NEED TO DO TO COMPLETE THE PROCESS?



54%

have physicians **fill out a packet of information** to start the process



70%

use **online applications**



55%

rely on **Word documents or spreadsheets**



54%

have to fill out **paper forms**



80% have their own job aid or checklist to make sure nothing gets missed



34% still get asked for additional information that was missing on the application

69%

OF PHYSICIANS

store their information on computers, flash drives, or personal cloud storage—so credentialing staff needing access may be out of luck.

CREDENTIALING TAKES A LOT OF TIME

FILL OUT THE APPLICATION—THEN WAIT



On average it takes **8 hours** for a facility, and **9 hours** for a practice, to complete a credentialing application.



The average practice waits **39 days**—over five weeks—for a response to their application.

4 HOURS

RE-CREDENTIALING TAKES ABOUT HALF THAT TIME TO COMPLETE (4 HOURS).

HOW TO MAKE CREDENTIALING BETTER

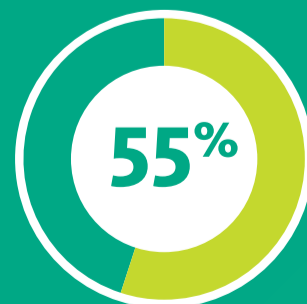
THINK ABOUT THE PEOPLE IN THE PROCESS



Respondents told us what they're looking for in a credentialing process or product:



Prepopulated forms to reduce data entry



Consistent workflows and form styles across health plans and states



Transparency about where an application is in the process



Simplified storage of—and access to—information