The 2025 State of Payer Enrollment and Credentialing

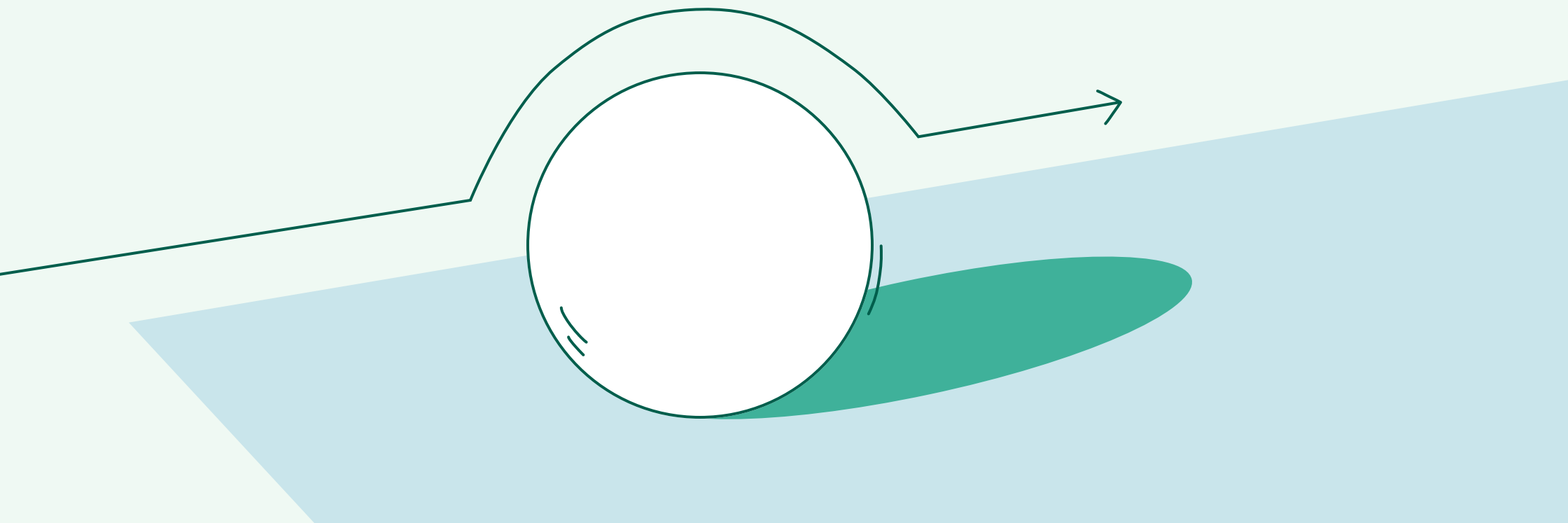By ⊗ Medallion

ACKNOWLEDGMENTS

2025 Survey Methodology

Medallion

Foreward

The past year has brought significant challenges and opportunities for healthcare operations. With economic pressures mounting and the healthcare landscape evolving, organizations are being pushed to rethink how they approach payer enrollment and credentialing.

Despite advancements in technology, artificial intelligence (AI) and automation, many teams remain hesitant to fully embrace these solutions, choosing instead to maintain manual processes that feel familiar. This fear of technology and loss of control over workflows is creating bottlenecks that affect revenue, patient care, and staff morale.

In preparing this year's report, we gathered 507 responses from credentialing specialists, operations leaders, and executives. Their insights have given us a clearer understanding of the challenges they face and the strategies that could transform their workflows.

The findings in this report reveal a common thread: while technology has the potential to solve many of the industry's challenges, adoption remains slow. Even so, the resilience of healthcare teams shines through. They continue to adapt and innovate, finding ways to navigate complexity while keeping patient care at the center of their work.

Our mission at Medallion is to empower these teams with tools that simplify their workflows, reduce administrative burdens, and drive better outcomes. We hope this report provides actionable insights that inspire you to explore new ways to increase efficiency, unlock revenue, and focus on what matters most: delivering great care.
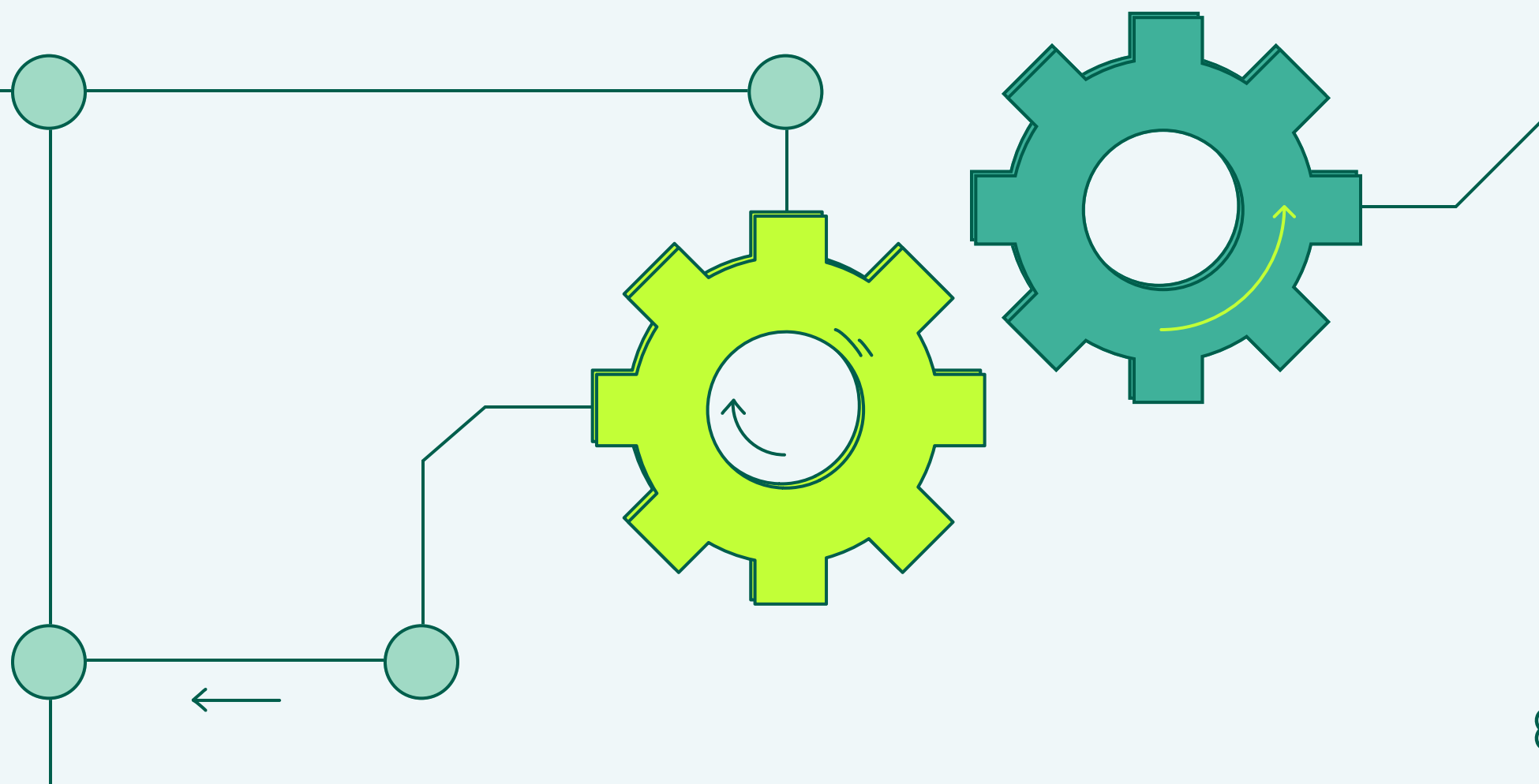
The Medallion Team

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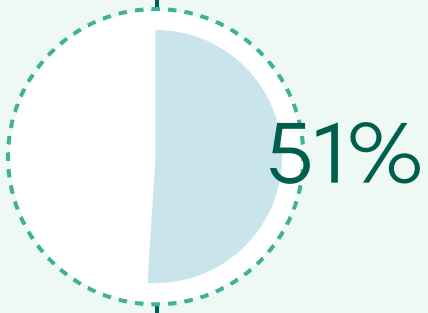
Performance and provider operations work

Staffing challenges and manual workflows are putting a strain on operations teams. From team morale to operational efficiency, the systems they rely on play a critical role in their success—and their ability to deliver care.
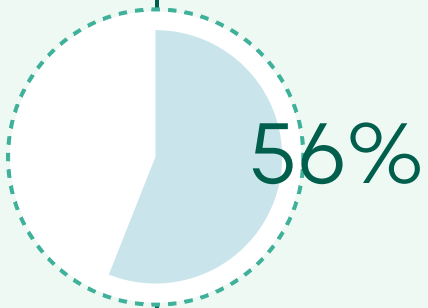
What you'll find in this chapter

51%

Turnover disrupts operations
51% of payer enrollment and credentialing teams experienced turnover in the last year, causing workflow challenges and revenue delays.

56%

Teams are stretched thin
56% of respondents feel their teams are understaffed despite most organizations having no unfilled positions.

65%
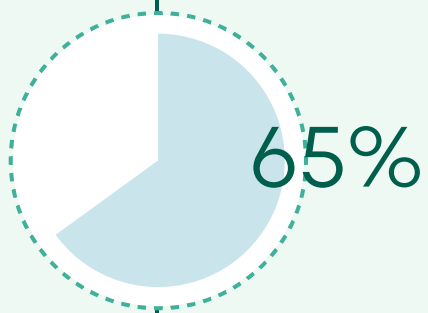
Manual processes dominate
Manual work remains prevalent for enrollment-related tasks such as verifying application accuracy (65% manual) and following up with payers (63% manual).

51%

Enrollment and credentialing teams reported a turnover rate of 51% in the past year

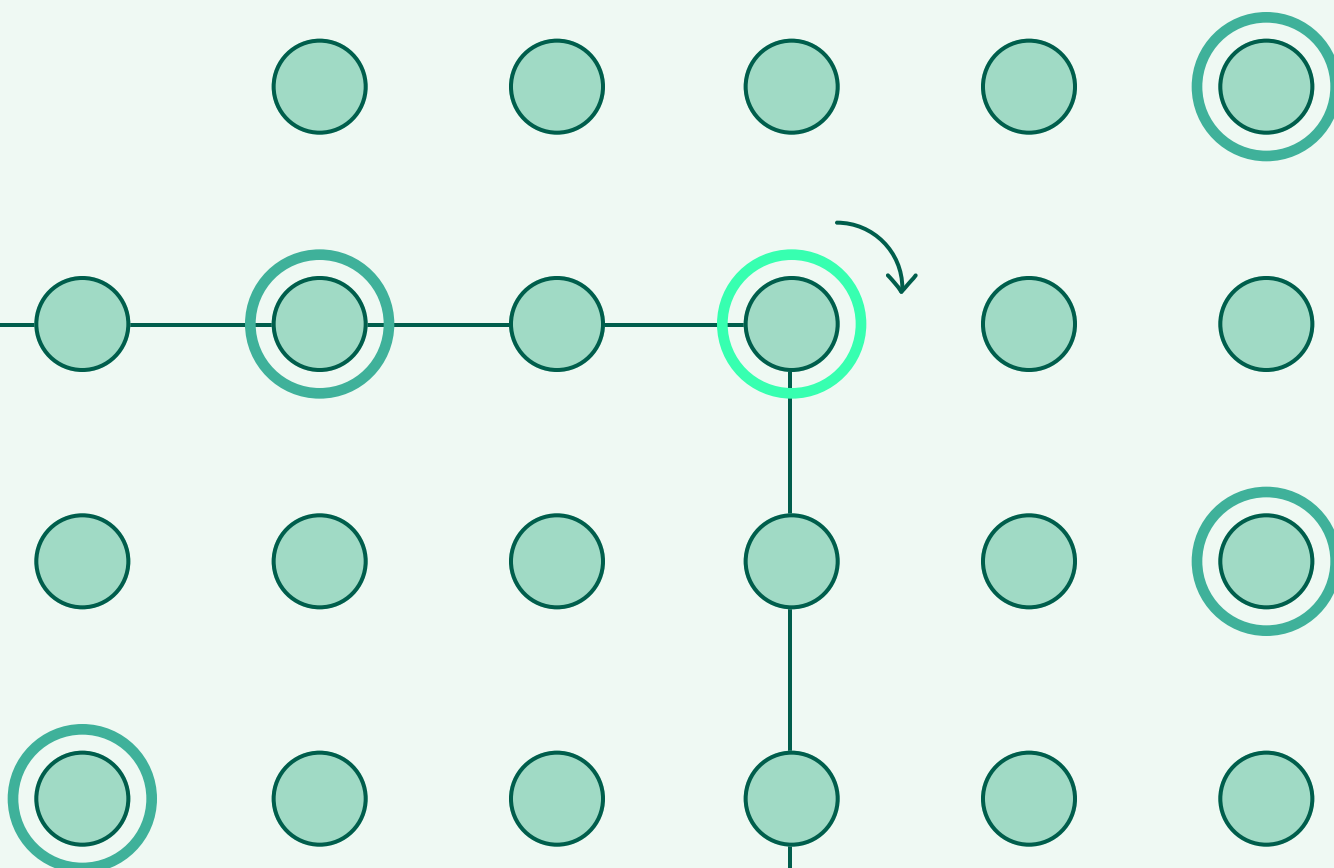Employee retention is a universal measure of team morale, job satisfaction, and collaboration. In healthcare, these numbers take on even greater significance. High turnover doesn't just affect operations—it disrupts care delivery, delays revenue, and piles more stress onto already overburdened teams.

The stakes couldn't be higher. Healthcare organizations are bracing for a nursing shortage projected to exceed one million by 2030, while also facing increased patient demands and a rapidly evolving regulatory environment, compounded by the proposed new governmental policies, which emphasize deregulation and prioritize healthcare access and cost management.

These factors collectively intensify the pressure on healthcare organizations to maintain stable and efficient teams.

A deep dive into staffing levels

While turnover has improved by 10% compared to the data from last year's report, challenges remain. Manual processes leave teams especially vulnerable when key staff members depart. This disruption often results in delays to credentialing and enrollment workflows—both essential for operational efficiency.

Nearly 44% of respondents said their teams are understaffed for their workloads. Surprisingly, this isn't due to unfilled roles. Many teams are simply being asked to stretch further.

Making matters worse, 38% of enrollment teams report growing financial pressure to reduce headcount, a 13% increase from last year. While cost-cutting efforts are understandable, they risk worsening inefficiencies and overburdening teams already stretched thin.
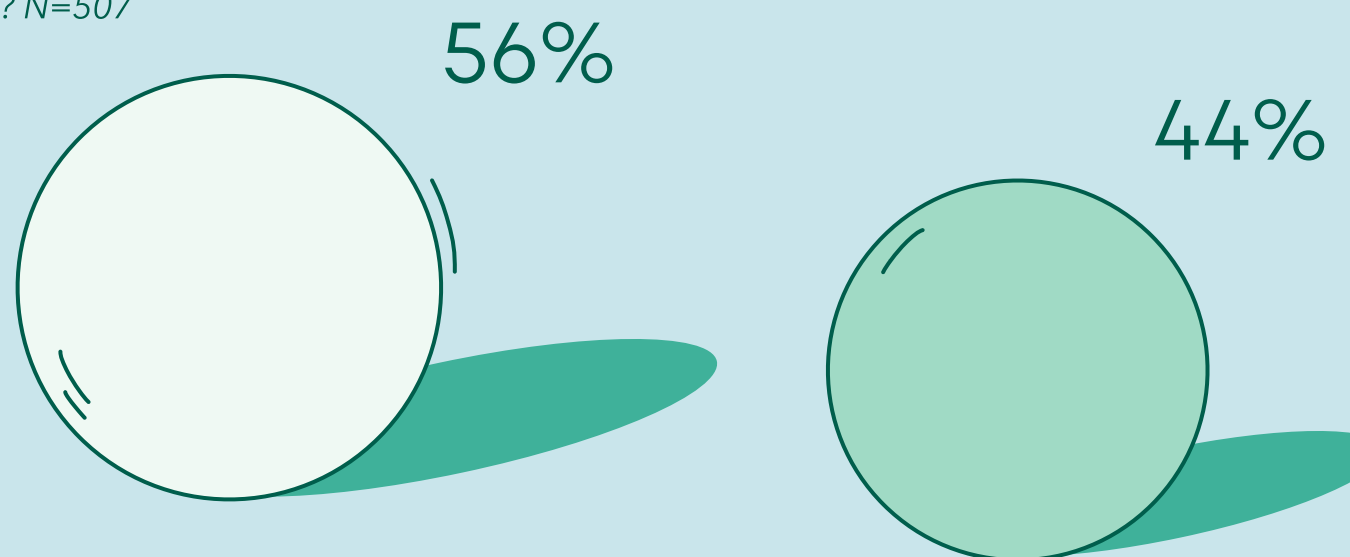
Is your organization facing financial pressure to reduce headcount expenditure? N=507

☐ Yes   ☐ No

38%

62%
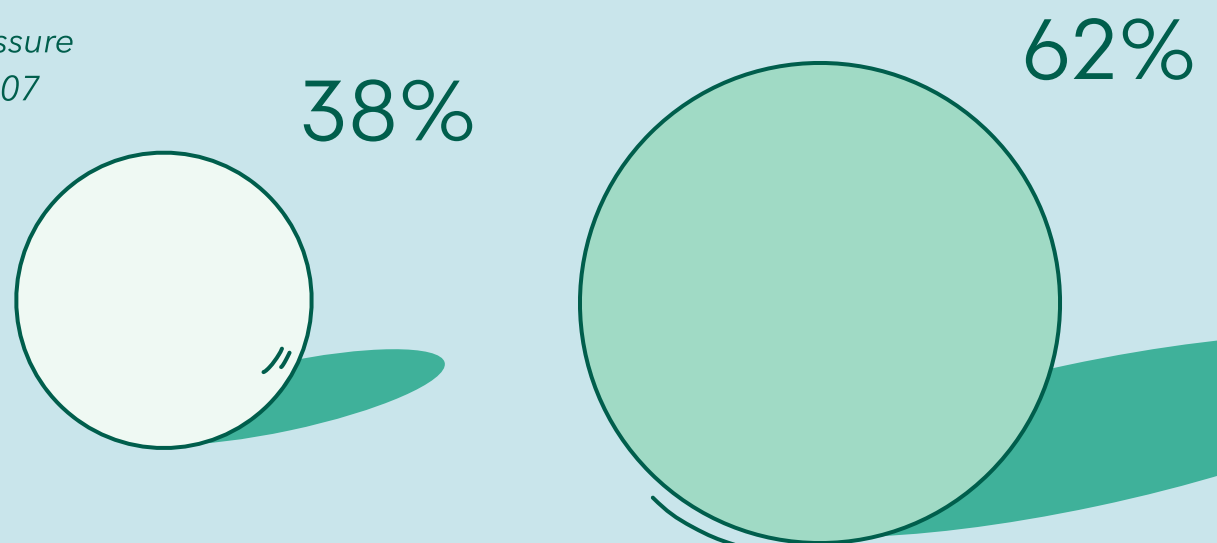
Do you feel your enrollment or credentialing team is appropriately staffed? N=507

☐ Yes   ☐ No

56%

44%

The door is open for operational efficiencies

Speed—or the lack of it—is another challenge. 49% of respondents said their workflows are "too slow" to "moderately fast."

The financial strain is particularly pronounced among C-level executives, with 60% saying slow enrollment processes impact their revenue. Provider groups are hit hardest, with 37% of C-level executives there citing revenue losses. These inefficiencies not only affect financial performance but can also lead to delays in provider availability, further compounding the problem.

Perhaps most concerning is the lack of visibility into the full extent of the financial impact. Nearly 47% of organizations reported being unaware of the dollar amount lost due to slow enrollment workflows, specifically. This suggests that the true financial toll of these inefficiencies is likely underestimated.

How would you rate the speed of your enrollment or credentialing workflows? N=507

too slow	6%
	10%
	33%
	34%
too fast	17%
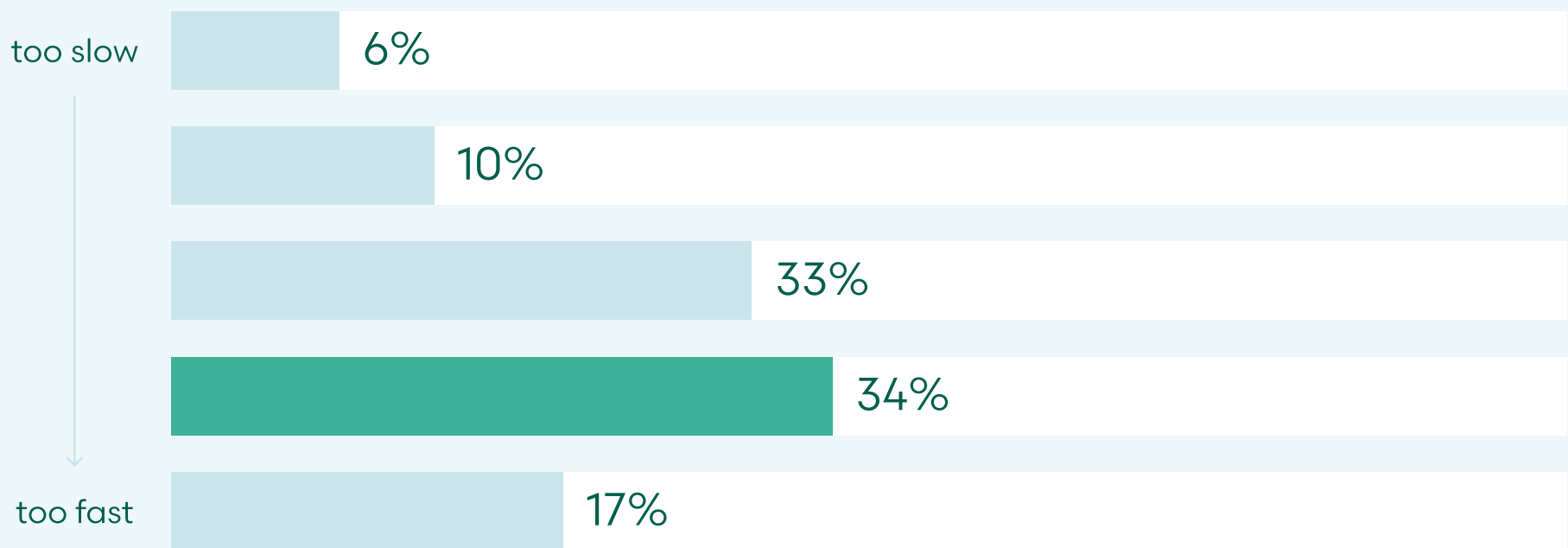
These findings highlight the need for healthcare organizations to prioritize operational efficiencies. By addressing slow workflows and gaining greater visibility into revenue impacts, organizations can reduce delays, improve financial performance, and ensure providers are able to deliver care without interruption.

Finding balance through transparent automation

For many healthcare teams, the challenge isn't just about staffing shortages or slow workflows —it's about striking the right balance between efficiency and control.

Despite the strain, many teams prioritize oversight over streamlining processes, relying on outdated workflows that create bottlenecks and limit scalability.

The data highlights this trend

Enrollment teams report heavy reliance on manual or semi-automated workflows, while credentialing teams often manage tasks that require full human involvement. These processes are not only time-consuming but also prone to bottlenecks, errors, and payer denials —all of which waste valuable resources.

Why does this reliance persist? It could be that for many teams, it comes down to a fear of losing control. While understandable, this hesitation often feels larger than it needs to be. By clinging to manual processes, healthcare organizations risk missing critical opportunities to streamline operations, reduce delays, and improve team capacity.

Transparent automation offers a solution, enabling teams to maintain control while unlocking efficiency. When implemented thoughtfully, it's not about sacrificing oversight —it's about creating space for teams to focus on higher-impact work, freeing them from repetitive tasks that drain time and resources.

Survey findings point to a gradual shift in priorities

71% of C-level executives plan to make moderate to significant investments in technology, such as adding tools or automation.

What level of investment in new technology (e.g., AI, automation, analytics) is your organization planning for credentialing or enrollment in the next 1-3 years? N=507

22%
Significant investment

30%
No planned investment

49%
Moderate investment
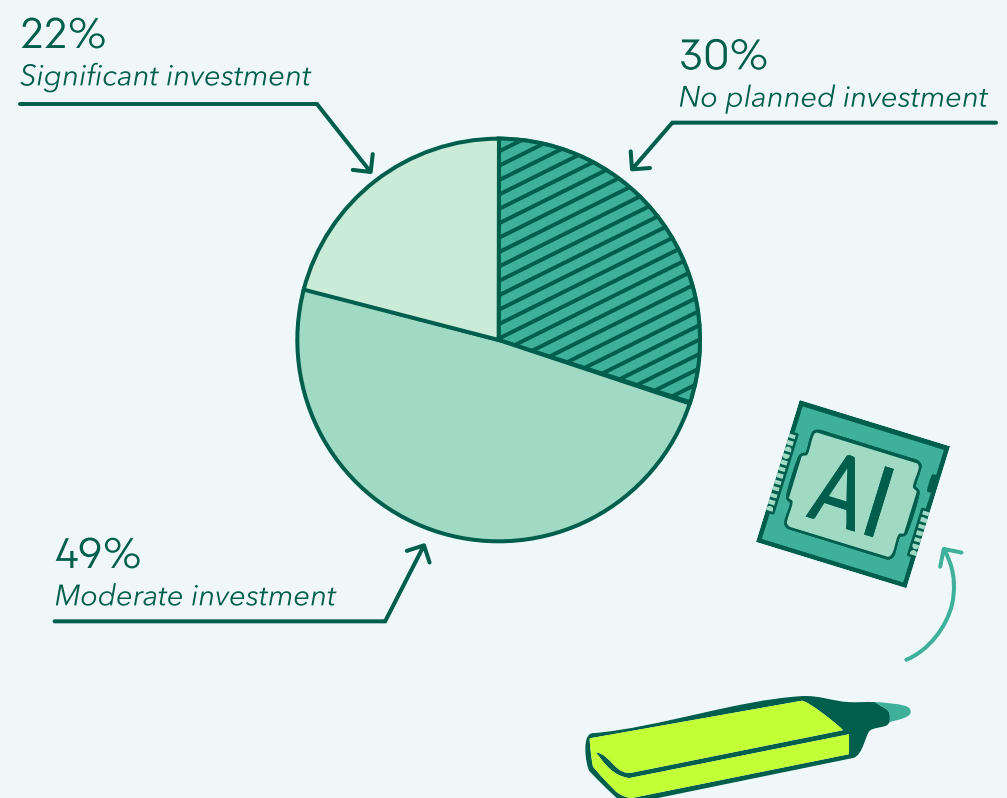
Although the need for technological improvements is needed, the continued reliance on manual processes highlights a gap between understanding the problem and taking action to solve it.

It's concerning that 30% of executives still have no plans to invest in more efficient workflows. Sticking to manual, time-consuming processes puts healthcare teams at risk of falling behind— not just in efficiency and accuracy, but in financial performance too.

Balancing control with efficiency

To truly balance control with efficiency, healthcare organizations must embrace automation where it matters most. Automating high-impact, repetitive tasks such as payer verifications, follow-ups, and data entry offers significant benefits.

→ **Eliminate bottlenecks**: Automation helps reduce errors and denials while speeding up processes.

→ **Increase team capacity:** Free your team to focus on what matters—like provider satisfaction, compliance, and quality improvements.

→ **Maintain oversight:** Automation tools offer clear insights and control over workflows, so nothing gets missed.

And it can free up team capacity to focus on more strategic work, such as quality improvement or provider satisfaction initiatives. Additionally, it may help enhance visibility and oversight, enabling teams to track progress and measure financial impact with greater accuracy.

By modernizing workflows, healthcare teams can move beyond outdated processes that strain resources and instead achieve the flexibility needed to adapt to increasing demands. This shift not only improves operational efficiency but also empowers teams to deliver better care with confidence.
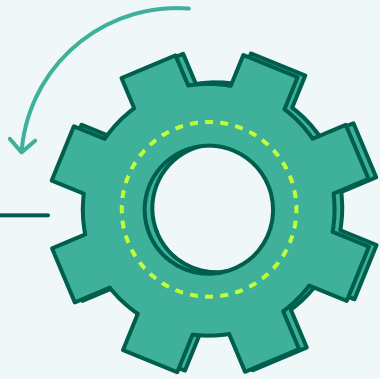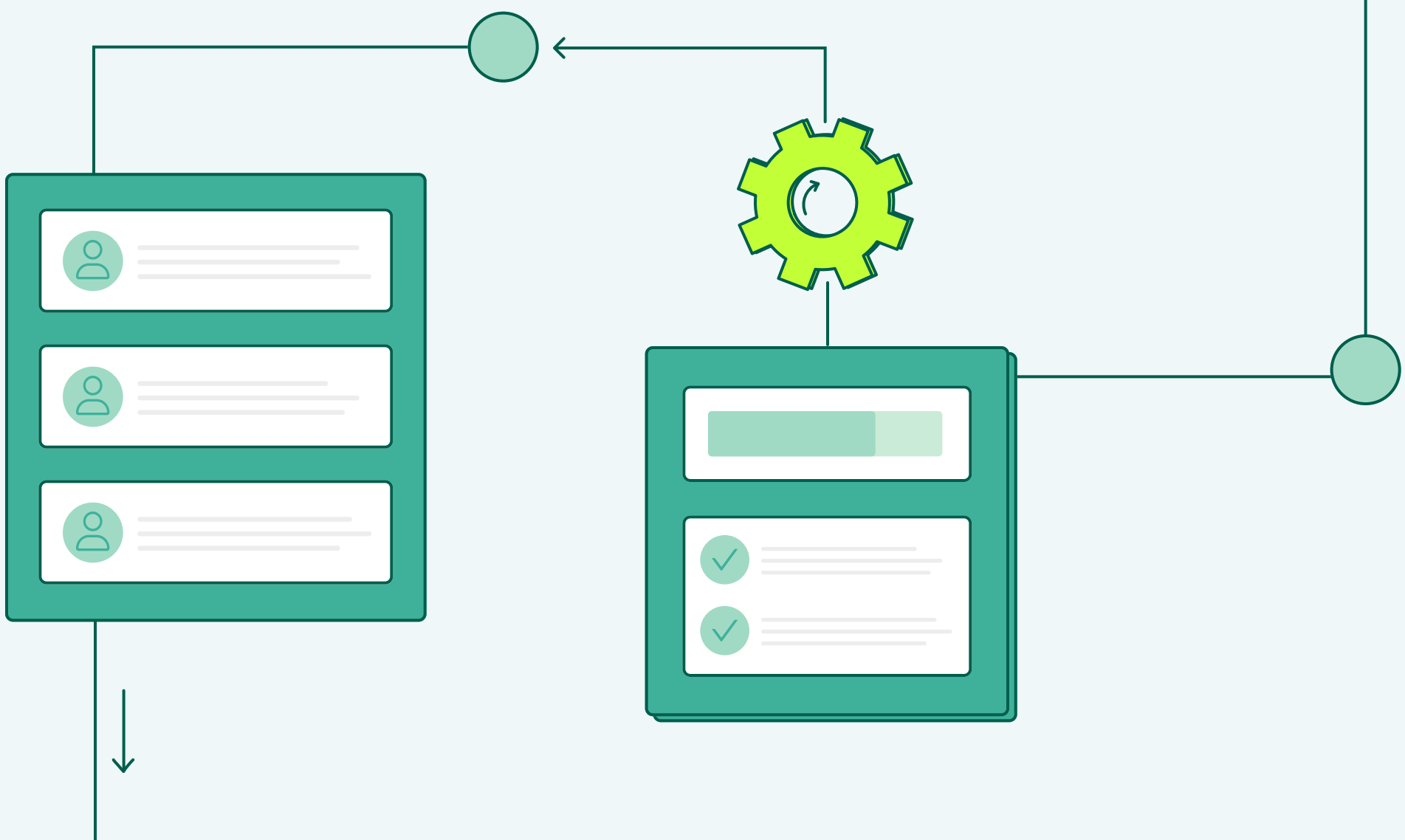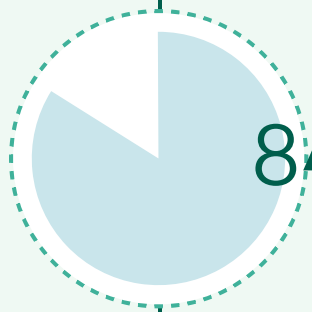
State of payer enrollment

Enrollment delays are hitting healthcare organizations where it hurts most: their bottom line. Slow processes are causing significant revenue losses, and in-house manual workflows are at the heart of the problem.
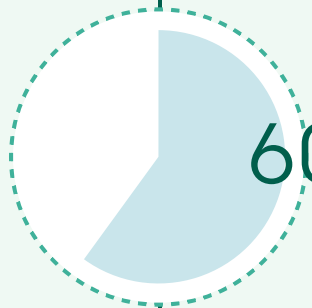
What you'll find in this chapter

84%

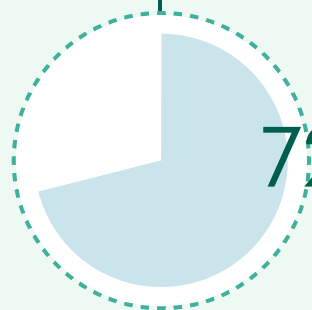### Enrollment workflows remain highly manual
84% of healthcare organizations manage enrollment entirely in-house, with 65% handling key tasks like payer verification manually.

60%

Slow turnaround times hurt revenue
60% of C-level executives say slow enrollment processes negatively impact revenue, with provider groups feeling the strain the most.

72%

Fragmented tools create inefficiencies
72% of respondents use two or more tools for enrollment, but nearly half report low satisfaction with workflow visibility, pointing to data silos and operational gaps.

Enrollment processes remain reliant on manual workflows, creating obstacles that slow turnaround times and strain staff capacity

Manual workflows as bottlenecks

Payer enrollment is one of the most critical workflows in healthcare operations, directly impacting provider availability, revenue generation, and patient care.

As the data shows, enrollment workflows are largely managed in-house, with 83% of teams saying they handle enrollment tasks internally. Despite mounting evidence of the inefficiencies caused by manual processes, this statistic highlights an ongoing theme: an unwillingness to give up control.
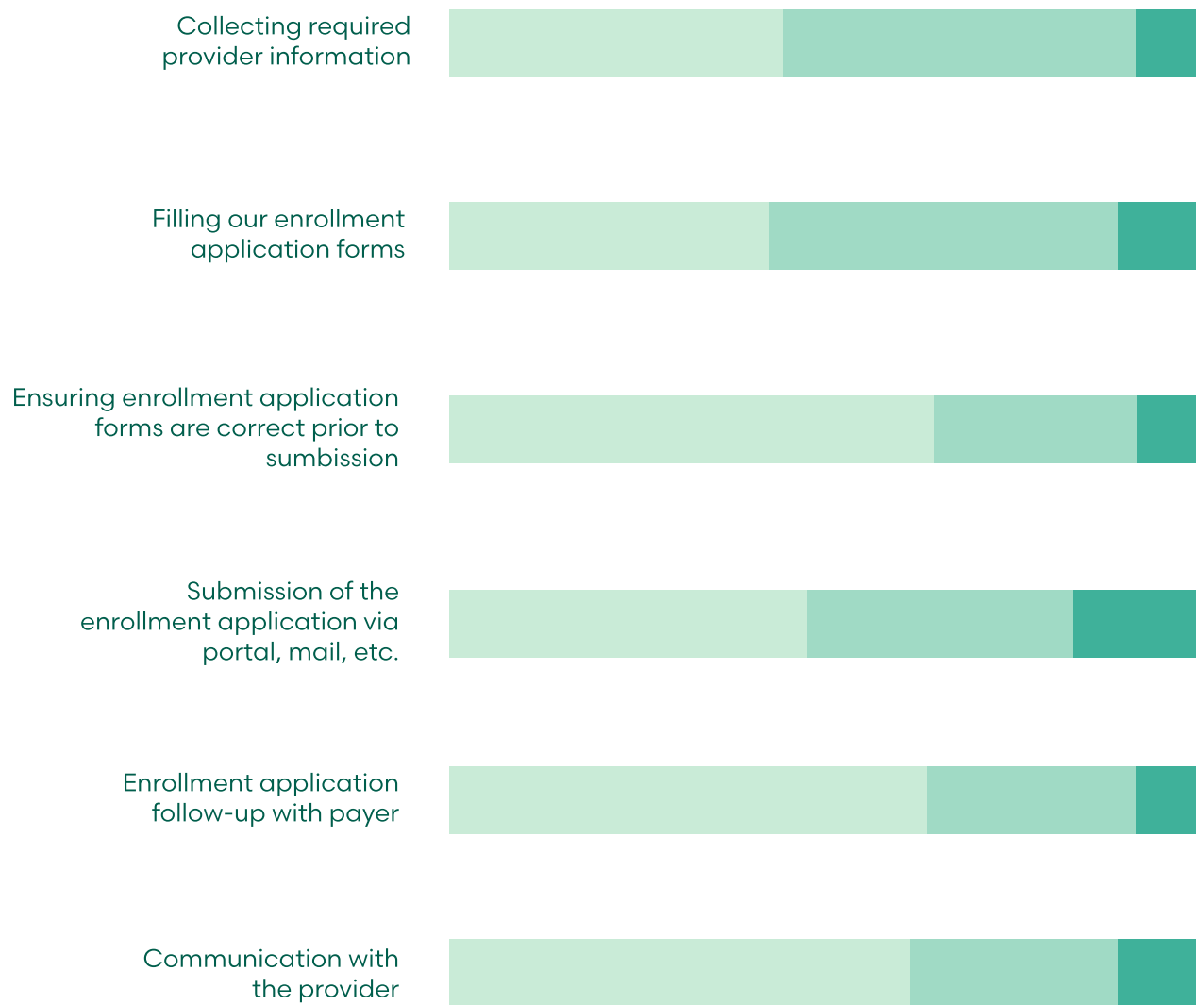
How do you manage the enrollment process? N=409

10%
Strategic partner

Other

83%
In-house team
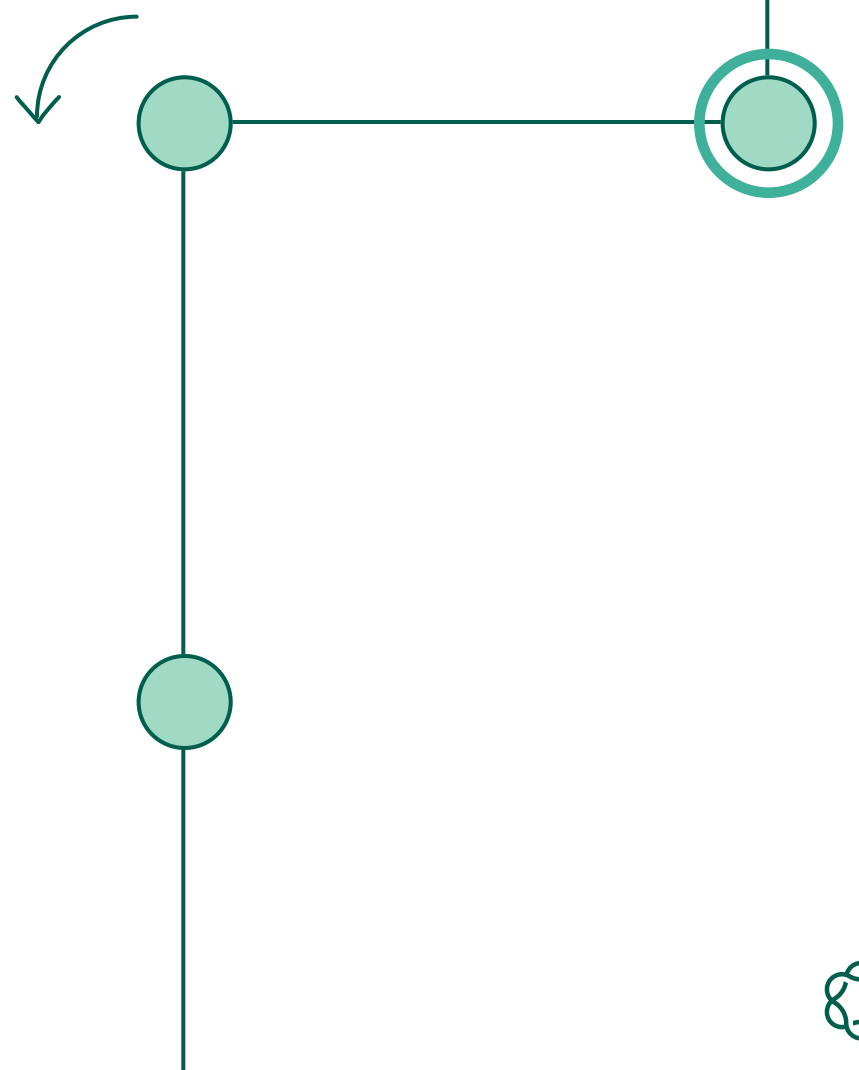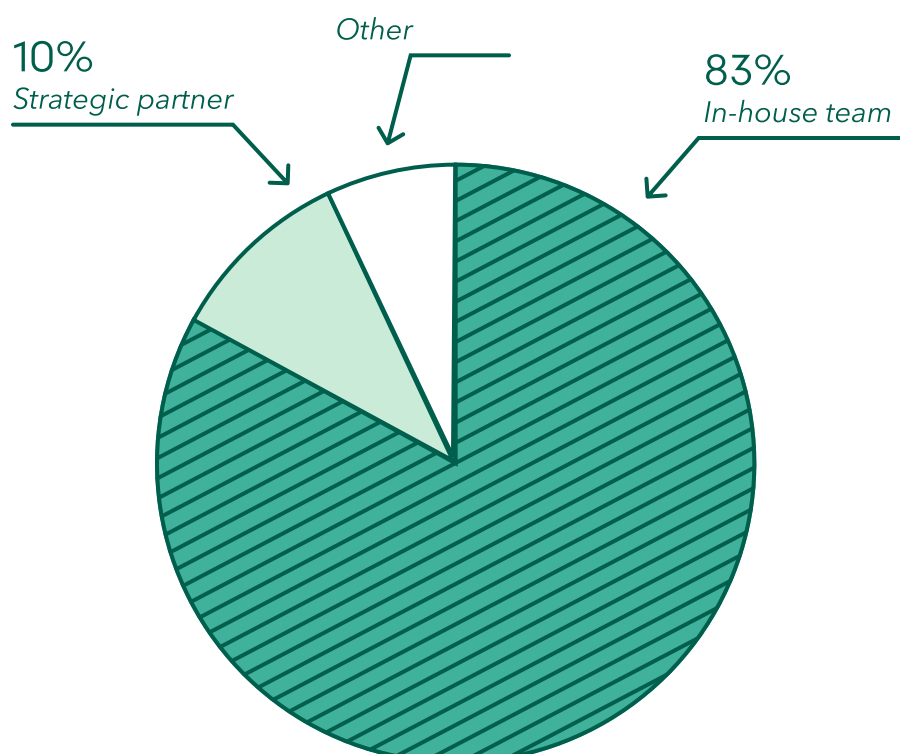
Enrollment teams report relying on mostly manual or semi-automated workflows for tasks—from collecting required provider information to filling out application forms and follow-up with payers to communicating with providers.

Please indicate whether the process is manual, semi-automated, or completely automated. N=507

- ▢ *Manual*
- ▢ *Semi-automated*
- ▢ *Completely automated*

Collecting required provider information

Filling our enrollment application forms

Ensuring enrollment application forms are correct prior to sumbission

Submission of the enrollment application via portal, mail, etc.

Enrollment application follow-up with payer

Communication with the provider

These predominately manual approaches don't necessarily lead to better outcomes. Instead, creating even more manual work to maintain real-time visibility into enrollment statuses and work, with an astounding 58% of organizations relying on spreadsheets.

*How do you ensure visibility into each step of the payer enrollment workflow? N=409*

Other

24%
Payer enrollment-specific software

58%
Spreadsheet

11%
Project management tool
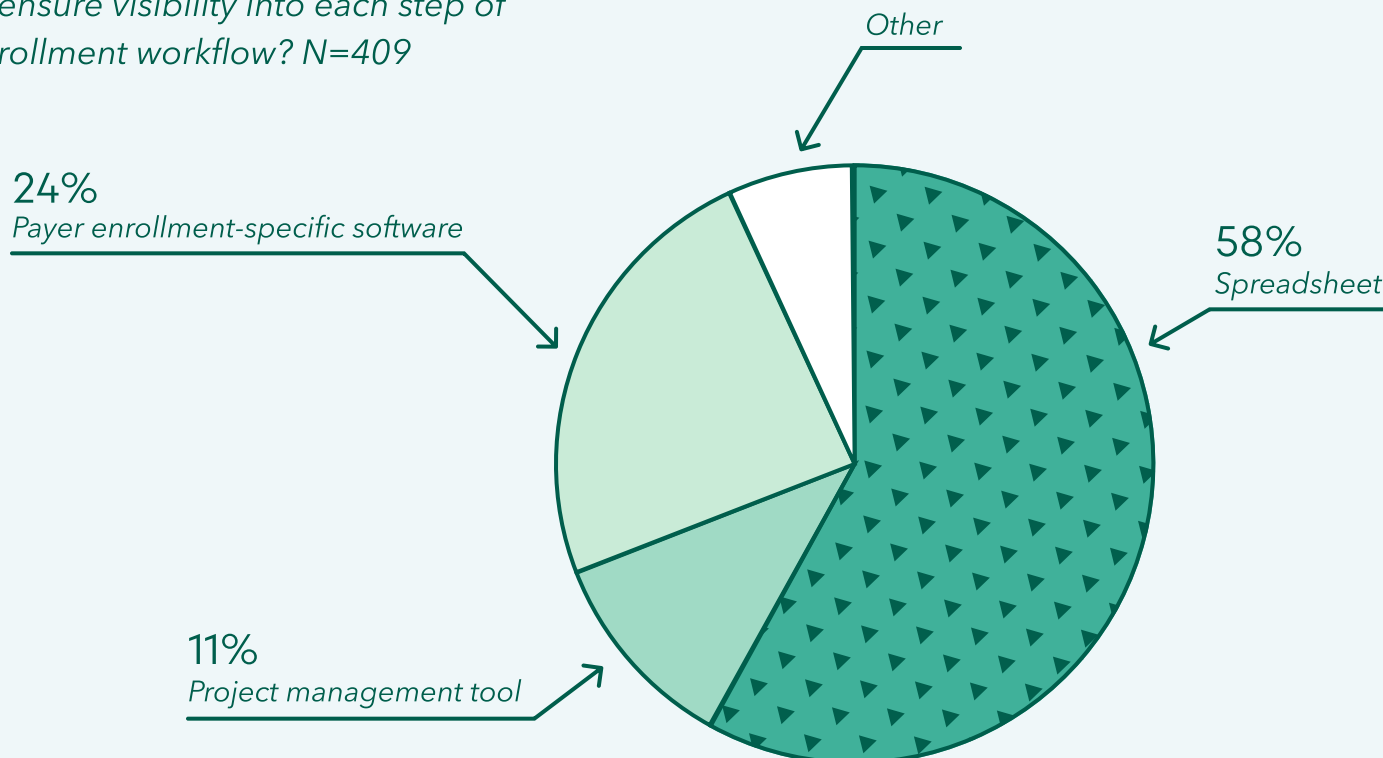
Teams working with these methods were far less likely to meet their goals, often encountering delays, errors, and operational strain.
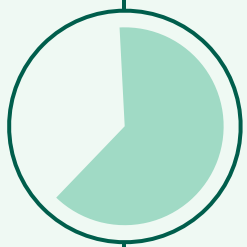
Where teams are spending their time

The survey data shows a heavy reliance on manual processes for key tasks which can lead to delayed enrollments and increased risk due to errors. Several tasks within the enrollment process remain highly manual:
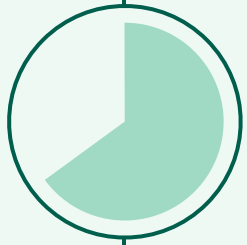
65% of organizations handle payer verification tasks manually.

63% of teams manually follow up with payers.

Additionally, 72% of respondents use two or more software tools for enrollment, leading to fragmented workflows and data silos. This fragmentation complicates workflow transparency and data consistency, with 49% of organizations reporting only moderate to low satisfaction with their current tools' ability to provide visibility into progress.

On average, how many software tools do you use to enroll a provider with a payer? N=409

20%

40%

12%

3 tools

4+ tools

2 tools

24%

1 tool
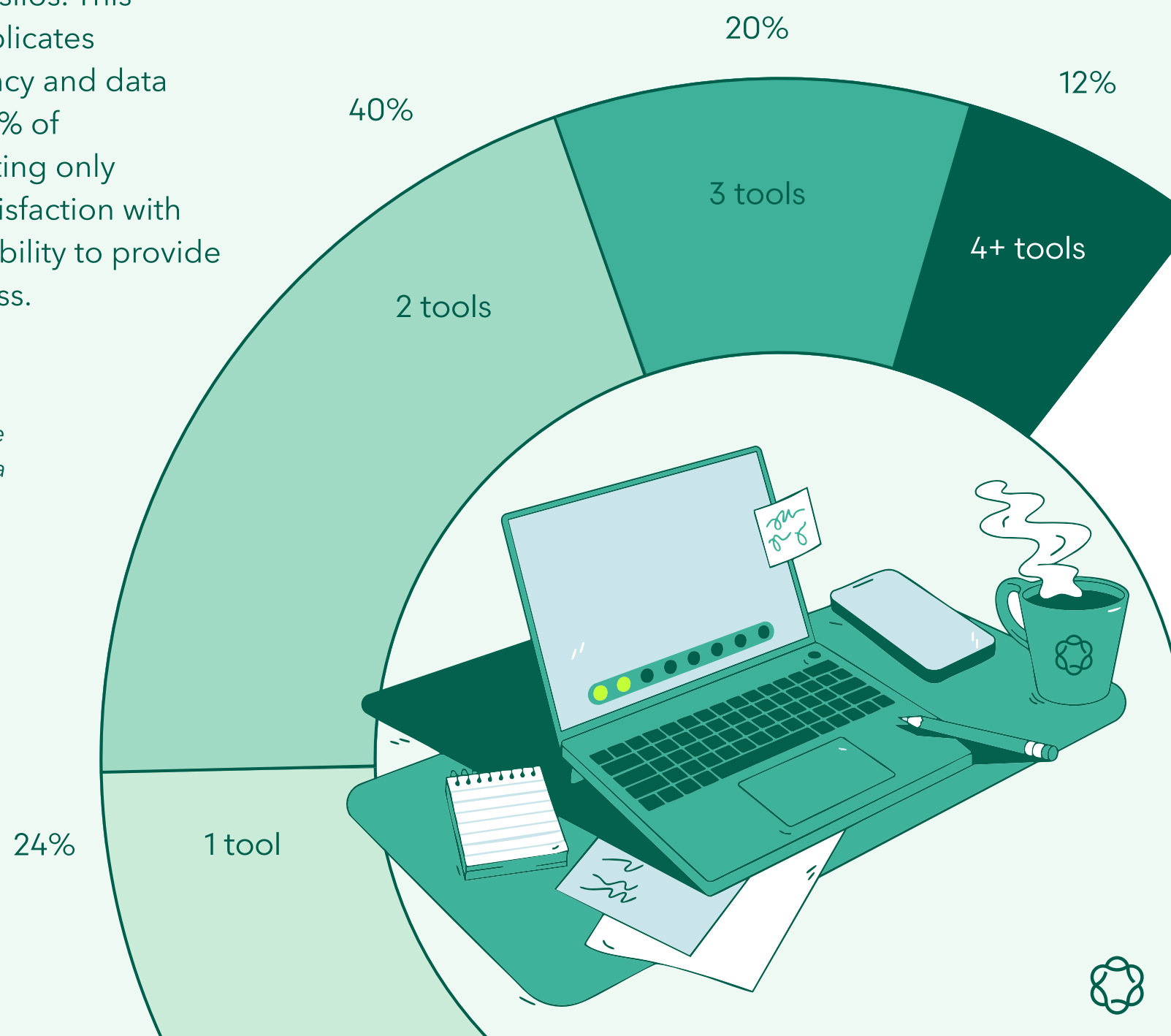
The result? Bottlenecks that slow operations, add administrative burden, and reduce team effectiveness.

How long does it typically take to gather all required information from a provider to complete payer enrollment application on their behalf? N=409

- ☐ *1 business day or less*
- ☐ *2-3 business days*
- ☐ *4-5 business days*
- ☐ *6-7 business days*
- ■ *8+ business days*

30%

19%

20%

24%

The survey revealed a critical pain point in the enrollment process: over one-third of respondents said they need to request additional information from a provider three or more times during a single payer application.

How often do you request additional information from a provider after starting an enrollment application? N=409

7%	23%	34%	19%	17%
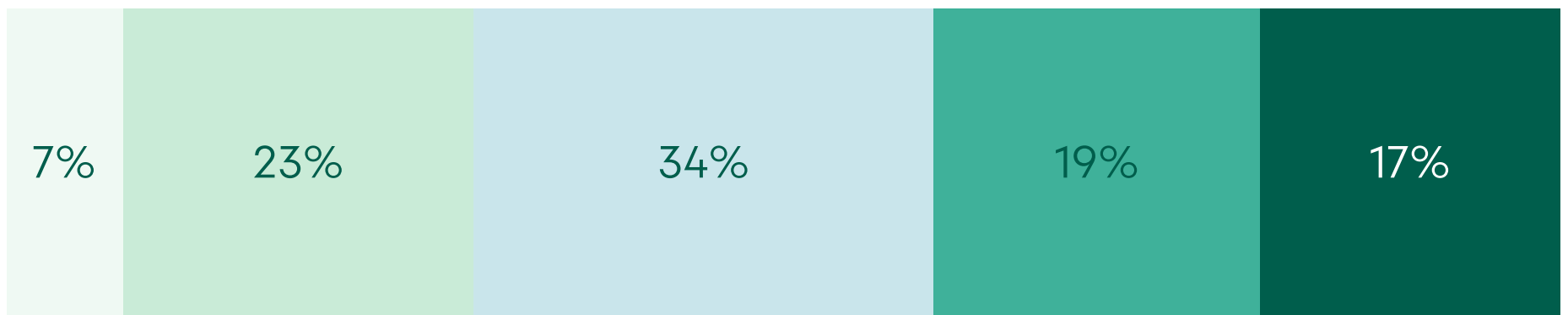
Not often ──→ Very often

This repeated back-and-forth extends enrollment timelines and creates unnecessary frustration for providers. It reflects a breakdown in communication and preparation, which can strain staff resources and leave providers feeling dissatisfied—sometimes enough to disengage entirely.

Addressing this inefficiency isn't just about fixing a process; it's about improving provider satisfaction, conserving team capacity, and supporting organizational goals. Streamlining this step is a key move toward more efficient, provider-friendly workflows.
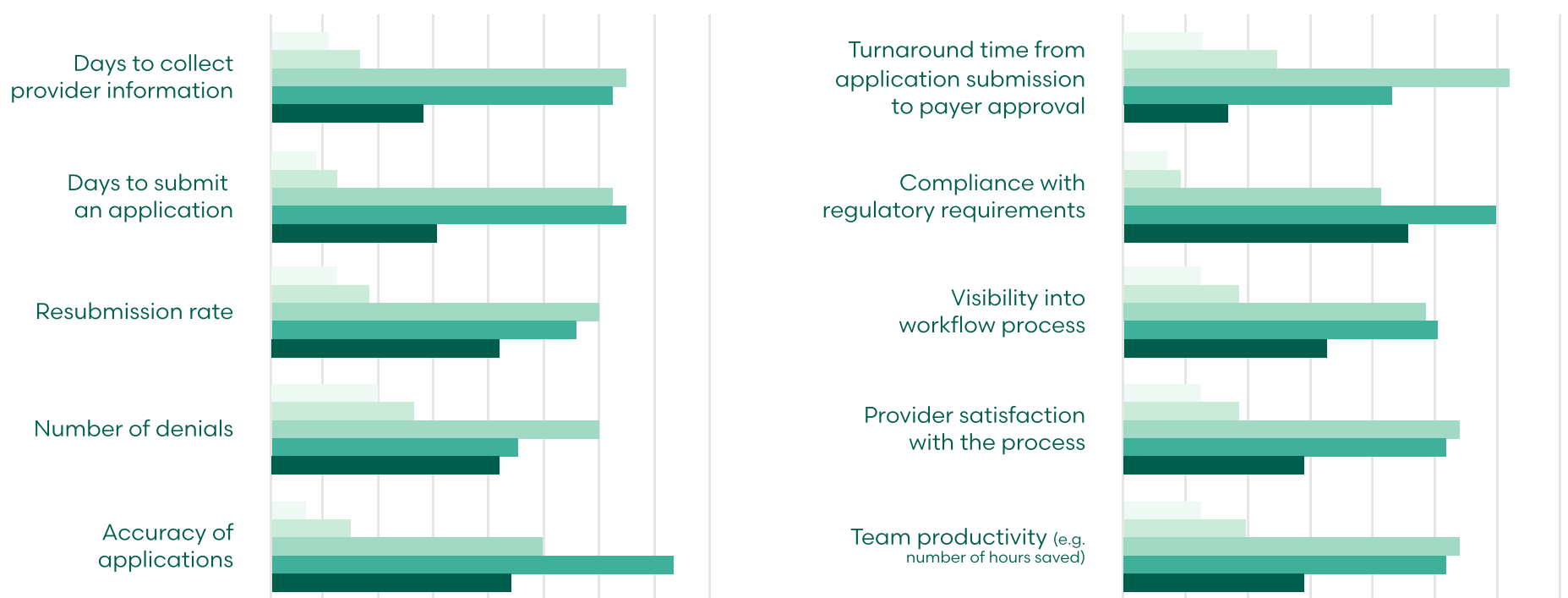
A clear opportunity for improvement

90%

And the survey data supports this statement. 90% of respondents said there is room for improvement in their turnaround times, highlighting the impact of these inefficiencies on both staff workload and organizational goals.
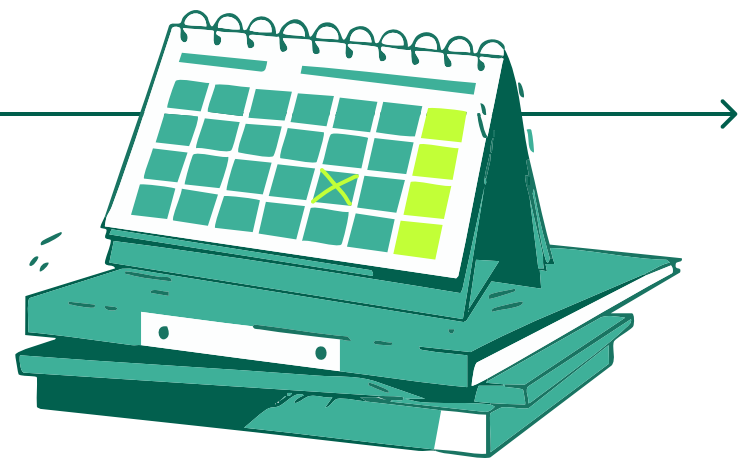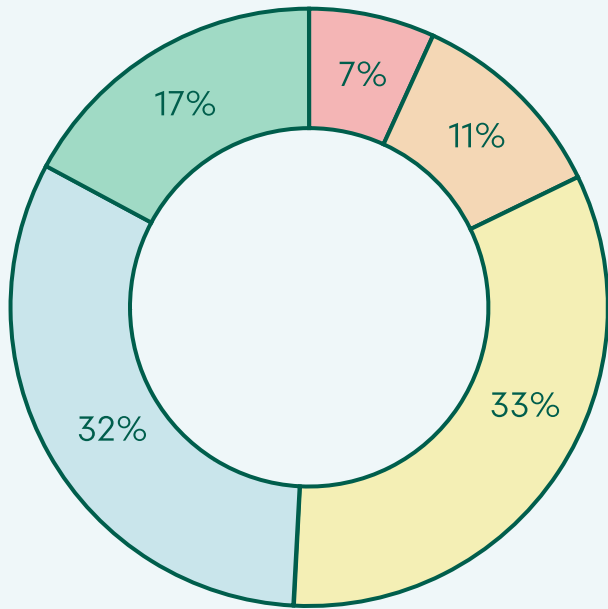
How do credentialing solutions measure up?

When it comes to meeting key credentialing goals, satisfaction varies widely. From turnaround times to compliance and team productivity, the data reveals where organizations are thriving—and where there's room for improvement— and insight into unlocking the full potential of the credentialing process.

How well does your current solution do at meeting these goals? Please rate 1 = not at all to 5= exceeds expectations. N=409

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Days to collect provider information

Days to submit an application

Resubmission rate

Number of denials

Accuracy of applications

Turnaround time from application submission to payer approval

Compliance with regulatory requirements

Visibility into workflow process

Provider satisfaction with the process

Team productivity (e.g. number of hours saved)

Goal-by-goal analysis

😣 1   🙁 2   😐 3   🙂 4   😊 5

Days to collect provider information

7% · **11%** · **33%** · **32%** · **17%**

51% of healthcare teams rate their solution with low to moderate satisfaction levels, with 33% of respondents feeling neutral about their situation. These mixed ratings highlight an area of opportunity to find greater efficiencies such as enhancing workflows through automation—pre-filled forms and document integration —organizations can significantly reduce delays and improve efficiency.

Days to submit an application

Satisfaction with application submission timelines is mixed—33% of teams report falling under the low to moderate satisfaction level. Streamlining submission processes with automation and standardized workflows can help organizations meet deadlines more effectively.

6% · **8%** · **33%** · **35%** · **19%**

Resubmission rate

10% · **12%** · **31%** · **28%** · **20%**
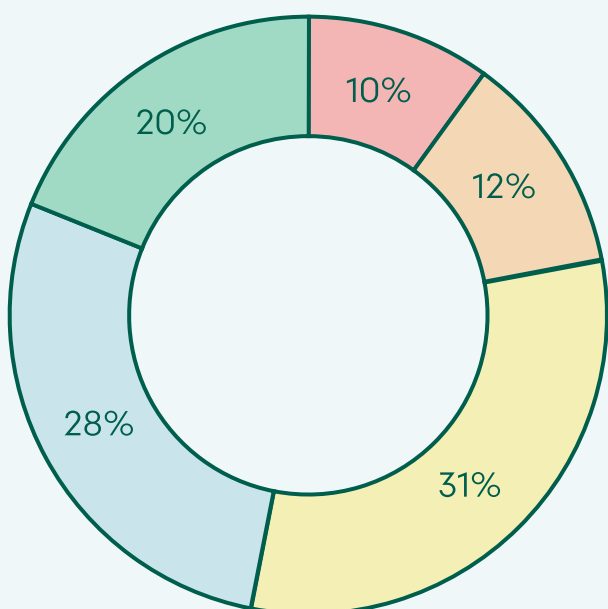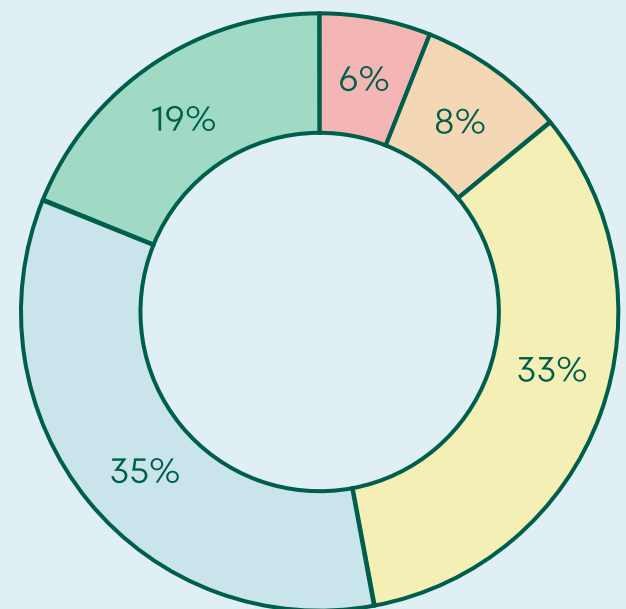
53% of teams report feeling low to moderate satisfaction with their current resubmission rate process. Automating data validation steps before submission can reduce errors, leading to smoother processes with fewer resubmissions.
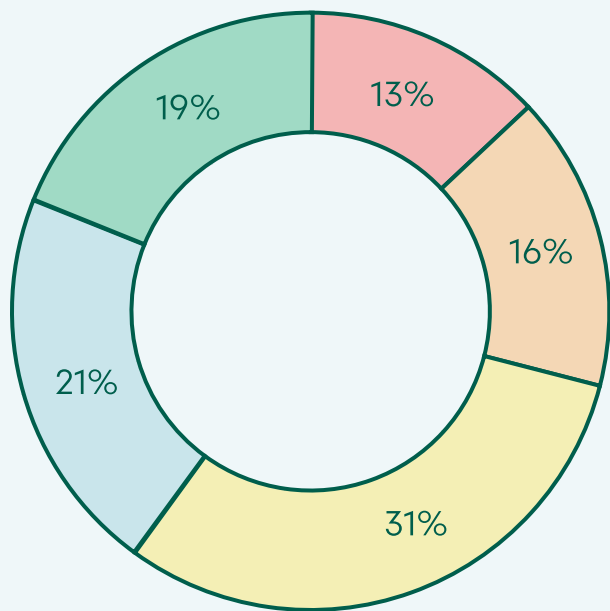
Number of denials

Satisfaction with number of denials reported by teams wavered across the board, with 47% of teams feeling low to moderate levels of satisfaction. Automating tasks like checks for payer-specific requirements can ensure applications meet criteria, reducing denial rates and improving enrollment efficiency.

Accuracy of applications

61% of teams report feeling mostly satisfied with the accuracy of their applications. Integrating AI-powered validation tools can take it further to improve data accuracy, reduce errors, and streamline the application process.
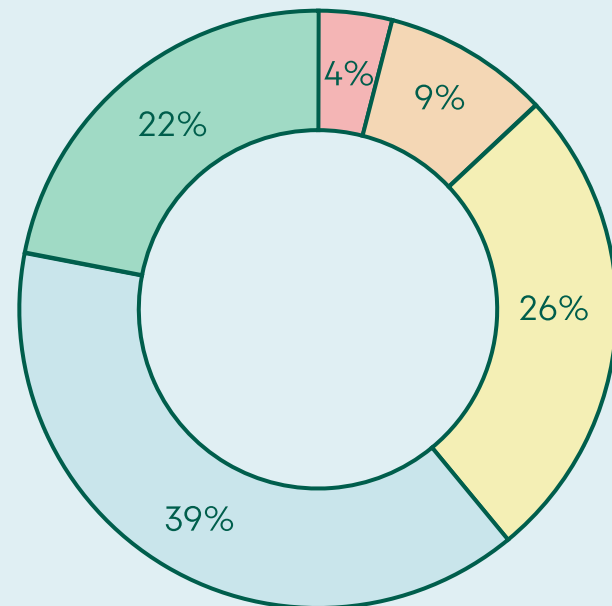
Turnaround time from application submission to payer approval

Turnaround times are a pain point for many organizations, with 61% of teams rating their solution as low to moderate satisfaction levels. Long processing times delay provider onboarding and revenue generation—automating tracking and follow-up processes can ensure applications move through the system more efficiently, minimizing delays.
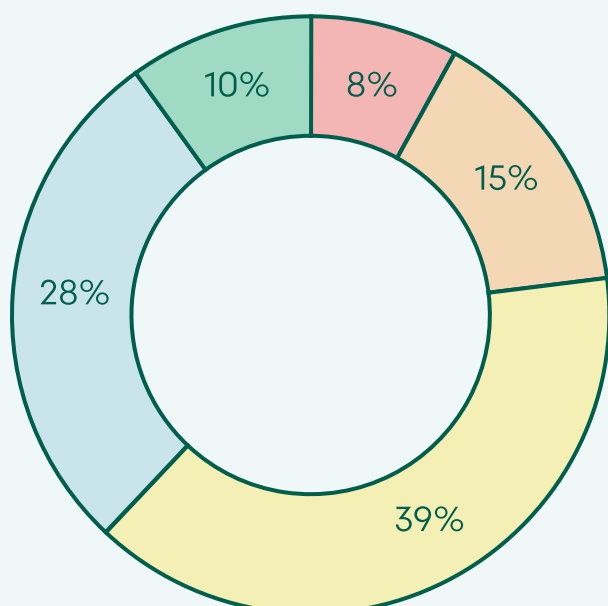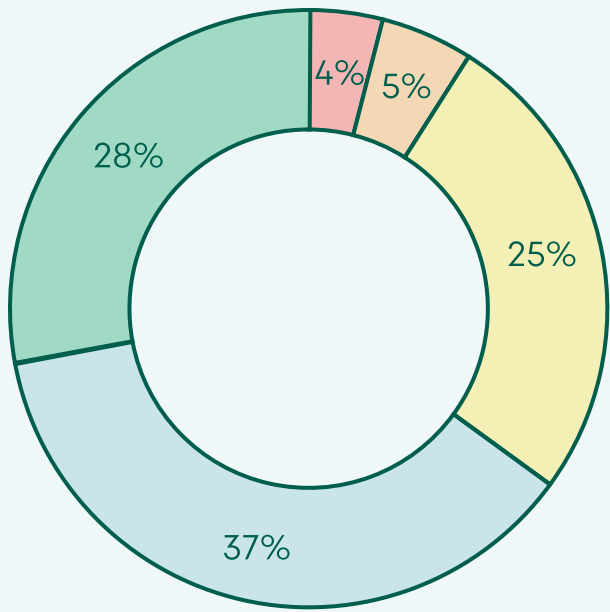
Compliance with regulatory requirements

37% of teams report being generally satisfied in this area. Real-time regulatory updates and compliance automation can reduce risk and improve efficiency in meeting regulatory standards.

Visibility into workflow progress

49% of healthcare teams report low to moderate satisfaction levels when it comes to visibility. Limited visibility reduces the ability to monitor progress and identify bottlenecks. Introducing dashboards and progress-tracking tools can enhance transparency, enabling teams to proactively address delays.
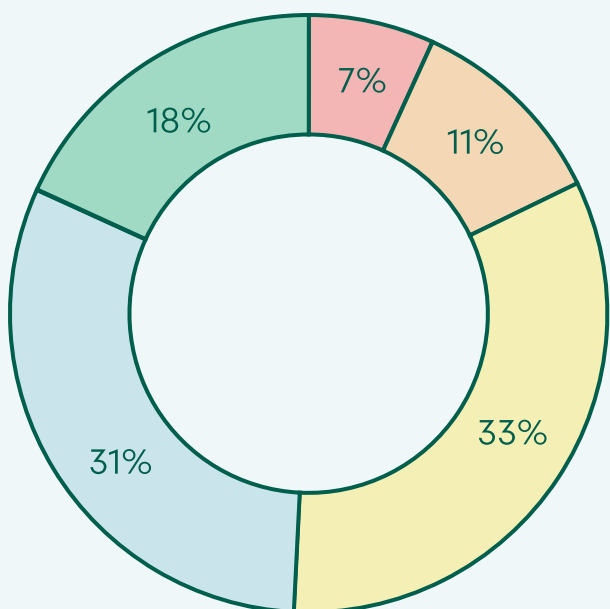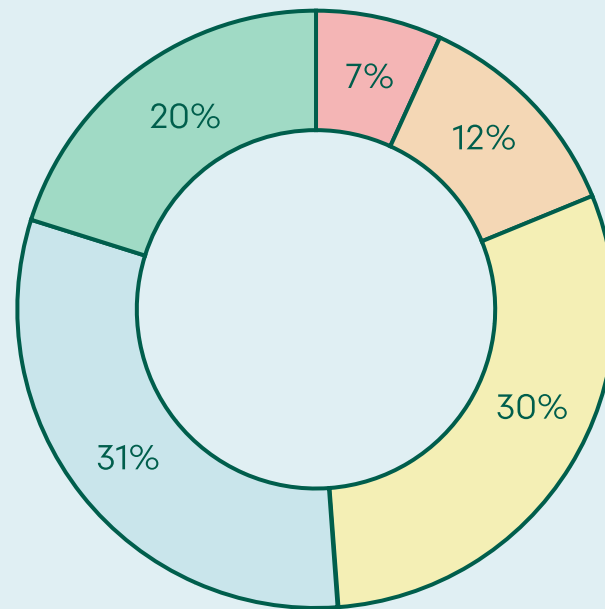
Provider satisfaction with the process

Provider satisfaction remains moderate, with only 33% of teams rating their solution in a mostly neutral feeling. Frustrations stem from delays and poor communication during the enrollment process. Improving satisfaction through regular updates and faster processing times can enhance transparency and reliability for providers.
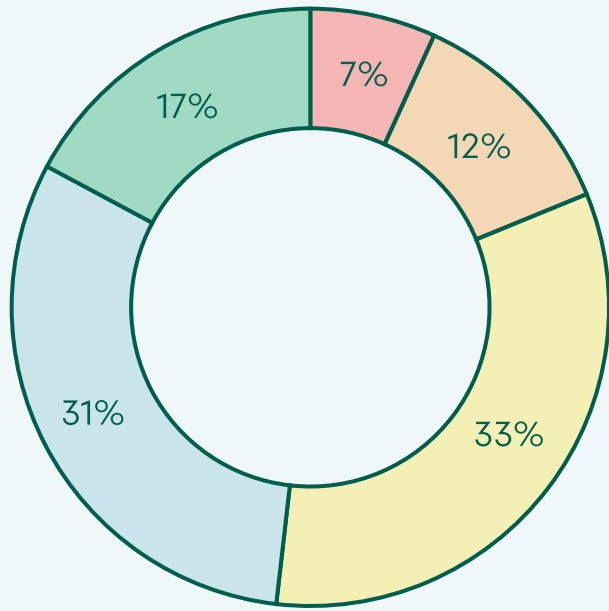
Team productivity (e.g., Number of Hours Saved)

Team productivity scores are mixed, with 52% of organizations reporting low to moderate satisfaction. Productivity challenges often stem from manual work and inadequate tools. Increasing automation and providing streamlined, user-friendly tools can free up time for higher-priority tasks, improving overall efficiency.

What's on the automation wishlist?

Survey respondents didn't hold back when sharing what parts of the enrollment process need a serious upgrade. Leading the charge are data entry and application submissions (60%) and follow-up communication (64%). It's clear: automation isn't just a nice-to-have—it's a must-have for tackling time-draining tasks and streamlining operations.

- ☑ Data entry and application submissions

- ☑ Provider information gathering

- ☑ Follow-up communications with payers

- ☑ Compliance and regulatory checks

- ☑ Monitoring application process
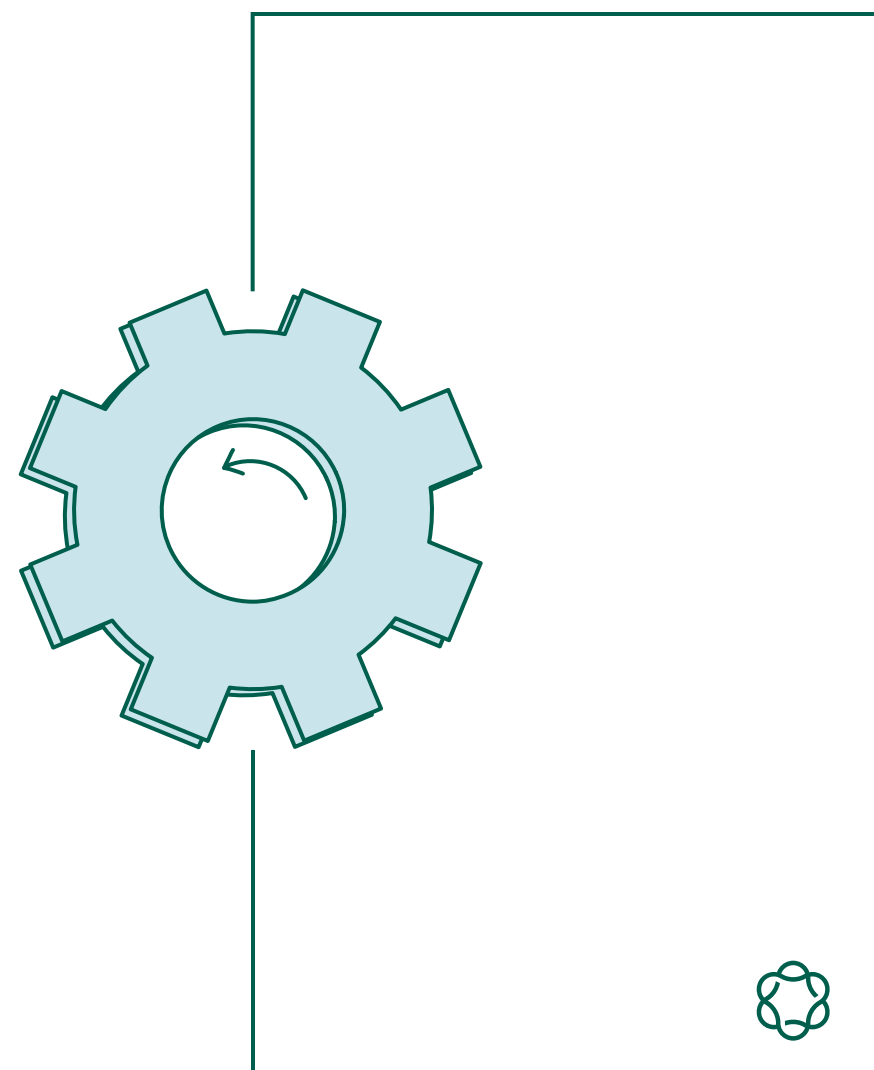
The roadblocks slowing teams down

The survey data points to several challenges that hinder enrollment efficiency:

Delays in payer processing times: Variable and complex payer requirements remain a top pain point.

Staffing shortages and turnover: Understaffed teams and high turnover compound operational strain.

These barriers highlight a pressing need for automation and improved communication with payers. For example, automation could be used to track evolving regulatory requirements and manage enrollment applications continuously—**tasks that manual processes simply cannot scale to handle.**
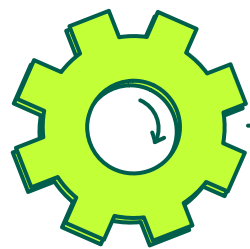
When slow workflows hurt the bottom line

Slow enrollment processes come at a high price, particularly for revenue generation, too: A study from Merritt Hawkins showed that a single internal medicine provider may generate around $7,300 on average per day, meaning any delays in this enrollment process are costly.

Every day a provider can't bill due to enrollment delays is a day a healthcare organization is losing money they can't afford to lose.

These challenges aren't just financial—they also delay provider availability, creating bottlenecks that affect patient access to care.
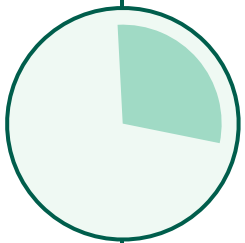
The hidden time sinks in payer enrollment delays

Gathering the information required to complete a payer enrollment application is another common source of delay for our survey respondents:
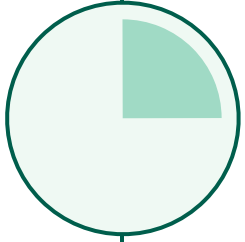
25% of teams said it takes 4-5 business days to gather information.

29% of coordinators and managers reported it takes more than eight days.

Compared to last year's survey, there's been a notable increase in the number of respondents experiencing delays of eight days or more, rising from 15% to 29%. These delays demonstrate how manual processes, paired with fragmented tools, can significantly hinder efficiency.

Streamline, simplify, and succeed with automation

The data makes one thing clear: there's a pressing need for healthcare organizations to modernize their enrollment processes. Automating repetitive, high-impact tasks like payer verification and follow-ups can significantly reduce delays and improve turnaround times.

→ **Improved speed and accuracy**: Automation eliminates manual errors, speeds up processing times, and ensures consistency.

→ **Reduced staff burden**: With automation handling repetitive tasks, teams can focus on strategic initiatives and avoid burnout.

→ **Enhanced visibility**: Automated systems provide better oversight, reducing fragmentation and improving workflow transparency.
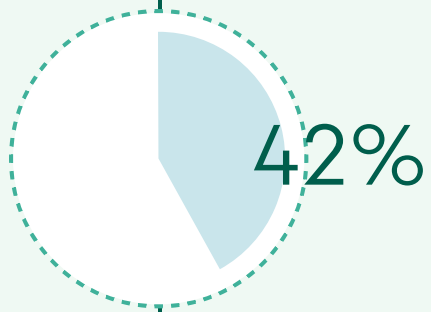
State of credentialing

Heavy reliance on manual processes and fragmented workflows is slowing down credentialing timelines, increasing errors, and delaying providers from delivering care.
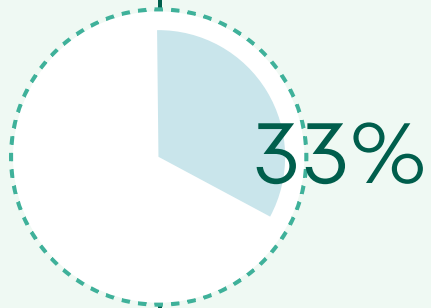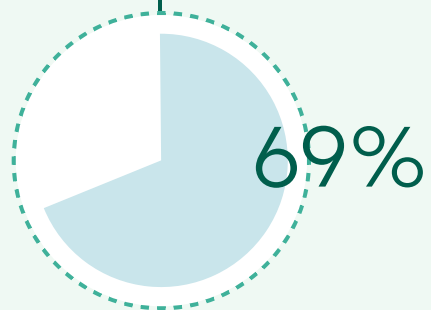
What you'll find in this chapter

42%

Fully human oversight dominates processes
42% of credentialing teams report relying on full human involvement when onboarding providers

33%

Extended timelines create challenges
Nearly 33% of organizations report credentialing delays of 30-45 days, with 18% seeing delays of 60+ days.

69%

Fragmented tools slow teams down
69% of healthcare teams use at least two tools for credentialing providers, contributing to inefficiencies and limited visibility.
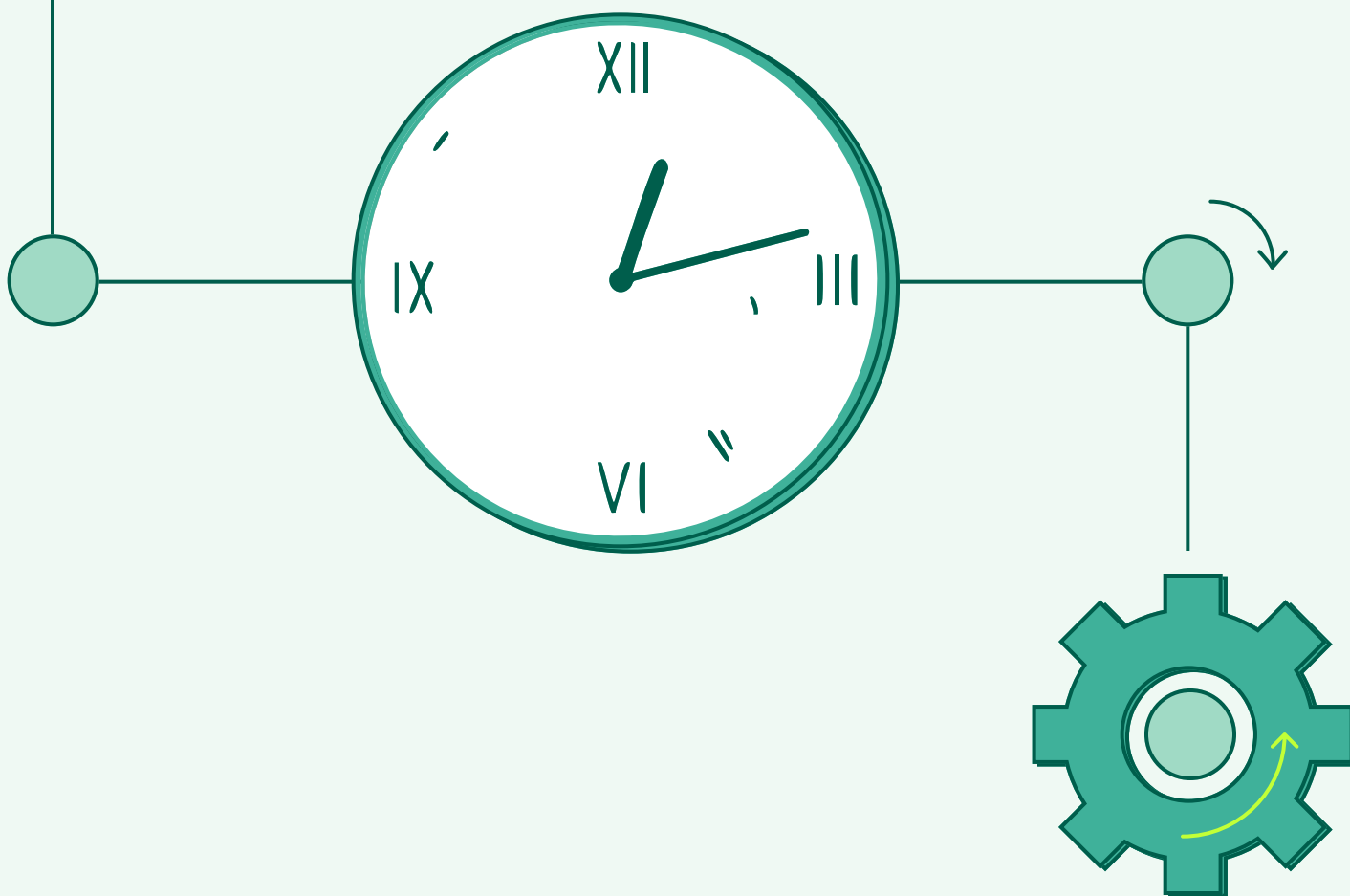
Credentialing continues to be riddled with manual labor, long timelines and broken systems

Credentialing remains a cornerstone of provider operations, ensuring clinicians are properly vetted and ready to deliver care. Yet the processes supporting credentialing remain labor-intensive, fragmented, and prone to delays.

The survey data supports this theory. For one, managing credentialing in-house remains the predominant approach, with 81% of respondents saying they rely on their own internal teams to handle the process. Managing credentialing internally can overwhelm staff, drain resources, and increase the risk of errors.

As healthcare operations become more complex, this model is becoming harder to sustain. The solution? Streamlined, tech-driven tools or strategic partnerships that simplify the process and keep teams focused on delivering care.

How do you manage the credentialing process? N=419

14%

Strategic partner

81% In-house team

Other
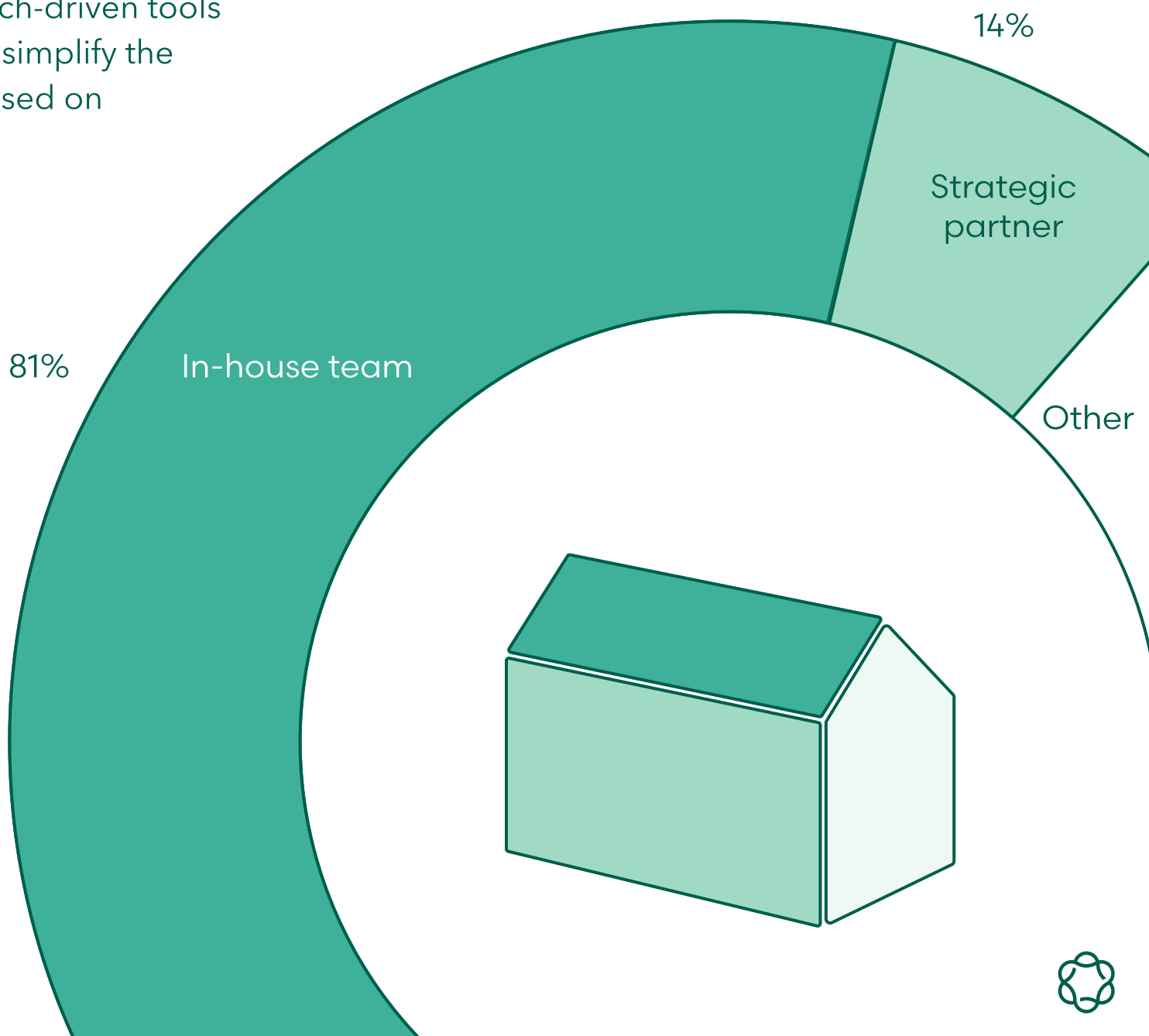
Manual processes are slowing progress
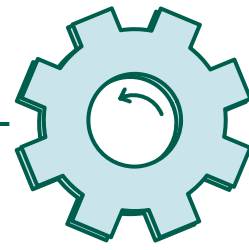
73%
use manual or partially manual workflows for primary source verifications (PSVs).

27%
still complete PSVs entirely by hand, with staff visiting individual websites to verify credentials.

83%
report moderate to high human involvement in provider onboarding.

These manual processes are especially burdensome in tasks like eligibility monitoring, where 33% of provider groups handle tracking entirely manually, and 44% rely on partial automation with substantial human oversight.
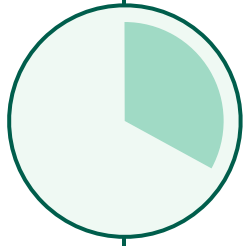
The over-reliance on human effort for repetitive tasks like PSVs creates inefficiencies that can significantly delay credentialing timelines and limit team capacity to address higher-value work.

How does your team complete primary source verifications? N=419

☐ *Manually*   ☐ *Combination*   ☐ *Automated*

11%

57%

32%
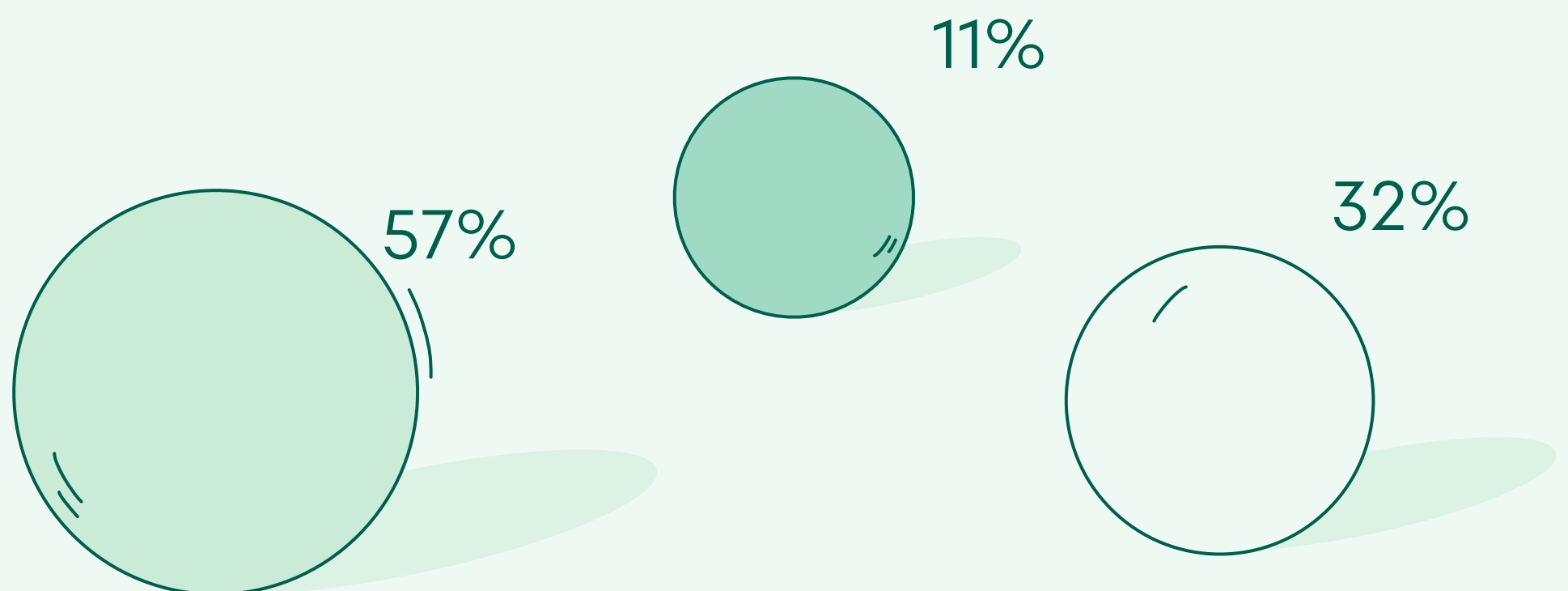
Delays in timelines

**33%** of organizations report processes taking 30-45 days.

**18%** of hospitals and provider groups experience delays of 60+ days.

Committees are a frequent source of delays, with 32% of organizations waiting 1-2 weeks for approval decisions and another 33% waiting 3 weeks or more. These delays are often compounded by disorganized workflows and a lack of software to manage committee processes effectively.

The cost of these delays is significant. Beyond missed revenue opportunities, extended timelines can hinder providers from delivering care, impacting patient access and provider satisfaction.

How long do credentialing applications typically wait for approval by your committee? N=419

- □ < 1 week
- □ 1-2 weeks
- □ 3-4 weeks
- ■ 4+ weeks
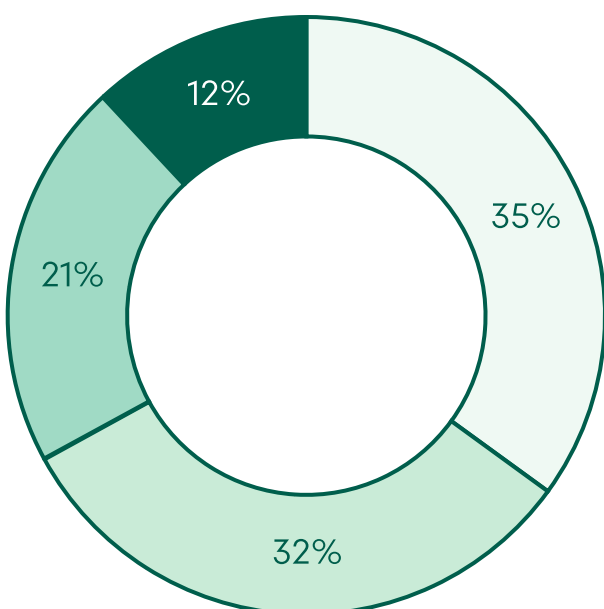
How often do provider delays in credentialing impact provider satisfaction or retention? N=419

- □ Always
- □ Frequently
- □ Sometimes
- ■ Never

12%
21%
35%
32%

20%
21%
53%
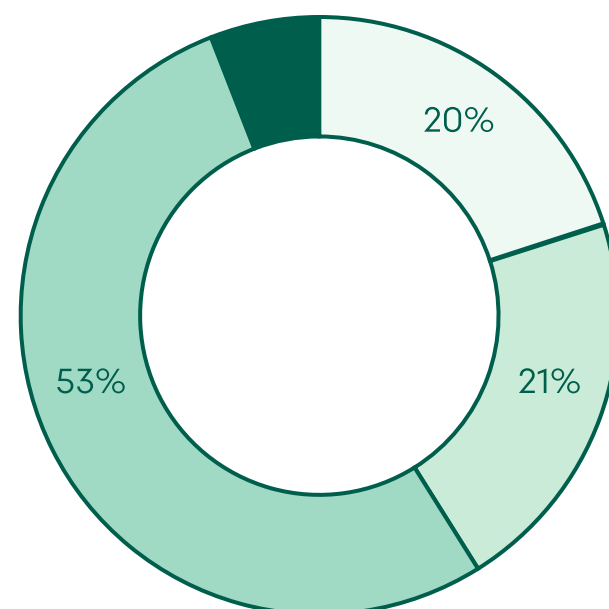
Fragmented tools and inefficiencies

Credentialing workflows often depend on multiple tools, which can lead to fragmented processes and data silos. 69% of respondents report using at least two tools for credentialing providers, complicating efforts to streamline workflows and improve visibility.

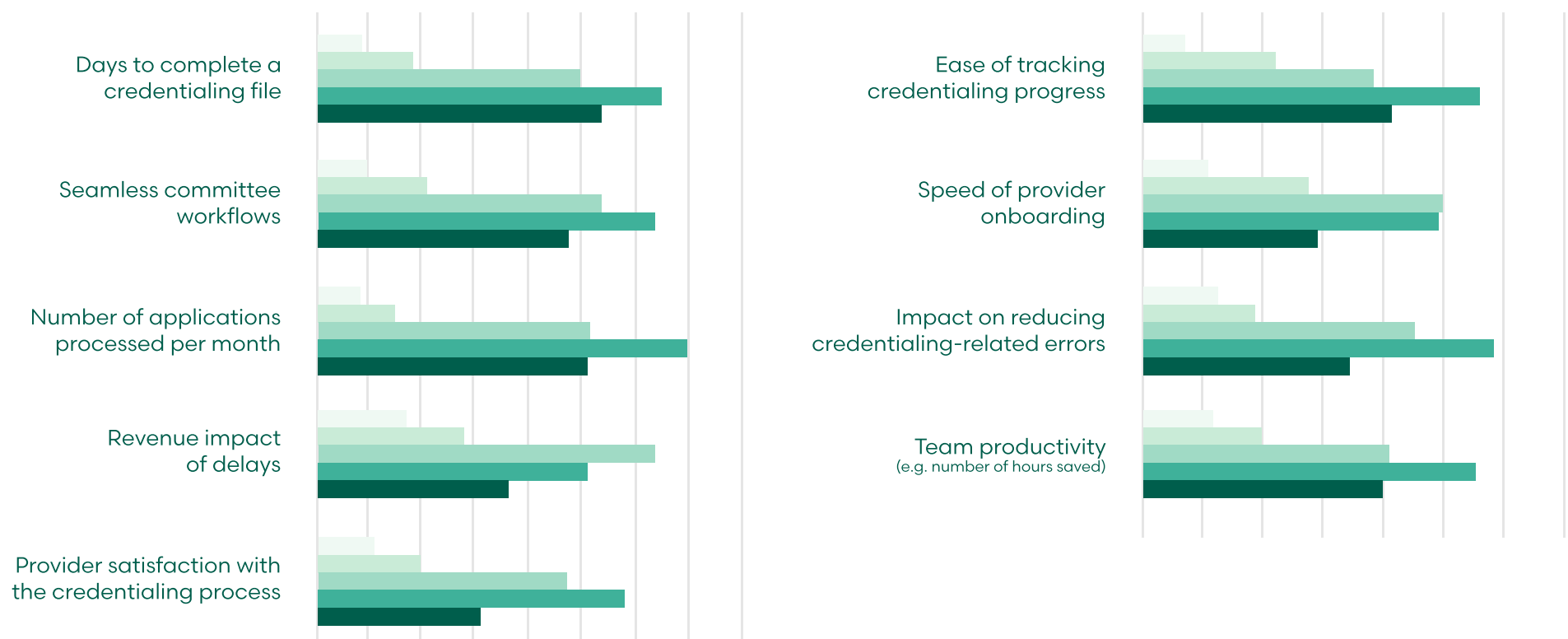This fragmentation affects team performance:
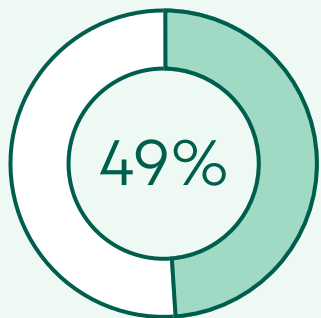
49% of organizations report moderate to low satisfaction with their current credentialing tools' ability to provide visibility into workflow progress.

Without clear oversight, identifying bottlenecks and improving turnaround times becomes a challenge.

How well are current solutions performing?

When asked to evaluate their current credentialing solutions, survey respondents rated performance across key goals. While some areas—like ease of tracking progress and team productivity—received higher marks, others, such as reducing errors and revenue impact of delays, reveal room for improvement. This takeaway is a need for solutions that can deliver consistent, measurable results across the board.

How well does your current solution do at meeting these goals? Please rate 1 = not at all to 5= exceeds expectations. N=419

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5

Days to complete a credentialing file

Seamless committee workflows

Number of applications processed per month

Revenue impact of delays

Provider satisfaction with the credentialing process

Ease of tracking credentialing progress

Speed of provider onboarding

Impact on reducing credentialing-related errors

Team productivity (e.g. number of hours saved)

Automation in credentialing is a no-brainer

Credentialing workflows are ripe for modernization. And teams are ready.

53% of respondents believe there are opportunities to automate or streamline steps in the committee review process. This optimism underscores a growing recognition that automation can play a pivotal role in reducing inefficiencies, minimizing delays, and improving accuracy. By replacing repetitive, manual tasks with automated workflows, teams can free up valuable resources to focus on higher-value activities. The potential for automation in credentialing isn't just a nice-to-have—it's a strategic necessity to meet the growing demands of modern healthcare operations while maintaining quality and compliance.

Are there any steps in the committee review process that you think could be automated or streamlined? N=419

No - 47%

Yes - 53%
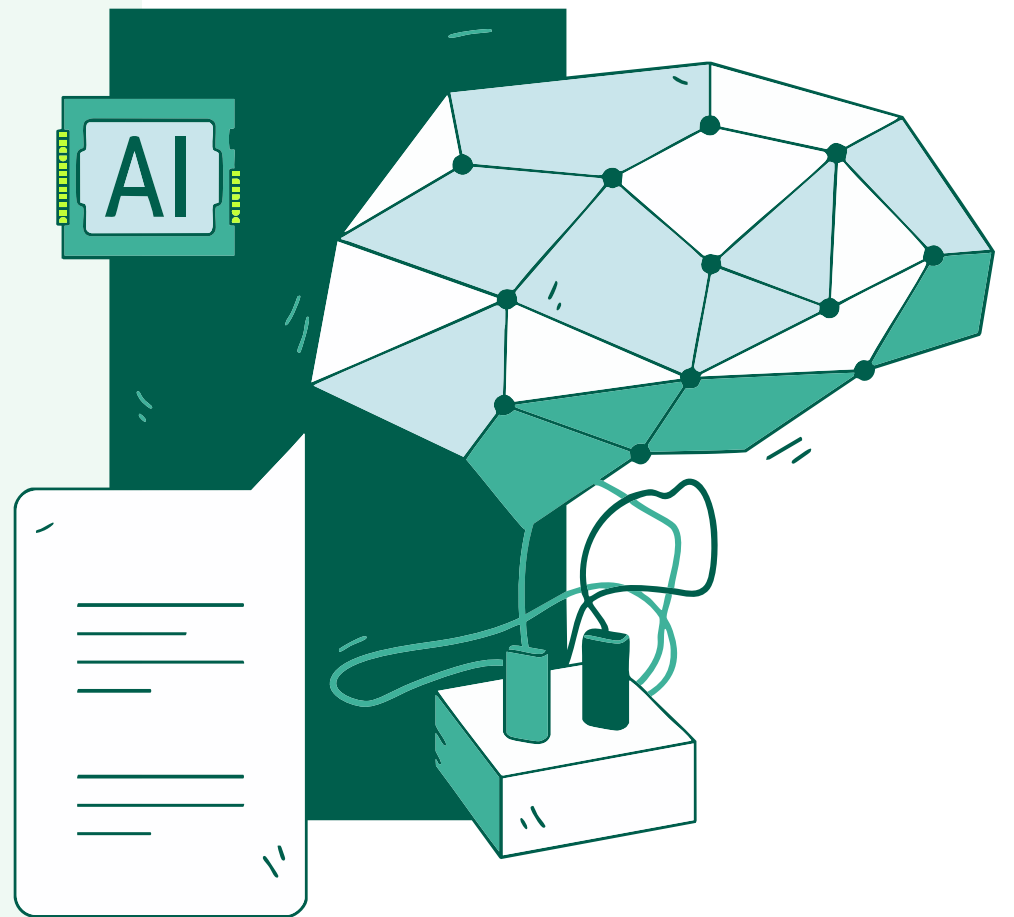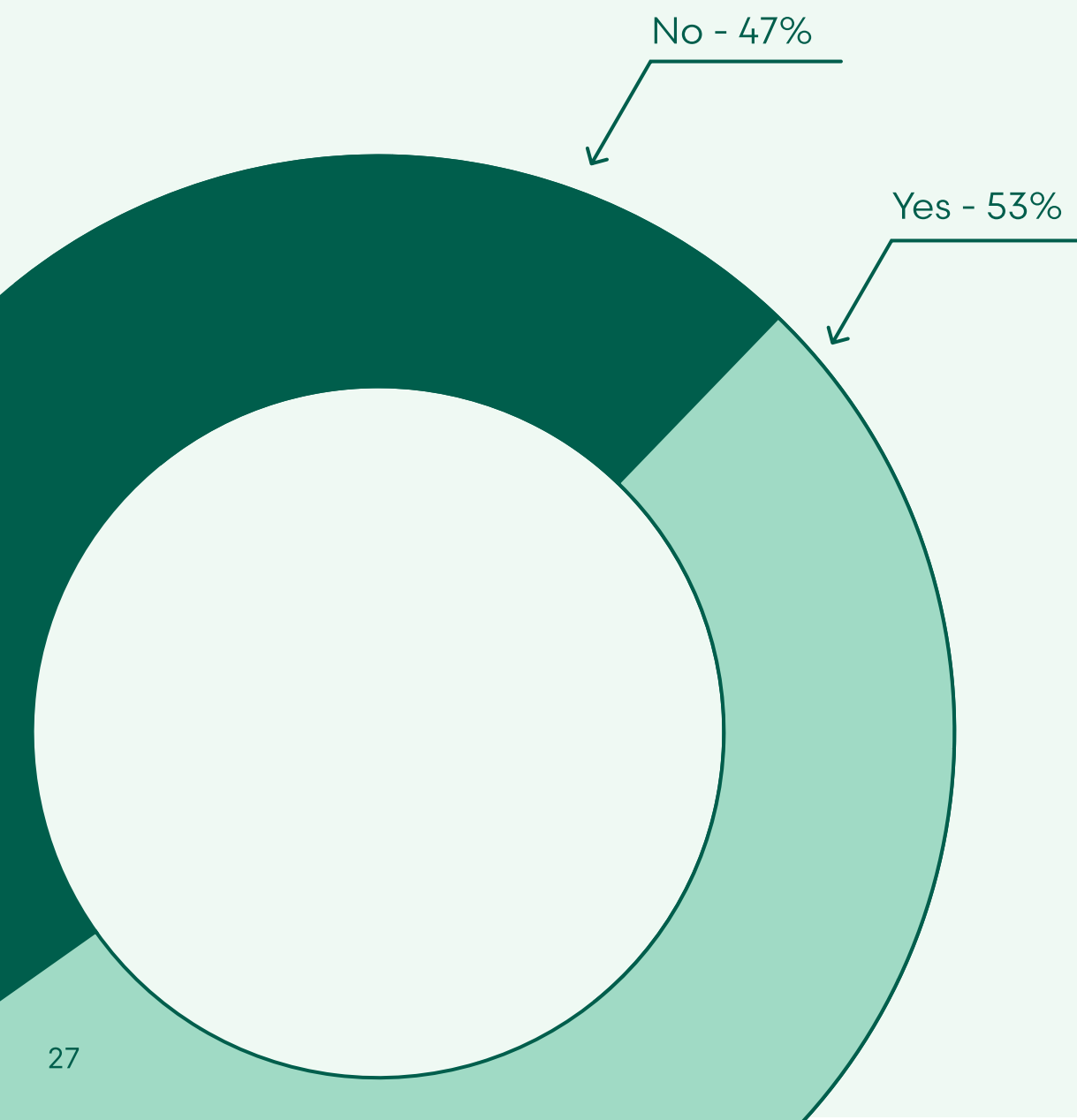
Recommendations

1. **Automate repetitive tasks:** Use automation for PSVs, committee management, and eligibility monitoring to reduce administrative burden and speed up approvals.

2. **Improve workflow visibility:** Move away from fragmented tools to an integrated solution that enhances oversight and simplifies operations.

3. **Focus on strategic goals:** Freeing up team capacity allows for more focus on initiatives like provider satisfaction and quality improvement.

Breaking the cycle

The time is now: automation can eliminate blockers and simplify provider operations for healthcare teams. With it, organizations can work more efficiently, scale faster and get the visibility with real-time insights needed to empower teams to work smarter—and have more time to focus on care.

Future-proofing healthcare operations

The goal of this year's survey was to uncover the biggest challenges facing payer enrollment and credentialing teams and identify opportunities to improve workflows. Across hundreds of healthcare organizations, one theme emerged loud and clear: manual processes are no longer sustainable.

From high turnover rates to extended timelines and fragmented workflows, healthcare teams are struggling to balance growing operational demands with limited resources. Yet amid these challenges lies a clear opportunity: automation.
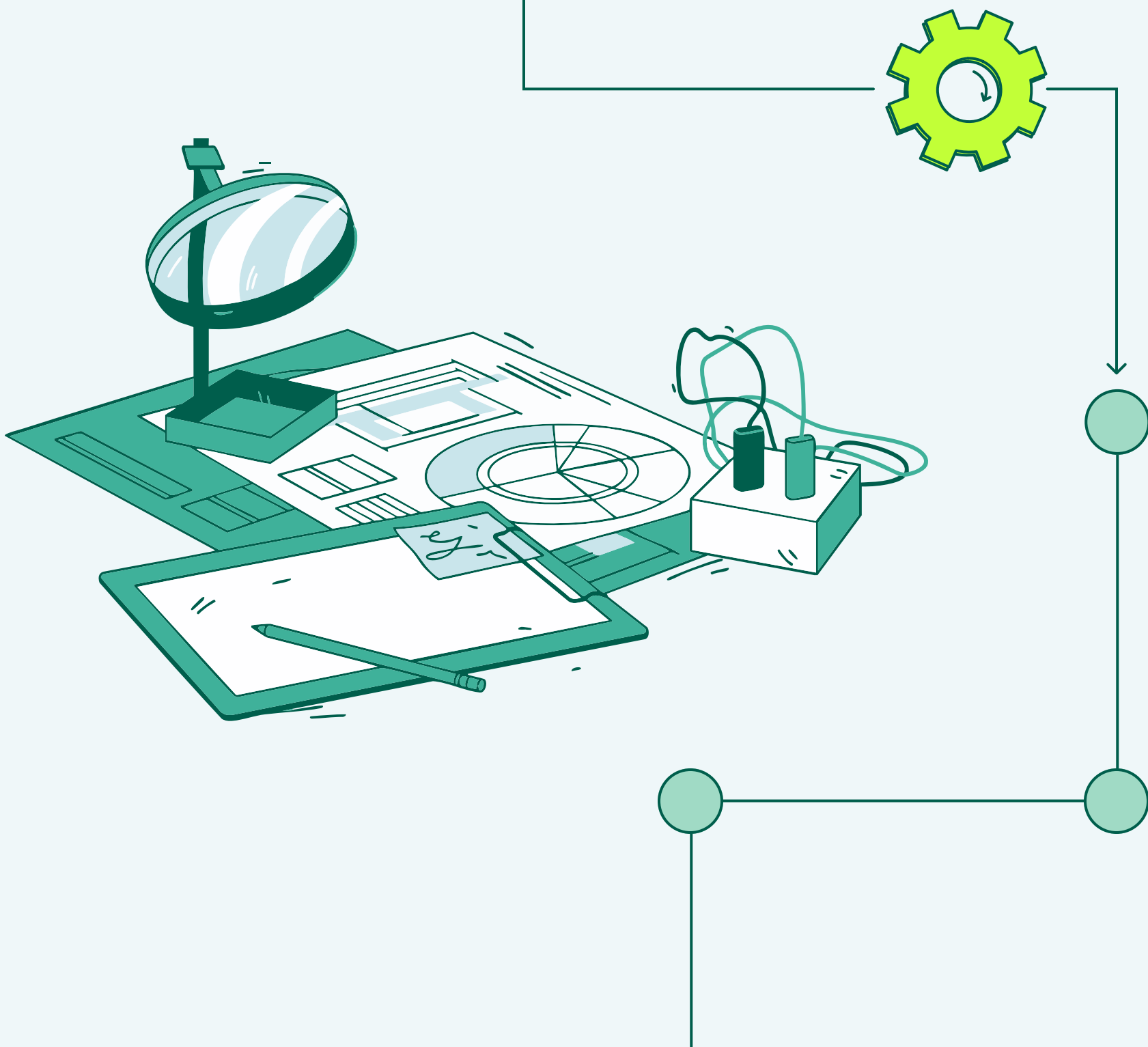
As teams prepare for 2025, priorities are shifting to address anticipated challenges like staff shortages, compliance hurdles, and data accuracy concerns.

Automation is emerging as a key solution, with nearly 60% of credentialing teams already exploring or actively using AI to streamline processes and tackle these pressures head-on.

What teams are anticipating will happen in 2025
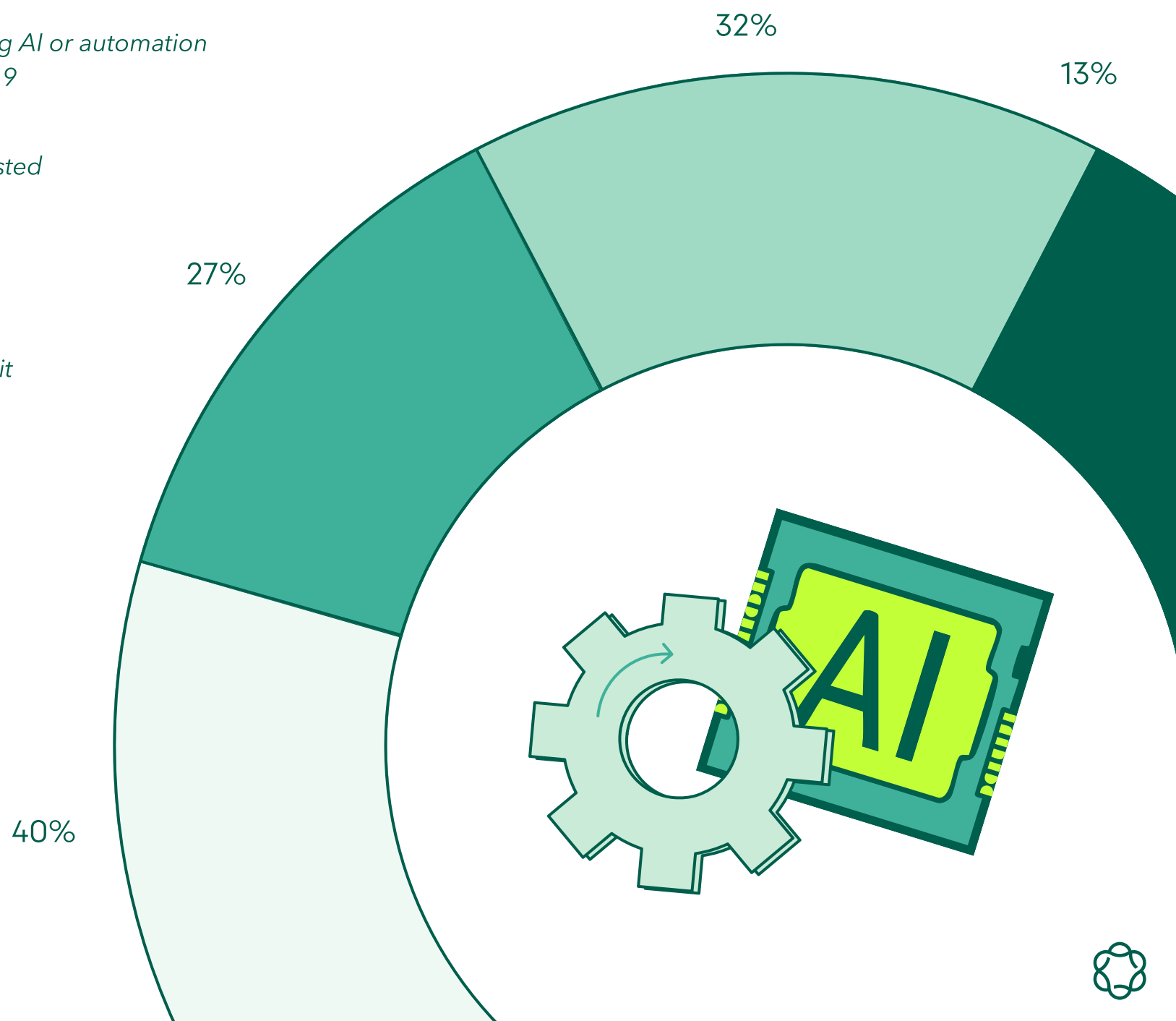
Staff shortages   Compliance challenges   Data accuracy concerns

So, how are organizations preparing?

Have you explored using AI or automation for credentialing? N=419

- No, and not interested
- No, but interested
- Yes, exploring it
- Yes, actively using it

32%

13%

27%

40%

10 payer enrollment priorities in 2025

Based on survey findings, teams are focused on:

Reducing manual tasks like payer verifications and follow-ups.

Improving visibility into enrollment workflows.

Shortening turnaround times to accelerate revenue generation.

Enhancing communication with payers to minimize processing delays.

Implementing tools for data consistency and reducing silos.

Addressing regulatory challenges with AI-driven compliance solutions.

Expanding team capacity without increasing headcount.

Improving staff satisfaction by eliminating repetitive tasks.

Using automation to create more scalable workflows.

Gaining greater visibility into the financial impact of delays.

10 credentialing priorities in 2025

Survey respondents identified these key focus areas:

Automating primary source verifications.

Reducing credentialing timelines to meet operational needs.

Streamlining provider onboarding workflows.

Using software to manage committee approvals and avoid delays.

Consolidating tools to eliminate fragmentation.

Enhancing visibility into credentialing progress.

Addressing staff burnout through automation.

Improving monitoring processes for provider eligibility.

Meeting compliance demands with data-driven solutions.

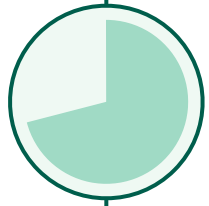Reducing dependency on manual workflows to minimize errors.

The survey data highlighted persistent challenges in both payer enrollment and credentialing. Here's how these challenges align with respondents' top concerns:
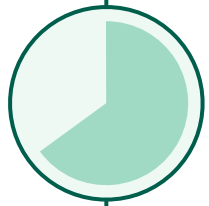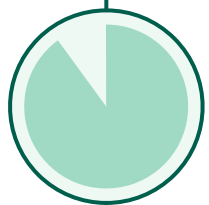
Manual processes dominate

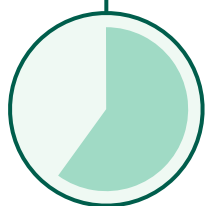**65%** of teams handle verification tasks manually, leading to bottlenecks.

Fragmented tools

72% use two or more tools, creating silos and inefficiencies.

Turnaround times lag

**90%** say there's room for improvement in TATs.

Revenue at risk

60% of C-level executives report that slow enrollment processes negatively impact revenue.

Payer enrollment challenges

Mapped Priority: Address these challenges by investing in automation for verification, payer follow-ups, and data consolidation.
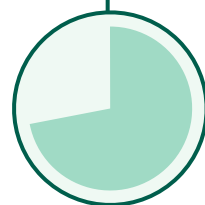
Credentialing challenges

Mapped Priority: Streamline credentialing by automating PSVs, improving committee workflows, and using integrated tools to reduce delays.
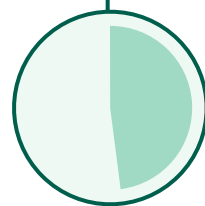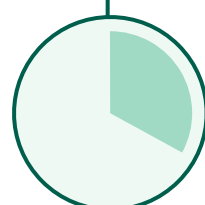
Small teams struggle

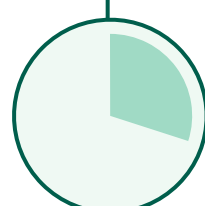**48%** of credentialing teams are just 1-2 full-time employees.

PSVs are manual

72% of teams rely on human-driven or partially automated verifications.

Extended timelines

33% report timelines of 30-45 days, with 18% exceeding 60 days.

Approval delays

30% wait 1-2 weeks for committee decisions, while another 31% wait 3 weeks or more.

Key learnings recapped

As we look toward the future of healthcare operations, this year's findings provide critical insights:

Turnover remains a challenge, with over half of enrollment and credentialing teams experiencing disruptions in the last year.

Manual workflows dominate, slowing turnaround times and creating unnecessary work for teams.

Fragmented tools complicate operations, with many organizations reporting low satisfaction with workflow visibility and data consistency.

Revenue is at risk, as slow processes impact financial performance, especially in provider groups.

These trends highlight the pressing need for healthcare organizations to modernize their workflows.

Why automation is the way forward

Healthcare operations are at a turning point. Teams can no longer afford to rely on manual processes that waste time, strain staff, and delay revenue. By embracing automation, organizations can create workflows that are not only faster but also more reliable and scalable.

Teams are already seeing automation's potential:

- ✓ Collecting required information from providers
- ✓ Onboarding providers
- ✓ Verifying a provider's credentials
- ✓ Creating a compliant credentialing file
- ✓ Generating and submitting rosters
- ✓ Monitoring a provider's eligibility

Automation is more than a tool—it's a strategy for growth and resilience. It allows teams to focus on what truly matters: delivering exceptional care, supporting providers, and driving better outcomes for patients.

As we move forward, the choice is clear: invest in the future, or risk being left behind.

Medallion

Medallion is the leading provider network management platform that unites provider operations and empowers end-to-end automation for credentialing, enrollment, and monitoring. We free healthcare teams to focus on what matters by enabling healthcare organizations to quickly and accurately manage and grow their provider networks with our AI-powered automation technology. By automating burdensome administration workflows, operations teams can better manage their provider networks, deliver superior care, speed up revenue paths, and elevate provider satisfaction levels.

To learn more about Medallion, visit medallion.co, or get in touch with a member of our team by scanning the QR code.