



Built to Withstand the Shift: Medical Credentialing and Provider Enrollment in the Age of Closures

A Medallion guide to operational resilience in healthcare

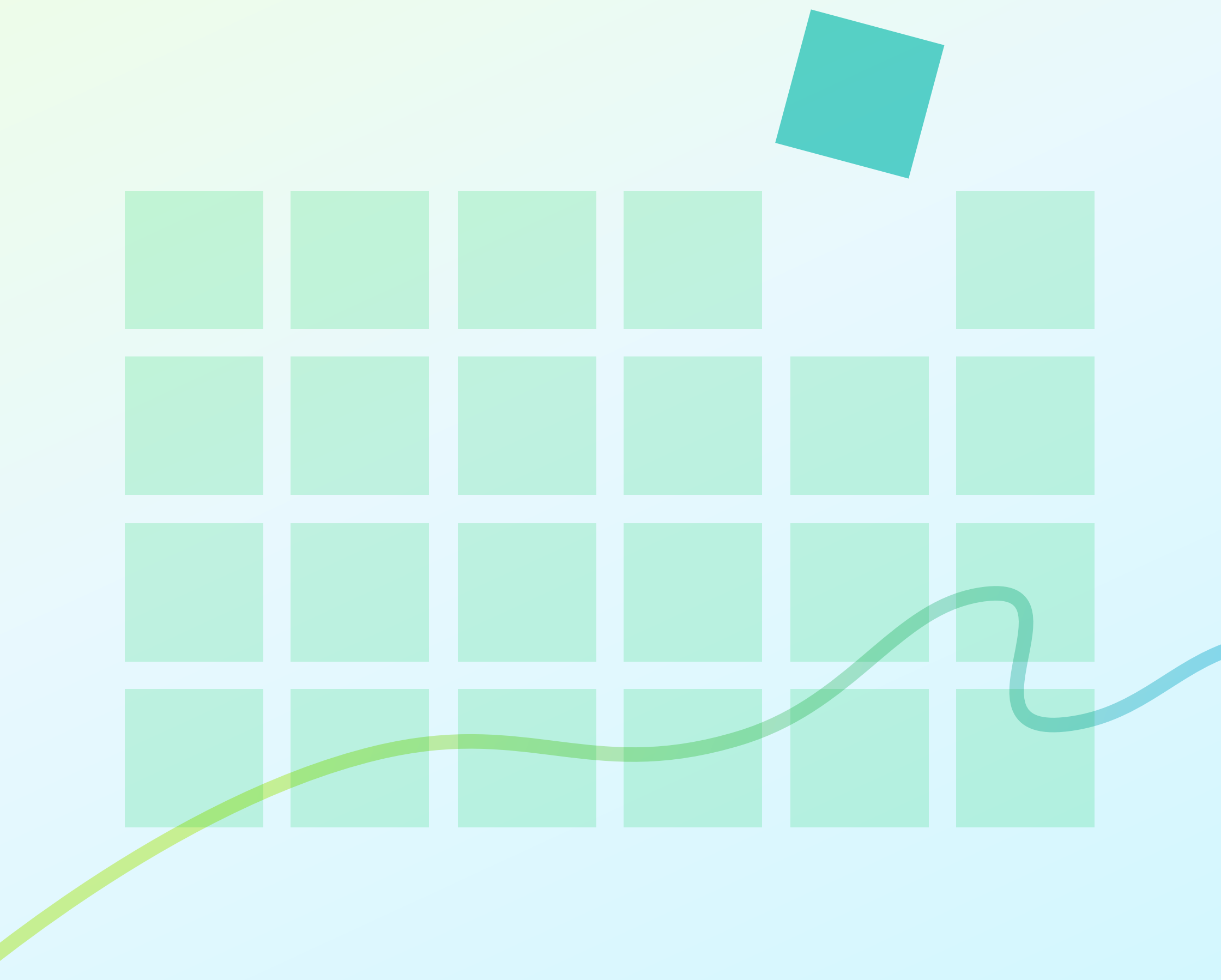


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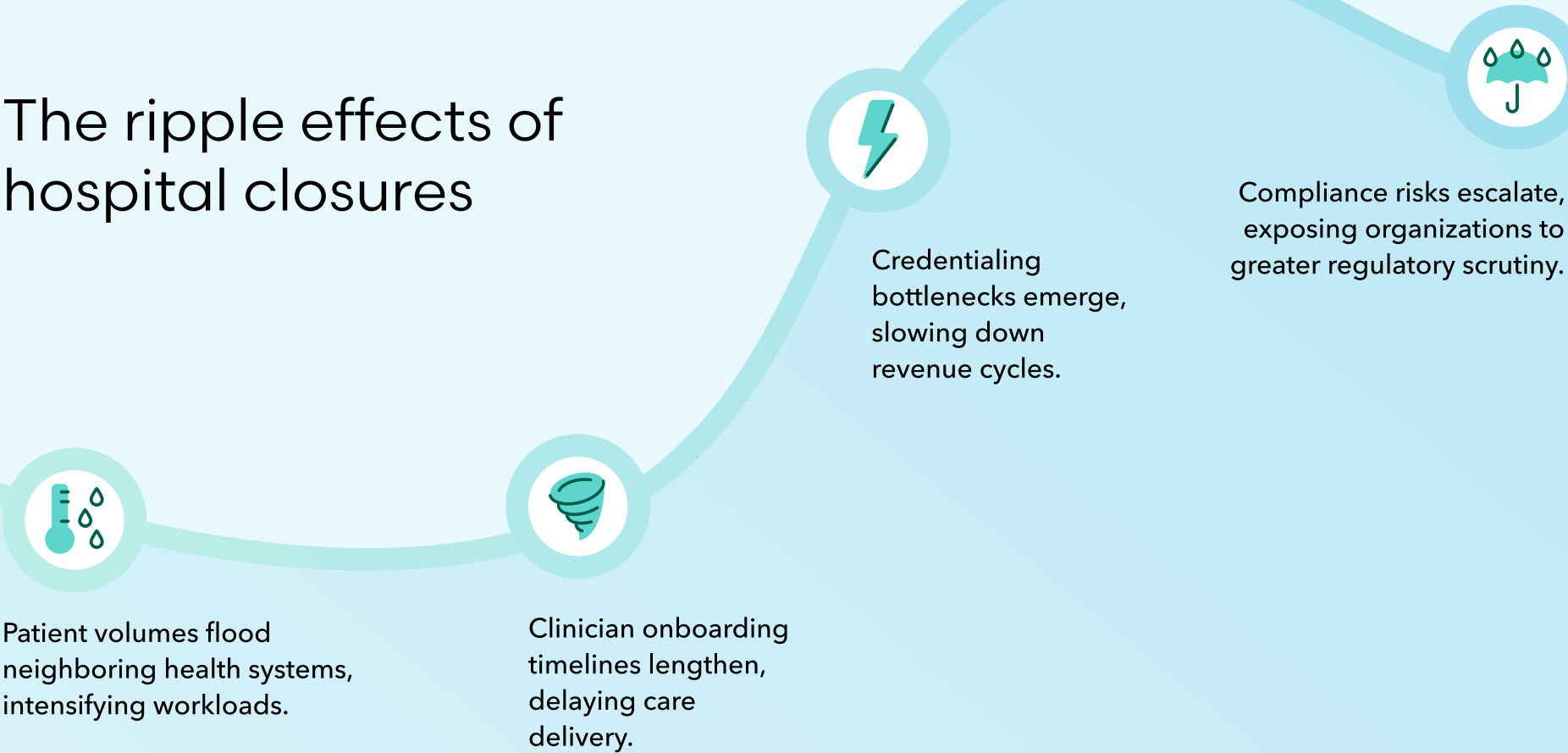
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Healthcare organizations are absorbing shock after shock

Healthcare organizations are facing enormous operational pressures. Since 2010, more than 140 rural hospitals have closed across the U.S., with hundreds more at risk. These closures reflect a broader systemic instability – a result of mounting operational complexity outpacing the capacity of legacy infrastructure and strained financial models.

Hospital closures are rarely isolated events. When hospitals shut down, the burden shifts rather than disappears.

The ripple effects of hospital closures



When a health system closes, patients feel the impact first – longer travel times, disrupted continuity of care, and the challenge of re-establishing trusted provider relationships – but that burden doesn’t stop there. It quickly extends to the front-line operational teams who must absorb the surge, reallocate resources, and maintain quality of care under mounting pressure.

At the same time, financial resilience is under intense stress. Margins are shrinking, payer mixes are becoming increasingly unpredictable, and staffing shortages are affecting nearly every level of care delivery.


Operational leaders, those overseeing onboarding, credentialing, compliance, and revenue cycle performance, are being asked to do more with less, under heightened stakes and tighter timelines.





This guide is specifically designed for healthcare professionals responsible for managing these critical functions.


If your role involves onboarding providers, ensuring credentialing accuracy, maintaining regulatory compliance, or meeting key operational and revenue targets, you're already navigating these pressures daily. This resource aims to provide clarity, actionable strategies, and practical solutions to help you manage complexity effectively.

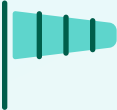
Whether you lead a provider group, payer, or digital health organization, this playbook will help you:

- 

Identify where and how the operational burden builds.
- 

Discover how legacy infrastructure costs more than just time.
- 

Learn what resilient back-office operations actually look like.
- 

Reframe systems investment as a revenue-protection strategy.
- 

Build readiness before disruption forces your hand.



How closures disrupt operational and financial stability

Hospital closures do more than limit access. They displace volume, introduce credentialing chaos, and strain already overloaded teams.

Hospital closures create a ripple effect that touches every part of the healthcare ecosystem: financially, operationally and clinically.



Case in point: Since 2010, more than 140 rural hospitals have shut their doors, and the rate is accelerating. According to a report by Chartis, rural health disparities continue to widen across the United States and more than 400 additional hospitals remain vulnerable due to financial distress or lack of staffing.

When a facility closes, its patients do not disappear. They move – often to systems that are already stretched thin. These shifts happen quickly, without structured transition planning. Nearby hospitals must absorb surging volumes. Provider organizations inherit orphaned clinicians. Referral pipelines get disrupted. And the operational burden spikes overnight.

Aside from the obvious challenge it creates for care access, it also contributes to workflow collapse. Teams handling provider credentialing and enrollment are asked to process dozens of new applications on tight timelines. Providers are flooded with onboarding packets.

Compliance is tasked with ensuring regulatory alignment across a new clinical population they didn't anticipate.

This spiral leads to weeks or months of backlog.

Delayed payer enrollment. Revenue exposure. Staff burnout. Care inequities. And for many institutions, a growing financial deficit that erodes long-term solvency.

Closures also have strategic consequences. They shift regional power dynamics, force affiliations or acquisitions, and accelerate the need for models like Rural Emergency Hospitals (REHs). Every operations leader watching the market must now ask: "Are we prepared to hold the line when another facility fails near us?"

In reality, few are.

And the burden always rolls downhill to credentialing staff, compliance teams, and enrollment admins. These groups are often under-resourced and overlooked in planning, but they hold the keys to revenue protection, risk reduction, and clinical activation.

Findings from Medallion's 2025 State of Payer Enrollment and Credentialing report show that 56% of respondents feel their teams are stretched thin and understaffed despite most organizations having no unfilled positions. Organizations that can absorb a closure-induced influx without chaos are rare.

But they're also the ones positioned to grow - not just survive. If your systems can flex under stress, you're more than resilient. You're operationally scalable.





Why legacy systems fail under sudden care dispersion and its aftermath

Manual checklists. Email threads. Spreadsheet trackers.

These were fine when teams managed a trickle of change. They're now asked to handle floods and most can't scale without breaking.

Common failure points:



No single source of truth



Compliance errors due to missed renewals



Delayed status updates



Inability to support delegated agreements

Many healthcare organizations continue to rely on outdated administrative systems that were never designed for today's level of complexity. Credentialing tools piecemealed 15 years ago are now trying to manage multi-state networks. Payer enrollment involves coordinating across dozens of payers, each with its own forms, workflows, and verification protocols – none of which are standardized.

Compliance tracking still happens in spreadsheets. Provider onboarding is managed across disconnected emails, portals, and PDFs.



Legacy systems quietly erode margins.

According to Philips' 2025 Future Health Index, 83% of U.S. clinicians report that poor data systems waste their time, and 44% say they lose over 45 minutes per shift because of inefficiencies. That time adds up to delays in care, missed revenue opportunities, and increased frustration across clinical and operational staff.

Manual workflows also introduce risk.

A licensing spreadsheet can't auto-alert you to expiring credentials. An enrollment form stuck in an inbox can stall an entire site launch. A missing signature on a privileging packet can hold up provider access for weeks. These aren't edge cases; they're routine and are entirely preventable.

Many systems also lack visibility.

Operations leaders can't easily answer questions like: "How many providers are currently onboarding?" or "Which enrollments are still pending payer submission?" without having to do some manual legwork. This lack of clarity reduces trust, increases workload, and slows down executive decision-making.

From a financial lens, these gaps translate directly into lost revenue. Every day a provider isn't credentialed is a day they can't bill. Every week that a provider's enrollment is delayed pushes revenue into the next quarter. And missed renewals can mean denied claims or audit penalties.

Ultimately, infrastructure that was "good enough" five years ago is now costing millions in slow revenue, staff churn, and downstream delays. It's not just outdated – it's dangerous.



Behind every scalable health system is a resilient back office

Resilience doesn't mean "doing more with less." It means systems that flex with pressure and scale with demand.

High-functioning operations teams have access to real-time data and streamlined intake fields.

High-functioning teams have in place



Shared dashboards with live tracking.



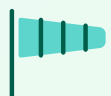
Intake that starts with 5 fields, not 50.



Delegation-ready credentialing.



Real-time alerts for license and compliance milestones.



Embedded collaboration across legal, HR, ops, and finance.

This is what infrastructure built for healthcare looks like: smarter, faster, and less error-prone.

Resilient systems aren't just faster. They're smarter, more transparent, and designed to scale with the needs of modern healthcare organizations.

At their core, resilient operations are built around three principles: visibility, automation, and alignment.



Visibility

means knowing where every license, enrollment, and credential file stands – across departments, sites, and systems. No more emailing three departments to check provider status. No more delays because someone didn't see the expiration date.

Automation

eliminates manual tasks that slow teams down and introduce risk. Smart credentialing systems can launch from as little as five fields of data. Real-time integrations can update CAQH, trigger background checks, and prep files for delegation automatically.

Alignment

connects legal, compliance, ops, and HR workflows in one place. That way, everyone sees the same data, works from the same timeline, and shares responsibility for execution. Bottlenecks surface early. Accountability is clear. And decision-making becomes proactive, not reactive.



What does this look like in practice?

1

Quick credentialing
file generation

2

Significant reductions to
administrative task time

3

Faster enrollment
submissions

This isn't just performance. It's peace of mind. When infrastructure is built to handle growth, burden doesn't break the system. It fuels progress.

The role automation can play in building operational readiness

Resilience starts with foundation – not features.
Automation alleviates:



Poor data hygiene



Mistrust from leadership
and patients



Fragmented
workflows



Security and
compliance uncertainty

There's growing excitement around the role of AI in healthcare and for good reason. AI promises to reduce administrative load, streamline credentialing, predict staffing needs, and expand access through automation.

Change in healthcare operations is rarely easy, but it doesn't have to be overwhelming. Too often, teams associate modernization with massive system overhauls, months-long transitions, or complicated internal rollouts. The reality is that operational resilience can start with small, targeted shifts that create immediate impact.

Yes, automation is here or on the horizon for most health systems. Seventy-four percent of clinicians believe AI can expand access to care, according to the 2025 Philips Future Health Index. But readiness isn't just about adopting new tools. It's about clearing the path for smarter workflows and better decisions.



Many organizations delay progress because of perceived barriers like budget, time, internal resistance. But most operational gains don't come from "rip and replace" strategies. They come from incremental, manageable changes: automating one intake form, turning on credentialing alerts, centralizing license status in a dashboard.

This is especially true in provider credentialing and enrollment. You don't need to launch a full enterprise transformation to eliminate bottlenecks. You can start by identifying manual touch points that slow your team down and replace them with workflows that work quietly in the background.

Modern systems are designed to meet you where you are. They don't require months of IT lift or steep learning curves. In fact, when implemented well, they reduce friction across teams. Legal, compliance, HR, and finance gain shared visibility. Credentialing teams regain time. Executives gain confidence in the numbers they're seeing.

There's also a cultural side to this. Resistance to change often stems from fear. For instance, the fear of failure, of complexity, of disruption. But when teams experience automation that simply works – when onboarding steps go from 15 clicks to 1, or when dashboards eliminate status-chasing – that fear is replaced with relief.



The most resilient teams don't get there through force. They get there through smart change management, collaborative rollout, and tools that solve real problems quickly. Transformation, when done right, should feel like momentum, not disruption.

And the cost of inaction is growing. Delayed credentialing impacts revenue. Manual license tracking introduces risk. Burnout from outdated tools drives attrition. Staying still is no longer safe.

The question isn't whether to modernize. It's how to do it in a way that preserves what works while giving your people the tools to move beyond busywork and take on more strategic, high-impact roles.

Operational readiness is within reach. You don't need to be "AI ready" – you just need to be ready for what's next. And with the right foundation, the next step forward doesn't have to be a leap.



Resilience in motion: How leading teams stay ahead of disruption

Resilience shows up in the organizations that pivot quickly, scale effectively, and avoid common traps during moments of stress. These teams don't wait for disruption to force change – they build systems that thrive in it.

Consider what happens during a surge in provider onboarding, such as after a nearby hospital closure. Traditional teams scramble with spreadsheets, email chains, and intake delays. Resilient teams import resumes, scan QR codes for document upload, and initiate one-click onboarding with prebuilt workflows.

When delegated credentialing becomes a strategic lever, legacy systems often take 90+ days to stand up. Resilient systems do it in under 30 days – with built-in templates, aligned policies, and NCQA-compliant file creation.

Multisite privileging is another pain point. Many organizations still manage this through siloed forms and manual approvals. But resilient teams automate hospital applications and align with The Joint Commission workflows in a single platform, cutting days (or weeks) from the process.

Here's how the contrast plays out:

Scenario	Legacy response	Resilient response
Sudden onboarding surge after facility closure	Spreadsheets, email chains, onboarding delays	Structured intake, automated status tracking, clear SLA visibility
Delegated implementation to keep pace with rising demand post-closure	Manual document routing and policy confusion	Prebuilt templates, shared approval workflows, aligned SOPs
Multi-site privileging to support dispersed patient populations	Independent applications, redundant approvals	Shared privileging packets and automated routing
Proactive license tracking to avoid gaps in care during patient surges	Reactive renewals and missed deadlines	Automated alerts and real-time license dashboards
Leadership KPI visibility to manage the impact of patient influx	Inconsistent reports, multiple data exports	Unified dashboards with configurable reporting

The key thread here isn't just efficiency; it's confidence. When ops teams operate with shared visibility, built-in compliance safeguards, and automation that scales, they don't just move faster. They move smarter.

These teams become growth enablers, not bottlenecks.



Healthcare resilience scorecard

Take 5 minutes to stress test your operational readiness. Use this worksheet to assess your organization's financial and operational resilience. Review each section, select the options that apply to you, and tally your points at the end.

REVENUE STABILITY

What is your payer mix by percentage (approximate)?

- ☐ >50% Commercial (5 pts)
- ☐ Balanced mix (3 pts)
- ☐ Majority Medicaid/Uninsured (1 pt)

Do you participate in value-based/shared savings models?

- ☐ Yes, significantly (5 pts)
- ☐ Yes, partially (3 pts)
- ☐ No (1 pt)

Do you receive public funding or subsidies?

- ☐ Yes (3 pts)
- ☐ No (1 pt)

CLOSURE + CONVERSION RISK

How likely are you to convert to REH in the next 12-24 months?

- ☐ Not applicable (5 pts)
- ☐ Unlikely (4 pts)
- ☐ Somewhat likely (2 pts)
- ☐ Very likely (1 pt)

Have you had affiliation or M&A discussions in the past year?

- ☐ No (5 pts)
- ☐ Yes - exploratory (3 pts)
- ☐ Yes - active pursuit (1 pt)

SCORING

Total possible score: 65 pts

Score Interpretation:

55-65: Resilient
45-54: Stable, with watch areas
35-44: At risk
<35: High-risk

OPERATIONAL READINESS

Have staffing shortages caused service disruption?

- ☐ No (5 pts)
- ☐ Occasionally (3 pts)
- ☐ Regularly (1 pt)

How automated is your credentialing/onboarding process?

- ☐ Fully automated (5 pts)
- ☐ Partially automated (3 pts)
- ☐ Manual or spreadsheet-driven (1 pt)

Have you reduced/closed any service lines in the last 24 months?

- ☐ No (5 pts)
- ☐ Yes (1 pt)

ADDITIONAL OPERATIONAL READINESS FACTORS

What has been your annual turnover rate in operations or administrative staff (e.g., credentialing, enrollment, compliance) over the past 12 months?

- ☐ Under 10% (5 pts)
- ☐ 10-20% (4 pts)
- ☐ 21-35% (2 pts)
- ☐ Over 35% (1 pt)
- ☐ Unsure / Not tracked (1 pt)

How would you characterize your organization's investment in non-clinical operational infrastructure (e.g., onboarding, licensing, credentialing tech)?

- ☐ Strategic investment – dedicated tools and measurable ROI (5 pts)
- ☐ Moderate – some tools but limited integration (3 pts)
- ☐ Minimal – mostly manual processes, low budget (2 pts)
- ☐ None – entirely manual, no investment (1 pt)
- ☐ Unsure / Not tracked (1 pt)

FINANCIAL HEALTH

What were your average operating margins over the past 12 months?

- ☐ Positive >5% (5 pts)
- ☐ Positive 1-5% (4 pts)
- ☐ Break-even (3 pts)
- ☐ Negative 1-5% (2 pts)
- ☐ Negative >5% (1 pt)

What is your current days cash on hand?

- ☐ 150+ days (5 pts)
- ☐ 90-149 days (4 pts)
- ☐ 30-89 days (2 pts)
- ☐ Less than 30 days (1 pt)

Has your organization delayed or canceled capital expenditures in the past year due to financial constraints?

- ☐ Yes (5 pts)
- ☐ No (2 pts)

FUTURE VIABILITY OUTLOOK

How confident are you in your financial resilience over the next 12-18 months?

Rate on a scale from 1 (low) to 10 (high).

How prepared are you for a future financial shock?

- ☐ Very prepared (5 pts)
- ☐ Somewhat prepared (3 pts)
- ☐ Unprepared (1 pt)

Rank the following risks from greatest to least (1 = highest):

- ☐ Reimbursement cuts
- ☐ Workforce shortages
- ☐ Regulatory changes
- ☐ Declining patient volume
- ☐ Capital/debt constraints

Looking to identify quick wins for your team?

Medallion partners with health systems to operationalize readiness at scale. Visit medallion.co or contact us to schedule a consultation.



The time to build is now. How Medallion powers operational resilience

You can't wait for disruption to force change. You need systems that make you faster, more accurate, and easier to scale.

Operational resilience isn't just about preparing for what might go wrong. It's about enabling everything that needs to go right. That means credentialing the right providers quickly. Submitting enrollment files accurately. Renewing licenses before they lapse. Activating delegated agreements that reduce revenue delays.

The cost of doing nothing is not zero. Credentialing issues can cost healthcare organizations about \$9,000 per provider per day in delayed or lost revenue.

That figure does not include the downstream impact of delayed reimbursements, missed revenue opportunities, and staff attrition due to burnout.

Delays in provider onboarding mean delayed access to care. Missed license renewals can trigger compliance violations. Incomplete enrollment files cause reimbursement delays that ripple through entire financial systems.

All signs point in one direction: healthcare operations are only becoming more complex, more regulated, and more strained.

Organizations that delay modernization risk falling behind or breaking entirely under the next wave of pressure. It is not just about speed or accuracy. It is about the infrastructure that allows your organization to scale, adapt, and lead.

Medallion was built for this moment.

We help healthcare organizations move beyond reactive, manual workflows and build systems that are modern, automated, and purpose-built for the weight of today's healthcare environment.

What Medallion enables:

- ✓ Credentialing launch in days, not weeks
- ✓ Delegated agreement setup in under 30 days
- ✓ Enrollment file submission within 7 days of intake
- ✓ Real-time license tracking and compliance alerts
- ✓ Onboarding timelines as short as 4.3 days
- ✓ Credentialing accuracy rates of 99.5%, backed by SLAs
- ✓ Up to 50% reduction in administrative burden

Our platform is secure, compliant, and designed for healthcare operations from the ground up. We partner with health systems, payers, provider groups, and digital health innovators. Whether you're centralizing operations, absorbing growth, or preparing for the next wave of closures, our infrastructure is built to flex under pressure and help you scale effectively.

Because when hospitals close, when markets shift, and when care can't wait – your operations can't fail.

Medallion is how healthcare teams build for the burden, grow with confidence, and lead through disruption.



Resilience isn't a nice-to-have. It's a necessary shift

Healthcare organizations are carrying more weight than ever before. Closures, staffing shortages, compliance complexity, and patient demand are converging into a single operational challenge. The pressure is real, and it is not going away.

Provider onboarding, compliance risk, and delayed reimbursements are not just symptoms – they're signs that infrastructure needs to change.

The good news is this: resilience is a choice. It starts with honest reflection. It continues with smart investment. And it grows through systems that bring clarity, speed, and alignment to every part of your provider credentialing and enrollment lifecycle.

You don't have to wait until something breaks. You can build systems that bend, absorb pressure, and evolve even before the next disruption hits.

Medallion is your partner in that process.



See the Medallion platform in action

[Get in touch](#)



Build long-term operational readiness

[Read more](#)



Get credentialing insights

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About Medallion

Medallion is the leading AI-powered infrastructure platform transforming provider network operations for healthcare organizations. Founded in 2020, Medallion fully automates critical workflows including credentialing, enrollment, and ongoing monitoring—replacing outdated manual processes with intelligent automation. As a result, healthcare organizations can grow and manage their provider networks faster, more accurately, and with fewer resources, freeing clinical and administrative teams to focus on what matters most: patient care.

In just a few years, Medallion has scaled to serve over 300 leading healthcare organizations. The company has raised \$130 million from leading investors including Sequoia Capital, Spark Capital, Optum Ventures, and Google Ventures. Medallion's impact and innovation have earned widespread recognition, including No. 3 on Inc. magazine's 2024 Fastest-Growing Private Companies in the Pacific Region, No. 5 on the LinkedIn 2024 Top Startups list, a 2024 Modern Healthcare "Best in Business" award, the 2024 Best Healthcare Network Management Platform by the AI Global Excellence Awards, and multiple appearances on Glassdoor's Best Places to Work. It was also named a Forbes 2023 "Next Billion-Dollar Startups" winner. Learn more at [Medallion.co](https://medallion.co) or join the conversation on [LinkedIn](#).

