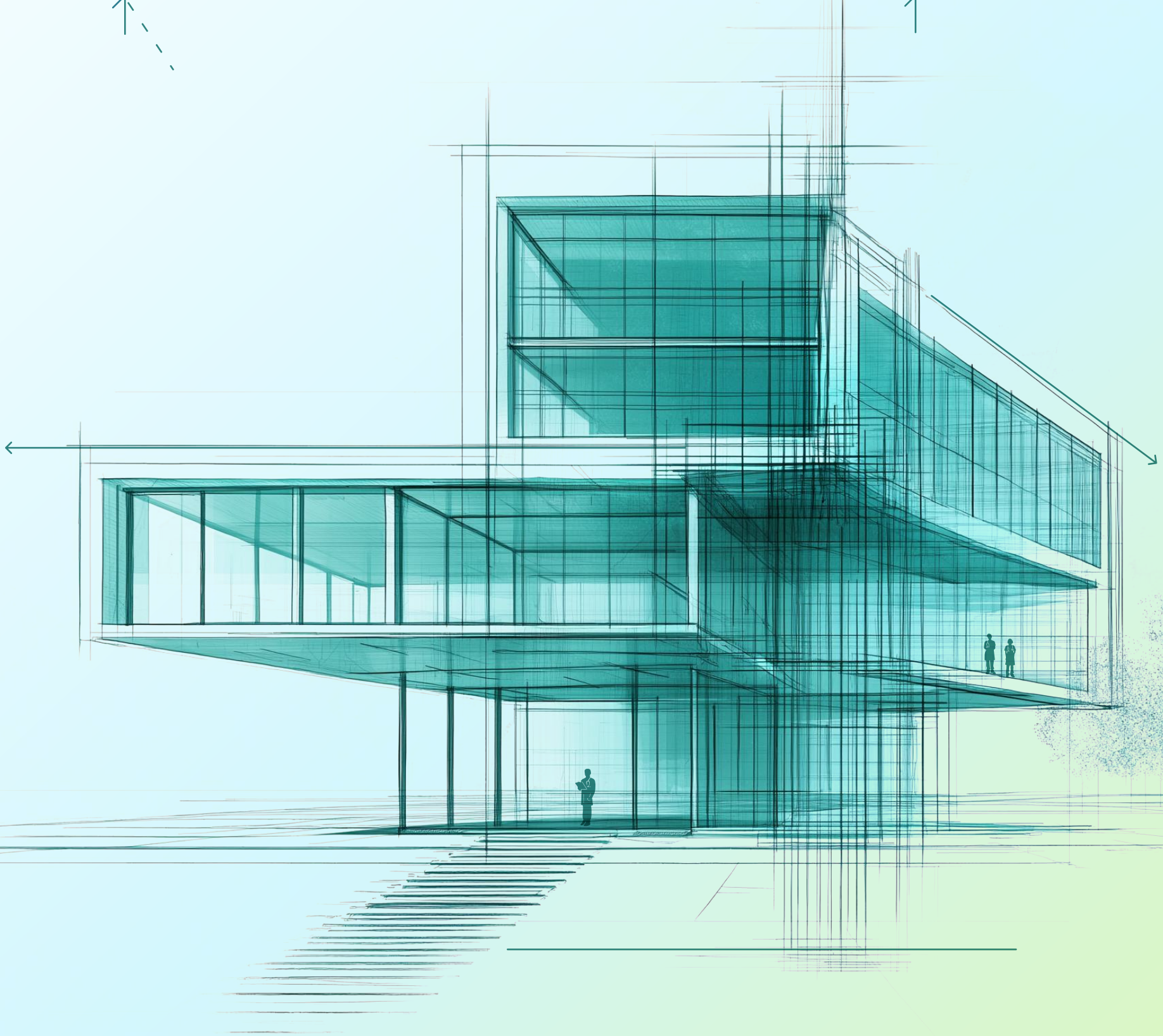# THE EFFICIENCY BLUEPRINT

Medallion

Using automation to drive better provider network management outcomes

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INTRODUCTION

Two things can be true at the same time.

Provider operations have never been more critical to healthcare delivery. Provider operations have never been more broken.

Teams are growing, networks are expanding and patient (and provider) expectations are rising. But the systems and workflows that support provider onboarding, credentialing and enrollment haven't kept up.

As a result, outdated manual workflows continue to create bottlenecks for many healthcare organizations, creating friction, contributing to burnout and compliance risk—and millions in lost revenue.

Across the board, teams are forced to juggle:

✕ Manual workflows built on spreadsheets, paper forms, and email threads.

✕ Siloed systems that don't talk to each other.

✕ Endless follow-ups with payers, boards, and providers.

✕ Poor visibility into provider statuses, expirations, and deadlines.

✕ Outdated provider data that leads to avoidable denials and delayed reimbursements.

It's not just inefficient. It's unscalable. Let's explore this in detail.

HOW SUCCESSFUL ORGANIZATIONS ARE REWIRING OPERATIONS TO SCALE SUSTAINABILITY

The current state of provider operations: friction, manual work and lost revenue

Provider operations are the backbone of healthcare, but outdated, manual workflows create operational drag at every level.

The challenge isn't just inefficiency—it's scalability.

The latest Medallion survey on the state of credentialing and payer enrollment finds out what's broken and what's possible—for example, one takeaway is clear: automation is no longer optional—it's essential. The top pain points today:

DISJOINTED SYSTEMS AND SILOED DATA
Critical information is scattered across multiple spreadsheets, emails, and legacy platforms, leading to miscommunication and delays.

MANUAL VERIFICATION PROCESSES
Credentialing and payer enrollment require time-consuming back-and-forth with providers, payers, and licensing boards, significantly slowing down provider readiness.

LACK OF REAL-TIME VISIBILITY
Organizations struggle to track provider statuses, renewal deadlines, and enrollment progress, increasing the risk of compliance violations and revenue loss.

More healthcare organizations are reaching a tipping point—and beginning to rewire provider operations processes for a better way forward.

They're redesigning workflows with automation in mind.

They're embedding governance into every step.

They're gaining real-time visibility that helps mitigate risk and accelerate revenue.

As a result, they're creating smarter systems. Less administrative burden. And operational models built to scale. The healthcare organizations that adopt automation see real, measurable impact:

50%
reduction in
operating costs

80%
acceleration in
provider readiness

3.5x
faster than
legacy CVOs

The use of automation continues to build momentum: *More than 45% say that their organization uses automation in their business functions*. Organizations are starting to reshape their workflows as they deploy automation.

In healthcare, where revenue depends on timely enrollment and accurate credentialing, automation isn't about convenience—it's about survival. In fact, operations roles and career paths are evolving—*72% of respondents in a similar survey from Medallion say they spend less time on routine tasks*, indicating the changing nature of credentialing or payer enrollment roles in organizations.
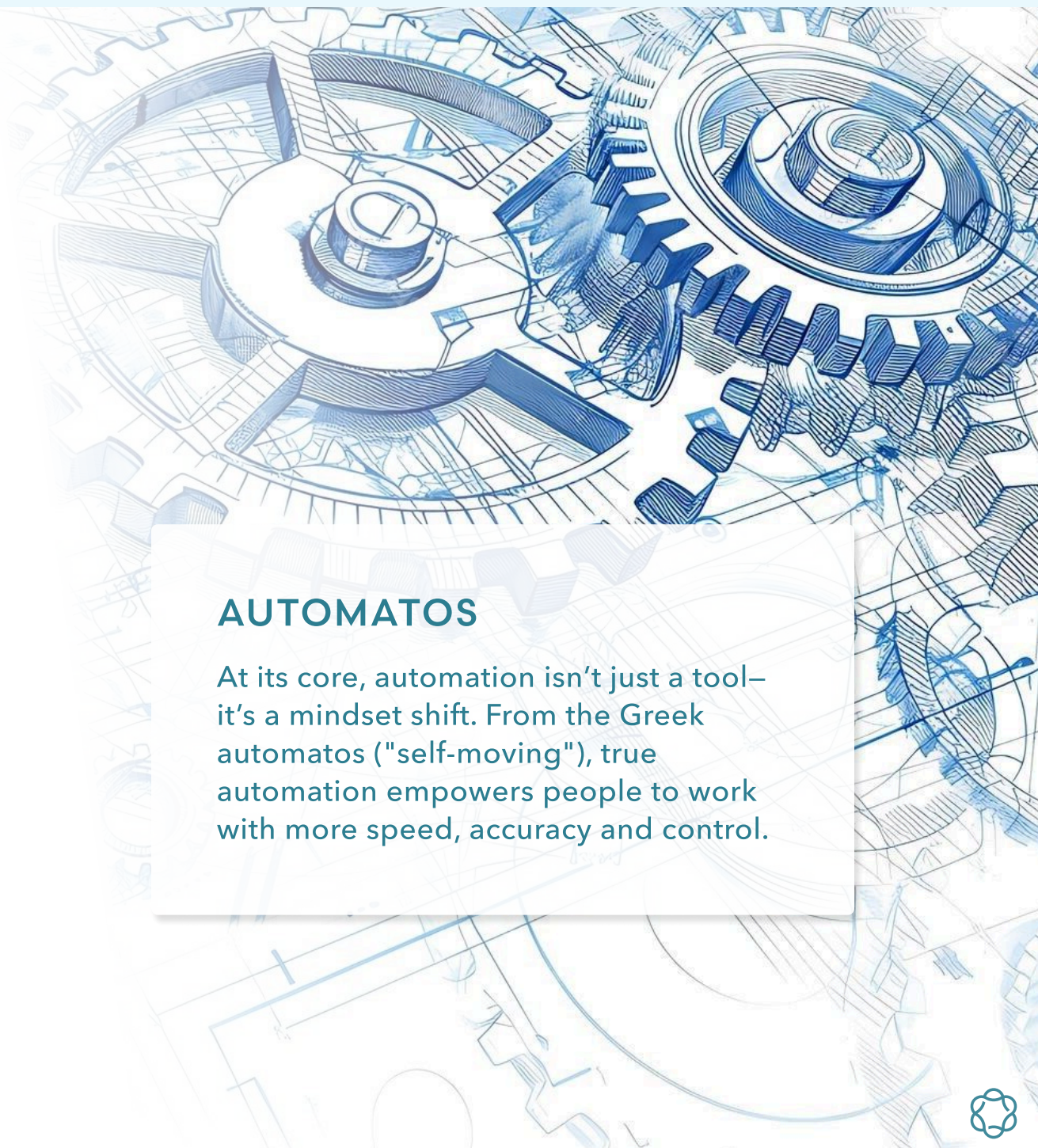
AUTOMATOS

At its core, automation isn't just a tool—it's a mindset shift. From the Greek automatos ("self-moving"), true automation empowers people to work with more speed, accuracy and control.

THE BLUEPRINT FOR PAYER
ENROLLMENT EFFICIENCY

Payer enrollment is often the first major roadblock in getting a provider live. It's also one of the most overlooked drivers of revenue leakage in healthcare operations.

TODAY'S EXPERIENCE
Fragmented data, missing docs, and long delays

Without automation to power provider directory management, teams juggle disparate spreadsheets, missing documentation, and manual payer follow-ups. As a result, this leads to months-long delays, increased administrative burden, and lost revenue due to providers unable to bill for services.

Equally as painful, onboarding gets delayed for weeks—or, in many cases, months. Medallion's survey found that enrollment delays can cost organizations $250,000 to $1M per provider annually. Multiply that across a network and the financial impact is staggering.

WHAT'S POSSIBLE
Modern provider operations: Clean data, faster apps, real-time data sync

With Medallion, payer enrollment workflows are streamlined through real-time data syncing and AI-powered automation. Its smart system handles the complexity of data and task orchestration—adapting to the unique rules of each payer, state, profession, and organization. It tracks expirations, closed panels, delayed agencies, and missed emails, eliminating the need for spreadsheets and manual follow-ups.

✓ LESS SCATTERED PAYER DATA

✗ INCOMPLETE DATA

✓ FASTER APPLICATION & APPROVALS

✗ LOST REVENUE

✗ MISSING DOCUMENTS

✓ CLEAR STATUS TRACKING

Manual applications slow everything down

For many healthcare organizations, payer enrollment applications are still largely manual, involving paper-based submissions, repetitive data entry, and extensive back-and-forth between teams.

Errors in forms and missing documentation only add to the problem, resulting in delays that prevent providers from billing and seeing patients.
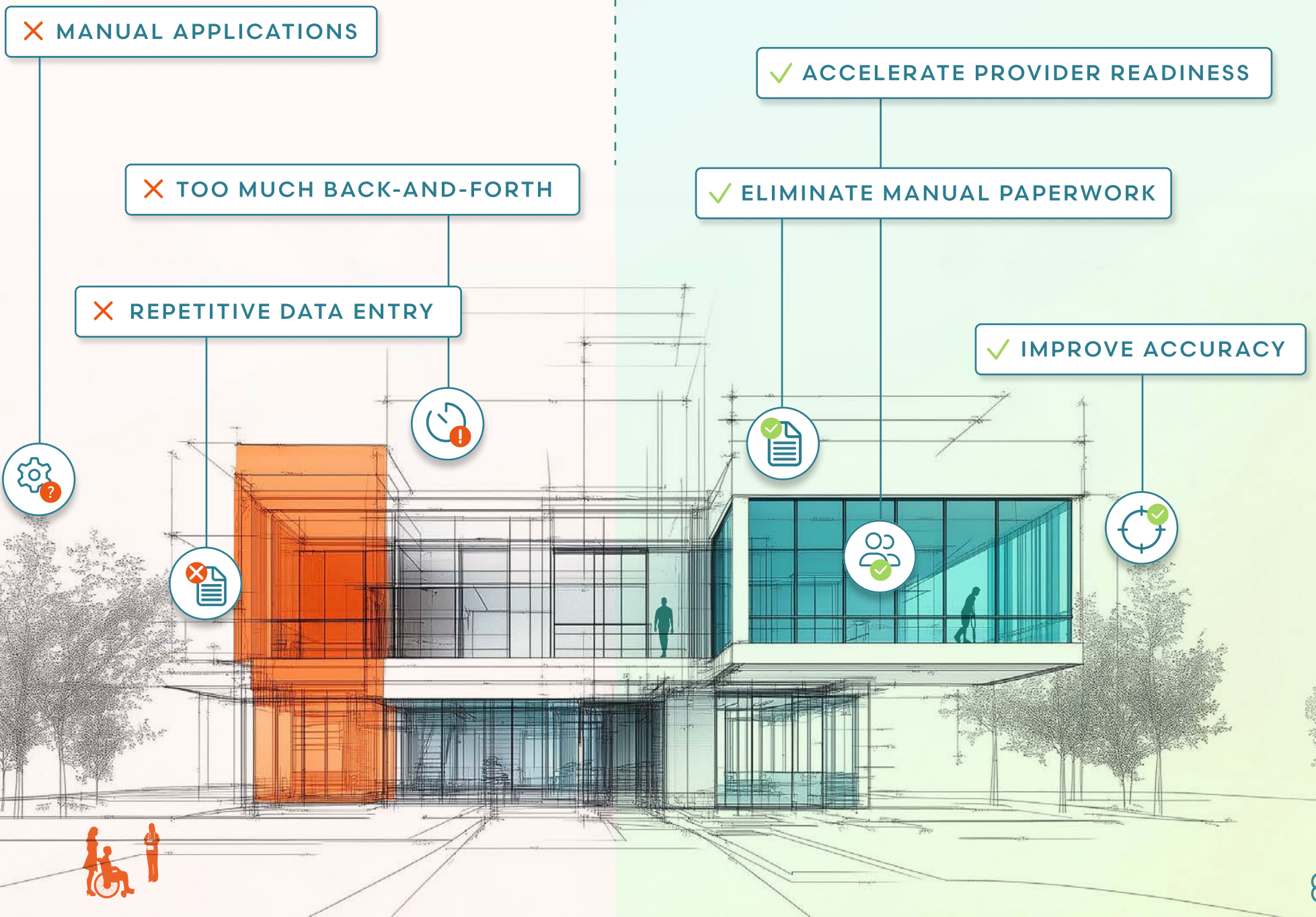
The new normal for high-performing organizations: Streamlined submissions, error-free applications

Automation transforms this process, ensuring that applications are completed accurately and submitted on time. With AI-powered form population, real-time tracking, and automated data validation, teams eliminate bottlenecks that have long plagued the enrollment process.
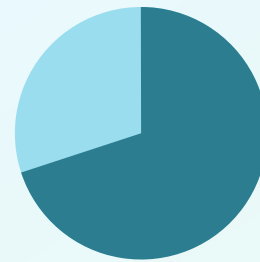
Medallion customers experience *70% faster application approvals*, allowing providers to onboard seamlessly without the friction of manual processes.

✕ MANUAL APPLICATIONS

✕ TOO MUCH BACK-AND-FORTH

✕ REPETITIVE DATA ENTRY

✓ ACCELERATE PROVIDER READINESS

✓ ELIMINATE MANUAL PAPERWORK

✓ IMPROVE ACCURACY

Endless phone tag and opaque processes

Tracking a provider's enrollment status manually is a nightmare. Teams waste hours trying to track down enrollment statuses. Phone calls to payers. Unanswered emails. Dead-end portals. The lack of visibility creates bottlenecks and blindsides ops teams with surprise delays.

How top organizations are working smarter now: No more chasing—just instant updates

Medallion automates payer follow-ups, integrating real-time tracking and status alerts so teams no longer need to chase updates. Medallion's automation gets the data needed (and only what's needed) from whom it's needed with AI-powered workflows that provide clear visibility into every application stage, reducing uncertainty and administrative burden.

By automating follow-ups with superior automation like Medallion's, organizations reclaim countless hours previously spent manually checking statuses, improving both efficiency and provider satisfaction.
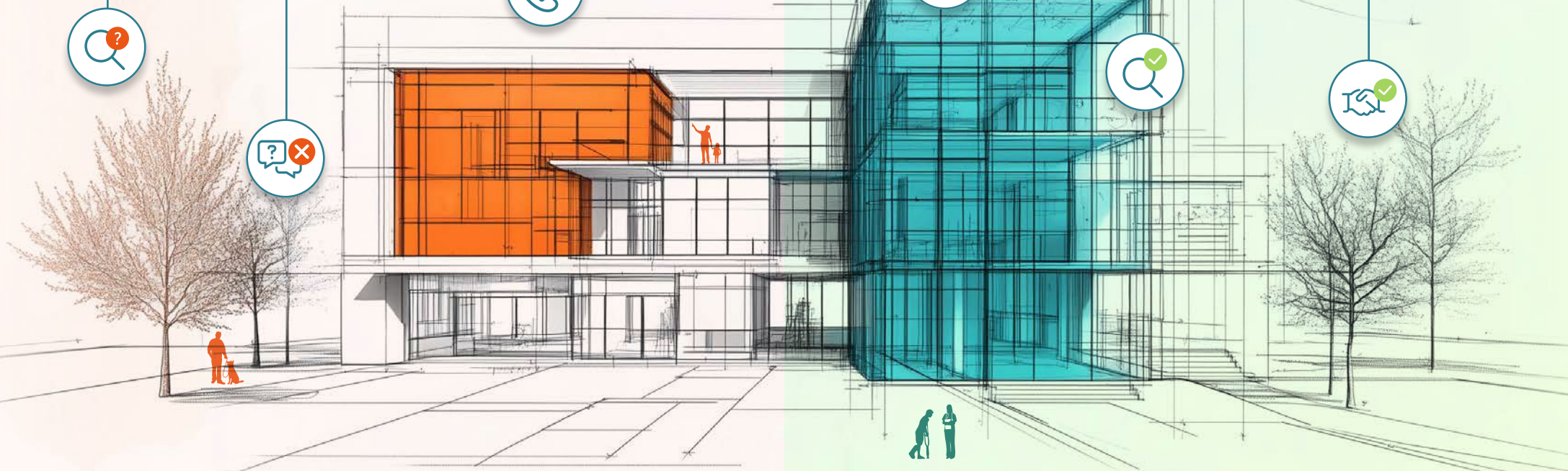
✕ **LACK OF VISIBILITY**

✕ **NEVERENDING PHONE TAG**

✕ **BROKEN COMMUNICATION**

✓ **REAL-TIME VISIBILITY**

✓ **NO MORE PAYER PHONE TAG**

✓ **FASTER RESOLUTION**

TODAY'S EXPERIENCE
Denied claims equals lost revenue

Denied claims due to credentialing errors cost healthcare organizations millions each year. Expired licenses, incorrect enrollment data, and outdated provider records frequently lead to payment delays or outright revenue losses. Billing teams are left scrambling to fix errors after the fact, adding unnecessary complexity to the revenue cycle.

WHAT'S POSSIBLE
From outdated to unstoppable: Fewer denials, faster reimbursement

Medallion prevents these issues at the source by ensuring provider data is accurate, validated, and up-to-date before claims are submitted. AI-powered compliance checks and proactive alerts eliminate the risk of credentialing-related denials.
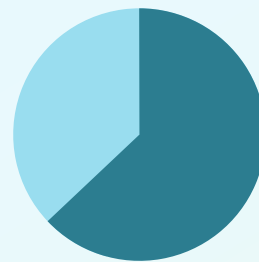
With AI-powered automation like Medallion, *healthcare organizations see a 63% reduction in credentialing-related claim denials*, recovering revenue that would otherwise be lost due to preventable mistakes.

✕ CREDENTIALING ERRORS

✕ PAYMENT DELAYS

✕ INCORRECT DATA

✓ HIGHER REVENUE INTEGRITY

✓ FASTER REIMBURSEMENTS

✓ FEWER CLAIM REJECTIONS

THE BLUEPRINT FOR CREDENTIALING EFFICIENCY

Credentialing is too important—and too resource-intensive—to keep doing manually. From verifications to documentation, ops teams are buried under fragmented systems, outdated workflows and constant provider follow-ups.

Here's how automation redefines every step of the credentialing journey:

TODAY'S EXPERIENCE

Verifications require manual outreach and review

Operations teams spend hours reaching out to medical schools, licensing boards, and other sources to confirm credentials. Every verification must be documented, checked, and quality-assured—often across disconnected systems. The risk of human error is high, and turnaround times are slow.

✕ TOO MUCH MANUAL WORK

✕ INCREASED RISK OF ERROR

WHAT'S POSSIBLE

Scaling with automation offers instant PSV checks with built-in QA

Medallion automates PSV through direct integrations, instantly validating credentials and running automated quality checks and audit trail/logging for compliance traceability—in the background. Teams get the confidence of compliance-grade accuracy—without the manual lift.

✓ 99.5%+ CREDENTIALING ACCURACY

✓ REDUCED DELAYS, LOWER COMPLIANCE RISK

Chasing down primary sources slows everything down

Verifying active licenses means logging into outdated portals, tracking down individual state boards, and waiting days for updates. When multiplied across dozens or hundreds of providers, this becomes a serious operational burden.

The new standard is with automation means real-time license verification with direct integrations

Medallion pulls license data in real time from state boards, automatically updating provider profiles and flagging expirations before they become an issue. Teams stay ahead without spending hours on manual checks.

✕ CEASELESS PAPER CHASING

✕ AMBIGUOUS WAITING GAME

✓ CONTINUOUS VISIBILITY INTO LICENSE STATUS

✓ SIGNIFICANTLY FASTER VERIFICATION

Provider delays and email follow-ups stall onboarding

Collecting provider documents is a slow, manual process—often involving email threads, PDF attachments, and delayed responses. Incomplete profiles and missing information hold up onboarding and frustrate everyone involved.

A new era of operations means 70%+ of profiles pre-filled, with instant mobile uploads

Medallion pre-populates profiles using CAQH and resume imports, then collects remaining documents via QR code uploads—no login or desktop required. Providers can complete their credentialing profile in minutes, not days.

✕ SLUGGISH ONBOARDING

✕ DELAYED PATIENT CARE

✓ FEWER PROVIDER DELAYS, LESS OPS FOLLOW-UP

✓ FASTER PROFILE COMPLETION

TODAY'S EXPERIENCE

Packet creation is time-consuming and error-prone

Once everything is collected and verified, teams must manually assemble files for NCQA or TJC review—copying PSV logs, profile data, and evidence into a single, formatted packet. It's a labor-intensive, high-stakes process.

WHAT'S POSSIBLE

Superior automation is made to keep up, offering NCQA- and TJC-compliant packets that are auto-generated

Medallion automatically compiles credentialing packets through a seamless workflow—ensuring they meet NCQA and The Joint Commission (TJC) requirements, with guaranteed turnaround times that crush industry averages.

✓ **READY-TO-SEND, REGULATION-COMPLIANT FILES WITHOUT THE WAIT**

✕ **LACKING DATA**

✓ **TJC: 45-DAY GUARANTEE (30-DAY AVG)**

✕ **LOST REVENUE**

✕ **MISPLACED DOCUMENTS**

✓ **NCQA: 3-DAY GUARANTEE (1-DAY AVG)**
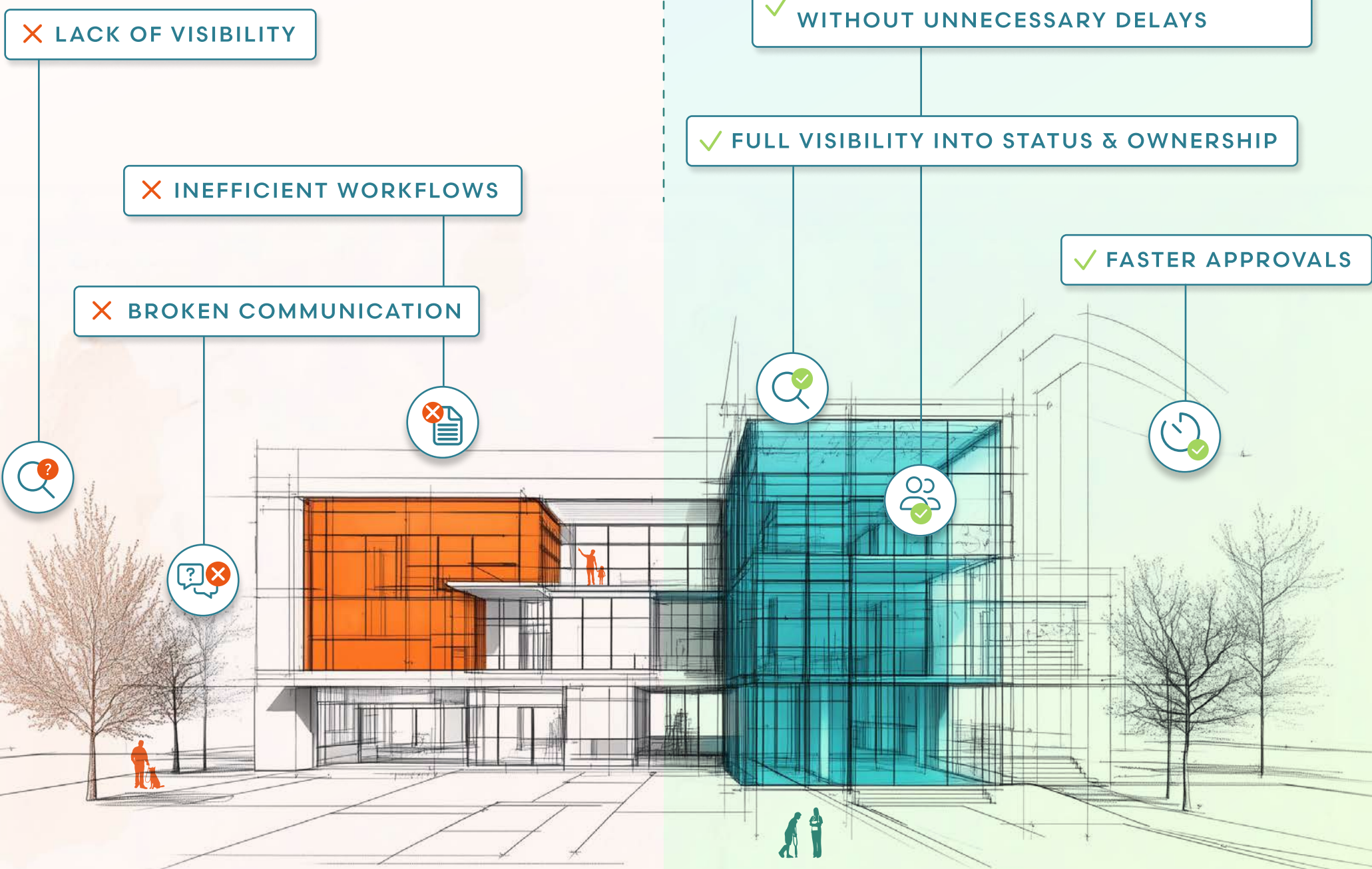
TODAY'S EXPERIENCE

Paper forms and slow approvals

Most privileging processes still rely on static PDFs, paper packets, and manual routing between departments. Reviews often happen via email or in inefficient meetings, leading to lost time, miscommunication, and stalled provider start dates.

WHAT'S POSSIBLE

Top organizations use automation to get AI-driven privileging workflows with real-time tracking

Medallion digitizes the entire privileging workflow— from application to approval. AI intelligently routes forms, tracks every stage of the process, and ensures committees have the information they need without the back-and-forth.

✕ LACK OF VISIBILITY

✕ INEFFICIENT WORKFLOWS

✕ BROKEN COMMUNICATION

✓ PROVIDERS CLEARED TO DELIVER CARE WITHOUT UNNECESSARY DELAYS

✓ FULL VISIBILITY INTO STATUS & OWNERSHIP

✓ FASTER APPROVALS

YESTERDAY'S BEST PRACTICES WON'T UNLOCK TOMORROW'S OUTCOMES
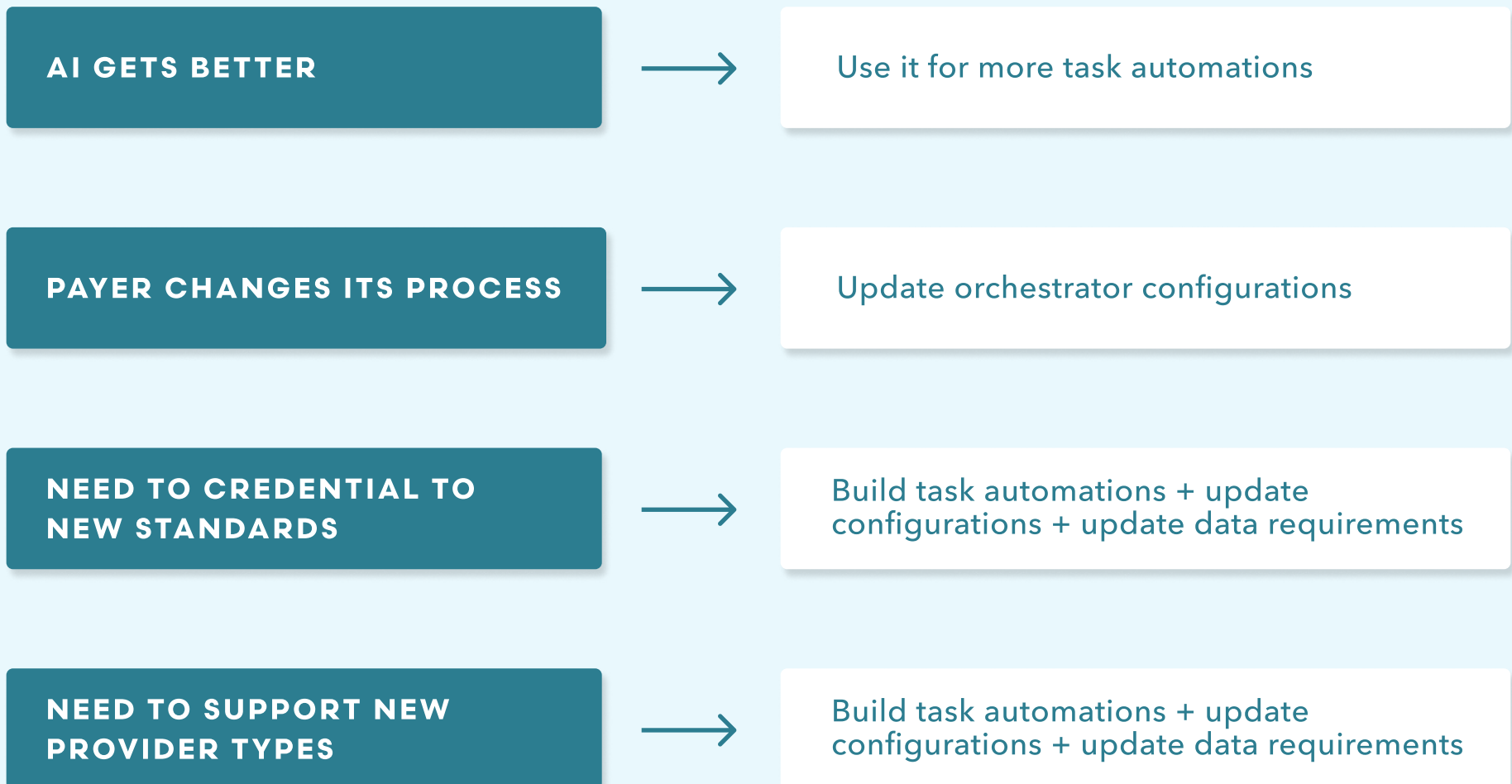
Two things can be true.

Provider operations are more essential—and more complex—than ever before. But complexity doesn't have to mean chaos. Not anymore.

The tools to fix processes are already here.

Sustainable provider operations aren't built on spreadsheets and workarounds. They are built on systems that are automated by design, connected by default, and scalable by nature.

Thriving teams won't just do the same things more efficiently—they'll do things differently. They'll think differently. Act boldly. And leave the manual mess behind.

Let's build what's next—together. Medallion's automation is architected for scale:

AI GETS BETTER →	Use it for more task automations
PAYER CHANGES ITS PROCESS →	Update orchestrator configurations
NEED TO CREDENTIAL TO NEW STANDARDS →	Build task automations + update configurations + update data requirements
NEED TO SUPPORT NEW PROVIDER TYPES →	Build task automations + update configurations + update data requirements

MEDALLION DRIVES THREE KEY OUTCOMES FOR HEALTHCARE ORGANIZATIONS:

78%
less time spent on operational tasks, and faster turnaround times than in-house teams

1.5M
hours of admin work saved

16M+
automated verifications completed

About Medallion

Medallion is the leading provider network management platform that unites provider operations and empowers end-to-end automation workflows 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, we enable operations teams to better manage their provider networks, deliver superior care, speed up revenue paths, and elevate provider satisfaction levels.

Recognized as No. 3 on Inc. Magazine's 2024 Fastest-Growing Private Companies in the Pacific Region and a Glassdoor Best Places to Work in 2024, Medallion is paving the future of provider network management. To learn more, visit Medallon.co, or join the conversation on LinkedIn.

To learn more, visit medallion.co or scan the QR to get in touch with a member of our team.