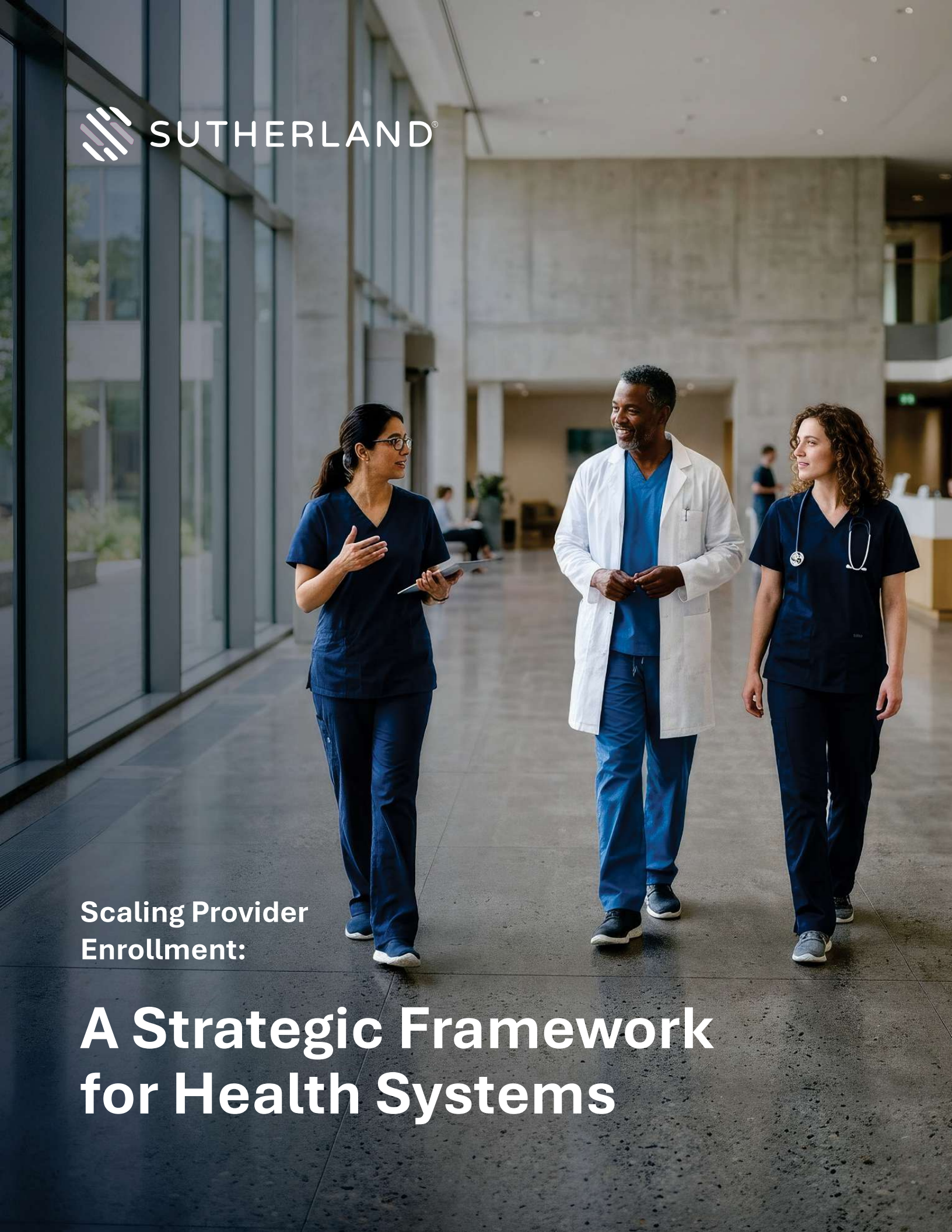
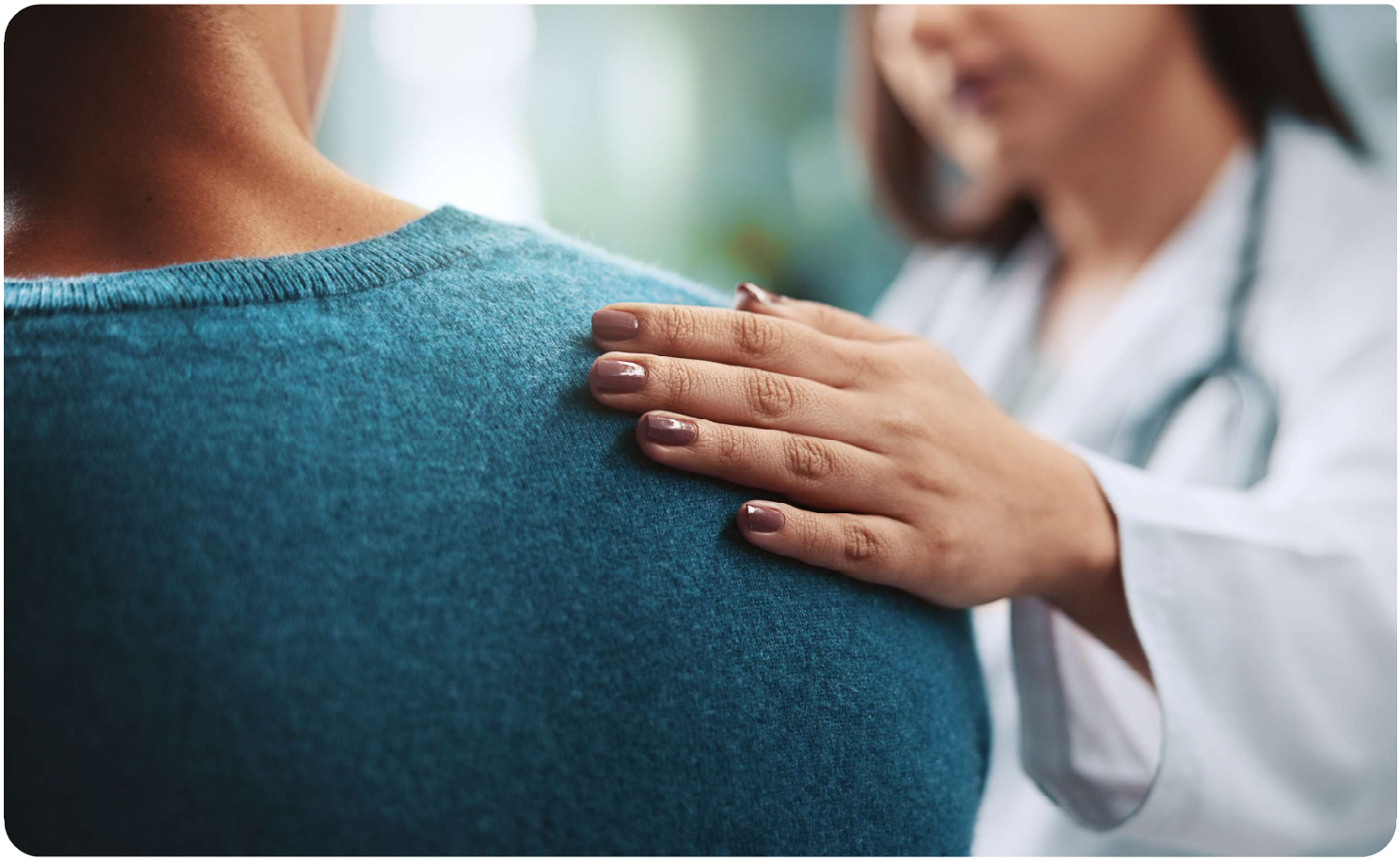


SUTHERLAND®

Scaling Provider Enrollment:

A Strategic Framework for Health Systems



Healthcare organizations are faced with a challenge: The demand for care continues to grow but the administrative systems that support provider onboarding and network participation often struggle to keep pace.

Provider enrollment and credentialing is at the epicenter of this challenge. The process is often manual, fragmented across departments and dependent on institutional knowledge that is disappearing as roles in credentialing and provider enrollment departments are becoming blended. Almost one-quarter of healthcare executives are dissatisfied with the current credentialing process in their organization and 40% are dissatisfied with credentialing timelines.[1]

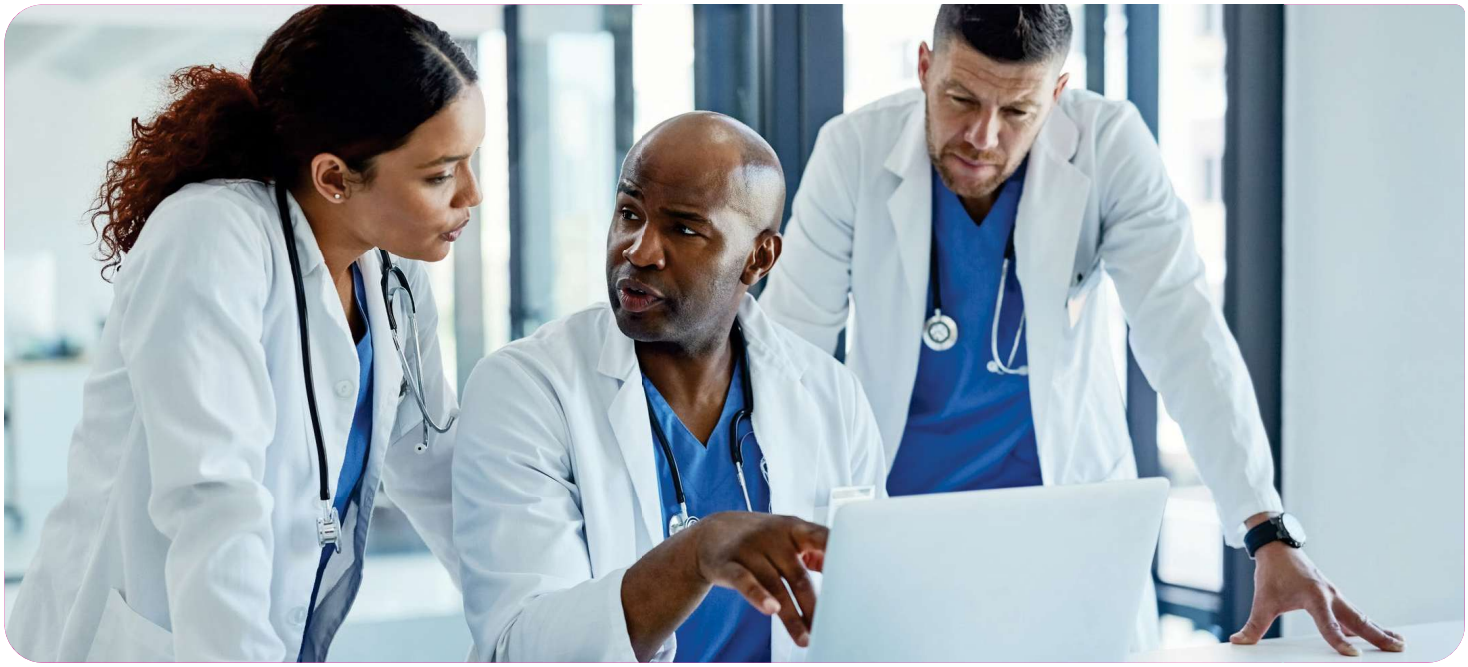
Managing this growing ecosystem while maintaining compliance and meeting payer enrollment timelines requires a fundamental shift in how organizations approach provider enrollment operations.

"We've got rising provider volumes and there are regulatory demands on those providers. In medical offices, we see staff shortages and burnout.... and bottlenecks in getting providers enrolled."

– Barbara Walter
Solutions Architect, Sutherland

Key takeaways:

- Provider enrollment and credentialing delays create significant operational and financial risks.
- Fragmented systems and manual workflows across departments lead to duplication, limited visibility and inefficiencies that slow provider onboarding and reimbursement.
- Modernizing credentialing infrastructure with integrated platforms, automation and AI can reduce administrative burden and accelerate verification and enrollment timelines.
- Standardized workflows, documented processes and cross-training help preserve institutional knowledge and relieve pressure on understaffed credentialing teams.
- Strategic partnerships with experienced credentialing and enrollment providers can help health systems scale operations, close capability gaps and accelerate modernization without expanding internal teams.



The Provider Enrollment Bottleneck

Although credentialing is essential to ensuring patient safety and quality of care, the process of verifying the qualifications, experience and backgrounds of healthcare providers (HCPs) is often viewed as an administrative task but its impact on healthcare operations is substantial.

It can take up to 120 days to complete the credentialing process for a single provider.[2] Delays in credentialing or payer enrollment can prevent providers from billing for services, creating immediate financial consequences with an average of $7,500 in daily revenue loss per physician, per day.[2]

In many health systems, enrollment activities are divided between multiple departments. In 70% of organizations, the recruiting department and credentialing department report to different leadership teams, complicating the credentialing and enrollment processes and creating a lack of operational visibility across departments.[1]

When these groups operate in disconnected systems, the result can be costly delays—and if providers start seeing patients before enrollment is complete, reimbursement may not follow.

$7,500

in daily revenue can be lost per physician when credentialing or payer enrollment delays prevent providers from billing for services.[2]

"If you start seeing patients in May and you don't get approved until August, you've got three months of lost revenue because the payers can't or won't backdate."

– Barbara Walter
Solutions Architect,
Sutherland

The issue is not just a single breakdown in the process. Instead, enrollment challenges typically stem from a combination of factors, including manual workflows, fragmented systems, and silos that result in a lack of operational visibility across departments.

Efforts to streamline credentialing, reduce the administrative burden and eliminate silos have led to significant advances from digital automation for credentialing services and shared credentialing models to the use of artificial intelligence (AI) to enhance multiple areas of the credentialing cycle.[3]

Credentialing Challenges and Costly Delays

Credentialing challenges like audit issues, credentialing and enrollment issues and penalty reimbursement delays are common and highlight a need for improvement. Among healthcare organizations:[4]

3%
"always" have reimbursement delays

8%
"often" have reimbursement delays

22%
"sometimes" have reimbursement delays

39%
"rarely" have reimbursement delays

26%
"never" have reimbursement delays

2%
are **"unsure"** if they have reimbursement delays

Building the Right Foundation

Technology should simplify provider enrollment processes but often has the opposite effect. Different departments within healthcare organizations often adopt different platforms to manage credentialing, document storage, and enrollment tracking, leading to duplication of efforts.

> *"If you have to build a provider profile in system A and rebuild it in system B, it leads to a duplication of effort and inefficiencies. When there is not true integration, when there are just ad hoc integrations and work around processes, it leads to inefficiencies, errors, delays and loss of revenue. We should be able to rely on our technology platform to support these efforts across the organization."*
>
> **– Barbara Walter**
> Solutions Architect,
> Sutherland

These inefficiencies extend beyond physicians. Health systems must also track licenses and certifications for several non-billing clinical roles and many credentialing platforms are not designed to manage those providers, according to Walter.

When systems can't track the credentials of non-billing providers, organizations often fall back on manual workarounds like spreadsheets, which introduce significant risks because the process depends on human oversight to monitor expiration dates, track licensing updates, and watch for disciplinary actions. The consequences for oversight range from compliance violations to patient safety concerns. Reliance on manual tracking significantly increases the growing administrative burden and administrative costs in healthcare.

Administrative complexity costs the U.S. healthcare system $350 billion annually—and more than $40 billion is spent on administrative transactions.[5]

Provider enrollment modernization represents a significant opportunity to reduce that burden.

$350 billion

lost annually to administrative complexity in the U.S. healthcare system, including more than $40 billion spent on administrative transactions.[5]

Optimizing Internal Resources

Provider enrollment and credentialing platforms also help alleviate staffing shortages. More than half of credentialing departments are understaffed and the average credentialing specialist manages a portfolio of 120 to 150 providers, putting significant pressure on the existing workforce.[2] As a result, organizations depend on a small number of experienced staff with deep institutional knowledge and losing them can take a significant toll.

Organizations leveraging systems that operate on customized workflows, understand payer requirements, and who cross-train internal resources can help preserve institutional knowledge while allowing staff to focus on higher-value activities such as provider onboarding and payer coordination, Walter explains.

Operational design also plays a critical role in enrollment timelines. In many organizations, credentialing and payer enrollment are treated as strictly sequential processes. Forward-thinking organizations are rethinking that workflow and identifying opportunities to run certain steps in parallel to shorten timelines between provider onboarding and billable service delivery.

Improving these workflows requires organizations to examine the entire provider lifecycle from recruitment and credentialing to enrollment and billing activation. Mapping each step of the process helps reveal handoffs, redundancies and bottlenecks and identifies opportunities to streamline operations, reduce administrative burden and accelerate the path to patient care.

Scaling with External Resources

"The right partner doesn't just do credentialing faster. They create a scalable, reliable system that supports growth, accelerates revenue, reduces risk, and gives your organization the operational agility to expand confidently."

– Barbara Walter
Solutions Architect,
Sutherland

Even optimized workflows and improved staffing models might not be enough to address enrollment challenges. Digital credentialing services, blockchain for credential verification, AI and automation can reduce the burdens. More than two-thirds of healthcare organizations plan to implement or upgrade their credentialing software in the next 24 months, and organizations that use AI for primary source verification reduced verification times up to 68%.[3]

Strategic partnerships can provide additional expertise and scalability. External partners may assist with enrollment processing, compliance oversight or system integration projects. These partnerships can help organizations accelerate modernization initiatives without expanding internal teams.

68%

reduction in verification time by organizations using AI for primary source verification.[3]

Outsourcing provider enrollment functions requires careful planning. Healthcare organizations should evaluate partners on domain expertise, regulatory knowledge, and technology capabilities; transparency is equally important for avoiding outsourcing pitfalls.

> *"One of the biggest mistakes [that healthcare organizations make] is not being transparent about your organizational strengths and weaknesses. You want to have a strategic partner that fills in your gaps and brings you to the next level."*
>
> **– Barbara Walter**
> Solutions Architect,
> Sutherland

Sutherland is at the forefront of transforming credentialing environments to optimize costs and drive efficiencies with provider and health plan credentialing services and credentialing automation.

Services like end-to-end credentialing services, automated primary source verification, and real-time reports and analytical dashboards that comply with National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), and Centers for Medicare & Medicaid Services (CMS) standards can replace legacy solutions and streamline the credentialing process.

When expectations are clear and governance structures are well defined, partnerships can significantly improve operational performance.

Responsible AI in Provider Enrollment

Measuring the return on AI investments (RO-AI) shifts the focus from cost reduction to value creation from metrics improved efficiencies, risk mitigation, revenue generation and strategic advantage. It emphasizes the use of intelligent document processing, exception identification, and predictive workload management with strong data governance and guardrails for compliance and human in the loop controls.

Provider enrollment and credentialing have long been viewed as administrative necessities and essential but often overlooked components of healthcare operations. As provider networks expand and regulatory requirements grow more complex, these processes are becoming increasingly strategic.

When credentialing is treated as a strategic imperative, not a routine administrative task, it becomes a patient safety and quality driver and is central to regulatory compliance and risk management. Moreover, it improves operational efficiency and revenue cycle performance and enhances organizational reputation.

"Treating credentialing as a strategic necessity has a significant impact on healthcare organizations across operations, quality and competitiveness. The shift transforms credentialing from a back office function into a core strategic pillar."

– Barbara Walter
Solutions Architect,
Sutherland

Efficient enrollment systems allow providers to begin seeing patients sooner, accelerate revenue cycles and reduce compliance risk while scaling clinical capacity without overwhelming administrative teams.

But achieving transformation requires more than incremental improvements. It demands a holistic approach that integrates modern technology, optimized workflows and thoughtful workforce strategies.

The right strategic partner and credentialing solution can turn a process that was redundant, expensive and frustrating for providers into a streamlined process that improves operational efficiencies while maintaining compliance and quality standards to build a more agile, resilient healthcare organization.

Scale your enrollment operations with confidence.

Contact us to find out how.

6 Pillar Framework for Scalable Provider Enrollment

Healthcare organizations seeking to modernize enrollment operations can focus on six core areas:

Systems

Implement integrated platforms that support credentialing, enrollment and compliance monitoring.

Workflows

Redesign enrollment processes to reduce bottlenecks and enable parallel operations.

Staff

Develop staffing models that balance expertise with standardized processes.

Automation

Eliminate manual data entry and improve data exchange across systems.

Partners

Leverage external partners to address skill gaps and scalability needs.

Responsible AI

Use intelligent tools to enhance, not replace, human expertise.

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