



MedTrainer

GUIDE

Essential Credentialing Data

Unlock insights to maximize revenue, make business decisions, and increase efficiency



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What Gets Monitored Gets Managed

Problems in your credentialing process can wreak havoc across the organization. By reviewing key data early and often, you can prevent many of the issues — or at least limit the impact.

In this guide, you'll learn the exact data points that healthcare leadership and credentialers rely on and the technology they're using to access robust metrics, data visualization tools, and more.

Once you have this credentialing data, you won't be able to live without it.

4 Types of Essential Credentialing Data

	Executive	Capacity	Enrollment	Claim Denial
Data Examples	<ul style="list-style-type: none">• Unsubmitted and open enrollment applications by age• Open applications by status	<ul style="list-style-type: none">• Number of existing and new providers and payers• Number of applications or renewals per credentialer	<ul style="list-style-type: none">• Unsubmitted and open enrollment applications• Average response time by payer	<ul style="list-style-type: none">• Most common CARC and RARC denial codes
What It Tells You	High-level data to better project revenue, plan for growth, and manage staffing.	Use this data to understand if the process in place can support the credentialing needs of the organization and to manage changes in workload.	Keep tabs on enrollments to identify improvements, set realistic expectations, and limit lost revenue.	Identify and eliminate the root causes of credentialing-related claim denials that are impacting revenue and staff time.

Executive Data

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Credentialing Data Every Executive Needs

Keeping a pulse on your credentialing operations is a critical part of revenue cycle management. With instant access to high-level provider enrollment data, you can better project revenue, plan for growth, and manage staffing.

Number of closed enrollment applications by month	Understand monthly volume to better plan staffing.
Unsubmitted applications by age	Quickly identify applications sitting longer than they should (anything over two weeks is a concern).
Unsubmitted application total	Identifying a baseline number of unsubmitted applications means you know at a glance if this number is lower or higher so you can ask questions.
Open enrollment applications by status	Use this data to assess where most applications get stuck and as a gauge for when the provider could be ready to practice.
Open enrollment applications by age	Keep an eye on applications older than 30 days as they may be at risk for expiration, which would significantly delay a provider's ability to be reimbursed.
Average response time by payer	Gain revenue cycle insight and be ready to advocate for your organization if a payer is not moving fast enough.
Closed applications by credentialer	Spot a potential staffing issue early if a credentialer is not keeping pace and replicate the success of top performers.
Most common claim denial codes	Use this information to identify root causes and be ready to have a conversation if it is determined to be a payer issue.
Number of providers by specialty and location	Use this information to determine network adequacy gaps and whether you're meeting the requirements for the plan.
Number of providers enrolled with each payer	The finance team can look at this number to gauge if they're receiving claims, but not getting reimbursed.

This data is critical for healthcare executives to efficiently manage operations, and is one of the greatest values of MedTrainer's credentialing software.

With all enrollment activity tracked in one easy-to-use platform, you have nearly any data point you need, available in customizable dashboards or comprehensive reports.

[See It In Action](#)


Capacity Data

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Assessing Credentialing Capacity

It's important to understand if the process in place can support the credentialing needs of the organization. Does it meet today's need? Can it meet future needs and growth? This data is critical in making staffing and technology decisions.

Number of existing providers	Recredentialing can take 2-3 hours uninterrupted per provider, every 2 years.
Number of new providers planned	Initial credentialing and enrollment can take 5 hours uninterrupted per provider.
Number of existing payers	The greater the number, the longer each of the processes above will take.
Number of new payers/plans	Enrolling with new payers and plans takes significantly longer than recredentialing.
Number of "frequent flyers"	Positions such as hospitalists, locums, and CRNAs are more likely to move from organization to organization, sometimes even before credentialing is complete.
Number of closed enrollment applications by month and time to submission	Both data points offer insight into busy periods where you may need to bring in temporary staff or reassess assignment.

 [Download this Worksheet](#) to automatically calculate the number of hours per day required to complete credentialing and enrollment.

Account for Busy Months

The months around medical school graduation also coincide with popular vacation times, making June, July, and December the busiest for most healthcare credentialing teams. However, you should use your data (including number of applications per month and renewal dates) to determine your organization's busiest months. These are the times where you may need to plan for additional resources.



Before You Hire More Staff...

Adding a credentialing platform will help your existing staff to increase efficiency at a lower cost to the organization than hiring an employee. MedTrainer customers say they complete credentialing three weeks faster per provider than using a manual process. Here's how:

- Automated license verification
- Automated exclusions monitoring
- Electronic document request
- Automated reminders
- Proven enrollment workflows
- Real-time reporting

[Learn More](#)

Enrollment Data

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Reducing Delays To Ensure Providers Are Reimbursed

There are dozens of reasons that provider enrollments could be delayed — data can help you get ahead of almost all of them. Keeping tabs on the enrollment process can alert you to potential issues, set realistic expectations, and most importantly, limit lost revenue.

Data To Understand Enrollment Challenges

Unsubmitted applications	Find applications you thought were submitted, but were not and ensure all applications have been assigned to a credentialer.
Open enrollment applications	<p>Use this data to assess the stage where most applications get stuck and identify trends in provider and payer response times.</p> <p>Keep an eye on the length to ensure applications don't expire, which happens 60 days from submission.</p>
Aging applications by payer	Use this information to set realistic goals for how long enrollment will take with each payer and to be able to look for network adequacy gaps.
Aging applications by provider	<p>Identify applications sitting longer than they should (anything over two weeks is a concern).</p> <p>Identify specific providers who are slow to share documents and information.</p>
Closed applications by credentialer	Indicates the credentialers who are more efficient so you can replicate their processes.
Enrollment status by location and specialty	See the status of every provider by payer, location, and specialty.
Missed deadlines	Sort this data by credentialer or date type (submission, recredentialing, etc.) to identify trends.



Accessing This Data

Capturing, tracking, and analyzing this level of data manually is nearly impossible for busy healthcare teams. You can do it with spreadsheets, but it is unnecessarily resource intensive and error prone, which is why most teams use a credentialing platform. The best platforms make this level of analysis available in real-time so that you can make small improvements that dramatically speed up your enrollment process.

Here are a few features MedTrainer customers love:

- Customizable data visualization tools
- Pre-built credentialing dashboards and reports
- At-a-glance status, including key dates and priority level
- Enrollment checklists to keep the process on track

Every day a provider isn't enrolled with payers, the organization loses out on \$9,000 in revenue.

– Merritt Hawkins

[Learn More](#)

Claim Denial Data

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Effectively Reducing Credentialing–Related Denials

MGMA data reveals that 54% of medical practices report claim denials related to provider credentialing. Using data to understand your organization’s denials, you can ask questions and correct issues that are impacting revenue and staff time.

Data To Understand Claim Denials

Track the number of denials for each of these credentialing–related CARCs (claim adjustment reason code) and RARCs (remittance advice reason code) to identify trends.

Code	Description
8	The procedure code is inconsistent with the provider type/specialty (taxonomy)
52	The referring/prescribing provider is not eligible to refer/prescribe/order/perform the service billed
147	Provider contracted/negotiated rate expired or not on file
171	Payment is denied when performed/billed by this type of provider in this type of facility
183	The referring provider is not eligible to refer the service billed
184	The prescribing/ordering provider is not eligible to prescribe/order the service billed
185	The rendering provider is not eligible to provide the service billed
208	The NPI submitted does not match the NPI on file
242	Service not provided by network provider
279	Services not rendered by preferred in-network provider
288	Billing provider not eligible to receive payment for service
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service
D10	Claim/service denied. Completed physician financial relationship not on file
N95	Provider type may not bill for specified service
N198	Rendering provider must be affiliated with pay-to provider

Effectively Reducing Credentialing-Related Denials

Determine Root Causes

Your data has likely revealed common themes or codes that have more than a handful of denials. In a general sense, these denials are often issues related to accuracy or timing. Accuracy issues could be an incomplete application submitted or incorrect information.

Timing issues could be submitting before the contract effective date or a document that expired during enrollment. The denial code isn't going to tell you what's causing the problem, but it offers direction for your team.

Here are some questions to ask to get to the root cause:

- Are there common correspondence requests or feedback from payers about issues?
- Are the questions from one payer or a few payers?
- Has the payer recently made a change? Did they implement AI? Did they change their platform? Did a point of contact leave (and take knowledge)?
- Did the provider move to a new location? Are they pending a license or certification renewal?
- Did the organization tax ID number change?
- Did you open a satellite facility? Did you add a provider to a new facility?
- Was the claim related to a new procedure? Do you think it could be considered experimental and not within the provider's approved scope?
- What was the date the provider was approved through? Is the CAQH attestation up to date?

 **Take a deep dive into denial management in [this on-demand webinar](#).**



Now What?

To get to the bottom of these issues, you'll need organized and complete information for every payer enrollment. This is where a credentialing platform really shines. You can see every action taken on the enrollment with call notes, call reference numbers, and approvals easily accessible in a provider's electronic profile. These are the MedTrainer features that help credentialers eliminate the causes of common credentialing-related claim denials:

- Application workflow management
- Automated activity tracking
- License expiration and recertification reminders
- Customized reports to identify issues

See It In Action



Getting the Data You Need

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Transform Your Process With a Credentialing Platform

An enterprise-grade credentialing platform provides the essential data to maximize revenue, make critical business decisions, and increase organizational efficiency.



Visibility Across the Organization

Credentialing and enrollment dashboards offer an at-a-glance view of status so leaders can better plan and credentialers can identify potential issues proactively. Schedule customized reports to be sent weekly or monthly to provide the visibly most executives are missing.

Extend Your Staff's Capacity

With automations license verification, exclusions monitoring, and reminders, credentialing professionals can spend their time following up with payers and ensuring accuracy.

Improve Operational Efficiency

Customizable data visualization tools, comprehensive and schedulable reports, and real-time dashboards offer the data you need to make improvements that dramatically speed up your enrollment process.

Make a Change With MedTrainer

MedTrainer puts all credentialing actions into one easy-to-use platform providing comprehensive data, proven workflows, and the ability to easily spot missing or incorrect information before it's too late.

With MedTrainer you get:

- Top-rated credentialing software according to G2 reviewers
- All-in-one platform to reduce extra solutions and costs
- Deep credentialing knowledge and healthcare expertise
- Low total cost of ownership with a SaaS platform

[See MedTrainer In Action](#)