Health systems, health plans, and clinicians are adapting to the evolving healthcare environment. To survive and thrive, it is extremely important that they find efficient ways to collaborate, streamline delivery models, effectively use technology and analytics, and most importantly improve patient care.

Market pressures and stakeholder satisfaction demands are forcing our clients to consider integrating their credentialing, privileging, and enrollment processes. These efforts are focused on providing better customer service, supporting quality and patient safety efforts, reducing administrative costs, and minimizing regulatory risk as the Office of the Inspector General (OIG) is reviewing the verification of credentials before privileges are granted in their work plans.¹

In addition, the ongoing consolidation of health care organizations and increasing importance of managing narrow networks of high performing clinicians has created an environment where execution of credentialing and enrollment is crucial.

Key Questions Being Asked by Leading Organizations

Organizations are finding, especially after expansion or consolidation efforts, that they have no “one source of truth” in their provider credentialing, privileging, and enrollment data. With multiple points of contact, delayed cycle times, and manual processes, many are experiencing failures throughout these processes.

The following questions are at the forefront:
• What is the difference between credentialing, delegated credentialing, privileging, and enrollment? How does the information needed for each component intersect?
• As the “first face forward” to clinicians entering the system, how can we improve provider satisfaction and decrease the number of touchpoints?
• How are the processes, initial notification, and reporting requirements impacted by value based care arrangements?
• Is our organization prepared for the increased scrutiny by the OIG regarding credentials verification prior to granting privileges?
• Are we leveraging our current technology to provide “one source of truth” and fully utilize the tools available to automate and streamline related approval processes?
• Is there an opportunity to consolidate key aspects of the credentialing and enrollment process to execute privileging, audits, and reappointments more efficiently?
• How can we reduce duplicative processes, decrease denials, and increase transparency in the process?

A snapshot of Deloitte’s Credentialing, Privileging and Enrollment Service Offering

**Leading Practice**

Each organization has a unique process from decentralized to centralized. Understanding how your organization “stacks up” against leading practice and future state goals is the first step.

**Process Opportunities**

A process workflow highlights the multiple touchpoints that exist throughout the process. Each touchpoint provides an opportunity to increase accuracy and efficiency, decrease cost and denials, and improve customer service.

**Implementation Road Map**

A detailed road map is prepared so that processes are aligned, performance is improved, technology is leveraged, and unnecessary regulatory risk can be avoided.

**Approach**

We have helped our clients find the right model for managing the changing needs within their credentialing, privileging, and enrollment functions.

**Bottom-line Benefits**

- Increased provider satisfaction
- One source of truth for clinician information
- Improved process/cycle times
- Enhanced transparency and accountability
- Reduced administrative costs
- Decreased denials
- Minimized exposure to regulatory risks
- Accuracy in narrow network information

**Contacts**

Help your leaders and administrators make smarter decisions and learn about the benefits of using Deloitte’s Credentialing, Privileging and Enrollment by contacting any one of us to start the conversation:

- **Robert B. Williams, MD, MIS**
  National Medical Lead
  Deloitte Consulting LLP
  rbrwilliams@deloitte.com

- **Dorrie Guest**
  Physician Enterprise and Ambulatory Services Lead
  Deloitte Consulting LLP
  doguest@deloitte.com

- **Kirk Snyder**
  Senior Manager
  Deloitte Consulting LLP
  ksnyder@deloitte.com

- **Janemarie Schultz**
  Specialist Master
  Deloitte Consulting LLP
  jschultz@deloitte.com

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