Credentialing Resource Center Journal

Automated credentialing takes center stage during COVID-19 pandemic

Every facet of healthcare has been affected in some way due to the COVID-19 pandemic, and credentialing is no exception. From credentialing more providers, to credentialing providers faster, organizations are trying to meet these new demands while also keeping patients safe. Credentialing Resource Center recently spoke with **Eric Zerneke,** chief commercial officer of andros, a NCQA-certified CVO, to find out what credentialing-related issues are plaguing organizations during the pandemic.

CRCJ: What trends were you seeing in credentialing before the pandemic?

Zerneke: Before the pandemic, there weren't any major trends in credentialing other than a big push to automate it, which has been ongoing. However, we did notice that more organizations both on the health plan side and the provider side were trying to move toward delegated credentialing where possible or applicable.

CRCJ: Did those trends change once the pandemic hit, or only become more exacerbated?

Zerneke: One trend that emerged as a result of the pandemic was the need for automated credentialing within telehealth companies, and that has only been further emphasized by the pandemic and its implications. In order to meet the rapid demand, these companies needed a way to scale quickly and credential hundreds of providers.

As an example, one of the nation's leading telemedicine providers came to us with a need for rapid credentialing in response to the pandemic. They needed to credential a lot of providers very quickly in order to meet demand, which we were able to do for them so they could continue providing services to patients in need. In addition, one of our behavioral health telemedicine clients has credentialed 1,179% more providers between March 15 and the beginning of May than they did between January 1 and March 15, signaling a huge increase in demand for these services. Part of the reason for this uptick can be attributed to health plans waiving copays for telemental health services, and on a larger scale, many health plans beginning to make mental health services more widely available to their members.

Additionally, as most states passed emergency/executive orders to allow practitioners from other states to practice in additional states where they were not currently licensed, we saw an increased need for automated verification processes.

CRCJ: Once the pandemic hit, what requests were you getting from customers? How did their needs change?

Zerneke: The healthcare industry has been hard hit by the pandemic in many aspects, economically and operationally. For example, there was an urgent need for payers to credential and verify physicians at a greater speed than they did previously. We have also seen some companies pivot—healthcare organizations who did not directly work with patients that began to offer those services remotely to help play a role in managing the crisis.

CRCJ: What are some lessons learned already from credentialing during a pandemic?

Zerneke: The rapid use of telehealth services during the pandemic showcased the benefits of automated credentialing. With an uptick in services, telehealth companies required a solution to credential providers at a much faster pace. Furthermore, most states passed emergency/executive orders to allow practitioners from other states to practice in those where they were not currently licensed. As a result, there was an urgent need for an automated verification process that allowed practitioners to be eligible to provide care to patients in a much shorter turnaround time while also remaining compliant.

Overall, the pandemic has also shed a light on how the benefits of automated credentialing can trickle down the entire healthcare ecosystem. For example, it helps reduce healthcare administration costs. Automated

credentialing reduces the turnaround time for getting providers credentialed, which lowers costs associated with having a large team. Additionally, with less time being devoted to credentialing, a greater focus can be placed on more important tasks. As a result of these lower costs and increased efficiency, organizations are able to provide better care.

CRCJ: On your website, it states, "We see a future where provider data management issues that currently plague the industry are a thing of the past because of the solution we are building." What are those provider data management issues?

Zerneke: Provider data management issues we are solving include the need for more accurate provider data and better visibility into it. Additionally, provider data management is primarily based on paper and old technology, which adds exponentially to the cost of healthcare administration. In leveraging technology to reduce these costs, we not only ensure a better experience for payers and patients, but lower the enormous costs associated with providing care in the U.S.