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CHARTIS

From Bottleneck to Catalyst: Transforming Credentialing and Enrollment to Drive Access, Efficiency, and Growth

Monthly webinar series

January 15, 2026

The webinar will start at the top of the hour.

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MONTHLY INSIGHTS

Webinar schedule & topics

LIVE WEBINAR START TIMES
10AM Pacific, 1PM Eastern

JANUARY 15, 2026
From bottleneck to catalyst: Transforming credentialing and enrollment to drive access, efficiency, and growth

FEBRUARY 19, 2026
Achieving quality, safety, and compliance for the behavioral health population

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Past webinars available for streaming   GREELEY.COM

Greeley
A CHARTIS COMPANY

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BY TOPIC
Clinical Quality
High Reliability
Infection Control
Medical Staff
Medical Staff Services
MORE ∨
BY EXPERTISE
Bylaws and Rules & Regulations
Clinical Compliance
Credentialing & Privileging
External Peer Review
Interim Staffing Solutions
MORE ∨
BY TYPE
Article
Case Study
Fact Sheet
Infographic

39 RESULTS

Webinar ✕   CLEAR ALL ✕

Medical Staff Services: An untapped strategic asset of your healthcare system
This session will emphasize the true value of an optimized medical staff services department in a manner that will resonate with senior executives and empower MSPs to get the support and resources they need.

Translating bedside data into board room information: How to transform raw data into meaningful information for healthcare leaders
Our national experts in quality and safety will share tools and resources for meaningfully interpreting data and presenting it to leaders in a format that will drive decisions and enable effective governance.

Optimizing your Clinical Documentation Integrity (CDI) program for quality

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Navigating the Zoom interface

Handouts:
Check the chat function for copies of the slides for note taking and any other handouts.

Questions and comments:
Please participate in the discussion by asking question through the Q&A function during the webinar.

There will also be a survey you will receive immediately after the webinar that will give you an opportunity to ask additional questions or make comments.

Any questions not answered during the webinar will be addressed in a follow-up email or posting.

Handouts are linked in the "chat" function

Please ask questions by clicking on "Q&A"

Chat   Raise H   Q&A

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Healthcare challenges are not siloed.
Neither are we.

Chartis has **six lines of business** that together craft **singular solutions**.

- 1000+ Professionals
- Mission: to materially improve healthcare
- Ranked Best Overall Management Consulting Firm by KLAS
- Chartis acquires Greeley in 2019, became Chartis Clinical Quality Solutions in 2022
- Greeley brand brought back in 2024 to cover Medical Staff Services Related Offerings and now part of Clinical Transformation

Digital & Technology *Transformation*

Clinical *Transformation* (Chartis/Greeley)

Financial *Transformation*

Payer *Advisory* (HealthScape)

Strategic *Transformation*

Communication *& Change Management* (Jarrard)

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High Reliability Care
UNPARALLELED BREADTH AND DEPTH

Our clients are all striving toward the same goal of providing safe, high-quality care—something that's becoming even more important with the many distractions and disruptions in healthcare today. We help clients achieve their organizational reliability, quality, and safety goals, leading to results in areas that matter most—improved care outcomes, staff engagement, operational stability, and total cost of care, enhanced reputation, and better patient experience.

High Reliability Organization HRO	Clinical Compliance, Regulatory, and Physical Environment Solutions	Bylaws, Rules and Regulations, and Peer Review	External Peer Review
- High reliability organizational design and infrastructure - Quality, Value, and Performance Improvement - Quality ratings and rankings optimization - Patient safety / harm reduction / safety and reliability culture - Adverse event response and remediation / RCA - High fidelity measurement / Clinical Documentation Integrity CDI - Care facilitation	- Adverse event response - Adverse action regulatory response and remediation - Accrediting body readiness assessment - Regulatory readiness rehearsal / mock surveys - Life safety and environment of care assessment - Policy simplification - Infection prevention program	- Bylaws and rules and regulations assessment and redesign - Peer review assessment and redesign - Medical staff / medical director structure and governance - Credentialing, OPPE	- Physician/advanced practice professional external peer review - Focused Professional Practice Evaluation FPPE - Ongoing case review in support of OPPE/FPPE - Medical necessity reviews - Patient safety/carequality case reviews

MEMBERSHIP AND PROFESSIONAL EDUCATION SERVICES

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Today's *discussion*

Slow credentialing and enrollment processes have long constrained healthcare operations, delaying provider onboarding, restricting patient access, and straining financial performance. Optimizing these workflows can turn a traditional bottleneck into a catalyst for efficiency and growth.

Tina Turner, MBA, CPMSM, CPCS
Senior Consultant
Greeley

Don Baverman
Associate Partner
Chartis

" Keeping up with change, planning for tomorrow

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Learning *objectives*

Understand the strategic and financial impact of credentialing and enrollment performance

Identify key performance indicators and leading-practice benchmarks for credentialing and enrollment

Quantify the value of improvement and build a compelling ROI case

Apply a practical framework to move from fragmented workflows to an optimized, aligned operating model

Questions should be posted in the webinar interface throughout the presentation. We will respond to any unanswered questions in writing following the webinar.

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Slow credentialing and enrollment processes have long constrained healthcare operations, delaying provider onboarding, restricting patient access, and straining financial performance.

By transforming these critical workflows, organizations can accelerate revenue, reduce administrative burden, and create exceptional experiences for both providers and patients.

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Why this problem matters more than you think

Delays in credentialing and enrollment have major financial consequences. Let's look at the numbers.

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The hidden financial catalyst in your organization

Healthcare organizations are searching for new levers to drive financial improvement in today's challenging landscape. Yet most overlook their greatest untapped asset: Medical Staff Services functions. Optimizing credentialing and enrollment processes represents a powerful opportunity to accelerate revenue, reduce costs, and enhance both provider satisfaction and patient access.

This isn't just about operational efficiency it's about transforming a traditional bottleneck into a strategic catalyst for growth. Organizations that prioritize this work unlock significant financial impact while improving experiences across the entire provider lifecycle.

RESULTS

$10K
Daily Cost

Average cost per day of delayed provider onboarding

$1.3M
Replacement Cost

Total cost to recruit and replace a single physician.

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From financial impact to strategic imperative

Credentialing and enrollment delays come with real financial consequences, but the stakes are even higher. Next, we explore why healthcare leaders must act now to unlock value, reduce risk, and meet today's operational and access demands.

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Why healthcare leaders must act now

Financial Headwinds
Recent financial pressures across the US healthcare landscape are forcing organizations to identify new sources of financial improvement and operational relief beyond traditional cost-cutting measures.

M&A Activity
Increased merger and acquisition activity creates urgent needs to standardize and optimize provider onboarding processes across newly integrated entities.

Untapped Potential
Organizations have historically failed to tie financial impact to Medical Staff Services Optimization, missing opportunities for significant performance improvement and risk reduction.

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Two urgent reasons to prioritize this work
Efficient credentialing and enrollment is key to timely patient care and strong margins

Revenue Acceleration Is Critical	Patient Access Goals Are At Risk
• In today's healthcare environment, organizations urgently need faster cash flow to maintain financial health.	• Insufficient credentialing and enrollment blocks providers from seeing patients, creating a major barrier to patient access objectives.
• Slow provider credentialing and enrollment causes significant delays in revenue realization, negatively affecting Days Cash on Hand and accounts receivable.	• Appointment backlogs grow, reducing patient's ability to access timely care.
• The longer provider wait to begin billing, the greater the financial pressure on the organization.	• Organizations often rely on costly locums coverage to address access issues, further straining financial margins.
• Paying employed providers during credentialing and enrollment delays increases costs and holds up revenue, so optimizing these activities directly improves financial performance.	• Patient satisfaction declines and the risk of losing patients to competitors increases.

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Unlocking value: Why strategic investment in credentialing and enrollment matters

The credentialing and enrollment function represents one of the highest-impact, lowest-recognized opportunities in healthcare operations today. By applying the same strategic rigor to these processes that executives apply to other performance improvement initiatives, organizations can realize returns that far exceed the required investment.

> " We are bringing this to light now because organizations have not seen the level of investment or focus required to unlock significant financial and operational impact for credentialing and enrollment

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Summary of financial impact opportunities

Expense Impact

Staffing Efficiencies
Streamlining credentialing processes reduces the administrative workload, potentially lowering the number of full-time staff required or allowing staff to focus on higher-value activities

Reduction in Locums Expenses
Faster credentialing enables providers to begin seeing patients sooner, which reduces reliance on costly temporary or locum tenens staff

Turnover and Replacement Costs
Poor experiences contribute to provider turnover search fees, onboarding, lost productivity, training

Compliance Penalties & Regulatory Burden
Rushed or incomplete credentialing to meet urgent needs and manual, inefficient processes increase risk of documentation gaps, missed renewals, and non-adherence to regulations

Revenue Impact

Increased Revenue Capture
(Denials and Avoidable Write-offs)
Efficient credentialing reduces delays that lead to claim denials and avoidable write-offs, thereby increasing revenue capture

Accounts Receivable Cash Acceleration
Speeding up the onboarding process allows billing to start earlier, improving cash flow

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Delayed enrollment = Delayed cash flow

Common delays (missing data, signature gaps, payer backlog) can stall payments **60–120+ days.**

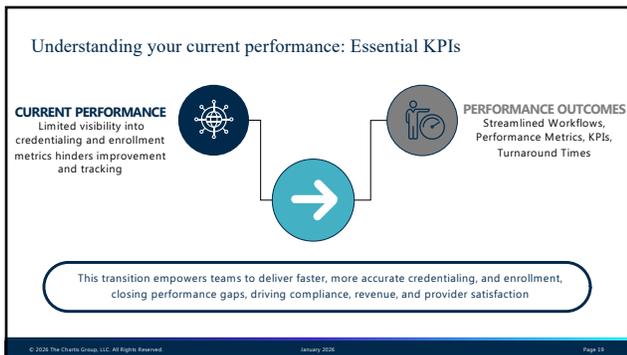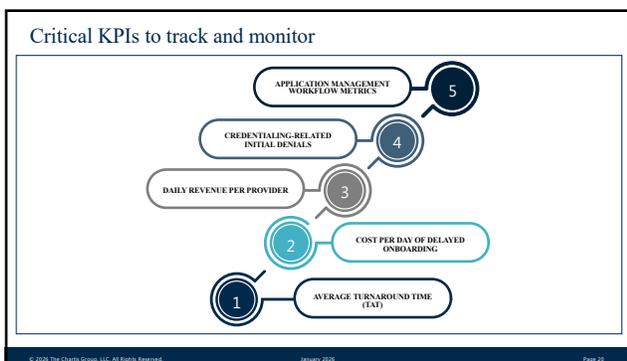| **54**	**$10K**	**$540K**
DAYS	DAILY REVENUE	LOST REVENUE
Representative example to demonstrate potential impact	Average revenue per provider per day	Per provider during enrollment process

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From urgency to actionable insight

Understanding where delays occur begins with tracking the right metrics. Let's look at the KPIs that matter most.

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Understanding your current performance: Essential KPIs

CURRENT PERFORMANCE
Limited visibility into credentialing and enrollment metrics hinders improvement and tracking

PERFORMANCE OUTCOMES
Streamlined Workflows, Performance Metrics, KPIs, Turnaround Times

This transition empowers teams to deliver faster, more accurate credentialing, and enrollment, closing performance gaps, driving compliance, revenue, and provider satisfaction

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Critical KPIs to track and monitor

5 — APPLICATION MANAGEMENT WORKFLOW METRICS

4 — CREDENTIALING-RELATED INITIAL DENIALS

3 — DAILY REVENUE PER PROVIDER

2 — COST PER DAY OF DELAYED ONBOARDING

1 — AVERAGE TURNAROUND TIME (TAT)

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Leading practice average turnaround time benchmarks

The table below compares leading practice for average turnaround time for the five basic steps for the credentialing & privileging and enrollment workflows.

	Credentialing and Privileging Workflow		Enrollment Workflow *without Delegation*		Enrollment Workflow *with Delegation*	
STEP 1	Release of Application to Practitioner/Portal Access	2-4 DAYS	Application to Practitioner/Portal Access	2-4 DAYS	Release of Application to Practitioner/Portal Access	2-4 DAYS
STEP 2	Application completed/Returned for processing	7 – 10 DAYS	Application completed/Returned for processing	2-5 DAYS	Application completed/Returned for processing	7 – 10 DAYS
STEP 3	Primary Source Verification	21 DAYS	Submit to Payer	2-4 DAYS	Primary Source Verification	21 DAYS
STEP 4	Auditing *Steps 1-4 leading practice 45 days*	7 – 10 DAYS	Confirmation/Follow up	7 – 14 DAYS	Auditing	7 – 10 DAYS
STEP 5	Committee Recommendation/Board Approval	30 DAYS	Participation Confirmed	60 - 120 DAYS	Committee Approval *Does not include payer load time*	Same Day Approval
Total Days on Average	**75 DAYS**		**110 DAYS**		**45 DAYS**	

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Applying the framework

Real client results

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Case Study: From Burden to Financial Driver

Meaningful Outcomes

Optimized credentialing processes are expected to yield financial improvements in the first year, including:

$1-2M

revenue gains from reducing write-offs

$10-17M

locums expense reduction from improving onboarding

$1M

Medical staff services labor savings from improving processes and technology

The Client Challenge

After bankruptcy, a large organization needed to regain its financial footing and promote economic sustainability. They had disparate workstreams, conflicting priorities, and no unified vision.

The Solution

Working toward cost savings and cash acceleration, identified the financial and operational impacts by leveraging appropriate staffing levels, created executive-level governance, provided a cost-benefit analysis of outsourcing, aligned and integrated processes and replaced a homegrown system with an integrated software platform.

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Case Study: Rethinking Medical Staff Services

Meaningful Outcomes

Optimized medical staff services can help the health system improve access and financial sustainability, including:

14-22 Days

Credentialing time reduction

31-34 Days

Enrollment time reduction

$4-9M

cash acceleration

The Client Challenge

Organization wanted to improve their provider onboarding process to broaden patient access and accelerate revenue. They suspected operational inefficiency was to blame for lengthy turnaround times. Without a clear financial return on investment for new workflows and technology, they knew they would be unable to challenge the status quo.

The Solution

Benchmark performance against leading best practices and asses the financial impact of suboptimal performance by identifying specific deficiencies. Created a plan to hire an executive director for medical staff services, reorganize teams, monitor key performance indicators, and optimized existing software to reduce manual tasks and generate actionable insights. Improving provider enrollment and credentialing will enhance efficiency and cash flow.

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Key takeaways

	1	2	3	4
	Track the Right KPIs	**Understand the Value of Time**	**Align Stakeholders**	**Leverage Technology Strategically**

Track the Right KPIs
- Establish standardized metrics
- Monitor step-level performance
- Benchmark consistently
- Use data to drive accountability

Understand the Value of Time
- Estimate value per day of onboarding
- Identify where delays occur
- Prioritize fixes with highest ROI
- Tie improvements to financial outcomes

Align Stakeholders
- HR, recruitment, contracting
- Credentialing and privileging
- Enrollment and revenue cycle
- IT, security, and compliance

Leverage Technology Strategically
- Standardized workflows
- Automation of manual steps
- KPI dashboards and reporting
- Scalable, enterprise governance

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Questions?

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Thank *you*

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