



Onboarding and Credentialing Challenges for Urgent Care in Today's Payer Environment

■ Kim Hardin

Urgent care organizations continue to face growing operational pressure as payer requirements become increasingly complex. Among the most significant challenges impacting revenue cycle performance today are provider onboarding and credentialing delays. In an environment where staffing shortages, payer consolidation, and administrative burden continue to rise, efficient credentialing has become critical to financial stability and patient access.

Credentialing is the process of verifying a provider's qualifications, licenses, education, training, malpractice history, and eligibility to participate with insurance payers. While this process has always been necessary, it has become far more complicated in the modern payer landscape. Many urgent care organizations now work with dozens of commercial payers, Medicare Advantage plans, Medicaid managed care organizations, and narrow network products, each with unique enrollment requirements and timelines.

Enrollment Cycles

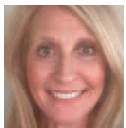
One of the key challenges facing urgent care operators is the length of payer enrollment cycles. It is not uncommon for credentialing approval to take 90–180 days. During this period, providers may see patients but cannot bill under their own credentials, creating reimbursement delays and operational risk. For growing urgent care organizations that rely on rapid provider onboarding to meet patient demand, these delays can significantly impact revenue and staffing efficiency.

Frequent payer policy changes also contribute to ad-

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ministrative complexity. Payers regularly modify enrollment forms, participation agreements, portal workflows, and documentation requirements. Revenue cycle and credentialing teams must constantly monitor updates to avoid application rejections or processing delays. Missing signatures, outdated forms, or incomplete supporting documentation can restart the entire process and extend approval timelines even further.

Meanwhile, the rise of delegated credentialing and centralized payer enrollment platforms has created additional challenges. Although these systems are intended to improve standardization, many urgent care organizations report inconsistent communication, limited transparency regarding application status, and difficulty resolving payer issues quickly. Credentialing teams often spend substantial time following up with payer representatives, tracking applications manually, and managing escalations.



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