

**Looker Dashboard :**

<https://lookerstudio.google.com/reporting/d2d82916-0a25-4d1a-99fe-26906118594c>

## **Summary: Credentialing Operations Analysis**

### **Key Insights :**

#### **1. Significant concentration of providers in California**

California dominates the provider network with 472 providers, representing 93% of all providers across the three states. New York has only 23 providers (4.5%) and Texas just 11 providers (2.2%).

This highlights the need for stronger credentialing workforce capacity planning and higher automation coverage in high-volume states like California (CA) to reduce manual workload and improve turnaround times. This also at the same time provides opportunity for targeted provider recruitment in underrepresented regions like New York (NY) and Texas (TX)

#### **2. Specialty Concentration in Behavioral Health Fields**

The dataset is heavily skewed toward behavioral health, with Behavioral Technicians and Marriage & Family Therapists representing the top common specialties. Notably, there are no providers in New York (NY) whose primary specialty is related to 'Cardiology'.

Credentialing rules, license validation, and taxonomy checks for behavioral health providers should be standardized and optimized, as they represent a large share of recurring credentialing work. Also, the complete absence of cardiology providers in New York (NY) highlights critical specialty gaps and suggests an immediate strategic recruitment opportunity in underserved specialties.

#### **3. Reliable identity data, but no large group practices detected**

The data show 0% of providers missing both first and last name, indicating strong core identity data quality. No practice address is shared by 5 or more providers, suggesting low likelihood of large group practices in the current dataset in these three states.

### **Automation Proposal :**

#### **1. Problem Statement :**

Manual validation of provider practice affiliations/addresses is time-consuming, error-prone and does not scale well as provider volume increases.

**Operational Impact (Observed Use Case):**

A common downstream issue occurs during provider outreach for missing information:

- Operations analysts send outreach emails using primary credentialing contact information linked to the provider's recorded group practice fetched from the application.
- Cred contacts or group practices reply stating that the provider is no longer associated with that group
- Analysts must investigate correct address manually and then resend the outreach emails or restart the credentialing workflows if cancelled,, and re-route outreach.

This pattern is frequently observed in credentialing workflows and Jira tickets, leading to unnecessary delays and operational inefficiencies.

As a result, manual validation by analysts increases:

- Credentialing turnaround times
- workload and rework
- Failed or misdirected outreach communication

## **Proposed Solution : Build a Self-Service Provider-Group Practice Affiliation Dashboard**

### **1. Data preparation**

Provider data is loaded into a centralized relational table using an automated ETL process. Address fields are structured consistently to allow grouping and aggregation.

### **2. SQL Logic for analysis**

SQL queries or views are created to:

- Group providers by shared practice address
- Count the number of providers associated with each address
- Retrieve provider details for a given practice
- Retrieve practice details for a given provider

### **3. Connecting SQL Output to Looker Studio**

The database (or exported query outputs) is connected to Looker Studio as a data source. Looker reads the structured tables or views directly

SQL handles the logic and validation, while Looker Studio provides a self-service interface that lets credentialing analysts validate provider-group relationships without manual investigation or repeated queries