

# Beyond the Basics: Part Two

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Driving Efficiency, Accuracy, and Enrollment Success

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# Learning Objectives



UNDERSTAND THE ROLE OF DELEGATED ENROLLMENT AND ITS IMPACT ON COMPLIANCE, ACCURACY, AND PAYER TRUST



IDENTIFY KEY RISKS THAT IMPACT ENROLLMENT PERFORMANCE, INCLUDING ERRORS, DELAYS, AND SYSTEM CONSTRAINTS



EXPLAIN HOW ENROLLMENT ACCURACY AND TURNAROUND TIME INFLUENCE CLAIMS FLOW, CASH REALIZATION, AND PROVIDER EXPERIENCE



RECOGNIZE THE OPERATIONAL AND FINANCIAL IMPACT OF THE MARYLAND MEDICAID BLACKOUT PERIOD



APPLY PROACTIVE STRATEGIES TO MITIGATE ENROLLMENT RISK AND MAINTAIN DELEGATION PERFORMANCE AND BUSINESS CONTINUITY



# Deep Dive: Delegated Enrollment Operations

How to maintain delegation compliance, manage audits, and prevent revocation.

# Delegation Is...



A PRIVILEGE, NOT A  
GUARANTEE



EARNED THROUGH TRUST  
AND SUSTAINED  
THROUGH PERFORMANCE

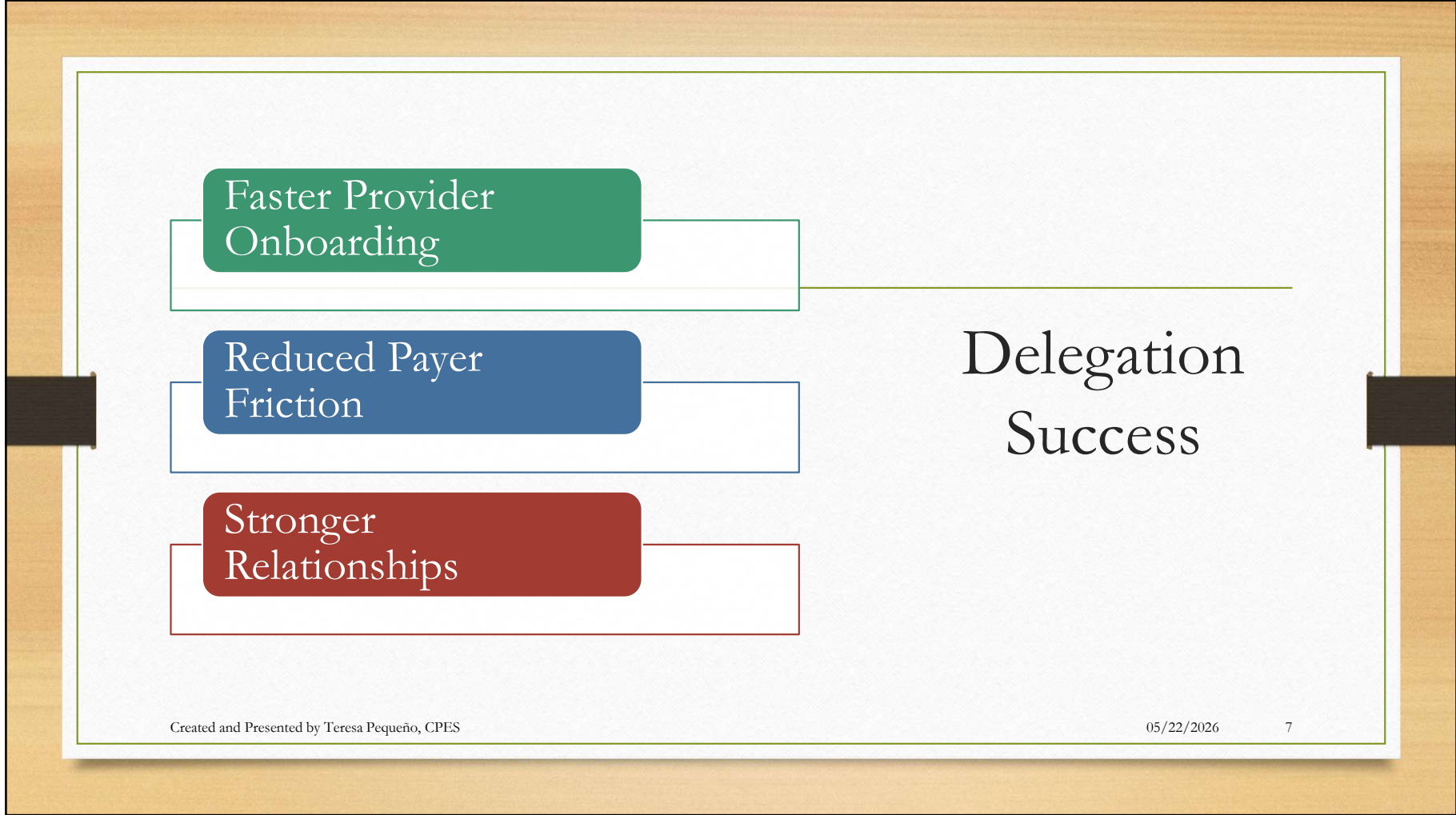


ULTIMATELY ABOUT  
PROTECTING REVENUE,  
ACCESS, AND REPUTATION

## Health Plan Delegation Expectations

- Accuracy
- Timeliness
- Transparency





# Maintaining Delegation Compliance

Roster Accuracy	Timely Submissions	Policy & Procedure Adherence	Data Validation: Routine service line review of
<ul style="list-style-type: none"><li>• Single source of truth for provider data</li><li>• Alignment across Credentialing, Enrollment, and HR systems</li></ul>	<ul style="list-style-type: none"><li>• Adds, Changes, Terms</li></ul>	<ul style="list-style-type: none"><li>• Documented workflows that align with payer requirements</li></ul>	<ul style="list-style-type: none"><li>• Demographics</li><li>• Specialty</li><li>• Practice locations</li><li>• TIN/Group Alignments</li></ul>

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# A Practical Approach



Quarterly service line validation process



Defined Ownership:

Enrollment submits  
Service lines verify



Track and Trend

Error Rates  
Resubmissions  
Retroactive Adds



## Delegation Audits

- Types of Audits
  - Routine payer audits (annual)
  - Focused audits (triggered by issues)
  - Pre-delegation audits



## What Auditors Look For

- Complete and accurate rosters
- Timeliness of submissions
- Evidence of internal monitoring
- Documentation
- Policies
- SOPs
- Audit trails
- Issue resolution logs

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## Always Audit-Ready Mindset

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### Maintain

- Central repository for documentation
- Version-controlled policies

### Validate

- Roster accuracy
- Submission timelines
- File completeness

## During the Audit



- Be responsive, organized, and transparent
- Provide clean, reconciled data upfront
- Tell the story—not just the data
- What you monitor
- How you correct issues

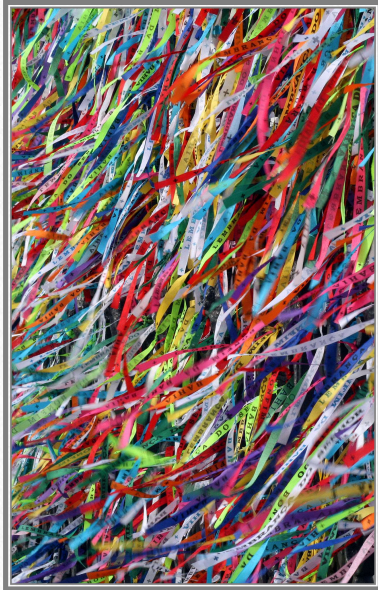
# Preventing Delegation Revocation

## Common Risk Triggers

- High error rates in rosters
- Untimely submissions
- Lack of internal oversight
- Repeated audit findings without corrections
- Poor documentation

## Mitigation Strategies

- Proactive monitoring
  - Submission timelines
  - Error Tends
- Issue escalation pathways
  - Clear accountability when errors are identified
- Corrective Action Plans (CAPs)
  - Root cause analysis
  - Measurable improvement steps
- Cross-functional alignment
  - Credentialing
  - Enrollment
  - Service line leadership



## Cultural Component to Delegation

- Shift from reactive to proactive
- Encourage:
  - Ownership
  - Transparency
  - Continuous improvement

# Delegation Excellence



Delegation success requires:

- Strong Processes
- Data Integrity
- Cross-functional partnership



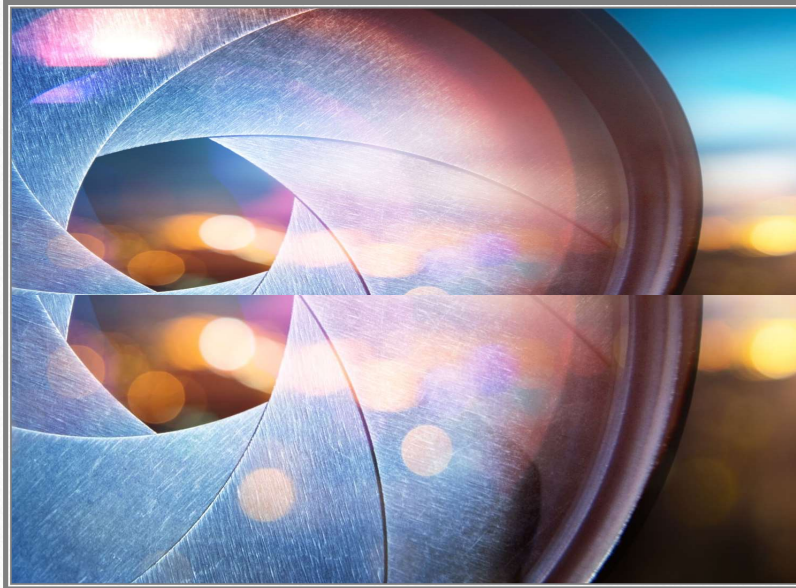
Organizations that perform well:

Treat enrollment as a strategic function, not administrative work



The goal is not just to pass audits, but to:

- Build trust with payers
- Protect network access and revenue



## Enrollment Through a Revenue and Access Lens

- Connecting turnaround times, accuracy, and errors directly to claims flow, cash impact, and provider satisfaction.

## Provider Enrollment: A Core Revenue Function

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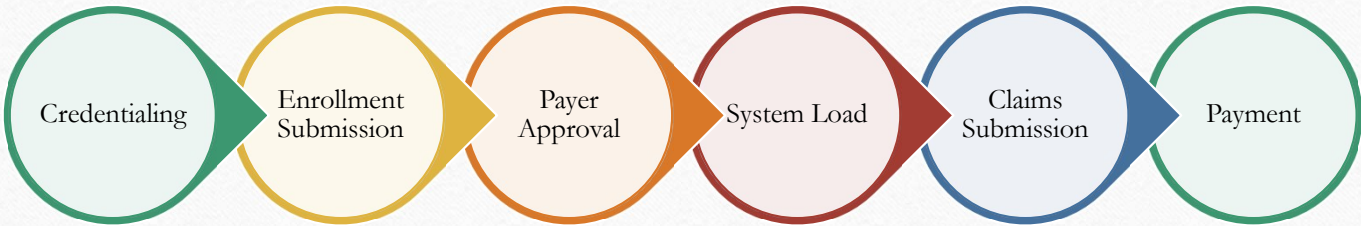
- Provider enrollment is the front door to revenue
- Delays and errors disrupt claims flow and patient access
- Accuracy and turnaround time directly impact:
  - Days to first bill
  - Cash flow stability
  - Provider trust and satisfaction

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# The Enrollment-to-Revenue Lifecycle



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## Enrollment Timing is Revenue Timing



- Longer enrollment 'TAT' delays provider go-live and revenue realization
- Revenue impact:
  - Lost billable days and missed revenue
  - Increased retro billing and administrative burden
- Access impact:
  - Delayed patient scheduling and reduced access to care

# Enrollment Errors = Claims Denials

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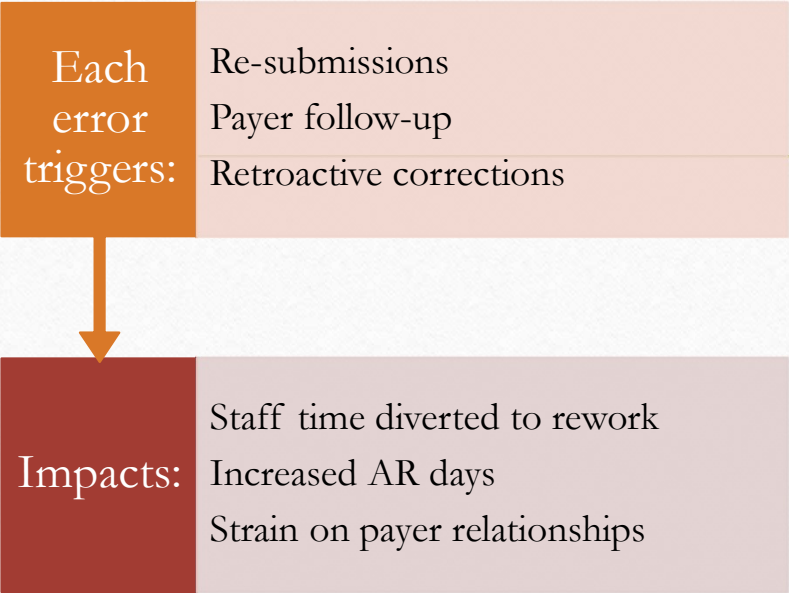
## Common Error Types

- Name/TIN mismatches
- Incorrect practice locations
- Missing specialties
- Incorrect effective dates

## Impact

- Claim rejections and denials
- Manual rework across multiple teams
- Payment Delays

# The Cost of Enrollment Errors





# No Enrollment, No Claims, No Cash

Delayed enrollment =  
Delayed claims and cash

Inaccurate enrollment =  
Denials and unpaid claims

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# Enrollment Sets the Tone for Provider Experience



**Providers expect timely activation and uninterrupted ability to practice and bill**



**Poor enrollment experience leads to:**

- Onboarding frustration
- Loss of confidence in support teams
- Increased escalations to leadership

## Enrollment Performance: The Metrics That Matter

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- Turnaround time by payer
- First-pass approval rate
- Error/rejection rate
- Days to first billable claim
- Retro enrollment volume

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# Building a High-Performance Enrollment Model



Clean and validated roster data upfront



Standardized intake and submission process



Strong payer relationships



Clean ownership and accountability



Automation where possible (reducing manual entry)

## Enrollment Performance = Organizational Success

- Speed drives revenue
- Accuracy enables clean claims
- Process excellence improves provider experience and access



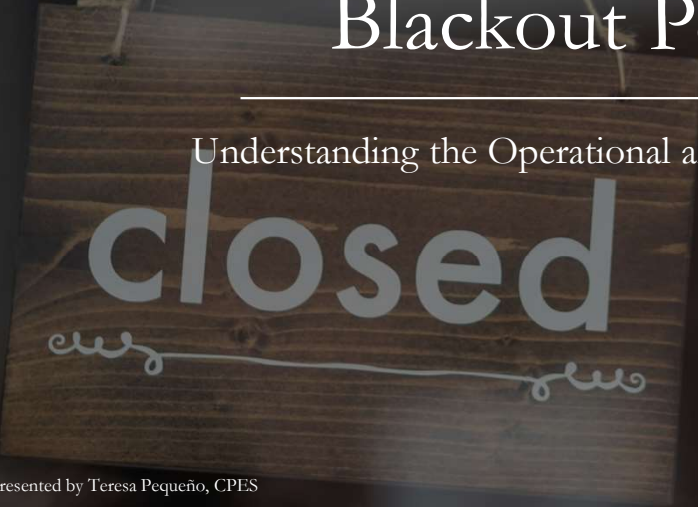
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# Maryland Medical Assistance Blackout Period

Understanding the Operational and Financial Impact

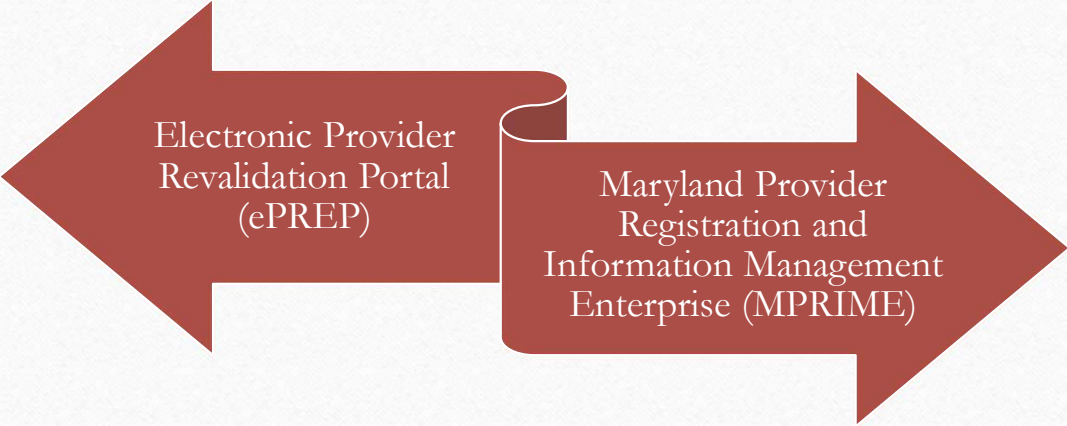


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# Maryland Medical Assistance System Transition

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## Maryland Department of Health Medicaid Resources

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- [PT59-26: Provider Enrollment Portal Transition](#)
- [PT65-26: Provider Enrollment Portal Transition - Frequently Asked Questions](#)
- For more information or questions, email [mdh.mprimegolive@maryland.gov](mailto:mdh.mprimegolive@maryland.gov)



Send early revalidation notices on a rolling basis through the end of April to providers with revalidation dates between May and October 2026. Providers must revalidate within 90 days of receiving their notice.



Begin hold on applications for all moderate- and high-risk provider types. Medicaid will return any new or updated applications submitted during this time without processing them.



Begin hold on applications for all limited risk provider types. Medicaid will return any new or updated applications submitted during this time without processing them.



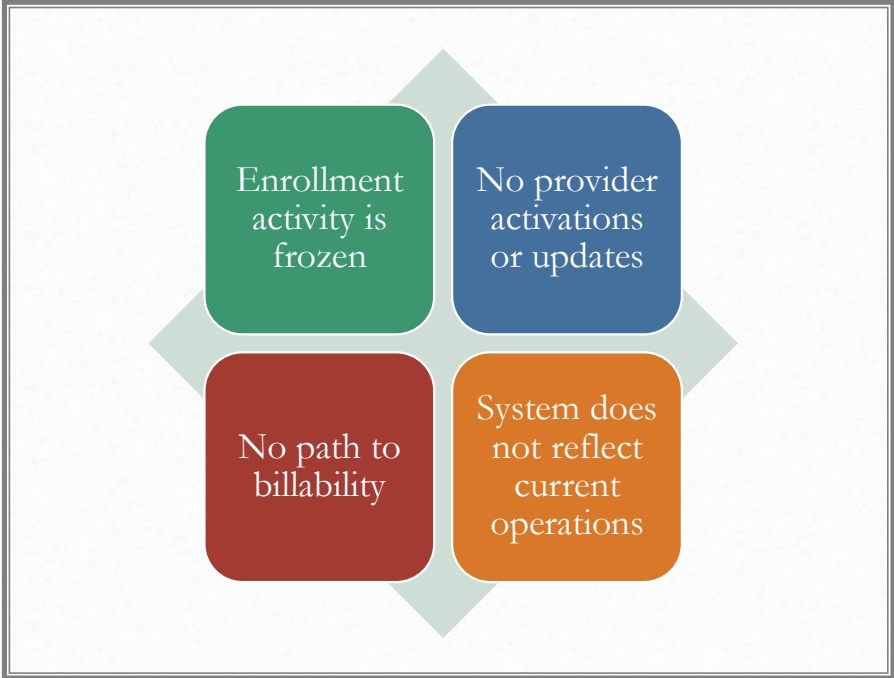
Attend training on how to use MPRIME. Medicaid will share training registration details closer to the start date.



Go-live and end application holds.



# MPRIME Transition Provider Milestones



# Operational Impact

## Enrollment Determines Billability and Payment

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No active enrollment =  
no payment

Gaps in enrollment  
lead to:

- Denials and unpaid claims
- Rework and revenue loss

Timely filing limits  
remain in place

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### Limited Retroactivity: Enrollment Risk Remains

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- Maryland Medicaid does not routinely backdate provider enrollments
  - No formal commitment to retroactive effective dates following blackout periods
  - Exceptions are rare and require escalation:
    - Reviewed on a case-by case basis
    - Limited in scope
    - Not guaranteed, even with supporting documentation
- **Q: Is there going to be any sort of waiver or backdating once the new system goes live for those that were unable to credential their providers during the transition phase?**
  - **A: Providers should be proactive with the submission of new enrollment and re-validation applications. More information regarding situational backdates will be provided within the upcoming months. Please understand that backdate requests are not guaranteed and they will be approved on a case-by-case basis.**
    - [MPRIME FAQ](#)

# Organizational Impact of Enrollment Blackout

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### Revenue Impact

- Lost billable days
- Delayed cash collections
- Increased retro billing effort

2

### Access Impact






- Delayed patient scheduling
- Reduced network availability

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### Operational Impact

- Backlog of submissions post-blackout
- Increased escalations and manual work

## Proactive Strategies to Protect Revenue and Access

-  Front-load enrollment activity before blackout
-  Avoid Medicaid-dependent go-lives during blackout
-  Track impacted providers and dates of service
-  Align early with service lines on risk and expectations
-  Prioritize submissions immediately post-blackout

## Bringing It All Together

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- Provider enrollment is a critical driver of revenue, access, and provider experience
- Speed and accuracy directly impact claims, cash flow, and operational efficiency
- Enrollment gaps create real financial risk—not delayed revenue
- Blackout periods require proactive planning and cross-functional alignment
- High-performing organizations treat enrollment as a strategic, revenue-enabling function



Open Forum

Questions?

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The graphic features two overlapping speech bubbles. The left bubble is orange and contains a large white question mark. The right bubble is blue and contains a large white exclamation point. The text 'Open Forum' is centered over the top of the bubbles, and 'Questions?' is centered below it. A thin white horizontal line is positioned between the two text elements. The background is a dark gray gradient.