

01 / DIAGNOSE THE STALL

Stalled Enrollment Triage Workbook

For practice teams with applications, payer responses and unresolved dependencies spread across a backlog. Start with one open issue per row.

Replace "still pending" with a useful question.

For each stalled item, identify the exact stage, last reliable evidence, missing dependency, next action, owner and follow-up date. Age is a prompt to investigate, not proof that a payer is late.

Stall pattern	Ask next	Evidence that moves it forward
Missing information	Which item is missing, and who can supply it?	Complete item + submission reference.
Receipt not confirmed	Was the correct submission received?	Payer receipt / case number.
Decision pending	What stage and dependency remain?	Dated status response + next checkpoint.
Affiliation unresolved	Is the correct entity / location linkage complete?	Written linkage status or next requirement.
Contract / network gap	Does the agreement cover this combination?	Coverage confirmation or contracting action.
Effective date unclear	What participation date and conditions are confirmed?	Written date tied to the correct scope.

Confirm payer-specific requirements. An enrollment receipt, credentialing approval and participation effective date are different facts.

02 / WORKED EXAMPLES

Three stalls. Three different next actions.

Fictional cases reviewed November 9, 2026. Names, dates, plans and references are illustrative; these are not PPS client outcomes.

Case / missing dependency	Next action and owner	Next date / evidence to capture
P-021 / missing application document	Jordan obtains the requested document and submits through the approved channel.	Nov 10 / submission confirmation.
P-022 / receipt unconfirmed	Alex verifies receipt and requests a case reference before asking for a decision.	Nov 9 / dated payer acknowledgment.
P-023 / effective date absent after approval	Sam requests the date for the exact practice, location and product; updates billing.	Nov 11 / written date + any conditions.

Example follow-up for P-022

"Please confirm receipt of the submission for [secure case reference], including the correct billing entity, location and payer product. What stage is it in, what remains outstanding, and what is the next expected checkpoint? Please provide a response reference."

Why this is stronger than chasing every case

The missing receipt and missing effective date require different questions. Assign the next action to the right owner instead of sending the same generic status request to everyone.

03 / BUILD THE QUEUE

Work from an accountable action list.

Open Enrollment triage in the PPS workbook. Enter a review date; add internal references only. The sheet flags unassigned, unscheduled and overdue open actions.

Field	What to record
Internal case	A non-sensitive reference; use a separate row for each open dependency.
Missing dependency	The specific fact, document or decision that blocks the next team.
Opened date	When this issue entered your queue; not an assumed payer submission date.
Owner + next action	One accountable person and an observable next step.
Next date	Your agreed follow-up date. Do not present it as a payer turnaround promise.
State + evidence reference	Open or Resolved. Resolve only when evidence supports the closure.

A useful order for the review

First investigate unclear ownership and missing next dates. Then review overdue internal actions and blocked handoffs. Have the responsible team choose priority using actual business context; no risk score is invented here.

Our escalation trigger / decision owner / approved contact route

04 / RESOLVE, DO NOT JUST TOUCH

Close each issue with evidence.

A follow-up sent is activity. A resolved dependency has a documented outcome that the next team can use.

1. Record the response

Log the dated source and what it confirms. Preserve caveats, conditions and the exact provider/practice/location/product scope.

2. Decide whether this issue is resolved

If a new dependency appears, record that next action. Do not mark the full provider case complete because one question was answered.

3. Notify the receiving team internally

Update billing, scheduling or the responsible administrative lead through the approved process. Ask for acknowledgment when a handoff is required.

4. Carry forward unresolved work

Confirm the owner and next date. Use the same queue at the next review so overdue actions stay visible.

A suggested first working session

Pick a manageable set of open cases. Classify each stall, assign the next action and agree on a review date. Compare resolved issues and remaining blockers at follow-up; do not equate touches with payer decisions.

Need help with the enrollment work behind the tracker?

Bring your provider count, practice locations, payer priorities and the unresolved checkpoint to PPS. The conversation can define the work, dependencies and next steps.

Discuss credentialing and enrollment support with PPS

Use internal case references only. Keep patient information, full tax IDs, credentials and underlying documents in approved secure systems. This tool does not establish participation or guarantee payment.

PPS service scope and existing preparation checklist

CMS: Medicare provider and supplier enrollment guidance