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March 9, 2026

Senator Ingwersen, Chair  
Representative Meyer, Chair  
Members, Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

Re: Reportback to the Committee re: LD 1758 – *An Act to Expedite Provider Enrollment in MaineCare*

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to provide responses to the inquiries in your letter dated June 16, 2025.

At the outset, the Department wishes to correct a mischaracterization of the Department's testimony. The Department disagrees with the second bullet in the Committee's letter about the testimony related to case processing time. At the May 8, 2025 work session the Department testified there was a period at the end of 2023 where enrollment times exceeded 6 months. However, the Department further testified that enrollment times had been reduced substantially, and at the time of the Department's testimony, case time approval was averaging around 30-40 days, even for large cases.

### **Enrollment Data Collection and Reporting**

The Committee's letter requested certain enrollment data from the Department. The Department is providing responsive data below. However, please note that some of the requested data is not tracked or available via automated reporting. For example, enrollment cases are tracked and measured by total "work objects" – which include, but are not limited to, the addition of, deletion of, or changes to individual rendering providers. But other changes can be, and often are, included in an enrollment case, such as adding/removing a service location, updating a facility license, changing ownership information, changing bank account information, etc. These other types of work objects also impact enrollment processing time. Some enrollment cases have one work object, and some enrollment cases have hundreds. Therefore, the Department is providing data based on number of work objects, which is a better representation of case complexity as it indicates the actual number of discrete items that need to be reviewed in the credentialing process.

The Committee's letter also requested data on the "number of individual providers denied/withdrawn." This information is not tracked by the Department because the enrollment process does not track or report on denied items by specific type of work object. The enrollment process was designed to allow providers to correct issues with work objects so that cases or portions thereof are not denied – which is how the process plays out in almost all instances. When errors are identified, the enrollment case is sent back to the provider identifying the errors and the corrections or additional information needed to afford the provider an opportunity to correct those errors. The last column in the below tables shows the number of times this occurred in 2024 and 2025. The Committee's letter also requested data on the time



to load provider contracts. The Department does not track this data because contracts for most provider types are automatically “loaded” overnight after the case credentialing is completed. There are only a handful of provider types, mostly residential providers, that go to the rate setting unit for a billing contract, and thus not automatically loaded.

- The first column is the work objects by range as specified in the Committee’s letter.
- The second column is the number of unique cases in that category.
- The third column is annual average turnaround time, which is measured as the time from case submission to credentialing completion, minus any days the case is back with the provider for corrections or additional information.
- The fourth column represents the total number of instances where a case was sent back to the provider for correction(s) or additional information.

**CY 2024**

| Number of Work Objects | Cases | Turn Around Time (calendar days) | Occasions Cases Sent Back to Provider for Corrections |
|------------------------|-------|----------------------------------|---|
| Fewer than 50          | 6,431 | 20.74                            | 3,934   |
| 50 – 75                | 132   | 35.40                            | 203   |
| 75 – 100               | 47    | 36.67                            | 83  |
| More than 100          | 132   | 53.38                            | 316   |

**CY 2025**

| Number of Work Objects | Cases | Turn Around Time (calendar days) | Occasions Cases Sent back to Provider for Corrections |
|------------------------|-------|----------------------------------|---|
| Fewer than 50          | 7,466 | 18.95                            | 4,956   |
| 50 – 75                | 178   | 27.44                            | 203   |
| 75 – 100               | 89    | 27.75                            | 97  |
| More than 100          | 221   | 38.35                            | 354   |

As these tables show, average turnaround time decreased significantly in 2025 in each case size range, notwithstanding an increase in the number of enrollment cases.

The Department offers additional information about the current state of provider enrollment and the improvements it has seen over the past few years. The table below starts at the “high water mark” for case inventory of November 2023 and then shows the average turnaround time and case inventory at the end of each calendar year for 2023 – 2025. Please note that the below represents average turnaround time for all enrollment cases completed in the specified month and the case inventory at the end of that month.

| Date      | Average Turn Around Time | Percent Change from Nov. 2023 | Case Inventory | Percent Change from Nov. 2023 |
|-----------|--------------------------|-------------------------------|----------------|-------------------------------|
| Nov. 2023 | 64.1                     | N/A                           | 1,240          | N/A                           |
| Dec. 2023 | 48.2                     | -24.8%                        | 917            | -26.0%                        |
| Dec. 2024 | 21.2                     | -66.9%                        | 570            | -54.0%                        |
| Dec. 2025 | 9.4                      | -85.3%                        | 387            | -68.8%                        |

These reductions in processing time and case inventory are the result of various process and system improvements implemented by the Department and its provider enrollment vendor over the past few

years. The Department and its vendor continue to identify and implement process and system improvements to further reduce work for providers and decrease case processing time.

### **October 2026 System Upgrade**

The Committee's letter also requested information about the in-process upgrade to the Office of MaineCare Service's (OMS) claims processing system, the Maine Integrated Health Management Solution (MIHMS). As background, the Department implemented MIHMS in 2010. The system has become out of date and is highly dependent on customization. The Department began a two-year project to update MIHMS to the latest version in October 2024. The project is currently on track to go live in September 2026.

The upgrade's goals are to enable the Department to more quickly, easily, and cost effectively: implement programmatic initiatives, meet State and federal mandates, introduce system enhancements, improve and maintain operations, obtain technical support, and maintain system security. The upgrade will also introduce user experience changes that enable State staff and external users (primarily MaineCare providers) to do their work more efficiently and effectively.

The upgrade focuses on existing claims processing, financial, and other core modules in MIHMS, including user experience and navigation improvements in the online portal that providers use to submit enrollment applications.

The MIHMS upgrade itself will not make changes to the back-end Provider Enrollment Application (PEA) portion of MIHMS; however, the Department is working on the following updates to PEA separate from the MIHMS upgrade:

- Reduce the number of required provider agreements and automatically route new provider agreements. This will reduce the work objects in enrollment cases and correspondingly will reduce the number of errors that require the enrollment case be sent back to the provider for correction, which will lessen work on providers and allow other cases to move more quickly. We expect to implement this change in March 2026.
- Auto-fill certain forms with data already in the system. This will lessen work on providers, reduce the need to request additional information, and allow cases to move more quickly. We expect to implement this change in September 2026, at the same time as the MIHMS upgrade.

Additionally, in recognition of the importance of the provider enrollment system on provider capacity, Maine has included funding to enhance the MaineCare provider enrollment system in its Rural Health Transformation Program (RHTP) proposal. This will include upgrading the system to allow providers to have more than one case in process at the same time. Final approval of the funding for this activity is pending with the Centers for Medicare & Medicaid Services (CMS) and if approved, the state anticipates implementing these improvements in 2029 or 2030 after other planned IT projects.

### **Solutions for Large Providers**

The Committee's letter also requested the Department explore delegated credentialing for large hospital systems, noting that other states, specifically Arizona and Wyoming offer a "self-service" system. The Department investigated delegated credentialing. Arizona and Wyoming do not delegate credentialing. Both of those states enroll providers through a provider portal similar to Maine's. Arizona's enrollment webpage indicates that it generally processes enrollment cases within 60 days after submission<sup>1</sup> - which

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<sup>1</sup> <https://www.azahcccs.gov/APEP>

is higher than MaineCare's current turnaround time for processing cases. In other states: Ohio offers delegated credentialing for its managed care program (Maine does not have managed care), and North Carolina was in the process of implementing delegated credentialing but has since halted that implementation indefinitely.

MaineCare's Provider Enrollment Application does not support functionality to permit delegated credentialing. Any upgrade or enhancement to implement that functionality would be a costly and lengthy process. In addition, shortly after the Committee issued its letter, Congress enacted H.R. 1 – which changed provisions around penalties for findings from Payment Error Measure Rate (PERM) audits in Medicaid programs. The Department believes delegated credentialing increases the risk of significant monetary penalties to the State that could result from enrollment errors and an increase in PERM findings. Given the significant reductions in processing times noted above, the cost involved in implementing technical upgrades, the PERM error risk, and ongoing efforts to further streamline the provider enrollment process, the Department does not believe that delegated credentialing is advisable.

The Department appreciates the Committee's interest in better understanding the provider enrollment process and appreciates the opportunity to share how challenges are being addressed. I would be happy to discuss the issue further. Please feel free to contact me if you have additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert". The signature is cursive and somewhat stylized.

Michelle Probert  
Director  
Office of MaineCare Services  
Maine Department of Health and Human Services