PRESTIGE
PRACTICE MANAGEMENT & IT SERVICES

QUARTERLY NEWSLETTER

Relevant news you can use

HBMA
Goldman Sachs 10,000 small businesses
AMBA AMERICAN MEDICAL BILLING ASSOCIATION
AAPC
MGMA Medical Group Management Association

JULY 2026

MESSAGE FROM THE CEO

Can you believe we're already in the third quarter of 2026? Time certainly flies! As we move into the second half of the year, I'm incredibly proud of what our team has accomplished alongside our clients. While we remain committed to improving our core Revenue Cycle Management metrics, we're also investing in technology, automation, and reporting that will create a better experience for our clients and deliver even stronger financial outcomes. Here are a few of the initiatives we're excited to roll out this quarter:

Smartsheet Enrollment Platform Enhancements
Provider enrollment is one of the most critical components of the revenue cycle, and we're making significant investments to improve our processes. PPM is currently redesigning our Smartsheet enrollment platform to reduce manual errors, improve turnaround times, and enhance visibility throughout the enrollment lifecycle.

In partnership with a Smartsheet Subject Matter Expert (SME), we're building interactive dashboards that will allow our clients to monitor enrollment progress at both the practice and individual provider level. Unlike our current Dynamic Views, the enhanced platform will make all key data fields reportable, allowing for more meaningful analytics, better tracking, and greater transparency.

We anticipate completing this project within the next three months and will continue working with our Smartsheet consultants to further optimize the platform as our clients' needs evolve.

Improving Managed Care Organization (MCO) Identification
Insurance verification remains one of the most important drivers of clean claim submission. Working closely with Practice Suite, PPM has implemented new logic that identifies when a patient is registered with traditional Medicare or Medicaid, but Real-Time Eligibility (RTE) indicates that coverage has transitioned to a Medicare Advantage or Medicaid Managed Care Organization (MCO) plan.

By identifying these replacement plans before claims are submitted, we expect to increase our first-pass claim rate while reducing avoidable denials, particularly CO-109 (Claim not covered by this payer/contractor), which often occur when claims are sent to the wrong payer.

This proactive enhancement helps ensure claims are routed correctly the first time, reducing rework and accelerating reimbursement.

AI-Powered Claim Status Automation
We're excited to partner with Practice Suite as an early adopter of their automated claim status technology.

These intelligent bots will proactively monitor claims that remain in our "No Response" work queue, helping identify payer responses more quickly and reducing the number of claims awaiting status updates.

Combined with the efforts of our dedicated Accounts Receivable team, this automation will improve claim visibility, reduce aging, and allow our staff to focus on more complex follow-up activities that require human expertise.

As this technology continues to evolve, we look forward to expanding additional automation opportunities that improve efficiency without compromising quality.

New Executive Revenue Cycle Dashboards
Beginning August 1, 2026, PPM will begin distributing executive Revenue Cycle dashboards to our client groups in advance of scheduled meetings.

These dashboards will highlight key performance indicators, including metrics such as first-pass claim rate, Days in A/R, denial trends, collections, charge lag, payment posting timeliness, and other operational benchmarks relevant to your practice.

Our goal is to make each client meeting more strategic by focusing on meaningful trends—not just where your practice stands today, but how performance has changed over time and where opportunities for continued improvement exist.

Together, these dashboards will support data-driven decision making and help ensure we remain aligned on the goals that matter most to your organization's financial success.
Thank you for your continued trust and partnership. We appreciate the opportunity to support your practice and look forward to another quarter of innovation, collaboration, and measurable results.

Krystle Brown
CEO & Founder
Prestige Practice Management & IT Services

> **COMBINED WITH THE EFFORTS OF OUR DEDICATED ACCOUNTS RECEIVABLE TEAM, THIS AUTOMATION WILL IMPROVE CLAIM VISIBILITY, REDUCE AGING, AND ALLOW OUR STAFF TO FOCUS ON MORE COMPLEX FOLLOW-UP ACTIVITIES THAT REQUIRE HUMAN EXPERTISE.**

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Maryland Medicaid Enrollment Portal Transition

Maryland Medicaid will transition from ePREP to the Maryland Provider Registration and Information Management Enterprise (MPRIME) portal in October 2026. To prepare for the transition, Maryland Medicaid will be implementing a phased hold on ePREP applications. Once these holds take effect, providers must wait until the new system is available to make any enrollment updates, including new enrollments, revalidations, and changes to existing enrollment accounts. Please note the following dates:

- **Effective July 1, 2026,** applications may not be submitted in ePREP for high and moderate-risk provider types.
  Moderate-risk provider types

Attachment 1: High and Moderate Risk Provider Types

High and Moderate Risk Provider Types		
Assisted Living Services – PT 75	Autism Waiver – PT 40	Behavioral Health Crisis Stabilization Center – PT CF
Brain Injury Waiver – PT 86	Chiropractor – PT 13*	Clinic, Drug - PT 32
Community Based Partial Hospitalization Program – PT MH	Community Options Program – PT 76	Developmental Disabilities Administration Services Provider – PT 90
Diabetes Prevention Program – PT DP	Diagnostic Services, Other – PT 60	Dialysis Facilities – PT 61
Durable Medical Supplies/Durable Medical Equipment Providers – PT 62	Home Health Agencies – PT 41	Hospice Providers – PT 71
IMD Residential SUD Adult (providers treat adult recipients 18 years of age and older) – PT 54	Intermediate Care Facility – Addiction (providers treat recipients < 21 years of age) – PT 55	Laboratories – PT 10
Medical Day Care – Adults – PT 42	Mobile Treatment Program – PT MT	Nursing Facility – PT 57
Outpatient Mental Health Clinic – PT MC	Pediatric Nursing/Home Health Aide Services Agency (Agencies performing home health aide and/or private duty nursing services) – PT 53	Physical Therapist – PT 16*
Podiatry Providers – PT 11*	Portable X-Ray – PT 59	Psychiatric Rehab Services Facility – PT PR
Residential Intervention Services – PT GI	Skilled Nursing Facility Therapy Group – PT NT	Substance Use Disorder Program – PT 50
Therapy Group Providers-EPSDT (providers treat recipients <21 years of age) – PT 28		

* Moderate risk for Group and Solo Practitioner providers only

- **Effective August 1, 2026,** applications may not be submitted in ePREP for limited risk provider types.
  Limited-risk provider types

Attachment 2: Limited Risk Provider Types

Limited Risk Provider Types		
Acupuncture – PT AC	Acute Hospitals – PT 01	Acute Rehabilitation Hospitals – PT 03
Ambulance Company – PT TI	Ambulatory Surgery Centers – PT 39	Applied Behavior Analysis Services – PT AB
Assistance in Community Integration Services Lead Entity – PT GH	Audiology Providers – PT 19	Case Management – Not Elsewhere Classified – PT 81
Certified Community Behavioral Health Clinic – PT CB	Certified Professional Counselor (Licensed Clinical Professional Counselor [LCPC], Licensed Clinical Marriage and Family Therapist [LCMFT], Licensed Clinical Alcohol and Drug Counselor [LCADC], Licensed Clinical Professional Art Therapist [LC-PAT]) – PT CC	Chiropractor – PT 13*
Chronic Hospitals – PT 05	Chronic Rehabilitation Hospitals – PT 04	Clinic, Abortion – PT 30
Clinic, Family Planning – PT 33	Clinic, FQHC – PT 34	Clinic, General – PT 38
Clinic, Local Health Department – PT 35	Clinic, Rural – PT 37	Community Violence Prevention – PT VP
Crossover Only – PT XV	Dental Providers – PT 14	Dietician/Nutritionist – PT 85
Doula – PT DL	EPSDT Therapeutic Behavioral Services – PT 51	Free-Standing Birth Centers – PT 31
Freestanding Oncology Centers – PT 36	Gender Affirming Care – PT GA	Genetic Counselors – PT GC
Health Maintenance Orgs (HMO)/Programs of All-Inclusive Care for the Elderly (PACE) – PT 70	HealthChoice Managed Care Organizations (MCO) – PT 72	HIV Case Management – PT VC
Home Visiting Services – PT HV	Individual Community Pathways – PT GM	Individual Self Directed DDA Provider – PT GD
Intermediate Care Facility – Intellectual Disability – PT 56	Justice Involved – PT GJ	Lead Paint Risk Assessor – PT PB
Local Education Agencies/Local Lead Agencies – PT 91	Medical Day Care – Children – PT 43	Medical Day Care Case Management – PT GK

Mental Health Case Management Provider – PT CM	Mental Health Group Therapy Providers – PT 27	Mobile Crisis Team – PT MS
Nurse Anesthetists (Certified Registered Nurse Anesthetist [CRNA]) – PT 21	Nurse Midwives (Certified Registered Nurse Midwife [CRNM]) – PT 22	Nurse Practitioners (Certified Registered Nurse Practitioner [CRNP]) – PT 23
Nurse Psychotherapists (Advanced Practice Registered Nurse-Psychiatric Mental Health [APRN-PMH]) – PT 24	Occupational Therapist – PT 18	Ordering, Referring, Prescribing Provider – PT 92
Personal Care Nurse Monitors – PT 47	Pharmacist – PT PH	Pharmacy – PT RX
Physical Therapist – PT 16*	Physician – PT 20	Physician Assistant – PT 80
Physician Dentist – PT D2	Podiatry Providers – PT 11*	Psychologist – PT 15
Rare and Expensive Case Management Providers – PT 87	Residential Treatment Center – PT 88	School Psychologist – PT GP
Social Worker (Must have Licensed Certified Social Worker-Clinical [LCSW-C] license) – PT 94	Special Other Acute Hospital – Pediatric – PT 02	Special Other Acute Hospitals – Psychiatric – PT 06
Special Other Chronic Hospital – Pediatric – PT 09	Special Other Chronic Hospital – PT 07	Speech/Language Pathologist – PT 17
Supported Employment – PT SE	Urgent Care Centers – PT 08	Vision Care Providers – PT 12
1915(i) Intensive Behavioral Health Services for Children, Youth, and Families – Programs and Facilities – PT 89	1915(i) Intensive Behavioral Health Services for Children, Youth, and Families – Individual/Group Providers – PT HG	

*Limited Risk for Rendering Only providers

Please note that the majority of the providers we service fall into the limited risk category. All MD Medicaid applications will need to be submitted by or on 8/31/2026, or will need to be placed on hold until the new portal is functional. Please reach out to the provider enrollment department for more details: **providerenrollment@prestigepmit.com**

PT 59-26 PROVIDER ENROLLMENT PORTAL TRANSITION

Documenting Time in Notes

We service many groups that bill time based codes. Please note that these codes require you to document the actual time spent to support the medical necessity of the code. Depending on your specialty, we recommend adding time to all notes to ensure you and your group remain in compliance with documentation guidelines. We discover some discrepancies during our quarterly audit process, and relay our findings to the groups and individual providers.

Upcoming Audits! Please Prepare

Ensure your documentation is complete, accurate and aligned with billing to avoid audit findings, denials or recoupments

Between August and November each year, Maryland Department of Health conducts encounter data validation audits of medical records against claims to ensure accuracy and compliance.

What you need to know

- The state will mail letters in advance of the audit to billing providers of managed care organizations requesting medical records of selected claims
- The state's auditor, Qlarant, will contact providers by phone or fax with follow-up requests, as needed
- Records are reviewed against the corresponding claims to match procedure, diagnosis and revenue codes

What you need to do

- Maintain complete, accurate and organized medical records in paper or electronic format
- Ensure records are legible and reflect all services rendered
- Submit records on time, as defined by the state. Urgent requests may require a 48-hour turnaround.

Claim submission best practices

To help avoid claim audit findings, denials and payment recoupments, ensure your claims fully align with the members' medical records.

- Include all documentation required to support billed services
- Use correct and appropriate diagnosis and procedure codes
- Verify the amount billed corresponds to the services provided

Supporting resources

For more information on medical record requirements, billing practices and audit expectations, review the Maryland Provider Care Manualopen in new or visit Claims, billing and payments.

Charge Utilization Monitoring – Helping You Stay Audit Ready

As part of our ongoing compliance and revenue integrity efforts, Prestige Practice Management has begun providing Charge Utilization Reports to groups with providers exceeding 500 billed visits per month.

These reports are **not intended to suggest that the services billed are inappropriate or inaccurate.** Rather, they are designed to help practices proactively identify providers whose billing patterns may differ significantly from their peers or specialty benchmarks, giving your team an opportunity to review the data before it becomes a compliance concern.

While there is no CMS rule that limits the number of patients a provider can see in a day or month, **CMS and other payers use sophisticated data analytics to monitor billing patterns.** Providers may be identified as statistical outliers based on factors such as:

- Number of services performed
- Place of service
- Specialty-specific billing patterns
- Evaluation & Management (E/M) level distribution
- Procedure frequency and utilization
- **Medically Unlikely Edits (MUEs),** which help prevent billing units that exceed medically reasonable limits
- Other coding and utilization trends that may indicate potential overcoding, undercoding, or unusual billing behavior

Being identified as an outlier **does not automatically indicate fraud or improper billing,** but it can increase the likelihood of additional review, pre-payment review, post-payment audit, or requests for supporting documentation by Medicare or commercial payers.

We encourage all providers and practice leaders to review these utilization reports as an educational and quality improvement tool. They provide an opportunity to validate documentation, ensure coding accuracy, identify potential training needs, and reduce future audit risk.

If you have questions about your report or would like assistance interpreting the findings, our Coding Department is here to help.

📧 coding@prestigepmit.com

LET'S CELEBRATE

PPM EMPLOYEE CORNER

LOURENCE GONZALES

We are elated to salute Lourence Gonzales for his impressive performance and dedication to the Provider Enrollment team. Lourence consistently demonstrates strong communication, professionalism, and attention to detail, ensuring providers and internal stakeholders receive timely updates and a seamless onboarding experience. He takes initiative to identify and resolve issues before they become barriers, continuously seeking ways to improve processes and team efficiency. In addition to excelling independently, Lourence is a dependable team player who willingly shares his knowledge, supports his colleagues, and maintains a positive attitude in a fast-paced environment. His commitment to quality, organization, and collaboration has made a meaningful impact on the success of the team. Lourence consistently exceeds the expectations of his role through his reliability, problem-solving skills, and dedication to delivering outstanding results. His contributions make him highly deserving of this Employee of the Quarter recognition.

CRISTY PLAISTED

We are proud to acknowledge Cristy Plaisted in recognition of her exceptional performance, leadership, and commitment to the success of the Auditing team. Cristy consistently exceeds expectations by delivering high-quality work, taking initiative, and identifying opportunities to improve processes and team efficiency. She is a trusted resource for both leadership and her peers, regularly assisting with training, mentoring, complex projects, and client communications. Her attention to detail, professionalism, and ability to keep projects organized have made a significant impact on the team's success. Beyond her own responsibilities, Cristy is always willing to support others. She takes the time to answer questions, share her knowledge, and provide thoughtful guidance, ensuring new and existing team members feel supported and set up for success. Her positive attitude, collaborative approach, and willingness to go above and beyond have earned the respect of her colleagues and clients alike. Cristy's dedication, reliability, and leadership make her an invaluable member of the team and highly deserving of this Employee of the Quarter recognition.

LUCIA LUMBAG

I am pleased to recognize Lucia Lumbag for her outstanding teamwork, communication, and dedication to supporting those around her. Lucia consistently demonstrates a positive attitude and a genuine willingness to help others succeed. When assistance was needed to locate medical records for a client audit, she went above and beyond by providing detailed instructions, organizing multiple provider logins and locations into an easy-to-follow guide, and following up afterward to ensure everything was going smoothly. Her thoughtful approach not only resolved the immediate need but also made the process far less overwhelming. Lucia's responsiveness, patience, and collaborative spirit make her someone her teammates know they can rely on. She is always willing to share her knowledge, offer guidance, and contribute to a supportive work environment. Her positive impact on the team and commitment to helping others succeed make her highly deserving of this Employee of the Quarter recognition.