Provider Enrollment: Key Performance Indicators

A working scorecard for enrollment operations

Track these KPIs to measure the effectiveness of your enrollment operations and identify bottlenecks before they become costly delays.

KPI	DEFINITION	TARGET	HOW TO MEASURE
Days to Complete Enrollment	Calendar days from application submission to network activation, tracked per payer	**Commercial <90 Medicare <90 Medicaid <60***	Date of submission vs. date of approval letter; track in enrollment tracker
First-Pass Acceptance Rate	Percentage of applications accepted without requests for additional information or corrections	**>90%**	Applications accepted on first submission ÷ total applications submitted
CAQH Profile Completeness	Percentage of CAQH profile sections completed with no blanks or missing documents	**100%**	CAQH completeness dashboard; audit before each attestation
Document Currency Rate	Percentage of provider documents (license, DEA, COI, etc.) that are current and not expired	**100%**	Monthly document expiration audit against master tracking spreadsheet
Follow-Up Adherence Rate	Percentage of scheduled payer follow-ups completed on time (biweekly minimum during credentialing)	**100%**	Task management system: compare scheduled vs. completed follow-ups
Application Error Rate	Percentage of applications returned for errors, missing information, or inconsistencies	**<2%**	Returned applications ÷ total applications submitted; track reason codes
Avg Response Time to Payer Requests	Average business days to respond to payer ADRs or requests for additional information	**<48 hours**	Date of payer request vs. date response sent; track in enrollment log
Re-Attestation On-Time Rate	Percentage of CAQH re-attestations completed before the 120-day deadline	**100%**	Calendar reminders at 90 days; CAQH attestation date log
Revenue Days Lost	Number of business days between the provider start date and first billable date due to enrollment delays	**0**	Provider start date vs. date all payers are active; multiply by daily revenue estimate
Provider Satisfaction	Provider rating of the enrollment experience on a 5-point scale	**>4.5 / 5**	Post-enrollment survey administered within 2 weeks of completion
Active Pipeline	Number of provider enrollments currently in progress across all stages	**Varies by team**	Enrollment tracker dashboard; segment by stage and payer
Completion Rate	Percentage of initiated enrollments that reach full network activation across all target payers	**>95%**	Completed enrollments ÷ initiated enrollments; investigate all non-completions

REPORTING CADENCE

Weekly Team review of all active enrollments, focusing on applications approaching deadlines or stalled in payer review.

Monthly Management report summarizing KPI performance, enrollment volume, and the revenue impact of any delays.

* Enrollment timelines vary significantly by state, payer, and specialty; Medicaid ranges from roughly 45 days in fast, automated states to 120+ in others. Set targets against your own payer mix and historical data.

Exposure check: average daily revenue per provider × days to complete enrollment = the revenue at risk for every provider you onboard.