

The Lapse Nobody Caught Until the Claims Stopped

A provider's payer enrollment lapsed. No one knew until the denials started arriving — weeks later, for services already delivered.

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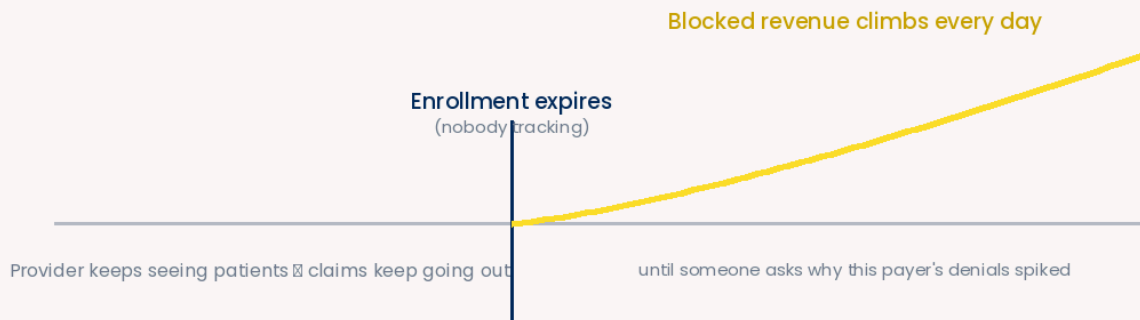
This is one of the most preventable losses we see, and one of the most common. A provider is seeing patients, doing everything right clinically. But their enrollment with a major payer quietly expired — a revalidation date nobody was tracking, a credentialing task that fell through when a staff member left.

The provider keeps working. The claims keep going out. And every one of them is now denying, for care that's already been provided and can't be un-provided.

By the time the pattern is noticed — because someone finally asks why this payer's denials spiked — weeks have passed. The revenue for every affected encounter in that window is at risk, some of it past the point of clean recovery. And the fix isn't fast: re-enrollment takes time, during which the provider still can't bill that payer.

THE SILENT COUNTDOWN

The lapse runs silently. The first signal is the denials.



Representative illustration of common credentialing failure patterns. Illustrative.

Here's what makes this failure so expensive: **it's invisible until it's already costing you.** Credentialing status lives in a spreadsheet, or in someone's head, or in a system nobody checks until there's a problem. There's no alarm. The countdown to a lapse runs silently, and the first signal most centers get is the denials — the most expensive possible moment to find out.

The centers that don't lose this money aren't luckier. They can see the expiration coming — with enough lead time to act before it ever blocks a claim.

That's the entire difference: catching the lapse on the calendar instead of in the remittance.

See your credentialing exposure before it costs you.

**See your exposure →
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Representative illustration of common credentialing failure patterns. Figures illustrative. Not financial or legal advice.