+ DUAL ENROLLMENT

The Dual EnrollmentMoment
Why Payers Must Act Now

Dual enrollment has entered a critical phase. For payers, the question is simple: will enrollment remain a bottleneck—or become a competitive advantage?

10M+
DUAL-ELIGIBLE AMERICANS

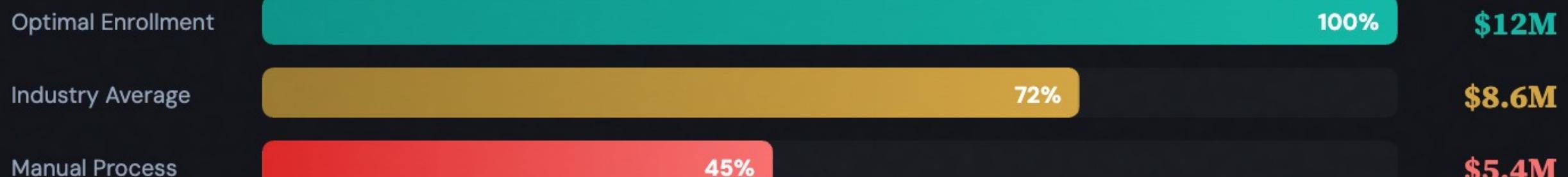**$12K**
REVENUE PER MEMBER

40%
MARKET GROWTH

1

The Reality on the Ground

Many payers still rely on fragmented workflows, paper–heavy processes, and disconnected systems. The result is predictable—and costly:

Revenue Impact: Enrollment Delays (per 1,000 members)

CRITICAL LOSS

Optimal Enrollment	100%	$12M
Industry Average	72%	$8.6M
Manual Process	45%	$5.4M

✕

Members Fall Through
Eligible members miss enrollment due to manual tracking

↓ 28% capture

🕐

Recertifications Delayed
Critical deadlines missed, causing coverage gaps

45+ days

!

Compliance Risk
Documentation gaps expose plans to audit findings

3x audit risk

↗

Revenue Leakage
Every day of delay costs millions annually

$6.6M loss/yr

2

Right Skale

2

Policy Pressure Is Rising

Recent and upcoming policy changes are raising the bar for payers across all enrollment touchpoints:

1 **Stricter Eligibility Verification**
Enhanced documentation standards and real-time verification requirements for all submissions

2 **Greater Audit Scrutiny**
Increased documentation expectations across all enrollment touchpoints with expanded review cycles

3 **Continuity of Coverage Focus**
New metrics and requirements for member retention and coverage continuity measurements

4 **Higher Penalties**
Increased fines for compliance gaps and delayed action on recertifications and renewals

⚠ In this environment, **"business as usual" is no longer viable**. Speed, accuracy, and audit readiness are no longer optional—they are table stakes.

Right Skale

3

What Winners Are Doing Differently

The winners in this next phase of dual enrollment are plans that transform operations:

1

End-to-End Automation

Move from manual processing to fully automated enrollment workflows that handle eligibility verification, documentation, and submission in minutes.

✓ **90% faster processing**

2

Continuous Validation

Shift from reactive recertification to continuous eligibility monitoring that catches changes before they become coverage gaps.

✓ **Zero missed deadlines**

3

Embedded Compliance

Build compliance directly into every enrollment touchpoint—automated audit trails, real-time validation, complete documentation.

✓ **100% audit-ready**

4

Reduced Friction

Improve member experience while boosting operational efficiency—better outcomes for members, lower costs for plans.

✓ **60% cost reduction**

The AI-Powered Transformation

This is not about replacing people—it's about enabling teams to work faster, smarter, and with confidence.

✕ BEFORE	→	✓ AFTER
• Weeks to enroll new members		• Minutes to enroll
• Manual eligibility checks		• Real-time verification
• Paper-based workflows		• Automated workflows
• Reactive recertification		• Continuous monitoring
• Audit scramble mode		• Always audit-ready
• Revenue leakage		• Revenue protected

Right Skale

The Impact: By the Numbers

With the right AI-driven automation, payers can transform enrollment from a bottleneck into a competitive advantage:

90%	**60%**	**100%**	**$6.6M**
FASTER PROCESSING	COST REDUCTION	AUDIT-READY	REVENUE PROTECTED

🕐 Enroll in minutes   ✓ Retain more members   ☐ Audit-ready by design   〜 Protect revenue

THE STRATEGIC QUESTION

Will enrollment remain a bottleneck— or become a *competitive advantage*?

The dual eligible population will continue to grow. Policy pressure will intensify. The time to act is now.

Request a Demo →   **Learn More**

Let's build smarter, together.

AI-FIRST · OUTCOME-DRIVEN · HUMAN-CENTERED

Right Skale

AI Transformation for Healthcare

AI-FIRST · OUTCOME-DRIVEN · HUMAN-CENTERED

✉ contact@rightskale.com   🕐 rightskale.com