

➤ Connect and Cover: Medicaid Retention

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MEET YOUR PRESENTER

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Partner

Learning Objectives

By the end of this session, participants will be able to:

- Frame the current policy landscape and understand why coverage retention must be a whole-organization priority
- Apply practical operational strategies to manage coverage continuity
- Recognize the necessity of executive governance and strategic alignment to build a sustainable infrastructure that protects patient coverage

Session Agenda

- I. High-Level Policy Overview
- II. Shifting From Traditional Outreach and Enrollment to Facktor's Connect and Cover Framework
- III. C&C Governance: Where to Begin
- IV. Structuring the Team
- V. Summary and Q&A

➤ Uncertainty in the Health Center Movement



Patients

The people health centers serve who may not have healthcare otherwise.



Workforce

The multidisciplinary team who work to deliver healthcare to the patients.



Funding

Sources including 330 grants, 340B, and payments from insurance.

➤ Key H.R. 1 Provisions

- 80-hour/month work or activity requirement (1/2027, unless extended)
 - Interim final rule from HHS expected June 2026
- 6-month redeterminations instead of annual (1/2027)
- More narrow definition for "qualified immigrants" (10/2026)
- No extension of premium tax credits for Marketplace coverage

What It Means

- Millions of Medicaid patients at risk
- More self-pay, less coverage?
- Strain on health center resources

Millions could lose coverage.

Sources: [Center on Budget and Policy Priorities](#), [Geiger Gibson Program in Community Health](#), [the Robert Wood Johnson Foundation](#) and [Kaiser Family Foundation](#)

➤ Why? The Math Matters – Kentucky Expansion

1.3M Medicaid/CHIP beneficiaries; ~450K from Expansion → ~35%

Financial Risk: Millions of \$\$\$ in potential loss

Kentucky average FQHC Medicaid PPS rate of
 $\sim \$220 \times 3.5 \text{ visits/year} = \sim \$770$ per Medicaid
patient per year

**If 10% of your 10,000 patients lose
coverage → 1,000 patients × \$770 =
\$770K/year**

**If 20% of your 10,000 patients lose
coverage → 2,000 patients × \$770 =
\$1.54M/year**

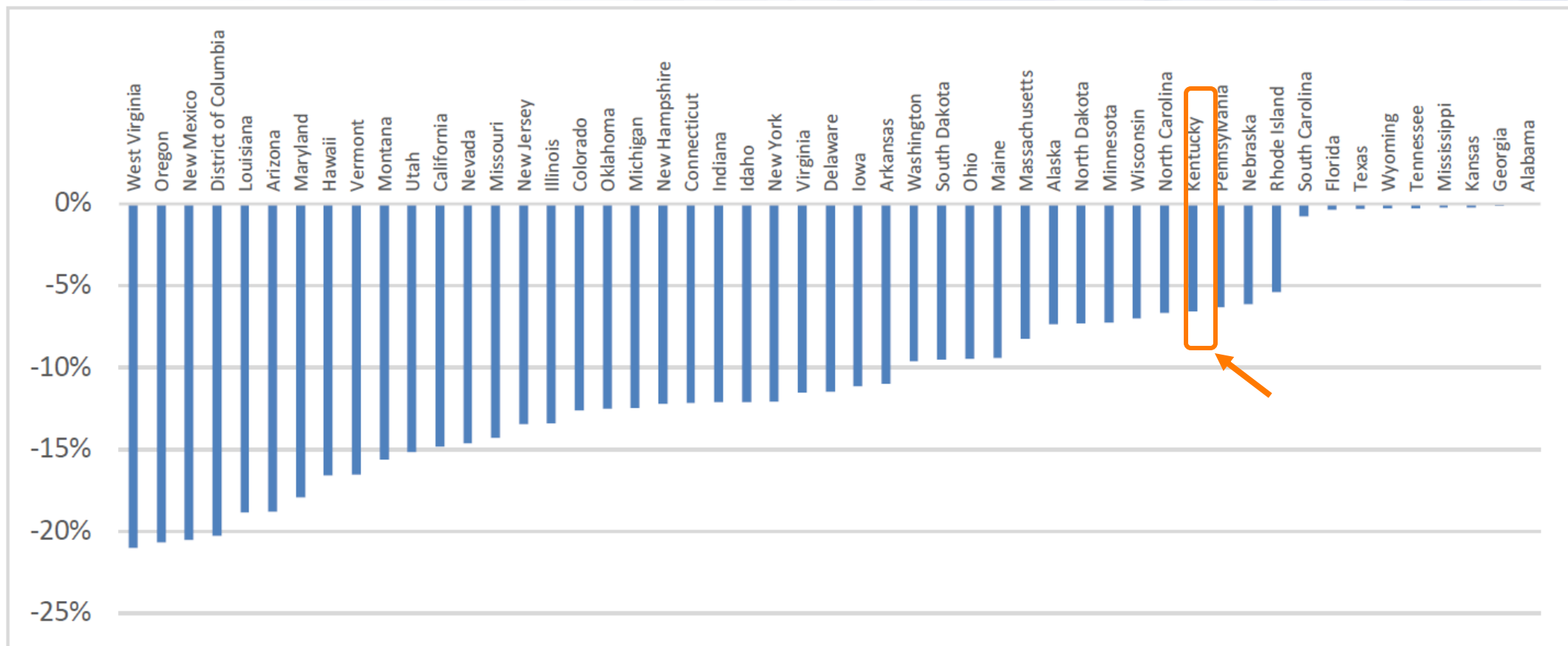
What Kentucky Leaders Should Know

Kentucky codified H.R. 1 work requirements into
state law, meaning these provisions persist even if
federal rules change

Community engagement notices have started to be
mailed to current Medicaid members on July 1, 2026

Work requirements take effect January 2027 for
expansion adults ages 19–64

➤ H.R.1 State Enrollment Impacts for 2034



SOURCES: Authors' calculations featuring information from data sources described in Appendix A.

NOTE: Numbers represent the percentage change in Medicaid enrollees, not the total change in insurance coverage.

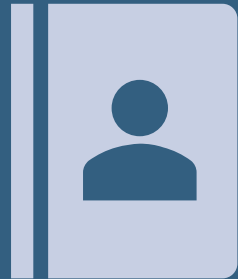
Sources: [RAND State-Level Impacts of Key Medicaid Provisions in the One Big Beautiful Bill Act, 2026](#)

➤ Coverage risk is real, but often preventable

It's rarely about eligibility, it's about the process



**Missed notices &
lack of awareness**



**Outdated contact
information**



**Confusing
paperwork**



**Not knowing
help is available**

Audience Poll – Show of Hands

- **Which best describes where your health center is today?**
 - We're actively planning for work requirements.
 - We've started discussing work requirements but haven't begun planning.
 - We're waiting for additional guidance before getting started.
 - We haven't started thinking about it yet.



Shifting From Traditional Outreach and Enrollment to...
Facktor's Connect and Cover Framework

➤ Facktor's Connect & Cover Framework



Risk & Readiness Check

Internal & External Analysis
Assessing Financial Risk



Strategy Formation

Identifying drivers, gaps & levers
Prioritizing efforts



Strategy Execution

Implement optimized O&E efforts including
communications, staffing, payor relations, etc.



Monitor & Adapt

Monitor KPIs for progress
Develop & refine trigger actions

➤ Facktor's Connect & Cover Framework



Risk & Readiness Check

Start with the Now

- Internal analysis
- Local, regional, & state external analysis
- Board engagement
- Conduct financial risk analysis
- Digest risk with executive team

➤ Facktor's Connect & Cover Framework



Strategy Formation

Shape the Plan

- Identify policy drivers
- Understand levers
- Resource & gap analysis
- Prioritize efforts

➤ Facktor's Connect & Cover Framework



Strategy Execution

Make it Happen

- Staffing
- Communication
- Payer & partner relations
- Tool building
- Registry building
- KPI development

➤ Facktor's Connect & Cover Framework



Strategy Execution

Staffing

- Create new staffing model
- Create and assign roles & responsibilities
- Design training materials
- Execute staffing plan

The Evolution of Coverage Support Roles ***Re-imagining Traditional O&E***

Policy Sherpas –

Guide patients through new rules with empathy and clarity

Clarity Catalysts –

Rapidly communicate policy changes at scale

Care Coordinators

2.0 – Build partnerships to treat insurance retention as prevention

Data Mavens – Track patients at risk through smart data use

Storytellers for the

Resistance – Elevate real impacts of confusion and denials

Digital Doorways –

Expand access to tech through kiosks and local partners

Legal Liaisons –

Help file exemptions and appeals, especially for students and caregivers

Savvy Scenario

Planners – Build muscle for strategic response to policy shifts

➤ Facktor's Connect & Cover Framework



Strategy Execution

Communications

- Develop a communication strategy
- Establish an internal communication structure
- Establish an external & patient-facing communication structure
- Acquire and/or build communication tools
- Execute the communication strategy

➤ Facktor's Connect & Cover Framework



Strategy Execution

Payer and Partner Relations

- Engage partners to align approaches and pool resources
- Maintain new assigned lives pipeline
- Ensure patient phone access

➤ Facktor's Connect & Cover Framework



Strategy Execution

Build Tools

- Review current O&E tools
- Create and maintain tools
- Maintain & monitor tool library
- Launch patient self-scheduling

➤ Facktor's Connect & Cover Framework



Strategy Execution

Build At-Risk Registries

- Define risk criteria & stratification tiers
- Select registry sources & platform
- Adapt QI tools for O&E

➤ Facktor's Connect & Cover Framework



Monitor & Adapt

Track & Adjust

- Monitor via KPIs & other mediums
- Develop & refine trigger actions



C&C Governance: Where to Begin

Where Do We Start?

➤ Governance & Action Planning

- Establish your plan
- Identify your “North Star”



Minimizing Coverage
Loss & Mitigating Risk

- Know Your Team, Roles and Commitments
- Set Your Goals & KPIs
- Project Charter, Kick-Off Agenda



Know your team and roles

- **Board of Directors**
- **Executive Sponsor**
- **Operational lead**
- **Cross-functional implementation team**
 - Outreach & Enrollment Staff
 - Front Desk
 - IT/Data Staff
 - Population Health
 - Clinical Operations
 - Finance

➤ Setting Your Goals & KPIs

Why KPIs?

- **You can't improve what you don't measure**

Without Metrics	With Metrics
Reactive to coverage loss	Early identification of at-risk patients
No visibility into gaps	Clear picture of where to intervene
Hard to justify resources	Data to make the case to leadership
Siloed effort	Shared accountability across teams

➤ KPI Categories

Access &
Capacity

Communication
& Outreach

Coverage
Outcome

Coverage Risk

Coverage
Support

Financial
Outcome

Outreach
Operations

➤ Goals to Consider

Build Internal Awareness	Establish Organizational C&C Foundations	Connect with Community Partners & Coordinate Efforts
• Generate a Shared Understanding of Available Resources & Upcoming Changes • Identify Strengths, Gaps and Existing Resources • Understand Staffing and Surge Capacity	• Build the Team & Governance Structure • Select Success Metrics	• Local Community Based Organizations • County Health Departments • Regional Consortiums • Payers

➤ Goals to Consider, Continued

Reach Patients Before Coverage Lapses	Monitor, Adjust and Sustain Progress
• Launch Outreach Campaigns • Train Staff to Treat Coverage as a Vital Sign	• Regularly Report to Your Board of Directors • Raise Areas of Concern & Identify Solutions • Position the Health Center as a Trusted Community Resource on Coverage • Maintain Participation in Community Forums

Sample KPI Selection

KPI Category	Metric Name	Type	Primary Data Source	Review Frequency	Primary Audience
Coverage Risk	Patients at Risk of Coverage Loss	Core	Azara DRVS (if provided by MCP)	Monthly	O&E Leadership
Outreach Operations	Contact Attempt Rate	Core	Azara ACC	Monthly	Operational Leadership
Outreach Operations	Successful Contact Rate	Core	Azara ACC	Monthly	O&E Leadership
Communication & Outreach	Outgoing Email Messages Delivered	Core	Email Marketing System	Monthly (weekly optional)	O&E Leadership
Coverage Outcome	Coverage Loss Rate	Core	EHR/PM, MCP, or Azara DRVS	Monthly	Operational Leadership
Financial Outcome	Visits by Payer	Core	Azara DRVS	Monthly	Finance Leadership
Financial Outcome	Rate of Medicaid Revenue Protected	Stretch	EHR/PM billing data, HRSA UDS Tables 5 & 9D, (Redetermination Retention Rate output)	Annually	Executive Leadership

➤ Using Data to Support Decisions



How do we know our staff are doing their jobs and finding success?

- Contact Attempt Rate
- Contact Success Rate
- Total O&E Assists
- Redetermination Retention Rate



How do we know when we need to add staff capacity?

- Patients at Risk of Coverage Loss Increasing
- Incoming Phone/Text/Email Request for Support Increasing

Adapting Coverage Support Roles

> The Old Model

The Evolution of Coverage Support Roles

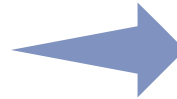
- Traditional O&E Activities
- Dedicated Enrollment Assistors
- Grant-funded roles acting as “extenders”



➤ *The Evolution of Coverage Support Roles* **The Need for A New Model**

Current State Challenges

- Possibly Fewer Dedicated O&E FTEs
- Increased Complexity of Cases & Patient Needs, Documentation Requirements
- **Maintaining Status Quo = Coverage Loss**
 - Patients may fall through the cracks
 - Staff assume "someone else is handling it"



The Path Forward

- **Intentional Team Design**
 - Shift to shared responsibility with clearly defined roles, workflows, and accountability.
- **Review & Revise Job Descriptions**
 - Ensure completeness and clarity on responsibilities, chain of command, and span of decision-making.
- **Acknowledge The Shift**
 - Ensure affected employees understand their updated roles and responsibilities and feel supported

➤ Now: Operationalizing Population Health Strategies in O&E

Building O&E Workflows to Prevent Coverage Loss

Identification



Engagement



Resolution

➤ Sample Workflow

Patients identified (e.g., via Azara) with Medicaid redeterminations due in 60 days



Lists assigned to outreach teams



Patients contacted prior to expiration



Renewal Support

Coverage maintained without lapse





Structuring the Team

Our Reality

Increased Coverage Churn

Policy changes are driving a period of heightened instability in patient coverage.

Increased Documentation Requirements

Staff will need to support members with submitting documentation and data

A Whole-Organization Effort

Coverage retention isn't just an O&E function. It requires your entire team.

The Need Did Not Go Away

This work is now integral to how we do business, more now than ever.

You May Already Have the People

The capacity may already exist, but deployment and structure may need to shift.

It Impacts Our Bottom Line

This is about ensuring patients maintain coverage and it directly affects organizational financial health.

➤ Upgrading Coverage Support Efforts

Then

- Only O&E staff supporting coverage
- Reacting to coverage gaps
- In-person, full-service

Now

- Coordinated Approach Across All Teams
 - Care Teams, Quality & Data, Front Desk, CHWs, etc.
- Leveraging Technology and Infrastructure
- Empowering patients with tools and the right level of support

➤ Everyone Plays a Part



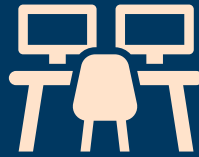
O&E Staff

Direct support with enrollment/renewals, working lists



Community Health Workers

In the community, barrier resolution + navigation



Front Desk

Flagging coverage issues at check-in & supporting resolution or connecting to resources/O&E



Care Teams

Reinforcing importance of updated demographics during visits & supporting connections to enrollment support



Pop Health & QI Teams

Monitoring for upcoming renewals, working lists (e.g., assigned and unestablished), leveraging risk registries

➤ Everyone Plays a Part



Communications teams

Ensuring internal staff are aware of upcoming changes AND patient communication regarding changes is shared as appropriate



Call Center

Supporting outbound renewal reminders, pre-visit coverage checks, and warm handoffs to O&E staff



Finance

Tracking risk + payer mix shifts



Community Partners

Local collaboratives with coordinated workflows to escalate complex cases with local health departments and supporting enrollment/outreach initiatives with local organizations

➤ How To Structure Your Team

First, Ask the Right Questions

What's the scale of your challenge?

- Understand the potential impact on your patient population before deciding how to resource the work.

Can your existing team absorb this?

- Do current staff have the capacity and skills to execute or does meeting this moment require shifting duties or adding roles, technology, or both?

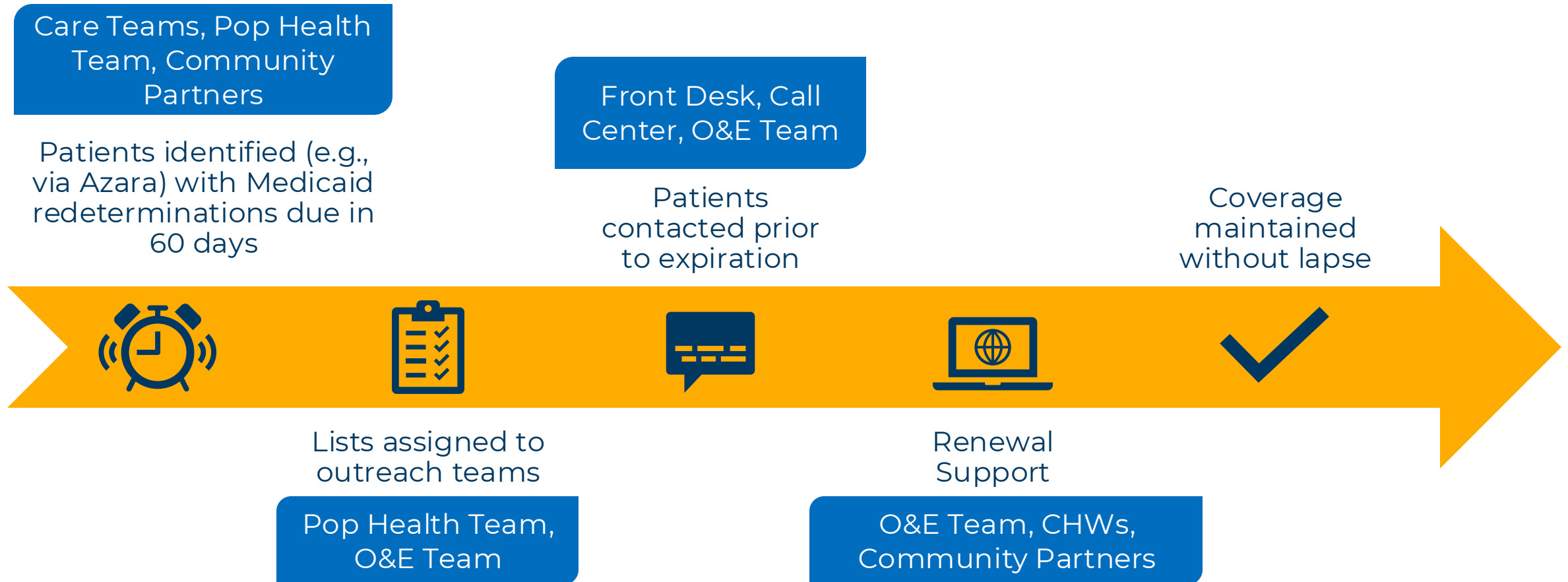
Is a vendor solution the right fit for your organization?

- Depending on your size and impact characteristics, a third-party solution may be more efficient than building capacity in-house.

Is proactive patient register management owned by someone...officially?

- If coverage tracking and proactive outreach aren't an explicit part of someone's role, they won't happen consistently. Who owns it, and is it formalized?
- Do you have staff scrubbing patent data? Are they communicating their findings to those who need to know?

➤ Sample Workflow and Team Assignments



➤ Assigning Duties

RACI Matrix

Responsible • Executing Tasks

Accountable • Owning Outcomes

Consulted • Providing Input

Informed • Updated on Progress/
Kept in the Loop



Sample O&E RACI Matrix

Task/Assignment	O&E Staff	CHWs	Front Desk	Care Teams	Pop Health & QI	Mar-Comms	Call Center	Finance	Leaders
Identifying At-Risk Patients	R/C	C/I	R/I	R/I	R	I	I	I	A
Supporting Patients in Enrollment	R	R/C	R/C	C	C	I	I	I	A
Developing & Disseminating Outreach Materials	R/C	R/C	I	I	I	R	I	I	A
Identifying Financial Risk and Investment Needs	C	C	C	C	I	I	I	R	A

➤ Supporting Your People Through Change

*Acknowledging
the Weight of
the Work*

*Communicating
Role Changes
Intentionally*

**Celebrate the
Impact**

**Provide
Training and
Tools**





Summary and Q&A

Key Takeaways

1. Coverage retention is a whole-organization priority, not just an O&E function.
2. Clear roles, data-driven outreach, and KPIs are how you manage coverage continuity at scale.
3. Executive alignment and cross-functional governance protect both patient coverage and your bottom line.

➤ **Thank you!**
Questions?