



# 5 Critical Moves for CHCs

in Response to the  
Budget Reconciliation Bill

Discover actionable strategies to navigate the Budget Reconciliation Bill's challenges, safeguard patient care, and ensure your clinic's financial stability in an evolving healthcare landscape.

**Pointcare**

# Critical Moves for Navigating the Budget Reconciliation Bill



Your Patients Depend on You But That Doesn't Mean You Have to Navigate This Alone



The 2025 Budget Reconciliation Bill presents critical changes to Medicaid, introducing reforms that will profoundly affect Community Health Centers (CHCs). These updates, such as new work requirements and administrative mandates, pose challenges but also highlight **opportunities to innovate and strengthen** patient care frameworks.

This guide outlines structured steps for CHC leaders to address these changes with confidence and strategy. By **streamlining operations, managing coverage effectively, and forging strong collaborations**, community health centers can continue to fulfill their mission of providing high-quality care while navigating complex Medicaid shifts.

# Understanding the Budget Reconciliation Bill



The new law introduces **sweeping Medicaid changes** that will roll out over the next decade. Understanding its key dates and provisions is paramount to your clinic's ability to complete successful **proactive planning**.

## Eligibility Reviews

(December 31, 2026)

Medicaid enrollees in expansion states will face semi-annual reviews, **doubling the likelihood of procedural errors** leading to coverage loss.

1

2

3

## Funding Reductions

(2028-2034)

Medicaid reductions are phased in, with **disproportionate impacts on rural areas**.

## Work Requirements

(January 1, 2027)

Individuals aged 19–55 must complete 20 hours per week of work, school, or training. This is expected to affect approximately **6 million adults**. Exemptions exist but require detailed documentation, creating new pressures for both patients and clinic staff.

While the bill increases administrative complexity for CHCs, it also highlights the **importance of modernizing workflows and empowering patients** to maintain coverage. Success lies in proactive planning and optimizing internal systems to meet new demands.

# 1 Master Coverage Management



The most immediate threat to CHC sustainability is **disruptive patient coverage loss**. Work requirements and semi-annual eligibility reviews increase the risks of benefit termination due to paperwork errors, and introduce additional administrative challenges.

Currently, most states conduct Medicaid eligibility reviews annually. The new law requires reviews every six months for expansion populations. This seemingly small change **doubles the administrative burden on both states and patients**. In practical terms, it means patients will receive paperwork twice as often, face twice as many opportunities to lose coverage due to paperwork errors, and require twice as much assistance from your staff.

## Moves To Make Now:

### Implement Proactive Coverage Monitoring

Implement systems to track patient Medicaid status in real-time and flag interruptions. If you simply do not have the bandwidth to do this, work with a technology partner that has extensive and exclusive experience with CHCs to help you do this.

### Set Up Automated Alerts

Notify patients of deadlines for renewal, required documentation, or compliance concerns through personalized texts and emails.

### Provide Dedicated Support

Provide in-person or remote assistance, helping patients overcome administrative hurdles and maintain continuity of coverage.

By reducing lapses in Medicaid coverage, CHCs can **stabilize revenue streams** and improve patient care continuity.

## 2 Build Multi-Coverage Safety Nets for Patients



Medicaid no longer provides the sole coverage pathway. Under the new law, CHCs must **expand their portfolios** to include Medicare and ACA marketplace plans, ensuring patients have alternatives when Medicaid benefits are reduced.

Managing multiple coverage types requires sophisticated systems due to different enrollment timelines, network structures, and coordination challenges between federal and state programs. CHCs **must adopt technology platforms** that adapt to patients transitioning between coverage types to ensure continuity of care.

### Moves To Make Now:

#### Continuously Evaluate Patient Eligibility

Assist patients transitioning from Medicaid to other programs, including ACA coverage or Medicare as they age.

#### Multi-Coverage Readiness

Train staff to manage requirements, timelines, and overlapping benefits between programs.

#### Expand Support Tools

Leverage platforms like Pointcare to streamline enrollment processes and provide patients with robust multi-coverage options.

### Coverage Transitions

Medicaid → ACA Marketplace  
(due to work requirements)

Medicaid → Medicare  
(aging into eligibility)

Marketplace → Medicaid  
(income changes)

Dual Eligibility Coordinator  
(Medicaid + Medicare)

Emergency Medicaid  
(for specific services)

By creating seamless transitions between programs, patients retain **continuity of care**, while helping your clinic to **financially diversify** and reduce your dependence on Medicaid reimbursement.

# 3 Streamline Administrative Processes



Consider the math: if eligibility determinations double from annual to semi-annual, your staff **workload for coverage-related tasks also doubles**. If work requirements affect 20% of your Medicaid population, that's 20% more patients needing documentation assistance. If federal reporting requirements expand, that's additional hours each month spent on compliance rather than patient care.

Proactive CHCs are investing in systems that handle administrative complexity efficiently while preserving **staff time for direct patient care**. The goal isn't to eliminate human interaction—it's to ensure that when your staff interacts with patients, they're providing high-value assistance that makes a real difference. A system that handles routine monitoring and documentation automatically frees your team to focus on complex cases, patient education, and relationship building.

## Moves To Make Now:

### Automate Workflows

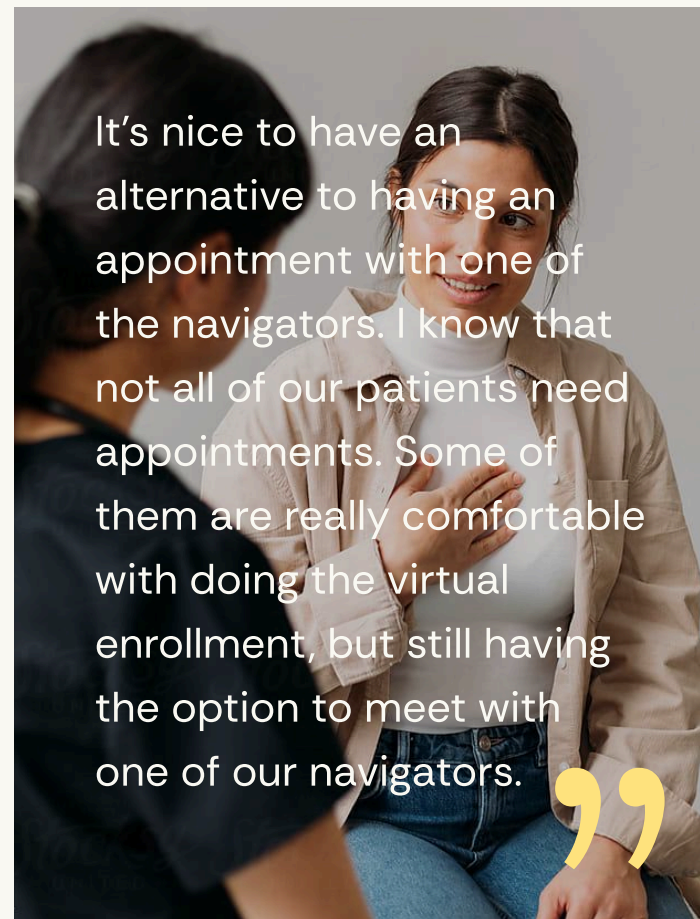
Use technology to flag upcoming Medicaid deadlines and automatically generate personalized patient reminders.

### Simplify Documentation

Implement tools to standardize forms and reduce time spent retrieving and submitting paperwork.

### Redistribute Resources

Prioritize staff for high-value tasks, such as guiding patients through complex exemptions or eligibility requirements.



It's nice to have an alternative to having an appointment with one of the navigators. I know that not all of our patients need appointments. Some of them are really comfortable with doing the virtual enrollment, but still having the option to meet with one of our navigators.



Improves **staff productivity**, enhances patient satisfaction, and minimizes delays in serving at-risk populations.

# 4 Leverage Data for Strategic Action



The new law creates complex patterns of coverage loss and enrollment that will make **manual tracking increasingly difficult**. CHCs that have systems in place that track data and reveal trends are in a better position to serve patients and make informed decisions. For example, understanding which patients are at a higher risk of coverage loss because of unstable employment allows for **targeted outreach and assistance**.

CHC executives **must use data analytics** to predict and mitigate challenges associated with Medicaid coverage loss.

## Moves To Make Now:

### Analyze Trends

Identify enrollment drop-offs and high-risk patients such as caregivers or the newly employed.

### Forecast Revenue

Prepare for funding shortfalls by tracking the long-term impact of Medicaid restrictions in your state.

### Perform Targeted Outreach

Use predictive analytics tools to preemptively outreach populations most likely to lapse in coverage.

## Critical Data Points:

- Monthly coverage termination rates by patient population
- Rates of Medicaid terminations by patient demographic
- Success rates of semi/annual reauthorization submissions
- Work requirement compliance patterns
- Termination rates by health plan
- Eligibility determination success rates and failure reasons
- Revenue impact of coverage changes by payer type
- Patient communication preferences and response rates

Reliable analytics empower CHCs to **allocate resources accurately and proactively**, while safeguarding vulnerable populations.

# 5 Build Strategic Partnerships



The reconciliation bill's regulatory complexity **surpasses the operational capacity** of many health centers. Partnering with expert organizations, such as PointCare, ensures smooth navigation through detailed federal and state-level rules.

## Moves To Make Now:

### Look for a Partner with:

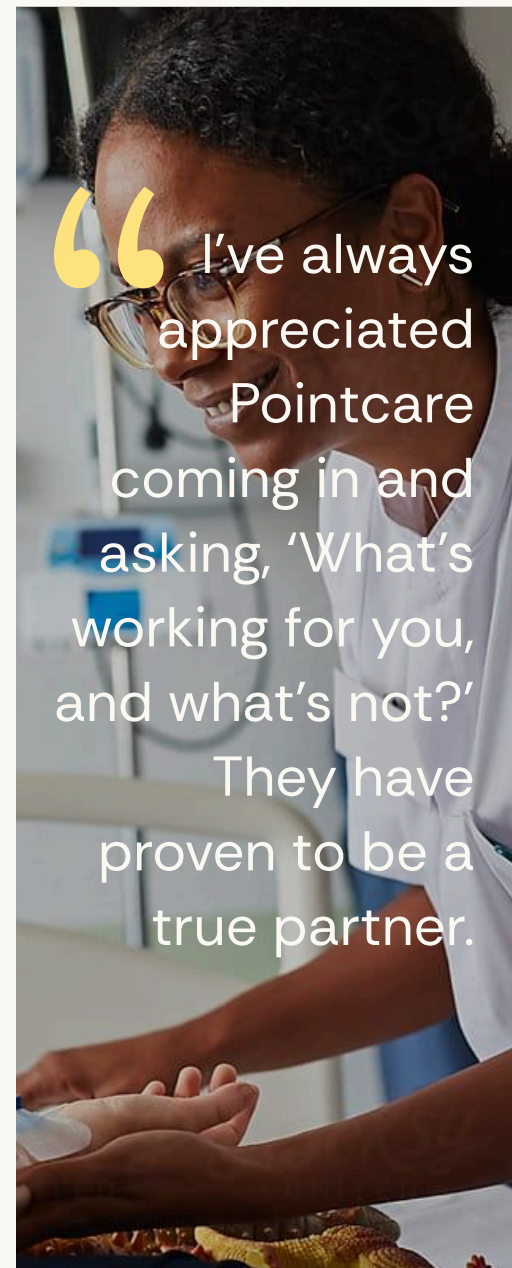
- **Regulatory Expertise** – Experience interpreting Medicaid-related legal mandates.
- **Custom-Built Tools** – Solutions tailored to the specific and evolving needs of CHCs and community health centers
- **A Shared Mission** – Commitment to helping underserved communities access care

### Start a Pilot Program

Given budget constraints, partner with organizations that understand your challenges and offer pilot programs to demonstrate benefits before requiring full financial commitment. Starting with a partner now is crucial to ensure you're operational before regulatory changes take effect.

### Educate Your Patients

Using your website, digital communication, and on-site materials, educate your patients about the new partnership and how it will benefit them during their re-enrollment periods.



“I've always appreciated Pointcare coming in and asking, 'What's working for you, and what's not?' They have proven to be a true partner.”

Aligning with the right partner now, while Medicaid funding remains intact, allows you to **maximize current Medicaid reimbursements**, protecting existing revenue, and maintaining high levels of care, all while preparing for the changes and challenges to come.

# Your Check-Mate Check-List



With proactive planning, data-driven insights, and effective collaboration, CHCs can safeguard care for their communities while achieving operational stability. **Your patients depend on you**, and the right strategies will ensure you continue to deliver the quality care they deserve.



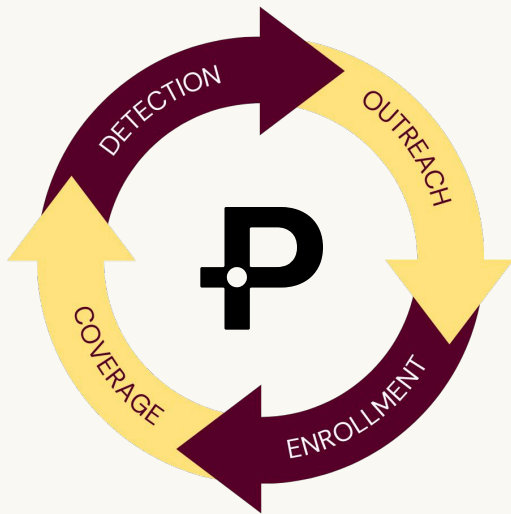
- Act now to implement **automated Medicaid monitoring** and patient retention systems.
- **Diversify coverage assistance** offerings across Medicaid, Medicare, and ACA plans.
- Utilize analytics to **proactively identify challenges** and opportunities.
- **Streamline operational workflows** to enhance staff efficiency.
- **Collaborate with partners** who share your patient-first mission.

Pointcare is here to navigate these changes with you, and for you. Contact us at [www.pointcare.com](http://www.pointcare.com) or call **844.333.3682**.

# Maximize Medicaid. Minimize Risk.

On Average, 1.68% of Medicaid patients already lose coverage every month – meaning over 20% of your Medicaid population will terminate coverage this year.

By partnering with Pointcare, you'll automate Medicaid coverage on a continuous cycle: Protecting revenue, Increasing covered visits, and Enhancing patient experience, while preparing for the future.



## Our Tech-Enabled Service

- Detects when members lose Medicaid coverage
- Deploys notification text messages to members after they lapse
- Guides members through virtual re-enrollment to quickly regain coverage

### Streamline & Save

The cost to enroll a patient with CoverageCare is 70% less than the cost to enroll through the clinic.

### Protect Funding

Medicaid is the largest single source of funding for Health Centers

### Anchor Patients

By getting patients re-enrolled quickly, you'll ensure that they stay assigned to your clinic.

# Looking For More Guidance?

## Contact Us

### Website

[www.pointcare.com](http://www.pointcare.com)

### Phone Number

844.333.3682

### Email

[info@pointcare.com](mailto:info@pointcare.com)

## About Us

As a trusted partner of Community Health Centers, Pointcare is committed to getting and keeping your Medicaid patients covered. We've spent the last decade working side-by-side with Health Centers to develop a comprehensive solution to the challenges surrounding Medicaid enrollment amid ever-evolving regulations and qualifications.

# Pointcare