



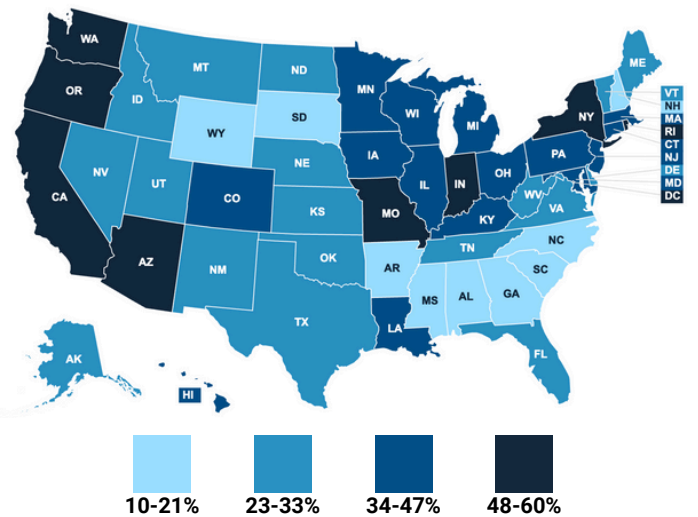
Protecting and Growing Revenue for Community Health Centers Amid Potential Funding Cuts

7 Strategies CHC Leaders Should Implement

Understanding the Potential Landscape

Community Health Centers (CHCs) face a unique set of challenges when it comes to financial sustainability. Rising administrative burdens, tight budgets, and serving vulnerable populations all require executives to adopt innovative solutions to maximize and protect revenue. With cuts being considered for the \$880 billion-a-year- state-federal program, CHCs should consider implementing strategies that could help them weather the storm of funding cuts if they materialize.

Medicaid Funding Percentage of Total Revenue



Should Medicaid funding cuts occur, Community Health Centers (CHCs) would face several critical challenges:

- Maintaining high quality care with significantly reduced enrollment support resources
- Supporting vulnerable populations who would lose access to specialized enrollment help
- Protecting revenue streams dependent on properly enrolled patients

Potential impacts on vulnerable populations could include:

- Rural communities losing access to in-person assistance
- Immigrants facing increased barriers to understanding eligibility
- People with disabilities losing advocates for their specific coverage needs
- Low-income families at increased risk of remaining uninsured

To navigate the landscape where funding cuts could take place, PointCare interviewed their customer portfolio, 105 Community Health Centers representing 17 states and over 4.3 million Medicaid patients and pulled together an actionable list of seven strategic revenue protection & growth Initiatives for CHCs.

1

EFFICIENT MEDICAID ENROLLMENT AND RETENTION

Medicaid payments are a critical revenue stream for CHCs. However, many patients risk losing coverage due to incomplete re-enrollment processes or lapsed coverage—over 70% of the time, this occurs for procedural reasons. For CHCs, ensuring the continuity of Medicaid coverage not only safeguards patients' access to care but also protects this essential funding source.

Actions to Take:

Invest in proactive outreach

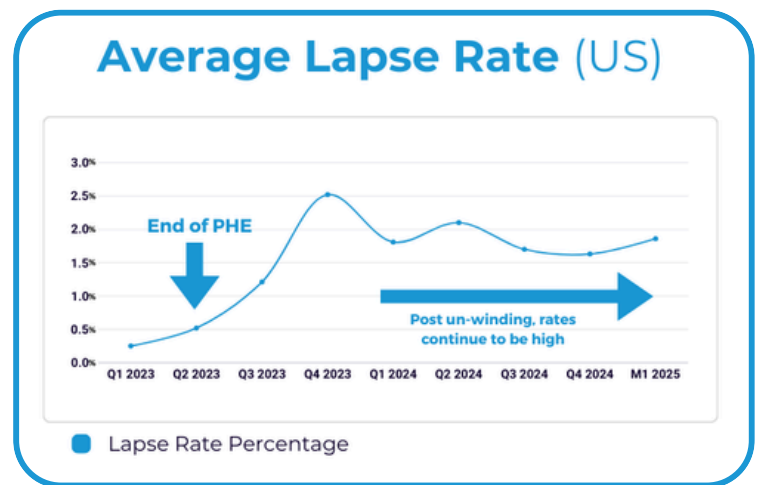
Implement proactive communication campaigns to remind patients of enrollment deadlines and seek out a technology partner who can offer proactive coverage detection. Provide step-by-step guidance to patients in their preferred mode of communication, including emails, text messages, and phone calls.

Establish Navigator partnerships

Collaborate with local organizations to assist patients, especially vulnerable populations, through Medicaid's complex systems. Navigate language barriers, paperwork, and digital accessibility by offering a solution like PointCare.

Why It Works:

- Ensures continuous coverage for eligible patients and increases covered visits.
- Stabilizes revenue by protecting capitation & reducing the need for retroactive reimbursements.
- Promote equity to give all members the same chance to stay enrolled in Medicaid, no matter their gender, abilities, language, or education.



Source: PointCare Customer Data

Digitize re-enrollment processes

Simplify Medicaid applications with a virtual online enrollment system to reduce paperwork and administrative burden for both staff and patients. Adopt platforms that simplify re-enrollment for patients who repeatedly find themselves re-applying for Medicaid, due to procedural lapses.

2 OPTIMIZE BILLING PRACTICES

Billing complexity is a common pain point for CHCs, but it's also an area with significant financial potential. Improper coding, claim denials, and payer delays lead to millions in lost revenue every year. Billing is where precision meets profit.

↳ Actions to Take:

Conduct frequent billing audits

Identify errors or inconsistencies in claims submission. An efficient billing team ensures maximum reimbursement for services provided.

Increase eligible Medicaid visits

Retroactive billing slows down your staff. Focus on proactive coverage management to reduce unpaid visits and optimize workflows across all teams.

Advanced Coding Training

Ensure billing staff are equipped with the latest knowledge on Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) codes to minimize errors and optimize claim submissions.

Automation and Analytics Tools

Implement claims management software to streamline submissions, track payer performance, and flag patterns in denials.



“Medicaid is our best payer source making it vital for us to help our patients get covered, and ensure they stay covered.

And PointCare, does that for us.” - PointCare Customer



Why It Works:

- Reduces revenue leakage from delayed or denied claims
- Improves cash flow with faster payer approvals, and less reliance on retroactive billing
- Frees up staff for patient-focused tasks, like scheduling, or 1:1 financial counseling

3

HARNESS ADVANCED DATA ANALYTICS

Data is your ally in navigating financial uncertainty. Real-time insights across health center metrics allow for agile and informed decision-making.

Actions to Take:

Utilize financial dashboards

Monitor key metrics like denied claims, reimbursement rates, and no-show appointments to pinpoint process inefficiencies.

Forecast patient volumes and revenue trends

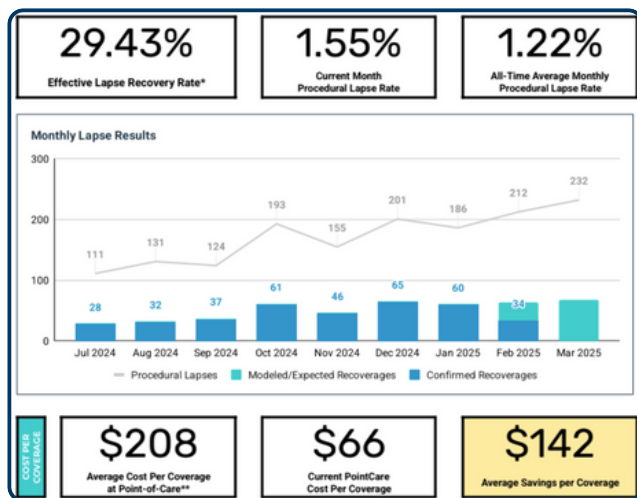
Forecast patient volumes and cash flow to better allocate resources where they're needed most.

Payer Performance Tracking

Identify payers with frequent delays or denials and partner with a data-centric tech company to think outside the box. Create new insights and opportunities through data.

Take control of your metrics

Work with experts to establish clear benchmarks and gain insights into Medicaid termination rates, coverage ratios, and capitation potential for better decision-making. Understanding state benchmarks can give you more insight!



Why It Works:

- Helps anticipate challenges before they escalate, keeping you in the driver's seat
- Maximizes ROI by focusing resources on the right priorities
- Exposes hidden insights to drive success with better coverage and capitation analytics
- Builds transparency for better leadership accountability while making data work for you

*Monthly Coverage Management Report for PointCare Customer.

4 BUILD STRATEGIC PARTNERSHIPS

Collaboration amplifies impact. From community organizations to tech providers, partnerships mean better service and financial perks.

▾ Actions to Take:

Leverage Accountable Care Organizations (ACOs)

Join ACOs to share savings generated from improved patient outcomes.

Expand your reach with valuable programs

Work hand-in-hand with schools and community groups to provide impactful services like wellness screenings and occupational health, meeting people where they are.

Partner with Technology Providers

Work with vendors to establish new workflows and tools, like Medicaid coverage management, for improving patient retention, operational efficiencies, and billing accuracy.

Why It Works:

- Strengthens local connections to build trust and improve community well-being
- Opens new revenue streams by identifying gaps only technology can surface
- Pool community resources to reduce operating costs



"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."

-LaDonna, PointCare Customer



"Coverage Management has been the single best investment we have made in the past two years. We rely on them to keep our Medicaid revenue steady."

-Geneva, PointCare Customer



"This service frees up our staff to really help those who need the help, and we trust PointCare for those that can help themselves. This will continue to be really crucial for us going forward, especially as changes happen with Medicaid."

-Ken, PointCare Customer

5 ADVOCATE FOR POLICY CHANGE

Federal budget plans can significantly impact the sources for CHCs funding. Advocacy ensures your voice influences the funding landscape.

Actions to Take:

Strong advocacy alliances

Engage with groups like NACHC to champion for the protection and increase of reliable funding sources that cannot be eliminated, and support revenue protection.

Advocate with data and impact

Track Medicaid patient retention and blend key metrics with real patient experiences to paint a compelling picture of your CHCs impact. Leverage powerful patient stories and benchmarks to demonstrate your community's needs to lawmakers.

Stay Ahead of Legislative Changes

Equip your CHC with a coverage management solution that enables CHCs and patients to be prepared when legislative changes occur. Commit to keeping patients informed about their coverage and eligibility so they can maintain uninterrupted care.

Why It Works:

- Protects resources by influencing legislation
- Enhances mission-driven advocacy by aligning policy goals with community outcomes
- Builds community among community health centers as we work together to create positive change

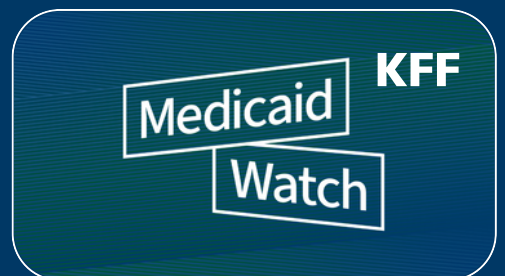
Reach out to your U.S. Representative



Connect with your Local PCA or HCCN



Follow KFF.org for Medicaid Updates



6

PRIORITIZE PATIENT ENGAGEMENT

When every dollar counts, patient retention plays a critical role in revenue growth—especially from your best payer, Medicaid. Engaged patients are far more likely to maintain healthcare relationships, leading to better health outcomes for patients, and revenue stability for CHCs.

Actions to Take:

Accessible Care Options

Offer telehealth and flexible scheduling to eliminate transportation and scheduling barriers.

Utilize educational campaigns and scheduling blitzes

Make a concerted effort to inform patients about preventive care benefits, encouraging regular appointments, and utilizing a “team blitz” to proactively get Medicaid covered members on the schedule.

Meet them where they are

Keep it simple and offer Medicaid enrollment options in a simplified, easy to access, multi-language online form.

Why It Works:

- Builds lasting relationships between CHC and patients, as trusted partners in health
- Boosts loyalty and repeat visits for members who are confidently enrolled in Medicaid
- Improves appointment adherence, reducing no-shows, bolstering health benefits, and reducing the cumulative cost of care

DID YOU KNOW?



78% of patients use text messaging for communicating with service organizations.

Source: Salesforce Sixth Edition State of Service Report



7

OPTIMIZE ORGANIZATIONAL EFFICIENCY

Operational inefficiencies waste valuable resources. Conduct an Organizational Efficiency Examination to identify opportunities to optimize your CHC’s programs and budget. Use a prioritization matrix to help your team focus on strategic workflow improvements.

Actions to Take:

Staff Alignment

Ensure roles match strategic priorities, maximizing team efficiency in a way that will address your health center priorities and business goals.

Smarter Scheduling Solutions

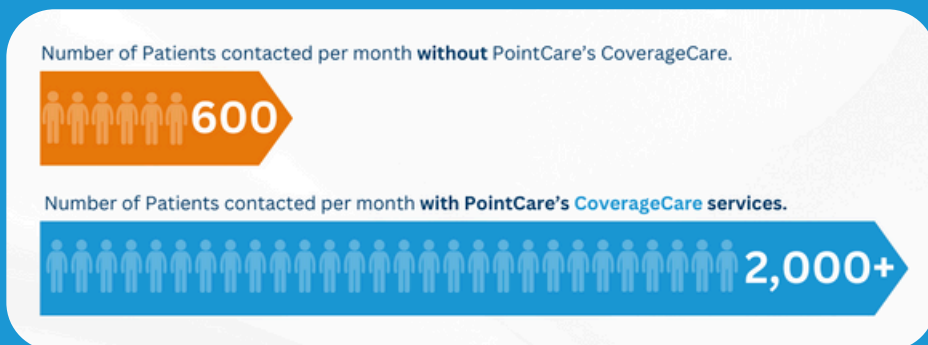
Use patient data to enhance schedules in order to reduce no-shows and wasted resources. Automate repetitive tasks like Medicaid applications to free up time for staff to increase daily patient visits and deliver meaningful patient care.

Incorporate Lean Management Principles

Eliminate redundant tasks or processes that don’t add value to service delivery, employee satisfaction, or patient experience.

Why It Works:

- Gives time and money back to CHCs through streamlining work, optimizing resource use, and understanding data.
- Allows focus on high-impact activities through outsourcing manual tasks to scalable software solutions.
- Improves patient care standards & employee job satisfaction by reducing bottlenecks.



**A PointCare Customer in Idaho*



“

“We cannot solve our problems with the same thinking we used when we created them.”

-Einstein

”

SUMMARY

↘ What Worked in 2024, Will Not Work in 2025

Sustaining and expanding equitable community health care isn't a passive endeavor. Smart strategies in management, billing, data analytics, partnerships, and beyond offer ways to secure your finances without compromising care quality.

Each small step you take builds toward a more stable and impactful future for your health center in 2025. Start implementing these strategies today.

Financial strength isn't just about keeping the doors open; *it's about creating healthier communities, one patient at a time.*

MAXIMIZE MEDICAID. MINIMIZE RISK.

On Average, 1.68% of Medicaid patients lose coverage every month, for a total of 20% of your Medicaid population over the course of one year.

By partnering with PointCare, you'll automate this continuous Medicaid cycle, protecting revenue, increasing covered visits, and enhancing your patient experience.

Sponsored By:
PointCare



Our 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



Save Money

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.



Preparation Timeline

↘ Most CHCs depend on Medicaid funding as one of their biggest funding sources. If Navigator funding cuts are announced, CHCs should be prepared to implement a phased response.

NOW

Immediate Emergency Response

- Review your entire patient roster, past and present. Conduct a thorough analysis to identify trends and build out financial scenarios.
- Reduce non-essential expenses and negotiate with suppliers.
- Focus on maintaining existing patients, scale proactive measures to ensure patients have continuous insurance coverage.
- Launch CoverageCare as a Medicaid enrollment assistance service.

NEXT
30
DAYS

Short-term

- Assess existing workflows for capturing patient data and keeping it up to date.
- Implement comprehensive coverage management strategy.
- Establish systems for tracking enrollment metrics.
- Create patient communication about available online enrollment resources.
- Launch coordinated lobbying efforts with organizations like NACHC to advocate for the protection of funding.

NEXT
3-6
MONTHS

Mid-term

- Begin targeted outreach to uninsured populations, to expand Medicaid access & increase vital funding.
- Develop awareness materials about navigating coverage options, or turn to an expert to provide ready made materials.
- Educate patients about CoverageCare, and your on-going efforts to assist them in staying covered through Medicaid.

NEXT
6-12
MONTHS

Long-term

- Evaluate effectiveness of Medicaid enrollment assistance services.
- Iterate on coverage management solutions based on data and patient feedback.
- Utilize data & analytics from coverage management reports for strategic financial planning
- Scale successful initiatives to reach additional populations at all locations.

QUICK WINS!

A Cheat Sheet for Protecting and Growing Community Health Center Revenue



Partner with a Medicaid coverage management platform to minimize dropped coverage and secure Medicaid payments as an essential funding stream.



Conduct proactive full-member Medicaid eligibility checks every quarter to uncover missed revenue opportunities.



Prioritize high-impact decisions by establishing your health center specific benchmarks and comparing them to state and national averages.



Analyze community needs and organizational capacity, while identifying value add services and partners. Then, pick one and try it out!



Submit targeted stories and stats to local lawmakers through your advocacy partners.



Launch an automated outreach campaign with a coverage management partner to improve Medicaid enrollments and preventive care visits.



Perform a workflow analysis to identify time and cost drains, or partner with an organization who can help your CHC complete an organizational efficiency audit.

Looking For More Guidance? CONTACT US



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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.

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