

# azara

USER CONFERENCE

APRIL 13-15  
BOSTON, MA

# 2026



# Medicaid Redetermination & Work Requirements Under HR1

Strategic & Operational  
Readiness for 2027

**Andy Eck**

Partner, Health Center  
Operations Division  
Facktor

**Emily Dutch**

Support Program Manager,  
Delivery Solutions  
Azara

**Dulcye Rodriguez**

Director, Strategic Programs  
& Solutions  
Azara

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# Agenda

15

**Welcome and Introductions**

**Setting the Stage – HR1 Implications**

**Strategies and Solutions**

**Questions and Discussion**



# Learning Objectives

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## Participants will be able to:

- **Understand** key H.R. 1 Medicaid changes
- **Recognize** the financial and operational impacts of coverage loss
- **Apply** the Connect & Cover framework to Medicaid redetermination readiness
- **Identify** practical strategies with Azara assist with to reducing churn and protecting revenue



# Meet Your Speakers



**Andy Eck**  
Partner  
Facktor Health



**Emily Dutch, PMP**  
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Support  
Azara Healthcare



**Dulcye Rodriguez**  
Director, Strategic  
Programs and  
Solutions  
Azara Healthcare



# Setting the Stage

HR1 Summary & Review

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# Who is in the audience today?



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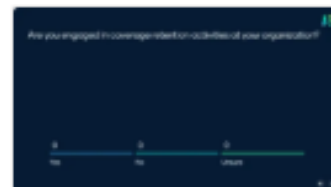
menti.com  
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Waiting for participants



Menti  
AUC Medicaid Redeter...

Select which slide to add



# 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

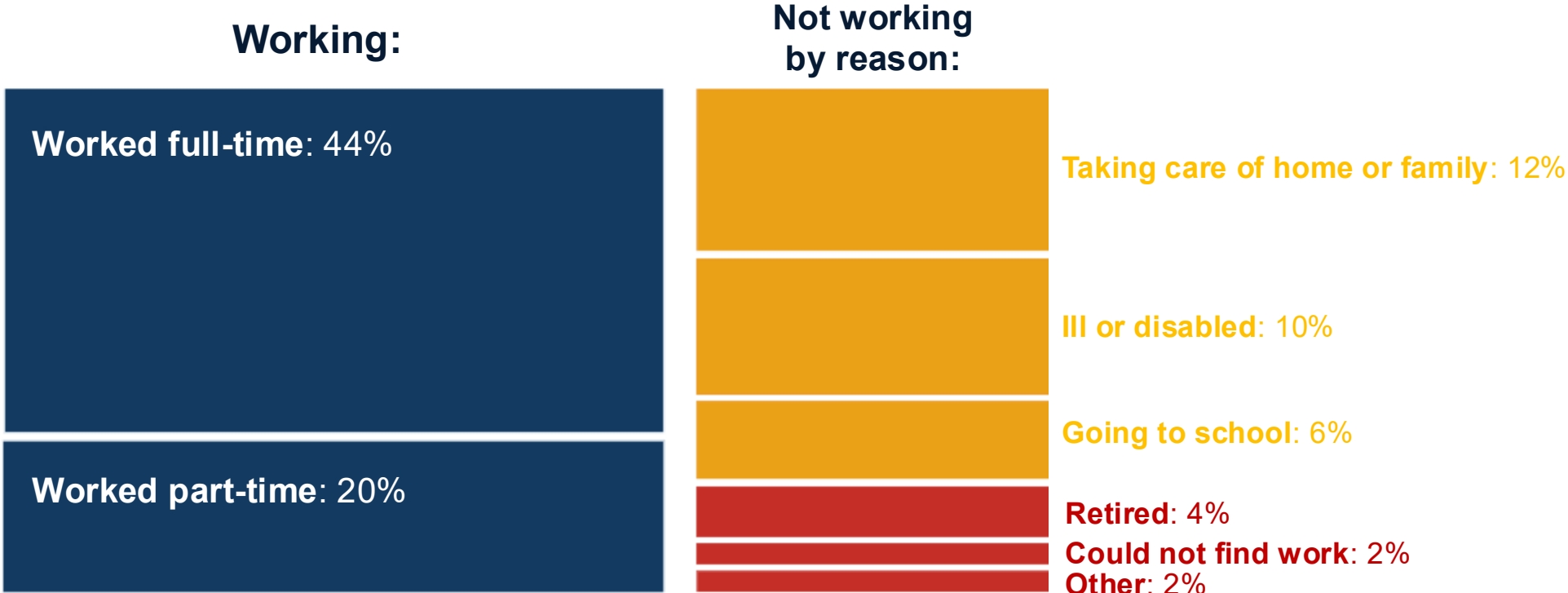
- Millions of Medicaid patients at risk
- More self-pay, less coverage?
- Strain on health center resources

**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](#)



# Most Work or Fit Exemption Criteria



Source: Center on Budget and Policy Priorities analysis of March 2024 Current Population Survey



# H.R. 1 Narrows the Definition of “Qualified Immigrants”

## Included in Criteria:

- Lawful permanent residents (green cards)
- Cuban/Haitian entrants
- COFA migrants (Marshall Islands, Micronesia, Palau)

## Now Excluded Despite Lawful Presence:

- Asylees, refugees
- Survivors of domestic violence or trafficking
- Temporary Protected Status (TPS) holders, valid visa holders
- Others



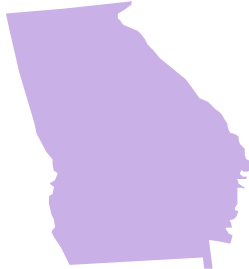
# HR 1 State Implementation Considerations



**Idaho** House Bill 913 adopting work requirements in HR 1 and designating a 3-month look-back period



**Arkansas** 1115 Waiver requesting to pilot data matching ahead of work requirements implementation



**Georgia** Pathways to Coverage (*active*)

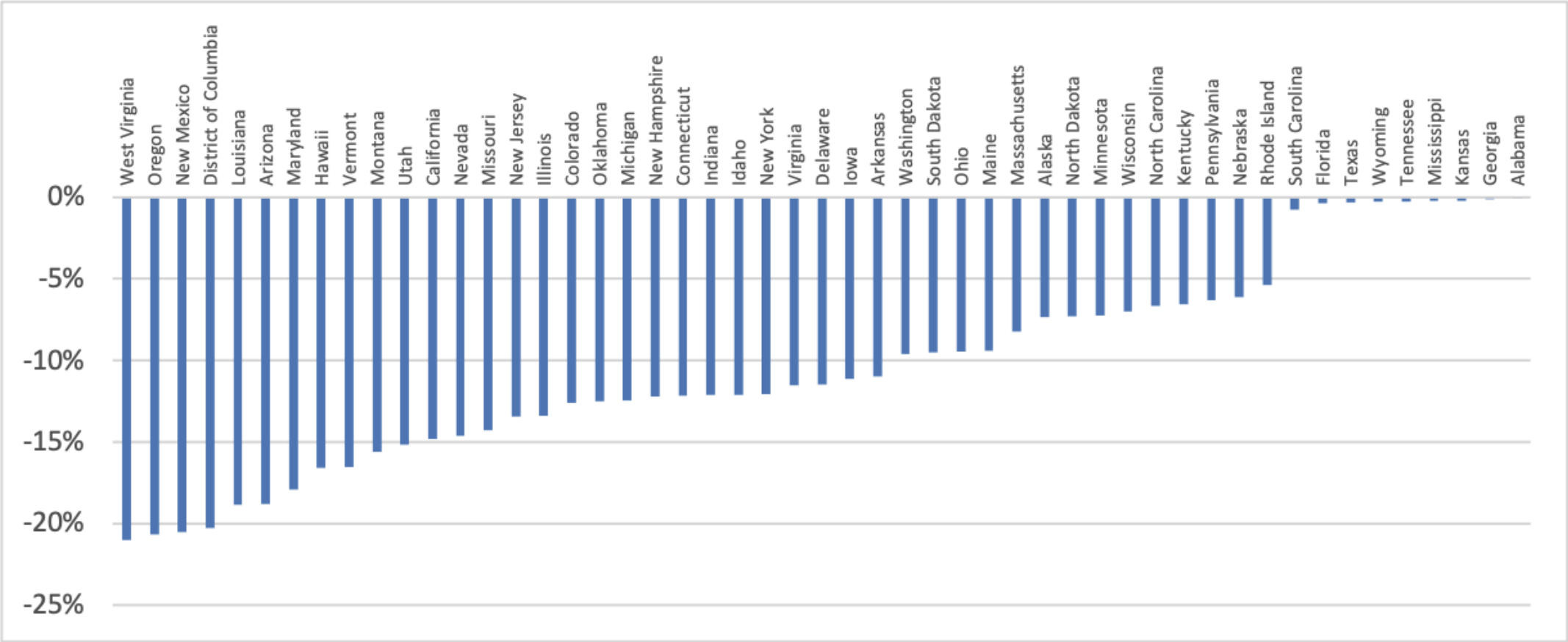


**Nebraska** early adoption of work requirements (May 2026)

Sources: [Idaho Capital Sun](#), [KFF 1115 Waivers](#)



# HR 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.

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



# The Financial Stakes: Coverage Loss = Revenue at Risk

- State Medicaid budgets reductions of **\$665 billion** over 2025–2034
  - State general funds reductions of **\$86 billion**
- **7.6 million fewer** Medicaid enrollees projected by 2034
  - **5.3 million fewer** Medicaid enrollees *just from work requirements*

Significant revenue risk as coverage erodes (Ex. \$200 vs. \$20).



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





# What Can Be Done?

Treat insurance as a vital sign



# Shifting from Traditional Outreach and Enrollment to 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.

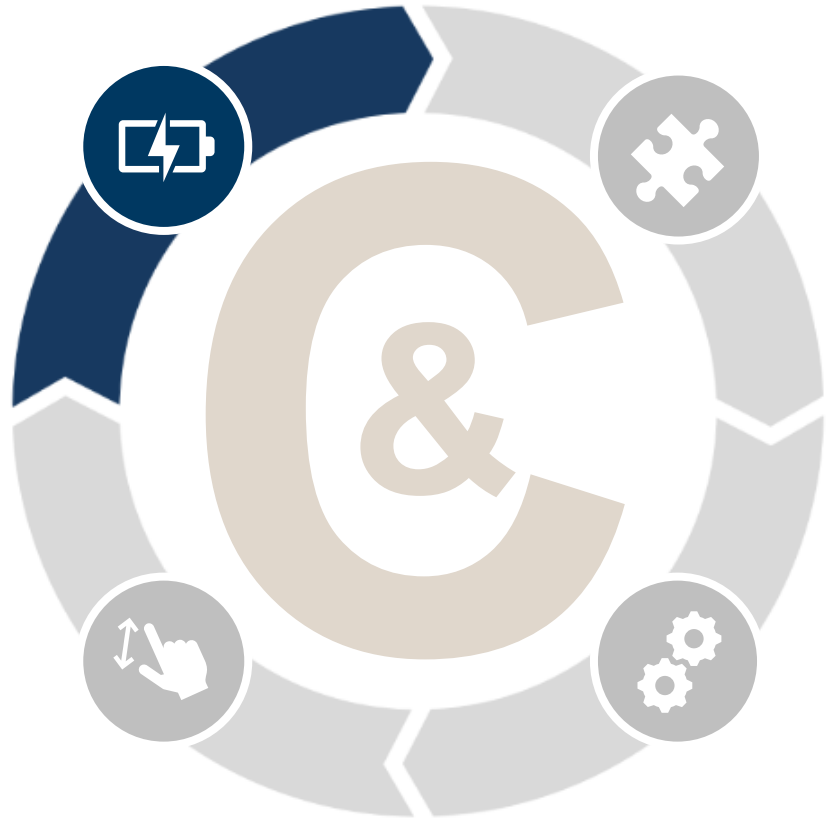


## Monitor & Adapt

Monitor KPIs for progress  
Develop & refine trigger actions

Connect & Cover  
by Facktor





## Current State Analysis

### Start with the Now

- Internal analysis
- Local, regional, & state external analysis





## Financial Risk Analysis

### Spot the Risks

- Conduct financial risk analysis
- Digest risk with executive team





## Strategy Formation

### Shape the Plan

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





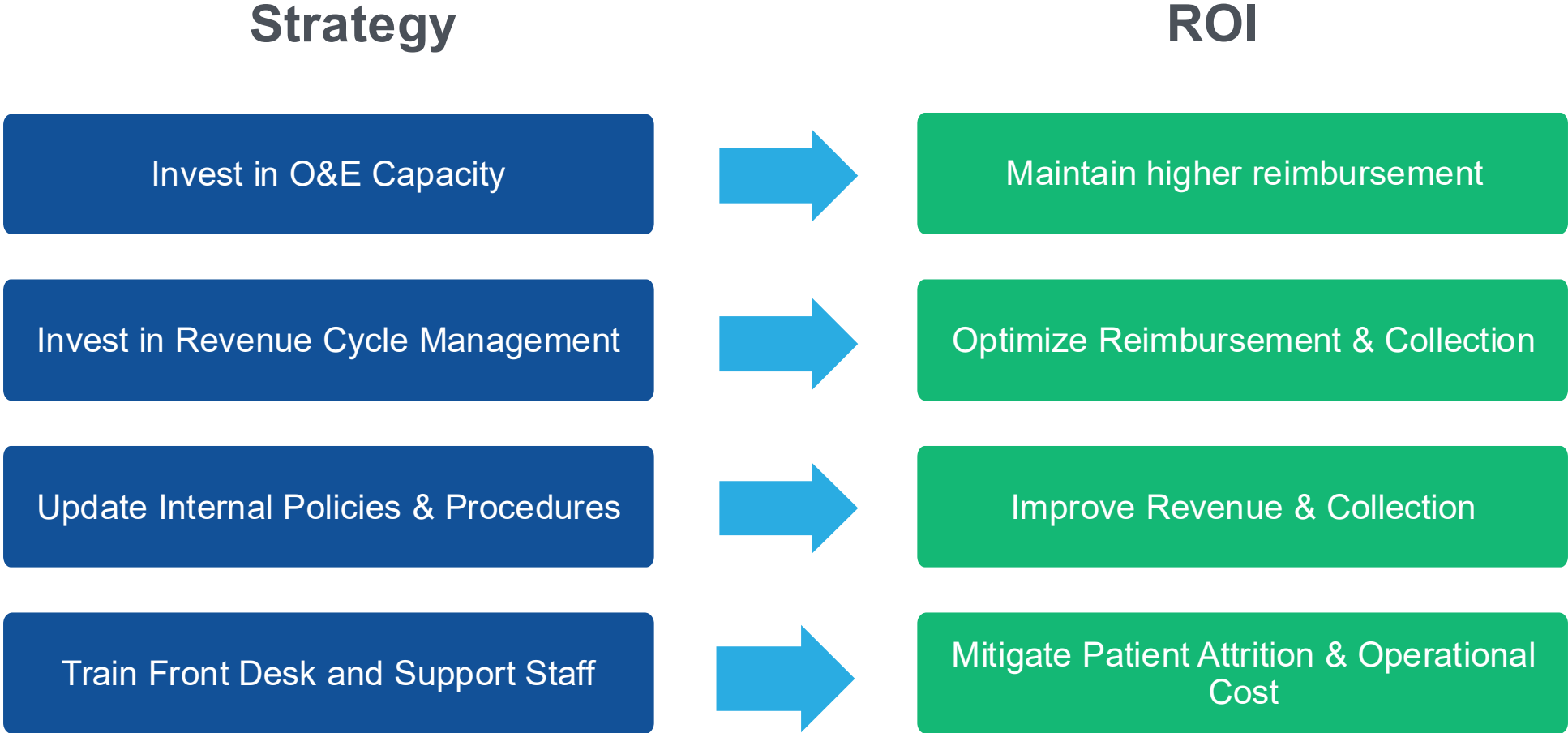
## Financial Strategy Modeling

### Test the Approach

- Model financial impact



# Gain & Leverage Your Seat at the Table



# Common Misconceptions

 Myth 

 Reality 

1. O&E is just marketing.
2. It doesn't affect the bottom line.
3. Our job ends after enrollment.
4. It's not a clinical priority.
5. It's nothing to do with RCM.
6. We can't afford it.
7. It's just about numbers.

1. It's a structured process that drives coverage & care.
2. Covered patients boost revenue through visits.
3. O&E prevents "churn" and gaps in coverage.
4. Coverage enables treatment & better outcomes.
5. It is a part of the RCM now.
6. You can't afford *not* to.
7. It's about everything.



# Key Shifts

Practical Strategies & Solutions

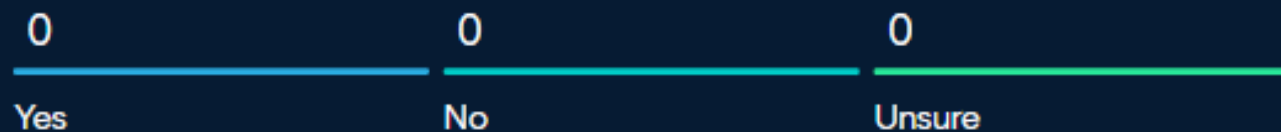
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Are you engaged in coverage retention activities at your organization?

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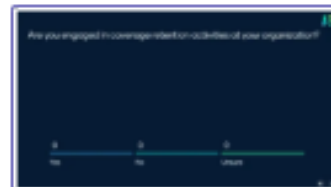
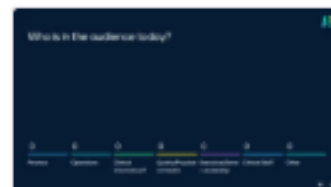
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Waiting for participants



Menti  
AUC Medicaid Redeter...

Select which slide to add



# Shifting from Traditional Outreach and Enrollment to 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.

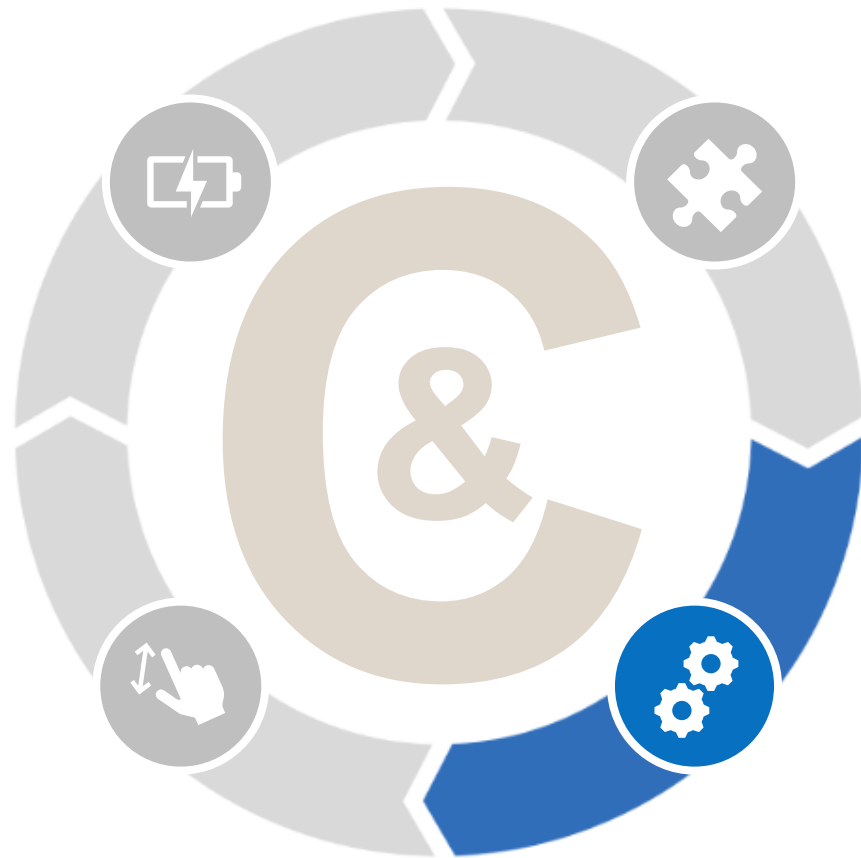


## Monitor & Adapt

Monitor KPIs for progress  
Develop & refine trigger actions

Connect & Cover  
by Facktor



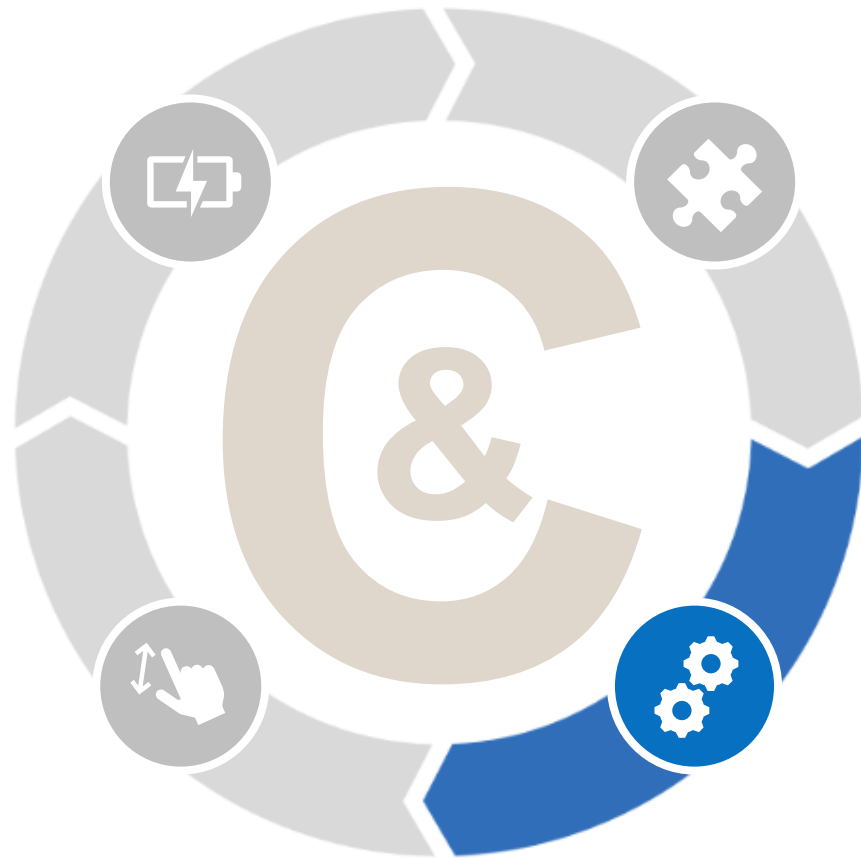


## Strategy Execution

### Make it Happen

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





## Strategy Execution

### Staffing

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



# Who Should be at the Table?

**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

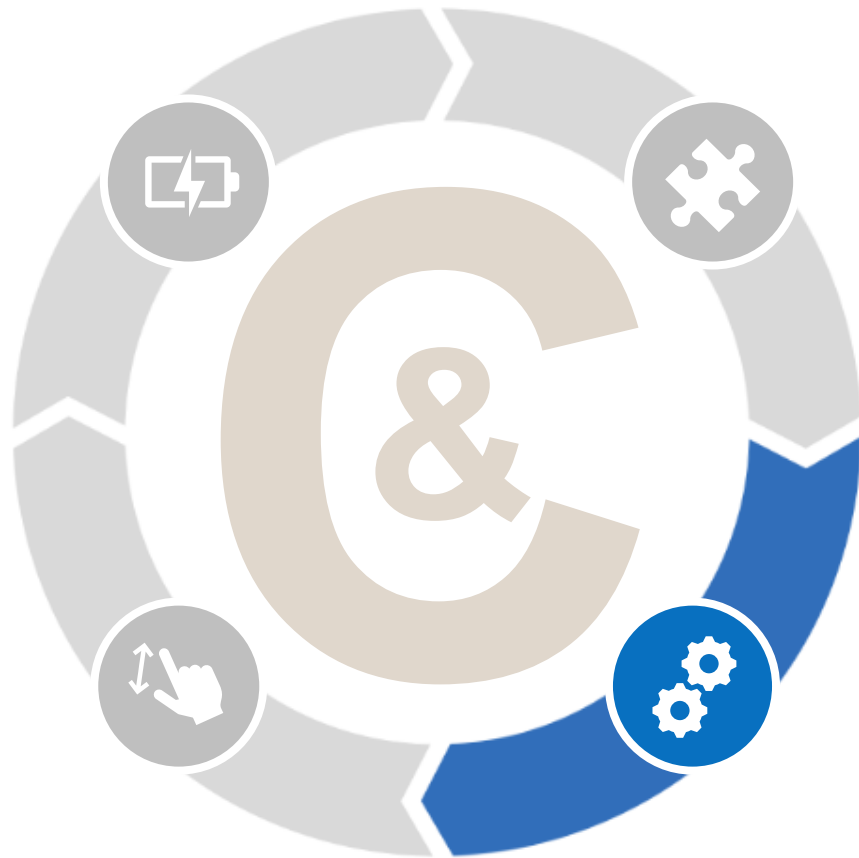
**Storytellers for the  
Resistance** – Elevate  
real impacts of  
confusion and denials

**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



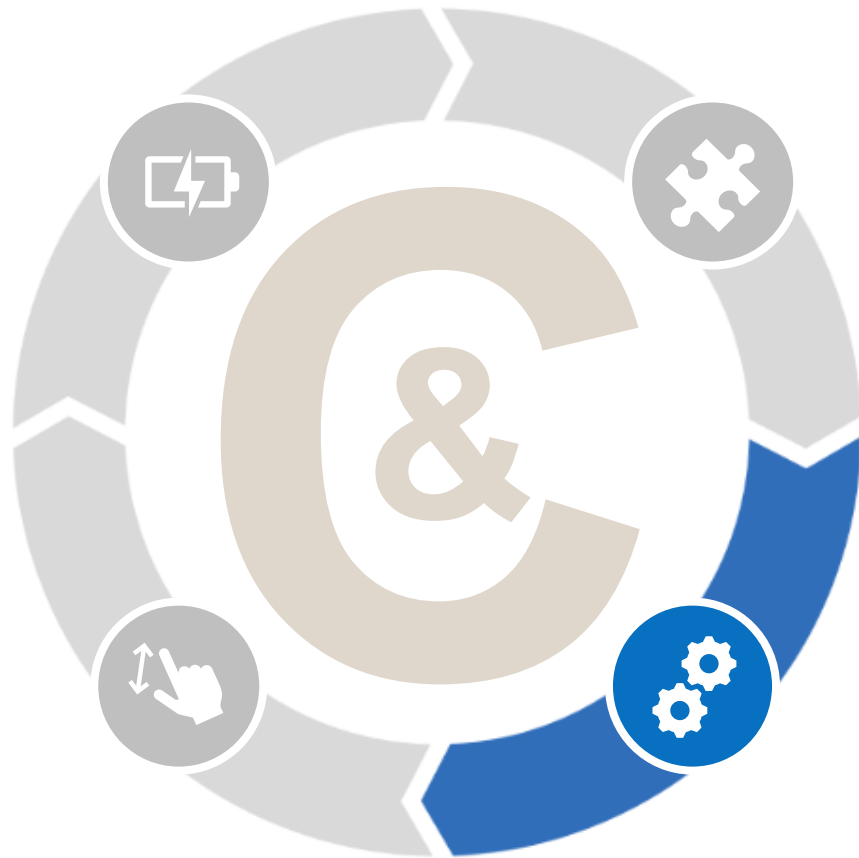


## Strategy Execution

### 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

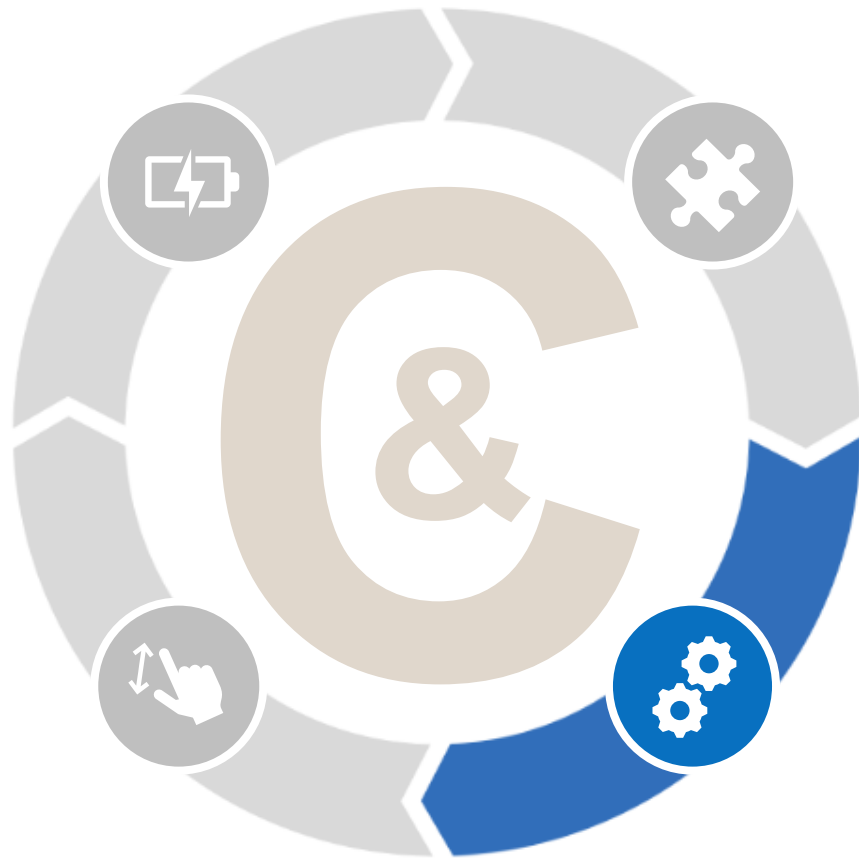




## Strategy Execution

Payer & Partner Relations
<ul style="list-style-type: none"><li>• Engage partners to align approaches and pool resources</li><li>• Maintain new assigned lives pipeline</li><li>• Ensure patient phone access</li></ul>



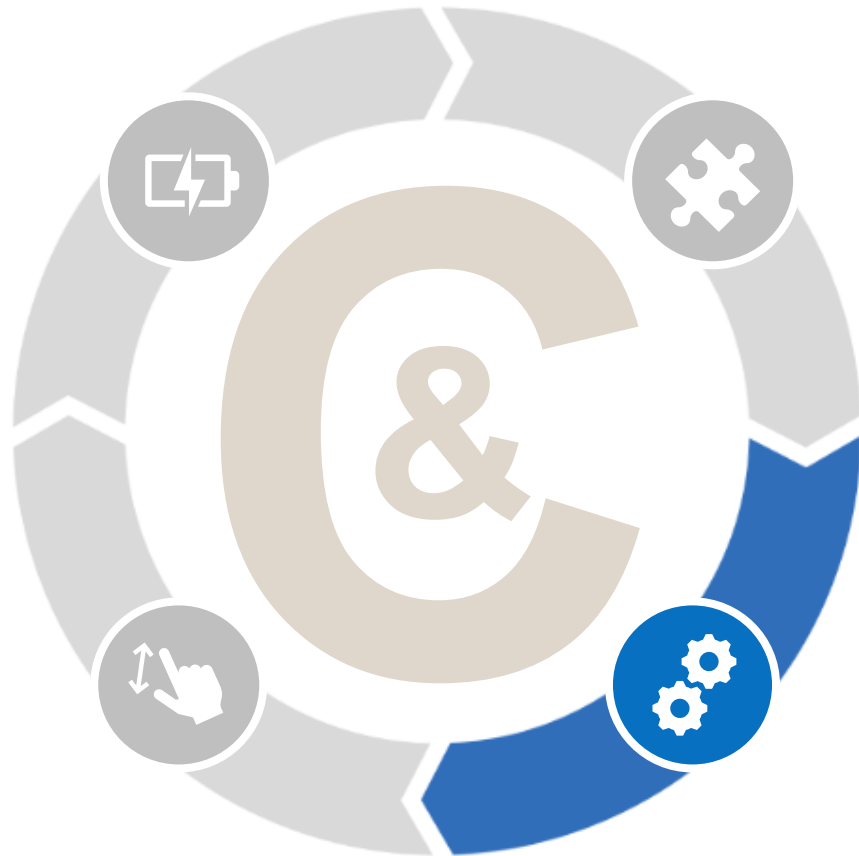


## Strategy Execution

### Build Tools

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





## Strategy Execution

### Build At-Risk Registries

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



Which of these strategies will be most impactful for the communities you serve?

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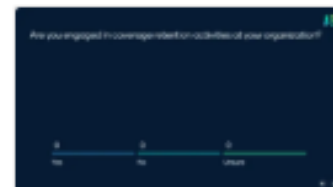


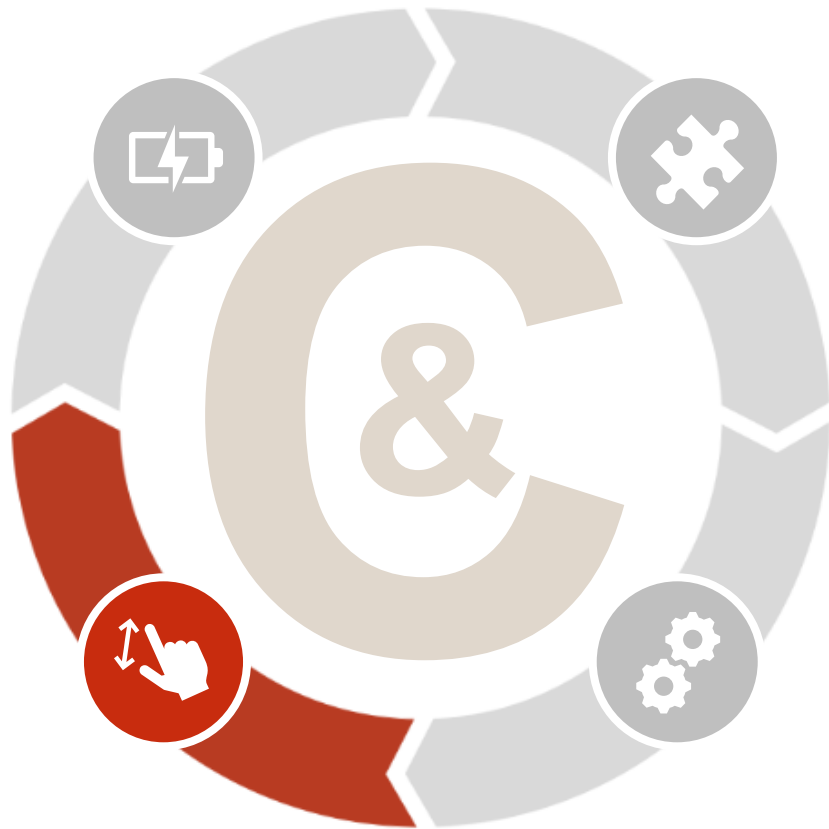
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## Monitor & Adapt

**Track & Adjust**

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



# Implementing Connect & Cover with Azara

DRVS

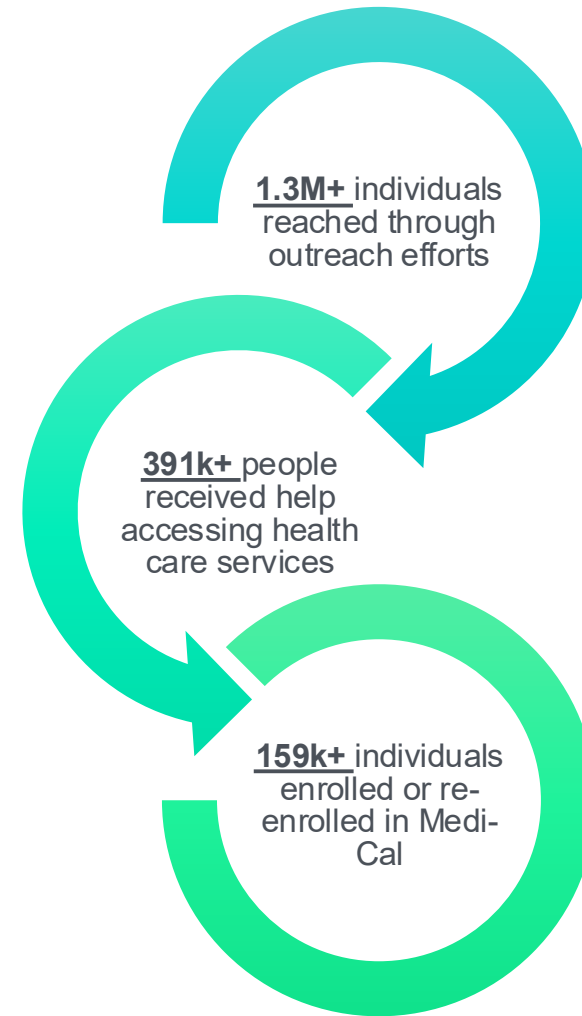
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APO



# Success Story: California Medi-Cal Health Enrollment Navigators Project for Clinics

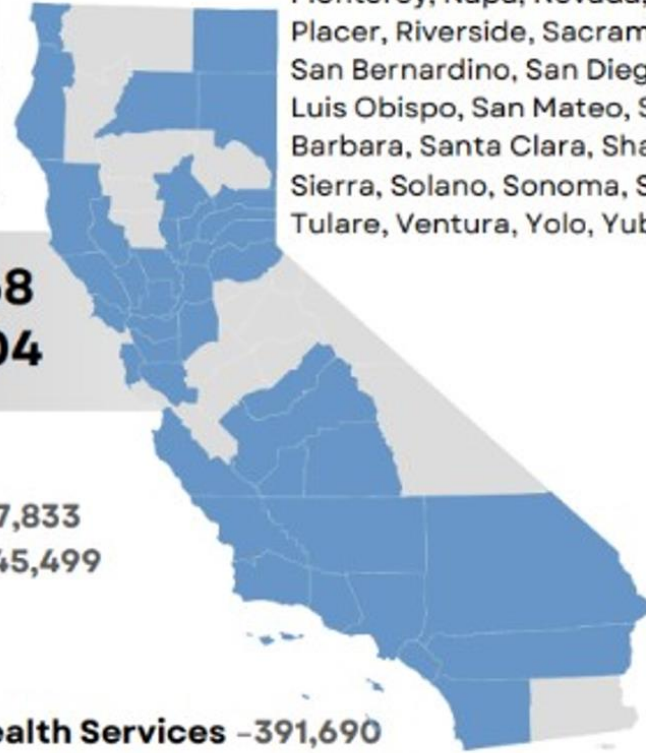
- **Purpose of Project:** Increase enrollment in Medi-Cal among low-income and underserved populations following the COVID-era unwinding of continuous coverage, while also expanding enrollment to newly eligible residents.
- CPCA partnered with 98 CHCs and 9 regional clinic associations or consortia across 38 counties to reach the state's most underserved populations.
- ACC Care Coordination, utilized by participants, enabled centers to organize patient data from health plans to quickly and easily perform and document outreach for enrollment efforts.



**RECEIVED FUNDING**

<b>98</b>	<b>COMMUNITY HEALTH CENTERS</b>
<b>9</b>	<b>REGIONAL CLINIC ASSOCIATIONS</b>
<b>38</b>	<b>◆ CALIFORNIA COUNTIES</b>

- ◆ Alameda, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Humboldt, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mendocino, Modoc, Monterey, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Shasta, Sierra, Solano, Sonoma, Sutter, Tulare, Ventura, Yolo, Yuba



**ENROLLED: 98,968**  
**RETAINED: 60,204**



**OUTREACH:**

**Direct Outreach - 1,357,833**  
**Media Outreach - 17,345,499**



**ASSISTED WITH:**

**Application - 184,667**  
**Accessing/Utilizing Health Services - 391,690**  
**Troubleshooting - 191,887**  
**Redetermination - 105,699**



# ACC | Turn Risk into Actionable Worklists



- Automated worklists
- Built-in prioritization surfaces the **most urgent cases first**
- Configurable logic aligns as needed with staffing and workflows at the center

The screenshot displays the 'Outreach Directory' interface. At the top, there are navigation tabs: Home, Patients, Tasks, Reports, and Care Coordination. A search bar for 'Search ACM Patients...' is on the right. Below the navigation, there are tabs for 'All' and 'Recently Viewed'. The main content is a table with the following columns: PATIENT, GAP COUNT, CONTACT REASONS, LAST OUTREACH, OUTREACH COUNT, and USER. The table lists six patients, with the first five having a 'Never' outreach status and the last one having a date '05/21/24'. A green box highlights the 'CONTACT REASONS' column. To the right of the table is a 'FILTERS' sidebar with a search bar and checkboxes for 'No Contact in Last 30 Days', 'Attributed in Last 30 Days', and 'Discharged in Last 7 Days'. Below the filters is a 'CONTACT REASONS' dropdown menu, also highlighted with a green box, showing a list of reasons with 'MCRD' selected.

PATIENT	GAP COUNT	CONTACT REASONS	LAST OUTREACH	OUTREACH COUNT	USER
SORIANO, CONSTANCE	4	CQM, HEDIS, MCRD	Never ▲	0	Test User
CARRIO, SHERWOOD	2	HEDIS, MCRD	Never ▲	0	Mariana Bover
ROKUSEK, SHELDON	1	MCRD	Never ▲	0	Mariana Bover
SANDROWICZ, KAYE	1	MCRD	Never ▲	0	Mariana Bover
STORZ, BRODERICK	1	MCRD	Never ▲	0	Mariana Bover
DERBACHER, LONG	1	MCRD	05/21/24 ▲	1	Mariana Bover



# ACC | Close the Loop on Outreach Attempts



**Connected Outreach**

Select any outreach activity that should be logged to all outreach reasons of this type

Date: 03/02/2026  
Method: Phone

Reasons: MCRD | Medicaid Redetermination (04/30/2026)  
Worked with Sherwood to complete her application. Will follow up in 60 days to check the status of her application.

Follow Up: Yes (selected) No  
Next Outreach: 04/02/2026

**Actions** Complete

None Selected

Search

Redetermination Assistance

Refused Service

- Document calls, texts, and follow-ups in real time
- Schedule next steps so patients don't fall through the crack
- Standardized yet flexible configuration supports evolving Medicaid requirements

Summary Coordination Plan Screenings Clinical Activity *Data Received: 19 April*

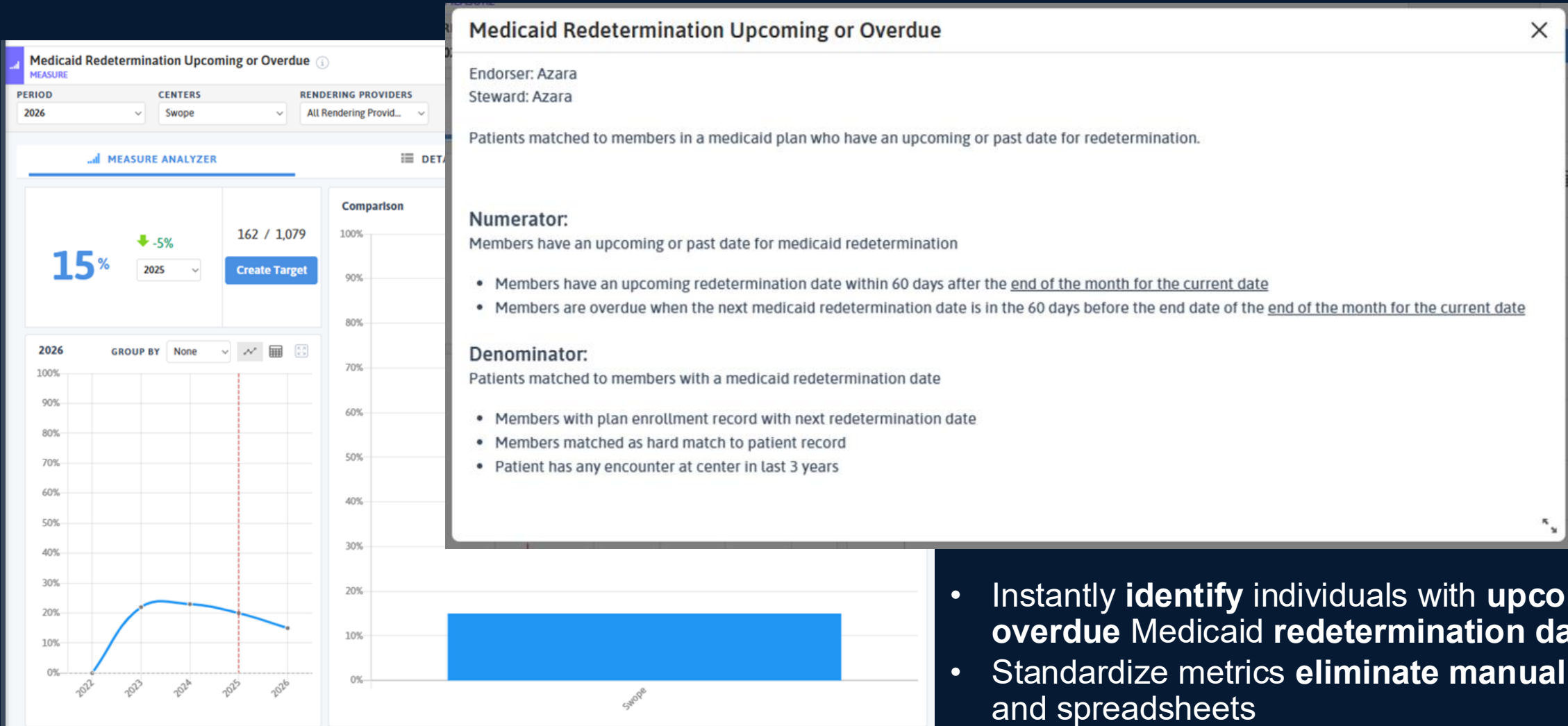
**FOLLOW UP** 04/02 UPCOMING Worked with Sherwood to complete her application. Will follow up in 60 days to check the status of her application.

OUTREACH REASONS (2) All Open Complete Selected 0 Attempted Connected

REASON DETAILS	LAST OUTREACH	OUTREACHES	REPORTED	STATUS
<input type="checkbox"/> HEDIS Cervical Cancer Screening		0	04/19/24	Open
<input type="checkbox"/> MCRD Medicaid Redetermination (04/30/2026)	MR 03/02/26	1	04/19/24	Open

# DRVS | Know Who's at Risk

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- Instantly **identify** individuals with **upcoming** or **overdue** Medicaid **redetermination** dates
- Standardize metrics **eliminate** manual tracking and spreadsheets



# DRVS | Member Reporting, Eligibility



**Members** REPORT

PERIOD: September 2025 | RENDERING PROVIDERS: All Rendering Provid... | PLANS: AZR Health Plan

REPORTS | VALUE SETS

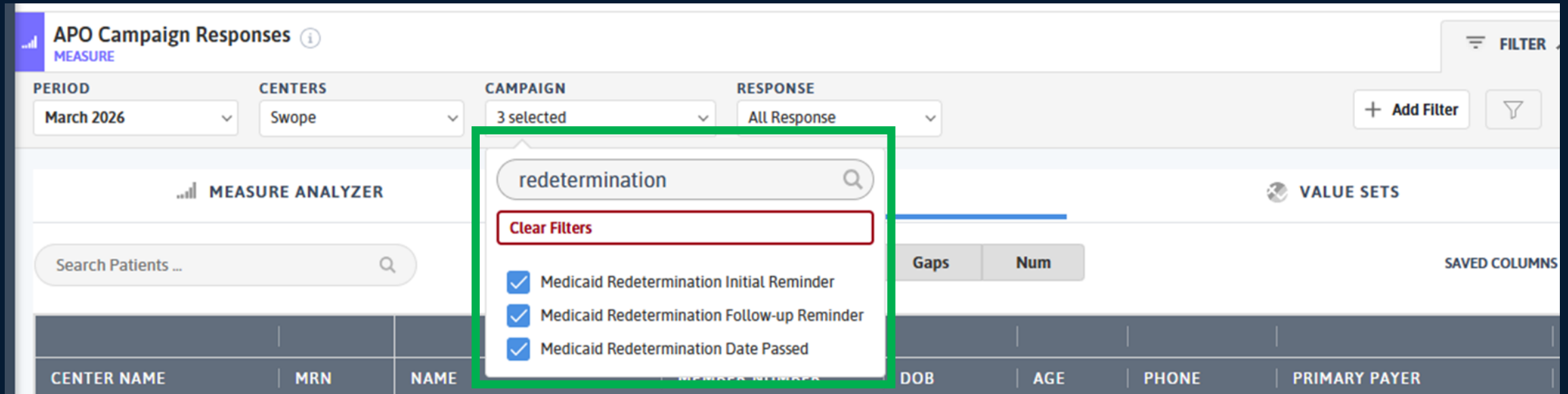
Search ...

DEMOGRAPHICS >		MEMBER				ELIGIBILITY		NEXT DETERMINATION DATE	AGE	DOB	AGE GROUP	SEX	LANGUAGE
TIN	NAME	PLAN	NUMBER	MEDICAID NUMBER	MEDICARE NUMBER	START	END						
200001	Hynd, Wally	AZR Health Plan	2432	555	888	6/5/2025	8/8/2026	1/31/2026	46	6/30/1979	46-64	M	English
200001	Kukura, Lynn	AZR Health Plan	568	555	888	8/25/2025	6/22/2026	3/31/2027	3	4/13/2022	3-6	M	Spanish
200001	Lummis, Walker	AZR Health Plan	652	555	888	9/6/2025	4/26/2026	10/31/2026	37	7/12/1988	26-45	M	French
200001	Heiro, Lekisha	AZR Health Plan	657	555	888	6/20/2025	3/22/2026	2/28/2027	2	3/15/2023	<= 2	F	English
200001	Steuber, Austin	AZR Health Plan	885	555	888	6/28/2025	4/19/2026	10/31/2026	38	2/24/1987	26-45	M	English
200001	Gembarowski, Brooks	AZR Health Plan	972	555	888	7/3/2025	3/6/2026	9/30/2026	55	7/1/1970	46-64	M	English
200001	Mattock, Andrew	AZR Health Plan	859	555	888	8/3/2025	7/12/2026	9/30/2026	45	12/21/1979	26-45	M	Portuguese
200001	Lars, Merlin	AZR Health Plan	1062	555	888	6/22/2025	6/11/2026	7/31/2026	2	7/26/2023	<= 2	M	Spanish
200001	Willena, Hamada	AZR Health Plan	3405	555	888	6/23/2025	7/25/2026	12/31/2026	31	3/8/1994	26-45	F	Arabic
200001	Larison, Charlena	AZR Health Plan	3468	555	888	7/4/2025	4/23/2026	1/31/2027	39	7/31/1986	26-45	F	French
200001	Hebner, Josef	AZR Health Plan	1664	555	888	8/1/2025	5/24/2026	2/28/2026	40	8/6/1985	26-45	M	German
200001	Bouvia, Lorrie	AZR Health Plan	1698	555	888	7/9/2025	12/28/2025	6/30/2026	10	8/20/2015	7-17	F	English
200001	Hopperstad, Johnie	AZR Health Plan	4493	555	888	9/4/2025	11/20/2025	6/30/2026	45	6/28/1980	26-45	M	German
200001	Kemp, Marshall	AZR Health Plan	2050	555	888	9/13/2025	2/5/2026	11/30/2026	25	10/3/1999	18-25	F	English
200001	Baier, Jerald	AZR Health Plan	2073	555	888	8/12/2025	4/10/2026	12/31/2026	71	6/2/1954	65 +	M	English



# APO | Outreach Without Adding Staff Burden

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- Launch automated text-based redetermination campaigns in minutes
- Capture and track patient responses automatically
- Outreach activity flows directly into ACC workflows



# APO: Customizable Campaigns



⚙️ ⏪ Medicaid Redetermination Initial Reminder

VARIABLES MESSAGE SCHEDULE

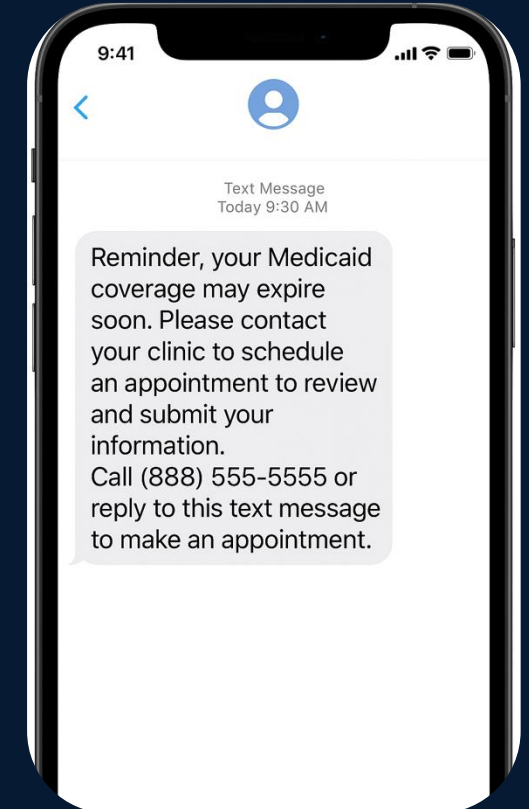
**CAMPAIGN VARIABLES**  
These are configurable values within the campaign entry/exit criteria or within the messages themselves.

VARIABLE	CURRENT SETTINGS	DESCRIPTION	EDITED BY	COMMENTS
Min Days to MCRD Date	31	Minimum number of days prior to patient Medicaid Redet...	Default	
Max Days to MCRD Date	60	Maximum number of days prior to patient Medicaid Redet...	Default	

1 to 2 of 2

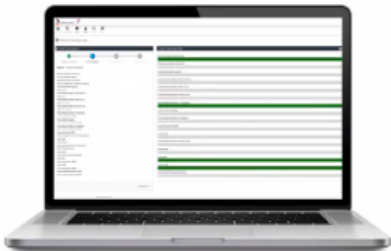
**ENTRY CRITERIA**  
This is how we detect if a patient should ENTER the campaign:  
Patients who have a Medicaid Redetermination Date upcoming in the next 31 to 60 day(s)

**EXIT CRITERIA**  
This is how we detect if a patient should EXIT the campaign:  
Patients in the campaign who no longer meet the entry criteria, including generic criteria, and MCRD criteria

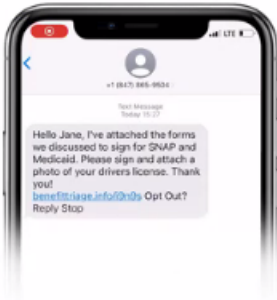


# End-to-End Enrollment Platform

Advocatia empowers staff and members to engage, connect, and enroll in benefit programs.



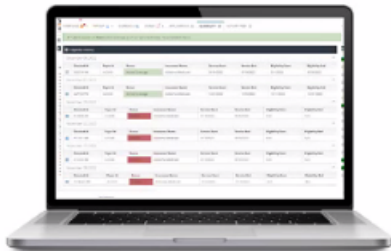
**Benefit Screening**  
Empower Patient Advocates



**Text Message Engagement**



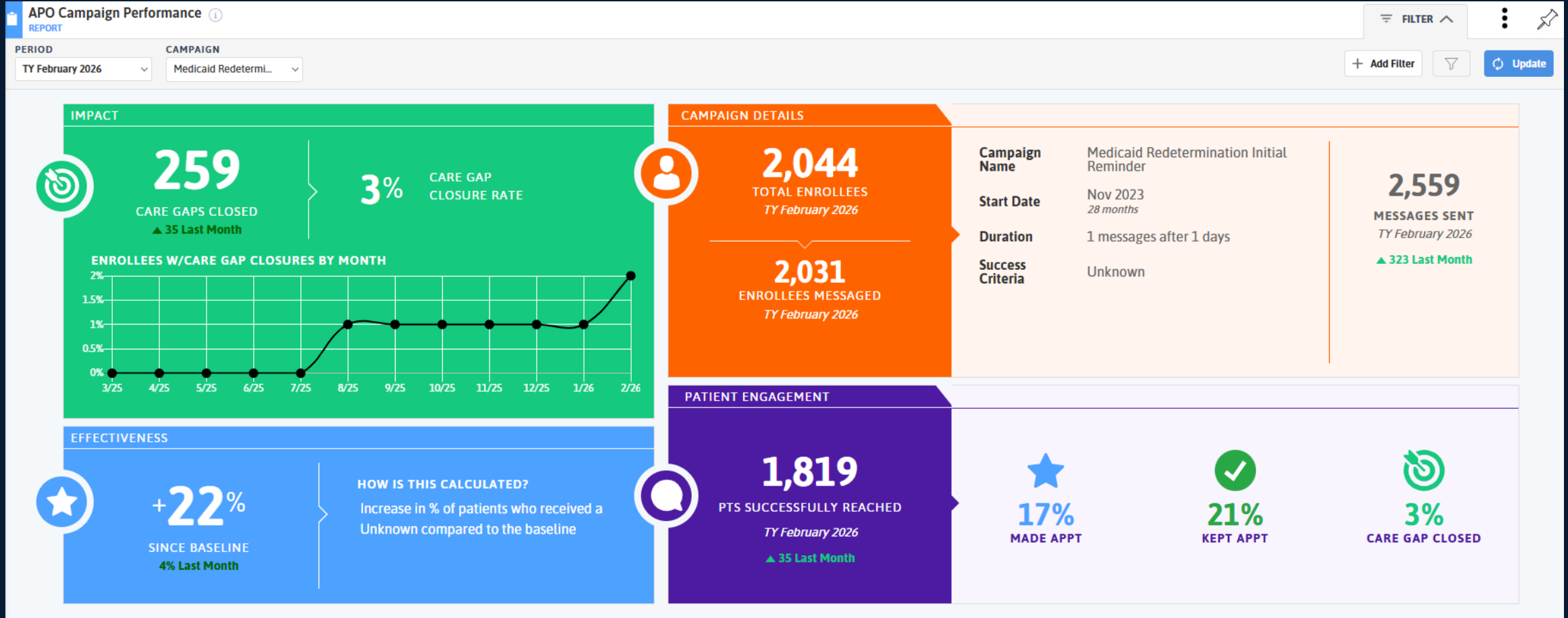
**Self-Service**




**Medicaid Verification**







# DRVS | APO Campaign Performance Report









# Point of Care Alerts – EHR Plug In

**Abernathy, Colby**      MRN: 000279887564    DOB: 12/18/1996 (29 yrs)    CM: Carrie Taylor    PLAN: Medicaid 

Moderate (12)      Medicaid Redetermination

DOCUMENTS:  Care Mgmt Plan   Prenatal Passport 

Alerts 6    RAF Gaps 3    Referrals 7    Care Mgmt    Plan Care Gaps 4

Alert	Message	Date	Most Recent Result	Alert Owner	Notes
A1c	Overdue	3/27/23	5.4	Provider	
Eye	Overdue	6/22/22	normal	Provider	
Medicaid Redetermination	Due	3/31/2026			
LDL	Overdue	8/28/22	190	RN	
Dental	Missing			Provider	
BP High Stage 1 or 2 No Dx	Missing	6/21/23	Stage 1	RN	



# Critical Next Steps Needed

## Risk & Readiness Assessment

- **Evaluating existing internal and external resources**, people, tools, and structures available to support patient coverage
- **Identifying what gaps exist** and related solutions to minimize patient coverage loss

## Quantifying the Financial Risk

- **Understanding the policy and inputs variables** and considerations when calculating risk
- **Calculating financial risk** based on your unique situation and factors

## Strategizing based on the Risk & Readiness Assessment

- **Reimagining workflows** to include proactive management of patient registers, coverage tracking and communication strategies, in addition to traditional O&E activities
- **Maximizing your enrollment teams** and capabilities
- **Establishing data frameworks** and understanding data drivers to monitor success and validate assumptions



# Change is Coming – And We Are Ready

**We must:**

*Protect Coverage*

*Strengthen Resilience*

*Lead through Change*

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**Our Path Forward**

**Assess → Strategize → Execute → Adapt**





# Thank You

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