NATIONAL COUNCIL for Mental Wellbeing®

Redetermination CoP Session 4: Measure & Sustain

2026 WCAG 2.1 AA Accessible

BBS strategy + heart

Coverage Continuity Intercept Model (CCIM)

0. PREVENT

Capacity Building & Pre-Redetermination

Key Partners: CBOs, MCOs, housing providers, schools, faith-based orgs

Key Activities: develop communication plans, outreach campaigns, update contact info, educate individuals affected and staff on requirements, identify and build relationships with work/volunteer opportunities and related relationship building, develop workflows, establish tracking tools, plan for financial impact, develop policies

Client receives renewal notice

01. IDENTIFY

Renewal Notification & App Support

Key Partners: State vendors, case managers, care coordinators, community health workers

Key Activities: assist with application/renewal assistance, support with document gathering/ interpretation/ literacy, prompt individuals to check mail/texts, track application completeness and renewal status

02. INTERVENE

Coverage Loss/Gap

Key Partners: Pharmacies, hospitals/EDs, crisis services, legal aid

Key Activities: engage rapid re-enrollment workflows, engage bridge programs (charity care, sliding scale), support access to emergency medication

03. RECOVER

Re-enrollment & Coverage Recovery

Key Partners: Medicaid staff, MCOs, navigators

Key Activities: support community engagement, leverage presumptive eligibility, support transition to marketplace (if income change)

04. STABILIZE

Restabilization

Key Partners: Peer support, social services, care coordinators

Key Activities: track renewals and community engagement, maintain updated contact info, address social drivers of health

workforce, text reminders, technology (e.g. EHR alerts, shared referral platforms)

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Community of Practice at a Glance

Prevent 1

- Build the policy and population foundation so teams can anticipate who will be affected and where the greatest disenrollment risk sits.

Prevent & Identify 2

- Be prepared to intervene the moment a client receives a renewal notice with redesigned staffing, billing, workflows, EHR alerts, and proactive outreach that keep eligible clients on coverage.

Intervene, Recover, & Restabilize 3

- Keep renewed clients connected to care and bring back those who fell off, while ensuring adequate policies to support the work.

Measure & Sustain 4

- Close the loop by quantifying and qualifying impact at every intercept point so teams can refine workflows and tell the story to policymakers.

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Session 4 Learning Objectives

- Develop KPIs and story-banking strategies to track and report on fiscal and human impacts of changes to eligibility and administrative processes
- Map metrics and stories to each stage of the CCIM model
- Build a continuous feedback loop that uses results to refine workflows, policies, and outreach across the series

Today's Presenters



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Measuring & Monitoring the Impact of HR1

Tracking the Financial, Clinical, and Operational Impact

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Key Performance Indicators (KPIs)

A focused set of measurable signals that show whether a strategic priority is on track.

FOCUS
Define success in observable terms

ACT
Reveal where teams should intervene

LEARN
Show whether a change delivered value

LEADING INDICATORS

Signal what is likely to happen

Predictive and actionable measures of activity, capacity, or process health.
Examples: staff training, outreach completion, processing time.

LAGGING INDICATORS

Confirm what has already happened

Outcome measures that verify results after a change occurs.
Examples: coverage retention, cost per case, client experience.

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Poll

Which sounds most similar to your organization's approach to KPIs?

a) We maintain a KPI dashboard that is reviewed regularly by leadership.

b) We collect a lot of data but it is not reviewed in an integrated and meaningful way on a routine basis.

c) Directors and chiefs each collect and track data specific to their own departments.

d) Other- please enter in chat

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Leading KPIs

Coverage & Access

- Renewal completion rate
- No-show rate
- Cancellation rate
- Medication Continuity
  - Fill rate
  - Missed MOUD

Financial Impact

- Payer mix
- Uncompensated care
- Medicaid denial rate

Clinical Impact

- Treatment retention
  - 30 days
- Higher LoC rates
  - Crisis
  - ED
  - Inpatient

Operational Impact

- Rate of expansion population subject to community engagement
- Exception/exclusion approval rate
- Coverage loss rates by reason
- Staff Effort Per Renewal (# and min)
- # clients needing continuity support
- Coverage churn rates (3mos)
- Rate of appeals

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Lagging KPIs

Coverage & Access

- Time to Intake
- Time to First Appt

Financial Impact

- Medicaid revenue (%, $)
- Operating margin
- Days cash on hand
- Costs per encounter

Clinical Impact

- Treatment retention
  - 90 days
  - 180 days
- Suicide attempts and completions
- Fatal and non-fatal overdoses

Operational Impact

- Service utilization trends
- Caseload trends
- New partnerships
- Coverage churn rates
  - 6 months
  - 12 months

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Mapping KPIs to CCIM at Organization Level

0. PREVENT

Capacity Building & Pre-Redetermination

Key Activities:
-Identify core measure set
-Establish baselines for all measures
-Establish tracking protocols for new measures
-Identify action thresholds for all measures

Key Measures:
-baselines for all

01. IDENTIFY

Renewal Notification & App Support

Key Activities:
-Monitor core measure set

Key Measures:
-rate of population subject to community engagement
-renewals due in 90 days
-staff effort per renewal
-#clients needing continuity support

Client receives renewal notice

02. INTERVENE

Coverage Loss/Gap

Key Activities:
-Monitor core measure set

Key Measures:
-staff effort per renewal
-exception/exclusion approval rate
-coverage loss by reason
-cancellation/DNA rate
-treatment retention
-Higher LoC utilization
-Medication continuity
-partnerships

03. RECOVER

Re-enrollment & Coverage Recovery

Key Activities:
-Monitor core measure set

Key Measures:
-staff effort per renewal
--cancellation/DNA rate
-treatment retention
-Higher LoC utilization
-Medication continuity
-partnerships
-coverage churn rates
-denial rate
-uncompensated care

04. STABILIZE

Restabilization

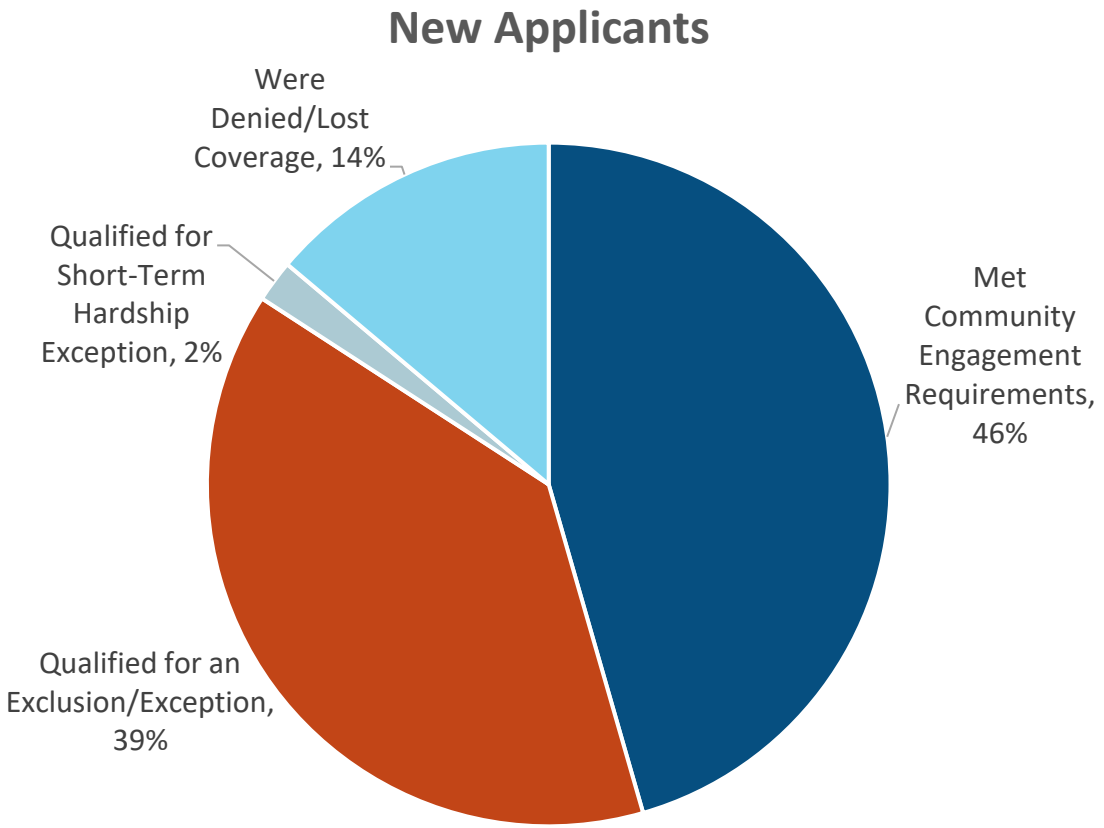
Key Activities:
-Review all data
-Use data to inform CQI processes such as those related to data collection, tracking, staffing, charity care

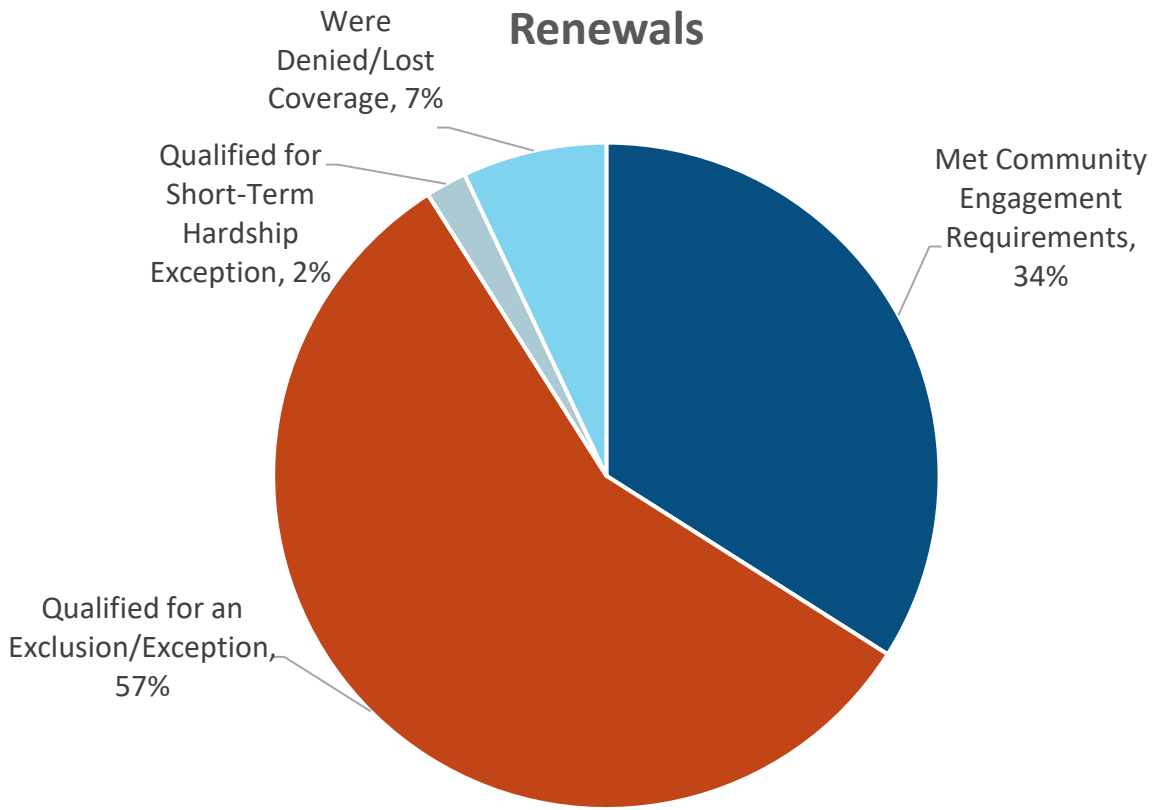
Key Measures:
-Medicaid revenue
-Operating margin
-Days cash on hand
-costs per encounter
-time to service
-Service utilization trends
-Caseload trends

workforce, text reminders, technology (e.g. EHR alerts, shared referral platforms)

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Early Findings from Nebraska





Source: Early Medicaid Work Requirement Insights From Nebraska | KFF

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Provider Impact Monitoring Tool

Purpose: Help behavioral health organizations in expansion states anticipate and monitor the clinical, financial, and operational impacts of H.R.1.



Who might be affected?



How might Medicaid enrollment change?



How might enrollment changes impact visits and revenue?



What operational warning signs should we monitor?

Important: This is a planning model, not legal, actuarial, or reimbursement advice. State implementation choices and federal guidance may change. Use state Medicaid data, current payer contracts, and local operating costs before relying on results.

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Impact Monitoring Tool Contents

WORKBOOK CONTENTS	
Setup	Sets up the workbook by entering state and timeframe, selecting a scenario to model, and entering various assumptions.
Assumptions	Uses Medicaid population inputs to calculate work-requirement exposure, exclusions/exemptions, and community engagement compliance.
Population	Establishes Medicaid enrollment, visits, revenue, payer-mix, and exposure by eligibility group.
Forecast	Calculates 12-month forecast for Medicaid enrollment, Medicaid revenue, and self-pay/uninsured visit volume and collections based on inputs.
Fin Dashboard	Generates headline impacts, dynamic narrative description, charts, and scenario comparison based on inputs.
KPI Entry	Provides table for monthly tracking of Key Performance Indicators.
Gen Dashboard	Generates charts to track non-financial KPIs based on inputs.
Expansion	Reference table of state-by-state Medicaid Expansion Enrollment as of 2025 used for default population characteristics when actual data is not available.
MedEnrl	Reference table of state-by-state Medicaid Enrollees by Enrollment Group as of 2023 used for default population characteristics when actual data is not available.

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Tool Configuration

A few inputs plus state defaults drive the forecast and dashboards



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Data Input

- You can get a usable first estimate with just two numbers: your total Medicaid clients and your total uninsured clients.
- Many providers don't yet know which clients are expansion adults, so the tool fills that gap with state benchmarks.

PROVIDER & FORECAST SETTINGS	
Provider name	ABC Community Health Center
State	Nebraska
Selected scenario	Best Case
Forecast start	Jan 1, 2027
Implementation date	Jan 1, 2027

SCENARIO ASSUMPTIONS								
Scenario	Community-engagement-related disenrollment	Procedural disenrollment	Retained-member utilization	Uninsured visit continuation	Collection vs. Medicaid rate	Medicaid rate change	Ramp months	Outreach recovery
Best Case	5.0%	3.0%	98.0%	65.0%	20.0%	-2.0%	12	25.0%
Most Likely	10.0%	7.0%	95.0%	55.0%	15.0%	-4.0%	9	15.0%
Worst Case	15.0%	12.0%	90.0%	45.0%	10.0%	-7.0%	6	8.0%

VISIT VOLUME ASSUMPTIONS	
Medicaid visits per enrollee / year	2.50
Self-pay (uninsured) visits per uninsured person / year	1.00
Average Medicaid revenue per visit (national benchmark) PPS rate	$230.24
Self-pay collection rate — baseline (% of Medicaid revenue per visit)	15.0%

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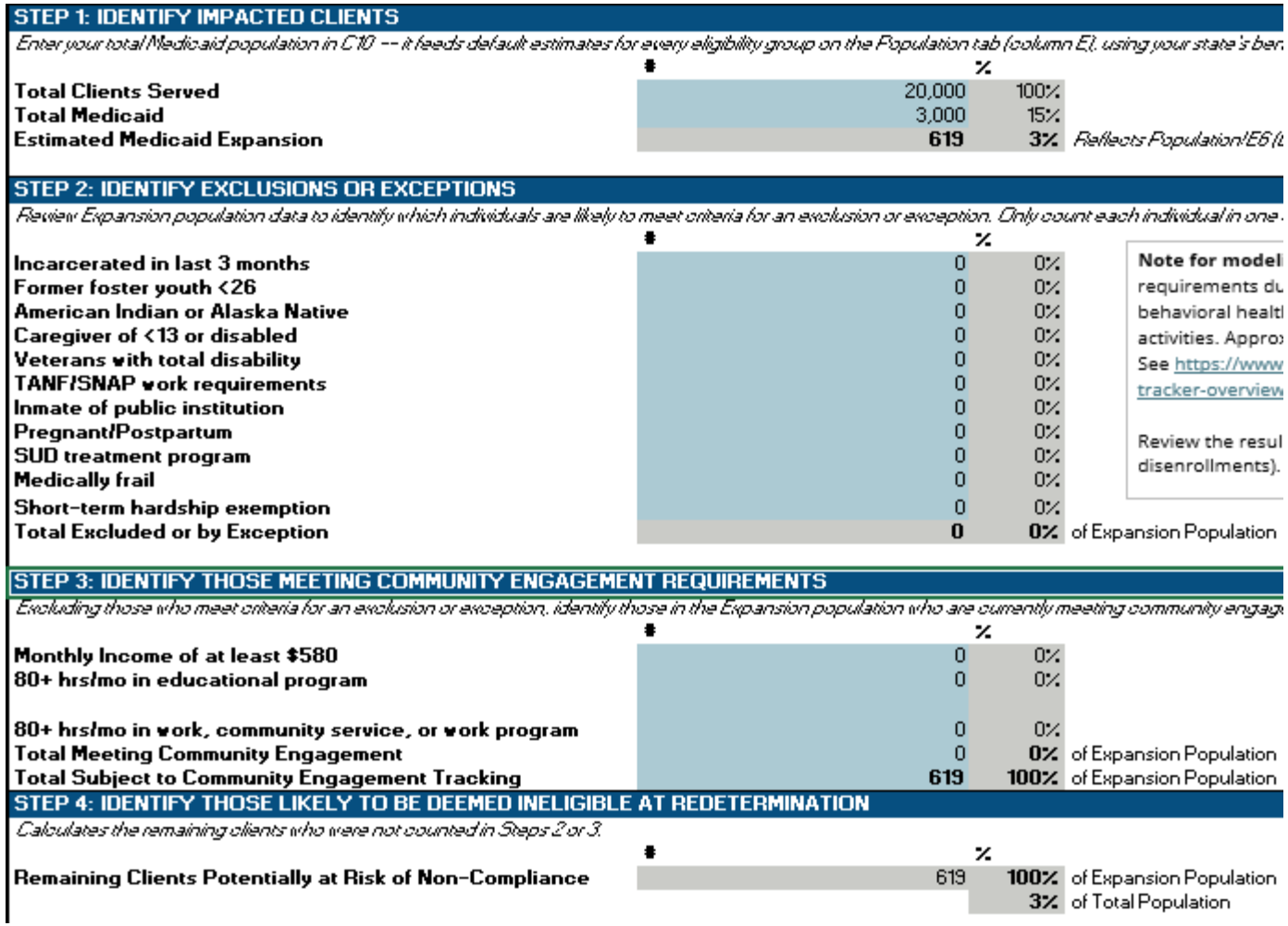
Establishing the Population

Identify the Impacted 'Population' to forecast exposure

- Total Medicaid Population
- Expansion Population
- Exclusions and Exceptions
- Community Engagement Compliance

Establish the Baseline for Each Group

- Medicaid enrollment
- Medicaid Visits and Revenue
- Share Subject to Requirements
- Share Exempted



STEP 1: IDENTIFY IMPACTED CLIENTS

Enter your total Medicaid population in C10 -- it feeds default estimates for every eligibility group on the Population tab (column E), using your state's ben

	#	%	
Total Clients Served	20,000	100%	
Total Medicaid	3,000	15%	
Estimated Medicaid Expansion	619	3%	*Reflects Population!E6 (t*

STEP 2: IDENTIFY EXCLUSIONS OR EXCEPTIONS

Review Expansion population data to identify which individuals are likely to meet criteria for an exclusion or exception. Only count each individual in one

	#	%	
Incarcerated in last 3 months	0	0%	
Former foster youth <26	0	0%	
American Indian or Alaska Native	0	0%	
Caregiver of <13 or disabled	0	0%	
Veterans with total disability	0	0%	
TANF/SNAP work requirements	0	0%	
Inmate of public institution	0	0%	
Pregnant/Postpartum	0	0%	
SUD treatment program	0	0%	
Medically frail	0	0%	
Short-term hardship exemption	0	0%	
Total Excluded or by Exception	0	0%	of Expansion Population

Note for model
requirements du
behavioral healt
activities. Approx
See https://www
tracker-overview

Review the resul
disenrollments).

STEP 3: IDENTIFY THOSE MEETING COMMUNITY ENGAGEMENT REQUIREMENTS

Excluding those who meet criteria for an exclusion or exception, identify those in the Expansion population who are currently meeting community engag

	#	%	
Monthly Income of at least $580	0	0%	
80+ hrs/mo in educational program	0	0%	
80+ hrs/mo in work, community service, or work program	0	0%	
Total Meeting Community Engagement	0	0%	of Expansion Population
Total Subject to Community Engagement Tracking	619	100%	of Expansion Population

STEP 4: IDENTIFY THOSE LIKELY TO BE DEEMED INELIGIBLE AT REDETERMINATION

Calculates the remaining clients who were not counted in Steps 2 or 3.

	#	%	
Remaining Clients Potentially at Risk of Non-Compliance	619	100%	of Expansion Population
		3%	of Total Population

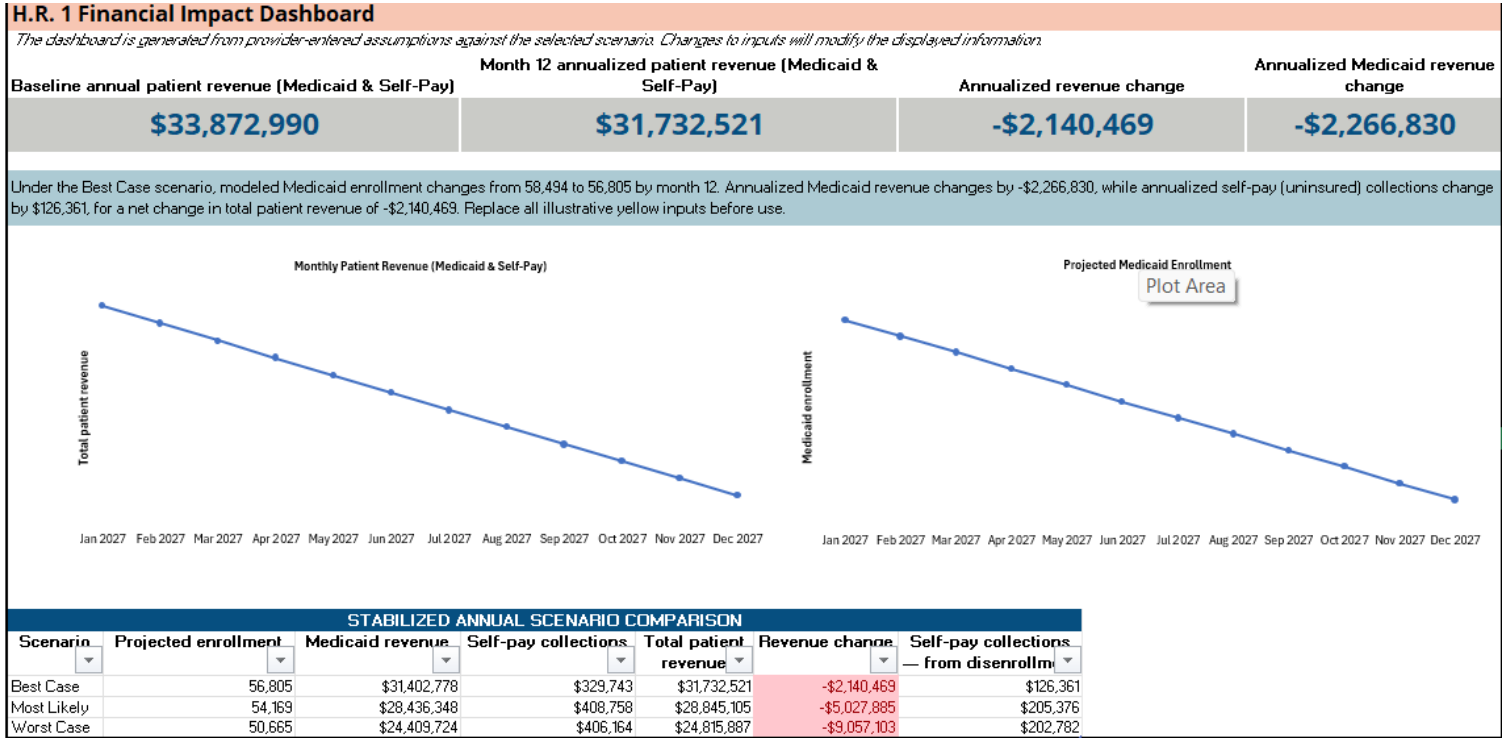
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Forecast Financial Impact

Review the 12-month 'Forecast', estimating projected monthly impact on:

- Medicaid Enrollment
- Medicaid Revenue
- Self-pay Visits & Collections
- Total Client Revenue & Visits
- Self-pay Activity Attributable to Disenrollment

Review the 'Financial Dashboard' for a summary of the modeled financial exposure.



H.R. 1 Financial Impact Dashboard

The dashboard is generated from provider-entered assumptions against the selected scenario. Changes to inputs will modify the displayed information.

Baseline annual patient revenue (Medicaid & Self-Pay)	Month 12 annualized patient revenue (Medicaid & Self-Pay)	Annualized revenue change	Annualized Medicaid revenue change
$33,872,990	$31,732,521	-$2,140,469	-$2,266,830

Under the Best Case scenario, modeled Medicaid enrollment changes from 58,494 to 56,805 by month 12. Annualized Medicaid revenue changes by -$2,266,830, while annualized self-pay (uninsured) collections change by $126,361, for a net change in total patient revenue of -$2,140,469. Replace all illustrative yellow inputs before use.

STABILIZED ANNUAL SCENARIO COMPARISON

Scenario	Projected enrollment	Medicaid revenue	Self-pay collections	Total patient revenue	Revenue change	Self-pay collections — from disenrollm
Best Case	56,805	$31,402,778	$329,743	$31,732,521	-$2,140,469	$126,361
Most Likely	54,169	$28,436,348	$408,758	$28,845,105	-$5,027,885	$205,376
Worst Case	50,665	$24,409,724	$406,164	$24,815,887	-$9,057,103	$202,782

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Track General KPIs

Key Performance Indicator (KPI) Data

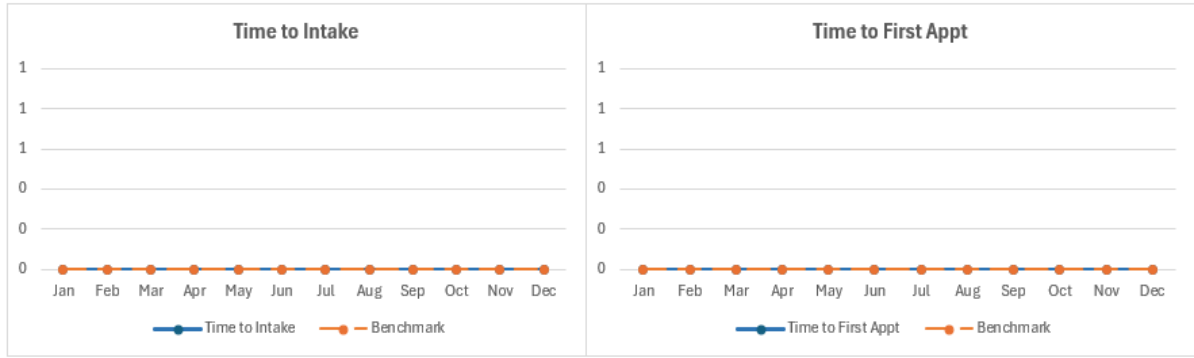
In row 6, establish the benchmark or baseline for each suggested KPI. Then, enter data each month across each of the KPI categories. Graphs and charts will update on the Gen Dashboard tab, based

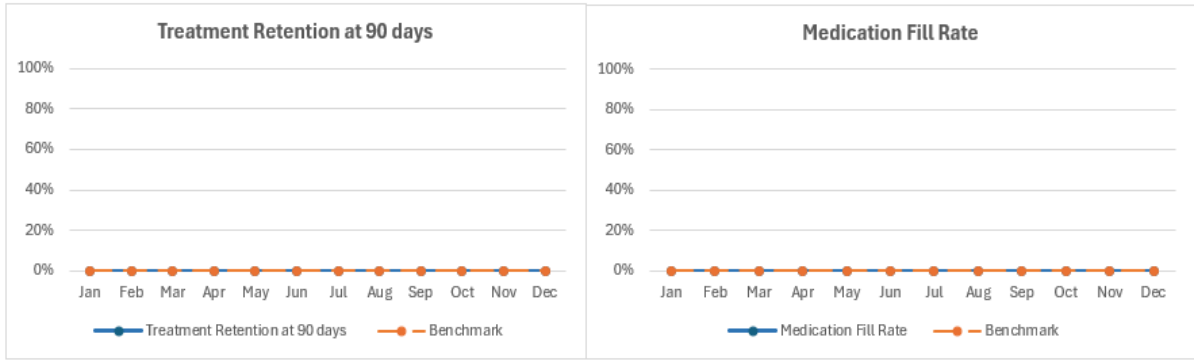
MONTH BY MONTH TRACKING

	Access				
	Time to Intake	Time to First Appt	No-Show Rate	Treatment Retention at 90 days	Medication Fill Rate
Benchmark or Baseline					
Jan 2027					
Feb 2027					
Mar 2027					
Apr 2027					
May 2027					
Jun 2027					
Jul 2027					
Aug 2027					
Sep 2027					
Oct 2027					
Nov 2027					
Dec 2027					

General Dashboard

The dashboard is generated from data entered in the 'KPI Entry' tab. Changes to inputs will modify the displayed information. Monthly actual are der





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Key Resources and References

Used for	Source
State expansion share (default expansion population)	KFF State Health Facts, Medicaid Expansion Enrollment, 2025 (CMS MBES data)
Medicaid enrollees by group	KFF State Health Facts, Medicaid Enrollees by Enrollment Group, 2023 (T-MSIS)
State and congressional-district coverage-loss risk	CBPP: Medicaid Work Requirements Will Take Away Coverage From Millions
Medicaid revenue per visit ($230.24 default)	2023 Medicare FQHC PPS base rate ($187.19, CMS Transmittal R11677CP) plus 23%, per Health Affairs 45:4 (2026)
Work-requirement rules and exemptions	NACHC Quick Guide: Medicaid Work Requirements
Exemption and work-status estimates	KFF: Only Six Percent of Adult Medicaid Enrollees… · KFF: 5 Key Facts About Medicaid Work Requirements
Early state implementation	Georgetown CCF: Tracking Nebraska Implementation
Provider financial context	Oliver Wyman: What It Means for Your Health System

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Recommended Use

Now

- Replace default data with available actuals
- Review various scenarios and consider mitigation strategies

Monthly Following Implementation

- Update KPI entry
- Review enrollment, utilization, and payer mix
- Review impact on forecasts
- Engage in CQI

Quarterly

- Recalibrate scenarios
- Review the three-scenario range
- Review and/or employ mitigation strategies

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Using Data to Inform CQI Processes

ILLUSTRATIVE EXAMPLES

STAFFING
Seeing an increase in cost per service, consider ways to extend clinical staff with other role types

SERVICE DELIVERY
Calculating the staff effort per renewal, decide to implement reimbursable Supported Employment.

STAFFING
In an effort to offset losses in Medicaid revenue, invest in a Navigator role.

OUTREACH
Seeing increases in cancellations across covered clients, modify outreach to improve communication.

CONTINUITY SUPPORTS
Despite high staff effort per renewal, coverage loss across all categories is increasing. Reconsider which segments should receive continuity supports and retrain staff.

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Telling the Story of HR1

Story-Banking for Behavioral Health Organizations

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Behind Every Metric is a Story

To understand the full impact of HR1, we need both numbers and stories.

Quantitative Data	Story-Based Evidence
How many referrals were made?	Did those referrals help people stay engaged in care?
How many people lost coverage?	What happened when coverage was lost?
How many staff hours were spent on eligibility support?	How did staff adapt to support clients?

Reminder: Not every story needs to be public. Many stories are collected to help the organization identify trends and understand impacts.

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Recognize Which Stories Matter

Look for stories that help answer:

- What changed?
- Who was affected?
- How did the change affect access to care, recovery, or daily life?
- How did the organization respond?
- What was the result?

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Gather the Stories of…

Human Impacts

- Coverage loss
- Treatment interruptions
- Delayed access to care
- Family stress
- Increased crisis utilization

Operational Impacts

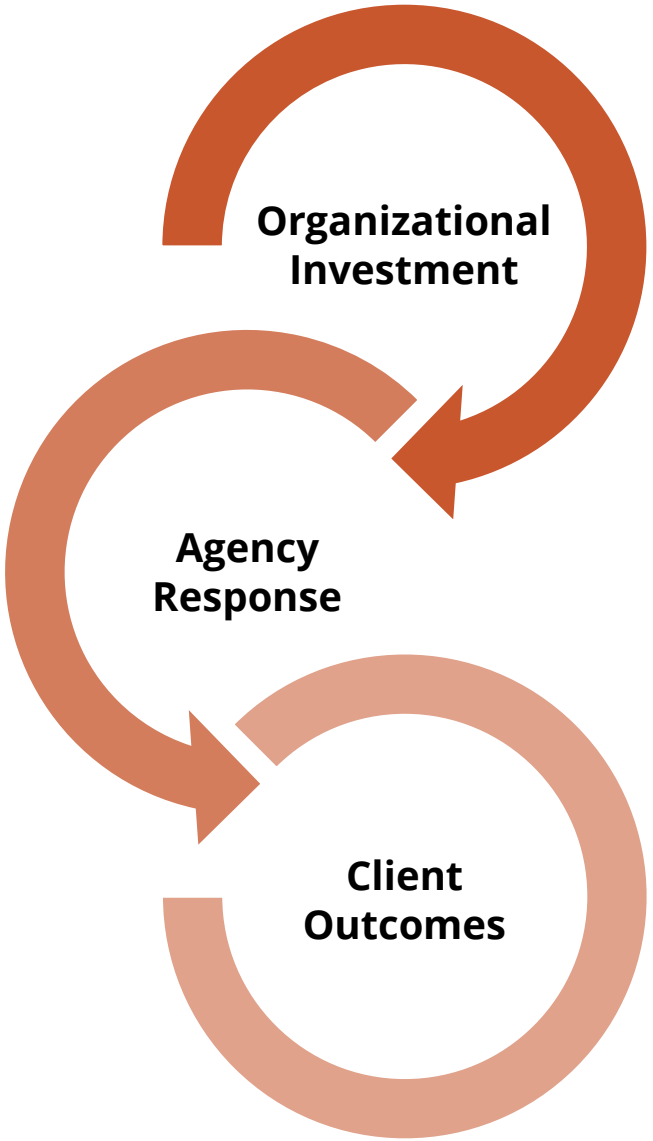
- Additional eligibility verification work
- Increased staff time on benefits navigation
- Administrative burden
- Uncompensated care
- Revenue impacts
  - Workforce impacts
  - Long-term sustainability

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Gather the Stories of…

Response and Adaptation

- Staff time devoted to navigation
- New workforce-development partnerships
- Revised referral pathways
- New community engagement workflows
- Enhanced resource navigation
- Successful employment or recovery outcomes



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Story Collection

- Ask open-ended questions rather than leading questions.
- Focus on what people experienced, not what they think you want to hear.
- Listen for multiple themes in a single story.
- Document facts and direct quotes when possible.
- Stay open to surprises and contradictions.

Questions to explore:

- "Can you walk me through what happened?"
- "What changed for you / your team / the people you serve?"
- "What challenges did you encounter?"
- "How did you respond?"
- "What impact did this have on your daily life / care / operations?"
- "What stands out most about this experience?"

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Turn Stories Into Strategy

Use stories to:

- Identify emerging challenges before they appear in quantitative data
- Understand how policy and operational changes affect clients and staff
- Understand gaps in access, workflows, partnerships, or communication
- Inform decisions about staffing, training, outreach, and service delivery

- What patterns are showing up across multiple stories?
- What populations are being affected most?
- What partners could help solve this challenge?
- What should we start, stop, continue, or test?

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Ethical Storytelling

Key principles:

- Every story belongs to the person sharing it.
- Obtain informed consent.
- Be transparent about how stories may be used. Keep format in mind (video vs. print).
- Allow storytellers to review their stories.
- Use a trauma-informed approach.
- Focus on strengths, resilience, and recovery, not just hardship.
- Avoid framing the organization as the hero; recognize the individual's central role in their own recovery.

Drawn from conversations with the National Council's CCBHC Lived and Living Experience Council, 2026

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Strategic Communication Through Stories

Use stories to help others understand what is happening in your community – and how <u>you</u> are responding.

Examples include:

- Board updates
- Funder reports
- Grant applications
- Coalition meetings
- Legislator visits
- State agency discussions
- Internal leadership and staff meetings

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Anatomy of an Effective Message

Problem

When Medicaid coverage is interrupted, access to behavioral health care can be interrupted too.

Human Impact

One client missed several weeks of treatment after losing coverage during the renewal process.

Supporting Data

By quarter's end, 42 clients had experienced similar disruptions. Our staff spent more than 120 hours helping individuals navigate eligibility requirements and reconnect to coverage.

Our Response

Rather than waiting for problems to escalate, we created partnerships with three workforce programs and trained 25 staff members to connect clients with employment and community engagement resources.

Why It Matters / Call to Action

This story reflects a broader reality: helping people meet new requirements takes time, coordination, and community partnerships. Continued investment in these supports is essential to keep people connected to care.

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Pair Stories with Data

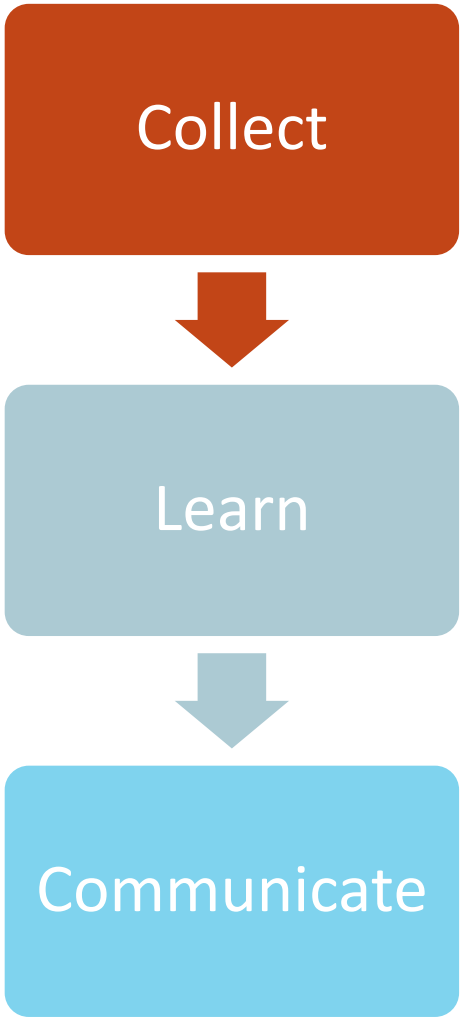
One story + one data point = stronger evidence

Story Element	Supporting Data
Increased administrative burden	Staff hours spent on eligibility support
Lost coverage	Number of individuals losing eligibility
Delayed care	Appointment cancellations, no-shows
Workforce referral success	Number of referrals to job partners

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Key Takeaways

- **Track Human, Operational, and Organizational Impacts:** Document not only coverage disruptions and client experiences, but also organizational responses.
- **Collect Stories Ethically and Responsibly:** Obtain consent, be trauma-informed, center strengths and resilience.
- **Use Stories to Inform Decisions:** Look for patterns across stories to identify emerging challenges, strengthen partnerships, refine workflows, and adapt services to community needs.
- **Share What You're Learning:** Use stories in board meetings, grants, funder reports, coalition discussions, and meetings with policymakers.
- **Craft Your Message:** Tell stories that are memorable, credible and actionable – even if you don't have a communications team.



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Please Complete the Session Evaluation

https://forms.office.com/r/wpsBKHZjKf



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H.R.1 Hub: Your Source for all Things H.R.1 Implementation!

- **Journey Map**
- **Work Requirements White Paper**
- **Baseline Survey and Results**
- **Direct Service Provider Talking Points**
- **Summaries:**
  - Detailed Summary, High-Level FAQ on Work Requirement Final Rule
  - New State-Directed Payment Rule
  - Noncitizen Eligibility

Check out the H.R.1 Hub here!

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How Can You Stay Connected?

- **Capitol Connector** (*weekly federal policy update*)
  - Subscribe here
- **Advocacy Action Center current campaigns**
  - Found here
- **We are here to support you, please reach out to our team!**
  - Policy@thenationalcouncil.org



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Questions

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