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Countdown to 2027: Aligning Enrollment, Interoperability, and Revenue Integrity Before Medicaid's Next Deadline

Presented by Health Roads

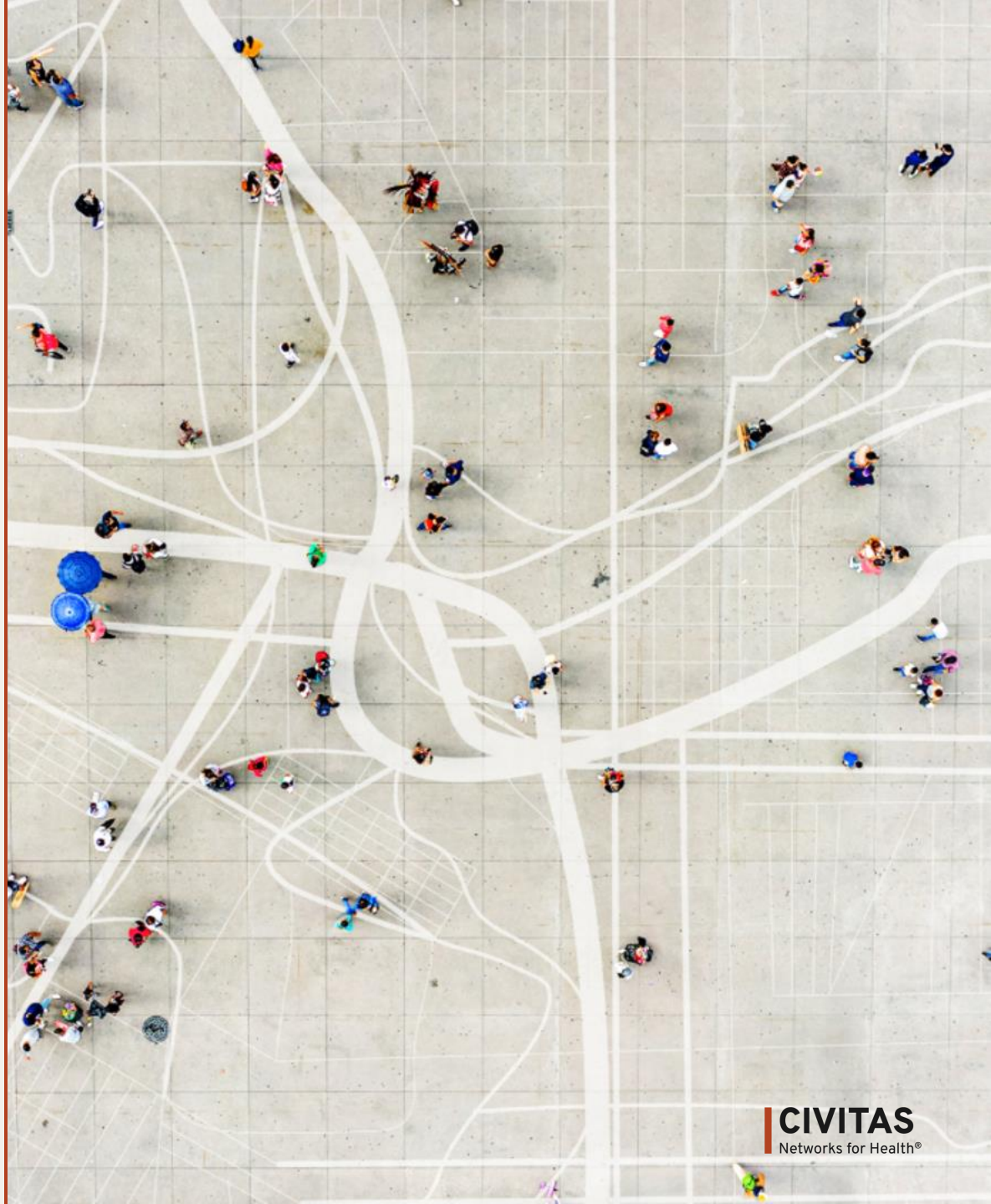
October 29, 2026

Agenda

- Welcome & Civitas Updates
  - Demri Henderson, Grants and Programs Manager, Civitas
- Countdown to 2027: Aligning Enrollment, Interoperability, and Revenue Integrity Before Medicaid's Next Deadline
  - Rajib Ghosh, Founder and CEO, Health Roads
  - Goldie Mandella, Director of Product and Services Operations, Health Roads
  - Elaine Labson, Deputy Director, Little Manila Rising
- Q&A

Housekeeping Reminders

- This is a webinar where all participants are automatically muted and your video is not displayed.
- If you would like to ask a question, please use the Q&A function on the right-side taskbar.
- This webinar is being recorded, and the recording will be shared after today's event.
- For questions following the webinar, please reach out to contact@civitasforhealth.org.



About Civitas Networks for Health®

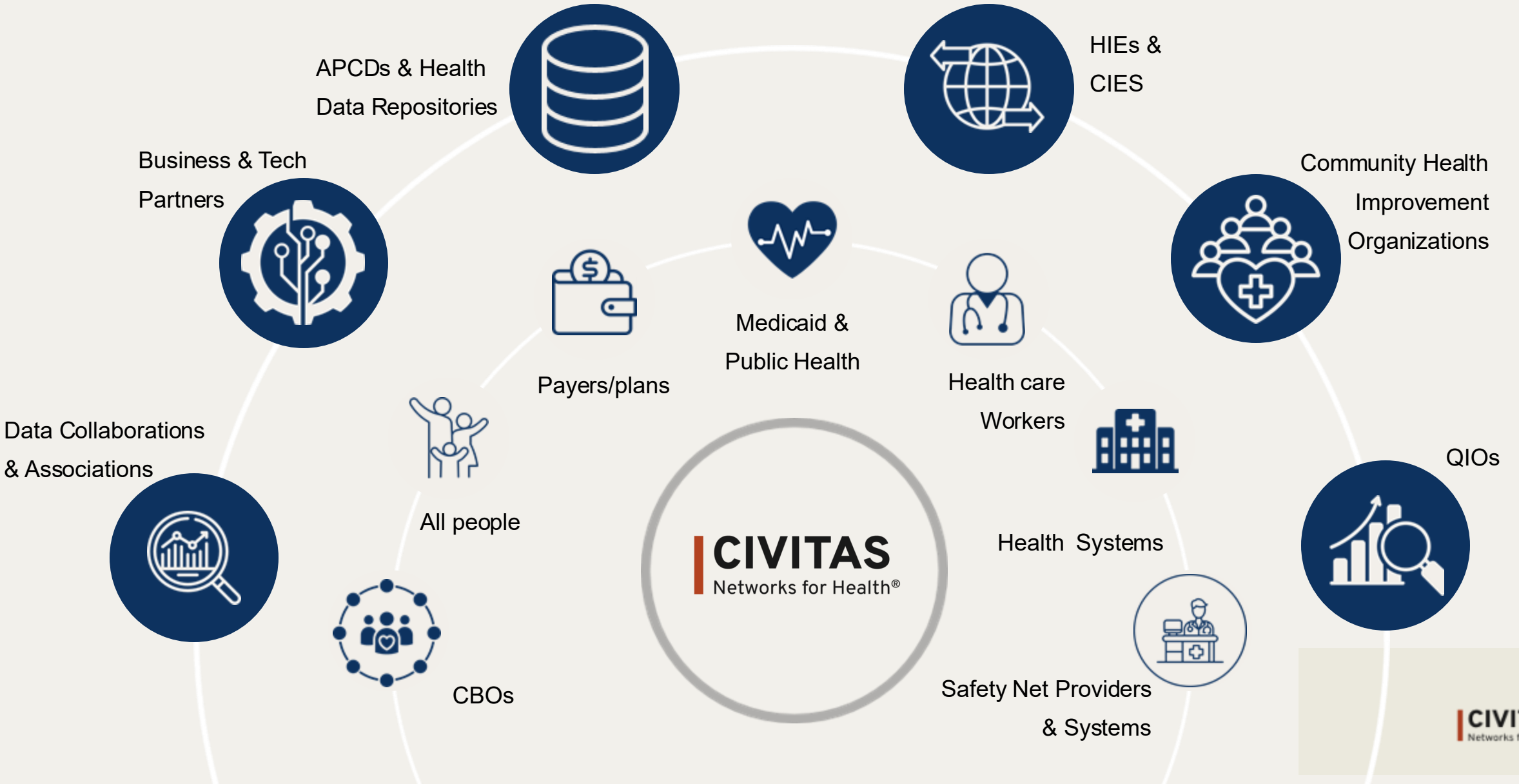
Who we are, who we serve, and about what we do

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Who We Are

- Civitas members include a wide range of organizations:
  - Health Information Exchanges (HIEs)
  - Health Data Utilities (HDUs)
  - Community Information Exchanges (CIEs)
  - Regional Health Improvement Collaboratives (RHICs)
  - All-Payer Claims Databases (APCDs)
  - Quality Improvement Organizations (QIOs)
  - Strategic Business and Technology Partners
  - Affiliated Associations
- We work together at the local, regional, state, and national levels
- Together, we invest in data-driven multistakeholder collaboration to enhance health, addressing cost, equity, quality, and safety

Who We Serve


APCDs & Health Data Repositories
HIEs & CIES
Business & Tech Partners
Community Health Improvement Organizations
Payers/plans
Medicaid & Public Health
Health care Workers
Data Collaborations & Associations
All people
QIOs
CIVITAS Networks for Health®
Health Systems
CBOs
Safety Net Providers & Systems



Expert Convenors

- Civitas provides a unique platform that connects collaborators working on health improvement across the U.S.
- We believe that local communities should lead and influence national progress on health.
- We offer forums for shared learning, education, networking, and advocacy, and have proven our ability to help our members navigate the ever-changing health landscape.
- We create opportunities and pathways for aligned groups to work together on key priorities, overcoming barriers and developing health solutions, so others don’t have to start from scratch.

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Upcoming Events

- **November 1** – APHA 2026 Annual Meeting
- **November 18, 2-3 p.m. ET** – FHIR Deep Dive Series – Session #2: From Policy to FHIR: Co-Designing Across Sectors
- **December 3, 2-3 p.m. ET** – Collaboratives in Action
  - *More details to come – stay tuned!*
- **December 15, 2-3 p.m. ET** – FHIR Deep Dive Series – Session #3: From Static Documents to Actionable Intelligence: SMART on FHIR Care Plan Viewers with AI Navigation

Today's Presentation: Countdown to 2027: Aligning Enrollment, Interoperability, and Revenue Integrity Before Medicaid's Next Deadline

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COUNTDOWN TO 2027

Why Enrollment, Interoperability, and Revenue Integrity Must Work Together

Civitas Networks for Health · Strategic Business & Technology Member-Led Webinar

Thursday, October 29, 2026 · 10:00–11:00 a.m. PT / 1:00–2:00 p.m. ET

HEALTH ROADS
DIGITAL TRANSFORMATION

Today’s speakers



Rajib Ghosh

Founder and CEO
Health Roads

ONC Health IT Fellow. Two decades building health and human services data exchange with public agencies, providers, and community partners. Senior technical advisor to Sacramento County’s SHIE program. Author of the September 2026 Civitas blog on rural health transformation.



Goldie Mandella

Director of Product and
Services Operations, Health Roads

Leads product and operational delivery for Health Roads’ Medicaid billing services, helping community-based organizations, counties, and provider hubs strengthen billing workflows, documentation practices, and revenue integrity.



Elaine Labson

Deputy Director
Little Manila Rising

Deputy Director of Little Manila Rising in Stockton, California, which serves the city’s historically Filipino community through health, environmental justice, and community healing programs.

01

The policy clock

Rajib Ghosh | What lands on January 1, and on whom

What actually happens on January 1

H.R. 1 §71119 · CMS interim final rule CMS-2454-IFC, in force since July 31, 2026

19–64

Expansion adults must meet a community engagement requirement. Not waivable through an 1115 demonstration.

80 hrs / $580

Monthly work, training, community service, half-time education — or income at 80 hours of federal minimum wage.

30 days

The cure window after a notice of non-compliance, before disenrollment follows.

1. **Nine excluded categories must be identified, not assumed.** Foster youth under 26, IHS members, caregivers, totally disabled veterans, the medically frail, those meeting TANF/SNAP rules, people in SUD treatment, incarcerated, pregnant and postpartum.

2. **Data first, member second.** States must check payroll, Medicaid payment and encounter data before asking the member for documentation.

3. **The rule outlives the deadline.** Self-attestation is permitted through 2027 and narrows from January 1, 2028. Build only for the deadline and you rebuild a year later.

A person who qualifies for an exemption but cannot be identified as qualifying is, operationally, a person who does not qualify.

Five states are already running it

All five Republican-led. They are the only organizations in the country with real operational data.

Georgia

July 2023

Pathways to Coverage, under an 1115 waiver that expires December 31, 2026. Must convert to the federal requirement on January 1.

Nebraska

May 1, 2026

First state in the nation to implement, via a state plan amendment rather than a waiver.

Montana

July 1, 2026

Began enforcing ahead of the federal deadline.

Arkansas

July 1, 2026

Soft launch, with no disenrollments taking effect before January 1, 2027.

Iowa

Dec 1, 2026

Implementation one month ahead of the federal deadline.

What the early movers learned

The failure mode is not non-compliance. It is compliant people who cannot prove it — working adults, caregivers, and medically frail individuals who meet the requirement on paper and lose coverage because the data did not reach the state in a form it could accept.

What 64 days actually means

64

days from this webinar
to January 1, 2027

Coverage churn does not stay in the eligibility office.

It arrives at a community-based organization as a person who was covered in December and is not covered in January — mid-episode, mid-treatment, mid-housing-placement.

You cannot fix in December what you do not measure in October.

Finding out at the end of the month, through a denied claim, is the expensive version of discovery.

Renewal cycles are shorter than build cycles.

Six-month review periods mean the first full test of your workflow arrives before most procurement cycles close.

Everyone is doing this at once.

Vendors, state call centers, and county eligibility staff are all absorbing the same deadline. Queue times in December will not resemble queue times in October.

What Coverage Changes Mean for CBOs

1. Why do eligibility changes matter to organizations that don’t determine eligibility?

2. Where will coverage gaps surface first, and how will they affect services and reimbursement?

3. What can organizations learn from earlier state experiences?

Coverage changes affect service continuity, staff workload, and reimbursement.

02

The integrity environment

Goldie Mandella | Documentation, compliance, and operational readiness

The enforcement posture, in four numbers

Increased scrutiny across Medicaid-funded services

10

states received House Energy & Commerce program integrity letters in March 2026, following earlier scrutiny of Minnesota

455

defendants charged in the June 2026 national health care fraud takedown

56

federal districts involved in that single coordinated action

50

Medicaid Fraud Control Units participating — every state unit in the country

Sources: U.S. House Energy & Commerce Committee, March 2026; U.S. Department of Justice, 2026 National Health Care Fraud Takedown.

The ten states

California	Colorado	Maine	Massachusetts	Nebraska
New York	Oregon	Pennsylvania	Vermont	Washington

Areas receiving attention include personal care, home- and community-based services, behavioral health, adult day services, and skilled nursing.

What Auditors May Review

Federal agencies, health plans, and other payers may review whether services meet program requirements and are supported by the record.

1. **Staff time and service records:** Do documented services and time align with applicable billing requirements?
2. **Overlapping services:** Do records show potential conflicts in staff time or service delivery?
3. **Service dates and member status:** Do hospitalization or incarceration dates affect billability under the applicable rules?
4. **Consent and authorization:** Were required documents valid for the service date and can they be retrieved?
5. **Coding and units:** Do the code and units billed reflect the documented service and payer requirements?

QA best practice: Regularly review a sample of claims to confirm services meet payer requirements and supporting documentation is complete and retrievable.

What Providers Can and Should Do Now

Five actions, none of which require a procurement cycle

1

Review a sample of claims

Confirm each claim is supported by the service record and required documentation.

Identify patterns that need correction.

2

Assign ownership of coverage follow-up

Identify who monitors coverage issues, coordinates follow-up, and communicates changes to the appropriate teams.

3

Reconcile documented services to claims

Compare one month of service records to claims submitted.

Investigate missing claims and other differences.

4

Inventory your data connections

Identify what information comes into your systems, where it comes from, and who is responsible for acting on it.

5

Prepare systems and workflows

Review whether new fields, alerts, validation rules, or staff guidance are needed as requirements evolve.

Start with a claim sample, a coverage owner, and one month of reconciliation.

Connecting Services, Claims, and Payments

Service delivered

Document who received the service, who provided it, when, where, and for how long.

→

Claim submitted

The same event, carried forward without re-entry

→

Paid, denied, appealed

Outcome written back against the original service

→

Results reported

Use connected service and claim information to support operational, financial, and funder reporting.

The questions

— Can you trace a service from the original record through the claim, payment, and reporting?

— What information does your team need to act sooner, and how can your data and technology partners help make it available and usable?

— If you could address one gap in the next 60 days, where would you start?

Health Roads SocialRCM®, QConnect™ and NextCareEngage™ support connected workflows across service delivery, data exchange, and billing.

03

From the ground

Elaine Labson, Little Manila Rising | What this looks like from inside a CBO



Little Manila Rising

Stockton, California · health, environmental justice, and community healing programs



Elaine Labson
Deputy Director

What the work actually costs

The hours behind an enrollment that never appears on an invoice.

Where the documentation broke

The point at which the record stopped matching the work.

What she would tell a peer starting now

The thing she wishes someone had said eighteen months ago.

Readiness questionnaire

Scan the QR Code

What you leave with, and where to reach us

One-page readiness checklist

Enrollment, documentation, exchange, claims reconciliation.

Plain-language January 1 summary

Written for operators, not policy staff.

A documentation self-test

Drawn from what investigations actually examine.

A vendor-neutral reference pattern

Architecture, not product.

An unchecked box is not a failure. It is a decision that you have 64 days to make.

Questions

Rajib Ghosh · Founder and CEO, Health Roads, Inc.
rajib@health-roads.com · www.health-roads.com

Questions not reached today will be answered in a short-written follow-up published through Civitas.

Stay in Touch with Civitas



www.civitasforhealth.org

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