

**CONIFER**  
HEALTH SOLUTIONS®



# From Disruption to Resilience

A Provider Playbook for Navigating  
OBBBA's Revenue Cycle Impact

The One Big Beautiful Bill Act (OBBBA) has accelerated Medicaid reverification<sup>1</sup>, pushing eligibility management to the center of every hospital's financial performance. Coverage is shifting faster than systems track, and missed reverifications equal lost revenue and patient frustration. The challenge is not awareness of OBBBA but execution under it. Hospitals need operations that absorb policy change without disrupting reimbursement or access.



## What Providers Are Experiencing Right Now

Hospitals are managing a financial environment shaped by constant changes in eligibility<sup>2</sup>. Under OBBBA, reverification cycles<sup>3</sup> occur so frequently that small lapses in timing cause large losses in coverage. Missed or incomplete reverifications introduce financial exposure that extends beyond a single encounter. Denials linked to expired eligibility now appear across multiple points in the revenue cycle, from registration to final billing, and slow the flow of both access and reimbursement.

The pattern is predictable. When eligibility checks do not align with payer records, claims stop moving until the information is corrected. Cost is measured not only in lost revenue but in the hours required to rework each transaction. These preventable denials show how timing and coordination, not policy interpretation, drive the financial risk.

At the same time, hospitals absorb a steady increase in self-pay accounts as patients lose coverage or switch plans during reverification cycles. Patients learn about these changes when presented with an unexpected bill, creating another

barrier to staying connected to care. The overall result is less predictable cash flow and higher collection costs. Financial counseling teams are spending more time explaining coverage changes and less time guiding patients through planned care decisions, which further complicates access.

The management of exemption and hardship cases reveals how consistently<sup>4</sup> a hospital's financial and compliance systems align. These cases rely on consistent documentation, and incomplete records create immediate audit risk. Revenue cycle leaders recognize that success depends less on interpreting policy and more on process control: how data moves between teams and remains verifiable throughout the case. The risk is operational, built into the movement of information, and it is only reduced through disciplined coordination across every function that touches the case.

Every department is feeling this. Work happens constantly and carries greater weight for both patients and finance teams. Hospitals that embed eligibility and documentation into daily operations find a solid footing, with fewer interruptions to coverage and more predictable reimbursement.

# Six RCM Priorities for OBBBA Readiness

Hospitals are moving from awareness to readiness. OBBBA has made it clear that eligibility, documentation, and patient communication must operate as connected functions. Providers that act now to strengthen those connections will absorb less disruption as policy requirements intensify. The following six priorities identify where hospitals can act immediately and measure progress.

## Eligibility Automation and Reverification at Scale

Manual verification can't keep pace with OBBBA's reverification schedule, and delays increase the chance of coverage loss. Automating eligibility removes the lag between payer updates and hospital records. It reduces disenrollments and limits revenue loss. With the routine checks handled automatically, staff focus on exceptions that require human judgment. Effectiveness is measured by the number of disenrollments prevented in each cycle.

## Proactive Denials Management

Timing errors and incomplete documentation are now leading causes of denials. Predictive analytics identify when mismatches are likely to occur and flag them before claims reach payers. This approach turns denials management into a preventive function, shortening the revenue cycle and improving clean claim rates. Progress is tracked through those lower denial rates and shorter appeal turnaround times.

## Financial Counseling and Patient Outreach

As patients move through coverage transitions, financial counseling is important. Outreach based on accurate data and timely communication keeps patients engaged. Position counseling teams as educators to maintain patient trust and improve payment reliability. The result is steadier self-pay performance and stronger patient relationships to support ongoing care.

## Exemption and Hardship Oversight

These cases carry significant audit risk when documentation is incomplete or inconsistent. Streamlined workflows for data entry and record retention protect coverage for vulnerable populations while maintaining compliance standards, resulting in lower error rates and faster case resolution. The goal is transparency that supports both patient protection and financial integrity.

## Clean Claims the First Time

A clean claim reflects coordination. Standardize workflows and use automated pre-checks to identify missing information before submission. When staff receive immediate feedback, payment moves at the same pace as service delivery, with first-pass acceptance rates rising as a direct result of operational consistency.

## Analytics and Compliance Monitoring

Visibility is the foundation of readiness under OBBBA. Business intelligence dashboards allow hospitals to spot issues early and redirect resources to maintain transparency across teams. Continuous tracking and intervention volume serve as key metrics, showing whether the organization is managing performance.



Adopting these priorities builds the infrastructure for continuous verification and predictable performance.

## The Conifer Differentiator

OBBBA has exposed the limits of awareness-based response. Hospitals need partners that execute, not just educate.

Conifer approaches OBBBA readiness as a systemwide performance challenge. Its strength lies in the factors that enable hospitals to move policy into practice without losing revenue or patient trust: operational discipline, data integration, and scale.

**The One Big Beautiful Bill Act has reshaped the pace and precision required in the revenue cycle. Compliance alone will not protect revenue or coverage. Execution will.**

Conifer's model aligns revenue operations with patient engagement within a unified structure. Every component is connected, allowing teams to identify coverage risk and resolve issues at their source. With Conifer, visibility into every point where eligibility, documentation, and patient communication intersect creates stability.

Execution is the differentiator. Conifer manages complex payer environments and large patient populations through standardized processes, while allowing local flexibility. Its analytics platform converts operational data into insight, allowing leaders to see where intervention will have the most impact. That visibility supports both enterprise-level decision-making and continuous improvement.

Conifer delivers reliability, providing hospitals with the infrastructure to manage OBBBA's demands today and adapt to whatever follows next.

## What Action Looks Like with Conifer

Conifer begins with a structured review of each organization's revenue cycle to identify the greatest exposure under OBBBA. The readiness assessment identifies weaknesses that create unnecessary financial risk and establishes a baseline for improvement.

From there, Conifer builds an implementation roadmap that applies its six-pillar framework across existing systems. The work takes place over weeks, not years. Each phase defines measurable objectives, aligns resources, and creates accountability across teams. The goal is steady progress that integrates seamlessly into daily operations.

Consistent monitoring keeps performance moving in the right direction. Business intelligence dashboards track process performance against user-defined benchmarks. Transparent reporting gives leadership a clear view of progress, enabling faster decision-making. This is a long-term partnership built around steady performance. Conifer stays engaged so the system continues to work as the policy environment changes.

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Start by using the OBBBA Readiness Scorecard to evaluate where your systems stand today. The assessment highlights strengths, areas for improvement, and opportunities to enhance processes. Hospitals that work with Conifer see outcomes built with a clear view of where you are now.



To learn more about how Conifer Health Solutions can support your organization's goals of turning rising costs into actionable strategy, visit [ConiferHealth.com](https://ConiferHealth.com) or explore Conifer's online [Blog](#).

# OBBBA Readiness Scorecard

Purpose: Evaluate how prepared your organization is to manage OBBBA's impact across key revenue cycle functions. Use the below chart to identify operational strengths, exposure points, and areas for improvement.

## Instructions:

For each category below, select the number that best represents your organization's current level of performance. (1 = Reactive / minimal readiness, 5 = Optimized / consistently high performance)

Category	1 - Reactive	2 - Emerging	3 - Managed	4 - Integrated	5 - Optimized
<b>Eligibility Automation and Reverification</b>	Manual reverification, delays are common	Some automation; high manual workload	Automation used for high-volume payers.	Broad automation; exceptions managed manually.	Fully automated, continuous reverification; disenrollments rare
<b>Proactive Denials Management</b>	Denials reviewed after payment loss	Tracking system in place; limited prevention	Patterns identified: reactive interventions	Predictive analytics in use; early intervention standard.	Denials prevented through data triggers; appeals resolved rapidly
<b>Financial Counseling and Patient Outreach</b>	Counseling reactive; limited communication	Outreach occurs post-service	Structured financial discussions during care	Counseling integrated at registration; proactive outreach	Financial navigation fully embedded in patient experience; payment reliability high
<b>Exemption and Hardship Oversight</b>	Cases inconsistently documented	Centralized review; limited tracking	Defined workflows; occasional audit risk	Real-time tracking; consistent documentation	Seamless workflow; complete visibility; audit-ready at all times
<b>Clean Claims the First Time</b>	Frequent rework; inconsistent data	Some pre-checks; limited standardization	Structured review before submission	Automated pre-checks across departments	Claims clean on first submission; minimal manual intervention
<b>Analytics and Compliance Monitoring</b>	Little visibility into performance data	Basic reporting used monthly	Dashboards in place; data lag persists	Near real-time tracking; active use in management	Continuous monitoring; predictive insights drive daily decisions

## Scoring (Divide total by six)

- < 2.5** Immediate readiness work required.
- 2.5-3.5** Key processes functional but inconsistent.
- 3.6-4.5** Well-integrated, measurable performance.
- > 4.5** Continuous verification achieved.

## Next Step:

Use your results to prioritize areas for improvement. Schedule an OBBBA consultation with Conifer to validate findings, benchmark performance, and outline a roadmap based on your organization's results.



## Sources

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