reimbursement.

Better hospitals.
communities.
together.

ALTUM
HEALTHCARE SOLUTIONS

The Altum Difference

Altum Healthcare Solutions is an experienced team of professionals at the forefront of healthcare revenue cycle management (RCM).

Deep Dive Approach

We focus on taking a strategic "deep dive" into our healthcare provider partners' revenue cycle needs.

Our client-focused approach, utilization of the latest technologies, and expert staff is our competitive advantage that translates to better operational performance and increased revenue for our partner clients.

> *Healthcare providers need to focus on patient care. But if they don't manage and control revenues and expenses properly, they won't survive. And that's where Altum comes in.*

ALTUM

HQ
Atlanta, Georgia

20+ YRS
Avg Leadership Experience

2020
Founded

HEALTHCARE RCM
Niche Expertise

SOUTHEAST + EXPANDING
Hospitals + Physician Groups

ALTUM

Altum At-a-Glance

We shape creative solutions with a singular goal in mind:
Better reimbursement, better hospitals, better communities—better *together*.

Good enough is not part of the language we speak.

We excel at servicing our partners and uncovering every single dollar available to give back to them.

We are driven to succeed for ourselves and our partners.

Agenda

- Where we were when we last spoke in July 2025
- Where we are now
- Where we are going

A man on crutches walks up to a big office labeled:
“LOUISIANA ONE DOOR: All Services Here”

He opens the door.
Inside is a maze of smaller doors labeled:
“Work Requirement Verification”
“Medical Frailty (TBD)”
“Eligibility Recheck – Every 6 Months”
“Come Back With More Paperwork”

A worker at a desk smiles and says:
“Good news—you only have to go through one door.”

The man looks around and asks:
“…which one?”

Big Beautiful Bill

- Signed on July 4, 2025
- States will see more than a $1.2 trillion dollar reduction in Medicaid coverage and funding through 2034
    - Estimated $665 Billion in cuts will directly impact Hospitals
- Federal Medicaid Funding will plummet $940 Billion
- Health Insurance Exchange will diminish by $200 Billion
- CBO projects that 11.8 million people will become uninsured (16.9 million over a decade)
- Original Bill included $800 billion in Medicaid cute, and the passed bill includes $940 billion
- Establishes a $50 Billion Fund for Rural Hospitals over 5 years

Big Beautiful Bill Highlights

- By January 1, 2027, Medicaid State Plans must provide a process to regularly obtain address updates from specific data sources, and take “actions specified by the Secretary”
- Beginning January 1, 2028, the State shall not less frequently than quarterly, review the Death Master File and disenroll any deceased individuals/providers.
- Beginning December 31, 2026 states must redetermine Medicaid eligibility every 6 months, for individuals enrolled in expansion
- States will no longer be able to receive the 90% FMAP for emergency care furnished to immigrants that would meet Medicaid Expansion
- Effective December 31, 2026, reduces retroactive Medicaid coverage to one month for expansion enrollees, and two months for other Medicaid enrollees
    - Retroactive coverage for pregnant women and children covered by CHIP to two months prior.

Big Beautiful Bill

- Fiscal Year 26 and 27 all States can keep their current provider tax rates, if there is not a tax already in place for a particular provider type the hold harmless threshold shall be 0%
  - Non expansion States can remain at current levels, as long as they are within 6% threshold
  - For Expansion States overtime the hold harmless threshold is reduced by .5% to get to 3.5% by FY 2032
- Prohibits States from instituting new State Directed Payments that exceed Medicare Rates (expansion states) and 110% of Medicare Rates (non-expansion states)
  - Any existing SDP over this amount, shall be reduced 10% a year to get to the 100/110% threshold

Community Engagement Requirement

Community Engagement Requirements must be a condition of eligibility for Medicaid Expansion Population beginning December 31, 2026.

- All enrollees by December 31, 2028, States can request an exemption before that date, if they can demonstrate Good Faith effort to comply
- Community Engagement may consist of 80 hours of work, community service, participation in a work program, or enrolled in an education program at least part time (or a combination of these)
    - Non-compliance results in disenrollment, as well as being blocked from premium tax credits on the ACA Marketplace
    - Includes minimum requirements for seasonal workers

Community Engagement Requirement

Several categories are exempted and allows for optional exemptions for temporary hardships

- Parents, guardians, or caregivers of a dependent children up to the Age 14, or disabled child (Age 19).
- Pregnant/Post Partum
- Individuals under the age of 19
- Medically Fragile
- Over 65
- Formerly Incarcerated in the last 3 months

- Interim Final Rules by June 1, 2026 (*Chevron Doctrine- overturned, HHS abolished comment period in February 2025)*
- Provides $200 million in implementation funding

Big Beautiful Bill

- Effective October 1, 2028, add cost-sharing for Medicaid Expansion enrollees with incomes over 100% of the FPL.
  - Must be greater than $0 but can not exceed $35 for a healthcare item or service
  - Sets a total aggregate limit of cost sharing to 5% of family income
  - Healthcare Providers can refuse service to Medicaid members who do not pay the required cost sharing at the time of service
  - Exclusions to cost sharing: pregnancy, inpatient, emergency, family planning, hospice, COVID testing, vaccines

Big Beautiful Bill ACA Exchange

Prevents premium tax credits from being provided to most migrants and disallows them for enrollees whose status is in doubt.

Institutes stricter eligibility and income verifications for exchange subsidy recipients and requires new checks for low-income enrollees with zero-premium plans.

Ends eligibility for premium tax credits during special enrollment periods.

Eliminates limits on recapturing improperly paid advance premium tax credits.

Sunsets ACA incentives for states to expand Medicaid.

What is Medicaid?

Medicaid is a joint federal and state program that, together with the Children's Health Insurance Program (CHIP), provides health coverage to over 77.9 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities. Medicaid is the single largest source of health coverage in the United States.

$756.3 Billion Total Medicaid Expenditure (Federal and State) in 2021
41% of US Births were covered by Medicaid in 2021

Federal Government pays between 50-83% of cost (90% in expansion states)

Mandatory Eligibility Groups

- Low Income Families
- Transitional Medical Assistance
- Extended Medicaid due to Child or Spousal Support Collections
- Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care
- Qualified Pregnant Women and Children
- Mandatory Poverty Level Related Pregnant Women
- Mandatory Poverty Level Related Infants
- Mandatory Poverty Level Related Children Aged 1-5
- Mandatory Poverty Level Related Children Aged 6-18
- Deemed Newborns
- Individuals Receiving SSI

Mandatory Eligibility Groups

- Aged, Blind, Disabled in 209 (b) States
- Individuals who are essential spouses
- Disabled Widows and Widowers ineligible for SSI
- Working Disabled under 1619 (b)
- Disabled Adult Children
- Specified Low Income Medicare Beneficiaries

Optional Eligibility Groups

- Children with Non- IVE Adoption Assistance
- Independent Foster Care Adolescents
- CHIP (income to high for Medicaid but too low for private coverage)
- Optional Poverty Level Related Women and Infants
- Presumptively Eligible Pregnant Women
- Presumptively Eligible Children
- Individuals Electing COBRA
- Individuals in HMOs Guaranteed Eligibility
- Individuals Receiving Hospice Care
- Individuals with Tuberculosis
- Certain women needing treatment for Breast or Cervical Cancer
- Ticket to Work Groups
- Individuals at or below 133% FPL Age 19 through 64 (expansion)
- Medically Needy

Mandatory Medicaid Benefits

- Transportation to medical care (1902(a)(4), 42 CFR 431.53 and 42 CFR 440.170)
- Inpatient hospital services (1905(a)(1), 42 CFR 440.10)
- Outpatient hospital services (1905(a)(2)(A), CFR 440.20(a))
- Rural health clinic services (1905(a)(2)(B), 42 CFR 440.20(b))
- Federally qualified health center services (1905(a)(2)(C))
- Laboratory and X-ray services (1905(a)(3), 42 CFR 440.30, and 42 CFR 441.17)
- Nursing facility services (1905(a)(4)(A), 42 CFR 440.40 and 42 CFR 440.155)
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services (1905(a)(4)(B), 1905(r), 42 CFR 440.40, 42 CFR 441 Subpart B)

Mandatory Medicaid Benefits

- Family planning services (1905(a)(4)(C), 42 CFR 441.20)
- Tobacco cessation counseling for pregnant women (1905(a)(4)(D))
- Physician services (1905(a)(5), 42 CFR 440.50)
- Home health services (1905(a)(7), 42 CFR 440.70 and 42 CFR 441.15)
- Nurse Midwife services (1905(a)(17), 42 CFR 440.165 and 42 CFR 441.21)
- Certified pediatric and family nurse practitioner services (1905(a)(21), 42 CFR 440.166(b) and 42 CFR 441.22)
- Freestanding birth center services when licensed or otherwise recognized by the state (1905(a)(28))
- Medication Assisted Treatment (MAT) (1905(a)(29))
- Routine patient costs of items and services for beneficiaries enrolled in qualifying clinical trials (1905(a)(30)).

Optional Medicaid Benefits

- Other licensed practitioner services (1905(a)(6), 42 CFR 440.60)
- Private duty nursing services (1905(a)(8), 42 CFR 440.80)
- Clinic services (1905(a)(9), 42 CFR 440.90)
- Dental services (1905(a)(10), 42 CFR 440.100)
- Physical therapy (1905(a)(11), 42 CFR 440.110(a))
- Occupational therapy (1905(a)(11), 42 CFR 440.110(b))
- Speech, hearing and language disorder services (1905(a)(11), 42 CFR 440.110(c))
- Prescription drugs (1905(a)(12), 42 CFR 440.120(a) and 42 CFR 441.25)
- Dentures (1905(a)(12), 42 CFR 440.120(b))
- Prosthetics (1905(a)(12), 42 CFR 440.120(c))
- Eyeglasses (1905(a)(12), 42 CFR 440.120(d))

Optional Medicaid Benefits

- Other diagnostic, screening, preventive, and rehabilitative services (1905(a)(13), 42 CFR 440.130)
- Services for individuals age 65 or older in an Institution for Mental Disease (IMD) (1905(a)(14), 42 CFR 440.140)
- Services in an intermediate care facility for Individuals with intellectual disability (1905(a)(15), 42 CFR 440.150)
- Inpatient psychiatric services for individuals under age 21 (1905(a)(16), 42 CFR 440.160 and 441 Subpart D)
- Hospice (1905(a)(18))
- Case management (1905(a)(19), 42 CFR 440.169 and 42 CFR 441.18)
- TB-related services (1905(a)(19))
- Respiratory care for ventilator-dependent individuals (1905(a)(20), 42 CFR 440.185)

Optional Medicaid Benefits

- Personal care (1905(a)(24), 42 CFR 440.167)
- Primary care case management (1905(a)(25), 42 CFR 440.168)
- Primary and secondary medical strategies, treatment, and services for individuals with sickle cell disease (1905(a)(27))
- Certified community behavioral health clinic (CCBHC) services (1905(a)(31), (1905)(jj))
- State plan home and community-based services (1915(i), 42 CFR 440.182)
- Self-directed personal assistance services (1915(j), 42 CFR 441.450-441.484)
- Community First Choice Option (CFC) (1915(k), 42 CFR 441.500-590)
- Medical Assistance For Eligible Individuals Who Are Patients In Eligible Institutions for Mental Diseases (1915(l))
- Alternative Benefit Plan (ABP) (1937,* 42 CFR 440.300)
- Health homes for enrollees with chronic conditions (1945)

Where are we now?

1. Budget Cuts and Impacts
2. Work Requirement Chaos
3. ACA Exchange in Crisis
4. Rural Health Breaking Point

Budget Cuts and Impacts

Missouri Cut Child Care Subsidies
Arizonia 5% reduction across State Agencies
Idaho Cut $22 million from Disability Services

At risk, benefits, eligibility, and provider payments

Lousisiana cut ties with United Healthcare Managed Medicaid at the end of 2025

Budget Cuts and Impacts LA

- 1.9 Million on Medicaid
- 357k to lose coverage over next Decade
- 86k to lose SNAP benefits
- $35 Billion over 10 years
- 27k plus jobs lost
- 25-33 Hospital Closures

Numbers are Approximate and Vary Based on Source

One Door

Passed and Signed into Louisiana Law in 2025

It creates a **single, unified system for public assistance + job services**:
Combines programs like:

- SNAP (food stamps)
- TANF (cash assistance)
- Workforce/job training programs

Moves them into a more centralized structure (often referred to as **“Louisiana Works”**)

Lets people access help through **one system instead of multiple agencies**

Work Requirements

By Jan. 1, Medicaid beneficiaries in expansion States will have to verify that they are working, volunteering or attending school at least 80 hours each month to receive and retain coverage.

First to Try: Nebraska May 1, Montana July 1, Arkansas Test Starting July 1, Iowa sometime in 2026

Expecting Regulations in June

Medically Frail

- States may choose restrictive or permissive standards for medical frailty but lack federal guidance as they plan for work requirements to take effect by Jan. 1.
- Federal law states that a “frail” person is someone who is blind or has a physical disability; has a substance use disorder, a disabling mental disorder or a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or a serious or complex medical condition.
- That leaves a lot of space for states to fill in as they work out how to define frailty and how to validate it. The results could end up looking like a loophole that keeps people covered, or a way to cut off care.

ACA Exchange

Under the enhanced system (2021–2025):
Middle-income people (above 400% of poverty) still got subsidies

Those subsidies expired at the end of 2025. Most premiums went up approx. 114%

For example, a 55-year-old earning nearly $63,000 per year in Louisiana will see their annual premium costs increase by at least $5,570 on average

Aetna and Cigna exit market in 2026- citing sicker populations and declining enrollments

Rural Health

Analysts estimate the entire $50B fund offsets only ~37% of rural Medicaid cuts nationwide

Louisiana is receiving about $208 million in federal rural health funding for 2026

The five-year federal program focuses on new, creative ways to improve access to rural health care, not on directly funding services and renovations.

Rural Health

The Louisiana Department of Health says 44 of 64 parishes are fully or partially rural, and about 29.1% of Louisianans live in rural areas. The state estimates 73% of residents live in a primary-care shortage area, 93% in a mental-health shortage area and 86% in a dental-health shortage area.

At risk hospitals: Ochsner LSU Health Monroe, Minden Medical Center,North Louisiana Medical Center, University Hospital & Clinics (Lafayette), Our Lady of the Angels (Bogalusa), West Jefferson Medical Center, Touro Infirmary (New Orleans)

Where are going?

2027 is when the policy stops being theoretical and becomes real.

From that point forward:
Medicaid becomes **harder to qualify for and stay on**
States and hospitals face **increasing financial strain**
The number of uninsured Americans is expected to **rise over time**

Where are going?

2027: Immediate impact in Louisiana

👨‍💼 **Work requirements → coverage losses**

Louisiana officials estimate:

~21,000 people lose Medicaid quickly when work rules start

Some projections say:

Up to ~100,000 could lose coverage in a worst-case scenario

💰 **State budget pressure begins immediately**

Louisiana is projected to face:

~$300 million budget shortfall by 2027

Medicaid changes alone could add:

~$200 million per year in new state costs

Where are going?

📊 **2028–2030: Structural damage builds**

💸 **Loss of key Medicaid funding tools**

- Louisiana relies heavily on **provider taxes** to fund Medicaid
- These are being:
  - **Phased down starting ~2028**

👉 Potential impact:

- Up to **$1.5 billion in lost funding**

📉 **Enrollment continues shrinking**

- Medicaid rolls decline due to:
  - Work requirements
  - Frequent eligibility checks
- Experts warn:
  - Most losses come from **administrative churn**, not eligibility changes

Hail Iris!!
31 B Sidewalk Side Bottom Middle

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