elora

ELIGIBILITY AND COVERAGE MANAGEMENT SOFTWARE

Keep FQHC patients covered in 2027

Elora is software that helps care teams keep Medicaid patients covered, before coverage lapses and after every visit.

THE CHALLENGE AHEAD

Patients who qualify now will lose coverage, and trusted care teams need support.

- **Redetermination rules are rapidly changing.** Patients will not know what actions to take to stay covered, meet renewal cycles, and document work or exemption.
- **Your team can't reach everyone, twice a year.** Enrollment staff, navigators, and community health workers take on double the workload.
- **Missed renewals cost more.** Patients who lose coverage may delay care or stop medications. Coverage lapse may become sliding-fee self-pay or uncompensated care.

HOW ELORA HELPS

Your team leads. Elora handles the paperwork.

Without any EHR integration, Elora lets your team automate Medicaid application work requirements and renewal documentation for submission into state systems.

Before the Visit

Elora tracks coverage.

Clearinghouse and state systems identify who is at risk of coverage lapse before the visit, and immediately for walk-ins.

During the Visit

Elora identifies patient needs and fills documentation while the patient talks.

Listens and ingests screening data, pre-fills documentation, and identifies gaps.

After the Visit

Elora tracks follow-up and automates coverage and enrollment for every patient.

Reaches the patient in their own language on the channel they'll answer, gathers missing information, and notifies staff for review.

Tell us about your team.

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Schedule →

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FOR CARE & ENROLLMENT TEAMS

Keep Up With H.R. 1 Renewals

Finally, supervisors can see every open renewal, so your team stays ahead as a part of their normal workflow, without adding headcount.

THE CHALLENGE FOR CARE TEAMS

Help people with complex barriers.

Each day that a patient waits for coverage risks delayed care and broken trust. Care teams lose hours to notes, spot-checking, and tracking, taking time away from the education and guidance needed. Elora takes steps off their plate. It tracks coverage in advance, auto-fills the documentation, tracks next steps to support patient understanding, and keeps the case moving using smart templates your team approved.

Between visits, Elora keeps the whole patient panel covered with automated coverage checks, alerting staff, and helping your team act before renewals come due.

ELORA'S IMPACT

Elora increases staff capacity and follow-up.

2.7x

patients per worker

Increased from 18 to 49 patients a month.

3.4x

more follow-up

Patients supported each month rose from 7.5 to 25.25 per worker.

Results measured at Valley View Health Center, WA, July to October 2026.

> "I just wanted to tell you how much I enjoy using Elora. Everything is streamlined and my documentation time has been cut in half."
>
> **Kat Custer, CPC**
> Community Health Worker
> Love Overwhelming

Support your care and enrollment teams.

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Schedule a Demo →

FOR THE CEO, CFO & BOARD

Catch Coverage Lapses

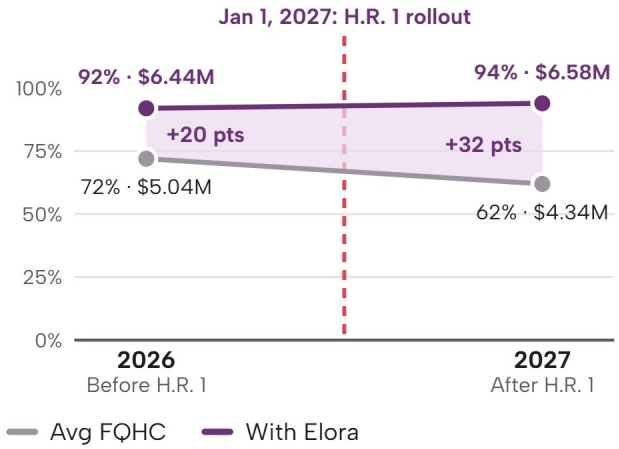
No matter what life throws at them, Elora keeps Medicaid patients covered and coming back, improving clinic financial sustainability and patient support.

THE CHALLENGE FOR EXECUTIVE LEADERSHIP

Improve clinic financial sustainability with no new headcount.

Don't get left behind.

Automating Medicaid coverage with Elora preserves $2.24M in annual reimbursement for a mid-sized FQHC post-2027 H.R. 1 rollout, lifting retention by 32 percentage points over the average FQHC.



2027 REVENUE AT RISK

$890,000

a year in Medicaid revenue at risk

If a health center with 5,000 expansion adults loses 7% of them at each six-month renewal, that's roughly 700 patients a year, putting up to $890,000 a year in Medicaid revenue at risk, or $350,000 a year in visit revenue alone.

Model: 5,000 x 2 renewal cycles x 7% x $1,270 Medicaid revenue per patient. Benchmark: KFF, Nebraska, 2026.

$167,000

in revenue at risk before H.R. 1 is live

If 1,000 patients lose coverage on January 1 and a new vendor takes 4 months to approve, that's about $167,000 in visit revenue at risk before you go live.

1,000 patients x $500 a year ÷ 12 months x 4 month BAA timeline = $166,667.

$150,000

walk-in uncompensated care reclaimed

A team that enrolls just 10 uninsured walk-ins a month is 120 covered members a year. At $1,270 a year each, that's $150,000 a year in revenue for care that could otherwise be uncompensated care, financial loss.

Avg natl Medicaid revenue per patient, 2023, $20.1B / 15.8M Medicaid patients.

Keep 3% to 16% of at-risk revenue.

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See What Your CHC Can Reclaim →

FOR THE CIO & DIRECTOR OF IT

Built for Health Centers

Elora is HIPAA and SOC 2 certified software that works alongside the EHR, using human and AI interaction to support patient workflows before, during, and after the visit.

HOW ELORA RUNS INSIDE YOUR ORGANIZATION

Nothing to install

Elora is a web+mobile application hosted on AWS in US regions. Staff sign in through a browser with your existing SSO and enforced MFA. No on-prem component, no VPN. Outreach teams use the Elora mobile app to support patients on-site.

No EHR integration needed

Elora runs on a flat-file export of your patient panel (uninsured, due for renewal, or new intakes) sent on the schedule you choose. No interface project, vendor coordination, or waiting on the EHR's integration queue.

Your data, in your tenant, under a BAA

Built for Medicaid populations. Every customer runs in an isolated tenant. PHI is encrypted in transit and at rest, retained according to BAA terms, and returned or deleted when you ask.

Data Interoperability

Elora gives bulk data export (flat database with dictionary and standard code mapping) in discrete data elements. This supports reporting compliance while reducing costs for other vendors.

Responsible AI, with your staff in control

PHI is never used to train models. Elora's Responsible AI Framework governs every AI feature. Guardrails check what goes into the model and what comes out for accuracy and bias. Staff review anything that reaches a patient, and every action is logged.

Reporting that holds up in an audit

Each month you receive a report on enrollment, renewal, and coverage activity for your organization, built for compliance and audit. Need underlying data? Export data into other systems anytime.

99.9%

accuracy on Section 1115 compliance reporting

At a regional health network using Elora with 19 partner agencies, including federally qualified health centers, the care team completed Section 1115 compliance reporting with a 99.9% accuracy rate.

Error rate of 0.1%: 3 errors across 3,000 rows.

Security isn't just compliance: it's the trust placed in us.

DATA MINIMIZATION · PURPOSE LIMITATION · USER CONTROL · TRANSPARENCY · PRIVACY BY DESIGN

Ask us the hard questions.

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Technical Deep Dive →

COMMUNITY HEALTH CENTER PILOT

Prepare for Medicaid renewal support before H.R. 1 takes effect

We'll fit Elora to your team's process using a state-specific approach to H.R. 1, then measure results together. You get a named Elora lead, regular check-ins, and straight answers.

PILOT PROGRAM

Start small: one care team member and 100 patients.

Elora works alongside your EHR and takes 3 weeks from signed agreement to patient contact. Setup takes 4 hours of one navigator's time, 2 hours with one supervisor, and 30 minutes with IT.

1

END OF WEEK ONE

Elora learns your team's workflows to ensure the best fit.

2

WEEK TWO

Elora configures the software to accomplish your goals.

3

OVER TWO MONTHS

You see renewals completed and coverage kept from adopting Elora against your current renewal rate, so you have real results before rollout.

At the end, you decide on next steps with your own numbers in hand.

We'll measure

- Renewal rate
- Patients per worker
- Patient engagement

What it takes

- A project lead and one supervisor-navigator dyad
- A patient panel export
- State portal access, NPI number
- No EHR integration

What you get

- Pilot pricing credited toward a long-term agreement. Inquire about grant funding.
- Office hours for staff, monthly leadership sync, and change management support.

$63,500

a year in Medicaid revenue for every 1% more patients kept covered

On a panel of 5,000 expansion adults, keeping just 1% more patients covered could protect $63,500 a year in Medicaid revenue. A pilot measures your own save rate, so you know what a rollout is worth before you adopt.

5,000 x 1% = 50 patients, x $1,270 Medicaid revenue per year per patient (KFF, 2023 health center data) = $63,500.

Learn firsthand the difference Elora makes.

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Request a Pilot →