Recommendations for Community Engagement Implementation

Throughout the debate of HR 1, also known as the One Big Beautiful Bill Act (OBBBA), the President and Congress consistently described one vision: where the only people at risk of losing coverage were those able to work or go to school, but who simply chose not to. We offer the following recommendations to help CMS and states meet this vision and ensure that eligible enrollees maintain coverage.

Rely on Existing State Data. Whether enrollees are doing the required activities, or meet exemptions, may be verifiable through existing state data sources. This includes data from the child support system, disability determination services, SNAP and TANF systems as well as enrollment in education or work programs, veteran status, incarceration, and being a caregiver of a child under age 14. States should use this data to maximize ex parte verifications and exemptions. CMS should work with the Social Security Administration to support timely data sharing with states.

Work with MCOs. States that implement managed care should accept data from Medicaid managed care organizations (MCOs) on exemption categories – including diagnoses and treatments, claims, disabilities, homelessness, pregnancy, and participation in a drug or alcohol treatment program – and use that data to maximize ex parte exemptions. Specific guidance to states and plans on the types of data required for, or that may assist with, determining ex parte exemptions will be critical to minimize beneficiary burden and make state processes as efficient as possible.

Allow Participant Declaration. HR 1 allows states to elect to not require additional verification on certain exemptions. States should leverage participant declaration to the maximum extent possible, especially for information that is difficult to verify through external data sources such as volunteering, certain types of employment, or caregiving. States should take up this option and CMS should provide clear guidance on the appropriate documentation.

Allow Hardship Exemptions. HR 1 allows states the option of exempting individuals who experience a short-term hardship, such as needing inpatient care, or residing in an area with high unemployment or which has experienced a disaster. States should take up this option and allow providers to assist individuals to apply. CMS should encourage states to take up this option.

Verify Compliance at only Renewal. States should only conduct such verifications at six-month redetermination and only require one month of meeting the requirement during the six-month eligibility redetermination period, as allowed by statute.

Grant Good Faith Extensions. HR 1 allows CMS to grant an extension for states that have made a good faith effort toward implementation but need more time. We urge CMS to grant these extensions to states that will not be ready to effectively implement the new changes by January 1.

About the Partnership

The Partnership for Medicaid is a nonpartisan, nationwide coalition of organizations representing clinicians, health care providers, safety-net health plans, and counties. Our goal is to preserve and improve Medicaid.

Medicaid provides essential health care services to nearly 80 million people, including millions of children, pregnant women, adults, seniors, and individuals with disabilities, and is vital to the financial stability of safety net providers.

Efforts to cut costs can have long-term and unintended consequences, including lost coverage, benefit cutbacks, financial strain on safety net providers, and closure of essential services.

We are committed to Medicaid's foundation as a federal-state-local partnership and to its role in delivering high-quality, efficient, and cost-effective care to millions of Americans. We stand ready to work with policymakers to identify new and innovative strategies to strengthen Medicaid and improve on its promise of providing high-quality coverage and access to care for populations in need.

Membership:

Advocates for Community Health
American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American Dental Association
American Dental Education Association
American Health Care Association
American Network of Community Options and Resources
American Nurses Association
America's Essential Hospitals
Association for Community Affiliated Plans
Association of Clinicians for the Underserved
Catholic Health Association of the United States
Children's Hospital Association
Easterseals
The Jewish Federations of North America
LeadingAge
Medicaid Health Plans of America
National Association of Community Health Centers
National Association of Counties
National Association of Pediatric Nurse Practitioners
National Association of Rural Health Clinics
National Council for Mental Wellbeing
National Council of Urban Indian Health
National Health Care for the Homeless Council
National Rural Health Association