Medicaid Community Engagement Requirements: Implications & Potential Activities for MCOs

Edition 2 of 2 on Medicaid Community Engagement Requirements

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Strategic Health Policy & Care Coordination Consulting

Introduction

- This edition examines implications for Medicaid managed care organizations (MCOs) of the new federally mandated Medicaid community engagement (CE) requirements, also known as work requirements, that are slated to go into effect January 1, 2027.
- In Edition 1 of this series, we covered background on the relevant federal legislation and guidance from the Centers for Medicare & Medicaid Services (CMS), as well as populations impacted by the new CE requirements.
- In the following slides for Edition 2, we focus on takeaways of the federal legislation for CE requirements for Medicaid MCOs. We cover:
  - Role of MCOs in implementation and operation of CE requirements, as permitted by CMS
  - Past state experience with CE requirements, and opportunities from MCOs based on early CE requirement experience
  - Relevance of the unwinding of the continuous enrollment condition after the COVID-19 public health emergency, and lessons learned for MCOs
  - Implications of CE requirements for Medicaid MCOs
  - Potential activities for MCOs in preparing for implementation of CE requirements at a national scale

From CMS: Role of MCOs in CE Requirements

The provisions pertaining to the role of MCOs in the implementation of the new community engagement requirements are found in Section 71119 of PL 119-21 of H.R. 1 and the CMCS Informational Bulletin and are further detailed in the CMS Interim Final Rule.

Prohibitions Regarding Role of MCOs

- MCOs are statutorily prohibited from determining member compliance. States may delegate eligibility determinations to governmental agencies, but not to MCOs.
- States cannot delegate activities to MCOs that are unrelated to the provision of Medicaid-covered services.
  - States cannot delegate to MCOs activities to conduct tracking or collection of information on work, community service, or education activities.
  - States cannot use MCOs to issue formal notifications to Medicaid beneficiaries regarding non-compliance with the community engagement requirement.

MCO Role in Employment & Workforce Navigation

- MCOs are permitted to refer members to American Job Centers and qualifying workforce programs; establish feedback loops to track participation.
- MCOs are encouraged to collaborate with states on new work program design, including Pell grant-eligible short-term training programs.
- MCO-operated programs do not qualify as "work programs" unless formally state-supervised; HCBS supported employment counts as a covered service, not qualifying hours to meet the community engagement requirements.

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Financial Framework for MCO Activities

- MCOs' outreach, education, and employment navigation costs cannot be included in capitation rates nor counted as value-added services (VAS).
  - ➢ This may mean that employment support services that MCOs previously counted as VAS can no longer be classified as such. However, further guidance from CMS on this is needed, and may be addressed through the IFR's public comment period.
- If MCOs voluntarily elect to provide services that meet the definition of a VAS, those costs may count in the medical loss ratio numerator as incurred claims, partially mitigating costs for MCOs.

MCO Role in Outreach & Member Education

- States may direct MCOs to deliver outreach notices via phone, text, or electronic channels.
- MCOs can share data with states on enrollee medical frailty status or SUD treatment and rehabilitation program participation for exemptions.
- MCOs can educate members on qualifying activities, work program appointment preparation, and documentation collection.

Early Experience with CE Requirements

While H.R. 1 marks the first time Medicaid community engagement requirements have been established at the federal level, some states have previously implemented their own community engagement requirements through Section 1115 waivers – while more states submitted waiver applications, Arkansas and Georgia are the only ones to have actually implemented their programs.

Arkansas, which had expanded Medicaid in 2014, was the first state to implement Medicaid work requirements in 2018. However, the program was halted in 2019 due to a court order finding that the waiver did not align with Medicaid's goal of providing medical coverage, as more than 18,000 people lost coverage.

Georgia, which had not previously expanded Medicaid, implemented its Pathways to Coverage program in 2023 to incrementally expand Medicaid to parents and childless adults under age 65 with annual income ≤100% of federal poverty level. Although enrollment has been lower than expected, CMS has approved the program CMS to continue through 2026.

Takeaways from Early CE Requirement Experience *(1 of 2)*

While H.R. 1 marks the first time Medicaid community engagement requirements have been established at the federal level, prior state efforts through Section 1111 waiver demonstrations have highlighted implementation challenges that H.R. 1 and the CMS IFR seek to address, creating new opportunities for Medicaid MCOs.

Challenges in Early CE Experience	Relevant Federal Legislation & Rules for New CE Requirements	Opportunities for MCOs
Issues with state data matching and enrollees' ability to report qualifying activities or justify exemptions – Arkansas reported limitations with data matching that led to some individuals with medical conditions or disabilities who should have been exempt from the requirements to get inappropriately disenrolled. In Georgia, experts pointed to cumbersome enrollment processes, complicated program design, and back-end technology issues leading to limited enrollment in the Georgia Pathways program.	In contrast to earlier CE requirements, H.R. 1 requires states to maximize the use of automated ex parte processes by verifying enrollees' compliance or exemption status through existing sources (e.g., payroll data, encounter data) before requesting additional information from applicants.	MCOs will likely be able to support states by providing data for them to make eligibility, compliance, and exemption determinations. MCOs should be prepared to categorize this information internally and transmit it to state partners.
Inaccurate contact information – Arkansas MCOs reported challenges obtaining accurate enrollee contact and demographic information, as individuals in the relevant population frequently changed addresses.	Under H.R. 1, states must require MCOs to promptly transmit to the state any updated enrollee contact information. The IFR specifies that states' outreach notices to enrollees must be provided through regular mail, and at least one other modality (e.g., phone, text, website).	MCOs should address any pre-existing challenges with obtaining accurate member information and ensure that enrollment systems are prepared to share updated contact information with states. Additionally, because of challenges in maintaining accurate addresses, outreach may be more successful through phone, text, or email.

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Takeaways from Early CE Requirement Experience *(2 of 2)*

While H.R. 1 marks the first time Medicaid community engagement requirements have been established at the federal level, prior state efforts through Section 1111 waiver demonstrations have highlighted implementation challenges that H.R. 1 and the CMS IFR seek to address, creating new opportunities for Medicaid MCOs.

Challenges in Early CE Experience	Relevant Federal Legislation & Rules for New CE Requirements	Opportunities for MCOs
Limitations to understanding requirements – Arkansas MCOs reported that literacy amongst members posed a challenge; many enrollees and individuals who lost coverage for non-compliance either did not understand the CE requirements or believed the requirements did not apply to them.	42 CFR §438.10 generally requires states and MCOs to provide information in a manner and format that is easily understood and readily accessible. However, specific to community engagement requirements, CMS has not issued standardized outreach materials or model language, leaving it to states and MCOs flexibility to develop clear, tailored communications.	Based on Arkansas's experience, MCOs may benefit from developing plain-language communications written at approximately a fourth- to sixth-grade reading level, rather than the traditional eighth-grade level, and using visual aids or multilingual formats to improve comprehension.
Challenges amongst community support resources – Arkansas had identified local community organizations as resources for enrollees to support compliance with work requirements, but many lacked capacity, and several were unaware or lacked understanding of the requirements. Additionally, enrollees were largely not aware of available support services.	The IFR encourages states to conduct broad public outreach as part of implementing community engagement requirements and to partner with interested stakeholders (e.g., MCOs and community-based organizations) to disseminate information and provide multiple pathways for individuals to understand and comply with requirements.	MCOs can play a central role in strengthening community support infrastructure by proactively partnering with CBOs, workforce agencies, and local service providers. This may include funding or capacity-building support, co-developing training on eligibility and reporting requirements, and creating coordinated referral networks so members can more easily access employment services, transportation, childcare, and other supports needed to meet engagement requirements.

Applying COVID Unwinding Lessons to Impact & Role for MCOs in CE Requirements Implementation

More than 82% of the expansion adults who will be subject to the work requirements are enrolled in managed care. Therefore, MCOs have an opportunity to be active partners to states, similar to their role during the COVID public health emergency unwinding to ensure that eligible enrollees retain their Medicaid coverage.

Unwinding of the COVID-19 continuous enrollment condition in 2023 required states to redetermine Medicaid eligibility for all enrollees, necessitating the development of new processes, such as updating IT systems and partnering with MCOs to reach enrollees. Similar redeterminations will be needed as CE requirements under H.R. 1 are implemented, so states and MCOs can glean lessons learned from the COVID unwinding experience.

Lessons from the Unwinding

- Among those who were disenrolled over the course of the unwinding, nearly 69% were disenrolled for procedural reasons due to not receiving renewal notices, not understanding the requirements, or not being able to submit the renewal paperwork.
- The outcomes of the COVID unwinding highlight the need for proactive enrollee engagement during implementation of CE requirements.
- CMS provided states with flexibilities that helped Medicaid enrollees retain their coverage. Among the flexibilities was more authority for MCOs to assist members.

MCOs can help prevent procedural disenrollments under CE requirements by addressing the reasons eligible enrollees were disenrolled:

REASON 1
Did not receive the notice

MCOs keep contact information current and reach members across channels.

During the unwinding, 31 states and DC treated MCO-confirmed contact data as reliable. H.R. 1 now requires MCOs to transmit updated addresses to states starting January 2027.

REASON 2
Did not understand the notice

MCOs educate members on what's required – exemptions, work verification, and deadlines.

The IFR lets states direct MCOs to send outreach via multiple channels, specifying content and frequency. MCO outreach will be crucial, as, in most states, this is the first time that enrollees will be subject to CE requirements, including more frequent renewals (at least every six months, with some state variation).

REASON 3
Could not complete renewal paperwork

MCOs help members complete and submit required documentation.

During the unwinding, 10 states made MCO renewal form assistance permanent under 1902(e)(14) authority. States can similarly allow MCOs to support members in completing CE requirement documentation including attaining exemptions.

Implications of CE Requirements for Medicaid MCOs *(1 of 2)*

Medicaid CE requirements have significant implications for managed care organizations, affecting membership, revenue stability, and operational planning. These dynamics make it essential for MCOs to understand the policy environment and to actively collaborate with state Medicaid agencies on implementation strategies that align with state-specific objectives.

Reduction in Medicaid membership. The Congressional Budget Office estimates that 11.8 million people will lose Medicaid coverage due to H.R. 1 in the next 10 years, and that 4.8 million of those will be due to the implementation of CE requirements. During the COVID continuous enrollment unwinding, 20.7 million individuals had their coverage terminated, making up 22% of the 94.3 million individuals who were due for renewal. Across the five largest publicly traded companies that operate Medicaid MCOs, enrollment declined by 7.3 million. During this time, two of the three companies that report Medicaid-specific financial information saw a decline in medical margins and an increase in medical loss ratio (MLR), implying a potential decrease in profitability. With the decline in enrollment anticipated to result from new CE requirements, MCOs may see another decrease in profitability.

Increased membership churn. Experts anticipate increased churn resulting from CE requirements since states will have to renew eligibility for those subject to CE requirements every six months instead of annually (or more frequently in some states) and since CE requirements impose procedural hurdles to obtaining coverage that could impact their ability to maintain consistent coverage. Research has shown that, for states, the administrative cost of one person's churning can be up to $600. These administrative costs can also carry over to MCOs as they also have to process disenrollments and re-enrollments. Additionally, research has shown that continuous coverage leads to more predictability in monthly caseload expenditures and lower average monthly spending, which can impact MCOs' profitability.

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Implications of CE Requirements for Medicaid MCOs *(2 of 2)*

Medicaid CE requirements have significant implications for managed care organizations, affecting membership, revenue stability, and operational planning. These dynamics make it essential for MCOs to understand the policy environment and to actively collaborate with state Medicaid agencies on implementation strategies that align with state-specific objectives.

Increased costs from disruptions to continuity of care and decline in quality and health outcomes. Loss of Medicaid coverage, even if temporary, results in people forgoing necessary preventive services, medications, and continuous care for chronic illnesses, and can lead to more hospitalizations and emergency department use. One study has found that individuals experiencing churn report declines in their overall health, and another has found that unstable Medicaid coverage increased emergency department use, office visits, and hospitalizations by 10-36% and decreased use of prescription medications by 19% compared to individuals with consistent Medicaid coverage. In turn, the decline in overall health and increased utilization among churning members can increase medical costs, thus impacting MCOs' profitability.

Changes in membership risk profile and accompanying pressures on capitation rates. Applying CE requirements to the generally healthier expansion population could increase coverage losses and churn among lower-risk enrollees, raising average member acuity and putting pressure on MCO capitation rates. Similar effects were observed during the Medicaid unwinding, prompting many states to seek capitation rate adjustments to address higher-risk enrollment, and these capitation rate amendments helped to ease pressure on MCOs' financial status.

With the upcoming CE requirements, Medicaid Health Plans of America (MHPA) recommended in November 2025 that CMS encourage states to review and adjust capitation rates based on emerging data at least quarterly and disseminate guidance to states on risk mitigation strategies to ensure the sustainability of states' managed care programs as they navigate a time of significant uncertainty. However, whether there are any changes to capitation rates following implementation of work requirements remains to be seen.

Relevant Federal Legislation & CMS Guidance

H.R. 1 / Working Families Tax Cut
Enacted July 4, 2025

GENERAL INFO ON CE REQUIREMENTS

- Requires states to establish community engagement or CE requirements for applicable ACA expansion adults and certain 1115 waiver enrollees, effective January 1, 2027.
  - Provides states the option to implement these changes earlier via 1115 or state plan
- Establishes 6-month renewal cadence instead of annual.
- Enrollees and applicants must demonstrate at least 80 hours/month of work, community service, work program, or half-time education, or earn at least $580/month.
- Excludes and excepts certain populations, including medically frail, pregnant and postpartum individuals.
- Stipulates that states use reliable information (ex parte) before requesting documentation and provides a 30-day noncompliance notice period with continued coverage.

MCO ROLE

- Explicitly prohibits states from using MCOs to determine beneficiary compliance with work requirements.
- Stipulates that states require MCOs to promptly convey to the state any change in enrollee address.

CMCS Informational Bulletin (CIB)
Published December 8, 2025

KEY CLARIFICATIONS

- Provides clarification for certain aspects of the legislation rather than adding new regulatory guidance.
- "Reliable information" includes payroll data, Medicaid provider payments, encounter data, higher education enrollment, and job training participation records
- Outlines the enrollee outreach timing for states and the look-back period for determining compliance at application and renewal.

MCO ROLE

- Reaffirms the compliance determination prohibition from H.R. 1.
  - Affirms that beyond the compliance prohibition, there is "no other prohibition in the statute on states choosing to delegate some support activities to managed care plans".

Interim Final Rule with Comment (IFC)
Published June 1, 2026

DETAILED INFO ON CE REQUIREMENTS

- Codifies the regulatory framework for the legislation covering qualifying activities, exclusions, ex parte verification, outreach, and noncompliance procedures.
- Adopts a stricter criteria for exemption based on medical frailty than previously expected.
  - In the regulation, CMS interprets the legislation to require consideration of the severity of a medical condition in impacting the capability to work.
  - The IFC does not allow for automatic classification as medically frail based solely on a diagnosis.
- Outlines process for states to apply for the good faith waiver for an extension on work requirements implementation.

MCO ROLE

- The IFC highlights permitted activities for MCOs, including delivering outreach notices in additional modalities; sharing encounter data with states; referring members to qualifying work programs (American Job Centers, WIOA); educating members on requirements; collaborating with states on new program development
- Prohibits states from delegating to MCOs the task of issuing noncompliance notices, or tracking work/education activities; these activities cannot be included in capitation rates
- Voluntary MCO activities structured as value-added services that may count in the MLR numerator as incurred claims.

Potential Activities for MCOs in Implementation of CE Requirements

In the subsequent slides, we provide potential activities that MCOs could engage in to prepare for and support states in implementation and ongoing operation of Medicaid CE requirements.

These potential activities for MCOs are informed by federal legislation, CMS guidance, and lessons from state work requirement programs and the COVID continuous enrollment unwinding. Where available, we incorporate insights from MCO responses to past Medicaid managed care Requests for Proposals (RFPs) obtained through Freedom of Information Act requests to illustrate relevant prior experience. Potential activities without relevant MCO experience listed are based solely on new requirements.

Potential MCO Activities: Collaboration with States & Community Supports *(1 of 2)*

The IFR encourages states to engage MCOs in implementing CE requirements, and states that MCOs have a meaningful opportunity to influence program design by proactively engaging in the development of qualifying work and education programs, including new Workforce Pell eligible training programs. MCOs should engage early to secure a seat at the table in state workgroups and a formal voice in the public comment processes.

Engage Proactively with States through Workgroups and Other Forums to Shape Implementation Processes

States are already seeking MCO input as key partners – for instance, California's DHCS has established a Managed Care Plan H.R. 1 Workgroup and Maryland's DOH has formed a statewide MCO working group with plans for a joint member communication campaign. Since MCOs will be an important partner for states in implementing work requirements, it will be crucial for MCOs to be active participants in any state-organized workgroups, and to develop an ongoing partnership with states to facilitate communication and ongoing support.

Collaborate with States on Workforce Pell Program Design

H.R. 1 extended federal Pell Grant eligibility to short-term educational and workforce training programs for the first time beginning July 1, 2026, providing a new tool for states to use to build qualifying work programs and for students to take advantage of them. As states publish their program approval processes, MCOs should collaborate on program design, as encouraged in the IFR, and submit formal comments during state public comment periods to shape the programs that may become available to their members.

Relevant MCO experience: MCOs report having programs that help members obtain certifications sought after by local employers. MCOs also speak to assisting members with attaining a GED by providing coaches and paying for exam costs. One MCO has a partnership with a workforce development program that provides members with training, stackable credentials, and employment placement, akin to the Workforce Pell program. The Workforce Pell program creates new educational pathways to which MCOs can refer members, which would help them to comply with CE requirements. MCOs can also shape the approved programs by leveraging their own experience operating educational and employment programs, which has involved cultivating wide ranging partnerships. MCOs can serve on steering committees established by states, which include representatives from entities such as Department of Commerce and Community College Board, and offer their expertise.

Potential MCO Activities: Collaboration with States & Community Supports *(2 of 2)*

The IFR encourages states to engage MCOs in implementing work requirements, and states that MCOs have a meaningful opportunity to influence program design by proactively engaging in the development of qualifying work and education programs, including new Workforce Pell eligible training programs. MCOs should engage early to secure a seat at the table in state workgroups and a formal voice in the public comment processes.

Leverage Community Presence to Connect Members to Employment and Education Opportunities	
MCOs should consider building direct job referral pathways with local employers and establishing candidate feedback loops, as encouraged in the IFR, to support member job matching. Since a larger proportion of MCOs' membership will likely now need these services, MCOs should expand and strengthen relationships with these CBOs. MCOs may also partner with community colleges and vocational programs to create member enrollment pathways into qualifying education programs.	**Relevant MCO experience:** MCOs often have community engagement teams dedicated to building ties with local social services agencies and community-based organizations that connect members to workforce training programs. To address members' SDOH needs, including employment and education, one MCO reported partnering with an employer to create a certificate program that could result in employment within the company.

Potential MCO Activities: Data & IT Systems

While MCOs cannot make eligibility determinations, they can provide states with valuable data and analyses to support compliance and exemption determinations, including by using claims data and care management records to identify members who may qualify for an exemption from work requirements.

Ensure Member Contact Information is Accurate and Current

Section 71103 of H.R. 1 directs states to establish a process that regularly checks and updates members' addresses using specific sources identified within H.R. 1. MCOs should enhance existing processes and systems and/or create new ones to ensure that member contact information is accurate and up-to-date to support states' processes for updating enrollee records.

Use Existing Data to Identify Work Requirement Subjects and Potential Exemptions

Leverage existing enrollment and claims data to identify current members who will be subject to work requirements. Begin flagging those within this group who may qualify for exemptions to start process of supporting members in obtaining exemptions.

Update Internal IT Systems to Flag and Monitor Work Requirement Impacts

Update internal IT systems to flag members subject to work requirements and ensure that information flows through all relevant systems: enrollment, claims, and care management. Prepare these same systems to track and quantify how many members disenroll due to earned income exceeding eligibility thresholds, and how many of those members later regain Medicaid eligibility.

Proactively Track Members' Employment and Compliance Status

Consider adding employment-related questions to SDOH screenings to track members' employment and compliance status. Additionally, develop mechanism to track whether members subject to work requirements need assistance with documenting existing qualifying activities versus getting connected with qualifying activities to support compliance. While states will leverage ex parte verification where possible, proactively capturing this data can help MCOs to support members who need to submit additional documentation to demonstrate compliance.

Relevant MCO experience: Many MCOs report incorporating questions about needs related to social determinants of health, including employment, in their member assessments.

Potential MCO Activities: Member Outreach & Support

(1 of 2)

MCOs can support members with eligibility requirements by conducting outreach and education to ensure that they understand the requirements and how to demonstrate compliance to continue receiving Medicaid benefits.

Develop a Multichannel Member Outreach and Education Strategy

Plan a targeted outreach approach that includes written communications and beyond – phone calls, emails, and in-person outreach (e.g., by Community Health Workers [CHWs]) can help ensure messaging actually reaches members particularly amongst a population for whom it can be difficult to maintain accurate mailing addresses. Leverage any existing communication channels to incorporate additional educational information about work requirements – for example, reminder communications about completing assessments could incorporate educational reminders about work requirements.

Relevant MCO experience: Many MCOs leverage CHWs to provide renewal assistance to members and to verify members' contact information. MCOs also report using tools such as walk-in centers staffed with member services personnel to help with the renewal process. MCOs also utilize self-service kiosks located in accessible locations such as FQHCs and community centers to inform members about their benefits, increase health literacy, and encourage them to complete Health Risk Assessments (HRAs). These kiosks could potentially be repurposed to educate members about the new CE requirements and allow them to complete the renewal paperwork, especially for those lacking internet access.

Build Employment Support Services and Referral Infrastructure

Expand job skills training, employment support partnerships, and direct employer referral pathways with candidate feedback loops, as encouraged by the IFR. This may include developing partnerships with local organizations that support employment, and perhaps offering funding and educational resources to ensure that these organizations have the knowledge and capacity to be able to support members. Additionally, build infrastructure (e.g., hiring dedicated FTEs) to connect members to WIOA-funded programs and other community employment resources that are incorporate into closed-loop referral systems.

Relevant MCO experience: MCOs can leverage the infrastructure they have built to address members' SDOH needs to assist them in meeting community engagement requirements. Some MCOs report deploying self-service stations in FQHCs and homeless shelters that provide members with information about job openings. One MCO with robust CBO partnerships uses a dashboard to capture information on all referrals made to address members' SDOH needs. The dashboard has the capacity for bidirectional data sharing, allowing members to indicate whether their particular need was met. MCOs can use the bi-directional data sharing capability to track employment referrals and address the gaps with additional resources and strengthen partnerships. One MCO also provided grant funding to a workforce development program to support them in their community work. MCOs regularly form partnerships with private sector companies and CBOs to ensure employment referral pathways are well resourced and members gain relevant skills.

Potential MCO Activities: Member Outreach & Support

(2 of 2)

MCOs can support members with eligibility requirements by conducting outreach and education to ensure that they understand the requirements and how to demonstrate compliance to continue receiving Medicaid benefits.

Integrate Exemption Support into Complex Care Management

Members in complex care management are likely exempt from work requirements but will need help documenting that exemption. Proactively screen care management members for exemption eligibility and facilitate medical frailty documentation with providers.

Relevant MCO experience: MCOs' member-facing staff, including customer care and care management, are trained on redetermination assistance. Additionally, in many MCOs, dedicated case managers in care management and complex care management programs ensure members complete the redetermination process. These staff can be trained to help members gather the documentation needed to verify medical frailty status. One MCO's member services representative reportedly works with the member's Primary Care Physician to obtain copies of medical record that might be needed for redeterminations. Another MCO has care coordinators who track redetermination dates of each of their members and help them obtain the required documentation needed to process the application. This staff already receives training on redetermination assistance including on compiling documents for redetermination. The scope of trainings can be expanded to include working with providers to attain documents verifying medical frailty status.

Establish a Noncompliance Rapid Response Protocol

Monitor for members receiving state noncompliance notices and activate a triage-based escalation protocol. States provide members 30 days to submit documentation when compliance cannot be verified. MCO staff should use this window to assist compliant members with documentation collection and submission, or provide higher- touch navigation support to noncompliant members that directs them to qualifying state work or education programs.

Solicit Member Feedback to Refine Outreach and Materials

As outreach and education efforts begin, gather member feedback to ensure communications are reaching the right members and that materials are clear, actionable, and effective.

Potential MCO Activities: Provider Support

The IFR applies stricter medical frailty criteria than states had previously expected. Members seeking medical frailty exemption must demonstrate that their medical condition prevents them from performing any community engagement activity, which will require documentation from providers. Most providers will be encountering these requirements for the first time, but MCOs are well positioned to equip their provider partners with targeted training and efficient workflows to respond accurately to documentation requests.

Develop Provider Training on Medical Frailty Documentation Requirements

Develop trainings for network providers (particularly safety-net providers) on how to support members' documentation needs to qualify for exemptions from work requirements. This training should cover the medical frailty criteria in the IFR, including documentation standards, and response timelines. Provider trainings are another platform through which MCOs can inform providers of the new Medicaid eligibility changes and the documentation requirements so that providers are equipped to assist their patients. Medical frailty documentation requirements should also be included in the provider manual and discussed during provider orientation.

Relevant MCO experience: MCOs regularly conduct provider trainings to improve the quality of patient-provider interaction and member experience. Various provider training topics include cultural competency, claims and prior authorization and member benefits overview.

Support Providers in Building Efficient Documentation Workflows

Support providers in developing efficient workflows for responding to state documentation requests on behalf of patients/enrollees, helping them verify their medical frailty exemption status. This will be critical for providers serving large Medicaid populations, as they may experience significant administrative burden, especially during the initial phases of implementation of work requirements.

Relevant MCO experience: MCOs strive to support providers with simpler operations and improve experience with cost efficiency. Supporting providers in building documentation workflows for medical frailty exemption is a natural step toward that aim.

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  - Past Medicaid managed care Requests for Proposals (RFPs) obtained through Freedom of Information Act (FOIA) requests

5 Slide Series Overview

Our 5 Slide Series is typically a monthly publication whereby we briefly discuss/address a selected topic outside the confines of our client engagements. The Menges Group has developed a variety of datasets that we use to support our 5 Slide Series and client projects.

To be added to our list to receive these as they are published (or to be removed), please email us at pcall@themengesgroup.com. If you have questions about the content or data sources we have available, please email us at jmenges@themengesgroup.com or call 571-312-2360.

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