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NYS Medicaid
Implementation of HR1 and other updates

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H.R. 1

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H.R.1

H.R. 1 is federal legislation passed by Congress in 2025 that makes significant changes to Medicaid eligibility and coverage rules nationwide.

Among other things, it:

- Introduces <u>new eligibility requirements for certain Medicaid members</u>
- Changes how often eligibility must be verified
- Changes retroactive coverage to 30 days for some members

While much of Medicaid remains unchanged, these provisions will have real implications for how members access and maintain coverage, and they will disproportionately impact members in ACA expansion group.

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H.R.1 CONT.

Expansion Population

Adults ages 19–64 who qualify for Medicaid based on income (≤138% FPL),
and not through disability, pregnancy, or other categories.

These are the (Modified Adjusted Gross Income) MAGI population.

Many of these adults were covered under NYS Medicaid *before* the ACA under Family Health Plus. Even though they were already in NYS Medicaid, they are considered part of the expansion population

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OUR PRIORITY

Goals

1. Limit coverage loss among eligible individuals
2. Reduce administrative burden and friction for impacted members
3. Minimize fiscal impact

Actions

1. Maximize automatic (ex parte) enrollment verification using data sources
2. Provide broad education and preparation for all stakeholders
3. Work with the Assistor Network to help New Yorkers demonstrate compliance with the new requirements

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Where are the Impacted Enrollees?

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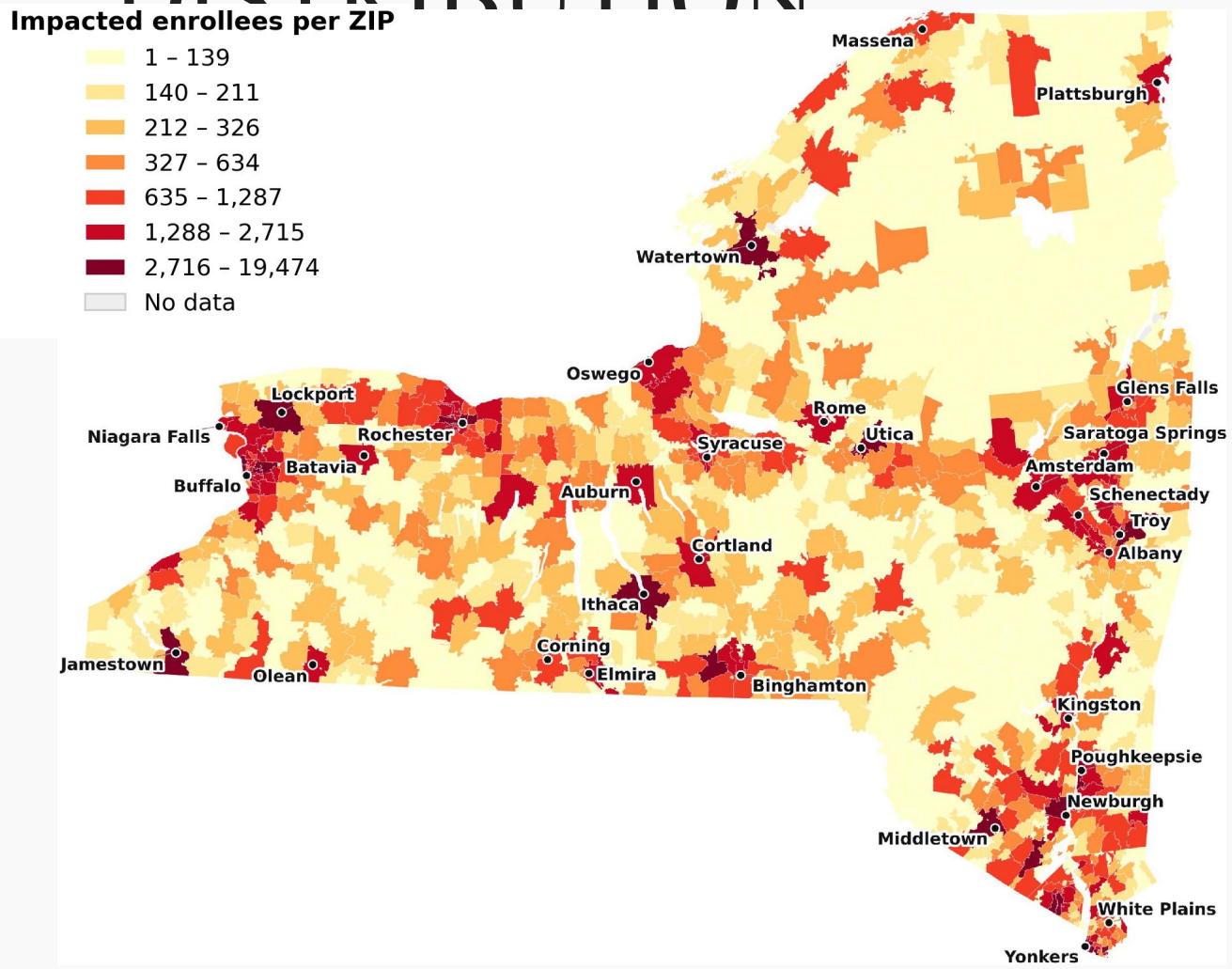
UPSTATE ENROLLEE GEOGRAPHIC DISTRIBUTION



Impacted Medicaid enrollees are clustered in the major cities upstate:

- Albany, Buffalo, Rochester, and Syracuse
- Additional clusters located in:
  - Cheektowaga, Endicott, Ithaca, Jamestown, Lockport, Troy, Utica, and Watertown

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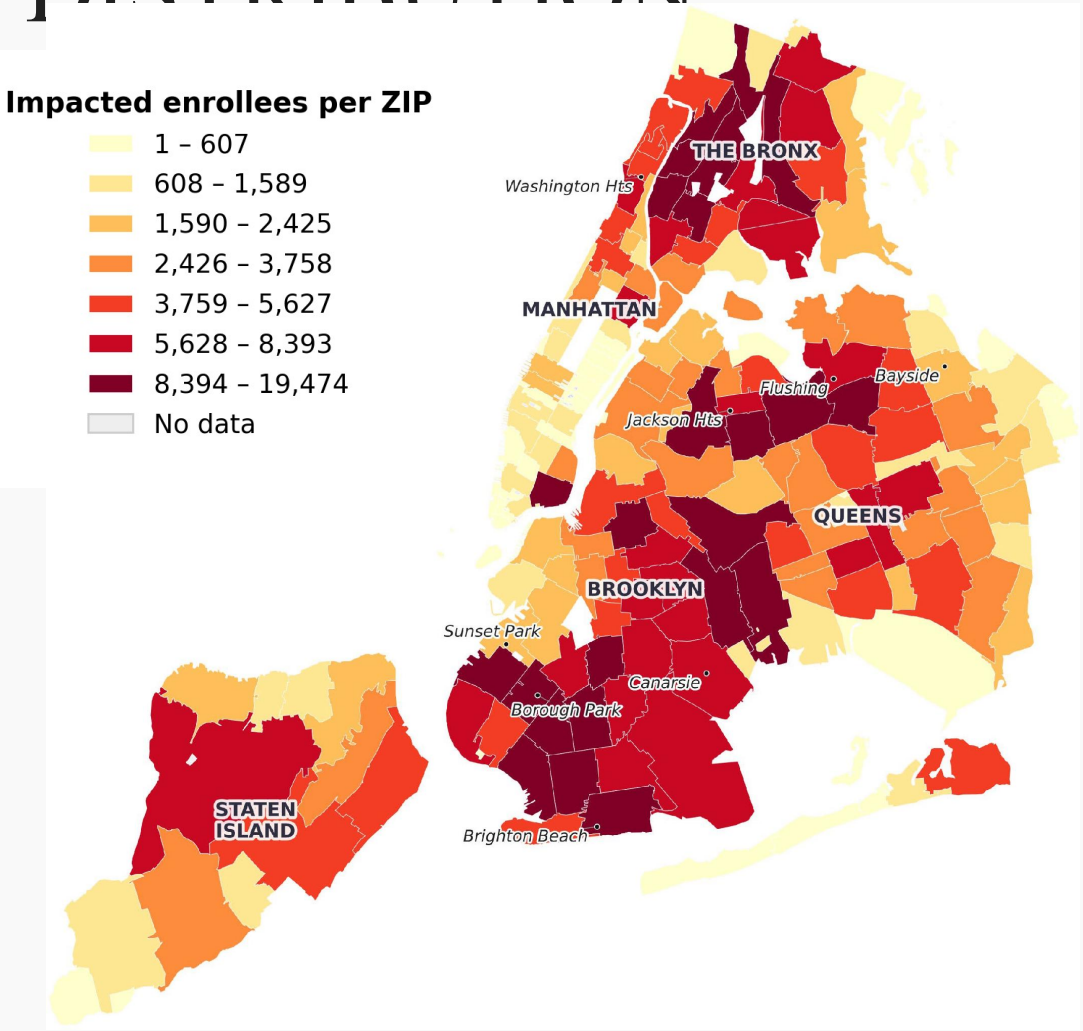
Source: Demographic ZIP Code Report: NY State of Health H.R.1 Impacted Medicaid Enrollees and WMS data

NEW YORK CITY ENROLLEE GEOGRAPHIC DISTRIBUTION



60% of impacted enrollees live in NYC. Largest shares by borough:

1. **Brooklyn:** Bay Ridge, Sunset Park, East New York, Borough Park, Bensonhurst,

- **Manhattan:** Lower East Side, Inwood, and Washington Heights
- **Queens:** Flushing, Corona, Jackson Heights, Elmhurst, Maspeth
- **Staten Island**: New Springville, Freshkills

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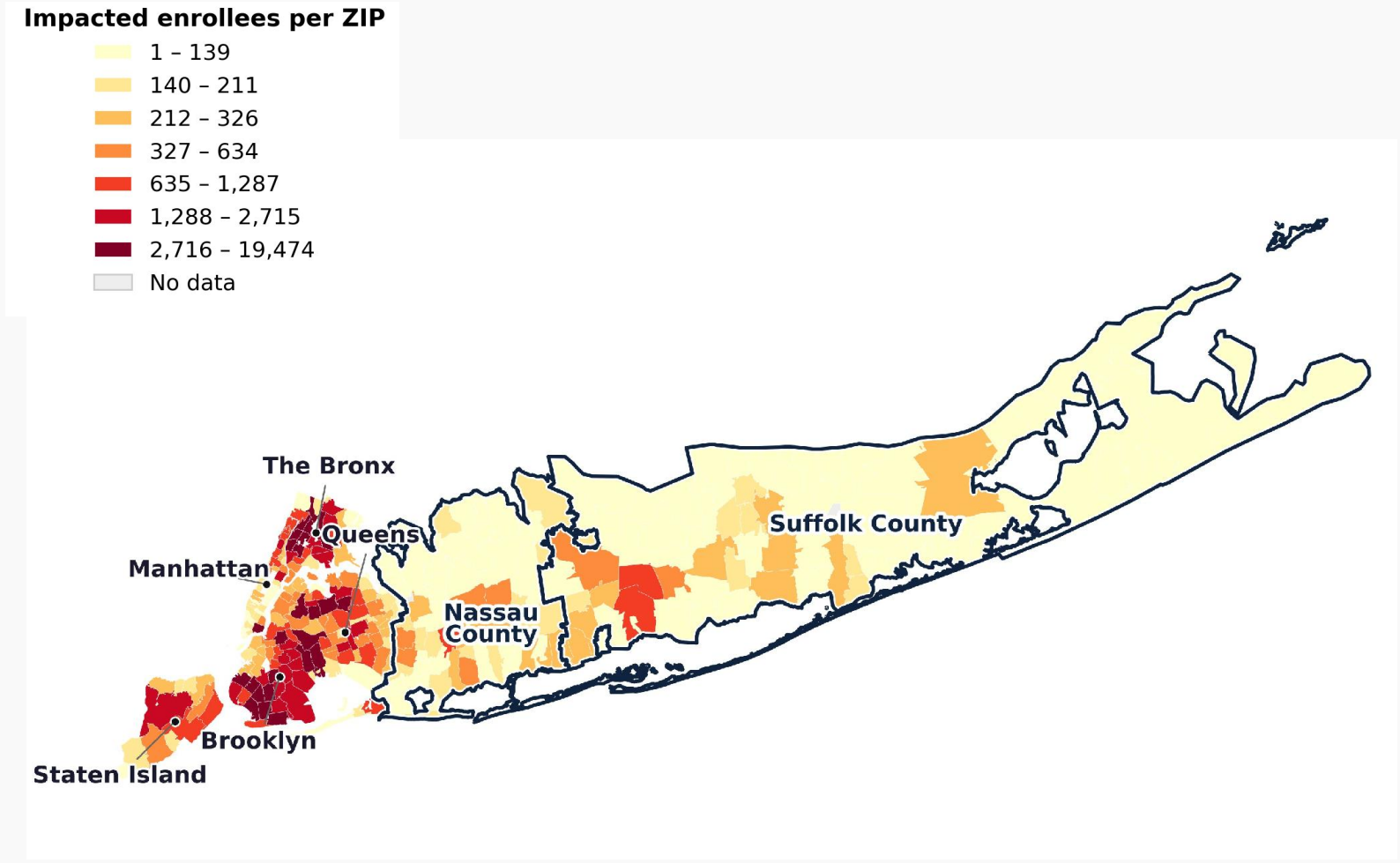
LONG ISLAND ENROLLEE GEOGRAPHIC DISTRIBUTION



- **After NYC, Long Island has the highest number of Medicaid enrollees in New York**
- Pockets in **Long Island**: Elmont, Bay Shore, and Brentwood.

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What are the Requirements and who is exempt?

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WORK REQUIREMENTS – WHAT ARE THEY?

The requirement can be fulfilled through any one of these options:

A

Earn a household income of at least

$580

in a month or be a seasonal worker with a six-month average income ≥ $580

B

Complete

80 hours

of any combination of these **approved activities** in a month

C

Earn income AND complete hours of the approved activities

Convert income to hours using the federal minimum wage to determine how many hours of **approved activities** are needed to reach 80 total

Approved Activities include:

Work: ***traditional or self-employment***

Participation in community service

Participation in a work/job training program

Active enrollment in an educational program ***(at least ½ time if only using education)***

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WORK REQUIREMENTS : WHEN DO THEY START?

New Applicants

Starting **January 1, 2027**, new applicants must show compliance with the new requirements for the month immediately before they apply

Someone applying in February 2027 must show compliance in January 2027

Existing Members

Starting with renewal dates on **March 1, 2027,** existing Medicaid members must show compliance with the new requirements at renewal

Because renewals for January and February 2027 are initiated in 2026, these members do not need to comply until their next renewal

A member renewing in March 2027 must demonstrate compliance for at least one month prior to their renewal

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WORK REQUIREMENTS OVERVIEW: EXEMPTIONS

Exemption categories are mostly unchanged, with more clarity and specificity around short-term hardship exemptions and medical frailty

- Under age 19; over 64
- Former foster care children
- American Indians and Alaska Natives
- Parent, guardian, caretaker relative, or family caregiver of a dependent child age 13 or under
- Parent, guardian, caretaker relative, or family caregiver of a disabled individual
- Veteran with a total disability rating
- Medically frail or otherwise has special medical needs
- Compliant with TANF work requirements
- Member of a SNAP household and not exempt from SNAP work requirements
- Participant in a qualifying drug addiction or alcoholic treatment and rehabilitation program
- Inmate of a public institution at any point during the 3-month period ending on the first day of the month
- Pregnant or entitled to postpartum medical assistance
- Entitled to or enrolled in Medicare Part A, or enrolled in Medicare Part B

EXEMPTIONS - HOW DO MEMBERS QUALIFY?

First Year (2027)

Categorically – Medicare enrolled, pregnant or 12 months postpartum, Foster care youth

Attestation – short, simple questions that tie back to the federal exemption categories and subsequent guidance and rule

Year 2 and Beyond

Attestation will not be permitted. DOH will use Medicaid and other data sources as permitted by CMS. Some exemptions may require members to provide documentation.

We are working with the O agencies to refine this criteria consistent with the goal of maintaining coverage for as many members as possible

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SHORT-TERM HARDSHIP EXEMPTIONS: ADDITIONAL GUIDANCE NEEDED

The State is intending to pursue all short-term hardship exemption; however, more implementation information is required from CMS.

Entire County Exemptions

High-unemployment area

Individual resides in a county, or equivalent unit of local government, with an unemployment rate at or above the lesser of eight percent or 1.5 times the national unemployment rate

Declared emergency / disaster area

Individual resides in a county, or equivalent local government unit, with a presidentially declared emergency or disaster

Individual Member Exemptions

Institutional / high-acuity care

Individual receives inpatient hospital, nursing facility, ICF/IID, inpatient psychiatric, or similar-acuity services, including related outpatient care as determined appropriate by the Secretary

Extended travel for health care

Individual or dependent must travel outside the community for an extended period to receive necessary services for a serious or complex medical condition not available locally

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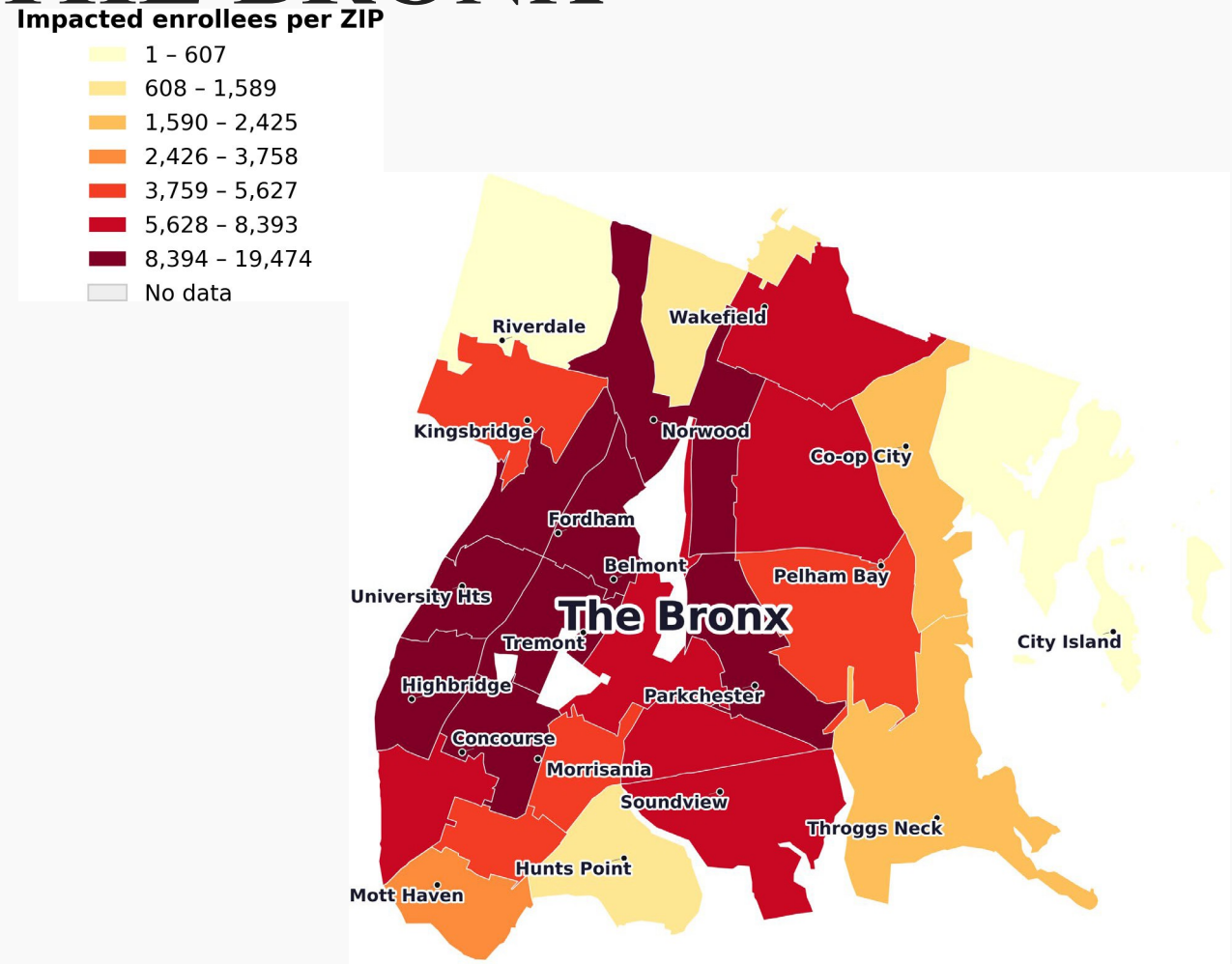
NEW YORK CITY HARDSHIP EXEMPTION: THE BRONX



At this time, New York State is taking all necessary steps to secure a **county-wide short-term hardship exception for the Bronx** due to the high rate of unemployment:

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Renewals and Retroactive Coverage

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MEDICAID RENEWALS & CONTINUOUS ELIGIBILITY

Expansion Adults (19-64 in MAGI group) **

Will need to renew their Medicaid every 6 months instead of every 12 months.

** exceptions: Native Americans, Pregnant women through 12 month postpartum period

Note: Renewals due before March 1, 2026, will get 12 months of coverage until their next renewal

Other Adults and Children

Medicaid renewals will occur every 12 months

Note: Children under 6 who were covered until age 6 have been moved to an annual renewal schedule

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RETROACTIVE COVERAGE CHANGES

Prior to H.R. 1

<u>All Adults and Children</u>

NY provides Medicaid coverage for qualified medical expenses incurred **up to 90 days prior to the date of application**

After January 1, 2027

<u>Expansion Adults</u>

retroactive coverage is **only one-month prior to application**

<u>Other Adults and Children</u>

retroactive coverage is **two-months prior to application**

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Marketing and Information

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2026 PREPARATION EFFORTS

- Consistent and clear calls to action to inform consumers via existing platforms and via partners:
  - Assistors
  - Customer Service Center
  - Member Notices
  - Social Media
  - Events & Presentations
  - Materials & Resources

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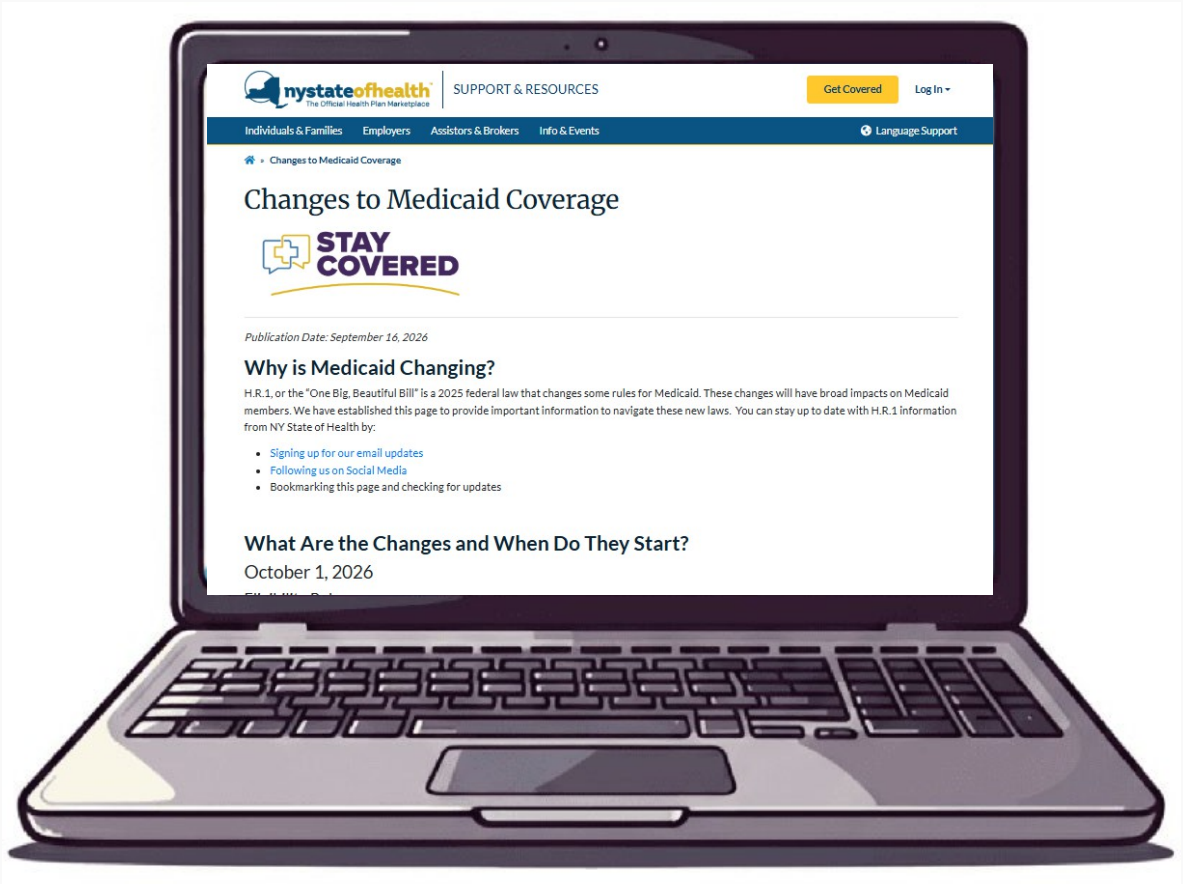
STAY COVERED CAMPAIGN-KEEPING FOLKS INFORMED



The Stay Covered website is the homebase for H.R.1 changes:

- What's New
- When Will Changes to Medicaid Start?
- What Should I Do Now?
- Frequently Asked Questions (Members)

https://info.nystateofhealth.ny.gov/stay-covered

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H.R.1 TOOLKIT FOR PARTNERS & STAKEHOLDERS

The H.R.1 Toolkit page is a resource page for Partners & Stakeholders, with materials available in 27 languages,

co-branding guidelines, demographic data, past UHF presentations, social media samples, an overview of our implementation timeline, and FAQs.

https://info.nystateofhealth.ny.gov/HR1-Tool-Kit

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Provider Enrollment & Revalidation

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PROVIDER ENROLLMENT & REVALIDATION

- In April 2026, the Centers for Medicare & Medicaid Services (CMS) directed all states to implement comprehensive provider revalidation strategies, requiring every Medicaid-enrolled provider to be revalidated over the next 2 years
- NYS has established **new risk tiered** revalidation cycles

3 tiers

High-Risk Moderate-Risk Limited-Risk

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TWO YEAR REVALIDATION SCHEDULE

Phase	Providers Affected	Notification Timing
Phase 1	Phase 1 includes **current high-risk providers** , Durable Medical Equipment (DME) providers , and any providers that have not revalidated since the beginning of the COVID-19 Public Health Emergency. Notifications for this phase began in July 2026. The regularly scheduled revalidation cycle for all provider types not mentioned in this chart will restart toward the end of this phase.	July 2026
Phase 2	Phase **2 includes newly designated high-risk providers** including Applied Behavior Analysis (ABA), Home and Community-Based Services (HCBS) under a 1915(c) Waiver, and Licensed Home Care Services Agencies (LHCSAs). Notifications for this phase will begin in Winter 2026.	Beginning Winter 2026
Phase 3	Phase 3 includes **atypical providers**, specifically those who are currently enrolled without a National Provider Identifier (NPI). Notifications for this phase are scheduled for early 2027.	Early 2027
Ongoing	The ongoing phase will include **all remaining moderate- and limited-risk providers.** This process will continue through June 2028.	Through June 2028

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ONGOING ENROLLMENT & REVALIDATION

All Providers (Regardless of Risk Level) MUST DEMONSTRATE Limited Risk Requirements:

- Verification of provider identity and credentials
- Confirmation of practice location and contact information
- National Provider Identifier (NPI) validation
- Submission of all required documentation through the Provider Services Portal (PSP)

Limited-risk providers: Revalidation required every 5 years

Moderate-risk providers: Revalidation required every 4 years

- All limited activities + pre/post-enrollment site visit

High-risk providers: Revalidation required every 3 years

- All limited activities + pre/post-enrollment site visit + finger printing background check for all owners 5% or more

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Provider Enrollment https://health.ny.gov/health_care/medicaid/integrity/provider_revalidation.htm

ENROLLMENT MORATORIUMS

NYS has implemented temporary enrollment moratoriums on select provider classes below:

1. Laboratory and Supplies
2. Durable Medical Equipment, Prosthetics, Orthotics,
3. Applied Behavior Analysis (ABA)
4. Licensed Home Care Services Agencies (LHCSAs)
5. Pharmacy
6. Managed Long Term Care plans, including Managed Long Term Care Partial Capitation plans, Medicaid Advantage Plus plans, and Program of All-Inclusive Care for the Elderly (PACE) Plans

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PROVIDER SERVICES PORTAL

- NYS has completed a multi-year transition to a Provider Services Portal (PSP), a secure, centralized digital platform that replaces the legacy paper-based enrollment and revalidation process

- The PSP was deployed in phases beginning September 2025, with all paper-based processes formally discontinued as of May 2026

- All enrollment and revalidation activities must now be completed through the PSP

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Population Health Initiatives

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RATE ENHANCEMENTS

OASAS Outpatient Programs	• 20% rate enhancement for OASAS Clinics delivering physical health services • 50% rate enhancement for Article 32 Clinics serving I/DD& TBI Population
OMH MHOTRS Clinics	• 20% rate enhancement for specific bundled physical health services delivered in OMH MHOTRS Clinics • 20% rate enhancement for OMH MHOTRS Clinics serving I/DD & TBI Population

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Other Updates

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NEW YORK STATE OF HEALTH (NYSOH) MODERNIZATION

DOH has begun adding additional Medicaid Populations to the NYSOH online eligibility system. This system can issue real-time eligibility for complete applications.

Populations being added include Non-MAGI Groups:

- **Community coverage with CBLTC (community based long term care**
- **Three of the Four 1915(c) HCBS Waiver Programs (not OPWDD)**
- **Nursing Home Care**
- **Office of Mental Health (OMH) population**
- **1115 waiver authority - MLTC Program**
- **Medicaid Cancer Treatment Program (MCTP)**
- **Medicaid Buy-In for Working People with Disabilities (MBI-WPD)**

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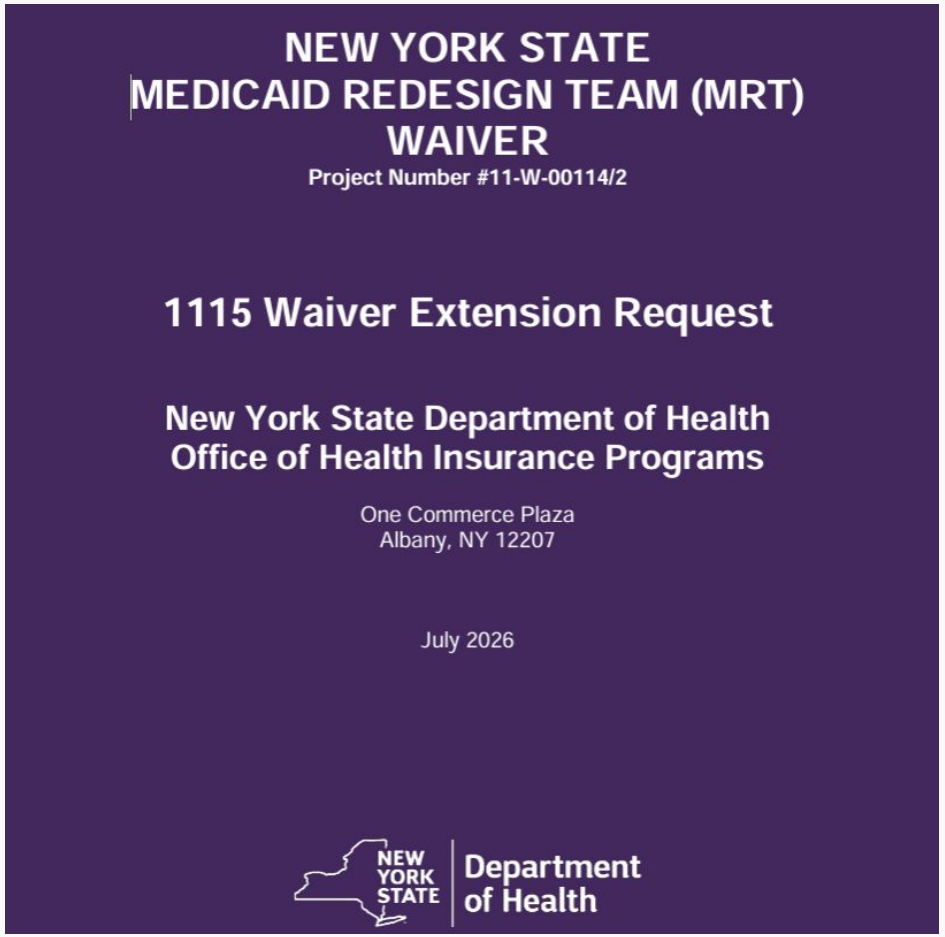
1115 WAIVER

Current 1115 Waiver expires
on March 31, 2027

Renewal submitted
September 30, 2026

Public Notice published 7/8/31
Public Comments ended 8/21/26
2 public hearings held 7/31/26 & 8/11/26



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[NYS Medicaid 1115 Waiver]

PROGRAM INTEGRITY

CMS is heavily focused on Program Integrity

In NYS we are seeing:

- National requests and directives
- Specific requests from CMS and other federal entities (Congress)
- Audits and Focused Financial Reviews

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THANK YOU!

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