



Rhode Island Health Care System Planning

Health Care System Planning Cabinet & EOHHS Independent Advisory Council
Joint Meeting

September 11, 2025

RHODE ISLAND

Health Care System Planning Cabinet & EOHHS Independent Advisory Council Joint Meeting Agenda

1. **Welcome & Introductions** and Review of the July Minutes – Secretary Richard Charest
2. **Long-Term Planning:** Assistant Secretary Ana Novais
 - i. **Community Engagement** – Preliminary Report on 2025 Community Engagement Project
 - ii. **Rural Health Transformation Program** – Preparation for Submission of Federal Grant Application
 - iii. **Long-Term Planning Process Update** – Proposal for the Rhode Island State Health Plan, including alignment with Rural Health Plan, ongoing Community Engagement, and affirmation of next steps in Long-Term Planning
3. **Federal Compliance Advisory Group** – James Rajotte
4. **Office of Health Care System Planning Updates** – Marti Rosenberg
 - Health Related Social Needs
 - Legislative Planning
 - Data Development
 - Other Health Care System Planning Office Updates
5. **Public Comment & Closing Remarks** – Secretary Charest

Welcome & Review of July Minutes



Preliminary Report: Health Care System Planning Community Engagement



Prioritizing Community Engagement



The Office of Health Care System Planning (OHCSP), created by Governor Mckee's Executive Order, is developing a Rhode Island State Health Plan. The process began with the creation of the 2024 Foundational Report, written with the engagement of key health care experts and professionals. The Report includes recommendations to improve the healthcare system within 5 sectors: Primary Care, Behavioral Health, Hospitals, Long-Term Care and Healthy Aging, and Health Related Social Needs. The report includes several cross-cutting priorities, including Data, Workforce Transformation, and Value-Based Payments.

OHCSP is committed to ensuring the ongoing participation of health care patients/consumers in this process. During the spring and summer of 2025, the Office contracted with the Health Equity Zones to ask consumers the following questions:

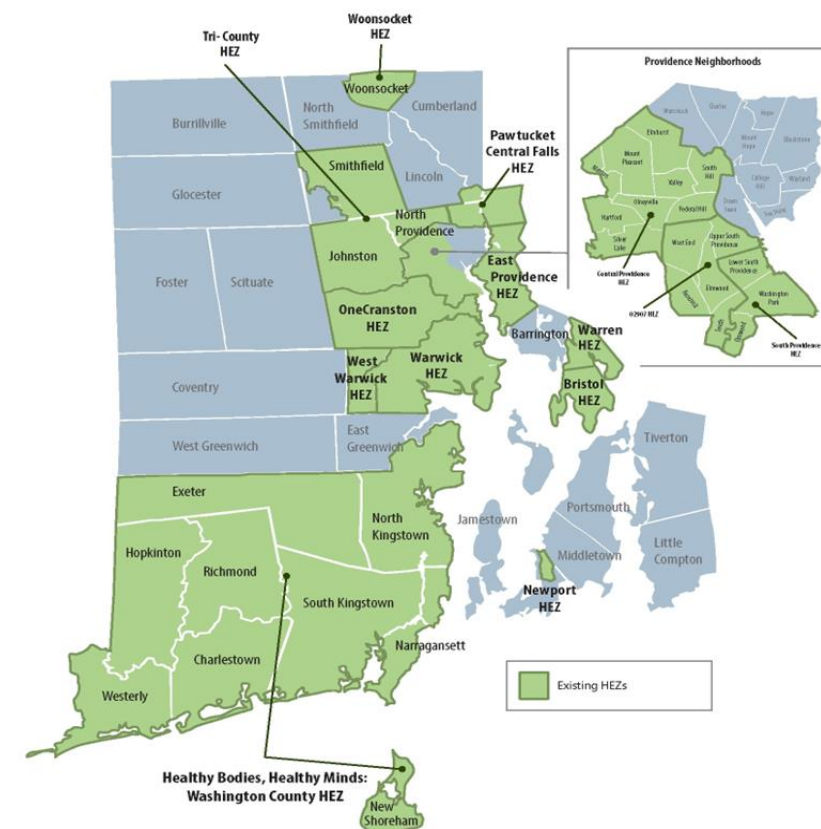
- What are the most pressing healthcare issues impacting Rhode Islanders?
- What is working in our health care system?
- What changes do they want to see in the system?

Partnership with Health Equity Zones

- Rhode Island's Health Equity Zones (HEZs) represent 14 diverse geographies across the State, including rural, urban, and suburban communities.
- Each HEZ consists of local groups of residents, community organizations, government agencies, and businesses working to build trusting relationships and address the larger issues that affect health and economic opportunities for Rhode Islanders.
- Since 2015, Rhode Island's HEZs have built the local infrastructure, trust, and experience needed to lead equitable, community-centered engagements and assessments.
- The Office of Health Care System Planning contracted with the HEZ to conduct community listening sessions based on these unique attributes.



Rhode Island Health Equity Zone Initiative



Community Engagement Process

- Fourteen Health Equity Zones each carried out two listening sessions, throughout the state, for a total of **32 sessions** between April and June 2025

- Sessions used consistent questions to identify barriers, successes and priorities for Rhode Islanders across eight critical Planning sectors:
 - Primary Care
 - Behavioral Health
 - Oral Health
 - Hospital Care
 - Long-term Care and Healthy Aging
 - Health Related Social Needs
 - Data
 - The Health Workforce

Community Engagement Process



- The 32 Community Listen Sessions involved an average of **8 participants per session**, for a total of **253 individuals**. Sessions were held in English, Spanish, and Khmer.
- A standardized guide ensured **uniformity in questions across all sessions**, enabling comparable insights while allowing for locally driven discussions rooted in the unique context of each community
- Health Care System Planning state staff attended the sessions to listen and document the conversations, leading to **200 pages of notes**
- State staff used software to conduct a **preliminary review** of the listening session transcripts

How did participants define “Health”?

Participants described health as encompassing far more than just the absence of illness, highlighting its broad impact on their lives and the pervasive challenges within the healthcare system.

- **Health is fundamentally equated with "life"**
 - It's about "feeling strong, with energy and resilience" and having the "capacity to enjoy life and confront challenges" without "constantly struggling."
- **Health is deeply intertwined with, and often limited by, social determinants and environmental factor**
 - Participants recognized that "all of the things outside of the doctor's office that may or may not affect my health" are crucial, including "where we live, work and play."

Initial Examples of What's Working – Highlighting Some System Bright Spots



■ **Integrated Behavioral Health Programs**

- Integrated behavioral health models, which place a therapist directly within a primary care facility to provide services for individuals in crisis, was lauded as "wonderful" and helpful for brief, focused interventions.

■ **Primary Care Provider Relationships**

- Consumers with an existing Primary Care Providers (PCPs) expressed satisfaction with their primary care experience citing "good relationships" with their consistent PCP.

■ **Support for Long-Term Care at Home**

- A "very good" program in Rhode Island that pays family members to provide care for elderly relatives at home was highly valued, as it helps keep individuals out of institutional settings. Additionally, some "extraordinary" long-term care programs were noted for providing comprehensive support, including medical care and even entertainment.

■ **National Advantage in Access to Care**

- One participant noted a national advantage in the U.S. where patients can often access a clinic or hospital for initial assessment even without immediate payment or prior approval, contrasting with systems in some other countries that require upfront payment.

Initial Examples of What's Working – Highlighting Some System Bright Spots



- **Quality of Care from Nurses and Frontline Staff**
 - Participants frequently praised the dedication and compassion of nurses and other frontline hospital staff.
- **Role of Nurse Practitioners (NPs) and Physician Assistants (PAs)**
 - Some participants found PAs and NPs to be particularly effective, noting they "take more time with patients." Participants would note their specific practitioners at local offices as being "wonderful."
- **Children's Oral Healthcare**
 - The state's efforts in oral health for children were widely recognized as positive. Participants noted that Rhode Island "does a very good job at covering and promoting dental care when it comes to children," including "a lot of follow-up for children services" and the availability of "specialized clinics for children."
- **Community Strengths**
 - Despite challenges, many community organizations were lauded for effectively addressing social needs and providing vital support.

Opportunities for Improvement

■ **Impact of Social Determinants of Health**

- Participants strongly linked health outcomes to the importance of social needs like housing, food security, transportation, and economic opportunity, advocating for a more integrated approach.

■ **Need for Patient Advocacy**

- Patients often feel they need to "advocate for [themselves]" and be "well versed in the rules and regulations" of the system to navigate care effectively.

■ **Lack of Trust in the System**

- Repeated negative experiences, financial opaqueness, and perceived lack of accountability contribute to a "lack of trust" in healthcare institutions and government oversight.

■ **Disparities and Discrimination**

- Experiences of discrimination based on insurance type (Medicaid vs. Private), race, ethnicity, and even physical appearance (e.g., tattoos) were reported by participants, leading to what they saw as unequal treatment.

Opportunities for Improvement

- **Financial Burden**

- The high cost of healthcare, insurance, and prescription medications is a constant source of stress and a major barrier to care.

- **Need for Empathy and Personal Connection**

- A significant concern across all areas is the loss of human connection and empathy in healthcare interactions. Patients feel rushed, unheard, and treated as a "routine" or "number."

- **Calls for Systemic Change**

- Many believe fundamental changes, not just minor adjustments, are necessary, including a shift away from profit-driven models towards universal, equitable care.

Participants envisioned a healthcare system that is fundamentally patient-centered, accessible, equitable, and integrated with broader community needs.

- **A System that is Accessible, Affordable, and Simplified**

- Participants envisioned a healthcare system that is accessible, affordable, and designed with the consumer first.

- **Humanized and Respectful Patient-Provider Relationships**

- Participants expressed a want for a more "humanized" healthcare system that treats people like people, not patients of a system.
- Care that is compassionate.

Future Vision - What Should the System Look Like?



Participants envisioned a healthcare system that is fundamentally patient-centered, accessible, equitable, and integrated with broader community needs.

■ **A Robust and Supported Healthcare Workforce with Community Ties**

- Consumers want healthcare to be more integrated within their community and reflective of Rhode Islanders.
- "More training staff to handle mental health problems" and "continuous education for health professionals."
- "Community outreach" to address workforce shortages.

■ **Integrated Care that Addresses Social Determinants and Uses Data Effectively**

- More integration of social needs, providers, and healthcare to care for their whole health.
- Participants want a healthcare system that recognizes and actively addresses "health related social needs" such as "housing, food security, and economic opportunity."
- An environment that provides better collaboration between healthcare providers and community organizations.
- Improved data collection and transparent information sharing
- Community-based involvement

Achieving the Future Vision – Proposal for Next Steps



- OHCSP proposes additional discussions and analysis on the information shared by Rhode Island patients at the Listening Sessions
 - The participants' comments on specific health care sectors at subsequent meetings would benefit from an in-depth review both at Workgroup and Cabinet meetings.
- OHCSP is planning additional Community Engagement, tied to the creation of the Rhode Island State Health Plan and the Rural Health Transformation Program grant

Rural Health Transformation Program



The Opportunity: Rural Health Transformation Program



Five-Year CMS Initiative to Strengthen Rural Healthcare Access

- New 5-year, \$50 Billion CMS program ([H.R. 1, July 2025](#))
- One-time state application for FY2026–FY2030 funding
- First round \$25B—equal distribution: \$500M per state over 5 years
 - Base funding: \$100M/year if all states apply and are approved
- Second round \$25B—proportional distribution: \$500M per state for 5 years
 - Rhode Island is unlikely to receive this potential bonus because it is based on the proportion of the states' rural areas
- Application materials are expected before mid-Sept 2025; CMS must decide by Dec 31, 2025

Rural Health Transformation Plan Elements



HR.1 outlines that the state's plan must describe how Rhode Island will:

1. Improve access to hospitals and other providers for rural residents
2. Improve health care outcomes of rural residents
3. Prioritize use of new and emerging technologies that emphasize prevention and chronic disease management
4. Initiate, foster, and strengthen local and regional strategic partnerships between rural hospitals and other providers to promote quality improvement, increase financial stability, maximize economies of scale, and share best practices
5. Recruit and retain clinicians
6. Prioritize data and technology-driven solutions that help rural providers furnish health care services as close to the patient's home as possible
7. Outline strategies to manage long-term financial solvency and operating models of rural hospitals
8. Identify specific causes that are driving standalone rural hospitals to close, convert, or reduce service lines

Allowable Activities: State must pick at least 3

Use of funds categories listed in H.R. 1:

1. Evidence-based prevention & chronic disease management programs
2. Payments to health care professionals for care/services (as defined by CMS)
3. Consumer-facing tech to manage chronic disease
4. Training/TA for advanced hospital technologies (AI, robotics, remote monitoring) to improve care delivery in rural
5. Recruit & retain clinicians in rural areas (minimum of 5-year commitment)
6. IT/cybersecurity upgrades (hardware or software) to improve efficiency, cyber security, or patient outcomes
7. Right-size rural care systems (align inpatient/outpatient/pre-hospital/post-acute services)
8. Expand behavioral health/SUD treatment access
9. Innovative models of care/value-based care
10. Other CMS-approved uses for sustainable rural health services

[Link to more information here: CSM RHT Program approved use of funds](#)

Building a Comprehensive Transformation Plan



- **OHCSP Proposes to Leverage Existing Goals and Structures:**
 - Use RHTP to advance Rhode Island's healthcare system plan, not create a separate rural plan
 - Build on the 2024 Healthcare System Planning Cabinet Foundational Report goals and on the existing Community Engagement process

- **Application Requirements:**
 - Demonstrate measurable outcomes tied to rural health improvement
 - Engage key stakeholders across sectors throughout the planning process
 - Highlight impacted counties and demonstrate sustainability
 - Include a clear, actionable strategy
 - Align with at least three CMS-approved funding categories

Clearing Misconceptions About RHTP Funding and Scope



Goal → Focus on Catalyzing Sustainable Change, Not Short-Term Relief

- **Forward-looking, not a bailout** – Strategy must drive change, not sustain status quo
- **Not a Medicaid patch** – Cannot supplement Medicaid funding
- **Tailored, not one-size-fits-all** – State-specific rural needs only
- **Time-limited** – Five-year window; fund spent down each year, with all funds spent by September 30, 2032
- **Beyond technology** – Broad rural health improvements required
- **Inclusive, not hospital-only** – Other rural health services eligible
- **Accountability is key** – Reporting required; misuse risks loss of funding

Understanding Eligibility, Scope, and Alignment

- **Current Federal Definition:** Block Island only
 - *Block Island Health Services is a CMS-Certified Rural Health Clinic*
- **RIDOH's Rural Definition**
 - Allowed by FORHP for use in administering the State Office of Rural Health (SORH) program
 - Expands to 18 cities and towns
- **Additional Eligible Facilities**
 - Federally Qualified Health Centers and Certified Community Behavioral Health Clinics may qualify
- **Strategic Alignment**
 - Supports Healthcare System Planning Cabinet's Foundational Report and the Governor's RI 2030 Plan

Federal Expected Timeline

**SEPTEMBER
2025**

**OCTOBER
2025**

**NOVEMBER
2025**

**DECEMBER
2025**

**QUARTER 1
2026**

**Application
Released**

**Application
Formation**

**Application
Submission**

**Award
Decisions**

**CMS
Monitoring
Begins**

NOFO expected
by mid September
Intro Webinars in
late September

CMS will
provide
channels for
states to ask
and receive
responses to
questions

Application
deadline
expected to be
early November

Award notices
expected by
December 31

2026+
Monitoring and
support from
CMS Project
officers

Next Steps – Statewide RHTP Development Effort



- **Interagency Team Convened** – Coordinating the state’s response and support statewide health system transformation.
- **Developing the Rural Health Transformation Plan** – A comprehensive plan to secure funding and guide strategic investments in rural communities.
- **Engaging Stakeholders** – Hosting community listening sessions and launching a Community Feedback Request to gather input from partners statewide on priorities, needs, and innovative solutions.

Next Steps – Community Engagement Sessions



- Please joins us at a **Virtual Community Input Session** to share ideas and suggestions for the Rural Health Transformation Program Application:
 - Tuesday, September 16, from 5:30 to 7:00 PM
[Join the meeting now](#)
Meeting ID: 216 377 647 231 7
Passcode: dB7fR2dn
 - Friday, September 19, from 11:00 am to 12:30 PM
[Join the meeting now](#)
Meeting ID: 218 326 327 544 1
Passcode: Zy7Ga3c4

We will announce additional Community Input Sessions over the next couple weeks.

More info here: health.ri.gov/healthcare/rural-health-transformation-program

Next Steps – Community Engagement Survey



- **Rhode Island is seeking input** from residents, healthcare professionals, hospitals, EMS, community-based organizations, state and local agencies, and regional partners to help shape Rhode Island's Rural Health Transformation Plan.
- Your feedback will help **identify priority needs, gaps, and opportunities to transform rural health care.**
- **This survey is for planning and information-gathering purposes only.** Please note that responses will not result in funding or contracts, but they are critical to informing Rhode Island's application to CMS.
- All responses are due by **11:59 PM EST on Monday, September 29, 2025.** For questions about this form, please contact the Rural Health Transformation Program Team at RIDOH.OPCRH@health.ri.gov.

Please click on this link: https://redcap.link/RI_RHTP

Long Term Health Care Planning – Creating the *Rhode Island State Health Plan*



Long Term Planning Process Update



- **National Environmental Scan - Completed**
 - Understanding long term planning processes and approaches taken by comparable states
- **Foundational Report Analysis - Completed**
 - Collation of problem statements
 - Aligning proposed strategies and recommendations to current State Goals
- **Draft Initial *Rhode Island State Health Plan* Structure and Timeline – Ready for Review**

Proposed Plan Components



- The Rhode Island State Health Plan builds on the significant work carried out by the public/private partnership of the Health Care System Cabinet, the EOHHS Independent Advisory Council, and the Community Engagement – reflected in the 2024 Foundational Report.
- The Plan will be **developed collaboratively**, and will bring together the problem statements, the vision/outcomes that have been identified within our public process, and our agreed-upon strategic approaches.
- The new work that is necessary to complete the Plan is the **development of Long-Term Targets**. Together, we'll define the periods of time for the targets (e.g., 3, 5, and/or 10 years) and confirm the specific measures aligned with the targets. We are proposing to carry out this work in the Fall and early Winter.
- Each of the Targets will be tied to one or more of the Health Care System Planning Goals created by the Cabinet in 2024.

Health Care System Goals



1. Ensure **access** to affordable, quality and easy to navigate comprehensive care
2. Ensure **solvency** of the health care system
3. Ensure health **equity** and reduce disparities in access and outcomes
4. Foster an **integrated delivery system** that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care
5. Strengthen **preventative, primary physical & behavioral health care services** to maintain appropriate utilization & promote efficiencies
6. Invest in efforts to address the **social factors that impact health**

Proposed Plan Components

- We propose structuring the plan by working together to **group the goals and targets into the following cross-cutting sections**, synthesized from the Foundational Report.
 1. **Access**, with a patient-centered approach
 2. **Quality**, including care integration, models of care, etc.
 3. **Experience with the Health Care System**, from both patient and provider perspectives
 4. **Infrastructure**, including workforce transformation, data development, etc.
 5. **Solvency**, to ensure sustainability of the system

- We propose to use this structure to help dismantle the silos that our community partners have noted stem from our current sector approach (i.e., primary care, behavioral health, and hospitals).

- **Workgroup Feedback Process**

- Ensuring workgroup feedback in plan creation, target setting, and goal alignment for plan creation
 - Implementing structural process for continued strategic alignment across agencies and sectors

- **Community Engagement Feedback Process**

- Implementing structural process for continued population specific feedback in plan creation, target setting, and goal alignment

- **Data**

- Collecting accurate measures that we will measure, to determine if we have met our targets

Proposed Timeline

EARLY OCT

- Reviewing Federal Considerations
- Deep Dive into Sector Specific Community Engagement Feedback and Planning Future Engagement
- Framing the Targeting Discussion

MID NOV

- Continuing the Discussion of Potential Targets, Connected to the Cabinet's Goals
- Posting Survey on Goals and Targets for Stakeholders

MID DEC

2025 RETREAT

- Bringing the Workgroups Together as we did in 2024
- Shifting from a Sector Focus to a Goals Focus
- Making initial commitments to the RI State Health Plan

JAN-APR

- Validating targets
- Aligning Recommendations and Targets
- Preparing to complete the First RI State Health Plan by the end of March or early April

Q&A/Discussion

Affirmation of the Long-Term Planning Process



Federal Compliance Advisory Group



Background

- On July 3, Congress passed HR-1, and on July 4, the President signed it into law.
 - HR1 includes new laws that effect Medicaid, SNAP, and Health Insurance Marketplaces across the country.
 - A few updates will start next year, but most will happen later.
 - Rhode Island must make our local programs compliant with these new laws.
- **If you are enrolled in Medicaid, SNAP, or HealthSource RI, there's nothing you need to do right now.**
 - The State will contact you about any changes before they go into effect.



Federal Compliance Advisory Group

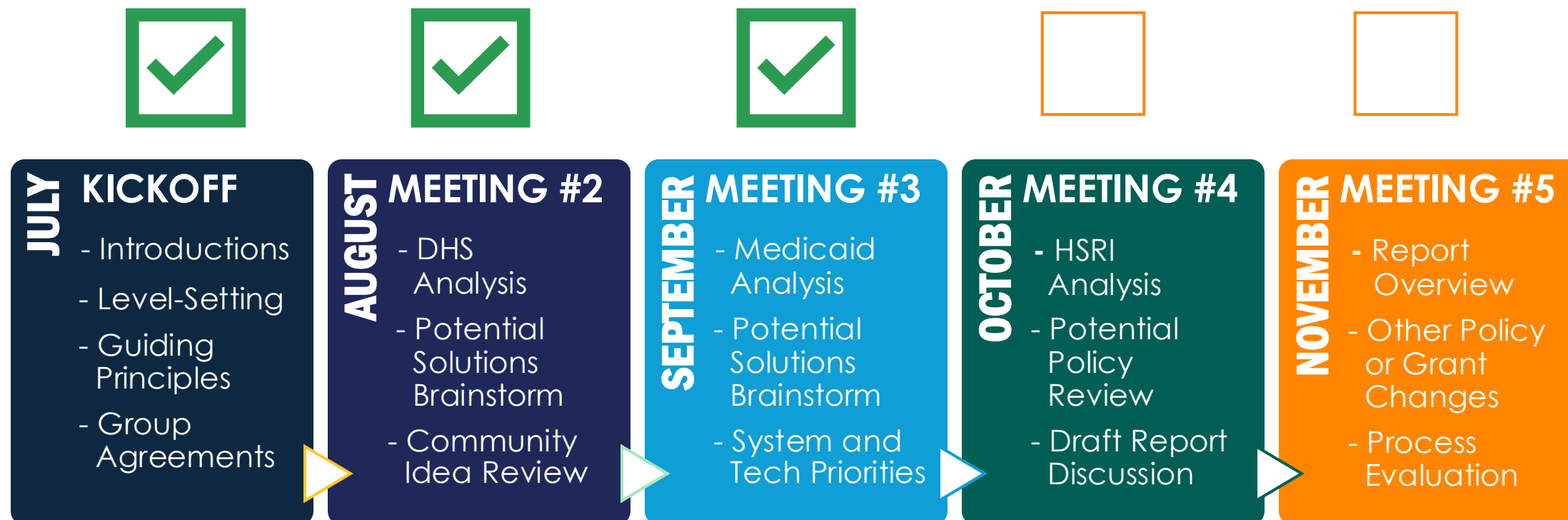


- Convened by the RI Executive Office of Health and Human Services, in coordination with the Governor's Office, to:
 - Review potential impacts of any adopted federal actions related to Medicaid programs, SNAP, HSRI.
 - Develop options for administrative action or general assembly consideration

Includes secretary of health and human services, director of management and budget, and designees from: state agencies, businesses, healthcare, public sector unions, and advocates.

Report due by **October 31, 2025.**

Planned Timeline and Status



SNAP: Summary of Program and Changes



Existing Program

51

Years of local program operation

91K

Households served in 2024

145K

Individuals served in 2024

\$347

Million in benefits issued in 2024

Required Changes

7

SNAP-related Federal policy changes to address
Note: *Internet Restrictions Does Not Apply to RI*

35K*

Individuals potentially affected across all policy changes
**May include duplicates*

\$73

Million+ in new funds likely needed for minimal compliance

\$15

Million in SNAP benefits likely not provided due to eligibility change

Anticipated Implementation Timeline

Based on the current guidance from FNS, here is the anticipated timeline for changes:

October 2025



- **SUA Restrictions***
- **Internet Fee Restrictions***
- **ABAWD Expansion***
- **Immigration Changes***
- **SNAP-Ed Ending***

October 2026



- **25% Admin Cost-Share**

October 2027



- **Error Rate Cost Share****
- **Thrifty Food Plan COLA***

* Date Estimated by FNS

** May be 2028 if Alaska Exception is met

SNAP: Community Feedback Themes



POLICY ITEM	STAKEHOLDER THEMES	POTENTIAL CONSIDERATIONS
Thrifty Food Plan (10101)	<ul style="list-style-type: none"> Concerns about food pantry capacity, funding gaps, and rising demand Suggestions to leverage business discounts, TANF, WIC, and community outreach 	<ul style="list-style-type: none"> Increase emergency food hub funding, partner with businesses for discounts, and raise revenue via new policy initiatives Expand outreach through pediatricians and childcare centers Expand community gardens and food access points
Work Requirement Modifications (10102)	<ul style="list-style-type: none"> Concerns about impacts on disabled individuals, caregivers, immigrants, and homeless Suggestions for volunteer programs, training expansion, and simplified reporting 	<ul style="list-style-type: none"> Coordinate across State agencies Expand employment training and invest in childcare subsidies Engage CBOs for outreach and support for non-English speakers
Standard Utility Allowances Rules (10103)	<ul style="list-style-type: none"> Concerns about winter impacts and verification processes Suggestions for energy efficiency support and data sharing with utility companies 	<ul style="list-style-type: none"> Prioritize implementation before winter, Provide home efficiency kits and resources Establish data matches with utility providers
Matching Funds Requirements (10105)	<ul style="list-style-type: none"> Suggestions to use community partners to reduce error rates, peer support, and workforce readiness training 	<ul style="list-style-type: none"> Engage community groups for education and application support to reduce customer-originated errors
Administrative Cost Sharing (10106)	<ul style="list-style-type: none"> Concerns about funding gaps and impact on community partners Suggestions for system efficiency, navigator expansion, and tax increases 	<ul style="list-style-type: none"> Raise taxes, streamline benefit systems, expand navigator programs, and analyze vendor performance
Nutrition Education (10107)	<ul style="list-style-type: none"> Emphasis on preserving legacy programs and embedding education in other services Suggestions for partnerships with United Way and local farms 	<ul style="list-style-type: none"> Incentivize retail-based education and support local farms Coordinate with RIDOH (WIC, FHV) and RIDE (schools) Train 211 staff and support expanded outreach programs
Eligibility Restrictions (10108)	<ul style="list-style-type: none"> Concerns about mixed-status households, DCYF families, and asylum seekers Suggestions for state funding and advocacy for safety nets 	<ul style="list-style-type: none"> Use state funds to support affected populations Advocate for tax reforms to support safety net costs Engage community groups for targeted safety net education

Medicaid: Overview of Program Changes



At a high level, here are some of the major program changes to Medicaid:

Existing Program	Required Changes
3 Three months retroactive coverage for certain populations	1-2 One month (expansion), two months (non-expansion), and up to two months (CHIP) in retroactive coverage
1x Medicaid expansion renewals conducted annually	2x Medicaid expansion renewals conducted every six months
\$0 No co-pay for the expansion group	\$0-35 Cost-sharing for some services for the expansion population
No No work requirements for expansion Medicaid	Yes Work and community engagement requirements for expansion Medicaid

Anticipated Implementation Timeline

Based on the current CMS guidance, here are some of the anticipated timelines for changes:

SFY 2026

SFY 2027

SFY 2028

SFY 2029 +

- Prohibition on implementing new rules
- Prohibition on Medicaid funds to certain abortion providers
- **State Directed Payment limits for new items**
- **Health care related tax changes for new items**

- **Amended definitions of "qualified aliens"**
- **Community engagement requirements**
- **Redeterminations of eligibility every six months for expansion adults**
- **Retroactive coverage changes**
- Obtain address information

- Death master file checks
- Home equity limit changes for LTSS eligibility
- **Provider tax hold harmless threshold in expansion states phased down to 5.5%**
- **State Directed Payment limits for grandfathered items (10%)**

- **Cost-sharing requirements**
- Duplicate enrollment requirements
- Changes to payment reductions related to federal audits
- **Provider tax hold harmless threshold in expansion states phased down to 5% in FY2029 (3.5% by 2032)**
- **State Directed Payment limits for grandfathered items (10%)**

HSRI: Health Insurance Marketplace Changes



TOPIC (SECTION)	BRIEF SUMMARY	EFFECTIVE DATE (SFY DATE)	RI CONCERN (YES, NO, TBD)
Pre-Enrollment Verification (71303)	Eliminates “conditional eligibility”, requiring customers to verify eligibility criteria before they can enroll.	January 1, 2028 (SFY 2028)	YES
Premium Tax Credit Restriction (71301)	Establishes new designation of “Eligible Alien” for tax credit eligibility, which is limited to lawful permanent residents, Haitian/Cuban immigrants, and COFA immigrants. Refugees, asylees, visa holders etc. no longer eligible.	January 1, 2027 (SFY 2027)	YES
Premium Tax Credit Ineligibility (71302)	Eliminates a rule that allowed premium tax credit eligibility for those ineligible for Medicaid with incomes under 100% FPL when subject to the “Five-year bar” from Medicaid.	January 1, 2026 (SFY 2026)	YES
Recapture Limits for Advanced Premium Tax Credits (APTCs) (71305)	Eliminates the amount of excess APTCs that must be reconciled that previously applied to households making less than 400% FPL.	January 1, 2026 (SFY 2026)	YES
ATPC Ineligibility Once Termed from MA Due to Work Requirements (71119)	Restrictions on Marketplace tax credits for individuals denied Medicaid due to work requirements starting in 2027.	January 1, 2027 (SFY 2027)	YES
Special Enrollment Period Restriction (71304)	Eliminates premium tax credit eligibility for individuals who enroll through an SEP based on expected household income without a life event.	January 1, 2026 (SFY 2026)	YES
Enhanced Advanced Premium Tax Credit Expiration (Non-OBBBA)	Premium tax credits were increased for 5 years via ARPA and IRA. They expire at the end of 2025.	December 31, 2025 (SFY 2026)	YES



Next Meeting Reminder

- **October 07, 2025**
1:00-2:30 PM
EOHHS – Virks Building
- Hybrid Option Available for Members of the Public
- Secretary of State Posting:
<https://bit.ly/FederalComplianceAdvisoryGroup>

REMAINING DATES:

October:	10/7 (1-2:30 PM) Virks Building
November:	11/5 (11:30-1 PM) Virks Building

Office of Health Care System Planning Brief Updates

Data Development
Legislative Planning
Health Related Social Needs
Other Updates



Public Comment

