



# Federal Compliance Advisory Group

## Final Meeting

**Virks Building**

**November 5, 2025**

An aerial view of a meeting room with several people seated around a white table. The room has a light-colored floor and walls. A yellow rectangular overlay is positioned in the center-left of the image, containing the text 'Welcome and Introductions' and 'Secretary Charest'. The table is set with a laptop, papers, and a book. People are dressed in business casual attire.

# Welcome and Introductions

**Secretary Charest**

# Today's Agenda



## Welcome and Introductions

- Housekeeping and Reminders



## Current Situation

- Shutdown and Reports



## Report Review and Key Updates

- Submission and Related Opportunities



## Moving Forward and Public Comment

- Process Evaluation

## Welcome and Introductions



## Current Situation



## Report Review and Key Updates



## Moving Forward and Public Comment



# Housekeeping Reminders

- Restrooms, Water Fountain, and Exits
- Space Accessibility and Overflow Space
- Interpretation Services and Assistive Technologies
- Support Staff Availability
- Timekeeping

## MS Teams Reminders:

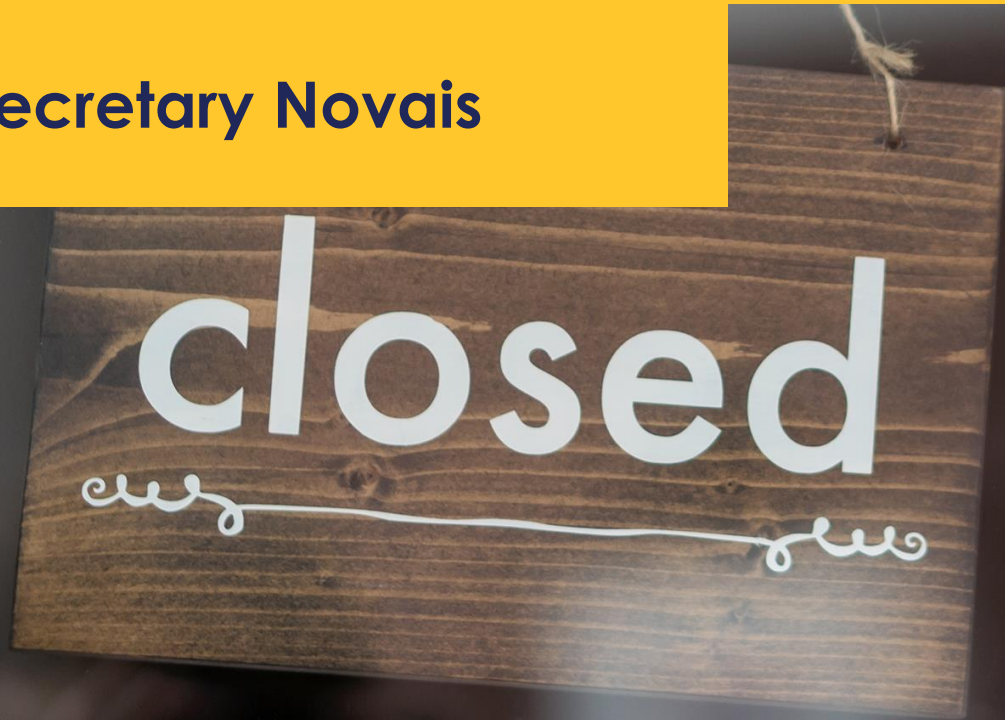
Online participants can view the captions by clicking on the “**Live Transcript**” **button** and selecting “**Show Subtitle**” to display the captions on their screen.

## Wi-Fi Access Information:

Username:	guest user
Password:	OdHr0826

# Current Situation

**Assistant Secretary Novais**



# Federal Shutdown Updates



- **The Federal Government Shutdown is impacting SNAP benefits in Rhode Island**
  - A federal judge has directed federal officials to fund the program using emergency dollars and the federal government recently announced partial funding of benefits
  - The State is closely monitoring this situation and will share additional information about delayed payments from the federal government when we know more
- **Meanwhile, the McKee Administration is coordinating with partners to get additional resources to local food banks and families who need it now**
  - For the latest information about the status of SNAP benefits in Rhode Island and local resources, please visit [SNAPsupport.ri.gov](https://SNAPsupport.ri.gov) [[5d7vp9xab.cc.rs6.net](https://5d7vp9xab.cc.rs6.net)]
- **Please note that the federal government shut down has not impacted Rhode Island's Medicaid program at this time**
  - Medicaid benefits are being processed as usual, and members and providers do not need to do anything differently

# Reports Submitted on H.R.-1 Impacts



- **Office of Management & Budget:**  
[https://omb.ri.gov/sites/g/files/xkgbur751/files/2025-10/OMB H.R. 1 Report 25.10.30.pdf](https://omb.ri.gov/sites/g/files/xkgbur751/files/2025-10/OMB_H.R._1_Report_25.10.30.pdf) [zk8ngbyab.cc.rs6.net]
- **Department of Revenue:**  
<https://dor.ri.gov/media/7596/download?language=en>  
[zk8ngbyab.cc.rs6.net]
- **Executive Office of Health & Human Services:**  
<https://eohhs.ri.gov/initiatives/medicaid-initiatives/federal-compliance-advisory-group> [zk8ngbyab.cc.rs6.net]

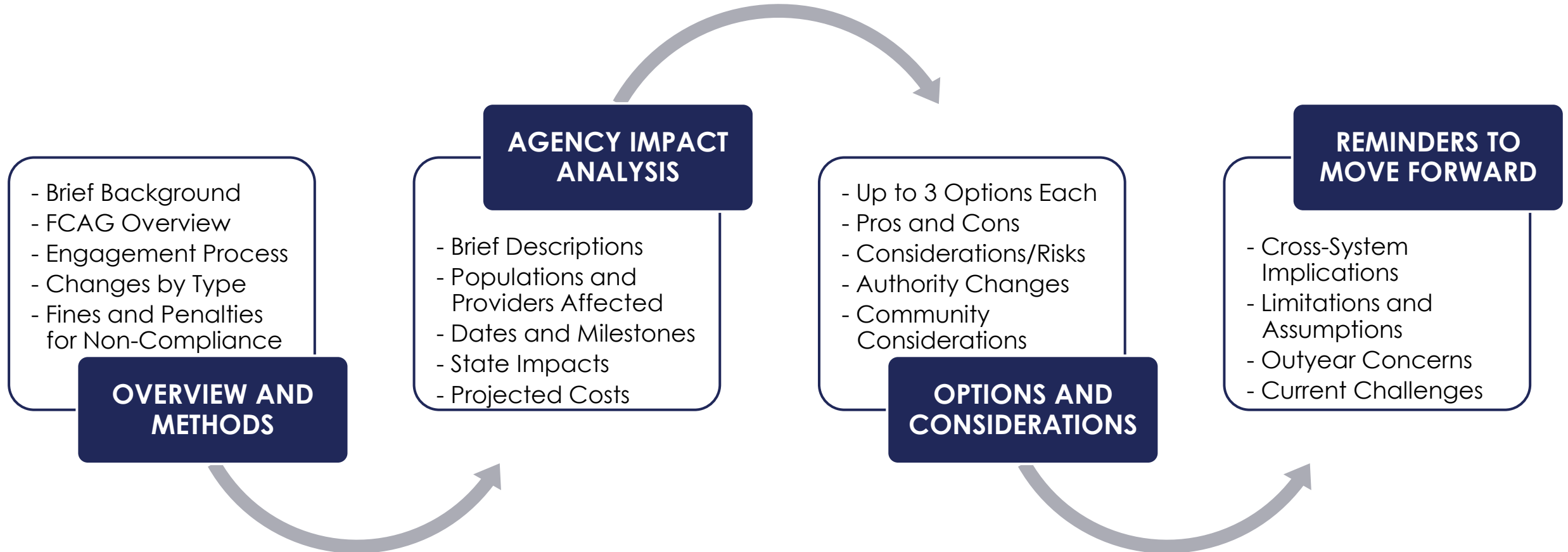


# Report Submission Overview

**Agency Directors**

# FCAG Report Overview

Here is an outline of the key information summarized within the report:



# Report Development Summary



Federal Compliance Advisory Group (FCAG) was established by the Rhode Island General Assembly to assess the impacts of H.R.-1, which introduced sweeping federal budget changes to Medicaid, SNAP, and the Health Insurance Marketplace



FCAG included 38 members from state agencies, healthcare, unions, businesses, and advocacy groups



The group held five public meetings (July–November 2025), each focused on a specific program area related to a total of 36 policy changes



A Steering Committee staffed the FCAG and coordinated report development, engagement, and analysis resulting in 636 meeting attendees, 362 interested parties, 357 gallery walk comments, 47 survey responses, and 17 partner presentations

# Top Lines from Report



**The analysis shows significant consequences from lost health care coverage to families being pushed off food assistance and the State losing millions in federal funding—including:**

- Severely threatens Medicaid coverage for over **30,000** Rhode Islanders
- Cuts the Medicaid provider tax by over **\$150 million**, putting at risk our support to hospitals and critical providers
- Cuts **2,300** households off SNAP and reduces benefits for hundreds more, leaving families to wonder how they'll put food on the table
- Ends the Affordable Care Act enhanced premium tax credits that help keep health insurance affordable, driving up costs and forcing families to pay hundreds more each month for coverage, projected to result in roughly **13,000** Rhode Islanders dropping their coverage altogether

# Additional Considerations and Limitations



## Considerations Across Systems

- Center people and communication: provide clear, multilingual outreach so no one loses coverage or benefits
- Coordinate agency changes: test technology and policy updates across EOHHS, DHS, and HSRI
- Watch ripple effects: adjustments in one program can affect others, like hospital funding or food security
- Plan for staffing and capacity: federal shifts may require added expertise and interagency coordination

## Limitations and Unknowns

- Federal decisions—like budget negotiations or shutdown outcomes—could alter timelines and projections
- Key CMS and FNS guidance is still pending and may change milestones or program options
- Projections beyond next year remain estimates and depend on future federal actions
- Additional data analysis may be useful in understanding other impacts on populations and costs

## Additional Information

- Residents and partners emphasized how vital Medicaid, SNAP, and HSRI are, while suggesting program and revenue ideas
- Agencies will continue transparent updates and provide help navigating any changes
- Continued community engagement will occur through other existing venues to continue to inform partners and review other interagency impacts as policy changes become more clear

A photograph of a doctor in a white lab coat and a patterned shirt, smiling as they examine a patient's arm. The patient is wearing a grey sweater and glasses. The doctor is using a white blood pressure cuff on the patient's arm. The background is a blurred clinical setting.

# High-Impact Changes: **Medicaid**

**Kim Pelland**

# Medicaid: Summary of Program and Changes



## Existing Program

3

Three months retroactive coverage for certain populations

1x

Medicaid expansion renewals conducted annually

\$0

No co-pays for any Medicaid populations

No

No work requirements for any Medicaid populations

## Required Changes

1-2

One month (expansion), two months (non-expansion), and up to two months (CHIP) in retroactive coverage

2x

Medicaid expansion renewals conducted every six months

\$0-35

Cost-sharing for some services for the expansion population, ≤5% family-income cap

Yes

Work and community engagement requirements for expansion Medicaid

**Lowers provider-tax thresholds and changes redistribution standards, reducing Rhode Island's ability to raise matching revenue.**

## Populations/Entities Affected

- Hospitals and MCOs subject to RI provider taxes; state budget.

## Community Feedback

- Work closely with hospitals; identify new revenue; consider phased tax changes; plan for solvency risks.

## State Fiscal and Other Impacts

- Reduced state revenue as caps phase down to 3.5% by SFY 2032 (cumulative - \$150.9M). Added actuarial/finance workload and potential RIGL updates.

## Options to Consider

- Align hospital SDPs with lower Hospital Licensing Fee to offset revenue loss (trade-off: reduced SDP to hospitals).

# State-Directed Payments

**Sections:** 71116

**Effective:** July 4, 2025 (caps take effect); phasedown of grandfathered payments begins SFY 2029



**Caps managed-care payments at Medicare levels and gradually scales down higher state-directed payments, likely reducing hospital reimbursements.**

## Populations/Entities Affected

- Hospitals (large SDP share) and other providers paid via SDPs; RI has >20 SDPs (~\$470M).

## Community Feedback

- Review at-risk providers; consider advocating for longer phase-down and alternative supports.

## State Fiscal and Other Impacts

- Hospital SDP set at percentage of average commercial rate (SFY 2025 \$281M; SFY 2026 \$325M). Phasedown 10%/yr starting SFY 29 for eligible SDPs.

## Options to Consider

- Some OHIC-reviewed rates now exceed Medicare (notably BH); potential exposure if CMS extends caps to more services.

# Alien Medicaid Eligibility

Sections: 71109

Effective: October 1, 2026



**Narrows who counts as a “qualified” non-citizen for Medicaid/CHIP (10/01/26), driving coverage losses and more uncompensated care.**

## Populations/Entities Affected

- Non-citizen adults losing eligibility under narrowed “qualified alien” rules.

## Community Feedback

- Partner with CBOs; share notice messaging; consider expanding Cover All Kids/charity-care supports to blunt uncompensated care, esp. primary care & BH.

## State Fiscal and Other Impacts

- Expected coverage losses and higher uncompensated care; state-only backstops would raise costs.

## Options to Consider

- Modify “Cover All Kids” pathway to include older youth/young adults (state-only).

# Community Engagement Requirements.

**Sections:** 71119

**Effective:** December 31, 2026 (requirement start); January 1, 2027 (APTC restriction for noncompliance)



**Adds work/community-engagement requirements for certain adults and blocks APTCs for those losing Medicaid, putting ~24,600 at risk and requiring major admin build-out.**

## Populations/Entities Affected

- ~90,000 expansion/expansion-like adults touched; ~24,600 at risk of disenrollment based on exemptions/compliance assumptions.

## Community Feedback

- Unified toolkits and navigator supports; job-training investments; targeted outreach across agencies.

## State Fiscal and Other Impacts

- Significant admin/IT build; increased churn, appeals, and uncompensated care; no HSRI APTC if Medicaid lost for non-compliance, disrupting coverage.

## Options to Consider

- Align work rules across SNAP/Medicaid, where possible.
- Expansion repeal only as a last-resort option given very large coverage losses and state costs.

# Eligibility Redeterminations

**Sections:** 71107 & 71112

**Effective:** 12/31/2026 (6-month redeterminations)



**Shortens renewal periods and limits retroactive coverage, increasing administrative workload and risk of care disruptions.**

## Populations/Entities Affected

- Adult Medicaid expansion enrollees and those receiving minimum essential coverage through a waiver move to 6-month redeterminations; members of Tribes are exempt.

## Community Feedback

- Simplify mailings/forms; expand navigator and walk-in supports; partner with FQHCs/hospitals for transitions.

## State Fiscal and Other Impacts

- More churn → admin burden for MCOs/state and bad-debt pressure on providers.

## Options to Consider

- Maintain Expansion and absorb build costs vs. Eliminate Expansion and push to HSRI (would drop >80k from Medicaid and require major state subsidy to avoid unaffordable premiums).

# Cost-Sharing Requirements

Sections: 71120

Effective: 10/1/2028



**Adds copays for adults above the poverty line, requiring new collection systems and potentially lowering provider revenue.**

## Populations/Entities Affected

- Expansion adults >100% FPL subject to copays up to \$35 per service (with exclusions).

## Community Feedback

- Track effects with MCOs/providers; monitor risk of coverage loss for middle-income members.

## State Fiscal and Other Impacts

- New collection infrastructure needed; potential lower provider revenue if collections lag.

## Options to Consider

- Build state copay collection systems; or eliminate Expansion (large coverage losses/cost shifts; significant state funding needed to create exchange alternatives).

# Medicaid: Anticipated Implementation Timeline



**CMS guidance phases in gradually through SFY 2032, with administrative, eligibility, and payment reforms introduced over time.**

SFY 2026	SFY 2027	SFY 2028	SFY 2029+
<ul style="list-style-type: none"> <li>• Implementation moratorium on new rules</li> <li>• Funding limits for certain providers</li> <li>• Initial <b>State Directed Payment</b> and <b>tax</b> rule updates</li> </ul>	<ul style="list-style-type: none"> <li>• Revised “qualified alien” definitions</li> <li>• New <b>community engagement</b> requirements</li> <li>• Semiannual eligibility redeterminations</li> <li>• Retroactive coverage and data updates</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced data checks (e.g., death master file)</li> <li>• Updated LTSS home equity thresholds</li> <li>• Reduced <b>provider tax hold harmless</b> limits (5.5%)</li> <li>• Continued <b>payment rule phase-in</b></li> </ul>	<ul style="list-style-type: none"> <li>• Expanded <b>cost-sharing</b> requirements</li> <li>• Tighter enrollment and audit standards</li> <li>• Further reductions in <b>provider tax thresholds</b> (to 5%)</li> <li>• Ongoing <b>State Directed Payment</b> caps</li> </ul>



# High-Impact Changes: **SNAP**

**Director Brito**



# 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*

14K\*

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

\$73\*

Million+ in new funds likely needed for minimal compliance  
*\*Contingent on SNAP Error Rate*

\$15\*

Million in SNAP benefits likely not provided due to eligibility change  
*\*Contingent on individuals affected*

**Limits SNAP benefit updates to inflation only, so benefits won't keep pace with healthy-diet costs over time.**

## Populations/Entities Affected

- All SNAP households; grocery retailers; food banks and public-health partners.

## Community Feedback

- Concern that benefit growth lags food costs; biggest harms for children, older adults, and people with chronic conditions.

## State Fiscal and Other Impacts

- Lower federal benefits flow into RI; potential \$37B national reduction through FY2034 signals pressure on families and safety-net services.

## Options to Consider

- Track RI food prices; expand nutrition incentives (e.g., EWBW); coordinate with WIC/school meals; explore state supplements for very low benefits.

**Tightens waiver rules and expands who must meet work/activities, adding new administrative steps and risk of churn.**

## Populations/Entities Affected

- ~5,300 new cases subject to reqs; ~4,000 lose prior exemptions; more adults 55–64 and some parents of older teens affected.

## State Fiscal and Other Impacts

- Systems/policy/training costs; increased case complexity; potential benefit reductions for those unable to document compliance.

## Community Feedback

- Expect more appeals/paperwork; need navigators, childcare/transportation help; address BH/disability barriers.

## Options to Consider

- Build an integrated reporting platform and “Front Door” compliance hubs; voluntary VR referrals; expand community supports.

# Standard Utility Allowances (SUA) Rules

**Sections:** 10103

**Effective:** 11/1/2025



Ends SUA for households without an elderly/disabled member; many must submit actual bills, lowering benefits and increasing paperwork.

## Populations/Entities Affected

- Non-elderly, non-disabled families—especially renters/working families previously qualifying via LIHEAP.

## Community Feedback

- Worries about paperwork burden and confusion; calls to simplify forms and provide clear application support.

## State Fiscal and Other Impacts

- Higher eligibility workload and error risk; IT/policy/training updates; likely demand spike at food pantries.

## Options to Consider

- Utility data-match + simple proofs; automate with RI Energy/LIHEAP; staff training and outreach to reduce shelter-calculation errors.

# PER Matching Funds Requirements

Sections: 10105

Effective: 10/1/2027



**States must pay 0–15% of SNAP benefits based on their payment error rate (PER); RI's recent PER would place it at 15% without improvement.**

## Populations/Entities Affected

- Entire RI SNAP caseload (80k+ households) indirectly; DHS finance/QA teams directly.

## Community Feedback

- Risk that fiscal pressure diverts resources; LEP/immigrant households more exposed to paperwork errors.

## State Fiscal and Other Impacts

- Large GR exposure—illustrative cost share ~\$51.3M at the 15% tier; three-year lag on PER; delayed start for very high PER states.

## Options to Consider

- Community PER Partners micro-grants; strengthen QA “find-and-fix”; plain-language notices and CHW coaching.

**Federal reimbursement for SNAP administration drops from 50% → 25% in FY27, raising the state share to 75% of admin costs.**

## Populations/Entities Affected

- DHS operations, Contact Center, QA, IT vendors; households indirectly via service capacity.

## Community Feedback

- Emphasize transparency, data-sharing, and community representation in implementation.

## State Fiscal and Other Impacts

- Tens of millions in new GR annually to maintain staffing, training, and systems—on top of PER-based benefit matching.

## Options to Consider

- Plan FY26–27 budgets; add project management/policy capacity; align with QA framework and statewide QA collaborative.

**Ends/limits federal SNAP-Ed funding; RI can maintain nutrition education via low-cost volunteer/peer networks and by sustaining Eat Well, Be Well incentives.**

## Populations/Entities Affected

- SNAP households statewide; DOH/DHS partnerships; volunteers, colleges, and community organizations.

## Community Feedback

- Broad support for community-driven education tied to incentives and work-requirement hubs.

## State Fiscal and Other Impacts

- Minimal if volunteer model; requires coordination/quality control; strong public-health upside if paired with EWBW.

## Options to Consider

- Codify/finance EWBW; develop DOH/DHS-endorsed curriculum and short certification; integrate attendance with the Work-Requirement Portal.

**Narrows who qualifies among legally present immigrants—ending eligibility for many humanitarian categories and increasing food insecurity.**

## Populations/Entities Affected

- Legally present non-citizens outside a short statutory list (e.g., many parolees and humanitarian entrants).

## Community Feedback

- CBOs expect increased need for outreach/case management; concerns about equity and paperwork barriers.

## State Fiscal and Other Impacts

- Higher emergency food demand and administrative complexity; coordination with verification protocols needed.

## Options to Consider

- Clear notices in multiple languages; navigator partnerships; align with WIC/school meals and charity-care; explore state-funded mitigation where feasible.

# SNAP: Anticipated Implementation Timeline



FNS changes roll out from late 2025 through 2027, introducing eligibility, cost-share, and program adjustment phases.

November 2025 – Early 2026	October 2026	October 2027
<ul style="list-style-type: none"><li>• Implements SUA and internet fee restrictions*</li><li>• Expands ABAWD work requirements*</li><li>• Updates immigration eligibility rules*</li><li>• Ends SNAP-Ed funding (FNS-estimated date)</li></ul>	<ul style="list-style-type: none"><li>• Introduces <b>25% administrative cost-share</b></li></ul>	<ul style="list-style-type: none"><li>• Begins error-rate cost-share policy (may shift to 2028 if Alaska exception applies)**</li><li>• Adjusts Thrifty Food Plan COLA (FNS-estimated date)*</li></ul>

\* Date Estimated by FNS

\*\* May be 2028 if Alaska Exception is met



# High-Impact Changes: **Marketplace**

**Director Lang**

# Health Insurance Marketplace: Summary of Program and Changes



## Existing Program

**43K**

43K of 48K enrollees are eligible for enhanced advanced premium tax credits (APTCs)

**Yes**

Most individuals with certain legal immigration statuses receive APTCs

**13**

13 weeks of Open Enrollment (Nov 1 – Jan 31)

**Yes**

May enroll conditionally before completing verification

## Required Changes

**13K**

13,142 enrollees are expected to disenroll when enhanced APTCs expire

**No**

Most individuals with certain legal immigration statuses barred from receiving APTCs, 4000+ affected

**9**

9 weeks of Open Enrollment maximum, ending on Dec 31, Effective OE 2027

**No**

Verification must be completed before enrollment

# Affordability Changes - Broad

**Sections:** N/A, Repealed not Added

**Effective:** 1/1/2026



**Enhanced APTCs expire after 2025 → higher 2026 premiums, ~\$59M less APTC for HSRI customers, and enrollment drop-off.**

## Populations/Entities Affected

- ~41,400 HSRI enrollees now receiving APTCs; individual market carriers.

## Community Feedback

- Target outreach to those hit hardest; prepare Contact Center for higher volume; partner with CBOs for clear, consistent messaging.

## State Fiscal and Other Impacts

- Loss of APTCs raises net premiums; HSRI user-fee revenue falls; risk of ~13,100 customers dropping coverage by 2027; Additional \$70M in base tax credits left on the table

## Options to Consider

- Proactive notices before OE; evaluate a state premium subsidy to backfill lost APTCs; explore small-employer incentives (HSRI for Employers).

**New federal rules narrow APTC eligibility for immigrants and those losing Medicaid due to work requirements → coverage losses concentrated in vulnerable groups.**

## Populations/Entities Affected

- Lawfully present immigrants losing APTC eligibility; immigrants <100% FPL subject to Medicaid 5-year bar; those unable to meet Medicaid work requirements

## State Fiscal and Other Impacts

- Higher uninsured rates and uncompensated care; pressure on community health and safety-net providers.

## Community Feedback

- Focus outreach via trusted CBOs; difficulty identifying impacted individuals; consider supports for affected families.

## Options to Consider

- Communications and outreach to affected customers; integrated training with DHS and HSRI on work requirements

# Enrollment Barriers

Effective:

2026 SEP eliminated;  
Shorter OE 2027,  
Verification effective  
1/1/28



**Eliminating income-based SEPs, shortening OE to end 12/31, eliminating APTC recapture limits, and adding pre-enrollment verification will raise hurdles and reduce enrollment.**

## Populations/Entities Affected

- ~888 applicants/yr who use income-based SEPs; customers with verification needs/customer service needs, customers who underestimated income, younger enrollees who enroll late in OE.

## State Fiscal and Other Impacts

- Lower enrollment → lower HSRI user-fee revenue; significant IT/ops costs for PEV; increased uninsured risk.

## Community Feedback

- Leverage CBOs; prep customers on docs needed before OE; proactive marketing to reduce last-minute bottlenecks. 2026 SEP eliminated.

## Options to Consider

- System “toggle” for income-SEP logic; broad outreach on shortened OE/self-service; coordinated training with DHS/Contact Center for consistent guidance.

# Operational Challenges



**Call volume spikes, difficult re-enrollment, cross-system coordination (esp. with Medicaid work rules), and limited federal guidance strain HSRI operations.**

## Populations/Entities Affected

- HSRI customers needing help; Contact Center and navigator networks; DHS/EOHHS teams sharing RIBridges.

## Community Feedback

- Clear, accessible info; coordinated messaging across agencies; invest in community assisters and tools.

## State Fiscal and Other Impacts

- Ongoing personnel needs; added project management and policy expertise to implement changes.

## Options to Consider

- Staff up across key units and positions; cross-agency trainings; invest in online/voice guidance and navigator capacity.

# HSRI: Anticipated Implementation Timeline



**APTC and enrollment policy changes phase in from 2026–2028, narrowing eligibility and increasing verification requirements.**

January 2026	January 2027	January 2028
<ul style="list-style-type: none"><li>• Ends <b>enhanced APTC</b> provisions</li><li>• Ends APTC for “5-year bar” populations under 100% FPL</li><li>• Allows <b>unlimited APTC recapture</b></li><li>• Adds income-based SEP restriction</li></ul>	<ul style="list-style-type: none"><li>• Eliminates APTC for additional immigration statuses</li><li>• Ends APTC for members leaving Medicaid due to <b>work requirements</b></li><li>• Shortens <b>open enrollment period</b></li></ul>	<ul style="list-style-type: none"><li>• Introduces <b>pre-enrollment verification</b> for APTC eligibility</li></ul>

*Changes that are effective in January typically need to be implemented 3-6 months in advance, before Open Enrollment begins*

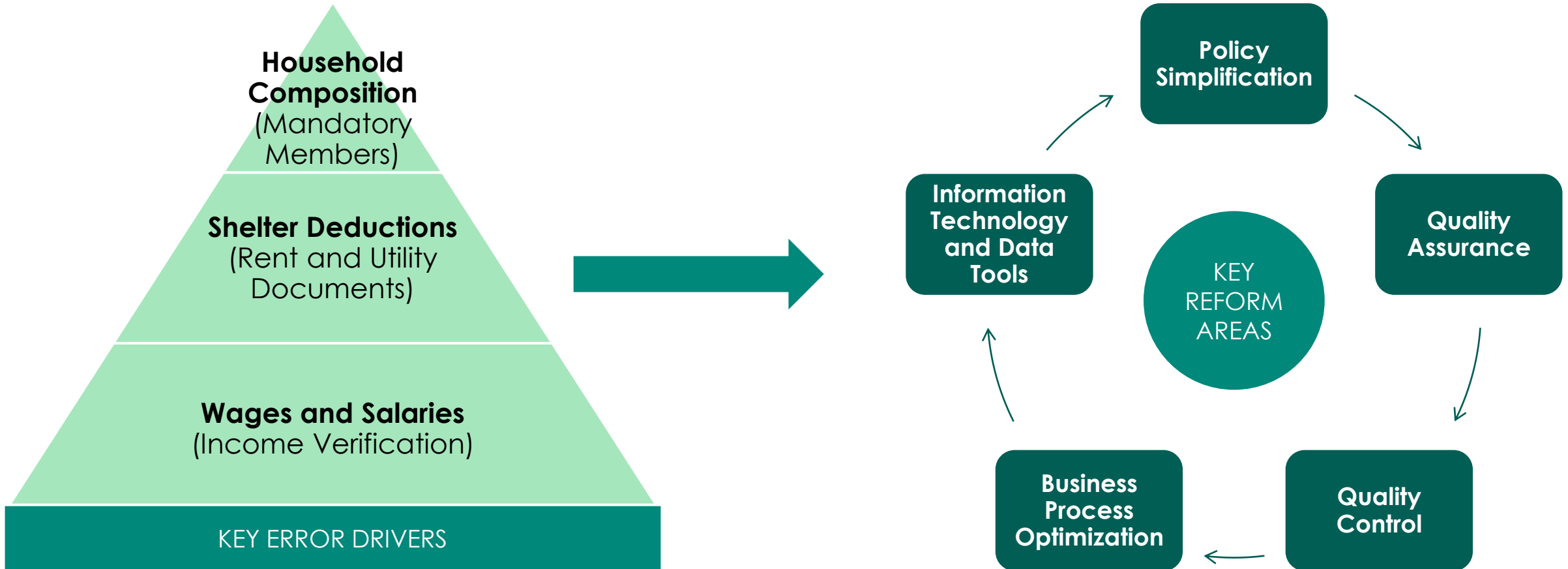


# Key Updates: SNAP Improvement Plan

**Director Brito**

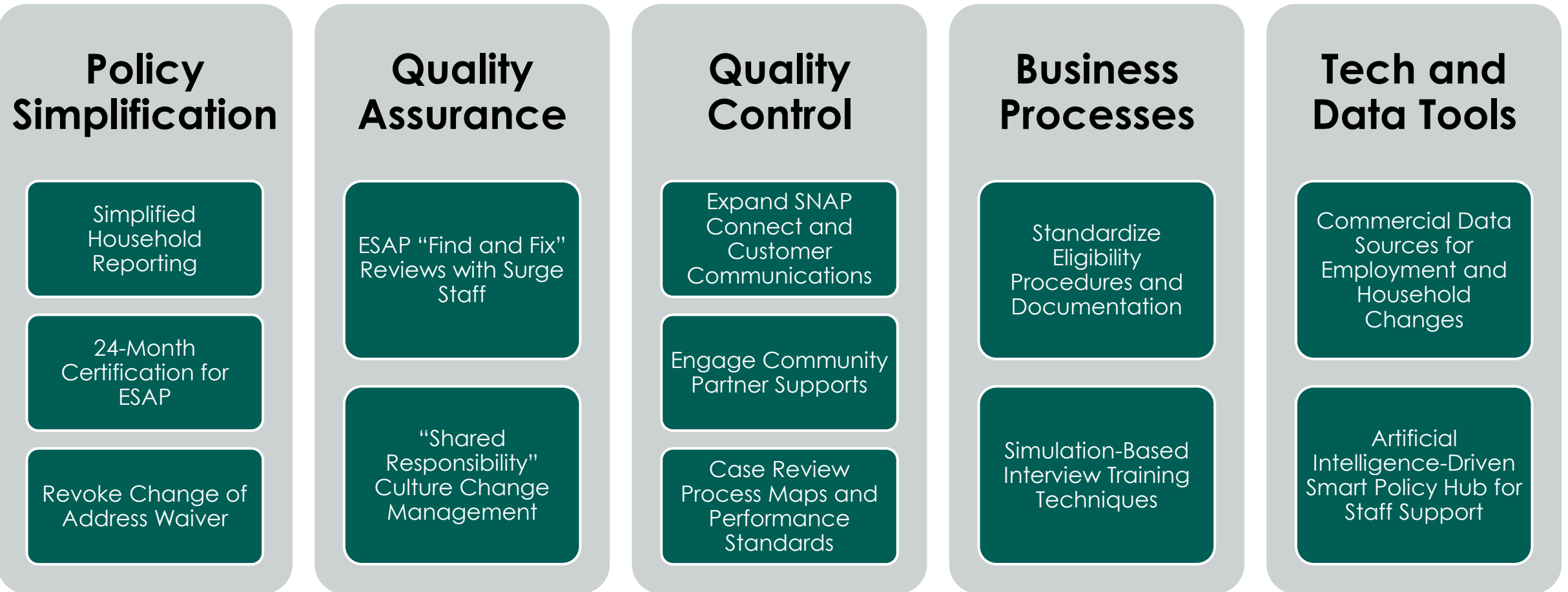
# SNAP Payment Error Rate (PER) Improvement Plan

Rhode Island SNAP's quality data shows three drivers account for the majority of the state's Payment Error Rate (PER). DHS is focusing on the top error drivers with clear, practical reforms.



# Targeted Reform Areas and Solutions

For each reform area, several key solutions have been identified to reduce PER:



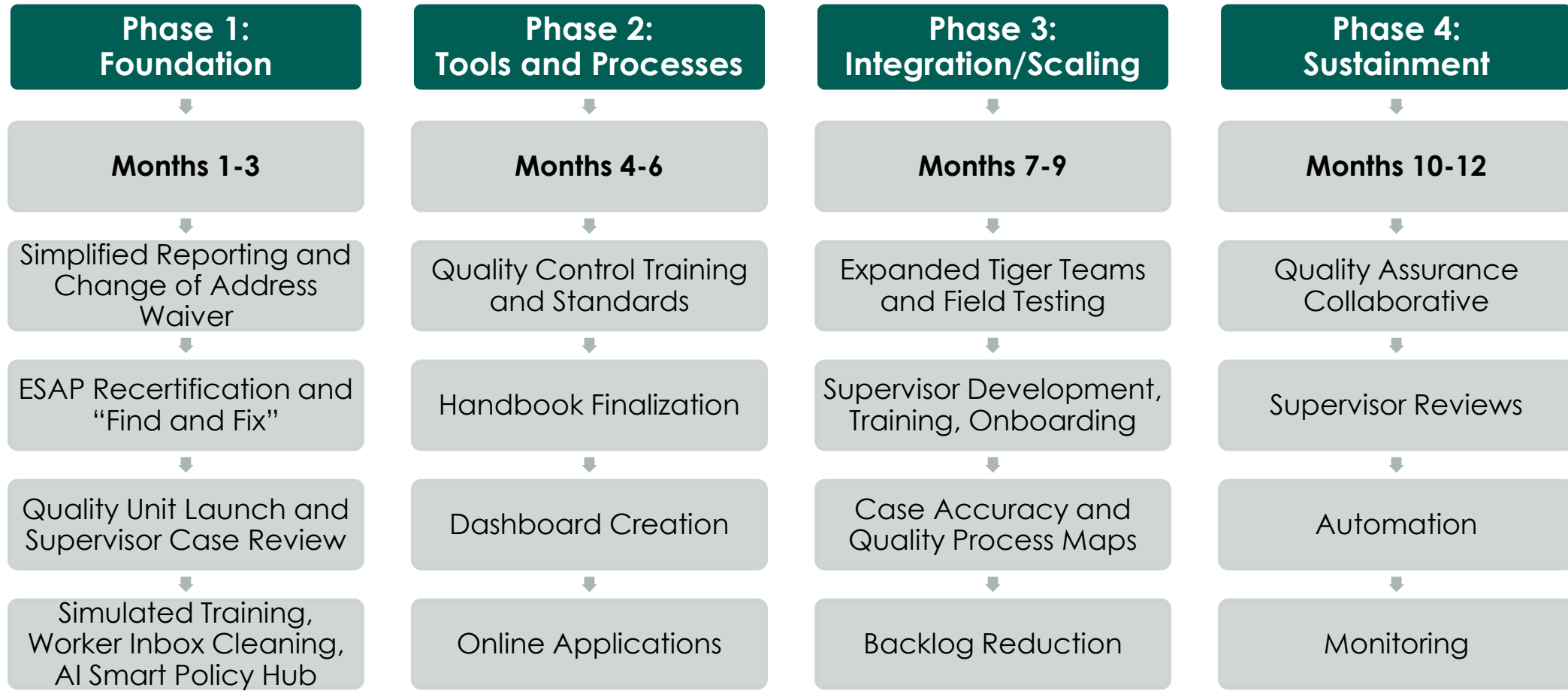
# Agency-Wide Change Management

Adopting recommended solutions requires agency-wide partnership.



# Implementation Timeline for PER Solutioning

A phased approach will build momentum, deliver change, and sustain improvements.

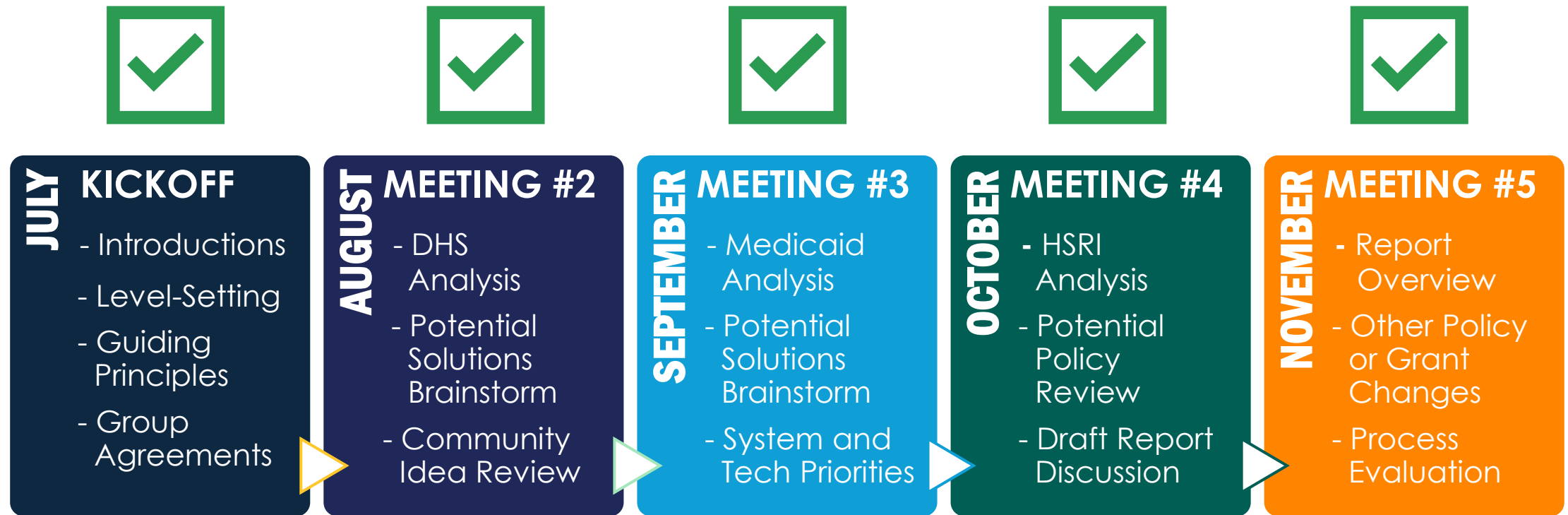




# Moving Forward and Public Comment

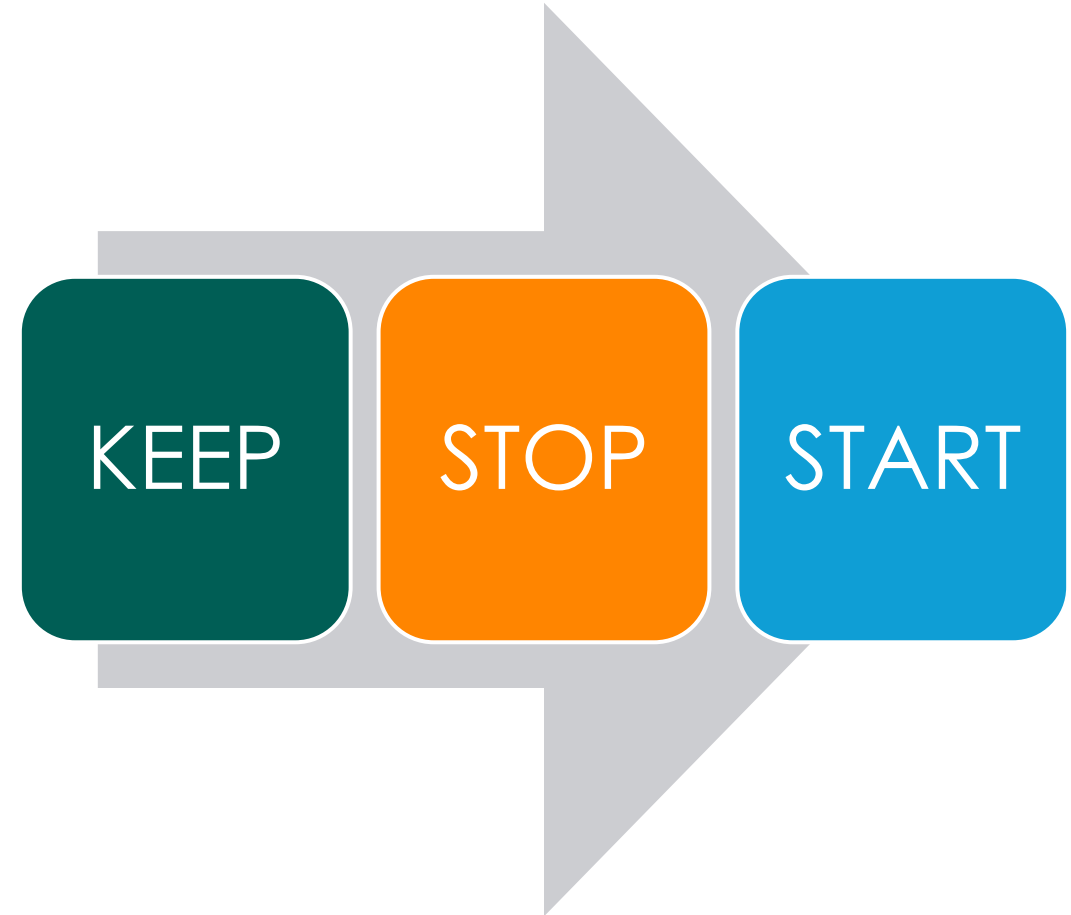
**Secretary Charest**

# Planned Timeline and Proposed Next Steps



## ■ Topics for Comment:

- Meetings and Logistics
- Content Presented
- Accessibility
- Gallery Walk Activities
- Read-Ahead Materials
- Website Content
- Community Surveys
- Partner Presentations



# Next Steps for Rhode Island



**EOHHS, DHS, and HSRI are deeply grateful for the public participation and comment in the FCAG process that assisted with understanding the full scope of Federal budget implications and developing creative yet responsive strategies and options**

- Rhode Island has explored as many avenues as possible to protect vulnerable populations and ensure access to vital healthcare, food assistance, and affordable health insurance
- Through continued transparent communication, the community can work proactively to be prepared for the adjustments that will be necessary as changes take effect in Rhode Island

**Rhode Island will continue to provide clear, timely information about changes to eligibility, benefits, or services for Medicaid, SNAP, and HSRI members, along with resources to navigate these transitions upon implementation**

- Only by working together across branches of government—and in partnership with the community—will Rhode Island be able to support affected beneficiaries, partners, and systems
- Rhode Island will continue to update the community, providers, and partners via routine mechanisms and, where applicable, new forums established by the affected agencies



# Public Comment

**Online and Virtual**

# Thank You

**Thank you for your continued participation, availability, and feedback throughout this expedited process!**



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# Appendix Slides

# Summary of HSRI Gallery Walk Feedback



POLICY CHANGE AREA	IMPACT ANALYSIS: Stakeholder Themes	POTENTIAL SOLUTIONS: Stakeholder Feedback
<b>Enhanced Advanced Premium Tax Credit (APTC) Expiration</b>	<ul style="list-style-type: none"> <li>Significant concern over loss of affordability and the need for state-level financial backfill and new revenue sources</li> </ul>	<ul style="list-style-type: none"> <li>Raise state revenue (e.g., taxes on alcohol, cannabis, sugary drinks, tobacco, gambling, cars) to backfill the loss of enhanced APTC and provide state premium assistance</li> <li>The impact on older enrollees and couples is larger</li> <li>The value of state investment versus the cost of uncompensated care or medical debt should be calculated</li> </ul>
<b>End APTC for "5-year bar" customers under 100% FPL</b>	<ul style="list-style-type: none"> <li>Focus on immigrants and their families; difficulty in identifying impacted individuals due to immigration status privacy concerns</li> </ul>	<ul style="list-style-type: none"> <li>Expand Cover All Kids to include adults with no available coverage options as a safety net for immigrant families losing coverage</li> <li>Rely heavily on trusted community partners as liaisons for outreach/supportive strategies to hard-to-reach populations</li> </ul>
<b>Eliminate APTCs for Legal Immigrant Statuses</b>	<ul style="list-style-type: none"> <li>Need to identify which state systems will feel the most impact (e.g., children/families) when DACA and immigrants lose coverage</li> </ul>	<ul style="list-style-type: none"> <li>State-based tax credit to replace APTC</li> <li>Expand charity care statute to include primary care, dental, and behavioral health providers</li> </ul>
<b>Pre-Enrollment Verification</b>	<ul style="list-style-type: none"> <li>Focus on the operational challenge of getting individuals to gather necessary documentation <i>before</i> the enrollment period</li> </ul>	<ul style="list-style-type: none"> <li>Consider options for pre-enrollment verification and gathering necessary information from enrollees <i>before</i> open enrollment begins</li> <li>Proactive marketing and outreach strategies listing out what docs may be needed for pre-enrollment</li> <li>Hire and work with CBOs and utilize Community Health Workers to assist with verification and documentation</li> </ul>
<b>Shortening Open Enrollment Period (OEP)</b>	<ul style="list-style-type: none"> <li>Concern over the shorter timeline and its potential impact on customers and contact center operations</li> </ul>	<ul style="list-style-type: none"> <li>Consider options to ensure open/pre-enrollment can begin earlier to account for the earlier end date</li> <li>Consider a generous SEP for exigent circumstances for people with enrollment issues during OEP</li> <li>If possible, move towards year-round enrollment</li> </ul>
<b>Unlimited Recapture of APTCs</b>	<ul style="list-style-type: none"> <li>Concern about the impact on individuals with variable income</li> </ul>	<ul style="list-style-type: none"> <li>Develop ways to ensure folks with variable income and hours are able to easily report</li> </ul>
<b>No APTC if Termed Due to Work Requirements Non-Compliance</b>	<ul style="list-style-type: none"> <li>Concern about "kicked off" individuals and the duration of their ineligibility (the "ban")</li> </ul>	<ul style="list-style-type: none"> <li>Identify health workers (like home health CNAs) who may be impacted</li> <li>Consider any State options on how long a "ban" for those kicked off Medicaid for work requirements can be</li> </ul>