



H.R. 1 Stakeholder Meeting

October 2, 2026



- **Welcome and Updates**
- **OIM Updates**
 - MA Work Requirements
 - Initial Outreach- Notices, Calls, Texts
 - Self- Attestation- Process and Forms
 - Medical Frailty
 - Non-citizen Eligibility
 - Retroactive Coverage
 - SNAP Peers Clocks
- **Outreach Examples**
- **Next Steps and Conclusion**



Secretary Val Arkoosh



- **OIM Updates**
 - Outreach Activities
 - New Applications/Renewals
 - COMPASS Display
 - Other HR1 Activities
 - Noncitizen Eligibility
 - Retro Eligibility
 - SNAP PEER Clock Reset



- **DHS completed initial outreach for the largest cohort of MG90/91 recipients via mail on 9/21**
- **Calls and texts are following**
- **Initial outreach will continue each month through January to new MG90/91 recipients**
- **Periodic outreach will take over in February at eligibility determinations and changes in category**



- To ensure that DHS can evaluate eligibility under the new rules new versions of the PA600 series (app/renewal) have been created
- DHS plans to systematically replace old PA600 versions and only provide the new version when one is requested
- Old versions will be accepted but require an additional Self-Assessment form to be issued and collected

Additional Required Information

Complete this information for anyone age 19 to 64 who is applying for healthcare. It is important you answer these questions as your responses will help determine if you meet work requirements or if you are exempt from work requirements for MA.

Was anyone a parent, caretaker or a caregiver of a child under 14 last month but not currently? ☐ Yes ☐ No

If yes, who? (list each person's name)

What is the child's name?

Does anyone care for a person with a disability on a regular basis? ☐ Yes ☐ No

Who is the person who provides care? (list each person's name)

What is the name of the person with a disability?

Does the person with a disability live in the same house? ☐ Yes ☐ No

What is the caregiver's relationship to the person with a disability?

How many hours a month does the caregiver provide care to the person with a disability?

Did anyone care for a person with a disability during the last month but not currently?

☐ Yes ☐ No

Who was the person who provided care? (list each person's name)

What is the name of the person with a disability?

Did the person with a disability live in the same house? ☐ Yes ☐ No

What is the caregiver's relationship to the person with a disability?

How many hours a month did the caregiver provide care to the person with a disability?

Is anyone living with a physical, intellectual, or developmental disability that makes it hard to do daily activities, like moving around, bathing, dressing, or eating? ☐ Yes ☐ No

If yes, who? (list each person's name) Include the name of their medical condition.

If yes, does their medical condition make it significantly harder or impossible to work or complete work-related activities? ☐ Yes ☐ No

Is anyone living with a disabling mental health condition? ☐ Yes ☐ No

If yes, who? (list each person's name) Include the name of their medical condition.

If yes, does their medical condition make it significantly harder or impossible to work or complete work-related activities? ☐ Yes ☐ No

Is anyone living with a serious or complex health condition that requires regular treatment? ☐ Yes ☐ No

If yes, who? (list each person's name) Include the name of their medical condition.

If yes, does their medical condition make it significantly harder or impossible to work or complete work-related activities? ☐ Yes ☐ No

Did anyone have a medical condition that was improved that made it significantly harder or impossible to work or complete work-related activities in the month before they applied? ☐ Yes ☐ No

If yes, who? (list each person's name) Include the name of their medical condition.

Additional Required Information

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Is anyone living with a drug or alcohol disorder? ☐ Yes ☐ No

If yes, answer the following questions:

Has the person with a drug or alcohol disorder been in recovery for less than five years?

☐ Yes ☐ No

Does their medical condition make it significantly harder or impossible to work or complete work-related activities? ☐ Yes ☐ No

Is anyone in a drug addiction or alcohol treatment program? ☐ Yes ☐ No

Was anyone in a drug and alcohol treatment program in the last month? ☐ Yes ☐ No

Is anyone a veteran with a 100% disability rating made by the U.S. Department of Veterans Affairs? ☐ Yes ☐ No

Has anyone received care in an inpatient hospital, nursing facility, assisted living, personal care home, facility for people with intellectual disabilities, inpatient psychiatric hospital, or other similar care including outpatient care for a condition that may require inpatient services? ☐ Yes ☐ No

Has anyone traveled for an extended period of time to receive medical care for themselves or a dependent not available near the place of residence? (This includes when you or dependent travels without you to receive medical care if you are involved in preparations for the travel.) ☐ Yes ☐ No

Was anyone in jail or prison within the last four months before you applied? ☐ Yes ☐ No

Provide their release date:

If yes, who? (list each person's name)

If yes, who? (list each person's name) Include the name of the program for each individual.

If yes, who? (list each person's name) Include the name of the program for each individual and their discharge date.

If yes, who? (list each person's name)

Is this rating based on a temporary disability? ☐ Yes ☐ No

If yes, who? (list each person's name)

When did the person receive care?

If yes, who? (list each person's name)

When did the person travel?

Where was the medical care received?

If yes, who? (list each person's name)

Additional Required Information

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Is anyone enrolled as a student (high school, GED, college, graduate school, or vocational program)? If yes, provide information for each person enrolled as a student below. ☐ Yes ☐ No

Name	Name of Educational Institution	Begin Date	Is this person enrolled full-time or at least half-time?	If enrolled less than half-time, how many credit hours was this person enrolled in last month?	If the school does not use credit hours, how many hours were spent in classes or educational activities in the last month?
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Is anyone completing volunteer work or community service? If yes, provide information for each person completing volunteer work or community service below. ☐ Yes ☐ No

Name	Name of the Organization	Start Date	How many hours did this person complete last month?

Is anyone doing work to get goods or services or any kind of unpaid work other than volunteer work or community service? If yes, provide information for each person who gets goods or services for doing work or works without pay below. ☐ Yes ☐ No

Name	Employer Name	Type of Work	Start Date	How many hours did this person complete last month?

Human Services



Additional Required Information

Complete this information for anyone age 19 to 64 who is applying for healthcare. It is important you answer these questions as your responses will help determine if you meet work requirements or if you are exempt from work requirements for MA.

Is anyone participating in a work or job training program? If yes, provide information for each person participating in a work or job training program below. ☐ Yes ☐ No

Name	Name of the Organization	Start Date	How many hours did this person complete last month?



- **DHS will enable applicants subject work rules to see if these rules have been satisfied for eligibility purposes**
- **This information will be available on the My Benefits screen of the COMPASS website and the myCOMPASS PA mobile app**
- **They will only indicate if there is sufficient information to confer eligibility and not the reason for eligibility**
- **They will only indicate this if a person is subject to these rules and not if they are not subject to work rules**



benefit.

Medical Assistance Open

Benefit Renewal Date 01/31/2027

Members John Doe (31)

Opened 03/21/2022

MA Work Requirement
Federal MA Requirement

Status Satisfied

*For more information about MA work requirements, visit www.dhs.pa.gov/MedicaidChanges

CCBH
Managed Care Behavioral

Address 339 Sixth Ave #1300
Pittsburgh, PA 15222

Phone Number (412) 454-2120

Fax Number (412) 454-2122

*Current plan listed. Visit <https://www.enrollnow.net/> or call 800-440-3389 for plan options in your area.

Medical Assistance Open

Benefit Renewal Date 01/31/2027

Members Jane Doe (35)

Opened 03/21/2022

MA Work Requirement
Federal MA Requirement

Status Pending

*For more information about MA work requirements visit www.dhs.pa.gov/MedicaidChanges

CCBH
Managed Care Behavioral

Address 339 Sixth Ave #1300
Pittsburgh, PA 15222

Phone Number (412) 454-2120

Fax Number (412) 454-2122

*Current plan listed. Visit <https://www.enrollnow.net/> or call 800-440-3389 for plan options in your area.

More About Health Care Coverage >

Service 19:02

< Back Benefit Details

Medical Assistance

John Doe

Case #02/0589764

01/01/2021 Start Date 01/01/2022 Renewal Date

MA Work Requirement
Federal MA Requirement

Status
Satisfied

For more information about MA work requirements, visit:

www.dhs.pa.gov/MedicaidChanges

Managed Care Information
AmeriHealth of Pennsylvania
Behavioral Health Information
CCBH

To apply for benefits, visit the COMPASS website and fill out an application:

<https://www.compass.dhs.pa.gov/home/#/>



- **As a result of HR1 federally funded MA eligibility for noncitizens is limited to LPRs, CHEs, COFA Migrants, or CHIPRA applicant/recipients**
- **Advance notice of closures have been issued to approximately 6,800 recipients found to not be in any of these noncitizen statuses**
- **All recipients will be evaluated for other MA such as RMA, EMA, and GA MA**
- **All timely appeals will be accepted**



- **Effective 1/1/27 retro eligibility periods will shorten from three month prior to the month of application to;**
 - one month for MG90/91 applicants
 - two months for all other applicants



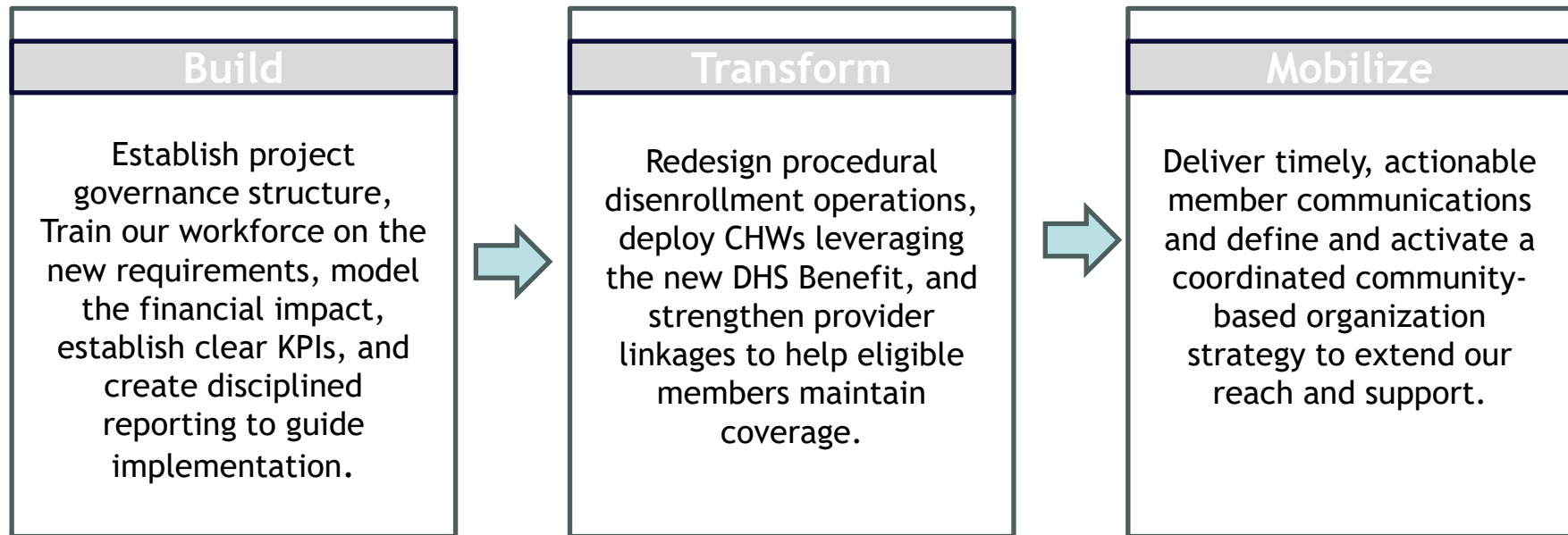
- **SNAP PEERs are afforded three months of eligibility in a three year period if they do not meet SNAP work rules**
- **SNAP's three year period is fixed for all Pennsylvanians and will reset on 1/1/27**
- **Being subject to a SNAP work requirement is a specified exclusion from MA Work Requirements**



- **PHAN – Ann Bacharach**



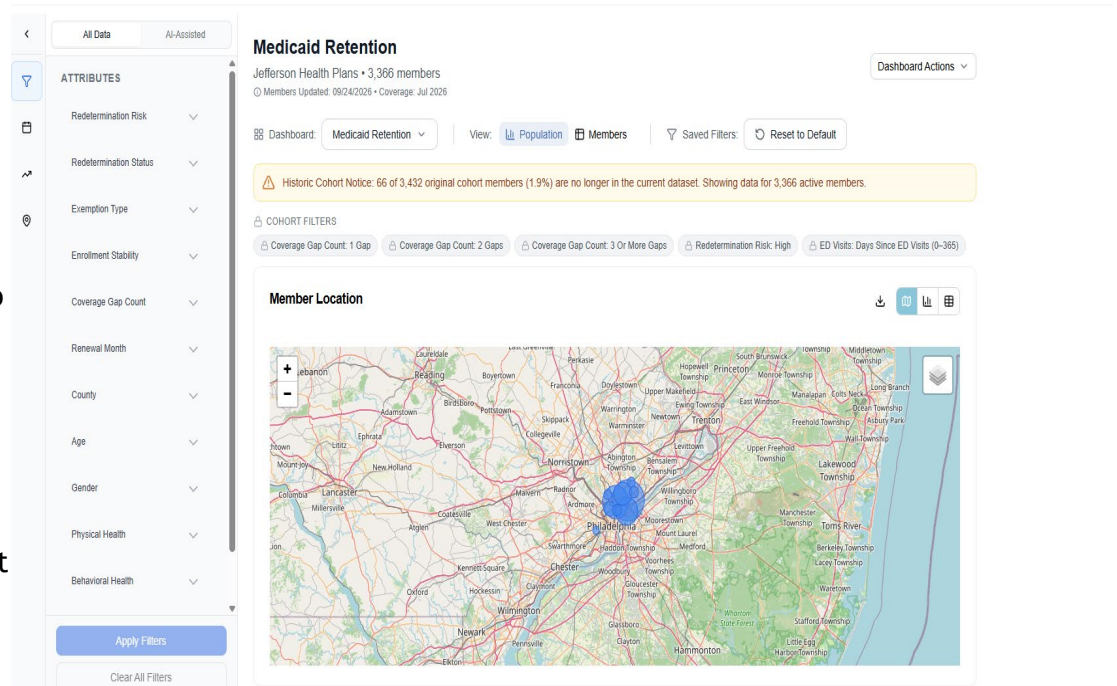
- **Jefferson Health Plans – Rachel Pryor**



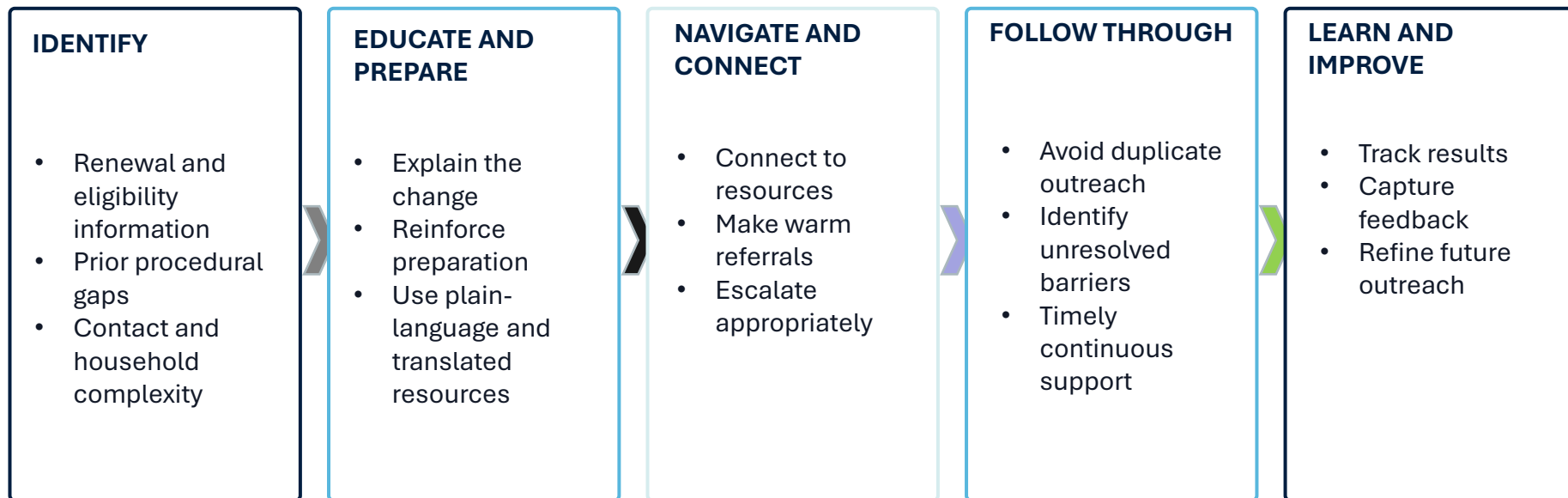
JHP is utilizing data to deliver advanced analytics and actionable retention strategies across markets

Dashboard offers:

- Member-level risk scoring to identify those most at risk of losing coverage
- Root-cause insights into disenrollment (procedural vs. eligibility vs. engagement gaps)
- Quantifies financial impacts on membership and premium revenue
- Supports targeted outreach and retention efforts (outreach, care management, vendor triggers)
- No-cost access is through 12/31/26 - extension under discussion with vendor
- Cohort Example - High Risk Members with at least 1 Gap in Care and have had at least 1 ED visit - saves and updates if members in cohort change



The member journey links data, communications, navigation, follow-through, and learning.



EARLY AWARENESS → RENEWAL PREPARATION → DEADLINE-PROXIMATE SUPPORT → FOLLOW-UP



- **Follow Up**
- **Upcoming meetings:**
 - Friday, November 13, 2026 at 10 am
 - Friday, December 4, 2026 at 10 am
 - Friday, January 8, 2027 at 10 am
- **Resource Account**
 - **Direct questions and requests to**
RA-HSPADHS-HR1@pa.gov