Combined Entity (CGH-FLPPS-RHIO) Prepared Meeting Summary

Implementing H.R.1 and Preserving Health Coverage in New York State
Date: October 7, 2026
Convened by: United Hospital Fund (UHF), New York State Department of Health, and NY State of Health

Note: *This summary was developed from the meeting transcript and is intended to capture key discussion points, updates, and next steps. It is not a verbatim record and has been edited for clarity and organization. Where applicable, official agency guidance and source materials should be referenced for final policy or implementation requirements.*

Meeting Overview

The convening focused on New York State's implementation of H.R.1 Medicaid changes, including community engagement/work requirements, enrollment and renewal processes, Temporary Assistance/Medicaid delinking, income verification, projected member impact, consumer communications, qualifying activities, and the role of Enrollment Assistors and community partners.

State leaders emphasized three overarching goals: **limit coverage loss among eligible individuals, reduce administrative burden for members and the eligibility/enrollment system, and minimize fiscal impact.** Strategies include maximizing automation and ex parte renewals, leveraging the Assistor Network, and expanding education, outreach, and stakeholder engagement.

H.R.1 Implementation Updates

New York State provided several key implementation updates:

- **Work/community engagement requirements begin January 1, 2027.**
- Compliance or exemption will be verified as part of the eligibility and renewal process.
- Impacted members will transition to **six-month renewal cycles** following their first renewal after March 1, 2027.
- The State will require **one month of compliance for each application or renewal period**, rather than continuous monthly verification.
- New York intends to pursue available **short-term hardship exemptions**.
- **Self-attestation of medical frailty** will be allowed beginning January 1, 2027.

- New applicants will be subject to the requirements beginning January 1, while the first cohort of existing Medicaid members subject to the requirements at renewal will have March 1, 2027 renewal dates.

The State also reiterated that **Temporary Assistance and Medicaid applications will be delinked beginning January 1, 2027**, with impacted Medicaid members transitioning to NY State of Health to take advantage of greater automation and simplified enrollment processes.

Beginning January 1, retroactive Medicaid coverage will also be reduced from the current 90-day standard to **one month for expansion adults and two months for other eligibility groups**, including children, aged/disabled individuals, and pregnant individuals.

Income Verification and Automatic Renewal

NY State of Health and Code for America provided an update on the **Truv consent-based income verification pilot**. Truv allows consumers to securely connect payroll and gig-work accounts rather than relying exclusively on paper documentation. More than 6,000 consumers had used the pilot during its first 11 weeks, and lessons from the pilot are being incorporated into the planned full integration of Truv into the NY State of Health application in February 2027.

The State also discussed efforts to strengthen administrative/ex parte renewals. Administrative renewal rates have declined since consumers were again required to provide consent for the use of IRS income data. NY State of Health is working to clarify the consent process and increase consumer understanding because automatic renewals are viewed as an important strategy for reducing administrative burden and preventing procedural coverage loss.

Projected Member Impact and Outreach Data

The State reported that approximately **2 million Medicaid enrollees** are within the population potentially affected by the new requirements. Because individuals move between programs and eligibility categories, NY State of Health emphasized that the affected population is dynamic and that aggregate geographic and demographic data are currently more useful for outreach planning than static lists of individuals.

Zip-code-level data have been released to help partners target outreach. **Rochester, Buffalo, Albany, and Syracuse** were identified as major upstate concentrations of impacted Medicaid enrollees.

The discussion reinforced that data and technology alone will not be sufficient. Community organizations, Enrollment Assistors, health systems, and other trusted partners will be critical to reaching members, translating information, and helping individuals maintain coverage.

Communications and Consumer Education

NY State of Health introduced its **Stay Covered** campaign as the State's H.R.1 awareness and education initiative. The communications strategy emphasizes consistent calls to action, including:

- Pay attention to Medicaid notices and open them when received.
- Keep address and contact information current.
- Learn whether work requirements could apply.
- Understand how to comply if requirements apply.
- Consent to automatic renewal using trusted data sources when appropriate.

The State emphasized the importance of repeating consistent messages through Assistors, member notices, customer service, social media, presentations, and community partners.

A **Work Requirements Questionnaire** is being developed to help consumers quickly assess whether work requirements could apply to them. The questionnaire is intended as an educational and referral tool rather than an official eligibility determination.

H.R.1 Communications Toolkit

NY State of Health has also developed an **H.R.1 Communications Toolkit for partners and stakeholders**. Resources include:

- Materials in 27 languages
- Co-branding guidelines
- Demographic and enrollment data
- FAQs
- Implementation timelines
- Social media content
- Past UHF presentations and related resources

State representatives encouraged community organizations to use the materials while continuing to communicate through trusted local voices. The intent is for the State to provide consistent and accurate source information while partners tailor outreach to their communities.

Consumer Questions and Emerging Issues

NY State of Health reported substantial consumer interest following initial outreach. The dedicated work-requirements phone line is receiving approximately **1,600 calls per weekday**. Common questions include whether the requirements apply, what will happen to existing coverage, when changes begin,

what actions consumers need to take, how compliance or exemptions will be demonstrated, and why individuals received notices.

Several implementation concerns remain important to monitor, including:

- Consumers who do not receive or understand notices
- Individuals experiencing homelessness or housing instability
- Documentation requirements
- Consumers nearing retirement who may reduce their work hours
- Seasonal and nontraditional workers
- Availability and documentation of qualifying volunteer opportunities
- Immigration-related concerns and confusion regarding public benefits
- Enrollment and navigation capacity as six-month renewals begin

The State emphasized the importance of maintaining real-time feedback loops with consumers and community partners so implementation challenges can be identified and addressed as they emerge.

Work Requirements and Qualifying Activities

Individuals subject to the requirements may comply by:

- Earning at least **$580 in household income during a month**;
- Completing **80 hours of qualifying activities during a month**; or
- Using a combination of income and qualifying activities to meet the equivalent requirement.

Qualifying activities include traditional or self-employment, community service, participation in work/job training programs, and qualifying educational programs. Seasonal workers may use a six-month average income calculation.

The State described a shared responsibility between government and community partners. Partners may help consumers understand requirements, find qualifying activities, track participation, and submit documentation, while the State is responsible for official notices, guidance, verification systems, and processes for confirming compliance.

Enrollment Assistor Panel

Enrollment Assistors were identified as a central component of successful implementation. Approximately **80% of Medicaid members enroll with the assistance of an Assistor**, underscoring the importance of training, resource development, and feedback from frontline enrollment organizations.

Panelists reported that consumers are already raising questions about:

- How requirements apply to individual household members
- College students and educational activities
- Individuals ages 60–64 who may be approaching retirement
- Finding acceptable volunteer opportunities
- Documentation requirements
- Affordability and whether increased work could affect eligibility
- Six-month renewal requirements
- Immigration-related concerns and fears
- Maintaining coverage while receiving ongoing medical treatment

Panelists also identified several opportunities to strengthen Assistor support, including:

- Extending dedicated Navigator support-line hours to better accommodate evening and weekend enrollment activities
- Simplifying consumer notices and placing required actions more prominently on the first page
- Developing centralized resources for qualifying volunteer opportunities
- Offering regular office hours for Assistors to raise implementation questions
- Strengthening targeted outreach to individuals at greatest risk of procedural coverage loss
- Improving call-transfer processes and reducing Navigator wait times

The State acknowledged these concerns and indicated that feedback from Assistors will continue to inform implementation.

Role of Community and Regional Partners

A consistent theme throughout the meeting was that successful implementation will require a broad partner network. The State encouraged partners to:

- Share consistent State guidance and communications
- Use the Stay Covered campaign and H.R.1 Toolkit
- Help consumers understand whether requirements apply
- Connect individuals to Assistors, qualifying activities, and other supports

- Help identify and communicate emerging implementation challenges
- Provide ongoing feedback to NY State of Health and DOH
- Coordinate outreach based on local demographic and geographic data

Social Care Networks were also identified as an important statewide infrastructure for reaching Medicaid members through existing relationships with CBOs, healthcare providers, and organizations addressing housing, nutrition, transportation, employment, and job training.

Next Steps / Follow-Up

- NY State of Health and DOH will continue updating the **Stay Covered website and H.R.1 Communications Toolkit** as additional guidance becomes available.
- Additional Assistor training is planned, including a **November 4 H.R.1 training**, with a potential second session on **November 18** to provide more detail on work requirements, retroactive coverage, Medicaid/Temporary Assistance delinking, and the application process.
- The State plans to provide more detailed demonstrations of the NY State of Health application and how consumers will respond to work requirement and exemption questions.
- Partners should continue preparing for increased education, navigation, documentation, and outreach needs ahead of January 2027 implementation.
- NY State of Health will continue gathering feedback from consumers, Assistors, community organizations, and other stakeholders to identify implementation problems and adjust processes where possible.
- Additional work is needed to clarify or operationalize some areas, including volunteer verification, support for unhoused individuals, documentation processes, and Assistor capacity.