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# HR 1 Implementation: Medical Frailty



Pennsylvania  
**Department of Human Services**

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April 23, 2026

MAAC

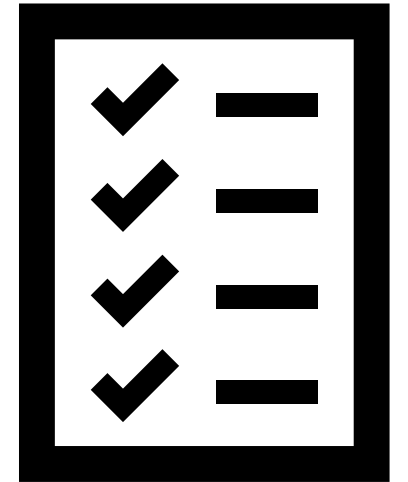
# HR1 Statutory Requirements

- New federal work and community engagement requirements (CER) as of Jan 2027 for the Medicaid adult expansion population
- **To meet work and community engagement requirements IN A GIVEN MONTH**, individuals must do one or a combination of the following:
  - Work at least 80 hours (20 hours a week on average)
  - Complete at least 80 hours of community service (20 hours a week on average)
  - Participate in a work program for at least 80 hours (20 hours a week on average)
  - Be enrolled in an educational program at least half time
  - Engage in any combination of the above for a total of at least 80 hours
  - Have monthly income not less than federal minimum wage x 80 hours (\$580)
  - Have an average monthly income over preceding 6 month that is not less than federal minimum wage x 80 hours and is a seasonal worker (\$580 monthly average)



# Work and community engagement requirements exemptions

- HR1 exempts certain people from the requirement including: **an individual who is medically frail or otherwise has special medical needs** including people who are or have a:
  - Blind or disabled
  - Substance use disorder
  - Disabling mental disorder
  - Physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living
  - Serious or complex medical condition
- HR1 also allows for short-term hardship exemptions (e.g., recent hospital admission)



# Implementation principles



Minimize paperwork by using existing sources of information



Make information available at the time it is needed in the redetermination process



Identify new health conditions or events in a timely manner



Innovate and evaluate to focus on continuous improvement of the process



# Compliance and exemption check using information available to the Commonwealth

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## Compliance Check:

*Records show applicant is meeting work or other compliance activities through available avenues*

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## Exemption/Hardship Check:

*Records show applicant meets an exemption such as being a caregiver, recent incarceration, is **medically frail** or other qualifying activity*

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## Applicant Provided Information:

*Limited to situations when information is not available to the state to determine compliance with or exemption from community engagement requirements*





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# **HR1 Implementation: Medical Frailty**

# Process will vary for new applicants versus renewal

## At Renewal

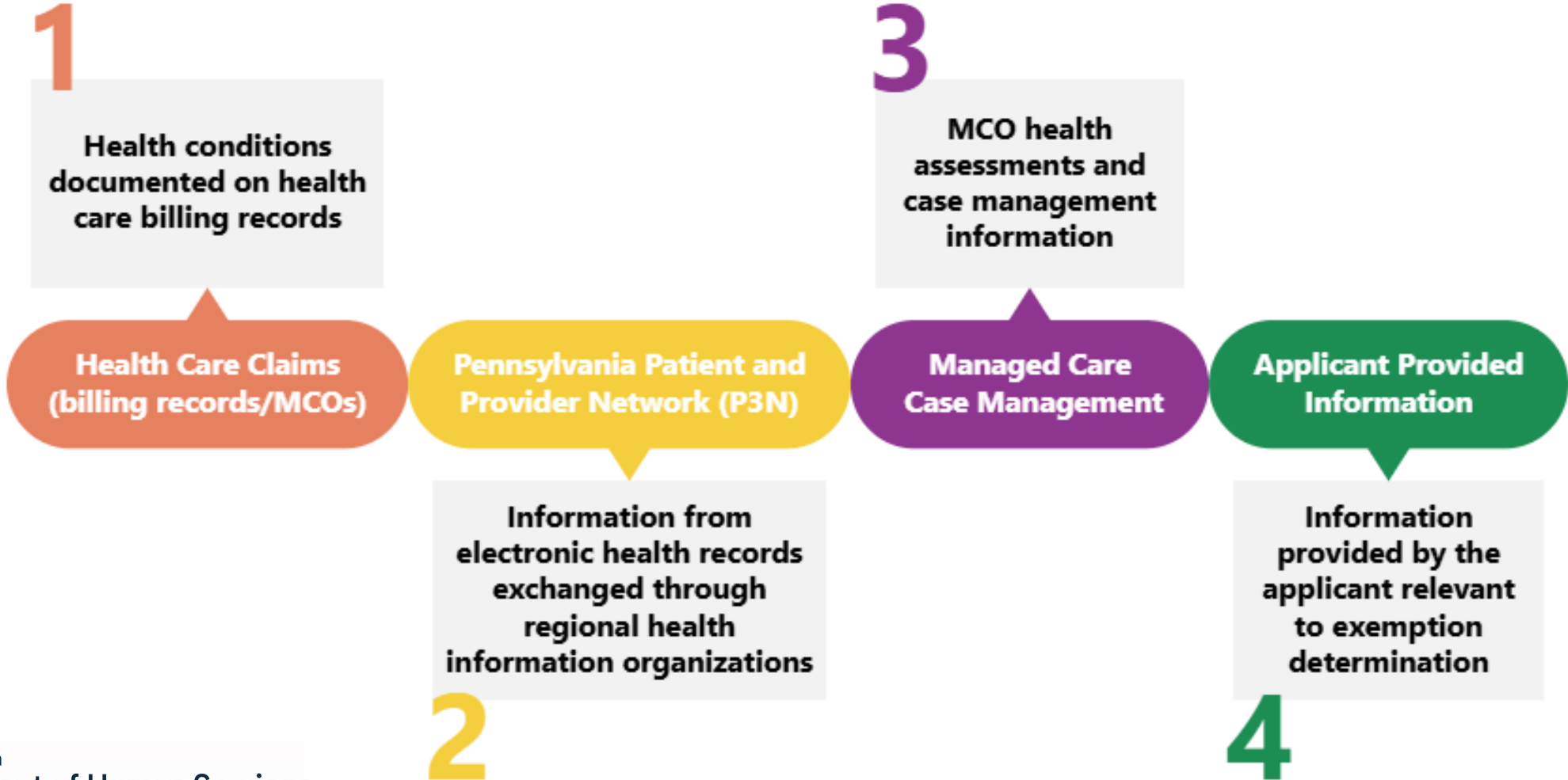
- More information available from Medicaid records to determine if medically frail
  - Past health care use and associated health care conditions
  - Other MCO records

## At Application

- Less information available to determine if medically frail (i.e., no recent Medicaid records)
- Process may require more information from the applicant
- Exploring use of PA Patient and Provider Network (P3N) for new applicants



# Use information from multiple sources



# Health care claims

1

Health conditions  
documented on health  
care billing records

Health Care Claims  
(billing records/MCOs)

- **Review past health care billing data** to determine medical conditions (recent and chronic)
- **Compare to a list of eligible medical conditions** that meet the medical frailty definition
  - Preliminary list built from the CMS Chronic Condition Warehouse and other sources and refined with clinical review
- **Anticipate permanent versus short-term** medical frailty
- **Timing is an important limitation of claims** - it can take several months from the time of clinical care for claims to be present which can limit ability to "see" recent health care events and diagnoses



# Health information exchange (P3N)

## Pennsylvania Patient and Provider Network (P3N)

Information from electronic health records exchanged through regional health information organizations

2

- **Draw on live clinical exchange** and statewide hospital admission and discharge notifications which provides more real time clinical information
- Identify **more recent health events and diagnoses** (e.g., recent ER visits and hospital admissions)
- **Supplements health care billing information** but is not a substitute (not all providers and health care visits are included and does not always go as far back in time)
- May contribute to process for new applicants



# Additional information from MCOs

3

MCO health  
assessments and  
case management  
information

Managed Care  
Case Management

- Managed care organizations complete **health risk assessments at enrollment**
- Members with complex conditions are enrolled in **case management**
- **Seeking to collaborate with MCOs to identify health issues such as functional limitations** from health risk assessments and case management or other available clinical information



# Applicant provided information

## Applicant Provided Information

Information provided by the applicant relevant to exemption determination

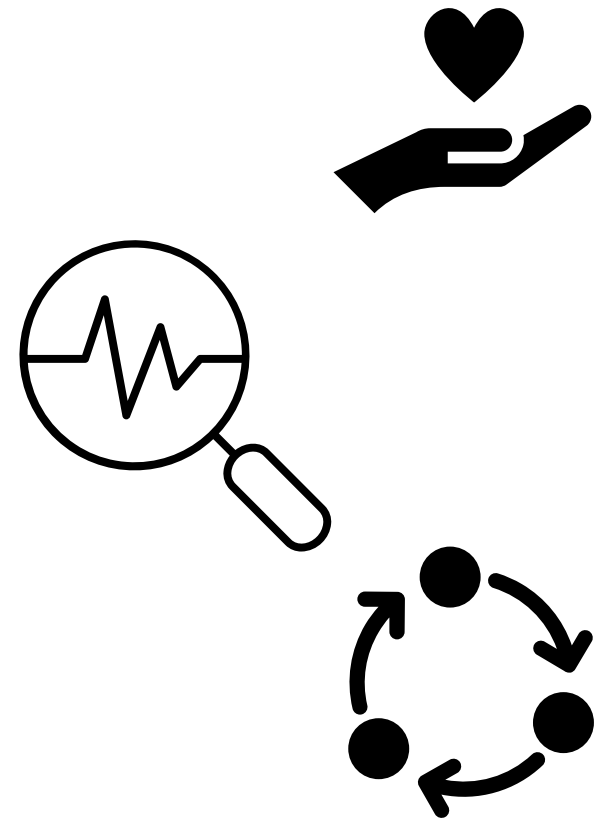
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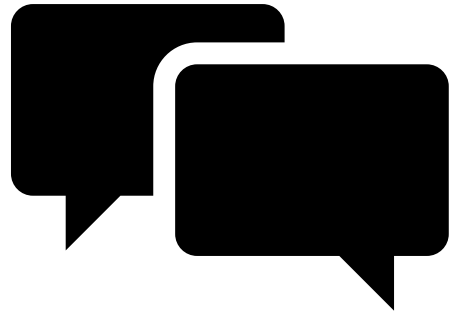
- Some individuals will have serious or complex medical conditions or other conditions that qualify for an exemption but are not identified in administrative records.
- **Client contact and client provided information will then be an important pathway.**
- Goal is to **maximize use of administrative information and minimize burden on the applicant.**



# Summary

- Approach is designed to:
  - **reduce paperwork** burden
  - **streamline the process** and limit burden for beneficiaries
  - **maintain coverage** consistent with HR1
- **Focuses on leveraging data** to the extent possible to support beneficiaries
- **Approach implementation with a continuous improvement framework** utilizing rapid-cycle innovation methods to evaluate and improve our approach in year 1
- **Awaiting final CMS guidance**





Thank You!

