

How ACHs Can Help With H.R.1 Changes to Medicaid and SNAP

Coalition of ACHs

June 11, 2026

What's Covered in this Slide Deck

- Overview of H.R.1 (and the projected impacts)
- Why it's important ACHs help
- What ACHs and their Hubs can do to help
- What the Coalition can do to help

What is H.R.1?

Budget Reconciliation Act of 2025

H.R.1 (also referred to as the “One Big Beautiful Bill Act”) is a federal tax and spending statute passed by Congress and then signed into law by Donald Trump on July 4, 2025.

H.R.1. makes drastic cuts to health care, SNAP, student loans, and energy programs to pay for tax cuts for the highest income earners (individuals and corporations), as well as significant funding increases for:

- Defense (\$150 billion increase)
- Border enforcement and deportations (another \$150 billion increase)
- ICE (\$90 million increase, taking the agency from \$10 billion to a \$100 billion budget)

H.R.1. also raises the country’s debt ceiling by \$5 trillion.

Medicaid provisions in the budget

Provision	Policy	Effective Dates
Restricts payment for protected health services	Restricts federally funded Medicaid payments for 1 year to nonprofit organizations that primarily engage in family planning services or reproductive services and provide abortion services. Likely to impact over \$11 million in funding.	Effective for 1 year, from date of enactment (July 4, 2025)
Funding for non-citizens	Changes Medicaid eligibility for refugee, asylee, and other non-citizen adults.	Oct. 1, 2026
Work requirements	Establishes work requirements as a new condition of Medicaid eligibility for adults aged 19-65 who receive full coverage. This makes coverage based on working, training, or doing community engagement 80 hours per month. Includes certain categorical exemptions.	Dec. 31, 2026, with option to apply for waiver to implement Dec. 31, 2028
Rural health funding	Allocates \$10 billion annually to states, which can be used to support rural health transformation projects with a focus on promoting care, supporting providers, investing in technology, and assisting rural communities.	States can apply in 2025; funding from 2026–2030
Increases the frequency of eligibility redeterminations	Requires states to redetermine eligibility for adults enrolled through Medicaid expansion every 6 months, instead of every 12 months.	Dec. 31, 2026
Retroactive coverage	Shortens period of retroactive coverage eligibility from 3 months to 1 month for adults and 2 months for other Medicaid and CHIP applicants.	Jan. 1, 2027
Address verification	Changes requirements for address verification.	Jan. 1, 2027
Restricts new state-directed payments (SDPs) from exceeding Medicare payment levels	Requires existing SDPs for hospital and nursing facility services and services provided at an academic medical center to reduce by 10% per year, beginning in 2028 until they reach Medicare levels.	10% reductions begin in 2028
Cost-Sharing	Requires adults to pay cost-sharing of up to \$35 for many services. Excludes primary care, behavioral health, emergency services, and services rendered in certain rural settings from the requirement.	Oct. 1, 2028
Removes good-faith waivers related to erroneous payments	Removes ability to waive federal penalties for a state's good-faith efforts to correct erroneous excess Medicaid payments under the Payment Error Rate Measurement (PERM) program and other state and federal audits.	Oct. 1, 2029

State funding and enrollment impacts



Proposed work requirements, increased frequency of redeterminations, and other changes to eligibility and enrollment rules will impact access and state funding.

Over 620,000 Washingtonians will be impacted by work requirements and changes to redeterminations.

Lawfully-present non-citizens will see direct restrictions to access.

Our state is projected to see a reduction of billions in federal funding between 2025–2034.

Impact of SDPs and provider taxes continued



Existing SDPs supporting hospital services, which include the Hospital Safety Net Assessment and payments to the University of Washington, will be **reduced by over \$1.5 billion annually, once fully reduced.**



Safety net
and rural
hospitals



Emergency
transport



Primary
care



Mental and
behavioral
health



Maternity
services and
birthing centers



Skilled
nursing
facilities



Home
health

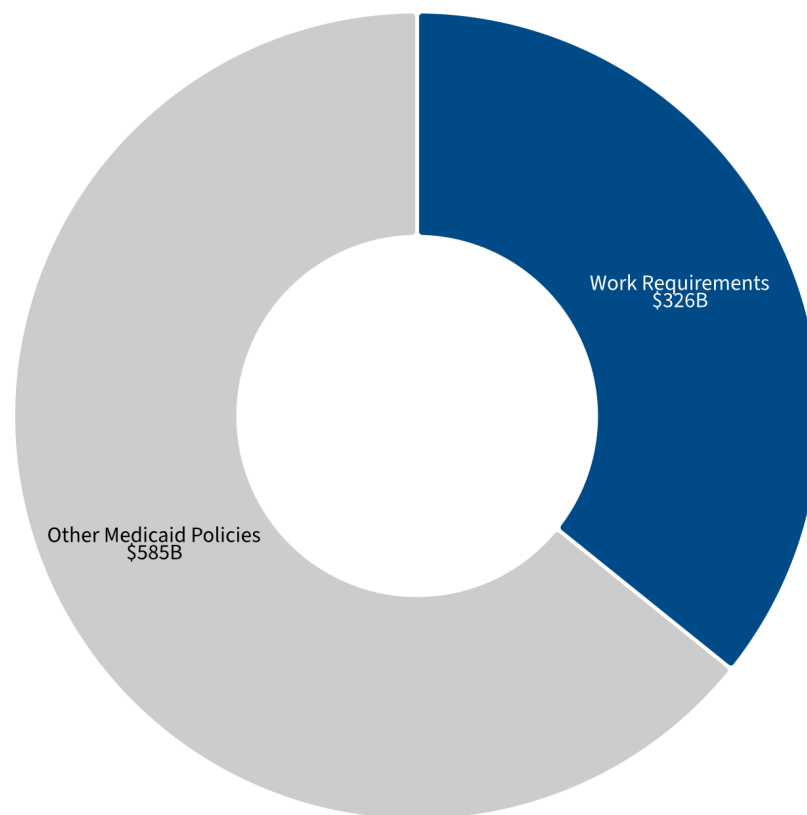
Medicaid Work Requirements



Work Requirements Provide a Significant Portion of the H.R.1 Budget Cuts

Work Requirements Are Estimated To Reduce Federal Medicaid Spending by \$326 Billion Over Ten Years

CBO estimates of 10-year federal spending cuts in the 2025 reconciliation law.

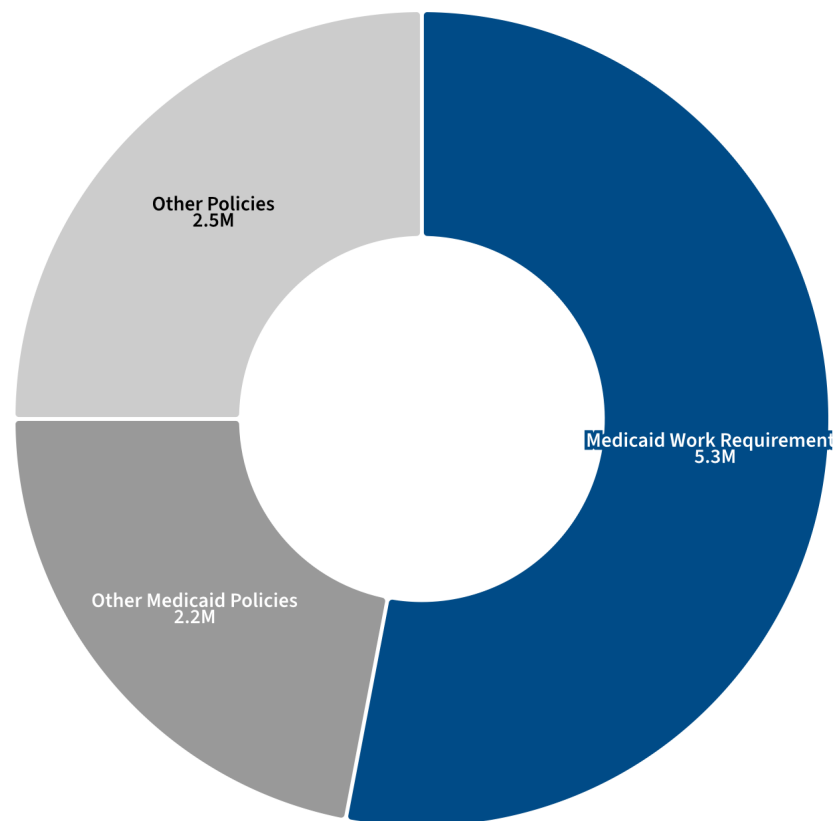


Note: The total Medicaid cuts of \$911B include \$79B in estimated Medicaid spending interactions.
Source: KFF analysis of CBO estimates of the enacted reconciliation package.

Work requirements will be the biggest cause for the coming drop in health coverage

Work Requirements Are Estimated To Lead to 5.3 Million More Uninsured in 2034

CBO estimates of the increase in the uninsured in 2034 due to the 2025 reconciliation law.



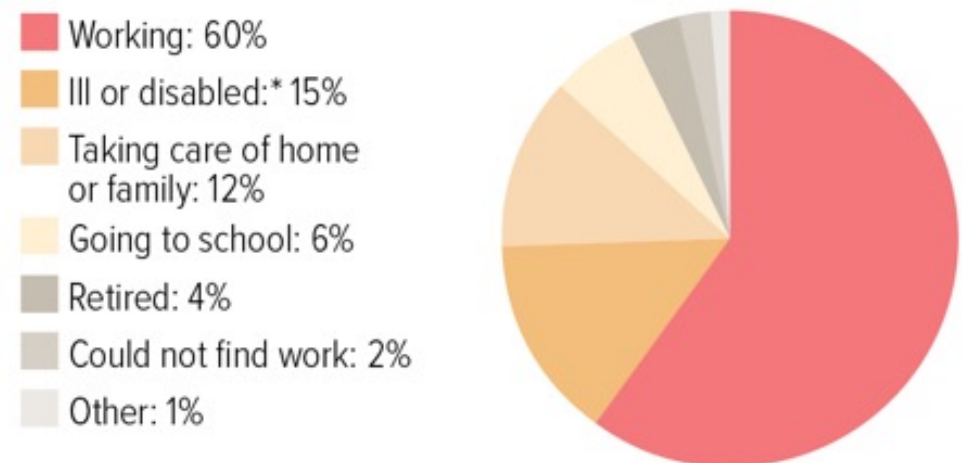
Note: CBO estimated a total increase of 10 million uninsured individuals in 2034. This total and "other policies" includes 300,000 in estimated coverage loss due to interaction between policies. "Other policies" also include Medicare and Marketplace changes.

Source: : KFF analysis of CBO estimates of the enacted reconciliation package

Most Medicaid Enrollees Who Can Work, Already Do Work

Medicaid Work Requirements Will Mostly Affect People Who Are Working, Ill or Disabled, Caregivers, or Students

Non-elderly adult enrollees not receiving SSI, 2016



*People receiving Supplemental Security Income (SSI) are exempt from Medicaid work requirements. Figure shown here includes people who are ill or disabled but not receiving SSI.

Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey

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When Arkansas experimented with work requirements during the first Trump Administration, 18,000 adults (25%) had their coverage terminated in just the first seven months, (with research showing no effect on increased employment).

Work Requirements

**Must be implemented
by Jan. 1, 2027**

- Individuals ages 19-64 applying for or renewing coverage through the ACA Expansion Group must meet work requirements to qualify for Medicaid
- Qualifying Activities:
 - 80 hours per month of work or a SNAP defined work program, community service
 - Enrolled in education at least half time
 - Or any combination of the above
 - Alternatively, individuals can qualify by earning at least \$580/month—or averaging that over six months for seasonal workers.
- At application and each redetermination, states must "look back" one or more consecutive months (up to three) to confirm compliance
- If a person is denied or disenrolled due to work requirements, they need to file a new application to re-apply (triggering the compliance check for at least the month prior to application)
- There are exemptions – HHS must share more details about these by June 2026

Work Requirement Exemptions

- The federal work requirements don't apply to individuals who are:
 - Under the age of 19
 - Foster youth and former foster youth under the age of 26
 - Pregnant or receiving postpartum coverage
 - American Indian or Alaskan Native
 - Medically frail
 - Disabled veterans
 - Dually eligible (Entitled to Medicare Part A / Enrolled in Part B)
 - Already meeting work requirements for TANF or SNAP
 - Parents or caregivers of a dependent child under the age of 13 or individual with a disability
 - Incarcerated or recently released from incarceration within the past 90 days
 - Current engaged in Alcohol Use Disorder (AUD) or Substance Use Disorder (SUD) treatment

The federal government is required to release further guidance about work requirements and exemptions by June 1, 2026.

“Interim” Final Rule issued June 1, 2026

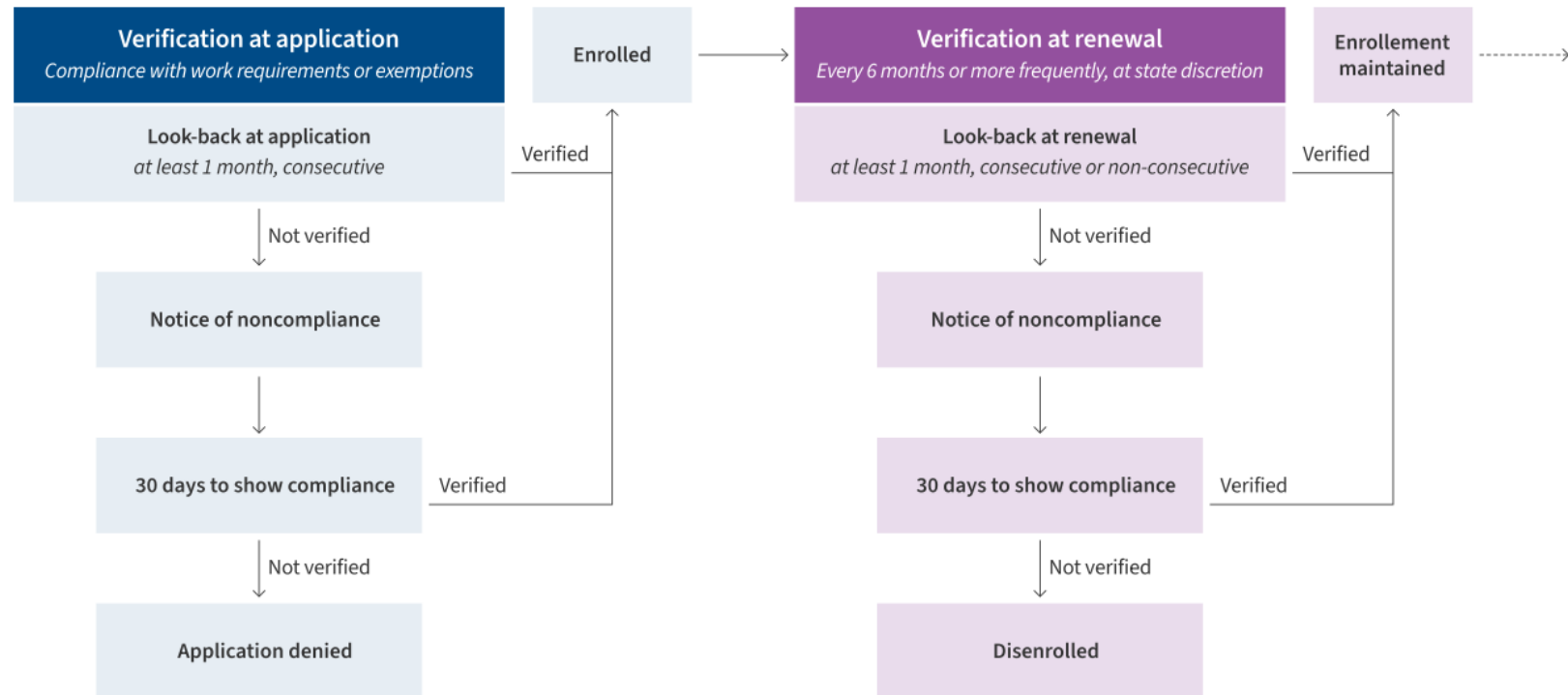
Key Highlights

- States can accept self-attestation with statements under penalty of perjury to verify work and most health-related exemptions when no reliable electronic information is available until Dec. 31, 2027
 - After this, states must require documentation but can still use self-attestation when documentation isn't available
- If a state is unable to verify compliance, it must issue a notice of noncompliance and provide the individual 30 calendar days to make a satisfactory showing; failure to do so would result in denial or disenrollment.

Medical frailty exemption has been severely restricted by the rule:

- HR1 states anyone who meets one of these five criteria is “medically frail or otherwise has special medical needs” and is exempt from community engagement.
 - (1) by being blind or disabled (as defined in the SSI benefits law at section 1614 of the Social Security Act);
 - (2) having a substance use disorder;
 - (3) having a disabling mental disorder;
 - (4) having a physical, intellectual, or developmental disability that significantly impairs activities of daily living; or
 - (5) having a serious or complex medical condition.
- **CMS interim final rule change this but adding a requirement that anyone who meets the definition of medically frail also prove their condition “significantly impairs the individual’s ability to comply with the community engagement requirement.”**
 - This makes implementing the medical frailty exemption extremely difficult for states to implement

States Will Need To Verify Compliance With Requirements at Application and Renewal



Note: The “look-back” period at application is capped to three months.

Timeline is from the Kaiser Family Foundation

The Inability to Meet Work or Reporting Requirements will Result in Loss of Coverage

Hypothetical situation 1

- John lost his job and was out of work in April and May.
- In June, he worked 80 hours in a new job.
- In July, he applies for Medicaid but his state uses a 3-month look-back period to verify compliance.
- John would not qualify for Medicaid, as he was out of work in two of the past three months.

Hypothetical situation 2

- Jane has a depressive disorder that does not qualify for an exemption from work requirements.
- She intermittently experiences severe episodes that make daily tasks difficult. Medication generally helps manage her depression and maintain employment.
- In May, Jane experienced a depressive episode that left her unable to meet the 80 hours of work.
- On June 1st, when Jane's Medicaid renewal and verification of work compliance were due, she was deemed noncompliant and lost coverage.
- Without coverage, Jane is unable to access medication and treatment services, resulting in a worsening of her mental health condition.

Examples are from the Kaiser Family Foundation

Timeline for Work Requirements

- **June 1, 2026:** Secretary of HHS must release interim final rule on implementing work requirements by this date.
- **September 30, 2026:** States required to begin outreach about new work requirements. (*Outreach deadline dependent on timing of first compliance "look back" period (1, 2 or 3 months)*)
- **January 1, 2027:** Work requirements required to go into effect (states have option to implement earlier)
- **December 31, 2028:** Delayed implementation deadline – this is an option, at the HHS Secretary's discretion, to allow delayed implementation for states experiencing challenges in implementation. States must first show good faith efforts.

The image is a composite graphic. On the left, a teal-colored circular overlay contains a stethoscope resting on a dark wooden surface. To the right, a white document is shown at an angle, with the words 'medicaid eligibility' printed in a large, bold, black sans-serif font. A fountain pen with a gold nib and a black textured barrel lies on the right side of the document. The background of the entire image is a dark, polished wooden desk.

**More Frequent
Redeterminations**

**medicaid
eligibility**

More Frequent Redeterminations

6-Month Redeterminations for Many Adults

- Beginning December 31, 2026, low-income adults ages 19 through 64 without disabilities (the ACA expansion population) must have their Medicaid eligibility redetermined every 6 months, rather than the traditional 12-month cycle
- The only exemption is for AI/AN members

12-month Redeterminations for Everyone Else

- All other Apple Health members will need to renew every 12 months, including children and programs based on disability.
- People always lose coverage at renewal – more frequent renewals will mean more coverage loss / churn (losing coverage and then gaining back a few months later)

In 2023, 72% of people who lost access to Medicaid lost it not because of ineligibility, but because they had difficulty navigating complex applications and paperwork.

Reducing Churn Keeps Eligible Families Connected

Churn increases administrative burdens for families and state Medicaid agencies



Factors **decreasing** churn:

- ✓ *Ex parte* renewals
- ✓ Text reminders
- ✓ Using data sources to verify eligibility
- ✓ Accessible online platforms and call centers

Factors **increasing** churn:

- ✗ More frequent renewals
- ✗ Insufficient staffing
- ✗ Excess verification requests
- ✗ Confusing notices

Source: CBPP, "Medicaid *Ex Parte* Renewals Are an Efficient Strategy to Ensure Eligible Enrollees Have Healthcare, Increase Accuracy, and Reduce Administrative Costs"

Washington's Expansion Population and Potential Impact

	Total Enrollment	Expansion Adults	Expansion Parents/ Caregivers*	Total Expansion	Estimated Disenrollment	% Member Loss
Molina	785,174	272,099	63,865	335,964	(83,991)	10.7%
CHPW	274,738	106,297	19,167	125,464	(31,366)	11.4%
United Health	182,547	81,089	14,134	95,223	(23,806)	13.0%
CCW	218,398	75,333	13,558	88,891	(22,223)	10.2%
Wellpoint	141,929	59,943	9,742	69,985	(17,421)	23.3%
Fee-for-Service	332,880	17,179	4,008	21,187	(5,297)	1.6%
TOTAL	1,935,666	611,940	124,474	736,414	(184,104)	9.5%

These are estimated projections of disenrollment, assuming 25% coverage loss across total expansion population. Administrative barriers may have further impacts on other eligibility groups (such as children of Expansion Adults) but are not reflected here.

Financial Impact on MCOs

2023 Washington Medicaid Per Enrollee Spending by Rate Group

Rate Group	Average Annual Spend (2023)
Seniors	\$23,048
People with a Disability	\$31,523
ACA Expansion Adults	\$5,642
Adults	\$5,343
Children	\$2,801

- *Losing a significant number of members in a lower spend rate group will have consequences for MCO financials.*

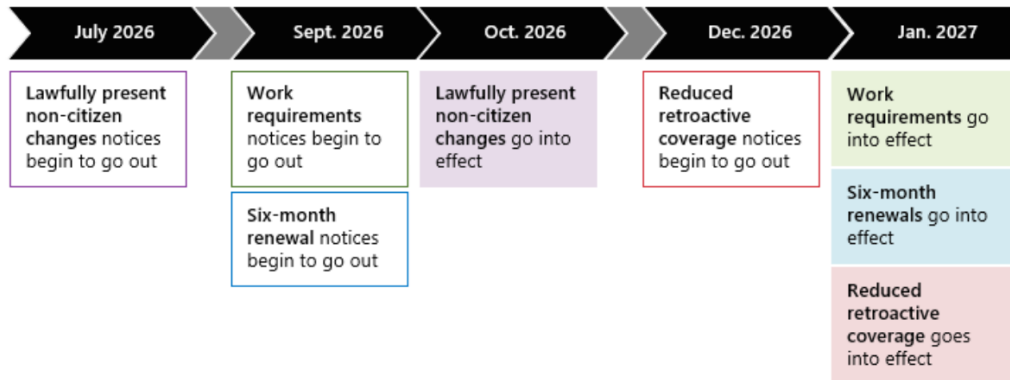
Source: Kaiser Family Foundation analysis of the T-MSIS Research Identifiable Files, CY 2023

Data include people who were enrolled in at least one month of full-benefit Medicaid in 2023. They may not have actually used any services during this period, but they are reported as enrolled in the program.

Reducing Retroactive Coverage Period Makes a Bad Situation Worse

- 90-days retroactive coverage has been an essential feature of Medicaid since 1972
- H.R. 1 changes this. Starting in January 2027, it shrinks the period of retroactive coverage to:
 - 30 days for adults aged 19 to 64 who are enrolled in the ACA Medicaid expansion
 - 60 days for all other Medicaid enrollees, including children
- Without retroactive coverage, health care providers and the state absorb the cost of uncompensated care
 - This will be serious financial loss for hospitals (who must provide emergency care regardless of coverage), especially rural hospitals
 - This will also negatively impact nursing homes and exacerbate access problems
- Reduced retroactivity is a double whammy combined with changes to redetermination/work requirements (which will result in more people losing coverage or "churning" on and off Medicaid)

Timeline of changes



Change	Summary	When HCA will begin to notify clients	When the change goes into effect	When clients must take action
Lawfully present non-citizen changes	Changes to eligibility for refugee, asylee, and other noncitizen adults.	July 2026	October 1, 2026	N/A
Work requirements	To remain eligible, people enrolled in Apple Health for Adults will be required to work, train, or do community engagement 80 hours per month (with some exceptions).	September 2026	January 1, 2027	January 1 or at next renewal in 2027
Six-month renewals	People enrolled in Apple Health for Adults will be required to renew their coverage every six months instead of twelve months.	September 2026	January 1, 2027	Every six months
Retroactive coverage	Retroactive coverage will be shortened from three months to one month for Apple Health for Adults and shortened to two months for all other Apple Health programs.	December 2026	January 1, 2027	N/A

SNAP Changes



SNAP Work Requirements

**Implemented
Dec. 1, 2025**

- Work rules for some adults who get Supplemental Nutrition Assistance Program (SNAP) food benefits are now in effect. These rules apply to people who have Able-Bodied Adult Without Dependents (ABAWD) status.
- The federal law also changed who must follow ABAWD work rules. These rules now apply to:
 - Adults ages 18–64 (previously exempt after age 54)
 - Adults with children over the age of 14 in their SNAP household (previously exempt for children under 18)
- Some groups who were previously exempt now must meet work rules. This includes:
 - Veterans
 - People who were in foster care
 - People experiencing homelessness
- People subject to these work requirements must do at least 80 hours each month of approved work or training activities through:
 - Paid employment (including self-employment)
 - Unpaid work activities (such as bartering or volunteering), including volunteering through DSHS Workfare
 - Participating in a SNAP Employment and Training Program
 - A combination of work and other activities (including education, though you must still be working)
 - The work can be paid or unpaid, including trading work for shelter.
- Anyone who doesn't meet the 80-hour requirement, may only get SNAP benefits for three months in a three-year period (36 months).

Exemptions to SNAP Work Requirements

Implemented
Dec. 1, 2025

In Washington, you do not need to fulfill work requirements if you meet at least one of the following criteria:

- Under 18 or over 64 years old
- Caring for a child under the age of 14
- Determined to be physically or mentally unable to work an average of 20 hours a week
- Pregnant
- Living on the Muckleshoot tribal reservation
- Note: exemptions based on where you live are subject to change over time.
- Caring for a person who is incapacitated
- Applying for or receiving unemployment benefits
- A student of higher education (though student requirements, including reduced work requirements, still apply)
- Participating in a substance use disorder treatment or rehabilitation program

Other Changes and Impact

Changes to Who Qualifies for SNAP

- Refugees, asylum seekers, and immigrants with humanitarian protections will no longer qualify for SNAP under the new law

Significant Impact on Washingtonians

- Washington estimates 137,300 Washingtonians could lose food assistance due to expanded work rules

How ACHs (and CACH) Can Help

The Backstory of ACHs involvement with HR1

- **Summer of 2025**– HR 1 passed and Legislators became aware of the implications of the passage of HR1 and began to consider the cost of helping Medicaid enrollees overcome the administrative hurdles that HR1 created.
- **Fall of 2025** – ACHs began meeting with legislators, specifically Senator Robinson, she wanted to know if ACHs could use their networks and resources to help.
- **December of 2025** – Senator Robinson and Rep. Macri pull together a meeting with HCA, Governors Office, Health Benefit Exchange and every ACH leader to discuss the challenges of HR1 Medicaid redetermination and asked ACH leaders if they could use their capacity to help.
- **February of 2026** – House budget is released including language directing ACHs to assist Medicaid enrollees who are at risk of losing benefits.
- **February of 2026** – All 9 ACH leader signed a letter in support of that budget proviso language and requested it be in the final budget.
- **March / April of 2026** - Final negotiated budget is passed, including the proviso language and signed by the Governor.

Language Directing ACHs to assist Medicaid Enrollees navigate the HRI requirements

This is the language the Washington State Legislature included in the final 2026 Supplemental budget directing HCA and ACHs to work together in support of Medicaid enrollees:

- e) The authority shall coordinate with the accountable communities of health to assist with public outreach and enrollment assistance for clients at risk of losing Medicaid or health care coverage due to provisions of section 71119 of P.L. 119-21.

Partnership with HCA

- HCA has reviewed and provided feedback on the five key strategies Nichole is about to share
- HCA / CACH meet regularly to share information and work through implementation questions
- CACH is participating and elevating HCA outreach efforts

Why ACH Help Matters

- People will need help or they will lose their health coverage
 - Regional partner organizations and providers will see the impact
- ACHs already operate trusted regional networks and can deploy training, communications, coordinated outreach and more to ensure aligned and accurate information and timely supports reach communities.
- This is not the time to build new systems. ACHs should leverage their infrastructure including Community Care Hubs to promote statewide coordination and work together, as well as provide resources to state agencies and sister networks.

5 Key Strategies

1. Provide Communication / Coordinated Messaging Support
 2. Provide Education and Training
 3. Conduct Outreach to Medicaid Enrollees
 4. Provide Application Support to Medical Enrollees
 5. Create Access to Volunteer/Job Opportunities
- ❖ CACH plays organizing and coordinator role (Campaign HQ)
 - ❖ ACHs / Hubs play regional facilitator and implementor role

Support Communication and Coordinated Messaging

Strategy 1

- MCOs, providers and trusted community partners should all engage in communicating with members about re requirements.
- ACHs can help get messaging out to partners in each region, as well as provide direct communication to Medicaid enrollees.
- Shared messaging and materials will be important.
 - ACHs can work with HCA to create simple messaging to help members understand what the requirements
 - Misinformation can deter eligible individuals from applying for coverage, so clear, simple, consistent messaging will be vital.
- ACHs can use the same effective communication strategies employed by political campaigns: developing and sharing talking points, FAQs and leave-behind materials; shared website; shared message training for all communicators, as well as gathering feedback from the ground.

Support Communication and Coordinated Messaging

Strategy 1

CACH Role	ACH / Hub Role
• Work with HCA to develop shared messaging/materials • Share information on website, through social media campaigns, etc. • Develop shared/leverage existing training & training materials on Medicaid/SNAP requirements • Develop shared message training • Serve as the liaison with statewide partners • Gather and reflect input from ACHS/Hubs	• Facilitate collaboration among regional partners • Conduct outreach to partners • Conduct trainings of partner orgs on requirements & impacts • Facilitate development of a regional outreach and application assistance support strategy

Provide Education & Training for Partners

Strategy 2

- Conduct webinars and trainings and share information explaining the new requirements MCOs, health systems, community organizations and all types of clinical and social care providers to help
- Offer training support to Tribes, Urban Indian Organizations and other Indigenous-serving organizations
- Train CHWs across the state, including the roughly 500 Community-based Health Workers contracting with ACH Hubs
- ACHs could host regional cohorts of community-based workers for shared learning; can leverage existing statewide convenings; or even consider a statewide convening.

Provide Education & Training for Partners

Strategy 2

CACH Role	ACH / Hub Role
• Develop shared training & training materials on Medicaid/SNAP requirements • Develop shared training modules for LMS • Work with HCA – request using the healthplanfinder website and partnering on Apple Health Training • Coordinate statewide partner trainings	• Facilitate collaboration among regional partners • Conduct outreach to partners • Conduct trainings of partner orgs on requirements & impacts • Require contracted partners to do trainings • Facilitate development of a regional outreach and application assistance support strategy

Conduct Outreach to Medicaid Enrollees

Strategy 3

- ACHs can lead the development and implementation of targeted outreach plans for impacted Medicaid members.
- Outreach plans can segment outreach to high-risk populations (e.g., individuals with failed previous redeterminations) and provide tailored follow up.
- ACH Community Care Hubs can make phone calls, send text messages and emails, as well as use social media platforms to inform members of the new requirements.
- Social media is another effective communication channel for Medicaid enrollees, particularly if peers/ other Medicaid members engage in the messaging.
- ACHs and their Community Care Hubs are well positioned to identify creative strategies for outreach through:
 - Community health workers and peers
 - Hospital application assisters
 - Libraries, schools, community centers, faith-based organizations, community events and other community space
 - Employers (many large employers, such as Walmart, have large numbers of employees on Medicaid)
 - Grassroot campaign and Get Out the Vote (GOTV) strategies can all be employed to effectively reach Medicaid members.

Conduct Outreach to Medicaid Enrollees

Strategy 3

CACH Role	ACH / Hub Role
• Work with MCOs and/or HCA to get demographic and utilization data on members in the expansion population rate group • Develop outreach plan templates and recommendations • Develop “campaign” materials and social media messaging • Gather and reflect input from ACHS/Hubs • Serve as the liaison with statewide partners (associations, etc.)	• Facilitate collaboration among regional partners • Conduct outreach to partners • Conduct trainings of partner orgs on requirements & impacts • Facilitate development of a regional outreach and application assistance support strategy

Provide Support to Medicaid Enrollees

Strategy 4

- Hubs and partner organizations can assist members who need help with the redetermination and/or work requirements process.
- Hands-on help will be especially important for culturally specific communities, non-English speaking individuals/communities, as well as people who lack digital access or change addresses frequently.
- Hubs can Provide navigators, a hotline and two-way chat to provide ACH Community Care application and work requirement reporting support to Medicaid enrollees
- ACHs can centralize frequently asked questions and provide clear instructions/step-by-step guides, including visual aids and “how-to” videos on reporting, documentation, and exemption processes
- ACHs can even schedule reminders (e.g., quarterly texts) prompting members to report or update qualified work/volunteer activities

Provide Support to Medicaid Enrollees

Strategy 4

CACH Role	ACH / Hub Role
• Work with MCOs* and HCA to get referrals for members who need assistance • Provide state level staffing support and the development of shared systems • Create Member Support Materials: FAQs, clear instructions/ step-by-step guides, including visual aids and “how-to” videos on reporting, documentation, and exemption processes • Serve as the liaison with statewide partners	• Leverage partners and network of 500 CBHWs to provide application assistance and support navigating the requirements • Share information materials with members • Facilitate collaboration among regional partners to assure application assistance is provided in locations throughout communities • Keep partners and CBHW network informed of any changes in requirements or processes

**Although MCOs are prohibited from assisting with Medicaid applications or renewals, they can inform members of requirements and make sure members get a referral to an ACH Community Care Hub for help*

Create Access to Volunteer / Job Opportunities

Strategy 5

- Create access to volunteer and/or job opportunities for those who need it
- ACHs can partner with state and local government agencies and community organizations to identify and/or create volunteer opportunities, including peer support on chronic disease as well as substance use disorders
- ACHs can also work with these partners as well as local businesses to connect members to job-training, employment resources, resume workshops, and transportation help.

Create Access to Volunteer / Job Opportunities

Strategy 5

CACH Role	ACH / Hub Role
• Develop statewide strategies • Share out supportive materials/ strategies from other Washington and/or national partners • Serve as the liaison with statewide partners	• Work with local partners to identify and/or develop volunteer/job opportunities • Help connect individuals who would otherwise lose Medicaid/SNAP to these opportunities

Data Collection is Essential

Collecting data to demonstrate ACH and Hub efforts will be essential to demonstrating value (and making sure our shared strategies are working)

CACH will work with ACHs and Hubs to develop data collection tools/strategies, as well as strategic communications and reporting on ACH impact

Next Steps

- Establish ACH Committee to support implementation efforts, data collection and needs for each strategy
- Determine data sharing requirements for ACH-MCO, leveraging BAAs
- Continue outreach to build partnerships with WABE Lead Organization, Health Benefits Exchange, MCO partners
- Ongoing communications and information to ACHs

Questions?