Center for Health Care Strategies
Better care where it's needed most

Medicaid Innovation Collaborative

Medicaid Work Requirements: Tech Implementation and Integration Learning Series

SESSION 3:
Data and Analytic Approaches for Medical Frailty Exemptions

March 11, 2026
2:00 – 3:30 pm ET

Made possible by the Peterson Center on Healthcare
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This slide set was presented before CMS issued its June 2026 Interim Final Rule (IFR), which introduced additional requirements and limitations related to medical frailty that are not reflected here. While the approaches described may still inform states' efforts to identify and verify medical frailty exemptions, readers should consult the IFR and current CMS guidance when designing or implementing policies and processes.

Agenda

- Welcome and Introductions
- Medical Frailty Process Overview
- Verification Data Sources and Implementation Considerations
  - → Q&A
- Medicaid Management Information System (MMIS) Coding Deep Dive
  - → Q&A

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Housekeeping

- This event is **not recorded**, and **no AI companion** is in use.
- We encourage **honest dialogue** and ask participants to maintain confidentiality.
- During presentations and Q&A, please share questions and input via Chat and Q&A.
  - → To access Q&A, click ‘More’, then the ‘Q&A’ button

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Learning Series Overview

To help states make informed decisions and support state-to-state information sharing in implementing and deploying technology for Medicaid work requirements

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SESSION 3

Data and Analytic Approaches for Medical Frailty Exemptions

Moderator:

- **Kelsey Brykman**, Senior Program Officer, Center for Health Care Strategies

Presenters:

- **Sarah Esty**, Senior Advisor, Aspen Institute Financial Security Program and Principal, SEE Solutions
- **Hannah Katch**, Founder and Principal, Katch Strategies
- **Ari Ne'eman**, Assistant Professor of Health Policy and Management, Harvard T.H. Chan School of Public Health
- **Ben Sommers**, Huntley Quelch Professor of Health Economics and Professor of Medicine, Harvard T.H. Chan School of Public Health and Harvard Medical School

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Implementing the medical frailty exemption

Presented by Aspen Institute Financial Security Program
Harvard School of Public Health
Katch Strategies

March 11, 2026

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Medical frailty process overview

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Identifying and verifying medically frail exemptions

Goals

- Correctly capture everyone who qualifies for the exemption
- Minimize burden on clients, medical providers, and caseworkers
- Document necessary information for future audit/reviews
- Avoid caseworkers making medical need decisions
- Avoid HIPAA/privacy violations

Implementation approach

Self-Attestation at Application

Clients can self-attest at application through a detailed screener, further verification is not needed at that time

Automated verification at renewal

Use claims, encounters, or MCO data to verify medical frailty at renewal, providing caseworkers only the query output/determination, not medical records

Streamlined manual form submission

If frailty cannot be verified with existing data, ask clients to submit a form “doctor’s note” signed by their provider. Do not request additional documentation (such as medical records).

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Using medical screeners at application

Civilla released a toolkit for states with best practices on using screeners in your application.

Key takeaways include:

Declare Health Conditions Directly

Allowing applicants to declare health conditions directly in the application reduces administrative burden and avoids unnecessary follow-up documentation steps.

Screen Early, Simple Yes/No

Screening for exemptions should occur early in the application through simple Yes/No questions so eligible individuals can bypass work reporting requirements.

Plain-Language Explanations

Plain-language explanations and examples of qualifying health conditions help applicants recognize eligibility for medical frailty exemptions.

Clear Communication

Clearly communicating when self-attestation is sufficient ("no documents required") can reduce confusion and improve completion rates.

Human-Centered Design

Human-centered application design — simple forms, mobile-friendly flows, and clear instructions — supports accurate self-attestation and reduces errors.

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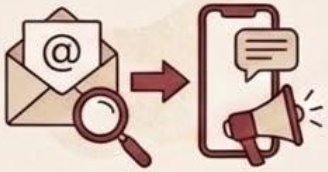
Screening for exemptions: additional strategies

Code for America has worked extensively on SNAP work requirements and released the following recommendations:



Use proactive outreach to notify people about possible exemptions

Agencies should **send targeted messages (texts, emails, letters)** when data suggests someone may qualify for an exemption but hasn't reported it.

This shifts the burden from the client discovering exemptions themselves to agencies prompting them to claim them.

Provide clear step-by-step instructions after exemption screening

Once someone indicates they may be exempt, the system should **immediately guide them through the next step** (e.g., confirm exemption, upload documentation if needed, or contact caseworker).
Avoid leaving applicants unsure what to do after answering screening questions.

Design notices and alerts specifically for work requirement status

Create **dedicated notices explaining work requirement obligations, exemptions, and deadlines** rather than embedding this information in long eligibility letters. Highlight consequences and actions required in a clear, scannable format.

Use digital tools that allow clients to easily update exemption status

Provide online or mobile options to report changes, such as becoming ill, pregnant, or otherwise newly exempt. This allows people to update exemption status between recertifications.

Equip caseworkers with standardized scripts and tools

Caseworkers should have **structured interview prompts and quick reference tools** to consistently identify exemptions during calls or interviews. This reduces variation across staff and improves exemption identification.

Use administrative data to flag potential exemptions

States can cross-reference other program data (disability programs, medical claims, etc.) to flag participants who may qualify for exemptions. Systems can generate alerts for caseworkers to review exemption eligibility.

Track exemption errors and client confusion as a design signal

Agencies should monitor where people fail to claim exemptions or incorrectly report work status. These patterns should inform continuous improvements to forms, screens, and notices.

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Best practices for manual verification

Recommendations where automatic verification is not possible

1. Clear guidance to clients

Clearly specify what documentation is required—and what is not

- Forms and instructions should list acceptable documents and minimum information needed.
- Provide clear instructions and examples for verification documents to reduce errors.
- Discourage submission of full medical records; tell applicants they are unnecessary.

2. Streamlined documentation requirements

Focus: reduce burden on providers and applicants

- Provide standardized, simple verification forms/templates for providers.
- Limit the amount of documentation requested to only what is strictly necessary.

3. Simple document submission experience

Focus: make it easy to submit and confirm documents

- Offer simple digital document upload options, such as via mobile device photos.
- Provide immediate confirmation that documents were successfully received.

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Verification data sources and implementation considerations

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Data sources for automated verifications

MMIS Diagnosis (ICD10) codes	- States already have access - Useful starting place, but misses many conditions and sensitive to lookback period	Prioritize first
MMIS Claims / encounter codes	- States already have access - Could take up to 12 months for providers to report, sensitive to lookback period and combinations of codes	Prioritize first
MMIS Pharmacy Data	- States already have access - Very fast reporting - Needs to be combined with other data, unlikely to stand alone	Prioritize first
MCO care coordination lists	- Likely new request to MCOs, might require contract change - May capture complex cases missed by other data	Prioritize first if easy to integrate; merge in later if challenging to access
All payer claims database	- Very timely - Covers recent applicants with private insurance - Existence and ease of access varies by state	If easily accessible/HHS already connected in, prioritize second, otherwise prioritize for later phases
Health Information Exchange	- Very timely - Covers recent applicants with private insurance - Ease of access varies by state	If easily accessible/HHS already connected in, prioritize second, otherwise prioritize for later phases

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Implementation recommendations

- Iteratively set definitions, translate to codes, and refine based on historical data
- Parallel process policy work, data work, and technical work (including MMIS<->E&E system connections)
- Plan ahead for how claims queries will be run, and have a backstop verification process ready if full automation will not be ready by implementation
- Maximize APD match for new development
- Use agile contracting approaches and purchasing vehicles (NASPO, GSA) - work orders with existing vendors are not the only option

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Resources

- Medicaid Work Reporting Requirements: Verifying Compliance and Exemptions (SHVS) - detailed assessment of data verification sources for every compliance and exemption category
- A Guide to Reducing Coverage Losses Through Effective Implementation of Medicaid's New Work Requirement (CBPP) - overview of implementation considerations (policy, operations, automation and manual) for work requirements, including automation and manual submission processes and IT updates
- Medical Frailty Project Workplan (SHVS) - template implementation Gantt chart excel sheet
- Designing Effective Verification Pathways for Exempt Populations at Heightened Risk of Coverage Loss Under Mandatory Work Reporting Requirements (SHVS) - detailed recommendations for the multistep medical frailty workflow and ways to improve policy design and rollout for different sub-groups
- How Health Information Exchanges Can Identify Medically Frail Work Requirement Exemptions (Manatt) - recommendations on use of HIEs for medical frailty verifications
- A Human-Centered SNAP Work Requirements Screener (Code for America) - a user-tested model work requirements screener for SNAP, with applicability for Medicaid
- Human-centered Application Templates for Medicaid Work Requirements (Civilla) - a user-tested set of template application questions, web flows, and detailed design guidance for work requirements, including medical frailty

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Q&A

We welcome questions and reactions in the chat or through the Q&A function.

Question for the chat: *What is working well, or what challenges are your state encountering related to implementing medical frailty exemptions?*

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HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH

Identifying Persons Qualifying for Medical Frailty Exemptions Using Medicaid Claims Data

Ari Ne'eman, Adrianna McIntyre & Benjamin Sommers
Department of Health Policy and Management
Harvard T.H. Chan School of Public Health

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Work supported by Arnold Ventures

OBBBA Medically Frail Statutory Exemption Categories

"An individual:

- Who is blind or disabled
- With a substance use disorder;
- With a disabling mental disorder;
- with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or;
- with a serious or complex medical condition."

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Our Criteria for Identifying Diagnoses

- Likely to result in ongoing medical care needs OR impairment that limits likelihood of employment, number of hours worked if employed, extent of community participation, or other aspects of economic self-sufficiency; AND

- Likely to last 6 months or longer (either on their own or as a direct consequence – e.g. acute myocardial infarction and subsequent coronary artery disease); AND

- Are not easily curable with treatment

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Identifying ICD-10 Codes

- Began with 71 Chronic Conditions Warehouse (CCW) algorithms developed by CMS for Medicare;
- Two physicians independently reviewed algorithms to identify those that definitely meet exemption criteria, may possibly meet exemption criteria, or are never likely to meet criteria, then reconciled coding;
- For algorithms encompassing a broad range of impairment, we coded individual ICD-10 codes;
- We ultimately identified 6,129 CCW-only ICD-10 codes, supplemented with 1,042 codes not in CCW from ABP medical frailty criteria lists in IN, IA, KY, MI, NE, NM, ND, and PA leading to 7,171 ICD-10 codes.

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All Diagnoses Are Conditional on Utilization

- Claims-based identification requires healthcare utilization that includes a diagnosis code;
  - Serves as an additional filter for low-acuity patients
  - Indicates the important of the diagnosis timeframe (“lookback period”) for identifying relevant claims
- For all codes, we use CCW algorithm requirements, which vary somewhat by diagnosis algorithm. For most codes, this requires at least 1 inpatient OR 2 outpatient codes on distinct service dates;
- For ABP codes, we require at least one inpatient claim OR two non-drug claims on distinct service dates.
- **Results are preliminary and subject to change**

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Population and Prevalence Identified

Lookback Window	1+ Claim Threshold	CCW Algorithm Threshold	1+ Claim Threshold Prevalence	CCW Threshold Prevalence
2 Years	11,422,224	8,976,319	41.77%	32.82%
1 Year	9,112,763	6,906,564	33.32%	25.25%
6 Months	6,730,105	4,818,823	24.61%	17.62%
3 Months	4,919,491	3,282,374	17.99%	12.00%

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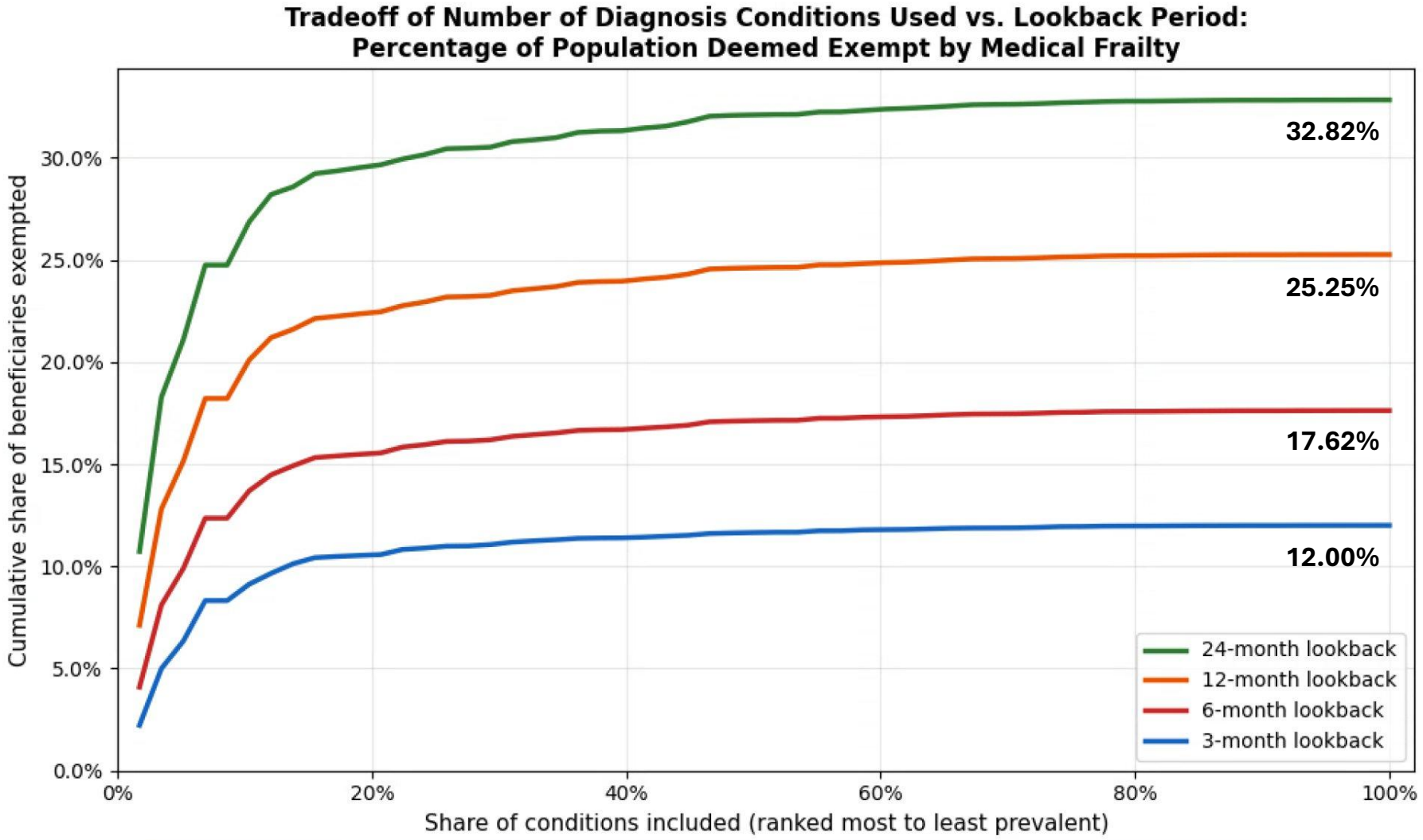

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Contact us

Sarah Esty
sarah.esty@aspeninstitute.org

Hannah Katch
hannah@katchstrategies.com

Ben Sommers
bsommers@hsph.harvard.edu

Ari Ne'eman
aneeman@hsph.harvard.edu

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Q&A

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Poll Questions

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Closing Remarks

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FOURTH SESSION:

Technical Tools and Resources from CMS: Emmy and Emmy API

This session will explore CMS tools to support states in work requirements implementation, including Emmy, an interface that allows reporting and verification of community engagement activities, and Emmy API, the verification hub enabling states to access data sources to support eligibility determinations. Speakers will discuss how these tools work, how they can support states, outline the technical assistance available from CMS, and highlight early state experiences using these tools.

Details and registration information forthcoming.

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