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# MACPAC Session on Implementing Community Engagement Requirements

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On January 29, 2026, the Medicaid and CHIP Payment and Access Commission (MACPAC) [met](#) for its January meeting. The Commissioners heard a presentation from MACPAC staff on considerations for implementing community engagement requirements passed in the 2025 reconciliation legislation, before discussing the draft principles and policy recommendation to be included in their June report to Congress. The Commissioners were supportive of the draft principles but had suggestions for improving the draft policy recommendation.

The session began with MACPAC staff providing an overview of the community engagement requirements. MACPAC staff presented 4 draft principles from research with stakeholders: The Centers for Medicare and Medicaid Services (CMS) should provide timely federal guidance and technical assistance to states, CMS and states should ensure that eligible individuals can gain and maintain coverage, CMS and states should prioritize efficiency when procuring, updating, and operating state information technology (IT) systems, and CMS and states should use timely monitoring and evaluation data to inform policy and operations. MACPAC staff then presented a policy recommendation on monitoring and evaluating community engagement requirements in Medicaid, which reads “The Secretary of the U.S. Department of Health and Human Services (HHS) should direct the CMS to develop a transparent plan for monitoring and evaluating community engagement requirements in Medicaid that provides insight into how such policies affect eligibility and enrollment, health status, employment, and the attainment of other identified policy goals. CMS should identify new metrics for state reporting, as needed, and build upon existing data collection activities to minimize administrative burden. Additionally, CMS should ensure the timely publication of monitoring and evaluation results to inform policy and operational decision making.”

All Commissioners agreed with the presented principles, feeling that they properly addressed implementation concerns. For the first principle, one Commissioner suggested adding an implementation readiness checklist developed by CMS to assist states in their internal evaluation of readiness by the end of 2026.

Commissioners raised more concerns about the policy recommendation. A couple of Commissioners felt MACPAC should recommend statutory changes for monitoring and evaluation instead of the proposed recommendation for HHS to direct CMS. Multiple Commissioners expressed support for including language about assessing the costs and benefits of implementation on the Medicaid population. Some possible measures raised include time spent on requirement appeals, time spent uninsured, and the rate of increased work experiences. In response, a few Commissioners pointed out that while these measures are helpful data points, collection may be difficult as CMS does not currently have a way to measure them. Some Commissioners requested that more specific language than “health status” be included in

the policy recommendation, feeling that it was too broad a category. MACPAC staff requested that Commissioners share their thoughts on what specifics to include.

A few other suggestions were raised by Commissioners. One Commissioner wanted more language encouraging automated processes to help beneficiaries demonstrate community engagement and to evaluate alternatives to wet signature requirements on paperwork, due to concerns that they create an undue burden. Another Commissioner suggested that CMS solicit a request for proposals (RFP) for research and evaluation of the impacts of community engagement requirements. Lastly, a Commissioner indicated a need to better understand the beneficiary population that will still receive benefits, citing concerns that they will be higher risk and have greater health needs, which might result in the policy not producing the expected cost savings.

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