Medicaid Coverage Retention

The 2027 Report

Preventing avoidable, procedural coverage loss under H.R.1 / OBBBA Medicaid work requirements — a comprehensive market, policy, and operating guide for health plans, state agencies, and their partners.

Includes a 50-state implementation & procurement (RFP) intelligence appendix.

Edition: June 2026 · medicaid.atypical.global

Contents

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

1. Executive Summary

Jan 1, 2027
Federal enforcement begins

80 hrs/mo
Work / activity required

~1 in 4
Lost coverage in Arkansas

$600M+
Pledged — to eligibility, not outreach

On July 4, 2025, H.R.1 (the budget reconciliation law also referred to as the One Big Beautiful Bill Act, or OBBBA) created the first nationwide Medicaid "community engagement" — work — requirement. Beginning January 1, 2027, many adults covered through the Affordable Care Act Medicaid expansion must complete roughly 80 hours per month of work, education, job training, or community service, and report it. The same law shortens the renewal cycle for expansion adults from annually to every six months.

The defining risk of this transition is not who qualifies — it is who can navigate the paperwork. Every real-world test of Medicaid work requirements has produced large-scale **procedural** coverage loss: eligible people losing coverage because of missed notices, confusing forms, language barriers, and unclaimed exemptions. Arkansas's 2018–19 program removed roughly 18,000 people — about one in four of those subject to the rule — with no measurable gain in employment.

This report makes three core arguments:

- **The failure point is communication, not eligibility.** The federal government and the ten largest Medicaid technology vendors have pledged more than $600M toward eligibility and verification systems — and effectively nothing toward member-facing communications. That gap is where avoidable coverage loss lives.
- **The window is now.** States must send member notices in a federally-required window of June 30–August 31, 2026, with enforcement on January 1, 2027. Procurement and vendor selection are happening in 2026.
- **The economics are decisive.** For a managed care organization, every procedurally-disenrolled member is lost capitation premium, month after month; for a state, it is FMAP exposure and political risk.

The opportunity is a focused **coverage-retention** capability — plain-language, multilingual member communications, exemption education, omnichannel outreach, and measurement — delivered as the layer on top of the eligibility systems the incumbents are building.

The one-sentence thesis

Eligible people will lose Medicaid not because they don't qualify, but because no one made the paperwork understandable — and that is a fixable, fundable communications problem.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

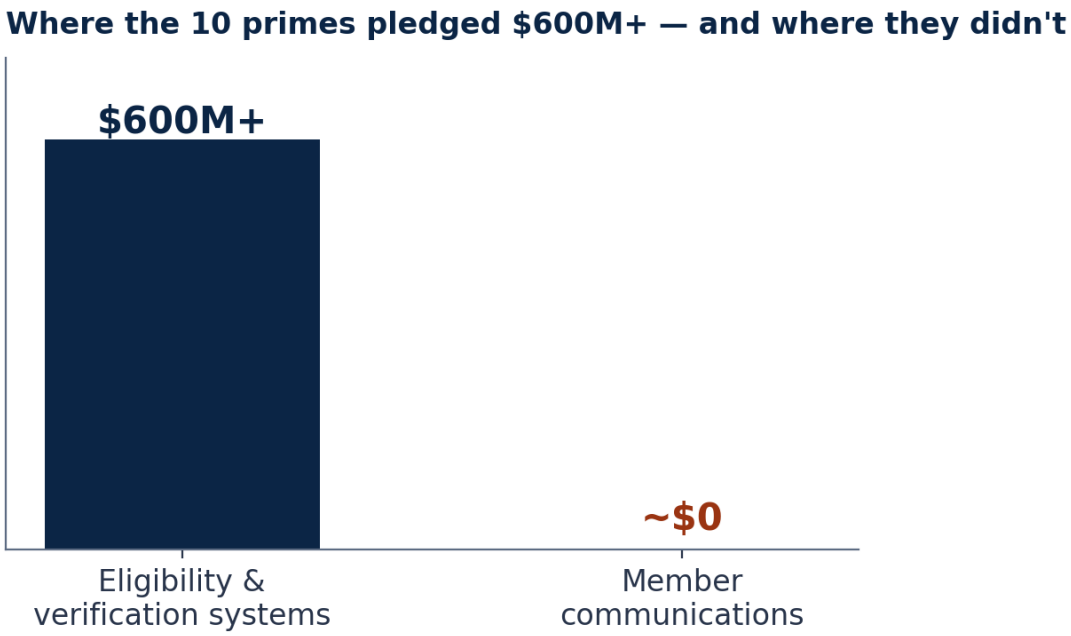

Figure 1. The $600M+ vendor response is concentrated on eligibility and verification systems — not on the member communications that prevent avoidable loss.

2. The 2027 Mandate: What H.R.1 / OBBBA Requires

2.1 The core requirement

H.R.1 conditions continued Medicaid eligibility for many expansion adults (generally ages 19–64) on documented participation in qualifying community-engagement activities totaling at least 80 hours per month. Qualifying activities include paid work, self-employment, participation in a work program, community service or volunteering, and enrollment in an educational or vocational program. Combinations count, and a qualifying level of monthly income can substitute for hour-tracking.

2.2 The dates that matter

Figure 2. The implementation clock. The member-notice window (Jun–Aug 2026) is the action deadline; enforcement begins Jan 1, 2027.

- **December 8, 2025** — CMS Informational Bulletin.
- **June 1, 2026** — CMS Interim Final Rule (CMS-2454-IFC).
- **June 30 – August 31, 2026** — federally-required enrollee-notice window (mail plus at least one additional channel).
- **January 1, 2027** — federal enforcement begins.
- **Through December 31, 2028** — outer bound of discretionary good-faith implementation extensions.

2.3 The new six-month renewal

Separately, OBBBA shortens the eligibility redetermination cycle for expansion adults from once a year to every six months. This doubles the number of administrative touchpoints at which an eligible member can fall off coverage — and makes retention a permanent operating discipline rather than a one-time 2027 event.

2.4 Who is subject, and who is exempt

The requirement targets the ACA expansion adult population. Non-expansion states largely have no such group and are generally not implementing. Commonly-defined federal exemption categories

include: parent or caretaker of a child under 14; pregnant or postpartum individuals; individuals who are disabled or medically frail; American Indian / Alaska Native individuals; individuals in substance-use-disorder treatment; certain students; and short-term hardship categories (hospitalization, high-acuity care, medical travel, disaster areas, high-unemployment areas). Exact definitions are set by the CMS rule and each state's implementation. An exemption only protects a member if the state can identify and document it — which is itself a communication problem.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

3. Procedural Disenrollment: The Core Problem

A procedural disenrollment occurs when a member loses coverage for an administrative reason rather than a substantive one — a notice sent to an old address, a form not understood, a verification step missed, an exemption never claimed. These are not eligibility failures. They are communication failures, and they are preventable.

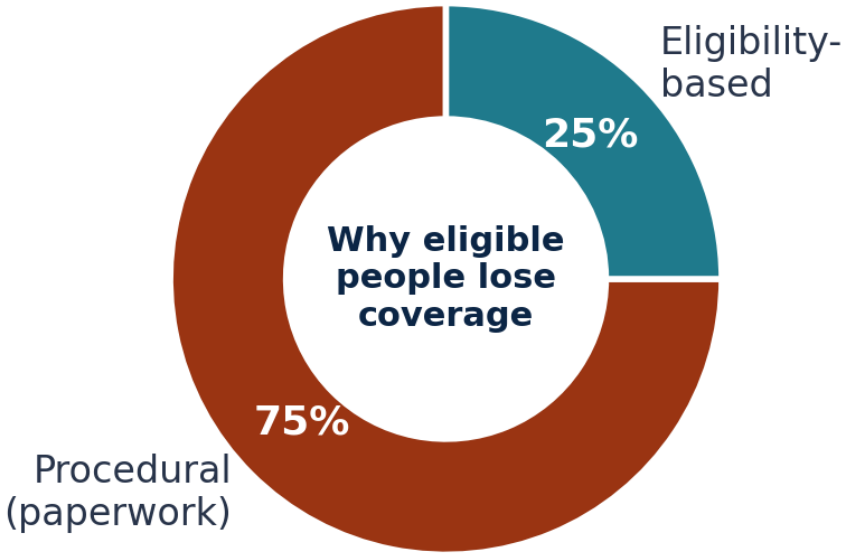

Figure 3. The majority of coverage loss in work-requirement and unwinding settings is procedural — a paperwork failure, not an eligibility failure (directional).

3.1 The Arkansas precedent

Arkansas implemented the first real-world Medicaid work requirement in 2018. Within months, roughly 18,000 people — about one in four of those subject to the rule — lost coverage, the large majority for procedural reasons. Researchers found no measurable increase in employment. The dominant story was confusion: people who did not know the rule applied to them, or did not know how to report.

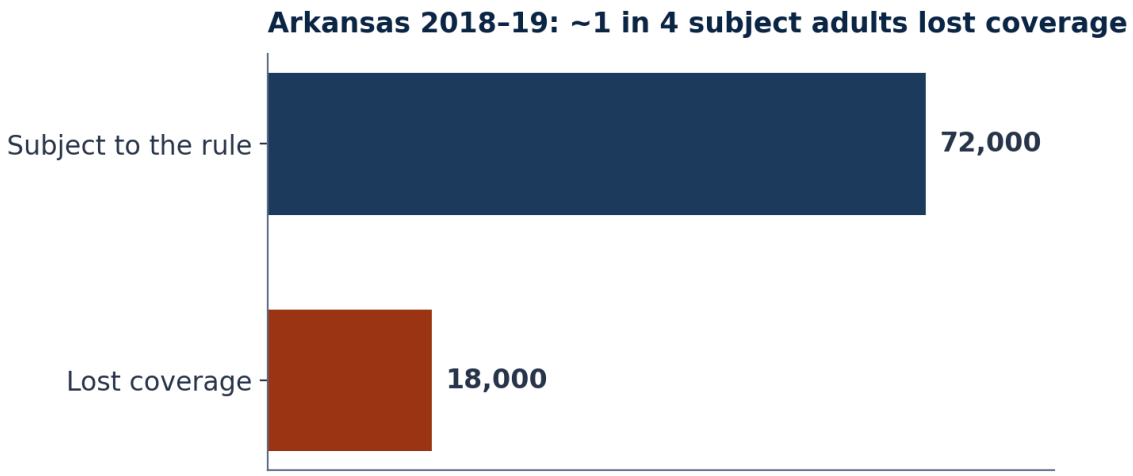

Figure 4. Arkansas 2018–19 outcome among adults subject to the requirement.

3.2 The unwinding confirmed it at scale

The 2023–24 Medicaid "unwinding" of pandemic continuous coverage reinforced the pattern: a large share of disenrollments were procedural rather than eligibility-based, and states that automated renewals and invested in clear, multilingual outreach retained far more eligible members. Independent analyses associate automated (ex-parte) renewals with materially lower procedural-denial rates.

3.3 Why it scales now

The 2027 requirement applies the same failure mode to the expansion population — twice a year, given the new six-month renewal. Independent estimates project that millions could lose coverage nationally, the majority for procedural reasons, absent effective member engagement.

Figures cited are drawn from public analyses (KFF, CBPP, Georgetown CCF, Health Affairs, CMS) and are directional; verify against primary sources before relying on any single number.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

4. Market & Population at Risk

More than 70 million Americans are covered by Medicaid, tens of millions through managed care. The community-engagement requirement applies across roughly 40 expansion states plus the District of Columbia (and the partial-expansion waiver states). The addressable need spans four buyer types:

- **Medicaid managed care organizations (MCOs)** — ~290 plans nationally; the ~250 regional/nonprofit plans feel churn most directly as lost capitation and can contract quickly.
- **State Medicaid agencies** — ~40 implementing states + DC, each on the hook for the member-notice mandate.
- **Eligibility-system prime contractors** — the ~10 firms building verification systems, who need a member-communications layer they do not staff.
- **FQHCs, primary care associations, and community organizations** — trusted messengers who absorb the bad-debt cost of coverage loss.

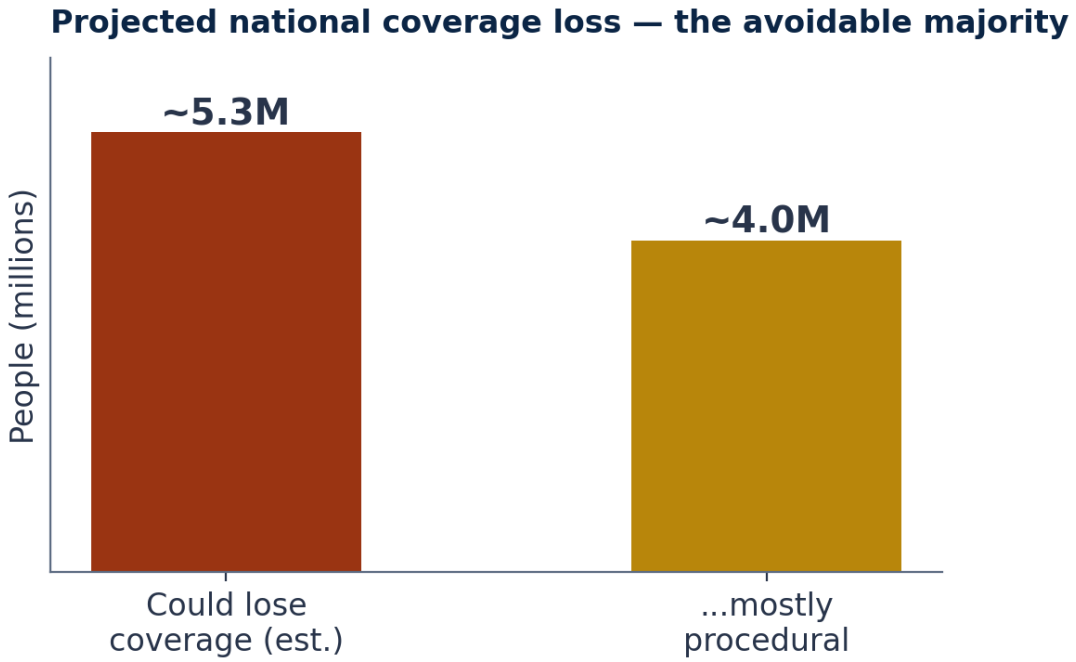

Figure 5. Independent estimates project millions could lose coverage nationally — the majority for avoidable, procedural reasons (directional; verify against primary sources).

5. The Financial Impact

5.1 MCO economics

For a managed care organization, an enrolled member is a monthly capitation payment. When that member is procedurally disenrolled, the plan loses that revenue every month until — and if — the member re-enrolls. The math compounds quickly.

Subject members	Procedural churn	Blended PMPM	Annual premium at risk
50,000	18%	$450	$48.6M
100,000	18%	$450	$97.2M
250,000	18%	$450	$243.0M

Illustrative. Annual at risk = subject members × churn rate × PMPM × 12. Even preventing a fraction of avoidable churn returns many multiples of a retention program's cost.

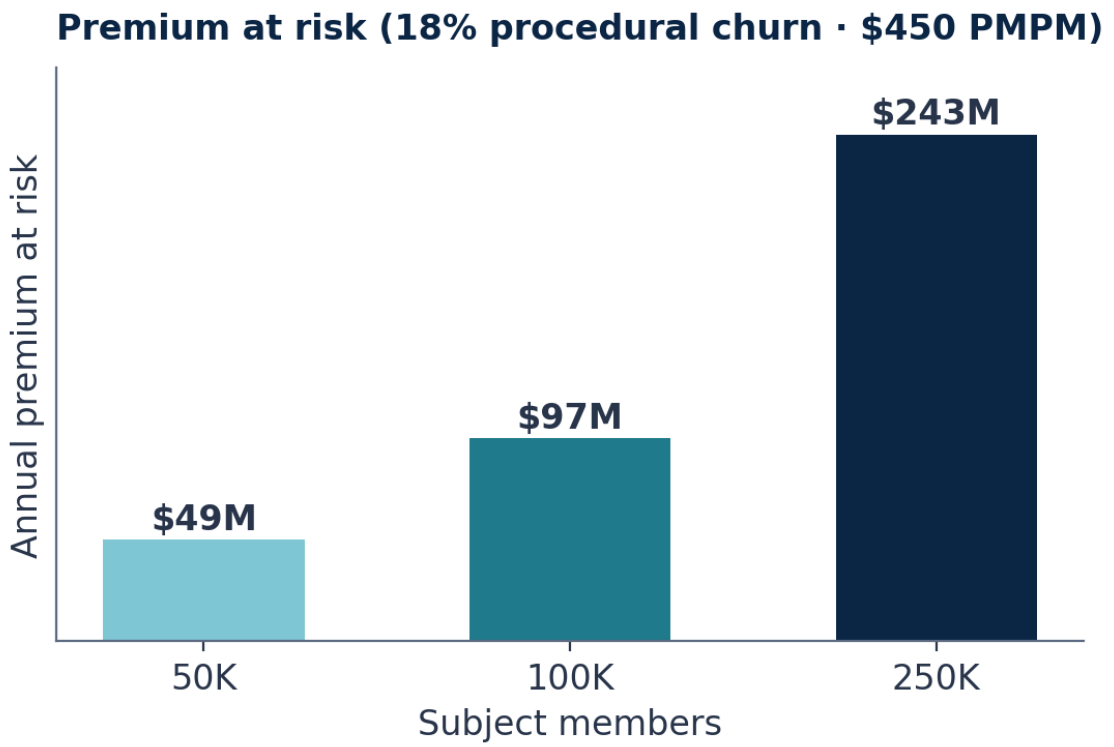

Figure 6. Annual premium at risk scales directly with the subject-member base.

Why this is an easy yes for a plan

One regional MCO with $50M+ in premium at risk can fund a full retention program for a small fraction of the loss it prevents. The ROI case is almost entirely financial.

5.2 State exposure

For states, procedural loss of eligible members creates federal financial participation (FMAP) exposure, improper-termination liability, downstream uncompensated-care cost, and political risk — alongside the direct administrative cost of standing up and operating the requirement, which independent analyses put in the tens of millions per state.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

6. The Vendor Landscape & the Unowned Layer

In response to the mandate, ten Medicaid technology companies — Accenture, Acentra Health, Conduent, Deloitte, Gainwell, GDIT, Maximus, Curam by Merative, Optum, and RedMane — pledged a combined $600M+ in discounted or free products and services. Crucially, those pledges are concentrated on **eligibility and verification systems, frailty logic, and fraud tooling** — not priced member-communications products.

State spending confirms the pattern: multi-million-dollar eligibility-system contracts with the primes, and effectively no line items for member outreach. The eligibility layer is being built. The bridge that carries eligible members across it is not.

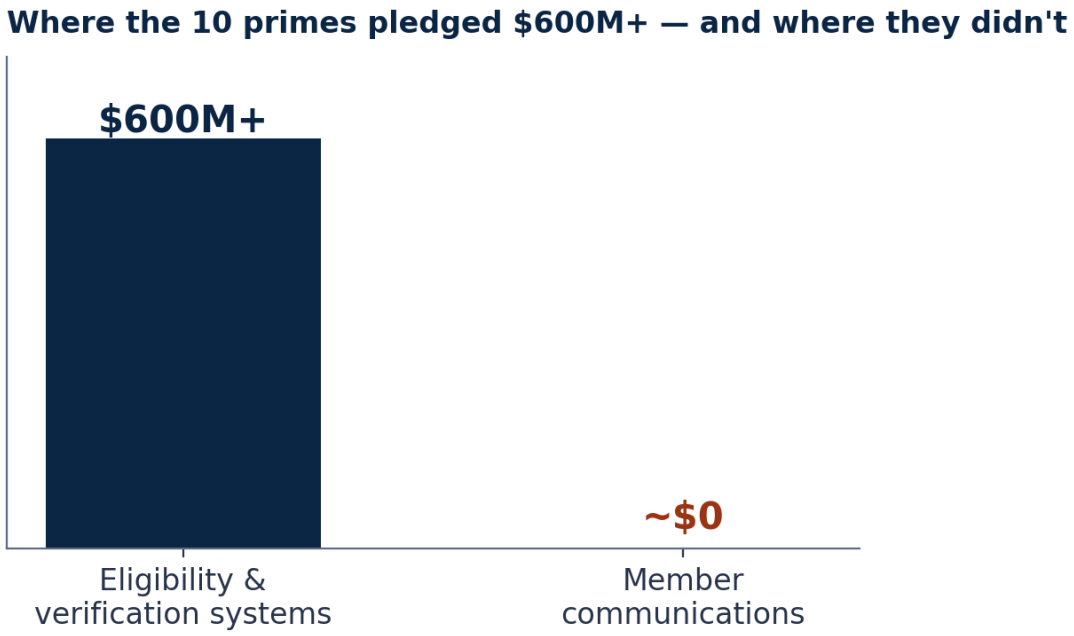

Figure 7. The unowned layer: $600M+ flowed to eligibility systems; member communications were left out.

6.1 The wedge

The defensible position is not to compete with the systems integrators, but to be the **member-engagement layer** on top of them: plain-language, multilingual notices; exemption education; omnichannel outreach; and measurement. This can be sold directly to MCOs and states, or delivered as a subcontractor to the primes (including to satisfy diversity / Business Enterprise Program participation goals).

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

7. The Compliance Perimeter

- **Plain language** — communications written so the intended audience can find, understand, and use the information the first time (typically a 4th–6th grade reading level).
- **Language access** — native-quality translation into the top languages of the served population; machine translation is not sufficient.
- **Accessibility** — Section 508, the Illinois Information Technology Accessibility Act (and state equivalents), the ADA, and WCAG 2.1 AA. The ADA Title II web-accessibility standard took effect April 24, 2026.
- **TCPA** — SMS and automated-call outreach requires prior express consent and honoring opt-outs.
- **HHS marketing rules** — outreach must avoid misleading enrollment tactics.
- **Privacy / PHI** — appropriate handling of member data; the engagement layer operates as a communications partner, not the system of record.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

8. The Coverage-Retention Playbook

Step 1 — Identify & segment

Define the subject expansion population; flag likely-exempt members (pregnant, medically frail, caregivers, AIAN, SNAP/TANF-compliant) from claims and demographic data; segment by language, geography, disability, and disenrollment risk.

Step 2 — Communicate

Rewrite enrollee notices in plain language; translate to native quality; deploy a multichannel plan (mail + SMS + email + IVR), TCPA-compliant; add geofenced and trusted-messenger (CBO/FQHC) outreach for hard-to-reach populations.

Step 3 — Exemptions & reporting

Educate members to claim exemptions they already qualify for; make reporting simple with step-by-step guidance; use data-matching / ex-parte verification first to reduce member burden.

Step 4 — Measure

Track equity KPIs disaggregated by language, geography, and disability; establish a coverage-retention baseline; monitor the first 2027 redetermination cycles and optimize.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

9. The 90-Day Readiness Roadmap

- **Weeks 1–2:** quantify exposure (members × PMPM × churn); map the member journey; identify the notice and language gaps.
- **Weeks 3–6:** build the CMS-compliant, plain-language, multilingual notice set + SMS/IVR scripts + exemption guides; stand up reporting.
- **Weeks 7–10:** run the outreach inside the June 30–August 31 window; capture response and exemption-claim data.
- **Weeks 11–13:** measure retention lift; convert to an ongoing managed-outreach program ahead of January 1, 2027.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

10. The Member Journey & Failure Modes

Coverage is lost at specific, predictable points. Mapping the member journey turns an abstract "procedural churn" number into a list of fixable failures. The seven stages below each carry a distinct failure mode and a distinct intervention.

Stage	Where members fall off	Intervention
1. Awareness	Member does not know the rule applies to them	Targeted, plain-language "this affects you" notice
2. Understanding	Notice is unreadable, untranslated, or jargon-filled	6th-grade rewrite; native translation; visuals
3. Reachability	Notice mailed to a stale address; no phone/email on file	Address hygiene; multichannel (SMS/email/IVR)
4. Exemption	Eligible-exempt member never claims exemption	Pre-flag exemptions from data; prompt the member
5. Activity	Member must find qualifying activity/hours	Resource navigation; SNAP/TANF/work-program links
6. Reporting	Reporting portal is confusing; deadline missed	Step-by-step guidance; reminders; assisted reporting
7. Renewal	Six-month redetermination lapses	Ex-parte renewal first; pre-deadline nudges

Each stage compounds: a 20% drop-off at four stages leaves under 41% of members through the funnel. Retention work is funnel optimization.

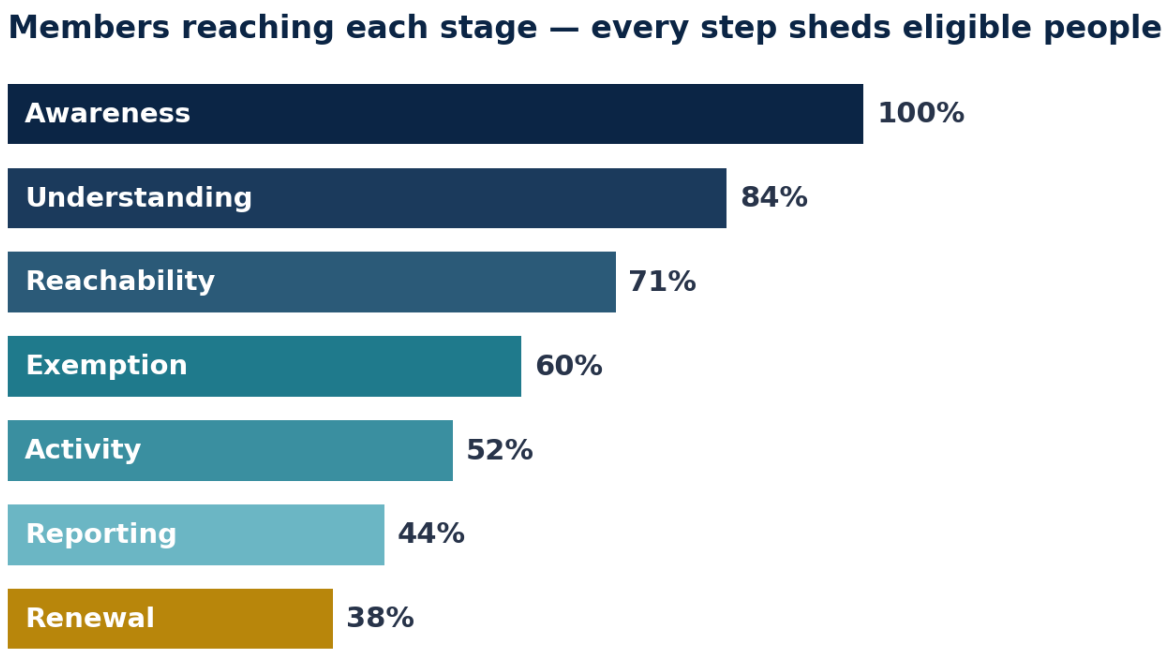

Figure 8. Illustrative member funnel — every administrative stage sheds eligible people; the retention job is to widen each step.

The implication is that retention is not one message. It is a sequenced, measured campaign that meets members where they already are — and removes burden at every step rather than adding it.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

11. Channel-by-Channel Outreach Playbook

Direct mail

Still the federally-anchored channel and the legal record of notice. Mail fails on stale addresses and unreadable content. Fixes: run addresses through change-of-address and plan/claims data first; redesign the envelope and letter for a 6th-grade reading level with a single clear call to action; print in the member's language; include a QR code and SMS short-code as escape hatches to easier channels.

SMS / text

Highest open and response rates for this population, but governed by the TCPA: secure prior express consent, identify the sender, honor opt-outs immediately, and keep messages free of misleading enrollment claims. Use SMS for reminders, deadline nudges, and links to assisted reporting — not for transmitting PHI.

IVR & live phone

Automated outbound reminder calls scale; warm-transfer to a live, bilingual navigator converts the hardest cases. Inbound lines must have language support and realistic hold times during the notice window and the days before each deadline.

Email

Low-cost reinforcement for members with an address on file. Treat as a supporting channel; deliverability and literacy limit it as a primary one.

Web & member portal

The reporting and renewal portal is where journeys end well or badly. It must be mobile-first, WCAG 2.1 AA accessible, available in the top languages, and walk the member through reporting step by step. Ex-parte (data-matched) renewal should run before the member is ever asked to act.

Trusted messengers (CBOs, FQHCs, providers)

For the hardest-to-reach members — limited English, unstable housing, distrust of government mail — the message lands only when it comes from a trusted local source. Fund and equip community health workers, clinics, and community organizations with consistent, compliant materials. This is also where geofenced and place-based outreach earns its cost.

The omnichannel principle: no single channel reaches everyone. A member who ignores mail may answer a text; one who ignores both may listen to a community health worker. Sequencing across channels — and stopping as soon as a member responds — is the entire game.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

12. Exemptions: A Practical Field Guide

Most avoidable loss among truly-eligible people is unclaimed exemptions. An exemption only protects a member the state can identify and document. The retention task is to (a) pre-identify likely-exempt members from existing data, (b) prompt them, and (c) make documentation effortless.

Exemption category	How to pre-identify	Documentation path
Parent/caretaker of child <14	Household/eligibility data	Attestation + household record
Pregnant / postpartum	Claims, MCO maternity data	Provider record / attestation
Disabled / medically frail	Diagnosis & utilization in claims	Provider attestation / frailty logic
American Indian / Alaska Native	Tribal/enrollment indicators	Tribal documentation
SUD treatment	Behavioral-health claims	Treatment provider record
Student (qualifying)	Self-report; education data	Enrollment verification
SNAP/TANF compliant	Cross-program data match	Automatic via data match
Short-term hardship	Event-driven (hospitalization, disaster)	Attestation + event record

Exact categories and documentation standards are set by the CMS rule and each state's plan; verify per state. Cross-program data matching (e.g., SNAP/TANF) is the single highest-leverage automation.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

13. Language Access & Accessibility in Depth

A notice the member cannot read is the same as no notice. A large share of the avoidable-loss problem is a literacy, language, and accessibility problem.

13.1 Language access

- Translate to **native quality** in the top languages of the served population — Spanish first in most states, plus the locally-dominant languages (e.g., Vietnamese, Chinese, Tagalog, Haitian Creole, Arabic, Somali). Machine translation alone is not compliant or trustworthy.
- Localize, don't just translate: dates, examples, and reading level must work for the audience.
- Provide telephonic and in-person interpretation at every live touchpoint.

13.2 Accessibility

- Meet Section 508, state IT-accessibility laws (e.g., Illinois IITAA), the ADA, and WCAG 2.1 AA.
- The ADA Title II web-accessibility rule took effect April 24, 2026 — portals and PDFs must be conformant.
- Design for low digital literacy and for screen readers; provide accessible alternatives to any PDF.

13.3 Plain language

Write so the member can find, understand, and act on the information the first time — typically a 4th–6th grade reading level, one main action per notice, short sentences, and visuals. Plain language is the cheapest, highest-return intervention available.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

14. Measurement: The Coverage-Retention KPI Framework

What is not measured is not managed. A credible program reports a defined metric set, disaggregated for equity, against a pre-established baseline.

Metric	Definition	Why it matters
Procedural disenrollment rate	% of terminations for administrative (non-eligibility) reasons	The headline avoidable-loss number
Notice reach rate	% of subject members confirmed reached (any channel)	Stage-3 failure detector
Exemption capture rate	% of eligible-exempt members with exemption recorded	Stage-4 failure detector
Reporting completion rate	% of required members who reported on time	Stage-6 failure detector
Ex-parte renewal rate	% of renewals completed without member action	Burden-reduction lever
Reinstatement rate	% of disenrolled members re-enrolled within 90 days	Recovery / churn cost
Equity gap	Spread in the above by language/geography/disability	Civil-rights compliance + outcomes

Establish each metric's baseline before the June–August 2026 notice window, then track through the first two 2027 redetermination cycles.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

15. Procurement & Teaming: How to Win the Work

The work is bought three ways: a state issues an RFP; an MCO contracts a vendor directly; or an eligibility-system prime subcontracts the member-communications scope it does not staff. Each requires a different motion.

State RFPs

Watch the procurement portals (see the appendix). Get on bidder lists early; many comms/outreach solicitations are short-fuse. Lead with the deliverable and the deadline (the June–August notice window, the January 2027 enforcement date), not with software. Anticipate sworn vendor-qualification forms and accessibility/language requirements.

MCO direct

Plans feel churn as lost capitation and can move faster than states. Lead with the financial model in Section 5: quantify their premium-at-risk, then price the program as a fraction of avoidable loss prevented.

Prime subcontracting & diversity goals

The ten primes are building eligibility systems, not staffing member communications. Position as their engagement subcontractor. Many solicitations carry diversity / Business Enterprise Program (BEP) participation goals; a qualified, certified subcontractor helps the prime meet them — a structural reason to be named in their bid. Ask to be listed in the prime's subcontractor disclosure before their proposal is due.

Awarded states

An award does not close the door — it identifies where the member-engagement layer is most needed and who the teaming partner is. Awarded states (see appendix) are subcontract and partnership targets, not dead ends.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

16. Risk Register

Risk	Likelihood	Mitigation
State delays/extends implementation	Medium	Sell the six-month renewal need, which persists regardless
Primes bundle comms into eligibility scope	Medium	Differentiate on language/accessibility depth; subcontract
TCPA / consent violation	Low–Med	Consent management; legal review of every script
Translation quality failure	Medium	Human native translators; QA; community review
Accessibility non-conformance	Medium	WCAG 2.1 AA audits; accessible-by-design
Long government sales cycle	High	Pursue MCO + prime channels in parallel

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

17. Illustrative Scenarios

Scenario A — Regional MCO, 120,000 expansion members

At an 18% procedural-churn assumption and a $450 PMPM, roughly $117M in annual premium is at risk. A retention program that prevents even one-third of avoidable churn protects on the order of ~$39M of premium — for a fraction of that in program cost. The plan's case is almost entirely financial.

Scenario B — Small plan / FQHC network, 15,000 members

Too small to build in-house, but acutely exposed to bad-debt and uncompensated-care cost when members lose coverage. A shared, managed-outreach service — plain-language notices, bilingual SMS/IVR, assisted reporting — delivered as a service is the right fit.

Scenario C — State Medicaid agency

On the hook for the June–August 2026 notice mandate and the political fallout of mass procedural loss. Needs CMS-compliant, multilingual, accessible notices and an auditable measurement framework — fast, often through an existing eligibility prime as the comms subcontractor.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

18. Buyer FAQ

Isn't this just what our eligibility vendor does?

No. Eligibility vendors determine who qualifies and verify activity. The retention layer makes sure eligible members understand, are reached, claim exemptions, and report — the member-facing work the eligibility systems do not perform.

Why act now if enforcement is January 2027?

Because the member-notice window is federally set for June 30–August 31, 2026, and procurement happens in 2026. The baseline you need to prove impact must be captured now — the window is already open and closes August 31, 2026.

Does this apply in a non-expansion state?

Largely no for the work requirement, since these states lack the expansion group. But the six-month renewal and general retention discipline still apply to managed care.

How is success measured?

Against the KPI framework in Section 14 — procedural disenrollment rate, reach, exemption capture, reporting completion, ex-parte renewal, and the equity gap — versus a pre-window baseline.

Is this compliant with TCPA and accessibility law?

Built to be: consent-managed outreach, native-quality translation, and WCAG 2.1 AA / Section 508 / ADA conformance are core requirements, not add-ons.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

19. 50-State Implementation & Procurement Appendix

This appendix summarizes — for every state and the District of Columbia — Medicaid expansion status, whether the work requirement applies, implementation status, the administering agency, and any identified procurement / RFP activity tied to the requirement. Compiled from public sources as of June 2026. Procurement status changes frequently; re-verify before acting. Where no solicitation was found, the entry reads "none identified as of June 2026" rather than asserting none exists.

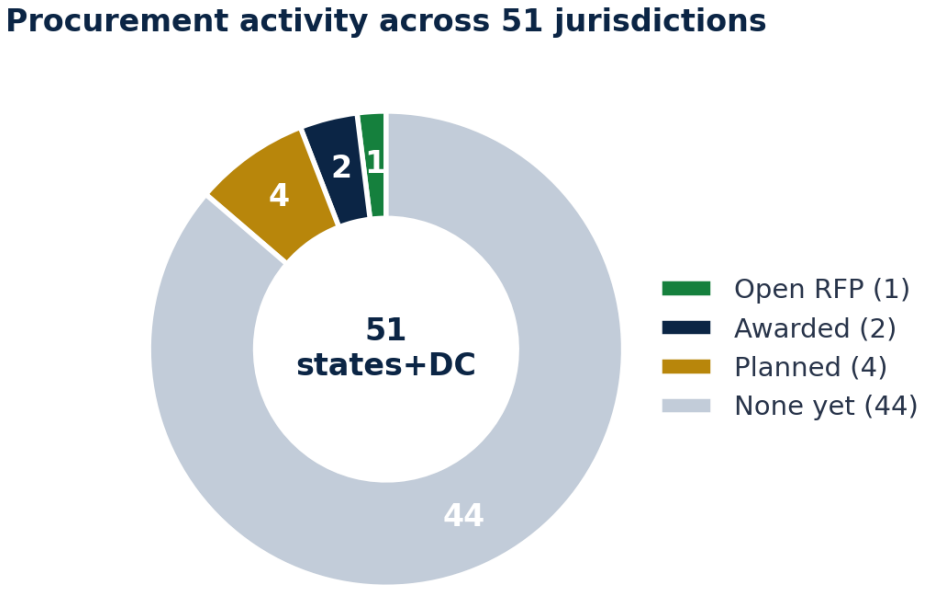

Figure 9. Procurement activity across 51 jurisdictions as of June 2026 — most states have not yet solicited member-communications work. Early movers and pre-positioning win.

19.1 States with identified RFP / procurement activity

State	RFP status	Administering agency
Connecticut	Open RFP	Connecticut Department of Social Services…
Arizona	Awarded	
Illinois	Awarded	
Arkansas	Planned/Expected	Arkansas Department of Human Services (DHS),…
California	Planned/Expected	
Missouri	Planned/Expected	Missouri Department of Social Services (DSS)…
Ohio	Planned/Expected	

Near-term targets: Open RFPs are live opportunities; Awarded states are teaming/subcontract plays; Planned states are pre-position targets.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

19.2 State profiles

Alabama

Expansion: Non-expansion | **Work requirement applies:** Largely N/A — non-expansion | **RFP status:** None identified

Administering agency: Alabama Medicaid Agency

Implementation status: Pending state guidance — no ACA expansion population subject to the requirement

Timeline: Federal default: enforcement Jan 1, 2027 (applies to ACA expansion adults; Alabama has not expanded, so no expansion group is currently subject)

Population affected: Likely none under current law, because Alabama has not expanded Medicaid and has no ACA expansion adult group; an estimated ~300,000 adults fall in the…

State notes: Federal exemption categories apply; state-specific details pending state guidance.

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Alabama Medicaid Agency Procurement page (medicaid.alabama.gov/content/2.0_newsroom/2.4_Procurement.aspx);…

Funding: Pending / Not applicable. No state implementation funding identified for H.R.1 community-engagement work because Alabama is not subject to the mandate. (The ~$200M federal CMS implementation…

Alabama is a Medicaid non-expansion state with no ACA expansion (adult) population, so it is NOT among the 43 states (the 41 expansion states/DC plus partial-expansion Georgia and Wisconsin per KFF) required to implement the H.R.1/OBBBA community-engagement work requirement by Jan 1, 2027; multiple trackers (KFF, AAPD, CHCS, Georgetown CCF) list Alabama as exempt. Alabama Medicaid's "Work Requirements" web page…

Confidence: high · Source: medicaid.atypical.global/states

Alaska

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Alaska Department of Health, Division of Public Assistance (eligibility); Division of Health Care…

Implementation status: Pending state guidance — Alaska DOH evaluating implementation approaches with federal partners; published a Feb 2026 coverage-impact modeling report

Timeline: Federal default: requirement implementation by Dec 31, 2026; 6-month redeterminations for expansion adults begin Jan 1, 2027. Phased implementation possible through 2028 via good-faith waiver. (Note:…

Population affected: ~73,000 Medicaid expansion adults statewide (Alaska DOH, H.R.1 AK Impacts page); KFF May 2025 fact sheet cites ~71,000 in the expansion group. Number actually…

State notes: Alaska is NOT a comprehensive managed-care state — Medicaid is largely fee-for-service with a voluntary Alaska Medicaid Coordinated Care Initiative (AMCCI) case-management program (Comagine Health contractor); no risk-based MCOs. Per Alaska DOH H.R.1 page, the 80-hr/month…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. The only open Alaska media/communications/advertising RFP (DPS RFP 2026-1200-0165, Media/Communications/Advertising Services, due Feb 8, 2026) is for the Council on Domestic Violence and Sexual Assault, unrelated to Medicaid. On…

Procurement portal: Alaska Online Public Notices (aws.state.ak.us/OnlinePublicNotices); DOH solicitations also via GEMS…

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

Funding: Eligibility Milestone 2.5 RFP budget capped at ~$5.0M (T&M, ~18 mo). Rural Health Transformation Program (CMS) Year 1 award to Alaska = $272,174,855.72 (Dec 29, 2025–Oct 30, 2026; spend by Sep 30,…

Alaska is in planning/evaluation, not active member-outreach implementation. Per DOH (H.R.1 AK Impacts page) and a Feb 2026 modeling report, ~61,169 Medicaid expansion enrollees ages 19-64 would be subject to community-engagement requirements in 2027, with an estimated 9,400-13,600 projected to lose coverage (mostly for paperwork/process failures) while ~69% (over 42,000) qualify for automatic exemptions, including…

Confidence: high · Source: medicaid.atypical.global/states

Arizona

Expansion: Expanded | **Work requirement applies:** Medicaid "Expansion Adults" ages 19-64 with income up to 133 | **RFP status:** Awarded

Implementation status: Planning for Jan 1, 2027 (federal deadline Dec 31, 2026). CMS approved Arizona's Section 1115 "community engagement" demonstration amendment on March 3, 2026 — Arizona is the first state whose approval includes a federally-recognized-tribe exemption. AHCCCS…

Reporting: Pending state guidance (federal framework requires verification at application and at each redetermination; expansion…

Renewal cadence: Every 6 months (twice per year) for affected expansion adults beginning January 2027 — confirmed on the AHCCCS H.R.1…

Procedural-loss risk: Moderate-to-high. Twice-yearly redeterminations plus a new reporting requirement materially increase the chance of procedural (paperwork-based) disenrollment for compliant members, especially given…

Major MCOs: Arizona Complete Health (Centene), UnitedHealthcare Community Plan (Arizona Physicians IPA), Molina Healthcare of Arizona, Mercy Care, Health Choice Arizona,…

Key languages: Spanish, Navajo (Diné), Vietnamese, Arabic, Chinese (Mandarin)

Procurement / RFP: YES — AHCCCS Task Order YH26-0082, "H.R. 1 Community Engagement & Medicaid Work Requirements Communications." Scope: build and run a statewide member-communications/outreach campaign (mail, phone, text, online notices, messaging development) so Expansion Adults understand the new 80-hour/month community-engagement…

Procurement portal: Arizona Procurement Portal (APP, app.az.gov); AHCCCS Open Solicitations page…

Funding: Pending — no state appropriation/budget figure or task-order dollar value publicly disclosed for YH26-0082. Related (not H.R.1-specific): AZ received a Dec 29, 2025 CMS Notice of Award of ~$167M…

AHCCCS is moving ahead of most states: rather than issuing a full open RFP, it used a restricted task order (YH26-0082) off its existing Statewide Marketing Services contract, with proposals due June 2, 2026 and a hard requirement to launch public outreach by Sept 1, 2026. The communications work supports Arizona's CMS-approved 1115 "AHCCCS Works" community-engagement requirement (80 hrs/month or ~$580/month income…

Confidence: confirmed · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

Arkansas

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** Planned/Expected

Administering agency: Arkansas Department of Human Services (DHS), Division of Medical Services

Implementation status: Early implementer — soft launch July 1, 2026; hard enforcement Jan 1, 2027. Renewal 1115 waiver application submitted Dec 2025.

Timeline: Soft implementation begins July 1, 2026 (state begins checking compliance/exemptions, no disenrollments). Federal hard enforcement Jan 1, 2027 — noncompliant beneficiaries get 30 days to show…

Population affected: Subset of the ARHOME expansion population (adults 19-64 up to 138% FPL). ARHOME enrollment reported at roughly 217,000-240,000 in 2026 (KFF / Arkansas DHS /…

Major MCOs: Arkansas Blue Cross and Blue Shield (marketplace QHP carrier), Ambetter / Celtic (marketplace QHP carrier)

State notes: ARHOME (Arkansas Health and Opportunity for Me) is Arkansas's ACA Medicaid expansion, delivered via premium assistance purchasing private marketplace QHPs (Arkansas Blue Cross Blue Shield or Ambetter) rather than direct Medicaid managed care. Community engagement requirement of…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. However, Arkansas DHS has publicly and repeatedly stated (Feb-May 2026) that it is "in the process of obtaining a vendor" for a customer service center that will perform outbound beneficiary communications/calls to verify ARHOME…

Procurement portal: Arkansas DHS Office of Procurement…

Funding: No Arkansas-specific implementation budget figure published. Federal OBBBA/H.R.1 provides ~$200M nationally to states for work-requirement implementation/system modernization (plus ~$200M in grants…

Arkansas, the first state to operate Medicaid work requirements (Arkansas Works, 2018), is implementing OBBBA/H.R.1 community-engagement requirements through its ARHOME program (ages 19-64, 80 hrs/month). DHS begins a "soft launch" July 1, 2026 (automated exemption/compliance determinations via cross-agency data matching, notifications but no penalties in 2026), with full enforcement and benefit suspensions starting…

Confidence: high · Source: medicaid.atypical.global/states

California

Expansion: Expanded | **Work requirement applies:** Expansion adults ages 19-64 in the Medi-Cal adult (ACA expansion) grou | **RFP status:** Planned/Expected

Implementation status: Planning for Jan 1, 2027 (DHCS implementation plan published; operational details pending CMS guidance and state rulemaking). California is implementing under protest — AB 2161 (Bonta) seeks to shield Medi-Cal coverage and minimize procedural loss.

Reporting: Verification at application and at renewal, with renewals moving to every 6 months for expansion adults effective Jan…

Renewal cadence: Every 6 months for expansion adults effective Jan 1, 2027 (H.R.1 requirement; confirmed in CA DHCS materials), down…

Procedural-loss risk: High. California's recent unwinding-era disenrollments were ~92% procedural (above the ~78% national average), and the shift to 6-month renewals plus a new work-reporting step materially increases…

Major MCOs: Health Net (Centene), Molina Healthcare (subcontracted under Health Net in some counties), Anthem Blue Cross, Blue Shield of California / Blue Shield Promise,…

Key languages: Spanish, Vietnamese, Tagalog, Chinese (Cantonese/Mandarin), Korean, Armenian, Russian, Farsi/Persian, Hmong, Punjabi,…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. However, a specific contract IS budgeted and planned: DHCS's FY2026-27 Budget Change Proposal (DF-46, Org 4260, BCP 8931) funds an "Outreach and Media Contractor (Support External)" at $17,500,000 ($8,750,000 GF / $8,750,000 FF) to…

Procurement portal: Cal eProcure / FI$Cal (caleprocure.ca.gov, the California State Contracts Register); DHCS Procurement &…

Funding: $17.5M ($8.75M GF / $8.75M FF) budgeted in FY2026-27 specifically for the Outreach and Media Contractor (BCP 8931); part of a broader DHCS H.R.1 request of $33,049,000 ($15,549,000 GF / $17,500,000…

California's Medicaid community-engagement/work requirement (H.R.1 §71119) takes effect Jan 1, 2027, with mandatory outreach beginning October 2026; DHCS published its H.R.1 Implementation Plan (Jan 29, 2026) and added exemption/work-reporting questions to CalHEERS and BenefitsCal/HEAplus consumer interfaces. The state has already begun a limited targeted texting outreach in early 2026 and intends to procure an…

Confidence: confirmed · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

Colorado

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Colorado Department of Health Care Policy and Financing (HCPF), administering Health First Colorado

Implementation status: Actively planning/implementing for Jan 1, 2027; leveraging existing contractors. State Board of Medical Services to adopt rules; data publication begins March 1, 2027.

Timeline: Federal enforcement Jan 1, 2027. Requirements apply to applications received on/after Jan 1, 2027 or members with renewals set for Jan 2027. HCPF must publish monthly eligibility/enrollment impact…

Population affected: HCPF estimates ~378,500 members subject to work requirements before exemptions are applied (source: Health First Colorado / HCPF). For context, ~381,904…

Major MCOs: Colorado uses a Regional Accountable Entity (RAE) model — 7 regional RAEs administer behavioral health and care coordination, Two physical-health Managed Care…

State notes: Requirements (referred to in Colorado as "community engagement requirements") apply to adults ages 19-64 not enrolled in certain programs such as long-term services and supports (LTSS) or buy-in programs. H.R.1 also imposes 6-month renewals for this low-income adult group.…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. Colorado's HCPF is implementing H.R.1 community-engagement (work) requirements through EXISTING contractors and in-house systems rather than a new competitive solicitation. The Community Engagement IAPD states the Department is…

Procurement portal: BIDS Colorado (bidscolorado.com) is the state eProcurement portal; HCPF/CMES procurements are also posted at…

Funding: IAPD-funded with federal financial participation (typically enhanced FFP for eligibility-system DDI). Estimated initial implementation cost for H.R.1 Medicaid member-eligibility provisions: $5.4M…

Federal H.R.1 mandates Medicaid community-engagement (work) requirements for ages 19-64 (with broad exemptions) for new applications on/after Jan 1, 2027 and renewals due Jan 2027+. HCPF expects final CMS guidance ~June 2026 and is building the system via existing contractors (Deloitte/CBMS, EY, 22nd Century Technologies) using an MVP approach (manual entry, self-attestation, existing interfaces). Member outreach…

Confidence: high · Source: medicaid.atypical.global/states

Connecticut

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** Open RFP

Administering agency: Connecticut Department of Social Services (DSS)

Implementation status: Planning / communications strategy in development for Jan 1, 2027; state may seek good-faith-effort delay (potentially to 2029)

Timeline: Federal default: enforcement Jan 1, 2027. Per CT reporting, the requirement begins Jan 1, 2027 at the earliest, but Connecticut may be able to delay up to 2029 if it shows good-faith implementation…

Population affected: More than 168,000 Connecticut residents projected to lose health coverage over the next decade due to federal Medicaid work requirements and other H.R.1…

State notes: VERIFIED CT-specific: The requirement applies to the Medicaid expansion population (HUSKY D — low-income adults without dependents) AND to parents/guardians whose children are 14 or older; recipients must work or participate in training, education, or community service at least…

Procurement / RFP: Two relevant open solicitations are posted on the CT Dept. of Social Services (DSS) procurement page as of 2026-06-03: (1) "RFQ 03.06.2026 Communication Services Related to Healthcare" (open, 1 addendum) — a healthcare-communications quotation that aligns with DSS's effort to build a Medicaid/HUSKY…

Procurement portal: CT DSS RFP/RFQ page (portal.ct.gov/dss/fiscal/request-for-proposals---quotations---applications); statewide…

Funding: DSS Medicaid work-requirement communications strategy currently funded by a $125,000 grant from the Connecticut Health Foundation. State implementation/administration cost estimate for H.R.1 work…

H.R.1/OBBBA Medicaid (HUSKY D expansion adults 19-64) work requirements take effect in Connecticut January 1, 2027, requiring 80 hours/month of qualifying activity or ~$580/month income; CMS issued its implementing interim final rule (CMS-2454-IFC) on June 1, 2026. DSS (the state Medicaid administrator) is actively analyzing impacts and building a communications/outreach strategy and a toolkit for community…

Confidence: high · Source: medicaid.atypical.global/states

Delaware

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Delaware Division of Medicaid and Medical Assistance (DMMA), within Delaware Health and Social…

Implementation status: Pending state guidance (no DE-specific implementation plan verified; federal default applies)

Timeline: Federal default: tracking expected to begin ~Dec 2026 with enforcement Jan 1, 2027; new 6-month redeterminations for expansion adults also beginning ~Dec 2026. State-specific dates pending state…

Population affected: ~68,377 ACA Medicaid expansion adults enrolled as of June 2025 (healthinsurance.org); not all are subject to the requirement after federal exemptions. Precise…

Major MCOs: AmeriHealth Caritas Delaware, Highmark Health Options, Delaware First Health (Centene)

State notes: Federal exemption categories apply; state-specific details pending state guidance.

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Delaware Bid Solicitation Directory (bids.delaware.gov -> mmp.delaware.gov/Bids) and the DHSS Bonfire/Euna…

Funding: Pending / not separately broken out. Gov. Matt Meyer's FY27 recommended budget (released Jan 29-30, 2026; ~$6.9B) includes Medicaid funding (FY26 carried roughly $140M added Medicaid) but discloses…

Delaware (DMMA, within DHSS) must implement the H.R.1/OBBBA 80-hour/month community-engagement requirement by Jan 1, 2027, with member tracking expected to begin December 2026 and expansion adults moving to 6-month renewals; outreach to enrollees nationally is expected to begin around September 2026. CMS issued the implementing interim final rule

(CMS-2454-IFC) on June 1, 2026, leaving a very tight runway. Delaware…

Confidence: high · Source: medicaid.atypical.global/states

District of Columbia

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Department of Health Care Finance (DHCF)

Implementation status: Pending state guidance — no DHCF-published implementation plan verified as of June 2026

Timeline: Federal default: enforcement Jan 1, 2027. Outreach to affected enrollees generally begins September 2026 under federal guidance. No DC-specific dates verified.

Population affected: Pending — DC-specific number of expansion adults subject to the requirement not verified. (Context: KFF/CMS count DC among the jurisdictions with a subject…

State notes: Federal exemption categories apply; state-specific details pending state guidance. Note on applicability: Under the Social Security Act (Sec. 1905) the term "State" for Medicaid includes the District of Columbia, and both CMS and KFF explicitly count DC among the jurisdictions…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: DC OCP Contracts & Procurement Transparency Portal (contracts.ocp.dc.gov / ocp.dc.gov); DHCF posts via OCP…

Funding: Pending/shared federal pool. OBBBA appropriated $200M nationally for FY2026 implementation: $100M split equally across the 50 states + DC (~$1.96M base each) plus $100M allocated by share of affected…

As an ACA Medicaid-expansion jurisdiction, DC is subject to OBBBA/H.R.1 community-engagement (80 hrs/month) requirements and must implement no later than January 1, 2027, per the CMS interim final rule (CMS-2454-IFC) published in the Federal Register June 3, 2026 and confirmed by The Hill, AP, and KFF coverage. Note: several AI-generated search summaries claimed DC is "exempt because it is not a state," but this is…

Confidence: medium · Source: medicaid.atypical.global/states

Florida

Expansion: Non-expansion | **Work requirement applies:** None currently. The federal requirement applies to ACA Medicaid expans | **RFP status:** None identified

Implementation status: Not applicable — Florida has not adopted ACA Medicaid expansion and has no expansion adult group, so the H.R.1 / OBBBA community-engagement (work) requirement has no subject population in Florida. No state implementation planning is required unless/until…

Reporting: Not applicable (no subject population). Federal framework requires verification at application and at least…

Renewal cadence: Not applicable (no expansion group). Under H.R.1 the default for expansion adults is redetermination every 6 months —…

Procedural-loss risk: Low / not applicable for the H.R.1 work requirement specifically — with no ACA expansion group, no Floridians face work-requirement procedural disenrollment. Separately, Florida already has very…

Major MCOs: Sunshine Health (Centene), Simply Healthcare (Elevance/Anthem), Humana Medical Plan, UnitedHealthcare of Florida, Aetna Better Health of Florida (CVS Health),…

Key languages: Spanish, Haitian Creole, Portuguese, Vietnamese, French

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

Procurement portal: Florida Vendor Bid System (VBS) / MyFloridaMarketPlace (vendor.myfloridamarketplace.com); AHCA solicitations…

Funding: Pending / none. No state appropriation exists: SB 1758 (the only 2026 work-requirement funding vehicle) died, so no implementation dollars were enacted. Florida is not subject to the federal H.R.1…

Florida is a Medicaid NON-expansion state and is therefore EXEMPT from the federal H.R.1/OBBBA community-engagement (work) requirement; the CMS Interim Final Rule (CMS-2454-IFC, published in the Federal Register June 3, 2026, effective Jan 1, 2027) applies only to the ~40 expansion states, explicitly NOT Florida, Texas, Alabama, Georgia, etc. Florida's own attempt to legislate state-level work requirements failed:…

Confidence: confirmed · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

Georgia

Expansion: Partial/Waiver — Georgia is NOT a full ACA expansion state. It operates "Georgia Pathways to Coverage," a partial-expansion 1115 demonstration covering adults 19-64 up to 100% FPL conditioned on an 80 hrs/month work/community-engagement requirement (live since July 2023, the only continuously operating Medicaid work-requirement program in the US). H.R.1 explicitly names Georgia (with Wisconsin) as a partial-expansion waiver program whose enrollees are subject to the federal community-engagement requirements. | **Work requirement applies:** Adults 19-64 enrolled via Georgia Pathways to Coverage (partial-expans | **RFP status:** None identified

Implementation status: Established work-requirement program already operating (Pathways since July 2023). Waiver extended through Dec 31, 2026; state must come into compliance with the H.R.1 federal framework effective Jan 1, 2027. Transition/alignment details (e.g., moving from…

Reporting: Under H.R.1 federal framework: 80 hrs/month verified at enrollment and at least twice a year (biannual). Georgia's…

Renewal cadence: H.R.1 requires redetermination every 6 months for the work-requirement population. Georgia currently uses annual…

Procedural-loss risk: High procedural-disenrollment risk. Georgia's Pathways experience is a warning sign: ~64% of disenrolled Pathways members lost coverage because they did not return their renewal packet, and roughly…

Major MCOs: Amerigroup (Wellpoint / Elevance), CareSource, Peach State Health Plan (Centene), Wellcare (Centene)

Key languages: Spanish, Vietnamese, Korean, Chinese (Mandarin/Cantonese), Haitian Creole

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. Note the key nuance: Georgia is the only state already operating a Medicaid work requirement ("Georgia Pathways to Coverage," live since July 2023), so its member outreach/marketing has been delivered through EXISTING Deloitte…

Procurement portal: Team Georgia Marketplace / Georgia Procurement Registry (GPR), doas.ga.gov and ssl.doas.state.ga.us/gpr (DOAS…

Funding: Federal H.R.1 one-time implementation appropriation is $200M nationally (shared across all states). Georgia-specific: Pathways marketing has been funded via Deloitte contracts (~$7M 2023; $10.7M…

Georgia is an outlier: it already runs the nation's only active Medicaid work-requirement program (Pathways to Coverage), and CMS extended its Section 1115 waiver on Sept 23-25, 2025 to continue Pathways through December 2026, dropping monthly hours reporting in favor of verification at enrollment/annual renewal plus periodic audits. Because Pathways predates and runs in parallel, Georgia has handled outreach…

Confidence: confirmed · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

Hawaii

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Hawaii Department of Human Services, Med-QUEST Division (MQD)

Implementation status: Pending state guidance

Timeline: Federal default: community engagement requirement effective Dec 31, 2026 (or sooner at state option); enforcement Jan 1, 2027. No Hawaii-specific implementation timeline published as of June 2026.

Population affected: Pending. Hawaii Medicaid (Med-QUEST) covers ~396,000 enrollees total (healthinsurance.org, 2026); the ACA expansion adult subset subject to the requirement is…

State notes: Federal exemption categories apply; state-specific details pending state guidance.

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Hawaii Awards & Notices Data System (HANDS, hands.ehawaii.gov) and the State Procurement Office…

Funding: Pending — no public state implementation budget, federal split, or general-fund request specific to H.R.1 work-requirement implementation identified. Hawaii says more details "by July 2026," and CMS…

Hawaii's Medicaid agency (DHS Med-QUEST Division, "Med-QUEST") has publicly confirmed it will implement the H.R.1/OBBBA community-engagement (work) requirement for ACA expansion adults ages 19-64, with tracking expected to begin around December 2026 and enforcement on January 1, 2027; renewals also shift from annual to semi-annual. As of 2026-06-03 the state has NOT released operational details, a named vendor, or a…

Confidence: medium · Source: medicaid.atypical.global/states

Idaho

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Idaho Department of Health and Welfare (Division of Medicaid)

Implementation status: State law enacted (HB 913, signed April 10, 2026); directs adoption of OBBBA work requirements by Dec. 31, 2026 with federal enforcement Jan 1, 2027

Timeline: Idaho HB 913 signed April 10, 2026 directs adoption of OBBBA work requirements by Dec. 31, 2026; federal enforcement Jan 1, 2027. Federal default community-engagement tracking expected to begin late…

Population affected: Up to ~34,000 Idahoans (cited as up to ~44% of Medicaid expansion enrollees) per researchers cited in Idaho Capital Sun coverage; figure is an…

State notes: Idaho enacted HB 913 (signed by Gov. Brad Little April 10, 2026), which incorporates the federal OBBBA 80-hours/month community-engagement requirement into state law AND goes further: applicants must demonstrate three consecutive months of compliance BEFORE enrolling (the…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Idaho Division of Purchasing IPRO eProcurement (purchasing.idaho.gov), surfaced publicly via the…

Funding: Pending. No dedicated state implementation appropriation or the ~90/10 federal H.R.1 implementation split for member outreach was found in public sources as of 2026-06-03. State budget/fiscal-impact…

Gov. Brad Little signed HB913 on April 10, 2026, codifying OBBBA Medicaid work/"community engagement" requirements (80 hrs/month for ACA expansion adults) and adding a stricter Idaho twist: applicants must demonstrate three consecutive months of compliance before they can enroll. The Idaho Department of Health and Welfare (DHW) is the implementing agency; the state must adopt the requirements by Dec. 31, 2026, with…

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

Confidence: high · Source: medicaid.atypical.global/states

Illinois

Expansion: Expanded | **Work requirement applies:** ACA Medicaid expansion adults ages 19-64 (the "able-bodied adults | **RFP status:** Awarded

Implementation status: Pending state guidance — planning for federal Jan 1, 2027 enforcement. HFS confirms changes begin affecting some Medicaid customers Oct 1, 2026 and Jan 1, 2027. No early-implementer 1115 waiver announced; HFS running an HR1 stakeholder webinar series (Module…

Reporting: Pending state guidance (federal framework: ongoing/monthly community-engagement compliance verified at application and…

Renewal cadence: Every 6 months for expansion adults subject to community-engagement requirements (per H.R.1); IL-specific operational…

Procedural-loss risk: Elevated procedural-disenrollment risk. The Deloitte-built IES has documented backlogs and erroneous Medicaid/SNAP terminations; layering a new 80-hr/mo reporting requirement plus a 6-month…

Major MCOs: Aetna Better Health of Illinois, Blue Cross Blue Shield of Illinois (Health Care Service Corp), CountyCare Health Plan, Meridian Health Plan of Illinois,…

Key languages: Spanish, Polish, Mandarin/Cantonese (Chinese), Arabic, Tagalog

Procurement / RFP: TWO distinct procurement threads tied to H.R.1/OBBBA Medicaid work requirements were identified. (1) ELIGIBILITY-SYSTEM IMPLEMENTATION — AWARDED: Illinois HFS/DHS solicitation 26-478HFS-DIREC-B-49319, "Sole Economically Feasible Source — Integrated Eligibility System (IES) Design, Development & Implementation Vendor,"…

Procurement portal: BidBuy (bidbuy.illinois.gov) — Illinois' primary eProcurement portal; HFS posts under vendor prefix "478HFS."…

Funding: IES (Deloitte) sole-source contract value not posted publicly. Communications IFB 26-478HFS-DIREC-B-51797 ~$9M/5yr NTE (~$6.3M fixed media pass-through, no markup; ~$2.7M labor envelope) per prior…

Illinois HFS is in active H.R.1 implementation: CMS issued the interim final rule (CMS-2454-IFC) on community-engagement/work requirements (80 hrs/month) effective with states required to comply by January 1, 2027, and HFS is running stakeholder/provider webinars (including a Module 3 "Work Requirements & Community Engagement" session on July 14, 2026) plus building a communications plan leveraging community…

Confidence: pending · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

Indiana

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Indiana Family and Social Services Administration (FSSA), Office of Medicaid Policy and Planning

Implementation status: Planning for Jan 1, 2027; state work requirements (SB 2, 2025) delayed to align with federal timeline

Timeline: Federal default: enforcement Jan 1, 2027. Indiana's own SB 2 work requirements were originally targeted for mid-2026 but were delayed ~6 months following federal action to align with the Jan 1, 2027…

Population affected: The Healthy Indiana Plan (HIP) covers roughly 750,000 low-income adults ages 19-64 (the ACA expansion population); the subset subject to community-engagement…

Major MCOs: Anthem (Anthem Blue Cross and Blue Shield), CareSource, MHS Indiana (Managed Health Services / Centene), UnitedHealthcare

State notes: Indiana expansion is administered as the Healthy Indiana Plan (HIP). Per KFF's work requirements tracker, Indiana is among states (with New Hampshire) planning to verify compliance on a quarterly basis, uses a more-than-one-month lookback at application/renewal, and is reported…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Indiana Dept. of Administration (IDOA) Procurement "Current Business Opportunities"…

Funding: No state General Fund impact per FSSA Secretary Mitch Roob: HIP expansion population costs are split 90% federal / 10% state, with Indiana's 10% covered by Hospital Assessment Fee revenue, not GF.…

Indiana is implementing H.R.1/OBBBA Medicaid community-engagement (work) requirements for the Healthy Indiana Plan population (~560,000 enrollees) effective Jan 1, 2027, under recently enacted Senate Enrolled Act 1, which mandates a stricter design than federal minimums: quarterly compliance checks plus a three-month lookback, and Indiana is one of only two states (with Iowa) declining optional hardship exceptions.…

Confidence: high · Source: medicaid.atypical.global/states

Iowa

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Iowa Department of Health and Human Services (Iowa HHS), Iowa Medicaid

Implementation status: Early implementer — targeting Dec 1, 2026 (ahead of federal Jan 1, 2027 deadline)

Timeline: Iowa effective date: Dec 1, 2026 (per Iowa HHS, members must meet monthly requirements to enroll/maintain coverage). Federal default enforcement deadline: Jan 1, 2027.

Population affected: Pending — applies to most adults 19-64 in the Iowa Health and Wellness Plan (IHAWP expansion group); precise affected count not verified. KFF notes ~3,300…

Major MCOs: Wellpoint Iowa, Inc. (formerly Amerigroup Iowa), Iowa Total Care (Centene), Molina Healthcare of Iowa

State notes: Applies to the Iowa Health and Wellness Plan (IHAWP), Iowa's ACA Medicaid expansion program, covering most adults ages 19-64. Iowa is an early implementer targeting Dec 1, 2026. Requirement is 80+ hours/month via qualifying activities (paid employment, job training, education…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. Iowa is implementing the H.R.1/OBBBA community-engagement (work) requirement by amending its EXISTING Medicaid eligibility-system contract with Accenture (the incumbent integrator, contract valued at more than $60M) rather than…

Procurement portal: State of Iowa Bid Opportunities (bidopportunities.iowa.gov, run by Iowa DAS) and IowaGrants (iowagrants.gov)…

Funding: Accenture's estimate to add work-status verification was up to ~$7M (March 2025); total OBBBA Medicaid-provision implementation cost in Iowa rose to roughly $20.3M by July 2025 against the existing…

Iowa HHS plans to begin enforcing the IHAWP community-engagement (80-hours/month) requirement by December 1, 2026, ahead of the federal January 1, 2027 deadline, under a Section 1115 demonstration running January 1, 2026 through December 31, 2030. The build is being executed through Iowa's incumbent eligibility-system operator Accenture via contract amendment, with implementation costs estimated at roughly $20.3M…

Confidence: high · Source: medicaid.atypical.global/states

Kansas

Expansion: Non-expansion | **Work requirement applies:** Largely N/A — non-expansion | **RFP status:** None identified

Administering agency: Kansas Department of Health and Environment (KDHE), Division of Health Care Finance, administering…

Implementation status: Pending state guidance — requirements do not currently apply because Kansas has not expanded Medicaid; would apply only if Kansas expands in the future

Timeline: Federal default: enforcement Jan 1, 2027. Not applicable to Kansas under current (non-expansion) status; would be triggered only upon a future Kansas Medicaid expansion.

Population affected: Largely N/A — Kansas has no ACA expansion adult group, so the community-engagement requirement reaches essentially no current enrollees. (Context: KHI…

Major MCOs: Healthy Blue (Kansas), Sunflower State Health Plan (Centene), UnitedHealthcare Community Plan of Kansas

State notes: Kansas has not adopted ACA Medicaid expansion. Per the Kansas Health Institute: "Because Kansas has not expanded Medicaid, enrollees will not be subject to work, reporting and cost-sharing requirements. If it does expand Medicaid in the future, enrollees in the expansion…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Kansas Dept. of Administration Office of Procurement & Contracts (admin.ks.gov/offices/procurement-contracts)…

Funding: Pending / Not applicable — Kansas is not implementing the H.R.1 community engagement requirement, so no state implementation funding (federal ~$200M split or state GF request) has been identified for…

Kansas has NOT expanded Medicaid under the ACA, so it falls within the group of non-expansion states (Alabama, Florida, Kansas, Mississippi, South Carolina, Tennessee, Texas, Wyoming) that CMS and KFF identify as exempt from the H.R.1/OBBBA Medicaid community-engagement (work) requirement; the CMS interim final rule (CMS-2454-IFC, issued June 1, 2026) and the Jan. 1, 2027 implementation deadline apply only to states…

Confidence: high · Source: medicaid.atypical.global/states

Kentucky

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Kentucky Cabinet for Health and Family Services, Department for Medicaid Services (DMS)

Implementation status: Pending state guidance (federal default applies)

Timeline: Federal default: community-engagement tracking expected Dec 2026; enforcement Jan 1, 2027. State-specific implementation dates pending.

Population affected: Pending — Kentucky's ACA expansion adult population (income up to 138% FPL) is the affected group; exact count subject to H.R.1 exemptions pending state…

Major MCOs: Aetna Better Health of Kentucky, Anthem, Humana, Passport by Molina Healthcare, UnitedHealthcare, WellCare

State notes: Federal exemption categories apply; state-specific details pending state guidance.

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. Kentucky is implementing H.R.1/OBBBA community-engagement requirements by MODIFYING its existing integrated eligibility system contract with Deloitte rather than issuing a new competitive solicitation. Per KFF Health News,…

Procurement portal: Kentucky eProcurement / Vendor Self Service (finance.ky.gov/eProcurement); also BidNet Direct…

Funding: Federal: H.R.1 appropriated ~$100M nationally in FFY2026 for state eligibility-system buildout (states draw down a share). Kentucky-specific: existing Deloitte integrated-eligibility contract…

Kentucky's work-requirement mandate stems from HB 695 (2025 RS, enacted via veto override March 2025) directing CHFS to seek a "community engagement waiver," reinforced by HB 2 (2026 RS, enacted ~April 2026) requiring CHFS to condition Medicaid eligibility on community engagement no later than Jan 1, 2027, add cost-sharing/copays, and move to 6-month redeterminations by July 1, 2026. DMS projects reduced enrollment…

Confidence: medium · Source: medicaid.atypical.global/states

Louisiana

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Louisiana Department of Health (LDH), Bureau of Health Services Financing (Medicaid)

Implementation status: Planning/implementing for Jan 1, 2027 enforcement; LDH has published a dedicated work-requirements page with state-specific guidance

Timeline: Enforcement begins Jan 1, 2027 (federal default). LA-specific: most adults 19-64 reduced to one-month eligibility effective Oct 1, 2026; initial renewal notices mailed ~6 months before renewal…

Population affected: LA has ~1.5 million Medicaid members; LDH states "the majority will not be affected." Healthy Louisiana expansion population is reported at ~700,000 low-income…

Major MCOs: Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue (Louisiana), Humana Healthy Horizons in Louisiana, Louisiana Healthcare…

State notes: Verified from LDH (ldh.la.gov/medicaid/work-requirements): Requirement applies to certain adults 19-64; member must monthly earn at least $580 OR complete at least 80 hours of approved activities (employment, job training, volunteering, or school half/part-time). Exemptions LDH…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: LaPAC (Louisiana Procurement and Contract Network), Office of State Procurement / Division of Administration…

Funding: Federal: H.R.1/OBBBA one-time $200M national implementation appropriation, split half evenly across states and half to expansion states by share of affected residents (Louisiana is an expansion…

Louisiana (LDH, Bureau of Health Services Financing under exec. director Seth Gold) is implementing H.R.1/OBBBA "community engagement" work requirements for working-age adults effective Jan 1, 2027, with affected members up for January 2027 renewal mailed a notice in May 2026 and a renewal packet with work-requirement materials in November 2026; the state must conduct the federally required member outreach between…

Confidence: high · Source: medicaid.atypical.global/states

Maine

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Maine Department of Health and Human Services (DHHS) — administered through the Office for Family…

Implementation status: Planning for Jan 1, 2027; DHHS upgrading online system and hiring staff to administer requirements

Timeline: Federal default: work/community-engagement requirements begin January 1, 2027. Maine DHHS also reports new 6-month eligibility redeterminations for expansion adults starting around December 2026…

Population affected: ~90,000 expansion adults potentially subject, per Maine DHHS (with an estimated ~31,000 projected to lose coverage). Source: Central Maine / Portland Press…

State notes: Verified: Maine DHHS (via the Office for Family Independence) is preparing to implement the requirement for the MaineCare expansion population, allocating $8 million in year one (then ~$5.5M/yr) to upgrade its online registration system and hiring ~35 workers to verify…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Maine Division of Procurement Services. As of Oct 1, 2025 all solicitations (RFP/RFQ/RFI/PQVL) are…

Funding: State implementation funding: Maine estimates one-time technology and staffing investments of ~$8M in FY2027, with ~$5.5M annually thereafter, to administer the work-requirement /…

Maine (DHHS Office for Family Independence) is implementing the H.R.1/OBBBA community-engagement (work) requirement for ~90,000 expansion adults (80 hrs/month), with the requirement taking effect Dec 31, 2026 and federal enforcement Jan 1, 2027; the state projects 31,000+ year-one disenrollments driven by documentation/seasonal-work hurdles. OFI is advancing rulemaking and eligibility-system upgrades (the program…

Confidence: high · Source: medicaid.atypical.global/states

Maryland

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Maryland Department of Health (MDH), Medicaid administered via the Maryland Medical Assistance…

Implementation status: Planning for Jan 1, 2027 implementation; coordinating cross-agency data feeds (MDH/MHCC/DHS) to auto-apply exemptions; reported to be using AI to assist implementation. State Plan Amendment required by March 2027.

Timeline: Federal default: community-engagement enforcement Jan 1, 2027 (80 hrs/month for expansion adults 19-64); new 6-month income/eligibility redeterminations effective Jan 1, 2027; required member…

Population affected: Roughly 331,544 Marylanders were covered by ACA Medicaid expansion as of June 2025 (the population from which subject adults aged 19-64 would be drawn, before…

Major MCOs: Aetna Better Health, CareFirst BlueCross BlueShield Community Health Plan Maryland, Jai Medical Systems, Kaiser Permanente, Maryland Physicians Care, MedStar…

State notes: Maryland is an ACA Medicaid expansion state, so the H.R.1 community-engagement requirement applies to its expansion adult population (ages 19-64). Verified state-specific detail: MDH, the Maryland Health Care Commission (MHCC), and the Maryland Department of Human Services (DHS)…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: eMaryland Marketplace Advantage (eMMA, emma.maryland.gov) is the statewide eProcurement portal; the Maryland…

Funding: State implementation funding (not a dedicated comms RFP): Gov. Wes Moore earmarked ~$13M in general funds for HR1/OBBBA administrative implementation to reduce needless coverage loss; MDH allocated…

As of 2026-06-03 Maryland is in an early administrative-preparation phase, not active procurement, for the H.R.1/OBBBA community-engagement (work) requirement, which it must implement no later than Jan 1, 2027 (state plan amendment due March 2027); CMS issued its interim final rule (CMS-2454-IFC) on June 1, 2026, and federally mandated member outreach must occur by Aug 31, 2026. MDH, the Maryland Health Care…

Confidence: high · Source: medicaid.atypical.global/states

Massachusetts

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: MassHealth (administered by the Massachusetts Executive Office of Health and Human Services, EOHHS)

Implementation status: Pending state guidance — MassHealth awaiting CMS guidance; planning for Jan 1, 2027 effective date

Timeline: Federal default: requirements effective Jan 1, 2027 (80 hrs/month community engagement + six-month redeterminations for expansion adults), per MassHealth and KFF.

Population affected: An estimated 141,000–203,000 MassHealth members projected to lose coverage from work requirements + six-month redeterminations combined (Blue Cross Blue Shield…

Major MCOs: WellSense Health Plan (incl. WellSense Essential MCO), Fallon Health, Mass General Brigham Health Plan, Tufts Health Plan, Community Care Cooperative (C3)

State notes: Federal exemption categories apply; state-specific details pending state guidance. (Verified: MassHealth states the requirement will largely impact adults aged 19–64 without young children or a disability, and that the agency is awaiting CMS guidance and will contact impacted…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: COMMBUYS (www.commbuys.com) — the Commonwealth's official eProcurement portal operated by the Operational…

Funding: Governor's FY budget proposal requests ~$30M to preserve coverage access under the new rules, with more than two-thirds (~$20M+) earmarked for building data connections with databases and VENDORS to…

As of 2026-06-03, MassHealth (under EOHHS) is in active pre-implementation planning, not yet in a published procurement for work-requirement member communications. CMS issued its interim final rule (CMS-2454-IFC) on June 1, 2026; MA's community-engagement (80 hrs/month work/education/volunteering or $580/mo) and six-month redeterminations take effect Jan 1, 2027, with the first immigrant-eligibility changes in Fall…

Confidence: high · Source: medicaid.atypical.global/states

Michigan

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Michigan Department of Health and Human Services (MDHHS)

Implementation status: Planning for Jan 1, 2027; member outreach to begin by Sept 30, 2026

Timeline: MDHHS to begin Healthy Michigan Plan member outreach by Sept 30, 2026; 80 hrs/month community engagement requirement takes effect Jan 1, 2027 (federal default). 6-month redeterminations for expansion…

Population affected: Healthy Michigan Plan (the ACA expansion group) covers roughly 750,000 adults ages 19-64 up to 138% FPL; the subset subject to the requirement after exemptions…

Major MCOs: Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Blue Cross Complete of Michigan, McLaren Health Plan, Priority Health Choice

State notes: Michigan's Medicaid expansion is the Healthy Michigan Plan (HMP). Per MDHHS and Michigan news reporting on OBBBA implementation: HMP members ages 19-64 must complete 80 hours/month of work, volunteering, or schooling; verified exemptions reported include members who are…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. No DTMB/SIGMA solicitation or MDHHS contract specifically for H.R.1/OBBBA Medicaid work-requirement (community engagement) member communications, outreach, or advertising was identifiable. Likewise, no

distinct public RFP for an…

Procurement portal: Michigan SIGMA Vendor Self-Service (VSS) via DTMB Contract Connect / Bid Proposals…

Funding: Governor's FY budget recommendation includes ~$30M ongoing GF/state funds to implement combined Medicaid + SNAP work requirements. Federal match covers 90% of eligibility-system…

Michigan must begin outreach to roughly 700,000-750,000 Healthy Michigan Plan (expansion) members by September 30, 2026, with the 80-hour/month community-engagement requirement taking effect January 1, 2027; exemptions include pregnant, medically frail, and disability-benefit members. As of March 2026, MDHHS publicly flagged community-engagement requirements and six-month redeterminations as its most immediate…

Confidence: high · Source: medicaid.atypical.global/states

Minnesota

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Minnesota Department of Human Services (DHS) — administers Medical Assistance (MA), Minnesota's…

Implementation status: Pending state guidance — DHS preparing for federal default implementation; maintains a dedicated "Federal Medicaid changes" page

Timeline: Federal default: community-engagement (work) requirement enforcement Jan 1, 2027 (80 hrs/month). Per DHS, some related H.R.1 changes begin Oct 2026, with most (including work reporting and more…

Population affected: DHS fact sheet (cited by KFF/MinnPost): "At least 320,000 Minnesotans would likely be subject to work reporting requirement rules" (~23% of the state's…

State notes: Verified state-specific details: Minnesota is one of ~10 states where COUNTY governments (not a single statewide office) review/administer Medicaid eligibility — relevant to how community-engagement verification will be operationalized. Population subject per H.R.1/DHS framing:…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: State of Minnesota SWIFT Supplier Portal (supplier.systems.state.mn.us); DHS posts its own solicitations at…

Funding: MN DHS 2026 supplemental budget requests ~$1M in FY2027 (and each year after) for work-requirement data-sharing, plus internal FTEs: 6 FTE in Health Care Eligibility Operations and 5 FTE in the…

Minnesota is implementing the H.R.1/OBBBA community-engagement (work) requirement for Medical Assistance enrollees ages 21-64 (no dependent children, not pregnant, not AI/AN, not disability-based), with tracking expected ~December 2026 and enforcement January 1, 2027; DHS estimates ~320,000 Minnesotans (about 23% of the Medicaid population) could be subject. DHS states the first changes take effect in fall 2026 and…

Confidence: high · Source: medicaid.atypical.global/states

Mississippi

Expansion: Non-expansion | **Work requirement applies:** Largely N/A — non-expansion | **RFP status:** None identified

Administering agency: Mississippi Division of Medicaid

Implementation status: Pending state guidance — no ACA expansion adult group exists, so H.R.1 community-engagement requirement has no defined target population in Mississippi

Timeline: Federal default: enforcement Jan 1, 2027; federal member-outreach window June 30–Aug 31, 2026. These apply to expansion adults; Mississippi has no expansion group, so they are largely N/A unless the…

Population affected: Largely N/A for the H.R.1 work-requirement population (no ACA expansion adult group). Note: ~300,000 Mississippians cited as in the coverage gap due to…

State notes: Mississippi is one of 10 non-expansion states and has NOT adopted the ACA Medicaid expansion. The H.R.1/OBBBA community-engagement (work) requirement conditions eligibility for the ACA expansion adult group and partial-expansion waiver enrollees; because Mississippi has no such…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Mississippi Division of Medicaid procurement page (medicaid.ms.gov/resources/procurement/), which uses…

Funding: Pending / Not applicable — Mississippi is a non-expansion state and is on CMS's exempt list for H.R.1 community engagement; no state implementation funding (e.g., the federal ~$200M national split or…

Mississippi has not adopted ACA Medicaid expansion, and the H.R.1/OBBBA community engagement (work) requirements apply only to expansion adults (ages 19-64) covered through expansion or an 1115 demonstration with minimum essential coverage. Multiple trackers (Center for Health Care Strategies, AAPD) explicitly list Mississippi among the states exempt from the requirements (alongside AL, FL, GA, KS, SC, TN, TX, WI,…

Confidence: high · Source: medicaid.atypical.global/states

Missouri

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** Planned/Expected

Administering agency: Missouri Department of Social Services (DSS) — MO HealthNet Division (MHD) and Family Support…

Implementation status: Actively planning/building for implementation; constructing a Community Engagement Platform integrated with existing MEDES and FAMIS systems to track 80 hrs/month

Timeline: State implementation effective date listed as December 31, 2026 (federal enforcement begins Jan 1, 2027). Federal HHS regulations due by June 1, 2026. Six-month redeterminations for expansion adults…

Population affected: ~348,555 adults in the Adult Expansion Group (AEG) as of January 2026 (state platform sized for ~360,000 adults). Estimates suggest as many as ~96,000…

Major MCOs: Healthy Blue (Blue Cross Blue Shield of Kansas City / Missouri Care, Inc.), Home State Health (Centene subsidiary), UnitedHealthcare

State notes: Verified state-specific details: Missouri is building a new Community Engagement Platform to track 80 hrs/month of work/education/community service, integrated with existing MEDES and FAMIS systems with real-time data integrations and ex parte (automatic) verification.…

Procurement / RFP: No public open RFP for work-requirement member communications/outreach identified as of 2026-06-03. For the eligibility/community-engagement SYSTEM, Missouri DSS is deliberately NOT issuing a traditional competitive RFP: per the myDSS H.R.1 Implementation page, to meet the Dec 31, 2026 deadline it will use NASPO…

Procurement portal: MissouriBUYS, powered by MOVERS (missouribuys.mo.gov/bid-board); DSS bids at dss.mo.gov/bids. The H.R.1…

Funding: FY27 H.R.1 implementation request ~$294.6M total (incl. ~$35M state general revenue); ~$33M state+federal for system upgrades and ~$12.5M state+federal for added staff time. myDSS lists FY27 total…

Missouri must stand up an H.R.1 "Community Engagement Platform" by Dec 31, 2026 to track/verify 80 hrs/month for ~300,000-360,000 expansion adults, with twice-yearly redeterminations and required member outreach in the June 30-Aug 31, 2026 window ahead of Jan 1, 2027 enforcement.

DSS is updating its existing FAMIS and MEDES eligibility systems plus adding third-party eligibility/community-engagement platforms, and…

Confidence: high · Source: medicaid.atypical.global/states

Montana

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Montana Department of Public Health and Human Services (DPHHS)

Implementation status: Early implementer — rolling out work/community engagement requirements July 1, 2026 (ahead of federal Jan 1, 2027 deadline)

Timeline: DPHHS implementation begins July 1, 2026. Enrollees get a roughly 3-month window to demonstrate compliance before disenrollments for noncompliance begin (~October 2026). Eligibility/compliance…

Population affected: ~76,000 Montanans enrolled in Medicaid expansion at end of 2025 (ages 19-64 subject before exemptions). Source: Montana Budget & Policy Center / DPHHS

State notes: Verified state-specific details: Applies to expansion adults ages 19-64. Requirement is 80 hours/month of approved activities (employment, job training, at least half-time enrollment in education, community service, or a combination), unless exempt. An individual with monthly…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: eMACS (Montana Acquisition & Contracting System) at bids.mt.gov / bids.sciquest.com…

Funding: No dedicated work-requirement communications procurement budget identified. Implementation is being staffed in-house: DPHHS added 43 new client service coordinator positions (30 filled as of April 2,…

Montana is implementing H.R.1/OBBBA "community engagement" (work) requirements EARLY, on July 1, 2026 — about six months ahead of the federal January 1, 2027 deadline — making it a national early-warning case. DPHHS (Director Charlie Brereton) is conducting member outreach in-house: it mailed letters to all Medicaid members in March 2026, launched a single-source-of-truth website (dphhs.mt.gov/medicaidchanges), and…

Confidence: high · Source: medicaid.atypical.global/states

Nebraska

Expansion: Expanded (Medicaid expansion via 2018 ballot initiative; expansion population branded "Heritage Health Adult / HHA Expansion," adults 19-64 up to 138% FPL) | **Work requirement applies:** Able-bodied adults ages 19-64 enrolled through Medicaid expansion (Her | **RFP status:** None identified

Implementation status: Early implementer — FIRST state in the nation to implement H.R.1 community-engagement/work requirements. Live as of May 1, 2026, ahead of the federal Jan 1, 2027 deadline. Phased compliance checks begin for coverage periods ending on/after July 31, 2026,…

Reporting: Twice a year (compliance demonstrated at each 6-month checkpoint), aligned to the H.R.1 every-6-months redetermination…

Renewal cadence: Every 6 months for expansion adults (twice-yearly compliance verification), consistent with H.R.1; 12-month review…

Procedural-loss risk: High. As the first state live and running a "soft start," NE faces significant procedural-disenrollment risk: ~28,000 must act, advocates and CCF warn "large numbers will not successfully…

Major MCOs: Nebraska Total Care (Centene), UnitedHealthcare Community Plan of Nebraska / UnitedHealthcare of the Midlands, Molina Healthcare of Nebraska

Key languages: Spanish, Vietnamese, Arabic, Kurdish (Sorani/Kurmanji), Karen, Nuer/Sudanese languages

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Nebraska DAS State Purchasing Bureau / eBid Marketplace (das.nebraska.gov/materiel/purchasing.html); federal…

Funding: Federal H.R.1 grants specific to work requirements (state officials say state cost is not expected to exceed the federal grants); no separate state communications/outreach budget line identified.…

Nebraska became the first state in the nation to enforce H.R.1/OBBBA Medicaid "community engagement" (work) requirements, effective May 1, 2026, affecting roughly 70,000 expansion adults (28,000-41,000 projected to lose coverage). DHHS conducted member outreach in-house (more than 75,000 letters, 38,000 texts, 10,000 emails plus ongoing monthly notices, TV/radio/social ads, and 15-20 community-partner meetings) and…

Confidence: confirmed · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

Nevada

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Nevada Health Authority (Division of Health Care Financing and Policy / DHCFP administers…

Implementation status: Pending state guidance — implementation specifics (including any waiver decisions) to be determined per CMS rules before federal enforcement

Timeline: Federal default: enforcement Jan 1, 2027; 80 hrs/month community engagement; verification twice annually (6-month redeterminations) for expansion adults 19-64

Population affected: ~100,000 Nevadans (about 12.5% of current Medicaid enrollees) projected to lose coverage within first two years after work requirements take effect, per The…

Major MCOs: Health Plan of Nevada, Anthem Blue Cross and Blue Shield Healthcare Solutions, SilverSummit Healthplan, Molina Healthcare of Nevada, CareSource

State notes: Federal exemption categories apply; state-specific details pending state guidance. (Nevada expanded Medicaid managed care statewide to all 17 counties effective Jan 1, 2026, adding ~75,000 rural enrollees; five MCOs operate as of 2026.)

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: NevadaEPro (nevadaepro.com), operated by the Nevada State Purchasing Division (purchasing.nv.gov);…

Funding: Pending. No dedicated state appropriation or contract value for H.R.1 work-requirement member communications/outreach or community-engagement eligibility-system implementation has been publicly…

Nevada has not yet posted a procurement tied to the federal H.R.1/OBBBA Medicaid community-engagement (work) requirement, which states must implement by January 1, 2027. The Nevada Health Authority (Director Stacie Weeks) has publicly stated it plans to apply lessons from the Medicaid unwinding (Nevada had the nation's highest procedural-disenrollment rate, ~100,000+ residents losing coverage by Sept 2023) and…

Confidence: high · Source: medicaid.atypical.global/states

New Hampshire

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: New Hampshire Department of Health and Human Services (NH DHHS)

Implementation status: Planning for implementation; state must have requirements in place by Dec 31, 2026 (tracking starts ~Dec 2026, enforcement Jan 1, 2027). Awaiting federal guidance on exemptions/verification.

Timeline: State deadline to implement: Dec 31, 2026. Federal enforcement of community engagement requirements: Jan 1, 2027. KFF reports tracking starting ~December 2026. (Related: twice-a-year eligibility…

Population affected: Granite Advantage (ACA expansion) enrollment ~60,900 as of mid-2025 (NH Needs Medicaid / nhneedsmedicaid.com); the subset of able-bodied adults 19-64 subject…

State notes: Expansion adults are covered under the Granite Advantage Health Care Program (adults 19-64 up to 138% FPL), administered by NH DHHS, which will verify reporting. Per KFF, New Hampshire is one of four states (with AR, ID, IN) planning MORE restrictive compliance verification than…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. (Note: RFP-2026-DMS-04-COMMU "Community Reentry Navigator and Communications Services" appears in NH DHHS listings but is scoped to reentry-from-incarceration services under the state's Section 1115 demonstration, NOT H.R.1…

Procurement portal: NH DHHS Contracts & Procurement Opportunities…

Funding: ~$1.7M total funds in FY2026 to modify eligibility/IS&T systems plus ~$340K/yr ongoing O&M beginning FY2027 (75% federal / 25% state). KFF/state estimates put total NH implementation near $6M, the…

NH plans to implement H.R.1 community-engagement (work) requirements for its Granite Advantage expansion population, with compliance tracking expected to begin December 2026 and enforcement by Jan 1, 2027; DHHS was required to resubmit a Section 1115 waiver to CMS on/before Jan 1, 2026. NH is one of only two states (with Indiana) whose legislation mandates QUARTERLY compliance checks, and it also checks compliance…

Confidence: high · Source: medicaid.atypical.global/states

New Jersey

Expansion: Expanded | **Work requirement applies:** Expansion adults ages 19-64 enrolled through the ACA Medicaid expansio | **RFP status:** None identified

Implementation status: Planning for federal community-engagement enforcement Jan 1, 2027; 6-month redeterminations for expansion adults begin Dec 31, 2026. State has published an official OBBBA/Federal Changes page and a member-facing self-check tool ("NJ FamilyCare Activity…

Reporting: At least twice per year — expansion adults must demonstrate compliance with the community-engagement requirement at…

Renewal cadence: Every 6 months for expansion adults (begins Dec 31, 2026) — down from every 12 months.

Procedural-loss risk: High procedural-disenrollment risk: ~550,000 expansion adults move to 6-month renewals (Dec 31, 2026) AND must document 80 hrs/mo, doubling renewal touchpoints. With reporting method, notices, and…

Major MCOs: Horizon NJ Health, Aetna Better Health of New Jersey, UnitedHealthcare Community Plan of New Jersey, WellCare of New Jersey, Fidelis Care New Jersey

Key languages: Spanish, Portuguese, Haitian Creole, Korean, Chinese (Mandarin/Cantonese), Gujarati, Arabic

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. The closest eligibility-system procurement found is RFP 26-13, "NJ Integrated Eligibility System (IES) Independent Verification and Validation (IV&V)," issued by/for the NJ Division of Medical Assistance and Health Services…

Procurement portal: NJSTART (njstart.gov) is the NJ state eProcurement portal for state contracts; DHS/DMAHS also posts…

Funding: ~$10M in the NJ FY budget proposal to shore up the Medicaid enrollment/eligibility system ahead of the work rules (per New Jersey Monitor). Federal: H.R.1/OBBBA appropriates $200M to CMS in FY26 plus…

NJ FamilyCare/DMAHS is implementing the OBBBA "community engagement" rules on the federal timeline: expansion adults 19-64 must verify 80 hours/month of work or qualifying activity twice a year, with eligibility checks beginning Dec 31, 2026 and full implementation by Jan 1, 2027 (CMS

interim final rule issued June 1, 2026). The state's public posture is that it is "investing in technology and improving its…

Confidence: confirmed · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

New Mexico

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: New Mexico Health Care Authority (HCA), Medical Assistance Division (formerly the Human Services…

Implementation status: Planning for Jan 1, 2027 federal enforcement; state reported to be using AI to assist implementation

Timeline: Federal default: 80 hrs/month community-engagement requirement with enforcement Jan 1, 2027 (per H.R.1 / 2025 reconciliation law signed July 4, 2025). State-specific implementation/lookback dates:…

Population affected: Approx. 247,310 New Mexicans covered by ACA Medicaid expansion as of June 2025 (healthinsurance.org); the subset of expansion adults age 19-64 subject to the…

Major MCOs: Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, Western Sky Community Care

State notes: New Mexico delivers Medicaid through its managed care program, Turquoise Care (formerly Centennial Care 2.0), administered by the HCA Medical Assistance Division. Enrollees apply/renew via the state online portal at yes.nm.gov. New Mexico is reported by KFF as one of several…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: NM Health Care Authority RFP page (hca.nm.gov/lookingforinformation/open-rfps) + Submittable portal; NM HSD…

Funding: ~$110M appropriated in the Oct 2025 special session for Medicaid/SNAP/Marketplace H.R.1 changes, including ~$24M to update and run the state's Medicaid/SNAP eligibility computer system. No separately…

New Mexico (HCA, formerly HSD) plans to begin enforcing H.R.1/OBBBA Medicaid work ("community engagement") requirements January 1, 2027 for adults 19-64, with the federally required pre-enforcement member notifications starting around September 1, 2026 via mailed letters and the YES.NM (yes.nm.gov) self-service portal. The state estimates roughly 88,000 New Mexicans could lose coverage; NM has the nation's highest…

Confidence: high · Source: medicaid.atypical.global/states

New York

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: New York State Department of Health (Medicaid administered via NY State of Health, the official…

Implementation status: Implementation active — NYS DOH will mail work-requirement notices by Sept 1, 2026; federal enforcement Jan 1, 2027. NY + 24 other states are suing over the June 2026 federal rules (medical-frailty exemption bar / no claims-data auto-verification).

Timeline: NYS DOH mails notices to subject enrollees by Sept 1, 2026 (later than the federal Jun 30–Aug 31 window guidance). Enforcement Jan 1, 2027 (80 hrs/month or $580/month earnings, or half-time…

Population affected: NYS DOH estimates at least 475,000 New Yorkers statewide will lose Medicaid under the work requirements; NYC's health commissioner estimates 400,000–900,000…

State notes: Federal exemption categories apply; state-specific details pending state guidance.

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

Procurement portal: New York State Contract Reporter (nyscr.ny.gov) is the statutory state procurement portal; NY DOH also posts…

Funding: FY2027 NYS Executive Budget includes ~$722M for NY State of Health (NYSOH) operations, described as including funding for H.R.1 Medicaid Community Engagement implementation and eligibility changes.…

New York is implementing H.R.1/OBBBA community-engagement (80 hrs/month) requirements via its existing Medicaid eligibility modernization (the MECM/Integrated Eligibility System, with Deloitte as the incumbent IES delivery vendor; the modern system went live for limited populations on 2025-09-30) rather than through a newly published standalone work-requirement RFP. CMS issued its interim final rule on 2026-06-01,…

Confidence: high · Source: medicaid.atypical.global/states

North Carolina

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: North Carolina Department of Health and Human Services, Division of Health Benefits (NC Medicaid)

Implementation status: Planning for implementation; community-engagement reporting effective Jan 1, 2027; 6-month redeterminations begin Dec 31, 2026

Timeline: Federal default enforcement Jan 1, 2027 (NC: work/community-engagement requirement begins Jan 1, 2027 for applicants on/after that date; 6-month eligibility redeterminations for expansion adults…

Population affected: ~732,000 NC Medicaid expansion adults expected to be subject to the new work requirements (per NC Health News / Public Health Watch reporting, Apr 2026). NC…

Major MCOs: AmeriHealth Caritas North Carolina, Healthy Blue (Blue Cross NC), Carolina Complete Health, UnitedHealthcare Community Plan, WellCare of North Carolina

State notes: NC expanded Medicaid under the ACA effective Dec 1, 2023; the H.R.1 community-engagement requirement applies to the expansion adult population (ages 19-64 without disabilities). Requirement: work, work training, volunteering, or qualifying activity for at least 80 hours/month,…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: NC eVP (electronic Vendor Portal, evp.nc.gov) / NC Interactive Purchasing System (IPS) and NC eProcurement…

Funding: State share for implementation: $7.8M nonrecurring for county administrative costs (FY2025-26) and $6.5M nonrecurring for one-time state administrative costs (FY2025-26) per the NCGA House fiscal…

NC's H.R.1/OBBBA community-engagement (work) requirements take effect January 1, 2027, with 6-month redeterminations for the expansion population starting December 31, 2026; the ~732,000 Medicaid expansion enrollees are the affected group, and initial beneficiary notices are expected to begin summer 2026 after CMS guidance (anticipated ~June 2026). As of early 2026, NCDHHS (Deputy Secretary Melanie Bush) describes…

Confidence: high · Source: medicaid.atypical.global/states

North Dakota

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: North Dakota Department of Health and Human Services (ND HHS)

Implementation status: Pending state guidance — awaiting federal CMS specifics (expected 2026); not a 2026 early implementer

Timeline: Federal default: enforcement Jan 1, 2027. ND is not among states implementing work requirements in 2026. State officials report federal implementation guidance may not arrive until 2026.

Population affected: ~23,000 of ~108,000 ND Medicaid recipients (the Medicaid expansion subset). Source: North Dakota Monitor / CCF reporting.

Major MCOs: Blue Cross Blue Shield of North Dakota (BCBSND) — administers ND Medicaid Expansion program (since 2022; Sanford Health Plan held the contract previously)

State notes: North Dakota is a Medicaid expansion state; the H.R.1 community-engagement requirement applies to its ~23,000 expansion adults (ages 19-64). The expansion program is administered through a managed care contract with Blue Cross Blue Shield of North Dakota. Federal exemption…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: NDBuys (Ivalua platform) and SPO Online via ND OMB State Procurement Office (omb.nd.gov); ND HHS posts its…

Funding: Pending. No ND-specific state appropriation or contract value identified for work-requirement comms/system work. At the federal level, H.R.1/OBBBA appropriated $200M to CMS in FY2026 plus $200M…

North Dakota is a Medicaid expansion state and must implement H.R.1/OBBBA community-engagement (work) requirements for ACA expansion adults (19-64), with the federal effective deadline of January 1, 2027 and mandatory direct member outreach due no later than August 31, 2026. As of 2026-06-03, ND HHS has stood up consumer-facing messaging on its website directing members to the self-service portal (per Georgetown…

Confidence: high · Source: medicaid.atypical.global/states

Ohio

Expansion: Expanded (adopted ACA Medicaid expansion 2014; covers the Group VIII / MAGI Adult expansion population at or below 138% FPL, the group H.R.1 work requirements target). Ohio additionally has a SEPARATE pre-H.R.1 Section 1115 "Group VIII Work Requirement and Community Engagement" waiver submitted to CMS in early 2025, layered on top of the federal H.R.1 mandate. | **Work requirement applies:** Some adults in Group VIII (also called MAGI Adult / expansion adults), | **RFP status:** Planned/Expected

Implementation status: Pending state guidance for operational details. ODM has publicly stated it does NOT have a confirmed start date for the H.R.1 Work and Community Engagement Requirement because it needs federal (CMS) guidance first; federal full-enforcement deadline is no…

Reporting: Pending state guidance (federal framework contemplates monthly 80-hour compliance verified in connection with…

Renewal cadence: Every 6 months for expansion (Group VIII) adults subject to the requirement, per H.R.1 (more frequent redeterminations…

Procedural-loss risk: High procedural-disenrollment risk. Ohio's own 1115 modeling projected ~62,000 expansion adults (~8% of the group) losing coverage in year one, much of it expected to be procedural (failure to…

Major MCOs: CareSource Ohio, Inc., UnitedHealthcare Community Plan of Ohio, Inc., Molina Healthcare of Ohio, Inc., AmeriHealth Caritas Ohio, Inc., Humana Healthy Horizons…

Key languages: Spanish, Somali, Arabic, Nepali, Chinese (Mandarin/Cantonese)

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. However, an eligibility/compliance procurement signal exists: the Ohio Department of Medicaid (ODM) issued RFI No. ODMR 2627-0002, "Request for Information: Community Engagement Compliance Verification" (responses due Oct 29,…

Procurement portal: OhioBuys / procure.ohio.gov (state eProcurement); ODM also posts solicitations on its own RFP page…

Funding: Pending — no Ohio-specific state implementation appropriation or RFI/RFP contract value disclosed. Federal H.R.1/OBBBA provides limited one-time implementation grant funding to states (the ~$200M…

ODM is implementing H.R.1/OBBBA community-engagement (work) requirements for non-exempt Group VIII adults 19-64, with eligibility redeterminations moving to every 6 months and enforcement required by Jan 1, 2027 (federal outreach window June 30-Aug 31, 2026). The most concrete procurement action to date is RFI ODMR 2627-0002 (Community Engagement Compliance Verification, responses due Oct 29, 2025), addressing the…

Confidence: confirmed · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

Oklahoma

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Oklahoma Health Care Authority (OHCA) — administers SoonerCare/SoonerSelect

Implementation status: Planning/early implementation for the H.R.1 community engagement requirements; OHCA has published a public Community Engagement Requirements page and a Work Requirements Screener. Targeting implementation in advance of the federal deadline.

Timeline: Federal default: ACA expansion-adult work requirements effective Jan 1, 2027 (per the 2025 reconciliation law signed July 4, 2025; KFF). Oklahoma materials reference beginning in 2027. Exact…

Population affected: ~126,000 working-age Oklahomans enrolled in Medicaid estimated affected by the new community engagement requirements (OHCA estimate, per KGOU/Southwest Ledger…

Major MCOs: Aetna Better Health of Oklahoma, Humana Healthy Horizons of Oklahoma, Oklahoma Complete Health (Centene)

State notes: Oklahoma expanded Medicaid via State Question 802 (passed June 2020), covering adults 19-64 up to 138% FPL — confirming the H.R.1 community-engagement requirement applies to its expansion adult population. OHCA has published a public-facing Community Engagement Requirements page…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Oklahoma OMES Central Purchasing / state vendor registration (ok.gov/dcs solicitations); OHCA posts its own…

Funding: No state implementation appropriation figure confirmed. The most concrete dollar figure is vendor-side, not a state award: under the June 2026 CMS technology-company pledge framework, Gainwell…

Oklahoma is implementing H.R.1/OBBBA community-engagement (work) requirements for ACA-expansion adults (19-64), with 6-month renewals beginning December 2026 and the 80-hours/month requirement starting January 1, 2027; OHCA estimates roughly 126,000 working-age enrollees affected. The state already has statutory/executive authority predating H.R.1 (2018 Gov. executive order + HB 2932) and has launched a…

Confidence: medium · Source: medicaid.atypical.global/states

Oregon

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Oregon Health Authority (OHA) — Health Systems Division, administering the Oregon Health Plan (OHP)

Implementation status: Planning stage; awaiting federal guidance. OHA states work/activity rules and 6-month renewals begin "in 2027 at the earliest."

Timeline: Federal default: enforcement no later than Jan 1, 2027. OHA: work/activity rules and 6-month renewals "begin in 2027 at the earliest"; Oregon waiting for federal guidance on exact start. Federal…

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

Population affected: Pending (specific Oregon expansion-adult subject-to-requirement count not verified). KFF national framing: applies to ACA expansion adults ages 19-64. KFF…

Major MCOs: Note: Oregon delivers Medicaid via Coordinated Care Organizations (CCOs), its community-governed managed care model, not traditional MCOs, Health Share of…

State notes: VERIFIED per OHA's "Oregon Health Plan Changes in Late 2026 to 2028" page: Work/activity ("community engagement") rules and 6-month renewals will apply to OHP adults ages 19-64 who do NOT have Medicare and do NOT qualify for OHP based on disability or pregnancy; American…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: OregonBuys (oregonbuys.gov), the statewide eProcurement system run by DAS that replaced ORPIN. OHA…

Funding: Pending / Defunded: The 2026 Legislature did NOT fund OHA's requested investment for communications and partner engagement to support H.R.1 implementation (per OHA 2026 End-of-Session Legislative…

Oregon (OHA/Oregon Health Plan) is in the planning stages for H.R.1/OBBBA Medicaid "community engagement" work requirements, which will apply to OHP adults 19-64 starting in 2027 (80 hrs/month work/school/volunteer or >$580/month income; many exemptions). OHA is awaiting CMS's interim final rule and detailed exemption guidance, expected by end of June 2026, before finalizing its implementation plan. Critically, the…

Confidence: high · Source: medicaid.atypical.global/states

Pennsylvania

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Pennsylvania Department of Human Services (PA DHS) — Office of Medical Assistance Programs (Medical…

Implementation status: Planning for Jan 1, 2027; DHS outreach to begin by September 2026; flagged significant implementation challenges (staffing, ~$50M tech upgrades, undefined "medically frail")

Timeline: By Sept 2026: PA DHS outreach via mail, calls, texts. Jan 1, 2027: community engagement requirement + six-month renewals take effect (federal default enforcement date). One-month lookback period…

Population affected: ~310,000 Pennsylvanians estimated to lose Medicaid coverage due to work reporting requirements plus more frequent renewals for the expansion category (source:…

Major MCOs: AmeriHealth Caritas, PA Health & Wellness (Centene), UPMC for You / UPMC Community HealthChoices, Geisinger Health Plan, Highmark Wholecare, Health Partners…

State notes: VERIFIED per PA DHS "Medicaid Changes Coming in January 2027" page: Applies to adults 19-64 without dependent children under 14. Qualifying activities (80 hrs/month): employment, volunteer/community service, work training, part-time/full-time school, OR monthly income of at…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Pennsylvania eMarketplace (emarketplace.state.pa.us) — Commonwealth solicitation portal; DHS procurements run…

Funding: Pennsylvania DHS (Secretary Val Arkoosh) estimates ~$50 million for technology/system upgrades to support work-requirement (community engagement) verification, plus an estimated ~250 new hires and…

As of June 2026, Pennsylvania is in active implementation planning for H.R.1/OBBBA Medicaid community-engagement (work) requirements that take effect January 1, 2027, for non-exempt expansion adults ages 19-64 without a dependent child under 14 (80 hours/month; PA uses a one-month look-back). DHS Secretary Val Arkoosh has publicly described an estimated ~$50M in system/technology upgrades, ~250 new hires, and…

Confidence: high · Source: medicaid.atypical.global/states

Rhode Island

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Rhode Island Executive Office of Health and Human Services (EOHHS)

Implementation status: Pending state guidance — RI confirms it must change its Medicaid program to implement the new community engagement (work) requirements and 6-month renewals for expansion adults; detailed implementation plan not yet published

Timeline: Federal default: enforcement Jan 1, 2027 (80 hrs/month community engagement for expansion adults 19-64). Federal member-outreach window June 30–Aug 31, 2026, then at least every 6 months. RI-specific…

Population affected: ~79,000 adults in the Medicaid expansion group (KFF, "Medicaid in Rhode Island" fact sheet, 2025); not all are necessarily subject after exemptions

Major MCOs: Neighborhood Health Plan of Rhode Island, UnitedHealthcare of New England, Tufts Health Plan

State notes: Federal exemption categories apply; state-specific details pending state guidance. (RI EOHHS confirms changes "apply to adults who have Medicaid through the expansion program" and references new Community Engagement Requirements and 6-Month Renewals, but specific RI exemption…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Rhode Island Division of Purchases (RIDOP) at ridop.ri.gov - OSP State Solicitations board and RIVIP; EOHHS…

Funding: FY2026 enacted/proposed: ~$19.3M state general revenue (~$45M all funds) for IT, FTEs and contractors to implement Medicaid+SNAP OBBBA changes. FY2027 governor's budget (proposed Jan 15, 2026):…

Rhode Island is implementing the H.R.1/OBBBA community engagement (work) requirements for the Medicaid expansion population (ages 19-64, 80 hours/month or alternatives) with a January 1, 2027 start, per EOHHS's "Stay Covered Rhode Island" guidance. The eligibility/notice work is being routed through the existing RIBridges integrated benefits system (managed by incumbent Deloitte under its post-UHIP contract), with…

Confidence: high · Source: medicaid.atypical.global/states

South Carolina

Expansion: Non-expansion | **Work requirement applies:** Largely N/A — non-expansion | **RFP status:** None identified

Administering agency: South Carolina Department of Health and Human Services (SCDHHS) — Healthy Connections Medicaid

Implementation status: Pending state guidance — H.R.1 community-engagement requirement largely N/A absent an ACA expansion adult group; SC pursuing its own separate state work-requirement waiver (distinct from H.R.1)

Timeline: Federal default: enforcement Jan 1, 2027. Note: H.R.1 requirement targets the ACA expansion adult population, which SC does not cover; no SC-specific H.R.1 implementation timeline verified.

Population affected: Pending — SC has no ACA Medicaid expansion adult population (the group H.R.1 targets), so the federal community-engagement requirement applies to few/none of…

State notes: South Carolina is one of the states that has NOT adopted ACA Medicaid expansion (verified via KFF and SC Legislature/news sources). Because the H.R.1 / OBBBA community-engagement (work) requirement applies to the ACA expansion adult group (and certain 1115 partial-expansion…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. Note: SCDHHS has adjacent, mostly SOLE-SOURCE procurement activity that could absorb work-requirement member-facing work rather than a competitive RFP: (1) "North Highland Company LLC" sole source posted

~09/23/2025 for outbound…

Procurement portal: South Carolina Business Opportunities (SCBO, scbo.sc.gov) and the state eProcurement system SCEIS…

Funding: Pending. No state implementation funding figure or contract value for work-requirement communications identified. SC's work-requirement vehicle is the "Palmetto Pathways to Independence" 1115 waiver…

South Carolina is a Medicaid NON-expansion state, so the federal H.R.1/OBBBA community-engagement mandate (effective Jan 1, 2027, targeting the expansion population) has limited direct application; SC's work-requirement effort instead runs through its own Section 1115 "Palmetto Pathways to Independence" demonstration. Gov. Henry McMaster requested reinstatement in Jan 2025; SCDHHS ran a 30-day state comment period…

Confidence: high · Source: medicaid.atypical.global/states

South Dakota

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: South Dakota Department of Social Services (Medicaid)

Implementation status: Planning for federal enforcement Jan 1, 2027 (state HR1 guidance published; ~1,213 expansion adults estimated to lose coverage)

Timeline: Work/community-engagement requirement (80 hrs/month) and 6-month redeterminations for expansion enrollees begin Jan 1, 2027; cost-sharing requirements begin Oct 1, 2028 (per SD DSS HR1 page). Federal…

Population affected: ~1,213 expansion adults (about 4% of the expansion group) estimated by SD Dept. of Social Services as potentially disenrolled once requirements take effect (SD…

State notes: VERIFIED per SD DSS HR1 page: Effective Jan 1, 2027, Medicaid Expansion enrollees must complete 80 hours/month of work, community service, work-program participation, or a combination — OR have monthly income equal to 80 hours at the federal minimum wage, OR be enrolled at least…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: South Dakota Bureau of Administration eProcurement system (boa.sd.gov, hosted by ESM Solutions) for statewide…

Funding: Pending — no dedicated implementation budget or contractor figure published. DSS notes SD will assume a larger Medicaid administrative cost share under H.R.1 in the coming fiscal year, but no…

South Dakota's H.R.1/OBBBA Medicaid "community engagement" (80 hours/month work, school, or service) requirement for Medicaid Expansion enrollees takes effect January 1, 2027, with renewals moving to every 6 months. DSS estimates ~1,213 of roughly 29,504 expansion enrollees could lose coverage, and flagged 6,066 (~20%) whose status "could not be determined." As of early-mid 2026, DSS reports it is conducting…

Confidence: high · Source: medicaid.atypical.global/states

Tennessee

Expansion: Non-expansion | **Work requirement applies:** Largely N/A — non-expansion | **RFP status:** None identified

Administering agency: Division of TennCare (Tennessee's Medicaid agency)

Implementation status: Pending state guidance — no expansion adult group subject to the requirement; federal default applies to expansion/qualifying-1115 states only

Timeline: Federal default: enforcement no later than Jan 1, 2027 for ACA expansion adults — but Tennessee has no ACA expansion population, so this enforcement date is largely inapplicable. State expansion bill…

Population affected: Pending — Tennessee has not adopted ACA Medicaid expansion, so it has no ACA expansion adult group (ages 19-64) that the H.R.1 community engagement requirement…

State notes: Federal exemption categories apply; state-specific details pending state guidance.

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03. However, TennCare's posted procurement pipeline contains several eligibility-system/verification solicitations directly relevant to community-engagement implementation: (1) Tennessee Eligibility Platform / TEP, RFP 31865-00648,…

Procurement portal: Tennessee Edison Supplier Portal (hub.edison.tn.gov) for state solicitations; TennCare posts pipeline at…

Funding: Pending — no Tennessee-specific work-requirement implementation funding figure (e.g., a state GF appropriation or the federal H.R.1 implementation grant split) was verified in public sources as of…

Tennessee is a non-expansion state but is pursuing work/community-engagement requirements on two tracks: state law HB1551/SB1728 directs TennCare to seek a Section 1115 waiver amendment for "able-bodied working-age adult enrollees without dependent children under age 6," and the federal H.R.1/OBBBA mandate requires community-engagement (80 hrs/month) compliance no later than Dec 31, 2026 with CMS's implementing…

Confidence: high · Source: medicaid.atypical.global/states

Texas

Expansion: Non-expansion | **Work requirement applies:** Effectively none for the H.R.1 work requirement. The federal requireme | **RFP status:** None identified

Implementation status: Not applicable — Texas has not adopted ACA Medicaid expansion, so there is no expansion group subject to the H.R.1 community-engagement requirement. No state implementation is required or planned for the expansion group as of June 2026. (Indirect fiscal…

Reporting: Not applicable (no subject group). Federal default for expansion states is verification at application and at least…

Renewal cadence: Not applicable to a Texas expansion group (none exists). Federal H.R.1 default for expansion adults in expansion states…

Procedural-loss risk: Low procedural-disenrollment risk specifically from H.R.1 work requirements, because Texas has no expansion group subject to them — no semi-annual work-reporting churn will be created. Note: separate…

Major MCOs: Superior HealthPlan (Centene) — incl. statewide STAR Health (foster care), UnitedHealthcare Community Plan, Molina Healthcare of Texas, Wellpoint (formerly…

Key languages: Spanish, Vietnamese, Chinese (Mandarin/Cantonese), Korean, Arabic, Tagalog, Urdu, Hindi

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Texas Electronic State Business Daily (ESBD) via Texas SmartBuy (txsmartbuy.gov); HHSC Procurement…

Funding: Pending / largely N/A for Texas. H.R.1 appropriates ~$200M nationally in FFY2026 to help states implement community engagement ($100M allocated by share of applicable individuals + $100M split…

Texas is one of ten non-expansion states (with AL, FL, GA, KS, MS, SC, TN, WI, WY). The H.R.1/OBBBA Medicaid community engagement ("work") requirement, effective Jan 1, 2027, applies only to adults 19-64 in the ACA Medicaid expansion group or in an 1115 waiver providing minimum essential coverage. Because Texas never expanded Medicaid and does not operate an expansion-equivalent MEC waiver, the requirement is…

Confidence: confirmed · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

Utah

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Utah Department of Health and Human Services (DHHS), Division of Integrated Healthcare / Utah…

Implementation status: Pending state guidance; DHHS publishing H.R.1/OBBBA partner FAQs (Jan 2026). Earlier voluntary state work-requirement waiver (target July 2026) reported as not advancing; federal Jan 1, 2027 mandate governs.

Timeline: Federal default: enforcement Jan 1, 2027. Utah is a full ACA expansion state (CMS-authorized Dec 23, 2019). New 6-month redeterminations for expansion adults under H.R.1. Specific Utah implementation…

Population affected: Pending. Utah expansion covers adults to 138% FPL; legacy state materials cited ~120,000 adults eligible for the expansion program…

State notes: Utah is a full ACA Medicaid expansion state (CMS-authorized Dec 23, 2019), covering adults 19-64 up to 138% FPL, so the H.R.1 community-engagement requirement applies to its expansion population. Utah DHHS has published an H.R.1/OBBBA FAQ for partners (dated Jan 2026). Utah has…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Funding: Pending. No dedicated state implementation/outreach budget figure for the work requirement was published in Utah Medicaid's OBBBA materials. Federal cost-sharing (the ~$200M per-state OBBBA…

Utah submitted a Section 1115 Demonstration Amendment for "Community Engagement" to CMS on July 3, 2025, seeking work requirements for Adult Expansion Medicaid enrollees with an accelerated target effective date of July 2026 — ahead of the OBBBA federal deadline of January 1, 2027 (CMS issued its implementing Interim Final Rule, CMS-2454-IFC, in early June 2026). As of 2026-06-03 the waiver amendment remains PENDING…

Confidence: medium · Source: medicaid.atypical.global/states

Vermont

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Department of Vermont Health Access (DVHA) — Vermont Medicaid / Green Mountain Care

Implementation status: Planning / member communications scheduled to begin August 2026; new-applicant enforcement Jan 1, 2027

Timeline: DVHA plans to begin communicating with enrolled members starting August 2026. New applicants beginning January 1, 2027 must show they met the community engagement requirement in the month prior to…

Population affected: Pending — no specific verified VT figure published on DVHA's page; applies to the ACA expansion adult group (adults 19–64 up to 138% FPL) per Vermont/KFF…

State notes: Verified from DVHA (dvha.vermont.gov/medicaidchanges): The federal law (H.R.1 / 2025 reconciliation law) adds new "community engagement" requirements and 6-month renewals to Vermont Medicaid. Vermonters must show a combination of work, volunteering/community service, or…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Vermont Business Registry and Bid System (vermontbusinessregistry.com); state is migrating to VTBuys…

Funding: No standalone work-requirement outreach/communications procurement budget identified. Vermont received a CMS Rural Health Transformation Program (H.R.1) award of $195,053,740.44 for FY2026 (notified…

Vermont's Department of Vermont Health Access (DVHA) is implementing the H.R.1/OBBBA "community engagement" (work) requirements for Medicaid expansion adults 19-64 under a stated guiding principle of "coverage retention," leveraging automatic data-source determinations,

early/frequent multi-modal outreach, and connection to employment resources. DVHA plans to begin member communications in summer 2026…

Confidence: high · Source: medicaid.atypical.global/states

Virginia

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Virginia Department of Medical Assistance Services (DMAS)

Implementation status: Active implementation — DMAS has published guidance/FAQs; preparing for federal enforcement Jan 1, 2027

Timeline: Federal law enacted July 4, 2025. Work/community engagement requirement (80 hrs/month) begins January 2027. Six-month eligibility renewals for expansion adults also taking effect per H.R.1. DMAS…

Population affected: Pending (applies to the Medicaid Expansion adult population, ages 19-64, income under 138% FPL, no Medicare; exact count of those subject after exemptions…

Major MCOs: Aetna Better Health of Virginia, Anthem HealthKeepers Plus, Humana Healthy Horizons in Virginia, Sentara Community Plan (Optima Health), UnitedHealthcare…

State notes: VERIFIED: Requirement applies ONLY to adults in Medicaid Expansion (ages 19-64, income under 138% FPL, no Medicare). It does NOT apply to coverage for children, pregnant/postpartum individuals, or adults who are disabled or over age 64. Qualifying activities (80 hrs/month)…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: eVA (eva.virginia.gov) — Virginia's eProcurement Marketplace; all DMAS solicitations post here (search buying…

Funding: Federal: Virginia receives an H.R.1 implementation share of the $400M CMS pool — roughly the ~under-$2M per-state equal split ($100M / 51 jurisdictions) plus a population-weighted slice of the other…

Virginia's Department of Medical Assistance Services (DMAS) is implementing H.R.1/OBBBA work and community engagement requirements for its ~Medicaid Expansion population (roughly 500,000 adults 19-64 subject to the new 80-hours/month standard), with the requirement effective for new applicants/renewals starting January 2027 and systems to be ready no later than December 31, 2026. DMAS's published implementation…

Confidence: high · Source: medicaid.atypical.global/states

Washington

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: Washington State Health Care Authority (HCA) — administers Apple Health (Medicaid)

Implementation status: Planning for federal implementation; HCA has indicated it will seek a federal exemption/delay (good-faith effort extension) of the enforcement date

Timeline: Federal default: enforcement Jan 1, 2027. Per HCA messaging, federal work requirements and new 6-month renewals for Apple Health expansion adults are tied to roughly Dec 31, 2026 / CY2027. HCA has…

Population affected: HCA estimates roughly 200,000–320,000 Washingtonians could lose coverage due to the work requirements and related H.R.1 changes; Medicaid enrollment could drop…

Major MCOs: Molina Healthcare of Washington, Coordinated Care (Centene), UnitedHealthcare Community Plan, Wellpoint Washington, Amerigroup Washington

State notes: Washington is an ACA Medicaid expansion state; its expansion adult population is the "Apple Health" expansion group administered by HCA, so the H.R.1 community-engagement (80 hrs/month) requirement applies to that group. VERIFIED state-specific detail: HCA has publicly indicated…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

Procurement portal: WEBS - Washington's Electronic Business Solution (DES, des.wa.gov / webs.des.wa.gov); HCA also posts…

Funding: Gov. Ferguson's proposed 2026 supplemental budget funds H.R.1 implementation including a centralized work-requirement verification hub across DSHS, HCA, and the Health Benefit Exchange. HCA portion:…

Washington's HCA confirms the H.R.1/OBBBA 80-hours/month community-engagement requirement applies to Apple Health for Adults (expansion population, ~620,000 adults), with the federal target date of Jan 1, 2027, but the state reports it already qualifies for and intends to seek a delay/extension to December 2028 (technical limitation: ACES automation not ready until ~mid-2027). HCA is developing a communication,…

Confidence: high · Source: medicaid.atypical.global/states

West Virginia

Expansion: Expanded | **Work requirement applies:** Yes — expansion adults | **RFP status:** None identified

Administering agency: West Virginia Department of Human Services (DoHS), Bureau for Medical Services (BMS)

Implementation status: Planning/preparing for Jan 1, 2027 federal deadline; DoHS partnering with WVU Health Affairs on systems and project management

Timeline: Federal start date: January 1, 2027. Current members: requirements apply at regularly scheduled renewal in 2027 (beginning with renewals due March 2027 per BMS). New applicants: may need to meet…

Population affected: Roughly 20,000–75,000 adults potentially affected. Range spans estimates of ~20,000–40,000 (One Big Beautiful Bill work-requirement impact, per…

Major MCOs: Aetna Better Health of West Virginia, The Health Plan, Wellpoint West Virginia, Highmark Health Options of West Virginia

State notes: VERIFIED state-specific details (BMS "New Medicaid Rules Are Coming"): Applies to Medicaid members aged 19-64 unless exempt; must complete at least 80 hours of work or approved community activities per month. Current members become subject at their regularly scheduled 2027…

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: West Virginia Purchasing Division / wvOASIS (state.wv.us/admin/purchase, wvOASIS.gov) for statewide…

Funding: No state-specific implementation budget figure confirmed. Federally, H.R.1 appropriated $200M to CMS in FY2026 plus $200M distributed to states for community-engagement implementation; WV's specific…

Work requirements take effect Jan 1, 2027 for the ~161,000-person Medicaid expansion population (ages 19-64), requiring 80 hours/month of work, training, school, or community service; required member outreach must begin by June 30, 2026. The WV Department of Human Services (which now runs Medicaid after the 2024 DHHR split) enlisted West Virginia University (WVU) Health Affairs to help with project management and…

Confidence: high · Source: medicaid.atypical.global/states

Wisconsin

Expansion: Partial/Waiver — Wisconsin did NOT adopt the ACA Medicaid expansion to 138% FPL. Instead, under its BadgerCare Plus Section 1115 "childless adults" waiver (approved through Dec 31, 2029), it covers non-elderly adults without dependent children up to 100% FPL. Per H.R.1/OBBBA and KFF, enrollees in partial-expansion waiver programs (only Wisconsin and Georgia) ARE subject to the new federal community-engagement requirements even though the state is technically a non-expansion state. | **Work requirement applies:** BadgerCare Plus members ages 19-64 in the childless-adults (partial-ex | **RFP status:** None identified

Implementation status: Planning for Jan 1, 2027 effective date. Wisconsin DHS has publicly confirmed BadgerCare Plus work requirements take effect January 1, 2027; federal officials indicated they are unlikely to grant implementation extensions. Detailed operational rules pending…

Reporting: Monthly — members must demonstrate 80 hours of work or another approved activity each month. Federal compliance…

Renewal cadence: Every 6 months for the applicable expansion/waiver adults, per H.R.1.

Procedural-loss risk: Elevated. The monthly 80-hour proof requirement plus 6-month renewals and a 30-day cure window create meaningful procedural-disenrollment risk for the ~239,000 childless-adults waiver population,…

Major MCOs: Most BadgerCare Plus members are enrolled in managed care HMOs. Major BadgerCare Plus MCOs/HMOs include: Children's Community Health Plan (Chorus Community…

Key languages: Spanish, Hmong, Somali, Arabic, Chinese (Mandarin/Cantonese)

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Wisconsin VendorNet (vendornet.wi.gov/bids.aspx) and the State eSupplier portal (esupplier.wi.gov); DHS…

Funding: ~$6M (Deloitte estimate) for Medicaid work-requirement CARES eligibility-system changes (plus ~$4.2M for related SNAP changes); separately, ~$72.4M/year starting SFY2027 for employment & training…

Wisconsin is one of the ~43 states required to implement the H.R.1/OBBBA community-engagement (work) requirement; BadgerCare Plus adults 19-64 without a dependent child must report 80 hrs/month of work or qualifying activity, with implementation effective Jan 1, 2027 and DHS-mandated member notices going out in fall 2026. DHS estimates ~63,000 adults are at high risk of losing coverage. The required…

Confidence: confirmed · Verified: 2026-06-03 · Source: medicaid.atypical.global/states

Wyoming

Expansion: Non-expansion | **Work requirement applies:** Largely N/A — non-expansion | **RFP status:** None identified

Administering agency: Wyoming Department of Health, Division of Healthcare Financing (Wyoming Medicaid)

Implementation status: Pending state guidance — no expansion population subject to requirement

Timeline: Federal default: enforcement Jan 1, 2027. Largely N/A in WY absent ACA expansion adult group.

Population affected: Largely N/A — Wyoming has not adopted ACA Medicaid expansion, so there is no expansion adult population subject to the H.R.1 community-engagement requirement.…

State notes: Federal exemption categories apply; state-specific details pending state guidance.

Procurement / RFP: No public RFP for work-requirement communications/outreach identified as of 2026-06-03.

Procurement portal: Public Purchase (Wyoming GSD/Department of Health eProcurement: publicpurchase.com/gems/wyominggsd,wy);…

Funding: Pending / N/A for work requirements specifically. No state implementation funding for H.R.1 community-engagement outreach identified because the mandate does not apply to Wyoming. (Unrelated context:…

Wyoming is one of roughly ten non-expansion states (it never adopted the ACA Medicaid expansion), so the H.R.1/OBBBA community-engagement/work-requirement mandate — which applies only to the expansion adult population (ages 19-64) beginning January 1, 2027 — does not apply to Wyoming. Because there is no expansion population to which the requirement attaches, there is no state policy driver to procure member…

Confidence: high · Source: medicaid.atypical.global/states

20. Glossary of Key Terms

Community engagement / work requirement. H.R.1 condition requiring ~80 hours/month of work, education, training, or community service for many expansion adults, effective Jan 1, 2027.

Procedural disenrollment. Loss of coverage for an administrative reason (missed notice, incomplete form, unclaimed exemption) rather than actual ineligibility.

Ex-parte (automatic) renewal. Renewing a member's eligibility using data the state already has, without requiring the member to act — the single biggest burden-reduction lever.

Redetermination. Periodic recheck of eligibility; OBBBA shortens this to every six months for expansion adults.

Expansion population. Adults covered under the ACA Medicaid expansion — the group to whom the work requirement primarily applies.

FMAP. Federal Medical Assistance Percentage — the federal share of Medicaid spending; states carry financial exposure when eligible members are wrongly terminated.

MCO. Managed Care Organization — a health plan paid a per-member-per-month (PMPM) capitation rate to manage Medicaid members' care.

PMPM. Per-member-per-month — the capitation payment a plan receives; the unit of revenue lost to procedural churn.

TCPA. Telephone Consumer Protection Act — governs SMS and automated-call outreach (consent, identification, opt-out).

WCAG 2.1 AA. Web Content Accessibility Guidelines conformance level required for accessible digital content.

BEP. Business Enterprise Program — state diversity-participation programs relevant to subcontracting and teaming.

CMS-2454-IFC. The CMS Interim Final Rule (June 2026) implementing the work-requirement provisions.

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice

21. Methodology, Sources & Disclaimers

This report synthesizes federal statute and CMS guidance (H.R.1 / OBBBA; CMS-2454-IFC), independent health-policy analysis (KFF, CBPP, the Georgetown Center for Children and Families, the Center for Health Care Strategies, Health Affairs), reputable news, and per-state agency and procurement-portal research conducted in June 2026. Quantitative figures (coverage-loss projections, funding pools, cost estimates) are directional and should be verified against primary sources before relying on any single number.

This material is informational and does not constitute legal, compliance, or eligibility advice. State-specific rules continue to evolve; the companion living tracker at medicaid.atypical.global/states is updated as states publish guidance.

Prepared by Medicaid Coverage Retention — the member-engagement layer that keeps eligible people enrolled. To discuss a state- or plan-specific readiness audit: medicaid.atypical.global

© 2026 Medicaid Coverage Retention · Informational — not legal or eligibility advice