Medicaid Work Requirements Are Coming:

What Your Practice Needs to Know

The Short Version

- **New requirements begin no later than January 1, 2027, although timing varies by state.**
- **Some Medicaid patients with qualifying conditions are excluded from the work requirement.**
- **States should use information they already have before asking patients or clinicians for additional documentation.**
- **Your practice may receive requests to document a patient's medical condition.**
- **Your role is to provide relevant clinical information, not decide whether someone can work or qualifies for Medicaid.**

If Your Practice Receives a Medical-Frailty Documentation Request

1. **Confirm what clinical information the state is requesting.**
2. **Use information already in the patient's medical record whenever possible.**
3. **Document the patient's qualifying medical condition and only the additional clinical information requested.**
4. **Do not determine whether the patient is able to work or eligible for Medicaid. Eligibility is the state's responsibility.**
5. **Keep a copy of what you submit so information can be reused if the patient's condition has not materially changed.**

Who May Qualify as Medically Frail?

Patients may qualify if they have one or more of the following:

- **blindness or a disability;**
- **a substance use disorder;**
- **a disabling mental disorder;**
- **a physical, intellectual, or developmental disability; or**
- **a serious or complex medical condition.**

A qualifying patient does not currently have to separately demonstrate that the condition prevents them from meeting the work requirement. **A federal court vacated that additional test on October 29, 2026. Because implementation is evolving, practices should follow current guidance from their state Medicaid agency.**

What Should Your Office Do Now?

- Know your state's process. **Identify when the requirements take effect, where patients can obtain eligibility assistance, and how the state may request clinical information to verify medical frailty or another exclusion.**
- Assess the potential effect on your practice. **Review your patient population to understand approximately how many adult Medicaid patients could be affected and anticipate possible changes in coverage, patient financial responsibility, and practice revenue.**
- Begin communicating with Medicaid patients. **Encourage potentially affected patients to review Medicaid notices, keep their contact information current, and consult their state Medicaid agency about any required action. Use existing communications, such as portal messages, appointment reminders, signage, and checkout conversations.**
- Establish an internal pathway for Medicaid requests. **Decide where eligibility notices, patient questions, and requests for clinical documentation should be routed. Use existing front-office, billing, care-management, health information management, or clinical workflows when feasible.**
- Build templates and use your EHR. **Create reusable smart phrases for common medical-frailty documentation requests, and reuse previously verified clinical information when nothing has materially changed.**
- Keep referral information readily available. **Maintain current contact information for your state Medicaid agency and, where available, Medicaid managed care plans, enrollment assisters, community health workers, and legal-aid resources.**

What Else Is Changing?

Other Medicaid changes may also affect patients and practices beginning in 2027. Medicaid enrollees will be required to renew their eligibility every six months rather than annually (unless they fall into an exemption category), and changes to retroactive coverage will shorten the period Medicaid can cover certain services received before enrollment. These changes could increase coverage disruptions and make it more important for practices to verify eligibility and help patients connect with their state Medicaid agency when coverage questions arise.