

Medicaid Work & Community Engagement Requirements

February 2026

Patrick Beatty, Deputy Director



**Department of
Medicaid**

Care Coordination

Agenda



How Did We Get Here?

Goals for Ohio's Group VIII Operations

Alignment of HB 33 & HR1

Who is in Group VIII and who will need verification?

Implementation and process

Communication planning

Next Steps

Overview

In July 2023, the Ohio General Assembly enacted House Bill 33 (HB 33), which included Ohio Revised Code (ORC) section 5166.37 requiring new eligibility limitations for the adult Medicaid expansion population under 1902(a)(10)(A)(i)(VIII) of the Social Security Act (Group VIII). These new limitations require that in order to qualify for enrollment in Group VIII, an individual must satisfy at least one of the following criteria:

1. **Be at least fifty-five years of age;**
2. **Be employed;**
3. **Be enrolled in school or an occupational training program;**
4. **Be participating in an alcohol and drug addiction treatment program;**
5. **Have intensive physical health care needs or serious mental illness.**

The changes in eligibility standards require approval from CMS. Ohio is actively seeking Social Security Act Section 1115 Demonstration waiver authority to implement this statewide pre-enrollment requirement by limiting pathways to qualifying for this covered group. After two public hearings and a public comment period, ODM submitted its waiver application to CMS on February 28, 2025.

HR1 – One Big Beautiful Bill Act

In July 2025, the Congress enacted HR1 requiring new eligibility limitations for the adult Medicaid expansion population similar to – but not identical to Ohio’s proposed waiver.

	H.R.1	ODM 1115 Waiver
Hours of Work or other qualifying activity	80 hours per month	20 hours per week
Start Date	No later than December 31, 2026, with possibility of an extension until January 2029.	June 2026
Verification of eligibility or exemption	Verification of employment or education status with existing data sources is required. Members will have to submit documentation where data isn’t available	Same
Exemptions		
Age	None	Over age 55
Dependents	Family caregiver of a child who is less than 14 years old or disabled family member	Unpaid family caregiver[s] for disabled family member
Pregnancy	Pregnant individuals and those receiving postpartum care	None
Medical conditions	Individuals who are medically frail or have special medical needs SUD, disabling mental disorders, blindness, disability, and conditions that significantly impair the ability to perform one or more activities of daily living	Same
Substance use treatment	Participating in an alcohol or drug addiction treatment program	Same
Optional Short term hardships	(1) Short term hospital or institutional stay; (2) living in a county with a federally declared emergency; (3) living in a county with an unemployment rate above 8% or 1.5x the national unemployment rate	None <i>(hospitalization is intensive physical healthcare)</i>

Alignment with current eligibility procedures

HR1 Section 71119 requirements are consistent with the process Ohio used for unwinding operations

State Medicaid agencies are required to conduct member outreach between June 30 and August 31, 2026, through regular mail and one or more additional forms, such as by telephone, text message, website, and “other commonly available electronic means.” Outreach is required to contain information on work requirement compliance, an explanation of exemptions, consequences of non-compliance, and reporting instructions.

States must perform a “look-back” review to determine whether a Medicaid member met the work requirement in a period of between one and three months before their application.

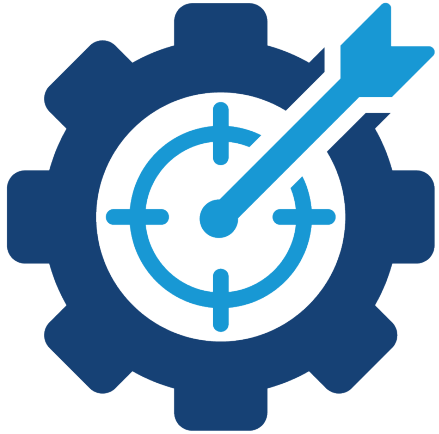
States must also verify that current enrollees continue to meet the requirements for at least one month within each six-month eligibility review period.

Ex Parte: States are required to use available data, to verify compliance.

Notice of non-compliance: States must issue notice of non-compliance to the Medicaid member or applicant if verification fails.

Disenrollment: After receiving a notice of non-compliance, members have 30 days to show compliance before disenrollment.

Goals & Principles



ODM and county partners will work together to redetermine individuals as required, balancing the directives of HB33 and HR1 to the best of our ability.

Keep eligible individuals enrolled and reduce churn.

Support those who are found ineligible and assist, as possible, their transition to other coverage.

Make efficient, accurate decisions

Achieve a sustainable renewal schedule.

General view of the individuals in Group VIII as of July 2025 eligibility

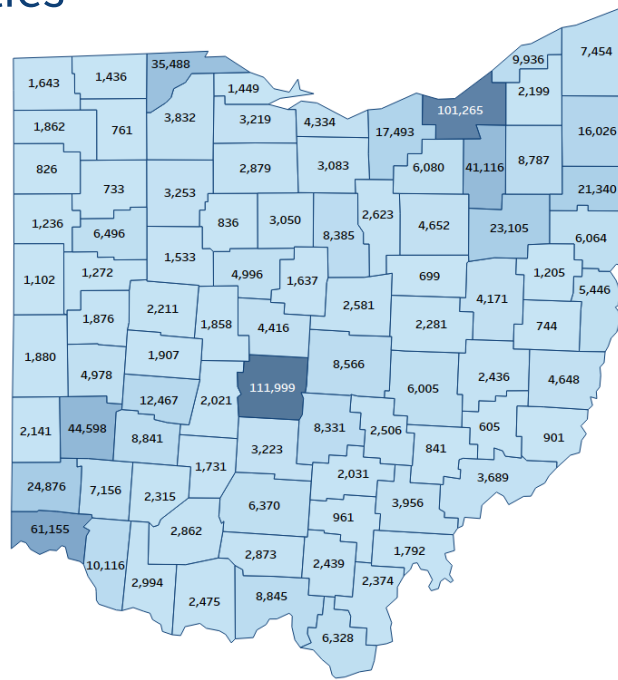
Composition:

- 57% are between the ages of 21 and 44
- 35% live in our three major counties
- 61% are white
- 54% are male
- 94% are in Managed Care

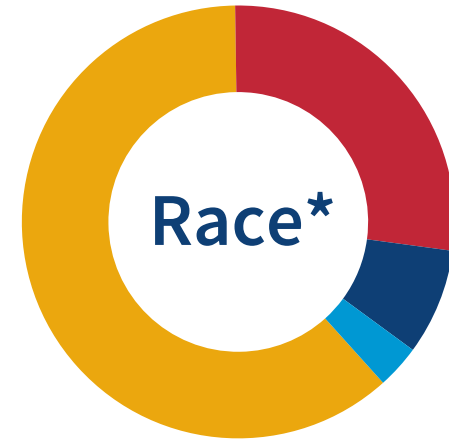
Age

Group	#	%
Age 19-20	62,384	8.2%
Age 21-44	435,547	56.9%
Age 45-64	266,546	34.8%
Age 65+	553	0.1%

Total Group VIII population:
774,342



County of Residence
(Enrolled Group VIII Population)



White: 61% (470,011)
Black: 27% (209,375)

*due to rounding, percentages do not add up to 100%



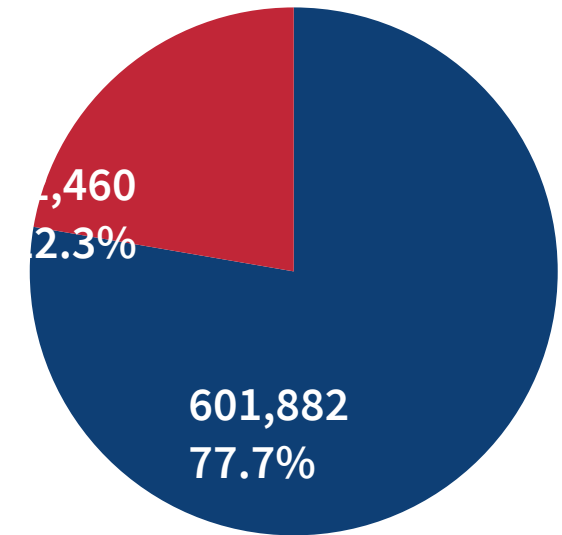
Male: 54% (412,560)
Female: 46% (352,484)

~9.3k Group VIII recipients were omitted from the view due to missing demographic information

General view of the individuals in Group VIII as of July 2025 eligibility

Category	Count	Percent Total
Individuals that meet statutory requirements	601,882	77.7%
Working	329,397	42.5%
Age	350	<0.1%
Medically frail or disabled	142,662	18.4%
Parent of a child aged 13 or younger	16,653	2.2%
Pregnant, incarcerated, or former foster care	14,940	1.9%
Other qualifying activity	23,382	3.0%
Other Medicaid eligibility	74,498	9.6%
Requires assessment	172,460	22.3%
Total Population	774,342	100.0%

Group VIII Composition



- Meets statutory requirements
- Requires assessment

Notable changes between HB33 and OBBBA

Category	Count	
	HB33	OBBBA
Individuals that meet statutory requirements	591,264 (76.4%)	601,882 (77.7%)
Working	329,397 (42.5%)	329,397 (42.5%)
Age	74,338 (9.6%)	350 (<0.1%)
Medical exemption	75,339 (9.7%)	142,622 (18.4%)
Parent of a child aged 13 or younger	-	16,653 (2.2%)
Pregnant, incarcerated, or former foster care	-	14,940 (1.9%)
Other qualifying activity	12,940 (1.7%)	23,382 (3.0%)
Other Medicaid eligibility	99,250 (12.8%)	74,498 (9.6%)
Requires assessment	183,078 (23.6%)	172,460 (22.3%)
Total Population	774,342 (100%)	774,342 (100%)

Age exemption

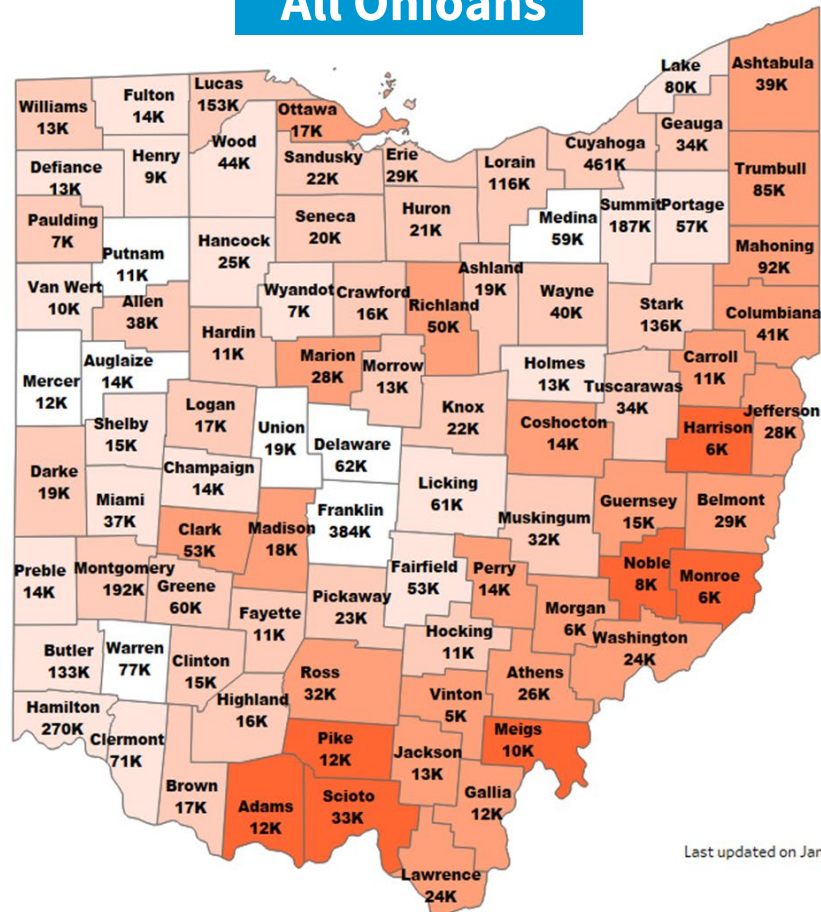
1. HB33: 55 years old and older
 - 125,695 individuals
2. OBBBA: 65 years old and older
 - 630 individuals

Medical exemption

1. HB33: Chronic conditions
 - 147,489 individuals
2. OBBBA: Medically frail
 - 204,802 individuals

All Ohioans Unemployed/Not in the workforce vs. Group VIII Enrollment

All Ohioans



OHIANS (16 - 64)

Unemployed / Not in Labor Force

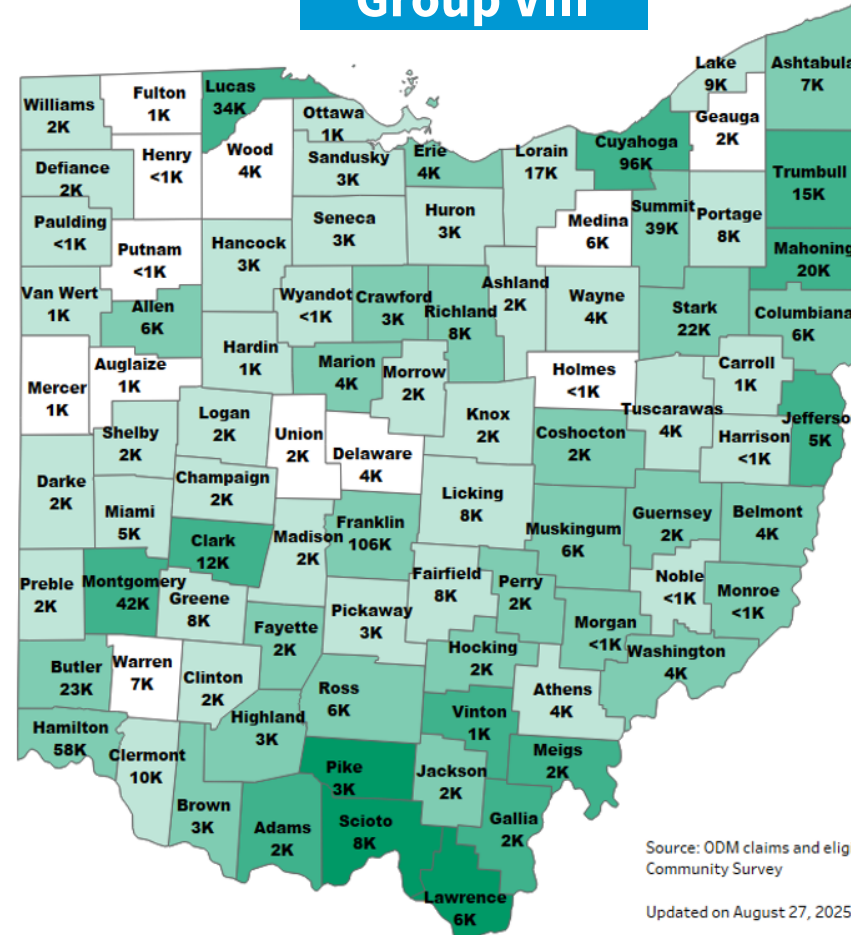
Ohians ages 16 - 64 who are unemployed or not in the labor force as a percentage of all civilians ages 16 - 64 from the 2019 - 2023 ACS 5-year estimates (table B23001).

Numbers displayed are the total estimated number (rounded to the nearest thousand) of Ohioans (16 - 64) unemployed or not in the labor force in each county.

- 36.1 - 39.8%
- 39.8 - 43.7%
- 43.7 - 47.8%
- 47.8 - 53.2%
- 53.2 - 67.0%

Last updated on January 27, 2025

Group VIII



GROUP VIII ADULTS (18 - 64) SFY 2025

Enrollment by County

Group VIII enrollment as a percentage of the total population ages 18 - 64 (ACS 2019-2023 5-year estimates) shown by county.

Numbers displayed are the total number (rounded to the nearest thousand) of Group VIII members in each county.

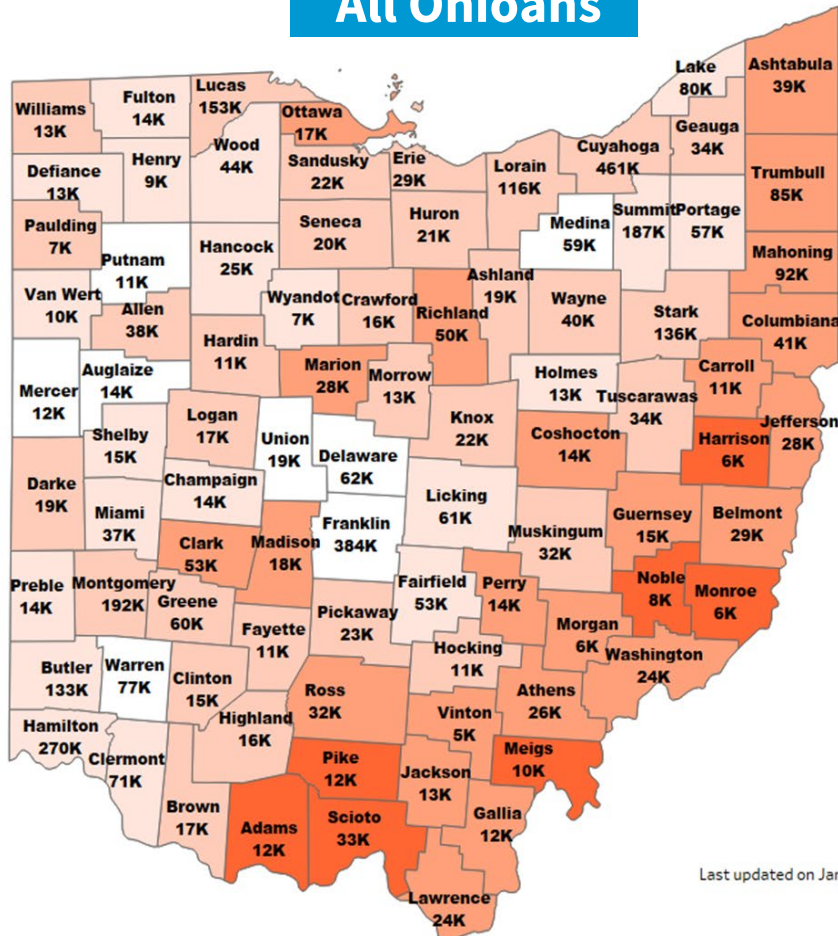
- 2.8 - 6.1%
- 6.1 - 9.4%
- 9.4 - 12.7%
- 12.7 - 16.0%
- 16.0 - 19.3%

Source: ODM claims and eligibility data as of July 2025, American Community Survey

Updated on August 27, 2025

Unemployed/Not Working: Overall Ohio population compared to Group VIII

All Ohioans

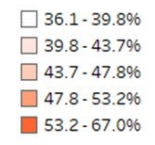


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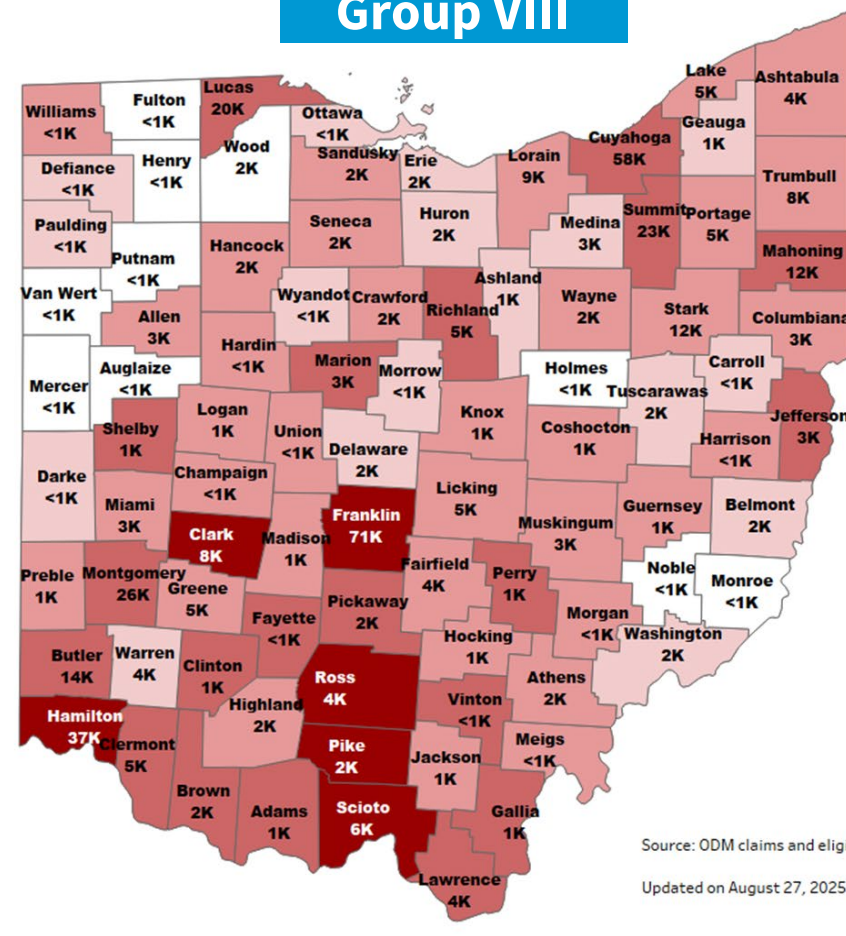
OHIANS (16 - 64) Unemployed / Not in Labor Force

Ohians ages 16 - 64 who are unemployed or not in the labor force as a percentage of all civilians ages 16 - 64 from the 2019 - 2023 ACS 5-year estimates (table B23001).

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Group VIII



Source: ODM claims and eligibility data as of July 2025

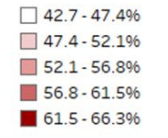
Updated on August 27, 2025

GROUP VIII ADULTS (18 - 64) SFY 2025

Not Working

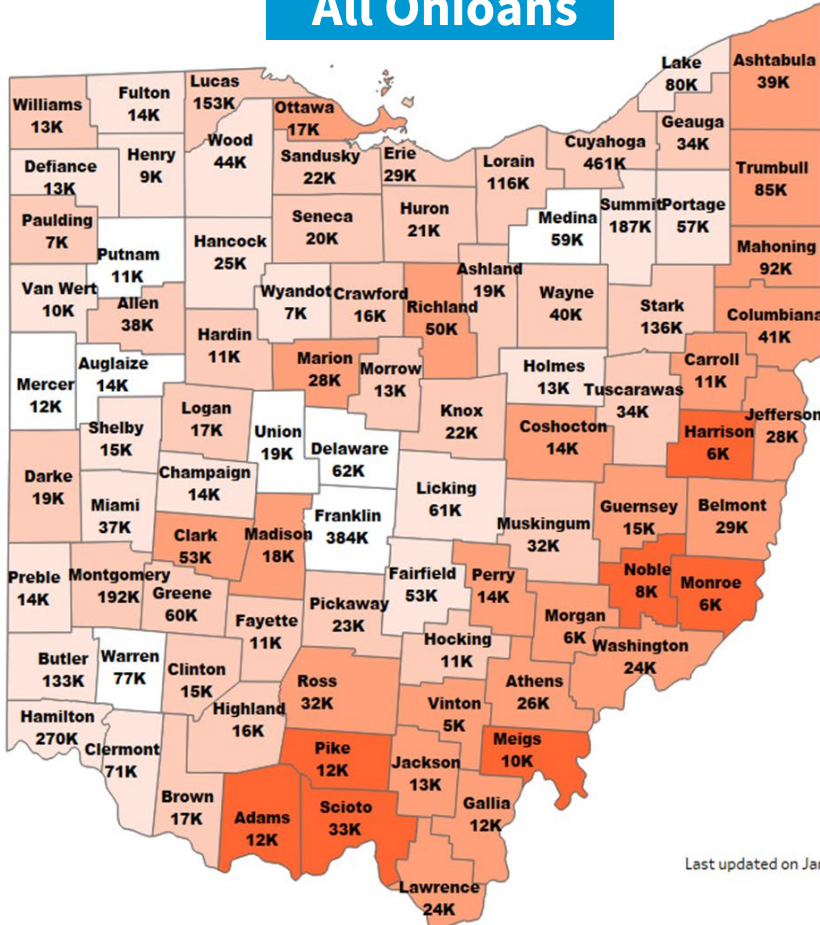
Group VIII members ages 18 - 64 not working as a percentage of all Group VIII members ages 18-64.

Numbers displayed are the total number (rounded to the nearest thousand) of Group VIII members (18 - 64) not working in each county.



Group VIII Unemployed and Behavioral Health Comparison

All Ohioans



OHIOANS (16 - 64) Unemployed / Not in Labor Force

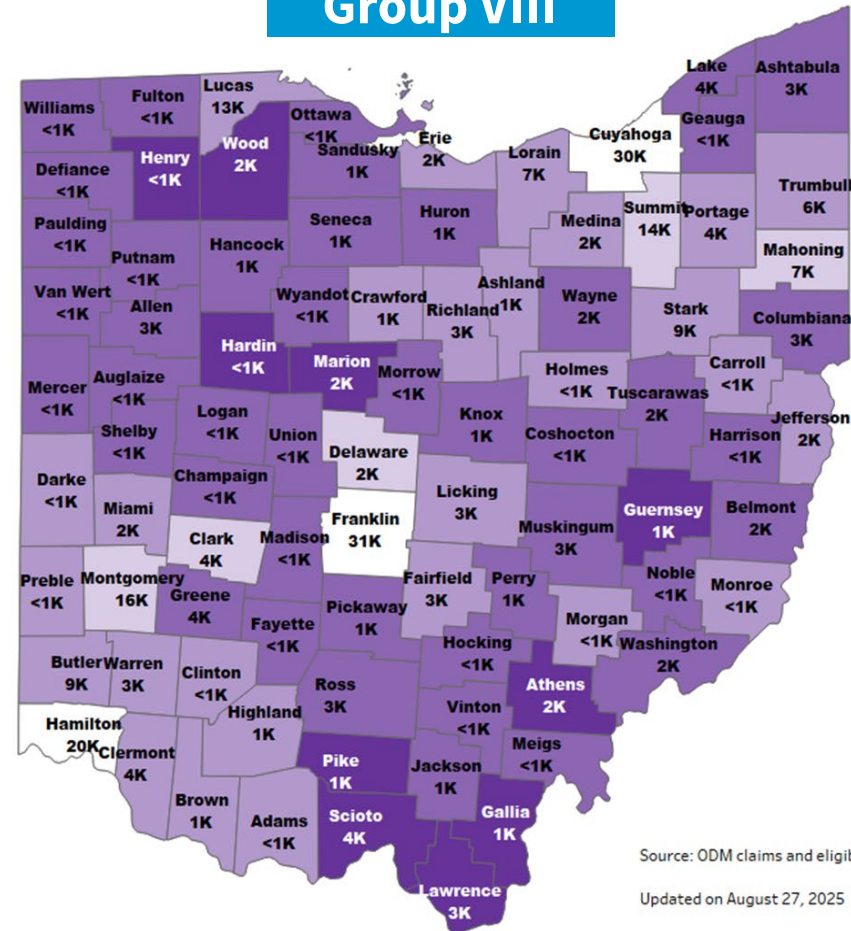
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Last updated on January 27, 2025

Group VIII



GROUP VIII ADULTS (18 - 64) SFY 2025

Behavioral Health Conditions

Group VIII members ages 18 - 64 with behavioral health condition(s) as a percentage of all Group VIII members ages 18 - 64.

Numbers displayed are the total number (rounded to the nearest thousand) of Group VIII members with behavioral health conditions in each county.

- 29.5 - 33.9%
- 33.9 - 38.2%
- 38.2 - 42.6%
- 42.6 - 46.9%
- 46.9 - 51.3%

Source: ODM claims and eligibility data as of July 2025

Updated on August 27, 2025

Individuals who require further assessment will have the opportunity to provide documentation to demonstrate they meet the criteria set in statute. Of those individuals who require assessment:

- 1** Roughly 10% (~16,500) are homeless or in a shelter (including domestic violence and women's shelters)
- 2** About 11% (~18,800) live in a county with an unemployment rate at or above 1.5 times the national rate [6.3%]
- 3** Around 1% (~2,000) received more intensive medical care (such as inpatient hospital or nursing facility services)
- 4** At least 2% (~3,000) are veterans (note: this is a significant undercount due to limitations of our data)
- 5** 64% are male, which is larger than their share of the overall Group VIII population [54%]

Geographic Insights

- 1** ~80% of Group VIII recipients residing in **Central Ohio** meet one of the statutory requirements
- 2** About **1 in 4 (~26,000)** Group VIII members in **Southwest Ohio** will require county-level assessment
- 3** **Northeast Ohio** has the largest population of Group VIII members that will require assessment (**~66,000**)
- 4** Approximately **21%** of Group VIII members live in a county with less than 60% labor force participation*
- 5** Around **85%** live in a county with higher rates of reported poor physical health [13.0% and above]**
- 6** ~**64%** live in a county with higher rates of diabetes prevalence than the national average [12.1% and above]**

*Source: American Community Survey, 2023 5-year estimates

**Source: Ohio 2022 BRFSS Annual Report

Public Comment

The proposed 1115 waiver was published for public comment on December 17, 2024, and closed on January 21, 2025.

Total Comments Submitted		
654		
Opposed	Neutral	Supportive
589	21	44



- Common themes in opposition comments included administrative burden for the members, concerns over loss of coverage impacting health of members, the lack of efficacy of work requirements, the inconsistency between work requirements and the program goals, the cost of childcare, challenges finding work, the cost to providers of healthcare services, the lack of transportation needed maintain employment.
- Themes in the supporting comments included the belief that too many people are just getting benefits but can work, and that work for benefits should be required.
- The full summary of the comments was assembled along with responses to the comments and have been submitted to CMS; the federal comment period through CMS is now closed.

Lessons Learned: “Georgia Pathways”

In 2022 Georgia implemented a work provision that was structured differently from what had been proposed by several states and struck down in federal courts and by the Biden administration.

The state launched the program in July 2023 and spent over \$40 Million in state and federal tax dollars with nearly 80% going towards administration and consulting fees.

The Georgia eligibility program required a minimum of 80 hours of work, academics or volunteering per month.

By July 29, nearly 4,500 people had enrolled in Pathways; compared to the state’s goal of more than 25,000 in its first year (per CMS application) and less than the 359,000 who might have been eligible (if Georgia had expanded Medicaid under the ACA). The state indicated that it was an administrative nightmare.



Lessons Learned: “Arkansas Works”

The uninsured rate among low-income Arkansans ages 30-49 rose from 10.5% in 2016 to 14.5% in 2018 after the “community engagement” requirement took effect.

Arkansans ages 30-49 reporting disenrollment from Medicaid or Marketplace coverage at any point in the demonstration year experienced significantly higher medical debt and financial barriers to care compared to Arkansans ages 30-49 who maintained coverage.

There was no associated increase in employment of other community engagement activities among low-income individuals subject to the Arkansas requirement either in the first year when the policy was still in effect or nine months after the policy was blocked.

Nearly everyone who was targeted by the Arkansas Works requirement either had already met the requirement or was exempt from it, providing little margin for the program to increase work or community engagement. 97% of the survey respondents aged 30-49 had already met the requirement or were exempt.



Implementation & Process

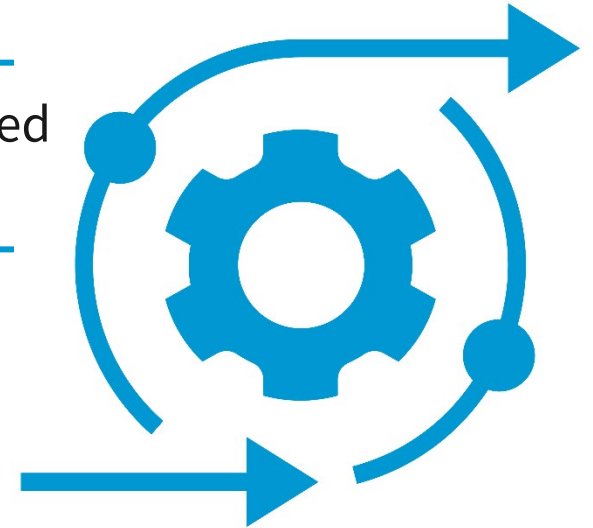
Individuals who apply for Medicaid on or after the implementation date will be subject to the work requirements.

Individuals already enrolled in Group VIII prior to implementation will be evaluated under the new requirements at their next eligibility renewal.

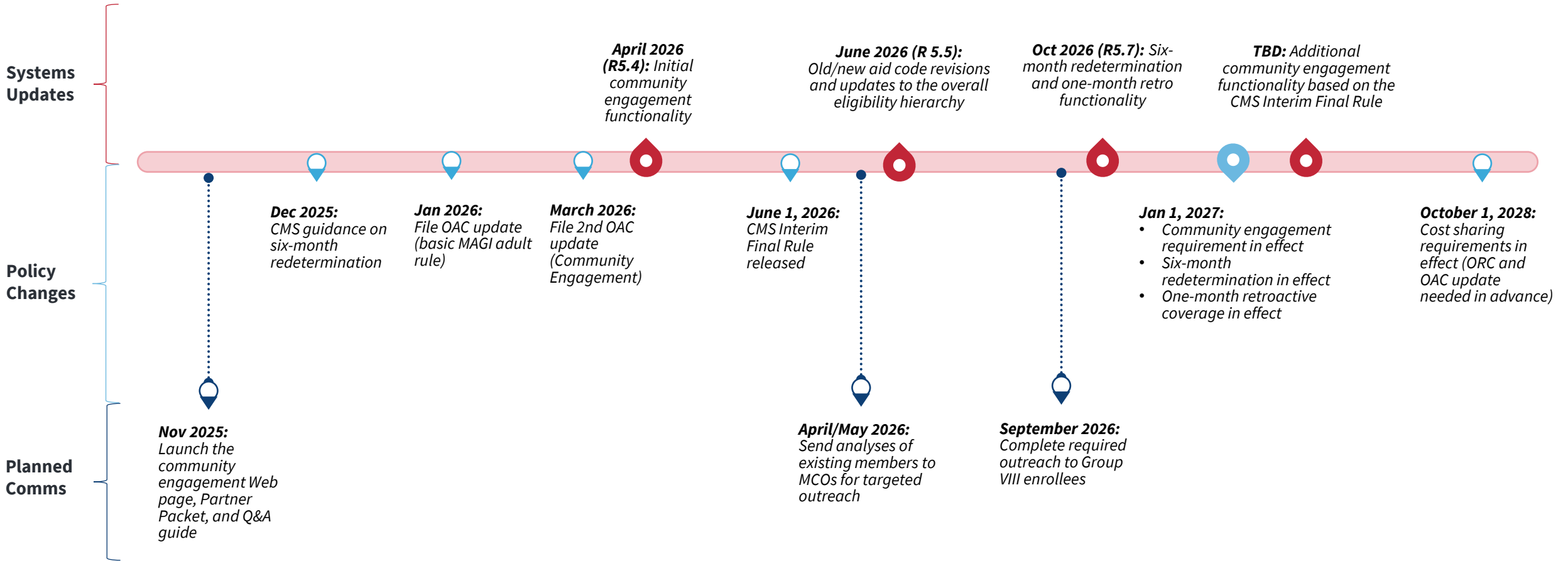
The process will follow the same steps as annual Medicaid eligibility renewals including the work requirements.

MCOs will be assisting with outreach in advance of redeterminations.

ODM is estimating that ~62,000 enrollees will lose their Medicaid eligibility in the SFY 26-27 biennium. Because of eligibility processes and renewals, ODM anticipates there will be a lag in disenrollment during the first year of the demonstration.



Group VIII Implementation Timeline (as of 11/17/2025)



Communications planning



State Medicaid agencies are required to conduct member outreach between June 30 and August 31, 2026, through regular mail and one or more additional forms, such as by telephone, text message, website, and “other commonly available electronic means.” Outreach is required to contain information on work requirement compliance, an explanation of exemptions, consequences of non-compliance, and reporting instructions.

In the coming weeks: Refine a phased approach for communications & stakeholder engagement between now and the start of community engagement requirements

Identify communication mechanisms (*E.g. CallFire campaign*)

Identify key stakeholder groups (*Members, counties, advocacy organizations, providers*)

Identify key messages for each stakeholder group (*E.g., Update your contact information*)

Develop strategy and plan for communicating & timelines for various activities (*Consider frequency of communications*)

APPENDIX

Appendix

New applicants – Income and other eligibility factors

- IRS: Ohio uses the Federal Data Services Hub (the Hub) for IRS income data. Post-enrollment, Ohio uses IRS data to verify or detect unearned income.
- SSA: Ohio uses the transactional connection to SSA through the Federal Data Services Hub (the Hub) for Title II income data. Post-enrollment, Ohio uses SSA data to verify Title II and Title XVI information regarding payment status, benefit amounts, entitlements, termination dates, and health insurance data. Ohio uses SSA to verify citizenship and SSN, and DOB, Medicare receipt, and any application for SSI and SSDI.
- State Wage Information Collection Agency (SWICA): Ohio uses SWICA data as part of the Hub cascade at initial application and for the ex parte (passive) renewal batch process. Post-enrollment, Ohio uses SWICA data as an additional income validation source, specifically for State earned income.
- State Unemployment Compensation (UC): Ohio uses UC data as part of the Hub cascade at initial application and as part of the ex parte renewal batch process. Ohio's interface with State UC also enables the agency to generate alerts regarding changes in recipients' UC benefits post-enrollment
- TALX/The Work Number: A private database counties use to verify earned income.
- Ohio Bureau of Workers Compensation (BWC): Ohio uses BWC data to verify payments made for workers' compensation
- Vital Statistics: data used for Paternity lead for medical child support. Post-enrollment used for birth and death.
- Office of Child Support Enforcement: Identifies failure to cooperation with the CSEA in establishing paternity of Medicaid eligible child. claims.

Appendix

Existing enrollees at renewal or post enrollment not renewal – income and other eligibility factors

- IRS: Ohio uses the Federal Data Services Hub (the Hub) for IRS income data. Post-enrollment, Ohio uses IRS data to verify or detect unearned income,
- SSA: Ohio uses the transactional connection to SSA through the Federal Data Services Hub (the Hub) for Title II income data. Post-enrollment, Ohio uses SSA data to verify Title II and Title XVI information regarding payment status, benefit amounts, entitlements, termination dates, and health insurance data. Ohio uses SSA to verify citizenship and SSN, and DOB, Medicare receipt, and any application for SSI and SSDI.
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Appendix

Existing enrollees at renewal or post enrollment not renewal – income and other eligibility factors

- Office of Child Support Enforcement: Identifies failure to cooperation with the CSEA in establishing paternity of Medicaid eligible child.
- PARIS: PARIS consists of three types of matches—a Federal Wage Match, a Veterans Affairs (VA) Match, and an Interstate Match. The Federal Wage Match provides information regarding receipt of income from the Department of Defense and Office of Personnel Management. The Veterans Affairs Match provides information regarding receipt of income or medical insurance from the Department of Veteran Affairs. The Interstate Match provides information that's used to determine whether a participant is receiving medical assistance in two or more states. In addition, Ohio uses information received via PARIS to verify VA income and third-party insurance.
- National Directory of New Hires (NDNH): Ohio uses NDNH data to identify when an individual is newly hired by an employer.
- Department of Rehab and Correction: Ohio utilizes an interface with DRC to provide information regarding individuals in receipt of Medicaid who have been incarcerated for over 30 days.
- Department of Youth Services: Ohio utilizes an interface with DYS to provide information regarding youth in receipt of Medicaid who are currently incarcerated in state facilities or those who have been recently released.

Appendix

Frequent Wage or Employment Cross-checks

- The Annual Household Income service component of the Federal Data Services Hub (FDSH) is used to verify an individual's attested income.
- The state is required by Section 1137 of the Social Security Act [42 USC 1320b-7], to match the Social Security number of individuals receiving Medicaid to other databases, including the SSA, Internal Revenue Service (IRS), State Wage Information Collection Agency (SWICA), and Unemployment Compensation (UC). The SWICA database returns quarterly wage reports from employers in the state and serves as an additional source for verification/notification of earned income.
- In addition, Ohio Benefits receives a monthly file from the National Directory of New Hires (NDNH), which includes information from W-4 forms when an individual is newly hired by an employer.
- Income and employment is checked at initial determination, renewal, and then we receive new hire, Income Eligibility Verification System (IEVS), SWICA, Beneficiary & Earnings Data Exchange (BENDEX) matches as leads for either new income or income changes that must be followed up on.



**Department of
Medicaid**