

How to Talk about Medicaid Work Reporting Requirements: Language Recommendations for State Communicators

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Introduction

This resource is intended to support states as they explain work reporting requirements in H.R. 1. It is designed to help states create clear, linguistically and culturally appropriate materials for people enrolled in or eligible for Medicaid. The terms and definitions presented here are grounded in the federal law but written with health literacy best practices in mind. Many of the people who will encounter these new requirements have also engaged with other programs, including the Supplemental Nutrition Assistance Program (SNAP), and may be seeing similar language across multiple systems. However, for many others—particularly those applying for Medicaid or who have never participated in work-related reporting requirements—this process will be completely new and unfamiliar. Using consistent, clear terms can help reduce confusion, build trust, and enable enrollees or applicants to better understand what's expected of them.

How to Use This Tool

This resource is intended for state Medicaid agency communications staff, policy teams, and key partners who are developing materials—including notices, letters, frequently asked questions, websites, and training resources. Each term includes a plain-language definition, alternative ways to explain it, and guidance on why clarity matters. We strongly encourage your teams to engage people with lived experience of the Medicaid program—people enrolled in Medicaid or their family members and caregivers—and community partners to review and refine your language. The terms that work best in your state may be different from those that work in another. This resource is a starting point, and your community's voice should shape the final materials. State Health and Value Strategies published a toolkit, [Engaging Enrollees in Medicaid Work Reporting Requirements Implementation](#), which provides sample questions and activities to support meaningful engagement of people with lived experience of Medicaid.

Glossary

This glossary organizes key terms from H.R. 1 into four columns to support the development of consumer-facing materials:

- **Term(s) from H.R. 1:** Official federal language used in H.R.1. You may need to reference this language when working with state and federal partners, but plain language alternatives are often better for people enrolled in or applying for Medicaid.
- **Recommended Language:** Suggested words and phrases that are easier to understand. Use these terms in notices, letters, websites, and other materials for enrollees and applicants. Throughout this guide, you will see [Medicaid] in brackets. Where applicable, states should replace [Medicaid] with your state's program name.
- **Additional Context:** A brief explanation of what the term means, written at or below an 8th grade reading level for a general audience. Use this language directly in your materials or adapt to your state's needs.
- **Additional Guidance:** Tips and considerations to help you communicate clearly about this term.

Terminology Used in H.R.1	Recommended Language for General Audiences	How to Explain Recommended Language Clearly	Additional Messaging Guidance
Defining the New Requirements			
Community engagement requirements	Work reporting requirements New reporting requirements	To keep your [Medicaid], you must show proof that you work, go to school, volunteer, or cannot work.	Emphasize <u>reporting</u> . It is not enough to meet work requirements. Without accurate and timely reporting, coverage could still be denied. There may be instances when you need to specify these are " <u>Medicaid</u> work reporting requirements" given the differences compared to SNAP and TANF work requirements.
How People Can Meet Work Reporting Requirements			
Work	<i>When necessary or helpful, refer to types of work, such as a "full-time or part-time job," "self-employment," or "seasonal work."</i>	Having a job. This could be paid or unpaid work.	Provide examples of jobs and proof required (e.g., pay stubs, W-2, 1099) to meet the requirement.

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Community service	<i>Community service is one of the qualifying activities under the broader umbrella term of community engagement. Use the term “community service” or “volunteering” when referring to this activity type. Do not use “community engagement” to refer to this activity type.</i>	Giving your time to help your community. This work is usually unpaid.	Use language that is also likely to be used by the organizations that oversee service or volunteering to minimize confusion.
Work program	Job program Job skills program Job training Workforce development program	A program that helps you find a job or learn job skills. Showing you participate in these programs counts for work reporting requirements.	<p>Clarify that programs that help people build skills and find or keep work can count for work reporting requirements.</p> <p>Identify and name the specific programs in your state that would count. For example, your state may offer programs through the state workforce agency, community colleges, or local workforce boards. Include these program names in your materials so people know where to find help.</p>
Educational program	School, career and technical training Educational or training program <i>Other terms that may resonate in your region: “vocational,” “trade”</i>	<p>Going to school, college, or technical training at least half-time counts for your work reporting requirements.</p> <p>Half-time means you're enrolled in enough classes to be considered a half-time student – usually about 6 credits per semester. Part-time school (fewer than half-time credits) may not count.</p>	Make sure your word choice is inclusive of educational opportunities beyond traditional schools.

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Qualifying activities	<p>Ways to keep your coverage active</p> <p>Work, school or volunteer activities that count</p>	<p>There are many ways you can meet work reporting requirements. These include showing you have a job, go to school, volunteer, participate in a job program, and/or earn enough money.</p> <p>You can meet work reporting requirements by earning at least \$580 per month. (This is the same as working 80 hours at the federal minimum wage.) You don't have to report the hours you worked—just show your earnings (like a pay stub).</p>	<p>Emphasize that many everyday activities already count. Highlight options beyond work and clearly connect these activities to “keeping your coverage active” through timely reporting.</p>
About the Reporting Process			
Lookback period	<p>Work, volunteering, or school history</p> <p><i>Use “lookback period” if your state SNAP program consistently uses this term.</i></p>	<p>You will need to show you worked, went to school, volunteered, or took part in a job program during a certain time period.</p>	<p>Be clear about the different reporting periods for an application versus renewal. For example:</p> <p><i>If you are <u>applying</u> for Medicaid, we look at the [#] months right before your application.</i></p> <p><i>If you are <u>renewing</u> Medicaid, we look at any [month / # months] since you last renewed your coverage.</i></p>
Verification	Checking your information	<p>[Medicaid agency] may look at your pay stubs, tax records, school enrollment, medical history, or other records.</p> <p>[Medicaid agency] will try to use information you already shared. But they may contact you if they need more details.</p>	<p>Address privacy concerns and how data will be handled.</p>

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Redetermination	<p>Renewal</p> <p>Renewing your coverage</p> <p><i>Or the language you currently use to communicate renewals.</i></p>	<p>When [Medicaid agency] checks if you still qualify for [Medicaid].</p> <p>Beginning January 2027, [Medicaid] renewals will happen every six months for adults with [insert name of Medicaid expansion program]. At each renewal, you'll need to show that you are meeting work reporting requirements—unless you have an exemption.</p>	<p>H.R. 1 also makes changes to the frequency of renewals beginning January 1, 2027. For Medicaid expansion enrollees, renewals will generally occur every six months instead of annually.</p> <p>States should consider how to explain this change. Individuals will need to show their compliance (or exemption) from work requirements at renewal (or, at the state’s option, more frequently).</p> <p>Ensure enrollees understand renewals are a routine check to continue coverage, not a penalty.</p> <p>Explain what people need to do, what to return, where they need to upload or send documents, and by what date, so they understand how to complete their eligibility renewal check on time.</p>
Explaining Situations That Do Not Require Reporting			
Exclusions and Exceptions	Exempt/Exemption	<p>Some people do not have to report work activities to get or keep [Medicaid].</p> <p>You may not have to report if you have certain health needs, a disability, are pregnant or recently gave birth, if you take care of a child or disabled family member, or meet other requirements.</p>	<p>While federal guidance may make distinctions between different exceptions and exclusions, using simple and consistent terms will be clearest to people applying for and renewing coverage.</p> <p>We recommend using one catch-all term such as “exemption” to reference all exceptions and exclusions (including both mandatory exceptions/exclusions and optional hardship exceptions) and using simple language like “you don't have to report work activities.”</p> <p>In addition, make sure you clearly refer to the exemption in relation to work reporting requirements to ensure people appropriately provide other information related to [Medicaid] eligibility.</p>

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Short-term hardship exceptions	Exemption	<p>Some people do not have to report work activities for a short time if they face a hardship or emergency.</p> <p>This includes a hospital stay, travel for medical care, a natural disaster, or trouble finding work in your community.</p>	<p>Discuss exemptions as simply as possible and use one umbrella term (exemptions) for both mandatory and short-term hardship exemptions. Clear instructions should be provided for hardship exemptions that require individuals to elect the exemption. The length of the exemption should always be communicated – particularly if regular verification is required.</p>
Medical frailty / Medically frail	Special medical needs	<p>Some people do not have to report work activities to get or keep [Medicaid].</p> <p>You may not have to work or report work if you have a serious health condition, a disability, a serious mental health condition, you need inpatient care, or are in treatment for a problem with drugs or alcohol.</p> <p>You also don't have to report if you're caring for a young child or disabled family member, if you were in foster care and are under age 26, or you're American Indian or Alaska Native.]</p>	<p>Individuals may be asked to fill out a screener at application and potentially renewal to determine if they are medically frail. Clear and simple instructions should be provided to ensure individuals provide necessary information.</p>

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ABOUT GMMB

This toolkit was prepared by Melissa Morales and McKenzie Perrow. GMMB is a full-service communications firm dedicated to creating real and lasting positive change in the world. We work across the healthcare sector and have expertise developing communications at the intersection of policy development and program implementation. For more than 40 years, we have been on the front line of issue-based communications, earning a reputation for shaping public opinion by developing research-based communications strategies that achieve real results. Our work has helped enroll millions of individuals in affordable health coverage and increased access to needed care and services. For more information, visit www.gmmb.com