

Utah Medicaid and HR 1

frequently asked questions for **members**

What is HR 1?

On July 4, 2025, HR 1, also known as the [One Big Beautiful Bill Act \(OBBA\)](#), was signed into law. The bill included more than 21 Medicaid reforms. Most of the provisions in the bill will go into effect beginning in the fall of 2026 or later.

Utah Medicaid is currently reviewing the bill, analyzing it for impacts and estimates, and preparing for future programmatic changes. **There are many details that have yet to be defined.**

We anticipate that guidance from the Centers for Medicare and Medicaid Services (CMS) will be provided to states over the next several months. This guidance will give Utah further direction from the federal government on how to implement these changes.

What hasn't changed?

Benefits will stay the same for the large majority of kids, adults with disabilities, and pregnant and postpartum women. However, the new law will make some people without citizenship ineligible for Utah Medicaid starting in the fall of 2026. Utah's [State CHIP](#) program will continue to be an option for qualifying children through June 2028.

Will Medicaid members lose coverage?

We have **not** estimated coverage loss. We are focusing on understanding the provisions of the new law and building tools to help Utahns affected by this new law. This includes more data sources to automate compliance and more outreach to help members be successful.

What are notable changes affecting members?

Community engagement/work requirement:

One of the largest changes in the new law is a **community engagement (or work)** requirement for certain adult programs (Adult Expansion and Targeted Adult Medicaid (TAM) programs). This **excludes** adults with disabilities, pregnant women, and parents of children age 13 and younger.

This requirement means that **before** someone can be eligible for Medicaid, they will be required to demonstrate working 80 hours a month or participating in community service or education activities.

These CE requirements will need to be met every 6 months. American Indian and Alaska Natives are exempt from this requirement.

Some adults will not be required to complete the work requirement if they meet an exclusion, such as being a caretaker of a child under 14 years of age or individuals with certain medical conditions.

What are we doing?

Utah Medicaid is committed to supporting people through this process. We plan to maximize available data sources that will demonstrate compliance. This will include automating certain exemptions or recognizing member participation with less individual reporting requirements.

Utah will also **design education tools to help individuals understand and fulfill the requirements.** We want members to be successful with these new requirements, and we are committed to building a system of services that will support their success.

What about Utah's 1115 Waiver for CE?

On July 3, 2025, Utah submitted its 1115 Waiver request for work requirements. We are looking forward to having discussions with CMS to find out if there is flexibility on some of the provisions, as there are parts of this requirement that are well defined and some parts that are not.

Eligibility reviews every 6 months:

Adult members enrolled in Adult Expansion Medicaid and Targeted Adult Medicaid (TAM) will be required to complete an eligibility review (renewal) every 6 months. Members in other non-expansion and non-TAM Medicaid programs are not affected by this provision.

Previously, members were required to complete a review every 12 months. This will go into effect January 1, 2027. American Indian and Alaska Natives are exempt from this requirement.

Retroactive eligibility coverage change:

Most Medicaid programs allow an applicant to request coverage for medical services for up to 3 months prior to the month that the person submitted a Medicaid application. OBBBA reduces retroactive coverage to 2 months prior to the month of application and 1 month prior for adults enrolled in Adult Expansion Medicaid.

The CHIP program does not currently allow retroactive coverage, but will change to allow coverage up to 2 months prior to the month of application.

This will go into effect January 1, 2027.

Definition of "qualified immigrant":

OBBBA changes the definition of qualified immigrant to only include lawful permanent residents, certain Cuban and Haitian immigrants, and Compact of Free Association (COFA) migrants.

Previously, a qualified immigrant for Medicaid and the Children's Health Insurance Program (CHIP) eligibility included, refugees, humanitarian parolees, asylum grantees, certain abused spouses and children, trafficking victims, and certain other non-citizens.