Aetna Better Health® of Oklahoma
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Federal Medicaid work requirement and redetermination changes begin January 1

Dear provider partner,

Beginning January 1, 2027, federal Medicaid requirements will introduce changes for certain Oklahoma Medicaid expansion members. These changes include more frequent eligibility renewals and work requirements for some adults enrolled through the expansion population. OHCA continues to release implementation guidance, and Aetna Better Health will share additional information as details become available.

What is changing?

Semiannual redeterminations

Starting January 1, 2027, certain Medicaid expansion members will move from annual eligibility renewals to renewals every six months. Members will need to continue responding to renewal requests from OHCA, and provide any required information to maintain coverage.

Work requirements for certain expansion adults

Federal law will require some Medicaid expansion adults, ages 19 to 64, to meet work, school or community engagement requirements to maintain eligibility. Certain populations are exempt from these requirements, and OHCA has published information and resources to help members understand whether they may be affected.

What providers need to know now

No workflow changes required at this time

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9397904-01-01 (09/26)

Providers do not need to make changes to their processing or other office workflows related to these requirements. Additional operational guidance will be shared as implementation approaches.

Implementation, resources and education
OHCA is continuing to develop and publish information related to work requirements, member outreach, exemptions, and implementation processes. Additional details may be released throughout the remainder of 2026 and into 2027.

Aetna Better Health will provide additional provider education and resources as implementation plans are finalized. Future communications may include provider toolkits, FAQs, specialty-specific guidance, webinars, and office hours designed to help practices prepare for January 2027 changes.

Why this matters

Members may have questions
OHCA has begun outreach efforts related to work requirements and eligibility renewals. As awareness grows, providers and office staff may receive questions from members regarding eligibility, exemptions, renewal requirements, or notices received from OHCA.

Coverage interruptions can affect continuity of care and incentives
Maintaining coverage helps support access to preventive care, treatment, medications, and ongoing care management services. Providers can help reduce avoidable coverage gaps by reminding members to respond promptly to requests from OHCA. Continuous coverage may also help members remain eligible to earn incentives.

Where to watch for updates

OHCA work requirements page
This site includes eligibility information, exemptions, member resources, frequently asked questions, and educational materials. For the latest information, visit OHCA's Work Requirements webpage at: **Oklahoma.gov/ohca/workrequirements**