INSIGHTS FROM FOCUS GROUPS

# Preparing Missouri for Work Reporting Requirements

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+gmmb PERRY UNDEM

# Background.

PerryUndem, a non-partisan research firm, and GMMB conducted six focus groups about the upcoming work reporting requirements that will impact many MO HealthNet (Medicaid) enrollees ages 19-64 in Missouri.

The goal is to gain insight into the best way to communicate about these new federal requirements, which will start January 1, 2027.

This project is sponsored by the Missouri Foundation for Health.

# Methods.

Six focus groups were conducted virtually via Zoom (May 20, May 28, and June 3, 2026). Each session lasted 1 hour and 45 minutes with 5–8 participants. Participants were recruited from across Missouri with a mix of ages, races and ethnicities, and genders.

**Focus group breakdown:**

| Group | # | Description |
|---|---|---|
| Service Providers | 1 | Physicians, RNs, and CNAs who work with MO HealthNet enrollees |
| Likely Subject to Requirements | 3 | MO HealthNet enrollees aged 19–64 likely subject to work reporting requirements |
| Likely Exempt | 1 | MO HealthNet enrollees likely exempt from work reporting requirements (parents of young children; individuals with disabilities or complex medical conditions) |
| Spanish Language | 1 | Spanish-speaking MO HealthNet enrollees — mix of likely exempt and likely subject to requirements |

# Participants.

| Demographics | N = 40 |
|---|---|
| Men | 13 |
| Women | 26 |
| Prefer to self-describe | 1 |
| White | 20 |
| Hispanic | 9 |
| Black | 9 |
| Asian | 1 |
| Other / Mixed | 1 |
| Urban | 7 |
| Suburban | 15 |
| Small town / Rural | 18 |

| County | N = 40 |
|---|---|
| Barry | 1 |
| Boone | 7 |
| Cape Girardeau | 1 |
| Clay | 1 |
| Clinton | 1 |
| Dunklin | 1 |
| Greene | 3 |
| Jackson | 4 |
| Jefferson | 1 |
| Johnson | 3 |
| Pettis | 1 |
| Platte | 2 |
| Polk | 1 |
| Pulaski | 1 |
| St. Charles | 2 |
| St Louis City | 2 |
| St. Louis County | 6 |
| Taney | 1 |
| Miller | 1 |

# Detailed Insights

# MO HealthNet enrollees value their health coverage.

**Most face intense economic challenges.** A rising cost of living, an unfavorable job market, and stagnant wages are commonly cited pain points. This is an important grounding point and informs how many approach this conversation – with a “life is already hard enough” tone. Coverage through MO HealthNet provides some relief in a tough economic environment.

**Most view their coverage as essential.** With MO HealthNet, they have access to the care they need to navigate daily life. Beyond routine and preventive care, many also depend on their coverage for more complex health needs. We had participants with autoimmune diseases and chronic conditions, mental health needs, disabilities, and more.

**Healthcare is not affordable without MO HealthNet.** Many feel that if they lost MO HealthNet, they would become uninsured and their health would worsen.

**Learning about the new requirements causes anxiety.** The conversations had an emotional edge. As participants processed the new rules in real time, they moved through stress, uncertainty, overwhelm, fear, sadness, and frustration.

It sounds to me like they're just trying to find new ways to kick people off of it, and it’s just kind of scary. I mean, there are a lot of people already out there with no healthcare.

— Man, Boone County, Likely subject to work reporting requirements

# Awareness of upcoming work reporting requirements is low.

**MO HealthNet enrollees don't know this is coming.** This is new information. Only a few had heard anything about upcoming changes. These participants seemed to have a general sense that requirements would be stricter going forward, but most couldn't speak to specifics. And while some could reference new requirements around work, none had heard about six-month renewals.

**They want a heads-up.** Once they learn about the upcoming changes, enrollees quickly shift into figuring out how they will meet these new requirements. Almost immediately, participants start working through the mechanics and playing out scenarios. They are pragmatic – enrollees want to know what they need to do to keep their coverage. And they want time to figure it out.

**Service providers feel similarly unprepared.** Their baseline awareness is higher, but they are also murky on details – they say this is because *nobody* is talking about details yet. They anticipate upcoming changes will create more burden for the providers working with enrollees and they worry about patients being able to comply or prove exemptions, but they lack clarity on what exactly to expect.

# Communicating the Changes.

# We tested, then revised, a sample description of the new requirements.

We made changes based on feedback received throughout the focus groups with MO HealthNet enrollees and service providers. See right for the final version we tested.

***Missouri Medicaid Rules Are Changing in 2027***

*The federal government is changing Medicaid rules. These changes are just for adults ages 19 to 64 with Missouri Medicaid, also called MO HealthNet.*

*There are two big changes. Starting in 2027, you will need to renew your Medicaid every six months. At each renewal, you must also show that you are working, going to school, volunteering, or in a job training program. Or you must show that you have a reason you cannot work.*

*You can show your work in a few ways. You can work or volunteer at least 80 hours a month. Or you can earn at least $580 a month. Or you can go to school at least half time. For any of these, you need to show proof. This could be a pay stub from your job, a tuition bill from school, or a signed paper from where you volunteer.*

*Some people are exempt. You don't have to report work if you have a serious health problem, including mental health needs, are a parent of a child under 14, or have a diagnosed substance use disorder. To see the full list, go to (website).*

*To learn more, go to (website) or call (number).*

# Detailed feedback, section-by section.

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- The headline grabs attention and signals something new. “Rules are changing” is clear language.
- “The federal government” explains why these changes are happening (a new federal law). Enrollees want to know the “why.”
- “These changes are just for adults ages 19-64” immediately indicates who might be impacted. Participants understood that children and seniors are not included in these changes.
- Participants used “Medicaid” and “MO HealthNet” interchangeably, but including both names gives added clarity.
- “Starting in 2027” gives a sense of when these changes are happening.
- “There are two big changes” indicates the two-pronged nature of the changes –- the six-month renewals and reporting requirements.
- The six-month renewals are entirely new information. This raises concerns about having to stay on top of deadlines so frequently, more paperwork, more bureaucracy, etc.
- Naming “working, going to school, volunteering, or in a job training program” shows the different ways they can comply.
- The last sentence tells them they will need to prove they cannot work – this lets enrollees who may be exempt know that they still need to pay attention and engage.

# Detailed feedback (cont'd)…

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- Explaining how they can show work gives them an initial understanding of what they will need to do.
- "Volunteer" prompts a few questions about what counts as volunteering, how formal it needs to be, how this is verified, etc.
- "Or you can earn at least $580 a month" was confusing for some and raised questions. A few participants interpreted this as an income threshold.
- "Proof" concerns them. They are glad to see examples, but it causes stress for enrollees as they think through the logistics of obtaining these documents and the submission processes. They see this as one of the biggest potential obstacles, especially because many have had negative experiences with getting paperwork submitted and approved on time.
- Others have concerns about meeting the 80-hour minimum – they've been laid off, work seasonal jobs, are gig workers, are dealing with an ongoing health issue, etc.
- The different combinations of numbers and ways to meet these requirements are confusing, and participants sometimes conflated different points. The description needs simple language, and breaking it down piece by piece helps.

# Detailed feedback (cont'd)…

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- Giving more details on who is exempt helps enrollees self-assess if they may be impacted – likely exempt enrollees were able to recognize their status.
- While some cautioned that many might not know what "exempt" means, participants did understand what it meant within the context of this notice. It sounds like "official" language, which is a good thing.
- For the Spanish-language group, the direct translation for "exempt" ("exenta") was unfamiliar. While they understood what it meant in this context, it is not a common term. And because the Spanish language varies significantly, they recommend always using plain language.
- "Substance use disorder" was a sticking point in the focus groups. This raises lots of questions and assumptions, particularly around how this will be qualified and proven.
- One of the big questions is, "What is a serious health problem?" Participants wanted details. They are hoping the state website provides them.
- "Including mental health needs" preempts another big question from enrollees.
- Giving directions to further resources satisfies the desire for more information. They are okay with these kinds of notices being high-level, but they expect to be able to access more detailed information when they want it.

*This language was developed before clarity on the CMS interim final rule was available and does not account for the reality of being determined exempt.

# Enrollees vary on how much they think they will be impacted.

**Many approach the new requirements with resolve.** These enrollees take on an “I’ll figure it out” attitude, if only because they have no other choice – losing MO HealthNet is not an option. However, this personal resolve does not diminish their understanding that these work reporting requirements are going to make things harder.

**Some assume an exemption status that may not apply.** They were confident they would be able to maintain coverage because they self-identified as likely exempt – this may cause some enrollees to underestimate their true risk. These were participants in the process of applying for disability, who have undiagnosed health problems and mental health needs, etc.

**But others clearly see themselves at risk.** These were participants who previously have struggled to find or maintain steady work (often because of mental health needs, physical health needs, layoffs, etc.), who work seasonal or service jobs with fluctuating hours and income, who have not been able to meet SNAP work reporting requirements, who work gig jobs that can be difficult to track or document, etc.

# More reactions…

**Enrollees likely exempt were generally able to identify their exempt status.** These were individuals with young children, disabilities, or complex medical conditions, and they understood that this likely means they will not have to report work. However, these enrollees also seemed to recognize they were not necessarily off the hook. They voiced logistical concerns about obtaining the necessary proofs to show that they cannot work and the six-month renewals.

**They are concerned about the six-month renewals.** This is where they see lots of people falling through the cracks. Whether or not they believe they'll be able to comply with or be exempt from reporting work, all could foresee problems with more frequent renewals – losing track of deadlines in an endless cycle of paperwork, processing errors on the state's end, narrow timeframes to correct problems, etc. And as it is now, very few enrollees know their renewal dates.

It's another hurdle. Nothing's perfect, the government is not perfect. I feel like there's always errors when it comes to applications. I've definitely had instances where they said they were going to cut off my Medicaid because they didn't get my paperwork, even though I did send my paperwork... Doing it every six months is just going to increase the likelihood that they incorrectly cut off benefits for people, and that's scary.

— Woman, St. Charles County, Likely subject to work reporting requirements

# They have lots of questions and information needs.

- **Offer clear definitions and qualifications for exemptions.** This is one of their main lines of questioning – what qualifies as a “serious health problem,” a “substance use disorder,” etc. Definitions can help prevent incorrect assumptions of exempt status.
- **Provide details on documentation needed for exemptions.** They want to know how they will need to prove things like a serious health problem, disability, or substance use disorder (self-attestation, a doctor’s note, etc.).
- **Explain what counts as work, volunteering, a job training program, or going to school.** Enrollees want real-life examples.
- **Give more details on what will qualify as proof of working, volunteering, or attending school.** Some don’t get traditional pay stubs, so what should they submit? What if the place where they volunteer doesn’t have a formal system for tracking hours? Will the state provide these forms?
- **Offer tailored guidance to seasonal, service, or gig workers.** Those with fluctuating or fluid working hours and income are particularly worried about compliance.

# More questions and information needs…

- **Clarify timeframes for implementation and compliance.** When will these new requirements apply to them? How long do they have to find a job, a volunteer opportunity, a job training program, etc.? Is there a grace period if you lose your job?
- **Give insight into reporting processes and submissions.** Are they uploading documents online, can they mail it in, or can they drop it off in person? What information does the state already have and what information are enrollees expected to provide during renewals?
- **Reiterate what isn't changing in MO HealthNet.** Some interpret monthly work hour or income minimums as program thresholds – i.e., if they work more than 80 hours or make more than $580 a month, they automatically become ineligible.
- **Provide additional resources when possible.** Enrollees want to be directed to employment opportunities, recommended job training programs, approved volunteer sites, etc.

# When referring to the new requirements, use clear, simple language.

We tested the following terms in the focus groups:

- *Reporting requirements*
- *New requirements*
- *Work requirements*
- *Work reporting requirements*
- *Community engagement requirements*

- **Participants preferred "reporting requirements" and "new requirements."** They liked "reporting requirements" because it makes clear what the ask is – they have to *report.* They also liked "new requirements" because "new" signals a change and grabs their attention.

- **"Work requirements" and "work reporting requirements" fell in the middle.** While clear, some felt the reference to "work" is misleading – it implies that the requirements are only about work, and omits schooling, volunteering, etc.

- **"Community engagement requirements" is too vague.** Participants felt like this makes the requirements sound too volunteer-focused, and like something they can opt into.

- **We also asked participants about "requirements" versus "rules."** They preferred "requirements" – they understood what it meant, and it implies that they will need to do something. It also sounds more official, which they liked.

# Reaching Enrollees.

# Enrollees want information as soon as possible.

**Enrollees know this is going to be hard, and they want time to prepare.** While many may approach these new requirements with resolve, they also know that they will need time to find work, schedule medical appointments, obtain necessary documentation, etc. And because they anticipate lots of challenges with the six-month renewals, it is important to educate on this early. Enrollees understand the high degree of advanced planning that will be required to maintain their coverage, and the sooner they can start, the better – "give us a chance."

**Enrollees would prefer early communication over complete information.** Their ask was clear – give them time. Communications need to be intentional and thoughtful, but also considerate of enrollees' needs. It is okay to say that more information is coming.

**They emphasize the importance of repeated engagement.** Enrollees have concerns about forgetting if they are notified of upcoming changes too far out. Early communications should be reinforced by additional notification efforts leading up to implementation and individual renewals.

**Everyone should receive all of the information.** Enrollees likely exempt from work reporting requirements don't want to be siloed – they want to be similarly alerted to these upcoming changes. Enrollees also acknowledge that circumstances can change, so it is important for everyone to be informed.

I would want to know now, even though it's not set in stone. Tell me now what it is. Because if it's this, that isn’t cool. I need to figure something out as soon as I can, if I can, you know. Give us a chance.

— Woman, Platte County, Likely exempt from work reporting requirements

Even if it's not finished, we can still be thinking, ‘I have to keep checking to see if there are any changes or if I need to make any changes myself.’

— Woman, Cape Girardeau County, Spanish speaker, Likely subject to work reporting requirements

# They have preferences for how information should reach them.

**Mailed notices from the state are the expectation.** This is where enrollees expect to receive most official communications regarding their MO HealthNet – it carries more immediate credibility than other modalities. And they expect to receive multiple mailed notices.

**Mailed notices should stand out.** Strong language (urgent, attention, warning, important, etc.), bolded text, state seals or official logos, and colored envelopes can help grab attention.

**Enrollees emphasize the need to reinforce mailed notices through secondary methods.** Mailed notices feel the most "official," but are also easy to miss or overlook. Any communication shared through mail should be reinforced through other avenues – and tell them to check their mail. SMS, email, and calls are preferred.

**Spanish-speaking enrollees want notices in Spanish.** These enrollees fear they will miss notices about these rule changes and want to make sure essential information is available to them in-language.

**They are open to many different touchpoints and messengers in addition to state notices.** Flyers in public places, posts on social media, in-person events in their community, communications from local organizations, communications from their health plans or doctor's office, etc. – these are all welcome. Enrollees support broad education efforts that meet people where they are.

# Enrollees will likely seek additional guidance.

**There is some concern about government resources.** The Missouri Department of Social Services website feels somewhat inaccessible. Service providers say the website is confusing and difficult to navigate even for them. And according to enrollees, the MO HealthNet call center often involves multi-hour waits, challenging navigation prompts with automated systems, inconsistent or incomplete information depending on who they talk to, etc.

**Some will look to community resources.** Many of enrollees' questions are highly specific to their unique circumstances – and they want tailored guidance. Some will look beyond the state's provided resources and seek out community-based organizations for this kind of support. Participants suggested that any communications should include direction to community resources where enrollees can go for in-person help.

**Spanish-speaking enrollees value direct, individualized support.** Many Spanish-speaking enrollees are already engaging informal and community-level resources for guidance with MO HealthNet. They face a distinct set of challenges with current government resources, including the MO HealthNet call center – they reference even longer wait times and problems getting someone who can speak Spanish. Community-based organizations that can provide a personal interface around these new requirements will be key.


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