ZMARK HEALTH

Medicaid Eligibility Changes Are Coming—Are You Ready?

What Got You Here Won't Get You to What's Next

The health care landscape is shifting—fast. With the sweeping "One Big Beautiful Bill (H.R. 1)" ushering in major changes to Medicaid eligibility, reimbursement rules, and compliance timelines, organizations across the country are navigating one of the most significant revenue cycle transitions in a decade. As the first major implementation deadlines hit in 2026, health systems, clinics, and ancillary service providers are feeling the pressure to adapt quickly, accurately, and efficiently. That's where ZMark Health Revenue Cycle Solutions steps in.

The Risks You Can't Afford to Ignore

- Lost Patients
- Delayed or Denied Reimbursements
- Patient Frustration Due to Unexpected Large Bills
- Patients Losing Coverage

ZMark Health helps you stay ahead, stay compliant, and stay financially strong—no matter how fast the landscape shifts.

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How ZMark Health Helps You Stay Ahead

On July 4, 2025, H.R. 1 (One Big Beautiful Bill Act) was signed into law and will introduce some of the most significant changes to Medicaid eligibility in recent years.

1. Able-bodied adults must participate in 80 hours of qualified activities per month. States must ensure compliance frequently or individuals could lose Medicaid coverage.
2. The law ends federally funded Medicaid and CHIP for many lawfully residing immigrants who previously qualified.
3. Low-income adults without disabilities must have their Medicaid eligibility redetermined every 6 months instead of the traditional 12 months.

These changes will likely result in a surge in uncompensated care and a heightened requirement for solid front-end verification. Providers will bear the brunt of the new Medicaid eligibility rules and will need to run consistent highly accurate, real-time front-end eligibility verifications to ensure coverage.

ZMark Health provides a suite of services and educational tools to help providers navigate this increasing complexity and administrative burden.

- ✓ Strengthen your verification workflows
- ✓ Reduce preventable eligibility-related denials
- ✓ Streamline front-end and back-end Revenue Cycle Processes
- ✓ Ensure your team stays ahead of regulatory deadline with clear, actionable guidance