Upcoming District Health Coverage Changes

Biweekly DHCF Eligibility Meeting

Department of Health Care Finance

September 9, 2026

Presentation Overview

- **One Big Beautiful Bill (OB3) Eligibility Changes Overview**
- Medicaid Qualified Immigration Status Changes
- New: Alliance Benefit Changes
- Work Requirements Mailer
- Outreach and Next Steps
- Q&A

Changes to Medicaid Will Roll-Out Over the End of 2026 and Beginning of 2027

- **October 1, 2026:** Some persons with legal immigration statuses will lose Medicaid coverage, but may transition to other programs

- **January 1, 2027:**
  - Some adults will have to show work, volunteer or school hours (the “work requirement”) to be eligible for Medicaid
  - Some adults will have to recertify their eligibility every 6 months to keep Medicaid
  - Medicaid retroactive coverage will change from 3 months to either 2 months or 1 month
  - DHCF will allow for the deduction of moving expenses for eligibility for some people
  - DHCF will be required to take action to reduce duplicate or deceased enrollment

- **January 1, 2028:**
  - DHCF will cap the home equity allowed for eligibility from long term services and supports at $1 million

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OB3 Imposes Restrictions on Some Non-Citizens Eligible for Medicaid

- Non-Citizen Eligibility Changes - Effective 10/1/26
  - Definition of "Qualified Alien" eligible for Medicaid benefits and ACA Tax Credits amended to only include Lawful Permanent Residents (LPRs), certain Cuban and Haitian immigrants, and Compact of Free Association (COFA) migrants.

  - **What to Know**:
    - CMS provided written guidance clarifying that Lawful permanent residents (LPRs); Cuban-Haitian entrants; and Compact of Free Association (COFA) migrants are available for full-scope federal financial participation.
      - This means Medicaid eligibility ends for certain populations such as refugees, humanitarian parolees, asylum grantees, certain abused spouses and children, trafficking victims, people granted conditional entry prior to 1980, individuals granted withholding of Deportation, and Amerasian entrants –*unless they gain a qualifying immigration status*

Noncitizen Eligibility Changes (Current and Future Groups)

Groups Covered	Currently Covered?	Starting October 1, 2026
U.S. Citizens	✓	✓
Lawful Permanent Residents (LPRs) aka Green Card Holders who meet the 5-Year Bar*	✓	✓
Cuban/Haitian entrants	✓	✓
Members of federally recognized tribes, COFA migrants, etc.	✓	✓
Refugees/Asylees	✓	☒
Victims of Trafficking	✓	☒
TPS and DED holders	✓	☒
Individuals paroled into the U.S. for at least one year	✓	☒

*Note: There are some exceptions to the LPR groups. For example, LPR generally face a 5-year waiting period before Medicaid eligibility, **however,** LPRs here under 5 years who are also refugees or asylees may access Medicaid without waiting if you hold LPR status.

Noncitizen Eligibility Changes Do Not Pertain to Children Under 21, Pregnant Women, and Emergency Medicaid

Beginning October 1, 2026:

- **Children under age 21 and pregnant women who are lawfully residing in the U.S. without meeting the five-year waiting period will continue to be eligible.**

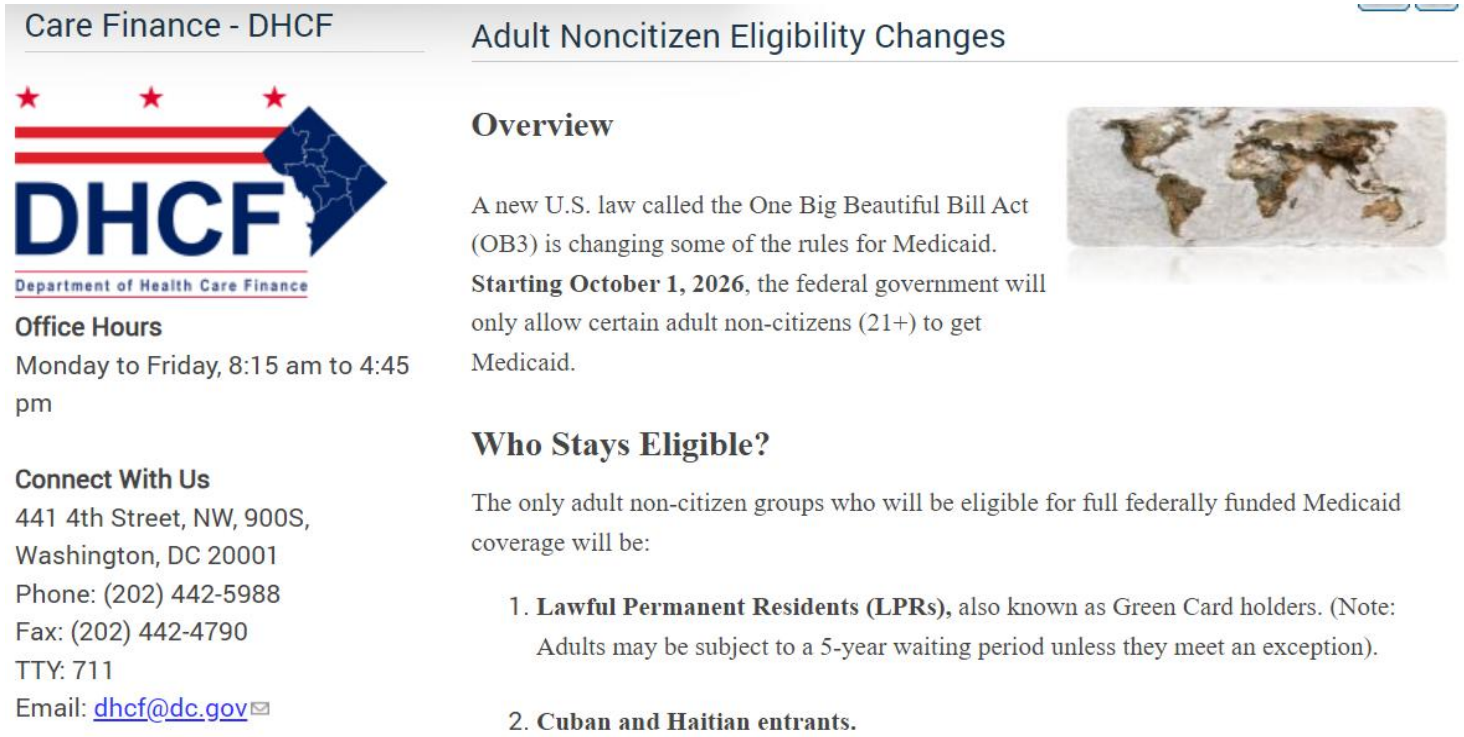
- Currently, **District does not expect impact to the FCEP/Unborn Child eligibility category**, but we are awaiting additional guidance from CMS on FCEP/Unborn impact of this OBBBA provision, if any.

- **Emergency Medicaid:** If you no longer qualify for Medicaid due to your immigration status after October 1, 2026, you can still get help for medical emergencies.

- **Health Care Alliance Program**: Individuals already enrolled in the Alliance Program are not impacted by these changes.

Noncitizen Eligibility Changes Website is Live With Key Information for Those Affected

- The District published a website at dhcf.dc.gov/non-citizen-eligibility with key information on the changes
- The District has sent notices to impacted residents and needs responses with their latest immigration information to ensure our records are accurate and individuals' Medicaid eligibility is being determined on updated information.



Care Finance - DHCF

DHCF
Department of Health Care Finance

Office Hours
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Adult Noncitizen Eligibility Changes

Overview

A new U.S. law called the One Big Beautiful Bill Act (OB3) is changing some of the rules for Medicaid. **Starting October 1, 2026**, the federal government will only allow certain adult non-citizens (21+) to get Medicaid.

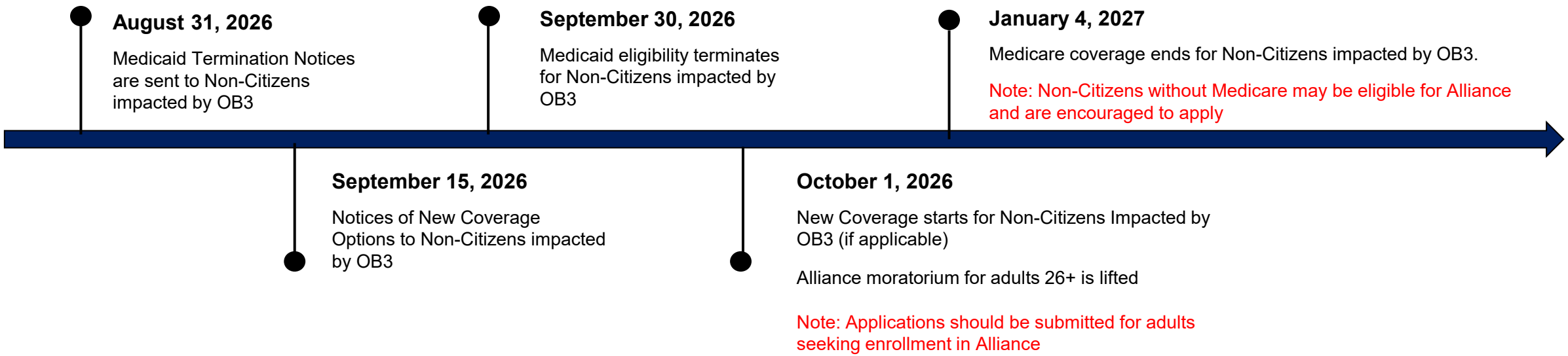
Who Stays Eligible?

The only adult non-citizen groups who will be eligible for full federally funded Medicaid coverage will be:

1. **Lawful Permanent Residents (LPRs),** also known as Green Card holders. (Note: Adults may be subject to a 5-year waiting period unless they meet an exception).

2. **Cuban and Haitian entrants.**

Key Dates: Noncitizen Eligibility Changes



Noncitizen Eligibility Changes: Coverage Transitions Expected on October 1, 2026

No DC Medical Assistance

- Medicare Members

Note: Duals and QMB-Only Enrollees impacted by 0B3 non-citizen changes lose all Medicaid coverage and premium payments after 10/1/26

Alliance

- Lawful presence confirmed with income up to 100% FPL
- Lawful presence not confirmed with income up to 138% FPL

Alliance (60-Day Extension)

- SSI Recipients who are not part of a known MAGI household AND Individuals in "Converted Cases" will be placed in Alliance for 60 days.

Note: These individuals will need to submit a supplemental application after 10/1/26.

Basic Health Plan (BHP)

- Lawful presence confirmed with income over 100% FPL to 200% FPL

Assisted Qualified Health Plan (AQHP)

- Lawful presence confirmed with income over 200% to 400% FPL

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DC Healthcare Alliance Adults Will Receive Restored Benefits on October 1, 2026

- From October 1,2026 through September 30, 2027, there are changes affecting covered health benefits for the DC Health Care Alliance Program (Alliance) for adults
  - All changes are implemented in accordance with the Fiscal Year 2027 Budget Support Act of 2026 (Bill 26-661).

- On October 1, 2026, adults in the Alliance program will have access to the following benefits:
  - ✓**Dental**
  - ✓**Home Health**
  - ✓**Hearing**
  - ✓**Vision**
  - ✓ **Podiatry**
  - ✓**Nursing Facility**

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Alliance Dental Benefits Provide Up to $1,000 Per Beneficiary in a Benefit Period

Alliance dental benefits for adults:

- The Health Care Alliance Dental Plan provides a maximum dental benefit of **$1,000 per beneficiary, per benefit period**.
- Covered dental services are paid by the DC Department of Health Care Finance (DHCF) up to the $1,000 limit.
- Once the Maximum Dental Benefit has been reached, the beneficiary is responsible for 100% of any additional covered or non-covered dental expenses for the remainder of the benefit period. “Benefit period” equals the Fiscal Year.

Some Dental Procedures are Excluded in the Alliance Program

Excluded dental procedures/coverage for adults in the Alliance program:

- **Cosmetic** — treatments done mainly to improve appearance rather than to treat disease or injury (for example, veneers for appearance, cosmetic reshaping).
- **Bleaching/whitening** — tooth whitening or bleaching treatments, whether done in-office or provided for at-home use.
- **Experimental or investigational treatment** — procedures, materials, or techniques not yet accepted as standard dental practice, or still under clinical study.
- **Procedures that are specific for children only.**
- **Dental Implant and Orthodontic procedures.**
- **Not a covered benefit** — any other service, procedure, or supply that is not included in the Health Care Alliance Plan's list of covered benefits, regardless of medical necessity.

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Some Procedure Codes are Excluded from Billing for Adults in the Healthcare Alliance Program

Dental Procedures Excluded for the Health Care Alliance Adult Beneficiaries	
Dental Procedures specifically for Children	D0145. D1120, D1206, D1351-D1575, D2930-D2934, and D3220
Veneers	D2960- D2962
Dental Implant procedures	D6000-D6999
Orthodontic Procedures	D8000-D8999
Bleaching Procedures	D9970-D9975

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Home Health Services will Be Available for Adults in the Alliance Propgram with Specific Standards

- *Service must be prior authorized by the Quality Improvement Organization (QIO).*
- *Service length should not exceed 30 days.*
- *Service will be furnished by:*
    - Registered Nurse
    - License Practical Nurse
    - Physical Therapist
    - Occupational Therapist
- *Service will be provided at:*
    - Home
    - Residential Facility
    - Shelter
- *Service includes:*
    - Wound care
    - Physical occupational and speech therapy
    - Health education
    - Home IV-therapy
    - Routine visits to ascertain patient health status, check on the status of wounds, prescription drug monitoring

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Hearing Benefits in Alliance Include Hearing Aides and a Yearly Hearing Test

Alliance hearing benefits for adults:

- Two Hearing Aids are covered every 5 years
- Hearing Test every year
- Repairs are not covered

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Alliance Vision Benefits Include a Pair of Eyeglasses Every 2 Years with an Optical Prescription

- DC Health Care Alliance Adults will be subject to one (1) pair of corrective eyeglasses every two (2) years.
- Eyewear that is lost or stolen will be the responsibility of the patient, if it is less than two (2) years.
- Requests for eyeglasses must be authorized by Comagine.
- Requests for eyeglasses must be accompanied by a valid optical prescription issued less than one (1) year of date of service.
- Surgical interventions are covered under medical benefit (an Ophthalmologist).

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Podiatry Services are Covered in Alliance, Including Therapeutic Shoes and Foot Exams

- Podiatry services for adults in the Alliance program include:
  - Foot exams and treatment for injuries or disease such as hammer toe, bunion deformities, heel spurs, or diabetic-related nerve damage.
  - Therapeutic shoes or inserts for severe diabetic foot disease.

- **Podiatry service does not require a prior authorization.**

Alliance Adults Have Access to Benefits for Skilled Nursing Facilities for Up to 30 Days per Episode

- Skilled Nursing Facility (SNF) services are for patients who have complex needs that cannot be adequately provided at home.
- SNF services include a combination of:
    - Medical service: wound care, IV antibiotics, and/or medication treatment.
    - Therapy service: physical and occupational therapy, speech and language pathology.
    - Nursing care: skilled nursing services to manage chronic conditions and assist with daily living activities.
- **SNF services for adults in the Alliance program will be limited to a maximum of 30 days per episode.**
- Authorization for SNF services must be obtained from Comagine.

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Some Services are NOT Covered in the Alliance Program

Excluded services for adults in the Alliance program include but are not limited to:

- Cell and Gene Therapy
- Hospice
- Cosmetic procedures/medications
- Non-emergent transportation
- Organ transplantation
- Long Term Care

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The Following Alliance Benefits Remain Unchanged

Adult Alliance members still have access to the following benefits:

- Primary Care
- Specialty Care
- Laboratory/X-ray
- Hospital – IP/OP
- Durable Medical Equipment
- Oncology Care (Chemotherapy/Radiation)
- Pharmacy
- Outpatient Physical/Occupational/Speech Therapy
- Dialysis

Key Contacts Available for Benefit and Program Questions on Alliance Benefits for Adults

Benefit Questions:

Medical/Surgical Services: Comagine Health - **1 (800) 251-8890**
Durable Medical Equipment: Comagine Health - **1 (800) 251-8890**
Pharmacy Service: Prime Therapeutics - **1 (800) 273-4962**
Physician Administered Drugs: DHCF Pharmacy Team – **1 (202) 722-5685**

Program and Policy questions:

The Department of Health Care Finance (DHCF)
Phone: 1 (202) 724-7491
Fax: 1 (202) 478-1397
TTY: 711
Alternate Number: 1 (877) 685-6391
Email: healthcareombudsman@dc.gov
The DC Medicaid provider services line for enrollment and billing questions: **1 (202) 906-8319**

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Key Agency Leadership and Management Contacts on Alliance Benefits for Adults

Alliance Transition related Inquiries:

- Melisa Byrd – melisa.byrd@dc.gov
- Dr. Chimene Liburd – chimene.liburd@dc.gov
- Cavella Bishop – cavella.bishop@dc.gov

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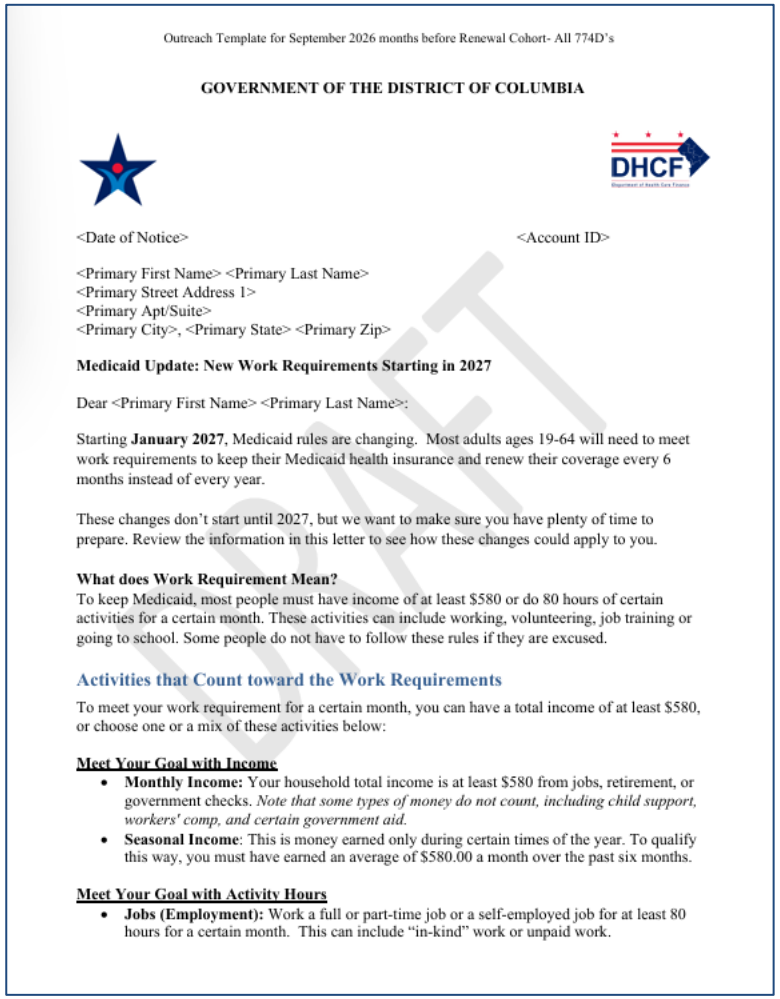
This Past Week: DHCF Mailed Notices to Those It Identified as Being Affected by Work Requirements

- DHCF is required to contact all beneficiaries it has identified as being affected by work requirements - notices were sent out on September 5, 2026.
  - Everyone identified as being affected are being contacted by mail.
  - Contacted beneficiaries will see these notices if they log into District Direct.
  - This is in addition to the notices that will be sent starting in March 2027 when it is time for them to renew their coverage by submitting work requirements reporting to the District.



Outreach Template for September 2026 months before Renewal Cohort- All 774D's

GOVERNMENT OF THE DISTRICT OF COLUMBIA

<Date of Notice> <Account ID>

<Primary First Name> <Primary Last Name>
<Primary Street Address 1>
<Primary Apt/Suite>
<Primary City>, <Primary State> <Primary Zip>

Medicaid Update: New Work Requirements Starting in 2027

Dear <Primary First Name> <Primary Last Name>:

Starting **January 2027**, Medicaid rules are changing. Most adults ages 19-64 will need to meet work requirements to keep their Medicaid health insurance and renew their coverage every 6 months instead of every year.

These changes don't start until 2027, but we want to make sure you have plenty of time to prepare. Review the information in this letter to see how these changes could apply to you.

What does Work Requirement Mean?
To keep Medicaid, most people must have income of at least $580 or do 80 hours of certain activities for a certain month. These activities can include working, volunteering, job training or going to school. Some people do not have to follow these rules if they are excused.

Activities that Count toward the Work Requirements

To meet your work requirement for a certain month, you can have a total income of at least $580, or choose one or a mix of these activities below:

Meet Your Goal with Income

- **Monthly Income:** Your household total income is at least $580 from jobs, retirement, or government checks. *Note that some types of money do not count, including child support, workers' comp, and certain government aid.*
- **Seasonal Income**: This is money earned only during certain times of the year. To qualify this way, you must have earned an average of $580.00 a month over the past six months.

Meet Your Goal with Activity Hours

- **Jobs (Employment):** Work a full or part-time job or a self-employed job for at least 80 hours for a certain month. This can include "in-kind" work or unpaid work.

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DC Medicaid Has Multiple Ongoing Methods of External Outreach And Wants to Join Your Meetings Too!

- DC Medicaid is hosting regular Biweekly DHCF Eligibility Meetings such as this every 2 weeks- continuing every other Wednesday at 2:30 pm and the **next is Wednesday, September 23, 2026**.
  - Please email *Medicaid.renewal@dc.gov* to join the meetings and related mailing list if not on it already

- DC Medicaid is holding twice monthly Resident-Focused Eligibility Meetings on the 2nd and 4th Friday of every month– the meeting in the middle of the month features concurrent Spanish translation
  - The next is at 6:30 pm this **Friday, September 11 @ 6:30 PM with concurrent Spanish language translation**
  - There will be a Resident Focused Meeting online with ASL Translation on **Friday, September 25 @ 6:30 PM**

- DC Medicaid is holding monthly District Direct (DCAS) Trainings for Human Services Benefits at 12:30 pm the 3rd Tuesday every month designed for stakeholders and anyone helping with eligibility– the next is **Tuesday, September 15, 2026**.

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Questions and Comments

Learn More About Recent Federal Eligibility Changes to Medicaid: https://dhcf.dc.gov/page/federal-changes-medicaid

Learn more about Medicaid Program Changes: https://dhcf.dc.gov/page/non-citizen-eligibility

Contact DHCF on Eligibility Issues: Medicaid.Renewal@dc.gov

For Assistance Navigating Health Care in DC: Office of the DC Health Care Ombudsman and Bill of Rights: 202-724-7491

For information on your benefits or to take action: Public Benefits Call Center, 202-727-5355

For information on your Healthy DC Plan or Marketplace coverage or to take action: DC Health Link Contact Center, (855) 532-5465