Recent and Upcoming District Health Coverage Changes: Alliance and Medicaid

Biweekly DHCF Eligibility Meeting

Department of Health Care Finance

March 11, 2026

Presentation Overview

- **Information on Recent Medicaid and Alliance Program Changes**
- New: One Big Beautiful Bill (OB3) Eligibility Changes
- Outreach and Next Steps
- Q&A

Local Realities and Federal Actions are Leading to Changes to Medicaid That Will Be Implemented Between Now and January 2027

- Locally, changes in the District's revenues, increasing costs of health care, and increasing Medicaid enrollment challenge Medicaid program sustainability
  - Coverage options changing for some adults currently eligible for Medicaid
- Federally, the One Big Beautiful Bill Act (OB3) includes significant changes to the Medicaid program in the future, including:
  - Changes to eligibility for some legal immigration statuses (starting October 2026)
  - Work requirements for some adults enrolled in Medicaid (effective January 2027)
  - More frequent eligibility checks for some adults enrolled in Medicaid (effective January 2027)
  - Changes to retroactive Medicaid coverage (effective January 2027) and more...
- More details about these changes will be provided today

As of January 1, 2026, Many Adults Are No Longer Eligible for Medicaid

- Eligibility changes made effective January 1, 2026:
  - **No** changes to financial eligibility for Children (0-20), pregnant individuals, SSI individuals, those in the Aged, Blind and Disabled (ABD) group, or participating in long term care.
  - Effective January 1, 2026, the eligibility threshold for Parent/Caretaker Relatives and Childless Adults decreased to 138% FPL.
  - **Adults over this threshold have been disenrolled** from Medicaid effective December 31, 2025.
  - **These adults were sent an adverse action notice** in early December. An informational notice went to impacted individuals in early September.
  - Healthy DC Plan enrollment notices were sent to many transitioning adults on November 1.

Category	Current Childless Adult (Ending 12/31/2025)	Current Parent or Caretaker (Ending 12/31/2025)	**New** Childless Adult and Parent/ Caretaker (Effective 1/1/2026)
Threshold in Federal Poverty Level (FPL)	210% + 5% disregard	216% + 5% disregard	133% + 5% disregard
1 person household, monthly	$2,806	$2,884	$1,800
2-person household, monthly	$3,790	$3,896	$2,432
3-person household, monthly	$4,775	$4,908	$3,065
4-person household, monthly	$5,762	$5,923	$3,697

As of January 1, 2026, Many Adults Are No Longer Eligible for Medicaid…And Most Became Eligible for the New Healthy DC Plan

- Options for coverage are available through the DC Health Benefit Exchange (DCHBX)
  - Most adults no longer eligible for Medicaid will qualify for the Healthy DC Plan
  - The remaining adults will be eligible for a Qualified Health Plan
- The Healthy DC Plan is a new option administered by DCHBX and offers no cost coverage to eligible adults
  - Many services covered by Medicaid are included except for non-emergency transportation, dental and vision coverage, long-term services and supports, and some community-based mental health and SUD services
  - About 15,000 Residents disenrolled from Medicaid and eligible for Healthy DC Plan were automatically enrolled for coverage starting January 1
- Residents can find more information regarding the Healthy DC Plan at: www.HealthyDCPlan.com

District Residents Shifting to the Healthy DC Plan Have to Start a New Online Account to Manage Benefits Online

- District Residents who moved to the Healthy DC Plan ***can use their District Direct Login and password on DCHealthlink.com to access Healthy DC Plan Information***
  - District Direct does **NOT** give access to information or allow residents to take action on Healthy DC Plan coverage, but the District Direct login does work on DCHealthLink.com
- If a resident moving to Healthy DC Plan does not have a log in for either system, they can call 833-432-7526/TTY: 711 to create an online account.
- Please note: Residents with an active DC Health Link account will continue to access the site with their current login and password.

REMINDER: Health Care Alliance Program Eligibility Standards Changed on October 1, 2025

- Eligibility changes made effective October 1, 2025:
  - Eligibility threshold for Adults decreased from 215% FPL to 138% FPL. **Adults over this threshold were disenrolled** from the Alliance Program effective September 30, 2025.
  - DHCF established an enrollment moratorium for new Alliance Adults who are age 26 and over.
    - Meaning if you are 26 or over at the date of application, **you are not eligible** to newly enroll in the Health Care Alliance Program after October 1, 2025; and
- Benefit changes effective October 1, 2025 –
  - Benefits for Adults will include primary care, generic-only prescription drugs, hospital services, emergency transportation, lab, and durable medical equipment. DBH provides locally-financed BH services to those who remain eligible. Coverage for Children will also include vision, dental, and podiatry
  - Reminder: Effective January 1st, 2026, your prescriptions will be filled with generic medications instead of brand-name versions
- Delivery System changes effective October 1, 2025 –
  - Alliance became a fee-for-service only program

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DHCF Aims to Implement Eligibility Changes as a Result of Federal Legislation in a Customer Forward and Transparent Way

- Forthcoming changes we cover below as a result of federal legislation in the One Big Beautiful Bill Act (OB3) are significant – spanning policy, operations, and outreach

- DHCF recognizes there are other program changes occurring as a result of federal legislation this year (e.g. SNAP) and we are collaborating with our sister agencies

- Limited guidance to date from CMS, which means what may not have answers to all your questions and there may be changes to what we expect
  - We will highlight changes in this meeting as we learn of them

- DHCF intends to provide outreach and engagement materials like we did for the Public Health Emergency Unwinding/Medicaid Renewal
  - Communications Toolkit
  - Advertising campaign
  - On the ground outreach (participation in health fairs, other city events, etc.)
  - Attend your event or train your team

DHCF Aims to Implement Eligibility Elements in a Customer Forward and Transparent Way

- Over the coming weeks, our focus is on the eligibility changes occurring between now and January 1, 2028
  - Overview of OB3 elements
  - Highlight policy decisions made by DHCF

- Generally, DHCF's work is focused on:
  - District Direct system design and implementation
  - Defining how exemptions work within Medicaid work requirements
  - Developing outreach and engagement plans
  - Redesigning application and renewal requirements to accommodate these changes
  - Training District staff, residents, and stakeholders on new requirements

- Going forward, OB3 updates & issues for discussion will be a standing item on this meeting's agenda

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

- **October 1, 2026:** Some persons with legal immigration statuses may lose coverage

- **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 2 months or 1 month for some people
  - 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

OB3 Imposes Restrictions on Some Non-Citizens Eligible for Medicaid, Pending Federal Guidance and Injunctions

- Non-Citizen Eligibility - 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 promised but not has yet provided written guidance clarifying whether 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
    - A Preliminary Injunction was issued related to this provision, suspending implementation of this OB3 provision, pending litigation in Federal court.

OB3 Medicaid Immigration 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.

OB3 Medicaid Immigration Changes

Additional impacts 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 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.

DHCF Transitioned to a New Fiscal Agent – Gainwell Technologies – Effective March 2, 2026

- **On March 2, 2026, DHCF transitioned fiscal agent and claims payment responsibilities from Conduent (DHCF's current fiscal agent), to Gainwell Technologies**

- **Gainwell will be responsible for the following functions:**
  - Adjudication and payment of valid health care claims;
  - Operation of provider inquiry and EDI technical support call centers; and
  - Operation of the provider, beneficiary, and general inquiry web portal.

Key Definitions:

Fiscal Agent: DHCF's Fiscal Agent refers to the contracted vendor responsible for administering D.C. medical assistance claims processing, payments, and related operational support services.

Electronic Data Interchange: The electronic exchange of health care claims and related transactions.

Provider Portal: The web-based system used by providers to register, submit claims, access training materials, and obtain support- available at https://medicaid.dc.gov

Key Information on the MMIS Transition was shared in Medicaid Director Letter (MDL) #26-01

- **Provider Payment:** there will be a one-week delay in payments during the system cutover
  - No provider payments will be issued on Friday, March 6, 2026.
  - The first payments issued from the Gainwell system will occur on Friday, March 13, 2026.

- **Provider Portal:** The new Gainwell provider portal is live and accessible
  - Provider portal link – https://medicaid.dc.gov/
  - registration, transition resources, and training can be found under the “Provider” tab

- **Provider Training:** provider training sessions began on January 6, 2026, and will continue throughout the transition period
  - Registration information for training and session schedules are available through the new Gainwell Provider Portal

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NEW: DHCF Has Medicaid FAQs, a Resource Document, and a Medicaid Director Letter on its Website on Upcoming Changes to Medicaid

- DHCF will share out all information on Medicaid changes at https://dhcf.dc.gov/medicaid-program-changes
- DHCF shared the Medicaid Changes Resource Document last month:
  - Find the Resource Document at: https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/Medicaid%20Changes%20Resource%20Information.pdf
- DHCF shared information on the Medicaid changes' scope in a Medicaid Director Letter
  - Find the Medicaid Director Letter at: https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/MDL_25-02-Medicaid_PCR_and_CA_Income_Change_Eff_01_01_26_1.pdf
- DHCF released Beneficiary FAQs on Medicaid Changes
  - Find Beneficiary FAQs at https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/Medicaid%20Changes%202025%20Fact%20Sheet%20FAQ%2010.2025.pdf

The Healthy DC Plan Provider Webpage is Live

- The Healthy DC Plan Provider Webpage is live at https://www.dchealthlink.com/HealthyDCPlan-providers

- Providers can use the page to learn:
  - **Which insurance companies are offering Healthy DC Plan?**
  - **Where can I check enrollment for Healthy DC Plan members?**
  - **Where can I check benefits, provider networks, and prescription drug coverage for Healthy DC Plan members?**
  - **What does Healthy DC Plan cover?**
  - **Who is eligible for Healthy DC Plan?**
  - **And More!**

- Check out the Healthy DC Plan Provider Webpage today!

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

- DC Medicaid wants to join meetings of key stakeholders to explain changes to Medicaid and Alliance
  - DHCF staff would attend meetings hosted by your stakeholder group -or that you know about –*send invites to us via email at Medicaid.renewal@dc.gov.*

- DC Medicaid is hosting regular Biweekly DHCF Eligibility Meetings such as this every 2 weeks- continuing every other Wednesday at 2:30 pm and **next is Wednesday, March 25, 2026**.
  - Please email *Medicaid.renewal@dc.gov* to join the meetings and related mailing list if not on it already

- DC Medicaid is holding monthly Resident-Focused Eligibility Meetings the last Friday of every month– the next is this week at **6:30 pm Friday, March 27, 2026.**

- DC Medicaid is starting monthly District Direct (DCAS) Trainings for Human Services Benefits at 12:30 pm on Tuesdays designed for stakeholders and anyone helping others with eligibility– the next one is **Tuesday, March 17, 2026**.

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Questions and Comments

Learn more about Alliance and Medicaid Program Changes: https://dhcf.dc.gov/Alliance-Program-Changes and https://dhcf.dc.gov/medicaid-program-changes

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