Recent and Upcoming District Health Coverage Changes

Biweekly DHCF Eligibility Meeting

Department of Health Care Finance

May 6, 2026

Presentation Overview

- **Recent Medicaid and Alliance Program Changes**
- One Big Beautiful Bill (OB3) Eligibility Changes
- Refresher: Automated Asset Checks at Renewal
- Refresher: Medicaid Qualified Immigration Status Changes
- New: Emergency Medicaid Eligibility Processing
- 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 and can set up new accounts to manage their benefits at: www.HealthyDCPlan.com

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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 are 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 and we are collaborating with our sister agencies, including a presentation on SNAP today

- There has been limited guidance to date from CMS and a Rulemaking is not due until June 1, 2026, 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

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 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 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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Change: More DHCF Beneficiaries May Receive Inquiries About Resources at Renewals

- Most Non-MAGI eligibility categories in Medicaid have an Asset/Resource limit of $4,000 for one person/ $6,000 for a couple if both are applying
- Assets/Resources are things like cash, money in bank accounts or retirement accounts, stocks and bonds, cash value of life insurance policies, other investments.
  - The value of your primary home, a car, home furnishing, clothing and jewelry are not counted towards the $4,000 resource limit.
- DHCF always checks for Asset/Resource amount at application for Non-MAGI and caseworkers trigger *manual* Asset/Resource checks at renewal for certain Non-MAGI populations
  - Asset/Resource verification at renewal was waived during the PHE and Unwinding.
- <u>Change in May 2026</u>: The District will automate Asset/Resource checks at renewal, so more residents enrolled Non-MAGI categories may be asked to verify that they meet resource limits upon recertification.

Change: DHCF Will Check Electronic Asset/Resource Information to Passively Renew Beneficiaries

- *New Automated Process*
  - DCAS will automatically look-up electronic data sources to verify eligibility factors for ABD/LTSS renewal 90 days prior to the certification end date.
  - DCAS system will include Asset Verification System (AVS) in the polling process (90+ days prior to certification end date) to ensure a reasonable compatibility check is completed with regard to Assets/Resources.
  - DCAS will complete a compatibility check for ABD/LTSS cases at renewal initiation, then if the compatibility check for assets/resources fails (or any eligibility factor) fails, then a non-passive renewal form will be triggered.

- *What to Know*
  - If you're working with a resident who receives a notice that they may be over resources because of AVS information, the notice will likely include the name of the financial institution, the last 4 digits of the account number, and the amount in the account.
  - **The resident can submit a statement or account summary documents to contest the District's asset/resource finding**

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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 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[1] 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*

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 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.

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What is Emergency Medicaid?

•**Emergency Medicaid** is available to residents for limited coverage **during an acute visit.**

•Emergency Medicaid permits payment by Medicaid **during a medical emergency (ER visit, etc.) and is temporary**. It is available to **uninsured persons who do not qualify for Medicaid due to immigration or citizenship status**.

•**Emergency Medicaid is <u>NOT</u> comprehensive health care coverage** - coverage lasts only for as long as the person is experiencing the emergency.

You may be eligible for Emergency Medicaid in the District, if you:

1. Are A District Resident;
2. Have an emergency medical condition that must be verified by a health provider;
3. Meet income requirements; and
4. Are not eligible for on-going Medicaid due to citizenship/immigration status

What is an *Emergency* for Purposes of Emergency Medicaid Coverage?

An emergency means the sudden onset of a medical condition which shows acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in one or more of the following:

1. Serious jeopardy to the patient's health;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of a bodily organ or part.

DHCF reviews medical documentation/records while processing eligibility for Emergency Medicaid to help determine if a medical emergency exists/existed for purposes of Emergency Medicaid coverage.

What Does DHCF Need to Determine if Someone is Eligible for Emergency Medicaid?

To determine whether someone meets financial requirements (under relevant MAGI thresholds), and non-financial requirements (residency, etc.) a beneficiary needs:

- Current eligibility span in District Direct (under the Alliance program); or
- A submitted and processed integrated application (most likely resulting in a eligibility denial)

Next, a case manager (most likely at a hospital or specialized clinic) submits the following to DHCF:

1. A 780 Query Form (also available by emailing larosha.paul@dc.gov)
2. Corresponding medical records

780 Query Forms and Medical Records are emailed to LaRosha Paul, Supervisory Social Service Representative, at larosha.paul@dc.gov.

What is a 780 Query Form?

NOTE: In accordance with 29 DCMR 9503.7, EM does not provide comprehensive health care coverage or continual Medicaid coverage. EM only provides coverage and payment for the treatment of the emergency medical condition.

Complete and submit this Query Form along with the Combined Application for Medical Assistance to:

Department of Human Services
Attn: Medicaid Unit
645 H Street, NE
Washington, DC 20002
Phone: (202) 698-4220
Fax: (202) 724-8963

IMPORTANT: This form must be completed in conjunction with the Combined Application and any additional medical documentation. For services related to labor and delivery, acceptable documentation includes a birth certificate or certificate of birth from the hospital. For services not related to labor and delivery, you must provide the hospital discharge summary, medical records, or the medical examination report.

PART I (To be completed by applicant)			
Name			Date of Birth
Telephone number		Email address	
Current address			
City	State	Zip Code	
Mailing address (if different)			
City	State	Zip Code	
Alliance ID No. (if applicable)	Alien ID: A ☐ Click here if Not Available		SSN: (if available)
EM Request Date	Name of Hospital *(place where emergency incident was treated)*		
Eligibility Period Requested From:	To:		

*Applicants may call ESA at **(202) 724-5506** to learn which Service Center serves their address or questions regarding a previously submitted application*

SIGNATURE

By signing below, I give permission to DHS to get information about me and process eligibility for Emergency Medicaid. I believe that all of my information on this Provider Query Form is accurate. I know that if I give any false information, I may be breaking the law. I know that State and federal officials will check this information.

Authorized Representatives: If the applicant cannot sign this form, you may sign it for them. By signing, you certify that this person wants to apply for benefits and agrees to the conditions above.

Signature X — Date

PART II *(To be completed by the Economic Security Administration)*		
Date EM Request Received	Case Number	Caseworker Assigned to
If SAVE Inquiry is needed: ☐ Second Request/Duplicate ☐ Third Request/Duplicate		
Country of Birth	Status Code	SAVE/Date of Entry ☐ Click here if Not Available
Did the customer enter the U.S. prior to most recent date of entry in SAVE? ☐ Yes ☐ No If no, what is the original date of entry reported by customer?		
If a SAVE Inquiry is unavailable, please note the reason why: ☐ After SSR re-confirmation of the A ID# with customer, SAVE did not yield a match ☐ Despite several attempts by SSR to obtain information, customer did not provide his/her Alien ID# ☐ Customer definitively declared that s/he is a non-qualified alien (SSR documented in case)		

PART III *(To be completed by DHCF Clinical Reviewer)*	
Clinical Reviewer	Clinical Review Date
Eligibility Period Approval Dates From: To:	
☐ DHCF Approved ☐ DHCF Denial (not an emergency medical condition – forwarded to 2nd Level Reviewer) ☐ More Information/Medical Documentation Required	
Date Required	Signature of Clinical Reviewer

DHCF Emergency Determination – 2nd Level Clinical Review	
MD Review Date	Status: ☐ Approved (Denial Reversal) ☐ Denial Upheld
Eligibility Period Approval Date From: To:	

What is DHCF's Process After All Elements Are Received?

- A 780 Query Form and Medical Records are received from case manager/provider.
- All documents are reviewed and request dates are entered into DCAS under Emergency Evidence
- 780 Query Form and Medical Records are sent to the Clinical Review Team to determine medical eligibility. This review can take up to 45 days. At times additional medical records may be requested from the case manager/provider.
- Once medical eligibility is determined and approved, the resident's case in District Direct is updated with an Emergency Medicaid coverage span for the requested and approved dates only
- Eligibility determinations (approval or denial) are communicated to case manager/provider and entered into the case record.

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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, May 20, 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 at **6:30 pm Friday, May 15, 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, May 19, 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 Providers Navigating the New MMIS Transition to Gainwell: The Provider Services number is 866-752-9233' the Web Portal Services number is 866-407-2005. Email dcprovideringuiry@gainwelltechnologies.com with any inquiries

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