



Recent and Upcoming District Health Coverage Changes

Biweekly DHCF Eligibility Meeting

Department of Health Care Finance

May 20, 2026



Presentation Overview



- **Recent Medicaid and Alliance Program Changes**
- One Big Beautiful Bill (OB3) Eligibility Changes
- Refresher: Medicaid Qualified Immigration Status Changes
- New: QMB Issue
- 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
- 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
- The District recently initiated a contract with a communications vendor (Market Me Consulting LLC) for services related to OB3 eligibility advertising, outreach, messaging, and related tasks
 - The vendor will be working on soliciting feedback on outreach methods and message testing with the Beneficiary Advisory Council tomorrow and may reach out to key stakeholder groups in the future as well
- 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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OB3 Imposes Restrictions on Some Non-Citizens Eligible for Medicaid, Pending Federal Guidance and Injunctions



- 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



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.



District and Federal Implementation of Noncitizen Eligibility Changes



Changes to District Eligibility Systems and Federal Information Hubs

- States and the District verify immigration status electronically by querying federal data hubs (SAVE, Hub VLP). Federal government is pursuing [changes](#) to these data hubs to improve Medicaid agencies' ability to determine an applicant's/enrollee's lawful presence
- DHCF is making corresponding changes to DCAS to receive new information from these federal data hubs

DHCF May Need Additional Information from Some Enrollees

- This Summer, DHCF is sending an informational notice to enrollees who may be impacted by the October 'noncitizen eligibility' changes
- DHCF may need some residents to send updated verification of their immigration status if: 1) the resident has had a recent change to their immigration status; or 2) the District is unable to determine the individual's immigration status electronically



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Some Beneficiaries Mistakenly Received a Notice About Their QMB Coverage This Month



- The Qualified Medicare Beneficiary (QMB) is a program administered by DC Medicaid that pays Medicare Part A and Part B premiums and some cost sharing.
- Each month we receive a monthly file informing us of individuals who are newly eligible QMB enrollees and those who are no longer eligible for QMB. For the file we received in May, due to an administrative processing error, we incorrectly marked eligible members as inactive, causing them to have their Medicare premium payments ended.
- On May 11th, some QMB beneficiaries were sent a letter from the Social Security Administration (SSA) stating that the District will no longer pay their Medicare Part B premiums starting June 2026.
- The administrative error was officially resolved on May 13th, and the Department of Health Care Finance (DHCF) sent the corrected file to SSA to continue paying premiums.
- No action is needed from resident impacted by this error and their benefits will continue as normal.



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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, June 3, 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 4th Friday of every month– the next is at **6:30 pm Friday, June 26, 2026.**
- 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 one is **Tuesday, June 16, 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 dcproviderinquiry@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