Resident Focused Eligibility Meeting

October 24, 2025

Department of Health Care Finance

Presentation Overview

- **Introduction**
- Background on Changes to Alliance
- Background on Upcoming Changes to Medicaid
- Reporting Changes and Submitting Applications or Renewals
- Key Information on Outreach
- Q&A

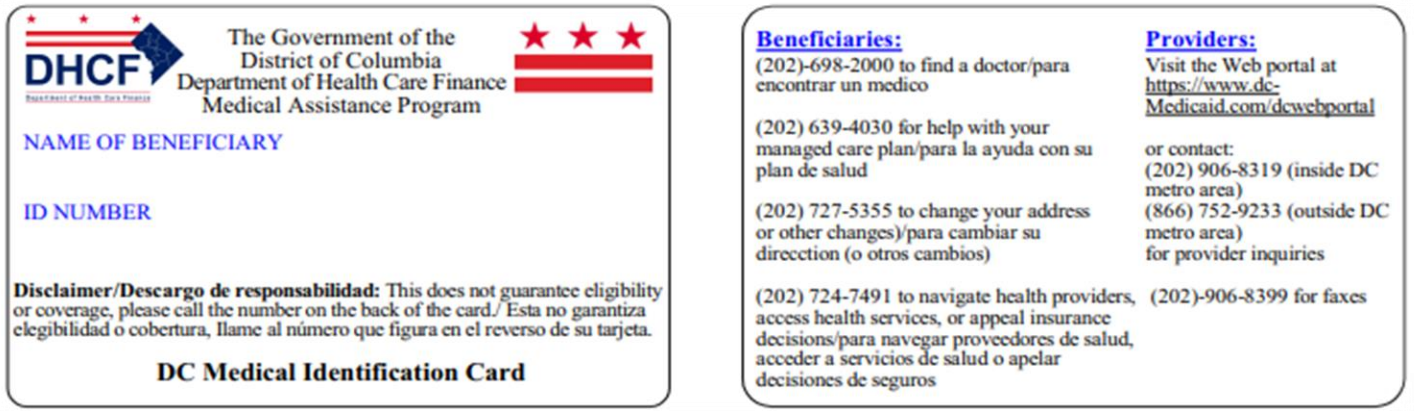
What is the Department of Health Care Finance?

The Department of Health Care Finance (DHCF) is the District of Columbia's state Medicaid Agency. In addition to the Medicaid program, DHCF also administers the Health Care Alliance program for adults and children.

- DC Medicaid provides free or low-cost health insurance to eligible low-income adults, children, pregnant women, elderly and/or adults with disabilities who can't afford to pay for their medical care and some or all their medical bills.

- If you live the District of Columbia and you meet the Medicaid or Alliance eligibility requirements, you can receive DC Medicaid or Alliance. A DC Medicaid recipient can be any age, race or sex.

- Example of a DC Medical Assistance card:



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

- Eligibility changes effective October 1, 2025:
  - 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.
  - Effective October 1, 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
- Delivery System changes effective October 1, 2025 –
  - Alliance became a fee-for-service only program effective October 1, 2025.

What Coverage Changed in Alliance?

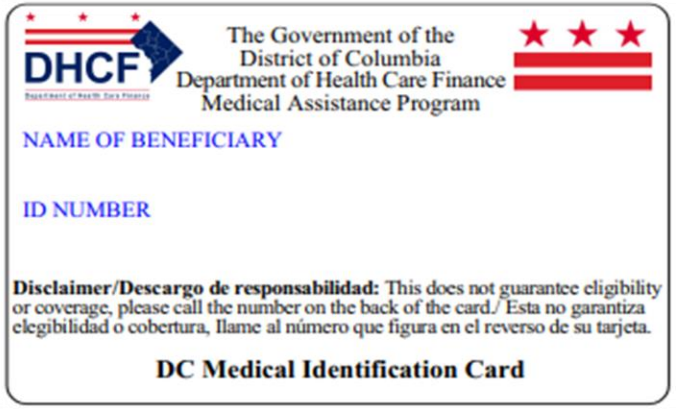
Children (0-20)	Adults (21 and over)
Primary Care	Primary Care
Generic-Only Prescription Drugs	Generic-Only Prescription Drugs
Hospital Services	Hospital Services
Emergency Transportation	Emergency Transportation
Dental, Vision, Podiatry	**-No Dental, Vision, Podiatry -**
Behavioral Health – Through DBH	Behavioral Health – Through DBH
Durable Medical Equipment (eg CPAP machines, Glucose and pressure monitors, etc.)	Durable Medical Equipment (eg CPAP machines, Glucose and pressure monitors, etc.)
Long Term Care for kids with special needs*-	**-No Long Term Care***

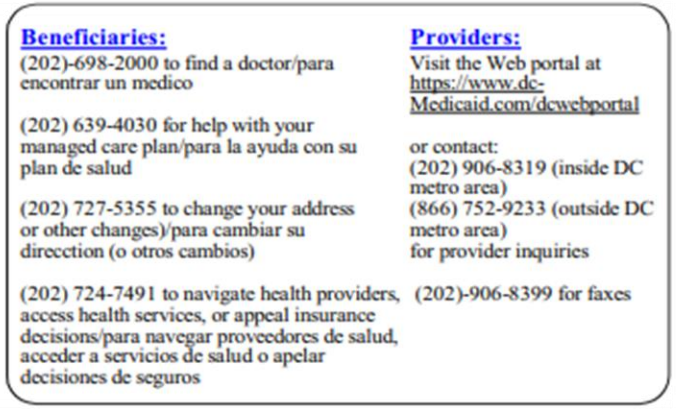
- *** Up to 10/1, adults received dental and vision services.**
- **** Long Term Care has never been a component of Alliance benefit package for adults**

What Providers are Available to People in the New Alliance Program?

Alliance members **will be able to access many of the same providers** for their primary and other care.

- Starting on 10/1, **Alliance members will no longer work with plans like AmeriHealth, Wellpoint, and Medstar**, although they will have access to many of the same medical providers/doctors.
- Alliance members **should use their Medical Assistance ID Card** when visiting providers.





How Can People Disenrolled from Alliance Access Health Coverage?

•**General primary and other non-emergency care:** Some community providers may provide medical services at low to no cost to District residents who are uninsured.

•**Emergency Medicaid** is available to Adults 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 NOT comprehensive health care coverage** - coverage lasts only for as long as the person is experiencing the emergency.

•**You do not need to take any action to be eligible for Emergency Medicaid.**

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

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Local and Federal Actions are Leading to Changes to Medicaid

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
- Corresponding impacts on QMB program and Emergency Medicaid

Federally, the One Big Beautiful Bill Act (OB3) includes significant changes to the Medicaid program in the future, including:

- Changes to qualified alien definition (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...

On January 1, 2026, About 18,000 Adults Will No Longer Be Eligible for Medicaid…

- Eligibility changes effective January 1, 2026:
  - **No** changes to financial eligibility for Children (0-20), those who qualify for Medicaid on the basis of a disability, or those participating in long term care.
  - Effective January 1, 2026, the eligibility threshold for Parent/Caretaker Relatives and Childless Adults will decrease to 138% FPL.
  - **Adults over this threshold will be disenrolled** from Medicaid effective December 31, 2025.
  - More details available through the recently released FAQ 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 and 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

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

On January 1, 2026, About 18,000 Adults Will No Longer Be Eligible for Medicaid

- Generally, **adults (without dependent children in a household of one)** with incomes around $1,800 / month or more will no longer be eligible for Medicaid based solely on their income
- Parents and Caretaker Relatives (in a household with two adults & two children) making around $3,700 / month or more will no longer be eligible
- Single Adults and Parents above these limits with Medicare can still have Medicaid pay monthly Medicare premiums and cost sharing under a Qualified Medicare Beneficiary (QMB) program but will lose their eligibility for full Medicaid benefits.
  - DHCF will automatically transition these individuals to QMB-Only coverage on January 1, 2026.
- These Medicaid changes will also have an impact on Emergency Medicaid coverage in the District:
  - After January 1, 2026, the majority of adults (21+) will only qualify for Emergency Medicaid coverage if they are at or below 138% of the federal poverty level.
- DHCF is working with DC Health Link to automatically transition currently enrolled Medicaid enrollees who will be losing coverage to alternative coverage options.

Options for Health Care through the New Healthy DC Plan

- Options for coverage will be available through DC Health Link.
  - 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 DC Health Link and will offer 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
  - Residents who are disenrolled from Medicaid and eligible for Healthy DC Plan will be automatically enrolled for coverage starting January 1, 2026
- Residents can find more information regarding the Healthy DC Plan at: www.HealthyDCPlan.com

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

- District Residents who will be moving 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.

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Changes, Renewal, and Application Submission Options

You can submit your changes, completed renewals, or application forms:

- **Online**: Go online to districtdirect.dc.gov (District Direct) to complete your renewal or application, report changes, submit verifications, and view notices online or through the mobile app. You can also download the District Direct mobile app via the Apple App Store or Google Play. Log in using your own email or contact information.

- **By Phone**: Call the Call Center at (202) 727-5355

- **Mail:** Mail your completed forms to:

  Department of Human Services | Economic Security Administration

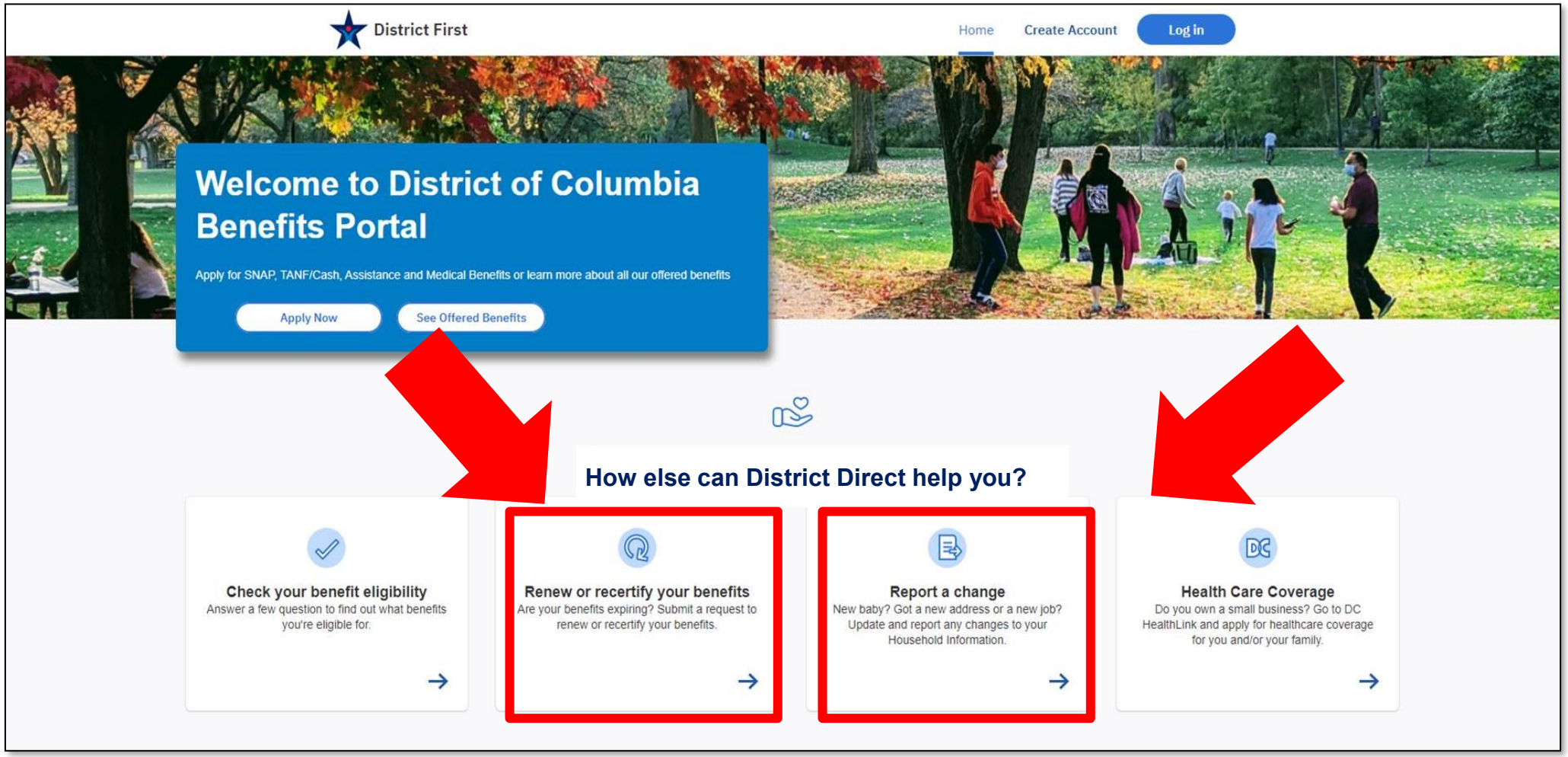
  Case Record Management Unit

  P.O. Box 91560 Washington, DC 20090

- **Drop-off at or visit a Service Center:** Go to the service center nearest your home to drop it off or to get the assistance of Service Center eligibility workers in renewing your health coverage

- **Fax at (202) 671-4400:** Ask someone you know who has a fax machine to fax it in for you. You will retain a copy!

How Can District Direct Help You? Look At The Options…



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Monthly Resident Focused Eligibility Meetings

Thank you for joining us today! DC Medicaid will continue to hold monthly meetings such as this –please share this meeting information with others who may need it.

- You are participating in the 3rd Resident Focused Eligibility Meeting, the next is tentatively scheduled for **Friday, November 21**

- DC Medicaid hosts regular Biweekly DHCF Eligibility Meetings every 2 weeks- that is every other Wednesday at 2:30 pm. The next meeting is **Wednesday, November 5, 2025**.

- DC Medicaid host monthly District Direct (DCAS) Trainings for Human Services Benefits at 12:30 pm on Tuesdays designed for stakeholders and anyone helping others with renewals and applications – the next one is on **Tuesday, October 28, 2025**.

- **We welcome your feedback and questions.**

- **We want to know what you are experiencing as you apply for or renew your health coverage**

Questions and Feedback