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MEDICAID BULLETIN

Last Updated: 09/04/2026

H.R. 1 Federal Work Requirement, Six-Month Renewals, and Medicaid Eligibility Changes for Non-Citizen, Non-Pregnant Adults

The purpose of this bulletin is to notify Virginia Medicaid providers and Managed Care Organizations (MCOs) about federally required Medicaid eligibility and enrollment changes enacted through *H.R. 1* (Public Law 119-21), and to help providers prepare to support members who may be affected. The major near-term changes include new eligibility rules for noncitizen, nonpregnant adults beginning October 1, 2026, and Federal work requirements and six-month eligibility redeterminations for Medicaid Expansion adults beginning January 1, 2027.

These changes will affect whether some members remain eligible for full-benefit Medicaid and how often eligibility is reviewed. Providers can play an important role by encouraging patients to keep their contact information current, read and respond to Medicaid notices, complete renewal or reporting steps by the stated deadlines, and seek assistance when they have questions.

Key Changes and Implementation Dates

1. Medicaid eligibility changes for non-citizen, non-pregnant adults - October 1, 2026

Beginning October 1, 2026, nonpregnant adults must meet more restrictive immigration status rules to qualify for full-benefit Medicaid. Adults who are not pregnant or within 12 months postpartum must be a U.S. citizen, U.S. national, Lawful Permanent Resident, Cuban-Haitian Entrant, or Compact of Free Association (COFA) migrant, while also meeting all other Medicaid eligibility requirements.

The eligibility rules for children under age 19 and pregnant/postpartum individuals are not changing. Individuals who do not qualify for full-benefit Medicaid because of immigration status may still qualify for Emergency Services Medicaid if they meet all other applicable Medicaid eligibility requirements.

2. Federal Work Requirement for Medicaid Expansion adults - January 1, 2027

Beginning January 1, 2027, members enrolled in Medicaid Expansion will need to meet a Federal work requirement to qualify for and maintain coverage. The requirement applies to Medicaid Expansion adults ages 19 through 64 who do not meet an exclusion or exception.

A person can meet the requirement by working (including employment, self-employment,

and unpaid, or in-kind work), completing community service, and/or participating in a work/training program for at least 80 hours per month; by being enrolled in school at least half-time; or by having a monthly income of at least $580 (or an average of this amount if a seasonal worker). At renewal, Virginia Medicaid will review compliance over the previous eligibility period. An existing member subject to the requirement must meet it, or meet an exemption/exclusion, for at least one month during the applicable review period. New applicants must meet requirements in the month prior to the month they apply.

Who May Be Exempt from the Federal Work Requirement?

Federal law includes exemptions and exceptions for pregnant individuals and people within 12 months after a pregnancy ends; parents, guardians and caregivers of children under 14 or individuals with a disability; former foster care youth; members of federally recognized tribes; veterans with a 100% disability rating; people who are incarcerated or recently released from incarceration; people entitled to or enrolled in Medicare; and people with disabling conditions or special medical needs (medically frail). Other exemptions may also apply, including temporary hardships such as receiving inpatient hospital, nursing facility, inpatient psychiatric hospital, or other similar medical services; living in an area affected by a federally declared emergency or disaster; living in an area experiencing high unemployment; or needing to travel outside the community for an extended period to obtain necessary treatment for a serious or complex medical condition for themselves or a dependent.

3. Six-month renewals for Medicaid Expansion - January 1, 2027

Medicaid Expansion members will have their eligibility reviewed every six months instead of every 12 months. The change applies to applications submitted on or after January 1, 2027, and to renewals initiated on or after January 1, 2027. Individuals enrolled in other Medicaid eligibility groups will continue to be renewed every 12 months; American Indians and Alaska Natives are exempt from the six-month renewal requirement, and pregnant members will continue to be renewed at the end of their protected postpartum coverage period.

4. Other eligibility-related changes providers should be aware of - January 1, 2027

H.R. 1 also reduces Medicaid retroactive coverage. Beginning January 1, 2027, availability of retroactive coverage is reduced to one month for Medicaid Expansion and two months for other Medicaid eligibility groups. Providers should continue to verify member coverage effective dates before rendering non-emergency services and before billing.

What Providers Should Do Now

• Verify Medicaid eligibility prior to each visit and before billing.

• Encourage patients to keep their mailing address, phone number and email address current with Virginia Medicaid so they receive eligibility notices and requests for information.

• Remind patients to open and respond to all Medicaid notices and to complete renewals or requested reporting by the deadline shown on the notice.

Upcoming H.R. 1 Federal Work Requirements Town Halls

Virginia Medicaid will host a series of virtual Town Halls this fall and winter. Sessions will cover who may be affected, who may qualify for an exemption, how reporting will work, key implementation dates, and resources available to help members remain covered.

Registration is required for each Town Hall. During registration, participants may submit questions in advance for Virginia Medicaid subject matter experts to address during the Town Hall. Registered participants will automatically receive a calendar invitation and meeting link.

All Town Halls will be recorded and posted online, along with Frequently Asked Questions (FAQs), so members and other interested individuals can listen to the information at a later time. Recordings will also be posted on the DMAS YouTube Channel, where viewers can use YouTube's automated captioning and translation features to access captions in English, Spanish, and other available languages**.**

Audience	Date	Time	Register / Join
Members/Applicants	September 15, 2026	12:00 p.m.-1:00 p.m.	**Register / Join**
Health Care Providers	September 24, 2026	7:30 a.m.-8:30 a.m.	**Register / Join**
Advocates and Community Stakeholders	October 22, 2026	6:00 p.m.-7:00 p.m.	**Register / Join**
General Session - Everyone	November 10, 2026	12:00 p.m.-1:00 p.m.	**Register / Join**
General Session - Everyone	December 2, 2026	12:00 p.m.-1:00 p.m.	**Register / Join**
General Session - Everyone	January 15, 2027	12:00 p.m.-1:00 p.m.	**Register / Join**

Town Hall webpage: Virginia Medicaid H.R. 1 Town Halls

Questions about the Town Halls: hr1@dmas.virginia.gov

Virginia Medicaid Resources for Providers and Patients

• NEW Federal Requirements landing page

• Federal Work Requirements

• Information for Noncitizens

• Member Letter, Toolkit and FAQs

Virginia Medicaid will continue to update these resources as implementation details are finalized and additional federal guidance becomes available. Providers should rely on the most current DMAS guidance and member notices for operational details.

Member Assistance

Cover Virginia Call Center: 1-855-242-8282 (TDD: 1-888-221-1590)

Online: Cover Virginia

In person: Members may contact their local Department of Social Services.

Provider Eligibility Verification and Contact Information

Providers should continue to verify member eligibility, managed care enrollment, coverage dates and service authorization requirements through the appropriate Virginia Medicaid systems and health plan resources. Eligibility should be verified before services are rendered and again when billing when appropriate.

Virginia Medicaid Web Portal / MES: vamedicaid.dmas.virginia.gov

Provider Helpline: 1-804-786-6273 or 1-800-552-8627 (Monday-Friday, 8:00 a.m.-5:00 p.m.)

Virginia Medicaid Provider Manuals: DMAS is currently updating its Provider Manuals to reflect applicable program and policy changes. Updated manuals are expected to be posted in the coming months. Providers are encouraged to regularly check the **Virginia Medicaid Provider Manuals Library** for the most current manuals and guidance:

https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library

Please share this bulletin with appropriate clinical, eligibility-support, billing, scheduling, care management, and patient access staff.

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the MCO Provider Network Resources webpage and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	https://vamedicaid.dmas.virginia.gov/
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/

Managed Care Programs

Cardinal Care Managed Care and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Cardinal Care Managed Care	https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/
PACE	Program of All-inclusive Care (virginia.gov)
Provider Enrollment	In-State: 804-270-5105 Out of State Toll Free: 888-829-5373 Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	https://www.aetnabetterhealth.com/virginia/providers/index.html 1-800-279-1878
Anthem HealthKeepers Plus	http://www.anthem.com/ 1-800-901-0020
Humana Healthy Horizons Provider Services Call Center	1-844-881-4482 (TTY: 711) https://provider.humana.com/medicaid/virginia-medicaid
Sentara Community Plan	1-800-881-2166 https://www.sentarahealthplans.com/providers
United Healthcare	www.uhcprovider.com/ 1-844-284-0146

Acentra Health Behavioral Health and Medical Service Authorizations	https://vamedicaid.dmas.virginia.gov/sa 1-804-622-8900
Dental Provider DentaQuest	1-888-912-3456
Fee-for-Service (POS) Prime Therapeutics	https://www.virginiamedicaidpharmacyservices.com/ 1-800-932-6648