PROVIDER REFERENCE GUIDE: MEDICAID WORK REQUIREMENTS & 6-MONTH RENEWALS

PURPOSE

Help providers answer beneficiary questions about work requirements, reporting requirements, exemptions, and renewals.

WHAT IS CHANGING?

Beginning January 1, 2027, some Medicaid beneficiaries may be required to:

- Meet Medicaid work requirements
- Report work activities or exemptions
- Complete renewals every six months

Many beneficiaries will qualify for exemptions.

WHAT PROVIDERS SHOULD DO

√ Encourage patients to update their contact information.
√ Remind patients to read all notices from the District.
√ Refer patients to District Direct and DHS for case-specific questions.
√ Help patients understand available exemption pathways.
√ Encourage patients to keep copies of relevant documentation.

FREQUENTLY ASKED QUESTIONS

Q: Do all Medicaid beneficiaries have work requirements?

A: No. Work requirements only apply to certain adults. Many beneficiaries qualify for exemptions.

Q: What activities may count?

A: Work, school, volunteering, job training, and other approved activities.

Q: What if a patient cannot work because of a medical condition?

A: The patient may qualify for a medical exemption. Encourage them to contact DHS for instructions and required documentation.

Q: What if a patient misses a renewal?

A: Their coverage could be affected. Encourage them to contact DHS immediately.

COMMON TROUBLESHOOTING SCENARIOS

SCENARIO	RECOMMENDED PROVIDER RESPONSE
Patient says they received a notice but do not understand it	Encourage them to contact DHS or review their District Direct account
Patient reports a disability that prevents work	Refer them to exemption guidance and DHS
Patient says they never received a notice	Verify they have updated contact information
Patient is unsure whether requirements apply to them	Refer them to DHS for case-specific review

DHCF
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR