PROVIDER REFERENCE GUIDE: COVERAGE TRANSITIONS & RETROACTIVE COVERAGE

PURPOSE

Help providers support patients who lose Medicaid eligibility or need assistance understanding coverage changes.

WHAT IS CHANGING?

Beginning January 1, 2027:

- Retroactive Medicaid coverage will be reduced for some adults.
- Some beneficiaries may transition to other coverage options.
- Patients may need to act more quickly when applying for Medicaid.

WHAT PROVIDERS SHOULD DO

√ Encourage potentially eligible patients to apply for Medicaid as soon as possible.
√ Encourage patients to respond to all notices.
√ Inform patients that other coverage options may be available.
√ Refer patients to District Direct and DHS for eligibility questions.

FREQUENTLY ASKED QUESTIONS

Q: What is retroactive coverage?
A: Retroactive coverage means Medicaid can help pay for medical care you received before you officially applied for coverage.

Q: Why should patients apply quickly?
A: Delaying an application may reduce the amount of past medical expenses that Medicaid can cover.

Q: What if a patient loses Medicaid?
A: Other health coverage options may be available. Patients should review their notices and contact DHS for assistance.

COMMON TROUBLESHOOTING SCENARIOS

SCENARIO	RECOMMENDED PROVIDER RESPONSE
Patient receives notice that Medicaid is ending	Encourage immediate review of alternative coverage options
Patient delayed applying for Medicaid	Encourage prompt application and referral to DHS
Patient is confused about next steps	Refer to District Direct and DHS

DHCF Department of Health Care Finance
DC Department of Human Services
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