AmeriHealth Caritas
District of Columbia

To: **AmeriHealth Caritas DC Providers**

Date: **November 6, 2026**

Subject: **Reminder: Preparing for 2027 Medicaid Eligibility Changes: What Providers Need to Know**

Dear Provider:

AmeriHealth Caritas District of Columbia (DC) would like to remind providers of upcoming Medicaid eligibility and enrollment changes that may impact patient coverage and claims payments beginning in 2027. To help minimize disruptions in care and reduce claim denials, we encourage providers and office staff to review the following information and implement eligibility verification processes prior to rendering services.

Key Changes for 2027

Reduced retroactive coverage period
Beginning in 2027, Medicaid enrollees whose coverage has lapsed may have a significantly shorter period to restore coverage retroactively. Historically, providers may have had a longer period in which an enrollee's eligibility could be corrected and claims subsequently reprocessed. Under the new requirements, the retroactive coverage period will be reduced to 30 days, limiting opportunities to recover reimbursement for services provided to enrollees who are not eligible at the time of service.

More frequent eligibility redetermination
Medicaid eligibility redeterminations will transition from an **annual review process to twice-yearly reviews**. As a result, enrollees may experience more frequent eligibility changes throughout the year. Providers should anticipate increased fluctuations in enrollment status and **verify eligibility before each visit.**

New reporting requirements for enrollees
Additional reporting requirements, including work and community engagement reporting obligations, may apply to certain Medicaid populations. Failure to meet required reporting deadlines may result in an enrollee losing Medicaid eligibility, potentially affecting coverage for scheduled services.

Provider action recommended
To avoid claim denials and reimbursement challenges, providers should:

- Verify enrollee eligibility prior to every scheduled appointment.
- Re-verify eligibility for recurring services and ongoing treatment plans.
- Educate enrollees on the importance of responding promptly to Medicaid renewal and reporting requests.

- Encourage enrollees to update their contact information with the Department of Health Care Finance (DHCF) to ensure they receive eligibility notices and renewal communications.
- Address any eligibility concerns before services are rendered whenever possible.

Why this matters
Eligibility changes can occur between appointments and may impact reimbursement for services provided to enrollees whose coverage has ended. Verifying eligibility before services are rendered remains the most effective way to prevent claim denials and reduce administrative burden for both providers and enrollees.

AmeriHealth Caritas DC remains committed to supporting our provider network and will continue to share additional information as implementation guidance becomes available.

For questions regarding enrollee eligibility verification, please contact Provider Services at 202-408-2237 or visit the Provider Portal.

Sincerely,
AmeriHealth Caritas DC