Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan (EP) members. Please note, this information is specific to the MMC, HARP, CHPlus, and EP programs only.

Important changes to Medicaid

New Medicaid work requirements coming in 2027

Starting January 1, 2027, new federal community engagement/work requirements will apply to certain Medicaid members and may affect their eligibility for coverage. Adult Medicaid members ages 19 to 64 will be required to report work or community engagement activities for an average of 80 hours per month to maintain coverage. These changes may require some members to provide additional documentation. **Most Medicaid members will not have to report**.

What this means for care providers

Some patients may need to take action to maintain coverage. Your guidance can help prevent gaps in care.

Who is exempt?

- Medically frail people
- Disabled veterans
- Foster care youth under the age of 26
- Pregnant and postpartum women
- Indian Health Service members
- Caregivers of a dependent child 13 and under, or a person with a disability
- Members already meeting work requirements under Temporary Assistance for Needy Families (TANF) or the Supplemental Nutrition Assistance Program (SNAP)
- People participating in a qualifying substance use disorder (SUD) treatment program
- Justice involved populations, including those currently incarcerated or recently released (within the past three months)

How care providers can support patients

Care providers play an important role in helping patients stay informed and maintain coverage:

- Encourage patients to keep their contact information current with Medicaid to ensure they receive important notices.
- Remind patients to open and respond to all Medicaid communications, especially if asked to provide information or report activities.
- Help patients understand the importance of timely responses, as eligibility determinations may occur more frequently (every six months).

For further information, visit the state Medicaid site at **Changes to Medicaid Coverage | NY State of Health.**

https://providerpublic.mybcbswny.com

NY-HM-CD-010089-26-GRP2691