
Sent: Wednesday, September 23, 2026 12:54 PM

Subject: RE: Changes to Medicaid Eligibility

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We had an additional questions that I included below. If there is someone in EOHHS that would help us work through these, that would be appreciated.

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Sent: Monday, September 21, 2026 3:23 PM

Subject: Changes to Medicaid Eligibility

Hi Kristin,

In reviewing the proposed rule 210-RICR-10-000-3, we had a couple of questions on the federal matching restrictions beginning on 10/1. In addition, we wanted to make you aware of internal steps we are taking to provide information on the upcoming changes (see all staff email below). We would be happy to collaborate in any way especially as the January changes approach. In regard to the proposed rule, any insight into the following two questions would be greatly appreciated:

1. Given that the federal funding restriction takes effect October 1, 2026, but comments on the proposed rule remain open until October 17, when will the new eligibility restrictions actually be applied to current

beneficiaries and new applicants? Specifically, will current beneficiaries retain full Medicaid coverage until the rule is finalized and they receive any required individual notice?

2. How will services provided between October 1 and the date an individual's full Medicaid coverage is formally terminated be reimbursed? Will EOHHS confirm that providers will be paid for services rendered while the individual remains enrolled and that neither EOHHS nor Medicaid managed care organizations will subsequently recoup those payments based on the October 1 federal effective date?
3. Emergency Medicaid support. Our understanding is if someone is seen in the ED for an emergency that will be covered. Is this correct? How do they determine if it is an emergency by location (care took place in the emergency room) or by diagnosis code? As you know, often patients will go to the ED feeling they have an emergency but will have a diagnosis that doesn't support an emergency.

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