Louisiana Department of Health Informational Bulletin

AmeriHealth Caritas Louisiana

To: AmeriHealth Caritas Louisiana Providers

Date: October 26, 2026

Subject: Informational Bulletin 26-19: Medicaid Work Requirements Begin January 1, 2027

Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

Medicaid Work Requirements Begin January 1, 2027

AmeriHealth Caritas Louisiana would like to remind you that in July 2025, the U.S. Congress passed legislation that changed Medicaid rules nationwide. Beginning **January 1, 2027**, states must require certain Medicaid members to take part in and report work or community engagement activities to keep their health coverage. For Louisiana Medicaid members, these changes may affect their eligibility or require additional documentation to maintain Medicaid benefits.

Who is Impacted?

Most people on Medicaid will not need to take part in and report work or community engagement activities. The law applies to adults aged 19 to 64 who do not have young children or a serious medical condition.

Many Medicaid members will qualify for exemptions and do not need to participate in the new reporting requirements. Members who are pregnant, postpartum, parents of young children, or have a disability do not have to report requirements. Medicaid members are exempt if they are:

- Under age 19 or age 65 or older,
- A former foster youth under age 26,
- Released from incarceration within the last three months,
- Blind or disabled,
- Medically frail (defined in the glossary),
- A veteran with a total disability rating,
- Pregnant or in postpartum coverage,
- Participating in substance use disorder (SUD) or alcohol treatment or rehab,
- The parent or guardian of a child under age 14, Healthy Louisiana Louisiana Department of Health Page 1 of 4 Submitted by: Public Affairs
- The parent, guardian, caretaker relative, or family caregiver (defined in the glossary) of a person with a disability,
- Meeting Supplemental Nutrition Assistance Program (SNAP) work requirements,

- Enrolled in or entitled to Medicare Part A or Part B, or
- Native American or Alaska Native eligible for Indian Health Service.

Communications with Members

During the first year of work/community engagement requirements, Medicaid is mailing a notice to eligible members six months prior to their renewal period. Members will be mailed their renewal packets two months ahead of their renewal month. For the first group impacted in January 2027, renewal packets will be mailed in November 2026. The renewal packet will include information on the requirements and any necessary forms to be completed.

Most members will not have to take further action to report that they meet requirements. Medicaid will use reliable information the state already has, including employment and Social Security records, to see if members meet the requirements. For members whose eligibility cannot be determined using data sources, a manual process will be required. Medicaid will send letters to these members when they need to take action or provide information.

Proving Work/Community Engagement Requirements or Exemption Eligibility

If Medicaid is unable to determine the requirements have been met using available data sources, the individual will need to provide proof they are either meeting the requirements or that they are exempt from the requirements. New Medicaid applicants will have to answer questions as part of their application that tell Medicaid how they meet or are exempt from the requirements.

Current Medicaid members renewing their Medicaid coverage must complete and submit a Medicaid Work Requirements/Community Engagement Requirements Verification Form, which will be included in their renewal packet along with instructions. A copy of this verification form is also viewable online.

Members will need to fill in the portion of the form that shows how they are either meeting the work or community engagement requirements or how they are exempt from those requirements.

- **To prove the member meets work requirements**: There are separate sections in the form for the different types of approved work or community engagement activities: working, education, participating in a work program, or volunteering or participating in community service. To complete the form, members will need to take it to their boss, teacher, or the person in charge of where they are volunteering or attending a work program. Members with pay stubs that show the number of hours worked can provide this information instead of asking their boss to complete the verification form.

- **To prove the member meets an exemption**: There are two sections in the form that relate to exemptions and require the member to self-attest that they meet the exemption requirements. The caretaker relative/family caregiver section should be filled out by members who are caring for another individual who has a disability or illness. The medically frail section should be completed by members who are unable to work due to a medical condition. Please note: For 2027 renewals, members can self-attest that they meet the medical frailty exemption. Starting in 2028, a medical provider may be required to complete the form.

Changes to Retroactive Coverage

Retroactive coverage helps pay for medical bills for services received before a member officially signed up for Medicaid. Medicaid can provide retroactive coverage for members up to three months before they apply. Starting **January 1, 2027**:

- Most adults ages 19 to 64 will have one month of possible retroactive coverage eligibility.

- Children, adults ages 65 and older, and people with disabilities will have up to two months of possible retroactive coverage eligibility.

How Providers can Assist Patients

Providers should encourage members to keep their contact information up to date with Louisiana Medicaid so they do not miss important updates. Contact information can be updated:

- Online at mymedicaid.la.gov
- By email at mymedicaid@la.gov
- By calling the member's health plan (contact on the back of the health plan ID card or at myplan.healthy.la.gov/en/compare-plans)
- By texting "INFO" to 72147, or
- By calling Louisiana Medicaid at 888-342-6207.

Providers can also educate their patients about work and community engagement requirements by sharing information from the work requirements toolkit. Additional information can be found at ldh.la.gov/medicaid/work-requirements. This includes a short survey that help individuals determine if work or community engagement requirements apply to them.

For additional details, please review Informational Bulletin 26-19.

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your Provider Network Management Account Executive. The Provider Services Department can be reached between 7:00 am and 7:00 pm daily.

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Need to update your provider information? Send full details to: network@amerihealthcaritasla.com.