- **Medicaid Changes from HR1 (OBBBA/OB3/WFTCA) & House Bill 2 2025**

NEW HAMPSHIRE DHHS

Medicaid Changes from HR1 (OBBBA/OB3/WFTCA)

Change	Effective Date	Status
Elimination of Medicaid coverage for certain non-citizens (HR1)	**10/1/26**	On track for implementation compliance
Medicaid GAHCP Work Requirements (HR1)	**12/31/2026**	SB 134 enacted and implementation on track; Federal rule to be public 6/1/26
GACHP redeterminations every 6 months (HR1)	**1/1/2027**	On track for implementation compliance
Reductions to 30-days retroactive Medicaid coverage GAHCP to 60-days Standard Medicaid (HR1)	**1/1/2027**	On track for implementation compliance
New 1915 C Waiver Option Under HR1 for Home and Community Based Services without institutional level condition	**Starting in SFY29**	Substantiative funding to states to support the states planning.
Phasedown of allowable MET rate to 3.5% in 2032. NFQA tax on nursing facilities unaffected. Uniform increase payments no longer an allowable directed payment.	**Starting in SFY29 (in 0.5% increments.)**	Not yet applicable and existing directed payment successfully grandfathered. Federal rulemaking in process.

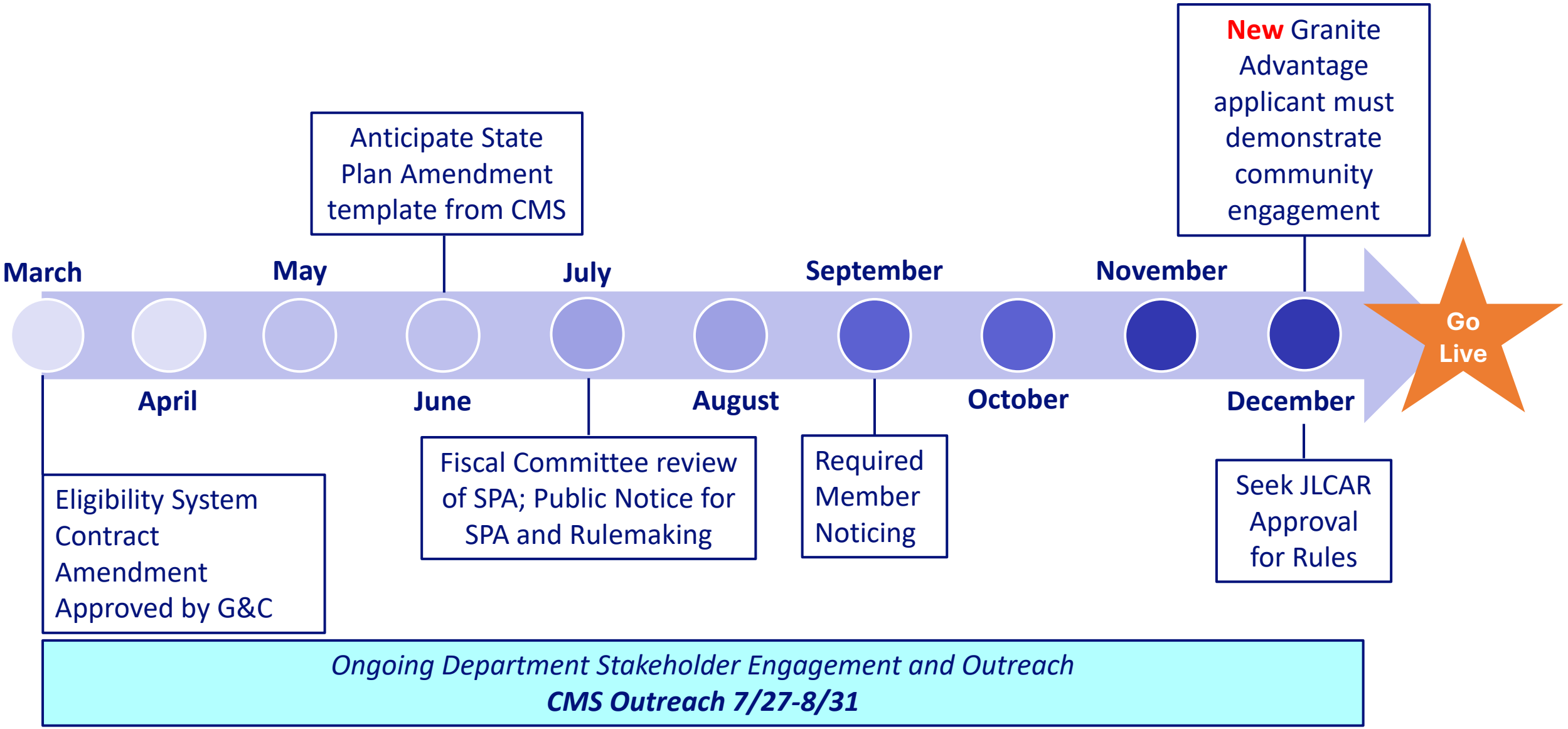
Directed Payments Changes from HR1

Rating period on or after:	Source	Requirement	Conclusion
7/9/2027	42 CFR 438.6(c)(6)	No separate payment terms for directed payments	-No immediate action -We **must** comply in our 7/1/2028 amendment -we **may** elect to comply in our 7/1/2027 amendment -we will **not** comply for our 7/1/2026 amendment
7/9/2027	42 CFR 438.6.(c)(2)(vi)(c)(3)	No SPTs for population or condition-based payments	-We don't have these
7/9/2026	42 CFR 438(6)(c)(2)(viii)	Preprints must be submitted before effective dates, and no retrospective amendments are allowed	-We can comply with this requirement
7/9/2026	42 CFR 438.6(c)(5)	Include additional details in contract about directed payments	-No immediate action -We **must** comply in our 7/1/2027 amendment and will need to make scope edits to do so
4/4/2025	71116 OBBBA aka WFTCA	Total dollar amount of grandfathered SDPs cannot increase	We are in compliance for our upcoming preprints as no total dollar amounts will increase -rulemaking is anticipated for phase-down -This guidance was rescinded in Feb.: Section 71116 of One Big Beautiful Bill Act on State Directed Payments

Medicaid Changes HB2 (State Budget)

Change	Effective Date	Status
Return to pre-PHE Medicaid eligibility verifications and processing (HB2)	**7/1/25**	Done. 1in 8 for NH covered (1in 5 for US)
Monthly premiums for children in household with income at or above 255% FPL (HB2)	**SFY26**	Secured policy clarification from CMS on allowable premium amounts and enforcement
Increase Pharmacy Co-Payments from $1-2 to $4 for applicable individuals (HB2)	**On or before 1/1/26**	Implemented October 2025
GAHCP Cost-Sharing: HB2 requires monthly premiums and HR1 requires cost-sharing for some services.	**HB2: SFY27** **HR1: 10/1/28**	Submitting 1115 waiver for premiums by July 1, 2026

Implementation Updates on Medicaid Work Requirements



CMS Early Awareness Opportunity

CMS + State Medicaid Agency Collaboration:

- **Increase Awareness** of upcoming requirements
- **Prepare the impacted populations** to meet requirements
- **Complement but not replace State communications** at no cost to the State
- **Includes text, email, and website** communications to redirect to the appropriate State-level information sources



CMS Early Awareness Material, cont.

1. You may need to meet a new monthly work requirement to qualify for Medicaid and keep your coverage. Some states have already started the new requirement and others will start soon.

If the new requirement applies to you, you must spend at least 80 hours each month on one or more of these activities:

- Working (or earning at least $580 a month).
- Doing volunteer or community service.
- Participating in certain job-training programs.
- Participating in an educational program (like college, technical programs, or General Educational Development (GED) programs). If you're enrolled in school at least half-time (as defined by your school), you likely meet the new requirement. If you're enrolled less than half-time, your school hours can count toward your 80 hours.

You can combine different activities to reach your 80 hours.

2. The new requirement applies to many (but not all) adults under 65.

It may impact you if all of these apply:

- You live in a state where the new requirement applies. Contact your state Medicaid office to find out if your state is implementing the new requirement. Visit Medicaid.gov/about-us/where-can-people-get-help-medicaid-chip to get the phone number for your state.
- You're an adult between the ages of 19-64.
- Your household income is up to 138% of the Federal Poverty Level (about $22,025 a year for 1 person or $29,863 for 2 people).
- You don't qualify for an exclusion (some people might qualify for an exclusion if they're a parent or guardian of a child under 14, a member of an Indian or Urban Indian Tribe, pregnant, disabled, enrolled in Medicare, or a veteran with a total disability rating from the VA). Visit Medicaid.gov/federal-policy-guidance/downloads/cib12082025.pdf for the full list of exclusions.

3. If you currently have Medicaid, you can take steps to keep your Medicaid coverage.

- Make sure your state has your current information (like home and email address and phone number) so they can contact you about the new work requirement. Most states will send a letter or message by late summer or early fall.
- Keep track of any work, community service, job training, or school hours you complete each month. Start now so you'll be ready to show you meet the new requirement when it's time to renew your coverage. For details about tracking and reporting your hours, contact your state Medicaid office.
- Gather important medical or legal documents in case you need to show your state you qualify for an exclusion.
- Contact your state Medicaid office to find out what else you can do or provide to keep your coverage.

4. If the new requirement applies to you and you don't meet it, you won't qualify for Medicaid, and other health coverage options might cost more.

- Your state might end your Medicaid coverage or deny your application. If this happens, you can apply again at any time. Visit Medicaid.gov/about-us/where-can-people-get-help-medicaid-chip to get started if you lose coverage.
- You might be able to get health coverage through the Health Insurance Marketplace®, but you might not qualify for financial help to lower your monthly premium. Visit HealthCare.gov to find or enroll in a health plan, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Need more help?

Contact your state Medicaid office for more information about the new Medicaid rules and how they might impact you. Visit Medicaid.gov/about-us/where-can-people-get-help-medicaid-chip to get the phone number for your state.

Implementation Specifics for Medicaid Changes in New Hampshire:

Our NH DHHS website will be up shortly, it will have helpful information on the Medicaid Changes as applied to NH and is already in alignment with the simplistic early awareness language offered up by CMS.

Department of
HEALTH &
HUMAN SERVICES

Appendix: Beneficiary Impacts of OBBBA/HR1 and HB2

2025

- **JULY** — Return to Pre-Public Health Emergency Eligibility Rules
- **OCTOBER** — Increase Rx Copays to $4
- **DECEMBER** — Rural Health Care Transformation Program Awarded

2026

- **OCTOBER** — Changes to coverage for non-citizens

2027

- **JANUARY** — Work Requirements and 6-Month Redeterminations for Granite Advantage; Limits on Retroactive Coverage

2028

- **JULY** — New 1915c waiver option
- **OCTOBER** — Granite Advantage cost-sharing for >100% FPL

Appendix: HR1 Financial Impacts

