

Changes to Medicaid Are Coming. Are You Ready?

Medicaid eligibility changes begin January 1, 2027 for most people, and in October 2026 for some immigrants.

What is Medicaid?

Medicaid is a public health insurance program that is jointly administered by the federal and state governments, helping people with limited income access affordable health care services, including doctors' visits, hospital care, vision, dental and prescription coverage.

Medicaid covers a wide range of people, including children, pregnant individuals, working adults, individuals with limited incomes, older adults including those who are also eligible for Medicare (dual eligibles), and people with disabilities.

Approximately 1 in 5 people in the U.S. are covered by Medicaid, including more than 3 million Illinoisans.

In Illinois, Medicaid may also be known as HealthChoice Illinois, medical card, or by the name of the managed care organization that the individual is enrolled in (Aetna Better Health, Blue Cross Community Health Plans, CountyCare Health Plan, MeridianHealth, Molina Healthcare, or YouthCare).

Medicaid in Illinois is administered by the Illinois Department of Healthcare and Family Services (HFS).

What changes are being made to Medicaid eligibility?

The federal government has made some significant changes to Medicaid eligibility that all states must implement, including the following:

- ACA adults will either need to prove they meet the new work, education or community service requirements, or claim an allowable exemption based on a circumstance or condition, in order to continue receiving coverage.
- They will also need to renew their Medicaid coverage twice a year (every six months), instead of once a year (every 12 months).
- A narrower definition of the immigrants who are eligible for Medicaid, starting October 2026.

Who do the new requirements apply to?

Starting Jan. 1, 2027, some adult Medicaid customers may need to report work hours or certain activities to continue receiving coverage. They will also need to renew their Medicaid coverage twice a year (every six months), instead of once a year (every 12 months).

Generally, the new federal requirements will apply to individuals in the Affordable Care Act (ACA) expansion population, also known as ACA adults, who are:

- aged 19 to 64
- not receiving Medicare, and
- do not have a dependent child 18 years old or younger in their home.

ACA adults will either need to prove they meet the new work, education or community service requirements, or claim an allowable exemption based on a circumstance or condition, in order to continue receiving coverage.

The following ACA adults will be eligible for exemptions from work requirements:

- People with a serious and complex health condition, mental health condition, or substance use disorders;
- People receiving SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance);
- Caretakers for an individual with a disability;
- People subject to SNAP work requirements or meeting TANF work requirements;
- Veterans with total disability ratings; or
- People recently released from public institutions, like jail or prison.

The new requirements will not apply to:

- Children under age 19
- Adults aged 65 and older
- Parents or guardians with a dependent child age 18 or younger living with them (these individuals are generally in the Family Health Plan category of Medicaid and are not ACA Adults)
- Pregnant people or people who have given birth within the last 12 months
- Foster youth or former foster youth under age 26

What activities count towards work requirements?

Individuals subject to work requirements can satisfy them in multiple ways:

- Employment: A minimum of 80 hours of work per month or a monthly pre-tax (gross) income of at least \$580 per month (different rules for seasonal workers)
- Enrollment in an educational program: At least half-time enrollment in higher education or a career or technical education program
- Work program participation: Participation in a work program for a minimum of 80 hours per month
- Community service: A minimum of 80 hours of community service per month

More details about how a person can submit information about their hours will be shared by HFS this fall.

Which groups of immigrant enrollees will no longer qualify for Medicaid?

Currently, some non-citizens can enroll in Medicaid as “qualified immigrants.” The federal definition of “qualified immigrant” will change, limiting eligibility for Medicaid, starting in October 2026.

Non-citizens/immigrants who will no longer be eligible for Medicaid include:

- Legally present refugees
- People seeking asylum (Temporary Protected Status)
- Victims of domestic violence and trafficking (Violence Against Women Act applicants and T visa holders).

Non-citizens/immigrants who will still be eligible for Medicaid include:

- Pregnant people
- Children under age 19
- People with legal permission to live in the U.S. (green card holders) after they have lived here for five years
- Cuban and Haitian immigrants
- Compact of Free Association migrants and citizens of the Freely Associated States (like Micronesia, Marshall Islands and Palau) who have legal permission to live in the U.S.

How can enrollees stay informed ahead of changes to Medicaid?

All Medicaid enrollees should make sure their contact information is up to date with HFS, their health plan and their primary care doctor.

For instructions on how to update your contact information with HFS, visit hfs.illinois.gov/medicalclients/addresschange.html, log-in to abe.illinois.gov, or call 1-877-805-5312.

HFS will inform enrollees of any changes to their eligibility or new requirements they must meet to keep their coverage.

When will more details be available?

The federal government is expected to give states instruction on how to implement these changes in June 2026.

Details on steps that ACA adult enrollees may need to take to keep their Medicaid coverage will likely be shared in September 2026.

How do enrollees complete redetermination?

Redetermination is a review of an enrollee's eligibility for Medicaid. It is how HFS determines if someone is still eligible for coverage.

Enrollees will receive paperwork in the mail when it is time to complete redetermination. That's why it is so important for HFS to have an enrollee's current mailing address on file.

The redetermination paperwork must be completed and mailed back to the state or the enrollee could lose their Medicaid coverage.

Redetermination can also be completed online by going to ABE Manage My Case at abe.illinois.gov.

Beware of scams. Illinois will never ask you for money to renew or apply for Medicaid. Report scams to the [fraud report website](#) or the Medicaid fraud hotline at 1-844-453-7283/1-844-ILFRAUD

How can someone create an ABE Manage My Case account?

The Illinois Application for Benefits Eligibility (ABE) Manage My Case portal allows users to manage their Medicaid enrollment, update their contact information and more.

All users of the ABE portal are required to create an ILogin account with State of Illinois and an ABE profile. To register, the user must have an email address.

To create an ILogin Account, visit: iloginhelp.illinois.gov

To access the ABE portal or create an ABE profile, visit: abe.illinois.gov

On the ABE Manage My Case portal, enrollees can:

- Apply for benefits or renew benefits
- Update their contact or household information
- Sign up for electronic or text notification
- File and manage appeals
- Review notices about their case

For technical support about using the ABE portal, visit

dhs.state.il.us/page.aspx?item=98456 or call the ABE customer call center 800-843-6154.

How is Medicaid eligibility currently determined?

Medicaid eligibility is based on several financial and non-financial factors like household income, family size, Illinois residency and immigration status. In Illinois, most people with income up to 138% of the federal poverty level (FPL) are eligible to receive benefits.

Household Size	138% of FPL (monthly)	138% of FPL (annually)
1	\$1,835.42	\$22,025
2	\$2,448.58	\$29,863
3	\$3,141.83	\$37,702

Children and pregnant individuals qualify for Medicaid at higher household income levels. Some adults qualify at lower income levels and need to meet asset tests.

Eligibility is determined by the Illinois Department of Healthcare and Family Services.

More information is available on HFS's website:

hfs.illinois.gov/medicalclients/medicalprograms.html

Can people still apply for Medicaid?

Yes! People can still apply for Medicaid health coverage or renew their existing health coverage if they are still eligible. For more information about applying for Medicaid, visit HFS' website: hfs.illinois.gov/medicalclients/medicaidguide/applying.html, log-into abe.illinois.gov, or call 1-800-843-6154.

What happens if someone loses their Medicaid coverage?

Losing Medicaid coverage does not prevent an enrollee from applying again. An individual might reapply after a change in life circumstances, such as a change in income, becoming pregnant or developing a health condition. For more information about applying for Medicaid, visit HFS' website hfs.illinois.gov/medicalclients/medicaidguide/applying.html, log-in to abe.illinois.gov, or call 1-800-843-6154.