Medicaid Changes For Non-Citizens Start October 1

On October 1, 2026 federal H.R. 1 changes to non-citizen Medicaid eligibility go into effect. This means that some lawfully present non-citizen (immigrant) non-pregnant adults who are currently enrolled in Medicaid will no longer be eligible for full-benefit Medicaid.

Medicaid Citizenship and Immigration Status Rules*

Non-Pregnant Adults Eligible for Full-benefit Medicaid	
Before October 1, 2026:	**After October 1, 2026:**
• U.S. Citizens, including Naturalized Citizens • U.S. Nationals • Legal Permanent Residents • Compact of Free Association (COFA) migrants • Parolees • Conditional Entrants • Battered noncitizen • Refugees • Asylees • Amerasians • Cuban and Haitian entrants • Deportees whose deportation is withheld • Victims of trafficking and their spouse, child, sibling or parent • Iraqi and Afghan Special Immigrant	• U.S. Citizens, including Naturalized Citizens • U.S. Nationals • Legal Permanent Residents • Compact of Free Association (COFA) migrants • Cuban and Haitian entrants

**Waiting periods and time-limits on eligibility may also apply.*

The upcoming H.R. 1 federal immigration changes do not impact children or pregnant individuals. In New Mexico, if a child under 21 or a pregnant person is lawfully present in the United States, they remain fully eligible for Medicaid right away without any five-year waiting period. Their health coverage will continue as normal as long as they meet income and residency requirements.

New Mexico is creating its own program to cover non-citizens who now get Medicaid but may lose coverage after October 1, 2026. This includes:

- Refugees,
- Asylees,
- Victims of trafficking,
- Humanitarian parolees, and
- Other non-citizens who now have Medicaid.

For these individuals, their health coverage will not change, and they do not need to take any action to continue their coverage. They will receive information about this from their health plan. During the first week of August 2026, they will receive a written notice that their Medicaid coverage is ending.

Medicaid Changes That Will Affect MAGI Other Adult Group (COE100) Members Start January 1

Starting Jan. 1, 2027, in general, most adults ages 19-64 who are enrolled in the Medicaid MAGI Other Adult Group Category of Eligibility 100 (COE100) must:

- Meet 80 hours of work or activity rules in any month during renewal period or the month prior to application, or notify us of their exemption,
- Renew Medicaid every 6 months instead of 12 months, and
- Only receive 1 month of retroactive coverage when they first apply for MAGI Other Adult Medicaid. (Other Medicaid populations receive 2 months of retroactive Medicaid coverage.)

How to Meet Work or Activity Hours

There are many ways members can meet the work or activities requirements. They can combine any of the following activities to reach 80 monthly hours:

- Working,
- Volunteering,
- Going to school half-time,
- Going to job training or a work program,
- Having monthly income (earned and/or unearned) of $580 or more, or
- Being a seasonal worker with an average monthly income of at least $580 over 6 months.

Existing Medicaid members who need to meet work or activity rules will be notified

at their next renewal. The first group of members who will be required to comply will receive renewal notices starting March 31, 2027 and will need to complete 80 hours of activities in any one month during their renewal period.

New applicants after January 1 will need to show work or activity compliance in the month prior to application if they do not meet an exemption.

Members should keep proof of each month's work or activity hours in case HCA asks for documentation.

If a member must complete work or activity hours and HCA cannot automatically verify completion, the member will receive a notice of noncompliance (called a Help Us Make a Decision or HUMAD) letter and have **30 calendar days** to respond. During that 30-day period, they have the opportunity to show:

- Completion of work or activity hours,
- Qualification of an exemption.

Members in the MAGI Other Adult Group who are in the following populations are exempt from some requirements:

American Indians, Native Americans, American Indian/Alaskan Natives

American Indians (a broad definition, including individuals who are eligible to receive services at Indian Health Services facilities) are **exempt** from work or activity rules and the 6-month renewal requirement.

- Medicaid coverage will continue to renew every 12 months. American Indians are exempt from the 6-month renewal requirement.
- Generally, verification of American Indian or Alaska Native blood is not required.
- The exemption is based *solely* on an individual's attestation of being American Indian. American Indians in the Other Adult Medicaid COE100 category who ***do not self-attest*** to their race may be required to comply with work or activity rules and renew every 6 months. If a member did not identify themselves as American Indian at application, they are encouraged to contact HCA to update their information.

- Retroactive coverage is limited to one month for American Indians in the Other Adult Medicaid COE 100 category.

Former Foster Care Individuals

- Former Foster Care individuals **ages 18 through 25** are **exempt** from Medicaid Work and Activity Rules.

Institutionalized or Hospitalized Individuals

Members or applicants are exempt from Work and Activity Rules if they:

- Live in a hospital,
- Live in a nursing facility,
- Live in a similar institutional or residential care setting, or
- Receive non-institutional or outpatient services that keep them from being institutionalized (i.e. Community Benefit members who do not meet the medically fragile exemption).

Please note these important differences:

- Exemption is **short-term** and only applies during the institutional stay.
- Exemption **ends** once the member is no longer institutionalized.
- Members must request this exemption.
- Members who are **traveling out of their community (45 miles or more from residence) for at least 24 hours may** also qualify for this exemption for the duration of travel or treatment.
- Members enrolled in the Other Adult Medicaid COE100 category will renew every 6 months.
- HCA will accept self-attestation for this exemption.

Substance Use Treatment Programs

Members or applicants actively participating in a drug addiction or alcohol treatment and rehabilitation program are exempt from Work and Activity Rules for the duration of their treatment.

Members of Home and Community-Based Services (HCBS) Medicaid Waivers

The Work and Activity Rules do not apply to individuals who receive services through a Home and Community Based Services (HCBS) Medicaid Waiver (including HIV/Aids, Disabled and Elderly, Medically Fragile, and Developmentally Disabled).

Other Adult Medicaid COE100 members who receive Community Benefit Waiver services and have an approved Level of Care (LOC) may qualify for the Medically Fragile exemption.

- Members eligible for Medicaid Waivers cannot receive retroactive Medicaid coverage.
- Members enrolled in the Other Adult Medicaid COE100 category will renew every 6 months.
- HCA will accept self-attestation of medical frailty in calendar year 2027, if data are not available.

Veterans

Veterans may qualify for an exemption from Work and Activity Rules if they meet the following conditions:

100% VA Disability Rating

- Veterans with a **100% VA rated disability either permeant or temporary** may qualify for an exemption. Temporary disabilities must be reconfirmed every 12 months.
- Veterans with a **100% VA compensation** may qualify for an exemption which must be reconfirmed every 12 months.

Work-Limiting Disabilities

- If a veteran's disability prevents them from working entirely, they may also qualify for an exemption.
- Veterans who receive total disability based on individual unemployability (TDIU), which allows veterans with service-connected disabilities to receive 100 percent compensation if they cannot secure or maintain "substantial gainful employment," even if their combined rating is below 100 percent may qualify for an exemption.
- Verification is required to confirm that the disability prevents all work activity.
- Veterans enrolled in the Other Adult Medicaid COE100 category will renew

every 6 months.

- Veterans enrolled under Other Adult Medicaid COE100 may be eligible for one month of retroactive Medicaid when applying on or after January 1, 2027.
- Veterans must provide a VA Benefit Summary Letter (or VA Award Letter) as proof of their disability.

Update your Information

Call Us
Call 1-800-283-4465 to use the automated service 24 hours a day/7 days a week.
Speak with an agent Monday–Friday, 7 a.m.–6:30 p.m.

Text Us
Text the CCSC at 601-401-4995 for general information. 24 hours a day/7 days a week (Standard messaging rates may apply.)

Email Us
Customers: NM.Customers@hca.nm.gov

Chat With Us
Use online chat 24 hours a day/7 days a week.
Find the chat link on the Medicaid portal web page.

For more information please visit: Keep Your Benefits NM – New Mexico Health Care Authority