Medicaid eligibility changes for immigrants

Toolkit for H.R. 1 (definition of qualified immigrant)

Note to customer service and service providers:

With the H.R. 1 case reviews, many Medicaid members will have questions about their eligibility. To help you manage these difficult conversations, please use the attached scripts and FAQ. Following this wording closely will ensure that all members receive the most accurate guidance regarding the new 'Qualified Immigrant' standards and will help reduce confusion during this transition.

The goal is to maintain a supportive, empathetic tone while providing clear, factual information about eligibility changes effective October 1, 2026.

Letters mailed to members:

- April 2026, Definition of a qualified immigrant member letter (blue paper)
  - **English**
  - **Spanish**

Script:

A new federal law, H.R. 1 (OBBBA), was signed on July 4, 2025, and changes who is considered a 'qualified immigrant' for Medicaid. Some groups that used to be eligible for Medicaid may not be able to get it anymore under the new law. This includes refugees and asylees, humanitarian parolees, and survivors of trafficking or domestic violence.

Starting October 1, 2026, Medicaid will mostly be for:

- **U.S. citizens and U.S. Nationals**
- **Green card holders** (Lawful Permanent Residents) who have been in the U.S. for 5 years or more
- **People from Cuba or Haiti** who entered under special rules
- **COFA migrants** (citizens of Marshall Islands, Micronesia, or Palau)
  - **Note:** Children and pregnant people may still be able to get health insurance even if the rules for others have changed.

For members that receive a notice from the Department of Workforce Services (DWS), below are some helpful resources. Please visit the Medicaid Member Supports webpage for additional help: **http://obbba-support.medicaid.utah.gov**

What if I lose coverage?

If your coverage stops or your application is denied, you can ask for an appeal.

If you think the state made a mistake, you can ask them to look at your case again. Follow the instructions on the letter you received. An eligibility hearing request must be filed with DWS within 90 days from the date of the notice you disagree with.

You can get more information about hearings on the Medicaid website at **https://medicaid.utah.gov/hearings**

Request for hearing forms

1. **Hearing Rights and Request for Hearing form**
2. **Solicitud de audiencia imparcial forma (Spanish version)**

Address: Department of Workforce Services – Fair Hearings
PO Box 143245, Salt Lake City, UT 84114-3245
Fax: Toll free 1-877-824-6534
Phone: Toll free 1-877-837-3247
Email: **fairhearings@utah.gov**

Emergency Medicaid for non-citizens

If you are not a U.S. citizen or if you are not an eligible qualified non-citizen, you cannot get full Utah Medicaid coverage. However, you may still apply for the **Emergency Medicaid Program**.

Who can apply?

Non-citizen residents who meet all income and asset rules for the traditional Utah Medicaid program, but do not meet the citizenship or legal permanent residency requirements.

What is covered and what are the limits?

- **Limited benefits:** Coverage is strictly limited to medical services needed to treat a sudden, life-threatening emergency.
- **Pregnancy and childbirth:** The delivery of a child is covered. Post-natal (postpartum) care is not covered under this specific program.
- **Time limit:** Coverage is temporary and limited to the time period of the emergency.

Check your eligibility and reapply

If you were recently denied or lost your Medicaid coverage, don't assume the door is closed forever. We encourage you to regularly review your household situation. If your life changes – such as a drop in your monthly income, a change in your household size, a pregnancy, or a new

medical disability – you can submit a new application to see if you qualify again. You do not have to wait a specific amount of time to reapply if your circumstances change.

Ready to submit a new application?
Visit **Utah Medicaid: Apply for Medicaid** to start the process online, by mail, or in person.

Additional resources

If you lose your coverage, there are other resources that we can help direct you to.

Utah safety net clinics

211 resources by county

Medical

- **Utah Local Health Departments**
- **Association for Utah Community Health health centers**
- **Utah Partners for Health**
- **Sacred Circle Healthcare**

Behavioral health

- **Substance Use and Mental Health resources**

Dental

- **U of U Dental Services**
- **U of U Oral Health Assistance Program**
- **Salt Lake Community College Dental Hygiene Clinic**
- **Salt Lake Donated Dental Services**

Pharmacy

- **Insulin and pharmaceutical assistance**

Seniors

- **Aging and Adult Services**

Frequently Asked Questions (FAQ)

What is H.R. 1?

On July 4, 2025, H.R. 1, also known as the **One Big Beautiful Bill Act (OBBBA)**, was signed into law. The bill included more than 21 changes to Medicaid. Most of the provisions in the bill will go into effect beginning in the fall of 2026 or later.

Providers: What should I tell my patients?

Providers are not responsible for their patients' Medicaid eligibility or ensuring compliance with the requirements of the new law. However, there are some simple steps providers can take to help minimize coverage issues.

- **You can refer patients to the website:** Direct them to **medicaid.utah.gov/obbba** for the most up-to-date information and a list of resources and supports to help them navigate the new law.
- **Refer pregnant members to DWS:** Some pregnant Medicaid members with certain immigrant statuses may lose coverage during their pregnancy or postpartum period. Please direct them to the **Department of Workforce Services at 1-866-435-7414** to request Emergency Medicaid coverage for delivery.
- **Provide timely healthcare services** for patients who may be losing their coverage and are due for an office visit.
- **Please verify your patients' Medicaid eligibility** before each visit to make sure their coverage is active. Confirming eligibility can help prevent unexpected costs for both providers and patients before services are provided.