South Country HEALTH ALLIANCE

Bulletin/Update
8/17/2026

UPCOMING MEDICAL ASSISTANCE ELIGIBILITY CHANGES

How Providers Can Support Members

Beginning October 2026, new Medicaid requirements established by the Federal Reconciliation Bill (H.R.1) will begin taking effect. Additional changes are scheduled for January 2027. These changes may impact eligibility and coverage requirements for some Medical Assistance (Medicaid) members in Minnesota.

Providers play an important role in helping members stay informed and connected to available resources during this transition. Members may have questions regarding how these changes affect their coverage, renewal requirements, or eligibility status.

Key Changes and Effective Dates

- **October 1, 2026:** Changes to eligible immigration statuses for certain non-citizen adults seeking Medical Assistance coverage.
- **January 1, 2027:** Work requirements begin for certain adults enrolled in Medical Assistance.
- **January 1, 2027:** Some adults enrolled in Medical Assistance will be required to complete coverage renewals every six months.

How Providers Can Help

Providers are encouraged to:

- Remind members to keep their contact information current with Minnesota DHS and their county or tribal agency.
- Encourage members to watch for and respond promptly to renewal and eligibility notices.
- Direct members with questions about their eligibility or coverage to official DHS resources for the most current information.

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Additional Resources

The Minnesota Department of Human Services (DHS) maintains updated information regarding these federal changes and their impact on Medical Assistance. Providers are encouraged to familiarize themselves with these resources and share them with members as appropriate.

For the latest information, visit the DHS Federal Changes webpage: Minnesota DHS Federal Changes

South Country Provider Contact Center

1-888-633-4055

Hours: 8 a.m. - 4:30 p.m.

The Provider Contact Center staff are available as your first point of contact to assist with the following.

Member benefit coverage
Authorization verification
Website questions
Provider web portal issues
Claim rejection guidance
General information
Claims billing and processing guidelines
Remittance adjustment code details and payment information

South Country wants to ensure providers are reimbursed for services provided to our members and following all billing guidelines. Our staff are committed to support and guide you in understanding all South Country processes and procedures. In addition, callers that utilize our Provider Contact Center are provided a reference number that identifies your call in our system. Please keep the reference number in your records to refer to if you have any additional questions or need to check the status of an open issue. The reference number will help the representative locate your issue quickly.