

ACA MARKETPLACE: KEY CHANGES FOR HEALTHCARE PROVIDERS

Reconciliation Bill Changes - Provider Summary

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CLAY COUNTY
**PUBLIC
HEALTH
CENTER**

Key Changes

- **Subsidy Reductions (Jan 1, 2026)**
 - Enhanced Marketplace subsidies expire unless Congress acts.
 - Expect more patients reporting premium affordability concerns and possible coverage lapses.
- **Eligibility Tightening (2026–2027)**
 - Lawfully present immigrants in certain categories will lose access to Marketplace subsidies starting with 2026–2027 tax years.
 - Special Enrollment Periods (SEPs): Patients using SEPs not tied to a qualifying life event may be ineligible for subsidies.
 - Full repayment of excess premium tax credits begins with 2026 taxes — increased financial burden may deter Marketplace participation.
- **Verification & Auto-Renewal Changes (2026)**
 - Automatic Marketplace re-enrollment with subsidies will end beginning with the 2026 enrollment period.
 - Patients must verify income, immigration status, and eligibility to maintain premium assistance.

Impacts on Patients and Providers

- **Coverage Stability**
 - Patients at 200–400% FPL are most vulnerable to losing subsidies.
 - Safety-net providers may see higher uncompensated care and demand for charity care beginning in 2026.
- **Administrative Burden**
 - Expect increased patient confusion about eligibility and tax reconciliation.
 - Front-line staff may need updated training on assisting patients with Marketplace plan renewals and verifications.
- **Immigrant Populations**
 - Certain lawfully present immigrant groups will lose premium subsidies in 2026–2027.
 - Providers serving immigrant communities should *proactively* connect patients with navigators and legal resources.

Resources for Healthcare Providers

- **Cover Missouri Navigator Network:** covermissouri.org
- **Healthcare.gov Provider Portal:** healthcare.gov
- **Missouri Hospital Association (MHA):** web.mhanet.com
- **ASTHO & APHA Policy Briefs:** Updated ACA rule summaries and provider impact reports.



What Providers Can Do

- **Educate patients**
 - Train staff on explaining subsidy changes and SEP rules.
- **Leverage navigators**
 - Partner with Cover Missouri, Federally Qualified Health Centers (FQHCs), and local legal aid for complex cases.
- **Monitor payer mix**
 - Prepare for a potential increase uninsured and underinsured populations.
- **Review charity care policies**
 - Ensure financial assistance programs are accessible and communicated effectively.
- **Track rural funding**
 - Assess eligibility for Rural Health Transformation Fund grants.