Q4 FY26 Beneficiary Advisory Committee Meeting

August 20, 2026 | 6:00 PM – 7:30 PM ET

Virtual Meeting

Housekeeping

- Introduce yourself in the chat
- Turn your camera on (if you are able) – it's great to put names to faces!
- Keep yourself muted unless speaking
- You can add questions to the chat or use the "Raise Hand" function

- DHCF would like to **record the BAC meeting** to help us with notes and track items we may need to follow-up on after the meeting.
- The **recording will not be posted publicly or shared** with anyone outside of DHCF.
- Any questions or concerns about recording?

Agenda

- **Welcome**
- **DHCF Updates**
- **Medicaid Beneficiary Responsibilities in Preventing Fraud and Abuse**
- **Long-Term Care Overview**
  - *Post-meeting note: due to the extended discussion on the earlier topics, the BAC did not get to the Long-Term Care Overview. The Long-Term Care Overview will be covered at a future BAC meeting.*
- **Announcements**
- **Next BAC Meeting and Upcoming Activities**

DHCF Updates

Fiscal Year (FY) 2027 BAC Planning

- The next BAC term (FY 2027) begins on October 1, 2026 and ends on September 30, 2027.
  - Since the BAC started part way through FY 2026, DHCF has extended terms for all BAC members whose were supposed to leave the Council in September 2026.
  - We will also have several new members joining the BAC beginning in October.

Would you like to elect a Chair and Vice Chair for the BAC for FY 2027? The Chair and Vice Chair would help DHCF plan and lead the BAC meetings.

Update on BAC Member Concern Submission Form

- DHCF has created a form for BAC members to share concerns / issues at any time
  - BAC members can use this form to share problems or concerns that you want DHCF leaders to know about, you would like to discuss at BAC meetings, or that other channels have not been able to help with
  - DHCF shares updates about the concerns we receive, protecting privacy as needed, and the steps we are taking to address them at each quarterly BAC meeting
- Since May 2026, DHCF has received 1 concern through the BAC member concern form:

Month received	Topic	Overview of member's concern	DHCF action / response
June 2026	Benefits/services	Challenges getting a specific dental procedure	DHCF worked with the managed care plan to look into the matter. The specific dental procedure is not covered by Medicaid.

Managed Care Enrollee Experience Inquiry Form

- Beginning on September 1, 2026, Medicaid beneficiaries can submit issues, concerns, or questions about their managed care plan (MCP) through DHCF's new ***AskYourDCMCO*** form
  - Medicaid beneficiaries who are enrolled in AmeriHealth Caritas DC, MedStar Family Choice DC, or Health Services for Children with Special Needs (HSCSN) can use the form
- When a Medicaid beneficiary submits an issue or question using the AskYourDCMCO form, the issue/question will be automatically sent to the beneficiary's MCP.
  - If the MCP does not respond within 2 business days, DHCF will be notified.
- More information about the form can be found in this transmittal and on DHCF's MCP webpage.
  - A guide on how to use the AskYourDCMCO form is also available.
- This form does not replace MCPs' current processes to support enrollees.
  - Medicaid beneficiaries can continue to reach out to their MCP directly via Enrollee Services.

Medicaid Beneficiary Responsibilities in Preventing Fraud and Abuse

Background

- DHCF has a strong interest in eliminating fraud, abuse, and waste in the Medicaid program
- Fraud, abuse, and waste impact the sustainability of the Medicaid program and certain actions may deprive beneficiaries of access to the medically necessary services they are entitled to.
- Past investigations showed that some personal care aides (PCAs) and Medicaid beneficiaries worked together to submit false timesheets.
  - PCAs were paid for hours they could not have worked, including times when they were out of the country or claimed to be in two places at once.
  - Some beneficiaries signed off on hours that PCAs did not work and received cash or gift cards in return.
  - DHCF was able to take action against the PCAs but not the beneficiaries involved in fraud at the time because the agency did not have a way to do so.
- DHCF is preparing to release a proposed rule in Fall 2026 to help prevent beneficiary fraud and explain what happens if fraud is found.

Overview of Beneficiary Fraud and Abuse Rulemaking

- **What is the purpose of the rule?**
  - The new rule explains what Medicaid beneficiaries are responsible for and the potential consequences if they do not follow these rules.
- **Who does the rule apply to?**
  - All Medicaid beneficiaries, including but not limited to:
    - FFS (Fee for Service)
    - MCP (Managed Care Plan)
    - 1915(c) (Waiver programs such as EPD and IDD)

Main Elements of the Rule

- **What are beneficiary's responsibilities?**
  - Beneficiaries must not commit or participate in fraud or abuse, and they must report fraud or abuse if they see it.
- **What are fraud and abuse?**
  - ***Fraud*** is when a beneficiary lies on purpose to get a benefit that they should not receive, or lies to help someone else get a benefit they should not receive. This includes any actions that are considered fraud under federal or District law.
  - ***Abuse*** is when a beneficiary uses a service more than is needed or in the wrong way, resulting in unnecessary costs to DHCF.

Main Elements of the Rule

Examples of fraud and abuse:

- A beneficiary has not been a DC resident for 10 days or longer but continues to use a DC Medicaid card.
  - This rule only applies if a person moves out of the District. If a DC resident goes on a trip or stays in the hospital, they are still considered a resident and are still eligible for Medicaid.
- A beneficiary fails to report income or assets when applying for or renewing Medicaid.
- A beneficiary signs a timesheet or says that a provider has provided services when the provider did not actually provide those services.
- A beneficiary learns of fraud or abuse in any DHCF Program but fails to report that fraud or abuse to DHCF.

Main Elements of the Rule

- **What are the potential consequences if a beneficiary does not meet their responsibilities?**
  - DHCF will send a warning letter.
  - A beneficiary may be required to receive certain types of services from a pre-determined set of enrolled providers for up to one (1) year.
  - DHCF may closely monitor the services that the beneficiary receives.
  - The beneficiary may be required to attend one or more mandatory education sessions, including taking and passing a test of what they learned.
  - The beneficiary's services may be reduced to the level or amount consistent that is medically necessary.
  - DHCF may disenroll the beneficiary from specific programs for up to one (1) year, such as Services My Way Program.
    - The beneficiary would still be eligible for and enrolled in Medicaid.

Main Elements of the Rule

- **Process and Enforcement Approach**
  - If DHCF receives information that a beneficiary has failed to meet their responsibilities, DHCF will investigate.
  - If DHCF finds evidence that the allegation is true, an Interdisciplinary Review Committee will convene.
  - The Committee reviews the Report of Investigation (ROI) and determines whether to take action against the beneficiary.
  - After the review, a final notice would be issued to the beneficiary, outlining the Committee's findings, and allowing them to appeal, if applicable.

Medicaid Beneficiaries' Rights

- When taking action against a beneficiary, DHCF will provide two (2) notice letters (an initial and final):
  - The **first notice** will include:
    - A description of the violation
    - A description of the action DHCF intends to take
    - The beneficiary's right to ask DHCF to reconsider its decision
  - The **second notice** will include:
    - Restatement of the information included in the first notice information (see above)
    - The effective date of DHCF's action
    - The beneficiary's right to appeal to the Office of Administrative Hearings for an independent reviewer
    - Explanation of the circumstances under which the beneficiary's enrollment in and receipt of covered services will be continued during an appeal
    - Additional information, if applicable (e.g., details on the education session; a list of the services to which the restriction applies, etc.)

Questions?

Announcements

Upcoming meetings and activities

- Upcoming meetings:
  - BAC Office Hours: **Thursday, September 17 from 6:00 – 7:00 pm *(optional)***
- If you have any questions, comments, or concern about the BAC – please don't hesitate to reach out to one of us, or the dhcfMACandBAC@dc.gov email inbox