



Q2 FY26 Beneficiary Advisory Committee Meeting

February 19, 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



Agenda

- ▶ Welcome and Introductions
- ▶ Medicaid and DHCF Overview
- ▶ Purpose of the BAC
- ▶ Planning for a Successful FY26
- ▶ Announcements
- ▶ Next Meeting



Welcome and Introductions



Introductions



- ▶ What is your name
- ▶ What ward do you live in? What neighborhood?
- ▶ What is your favorite DC restaurant and/or DC local food?
- ▶ Are there any communities in DC that you are involved in/are important to you that you would like to share?
- ▶ What motivated you to apply for membership in the BAC, and what perspectives, skills, or contributions do you intend to bring to its work?



Medicaid and Department of Health Care Finance (DHCF) Overview



Common Terms & Acronyms



- **CMS:** Centers for Medicare & Medicaid Services (federal regulator)
- **DHCF:** DC Department of Health Care Finance (state Medicaid agency)
- **FFS:** Fee for Service [(Medicaid pays for a single service (DHCF pays for a doctor's visit))]
- **LTC / LTSS / LTCSS** (on-going care, like personal care aide or nursing facility care)
 - LTC: Long-Term Care
 - LTSS: Long-Term Services and Supports
 - LTCSS: Long-Term Care Services and Supports
- **MCO / MCP** (Medicaid pays a monthly payment per person to a managed care company to administer all Medicaid benefits / services)
 - MCO: Managed Care Organization
 - MCP: Managed Care Plan



What is Medicaid?

- ▶ Medicaid is a joint federal-state program, started in 1965, that provides comprehensive coverage of health care and long-term care to about 80 million low-income people in the United States
- ▶ Medicaid is a Federal-State partnership where each state administers its own program.
- ▶ Within a set of broad federal parameters, each state has flexibility in both who is covered by Medicaid and what services they receive varies by state

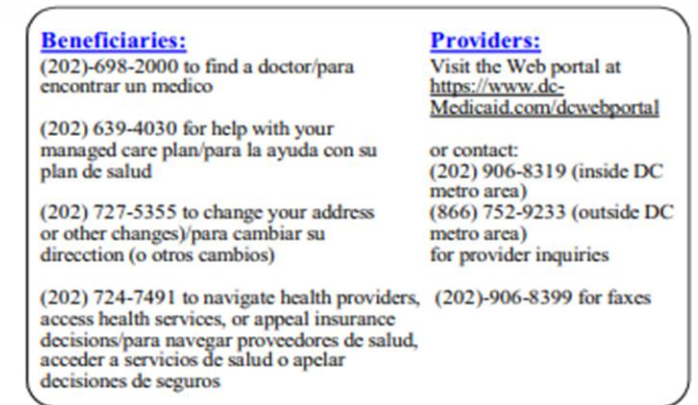
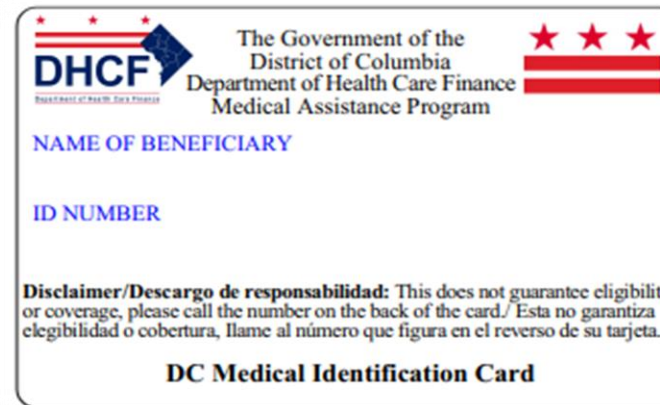


What is the Department of Health Care Finance?

The Department of Health Care Finance (DHCF) is the District of Columbia's state Medicaid Agency. In addition to the Medicaid program, DHCF also administers the Health Care Alliance program for adults and children. DHCF provides benefits to nearly 300,000 district residents

- DC Medicaid provides free or low-cost health insurance to eligible low-income adults, children, pregnant women, elderly and/or adults with disabilities who can't afford to pay for their medical care and some or all their medical bills.
- If you live the District of Columbia and you meet the Medicaid or Alliance eligibility requirements, you can receive DC Medicaid or Alliance. A DC Medicaid recipient can be any age, race or sex.

- Example of a DC Medical Assistance card:





Common DC Medicaid Programs

There are a variety of ways to qualify for Medicaid, some of which can affect how you need to renew and which additional benefits you receive. Below is a sample of some common ways you can qualify for Medicaid:

- ▶ **Qualified Medicare Beneficiaries (QMB & QMB+)**

- ▶ **DC Healthy Families**

- Adults (age 21-64) without dependents
- Pregnant Women
- Parents/Caretaker Relative
- Children under the age of 21

- ▶ **Long Term Care Support Services (LTCSS)**

- Nursing Facilities
- Home & Community Based Waivers

- ▶ **Specialized Programs**

- Children in Foster Care
- Katie Beckett



What Services Does Medicaid Typically Cover?

Medicaid covers a broad array of critical health care services including, but not limited to:

- ▶ Doctor visits
- ▶ Hospitalization
- ▶ Eye care
- ▶ Ambulatory surgical care
- ▶ Medically necessary transportation
- ▶ Dental services and related treatment
- ▶ Dialysis services
- ▶ Durable medical equipment
- ▶ Emergency ambulance services
- ▶ Hospice services
- ▶ Laboratory services
- ▶ Radiology
- ▶ Medical supplies
- ▶ Mental health services
- ▶ Physician services
- ▶ Nurse practitioner services
- ▶ Home and Community Based Services (HCBS)
- ▶ Transplants (Liver, Heart, Kidney, and Allogeneic Bone Marrow transplantation)



District Residents Applying for Medicaid Are Eligible on the Basis of Income (MAGI) or Qualifying Condition (Non-MAGI)

Residents applying for health care coverage are determined eligible for a 12 months at a time. This is known as the certification period. At the end of the certification period, enrollees have to **recertify** their eligibility for Medicaid.

Modified Adjusted Gross Income (MAGI) Medicaid Beneficiaries

Most adults under 65, pregnant women and children under 21, parents/caretaker relatives

- A *passive renewal* happens at the end of the month prior to mailing of renewal packets. If passively renewed, beneficiaries receive a notice their coverage is renewed and require no further action.
- The first renewal notice is sent at the end of the month 60 days prior to certification end date.
- If renewal not received or there are outstanding verifications a second notice of pending termination is sent 30 days prior to certification end date.

Non-MAGI Medicaid Beneficiaries

Age 65+, blind, or person with a disability, SSI recipients, waiver participants

- The first renewal notice is sent at the end of the month 90 days prior to certification end date.
- If renewal not received or there are outstanding verifications a second notice of pending termination is sent 30 days prior to certification end date.



On January 1, 2026, Approximately 18,000 Adults Became Ineligible for Medicaid



- Medicaid eligibility changes effective as of January 1, 2026:
 - **No** changes to financial eligibility for Children (0-20), pregnant individuals, SSI individuals, those in the Aged, Blind and Disabled (ABD) group, or participating in long term care.
 - Effective as of January 1, 2026, the eligibility threshold for Parent/Caretaker Relatives and Childless Adults decreased to 138% FPL.
- Most adults no longer eligible for Medicaid qualify for the Healthy DC Plan offered by the DC Health Benefits Exchange (DC HBX)
 - Eligible adults were automatically enrolled in the Healthy DC Plan, with benefits starting on January 1, 2026.
 - Adults not eligible for the Healthy DC Plan are eligible for a for a Qualified Health Plan on DC HBX

Category	Current Childless Adult (Ending 12/31/2025)	Current Parent or Caretaker (Ending 12/31/2025)	**New** Childless Adult and Parent / Caretaker (Effective 1/1/2026)
Threshold in Federal Poverty Level (FPL)	210% + 5% disregard	216% + 5% disregard	133% + 5% disregard
1 person household, monthly	\$2,806	\$2,884	\$1,800
2 person household, monthly	\$3,790	\$3,896	\$2,432
3 person household, monthly	\$4,775	\$4,908	\$3,065
4 person household, monthly	\$5,762	\$5,923	\$3,697



Purpose of the BAC



Purpose of the BAC



- ▶ The CMS Ensuring Access to Medicaid Services Final Rule (2024) mandates that states establish a Beneficiary Advisory Council (BAC) composed solely of Medicaid enrollees, their families, and caregivers. This council must inform state policy, with 25% of the updated Medicaid Advisory Committee (MAC) membership drawn from the BAC.

- ▶ In simpler terms, the BAC's purpose is to:
 - Serve as a bridge between Medicaid beneficiaries and DHCF leadership to ensure policies reflect lived experience.
 - Provide input and recommendations on Medicaid policies, programs, and communications strategies.
 - Support the agency in reducing disparities and improving care quality by uplifting the perspectives of historically marginalized populations.
 - Build mutual trust and foster long-term engagement between Medicaid beneficiaries and government agencies.



Planning for A Successful FY26



We Want to Make Sure the BAC is a Valuable Experience for Participants and DHCF



- ▶ What would make you feel like your time on this committee is well spent?
- ▶ What are some ways you would like to make a difference?
- ▶ What are you hearing from those in your community about what issues they have/ what issues they have?

- ▶ On the survey sent last month, you shared topics you want to cover and explore, including (but not limited to):
 - Customer service and beneficiary experience, how beneficiary feedback is incorporated into the program
 - Improving communication channels, ensuring awareness of benefits and programs, supporting language access
 - Understanding program eligibility, how eligibility is determined and processed, and special eligibility categories (e.g. dual-eligible individuals)
 - How Medicaid works – funding, policy changes, and implementation of new programs

Are there any additional topics or areas of interest you would like to highlight?



The BAC Will Support DHCF in Tackling Small and Shorter-Term as Well as Large and Longer-Term Improvement Opportunities



More Immediate/ Shorter-Term Opportunities	Larger/ Longer-Term Opportunities
<ul style="list-style-type: none"> • DHCF will create an online for BAC members to submit any opportunities they see or hear from community members • DHCF will reserve time at each BAC meeting to review the list of submitted opportunities and share how they were addressed and any resulting program improvements • This will also help to identify ongoing issues/opportunities for larger topics/longer-term focus 	<ul style="list-style-type: none"> • Choosing 2-3 priority areas for each year will allow the BAC to provide meaningful input on key Medicaid program areas • In order to identify these program areas for FY26 <ul style="list-style-type: none"> • DHCF would like the BAC to identify 5-10 potential program areas of focus for FY26 • DHCF will then identify which program areas are the most pressing and have the best opportunity for BAC input

This is the first year for the BAC – DHCF is open and eager for feedback from BAC members on any suggested changes to this structure or opportunities to improve for future years



BAC Member Priority Topics



▶ **On the survey sent last month, you shared topics you want to cover and explore, including (but not limited to):**

- Customer service and beneficiary experience, how beneficiary feedback is incorporated into the program
- Improving communication channels, ensuring awareness of benefits and programs, supporting language access
- Understanding program eligibility, how eligibility is determined and processed, and special eligibility categories (e.g. dual-eligible individuals)
- How Medicaid works – funding, policy changes, and implementation of new programs

▶ **During today's meeting, you shared the following topic areas/barriers/questions:**

- **Challenges with ESA service centers** including poor customer service and different service centers providing different information. BAC members shared that it was particularly difficult to have to go to multiple locations and get different information and responses from different locations. Additionally, they shared that norming sessions could be a valuable opportunity to ensure a “one band, one sound” mindset.
- **District direct was difficult to navigate.** One example given difficulty finding the form for authorized representative
- BAC members found it **difficult to understand which agencies were responsible for which benefits and how to navigate** across the various benefits that were required. They also shared that people who they talked to for support were often unaware of other agency programs, requirements. One key example given was interim disability assistance.
- **Provider access and network adequacy** came up multiple times with examples of providers indicating they accepted Medicaid and then later not understanding how to bill the appropriate plan, not being able to access providers in Maryland when there wasn't an appropriate District-based provider that could provide appropriate services.
- **BAC members and community members found notices confusing**, especially the volume of notices, the length, the language used, and the (seeming) lack of coordination (from a beneficiary perspective) of information.

DHCF goal: “how do we make it easier to “come through the door” and navigate to what services folks need?”



Announcements



Stay Connected to the BAC and the MCAC

The next meeting of the BAC will be this spring – we will reach out to you with further details in the coming weeks based on our conversation during today’s meeting. We look forward to seeing you all there!

If you (or other community members and partners) are not already receiving MCAC meeting invites, you can email the newly established dhcfMACandBAC@dc.gov and we will add you to the list.

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.