



FY 2026 Medicaid Advisory Committee (MAC) Meeting

June 24, 2026 | 5:30 PM – 7:30 PM ET

Virtual Meeting



Housekeeping

▶ **Introduce yourself in the chat:**

- Name
- Organization (if applicable)
- MAC member or non-member

▶ **Keep yourself muted unless speaking**

▶ **You can add questions to the chat or use the “Raise Hand” function**

▶ **This meeting will be recorded**

- DHCF will post a recording of the meeting on the [MAC webpage](#) after the meeting



Agenda

- ▶ **Welcome**
- ▶ **DHCF Updates and Discussion**
 - DHCF Report Q&A / Enrollment Update
 - DHCF FY2027 Budget Update
 - MMIS Transition Update
 - DHCF 1115 Waiver Update
 - Children's Health Updates
 - One Big Beautiful Bill Act (OB3) Medicaid Eligibility Changes
- ▶ **Subcommittee & Beneficiary Advisory Council (BAC) Report Out**
 - Long-Term Care (LTC) Subcommittee
 - Health System Redesign (HSR) Subcommittee
 - BAC
- ▶ **MAC Administrative Updates**
 - MAC Annual Report
 - FY 2027 MAC & BAC Planning
- ▶ **Next MAC Meeting**



DHCF Updates and Discussion

DHCF Report Q&A

DHCF FY2027 Budget Update

MMIS Transition Update

DHCF 1115 Waiver Update

Children's Health Updates

One Big Beautiful Bill Act (OB3) Medicaid Eligibility Changes



DHCF Report Q&A

SPA/Waiver/Rule Report
Eligibility and Enrollment Update



Enrollment Update

- ▶ Medicaid enrollment saw a substantial decrease in January 2026.
 - This is largely due to the transition of childless adults and parent/caretaker relatives with incomes above 138% FPL to HBX eligibility.
 - While the most recent months show a decrease, numbers will be higher when run in the future due to retroactive eligibility.
- ▶ The Alliance program, which is now inclusive of adults and children under age 21 formerly under the former Immigrant Children’s Program (ICP), has seen enrollment decreases since early 2025.
 - This is due in part to fewer applications and more individuals who must respond to a renewal notice to retain coverage.
 - For October 2025 and beyond, it also reflects a reduction in adult eligibility to 138% FPL and a moratorium on enrollment of new adults age 26 and older.
 - For comparison to current figures, FY 2019 (pre-PHE) average monthly enrollment for Alliance children was approximately 3,500 and for Alliance adults it was approximately 15,700.
- ▶ DHCF is updating the format of its enrollment reports, and the latest data will be posted by the end of July at: <https://dhcf.dc.gov/page/monthly-medicaid-and-alliance-enrollment-reports>

Program	FY2025					FY 2026 to date							
	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02	2026-03 (preliminary)	2026-04 (preliminary)	2026-05 (preliminary)
Total	310,429	309,018	308,486	306,999	306,113	303,076	300,191	298,415	278,304	278,058	274,600	271,334	268,648
Medicaid	278,204	277,158	276,966	276,062	275,891	276,222	275,394	275,101	256,986	257,974	256,132	254,262	252,267
Alliance children	5,777	5,676	5,619	5,465	5,302	5,085	4,837	4,584	4,241	4,018	3,725	3,448	3,278
Alliance adults	26,448	26,184	25,901	25,472	24,920	21,769	19,960	18,730	17,077	16,066	14,743	13,624	13,103



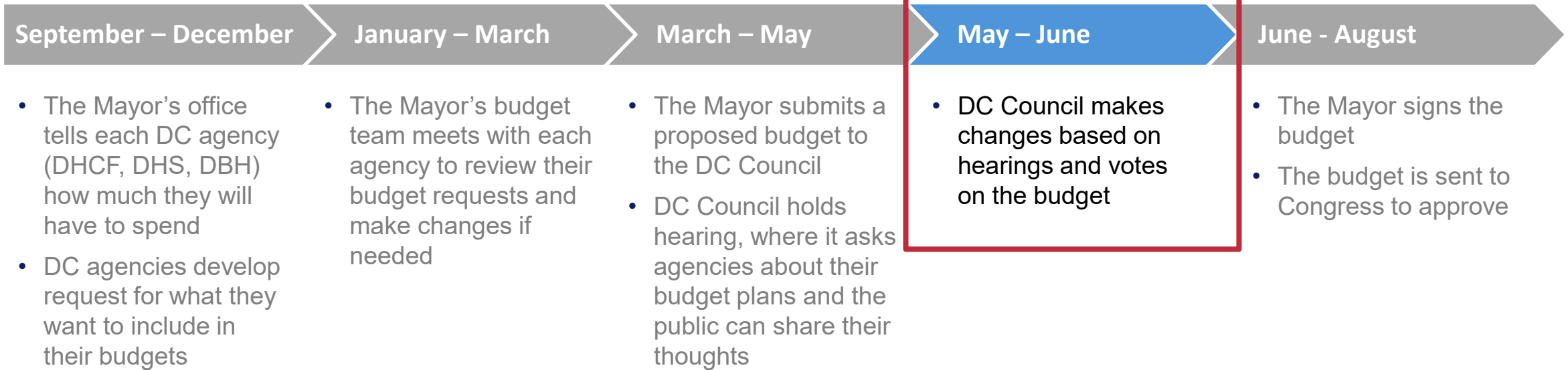
DHCF FY 2027 Budget Update



DHCF Budget Process Timeline

- ▶ DHCF worked with the Mayor’s office to make a budget plan for FY 2027 (October 1, 2026 – September 30, 2027).
- ▶ DHCF’s FY 2027 budget is now with the DC Council, which voted to incorporate its changes on June 23. A required second vote on the Budget Support Act is expected on July 7.

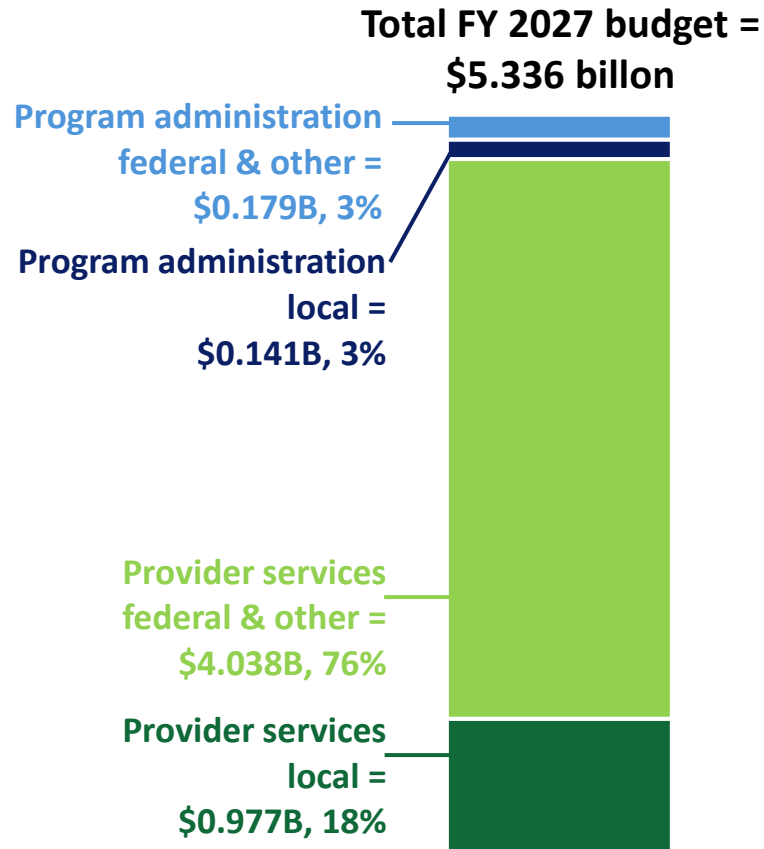
DHCF FY 2027 budget is at this step





DHCF's Proposed FY 2027 Budget Submitted by the Mayor

- ▶ DHCF's proposed FY 2027 budget submitted by the Mayor is smaller than last year (FY 2026) to help fill the budget gap



FY 2026 Budget	Proposed FY 2027 Budget	Change from FY 2026 to FY 2027
\$5.505 billion	\$5.336 billion	↓ - \$169 million

- ▶ About 1 in 5 dollars (21%) comes from DC local funding, and most of the rest comes from the federal government.
- ▶ Because the District gains about \$3 in federal funds for each local dollar spent on Medicaid (which is DHCF's largest program), it also means that DC loses \$3 federal for each \$1 local that gets cut from the budget.
- ▶ Most of DHCF's budget (94%) goes to **paying providers for the services** they give to DC residents.
- ▶ Only a small portion (6%) is used for **program administration** – the costs for running DHCF, like staff and contracts



DHCF Mayor's Proposed FY 2027 Budget Recap and Council Changes: Eligibility and Benefits



- ▶ DHCF's proposed FY27 budget keeps the current eligibility levels
 - Federal rules require some Medicaid eligibility changes between now and January 1, 2027
 - The Mayor's submitted budget did not make any other changes to who can enroll in DHCF programs
 - The Council voted to incorporate a change that would increase the number of people who can enroll in DHCF's Alliance program by lifting the moratorium on new adult enrollment
- ▶ DHCF plans to implement a single preferred drug list (SPDL)
 - This means that DHCF will create a list of prescription drugs that all Medicaid managed care plans (MCPs) and fee-for-service must cover
 - This will make sure Medicaid members get the same prescription drugs even if they switch health plans and save DHCF money



Additional Council Changes: Eligibility and Benefits

- ▶ In addition to increasing the number of people who can enroll in DHCF's Alliance program, the Council voted to incorporate eligibility and benefit changes that include:
 - Restoring certain services that were discontinued for the Alliance program as of October 2025
 - Adding Medicaid coverage and reimbursement for certain remote patient monitoring services for pregnant and postpartum beneficiaries, helping them collect information at home on their health conditions (such as high blood pressure and diabetes) to share with their health care providers
 - Adding funds to pay for administrative costs (such as eligibility system changes) associated with new Medicaid coverage of certain workers with disabilities; however, people would not be able to enroll unless funds are also provided for the medical costs of this coverage
 - Providing grant funds for federally qualified health centers (FQHCs) to serve uninsured patients who do not have health care coverage, including people who may lose Medicaid eligibility due to changes mandated by the federal government
 - Adding funding for certain people who will lose Health Benefits Exchange (HBX, also known as DC Health Link) coverage due to federal changes



DHCF Mayor's Proposed FY 2027 Budget Recap and Council Changes: Provider Payments



- ▶ DHCF's proposed budget includes some changes to provider payments in FY 2027
 - Stopping extra payments to teaching hospitals for direct medical education
 - These payments have helped teaching hospitals cover costs such as resident salaries
 - Although the Mayor's budget included this change, the [Council voted to continue these payments](#)
 - Paying for only 18 bed hold days in a fiscal year for intermediate care facilities serving individuals with intellectual disabilities
 - Pausing additional increases for dental providers, behavioral health providers, and direct support professionals while still maintaining higher payment rates that were put into place last year
 - Updating how much federally qualified health centers (FQHCs) are paid and continuing regularly scheduled updates for other providers



MMIS Transition Update



MMIS Transition Update

- ▶ DHCF continues to work with Gainwell to fine tune the system configuration.
- ▶ DHCF continues to provide support and additional information to improve provider's customer service experience with Gainwell
- ▶ Areas of concern:
 - Institutional claims are denying when the attending provider has multiple records in the system.
 - Prior authorizations cannot be added to the system if the beneficiary loses eligibility during the date span of the prior authorization.
 - Lingering issues related to claims subject to electronic visit verification (EVV)
 - Nursing facility eligibility updates impacting claims payment



DHCF 1115 Waiver Update



Update on DHCF's 1115 Health-Related Social Needs (HRSN) Services



- ▶ In June 2024, DHCF submitted an 1115 waiver renewal application, which included a request for authority to cover HRSN services, among other services
 - DHCF's waiver renewal application continues to be pending CMS approval
- ▶ In 2025, CMS [rescinded](#) the Biden Administration's health-related social needs framework, which DHCF referenced for our waiver renewal application
 - CMS is now only considering HRSN services on case-by-case basis
 - However, CMS has not approved any HRSN-focused 1115 waivers since 2024

HRSN services in DHCF's pending waiver renewal request:



Housing



Nutrition



Case Management,
Outreach, and Education



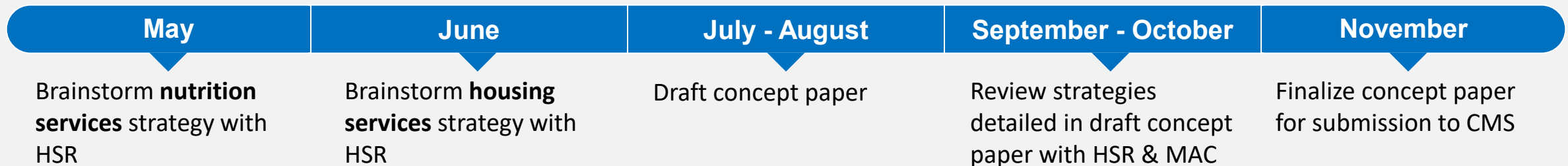
HRSN Infrastructure



Next Steps for 1115 Waiver HRSN Services

- ▶ To continue DHCF’s efforts to advance access to HRSN services, we are now focusing on services that:
 - Are more clinically-focused and targeted (e.g., population- or service-specific) to the needs of District residents
 - Align with current CMS priorities
- ▶ DHCF plans to develop a concept paper to receive initial feedback and align with CMS on a more focused HRSN approach, in the event that CMS does not proceed with our current request
 - HSR’s HRSN recommendations, adopted by the MAC in February 2026, will continue to guide the implementation of more focused HRSN strategies

DHCF Concept Paper Development





Children's Health Updates

Summary of Settlement Terms in Salazar v. District of Columbia



Court's Preliminary Approval of the Settlement Terms

- ▶ The District's Office of Attorney General filed the Settlement Agreement with the U.S. District Court of the District of Columbia on **October 31, 2025**.
- ▶ **May 1, 2026:** The Settlement Agreement was **preliminarily approved** by the Judge overseeing the case. After receiving preliminary approval, the District was required to publish notice to Plaintiff Class members on **DHCF website, via newspapers, and through the MCPs (via text and email)**.
- ▶ **August 13, 2026:** A **fairness hearing** will be conducted to ensure the Settlement Agreement is fair to the Plaintiff Class, and Settlement Agreement will be final and in place for two years (October 31, 2027).



Reporting & Notice Schedule

1. Post Class Notice on DHCF Website

- Within 10 business days of Preliminary Approval

2. Additional Notice to Class Within 30 Days of Preliminary Approval (by May 30)

- Published Class Notice in English in the Washington Informer and in Spanish in EL Tiempo Latino
- Provided Class Notice by email or text to class members for whom the District and the Managed Care Plans (MCPs) have contact information
- Issued [transmittal](#) to healthcare providers informing them of the settlement agreement and providing a link to the Class Notice
- Notify the following client-serving non-profit organizations of the Class Notice by mail:
 - University Legal Services – Disability Rights DC; Center for Children and Families at Georgetown University; DC Chapter of the American Academy of Pediatrics; Children’s Law Center; DC Children’s Advocacy Center; DC Legal Aid Society



Continuing Obligations for DHCF

- ▶ Send annual EPSDT and dental brochures to beneficiaries;
- ▶ Monitor beneficiary outreach by the MCPs, including collection of data currently in the HealthCheck outreach quarterly report submitted to the Court;
- ▶ Issue out-of-pocket reimbursement and three child health-related transmittals each year to Medicaid providers, addressing blood lead testing, dental services, and one subject of the District's choosing;
- ▶ Require the MCPs to submit annual CMS 416-specific data to DHCF and to publish such data on the MCP Webpage, MCP Performance Dashboard, or other publicly available DHCF website;
- ▶ Quarterly monitoring/reporting to continue with no publication requirement;
- ▶ Require training of pediatric providers at least every three years regarding the EPSDT benefit; and
- ▶ Maintain well-child visit and dental periodicity schedules per federal requirements.



New Obligations for DHCF

▶ Completed:

- Out-of-Pocket Reimbursement Regulations Now Final: Beneficiaries have one year to submit reimbursement requests and continued monitoring of timeliness; new forms on DHCF website and provider portal
- Medicaid Managed Care Information on DHCF's Website (<https://dhcf.dc.gov/page/medicaid-reports>) (416s, Annual Technical Reports, Report Cards, Quality Strategy and more)
- Annual Child Health Report Card to include comparison of all MCPs on child-health specific measures (to be included on MCP websites and enrollment packet)
- Revisions to DC's Well-Child Visit Periodicity Schedule
- Request Blood Lead Testing Point-of-Care Billing Code

▶ Upcoming throughout 2026 and 2027:

- Creation of Child Health Focused Subcommittee under Medicaid Advisory Committee (MAC) with MCP, Beneficiary, and Pediatric stakeholder community engagement;
- EPSDT Advisory Experts Consultation with DHCF;
- Develop Managed Care Performance Dashboard;
- Monitoring Timeliness Standards and Availability of MCP Provider Network;
- District-wide Value Based Payment (VBP) Program with MCPs; and
- Collaboration with Grant Funding to Child-Serving Organizations.



Terms Before October 31, 2026

1. Creation of a Child-Health Focused Subcommittee Within MAC

- DHCF leadership must draft a proposal and request the creation of the subcommittee. The proposal must require that the subcommittee discuss major proposed changes to EPSDT policies both before and after they take effect and provide a venue to receive input and feedback from MAC members and the public on child health service delivery issues.

2. Develop Managed Care Performance Dashboard

- Publish an MCP Performance Dashboard that displays, at a minimum, annual data on:
 - The child-health specific performance measures and child-specific CAHPS survey results reported in the District’s Annual Technical Report (ATR);
 - The CHIPRA Child Core Set;
 - The participant ratio reported on each MCP’s CMS Form 416 Report;
 - As they relate to children up to age 21: (1) the percentage of timely prior authorization decisions by MCP, pursuant to applicable District law, and (2) the percentage of grievances that are resolved timely, by MCP
 - Annual data on the MCPs’ performance in meeting the target goals set for each of the selected child-health metrics in the VBP program



Terms to Spend Down the Escrow Account

▶ **By November 30, 2026: EPSDT Advisory Experts**

- Work in good faith with the child health experts to provide access to requested District data and staff, to facilitate engagement with beneficiaries, providers and MCPs, and to consider proposed recommendations for implementation on child health service delivery issues.

▶ **In later 2026/2027: Grants to Child-Serving Organizations**

- Together with Plaintiffs, solicit and evaluate proposals for grant funding to benefit the Plaintiff class addressing programs to:
 - Improve access to care and address unmet needs of DC Medicaid beneficiaries under 21;
 - Support/expand pediatric healthcare workforce;
 - Targeted at educating/empowering parents/caregivers on health-related topics, including maintaining Medicaid coverage for children during implementation of federal changes in HR 1; and
 - Assist FQHCs to improve delivery and quality of pediatric health care.



Additional Terms Throughout Calendar Year 2026 & 2027

1. Implement and oversee a District-guided value-based payment (VBP) program

- **By September 30, 2027:** Publish an annual report reflective of prior year’s VBP program and outcomes, that includes:
 - The number of VBP arrangements across the District’s Managed Care Program;
 - The number of providers and provider organizations engaged in VBP arrangements with the District’s Medicaid Managed Care Program;
 - The level and type of risk assumed by providers in existing VBP arrangements, defined by the Health Care Payment Learning and Action Network;
 - The quality measures selected by the MCPs for their VBP arrangements;
 - The total value of payments made by MCPs to providers, if any, divided by plan; and
 - An overview of participating provider and MCP feedback



Q&A

Questions? Thank you!

*A full copy of the settlement agreement available on
<https://dhcf.dc.gov/page/salazar-agreement>*



One Big Beautiful Bill Act (OB3) Medicaid Eligibility Changes



New Federal Legislation Makes Changes to Medicaid Eligibility That Will Affect District Residents



- ▶ A new federal law, the One Big Beautiful Bill Act (OBBBA or OB3), changes how some people qualify for and stay enrolled in Medicaid
- ▶ These changes include:
 - Some persons with legal immigration statuses will lose Medicaid coverage on October 1, 2026
 - This impacts individuals across all Medicaid eligibility groups
 - *More details on the next slides*
 - Checking eligibility for some adults enrolled in Medicaid every 6 months, beginning on January 1, 2027
 - This only applies to the “childless adult” group
 - Medicaid retroactive coverage will change from 3 months to either 1 month (childless adults) or 2 months (others)
 - Work requirements for “childless adults” 19-64 enrolled in Medicaid, beginning on January 1, 2027
 - *More details on following slides*
 - OB3 also created similar but not identical work requirements enrollees in the SNAP program
- ▶ DHCF will be disseminating information on these changes through required individual notices to those affected and a communications and outreach campaigns



OB3 Imposes Restrictions on Some Non-Citizens Currently Eligible for Medicaid



Non-Citizen Eligibility Changes - Effective 10/1/26

- ▶ Definition of “Qualified Alien” eligible for Medicaid benefits and ACA Tax Credits amended to only include Lawful Permanent Residents (LPRs), certain Cuban and Haitian immigrants, and Compact of Free Association (COFA) migrants.

- ▶ **What to Know:**
 - CMS provided [written guidance](#) on these changes on April 8, 2026
 - The guidance confirms Medicaid eligibility will end on October 1, 2026 for certain populations such as refugees, humanitarian parolees, asylum grantees, certain abused spouses and children, trafficking victims, people granted conditional entry prior to 1980, individuals granted withholding of Deportation, and Amerasian entrants –*unless they gain a qualifying immigration status*



Noncitizen Eligibility Changes Restrict Medicaid Eligibility to Certain Immigration Categories Starting October 1



Groups Covered	Currently Covered?	Starting October 1, 2026
U.S. Citizens	✓	✓
Lawful Permanent Residents (LPRs) aka Green Card Holders who meet the 5-Year Bar*	✓	✓
Cuban/Haitian entrants	✓	✓
Members of federally recognized tribes, COFA migrants, etc.	✓	✓
Refugees/Asylees	✓	✗
Victims of Trafficking	✓	✗
TPS and DED holders	✓	✗
Individuals paroled into the U.S. for at least one year	✓	✗

*Note: There are some exceptions to the LPR groups. For example, LPR generally face a 5-year waiting period before Medicaid eligibility, **however**, LPRs here under 5 years who are also refugees or asylees may access Medicaid without waiting if you hold LPR status.



Noncitizen Eligibility Changes Do Not Pertain to Children Under 21, Pregnant Women, and Emergency Medicaid



Beginning October 1, 2026:

- ▶ **Children under age 21 and pregnant women who are lawfully residing in the U.S. without meeting the five-year waiting period will continue to be eligible.**
- ▶ Currently, **District does not expect impact to the FCEP/Unborn Child eligibility category**, but we are awaiting additional guidance from CMS on FCEP/Unborn impact of this OBBBA provision, if any.
- ▶ **Emergency Medicaid:** If you no longer qualify for Medicaid due to your immigration status after October 1, 2026, you can still get help for medical emergencies.



Work Requirements Require Some to Report Work, Education, or Volunteer Hours (and Combinations of) to Retain Medicaid Coverage

- ▶ Starting on January 1, 2027, some adults will need to report work, school, or volunteer activities to get or keep their Medicaid coverage
- ▶ Impacted adults in the Childless Adult eligibility group will be able to meet the work requirements by meeting one or more of the following criteria in the relevant "look-back" period:
 - Work at least 80 hours
 - Complete at least 80 hours of community service
 - Participate in a work program for at least 80 hours
 - Is enrolled in an educational program at least half-time
 - Engage in any combination of the above for at a total of at least 80 hours
 - A monthly income that equals at least 80 hours of work at federal minimum wage
 - For seasonal work: An average monthly income over six months that equals at least 80 hours at federal minimum wage



Work Requirements Apply Only Within the Childless Adults Eligibility Group and Not to Others



- ▶ Work requirements will only apply to the “childless adult” eligibility group
 - The “childless adult” group refers to low-income adults ages 19 – 64 who do not have dependent children and who are not eligible for Medicare
 - There are exemptions to work requirements available (*details on the following slide*) to those in this group
 - We expect ~22% of the Medicaid population to be affected by work requirements
- ▶ Many Medicaid groups will **not be impacted** by work requirements
 - Anyone who qualifies for Medicaid through a health condition or disability (the “non-MAGI” eligibility group)
 - Anyone in a waiver or long-term care program
 - Anyone 18 years or younger; or 65 years or older
 - We expect ~78% of the Medicaid population will not be affected by work requirements



Individuals Within the Childless Adult Category May Be Exempt if They Meet the Following Exemptions



- ▶ Individuals who are enrolled in or qualify for Medicare
 - ▶ Current or former foster care youth
 - ▶ American Indians and Alaskan Natives
 - ▶ Veterans with total disability
 - ▶ Individuals who are subject to and meeting work requirements from SNAP or TANF
 - ▶ Individuals participating in a drug addiction or alcoholic treatment and rehabilitation program
 - ▶ Individuals who are inmates of a public institution or released in past 90 days
 - ▶ Individuals who are pregnant or postpartum
 - ▶ Parents, guardians, caretaker relatives, or family caregivers
- ▶ Individuals who are medically frail or have special medical needs, which includes those who:
 - Are blind or disabled
 - Have a substance use disorder
 - Have a mental health disorder
 - Have a physical, intellectual, or developmental disability that makes it hard to do daily activities (like bathing, dressing, daily chores)
 - Who has a serious or complex medical condition
 - ▶ Individuals who are experiencing short-term hardships, such as:
 - Receiving care in a hospital, nursing facility, psychiatric hospital or similar setting
 - Needing to travel outside of DC for medical care
 - Have been impacted by a federally-declared emergency
 - ▶ *More information on these on the following slide*



CMS Released an Interim Final Rule on June 1, 2026 With Additional Detail on Medical Frailty and Other Related Provisions



- ▶ On June 1, 2026, CMS released an Interim Final Rule on Work Requirements
 - The Rule is 387 pages so this analysis of the IFR and its impacts is preliminary, and in-depth analysis is ongoing
 - We are sharing what we see as 2 important and previously unexpected portions of the Rule
- ▶ The Rule requires that those who have certain qualifying condition for the medical frailty exemption also have the condition "significantly impact" their ability to comply with work requirements
 - This raises a question whether medical diagnosis that qualifies for medical frailty is sufficient on its own to determine someone is exempt from work requirements for the reason of medical frailty
 - Other exemptions to work requirements can be automatic if DHCF has the relevant data – establishing a process to determine whether a medical condition “significantly impacts” a beneficiary's ability to comply on work requirements is potentially a more layered analysis.
 - For 2027, self-attestation for medical frailty and other exemptions is still permissible
 - Burden potentially increases in 2028 when self-attestation can no longer solely be accepted as proof of medical frailty and the District may have to request additional proof/documentation (where electronic information is not available).
- ▶ The Interim Final Rule seems to deny states the ability to use their data on inpatient/other medical stays to allow for automatic grant of exceptions for short term hardships -and requires that residents first request to be excepted.
- ▶ DHCF and other States are seeking guidance and clarification from CMS on many aspects of the IFR.



DHCF is Sharing Information on OB3 Changes to Affected Residents Directly, Through Ads, and at Regular Public Meetings



- ▶ DHCF will share information to help members and partners understand work requirements and other OB3 related eligibility changes in a Communications Campaign designed by our communications vendor. This will include:
 - Sending information directly to Medicaid members who are affected at the address or phone or email we have
 - Placing advertisements on radio, TV, Metro buses, and more
 - Creating a Toolkit with social media posts, flyers, and other materials for community partners to use
 - An Outreach Campaign in the community to let people know about these changes firsthand (*more info next slide*)

- ▶ DHCF has a series of regular online trainings and meetings on eligibility, continuing indefinitely

- ▶ Email Medicaid.renewal@dc.gov if you want to receive the calendar invite and reminders for those meetings



DHCF is Planning a Community Outreach Campaign

- ▶ DHCF will train and brief key community groups assisting residents affected by OB3 eligibility changes
 - For those with “assisters” who help residents with Medicaid eligibility, DHCF may be able to provide a training for the staff who will work with residents affected by these eligibility changes
 - DHCF will have more information available to share in trainings and briefings after its Rule and State Plan Amendment on Work Requirements are finalized in September
 - DHCF is looking for providers and nonprofits with Medicaid clients to share information in newsletters, via email, etc. on Noncitizen Eligibility Changes, Work Requirements, and retroactive coverage changes
 - *Open call to MAC attendees if you know of someone who would be great to share this information.*



DHCF is Planning a Community Outreach Campaign

- ▶ DHCF wants to use trusted community messengers, especially those focused on residents with Medicaid located in Wards 7 and 8, to disseminate information on eligibility changes and what residents can do
 - *Open call to MAC attendees for who would be a great messenger on these changes*
- ▶ DHCF and DHS will attend community events where they can table and share information on eligibility changes
 - *Open call to MAC attendees for what events September onward would be great for visibility*
- ▶ Share any offers or suggestions in the Chat or to medicaid.renewal@dc.gov



Subcommittee & Beneficiary Advisory Council (BAC) Report Out

Long-Term Care (LTC) Subcommittee

Health System Redesign (HSR) Subcommittee

BAC



MAC Administrative Updates

MAC Annual Report

FY 2027 MAC & BAC Planning



MAC Annual Report

- ▶ Per CMS' 2025 Access Final Rule, DHCF is required to published an annual report that details MAC and BAC activities, topics covered, recommendations, and DHCF's responses to the recommendations
 - The report must be finalized by July 9, 2026
- ▶ DHCF emailed the draft Annual Report to MAC and BAC members on Monday, June 15 – comments and feedback are due by **5:00pm on Monday, June 29**
 - Comments should be sent to dhcfmacandbac@dc.gov
- ▶ The Annual Report will be published on the MAC and BAC websites once finalized



Does the MAC have any questions or initial feedback for DHCF about the MAC Annual Report?



FY 2027 MAC & BAC Applications

- ▶ DHCF will open the FY 2027 MAC and BAC application the week of June 29, providing a 4-week application period
 - We will be using a single application form for both the MAC and BAC
 - New MAC and BAC members will begin their terms in October 2026; term lengths will vary from 1 – 3 years due to upcoming structural changes
- ▶ As a reminder, DHCF is making several structural changes in FY 2027 to comply with CMS' 2024 Access Final Rule
 - The number of voting MAC members will increase to 21, and will include:
 - 6 Beneficiary Advisory Committee (BAC) members
 - 5 members representing consumer advocacy groups or other community-based organizations
 - 7 provider members
 - 3 managed care plan members (1 from CASSIP, 1 from DSNP, and 1 from Healthy Families – rotating annually)
 - MAC members may no longer serve consecutive terms



Next Steps for FY 2027 MAC Planning

- ▶ DHCF is now accepting nominations for the MAC Chair and Vice Chair for FY 2027
 - MAC members can send your nominations to dhcfmacandbac@dc.gov
- ▶ We will reserve part of the next MAC meeting – currently scheduled for **Wednesday, August 26 at 5:30pm** – for a brief closed session to vote on both new MAC membership and leadership
 - DHCF will conduct outreach to MAC members to confirm your availability for the August meeting so we can ensure there will be a quorum present
- ▶ The CMS Access Final Rule requires that states offer a variety of meeting attendance options (e.g., virtual, in-person, and hybrid)
 - DHCF will also seek input from MAC members on whether there is interest in meeting in-person for the **October 28, 2026 MAC meeting**



Public Announcements



Get Involved and Make Sure You're Getting Updates

- ▶ **The next MAC meeting is currently scheduled for Wednesday, August 26 from 5:30 – 7:30 PM.**
- ▶ If you (or other community members and partners) are not already receiving MAC meeting invites, you can email dhcfMACandBAC@dc.gov and we will add you to the list.
- ▶ **If you are already receiving MAC invites and emails, no action is needed.**

Other upcoming meetings

- ▶ **Health System Redesign (HSR) Subcommittee:** Thursday, June 25, 2:00 – 3:30 PM
- ▶ **Beneficiary Advisory Council (BAC):** Thursday, August 20, 6:00 – 7:30 PM (*closed meeting*)
- ▶ **Long-Term Care (LTC) Subcommittee:** Wednesday, September 23, 2026, 2:00 – 3:30pm