

**Medicaid Advisory Committee (MAC)
 Quarter 2 Meeting
 Friday, December 19, 2025, 12-1 p.m. via Teams
 Meeting Minutes**

Medicaid and State staff in attendance:

- Kristin Pono Sousa, Medicaid Program Director
- Lissa DiMauro, Associate Director, Medicaid Program Operations
- Jerry Fingerut, MD, Medical Director
- Collette Onyejekwe, Chief of Pharmacy & Related Services
- Debbie Morales, Assistant Director, Medicaid Program Administration
- Stephanie Menders, EOHHS Chief Public Affairs Officer
- Amy Hulberg, Administrator for Medical Services
- Damaris Teixeira, Health Program Administrator, BAC and MAC Administrator

<p>MAC members in Attendance:</p> <ul style="list-style-type: none"> • Gary Bubly • Margaret Holland-McDuff • Beth Lange • T.J. Martineau • Kie O’Donnell • Christopher Ottiano • Tara Pratt • Jen Raney • Mireille Sayaf • Heather Smith • Rashida Taher • Frannie West 	<p>Ex-Officio State Agency Representatives in Attendance:</p> <ul style="list-style-type: none"> • Kristine Campagna, RI Department of Health (RIDOH) • Deborah Garneau, RI Department of Health (RIDOH) • Dawn Gonsalves, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) • Jason Lyon, Department of Children, Youth and Families (DCYF) • Kathie Mazza, HealthSource RI (HSRI) • Derek Tevyaw, Health Source RI (HSRI)
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<p>BAC members in Attendance:</p> <ul style="list-style-type: none"> • Cristina Amedeo, BAC Chair • Naiommy Baret, BAC Vice-Chair 	<ul style="list-style-type: none"> • Rose Leandre, Department of Human Services (DHS) • Marisa Vieira, Department of Human Services (DHS)
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<p>Welcome and Introductions</p>	<p>Gary Bubly, MAC Chair and T.J. Martineau, MAC Vice-Chair Cristina Amedeo, BAC Chair and Naiommy Baret, BAC Vice-Chair were introduced</p> <ul style="list-style-type: none"> • Meeting chairs welcomed members and acknowledged the recent statewide crises affecting the healthcare system fragility, workforce strain, and the recent shooting at Brown University. Recognition given to the healthcare system’s emergency response and coordination across agencies. • The agenda was shared on the screen, and focus areas noted included: approval of prior meeting minutes, conflict of interest disclosures, overview and discussion of House Resolution 1 (H.R. 1) legislation impacts, and MAC priorities and next steps.
<p>Approval of Meeting Minutes</p>	<ul style="list-style-type: none"> • Minutes from the September 3, 2025 meeting were reviewed. • A motion to approve was made and seconded. • No objections were raised. • Outcome: Minutes were approved.
<p>Conflict of Interest Disclosures</p>	<ul style="list-style-type: none"> • Members were reminded that conflict of interest disclosures are only required if an actual conflict exists. • A small number of disclosures were submitted proactively. • No conflicts impacting the meeting were identified. • Any questions should be sent to Damaris Teixeira at damaris.r.teixeira@ohhs.ri.gov.

**New Business
Updates about H.R. 1
legislation and RI impact
Understanding the
Medicaid Process**

- Kristin Pono Sousa, Medicaid Program Director, provided an overview of House Resolution 1 (H.R. 1) legislation (Medicaid Focus). Key points:
 - H.R. 1 was signed into law in July 2025 by the Federal government and in Rhode Island it will impact Medicaid, SNAP, and HealthSource RI.
 - The State of Rhode Island is reviewing these new laws and how they will affect Medicaid. The earliest changes will start in the Fall of 2026, but most changes will happen later. The State will share information as it gets closer to that time.
 - What will change with Medicaid?
 - For our Expansion members (low-income childless adults between 19 and 64) the new law means:
 - Medicaid eligibility will need to be renewed every 6 months (instead of annually).
 - Individuals will be required to meet work requirements or community engagement requirements unless they qualify for an exemption. Currently the Medicaid program in RI does not have those requirements.
 - Cost share may be imposed on certain Medicaid services.
 - The law also updates which immigration statuses qualify for Medicaid.
 - An estimated 9,000 individuals in RI may lose Medicaid eligibility due to the new legislation, including individuals in the adult expansion population, disabled individuals, or individuals with immigration statuses that don't qualify for Medicaid.
 - Some individuals losing eligibility will have no pathway back to Medicaid, raising concerns for medically complex populations.
 - The State will build a robust communication strategy to share important information with Medicaid members, providers, and the community at large about the upcoming changes.

- Kristin Pono Sousa provided an overview of the Medicaid program structure and change process. Key points:

	<ul style="list-style-type: none"> ○ Medicaid is a state and federally funded health insurer for people exhibiting categorical or financial need. The Centers for Medicare and Medicaid Services (CMS) relies on states to administer their own Medicaid programs. In Rhode Island, the Executive Office of Health & Human Services (EOHHS) serves as the Single State Agency for Medicaid. The Department of Human Services (DHS) is the delegated authority to determine eligibility in RI. ○ In Rhode Island, the bulk of the Medicaid program is managed and run through managed care plans which deliver services on a capitated basis. There are three managed care vendors who provide these benefits across RI. ○ The process for making changes to the Medicaid program requires a partnership between the State and federal government through two mechanisms the Medicaid State Plan and the Section 1115 waiver demonstration. These serve as contracts between the State and CMS that delineate eligibility standards and services, provider requirements, how we contract with our managed care organizations, payment methods, etc. ○ At the State level, Medicaid works with the Governor’s Office, the Legislature, and the Office of Management and Budget through either budget articles or state law which direct the agency to make changes or updates. The agency then seeks authority from the federal government. This is a bidirectional process. This is a lengthy process with many negotiations and long implementation timelines. ○ A realistic timeline for advocates and providers interested in suggesting changes to the Medicaid program is anywhere between 18 to 24 months.
<p>Open Discussion – Key Themes of Concern</p>	<ul style="list-style-type: none"> ● Gary Bubly and T.J. Martineau open discussion with MAC members: <ul style="list-style-type: none"> ○ Key Themes of Concern: <ul style="list-style-type: none"> A. Coverage Loss and Churn <ul style="list-style-type: none"> ● Six-month redetermination can increase the risk of coverage gaps. ● Missed notices, administrative complexity, housing instability, and lack of access to technology are major risk factors.

- Even short gaps can disrupt, for example: continuity of care, home- and community-based services, and employment and housing stability.
- Data tracking and transparency around disenrollment and churn will be critical for advocacy and policy adjustment.

B. Communication Challenges

- Medicaid notices are complex and difficult to change.
- Proactive, simplified communication is essential to reducing avoidable coverage loss to members. Opportunities exist to create supplemental communication tools such as: simple, plain-language materials, FAQs, visual aids, QR codes linking directly to support resources.
- Lessons learned from post-pandemic redeterminations should be applied.
- Community partners are often the first point of contact for affected individuals. As such, they must be equipped with consistent, clear tools to support members.

C. Outreach Strategies

- Traditional mail and email are often ineffective.
- Text messaging, apps, and in-person support showed better results previously.
- Importance of reminding members to update contact information when moving.
- Coordination with other public assistance programs is critical.
- Consideration of non-traditional outreach (e.g., transit ads, public signage).

D. Pharmacy & Emerging Therapies

- Discussion acknowledged the growing importance of high-cost, high-impact (e.g., specialty drugs, gene therapies) treatments. These offer significant long-term benefit but pose affordability and access challenges.
- Certain medications (e.g., GLP-1s) are currently covered by Medicaid.
- Balancing cost control with improved outcomes remains a priority.

<p>MAC Structure and Priorities: Discussion of Potential Subcommittees and Next Steps</p>	<ul style="list-style-type: none"> • The committee agreed that meaningful progress requires focused work between quarterly meetings. To that end, MAC chairs Gary Bubly and T.J. Martineau proposed forming targeted subcommittees to develop recommendations aligned with the H.R. 1 implementation timeline and upcoming budget cycles. Potential subcommittees (names are not final): <ol style="list-style-type: none"> 1. HR1 Impact & Re-enrollment <ul style="list-style-type: none"> • Focus on eligibility changes, churn, and continuity of care. 2. Communications & Outreach <ul style="list-style-type: none"> • Develop member- and provider-facing tools and strategies. 3. Pharmacy & Therapeutic Access <ul style="list-style-type: none"> • Address coverage, affordability, and outcomes for emerging treatments. • Members will be invited to indicate interest in one or more subcommittees after the New Year. • Alignment across advisory bodies, such as the Medicaid Beneficiary Advisory Council (BAC) and their priorities, particularly around access and communication strengthens impact and avoids duplicative efforts.
<p>Administrative Notes: Public Meetings Attendance Requirements Annual Report</p>	<ul style="list-style-type: none"> • At least two MAC meetings per year need to be open to the public. A notice of meetings designated as open to the public will be posted on the Secretary of State website at least forty-eight (48) hours in advance of the meeting. • MAC members were reminded of attendance requirements and about the need to provide advanced notice when they won't be able to attend a meeting. • An annual report summarizing MAC, as well as BAC, activities is required by July 9, 2026.

Action Items	<ul style="list-style-type: none"> • Damaris will distribute to MAC members a follow-up communication outlining the proposed subcommittees, as well as collect member interest via survey or email for subcommittee participation. • MAC chairs and Medicaid staff will establish subcommittees based on survey results and set meeting schedules. Subcommittee meetings should begin prior to the next quarterly meeting scheduled for Friday, March 27, 2026. • Share advisory group priorities once finalized to support alignment with Medicaid Beneficiary Advisory Council (BAC) priorities. • Integrate communication recommendations with existing state outreach efforts. • Track and analyze enrollment churn data as implementation approaches.
Future Meeting Dates	<ul style="list-style-type: none"> • Friday, March 27, 2026, 12-1 p.m., via Teams • Monday, June 22, 2026, 4-5 p.m., via Teams
Adjournment	<ul style="list-style-type: none"> • Meeting adjourned at 1 p.m.