

**Medicaid Beneficiary Advisory Council (BAC)  
Quarter 3 Meeting  
Tuesday, March 24, 2026, 1-2:30 p.m., via Teams  
Meeting Minutes**

Medicaid and State staff in attendance:

- Lissa DiMauro, Associate Director, Medicaid Program Operations
- Jerry Fingerut, MD, Medical Director, Medicaid
- Damaris Teixeira, Health Program Administrator, BAC and MAC Administrator
- Stephanie Menders, EOHHS Chief Public Affairs Officer
- Debbie Morales, Assistant Director, Medicaid Program Administration
- Amy Hulberg, Medicaid Policy Director

BAC members in attendance\*:

- Miosotis Alsina
- Cristina Amedeo
- Naiommy Baret
- Jenine Bressner
- Sabrina Calvert
- Suenelly Cortes
- Alexandr Grey
- Luisa Murillo

\* Some members in attendance asked to keep their names private.

<p><b>Welcome and Introductions</b></p>	<p>Cristina Amedeo, BAC Chair Naiommy Baret, BAC Vice-Chair</p> <ul style="list-style-type: none"> <li>• Meeting chairs welcomed members and introduced the agenda.</li> <li>• Members were asked to share a song that came to mind because of the sunny weather. Members shared <i>Here Comes the Sun</i> from The Beatles , <i>Vivir Mi Vida</i> from Marc Anthony, <i>You are My Sunshine</i>, and a few others.</li> </ul>
<p><b>Housekeeping Details BAC Meeting Conduct and Norms Conflict of Interest Disclosure</b></p>	<ul style="list-style-type: none"> <li>• Reminders were provided regarding the BAC Meeting Conduct and Norms, and the Conflict of Interest Disclosure policy.</li> <li>• Any questions should be sent to Damaris Teixeira.</li> </ul>
<p><b>Approval of Meeting Minutes</b></p>	<ul style="list-style-type: none"> <li>• Minutes from the December 16, 2025, meeting were reviewed.</li> <li>• A motion to approve was made and seconded.</li> <li>• No objections were raised.</li> <li>• Outcome: Minutes were approved as circulated in January 2026.</li> </ul>
<p><b>Old Business Recap</b></p>	<ul style="list-style-type: none"> <li>• An overview was provided of the BAC Communications &amp; Education Subcommittee meeting on February 18, 2026. The focus of the meeting centered around discussing member feedback of DHS communication materials shared with the BAC in December 2025.</li> <li>• Members provided feedback before the meeting via email as well as verbally during the subcommittee meeting.</li> <li>• An executive summary and a document detailing the feedback and recommendations for improving the four resources were submitted to DHS on March 11, 2026 for the following materials: <ul style="list-style-type: none"> <li>○ Ways to Reach DHS</li> <li>○ What Happens Next</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ LTSS Application Receipt Letter</li><li>○ DHS Application Video</li><li>● Key concerns identified by members included:<ul style="list-style-type: none"><li>○ Dense text and formatting</li><li>○ Confusing organization</li><li>○ Inconsistent timelines</li><li>○ Technical language</li><li>○ Fear-triggering immigration language</li></ul></li><li>● Core recommendations included:<ul style="list-style-type: none"><li>○ Use plain language</li><li>○ Simplify layout</li><li>○ Standardize timelines</li><li>○ Clarify messaging</li><li>○ Community-based assistance model (e.g., SHIP, VITA)</li><li>○ Use community partners (CAP agencies, United Way, RIPIN, etc.)</li><li>○ Provide clear office capabilities and locations</li><li>○ Convert trifold into a booklet</li><li>○ Use QR codes/short URLs</li><li>○ Simplify immigration language</li></ul></li><li>● Other access and equity concerns identified included:<ul style="list-style-type: none"><li>○ Limited digital access</li><li>○ Low digital literacy</li><li>○ Phone/data limitations</li></ul></li><li>● BAC chairs requested that DHS provide a response to the council regarding the feedback provided, indicating which recommendations would be feasible, a general timeline guidance when available, and for them to identify items that cannot be implemented and why. The BAC is awaiting DHS response.</li></ul>
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**New Business**  
**Overview and discussion**  
**Medicaid changes due to**  
**H.R. 1 legislation**

Presenter – Stephanie Menders, EOHHS Chief Public Affairs Officer

- Provided summary of H.R. 1 legislation the new Federal laws impacting Medicaid and which Rhode Island must comply with. Discussion focused on three major changes with various effective dates:
  1. Six-month renewals, effective January 1, 2027
  2. Community engagement (work requirements), effective January 1, 2027
  3. Non-citizen eligibility changes, effective October 1, 2026

**Topic 1: Six-Month Renewals**

- Effective **January 1, 2027**.
- Applies to **adults who have Medicaid through the “expansion program,” also known as Medicaid expansion adults population (adults between the ages 19–64, who are not pregnant, are not a parent/caretaker of a minor child, and do not have Medicare).**
- Renewal frequency: Some Medicaid members will need to renew their coverage every 6 months instead of once a year.
- BAC members were asked to share their concerns about this change, their experiences with renewals, and suggestions for communicating changes to Medicaid members.

**Topic 1: Issues Raised, Current Member Experiences, and Suggestions Shared**

Issues Raised:

- Portal does not function properly, it’s not reliable, and the overall experience is inconsistent.
- Uploading documents is not easy and often unsuccessful, and files aren’t saved after uploading.
- Confusing eligibility messaging given to applicants when they apply for services.
- Poor website design leads to bad user experience, the system does not automatically save progress made on applications before they are submitted.

Suggestions made to improve portal user experience:

1. Provide an alternative to the portal for applicants or members to submit documents, for example by sending documents to a secure email.

Response by Medicaid staff:

This is not currently available, but the suggestion is noted as a future system improvement and will be reviewed.

2. Add an auto-saving function to the portal/website to improve website use experience.

Response by Medicaid staff:

This suggestion is noted as a future system improvement and will be reviewed.

Suggestions made to communicate upcoming six-month renewal changes to Medicaid members:

1. Consider running public service announcements (PSA) about the changes on multi-lingual radio stations.

Response by Medicaid staff:

This idea was strongly supported, and staff acknowledged it has been an effective strategy in the past.

2. Consider expanding presence on social media to communicate with a larger audience. Platforms suggested:

- Facebook
- Instagram

Response from Medicaid staff:

These are already used but will continue to expand outreach.

3. Other channels suggested for sharing information about the changes include:

- WhatsApp (use channels and stories for multi-lingual reach)
- Reddit
- Ads on public buses (RIPTA)
- Church bulletins

- Gas stations
- Libraries
- TV ads
- Printed directories/booklets

Response from Medicaid staff:

All these options were acknowledged as valuable and noted for future consideration.

4. Consider using texting platforms such as Simple Texting, Spruce, or Textline to send out reminders to Medicaid members about upcoming changes, requirements, and steps to take.

Response from Medicaid staff:

These were acknowledged as valuable suggestions for the State to explore. It was noted that the State has limited capability, if services like these were used the State would need to comply with opt-in laws. These suggestions might be good for use with community partners.

5. Develop guidance and information to provide to Medicaid members about what documents they will need before their six-month renewals reviews are due to be completed. It would be helpful for people who are unhoused or people facing mental health conditions.

Response from Medicaid staff:

This idea was strongly supported by BAC members and Medicaid staff and will be considered as communication materials are developed.

**Topic 2: Community Engagement (Work) Requirements**

- Effective **January 1, 2027**.
- Applies to **adults who have Medicaid through the “expansion program,” also known as Medicaid expansion adult population (adults between the ages 19–64, who are not pregnant, are not a parent/caretaker of a minor child, and do not have Medicare).**
- Some Medicaid members will have to complete 80 hours (a month) of work, education, job training, and/or community service to keep their coverage.

- Members may have to show proof that they are meeting the requirement before application or before renewal.
- BAC members were asked to share their concerns about this change, their experiences with renewals, and suggestions for communicating changes to Medicaid members.

**Topic 2: Issues Raised, Current Member Experiences, and Suggestions Shared**

Issues raised:

- Clarify terminology, what is meant by “community engagement” and “work requirements”?
- The phrase “work requirement” creates fear. The phrase “community engagement” is too vague.

Suggestions made:

1. Use consistent and clear terminology in materials.

Response by Medicaid staff:

Agreed and will work to ensure this happens in future communication materials.

2. Provide clear examples and definitions of what activities are acceptable to meet the requirements.

Response by Medicaid staff:

Agreed and will work to procure adequate guidance to have appropriate examples and definitions in materials.

3. Consider creating a dedicated help line support number for people with questions about this requirement to call.

Response by Medicaid staff:

No, currently there isn't a dedicated line for this type of question, and there are no plans to create one currently. Members would have to call the regular DHS number for help.

4. Create a shared mailing list/newsletter for agencies to use as a centralized partner communication system through which information would be shared out to agencies.

Response by Medicaid staff:

This already exists, there are a few DHS and EOHHS lists currently in use. These lists will continue to be expanded to reach more agencies. In the past, EOHHS/Medicaid created toolkits with information and is currently exploring the idea of doing this again for communicating HR 1 information.

5. Targeted vs broad communications strategy about these HR 1 changes:

Most BAC members agreed that communications about these HR 1 changes should be sent out to all Medicaid members because some households have families that fall into different Medicaid eligibility groups. Sharing the information with all Medicaid members would help make everyone aware of upcoming changes and who would be impacted. However, a few BAC members suggested that a hybrid approach (targeted and broad) to communications which clearly provides messaging outlining who is affected and who is not affected by a specific change would be extremely important.

Response from Medicaid staff:

This suggestion was noted, and Medicaid will review and evaluate this approach to determine best way to proceed. Decision is pending.

### **Topic 3: Non-Citizen Eligibility Changes**

- Effective **October 1, 2026**.
- Will impact adults who have Medicaid but are not U.S. citizens.
- Only these groups of non-citizens will remain eligible for Medicaid:
  - Lawfully permanent residents (after the 5-year waiting period)
  - Cuban/Haitian entrants
  - COFA migrants (i.e. people from Micronesia, the Marshall Islands, and Palu)
  - And children and pregnant people
- Coverage remains for
  - Children, pregnant individuals, and emergency care (all statuses)

**Topic 3: Issues Raised, Current Member Experiences, and Suggestions Shared**

Issues raised:

- Need to provide a list of alternative resources available to people impacted by this change.
- Is there an opportunity to offer services to this population by volunteer organizations at a reduced cost or sliding scale?

Suggestions made:

1. Include with notices informing people they are no longer eligible, a list of resources that can be accessed by them once this becomes effective. This list should include information for food and support resources/services, such as 211, food banks, food pantries, the Hope Steet Market, etc.

Response by Medicaid staff:

Agreed and Medicaid will consider including a list of resources in mailings.

2. Share information through outreach in community-based groups such as cultural clubs and other immigrant networks.

Response by Medicaid staff:

Agreed this is a good idea, and Medicaid will consider exploring it.

3. Encourage medical providers to offer services at a reduced cost on a sliding-scale model as a way for patients to keep their providers. RI Primary Care Physicians Corporation was mentioned as a potential path to explore when thinking about this idea.

Response by Medicaid staff:

This was acknowledged as a positive idea. BAC chairs suggested sharing this idea with the MAC to get their feedback. Note this is not a Medicaid lead effort.

4. A BAC member mentioned there are ongoing discussions happening with other groups [outside BAC meetings] she works with where they're considering raising funds in the community to establish volunteer clinics with access to doctors, nurses, and mental health providers. This has not been formalized.

	<p>Response by Medicaid staff:</p> <p>This was acknowledged as a positive idea. Note this is not a Medicaid lead effort.</p>
<p><b>New Business</b></p> <p><b>New DHS Resources for BAC to Review</b></p>	<ul style="list-style-type: none"> <li>• DHS shared seven (7) one-pagers for the BAC to review and provide feedback. They are: <ul style="list-style-type: none"> <li>• Katie Beckett</li> <li>• Women’s Cancer Screening</li> <li>• Medicaid Buy-In</li> <li>• Emergency Medicaid</li> <li>• Medicaid (19–64)</li> <li>• Medicaid (16+)</li> <li>• Medicare Premium Payment Program</li> </ul> </li> <li>• BAC members have two options for how to provide feedback: <ul style="list-style-type: none"> <li>• Type responses, including concerns and suggestions, and email them to Damaris Teixeira <b>by April 8, 2026</b>, or</li> <li>• Provide feedback <b>at the April 8, 2026</b>, BAC Communications &amp; Education Subcommittee meeting.</li> </ul> </li> <li>• Chairs will set up a shared folder with documents for easy access.</li> </ul>
<p><b>Next Steps, Action Items, and Closing</b></p>	<ul style="list-style-type: none"> <li>• BAC members to review seven (7) DHS one-pagers and provide feedback <b>by April 8, 2026</b> (process noted above).</li> <li>• BAC chairs will attend the MAC meeting and provide a summary of this discussion, and more specifically relay the suggestion regarding the idea of proposing that medical providers offer services at a reduced cost on a sliding-scale model as a way for patients to keep their providers.</li> <li>• BAC Communications &amp; Education Subcommittee, April 8, 2026, from 1-2:30 p.m., on Teams</li> </ul>
<p><b>Future Meeting Dates</b></p>	<p>Meeting Schedule: Medicaid Beneficiary Advisory Council (BAC) 2025-2026</p> <ul style="list-style-type: none"> <li>• Tuesday, June 16, 2026, 1-2:30 p.m. via Teams</li> </ul>
<p><b>Adjournment</b></p>	<ul style="list-style-type: none"> <li>• Meeting adjourned at 2:32 p.m.</li> </ul>