

**Medicaid Advisory Committee (MAC)
 Quarter 3 Meeting
 Wednesday, April 15, 2026, 3-4:30 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
- Rebecca Bucci, Chief Data Analyst, Office of Data, Analytics and Evaluation (ODAE)
- Margaret Carpinelli, Interdepartmental Project Manager
- Damaris Teixeira, Health Program Administrator, BAC and MAC Administrator

<p>MAC members in Attendance:</p> <ul style="list-style-type: none"> • Abby Antwi • Gary Bubly, MD • Margaret Holland-McDuff • Kie O’Donnell • Christopher Ottiano, MD • Tara Pratt • Jen Raney, MD • Mireille Sayaf • Heather Smith, MD <p>BAC members in Attendance:</p> <ul style="list-style-type: none"> • Cristina Amedeo, BAC Chair 	<p>Ex-Officio State Agency Representatives in Attendance:</p> <ul style="list-style-type: none"> • 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) • Heather Mincey (BHDDH)
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<ul style="list-style-type: none"> Naiommy Baret, BAC Vice-Chair 	<ul style="list-style-type: none"> Derek Tevyaw, Health Source RI (HSRI) Rose Leandre, Department of Human Services (DHS) Marisa Vieira, Department of Human Services (DHS)
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Welcome and Meeting Protocols	<p>Gary Bubly, MAC Chair</p> <ul style="list-style-type: none"> Meeting called to order by Gary Bubly Confirmed quorum present. Reminder: Meeting is public and compliant with open meeting regulations. Public participants asked to identify themselves and affiliations if speaking. Participants asked to hold questions until designated discussion periods. Noted restriction on AI note-taking tools at meetings.
Conflict of Interest Disclosures	<ul style="list-style-type: none"> Members were reminded that conflict of interest disclosures are only required if an actual conflict exists and recuse themselves when necessary. No outstanding disclosures were reported.
Attendance Policy Reminder	<ul style="list-style-type: none"> Members must provide a notice of absence at least 48 hours before each meeting. Multiple unexcused absences may trigger review and possible replacement.
Approval of Meeting Minutes	<ul style="list-style-type: none"> Minutes from the December 19, 2025, meeting were reviewed. A motion to approve was made and seconded. No objections were raised. Outcome: Minutes were approved.
Previous Business and Leadership Update	<ul style="list-style-type: none"> MAC Subcommittee meeting took place on March 5, 2026, where members discussed the anticipated impacts of HR 1 policy changes on Medicaid enrollment and eligibility, the effects on immigrant populations and the Medicaid expansion population, and communications strategies for beneficiaries, providers, and community partners.

	<ul style="list-style-type: none"> • Gary Bubly provided a brief recap, noting there was a high level of member engagement at the meeting. • Announcement made: EOHHS Secretary Richard Charest will be retiring effectively early July 2026. The process to name an interim, and a permanent, replacement is underway.
<p>Standing Updates – Medicaid Beneficiary Advisory Council (BAC)</p>	<p>Cristina Amedeo and Naiommy Baret, BAC Chair and Vice-Chair</p> <ul style="list-style-type: none"> • Overview of recent BAC activities and meeting discussion on March 24, 2026. Focus: Impact of HR 1 legislation on Medicaid beneficiaries, which included a presentation by Stephanie Menders. • Key themes identified by the BAC: <ul style="list-style-type: none"> ○ Loss of Medicaid coverage ○ Loss of continuity of care (fear of provider abandonment) ○ Confusion around re-enrollment requirements ○ Risk of individuals failing to re-apply in time ○ Need for clear, accessible communication • BAC members, via Cristina Amedeo, presented a possible suggestion for MAC consideration: Encourage providers to implement a reduced-cost or sliding-scale service model to allow patients to retain providers after losing Medicaid coverage. Amedeo noted the BAC is not looking for immediate solutions but wanted to discuss the idea with the goal of collaborative solution-building work. The BAC also suggested exploring connections with neighborhood/community health centers, and organizations such as the RI Primary Care Physicians Corporation as a potential partner/pathway for addressing access gaps. • Response from Gary Bubly, MAC Chair, and MAC members: <ul style="list-style-type: none"> ○ Acknowledged the importance of the issue, but noted the MAC lacks the authority to mandate provider behavior. ○ Suggested engagement with medical societies, specialty societies, and the hospital association. ○ A MAC member noted that Federally Qualified Health Centers in Rhode Island already use sliding scale models, but that major barriers extend beyond provider visits to imaging and lab

	<p>services. She suggested there's a need for transparent pricing and centralized information on low-cost services.</p> <ul style="list-style-type: none"> ○ Another MAC member referred to a bill currently under review by state legislators that suggests combining direct pay and insurance coverage models for services. But noted she did not know any more details. ● The BAC is also in the process of reviewing Department of Human Services (DHS) informational flyers to provide feedback and suggestions to make visual and content improvements. An executive summary and detailed list of suggestions will be sent to DHS later in April.
<p>New Business Discussion on Pediatric Quality Measures Medicaid Key Performance Indicators (KPI) Dashboard Overview HR 1 Implementation and Communications Update</p>	<p>Jerry Fingerut, MD, Medical Director – Discussion on Pediatric Quality Measures</p> <ul style="list-style-type: none"> ● Rhode Island is performing well in: <ul style="list-style-type: none"> ○ Immunizations ○ Well-child visits ● Areas of concern: <ul style="list-style-type: none"> ○ Significant decline in developmental screenings ● Due to lack of pediatric specialists present at this meeting, Dr. Fingerut suggested postponing the discussion to a future MAC meeting. Data showing this information will be shared with MAC members in advance. ● A MAC member who is an Early Intervention (EI) provider expressed interest in further discussion and noted she would share with other EI providers and report back to the MAC. <p>Rebecca Bucci, Chief Data Analyst, Office of Data, Analytics and Evaluation (ODAE) – Medicaid Key Performance Indicators (KPI) Dashboard Overview</p>

	<ul style="list-style-type: none">• A public-facing Medicaid dashboard with key performance indicators (KPI) of data will launch in May 2026. The dashboard will increase transparency, provide public accessibility, and increase real-time insights. Once the dashboard is live, a link will be provided to MAC members.• The dashboard will feature key metrics such as:<ul style="list-style-type: none">○ Enrollment trends (by plan and population)○ Demographics (race/ethnicity breakdown)○ Costs and expenditures (total, per member, per month)○ Renewal data○ Program-specific participation insights (e.g., Rite Care)○ Dental utilization (diagnostic vs. preventive treatment visits)○ Frequently asked questions and definitions section will also be included• Data structure:<ul style="list-style-type: none">○ 13-month rolling data (follows current state fiscal year, as well as up to three prior years)○ Multi-year comparisons○ Interactive filters by population type, age group, or program type○ Data lag: ~1-1.5 months (general), ~6 months (claims data), but being refreshed continuously○ Dashboard includes embedded definitions and hover-based detailed views• Director Sousa noted that the dashboard will be iterative, and Medicaid is open to ongoing stakeholder feedback, including from the MAC, to expand its functionality.• Questions:<ul style="list-style-type: none">○ A MAC member asked if the information included in the dashboard about cost trends (average costs vs. incomplete claims data) presented is a rolling cost or an average cost. Response: The data includes a claims lag (~6 months), and the information will be updated over time.
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- A member of the public attending the meeting asked if the RIte Share and Medicaid renewals metrics section of the dashboard will include race and ethnicity data.
Response: This is not currently planned but will be considered for future updates.

Amy Hulberg, Administrator for Medical Services, and Stephanie Menders, EOHHS Chief Public Affairs Officer – HR 1 Implementation and Communications Update

Amy Hulberg

- Major federal legislation impacting Medicaid passed in summer of 2025
- There are three critical member-facing changes under HR 1, with key implementation milestones. Today’s presentation focuses on these three:
 - October 2026: Changes to eligibility for some non-citizens
 - January 2027: Community engagement (work) requirements for expansion adults
 - January 2027: 6-month renewals for expansion adults (currently renewals take place every 12 months)
- Rhode Island’s collaborative planning approach across sectors, agencies, and workstreams:
 - Federal Compliance Advisory Group (analysis and community input in final report online)
 - Capacity building to improve access to eligible Community Engagement opportunities
 - Across agencies—EOHHS, DHS, HSRI, DLT, MCOs (Neighborhood, United, Tufts)
 - Across workstreams—technology, operations, policy, call centers, and communications
- **Community Engagement (Work) Requirements**
 - Applies to: Adults 19-64 (expansion population)
 - Requirements:
 - 80 hours/month of:
 - Work
 - Education
 - Volunteer service
 - Or combination

- Exemptions and Exclusions—Extensive categories including:
 - Former foster care youth
 - Individuals who are American Indian/Alaskan Native
 - Parents/Caregivers of a child 13 and under
 - Parents/Caregivers of a disabled person
 - Veteran with a disability rated as total (100%)
 - Individuals who are Medically Frail or have Special Medical Needs
 - People who are eligible for TANF or who are members of a household that receives SNAP and are not exempt from SNAP work requirements
 - People who are in drug/alcohol addiction treatment and rehab program
 - Current/recent inmates of a public institution (e.g., correctional facility or state hospitals – Eleanor Slater)
 - Pregnant/post-partum individuals
 - Individuals under the age of 19
 - Individuals entitled to or enrolled in Medicare Eligible for Categorically Needy Medicaid groups (i.e., eligibility pathway defined by both income and categorical requirements such as age/dependents)
 - People who meet state optional hardship exceptions for: (1) receiving certain medical services, (2) living in an emergency/disaster region or an area with an unemployment rate exceeding a certain threshold; OR (3) traveling for medical care
- **Defining Medical Frailty**
- The federal definition for medical frailty includes:
 - Individuals with substance use disorders
 - Individuals with disabling mental disorders
 - Individuals with significant physical, intellectual, or developmental disabilities that impair activities of daily living
 - Individuals with serious or complex medical conditions
 - Individuals who are blind or who otherwise meet the Social Security Act disability standard
- States can adopt a step-by-step approach to identifying medically frail individuals

- Define medical frailty internally as much as possible, pending CMS guidance
- Use available data sources for verification, use claims data and ICD-10 codes when possible
- Medical frailty screener, or self-attestation, on the application or upon renewal
- The goal of this approach is to minimize provider burden and unnecessary work for Medicaid members to provide documentation with proof of medical frailty exemptions.
- **Resources for Impacted Non-Citizens**
 Due to federal changes, some non-citizens will no longer be eligible for Medicaid after October 1, 2026. Note, pregnant people and children will not be impacted. Their coverage will continue regardless of immigration status. The following are resources for non-citizens who are no longer eligible for Medicaid:
 - Community Health Centers: [Rhode Island Health Center Association | Helping You Find Care](https://rihca.org/) https://rihca.org/
 - Certified Community Behavioral Health Clinics: [RI Certified Community Behavioral Health bhddh.ri.gov/CCBHC](https://bhddh.ri.gov/CCBHC)
 - [Clinics | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals](#)
 - Rhode Island Free Clinic: [Home - Rhode Island Free Clinic](https://www.rifreeclinic.org/) https://www.rifreeclinic.org/
 - Clinica Esperanza/Hope Clinic: [Home | CEHC](https://www.aplacetobehealthy.org/) https://www.aplacetobehealthy.org/
 - Local hospital emergency rooms—Medicaid will continue to cover the cost of emergency care for anyone without health insurance.
 - Link to CMS document with information about impacted non-citizens and definitions: [Section 71109: Implementation of “Alien Medicaid Eligibility”](#)

Stephanie Menders

- Rhode Island’s collaborative planning approach:
 - From a communications standpoint, we’re collaborating across agencies—EOHHS, DHS, HSRI, DLT, MCOs (Neighborhood, United, Tufts)
 - Goal is to serve as a central source of truth for consistent messaging and information to reduce Medicaid member confusion.

- Central hub for information: www.staycovered.ri.gov
- Key audiences:
 - Medicaid members
 - Internal staff
 - Providers, MCOs
 - Partners, legislators
 - Media
- Multi-channel outreach:
 - Text, email, mail
 - Social media (Facebook, Instagram, Twitter, LinkedIn)
 - Community partners (newsletters, eblasts)
 - Local media/press
 - Paid media
 - Webinars
- Priority populations:
 - Impacted non-citizens
 - Expansion adults (ages 19-64) with a focus on unhoused individuals, limited English proficiency groups, and unemployed or under employed people
- Geographic focus (communities with higher Medicaid enrollment):
 - Providence
 - Pawtucket
 - Central Falls
 - Woonsocket
 - East Providence
 - Warwick
 - Cranston
- Member communications messaging phases/timeline:
 - Current (pre-launch): Remind members to update their contact information online at www.staycovered.ri.gov, by phone, or in person

	<ul style="list-style-type: none"> ○ Summer: Non-citizen eligibility changes ○ Fall/Winter: Community engagement (work) requirements and 6-month renewals ● Questions and Suggestions: <ul style="list-style-type: none"> ○ Use nontraditional platforms such as WhatsApp and Reddit to share information with members Response: Under consideration ○ Expand document/information translations Response: Incorporated into communications plan ○ Encourage collaboration with community organizations to support community engagement (work) requirements and helping members understand what qualifies as valid work, education, and volunteer service to meet requirements. Response: This was acknowledged as a critical need; aligns with current State plans ○ Is there any data that estimates what percentage of members in the affected group(s) are currently meeting requirements or exemptions? Response: Medicaid is currently finalizing HR 1 caseload projections/estimates data to present testimony and should have more information the week of April 27.
Open Discussion	<ul style="list-style-type: none"> ● A MAC member expressed appreciation for the ongoing planning and communication strategy/efforts, noting that there's potential for low awareness among vulnerable populations.
Action Items	<ul style="list-style-type: none"> ● Continue HR 1 discussions for implementation planning and communications/outreach rollout. ● Discussion on Pediatric Quality Measures at future MAC meeting. Data showing this information will be shared with MAC members in advance. ● Share with MAC members slide deck presentation of Medicaid Key Performance Indicators (KPI) dashboard. Share dashboard link once it is live. ● Share with MAC members slide deck presentation of HR 1 overview of planning implementation and changes in terms of policy and communications.

Future Meetings	<ul style="list-style-type: none">Monday, June 22, 2026, 4-5:30 p.m., via Teams, open to the public
Adjournment	<ul style="list-style-type: none">Meeting adjourned at 4:22 p.m.