MINUTES

BHP Advisory Council Meeting #24

Monday, September 14, 2026

Summary:

DCHBX provided an update on the Federal eligibility changes in 2027. Bonnie shared the expected impact on existing BHP members on January 1, and efforts are underway to transition the populations to other programs and identify funding options to cover as many as possible. Alex Alonso provided an overview of the Special Enrollment Period options.

Advisory Council Members and Attendance:

Name	Organization	Attended
Linda Elam, Chair	Elam Strategies	Yes
Claire McAndrew, Vice Chair	DC HBX Standing Advisory Board Member	
Dr. Sarah Candler	DC HBX Standing Advisory Board Member	Yes
Rev. Karen Curry	Pennsylvania Avenue Baptist Church; Co-Convener of the Ward 7 Faith Leaders; Member of the Mayor's Interfaith Council and the MPD Faith Advisory Council; Health Navigator	
Hannah Eichner	Bread for the City	Yes
Rev. Patricia Fears	Senior Pastor, Fellowship Bible Church; Wednesday Clergy Fellowship; Leadership Council for Healthy Communities	
Maria Gomez	DC Health Link Hispanic Advisory Council	Yes
Stan Jackson	Anacostia Economic Development Corporation	Yes
Ambrose Lane	Chair, Health Alliance Network	
Howard Liebers		
Mark LeVota	DC Behavioral Health Association	Yes
Jerson Hill Lockridge	Chair, Ward 8 Health and Wellness Council	
Wanda Lockridge	William O. Lockridge Community Foundation	
Erin Loubier	Whitman Walker Health	

Allison Mangiaracino	Kaiser Permanente	
Tazra Mitchell	DC Fiscal Policy Institute	Yes
Andrew Patterson	Legal Aid Society of DC	
Justin Palmer	DC Hospital Association	Yes
Kim Perry	DC Action	
Dionne Reeder	Far SE Family Strengthening Collaborative	
Patricia Quinn	DC Primary Care Association	
Rev. Dr. Anika Wilson-Brown	Lead Pastor, Union Temple Baptist Church; Mental Health Expert/Counselor	
Dr. Dock Winston, M.D.	Medical Society of the District of Columbia	
Regina Woods	MedStar Family Choice	

Welcome & Call to Order

- Linda Elam welcomed the group.

Federal Eligibility Changes in 2027 –

- Bonnie provided an overview of the eligibility changes and updates for 2027. Eligibility changes from HR1 "One Big Beautiful Bill" impact the eligibility for HDCP's lawfully present population. HBX is determining who will be impacted by the changes. For 2027 the BHP population size for the confirmed enrollees potentially negatively impacted are currently about 225. On the individual market side with APTC about 150 current enrollees will be negatively impacted. HBX is looking at the population and the DC funding of $2.5 million available to cover the population. DCHBX shared they are trying to transition those that qualify to other programs and is working with carriers to assist with supporting coverage for the individuals. May not be able to cover everyone due to the limited funds. Requested input from the AC on how best to focus funding.

  Question: Tazra Mitchell - Where did you say the 150 enrollees are at now?

  Answer: Bonnie Norton – About 150 currently enrolled with APTC will lose that federal funding.

  Question: Maria Gomez – Were you able to keep track of how many do not provide their information due to fear.

  Answer: Bonnie Norton – We have been able to confirm status for the majority with their document submissions or through the using the federal hub. Thereare about 30 remaining who HBX need documentation for.

Question: Hannah Eichner - Are you all considering moving some folks to Alliance, since it is reopening to those under 138% FPL?

Answer: Bonnie Norton – Yes, we are working closely with DHCF on Alliance as a coverage option.

Question: Hannah Eichner - Are you saying there isn't enough money in the budget for folks losing Medicaid due to immigration status to enroll in Alliance, Mila?

Answer: Mila Kofman - We used information that applicants gave us to determine statuses. Separately, at the staff level we are identifying all coverage sources. DCHBX will help transition the population under 138 under FPL who will now be eligible for Alliance. DCHBX will use HC4CC funding to help support coverage for the 22 people in that program losing APTC. DCHBX is trying to provide coverage for as many as possible. The $2.5 million will not provide enough funding. DCHBX will be coming back to the Advisory Council for support and will keep them abreast of the situation. Starting Oct 1st, some percentage of Medicaid population will lose coverage due to the HR1 changes and will create a larger need for locally funded options. We don't know how many people that will be.

Question: Tazra Mitchell - Is there a graphic showing the overlap of eligibility by income/fpl and immigration status across BHP and Alliance (and Medicaid)? And can you say again what the $2.5 million figure represents?

Question: Mark LeVota - And can you say again what the $2.5 million figure represents?" I think it's a 2x2 - Citizens and Eligible LPRs v. Excluded Immigrants (there's might be a better label) crossed by <138% FPL v. > 138%-200% FPL.

Answer: Bonnie Norton – We do not have a graphic available yet.

Answer: Mila – I am putting something together for the board meeting in a couple of weeks. We'll share the graphic.

Answer: Bonnie Norton – The $2.5 million is the amount of money that the DC Council allocated for the HBX population that is losing eligibility due to the 2027 changes.

Question: Mark LeVota – How many people is BHP still looking to cover in the 138 to 200 category?

Answer: Bonnie Norton – About 225 people currently. We're also trying to provide coverage for those losing their APTC.

Question: Mark LeVota – And the non-discounted costs per member are you able to share what the average cost is expected to be?

Answer: Bonnie Norton – Will follow-up with the answer.

Answer: Mila Kofman – We know the current cost but we're not going to know the CMCS approved federal rate for 2027 yet. Premiums are going up so the rate

will be higher so we can provide a total estimated cost for next year for currently covered over 138 population for BHP and separately for APTC.

Special Enrollment Period Overview

- Alex Alonso provided a history and overview of the Special Enrollment Period. We find any allowable pathway to get folks coverage. Links were provided to the council of the 2027 SEP's.

  https://www.dchealthlink.com/individuals/life-changes

  https://www.dchealthlink.com/ivl_Special_Enrollment_Eligibility_Criteria

  Linda Elam comment: It's very consistent with the DC approach.

  Question: Jacob Speidel - If someone thinks they need a SEP, what is the best way for them to reach out to HBX for assistance?

  Answer: Alex Alonso – Many SEP's are what we call self-serve. When filling out an application, based on the responses a SEP will be identified, or they can call the HDCP Contact Center for assistance.

  Question: Maria Gomez – Is HDCP working with the Justice system so they can determine what they are eligible for? Unity works with the population.

  Answer: Mila Kofman - We are familiar that with Unity for Returning Citizen Population. We will look into expanding it to include BHP.

  Question: Maria Gomez – The population that will be losing Medicaid are you saying that that population will be transferred to BHP automatically or do they have to go through the application process?

  Answer: Mila Kofman - the population losing Medicaid because of HR1 because they don't have the type of VISA that would qualify for federal funding in the BHP until the end of this calendar year. Starting January 1 there will be no funding.

  Answer: Bonnie Norton - We are still working with DHCF on what the transfer process will look like. We will provide additional information once it's determined.

  Question: Maria Gomez – What is the biggest barrier for an automatic transfer?

  Answer: Bonnie Norton – Two things. We have to have confirmed immigration status and there are data quality and completeness considerations. We don't want to enroll and then have to disenroll later.

Linda Elam – Closed the meeting