

MINUTES

BHP Advisory Council Meeting #17

Monday, December 8, 2025

Summary:

Bonnie provided open enrollment and transition updates. Purvee discussed special enrollment period (SEP) opportunities, including a new SEP recently approved by HBX's standing advisory committee for the loss of Medicaid coverage.

Advisory Council Members and Attendance:

Name	Organization	Attended
Linda Elam, Chair	Elam Strategies	Yes
Claire McAndrew, Vice Chair	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	
Rev. Patricia Fears	Senior Pastor, Fellowship Bible Church; Wednesday Clergy Fellowship; Leadership Council for Healthy Communities	
Maria Gomez	DC Health Link Hispanic Advisory Council	
Stan Jackson	Anacostia Economic Development Corporation	Yes
Ambrose Lane	Chair, Health Alliance Network	
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/ Katherine Wait/Christopher West/Allison Taylor	Kaiser Permanente	
Tazra Mitchell	DC Fiscal Policy Institute	Yes
Kim Perry	DC Action	
Dionne Reeder	Far SE Family Strengthening Collaborative	
Patricia (Tricia) Quinn	DC Primary Care Association	Yes
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	Yes
Regina Woods	MedStar Family Choice	
Andrew Patterson	Legal Aid Society of DC	Yes
Justin Palmer	DC Hospital Association	Yes

Technical Assistance

Name	Organization	Attended
Dr. Chimene Liburd, M.D.	DHCF, Chief Medical Officer	
Howard Liebers	DISB, Supervisory Insurance Examiner	Yes

Welcome & Call to Order

- Linda Elam welcomed the group.

Open Enrollment and Transition Updates

- Healthy DC Plan open enrollment (OEP) is live and going smoothly. HBX completed more than 50 outreach presentations; coordinated with DHCF on a notice to Medicaid enrollees transitioning; and sent formal notices to the transition population.
- HBX is not receiving a large volume of questions.
- A total of 13,268 are enrolled in Healthy DC Plan as of November 1 who transitioned from Medicaid. Enrollees are receiving materials from their carrier.
- As of November 25, there are 149 new customers who qualified and enrolled in Healthy DC Plan.
- Remaining individuals who will transition from Medicaid to Healthy DC Plan will be batch enrolled in late December. This is a much smaller population. 1,100 individuals will be transitioned manually due to data issues. HBX has outreached to this group and is asking the advisory council to get the word out and inform their community to pay attention to this outreach.
- 1,600 individuals who will transition off Medicaid coverage do not qualify for Healthy DC Plan because of incomes above 200% of the federal poverty level (FPL). HBX is using outreach strategies learned from the Medicaid unwind, and is asking the advisory council to get the word out and inform their community to pay attention and enroll in a qualified health plan.
 - Tazra Mitchell asked if there is a deadline for the 1,600 individuals to enroll in coverage once they lose Medicaid.
 - Purvee announced that the HBX standing advisory council just approved a new special enrollment period (SEP) through December 2026 for the loss of Medicaid coverage. At any point during the year, an individual could realize that they no longer have Medicaid and enroll in coverage with a retroactive start date of the first of the month.
- Tazra raised that the original estimate of the BHP eligible population was about 25,000 people and asked if that estimate changed.
 - Bonnie shared that there is new data from DHCF which estimated around 18,000-19,000 people are eligible for the BHP. DHCF's testimony and slides from a recent DC Council Hearing with information can be found here: <https://lims.dccouncil.gov/Hearings/hearings/1983>.
- Andrew Patterson asked if there is federal approval needed for SEPs.
 - Purvee confirmed that SEPs are at the discretion of DC. HBX has all SEPs that were created at the federal level, plus more.
- Mark Levota asked if there are any data gaps for those 1,100 individuals who need to be manually enrolled in the Healthy DC Plan.

- Bonnie clarified that there is not any information missing; it is more of a data structure and complexity issue which is technical, requiring manual enrollment.
- Healthy DC Plan carriers now have websites which will include provider directories, formularies, coverage information, etc. By January 1, all carriers will issue paper or electronic ID cards to enrollees. They are all issuing welcome letters or packets and communicating with enrollees. All carriers will have Healthy DC Plan enrollments in their provider portals to confirm a patient's coverage status.
- Claire McAndrew looked at CareFirst's website, which says the provider directory is forthcoming. Claire explained that CareFirst often asks an individual to log in before an individual can see the provider directory, which may be a challenge for those who are not enrolled yet.
 - HBX will look into this with CareFirst. All three carriers will post broader provider network information by January 1, and the directories will be added to HBX's online plan compare feature.
- Hannah Eicher asked if BHP eligibility is based on projected future annual income, which might be different than someone's past month's income that is typically used for Medicaid. Hannah asked what information people will have to verify if their income cannot be determined.
 - Bonnie confirmed that Healthy DC Plan eligibility is calculated like eligibility on the exchange—based on projected future annual income, unlike Medicaid which uses monthly income. Bonnie clarified that if the income HBX is told does not match their data sources, then the individual would have to provide documents that show their annual income.

Special Enrollment Period Update and Overview

- Purvee shared that HBX's goal is that anyone seeking insurance can get insurance.
- After January 31, OEP ends, and an individual needs a life event to enroll in coverage. Some SEPs are federally established and others were established by HBX's standing advisory board.
 - One example is when people forget to update their auto-pay information and are terminated from coverage. HBX was able to agree to extend an SEP, so individuals do not lose coverage if auto-pay declined due to getting a new credit/debit card number or expired card.
- When enrolling under an SEP, HBX allows an individual to pick the first of that month to begin their coverage start date.
- The most common SEPs can be self-selected when one goes to enroll after January 31, and they can attest to their SEP eligibility.

- If for some reason, there is not an applicable SEP reason available, then an individual can call and speak to a tier 2 case manager who will help the individual to determine if they qualify for any SEP. If necessary, that individual's case could go to HBX's committee review to see if the individual qualifies for a SEP. If an individual is ultimately ineligible for any SEP, they will receive outreach from HBX before November open enrollment.
- Claire McAndrew highlighted that the standing advisory board has done so much work to ensure that people have access to an SEP and give individuals coverage security, even in difficult situations.
 - Purvee stated that most cases where someone has lost coverage are due to unpaid premiums for qualified health plans, and HBX does its best to make sure this doesn't happen. This issue does not apply to Healthy DC Plan and no individual will lose Healthy DC Plan coverage due to unpaid costs.

Questions and Discussion

- Andrew Patterson asked about people who might churn slightly above and below 200% FPL outside of open enrollment, and if an income reduction below 200% FPL would trigger an SEP.
 - Purvee confirmed that BHP eligibility is based on an annual income projection, so if income goes up or down slightly for a month but doesn't put someone out of their annual income of 200%, then they will remain in Healthy DC Plan.
- Ademola Are asked if there will be an impact on individuals receiving services from providers when the transition occurs to Healthy DC Plan.
 - Bonnie clarified that Healthy DC Plans do not necessarily have the same provider networks as Medicaid. But individuals are enrolled under the same carrier they had under Medicaid (if that carrier is participating in the BHP) to get them the most similar provider network. But there could be differences. That said, all plans must meet provider network adequacy requirements, so there will be robust provider networks.
- Andrew Patterson asked for the list of SEPs.
 - Purvee clarified that no individual needs to know this list, but it can be found here and will be updated to include the loss of Medicaid coverage SEP for 2026 that was discussed today
https://www.dchealthlink.com/sites/default/files/v2/forms/IVL_Special_Enrollment_Eligibility_Criteria.pdf.

Closing & Next Steps

- Linda Elam shared that it is very comforting to be in a jurisdiction that works so hard to make sure people are covered.