Modernizing Medicaid Advisory Committees: An Introduction

January 15, 2025 2:00-3:30 PM ET





Agenda

- Speaker Introductions
- Overview of Final Rule
- Considerations for Medicaid Advisory Committees
- State Speaker Presentations
- Questions

Welcome Webinar Attendees -Let us know where you're from! Type the state you represent into the chat box.



Today's Speakers

Karen LLanos, Director Medicaid Innovation Accelerator Program, Center for Medicaid and CHIP Services

Jen Sheppard, Member Liaison North Dakota Medicaid

Eve Lickers, Director of the Bureau of Policy, Analysis and Planning in Pennsylvania's Department of Health Services' Office of Medical Assistance Programs

CMS Medicaid Access Rule: MAC/BAC Regulations

The April 2024 Access to Medicaid Services (<u>CMS-2442-F</u>) Final Rule included provisions to:

- Update requirements for states to operate Medical Care Advisory Committees (MCACs) which have been in place since the 1970's. Now called Medicaid Advisory Committees (MACs), these committees have been modernized to include new requirements aimed at promoting more effective and efficient Medicaid programs across states
- Establish **Beneficiary Advisory Councils (BACs)** in each state to ensure Medicaid programs reflect the lived experiences of beneficiaries, their family members and/or their caregivers
- Increase transparency and accountability through bi-directional feedback

Most MAC/BAC provisions must be implemented by **July 9, 2025**. However, certain provisions related to BAC-crossover membership on the MAC and annual reporting have later implementation dates

MACs and BACs: State Flexibility

States have significant flexibility with meeting the requirements for MACs and BACs within the parameters of the final rule

- Existing groups can be leveraged as long as all requirements are met
- Recognizing that standing up a new BAC takes time and thoughtful effort, the final rule provides extra time to grow the beneficiary advisory council to meet the MAC/BAC cross-over requirement

MACs and BACs: Driving Equity in Medicaid

- Goal is to help states create MACs and BACs that reflect their Medicaid community and to realize a more representative, effective, and efficient Medicaid program
- Beneficiary perspectives, especially those from historically underserved populations, are central to operating a high-quality and a health coverage program that meets the needs of all beneficiaries

MCAC and MAC/BAC Crosswalk

MAC /BAC REGULATORY

		Provision existed in MCAC Regulation	Provision is UPDATED in MAC/BAC Regulation	NEW Provision in MAC/BAC Regulation
	§ 431.12(a): Basis and Purpose	◆	♦	
	§ 431.12(b): State Plan Requirement	◆	◆	
	§ 431.12(c): Selection of Members	◆	•	
S	§ 431.12(d): MAC Membership and Composition	*	*	
	§ 431.12(e) : Beneficiary Advisory Council			♦
PROVISIONS	§ 431.12(f): MAC and BAC Administration			♦
PR(§ 431.12(g): MAC and BAC Participation and Scope	♦	•	
	§ 431.12(h): State Agency Staff Assistance	◆	◆	
	§ 431.12(i): Annual Report			♦
	§ 431.12(j): Federal Financial Participation	◆	♦	

Basis & Purpose and Update State Plan (§ 431.12 (a) and (b))

Summary of State Actions

Operate a public Medicaid Advisory Committee (MAC) with a dedicated Beneficiary Advisory Council (BAC) comprised of current and former Medicaid beneficiaries, their family members, and/or caregivers, to advise the State Medicaid agency on matters of concern related to policy development, and matters related to the effective administration of the Medicaid program

- Consider taking a short-term and a long-term approach to achieving the goals of the MAC and BAC
 - Consider initial MAC/BAC group size to create and test processes and procedures, and to assess how best to support the beneficiary members to enable them to participate effectively and authentically
 - Leverage existing partnerships with managed care plans, federally qualified health centers, advocacy organizations/legal aid to help with recruitment

Selection of MAC and BAC Members (§ 431.12(c))

Summary of State Actions

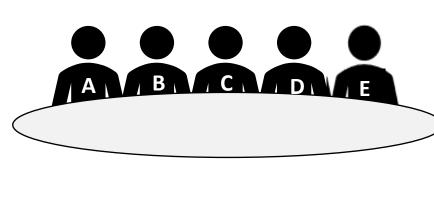
- Determine process for recruitment and selection of MAC and BAC members
- Set membership terms and decide on term limits
- Identify and recruit ex-officio, non-voting members from other state agencies
- Plan for publishing the recruitment and selection process on state's website and other channels

- Consider term lengths that will allow MAC/BAC members, and specifically beneficiaries, sufficient time to develop a meaningful understanding of the state's Medicaid policies, procedures, and subject matter
- Plan ahead to identify which BAC members will serve on the MAC and establish a process for cross-over membership to ensure effective representation and collaboration
- Consider staggering members' terms to retain knowledge base and continuity
- Consider and develop a MAC/BAC selection process and procedures, including filling of vacancies during term

MAC Membership and Composition (§ 431.12(d))

Summary of State Actions

• Ensure MAC is composed of at least one member from the following categories:



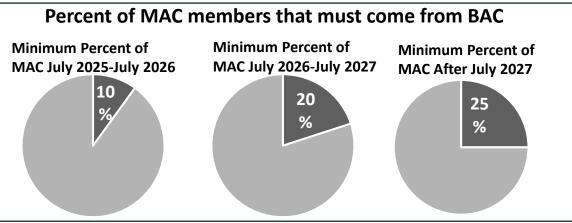
- A. State or local consumer advocacy groups or other community-based organizations
- B. Clinical providers (primary, specialty, long-term care)
- C. As applicable, participating Medicaid managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans, primary care case management entities (PCCMs), PCCMs, or a health plan association
- D. Sister state agencies (e.g., foster care, public health, social services agency that determines eligibility); and
- E. A percentage of BAC members

- Think strategically about size and composition of the MAC
- Assess and discuss internally the need for additional MAC members needed to fill regulatory requirements and discussion topic areas
- Consider meeting with the Medicaid community in your state to get input on recruitment and selection of members

Beneficiary Advisory Councils (§ 431.12(e))

Summary of State Actions

- Form and support a BAC, which is comprised of current or former Medicaid beneficiaries, families, and/or their caregivers
- Designate a subset of BAC members to also serve on the MAC
- Schedule BAC meetings in advance of MAC meetings to ensure BAC members are prepared for MAC meetings



- If a BAC-like entity already exists, consider cross-walking existing BAC with requirements to ensure all provisions are met and prepare a transition strategy if necessary
- Meet with consumer organizations, faith-based organizations, and/or community health organizations and other key stakeholders to get advice and support in recruiting BAC members
- Consider and develop a MAC/BAC selection process and procedures, including filling of vacancies during term

Polling Question



Summary of State Actions

Does your state already have a BAC-like group in operation?

If you do, enter your state's name into the chat box to respond to the question

MAC and BAC Administration: Meeting Schedule and Structure (§ 431.12(f))

Summary of State Actions

- Make two MAC meetings a year open to the public and include a dedicated time for the public to make comments
- Offer a rotating variety of meeting attendance options (in-person, virtual, hybrid)
- Select meeting times and locations to ensure maximum member attendance
- Ensure meetings are accessible and facilitated with accessibility in mind

- Leverage available technical assistance, research, and training on strategies for effective community engagement and meeting facilitation
- Plan ahead to allocate necessary staff and budget resources to support the planning and execution of MAC and BAC meetings, including reimbursement and compensation for members who are beneficiaries. When considering compensation, states should consider that other means tested programs may have other rules for counting income. CMS encourages states to assess those rules and advise Medicaid beneficiary members of the MAC and BAC accordingly.
- Consult with website administrators to plan for necessary changes to the state website (e.g., adding pages and/or content including meeting agendas; etc.)

MAC and BAC Administration: Processes, Procedures, & Bylaws (§ 431.12(f))

Summary of State Actions

- Develop and publish a process for MAC/BAC membership recruitment and selection
- Develop and publish a process for selection of MAC/BAC leadership
- Develop and publish a regular meeting schedule for MAC/BACs, meeting at least quarterly
- Work with MAC members to draft and approve bylaws and post them on the state's website

- Consider which two MAC meetings will be open to the public
- Consider where meetings will be held and at what times (ask the membership for feedback)
- Determine attendance options for each meeting, such as in-person, virtual, or hybrid formats, to ensure accessibility and maximize participation
- Consider what measures, including technology will be needed to ensure accessibility
- Establish a clear process for updating bylaws to include relevant and applicable information, ensuring they
 reflect updated requirements

MAC and BAC Administration: Transparency and Website (§ 431.12(f))

Summary of State Actions

- Post on the state website MAC/BAC meeting minutes, attendees, and agendas
- Develop and include in meeting agendas a specific agenda item for members to disclose conflicts of interest
- Adequately notify the public of date, location, and time of each public MAC meeting and any public BAC meeting at least 30 calendar days in advance

- Consider leveraging available technical assistance, research, and training on meeting facilitation
- Consider how the state wants to identify conflicts of interest (e.g., on application forms, during meetings, etc.)
- Consult with website administrators to plan for necessary changes to the state website (e.g., adding pages and/or content including meeting agendas; etc.)

MAC & BAC Participation and Scope (§ 431.12(g))

Summary of State Actions

- Collaborate with the MAC and BAC to determine topics to discuss, including at a minimum:
 - 1. Additions and changes to services
 - 2. Coordination of care
 - 3. Quality of services
 - 4. Eligibility, enrollment, and renewal processes
 - 5. Beneficiary and provider communications by state and managed care plans
 - 6. Cultural competency, language access, health equity, and disparities and biases in the Medicaid program
 - 7. Access to services

- Consider ways to discuss meeting agenda topics in BACs to prepare beneficiaries and solidify the BAC perspective in advance of MAC meetings
- Consider agenda topics, taking into consideration state legislative and regulatory priorities and timing to ensure opportunities for meaningful input

State Agency Staff Assistance (§ 431.12(h))

Summary of State Actions

- Determine updates to state agency staff allocation related to:
 - Recruitment of MAC/BAC members
 - Planning and execution of all MAC/BAC meetings, production of meeting minutes, posting of meeting minutes
 - The provision of appropriate support and preparation to MAC/BAC members who are Medicaid beneficiaries to ensure meaningful participation, including:
 - Providing staff whose responsibilities to facilitate MAC and BAC member engagement
- Identify state agency executive staff person(s) who will attend MAC/BAC meetings

- Determine how you will use existing staff or whether new state staff is needed; make a staffing plan
- Develop plan for capturing state activities with respect to the BAC and MAC to claim as administrative match

Financial Support (§ 431.12(h))

Summary of State Actions

• Providing financial support, if necessary, to facilitate Medicaid beneficiary engagement in the MAC and the BAC

- Meet with community partners to better understand how to support beneficiary members and plan for reimbursement and/or compensation
- If providing financial support to Medicaid beneficiaries, consider policy for reimbursement for activities such as transportation, meals, lodging, childcare, and other out-of-pocket expenses related to MAC/BAC participation
- Consider how you will determine if beneficiary time and expertise will be supported
- Consider impact that financial support may have on other means-tested programs accessed by beneficiaries
- Identify examples of financial support approaches from other states

Annual Report (§ 431.12(i))

Summary of State Actions

- Support the MAC in developing an annual report which includes sections describing activities, topics discussed, and recommendations
- Review the report and include responses to recommended actions
- Provide MAC members with a final review of report
- Post report to state website no later than 30 days after being finalized

- Document activities, topics discussed, and recommendations of both the MAC and BAC throughout the year in order to meet the content requirements for the annual report
- Consider how this will be accomplished and by whom
- Consider creating an outline to track all items to be covered in annual report
- Establish a plan and timeline for initial report, feedback, and final report to ensure timely posting



Perspectives from a Medicaid agency

Jen Sheppard, Member Liaison North Dakota Medicaid



- ✓ MAC Gap analysis
 - Identify membership needs
 - If using an existing group are membership changes needed?
 - Identify term limits
 - Consider meeting cadence and format; potential meeting topics
 - Staffing and roles
 - Website changes
- ✓ BAC Gap analysis
 - If existing group are membership changes needed?
 - New group decide on size; staffing; meeting locations
 - Meet with community partners; develop recruitment strategy
 - Research how states approach beneficiary reimbursements and/or compensation



Phase 1 (e.g., January – February 2025)

- ✓ Make necessary budget/staffing requests
- ✓ Update membership applications as needed; consider additional recruitment strategies
- ✓ Finalize decisions regarding member terms; meeting format and cadence; member compensation
- Review existing MCAC bylaws; consider necessary revisions/additions to align with final rule
- ✓ Determine number of MAC members and create plan to ensure 10% of MAC membership is from BAC
- Post update on website to inform public of MAC/BAC recruitment plans
- ✓ Begin MAC and BAC recruitment strategy



Phase 2 (e.g., March – April 2025)

- ✓ Begin selecting new MAC members
- ✓ Update existing or drafting new MAC bylaws
- ✓ Review prospective BAC members; make selections
- Conduct outreach to BAC members; provide meeting information, reimbursement options, and briefing materials on roles and responsibilities
- ✓ Evaluate BAC members' technology needs
- ✓ Announce MAC membership on website; set a date for first official MAC meeting
- ✓ Train staff on community engagement best practices & meeting facilitation



Phase 3 (e.g., May – July 8, 2025)

- ✓ Announce BAC membership and first BAC meeting date; post-meeting cadence, location, timing on website
- Train staff on community engagement best practices & meeting facilitation
- ✓ Host first official MAC and BAC meetings
- ✓ Update MAC bylaws to align with final regulations
- ✓ Draft BAC bylaws together with members

Phase 4 (e.g., July 9, 2025 – July 11, 2027)

- $\checkmark~$ Continue to hold MAC and BAC meetings
- ✓ Finalize first annual report by July 9, 2026
- ✓ Increase MAC/BAC crossover to 20% (July 10, 2026-July 10, 2027)
- ✓ Finalize second annual report by July 9, 2027
- Increase MAC/BAC crossover to 25% (starting July 11, 2027)



State Presentation

Eve Lickers,

Director of the Bureau of Policy, Analysis and Planning in Pennsylvania's Department of Health Services' Office of Medical Assistance Programs



Questions?



Appendix

Basis and Purpose (§431.12 (a))

Prior Rule Requirement(s)	Final Rule	Applicability Dates
Section 1902(a)(4) of the Act, prescribes State plan requirements for establishment of a committee to advise the Medicaid agency about health and medical care services	This section, based on section 1902(a)(4) of the Act, prescribes State Plan requirements for establishment and ongoing operation of a public Medicaid Advisory Committee (MAC) with a dedicated Beneficiary Advisory Council (BAC) comprised of current and former Medicaid beneficiaries, their family members, and caregivers, to advise the State Medicaid agency on matters of concern related to policy development, and matters related to the effective administration of the Medicaid program.	July 9, 2025

State Plan Requirement (§431.12(b))

Prior Rule Requirement(s)	Final Rule	Applicability Dates	
State plan must provide for a medical care advisory committee	The State plan must provide for a MAC and a BAC that will advise the director of the single State Agency for the Medicaid program on matters of concern related to policy development and matters related to the effective administration of the Medicaid program.	July 9, 2025	

Selection of Members (§431.12(c))

Prior Rule Requirement(s)	Final Rule	Applicability Dates
Agency director (or higher author members to the advisory commi- continuous basis	 The Director of the single State Agency for the Medicaid program must select members for the MAC and BAC for a term of length determined by the State, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis. The State must create a process for recruitment and selection of members and publish this information on the State's website as specified in paragraph(f).	July 9, 2025

MAC Membership & Composition (§431.12(d))

Prior Rule Requirement(s)	Final Rule	Applicability Dates
The committee must include— (1) Board-certified physicians and other representatives of the health professions; (2) Members of consumers' groups, including Medicaid beneficiaries, and consumer organizations such as labor unions, cooperatives, consumer- sponsored prepaid group practice plans, and others; and (3) The director of the public welfare department or the public health department, whichever does not head the Medicaid agency	 MAC membership and composition. The membership of the MAC must be composed of the following percentage and representative categories of interested parties in the State: (1) For the period from July 9, 2025 through July 9, 2026, 10 percent of the MAC members must come from the BAC; for the period from July 10, 2026 through July 10, 2027, 20 percent of MAC members must come from the BAC; and thereafter, 25 percent of MAC members must come from the BAC. (2) The remaining committee members must include representation of at least one from each of the following categories: (A) State or local consumer advocacy groups or other community-based organizations that represent the interests of, or provide direct service, to Medicaid beneficiaries. (B) Clinical providers or administrators who are familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care. This includes providers or administrators of primary care, specialty care, and long-term care. (C) As applicable, participating Medicaid MCOS, PIHPS, PAHPS, PCCM entities or PCCMs as defined in § 438.2, or a health plan association representing more than one such plans; and (D) Other State agencies that serve Medicaid beneficiaries (for example, foster care agency, mental health agency, health department, State agencies delegated to conduct eligibility determinations for Medicaid, State Unit on Aging), as ex-officio, non-voting members. 	July 9, 2025* *(d)(1) requirements have different applicability dates.

Beneficiary Advisory Council (§431.12(e))

Prior Rule Requirement(s)	Final Rule	Applicability Dates
None	 Beneficiary Advisory Council. The State must form and support a BAC, which can be an existing beneficiary group, that is comprised of: individuals who are currently or have been Medicaid beneficiaries and individuals with direct experience supporting Medicaid beneficiaries (family members and paid or unpaid caregivers of those enrolled in Medicaid), to advise the State regarding their experience with the Medicaid program, on matters of concern related to policy development and matters related to the effective administration of the Medicaid program. (1) The MAC members described in paragraph (d)(1) of this section must also be members of the BAC. (2) The BAC must meet separately from the MAC, on a regular basis, and in advance of each MAC meeting to ensure BAC member preparation for each MAC meeting. 	July 9, 2025

MAC and BAC Administration (§431.12(f))

Prior Rule Requirement(s)	Final Rule	Applicability Dates
None	 MAC and BAC administration. The State agency must create standardized processes and practices for the administration of the MAC and the BAC that are available for public review on the State website. The State agency must: Develop and publish, by posting publicly on its website, bylaws for governance of the MAC and BAC along with a current list of members. States will also post publicly the past meeting minutes of the MAC and BAC meetings, including a list of meeting attendees. States will give BAC members the option to include their names in the membership list and meeting minutes that will be posted publicly. Develop and publish by posting publicly on its website a process for MAC and BAC member recruitment and selection along with a process for selection of MAC and BAC leadership; Develop, publish by posting publicly on its website, and implement a regular meeting schedule for the MAC and BAC; the MAC and BAC must each meet at least once per quarter and hold off-cycle meetings as needed. Each MAC and BAC meeting agenda must include a time for members and the public (if applicable) to disclose conflicts of interest. 	July 9, 2025

MAC and BAC Administration (§431.12(f)) Cont.

Prior Rule Requirement(s)	Final Rule	Applicability Dates
None	 MAC and BAC administration. The State agency must create standardized processes and practices for the administration of the MAC and the BAC that are available for public review on the State website. The State agency must: (4) Make at least two MAC meetings per year open to the public and those meetings must include a dedicated time during the meeting for the public to make comments. BAC meetings are not required to be open to the public, unless the State's BAC members decide otherwise. The public must be adequately notified of the date, location, and time of each public MAC meeting and any public BAC meeting at least 30 calendar days in advance of the date of the meeting. (5) Offer a rotating, variety of meeting attendance options. These meeting options are: all in-person attendance, all virtual attendance, and hybrid (in person and virtual) attendance options. Regardless of which attendance type of meeting it is, States are required to always have, at a minimum, telephone dial-in option at the MAC and BAC meetings for its members. If the MAC or BAC meeting is deemed open to the public; (6) Ensure that the meeting times and locations for MAC and BAC meetings are selected to maximize member attendance and may vary by meeting; and 	July 9, 2025

MAC and BAC Administration (§431.12(f)) Cont.

Prior Rule Requirement(s)	Final Rule	Applicability Dates
None	 MAC and BAC administration. The State agency must create standardized processes and practices for the administration of the MAC and the BAC that are available for public review on the State website. The State agency must: (7) Facilitate participation of beneficiaries by ensuring that that meetings are accessible to people with disabilities, that reasonable modifications are provided when necessary to ensure access and enable meaningful participation, and communications with individuals with disabilities are as effective as with others, that reasonable steps are taken to provide meaningful access to individuals with Limited English Proficiency, and that meetings comply with the requirements at § 435.905(b) of this chapter and applicable regulations implementing the ADA, Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act, and section 1557 of the Affordable Care Act at <u>28 CFR part 35</u> and <u>45 CFR parts 80</u>, <u>84</u> and <u>92</u>, respectively. 	July 9, 2025

MAC & BAC Participation and Scope (§431.12(g))

Prior Rule Requirement(s)	Final Rule	Applicability Dates
Committee must have opportunity for participation in policy development and program administration	 MAC and BAC participation and scope. The MAC and BAC participants must have the opportunity to advise the director of the single State Agency for the Medicaid program on matters related to policy development and matters related to the effective administration of the Medicaid program. At a minimum, the MAC and BAC must determine, in collaboration with the State, which topics to provide advice on related to: (1) Additions and changes to services; (2) Coordination of care; (3) Quality of services; (4) Eligibility, enrollment, and renewal processes; (5) Beneficiary and provider communications by State Medicaid agency and Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs as defined in § 438.2; (6) Cultural competency, language access, health equity, and disparities and biases in the Medicaid program; (7) Access to services; and (8) Other issues that impact the provision or outcomes of health and medical care services in the Medicaid program as determined by the MAC, BAC, or State. 	July 9, 2025

State Agency Staff Assistance (§431.12(h))

Prior Rule Requirement(s)	Final Rule	Applicability Dates
(1) Staff assistance from agency and independent TA; (2) Financial arrangements - make beneficiary participation possible	 (h) State agency staff assistance, participation, and financial help. The single State Agency for the Medicaid program must provide staff to support planning and execution of the MAC and the BAC to include: (1) Recruitment of MAC and BAC members; (2) Planning and execution of all MAC and BAC meetings and the production of meeting minutes that include actions taken or anticipated actions by the State in response to interested parties' feedback provided during the meeting. The minutes are to be posted on the State's website within 30 calendar days following each meeting. Additionally, the State must produce and post on its website an annual report as specified in paragraph (i) of this section; and (3) The provision of appropriate support and preparation (providing research or other information needed) to the MAC and BAC members who are Medicaid beneficiaries to ensure meaningful participation. These tasks include— (i) Providing staff whose responsibilities are to facilitate MAC and BAC member engagement; (ii) Providing financial support, if necessary, to facilitate Medicaid beneficiary engagement in the MAC and the BAC; and (iii) Attendance by at least one staff member from the single State Agency for the Medicaid program's executive staff at all MAC and BAC meetings. 	July 9, 2025

Annual Report (§431.12(i))

Prior Rule Requirement(s)	Final Rule	Applicability Dates
None	 (i) Annual report. The MAC, with support from the State, must submit an annual report describing its activities, topics discussed, and recommendations. The State must review the report and include responses to the recommended actions. The State agency must then— (1) Provide MAC members with final review of the report; (2) Ensure that the annual report of the MAC includes a section describing the activities, topics discussed, and recommendations of the BAC, as well as the State's responses to the recommendations; and (3) Post the report to the State's website. States have 2 years from July 9, 2024 to finalize the first annual MAC report. After the report has been finalized, States will have 30 days to post the annual report. 	July 9, 2026

Federal Financial Participation (§431.12(j))

Prior Rule Requirement(s)	Final Rule	Applicability Dates	
FFP at 50 percent of expenditures for the committee's activities.	(j) <i>Federal financial participation.</i> FFP is available at 50 percent of expenditures for the MAC and BAC activities.	July 9, 2025	

Applicability Dates (§431.12(k))

Prior Rule Requirement(s)	Final Rule	Applicability Dates	
Not stated	(k) <i>Applicability dates.</i> Except as noted in paragraphs (d)(1) and (i)(3) of this section, the requirements in paragraphs (a) through (j) of this section are applicable July 9, 2025	July 9, 2025	