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Medicaid MCAC Beneficiary & Committee Member Engagement

Division of Health Care Financing and Policy

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Department of Health and Human Services

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42 CFR § 431.12 Medical care advisory committee.

- a. **Basis and Purpose.** “...prescribes State plan requirements for establishment of a committee to advise the Medicaid agency about health and medical care services.”
- b. **State plan requirement.** “...to advise the Medicaid agency director about health and medical care services.”
- d. **Committee membership.** The committee must include –
 - 1. Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care;
 - 2. Members of consumers’ groups, including Medicaid beneficiaries, and consumer organizations such as labor unions, cooperatives, consumer-sponsored prepaid group practice plans, and others...
- e. **Committee participation.** The committee must have opportunity for participation in policy development and program administration, including furthering the participation of beneficiary members in the agency program.



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NRS 422.151 – 422.155; Medical care advisory committee.

NRS 422.151.2: The function of the Medical Care Advisory Committee is to:

(a) Advise the Division regarding the provision of services for the health and medical care of welfare recipients.

(b) Participate, and increase the participation of welfare recipients, in the development of policy and the administration of programs by the Division.



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Amended and Restated Bylaws of the Medical Care Advisory Committee

ARTICLE V – Functions and duties

The purpose of the MCAC is:

- A. To participate in policy development and program administration, including furthering the participation of beneficiary members in the agency program(s).
- B. To advise the Administrator regarding the provision of services for the health and medical care of Medicaid recipients.
- C. To increase the participation of Medicaid recipients in the development of policy and administration of programs by the DHCFP.
- D. To review managed care health plan marketing materials and serve in a consultative capacity to Medicaid pursuant to Section 4707 (a) of the Balanced Budget Act of 1997.

...continued



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Amended and Restated Bylaws of the Medical Care Advisory Committee

ARTICLE V – Functions and duties

(...continued) The purpose of the MCAC is:

- E. The Chairperson and Vice-Chairperson shall, at least on a yearly calendar basis, will prepare a letter to the Administrator of the DHCFP relating to recommendations to improve Medicaid or to increase access to health insurance for vulnerable individuals. The recommendations included in the annual letter shall be approved through a vote during a quarterly meeting before the July 1 due date each year...
- F. This report is due on or before July 1 of each year to the Administrator of the DHCFP.



New CMS Proposed Rules

On April 27, 2023, CMS issued two proposed rules:

1. [Medicaid Program: Ensuring Access to Medicaid Services](#)
 2. [Medicaid Program: Medicaid and Children's Health Insurance Program \(CHIP\) Managed Care Access, Finance, and Quality](#)
- These 2 rules are presented as companion pieces that aim to strengthen access to and quality of care in Medicaid and CHIP.
 - Together, these rules would make substantial and broad changes to the Medicaid program, **including specific provisions around the MCAC.**
 - The National Association of Medicaid Directors (NAMD) prepared a [memo](#) which summarizes these provisions.
 - CMS is accepting comments on the proposed rules through July 3, 2023.



CMS Access Proposed Rule and MCACs

- CMS proposes an effective date of 60-days post-publication with a **one-year compliance timeline** for all MCAC provisions.
- CMS proposes several changes to MCACs. CMS highlights that the MCAC regulations have not been updated in over 40 years and fail to specify **how these committees can be used to promote the perspectives of Medicaid members.**
- CMS proposes to revise 42 CFR § 431.12 to require both a **Medicaid Advisory Committee (MAC)** and a new **Beneficiary Advisory Group (BAG)**.



Proposed Structure and Function

Per CMS Proposed Rule – Medicaid Program: Ensuring Access to Medicaid Services:

- The MAC must include BAG members with **lived experience**, defined as current or previous beneficiaries or people with direct experience supporting beneficiaries.
- MAC must include:
 - State or local advocacy groups
 - Clinical providers or administrators
 - Managed care plans
 - Other state agencies serving Medicaid beneficiaries as ex officio members
- MAC and BAG members appointed on rotating and continuous basis.
- Both must meet **at least quarterly**.
- BAG meetings must **precede** MAC meetings.
- MAC conversations expanded to include both covered services and the ability to **access** these services.
- MAC must create an annual report to the state. State is required to respond to MAC's recommendations. MAC then conducts a final review and publishes the report.



MCAC Planning

- Ability to submit comments to CMS on proposed rule through July 3, 2023.
- Based on publication of CMS final rule:
 - Planning for revisions to NRS.
 - Planning for revisions to Bylaws.
- Current membership remains unchanged through June 30, 2024.

Will be revisiting this topic at future meetings, requesting **your ideas** for MCAC → **MAC and BAG** transition with *even greater* recipient voices and participation! 😊



Questions?