



CABINET FOR HEALTH  
AND FAMILY SERVICES

**Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC):  
New Framework for Medicaid Beneficiary and External Partner Input**

Monday, December 16, 2024, and Wednesday, December 18, 2024  
1:30 PM–3:00 PM ET

# Housekeeping Items

Lines are muted

This webinar is recorded; please avoid sharing protected health information

If you need help with Zoom, please send a question to a meeting host

Please limit your questions and comments to the MAC and BAC

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# Meeting Objectives

- Understand new federal requirements
- Discuss what needs to change in the Advisory Council for Medical Assistance and Technical Advisory Committee (TAC) structure
- Hear from you on key design elements for the MAC and BAC

NOTE: A copy of today's presentation and recording will be available on our website:

<https://www.chfs.ky.gov/agencies/dms/Pages/default.aspx>

Una copia de la presentación y grabación de hoy estará disponible en nuestro sitio web:

<https://www.chfs.ky.gov/agencies/dms/Pages/default.aspx>

# What's New?

- **New federal rules** require Medicaid programs to have two advisory groups by July 2025:
  1. The Medicaid Advisory Committee (MAC)
  2. The Beneficiary Advisory Council (BAC)
- The new MAC and BAC framework is designed to promote the voices of **individuals with lived experience with Medicaid** and to support diverse and representative advice on the Medicaid program.
- Expanded focus of the MAC and BAC:
  - Coordination and access to quality services
  - Additions or modifications to benefits
  - Eligibility, enrollment, and renewal processes
  - Beneficiary and provider communications
  - Health disparities, health equity, and cultural competency

## What Opportunities Are Ahead?

Kentucky aims to go beyond federal compliance to enhance how input is received and expand perspectives. The aim is to work collaboratively to make Medicaid better

## How is Kentucky Medicaid Impacted?

The new federal rules will require changes to the Advisory Council for Medical Assistance (Kentucky's current MAC), creation of a distinct BAC, and rethinking the Technical Advisory Committees (TACs).

# Kentucky's Current Advisory Council on Medical Assistance (MAC)

- **Role:** Advises the Department for Medicaid Services on Medicaid health and medical care
- **Size and Term:** 22 members, four-year term
- **Representation:** 13 provider associations, five consumer advocacy groups, three Medicaid beneficiaries, and Medicaid Commissioner
  - **Provider Associations:** Kentucky Medical Association and association representatives for dentists, healthcare facilities, home health, hospice and palliative care, hospitals, medical equipment suppliers, nursing, nursing facilities, optometry, pharmacy, podiatry, and primary care.
  - **Consumer Advocacy Representation:** Individuals with Disabilities, Elderly, Women, Minorities, Persons Returning to Society from Incarceration (vacant)
- **Selection:** Appointed by the Governor
- **Meeting Frequency:** At least every other month
- **Meeting Format:** Public virtual meetings subject to the Kentucky Open Records and Open Meeting laws

# Kentucky's Current Technical Assistance Committees (TACs)

- **Role:** TACs act as advisors to the Advisory Council for Medical Assistance. Each TAC represents a specific provider type or are individuals representing Medicaid beneficiaries.
- **Size and Term:** 17 TACs with 5–12 members per TAC; Members serve until a replacement is selected
- **Representation:** 12 provider types, 3 beneficiary-focused, 2 hybrid
  - **Provider Associations:**, dental, home health, hospital care, intellectual and developmental disabilities, nursing, nursing facilities, optometry, pharmacy, physician, primary care, and therapy
  - **Beneficiary-Focused Groups:** Consumer Rights and Client Need, Disparity and Equity, Persons Returning to Society from Incarceration
  - **Hybrid Groups (Provider and Beneficiary Representation):** Behavioral Health, Children's Health
- **Selection:** Primarily appointed by affiliated provider association or advocacy group(s)
- **Meeting Frequency:** Varies (quarterly or more frequent)
- **Meeting Format:** Public virtual meetings subject to the Kentucky Open Records and Open Meeting law

# New Federally Required MAC Framework

- **Role:** Advise the Department for Medicaid Services on policy development and administration of the Medicaid program
- **Membership:** Representation from advocacy group(s), clinical providers, managed care organizations (MCOs), and other Commonwealth agencies that work with the Medicaid population
  - Expanded role for individuals with lived experience as a Medicaid beneficiary or parent or caregiver
- **Selection:** Members must be selected by the Medicaid Commissioner
- **Member Term:** Members cannot serve back-to-back terms
- **Meeting Frequency:** Must meet at least quarterly
- **Meeting Format:** At least two meetings per year must be public

## Areas to highlight:

- Advising role does not change
- Expands membership to MCOs and other Commonwealth agencies
- Some BAC members must also be on the MAC
- Selection of members will change
- Members cannot serve back-to-back terms
- MAC must submit an annual report to CMS



# New Federally Required BAC Framework

- **Role:** Dedicated and supported space for individuals with lived Medicaid experience to identify issues for the MAC and directly advise the Department for Medicaid Services
- **Membership:** Current and/or former Medicaid beneficiaries, family members, and paid or unpaid caregivers.
- **Selection:** Members must be selected by the Medicaid Commissioner
- **Member Term:** Members cannot serve back-to-back terms
- **Meeting Frequency:** The BAC must meet separately from and before each MAC meeting to make sure BAC members are prepared for the MAC meeting
- **Meeting Format:** The BAC can decide which meetings (if any) are open to the public

## Areas to highlight:

- BAC membership is only individuals with lived Medicaid experience
- Members cannot serve back-to-back terms
- BAC meetings do not need to be public

# Discussion

The next few slides list questions focused on some key design areas we would like your thoughts on. These key design areas are:

1. MAC Membership
2. BAC Membership
3. MAC and BAC Member Length of Appointment
4. MAC and BAC Meeting Frequency
5. Support for MAC and BAC Members

# MAC Membership

1. There are currently 22 members on the MAC.
  - Can you share a little about how this is working?
  - Does it seem like the right size? Too big? Too small?
2. There are currently 13 provider associations, 5 consumer advocacy groups, 3 Medicaid beneficiaries, and the Medicaid Commissioner on the MAC.
  - Is this too many groups? Are there groups missing?
  - Do these groups represent the Commonwealth well geographically?
3. Using subcommittees could be one way to talk about topics in more detail. It may also provide more opportunities to participate in this process. What are your thoughts on using subcommittees as part of the MAC? Please note opportunities and challenges.

# BAC Membership

There are positions on the MAC and some TACs for individuals currently on Medicaid, with specific call-outs for parents, individuals with intellectual and developmental disabilities and caregivers, and individuals reentering society following incarceration.

1. Are there other lived experiences with Medicaid that should be included?
2. Considering the role of the BAC as discussed earlier, what would be a good-sized membership for the BAC? Provide details on why you recommend a certain size.
3. Federal regulations require that members are current or former Medicaid beneficiaries, family members, or caregivers.
  - Should there be a recommended balance between Medicaid beneficiaries (current/former) and family members and caregivers?
  - If so, what percentage should be family members and caregivers?

# MAC and BAC Member Length of Appointment

Members cannot serve back-to-back appointments in the new MAC and BAC. Currently, members on the Advisory Council for Medical Services serve 4 years and may have back-to-back appointments.

1. What do you think about the length of time members should be appointed to serve on the MAC and BAC?
2. How does the length of time the member is on the MAC and BAC impact the role?

# MAC and BAC Meeting Frequency

The new MAC and BAC will have to meet at least quarterly. Currently the MAC meets six times per year. About half the TACs meet six times a year and half meet four times a year.

1. How has the current meeting schedule worked?
2. What are the opportunities and challenges of meeting more often?

# Support for MAC and BAC Members

The Commonwealth recognizes the importance of supporting participation of MAC and BAC members with lived Medicaid experience.

1. What types of non-financial support will help individuals with lived Medicaid experience participate on the MAC and BAC? For example, orientation, training, additional pre-meetings.
2. Are there other types of supports for BAC members that should be considered?

## Next Steps

- Presentation and recording will be posted at <https://www.chfs.ky.gov/agencies/dms/Pages/default.aspx>.
- DMS intends to provide a summary of key takeaways from these discussions and survey responses.

**Thank you for your time and participation!**