

# Wisconsin Department of Health Services

## Charter for the Medicaid Advisory Committee

### Overview

The purpose of the Medicaid Advisory Committee (MAC) is to advise the Medicaid agency on key initiatives that affect Medicaid program administration, policy or services. The MAC provides feedback on specific policies, initiatives and proposed program changes brought forward by the Division of Medicaid Services (DMS). The MAC is governed under 42 CFR 431.12. Committee members include Medicaid enrollees and caregivers of enrollees, health care providers who are familiar with the medical needs of low-income population groups and with the resources available and required for their care, consumer advocates, and the director of the public welfare department or the public health department. The MAC shall act as a liaison for individuals, organizations, and institutions that receive, facilitate or provide Medicaid services.

Meetings are open to the public, and members of the public will, in accordance with 42 CFR 431.12, have the opportunity to provide input on policy development and program administration.

### Legal Requirements for the Wisconsin Medicaid Advisory Council

#### Chapter 42 of the Code of Federal Regulations

A Medicaid Advisory Committee (MAC) is required under 42 CFR 431.12 Rules and Regulations, U.S. Department of Health and Human Services.

#### **§ 431.12 Medical Care Advisory Committee.**

**(a)Basis and purpose.** This section, based on 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.

**(b)State plan requirement.** A State plan must provide for a medical care advisory committee meeting the requirements of this section to advise the Medicaid agency director about health and medical care services.

**(c)Appointment of members.** The agency director, or a higher State authority, must appoint members to the advisory committee on a rotating and continuous basis.

**(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; and

**(3)** The director of the public welfare department or the public health department, whichever does not head the Medicaid agency.

**(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.

**(f)Committee staff assistance and financial help.** The agency must provide the committee with -

- (1) Staff assistance from the agency and independent technical assistance as needed to enable it to make effective recommendations; and
  - (2) Financial arrangements, if necessary, to make possible the participation of beneficiary members.
- (g) *Federal financial participation*. FFP is available at 50 percent in expenditures for the committee's activities.

#### Medicaid and CHIP Managed Care Final Rule

The Medical Care Advisory Committee defined in 42 CRF 431.12 is referenced in the Medicaid and CHIP Managed Care Final Rule (CMS-2390-F) in the following capacities.

##### **438.104 (c) – Marketing Activities**

In reviewing the marketing materials submitted by managed care organizations, the state must consult with the Medical Care Advisory Committee established under § 431.12 of this chapter or an advisory committee with similar membership.

##### **438.66 (e) – State Monitoring Requirements**

The state must provide the CMS-required managed care report to the Medical Care Advisory Committee.

##### **438.334(c) – Medicaid Managed Care Quality Rating System**

Before a state may submit a request to use an alternative Medicaid managed care quality rating system, they must obtain input from the state's Medical Care Advisory Committee.

##### **438.340(c) – Managed Care State Quality Strategy**

The state must obtain input from the Medical Care Advisory Committee, beneficiaries, and other stakeholders during the drafting or revising of its quality strategy.

#### **Membership**

The State Medicaid Director, in consultation with the DHS Secretary, will appoint individuals to serve on the MAC. The MAC will consist of a core of no more than 25 members. The State Medicaid Director may also appoint additional experts in a limited-term capacity, as necessary. These experts shall have the right to discuss, debate, make decisions and vote.

#### **Term of Service**

Members serve at the discretion of the Director for two calendar year terms. To ensure continuity, terms will be staggered so that only half of the committee will have terms that end during any given year. To establish the staggered schedule, founding members will be either appointed to two- or three-year terms. Members may be appointed to two consecutive terms.

#### **Composition**

The MAC will be composed of:

- An expert on health equity
- The Division of Public Health Administrator
- County Health and Human Services Director
- Tribal Health Center Director or clinic representative
- Federally Qualified Health Center (FQHC) representative
- Hospital administrator

- Acute and long-term care provider(s)
- Behavioral health provider(s)
- Dental provider
- Long-term care direct care worker(s)
- Acute and long-term care case manager(s)
- Acute and long-term care member advocates
- Enrollment assister(s)
- Academic expert in a field that is directly associated with the goals of the Medicaid program, including social work, health care administration, or public administration
- Medicaid members representing four key populations
  - Individuals who are age 65 years or older
  - Individuals who are disabled
  - BadgerCare Plus Childless Adults
  - BadgerCare Plus Parents

### **Charge**

On an annual basis, the State Medicaid Director shall issue charges for the MAC to address based on high priority issues, challenges, and policy and programmatic decisions. These charges will ground and focus the MAC agendas, discussion, and recommendations. The term and length of the charge will be determined by the Medicaid Director. Annually, the charges will be appended to this document.

### **Roles and Responsibilities**

The MAC is responsible for providing advice on policy development and program administration of the Medicaid and CHIP programs, including eligibility and enrollment, acute and primary health care, long term care services, pharmaceutical benefits, dental, and behavioral health programs.

The MAC is responsible for providing advice to the Medicaid Director in regards to the MAC charges. MAC advice and guidance will be summarized into advisory documents for the Director. The Chair will be responsible for meeting with the Director to provide the advisory document and deliver the Director's response as necessary.

MAC members are expected to regularly attend committee meetings and to prepare for and actively participate in committee discussions. MAC members are also responsible for proposing agenda items for future meetings. Agenda items may be discussed during the quarterly meetings or shared with the Chair in between meetings.

### **Attendance**

MAC members are required to attend a minimum of three out of the four annual meetings. Members who cannot attend may designate a substitute to observe the meeting as a member of the public, but substitutions do not count toward the three-meeting minimum and substitutes may only comment during the public comment period. If a member misses two or more meetings within a 12-month period, the Chair will notify the Medicaid Director to determine whether to replace the member.

If, for any reason, a member of the MAC is unable to serve, the member needs to submit a letter of resignation to the Medicaid Director. The letter does not need to give a reason, but the letter does need to include an effective date of resignation from the MAC. If the letter does not include effective date of resignation it will be assumed that the resignation will be effective as of the date the letter is received

by the Medicaid Director. If a member needs to be replaced, the Medicaid Director will again consult with the Secretary to appoint a replacement member for the duration of the original member's term.

### **Notification of Meetings**

Notification of meetings will be sent via email to the email address provided by the MAC member and will be posted to the Department's website.

### **Meeting Logistics**

Meetings will be held on a quarterly basis. Meeting times and call-in information will be posted publicly on the Department's website and promoted through the Department's communications channels in advance. Meetings will be held virtually over live video conference and will last for two and-a-half hours unless otherwise approved by the MAC.

DMS will provide a note taker for the meetings. Meeting minutes and accompanying documents will be sent out in between meetings. Minutes from the previous meeting will be approved at the start of the subsequent meeting.

### **Chairperson**

The Chairperson shall be the official representative of the MAC, but may delegate this responsibility when appropriate and necessary. The Chairperson will ensure meeting minutes and MAC records are maintained and are available to the public. The Chairperson shall conduct meetings in accordance with applicable provisions of this Charter related to meetings. The Chairperson shall perform all duties incident to the office of the Chairperson including following up on all actions taken at meetings. Additionally, the chairperson shall submit an annual report on the activities of the MAC to the Medicaid Director.

### **Public Comments**

The committee will set aside time on each agenda for public comments. All individuals wishing to address the MAC will be asked to identify themselves with their name and the name of their organization. If there are no public comments during the meeting, the committee will move on to the next agenda item. The Chairperson will make every effort to respect individuals from the public, while keeping input brief and to the point, in order to facilitate an efficient meeting process. The MAC may also solicit written public comments on specific topics in between meetings. The MAC may choose to respond to public comment it has received in writing as it deems needed and appropriate.

### **Quorum & Voting**

Presence of a simple majority (50% of total membership plus one) of the voting members, excluding vacancies, constitutes a quorum for the transaction of business. When a quorum is not present no actions or votes can occur. A simple majority (50% of members present plus one) need to vote in favor of a motion for it to pass.