

December 14, 2023


Engaging Beneficiaries through Medical Care Advisory Committees (MCACs) to Inform Medicaid Policymaking

Review of recommendations and draft chapter for March report

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Chapter Outline

- Importance of beneficiary engagement
- Federal statute and requirements
- State implementation of MCACs
- Beneficiary experience participating in MCACs
- Recommendations and rationale



Importance of Beneficiary Engagement

- Beneficiaries' lived experiences can inform state Medicaid agencies' policies and programs
- Establishing trust takes time and dedicated effort
- States also engage beneficiaries in other forums

Federal statute and requirements

- Federal regulations require every state to have a medical care advisory committee (MCAC) to advise the state Medicaid agency (42 CFR 431.12)
- MCACs must include:
 - Physicians and health professionals who work with the Medicaid population
 - Medicaid beneficiaries or members of consumer groups
 - Director of the public welfare department or the public health department
- CMS released a notice of proposed rulemaking (NPRM) that would change federal MCAC rules

State Implementation of MCACs

- Beneficiary representation and recruitment
 - Majority of states have beneficiary vacancies
 - Diverse beneficiary representation is lacking
- State use of financial arrangements for beneficiaries
 - Most beneficiaries are either unaware of these supports or the support is underutilized
 - State Medicaid officials had questions about the use of financial arrangements
- Efforts to support beneficiary engagement in MCAC discussions
 - State resource challenges limit additional engagement efforts
 - NPRM suggests more guidance will be released with best practices for meaningful beneficiary engagement

Beneficiary Experience Participating in MCACs

- Application and appointment process
 - Applications can be long, complex, overly formal, and can deter beneficiaries from applying
- MCAC participation requirements
 - Challenges with attending meetings
- Engagement in MCAC discussion
 - Unsure how Medicaid agencies use their feedback
 - Seek more technical assistance to engage in MCAC discussions
- Beneficiary-only subcommittees
 - Some states reported more robust consumer engagement and participation in these subcommittees

Draft Recommendations, Rationale, and Implications

Draft Recommendation 1.1

In issuing guidance and in providing technical assistance to states on engaging beneficiaries in medical care advisory committees (MCACs) under Section 42 CFR 431.12, the Centers for Medicare & Medicaid Services should address concerns raised by states related to beneficiary recruitment challenges, strategies to facilitate meaningful beneficiary engagement in Medicaid MCAC meetings, and clarify how states can provide financial arrangements to facilitate beneficiary participation.

Draft Recommendation 1.1: Rationale

- States in our study described a need for guidance and technical assistance from CMS in order to leverage the expertise and experience of beneficiary MCAC members in their program policies and operations
- Areas identified by states include:
 - approaches for recruitment and retention of beneficiary members from historically marginalized groups;
 - strategies for assisting beneficiaries in understanding technical topics; and
 - clarification on the rules for providing financial arrangements without affecting beneficiaries' eligibility

Draft Recommendation 1.1: Implications

Federal spending. CMS would have to dedicate resources to develop the guidance and provide technical assistance to states

States. Federal guidance could assist states with their efforts to engage beneficiaries on MCACs in ways that promotes beneficiary voice and contributes to policymaking decisions

Enrollees. When states increase meaningful engagement, beneficiaries may have a more positive experience and they may be able to make greater contributions to MCAC discussions

Plans and providers. There would be no direct effect on plans and providers

Draft Recommendation 1.2

In implementing requirements in 42 CFR § 431.12(d)(2) that Medicaid medical care advisory committee (MCAC) membership include beneficiaries, state Medicaid agencies should include provisions in their MCAC bylaws that address diverse beneficiary recruitment, and develop specific plans for implementing policies to recruit beneficiary members from across their Medicaid population, including those from historically marginalized communities.

Draft Recommendation 1.2: Rationale

- Engaging beneficiaries from historically marginalized backgrounds allows them to share their unique experiences and concerns
 - Community engagement research notes that those most affected by programs and policies often have the solutions on how to improve it
- Current federal regulations require state Medicaid agencies to include Medicaid beneficiaries, but do not speak to their diversity

Draft Recommendation 1.2: Implications

Federal spending. There would be no direct effect on federal spending

States. States will have to invest resources in developing strategies and policies for recruiting beneficiaries from communities that are marginalized; given other programmatic needs this may be challenging

Enrollees. There will be increased participation from beneficiaries from historically marginalized communities

Plans and providers. There would be no direct effect on plans and providers

Draft Recommendation 1.3

In implementing requirements in 42 CFR § 431.12(e) to increase the participation of beneficiary members in Medicaid medical care advisory committees (MCACs), state Medicaid agencies should develop and implement a plan to facilitate meaningful beneficiary engagement and reduce the burden on beneficiaries in engaging in MCACs by streamlining application requirements and processes, and by addressing logistical, technological, financial, and content barriers.

Draft Recommendation 1.3: Rationale

- Beneficiaries identified barriers to participating in MCACs, particularly around:
 - application and appointment process;
 - logistical and financial barriers; and
 - complex Medicaid topics
- Addressing these barriers would respond to concerns identified by beneficiaries in interviews

Draft Recommendation 1.3: Implications

Federal spending. There would be no direct effect on federal spending

States. States will have to dedicate resources to assess current barriers to beneficiary participation and develop a plan for addressing them; given other programmatic needs this may be challenging

Enrollees. Streamlining the MCAC application process and addressing logistical, financial, and content-related concerns for beneficiaries would reduce key barriers to their participation

Plans and providers. There would be no direct effect on plans and providers

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