

MEDI-CAL MEMBER ADVISORY COMMITTEE MEETING

Wednesday, December 11, 2024

Welcome

Agenda

- » Welcome (5 min)
- » Director's Update (10 min)
- » Center for Medicare and Medicaid Services (CMS) Development (75 min)
- » Member Comments (15 min)
- » Next Steps (10 min)
- » Closing Remarks (5 min)

Community Norms and Agreements

- » We acknowledge and respect differing views, opinions, and experiences.
- » This is an honest, brave, and kind space.
- » It's okay not to understand or know everything.
- » We will ask for what we need to feel good about being here, support each other, and learn together as we go.
- » There are no "stupid questions." We all have different levels of understanding and different perspectives.
- » We choose collaboration.
- » We value staying on task.
- » What happens here stays here. What's learned here leaves here.

Director's Update

Centers for Medicaid & Medicare Services (CMS) Developments



About CMS

- » CMS is a division of the U.S. Department of Health and Human Services.
- » CMS is the federal agency that provides Medicaid health coverage to more than 160 million individuals including those on Medi-Cal.
- » CMS seeks to strengthen and modernize the Nation's health care system.
- » **CMS released an Ensuring Access to Medicaid Services Rule (Access Rule) this year that includes new national standards for meaningful engagement with members.**

Two advisory groups

Beneficiary Advisory Council (BAC)

- » This is to be a member-only advisory group that will advise DHCS on Medi-Cal services, administration, and policy. It is to be a supportive and trusting environment where members can share input freely in a safe environment. None of the meetings or membership list is required to be open to the public unless the members decide otherwise.

Medicaid Advisory Committee (MAC)

- » This is a new advisory group that will include Medi-Cal members and other health care partners. This group will also advise DHCS on a range of Medi-Cal services, administration, and policy. The membership list for this committee and at least two of these meetings a year must be open to the public.

Medi-Cal Member Advisory Committee (MMAC) aligns with newly required BAC

- » Our [Medi-Cal Member Advisory Committee](#) can fulfill the BAC requirement.
- » Some of the items that need to change:
 - Bylaws need to be created and made public that include information about creating officers, membership terms, and membership recruitment.
 - Meeting materials and information will need to be made public in advance of meetings.

Medicaid Advisory Committee (MAC) – NEW Group

- » The MAC must be made up of MMAC members as well as individuals from other health care related organizations with a range of perspectives and experiences.
- » The agenda topics for both meetings must be related.
- » The Committee must be created by July 2025 and by July 2027, 25% of MAC members must be from the MMAC.

MMAC

Beneficiary Advisory Council (BAC)

The BAC is a dedicated forum for people with lived experience of the Medi-Cal program. BAC members must include:

- Current and/or former Medi-Cal members
- Family members of members
- Paid or unpaid caregivers of members

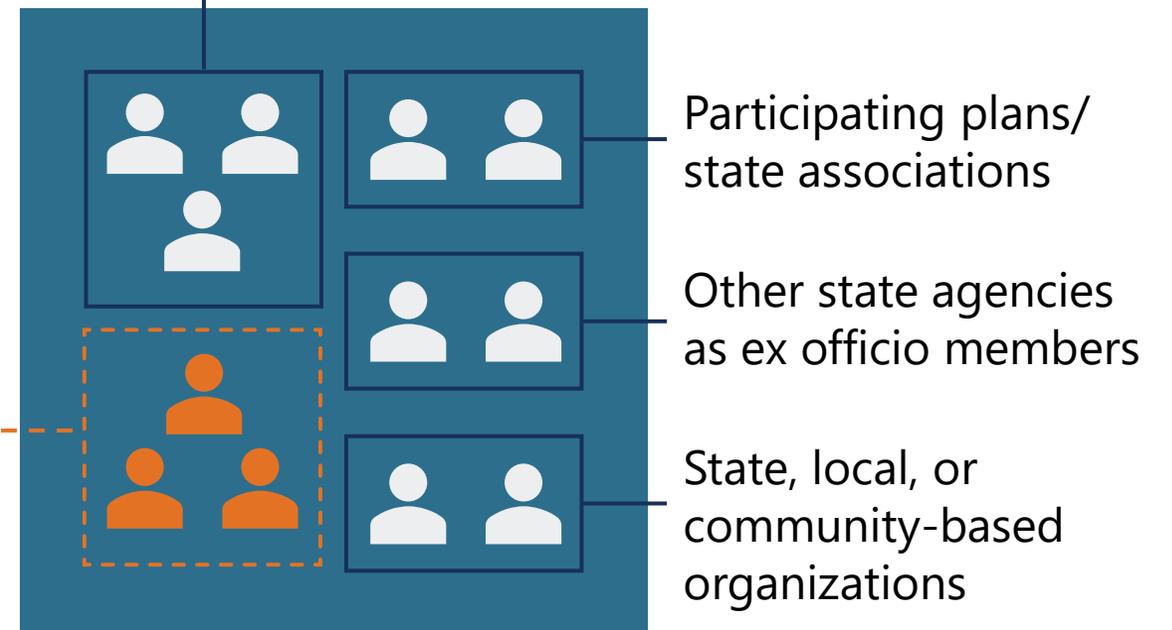


Name to be Determined

Medicaid Advisory Committee (MAC)

The MAC includes MMAC members and at least one representative from each of these categories:

Clinical providers/administrators



At least one member of DHCS' executive staff must attend all BAC and MAC meetings.

Meeting Requirements



The MMAC must meet separately and in advance of MAC meetings.



The MMAC and MAC can be in-person, virtual, or hybrid, but telephone dial-in is always required.



At least two MAC meetings per year must be public.



The MMAC and MAC must each meet once per quarter.

Member Recruitment

States are encouraged to include diverse perspectives.

- » Geographic
- » Demographic
- » Health care needs
- » Provider types

The selection process must be open to the public.

Create Application

Publish and Recruit

DHCS Reviews

DHCS Director Selects
MMAC and MAC Members

States must establish membership term limits.

- » Length of term can be decided by state.
- » MMAC and MAC members must be selected on a continuous and rotating basis. Once a member's term has been completed, the state must select a new member.
- » Members may not serve consecutive terms.

Additional CMS Requirements

Bylaws and Leadership

- » Purpose
- » Roles and responsibilities
- » Membership guidelines
- » Quorum
- » Officers and duties
- » Terms and vacancies
- » Etc.

Annual Report

- » The MAC with support from DHCS must submit an annual report to CMS, that includes:
 - Committee recommendations.
 - DHCS' responses to committee recommendations.
 - A summary of committee activities and topics discussed.
- » MAC members must be provided an opportunity to review the annual report.

Topic Examples



State Medi-Cal agencies must create the two advisory groups by July 2025.*

The MMAC and MAC will provide insights to the state Medi-Cal agency on topics related to program operations and the needs of Medi-Cal members, including:

 Additions and Changes to Covered Services	 Coordination of Care	 Quality of Services	 Cultural Competency, Language Access, and Health Equity
 Enrollee and Provider Communications	 Access to Services	 Eligibility, Enrollment, and Renewal Processes	 Other Issues Impacting Health/Medical Services

*With some requirements phased-in over a longer time period.

2025 Milestones

January – March

- » MMAC – February quarterly meeting, under current DHCS guidelines.
- » Begin transition of the MMAC membership to fulfil BAC requirements, keeping the MMAC name.
- » Initiate additional MMAC and new MAC recruitment.
- » Continue developing guidelines and requirements.

April – June

- » MMAC – Quarterly meeting, under current DHCS guidelines.
- » Continue with transition planning.
- » Continue additional MMAC and new MAC recruitment and finalize developing guidelines and requirements.
- » Begin welcoming and onboarding new MMAC and MAC members.

July - September

- » Continue welcoming and onboarding new MMAC and MAC members.
- » MMAC – **First quarterly meeting**, under the new CMS guidelines.
- » MAC – **New quarterly meeting**, under the new CMS guidelines.

DHCS Insights



DHCS Commitments

- » Support members, family members, and care givers of members to participate fully.
- » Foster trust and authentic conversations.
- » Identify timing and duration of meetings that support members.
- » Provide technical support and preparation to members before meetings.

Help inform how DHCS will:

- » Name the new committee (MAC).
- » Establish bylaws.
- » Support how to link the two meetings.
- » Recruit and onboard new members.
- » Structure meeting times, duration, and how they are hosted (in-person, virtually, hybrid).
- » Continue to foster trust and authentic conversation.

Discussion

- » What are your immediate reactions?
- » What interests you about sharing space with other health care partners?
- » What would you want to have continued in the MMAC and new combined partner meeting?

Breakout Room Questions

- » How long should a member's term be?
- » What time of day works best for meetings?
- » What is the longest a meeting should last?
- » What topics would you be interested in the MMAC and new advisory group addressing?

Report back



MMAC Member Comments

Next Steps

- » MMAC evaluation activities in January 2025:
 - [Bright Research Group](#) has been engaged to evaluate the value and impact of the MMAC.
 - By January 2025, EIC and Bright Research Group will reach out to schedule virtual group meetings with all MMAC members.
 - This evaluation process will also provide DHCS with recommendations for the next phase of the MMAC to establish a Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC).
- » No post-December MMAC meeting one-on-ones/group check-ins.

The BRIGHT RESEARCH GROUP Team



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Next Meeting

Wednesday, February 12, 2025, from 5:30-7:30 p.m.

Join by 5:15 p.m. for technical support

Closing Remarks



APPENDIX



Definitions

- » CMS regulations establish or modify the way CMS administers its programs. CMS' regulations may impact providers or suppliers of services, or the individuals enrolled or entitled to benefits under CMS programs.
- » Medicaid - provides health coverage to low-income people and is one of the largest payers for health care in the United States.
- » Ex officio - a person who is a member of a group or body because they hold another office or position.

List of Acronyms

- » **MMAC:** Medi-Cal Member Advisory Committee
- » **DHCS:** Department of Health Care Services
- » **CMS:** Center for Medicare and Medicaid Strategies
- » **BAC:** Beneficiary Advisory Council
- » **MAC:** Medicaid Advisory Committee