

New Federal Requirements for Medicaid Advisory Committees and Beneficiary Advisory Councils

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On April 22, 2024 the Centers for Medicare & Medicaid Services (CMS) released the *Ensuring Access and Eligibility in Medicaid* [final rule](#), which aims to advance health care access and quality, and improve health outcomes for all Medicaid members. The new rule fundamentally shifts state requirements for convening Medicaid member advisory groups, elevating the central role members should play in shaping Medicaid program and policy changes.

This policy cheat sheet provides a high-level summary of CMS' requirements for two new advisory groups: Medicaid Advisory Committees (MACs) and Beneficiary Advisory Councils (BACs). States can use this information as they establish these structures that center the lived experience and perspectives of Medicaid members in decision-making processes.

What's new?

For over 40 years, CMS required states to convene Medical Care Advisory Committees (MCACs) to advise their Medicaid agencies on [health and medical care services](#). The lack of specificity in these [rules](#), however, has led to significant variability across state MCACs. For example, MCACs vary widely in their meeting frequency, structure, governance, accountability, and transparency. Further, the narrow focus for MCACs on solely health and medical topics ignores many aspects of the Medicaid program that members may want to discuss, for example, health-related social needs, barriers to accessing care, and benefits eligibility challenges.

To ensure Medicaid members' priorities are fully understood and reflected in Medicaid programs and policies, CMS created a new rule designed to center the lived experience of beneficiaries, their families, and caregivers.

The new rule includes the following important changes:

1. Rename the MCAC to the **Medicaid Advisory Committee** (MAC), and expand the scope of purpose of the committee;
2. Require states to establish a **Beneficiary Advisory Council** (BAC);
3. Establish minimum requirements for Medicaid member representation on the MAC;
4. Promote transparency and accountability of the MAC and BAC through the public reporting of membership, meeting materials, bylaws, and attendance; and
5. Require states to develop public-facing annual reports on MAC and BAC activities.

Medicaid Advisory Committee

The new rule reimagines the MCAC, first by renaming it the *Medicaid Advisory Committee* (MAC), and by supporting a more person-centered focus on sharing and member-agency trust through two-way communication, transparency, and accountability in how the MAC uses member input. The new rule outlines more specific requirements around member composition, meeting frequency, public access, reporting, and staffing (as outlined below). MAC composition will include Medicaid-serving stakeholders, such as Medicaid staff, providers, managed care plans, patient advocates, as well as BAC members. MACs will also need to include participation from at least one other state agency serving Medicaid members (e.g., child welfare or other social service agencies). This cross-sector focus beyond medical and health services will support efforts to address health-related social needs, such as housing, education, or nutrition. States are required to make at least two MAC meetings per year open to the public and include a public comment period.

Beneficiary Advisory Council

The new rule requires states to establish a member-only advisory group or *Beneficiary Advisory Council* (BAC), which will be comprised solely of Medicaid members, their families, and/or other caregivers. States will need to publicly share information about BAC activities, including bylaws, meeting schedules, agendas, and membership lists. According to the rule, the intent of a member-only advisory group is to create a “comfortable, supporting, and trusting environment” where BAC members can share input freely in a safe environment. None of the BAC meetings are required to be open to the public unless the BAC decides otherwise.

MAC and BAC Shared Requirements

Beyond their overlapping membership, MACs and BACs will now have several requirements in common that will help states ensure participation on these groups is meaningful, transparent, and sustainable:

- **Diverse member composition:** States are encouraged to select members that reflect the diversity of their state Medicaid programs.
- **Group composition:** Twenty-five percent of MAC membership will be drawn from the BAC. This stipulation permanently links MACs and BACs, and will better ensure that the groups’ efforts inform, strengthen, and shape each other.
- **Established member selection process:** States need to establish a clear member selection process, with the state Medicaid director assuming final responsibility for selecting members.
- **Term limits:** States need to set term limits for how long MAC and BAC members may serve and are encouraged to recruit members continuously to avoid vacancies in membership.
- **Meeting frequency:** MACs and BACs must meet quarterly.
- **Public access:** States need to post meeting materials, bylaws, and MAC and BAC membership lists publicly (however, MAC and BAC members will have a say in whether their names are listed on any public websites).
- **Annual reporting:** States need to report to CMS annually on MAC and BAC activities.
- **Dedicated staffing:** States are required to provide staff to support the planning and ongoing operations of the MAC and BAC.

Why is this important?

These changes significantly expand the role that Medicaid members can play in shaping all elements of state Medicaid programs and policies. The MAC and BAC structures invite Medicaid member feedback about what is important to them to meet their personal and family health and well-being goals. Topics raised may include quality of care, communications, eligibility and enrollment, care delivery, availability of services, among other issues important to members. Both the MAC and BAC will create a more consistent approach for elevating and incorporating members' guidance to drive more equitable and effective delivery of Medicaid programs and services.

What do states need to do?

States will be required to establish both the MAC and BAC within one year of the final rule effective date of July 9, 2024. States must hold meetings and publish a required annual report by the end of the following year. States with an existing beneficiary committee that meets the requirement of the BAC will not need to set up a second beneficiary committee.

States have a runway to ramp up the required BAC member participation on the MAC. One year following the effective date of the rule, MACs will be required to be 10 percent BAC members; two years following the rules, this increases to 20 percent; and thereafter 25 percent of state MACs must be members of the BAC. The rules stipulate that states are not required to use the same BAC members on all MAC meetings.

New Commitments

These important changes demonstrate CMS' interest in ensuring program and policy design and implementation reflect Medicaid members' input and experience. The new rules are the first in many years to officially advance engagement with Medicaid members on a national level. But for these changes to be meaningful and sustainable, states need to make commitments within their organizational cultures to recognize the value Medicaid members' perspective can provide. Those organizational commitments begin with realizing the unique insights and improvements Medicaid member perspective can make possible.



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