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Medicaid Policy Unit

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Policy Issue/Request: What are the federal and state requirements governing the MEAB?

Summary: Federal regulation (42 CFR 431.12) outlines state plan requirements for establishing a medical care advisory committee. Vermont's Medicaid State Plan assures that these requirements are being met by such a committee. Section 1311(d)(6) of the ACA requires that an Exchange consult with specific stakeholders, including consumers and consumer advocates. Vermont's Medicaid Advisory Board and Exchange Advisory Board were combined to form the Medicaid Exchange and Advisory Board in 2012, per Act 48 of 2011.

Authorities/related citations:

Code of Federal Regulations-

42 CFR §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.

Affordable Care Act Sec. 1311. **AFFORDABLE CHOICES OF HEALTH BENEFIT PLANS**

(d) REQUIREMENTS. –

(6) Consultation.—An Exchange shall consult with stakeholders relevant to carrying out the activities under this section, including—

(A) health care consumers who are enrollees in qualified health plans;

(B) individuals and entities with experience in facilitating enrollment in qualified health plans;

(C) representatives of small businesses and self-employed individuals;

(D) State Medicaid offices; and

(E) advocates for enrolling hard to reach populations.

State Statute-

33 V.S.A. §402. **Medicaid and Exchange Advisory Committee**

(a) A Medicaid and Exchange Advisory Committee is created for the purpose of advising the Commissioner of Vermont Health Access with respect to policy development and program administration for the Vermont Health Benefit Exchange, Medicaid, and Medicaid-funded programs, consistent with the requirements of federal law.

(b)(1) The Commissioner of Vermont Health Access shall appoint members of the Advisory Committee established by this section, who shall serve staggered three-year terms. The total membership of the Advisory Committee shall be at least 22 members. The Commissioner may remove members of the Committee who fail to attend three consecutive meetings and may appoint replacements. The Commissioner may reappoint members to serve more than one term.

(2)(A) The Commissioner of Vermont Health Access shall appoint one representative of health insurers licensed to do business in Vermont to serve on the Advisory Committee. The Commissioner of Health shall also serve on the Advisory Committee.

(B) Of the remaining members of the Advisory Committee, one-quarter of the members shall be from each of the following constituencies:

(i) beneficiaries of Medicaid or Medicaid-funded programs;

(ii) individuals, self-employed individuals, health insurance brokers and agents, and representatives of businesses eligible for or enrolled in the Vermont Health Benefit Exchange;

(iii) advocates for consumer organizations; and

(iv) health care professionals and representatives from a broad range of health care professionals.

(3) Members whose participation is not supported through their employment or association shall receive per diem compensation pursuant to 32 V.S.A. § 1010 and reimbursement of travel expenses. In addition, members who are eligible for Medicaid or who are enrolled in a qualified health benefit plan in the Vermont Health Benefit Exchange and whose income does not exceed 300 percent of the federal poverty level shall also receive reimbursement of expenses, including costs of

child care, personal assistance services, and any other service necessary for participation in the Advisory Committee and approved by the Commissioner.

(c)(1) The Advisory Committee shall have an opportunity to review and comment on Agency policy initiatives pertaining to quality improvement initiatives and to health care benefits and eligibility for individuals receiving services through Medicaid, programs funded with Medicaid funds under a Section 1115 waiver, or the Vermont Health Benefit Exchange. It also shall have the opportunity to comment on proposed rules prior to commencement of the rulemaking process pursuant to 3 V.S.A. chapter 25 and on waiver or waiver amendment applications prior to submission to the Centers for Medicare and Medicaid Services.

(2) Prior to the annual budget development process, the Department of Vermont Health Access shall engage the Advisory Committee in setting priorities, including consideration of scope of benefits, beneficiary eligibility, health care professional reimbursement rates, funding outlook, financing options, and possible budget recommendations.

(d)(1) The Advisory Committee shall make policy recommendations on proposals of the Department of Vermont Health Access to the Department, the Green Mountain Care Board, the Health Care Oversight Committee, the Senate Committee on Health and Welfare, and the House Committees on Health Care and on Human Services. When the General Assembly is not in session, the Commissioner shall respond in writing to these recommendations, a copy of which shall be provided to the members of each of the legislative committees of jurisdiction and to the Green Mountain Care Board.

(2) During the legislative session, the Commissioner shall provide the Advisory Committee at regularly scheduled meetings with updates on the status of policy and budget proposals.

(e) The Commissioner shall convene the Advisory Committee at least 10 times during each calendar year. If at least one-third of the members of the Advisory Committee so choose, the members may convene up to four additional meetings per calendar year on their own initiative by sending a request to the Commissioner. The Department shall provide the Committee with staffing and independent technical assistance as needed to enable it to make effective recommendations.

(f) A majority of the members of the Committee shall constitute a quorum, and all action shall be taken upon a majority vote of the members present and voting. (Added 2011, No. 48, § 7, eff. July 1, 2012; amended 2011, No. 171 (Adj. Sess.), §§ 35b, 41c.)

Global Commitment Waiver- N/A

State Plan-

Under State Plan Administration Assurances (**A3**) in the Eligibility SPAs, a box is checked indicating that "There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12."

Rule- N/A

Operating Principles and Protocols-

Provider Manual- N/A