

Medicaid Oversight and Advisory Committee

Overview of the Medicaid Advisory Council September 9, 2019

Good morning Mr. Chairman and members of the committee. Thank you for inviting me to speak to you today to provide an overview of the Advisory Council for Medical Assistance or the MAC, as it is commonly called. I am Dr. Beth Partin. I am a nurse practitioner, representing nursing on the Council, and I currently serve as the elected chairperson of the MAC.

The KY General Assembly established the MAC in 1960 to advise on three subjects that are defined in KRS 205.550:

- 1) to advise the Cabinet for Health & Family Services about health and medical care services;
- 2) to have the opportunity for participation in policy development and program administration and shall advise the Cabinet for Health & Family Services on such matters; and
- 3) to give advice regarding how to further the participation of recipient members in the policy development and program administration of the Medical Assistance Program.

Membership on the Council and qualifications of members are defined in KRS 205.540. The Council consists of 18 members. Seventeen (17) are appointed by the Governor, and the Secretary for Health and Family Services, serves as an ex-officio member. Appointments are for four (4) year terms.

Ten (10) of the appointments are made from a list of three (3) nominees submitted to the Governor from the following organizations:

- The Kentucky Medical Association
- The Kentucky Dental Association
- The Kentucky Hospital Association
- The Kentucky Pharmacists Association
- The Association of Health Care Facilities
- The Kentucky Nurses Association
- The State Board of Podiatry
- The Kentucky Home Health Association
- The Kentucky Optometric Association, and
- The Kentucky Association of Non-Profit Homes and Services for the Aging.

The other seven (7) members are medical assistance recipients or health care advocates, knowledgeable about health care and the health care industry and include:

- Three (3) medical assistance recipients
- One (1) representative of a recognized consumer advocacy group representing the elderly and

- Three (3) representatives of recognized consumer groups whose membership includes low-income persons, children and youth, women, minorities, and disabled persons.

The statute requires the Council to meet at least every three (3) months. However, the Council has chosen to meet every other month. We believe this is necessary because of the rapidly changing health care environment and the significant changes in policy that the Department for Medicaid Services is implementing. The Council believes that meeting less often than the current schedule does not afford the members to remain current on important issues or to have timely input to DMS.

In addition to the professionals, experts, recipients and their representatives serving on the MAC, there are Technical Advisory Committees, or TACs, which serve in an advisory capacity to the Council and are defined in KRS 205.590. Members of the TACs are appointed by their professional or advocacy organizations. There are 15 TACs, most of whom represent a specific professional group. Other TACS focus on a population such as children, those with behavioral health issues, intellectual or developmental disabilities, or consumer rights. These are the 15 Technical Advisory Committees:

- Physician Services
- Hospital Care
- Dental Care
- Nursing Service
- Nursing Home Care
- Optometric Care
- Podiatric Care
- Primary Care
- Home Health Care
- Consumer Rights and Client Needs
- Behavioral Health
- Children's Health
- Intellectual and Development Disabilities
- Therapy Services – Occupational, Physical and Speech Therapy
- Pharmacy

At each MAC meeting, the TACs that have met since the last MAC meeting provide a report on discussions from their meetings and make recommendations to the MAC. The Council members vote to accept the recommendations and ask the Department for Medicaid Services (DMS) to respond to the recommendations.

At MAC meetings, the Medicaid Commissioner presents a report to the Council. The report may include information the Council has requested or is presented to inform the Council about policy, regulatory or statutory changes.

Additionally, at meetings, the Council may make it's own recommendations or seek information or clarification from DMS. The MAC also requests periodic updates and information from the MCOs. Some examples of information sought from the MCOs are:

number of participants, claims processed and/or denied, community presence, quality performance, provider network adequacy, emergency room utilization, pharmacy trends, and any special programs

The MAC views issues through the lens of the recipients, advocates and providers. The Council members bring their expertise and their shared desire to improve health care in the state and are aided further by the content experts who serve on the TACs.

I will be frank. The Council has struggled to meet its statutory requirement to participate in policy development and program administration. Most often, the Council is informed about changes in policy and regulations after the fact and is not afforded the opportunity to participate in the development of the policies. This has been a frustration shared by members of the Council for a number of years. This same frustration has been expressed by a number of the TACs as well.

The members of the Advisory Council for Medical Assistance and the Technical Advisory Committees are a dedicated group who strive to make Kentucky's Medical Assistance program the best it can be and who volunteer their time to do so and I feel privileged to serve with them.

Thank you. I will be happy to answer any questions.