

July 3, 2023

The Honorable Chiquita Brooks-LaSure, Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: CMS-2444-P, Medicaid Program; Ensuring Access to Medicaid Services

Dear Administrator Brooks-LaSure,

Northwest Health Law Advocates (NoHLA) is a nonprofit consumer advocacy organization in Washington State. For over two decades, NoHLA has worked to advance a health care system in which all Washington residents receive quality, affordable care on an equitable and timely basis, with basic rights and protections.

We appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule, "Ensuring Access to Medicaid Services." This comment is specifically on the provisions relating to Medicaid Advisory Committees (MACs, formerly MCACs). I served on Washington's MAC for nine years including as Chair or Co-Chair, and my colleagues and I have also attended numerous meetings of the MAC as public members.

CMS proposes to significantly strengthen requirements for MACs and requires states to include a new Beneficiary Advisory Group (BAG). We strongly support these changes. Although MCACs have been federally required for nearly 40 years, some states have seriously underutilized this important opportunity to monitor and improve their Medicaid programs. Washington state's MCAC could certainly be strengthened by application of these proposed rules.

The proposed regulations are a welcome step to meaningfully engage stakeholders, particularly Medicaid enrollees who have firsthand knowledge of the program's effectiveness and deficiencies. We support requiring at least twenty-five percent of MAC membership be Medicaid enrollees and family members, who would also serve as part of the BAG. Centering Medicaid enrollees and family members with program experience, especially those from underserved communities, and persons with lived experience with the program, is critical. In our experience, enrollee members are not always comfortable speaking in large groups, especially when so much of the discussion involves agency presentations and industry feedback. For these members, it will be important to have a nucleus of participants who can discuss issues from the enrollee

perspective. This will also support consumers' requests for agenda items that focus on topics that are relevant to them and important for agencies to consider. The consumer feedback loop is important to the administration of Medicaid programs. For example, different enrollees' experiences in obtaining care may reveal barriers that the agency was unaware of, such as MCO practices, lack of access to various types of care providers, health disparities, enrollees' need for information to understand the program, and impediments caused by the application and renewal process.

We also support CMS's proposed requirement to include representation on the MAC from other stakeholders including state or local consumer advocacy groups, provider groups, managed care organizations, and other state agencies. However, CMS should strengthen the requirements for representation of all types of advocates including those representing specific populations, persons with disabilities, and others, to ensure that they make up a meaningful proportion of the MAC. This would benefit Washington state's MAC, which currently has very few advocates and is dominated by providers and managed care plans.

Advocates with specialized knowledge of Medicaid, who play a crucial role enforcing the rights of Medicaid enrollees, can play an important role in supporting BAG members on the MAC. Moreover, such advocates are in a position to describe interactions with a broad group of enrollees and recognize patterns of experience among them. Often they have information about how other states handle similar issues. Sharing this information can be of value to the agency and has in the past led to productive discussions in our state's MAC.

Finally, we support CMS's proposal that MAC and BAG recommendations should not be limited to medical care but should include other issues related to the effective administration of the program, including services, eligibility, care coordination, quality, communications, cultural competencies, and other issues. CMS should make clear that the scope of MAC and BAG advisory authority should extend to all aspects of a state's Medicaid program.

CONCLUSION

Thank you for your consideration of these comments. If you have further questions, please contact me at janet@nohla.org.

Sincerely,



Janet Varon
Executive Director