



Alaska Medicaid Advisory Committee

Bylaws

Name and location

The Medicaid Advisory Committee's (MAC) principal office and address will be:

Alaska Department of Health (DOH)
3601 C Street
STE 902
Anchorage, Alaska 99503
Email: mcac.hss@alaska.gov

Purpose and Power

The purpose of the MAC is to serve as the primary advisory body to the Department of Health (DOH) under federal Medicaid provisions requiring that each state have a Medicaid Advisory Committee. The MAC's contribution will improve and maintain the quality of Alaska's Medical Assistance Program by:

1. Contributing specialized knowledge and experience to that available within DOH, and
2. Providing a bidirectional communication system with the individuals, organizations, and institutions in the community that, in partnership with DOH, provide, pay or, and receive medical care services.

The MAC will have the power and authority necessary to carry out the duties imposed upon and granted to it by DOH and federal regulations to advise and make recommendations to DOH relative to health and medical care services under Alaska's Medical Assistance Programs concerning:

1. Additions and changes to care
2. Coordination of care
3. Quality of services
4. Eligibility, enrollment, and renewal process
5. Beneficiary and provider communication by the State Medicaid agencies
6. Cultural competency, language access, and health equities within the Medicaid program
7. Access to services
8. Other issues related to the provision or outcomes of health and medical care in the Medicaid program as determined by the MAC or the State

Membership

Committee structure

The MAC will include members with technical knowledge of DOH programs and understanding of the governmental process involved, as well as recognized leaders within the various groups impacted by the MAC's work.

The committee will have at least seven members, but not more than thirteen. Members will be appointed by the State Medicaid Director for staggered three-year terms. Per CFR 42 §431.12¹ members are not able to serve consecutive terms and cannot serve more than two total terms. The State Medicaid Director, or their designee, will work in conjunction with the committee chair to connect with provider and consumer organizations for recommended appointees and nominations may be submitted by a representative organization.

Members of the committee should be familiar with the health and needs of beneficiaries enrolled in the Medicaid program, and with the resources available and required for them. This could include:

- State or local consumer advocacy groups or other community-based organizations that represent the interests of, or provide direct service, to Medicaid beneficiaries.
- Clinical providers or administrators who are familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care. This includes providers or administrators of primary care, specialty care, and long-term care
- Other State agencies serving Medicaid beneficiaries, as ex-officio members.

Beneficiary Advisory Council Membership

According to CFR 42 §431.12(e), by July 9, 2027, members of the Beneficiary Advisory Council (BAC) must make up 25% of the Medicaid Advisory Committee. These individuals will dually serve on the BAC and MAC, and will be representatives of Medicaid beneficiaries or their family/caregivers. These members will serve on the MAC via appointment from the MAC chair, and confirmation by the State Medicaid Director. These members will provide linkage between work pursued in each group, as well as informing each group of policy changes, beneficiary or provider issues, or other functions of the organizations.

BAC members will join the MAC in appropriate ratios in an escalating number until 25% is reached started six months after the BAC is officially staffed.

Qualifications and Responsibilities

Qualifications

Members are chosen for their demonstrated interest in the community and administration and policy development of the Alaska Medicaid program. Individuals' interests and activities do not have to be specifically centered around the area of the committee's immediate concern; in fact, it

¹ <https://www.regulations.gov/document/CMS-2023-0070-2125>

may be well to include some members with carried experience in civil affairs. Other characteristics to be considered in selecting committee members include:

- a) Ability to place the interest of the Department's total statewide clientele above other factional concerns.
- b) Ability to serve as an effective intermediary between the Department and special group(s) the member may represent.
- c) Interest, willingness, and time to work in program areas of concern to the committee.
- d) Ability to work cooperatively with others.
- e) Ability to accept community pressures, criticism, and redirection from other members, the public, or the department's representatives.

Members

Members of the committee will be the Chair and Vice-Chair and may be appointed by the State Medicaid Director. The term of length for MAC and BAC members will be determined by the State and MAC, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis. Members may serve no more than two total terms per 42 CFR 431.12(d).

If the Medicaid Director chooses not to appoint these positions, they will be elected by the Committee annually.

Responsibility is fundamental to committee action. This includes:

- a) Attending all regular meetings. If a member misses two out of four yearly meetings without a previously notifying the chair, or the department facilitator, the Chair will notify the member and with the concurrence of the State Medicaid Director, may declare a vacancy to exist and appoint a new member to fill it.
- b) Bringing concerns of the community to the attention of the Chair.
- c) Taking part in discussions during the meeting, participating in workgroups when applicable, and utilizing active listening during all interactions when acting in representation of the MAC.
- d) Helping the committee analyze problems and develop recommendations.
- e) Completing assigned tasks. If unable to do so, informing the chair of the inability to meet a due date or deliverable in a reasonable time and manner.

Special contribution of Beneficiary Advisory Council members:

- a) Awareness of unique perspectives of Medicaid beneficiaries, their caregivers, or their families.
- b) Awareness of community needs for which programs can be developed and improved.

Chair Responsibilities include:

- a) Provide democratic leadership.
- b) Show sensitivity to member views and opinions and maintain an atmosphere in which members have opportunity to express views freely.
- c) Preside at the MAC meetings.
- d) Confer with DOH staff in:

- a. Preparing a suitable agenda
- b. Planning MAC activities
- c. Ensure MAC responsibilities are met
- d. Establish subcommittees/workgroups and ad hoc committees as necessary
- e. Appoint MAC members to serve on such subcommittees/workgroups
- e) Appear before relevant groups at the State Medicaid Director's request.
- f) When requested, represent the MAC before the legislature and/or other groups.
- g) Establish liaisons with state and local bodies, including advisory committees concerned with health and medical care services.

Vice Chair Responsibilities

- a) Providing support to chair when they are not able to attend or host meetings
- b) Show sensitivity to members' views and opinions and maintain an atmosphere in which members have opportunities to express views freely
- c) Will serve on the BAC as an ex officio, non-voting member. The duties of the MAC vice-chair will include:
 - a. Attending the BAC quarterly meetings to report activities to the MAC in partnership with the dual-MAC/BAC members,
 - b. liaising between the department and BAC, as needed,
 - c. liaising between the MAC and the BAC, as needed,
 - d. organization, prioritization, and facilitation of BAC meetings, as needed,
 - e. consultant for special workgroups or executive committee meetings for the BAC.

This position will take an active role in the administration of the BAC in the first year of its existence. Upon the BAC being filled, this role can be transferred to a BAC member, or continue to be under the duties of the MAC Vice-Chair.

Termination

If a member is deficient in the standards outlined above in this Membership section or if the member or member's organization is under sanction by the Alaska Medicaid Program, the member's service may be terminated immediately.

Member Vetting and Onboarding

The MAC shall uphold the process for vetting member applicants and onboarding new members.

1. Interested members should submit an application via a resume and interest letter address to the State Medicaid Director, via the chair, describing their interest in the membership, two references, and applicant's interest/connection to improvement of the Medicaid program.
2. The Chair, in conjunction with the department's facilitator or designee, shall follow up with the member, if appropriate, for relevant reference checks (minimum of two).
3. The Chair will then bring the application and relevant information to the committee, which will decide to elevate the request to the State Medicaid Director. This recommendation will be sent to the State Medicaid Director.
4. The State Medicaid Director or their designee will respond to the recommendation prior to the next quarterly MAC meeting.

Meetings

The MAC will meet at least quarterly and at such other times as may be designated by the Chair of the committee. Notice of the time and place of meetings shall be given not less than 7 days prior to meetings. The last meeting of the calendar year shall be used to elect officers and set meeting dates for the coming year.

Committee meetings may be held at times and places convenient to the Committee and the interested public.

Special Meetings

Special meetings may be called by the Commissioner, State Medicaid Director, Chair, or any five committee members.

Notice and Agenda

The Chair, in consultation with DOH designee, will approve the agenda. Once the agenda is sent to the Committee members, it will not be changed unless agreed to by a majority of the committee members. Time should be allowed at each meeting for presentation of special items by individual members. Notice of time, agenda, and place of all regular or special meetings will be sent at the direction of the Chair to members prior to meeting date.

Conduct

The Chair will conduct Committee meetings. If the Chair is not present, the Vice-Chair will conduct the meeting; in the absence of both, Committee members may elect an acting Chair for that meeting only.

Quorum

A quorum for the transaction of business at any regular or special meeting will consist of a majority of the members of the committee.

Subcommittees/Workgroups

Executive Committee

The executive committee will have the power to act for the MAC as necessary. However, all executive committee actions are subject to review and ratification by the full committee. Members of this subcommittee will include the Chair, the Vice-Chair, and two other chair appointed members.

Bylaws

The executive subcommittee will prepare and submit changes to the Bylaws as directed by the MAC and in accordance with XIV. Members will be appointed by the Chair of the MAC and will include a member of the Executive Committee.

Other subcommittees may be designated by the Chair as necessary; the Chair will be a member of each. Committees may include members of the public, but the designated MAC member will chair and define the subcommittee membership.

Workgroups

Members are encouraged to form workgroups that address components of improvement to the State Medicaid Program or its activities that directly benefit Medicaid beneficiaries, their families, or the greater community. These workgroups are solutions based, and focused on actionable regulatory, policy, or procedural changes in cooperation with the State Medicaid Program/DOH. DOH and committee members have access to templates that can be used to support the documentation of activities and provide data and resource compilation for workgroup recommendation. The workgroups are not required to utilize these templates, but are encouraged to provide a comprehensive and well-researched report with their recommendation, if applicable.

Recommendation Process

Formal Recommendation Procedure

Each recommendation or other MAC action will be made in the form of a formal motion, seconded and passed; a quorum is required. Robert's Rules of Order applies.

Recommendations from a workgroup or subcommittee will be made directly to the full MAC for approval. Once approved, the recommendations will be sent to the State Medicaid Director.

Response to Formal Recommendations

Responses to the MAC recommendations will be distributed to members of any applicable subcommittee/workgroup and will be included in meeting packets or via email 30 days prior to the next quarterly meeting.

Public Participation

All quarterly meetings will be open to the public. To ensure that Committee business is completed, participation of the public or organized groups will be organized as follows:

- Formal presentation of the committee will be approved by the Chair, requests to make such presentations should be approved by the Chair via email at least 30 days prior to the meeting. The request should be clear that the subject matter is relevant to the Committee's work.
- Public comment is available at the discretion of the Chair, State Medicaid Director, or their designee. The department is not required to respond to public comments during the meeting.
- At the discretion of the, during the meetings, the Chair may allow for questions or statements from the public/non-state or member participants.

Executive Session

Before meeting in executive session, the Committee must vote to do so under its regular motion procedure and must announce the purposes of the session. The purpose must be one or more of the purposes for which executive or closed meetings are permitted in accordance with Alaska Revised Statutes 44.62.310.312, Alaska's Open Meeting Law; for instance, issues pertaining to personnel matters.

Discussion in the executive session must be limited to the subject or subjects state in the motion. No final action may be taken in executive session. Upon return to open session, any action taken, or motion adopted must be restated, voted upon, and placed in the minutes to be effective. Or, if there is a need for more rapid action, the information and voting may be done by email or phone.

Conflict of Interest

It is understood that minor conflicts of interest may arise during the course of conducting MAC business. MAC members should recognize and note to the Chair any substantial or significant conflicts of interest. The MAC will be guided by the ethical standards and conduct set out in the Alaska Executive Branch Ethics Act, AS 39.52.010 - 39.52.960, which distinguishes minor and inconsequential conflicts (defined in AS 39.52.110) from substantial and material conflicts of interest (AS 39.52.120 - .190). determination and disclosure of substantial conflicts of interest is set out in AS 39.52.210 - .260.

Annual report

According to CFR 42 §431.12(i), the MAC must submit an annual report to the State Medicaid Director and will be posted to the public website. It is required that the MAC, with support from the State and in accordance with the requirements updated at this section, submit an annual report to the State. The State must review the report and include responses to the recommended actions.

The State must also: (1) provide MAC members with final review of the report; (2) ensure that the annual report of the MAC includes a section describing the activities, topics discussed, and recommendations of the BAC, as well as the State's responses to the recommendations; and (3) post the report to the State's website. In the proposed rule, we noted that States had one year to implement the annual report requirement, and we sought comment on that timeline.

Record Keeping

Minutes

The staff responsible to the Committee will take minutes to summarize the decision and actions taken at each MAC meeting. A designated subcommittee member will take minutes of any subcommittee/workgroup member will take minutes of any subcommittee meeting when staff meeting is not present. The minutes should be transcribed and summarized. These will be reviewed

by the Chair before posting to the website. Any action items will be noted by the staff person, brought to the Chair’s attention, and acted upon as soon as possible following the meeting.

Meeting History

A complete package of meeting attachments, minutes summary, or other public postings will be retained in the MAC file located in the State network drive. The MAC files will contain updated minutes, agendas, and membership lists.

Travel

Each MAC member will serve without compensation but will be entitled to reimbursement for actual and necessary expenses in carrying out Committee business under applicable state regulations relating to travel reimbursement.

Amendments

The Chair, MAC members, State Medicaid Director or DOH staff may propose changes to these Bylaws. All such proposals will be submitted in writing to the Chair and referred by them to the full committee at least 10 days prior to the next quarterly MAC meeting. Amendments will be passed and become effective by majority vote of a quorum of the MAC.

/s/ _____

JESSICA OSWALD
MEDICAID ADVISORY COMMITTEE CHAIR

Date: 10/8/25

/s/ _____

EMILY RICCI
STATE MEDICAID DIRECTOR, DEPUTY COMMISSIONER

Date: 10/8/25



[Month, Day, Year]

[Executive Sponsor Name (if no sponsor, address to State Medicaid Director)]

Department of Health
3601 C Street, Suite 902
Anchorage, Alaska 99503

RE: Topic of Workgroup/recommendation

[Salutation]

[statement as determined by workgroup]

Purpose Statement

[Insert Purpose Statement of the workgroup.]

Background

[Provide background information of how group came to identify the problem.]

Data

[Provide data that was used, or other resources referenced, that provide background and identify how the data was sourced.]

Plan of Change

[Insert a description of how the workgroup identified a path forward to address the problem identified in the workgroup.]

Sub-groups/Sub-items of Change

[If there are subgroups or subtopics that were addressed during the workgroup, please detail them here. If the workgroup do not have subitems, please delete this section.]

Recommendations

[Please list workgroup recommendations in bullets or numbered format.]

[Workgroup Name] Recommendation #x
[insert date]

Rationale

[In the same order of the recommendations, please list the rationale for the recommendations.]

Anticipated Impacts

Drivers of Impact

[Listed the parties that are driving, or are needed to move this change forward; hospitals, nursing facilities, private clinics, private health organizations, specific DOH members, etc.]

Those Impacted by Changes

[Please identify the parties impacted by this change: hospitals, community providers, specific Medicaid beneficiaries.]

Timeline of Impact

[Please provide a timeline of the changes the recommendations would require.]

Sincerely,

[(If Applicable) Digital Signature]

[First and Last Name]

[Title]

Enclosures: [(If Applicable) Name of file enclosed or attached to email]
[(If Applicable) Name of file enclosed or attached to email]

CC: [(If Applicable) First and Last Name, Title]
[(If Applicable) First and Last Name, Title]