Medicaid Advisory Committee
Charter
Approved by Oregon Health Authority on March 25th, 2015; Revised by Committee March 25th, Revised by Committee April 24, 2017

I. Authority

Oregon is required by federal law (42 CFR 431.12) to have a committee that advises the Oregon Health Authority (OHA) about the health and services offered through Medicaid. The Medicaid Advisory Committee (MAC) is mandated by state statute to advise OHA on the policies, procedures, and operation of the Oregon Health Plan (OHP) that affect OHP enrollees and their families. ORS 414 explicitly states that the committee is to advise the Directors of the OHA and the Department of Human Services (DHS) on:

- Medical care, including mental health and alcohol and drug treatment and remedial care;
- Operation and administration of programs provided through Medicaid; and
- Determination of health care and services covered; quality and costs; affordability; and consumer engagement.

The committee shall periodically review its charter at the discretion of the OHA Director and serves to complement existing statutory authority.

II. Membership

In accordance with ORS 414.211, the Medicaid Advisory Committee shall not consist of more than 15 members appointed by the Governor. The term of office for each member is two years with the option to be reappointed for a second term. Membership includes representatives from the following entities:

- Health care providers and allied health care professionals
- Two members of health care consumer groups that include Medicaid recipients
- Two OHP members
- Directors of the Oregon Health Authority and Human Services or designee(s)

In addition, members may also include but are not limited to oral and behavioral health providers, community health workers and representatives of OHP member advocate organizations.

III. Scope and Deliverables

The MAC is responsible for developing and advising policy recommendations at the request of the Governor, the Legislature and OHA. OHA explicitly directs the Committee to support the following functions:

- Monitoring: provide oversight and review of Oregon's administration of its Medicaid program.
- Advising: serve as an advisory body to OHA on issues relevant to those served by OHP as described in state and federal policy, and as requested.
- Policy Development: participate in Medicaid policy development by making recommendations to the OHA that are reflected as appropriate in program policies and procedures, statute, rule, or other governing protocols.
Reporting: publish an annual letter that highlights key issues related to the operation of OHP that affect OHP enrollees and their families, and provide a list of pertinent reports developed by the committee.

IV. Committee Principles

In the past, the Committee has adhered to a set of principles to guide its decision-making and recommendations in an effort to support OHA’s Triple Aim of better health, better care and lower costs for OHP members. The principles, listed below are to be revisited, biannually, and revised to reflect external environmental changes.

- Promote coverage options that maximize quality, affordable and equitable benefit coverage, ensure access and continuity of care, and result in the lowest net level of churn for OHP members;
- Consider the health and support needs of diverse subpopulations, including but not limited to parents, women, children, seniors, persons with disabilities, communities experiencing health inequities, and residents in rural and frontier areas, among others served by OHP; and
- Balance consumer needs with the need for financial viability and operational self-sufficiency in the state Medicaid program, the health care delivery system, and other health insurance markets, as appropriate.

V. Dependencies

To the extent directed and supported by OHA, the Committee will coordinate its recommendations to align with national and state health policy initiatives in formal reports submitted to:

- OHA Leadership
- State Medicaid (OHP) Leadership
- Oregon Health Policy Board
- Oregon Legislature

The ability of the Committee to fulfill its statutory duties as outlined in section III is contingent upon support of and direction by OHA, as well as coordination with other health policy advisory bodies.

VI. Resources

Internal staff resources include the following:

- Executive Sponsors: OHA State Medicaid Director; OHA Health Policy Director
- Staff support:
  - Health Policy and Analytics Division (Office of Health Policy Lead)
  - Health Systems Division
  - External Relations Division