

# Beneficiary Advisory Council (BAC) General Meeting



**Sept. 15, 2025**

# Accessibility Check-In Reminders: All Attendees

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- Say your name each time you speak.
- Attendees are provided materials ahead of time and in an accessible format.
- Use a microphone to project your speech; if one is not available repeat questions when asked.
- Language access options provided upon request to include real time captioning.
- Spell acronyms and avoid jargon/idioms
  - Define or explain terms that are not common knowledge
- Speak clearly and slowly; this is helpful for individuals who are hard of hearing and those whose primary language is not the one in which you are speaking

# BAC Team Introductions: Facilitators

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**Veronica Quinonez**  
Communications and  
Outreach Specialist

Health Care Services  
Division



**Lynne Vest**  
Member and Provider  
Relations Specialist

Integrated Care  
Division

# BAC Team Introductions

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**J. Lynn Hamner**

Sr. Policy Analyst

Program Operations  
Division



**Joann Atkins**

Administrative Assistant

Integrated Care Division



**Sunday Brownson**

Program Admin  
Specialist II

Healthcare Services  
Division



“Policy changes are often made without engaging the people that will be affected or that are experiencing the challenges of existing policies and programs.

Community engagement principles assert that:

1. People affected by a decision have a right to be involved in the decision-making
2. Their input helps generate informed decisions
3. Community engagement efforts can improve communication between policymakers and impacted community members and lead to more effective and efficient policies and programs.”

**Center for Medicaid and CHIP Services**

# Why Are We Called the BAC Now?

- The Federal 2024 Access Final Rule or The *Ensuring Access to Medicaid Services (Access rule)* final rule advances access to care and quality of care, and will improve health outcomes for Medicaid beneficiaries across fee-for-service (FFS) and managed care delivery systems, including home- and community-based services (HCBS) provided through those delivery systems.
- This rule has new requirements for State Medicaid agencies to host a Member Advisory Committee (MAC) and Beneficiary Advisory Council.
  - Our existing group will fulfill the Beneficiary Advisory Council goals and needs.



# BAC Centers Your Voice

BAC definition: A member-only advisory group or Beneficiary Advisory Council (BAC), completely made up of Medicaid members, their families, and/or other caregivers.

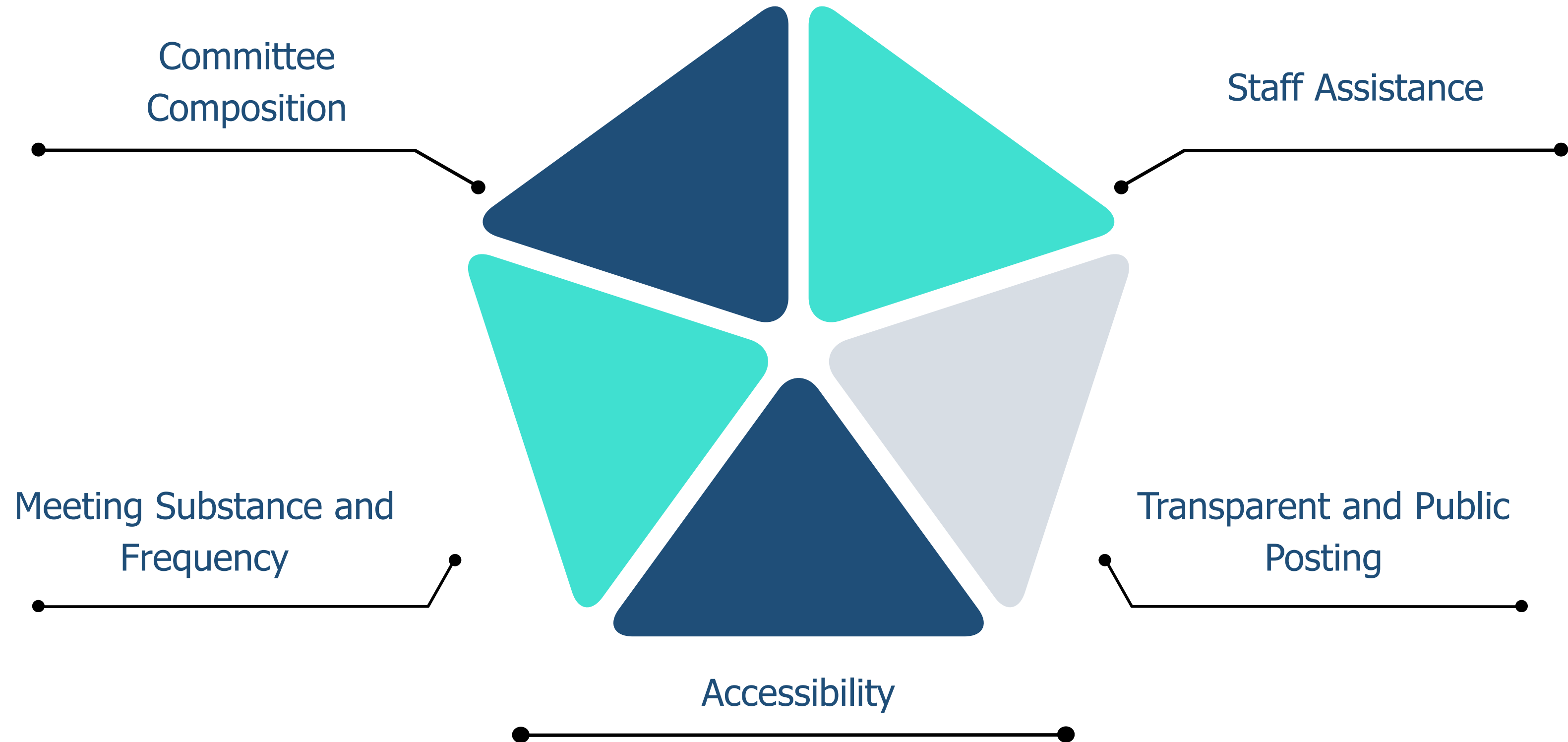
## Goal:

- Get member feedback about what is important to you so you can meet your personal and family health and well-being goals.
- Topics raised may include quality of care, communications, eligibility and enrollment, care delivery, and availability of services, among other issues important to members.



# WHAT DOES BAC REQUIRE?

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# BAC Best Practices

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Increase engagement and  
interactivity



Design content and meetings  
with accessibility in mind



Revise the BAC application and  
recruitment process

# We Heard You

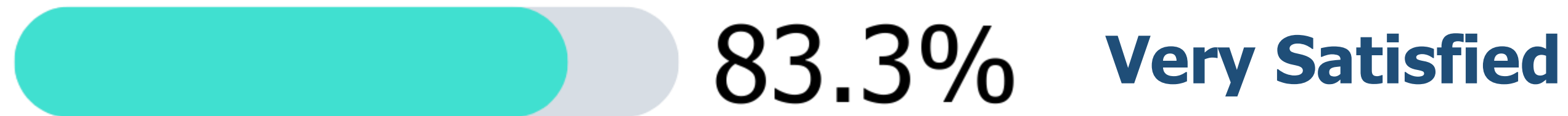
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# MAC FEEDBACK SURVEY RESULTS

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**5 out of 12 committee members responded**

**Overall, how satisfied are you with your experience on the MAC Committee?**



# WHAT DO YOU LIKE ABOUT THE CURRENT MAC COMMITTEE EXPERIENCE?

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“Hearing from different people and experiences as well as the hearing from leadership.”

“Well I love the fact that, it allows people that walk a mile in the shoes of a Medicaid recipient - Medicaid, caregiver period to sit on a board, and be heard. And understand the ends and outs of Medicaid. So, there's that.”

“I have learned a lot during my time on the MAC Committee.”

“The opportunity to learn and share experiences.”

“Receiving info that is pertinent to current changes and mission restructuring. Also to get questions answered for my family and neighbors.”



# WHAT DO YOU LIKE ABOUT THE CURRENT MAC COMMITTEE EXPERIENCE?

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“ It allows for interactions between members and state officials including those with regulatory oversight for the Medicaid program. It allows for Executive Leadership Team intervention to intercede with some cases where lack of follow up is taking place either through the private insurance companies or regarding various state programs. It allows for Q&A along with the ability to follow up and get deeper answers. It allows for members to make recommendations and suggestions regarding programs with DSS oversight. ”

# LET'S TALK ABOUT IT!

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What do you like about the current MAC committee experience?



Do you agree with the responses?



Anything you would like to add/share?



# WHAT SUGGESTIONS DO YOU HAVE FOR IMPROVING THE CURRENT MAC COMMITTEE EXPERIENCE?

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“ Clarify reimbursement process for parking and travel. ”

“ I would like to see the MacBook in large print and I would like to make sure I get the login link sent every time. ”

“ Continue to allow members to allow input into topics. ”

“ So far it's been effective. ”

# WHAT SUGGESTIONS DO YOU HAVE FOR IMPROVING THE CURRENT MAC COMMITTEE EXPERIENCE?



Meetings during November and December have very expensive train tickets compared to other times of year. The call in number for the June meeting never connected into the actual MAC meeting. Double-check that the call in number is working for members who are remote during the meeting. I would have some MCO provided material in addition to what DMAS has already produced for several of the topics which involve and otherwise concern the health insurance companies. I would also share some of the feedback with MAC from the committees which entail providers and health insurance companies. And then tie it all together. I would clarify with a deeper dive what care coordination is supposed to be doing generally or specifically. And then have each MAC member corroborate whether or not their own lived experience matches that of the description. We also need more information regarding transitions that take place after disenrollment because that situation is a very rocky transition especially when it comes to dental and vision coverage but likewise transportation as well. Members will need resources related to resource navigation post disenrollment..





# WHAT SUGGESTIONS DO YOU HAVE FOR IMPROVING THE CURRENT MAC COMMITTEE EXPERIENCE?

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“ Well, I think that there should be an easier way to get, the online meeting carved out, for people who have little to no transportation. I think, that would be easier. I know, this is a Virginia rule of course. but. there you go. And to be clear people who have lived no transportation, are people who are disabled. And, There should be a carve out for people who have an educational responsibility. Not unless common the committee can write an excuse note for those in college.

”

# LET'S TALK ABOUT IT!

What suggestions do you have for improving the current MAC committee experience?



Do you agree with the responses?



Anything you would like to add/share?



# ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

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“

Continue diversity of beneficiary voices.

”

“

I would love to know if the requirements for requesting an online meeting exemption have changed or not. I'm also glad that Lynne Vest, whom I've worked with before, will be working with your team—she's such a treat to work with. She's a real go-getter: kind, motivated, and genuinely cool

”

“

No.

”

\*Response redacted due to personal information shared, to protect privacy.

# LET'S TALK ABOUT IT!

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Anything else you would like us to know?



Do you agree with the responses?



Anything you would like to add/share?





# Looking Ahead

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What do you want on the agenda  
for the December meeting?





## **BAC Contact**

[bac@dmass.virginia.gov](mailto:bac@dmass.virginia.gov)



## **General Questions Cardinal Care Managed Care**

- [ccmc@dmass.virginia.gov](mailto:ccmc@dmass.virginia.gov)