

**By-laws of
MEDICAID ADVISORY COUNCIL
Effective January 1, 2026**

PREAMBLE:

To comply with Title 42, Sections 431.12 and 438.104 of the Code of Federal Regulations, there is hereby established the Medicaid Advisory Council of the South Carolina Department of Health and Human Services.

ARTICLE I – NAME

Section 1: The name of this council shall be the Medicaid Advisory Council (MAC) of the South Carolina Department of Health and Human Services.

ARTICLE II – OBJECTIVES AND PURPOSE

Section 1: This council is formed to advise the Department of Health and Human Services about health and medical care services providing a consumer driven approach to optimize the efficiency and effectiveness of the South Carolina Medicaid program while addressing the healthcare needs of the state's Medicaid population. The council will focus on building and strengthening joint efforts of representing the needs and concerns of the uninsured, underinsured and member of vulnerable populations. The council will provide consultation to the Agency regarding marketing policies required of Medicaid Managed Care Organizations.

Section 2: This council will work cooperatively to provide recommendations to the director of the Medicaid program on the policies, procedures, and operation of the South Carolina Medicaid program. This council will provide recommendations to the director of the Medicaid program in the following areas:

- a. Operation and administration of programs provided through Medicaid;
- b. The application and renewal processes;
- c. Outreach and consumer engagement strategies and resources;
- d. Medical, behavioral health, and substance abuse services;
- e. Quality and cost-efficient care; and
- f. Affordability.

This Council shall strive to make recommendations to the director of the Medicaid program that are creative and innovative to meet the needs of South Carolina's Medicaid population.

ARTICLE III – MEMBERSHIP PROVISIONS

Section 1: Appointment of Members

The director of the Medicaid program must select members for the Medicaid Advisory Council for a two (2) year term, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis.

Section 2: Council Membership

The membership of the council will be composed of the following percentage and representative categories of interested parties:

- a. For the period from July 9, 2025 through July 9, 2026, 10 percent of the MAC members will come from the BAC; for the period from July 10, 2026 through July 9, 2027, 20 percent of MAC members will come from the BAC; and thereafter, 25 percent of MAC members will come from the BAC.
- b. The remaining council members will include representation from the following categories at the appointment and direction of the director of the Medicaid program.
 - i. State or local consumer advocacy groups or other community-based organizations that represent the interests of, or provide direct service, to Medicaid beneficiaries.
 - ii. 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.
 - iii. Participating Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs as defined in § 438.2, or a health plan association representing more than one such plans; and
 - iv. Other State agencies that serve Medicaid beneficiaries

Section 3: Attendance

If a member has two consecutive absences, the member will be contacted regarding his/her continued membership on the council.

Section 4: Member resignation or inability to complete term

In the event that a member of the council resigns or is otherwise unable to complete his or her term, the member shall notify the Agency of the vacancy as soon as practicable. The director of the Medicaid program shall appoint a replacement member that may serve out the remainder of that individual's term.

Section 5: Conflict of Interest

A council member shall not take any action that may materially benefit the financial interest of that member, a member's family member, or a member's close associate, unless and until that member first discloses that interest for the record. The member who discloses an interest may be present to answer questions related to that interest but shall not advocate for nor vote on the action. If a council member concludes that his or her interest does not create a conflict, but that there may be an appearance of a conflict, he or she shall disclose the interest for the record before participating in discussion or voting on an action.

ARTICLE IV - PUBLIC PARTICIPATION

Section 1: This Council is serving in an advisory capacity to the director of the Medicaid program. Citizens may attend and participate in open Council Meetings. The director of the Medicaid program, in order to ensure an orderly meeting, may establish rules for the persons attending and participating in Council meetings.

ARTICLE V – MEETINGS

Section 1: The director of the Medicaid program shall convene Council quarterly meetings at such times, manner (whether in-person and/or virtually), and place in Columbia, South Carolina, as the director of the Medicaid program or their designee shall determine.

Section 2: Written and/or email notice of all regular meetings shall be sent to the Council members at least ten (10) business days in advance of the time and place of the meeting. Each member will file with the director of the Medicaid program the physical address, email address, and telephone number to which such meeting notice is to be sent.

Section 3: Special meetings of the council may be held when called by the director of the Medicaid program. Notice of special meetings will contain a brief statement of the purpose of the meeting.

Section 4: The minutes of any meeting shall be made available to all council members prior to the next meeting.

Section 5: The council meetings will be held using a variety of meeting attendance options. These options are: all in-person attendance, all virtual attendance, and hybrid (in-person and virtual) attendance. Regardless of which attendance type of meeting it is, the meeting will always have at a minimum, a telephone dial-in option for members and the public.

ARTICLE VI – LIABILITIES

Section 1: The council membership shall not become liable for the actions of the council, which may result in legal actions brought by the public.

ARTICLE VII – PROHIBITED MATTERS

Section 1: The introduction or discussion of sectarian matters or partisan politics is prohibited at any meeting of the Council, and the name or records of the Council shall not be used for any sectarian, business or political purposes.

ARTICLE VIII – AMENDING BYLAWS

Section 1: The director of the Medicaid program may amend these By-laws at any time.

Section 2: All members of the Council will be consulted regarding amendments to the By-laws.

ARTICLE IX – CERTIFICATION

Section 1: These By-laws were adopted by the director of the Medicaid program on March 5, 2026.

Eunice Medina
Director