



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
DAVE RICHARD • Deputy Secretary, NC Medicaid

**MEMORANDUM**

**TO:** Medical Care Advisory Committee (MCAC) Members and Interested Parties

**FROM:** Pamela Beatty, MCAC Administrative Coordinator *PB*

**SUBJECT:** Request for MCAC Nominees (Congressional District 13)

**DATE:** January 23, 2020

The NC Department of Health and Human Services (NC DHHS) Division of Health Benefits (NC Medicaid) is seeking nominations for qualified candidates who live or work in Congressional District 13 to serve on its Medical Care Advisory Committee (MCAC). The MCAC serves as the advisory committee to the NC DHHS and NC Medicaid, in providing advice and recommendations concerning health and medical care services that may be covered by our programs. We would greatly appreciate your assistance with our search.

The Department is seeking nominations from the following groups as outlined in the MCAC Bylaws:

- board certified physicians and other representatives of the health profession who are familiar with the medical needs of and resources available for the care of low-income groups;
- the director of the public welfare department or the public health department;
- recipients and consumer organizations such as labor unions, organizations representing the poor, civil rights organizations, business, consumer cooperatives, and unaffiliated private citizens;
- recipients or former recipients who are directly served by the Program and are aware of special problems confronting those seeking care; and
- others, including representatives of government, state and county medical societies, other professional and provider associations.
- professionals in health insurance industry, health and medical education, healthcare finance, as well as community members and leaders.

Attached are several documents to aid you in this process. **Interested candidates should email a PDF of their resume and a completed biographical sketch (form attached) to [Pamela.Beatty@dhhs.nc.gov](mailto:Pamela.Beatty@dhhs.nc.gov), no later than Thursday, February 13, 2020.** You may nominate yourself as well if you work or live in Congressional District 13. Please refer to the attached Congressional Districts map to determine your congressional district. You may also find this map on the following link: [https://www.ncleg.gov/Files/GIS/Plans\\_Main/Congress\\_2019/HB1029%203rd%20Edition%20-%2011x17\\_Map.pdf](https://www.ncleg.gov/Files/GIS/Plans_Main/Congress_2019/HB1029%203rd%20Edition%20-%2011x17_Map.pdf).

If you have any questions, please contact Pamela Beatty at 919-855-4102. Thank you for your assistance.

Attachments

- Biographical Sketch Form
- Current MCAC Membership Chart
- Congressional Districts Map

**NC MEDICAID**  
**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS**

LOCATION: 1985 Umstead Drive, Kirby Building, Raleigh NC 27603  
MAILING ADDRESS: 2501 Mail Service Center, Raleigh NC 27699-2501  
www.ncdhhs.gov • TEL: 919-855-4100 • FAX: 919-733-6608

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH BENEFITS (NC MEDICAID)

BIOGRAPHICAL SKETCH

Nominee for: **MEDICAL CARE ADVISORY COMMITTEE (MCAC)**

Mr.\_\_\_\_ Mrs.\_\_\_\_ Ms.\_\_\_\_ Miss\_\_\_\_ Dr.\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: \_\_\_\_\_

Office Address: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Office Email Address: \_\_\_\_\_

Qualifications/Statement of interest to include the benefit of you serving on the MCAC:

Current Board/Commission Appointment

Date Term Ends

Authority

Remarks: \_\_\_\_\_

Referred By: \_\_\_\_\_

Name of Individual/Organization

Date: \_\_\_\_\_

\*\*\*\*PLEASE ATTACH CURRENT RESUME\*\*\*\*

Nominee's Signature: \_\_\_\_\_

**NOTE: Please Return Bio Form and Resume to Pamela Beatty (pamela.beatty@dhhs.nc.gov) no later than Thursday, February 13, 2020.**