NH Medicaid Medical Care Advisory Committee Bylaws

All prior bylaws are hereby repealed, and the bylaws contained in this document are approved and adopted by the Medical Care Advisory Committee on June 13, 2022.

I. PURPOSE

The New Hampshire Medical Care Advisory Committee (MCAC) is established in accordance with 42 CFR § 431.12 to advise the State Medicaid Director regarding New Hampshire Medicaid policy and planning.

II. MEMBERSHIP

1) Membership recruitment will occur annually and as necessary to meet the purpose of the MCAC, beginning with the appointment of a membership subcommittee no later than the March meeting of each year and completed by June of each year.

2) The MCAC Vice Chair shall chair the membership subcommittee. The subcommittee shall be responsible for developing a slate of potential members to fill anticipated vacancies on the committee as well as entering into nomination the names of MCAC members to serve as the Chair and Vice Chair for the following year.

3) Membership recruitment goals shall include recruitment of:
   (a) Board-certified physicians and other representatives of the healthcare professions who are familiar with the comprehensive health care needs of low-income population groups and with the resources available and required for their care.
   (b) Medicaid recipients and or family/personal representatives, consumer groups on behalf of Medicaid recipients, and members of the general public who are concerned about health service delivery to the Medicaid population.
      (i) The MCAC will strive to have Medicaid recipients or personal representatives constitute one-third of its membership. At a minimum, three of the members shall be Medicaid recipients or a family or nonfamily primary caregiver of a Medicaid recipient.
      (ii) Members of the following recipient groups will be actively recruited, with a preference for consumer members, to assure broad representation of Medicaid recipients:
         - Elders
         - Parents of children receiving Medicaid
         - Recipients of TANF (Temporary Assistance to Needy Families)
         - Adults with disabilities, including mental illness
         - Family or nonfamily primary caregivers
   (c) Other individuals with relevant Medicaid knowledge and background in healthcare such as, but not limited to:
      (i) Acute care
      (ii) Long term care
      (iii) Home care
      (iv) Disabilities (including mental health)
      (v) Rural health
      (vi) Medicaid law and policy
      (vii) Health care financing

(viii) Quality assurance
(ix) Patient rights and advocacy
(x) Health planning
(xi) Social services
(xii) Legal services
(xiii) Problems and needs of the Medicaid population
(xiv) Pharmacy
(xv) Dental/oral health

4) Procedure for appointment of members:
   (a) A Member application and Alternate application will be made available by DHHS staff to persons interested in membership as a member or as an alternate including online applications, completed by the interested person, and submitted to the DHHS administrative staff for review by the Membership Subcommittee.
   (b) In the application, prospective members will describe their interest in the Medicaid program and, if applicable, identify the agency or organization they represent. The following organizations shall have a membership seat on the MCAC: Bi-State Primary Care Association, Community Support Network, Inc. (CSNI), Disability Rights Center-NH, NAMI NH, New Futures, NH Community Behavioral Health Association, NH Dental Society, NH Division of Public Health Services, NH Governor's Commission on Disability, New Hampshire Hospital Association, and New Hampshire Medical Society, The head of the agency or organization shall designate the attending member and alternate. The designated member shall be approved or denied by the Medicaid Director.
   (c) The Membership Subcommittee shall make appointment and reappointment recommendations to the Medicaid Director prior to consideration by the MCAC.
   (d) Members will have at least one month to consider any recommendations for membership or nominations for Chair and Vice Chair prior to voting on them.
   (e) Appointment to the MCAC shall be made by the State Medicaid Director, upon recommendation of the MCAC, in accordance with these bylaws and federal law.
   (f) Members will have a vote in all MCAC decisions only after the Medicaid Director has formally appointed them. The appointee shall be the individual, not the organization, unless included in the organizations with membership seats listed in 4(b) above.
   (g) Membership shall not exceed a total of 23 members.
   (h) Pre-designated alternates may attend meetings and vote in a member's stead. Alternates must complete the application and appointment process. When there is a change of an alternate, the member must resubmit an application with the replacement alternate's name.
   (i) In matters where membership status is not clearly spelled out by these bylaws and decisions are needed, the current officers will decide and inform the full membership.

5) Terms of Membership:
   (a) Members shall serve terms of three years from the date of appointment, unless they resign or their membership is terminated.
   (b) Meeting attendance by members and/or their alternates as applicable will be documented in the minutes of each meeting. Members will be noted as attending, alternated, or excused.

(c) Failure by a member to attend at least 75% of MCAC meetings in a year or three consecutive MCAC meetings in a year without an alternate present or an excused absence shall result in termination from MCAC membership.
(d) If the member failing to attend is representing an organization, then prior to the member being removed, the head of the organization shall be provided the opportunity to appoint another member and/or alternate to represent the organization.
(e) Members serve without compensation, except that consumer members may be provided or reimbursed for services, supports or accommodations necessary to attend and fully participate, in accordance with the "Guidelines for Reimbursement of MCAC Member Expenses."
(f) No member or alternate shall speak publicly on behalf of the MCAC without prior permission and only in accordance with a majority vote of the members present at a MCAC meeting.

6) Member Responsibilities:
(a) Members or their alternates are expected to be present at all scheduled meetings. Members are expected to notify the chair or staff in advance if they will be absent for any MCAC or subcommittee meeting or send their alternate.
(b) Members or their alternates are expected to participate in subcommittee meetings as necessary to accomplish the tasks of the subcommittee.
(c) Members or their alternates are expected to participate in MCAC deliberations without prejudicial bias or favoritism toward any one special interest group.
(d) Members or their alternates are expected to prepare in advance for MCAC meetings.
(e) Members or their alternates are expected to listen to the different perspectives of other members and work toward consensus on specific issues.

III. MCAC OFFICERS

1) The Membership Subcommittee will seek nominations for the Chair and Vice Chair on an annual basis coinciding with annual membership recruitment. The Vice Chair will not participate in the nomination process if his or her name is to be put forth in nomination for an officer position.

2) MCAC members shall elect a Chair and Vice Chair to serve for one year. Elections will occur, at the last meeting of the fiscal year (July 1 to June 30) in order that newly elected officers will be in place for the first meeting of the new fiscal year. There will be at least one month between nominations and elections. In the event of a vacancy in the position of Chair, the Vice Chair will assume the responsibilities of the Chair for the remainder of the term. Special elections may be held as needed.

3) The Chair and Vice Chair may serve no more than three (3) one-year consecutive terms as officers.

4) Role of Chair:
(a) Facilitate the MCAC meetings.
(b) In collaboration with the Medicaid Director, establish meeting agendas.
(c) Be familiar with the MCAC bylaws as well as the MCAC/DHHS Administrative Rule Procedures for reviewing proposed rules.

(d) Review all official communications between MCAC and external entities such as, but not limited to the legislature, prior to release of the communications.
(e) Appoint subcommittees as needed.
(f) Review MCAC attendance with Medicaid Director as needed.

5) Role of Vice Chair:
(a) Assume responsibilities for the Chair if unable to be present at a meeting or unable to fulfill the term of office and until a new Chair is elected.
(b) Serve as Chair of the Membership Subcommittee.
(c) Be familiar with the MCAC bylaws as well as the MCAC/DHHS Administrative Rule Procedures.

IV. OPERATING PROCEDURES

1) Meetings:
(a) The MCAC shall operate according to the State fiscal year, which runs from July 1 to June 30 of each year.
(b) The Chair may solicit agenda items from the members in advance of a meeting and will establish agendas in collaboration with the NH Medicaid Director.
(c) One-third of the current MCAC membership shall constitute a quorum for the purpose of doing business.
(d) The MCAC will meet as a full committee monthly. Additional meetings will take place at the call of the Chair or upon request of three or more members.
(e) Meeting dates, schedules and location may be changed with notice, at the discretion of the Chair. In the event such change is made on the day of a scheduled meeting, email notice will be sent to members by administrative staff no later than 9:00 am the day of the meeting.
(f) Meeting agendas and supporting documents will be sent to members two weeks in advance of the meeting.
(g) Items may be added to the agenda on the day of the meeting, as time allows, if approved by a majority of the members present.
(h) Action on agenda items may be taken by no less than the majority of members present at the meeting.

2) The MCAC may establish procedures to allow members to participate in meetings by videoconference or speakerphone, and allow for decisions to be made or actions approved by electronic mail or telephone.

3) Bylaws:
(a) The MCAC will establish bylaws.
(b) The MCAC bylaws, including revisions or amendments, must be approved by two-thirds of the MCAC members present for the vote.
(c) A subcommittee will review the bylaws every two years or as needed and make recommendations for revisions to the MCAC.
(d) Meetings shall be conducted in accordance with the bylaws established.

4) Subcommittees will be formed as needed to address Medicaid or Medicaid-related policy matters or committee procedural matters.

(a) Members will request the formation of a subcommittee at the meeting in which the policy or procedural matter is discussed, as well as identify the lead member of the subcommittee. In the interim between meetings, members may request the Chair approve the formation of a subcommittee on unexpected and time-sensitive matters.
(b) Within three business days of the meeting or the interim subcommittee request, the DHHS will identify the DHHS subject matter expert who will act as the lead contact for the Subcommittee.
(c) The subcommittee lead member is responsible for organizing subcommittee meetings and other activities, with assistance from DHHS staff, as necessary.
(d) The subcommittee lead member will report subcommittee findings and recommendations, including any substantive policy changes, to the full MCAC for their information or action.

V. DUTIES OF MEMBERS

1) Members will review and recommend proposals for rules, regulations, legislation, waivers, operations and other Medicaid policies, in accordance with 42 CFR § 431.12.

2) In particular, members will review and provide input on:
   (a) The annual report on managed care provided under 42 CFR § 438.66(e)(3);
   (b) Marketing materials submitted by managed care entities, in accordance with 42 CFR § 438.104(c);
   (c) The managed care quality rating system, in accordance with 42 CFR § 438.334(c);
   (d) The managed care quality strategy, in accordance with 42 CFR § 438.340(c); and
   (e) The development and update of the Medicaid access monitoring review plan, in accordance with 42 CFR § 447.203(b).

3) Formulate or help formulate, review, and evaluate policy proposals, considering fiscal, program, provider, and recipient impact, and make recommendations accordingly.

4) Utilize individual expertise to assist the MCAC in proactively recommending changes to policy, administrative rules and legislation, which support the purpose of the Medicaid program.

5) Maintain familiarity with current financial and legal aspects of the Medicaid program.

6) Ensure the membership effectively represents all relevant and concerned viewpoints, particularly those of Medicaid recipients.

7) Ensure ongoing communication between the MCAC and the administrators of the Medicaid program.

VI. DUTIES OF DHHS

1) DHHS shall inform the MCAC about all changes that impact the Medicaid program, recipients or providers, including waivers, which are under consideration, within a reasonable time frame prior to and during development.

2) DHHS shall provide information to and solicit input from the MCAC as outlined in 42 CFR § 431.12. DHHS administrators with authority over the program areas in which changes are proposed will meet with the MCAC to explain changes, take comments and recommendations, convey these to the Commissioner and other responsible staff prior to official action, and report back final program decisions and the basis of the decision to the MCAC.

3) DHHS shall provide the MCAC with the annual report on managed care in accordance with 42 CFR § 438.66(e)(3).

4) DHHS shall consult with the MCAC in the review of marketing materials submitted by managed care entities in accordance with 42 CFR § 438.104(c).

5) DHHS shall obtain input from the MCAC on the managed care quality rating system and the quality strategy in accordance with 42 CFR § 438.334(c) and 438.340(c).

6) DHHS shall consult with the MCAC on the development and update of the access monitoring review plan in accordance with 42 CFR § 447.203(b).

7) In the event that an urgent or time sensitive change must be made to maintain compliance with federal or state statutes or regulations, or to maintain the integrity of the Medicaid program, and time does not allow for a formal presentation at a MCAC meeting, DHHS administrators will consult with the Medicaid Director regarding communicating the change to the MCAC via email.

8) DHHS staff shall support the work of MCAC by providing administrative and technical information and assistance; however, DHHS staff will not be members of the MCAC, with the exception of the member representing the Division of Public Health Services, in accordance with 42 CFR § 431.12(d)(3).

9) The Medicaid Director shall serve as a liaison between MCAC and DHHS. In the event the Medicaid Director is unable to attend a meeting, the Director will assign a senior staff member of the Department to attend the meeting.

10) The Medicaid Director will make timely reports regarding Medicaid-related policy development at each meeting, and report back to the applicable program administrators all recommendations of the MCAC and requests for information.

11) DHHS staff involved with MCAC will include:
    (a) The Medicaid Director.
    (b) Professional staff assigned by the Medicaid Director, Division of Medicaid Services, from the DHHS with responsibility for development, implementation or oversight of Medicaid programs.
        (i) The assigned professional staff will:
            1. Attend the MCAC meetings, and
            2. Inform MCAC members of Medicaid-related policy developments in a timely manner.

(c) An administrative support staff member who will assist the MCAC Chair or Vice Chair, as needed, maintain membership and interested parties information, distribute meeting agendas and notices to the membership and interested parties, and record the minutes of the MCAC meetings, including attendance.

Ratified by vote of the MCAC on June 13, 2022.
Date of Next Review: June 13, 2024.