

# North Dakota Medicaid Medical Advisory Committee (MMAC)<sup>1</sup>

## MMAC Charter

### Article I - Purpose

The purpose of the MMAC is to provide a forum where the Department of Health and Human Services (ND HHS) Medicaid program and its partners, including health care and social service providers, members and their families, and advocates, can:

1. Review and recommend changes to existing Medicaid policies, including covered services and access to services.
2. Review and discuss new Medicaid policies that are brought forth by the Department, statewide partners, and the legislative and executive branch members and their staff.
3. Review and discuss proposed changes to the Medicaid state plan and waivers.
4. Provide and receive updates on key Medicaid initiatives or activities.
5. Review the quality, access, and expenditures of the Medicaid program of the prior biennium and the HHS Medicaid proposals for the next session in July preceding each regular legislative session.

### Article II - Composition

Composition of the MMAC is designed to ensure that a diverse set of opinions and voices are heard. MMAC members should have experience with Medicaid:

- as a member beneficiary,
- through representation of or direct service provision to Medicaid beneficiaries, or
- by being familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care.

#### 1. *Number of Members and Representation*

There shall be up to 25 members on the MMAC, with no less than 5 members who are Medicaid beneficiaries. Composition of the MMAC will be determined by the HHS

Commissioner or designee. Medicaid beneficiaries include individuals who are currently receiving or have received Medicaid benefits and individuals with direct experience supporting Medicaid beneficiaries (family members or caregivers of those enrolled in Medicaid).

Members must include representation of at least one member from the following categories

- State or local consumer advocacy groups or other community-based organizations that represent the interests of or directly serve Medicaid beneficiaries;
- Clinical providers or administrators, including one or more board-certified physicians, who are familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care (includes primary, behavioral health, reproductive health, pediatrics, dental and oral health, direct care workers, and long-term care);
- Participating Medicaid managed care plans, or State health plan associations representing such plans as applicable; and
- Other State agencies that serve Medicaid beneficiaries, including a designee from the Indian Affairs Commission as ex officio members.
- the State Health Officer

North Dakota MMAC members may include entities representing the following interests: physicians, hospitals, dentists, pharmacists, North Dakota federally qualified health centers, individuals with disabilities, behavioral health providers, therapists, and community/county/zone partners.

Chairs of the North Dakota Senate and House of Representatives Human Service Committees may each select one member for representation on the MMAC, ensuring that there is one member from each political party. Chairs may suggest themselves to be members of the MMAC.

<sup>1</sup> MMAC authority is derived from [Section 1902\(a\)\(4\) of the Social Security Act](#) and the Code of Federal Regulations, [42 CFR 431.12](#)

## *2. Responsibilities*

MMAC members are expected to attend meetings throughout the calendar year. Members must notify the Medicaid director prior to a meeting if it is known the member is unable to attend. If a MMAC member fails to attend three consecutive meetings without being excused, they shall be determined to have resigned.

Members are asked to prepare in advance for MMAC meetings, participate in discussions as they are able, and participate as necessary to accomplish MMAC committee and subcommittee tasks.

No member or designee shall speak publicly on behalf of the MMAC without prior permission.

## *3. Term Limits*

MMAC members shall serve a term of three (3) years from the date of appointment, unless they resign, or their membership is terminated. Appointments shall be staggered to maintain member continuity. Each member may apply for reappointment at the expiration of their term.

## *4. Vacancies*

As current members end their MMAC term, there will be openings for new members. Openings will be announced at a MMAC meeting. Nominees will have until two weeks prior to the next MMAC meeting to send an email to the Medicaid Director with:

- the agency or organization they represent,
- the reason they would like to serve,
- their experience with Medicaid and/or Medicaid beneficiaries,
- personal or professional expertise,
- involvement in the community, and
- board/task force/council expertise (if any).

At the subsequent meeting, the Medicaid Director or designee will announce the appointees.

If a MMAC member cannot complete their duties within the course of the term, the

organization that was represented by the vacating member (if applicable) may suggest a replacement. The replacement may finish out the term and apply for reappointment when the term ends.

### Article III - Meetings

All MMAC meetings are publicly noticed by HHS per public meeting guidance set by the state Attorney General. The dates for the MMAC are typically set for the entire calendar year at the start of the calendar year. Agendas will be provided a minimum of three business days in advance of the required notice. An email reminder will be sent to MMAC members about the upcoming meeting along with the agenda.

Regular MMAC meetings are scheduled four times per year. The HHS Commissioner or the Medicaid Director may call a special MMAC meeting at any time. If this occurs, the "special meetings" process for informing members and the public will be used.

At the end of each meeting, the Medicaid Director or designee will summarize the meeting's content and highlight any actions that need to be taken by MMAC members or HHS staff.

### Article IV - Subcommittees

As deemed appropriate by the Medicaid Director, the MMAC may create subcommittees to address special topics or issues. The subcommittee may or may not include members of the current MMAC but must be chaired by a current MMAC member. The subcommittee cannot have more members than the MMAC. The scope of work and the expectations of the subcommittee must be agreed upon by the Medicaid Director and the subcommittee chair.

### Article V – Review of Charter

The charter of the MMAC shall be reviewed in the July preceding each regular legislative session.

Original: January 2020  
Amended: July 2021, August 2023