

North Dakota Medicaid Medical Advisory Committee (MMAC)¹

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 n~~ No less than 5 members ~~who~~ are must be current or former Medicaid beneficiaries who are also members of the

Medicaid Member Engagement Committee (MMEC). Composition of the MMAC will be determined by ~~the HHS Commissioner or designee~~ the North Dakota Medicaid Executive Director. Medicaid beneficiaries include individuals who are currently receiving or have received Medicaid benefits within the last three years 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 such as the State Health Officer to represent the Division of Public Health as ex officio, non-voting members.
- A tribal representative, such as a Tribal Health Director, facility administrator, or business office manager, who is familiar with Medicaid and the healthcare needs of tribal 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. Member, for MMAC purposes, is defined as the individual appointee.

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.

2. Current List of Members

A list of the current MMAC members must be published on the North Dakota Medicaid Medical Advisory Committee meeting website.

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

DRAFT

2.3. 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.

MMEC/MMAC dual members are permitted to rotate attendance and absence due to this rotation does not count as an unexcused absence.

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.

3.4. Term Length 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.~~

Medicaid Member Engagement Committee Members serving on the MMAC shall serve a term of two (2) years from the date of appointment with an option to extend the term to a full three (3) years, unless they resign or their membership is terminated. Only active MMEC members may fill the five (5) designated MMEC seats. Former MMEC members may apply to serve a three (3) year MMAC term as a non-MMEC Medicaid member.

Legislative appointees shall serve a term of two (2) years with new legislators appointed prior to regular legislative sessions.

5. Consecutive Terms

MMAC members cannot serve consecutive terms.

4.6. 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 applicant's business location (including geographic areas they serve) or the applicant's city of residence if they are applying as a current or former Medicaid beneficiary or individual applicant,
- 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 and this schedule is posted publicly on the MMAC website. Meetings must occur once per quarter. 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.

1. Public Meetings

All MMAC meetings are publicly noticed by HHS per public meeting guidance set by the state Attorney General. Public notice must be provided at least 30 days prior to MMAC meetings.

2. Number of Meetings

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.

3. Meeting Format

Meetings are held in a variety of formats, including all in-person attendance with an option to dial-in/virtual attendance, all virtual attendance, and hybrid (virtual and in-person) attendance.

4. Meeting Minutes

Meeting minutes will be produced by ND Medicaid and must be posted on the MMAC website within thirty (30) days after the meeting. Meeting minutes will be retained by ND Medicaid according to records retention guidelines.

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.

5. Conflict of Interest

Each meeting agenda must include a time for members and the public (if applicable) to disclose conflicts of interest. This includes both actual and perceived or potential conflicts of interest.

Potential conflict of interest for members of the public means participation in a discussion on a topic that financially impacts them, a member of their family or a business with which they are associated as defined below. Potential conflict of interest for MMAC members means when a member, as part of their official duties

- a. Makes a decision or takes an action that financially impacts you, a member of your immediate family, or a business with which you are associated;
 1. A member of your immediate family means your parent, sibling, spouse, grandparent, grandchild, stepchild, or child by blood or adoption.
 2. Financially impacts you means a direct and substantial monetary interest.
 3. Business with which you are associated means a business where you are the sole proprietor, a partner, director, officer, or employee, you or a member of your immediate family owns 5% or more of the business, and/or you have a substantial and continuous business relationship.

Participants with potential conflicts of interest must disclose the conflict of interest prior

to taking any action or making any decision on the matter. Disclosure must include sufficient information concerning the matter and participant's potential conflict of interest.

When a potential conflict of interest is disclosed:

- a. The disclosing participant may recuse themselves from participating (discussion, voting, etc.) or taking further action on the matter, or
- b. MMAC members who do not have the same type of potential conflict in attendance at the meeting where the disclosure is made, not including the disclosing participant if they are a MMAC member, may be consulted and determine whether the disclosing participant has a disqualifying conflict of interest.
 - i. This determination shall examine whether a reasonable person in the disclosing participant's situation would be materially affected by the disclosed potential conflict of interest. It is presumed the disclosing participant does not have a disqualifying conflict of interest if they would not derive any personal benefit which is greater than that accruing to any other member of the general public or any general business, profession, occupation, or group affected by the matter.
 - ii. Determination a disqualifying conflict of interest exists resulting in the disclosing participant's recusal and abstinence from participation in the matter. A non-disqualifying conflict of interest results in the disclosing participant being able to participate in the matter.

Disclosed potential conflicts of interest by MMAC members will be reported per N.D. Admin. Code Chapter 1115-04-01.

Members who are unsure if there is a conflict of interest should raise this issue prior to any action or vote taking place.

Article IV – Leadership

At the first meeting of each calendar year, MMAC members will conduct nominations for a MMAC Chair with elections to take place the following meeting.

The MMAC Chair will assist ND Medicaid staff in planning and leading quarterly MMAC meetings.

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 VI – Annual Report

The MMAC must draft and submit an annual report with the following information:

- c. Activities
- d. Topics Discussed, and
- e. Recommendations of the MMAC and the Medicaid Member Engagement Committee (MMEC).

The MMAC will draft this report with the assistance of ND Medicaid staff and will submit the report to ND Medicaid no later than 30 days after its first meeting of each year. ND Medicaid will review this report and include responses to the recommended actions. It will then:

- a. Provide MMAC members with the final review of the report at the subsequent MMAC meeting;
- b. Ensure that the annual report includes the required components plus ND Medicaid’s responses to MMAC and MMEC recommendations; and
- a.c. Post the report to the ND Medicaid website within 30 days of its finalization.

Article VII – Review of Charter

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

Original: January 2020
Amended: July 2021, August 2023