

North Dakota Medicaid Medical Advisory Committee (MMAC)¹

MMAC Charter

Article I - Purpose

The purpose of the MMAC¹ 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.
- 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.
- 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.

 $[\]frac{1}{2}$ MMAC authority is derived from Section 1902(a)(4) of the Social Security Act and the Code of Federal Regulations, 42 <u>CFR 431.12</u>

1. Number of Members and Representation

There shall be up to 25 members on the MMAC. with nNo less than 25% of 5 members who aremust 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 designeeMedicaid 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 officer 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,

Commented [MD1]: 7 seats are opening up on 2/20/25. Will plan to hold a number of these seats for MMEC members. To meet current federal requirements we need 3 members from the MMEC seated on the MMAC. Will also hold one seat for a tribal representative.

Commented [MD2]: 431.12(d)(1) - required to have 10% between 7/9/24 and 7/9/25, 20% between 7/10/25 and 7/9/26 and 25% starting 7/10/26

Commented [MD3]: Aligning this with MMEC requirements.

Commented [MD4]: Satisfies requirements at 431.12(d)(2)

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.

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

2.3. Responsibilities

MMAC members are expected to attend meetings throughout the calendar year. Members must notify the MMAC meeting facilitator edicaid 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.<u>4.</u> Term L<u>ength</u>imits

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.

MMEC member terms are for two (2) years per request of MMEC members.

5. Consecutive Terms

MMAC members cannot serve consecutive terms.

4.6. Vacancies

Commented [MD5]: 431.12(f)(1)

Commented [MD6]: 431.12(c)

Commented [MD7]: Define member at individual level

Commented [MD8]: 431.12(c)

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 and who 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.

7. Leadership

(frequency) MMAC members will nominate and select a chairperson from its membership to serve as chair for a (#) year term.

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 noticepublicly available at least three business days prior to MMAC meetings. An email reminder will be sent to MMAC members about the upcoming meeting along with the agenda.

Commented [MD9]: 431.12(f)(2)

Commented [MD10]: 431.12(f)(3)

Commented [MD11]: 431.12(f)(3)

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 inperson) 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 MMAC members and the public (if applicable) to disclose conflicts of interest. This includes both actual and perceived or potential conflicts of interest. Conflict of interest means when a MMAC member, as part of your 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.

Commented [MD12]: 431.12(f)(4)

Commented [MD13]: 431.12(f)(5)

Commented [MD14]: 431.12(f)(1) and (h)(2)

Commented [MD15]: This complies with 431.12(h)(2)

Commented [MD16]: 431.12(f)(3)

3. Business with which you are associated means a business where you are the sole proprietor, a partner, director, officer, or employee, and/or you or a member of your immediate family owns 5% or more of the business.

When a MMAC member has a conflict of interest, the member shall abstain from any vote on the matter and not participate in discussions aside from answering questions or offering information.

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:

- a. Activities
- b. Topics Discussed, and
- c. 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

Commented [MD17]: Loosely based on ND Admin Code 115-04-01(2), (4), (8) and the Nebraska MMAC Conflict of Interest policy - MAC Conflict of Interest Policy.pdf (ne.gov)

Commented [MD18]: 431.12(f)(2)

Commented [MD19]: 431.12(h)(3)(i)

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 $V_{\underline{II}}$ – Review of Charter

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

Original: January 2020

Amended: July 2021, August 2023

Commented [MD20]: ND Medicaid has until 7/9/26 to finalize the first annual MMAC report.