

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
MEDICAL CARE ADVISORY COMMITTEE (MCAC)**

BYLAWS

All prior by-laws are hereby repealed, and the by-laws contained in this document are approved and adopted by the Medical Care Advisory Committee on January 25, 2018.

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**BYLAWS OF
MEDICAL CARE ADVISORY COMMITTEE
(INSERT APPROVED DATE)**

ARTICLE I

NAME & LOCATION:

Section 1: The name of this committee shall be the Medical Care Advisory Committee of the North Carolina Department of Health and Human Services (DHHS), Division of Medical Assistance (DMA)

Section 2: The mailing address of this committee shall be:
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501

ARTICLE II

AUTHORITY:

The Medical Care Advisory Committee (MCAC) is mandated in accordance with section 431.12, Title 42, Code of Federal Regulations, based on Section 1902(a)(4) of the Social Security Act.

ARTICLE III

PURPOSE AND ROLE:

The purpose of the Medical Care Advisory Committee is to advise DHHS and the Medicaid on health and medical care services that may be covered by Medicaid.

The MCAC will consider such issues as revisions of existing policies; policy development; and methods of assessing the quality of care.

This shall not be a policy making Committee. The Committee's functions are advisory only.

ARTICLE IV

COMPOSITION

A. Committee Structure

The MCAC shall be composed of no more than 20 members in accordance with G.S. 143B-10 which mandates that membership of boards and commissions be selected from all 13 Congressional districts. The DHHS Secretary has approval from the Governor to appoint up to 7 additional at-large members. DHHS desires to meet this requirement while also ensuring a diverse representation by race, gender, consumers, and providers.

B. Qualifications:

The members are expected to be a knowledgeable group, dedicated to the delivery of high quality, purposefully planned medical services. Composition shall consist of representatives of each of the following groups:

- 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 government, state and county medical societies, other professional and provider associations, health insurance industry, health and medical education, healthcare finance professionals, and community members and leaders.

C. Responsibilities

Advisory Committees for medical assistance programs under title XIX may appropriately consider a wide range of topics. This committee shall advise DHHS and DMA on:

1. All policy proposals, including revisions of existing policy (this includes state plans and administrative rules);
2. Program participation by all providers of service, including practicing physicians in the community;
3. Program participation by consumer groups, especially recipients and their representatives;
4. Fee schedules for physicians, nursing homes, etc;
5. Utilization of services by recipients;
6. Provision of quality drugs at lowest expenditure;
7. Costs of medical care, including inpatient care in hospitals and nursing homes; and
8. Methods of assessing the quality of care.
9. Modification or elimination of Medicaid covered services.

Members are expected to be present at all scheduled meetings.

Members are expected to listen to the different perspectives of other members and work toward providing consensus advice on specific issues.

D. Terms of Membership

Members shall be appointed on a rotating basis for three-year periods with overlapping terms for continuity. Initially, appointment shall be made for one, two, and three-year terms to provide for planned rotation and reappointment.

A member may not serve more than three consecutive terms. If a member resigns, is removed, or dies before the term is up, a replacement will be appointed by the DHHS Secretary for the remainder of the term.

E. Officers

Section 1.

There shall be two officers of the MCAC. These shall be designated as the Chair and the Vice-Chair.

The Chair shall be appointed by the Director of DMA in consultation with the Secretary. The Vice-Chair shall be nominated from the floor and elected by a majority vote of the MCAC.

Section 2.

The Chair's duties are to call to order and to preside at all regular and special meetings of the MCAC. The Chair jointly sets the agenda with the DMA Coordinator.

Section 3.

The Vice-Chair shall exercise all powers of the Chair in the event of the absence of or inability of the Chair to serve and shall perform such other duties as assigned by the Chair.

Section 4.

Membership on the MCAC is the single qualification required to hold any office.

Section 5.

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

F. Vacancies

The Secretary shall appoint all members of the MCAC. When vacancies in membership occur, the Division of Medical Assistance shall propose to the Secretary nominees for membership from appropriate professional organizations, consumer groups, and other individuals with the qualifications set forth in paragraph B above. The Secretary may appoint nominees or may reject submitted nominees and ask for additional names. The nomination process shall be coordinated by the Division of Medical Assistance.

When a vacancy occurs the Director of DMA shall immediately notify the Secretary and shall within 30 days propose to the Secretary a list of one or more names for appointment to the MCAC. Vacancies representing the 13 Congressional districts will be filled by the Secretary within 30 days of receiving nominees from the Director. At-large vacancies will be filled at the Secretary's discretion.

ARTICLE V

APPOINTMENT

Procedure for appointment of members is as follows:

1. An application for membership will be made available by the DMA staff to persons interested in membership. Applications will be sent to several organizations, current MCAC members, and consumer groups to nominate individuals to serve.
2. Completed applications must be submitted to the DMA Director for review and consideration.
3. In the application, prospective members will describe their interest in the Medicaid program and, if applicable, identify the agency or organization they represent.
4. The DMA Director will review all applications with the Secretary and make recommendations to the Secretary for appointment.
5. Appointment to the MCAC shall be made by the Secretary. Members will have a vote in all MCAC decisions only after the Secretary has formally appointed them.

ARTICLE VI

LIABILITIES

No one of the committee membership shall become liable for responsible actions of the committee which may result in legal actions developed by the public.

Members may not speak publicly on behalf of the MCAC without prior permission and only in accordance with a majority vote of the full MCAC.

ARTICLE VII

MEETINGS

A. Regular

The committee shall hold public meetings at least quarterly with an anticipated meeting time of up to three hours. The meetings will be held in DHHS offices in Raleigh or other location identified by DMA as necessary to accommodate attendance. The meetings will be normally scheduled for the 3rd Friday of the month. Additional meetings may be scheduled as needed.

DMA 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.

Meeting agendas will support the purpose and goals stated in the by-laws and will be sent to members in advance of the meeting. Agendas will be set by DMA/MCAC Coordinator and MCAC Chair. MCAC members may also make recommendations for agenda items.

Action on agenda items may be taken by no less than the majority of members present at the meeting.

Minutes will be taken by DMA staff and reviewed, revised as necessary, and approved by the MCAC at the following meeting.

B. Special

Special meetings may be called by the Chair, the Secretary, the Director of DMA, or upon the request of three (3) or more MCAC members.

C. New Member Orientation

Orientation shall be held when new members are appointed. It may be one-on-one if necessary.

Current members will be invited to attend.

D. Notice of Meetings

Annual scheduled meeting dates shall be forwarded to committee members at the beginning of each year. The schedule of meetings as well as meeting agendas shall be posted on the DMA or other appropriate website.

Meeting dates and schedule may be changed with notice at the discretion of the Chair and the Director.

Members shall be reminded of quarterly meeting dates at least three (3) weeks before the scheduled meeting.

E. Quorum

Eight members present, or half of the current membership, whichever is less, shall constitute a quorum for the purpose of doing business.

F. Attendance

Members are required to attend quarterly the meetings in person.

A member shall be removed from the Committee for any one of the following causes:

1. Absence without just cause from two consecutive in-person meetings shall result in a formal notice from the Director requesting information on intentions for further participation. Absence without just cause from a third consecutive in-person meeting will result in removal from the Committee and immediate appointment of a replacement from the same membership category.

2. Receipt of notification of resignation from the member; or
3. Moving out of district.

ARTICLE VIII

SUBCOMMITTEES

The MCAC Chair may establish special subcommittees as needed.

Subcommittees shall be chaired by a MCAC member. Subcommittee findings and recommendations will be reported to the MCAC.

ARTICLE IX

PUBLIC PARTICIPATION

Meetings shall be open to the public and will be conducted according to Robert's Rules of Order.

ARTICLE X

CONFLICT OF INTEREST

MCAC members shall recognize and disclose to the MCAC issues in which they have a substantial conflict of interest, as determined by the Chair.

ARTICLE XI

ROLE OF DMA STAFF

DMA shall inform the MCAC about all changes that impact the Medicaid program, recipients or providers, including waivers, which are under consideration, prior to and during development. This shall include recommendations by the Physician Advisory Group (PAG).

DMA staff with authority over the program areas in which changes are proposed will attend the MCAC meetings to explain changes and take comments and recommendations. Each issue presented for consideration by the Committee shall be accompanied by adequate background information.

Staff shall report back final program decisions and the basis of the decision to the MCAC.

DMA shall name an individual to serve as the coordinator between DMA and the MCAC. DMA staff shall support the work of MCAC by providing administrative and technical information and assistance; however, DMA staff will not be members of the MCAC.

The Director or designee shall keep the Secretary informed of all MCAC discussions and deliberations and shall present all MCAC recommendations to the Secretary.

The Director will assign a senior staff member as a liaison between MCAC and DMA. The liaison will make timely reports back to the Director and applicable program administrators all recommendations of the MCAC and requests for information.

DMA staff shall submit the following to DMA support services:

1. Supporting information for scheduled agenda items
2. Follow-up to requests from MCAC; and
3. Reports on Medicaid-related policy developments

These items are due one week before a scheduled meeting.

ARTICLE XII

ROLE OF DMA SUPPORT SERVICES

1. Provide initial orientation as members are appointed.
2. Set the agenda jointly with the Chair.
3. Maintain membership and interested parties' information.
4. Distribute meeting agendas and notices to the membership and interested parties.
5. Record the minutes of the MCAC meetings and including attendance.
6. Distribute minutes of previous meeting, agenda, and supporting information to membership one week before a scheduled meeting.
7. Provide assistance with completion and submittal of travel expense vouchers.
8. Monitor and relay all time frames regarding fiscal year end requirements as well as any other travel expense voucher submittal requirements.

ARTICLE XII

GUIDELINES FOR REIMBURSEMENT

Travel expenses incurred for official committee business shall be reimbursed to MCAC members in accordance with 42 CFR 431.12, the Department of Health and Human Services guidelines and standard state agency travel guidelines.

Members who are requesting reimbursement of travel expenses should submit such expenses and mileage on standard State agency travel expense vouchers. Mileage reimbursement is defined by the Office of Management and Budget.

Reimbursement for lodging is only available to members who travel more than 120 miles for attendance. Receipts are required for lodging.

Completion of travel expense vouchers is subject to all State requirements. Travel expense vouchers must be submitted within one month of the MCAC meeting date.

ARTICLE XIV

AMENDMENTS TO BYLAWS

The MCAC by-laws, including revisions or amendments, must be approved by a majority vote of the MCAC members and approved by the Secretary of DHHS. Members may vote by absentee ballot if they are unable to attend the meeting when the vote is taken.

Proposed by-law amendments will be submitted in writing to the Secretary and the Director and discussed by the MCAC at least one month prior to the vote. By-laws may be amended at any regular meeting following written receipt of the proposed changes and notification of the proposed action.

The bylaws will be reviewed as needed and/or at least every three years.

Meetings shall be conducted in accordance with the by-laws established.