LOUISIANA MEDICAID
MEDICAID ADVISORY COMMITTEE

BYLAWS

The Medicaid Advisory Committee (MAC) of the Louisiana Department of the Health (LDH) Bureau of Health Services Financing (BHSF) is required by 42 CFR § 431.12. The Committee provides focus and direction for Medicaid program quality activities that assure access and utilization of quality, evidence-based healthcare that is designed to meet the health needs of all Louisiana Medicaid and Children's Health Insurance Program (CHIP) recipients through:

1) Establishing and maintaining sound business and clinical practices/benchmarks that ensure a system of internal controls and support optimal performance within established thresholds;
2) Driving meaningful and measureable collaboration between the LDH agencies, BHSF, Office of Behavioral Health (OBH), Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), Office for Citizens with Developmental Disabilities (OCDD), and Office of Women' Health and Community Health with a focus on demonstrating improved care and service for Medicaid recipients by using evidence-based guidelines;
3) Creating and sustaining a rigorous evaluation process for Louisiana Medicaid benefits and services and health care delivery systems that is based on integrity, accountability, and transparency.
4) Offering expertise and experience of Committee members to recommend improvements to BHSF that will serve to better meet the healthcare needs of recipients in a cost efficient manner;
5) Sharing Committee recommendations with recipients, providers and policy leaders; and
6) Forming subcommittees to address specific areas of care, as needed.

This shall not be a policy making committee. However, if fiscally sound and consistent with evidence and best practices, the recommendations will be strongly considered for adoption by LDH.

The Committee's functions are advisory and may include:

1. Review of MCO marketing materials;
2. Review of fee-for-service to care monitoring plans;
3. Review of changes to managed care quality rating strategies;
4. Review of changes to managed care plan assessments;
5. Monitoring ongoing metrics and ensuring findings are reported on a regularly scheduled basis (quarterly or annually);
6. Ensuring key quality initiatives are identified to align with regulatory and business requirements;
7. Overseeing quality improvement projects and ensuring coordination and integration of the quality improvement activities;
8. Reviewing performance results and providing feedback and recommendations to the MCO action plans; and
9. Participating in the evaluation of the Medicaid Quality Program by evaluating the quality, continuity, accessibility, and availability of the medical care rendered within Louisiana.

Mission

To provide focus and direction for activities that assure access and utilization of quality evidence-based healthcare that is designed to meet the health needs of all Louisiana Medicaid recipients within the Medicaid program.

This mission will be accomplished by:

Creating and sustaining a rigorous evaluation process of Healthy Louisiana programs that is based on integrity, accountability, and transparency; and

Offering the expertise and experience of Committee members to recommend improvements to the Medicaid program to better meet the healthcare needs of recipients in a cost-efficient manner, in compliance with federal and state laws and regulations, and;

Sharing Committee recommendations with recipients, providers and policy leaders

Vision

Improved lives of Medicaid recipients through access and provision of quality and compassionate healthcare,

ARTICLE I
Membership

Section 1. The Medicaid Director of LDH shall appoint all Committee members.

Section 2. The Committee shall be interdisciplinary and shall include representatives of providers and consumers. It is expected to be a knowledgeable group, dedicated to the evaluation of healthcare programs and recommendations for the delivery of high quality, purposefully planned medical services. The Committee shall include:

1) Health professionals including board certified physicians, who are familiar with the medical needs of low-income population groups and the resources available and required for their care. At a minimum, a representative from each of the following shall be included:
    a. Acute Care Hospital
    b. Adult Long Term Care
    c. Dentist
    d. Emergency Physician
    e. Family Physician or Internal Medicine
    f. Non-Physician Provider
    g. Obstetrician
    h. Pediatrician
    i. Neonatologist
    j. Pharmacist
    k. Psychiatrist
    l. Rural Health Care Provider

2) Individual(s) with expertise in the evaluation of health care quality;
3) The Louisiana Medicaid Chief Medical Officer; and
4) The Medical Director (or their designee) from each of LDHs contracted managed care organizations (i.e. Healthy Louisiana and Dental Benefits Program Manager);
5) The Secretary of the Louisiana Department of Children and Family services (DCFS);
6) One member from the Louisiana Senate and House of Representatives, appointed by the Chairperson of the respective Health and Welfare Committee, with the appointee preferably a member of the respective Health and Welfare Committee will serve as honorary members;
7) The Assistant Secretary of the Office of Public Health
8) Members of (1) consumer group; and

9) One (1) Medicaid beneficiary.

The membership of the Committee shall include an appropriate mix of individuals who are providers and those with quality evaluation expertise. LDH will endeavor to assure a statewide representation and diversity of membership in terms of sex, race/ethnicity, practice, and geography.

Section 3. The Medical Director of LDH will fill vacancies within thirty (30) days of the date on which a vacancy occurs. The Chairperson of the Committee shall submit to the LDH Medicaid Director a list of one or more recommended names for appointment to the Committee.

Section 4. All members shall be appointed by the Medicaid Director of LDH for three-year periods for a maximum of up to two consecutive periods at the discretion of the Medicaid Director.

Section 5. A member may be removed from the Committee for any one of the following causes:

1) Absences from two consecutive meetings without contacting the Chairperson with a satisfactory explanation;
2) Receipt of a letter of a resignation from the member; and
3) Moving out of state.

It will be the Chairperson's responsibility to contact the member who has had two consecutive absences. The Chairperson may delegate someone to contact the member.

ARTICLE II
Officers

Section 1. There shall be two officers of the Committee. These shall be designated as the Chairperson and Vice-Chairperson.

The Chairperson shall be the Louisiana Medicaid Chief Medical Officer.
The Vice-Chairperson shall be the Louisiana Medicaid Associate Medical Officer.

Section 2. The Chairperson's duties are to call all meetings of the Committee and to preside at all regular and special meetings of the Committee. The Chairperson shall present

Committee recommendations to the Medicaid Director of LDH through the Bureau of Health Services Financing.

Section 3. The Vice-Chairperson shall exercise all powers of the Chairperson in the event of the absence of or inability of the Chairperson to serve and shall perform such other duties as the Chairperson may assign.

Section 4. The Quality Improvement, Population Health, and Health Equity staff shall prepare meeting materials, maintain minutes, and shall perform other duties as the Chairperson may assign.

ARTICLE III
Subcommittees

Section 1: The following standing subcommittees may be formed to serve in an advisory capacity to the MAC. Members of a subcommittee shall be appointed by the Chairperson of the MAC in consultation with the appropriate subcommittee chairperson and be representative of providers serving various sized populations of Medicaid Members. Membership of each subcommittee may include at least one relevant patient representative. Members shall serve three-year terms. Meetings shall occur regularly and be attended by members and the officers of the MAC. The chairperson of the subcommittee shall be appointed by the chairperson of the MAC and ratified by a majority vote of the MAC. The chairperson of each active (defined as holding at least one meeting in the previous quarter) sub-committee shall provide an update at each quarterly MAC meeting.

1) Standing Subcommittees. The purpose is to include provider input in deliberations of the Quality Committee. Clinical Subcommittees shall include, but not be limited to, the following:

    a. Adult Medicine;
    b. Behavioral Health;
    c. Community Based Social Services;
    d. Dental
    e. Emergency Medicine;
    f. Laboratory Medicine and Test Utilization;
    g. Neonatology;
    h. Obstetrics/Maternal Fetal Medicine; and
    i. Pediatrics;

Section 2. *Ad hoc* committees may be formed to serve in an advisory capacity to the MAC or a standing subcommittee, as is determined necessary by each. Topics shall be determined, and members shall be appointed, by the Chairperson of the subcommittee in consultation with the Medicaid Director. Professional medical societies (*e.g.* American Academy of Pediatrics, American Congress of Obstetricians and Gynecologist), and clinical commissions (*e.g.* The Sickle Cell Commission and the Perinatal Guidelines Commission) may also be consulted. Committees shall meet on an as needed basis and report to the MAC.

Section 3. Beneficiary Advisory Committee (BAC) may be formed to serve in an advisory capacity to the MAC or a standing subcommittee, as is determined necessary. Topics shall be determined and/or developed from current or past Medicaid enrollees or family members and paid or unpaid caregivers of enrollees.

Section 4: Home and Community Based Services (HCBS) Interested Parties' Advisory Group may be formed to serve in an advisory capacity to the MAC or a standing subcommittee. The advisory group will review relevant data on HCBS payment rates and Medicaid enrollee's access to care and make recommendations on the sufficiency of direct care worker payment rates under all applicable HCBS authorities. The State must publish recommendations along with a biennial report on FFS home care rate transparency.

ARTICLE IV
Voting

Section 1. Active members shall carry an equal vote. Voting shall follow the majority rule. A quorum shall be established by the presence of a simple majority of the membership. Active members of the Committee may designate a proxy to represent them. This representative shall not be counted in the quorum or allowed to vote. No one individual can represent more than one member at any meeting. The member must submit a written declaration (electronic mail acceptable) to the chairperson of proxy specifying the name of the individual who will be representing them at the meeting at least one week prior to any meeting. Members participating in a meeting by phone shall not carry a vote.

Section 2. Prior to taking action on any agenda item in which a vote is taken, the committee shall allow for public comment.

ARTICLE V
Meetings

Section 1. Regularly scheduled quarterly meetings will be held. The date and time will be determined by the Chairperson of the Committee. Special call meetings will be held at:

1) The discretion of the LDH Medicaid Director; and
2) The discretion of the Chairperson.

ARTICLE VI
Committee Support

Section 1. The Medicaid Director shall be delegated to represent the Secretary of LDH in all functions of the Committee and shall present the Committee's recommendations to the Secretary.

Section 2. Bureau of Health Services Financing will assist committee members as follows:

1) Initial orientation;
2) Research and final preparation of documents generated by the Committee; and
3) Preparation of the Committee recommendations for presentation to the LDH Medical Director.

Section 3. The agenda shall be prepared by the Chairperson, with assistance from staff, from issues presented to the Chairperson by the Medicaid Director, managed care organizations, program directors, individual committee members, and consumer groups, through a committee member.

The agenda shall be prioritized utilizing the following criteria:

1) Urgency of issue at hand;
2) Time allotted for meeting;
3) Capability of Committee to make recommendations on a specific problem; and
4) Whether members have sufficient knowledge of facts and background information to review the issue presented.

Each issue presented for consideration by the Committee shall be accompanied by adequate background information.

The agenda and informational materials will be forwarded to Committee members at least one week in advance of scheduled or called meetings, if possible.

Only agenda items will be considered unless a non-agenda item is added by consent of all members present.

Section 4. Committee members shall receive no direct compensation for activities related to the MAC.

ARTICLE VII
Rules of Order

Section 1. The rules contained in **Robert's Revised Rules of Order** shall govern the Committee in cases to which they are applicable, and in which they are not inconsistent with the bylaws of the Committee.

Section 2. These bylaws may be amended by a majority of voting members. The Chairperson shall provide a copy of proposed amendments to each committee member prior to voting on said amendments when possible.