

**Amended and Restated
Bylaws
Of the
Medical Care Advisory Committee
Nevada State Division of Health Care Financing and Policy**

ARTICLE I

DEFINITIONS

- A. “Administrator” shall mean the State’s Administrator of the DHCFP.
- B. “Committee” is the Medical Care Advisory Committee.
- ~~C. “CRAS” shall mean the Clinical Review and Advisory Subcommittees serving as voluntary, independent, interdisciplinary advisory subcommittees of the MCAC to have input into Medicaid’s clinical policy and purchasing standards review processes.~~
- ~~D.C.~~ “DHCFP” shall mean the Division of Health Care Financing and Policy, a division of the DHHS.
- ~~E.D.~~ “DHHS” shall mean the Department of Health and Human Services of the State of Nevada.
- ~~F.E.~~ “Director” shall mean the State’s Director of DHHS.
- ~~G.F.~~ “Exhibit” shall mean a document to be presented to the MCAC whereby the MCAC is apprised of proposed changes in policy, regulation or the State Plan. An Exhibit may require and action/vote by the Committee.
- ~~H.G.~~ “MCAC” shall mean the Medical Care Advisory Committee.
- ~~I.H.~~ “MCAC Coordinator” shall mean the DHCFP staff person assigned to coordinate the MCAC, act as Secretary and provide staff assistance to the MCAC and its subcommittees.
- ~~J.I.~~ “Medicaid” shall mean the Medicaid program that is administered by the DHCFP.
- ~~K.J.~~ “Quorum” shall have the meaning stated in Nevada Revised Statutes (NRS) § 241.015 (4) as a simple majority of the constituent membership of the public body or another proportion established by law.
- ~~L.K.~~ “State Plan” shall mean the federally required plan adopted by the DHHS and the DHCFP to administer the Medicaid program. The State Plans under Title XIX and XXI of the Social Security Act (SSA) constitutes the contract under which the Medicaid program operated, and federal financial participation is secured.

ARTICLE II

FORMATION AND COMPOSITION

Section I. Creation

The MCAC is created within the DHCFP by federal regulations, specifically, 42 CFR § 431.12, § 1902(a)(22) of the SSA, and by NRS §§ 422.151 through 422.155, inclusive.

Section II. Number of members

The MCAC shall be comprised of nine members. In addition, the MCAC will have the power granted herein to form ~~nine CRAS subcommittees~~, each with three appointed members that specialize in a particular interdisciplinary medical practice. Membership on the MCAC and ~~each CRAS subcommittees~~ will be limited to persons who are contracted Medicaid service providers, ~~with certain exceptions~~ except in cases in which the Director determines that a professional not enrolled in the program provides benefit to the program. Such an exception will be described in the appointment letter.

Section III. Appointment

The State Health Officer shall serve as an ex officio ninth member of the MCAC. The Director shall appoint the remaining eight members of the MCAC ~~and all 27 members of the CRAS and any members of subcommittees~~. The eight members of the MCAC ~~and the 27 members of the CRAS~~, including members of any other subcommittees formed pursuant hereto, shall service strictly at the pleasure of the Director.

ARTICLE III

Membership, Officers and Assistance

Section I. Qualifications for Membership in the MCAC and ~~the CRAS~~ Subcommittees

- A. The eight appointed members of the MCAC, with the exception of the ex officio member, shall consist of the following individuals:
- ~~1. One individual who holds a license to practice medicine in the State of Nevada and is certified by the Board of Medical Examiners in a medical specialty.~~
 - ~~2. One individual who holds a license to practice dentistry in the State of Nevada.~~
 - ~~3. One individual who holds a Certificate of Registration as a pharmacist in the State of Nevada.~~

- ~~4. One individual who is a member of a profession in the field of health care who is familiar with the needs of persons of low income, the resources required for their care, and the availability of those resources.~~
- ~~5. One individual who is an administrator of a hospital or clinic providing health care.~~
- ~~6. One individual who is an administrator of a facility for intermediate care or a facility for skilled nursing.~~
- ~~7. One individual who is a member of an organized group that provides assistance, representation or other support to a recipient of medical assistance through programs administered by the DHCFP.~~
- ~~1. One individual who is a recipient of medical assistance through programs administered by the DHCFP.~~
- ~~2. (1) Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care.~~
- ~~3. (2) Members of consumers' groups, including Medicaid beneficiaries, and consumer organizations such as labor unions, cooperatives, consumer-sponsored prepaid group practice plans, and others; and~~
- ~~4. (3) The director of the public welfare department or the public health department, whichever does not head the Medicaid agency.~~
- ~~8.~~

B. The MCAC may request a subcommittee on a topic area. Any subcommittee will include at least three members. One member with expertise in the topic area of health services to be discussed. One member from the MCAC. The members of the CRAS subcommittee(s) must specialize and be certified in a particular interdisciplinary medical practice. The CRAS subcommittees(s) will consist of members from at least one of the following medical specialty groups as applicable to the topic area being advised upon.:

- ~~1. Dentistry.~~
- ~~2. Gynecology/Obstetrics.~~
- ~~3. Pharmacology and Durable Medical Equipment.~~
- ~~4. Pediatrics.~~
- ~~5. Neurology.~~
- ~~6. Family Practice.~~
- ~~7. Psychiatry and Psychology.~~

8. ~~Gerontology.~~

9. ~~Managed Care Organization Management.~~

Section II. Term

The Director shall appoint each member of both the MCAC and ~~CRAS-subcommittee(s)~~ to a term of one year. Terms are renewable for up to four total years. The Division will seek interest from enrolled providers and other groups, as necessary to fill vacancies. Nominations of new potential members of the MCAC will be submitted to the Director by the MCAC Coordinator as vacancies occur on the MCAC. The terms of the existing MCAC member shall begin at the adoption of these Bylaws.

Section III. Officers

The Director shall appoint a Chairperson of the MCAC from among its members. The committee may elect a Vice-Chairperson to chair a meeting in the absence of the Chairpersons. The Administrator or his/her designee shall service as the MCAC Coordinator and the Secretary for the MCAC.

Section IV. Staff Assistance

The DHCFP must provide the MCAC staff assistance and independent technical assistance as needed to enable it to accomplish its functions and duties.

ARTICLE IV

Meetings

Section I. Frequency and Location

The members of the MCAC shall meet at such times and places as the MCAC, the chairperson of the MCAC or the Administrator deems necessary. However, meeting(s) must be held at least once each calendar year.

Section II. Agenda

The MCAC Coordinator shall be responsible for drafting (or causing to be drafted) an agenda for each MCAC meeting and such agenda shall be distributed to each member no later than 15 business days prior to each meeting. The MCAC and the ~~CRAS-subcommittee(s)~~ will conduct their meetings pursuant to the Open Meeting Law set forth in NRS Chapter 214.

Section III. Minutes

Pursuant to NRS § 241.035, the MCAC and the ~~CRAS~~ subcommittee(s) shall keep, retain, and make available for public inspection, written minutes of each meeting. The MCAC ~~and the CRAS~~ may shall record each meeting. Minutes or recordings must be made available for inspection by the public within 30 working days after each meeting. Minutes are deemed to have permanent value and must be retained by the DHCFF for at least five years. Thereafter, minutes may be transferred from archival preservation in accordance with NRS § 239.080 through 239.125, inclusive.

Section IV. Voting

Each of the members constituting a Quorum of the MCAC shall vote to approve or disapprove each action item on the agenda.

ARTICLE V

Functions and duties

Section I. Functions

The purpose of the MCAC is:

- A. To participate in policy development and program administration, including furthering the participation of beneficiary members in the agency program(s).
- B. To advise the Administrator regarding the provision of services for the health and medical care of Medicaid recipients.
- ~~B. To provide the opportunity for participation in policy development and program administration.~~
- C. To increase the participation of Medicaid recipients in the development of policy and administration of programs by the DHCFF.
- D. To review managed care health plan marketing materials and serve in a consultative capacity to Medicaid pursuant to Section 4707 (a) of the Balanced Budget Act of 1997.

Section II. Exhibits

Members of the MCAC shall review changes in policy, regulations and the administration of Medicaid's health care programs and shall advise the DHCFF thereon by voting in favor of or in opposition to each such changes. Proposals shall be presented as Exhibits having the following format:

- A. Statement of need/purpose.
- B. History.

- C. Present policy or regulation, to include coverage and cost in other states and by Medicare and private insurance, if available.
- D. Reason for change/justification.
- E. Proposed policy or regulation change or adoption.
- F. Effect of change, to include positional cost and/or savings.

Exhibits shall be mailed to each member 15 days prior to each MCAC meeting.

Section III. Briefings

Medicaid staff will be available to conduct oral presentations on pending issues of significance to Medicaid. The MCAC may request written briefings. Exhibits shall be provided to MCAC ~~Copies of any pertinent laws or regulations shall be mailed to each members~~ 15 days in advance of each scheduled ~~presentation or briefings~~ meeting.

~~Section IV. Subcommittees~~

~~The MCAC shall form the nine CRAS specified above, and may, upon the recommendation of the Chairperson, form other subcommittees for decision making purposes and the development of recommendations concerning specific problems within the scope of the functions of the MCAC.~~

ARTICLE VI

Compensation

Section I. Compensation

Members of the MCAC, ~~CRAS~~ and any ~~other~~ subcommittee shall serve without compensation.

Section II. Per Diem and Other Expenses

While engaged in the business of the MCAC or any ~~other~~ subcommittee, each member is entitled to receive the per diem allowance and travel expenses generally provided for state officers and employees.

ARTICLE VII

Adoption and Amendments to the Bylaws

The nine members of the MCAC recognize and acknowledge that these Amended and Restated Bylaws supersede, in their entirety, previously existing Bylaws dated November 3, 1994, as amended. Proposed amendments to these Bylaws must be submitted, in writing, to the MCAC members and the Director 15 days in advance of a scheduled meeting in order to be acted upon. A ~~Q~~uorum of the members present shall be required to adopt a proposed amendment, and such amendments must be approved by the Director to become effective.