

**Bylaws
Of the
Medicaid Reinvestment 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 Reinvestment Advisory Committee.
- C. “DHCFP” shall mean the Division of Health Care Financing and Policy, a division of the DHHS.
- D. “DHHS” shall mean the Department of Health and Human Services of the State of Nevada.
- E. “Director” shall mean the State’s Director of DHHS.
- F. “Exhibit” shall mean a document to be presented to the MRAC. An Exhibit may require an action/vote by the Committee.
- G. “Managed Care” shall have the meaning ascribed to it in Nevada Revised Statutes (NRS) § 695G.040 as a system for delivering health care services that encourages the efficient use of health care services by using employed or independently contracted providers of health care and by using various techniques which may include, without limitation:
1. Managing the health care services of an insured who has a serious, complicated, protracted or other health-related condition that requires the use of numerous providers of health care or other costly services;
 2. Providing utilization review;
 3. Offering financial incentives for the effective use of health care services; or
 4. Any combination of those techniques.
- H. “Managed Care Organization” shall have the meaning ascribed to it in Nevada Revised Statutes (NRS) § 695G.050 as an insurer or organization authorized pursuant to state law to conduct business in the state of Nevada that provides or arranges for the provision of health care services through managed care.
- I. “Medicaid” shall mean the Medicaid program that is administered by the DHCFP.
- J. “MRAC” shall mean the Medicaid Reinvestment Advisory Committee.
- K. “MRAC Coordinator” shall mean the DHCFP staff person assigned to coordinate the MRAC, act as Secretary and provide staff assistance to the MRAC and its subcommittees.

- L. “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.

ARTICLE II

FORMATION AND COMPOSITION

Section I. Creation

The MRAC is created within the DHCFP by Nevada Revised Statutes 422.175 to 422.205. State law requires a MRAC be established in each county whose population is 700,000 or more.

Section II. Number of members

State law requires that the MRAC shall, at a minimum, be comprised of eight voting members.

Section III. Appointment

All voting members, except for the Administrator, shall be appointed by the Director. Nonvoting members may be appointed as deemed necessary or appropriate by the Director.

Section IV. Conflict of Interest

Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. When funding recommendations or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his/her intention to abstain from making specific motions or casting a vote, before participating in related discussion.

ARTICLE III

Membership, Officers and Assistance

Section I. Qualifications for Membership in the MRAC and Subcommittee

- A. The eight appointed members of the MRAC, except for any nonvoting members appointed by the Director, shall consist of the following individuals:
1. The Administrator, who serves as a voting member;
 2. The director of a social services agency of the county;
 3. A representative of the government of the county;
 4. Two members who represent the government of different cities whose population is 100,000 or more that are located in the county;

5. Two members who represent nonprofit organizations that work with recipients of Medicaid who reside in the county and receive health care services through managed care; and
6. One member who represents the Division of Welfare and Supportive Services of the Department

B. The MRAC may form a subcommittee, upon the recommendation of the Chair, for decisions and recommendations concerning specific issues within the scope of the duties of the MRAC. Any subcommittee shall include at least three members. At least one member must have expertise in the issue to be discussed and at least one member must be from the MRAC.

Section II. Term

The Director shall appoint each member of the MRAC, except for the Administrator, to a term of two years. The individual serving in the role of the Administrator has no term limit for appointment. Terms are renewable once, for up to four total years. Nominations of new potential members of the MRAC will be submitted to the Director by the MRAC Coordinator within the Division of Health Care Financing and Policy as vacancies occur on the MRAC. The terms of the existing MRAC member shall begin at the adoption of these Bylaws.

Each member is expected to participate in a majority of meetings and activities held in a single calendar year. The Director may request a member resign due to absences.

E. Section III. Officers

Before the first meeting of the calendar year, the Director or his/her designee shall appoint a Chair among the voting members of the MRAC. The Administrator or his/her designee shall serve as the MRAC Coordinator and the Secretary for the MRAC. The Chairperson will serve a term of two years and may be renewed once. The Director shall appoint a replacement in the event a replacement is needed for the Chair position.

The Chair shall preside at all meetings and generally supervise the affairs of the MRAC or designate a representative to do so. The Administrator shall assist and assume the duties of the Chair in case of the Chair's absence.

Section IV. Staff Assistance

The Division of Health Care Financing and Policy must provide the MRAC 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 MRAC shall meet at the call of the Chair at such times and places as the MRAC, the Chair or the Administrator deems necessary. However, meetings must be held at least twice each calendar year. The Chair or the Administrator may determine that a meeting shall be held virtually and/or in-person depending on the needs of the MRAC members and other participants.

Section II. Agenda

The MRAC Coordinator shall be responsible for drafting (or causing to be drafted) an agenda for each MRAC meeting and such agenda shall be distributed to each member no later than 5 business days prior to each meeting. The MRAC and the subcommittee(s) will conduct their meetings pursuant to the Open Meeting Law set forth in NRS Chapter 214.

Each appointed member of the MRAC is encouraged to provide agenda items for consideration on an annual calendar basis (Jan-Dec) to the Secretary for the MRAC which is provided through the Division of Health Care Financing and Policy. The MRAC Chair will assist the Administrator in the creation of the agenda.

Section III. Minutes

Pursuant to NRS § 241.035, the MRAC and the subcommittee(s) shall keep, retain, and make available for public inspection, written minutes of each meeting. The MRAC 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 DHCFP 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

A majority of the voting members of the MRAC in attendance, whether virtually or in-person, constitutes a quorum for the transaction of business and the affirmative vote of such quorum is required to take action.

ARTICLE V

Functions and duties

Section I. Functions

The purpose of the MRAC is:

- A. To solicit and review reports from the Division of Health Care Financing and Policy and Medicaid managed care organizations concerning the reinvestment of funds by those

Medicaid managed care organizations in the communities served by the Medicaid managed care organizations.

- B. To report to the Division of Health Care Financing and Policy and Medicaid managed care organizations concerning initiatives of local governments in the county of the MRAC to address homelessness, housing issues and social determinants of health;
- C. To make recommendations based on the reports reviewed pursuant to paragraph (A) to the Division of Health Care Financing and Policy and Medicaid managed care organizations concerning the reinvestment of funds by those Medicaid managed care organizations in the communities served by the Medicaid managed care organizations. Those recommendations shall be only advisory in nature and must include, without limitation, recommendations for the use of such funds for the purposes of:
 - 1. Developing innovative partnerships with community development organizations and providers of housing services; and
 - 2. Supporting the initiatives of local governments in the county to address homelessness, housing issues and social determinants of health.
- D. To compile a report, on or before December 31 of each year, concerning:
 - 1. The uses of funds reinvested by Medicaid managed care organizations in the communities served by those Medicaid managed care organizations, including, without limitation, efforts to address homelessness, disparities in health care and social determinants of health; and
 - 2. The activities of the MRAC during the calendar year, including, without limitation, the recommendations made by the MRAC pursuant to paragraph (C) of subsection 1.
- E. To submit the report compiled pursuant to paragraph (D) to:
 - 1. The Director of the Legislative Counsel Bureau for transmittal to:
 - a. In odd-numbered years, the Legislative Committee on Health Care; and
 - b. In even-numbered years, the next regular session of the Legislature

Section II. Exhibits

Members of the MRAC shall review materials and reports from the Medicaid managed care organizations and the Division of Health Care and Financing as necessary to provide advisory recommendations regarding reinvestment of funds by those Medicaid managed care organizations in the communities served by the Medicaid managed care organizations.

Proposals may be presented as Exhibit(s) having information, including but not limited to details possible costs or savings related to recommendations. Exhibits shall ideally be provided to each member electronically within five business days prior to each MRAC meeting.

Section III. Briefings

Medicaid staff will be available to conduct oral presentations on pending issues of significance to MRAC that are within the scope and duties of the committee. The MRAC may request written briefings from Medicaid managed care organizations. Exhibits shall be provided to MRAC members 5 business days in advance of each scheduled meeting.

ARTICLE VI

Compensation

Section I. Compensation

Members of the MRAC, and any subcommittee shall serve without compensation. Any member of the MRAC, who is a public employee, must be granted administrative leave from his or her duties to engage in the business of the MRAC without loss of his or her regular compensation. Such leave does not reduce the amount of the member's other accrued leave.

Section II. Per Diem and Other Expenses

Members of the MRAC are not entitled to the per diem allowance and travel expenses provided for state officers and employees generally.

ARTICLE VII

Adoption and Amendments to the Bylaws

The members of the MRAC recognize and acknowledge that these Bylaws. Proposed amendments to these Bylaws must be submitted, in writing, to the MRAC members and the Director 15 days in advance of a scheduled meeting in order to be acted upon. A quorum of the members present shall be required to adopt a proposed amendment, and such amendments must be approved by the Director to become effective.