



LOUISIANA MEDICAID QUALITY COMMITTEE

BYLAWS

The Medicaid Quality Committee (“Committee”) of the Louisiana Department of Health (LDH) Bureau of Health Services Financing (BHSF) fulfills the role of the *Medical Care Advisory Committee* 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), and Office for Citizens with Developmental Disabilities (OCDD), with a focus on demonstrating improved care and service for Medicaid recipients by using evidence-based guidelines;
- 3) Creating and sustaining a vibrant 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 shall include:

- 1) Monitoring ongoing metrics and ensuring findings are reported on a regularly scheduled basis (quarterly or annually);
- 2) Ensuring key quality initiatives are identified to align with regulatory and business requirements;
- 3) Overseeing quality improvement projects and ensuring coordination and integration of the quality improvement activities;

- 4) Reviewing performance results and providing feedback and recommendations to the MCO action plans; and
- 5) Participating in the evaluation of the Medicaid Quality Program by evaluating the quality, continuity, accessibility, and availability of the medical care rendered within Louisiana.

ARTICLE I

Membership

Section 1. The Secretary of LDH shall appoint all Committee members, with the exception of those with permanent positions, as noted in Article I, Sections 2 and 4.

Section 2. The Quality Committee shall be interdisciplinary and shall include representatives of providers. 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 Quality 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) Individuals with expertise in the evaluation of health care quality
- 3) The Louisiana Medicaid Medical Director.
- 4) The Medical Director (or their designee) from each of LDH's contracted managed care organizations (*i.e.* Healthy Louisiana, Office of Behavioral Health, and Dental Benefits Program Manager).
- 5) The Secretary of the Louisiana Department of Children and Family Services (DCFS) or their designee.

- 6) One member each from the Louisiana Senate and House of Representatives, appointed by the Chair of the respective Health and Welfare Committees, with the appointee preferably a member of the respective Health and Welfare Committees.
- 7) The Medical Director of the Louisiana Department of Corrections (or their designee).
- 8) A representative of the Louisiana Developmental Disabilities Council

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 in membership.

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

Section 4. Permanent Quality Committee positions shall be held by the Louisiana Medicaid Medical Director (serving as Chair), each managed care organization Medical Director or their representative, and the two Legislative members (Senate and House). All other members shall be appointed by the Secretary of LDH for three-year periods with overlapping terms, when possible, for continuity.

Section 5. Exclusive of the permanent members, a member shall be removed from the Committee for any one of the following causes:

- 1) Absence from two consecutive meetings without contacting the Chairman or Committee Secretary with a satisfactory explanation. A member attending by phone is conference is considered in attendance. All members shall make at least one meeting per year in person.
- 2) Receipt of a letter of a resignation from the member.
- 3) Moving out of state.

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

ARTICLE II

Officers

Section 1. There shall be three officers of the Committee. These shall be designated as the Chair, Vice-chair, and Secretary.

The Chair shall be the Louisiana Medicaid Medical Director.

The Vice-chair shall be nominated from the floor and elected by a majority vote of the Committee.

The Secretary may be elected or a full-time employee of LDH may act as Committee Secretary. If the LDH employee acts as Secretary, they shall have no vote.

Section 2. The Chair's duties are to call all meetings of the Committee and to preside at all regular and special meetings of the Committee. The Chair shall present Committee recommendations to the Secretary of LDH through the Bureau of Health Services Financing.

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 the Chair may assign.

Section 4. The Committee Secretary shall prepare meeting materials, maintain minutes and shall perform other duties as the Chair may assign.

Section 5. Membership on the Committee is the single qualification required to hold any office, with the exception of the Committee Secretary position.

Section 6. The tenure of all offices, other than Chair, shall be one year with the provision that any officer may succeed himself in office. The Medicaid Medical Director shall serve as permanent Chair.

ARTICLE III **Subcommittees**

Section 1. The following standing subcommittees shall be formed to serve in an advisory capacity to the Quality Committee. Members of a subcommittee shall be appointed by the Chairman of the Quality Committee in consultation with the appropriate subcommittee chair 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 Quality Committee. The chair of the subcommittee shall be appointed by the chair of the Quality Committee and ratified by a majority vote of the Quality Committee. The chair of each active (defined as holding at least one meeting in the previous quarter) sub-committee shall provide an update at each quarterly Quality Committee meeting.

- 1) Standing Clinical 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. Emergency Medicine

- d. Neonatology
- e. Obstetrics
- f. Pediatrics
- g. Dental

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

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 person 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) of proxy specifying the name of the individual who will be representing them at the meeting. Members participating in a meeting by phone shall not carry a vote.

ARTICLE V

Meetings

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

- 1) The discretion of the LDH Secretary.
- 2) The discretion of the Chairman.

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. BHSF will assist committee members as follows:

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

Section 3. The agenda shall be prepared by the Chair, with assistance from staff, from issues presented to the Chair 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.
- 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 members present.

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

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, other than permanent members and Chair designation, may be amended by a majority of voting members. The Chair shall provide a copy of proposed amendments to each committee member at least two (2) weeks prior voting on said amendments.