

## Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committee (BAC) Conflict of Interest Policy

Nebraska's Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committee (BAC) include a diverse and representative mix of different perspectives from current and former beneficiaries, advocates of beneficiaries, and providers.

Because members who will serve on the MAC and BAC may also serve on the boards or committees of nonprofit community organizations, other advocacy groups, or work themselves or for organizations that serve, support, or otherwise assist people who receive Medicaid services, it is possible that an item being discussed by the MAC and BAC might present a conflict of interest, or the appearance of a conflict of interest, between these separate roles.

This policy attempts to deal with this possibility in a way fair to committee members.

Section 49-1499, Revised Statutes of Nebraska, says the following:

- A. A potential conflict of interest exists when you, in the discharge of official duties, would be required to take an action or make any decision that may cause financial benefit or detriment to you, a member of your immediate family or a business with which you are associated which is distinguishable from the effects of such action on the public generally or a broad segment of the public.
  - B. Immediate family shall mean a child residing in your household, your spouse or an individual claimed by you or your spouse as a dependent for federal income tax purposes.
  - C. Business with which you are associated shall mean a business:
    - a. of which you are the sole proprietor;
    - b. in which you are a partner, director, officer, or employee; and/or,
    - c. in which you or a member of your immediate family is a stockholder of closed cooperation stock worth \$1,000 or more at fair market value or which represents more than 5 percent equity interest, or is a stockholder of publicly traded stock worth \$10,000 or more at fair market value or which represents more than 10 percent equity interest.
1. At the first meeting of each calendar year, MAC and BAC members shall disclose any conflicts or potential conflicts of interest of which they are aware, using a form provided for that purpose. These disclosures shall be recorded in the meeting minutes. A conflict of interest reminder will be given at the beginning of each meeting.
  2. When a committee member is aware of an additional, different, or removal of a conflict or potential conflict of interest, they must update their current form and this update shall be recorded in the meeting minutes.
  3. Committee members with a conflict of interest must not participate in committee discussions other than to offer information or answer questions. When a vote is taken, a committee member with a conflict must not vote. The minutes shall reflect that the member abstained from the vote.
  4. Any committee member who is unsure whether there is a conflict or potential conflict of interest must raise the matter prior to any discussion or vote on the issue.

## Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committee (BAC) Conflict of Interest Disclosure Form

This form will identify any potential conflicts of interest that may impact a Medicaid Advisory Committee (MAC) or Beneficiary Advisory Committee (BAC) member's ability to vote on related matters.

### 1. Name and Membership Information

Name:

Address:

Email Address:

Phone Number:

I am a member of:

☐ The MAC

☐ The BAC

☐ The MAC and the BAC

### 2. Description of conflict of interest

What is the nature of your potential conflict(s) of interest? (Check all that apply):

☐ Financial or business relationship, interest, or affiliation

☐ Family relationship

☐ Board or committee of nonprofit community organization or other advocacy group

☐ Professional relationship, interest, or affiliation

☐ Other (Please specify in the text box below.)

☐ I have no known conflicts of interest. (Skip to 3. Attestation and Signature)

Please provide a description of your potential conflict(s) of interest. Include the following information, if applicable:

- Name of the company, individual, and/or organization involved
- Nature of your relationship with the entity
- Description of how the conflict(s) of interest could potentially impact your work on the committee

<b>3. Attestation and Signature</b>	
<input type="checkbox"/> I have read and understood the Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committee (BAC) Policy (page 1 of this document).	
<input type="checkbox"/> I do hereby attest that the information provided on this form is true, accurate and complete to the best of my knowledge.	
Signature:	Date: