Alana Nur: Thank you. My name is Alana Nur. I'm with the Lewin Group. Welcome to the webinar, "Gathering and Using Member Feedback in Plan Governance."

This is the third and final session of our 2019 Member Engagement and Plan Governance webinar series. Today's session will include a 60-minute presenter-led discussion, followed up with 30 minutes for a discussion among the presenters and participants. This session will be recorded. A video replay and a copy of today's slides will be available at www.resourcesforintegratedcare.com.

The audio portion of the presentation will automatically stream through your computer. Phone lines for this presentation are also available. To access that number, click the black Phone widget at the bottom of your screen.

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You'll see on this slide that we've laid out the various Continuing Education credit options. If you are a social worker, you could obtain Continuing Education credits through NASW if you complete the pre-test at the beginning of the webinar and complete the post-test.

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Additional guidance about obtaining credits and accessing the links to the pre- and post-test can be found within the Continuing Education Credit Guide in the resource list on the left-hand side of your screen or at the Resources for Integrated Care website.

This webinar is supported through the Medicare-Medicaid Coordination Office of the Centers for Medicare & Medicaid Services. MMCO is helping beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs.

To learn more about current efforts and resources, please visit our website or follow us on Twitter for more details. Our Twitter handle is @Integrate_Care.

At this time, I'd like to introduce our moderator. Renée Markus Hodin is the deputy director of Community Catalyst Center for Consumer Engagement and Health Innovation. For the past 20

years, Renée has worked to bring the consumer perspective to the forefront of health and health innovation. Renée?

Renée Markus Hodin: Great. Thank you so much, Alana, and good afternoon to those of you who are on the East Coast. I guess it would be good morning to those of you who are in other time zones that are west of us.

I'm really happy to be with you all today for this third webinar in our series on Member Engagement and Plan Governance. As Alana said, I'm the deputy director of the Center for Consumer Engagement in Health Innovation. Our mission is to ensure that the people served by our health system, especially those who need more from it, are engaged in all efforts to improve it, so this series really is up our alley and we're excited to be working with both the Lewin Group and the Medicare/Medicaid Coordination Office to bring it to you. Next slide, please.

I'll first take a few moments to introduce today's speakers and offer a bit of a roadmap for our time together today. We'll start off with brief overviews from each of the two organizational representatives. First we're going to hear from Matt Magnuson from PrimeWest Health. Matt has been the director of membership and program development at the plan since 2007, and as part of his role, he worked to establish and to maintain on an ongoing basis the Member Stakeholder Committee, which he'll tell you about in a bit.

I'm also thrilled that Matt is joined today by Elizabeth Haskins. Elizabeth is a PrimeWest Health member and a member of the plan's stakeholder committee. We'll get to hear a little bit more from Elizabeth later on. She'll be sharing more about herself and about her experience on the committee. Next slide, please.

Next, we'll hear from Tina Davis of First Choice VIP Care Plus. Tina is the director of outreach and health advocacy. In this role, she is responsible for marketing and member outreach programs. She also serves as the chair of the Member Advisory Council, which supports meaningful engagement with members, caregivers and community stakeholders.

Tina will also be joined today by her colleague Charmal Hill. Charmal is the executive assessment to the vice-president in charge of the plan. As part of her role, she provides key support to the Member Advisory Council.

I'm also so pleased that Tina and Charmal are joined today by Gwendolyn Jackson, who is a community stakeholder member of the Member Advisory Council. We'll hear directly from Gwen later on in the program, but I do want to give her a special shout-out for filling in at the last minute. We did have an older-adult enrollee who had been a member of the Advisory Council since 2016, but unfortunately she fell ill, and so I wanted to give Gwen a thank you for stepping in at the last minute.

And thank you, everybody, for being with us today. Let's go to the next slide.

Here are our learning objectives for the session. By the end of today's webinar, participants should be able to recognize approaches that plans use to effectively gather member feedback on

plan operations, a variety of plan operations; identify strategies for communicating feedback from members to plan staff across all operational levels, including to the senior leadership level; identify strategies for implementing what we call feedback loops that include bidirectional communication between members and plan administrators; and finally, to identify topics that are best suited for input from members, whether those are through advisory committee or councils or other avenues, and on topics that impact the members' experience. Next slide, please.

Here is the agenda for today's program. We'll start, as we typically do, with some polls, just to get a sense of who's in the audience today. Then we'll get those brief overviews from our two organizational representatives, Matt followed by Tina. They'll share with all of us information about their organizations, the structure of their advisory committees, how they've recruited and supported members to serve on it, and, importantly, the kinds of impact it's had on the plan operations.

The bulk of our time today, though, will be spent in a conversation I'll be having the privilege of moderating among Matt, Elizabeth, Tina, Charmal and Gwen. And of course, as Alana indicated, following that discussion we'll be leaving plenty of time for questions and answers from all of you.

And finally, it's worth noting that we ask you all to stay on very briefly afterwards to complete a brief evaluation of the webinar. Those really matter to us. Next slide, please.

Let's get started on our first poll to understand who's with us today. If everyone could click on the answer that best describes the setting in which they work. Is it health plan, an ambulatory care setting, long-term care facility, home-care agency, community-based organization, consumer organization? Are you in an academic or research setting? Or something completely different?

I'll give you all a moment to select one. Again, you can only select one, so choose the one that best describes the setting in which you work. Okay, let's take a look at the results and see who we have with us today.

Okay. Well, by a vast majority we have representatives who work in health plans, over 80%, and just a few in the community-based organization setting, consumer organizations and long-term care facilities. So again, speaking right to health plans.

Okay, let's go to our next poll on the next slide. If we can dig down just a little bit deeper and ask you about what best describes your professional area. Are you a health plan case manager or coordinator? Do you work in customer service? Health plan administration or management? Health care administration? Medicine, nursing, etc.? A clinical role. Pharmacy? Social work? Advocacy? Policy and research? Or, again, something completely different? If you'll just take a moment to give us your top answer. Again, you may play multiple rules, but if we could have you select one.

Okay, let's take a look and see who we have. This one is, again, mostly people—because we had mostly people from health plans, we have the largest percentage of people who are in health plan

administration or management, followed by people who serve as a case manager or care coordinator. And below that, we've got people in social work, policy and research and in customer service. Although it looks like we've got almost 15% in something else, so we'll have to dig a little bit deeper the next time.

Great. I'm really pleased to see that we have both a significant group of people who are from health plans, which this is largely, though not exclusively, directed at, but also that we have a diverse set of people that are in different roles within health plans.

I'll now turn things over to our first speaker, Matt Magnuson from PrimeWest Health. Matt?

Matt Magnuson: Thank you. This is Matt Magnuson from PrimeWest Health. Next slide, please.

Just a brief background on what PrimeWest Health is. PrimeWest Health is a county-owned health plan. We serve 13 counties in rural Minnesota. And when we say "county owned," our board of directors is two county commissioners from each county that we serve—they serve on our board of directors, one as a primary and one as an alternate, so we truly are a county-owned health plan and governed that way.

We have six programs. We cover approximately 42,000 people today across those six programs in 13 counties, and two of those programs are dually eligible special needs plans. We have one for members over the age of 65, and we also have one for members between 18 and 64 with a disability. Next slide, please.

Our member stakeholders meetings have always been open to all members in all six programs. At one point, we tried to divide up the stakeholder meetings across programs, but we found it just made for better stakeholder meetings to have them combined and have all different programs and all different membership populations together. We got a lot better feedback that way.

We usually have about 10 to 12 members attend each meeting, and then 10 to 12 other stakeholders attend each meeting. Again, in Minnesota the 13 counties we serve are pretty rural, and so travel time and distance kind of becomes an issue, and so we've always had kind of a hard time getting a lot of members to come, and so we've had to work and do some things we'll talk about here in a little bit to really get that number of 10 to 12 members attending meetings regularly.

We hold our meetings twice a year, usually in the spring and the fall. We hold them here in a public meeting space we have available at our corporate office in Alexandria. We do have options for conference call and video participation as needed, as some members have expressed that in the past, or providers, in some of our locations. Next slide, please.

We talked a little bit about recruiting, and because of the rural nature of our plan, getting members to come to our meeting has always been an issue, and so we really worked hard over the last several years to work through our case managers, our county case managers and our care coordinators and people that had the face-to-face interaction with members and could really

identify members that they thought would be valuable members to have as a part of a stakeholder committee.

And that's really been the most successful way for us to recruit members is by working with people who already have someone face-to-face interaction with those enrollees and identifying members who they know would be good participants as a part of a stakeholder group.

Again, we talked about meetings are always open to all of our members. Sometimes we have members who will just show up to one or two meetings, and other times, we have members who have been members of our committees for three, four years.

Again, because we're rural, we've had to come up with some unique idea to try and get people from outside of our immediate area around our corporate office to come. We want that broader look at membership, and so we've had to provide a meal at the meeting. We provide mileage reimbursement. We have a gift card or a stipend for members to come. And we do the same thing for providers. We provide a stipend and mileage reimbursement just because sometimes the distance that they travel is a long distance and we really want to get that commitment from them to come to those meetings. Next slide, please.

Along with all of the members and providers that we have as stakeholders that we have in our meeting, our meeting is also made up of a lot of our senior leadership here. We have our membership and wellness manager. That person manages our member call center, for instance. They're kind of the meeting facilitator and run through it. But then we have a lot of our care coordinators will kind of rotate through. Our pharmacy manager, our pharmacist, will attend the meeting. Our medical director attends the meeting as well. And then just a variety of member contact center and care coordinators and just other people, depending on the topic.

We try to have a broad cross-section of our staff involved, too. It's really the one time when we as a staff can get close and involved in the member issues that are out there in the communities we serve.

And with that, I'm going to turn it over to Tina.

Tina Davis: Thanks, Matt. Good afternoon, everyone. It's really a pleasure to participate in this webinar, and I really thank you for the opportunity. My name is Tina Davis, and I'm the community outreach director for the plan. Next slide, please.

A little about us. First Choice VIP Care Plus is a Medicare-Medicaid plan. We serve individuals that are 65 years of age and over and who are dually eligible for Medicare and our South Carolina Healthy Connections to Medicaid. We launched our plan in 2015 as part of the financial dual demonstration alignment, and in South Carolina that's called Healthy Connections Prime.

Our mission is simple: We help people get care, stay well and build healthy communities, and we really work diligently to demonstrate that mission every day with our members and with our community and providers.

Customer experience is one of the reasons First Choice VIP Care Plus was recently named one of the top five MMPs in the country, and we're really proud of that.

Currently we have about 7,000 members, and that makes our plan the largest MMP in the state. Next slide, please.

Our Member Advisory Council, we had our first meeting, which we also call the MAC, and it was held in 2015 with 13 members. That membership has fluctuated throughout the years, but we believe due to some new ways of recruiting members, we think it's going to grow and start to stabilize soon.

Our MAC members include members, caregivers, representatives from community agencies and those agencies we choose who have a mission that aligns with ours as well. And besides members and caregivers, who make up the bulk of our committee, community stakeholders consist of representatives from Regional Councils on Aging, which gives us great feedback on resources and programming important to our members.

We have representatives from senior housing authorities and home health agencies, who have really given us some great insight on seniors and caregiver needs. And we also have representatives from Community Action Agencies.

Our member demographics reflect our overall plan demographics to include age, gender and ethnicity. Next slide, please.

Recruiting and supporting our members, similar to PrimeWest and what Matt mentioned, we find that referrals from—we really depend on referrals for our recruiting. One way of recruiting members for our committee are referrals from our member services team and our care management team. They encounter our members daily and are a good judge of who would be a great fit for the advisory council.

During the discussions, they notice that a member may offer suggestions for improvement and are really not shy about sharing those possible solutions, so we found these members are the best members of the council.

Today we don't have any term limits. We really find that our members who have been with us the longest are a great resource with us, and we really enjoy them and don't want to lose them.

We recruit at community events and membership orientations for new members. We developed a referral form for use at these events, and it's also a means for member services and the care management team to make referrals.

We really appreciate the valuable feedback our council provides, and as a thank you, we provide a $25 gift card and we arrange for transportation when it's necessary, and we serve a very nice lunch. We also find that this is a great way to retain our members on the council. Next slide, please.

First Choice VIP Care Plus's service area consists of 39 counties out of 46 counties in South Carolina, and as of May 1, we'll be in 40 counties. We just picked up another one. Our meetings are held every quarter at the same time in all three regions of the state. In the Upstate, our meetings are held at a community agency that's really supportive of our plan. We've been lucky to have these agencies that support what we do. In the Midlands, the middle part of the state, it's held at our own First Choice Community Center, which is a great convenience for everyone. And then in Low Country, we hold our meeting right there at the plan office located in Charleston.

As I mentioned, we hold it all at the same time in all three regions, and we communicate by teleconference as well as video if we're doing a presentation or if we're requesting feedback on materials that we're considering. Next slide, please.

The MAC steering committee is a very vital part of our decision process. It's important to have a leadership group that's going to weigh in on these topics and present topics to them that's really important to our goals, or if there's any specific projects that the leaders are working on that they could use feedback from for the MAC.

The steering committee is comprised of our executive director of the plan. Myself. The long-term services support director, it's vital that she is there as she's hearing feedback firsthand. Our member services manager. The quality director and the integrated care management director are also there as well as the provider relations manager.

And as I mentioned, we meet quarterly to discuss the agenda topics for each management or a resolution or progress on issues that were previously addressed during a MAC meeting. Next slide, please.

MAC members determine the agenda topics. They discuss this during the previous MAC meeting, and also the steering committees submits their topics about a month or so before the next meeting. There's a range of topics for discussion, such as promotional materials for community events and marketing, or educational materials such as hurricane preparedness toolkits. The MAC had a large part in that project, and I can share more info about that during our panel discussion.

Addressing care gaps has appeared on our agenda more than once. Encouraging our members to engage in preventive care is, we find, essential to achieving positive health outcomes. And of course, we are consistently looking for ways to improve our HEDIS and CAP scores, and encouraging our members to engage in preventive health helps us to reach those goals.

We want to make sure that our council is informed about these issues so that they can help us. The MAC receives training from our care management department, from the quality management team. The Department of Health came out and gave us great training. And also respite organizations. So they are prepared to address topics that are directly related to promoting those healthy behaviors.

Benefits and incentives are also discussed, especially when we brainstorm about retention strategies and ways for branding our health plan. The MAC suggested the vision benefit, among other incentives we were currently reviewing.

These are just some of the examples of what may be on the meeting agenda.

And that's it for me. Back to you, Renée. I'll turn it over to you.

Renée Markus Hodin: Thanks so much, Tina. I really appreciate that. The last slide that you talked about was particularly interesting and relevant to our learning objectives today, about topics that are being covered. It made me realize that somehow, we skipped by Matt's last slide, which also talked about meeting agendas. So just to follow on what Tina just talked about, maybe just for comparison we can go back and I can ask you, Matt, to talk about some of the topics that you guys cover at PrimeWest Health.

Matt Magnuson: Sure. Yeah, our agendas really are driven by the stakeholder group. They help us pick out what we need to talk about and how we're going to discuss things. But really, we spend a lot of time on just plan ideas, how are benefits working in the plan, what changes can we make, and we'll have some examples we'll talk about here in a little bit.

We talk about seasonal items like flu-related preventive stuff, getting that stuff into our communication topics. If we're going to present something to communicate to all of our enrollees, we usually run it through our Member Advisory Council first, and they kind of say, "Yeah, this is clear," or, "This is isn't clear," or, "You could say it this way to make that have a better impact on a population."

We talk about future initiatives and any kind of hot topics in the news. I know there was big changes to the opioid dispensing processes, and we talked a lot about that with our pharmacy manager presenting to our group and just kind of figuring out the best way to communicate with enrollees.

So really, it's a variety of things just depending on what's going on with what our members have either brought forward with us or current events that are going on within our region that we can make changes.

Renée Markus Hodin: Great. Thank you. That followed nicely for compare and contrast with what's going on in South Carolina. Thank you to you both, Matt and Tina, for providing us with some of the basics about your organizations and about the advisory bodies.

The information you both shared is really a perfect launch pad for our next section in which we're going to dig a little bit deeper into how your plans gather and use enrollee feedback in your plan operations and practices. And this is the wonderful opportunity to bring Elizabeth and Gwen into the conversation. As I promised, we'll start by hearing from them.

So let's go to that. We'll start with Elizabeth. Elizabeth, would you be able to take a few minutes to introduce yourself and talk about how and why you came to join the stakeholder group?

Elizabeth Haskins: Sure. My name is Elizabeth Haskins. I am from Alexandria, Minnesota. I'm in my 60s. I am on both Medicare and Medicaid through PrimeWest. I was back in 2011 morbidly obese and ended up having weight loss surgery and have become an advocate for people who are looking for a change in their lifestyles.

I got involved with PrimeWest stakeholders meeting in 2017 to learn more about the behind-the-scenes and how my experience with obesity could be helped through finding out what is offered at PrimeWest and also in the medical community, and give feedback to them but also to the people in the support group that I facilitate.

I also believe very firmly that people need to get involved with the programs that they're depending on to help them along in their journeys, and that's one reason why I got involved with the stakeholders meeting.

Renée Markus Hodin: That's great. Thanks so much, Elizabeth. I'm going to turn to you, Gwen, to talk about how you first came to be involved in First Choice VIP Care Plus meetings and a little bit of course about yourself.

Gwen Jackson: Okay. My name is Gwen Jackson. I came into the business working through long-term care, hospice and assisted living facilities, and realized that I didn't really care for the I guess limitations on what these facilities could do for clients, and decided I needed to work in something that gave me a little more flexibility, which was home health care.

I came to be introduced to VIP through clients who were already members, and they would tell me what was going on, so I researched a little bit more and met some people here who worked for it, and they invited me to a meeting. And that is how I became involved.

As an administrator, my background was in social work and counseling, and serving as an advisory committee member worked for me because I'd hear issues from our members, our clients, from some of the issues they had, and I found that VIP had this team of wrap-type service thing going, and I thought, Okay, this is pretty interesting. And that worked out for the clients, was my primary concern.

I became aware of this due to the members and saying, "This is who I'm under." That's how I really was introduced to it. First Choice's members were served through the clients that I ended up receiving.

I wanted to be part of the advisory committee to offer feedback on how First Choice can continue to better serve their members. Ironically, I found that any suggestions made by members were genuinely something they looked at and incorporated, so it worked out really well to me.

Renée Markus Hodin: Oh, that's great.

Gwen Jackson: Yeah, it is. So I'm an advocate for the member. So it worked out well for me. The member complaints spearheaded us into VIP First Choice—Select Health, rather—but it worked out fine for me.

Renée Markus Hodin: Great. Well, we'll hear more about the kinds of issues that you've engaged with when we get to some questions down the road. But I'm going to take a moment—first of all, thank you, Elizabeth and Gwen. Let me take a moment to go back to the plans and ask Tina and Matt about some of the ways that you gather feedback from the members of your advisory council. Give us a sense of the strategies that have maybe worked best for you. Let's start with you, Tina.

Tina Davis: Sure. Renée, we have about three main strategies that we use for gathering the feedback. We make sure, first, that we have topics on the agenda that the members said they wanted to talk about during the discussion from the previous meeting. Also on the agenda are topics the steering committee determined that they would like feedback on as well, and an example of that would be discussions around our retention strategies, member orientations for new members, which is something I think I can expand on later, was one of the results coming from that discussion. And another example would be how we could better engage our members in preventive health and healthy behaviors.

Another strategy are our breakout discussions. We decided to implement these 15-minute breakout discussions at each location after noticing that some participants were more engaged than others, and we really wanted to get people more involved and make sure everyone had a chance to speak and share their opinions. So we have a plan representative at each site facility to facilitate the discussion, and we all come back together after 15 minutes to compile the results. This has been very successful for us and a great strategy to gather feedback.

And the third way is a survey. We ask the member to complete a survey at the end of each meeting. It has multiple purposes. We get a real-time evaluation of what they thought of the meeting, the material we presented and how prepared they felt about being part of the discussion. And we get their opinion on whether they feel their feedback was valued and that they're really making a difference in the plan. And we ask them how the next meeting can be improved as well, including asking their suggestions and feedback for topics at the next meeting.

So those are the strategies we use to gather feedback during the meeting.

Renée Markus Hodin: Great. Thank you. I'm going to turn to Matt and ask for what happens at PrimeWest with the stakeholder meetings and how you gather feedback.

Matt Magnuson: Yeah, similar to what Tina was just explaining, I think the important part is we really work to try to get feedback from the variety of members. We always have two or three members who are usually the more vocal ones at meetings, and so we really over time changed to an interactive way of gathering member feedback, and it really depended on the topic. For example, if we were going to have our members help us review our website, what we would do is we would put together a survey and have some questions related to that—was it easy to find

this page, or what suggestions would you make?—so that we were really getting feedback from all the members in the room.

We would do a similar thing if we were working on—we wanted to have members look at provider directories and really try and use them. Find a provider in this county for this type of service, and we'd create a quiz, basically, and see how easy it was to do that.

And that's really been beneficial to us because it gets everybody involved in the room and it really gives us meaningful, usable feedback that we're able to implement real changes off of that kind of feedback.

And then, again, in every meeting that we have, during the agenda there's always an open space for any of the participants there to bring up topics they want to discuss. Sometimes we can get through them at that meeting; sometimes they end up on the agenda for the next meeting.

Renée Markus Hodin: That's great. I really appreciate how you both described how you've learned along the way how to get everyone involved, even the more introverted members, and build that into your infrastructure for meetings, but also leaving time for open-ended discussion or feedback. That's terrific.

Speaking of feedback, and I'm going to stick with you, Matt, how do you then take the information, the feedback that you've received from your advisory body, and make sure that it gets to the right people within the plan, including especially senior leadership? Matt?

Matt Magnuson: Yeah, first, our member stakeholders committee is an official subcommittee of our Joint Powers Board, so all the agenda and meeting minutes are presented back to our board and one of their regular board meetings, so it's always an official part of that. A lot of ideas come out of that and board members will ask questions about what happened in the stakeholders meeting.

I talked earlier about having senior leadership just included as a part of the meeting. That's been a really important thing for us because in a health plan, you have a variety of departments and a variety of people that have different concerns, and getting them all in the same room with members and letting them hear directly from the consumers that we serve has been really beneficial to us to really make changes. Because it's not just coming from one area. It's not just customer service saying, "Hey, we need to look at this change." We'll have our medical director saying, "Hey, when we were at the member stakeholder group last week, we had members talking about this, and it's an important thing to be bringing back up."

And then my role in all of that is that it's part of my responsibility to present any of the findings or changes that we need to make based on member feedback back to what's called our executive management team.

Renée Markus Hodin: So, multiple ways. I'm going to actually bring Charmal into the conversation now and ask her to talk about how the feedback loop happens at First Choice VIP.

Charmal Hill: Hi, everyone. Like Matt stated, we have a lot of leadership there. About 90% to 95% of our leadership is in attendance at these meetings, and they're actually engaged in discussion and conversations. They ask questions while there. They're very involved in the conversation. And having leadership there confirms to our members that their feedback is valuable. And also, having them there allows them to hear this information firsthand and receive this feedback firsthand.

We also have the steering committee, like Tina mentioned earlier, that meets once per quarter, and during those meetings, we also discuss the topics that arose at our MAC meetings, and we also distribute our meeting minutes there as well. With leadership being there and then having the startup steering committee meetings, it ensures that all of our leadership receive this feedback.

Renée Markus Hodin: That's great, Charmal. Thank you. I heard a lot of echoes of what Matt talked about. Again, multiple levels. But the strongest message I heard from both of you is around no substitute for having senior leadership hear feedback directly in an unfiltered way. Thank you for that.

I'm just going to continue the trajectory, if you will, of getting feedback and talk about how the loop is completed, if you will. So maybe, Charmal, I'll start with you. Can you talk about how First Choice VIP makes sure that the Member Advisory Council itself, that they stay updated on what's going on with their feedback and input and what's been done, if there's been something that's changed because of it?

Charmal Hill: Sure. At the beginning of each meeting, we discuss topics and follow-ups from our previous meeting. That is actually a standing item on our agenda each meeting. During that time is where we discuss all of the feedback and outcomes of our last meeting. We've also implemented several projects based on the feedback that we received during our MAC meetings, and one of those projects is our "Ask the Doctor" card.

"Ask the Doctor" card was created to help our members engage in their care, and we realized that our members may be intimidated or unsure of questions to ask while they're with their doctors, so this "Ask the Doctor" card was created. It's a postcard-sized card that helps our members ask questions and remind them of those questions when they're at the doctor.

What happened was this postcard was developed based on that feedback. We brought that at our next meeting back. We had a sample of that postcard. They were able to look at the card, touch the card, feel the card, and with that, they provided us additional feedback to some changes that they wanted to see or additional questions that they wanted to add to the card.

So we took that card back to leadership and implemented those changes before the final project was created. That showed them that their feedback was valuable and how we actually were able to use their feedback to create something that is used by all of our members in the plan.

Renée Markus Hodin: That's a great example. I really appreciate that, especially because you really described an iterative process of going back and forth, and so it was something that the members of the council were engaged with over time. Thank you for that. That's helpful.

Matt, how about you? This part of the feedback loop, how does this happen at PrimeWest?

Matt Magnuson: It's very similar to the way it was just explained. We make sure you keep your agendas and minutes organized so that all the topics that they brought up that they want to discuss or that we've discussed or changes that have been made stay on those agenda items until they're completed, and they can see the progress on that.

From our standpoint, it's really about building trust with our members. If they're going to provide this feedback to us, we want to show them what we were doing with that feedback, how we were using it to make a difference. The easiest example I have is we were talking earlier about we did a website review, and a lot of members on the website were saying they couldn't find this button for a provider search. "Why don't you just make it bigger so it stands out on the website?" It was an easy change we were able to make right away between meetings, and by the next meeting, we were able to pull up and show them the change that they had recommended and what it looked like now, and say, "Is this what you guys were talking about?" They were all able to confirm, "Yeah, that's great. Now we get it. Now we know where that button is and how to use it."

It's that kind of constant back and forth that really makes these meetings work anyways.

Renée Markus Hodin: It reminds me a bit of the conversation we had in our last webinar about retention and support for members on an ongoing basis, and part of the support is about seeing results. If people feel like they're doing something that's worthwhile and they're seeing the change, it sounds like they're going to want to keep coming back. I appreciate hearing from both of you that idea of making sure people see the value of their contributions.

I want to turn back to Elizabeth and Gwen and bring you guys back into this conversation. We heard a couple of brief examples from Charmal and from Matt about the process, and I was wondering if you could both talk about an issue that your advisory bodies discussed and take us through what happened, how the topic came up, what do you recommend and kind of where did it go from there, what was the outcome. Elizabeth, can I start with you again?

Elizabeth Haskins: You sure can. What happened with ours just recently was that change in the opioid issue, and the initial letter that went out regarding the opioid coverage and information on the changes didn't actually clarify what drugs were involved, and it caused some confusion. So at the stakeholders meeting, we discussed it, and then they went back in, and the next letter that they sent out, they were able to list our meds that were going to be affected by the changes that were taking place in the coverage for opioids.

So it helped a lot. It clarified a lot of things that were going on.

Renée Markus Hodin: That sounds great. It sounds like a very direct impact that hopefully engaged members more in understanding the coverage changes. So, thank you.

Gwen, can I turn to you? Is there an example that you wanted to share about an issue that the council took up and what happened with it?

Gwen Jackson: Yeah, we are blessed to live in a state that has an array of weather issues [inaudible] hurricane. Here where we're at in the Tricounty Area, it might be freezing rain and black ice. Somewhere else is flooding. So our participants, our members, often have problems regardless of where they are, so that was brought up. And of course because it's such a diverse type of issue, they took it upon themselves, MAC did, to really do some research and find out who they could contact, depending on what the issue was.

And they came up with a booklet—I call it a booklet. They might call it a pamphlet. But it was a book that could be used to help people prepare for these issues that we encounter every year. It's not just sometimes; it's every year. The feedback that they got, they coordinated everything and came up with an emergency preparedness kit, and what that kit does is it helps people identify some things that you don't normally think about, like getting important papers or copies of important papers and putting them in a Ziploc bag so that you can have them with you if you have to leave. Making sure you have certain medication. Making sure you have certain clothing.

We kind of organized it so it wouldn't have such a major impact on people of feeling frightened or not sure, even down to DME, making sure you have oxygen tanks to take with you and things of that nature.

So I think that was one of the most valuable things that I've seen happen because this is something that everybody can get a copy of and everybody can use. So that's one of the things that I saw that [inaudible] preparedness booklet that really pulled things together for all of our citizens of the whole state. Anybody could use it, but especially those who were members of First Choice VIP.

Renée Markus Hodin: Oh, I'm glad you highlighted that because I think a great aspect of this story is that it not only was helpful for the members but also for the larger community, but that it was deeply informed by members, people who are older adults and living in this blessed situation of South Carolina, as you described it, Gwen. Thank you.

I want to ask the same question now of Matt and Tina, although they gave us some brief examples earlier about helping us understand the process of getting feedback and sharing it back with the members. I was hoping you might share a few more examples about topics that you've found most useful to bring to your advisory committee or that you've found most useful to receive feedback on from your advisory bodies. Matt, let's start with you this time.

Matt Magnuson: Okay. Yeah, I think I can start with a couple benefit-related examples. Early on in our stakeholder processes, we had some members that had come into the stakeholder meeting and were explaining to us this process they were having when they were going to get eyeglasses. They would walk into the provider's office and go to pick out a set of frames, and providers would find out that they were on Medicaid coverage and basically were pulling a box

out from underneath the desk, saying, "This box of frames is what you have to choose from, not all these ones on the wall."

We were really struck by that and were happy to get that feedback, and so what we did is we sent out a team of people to all of our providers to explain how they need to be handling benefits related to Medicaid and Medicare and that we don't want these sitting in boxes, these need to be displayed like any other set of frames out there. You're not going to be limiting our members in that way.

And to this day, I've never heard that complaint come back up again. It made a change. And it was more than just one provider. It wasn't an isolated incident in our region. So it was really good feedback that we were able to kind of get ahead of right away.

Another just benefit-related thing that we would never have really considered in the plan was there was a benefit for wheelchair cushion. A new wheelchair cushion was covered, one wheelchair cushion a year is just kind of the way the standard benefit was set up. We had several of our members in our stakeholders committee who would come in, and we were talking about what should we look at for benefit changes, and they brought up this idea of wheelchair cushions.

It really didn't seem like a big deal, but what they were saying is if you're in a wheelchair, chances are you go through more than one wheelchair cushion a year. Anything can happen at any point. You can spill on it. It can become torn or whatever. And we had examples of, they were saying, members out there who because their year wasn't up yet, they were using a towel or a pillow as a cushion.

And really, a wheelchair cushion is a very inexpensive benefit to provide, and so we opened up that benefit to say it's unlimited the number of wheelchair cushions that a member can have in a year, just because it's that important to make sure that they have those cushions if they need them.

Those are two examples off the top of my head here that I can think of.

Renée Markus Hodin: Well, those are great not only because they're both on benefit issues, but also in both of those cases those were issues that you weren't bringing to the stakeholder committee; they were bringing them to you. So it just shows a little bit of how, going back to your agenda discussion earlier, how it's a combination of issues that you're bringing to them because you want their feedback on it, but also receiving feedback. Thank you.

Let's turn to Tina and hear a couple of examples, perhaps, from First Choice VIP about an impact of working with the committee.

Tina Davis: Sure. The first example is also benefits related. During the time of the year when the plan was considering additional benefits that we could offer our members, we asked our First Choice MAC members which benefits they would like to see added to the benefit package, and they offered several benefits, all the way up to aquatherapy. But they felt that we should really

consider the vision benefit, and they ultimately decided to suggest that as the one benefit that they'd like to see added.

As a result, First Choice did add the vision benefit in 2017. We were really thankful for their feedback for that.

And another example is when we're trying to figure out how to get members more involved with their care and their health care goals, we took that also to the meeting, and we had a specific discussion about this. We asked them if they could identify their care team or members of their care team, and some did, some didn't.

So they came up with the idea that we create a large care plan type of refrigerator magnet. This is a pocket magnet that members can stick on the front or the side of their refrigerator, and it will contain their care plan, also their care team contact information and any other important papers. And it's also an easy reach for them. And then when someone from the care team would visit the member, they could provide updates and notes on the care plan and any other documents that they have.

This has been a great tool for the members as well as our care team, so we're particularly proud of this joint project with the MAC.

Renée Markus Hodin: Thank you. That was a nice contrast of topics. On the one hand, a significant benefit; on the other hand, something that's very, very practical that also helps the members in concrete ways to engage with their care team. I appreciate those two examples as well.

I'm going to go back and actually ask you, Tina, to continue. We've talked a lot about, in your case, the MAC, the Member Advisory Council, but are there other strategies that First Choice VIP uses to gather feedback from members about, again, policies, benefits, procedures, etc.?

Tina Davis: Sure. We recently had caregiver focus groups, which was very helpful. We had them in two regions of the state, and we invited all the caregivers from our members and also from the community that we were able to identify, and we had great sessions on caregiver support and what we as an organization could do more for that.

We really do hold caregivers in high regard. All of our population is older, so it was important for us to get those questions answered and address those issues.

Another strategy that we use is we also have started holding new member orientations, and we're getting a lot of feedback because we were kind of giving them a whole orientation on the benefits, the services, what the care team does, and they've given us some great feedback on that. And by the way, the idea to hold a member orientation came from our MAC meeting as part of our discussion. We [inaudible] had a meeting about member retention strategies.

Also, a couple of the members have done some member testimonial videos. This was their ideas. They thought that if our new members could see someone that looks like them and was also on

the plan as well, they could share some of their experiences, and that might help with our retention strategies.

So those were just some other examples where we were able to gather feedback. Also, we get feedback from our call center as well, in collaboration meetings with the community and also our case management staff. We're looking at all four corners of the world.

Renée Markus Hodin: Right. I was really struck by the new-member orientation example or procedure that you use, as you usually think of orientation as you are imparting information to new members, but what you're saying is you're actually getting feedback in the other direction that helps to inform what you're doing. That was very interesting.

Let's turn to you, Matt. Let's hear a little bit about the ways aside from the stakeholder group in which you gather feedback from other members.

Matt Magnuson: We're very similar to what was just stated, really opened up to all those things. We use the call center. We use case managers. We have regular public health human services meetings with our 12 county public health human services directors on a monthly basis and find out what's going on in their communities. They've been really helpful in that area to see what else we can do, where do members need help in one area or another.

I think the big thing, when you start to think about how to get feedback in other ways, is just any chance that somebody has to interact with a member is a chance for that feedback to come in, and you just kind of need to be open to all those opportunities. You just never know which avenue it's going to come through.

We've done things like focus groups. If we have a specific task or something we want to look at or get feedback from members outside the stakeholder committee regularly scheduled meeting, we'll hold a member focus group and really get into looking at a topic and trying to get that feedback.

So just kind of a variety of ways. You really don't want to limit yourself to just having the stakeholder group as the only way of doing it.

Renée Markus Hodin: That's terrific. It's a very good point because not everybody is interested or able to be in that sort of setting, contributing in that sort of setting, and so the fact that you take information, as Tina said, from the four corners and whenever you can encounter them, as Matt said, that sounds great.

We're just going to do one final question before we turn to questions from our audience, and I do see that questions are starting to pop up. Just to the participants, feel free while we're finishing the last part of this conversation to type in questions in the question-and-answer box.

Again, back to Matt and Tina, what's the one thing that you would say that you know now about working with an advisory committee or using these other approaches, as you just described, that you would want other plans or consumer advisory bodies to know? Matt, let's continue with you.

Matt Magnuson: Yeah, I think the one thing would be making sure that it's an interactive experience for the members. You don't want it to be the plan just presenting all the infrastructure up in front. You want to make it interactive. You want to have it be a place where the members can be comfortable telling you the bad and the good that's going on out there. If they don't tell you about the bad things that are going on, you're never going to be able to fix them.

Renée Markus Hodin: The good, the bad and the ugly, right. Okay, Tina, how about you? What would you want others to know that maybe you didn't know to begin with and you've learned along the way?

Tina Davis: Sure. In addition to what Matt said, I think it's really important that we make members feel welcome by providing a really warm atmosphere. It maybe sounds like that should come naturally, but not always. And they're more likely to engage if they feel valued and welcome in that space. And encourage members when they share information. And always, always, follow up with the status on any of the topics that were discussed. It will really lend credibility to your committee.

Renée Markus Hodin: I like the comment about warm atmosphere. I remember from our last webinar somebody else had talked about it's actually fun, and so people want to come. And again, feeling as though they're making a difference and seeing that difference. I think I heard those reflected in what you both said.

But I want to give the last words during this conversation to Elizabeth and to Gwen. You guys have been serving on your different advisory bodies for some time now. What would you want other plans or other committees to know, or even other consumers that might be sitting on these committees? Let's start first with you, Gwen.

Gwen Jackson: It's my belief that the teams offer that continuity because everything is so transparent. When we have some of these meetings, you can see other—the three places, you can see people in those other places. We're all on there together. And it really makes a difference between nothing is overlooked.

And the biggest emphasis I've seen, again, because of the way they do this team type of case management, is that our members are wrapped into feeling as though they genuinely matter, that their health or their wellbeing is the maximum concern. And even though I know that their teams, they go and have more than one or two members, they don't know that because they put so much energy into making sure that one participant feels like they are the only one they're concerned about at that moment. And that has made a big difference. That's one of the reasons why I think VIP maintains or retains their member services because people are happy with them. They know that they can call them at any time.

Renée Markus Hodin: Right. So, members in general but then also, as you mentioned to start with, the continuity, continuous feedback loop and the transparency, that seems to stand out for you as part of the MAC. So, thank you.

Elizabeth, you get the actual final word on what you'd want others to know.

Elizabeth Haskins: Well, I guess the biggest thing for me, and this is for anything in life, is if you're going to be a part of something or if you're going to be walking through to your own destiny, you need to take ownership of it. It's really important if you're involved in, say, PrimeWest or First Choice or whatever organization you're involved with, the only way to really have input and to take ownership is to participate. Participation is a key factor in any organization, and it helps take ownership and helps form the company and the route that the company is going to go, and benefit for everybody.

Renée Markus Hodin: Thank you for that. Very wise words to end on. I really appreciate it. And thank you, all, Tina and Charmal and Gwen and Matt and Elizabeth, for the conversation. I hope our participants drew a lot out of both the explicit advice you offered but also the examples of impact. I think those you can learn a lot from.

We're actually going to shift gears now, as I mentioned earlier, and instead of just me asking questions, we're going to start taking questions from participants. As I said before, I've been seeing more questions come in. As we proceed, we will get to those, and I encourage you all to keep putting them in there.

But before we do that today, we wanted to get a sense from all of you in the audience about how what you've heard so far is resonating. So what I'm going to do is post two very specific questions and ask the folks in the audience to provide answers using that Q&A box on the left-hand side of your screen. Some of you have already been using it for the questions you want to ask, but I'm going to ask you to use it as well for our first question.

And that first question is: How do you ensure that feedback gathered from member advisory committees or through other means of obtaining member feedback reaches key stakeholders within your plan or your organization?

So again, if you'll just take a moment or two to put your answer to that question into the Q&A box on the left-hand side of your screen. I will sort out the responses from the questions that I know our team at Lewin is gathering for our next session.

So again, how do you ensure that feedback in your own world is gathered and reaches the key stakeholders?

Okay, so here we've got some answers coming in. Someone talked about keeping minutes and then reviewing with leadership; it will also come up again in the next meeting. As was mentioned by our presenters, so that seems to be a common one.

Here's something that's interesting. "We prepare dashboards to visualize results and feedback." That's very interesting. Another way of presenting, I'm guessing, perhaps, both to folks in the plan as well as back to the members of the committee.

Somebody talked about, "We create a report after every meeting that's presented to the executive leadership team and the board of trustees." Again, another way of engaging senior leadership.

Somebody talked about—let's see. Somebody wrote in to say that, "We complete a full summary report following each round of quarterly meetings, and we also individually share relevant information to specific stakeholders." So I guess that means if something around quality was discussed, they'll go to the quality folks in the plan. They also have, "A full video and written transcripts of meetings are also made available to our entire organization," so that's a good supplement to what we talked about before with the two plans on our call today about having leadership see things and hear things firsthand. That's an innovative way of doing it as well.

There's a lot coming in here. I'll read one more because I know we do have one more question we want to get to. Somebody talked about an end-of-year outcome report. I like that. That's a good way of building on the dashboard idea that somebody else mentioned.

Boy, there's a lot coming in, and we are going to gather all this, but I do need to move on to our second question, which is: Of the strategies that you've heard today, what strategies for addressing member feedback would you like to try at your plan? So, you've heard what people are using out in their organizations and their plans, and is there anything you've heard today that might be new that you want to try? Again, you can put your response into the Q&A box that's on the left-hand side of your screen.

I'm going to go to the answers and read off a few. We've got somebody liked the breakout discussions. That was from First Choice. That was a way of getting other people engaged who maybe weren't engaged in the large conversation. Someone said they liked the focus groups. I'm not sure if that was the general focus groups or that was also speaking to the breakout sessions, which could be construed as focus groups as well.

A couple people, actually, like the "Ask the Doctor" card and the care planning and the team card—I think that was the refrigerator magnet. So, some very specific things to take away from this.

Someone talked about, "I would like to take successes from the meetings and putting in a mailer to generate more interest in joining." Oh, I love that. That's a great connection between impact and recruitment. People do like to know that what they're doing matters and is worth their time, as I said earlier.

People liked the booklet to help people prepare for emergencies and the magnet as well. Another vote for that.

Member-to-member testimonials. Tina mentioned that earlier briefly, another idea that came from the committee.

So it sounds like people took away both some process ideas as well as maybe some substantive ideas that they could take to their own plans or their own organizations.

Again, just like the first question, there's many more things that are coming in, and we will be accounting for all of those, but I wanted to take a moment to thank you all for your responses. It's really been terrific to hear what you're learning and what you want to take up.

I'm going to at this point turn the program back over to Alana, who's going to moderate the Q&A section, the questions that you guys were putting in along the way. They've been taking those and putting them together, and I'll turn it back over to you, Alana.

Alana Nur: All right. Thank you so much, Renée, and thank you, Tina, Charmal, Gwen, Elizabeth and Matt, for such an engaging panel discussion and for your presentations.

We now do have a few minutes, like Renée mentioned, for questions from the audience. Thank you for everyone who's submitted questions so far. If you have additional questions, please continue to submit them using the Q&A feature. That's the same one in the lower left of the presentation platform that you just used for that discussion. If you just your comment in and press Submit, we will go through those and ask as many as we can get to.

I'll get started with Matt, Tina and Charmal, a question for both of you. Since both of your plans have committees that in your meetings you include both community stakeholders as well as members, what are some of the steps that you take to make sure that the members' voice doesn't get overshadowed or not given enough time by community stakeholder participation? Matt, maybe we'll start with you?

Matt Magnuson: Sure. Yeah, I think first of all, it's clear to everybody that's attending that our member stakeholders committee is focused on the members first. Our stakeholders are there and they do provide valuable feedback, but it is a member committee first. There's other provider committees and things like that that are theirs, and so this one really is focused on members right out of the gate.

And then, in every agenda that we have, we always make sure that there's that interactive member part where we'll go around and make sure that we—in some meetings, we almost force each member to say something so that they know it's their meeting and recognize it's their meeting. That goes back to keeping it interactive for the members and not just presenting.

Alana Nur: Thanks, Matt. Tina or Charmal, any thoughts from you on how to make sure the members' voices have enough space in the meeting?

Tina Davis: Sure, I can go. Yeah, we noticed in our first-year meetings that we were not hearing from our plan members during the discussion at the level that we would have liked. We looked at our roles and realized that we had as many committee stakeholders and plan associates on the account as we had plan members, so to remedy that, we just went on a campaign to recruit more members and caregivers to the meeting, and we also slimmed down on how many of our staff came to the meeting. Although they weren't MAC members, they enjoyed the whole meeting process, so some of the associates would just come in and sit, but we stopped doing that.

And this has really made a difference between we believe that the members feel that they are the focal point at our meeting, and as a result, we're really enjoying more meaningful engagement with the group.

Alana Nur: Thank you, Tina. Tina, I'm going to stick with you and ask you about the breakout discussions because it seemed like there was some interest among the participants in maybe implementing some of that. Do you have any recommendations for how to facilitate those breakout discussions or make them run well or help them be successful?

Tina Davis: Sure. I think the main thing would be to make sure that you have a representative from either leadership or from the MAC council to be there to help facilitate the discussion. Organically it really becomes a lot of fun because somehow it turned into a competition so that when we all get back on the phone again all together, they assign one person to read off what the results were of their conversation, and we kind of laugh together at it because we see who had the best results out of the breakout discussion.

So I would just make sure that there was someone there to facilitate the discussion and appoint someone to read off what the results are when you come back together.

Alana Nur: Thank you, Tina. Tina, you mentioned about the importance of making sure that members feel welcome to participate, and, Matt, you've talked about making sure that the meetings are interactive. I wonder if we could turn to Elizabeth, and, Gwen, I'd love you to weigh in as well. What are some of the things that have been helpful for you to make you feel welcome or make you feel comfortable speaking up? Maybe, Elizabeth, we could start with you?

Elizabeth Haskins: Well, I don't really have a problem talking, but one of the things that really helps is going around the room and giving introductions. And also just being able to share what's really on our hearts, and if we are having a problem, there's an openness and an open feeling that we're in a safe environment that we can do it.

Alana Nur: Thanks, Elizabeth. Gwen, any thoughts from you on things that you've seen work well or for you yourself in terms of feeling comfortable speaking up during meetings?

Gwen Jackson: I think the way those who are spearheading the meeting, they make you, the participants coming in, feel very relaxed. It's not formal. They can wear jeans. They can wear whatever they want. Come in and sit back and enjoy. They make it more like a rap session. They just want people to share some of the things that they have experienced.

And they really are hilarious meetings sometimes because people break the monotony by telling jokes or just trying to make sure everybody knows we're here to just have an open dialogue. And it works out really well because they're relaxed. It doesn't matter what they want to discuss, they are able to redirect if it goes in the wrong direction or what have you.

But they know that they're welcome to come in and just share whatever's going on with them. So it can't be formal. Don't bring any—we have people coming in in hats like they're coming to a

real business meeting, and that works out really great. And then you have those who are just coming just because they know that's what their role is.

And helping them to understand that everything they share is important, that no matter how trivial it might seem to one, it's important to VIP. So that works out really good.

Alana Nur: Thanks, Gwen. Yes, that sounds very important to emphasize. Matt, I want to turn to you. Something you said earlier in your presentation, you mentioned that you found that you had better meetings when you combined all of your programs, all six of your programs, into a combined meeting. Can you say a little bit about what you found that was helpful about combining programs into one meeting?

Matt Magnuson: Yeah, it just seemed like when we had them all separated, we were really getting stuck in specific topics. And so, once we had a broader membership group, they started to bring up other ideas, and then they realized how much they actually had in common, even across programs and ages. We could have a mom in there who's 20 years old with a child, talking to somebody next to one of our senior members and starting to talk about seeing a local doctor and the experience they had, and realized they were on the same page.

And it really just kind of helped us to focus on our entire population rather than trying to keep everybody separate and thinking about one program for seniors and one program for people with disabilities and one program for our children and family members. It really just got to be like these are all of our members and really put it more into that community perspective.

Alana Nur: Thanks, Matt. Let's see. Tina, we had a question come in around your new member orientation. Avery from Oregon mentioned struggling to get attendance at new member orientations and that they have multiple locations and always receive positive feedback, but what are some of the strategies that you've used to encourage attendance at your new member orientation

Tina Davis: Well, the first thing is that we give them a $15 gift card for attending. That is one way that we incentivize our folks to come out and hear more about it. We send them an invitation that explains what is going to be happening, and it's a big welcome to our plan invitation, really friendly and warm. And then, our member services team as well as my community relations coordinator calls on members directly and invites them to the meeting and lets them know what to expect. I believe that those are some of the things that help get more attendance to these meetings.

And then we look at where we're getting our new membership from. Is there a specific county? And initially, we had them in the morning, maybe around 10:00, I believe it was, and then we scheduled to have a second one in the evening. And that was just trial and error because we didn't get a lot of feedback or RSVPs for the evening session, so we cut that one out and just started doing them during the day in different counties where we were receiving new membership on our rolls.

Alana Nur: Great. Thank you, Tina. Elizabeth, I'm going to turn back to you now. You shared an example about the changes around opioid medication coverage as one example of an agenda item where there was some helpful discussion. Are there other agenda items that you've found very interactive, personally engaging or engaging to other members from any of the meetings you've attended?

Elizabeth Haskins: Well, one of them was working around our website, which Matt had talked about. But also, discussing different things that are available through dentistry. And also, geriatric patients need a lot of vitamins, and so one time we had a discussion about what we could do with vitamins and getting coverage on that. And different programs like that.

People interacted with it that were in the room, and others had experienced other situations along the way with their meds or with prescriptions, whether it be glasses or equipment, and it prompted a lot of discussion because there was a range wide of people. There were some like myself, I'm partially disabled, and there were other people that were disabled, and then there were people that didn't have much of a disability.

And so, just getting the interaction that you're not alone in this journey, that there are other people in the same boat going through the same things that you go through.

I hope that helped.

Alana Nur: Yes. Thank you, Elizabeth. Appreciate all of that. Matt and Tina or Charmal, I wanted to ask you a little bit about maybe some of the training that you might provide to some of your members participating. You've mentioned a number of different areas where you've gathered really helpful feedback that has impacted both the plan and members' experiences as well. Do you provide any particular training or onboarding or orientation that might help ensure that you're getting feedback that's most helpful? Maybe, Matt, I'll start with you?

Matt Magnuson: Did you say you'll start with Matt?

Alana Nur: Yes, please.

Matt Magnuson: Yeah, when we have new members come in, we try to walk through who is PrimeWest and go through all of our departments that we have here and really explain some of the people that are sitting in the room so they realize how important it is. Also, Elizabeth had talked about we always do introductions at every meeting so that everybody knows who's in the room. Because we'll have some members who are there for three years and other members who come to one meeting, and so we really want to spend some time with them when they're there.

We have our contact center specialists and coordinators who attend the meeting, too. That would be like our member services department. And usually they'll go and sit by the new member and make sure that they are following the agenda, that they have the agenda, they have all the paperwork they need for their reimbursement if they drove there and things like that, and just kind of assist them through that first meeting.

So it's not really a formal process. It's more kind of on-demand as we see new members coming into these meetings or know there's a new member coming, we'll make sure they have some resources available at that meeting.

Elizabeth Haskins: Can I add something to that? This is Elizabeth. I never even thought of it until I was just sitting here. One of the unique parts about this is I have met people at these meetings, at the stakeholders meetings, and then you get out in the country, and all of a sudden, you have an outside connection with these people, too, because you're sitting on a committee with them. And you at least can acknowledge them and know who they are. So it's dispersing the community outside of just the stakeholders meeting.

Alana Nur: Thank you, Matt. And thank you, Elizabeth, for adding that as well. That was actually one of the questions I was going to turn to you later on, so thank you. Tina or Charmal, anything from either of you on some maybe training or onboarding orientation?

Charmal Hill: This is Charmal. I can take this one. We do have an annual orientation that we run. It's a full orientation that we run once a year. It's usually during our first-quarter meeting. But we do have new members that come in throughout the year, and we do have a mini-orientation. Our first 30 minutes of each meeting is usually gathering orientation and lunch, so prior to the actual start of the meeting, if we have new members coming in, we do a mini-orientation and go over I would say the stuff they really need to know: the focus or purpose of the MAC, the responsibilities of the MAC and privacy issues of the MAC.

So, we do have one big annual one to refresh our members who are on there throughout the year, and we have little mini-orientations for new members coming on throughout the year.

Alana Nur: Thank you, Charmal. So, Matt, and then this can go to Tina or Charmal as well, too, you've both shared some great examples of ways that you've implemented some of the feedback that your councils have provided and you've led to changes in benefits. Maybe, Tina or Charmal, I'll start with either of you. You mentioned your vision benefit that you implemented based on MAC feedback. Can you talk a little bit about the timeline from when the initial feedback was brought up during the council meeting to when that vision benefit was implemented? Approximately is fine. Either Tina or Charmal.

Tina Davis: You want to take this one, Charmal?

Charmal Hill: Oh, I can. We only change—we have a certain amount of time a year that we can change our benefits. The vision was talked about I believe in the third quarter of 2016, and it was implemented in 2018. It's only because we only have a certain amount of time to implement those benefit changes.

Tina Davis: Charmal, just one correction with that. It was implemented in 2017, I believe.

Charmal Hill: Thank you, Tina.

Tina Davis: You're welcome.

Alana Nur: Great. So it sounds like you were really able to turn it around even with that limited timeframe. That's wonderful. Matt, I'll turn to you and ask the same kind of question to you around the wheelchair cushion benefit. Any sense about the timeline for when this issue was brought up to when you made the changes to the replacement wheelchair cushions?

Matt Magnuson: Yeah, the timing on that specific one happened to line right up with when we were getting ready and knew we could make plan changes, and so it was the end of—that would have been 2008, and beginning of 2009 was when we implemented it, that specific benefit, the wheelchair cushions. It was right when we were adding a new program into our plan.

And then any of the other changes we've made, like things like the website we talked about earlier, some of them are almost within weeks of them notifying. It really depends on what the issue is. When it's a plan or benefit change, there's certain regulatory rules you have to follow of when those can be implemented, and so you have to wait for timing on that stuff. And some of them have to be included in bids and things like that. And other things—member letters we talked about—can be implemented right away. Changes to our website can be implemented right away.

It really just depends on what the issue is to how long it's going to take to implement.

Alana Nur: Thanks, Matt. That makes a lot of sense. Okay, I think we have time for one more question. We had a couple of comments from folks whose plans were just getting started and maybe didn't have a committee yet, and a question on advice for a very first committee meeting. I'd love to get your thoughts, and, Matt, maybe we can start with you. Any thoughts on some topics that you really recommend for a first committee meeting when folks are just getting started with the council? Any topics that you think would be a good option or important to include?

Matt Magnuson: Yeah, I think one of the things would be going through some of the member materials that you have. It can just be an easy task to walk through your first committee meetings, and really listen to their feedback and see are the materials coming across the way you anticipated them coming across? Are they easy for members to use? It's really an easy thing for members to provide feedback on. You can set it up like a quiz thing, and it can have an impact right away. And those are things that you can typically make changes to and show them by the time you get to your next meeting the changes and things you're going to implement.

Instead of taking on a larger task like a benefit-related question that you know you're going to have to have time to overcome, it's a way to get that feedback right away, make a change and be able to show the committee by the next meeting that you've found something that they provided you as valuable and made some suggested changes.

Alana Nur: Great. Thank you, Matt. Tina or Charmal, any thoughts from you?

Tina Davis: Our first meeting, the very first meeting is the orientation, which pretty much takes up the full agenda because we go through the communication protocol and government

relationships and things like that. But also part of that orientation is our revolving action plan, and we let them know what are the main topics that will need to be integrated with other topics throughout the meeting, so it gives them a chance to start to think about, all right, how do I feel about this or what is the type of feedback that I want to give on this specific topic.

We give them what we call a revolving action plan just to familiarize themselves with some of the discussion topics that we'll be presenting to them throughout.

Alana Nur: Thank you, Tina. Wonderful. Well, thank you all so much. That wraps up our time for the Q&A today. If you have additional questions or comments, please email RIC@lewin.com.

The slides for today's presentation, a recording and a transcript will be available on the Resources for Integrated Care website shortly. For additional resources on engaging members in plan governance, please see the last slide of this presentation.

And if you missed the first two webinars of our Member Engagement and Plan Governance series, please visit the Resources for Integrated Care website to view the recordings as well.

And as a reminder, additional guidance about obtaining credits and accessing the links to the post-test can be found within the Continuing Education Credit Guide in the resource guide on the left-hand side of your screen or at the Resources for Integrated Care website.

Again, thank you all so much for joining us today. Please complete our brief evaluation of our webinar so that we can continue to deliver high-quality presentations. If you have any questions for us, please email us at RIC@lewin.com

Thanks again to all of our speakers. Have a wonderful afternoon, and thank you so much for your participation.