



Encouraging Member Participation in Governance: Spotlight on Innovative Stipends and Incentives

Engaging members and their caregivers in plan governance – through strategies such as member advisory councils and board representation – helps health plans understand and address member concerns and barriers to high-quality, coordinated care. Many health plans serving individuals dually eligible for Medicare and Medicaid support and encourage member participation in governance with stipends or incentives. Plans use a range of approaches, including stipends via cash or cash-equivalents, such as Visa gift cards; store credits or gift cards for local stores or national chains; or meals or snacks during in-person meetings.

This spotlight highlights innovative approaches to stipends and incentives shared by UCare and SCAN Health Plan during the [2020 Resources for Integrated Care Community of Practice](#) on member engagement in plan governance.

As plans consider their approach to stipends and incentives, they should note any state requirements that may limit the types or amount of stipends or incentives they can offer to members. In addition, plans should be aware of the impact these gifts can have on members' Supplemental Security Income eligibility (see [Additional Resources](#)).

Culturally-Relevant Incentives: Spotlight on UCare

Incentives work best when they match members' preferences and interests. To support diverse representation in member participation in plan governance, plans may consider ways to offer culturally relevant and specific incentives.

UCare, a Minneapolis-based health plan serving more than 500,000 members across Minnesota and western Wisconsin, enrolls dually eligible members through the Minnesota Senior Health Options (MSHO) demonstration. UCare's dually eligible membership includes significant enrollment by members of Minnesota's Latino, Somali, and Hmong communities, and the plan seeks representation of each of these communities on their advisory committees. UCare initially provided all members with Target gift cards to acknowledge their participation in various meetings and offered cookies and fruit as meeting snacks. While they were able to recruit Hmong members to join an advisory committee – and members appeared to appreciate the gift cards – the plan struggled to foster robust discussions and gain actionable insights from Hmong participants. While traveling to an upcoming meeting, a Hmong staff member suggested stopping at a local Hmong grocery store to



purchase incentives from a store where many Hmong members shop. Although the store does not sell gift cards or take credit cards, UCare arranged to provide store credit for meeting attendees; staff also purchased a persimmon and a bag of rice for each member. At this first meeting with these culturally relevant incentives, the members responded warmly to the plan's efforts to recognize their preferences, and that connection prompted more open and honest feedback. UCare now provides Hmong meeting attendees with a thank-you certificate indicating the amount of credit and the store address, while giving the store a list of certificate holders and a check to cover the value of all certificates. UCare has also engaged Latino and Somali community members, as well as local senior centers, to learn which incentives may be more meaningful for members from those communities.

Consulting and Compensating Community Partners: Spotlight on SCAN Health Plan

Community partners have valuable information on community needs, and many health plans seek feedback from these organizations. Sixty-two percent of responding Medicare-Medicaid plans, for example, indicated that they include representatives from social service organizations and faith-based groups in their advisory councils in a recent survey.¹ Examples of community partners include adult day centers, assisted living communities, local housing commissions, Area Agencies on Aging, cultural or advocacy organizations, or plans that contract with the state for specific services, among others.

SCAN Health Plan, which serves 215,000 members in selected California counties, engages multiple CBOs in a separate advisory committee—their Community-Based Organization Advisory Committee (CBO AC). SCAN uses this venue to learn more about the CBOs, the services they offer, and how they operate. SCAN also turns to the CBO AC to explore issues the CBOs see affecting plan members and other older adults they serve and to consult with CBOs on plan initiatives. For example, SCAN convened a CBO AC meeting on housing and homelessness to vet their case management program design with CBOs working on these issues. The CBOs helped SCAN design a two-way referral process, identify appropriate local partners, and address operational and design gaps before the program launched.

SCAN Health Plan offers community partners and stakeholders several options for compensation for participation in the CBO AC:

- **Individual Compensation:** If the community partner participant has to take time off from work in order to participate in the meeting, the plan offers compensation to the individual.
- **Organization Compensation:** If the community partner participant is attending on their company's time, the plan offers compensation to the participant's organization.
- **Option to Decline Compensation:** The plan also gives community partner participants the option to decline any compensation for their participation in committee meetings.

¹ Isaacson, R et. al. (2019). "The Biggest Value is Getting the Voice of the Member" *An Exploration of Consumer Advisory Councils within Medicare-Medicaid Plans Participating in the Financial Alignment Initiative*. Center on Consumer Engagement in Health Innovation. Retrieved from , <https://www.healthinnovation.org/resources/publications/an-exploration-of-consumer-advisory-councils-within-medicare-medicoid-plans>

Additional Resources

The following resources provide additional information for health plans looking to offer stipends or incentives to members engaged in plan governance.

📄 [Social Security Administration Guidance](#)

This guidance from the Social Security Administration provides definitions and limitations for income eligibility for people receiving Supplemental Security Income.

📄 [MMCO Guidance on Stipends or Non-Monetary Incentives for Medicare-Medicaid Plan \(MMP\) Advisory Committee Members](#)

This document clarifies guidance for MMPs regarding stipends and non-monetary incentives for enrollees who are members of MMP advisory committees.

▶ [Engaging Members in Plan Governance During COVID: A Panel Discussion \(2020\)](#)

This Resources for Integrated Care webinar features promising practices from three health plans for staying connected to member advisors and supporting their continued involvement during COVID-19.

▶ [Member Engagement In Plan Governance Webinar Series \(2019\)](#)

The Member Engagement in Plan Governance Webinar series from Resources for Integrated Care is designed to help health plans engage members in plan governance. It includes guidance for health plans on recruiting members and supporting their participation, as well as gathering and using member feedback.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help 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. This spotlight is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to www.resourcesforintegratedcare.com. The list of resources in this guide is not exhaustive. Please submit feedback to RIC@lewin.com