Resources for Integrated Care
Best Practices for Implementing Enrollee Advisory Committees
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Kristin Corcoran

Thank you, and welcome everyone to the webinar *Best Practices for Implementing Enrollee Advisory Committees*. My name is Kristin Corcoran, and I'm with the Lewin Group. Today's session will include presentations, a panel discussion, and a live question and answer session with speakers and participants.

This session will be recorded, and we will be posting a video recording along with today's slides at resourcesforintegratedcare.com.

This webinar is supported through the Medicare Medicaid Coordination Office or MMCO in the Centers for Medicare & Medicaid Services, CMS, 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.

To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical systems and actionable tools based on successful innovation and care models, such as this webinar. To learn more about current efforts and resources, please visit our website www.resourcesforintegratedcare.com, or follow us on Twitter for more details at @Integrate_Care. You will also find us on LinkedIn at linkedin.com/company/resourcesforintegratedcare.

At this time, we'd like to ask you to complete the following poll to see who's on the line. So, please enter the following poll that shows which professional area you identify with. So, we have Health Plan Case Manager/Care Coordinator, Health Plan Customer Service, Health Plan Administration/management, medicine, nursing, Physician Assistant or other provider, pharmacy, social work, or advocacy. We'll give attendees a moment to select their responses.

All right, so it looks like we have 68% that identify with Health Plan Administration or management and 16% with Health Plan Case Manager/Care Coordinator followed by 6% of advocacy and tied with 3.4% for Health Plan and customer service and social work.

And in which care setting do you work? The options are health plan, ambulatory care setting, long term care facility, homecare agency, community-based organization, consumer organization and academic plus research or other. All right, so 91% of attendees are in a health plan setting followed by 4.5% and a community-based organization and 4.5% with other.

So, at this time, I'd like to introduce our presenters for today. We have Lola Akintobi who is a Consumer and Community Engagement Consultant at the Center for Consumer Engagement in Health Innovation at Community Catalyst. And we also have MaCayla Arsenault, a Project Manager at Central Oregon Health Council.

We also have Robyn Rohr, the Manager of Enterprise Consumer Experience at CareSource. Heather Reynolds who's an Insight Lead of Consumer Experience at CareSource. And Walt Malick, a consumer at CareSource.

So, as a result of attending the webinar, you'll be able to identify the advisory committee requirements in accordance with the calendar year 2023 Medicare Advantage Final Rule; Recognize the benefits of engaging enrollees and caregivers in designing, participating, and assessing their care systems; Identify strategies and promising practices for bringing enrollees' voices and perspectives into plan governance; and identify how to connect and engage diverse populations or minority and underserved communities.

And here we have the outline for today's event. Following our introductions, we'll hear a presentation on Enrollee Advisory Committee requirements from Lola Akintobi from Community Catalyst, excuse me. This will be followed by a presentation from MaCayla Arsenault, who will share Central Oregon Health Council's experience with Enrollee Advisory Committees. We will have another presentation from Robyn Rohr and Heather Reynolds who will share EAC perspectives from CareSource. And we'll also hear from Walt Malick who will share his perspectives on EACs from a consumer lens.

Then we will have a panel discussion with the presenters and open up Q&A with presenters. So, if you have questions as you listen to the presentations, please type those into the Q&A box as we go. And we'll close out with a resource overview and evaluation.

So now I am pleased to introduce our first speaker, Lola Akintobi who is a Consumer and Community Engagement Consultant at the Center for Consumer Engagement in Health Innovation at Community Catalyst. Lola?

Lola Akintobi

Hello, it is a pleasure to be speaking with you today. So, I will walk us through the Enrollee Advisory Committee requirements, as well as the benefits of an EAC and thinking through health equity. Next slide.

So, starting in 2023, all D-SNPs must establish and maintain at least one Enrollee Advisory Committee for each state in which the D-SNP is offered. So, the minimum is one in each state, but it is possible to maintain more than one if that is desired in each state.

The EAC must include a reasonable representative sample of individuals that are enrolled in the D-SNP. They must use EACs to solicit input on ways to improve access to covered services, coordination of services, and health equity for underserved enrollee population. And in a future slide we'll talk a little bit more about the benefits of that.

EAC meeting operations are at the discretion of the D-SNP. So, things like Advisory Committee size, meeting frequency and meeting format, whether they are virtual or in person are at the discretion of the D-SNP. And in certain circumstances, plans can meet the new D-SNP EAC requirements and the Medicaid managed care requirements via a

single committee. States can require more prescriptive EAC for D-SNPs and their states via the State Medicaid Agency Contracts can do so. So, it is up to each state if they would like to be more prescriptive within their EACs. And so, the requirements build on existing Advisory Committee requirements for Medicare Medicaid plans, Medicaid MLTSS plans, and PACE organizations. Next slide.

So, when we think about enrollees, and gaining their feedback, it is really important to start with us saying that our health system is stronger when we are listening to the people that we serve. So, their feedback, their experiences can only make our health systems stronger. And so, it's really important to gather that feedback through the EACs. So federal rules require EACs for Medicaid managed care plans that cover Medicaid long-term services and supports LTSS, and for PACE organizations.

CMS applies similar requirements for financial alignment initiative demonstration MMPs. And starting in 2003, all D-SNPs will also be required to consult with EACs on various issues. So, this is where you are talking to enrollees about how to improve health equity for underserved populations, and really understanding what is focal for them. What is important in the communities in which they live in? What are the things that are affecting their health when it comes to social determinants of health. Next slide.

And so, when we look at the benefits of an Enrollee Advisory Committee, there are several. The first being that it ensures plan decisions represent the diversity of a plan’s membership. So instead of having a one size fits all approach, you can really understand what are the different needs of different community members, of different enrollees. What are the things that are more focal for them? If we are looking at advisory committees, and we only say that each Advisory Committee will operate in the same ways, we miss out on what is needed from the diversity of its members. So, this gives us the opportunity to develop agendas, overcome physical, financial, and language barriers when we invite enrollees to help us create the meeting.

The EACs will help us build trust with the membership and build rapport with them. It increases plan enrollment and participation by conducting telephone outreach. It also helps us to empower enrollees as active contributors and co-designers of programs and policies. So, a great place to have enrollees be involved, is creating the agendas for the meetings that they'll be in. Giving feedback around what they need. And in each meeting, what are the accommodations that will allow more enrollees to be part of the EAC.

Programs and policies should make sense for enrollees. And we get to this when we get their feedback, it helps us improve those programs and policies. Another benefit is that we are able to receive and act on direct feedback to inform the plan decision. And finally, we can identify and proactively resolve emerging issues, meet the needs and preferences of plan members and address health equity barriers. Through their involvement, they can discuss new needs and trends that are happening with their healthcare and within the health care system. Anecdotal data can help plans stay ahead of the curve and so that feedback is greatly needed and will be greatly used. Next slide.

So, the Disparities Impact Statement is a tool that can be used by all healthcare stakeholders, and achieve health equity for racial and ethnic minorities, people with disabilities, sexual and gender minorities, and individuals with limited English proficiency or health literacy as well as rural populations.

Examples of disparities are health status, disease prevention, mortality rates, ER visits for avoidable use. These are disparities that many enrollees are going to be highlighting within their involvement in the EAP. Health plans can use the DHS to guide EAC discussion on health equity and develop a quality improvement plan to address the disparity. The beauty of the quality improvement plan is that it highlights different rates of access, use, and outcomes that are monitored to determine progress in addressing health disparities and need for corrective activities. So, this is where you can really evaluate what are the health disparities that have been mentioned by enrollees? And what are the things that have been done so far? And what are the things that can be done in the future to address the health disparities? Next slide, please.

So, an example of a health plan that has used a Disparities Impact Statement in previous advisory council work is the Health Net of West Michigan. They use the DHS for an advisory council and was successful within using it. So, the Disparities Impact Statement does three things. One, it creates a strategic focus on health disparities, and opportunities for promoting health equity. Two, it incorporates a health equity lens into EAC operations. And three, it uses a data informed quality improvement approach to address racial and ethnic disparities. There are five steps that are involved in the Disparities Impact Statement process. The first is that identifies health disparities and priority populations. Then, you go on to define your goals. After your goals are defined, you will then establish your EAC health equity priority. Once the health equity priorities are established, you then go on to determine what your EAC needs to implement its strategy. And finally, you monitor and evaluate your progress. Altogether this is the Disparities Impact Statement that you'll be able to use for future EAC work. Thank you very much. And that is the end of my slides.

Kristin Corcoran

Thank you, Lola. Links to the Final Rule Lola referenced and other resources are included on the resources slide at the end of the slide deck. We will have a time later in the webinar for questions for our presenters. But if you have a question, please type it into the Q&A box and we will pose as many of those questions as we can a bit later. It is now my pleasure to introduce our presenter MaCayla Arsenault, who is a project manager at the Central Oregon Health Council. MaCayla?

MaCayla Arsenault

Hello everyone and thank you for the introduction. My pronouns are she, her, and hers and one of my roles is to facilitate and support our Enrollee Advisory Committee. Next slide.

Starting off a little about the organization I work for. The Central Oregon Health Council is a community governance nonprofit, and we are dedicated to improving the health of the region and providing oversight of PacificSource Community Solutions. And they are our region's coordinated care organization, or CCO and they manage the Medicaid benefits in Central Oregon. As part of our contract with the CCO we facilitate and manage the required Community Advisory Council for Medicaid members, and they are our Enrollee Advisory Committee. Next slide.

I'd like to share with you a few best practices that we've found to create and implement an EAC. For creating, the first is to ensure that there's a clear meaning and purpose and that people know what they're signing up for. Having clearly defined roles and responsibilities is important. And this could be something like a Committee Charter, a job description for members as well as defined roles and responsibilities for committee chair and vice chairs.

And for implementing, it's important to develop a strong foundation by leveraging onboarding processes and checking in regularly with members. And you can do this by meeting with the members one on one to build relationships, share how the advisory committee works, answer questions and help them navigate the process for becoming a member.

Provide the new member with an orientation binder that contains current policies, procedures, charters, contact information, etc. So that they have this information at their fingertips. And you can also consider storing it visually somewhere they have access to it. Another great idea is to implement a buddy system so you can partner new members with more seasoned members if they'd like to discuss topics outside of the meeting or ask questions to appear, and this also helps build relationships. Next slide.

When you hold your meeting, ensure that it’s a welcoming and inclusive environment. Some members may not have the experience or comfort level operating within a formal meeting format, or institutional setting. Consider your meeting space and use more community friendly settings like libraries, senior centers, and other community-based organizations.

Have inclusive meeting practices. Try moving away from Robert's Rules of Order. Instead use a simpler voting procedure, you can still have discussions and vote without the formal motioning and seconding. This can be confusing and intimidating for some. Avoid terms like minutes. These can simply be called minute notes and ask for edits before they're approved and prioritize conversation and dialogue over PowerPoints. No one likes to be talked at and they're there for discussions, discussing issues and sharing their insights. Next slide.

Consider different ways to support your EAC members’ participation. It's important to ensure meetings and materials are easily accessible and understandable. For materials, consider using plain language. Avoid using acronyms and industry jargon. Your members may also need materials translated, the font enlarged, hard copies and so forth.

For meetings, again, try using diverse and individualized approaches based on your members' needs. Consider using closed captioning, providing transportation, and sharing ADA accessible meeting spaces, offering tech support. You can even put on a headset to project your voice for in person meetings, whatever your members may need. Next slide.

Other ways to support your EAC members' participation. Costs can sometimes be a barrier to participation like transportation, childcare, internet connectivity. Providing meals during meetings is especially beneficial if meetings are held during lunch breaks or other mealtimes.

One of the barriers that we found with some of our members. Some of our members had little access to internet during COVID. So, we got creative, checked out Wi-Fi enabled tablets to our members, scaled back the settings on those tablets, sat down with them and showed those members how to easily access the videoconferencing functions and meeting materials.

Adding support questions to your membership applications can help identify their needs for participation. For an example, we collect REALD data, and this was race, ethnicity, but it also includes language and disability. And we have this on our application in order to better support our members. And all these questions are optional. But we also include a simple question and we asked specifically how we can best support them. Our question on our application is, "we can provide transportation to CAC meetings, and this is our EAC and other accommodations such as language interpretation, do you need transportation, interpretation, or any special accommodation? If so, what?" Also, members' needs can change over time. So, this is where checking in regularly can help. Next slide, please.

Best practices for recruiting and retaining EAC members. When recruiting EAC members start with the why. Why is this work important? How does it connect to a larger picture? How does it impact them and their community? An oversimplified example is, you know, they as members get to collaborate on programs and policies, they can share about issues they're seeing and experiencing to be resolved within the system. And all this leads to better health and health care for everyone.

One of our strongest strategies we found for recruiting is with the help of trusted sources. And these can be your partners that serve the community like food pantries, Meals on Wheels, billing services. You can get your member support service reps to help if they have relationships with some of the members that are connected by strong health advocates, and fellow EAC members can also help recruit.

Think about customizing your recruitment material, change the language and imagery to reflect the demographic you're recruiting for. Add different messages that would resonate, you want them to know that they belong. Also including the list of EAC successes in our current projects, to give a better idea of the work that they'll be doing is helpful.

For retention, fostering social connection is important. For us, since our meetings are currently held online, we take 10 minutes at every meeting to go into breakout rooms to have fun, answer "*Get to Know You"* questions. And this time is built into the meeting. That's not before or after the meeting. And about one to two times per year, we try to have longer get togethers.

Lastly closing the loop and trying to impact. Your members are there because they want to make an impact. They want to see what you did with the input they provided. And one of the things that we do for simple items, so we keep track of the action items from the previous month and revisit them at the beginning of each meeting. And then for longer ongoing projects, we have a Google sheet. And we list the projects, we list the status of the project's actions being carried out and what the results were, and we try to be as visual and transparent as possible. And the members always have access to this tracking spreadsheet. Next slide.

Leading an EAC. For leading the EAC, let the members lead the work when possible. So, there may be required items that you need to discuss with them. But for the most part, follow their interests, involve the members, and planning agendas. Make sure to engage members at the start of the projects not when the project or process is almost finalized.

In our experience, this is more meaningful to the members and it's easier to incorporate their feedback. Plus, they're more acquainted with the project and can make more informed decisions. And it's more inclusive than you know, asking them to rubber stamp it at the end of the process.

And explore issues that are meaningful to your members. For example, we hold space during meeting times so members can bring up health care related issues for our EAC. And if our EAC wants to pursue the issue, we gather more information data and work with our EAC and relevant entities to resolve them.

We facilitate in a manner that ensures all voices are heard and build strong consensus. There are formal trainings that you could take, but it could be as simple as intentionally holding space for each member to have an opportunity to provide their feedback before a decision is made. Especially holding space for enrolling members from underrepresented communities and facilitating conversations in a way that invites differing perspectives to get a more holistic view.

We also use five finger voting that you can see on the screen to work towards consensus. And with this you can tell it quickly who's in agreement, who's opposed to the work or to the idea and kind of work towards more agreeable next steps. And how it works is zero fingers are up so, like a fist, that means someone is totally opposed to the idea all the way up to five fingers, which is completely in agreement. Next slide.

For health equity we, again we try to collect information on race, ethnicity, language and disability on our members and work to ensure that our EAC members represent the populations' demographic. We actively work to build relationships in underrepresented populations. We're currently working with tribal relations. And we've adjusted our

meeting practices and processes to be more inclusive based on their feedback, what I shared earlier.

And for some of our inclusive meeting practices, we share pronouns, we ensure meeting materials are accessible, we try to make sure our members feel comfortable and safe. Holding space for everyone to share, holding small groups, discussions, and report out. When we're video conferencing and letting members communicate through chat, private message.

In Oregon, coordinated care organizations are required to invest in initiatives addressing social determinants of health and health equity. And our EAC is in charge of deciding which initiatives those projects are funded, and health equity is built into their funding process.

We provide DEI or diversity, equity, inclusion training and education for our members. We promote our State's DEI trainings, we contract with tribal members offer trainings on how to best partner with tribes in our area. We invite enrollees and members to participate in training such as systemic racism. We've held advocacy trainings, pronoun equity, and we also have regular conversations around health equity within our meetings. We've tried to bake health equity into all of our processes and programs, and this is this is continuously a work in progress. So, these are some of our best practices from our EAC. Just want to thank everyone for listening. Thank you.

Kristin Corcoran

Thank you, MaCayla. If you have a question for MaCayla, please type it into the Q&A box and we will circle back to those later. So now it is my pleasure to introduce our presenters from CareSource, Robyn Rohr, who is Manager of Enterprise Consumer Experience and Heather Reynolds, Insight Lead for Consumer Experience. I will turn it over to Robyn.

Robyn Rohr

Good afternoon. I'm going to start by briefly talking about who CareSource is. We are a nonprofit health plan and a leader in managed care. We're a very mission-based company who focuses on members health and wellbeing through innovative programs that expand truly beyond just traditional health care. We're very fast-growing company we have a 30-year history of serving low-income populations. We're currently in Ohio, Georgia, Indiana, Kentucky, West Virginia, and Arkansas. But we have employees located all across the US. We have just over two million members spread across various health plans. We cover Medicaid, health insurance marketplace, Medicare Advantage, and we have around 33,000 dually eligible members that fall under MyCare and D-SNP. Next slide please.

Over the years, we've learned a lot about what works best for establishing our councils and implementing them. I'm going to start with our approach to establishing and running them. We hold meetings regionally to ensure we're getting broad demographic representation and a variety of perspectives from members in different areas. So, for

example, those in a rural area have very different perspective on topics like access for barriers to care, compared to those in a more urban area. So, we feel it's very important to include different groups from different areas. We do recognize, as MaCayla mentioned, these are very time intensive and takes a lot of work and a lot of labor. So, to ease some of the administrative burden of these multiple meetings, we partner with a third-party research vendor to manage logistics and administrative tasks.

So, things like sending invitations and reminders, managing RSVPs for the meetings, co-moderating the groups. We do these in a focus group style format. So having a professional moderator lead these meetings along with us is very helpful. And they also help with report writing. It’s nice to have that third party nonbiased perspective in writing the reports and the summaries of the meeting.

Having this third-party research vendor allows Care Source to focus on what we consider to be the more value-added tasks, which is really determining identifying topics, designing the discussion guides, we co-moderate the meetings along with that moderator to make sure topics and the things that we’re really wanting to dive into are addressed, and also that we can answer the questions that the members may have.

We also include care managers in with our meetings to make sure if they need additional help that that we from our perspective might not be able to provide. Those care managers are on hand to help answer questions and help members with any barriers they may be having. Then we also review and socialize the reports within CareSource at very different levels. And Heather, my teammate will talk more about this in the next few slides after my piece. Next slide, please.

All of our councils are held in a focus group style format, as I mentioned, and we use a variety of feedback mechanisms in these meetings. One of the topics we also cover is soliciting member feedback on existing or conceptual member materials. And we find that sending these materials along with the invitations to the meetings ahead of time, allows the members to provide a bit more informed feedback when they’re able to sit and really review it carefully and come up with things that you know, they may not see if they just are looking at it for the first time during the meeting. We also share those materials on screen in virtual meetings. But sending that hardcopy to them ahead of time has proven to be very beneficial from our experience.

In our in-person meetings, we sometimes use worksheets and quick surveys to keep things interesting. We do things like user testing, so we’ll borrow laptops from our IT department. So, everybody gets a laptop to do things like web testing, to make sure information is easy to find. And it’s easy to navigate. For our website, we do things like brainstorming sessions. And to keep things fun, we do interactive quizzes and gamify discussions when possible.

And periodically, we also bring reps from different CareSource departments such as maybe behavioral health or like services to better educate members on some of the services available to them. So, in addition to making sure the members are feeling heard, and we're taking action on their feedback, we also want to make sure they're also learning

something from us too. So that has really, I think provided a lot of value for the members and the councils you know and helps them keep coming back each quarter. I'm going to pass it to Heather now to talk about how we analyze and integrate our feedback.

Heather Reynolds

Thanks, Robyn. Hello, everyone. Now that Robyn has really shared kind of the logistics of our meeting and how we really gather that member feedback, I'm going to share some more about how we really analyze and then use member feedback from our advisory council. And if you could flip to the next slide for me, that would be great.

So the first step we're really taking after, Robyn mentioned, we'll go through these different exercises during our council meeting, but the first step that we take post meetings is to hold a debrief meeting in a call with our research partner to really discuss each agenda item and identify the key findings that we want to make sure are coming out in our report. We think this is a really useful exercise, you know, we go through a lot of these meetings. So, to really home in and make sure we're calling out the key findings is really important.

Then we work on those detailed summary reports. And we partner with our research vendor to create those and although we refer to our reports as summaries, really our reports are quite comprehensive and, and one of the things we think is really important is making sure that we put our members at the forefront of these reports. You can kind of see alongside a quick snippet, on some of our pages we like to include, you know, photos for any members that have, you know, released their photo for us to use internally, as well as we incorporate, you know, member quotes, and audio clips, or even video clips when we're in person.

And of course, we get signed releases from members, for anyone who's comfortable with that. And then if they're not comfortable, of course, they're not included, but honestly, I don't think we've had any members ever turn it down. They're usually really excited that we like to give them a voice and maintain their voice and really use that throughout the organization so that their feedback is coming directly from them and then our organization can really get that member perspective and point of view directly from the members themselves.

So that's been a really great addition to our reports. We've gotten a lot of positive feedback from that, both from members and from our organization. In addition to the kind of bulk of the report, we always make sure to include an appendix of any stimuli or materials that were covered during the meeting. So, we make sure our organization you know, people that are reading our reports have the right context for the discussion.

And then in terms of analyzing and really pulling out those key insights, we, we like to make sure that we're consolidating the feedback that we hear from different cities. So, for example, our dual eligibles in our MyCare population, we have three meetings every quarter, in three different cities. And it's really important to us, that we, you know, that we consolidate themes that we're seeing from a product standpoint, you know, from a

MyCare standpoint, for example. But then that we're calling out nuances that exist by market. So, for example, if there is some access to care issues, that maybe we're seeing in Akron, but it's not as relevant in Youngstown or Cleveland, you know, it's important for us to call those nuances in the report as well.

And then lastly, from kind of a, you know, an identifying opportunity themes standpoint, because we do committees, we do advisory councils, for really all of our lines of business in the organization, everything from our marketplace population to obviously, you know, our dual eligibles, we like to also identify themes that we see at an enterprise level, and really share that out with the organization as well. So that we're that we're understanding the nuances by population, but also those things that are more foundational level that we can, you know, improve for all of our, all or most of our populations. Next slide, please.

Now, I can talk a little bit more about how we socialize and then ultimately use the learnings from our advisory councils to really make an impact in the organization. And the first thing those reports that you know, we just talked about, that are generated by our you know, ourselves and then our research partner, we share those really on a global scale across the organization. And we do that in a few different ways. So, we kind of spotlight them in quarterly consumer experience or CX team features that we have on our internal sort of internet site, which we call *MySource*.

So, we have quarterly features on those reports that is accessible for the entire organization. We will also then of course, directly email the reports themselves to any key stakeholders that have either given us topics to put on the advisory council agenda, or that will be impacted by any discussion topics that occurred during that quarter. So, we like to share it widely, and then also of course target key stakeholders. And then lastly, we really save and archive, you know, publish these reports on our internal CX team website, which is also accessible via our intranet, so that it's kind of continuously accessible to the organization if they need to go back and look.

And then the tool that we find really useful for that sort of look back is, is what we call our repository. So, we really maintain in like an Excel document repository and the discussion topics that we've covered in each line of business each year, each quarter. And it's organized that way, which really serves two purposes. So, it allows us to track the topics that we've covered over time, so that we don't get in the cycle of repeating things that we've discussed previously. And it serves as really a good reference guide, or a table of contents, if you will, for us to, for us and stakeholders to easily locate the reports that contain topics of interest at any given time.

The other thing that we think is really important, and honestly, it's probably the most important thing about these councils is how we ultimately use those, you know. It's really important to us that we don't use this as sort of a regulatory checkbox, they are obviously required. But we really leverage learning from our councils in all of the work that we do.

And they these qualitative insights really help us provide extra context to quantitative data that we get from our surveys. It helps us develop surveys to ensure that we're really homing in on areas of opportunity that we've identified from places like our advisory

councils. And then ultimately, it really helps inform action planning work groups as well. So not only are we taking opportunities that we've learned from councils, you know, combining that with our survey feedback, but then we also can use our advisory councils as a feedback mechanism, of course, to sort of build and track, you know, initiatives or projects as they are developed and implemented and allow our councils to really give feedback on them, you know, as they develop over time. Next slide, please.

And that leads us to the slide that we're seeing here, which is like finally, really, in terms of that integrating member feedback. You know, much like MaCayla mentioned, we believe it's really important to put concepts in front of members early, not just when they're finished. That way, they're really serving as our co-creators. And one of the examples you're seeing on the screen right now is a material we refer to as our "benefits at-a-glance."

And ultimately, that's a material that came really start to finish from our advisory councils. You know, it was in councils that we discovered that there was this really this gap of understanding and awareness of a lot of our benefits and services. And so, we started working on material to give members a better idea of what those benefits and services were, ultimately just kind of comprehensive list. And we built this along with our councils over a few different quarters, and then was able to share that back with them to say, you know, here is the feedback that you've given us. And here's what you really helped us build. And we, you know, we think that really goes a long way, that sort of co-creation.

Another example, you'll see listed here is our *How-to Guide* back to material that we're we just covered in our most recent Q3 meeting. And they're really helping us again, identify opportunities for us to better communicate on some of the challenges they have expressed to us within these meetings, and they're helping us build that guide that helps them understand really how to get the most out of their plan. So that's the project we're really excited to build within this year. But these are just a few tangible examples of how we really use Council feedback, and their co-creation skills to really drive change in our organization, you know, all with the intent to improve our member experience. Next slide, please.

So, honestly, one of the biggest reasons and I think MaCayla hit a bit on this as well, and as did previous speakers, but the meetings really are helpful and productive in part due to the relationships that we've built with our members over time. So, we like to maintain the same kind of core group in our meetings for about a two-year cycle, give or take to make sure that we have time to build those relationships, earn their trust, you know, make them feel like they're safe to really be open and honest. And then ultimately, they get to again, they get to see projects through a little bit longer. So, they understand that their feedback really is making change within CareSource. And then in addition, you know, we make ourselves available. And when I say ourselves, so like Robyn and myself, as you know, co-leaders of our advisory council members know that if they have any issues kind of that they face, or any barriers that they face through any of the typical kind of customer service channels. If they're really struggling, they can reach out to Robyn and me directly

at any time. And we can help overcome some of those. So again, it goes a long way in building that personal connection and building trust.

And then finally, you know, we give members the opportunity to really express their concerns or frustrations or barriers. And obviously, we love to hear the things that they that they love about us that's going great. But the point being as you know, we try not to just pack our agendas with sort of nonstop parade of questions, we really give them the floor, sometimes as well. And honestly, we thought this was really important, especially during COVID. So, for several of the meetings during that kind of two-year pandemic, you know, the height of it, we started the meeting by just giving them time to tell us how they're doing, right. How are they coping? Are they doing okay, we offered a lot of tips and support for that your mental wellbeing during as leaders of these councils is to be there to listen and to help solve their challenges. And I think our members really feel that because, you know, they really do get just as much out of these meetings as we do. Next slide, please.

Another part of this kind of engagement strategy for members, is really showing them again, that they have an impact and really drawing that personal connection. And one of the ways, we have a couple of ways that we'll talk about, but one of the ways we've really kind of tried to prove just how valuable these council members are within our organization is actually in our main lobby of our headquarters building at CareSource in Dayton. We have a large what we call our CX wall. So, our consumer experience wall, it features some of our council members with the message that you know, our members are really at the heart of all that we do. And that's something we've built right into our office building and members. You know, we shared that with members even when it was an idea. And they were so excited to hear that because you know, they love knowing that they're not just that number right there. They're not just showing up for a meeting. They are embedded into kind of our culture every day. And you can kind of see a snippet of that CX wall on the bottom of this visual. But what this visual is the second thing that we really like to do is at the end of the year, we have what we call a quick year in review postcard. And we actually put this as an insert into holiday cards that we personally sign and send to each of our council members. And it's really great, we've gotten so much great feedback in terms of how much they appreciate that, that we have those personal touches, and that we're demonstrating for them the impact that they really have on the organization. And these personal touches, they really go such a long way. Next slide.

So, we've talked really about, you know, really setting the stage for our approach to council and kind of our general philosophy to those. But now I can talk a little bit to how we pivoted to really continue operating during the COVID-19 pandemic. With really the partnership and help and support of our research partner, we really quickly adapted all of our meetings to a virtual setting. And one thing that was important to us was, you know, knowing that not all of our members, especially in certain populations, not all of them are tech savvy, not all of them have easy access to the internet.

We really try and we took steps to really make that an easier transition for all members. And we're really proud to say that during the pandemic, despite having to go virtual, we did not lose any members because of these technology-driven barriers. And we chose to

use the Zoom platform. We chose that because it was you know, it’s very user friendly. It doesn’t require any app or download or software. And so, it was also one that was a little more commonly used. We felt like it was familiar, and it allowed a lot of different connectivity options. So, if you did have any sort of internet, or technology barriers, at the very least you could dial in and have a conversation with us and use that phone only option. Additionally, we have troubleshooters from our research partner that are designated at every meeting to help members successfully connect. So, if we're a few minutes into the meeting, we know there’s members that have RSVP’d, but they're not showing yet, those troubleshooters will reach directly out to the member and say, “Hey, are you having any issues? If so, let me help you get connected.” So, we think that that's a really useful resource. And…the troubleshooter has helped solve some of those issues in the past.

Additionally, as Robyn kind of mentioned earlier, so I won’t discuss this too much. But we like to send materials ahead of time, even when we're in person. But it became even more crucial, obviously, during the pandemic, when we were not going to be in person, especially for those that have some internet, you know, issues, whether it's that they don't have access, or they're just not as tech savvy, or they don't prefer to be online. We still want to make sure that members have materials in front of them to walk through the discussion with us during the meeting. And what this also does is allow our members to review ahead of time, and that really contributes to providing well informed, thoughtful feedback and just overall makes our discussions and meetings much more productive. Next slide, please.

And really quickly, this is another measure we took to accommodate for the virtual meetings. We included, we created a really detailed instruction guide on all of the different ways you could join via Zoom, whether it was from phone or video on a tablet, or computer. And members have found this really helpful. It's just another one of the ways we wanted to get ahead of that troubleshooting piece. And members, I think responded really well to this. And what was really great actually about this new platform, which I'll mention quickly, because we heard this from several members was that they really appreciated this guide because after getting more familiar with the platform, during our meetings, they were able to then go on and share Zoom and have, you know, virtual meetings or calls with their family or friends. And it was really a nice tool for many of our members to now use to stay connected in a time during COVID, where they inherently felt so disconnected. So that was kind of a great byproduct of using the Zoom platform for our COVID meetings. Next slide, please.

So finally, the last topic we want to cover is just how we try to ensure diversity and really address health equity in our councils. So as Robyn mentioned, just from a general recruiting approach, we do really cast a wide net geographically mapped to our meeting locations and of course that applied when we first started councils and when we have those meetings in person. We do cast a wide net so that we ensure we're getting you know a really good diverse sample of our population. And then we also will, as Robyn mentioned, we can get referrals from care managers or other partners that interact with members face-to-face, you know. They can have referrals to our council meetings as well.

So, we really try to, again, ensure that we're getting a representative group of our populations. In our current councils, you know, we have members that are that represent a range of race and ethnicity. We have folks that are in long term care facilities, which, you know, adding that virtual component has been especially useful for that population. We've got folks with disabilities, and those with English as a second language. So, we really have a nice diverse group. And I think part of that, too, is that we try to alleviate barriers for the meeting, which I know you know, again, MaCayla, and I think Lola referenced as well. We make sure that our meeting locations when we are in person are accessible. So not only are they close by to our members, just from a distance standpoint, because of the way we recruit around those meeting locations, but they're handicap [accessible]. We also make sure that they're near public transportation. That way, if there are transportation barriers, you know, members can leverage what's available in their community or CareSource just as a benefit, we also always provide transportation and translation services, as needed.

And even honestly, when we're in person, we will offer childcare because that is another barrier, we know a lot of our dual eligible or especially our Medicaid populations struggle with. So, we have you know, whether we're at a at a YMCA, you know, we will pay for childcare during the meeting, if that is a need, or we will bring childcare to, let's say, a library, if that's where our meeting is, and then we try to really help alleviate that concern for members.

And then lastly, we really, we collaborate a lot with our Health Equity Director here at CareSource to ensure that we're getting feedback on topics related to health equity. So, for example, things we talked about in the past is, you know, a discussion around cultural competency of both CareSource and our providers, as well as any barriers that members may face due to gaps in health equity. And that can include you know, language, or community lawyers, getting materials or communications in alternate formats, whether that's large text, Braille, you know, things like that. Cultural sensitivity of the providers in our network. And also, you know, the ability for members to find providers that are like them, right, if they're looking if they're a woman, and they want to have a woman doctor, you know, we've had those kinds of conversations with members to really get their perceptions and to understand any challenges they may be facing. So that concludes our CareSource's discussion on best practices for our councils. Thank you so much for giving us time to share these with you.

Kristin Corcoran

Thank you, Robyn and Heather. If you have questions for them, please type them into the Q&A box. And we will pose as many of those questions as possible during the Q&A. It is now my pleasure to introduce Walt Malick, who will share his lens as a member of CareSource's EAC. Walt?

Walt Malick

Thank you. I appreciate being invited to this. This meeting that has happened so far, I've been very impressed with and it's the first time I've seen the big picture of what's going on and what's happening. And I truly appreciate that. You guys have done a fantastic job.

I got involved with CareSource through my care manager. I asked how I might find out more about my benefits from CareSource and how they applied to me, what my options were, my limitations were, and I was a person that was new to a disability. And then developed…yeah, forgot what I developed. I developed my diabetes after that. And so, I had lots of questions. I was concerned about my future and what was going to happen and what things are going to look like. How was I going to survive?

And your advisory council had just started to be in process then and my care manager got me an invitation to the meeting. I've been involved for about four or five years, I'm not exactly sure which, to this present day. I thought up front this is going to be an exercise in appeasing people and putting a band aid on issues, that it might be said that we care for you and we're going to make things better, with few results and probably programs disappearing. But I was totally wrong.

My assumption was way off, and I believe that this council really wanted to make a good, fair difference in peoples' lives, while making CareSource a solid and viable choice for those who are looking or dissatisfied with their present insurance. I have asked several times as I've gone through the meetings if we were making a difference, and I've always received a positive answer, and I actually believe I am helping people, not just myself, but those that are involved with CareSource. And this meeting today has opened my eyes to a number of things of the detailed process that you folks are putting in here.

My role on CareSource, we wanted to share what it would first be like. As a person who had a disability and had some issues with my former insurance company, expectations and fears of the future, I've been allowed to express with other people who are experiencing many of the same problems, their issues and their concerns, and along with the leaders from CareSource, who bring direction and order to the meeting, we have learned to express our hurts or concerns in a calm way.

I believe we have moved on from just being concerned about ourselves to actually being concerned about the constituents, they're involved with CareSource, it's not just us. Realize we're making an impact in people's lives, besides just ourselves. And that brings great satisfaction.

We're giving input to how things are working, how things are received, the need to change or suggestions that we might have. As a council member, I feel like I'm part of a team that's benefiting others.

I always appreciated the in-person meetings, but I know COVID kind of put a curve in that. Online is convenient but lacks relational and emotional experiences. As we get online, one or two of us are always seemed to have the problem of making connections.

After greeting everyone is complete, we are given a verbal agenda for what we're going to accomplish at that meeting. We then go down to following through with that agenda.

All materials we're going to cover have usually been given to us upfront weeks in advance. So, we have an opportunity to review it and consider its credibility. Each member is offered the opportunity to comment and make suggestions. If someone is quiet, they're asked if they have an opinion. The meeting ends on time and comes to a close then. This is one of the things I like for in-person meetings, we had time to talk after the meeting, and deal with individual issues with each other. And make some better understanding.

Some of the things we talked about, some of the things that we deal with, one of the major topics that always seems to come up is transportation. We've heard that a number of times and that seems to be an ongoing issue and a lot of small parts to that that are still trying to be worked out. We've talked about how do we as individuals deal with getting online and finding our caregivers, our doctors, we even have exercises and actually bring a computer in and practicing doing that.

How do we find our doctors? One of the questions that's popped up a couple of times is - I've often gone to a doctor; I shouldn't say often - we have gone to doctors before and find out they're no longer in the system. And somehow, we didn't get addressed to us that this had happened. So, we're there and we end up going to the doctor that isn't covered anymore. So those issues are being taken care of. And I truly appreciate it. People are listening.

How do they collect the feedback; I've learned more today about how this feedback is collected and presented than I was aware of. It's much more detailed and better put together than I ever imagined. As I understood it, basically we go, we get the information. They share it with us, and we study it, we take it to the meeting, we're questioned on it. And I figured they take notes, and they take it back and then present it to each other and then bring it back to us, but I see it goes much further and deeper than I really thought. So, we eventually get things back at a later date. And we're questioned, "Are these good or are these bad?" I appreciate that. It says that you care about us and what we think works for us. The benefits that I've seen through this is really phenomenal. I've always kind of had - oh, what do I want to say - I was suspicious of insurance companies and things like that. I figured they were in it for the money.

But going to these advisory council meetings and getting to know the people and getting to know the leaders, and seeing results of what's happening, I have gained great respect for CareSource. I am excited to be part of what they are doing to reach out to their constituents. And I don't see it as just - okay, we're going to keep this as cheap as possible…so it can make us money as much money as possible - I see them making changes that have helped me personally to move forward in my health. And that's a great place to go in a person's life that you gain the confidence of the people that you're serving.

I think very highly of CareSource, I left another company to come to CareSource because I did not trust them. So that's kind of my testimony of my relationship with CareSource. And I've been trying to get people to come to join. But the problem is, I think, is that we don't always know who's on CareSource or not. That's one of the things I've struggled

with. And I found one person in all the years I've gone there that have said, they use CareSource, and he was a good friend, it is the last stages of dementia, and he just would not fit the order to be able to present himself in a good way there.

But I'm looking and I'll tell you, I am very thankful for the things that this whole group from the beginning of this presentation to now has done. And for our committee members, I think they need to see this presentation too, to get the big picture. So, I thank you for the opportunity you've given me to share, and you've got a loyal customer. Thank you.

Kristin Corcoran

Thanks so much Walt. If you have questions for Walt, please continue typing them into the Q&A box. And now we'd love to hear what topics related to EACs you want to hear more about. Your answers will inform a follow up webinar at EAC in the future. The poll will appear on your screen momentarily.

What topics related to EACs do you want to learn more about? EAC design and operations, recruitment, retaining members, refreshing members, EAC health equity, member stipends and incentives, collecting and implementing member feedback, and virtual meeting protocols.

I'll give attendees a few minutes to respond and then I'll go over to the responses page. You can choose as many options as you'd like.

Alright. Okay, so thank you for voting on the poll. It looks like recruitment is the most voted on option followed by member stipends and incentives. And then EAC design and operations, and collecting and implementing member feedback. Thank you so much for participating in the poll. We will consider your answers when planning the follow up EAC webinar.

If you have questions, please continue typing them into the Q&A box. We'll move now to our panel discussion with all of the speakers.

And our first question is for MaCayla, Robyn and Heather. What enrollees' feedback received during COVID-19 can health plans leverage to improve the operation of EACs in future emergencies? MaCayla, you can go first.

MaCayla Arsenault

Thank you, so during COVID our members really wanted to build social connection, they were feeling isolated. And so that was the most important in during our meeting this building that social time into our meetings, making space for it, not just having it before or after the meetings but really structuring it.

Having those get to know you questions and holding space here where members can ask about you and other members, you know, how was your granddaughter's birthday? Or, you know, how was that camping trip that you went on? How did that go?

And this really built trust and kind of really cohesion within the group in order to kind of set us up for, you know, when harder conversations happen during our meetings, you know, there's that trust there.

The second is holding our meeting virtually. And we had to shift towards that in COVID, during COVID, and we have a large geographic region. And the added benefit, besides safety concerns is that these meetings are easier to attend, and it took out the commute time. And you had greater participation from our more rural communities.

Kristin Corcoran

Thank you, MaCayla. Robyn and Heather?

Robyn Rohr

I was going to tag on one thing close quickly to MaCayla is she had mentioned it did open up the avenues to include some members who may not have been able to participate in person. One of the member types that we found that was really a good perk of going to the virtual platform due to COVID was we were able to get our institutional or long-term care members represented in the council, because they were able to join virtually.

So that was actually one added perk to be able to reach a further demographic within our population. So, when we do go back in person, we're going to make sure that we are able to still leverage the virtual platform and those in-person meetings to make sure those members can still be represented. Heather, go ahead.

Heather Reynolds

No, yeah, I was going to say kind of similar, you know, to MaCayla and build a little more from Robyn. And I think one of the greatest, you know, things that came out of the pandemic is kind of proving that we can go to the virtual setting and really make that work. You know, as long as we take a few steps, like the instruction manual, like having troubleshooters, we can certainly extend the way that we think about these councils to not just be in person. There are certainly a lot of benefit, as Walt mentioned, a few you know, there are definitely times we love to be in the communities with our members. And we love to interact with them, and they love to interact with each other in person. But it is nice to know that as an organization, now, we certainly have a great process for expansion, if we need to into the future, to add additional councils in more rural populations or with, you know, members where, you know, being in person just is more of a barrier. It's nice to know that we now have a framework and processes that we know works, to really continue to engage in members, despite whether, you know, we're online or not. And so that was, I think, a really great outcome.

I think the other thing, too, that, that we heard from our, our members, you know, in our councils, that helps us, you know, even it gives us something to think about even for future meetings more is just again, to MaCayla's point having that time to just make connections even when you're in the virtual setting.

And I think one thing that was really great, and again, we would bring in speakers from like our mental health and addiction services team, for example, to say, what, you know, what are some tips to just staying connected saying, well, from a mental and emotional standpoint, during a time that's so uncertain, and where you feel so isolated?

And so, we will certainly, even more than we've already done, in the future leverage speakers, so that we're not just getting feedback from members, but we're educating them and giving them opportunities to learn and get advice rather than just, you know, getting things to us. So, I think that was a great outcome as well.

Kristin Corcoran

Thank you all. Our next question is for Walt. How can EAC leaders ensure that member voices are heard?

Walt Malick

The way I've worked about it, I usually go up after the meeting, something hasn't been dealt with, I go up and talk to one of the leaders who was dealing with a particular issue that I had a concern. And then I would follow up on that, they would often give me a number to call or another person to contact and those things have always proved to work out. So, make your voice be known to those people, talk to the leaders. And if you don't get it resolved, they're open for you to give them a call back and to follow through with it.

Kristin Corcoran

Thank you, Walt. And our next question is for Lola. What are some best practices or lessons learned in incorporating health equity into EACs? And do you have any trainings or education that you recommend?

Lola Akintobi

Yes. So, I would say the first lesson, and one that's really important, is that when members are engaged, and they are allowed to not only give their perspective, but they know that they're working towards making changes and that their work actually matters. Members end up having a care system that they fully believe in. And that is huge, not only for themselves, but for their family members for people around them, because word of mouth also makes a difference. In the larger picture, you end up having things like reduced avoidable healthcare use and improved health and quality of care for members.

So, it matters to have members involved. In terms of education, there are a few resources that are available both through Community Catalyst and then also through CMS OMH. So, Community Catalyst has a report called supporting meaningful engagement through community advisory councils, and its lessons from the Oregon Health Authority. So, it shows work that has happened in previous advisory councils, and what meaningful engagement looks like. What are the benefits? And what are the challenges of this work? And then CMS OMH also has tools, so they have a training on achieving health equity.

There's also a five-step worksheet on Disparities Impact Statements. And then CMS OMH also has personalized TA on health equity and minority health. So that combination of things really helps you get up and going and provides a little extra support as you undertake this work.

Kristin Corcoran

Thank you, Lola. Our next question is for Lola and MaCayla, how can EACs build relationships in underrepresented populations and recruit numbers to best represent them? Lola?

Lola Akintobi

Yes, it really takes time and authentic engagement. I often let people know that if an organization is showing up only when they want to recruit people, and only when they want people to participate, it's too late. So, you need to actually establish a presence in communities in advance and start attending events, getting connected to local healthcare systems, getting connected to community-based organizations to start connecting to people who will eventually become members of the EAC.

And then I think it's also important, as you are thinking about recruitment to also think about retention. Too often, we only think about how to get people in the doors, but we don't think about how to keep them there once they arrive. And so, in terms of that retention piece, make sure that the work is meaningful. Members know when their feedback is just checking a box, versus when their feedback is going towards actually making systemic change. And for folks who are giving their time to travel to a location or they're giving their time to log on to a meeting, they're having to arrange for childcare. They want to make sure that that feedback goes somewhere. So that part is also important for retention.

Kristin Corcoran

Thank you, Lola. MaCayla?

MaCayla Arsenault

Yes, I agree with everything Lola said. And to kind of add on that, yes, I would connect with trusted organizations and associations that are serving those underrepresented populations and participate and collaborate, if you can, with events or, you know, outreach efforts that they're doing. Get out and talk with those communities; serve those communities. You know, are they doing back to school events where you can help serve or provide school supplies or masks? And if you're looking for recruiting members to best represent them, you can I mean, you can look for people that are passionate about the work, interested in advocating, and it's a bonus that they're well connected in the community.

But I really wouldn't be caught up in finding the best person. I think it's unrealistic to expect one member to represent an entire population.

Kristin Corcoran

Thank you MaCayla. Our next question is for MaCayla, Robyn and Heather, how do you ensure that your EAC is representative of the communities you serve? MaCayla?

MaCayla Arsenault

We collect demographic data on our EAC membership applications, and we follow our state's guidance and compare it to our region's population demographic data. And I believe this is mostly census data. And we look at things like race, ethnicity, geography, age, disability, and sexual orientation. And then we base our recruitment efforts based off of that information.

Kristin Corcoran

Thank you. Robyn?

Robyn Rohr

Yeah, we do a little bit different approach. But I'm intrigued at MaCayla's approach. We work with our analytics department to do heat maps to identify concentrations of members in the different regions or areas that I was talking about earlier. And then we embed ourselves in the communities we serve. So, we will choose a facility as MaCayla said, and I mentioned earlier, a library, a community center or something that is, you know, embedded in their lives in their areas that they're familiar with.

And then we will send out invitations that are mapped within a geographic radius to that location. So, you know, we say within a 10- or 15-minute commute, we make sure it's on a bus route, we make sure it's handicapped accessible, well known by the members, and they feel safe coming to, and then we send out those invitations. So, we may end up sending out, you know, 3,000 invitations to get, you know, 10 to 15 members to become established members of the council.

It's also easier, as I mentioned, to get people who may not be able to come in person as well. So, when you're doing virtual, being able to include things, members that are institutional members, for example, who are in long-term care, who may not be able to travel. So, you know, it's a different little bit different approach, we do it a wide random to get that diversity, and make sure that we're getting representation from lots of different perspectives, ethnicities, abilities, disabilities, etc. And then if we do need to round out from that perspective, we utilize our care managers or community reps or others in the community, to help us identify members who may be good candidates for participation in the Council.

Kristin Corcoran

Thank you, Robyn. Heather?

Heather Reynolds

Yeah, I mean, I obviously agree with everything Robyn said. But the other thing I just wanted to hit, I think it is so important that we take that step to be at facilities that are truly in the communities where our members, you know, live, and work and their kids go to school, right? Because we really get a sense of, you know, who they are, where are they from, what are challenges they face. We're right in their communities. And what really is nice about that, as well as it when we have when we're a person or when we're on the phone, we invite, you know, folks like our care management team or community, community reps that we have that work face to face with members.

We invite those folks that are also in the same regions or cities as the members on the phone because they provide a really great perspective on you know, if a member is having issues with, let's say, food access, you know, we have folks on in the meetings that go down to your church there, they do this food drive every couple week. So, it's like we really try to personalize that experience, again, making sure that we are really embedded into those communities that were better understanding their challenges, and that we're there to really help solve those challenges in a personal way. So, I think really being in those communities is huge, rather than, you know, bringing them to Dayton to the CareSource headquarters office where we are, we meet them where they are. And I think that's really, I think that goes a long way with our members as well.

Kristin Corcoran

Thank you all, so we'll now turn to Q&A with our presenters, and they will answer some of the questions that you've asked with your registration or during the webinar. So, our first question is for Walt. The attendee said, "Thanks for sharing your perspective, Walt. Can you please share what made you say yes and agree to join the EAC?"

Walt Malick

Okay, well, like most people are probably first come to their first time, I was looking to see what it would do for me. But as the meeting went on, and I started to understand that it was something that would reach out to the whole community of CareSource, then it became important to me. It wasn't just a self-focus issue it was… I can be part of something bigger than I am. And that's what I got from that very first meeting. And I was very thankful for it. And through the process, I did get some of my *self* things taken care of. So, I'm thankful.

Kristin Corcoran

Thank you, Walt, and our next question is for MaCayla. Can you discuss how you manage the EAC internally, such as what teams are involved? Or how many staff are managing the program?

MaCayla Arsenault

Yes, so we are a separate nonprofit. And we're a small nonprofit that manages the larger health plan CCO. And so, for our team, we have two coordinators, project managers and me and another staff member. And then we also have admin support.

And with that, we coordinate with Pacific First, our CTO and a couple of their staff members to, to bring in processes and really work with them on bringing back information, bringing involvement or involving our Community Advisory Council, what their processes. What was the other part of the question, or did I answer it?

Kristin Corcoran

Yes, that's fine. MaCayla, it was about the structure about the EAC and how you manage it internally. Great. Thanks so much. So, our next question is for Robyn. Are you finding that your members prefer either virtual or in-person meetings? Do you need to adjust the agenda to accommodate the meeting setting?

Robyn Rohr

Yeah, surprisingly, I thought people would like the virtual format, even more than the in person, but we're finding they missed the camaraderie that they find at the in-person meetings, especially for the dual eligibles and Medicaid populations. Our marketplace members I think they prefer probably that virtual approach. But a lot of our members, especially our dual cares, or Medicaid, like the in-person experience, the groups really bond over a little bit of time. And we really enjoy seeing each other. So yeah, I definitely say that the in person are preferred. They also allow you to do things that are very difficult to do virtually. So, things like the website user testing or using laptops, we are able to get feedback on materials and sending those ahead of time does help inform the feedback that they give us. But I still think being able to do it in person and walk through it and have them circle things and, you know, highlight things that aren't easy to understand or make recommendations are easier in person.

Kristin Corcoran

Thank you, Robyn. And our next question is for Lola. Can you please share why it is important to engage enrollees that are representative of the dually eligible population in a state?

Lola Akintobi

Sorry, the audio cut out for part of that, can you please repeat the question?

Kristin Corcoran

Yes. Can you please share why it is important to engage enrollees that are representative of the dually eligible population in a state?

Lola Akintobi

Yes. I think it's really important to engage folks who are representative of the dual enrollee population is because they're the ones with the lived experience. So, they can see things that we cannot. All of us are really passionate about the work that we do. We're very intentional about the work that we do. But I think at times, we tend to approach

health, health care, health plans, from a high-level perspective, and we don't see the things that enrollees see. And when we make sure that there is a representative group of folks, we're able to see the disparities a little bit better, and not only see the disparities, but understand what are the implications. So, when people are identifying travel and transportation as a disparity, what does that actually mean with the healthcare that they're seeking when they are talking about financial burden? What does that mean? So, it allows us to understand the population better and through that it allows us to create better programs, policies and serve members better.

Kristin Corcoran

Thank you, Lola, and we have time for one more question. So, Heather, this question is for you. In addition to your vendor who helps with administrative tasks, do you have additional staff dedicated to the EAC, and which staff members or roles support the EAC?

Heather Reynolds

So, the consumer experience team, Robyn and I's team, we are in charge of managing, and really at the start of our advisory councils, even for you know, our very first one. Consumer experience was really charged with building those, and we did not start with a research partner. So those were built when it was, we had less meetings, less lines of business, those were completely managed within the consumer experience team. And it's not our only role or responsibility on the CareSource team, on our CX team. And so, I would say in terms of dedicated staff, yes, we have consumer experience, you know, team members, in addition to just the two of us for different lines of business, that really helps manage, but it is not any one person's full-time job, to manage councils only.

And so, it's something that's dispersed among the team for different lines of business of focus. So, for example, on the consumer experience, team, I am an Insight Lead, really taking charge of like our Ohio and Indiana Medicaid population. So, I play, you know, a role in helping manage those along with our research partner, Robyn, you know, and other teammates from a D-SNP, or our MyCare population marketplace, right. It's divided amongst the CX team, but outside of the CX team for a few of our markets, as those have been added to our business and as there's been a need to add, you know, for example, advisory councils in our Georgia Medicaid market, there's actually now roles being built in to those market teams that are in charge, you know, some of their role and responsibilities to manage meetings for those markets.

So, while CX still manages the legacy markets, if you will, the ones that had started, we started to partner with roles that have been embedded in those other markets that can really help drive some of the other lines of business. And we're seeing that happen more and more with new markets that we're entering, that they're kind of putting in role descriptions, to really manage those because we find them to be so important. And you know, CareSource, we conduct advisory councils, for lines of business that are not required because we get so much benefit out of them. So, our marketplace members, for example, we're not required to do those. But we do them anyway because we know how

much value they provide to the organization. So as those grow, as our markets grow as the need for councils grow, you know, there are people embedded into market teams rather than just a consumer experience that really helped manage those meetings as well.

Kristin Corcoran

Great, thank you, Heather. So, thank you presenters for answering questions. And thank you all for attending today. The video replay and slide presentation will be available at resourcesforintegratedcare.com. If you have any questions, please email RIC@Lewin.com. And follow us on Twitter at @Integrate_Care to learn about upcoming webinars and new products.

Your feedback is very important. So please take a moment to complete a brief evaluation on the quality of the webinar. The survey will automatically appear on the screen approximately a minute after the conclusion of the presentation. And we would also like to invite you to provide feedback on other RIC products, as well as suggestions to inform the development of potential new resources.

And on this slide, we have a list of sources that were used to inform today's presentations. And we extend our gratitude to our presenters today. Lola Akintobi from Community Catalyst. MaCayla Arsenault from Central Oregon Health Council, Robyn Rohr and Heather Reynolds from CareSource, and Walt Malick, CareSource EAC member.

Thank you all for your informative presentations. The slides for today's presentation, a recording and a transcript will be available on the resources for Integrated Care website shortly. Again, thank you for attending and participating. This concludes the webinar.