

Resources for Integrated Care
Recruiting and Sustaining Successful Enrollee Advisory Committees
March 20, 2023

Brittany Jackson

Hello, everyone. Before we begin, we would like to orient you to the platform. Audio will automatically stream through your computer speakers. Please make sure your computer is connected to a reliable internet and that the speakers are turned up. There's not a phone dial-in option. The recording will be available after the event.

Okay, and on the next slide, in the center of your screen, you will see the slides for today's presentation. To the left is the resource list where you can download a PDF of today's slides. And below that, the Q&A box where you can enter questions for our presenters or chat with the webinar team if you need support.

On the right side of your screen, you will see closed captions for today's event. You can choose to minimize or enlarge each box by clicking on either the line or box icon in the upper right-hand corner. If you minimize a box and want to bring it back, you can click on the associated icon on the bottom of your screen.

Alright, so on the next slide, welcome to the webinar for best practices for *Recruiting and Sustaining Successful Enrollee Advisory Committees* or EACs.

We are looking forward to sharing insights with you about developing and maintaining successful EACs that provide helpful information about meeting the needs of health plan members.

On the next slide, today's session will include presentations from our esteemed presenters, a panel discussion, and finish with live Q&A with panelists and participants.

This session will be recorded. The recording and a copy of today's slides will be available at <https://www.resourcesforintegratedcare.com/>. The slides are also available to download in the resources list on your screen.

So, on the next slide, this webinar is supported through the Medicare-Medicaid Coordination Office at the Centers for Medicare and Medicaid Services (CMS). 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 support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models such as this webinar.

To learn more about current efforts and resources, please visit our website <https://www.resourcesforintegratedcare.com/>, or follow us on Twitter. Our handle is [@Integrate_Care](https://twitter.com/Integrate_Care). You will also find us on LinkedIn. Next slide, please.

Okay, the roadmap for our time together today is as follows. We will start by collecting some information from the audience via two polls. We will then provide some background information about EAC requirements and the benefits they provide to the health plan as well as to members.

Then our presenters will share the following presentations: *Aetna's Experience with Enrollee Advisory Committees: Lessons Learned*; *Lessons Learned from Community HealthChoices PACs* by the University of Pittsburgh Medical Center Health Plan or UPMC and *Enrollee Advisory Committees: Lessons Learned* from the Neighborhood Health Plan of Rhode Island or NHPRI.

After these presentations, we will have the opportunity to hear directly from a health plan Advisory Committee participant on their experiences. Then our panelists will offer their perspectives in a guided panel discussion before we engage in some Q&A, leveraging questions that the audience submits throughout today's event.

If you have questions, please type them into the Q&A box as we go and we will answer those as we can. We will close by sharing helpful resources and requesting your feedback on the information shared today.

So, on the next slide, wonderful, at this time, I'd like to introduce our presenters. Kara Curtis is the Lead Director of Business Development for the D-SNP and MMP markets for Aetna, a CVS company. We also have Margaret Carocchia, she is a Senior Director of Medicare Special Needs Plans at the UPMC Health Plan. and, Mark Cooper is the Vice President of Medicare and Medicaid integration at NHPRI.

On the next slide, we'll also hear from Lisa Duchesne, Product Director for the Medicare-Medicaid plan at NHPRI. Liliana Ararat who is an MAC member, participant from the NHPRI plan. And I am Brittany Jackson, your facilitator and moderator for this presentation representing the Lewin Group.

Thank you to all of our presenters for sharing their time with us today. So, as noted earlier, we are going to poll the audience before we launch into today's presentation. You should see a pop-up on your screen asking which of the following options describes the care setting in which you work?

The goal of this question is to get a better sense of our audience members today. The options you may select from are: Health Plan, Ambulatory Care Setting, Long-term Care Facility, Home Care Agency, Community-Based Organization, Academic / Research or Other. So, we will take a few moments here for you all to please respond to the poll.

Okay, thank you, you all should be able to see the results. So, by and large, we have health plan representation. We have some others, as well. Thank you so much, everyone for being here.

Okay, next poll. So, our second poll asks, which of the following professional areas best describes you? Again, this information is helpful to our team, as we get a better sense of our audience members and can ensure we tailor the information we present today.

Responses here include: Health Plan Case Manager, or Care Coordinator, Health Plan Customer Service, Health Plan Administration / Management, Medicine / Nursing / Physician Assistant or Other Provider, Pharmacy, Social Work, Advocacy or Other.

So, again, we'll take just a few more seconds. Alright, wonderful. We have a pretty good mix. So, thank you all for being with us today.

Looks like our highest representation for that question, I think was Health Care Administration, Health Plan Administration. Alright, wonderful. So, thank you all for your participation in those brief polls.

This event will accomplish the following learning objectives: recognize strategies health plans used for recruiting and retaining a diverse group of members for participation in EACs. Identify approaches for addressing logistical and cultural barriers to ongoing member engagement. Describe strategies for supporting effective member participation through training and creating an environment that encourages members to offer and spread insights and understand the impact that EACs have within health plans and generate ideas for organizational implementation.

Alright, on the next slide, I'd like to take a few minutes to set the stage by providing a bit of background which will ground our time together today.

So, this is a timely discussion. In 2022, the Centers for Medicare and Medicaid Services or CMS, issued a Final Rule advancing the department's strategic vision of expanding access to affordable health care and improving health equity.

Beginning this year 2023, Enrollee Advisory Committees or EACs must be created in each state in which the Dual Eligible Special Needs plan or D-SNP is offered by health plans. Outlined in this final rule is guidance for establishing EACs which states the EAC must include a reasonably representative sample of the population enrolled in the D-SNP. D-SNPs must use EACs to solicit input on ways to improve access to cover services, coordination of services and health equity for underserved enrollee populations.

The EAC meeting operations such as advisory committee size, meeting frequency, meeting format, that could be virtual, or in-person are at the discretion of the D-SNP. In certain circumstances, plans can meet the new D-SNP EAC requirement and the Medicaid managed care requirement, which is section 438.110 via a single committee.

States can require more prescriptive EACs for D-SNPs in their states via their state Medicaid agency contracts.

It is important to know that these requirements are built on the existing enrollee advisory requirements for Medicare-Medicaid Plans or MMPs, Medicaid MLTSS plans and PACE organizations.

Many health plans are familiar with this type of structure. We would also like to note that for the purposes of this webinar, we are using the term Enrollee Advisory Committee, since that is the language found in the final rule.

However, we recognize that health plans, including some of the plans presenting today may use slightly different terms to describe their EAC work. Other common terms include Member Advisory Panels, Member Advisory Councils, Enrollee Engagement Committees or Patient Advisory Committees.

For the context of this webinar, these terms will be used interchangeably and are intended to convey the same thing. On the next slide, the inclusion of enrollees in governance can help ensure the health plans meet their goals while encouraging enrollees to actively participate and plan decisions that will impact the quality of care they receive.

Benefits to health plans establishing and maintaining EACs include, the diversity of the health plans membership being represented throughout the decisions that are made, which ensures person centered care is delivered, supporting a foundation of trust between members in the health plan, allowing members to actively contribute and collaborate on how health plan programs and policies are designed and ongoing bi-directional conversation among health plan and enrollees that supports the gathering of feedback to inform plan decisions, and the ability to identify and address emerging issues, meets the needs of members and addresses any barriers that stand in the way of achieving health equity, and increasing plan enrollment and participation.

Health plans are stronger when they listen to the people they serve. On the next slide, as participants in EACs, members will also benefit from being involved in plan governance. Some of the benefits to enrollees include, having their voices heard, provide feedback to their health plan on what could be improved, such as coordination of health care and other social services, partake in the design and implementation of planned improvements, become more actively engaged in their own health care, which in turn could result in members adopting healthy behaviors, such as eating healthy and exercising, stay better informed through informational sessions and resources, represent themselves in governments benefiting all plan members.

Engaging with their health plan and having an active feedback loop to translate to the health plan member population experiencing better health outcomes. On the next slide, it's important to recognize that in November 2022, CMS provided additional guidance

and considerations to health plans providing benefits to their members for participating in EACs. The memo outlines the differences for cash and cash equivalents such as gift cards that can be used like cash versus in-kind benefits, such as a voucher for refreshments.

On the next slide, there are many resources available to assist the development of EACs by health plans that support their business members. The Oregon Health Authority created a handbook of best practices for community advisory councils that operate with similar goals as EACs.

Recommendations include establish a clear structure and guiding principles, recruiting members to participate, supporting participants so they will succeed in designing and building an effective meeting, and helping members understand their value.

This handbook provides greater detail throughout each section and links to additional valuable resources that health plans can use when establishing EACs.

Community Catalyst also has a community advisory committee handbook template available online that can be tailored to health plans, looking to develop and execute an EAC.

The handbook can help outline the EAC expectations of the participating members and sets the stage for creating an accepting environment where their honest feedback is welcomed.

Contents of this handbook include a welcome letter, a sample form to help EAC participants or their caregivers request reasonable accommodations, a charter example, non-disclosure and confidentiality agreement, collecting participant biography information, ground rules, tips for how to advocate for oneself and or others, and how to manage conflict in discussions. And additional websites and resources and a glossary of terminology likely to be used throughout discussions.

Throughout this webinar, we will hear more examples and best practices for developing D-SNP EACs and ensuring they continue to meet the goals of the health plan and needs of members in which they serve.

Alright, on the next slide, I am looking forward to some engaging presentations from our speakers. So, without further ado, I will turn things over to Kara Curtis, Lead Director of Business Development for the D-SNP and MMP Markets for Aetna, a CVS company, who will share her experience with EACs and Lessons Learned. Kara, the virtual floor is yours.

Kara Curtis

Thank you. Good afternoon, everyone. Or maybe it's morning for those that might be on the West Coast. I'm excited to have the opportunity to share the lessons that Aetna has

had conducting on our advisory committees for over eight years, from our three MMP markets.

For Aetna today, our footprint is quite large. We now offer a D-SNP in 30 states. And then also have three MMP states, which is in Illinois, Michigan, and Ohio. And we've really seen rapid growth since 2019 in our dual markets business.

As a company, our strategy is reshaping healthcare to help make healthier happen for more Americans. And through our Aetna, Medicare and Medicaid business, we offer a full range of products to meet the needs of dual eligibles.

So, whether it's one of our MMPs, again in Illinois, Ohio, or Michigan, or our 30 D-SNPs which is a combination of FIDEs, HIDEs or coordinated D-SNPs. And we also serve dual eligibles in our PDP plans across the country and we also offer Medicaid managed care in 10 states. Next slide, please.

So, we have, as you could see, D-SNPs in 30 states, we have begun to roll out our D-SNP enrollee advisory committees in 30 states and hope to have all 30 completed by the end of March in about another week.

And what we've done is, we've really taken the lessons learned from our MMPs and really established a strategy where we have a local market sort of execution team that's supported by a national team.

And this really allows us to know, recognizing that if you have 30 markets, we need to have some consistency across the US while also allowing for responsiveness to sort of regional differences.

And I'm just going to give a couple of highlights here on some of the differences, you know, for roles and responsibilities between the national team and the local market group.

So, the national team really is meant to sort of be that central depository in terms of resources, standard templates, training all the D-SNP markets, today, we have a playbook. Just really have sort of central reference for everyone, including Best Practices, they coordinate all the in-kind benefits that we offer. And they also are responsible for any of the reporting to appropriate stakeholders as requested, whether that be the state or CMS and anyone else.

The local market on the other hand, is really more responsible for the on-ground execution and actual recruitment. So, we look to the local markets to facilitate the meetings and then they really are on point to follow up with any sort of participant issues that come up in the meeting.

And so, it'll be interesting to see when we have our first steering committee in April, what we've learned from these 30 markets that we are in the process of conducting. Next slide, please.

So, there are 4 key components to our framework. The first is, which I sort of mentioned is that we have this national team that's supporting the local markets, and really having very clear roles and responsibilities amongst those teams. And really making sure that, you know, we do reflect the local market expertise at the state level, that's very important.

The national team does try to have some consistent agenda topics across all markets. There is sort of a blend between the national team coming up with the national agenda items, while allowing the local markets to have flexibility in the agenda items that reflect the needs of their market.

And not only does this allow us to really track trends across the country, it also allows us to really get meaningful data.

In terms of recruitment and engagement, which is sort of the other sort of key components of the framework, we really have a multi-pronged approach. And, you know, we'll go, we'll be going a little bit more into this in the following slides.

You know, in recruitment, we utilize data, we pass out flyers at community events. We have referrals from care management and Member Services, we make outbound outreach calls, and we even recruit community-based partners to be part of our meetings.

And we really engage members across the spectrum. Everything from our frequent callers to our Member Services line, the members that we know ask really good questions, or members that really have called or have written us with dissatisfaction. So, we want the full range of experiences to be part of these committees. Next slide, please.

Historically, over the last eight years, we've been taking the findings of the MMPs. They've been reported up to something at the enterprise level called the service improvement committee. But given now the size of all the different enrollee advisory committees that will be happening across the country, we've established a new steering committee. The purpose of this steering committee really is to evaluate the effectiveness of our enrollee advisory board committees across all of our markets.

And we'll have our first one in April, after we finish all the 30 committees for quarter one, then we'll meet quarterly. And really it just has a very wide variety of representation you know, everything from senior leadership to our local leadership, we'll have our national team members, we'll have marketing, we'll have our product design folks, all of our member experience facing teams.

You know, we'll have network and obviously, which is not called out here, but care management and quality. We define the effectiveness of how we're going to sort of measure that is on how successful you were able to recruit members and retain, as well as the level of engagement and feedback that we're getting from our members at meetings.

And from our experience, you know, we anticipate some types of recommendations will come from new supplemental benefit ideas that we may want to explore, ways that we can make our website easier to navigate or just insight on community resources that our members need or want us to partner with.

And a really good example of something that, from our experience of soliciting feedback, is, at one point we were offering SilverSneakers as a supplemental benefit. And we made a decision the following year to actually move from SilverSneakers to WeightWatchers. And we heard very loud and clear from our MMP markets, they did not like that. That decision that was not meeting their needs, and it was more important that they have access to SilverSneakers, so we did make that switch just by using the input from those committees. Next slide, please.

Just a couple of highlights here on our recruitment process, we really have a multi-pronged process. We do this year-round, and it's really driven by the local market. But one of the things that we start with is we really pull a representative sample, sort of, as the baseline.

And we have a variety of different things that we consider as we're pulling together this sample. And it really gives us the ability to have sort of a report of potential people who would like to participate as part of our outbound recruitment activities. And then once we've determined who's going to be in that sample, then we are able and get members to agree, we then submit that list of attendees to our national team.

We expect that we'll be sort of tweaking that criteria over time, as we continue to learn from these 30 markets. And one thing we wanted to denote is we don't put term limits on participants. That's something that we've decided that we'd like to be able to have the flexibility for members to feel like they don't have to come to a meeting. As well as the fact that we like to balance people who had been sort of attending the meetings on an ongoing basis, as well as allowing for new members every time we hold a meeting. Next slide, please.

So, just a couple of best practices from our recruitment and retention, one of the things that we do, so in addition to this data pull that we have to identify potential folks that might include a representative sample of all our member facing teams to participate year-round in recruitment.

Everyone from member services, to care management, to our community engagement, really are responsible for our recruitment. We actually even have a call script that we

use to make sure that we have consistent messaging. When we try to talk with a member about the value of their participation, we've had tremendous success recruiting from community engagement on-sites such as a community health fair.

And I think one of the reasons of that may be due to the fact that, in our MMP markets our community outreach leads have been facilitating the meetings and member advisory meetings. And so, you know, when they're out there in the community, they can really genuinely come across and talk to members on experiences that they've witnessed in these committee meetings, and really start building that trusted relationship with people who may want to also participate.

One of the other things, that's from our retention tactic quickly, that we found that really works very well is really creating a safe space for the participants. Letting them know upfront, you know, even starting with a recruiting process, that we're going to respect confidentiality and that we really have some sort of ground rules.

And one of the leads has told me that he makes everyone do what we call a respect pledge, that we're going to be respectful to everyone and their ideas that there are no bad ideas. Next slide, please.

And then lastly, these are just some examples of things that we've changed over time with feedback from the advisory committee. I already mentioned one about the SilverSneakers.

But the other is, we all know that non-emergent transportation is something that's a pain point for many of us, and that we really did take that feedback seriously from one of the committees and actually was able to change the transportation vendors for them moving forward.

So that's just another example of some of the recommendations that we have been able to enforce. Next slide, please. I believe I'm handing it over.

Brittany Jackson

You are indeed, Kara. Thank you so much. Next, I would like to introduce Margaret Caroccia, Senior Director of Medicare Special Needs Plan at the UPMC Health Plan. Thank you for being here today. I will turn it over to you to share lessons learned from the Community HealthChoices Patient Advisory Committee. Margaret, the floor is yours.

Margaret Caroccia

Thank you, Brittany. Good afternoon, everyone. I'd like to take just one minute to introduce my organization. UPMC is an integrated delivery and finance system. And UPMC Health Plan is part of that integrated delivery finance system, part of the Insurance Services Division.

That division covers commercial as well as government business across Pennsylvania and other states, two of which are the D-SNP, as well as the Community HealthChoices (CHC) product. If you want to move to the next slide, please.

So, as you can see, there are some differences between the D-SNP, as well as the CHC products, but they are both located throughout the state of Pennsylvania. Our largest market tends to be in the Western and Southwestern areas of the state in both products.

And there's not significant diversity across the marketplace in Pennsylvania. However, there are some differences in demographics between the CHC product and our D-SNP.

From the CHC perspective, this is a dually eligible Medicaid participant plan. There are about 32,000 of those members that are also in our D-SNP so, it's very highly aligned. The CHC product has had a PAC which is a Participant Advisory Committee for the last four years.

We're trying to take the lessons learned from the PAC program and be able to carry those forward to our D-SNP EAC. And we are in the recruitment and planning stages for our first meeting in May. Can you go to the next slide?

So, a little bit about the structure from the CHC perspective: the structure of the regional PACs, is pretty highly defined from the state Medicaid program, requiring that there be a significant number of participants that are also receiving long-term support services, as well as providers, other types of caregivers, and community interested stakeholders.

One thing that we are taking from the CHC PAC is the meeting cadence, looking at an individual meeting each quarter, and combining the topics across the region so that as you look at from the CHC perspective, they'll have one topic that is the primary topic across all of the zones. And then there may be something that's a little more regionalized in each of the zone meetings.

The PACs are comprised of about 15 to 20 members, and the local community engagement team helps identify unique groups that should have representation on the committee. Can you take it to the next slide?

So, we've used various methods that have been effective with our CHC PACs to start recruiting and engaging members for D-SNP EAC. Identifying stakeholders has really been for us, anyone who has had any type of interaction at a community event, working with any of our community engagement representatives. Right now, we are in the process of training our internal staff for referrals from a member services and care management perspective.

We intend to over recruit; we've definitely learned that from our CHC PAC. Attendance is you know, what they have seen is that attendance is only around 50%. And you do get some attrition or low attendance. So, we're constantly recruiting every day, throughout the year.

The other thing that we're taking away from our CHC PAC is we've developed a centralized application. That application is available online. It's also available for our community engagement representatives to share with people out in the community. And it captures the demographic information, accommodations needed, any technology available, as well as preferred meeting times, so that we can best plan to get the best attendance possible.

For anyone that chooses to move forward, there is a meet and greet. We're using this time to meet with the member, go over the Charter, the expected responsibilities, address any type of needs that they may have regarding internet or technology. And we always provide telephone access as the backup, as well as providing a phone number that the member can use to reach out to someone who can help them with technical issues.

Setting the agenda, the agendas are set partially by the health plan where we are interested in getting information from participants. We also solicit from those participants topics for future meetings. And what we've seen with each of our PACs is that the members as the participants do create ground rules very much along the lines of you know: respect each other, allow everyone in the room to have a voice and that helps keep the participation of the membership engaged and gives them some guidelines to follow. Can you go to the next slide?

So as I've mentioned some of the items that we've learned from our CHC PAC are, we have put together our agenda, decided on a two year term because that is what was used there. There wasn't any magic around selecting a two year term by CHC, or for our D-SNP, so we decided to be consistent and use the same term.

However, anyone who might exit the committee at any time, we are always able to replace them before that term has ended.

It's really a matter of continuous engagement. Having the community engagement representatives have a one-on-one relationship with each member in the committee, to solicit agenda items, reaching out when the agenda for the next meeting is being developed, following up the day before the meeting, as a reminder, as well as going over how to connect to the meeting.

Just for some examples, we want to keep the agenda, you know, engaging and relevant. To give an example, one of the broad topic conversations that we had was accessing various state and federal programs such as SNAP, utility support, telephone, and internet assistance.

And the feedback that we received from that PAC meeting really helped us, helped our service coordinators, learn how to assist members and creating a financial literacy toolkit that they could use to be able to help members access those services.

Another option is also to gather information related to any of our applications or websites to be able to see how the user interface and capabilities, if they meet the members' needs. Can you take it to the next slide?

So, as I stated, UPMC is developing a new statewide Enrollee Advisory Committee for our D-SNP. We are making it a little bit different from the perspective of the representation in our D-SNP which is a little different than from the CHC perspective. So, you know, age, sex, LTSS status, and race are coming into play as well as the percentage of membership that we have in each of our zones. Can you take to the next slide please?

So, while we are reaching out right now, it is our plan from a retention perspective, to add dollars to the members flex card that they're able to use for healthy food items for attendance, and really reaching out in between meetings to keep the members engaged.

Regarding feedback, really supporting, that we have a common platform that we will use for these meetings called the Virtual Senior Academy, which will enable us to store all of the information for those meetings, enable the members to be able to access that information. And therefore, also be able to know that the conversations are secure. Next slide please.

So, as we receive feedback from the PAC that we are carrying forward for the D-SNP, whether an item is large, which may be plan-wide or region-wide, such like a concern that a vendor might require re: contracting, or whether it's a smaller item, possibly impacting just a specific hospital or specific care management area. Our goal is to make sure that we keep our members advised as to the status of the issues that are raised. And if necessary, we're leaving open the ability to form smaller subgroups to tackle projects. And the next slide?

And this is just to give you the timeline for our D-SNP EAC development. We are in the process again of recruiting and training our internal teams for additional referrals and putting agendas together and we intend to host our first meeting in May. That's it for our lessons learned and I'm going to turn it back over to Brittany.

Brittany Jackson

Excellent, thank you, Margaret. Next, I would like to introduce Mark Cooper, Vice President of Medicare-Medicaid Integration at NHPRI to speak more about their health plan experience with EACs. Mark, the floor is yours.

Mark Cooper

Thanks, Brittany. Good afternoon, everybody. Can go to the next slide please? First one, thank you.

Just really quickly going through the neighborhood footprint; it includes all of Rhode Island. We are the only fully integrated option in the state with the MMP about 13,400 members. The average age of our members is about 61 years old, and we have two-member governing committees.

The member advisory committee is Neighborhood, the Neighborhood Committee that is run by our member advocate and the ICI or the Integrated Care Initiative Implementation Council, the state of Rhode Island's committee that includes members but also includes additional stakeholders, you can go to the next slide.

Really, the focus and the goal of the committee, the member advisory committee is how can Neighborhood improve services in any other programming for members, based on the participant of the MAC's input.

We really want to ensure that we are securing access to high-quality, cost-effective care for the most high-risk populations. And for participation, we want the committee to be 10, at least 10 but no more than 15. We do include transportation, considering the time of day that's best for the most participant availability.

It does include enrollees with disabilities, it can include other advocates as well, a caregiver, member advocate, housing providers, and we do have limited terms of two consecutive two-year terms. Again, for structure, they are held quarterly, they shifted from in-person to virtual during the public health emergency. But, we are moving to a hybrid model for 2023 and we'll see how that goes.

We do have a charter and bylaws that really outline the purpose and the procedures of the committee. The meetings have, you know, a specific agenda, but there's always the opportunity to solicit feedback on topics or other business that the committee may have.

And then the feedback is brought back to us again through the connection, through our member advocate on any issues that may have come up as part of the meeting. You can go to the next slide, please. Thank you.

We talked a lot today about onboarding and retention. Again, one of the things for us that has proven successful in both the onboarding and the retention, is our member advocate and sort of the year-round consistent process that she particularly uses around onboarding and retention of members and also identification of members.

And the avenues for onboarding really through care management touchpoints and community-based organization relationships are big in the ability to onboard and retain. The two councils between the state and neighborhood and really member services may

you know, from time to time suggest a participant to the MAC, and then any other community activities, which I think was mentioned by one of the other speakers.

That's really important you get to know the member and the advocate gets to know certain people through the connections in the community and can bring them forward as potential candidates for MAC membership. Go to the next slide.

Again, the member advocate really is the critical connection to the members in our MAC experience. But it also is the connection between the two groups. So, our MAC has the member advocate which I mentioned, the state has an ombudsman that is also available and participates on the state side. And really, our member advocate brings in attendance issues to the state and this brings that information from the state side back to the health plan. So, there's a constant connection between the two groups. On to the next slide.

MAC member feedback is really listening to members concerns and putting that feedback back into sort of plan behavior right, so, there was some feedback around what the OTC benefit is. Neighborhood put a tool on the website to see what is covered through the OTC and we developed an OTC booklet.

Really, I think to one of the other speakers' points around a fitness facility membership. Our members also liked that benefit. And we expanded our footprint through a relationship with the YMCA in 2023.

You know, questions about benefits, we did merge our welcome call and health risk assessment into a single call. We heard from our members through a journey mapping process that they got too many phone calls. And they, you know, they got sort of question fatigue or phone fatigue or benefit fatigue from listening to too much.

So, we incorporated that down into a single call upon enrollment. So, you can go to the next slide.

Outcomes for MAC feedback. So again, I mentioned briefly about the customer experience workgroup. But we surveyed and interviewed MAC participants as part of the member journey mapping, which again, is where we learned that members were not engaging just simply because of the call volume and the number of calls that they received from us.

And we did create a customer experience workgroup to address community concerns and there were five work streams that were created as a result of that workgroup.

Improving member outreach was also definitely an outcome and it welcomed, from the feedback it welcomed to improve the outreach through again, the single welcome call, an HRA, and then improved overall vaccination rates.

And then another outcome from MAC feedback is member experience. Improved health plan ratings on the 2022 CAHPS Survey was a direct outcome from MAC feedback. Really improving them sharing with us some of their experiences helped us get to where we are with the CAHPS Survey. You can go to the next slide. I think I'm turning it over actually to Liliana, one of our MAC committee members.

Liliana Ararat

Hi, my name is Liliana Ararat and the mother of two sons who have Integrity with Neighborhood. One of my sons has special needs and lives in a group home. I am currently a member of Neighborhood's Integrity Member Advisory Committee.

Brittany Jackson

Wonderful, thank you so much Liliana, for joining us today and giving us that introduction. I'm going to start off with a question for you. What attracted you to participate in the Member Advisory Committee or the MAC?

Liliana Ararat

I want to know more about the opportunities and benefits my health insurance provides for me, my family, my son, and the community. For example, I learned that all Integrity members have a case manager and I did not know that. This was very helpful for my son who has a special needs. I am a CNA so when I found out important information, I share it with my patients who are enrolled in Neighborhood Health Plan.

Brittany Jackson

Thank you, and based on your experience or other MAC members' experiences, what recommendation would you give to health plans looking to recruit new members?

Liliana Ararat

Committee members can ask their friends to join because we can all learn from each other. Some of my friends work. So having the meeting after hours will be helpful for them in order to join. And also go back to having the meetings in-person. Some people do not have the technology. So, they will not be available to join. Continue to offer assistance in transportation to the committee members, continue to offer an interpreter in case someone speaks a language other than English.

Brittany Jackson

Great, thank you, Liliana. And, what has been the most rewarding part of participating in your health plan's MAC?

Liliana Ararat

We learn from other people's experience; we learn more about the benefits. I feel very motivated about learning and being able to share this with others. I have been available to help my family and others by learning more about Integrity, and its benefits and sharing that information with them.

Brittany Jackson

Thank you. And then last question for right now. What keeps you engaged with and excited to attend your MAC? What are you looking forward to in the future?

Liliana Ararat

It keeps me active. I feel that they are someone who really cares about our health and wellness. Meeting new people and learning from each other. Having guest speakers who provide important information about our health plan. I am looking forward to the future and hoping that one day everybody has free health insurance.

I love being part of the Neighborhood plan member advisory committee, I never feel discriminated against because of my language, my accent or the way I talk. I already feel free to talk and say what I feel. I love being part of the Neighborhood Health Plan.

Brittany Jackson

That's wonderful, Liliana. Thank you so much for sharing your experiences. So right now, we are going to move forward in our presentation. And then we'll come back in just a little bit with some live Q&A.

So right now, we are going to pull up our next poll, I would like to thank all of our speakers for sharing their insights and experiences on advisory committees. So, we have one more poll question for our audience today about the type of technical assistance resources or activities on EACs you are interested in.

This will help our team continue to develop valuable resources for our audience about EACs. Response options include and please select all that apply: workgroup with a small group of D-SNP on sharing best practices and lessons learned, didactic presentations on topics of interest, webinars with panel discussions on topics of interest and written resources. So that would include tip sheets, guide spotlights, etc. on topics of interest. And then please explain on which topics related to EACs would be of interest to you by entering open text.

So, we'll give it just a moment. I know there's kind of a lot to take in. We'll give it a moment for you all to respond. And then if we can share the results in just a few seconds, that would be wonderful.

Okay, and are we able to share the results? Okay, great. This is very helpful to see, it looks like the majority would appreciate some written resources, followed by a

workgroup, a smaller workgroup. That sounds great. And then some more webinars and didactic presentations. So, that's very helpful. Thank you all so much for participating in that poll. So, we're going to go ahead and move forward.

All right. So, we will now move into our panel discussion for this portion of the webinar. And we are joined by Kara Curtis, Margaret Carocchia, and Lisa Duchesne.

The first question is for all of our panelists. So Kara, Margaret, and Lisa, starting off with Kara, what strategies do you leverage to onboard EAC participants engagement?

Kara Curtis

So can you hear me? So, one of the things we do around onboarding actually really starts as part of the recruitment process. You know, when we're talking with someone who's interested, we have sort of a checklist of things that we ask and make sure that we convey.

One of the things we do right from the beginning is making sure that we sort of capture the member's preferences around language, culture, you know, do they have, are they in need of any special accommodations? Because we really want to make sure that there's no sort of barriers for active engagement.

So really, sort of starting in that sort of the beginning of the process and talking with the members, and also sort of setting up expectations up front. So, I talked about previously that, you know, really making sure that we establish a safe place where, you know, members feel comfortable that we respect each other, that we honor confidentiality, and also really start establishing some ground rules from the onset.

And then one of the other things I wanted to mention around facilitating the meetings is, you know, particularly as you'll have a range of experiences you may have some people who really like to talk on and on and on.

What I have found here at Aetna, and also another organizations where I was involved with the committees is having a bell actually. Having some fun with the committee members, whether they're in person or it's virtual, is that establishing that ground rule that once that bell goes up, that means everyone stops talking and it helps to sort of re-center the group. So that's something that's been effective that I've seen in two different organizations.

And then if there are some pauses, you know, you sort of put a question out there and everyone looks like a deer in headlights. Just be yourself and be genuine and maybe relay around relevant personal experiences. You know, sometimes I'll talk to people about my 80-year-old mother, and something that she might be struggling with. That sometimes breaks the ice or gives the members a better sense of really what you're looking for from them when you propose a question.

Brittany Jackson

Great. Thank you, Kara. Margaret, I'll turn it over to you next, to provide your perspective.

Margaret Caroccia

Sure. Kara, I agree with everything you've said. But one thing that I found was very interesting, as you have different tenure of membership on the committee, you may have new members, you have members who have been there for a while, it really helps to start the meeting with an icebreaker.

And a cute one that was in the last meeting was: tell me how you're feeling today in terms of a weather forecast. You know, everyone can relate to the weather, are you bright and sunny, cloudy and blah, dark and stormy. So, it was interesting. Everyone laughed, and you know, it kind of broke the ice to start that meeting.

Brittany Jackson

I like that a lot, Margaret. Thank you for sharing. And Lisa, could you share your thoughts?

Lisa Duchesne

Sure. Good afternoon, everyone. I'm Lisa Duchesne, I'm new to the webinar. But I'd like to share Neighborhood's member advocate is at the center of our onboarding and facilitation of meetings.

So, we are able to recruit from suggestions from our state's ICI Council, various community partners and our own internal member facing departments.

Our advocate will then interview the potential candidates sharing a high-level overview of the meeting nuances. So, onboarding training consists of interview questions to learn about the participants and their health care experience, a review of the Committee Charter and supporting documents and a review of our Medicare-Medicaid plan benefits.

To further engage members, our advocate will also ask participants for some agenda topics and we often have subject matter experts join the committee meetings to help guide this discussion.

Brittany Jackson

Great, thank you, Lisa. All right. Moving on to the next slide and next question. So, the second question is also directed at all 3 panelists beginning with Kara again, what has

your health plan learned regarding using in-kind benefits for recruitment and retention for your EACs?

Kara Curtis

So, you know, from eight years of experience, I think we can really sort of talk about what we have found, what has worked and what has not worked. So, we have found that \$50, as the in-kind benefit, really is something good and I think one of the other plans actually adjusts to \$60. So just giving an experience on how we got to the \$50; we started off with \$10. And then we raised it to \$25. And then when we raised it to \$50, we saw the participation rate go up almost three times and really helps being able to retain the members.

So based on our experience, we have found that what we're calling is the \$50 is where we landed for the in-kind benefit amount. And then also, when we think about, we offer gift cards to a variety of all sorts of total rewards vendors, that we have to think about if there are geographical differences. So if we offer a gift card, you know, to let's just say Walmart, we have to also make sure that the membership in another part of the state also has the same access to that same type of, you know, big store, for example.

So, we have to also think about regional differences. And one of the things that we really have, that we try to stress when we're trying to recruit members, is really talk about the opportunity for the members to actually be involved in enhancing the plan.

So, we don't lead with the in-kind benefit, we really try to sort of talk about the value of their participation. But the \$50 certainly does help.

What we've found has not worked well, is starting the recruitment process, too close to the meeting. So, as I mentioned, we do recruitment all different ways throughout the year, but found that as we sort of get closer to that quarterly meeting, that you have to start at least 6 to 8 weeks out.

Really firming up, who's going to be coming back and if you have anyone new. And you can't do enough outreach, I think this is something that Margaret said, we found that you have to start from a list if you want to land with like 15 to 20 members, you have to start off with a list of about 150 members.

So we really have to start very large to get down to a size and we tend to try to keep the meetings relatively small, anywhere between 10 to 15 members. And obviously what hasn't worked is the lower in-kind benefits, you know, \$25 was not enough to motivate folks.

Brittany Jackson

Thank you, Kara. That's helpful. I like some of those considerations that you shared earlier as well about geographical differences. So, thank you for sharing. Margaret, I'll turn it to you now.

Margaret Caroccia

Oh, yes. Well, from the PAC perspective with our Community HealthChoices, the state Medicaid program actually stopped allowing the plans to provide any type of gift certificates or any other type of remuneration. So, we have not had any actual experience from the D-SNP perspective. But as I said earlier, we intend to add funds to the member's healthy shopper card after attending each meeting. So hopefully, I'll take the insights of my other participants in the \$50 to \$60 range.

Brittany Jackson

Got it. Thank you, Margaret. And Lisa, I'll turn it to you.

Lisa Duchesne

Thank you. So, Neighborhood is the plan that does use the \$60 as our threshold. And we've been successful with that. But just sharing, additionally, we have some of the same concerns that both Kara and Margaret have raised. But from our standpoint, when we talk with our committee participants, we have learned that they really want to be a part of the committee to improve members' overall health plan journey.

So, it's not necessarily about the in-kind benefit. But offering in-kind benefits such as transportation vouchers and meals when we were hosting the meetings in-person has had a positive impact on the committee retention and improving relationships within the committee. We didn't see and we'd like to keep our committee between 10 and 15 members as well. And we did see a slight decline when we had to move to the virtual setting during the pandemic.

Brittany Jackson

Okay, got it. Lisa, thank you for sharing that. Thank you all for those insightful responses. So, the third question for you all is how do you ensure that your EAC meetings are relevant and considerate of participants from diverse backgrounds, cultures, and abilities? Kara, we'll start with you.

Kara Curtis

My apologies, I was on mute. When we really start, as I mentioned previously, it starts with the recruitment process. So, we want to make sure that we have a rep for the members that are involved in these committees and are representative of our membership.

And if we, you know, sometimes we'll have meetings, sometimes in different parts of the state, and there may be some differences in the makeup of that membership to be more reflective of that area. So, really making sure that you have a good representation of the breadth of your membership, and really making sure that, you know, you are able to accommodate their preferences.

You know, if they have certain special accommodations, particularly one of the things that we spend a lot of energy on, is transportation to the meetings. And sometimes members will have, maybe have a particular disability and they need a certain type of transportation, then we work with the transportation vendor, to make sure that they have the right type of ride to bring to them.

And then the other thing that we have, I've also found just from my years of experience is sometimes even getting a person who's sort of like their buddy, someone who's really making sure that they're looking out for them with the upcoming meeting, making sure that nothing's changed in terms of their needs. And really making it a very personal experience and building trust is really important.

Brittany Jackson

Great, thank you, Kara. And Margaret, can we hear from you next?

Margaret Caroccia

Sure. From the same perspective, making sure that we start from a recruitment perspective, looking at, you know, the age and gender and LTSS status of our membership across our various zones, so that we have a very representative panel.

If we choose to go in-person, we will look at transportation and appropriate meals for lunch. Our real goal is really to be able to use our senior advisory website, Senior Advisory Academy, to be able to have everything housed in one place. If we need to do you know, any type of Spanish communications we'll handle that as well.

Brittany Jackson

Okay, great. Thank you, Margaret. And Lisa, would you mind sharing what you are doing?

Lisa Duchesne

Sure. We've expanded our committee participants to include others besides members, such as caregivers, and community advocates to better understand our members.

We often have the committee review materials such as newsletters and website updates to ensure they are an appropriate grade level and understandable to our diverse populations.

We ensure all the meeting logistics and locations, accommodate participants with disabilities. Sometimes our advocates will need to look at dates and times of meetings for adjustments, for in-person meetings and address any technology changes that need to take place for virtual settings.

Brittany Jackson

Great. Thank you all for sharing. Alright, our fourth question is, can you please describe strategies for overcoming logistical barriers with hosting EACs and that could be language, technology, transportation? Kara, we'll start with you.

Kara Curtis

Sure. So, one of the things that, we want to note as I mentioned, is we are rolling out enrollee committees to 30 different markets in addition to our three MMPs. So, right now, we are really starting with virtual just so that we can get everything sort of moving smoothly and then we'll move to doing things in-person.

But what we have found, and I really cannot stress this enough, you know, really offering particularly if there is a non-emergency transportation benefit, really helping with the transportation aspect of getting to the meetings in-person.

And also, the pickup and really working very closely with the transportation vendor before the meeting, really telling them, these are exactly the people who need to be picked up, any sort of preferences, you know. Being in contact with the vendor or transportation vendor during the meeting, and then also you know, the pickup process and in fact, one thing that I've learned is, it's just an industry best practice, is that really having someone who's there the day of. So if you're doing an in-person have someone who really is designated to troubleshoot transportation issues, speed dial to the vendor or someone at the vendor have on point.

Because, you know, transportation always doesn't go as planned, particularly with the pickups. You know, the transportation ride doesn't come and sometimes we've had to pay for an Uber to come and get the member. So, really spending a lot of time sort of focusing on the transportation aspect.

One of the other things that we want to explore as we move forward is, we've been able to accommodate if there's a language need. In a particular, in a committee, sometimes the facilitator is bilingual, or will bring someone in, I think in one of the markets, we have someone that's Vietnamese that comes in to do some translation.

But needing to sort of figure out how do we explore multi-language translation solutions, based on the needs of the members in that particular group. Those are just some of the things that we're focused on.

Brittany Jackson

Okay, that was very helpful. Thank you. And Margaret?

Margaret Caroccia

Oh yes, we've also decided to start out virtual until we have in-person logistics in place to make sure we have video conferencing available in various locations throughout the state.

And the most important thing that we found is to provide not just that introduction to how to log into the meeting, and whether it's a community engagement representative, or one of our tech guys, that are able to be a point of contact to train the member on how to navigate the conference call.

We also provide a phone number to use during the call so that if there is an issue, they'll be able to get in touch with someone who can help talk them through without distracting the rest of the meeting that's ongoing.

Brittany Jackson

Okay, thanks for sharing, Margaret. And Lisa, I will turn it to you.

Lisa Duchesne

So, we're moving to a hybrid type meeting model. So, we'll have some of our meetings in-person. And we'll have some of our meetings virtual. But that being said, our member advocate is in contact with our participants prior to all meetings, through phone calls and email.

And she's making sure that the location is central based on the committee participants' demographics, so we hold our in-person meetings at our various Community Health Center's offices, and they have their partners in the community and they have the proper means to handle participant barriers, so that's a good location.

She also ensures that the correct voucher is provided for any transportation needs, and arranged. So that could be a taxi voucher, a bus pass, or a wheelchair voucher. So, place phone calls, also on the day of the meeting, to make sure that the transportation is going to happen.

For virtual meetings, any technology needs are addressed by our advocate and the participants of the committee. So, we have offered tablets and technology training for participants who require them.

And then as a best practice, we also have had Spanish speaking staff attend our meetings, and we can provide interpreters for participants that asked for them.

Brittany Jackson

Great, thank you, Lisa. That was very helpful. Thank you all. Okay, our fifth and final question directed at our panel is, what unanticipated challenges or unintended consequences occurred when you initiated your EAC activities? And what has your plan done to overcome them? Kara, we'll start with you.

Kara Curtis

So, talking a little bit about virtual experience is obviously some folks, have never had experience participating in a conference call. So, sometimes they'll just have the TV on not realizing that folks can hear that. So really having someone who's on point to be able to mute all lines if necessary.

I think the other thing that I mentioned earlier is, sometimes you have some folks that like to talk a lot. And I make fun of this one sort of lightly. But you know, particularly as you establish rapport with your group, and I'm not joking about using the bell, like as a sort of ground rule that once that bell goes, that means everyone stops talking, even that person, and then it gives a chance for the facilitator to like bring everyone back and get control back to the conversation.

And the other thing you could also have for virtual that we found has worked is I'm going to call it, the good cop and the bad cop. So, you have the facilitator who's sort of managing and then have someone who has a particularly deep, maybe deep voice, booming voice, sort of jump in, to sort of pause the conversation. Particularly if you have those that like to talk on and on and on. So those are just a couple of things that we have found that works.

Brittany Jackson

Thank you for sharing, Kara, and Margaret I'll turn to you.

Margaret Caroccia

Thank you, I'm sure almost everyone on the phone can appreciate the unanticipated challenge of just how long it takes to get everything through internal compliance and legal approvals was something that we really had not planned on.

And also, as everyone has indicated, it really takes a strong meeting facilitator for these meetings to address the various meeting pitfalls that we face every day, you know, the conversation dominator or drawing out the silent members, handling anyone who might be derogatory to other members. And it's just critical so that the meeting just doesn't fall off the rails and not be effective.

Brittany Jackson

Exactly. Thank you for sharing, Margaret. And then Lisa, will you please share with us what your plan does?

Lisa Duchesne

So, I think, to add to Margaret's comments, the value of our member advocate is just fantastic. I mean, she helps the members get where they need to go and ensures that the meetings are on point, like what the agenda topic is going to be, do we have the appropriate guest speaker? And it's just a very rewarding experience from my standpoint, when I attend the meetings and see all the great work that she does.

So, we started our member advisory committee meetings in 2016. And we have learned a lot from both our active part in the member advisory committee and our state's ICI council meetings. So given our experience, I think we are confident in our ability to convert to the requirements around member advisory for the D-SNP platform. And we have recently started to analyze the differences between the two.

Brittany Jackson

Excellent, Lisa, thank you so much for sharing. And thank you all for these helpful responses and sharing all of the really meaningful work that's going on in your plans. So before we proceed to our live audience Q&A, we'd like to gather a bit more of your perspectives on which topics related to EACs would be of interest to you.

Again, this is open text, so we will take just a moment for you to jot a few things down and then we will move forward to our open live audience Q&A.

Okay, wonderful. Well, a big thank you again to Kara, Margaret, and Lisa, for the panel discussion, and to you all for submitting your responses into this poll.

So, with that, we're going to move forward into our live Q&A portion. We have a few minutes for questions from the audience.

Again, if you have any questions for our speakers, please submit them into the Q&A box on the lower left portion of the presentation. Type your comment at the bottom of the Q&A box and then press Submit to send.

So, to kick us off, I would like to start off with Liliana. So, Liliana, we have a question for you. What advice would you give to other plan members who are interested in joining a Member Advisory Committee?

Liliana Ararat

Sure, the first thing I will do is tell them about the positive experience of being a member, a Neighborhood member to this committee. Also I would like to try to give them all the tools necessary they need to be a part of the member advisory committee and tell them I enjoy the meeting.

I would like to speak with the person who runs the meeting to see if I can bring in another plan member who is interested in joining the committee. Also, I would like to tell that person, that Neighborhood will provide them with transportation, when the meeting is in person.

If he's a person that does not speak English, I will tell them, that Neighborhood could, get someone who can interpret for them.

And if I know the person and they do not have the technology to attend the meeting, they can attend the meeting with me because I have the technology.

Again, I have to say, I feel so happy to be a part of the neighborhood member advisory committee, because they really take good care of all their members. Thank you.

Brittany Jackson

Thank you, Liliana. That's wonderful. Thank you so much for sharing. And I'm really glad that you've had such a wonderful and positive experience. We appreciate you for sharing that, Liliana.

Liliana Ararat

Oh, thank you.

Brittany Jackson

Absolutely. Now, I am going to ask another question that has come in for live Q&A for our panelists here. So, what are some changes your plan has made based on feedback from an enrollee advisory committee?

So, that is directed at all of you, if one of you just wants to get started on some changes your plan has made based on feedback?

Kara Curtis

Well, I'll jump in. This is Kara. I had mentioned earlier in my comments that we had gotten some very strong feedback from our membership, after we switched from SilverSneakers, to WeightWatchers as a supplemental benefit.

That was clearly not something that they, you know, they didn't find WeightWatchers useful, and really were very vocal about it. And we then changed course the next year. That's one example.

And then another, just quickly is that we were getting some feedback on outbound scripts. And we were told that they are less likely to answer the phone if it's a zip code

they don't recognize. And so, we have changed moving forward, making sure if we do outbound calls, that it's an area code that they recognize.

Brittany Jackson

Thank you for sharing, Kara. That's so helpful. Margaret or Lisa, do either of you want to chime in on that question?

Margaret Caroccia

I think probably one of the most important things for us was, and this is Margaret, was getting feedback and input on our mobile tools for video health visits.

So that was, you know, so that we're able to look at the user interface and the usability of the product. I haven't implemented changes yet, but I have fed that feedback back into other feedback groups that are being gathered to focus on that.

Brittany Jackson

Okay. That's great. Margaret, thank you for sharing. Alright, I have another question here directed to you all. So, regarding recruiting EAC members, is there a target ratio of members recruited to participate versus the number of enrollees in the plan?

Lisa, could we start with you on that one?

Lisa Duchesne

Yeah, sure. So, we've limited our participation to between 10 and 15 members, and I think it's been successful for us. It's a little challenging in the virtual setting, but in-person, it seems to work well. But I think our ICI council meeting is a larger group of people and I just think that for the intimacy of our meeting, and what we're trying to accomplish, that 10 to 15 is the sweet spot for us.

Kara Curtis

Yeah, Lisa, this is Kara. I would also agree, it's not about how large the network is, we have like over 225,000 D-SNP lives but really, the sweet spot is somewhere between 10 to 15. You want it to be intimate, and honestly whether it's online or in-person, we found that if you had like 30 members, it just becomes too unruly. There are too many different moving pieces to being able to manage this group.

And one of the things you may want to think about instead of having more members, you might have maybe more than one group. I'm going to just say this, if you have a member, in that large membership that may be in a different part of the state that represents different communities, maybe you have a different type of advisory council just for that membership. So, you may want to think about having different types of

committees, you know, in terms of make-up, but the 10 to 12, 10 to 15 is definitely the sweet spot that we have found.

Brittany Jackson

Okay, great. And then, since this is our last question, Margaret, I want to give you the opportunity to go, regarding recruiting EAC members, is there a target ratio of members recruited to participate versus the number of enrollees in the plan?

Margaret Caroccia

No, the same as Kara and Lisa presented, we're looking at 15 to 20, which means we'd like to have 30 to 40 available participants, in order to meet what we've really seen is getting about 50% to show up. So, we definitely want, you know, 15 to 20 active participants in the meetings.

Kara Curtis

If I could just add, because I mentioned this as one of my points, that you really have to start off with about 150 potential members to get down to that, and then sort of maintain that over time. But I will say that these members love these, and they love actually coming in-person, they really look forward to it.

They really feel honored to be able to be part of this. Now that we're sort of on the other side of COVID. You know, we've offered hybrid, but the members really want to come back to meeting in-person. And so, you know, really sort of building that trusted relationship is probably just as important as the intimate size of the group.

Brittany Jackson

Great, thank you so much for sharing. And thank you all for just sharing these wonderful and meaningful insights throughout the panel presentations, as well as the Q&A.

I'm going to go ahead and wrap us up. We want to thank you all so much for attending today. At this time, if you have any 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.

Additional resources referenced during today's presentation are included at the end of the presentation. And these references are available to you upon downloading the slides.

On the next slide, please complete our brief evaluation of our webinar so that we can continue to deliver high-quality presentations. This evaluation will pop up on your screen at the conclusion of the webinar and should only take a moment to complete.

On the next slide, I want to highlight a few key resources for you all today on the slide that are in development to continue supporting the great work of EACs. Tip sheets for launching an Enrollee Advisory Committee and using feedback for improvement of EACs will be posted to the RIC website.

We encourage you to check them all out as they become available. And then on the next slide, this slide contains additional resources from the presentation, as well as on the next slide.

Alright, here are some references from the presentation. So, thank you again to all of our speakers today. It's been absolutely wonderful. Thank you so much to Kara, Margaret, Mark, Lisa, and Liliana.

Thank you all so much for sharing your experiences and thank you all, audience, for being a part of today's presentation and for your participation. We hope you all have a wonderful rest of your day. Thank you so much.