



Launching an Enrollee Advisory Committee

The 2023 Medicare Advantage (MA) and Part D final rule (hereafter referred to as the final rule) requires Dual Eligible Special Needs Plans (D-SNPs) to establish and maintain at least one enrollee advisory committee (EAC) for each state in which the D-SNP is offered that is reasonably reflective of health plan membership.¹ Soliciting member feedback through EACs can help health plans understand and address barriers to high-quality, coordinated care, which can lead to improvements to member care. This is particularly important for D-SNPs, as the population dually eligible for Medicare and Medicaid has a higher prevalence of health and social needs compared to Medicare-only and Medicaid-only populations.²

As noted in the final rule, EACs promote beneficiary protection through the use of member feedback. By engaging members in plan governance, plans have an opportunity “to improve access to covered services, coordination of services, and health equity for underserved populations” enrolled in a D-SNP.³ EACs provide health plans with direct feedback on member experiences, allowing plans to gather input and refine their activities or benefit offerings to be more responsive to the needs of the population they serve. In 2019, Community Catalyst’s Center for Community Engagement in Health Innovation surveyed Medicare-Medicaid Plans (MMPs) participating in the Financial Alignment Initiative that required plans to create and maintain EACs. Survey findings indicate that EACs provided meaningful feedback to MMPs. Many plans adjusted their communications, benefit offerings, and transportation policies, and improved consideration of members’ social determinants of health based on EAC input.⁴

This tip sheet provides practical strategies for recruiting and retaining EAC participants. Additionally, it suggests various approaches to meeting structure and format.

Promoting Member Representation

The first step to establishing an EAC is recruiting participants. Recruitment efforts directly impact EAC participation, so it is critical to ensure that recruitment strategies account for the overall diversity of the plan

Terminology

Member Advisory Committee (MAC), Community Advisory Committee or Council (CAC), Consumer Advisory Board (CAB), and Enrollee Advisory Committee (EAC) all refer to health plan member governance structures. The variation in terminology stems from the type of plan hosting the group or the plan’s specific word choice.

More Information About the Final Rule

To better understand the final rule requiring D-SNPs to establish and maintain EACs, consider reading the [Federal Register Final Rule Summary](#), [CMS Final Rule Announcement](#), or [Health Affairs’ Overview of the Final Rule](#).

¹ Federal Register. (2022). Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs. Retrieved from <https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and>.

² Medicare-Medicaid Coordination Office. (2019). *FY 2019 Report to Congress*. Retrieved from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/FY-2018-Report-to-Congress.pdf>.

³ Federal Register (2022).

⁴ Center for Consumer Engagement in Health Innovation. (2019). *The Role of Consumer Advisory Councils in the Financial Alignment Initiative*. Retrieved from <https://commcat.io/ccehi-consumer-advisory-council>.

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membership. Members may respond to different methods of outreach, so plans should consider utilizing a variety of approaches to recruit a diverse group of EAC participants. Some popular methods for recruiting EAC participants include:

- Attending community events where members will be, including senior health fairs, food distribution sites, and events at senior housing facilities to solicit interest in EAC participation;
- Engaging care coordinators and other member-facing staff for referrals to the EAC;
- Developing materials with information on EACs to distribute to community organizations that members frequent; and
- Conducting targeted outreach, such as sending EAC invitation letters to a random selection of members that represent health plan demographics.

The final rule requires EACs to be representative of the overall membership of the D-SNP. Many plans recruit EAC participants to ensure representation across race, gender, age, and disability status. Plans can leverage available data and analytic tools to support their efforts to recruit EAC participants who are representative of the plan at large. By indicating in the EAC membership application or recruiting materials that accommodations (such as transportation, translation services, and accessible meeting spaces) are available to EAC participants, plans can proactively address potential barriers to EAC engagement. Methods for addressing common barriers that can prevent historically underrepresented communities from joining an EAC include:

- **Proactively address accessibility needs.** Using locations and spaces that are compliant with the Americans with Disabilities Act – and convenient to EAC participants utilizing public transit – promote EAC accessibility and can mitigate transportation-related barriers to joining an EAC for those with limited income or physical mobility limitations. Taking steps to ensure communications accessibility, such as providing 508-compliant materials, using plain language, and providing translation and interpretation services, can also support participation.
- **Select meeting times with flexibility in mind.** Keeping EAC participant availability at the center of scheduling efforts demonstrates understanding and accommodates EAC participants' caregiving responsibilities and personal needs.
- **Target outreach to ensure recruitment efforts include representative groups within the member population.** Plan-collected REALD (race, ethnicity, language, and disability) member data can inform recruiting efforts and provide benchmarks for participant representativeness to indicate which groups of members might require additional recruitment efforts.
- **Offer interpretation services for EAC participants who speak a primary language other than English.** Individuals who speak languages other than English are an important, and possibly sizable, segment of plan membership, and interpretation services ensure that these individuals can engage in EAC meetings.
- **Provide opportunities to join meetings virtually.** Transportation can often be burdensome for EAC participants. Joining meetings online (e.g., hosted on a web-based platform) can help participants avoid challenges with transportation, illness, accessibility, or scheduling, and allow more members to engage with the EAC.⁵ Resources for Integrated Care (RIC) created [a tip sheet](#) with additional tips for hosting virtual meetings.
- **Coordinate transportation for all EAC participants, including creative solutions for rural residents.** This can involve coordinating with volunteer driving networks or contracting with public or private transit firms.

⁵ Resources for Integrated Care. (2022). RIC Event: Best Practices for Implementing Enrollee Advisory Committees Webinar. Retrieved from https://www.resourcesforintegratedcare.com/2022_ric_webinar_best_practices_for_implementing_enrollee_advisory_committees/.

- **Allow personal care attendants, or other persons offering support to EAC participants, to attend meetings.** This can ensure the comfort of participants who may be hesitant to join EAC meetings without assistance.
- **Allow EAC participants who cannot attend the meeting to offer their feedback on each agenda item.** This could occur through a phone call scheduled at a convenient time for the EAC participant, either before or after the meeting takes place.⁶ These calls should originate from a single point of contact and a phone number that is recognizable to the participant to promote their engagement.⁷

Meeting Format and Structure

The format and structure of an EAC meeting can vary. The People-Approach-Environment Attention Framework, which leverages research on the Cash & Counseling demonstration to inform engagement in a range of programs and systems, notes that the approach an organization takes to stakeholder engagement, as well as the people engaged in an effort, influence outcomes or the perceived success of an engagement effort.⁸ This framework emphasizes how the environment can also influence stakeholders' perception of engagement efforts.⁹ Carefully consider the following when planning EAC meetings:

- **What will be the cadence of these meetings?** Typical options include monthly, every other month, or quarterly.
- **What will be the setting for these meetings?** Choices include fully virtual meetings or in-person meetings with the option to participate virtually.
- **Where will meetings occur?** In-person locations should be comfortable and familiar to participants, with an eye toward accessibility.
- **How long will each meeting be?** Depending on the meeting cadence, meetings typically range from one to three hours.
- **Who will create the agenda for each meeting?** While each health plan or EAC must choose the approach that best works for them, it is common for part of the agenda to be driven by organizational leaders while EAC participants drive other agenda items. Early on, plans may need to take a larger role in framing the agenda, but as EAC participants become familiar with processes, their input should have greater influence on the functioning of the committee.
- **Are there term limits for EAC participants?** Depending on the number of members interested, it may be necessary to implement term limits to ensure that all who wish to engage in an EAC can do so and offer the opportunity to bring in participants with fresh ideas and perspectives. Some health plans have noted that the use of two-year terms allows for continuous engagement while providing an opportunity for new perspectives to surface.¹⁰
- **Who will facilitate the meetings?** Plans must determine which staff will facilitate EAC meetings. Plans may also consider contracting with a third party to manage meeting logistics and facilitation.
- **How will meetings be facilitated?** Consider developing standard operating procedures for meeting engagement. Some EACs utilize Robert's Rules of Order, a set of formal practices for conducting

⁶ Resources for Integrated Care. (2015). Consumer Advisory Committees: Recruiting and Retaining Members for Engagement. Retrieved from <https://www.resourcesforintegratedcare.com/webinar1-2/>.

⁷ Resources for Integrated Care. (2023). RIC Event: Recruiting and Sustaining Successful Enrollee Advisory Committees (EACs). Retrieved from https://www.resourcesforintegratedcare.com/2023_ric_webinar_recruiting_and_sustaining_successful_enrollee_advisory_committees_eacs/.

⁸ National Center for Advancing Person-Centered Practices and Systems. (2020). *Understanding the Ingredients for Successful Stakeholder Engagement*. Human Services Research. Retrieved from <https://www.hsri.org/publication/ncapps-understanding-the-ingredients-for-successful-stakeholder-engagement>.

⁹ Ibid.

¹⁰ Resources for Integrated Care (2023).

meetings, while others adopt more streamlined practices. For example, the Central Oregon Health Council utilizes “Fist to Five” voting, which allows participants to visually indicate their level of support for a proposed idea by holding up a corresponding number of fingers, with a fist indicating total opposition and five raised fingers indicating total support.¹¹

- **Who will participate in these meetings?** Although an EAC is required to include a reasonably representative sample of members, other individuals may also participate. In addition to health plan members, will meetings be open to member caregivers, advocates, or other community leaders? Will meetings be open to the public for everyone to attend on a drop-in basis? Will participants sign non-disclosure agreements to promote comfort in sharing experiences or insights with others? Consider the topics and member preferences when making this determination.

EAC Participant Training

The 2019 Survey of Consumer Advisory Councils indicated that 65 percent of plans provide training to EAC participants to help promote effective participation.¹² Key tenets of effective education include:¹³

- Setting expectations of what is feasible for an EAC to accomplish
- Discussing the feedback loop and how EAC insights will be shared within the organization
- Creating engaging training, not just a didactic review of slides
- Setting ground rules. Consider developing these collaboratively with EAC participants. These commonly include:
 - Timely arrival to meetings
 - Staying on topic and avoiding personal digressions
 - Committing to a culture of warmth, openness, and participation
 - Avoiding cell phone use during meetings
- Providing education on nuanced health plan topics that might not be familiar to members, such as integrated care. This provides EAC participants with the context needed to provide helpful feedback

¹¹ Resources for Integrated Care (2022).

¹² Center for Consumer Engagement in Health Innovation (2019).

¹³ Resources for Integrated Care. (2015). Training Consumers for Engagement. Retrieved from <https://www.resourcesforintegratedcare.com/webinar2-2/>.

Innovations in the Field

The table below details some health plans’ creative strategies to promote engagement in their EACs.

Innovation	Description
Care Management Staff Attend EAC Meetings	As noted in the Best Practices for Implementing Enrollee Advisory Committees webinar, in order to keep EAC meetings focused on plan issues, CareSource’s care management staff attend member council meetings to address any individual issues from EAC participants after the meeting.
Coverage of Timely Topics	In the Successfully Engaging Members in Plan Governance webinar, Aetna Better Health described their practice of discussing relevant topics in the health and wellness landscape, which increases the value that participants obtain from EAC meetings. This can include discussion of flu season concerns, the opioid epidemic, or training to administer CPR or Narcan.
EAC Member Training Activity: “Meaningful Agendas or Not?”	Some plans employ an interactive activity during EAC training in which participants review sample agendas to consider whether the proposed activities will solicit meaningful feedback from participants and make effective use of their time. For example, an unproductive agenda may feature time allotted for EAC participants to discuss personal grievances or for excessive presentations from plan representatives. This practice, described in the Training Consumers for Engagement webinar, helps participants to think critically about their engagement during EAC meetings and helps EAC participants understand expectations for items to address during EAC meetings to generate meaningful feedback.

Retaining EAC Participants

Once a plan recruits EAC participants, it must also retain participants and maintain participation. Convenience and ease of participation can support EAC participant retention. Meetings should be convenient and accessible. Offering reminder calls, transportation, and the option for EAC participants to bring personal care attendants to meetings helps promote attendance and retention.

Beyond material incentives, people return to EAC meetings for intangible reasons, including their ability to have an impact on the plan and the relationships they form with EAC plan staff and other participants. Plans can take intentional steps to promote a culture to which EAC participants want to return. Practically, this can involve:

- Enacting a code of conduct created with EAC participants to ensure respectful engagement and build trust.¹⁵

Incentives and Regulatory Compliance In 2022 MMCO issued specific guidance regarding appropriate incentives for EAC participants. Plans must be cognizant of how incentives may impact an EAC participant’s eligibility for benefits. The full Health Plan Management System November 2022 Memo, which contains additional information, is linked [here](#).

Material incentives often play a role in both recruitment and in reducing turnover. These can involve meals, stipends, and transportation. In-kind benefits can take many forms including vouchers to local eateries or service providers. It is important to ensure these offerings are culturally relevant to the members they serve.¹⁴

¹⁴ Resources for Integrated Care. (2020). *Encouraging Member Participation in Governance: Spotlight on Innovative Stipends and Incentives*. Retrieved from https://www.resourcesforintegratedcare.com/wp-content/uploads/2020/12/Encouraging_Member_Participation_in_Governance-Spotlight_on_Innovative_Stipends_and_Incentives.pdf.

¹⁵ Center for Community Engagement in Health Innovation. (n.d). Our Principles and Approaches to Consumer Engagement. Retrieved from <https://www.healthinnovation.org/consulting/principles-and-approaches-to-consumer-engagement>.

- Engaging in team building and icebreaker activities to promote group cohesion. For example, CareSource EAC participants are offered t-shirts as a way of promoting unity within the group.¹⁶
- Closing the feedback loop across meetings by following up with EAC participants when they offer feedback or pose a question.
- Explaining why some feedback may not be implemented.
- Building rapport between EAC participants and coordinators.
- Offering open lines of communication between coordinators and EAC participants outside of meetings. This might include providing a phone number or email address to EAC participants so that the conversation can continue beyond the meeting.

Additional Resources

The RIC website offers a wealth of resources related to member engagement.

◉ [RIC Event: Recruiting and Sustaining Successful Enrollee Advisory Committees \(EACs\)](#)

During this webinar, health plan presenters share best practices on how to overcome common barriers to members' EAC participation, including transportation, cultural and technological barriers, and skepticism regarding the impact of such a committee. This webinar sheds light on innovative practices to mitigate these barriers, and amplifies the voice of an EAC participant to provide insight into the ways a well-designed EAC can help build trust between a health plan and its members.

◉ [RIC Event: Best Practices for Implementing Enrollee Advisory Committees Webinar](#)

This webinar provides an overview of EAC requirements, how health plans have engaged members in EACs, and how EAC participants have impacted outcomes and created organizational change. Health plans that have been successfully running EACs share lessons learned and best practices for engaging members in plan governance through EACs, including recruiting and selecting members, collecting enrollee feedback, and disseminating feedback to appropriate departments.

[Encouraging Member Participation in Governance: Spotlight on Innovative Stipends and Incentives](#)

This spotlight highlights innovative approaches to stipends and incentives shared by UCare and SCAN Health Plan during the 2020 RIC Community of Practice on member engagement in plan governance.

◉ [Meaningful Consumer Engagement: Training the Consumer](#)

In this webinar, William Dean from Community Catalyst leads a discussion in which Erin McGaffigan, Ph.D., MSW, MS, an expert in consumer engagement and training, presents on the approaches, tools, and training content needed as consumers join their health care delivery system's Consumer Advisory Committee. In addition, Althea McLuckie, a consumer with extensive experience participating on an advisory committee, shares personal insights into the training and operating guidelines used to support and empower its consumer advisors.

¹⁶ Resources for Integrated Care. (2019). Successfully Engaging Members in Plan Governance. Retrieved from: https://www.resourcesforintegratedcare.com/successfully_engaging_members_in_plan_governance/.

Enrollee Advisory Committees: Navigating the Feedback Process

This tip sheet describes how to gather, analyze, and implement feedback suggested by EAC participants. The tip sheet also provides strategies and examples for how health plans have implemented feedback loops with their EACs.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This tip sheet is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>. Please submit feedback to RIC@lewin.com.