Strategies for Meaningfully Engaging MassHealth Members to Inform Program and Policy Decisions

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MMPI MASSACHUSETTS MEDICAID POLICY INSTITUTE
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ABOUT THE MASSACHUSETTS MEDICAID POLICY INSTITUTE

The Massachusetts Medicaid Policy Institute (MMPI)—a program of the Blue Cross Blue Shield of Massachusetts Foundation—is an independent and nonpartisan source of information and analysis about the Massachusetts Medicaid program, MassHealth. MMPI's mission is to promote the development of effective Medicaid policy solutions through research and policy analysis.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports its partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

ABOUT EQUITABLE SPACES

Equitable Spaces' mission is to create opportunities for community members with lived and living experiences of poverty and related issues, those who have been historically excluded from policy decision-making processes, to incorporate their knowledge, perspectives, and expertise into the design of the policies and programs that directly impact their lives. Equitable Spaces provides customized training, technical assistance, and additional supports to local, state, and national groups that seek to include this expertise in research, program, and policy design, implementation, and evaluation.

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INTRODUCTION

Historically, the people most deeply impacted by health inequities have not been included in the decision-making processes around the programs and policies intended to serve them.[1] The exclusion of community members with lived experience means that community interests and needs are not always reflected in the interventions designed to support their health and well-being, which limits the effectiveness of these interventions.[2] Recognizing this, the National Academy of Medicine's conceptual model for advancing health equity includes community member engagement as the linchpin of a transformed and more equitable health care system.[3]

> The Centers for Medicare and Medicaid Services (CMS) defines **health equity** as the *"attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes."*
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> Source: Centers for Medicare & Medicaid Services. "CMS Strategic Plan: Health Equity." Available at: https://www.cms.gov/files/document/health-equity-fact-sheet.pdf.

Increasingly, Medicaid programs are engaging with individuals who have lived experience with Medicaid. These efforts recognize that member input is essential for effectively improving health outcomes and advancing equity (see callout box to the right for the definition of health equity used throughout this report).[4] Medicaid programs use a variety of tools and strategies to engage members, including informal and ad hoc strategies, such as member surveys and listening sessions, as well as more formal approaches, such as institutional advisory bodies. A recent evaluation of state Medicaid member engagement approaches found that despite the numerous strategies, many states experience barriers to authentic engagement; these barriers include budget and staffing constraints, difficulty with recruitment, and sustaining member participation over time.[5]

MassHealth, the name for Massachusetts' Medicaid program and Children's Health Insurance Program (CHIP), regularly engages with members to get their input on program design and policy changes. These engagement approaches include recurring advisory councils, listening sessions, and survey tools.[6] MassHealth is also committed to strengthening its current approach to member engagement, particularly among those most affected by health disparities. For example, in 2021 it released a formal request for information (RFI) seeking input from members and other stakeholders on how MassHealth could strengthen its member engagement approaches. MassHealth also recently announced the creation of the Member Advisory Committee (MAC), set to formally launch sometime this year. The MAC will create a structured mechanism to enable MassHealth to hear directly from members about their experiences with the program.

To help inform MassHealth's efforts to strengthen its member engagement approaches, the Massachusetts Medicaid Policy Institute, a program of the Blue Cross Blue Shield of Massachusetts Foundation, enlisted the Center for Health Care Strategies (CHCS) and Equitable Spaces (ES) to conduct a landscape assessment of Medicaid member engagement promising practices across the country. In addition to a literature review and landscape scan, CHCS and ES conducted a series of stakeholder interviews with MassHealth and MassHealth entities, Medicaid representatives from six states, and 11 MassHealth members (see Appendix A for more detail on the report methodology). Appendix B includes a list of the individuals and organizations whose perspectives are represented in this report.

The sections in this report include: (1) a framework for understanding different strategies for engaging with individuals with lived experience with Medicaid; (2) an outline of MassHealth's current approach to engaging members and their families in program and policy design and implementation; (3) a review of guiding principles for building a meaningful statewide Medicaid member engagement strategy; and (4) recommendations for building and strengthening MassHealth's member engagement strategy.

This report references several different programs, or delivery systems, that serve MassHealth members, including:

- **Accountable Care Organizations (ACOs)** are organized groups of doctors, hospitals, and other health care providers that contract with MassHealth and are held accountable for their member populations' health and health care costs. Over half of MassHealth's more than 2 million members are enrolled in ACOs. Members enrolled in ACOs are under the age of 65, living in the community (not in an institution), and do not have another source of insurance (i.e., Medicare).
- **One Care** is a managed care program for MassHealth members living with disabilities who are between the ages of 21 and 64 (at the time of enrollment) and are also enrolled in Medicare. One Care plans cover comprehensive Medicare and MassHealth benefits.
- **Senior Care Options (SCO)** is a managed care program for MassHealth members who are seniors (ages 65+). Most SCO members are also enrolled in Medicare, and SCO plans cover comprehensive Medicare and MassHealth benefits.

For more information on these individual delivery systems, please see the Blue Cross Blue Shield of Massachusetts Foundation's publication *MassHealth: The Basics*.

MEMBER ENGAGEMENT FRAMEWORK

A framework for Medicaid member engagement is described in Exhibit 1 on the next page. It depicts a wide range of strategies, moving along a continuum toward more meaningful engagement and full partnership with community members. While strategies at the bottom of the continuum represent the "gold standard," a robust member engagement strategy will include a combination of approaches along the continuum that support the information Medicaid agencies are trying to obtain and act on.

Strategies at the top of the continuum, while often transactional in nature, are important when providing updates and notifications to a broad range of stakeholders, or when seeking input on defined topics. However, these approaches on their own do not support meaningful, sustained relationships with community members. They are also not effective strategies for uncovering member priorities or issues that Medicaid agencies might not otherwise be aware of.

Activities at the bottom of the continuum shift the balance of decision-making power to members so that they have a stronger role in identifying concerns and preferred solutions. Further, these activities are more likely to have a lasting impact on health systems change. Activities on the bottom of the continuum, however, involve a more limited set of members. Therefore, these activities may not be representative of the full breadth of Medicaid members. They are also extremely time and resource-intensive, so resource constraints may limit the number of issues on which Medicaid agencies can gather feedback using these strategies.

DEFINING "MEANINGFUL MEMBER ENGAGEMENT"

In this report, we define "meaningful member engagement" based on two key characteristics that surfaced from the research:

1. The members being engaged have **power or influence over the engagement process itself**, and
2. The engagement **leads to real changes in policies, programs, and procedures**.

Engagement where community members do not have any influence over the process and that results in no, or merely superficial, changes to a policy or program, risks reinforcing historic power imbalances between the people being served by Medicaid and the people in charge of administering the program. These interactions can lead to community mistrust or a sense that members are being involved in a purely perfunctory and unfair manner, which can undermine the success of the engagement activity.

Source: State Health Value Strategies. "Transformational Community Engagement to Advance Health Equity." Available at: https://www.shvs.org/wp-content/uploads/2023/03/SHVS_Transformational-Community-Engagement-to-Advance-Health-Equity.pdf.

EXHIBIT 1. COMMUNITY ENGAGEMENT CONTINUUM

There are several engagement continuums that exist in the community organizing, research, and member engagement fields, many of which are adapted from a model developed by the International Association of Public Participation.[7,8,9,10] The graphic below, which draws on several adaptations, illustrates opportunities to engage with Medicaid members. These engagement activities move toward more meaningful and sustained partnerships that result in significant changes to policies and/or practices. Following are descriptions of the levels of community engagement activity and associated strategies within each level.

Inform. The goal is to *provide Medicaid members with information* to support their understanding of a program or opportunity. The agency is not seeking feedback; the intent instead is to share details on existing activities and resources, so members understand. Examples:

- Printed materials (e.g., flyers, direct mailers/emails/reports);
- Website updates;
- Social media campaigns (e.g., recorded video and audio messages, texts, Facebook, Instagram, Snapchat);
- Open houses and informational booths; and
- Awareness campaigns (e.g., immunization awareness campaigns).

Involve. The goal is to *understand community concerns and aspirations* regarding Medicaid programs and policy. These strategies are used to vet an idea or to gather information on future programmatic and policy options. Examples:

- Member interest and experience surveys;
- Focus groups;
- Public hearings;
- Requests for written feedback;
- Soliciting and incorporating member input on materials and initiatives; and
- Ad hoc advisory groups.

Collaborate. The goal is to *incorporate member insights and ideas into each aspect of the decision-making process,* including the identification of priorities, preferred solutions, and the development of alternatives. These strategies use a human-centered design approach that puts members' experiences and perspectives at the center of the problem-solving experience and uses an iterative approach to identifying solutions.[11] Examples:

- Series of listening sessions, designed to be iterative rather than one-off focus groups;
- Structured advisory groups (i.e., Patient Family Advisory Councils [PFACs], Community Advisory Boards [CABs], and Medical Care Advisory Committees [MCACs]) with clearly defined leadership roles for Medicaid members and caregivers; and
- Hiring of current/former MassHealth members as consultants on special projects.

Co-design. The goal is to *place decision-making power in the hands of community members* to co-create, implement, and evaluate community-defined processes and priorities. This is accomplished when community members own the solutions and drive program and policy outcomes. Examples:

- Participatory budget and decision-making where agency priorities reflect those identified by Medicaid members;
- Co-facilitation of community meetings, focus groups, and listening sessions;
- Co-development of communication products and plans for co-distribution;
- Co-designed agency protocols around member engagement; and
- Retention of current/former Medicaid members as agency staff and leadership.

While each approach has its own unique benefit, an effective engagement strategy will employ a mix of tools along the continuum, with each tool tailored to specific engagement goals. True and empowered partnership requires movement towards the bottom end of the continuum, where community members' lived experience is shaping engagement goals and outcomes, including those focused specifically on advancing health equity.

MASSHEALTH MEMBER ENGAGEMENT STRATEGIES

MassHealth solicits member input through a variety of methods along the community engagement continuum and has recently signaled its commitment to strengthening its overall approach to engaging with MassHealth members. These activities are overseen by a dedicated "member engagement team" at MassHealth. The following section summarizes engagement strategies that MassHealth currently employs, organized according to the framework described above, and then describes MassHealth's recent efforts to strengthen its member engagement strategy.

MassHealth's Current Member Engagement Approach

1. INFORM

MassHealth regularly shares information with members, including through social media posts, website updates, and direct mailings to update members on important benefits, service offerings, and eligibility changes. These approaches are effective ways to get information to members, but these one-way interactions do not offer MassHealth the opportunity to receive input from members.

2. INVOLVE

MassHealth gathers feedback from stakeholders, including on specific reforms and initiatives, as well as monitors data that reflects member experience with the program. Some of these activities are specifically designed to gather feedback from members, while others target stakeholders broadly, though they are open to members. Examples of these activities include:

- **Requests for Information (RFIs):** MassHealth periodically requests information from community stakeholders to inform the design and refinement of proposed services and programs. RFIs are posted on COMMBUYS, the state's procurement website, and shared with organizations serving MassHealth members to encourage member feedback. Examples of topics MassHealth has requested information on include health equity incentives, behavioral health services, and member engagement initiatives.[12,13,14] Members are able/allowed to respond to these RFIs, though the RFI process is not designed specifically with member accessibility in mind. For example, RFIs may not be written in a way that can be easily understood by members. Members also may not have familiarity with the COMMBUYS system necessary to learn about and respond to these RFIs and may not be notified when MassHealth posts an RFI that may be appropriate for a member to respond to.
- **Member Experience Surveys:** Through subcontractors and entities familiar with consumer experience work, MassHealth regularly administers member satisfaction and experience surveys to better understand member experience with the delivery of primary care, behavioral health, and long-term services and supports.[15] One Care administers a Member Experience and Quality of Life Survey annually; MassHealth Accountable Care Organizations (ACOs) are also required to assess member experience as part of their core quality measures.[16] As part of the Quality and Equity Incentive Programs (QEIP), certain MassHealth entities (such as ACOs and managed care organizations [MCOs]) are eligible for financial incentives if they pursue performance improvement across three domains tied to equitable care, including their performance on member experience surveys (with questions that focus specifically on members' perspectives on care related to communication, courtesy, and respect).
- **Focus Groups/Listening Sessions:** MassHealth occasionally hosts listening sessions for stakeholders—including members—to share information about upcoming policy or programmatic changes and to gather stakeholder and member feedback. For example, in November 2023, MassHealth held a listening session to lay out its initial thinking about proposed updates to services to address "health-related social needs" that it plans to launch in 2025, and to collect stakeholder feedback. These listening sessions typically involve a mix of organizational stakeholders (e.g., providers, advocates, and community-based organizations) and members. MassHealth recently supported a focus group specifically for members to help with the planning for the end of the Medicaid continuous coverage requirements related to the end

of the COVID-19 public health emergency. Specifically, MassHealth partnered with Health Care For All (HCFA, an advocacy organization in Massachusetts), along with community- and faith-based organizations, to host several focus groups with community members to understand how to best communicate important information about these eligibility and enrollment changes.[17] As part of QEIP, ACOs and MCOs are also required to engage with members with disabilities and/or their caregivers through focus groups, interviews, and/or surveys to better understand their experience with having their accommodation needs met during primary care visits.[18]

- **Consumer Readers:** MassHealth periodically seeks member participation on contract review processes. For example, to support the selection of One Care and Senior Care Options (SCO) plans (two managed care programs within MassHealth) for the contract period starting in 2026, the Executive Office of Health and Human Services (EOHHS) is seeking consumer readers to review certain sections of the responses submitted by potential health plans. These consumer readers receive a stipend for their time.
- **Requesting Data and Feedback from My Ombudsman:** Funded by MassHealth, My Ombudsman is an independent program operated by the Disability Policy Consortium that supports members in addressing conflicts with enrollment or barriers in accessing MassHealth programs and services. Originally created in 2013 to support members enrolled in One Care plans, My Ombudsman now serves all MassHealth members by providing information and resources and investigating and resolving complaints (e.g., grievances with providers, claim denials, home health care coverage).[19] My Ombudsman and MassHealth meet on a weekly basis to review and resolve complex cases. My Ombudsman also provides MassHealth with a quarterly report on the number of member complaints and commonly raised issues. MassHealth considers the program to be an important vehicle for collecting and addressing member feedback.

3. COLLABORATE

MassHealth convenes several regular formal and informal advisory groups to identify priorities and preferred solutions from a wide range of stakeholders. While not all of these groups are open to—or designed specifically for—members, the member perspective is at least partially represented in all of them, though sometimes by advocacy organizations rather than members themselves. Below describes broader stakeholder engagement strategies currently used by MassHealth.

- **Member Advisory Bodies to ACOs and MCOs:** MassHealth ACOs are contractually required to convene Patient and Family Advisory Councils (PFACs) to provide feedback to the ACO. PFACs are required to be made up exclusively of health plan members and/or their family members. Contract requirements direct ACOs to work with PFACs for the purposes of:
  - Identifying enrollee care and service issues;
  - Identifying and advocating for preventive care practices;
  - Supporting the development of cultural and linguistic policies and procedures, including those related to quality improvement, education, and operational issues;
  - Advising on the cultural appropriateness and member-centeredness of member or provider targeted services, programs, and trainings; and
  - Providing input on member experience survey data and assessments.[20]

  An initial survey of managed and integrated care plans conducted by MassHealth in 2021 and interviews conducted for this report revealed that ACO PFACs ranged in composition prior to 2023, differing greatly in whether and how many MassHealth members were engaged on the PFAC. In 2023, MassHealth strengthened the ACO PFAC requirements such that PFACs should be made up exclusively of enrollees and their family members and reflect the diversity of the MassHealth population across areas like cultural, linguistic, and racial diversity, as well as disability status, sexual orientation, and gender identity. Further, ACOs are required to offer interpreter services and other reasonable accommodations to support member participation. MassHealth MCOs, including One Care and SCO plans, have similar PFAC requirements.[21]

- **Consumer Advocate Meetings:** On a monthly basis, MassHealth attends meetings with community advocates to share updates and gather feedback. These meetings, convened by HCFA, include between 20 and 25 advocacy groups who work directly with MassHealth members. Agenda items, collected by HCFA in advance of the meetings, include eligibility and enrollment issues, member communications, and policy and strategy updates. Members do not directly participate in these meetings.
- **Disability Advocate Meetings:** On a monthly basis, MassHealth attends meetings with advocates and members with disabilities to share updates and gather feedback. These meetings, convened by the Boston Center for Independent Living (BCIL), include representatives of independent living centers, legal services agencies, disability and advocacy groups, and a few MassHealth members. Agenda items, collected by BCIL in advance of the meetings, are focused on MassHealth policy and programmatic issues that impact members with disabilities.
- **Formal Stakeholder Advisory Bodies:** MassHealth and MassHealth-related entities convene a number of additional stakeholder advisory bodies that include MassHealth members, though these groups are not member-centric bodies or convened exclusively to solicit member input. Examples include:
  - *Medical Care Advisory Committee (MCAC)* and *Payment Policy Advisory Board (PPAB)*, two stakeholder advisory committees that are jointly convened. The MCAC is a federally mandated body designed to advise state Medicaid programs on health and medical care services; MassHealth convenes a three-member MCAC.[22] The 12-member PPAB is charged with reviewing and evaluating rates and rate methodologies for MassHealth services for EOHHS.[23] Though there is a consumer advocacy representative on the MCAC, MassHealth members currently do not directly participate in the MCAC or the PPAB. See the callout box on page 8 for information about the new Centers for Medicare and Medicaid Services (CMS) rule that requires Massachusetts and other states to restructure their MCACs. The rule renames the MCAC as the Medicaid Advisory Committee (MAC) and requires at least 25 percent of MAC membership be made up of Medicaid members, their family members, and/or their caregivers. *(Note: although they have the same acronym, CMS' Medicaid Advisory Committee (MAC) is different and distinct from MassHealth's planned Member Advisory Committee (MAC), which was mentioned earlier in this report.)*
  - *Health Quality and Equity Committees (HQEC):* With the launch of QEIP in 2023, MassHealth wants to ensure that members are actively involved in the implementation of health equity work. As such, participating entities (ACOs and hospitals) are also contractually required to establish HQECs. In addition to representation from providers, frontline staff, primary care practices, and entity staff, the HQECs must have at least two MassHealth members or family members of MassHealth members. Responsibilities of the HQECs include:
    - Developing and steering implementation of the entity's health equity strategy;
    - Monitoring progress towards addressing disparities;
    - Developing health equity reporting; and
    - Sharing information with the PFAC.

For more examples of MassHealth-related stakeholder advisory bodies, please see Appendix C.

4. CO-DESIGN

MassHealth's member engagement activity that falls closest to the "community-driven/led" end of the engagement spectrum is the One Care Implementation Council.

- **One Care Implementation Council:** Established in 2013, the One Care Implementation Council ensures community stakeholders play an active role in the implementation of One Care (a managed care option for MassHealth members with disabilities who are also enrolled in Medicare). The council has up to 21 members, with at least 51 percent being MassHealth members with disabilities, their family members, or caregivers. Other council members include representatives from community-based organizations (CBOs), advocacy organizations, labor unions, and providers.[24] The council meets 11 times per year, with MassHealth staff and staff from the three organizations that offer One Care plans typically participating in the meetings. Council members facilitate the meetings, and council efforts are driven by priority areas jointly defined by MassHealth and council members.

MassHealth's Plans to Strengthen its Member Engagement Approach

In November 2021, MassHealth released an initial survey to managed and integrated care plans seeking to understand if and how they are implementing PFACs and Community Advisory Boards (CABs), and other similar bodies. This initial, voluntary survey was distributed to MassHealth ACOs and MCOs (i.e., One Care and SCO plans and Program of All-Inclusive Care for the Elderly [PACE] organizations), and MassHealth's behavioral health services contractor (the Massachusetts Behavioral Health Partnership). The survey sought to gather information to better understand the structure of these advisory bodies and what practices they use for recruitment, incentives, governance, and meeting logistics.

At the same time, MassHealth released an RFI requesting feedback from members, advocates, and other stakeholders on how MassHealth could strengthen its member engagement approaches, particularly for members most impacted by health disparities. MassHealth sought input on existing engagement strategies and formats, particular challenges, member supports that would be needed to improve member engagement, and the possibility of a future MassHealth member engagement committee. Partly in response to information gathered through these efforts, in June 2023 MassHealth announced its plan to establish an agency-wide Member Advisory Committee (MAC).

Shortly after that announcement, CMS proposed new rules (which were subsequently finalized in April 2024) that require Medicaid agencies to bolster existing and develop new member advisory bodies. For example, these rules require Medicaid agencies to establish a Beneficiary Advisory Council (BAC), a standalone group comprised solely of Medicaid members, their families and/or caregivers (see callout box on next page). MassHealth's proposed MAC would be designed to meet CMS' requirements for a BAC: it will be made up exclusively of current and/or previous MassHealth members, as well as guardians, family members, and caregivers of current or past members. The goals of the MassHealth MAC are to:

1. Provide a member-centric forum where members can share their ideas, perspectives, and recommendations on program and policy decisions;
2. Build trust between MassHealth and members;
3. Promote accountability and transparency around MassHealth decision-making;
4. Provide bidirectional learning opportunities for MassHealth to understand member experiences and to build members' capacity and awareness;
5. Provide a direct pathway for MassHealth to engage with members on specific issues or to seek specific input; and
6. Create a governance structure whereby the MAC will address priority issues relevant to members rather than just providing feedback on MassHealth directed topics.

In July 2023, MassHealth released a Request for Responses seeking a subcontractor to support the launch of its MAC and to provide technical assistance with strengthening member engagement in other MassHealth stakeholder initiatives. In early 2024, MassHealth announced the selection of Collective Insight, a Massachusetts-based organization that will support the creation of the MAC.

Lastly, in January 2024, MassHealth announced its plans to create a stakeholder advisory committee to advise the state on its request to CMS to cover certain MassHealth services in the 90-day period before individuals are released from incarceration.[25] This request was approved in an April 2024 amendment to Massachusetts' 1115 waiver. EOHHS is procuring the advisory council—to be named the Community Feedback Forum for Health and Justice—to provide feedback on key decisions related to covering these services and the initiative's implementation. EOHHS seeks approximately 13 individuals to serve on the Community Feedback Forum. Of those individuals, approximately eight will have lived experience with incarceration in Massachusetts or will be a family member or guardian of an individual with such lived experience.

NEW CMS RULE: MEDICAID ADVISORY COMMITTEE AND BENEFICIARY ADVISORY COUNCIL PROVISIONS

In April 2024, CMS released a final rule, *Ensuring Access to Medicaid Services,* which creates two new member engagement requirements for Medicaid programs. For several decades, states have been required to have a Medical Care Advisory Committee (MCAC), a stakeholder advisory body to advise the state Medicaid agency on health and medical care services. Recognizing the importance and value that lived experience brings to Medicaid program design and implementation, the new rule would require states to establish and operate:

1. Medicaid Advisory Committee (MAC) in place of the MCAC, and
2. Beneficiary Advisory Council (BAC), a standalone group comprised solely of Medicaid members, their family members, and/or caregivers.

The MAC (not to be confused with MassHealth's forthcoming Member Advisory Committee) and BAC would serve as formal structures for providing input on service design, policy recommendations, and program administration, as well as other topics deemed relevant by each of these bodies. The proposed rule establishes minimum requirements for MAC representation, including a minimum threshold of BAC members (at least 25 percent), as well as other interested parties, such as advocacy groups, clinical providers or administrators, Medicaid managed care plans, and other state agencies serving Medicaid members. MAC composition would be representative of the broad diversity of each state's Medicaid program. The MAC structure will acknowledge and support Medicaid member perspectives, and the committee governance should ensure that "each voice is empowered to participate equally."

States would be required to provide staff support to facilitate MAC and BAC activities. New transparency and accountability requirements will also require that states make membership lists, meeting schedules and minutes, bylaws, recruitment processes, and annual reports publicly available. CMS envisions that the reimagining of the MAC and the creation of the BAC will create formal structures that support the bidirectional exchange of information on Medicaid program and policy design and decision-making. In turn, these formal structures will "improve access to care, quality, and health outcomes, and better [address] health equity issues in the Medicaid program."

Source: Centers for Medicare & Medicaid Services. "Ensuring Access to Medicaid Services (CMS 2442-F) Final Rule." Available at: https://public-inspection.federalregister.gov/2024-08363.pdf.

MEMBER ENGAGEMENT GUIDING PRINCIPLES

The following member engagement guiding principles (see Exhibit 2) were gleaned through the literature review, state interviews, and member listening sessions. They are intended to be used by Medicaid state agencies or other entities (i.e., ACOs/MCOs, health care organizations, and large provider groups serving Medicaid members) to help guide their development of an effective member engagement strategy. These principles apply to activities across the member engagement continuum.

EXHIBIT 2. MEMBER ENGAGEMENT GUIDING PRINCIPLES

1. PRIORITIZE TRUST

Trust-building takes time and effort, and must be an intentional and sustained process.

Medicaid members have historically not been included in the decision-making processes around the programs intended to serve them. Further, many Medicaid members come from communities that have been racially, culturally, socially, or economically marginalized and oftentimes been mistreated by the medical system. Building trust with Medicaid members is an essential first step to gaining meaningful input and feedback from them.

To build trust, Medicaid agencies and Medicaid-related entities (e.g., MCOs, behavioral health vendors, and other entities that interact directly with Medicaid members) should make explicit and ongoing commitments to their member engagement work. They should also clearly communicate these commitments, both internally among program staff and externally with members and additional stakeholders (e.g., CBOs, advocacy groups, health care providers). External messaging should consistently and clearly communicate the goals and value of understanding member experiences, particularly for reaching health equity goals. It is important to avoid perfunctory or "token" interactions with community members, which can undermine credibility and trust. To continually build trust with members, Medicaid agencies and Medicaid-related entities should approach member engagement with humility, openness, and a learner's mindset, as feedback from members may point to course corrections or shifts in engagement approaches.

> *"Community members with lived experience are important to these processes because we have valuable information to share about how engaging with MassHealth and other social systems directly impacts our health and well-being."*
>
> — Kelly Russell (a MassHealth member interviewed for ths project)

2. BE TRANSPARENT

Transparency involves stating goals and objectives upfront, and providing regular updates on how member feedback has been applied—or not.

> *"It helps when we know the exact boundaries of where our information is going, so that we can monitor the level or limit what we share in these spaces."*
>
> — Sharon Chase (a MassHealth member interviewed for this project)

Transparency is the cornerstone of trust-building and is important across all states of engagement activities, from development and planning to implementation and evaluation. Medicaid agencies and Medicaid-related entities should develop clear and comprehensive explanations of engagement goals, such as an overarching strategy that describes why, when, and how they will engage with members, and articulate how member input will support Medicaid in achieving their health and equity goals. For each member engagement activity that Medicaid agencies initiate, it is important to share expectations, budget and other implementation constraints, timelines for decision-making, updates on decision points, and how member input is being used to inform decisions and next steps.

3. PROVIDE EQUITABLE COMPENSATION

Fair compensation recognizes the value that lived experience brings to the process of equitable policy and program design and helps build trust.

Compensating community members for their time ensures that those most impacted by Medicaid programs and policy can participate in critical conversations. Medicaid and Medicaid-related entities should create a standard compensation approach and rate for all types of engagement activities. For example, Washington State's Office of Equity created compensation guidelines, including detailed information on who is eligible for stipends, what documentation is required to process payments, compensation rates by activity, agency reporting guidelines, and best practices for disbursing payments.[26] Although providing equitable compensation to community members can be complex, a well-developed policy can help alleviate those complexities.

In addition to financial compensation, Medicaid agencies and Medicaid-related entities should consider the following additional supports:

- Meals and onsite childcare for in-person events, or other in-kind reimbursement;
- Technology assistance to join virtual meetings (e.g., Wi-Fi hot spots, instructions for joining Zoom calls);
- Counseling for members on how compensation may impact income-based public benefits eligibility (e.g., Medicaid, Supplemental Nutrition Assistance Program [SNAP], Temporary Assistance for Needy Families [TANF]);
- Easy-to-read community-facing materials that detail compensation requirements (i.e., IRS Form W-9, if required), payment options, and payment cadence; and
- Flexibility around payment type (e.g., check, gift card, electronic payment) and low-barrier access to payment as not all Medicaid members have access to bank accounts or other methods of receiving payment.

> *"I don't fill out certain forms based on principle. I'm not giving my time and input for free."*
>
> — Rebecca Wood (a MassHealth member interviewed for this project)

Federal financial participation may be available to offset the state's costs of compensating Medicaid members for participating in engagement activities (see callout box below).

FEDERAL FINANCIAL PARTICIPATION FOR MEMBER COMPENSATION

Federal regulations stipulate that states can provide "financial support" to members serving on Medical Care Advisory Committees (MCACs) in order to facilitate engagement, and these expenses are eligible for federal financial participation (FFP) at 50 percent of the federal medical assistance percentage (FMAP)—or the federal government's share of the cost of covered services in state Medicaid programs. This rule gives states flexibility to cover stipends and to reimburse for related expenses (i.e., childcare) for members serving on the MCAC. In CMS' final rule expanding member engagement requirements for states (see callout box on page 8), CMS clarified that the 50 percent FMAP "will remain available to states for expenditures related to MAC [Medicaid Advisory Committee] and BAC [Beneficiary Advisory Council] activities in the same manner as the former MCAC."

Source: Code of Federal Regulations, § 431.12 Medical Care Advisory Committee. Available at: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-431/subpart-A/section-431.12.

4. PROMOTE DIVERSITY AND INCLUSION

Proactively recruit individuals from various backgrounds and ensure that any barriers to participation (i.e., language, accessibility, information technology) are understood and addressed.

If the goal of member engagement is to design interventions that reduce disparities and work towards a more equitable health care system, it is crucial to actively solicit the participation of members who reflect the full diversity of Medicaid programs (i.e., diversity in race and ethnicity, sexual orientation, gender, disability and health status, age, geography, and language). It is especially important to take extra care to ensure those most marginalized are represented. To support an inclusive environment, cultural and racial sensitivity in all member interactions is paramount.

5. USE A TRAUMA-INFORMED APPROACH

A trauma-informed approach can mitigate feelings of powerlessness and exploitation.

When partnering with those most impacted by health inequities, the information policymakers seek is often closely connected to experiences of personal trauma. To help mitigate the impact of trauma, Medicaid agencies and Medicaid-related entities should provide training to appropriate staff to ensure they understand the core principles of trauma-informed care. Foundational elements of a trauma-informed approach include fostering a sense of safety and trustworthiness, providing peer support, operating in the spirit of collaboration and mutuality, providing empowerment and choice to members, and recognizing and addressing biases and historical trauma.[27]

For example, ensuring that staff who interact with community members are reflective, relatable, and share some type of lived experience with participants can be part of a trauma-informed approach. Medicaid agencies and Medicaid-related entities should also consider providing ongoing assistance to Medicaid members involved in member engagement activities, including through the provision of peer support and open discussion forums, to support their emotional health as they process their highly personal and often traumatic experiences with the health care system.

6. DEVOTE SUFFICIENT RESOURCES TO MEMBER ENGAGEMENT

Allocate sufficient resources to member engagement to support staff and member capacity building, compensation, and addressing participation barriers.

Medicaid agencies and Medicaid-related entities should allocate sufficient resources to member engagement work. This includes resources to support staff and members alike in building the skills necessary to be effective partners; creating and covering a staff position or team to oversee member engagement activities and to serve as a community members liaison; ensuring sufficient financial resources are available to compensate community members; and providing necessary accommodations so that all interested members are able to fully participate (i.e., translation and interpretation, technology).

> *"People with lived experience need to be supported in the same way as people working for these organizations."*
>
> — Rafael P. (a MassHealth member interviewed for this project)

RECOMMENDATIONS FOR BUILDING ON MASSHEALTH'S MEMBER ENGAGEMENT STRATEGY

MassHealth is in a strong position to build on their current approach to member engagement. As mentioned previously, there are a range of programs and activities already underway, including the One Care Implementation Council, which is frequently heralded by states and stakeholders across the country as a "gold standard" for engaging Medicaid members in policy and programmatic decisions.[28] MassHealth has identified strengthening member engagement as a core component of achieving health equity. To that end, it is actively working to scale and refine its efforts to more meaningfully and systematically gather member input. For example, MassHealth recently revised Accountable Care Organization (ACO) Patient and Family Advisory Councils (PFAC) requirements such that PFACs should be made up exclusively of enrollees and family members of enrollees and, to the extent possible, reflect the diversity of the MassHealth population across areas like cultural, linguistic, and racial diversity, as well as disability status, sexual orientation, and gender identity.[29] Previously, there were no explicit requirements about the makeup of the PFACs.

MassHealth also recently announced its intention to create a new program-wide Member Advisory Council (MAC) (as described on page 7 of this report). This would be MassHealth's first program-wide advisory council comprised exclusively of members (past and present) and their family members to provide structured feedback to MassHealth.

The following section builds on the guiding principles outlined above and offers recommendations for how MassHealth can continue strengthening its overall approach to engaging with members in new, efficient, and meaningful ways.

1. DEVELOP AND PUBLISH A STATEWIDE MEMBER ENGAGEMENT STRATEGY

While MassHealth currently engages with members through a variety of channels, many of these approaches happen independently of one another, or are one-off requests for information (RFIs) and listening sessions. MassHealth's current member engagement approach could be strengthened by developing an overarching strategy. This strategy would both leverage existing efforts and create a more systematic and sustained approach to integrating the lived experience of MassHealth members into program and policy design, implementation, and evaluation.

A statewide strategy would:

- Clearly articulate the agency's **overarching goals for member engagement**, including how leveraging lived expertise will play a critical role in advancing the state's Medicaid program and equity goals.
- Emphasize the commitment to **cultivate relationships with community-based organizations (CBOs) and other trusted community partners** to help foster relationships between MassHealth and the full diversity of community members that MassHealth serves, particularly communities with whom MassHealth does not currently have strong relationships.
- **Detail MassHealth's current member engagement activities.** Considering those activities in the context of the member engagement continuum, MassHealth could identify specific approaches that would strengthen its efforts to incorporate lived experience with MassHealth into program and policy development. It should conduct this assessment and planning in partnership with members.
- **Define the topics that MassHealth would regularly seek input on from members.**
- **Describe principles for determining how to choose specific engagement activities** (i.e., RFIs, focus groups, ACO PFACs) to inform specific inquiries.

PROMOTING A MASSHEALTH ENGAGEMENT STRATEGY

MassHealth members interviewed for this report noted that they would benefit from more frequent and accessible communications on opportunities for them to engage with MassHealth. MassHealth could collaborate with members to develop a multipronged awareness campaign encouraging members to participate in engagement activities, such as listening sessions, ad hoc workgroups, and ultimately a more structured advisory group (e.g., MAC). Additionally, MassHealth could leverage community partners, advocacy organizations, and existing ACO/MCO PFACs and providers to raise awareness on timely resources, upcoming requests for information, member experience surveys, and opportunities to serve in advisory capacities.

- Describe how relevant information will be made available to members, decision makers, and relevant stakeholders, including details on **how MassHealth will use member input and communicate decisions to members**.
- Outline the agency's **compensation policy** for members engaged in these activities.
- Describe the agency's **approaches for assessing the impact of member engagement** (more on this in the recommendation *Develop and Implement an Impact Measurement and Reporting Plan*) and commitment to continuous improvement across activities and the engagement strategy more broadly.

MassHealth could partner with advocacy and other CBOs to recruit community partners or host listening sessions to learn more about what members would like to see included in a member engagement strategy. Similarly, MassHealth could consider leveraging existing ACO PFAC meetings as well as its soon-to-be-formed MAC to solicit member input on core strategy elements. The development of any strategy should ideally be transparent (e.g., communicating program/budget limitations), visionary (e.g., creatively bold, transformational), and iterative (e.g., able to pivot based on real-time learnings). Once finalized, MassHealth could similarly partner with advocates, providers, and other stakeholders to promote upcoming and existing member engagement opportunities (see sidebar on the previous page for more suggestions for promoting the MassHealth engagement strategy).

> *"As members, we often just don't know enough about the whole MassHealth system to know how to have a meaningful impact."*
>
> — G. Shaneyfelt (a MassHealth member interviewed for this project)

2. STRENGTHEN ACCOUNTABLE CARE AND MANAGED CARE ORGANIZATION MEMBER ENGAGEMENT REQUIREMENTS

As previously mentioned, in 2023 MassHealth updated PFAC requirements. Prior to these updates, PFAC composition varied greatly in whether and how many MassHealth members were engaged. Now, ACOs face stricter requirements on PFAC composition, including being made up of members and their families only, and to the extent possible, reflecting the diversity of the MassHealth population. Further, ACOs are now also required to provide interpreter services, and other reasonable accommodations to support participation. MassHealth managed care organizations (MCOs), including One Care and Senior Care Option (SCO) plans, have similar PFAC requirements.

An initial survey of managed and integrate care plans conducted by MassHealth in 2021 and interviews conducted for this report also revealed that PFACs differed in the frequency of PFAC meetings and in whether or not ACOs had implemented any changes to policies, programs, or procedures in response to PFAC input. This variation suggests that there is room for MassHealth to further strengthen its PFAC requirements in several ways.

First, MassHealth should track ACO PFAC membership over the coming year to hold ACOs accountable towards meeting these new membership requirements. MassHealth could also require contracted MassHealth entities to compensate members for participating in PFACs. This could include recommending a standard hourly or event rate and/or providing guidelines for non-cash or in-kind compensation alternatives (e.g., training, personal expenses, supplies) for members who chose not to accept financial compensation for fear of impacting their eligibility for public benefits programs.

To encourage more meaningful engagement across ACO PFACs, MassHealth could require a minimum number of annual meetings for each ACO's PFAC. As increasing meeting frequency will not necessarily translate to more meaningful engagement, MassHealth could also establish a formal mechanism for ACOs to share with MassHealth the feedback they receive through their PFACs, as well as plans of action for addressing these issues (i.e., through an annual report, standing meeting, or town hall open house).

MassHealth could also consider requiring ACOs and MCOs to co-develop charters and guiding principles for engaging with MassHealth members. For example, the Arkansas Medicaid Client Voice Council (MCVC) developed a charter in collaboration with members. The charter outlines the goals of the council, rules of engagement, governance structure, compensation, membership and transparency requirements, and accommodations. In Massachusetts, the One Care

Implementation Council charter describes the purpose and goals of the council, the relationship to EOHHS, council composition, and procedural rules governing new bylaws, meeting minutes, and making recommendations to EOHHS.[30]

MassHealth could consider other actions that support greater consistency and transparency. For example, MassHealth could require ACOs and MCOs to publish an annual report that summarizes how often the PFAC met, what they learned from their PFAC members, and what recommendations were implemented. ACOs and MCOs could also be required to publish PFAC meeting agendas and make meeting summaries publicly available. Arkansas' MCVC and Viriginia's Department of Medical Services, which administers its Medicaid program, have webpages that include information on current council members, newsletter updates, and video clips from the council convenings.[31]

Finally, MassHealth could consider providing technical assistance or create an ACO/MCO member engagement learning community. Technical assistance could center on member engagement promising practices, effective recruitment, charter and governance development, logistics, trauma-informed approaches, and MassHealth's overall vision for engaging with MassHealth members. A learning community would facilitate peer-to-peer learning and ensure the viability and sustainability of member-centric PFACs. The Oregon Health Authority's (OHA) Transformation Center devoted significant time and resources to standing up coordinated care organization (CCO) community advisory councils (CACs) and supporting their ongoing operations through monthly technical assistance calls, an annual in-person meeting for CACs and other key stakeholders, and a library of training resources for CAC members. Oregon CCOs are also supported by an "innovator agent," who is a state-appointed liaison between the OHA and CCOs, tasked with supporting member engagement efforts.[32] Innovator agents are often manager-level staff with strong expertise in community engagement work. They provide technical assistance to CCOs related to implementing CACs and build a consistent communication channel between the OHA and CCOs.

MassHealth can also encourage ACOs to create a staff position to oversee member engagement strategies and serve as a liaison with community members. This team member should ideally have lived experience and be empowered to translate community member recommendations into action and provide timely follow up with community partners.

3. SUPPORT STAFF AND MEMBER PARTICIPATION

MassHealth should support both staff and members alike in building the skills necessary to partner effectively with one another. While engaging with community is not a new concept, the research on meaningful and sustainable strategies for Medicaid member engagement is still evolving. As such, staff tasked with leading engagement activities may benefit from up-to-date training opportunities to help them understand the goals and principles behind effective member engagement and to build their facilitation and engagement skills. In acknowledgement of this, MassHealth has contracted with Collective Insight to provide support to MassHealth beyond helping to establish the MassHealth MAC, including providing technical assistance and skills-building to internal MassHealth program teams.

The research conducted for this report suggests it may be valuable for the curriculum to include an introduction to important member engagement definitions (i.e., health equity, health disparities, lived experience, trauma-informed approaches), engagement promising practices, the continuum of member engagement activities, and MassHealth's overall member engagement goals and strategy. Internal trainings could also be offered to partner entities, like ACOs, as technical assistance to help them strengthen their own member-engagement strategies.

MassHealth could also consider providing professional and capacity building support to members, particularly for those participating on advisory bodies, to ensure members feel prepared to be active participants. A curriculum might include training on meeting facilitation, agenda setting, conflict resolution, state budgeting processes, policy development, and public speaking.

Lastly, MassHealth and MassHealth entities should ensure that an adequate budget is in place to support member engagement at in-person and virtual events. This includes

> *"It would be great to have MassHealth leadership in our rooms sometimes, so that we can share directly with them."*
>
> — Briana Vargas (a MassHealth member interviewed for this project)

providing accommodations, such as language translation and interpretation, compensation, and stipends for community participants, and/or offering other supports such as childcare, transportation, and meals.

4. DEVELOP AND IMPLEMENT AN IMPACT MEASUREMENT AND REPORTING PLAN

Demonstrating the impact of member engagement efforts is important for both agency leaders and MassHealth members. As a critical component of an overall member engagement strategy, measuring the impact of these efforts helps bring transparency and accountability to agency activities, build and maintain trust with members, and showcase the members' contributions and accomplishments.

MassHealth should formally document what feedback they receive and what actions they take in response to each member engagement activity. As examples, the Central Oregon CCO CAC hosts a website[33] that documents CAC accomplishments (i.e., the creation of community-facing resources, amendments to the grievances and appeals process, and the creation of member benefits trainings).[34] To document advisory committee actions, the Virginia Medicaid MAC logs all issues raised by members and provides updates on issue resolution.[35] These strategies could be adapted for all member engagement strategies—not just formal advisory committees.

MassHealth should also consider developing mechanisms to assess member awareness and experiences with engagement opportunities. MassHealth could routinely collect information from MassHealth members and broader MassHealth stakeholders on their understanding of and experiences with MassHealth's member engagement strategy and activities (i.e., through surveys or listening sessions). MassHealth could then share the findings with community members, and host opportunities for public discussion on how MassHealth can strengthen their engagement efforts.

MassHealth can also consider publishing an annual report that details its member engagement activities over the past year, ongoing engagement opportunities, and measured impact. In the near term, this report could include updates on MassHealth's progress on standing up their new MAC, including opportunities for members to participate.

5. STAND UP MASSHEALTH'S MEMBER ADVISORY COMMITTEE

As mentioned above, MassHealth is currently developing its MAC , which will be comprised solely of current and former members, as well as family members and caregivers of MassHealth members. This new body will meet the proposed new federal requirements (described in the callout box on page 8) to create a beneficiary-specific advisory committee referred to by CMS as the Beneficiary Advisory Council (BAC).

MassHealth has proposed a laudable structure for this new member committee. Community participants report experiencing increased levels of safety and belonging when congregating and planning among their peer network.[36] By creating a committee comprised solely of members and their caregivers, MassHealth is helping to address power dynamics that often become barriers to full participation.

To build and maintain trust with members, and ensure the sustainability of the MAC, MassHealth will need to develop formal mechanisms to ensure that the feedback from the MassHealth MAC is conveyed to other stakeholders and to MassHealth leadership, and ensure processes are in place so that member input can be meaningfully integrated into program and policy decision-making. MassHealth should establish a formal link (beyond some shared members) between the MassHealth MAC and the broader Medicaid Advisory Committee (previously known as the Medical Care Advisory Committee [MCAC]), which will include MassHealth leadership and other key stakeholders. Formal linkages could include, for example, an annual joint meeting where the member-only committee presents on key issues surfaced in their meetings to the broader Medicaid Advisory Committee. MassHealth could also consider including periodic, but regular, participation by MassHealth leadership on the member-only board, which would offer an opportunity for MassHealth to share important program updates and for the board to highlight key opportunities and recommendations.

MassHealth should also consider vetting their approach for convening the MAC with members, their family members, and other caregivers. Collective Insight, the vendor MassHealth has selected to help establish the MAC, has released a flyer

looking for community input on creating and reviewing MAC outreach and application materials, promoting the MAC in communities across Massachusetts, encouraging members from diverse backgrounds to apply, and offering input on ways to make the MAC successful. This is an important first step in ensuring community and member participation in designing the MAC. Obtaining member perspectives and recommendations at multiple points during the design and implementation phase will ensure that the MassHealth MAC is a robust and inclusive forum that promotes participation and engagement.

CONCLUSION

MassHealth members have valuable, first-hand insights that can inform and strengthen the programs and policies impacting their health and well-being. Incorporating lived experience in the design of Medicaid policies and programs helps ensure that they truly meet community needs, are designed in ways that build on member strengths, and support overcoming barriers to access.

MassHealth's current approach to engaging members offers many strengths. These include a core team of MassHealth staff overseeing member engagement work, plans to create a program-wide member advisory committee (i.e., the MAC), strong relationships with community partners who liaise with members, and the One Care Implementation Council, which serves as a model advisory committee for other Medicaid programs throughout the country.

While MassHealth currently engages with members through a variety of channels, many of these approaches happen independently of one another, or are not practices for garnering routine and ongoing input and feedback. This report identifies opportunities to strengthen MassHealth's current member engagement approach by developing an overarching strategy that leverages existing efforts. This overarching strategy would also create a more systematic and sustained approach to integrating the lived experience of MassHealth members into program and policy design, implementation, and evaluation.

No one state has perfected a Medicaid member engagement strategy, and meaningfully engaging Medicaid members takes resources and time to get right. However, the potential payoff for Medicaid programs—and most importantly Medicaid members—is tremendous. As MassHealth and Medicaid agencies across the country renew their commitment to health equity, meaningful and robust member engagement efforts are central to ensuring they meet these commitments.

APPENDIX A: METHODOLOGY

The Center for Health Care Strategies (CHCS) conducted interviews with MassHealth staff responsible for overseeing member engagement activities, representatives from MassHealth entities including My Ombudsman and the One Care Implementation Council, representatives from MassHealth Accountable Care Organizations (ACOs) (including My Care Family, Community Care Cooperative, and Steward Health Choice) to understand current state efforts to engage members and learn about their approaches and promising practices for convening Patient and Family Advisory Councils (PFACs), and staff from Health Care For All.

To better understand how other state Medicaid programs approach member engagement, CHCS conducted interviews with representatives from the Arkansas Department of Human Services, the California Department of Health Care Services, the Colorado Department of Health Care Policy and Financing, the Oregon Health Authority, and the Washington State Department of Social and Health Services.

Equitable Spaces (ES) conducted a series of virtual meetings with 11 MassHealth members to learn about their experiences and barriers in accessing MassHealth programs and services and get their input on ways to improve MassHealth's member engagement approach. ES conducted two series of meetings with community members: one series with MassHealth members and another exclusively with members actively participating in their ACO's PFAC.

APPENDIX B: INTERVIEWEES

- **Theresa Alphonse**
  Director of Health Equity, Steward Health Choice
- **Cristen Bates**
  Director, Office of Medicaid and CHP+ Behavioral Health Initiatives and Coverage, Colorado Department of Health Care Policy & Financing
- **Tamesha Bowens**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Sharon Chase**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Thomas Cogswell**
  Project Coordinator, Transformation Center, Oregon Health Authority
- **Sarah Davis**
  Deputy Client Officer, Colorado Department of Health Care Policy & Financing
- **Leslie Diaz**
  Director, My Ombudsman
- **Malinda Ellwood**
  Senior Manager, Member Engagement, MassHealth
- **Adela Flores-Brennan**
  Medicaid Director, Colorado Department of Health Care Policy & Financing
- **Hannah Frigand**
  Director, HelpLine & Public Programs, Health Care For All
- **Dennis Heaphy**
  Massachusetts Disability Policy Consortium; Chair, One Care Implementation Council
- **Philly Laptiste**
  Chief People Officer, Community Care Cooperative
- **Joseph Mando**
  Director of Health Equity, Community Care Cooperative
- **Henri McGill**
  Program Manager, One Care
- **Roseanne Mitrano**
  Senior Director, Member Experience and Engagement, MassHealth
- **Jason Pederson**
  Deputy Chief of Community Engagement, Arkansas Department of Human Services
- **Rafael P.**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Viveka Prakash-Zawisza**
  Senior Medical Director, MassHealth
- **Kelly Russell**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Monica Sawhney**
  Chief of Provider & Member Programs, MassHealth
- **Christina Severin**
  President and CEO, Community Care Cooperative
- **G. Shaneyfelt**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Alex Sheff**
  Director of Policy and Government Affairs, Health Care For All
- **Lindsay Morgan Tracy**
  Innovator in Chief, Washington Department of Social and Health Services
- **Briana Vargas**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Ellie Vargas**
  MassHealth Member and Community Engagement Strategy Planning Consultant
- **Evelin Viera**
  ACO Manager of Care Management, My Care Family (formerly)
- **Rebecca Wood**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Three MassHealth members**
  Community Engagement Strategy Planning Consultants, who chose to remain anonymous.

APPENDIX C: MASSHEALTH-RELATED STAKEHOLDER ADVISORY BODIES

Below are examples of MassHealth-related stakeholder advisory bodies, in addition to the ones listed on page 6 of this report.

Delivery System Technical Advisory Committee (DSTAC), a planned stakeholder advisory body to facilitate input on technical aspects of MassHealth's delivery system reform efforts, such as the accountable care organization (ACO) and managed care organization (MCO) programs, and the Quality and Equity Incentive Programs (QEIP). DSTAC consists of 28 stakeholders with various backgrounds including, but not limited to: representatives from health plan administration, disability advocacy and consumer advocacy, and medical providers who serve MassHealth members. One DSTAC member is a MassHealth member and one is a caregiver of a MassHealth member.

Senior Care Options Advisory Committee (SCO-AC) is designed to allow SCO plans to provide feedback to MassHealth on program operations and SCO members to provide feedback on the SCO program. One to two representatives from each of the six SCO plans participate in quarterly meetings and members are also invited to participate. Additionally, there are members of the SCO-AC who represent relevant provider groups. Agenda items are developed in partnership with MassHealth staff and the SCO plans. Recent meeting topics have included upcoming policy changes, supporting members with redeterminations, and creating SCO Patient and Family Advisory Councils (PFAC).

Continuous Skilled Nursing (CSN) Service Delivery Advisory Council, a procured stakeholder council that includes members who receive CSN services or their families, CSN providers, health professionals who serve the CSN population, and advocates. The council was founded in March of 2023, with initial council members serving two-year terms. Agenda items are developed by the MassHealth CSN team, with recent meeting topics including DMEPOS (durable medical equipment, prosthetics, orthotics and supplies) for CSN members, complex care assistant services, and CSN workforce initiatives.

Wheelchair Repair Workgroup meets monthly and was developed to address issues with obtaining timely wheelchair repairs. The group has evolved but has consisted of members, member advocates, durable medical equipment (DME) mobility providers, and manufacturers. The focus has been on leveraging American Rescue Plan Act (ARPA) funds to develop a Community Mobility Provider model focused on performing simple repairs.[37]

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