



MEDICARE-MEDICAID COORDINATION OFFICE

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TO: Medicare Advantage Dual Eligible Special Needs Plans

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SUBJECT: Lessons Learned from Dual Eligible Special Needs Plans Enrollee Advisory Committee Strategic Conversation

This memorandum outlines lessons learned from a series of strategic conversations CMS held with Medicare Advantage (MA) organizations in December 2023 and January 2024 regarding CY 2023 implementation of dual eligible special needs plan (D-SNP) enrollee advisory committees (EACs).

Background

In the Contract Year (CY) 2023 MA and Part D Final Rule ([May 2022 final rule; CMS-4192-F](#)) at 42 CFR 422.107(f), CMS finalized the requirement that any MA organization offering one or more D-SNPs in a state must establish and maintain, for contract year 2023 and subsequent years, one or more EAC that serve the D-SNPs offered by the MA organization in that state. The regulation at 42 CFR 422.107(f) requires that the EACs include a reasonably representative sample of enrollees, or other individuals representing those enrollees, and that the EACs solicit input on, among other topics, ways to improve access to covered services, coordination of services, and health equity for underserved populations. Beyond these parameters, 42 CFR 422.107(f) allows flexibility to MA organizations in implementing the EACs.¹

On August 31, 2022, the CMS contractor Resources for Integrated Care (RIC) hosted a webinar titled “Best Practices for Implementing Enrollee Advisory Committees,” which provided technical assistance to D-SNPs on many EAC implementation topics.² One of the key topics covered in this webinar was a discussion on best practices for MA organizations to establish and seamlessly integrate an EAC into their operational processes. The webinar provided insights into the initial steps MA organizations could undertake to establish an EAC.

In December 2023 and January 2024, CMS led strategic discussions with 110 MA organizations that offer one or more D-SNPs. The purpose for these discussions was to gather feedback on how these organizations implemented the new EAC requirement in CY 2023. This feedback helped CMS understand the initial implementation and identify lessons learned and challenges.

Lessons Learned

¹ Discussion of the May 2022 final rule and responses to public comments can be found at 87 FR 27718 through 27726 at <https://www.govinfo.gov/content/pkg/FR-2022-05-09/pdf/2022-09375.pdf>

² Resources for Integrated Care, “Best Practices for Implementing Enrollee Advisory Committees”, video recording, webinar slides, and other resources retrieved from: https://www.resourcesforintegratedcare.com/2022_ric_webinar_best_practices_for_implementing_enrollee_advisory_committees/

Many of the lessons learned listed in this memorandum are consistent with suggestions provided by the RIC through their technical assistance. In particular, RIC tip sheets, “Launching an Enrollee Advisory Committee”³ and “Enrollee Advisory Committees: Navigating the Feedback Process”⁴ align with lessons learned from the strategic conversations.

This memorandum summarizes key lessons learned by topic.

EAC Participant Recruitment and Retention

MA organizations with EACs that experienced more successful participant recruitment and retention incorporated one or more of the following approaches:

- Used multiple outreach methods to recruit prospective EAC participants, including direct phone calls.
- Over-recruited the number of EAC participants to ensure a representative sample of enrollees at every meeting.
- Engaged trustworthy sources like advocacy/community organizations and current enrollees to attract/recruit new EAC participants.
- Used tailored recruitment materials with welcoming language and visuals.
- Conducted interviews in non-English languages commonly spoken by D-SNP enrollees.
- Identified EAC enrollees near an in-person EAC meeting venue and contacted them directly to confirm their interest in attending the meeting.
- Highlighted EAC accomplishments or initiatives to attract enrollees to attend/participate in EAC meetings.
- Offered incentives such as transportation and nominal gift cards to encourage participation (within established federal guidelines).⁵
- Continued engaging with recruits via phone calls and texting until the EAC meeting, such as providing friendly reminders a few days before the meeting.

EAC Participant Preparation and Engagement

MA organizations with EACs that experienced more successful participant preparation and engagement incorporated one or more of the following approaches:

- For any new committee participants, MA organization staff walked them through any technology in advance of the committee meeting to streamline the connectivity process.
- Lunch and transportation were provided to participants.
- Identified enrollees by name which helps promote collaboration.
- Asked the EAC participants for input on their preferred meeting frequency.

EAC Meeting Structure

MA organizations with more successful EAC meeting structures incorporated one or more of the following approaches:

- Held separate meetings for rural vs. urban areas and/or separate meetings for different geographical areas of a state (e.g., Northern vs. Southern California)
- Held separate meetings for English vs. Spanish speakers, depending on the language preferences of D-SNP enrollees.
- Offered hybrid and virtual option for meetings rather than only virtual to address technology needs.
- In addition to required EAC topics, used EACs to gain feedback on new D-SNP benefits and enrollee communications.

³Resources for Integrated Care, “Launching an Enrollee Advisory Committee”, Tip Sheet https://www.resourcesforintegratedcare.com/wp-content/uploads/2024/01/TA-Duals_Tip-Sheet-Launching-an-EAC_final.pdf

⁴Resources for Integrated Care, “Enrollee Advisory Committees: Navigating the Feedback Process”, Tip Sheet https://www.resourcesforintegratedcare.com/wp-content/uploads/2023/07/TA-Duals_-_TipSheet-Feedback-for-Improvement_final.pdf

⁵ CMS distributed an HPMS memo on November 28, 2022, “[Cash, Cash Equivalent, Voucher, Gift Card, and In-Kind Benefits for Enrollees Who Are Enrollee Advisory Committee Participants](#)”.

EAC Follow Up

MA organizations with more successful EAC follow up incorporated one or more of the following approaches:

- Encouraged EAC enrollees to recommend topics, ideas for future meetings, so everyone could have a say in what gets discussed.
- Ensured care managers of EAC participants attend EAC meetings and can discuss one-on-one any participant-specific issues raised during EAC meetings.
- For MA organizations with multiple D-SNP EACs, convened leadership of the individual EACs to share agenda ideas, recruitment successes, and other experiences.
- Dedicated time in the subsequent EAC meeting for the MA organization to share actions taken as a result of feedback from prior meetings.
- Shared EAC actions in newsletter or other MA organization communication to assist with EAC participant recruitment and inform enrollees of EAC work.
- Established mailing address where enrollees can submit recommendations directly to D-SNP quality staff.

Questions

If you have any questions about the contents of this memorandum or the EAC requirement at 42 CFR 422.107(f), please contact the Medicare-Medicaid Coordination Office at MMCO_DSNPOperations@cms.hhs.gov and your CMS Account Manager.