



Enrollee Advisory Committees: Navigating the Feedback Process

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 describes how to gather, analyze, implement, and follow up with EAC participants regarding the feedback

generated by EACs. Ultimately, this feedback can be implemented in a manner that leads to the improvement of both EAC processes and the health plan as a whole.

Feedback Process

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 Community Engagement in Health Innovation. (2019). *The Role of Consumer Advisory Councils in the Financial Alignment Initiative*. Retrieved from https://www.healthinnovation.org/resources/publications/body/Consumer-Advisory-Council-OnePager_Final.pdf.

EACs convene so members can provide meaningful feedback on their experiences, which include their individual experiences and experiences with the health plan. Feedback provided through an EAC usually follows these steps:

1. Health plan staff **collect feedback** from EAC participants during EAC meetings.
2. Health plan staff aggregate and **share feedback** with relevant department or quality improvement staff.
3. Health plan staff **evaluate feedback** and determine whether or how to integrate the feedback into the plan.
4. Health plan staff **share the outcome of the feedback** with EAC participants, which may include alternative approaches to addressing feedback or a timeline required to implement feedback.



Collect and Share EAC Participant Feedback

There are a variety of methods that a health plan may implement to collect feedback from their EAC participants. Depending on the status of a plan's EAC (e.g., in early development versus well-established) and the nature of the feedback a plan seeks to collect, different approaches to collecting EAC participant feedback may be required. If an EAC is in an early development stage, plans may wish to delay collecting feedback on sensitive topics, which can be best accomplished after committees have built rapport, and plans may further refine their approach to collecting feedback based on the group's preferences. Below are a few approaches to facilitate meaningful feedback from EAC participants:

- Share meeting agendas, materials, and key questions with EAC participants in advance, allowing them to prepare feedback before the meeting. During in-person meetings, plans can distribute a copy of each item for which they wish to solicit feedback; this use of visual tools supports collecting input from EAC participants. In virtual meetings (i.e., those hosted on a web-based platform), presenting materials on screen can help attendees have a common visual reference.
- Allow EAC participants who cannot attend the meeting to offer their feedback on each agenda item either before or after the meeting takes place. This could occur through a phone call scheduled at a time convenient for the EAC participant.⁵
- Distribute online or paper surveys to collect feedback and ensure that EAC participants who are not inclined to speak in a larger group have an opportunity to share their thoughts and perspectives privately.

Effective training for EAC participants also elevates the usefulness of feedback generated at meetings, as it aligns the EAC participants' and plan's understanding of what type of feedback is useful. For example, effective education can help shape EAC participants' understanding of what types of feasible changes could be implemented, how to avoid common disruptive or distracting behaviors, and how feedback raised in EAC meetings may be shared or used across the health plan.

Beyond providing feedback on plan benefit offerings or their experiences, EAC participants can test the usability or accessibility of different plan products, like web tools or plan-related literature. For example, a plan that

⁵ Resources for Integrated Care. (2015). Consumer Advisory Committees: Recruiting and Retaining Members for Engagement. Retrieved from <https://www.resourcesforintegratedcare.com/webinar1-2/>.

develops a new website may ask EAC participants to search the website for specific information and then assess the ease with which they found that information. Meetings can be more interactive by introducing participatory quizzes that share live results. Conducting live brainstorming sessions where participants generate ideas in real time can be both interactive and productive.

Health plans can also take steps to ensure they collect accurate EAC feedback in a useful manner. For example, health plans may consider recording meetings, with EAC participants' consent, to provide accurate and complete documentation of the meeting conversation. Alternatively, an assigned staff member can take meeting minutes to capture the meeting discussion.

Inviting relevant stakeholders to attend EAC meetings can also ensure EAC participant feedback reaches individuals (e.g., health plan staff) directly involved. This type of stakeholder engagement in EAC meetings allows for EAC participants to ask follow-up questions and enables direct collaboration between EAC participants and plan staff or stakeholders. For example, when Aetna health plan members were struggling with transportation, representatives from the transportation company attended the EAC meetings to hear concerns and provide clarification.⁶ Beyond sharing meeting insights with external vendors, plans can share meeting minutes or recordings with other departments within their enterprise. Finally, plans may consider designating space for EAC participant representation in the plan board of directors or other plan leadership, which allows for direct communication between the EAC participants and plan decision-makers.

Evaluate EAC Participant Feedback

Evaluating EAC participant feedback is an important step in the feedback process. Analysis may involve consolidating feedback provided by EAC participants, summarizing feedback through statistical analysis, writing a narrative describing EAC participant perspectives, and disseminating feedback to relevant plan or plan vendor stakeholders.

Plans might find value in holding a debrief session following each meeting. This debrief session can include relevant individuals at the health plan along with those who facilitated the meeting (either health plan staff or staff from a vendor contracted to facilitate meetings).

Conducting a thematic analysis of EAC participant responses can inform common or emerging health plan member needs or preferences. This type of analysis requires looking across the responses provided by EAC participants to see if a certain type of feedback appears multiple times, and if this feedback may be related or represent a common theme. Health plans can extract data for this analysis from open-text responses to survey questions or responses to discussion questions recorded or captured in the meeting notes.

Plans may find it helpful to create detailed summary reports for the health plan staff and EAC participant audiences and, if operating multiple EACs across regions, consolidate insights for each topic as appropriate. A summary report can be visually engaging and accessible online and can include information like the number of EAC participants providing feedback, summary statistics for any surveys fielded to the group, or a narrative describing findings from the feedback.

⁶ Resources for Integrated Care. (2019). Successfully Engaging Members in Plan Governance. Retrieved from: <https://www.resourcesforintegratedcare.com/successfully-engaging-members-in-plan-governance>.

While some feedback may be applicable across regions or communities, other feedback may be more specific to local plan efforts. Careful analysis of the nature of the feedback helps to inform the appropriate department for specific feedback.

Using EAC Participant Feedback

After analyzing EAC participant feedback, plans must decide how to use this feedback. Some feedback can be integrated into plan activities immediately while other feedback may require additional consideration or data collection. The plan may not be able to take action on certain feedback at that point in time or the plan may be constrained to act upon the feedback by resource limitations or regulations.

Often, plans will use EAC feedback to inform their marketing materials or activities, or to improve their plan supplemental benefit offerings. Plans can also use the feedback to revise communications to improve accessibility, understandability, and relevance. For example, when Aetna Better Health was struggling with low Consumer Assessment of Healthcare Providers and System Survey (CAHPS) participation, the plan asked their EAC how they could improve their response rate. EAC participants recommended that Aetna Better Health send a letter to all members describing the purpose of the survey, explaining why honest feedback from all members is important.

Plans can ask EAC participants for insight or feedback on member experience data. For example, Aetna Better Health's CAHPS survey results indicated member concerns about the availability of specialists in their provider network. The EAC suggested this may be a result of confusion around what services require prior authorization and the difference between prior authorizations and referrals. Aetna developed an educational article for their member magazine explaining the difference between prior authorizations and referrals, which included a list of common services requiring prior authorizations.⁷ EAC participant feedback can lead to changes in plan benefit offerings or structures, or to revisions to the processes through which plan members access care, including transportation and the health plan's website or online tools. Plans can also disseminate feedback from EACs to relevant vendors to engage in their own improvement activities.

⁷ Resources for Integrated Care (2019). Successfully Engaging Members in Plan Governance.

Consumer Feedback in Action

The table below features examples of how health plans utilized EAC participant feedback to improve their offerings.

Updated Offering	Description
Ask the Doctor Card	In the 2019 Resources for Integrated Care (RIC) webinar, Gathering and Using Member Feedback in Plan Governance , FirstChoice VIP Care Plus discussed feedback received from council participants about their difficulty remembering the questions and concerns they wished to discuss with their doctors once they are in the doctor’s office. MAC participants and the plan representatives worked together to develop a postcard-sized note that was disseminated to plan members for them to write down their questions and concerns and take with them to future appointments. ⁸
Revised Benefit Offerings	As discussed in the 2019 RIC webinar, Successfully Engaging Members in Plan Governance , Aetna Better Health Premier Plan revised the delivery and total value of the over-the-counter benefit to reflect EAC participants’ preference for receiving a larger, quarterly benefit rather than a smaller, monthly benefit. ⁹
Identification Cards for Drivers	In the same 2019 RIC webinar, Successfully Engaging Members in Plan Governance , Aetna representatives discussed how EAC participants expressed difficulties with transportation. To resolve this, the transportation vendor attended committee meetings and worked with EAC participants to enact specific improvements. As a result, drivers contracting with the health plan now carry identification cards so that plan members can verify that the drivers work with the plan’s transportation vendor. ¹⁰
Material Accessibility	In Oregon, the Columbia Gorge Consumer Advisory Council improved the readability of a 63-page community health assessment the health plan used to identify key health needs and issues. EAC feedback prompted the creation of an 11-page “plain-language” summary to capture key points in a visual, easy-to-read way. ¹¹

Share the Outcome with EAC Participants

Participants find EAC involvement very rewarding, particularly when the health plan directly leverages their feedback by implementing changes suggested by the EAC, which also encourages continued participation in the EAC.¹² EAC facilitators also emphasize the importance of “closing the loop” and keeping EAC participants informed of the work the plan is doing in response to their feedback.¹³

Plans must tactfully communicate to EAC participants the anticipated timing and outcome of the plan’s review of feedback and any subsequent decision-making process. Effective strategies for sharing the outcome of feedback include:

⁸ Resources for Integrated Care. (2019). *Gathering and Using Member Feedback in Plan Governance*. Retrieved from https://www.resourcesforintegratedcare.com/gathering_and_using_member_feedback_in_plan_governance/.

⁹ Resources for Integrated Care (2019). *Successfully Engaging Members in Plan Governance*.

¹⁰ Ibid.

¹¹ Hodin, R. M., & Tallant, M. (2020). *Supporting Meaningful Engagement through Community Advisory Councils: Lessons from the Oregon Health Authority*. Community Catalyst: Milbank Memorial Fund. Retrieved from <https://commcat.io/ccehi-ohacasestudy>.

¹² 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/.

¹³ Resources for Integrated Care (2015).

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- Holding space in every agenda to provide updates on the next steps or outcomes of previously received feedback
- Explaining why some feedback may not be implemented
- Spending time during EAC participant training to explain the feedback loop in the health plan so that EAC participants understand how the health plan elevates their feedback throughout the organization
- Being realistic in communicating timelines and emphasizing that progress may be slow
- Sharing year-end retrospective reports on the work within the organization that involved the EAC

Following up with EAC participants is the final step in a multi-part feedback loop. A feedback loop allows for EAC participant suggestions to travel through the organization and for the outcome of that feedback to reach the EAC participants who made the original suggestions. The 2019 survey of CAC participants in the Financial Alignment Initiative addressed how the MMPs use CAC feedback. The survey findings noted:¹⁴

- Over 70 percent of plans report that they share CAC feedback at senior staff meetings, and over 50 percent report that they share this feedback at board meetings
- Over 60 percent of plans surveyed report that senior leadership participates in or observes CAC meetings
- Over 50 percent of plans report that CAC staff report feedback directly to senior leadership
- Twenty-nine percent of health plan CAC staff involved report feedback to the Quality Improvement team

The table below details how two specific organizations have opted to structure their organizational feedback loop when receiving EAC participant feedback.

Health Plan	Feedback Loop Components
Aetna Better Health Premier Plan	In a 2019 RIC webinar, Successfully Engaging Members in Plan Governance , Aetna detailed their feedback loop, indicating the following: <ul style="list-style-type: none"> • The plan CEO attends all advisory council meetings • A participant of the advisory council serves on the plan’s governing board • The advisory council shares meeting minutes with the plan’s governing board and the quality oversight committee
First Choice VIP Care Plus	In the 2019 RIC webinar, Gathering and Using Member Feedback in Plan Governance , First Choice VIP Care Plus detailed the influential role their steering committee plays in shaping the agenda and how feedback from MACs progress within the organization. The steering committee, comprised of their Executive Director, Community Outreach Director, Long-Term Supports and Services Director, Member Services Director, and Quality Director meets quarterly to identify topics to present to the MAC and discuss issues and progress made in previous MAC meetings.

¹⁴ Center for Community Engagement in Health Innovation (2019).

Additional Resources

Please refer to the below resources for more information regarding navigating the EAC feedback process.

[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 EAC participants, collecting enrollee feedback, and disseminating feedback to appropriate departments.

[RIC Event: Gathering and Using Member Feedback in Plan Governance Webinar](#)

Members participating in health plan governance can provide valuable feedback to inform plan policies and procedures that address the needs of plan members and their families and caregivers. This webinar focuses on how plans can gather robust feedback and implement changes to address feedback from members effectively.

[An Exploration of Consumer Advisory Councils within Medicare-Medicaid Plans Participating in the Financial Alignment Initiative](#)

Consumer Advisory Committees in Medicare-Medicaid Plans closely mirror EACs within D-SNPs. This resource provides useful context regarding how CACs have operated since being established in 2014 as part of the CMS Medicare-Medicaid Financial Alignment Initiative.

[Oregon Health Authority: CCO Community Advisory Councils Handbook of Best Practices](#)

This handbook of best practices reflects guidance generated from meetings, calls, interviews, evaluations, and surveys from those involved in the Oregon Health Plan's CACs. It provides recommendations for how to establish a clear structure and guiding principles, recruit members to participate, support participants so they will succeed, design engaging and effective meetings, and help members understand their value.

[Launching an Enrollee Advisory Committee](#)

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

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.