MCO NMDOH Learning Collaborative Webinar: Engaging Medicaid Members May 31, 2024

The Texas Medicaid Managed Care Organization (MCO) Non-Medical Drivers of Health (NMDOH) Learning Collaborative met in May via webinar to learn more about the new Medicaid managed care rules impacting state advisory committees, discuss best practices in engaging Medicaid members, and to learn about the <u>Medicaid Innovation Collaborative</u>.

Engaging Medicaid Members:

<u>The Center for Health Care Strategies</u> (CHCS) kicked off the meeting with an overview of the "Access Rule" released by CMS in April 2024. The rule established new requirements for states to create 2 new member advisory groups:

- 1. Medicaid Advisory Committee (MAC)
 - a. Replaces Medical Care Advisory Committee (MCAC)
 - b. Includes providers, MCOs, patient advocates, one state agency staff, Medicaid members
- 2. Beneficiary Advisory Council (BAC)
 - a. Member only committee
 - b. BAC must occur in advance of the MAC
 - c. Closed to public unless BAC decides otherwise

HHSC will be required to implement and provide an annual report to CMS. It is currently unknown how HHSC will interpret and implement the new rules and the state has over a year to come in compliance. The Learning Collaborative will monitor and invite HHSC to present at a future meeting or webinar. See slides for additional details about the new committees and <u>here</u> is a resource from CHCS.

CHCS also presented on member engagement best practices.

Member Engagement Continuum

Engagement Level	Inform	Involve	Collaborate	Community-Led
GOAL	Provide members with information to support their understanding of a program, resource, or opportunity.	Understand member concerns and aspirations regarding programs and policy.	Incorporate member insights into each aspect of the decision-making process, including the identification of priorities, preferred solutions, and alternatives.	Place decision-making in the hands of community members to co-create, implement, and evaluate processes and priorities.
EXAMPLES	 Print materials Web, video, and social media updates Text message and email campaigns Open houses and informational booths 	 Member interest and experience surveys Focus groups Requests for information Public hearings and requests for written feedback Ad hoc advisory groups 	Listening sessions Structured advisory groups, such as PFACs, CABs, and BACs/MACs, with clearly defined leadership roles for members Hiring current former members as consultants on special projects Partnerships with community-based organizations Community-centered research Community liaison, ambassador, or navigator programs Co-developed outreach strategies	 Co-development of program policy, priorities, and member engagement protocol Co-facilitation of meetings and groups Participatory budgeting and decision-making Retaining current/former members as agency staff and leadership

Center for Health Care Strategies Best practices include:

- Prioritizing and building trust
- o Transparency and clearly defining goals and objectives
- Compensate/reimbursement ensures those most impacted (subject matter experts) can participate
- o Ensure diversity and inclusion
- o Use a trauma-informed approach
- Devote sufficient resources

Medicaid Innovation Collaborative:

<u>Acumen America</u> is a non-profit impact investment firm focused on serving low-income communities. Through support from funders and a partnership with CHCS, they are offering the Medicaid Innovation program which is free to states, MCOs and communities.

The Medicaid Innovation Collaborative (MIC) program aims to improve the health and wellbeing of individuals on Medicaid by advancing the adoption of tech-enabled innovations.

 In 2023 three states (Iowa, Kentucky and NY) participated in the program with a focus on addressing NMODH. The slides outline the innovative programs from each state.

The program focuses on three key phases to coordinate across the Medicaid ecosystem

DEFINE + DISCOVER SOURCE + SELECT CONNECT + CATALYZE **SOURCE** scalable innovations to meet **CONNECT** state, managed DEFINE the problem and align on state, managed care, provider and community the needs defined through discovery. care plan, and community goals and expectations. representatives to scalable innovations through a showcase event. **SELECT** innovations best suited to **DISCOVER** the unique context of meet the needs with input from CATALYZE adoption of innovations by inequities within a geography or community, managed care, state, and facilitating state and managed care population through conversations with subject matter representatives. alignment. Support pilots and beneficiaries and research. evaluation.

MIC can provide support in Texas if there is interest including: facilitate conversations between MCOs and the state, provide incentives to de-risk health plan pilots, and provide evaluation support to define success for sustainability.

See slides for additional details and please feel free to reach out to Veenu Aulakh if you are interested in learning more: vaulakh@acumen.org.