

Increasing Consumer Engagement in Medicaid

Learnings From States

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As Medicaid increases in scale and complexity, greater consumer input in program design and implementation can help to guide innovative program design, improve service delivery, and identify kinks in the system that might not be readily apparent to Medicaid officials. While some state Medicaid leaders find it challenging to engage consumers effectively, others are implementing strategies to improve consumer engagement in policy and program planning.

This brief summarizes key learnings from conversations with 50 leaders of state Medicaid programs across 14 states. Researchers at Oregon Health & Science University and the University of Pennsylvania's Leonard Davis Institute of Health Economics conducted interviews in 2019 and early 2020, with funding from the Robert Wood Johnson Foundation.

Key Findings

1. Consumer engagement may take on many different forms.

Medicaid leaders say that talking directly to consumers helps identify misunderstandings, nuances, potential gaps, and other issues that may not be readily apparent to policymakers who design state Medicaid programs.

Creating different forums for consumers to offer input is essential to the success of consumer

engagement efforts. This input, whether obtained from “raw” listening sessions or meetings with agency-led agendas, may push programs to make critical modifications or move in new directions.

Colorado's Medicaid agency uses a “benefits collaborative” process to solicit consumer priorities when making decisions on Medicaid covered benefits. This process includes documenting consumer input and ensuring agency feedback.

While consumer engagement generally yields valuable information, states' motivations for beginning the process differ. Some state leaders highlight pragmatic benefits of consumer advisory committees, while others cite value-based motivations (e.g., reducing health disparities and promoting patient-centeredness). State legislatures and administration priorities can also play a role in both the funding and success of these efforts.

Valuing the Consumer Voice in Minnesota

“It is important to allow people to come forward to show who they are and what brought them to this table. Asking them what they want to share before you dive into specific policy and service questions creates an authentic opportunity for engagement and makes gathering more detailed information feasible.”

2. Federally mandated MCACs represent a floor for consumer engagement.

Medical Care Advisory Committees (MCACs) are federally mandated in each state to inform Medicaid policy and program decision-making. While federal guidelines require that MCACs include at least one consumer, there is little guidance for how states should structure and implement these committees. As a result, MCACs vary state-by-state in the proportions of providers, advocates, Medicaid consumers, and other stakeholders represented. Some states' MCACs consist solely or primarily of consumers, while others modify their MCACs to include subcommittees that focus on specific population needs or topic areas.

Pennsylvania, for example, employs an innovative committee structure. In addition to its MCAC, the state maintains a subcommittee made up exclusively of consumers and focused entirely on members' needs. With facilitation from a leader with the Pennsylvania Health Law Project, the group meets before each MCAC session to generate consumer-initiated policy ideas as well as provide input on state-led policy initiatives.

States that seek meaningful consumer engagement must invest time and effort into recruiting, training, and sustaining consumer committee members. Medicaid agencies may work with community partners and advocacy groups to identify consumers interested in committee participation. Barriers such as transportation challenges, lost income from missing work to participate, and child care needs must often be addressed to facilitate

participation. Some states therefore provide nominal compensation for consumers to attend, provide meals or per diems, leverage relationships with community organizations to recruit and transport participants, and/or secure community-based meeting spaces.

Deploying the Subcommittee Model in Pennsylvania

"We have a subcommittee that is composed entirely of Medicaid beneficiaries. They, as a subcommittee, have directly held the department accountable, and then elevated issues where they did not believe there was enough attention given."

3. States engage consumers by breaking the committee mold.

Beyond the MCAC, some Medicaid program leaders say creativity is needed for robust consumer engagement. Several states supplement committee meetings with town halls, stakeholder partnerships and outreach, focus groups, and email surveys. Engaging consumers on multiple fronts enables states to hear from many different consumer voices on many different topics, and enables agencies to collect more actionable feedback.

Given the complexity of Medicaid programs, states must make efforts to connect with consumers in ways that "meet them where they are"—whether in terms of their fluency with the Medicaid program, or physical location. Trust is essential to this process.

Examples of states breaking the mold

STATE	NOVEL APPROACH TO ENGAGEMENT
Minnesota	Leverages community partnerships to provide a neutral, safe space for engagement (e.g. hosting sessions at a community center). One session started with consumers sharing personal stories before discussing Medicaid program design. This helped to root the policy discussion in the context of members' lived experiences.
Colorado	Offers a handbook and is developing a video orientation on Medicaid policy for consumers participating in its benefits collaboratives, to facilitate productive engagement.
California	Partners with community foundations for financial support of engagement functions that cannot be easily provided through government contracting. These include technical support, meeting facilitation, and consumer member travel and per diem.
New York	Conducted 25 focus groups in several languages to understand consumers' knowledge of health systems and experiences with care. The findings were used to design educational messages and provide insight that was shared with the groups responsible for demonstration projects designed to improve care provided to Medicaid patients.

4. States connect with consumers through technology.

Technology helps connect people who are typically hard to reach. Most states rely on email listservs to connect with consumers about program changes and opportunities to provide input. States also use email listservs to recruit consumer participants for advisory group openings.

One state that uses technology effectively is Colorado with its Member Experience Advisory Council, a group focused solely on how the Medicaid program communicates with its consumers. After getting more than 400 applications for the 15-member Council, the state extended it to online membership, using monthly electronic surveys to capture many more voices.

Interviewees highlight potential benefits of teleconferencing platforms, especially in states with large rural populations or long travel times.

Virginia, for example, allows consumers to participate through a telephone town hall in which committee members dial in to ask questions and offer comments.

At present, states are using social media primarily to promote Medicaid programs, rather than as a tool for collecting input from consumers.

Closing the Loop in Colorado

“We’ll present information and ask for suggestions for improvement. We take all those questions, concerns, and comments, and do more research. Then we publish the proposed questions and answers and do a follow up meeting to make sure that people are aware of what we’re talking about, or what we’re thinking and why. It is very important to close the loop because that builds trust, which is the foundation for collaboration.”

5. States seek shared learning around consumer engagement efforts.

State officials highlight a lack of guidelines, shared learning, and best practices to help inform consumer engagement efforts. Many interviewees want to learn from other states' experiences, particularly how to overcome barriers to engagement. These barriers stem primarily from a lack of resources—including budget and staffing limitations—competing priorities, and insufficient guidance to implement changes.

Medicaid leaders interviewed shared the following advice for states seeking to improve consumer engagement in their Medicaid programs:

- Make sure meetings and other engagement opportunities are accessible to a full spectrum of consumers. This could be done by prioritizing consumer-friendly locations and times, or by helping people get to meeting locations.
- Provide compensation in return for consumer participation, along with food, transportation, and child care for participants who see these as obstacles to attendance.
- Offer opportunities for consumer engagement in various formats (e.g., town halls, focus groups, committee seats).
- Close the loop with consumer participants by communicating consistently how their input was used to inform the decision-making process.
- For engagement opportunities that require it, provide training to consumer participants so they can better understand technical language and policy details.
- Leverage relationships with community stakeholders and advocacy organizations to connect with consumers to solicit their feedback during the engagement process.

Conclusion and Discussion

Even though soliciting feedback from historically underserved and hard-to-reach populations is difficult, several states are leading the way in efforts to better engage Medicaid consumers in program design and implementation. Those Medicaid agencies that successfully engage consumers say they receive valuable feedback that helps to guide program planning, preempt implementation issues, and fix problems. There are examples that help states reduce barriers to participation, including exploring various modes of engagement that leverage available resources. States can look to each other for meaningful, innovative ways to collect and share feedback from consumers. Creating a formal mechanism or forum for states to share learnings and best practices could help to strengthen consumer engagement efforts across states.

Methodology

Researchers at Oregon Health & Science University, in conjunction with University of Pennsylvania and University of Minnesota, conducted interviews with state Medicaid leaders in 2019 and early 2020, with funding from the Robert Wood Johnson Foundation. The team (Jane M. Zhu, MD, MPP, MSHP; Ruth Rowland, MA; Rose Gunn, MA; Sarah Gollust, PhD; and David Grande, MD, MPA) interviewed 50 Medicaid program leaders across 14 states, employing a stratified purposive sampling method, selecting state Medicaid programs based on U.S. census region, rurality, Medicaid enrollment size, total population, Affordable Care Act expansion status, and Medicaid managed care penetration. Interview data were audio-recorded, professionally transcribed, and underwent iterative coding with content and thematic analyses. For more information, please see: Zhu JM et al. Engaging Consumers in Medicaid Program Design: Strategies from the States. *Milbank Quarterly*. Dec 2020. Online ahead of print. DOI: 10.1111/1468-0009.12492