HUB ANALYSIS   APRIL 2021

Spotlight on Member Engagement and Elevating the Consumer Voice

Banner Health and the Arizona Health Care Cost Containment System (AHCCCS) Office of Individual and Family Affairs

The NORC Medicaid Managed Care Organization (MCO) Learning Hub shares timely and relevant resources to support Medicaid MCOs and other stakeholders in improving the health of their members and increasing advancements in health equity and health care transformation. We encourage you to share your experiences and feedback on future Medicaid MCO Learning Hub work so we can better serve your needs. To start the conversation or join our distribution list, please email us at MCOLearningHub@norc.org.

The Medicaid MCO Learning Hub "Spotlight Series" highlights key initiatives addressing health equity that are driven by or in partnership with MCOs to inform the Robert Wood Johnson Foundation (RWJF) and its grantees. In addition, the series provides MCOs, community-based organizations, states, and other key stakeholders with examples of successful models of organizations working together to advance health equity.

This "Spotlight" focuses on the state Medicaid agency and a Medicaid MCO in Arizona that are working together to elevate consumer voices using advisory councils. Forthcoming Spotlight Series briefs will focus on other existing initiatives and partnerships around health equity.

Member and family engagement occurs on a continuum,[1] from outreach, which consists primarily of providing the community with information, to shared leadership, which consists of a strong bi-directional relationship where final decision-making occurs at the community level and entities have formed strong partnership structures. Consumer advisory councils fall within this engagement continuum, promoting bi-directional communication and member participation on key Medicaid issues.

States and Medicaid managed care organizations (MCOs) use member advisory councils to shape Medicaid strategy, service design, delivery, and program structure at the state and plan level. Elevating the consumer voice through advisory councils ensures that the experiences of Medicaid members inform program design and policy decisions and improves access to care. However, while advisory councils are a mechanism for elevating member voice and input on Medicaid and health plan service delivery, consumer engagement and retention within these advisory structures is often very challenging.

Banner Health and the Arizona Health Care Cost Containment System (AHCCCS) are working together to engage Medicaid members in advisory councils. **Banner Health** is a nonprofit health system and plan headquartered in Phoenix, Arizona, that operates 29 hospitals in 6 states. Banner Health serves a broad range of populations:

- **Coverage for Individuals Eligible for Arizona Long Term Care (ALTCS):** A fully integrated managed long-term services and support plan for individuals who are age 65 or older, or who

---

[1] See Principles of Community Engagement: https://www.atsdr.cdc.gov/communityengagement/pce_what.html.

have a disability and require nursing facility level of care. Services may be provided in an institution or in a home or community-based setting.

- **AHCCCS Complete Care (ACC):** An integrated managed care product providing both physical and behavioral health care services for the traditional and expansion Medicaid populations.

AHCCCS is the state's Medicaid program. It established the **Office of Individual and Family Affairs (OIFA)** with a mission to ensure peer and family voices contribute to every level of the system while educating and informing the community. In addition to the AHCCCS OIFA office, health plans in the state also operate their own OIFAs.

NORC's Medicaid MCO Learning Hub spoke with staff from Banner Health and AHCCCS to discuss the state and MCO perspectives on effective member engagement via member advisory councils.

State Requirements for Member Engagement

> **Arizona MCO Requirements for Consumer Engagement**
>
> ☐ **Establish member advocacy and governance committees.**
> ☐ **Ensure members participating in committees are representative of the health plan membership.**
>   ☐ **Committees are required to have peer and family member participation, except for those that pertain to issues of confidentiality.**
> ☐ **Meet with members, advocacy organizations, and other stakeholders biannually to identify concerns.**

Q: What are the state's requirements for member engagement?

AHCCCS: OIFA started in 2007 based on a state-level mission to ensure the family voice comes through at every level of the system. Seven community-driven recommendations guided our work. In October 2019, we revised our mission and broadened these recommendations to better align with changes within our system. We also developed a new strategic plan.

> *"Our mission is to engage members, bringing member voices in at all levels of the system, including at the health plan and provider level."*

We require plans to include peer and family voices at all levels, unless there are issues with confidentiality. Plans must establish member advocacy and governance committees at the health plan level to ensure that they are hearing member voices and implementing changes within health care, strengthening services, and, if members identify barriers, working towards removing those barriers.

Member Advocacy Committees (MAC) consist of members and family members enrolled with the contractor who receive physical and behavioral health services and are reflective of the populations the contractor serves.

> **Goal:** Gather and discuss issues and barriers, identify challenges, and problem solve to strategize ways to improve and/or strengthen service delivery. MACs serve in an advisory capacity and input is used for health plan strategic planning and decision-making.

Governance Committee consists of members and family members enrolled with the contractor who receive physical and behavioral health services and are reflective of the populations the contractor serves.

> **Goal:** Meet and interact with contractor leadership to direct strategic planning improvement and decision-making.

In our contracts, we require that member participation on health plan committees are representative of the broader population served by the health plan. For example, if a health plan provides services to the long-term care or ACC population, then committee members should be representative of that population. The OIFA administrator at each plan is required to have lived experience receiving behavioral health services and/or a family member who has lived experience navigating a public behavioral health system, and who has experience working with members, families, youth, advocates, and key stakeholders. Staff under the OIFA administrator will include an Adult Behavioral Health Member Liaison with lived experience and Child Behavioral Health Member Liaison with lived experience. We also require a Veteran Liaison and CRS Member Liaison.

In addition, we require that at least every six months, MCOs meet with advocacy organizations, peer-run organizations, members, family-run organizations, and other stakeholders interested in health system transformation for robust conversations about barriers and

concerns. The Medicaid OIFA works collaboratively with the MCO's OIFAs to implement changes needed.

Q: How does Banner operationalize these state requirements and engage with their members?

> **MCO Strategies for Operationalizing Member Engagement Requirements**
>
> ☐ **Conduct organizational readiness assessments and environmental scans to understand organizational culture, strengths, and opportunities.**
>
> ☐ **Demonstrate value of member engagement and elevating the consumer voice to organizational staff and leadership.**

Banner: For our ALTCS line of business we have a MAC that meets quarterly and consists of individuals, their caregivers and loved ones, and community members. The MAC is established to discuss topics that focus on the long-term care program and needs from a member/representative and family's perspective. Meetings include presentations, education, dissemination of information, and bi-directional communication. The MAC uses a focus group that consists of case managers and appointed ALTCS members for each meeting with the purpose of evaluating and reviewing meeting content. The MAC focus group meets before and/or after MAC meetings to discuss meeting content and track progress on meeting annual goals and objectives. Our intent is to discuss and identify gaps and opportunities for improvement. While our staff facilitate committees, our family members drive the agenda and conversation. We have a close relationship with the council and MAC members feel empowered and an active part of our decision-making process.

In addition to our contractually required committees, we also launched our Neighborhood Network Provider and Community Advisory Councils. The councils are established at a neighborhood level across the 10 counties we serve and comprise providers, community stakeholders, peers, members, and family members. Council members are charged with developing an intimate understanding of the issues/barriers facing the neighborhoods, including social determinants of health. Currently we have 11 councils working collaboratively at the community level to resolve issues and improve overall health. Outputs of this community work are also elevated to our executive leadership and infused into strategic planning and decision-making processes.

To operationalize state requirements, we conduct ongoing assessment and organizational readiness to ensure both meaningful engagement and participation. We also make sure that internal plan staff feel supported in their roles as committee chairs. Activities include internal environmental scans to highlight the value of member and family inclusion, to identify champions, and to have more intimate, one-on-one discussions with health plan staff to address areas of concern. After pre-planning, we conducted a phased launch of member and family engagement with robust committee training and support for the membership, our committee, and council chairs. In addition, Colleen McGregor, OIFA Administrator with Banner Health, has leveraged her own lived experiences as someone who has received services in the system and is a mom of a 16-year old with complex special needs. For example, Colleen thinks about how she would want to participate in a committee and uses that insight for engaging with members. We are thoughtful in how we support our colleagues in operationalizing, onboarding, and getting comfortable with hearing reports in our committee from the members we serve. We spend time figuring out where we want the consumer voice to come in and which individuals who have powerful or actionable perspectives.

We are also working to finalize our governance committee structure through which we not only report on our plan's performance, but also glean insights and input from our members across both our long-term care and complete-care lines of business.

Challenges with Member Engagement

> **Challenges with Member Engagement**
>
> ☐ **Different populations have different needs and competing priorities, and therefore have varying levels of engagement.**
>
> ☐ **Member readiness to engage effectively in governance structures can be limited.**
>
> ☐ **Alignments across the various committees is difficult.**
>
> ☐ **COVID-19 has made it harder for committees to meet and engage in-person.**

Q: What are some of the challenges you encounter with member engagement?

VARYING ENGAGEMENT LEVELS ACROSS POPULATIONS

AHCCCS: We initially set up a system for how health plans should engage with our members living with a serious mental illness (SMI) designation. This has also been extended to the ALTCS and ACC populations in conjunction with integration efforts for ALTCS and ACC. We are finding the need to redefine this approach as it relates to populations served by ALTCS and ACC plans due to the nature of member engagement in services. After they enroll in a plan and receive services, many individuals living with an SMI tend to stay consistently engaged and reach a level of recovery where they are able to successfully sit on committees and participate in activities.

What we are finding with our ACC members is that they tend to vary in service engagement of the Medicaid system. For example, an individual may have a substance use issue and enter the system to receive services and work on their recovery. During this time, the member is often very focused on their own needs and recovery and may not prioritize committee participation. After the member progresses further in their recovery, they may disengage from intensive services and focus more on their natural support system.

Banner: Where we are seeing a real member engagement opportunity is with our justice-involved population within the ACC space. These are individuals with general mental health needs and challenges with SUD that may have caused incarceration. We have a captive time or window when they are leaving incarceration and re-integrating into the community. Most people who express interest in the MAC have a real interest in talking about opportunities to improve and reform the health and criminal-justice systems.

MEMBER READINESS TO ENGAGE EFFECTIVELY IN GOVERNANCE STRUCTURES

Banner: Our challenge is identifying individuals with a health systems-level view who can participate effectively in our Governance Committee. In December we launched our ACC Governance Committee, which comprised our ACC MAC membership. It was a tremendous success, with a great deal of engagement and participation of MAC members with our plan executive leadership. Our efforts now will shift to developing a blended ACC and ALTC Governance Committee with a launch date in March. We

understand our opportunities lie in shaping, supporting, and transforming an individual's voice and experiences into system-level improvement opportunities and spend a great deal of time and effort educating and developing the knowledge, skills, and abilities of those we serve to leverage their own lived experiences to make those system-level improvements.

In addition to developing robust committee leadership tools and training that will allow those that we serve to participate in governance committees effectively and meaningfully, we are also exploring our internal plan processes. For example, the cadence of these committee or council meetings is very fast. While we have formal training and support in place, with OIFA present in all committees and councils where we have member engagement and participation, members may feel intimated by the pace or the vernacular used during meetings. In these cases, we work with those individuals to explore opportunities to improve their experience and ensure they are fully engaged and comfortable to participate.

Alignment across Committees, Councils, and Plans

Banner: With pending launch of our ACC and ALTCS Governance Committee structure, we will have a blended representation of our long-term care, general behavioral health, and special needs populations. Making a committee relevant to two vastly different populations, however, takes a great deal of time, exploration, and open conversation.

The other important piece is that issues are not necessarily plan specific. How can we understand the experiences of Medicaid members across the general mental health and substance use population? We are currently exploring as a collective OIFA across all the Medicaid MCOs how to potentially convene members to talk about system barriers, issues, or concerns and their plan experience, regardless of plan. We are also trying to explore how we are capturing the consumer voice and ensuring that there is choice across the system, including ideas on how to make programming more accessible to the individuals we serve. A recent example of these efforts is captured in the launch of the Community Conversations, a cross-health plan collaboration for our general mental health/SUD members and families served by our ACC plans and facilitated by the OIFA leads across the seven MCOs. Our hope is to begin to create a safe place for individuals, families, and communities that have experienced behavioral health and substance use challenges to come together in a supportive community to share their experiences and discover possible solutions to promote longstanding recovery and community integration. It is through these Community Conversations that statewide issues can be brought

forward and explored broadly through a systems approach, not necessarily at a specific plan level. This allows each OIFA administrator to take these outputs back to their respective plans for further discussion and explore plan-level interventions and solutions if there are specific issues within a plan. While we are just on the cusp of exploring this piece, we've had two successful dialogues that have yielded great insights into programming and ways to improve the overall member and family-member experience.

> "While there are contract requirements to develop member committees, there are also opportunities to capture the collective member voice and provide a platform for community conversations across plans."

In addition, we are discussing how we can intersect more between our ALTCS Member Advocacy Council (MAC) and our ACC MAC, as the ACC MAC focuses on ad-hoc projects and initiatives like gratitude campaigns, stigma reduction campaigns, etc. These activities are not necessarily replicated or aligned with ALTCS MAC activities, due to differences and distinct needs of these different populations. With that said, we continue to explore opportunities to cross-pollinate MAC activities between the two groups.

LIMITATIONS WITH ENGAGEMENT DUE TO COVID-19

Banner: One of the challenges posed by COVID-19 has been its impact on our recruitment and retention strategy for our existing MAC and pending launch of our Youth Leadership Council, with which we had planned to pivot from our intimate community and provider engagement approach to leveraging our social media outlets to advertise and solicit interest. Additionally, a pivot has been necessary in fostering the continued interest of our existing ACC MAC. We've had to lean into our community-based provider partners to support face-to-face check-ins with MAC members to ensure they are available for our monthly MAC and quarterly Governance Committee meetings and they have the support needed to complete their MAC ad-hoc project assignments. While we have explored many creative ways to engage our council membership through social media and member mailings, we continue to strategize about the best ways to cultivate meaningful engagement and participation and drive conversations via videoconference.

Facilitators and Lessons Learned

Strategies to Support More Effective Member Engagement

- ☐ Train members in leadership, policy, governance structures, etc.
- ☐ Offer incentives to demonstrate to members that their time and input is valued.
- ☐ Leverage data to inform issue areas.
- ☐ Develop and formalize clear processes for raising issues within the plan and to the state.
- ☐ Establish close MCO-state collaboration.
- ☐ Establish a feedback loop that communicates changes or results back to the community.
- ☐ Work closely with community-based organizations.

Q: What are some strategies to help you overcome these challenges?

Banner: Operationalizing the contractual member and family engagement requirements is one of the biggest challenges for any MCO. At the same time, there are many opportunities to make advances. It has taken us a year or two to build a strong foundation and infrastructure around the recruitment and retention of members. We also think about how to incentivize engagement, make engagement robust, and keep it relevant—not just to the membership but also to participants serving on our committees and councils while also supporting the internal infrastructure. We need to gather buy-in and understand the cadence of engagement. To support meaningful engagement and participation, we focused on a robust incentive program, an annual recognitions ceremony, and educating and empowering our MAC membership to drive solutions, from pitching pilot projects that address local community needs to informing plan leadership on strategic priorities and projects.

> "[Member engagement] does not occur without significant resources and dedication that you intentionally and mindfully operationalize."

EDUCATION AND TRAINING

Banner: We have a formalized structure for our MAC membership leadership training, which empowers and guides MAC members as they begin their journey of learning to participate effectively on a committee or council. The interactive four-hour training includes scenarios, information on what it looks like to elevate the member/family voice, and Robert's Rules of Order, which includes information on meeting basics. It was a heavy lift to develop a formal training curriculum and we did it in collaboration with a community-based provider agency that also assists with our recruitment and retention efforts. In addition, we provide individual one-on-one support to members struggling with participation to remove any dynamics that are hindering their confidence.

AHCCCS: The Medicaid OIFA Department has not developed a training at the state level. Instead, we partner with community organizations to leverage existing leadership trainings throughout the state. We have established a partnership contract with NAMI Arizona to complete specific work on our behalf, such as helping connect us to the community, sharing information with OIFA, and bringing in the community perspective. They also assist us in outreach activities about OIFA initiatives.

In addition, we try to connect training graduates to open committee opportunities, such as those at Banner Health or other plans. There are also opportunities for career advancement within our Peer & Family Career Academy, a workforce development program that provides continuing education, training, and professional development opportunities for peer and family support professionals. We have received positive feedback about this training. Many individuals who completed the advocacy track within the academy told us that the training was helpful in preparing them for committee participation and making participation feel less daunting.

The state OIFA uses various frameworks to connect with members, family members, and stakeholders. One tool we use is the AZ Dialogue, which was tailored for Arizona from the Substance Abuse and Mental Health Services Administration (SAMHSA) Participatory Dialogues.[2] We recently collaborated with the Arizona Peer and Family Coalition to train OIFAs at the plans to facilitate dialogues. This has brought together community voices on various topics and we are excited for OIFAs to use this tool across the state.

INCENTIVES

Banner: We provide members with a formal incentive to demonstrate that their time, efforts, and voices are very valuable. We understand that committee and council members are juggling very busy lives, many working very hard to re-acclimate to community life. Many MAC members are balancing competing life commitments and priorities: finding work or managing a work schedule, probation, or parole commitments; reuniting with family; and balancing childcare needs all while meeting with us for two hours every month. We have a competitive stipend in place to honor and acknowledge the value their voices, their time, and their contributions bring to ensuring our strategic priorities are aligned with community and system needs, as well as creating opportunities to be directly involved in plan decision-making.

In addition, MAC members are learning skills that will not only benefit them in their personal lives but also in their professional lives. With the identification of one or two ad-hoc projects each year, MAC members are getting exposed to and learning things like program planning, implementation, and evaluation, as well as project management skills.

Last, we have an annual recognition ceremony where we celebrate the amazing contributions of the MAC and extend a small token of our appreciation through various awards and certificates.

> **"[Our Advisory Council members] are not just feeling actively engaged, but also that they are actively contributing to things and seeing the fruits of their labor."**

LEVERAGE DATA TO INFORM ISSUE AREAS

Banner: To ensure that we are reporting on member, family, and community issues, we established "Voice of the Community" where we present system trends, strengths, and opportunities on a quarterly basis. OIFA also created a dashboard that allows us to present data to our executive leadership and health plan partners on trends we see coming into OIFA for system navigation support. This dashboard has been well received, allowing us to share both successes and opportunities to improve not only member experience but also areas impacting access to timely and appropriate care and overall health outcomes. For example, we recently used the dashboard to talk about network insufficiency and opportunities for the required expansion of specialty providers using data from OIFA referrals. The OIFA referral is a formal process that allows

---

[2] SAMHSA Participatory Dialogue:
https://permanent.fdlp.gov/gpo60080/SMA00-3472.pdf.

both internal and external referrals to come into one of our OIFA Member Advocates for system navigation support. Voice of the Community has shifted to the ACC oversight committee, where we are honored to present member and community voices to our executive leadership and system-of-care colleagues and discuss next steps in responding and identifying a solution.

We also have been able to align our OIFA dashboard, which captures member and community-level metrics, with our broader health plan core metrics. We have a monthly operating report that goes to all of our senior leadership and we want to add key metrics from the dashboard to that operating report. We want to ensure that the health plan culture remains member-centric. Sharing members' success stories and opportunities gives us a great way to discuss those issues and help members in other business lines.

AHCCCS: We love that Banner is using data and receiving feedback from members, which allows them to examine any systemic issues and trends, as well as any opportunities for improvement. In addition, members can access a form on the AHCCCS OIFA webpage and connect with us directly about any concerns they have. That form feeds into a tracker that we monitor for trends or systemic issues that we need to address.

ESTABLISH CLEAR PROCESSES FOR ESCALATION WITHIN THE PLAN AND TO THE STATE

Banner: Our OIFA has formalized how we leverage our contract-required Member Advocate roles through an OIFA referral process. Whether the referral is coming from an internal plan department partner or a community stakeholder, we begin the process of engagement and concern resolution within 24 hours of receipt referral. We stay connected to the member, family, provider or community constituent for no more than two weeks. On a case-by-case basis, if a situation requires escalation and we cannot engage the individual within two weeks, we connect with the behavioral health management team, including the chief medical officer and other departments. If an individual is experiencing significant challenges and is calling the health plan multiple times a day, we have an internal escalation process, staffing process, and formal communication plan to keep the team in the loop on our attempts to handle the situation. Issue areas that get elevated are around timely access to appropriate care, quality, or service connection. For example, if we note a trend through the OIFA referral process impacting our Children's System of Care around youth in transition, we immediately elevate to our Behavioral Health Care Management and Children's System of Care colleagues. OIFA further assesses, through leveraging longstanding partnerships and relationships in the community and with

our providers' partners, if these are trends other populations or plans are experiencing. Additionally, we begin investigating factors like network sufficiency. If quality of care concerns arise, we do not hesitate to forward it through our formal quality of care (QOC) internal process for higher level review and resolution. Last, we present these trends through a variety of internal mechanisms, meetings, and executive leadership roundtables for swift resolution.

AHCCCS: When we have an issue come up, it is usually an individual issue. We escalate the issue internally in a few ways: we send it to our clinical resolution unit and let them work with the member, family members, and health plan. Most of the time, we connect members directly with the plan's OIFA via a warm handoff. If we think the issue is a quality of care concern, we have a team here that can look into the issue and discuss it with the state leadership team.

In addition, we realize it is a huge ask for people to give us their time. All plans have to be mindful of that. We have monthly internal meetings to look at system opportunities and trends. If a member says, "This is a systemic problem" or "We need help here," there is a clear path for OIFA to bring that issue to agency executive management, implement a change, track the change, and bring that result back to the committee. Issues are elevated to the director and various agency divisions to identify strategies to improve the system. This approach allowed us to improve the delivery of services to children in foster care and services for adults in residential treatment facilities.

> **"In doing this work, it is imperative to be mindful of how we communicate changes back to the community. We have to be clear and say it may take the Medicaid agency some months to implement a change. But we do say here is the change in the policy or contract language, here is what your voice did to change this for two million people. That is important."**

Q: What is the state's role in helping MCOs address these challenges?

WORK COLLABORATIVELY WITH HEALTH PLANS AND INTERNALLY

AHCCCS: One of the critical things that the state OIFA department does is collaborating with health plans. AHCCCS OIFA leads monthly meetings with the health plan OIFAs to discuss member issues and concerns. The state works collaboratively with the health plan OIFAs to talk about issues and troubleshoot ways to better engage

with members. AHCCCS leadership and plan OIFAs attend the monthly AHCCCS OIFA Advisory Council to hear directly from providers, members, family members and other stakeholders as they are the boots on the ground.

WORK CLOSELY WITH COMMUNITY-BASED ORGANIZATIONS

AHCCCS: We are always looking for opportunities to engage with more families who have children receiving services, regardless of the population they may fall under, whether children with complex health care needs or individuals with intellectual disabilities or other behavioral health challenges. We work closely with family-run and peer-run organizations, including advocacy organizations like the Arizona Peer and Family Coalition who have representatives across the state. We have been engaging them to bring forth issues and to ensure we are reaching all populations that we serve.

Conclusion

Based on our conversation with the Banner and AHCCCS teams, there are various considerations for states, MCOs, and other key stakeholders to take into account when establishing and maintaining MACs:

- Establishing the infrastructure and opportunity for **member and family input and guidance is critical** for identifying areas for improvement in the Medicaid program.

- **Engaging members in advisory councils requires time and resources.** Incentives help MCOs demonstrate to members that their input is valued. Establishing clear processes for issue escalation and bi-directional feedback between MCO staff and council members on how member input is considered and implemented also helps members see how this mechanism helps them contribute to program design and policy changes. In addition, training provide members with tools and resources for effective participation in advisory councils.

- Different populations have different needs and therefore require varied and targeted member engagement strategies. **Data are crucial for helping MCOs and states understand individual member needs and systemic trends and opportunities**, and establish member engagement strategies, program design, and policy to address those needs.

- **Member and family engagement requires building a foundation and culture of engagement internally within the MCO and**

across the state. State leadership and close collaboration between the MCO and the state can accomplish this and ensure these efforts remain a priority. Within MCOs, organizational readiness assessments and environmental scans to understand organizational culture, strengths, and opportunities and demonstrating the value of elevating the consumer voice to organizational staff and leadership can also help build a culture of member engagement within the organization.

- **MCOs and states can work with community-based organizations** to identify members for advisory councils, leverage existing training and resources to support member participation in councils, and establish opportunities for plan agnostic, community-wide discussions about member needs.

ABOUT NORC MEDICAID MCO LEARNING HUB

The key goal of the NORC Medicaid MCO Learning Hub is to serve as a source of information, expertise, and best practices to support managed care organizations in moving forward with system reform. NORC and its partner organizations identify, develop, and disseminate promising approaches and emerging opportunities for MCOs to improve the physical health, behavioral health, and social needs of their members.

Your ideas and opinions are important to us. We welcome your feedback on future Medicaid MCO Learning Hub work or programs you are working on to better serve your needs.

We want to hear from you. Please contact us at MCOLearningHub@norc.org to start the conversation or join our distribution list.

www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx

Acknowledgements

NORC'S PARTNERS