CHCF

How Health Plans Can Improve the Medi-Cal Experience for Members with Complex Needs

A Toolkit for California Medi-Cal Managed Care Plans

OCTOBER 2025

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About the Author

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About the Foundation

The California Health Care Foundation is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

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The Value of Engaging Members with Complex Health and Social Needs

Have you ever implemented a program you thought would benefit members, only to find the members who needed it most did not participate or the design did not lead to the outcomes you had hoped for?

Many health plan leaders have had the experience of investing significant resources into a program and finding that the members they intended to serve are "hard to engage." As frustrating and wasteful as this experience may be, it is also avoidable. When health plans view populations with complex care needs as hard to engage, it is often because they have not thought through the program from the member's perspective.[1] To be effective, programs and policies must be built around what is important to members, rather than around only what is important to plans.

Partnering with members requires first recognizing and valuing the expertise members gain through their own lived experience. Incorporating this member expertise into program and policy design can help us make better decisions and ultimately improve member outcomes.

Case in point: Mission Providence Hospital which, after identifying sepsis disparities in its patients with limited English proficiency, reduced their average length of stay by 24% and their readmission rate by 33% by listening to patients and developing specific in-language interventions based on themes identified by patients: in-person rounds with nurse navigators, in-language education and teach back, and postdischarge phone calls.[2]

In a time when Medi-Cal plans are operating in an ever more resource-constrained environment, plans' responsibility as stewards of public funds is amplified. Although engaging members does require an up-front investment in resources and staff time, it can yield significant benefits in avoiding investments that miss the mark.[3] This is especially true for programs aiming to serve members with complex care needs.

Who Is This Toolkit For?

This toolkit is designed for executive leaders and frontline implementers in Medi-Cal managed care plans (MCPs) who are interested in improving member outcomes and experiences through improved quality, access, and equity.

How Was This Toolkit Created?

The suggestions and case studies included are from:

- California community groups who have participated in successful member engagement efforts
- California MCP leaders involved in both the strategy-setting and everyday operations of member engagement work
- Experts in member engagement nationwide

This toolkit brings together their ideas along with promising practices identified through a literature review and through the author's experience as an MCP leader in the member experience space. The professionals and people with lived experience who generously shared their insights for this project are listed in the acknowledgments.

How to Use This Toolkit

This toolkit is intended to provide guidance both for MCPs looking to try their first member engagement activity and for those further along in their member engagement journey. The toolkit first outlines what to consider in laying a strong foundation for engaging members. You are then guided through 10 steps to plan and implement a meaningful engagement. Throughout, case studies illustrate how these concepts have been successfully implemented by MCPs and community groups in California. Accompanying this toolkit is a separate document with additional resources to provide further detail on specific elements.

Definition of Terms

Member Engagement

Health plans interact with members in a variety of ways. For the purposes of this toolkit, "member engagement" refers to seeking out, listening to, and acting on member insights to codesign and implement health care solutions that work best for members. In other words, purposefully listening to and learning from members.

Not included in this definition are other interactions MCPs have with members, such as individual care coordination and clinical case management, individual member issue resolution (e.g., grievances), call center activities, health education, and marketing. While all of these are critical elements of health plan operations, they do not seek input from members and are therefore not forms of member engagement.

Complex Care Needs

For the purposes of this toolkit, the term "complex care needs" refers to members who have care needs across multiple domains: physical, behavioral, social, and environmental. Members with complex care needs can be thought of, broadly, as the populations of focus the California Department of Health Care Services established for CalAIM's (California Advancing and Innovating Medi-Cal) Enhanced Care Management, as well as many members dually eligible for Medicare and Medi-Cal and who may enroll in Dual Special Needs Plans (D-SNPs).

Examples include:

- Members experiencing homelessness or unstable housing
- Members living with a substance use disorder
- Members with serious illness or functional impairments, including behavioral health conditions
- Pregnant or postpartum members with health-related social needs

There is vast diversity across subpopulations and identities in those with complex care needs. The through-line is the complexity of their situations across both medical and social drivers of their health.

Key Questions Before You Begin

How Much Influence Will You Invite Members to Have?

Member engagement efforts differ by the level of influence members are invited to have over health plan decisions and priority setting. An engagement that simply requests member feedback from a survey does not give members the same level of influence as an invitation to collaborate with health plan staff to design a program. Table 1 (following page) outlines four levels of influence: feedback, consultation, collaboration, and co-ownership. Each of these levels is useful in achieving different goals. Clarity about your goal shapes the level of influence

Table 1. Spectrum of Member Influence

	FEEDBACK	CONSULTATION	COLLABORATION	CO-OWNERSHIP
Plan goal	Gather member input (the "what")	Gather member insights and ideas (the "why")	Collaborate with members to design solutions (the "how")	Share priority setting and decisionmaking with members

Source: Adapted from the Center to Advance Consumer Partnership's Stages of Engagement (not publicly available).

you are seeking and the type of engagement activity you select. In addition to the brief table above, a more detailed table in *Additional Tools* provides examples of activities along this spectrum.

When in Your Project Will You Invite Members In?

Do not wait until the end of a project to bring in member voices. This is a poor use of member engagement and will breed resentment over time if members feel they are brought in merely to check a box. The earlier members are brought in, the more influence they have to shape the project's outcomes. A graphic in *Additional Tools* breaks down the stages of engagement and illustrates how members can help in each stage.

How Will You Avoid Causing Harm?

Engaging directly with members always carries with it the risk of causing harm, and the road of past member engagements is littered with projects that have left members feeling used, unseen, or undervalued. For this reason, it's critical to make every effort to ensure members have a fulfilling experience engaging with your MCP. The key to a positive experience is ensuring your efforts are authentic, meaning you are coming from a genuine place of curiosity and care and that you regard members as experts on their own lives. Consider how you can apply each of the nine dimensions of authentic community engagement (PDF),[4] illustrated in *Additional Tools*, to your project.

Building Blocks: 10 Steps to Success

Start Small and Avoid Analysis Paralysis

Particularly for MCPs in the beginning stages of developing their member engagement work, starting small with a focus on iteration will be key to your success. Begin with a pilot to test your teams' capabilities, identify where you may need to leverage external expertise, and build some initial quick wins. **Succeeding with one small initiative builds momentum and offers you the opportunity to learn and iterate.**

Additionally, although thoughtful planning, as outlined in this toolkit, is key to success, do not let being thoughtful lead to stagnation.[5] Although you will inevitably make mistakes, the key is to learn from them and integrate those lessons into your next engagement.

Organizations often fail to move forward out of a (perhaps unvoiced) fear of transparency.[6] As a leader, you may feel vulnerable opening up your operations to member input. Leaders may also fall into the trap of avoiding feedback for fear it must be acted upon once it is voiced. If your MCP finds itself planning but not actually moving forward, consider whether a fear of transparency might be holding you back. And then get to work.

Step 1. Define Intent and Scope Your Engagement

Ask the following questions to help you identify a focus area for your initiative.

Clarify Intent of Engagement and Connection to MCP Priorities

- **What is one project, operational area, or member experience component that could be strengthened through direct member input?** Consider what initiatives or regulatory requirements MCP leadership has already designated as a priority and is already mobilizing resources to achieve.[7]

What regulatory requirements related to member engagement is the MCP already responsible for implementing? The 2024 California Department of Health Care Services Medi-Cal managed care contract[8] requires more member engagement than previous contracts, including a requirement that plans "develop a policy and procedure for a Member and family engagement strategy that involves Members and their families as partners in the delivery of Covered Services."[9] See "Regulatory Requirements Around Member Engagement" in *Additional Tools* for a full list of applicable regulatory requirements for Medi-Cal MCPs.

- **What lived experiences would strengthen these existing initiatives?** Members can often shed new light and challenge MCP assumptions. Consider how different types of lived experiences might provide clarity on a specific topic or constructively challenge your ideas.

Define the Scope of Engagement

- **Do we have the time and resources to engage members meaningfully?** To create a positive experience for both MCP members and staff, ensure the scope of your engagement falls within your available resources. This assessment includes ensuring you have adequate time in your project to recruit and engage with members.

When should we engage members? A common misstep is trying to engage members at the last minute, when a project is close to the finish line. Instead, identify the key levers of change and bring members in at those key opportunities for impact, not at the end for a quick sign-off.[10] See "Stages of Member Engagement" in *Additional Tools* for a graphic to help you identify the right stage for your project.

What level of member influence best suits these needs? Determine if your aim is to obtain feedback from, consult, collaborate with, or co-own decisions with members. Reference "Spectrum of Member Influence" in *Additional Tools* for more detail.

Identify the Member Gain

- **How could our engagement create mutual benefit? Are there elements of our project that are supporting member priorities?**[11] If the impetus for the project came from an existing health plan priority, connect the project's aims to something members care about.

- **Beyond compensation, what benefit could this engagement bring to the members who participate?** For example, members can benefit from opportunities to enhance their professional development, to build their skills through trainings or conference attendance, to build community with one another, or to inspire a sense of personal fulfillment from a sense of "paying it forward."

Determine Responsibilities and Accountabilities

- **Who will champion this project at the senior leadership level?**

  Given that most member engagement efforts span multiple departments, senior leadership buy-in is critical to resource mobilization. Consider which senior leaders are strong champions of honoring member expertise.

- **Who will be responsible for implementing each step of this engagement?**

  Consider each step of the engagement process: plan, recruit, engage, analyze, loop back, implement solutions, measure impact, iterate, and invest.

- **Who will be responsible for holding all parties accountable?**

  Identify a person or unit to manage the project, including tracking all deliverables and project timelines.

  Identify an organizational leader who will ultimately be accountable for the outcomes of the engagement.

Step 2. Pick an Engagement Activity

When determining how to engage members on a given topic, consider the capabilities of the population you are seeking to engage, the resources (human and monetary) you are able to commit, and the type of input you are seeking. Most activities can be hosted where members already gather, at neutral sites, or at the MCP itself. Refer to "Engagement Activities & Required Member Capabilities" in *Additional Tools* for a list of engagement activities and guidance on selecting an activity.

Member Capabilities

Make all member engagement activities as inclusive and accessible as possible. Where you identify possible barriers to participation, think creatively about how those barriers can be overcome. Some engagement activities, however, simply will not suit members experiencing certain challenges. For complex engagements like advisory councils or codesign, members must be able to think beyond their personal experiences and to work constructively in a group. These abilities will not be available to all members given their behavioral health conditions, active substance use, intellectual or developmental disabilities, or other realities. Consider what accommodations you can make available and what limitations may realistically exist in members' ability to participate.

Try to balance these considerations while not making incorrect assumptions about how members' abilities will affect their participation.[12] To avoid this common mistake, create pathways for members to self-refer to engagements. Then invite members to a prescreening session to identify abilities and accommodations needed.[13]

Organizational Resources

Choose activities within your resource limits. Consider the financial resources available for the project, including those needed to compensate members and to hire external help if needed. In Step 4, "Assess Your Current Assets," you will also evaluate additional resources, such as your organizational infrastructure and your staff's skills and bandwidth.

Type of Input

Before selecting an activity, consider what type of data you are seeking and whether you intend for your engagement to be a onetime event or an ongoing series. The activities you use in seeking member input to tell you *what* is happening differ from those you use to understand *why* something is happening. Similarly, the level of depth you can gather in a onetime engagement is more limited than the insights you can gather from recurring or ongoing engagements. Reference "Types of Member Input and Corresponding Engagement Activities" in *Additional Tools* for more guidance on these distinctions.

A Note on Community Advisory Committees

Community advisory committees (CACs) are often the backbone of a health plan's member engagement strategy. While they can be a powerful tool for uplifting member concerns to internal committees and governing bodies, consider them merely one tool in your toolkit. California's Brown Act[14] governs rules of engagement for public meetings and therefore applies to CAC meetings for public Medi-Cal plans. It is intended to build transparency and give the public a voice in decisionmaking. While this access is critically important, in practice the Brown Act rules yield a formal and rigid structure that can stifle authentic and honest discussion and can be intimidating for members. Additionally, health plan leaders report challenges creating agendas that meet California Department of Health Care Services (DHCS) requirements for mandatory report-outs but that also leave time for gathering member input or facilitating member discussion.

While these regulatory standards are well-intentioned and effective for oversight, their limitations require MCPs to think creatively about how to engage members beyond traditional CACs. To enhance the effectiveness of your CACs, define both the required and nonrequired purposes they serve. Then consider how those purposes can be supplemented by other, more informal pathways for gathering member input and engaging members in decisionmaking. For example, because the agendas for formal CAC meetings are often filled with DHCS-mandated program report-outs, consider creating a separate, informal CAC that centers member interests and discussion.

In developing agendas, consider how to make members' time on the CAC valuable. Avoid gathering people just to give them updates on the MCP's work, since this does not engender in members a sense that they are contributing meaningfully. Instead, create time in the agenda for member discussion, and codesign agendas with members whenever possible.*

* Pam Dardess (VP of strategic initiatives & operations, Institute for Patient- and Family-Centered Care), interview with author, April 28, 2025.

Step 3. Identify Metrics of Success

When identifying metrics by which to evaluate your engagement, include both process and outcome measures. How you evaluate the successful implementation of an engagement (i.e., the process) is distinct from how you measure the outcome of that engagement, the successful implementation of the solutions identified through that engagement, or the ultimate impact the engagement had on member health, member experiences, or MCP goals. Distinguishing between these measures will be critical to later identifying where a project went off track and what changes you need to make for subsequent iterations.

Metrics of success should also balance member priorities and MCP requirements. Identify what aspects of members' experiences matter most to them. For example, perhaps finding a provider who speaks their language is more important to members than finding a provider within 30 minutes of their home. While network adequacy standards require you to ensure the latter, if utilization of primary care services is more impacted by the former, you will need to invest in achieving both.

Connecting your impact metric back to your strategic intent will help you identify whether your engagements are serving the MCP's ultimate goals. Refer to the "Worksheet for Identifying Metrics of Success" in *Additional Tools* to help you identify and distinguish between types of metrics for your initiative.

Step 4. Assess Your Current Assets

Taking stock of your current-state capacities will help you determine the best strategy for both your overall approach to member engagement and for each step of a given engagement project. You will need to determine whether to develop a member engagement infrastructure yourself (build), to hire outside help (buy), or to partner with a community

organization or direct-service provider (band together). You will likely adopt all three approaches at different stages of your project. Consider each of the following elements to assess your plan's current state.

Organizational Infrastructure

Identify existing infrastructure your MCP could leverage for member engagement. Consider how you can use existing:

- **Structures and governance:** committees, workgroups, regularly scheduled meetings

  Examples: quality improvement committee; member services process improvement workgroup

- **Processes:** workflows, policies, procedures, and reporting practices

  Examples: processes your marketing team uses to communicate updates to members; project management or analytics support from internal departments

- **Technology:** tools and systems

  Examples: data analytics software; data sharing or project management systems; customer relationship management or call center systems

- **Relationships:** connections your member-facing staff has already built with members and connections your provider or partner-facing staff has built with other stakeholders

  Examples: member relationships from your case management, outreach, or call center teams; provider relationships from your provider services, claims, or utilization management teams

Staff Capabilities

Assess whether internal staff has the skills and experience to successfully implement the steps required at each stage of an engagement. Consult "Staff Skills Required at Each Stage of Engagement" in *Additional Tools* to help you think through the required skills.

When evaluating staff capabilities, identify:

- What departments or functions are needed for each step?
- For each of those teams, how much time is required and what bandwidth exists?
- What skill gaps exist? Which can be filled reasonably well internally and which require external expertise?

Be honest about the true capability of internal teams, since overestimating these abilities can lead to early failures.[15] Projects led by inexperienced staff may fail to yield valuable insights, meaning leaders don't witness the value of member engagement and are more inclined to divest from future efforts.[16] Instead, draw on the expertise of experienced vendors or community partners to establish early wins, which further engagements can be built on.

Pro tip: If you are missing one of these four critical skill sets, hire external expertise. These areas are deceptively complex, requiring significant training or experience to yield accurate, actionable findings without harming members.

- Survey development and validation
- Facilitation
- Qualitative data coding and analysis
- Cultural or linguistic proficiency

Staff Bandwidth and Buy-In

Assess whether internal staff have the bandwidth to conduct the necessary tasks for the engagement. While teams may have the skills to support the engagement, limits on bandwidth, priority, and buy-in can impede success.

- **Do each of the responsible parties have the bandwidth needed to perform their phase of the engagement?**

  To the extent there is limited bandwidth, consider how you plan to overcome these challenges.

- **If the proposed engagement effort touches multiple operational units, do we have buy-in from each affected area?**

  If not, consider how you plan to engage reluctant teams. In order to turn member insights into actionable change, impacted teams need to value the input garnered from the engagement. If buy-in before the engagement is not possible, plan how you will use member insights as a proof-of-concept to build buy-in afterward.

- **How does the priority of this engagement compare with the priority of other health plan initiatives?**

  If an engagement is not sufficiently prioritized by leadership, it likely will not be prioritized by staff, which can slow or stall progress. Consider how leadership has communicated the level of priority of this engagement to staff.

Member Trust

Honestly assess the level of trust members have in your organization. Lack of trust impedes recruitment and the quality of input you receive, particularly for populations with complex care needs.

Since trust is built on reliability, transparency, and follow-through, consider how you regularly demonstrate these three key attributes to members. While most MCPs consider themselves trustworthy, consider the following from a member's perspective:

- How has the MCP proven they are an organization I can trust?
- Do they consistently provide me positive and affirming experiences?
- How have they shown me that I can trust them to honor my stories and genuinely value my input?

Ground your assessment in metrics like net promoter score (i.e., How likely would you be to recommend this plan to a friend?). If lacking these data, consider implementing a one-question after-call survey. "Indicators of Member Trust" in *Additional Tools* provides additional MCP metrics you can use to evaluate what members think about your plan. Remember to evaluate member perspectives of your delegates as well, such as medical and service providers, since most members do not differentiate between an MCP and its delegated entities.

If you determine that members trust your organization, building initiatives internally is likely a solid strategy. If not, consider partnering with a trusted organization or community provider to help bridge this gap. Wherever you find yourself, both building trust with members and building relationships with community partners will be essential to any long-term strategy.

Step 5. Identify a Governance Structure

Integrate into Existing Structures

If you are only planning a onetime engagement, consider how you will ensure that the member insights you gather are directed to the right decisionmakers. Embedding member engagement into governance structures ensures accountability and sustainability, so consult your earlier assessment of

your existing governance structures to determine where to embed member engagement efforts.[17]

At the plan level, member experience should sit in an operational area with broad scope across the organization in order to facilitate collaboration.[18] For example, existing quality, utilization management, or population health committees could adopt standing agenda items for member experience. Product-specific committees (e.g., Medi-Cal, D-SNP, or marketplace) could be leveraged to ensure accountability for engagement efforts specific to that product.[19] Determine which existing governance structures are most robust and impactful, as these will be most effective for furthering member experience aims.

For Lasting Success, Invest in a New Team

The trope that "member experience is everyone's job" disregards the reality that without a dedicated team to ensure accountability, efforts are easily deprioritized. Just as "compliance is everyone's job" but no MCP operates without a compliance department, member engagement requires dedicated staff to provide expertise, track impact, and keep the organization's commitment strong.

This core member engagement team can be small and should not become an additional silo competing for resources within the organization. Rather, its role is to collaborate with functional departments to embed member engagement into operational functions with both clear accountabilities and outcomes measurement.[20] Even if your MCP is not currently in a financial position to invest in a new team, determining which existing governance structures will be used to ensure accountability is still a necessary step.

Step 6. Build a Recruitment Strategy

Define Member Attributes to Recruit Strategically

Be specific about the types of members you are seeking to engage. Consider attributes that are important to yield meaningful and diverse input, such as demographics, life experiences, health conditions, geographies, and length of time enrolled with the MCP. Additionally, consider how different levels of prior engagement with the MCP may impact member perspectives. This includes both prior interactions with the MCP through care coordination or member services and prior utilization of relevant benefits. For example, if seeking to understand parents' vaccine priorities, use utilization data to recruit both parents whose children are vaccinated and those who have opted not to vaccinate.

Your identified member attributes will help dictate the most effective recruitment strategy. Broader populations and nonstigmatized topics allow for broader recruitment channels. Recruiting members with complex needs, however, requires a targeted approach, such as identifying relevant members through grievance or care coordination data, or relying on organizations with whom members already have trusted relationships. Consult "Factors for Recruiting Strategically" in *Additional Tools* for help thinking through the scope, source, and method that best fit your outreach goals.

Recruit Ethically

Consider the ethical implications of your recruitment strategy, particularly when engaging members with complex care needs. Members in a personal crisis need to focus on stabilizing, and engaging with the MCP may not be supportive of that goal.[21] Because MCPs are not often close enough to members to accurately identify this nuance, work with frontline service organizations that are. They can identify clients in a good place to give feedback or participate in an engagement.[22] Being purposeful about your

approach to recruitment will help prevent you from inadvertently causing members harm.

Ensure Diverse Representation

For broader populations or ongoing engagements like advisory committees, proactively seek diverse perspectives to strengthen inclusivity and effectiveness. Diverse representation across identity markers and lived experiences captures broader member insights. Remember that the members you recruit for your engagement should be representative of your overall member population.

As with any diversity initiative, avoid a "check the box" approach. In a series of interviews about their experiences with hospital advisory committees, patients from historically marginalized backgrounds reported asking themselves whether an organization had an "authentic why" for recruiting people who shared aspects of their identity.[23] Participants wanted their investment of time and energy to result in tangible change. Having an authentic why is ultimately about what the organization plans to do with the insights they hear from members.[24] Be intentional about the type of experience you are trying to cultivate for members who participate, including how you will turn their insights into impact.

Remember that each member's experience during an engagement has ripple effects. Poor experiences alienate not just individuals but their communities, making future recruitment more challenging.[25] Consider employing or partnering with community health workers / *promotoras* or taking other peer-led or peer-facilitated approaches to support the cultural resonance of your recruitment.

CASE STUDY / SUCCESS STORY

Point-in-Time Engagement: Recruitment and Facilitation Built on Trust

Though their geographies could not be more different, Westside Community Improvement Association (WCIA) in rural Eureka and St. Mary's Center in urban Oakland both relied on trusting relationships when recruiting interviewees for a research project called In Their Own Words: What Californians with Multiple Health and Social Needs Say About Their Care.[26] Funded by the California Health Care Foundation and led by EVITARUS, a public opinion research firm, the project sought to hear directly from Californians with complex needs about their experiences navigating health care and social service systems.

Targeted and trauma-informed recruitment. Both WCIA and St. Mary's Center took a targeted approach to recruitment, proactively identifying specific people they had served who met criteria for the project. "I thought about who understood the system and what the limitations are of what's out there currently. [I identified] people who had a story to tell and who would be willing to tell their story," said Pliny McCovey, WCIA special projects manager.

Anaïs Lieu, communications & projects manager at St. Mary's Center, described similar ease with recruitment, "A large amount of the seniors we work with are residents in our transitional housing program, so that allowed us the benefit of having worked with them very closely and knowing they would show up." Interviewees were invited by a staff member they already knew and trusted, which was particularly important, given the sometimes challenging subject matter of the interviews. Lieu said her colleagues "did some thoughtful work identifying, based on the questions that would be asked in the interviews, how we could support the seniors in being able to talk about

hard things." EVITARUS conducted the interviews near the transitional housing site where many of the seniors lived. St. Mary's Center staff provided rides and follow-up to interviewees who did not live nearby. Both organizations shared that providing high-quality meals before the interviews helped ensure members felt ready to participate.

Person-centered facilitation. Both organizations also cited the approach taken by EVITARUS researchers as a critical component to the project's success. "[They] were really empathetic interviewers. They made you feel comfortable and encouraged you to open up and trust them. The biggest thing for our participants was feeling like this is an opportunity to truly be heard and to be listened to and understood, and that something is going to come of this hopefully in the future," said McCovey. Similarly, Sharon Cornu, executive director of St. Mary's Center, shared that "participants had a little more wind in their sails" after taking part in the interviews, and St. Mary's staff actually saw an increase in utilization of their services from participants who felt more engaged.

Facilitators with lived experience. Cornu also pointed to the importance of the interviewers being relatable on an identity level. "To have a Black man talk to them about their issues. That was a unique experience for a number of them," reflected Cornu. "[One Black participant] brought it up a year later and said it was like talking to someone like himself, so it was a memorable experience." Although facilitators did not share ethnic identity markers with most participants in Eureka, their grounding in humility and in honoring the dignity and expertise of those they were interviewing carried through.

The rich and applicable findings this project ultimately yielded and the positive experience reported by participants highlights the powerful impact member engagement can have when done authentically. The project's key drivers of authenticity and success were a recruitment strategy built on trusted relationships with direct-service community organizations and experienced facilitators grounded in a person-centered approach.

Build a Recruitment Network

Members generally welcome an opportunity to use their feedback to help others. Creating such opportunities on an ongoing basis, however informally, is a powerful way to build and maintain member relationships.

To ease recruitment over time, track members across engagements using your existing customer relationship management system, investing in new technology, or building a simple spreadsheet.[27] Invite members to join this list after each engagement. These efforts create a member network for future recruitment and enable future ad hoc consultation when a full outreach campaign is not feasible. It can also be a mechanism to track member compensation across engagements to avoid hitting the Internal Revenue Service's income reporting ceiling.

Remember that stagnant lists aren't as powerful as ongoing relationships. Develop a process to communicate with engaged members regularly to strengthen those connections.

Identify Internal Recruitment Sources

Revisit the existing member relationships you identified in Step 4, "Assess Your Current Assets," and determine if and how your member-facing teams may be of service in your recruitment efforts. If members trust call center or care coordination staff based on their previous interactions, those teams could be valuable messengers in conducting recruitment outreach. This approach can be particularly impactful for recruitment of subpopulations frequently served by member-facing teams. For example, members with complex care needs and dually eligible members through a Dual Eligible

Special Needs Plan (D-SNP) often have more frequent interactions with call center staff than the average Medi-Cal member. As a result, outreach from call center staff may be a more promising approach with these subpopulations.

Identify Community and Provider Partners

Community partners

Members have often built trusting relationships with those in the community with whom they are in direct and ongoing contact. Consider who it is in your community that members go to for resources, as these partners can be instrumental in recruitment and implementation.

Questions to consider in evaluating your existing relationships with community partners:

- Which community-based organizations are seen as trusted institutions in the community you are serving?
- What structures and initiatives do these organizations already have in place to engage with the populations they serve? How could you build on those existing efforts?
- What assets (i.e., skills, abilities, experience, resources) already exist within these organizations that you could leverage to support member engagement?
- What relationships do you already have or what relationships could you build with these organizations?

When reaching out to partners, recognize that local community organizations and community-based providers are not often eager to play the role of community trust broker unless some level of trust between the health plan and the community organization has already been established.[28] Community organizations recognize the reputational risk of partnering with a health plan—any negative experiences from members involved in the MCP's engagement efforts have the potential to rupture the community's trust in both organizations. For this reason, approach community groups with humility and offer opportunities for mutual gain.[29]

Possible trusted partners for banding together:

- Community-based organizations, such as community resource centers
- Nonprofits providing nonmedical services like food, legal aid, childcare, or housing navigation
- Identity-based groups, such as ethnicity-based cultural centers, support groups, or advocacy groups
- Houses of worship
- Local businesses where people gather, like barber shops and coffee shops
- Publicly funded facilities, such as libraries, senior centers, and schools

When you consider approaching a community organization about a member engagement partnership, consider how such a partnership could offer mutual benefit. Community-based organizations are often in search of additional funding sources.

- Could the MCP offer financial backing for the implementation costs of the engagement activities to be carried out by the community partner?
- Could the MCP provide other resources, such as technical assistance with analytics, technology, or knowledge-sharing that the local community organization may need?
- Is there a topic the community partner is interested in gathering community input on that could overlap with the MCP's interests?

Provider partners

Partnering with health care providers can also be a powerful strategy for improving member experience, since the points of intersection between a member's health plan and their provider are often the most fraught.[30] Consider joining with providers to align regulatory and licensing requirements around member engagement.

For example, if a safety-net hospital is already hosting their mandated Patient and Family Advisory Committee meetings, could the health plan use part of this existing committee time to gather input on a new benefit rollout? Or if a Federally Qualified Health Center is looking to gather member input on a given initiative, could the health plan fund that effort and include some of its own questions related to primary care?

Consider the questions in the previous section to identify which provider organizations are trusted by members and how the MCP could offer opportunities for mutual gain. Be forewarned that these partnerships can be complex, as MCPs and providers often find themselves blaming the other for a member's poor experience. To address this tension proactively, first align on shared purpose and mutual benefit, and choose your provider partners wisely.

Ethical note of caution. Direct-service clinicians should not act as trust brokers with their patients for member engagement activities. Patients need to be certain that their participation in an engagement activity is in no way tied to their ability to access care or to the quality of care they receive.[31] For this reason, do not call upon a member's direct-service clinician (e.g., their PCP, their care manager) to assist with recruitment. Instead, recruitment efforts from providers should come from the provider organization as an entity.

Step 7. Prepare Members for Success

Just like health care professionals, members need preparation to provide valuable input. Prepare members before the engagement to support them in providing targeted insights.[32] Consider four preparation areas: role, accommodations, background knowledge, and compensation.

Clarify the Member Role

Prepare members with clear logistic answers about their role:

- What is the member being asked to do? What is their role in this engagement?

  For example, to share their own story, answer a series of questions, or help brainstorm solutions with a team.

- Are they being asked to reflect on their personal experience or to extrapolate from their personal experience to act as a thought partner?
- Where, when, and how long is the commitment?
- What resources and accommodations are available?

  For examples, see the list of accommodations and the section on background knowledge below.

- Will the member be compensated? If so, how, when, and at what rate?

Offer Accommodations

Particularly for members with complex care needs, preparation can make or break an engagement. Consider what extra supports would ensure all members could participate meaningfully. Ask members what they need and think creatively about how to meet those needs. Reference "Member Accommodations" in the *Additional Tools* for a list of accommodations to consider.

Provide Background Knowledge

Identify what level of orientation members will need in order to participate meaningfully and what orientation you are prepared to offer.

- Do members need to have background knowledge on the topic to offer meaningful input?

  If you are asking members about their own lived experience, the answer is likely no. If you are asking members to help codesign solutions or provide input on proposed solutions, the answer may be yes.

- What background knowledge might members already have on this topic?

  Ask members about their understanding of a topic to gauge what level of preparation they need. Some members may have acquired topical knowledge through lived experience; for example, about their health condition or that of a loved one. Some may also understand a bit about health plan operations from previous advocacy experience.

Compensate Fairly

Identify compensation amount. Consider the amount of time and effort you are asking of members. Use the National Health Council's Fair Market Value Calculator[33] to determine appropriate member compensation, given the type of activity you are organizing. Note that this calculator does not adjust for geographic differences, so consider increasing the suggested rates to compensate Californians for their higher cost of living.

Avoid benefit disruptions. Since Medi-Cal eligibility is income-based, it is critical that member compensation not disrupt members' health coverage or other benefits, such as SNAP (Supplemental Nutrition Assistance Program), SSI (Social Security Income), SSDI (Social Security Disability Income), or Cash Aid. For highly engaged members, payments may need to be spaced out across months to avoid increasing their income in a given month. As of the writing of this toolkit, if an organization compensates a member $600 or more in a given tax year, the organization must complete a Form 1099 for that member and report these earnings to the Internal Revenue Service.[34] Many organizations therefore try to avoid compensating members over this dollar limit and prefer alternative compensation models.

Be flexible with compensation type. Below are some compensation options other than direct payment. Consider creating a menu of compensation options that members can pick from, and base the options on input from members on what compensation would be most meaningful to them. The key here is to ask members how they prefer to be compensated and to be prepared to offer multiple types of compensation. Be sure to clear alternative types of compensation with your compliance department.

Examples of alternative compensation:

- **Gift cards** for a grocery store, hardware store, home goods store, or other general store like Amazon or Target
- **In-kind essential supplies** such as diapers, baby formula, household supplies, or prepaid phone cards
- **Gift certificates** for a spa day, gym membership, or local restaurant
- **Professional development** in the form of conference travel or training fees
- **Bills and fees** such as a household utility bill or child's sports fees
- **Donations** to a member-chosen nonprofit — perhaps one the member benefits from, like a local food bank

Assess DHCS compliance. Determine if approval from the California Department of Health Care Services (DHCS) is required. As of the writing of this toolkit, DHCS's All Plan Letter (APL) 16-005 (PDF)[35] mandates DHCS approval before MCPs compensate members for focus groups and member surveys, recommending a member incentive of only $25 for a onetime health education class. The APL conflates member incentives (i.e., incentivizing members toward a health behavior change, such as smoking cessation) and member compensation (i.e., compensating members for their time and expertise). As a result, some health plans are limiting compensation for onetime engagements, such as focus groups, to $25. Not surprisingly, these MCPs report limited member participation. When asked for this toolkit to clarify its position, a DHCS representative acknowledged that member incentives differ from member compensation and stated that MCPs should "use their judgment when setting compensation levels for focus groups and survey completion." DHCS reiterated that MCPs should continue to submit requests for compensation to DHCS for review and approval but did not provide a recommended compensation range.[36]

Possible solution. Neither APL 25-009 (PDF)[37] nor the 2024 Medi-Cal Managed Care Contract[38] includes guidance on member compensation amounts for Community Advisory Committee participation. If compensation limits for focus groups are impeding your MCP's member engagement efforts, consider expanding your Community Advisory Committee to include subgroups on specific topics and compensating members accordingly.

Step 8. Implement Engagements with Authenticity

Build Rapport

To enhance authenticity and to move away from transactional or extractive engagements, facilitators must focus on building rapport.

To build rapport, treat members like VIPs, showing respect for their time and insights. Give them the same experience you would give an elected official.[39] This includes thanking them for their time, ensuring they are comfortable, and prioritizing their preferences wherever possible. Start interviews with open-ended questions like, "Tell me a little about yourself" or "What would you like people to know about you?" to center them in the conversation and invite them to discuss what is important to them.[40]

Interpersonal skills are critical here. Employ facilitators trained in active listening who bring warmth, humility, and a genuine sense of care and curiosity. Building rapport is about connection grounded in a sense of shared dignity, so honor members' humanity at all times.[41]

Honor Past Trauma

Given that some Medi-Cal members have significant trauma histories, be prepared that certain topics may activate strong emotions. Partner with organizations that use a trauma-informed approach or train internal staff before implementation.

Communicate with plan partners ahead of engagements to identify anticipated triggers and to offer support from trusted people like family members, case managers, or mental health professionals. Reassure members that they do not need to share anything they are not comfortable sharing. Provide members with model language like "Let's skip that one" or "Let's talk about something else."[42] This is important, given the power differential that inherently exists between members and MCP staff.

For emotionally charged conversations, allocate time for members to debrief with trusted mental health partners after an engagement.[43] These partners can help problem-solve unmet needs a member discloses during an engagement. That said, do not shy away from difficult topics. If members have made the effort to talk with you, honor

that commitment by asking them meaningful questions.[44]

It is also critical that members know they can stop participating at any time and still receive full compensation. This knowledge helps ensure members participate only to their comfort level without coercion. As a result, know that some sessions will yield little to no usable information, since some members simply will not be in a place to engage meaningfully.[45]

Step 9. Analyze and Loop Back

Conduct a Two-Phase Analysis

Member engagement analysis involves two phases: identifying themes and translating those themes into operational changes.

Identify themes

First, analyze member input to identify themes and highlight suggestions or illustrative statements. Depending on the topic and analytical skills available, choose an analytic method such as thematic analysis, framework or grounded theory, or a person-centered framework like interpretative phenomenological analysis. For a basic overview of the standard approaches to qualitative data analysis, see "Qualitative Data Analysis Methods."[46]

Conduct qualitative coding using members' own words in order to authentically capture their experiences. Resist translating members' words into MCP operational jargon — that translation will happen in the next phase. Pay attention to the context in which members express ideas and the intensity with which they do so.[47] This will give you insight into how important an issue is for members and what factors are relevant to understanding their experiences. If you chose to use an AI tool, be sure to check the results, as AI does not reliably capture context and intensity.[48]

Translate themes into operational change

The insights identified in your first phase of analysis now need to be translated into your operational context. Members will not tell you what operational changes are needed. Instead, they will describe how their experience feels broken.[49] Health plan staff must then think through the process, workflow, and policy implications of what members shared.[50]

Identify a responsible party to translate member insights into actionable operational ideas. Although external vendors can engage members and provide the first level of analysis, this second phase requires participation from an internal team. It is insufficient to have a vendor analyze member insights and expect the results to yield clear operational implications. For an example of how one health plan structures this multitiered analysis, see the case study on SCAN Health Plan's Consumer Experience & Insights Team.

CASE STUDY / SUCCESS STORY

Building Infrastructure for Sustainability: SCAN Health Plan's Consumer Experience & Insights Team

Leaders at SCAN Health Plan, one of the nation's largest not-for-profit Medicare Advantage plans serving more than 310,000 members across six states, describes its culture as one of "member obsession." Famously founded by "12 angry seniors," SCAN has long had a strong focus on customer experience. Subahyu Dey, VP of Consumer Experience & Insights (CX&I), says, "The evolution of member engagement has really been around how do we systematically think about voice of the customer and how do we act upon it?" To support this systematic approach, SCAN utilizes multiple channels to engage its members and has built an infrastructure to operationalize each element of member engagement.

Financial context. It should be noted that SCAN operates within a financial incentive structure that differs from that of Medi-Cal MCPs. Although Medi-Cal plans may serve dually eligible members through a Dual Eligible Special Needs Plan (D-SNP), their profit margins on either their Medi-Cal or D-SNP line of business generally pale in comparison to those of standard Medicare Advantage (MA) plans. This means Medi-Cal MCPs generally cannot cross-subsidize engagement infrastructure across lines of business the way standard MA plans can. Additionally, unlike Medi-Cal MCPs, MA plans are directly incentivized to prioritize member experience, since member-driven CAHPS (Consumer Assessment of Health Care Providers and Systems) impact Medicare Star Ratings, which drive revenue. This context is important when evaluating best practices across the industry, as MA plans generally have more capital to invest in member engagement infrastructure than do Medi-Cal MCPs. Even within this context, SCAN's investments in centering its members' voices in its decisionmaking and priority setting offer an excellent example of a robust member engagement infrastructure.

Levels of member influence. SCAN's CX&I team utilizes tools across the spectrum of engagement:

- **Feedback and consultation.** CX&I assesses member experience through direct engagements, such as member focus groups and advisory committees, in addition to secondary research, as well as through technology, including generative AI and natural language processing. These technologies process the unstructured data in call notes, grievance notes, and call recordings from the members' touchpoints to identify member pain points. The technology also provides a sentiment score for each call, highlighting calls in which the member communicates a negative sentiment. This identification provides an opportunity for member services staff to proactively follow up with members to ensure their concerns are addressed.
- **Collaboration.** SCAN supplements these approaches with its Peer Advocates Program. This program employs SCAN members as part-time employees to call other members and discuss new benefits and common care gaps. Additionally, their Friendly Caller Program, which focuses on addressing senior loneliness, organizes volunteer SCAN employees and SCAN members to call members as a way of connecting on a personal level.

Turning insights into impact. While these are all promising pathways for gathering data from members about their experiences, none of these data are useful without an operational structure to turn data into insights and ultimately into actionable solutions. SCAN's CX&I team is tasked with just that. Composed primarily of staff with backgrounds in research, design, and data, the team uses "a framework for analyzing how we should think about pain points, which is in terms of the impact on the membership [what percentage of the membership the issue affects] and severity, which is how painful it is," explains Dey. They then assess a pain point's correlation with grievances and disenrollments to identify its level of priority. Prioritization helps the organization determine how much resourcing to allocate to solve a given pain point and helps build buy-in organizationally. The team then designs possible solutions, collaborating with cross-functional teams, and builds an evaluation and measurement plan.

Reflection and iteration. Once the strategy and design phases are complete, multiple teams within the CX&I team work with the appropriate business units to implement a solution. After implementation, the CX&I team evaluates the project's success against identified measures of success. "We try to set up the measurement plan so we know exactly what didn't work. Was the idea bad, was the execution flawed, or did we not control for all the variables?" explains Dey. Through this operational structure and approach, SCAN learns from each implementation and integrates its lessons organizationally. As Dey explains, "There has to be some sort of central team, like the CX&I team, that organizes and holds accountability for member experience."

Critical role of leadership. Additionally, Dey cites leadership buy-in as a critical element to a successful

member engagement strategy. Prioritizing member experience must come from the CEO. Furthermore, someone at the executive level, such as a chief experience officer, must be responsible for continuously bringing plan priorities back to the question "How does this affect members?" Ultimately, Dey offers the following advice for health plan leaders working on member engagement, "Get the CEO and senior leadership committed to it, dedicate a team focused on it, and give them resources and budget. Listen to your members, and take action on it. Do the basics, and everything will fall into place."

Share Results with Members

Closing the loop by sharing the engagement results builds trust. Give members the VIP experience both during and after an engagement.

Consider multiple channels for thanking members and sharing results:

- Individual calls (for small engagements)
- Individual letters (email or mail)
- Notices in the member newsletter, on the website, or on social media
- Announcement at a Community Advisory Committee meeting or other member-facing meeting

Though this step may seem simple, it is often skipped. Reference "Pitfalls & Countermeasures for Sharing Engagement Results with Members" in the *Additional Tools* for help avoiding this critical misstep.

Step 10. Measure Impact and Iterate

Track and Measure Impact

The final step of any engagement is to measure its impact and to track that impact for future reference and resource allocation. The metrics you identified in Step 2, "Identify Metrics of Success," are what you will measure and track here.

In addition, to prevent your member engagement efforts from stalling out, develop a process for tracking the impact members have had on organizational programs, policies, and decisions. Tie those impacts to organizational priorities to demonstrate the value of member input.[51] Consider how your engagement has impacted the MCP's overall ability to attract new members (acquisition) and to keep existing members (retention).[52] For example, if member insights lead to a program change that improves retention in your Medicare Advantage D-SNP plan, the financial impact of that increased retention is significant.

Also, make the case for how your member engagement efforts have impacted the overall cost to serve members, as this will help you determine your return on investment (ROI).[53] Keep in mind that dissatisfied members cost more to serve. When members call repeatedly, file grievances, or seek duplicative care, the administrative and medical costs to serve them increase. In contrast, improvements in member experience can result in administrative savings from processing fewer grievances and calls. Making this link can help secure resources for future endeavors.

Consider these additional financial benefits of member engagement:

- Authentic member engagement offers an ROI in program effectiveness, which can translate into improved MCP metrics (e.g., CAHPS, HEDIS, Managed Care Accountability Set) and avoidance of sanctions for poor quality scores.

- Investments in member-centric efforts that fuel utilization of preventive services over time yield adjustments in state capitation rates to reflect that utilization.[54] If informed by member codesign, those investments should be more impactful, ultimately leading to a reduction in future health care costs.
- For multiplan counties, a plan's reputation impacts member choices around enrollment, so understanding member priorities can have a direct ROI.
- For Dual Special Needs Plans, the financial incentives tied to CAHPS scores and Star ratings mean member engagement is directly linked to revenue.

Reflect, Adjust, and Try Again

The final step of any engagement is a dedicated reflection on what worked, what did not, and how the MCP will carry those lessons into the next project. This step is often skipped, but reflection and iteration are critical to enhancing the value of member engagement. Consider using a quality improvement tool or framework like Plan-Do-Study-Act, Six Sigma, or Lean to help guide your reflections process.

CASE STUDY / SUCCESS STORY

Iterating and Linking Engagements: Partnership HealthPlan's Photoshoot for Maternal Health

Partnership HealthPlan's maternity photoshoot offers a prime example of how learning what matters to members and iterating for improvement can help build effective engagement efforts that resonate with members. In the example below, Partnership set out to improve disparities in their quality measures by connecting pregnant members with key preventive services.

Idea generation grounded in member input. Having identified disparities in its Managed Care Accountability Set measures affecting pregnant members of color, Partnership's Population Health team conducted key informant interviews with affected members to understand their experiences of perinatal care. Using the insights gleaned from these member interviews, they then conducted a literature review, root cause analysis, and series of learning sessions with community leaders serving pregnant people. Their discussions with community partners highlighted that community organizations such as WIC (Women, Infants, and Children) were hosting baby showers to provide needed perinatal and newborn supplies alongside health education. The team combined these insights to identify an event that could elicit interest from expecting families — a professional maternity photoshoot.

Pilot implementation. The Population Health team polled members within a certain gestation period to gauge their interest in a maternity shoot as well as their transportation needs. After confirming interest, the team implemented a pilot event, inviting 15 members to a themed photoshoot with a professional photographer and a makeup artist, both hired from the local community to enhance cultural resonance. Also present were health education staff to promote the MCP's perinatal health incentive program, as well as representatives from local perinatal resources including WIC and Doula Doula, an organization that trains and supports contracting for doulas.

Measurement and iteration. The team approached the pilot using the PDSA (Plan-Do-Study-Act)[55] framework, establishing metrics around increasing community interactions and promoting available benefits alongside the MCP's perinatal health incentive program. For the second iteration, the team invited a larger number of eligible members and at the event asked members to complete the Person-Centered Maternity Care Scale Questionnaire, a validated tool for measuring patient experiences with prenatal visits. Administering this survey

enabled them to continue gathering member input on their perinatal care experiences while connecting them with key preventive services.

Member experience impact. Of the 15 members invited to the first photoshoot, eight attended. Of those, half connected with the MCP's incentive program and two connected with a local doula. As of this writing, the MCP is awaiting the results of its second event. In addition to connecting members with services, the pilot proved that this type of event resonated well with the MCP's population of focus. DeLorean Ruffin, Partnership's director of population health, shared that members expressed appreciation for the event, as they had wanted maternity photos but were unable to afford a professional photographer. One member submitted a video expressing her appreciation, which the MCP shared with the California Department of Health Care Services as a testament to their work.

Importance of iteration. While this pilot impacted only a small number of members, it is a great example of how thoughtful engagement with members can inform the development of interventions that resonate. Partnership's use of the PDSA model and emphasis on iterating after each event positions them well to learn what works for their community before making larger investments to scale their approach.

CalAIM Implementation: Use Cases for Member Engagement

MCPs Partnering with Community Providers to Leverage Member Insights

As a program laser-focused on members with complex care needs, CalAIM offers a unique opportunity for improvement and iteration informed by member input. As MCPs seek to improve CalAIM service delivery and utilization, members can offer key insights to understand and solve current challenges. To engage members, consider partnering with CalAIM providers who are community-based and who have established trust within their community. Start by asking ECM and CS providers:

- What challenges are they encountering in delivering CalAIM services?
- What insights from members might they be interested in to help them improve referrals or service delivery?

Funding a community-based provider to engage members directly could be a viable path toward mutual gain and system improvement.

For example, in the context of the Recuperative Care Community Support, care providers report that when members cannot bring their beloved pets with them to a recuperative care home, some turn down urgently needed services.[56] In these instances, finding a home that welcomes their pet is a key driver in the member's health outcomes, but the system currently does not support this level of member-to-service matching. While finding a home for pets may not seem like a priority for MCPs, it offers an illustrative example of how engaging members directly in discussions of what matters most to them in their care can help providers and MCPs better understand how to design more effective systems.

Codesigning Incentives for CalAIM Service Delivery

Thinking about how to build incentive structures that align with both MCP and member priorities offers an exciting opportunity for system codesign with members.

An advisory council of CalAIM-eligible members could help prioritize the metrics that incentivize

Enhanced Care Management and Community Supports providers.[57] This type of member engagement could also highlight elements of the CalAIM member journey that are impacted by delays in authorization and claims processing from MCPs.

Medically Tailored Meals is an example of a Community Support ripe for incentives.[58] Although medically tailored meals account for a large proportion of total Community Supports spending, meal providers do not currently track whether members are satisfied with their meals, whether they actually consumed them, or whether receiving these meals had any impact on their health.[59] MCPs could engage members to identify what matters most to them around this service and codesign incentives based on those metrics.

Acknowledgments

The author is deeply grateful to the following people and organizations for sharing their insights, expertise, and time to inform this toolkit.

Member Engagement Experts

CACP (Center to Advance Consumer Partnership): Melinda Karp, Chief Executive Officer

Camden Coalition: Evelyne Kane, Assoc. Director of Community Engagement & Capacity Building

EVITARUS: Dr. Shakari Byerly, Managing Partner

IC Solutions CX: Jeff Miller, President

INSPIRE (Initiating National Strategies for Partnership, Inclusion, and Real Engagement): Burt Pusch, Person with Lived Experience; Laura Carroll, Person with Lived Experience

IPFCC (Institute for Patient- and Family-Centered Care): Pam Dardess, VP Strategic Initiatives & Operations

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Westside Community Improvement Association: Heidi Benzonelli-Burden, President of the Board; Pliny McCovey, Special Projects Manager

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Health Plan of San Mateo: Amy Scribner, Chief Health Officer; Katie-Elyse Turner, Director of Financial Planning & Analysis

Inland Empire Health Plan: Maribel Papa, Manager, Health Equity Operations; Jannette Zito, Program Manager — Community Advisory Committee; Boky Kan, Sr. Director of Marketing; Lisa Steward, Director of Marketing

L.A. Care Health Plan: Auleria Eakins, Community Outreach & Engagement Manager; Idalia De La Torre, Field Specialist Supervisor; Frank Meza, Field Specialist

Partnership Health Plan of California: Katherine Barresi, Chief Health Services Officer; DeLorean Ruffin, Director of Population Health

SCAN Health Plan: Subahyu (Archie) Dey, VP of Consumer Experience & Insights

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