As part of the CMS Medicare-Medicaid Financial Alignment Initiative, Medicare-Medicaid Plans in 10 states are required to create Consumer Advisory Councils. These Councils provide feedback on enrollees’ care experience and as such, are a crucial component of person-centered care. The Center for Consumer Engagement in Health Innovation surveyed participating plans with enrollment greater than 5,000 about their Councils, and received responses from 21 plans. These results provide a snapshot of current Council structures, impacts and challenges, and serve as a roadmap for health plans – whether part of the Initiative or not – to strengthen their meaningful engagement of consumers. The information below is drawn from the Center’s full report, “The Biggest Value is Getting the Voice of the Member:” An Exploration of Consumer Advisory Councils within Medicare-Medicaid Plans Participating in the Financial Alignment Initiative.

**The Role of Consumer Advisory Councils in the Financial Alignment Initiative**

**PLAN LEADERSHIP IS LISTENING**

*Health plans...*

- **71%** share Council feedback at executive meetings
- **62%** have executives participate in Council meetings

**COUNCIL MEMBER DIVERSITY NEEDS IMPROVEMENT**

Enrollee diversity is under-represented in some respects, especially Hispanic/Latinx, Asians, and Native American/Alaska Native/Pacific Islanders

**SUPPORTING COUNCIL MEMBERS IS KEY TO SUCCESS**

*Health plans...*

- **95%** provide transportation and food
- **65%** provide training to help consumers work effectively on Councils
- **62%** provide translation services

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“**The people running the plan are not on disability – they don’t understand what it’s like.**”

— **Council Member**

“**We’re just scratching the surface of diversity and it’s important to get feedback and influence from all populations.**”

— **Plan Representative**

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