**Managed Care Reporting**

**Report Information**

Report Number: 141

Report Name: Member Advisory Council

Revision Date: November 3, 2022

Report Frequency: Annually

File Type: Word Document

Report Due Date: January 30

Subject Matter: Quality Management

Document Type: Free Form Template

Free Form

Template

**Information to be completed by the MCE**

MCE ID:

MCE Name:

MCE Contact:

Contact Email:

Report Period Start Date:

Report Period End Date:

Submission Date of Report:

*(This plan can be submitted in any format. However, this document must be completed and submitted with the required plan)*

**Definitions and Instructions:**

**Executive Summary**

**Mission statement**

* To promote a collaborative effort to enhance the service delivery system in local communities while maintaining member focus and allow member participation in providing input on policy and programs.

**Council opportunity**

* This section will be used by Health Plan to list opportunities and goals they wish to gain by having member and member advocacy groups participate in an effort to improve quality of care.

**Operations**

**Organizational Structure of Council**

* The Council is to be chaired by the Health Plan’s Administrator/CEO/COO or designee and will meet at least quarterly.
* Every effort shall be made to include a broad representation of both members/families/significant others, member advocacy groups and providers that reflect the population and community served. Members/families/significant others and member advocacy groups shall make up at least fifty per cent (50%) of the membership.

**Core Plan**

* Overview of what will be discussed within member advisory council.

Member Advisory Council Plan should outline the schedule of meetings and the draft goals for the council that includes, but is not limited to, member’s perspectives to improve quality of care.

**Contract and MCO Manual Reference: Enrollee Advisory Council**

Member Advisory Council Plan

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