Creating Connection:

A Community-Based Organization and Managed Care Organization Partner Convening

Summary Report & Recommendations - 2026

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1. Introduction

On May 19, 2026, Illinois Public Health Institute (IPHI) and partners hosted Creating Connection: A Community-Based Organization and Managed Care Organization Partner Convening, a cross-sector gathering designed to strengthen relationships, build shared understanding, and identify opportunities for partnership between community-based organizations (CBOs), Medicaid managed care organizations (MCOs), health systems, public agencies, intermediaries, and people with lived experience.

The convening was developed in response to a growing need for stronger infrastructure to support collaboration around Medicaid, health-related social needs (HRSNs), birth equity, community health workers (CHWs), and community-based service delivery. As Illinois continues to advance Medicaid transformation and explore new pathways for addressing HRSNs, the ability of CBOs and MCOs to understand one another, partner effectively, and build sustainable models of care is increasingly urgent.

The day was intentionally designed to move participants from shared context, to lived experience and values alignment, to working sessions organized by readiness and service focus, and finally toward regional reflection and action planning. The agenda emphasized relationship-building, shared learning, sensemaking, and practical next steps rather than one-way information sharing.

This report summarizes the planning process, convening design, key themes, participant insights, and recommendations that emerged before, during, and after the convening.

Note on Data Sources
Throughout this report, references to “data,” “participant input,” “feedback,” or “themes” refer to information gathered throughout the planning process, during the convening, and through post-convening reflection. This includes planning committee notes, lived experience consultant input, participant activity cards, sensemaking and regional tabletop notes, session and panel notes, debrief meeting notes, and other feedback shared by participants, facilitators, and planning partners. These sources were reviewed and synthesized to identify the key themes, insights, and recommendations included in this report. Supporting materials are included or referenced in the appendices.

2. Planning Process & Convening Design

The convening was shaped through a collaborative planning process that included IPHI, partner organizations, planning committee members, and lived experience consultants. Early planning conversations focused on identifying the purpose of the convening, clarifying the needs of the field, and determining what would make the gathering valuable for participants across sectors.

The "North Star" as Set by Lived Experience Consultants

An early planning session with lived experience consultants surfaced a clear North Star: people navigating Medicaid services for HRSNs should experience care that is more coordinated, accessible, communicative, and person-centered. Participants emphasized the need for direct and responsive points of contact, consistent information, culturally and linguistically inclusive services, and care that reduces overwhelm for individuals and families.

Lived experience consultants also named several conditions necessary for authentic collaboration, including skilled facilitation, transparency about how feedback is used, flexibility throughout the planning process, and visible evidence that participant input shaped decisions.

Priority Themes Identified During Planning

During the broader planning process, the planning group reviewed emerging priorities and selected two primary themes to guide the convening:

1. Relationship Building and Networking
2. Infrastructure and Capacity Building

Planning participants described relationship-building as foundational to all other goals and emphasized the need for intentional connection across sectors and regions. They also identified infrastructure and capacity-building as critical, noting the need for shared understanding of CBO needs, billing processes, and the respective roles of the Illinois Department of Healthcare and Family Services (HFS), MCOs, intermediaries, and CBOs.

Other important planning themes included shared learning, role modeling, identifying knowledge gaps, and the importance of expanding on previous work rather than "rebuilding the wheel."

Design Guidance from the Planning Committee

Planning committee members encouraged the convening team to create meaningful engagement opportunities, use structured prompts, balance CBO and MCO perspectives, prepare speakers in advance, and ensure facilitators could document themes for post-convening synthesis. They also suggested clearer ways to identify participants by sector, region, and readiness level to support stronger connections.

This guidance shaped a convening design that included guided table prompts, cross-sector panels, Menti sensemaking activities, readiness-based working sessions, informal networking, regional discussions, and closing reflections.

3. Convening Overview

Event Snapshot
Creating Connection: A CBO and MCO Partner Convening took place on Tuesday, May 19, 2026, from 10:30 a.m. to 4:00 p.m. at Moraine Business and Conference Center in Palos Hills, Illinois. The event welcomed more than 243 statewide participants from approximately 111 unique organizations, including MCOs and health plans, hospitals and health systems, CBOs, government and public health agencies, intermediaries, hubs, technical assistance providers, academic and policy partners, and lived experience participants/community consultants.

The day was framed as a space for connection and for identifying opportunities for partnership and action.

To support post-convening synthesis, information was captured through multiple methods throughout the day. Participants completed individual activity cards to identify what their organizations could offer and what they needed from the broader ecosystem. Table discussions generated sensemaking notes and regional reflections, while designated note takers captured themes from panels and breakout sessions. Together, these inputs created a fuller picture of participant perspectives, partnership opportunities, implementation needs, and recommendations for continued action.

Structure of the Day
The convening followed an intentional arc:

- **Welcome and Opening:** Framing the purpose of the day and beginning connection across the room.
- **Context Setting:** Grounding participants in the current HFS landscape and Medicaid technical assistance resources.
- **Aligning in Experience and Shared Values:** Centering lived experience, CBO perspectives, and MCO vision and values.
- **Sensemaking:** Small-group reflection on values, goals, and themes.
- **Supporting Readiness Working Sessions:** Breakouts organized by where organizations were in their journey.
- **Possibility in Practice:** A panel conversation highlighting what successful CBO and MCO collaboration can look like.
- **Alignment and Action:** Regional discussions focused on needed connections, resources, and next steps.
- **Closing Reflections:** Shared takeaways, participant feedback, and next steps.

The working sessions were organized around four areas: Getting Started: Exploring and Planning, Credentialing and Contracting, Activating Partnerships to Address HRSNs, and Activating Partnerships to Address Birth Equity.

4. Key Themes & Insights

The following themes reflect the major patterns that emerged across the planning process, convening activities, participant feedback, and post-convening reflection. Together, they highlight both the shared priorities that brought participants into the room and the infrastructure needed to support stronger CBO and MCO collaboration moving forward.

4.1 Relationship-Building and Trust

What was identified:
The planning process identified relationship-building as foundational to the work. The convening reinforced that strong CBO and MCO partnerships depend on sustained trust, mutual understanding, and repeated opportunities for connection.

What emerged:

- Participants consistently named the need for stronger cross-sector relationships.
- In-person connection, site visits, and ongoing touchpoints were identified as practical ways to build trust.
- CBOs and MCOs need clearer opportunities to understand each other's services, priorities, constraints, and partnership goals.
- Relationship-building is a necessary condition for referrals, contracting, care coordination, and shared accountability.

Key takeaway:
Relationship-building is part of the infrastructure needed to move CBO and MCO partnerships from interest to implementation.

4.2 CBO and MCO Partnership Needs

What was identified:
The convening was designed to help CBOs, MCOs, and partners better understand what each sector brings and what each sector needs. Participant input reinforced that many organizations are ready to partner and need clearer pathways to do so.

What emerged:

- Many needs identified by participants matched resources or expertise already present in the room.

- CBOs need clearer MCO points of contact, contracting pathways, and expectations for partnership.
- MCOs need better visibility into CBO services, geographic reach, readiness, and capacity.
- Credentialing, contracting, billing, and Medicaid provider enrollment remain key areas where additional support is needed.
- Partnership development requires both relationship-building and practical navigation support.

Key takeaway:
The ecosystem already contains many of the assets needed to move this work forward. The opportunity is to create stronger mechanisms for matching needs, offers, and partnership opportunities.

4.3 Capacity-Building and Infrastructure Gaps

What was identified:
Infrastructure and capacity-building were identified early as priority themes for the convening. Participant input reinforced that CBOs need resources, tools, funding, and administrative support to participate sustainably in Medicaid-related partnership models.

What emerged:
- CBOs need technical assistance related to Medicaid readiness, documentation, compliance, billing, credentialing, and contracting.
- Participants named specific operational challenges, including HFS enrollment timelines that may take four to six months, inconsistent payment timelines, and examples where payment took more than a year for a single billing code.
- Participants called for clearer guides, shared terminology, onboarding materials, and plain-language explanations of processes.
- There is a strong need for better integration between medical record systems, service navigation tools, and referral platforms.
- Participants identified closed-loop referral systems, real-time resource information, and warm handoff processes as critical infrastructure needs.
- Participants noted the economic case for upstream investment, including examples where emergency services may cost three to four times more than housing supports.
- Funding is needed to support staffing, technology, administrative systems, and participation in partnership-building activities.

Key takeaway:
CBO capacity-building is a core implementation need. Dedicated investment will help more organizations move from readiness and interest into sustainable participation.

4.4 Lived Experience and Community Voice

What was identified:
Lived experience shaped the planning process and provided an important values anchor for the convening. Participant input reinforced that lived experience should remain central as this work moves from conversation to implementation.

What emerged:

- People with lived experience should be included in planning, decision-making, implementation, and evaluation.
- Building on the compensated participation of lived experience consultants in the planning process, future efforts should continue to resource and structurally embed lived experience in advisory, implementation, and evaluation activities.
- Community voice is essential for designing systems that are accessible, person-centered, culturally responsive, and grounded in real navigation experiences.
- Future structures should include clear feedback loops so participants can see how their input influences decisions.

Key takeaway:
Embedding lived experience strengthens accountability and helps ensure that partnership models are built around the realities of the people they are intended to serve.

4.5 CHW Partnership Infrastructure

What was identified:
CHWs were repeatedly recognized as essential connectors between individuals, communities, providers, MCOs, and systems.

What emerged:

- CHWs need to be included in planning and implementation conversations.
- MCOs need clearer visibility into existing CHW networks and key connectors across Illinois.
- CBOs expressed the importance of partnering with existing community-based CHWs, rather than creating duplicative or disconnected workforce models.

- CHW roles, titles, certification pathways, and reimbursement opportunities need continued clarification.
- Participants surfaced the need for clearer shared understanding of CHW roles, given the wide range of titles used across the field and concerns that reimbursement opportunities could lead to inconsistent or duplicative role definitions.
- Sustainable CHW infrastructure will require alignment across training, credentialing, billing, contracting, and referral pathways.

Key takeaway:
CHWs are a critical bridge between systems and communities. Strengthening CHW partnership infrastructure can support more effective care navigation, trust-building, outreach, and service connection.

4.6 Regional Considerations

What was identified:
The convening created space for both statewide alignment and regional reflection. Participant input reinforced that while many needs are shared across Illinois, implementation must account for regional differences.

What emerged:
- Chicago and suburban Cook County needs were strongly represented, while statewide and rural perspectives also surfaced.
- Regional differences may affect service availability, transportation, housing, workforce capacity, language access, and partnership infrastructure.
- Participants identified the need for localized advisory councils, regional working groups, and better visibility into regional resources.
- Statewide strategies should be flexible enough to support local adaptation.

Key takeaway:
A statewide vision will be strongest when paired with regional structures that reflect local relationships, assets, and implementation realities.

4.7 What Already Works

The convening also surfaced several examples of partnership models, tools, and implementation efforts already underway across the ecosystem. These proof points demonstrate that stronger CBO and MCO collaboration is possible when relationships, technical support, and operational infrastructure are aligned.

Examples include:

- Credentialing and enrollment support for doulas and lactation consultants, including the successful enrollment of a Medicaid-enrolled lactation provider in Illinois.
- Food and nutrition partnership models, including Greater Chicago Food Depository's work with Meridian to support a pantry-to-frozen-meals-to-home-delivery pathway.
- Community-based food partnerships, including Lurie Children's work with farmers and community organizations to create tailored food boxes.
- On-site partnership models, including examples of MCO representatives and CHWs being present within CBO settings to support direct service coordination.
- Hub-based supports, such as Help.Guide.Thrive, that can assist CBOs with billing, administrative, and care coordination infrastructure.

These examples reinforce one of the central insights of the convening: many of the building blocks for stronger partnership already exist. The opportunity is to connect, resource, and scale what is working.

5. Recommendations for Advancing the Work

The recommendations below build on the themes and insights surfaced through the convening. They focus on practical next steps to sustain connection, strengthen CBO readiness and capacity, clarify partnership pathways, and support the infrastructure needed for CBO and MCO collaboration to move from shared interest to coordinated action.

5.1 Recommendation 1: Sustain Cross-Sector Connection

The convening demonstrated a strong appetite for continued connection. Participants and planning partners identified the need for additional meetings, follow-up opportunities for different groups, and ways to keep momentum going.

IPHI and partners should consider establishing ongoing regional working groups, advisory councils, or facilitated learning communities that bring together CBOs, MCOs, health systems, public agencies, intermediaries, and lived experience representatives.

These structures could:

- Build mutual knowledge between CBOs, MCOs, and providers
- Identify regional service gaps and partnership opportunities
- Clarify referral pathways and points of contact
- Surface implementation barriers in real time
- Support relationship-building beyond one-time convenings

This recommendation aligns directly with the need for mutual knowledge, MCO/CBO communication, regional representation, and community or systems advisory structures.

5.2 Recommendation 2: Create a Sustained Matchmaking and Follow-Up Mechanism

Because the convening surfaced a strong marketplace of offers and needs, the next step should be to create a practical mechanism for matching participants to one another after the event.

This could include:

- A curated “I Have / I Need” directory
- Follow-up introductions between organizations with aligned offers and needs
- A searchable participant/resource map

- Office hours or connection clinics organized by topic
- A structured follow-up series by readiness stage, region, or service area

Participant input suggests that many needs in the room map directly to existing offers. The key opportunity is to create a sustained connecting mechanism that helps organizations find one another and move from interest to action.

5.3 Recommendation 3: Strengthen and Resource CBO Capacity-Building

Participants entered the convening at different stages of readiness. Some organizations were just beginning to explore Medicaid engagement, while others were focused on credentialing, contracting, billing, referral workflows, or partnership activation.

Capacity-building should include both technical pathways and dedicated resources to support participation.

Capacity-Building Pathways

A tiered capacity-building model could include:

- **101: Medicaid and MCO Partnership Basics -** Medicaid overview, HRSN and birth equity service pathways, key terms and acronyms, what MCOs need from CBO partners, and what CBOs need from MCO partners.
- **201: Readiness, Credentialing, and Contracting -** IMPACT registration, Medicaid provider enrollment status, credentialing codes, contracting requirements, documentation, and compliance.
- **301: Implementation, Billing, and Sustainability -** Claims submission, revenue cycle management, closed-loop referrals, data-sharing, cost modeling, and reimbursement sustainability.

This model would allow CBOs and partners to enter at the right level and receive support that matches their stage of readiness.

Capacity-Building Funding

CBOs need dedicated resources to build the infrastructure required for Medicaid participation. Funding was one of the clearest and most repeated needs across the convening, particularly for staffing, technology, administrative systems, partnership development, and sustainability.

Capacity-building investments should support:

- Staff time for partnership development
- Administrative and billing infrastructure
- Technology and data systems

- Compliance and documentation capacity
- Participation in advisory councils and planning spaces
- Resourced lived experience engagement
- Language access and culturally responsive services

Dedicated funding will help ensure that CBOs can participate in partnership development while maintaining day-to-day service delivery.

5.4 Recommendation 4: Improve Contracting, Credentialing, and Referral Infrastructure

Participants consistently identified credentialing, contracting, billing, closed-loop referrals, and data-sharing as major areas where stronger infrastructure is needed.

Recommended actions include:

- Creating clear guidance on credentialing and contracting processes
- Identifying MCO points of contact for CBO partnership inquiries
- Supporting CBOs with IMPACT registration, Medicaid provider enrollment status, coding, documentation, and claims submission
- Conducting a landscape scan of existing referral platforms and community resource tools
- Developing shared expectations for referral follow-up
- Exploring regional or statewide closed-loop referral pilots
- Ensuring small CBOs have access to technology support

This recommendation would help move partnerships from relationship-building into more consistent operational pathways.

5.5 Recommendation 5: Clarify MCO Priorities and Partnership Pathways

CBOs need clearer information about who to contact at each MCO, what MCOs are prioritizing, what services they are seeking, and how organizations can begin partnership conversations.

Recommended actions include:

- Creating an MCO contact and partnership guide
- Hosting MCO listening sessions or roundtables
- Gathering MCO-specific feedback through a tailored survey
- Clarifying MCO approaches to CHW engagement
- Identifying how MCOs plan to partner with existing community-based providers
- Sharing MCO priorities by region, service type, and population

This would directly respond to CBO requests for navigation support, contracting clarity, and better understanding of partnership expectations.

5.6 Recommendation 6: Formalize Lived Experience Engagement

Lived experience shaped the planning process and was repeatedly named as essential during the convening. Building on the compensated participation of lived experience consultants in the planning process, future work should formalize ongoing advisory structures that continue to resource lived experience leadership beyond individual events.

This could include:

- A lived experience advisory board connected to future implementation work
- Paid community consultant roles for future convenings and workgroups
- Regional lived experience representation
- Clear feedback loops showing how lived experience input shaped decisions
- Inclusion of lived experience in technology, referral, and capacity-building design

This recommendation supports more accountable, community-informed implementation and helps ensure that partnership models remain grounded in the experiences of people navigating services.

5.7 Recommendation 7: Strengthen CHW Partnership Infrastructure

CHWs surfaced repeatedly as essential connectors between individuals, communities, providers, and systems. Participants called for CHWs to be at the table, integrated into clinics, supported through training and credentialing, and connected to sustainable reimbursement pathways.

Recommended actions include:

- Mapping CHW organizations, networks, and “key connectors” across Illinois
- Clarifying CHW roles, titles, certification pathways, and reimbursement opportunities
- Supporting MCOs to partner with existing CBO-based CHWs rather than defaulting to internal-only models
- Creating CHW-specific CBO and MCO listening sessions
- Aligning CHW training, credentialing, billing, and referral pathways

This recommendation can help strengthen trust, reduce duplication, and build on existing community-based workforce assets.

5.8 Recommendation 8: Embed Partnership Expectations into Medicaid Structures

CBO and MCO collaboration can be strengthened when partnership expectations are reflected in Medicaid policy, procurement, contracts, and accountability mechanisms.

Potential policy-level strategies include:

- Requiring MCOs to describe CBO partnership strategies
- Encouraging or requiring investment in community-based capacity-building
- Tracking CBO contracting and referral activity
- Incentivizing use of existing community-based CHW networks
- Supporting hub or network models that reduce burden on individual CBOs
- Including lived experience and community advisory input in accountability structures

Embedding expectations into Medicaid structures would help ensure that partnership development is supported by clear roles, incentives, and accountability.

6. Opportunities for IPHI and Partners

The convening positioned IPHI and partners as important ecosystem conveners, translators, and infrastructure-builders. The strongest opportunity ahead is to help move the field from connection to coordination.

Potential roles for IPHI and partners include:

Convener
Continue hosting trusted spaces where CBOs, MCOs, public agencies, health systems, intermediaries, and lived experience representatives can build relationships and work through implementation challenges.

Knowledge Steward
Synthesize what is being learned across regions, sectors, and service areas, and translate it into accessible tools, reports, guides, and recommendations.

Matchmaker
Use the activity card data and participant input to connect organizations with aligned offers and needs.

Capacity-Building Partner
Support or coordinate technical assistance pathways related to Medicaid readiness, contracting, billing, referral workflows, and data-sharing.

Policy and Systems Translator
Help bridge community realities, Medicaid policy, MCO priorities, and state implementation needs.

Lived Experience Integration Partner
Build on the compensated planning process by supporting meaningful, resourced, and ongoing lived experience engagement.

Participation Pathway Clarifier
Develop clear ways for participants and partner organizations to identify how they fit within the broader work — such as CBO, MCO, public agency, intermediary, technical assistance provider, lived experience partner, funder, or cross-sector partner. This could support more

intentional outreach, meeting invitations, working group participation, and follow-up opportunities. It would also help participants determine when a space is designed for their specific role, when it is cross-sector, and when it is intended to introduce new ideas or opportunities across the ecosystem.

7. Convening Design Reflections

What Worked Well

Several design elements supported the goals of the convening:

- Centering lived experience early in the day
- Balancing CBO, MCO, and systems perspectives
- Creating structured opportunities for connection
- Organizing breakouts around readiness and service focus
- Using sensemaking and regional discussions to gather participant insight
- Bringing a broad range of ecosystem actors into one room
- Leaning into cross-sector dialogue rather than narrow technical training

The convening created meaningful space for participants to build new connections, recognize shared priorities, and identify opportunities for continued collaboration.

Future Convening Design Considerations

Future convenings and follow-up sessions should consider:

- Allowing more time for breakout discussions
- Providing clearer guidance on which sessions are best suited for which participants
- Helping participants identify which category best reflects their role in the work, such as CBO, MCO, partner, intermediary, technical assistance provider, funder, public agency, or lived experience partner
- Expanding lived experience representation among convening participants, advisory groups, implementation planning, and evaluation activities
- Using participant categories before and during gatherings to support registration, name badges, seating, breakout selection, networking, and follow-up
- Creating separate 101 and 201 tracks
- Offering smaller regional or topic-specific sessions to support deeper discussion and continued relationship-building
- Exploring a multi-day conference model that allows for deeper breakout discussions, differentiated learning tracks, regional strategy sessions, CBO/MCO matchmaking, and broader participation from funders, policy partners, and implementation partners
- Creating sector-specific follow-up opportunities
- Capturing MCO-specific feedback through a tailored survey or listening process
- Developing sponsorship strategies that include philanthropy, MCOs, and other aligned funders

These design considerations can help future gatherings go deeper, support different levels of readiness, and create more targeted pathways for continued engagement.

8. Conclusion

The Creating Connection convening demonstrated that there is significant energy, expertise, and willingness across Illinois to strengthen community-based organization and managed care organization partnerships in support of Medicaid clients and communities.

The convening also made clear that sustained relationship infrastructure, clearer contracting and credentialing pathways, funding for CBO capacity-building, better referral and data systems, shared language, CHW partnership models, and formal structures for lived experience leadership are needed to move this work forward.

The strongest insight from the convening is that many of the answers are already present in the ecosystem. The next phase of work is to build the structures that allow those answers to find each other, align, and move into practice.