

Regional Program Improvement Advisory Committee (PIAC) - RMHP



RMHP RAE 1, PRIME and CHP+ Regional PIAC Meeting Notes

Location: Mesa County Workforce Center and Virtual

When: June 13, 2023

Time: 10:00 am - 1:00 pm

Attendees: RMHP

- Heather Akins, ReNae Anderson, Barb Bishop, Maureen Carney^, Jeremiah Fluke, Patrick Gordon^, Anna Messinger, Kim Nordstrom^, Kendra Peters, Alyssa Rose^, Meg Taylor^, Sheila Worth^

Attendees: External

- Amy Aleaghty, Alex Barreras, Kellee Beckworth, Paula Belcher, Nora Blackmon, Stephanie Brinks, Jo Carroll, Janice Curtis^, Daniel Darting , Dan Davis, Shawn Davis^, Carla Decker, Crystal DeCola, Mary Lou Doak^, Dorma Eastman, Steph Einfeld, Ian Engel^, Alicia Franklin, Danielle House^, Jessica Jenson*, Michelle Jonjak, Tyller Kerrigan-Nichols , Tom Keller^*, Kyle Kelley , Wendy Lee, Haley Leonard*, Dani Kloepper, Tracy Klumker^, Rochelle Larson^, Steve Leazer*, Meighen Lovelace^*, Wade Montgomery^, Bianca Ochoa^*, Julie Reiskin^, Suzanne Richards^, Silvia Santana, Alison Sbrana^*, Becca Schickling, Herberta Silas^*, Stacy Starr, Shirley Tatto, Katie Tiernan, Monique Terpstra^, Andi Tilman^, Brandi Vela, Holly Webster^, Lydia Wittman, Diana Yellow^

^represents in person, *represents PIAC voting member

Organizations Represented:

- Axis Health Systems, Aspen Hospital, Banner Health, Centura, Colorado Cross Disability Coalition, Delta County Public Health, Delta Health, DentaQuest, GI Hospital, Grand River Hospital, Memorial Regional Health, Middle Park Health, Montrose Regional Health, Mountain Family Center, Mountain Family Health Center, Northwest Colorado Health, Pagosa Springs Medical Center, Signa, State of Colorado Health Care Policy and Finance, St. Mary's Hospital, Summit County DHS, Summit Family Intercultural Resource Center, Turning Point-Fort Collins, UC Health, Visual Voices, Western Slope Native American Resource Center

A. PIAC Business -ReNae Anderson RMHP

1. Introduced new PIAC voting member to fill FQHC vacant seat
 - Steve Leazer, Mountain Family Health Centers
2. Vacancies on PIAC voting members*
 - Criminal Justice Advocate
 - Healthy Neighborhood
 - Member/Family Member
 - Private Mental Health Provider

*Let ReNae know if there is anyone that would like to fill these positions. Would like to get them filled soon.

3. Term Changes
 - RAE1 PIAC voting members voted to make a change in the charter, changing term limits. This change is extending term limits from a two (2) year term to a three (3) year term. Voting members may also have

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the option of serving two (2) additional terms, with the term limit being three (3) terms or a total of nine (9) years.

B. Executive Report -Meg Taylor RMHP

1. Introduced Alyssa Rose, VP for Government Programs and Compliance Officer, Program Officer with HCPF
2. Rocky bid on and were granted RFPs contracts
 - Now in the protest period
 - This is not the Medicaid rate contract
 - Bid on two more
 - This provides a 360 approach to needs
3. Behavioral Health Administration
 - BHA trying to take a fresh start with stakeholders
 - Holding in-person meeting in Grand Junction this Friday
 - They want to engage with more people
 - BHASOs bids were originally to go live 2024, State of Colorado pushed back
 - Will go live 2025, same as Medicaid contracts

Janice stated that BHA has main contract with Mind Springs.

Meg explained that community health centers have contracts, and this is nothing new. The state contracts directly with them and Rocky contracts as the provider.

C. Health Equity Report -Shawn Davis

1. Loving Beyond Understanding training
 - Rocky Affirmative Care training for 212 providers in rural areas
 - Not yet in Cortez
 - On-line in the fall with outreach and it went well
 - LGBTQ plus center will open soon in Grand Junction, located from campus and four blocks from high school
 - The center will have many resources with numerous coalitions
 - Lots of migration for LGBTQ plus, as other states are non-affirming states
2. HEAT "Health Equity Action Team"
 - This is the action team with Rocky, with Dr. Nordstrom as the lead.
 - Health Equity Maps
 - Health Equity accreditation
 - Continuing to look at priorities and adding member councils
 - Asking for member input
 - Starting Spanish Member Council today

Janice commented that health equity includes food and what is available for people to eat. Inequity is so high that we need to be teaching people what they can do and what is available to them. This is critically important.

Shawn agreed that health equity includes food security, housing, and transportation.

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Janice stated that this is different than how it impacts negatively, because of inequity and lack of knowledge and education. It is an ignorance problem, not only in those populations, but it is universal. We can't achieve equity, if we don't have knowledge to know what they can do to help populations.

Another person stated the knowledge is power.

Ian added that health equity is a right to choose, at least part of it. When we're talking about social determinants of health, it was brought up yesterday about nursing homes and if we want to play it safe, without your rights. He has a right to fail. This is how he learns, by making mistakes. It could put him at risk. If he goes home to die, that is a victory for him and a failure for the system. If he got stuck in a nursing home, it is a failure to him, but a win for the system that tried to save him. They say that he will die if he doesn't go to a nursing home and he states that they will die, too. It is how we are living, not how we're dying. Sometimes, in dealing with people with disabilities, we are kept so safe that we don't always have that freedom of choice, that right to fail and we are relegated to observers and someone else takes care of us. It is no wonder that some of us get hard-headed about accepting help. There is something about equity, that everybody has rights, liberty and the pursuit of happiness. It can be a risk and there is something about us and them, about insecurity and fear that comes into play. We start thinking that we can test, screen, rehabilitate, fix and cure, which is all deficit based. They are looking at what is wrong with him and that is oppressive. Perhaps we can do strength based. We have gone through a lot of stuff and probably have a good perspective on life. It is what makes us different about us that makes us stronger together.

Meighen added that on the line of oppressing and muting, we make sure we are mindful that the social determinants of health when we talk about them that we understand them. When there are some that we don't have, that we look to lift all of us up collectively, that we remember that one person's diet is not another, that one person's strength is not another's and that what is healthy for me may not be healthy for you. As we do this work, let's think of each individual human and their place and what brings them joy, when we decide how we are moving this work forward.

Alison stated that we have robust support in place for those who are actively eligible Medicaid members, but the journey to get to that place can be really hard. She has people reach out to her for services and they could get those benefits but signing up for Medicaid. This is an area where we can address equity. Just getting access to the system, with regular or long term it is a long process to gain access.

Meg mentioned that this was discussed at the Western Slope Member Advisory Council, mostly about letters that people are receiving. It is a layer that adds to the system, with social determinants and barriers to people doing that basic thing.

Mari Lou pointed out that if you have the right people with you, and ask the right questions, then, you will get the services you need. This is said after going to apply for benefits and was turned away.

Ian said that is the power of peer support, which is what we are doing, at least trying to. It shouldn't be that hard.

Tracy stated that she always has to rely on someone else for support. Being a farmer and a rancher, it is different for not having a long term job. When she goes into the Medicaid office, they want to know her assets and they tell her she can't have certain things. It makes her feel bad, as her husband worked hard for everything they have. It isn't right to have someone come and take something you worked so hard for. I have to rely on other people my entire life. It is upsetting.

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Dani commented that what she has seen is stigmatizing people with Medicaid. For example, patients that are in Marillac, stigmatizes people, saying that there is something wrong with them. It makes them feel like they are not good enough to go to a regular primary care. She has heard this from many people. We need to change that stigmatism of the people that really need help. That is the whole focus, issue or purpose of the Affordable Care Act, is to get medical for everyone. Before that, there was no availability or help for anyone. It can be frustrating. The majority of the population is on their high horse.

Meg responded that as a system, as a whole, we need to get rid of the stigma in the areas where we see it.

Andi pointed out that it is a stigma problem, that gets fixed individual by individual by individual. The system is made up of lots of grains of sand and we have more power than it. There is stress that comes with all of it. She recommends a book called "Weathering" by Arlene Jeraunimus. This book is about the stress from ordinary life and this is a medical study of it. This is stress caused from the system We can figure out how to deal with this stress or validate the symptoms and everything that is resulting from these experiences. Having those experiences and the stigma is a massive life threatening stigma because it is weathering. This book may help us find ways to actually come into the medical system in meaningful ways at that level.

Meg asked Andi what the quote she has at the signature line? She asked Andi to share it. Andi shared that every time you are helping yourself, you are helping the system get better.

Ian adds that everywhere he goes, it starts to get oppressive, and he starts to believe it. He states that he must be pretty helpless and pitiful, otherwise, why would everyone be trying to help? The very act of helping becomes oppressive. When there is a gap between us and them and we are going to help the immigrants, the poor, the disabled or elderly, separating themselves from our own humanity. He said that there have been times that he is rolling down the street and someone will drive by and yell "I'm sorry." If people knew better, they would do better. It is ignorance and they are not trying to be rude. He replies to the person, "Nice to meet you, Sorry. I am Ian." Why are they saying sorry? It is an awkward thing. People come up and intend to help him. He does not have handles on his wheelchair, and they want to push him. People don't know any better. After a while, it is hard to not internalize it. If everyone believes that you are in a state of dependency, they are all over you. He didn't figure this out. It was mentors and others helped him figure this out. It was like every day was a learning experience. It is worth talking about.

The best answer he got was from an eighth grade class. How do you know that the very act of helping feels oppressive? How do you help people without making people feel uncomfortable? The eighth grader said to just be a friend. There is something to the stigma that has to do with this idea of helping, where we are all kind of trapped in. By keeping people so safe, we're ripping away creativity and dignity.

Janice thanked Andi for suggesting that book. One of the best solutions to weathering is connection. Loneliness is so high and feeds into stress that creates inflammation in your body. It also shuts down immune system. When we are properly trained and connect as a peer, which is a totally different connection that is not that of a professional. Peers are more satisfying and rewarding for both people. As the Program Improvement Advisory Committee, you might want to say something of Mind Springs lack of peer support.

Andi commented that that Janice is on point for joy. For youth gender, the euphoria happens when a kid finds a binder, a safe place or friends to hang out with, because we found a place for them to do that. It doesn't have to be a monumental effort for people to be around each other. It is also because of resilience. We offer a class on that, and this is important to all of us. Knowing how your own nervous system works, how we can be more grounded and

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centered. The exact quote that Meg talked about is “Every time you free yourself from internal oppression, you free yourself from the cultures you live in.”

Meighen talked about a training from Political Healers that would be a wonderful companion to the work that you all are doing. It comes mostly from racial stuff.

Bianca reported that she has been taking the resilience training and recommend it to everyone she can. She found it important to build a resilience and they break it down for you. It is none classes, but is well worth it.

Andi states that directors that take the class, say it is life changing. They say it is the most diverse class they have been in, in Grand Junction.

Meg asked to have the information sent out. It would be great to have an abridged version at the next PIAC. Maybe just a theme or a nugget to be shared at our next PIAC would be good for about half an hour. Andi said they would check to see if this could be done.

Meg stated that we should create the space to just be joyful. It would be good to build a time to just be joyful in this space.

Ian responded that something he is proud of and discovered about himself is through something difficult. It is the difficult and trying times that galvanize us to be resilience. We shift from deficit based to strength based. We learn that a lot of our strengths come from going through tough times and being different. The next thing you know, being different, we are not looking that it is not normal, but as a strength, because you have seen things that have happened and have to work and have to work twice as hard for everything you get.

When you talk with a special ed class, they will see that you have something of great value with a different perspective.

Meg replied that it is talking about stigma again. In order for someone to say they have been actually through it, they have to talk about it, saying they have been through it too. We have to work on stigma. Many people are still ashamed to talk about their lives. If you can't talk about it, you can't get to where you want to be.

Ian added that mental health is tough. Getting treatment, support and peer support and acceptance of that vision of no matter of who you are and what you are doing, it is business as usual. Meg replied that it is health equity.

D. Member Advisory Council Reports

1. Larimer County MAC -Alison Sbrana

a. Behavioral Health Administration visit

- Discussions on whether Larimer would be split off to a different RAE
- Will Weld county be joined in a RAE
- We need to take down more barriers in the process of whatever is decided with regional boundaries.
- We need to take down barriers
- Instead of making regions larger, have care coordinators all be connected to providers, like statewide care
- Coordinators could be more independent of location
- Why is the number of RAEs compromising? Does it have to change?
- Can we guarantee that fewer RAEs will change the problem?

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- We have plenty of problems to solve and don't need any more
- Where does children with complex needs fit into the drawing of these regional lines?
- There is already a competitive market in Larimer and benefits patients
- b. General discussion on next version of Medicaid
 - Want to see more warm hand-offs
 - Return to face to face visits, for those who want it
 - Request that care coordinators have more time for needs
 - Suggested with HCPF to meet with some of the excellent care coordinators and what they need to excel in their work
 - Defined excellence based on patient experience
- c. Larimer County Behavior Health facility progress
 - Will take tour in Upcoming MAC, probably in September
 - Want to be sure of safety with construction

Ian asked if care coordinators are excellent, because the people that received care coordination from them had a good experience? Maybe, they could be not only acknowledged, but also incorporated into sharing what they do, with other care coordinators, as a model. Of course, the people that get the care coordination get involved in that. Some sort of training workshops would be great, with real learning type scenarios.

Alison answered that they actually came up in our meeting. We also talked about the case review model to take what worked, share what is working and what is not working. Ian suggested doing something like a panel. Julie added that a panel where the client and care coordinator would present together.

Meg commented that she loved that. She wants to follow-up and wants to plug that in. We had resilience training from Resillience Colorado, where we brought them in for our care coordinators, care managers and our customer service reps. These are the people on the frontline. There is something about moral injury that would also be great to pull-in. It is about constant life struggles, outcomes and have a little celebration, too. The complaints are heard.

Andi stated that that it is the work culture. If a couple people in a staff environment, if they co-regulate, people can stay in the game. Meg adds that this is true, especially when you are fried. Andi says that stress of watching and seeing is trauma.

Ian stated that his organization had someone come in and teach about compassion fatigue and everything that we are talking about. Some of our staff said it was good, just putting a name on it.

2. Western Slope Member Advisory Council, Tom Keller

- a. Behavioral Health Administration
 - Spoke with Ryan Templeton, the policy person and the community director from BHA
 - What is happening with BHASOs and the reset they have done with that?
 - They wanted to have different regions, than what is already in place by July next year.
 - Legislature has pushed it to align with the ACC 3.0, Accountable Care collaborative, in July 2025
 - Much stakeholder feedback came from people and counties, with people that this would affect
 - BHA feedback was negative and going too fast
 - Legislature changed timeline, with some things happening in January, but most aligning better
- b. PHE and Covid Unwind
 - Patrick reported 11,000 people, with 6800 determined ineligible

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- 3 times what state is projecting
- Expected to bottom in May 2024
- This will be 15.7% for RAE1 and 17% statewide
- 3-4 times what it should be

Tom asked how many were on the non-magi program? Patrick answered that he is not sure but will follow-up on that. Rocky is not performing lightly, with retention, with projection. He states he may be wrong with the first cohort, the first terminations, didn't just include the review and renewal for the unwind process. It also included the state-wide termination of about 30,000 people, who would have been determined ineligible by the department, due to the public health emergency. 30,000 people were shown as eligible in the HCPF system, called the interchange, but not the actual for eligibility. One possibility for why it looks so bad, is that 3000 people, beyond the regular cohorts, would be reviewed for their renewal. It is like first in, first out. He hopes this is a large part of the explanation. It makes sense that there were 30,000 state-wide, and we would have a portion of that, maybe 5000-6000, due to the region size.

Julie stated that the Secretary sent out a letter to all governors, showing some of the stats. Colorado is doing much of the best practices. The major thing is around data that they aren't doing, but doing most of them. It signals that the government is going to take a harder look at these terminations. There are states where there is a much bigger problem, where governors are actively trying to get people off, thinking it is a good idea. This isn't the case in Colorado.

Patrick adds that the problems with CDMH and the interchange are decades long, that every so often, causes problems like this. Julie adds that anytime there is a system issue that messes up.

Patrick comments that isn't that there isn't data, but the state is delivering data that we don't fully understand. There are definitions still outstanding, and we have also identified errors, like people having an effective date and a termination date before their effective date. It doesn't make any sense. We need to get the data quality better. We need to get the sister organizations more productive with warm transfers, with ability to complete our applications electronically. Part of the puzzle is to go the counties and the counties are struggling with the volume. With sisters and appropriate cases would be a better pathway, potentially. A ton of communication is going out and we need to pay attention and some are putting it off. If someone can help me, great, but many are putting it off until the last minute and losing eligibility. There is a lot of work we can do to improve this.

Ian commented that There are third party contracts with the government that are charging unreal amounts. A bolt for military is charged \$15, when you can go to Ace Hardware and buy it for \$2.00. A toilet seat is \$500. A single Tylenol is \$14.00. It is these taxpayers' dollars that are being paid to a third party contractor and is raking over the system. This is a root problem, without a solution now. There is something that has gone awry with the way that these data systems are tracking.

Patrick responds that the sheer complexity we are talking about. With all the different sources of information, defining with multiple state programs that feed multiple state programs. This is sheer complexity of this. The pandemic caught all of us in a bad place. It certainly exposed and accentuated all of the inequities in our system and exposed some of the some of the operational problems, heading into the pandemic. We now need to do the best we can to pick up the pieces. We are 1/12th of the way through our process. Everyday counts, every minute counts in understanding how we are performing. Like any plan, we may change it as we go. There is certainly more we have got to do with data equality and actually to help people with their occupations. We need to drive better down the road and not always looking in the mirror. There are things we can do, and everyone counts and we need to remain focused. We need to look at the bigger picture. Some of these issues have been there forever and this is just illustration on ongoing problems that need

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to be fixed. He is focusing on everything “worthy” that comes in. We need to get information out to people, who don’t know the application process. We need to only allow someone to do something, but actually give them a place to go.

- c. PIAC State-wide
 - Reviewed PIAC subcommittees and how many of same issues all are having
- d. Legislature Update
 - Senator Roberts, Representative Rich and Representative McKluskie discussion on housing, transportation Medicaid and disabilities

Ian asked Rocky staff what Rocky’s stand is on the BHA. It would be good to have a list of what the RAEs do and what the BHA does, user friendly system and who does what. We have been told that they are behind the scenes to know what we are doing. We don’t know what you are doing. We want to know where you fit. There are lots of concerns and what is said on your behalf and want to be sure we are on the same page.

The BHA could do some rules that should incorporate using training in their services. There are a lot of good ideas about where they may where they can rule for a certain amount of training. We have all worked on setting up networks of .care, coordinators, providers and community based organizations, where people can establish relationships with those that are familiar with competency, for access, accommodating and communicating. In all the things we are doing, how do we come in and not upset the apple cart? Meg answered that there is going to be disruption, no matter what.

Meighen responded with the RAEs are not going to just be ok...whatever you say BHA, we are going to change everything we do to match up with the BHASO. So many people freaked out by the that series of HCPF stakeholder meetings about the ACC 3.0, where everyone was panicking. Then, the BHA was cooled and said they are not going to do this anymore. We collectively don’t know what comes next. There were a bunch of heated discussions, then radio silence. It would be advantageous if the BHA, HCPF and thee RAEs have a statement that says “Ok, we heard you” so there aren’t question marks floating around everywhere. Meg stated that this is very important and we don’t want to wait until the PIAC. We will talk about it and talk to ReNae about it. Everything that both are saying is important and we need to talk about what it looks like now. We do have an MSO contract and a RAE contract and what we think it looks like in the future.

3. Bridging Communications Tracy Klunker

The issues with deaf people and hearing impaired people only get bits and pieces of what is said and we have to fill in the blank. A lot of time, we misunderstand and if we don’t understand, people think we still misunderstand.

- a. State Patrol meeting
 - Possible companion card to give to officer, stating we are deaf. This could be presented if you get stopped and don’t hear the sirens.
 - What to do when you get stopped is important
 - Don’t move until officer comes to your window
 - Officer will come to passenger side
 - Don’t do anything until they ask for your license, registration and insurance

Medicaid and PHE

- No longer a yellow envelope and are long and white now
- Don’t throw it away and read it
- b. New dental benefit

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- No cap on dental
- No co-pays with prescriptions
- c. Upcoming meetings
 - Want to work with public, as they don't know we can't hear
 - This is where misunderstood, as sometimes walk away, without knowing they are trying to get our attention
 - Not all deaf know sign language and want to educate public
 - Some deaf can talk, as she was taught
 - Anger arises and people don't understand why they are being ignored
 - Breaks down trust and hard to connect back with people

Ian responds that Tracy is one person he knows, that find children and asset and not a liability. Tracy adds that she has a supportive husband, and her children are grown. She always believes in treating people the way you want to be treated. You do not cut people down, you do not stigmatize people, you try and educate yourself how you can help them.

4. Spanish Member Advisory Council, Bianca Ochoa

Has been working hard in crating Spanish MAC across RAE 1. The first meeting will be held today in Grand Junction.

- Working closely with local leadership
- Determining what is already in place for support groups
- Want to better serve communities in region
- Setting up an Eagle county chapter on July 15
- Jose Torrez will attend in Eagle
- Gaining further education to share with members
- Want to bring in other leadership in other areas in the RAE

Ian asked if this will be brought to Steamboat Springs area? Bianca answered that she would love that.

E. PHE Unwind, Jeremiah Fluke and Kendra Peters (RMHP)

Report on Medicaid CHP and Public Emergency Unwind Update.

- a. Different Terms used with Unwind
 - Members that started in 2023 as part of first cohort through April 2024
 - Some members will go through "expert" that re-determine and receive a renewal
 - Process of those that need to provide further information
- b. Packet information
 - Must open them
 - Packets must be signed now and returned by the due date. This is one change
 - Most packets will be sent out by member's communication preference
- c. Scam Occurring
 - RAEs or HCPF will never ask for money or sensitive information over phone or text
 - RAEs and HCPF will not threaten legal action over phone or text

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Julie added that a sister organization will also not ask for money or to transfer money. Kendra agreed that if anyone is specifically reaching out to you, to encourage you to do your renewals, does not ask for that sort of information.

Kendra showed a slide that the communications department at the state wanted to be shared, that the packet will have “Urgent, Please Reply”, as well a Spanish version, on it. She encourages to pass it along to anyone you know that is going through this process. She shared numerous slides to illustrate how the packet looks. She states that they are not doing a telephonic signature, since the offices are now open and you can physically go in.

Kendra also wanted to alert everyone to a renewal page (also in a slide). It has been updated and gets updated often. Bookmark this page, as it is full of information and is updated a lot. The next page is the FAQs. There is lots and lots of information and she recommends taking a look at it. There are also YouTube videos to help members to understand. Colorado Access has also created a video, in collaboration with all the RAEs and MCOs to create information to understand the renewal process. (The slides have links to the videos)

Ian asks for clarification of the telephonics. Kendra responded that you can no longer tell someone in the county, over the phone, to do it for the member. This can no longer be done. It was set up during the PHE but is now taken down. Ian responded, making sure that people could still do electronic and telephonic is not the same thing.

Kendra shared more slides, stating that some dates have changed. The strategy Rocky is doing has not changed. The last slide shows the timeline and how the dates are changing, determining on the cohort.

F. PIAC Community Reinvestment Report and Food Security Initiative , ReNae Anderson

1. Social Determinants of Health funding

- The funds are depleted. It went very fast.
- 26 organizations funded
- 21 of 22 counties served
- One county not covered, however the SSI/SSDI Assistance funding pilots from that county
- All counties are funded by reinvestment funds
- Different categories, including DEI, gym memberships, sports equipment, services/treatment not covered under Medicaid, etc.
- More organizations requested funding after we met capacity of funding

ReNae asked Meg to read list of organizations from slides. Meg asked ReNae to explain why she was asked to read the slides, as this was so relevant for presentations. ReNae responded with the fact that it would be easier for her. Although ReNae has the information on her computer, it talks, and it would go quicker for her. Meg asks if ReNae is able to read it the way it is presented in the deck? ReNae answers that she cannot. When a slide is presented, she cannot read it at the same time as the meeting. I have to read them separately. That is why they are sent to her phone, so she can read them on a separate device during meetings. Meg states that she wants to bring this awareness as to how we present information. ReNae knows and so do I she is asking me. Quite often, when someone is partially sighted or blind, they are not able to read the deck. Julie adds that this also happens with those that have learning disabilities.

2. Food Security Initiative Program

A food initiative project was completed, due to the drastic cut in SNAP benefits. Sally Henry and ReNae worked on this project, where they contacted everyone in the region they could think of or were referred to. It was a tough decision as to who would receive the funding. Criteria used was as follows.

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- Spread throughout the region
- Were there other options for the organization for funding?
- How far did they reach?
- What were they doing to make a change in the food security?

ReNae explained that we gave to main food banks, including Care-and-Share, Food Bank of Larimer County, Hunger Free Colorado and Food Bank of the Rockies

- Food banks gave more to region, since we gave to them

ReNae shared a few of the organizations granted money, which are on a handout.

Someone commented from the chat that Early Morning Orchards is great!

Becca from Grand River Hospital stated in the chat, that they have distributed over 150 totes of food in Garfield county and it has been a very successful program.

F. HTP (Hospital Transformation Program)

Presenters -

- Banner Health: Alex Barreras
- Centura Health: Stephanie Brinks
- Intermountain Health: Katie Tiernan Johnson
- UHealth: Kellee Beckworth

The presenters shared the data prior to the meeting, so participants could look it over before the meeting. Focused on two areas and questions.

- Do the identified behavioral health diagnosis match your understanding of the community?
- What types of behavioral health services do you think are most needed in the community?

The wanted to shift the HTP reporting so that it was more beneficial for everyone. Focusing on two areas and not reviewing all data that can be read in advance of the meeting, is a new change at this PIAC. The two discussion questions would give the needed feedback for each hospital.

Unfortunately, the recording was cut off and the only comments at this point are from the chat.

In the chat, Kendra thanked the presenters for listening to us and acting on it for the HTP report.

Katie stated in the chat, that Intermountain also uses QHN in Mesa county for SDoH referrals.

Kellee thanked Katie, in the chat, for providing more clarity for high use

Becca, in the chat, states that in Garfield county, food is number one, with housing is a very close second.

In the chat, Katie place her email, which is Katie.TiernanJohnson@imail.org

In the chat, Michelle Jonjak stated that if anyone has any concerns about our hospital, to please reach out at mjonjak@gjhosp.org or call 970-644-3437. I did not catch the member's name to talk to her. We are eager to talk to patients.

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Kendra shared that it was Bianca Ochoa, but was talking about someone else, that it was not her personal experience. Bianca said she had a good experience there.

Michelle responded that if patients don't have a good experience, to please reach out.

Katie wrote in the chat that they all appreciated the feedback. She asked to please reach out if you want to have a further conversation about your experiences. Please continue to let us know what social determinants of health and behavioral health needs you see in your community.

Kellee wrote in the chat that she echoes Katie. She recognizes that there is a lot of powerful conversations, and we don't have to stop here. Thanks!

Kellee and Stephanie thanked everyone for allowing them to come.

Alex placed his email in the chat. Alex.barreras@bannerhealth.com

Alex agrees that health equity is a huge focus of theirs. Kellee added that health equity is a HTP in the coming year.

The meeting adjourned at 1:00 pm.

The next meeting will be on September 11, 2023, from 10:00am-1:00pm.

Medicaid/CHP+ Continuous Coverage Unwind

Regional Program Improvement Advisory Committee (PIAC)
Rocky Mountain Health Plans | June 13, 2023



ROCKY MOUNTAIN
HEALTH PLANS®

A UnitedHealthcare Company

End of Continuous Coverage

- **What does End of Continuous Coverage mean?**
 - *Medical Assistance (MA) Renewals* (redeterminations) for ALL members are restarting ‘for real’ – started with Members who had a renewal date in May 2023 and will go through April 2024.
 - The new process for MA Renewals includes ‘Ex Parte’ as the phase 1 process to auto-determine eligibility for Members.
 - This process includes the State review of information already in their systems to auto-renew Members, without Members needing to take any action. Those Members auto-renewed will receive an APPROVAL Notice of Action (NOA) and no further action is needed.
 - Phase 2 is the process of those who are deemed needing additional information or verification and will receive a Renewal packet to complete, sign and return.
 - Next slide for more detail on Phase 2 – Renewal Packets

End of Continuous Coverage

- **Phase 2 – Renewal Packets**
 - Members who receive a renewal packet, **MUST** take action.
 - The action is individually specific to the Member’s circumstances.
 - Packet **MUST** be signed.
 - Packet must be returned by the due date indicated.
 - All information requested in packet must be completed.
 - Any available information from the State will be pre-filled in the packet and must be verified.
 - Members will receive packets according to their HFC/CHP+ communication preference. Members may complete the packet in several ways.
 - PEAK, HFC APP, Paper Mailing, in-person visit to local County DHS or Assister Site.

Scam Alert

Scammers may be targeting Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) members through text messages and phone calls.

- They threaten members and applicants with loss of health coverage
- They demand money
- They ask for sensitive personal information and may even threaten legal action

HCPF does not ask members or applicants for money or sensitive personal information like social security numbers over phone or text; HCPF does not threaten legal action over phone or text.

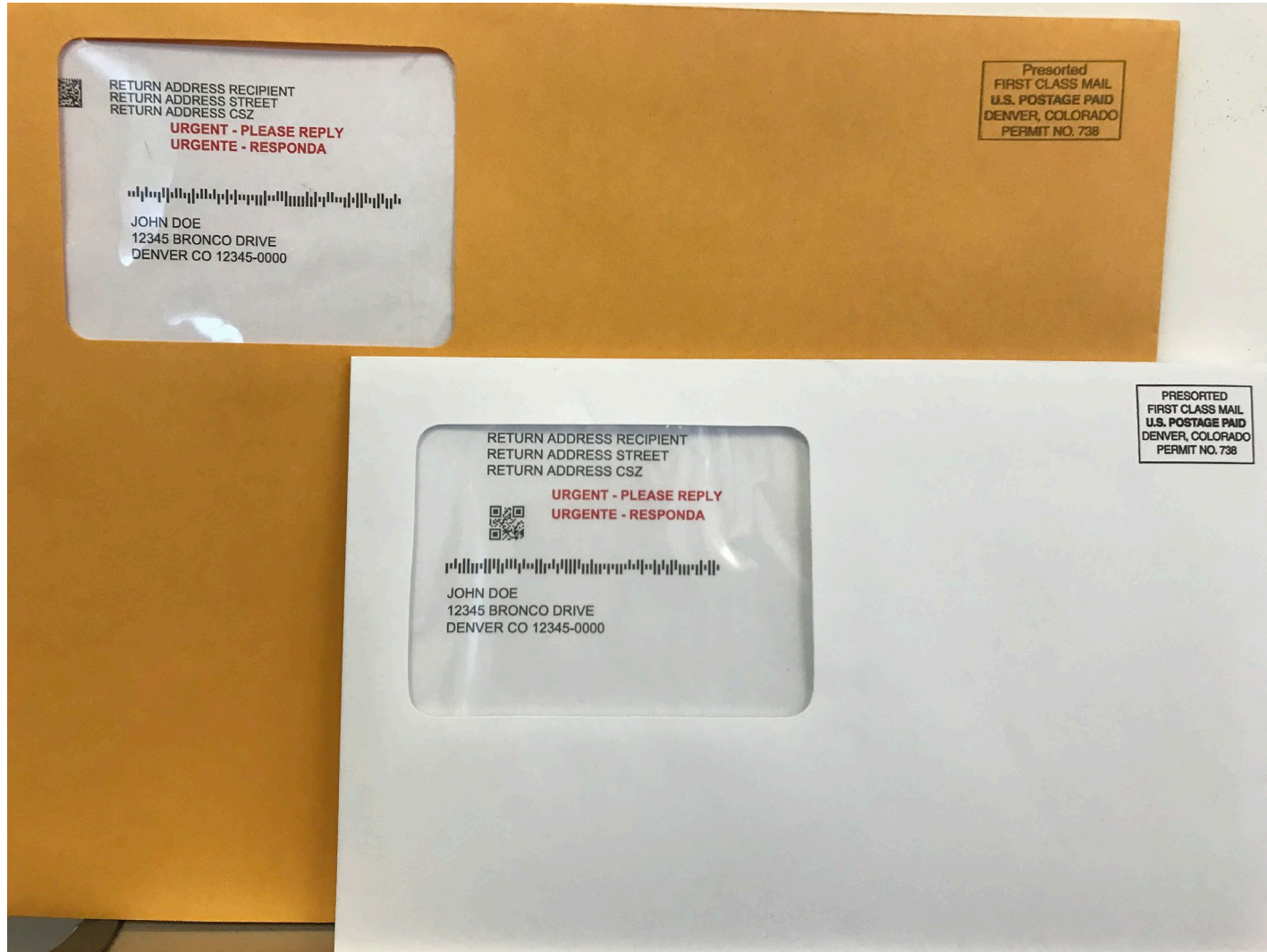
HCPF and county departments of human services may contact members by phone to ask for current contact information including phone number, email address, and mailing address. You can update this information in PEAK at any time.

Members, applicants and partners should visit our website for more information and report potential scam messages to the Attorney General Consumer Protection Unit.

Help us alert members of potential scams by sharing the messages below. (Other languages coming soon!)



Renewal Packet – Envelope



Renewal Packet – 1st page

STATE OF COLORADO

Renewal for Health First Colorado/CHP+



Case Number:

It is time to renew your health coverage. We need to see if you and your household members still qualify for Health First Colorado (Colorado's Medicaid Program) or Child Health Plan *Plus* (CHP+). You must take action or you may lose your benefits.

How Can I Submit My Renewal?

- **Online:** Go to CO.gov/PEAK. Log in to your account. Click "Manage my benefits." Then choose "Renew Benefits." If you do not have an account, you can create one at any time. Follow the instructions on CO.gov/PEAK to create an account.
- **Mobile app:** Download the Health First Colorado app and log in with your PEAK account or create an account on the mobile app to complete and electronically sign the renewal form. Use this app to:
 - See if your coverage is active
 - Complete your yearly renewal
 - Learn about your health coverage
 - Update your information
 - Find providers
 - View your member ID card



Sign up to get helpful information about your Health First Colorado benefits by text! Text "JOIN" to 66596. Message and data rates may apply.

- **Paper:** Mail, fax, or bring the completed signature page and updated renewal form pages to your local county office:
- **Fax:**
- **Call:** at /State Relay: 711 and tell them you are calling about renewal of your health coverage.

Renewal Packet – Signature Page

Renewal Form Signature Page

Health First Colorado/CHP+

Case Number:

Read and sign this attachment (This page MUST be returned).

Please refer to What I Should Know - Rights & Responsibilities before signing.

Check the box that applies:

- I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. All information in the Renewal Form is correct. **I do not need to make any changes or corrections** to the information.
- I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. **I need to make changes or corrections** to the information. I will return the Renewal Form with the changes and corrections.

Signature of household contact or Authorized Representative

Date (MM/DD/YYYY):

 / /

- Check here if an authorized representative signed.

If you want to add, change or update an authorized representative, fill out the form that came with this letter.

- Check here if you want an authorized representative.

If your household needs to **change its primary phone number**, please update here

Primary Phone Number (Currently On File)	
Primary Phone Number (New)	(<input type="text"/>) <input type="text"/> - <input type="text"/> <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home

HFC Resources – Renewal Information

- <https://www.healthfirstcolorado.com/renewals/>



Q search the site



[Log in to PEAk](#) | [En Español](#)

Other Languages ▼

[Apply Now](#)

[Find a Doctor](#)

[Benefits & Services](#)

[News & Resources](#)

[About](#)

[Get Help](#)

Renewals

FAQs

Renewals: What you need to know

The renewal process checks to see if you still qualify for Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+).

Some members will be automatically renewed based on information we have. Other members will need to go through the renewal process.

If you are auto-renewed

- You will get a letter several weeks before your renewal deadline saying your health coverage has been renewed.
- You may also receive a letter after you are renewed asking if your income information is correct. You must respond to this letter to continue qualifying for coverage.

If you are **not** auto-renewed

- You need to go through the renewal process to see if you still qualify for Health First Colorado or CHP+.
- You will get a renewal packet in the mail and online at [CO.gov/PEAK](https://www.co.gov/PEAK) about 60-70 days before your [renewal deadline](#).
- You will get notifications about your renewal through mail, or if you have signed up for electronic notifications, through email, text message and by push notification if you have the [Health First Colorado app](#).
- You must complete, **sign**, and mail or bring your renewal packet to your [local county human services department](#) by your renewal deadline. You can also complete the renewal packet online at [CO.gov/PEAK](https://www.co.gov/PEAK) or on the [Health First Colorado app](#).

How will I know when my renewal is due?

Health First Colorado will send a renewal packet either in the mail or to your email telling you to check your PEAk mailbox several weeks before your renewal due date. If you use the [Health First Colorado app](#), and have opted in to push notifications, you will get a notification letting you know when it's time to take action.

Learn how to [find your renewal date](#)

HFC Resources – New FAQs are being added.

- <https://www.healthfirstcolorado.com/renewals/>

How will Health First Colorado reach me when it's time to renew?

Depending on your communication preferences, you can get notifications about your renewal through mail, email, text message or by notification if you have the **Health First Colorado app**. Learn how to **update your contact information and communication preferences**.

I got a letter saying I don't qualify for Health First Colorado or CHP+, and I don't agree. Can I appeal this decision?

Yes, you are always allowed to appeal a decision about whether you qualify for health coverage.

I have Family Planning Limited Benefit coverage. Will I need to go through the renewal process?

Yes, when it's time to renew, as part of the renewal you must request the Family Planning Limited Benefit coverage on **PEAK at CO.gov/PEAK** or with your local county human services department to continue receiving these benefits.

I need help filling out my renewal packet, or I have questions about the renewal process.

- Contact your county eligibility worker. **Find your local county human services department**.
- Call and make an appointment at an application assistance site. **Find a certified application assistance site near you**.

I'm a Health First Colorado member and received a letter stating my eligibility was being redetermined. What does this mean?

The renewal process checks to see if you still qualify for Health First Colorado or CHP+. Some members will be automatically renewed based on information we have. Other members will need to go through the renewal process.

You will get a packet in the mail or in your PEAK mailbox several weeks before your renewal date. If any information is incorrect or missing, you need to fix it. If the packet asks for proof of income and resources, you need to send copies or upload them.

After you finish filling out the packet, **sign it** and send it back to your **local county human services department** by your renewal deadline. You can also complete the renewal packet online at **CO.gov/PEAK** or on the **Health First Colorado app**.

If I'm pregnant, does that change my renewal month?

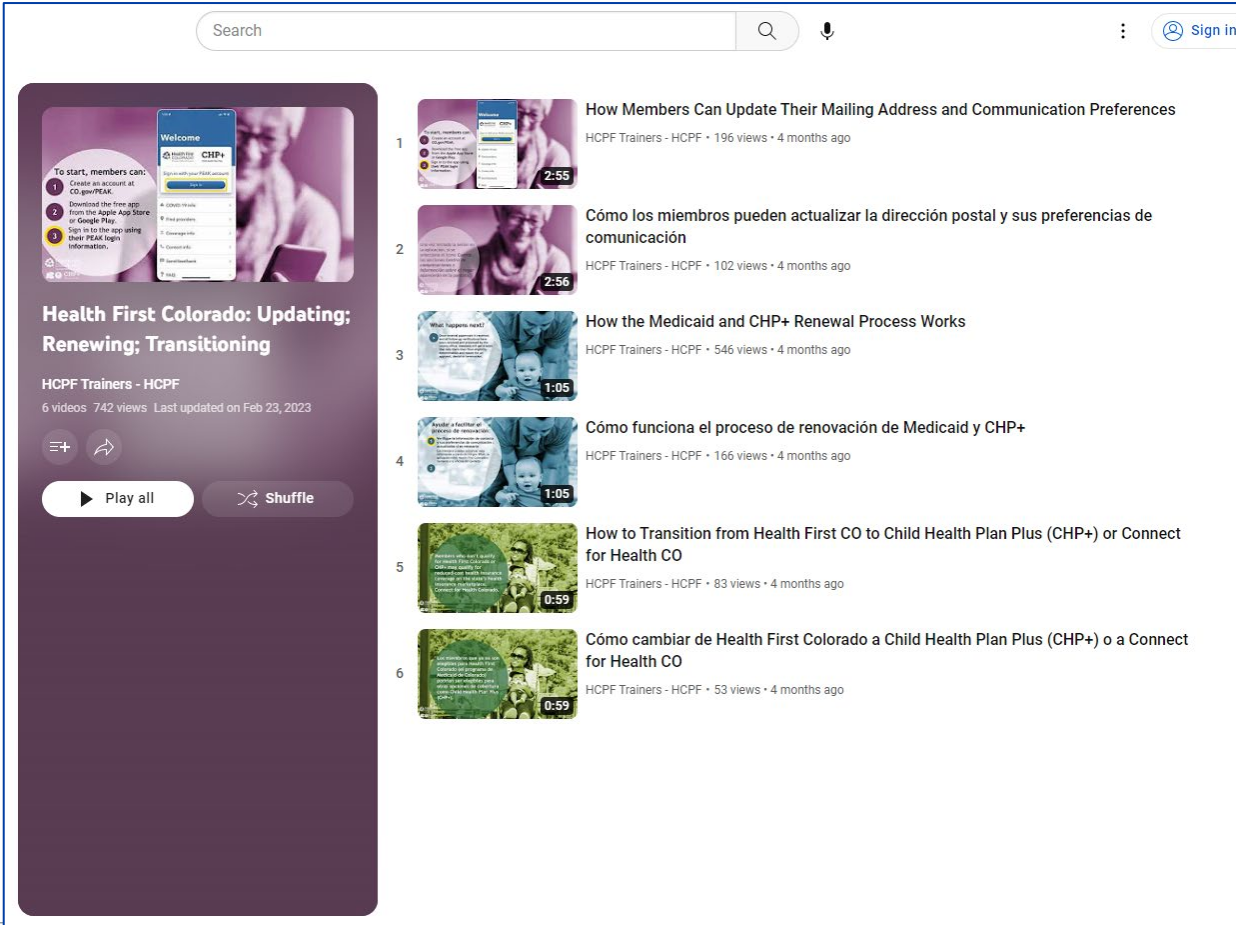
Yes. The renewal month will be 12 months after the pregnancy ends. For example, if you complete your renewal in July 2023 while pregnant and your pregnancy ends in September, your new renewal date will be September 2024, not July 2024.

Members must report their pregnancy in their PEAK account, on the Health First Colorado app, or to their county to qualify for the extended 12 months of coverage. **Learn more about the expanded maternity benefit**.

Is Health First Colorado renewing all members at the same time?

Not all members will be renewed at the same time. Members will be renewed according to their renewal month. Each member's renewal month is usually based on the date you enrolled with Health First Colorado. Members who live in the same household may share the same renewal date. Some members will be automatically renewed based on the most recent information already on file with the state. Other members will need to go through the renewal process and take action. Health First Colorado will send renewal packets to those members in advance of their renewal month with key information and their individual timelines to take action.

- https://www.youtube.com/playlist?list=PLFIKrQC_PrCGEuVyS_AlzoUNN23ihtKrD4



The screenshot shows a YouTube playlist interface. At the top, there is a search bar with the word "Search" and a magnifying glass icon, a microphone icon, and a "Sign in" button. Below the search bar is a large video player area. On the left side of this area, there is a vertical sidebar with a dark purple background. It features a "Welcome" message, a list of steps for new members (1. Create an account at CO.gov/PEAK, 2. Download the free app from the Apple App Store or Google Play, 3. Sign in to the app using their PEAK login information), and a "CHP+" logo. Below this, the title "Health First Colorado: Updating; Renewing; Transitioning" is displayed, followed by "HCPF Trainers - HCPF" and "6 videos 742 views Last updated on Feb 23, 2023". There are also icons for "Play all" and "Shuffle".

The main content area on the right displays a list of six video thumbnails, each with a number, a title, and metadata:

1. **How Members Can Update Their Mailing Address and Communication Preferences**
HCPF Trainers - HCPF • 196 views • 4 months ago
Duration: 2:55
2. **Cómo los miembros pueden actualizar la dirección postal y sus preferencias de comunicación**
HCPF Trainers - HCPF • 102 views • 4 months ago
Duration: 2:56
3. **How the Medicaid and CHP+ Renewal Process Works**
HCPF Trainers - HCPF • 546 views • 4 months ago
Duration: 1:05
4. **Cómo funciona el proceso de renovación de Medicaid y CHP+**
HCPF Trainers - HCPF • 166 views • 4 months ago
Duration: 1:05
5. **How to Transition from Health First CO to Child Health Plan Plus (CHP+) or Connect for Health CO**
HCPF Trainers - HCPF • 83 views • 4 months ago
Duration: 0:59
6. **Cómo cambiar de Health First Colorado a Child Health Plan Plus (CHP+) o a Connect for Health CO**
HCPF Trainers - HCPF • 53 views • 4 months ago
Duration: 0:59

Additional Resources— Colorado Access Renewal Videos

- Videos created by Colorado Access with collaboration from other RAEs and MCOs to assist members with the renewal process
- [How Can I Get Help With My Renewal? – YouTube](#)
- [How Do I Complete the Renewal Process? – YouTube](#)
- [Quick Tips For Completing Your Renewal – YouTube](#)
- [How Will I Know When My Renewal Is Due? - YouTube](#)

Data Driven Strategy: Renewals (per renewal month)

For Members Mailed a Renewal Packet (RAE/PRIME/CHP+)

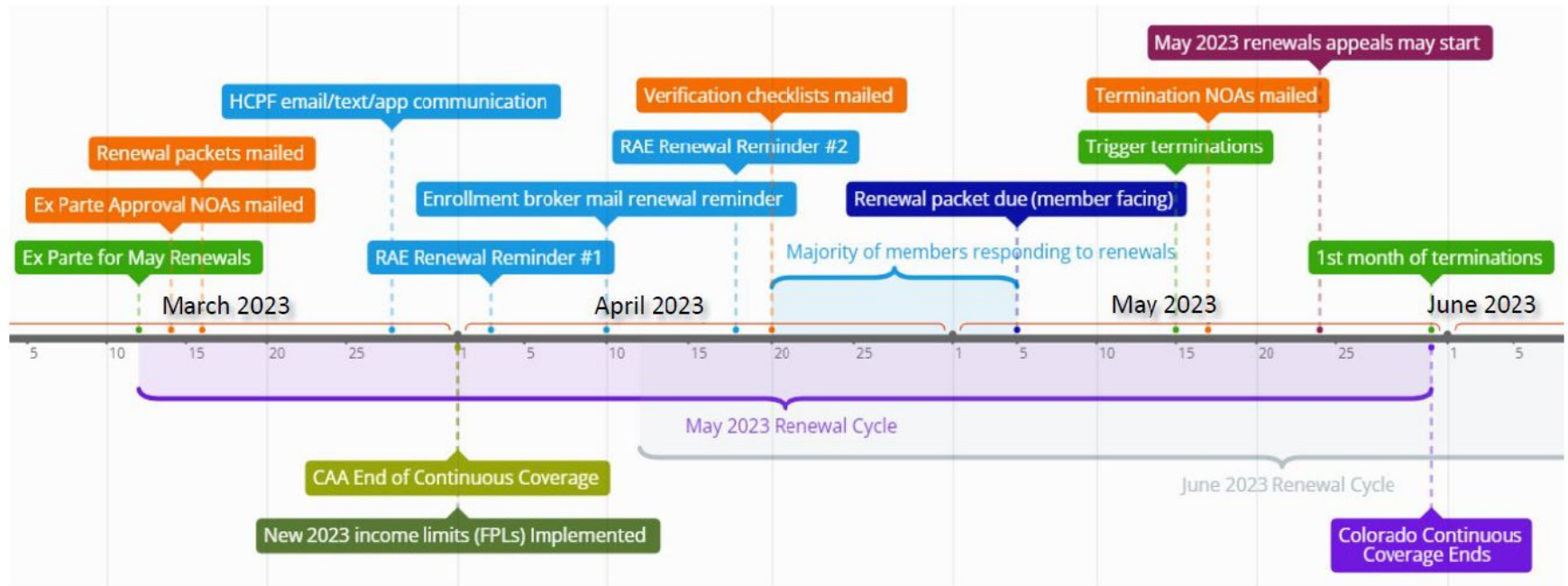
- **Outbound Text, Email, ROBO, IVR, & Live Calls**
 - ✓ Initial outreach – after HCPF initial communications, for June renewals, this outreach occurred during the month of May 2023
 - ✓ Follow-up outreach (no action taken or losing eligibility) – for June renewals this occurs several times throughout the month of June.
- **Live Calls to Complex Members** *Members not reached will receive a follow up mailed letter
 - ✓ Initial outreach – for June renewals, live call outreach occurred during the month of May 2023
 - ✓ Follow-up outreach (no action taken) – begins the 1st week of June 2023 for those who have not been engaged with additional touchpoints as needed
- **In Person Visits to Unhoused Members**
 - ✓ RMHP Care Coordinators will coordinate with staff at local community centers to conduct bi-weekly in-person care coordination support
 - ✓ Ensure Members are aware of coverage renewal process, and assistance options available

RMHP Partner/Provider

- **We are and have been working with many of our providers and community partners by providing them with renewal materials for their offices and locations.**
- **Providers may mention renewals when you have an office visit as they want to be sure you do not lose your Medical Assistance benefits.**
- **We continue to work with our Community Partners to help them spread the word about the importance of members to update their address and any other information such as their communication preference**

Sample Timeline Flowchart

End of Continuous Coverage Timeline



Thank you!

Questions?

Food Security Initiative

Spring 2023

Rocky Mountain Health Plans recognized the need for food security, especially with the drastic cuts from SNAP in early 2023. Through research and determining the organizations that were far-reaching throughout RAE1, RMHP invested \$400,000 to assist in regional food security. The organizations funded are not only providing food, but other services that enhanced the food security of our members. Below is a brief description of each organization, their focus and location.

4Eagle Senior Care -Eagle county

4Eagle Senior Care provides meals to homebound seniors and people with disabilities, through their food home delivery program. They provide weekly hot meals throughout Eagle county.

Alternatives To Violence -Larimer County

Alternatives to Violence provides support to individuals and families escaping domestic violence, including safe housing and non residential services. With the organizations focus on social determinants of health, they provide much needed food for their clients.

Care and Share -Cortez, Delores, Montezuma, San Miguel counties

Care and Share food banks provide food security for the southwest area of the region. This organization provides fresh and perishable foods to food pantries.

Community Food Bank of Grand Junction -Mesa county

Community Food Bank of Grand Junction provides food security to anyone in need throughout Mesa county. They provide a client choice food pantry, home delivery food box program, on-site bilingual resource navigation and nutrition exploration programming.

Dove Creek Care and Share -Delores county

Dove Creek Care and Share is the only food pantry in Delores county. With only two towns within the county, they will now provide a second food pantry in Rico, CO.

Early Morning Orchard -Mesa county

Early Morning Orchards is a food aggregate organization that is a liaison between ranchers/farmers and the food pantries along the I-70 corridor. This organization not only distributes fresh meats and produce, but also dehydrates, grinds and teaches food preparation.

Food Bank of Larimer County -Larimer county

The Food Bank of Larimer County provides food security for individuals and families throughout Larimer county, including Fort Collins, Loveland, Estes Park and other towns in the area. This organization supports numerous local food pantries, providing fresh and nonperishable food.

Food Bank of the Rockies -Grand, Summit, Rout, Moffat, Rio Blanco, Eagle, Garfield, Mesa Counties

Food Bank of the Rockies distributes fresh and nonperishable food to the food pantries in numerous counties across RAE1. This organization also supplements other food coalitions, supporting others with food security.

Good Sam's Cortez -Montezuma County

Good Sam's Cortez provides fresh and nonperishable food to individuals and families in Montezuma county and other surrounding counties. Providing fresh, prepared and nonperishable food, the organization also offers home delivered meals to the communities, including Southern Ute and Mountain Ute tribes.**Hunger Free Colorado** -RAE1 Counties

Hunger Free Colorado supports food pantries, throughout the region. This organization offers fresh and nonperishable food in numerous rural areas.

Lift Up Rout County -Rout county

Lift Up Rout county supplies community members with fresh and nonperishable food for individuals and families in Rout county. This organization has satellite pantries with partners across the community, providing distribution for many.

Mountain Roots -Gunnison County

Mountain Roots provides home delivery of food boxes to homebound individuals across the county. Additionally, the organization teaches cooking, as well as gardening with older adults and low income population.

Summit FIRC (Family Intercultural Resource Center) -Summit County

Summit FIRC is the main food pantry in Summit county. Along with providing food, the organization offers numerous resources that address social determinants of health, including food security.

The Learning Council -Delta County

The Learning Council is located in rural Delta county, partnering with farmers/ranchers to provide food for individuals and families. The organization offers the community with agriculture classes, taught by agriculture experts and providing a safe space for LGBTQ Plus to learn and pursue future in agriculture programs.

West Mountain Region Health Alliance -Garfield, Eagle, Rio Blanco, Pitkin Counties

Western Mountain Region Health Alliance is a coalition providing nutritious food to individuals and families across five RAE1 central mountain counties. This coalition focuses on food security with designated population food totes in clinics, cultural food education, food for the homeless and food retrieved from restaurants and stores.

Health Neighborhood Investments for Social Determinants of Health

PIAC Meeting | June 13, 2023

The Program Improvement Advisory Council (PIAC) voted on this one-time funding to be available for agencies/organizations throughout all 22 counties within RAE Region 1. With this funding, RMHP has supported 26 organizations, all focusing on social determinants of health that have placed barriers for members to become healthier within their communities.

Funding Recipients

A Kid's Clinic (Delta)
Alternatives to Violence (Larimer)
Crossroads Safehouse (Larimer)
Delta County Public Health (Delta)
Delta Family Centers (Delta)
Disabled Resource Services (Larimer)
Eagle Valley Behavioral Health (Eagle)
Evolve, Thrive, Joy (Eagle/Garfield/Summit)
Grand River Primary Care (Garfield)
Hilltop (Mesa)
Mesa County DHS (Mesa)
Mountain Family Center (Grand/Jackson)
Mountain Family Health Centers
(Garfield/Eagle/Rio Blanco/Pitkin)
Mountain Roots (Gunnison)
New Life Assembly (Eagle)

Pediatric Partners of the Southwest (La Plata/San Miguel/Montezuma/Archuleta/San Juan/Dolores)
Pioneer Medical Center (Rio Blanco)
Pitkin County DHS (Pitkin)
St. Anthony's Hospital Foundation (Summit)
Summit Community Care Clinic (Summit)
The Nature Connection (Delta)
The PIC Place (Montrose)
Tri County Health Network (San Miguel, Ouray, Montrose, Delta)
Western Colorado Pediatrics (Mesa)
Western Native American Resource Center
(Mesa/Montezuma/La Plata/Montrose/Dolores/San Miguel/Ouray)
Women's Health at Valley View Hospital (Garfield)

SDoH Categories Funded

SDoH Categories	# of Communities Served
Transportation (including senior transportation, bus passes, gas cards and automotive repair)	21
Cell Phone/Internet Services (including building capacity for employment, telehealth, etc.)	12
Memberships (including gym, summer camps, recreation centers)	15
Sports Equipment (including summer camps, Youth athletics, safehouses)	9
Diversity, Equity and Inclusion systems (including wheelchair lift, DEI systems training)	2
Family Bonding (including family classes, family support, family strengthening classes)	12
Child Care (including during parents applying for SNAP, Medicaid and other benefits)	11
Financial support for services not covered by Medicaid	5

Hospital Transformation Program

Rocky Mountain Health Plans
Region 1 PIAC

June 13, 2023



Transforming care for
Medicaid patients
from the **hospital**
to the **community.**



Community Benefits



What we heard last time...

What you told us.

- Better coordination with RAE to support patients post-discharge
- Share community based organizations (CBOs) identified by hospital
- Interest in increasing CBO capacity and investment
- Care transitions for adults with disabilities

What we're doing.

- Coordination with the RAE: utilizing Contexture to send timely information to the RAE
- CBO Identification: using a platform to refer patients to resources to help meet their needs
 - Findhelp: UCHHealth, Intermountain Health
 - 211: Centura
 - Internal Resources: Banner
- CBO Capacity/Investment:
 - Hospitals will use SDOH data to inform future community health needs assessments
- Care transitions screening for adults with disabilities
 - Improving documentation of disabilities for better care planning



Social Needs Screening Results

System	First	Second	Third
Banner Health	Housing (117)	Interpersonal Safety (81)	Food (33)
Centura Health (System)	Utility/Financial (256)	Housing (203)	Food (152)
Intermountain Health (Hospital)	Transportation (301)	Utility/Financial (297)	Food & Housing (294) - Tied
UCHealth (Hospital)	Region: Housing (655) PVH: 437 MCR: 186 YVMC: 32	Region: Utility/Financial (315) PVH: 225 MCR: 86 YVMC: 4	Region: Food (223) PVH: 156 MCR: 65 YVMC: 2





Community Feedback

1. Do the identified needs match your understanding of the community?

Behavioral Health Plan and Notification

System	First	Second	Third
Banner Health (System)	Nicotine Dependence	Anxiety	Alcohol Abuse
Centura Health (System)	Alcohol-related diagnoses	Amphetamine-related diagnoses	Anxiety-related diagnoses
Intermountain Health (Hospital)	Nicotine Dependence	Cannabis Use Disorders	Anxiety-related diagnoses
UCHealth (Hospital)	Alcohol Abuse	PVH: Stimulant Abuse MCR/YVMC: Anxiety	PVH: Anxiety MCR/YVMC: Suicidal Ideations

Partner with the RAE to improve care for behavioral health Medicaid patients





Community Feedback

- 1. Do the identified behavioral health diagnosis match your understanding of the community?**
- 2. What types of behavioral health services do you think are most needed in the community?**

Contacts

- Banner Health: Alex Barreras (Alex.Barreras@bannerhealth.com)
- Centura Health: Stephanie Brinks (StephanieBrinks@Centura.org)
- Intermountain Health: Katie Tiernan Johnson (Katie.TiernanJohnson@imail.org)
- UCHealth: Kellee Beckworth (Kellee.Beckworth@uchealth.org)



Statewide Measures & Local Measures	Centura	Banner	Intermountain	UCHealth
Reduce readmissions	X	X	X	X
Ask about social needs (housing, food, transportation, utilities, violence)	X	X	X	X
Provide good discharge plans for people with behavioral health concerns	X	X	X	X
Give non-opioid pain medications to people in the Emergency Department	X	X	X	X
Fewer complications in medical care	X	X	X	X
Reduce the length of stay for patients	X	X	X	X
Screening for prenatal and postpartum anxiety and depression	X	X	X	
Neonatal complications		X		
Readmissions for high frequency chronic conditions	X	X		
Initiating MAT Process in the ED		X		
Prescribe statin medication for stroke patients before discharge		X	X	X
Screen patients with substance use concerns (SBIRT) in ED		X		X
Send summaries of care to primary care physicians				X
Schedule patients upon IP discharge				X
Follow up after ED visit		X		
Transitions of care supports for adults with disabilities			X	
Telemedicine implementation and expansion			X	