RAE1 Pueblo PIAC Meeting Notes July 2026

7/9/2026

9:00am – 11:00am

Attendees:
Internal: ReNae Anderson, Kim Herek

External: Jeannette Algien, Jessica Blehm, Jason Castro*, Amber Christie, Charles Davis*, Shawn Davis, Michelle East, Bill Edwards, Tom Franchi, Katie Gomez, Jeremy Hugins, Darla Keller, Rachel King*, Dakota LaMoureaux, Christina Lima, Megan Marshall, Amalia Mateo-Baltazar, Rob Miller*, Sabrina Miller*, Kira Molina*, Michelle Munoz, Wendy Pagls, Ashleigh Phillips, Julie Reiskin, Heather Roberts*, Stuart Szemaraj, Tenee, Kristy VanBuskirk, Terri Weldon*

*Indicates voting member

Organizations: ARC of Pueblo, Center For Self Reliance, Common Spirit, Colorado Cross Disability Coalition, Crossroads, HCPF, Health Solutions, Heart of the Rockies Medical Center, PDF Consulting, Pueblo Community Health Center, Pueblo County DHS, Pueblo Health, Safe Side Recovery, Salud Clinics, Southern Peaks, Stepping Stones Pediatrics, Tele-nightingales LLC, WHA,

PIAC Meeting Structure & Membership Updates -ReNae Anderson (RMHP)

introduced new changes to the PIAC meeting format, including dedicated time for discussing wins and challenges and a new rotation for voting member organization highlights, aiming to improve engagement and information sharing among participants.

- Wins and Challenges Discussion: ReNae explained that each meeting will now include a segment for participants to share general wins and challenges, focusing on systemic issues rather than individual cases, to identify trends and areas for improvement.
- Voting Member Organization Highlights: Starting in October, each PIAC meeting will feature a short presentation from a voting member organization, allowing them to share their work and available resources with the group, with the goal of fostering collaboration and awareness.
- Ongoing Recruitment for Voting Members: ReNae noted that there are open positions for voting members, including Medicaid members, caregivers, and representatives from

various organizations, and encouraged interested parties to reach out for more information.

- Purpose of Changes: The changes are intended to increase engagement, facilitate more meaningful discussions, and ensure that the meetings address relevant community issues, as requested by voting members.

Non-Emergent Medical Transportation Transition to Medi Drive: ReNae Anderson discussed the transition of non-emergent medical transportation services to the statewide broker Medi Drive, including phased implementation, current impacts, and user experiences.

- Transition Overview and Timeline: As of July 1st, non-emergent medical transportation is being managed by Medi Drive in a phased rollout, with the current phase affecting only certain counties and full implementation in Pueblo expected around January 2027.
- Current Impact and Member Actions: For the current area, the main change is that mileage reimbursement and out-of-state travel requests must go through Medi Drive, while ride scheduling remains unchanged until the full rollout.
- Medi Drive Features and Accessibility: Medi Drive offers an app and website for scheduling and reimbursement, with options to call for those unable to use digital tools; the app includes a feature for expedited assistance if a member is stranded after an appointment.
- Provider and Facility Access: Rachel King shared that care coordinators and medical facilities can obtain facility access to manage rides for patients, describing the system as user-friendly and effective so far.
- Questions and Clarifications: ReNae answered questions about transporting minors (Medi Drive allows up to two companions, including minors or caregivers, with car seats provided by the member) and confirmed the anticipated timeline for full implementation in Pueblo.
- Ongoing Communication and Support: ReNae mentioned a Cross-RAE transportation committee that meets monthly to discuss updates and invited interested participants to join for more detailed involvement.

Rocky Mountain Health Plans Leadership and Program Updates: Kim Herek, (RMHP) Provided updates on the new fiscal year, changes to primary care practice tiering, and the release of state communication toolkits related to HR1, with additional input on upcoming webinars and ongoing efforts to keep members informed.

- Primary Care Practice Tiering Changes: Addition of a new 'Tier 3 Plus designation to better differentiate high-performing primary care practices, with feedback from stakeholders and anticipated impacts on reimbursement starting in 2027.
- HR1 Communication and Resources: Highlights the state's release of communication toolkits and resources to help stakeholders understand the timeline and impacts of HR1, with more toolkits and webinars forthcoming.
- Ongoing Information Sharing: More updates and resources related to HR1 and other requirements will be shared as they become available, encouraging participants to stay engaged and attend relevant webinars.

Community Wins and Challenges Discussion: Participants shared recent successes and ongoing challenges in the community, focusing on collaboration, care coordination, behavioral health integration, trust issues, and service access delays.

- Community Collaboration Successes: Rob reported improved inter-agency collaboration at the Pueblo shelter, reducing siloing and benefiting service recipients.
- Contract and Grant Achievements: Charles noted a smooth BHASO contract renewal, and Common Spirit described receiving a community reinvestment grant to expand care coordination and transitional care management for Medicaid members.
- Behavioral Health and Medical Integration Challenges: Charles and Kira discussed persistent gaps between behavioral health and medical services, with both organizations working to build relationships but noting systemic barriers and a lack of provider awareness about available resources.
- Trust and Communication Issues: Brent highlighted a lack of trust among Medicaid members due to leadership changes and rumors within the Behavioral Health Administration, impacting perceptions of service reliability.
- Service Access Delays: Terri Weldon raised concerns about long wait times (six to nine months) for waivers and community first choice services through the resource exchange in Pueblo, significantly affecting families.
- Withdrawal Management Services Ending: Charles informed the group that withdrawal management services will end on June 30, 2027, warning of significant impacts, especially in rural areas, and urging preparation for this change.
- Potential Solutions and RAE Involvement: Kim suggested that Rocky Mountain Health Plans could help bridge the information gap by providing updated resource lists or toolkits and leveraging existing relationships with primary care practices.

KPI Performance Review and Well-Visit Quality Measures: Kim Herek, (RMHP) Presented a review of key performance indicators for RAE Region 1, focusing on well-child and adolescent visit measures, current performance, and strategies to improve outcomes, with clarifications provided on measure definitions and billing.

- KPI Performance Results: 92% success rate in assisting primary care practices with quality improvement activity identification, meeting the state's summit threshold for the first milestone of ACC 3.
- Well-Visit Measures and Thresholds: Three well-visit measures are being tracked: child and adolescent well-care visits, well-child visits for ages 0-14 months, and well-child visits for ages 15-30 months, each with specific performance thresholds.
- Current Status and Improvement Activities: Current data shows the region is meeting at least one threshold for each measure, with ongoing member engagement activities such as incentives to encourage completion of well visits.
- Measure Definitions and Billing Clarifications: Only visits coded as preventative or well visits with a primary care provider or OB-GYN count toward the measures, and acute or sick visits do not qualify; immunizations are typically included in well visits for younger children.
- Scheduling and Visit Timing Requirements: For children aged 0-14 months, at least six well visits are required, each at least 14 days apart, with specific guidance on which visits count toward the measure.

Population Management Strategic Plan and Member Incentive Programs: Kim Herek, (RMHP) reviewed the annual Population Management Strategic Plan, detailing approaches to condition management, care coordination, member incentives, hospital transitions, and complex solutions, and answered questions about provider and member roles in incentive programs.

- Condition Management Strategies: The plan targets six priority conditions (maternity, diabetes, heart failure/cardiovascular disease, hypertension, asthma, COPD) using data analytics, care coordination teams, provider support, community partnerships, and member engagement.
- Prevention and Wellness Initiatives: Programs include tobacco cessation, food security partnerships, family planning integration, and member engagement through advisory councils and incentive programs.

- Care Coordination and Predictive Analytics: Care coordination teams use the Impact Pro tool to stratify members by risk and tailor interventions, with tiered support for complex, rising-risk, and prevention-focused members.
- Member Incentive Programs: Incentive programs such as Babyscripts, Taylor Member Rewards, and Food is Medicine offer financial rewards for completing health activities, with a transition to reloadable cards for multiple incentives.
- Hospital Transition and Complex Solutions: Efforts focus on improving communication during hospital transitions, reducing duplication, and coordinating complex cases through collaborative meetings and standardized tools.
- Provider and Member Roles in Incentives: Clarified that members are notified by mail about incentive eligibility, and providers do not need to take action as claims data is used to track completion; for Food is Medicine, providers will be contacted directly when the program launches in their area.

Follow-up tasks:

- PIAC Voting Member Recruitment: Reach out to ReNae if interested in becoming a PIAC voting member or to learn more about open positions. (All participants)
- Non-Emergent Medical Transportation Transition: Gather and share updated information on changes to transportation providers and available services in affected areas as the Medi Drive transition progresses. (ReNae)
- Cross-RAE Transportation Committee Participation: Contact ReNae to receive an invite to the Cross-RAE transportation committee for those interested in being more involved with transportation updates. (Interested participants)
- Behavioral Health and Medical Integration: Develop or update a toolkit or resource list to help medical providers understand available behavioral health services and referral processes, addressing the knowledge gap identified. Kim Herek
- Resource Exchange Lead Time Issue: Explore ways to address and potentially reduce the long lead times (6-9 months) for waivers and community first choice services through the resource exchange in Pueblo. Kim
- Withdrawal Management Services Communication: Prepare and disseminate information to communities about the upcoming end of withdrawal management services on June 30, 2027, to ensure adequate preparation and awareness, especially in rural and frontier areas. (RMHP)