



# Welcome to the 2022 ACO Engagement Summit

October 12, 2022

# General Information and Housekeeping

- **2022 ACO Engagement Summit Streaming Platform**
  - Agenda, speaker biographies, materials from previous Summits, and more
  - Technical support for virtual attendees
  - Making connections
- **Survey & Continuing Education Credit**
  - A post-Summit survey and information for CMEs/CEUs will be sent out immediately after our closing remarks today
- **In-person attendees**
  - Wi-Fi information is available on your table
  - Restrooms
  - Refreshments and lunch to-go
- **Virtual attendees**
  - To ask a question during the keynote, roundtable, or behavioral health panels:
    - Enter your question in the monitored chat box and it will be relayed to the speaker(s)
    - Use the 'Wall' feature to add your thoughts, comments, and questions from the day

Time	Agenda
8:00 – 8:45 a.m.	<b>Networking Breakfast</b>
9:00 – 9:10 a.m.	<b>Welcome: ACO Engagement Summit Day 2</b>
9:10 – 10:30 a.m.	<p><b>Roundtable Discussion:</b> Value based care market disruption Join us for a dynamic discussion with Medica’s ACO leaders as they discuss the current and future states of value-based care delivery.</p> <p><u>Medica Facilitator</u> John Piatkowski, MD, Vice President Physician Services, Medica</p> <p><u>Health System Speakers</u></p> <ul style="list-style-type: none"> <li>• Amanda Crowell, FACHE, Executive Director of Payor Innovations   UnityPoint Health</li> <li>• Kim Wiese, MBA, Vice President of Portfolio Management and Growth   Hennepin Healthcare</li> <li>• Lee Handke, PharmD, MBA, Chief Executive Officer, Nebraska Health Network</li> <li>• Lisa Spann, MHA, Vice President ACO Provider Relations   Medica</li> <li>• Sarah Asperger, MHA, Vice President Payer Relations and Contracting   Mercy</li> </ul>
10:30 – 10:45 a.m.	<b>Break</b>
10:45 – 11:45 a.m.	<p><b>Behavioral Health Panel Presentations</b></p> <p><u>Medica Facilitator</u> Rebecca Spartz MSW, LICSW, Director Behavioral Health, Medica</p> <p><u>Topics and Health System Speakers</u></p> <ul style="list-style-type: none"> <li>• EmPATH Emergency Psychiatric Assessment, Treatment and Healing   Lewis Zeidner, PhD, System Executive Director Mental Health and Addiction, M Health Fairview</li> <li>• Integrating Behavioral Health into Primary Care   Ken McCartney, MHAL, Division Director for Behavioral Service Line, CHI Health Midwest Division</li> </ul>
11:45 – 12:00 p.m.	<p><b>2022 Summit Wrap-up</b> Please complete the 2022 ACO engagement summit survey</p>

# John (JP) Piatkowski, MD, MBA

Vice President Physician Services, Medica



Dr. Piatkowski currently leads the Medica Physician Services segment including both the Value Based and the Utilization/Care Management/Quality teams. Along with service line leadership, his primary role is collaborating with key clinical partners in the communities we serve, and with them, along with Medica Health Services and Network Management, continuously improving the quality and cost of care our members receive. In addition, he provides physician leadership for the Medica Commercial business segment, directly supporting their growth, clinical quality and medical expense initiatives.

Dr. Piatkowski, practiced as a pediatrician, joined Medica in 2018 and prior to that has been in a variety of business and clinical leadership roles, including at WakeMed Health in North Carolina as Senior Vice President of WakeMed Physician Practices, regional CEO for three hospitals within the Carilion Clinic in Virginia and Executive Medical Director for the HealthEast Care System in St. Paul, MN.

JP has a B.S. degree in Aeronautics/Astronautics from the Massachusetts Institute of Technology (MIT), an M.D. from Albany Medical College and an M.B.A. from the University of Michigan.

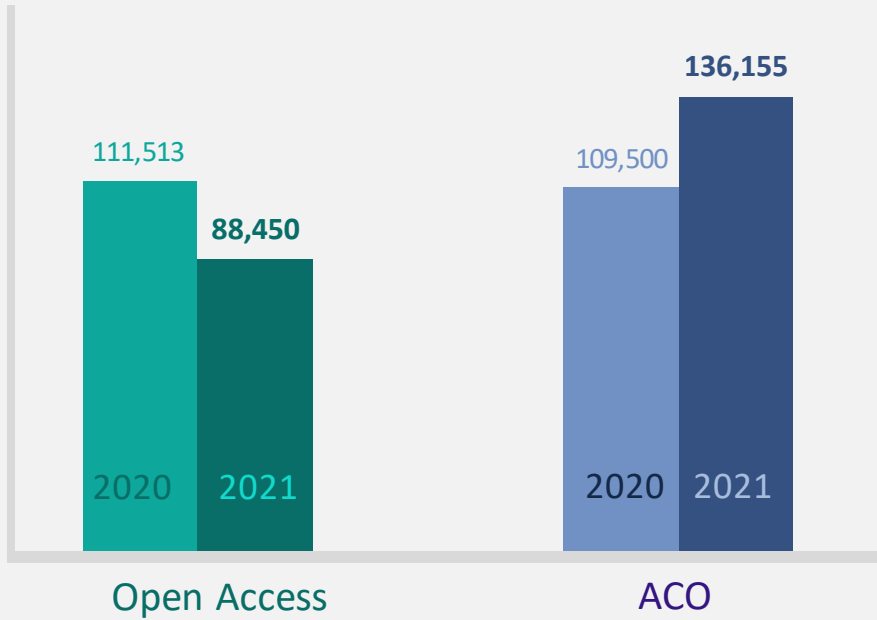


# ACO Value Story

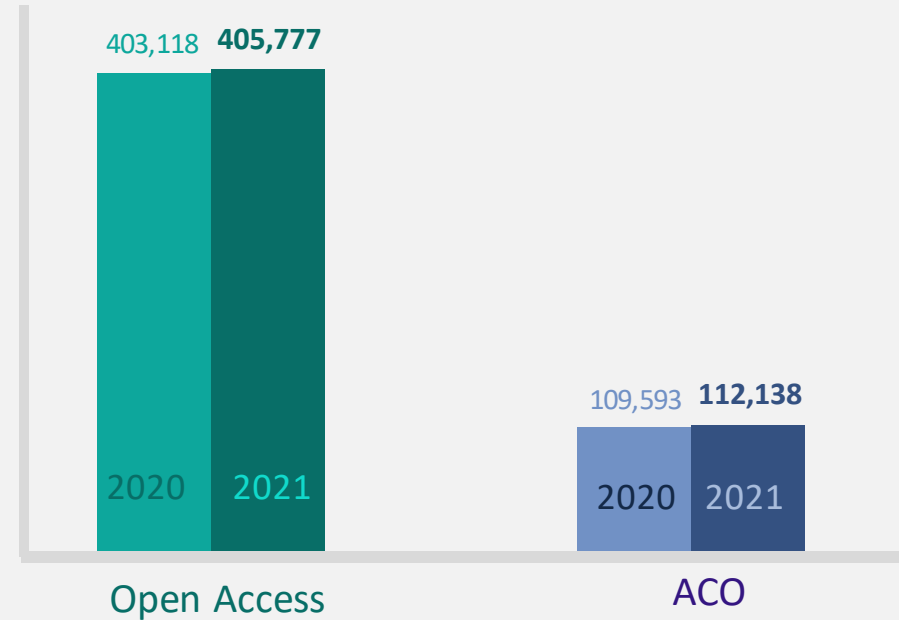
Value Based Reporting and Analytics | Fall 2022

# MEMBERSHIP

### IFB Membership



### CMD Membership



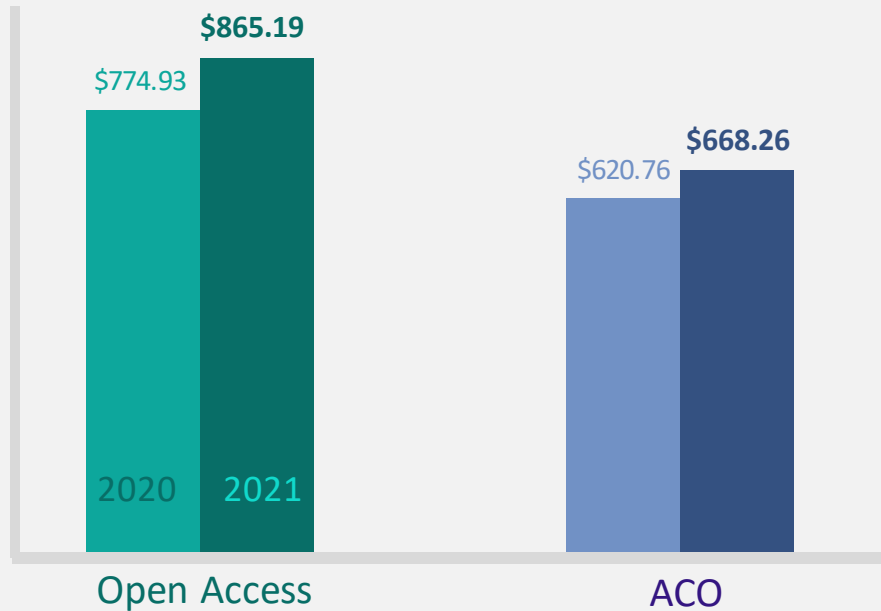
## Analysis

- ✓ The ACO Products have **increased in popularity** gaining membership year over year, enough to offset the open access membership loss in IFB Membership in 2021.

# OVERALL PMPM – Risk Adjusted

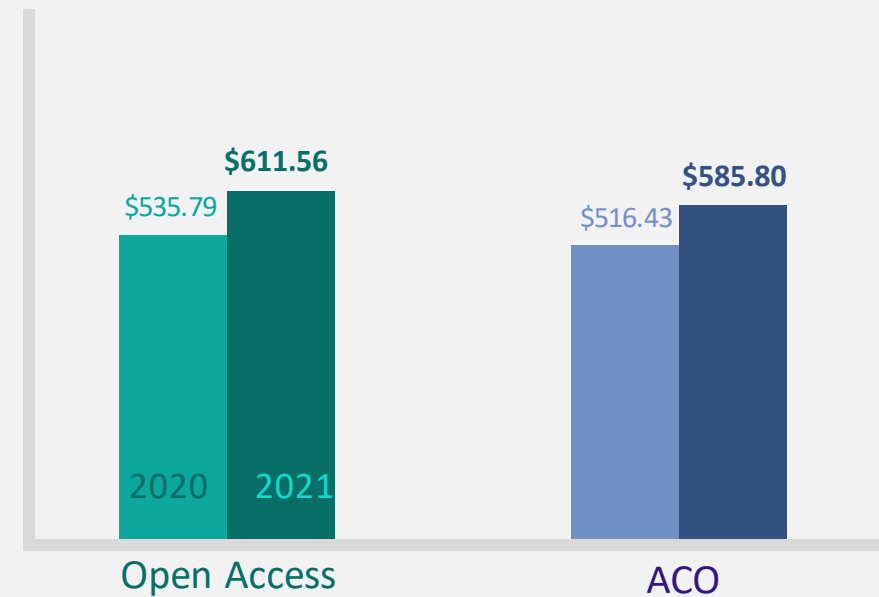
IFB Risk Adjusted PMPM

▼ \$196.93  
vs. 2021 Open Access



CMD Risk Adjusted PMPM

▼ \$25.76  
vs. 2021 Open Access



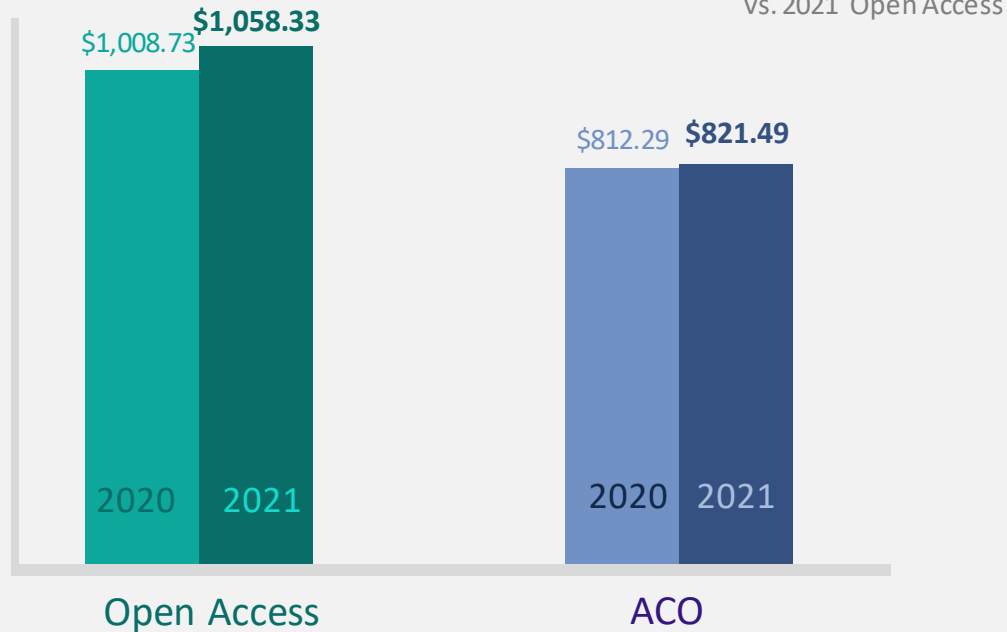
## Analysis

- ✓ IFB 2021 ACO RA PMPM is **23% lower** than the Open Access Benchmark
- ✓ CMD 2021 ACO RA PMPM is **4% lower** than the CMD Open Access Benchmark

\* Overall savings calculated by summing the IFB and CMD savings which were evaluated separately

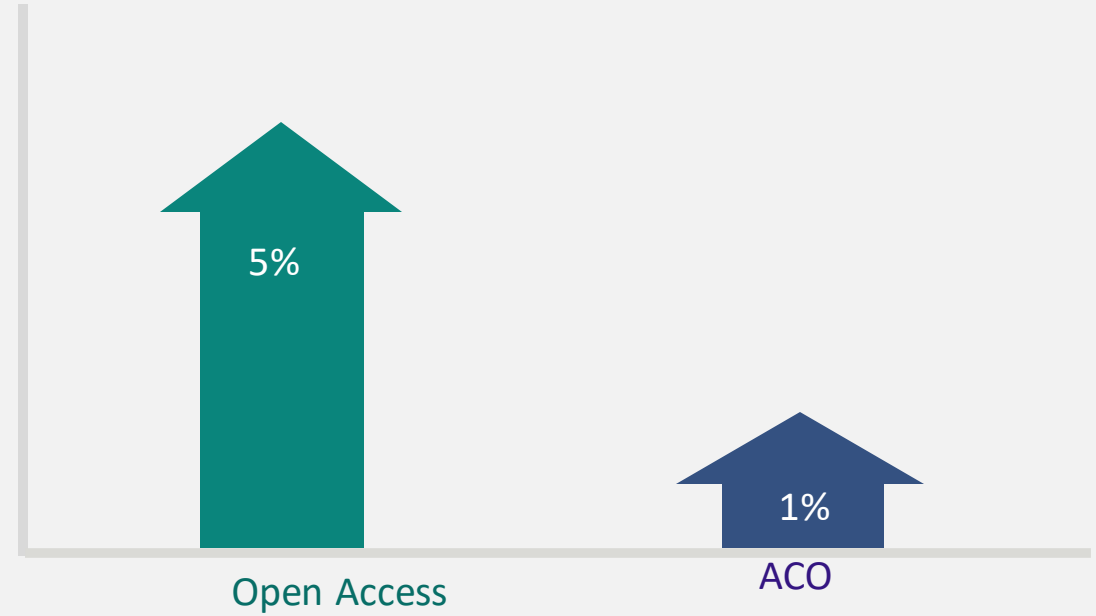
# DEPRESSION PMPM

## IFB Risk Adjusted PMPM



## Risk Adjusted PMPM Trend

Trend displayed for 2021 vs. 2020 Risk Adjusted PMPM



## Analysis

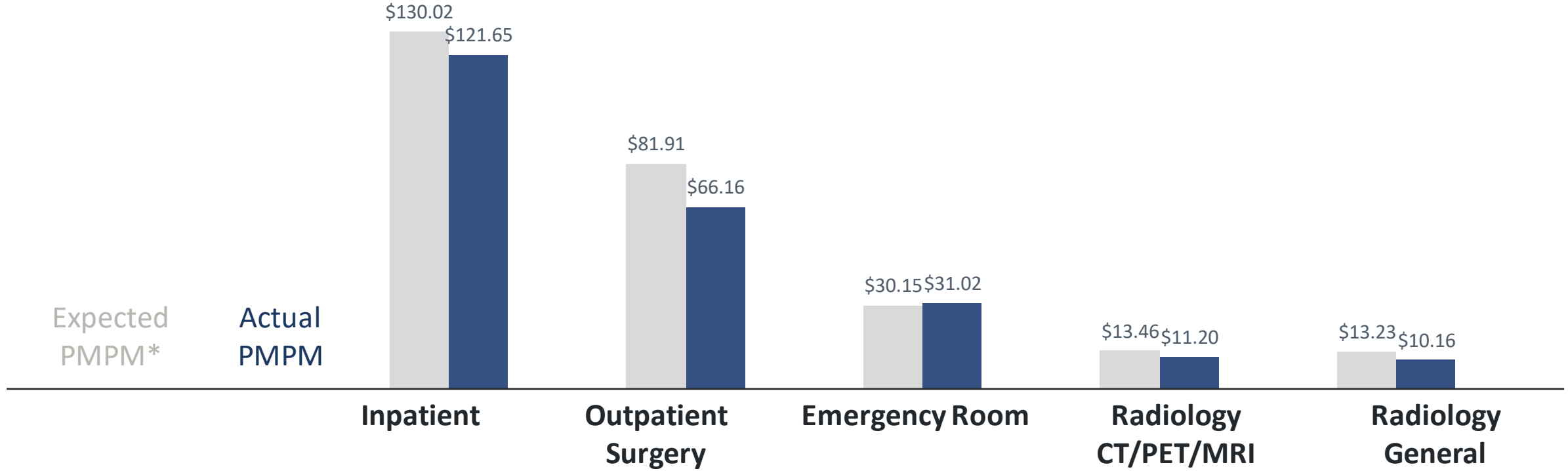
- ✓ 2021 Risk Adjusted PMPM is **22% lower** than the Open Access Benchmark

\* Savings calculated by multiplying the depression savings PMPM by the ACO member months



# OTHER PMPM SAVINGS

2021 IFB ACO actual PMPMs beat Expected PMPMs



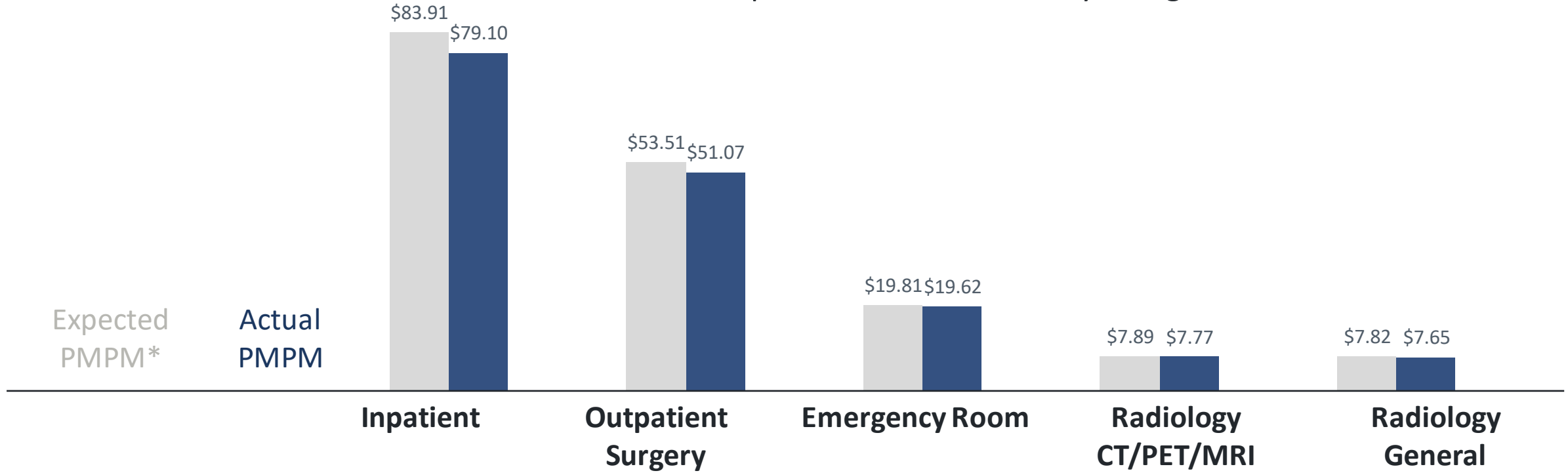
<b>2021 Savings**</b>	<b>\$9.8M</b>	<b>\$18.5M</b>	<b>\$0M</b>	<b>\$2.7M</b>	<b>\$3.6M</b>
PMPM Variance	-6%	-19%	3%	-17%	-23%
Utilization Variance	3%	-4%	12%	-3%	-8%
Cost Per Unit Variance	-10%	-16%	-9%	-15%	-17%

\* Risk adjusted expected values calculated assigning ACO and open access members into ACG categories to factor expected utilization and cost

\*\* 2021 Savings is an estimate based on expected 2021 category allowed dollars – actual allowed dollars

# OTHER PMPM SAVINGS

2021 CMD ACO actual PMPMs were lower than expected PMPMs in all key categories



<b>2021 Savings**</b>	<b>\$5.4M</b>	<b>\$2.8M</b>	<b>\$216K</b>	<b>\$130K</b>	<b>\$195K</b>
PMPM Variance	-6%	-5%	-1%	-1%	-2%
Utilization Variance	-1%	-4%	3%	5%	17%
Cost Per Unit Variance	-5%	0%	-4%	-7%	-16%

\* Risk adjusted expected values calculated assigning ACO and open access members into ACG categories to factor expected utilization and cost

\*\* 2021 Savings is an estimate based on expected 2021 category allowed dollars – actual allowed dollars

# Summary

The pandemic upended the way healthcare is delivered; Medica's value-based partnerships were able to navigate the unknown and continue delivering **high quality care, increase membership, and lowered costs**:

- *High Quality Care*: Medica's value based collaborative case management program **grew by 58% from 2020 to 2021**
- *Increased Membership*: Even through uncertain economic times, interest in the ACO program continued with **membership increasing by 13% from 2020 to 2021**
- *Lowered cost*: Total allowed PMPMs were 10% lower for CMD ACOs and 32% lower for IFB ACOs than for each line of business's open access membership. Risk adjusted PMPMs were lower across the board for conditions including diabetes, low back pain, and depression

# Roundtable Discussion

## Value Based Care Market Disruption

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- Kim Wiese, MBA, Vice President of Portfolio Management and Growth | Hennepin Healthcare
- Lee Handke, PharmD, MBA, Chief Executive Officer, Nebraska Health Network
- Lisa Spann, MHA, Vice President ACO Provider Relations | Medica
- Sarah Asperger, MHA, Vice President Payer Relations and Contracting | Mercy

# Break

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Please join us at 10:45 a.m. for the behavioral health panel presentations

# Behavioral Health Panel Presentations



- Medica Moderator
  - Rebecca Spartz MSW, LICSW, Director Behavioral Health, Medica
- Health System Speakers
  - Lewis Zeidner, PhD, System Executive Director Mental Health and Addiction, M Health Fairview
  - Ken McCartney, MHAL, Division Director for Behavioral Service Line, CHI Health Midwest Division



# EmPATH:

**Emergency Psychiatric Assessment,  
Treatment and Healing**

*Patient-friendly, patient-centered care for  
people experiencing mental health crises.*

**Outpatient appointment  
wait times are increasing**

**Access points are difficult  
to identify**



**Patient symptoms  
escalate and crises  
pushed to the ED for  
mental health care**

**ED admission decisions  
based on point in time  
assessment**

**ED boarding occurs due  
to limited inpatient  
psychiatric bed capacity**



**Delay in treatment for  
boarding patients & ED  
over crowding**

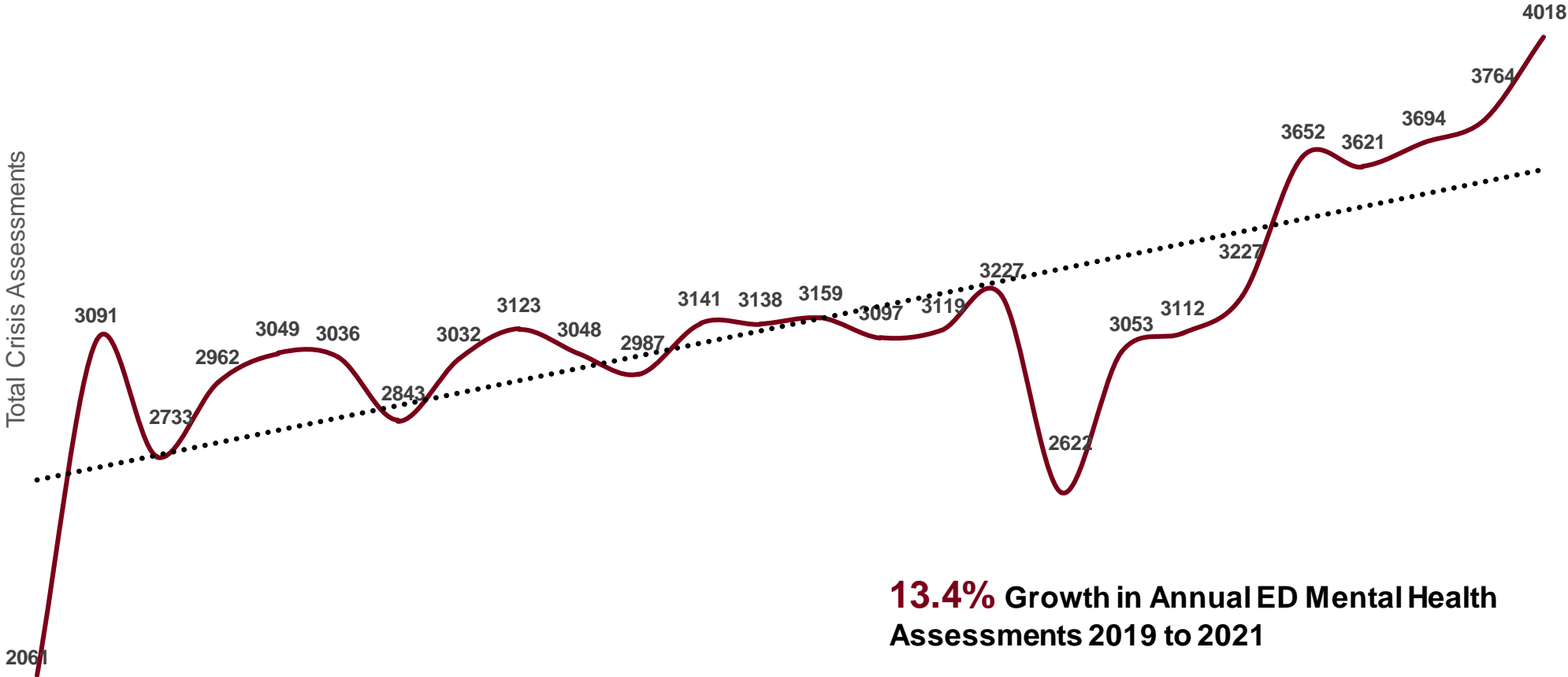
**Increasing numbers of  
patients leaving without  
being seen at the ED due  
to increased wait times**



**Limited access to timely  
care for the community**  
**Reduced satisfaction  
scores**



# MHealth Fairview ED Mental Health Crisis Assessments by Quarter



**13.4% Growth in Annual ED Mental Health Assessments 2019 to 2021**

Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2				
2016				2017				2018				2019				2020				2021				2022	



# Challenges for Patients with Mental Health Crises in Traditional ED

- High stimulation settings increase agitation
- Difficult to keep setting ligature and self injury risk free
- Limited ability to reduce noise and bright lights
- Significant rules increase patient frustrations – e.g. call button to get a glass of water; stay in room; removal of street clothes and possessions.



**Bright Lights within Physical Life Saving Setting**



**Fast Paced**

**Busy and High Stimulation Setting**





## How is EmPATH Different?

- calming, healing approach to emergent mental health care,
- trained mental health professionals in a relaxed environment,
- unrushed experience at a pace patients can tolerate,
- street clothes, free to move around, access to food, beverages and other needs on-demand.

# Utilized the Original Designer of EmPATH

## **E**mergency **P**sychiatric **A**ssessment **T**reatment and **H**ealing

### **Main Components:**

- Open Design
- Calming atmosphere & therapeutic environment
- Team based approach to care



**Scott Zeller, M.D**

Vice President - Vituity  
Former Chief of Psychiatry Emergency  
Services - Alameda Health System

## Making the Zeller Model Work for MHealth Fairview Southdale Hospital

- Part of the ED Visit - Transition to EmPATH after Medical Clearance
- EmPATH fully staffed by Mental Health specialists working as an interdisciplinary team
- Living Room style milieu with private sensory rooms – staff in milieu; therapeutic interventions throughout patient stay
- Length of Stays in EmPATH: 10 – 24 hours – some up to 48 hours
- Sequential Assessments over time to more fully understand patient’s symptoms and needs
- Psychiatric Providers manage psychotropic medications - start, modify and discontinue psychotropic medications during stay

# FV Southdale EmPATH Design

- Capacity for 15 patients in recliners spread around milieu
- 4 Sensory Rooms – controls for lighting and sound – patients can choose when and if used
- Adult patients only – medically screened before EmPATH including Covid rapid test
- Natural light and scenes from nature
- No restraints or seclusion in EmPATH – not transferred to EmPATH or returned to Medical ED
- Street clothes after search in EmPATH – snack bar and beverages available 24X7



# Key Physical Elements of the Southdale Hospital EmPATH

## Use of Physical Space as a Therapeutic Tool



Recliners for patients

Tables for socializing and group therapy

Ambient light

Books, TV, and board games

Open milieu and relaxing environment



Sensory Rooms

Open Nursing Station

Water and Beverages

Snacks

Linen Storage

\*Showers – not shown in the images

# Summary of Key Changes from Medical ED to EmPATH

## Environment

- Calming – Open Setting
- Natural Light and Visuals
- Quieter Sound & Soothing Lights
- Own Clothes
- Able to Walk Around
- Able to Get Food & Beverages as Desired
- Adult Agency

## Staff

- All Mental Health
  - Psychiatric Providers
  - Licensed Therapists
  - MH Nurses
- Multiple Care interventions by Providers and Therapists
- Ability to Start and Modify MH Medication Protocols
- Warm hand-offs to established or new Providers / Therapists

## Time

- 12-48 hours focused on assessment and crisis intervention
- Not assessing at the peak of crisis – natural adaptation supported by care
- Care can be paced to match patient need
- Assessments for Programmatic Care before Discharge





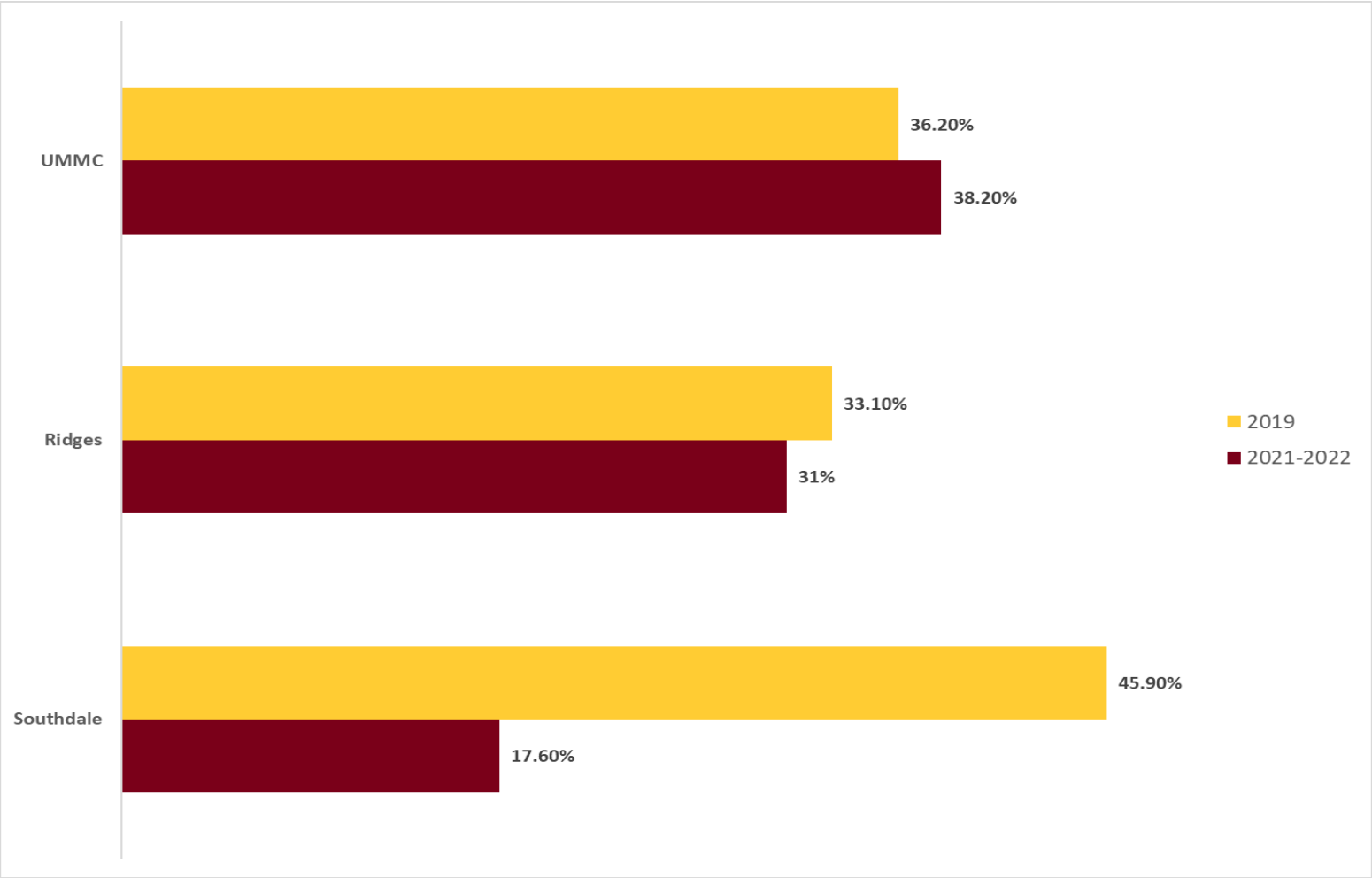
# Metrics after 17 Months of FV Southdale EmPATH Operations

- 3,507 patients treated since opening through April 2021 - August 2022
- Average time in ED & EmPATH 19.9 hours (includes 2.5 hours in Medical ED)
- 51% require Observation Status – average EmPATH stay of 31.4 hours
- 595 or 13.5% admitted to Inpatient MH
- Historic Southdale ED admission rate of 45%
  - would have admitted 1,578 / 3507
  - 983 (62%) anticipated admissions transitioned to outpatient MH care through EmPATH



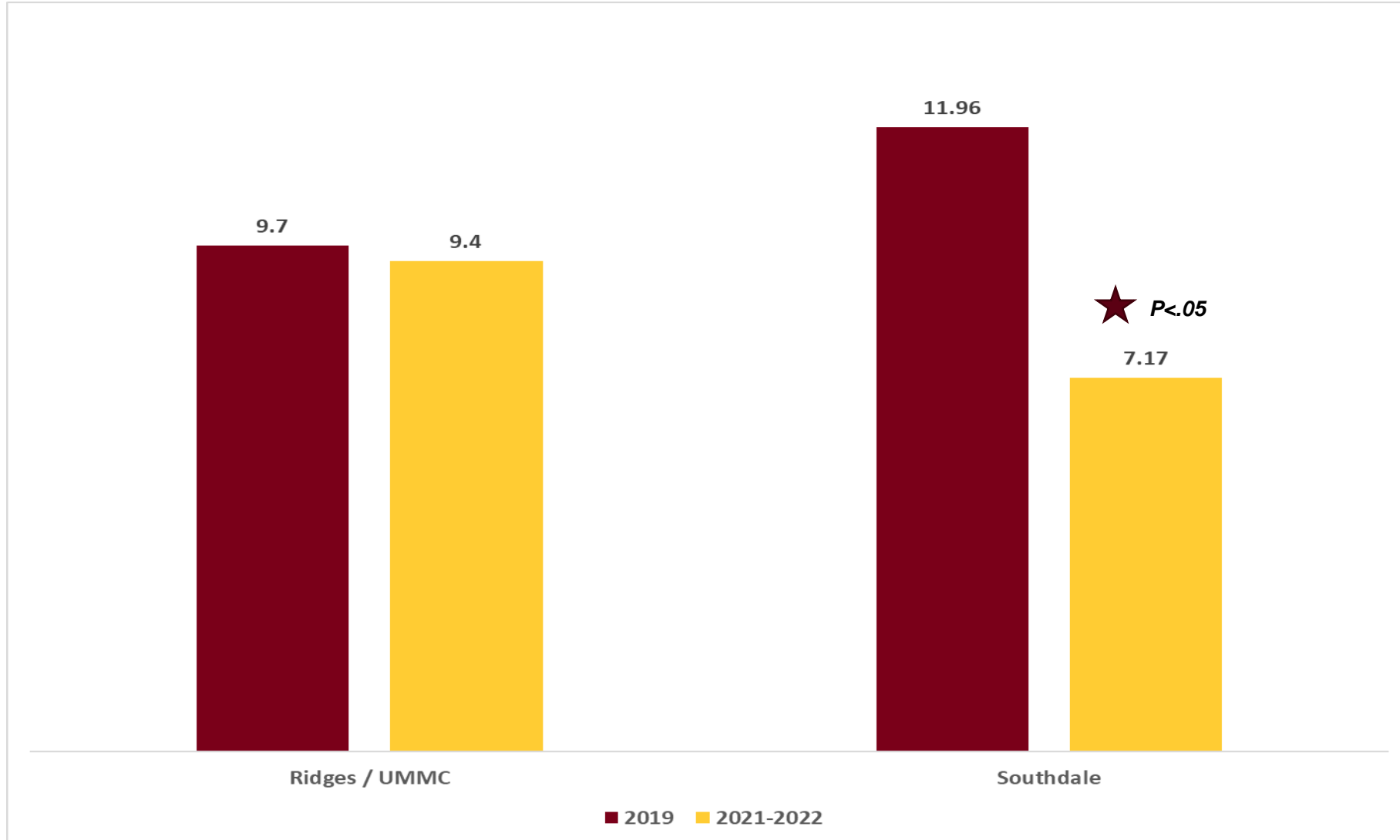
# Percent of ED Patients with Mental Health Crisis Admitted to Inpatient Mental Health Units

**Question Posed:** Has psychiatric inpatient admission from Southdale ED decreased with the implementation of EmPATH?



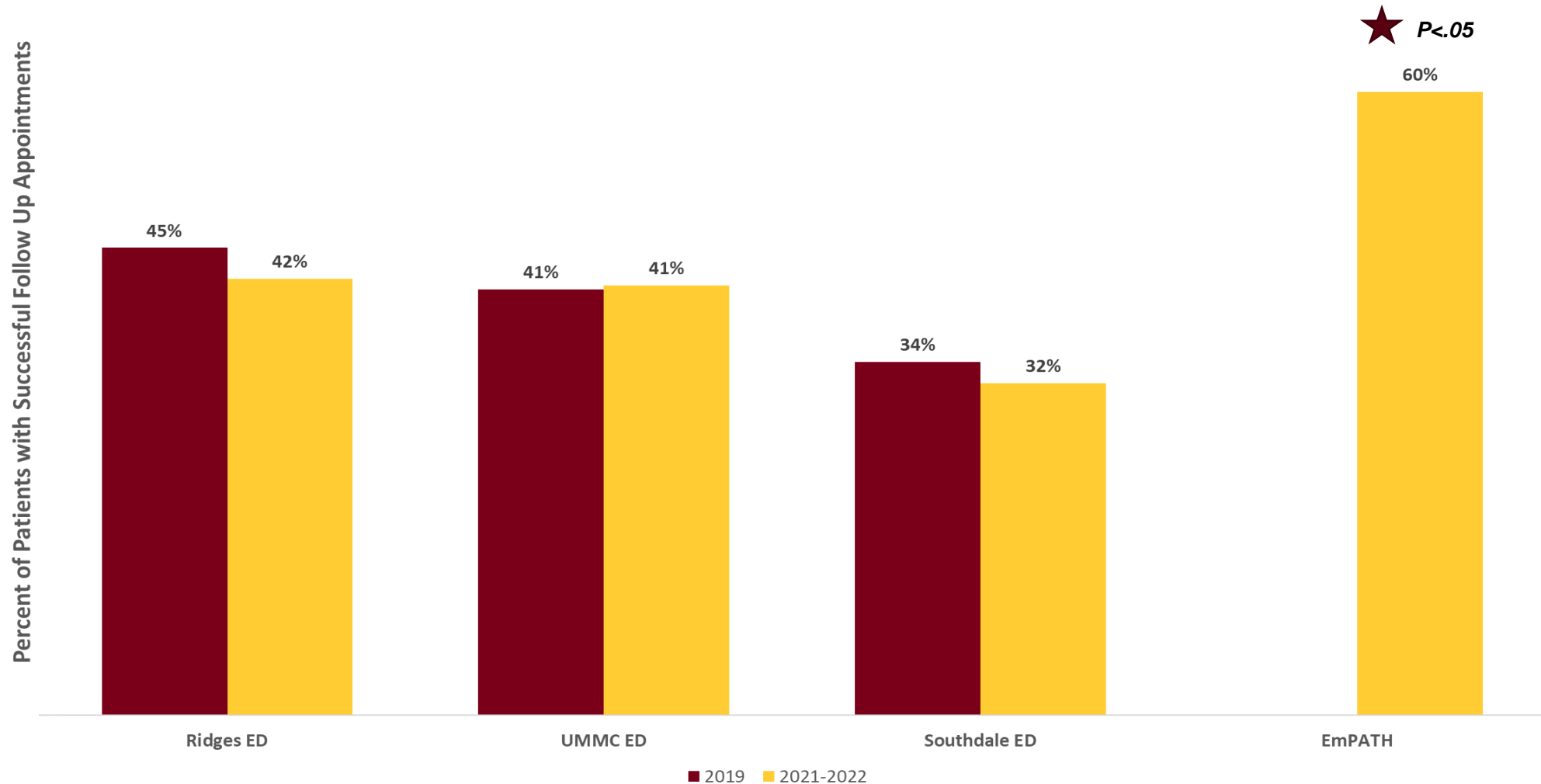
# Patients with at Least One Restraint Order in ED (Per Hundred MH Crisis)

**Question Posed:** Did the implementation of EmPATH at Southdale Hospital impact the use of restraints in the ED with mental health patients?

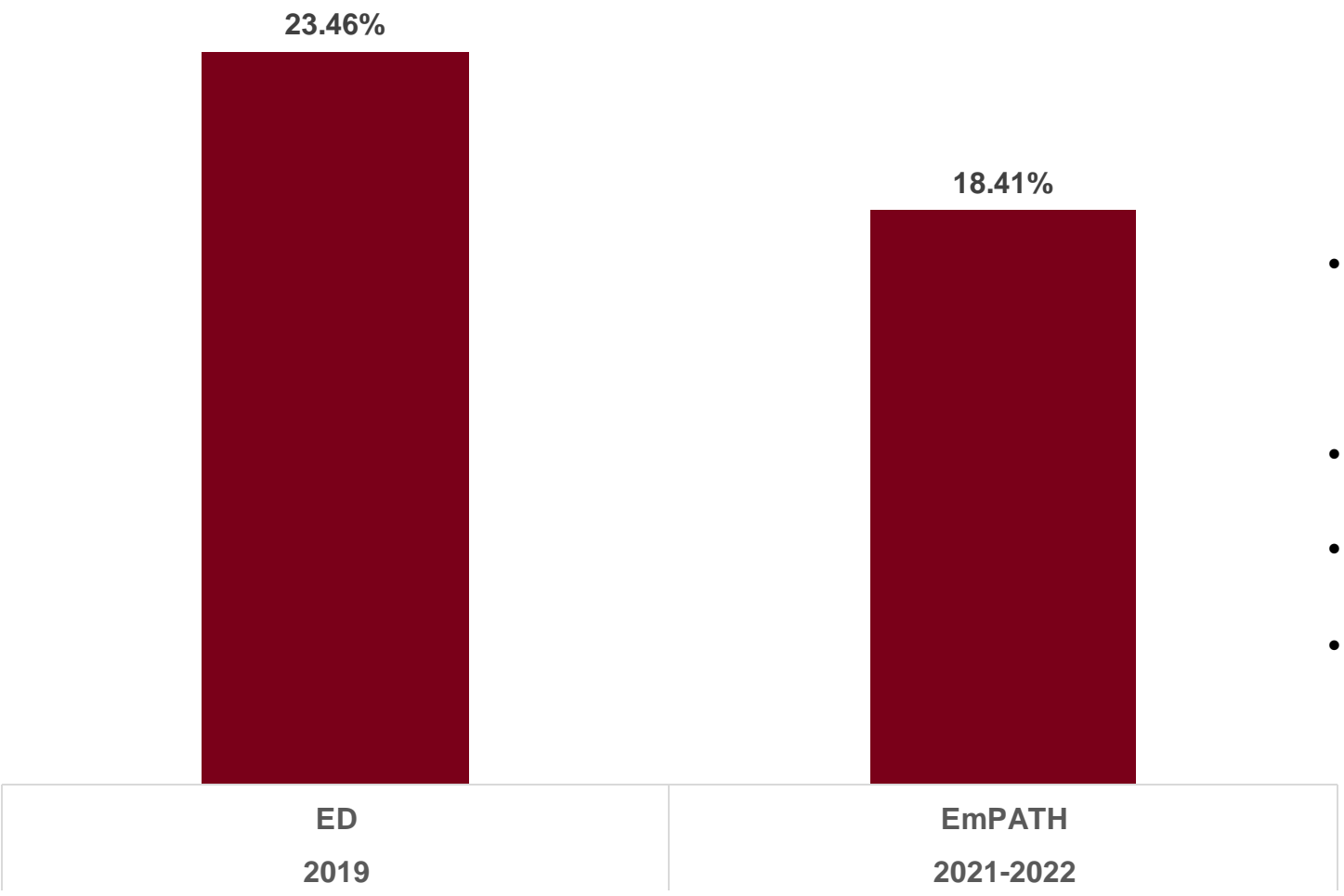


# % Patients with a Successful Follow-up Appointment Set During ED Visit

**Question Posed:** Are EmPATH patients better connected and motivated to engage with next level of care following ED visit?



# Patients Discharged from EmPATH Seen in Any Metro ED Within 30 Days for Mental Health Symptoms



- current analysis based on individual chart reviews
- small N (850 patients)
- not statistically significant
- plan to automate analysis



## Additional Resources to Address Mental Health Crises

- **Transition Clinic**
  - A therapeutic bridge when next level of care is delayed
  - Licensed therapists available for same day appointments – multiple times during delay
  - CNP for medication management
  - Appointments 7 days per week – 8:30 AM – 10 PM

- **Wellness Hub**

**Community Resources – Partner Agencies**

**Psychosocial Determinants of Health - Housing, Food Insecurity, Safety, General Medical Needs**

# Future EmPATH Plans and Innovations...

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## Planning Process has Begun for UMMC EmPATHs

- Both Pediatric & Adult EmPATHs
- Scoping anticipated volumes & space needs
- Architects selected
- Utilizing learnings from SD with appreciation of differences

# Questions?

Lewis P. Zeidner, PhD

MHealth Fairview

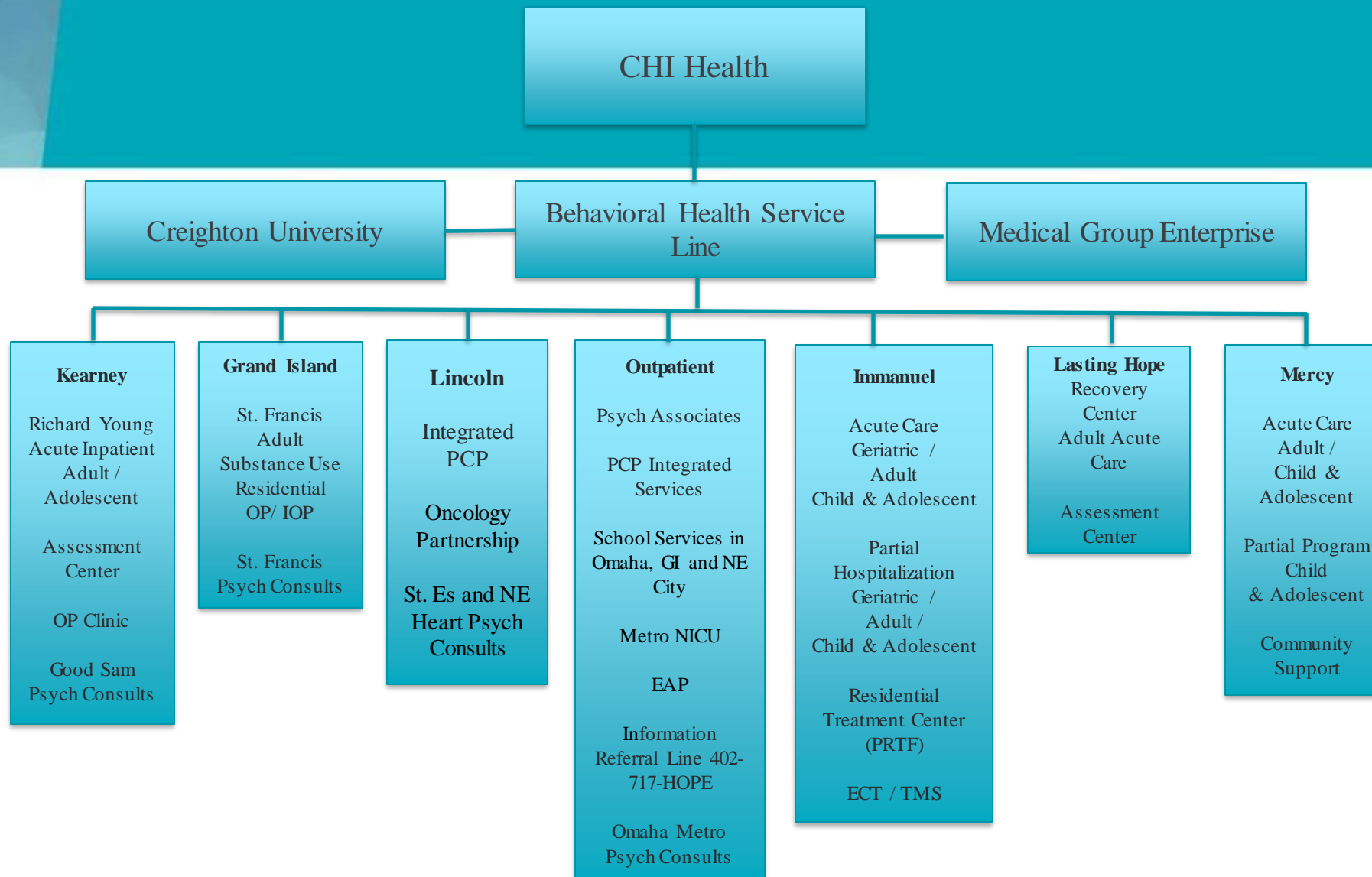
[Lewis.Zeidner@Fairview.org](mailto:Lewis.Zeidner@Fairview.org) | 763.245.8278



# **Medica ACO Engagement Summit 2022**

## **CHI Health Behavioral Services Innovations**

Kenneth McCartney, MHAL  
CHI Health Division Director Outpatient Behavioral Services



232 Psychiatric Inpatient Beds in four locations  
 9 Specialty Clinics with 145,000 Annual Visits  
 64 Partial Hospitalization Slots in four programs

20 Residential Treatment Beds for Children  
 23 Adult Residential Substance Abuse beds  
 130+ Behavioral Clinicians

# CHI Health Observations

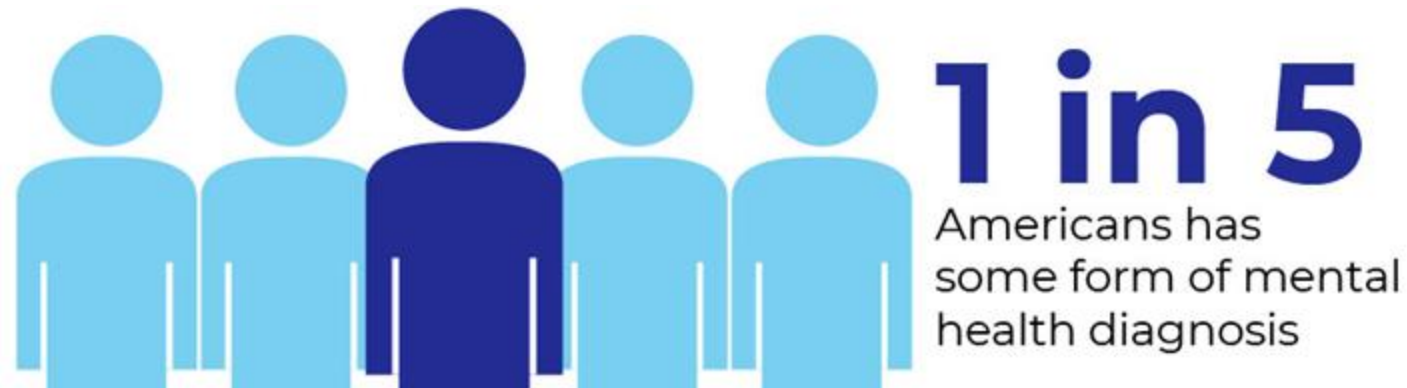
## What we were seeing?

- A no-show rate of 46% to Behavioral Specialty Clinics when referred by a Primary Care Providers
- Delays in treatment for a Behavioral Health Clinician
  - 12+ weeks for Medication Management
  - 8+ weeks for Therapy
- Inconsistent Coordination of Care between Behavioral Clinicians and other Specialties/Primary Care Providers
- Limited access to Behavioral Clinicians in Rural Communities
- Increase in ED Visits with a Behavioral Diagnosis
- Majority of Mental Health patients are treated and maintained within a Primary Care Physician
- Increase in Behavioral Diagnosis in Primary Care
  - Anxiety (#3), Depression (#7) and Pain (#9) in Top 10 Diagnosis

# National Mental Health Prevalence

Mental illnesses are among the most common health conditions in the United States.

- More than 50% will be diagnosed with a mental illness or disorder at some point in their lifetime.<sup>1</sup>
- 1 in 5 Americans will experience a mental illness in a given year.<sup>2</sup>
- 1 in 5 children, either currently or at some point during their life, have had a seriously debilitating mental illness.<sup>3</sup>
- 1 in 25 Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression. <sup>4</sup>



# Access Strategies

- **Psychiatric Immediate Care Clinic Opened**
  - Urgent care model to treat patients who do not meet inpatient criteria but cannot wait for traditional Outpatient Mental Health Treatment
- **Implemented Walk-in Chemical Dependency Evaluation Clinics**
- **Converted to Centralized Scheduling for all Outpatient Behavioral Clinics**
  - 402-717-HOPE to triage, assess and schedule to the patient with the right Behavioral Clinician throughout Nebraska and SW Iowa
- **Initiated Telehealth to Rural Health Clinics**
  - Behavioral Health established Telehealth services to 9 Critical Access Hospitals/Clinics throughout Nebraska and SW Iowa
- **Electronic Medical Record**
  - Behavioral Services transitioned to the EPIC Platform creating one comprehensive patient records throughout CHI Health for all Specialties
- **Annual Primary Care Depression Screenings**
  - Partnership with Service Line for education and expedited referrals
- **Implementation of Just in Time Scheduling**

# Behavioral Collaborative Care Model

(based off of the University of Washington AIMS Collaborative Care Model)

- **Timely Access to Behavioral Health Intervention**
  - Community Wait Times for Psychiatric Support for New Outpatient patients ranges from 3-4 Months
  - Connecting the Patient to the right provider/level of care the first time, thus eliminating delays in treatment
  - Reduced Stigma with treatment recommendation
- **Improved Patient Outcomes: Earlier identification and treatment reduces morbidity and mortality**
  - Behavioral Provider not only accepts Referrals but also collaborates with the Treatment Team to identify consumers who could benefit from Behavioral Intervention
- **Enhanced Physician Experience**
  - Education and Consultation to CHC Clinic
  - Mutual Consent for Behavioral Interventions to allow all Clinical Staff involved with Patient care to view the entire Medical Records
- **Improved System Efficiency and Financial Savings**
  - Moves the organization in the direction of Population Based Health

# A GLOBAL PANDEMIC



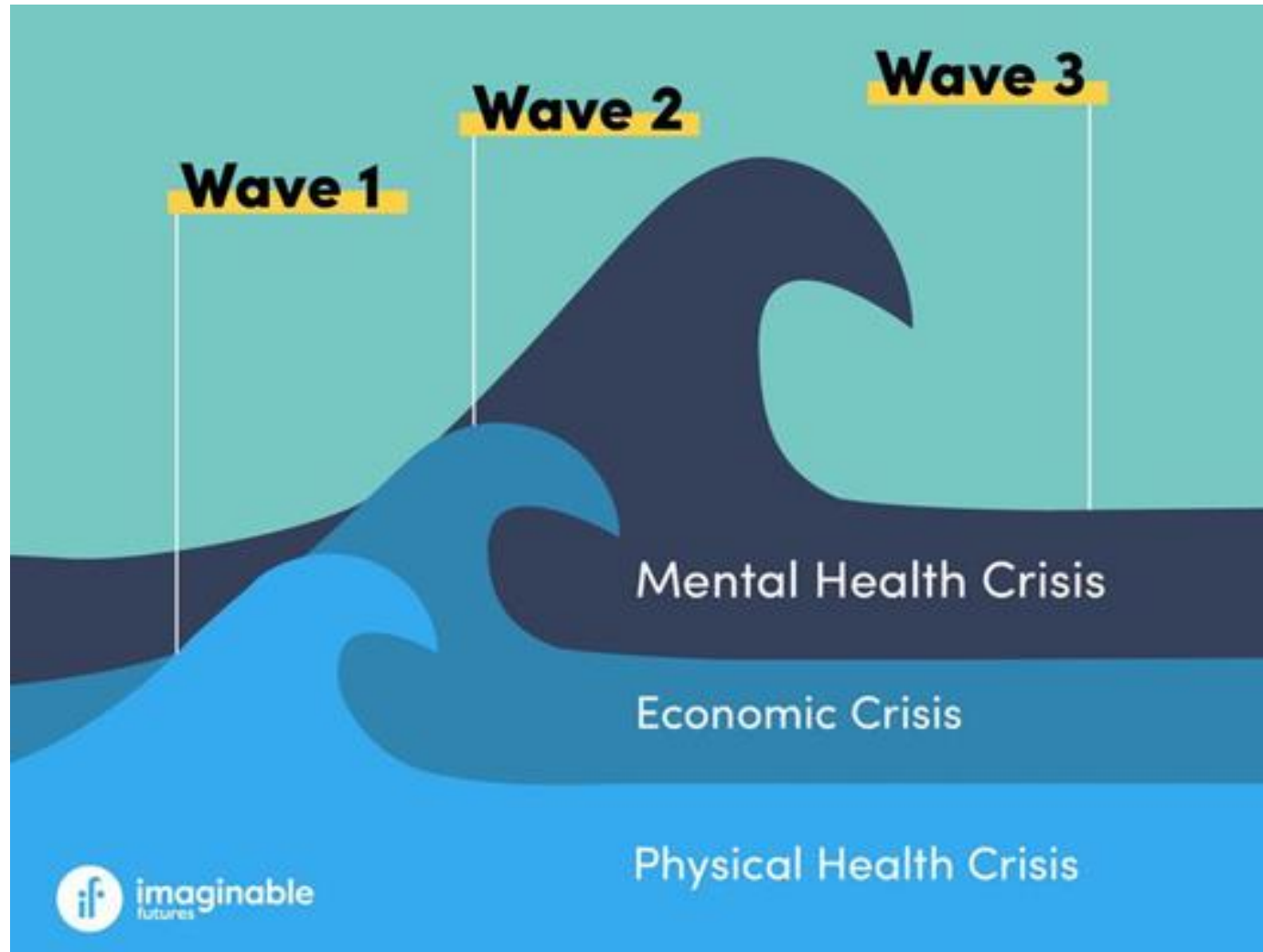
# March 2020 - CHI Health Response

- CHI Health Behavioral stood up 130+ Clinicians to provide Telehealth Services
- Outpatient and Integrated Behavioral went from < 2% Virtual care to >88% Virtual Care within 2 weeks
  - Integrated Clinicians tag teaming with Primary Care Virtual Visits to support patient needs
- Call volume to the 402-717-HOPE (Crisis Line) went up 31%
  - Placed Therapists in the Information Referral Line to support the increase in volume and caller acuity
    - Majority of patients calling with anxiety and depression
  - New patient referrals up 24% from pre-COVID volumes
- No Show rates dropped from 25% down to 11% and patient visits increased significantly
  - March 2020-June 2021 Outpatient Behavioral Visits were up 14.6% from pre-COVID
  - Behavioral Integrated Visits were up 15.2% for over the same time period





# “The Next Pandemic”



# COVID Impact on Mental Health



During late June, 40% of US adults reported struggling with mental health or substance use\*



\*Based on a survey of US adults aged  $\geq 18$  years during June 24-30, 2020

†In the 30 days prior to survey

SOURCE: CDC.gov

# Further Innovation



- Utilization of Telehealth Technology to provide enhanced Behavioral support to Rural Nebraska and Southwest Iowa
  - CHI Health awarded a 1.2 Million HRSA Grant in September 2020 to create a Behavioral Health Evaluation and Transfer Service (BHETS)
  - The goals of the program are to:
    - Expand access to, coordinate, and improve the quality of behavioral health care services available in rural communities.
    - Improve and expand tele health training for health care providers.
    - Expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making
  - BHETS went live June 28, 2020 supporting five Critical Access Hospitals in Rural Nebraska and Southwest Iowa;
    - CHI Health Schyler, CHI Health St. Mary's, CHI Health Plainview, CHI Health Missouri Valley and CHI Health Mercy Corning
    - Expansion to 12 CHI Health Affiliated Rural Health Clinics in August 2021
- Behavioral Integrated Collaborative Care Model is a vital component to identify and support ongoing Mental Health needs within these Markets

# References

1. Kessler RC, Angermeyer M, Anthony JC, et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*. 2007;6(3):168-176.
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3. Merikangas KR, He J, Burstein M, et al. Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*. 2010;49(10):980-989. doi:10.1016/j.jaac.2010.05.017.
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16. National Behavioral Consortium. (2013). [PowerPoint presentation of EAP vendors]. National Behavioral Consortium Industry Profile of External EAP Vendors. Retrieved from [www.nbcgroup.org](http://www.nbcgroup.org)

# Questions

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In-person attendees: Please raise your hand and a microphone will be brought to you for Q&A

Virtual attendees: Please utilize the chat feature for Q&A

Up next:

# Closing Remarks

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Start time: 11:45 am

# Closing Remarks

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Dr. Kristen Kopski

Senior Medical Director Value Based Care



# Day 2 Takeaways

2022 Engagement Summit

- Innovative behavioral health care models are showing promising results in meeting the increasing population needs.
- Removing silos within care delivery can lead to enhanced patient care, improved outcomes, and increased provider engagement.
- Telehealth is vital in connecting rural patients to resources that are not typically available in their communities.

# End of Day #2

2022 ACO Engagement Summit

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Thank you for attending this year's ACO Engagement Summit

Continuing education credit information can be found on the Socio website.

**Please complete our post-summit survey!**

This ensures that we are providing meaningful and relative content

The survey link will be sent in an email shortly



Thank you to our ACO partners for your collaboration, innovation, and partnership.



## **MISSION**

To be the trusted health plan of choice for customers, members, partners and our employees.

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## **VISION**

To be trusted in the community for our unwavering commitment to high-quality, affordable health care.

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## **VALUES**

Customer-Focused • Excellence • Stewardship • Diversity • Integrity