



**Prevention Support and Member Engagement Bi-annual Report**

<b>RAE Name</b>	
<b>RAE Region #</b>	
<b>Reporting Period</b>	[SFYXX-XX QX MM/DD/YYYY – QX MM/DD/YYYY]
<b>Date Submitted</b>	
<b>RAE Contact</b>	

**Instructions**

Please include a high-level approach to your overall prevention support and member engagement strategies. In the narrative section for each category, please concretely describe the successes, challenges, and key plans for improvement. Please include high-level overviews of initiatives or programs available to members, either at the RAE, provider, or community level. Subsequent reports should include any updates on previously described strategies and tactics. These updates should include progress made on relevant key milestones and measurable goals used to evaluate the effectiveness of each strategy and tactic.

The Department has calculated metrics for some of the categories and will provide this data to the RAEs in a separate dashboard. In the tables under each category, the RAEs have the option to provide additional metrics to demonstrate initiative or program performance. Some ideas for metrics are included in Appendix 1.

**Please respond clearly and concisely in no more than ten pages total.**

**Overall Prevention Support and Member Engagement Approach:**

Click or tap here to enter text.



**1. Lifestyle Management**

Lifestyle Management refers to mechanisms RAEs have to help members monitor conditions, adhere to treatment plans, and empower them to make important preventative health care decisions for themselves and their families.

**Narrative (Required):**

Click or tap here to enter text.

**Data (if applicable):**

<b>Lifestyle Management</b>	<b>Attested Metrics</b>	<b>Data</b>

**2. Food Security**

Food Security refers to how RAEs address access to healthy food across the care continuum. Besides referrals to SNAP and WIC, additional activities include promoting education and guidance on healthy eating habits for members.

**Narrative (Required):**

Click or tap here to enter text.

**Data (if applicable):**

<b>Food Security</b>	<b>Attested Metrics</b>	<b>Data</b>

**3. Suicide Prevention**

Suicide Prevention refers to resources and referrals RAEs utilize to diminish the risk of suicide in a specific population or across the region. Along with medical and mental health factors, social support and connectedness can play significant roles in the prevention of suicide.<sup>1</sup>

**Narrative (Required):**

Click or tap here to enter text.

<sup>1</sup> <https://www.medicinenet.com/script/main/art.asp?articlekey=11613>



**Data (if applicable):**

<b>Suicide Prevention</b>	<b>Attested Metrics</b>	<b>Data</b>

**4. Member Outreach**

Member Outreach refers to RAE efforts to initially contact new or re-enrolled members to connect them in their health care.

**Narrative (Required):**

Click or tap here to enter text.

**Data (if applicable):**

<b>Member Outreach</b>	<b>Attested Metrics</b>	<b>Data</b>

**5. Member Engagement**

Member Engagement refers to RAE efforts to meaningfully engage members in the ACC at the RAE level.

**Overall Member Engagement Approach Narrative (Required):**

Click or tap here to enter text.

**5.a Regional Program Improvement Advisory Committee (PIAC)**

**Data (Required):**

<b>PIAC</b>	<b>Attested Metrics</b>	<b>Data</b>

**RAE PIAC Narrative (Required):**

Click or tap here to enter text.



**5.b Member Experience Advisory Committee (MEAC):**

**Data (Required):**

MEAC	Attested Metrics	Data

**RAE MEAC Narrative (Required)**

Click or tap here to enter text.

**6. Other**

RAEs may choose other prevention support initiatives based on regional differences and needs.

**Narrative (Required):**

Click or tap here to enter text.

**Data (if applicable):**

Other	Attested Metrics	Data



**Appendix 1. Prevention Support and Member Engagement Metrics**

Category	Potential RAE Attested Metric	Department Metric
Lifestyle Management	Tobacco Use Screening and Prevention (CMS 138)	Physician Visit (KPI)
	Weight Assessment/Counseling for Nutrition (CMS 155, NQF 0024)	Dental Visit (KPI)
	% screened/%w/positive screen connected	Adolescent Immunizations (NQF1407)*
	HIV testing	Adolescent Well Care (HEDIS)*
	Diabetes Self-Management Education (DSME)	Appropriate Testing for Children with Pharyngitis(NQF 0002)*
	Pre-exposure prophylaxis (PrEP)	Breast Cancer Screening (CMS 125, NQF 2372)*
	Post-exposure prophylaxis (PEP)	Childhood Immunizations Combo 7 (NQF0038)*
	Colorectal screen (CMS 130, NQF - 0014)**	Chlamydia Screening NQF0033)*
	Body Mass Index Screening/Follow-Up (CMS 69)*	Lead Screening (EPSDT)*
	Childhood Immunization Status (CMS 117)*	Well Child Visits in the first 15 months of life (NQF1392)*
	Chlamydia Screening for Women (CMS 153)*	Well Child Visits 3-6 years (NQF1516)*
	Breast Cancer Screening (CMS 125, NQF 2372)*	Dental Contract: PCP and DDS Visit (any type) in the same Calendar year
	Cavity Free at Three	
	HPV rates	
Food Security	# WIC Referrals	
	# SNAP Referrals	
Suicide Prevention		
Member Outreach	# of initial member outreaches	# of new Medicaid enrollees attributed to RAE
	Welcome Successful Outreach	PEAK App %/# programs
	Welcome Screen Completed	<a href="#">PIAC Member Outreach and Stakeholder Engagement Recommendations</a>
	Getting Started Guide	
Member Engagement	Number of RAE PIAC/MEAC attendees	
	Modality options (phone, webinar, in-person)	
	Meeting locations/accessibility	
	Demographics of members/organizations represented (counties represented, rural vs. urban, number of members vs. member guardians/caregiver/etc. and how it aligns with composition of the RAE)	



	Topics and issues identified and discussed by both RAE and attendees (example: member rights and appeals, lack of access to specialty, etc.)	
	Barriers and challenges of recruitment regarding alignment of RAE composition	
	Description of how information flows between RAE PIAC and MEAC to HCPF's PIAC and MEAC.	

\*APM

\*\*FQHC APM

DRAFT