Mountain Pacific

mountainpacific.org

ANNUAL REPORT FY26

MOUNTAIN PACIFIC QUALITY HEALTH • 50 WEST 14TH STREET, SUITE 5 • HELENA, MT 59604 • (800) 497-8232

For **53 years**
we have worked
in the places where
care is hardest to reach.

This year, our reach **grew.**

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Reflecting On Our Year

A Note from Jill Alessi, CEO



Fifty-three years ago, Mountain Pacific opened its doors in Helena to do a specific kind of work: help the people who deliver care do it better. That has not changed. What changed this year is how far that work now reaches.

We are in a moment when a great deal of healthcare is contracting. Organizations are making painful decisions between hiring, funding and reserves, often all three at once and often without knowing what next year holds. I understand those choices. I have faced many versions of them.

Mountain Pacific chose to grow.

This year our quality improvement work expanded into a 14-state region across the Midwest and Mountain West. We continued national work supporting Tribal, Indian Health Service and Urban Indian facilities. We began supporting dialysis facilities from the Rockies to the Pacific. We welcomed Quality Health Associates of North Dakota into Mountain Pacific through a strategic acquisition. We built The Foundation at Mountain Pacific. And we added people, bringing us to 131 team members across 16 states.

None of that happened because growth was our goal. It happened because organizations facing new challenges called us, and we were able to say yes.

That is the part I want you to take from this report. At Mountain Pacific, we are not in the business of selling a list of services. We are in the business of listening to what a hospital, a state or federal agency, a Tribal health system or a rural clinic is actually struggling with, and then bringing the people and expertise to meet that need. When we have a solution, we offer it. When we do not, we build one.

Fifty-three years in one of the most geographically demanding regions in the country taught us how to do that. Distance, weather, workforce shortages and thin infrastructure are not obstacles we work around. They are the conditions in which our expertise was built. That is exactly why national partners came to us this year.

I am grateful for the people who made this growth possible. I am also grateful to our Board of Directors, whose diverse experience and steady guidance carried us through a year of growth. Our teams remained nimble, grew stronger and connected with new communities. We pursued new opportunities for Mountain Pacific to evolve while continuing to provide secure environments for our people and our work.

I am proud of this team, grateful to our partners and confident about what's next.

Jill Alessi RN, BSN, MHA
Chief Executive Officer

Innovating Better Healthcare: This is Mountain Pacific

Fifty-three years in one region, and a reach that keeps growing. Today our team lives and works in 16 states, and our work extends from the Great Plains to the Pacific.

1,357,356

PEOPLE REACHED ACROSS EVERY PROGRAM

An estimate of the people reached through Mountain Pacific programs in FY2026. Medicaid members may receive support from more than one program, so this is not a count of unique individuals.

916
healthcare workers trained across 13 states

65,561
drug prior authorization requests reviewed for Medicaid

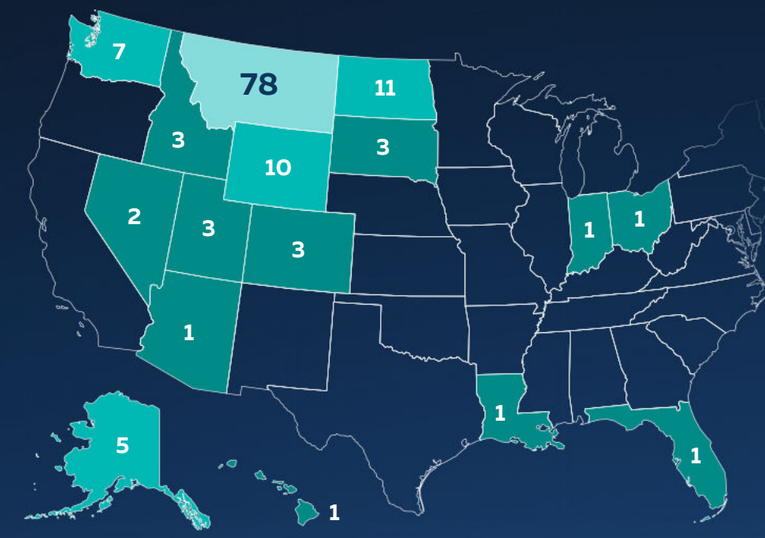
72
North Dakota communities with a screening partner

150
doses of naloxone distributed, each with hands-on education

131
team members and counting

16 states
where our team lives and works
(up from 14)

53 years
supporting better care across our region



116,460 miles
traveled to meet members in person

13 years
of continuous URAC accreditation

1 new foundation

THE FOUNDATION AT MOUNTAIN PACIFIC

When care exists, access should not be the barrier.
Learn more on page 31.

IMPACT

SECTION ONE

Closing the Distance

UTILIZATION REVIEW, CARE MANAGEMENT AND MEDICAID SERVICES

Between a person and the care they need there is almost always something in the way. Our job is to find it and move it.

Healthcare is full of care that exists and cannot be reached. The appointment is available but the drive is four hours. The service is covered but nobody explained how to ask for it. The referral was written but never scheduled.

Closing that distance is what we do.



Medicaid Services

Mountain Pacific has worked alongside our state Medicaid partners since 1974. Our nurses and social workers review requests for care, verify that individuals receive the level of support they need and screen all nursing home admissions to ensure people with mental illness or intellectual disabilities have access to needed specialized supports.

When a provider or member has a question, our utilization management call center is who they call.

17,386
UTILIZATION MANAGEMENT CALL CENTER CONTACTS

12,907
UTILIZATION REVIEWS

What does a level-of-care review actually decide?

A level-of-care review determines whether someone needs nursing-home-level care or can be supported at home. An in-home assessment is a nurse sitting in someone's living room, working out what help they need with daily life, such as bathing, dressing, meals and medication, so they can stay in that living room.

These reviews are more than paperwork. They are about independence.

7,692
LEVEL-OF-CARE REVIEWS

8,071
IN-HOME ASSESSMENTS
helping people live independently

8,545
PASRR SCREENINGS
preadmission screening and resident review

1,964
PERS ADMINISTERED
personal emergency response systems

1,269
PHYSICIAN-ADMIN DRUG REVIEWS

116,460 miles
DRIVEN BY OUR REVIEWERS TO MEET MEMBERS IN PERSON
Enough to cross the entire state of Montana **214 times**.

WYOMING • CARE MANAGEMENT

Sometimes the intervention is a phone call

Mountain Pacific nurses provide care management for Medicaid members in Wyoming. Each nurse works with multiple members at a time, coordinating care, following up with providers and helping people manage chronic conditions. Most of that work happens by phone. Here are three moments from this year:

The surgery that needed to wait

A member called her nurse the day before thyroid surgery to ask whether she could take Tylenol. In the course of the call she mentioned she was on antibiotics for pneumonia diagnosed after her pre-op appointment. Her nurse asked whether the surgeon knew. He did not. She advised the member to call the surgeon's office that day. The surgery was rescheduled until after the member was feeling better and off antibiotics.

Two years of trying

A young woman with severe genetic disorders and cognitive delay had not had her teeth cleaned in more than two years. She takes nothing by mouth and has an oral aversion, so buildup happens fast. She had aged out of the children's hospitals in Utah and Colorado that used to see her. Her Mountain Pacific nurse researched providers across three states and found a pediatric dental specialist who accepts Medicaid, performs the procedure under general anesthesia and bills Medicaid directly.

The follow-up that fell through the cracks

Reviewing a member's chart, a nurse noticed a cardiologist had ordered a six-month follow-up and a repeat echocardiogram. The member did not know. The clinic had no order on file. The nurse cited the date of the clinical note, the scheduler pulled the record, found the instruction, called the clinic for the order and got it booked.

> *"In a system that makes it difficult for patients to navigate, it is almost necessary to have someone there to advocate."*
>
> WYOMING CARE MANAGEMENT TEAM

MONTANA • TRANSPORTATION

Getting people to care, wherever it was

For 30 years, Mountain Pacific helped Medicaid members get to the care they needed: across town, across the state and sometimes across the country. Many of the members this team served have complex medical needs, and so do their families. They knew they could call, and someone would help them get where they needed to go.

One family traveled to New York so their son could have a surgery that changed his life. Our team helped get them there.

We are proud of what this team built and grateful to our Medicaid partners for the trust behind it.



SECTION TWO

A Second Set of Eyes

PHARMACY SERVICES, MEDICATION REVIEW AND INFECTION PREVENTION

No single prescriber can see everything a patient is taking. We help them see the whole picture.

A prescriber sees the patient in front of them and the history they can access. What they often cannot see is the second antipsychotic prescribed by a different physician in a different system, or the lab work that has not been ordered in two years.

Two doctors. Two antipsychotics. Neither knew about the other.
Duplicate therapy is one of 11 categories our pharmacy team screens for. It is invisible to everyone except someone looking at the whole picture at once.



NEW THIS YEAR

The antipsychotic oversight program

The Consolidated Appropriations Act of 2024 now requires Medicaid programs to monitor the safe use of antipsychotics for adults in institutional settings and those receiving home and community-based services.

Mountain Pacific designed and built the program with our state Medicaid partners. Our pharmacists check indication, dose against U.S. Food and Drug Administration (FDA) maximums, duplicate therapy, dementia diagnosis, age, comorbid conditions and whether metabolic labs are current.

Antipsychotics are not FDA-approved for the behavioral symptoms of dementia. In elderly patients with dementia-related psychosis, mortality runs 1.6 to 1.7 times higher than placebo across 17 controlled studies. When a review finds a concern, the prescriber receives the clinical background and a form to respond on. Our review comes from claims data, without the prescriber's firsthand knowledge of the patient, so the decision stays with them.

Prior authorization and case management

Alongside the new program, our pharmacy team handles day-to-day medication review for the Medicaid program we support. When a prescriber requests a drug that needs prior authorization, someone on our team reviews it against clinical criteria before it's approved. Our case management pharmacists also look at what members are already taking, checking for interactions, duplicate therapy and missing lab work, and contact the prescriber when something needs attention. Everyone on the prior authorization team is clinical, with decades of hands-on pharmacy experience, and technicians and pharmacists are held to the same standard.

2,045
cases reviewed by pharmacy case management
1,048 led to a recommendation to a prescriber · 1/1/25–8/17/26

65,561
drug prior authorization requests reviewed

> *"All of our decisions are based on clinical appropriateness and what's best for the patient. That's not necessarily what's cheapest for the plan."*
> **MOUNTAIN PACIFIC PHARMACY TEAM**

Albuterol is no longer number one

Relying heavily on a short-acting rescue inhaler is often a sign that asthma isn't well controlled, and overuse is associated with higher mortality. Our pharmacists ran an academic detailing campaign across the state, sharing evidence with hundreds of prescribers. Albuterol, once the most-dispensed drug in the Medicaid program we support, has since dropped to second.

When "no" is the right answer

A psychiatrist requested approval for a medication regimen that carried a risk of harm. The pharmacist reviewed the case and denied it. The member was admitted to a mental health hospital instead, which the provider later acknowledged was where they needed to be to work out the right treatment for a complex situation.

Every request our pharmacists review is a clinical decision. Most of the time the answer is yes. Here, no was the answer that got the patient the right care.

Learn more about how Mountain Pacific analysts catch pricing errors.

INSIGHT · pg. 23



COMPLEX CARE

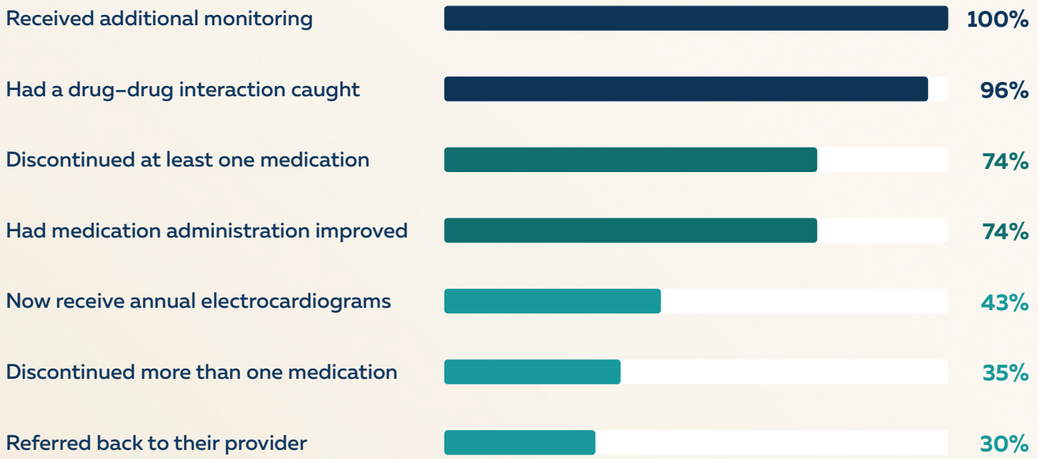
What one review a week can do

People with intellectual and developmental disabilities often take many medications, prescribed by many providers over many years, and the whole regimen is rarely examined at once. Our pharmacists reviewed one resident's complete picture per week for a group home network serving adults with intellectual and developmental disabilities.

GROUP HOME PARTNER · SHARE OF RESIDENTS REVIEWED

A full medication review, one resident each week.

Every resident reviewed had at least three successful interventions.



Fewer unnecessary medications also meant fewer costly complications.

29
INTERVENTIONS PER MEMBER
on average

14
OF WHICH SUCCESSFUL
on average

13
CHRONIC MEDICATION CHANGES
on average

> *"The clinical pharmacist consultations were immensely helpful. Outcomes for patients were improved."*
>
> DIRECTOR OF NURSING, GROUP HOME PARTNER

INFECTION PREVENTION

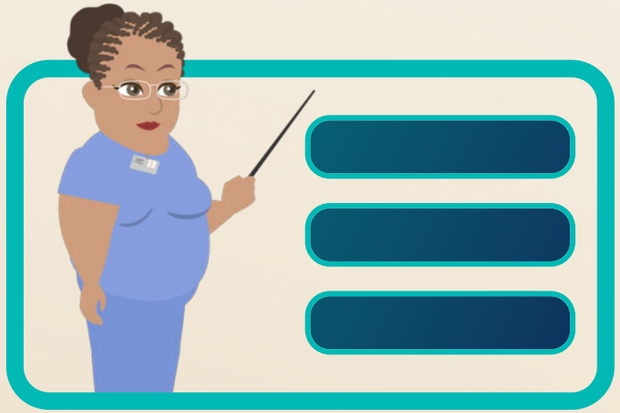
A cleaning cart, a game and a thousand learners leveling up

Environmental services (EVS) professionals play a critical role in preventing infections, but training is often generic, lengthy and disconnected from the situations they encounter each day.

At Mountain Pacific, we took a different approach.

Working with the Alaska Division of Public Health's Healthcare-Associated Infections and Antibiotic Resistance Program, Mountain Pacific transformed essential infection prevention guidance into Level Up Your Game, an interactive learning experience developed with Near-Life and Vyond.

The training responds to needs identified through a statewide assessment and includes two short, scenario-based modules: Setting Up Your EVS Cart and Cleaning an Occupied Room.



Guided by **Donna**, an animated environmental services professional, learners make decisions, solve realistic challenges and receive immediate feedback. Instead of simply reviewing information, learners practice applying it in situations that reflect their day-to-day work.

Learning that leads to action

The training has reached nearly 1,000 healthcare learners across 13 states, with evaluation results showing a strong response.

89%
SAID IT IMPROVED THEIR UNDERSTANDING

91%
INTENDED TO APPLY WHAT THEY LEARNED

92%
WOULD RECOMMEND IT TO OTHERS

Donna has gone far

The training is now available through the University of Washington's TIPS platform, the American Hospital Association's Living Learning Network and the CDC's Project Firstline repository. Mountain Pacific's work was also selected for a poster presentation at the Association for Professionals in Infection Control and Epidemiology (APIC) Annual Conference in Nashville and featured by Near-Life as a customer success story.

To help organizations deliver the training more broadly, Mountain Pacific developed a facilitator guide that gives leaders the resources they need to run the training themselves.

And Donna's journey is continuing. Mountain Pacific and the Alaska Department of Health are developing Spanish and Tagalog versions to make the training accessible to an even wider healthcare workforce.

> *"Partners tell us this training changed how they think about their work, not just what they know."*
>
> **CRYSTAL MORSE, STATE SERVICE MANAGER MOUNTAIN PACIFIC**



Mountain Pacific presents Level Up Your Game at the APIC Annual Conference in Nashville.

SECTION THREE

Close to Home

RURAL AND FRONTIER HEALTH QUALITY IMPROVEMENT

For 53 years, rural and frontier communities have not been a specialty for Mountain Pacific. They have been our home.

Rural health has recently become a national priority. It has been ours since 1973.

Mountain Pacific was built in a region where a specialist can be three hours away by road, where a facility can be reachable only by plane, and where the nearest dialysis chair may be on another island. Distance is not the only barrier. Understanding rural health means navigating workforce shortages, thin infrastructure, weather that closes roads for days and communities where trust is earned in person and not otherwise.

Rural and frontier health runs through nearly every program in this report. It's where most of our work happens, and where care is hardest to reach.



MENTAL HEALTH • NORTH DAKOTA

The path to care can begin anywhere

North Dakota has one of the highest suicide rates among farmers in the country. A farmer who skips an annual physical that is fully covered is not going to make an appointment for his mental health.

So the training went where people already were. Employers. Schools. Grocery stores. Football coaches. Mountain Pacific delivered mental health awareness and stigma reduction education at the places rural people actually gather, treating those places as points of contact with the health system.

In rural communities, access isn't only about distance. It's also about whether someone is willing to walk through the door.

Rural impacts across this report

A seven-county public health agency in North Dakota now has a standing order allowing nurses to order at-home screening kits

INSIGHT · pg. 25

Our opioid education work in Glacier County

TRUST · pg. 20

116,460 miles driven by our reviewers to meet members in person

ACCESS · pg. 5



DIALYSIS • EMERGENCY PREPAREDNESS

When a typhoon is coming, dialysis cannot wait

A person on dialysis needs treatment roughly three times a week. Not eventually. On schedule. Miss even a few sessions and their life is at risk. So when a major storm is tracking toward an island, the work is making sure treatment is not interrupted. That comes down to how fast each facility can act on a plan it wrote months earlier.

This year Mountain Pacific began supporting dialysis facilities across the western United States and the Pacific. We hired two Master of Social Work quality improvement advisors and a registered nurse advisor, all three with prior dialysis network experience.

Why dialysis can't wait out a storm

Every treatment depends on steady electricity and large amounts of purified water, two of the first things a disaster knocks out. On an island, the next nearest dialysis chair may be an ocean away. A facility's emergency plan has to work the first time.

Friends in the neighborhood

Our partners asked Mountain Pacific to join for two reasons. We have spent decades building relationships in Alaska, Hawaii, Guam, the Northern Mariana Islands and American Samoa, so facilities there already knew us. And we know how to deliver quality care across long distances, small facilities and island geography, because that is the work we have always done.

3 advisors

ONBOARDED WITH PRIOR DIALYSIS NETWORK EXPERIENCE



How our team responds

WATCH When a wildfire, earthquake or tropical storm develops, we check every facility in its path.

ALERT Facilities get a direct call to put their emergency plans in motion.

STAY We stay in contact for as long as the event lasts, and file emergency reporting for any facility that loses access.

As extreme weather becomes more common, this work will only matter more.

We intend to be ready.

SECTION FOUR

Show Up as Partners

TRIBAL AND AMERICAN INDIAN/ALASKA NATIVE HEALTHCARE

We arrive as partners, and we're still there after the project closes.

Mountain Pacific supports quality improvement at hospitals, clinics and nursing homes run by Tribes, the Indian Health Service and Urban Indian Organizations across the country as part of a national Centers for Medicare & Medicaid Services (CMS) program.

The program is built around a phrase CMS uses on purpose: meet them where they are. Each facility chooses or designs its own measures, because no two communities share the same circumstances.

That kind of work runs on relationships. Our advisors start by listening, with a community assessment for every eligible community, and when a facility needs a tool that doesn't exist, we build it.



When the form doesn't fit, we build one that does

Federal reporting templates are built to satisfy a federal deliverable. They are not always built to help a facility actually run a quality improvement cycle. Where a facility had no usable in-house tool, our quality improvement advisors built standalone, facility-facing documents that a team could work from rather than a form to submit.

One facility asked. Everyone got a seat.

When one facility asked for TeamSTEPPS training, we asked if we could open it to everyone, and they said yes. TeamSTEPPS is an evidence-based program from the Agency for Healthcare Research and Quality that teaches clinical teams to communicate and work together more safely. What started as one facility's request became a shared learning session across the program.

> *"Hospitals and clinics in these communities face a multitude of challenges. We provide vetted resources, peer-to-peer networking and personalized coaching. That relieves the burden, and it is the difference between having goals and actually progressing toward them."*

SHARON PHELPS, REGIONAL SUPERVISOR
MOUNTAIN PACIFIC



GLACIER COUNTY, MONTANA

In Glacier County, prevention meant starting the conversation earlier

Across rural Montana, opioid misuse carries real weight, and asking for help can be a barrier of its own. Youth education is rarely treated as part of prevention.

Through funding from the Montana Opioid Abatement Trust, Mountain Pacific brought education to young people ages 13 to 19 in Glacier County in two places they already were: local schools and a student fair at a local college.

In the schools, that meant an in-person assembly and classroom sessions, then eight weeks of short weekly lessons led by the students' own health teacher. At the college, a subject matter expert staffed a table with naloxone supplied by a local health clinic, with free doses for anyone who wanted one.

The team also partnered with local radio stations to air public service announcements across six Montana counties.

Thank you to the schools, college and clinic in Glacier County that welcomed this work.

> *"We will never have an accounting of the lives that were potentially saved. The team felt this was one of the most rewarding projects we have done."*
>
> JILL HULT, HEALTH QUALITY SERVICES DIRECTOR
> MOUNTAIN PACIFIC



> *"I was wary about focusing on opioids this much, but I learned, along with the students, how important this topic is. I'm glad it was brought to my school so we could all learn how to avoid opioid addictions, ask for help and save a life when necessary."*
>
> HEALTH TEACHER, GLACIER COUNTY

SCHOOL PROGRAM · BEFORE AND AFTER 8 WEEKS

8 weeks later, students knew more and where to find naloxone

117 students answered before and 73 after.

BEFORE AFTER

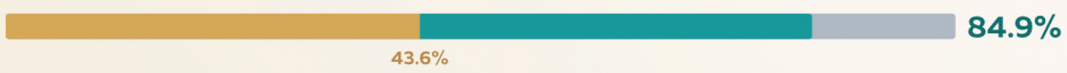
Average assessment score



Knew more than "a little" about opioids



Knew how to get naloxone locally



150

DOSES OF NALOXONE DISTRIBUTED, EACH ONE WITH HANDS-ON TRAINING

SECTION FIVE

Building Answers, Not Dashboards

DATA SCIENCE AND CLINICAL ANALYTICS

Data isn’t useful until a nurse can act on it Monday morning.

Claims data, clinical records and quality measures are generated by the ton and read by almost no one. Our data scientists and clinicians work the same problems from both ends: the analysts find the pattern, the clinicians decide whether it means anything, and somebody acts.

You’ll see that pairing across this section: a model that flags pricing errors for our pharmacists to review as well as a screening program rebuilt so every patient can be tracked from referral to result.



Catching pricing errors before they add up

Most overpayment in a Medicaid pharmacy program comes from coding errors that repeat quietly for months, like a drug reimbursing at many times its correct rate because no system was set up to catch it.

This year the analytics team built a machine learning model to detect anomalies in drug coding, pricing and fulfillment across the Medicaid program we support.

152
DRUGS FLAGGED
in the first 4 months

×20
OVER THE CORRECT REIMBURSEMENT
in several cases



GET:SCREENED • NORTH DAKOTA

A new name, and the systems to back it up

For 11 years, North Dakota's colorectal cancer screening program was called the North Dakota Colorectal Cancer Screening Initiative. Accurate, descriptive and almost impossible to market.

This year, the team that runs it, now part of Mountain Pacific (page 27), rebranded and relaunched the program as **GET:SCREENED**.

The rename was the visible part. Underneath it: a standalone website, two separate patient databases consolidated into one tracking system, automated enrollment notifications, a toll-free line and shared mailbox, interpretation services for a growing number of Spanish-speaking patients and preparation to bring claims processing in-house.

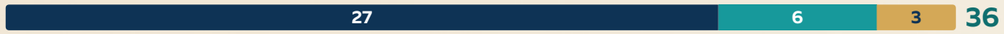
GET:SCREENED • 07/01/25 – 06/30/26

36 screenings, from colonoscopies to at-home tests

Stool DNA and fecal immunochemical tests (FIT) are at-home tests. Some patients completed more than one screening.

COLONOSCOPY STOOL DNA FIT

Screenings completed, by type



31
FACILITIES AND ORGANIZATIONS REIMBURSED FOR SCREENINGS

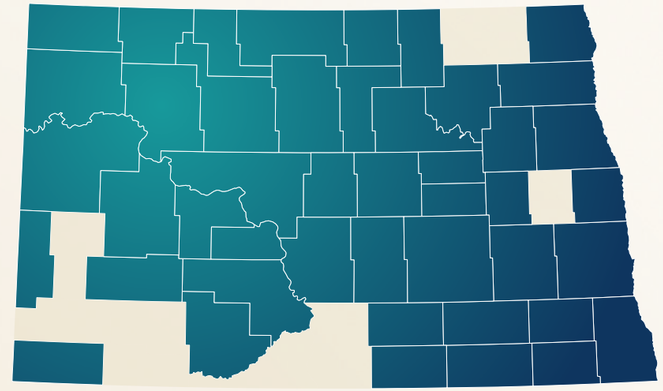
72
NORTH DAKOTA COMMUNITIES WITH SCREENINGS AVAILABLE

A standing order that didn't exist before

First District Health Unit, a seven-county public health agency, wanted to do more about colorectal cancer screening. Mountain Pacific provided orientation, trained the nursing staff on how to raise screening with patients and helped write the policy.

They now have a standing order allowing nurses to order at-home screening kits for average-risk patients directly, and every nurse knows how to navigate a high-risk patient to colonoscopy.

The standing order is now part of how the agency works in all seven counties, and it will still be there next year.



> *"The measure of success will not be the number of systems implemented, but the number of North Dakotans who receive timely screening."*
>
> GET:SCREENED PROGRAM REPORT



SECTION SIX

Into New Waters

OPERATIONAL GROWTH, PARTNERSHIPS AND WHAT'S NEXT

We did not grow to be larger. We grew because more people needed us to be somewhere we weren't.

Mountain Pacific's quality improvement work now reaches across a 14-state region, from the Midwest to Alaska. That work continues to engage hospitals, nursing homes, clinics and the people who run them.

Most of the first year went to building the team and learning each state's landscape. Then came enrollment, and in some states that meant showing up in person.

The states that were hardest to reach got a visit

Enrollment across a 14-state region is largely a phone-and-email exercise, and in several states it wasn't working. So the team went. In-person visits to states where enrollment lagged, including drop-in visits to organizations that hadn't responded to anything else. Several signed agreements as a direct result of somebody showing up.

NORTH DAKOTA

Welcome aboard

In December 2025, Mountain Pacific acquired Quality Health Associates of North Dakota, the first acquisition in our 53-year history. The two organizations already worked with providers the same way. Together, we now reach more states, employ a larger team and carry a broader portfolio of contracts and programs.

Today, 8% of our team lives and works in the Roughrider State, and we now have an office in Minot.

The acquisition also brought GET:SCREENED (page 24) into the Mountain Pacific family, along with the team that has run it since 2021. The team's colorectal cancer screening work was named a grand prize winner in the 2026 National Colorectal Cancer Roundtable National Achievement Awards.

TEAM GROWTH • FY2024 TO JULY 2026

While much of healthcare contracted, we hired

131 team members in 16 states, up from 124 in 14 states in FY2024.

TEAM MEMBER NORTH DAKOTA TEAM, NEW THIS YEAR



Each dot is one person. Peak headcount was 134 in May 2026, the highest in three years.

INNOVATION

PREVENT AND PROTECT

Training built for small rural facilities

Most infection prevention training is written for large hospitals and scaled down. Prevent and Protect started from the other end. The monthly live series, launched in April for critical access hospitals, teaches infection prevention and patient safety from the perspective of a small rural facility, where staff wear many hats and the nearest specialist may be hours away. A long-term care version followed in May.

Earning our credentials

Our work involves protected health information and federal data, so outside reviewers check how we handle it. URAC, an independent accreditor, evaluates how a utilization management organization runs its assessments, manages costs, reports internally and protects patient rights and provider fairness.

We are **URAC accredited** in health utilization management continuously since **2013.**

Federal Information Security Modernization Act (FISMA) compliant, confirmed in November 2025. Our systems meet the security standards for organizations handling federal information.

National Institute of Standards and Technology (NIST) compliant, confirmed in November 2025. Our security controls follow the framework federal agencies use to protect sensitive data.

WHAT'S NEXT

Looking to the horizon

A new way to connect

Mountain Pacific is implementing MHK, an enterprise platform for utilization management and interoperability, in partnership with MCG. The goal is to go further than new interoperability standards require.

Dialysis care across two networks

The dialysis work on page 16 was six weeks old when the fiscal year closed. It expands substantially in FY2027.

Rural health transformation

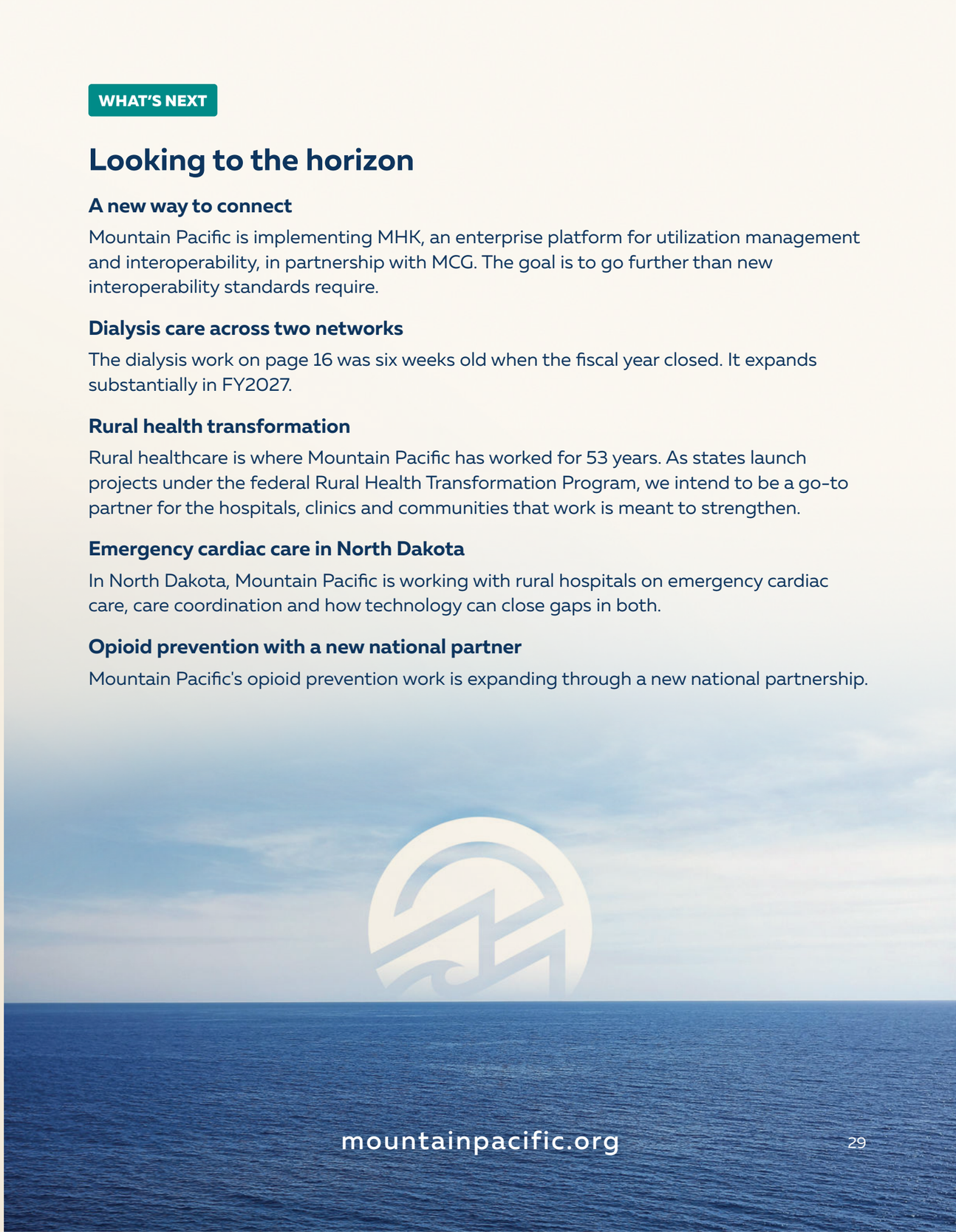
Rural healthcare is where Mountain Pacific has worked for 53 years. As states launch projects under the federal Rural Health Transformation Program, we intend to be a go-to partner for the hospitals, clinics and communities that work is meant to strengthen.

Emergency cardiac care in North Dakota

In North Dakota, Mountain Pacific is working with rural hospitals on emergency cardiac care, care coordination and how technology can close gaps in both.

Opioid prevention with a new national partner

Mountain Pacific's opioid prevention work is expanding through a new national partnership.



mountainpacific.org

When care exists, access should not be the barrier.

NOW INTRODUCING

The Foundation
at Mountain Pacific

The Foundation at Mountain Pacific bridges funding gaps and creates opportunities to advance quality, improve access and promote equity in healthcare across the communities we serve.

The Foundation is new. The work behind it is not.

For more than 50 years, Mountain Pacific has worked alongside providers, health systems and communities to improve care and strengthen health outcomes. But some of the most important needs exist between systems or outside traditional funding structures.

A patient managing multiple chronic conditions may have a medication regimen that has become difficult or unsafe to manage. A person may have a healthcare provider but no reliable way to get to an appointment. Someone leaving a crisis setting may need support navigating the next step in care and long-term recovery.

That is where philanthropy can make a difference.

Where a gift can go

UNRESTRICTED

Area of Greatest Need

Support where the need and opportunity are the greatest.

Medication Access, Safety & Chronic Condition Support

Reducing medication-related complications, one of the most preventable drivers of poor health outcomes.

Access to Care & Essential Supports

Removing the practical barriers, transportation chief among them, that keep people from reaching care that already exists.

Whole-Person Behavioral Health & Community Well-Being

Supporting the transition from crisis intervention to sustained, ongoing care.

The Year in Brief

- Incorporated and brought to operational readiness in under 10 months
- Governance, gift acceptance, donor stewardship and grantmaking policies established
- Inaugural campaign planning completed
- Public website and social media presence launched
- Case for philanthropy developed

Healthcare only makes a difference when it can reach the people who need it. Access is not only about whether care exists. It is about whether people can reach it.

We invite you to join us.

foundation.mountainpacific.org

Diana Wood, Philanthropy Director
(800) 497-8232

The Foundation at Mountain Pacific is a 501(c)(3) tax-exempt organization. EIN 39-5010921.

OUR HISTORY

About Mountain Pacific

Where we came from

Mountain Pacific opened in Helena, Montana, in 1973, with a straightforward charge: help the people delivering care do it better. The first Medicaid work began the following year. The region we served then was one state. The methods were paper and telephone and driving out to see people.

Who we are now

Fifty-three years later, Mountain Pacific Quality Health is a nonprofit healthcare quality improvement organization with 131 team members in 16 states, working with hospitals, nursing homes, clinics, Tribal health systems, state agencies and federal partners from the high plains to the Pacific islands. We are URAC accredited, FISMA compliant and still headquartered in Helena.

Where we're going

The next 50 years of this work will be shaped by things we can already see coming: an aging rural population, a workforce that is harder to build every year and systems that still do not talk to each other. We intend to be useful in all of it. We have never been the largest organization in this field. We intend to remain the one people call first.

Most organizations we work with are choosing between **three problems** and **can only afford to solve one.**

Tell us which one.

This is **Mountain Pacific.**
We bring **the team.** We build **the solution.**

mountainpacific.org

Mountain Pacific

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