ATTACHMENT 1 – Application Cover Sheet
Applicant Information - RFA # 3402

Applicant Name: **Willamette Valley Community Health, LLC**
Form of Legal Entity (business corporation, etc.): **LLC**
State of domicile: **Oregon**
Primary Contact Person: **Jan Buffa, PhD** Title: **CEO, WVP Health Authority**
Address: **2995 Ryan Dr. SE** City, State, Zip: **Salem, OR 97301**
Telephone: **(503) 587-5108** Fax: **503-371-8046**
E-mail Address: **janbuffa@mvipa.org**
Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Contract that may result:
Name: **Jan Buffa, PhD** Title: **CEO WVP Health Authority**
By signing this page and submitting an Application, the Authorized Representative certifies that the following statements are true:

1. Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has Applicant or will Applicant discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055.
2. Information and costs included in this Application will remain valid for 180 days after the Application due date or until a Contract is approved, whichever comes first.
3. The statements contained in this Application are true and, so far as is relevant to the Application, complete. Applicant accepts as a condition of the Contract, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations.
4. The undersigned recognizes that this is a public document and will become open to public inspection, except as described in Section 7.8.
5. Applicant has followed the instructions provided and has identified any deviations from specifications within its response. Applicant confirms that any instructions or specifications that it felt were unclear have been questioned in advance of this Application.
6. Applicant acknowledges receipt of all addenda issued under this RFA, as listed on OHA's web portal.
7. If awarded a Contract, Applicant will be required to complete, and will be bound by, a Contract described in this RFA. Applicant agrees to the Core Contract terms and conditions in Appendix G, except to the extent Applicant has timely requested a change or clarification or filed a protest in accordance with the RFA.
8. If awarded a Contract, Applicant will meet the highest standards prevalent among Medicaid health plans in Oregon.
9. Applicant and its Affiliates complied with the Code of Conduct in Section 7.15 of the RFA in connection with the RFA.
10. Applicant accepts the terms and conditions for OHA's web portal, as posted on the web portal.
11. Applicant will negotiate in good faith regarding the statement of work for the Contract.

Signature: Jan Buffa PhD Title: CEO WVP Date: 4-27-12
(Authorized to Bind Applicant)

ATTACHMENT 6 – ATTESTATIONS, ASSURANCES AND REPRESENTATIONS

Applicant Name: Willamette Valley Community Health, LLC

Instructions: For each attestation, assurance or descriptive representation below, Applicant will check "yes," "no," or "qualified." On attestations and assurances, a "yes" answer is normal, and an explanation will be furnished if Applicant's response is "no" or "qualified." On informational representations, no particular answer is normal, and an explanation will be furnished in all cases. Applicant must respond to all attestations, assurances, and informational representations. The table headings indicate if an item is an attestation, assurance, or informational representation.

These attestations, assurances, and informational representations must be signed by one or more representatives of Applicant who have knowledge of them after due inquiry. They may be signed in multiple counterparts, with different representatives of Applicant signing different counterparts.

Unless a particular item is expressly effective at the time of Application, each attestation, assurance or informational representation is effective starting at the time of readiness review and continuing throughout the term of the Contract.

Attestations for Appendix A – CCO Criteria

Attestation	Yes	No	Yes, Qualified	Explanation if No or Qualified
Attestation A-1. Applicant will have an individual accountable for each of the following operational functions:				
• Contract administration	✓			
• Outcomes and evaluation	✓			
• Performance measurement	✓			
• Health management and care coordination activities	✓			
• System coordination and shared accountability between DHS Medicaid-funded LTC system and CCO	✓			
• Mental health and addictions coordination and system management	✓			
• Communications management to providers and Members	✓			
• Provider relations and network management, including credentialing	✓			
• Health information technology and medical records	✓			
• Privacy officer	✓			
• Compliance officer	✓			

Attestation	Yes	No	Yes, Qualified	Explanation if No or Qualified
Attestation A-2. Applicant will participate in the learning collaboratives required by ORS 442.210.	✓			
Attestation A-3. Applicant will collect, maintain and analyze race, ethnicity, and primary language data for all Members on an ongoing basis in accordance with standards jointly established by OHA and DHS in order to identify and track the elimination of health inequities.	✓			

Attestations for Appendix B – Provider Participation and Operations Questionnaire

Attestation	Yes	No	Yes, Qualified	Explanation if No or Qualified
Attestation B-1. Applicant will, as demonstrated with policies and procedures, (i) authorize the provision of a drug requested by the Primary Care Physician (PCP) or referral Provider, if the approved prescriber certifies medical necessity for the drug such as: the formulary's equivalent has been ineffective in the treatment or the formulary's drug causes or is reasonably expected to cause adverse or harmful reactions to the Member and (ii) reimburse providers for dispensing a 72-hour supply of a drug that requires prior authorization in accordance with OAR 410-141-0070.	✓			
Attestation B-2. Applicant will comply with all applicable provider requirements of Medicaid law under 42 CFR Part 438, including provider certification requirements, anti-discrimination requirements, provider participation and consultation requirements, the prohibition on interference with provider advice, limits on provider indemnification, rules governing payments to providers, and limits on physician incentive plans.	✓			
Attestation B-3. Applicant will assure that all provider and supplier contracts or agreements contain the required contract provisions that are described in the Contract.	✓			
Attestation B-4. Applicant will have executed provider, facility, and supplier contracts in place to demonstrate adequate access and availability of Covered Services throughout the requested service area.	✓			
Attestation B-5. Applicant will have all provider contracts or agreements available upon request.	✓			
Attestation B-6. As Applicant implements, acquires, or upgrades				

Attestation	Yes	No	Yes, Qualified	Explanation if No or Qualified
health information technology (HIT) systems, where available, the HIT systems and products will meet standards and implementation specifications adopted under section 3004 of the Public Health Services Act as added by section 13101 of the American Recovery and Reinvestment Act of 2009, P.L. 111-5.	✓			
Attestation B-7. Applicant's contracts for administrative and management services will contain the OHA required contract provisions.	✓			
Attestation B-8. Applicant will establish, maintain, and monitor the performance of a comprehensive network of providers to assure sufficient access to Medicaid Covered Services as well as supplemental services offered by the CCO in accordance with written policies, procedures, and standards for participation established by the CCO. Participation status will be revalidated at appropriate intervals as required by OHA regulations and guidelines.	✓			
Attestation B-9. Applicant will have executed written agreements with providers (first tier, downstream, or related entity instruments) structured in compliance with OHA regulations and guidelines.	✓			
Attestation B-10. Applicant, through its contracted or deemed Participating Provider network, along with other specialists outside the network, community resources or social services within the CCO's service area, will provide ongoing primary care and specialty care as needed and guarantee the continuity of care and the integration of services through: • Prompt, convenient, and appropriate access to Covered Services by enrollees 24 hours a day, 7 days a week; • The coordination of the individual care needs of enrollees in accordance with policies and procedures as established by the Applicant; • Enrollee involvement in decisions regarding treatment, proper education on treatment options, and the coordination of follow-up care; • Effectively addressing and overcoming barriers to enrollee compliance with prescribed treatments and regimens; and • Addressing diverse patient populations in a culturally competent manner.	✓ ✓ ✓ ✓ ✓			
Attestation B-11. Applicant will establish policies, procedures, and standards that: • Assure and facilitate the availability, convenient, and timely access to all				

Attestation	Yes	No	Yes, Qualified	Explanation if No or Qualified
Medicaid Covered Services as well as any supplemental services offered by the CCO, • Ensure access to medically necessary care and the development of medically necessary individualized care plans for enrollees; • Promptly and efficiently coordinate and facilitate access to clinical information by all providers involved in delivering the individualized care plan of the enrollee; • Communicate and enforce compliance by providers with medical necessity determinations; and • Do not discriminate against Medicaid enrollees, including providing services to individuals with disabilities in the most integrated setting appropriate to the needs of those individuals.	✓			
Attestation B-12. Applicant will have verified that contracted providers included in the CCO Facility Table are Medicaid certified and the Applicant certifies that it will only contract with Medicaid certified providers in the future.	✓			
Attestation B-13. Applicant will provide all services covered by Medicaid and comply with OHA coverage determinations.	✓			
Attestation B-14. Applicant, Applicant staff and its affiliated companies, subsidiaries or subcontractors (first tier, downstream, and related entities), and subcontractor staff will be bound by 2 CFR 376 and attest that they are not excluded by the Department of Health and Human Services Office of the Inspector General or by the General Services Administration. Please note that this attestation includes any member of the board of directors, key management or executive staff or major stockholder of the Applicant and its affiliated companies, subsidiaries or subcontractors (first tier, downstream, and related entities).	✓			
Attestation B-15. Neither the state nor federal government has brought any past or pending investigations, legal actions, administrative actions, or matters subject to arbitration involving the Applicant (and Applicant's parent corporation if applicable) or its subcontractors, including key management or executive staff, or major shareholders over the past three years on matters relating to payments from governmental entities, both federal and state, for healthcare and/or prescription drug services.	✓			

Medicaid Assurances for Appendix B – Provider Participation and Operations Questionnaire

Assurance B-1. Emergency and Urgent Care Services. Applicant will have written policies and procedures and monitoring systems that provide for emergency and urgent services for all Members on a 24-hour, 7-days-a-week basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. (See 42 CFR 438.114 and OAR 410-141-3140]	✓			
Assurance B-2. Continuity of Care. Applicant will have written policies and procedures that ensure a system for the coordination of care and the arrangement, tracking and documentation of all referrals and prior authorizations to other providers. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.208 and OAR 410-141-3160]	✓			
Assurance B-3. Applicant will have written policies and procedures that ensure maintenance of a record keeping system that includes maintaining the privacy and security of records as required by the Health Insurance Portability and Accountability Act (HIPAA), 42 USC § 1320-d et seq., and the federal regulations implementing the Act, and complete Clinical Records that document the care received by Members from the Applicant's primary care and referral providers. Applicants will communicate these policies and procedures to Participating Providers, regularly monitor Participating Providers' compliance with these policies and procedures and take any Corrective Action necessary to ensure Participating Provider compliance. Applicants will document all monitoring and Corrective Action activities. Such policies and procedures will ensure that records are secured, safeguarded and stored in accordance with applicable Law. [See 45 CFR Parts 160 – 164, 42 CFR 438.242, ORS 414.679 and OAR 410-141-3180]	✓			
Assurance B-4. Applicant will have an ongoing quality performance improvement program for the services it furnishes to its Members. The program will include an internal Quality Improvement program based on written policies, standards and procedures that are designed to achieve through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas and that are	✓			

expected to have a favorable effect on health outcomes and Member satisfaction. The improvement program will track outcomes by race, ethnicity and language. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.200 and 438.240; OAR 410-141-0200]				
Assurance B-5. Applicant will make Coordinated Care Services accessible to enrolled Members. The Applicant will not discriminate between Members and non-Members as it relates to benefits to which they are both entitled. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.206 to 438.210; and OAR 410-141-3220]	✓			
Assurance B-6. Applicant will have written procedures approved in writing by OHA for accepting, processing, and responding to all complaints and Appeals from Members or their Representatives that are consistent with Exhibit I of the Appendix G "Core Contract". The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.228, 438.400 – 438.424; and OAR 410-141-3260 to 410-141-3266]	✓			
Assurance B-7. Applicant will develop and distribute informational materials to potential Members that meet the language and alternative format requirements of potential Members. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.10; OAR 410-141-3280]	✓			
Assurance B-8. Applicant will have an on-going process of Member education and information sharing that includes appropriate orientation to the Applicant, Member handbook, health education, availability of intensive care coordination for Members who are aged, blind and/or disabled and appropriate use of emergency facilities and urgent care. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.10; and OAR 410-141-3300]	✓			
Assurance B-9. Applicant will have written policies and procedures to				

ensure Members are treated with the same dignity and respect as other patients who receive services from the Applicant that are consistent with Attachment 4, Core Contract. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.100, ORS 414.635 and OAR 410-141-3320]	✓			
Assurance B-10. Applicants will provide Intensive Care Coordination (otherwise known as Exceptional Needs Care Coordination or ENCC) to Members who are Aged, Blind or Disabled. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.208 and OAR 410-141-3405]	✓			
Assurance B-11. Applicant will maintain an efficient and accurate billing and payment process based on written policies, standards, and procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA Provider Guides. The Applicant and its providers will not hold Members responsible for the Applicants or providers debt if the entity becomes insolvent. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 447.46 and OAR 410-141-0420]	✓			
Assurance B-12. Applicant will participate as a trading partner of the OHA in order to timely and accurately conduct electronic transactions in accordance with the HIPAA electronic transactions and security standards. Applicant has executed necessary trading partner agreements and conducted business-to-business testing that are in accordance with accepted professional standards, OHP Administrative Rules and OHA Provider Guides. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 45 CFR Part 162; OAR 943-120-0100 to 943-120-0200]	✓			

Assurance B-13. Applicant will maintain an efficient and accurate system for capturing encounter data, timely reporting the encounter data to OHA, and validating that encounter data based on written policies, standards, and procedures that are in accordance with accepted professional standards, CCO and OHP Administrative Rules and OHA Provider Guides. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.242; and the Contract]	✓			
Assurance B-14. Applicant will maintain an efficient and accurate process that can be used to validate Member Enrollment and Disenrollment based on written policies, standards, and procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA Provider Guides. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.242 and 438.604; and Contract]	✓			

Informational Representations for Appendix B – Provider Participation and Operations Questionnaire

Informational Representation	Yes	No	Yes, Qualified	Explanation
Representation B-1. Applicant will have contracts with related entities, contractors and subcontractors to perform, implement or operate any aspect of the CCO operations for the CCO Contract.	✓			
Representation B-2. Applicant has an administrative or management contract with a delegated entity to manage/handle all staffing needs with regards to the operation of all or a portion of the CCO program.	✓			
Representation B-3. Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the systems or information technology to operate the CCO program for Applicant.	✓			
Representation B-4. Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the claims administration, processing and/or adjudication functions.	✓			
Representation B-5. Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the Enrollment, Disenrollment and membership functions.	✓			
Representation B-6. Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the credentialing functions.	✓			
Representation B-7. Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the utilization operations management.	✓			
Representation B-8. Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the Quality Improvement operations.	✓			
Representation B-9. Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of its call center operations.	✓			
Representation B-10. Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the financial services.	✓			

Informational Representation	Yes	No	Yes, Qualified	Explanation
Representation B-1. Applicant will have contracts with related entities, contractors and subcontractors to perform, implement or operate any aspect of the CCO operations for the CCO Contract.	✓			
Representation B-11. Applicant will have an administrative or management contract with a delegated entity to delegate all or a portion of other services that are not listed.	✓			

(Applicant Authorized Officer)
Signature: Jim L Buffa Title: CEO WVP Date: 4-27-12

ATTACHMENT 7 –APPLICATION CHECKLISTS

The checklist presented in this Attachment 7 is provided to assist Applicants in ensuring that Applicant submits a complete Technical Application and Financial Application that will satisfy the pass/fail requirements for an Application submission in accordance with RFA section 6.1.2.

1. Technical Application, Mandatory Submission Materials

☑ **a.** Application Cover Sheet (Attachment 1)

☑ **b.** Attestations, Assurances and Representations (Attachment 6).

☑ **c.** This Technical Application Checklist

☑ **d.** Letters of Support from Key Community Stakeholders.

☑ **e.** Résumés for Key Leadership Personnel.

☑ **f.** Organizational Chart.

☐ **g.** Services Area Request (Appendix B).

h. Questionnaires

☑ **(1)** CCO Criteria Questionnaire (Appendix A).

☑ **(2)** Provider Participation and Operations Questionnaire (Appendix B).

☑ **(3)** Accountability Questionnaire (Appendix C)

☑ • Services Area Table.

☑ • Publicly Funded Health Care and Service Programs Table

☐ **(4)** Medicare/Medicaid Alignment Demonstration Questionnaire (Appendix D).

2. Technical Application, Optional Submission Materials

If Applicant elects to submit the following optional Application materials, the materials must be submitted with the Technical Proposal:

☐ **a.** Transformation Scope Elements (Appendix H).

☐ **b.** Applicant's Designation of Confidential Materials (Attachment 2).

3. **Financial Application, Mandatory Submission Materials**

APPENDIX E

- ☐ **a.** Certified copy of the Applicant's articles of incorporation.
- ☐ **b.** Listing of ownership or sponsorship.
- ☐ **c.** Chart or listing presenting the identities of and interrelationships between the parent, the Applicant.
- ☐ **d.** Current financial statements.
- ☐ **e.** Contractual verification of all owners of entity.
- ☐ **f.** Guarantee documents.
- ☐ **g.** Developmental budget.
- **h.** Operational budget.
- ☐ **i.** Monthly staffing plan.
- ☐ **j.** Pro Forma Projections for the First Five Years.
- ☐ **k.** Quarterly developmental budget.
- ☐ **l.** Quarterly operational expenses.
- ☐ **m.** Reinsurance policy.

APPENDIX F

- ☐ **a.** Base Cost Template

Bridgeway
Freedom Through Recovery

Tammy L Hurst
Office of Contracts and Procurement
Oregon Health Authority

April 20, 2012

Dear Ms. Hurst,

I am writing this letter in full support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. WVCH and its sponsoring organizations have a well earned reputation for providing excellent care in a cost efficient manner. It is my (and Bridgeway Recovery Services) belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

Bridgeway Recovery Services has a long history of serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH. We are hopeful that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the healthcare delivery system in our area.

Over the years we have worked collaboratively with many of the partners of WVCH in serving the needs of our community. Participating as a provider as part of WVCH only increase our collective ability to expand those services and improve on the healthcare of those we serve. It will be a privilege to participate as a partner in the WVCH Coordinated Care Organization.

Sincerely yours,

Tim Murphy
Chief Executive Officer
Bridgeway Recovery Services

Board of Directors

Patrick Vance
Chair

Judy Okultich
Vice-Chair

Sean Riesterer
Sec. Treasurer

Jeani Bockelman

Dennis Dickinson

Tim Murphy
Chief Executive Officer

Bridgeway Recovery Services, Inc.

3325 Harold Drive
Salem, OR 97305

Mailing Address:
P.O. Box 17818
Salem, OR 97305

(503) 363-2021
Fax: (503) 363-4820

Restoring Lives
by Taking Control
of Addiction

Capitol Dental Care, Inc.

3000 Market Street NE, Suite 228 • Salem, OR 97301 • (503) 585-5205 • Fax: (503) 581-0043

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express our support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know Capitol Dental Care has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manor and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by coordinating and providing dental services to WVCH's membership. We pledge to do our part to create and support a successful CCO. Our resolve is further bolstered by our history of collaboration with many of the sponsoring organizations and community entities currently serving members of the Oreogn Health Plan.

Sincerely,

William Hart Laws
President

Catholic Community Services

A Forever Home for Everyone

April 19, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am pleased to write this letter of support for Willamette Valley Community Health (WVCH) to form a coordinated care organization. WVCH sponsors have a well-earned reputation for providing excellent care in a cost efficient manner

Catholic Community Services has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH. I am confident that WVCH will implement innovative payment and delivery system that will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

As a nationally accredited social service organization we are committed to supporting WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing psycho-social services and supports in a manner that supports collective impact.

Sincerely,

James T. Seymour

James T. Seymour

office | 3737 Portland Rd. NE, Salem *post* | P.O. Box 20400, Salem, OR 97307 *phone* | 503.390.2600 www.ccsw.org

Lead Agency
Fostering Hope Initiative
www.FosteringHopeInitiative.org

Nationally accredited by the Council on Accreditation for Children & Family Services, Behavioral Health Services, and Group Living Services
A 501[c]3 Nonprofit Organization

A Member Agency of Catholic Charities of Oregon, Catholic Charities USA and United Way

Marion County
OREGON

Children and Families Department

(503) 588-7975

(503) 373-4460 - FAX

BOARD OF COMMISSIONERS
Janet Carlson
Sam Brentano
Patti Milne

CHIEF ADMINISTRATIVE OFFICER
John Lattimer

DIRECTOR
Alison S. Kelley

MARION COUNTY
Children & Families Commission

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

This letter is to express support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community. Over the past seven years, Marion County's early childhood initiative, Great Beginnings, has worked closely with WVCH and other local organizations. Many of Great Beginnings members have a history serving OHP members in Marion County and we welcome an opportunity to build upon our current efforts by supporting WVCH.

Great Beginnings' members share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the health delivery system in our area. We anticipate supporting WVCH's effort by continuing to work closely and collaboratively in the design and implementation of the early learning system and to find lasting solutions to improve health care services and supports to local families. Our resolve is further bolstered by the history of collaboration between WVCH, Great Beginnings and the 23 organizations that comprise Great Beginnings' membership. Not only do we share a passion to achieve improved health, enhanced patient experience, and reduced costs, we know that without quality health care services, families and their children will face unnecessary hurdles in being ready for school and experiencing school and life success.

Sincerely,

Phillip Blea, Co-chair
Great Beginnings

Jacob Bailey, Co-chair
Great Beginnings

Alison S. Kelley, Director
Children and Families Dept.

Kenneth Carlson, MD
Suzanne Dinsmore, MD
Fara Etzel, MS, MD
Antoinette Farah, MD
Kimberly Heggen, MD
Jenny Hoelter, MD
Dorin Kemmerle, MD
James Lace, MD
Amelia Roth, MD
Brian Temple, MD
Katrina Davis, PNP
Marge Dettwiler, PNP
Krisi Kamstra, PAC
Angela Lyons, PAC
John Roth, PAC
Sherry Sweeny, PNP

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know, Childhood Health Associates of Salem has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by continuing to provide high-quality pediatric patient care in accordance with our established mission, vision, and values, and by serving as an effective and caring medical home.

Sincerely,

Kimberly A. Heggen, MD
Managing Partner

891 23rd Street NE
Salem, Oregon 97301
Phone: (503) 364-2181
Fax: (503) 364-0364
www.ChildhoodHealth.com

Caring for Kids

SALEM PEDIATRIC CLINIC

2478 13TH STREET S.E. ☐ SALEM, OREGON 97302

PHONE 503 /362-2481 FAX 503 /371-7803

HUGH A. BASKIN, M.D., F.A.A.P.
THOMAS A WILSON, M.D., F.A.A.P.
SARAH D. WRIGHT, M.D., F.A.A.P.
WARREN L. GRIFFIN, III, M.D., F.A.A.P.
MELANIE A. RONAI, M.D., F.A.A.P.
KARIN D. WEILER, M.D., F.A.A.P.
VINCENT J. KOLETAR, M.D., F.A.A.P.
N. JOANNE HYNDMAN, M.D., F.A.A.P.
JENNIFER E. WIRSIG, M.D., F.A.A.P.
JEFF JARVI, M.S., P.A.-C
HALIE GOFFRIER, P.A.-C
CHELSEA ROBERTS, P.A.-C
ADMINISTRATOR:
LIZ CASEBEER

April 24, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority
250 Winter Street NE, 3rd Floor
Salem, OR 97301

Dear Mrs. Hurst:

My name is Dr. Warren L. Griffin. I am a pediatrician with Salem Pediatric Clinic in Salem, Oregon. I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated healthcare organization. My office has a very large number of Oregon Health Plan patients and we have worked very closely with WVP and the other sponsoring organizations in providing care in a cost-efficient manner to all of our Oregon Health Plan patients. I am confident that WVCH will implement the innovative payment and delivery systems needed to meet the healthcare needs of our community. My partners and I share WVCH's goals of providing high quality healthcare in a cost-efficient manner and stand ready to further integrate our efforts with all the sponsoring organizations of the CCO.

Thank you,

Warren L. Griffin, MD

WLG/lja

DUAL DIAGNOSIS ANONYMOUS OF OREGON, INC.

PO Box 2883 541 SW 11th St Portland, Oregon 97208
Phone 503-737-4125 www.ddaoforegon.com

4-20-2012

Ms. Tammy L. Hurst
Willamette Valley Community Health

Dear Ms. Hurst,

Dual Diagnosis Anonymous (DDA) of Oregon, Inc. would be pleased to have this support letter included with the WVCH-CCO application. DDA of Oregon currently works with Mid-Valley Behavioral Care Network (MVBCN) to support multiple DDA groups in the Marion-Polk area and would like to partner with WVCH to continue this service. MVBCN has encouraged us to support the WVCH application. Please allow us to explain more about the value of DDA.

Dual Diagnosis Anonymous uses a peer support group model based on an authorized version of the 12 Steps of Alcoholics Anonymous plus an additional 5 Steps that focus on Dual Diagnosis (mental illness and substance abuse). DDA's unique 12 Steps Plus 5 Program offers hope for achieving the promise of recovery. Since our inception in September of 2005, "DDA peer support groups have spread widely throughout Oregon as a complement to integrated dual diagnosis treatments" (Monica, Nikkel, Drake. August 2010, Psychiatric Services).

DDA of Oregon received the 2010 Addictions and Mental Health Division Hope, Resilience, & Recovery Outstanding Community Service Organization Award for its "outstanding impact in the field of alcohol and drug prevention, treatment, and recovery."

According to Humphrey and Moos (2001, Alcoholism: Clinical & Experimental Research), "Patients who increase their reliance on self-help groups lower subsequent health care costs ... by $4,729 per year." With over 3,500 contacts per month in Oregon, the average cost per contact in DDA is under $5.00. DDA provides an effective and economical service that reduces entry into the state hospital or prison systems, and reduces the use of professional health services. DDA is a good investment!

We understand from MVBCN that WVCH is committed to excellent services and improving the health of its communities, so we support this application. We hope that DDA can work with WVCH in the years ahead. Please contact us to develop that possibility.

Sincerely Yours,

Claudia Grimm, President
DDA of Oregon, Inc. Board of Directors

Corbett Monica, Executive Director
DDA of Oregon, Inc.

Exceptional Needs Dental Services

12029 NE Sumner Street
Portland, OR 97220
www.endsor.com

Local (503) 295-1201
Toll Free (800) 644-1859
Fax (503) 295-1211

April 24, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

Exceptional Needs Dental Services (ENDS) is a cooperative partnership formed between four Dental Care Organizations that are contracted with the State of Oregon. More specifically, ENDS primarily serves Oregon Health Plan (OHP) senior and disabled members who are unable to be seen in a dental office and would otherwise not have access to dental care.

Our organization is pleased to offer a letter of support to the Willamette Valley Community Health's (WVCH) efforts and feel we are naturally aligned to support their goal of providing coordinated care. Over the last several years, we have greatly expanded the variety, scope and volume of services ENDS offers to our non-ambulatory and disabled patients. Our scope of providers includes Mobile, Hospital and Pediatric Dentists, Denturists, and Expanded Practice Dental Hygienists (EPDHs). ENDS has participated in a pilot project with the State of Oregon's Dental Sealant Program where EPDHs provided screenings and dental sealants for students. Additionally, one of ENDS EPDHs donated her expertise for the third consecutive year to Community Homeless Connect in Salem. Capitol Dental Care, Willamette Dental (two of our partners) and ENDS contributed to the event in the supplying of volunteers, materials, portable dental chairs and coordinating services. ENDS currently partners with various dental hygiene student programs throughout Oregon to provide hygiene in-service trainings for staff at long term care, foster and group homes. ENDS, Capitol Dental Care and Benton County Health Department collaborate with Boys and Girls Club to provide dental services for low income and uninsured families. ENDS is in a collaborative partnership with Oregon Oral Health Coalition (OrOHC), playing a key role on the committee for Geriatric Health. ENDS also hosts an annual Provider Workshop and Continuing Education training, fostering a collaborative effort to improve oral health care.

ENDS and WVCH share the common goal of providing high-quality healthcare in a cost efficient manner and we believe that integrating our efforts would have a profound impact on the quality and cost of the delivery system in our area. ENDS has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH. Our resolve is further bolstered by the common partnerships we share with WVCH, including Capitol Dental Care, Inc.

We believe a partnership with WVCH would meet a great need within the community to prevent oral disease and provide dental care and prevention services to as many as possible.

Sincerely,

Tonia Ayres
Administrator

"Keeping Children Safe & Families Together"

Family Building Blocks

A Relief Nursery Serving Marion & Polk Counties

2011-12
Board of Directors
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Pamela Abernethy, President-Elect
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Sue Miller, Executive Director

Chelsea's Place
2425 Lancaster Drive NE
Salem, Oregon 97305

Gracie's Place
1135 Edgewater Street NW
Salem, Oregon 97304

Phone: (503) 566-2132
Fax: (503) 566-2134

Facebook
www.familybuildingblocks.org

April 26, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express our support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost-efficient manner. It is our belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As a Relief Nursery, Family Building Blocks has a vested interest in the well-being of at-risk children and parenting adults. We welcome the opportunity to support WVCH in its efforts to improve health outcomes for children and families.

We share WVCH's goal of providing high-quality healthcare in a cost-efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We look forward to collaborating with WVCH by providing early childhood development expertise and our perspective about the unique health-related needs of the families we serve.

Sincerely,

Sue Miller

Executive Director

Family Building Blocks

2425 Lancaster Ave NE

Salem, OR 97305

Marion County
OREGON

Children and Families Department

(503) 588-7976
(503) 373-4460 - FAX

BOARD OF COMMISSIONERS
Janet Carlson
Sam Brentano
Patti Milne

CHIEF ADMINISTRATIVE OFFICER
John Lattimer

DIRECTOR
Allison S. Kelley

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

This letter is to express support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community. Over the past seven years, Marion County's early childhood initiative, Great Beginnings, has worked closely with WVCH and other local organizations. Many of Great Beginnings members have a history serving OHP members in Marion County and we welcome an opportunity to build upon our current efforts by supporting WVCH.

Great Beginnings' members share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the health delivery system in our area. We anticipate supporting WVCH's effort by continuing to work closely and collaboratively in the design and implementation of the early learning system and to find lasting solutions to improve health care services and supports to local families. Our resolve is further bolstered by the history of collaboration between WVCH, Great Beginnings and the 23 organizations that comprise Great Beginnings' membership. Not only do we share a passion to achieve improved health, enhanced patient experience, and reduced costs, we know that without quality health care services, families and their children will face unnecessary hurdles in being ready for school and experiencing school and life success.

Sincerely,

Phillip Blea, Co-chair
Great Beginnings

Jacob Bailey, Co-chair
Great Beginnings

Allison S. Kelley, Director
Children and Families Dept.

LOCAL 503
SEIU
Stronger Together

Service Employees International Union, Local 503, OPEU

April 27, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community. As you know, SEIU 503 Care Providers serve OHP members in Marion and Polk counties and we are looking forward to partnering with WVCH to improve efforts to coordinate care for OHP clients.

We share WVCH's goal of providing high-quality healthcare and believe that by integrating our efforts, we will have a profound impact on the quality and cost of the delivery system in our area.

We plan to support WVCH's efforts by focusing on the training and deployment of care providers to provide high-quality coordinated care. We welcome this opportunity to partner with WVCH and other community organizations to focus on improving the health of our community. Please don't hesitate to contact me if I can be of further assistance.

Sincerely,

Heather Conroy, Executive Director
SEIU Local 503

Salem Headquarters
1730 Commercial St. SE
PO Box 12159
Salem, OR 97309-0159
503-581-1505
800-452-2146
(Fax) 503-581-1684

Bend
925 SE Second St Suite C
Bend, OR 97702-1756
541-385-8471
800-832-0593
(Fax) 541-388-9078

Portland
6401 SE Foster Rd.
Portland, OR 97206-4659
503-408-4090
800-527-9374
(Fax) 503-408-4099

Corvallis
Physical site/ Do Not Mail
606 SW 15th St Rm 109
Covallis, OR 97331-4606
541-752-0183
(Fax) 541-752-0241

Medford
1257 N. Riverside #7
Medford, OR 97501
541-779-4324
800-452-7985
(Fax) 541-779-4325

Eugene
488 E. 11th Ave. Suite 100-B
Eugene, OR 97401-3601
541-342-1055
800-521-3446
(Fax) 541-342-2932

Pendleton
920 SW Frazer, Suite 120
Pendleton, OR 97801-2639
541-276-4983
800-452-8146
(Fax) 541-276-4984

Marion County
OREGON

April 23, 2012

(503) 588-5212
(503) 588-5237 - FAX

BOARD OF COMMISSIONERS

Patricia Milne
Janet Carlson
Samuel Brentano

CHIEF ADMINISTRATIVE OFFICER

John Lattimer

Oregon Health Authority
500 Summer St NE
Salem, OR 97301

Re: Support of Willamette Valley Community Health, LLC

To Whom it May Concern:

Marion County supports the application submitted by Willamette Valley Community Health, LLC to serve as a Coordinated Care Organization in Oregon within legal, operational and financial limitations. Through a detailed process in recent months to form this CCO, Marion County is pleased to have a seat on the board of directors, and is appreciative of being part of the governance structure.

As the local mental health authority and provider of community mental health programs in Marion County, we intend to participate in the CCO and coordinate our efforts with the applicant to maintain a comprehensive and coordinated mental health delivery system and to ensure member access to mental health services.

Marion County is bound by statutory responsibilities to serve the needs of county residents who suffer from severe and persistent mental illness, as well as those residents who receive Medicaid-funded long term care services. As a participant in the applicant organization, Marion County will help coordinate the following for members of the CCO:

- deliver home and community based services;
- coordinate with community emergency service agencies to promote an appropriate response when members experience a mental health crisis;
- ensure that members receiving services from extended or long-term psychiatric care programs also receive follow-up services;
- develop mental health and chemical dependency service alternatives to unnecessary inpatient utilization for children and adults, including those with addictive disorders;
- develop a behavioral health provider network that supports members in the most appropriate and independent setting, including their own home or independent supported living;
- work with providers to implement uniform methods of identifying members with

multiple diagnoses who are served by multiple healthcare and service systems;
- implement an intensive care coordination and planning model in collaboration with members' primary care health home and other service providers such as community developmental disability programs and brokerages for members with developmental disabilities that effectively coordinates services and supports for the complex needs of these members.

Marion County will support the Willamette Valley Community Health, LLC within legal, operational and financial limitations in meeting state goals and expectations for coordination of care for members with severe and persistent mental illness.

Sincerely,

Janet Carlson
Commissioner

Samuel A. Brentano
Commissioner

I abstain from signing this letter because I oppose the direction taken by the Oregon Health Authority and the Oregon State Legislature in transforming healthcare. While the rising cost of healthcare is a very significant problem that affects all sectors of our community, the CCO organization seems a high-risk endeavor without the means to mitigate the risks of loss of federal funding and lack of patient compliance.

Patricia Milne, Chair

Marion-Polk County Medical Society
Established 1866

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know members of the Marion-Polk County Medical Society have an extensive history serving OHP members in Marion and Polk counties and the Medical Society welcomes the opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing expertise from our 500+ member physicians in Marion and Polk counties, representing independent and employed practitioners from all specialties, clinics and hospitals around our region.

Our resolve is further bolstered by the history of collaboration between WVCH and our organization. The Medical Society, established in 1866, has developed an effective partnership over the years with virtually every member of the CCO, and as such, we have no reservations in supporting WVCH as the most qualified representative of the CCO in our community.

Sincerely,

Dean F. Larsen, MA, CAE
Executive Director

2995 Ryan Dr. SE, Suite 100 · Salem, Oregon 97301 · (503) 362-9669 · FAX (503) 362-0109
www.mpmedsociety.org

behavioral care network

Mid-Valley Behavioral Care Network

1660 Oak Street SE, Suite 230 ▪ Salem, Oregon ▪ 97301
PHONE: (503) 361-2647 ▪ FAX: (503) 585-4989 ▪ www.mvbcn.org

April 18, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

RE: Willamette Valley Community Health CCO Application under RFA 3402

Dear Ms. Hurst,

I am writing to express my strong support for the Willamette Valley Community Health (WVCH) CCO Application. Multiple representatives of Mid-Valley Behavioral Care Network (MVBCN) have been actively involved in developing the concepts and relationships for a successful Coordinated Care Organization to serve Marion and Polk Counties.

This planning effort and the content of the Application embrace the health improvement ideals developed by the Legislature, the Oregon Health Fund Board, the Oregon Health Policy Board and our current Governor. Willamette Valley Community Health has not pursued business as usual, but took on the complex task of creating a whole new organization that includes all the major public and private health care entities in this area. The Application is the plan, and I am confident that the parties involved will succeed in developing an effective system of health services and supports to improve the health of our communities, improve the recipient experience of health care, and succeed within the funds available.

Please know that MVBCN is a fully committed partner in this effort. We expect to serve on the Board of Directors, to contract with WVCH and bring our best efforts to our collective success.

Sincerely,

James D. Russell
Executive Manager

northwesthumanservices
changing lives

April 25, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, the sponsoring organizations of WVCH have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. Northwest Human Services has a long history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manor and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by sharing our clinical and administrative experience as a Federally Qualified Health Center in transforming our clinic practice to incorporate key elements of the patient centered primary care home and the integration of medical and mental health services.

Actively engaging key leadership staff at all levels of WVCH's formation, from clinical to finance teams to the governing board, Northwest Human Services is committed to the future success of WVCH in achieving its goals of the Triple Aim.

Sincerely,

Paul Logan, CEO
Northwest Human Services, Inc.

Administration
681 Center Street NE
Salem, Oregon 97301
503.588.5828
503.588.5852 FAX

Connection Program
503.588.5846
503.588.5843 TTY

HOTLINE
503.581.5535
503.588.5833 TTY
503.391.5291 FAX
1.800.560.5535

HOAP
(Homeless Outreach & Advocacy Project)
503.588.5827
503.315.0714 FAX

HOST
Youth & Family Program
503.588.5825
503.361.0383 FAX

West Salem Clinic
Medical
503.378.7526
503.585.4278 FAX
Mental Health
503.588.5816
503.588.5803 FAX
Dental
503.315.0712
503.325.0721 FAX

Total Health Community Clinic
Medical
503.606.3288
503.606.3287 FAX

NWSDS

NorthWest Senior & Disability Services

Formerly Mid-Willamette Valley Senior Services Agency

3410 Cherry Avenue NE • Salem, OR 97303
Mailing Address: PO Box 12189 • Salem, OR 97309-0189
Phone: 503.304.3400 • Fax: 503.304.3434
www.nwsds.org

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know NorthWest Senior & Disability Services has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. As the local Area Agency on Aging, we anticipate supporting WVCH's effort by; collaborating through an interdisciplinary team, assist with identification of high risk members, sharing of pertinent member information and providing staff representation on appropriate board and/or council.

Our resolve is further bolstered by the history of collaboration between WVCH and our organization on the 2012 submission of a Center's for Medicare and Medicaid Services innovation center grant project, "The Power of Wellness".

Sincerely,

Melinda Kay Compton
Executive Director (Program)

Rodney Schroeder, MA
Executive Director (Operations)

phtech
performance health technology

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know Performance Health Technology, (PHTech) has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing payment services and associated analytic support such that expenditures are accurately understood and managed. We will actively support medical management activities in connecting clinical performance to payment. We will provide a communication center that will enable members and providers to have timely access to reliable information. This will support WVCH to deliver effective management of both quality and cost in the community. Our resolve is further bolstered by the long-standing partnership between WVCH and our organization extending from 2000.

- PHTech and WVP have worked together to create partnerships between the health plan, provider and member.
- PHTech and WVP have worked cooperatively to support better and more transparent payment methods.
- PHTech and WVP have developed and maintained a distributed communication framework connecting all providers in Marion and Polk County that supports payment and medical management. This has been in place since 2002.

- PHTech and WVP have development medical management tools and methods that support more efficient and appropriate care management in the Medicaid and Medicare population. These same tools are used by the Mental Health plan (BCN) using the same network.

- PHTech and WVP have developed reporting initiatives that ensure accurate information needed to manage patients and inform regulatory agencies. In addition, these methods have been shared with other communities to serve statewide needs.

- PHTech and WVP have developed methods and tools to integration of Medicare and Medicaid to serve the dual eligible population in Marion and Polk counties.

- PHTech and WVP have developed reporting and analytic capabilities necessary to meet CMS reporting requirements.

Sincerely,

Michael D. Rohwer MD

Chief Executive Officer.

Salem Clinic

April 24, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know, Salem Clinic P.C. and its Primary Health Care Clinic has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manor and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by: Providing governance and implementation leadership, participating electronic exchange of clinical information, and helping capitalize the company through taking risk for a population of patients. Our resolve is further bolstered by the history of collaboration between WVCH and our organization. This collaboration includes working with Mid Valley Physicians IPA for more than 10 years to co-manage a large population of Medicaid, Medicare, and Commercial patients using a sub-capitated agreement. We have been successful at improving care and controlling costs within the budget applied by the state funding levels. We look forward to continuing our mutual innovations as we coordinate care with other organizations not previously involved.

Sincerely,

James E Byrkit
Medical Director

| 503.399.2424 | Fax 503.375.7432 | 2020 Capitol Street NE | Salem, Oregon 97301 | www.salemclinic.org |

Silverton Health

342 Fairview Street
Silverton, Oregon 97381
503.983-5227 Phone
503.873.1534 Fax
silvertonhealth.org

April 19, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know Silverton Health has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing staff, money, expertise, and technology. Our resolve is further bolstered by the history of collaboration between WVCH and our organization.

Sincerely,

Frank Lord, MD
Chief Medical & Quality Officer

Pat Evenson-Brady, Ph.D., Superintendent

Willamette
EDUCATION SERVICE DISTRICT

Dave Novotney, Ph.D., Deputy Superintendent

April 26, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know Willamette ESD works with WVCH staff on ensuring that medical clinics and offices are kept up on the developmental screening and referral process for serving OHP young children in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing expertise and assisting the medical community with developmental screenings and referrals. Our resolve is further bolstered by the history of collaboration between WVCH and our organization on getting information out to the medical providers in a timely manner on the referral process and services we offer to young children and their families that we share.

Sincerely,

P. Evenson-Brady

Pat Evenson-Brady, Ph.D.
Superintendent

Marion Center
2611 Pringle Road SE Salem, OR 97302
Phone: 503.588.5330 Fax: 503.363.5787

Yamhill Center
2045 SW Hwy. 18, Suite 100 McMinnville, OR 97128
Phone: 503.435.5900 Fax: 503.435.5920

www.wesd.org

WVP
HEALTH AUTHORITY

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know, WVP Health Authority has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by joining WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We will be contributing to WVCH's effort by providing critical administrative and medical management services. I look forward to continuing to provide individuals in Marion and Polk Counties with high quality healthcare.

Sincerely,

Jan Buffa, PhD

wfmc
WILLAMETTE FAMILY MEDICAL CENTER
Physicians and Surgeons

Paul T. Balmer, M.D.
Salvador Ortega, M.D.
Robert L. Steele, M.D.
Nitikul Solomon, M.D.
Anne Wild, M.D.
Kayla Street, MPH, P.A.-C
Denise Busch, F.N.P.
Stephanie Schmidt, F.N.P.
Kathleen Krall, F.N.P.
Alison Takeo, F.N.P
Joanna Picchi, F.N.P
Tiffany Cox, F.N.P

435 Lancaster DR NE
Salem, OR 97301
Phone 503 585 6388
Fax 503 585 0669

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express our support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. WVCH, through its sponsoring organizations, has a well-earned reputation for providing excellent care in a cost-efficient manner. It is our belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

We are confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community. As you know, Willamette Family Medical Center (WFMC) has an extensive history of serving a large OHP population in Marion and Polk counties, and welcomes the opportunity to build upon our current efforts by supporting WVCH.

WFMC shares WVCH's goal of providing high-quality healthcare in a cost-efficient manner and believes that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. WFMC provides education and primary care services to uninsured and underinsured patients in Marion and Polk Counties, regardless of language or financial barriers. We anticipate supporting WVCH's effort by continuing to address our patients' primary care needs, which include acute illness, same-day response health management, well child checks-ups, adult physicals, and follow-ups for the management of acute and chronic illnesses. We are proud to provide our patients with a wide range of additional services, such as in-house behavioral health consultation and counseling through collaborative arrangements with Marion County Health Department (MCHD) and George Fox University. We work with MCHD to provide prenatal care to indigent pregnant women, and have pioneered the Centering Pregnancy®, model for group prenatal care. WFMC collaborates with the Salem-Keizer school district and the Boys and Girls Club to sponsor the only School Based Health Center in Marion/Polk counties, providing uninsured and underinsured students affordable and accessible medical care. We supplement our core healthcare modalities with other special projects like

Reach Out and Read®, which are augmented by AmeriCorps volunteers in our clinic. Finally, WFMC is proud to have partnered with Salem-Keizer School District, OHSU, Chemeketa Community College, PSU, and other educational institutions to provide students with a wide variety of educational experiences in a nonprofit healthcare environment.

We look forward to coordinating efforts with WVCH to further enhance our efforts to make healthcare affordable and accessible in our community.

Sincerely,

Robert L. Steele, MD, CEO
Willamette Family Medical Center

Salem Hospital
A part of Salem Health

Salem Hospital
P.O. Box 14001
Salem, Oregon 97309-5014

503-561-5200
1-800-876-1718

salemhealth.org

April 27, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority
500 Summer Street NE E-20
Salem, OR 97301-1097

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know Salem Health/Salem Hospital has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We look forward to supporting WVCH to the greatest extent to help it as a new organization transform care in our community.

Sincerely,

Cheryl Wolfe (by KD)

Cheryl Wolfe, RN MSN NEA-BC
Chief Operating Officer
890 Oak Street SE
P.O. Box 14001
Salem, Oregon 97309-5014
Office:503-561-5425
Fax: 503-561-4844
cheryl.nesterwolfe@salemhealth.org

West Valley Hospital
A part of Salem Health

525 SE Washington Street
P.O. Box 378
Dallas, Oregon 97338-2834

503-623-8301

April 27, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority
500 Summer Street NE E-20
Salem, OR 97301-1997

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know West Valley Hospital has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We look forward to supporting WVCH to the greatest extent to help it as a new organization transform care in our community.

Sincerely,

Robert Brannigan (by MS)

Robert W. Brannigan
Chief Administrative Officer
525 SE Washington Street SE
Dallas, OR 97338
Office: 503-623-7330
robert.brannigan@salemhealth.org

Bridgeway
Freedom Through Recovery

Tammy L Hurst
Office of Contracts and Procurement
Oregon Health Authority

April 20, 2012

Dear Ms. Hurst,

I am writing this letter in full support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. WVCH and its sponsoring organizations have a well earned reputation for providing excellent care in a cost efficient manner. It is my (and Bridgeway Recovery Services) belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

Bridgeway Recovery Services has a long history of serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH. We are hopeful that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the healthcare delivery system in our area.

Over the years we have worked collaboratively with many of the partners of WVCH in serving the needs of our community. Participating as a provider as part of WVCH only increase our collective ability to expand those services and improve on the healthcare of those we serve. It will be a privilege to participate as a partner in the WVCH Coordinated Care Organization.

Sincerely yours,

Tim Murphy
Chief Executive Officer
Bridgeway Recovery Services

Board of Directors

Patrick Vance
Chair

Judy Okultich
Vice-Chair

Sean Riesterer
Sec. Treasurer

Jeani Bockelman

Dennis Dickinson

Tim Murphy
Chief Executive Officer

Bridgeway Recovery Services, Inc.

3325 Harold Drive
Salem, OR 97305

Mailing Address:
P.O. Box 17818
Salem, OR 97305

(503) 363-2021
Fax: (503) 363-4820

Restoring Lives
by Taking Control
of Addiction

Capitol Dental Care, Inc.

3000 Market Street NE, Suite 228 • Salem, OR 97301 • (503) 585-5205 • Fax: (503) 581-0043

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express our support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know Capitol Dental Care has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manor and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by coordinating and providing dental services to WVCH's membership. We pledge to do our part to create and support a successful CCO. Our resolve is further bolstered by our history of collaboration with many of the sponsoring organizations and community entities currently serving members of the Oreogn Health Plan.

Sincerely,

William Hart Laws
President

Catholic Community Services

A Forever Home for Everyone

April 19, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am pleased to write this letter of support for Willamette Valley Community Health (WVCH) to form a coordinated care organization. WVCH sponsors have a well-earned reputation for providing excellent care in a cost efficient manner

Catholic Community Services has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH. I am confident that WVCH will implement innovative payment and delivery system that will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

As a nationally accredited social service organization we are committed to supporting WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing psycho-social services and supports in a manner that supports collective impact.

Sincerely,

James T. Seymour

James T. Seymour

Marion County
OREGON

Children and Families Department

(503) 588-7975
(503) 373-4460 - FAX

BOARD OF COMMISSIONERS
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John Lattimer

DIRECTOR
Alison S. Kelley

Marion County Children & Families Commission

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

This letter is to express support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community. Over the past seven years, Marion County's early childhood initiative, Great Beginnings, has worked closely with WVCH and other local organizations. Many of Great Beginnings members have a history serving OHP members in Marion County and we welcome an opportunity to build upon our current efforts by supporting WVCH.

Great Beginnings' members share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the health delivery system in our area. We anticipate supporting WVCH's effort by continuing to work closely and collaboratively in the design and implementation of the early learning system and to find lasting solutions to improve health care services and supports to local families. Our resolve is further bolstered by the history of collaboration between WVCH, Great Beginnings and the 23 organizations that comprise Great Beginnings' membership. Not only do we share a passion to achieve improved health, enhanced patient experience, and reduced costs, we know that without quality health care services, families and their children will face unnecessary hurdles in being ready for school and experiencing school and life success.

Sincerely,

Phillip Blea, Co-chair
Great Beginnings

Jacob Bailey, Co-chair
Great Beginnings

Alison S. Kelley, Director
Children and Families Dept.

Childhood Health Associates of Salem

Kenneth Carlson, MD
Suzanne Dinsmore, MD
Fara Etzel, MS, MD
Antoinette Farah, MD
Kimberly Heggen, MD
Jenny Hoelter, MD
Dorin Kemmerle, MD
James Lace, MD
Amelia Roth, MD
Brian Temple, MD
Katrina Davis, PNP
Marge Dettwiler, PNP
Krisi Kamstra, PAC
Angela Lyons, PAC
John Roth, PAC
Sherry Sweeny, PNP

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know, Childhood Health Associates of Salem has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by continuing to provide high-quality pediatric patient care in accordance with our established mission, vision, and values, and by serving as an effective and caring medical home.

Sincerely,

Kimberly A. Heggen, MD
Managing Partner

891 23rd Street NE
Salem, Oregon 97301
Phone: (503) 364-2181
Fax: (503) 364-0364
www.ChildhoodHealth.com

Caring for Kids

SALEM PEDIATRIC CLINIC

2478 13TH STREET S.E. ☐ SALEM, OREGON 97302
PHONE 503 /362-2481 FAX 503 /371-7803

HUGH A. BASKIN, M.D., F.A.A.P.
THOMAS A WILSON, M.D., F.A.A.P.
SARAH D. WRIGHT, M.D., F.A.A.P.
WARREN L. GRIFFIN, III, M.D., F.A.A.P.
MELANIE A. RONAI, M.D., F.A.A.P.
KARIN D. WEILER, M.D., F.A.A.P.
VINCENT J. KOLETAR, M.D., F.A.A.P.
N. JOANNE HYNDMAN, M.D., F.A.A.P.
JENNIFER E. WIRSIG, M.D., F.A.A.P.
JEFF JARVI, M.S., P.A.-C
HALIE GOFFRIER, P.A.-C
CHELSEA ROBERTS, P.A.-C
ADMINISTRATOR:
LIZ CASEBEER

April 24, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority
250 Winter Street NE, 3rd Floor
Salem, OR 97301

Dear Mrs. Hurst:

My name is Dr. Warren L. Griffin. I am a pediatrician with Salem Pediatric Clinic in Salem, Oregon. I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated healthcare organization. My office has a very large number of Oregon Health Plan patients and we have worked very closely with WVP and the other sponsoring organizations in providing care in a cost-efficient manner to all of our Oregon Health Plan patients. I am confident that WVCH will implement the innovative payment and delivery systems needed to meet the healthcare needs of our community. My partners and I share WVCH's goals of providing high quality healthcare in a cost-efficient manner and stand ready to further integrate our efforts with all the sponsoring organizations of the CCO.

Thank you,

Warren L. Griffin, MD

WLG/lja

DUAL DIAGNOSIS ANONYMOUS OF OREGON, INC.

P.O. Box 2883 541 SW 11th St. Portland, Oregon 97208
Phone 503-737-4126 www.ddaoforegon.com

4-20-2012

Ms. Tammy L. Hurst
Willamette Valley Community Health

Dear Ms. Hurst,

Dual Diagnosis Anonymous (DDA) of Oregon, Inc. would be pleased to have this support letter included with the WVCH-CCO application. DDA of Oregon currently works with Mid-Valley Behavioral Care Network (MVBCN) to support multiple DDA groups in the Marion-Polk area and would like to partner with WVCH to continue this service. MVBCN has encouraged us to support the WVCH application. Please allow us to explain more about the value of DDA.

Dual Diagnosis Anonymous uses a peer support group model based on an authorized version of the 12 Steps of Alcoholics Anonymous plus an additional 5 Steps that focus on Dual Diagnosis (mental illness and substance abuse). DDA's unique 12 Steps Plus 5 Program offers hope for achieving the promise of recovery. Since our inception in September of 2005, "DDA peer support groups have spread widely throughout Oregon as a complement to integrated dual diagnosis treatments" (Monica, Nikkel, Drake. August 2010, Psychiatric Services).

DDA of Oregon received the 2010 Addictions and Mental Health Division Hope, Resilience, & Recovery Outstanding Community Service Organization Award for its "outstanding impact in the field of alcohol and drug prevention, treatment, and recovery."

According to Humphrey and Moos (2001, Alcoholism: Clinical & Experimental Research), "Patients who increase their reliance on self-help groups lower subsequent health care costs ... by $4,729 per year." With over 3,500 contacts per month in Oregon, the average cost per contact in DDA is under $5.00. DDA provides an effective and economical service that reduces entry into the state hospital or prison systems, and reduces the use of professional health services. DDA is a good investment!

We understand from MVBCN that WVCH is committed to excellent services and improving the health of its communities, so we support this application. We hope that DDA can work with WVCH in the years ahead. Please contact us to develop that possibility.

Sincerely Yours,

Claudia Grimm, President
DDA of Oregon, Inc. Board of Directors

Corbett Monica, Executive Director
DDA of Oregon, Inc.

Exceptional Needs Dental Services

12029 NE Sumner Street
Portland, OR 97220
www.endsor.com

Local (503) 295-1201
Toll Free (800) 644-1859
Fax (503) 295-1211

April 24, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

Exceptional Needs Dental Services (ENDS) is a cooperative partnership formed between four Dental Care Organizations that are contracted with the State of Oregon. More specifically, ENDS primarily serves Oregon Health Plan (OHP) senior and disabled members who are unable to be seen in a dental office and would otherwise not have access to dental care.

Our organization is pleased to offer a letter of support to the Willamette Valley Community Health's (WVCH) efforts and feel we are naturally aligned to support their goal of providing coordinated care. Over the last several years, we have greatly expanded the variety, scope and volume of services ENDS offers to our non-ambulatory and disabled patients. Our scope of providers includes Mobile, Hospital and Pediatric Dentists, Denturists, and Expanded Practice Dental Hygienists (EPDHs). ENDS has participated in a pilot project with the State of Oregon's Dental Sealant Program where EPDHs provided screenings and dental sealants for students. Additionally, one of ENDS EPDHs donated her expertise for the third consecutive year to Community Homeless Connect in Salem. Capitol Dental Care, Willamette Dental (two of our partners) and ENDS contributed to the event in the supplying of volunteers, materials, portable dental chairs and coordinating services. ENDS currently partners with various dental hygiene student programs throughout Oregon to provide hygiene in-service trainings for staff at long term care, foster and group homes. ENDS, Capitol Dental Care and Benton County Health Department collaborate with Boys and Girls Club to provide dental services for low income and uninsured families. ENDS is in a collaborative partnership with Oregon Oral Health Coalition (OrOHC), playing a key role on the committee for Geriatric Health. ENDS also hosts an annual Provider Workshop and Continuing Education training, fostering a collaborative effort to improve oral health care.

ENDS and WVCH share the common goal of providing high-quality healthcare in a cost efficient manner and we believe that integrating our efforts would have a profound impact on the quality and cost of the delivery system in our area. ENDS has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH. Our resolve is further bolstered by the common partnerships we share with WVCH, including Capitol Dental Care, Inc.

We believe a partnership with WVCH would meet a great need within the community to prevent oral disease and provide dental care and prevention services to as many as possible.

Sincerely,

Tonia Ayres
Administrator

"Keeping Children Safe & Families Together"

Family Building Blocks

A Relief Nursery Serving Marion & Polk Counties

2011-12
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Pamela Abernethy, President-Elect
Pete Yunker, Past President
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Mike Petersen
Jessica Ritter
Pam Scott
Deanna Smith
Marilyn Wilbur

Sue Miller, Executive Director

Chelsea's Place
2425 Lancaster Drive NE
Salem, Oregon 97305

Gracie's Place
1135 Edgewater Street NW
Salem, Oregon 97304

Phone: (503) 566-2132
Fax: (503) 566-2134

Find us on Facebook
www.familybuildingblocks.org

April 26, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express our support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost-efficient manner. It is our belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As a Relief Nursery, Family Building Blocks has a vested interest in the well-being of at-risk children and parenting adults. We welcome the opportunity to support WVCH in its efforts to improve health outcomes for children and families.

We share WVCH's goal of providing high-quality healthcare in a cost-efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We look forward to collaborating with WVCH by providing early childhood development expertise and our perspective about the unique health-related needs of the families we serve.

Sincerely,

Sue Miller

Executive Director

Family Building Blocks

2425 Lancaster Ave NE

Salem, OR 97305

Marion County
OREGON

Children and Families Department

(503) 588-7976
(503) 373-4460 - FAX

BOARD OF COMMISSIONERS
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Sam Brentano
Patti Milne

CHIEF ADMINISTRATIVE OFFICER
John Lattimer

DIRECTOR
Alison S. Kelley

Marion County Children & Families Commission

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

This letter is to express support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community. Over the past seven years, Marion County's early childhood initiative, Great Beginnings, has worked closely with WVCH and other local organizations. Many of Great Beginnings members have a history serving OHP members in Marion County and we welcome an opportunity to build upon our current efforts by supporting WVCH.

Great Beginnings' members share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the health delivery system in our area. We anticipate supporting WVCH's effort by continuing to work closely and collaboratively in the design and implementation of the early learning system and to find lasting solutions to improve health care services and supports to local families. Our resolve is further bolstered by the history of collaboration between WVCH, Great Beginnings and the 23 organizations that comprise Great Beginnings' membership. Not only do we share a passion to achieve improved health, enhanced patient experience, and reduced costs, we know that without quality health care services, families and their children will face unnecessary hurdles in being ready for school and experiencing school and life success.

Sincerely,

Phillip Blea, Co-chair
Great Beginnings

Jacob Bailey, Co-chair
Great Beginnings

Allison Kelley, Director
Children and Families Dept.

LOCAL 503
SEIU
Stronger Together

Service Employees International Union, Local 503, OPEU

April 27, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community. As you know, SEIU 503 Care Providers serve OHP members in Marion and Polk counties and we are looking forward to partnering with WVCH to improve efforts to coordinate care for OHP clients.

We share WVCH's goal of providing high-quality healthcare and believe that by integrating our efforts, we will have a profound impact on the quality and cost of the delivery system in our area.

We plan to support WVCH's efforts by focusing on the training and deployment of care providers to provide high-quality coordinated care. We welcome this opportunity to partner with WVCH and other community organizations to focus on improving the health of our community. Please don't hesitate to contact me if I can be of further assistance.

Sincerely,

Heather Conroy, Executive Director
SEIU Local 503

Salem Headquarters
1730 Commercial St. SE
PO Box 12159
Salem, OR 97309-0159
503-581-1505
800-452-2146
(Fax) 503-581-1664

Bend
925 SE Second St Suite C
Bend, OR 97702-1756
541-385-8471
800-832-0593
(Fax) 541-388-9078

Portland
6401 SE Foster Rd.
Portland, OR 97206-4659
503-408-4090
800-527-9374
(Fax) 503-408-4099

Corvallis
Physical site/ Do Not Mail
606 SW 15th St Rm 109
Corvallis, OR 97331-4606
541-752-0183
(Fax) 541-752-0241

Medford
1257 N. Riverside #7
Medford, OR 97501
541-779-4324
800-452-7965
(Fax) 541-779-4325

Eugene
488 E. 11th Ave. Suite 100-B
Eugene, OR 97401-3601
541-342-1055
800-521-3446
(Fax) 541-342-2932

Pendleton
920 SW Frazer, Suite 120
Pendleton, OR 97801-2839
541-276-4983
800-452-8146
(Fax) 541-276-4984

Marion County
OREGON

April 23, 2012

(503) 588-5212
(503) 588-5237 - FAX

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Patricia Milne
Janet Carlson
Samuel Brentano

CHIEF ADMINISTRATIVE OFFICER

John Lattimer

Oregon Health Authority
500 Summer St NE
Salem, OR 97301

Re: Support of Willamette Valley Community Health, LLC

To Whom it May Concern:

Marion County supports the application submitted by Willamette Valley Community Health, LLC to serve as a Coordinated Care Organization in Oregon within legal, operational and financial limitations. Through a detailed process in recent months to form this CCO, Marion County is pleased to have a seat on the board of directors, and is appreciative of being part of the governance structure.

As the local mental health authority and provider of community mental health programs in Marion County, we intend to participate in the CCO and coordinate our efforts with the applicant to maintain a comprehensive and coordinated mental health delivery system and to ensure member access to mental health services.

Marion County is bound by statutory responsibilities to serve the needs of county residents who suffer from severe and persistent mental illness, as well as those residents who receive Medicaid-funded long term care services. As a participant in the applicant organization, Marion County will help coordinate the following for members of the CCO:

- deliver home and community based services;
- coordinate with community emergency service agencies to promote an appropriate response when members experience a mental health crisis;
- ensure that members receiving services from extended or long-term psychiatric care programs also receive follow-up services;
- develop mental health and chemical dependency service alternatives to unnecessary inpatient utilization for children and adults, including those with addictive disorders;
- develop a behavioral health provider network that supports members in the most appropriate and independent setting, including their own home or independent supported living;
- work with providers to implement uniform methods of identifying members with

multiple diagnoses who are served by multiple healthcare and service systems;
- implement an intensive care coordination and planning model in collaboration with members' primary care health home and other service providers such as community developmental disability programs and brokerages for members with developmental disabilities that effectively coordinates services and supports for the complex needs of these members.

Marion County will support the Willamette Valley Community Health, LLC within legal, operational and financial limitations in meeting state goals and expectations for coordination of care for members with severe and persistent mental illness.

Sincerely,

Janet Carlson
Commissioner

Sam A. Brentano
Commissioner

I abstain from signing this letter because I oppose the direction taken by the Oregon Health Authority and the Oregon State Legislature in transforming healthcare. While the rising cost of healthcare is a very significant problem that affects all sectors of our community, the CCO organization seems a high-risk endeavor without the means to mitigate the risks of loss of federal funding and lack of patient compliance.

Patricia Milne, Chair

Marion-Polk County Medical Society
Established 1866

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know members of the Marion-Polk County Medical Society have an extensive history serving OHP members in Marion and Polk counties and the Medical Society welcomes the opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing expertise from our 500+ member physicians in Marion and Polk counties, representing independent and employed practitioners from all specialties, clinics and hospitals around our region.

Our resolve is further bolstered by the history of collaboration between WVCH and our organization. The Medical Society, established in 1866, has developed an effective partnership over the years with virtually every member of the CCO, and as such, we have no reservations in supporting WVCH as the most qualified representative of the CCO in our community.

Sincerely,

Dean F. Larsen, MA, CAE
Executive Director

2995 Ryan Dr. SE, Suite 100 · Salem, Oregon 97301 · (503) 362-9669 · FAX (503) 362-0109
www.mpmedsociety.org

behavioral care network

Mid-Valley Behavioral Care Network

1660 Oak Street SE, Suite 230 ▪ Salem, Oregon ▪ 97301
PHONE: (503) 361-2647 ▪ FAX: (503) 585-4989 ▪ www.mvbcn.org

April 18, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

RE: Willamette Valley Community Health CCO Application under RFA 3402

Dear Ms. Hurst,

I am writing to express my strong support for the Willamette Valley Community Health (WVCH) CCO Application. Multiple representatives of Mid-Valley Behavioral Care Network (MVBCN) have been actively involved in developing the concepts and relationships for a successful Coordinated Care Organization to serve Marion and Polk Counties.

This planning effort and the content of the Application embrace the health improvement ideals developed by the Legislature, the Oregon Health Fund Board, the Oregon Health Policy Board and our current Governor. Willamette Valley Community Health has not pursued business as usual, but took on the complex task of creating a whole new organization that includes all the major public and private health care entities in this area. The Application is the plan, and I am confident that the parties involved will succeed in developing an effective system of health services and supports to improve the health of our communities, improve the recipient experience of health care, and succeed within the funds available.

Please know that MVBCN is a fully committed partner in this effort. We expect to serve on the Board of Directors, to contract with WVCH and bring our best efforts to our collective success.

Sincerely,

James D. Russell
Executive Manager

northwesthumanservices
changing lives

April 25, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, the sponsoring organizations of WVCH have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. Northwest Human Services has a long history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manor and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by sharing our clinical and administrative experience as a Federally Qualified Health Center in transforming our clinic practice to incorporate key elements of the patient centered primary care home and the integration of medical and mental health services.

Actively engaging key leadership staff at all levels of WVCH's formation, from clinical to finance teams to the governing board, Northwest Human Services is committed to the future success of WVCH in achieving its goals of the Triple Aim.

Sincerely,

Paul Logan, CEO
Northwest Human Services, Inc.

Administration
681 Center Street NE
Salem, Oregon 97301
503.588.5828
503.588.5852 FAX

Connection Program
503.588.5846
503.588.5843 TTY

HOTLINE
503.581.5535
503.588.5833 TTY
503.391.5291 FAX
1.800.560.5535

HOAP
(Homeless Outreach & Advocacy Project)
503.588.5827
503.315.0714 FAX

HOST
Youth & Family Program
503.588.5825
503.361.0383 FAX

West Salem Clinic
Medical
503.378.7526
503.585.4278 FAX
Mental Health
503.588.5816
503.588.5803 FAX
Dental
503.315.0712
503.325.0721 FAX

Total Health Community Clinic
Medical
503.606.3288
503.606.3287 FAX

NWSDS

NorthWest Senior & Disability Services

Formerly Mid-Willamette Valley Senior Services Agency

3410 Cherry Avenue NE • Salem, OR 97303
Mailing Address: PO Box 12189 • Salem, OR 97309-0189
Phone: 503.304.3400 • Fax: 503.304.3434
www.nwsds.org

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know NorthWest Senior & Disability Services has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. As the local Area Agency on Aging, we anticipate supporting WVCH's effort by; collaborating through an interdisciplinary team, assist with identification of high risk members, sharing of pertinent member information and providing staff representation on appropriate board and/or council.

Our resolve is further bolstered by the history of collaboration between WVCH and our organization on the 2012 submission of a Center's for Medicare and Medicaid Services innovation center grant project, "The Power of Wellness".

Sincerely,

Melinda Kay Compton
Executive Director (Program)

Rodney Schroeder, MA
Executive Director (Operations)

phtech
performance health technology

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know Performance Health Technology, (PHTech) has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing payment services and associated analytic support such that expenditures are accurately understood and managed. We will actively support medical management activities in connecting clinical performance to payment. We will provide a communication center that will enable members and providers to have timely access to reliable information. This will support WVCH to deliver effective management of both quality and cost in the community. Our resolve is further bolstered by the long-standing partnership between WVCH and our organization extending from 2000.

- PHTech and WVP have worked together to create partnerships between the health plan, provider and member.
- PHTech and WVP have worked cooperatively to support better and more transparent payment methods.
- PHTech and WVP have developed and maintained a distributed communication framework connecting all providers in Marion and Polk County that supports payment and medical management. This has been in place since 2002.

- PHTech and WVP have development medical management tools and methods that support more efficient and appropriate care management in the Medicaid and Medicare population. These same tools are used by the Mental Health plan (BCN) using the same network.

- PHTech and WVP have developed reporting initiatives that ensure accurate information needed to manage patients and inform regulatory agencies. In addition, these methods have been shared with other communities to serve statewide needs.

- PHTech and WVP have developed methods and tools to integration of Medicare and Medicaid to serve the dual eligible population in Marion and Polk counties.

- PHTech and WVP have developed reporting and analytic capabilities necessary to meet CMS reporting requirements.

Sincerely,

Michael D. Rohwer MD

Chief Executive Officer.

Salem Clinic

April 24, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know, Salem Clinic P.C. and its Primary Health Care Clinic has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manor and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by: Providing governance and implementation leadership, participating electronic exchange of clinical information, and helping capitalize the company through taking risk for a population of patients. Our resolve is further bolstered by the history of collaboration between WVCH and our organization. This collaboration includes working with Mid Valley Physicians IPA for more than 10 years to co-manage a large population of Medicaid, Medicare, and Commercial patients using a sub-capitated agreement. We have been successful at improving care and controlling costs within the budget applied by the state funding levels. We look forward to continuing our mutual innovations as we coordinate care with other organizations not previously involved.

Sincerely,

James E Byrkit
Medical Director

| 503.399.2424 | Fax 503.375.7432 | 2020 Capitol Street NE | Salem, Oregon 97301 | www.salemclinic.org |

Silverton Health

342 Fairview Street
Silverton, Oregon 97381
503.983-5227 **Phone**
503.873.1534 **Fax**
silvertonhealth.org

April 19, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know Silverton Health has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing staff, money, expertise, and technology. Our resolve is further bolstered by the history of collaboration between WVCH and our organization.

Sincerely,

Frank Lord MD

Frank Lord, MD
Chief Medical & Quality Officer

Pat Evenson-Brady, Ph.D., Superintendent

Willamette EDUCATION SERVICE DISTRICT

Dave Novotney, Ph.D., Deputy Superintendent

April 26, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know Willamette ESD works with WVCH staff on ensuring that medical clinics and offices are kept up on the developmental screening and referral process for serving OHP young children in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We anticipate supporting WVCH's effort by providing expertise and assisting the medical community with developmental screenings and referrals. Our resolve is further bolstered by the history of collaboration between WVCH and our organization on getting information out to the medical providers in a timely manner on the referral process and services we offer to young children and their families that we share.

Sincerely,

P. Evenson-Brady

Pat Evenson-Brady, Ph.D.
Superintendent

Marion Center
2611 Pringle Road SE Salem, OR 97302
Phone: 503.588.5330 Fax: 503.363.5787

Yamhill Center
2045 SW Hwy. 18, Suite 100 McMinnville, OR 97128
Phone: 503.435.5900 Fax: 503.435.5920

www.wesd.org

WVP
HEALTH AUTHORITY

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know, WVP Health Authority has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by joining WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. We will be contributing to WVCH's effort by providing critical administrative and medical management services. I look forward to continuing to provide individuals in Marion and Polk Counties with high quality healthcare.

Sincerely,

Jay Buffa, PhD

wfmc
WILLAMETTE FAMILY
MEDICAL CENTER
Physicians and Surgeons

Paul T. Balmer, M.D.
Salvador Ortega, M.D.
Robert L. Steele, M.D.
Nitikul Solomon, M.D.
Anne Wild, M.D.
Kayla Street, MPH, P.A.-C
Denise Busch, F.N.P.
Stephanie Schmidt, F.N.P.
Kathleen Krall, F.N.P.
Alison Takeo, F.N.P
Joanna Picchi, F.N.P
Tiffany Cox, F.N.P

435 Lancaster DR NE
Salem, OR 97301
Phone 503 585 6388
Fax 503 585 0669

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express our support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. WVCH, through its sponsoring organizations, has a well-earned reputation for providing excellent care in a cost-efficient manner. It is our belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

We are confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability to meet the growing healthcare needs of the community. As you know, Willamette Family Medical Center (WFMC) has an extensive history of serving a large OHP population in Marion and Polk counties, and welcomes the opportunity to build upon our current efforts by supporting WVCH.

WFMC shares WVCH's goal of providing high-quality healthcare in a cost-efficient manner and believes that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. WFMC provides education and primary care services to uninsured and underinsured patients in Marion and Polk Counties, regardless of language or financial barriers. We anticipate supporting WVCH's effort by continuing to address our patients' primary care needs, which include acute illness, same-day response health management, well child checks-ups, adult physicals, and follow-ups for the management of acute and chronic illnesses. We are proud to provide our patients with a wide range of additional services, such as in-house behavioral health consultation and counseling through collaborative arrangements with Marion County Health Department (MCHD) and George Fox University. We work with MCHD to provide prenatal care to indigent pregnant women, and have pioneered the Centering Pregnancy®, model for group prenatal care. WFMC collaborates with the Salem-Keizer school district and the Boys and Girls Club to sponsor the only School Based Health Center in Marion/Polk counties, providing uninsured and underinsured students affordable and accessible medical care. We supplement our core healthcare modalities with other special projects like

Reach Out and Read®, which are augmented by AmeriCorps volunteers in our clinic. Finally, WFMC is proud to have partnered with Salem-Keizer School District, OHSU, Chemeketa Community College, PSU, and other educational institutions to provide students with a wide variety of educational experiences in a nonprofit healthcare environment.

We look forward to coordinating efforts with WVCH to further enhance our efforts to make healthcare affordable and accessible in our community.

Sincerely,

Robert L. Steele, MD, CEO
Willamette Family Medical Center

BETTY KOMP
STATE REPRESENTATIVE
DISTRICT 22

May 1, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing health care needs of the community.

I share WVCH's goal of providing high-quality health care in a cost efficient manner and believe that further integrating their efforts will have a profound impact on the quality and cost of the delivery system in our area as well as for Polk and Marion counties. I am impressed by the collaboration between the health care communities, and strongly support their efforts moving forward.

Sincerely,

Rep. Betty Komp

900 Court St. NE H-273, Salem, OR 97301
Phone: (503) 986-1422 rep.bettykomp@state.or.us

POLK COUNTY

POLK COUNTY

182 SW ACADEMY STREET
DALLAS, OREGON 97338-1922
(503) 831-5969 ★ FAX (503) 623-1874

MENTAL HEALTH & ADDICTION SERVICES

1520 PLAZA STREET NW, STE. 150
SALEM, OREGON 97304-4023
(503) 585-3012 ★ FAX (503) 585-0128

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Ms. Hurst,

This letter expresses my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of this coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems which will further enhance its ability to meet the growing healthcare needs of the community. As you know Polk County Mental Health & Addiction Services (PCMHAS) has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. PCMHAS provides fully integrated behavioral health interventions. PCMHAS uses open access scheduling, which allows OHP members same day service, and believe this will support WVCH's goal of exception care. Additionally, PCMHAS will contribute to work force development using its historically robust and extensive Graduate Student Program.

Our resolve is further bolstered by the history of collaboration between WVCH and our organization. PCMHAS is a long-standing member/provider of OHP addiction services via the System Management Group, which manages Medicaid addictions funding for Marion and Polk Counties. In 2000, PCMHAS, Marion County Mental Health and all the school districts of both counties won a collaborative Safe Schools / Health Students four-year grant to address school violence. The infrastructure developed still exists to increase school safety.

Currently, PCMHAS is collaborating with Willamette Valley Providers Health Authority to address the needs of OHP members who are being treated for diabetes.

Sincerely,

Geoff Heatherington, MSW

Administrative Manager

BRIAN CLEM
STATE REPRESENTATIVE
DISTRICT 21

HOUSE OF REPRESENTATIVES

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing health care needs of the community.

I share WVCH's goal of providing high-quality health care in a cost efficient manner and believe that further integrating their efforts will have a profound impact on the quality and cost of the delivery system in our area as well as for Polk and Marion counties. I am impressed by the collaboration between the health care communities, and strongly support their efforts moving forward.

Sincerely,

Brian

Office: 900 Court St NE H-284 Salem OR 97301 - Phone: 503-986-1421
rep.brianclem@state.or.us

JACKIE WINTERS
State Senator
DISTRICT 10

Committees:
Member:
Full Ways & Means
Subcommittee Ways & Means on Human Services
Subcommittee Ways & Means on Public Safety
Public Lands Advisory Committee

OREGON STATE SENATE

May 1, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority
500 Summer St. NE
Salem OR 97301

Dear Mrs. Hurst,

I am writing to express my support of the efforts of Willamette Valley Community Health (WVCH) in the formation of a Coordinated Care Organization to serve people in Marion and Polk Counties, Oregon who are seeking affordable health care. I have been very impressed with the demonstrated commitment that the sponsoring organizations have made to continuing to provide excellent care in a cost efficient manner. I truly believe that the goals of the Triple Aim – improved health, enhanced patient experience and reduced costs – can be achieved through creation of this new partnership.

Members of WVCH have worked to create an Oregon model of active collaboration. This new concept, designed to respond to the needs for improved coordination of care, will result in innovative payment and service delivery systems essential to meeting the growing health care needs of our community.

By focusing on achieving the Triple Aim goals, WVCH will bring affordable, high quality health care services and these products are a top priority for my constituents. I have followed their efforts closely and am very pleased to give them my support.

Sincerely,

Jackie Winters
State Senator
District 10

JW:'lh

Office: 900 Court St NE S-301, Salem, OR 97301 – Phone: 503-986-1710 – sen.jackiewinters@state.or.us

Yakima Valley
Farm Workers Clinic

April 26, 2012

Tammy L. Hurst
Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst:

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing healthcare needs of the community. As you know, through our Salud Medical Center and Lancaster Family Health Center, the Yakima Valley Farm Workers Clinic has an extensive history serving OHP members in Marion and Polk counties and welcomes an opportunity to build upon our current efforts by supporting WVCH.

We share WVCH's goal of providing high-quality healthcare in a cost efficient manner and believe that further integrating our efforts will have a profound impact on the quality and cost of the delivery system in our area. As a Federally Qualified Health Center, we have a track record of providing quality, cost effective care this community. We anticipate supporting WVCH's effort through our expertise and by moving our patient care model to a Patient Centered Health Home. Our resolve is further bolstered by the history of collaboration between WVCH and our organization. We have been involved in the planning and development of WVCH for several months, and have for many years collaborated with several of its stakeholders to provide and improve health care in our community.

We look forward to being part of the transformation of care in Oregon and working with WVCH to this end.

Sincerely,

Juan Carlos Olivares
Executive Director

Central Administration
604 West 1st Avenue | Toppenish, WA 98948
Phone 509-865-5898 | Fax 509-865-4337 | www.yvfwc.com

HOUSE COMMITTEE ON AGRICULTURE

SUBCOMMITTEE ON
CONSERVATION, ENERGY AND FORESTRY

SUBCOMMITTEE ON
LIVESTOCK, DAIRY AND POULTRY

HOUSE COMMITTEE ON SMALL BUSINESS

SUBCOMMITTEE ON
ECONOMIC GROWTH, TAX AND CAPITAL ACCESS
(RANKING MEMBER)

SUBCOMMITTEE ON
CONTRACTING AND WORKFORCE

KURT SCHRADER
FIFTH DISTRICT, OREGON

314 CANNON BUILDING
WASHINGTON, DC 20515
202-225-5711
FAX: 202-225-5699

494 STATE STREET
SUITE 210
SALEM, OR 97301
503-588-9100
FAX: 503-588-5517

621 HIGH STREET
OREGON CITY, OR 97045
503-557-1324
FAX: 503-557-1981

The 112th Congress
U.S. House of Representatives
Washington, DC 20515

May 2, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority
500 Summer Street, NE, E-20
Salem, OR 97301-1097

Dear Ms. Hurst:

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing health care needs of the community.

I share WVCH's goal of providing high-quality health care in a cost efficient manner and believe that further integrating their efforts will have a profound impact on the quality and cost of the delivery system in our area as well as for Polk and Marion counties. I am impressed by the collaboration between the health care communities, and strongly support their efforts moving forward.

Sincerely,

Kurt Schrader

KURT SCHRADER
Member of Congress

KEVIN CAMERON
Oregon State Representative, District 19
Salem, Aumsville and Turner
House Republican Leader

HOUSE OF REPRESENTATIVES

May 1, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

Dear Mrs. Hurst,

I am writing this letter to express my support of Willamette Valley Community Health's (WVCH) efforts to form a coordinated care organization. As I am sure you are aware, WVCH and its sponsoring organizations have a well-earned reputation for providing excellent care in a cost efficient manner. It is my belief that the creation of a coordinated care organization will advance the Triple Aim goals of improved health, enhanced patient experience, and reduced costs.

I am confident that WVCH will implement innovative payment and delivery systems that will further enhance its ability meet the growing health care needs of the community.

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Sincerely,

Kevin Cameron

900 Court St. NE, Salem, OR 97301 - Phone: 503-986-1400 - rep.kevincameron@state.or.us - Fax: 503-986-1347

Vic Gilliam
OREGON HOUSE OF REPRESENTATIVES
STATE REPRESENTATIVE, DISTRICT 18

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
Oregon Health Authority

May 1, 2012

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Sincerely,

Representative Vic Gilliam
Co-Chair House Human Services Committee
Co-Chair House Energy, Environment & Water Committee
House District 18
503.896.1418

Janet Carlson

4560 Patriot Court S.E. Salem, Oregon 97302
(503) 569-0376 - jcarlson@co.marion.or.us

EDUCATION

Ph.D., University of Oregon, Public Policy, Special Education, and Educational Administration (Interdisciplinary program). Dissertation: *Improving Outcomes for Children and Families* (1997)
M.A., Brigham Young University, Political Science (1977)
B.A., Willamette University, *summa cum laude*, Political Science (1975)

PROFESSIONAL EXPERIENCE

Marion County Commissioner - *2003-Present.*

- Led initiatives to increase community volunteering, improve outcomes for prisoner reentry and children of incarcerated parents, and recruit mentors for at-risk youth.
- Co-authored *Government Performance Reforms and Nonprofit Human Services: 20 Years in Oregon*, published in the *Nonprofit and Voluntary Sector Quarterly* (2010).
- Received *Outstanding Service Award* from Association of Oregon Counties for state budget project (SB 5520) and *Certificate of Regional Excellence* from Council of Governments for work on Keizer Rapids Park.
- Responsible for $350 million annual budget, policy, and oversight of county administration.

Consultant to Local Government and Nonprofit Organizations - *1996-Present.*

- Presented at national and regional conferences: *Accountability and Performance Measurement*, The Evolving Role of Nonprofit Organizations Symposium, Maxine Goodman Levin College of Urban Affairs, Cleveland (2009); *Collaboration for Positive Change*, Family Support America Annual Conference, Chicago (2004); *Family Support and Technology*, Yale University School of the 21st Century Partners for Success Conference, New Haven (2003); *Evaluating Governance, Collaboration, and Outcomes in Comprehensive Family Support Projects*, Northwest Family Resource Conference: Open Doors for Families, Seattle (1999).
- Generated $6.1 million as grant writer for children and families programs.
- Conducted strategic planning, fiscal analysis and program evaluation; negotiated contracts; developed budgets and performance measures; assisted with audit preparation.

Adjunct Instructor - *1988-2003.*

- *Western Oregon University*, Political Science (2003).
- *Oregon State University*, Family Policy Program (2002).
- *Willamette University*, Master of Arts in Teaching Program (1997-1998), undergraduate course (1999).
- *Portland State University*, Student teacher supervisor (1988).

State Representative, Oregon Legislative Assembly - *2001-2003.*

- Served as Revenue Committee vice chair, interim health care committee chair, member of Ways & Means Human Services Subcommittee, and member of Commerce Committee.
- Participated in five special sessions to balance the state budget.

Committee Administrator, Oregon Legislative Assembly - *1997 & 1999.*

- Conducted research on policy and legal questions; prepared committee documents.
- Assigned to House Committee on Children & Families (1997), House Human Resources Committee (1999).

Operations & Budget Manager/Regional Coordinator, Oregon Commission on Children and Families - *1991-1995.*

- Presented at national forums, including *Ensuring Student Success Through Collaboration,* Council of Chief State School Officers, St. Louis, and Center for Youth Development and Policy Research strategic planning forum, Washington, D.C.
- Wrote Oregon's federal Family Preservation and Support Services Plan.
- Spearheaded business partnership with Downtown Learning Center alternative program.
- Responsible for state agency administration, including oversight of $60 million biennial budget, finance, administrative rules, contracts, human resources, office procedures, and staff training.

Budget and Management Analyst, Oregon Department of Administrative Services - *1989-1991.*
- Facilitated budget process for twelve state agencies; presented budgets to Legislative Assembly.
- Wrote management study and participated on audit and management teams.
- Received *Eagle Award for Vision and Innovation in State Government* for performance measurement technical assistance.

Teacher and Activities Director -*1975-1989.*
- Authored *Government by the People, A Curriculum Guide on Elections* which was distributed to social studies teachers throughout Oregon and published through the ERIC clearinghouse.
- Supervised grant-funded local history projects for Northwest Regional Education Service District.
- Taught secondary level courses in Debate, English, French, Spanish, and Social Studies in Salem, Hillsboro, Beaverton, and Brownsville, Oregon and in Spanish Fork, Utah.

LEADERSHIP AND COMMUNITY SERVICE

- **Association of Oregon Counties** - *2003-present.* President, Legislative Committee and Board member; Human Services Steering Committee, Chair and Vice-Chair *(2006-2009)*; Governance Committee Chair *(2009-2010).*
- **Children of Incarcerated Parents Initiative** - *2003-2007.* Champion and committee member.
- **Enterprise for Employment and Education** - *2003-present.* Executive Committee; Jobs Council Vice-Chair.
- **Governor's Task Force on the Future of Seniors and Persons with Disabilities** - *2002-2003.*
- **Guido Caldarazzo Methamphetamine (Blue Ribbon) Task Force** - *2005-2008.*
- **"How Are the Children?"** - *2005-present.* Producer and co-host of public affairs television program.
- **Marion County Fair Board** - *2004-present.* Treasurer and Board of Commissioners liaison.
- **Oregon State Hospital Stakeholders Group** and **Community Services Workgroup** - *2006-2009.*
- **Marion County Children & Families Commission** - *2003-present.* Co-Chair *(2005)*, Action team *(2007-2008).*
- **Marion County Housing Authority Board of Directors** - *2003-present.*
- **Mid-Valley Behavioral Care Network Board of Directors** - *2003-present.* Chair and Vice-Chair *(2007-2010).*
- **Oregon Commission on Black Affairs** - *2002-2003.*
- **Oregon Commission on Children and Families** - *2001-2003.* (House of Representatives appointee)
- **Salem-Keizer School District Community Involvement Advisory Committee** - *2002-2005.* Chair *(2003-2004).*
- **Salem Social Services Advisory Board** - *1999-2001.* Distinguished Service Award (*2000*).
- **State Interagency Coordinating Council for Early Intervention & Early Childhood Special Education**, *2001-2003.*
- **Volunteer & Mentor Center Steering Committee** - *2007-2008.* Facilitator.
- **Youth Impact/Mid Valley Mentors** - *2008-2010.* Non-profit board member and treasurer.

CONSULTANT CLIENTS

- Catholic Community Services
- City of Salem (Housing & Urban Development)
- Douglas County Commission on Children & Families
- Jefferson County Commission on Children & Families
- Marion County Children & Families Commission
- Salem-Keizer School District Homeless Program
- Chemeketa Community College
- Coos County Commission on Children & Families
- Family Building Blocks
- Josephine County Commission for Children/Families
- Mid-Willamette Valley Community Action Agency
- Willamette Education Service District

Commissioner Craig Pope

Currently a member of the following boards and committees

Regional, State, National

Association of Oregon Counties (AOC):
Legislative Committee
Special Operations Committee
AOC General Board member
District 6 Vice Chair
Water Policy Steering Committee Co-Chair
Community Development and Transportation Steering Committee
Association of O&C Counties Board *(Federal Forest issues)*
Council of Forest Trust Lands Counties (*State Forest issues)*
National Association of Counties (NACo):
Ag and Rural Affairs Steering Committee
Rural Action Caucus
ODOT Access Management Oversight Task Force *(Co-Chair)*
Appointed by Governor Kitzhaber October 2011
Regional Solutions Mid-Willamette Advisory Committee
Appointed by Governor Kitzhaber December 2011
Mid-Willamette Valley Area Commission on Transportation (MWACT)
Salem-Keizer Area Transportation Study (SKATS) Policy Committee
North Willamette Research and Extension Center Advisory Council
Strategic Economic Development Corporation (SEDCOR) Board of Directors
Job Growers Inc. Board of Directors:
Executive Committee
Current Workforce Committee
NorthWest Senior and Disability Service (NWSDS) Board of Directors:
Executive Board Vice Chair
Community Development Partnership Board
Dallas Economic Development Advisory Council
Dallas Urban Renewal Advisory Council
Polk County Ambulance Service Area Committee
Polk County Board of Property Tax Appeals *(Chair)*

Joint Committees

Mid-Willamette Jobs Council
Mid-Valley Behavioral Care Network Board
Polk County Budget Committee
Polk County Extension Service Tax District Board (Chair)
Polk Local Public Safety Committee
NorthWest Senior and Disability Service (NWSDS) Board of Directors (Vice-Chair)

Civic Organizations

Dallas Chamber of Commerce
Monmouth-Independence Chamber of Commerce
Salem Area Chamber of Commerce
West Salem Business Association
West Valley Kiwanis

Richard M. Cagen
1920 SW River Dr., #102
Portland, OR 97201
(503) 297-0489 (home) – (503) 577-2213 (office)
E-MAIL: rcagen@gmail.com

Career Profile

A senior-level health care leader with 30 years of experience guiding complex health care systems to higher levels of patient care, operational efficiency, consolidation, clinical integration, and financial performance. Crafted several highly integrated management and clinical systems to dramatically improve financial performance and increase quality of care. Strong community presence and active participation in local and national volunteer organizations.

Core Compentencies

- Leading complex organizations
- Managing change
- Physician relations
- Employee/workforce partnering
- Leadership
- Team-building/consensus-building
- Sensitivity to others based on personal value systems
- Governance issues
- Public speaking/organizational communication
- Consolidation
- Operational savvy
- Employee development

Career History and Selected Accomplishments

SHRINERS HOSPITALS FOR CHILDREN- PORTLAND, OREGON 2008- PRESENT

CEO/Administrator
Responsible for providing administrative support for the hospital leadership staff, medical staff, employees and governing board of this childrens specialty hospital which is part of the 22 Shriners hospital system world wide.

PROVIDENCE HEALTH SYSTEM – PORTLAND, OREGON 2001-2007

Chief Administrative & Strategy Officer – Oregon Region (2006-2007)
Responsible for public affairs & advocacy, marketing, planning, physician recruitment, non-employed physician relations, foundation, office of the chief medical officer, research, ethics, six sigma, office of the chief nursing officer and supportive care of the dying.

Chief Executive, Portland Service Area (2001-2006)
Responsible for the Portland Service Area operations of an integrated delivery system that includes three acute-care hospitals, a home and community services division and associated clinics. As Chief Executive, responsible for providing administrative support for the hospital administrators, medical staff, employees, and governing council.

The Portland service area of Providence Health System/Oregon Region produces over $2 billion in gross revenues per year, has over 12,000 employees, and affiliates with 2,500 physicians, 140 of whom are employed.

INTERMOUNTAIN HEALTH CARE – SALT LAKE CITY, UTAH 1982-2001

Chief Operating Officer, Urban Central Region Hospitals, and Chief Executive Officer, LDS Hospital (1989-2001)
Responsible for the operations of an integrated delivery system that includes three adult acute-care hospitals, one orthopedic specialty hospital, and associated clinics. As CEO of LDS Hospital, a 530-bed acute-care teaching referral center, responsible for providing administrative support for the medical staff, employees, and governing board.

The Urban Central Region of Intermountain Health Care produces over $750 million in gross revenue per year, has over 7,000 employees, and affiliates with 1,400 physicians, 400 of whom are employed.

Chief Executive Officer, Pocatello Regional Medical Center (1984-1989)
Responsible for Intermountain Health Care's 110-bed acute-care facility in Southeastern Idaho. Provided administrative support and direction for the medical staff, employees, and Board of Trustees.

Chief Executive Officer (1983-1984)
Assistant Administrator (1982-1983)
Idaho Falls Consolidated Hospitals
Responsible for support service departments as the Assistant Administrator. As the CEO, responsible for the operation of Intermountain Health Care's 260-bed, 2-faicility hospital system.

ALBANY GENERAL HOSPITAL – ALBANY, OREGON 1976-1982

Assistant Administrator
Provided administrative direction for numerous departments in this 106-bed, not-for-profit hospital, as well as program analysis, marketing, long-range planning, etc.

OTHER PROFESSIONAL POSITIONS 1973-1976

Director of Health Care Administration Program
Oregon State University School of Business Administration, Corvallis, Oregon; August 1975 to February 1976. Developed and directed the University's health care administration program.

Graduate Student Assistant
Oregon State University School of Business Administration; September 1974 to January 1975.

PERSONAL AFFILIATIONS AND HONORS: LEADERSHIOP AWARDS, COMMUNITY INVOLVEMENT ROLES, PROFESSIONAL ASSOCAITOINS, ETC. (PARTIAL LISTING)

- Board Member, YMCA-Willamette, 2007
- Board Member, Oregon Sports Authority, 2006-2007
- Board Member, Oregon Association of Hospitals & Health Systems Board, 2001-2007
- Regional Policy Board Member, American Hospital Association Board of Trustees, 2004-2006
- American College of Health Care Executives, 1979-present
- Chairman, Volunteers of America Board, 2004-2006
- Board Member, Volunteers of America, 2001-2004
- Board Member, Portland Chamber of Commerce, 2001-2005
- Chairman, Board of Travelers Aid/Homeless Shelter of Salt Lake City, 2000-2001
- Board Member, Travelers Aid/Homeless Shelter of Salt Lake City, 1996-2000
- Recipient, Utah Regent Aware of the American College of Health Care Executives, 1999
- Chairman, Board of the United Way of the Great Salt Lake Area, 1995-1996
- Vice-Chairman, Board of the United Way of the Great Salt Lake Area, 1994
- Campaign Chairman, United Way of the Great Salt Lake Area, 1993-1994
- Salt Lake Area Chamber of Commerce, Leadership Utah program, January 1990-2001
- Intermountain Health Care Administrator of the Year, 1989
- ACHE Regents Advisory Council, 1986-1989
- The U.S. Holocaust Memorial Museum Committee, representative for Idaho, 1986-1989

EDUCATION

Masters of Business Administration
Oregon State University, Corvallis, Oregon
January 1974 to August 1975

Bachelor of Arts in Public Administration and Political Science
University of Washington, Seattle, Washington
September 1969 to March 1973

Cheryl R. Nester-Bowers, RN MSN CNAA, BC
Chief Operating Officer Salem Health
252 Muirfield Ave SE
Salem, Oregon, 97306
503-561-5425 (w)
403-825-3544 (c)
bowerscb@comcast.net
cheryl.nesterwolfe@salemhospital.org

Employment History

July 2007- Current. Salem Health, Salem, OR.

- **Chief Operating Officer.** Responsible for, human resources, information systems, Kaizen, Quality, and Safety, surgical services, service lines, hospital legal counsel.

- **Senior Vice President Operations/Chief Nursing Officer.** Responsible for leadership, strategy and operations in all clinical and nursing departments.

November 2004-June 2007 - O'Connor Hospital, San Jose, CA.

- **Chief Responsibility Officer**. February 2007. Additional responsibility added to current position. Appointed to the Corporate Board of Trustee's Benefit Administration Committee.

- **Chief Administrative Officer/Chief Nursing Officer.** November 2006-present. Title changed to reflect additional responsibilities added January 2006.

- **Sr. Vice-President Patient Care Services/Chief Nursing Officer**. April 2005-November 2006
  The Vice-President of Clinical Ancillary Services (laboratory, rehab services, pharmacy, respiratory and cardio-pulmonary services) Environmental Services and JCAHO readiness/Quality Department reports to this position as well as all nursing care areas, surgery, and the Emergency Department. Currently the position has 960 paid FTEs that report to it out of 1174 total paid FTEs.

- **Vice-President/Chief Nursing Officer.** November 2004-April 2005
  Directly responsible for all nursing care areas, including the Cardiac Cath Lab, Emergency Department, and Surgery.

June 2002-November, 2004-St. Mary's Medical Center, San Francisco, CA.

- **Vice-President Nursing and Patient Care.** January 2003-November 2004
- **Chief Nurse Executive.** June 2002-December 2002

  Responsible for nursing care in the medical center. Responsible for medical-surgical nursing, intensive care, skilled nursing units, emergency department, acute rehabilitation, pharmacy, laboratory, Hospitalist program, respiratory therapy, case management, and adolescent psychiatry in-patient and out-patient programs. Responsible for administrative supervisors 24/7, nursing staffing department, and float pool. Responsible for hospital quality department, risk management, JCAHO compliance, and nursing education department. The nursing organization applied for Magnet Status in 2002 and expects the validation review March 2007.

August 1977-June 2002-Community Hospital of the Monterey Peninsula Monterey, CA

- **Nursing Administrator**. September 1985 to June 2002

  Responsible for leadership of nursing, cancer center, case management, utilization review, social services, discharge planning; Hospitalist program; clinical pathways; psychiatric inpatient and partial hospitalization services; outpatient mental health services; adult and adolescent recovery center; outpatient immunology clinic; administrative supervisors 24/7; float pool; staffing.

- **Clinical Coordinator**. 1983-1985
- **Manager Oncology**. 1980-1983
- **Assistant Manager Oncology**. 1978-1980
- **Staff Nurse Telemetry Unit**. 1977-1978

1974-1977. Martinsville Memorial Hospital, Martinsville, VA.

- 1976-1977. Coordinator of Psychiatry
- 1974-1976. Staff Nurse Pediatric Unit and Neonatal Intensive Care Unit

Community Mental Health Center and Psychiatric Institute, Norfolk, VA.

- Head Nurse, Children's Psychiatric Unit, 1974

King's Daughter's Children's Hospital, Norfolk, VA.

- Staff Nurse Pediatrics, 1974

Education

University of Phoenix. August 1998 to April 2000

Degree awarded: Master of Science in Nursing

Old Dominion University, 1970-1973.
Degree Awarded: Bachelor of Science in Nursing

Certifications

American Nurses Association Certification.
Advanced Nursing Administrator, 2005
Nursing Administrator 1995

Organizations

American Organization for Nurse Executives
California Association for Nursing Leaders
Sigma Theta Tau

Other Professional Activities

Workforce Investment Board for San Francisco 2004
San Jose Heart Walk Executive Committee 2005
San Jose State Nursing Program Advisory Board 2005
St. Francis Career College Program Advisory Committee, Chairperson 2006
De Anza College Community Advisory Board 2005-6
Bay Area Evidence-Based Practice Initiative Advisory Group 2006
Chief Nurse Council DOCHS 2006
Enterprise for Employment Council, Willamette Valley 2008
Chair, NWONE Willamette (OR) Regional Council, 2009
Regional Council Representative to the NWONE Board:
Willamette (OR) Council 2009
President Elect NWONE Board 2010
President NWONE Board 2011-2013
United Way Willamette Valley Board Member 2011-current

ANGELA M. GONZALEZ

0308 SW Montgomery St. #401 ♦ Portland, Oregon 97201 ♦ tel: 503-753-0895
E-mail: gonzalezangelam@comcast.net

SUMMARY

Seasoned health care executive with expertise in business development, program planning, operations, financial management and customer service; experience in a variety of health care settings including multispecialty group practice, academic medical centers, not-for-profit hospital, and public/government-sponsored hospitals and clinics.

PROFESSIONAL EXPERIENCE:

YAKIMA VALLEY FARM WORKERS CLINIC, Toppenish, Washington
Regional Operations Administrator
Yakima Region, August 2007 to March 2010
Western Oregon Region, April 2010 to Present
Administrative and operational responsibility for community health centers with services including family medicine, internal medicine, pediatrics, OB/Gyn, behavioral health, nutrition services, pharmacy and dental.

PACIFIC MEDICAL CENTERS, Seattle, Washington
Practice Director, Women's and Behavioral Health, December 2005 to July 2007
Administrative and operational responsibility for Women's and Behavioral Health Service Lines in multi-specialty not-for-profit medical group practice.

TULANE UNIVERSITY HOSPITAL AND CLINIC, New Orleans, Louisiana
Director, Clinic Administration and Women's Service Line, June 2000 to December 2005
Administrative and operational responsibility for nine hospital-based outpatient clinics, a nationally designated center of excellence in women's health and the women's service line in a university hospital

SOUTHSIDE HOSPITAL, Bay Shore, New York
Administrator, Bay Shore & Central Islip Health Centers, September 1996 to June 2000
Administrative and operational responsibility for two community health centers offering comprehensive primary, preventive, ancillary and public health services

LINCOLN MEDICAL AND MENTAL HEALTH CENTER, Bronx, New York
Associate Director, Primary Care/Managed Care Department, March 1992 to August 1996
Administrative and operational responsibility for hospital-based primary care and managed care programs

SUNY HEALTH SCIENCES AT BROOKLYN/UNIVERSITY HOSPITAL, Brooklyn, New York
Associate Administrator, Department of Surgery, July 1989 to March 1992
Administrative and operational responsibilities within an academic Surgery Department including oversight of surgical outpatient clinics, research laboratories and academic office functions

EDUCATION

Master of Health Services Administration, 1990
The George Washington University, Washington, D.C.

Bachelor of Science, 1986
Saint Mary's College, Notre Dame, Indiana

JAN L. BUFFA, PhD, MBA, NHA, RTR
2995 Ryan Drive
Salem, OR
(503) 587-5108 [W]
(503)931-9346 [C]

EDUCATION

PhD	Doctorate of Philosophy. Major Concentration in Public Health/HC Administration, Department of Public Health, OSU, Corvallis, OR 97303.
M.B.A.	George Fox College, Newberg, OR 97132
N.H.A.	Licensed Nursing Home Administrator, Oregon
H.C.A,	Health Care Administration Internship, Kaiser Permanente, Portland, OR 97220.
B.S., HCA	Health Care Administration, Oregon State University, Corvallis, OR 97330.
R.T.R.,	Licensed Diagnostic Radiologic Technologist, RTR, Albany General Hospital, Albany, OR, 97321.

HEALTH CARE ADMINISTRATIVE EXPERIENCE

Chief Executive Officer WVP Home Health
Salem, Oregon 97301
2011-to present

Chief Executive Officer WVP Medical Group
Salem, Oregon 97301
2010 to present

Executive Plan Administrator
MVIPA Mutual Employers Trust
Salem, OR 97301
Start Date: May 1, 2007 to present

- Responsible for the day to day operations of the Mutual Employers trust under the direction of its board of directors.
- Participates in the development and reporting of financials and other relevant financial statements as required by the company, DCBS and auditors.
- Participates in MEWA board and other related committees as necessary.
- Monitors investments as outlined in the MEWA investment policy as required by DCBS.

Plan Administrator
MVIPA Medicare Adv., [SPD]
Salem, Oregon 97301
Start Date: May 1, 2005 to present

- Responsible for the day to day operations of the plan and its related compliance as outlined in the Plan's contract with CMS.
- Responsible for the accurate and transparent presentation of financials to the board, auditors, and other related parties.
- Serves at the pleasure of the MPCHP Advantage Board of Directors.
- Serves as the senior executive between the SPD and CMS for all contractual and related health plan matters.

Plan Administrator
Marion Polk Community Health Plan, Salem, Oregon, 97301
Start Date: May 1, 2001 to present

- Responsible for the oversight of day to day operations according to the contractual obligations as outlined in the Plan's contract with OMAP.
- Directs and oversees preparation of financial forecast and projections or other resources as required for short term and long term planning.
- Serves as the key liaison between the Plan and OMAP for all contractual and related Plan matters.
- Serves as key legislative representative for Plan when called upon by legislators to provide testimony on OHP related matters.

Chief Executive Officer
Mid Valley Independent Physicians Association [MVIPA] dba WVP Health Authority
Salem, OR 97301
Start Date: August 1993 to present

- Responsible for day to day operations of the MVIPA.
- Directs and coordinates all planning, administrative and financial functions inclusive to but not limited to use of outside legal, actuarial, auditing and accounting consultants.
- Prepares annual operating budget and capital acquisition or coordinates this responsibility with other key administrative staff.
- Responsible for the development of new products and services which are determined by the MPCHP Board of Directors to be of benefit to the Association and its member physicians and the implementation of these products.
- Serves as key MVIPA executive representative to various constituencies; Hospital's Insurance companies, Managed Care Organization's, business entities, federal and state agencies, professional groups and the public.
- Development and preparation of technical and financial analysis and reports, as required, to monitor the financial status of contracts with each contracting carrier/HMO and other contracting entities, and the financial utilization of participating physician members for each HMO contract.
- Develops effective communication mediums and assures adequate information systems are developed and maintained.

Associate Administrator Woodland Park Hospital
Portland, OR 97201

- Responsible for the day to day operations of a two hundred ten bed acute care hospital with a budget of approximately sixty five million per year.
- Directs and oversees preparation of financial forecast and projections or other resources as required for short term and long term planning.
- Researched, planned, implemented new service products with the purpose of increasing patient volume and providing a larger array of inpatient outpatient patient services.
- Negotiated and monitored the financial status of contracts with each contracting carrier/HMO and other contracting entities of the facility and its participating physician members.
- Managed the Independent Physicians Association affiliated with this facility, the adjacent medical office building and affiliated Home health agency.
- Successfully prepared a Managed Care Organization [MCO} & IPA.

Health Care Consultant-In House

Liberty Northwest Insurance Company
Portland, OR 97201

- Provided on site health care related consultation to senior and mid level managers of this workmen's , compensation company.
- Planned, prepared and delivered lectures state wide related to the state of health care as it related to the business of workmen's compensation.
- Negotiated health care service contracts with medical service providers.
- Prepared reports to management when requested to assist in the assessment and monitoring of health care and delivery to the large population of injured workers covered by the company.

Regional Director Long Term & Residential Care
Castle Management Company
Salem, Oregon, 97321

Executive Director of Keizer Retirement and Care Facilities
Keizer Retirement
Keizer, OR 97303

Publications

- Prenatal Care Utilization: Implementation of pregnancy identification program (PIP), Submitted in partial fulfillment of Doctoral Dissertation, OSU, Department of Public Health. (2005)
- A Turbulent Field: Theory, Research, and Practice on Organizational Change in Health Care, James B.Goes, PhD; Leonard Friedman, PhD, Assistant Professor OSU School of Public Health; Nancy Seifert & Jan L Buffa Doctoral Candidates OSU School of Public Health. Submitted for publication in Advances in Healthcare Management, Volume I June 1, 1999.

Professional Affiliations

Umpqua Bank Board member, Regional Salem, OR 97301 2011 to present
Atrio Board Member, 2011 to present
Member of PEO, Chapter EZ.
Board Member Wheels of Joy, [501-C-3] Sublimity, Oregon
Adjunct Professor OSU, Corvallis Oregon [2003 to 2005] Graduate Program Dep't of Public Health.
Senate Access & Affordability Committee [2006] at the request of Sen. Peter Courtney.
Archimedes Movement; Foundation for Medical Excellence at the request of Gov. John Kitzhaber.
Salem Hospital Foundation Board Member [2005 to 2010]
The Foundation for Medical Excellence [2007 to 2010]

Hart Laws

Hart is the president of Capitol Dental Care, Inc. Capitol Dental became involved with the Oregon Health Plan upon its creation in 1994. Capitol has grown to become the largest Dental Care Organizaiton serving nearly 200,000 individuals. Hart has helped develop and maintain a network of twenty four affiliated dental offices employing over 65 dentists and a panel of over 250 independent dentists serving OHP members in18 Oregon counties.

Hart started his professional career as a Certified Public Accounting with Price Waterhouse, an international accounting firm. He was a member of the firms Health Care Specialty and Emerging Business Practice Units.

Hart attended the University of Utah graduating with a Masters Degree in Professional Accountancy. He is a member of the American Institiute of Certified Accountants. He volunteers as a youth coach, scout leader, and with various nonprofit groups.

Salem Clinic
Belong. For life.

BARBARA L. GUNDER

SUMMARY

Senior level executive with over twenty seven years of health care administration experience spanning medical groups, individual practice associations and health maintenance organizations. Proven abilities with contract negotiations, financial management, capitation management, managed care operations, network development and integrated health care delivery systems.

PROFESSIONAL EXPERIENCE

SALEM CLINIC, P.C. (Salem, OR) **1993 to Present**

Administrator / Chief Administrative Officer (June 1997 to Present)

Oversight responsibility for 415 employee, five location, multi-specialty medical organization. Direct day-to-day operations of the Clinic in conjunction with nine department directors. Implement policies under the direction of the Board of Directors. Represent Clinic in medical community networking opportunities. Facilitate physician recruiting process. Conduct payer, physician and service contract negotiations. Analyze Clinic operations with intent of financial and process improvement.

Director of Managed Care (February 1993 to June 1997)

Management responsibility for the following departments: Managed Care, Business Office, Patient and Provider Relations, Referrals and Authorizations and Health Education. Developed systems and contracted network to administer risk-sharing contracts, meeting all HMO delegation requirements. Organized a satellite clinic under a global capitation model, with continued lead management accountability. Developed universal referral form, which increased staff productivity. Initiated patient advocacy program, which enhanced patient satisfaction and provided equitable and consistent complaint resolution. Analyzed all HMO and PPO contracts proposed for Clinic participation, including language and financial review. Instrumental in the introduction of the Continuous Quality Improvement theories in committee structure.

SAMARITAN HEALTHCARE MEDICAL GROUP (San Jose, CA) **1986 to 1990**
IPA MEDICAL GROUP OF SANTA CLARA COUNTY (San Jose, CA)

Medical Group Coordinator (Samaritan Healthcare 1986 to 1989)

Developed and organized physician panel for risk-sharing arrangement with HMO entity. Negotiated all contractual arrangements, including primary care and laboratory sub capitation. Program oversight for corporate financial reporting, capitation reconciliation, utilization management, quality assurance, and payer performance analysis.

Operations Manager (IPA Medical Group 1989 to 1990)

(NOTE: Samaritan Healthcare merged with the IPA Medical Group.) This position facilitated management activities between the IPA corporate office and the 365 member physician panel. Continuously evaluated impact of health plan requirements and reimbursement methodology on IPA membership. Program oversight for IPA and hospital network operational coordination, claims adjudication auditing, independent office staff orientation and utilization data analysis.

LIFEGUARD HMO (Campbell, CA) **1981 to 1985**

Department Manager

Management responsibility for the following departments: Claims Adjudication, Eligibility, Purchasing, Printing and Mail Processing. Successfully converted manual claims process into computerized claims adjudication. Reduced claims adjudication turn-around time from a backlog of four months to a consistent two week pay cycle. Developed pharmacy adjudication program, which significantly increased staff productivity. Developed department operational policy and procedures manuals. This position often involved special projects assigned by the CEO, such as the development of a claims processing structure for a newly developed triple option product, Foundation Life Insurance Company.

EDUCATION

M.A.	Western Conservative Seminary, 1992
Major:	Exegetical Theology
Honors:	Graduated With Highest Honors Award
B.S.	San Jose State University, 1979
Major:	Health Education
Honors:	President's Scholar Award
	Graduated With Great Distinction Award

PROFESSIONAL AFFILIATIONS and CERTIFICATIONS

Medical Group Management Association, Member
American College of Medical Practice Executives, Member
Certificate in Practice Management,
American College of Medical Staff Development

REFERENCES

Available upon request

Geoff Heatherington, MSW
33045 SE Peoria Road
Corvallis, Oregon 97333-2529
heatherwood@comcast.net
Home: 541.754.7663
Work: 503 585.3012

EDUCATION

1996 Masters of Social Work, Portland State University
1988 State of Oregon Teaching Certification, Oregon State University
1971 Bachelors Degree, Anthropology, Oregon State University
1965 High School Diploma, Corvallis High School

WORK EXPERIENCE

May 2010 to present
Polk County Mental Health & Addiction Services (PCMHAS)
Title: Director (Administration)
Responsibilities: Represent the interests of PCMHAS at local, regional, and state levels; program development; budgeting; grant writing; special projects.

December 2002 to May 2010
PCMHAS
Title: Director (Operations)
Responsibilities: Supervise (60) staff with attendant supervisory duties; facilitate team meetings; responsible for overall operations of PCMHAS, including program development and budgeting; represent PCMHAS at regular meetings with community partners, maintain positive partnerships with community agencies, which may include contracts; represent PCMHAS at numerous Mid-Valley Behavioral Care Network meetings; responsible for fiscal year budgets. Write and monitor PCMHAS Biennium Implementation Plans.

August 2001 to December 2002
PCMHAS
Title: Mental Health Supervisor
Responsibilities: Supervise (30) staff with attendant supervisory duties; facilitate (2) weekly team meetings; responsible for overall function of mental health outpatient clinic; represent PCMHAS at regular meetings with community partners, involved in building partnerships with community agencies, which may include contracts; represent Polk County at numerous Mid-Valley Behavioral Care Network meetings; have oversight duties with fiscal year budgets.

December 1998 to August 2001
PCMHAS
Title: Senior Mental Health Counselor
Responsibilities: Serve as Treatment Authorization Specialist for children and adults, with general oversight of clinic intake and triage functions and utilization management of Oregon Health Plan and Medicare funds; maintain contracted therapist panel; participate in PCMHAS Management Team; supervise PSU practicum students. Represent PCMHAS at MVBCN work groups, Community Partner's Meeting, Service Integration Team, and Polk County Early Childhood Advisory Group.

November 1997 to December 1998
PCMHAS
Title: Mental Health Counselor II
Responsibilities: Conducted intake mental health assessments for all mental health referrals. Collaborated with Treatment Authorization Specialist in assigning therapist to facilitate outpatient psychotherapy.
1992 to 1997

Trillium Family Services / Childrens Farm Home
Title: Clinical Unit Supervisor, Cummings Cottage
Responsibilities: Supervised and managed 10 milieu staff. Conducted personnel interviews, provided orientation, training, evaluation, and discharge of staff. Coordinated treatment programming within the milieu, with psychiatrists and school program personnel, including discharge planning; managed unit budget; standing member of agency management meetings.

Community Service:
Current Field Instructor, PSU Graduate School of Social Work
Current member, Polk County Healthy Start Advisory Committee
Current Chair, Polk Victim Offender Reconciliation Board
Past Chair, Benton County CASA Voices for Children Board
Past basketball and baseball coach, Corvallis Boys & Girls Club

RESUME: Paul Logan

1996- Present: **Northwest Human Services, Executive Director**, Inc. Salem, OR
Oversee operations of two federally qualified health centers (FQHC), a dental clinic, mental health outpatient clinic for adults and adolescents;
HOST- a runaway and homeless shelter for teens; HOAP- mental health and housing services for chronically mentally ill adults;
and a crisis Hotline serving five counties.

1992-1996 : **Transition Health Management, Health Services Consultant**
Locum tenens administrator for psychiatric specialty hospitals serving adults, adolescents and children.

1983-1992: **Community Psychiatric Centers, CEO and Acting Vice President**
Specialty hospital administrator overseeing inpatient, residential, and outpatient psychiatric services for adults, adolescents and
children.

1982-1983: **Fairfax Hospital**, Seattle, WA, **Assistant Administrator**
Supervision of select department heads providing inpatient and long-term psychiatric services to adults and adolescents.

1979-1982: **Edgefield Lodge**, Troutdale, OR, **Director of Administrative Services**
Manage business operations for a residential and day treatment center for children.

EDUCATION

1979: MHA, University of Washington

1975: BS degree in Psychology, University of Washington

James D. Russell
1046 Judson Street SE
Salem, Oregon 97302
(503) 588-7170

PROFESSIONAL EXPERIENCE

EXECUTIVE MANAGER

Mid-Valley Behavioral Care Network -- September 1997 to present
1660 Oak Street SE, Suite #230, Salem, Oregon 97301

I provide executive leadership for the Mid Valley Behavioral Care Network, a five county, public / private network of behavioral healthcare providers that contracts for managed care services. I am responsible for strategic and business planning, marketing and business relationships, oversight of operations and staff, preparation and oversight of $70M budget, and the service quality performance of contracting organizations. Chair of Board of Directors: Kathy George (Yamhill County Commissioner)

DEVELOPMENT AND CONTRACTS COORDINATOR

Marion County Health Department -- July 1994 to September 1997
3180 Center Street NE, Salem, Oregon 97301-4592

I provided technical support for the Mid Valley Behavioral Care Network, then a four county, public / private network of behavioral healthcare providers that contracted for managed care services.

As Contracts Coordinator I coordinated the contracting of services provided by other agencies under contract with the MCHD: writing Requests for Proposals, participating in contractor selection, negotiating fiscal and performance requirements, drafting contract language, developing protocols for and conducting on site evaluation of contractors' administrative rule compliance and program performance and providing technical assistance for program development and quality improvement. Supervisor: Ruth Johnson

PROGRAM SUPERVISOR

Marion County Health Department -- December 1990 through June 1994

I led the adult mental health programs (approximately 40 staff and a $3 M budget) and oversaw the contracted services (residential and in-patient, $2 M budget); led the development of new programs, wrote and administered program procedures and policies, managed daily operations through the supervision of clinical supervisors, and evaluated program performance information. Supervisor: Margaret Nallia

MENTAL HEALTH MANAGER

Polk County Mental Health Program -- September 1988 to December 1990
182 S.W. Academy Street, Dallas, Oregon 97338

As Mental Health Manager I directed mental health, chemical dependency and developmental disability case management services. I wrote biennial plans (describing community service needs, proposing service priorities and objectives) for state division approval and funding for these services. I directly hired and supervised the clinical and support staff. I recruited and staffed a Mental Health Advisory Committee. I prepared a $3 M annual budget and guided it through the county Budget Committee approval process. Supervisor: Donna Middleton

COMMUNITY TREATMENT TEAM LEADER

Larimer County Mental Health Center -- June 1982 to September 1988
525 West Oak Street, Fort Collins, Colorado 80521

I developed and administered a comprehensive program for adults with serious and persistent mental illness. I supervised twenty people who provided psychotherapeutic, vocational and residential services. I directly provided clinical individual and group services, at the mental health clinic and on the inpatient unit of the local hospital. Supervisors: Harold Frontz, Jack Reid

GERIATRIC TEAM LEADER

Larimer County Mental Health Center -- September 1980 to June 1982, Fort Collins, Colorado

I developed and conducted a community mental health program for older adults including a peer counseling program and a volunteer Outreach to the Isolated Elderly program. I provided ongoing training and support for these volunteers and supervised the peer counselors. I directly provided individual and group counseling at the clinic, in nursing homes and at an inpatient hospital unit. Supervisor: Jack Reid

SOCIAL SERVICE SUPERVISOR

Larimer County Department of Social Services -- March 1970 to January 1972 and November 1977 to July 1979, Fort Collins, Colorado

As a Social Service Supervisor I directed child welfare services including protective services, in-home parent support, foster care and adoptive home placement and supervision. Supervisor: Kathleen Winder

EDUCATION

Irondequoit High School Diploma
Irondequoit, New York – June 1963

Bachelor of Science, Electrical Engineering
Purdue University - West Lafayette, Indiana – June 1967

Master of Social Work
University of Michigan - Ann Arbor, Michigan – May 1969

Confidential Resume

6540 Preslynn Drive 503.953.3146
Portland, OR 97225 robbj99@aol.com

Rob Johnson

HIGHLIGHTS OF CCO SPECIFIC EXPERIENCE

- Development numerous rural community IPAs/PHOs
- President, Puget Sound Health Management Systems, LLC
  - MSO
  - 30,000 capitated lives
  - 3 Hospitals, 250 Physicians
- Developed Montana Linked Provider Network (11 Hospitals and Affiliated Physicians)
- Developed Montana Regional Health Network-Monida (PHO)
- President, Integrated Health Management
  - Support Services for managing capitated populations in rural communities (TDA)
- Relevant Presentations
  - Montana Health Network Development of Regional Rural MSO.
  - Montana Hospital Association
  - Managed Care of Montana
  - Minnesota Hospital Association – Strategies for Rural Hospital in Managed Care Environment
- CAPCON – Risky Business in Rural America Healthcare Roundtable
- Executive Director: Idaho Cooperative Health (currently BrightPath)

1/07-Present **Vice President Physician Services / Chief Strategy Officer – Silverton Health**
Direct Report Responsibility for twelve Managers of primary and specialty employed physicians (50), Central Billing Office-MSO services for Independent physicians, Diagnostic Imaging Center, development of Outpatient services including ASC, Cath Lab, GI Lab, General and Orthopedic Service Line.
Responsible for organizational transformation for health care reform including redesign strategy and business planning. Responsible for leading all master facility planning. Responsible for Physician/Hospital integration including development of local PHO.

3/1/04-Present **Principal – The Healthcare Collaborative Group, Portland OR**
Strategic Planning and Business Development for Hospitals and Group Practices and Strategic Facility/Master Site Planning

1/1/00 - 2/01/04 **Vice President – Regional Health Care Deaconess Billings Clinic Billings, MT**
DBC is the largest provider of inpatient, primary/specialty/ambulatory, ancillary, long term care in a two state region.
Operations responsibilities include: Regional Health Care Management (seven hospitals throughout Montana and Wyoming), primary care branch clinics of Deaconess Billings Clinic throughout Montana and Wyoming, Same Day Care at four sites, Occupational Medicine (largest in Northern mountain states region), Department of Family Practice, Department of Pediatrics, Specialty Outreach Clinics (83/month), Regional Radiology, Reference Lab, and Aspen Meadows (174 bed long term care including Assisted Living and TCU). Direct Reports include: 3 Clinic managers, CEOs of managed hospitals, Regional CFO and Information Systems/Business Solutions Director, Administrative Director Regional Operations, Regional Outreach Services Director, Administrative Director Continuing Care Services/Aspen Meadows, Administrative Director Regional Operations Wyoming, Administrative Director Regional Ancillary Services and Reference Lab Manager.
Strategic Development Leadership includes the responsibility of planning, development and implementation for a network of providers covering half of Montana and Northern Wyoming (90,000 square miles representing over 50% of gross revenues for Deaconess Billings Clinic.

Strategic Development and Business Planning for seven managed hospitals, numerous Deaconess Billings Clinic strategic and business planning projects including regional radiology, alternative medicine, Wellness Center, Occupational Medicine, core service lines, and various joint ventures. Member of: Executive Committee, Operating Council, Physician Executive Compensation Committee, DBC Finance Committee Physician Quality Committee and Board Member Beartooth Health Management LLC.

5/1/97- 1/1/00 **Chief Strategic Officer, Providence Health Systems –NW Service Area Everett, WA**
Responsible for Strategic Planning, New Business Development, Provider Services Organization, Marketing/Communications, and Physician Integration.
Service Area planning initiatives including Master Site Plan , Three Year Strategic Plan, Annual Goals and Objectives and annual marketing/communications plan.
Management responsibility for Primary Care Group of the Northwest Washington service area (100 plus Physicians) including acquisition of new practices, recruitment, strategic/business planning, contracting, affiliation and infrastructure (see Puget Sound Health Management Systems, LLC below.)
Provided for the structuring and negotiation for joint ventures and other institutional and physician affiliations including: The development of gain sharing models with cardiologists and cardiac surgeons, the development of a major joint venture with Children's Hospital and Regional Medical Center to develop a new Women's and Children's Hospital, cardiac outpatient diagnostic center with cardiologists, and the creation of a virtual group practice between Medalia Northwest primary care group and a large multi-specialty group, the development of an alliance for the provision of trauma, no-doc and hospital physician coverage. Developed additional management services for rural healthcare provider affiliates including Internet and computerized medical record access.
Responsible for creating regional (five county) alliances with hospital and physician partners, including broader service and general management arrangements.
President, Puget Sound Health Management Systems LLC
Created equity model MSO owned by three hospitals and three physician groups (250physicians) providing infrastructure services through centralized billing office and Office of Managed Care. Developed a risk sharing model covering 30,000 fully capitated lives and providing managed care services including medical management, risk pool management claims processing and payment. Provided billing service for 75-plus primary care physicians.
Leadership for various committees and work-teams, member Washington Management Council, Board member Northwest Cardiac Network, Chair Providence General Medical Center Contracting Committee.

Providence Health System – Puget Sound Region
Chair/Director, strategic Development Group for the Northwest and Puget Sound Service Area. The Strategic Development Group was responsible for the development of strategic and business plans and their implementation, the completion of annual goals and objectives, and progress monitoring. Direct reports include: Regional Director Strategic Implementation, Regional Director Marketing and Communications, and Regional Director Physician Integration.

1/95-5/1/97 **Senior Vice President, Brim Healthcare, INC Portland, OR**
Developed Managed Care Division focusing on the planning, implementation, and management of managed care strategies and support services: development, implementation, and management of community healthcare systems for the 65 Brim owned and managed hospitals. Developed and managed additional client base, including PHO's, MSOs, IPAs, group practices, and consulting services for Brim and other hospitals and healthcare systems.
Provided leadership for the departments of Strategic Planning, Contract Management; IDS Development and Management, and Practice Management. Direct Reports: Vice President Physician Services, Vice President IDS Development, Director of Practice Management, Director of Strategic Planning, Director of Contracting, Medical Director Integrated Health Management (IHM), Director of Development (IHM), Executive Director Columbia Basin Regional Health Network, Executive Director Montana Regional Health Network (Monida), Executive Director Montana/Wyoming Linked Provider Network (Deaconess Billings Clinic and affiliated hospitals/physicians).

President, Integrated Health Management Developed, implemented and managed a newly created joint venture LLC focused on support services for managing capitated populations in rural communities (claims processing, utilization management, medical management, report generation, etc.)
Developed managed care educational process for entire organization including, Trustees, operational VPs, CEOs, and corporate staff. Worked through Brim University to develop managed care curriculum and provided extensive educational materials and templates; conducted numerous presentations.
Worked with senior management to transform and shape the core product of Brim Healthcare and collaborate with the marketing department to alter presentations and the deliverables of management contracts.
Developed and/or managed several regional and local integrated healthcare systems including Columbia Basin Regional Health Network, Montana/Wyoming Linked Provider Network and Monida Healthcare Network.

1/1/91-2/1/95 **Associate Administrator, Sisters of Providence Healthcare System Providence General Medical Center Everett, WA**
Appointed Associate Administrator Systems Integration of newly merged medical center composed of Providence Hospital and Everett General Medical Center. Expanded responsibilities included information systems, care coordination (case management, discharge planning, utilization management), and most outpatient services.
Continued development of physician integration strategies including the ongoing expansion of the Primary Care Network, completion of the Providence Health Care Center (80,000 square feet integrated ambulatory care center), planning and development of several new primary care satellite clinics.
Coordinated efforts to integrate large skilled nursing organization into existing hospital structure and develop mutual business and care objectives.
Initiated actions to focus care coordination and information systems on the management of enrolled populations including the development of expanded care pathways, community-based case management, an emphasis on clinic/outpatient information systems (i.e., clinic-based electronic medical record), and managed care applications.
Board Member: Northwest Cardiac Network
Assistant Administrator Developed Physician Integration Strategic Plan, including four-year business plan, pro forma, and organizational structure. Implemented MSO characterized by a multidimensional approach to physician integration, including a hospital owned and operated network of primary care clinics, a PHO, support for the development of a multi-specialty clinic without walls, affiliation agreements for management and contracting services, and a variety of general physician relations programs and services.
Created strategic and business plans for the development of a 40-50 primary care physician network. Negotiated and acquired practices, recruited new physicians, created and organizational structure, recruited and supervised management staff, negotiated contracts, monitored productivity and financial progress, and planned a regional network. Directed the development of contract models for purchasing practices and employing primary care physicians and negotiated all contracts.
Directed planning process for the development of a 14 acre integrated ambulatory care center (Providence Medical Plaza). Directed the work of architects and other consultants to complete the site development process, directed the programming of the plaza, negotiated with all physicians and groups to assure appropriate physician presence, developed detailed business plans, and directed the overall development of the facility ($25M project).

4/1/88-12/1/90 **Vice President Strategic Planning and Medical Staff Development American Medical International AMI/Irvine Medical Center Irvine, CA**
Developed strategic, business and marketing plans for the medical center and all service lines. Analyzed and developed new business opportunities.
Recruited physicians to start up medical staff (800) and directed credentialing process.
Supervised all medical staff office activities and coordinated the development of committee and governing structures for the physicians of the medical center.
Directed physician marketing and practice management activities, including activities of

physician liaison personnel.
Developed and negotiated contracts with numerous specialty and primary care physician practices transitioning to the campus-based medical office building (100 physicians).
Implemented product-specific and general marketing activities during development and operations of the newly created medical center.

6/1/87-1/1/88 **Marketing Manager, Bear Creek Community Re-Entry Program, Lakewood, CO**
Planned and implemented development of a start-up program, utilizing a variety of supervised and participated in direct sales campaign.
Created and monitored marketing budget.
Developed and implemented marketing strategies.
Directed marketing activities targeting payers, physicians, and other referral sources.

7/1/83-2/1/87 **Director of Marketing Bethesda Lutheran Medical Center/Healtheast Healthcare System St. Paul, MN**
Managed all aspects of corporate marketing, public relations, and communications, including development of strategies, implementation and budgeting.
Planned and executed campaigns to promote all services and products, including geriatric health center, birthing center (featured in AD Week, Health Care Marketing and Hospital Magazine), crisis intervention, prolonged respiratory care, physician clinics, emergency care, the opening of a new hospital, long term care facility, etc.
Directed marketing communications for new marketing-price retirement community.
Developed marketing strategies supporting the development of a 100+physician PHO (Bethcare).
Developed marketing communications for long-term care sister agency (ten facilities) including chairing board committee on marketing/communications and establishing Communications Officers Group representing the ten facilities.
Planning communications strategies for Lutheran Health & Human Services (cooperative effort between Bethesda and Lutheran Social Service).

9/1/79 -10/1/81 **Associate, Office of Student Affairs University Of Illinois College of Medicine Champaign, IL**
Participated in all aspects of student affairs office, including orientation, admissions committee, academic and non-academic advising, special events and budget monitoring.
Directed admissions interview process for medical school applicants; trained staff and physicians in interview techniques.
Conducted public relations effort for College of Medicine.
Produced, directed, and scripted nationally televised film/video documentary promoting Urbana campus program.
Executive Director of healthcare series on the cable network.
Conducted sessions in communications and leadership at several national conferences.

Education
M.A. May 1974, University of Illinois, Urbana/Champaign, IL
B.A. May 1972, Clarion University, Clarion, Pennsylvania
Course work and exams for Ph.D. completed in May 1976

Presentations
American Medical Students Association "Leadership & Communication"
American Medical Association (Student Group) "Leadership & Communications"
Minnesota Dietitians Association "Health Care & Communication"
University of Washington Guest Lecture for MHA Program, Focusing on Ambulatory Care Development
Providence Healthcare Systems Numerous presentations
Brim, Inc. Numerous presentations
Montana Health Network Development of Regional Rural MSOs
Montana ACHE Annual Meeting Strategic Developments in Montana
Montana Hospital Association Panel Member-Managed Care in Montana
North Minnesota Hospital Association Integration Strategies for Rural Hospital
CAPCON Risky Business in Rural America
Healthcare Roundtable Equity model MSOs as an integration strategy

VHA Executive Affinity Group: Network Development Strategies
Technology Symposium Technology Strategies for Network Development
Iowa Hospital Association Critical Access Hospital Forum
Washington State Hospital Association

Professional Memberships

Medical Group Management Association
National Association for Ambulatory Care
National Association of Physician/Hospital Organizations
MEC-MSO Executive Collaboration (MGMA)
National Rural Hospital Association
American Hospital Association
VHA and VHA Affinity Groups and Collaboratives

Interests

Skiing, Sailing, Golfing, Scuba Diving

RUTH A. ROGERS BAUMAN

Healthcare Executive

Proven track record and deep experience in many facets of health care including financing, health care policy, data analysis, information systems, actuarial, underwriting, provider reimbursement and negotiation and regulatory affairs.

Strengths include developing new products, contracts, financial arrangements and systems. Successfully implemented new rating schemes that exceeded financial objectives in competitive markets for over 10 years. Successfully developed provider risk sharing arrangements and rating structures. These managed care plans produced solid financial results that provided low rate increases and significant market growth.

Developed five decision support systems including the latest one which is functionally at the top of the market and has a proven ROI.

Provided health policy advice to governors, legislators, regulators, providers, and industry leaders on issues ranging from Medicaid, Medicare, small group and access to care.

PROFESSIONAL EXPERIENCE

ATRIO HEALTH PLAN
CEO/PRESIDENT **2011 TO PRESENT**

Oversee all aspects of the organization. Develop and execute vision and strategy based on the board's direction. Ensure that the corporation is attaining shareholder values. Develop and maintain relationships with government entities, community organizations and other organization for the benefit of ATRIO.

- Closed merger with WVP which stands to increase retained earnings significantly
- Reduced reinsurance costs
- Insourced services that were previously outsourced providing the company with savings and greater flexibility
- Obtained consulting services at much lower costs
- Facilitated CCO strategy meetings with Douglas County

CLEAR ONE HEALTH PLAN
Executive Vice President,
Corporate Analytics and Government Program 2008 to 2011

Oversee actuarial, underwriting, provider contracting, sales, marketing, reporting, operations and government programs.

Corporate Analytics

- Identified weaknesses in rating formulas and restructured rates. Individual and small group products are now positioned to be competitive and profitable.
- Developed IBNR estimates using new IBNR models that produced more accurate estimates even during claims system conversion
- Developed provider contracting strategies that integrate with rating and risk and support corporate financial goals. Developed strong relationships with provider community. We are now developing medical home models that are bringing the IPA and its members to new levels.
- Directed the development of new Medicare PPO product including a network of providers across several states designed for a particular segment of the over 65 market. Oversaw the development of a new marketing and advertising campaign in 30 days.

- Oversaw the development of new products for individual in existing and new markets leading to reinvigorated sales.
- Developed a unique coalition of partners for the successful bid for Healthy Kids Connect in Oregon which lays for the foundation for significant increase in membership and additional lines of business in new markets
- Enhanced the health plan's position with DMAP, DHS and CMS through relationships with regulators.
- Salvaged a failed claim system conversion that returned the health plan to acceptable service levels and restored the confidence of brokers, customers and regulators.
- Oversaw the development of new databases and reporting systems that provide critical, reliable information.
- Recruited new staff that bring considerable strength to the organization. Retained the services of consultants for key engagements.

MERCER HEALTH AND BENEFITS

Principal 2005 to 2008

Clients include very large national manufacturer with extensive union segment and managed care provider coalition. Responsible for $3million revenue budget.

THE REGENCE GROUP (BLUECROSS BLUESHIELD)

Director, Actuarial Systems 2001 to 2004

Oversaw the Actuarial Systems for Group and all subsidiaries in the Northwest.

Information Systems

- Directed the functional development of a large decision support system including applications, access tools, and structured supporting schemes. The system serves a multi-state, multi-corporate, and multi-discipline organization with seamless reporting and decision tools. The project has a proven ROI.
- Established data administration policies which leverage the proprietary resources of the company to maximize market opportunities. Developed state-of-the-art rating engines and other actuarial tools.

Internal Consultant

- Continued support of legislative activities, provider pricing and corporate strategy.

Vice President, Actuarial and Underwriting Services 1993 to 2001

Directed Actuarial and Underwriting functions, as well as information systems coordination and provider profiling for the $1.5 billion Corporation. Regence BlueCross BlueShield of Oregon has over one million members with indemnity, PBO, HMO, Dental, and Vision lines of coverage. Directed underwriting and pricing for individual line of business with premium over $50,000,000.

- Developed successful business model that linked risk, rating and reimbursement, uniting the underwriting, actuarial and provider contracting activities in a way that maximized profits for both the company and physician partners and improved access and affordability for the consumer. Cost trends managed to a narrow band in managed care products over nearly ten years. Introduced innovative performance based incentives in competitive markets
- Directed individual underwriting and pricing including product development, expert medical underwriting systems, filing, and regulatory relations Produced outstanding financial results for over ten years.
- Successful underwriting results in Medicare and small group markets. Introduced activity based costing retention formulas in large group market.
- Developed new products and assisted in design, pricing, and implementation.
- Worked with Governor Kitzhaber's team to save the Oregon Health Plan. Lobbied for needed changes in the program to improve solvency so that many Oregonians could continue to be served. Lobbied for reforms in Medicaid and small group markets. Participated in Health Insurance Reform Advisory Committee and successful steered changes which improved equity and access. Participated on the Health Access Subcommittee.
- Assisted in the development of strategy as a key member of product and provider strategy committees. Helped select new legacy operational systems and evaluated other software purchases.
- Developed corporate score cards and benchmarks and instigated quality improvement efforts.
- Directed task force for national Blue Cross and Blue Shield plans which developed underwriting standards for national managed care accounts.

Assistant Vice President, Actuarial and Community Underwriting 1992
Assistant Vice President, Underwriting Services 1989 to 1992
Manager, Actuarial and Community Underwriting 1987 to 1989
Supervisor, Actuarial Services 1985 to 1987

Staff Positions 1979 to 1985

STATE MEDICAL BOARD OF OHIO
Chief, Examination Licenser and Physician Assistant Licensing 1977 - 1979
Responsible for licensure of physicians, physician assistants, podiatrists, massage therapist. Administered examinations biannually. Developed licenser process.

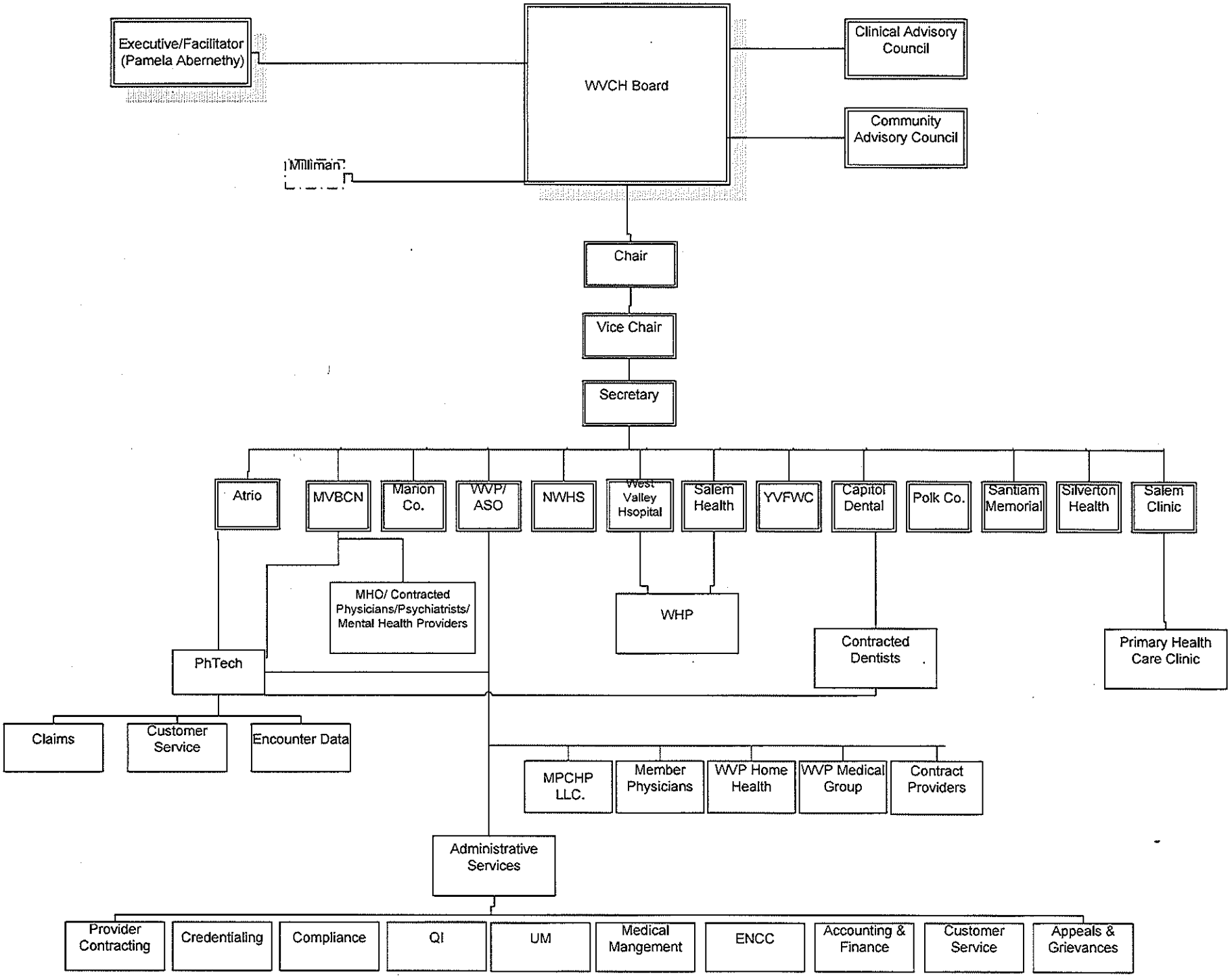
EDUCATION AND COMMUNITY INTERESTS

Master of Public Administration (MPA), Portland State University

Bachelor of Science, Zoology – The Ohio State University

Board Member, Institute for Family Development, Seattle Washington, a non-profit organization dedicated to proving programs for families in crisis.

Instructor, Oregon State University, graduate level course in financial management. 2000 to 2005
Instructor, Montana State University, graduate level course in financial management, 2006


Executive/Facilitator (Pamela Abernethy)
WVCH Board
Clinical Advisory Council
Community Advisory Council
Milliman
Chair
Vice Chair
Secretary
Atrio
MVBCN
Marion Co.
WVP/ ASO
NWHS
West Valley Hsopital
Salem Health
YVFWC
Capitol Dental
Polk Co.
Santiam Memorial
Silverton Health
Salem Clinic
MHO/ Contracted Physicians/Psychiatrists/ Mental Health Providers
WHP
Contracted Dentists
Primary Health Care Clinic
PhTech
Claims
Customer Service
Encounter Data
MPCHP LLC.
Member Physicians
WVP Home Health
WVP Medical Group
Contract Providers
Administrative Services
Provider Contracting
Credentialing
Compliance
QI
UM
Medical Mangement
ENCC
Accounting & Finance
Customer Service
Appeals & Grievances

Contractor: Marion Polk Community Health Plan, LLC
Report Period: From capacity report 12/31/2011

Capacity by Service Area

Service Area Description	Zip	Mamximum Number of members-Capacity level
Marion County (including contiguous zip codes).	97002, 97020, 97026, 97032, 97071, 97072, 97137, 97301, 97302, 97303, 97304, 97305, 97306, 97307, 97308, 97309, 97310, 97311, 97312, 97314, 97317, 97325, 97342, 973046, 97350, 97352, 97359, 97362, 97373, 97375, 97381, 97383, 97384, 97385, 97392, 97358, 97360	70522
Polk County (excluding 97321 andincluding contiguous zip codes)	97328, 97304, 97338, 97344, 97347, 97351, 97361, 97371, 97101, 97378, 97396	11802

Contractor Name	Business Name	Provider Last Name	First Name
MVBCN	Bridgeway Recovery Services	Co-Occurring	N/A
MVBCN	Bridgeway Recovery Services	Roberts	Elizabeth
MVBCN	Bridgeway Recovery Services	Washam	Kelly
MVBCN	Bridgeway Recovery Services	Wade	Patrick
MVBCN	Bridgeway Recovery Services	Phillips	Robert Grant
MVBCN	Bridgeway Recovery Services	A&D Outpatient	N/A
MVBCN	Bridgeway Recovery Services	Ybarra	Guadalupe
MVBCN	Bridgeway Recovery Services	Saltalamachia	Sonny
MVBCN	Bridgeway Recovery Services	Hammack	Laura
MVBCN	Bridgeway Recovery Services	Bustamante	Kim
MVBCN	Bridgeway Recovery Services	Wade	Patrick
MVBCN	Bridgeway Recovery Services	Smith	Daniel
MVBCN	Bridgeway Recovery Services	Gomez	Guadalupe
MVBCN	Bridgeway Recovery Services	O'Neal-Woodruff	Patricia
MVBCN	Bridgeway Recovery Services	Verdun	Jon
MVBCN	Bridgeway Recovery Services	Johnson	Darrell
MVBCN	Bridgeway Recovery Services	Vaughn	Kenneth
MVBCN	Bridgeway Recovery Services	Layton	Kenneth
MVBCN	Bridgeway Recovery Services	Northcott	Kevin
MVBCN	Bridgeway Recovery Services	Hancock	Colin Lance
MVBCN	Bridgeway Recovery Services	Lobdell	Sandra
MVBCN	Bridgeway Recovery Services	A&D/Gambling Res	
MVBCN	Bridgeway Recovery Services	Sherman	Debra
MVBCN	Bridgeway Recovery Services	LaCasse	Ryan
MVBCN	Bridgeway Recovery Services	Pinster	Keith
MVBCN	Bridgeway Recovery Services	Hancock-Hatchell	Renee
MVBCN	Bridgeway Recovery Services	Humble	Roger
MVBCN	Bridgeway Recovery Services	Rosborough	Robert
MVBCN	Bridgeway Recovery Services	Hoffman	Donna
MVBCN	**Catholic Community Services**	**Catholic Community Services**	
MVBCN	Catholic Community Services	Reed	Aleyna
MVBCN	Catholic Community Services	Berglund	Marcus
MVBCN	Catholic Community Services	Berg Jablonski	Marcy
MVBCN	Catholic Community Services	Bonfiglio	Jamie
MVBCN	Catholic Community Services	Frybarger	Sara
MVBCN	Catholic Community Services	Sprague	Maggie
MVBCN	Catholic Community Services	Thomas	Jessica
MVBCN	Catholic Community Services	Lechlak	Jessica
MVBCN	Catholic Community Services	Lichtenberg	Michael
MVBCN	Catholic Community Services	Parker	Elizabeth
MVBCN	Catholic Community Services	Wells	Sarah
MVBCN	**Easter Seals Children's Thera**	**Easter Seals Children's Therapy Center**	
MVBCN	Easter Seals Children's Therapy	Allen	Barbara

MVBCN	Easter Seals Children's Therap	Anthony	Carol
MVBCN	Easter Seals Children's Therap	Austin-Wenig	Abigail
MVBCN	Easter Seals Children's Therap	Casey	Courtney
MVBCN	Easter Seals Children's Therap	Cutz	Aileen
MVBCN	Easter Seals Children's Therap	Equall-Lacombe	Amanda
MVBCN	Easter Seals Children's Therap	Fullerton	Louise
MVBCN	Easter Seals Children's Therap	Gale	Derek
MVBCN	Easter Seals Children's Therap	Garland	Jessica
MVBCN	Easter Seals Children's Therap	Groat	Michael
MVBCN	Easter Seals Children's Therap	Larson	Karen
MVBCN	Easter Seals Children's Therap	Leaman	Roshana
MVBCN	Easter Seals Children's Therap	McGee	Tim
MVBCN	Easter Seals Children's Therap	Morris	Amy
MVBCN	Easter Seals Children's Therap	Neeley	Dulcy
MVBCN	Easter Seals Children's Therap	Occhipinti	Carolyn
MVBCN	Easter Seals Children's Therap	Rodriguez	Claudia
MVBCN	Easter Seals Children's Therap	Sapp	Courtney
MVBCN	Easter Seals Children's Therap	Schnebly	Kathy
MVBCN	Easter Seals Children's Therap	Varco	Tammy
MVBCN	Easter Seals Children's Therap	Weisensee	Linda
MVBCN	Easter Seals Children's Therap	Wiebe	Gail
MVBCN	Easter Seals Children's Therap	Winans	Alison
MVBCN	**New Perspectives Center**	**New Perspectives Center**	
MVBCN	**New Perspectives Center**	**New Perspectives Center**	
MVBCN	New Perspectives Center	Auerbach	Romnee
MVBCN	New Perspectives Center	Barney	Deanna
MVBCN	New Perspectives Center	Bednarz	Linda
MVBCN	New Perspectives Center	Bowling	Cindy
MVBCN	New Perspectives Center	Berglund	Rachel
MVBCN	New Perspectives Center	Cole	Diane
MVBCN	New Perspectives Center	Coon	Lynne
MVBCN	New Perspectives Center	Cox	Sandi
MVBCN	New Perspectives Center	Grady	Matthew
MVBCN	New Perspectives Center	Grant	Neda
MVBCN	New Perspectives Center	Hanseth	Robin
MVBCN	New Perspectives Center	Heath	S. Ann
MVBCN	New Perspectives Center	Inman	Lara
MVBCN	New Perspectives Center	Kassirer	Ishara
MVBCN	New Perspectives Center	King	Romina
MVBCN	New Perspectives Center	Lampert	Joel
MVBCN	New Perspectives Center	Lee	Susan
MVBCN	New Perspectives Center	Lofgren	Ward
MVBCN	New Perspectives Center	Markwell	Tim
MVBCN	New Perspectives Center	Pearl	Belinda
MVBCN	New Perspectives Center	Post	Amber
MVBCN	New Perspectives Center	Potter	Darilou
MVBCN	New Perspectives Center	Rasmussen	Becky

MVBCN	New Perspectives Center	Rowell	Jeannette
MVBCN	New Perspectives Center	Silbernagel	Jane
MVBCN	New Perspectives Center	Thompson	Jesse
MVBCN	New Perspectives Center	Trotter	Greg
MVBCN	New Perspectives Center	Vercoutere	Janis
MVBCN	**Northwest Human Services**	**Administration office**	
MVBCN	**Northwest Human Services**	**DBA: West Salem Clinic**	
MVBCN	**Northwest Human Services**		
MVBCN	**Northwest Human Services**		
MVBCN	Northwest Human Services	Maynard	Adrienne
MVBCN	Northwest Human Services	Suckow	Joel
MVBCN	Northwest Human Services	Andrew	Jessica
MVBCN	Northwest Human Services	Azen	Lior
MVBCN	Northwest Human Services	Baeza	Tonya
MVBCN	Northwest Human Services	Bond	Searainya
MVBCN	Northwest Human Services	Conn	Beth
MVBCN	Northwest Human Services	Coronado-Sinclair	Elizabeth
MVBCN	Northwest Human Services	Crowder	Riley
MVBCN	Northwest Human Services	Halabi	May
MVBCN	Northwest Human Services	Otterstrom	Jack
MVBCN	Northwest Human Services	Scarl	Daniel
MVBCN	Northwest Human Services	Tibbot	Ann
MVBCN	Northwest Human Services	Blanchard	Pamela
MVBCN	Northwest Human Services	De'Rosier	Monica
MVBCN	Northwest Human Services	Lawson	Don
MVBCN	Northwest Human Services	Plazas	William
MVBCN	Northwest Human Services	Wessel	Verena
MVBCN	Northwest Human Services	Greer	Jacqueline
MVBCN	Northwest Human Services	Ross	Patricia
MVBCN	Northwest Human Services	New Position in process	
MVBCN	**Options Counseling Services of Oregon Inc.**		
MVBCN	Options Counseling Services of Allan		Stephen
MVBCN	Options Counseling Services of Anderson		Kathryn
MVBCN	Options Counseling Services of Back		Kathy
MVBCN	Options Counseling Services of Barnes		Lara
MVBCN	Options Counseling Services of Castleton		Laura
MVBCN	Options Counseling Services of Dehler		Bradley
MVBCN	Options Counseling Services of Flora		Harmony
MVBCN	Options Counseling Services of Franz		Michael
MVBCN	Options Counseling Services of Glazner		Rex
MVBCN	Options Counseling Services of Godbey		Grant
MVBCN	Options Counseling Services of Hajdu-Paulen		Allison
MVBCN	Options Counseling Services of McKnight		Kelli
MVBCN	Options Counseling Services of Roeda		Katie
MVBCN	Options Counseling Services of Ruddell		Richard
MVBCN	Options Counseling Services of Shearer		Darcy
MVBCN	Options Counseling Services of Steinley		Vicki

MVBCN	Options Counseling Services of Whipple		Katie
MVBCN	Options Counseling Services of Wiggins		Brittney
MVBCN	Options Counseling Services of Wong		Heather
MVBCN	**Salem Psychiatric Associaites DBA: Valley Mental Health**		
MVBCN	**Salem Psychiatric Associaites DBA: Valley Mental Health**		
MVBCN	Salem Psychiatric Associaites	Baptiste	Kathleen
MVBCN	Salem Psychiatric Associaites	Bassett	Sandra
MVBCN	Salem Psychiatric Associaites	Bassett	Aly
MVBCN	Salem Psychiatric Associaites	Bliss	Vivien
MVBCN	Salem Psychiatric Associaites	Boyle	Kathleen
MVBCN	Salem Psychiatric Associaites	Bravo	Melissa
MVBCN	Salem Psychiatric Associaites	Buller	Kim
MVBCN	Salem Psychiatric Associaites	Carley	Jennifer
MVBCN	Salem Psychiatric Associaites	Doede	Lori
MVBCN	Salem Psychiatric Associaites	Donaldson	Amber
MVBCN	Salem Psychiatric Associaites	Drumm	Stacie
MVBCN	Salem Psychiatric Associaites	Eliescu	Margo
MVBCN	Salem Psychiatric Associaites	Elms	Corinne
MVBCN	Salem Psychiatric Associaites	Eriksson	Amber
MVBCN	Salem Psychiatric Associaites	Ertl	Christine
MVBCN	Salem Psychiatric Associaites	Haddon	Jackie
MVBCN	Salem Psychiatric Associaites	Henry	Kelly
MVBCN	Salem Psychiatric Associaites	Huyck	Penny
MVBCN	Salem Psychiatric Associaites	Johanson	Deborah
MVBCN	Salem Psychiatric Associaites	Ju	Tami
MVBCN	Salem Psychiatric Associaites	Ju	Winifred
MVBCN	Salem Psychiatric Associaites	Kerper	Emilee
MVBCN	Salem Psychiatric Associaites	Koppang	Glenn
MVBCN	Salem Psychiatric Associaites	Krenz	Rosanna
MVBCN	Salem Psychiatric Associaites	Lamp	Debra
MVBCN	Salem Psychiatric Associaites	Leon	Dawn
MVBCN	Salem Psychiatric Associaites	Lyons-Nelson	Pamela
MVBCN	Salem Psychiatric Associaites	McCrae	Sue
MVBCN	Salem Psychiatric Associaites	Meyers	Cheryl
MVBCN	Salem Psychiatric Associaites	Morgan	Debby
MVBCN	Salem Psychiatric Associaites	Newstone	Meghan
MVBCN	Salem Psychiatric Associaites	Nicholson - Nelson	Gil
MVBCN	Salem Psychiatric Associaites	Nyquist	Mat
MVBCN	Salem Psychiatric Associaites	Outland	Kathy
MVBCN	Salem Psychiatric Associaites	Parezo	Patricia
MVBCN	Salem Psychiatric Associaites	Popov	Dublin
MVBCN	Salem Psychiatric Associaites	Reed	John
MVBCN	Salem Psychiatric Associaites	Ricoy	Rebecca
MVBCN	Salem Psychiatric Associaites	Simonsen	Tamara
MVBCN	Salem Psychiatric Associaites	Smith	Denise
MVBCN	Salem Psychiatric Associaites	Stovin	Rhonda
MVBCN	Salem Psychiatric Associaites	Swope	Rick

MVBCN	Salem Psychiatric Associaites	Tackett-Nelson	Steve
MVBCN	Salem Psychiatric Associaites	Thurston	Reid
MVBCN	Salem Psychiatric Associaites	Veenhuizen	Janice
MVBCN	Salem Psychiatric Associaites	Wood	Brian
MVBCN	Salem Psychiatric Associaites	Wood	Roxie
MVBCN	Salem Psychiatric Associaites	Zeeb	Carey
MVBCN	**MarionCounty Health Dept**	**Administration office**	
		Medical Director	Tackett-Nelson, Steve
MVBCN	**MarionCounty Health Dept**	**Adult Behavioral Health**	
MVBCN	MarionCounty Health Dept	Avery-Valentine	Laura
MVBCN	MarionCounty Health Dept	Berka	Lynnette
MVBCN	MarionCounty Health Dept	Braaten	Marjorie
MVBCN	MarionCounty Health Dept	Campion	Nancy
MVBCN	MarionCounty Health Dept	Chatfield	Tammy
MVBCN	MarionCounty Health Dept	Collins	Jennifer
MVBCN	MarionCounty Health Dept	Cornell	Sara
MVBCN	MarionCounty Health Dept	Denton	Eric
MVBCN	MarionCounty Health Dept	DeVour	Joan
MVBCN	MarionCounty Health Dept	Dieter	Kay
MVBCN	MarionCounty Health Dept	Donaldson	Amber
MVBCN	MarionCounty Health Dept	Edwards	Kathleen
MVBCN	MarionCounty Health Dept	Guest	Tammy
MVBCN	MarionCounty Health Dept	Henlin	Joseph
MVBCN	MarionCounty Health Dept	Hurlburt	Lora
MVBCN	MarionCounty Health Dept	Jimenez	James
MVBCN	MarionCounty Health Dept	Joque	Barbara
MVBCN	MarionCounty Health Dept	Kaady	Joni
MVBCN	MarionCounty Health Dept	Kerp	Diana
MVBCN	MarionCounty Health Dept	King	Edward
MVBCN	MarionCounty Health Dept	Kravitz	Nathaniel
MVBCN	MarionCounty Health Dept	Statton	Anna Cate
MVBCN	MarionCounty Health Dept	Link	Kristen
MVBCN	MarionCounty Health Dept	Linton Nelson	Lori
MVBCN	MarionCounty Health Dept	Littau	Laurinda
MVBCN	MarionCounty Health Dept	McCrary	Stephen
MVBCN	MarionCounty Health Dept	Meeker	Marilyn
MVBCN	MarionCounty Health Dept	Miller	Dianne
MVBCN	MarionCounty Health Dept	Nichols	Stefani
MVBCN	MarionCounty Health Dept	Owens	Trisha
MVBCN	MarionCounty Health Dept	Percevay	Lynne
MVBCN	MarionCounty Health Dept	Podmajersky	Dorka
MVBCN	MarionCounty Health Dept	Rahe	Sohyon
MVBCN	MarionCounty Health Dept	Rohan	Steven
MVBCN	MarionCounty Health Dept	Russell	Kimberly
MVBCN	MarionCounty Health Dept	Sholar	J Michael
MVBCN	MarionCounty Health Dept	Spoerhase	Lori
MVBCN	MarionCounty Health Dept	Stone	Katherine

MVBCN	MarionCounty Health Dept	Stradinger	Kay
MVBCN	MarionCounty Health Dept	Toutellotte	Bill
MVBCN	MarionCounty Health Dept	Tucker	Marlene
MVBCN	MarionCounty Health Dept	Walker	Mark
MVBCN	MarionCounty Health Dept	Walter	Kevin
MVBCN	MarionCounty Health Dept	Watson	Louanne
MVBCN	MarionCounty Health Dept	White	Ursula
MVBCN	MarionCounty Health Dept	Young	Debralee
MVBCN	**MarionCounty Health Dept**	**Children's Behavioral Health**	
MVBCN	MarionCounty Health Dept	Alonso-Leon	Erica
MVBCN	MarionCounty Health Dept	Danesh	Nastaran
MVBCN	MarionCounty Health Dept	Davidson	Patricia
MVBCN	MarionCounty Health Dept	DeJesus-Rentas	Gilberto
MVBCN	MarionCounty Health Dept	Eckman	Larry
MVBCN	MarionCounty Health Dept	Fox	Kathryn
MVBCN	MarionCounty Health Dept	Garcia-Mendez	Jose
MVBCN	MarionCounty Health Dept	Juarez	Victor
MVBCN	MarionCounty Health Dept	Kendeigh	Jennifer
MVBCN	MarionCounty Health Dept	Kraft	Gwen
MVBCN	MarionCounty Health Dept	Kuor	Pio
MVBCN	MarionCounty Health Dept	Panosh	Micheen
MVBCN	MarionCounty Health Dept	Pena	Lupita
MVBCN	MarionCounty Health Dept	Perales	Elida
MVBCN	MarionCounty Health Dept	Perez	Timothy
MVBCN	MarionCounty Health Dept	Pozos-Avila	Viridiana
MVBCN	MarionCounty Health Dept	Roberts	Michelle
MVBCN	MarionCounty Health Dept	Rosano-Alvarez	Joel
MVBCN	MarionCounty Health Dept	Sanders	Julie
MVBCN	MarionCounty Health Dept	Sandoval	Veronica
MVBCN	MarionCounty Health Dept	SanJuan	Diana
MVBCN	MarionCounty Health Dept	Sischo	Robin
MVBCN	MarionCounty Health Dept	Strunk	Rebecca
MVBCN	MarionCounty Health Dept	Thomas	Jim
MVBCN	**MarionCounty Health Dept**	**New Solutions**	
MVBCN	Marion County Health Dept	Brack	Kami
MVBCN	Marion County Health Dept	Briola	Tanya
MVBCN	Marion County Health Dept	Brister	Tammy
MVBCN	Marion County Health Dept	Clark	Cody
MVBCN	Marion County Health Dept	Ealy	Ishawn
MVBCN	Marion County Health Dept	Espinoza	Monica
MVBCN	Marion County Health Dept	Gima	Shannon
MVBCN	Marion County Health Dept	Goodale	Dana
MVBCN	Marion County Health Dept	Howard	Susan
MVBCN	Marion County Health Dept	Irwin	Keith
MVBCN	Marion County Health Dept	Jensen	Annette
MVBCN	Marion County Health Dept	Kauffman	Tami
MVBCN	Marion County Health Dept	Mangis	Leah

MVBCN	Marion County Health Dept	McKibben	Carol
MVBCN	Marion County Health Dept	Nestor	Cydney
MVBCN	Marion County Health Dept	Ramsdell	Morgan
MVBCN	Marion County Health Dept	Stroud	Caterina
MVBCN	Marion County Health Dept	Sullivan	Theresa
MVBCN	Marion County Health Dept	Thompson	Vicki
MVBCN	Marion County Health Dept	Torres	Percelleia
MVBCN	Marion County Health Dept	Young	Jacob
MVBCN	**MarionCounty Health Dept**	**Consumer Intergrated Initiative**	
MVBCN	Marion County Health Dept	Brodigan	Patrick
MVBCN	MarionCounty Health Dept	Stainbrook	Leslie
MVBCN	Marion County Health Dept	Pahl	Christine
MVBCN	MarionCounty Health Dept	Roland	Billie
MVBCN	Marion County Health Dept	Daniels	Cindy
MVBCN	Marion County Health Dept	Lara	Helen
MVBCN	**MarionCounty Health Dept**	**Early Assessment Support Alliance**	
MVBCN	Marion County Health Dept	Bentz	Cammy
MVBCN	Marion County Health Dept	Davis	Peter
MVBCN	Marion County Health Dept	Donnelly	Nina
MVBCN	Marion County Health Dept	Reed	John
MVBCN	Marion County Health Dept	Rodriguez	Chrstina
MVBCN	Marion County Health Dept	Wagner	Anthony
MVBCN	Marion County Health Dept	Wolf	Robert
MVBCN	**Marion County Health Dept**	**Cottages-Horizon House**	
MVBCN	Marion County Health Dept	Adelman	Michelle
MVBCN	Marion County Health Dept	Barko	Robert
MVBCN	Marion County Health Dept	Christodoulou	Janice
MVBCN	Marion County Health Dept	Doerfler	Amy
MVBCN	Marion County Health Dept	Gottschalk	Misty
MVBCN	Marion County Health Dept	Lewis	Karen
MVBCN	Marion County Health Dept	McCammon	William "Bill"
MVBCN	Marion County Health Dept	Means	David
MVBCN	Marion County Health Dept	Musillami	Allison
MVBCN	Marion County Health Dept	Rapoza	Rachel-Anne
MVBCN	**MarionCounty Health Dept**	**Psychiatric Crisis Center**	
MVBCN	Marion County Health Dept	Agee	Deidana
MVBCN	Marion County Health Dept	Allstot	Laci
MVBCN	Marion County Health Dept	Archibald	Jeremy
MVBCN	Marion County Health Dept	Atchley	Marsha
MVBCN	Marion County Health Dept	Bandfield	Ann-Marie
MVBCN	Marion County Health Dept	Boles	Jerrod
MVBCN	Marion County Health Dept	Blum	Kerry
MVBCN	Marion County Health Dept	Bowersox	Martha
MVBCN	Marion County Health Dept	Brown	Hiliary
MVBCN	Marion County Health Dept	Bruce	Paul
MVBCN	Marion County Health Dept	Butsenina	Nataliya
MVBCN	Marion County Health Dept	Caldwel	Rebecca

MVBCN	Marion County Health Dept	Caraballo	Stacey
MVBCN	Marion County Health Dept	Chan	Sara
MVBCN	Marion County Health Dept	Clark	Cynthia
MVBCN	Marion County Health Dept	Clark	Mia
MVBCN	Marion County Health Dept	Dague	Michelle
MVBCN	Marion County Health Dept	Danielian	Robert
MVBCN	Marion County Health Dept	Davis	Eryn
MVBCN	Marion County Health Dept	Ares-De Jesus	Carmen
MVBCN	Marion County Health Dept	Desirey	Dovie
MVBCN	Marion County Health Dept	Dugan	Jeffrey
MVBCN	Marion County Health Dept	Estrada	Christina
MVBCN	Marion County Health Dept	Ewing	Rebecca
MVBCN	Marion County Health Dept	Fry	Denise
MVBCN	Marion County Health Dept	Goldsmith	Marshall
MVBCN	Marion County Health Dept	Gordon	Jamila
MVBCN	Marion County Health Dept	Graves	Heidi
MVBCN	Marion County Health Dept	Gutierrez	Lydia
MVBCN	Marion County Health Dept	Harry	Dean
MVBCN	Marion County Health Dept	Hines	Susan
MVBCN	Marion County Health Dept	Hodgdon	Dennis
MVBCN	Marion County Health Dept	Holbrook	Phillip
MVBCN	Marion County Health Dept	Hudkins	Naomi
MVBCN	Marion County Health Dept	Izaguirre	Oscar
MVBCN	Marion County Health Dept	Johnson	Sandra
MVBCN	Marion County Health Dept	Kirk	Anthony
MVBCN	Marion County Health Dept	Kirkland	Thomas
MVBCN	Marion County Health Dept	Lee	Brenda
MVBCN	Marion County Health Dept	Lindbloom	Melissa
MVBCN	Marion County Health Dept	Mains	Jacob
MVBCN	Marion County Health Dept	Martinez	Corina
MVBCN	Marion County Health Dept	Ober	Kamie
MVBCN	Marion County Health Dept	Pastorino	Jennifer
MVBCN	Marion County Health Dept	Paoff	Roxcella
MVBCN	Marion County Health Dept	Phillippi	Jessica
MVBCN	Marion County Health Dept	Rainwater	Allan
MVBCN	Marion County Health Dept	Ray	Julia
MVBCN	Marion County Health Dept	Rentz	Kevin
MVBCN	Marion County Health Dept	Richardson	Marlene
MVBCN	Marion County Health Dept	Ring	Peggy
MVBCN	Marion County Health Dept	Roark	Kathy
MVBCN	Marion County Health Dept	Rollins	Dianna
MVBCN	Marion County Health Dept	Scott	Cynthia
MVBCN	Marion County Health Dept	Sessums	Brooke
MVBCN	Marion County Health Dept	Stevenson	Angela
MVBCN	Marion County Health Dept	Straw	Latricia
MVBCN	Marion County Health Dept	Taylor	Charles
MVBCN	MarionCounty Health Dept	Teller	Peter

MVBCN	Marion County Health Dept	Tibbot	Ann
MVBCN	Marion County Health Dept	Torres-Mora	Mario
MVBCN	Marion County Health Dept	Vanderwerff	Curtis
MVBCN	Marion County Health Dept	Vanhook-Lamb	Deborah
MVBCN	Marion County Health Dept	Wakling	Sheryl
MVBCN	Marion County Health Dept	Waldron	Tara
MVBCN	Marion County Health Dept	Wang	Paula
MVBCN	Marion County Health Dept	Weisbrodt	Shelby
MVBCN	Marion County Health Dept	Wells	Debra
MVBCN	Marion County Health Dept	Witt	Martha
MVBCN	Marion County Health Dept	Wolgamot	Whitney
MVBCN	**Marion County Health Dept**	**A&D Outpatient**	
MVBCN	Marion County Health Dept	Riddel	John
MVBCN	Marion County Health Dept	Moreno	Laura
MVBCN	Marion County Health Dept	Costello	Daniel
MVBCN	Marion County Health Dept	Couch	Maria
MVBCN	Marion County Health Dept	Morgan	Theresa
MVBCN	Marion County Health Dept	Heard	Gary
MVBCN	Marion County Health Dept	Davis	Patricia
MVBCN	Marion County Health Dept	Underwood	Tiffany
MVBCN	Marion County Health Dept	Reed	Billie
MVBCN	Marion County Health Dept	Mayta	Brian
MVBCN	Marion County Health Dept	Cooley	Robert
MVBCN	Marion County Health Dept	Camarillo	Roberto
MVBCN	Marion County Health Dept	Arnold	Charles
MVBCN	Marion County Health Dept	Texidor	Carlos
MVBCN	Marion County Health Dept	Ream	Jamie
MVBCN	Marion County Health Dept	Luna	Dora
MVBCN	**Marion County Health Dept**	**Opioid Assisted Tx**	
MVBCN	Marion County Health Dept	Osborne	Debra
MVBCN	Marion County Health Dept	Dennis-Kelly	Anna
MVBCN	Marion County Health Dept	Bloom	Christopher
MVBCN	MarionCounty Health Dept	Pomroy	R. Gayle
MVBCN	**Clear Paths Behavioral Healt**	**A&D Outpatient**	Clear Paths
MVBCN	Clear Paths Behavioral Health	Beers	Michael
MVBCN	Clear Paths Behavioral Health	Kennedy	Brendan
MVBCN	Clear Paths Behavioral Health	Kramer	Jill
MVBCN	Clear Paths Behavioral Health	Kangas	Donald
MVBCN	Clear Paths Behavioral Health	Gersch	Tomoko

Business Practice Address	Business Practice City	Business Practice Zip	Business County	Provider Type(B-2)
3325 Harold Dr NE	Salem	97305	Marion	33
3325 Harold Dr NE	Salem	97305	Marion	33
3325 Harold Dr NE	Salem	97305	Marion	33
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	33
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3325 Harold Dr NE	Salem	97305	Marion	3
3737 Portland Rd NE	**Salem**	**97301**	**Marion**	92
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
3737 Portland Rd NE	Salem	97301	Marion	33
290 Moyer Lane NW	**Salem**	**97304**	**Polk**	92
290 Moyer Lane NW	Salem	97304	Polk	33

290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
290 Moyer Lane NW	Salem	97304	Polk	33
1675 Winter Street NE	**Salem**	**97301**	**Marion**	92
565 Union Street NE, Ste	**Salem**	**97301**	**Marion**	92
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
1675 Winter Street NE	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
1675 Winter Street NE	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
1675 Winter Street NE	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
1675 Winter Street NE	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
1675 Winter Street NE	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33

565 Union Street NE, Ste '	Salem	97301	Marion	33
1675 Winter Street NE	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
1675 Winter Street NE	Salem	97301	Marion	33
565 Union Street NE, Ste '	Salem	97301	Marion	33
681 Center Street	**Salem**	**97301**	**Marion**	92
1245 Edgewater Street N	**Salem**	**97304**	**Polk**	92
694 Church Street	**Salem**	**97301**	**Marion**	92
1143 Liberty Street NE	**Salem**	**97301**	**Marion**	92
1245 Edgewater Street NV	Salem	97304	Polk	33
1245 Edgewater Street NV	Salem	97304	Polk	33
1245 Edgewater Street NV	Salem	97304	Polk	33
1245 Edgewater Street NV	Salem	97304	Polk	33
1245 Edgewater Street NV	Salem	97304	Polk	33
1245 Edgewater Street NV	Salem	97304	Polk	33
1245 Edgewater Street NV	Salem	97304	Polk	33
1245 Edgewater Street NV	Salem	97304	Polk	33
1245 Edgewater Street NV	Salem	97304	Polk	33
1143 Liberty Street NE	Salem	97301	Marion	33
1245 Edgewater Street NV	Salem	97304	Polk	33
694 Church Street	Salem	97301	Marion	33
694 Church Street	Salem	97301	Marion	33
694 Church Street	Salem	97301	Marion	33
1245 Edgewater Street NV	Salem	97304	Polk	33
694 Church Street	Salem	97301	Marion	33
1245 Edgewater Street NV	Salem	97304	Polk	33
1143 Liberty Street NE	Salem	97301	Marion	33
694 Church Street	Salem	97301	Marion	33
694 Church Street	Salem	97301	Marion	33
694 Church Street	Salem	97301	Marion	33
2645 Portland Road NE, S	**Salem**	**97301**	**Marion**	92
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33
2645 Portland Road NE, S	Salem	97301	Marion	33

2645 Portland Road NE, S	Salem	97301 Marion	33
2645 Portland Road NE, S	Salem	97301 Marion	33
2645 Portland Road NE, S	Salem	97301 Marion	33
821 Saginaw Street Souti	**Salem**	**97302 Marion**	92
821 Saginaw Street Souti	**Salem**	**97302 Marion**	92
821 Saginaw Street South	Salem	97302 Marion	33
821 Saginaw Street South	Salem	97302 Marion	33
821 Saginaw Street South	Salem	97302 Marion	33
821 Saginaw Street South	Salem	97302 Marion	33
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821 Saginaw Street South	Salem	97302 Marion	33

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821 Saginaw Street South	Salem	97302	Marion	33
821 Saginaw Street South	Salem	97302	Marion	33
821 Saginaw Street South	Salem	97302	Marion	33
821 Saginaw Street South	Salem	97302	Marion	33
821 Saginaw Street South	Salem	97302	Marion	33
3180 Center Street NE-St	**Salem**	**97301**	**Marion**	92
3180 Center Street NE-St	**Salem**	**97301**	**Marion**	33
3180 Center Street NE-St	Salem	**97301**	**Marion**	92
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	735
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33

3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
3180 Center Street NE-Sui	Salem	97301	Marion	33
2421 Lancaster Drive NE	**Salem**	**97305**	**Marion**	92
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
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2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	Salem	97305	Marion	33
2421 Lancaster Drive NE	**Salem**	**97305**	**Marion**	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
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2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872

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2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	**Salem**	**97305**	**Marion**	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
2421 Lancaster Drive NE	Salem	97305	Marion	872
3878 Beverly Ave NE, Bl	**Salem**	**97305**	**Marion**	92
3878 Beverly Ave NE, Bldg	Salem	97305	Marion	33
3878 Beverly Ave NE, Bldg	Salem	97305	Marion	33
3878 Beverly Ave NE, Bldg	Salem	97305	Marion	33
3878 Beverly Ave NE, Bldg	Salem	97305	Marion	33
3878 Beverly Ave NE, Bldg	Salem	97305	Marion	33
3878 Beverly Ave NE, Bldg	Salem	97305	Marion	33
3878 Beverly Ave NE, Bldg	Salem	97305	Marion	33
2435 Greenway Drive NE	**Salem**	**97301**	**Marion**	871
2435 Greenway Drive NE	Salem	97301	Marion	871
2435 Greenway Drive NE	Salem	97301	Marion	871
2435 Greenway Drive NE	Salem	97301	Marion	871
2435 Greenway Drive NE	Salem	97301	Marion	871
2435 Greenway Drive NE	Salem	97301	Marion	871
2435 Greenway Drive NE	Salem	97301	Marion	871
2435 Greenway Drive NE	Salem	97301	Marion	871
2435 Greenway Drive NE	Salem	97301	Marion	871
2435 Greenway Drive NE	Salem	97301	Marion	871
2435 Greenway Drive NE	Salem	97301	Marion	871
1118 Oak Street SE	**Salem**	**97301**	**Marion**	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
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1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65

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1118 Oak Street SE	Salem	97301	Marion	65
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1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
3180 Center Street NE-Sui	Salem	97301	Marion	65

1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
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1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
1118 Oak Street SE	Salem	97301	Marion	65
3180 Center St. NE	**Salem**	**97301**	**Marion**	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
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3180 Center St. NE	Salem	97301	Marion	03
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3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	**Salem**	**97301**	**Marion**	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center St. NE	Salem	97301	Marion	03
3180 Center Street NE-Sui	Salem	97301	Marion	33
3793 River Rd N, Suite A	**Keizer**	**97303**	**Marion**	03
3793 River Rd N, Suite A	Keizer	97303	Marion	03
3793 River Rd N, Suite A	Keizer	97303	Marion	03
3793 River Rd N, Suite A	Keizer	97303	Marion	03
3793 River Rd N, Suite A	Keizer	97303	Marion	03
3793 River Rd N, Suite A	Keizer	97303	Marion	03

Specialty(B-2)	NPI	PCP Identifier(PCPCH)	# Members Assigned	Members That Can Be
92 Community Mental Health Clinic	1962793539	No		
Certified Alcohol and Other Drugs of Addictio	1376772673	No	31	no cap
Certified Alcohol and Other Drugs of Addictio	1326368333	No	4	no cap
Certified Alcohol and Other Drugs of Addictio	1215228507	No	2	no cap
Certified Alcohol and Other Drugs of Addictio	1750598314	No	27	no cap
A&D Outpatient Treatment Program	1356628119	No		
Certified Alcohol and Other Drugs of Addictio	1730402785	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1538431499	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1164693990	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1124294533	No	45	no cap
Certified Alcohol and Other Drugs of Addictio	1215228507	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1699930248	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1518263516	No	N/A	N/A
Certified Alcohol and Other Drugs of Addictio	1942332853	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1376860577	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1053638684	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1164582896	No	52	no cap
Certified Alcohol and Other Drugs of Addictio	1063619948	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1629114210	No	53	no cap
Certified Alcohol and Other Drugs of Addictio	1073717401	No	unvailable	no cap
Nurse Practitioner	1952321747	No	unvailable	no cap
A&D Residntial Treatment	1083844401	No		
Certified Alcohol and Other Drugs of Addictio	1255463246	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1518284785	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1821136706	No	unvailable	no cap
Certified Alcohol and Other Drugs of Addictio	1386833234	No	N/A	N/A
Certified Alcohol and Other Drugs of Addictio	1942346598	No	unvailable	no cap
Family Practitioner	1003830407	No	N/A	N/A
Registered Nurse		No	N/A	N/A
Community Mental Health Clinic	1144345570	No		
Psychiatric MH Nurse Practitioner	1538225818	No	N/A	12/month
Licensed Marriage & Family Therapist	1689890493	No	4	no cap
Outpatient Mental Health Clinic	1285917955	No	10	no cap
Outpatient Mental Health Clinic	1700104932	No	29	no cap
Outpatient Mental Health Clinic	1043470669	No	22	no cap
Outpatient Mental Health Clinic	1992901144	No	5	no cap
Outpatient Mental Health Clinic	1144598285	No	13	no cap
Outpatient Mental Health Clinic	1821380619	No	17	no cap
Outpatient Mental Health Clinic	1487946133	No	14	no cap
Outpatient Mental Health Clinic	1780824284	No	9	no cap
Outpatient Mental Health Clinic	1912299702	No	16	no cap
Community Mental Health Clinic	1922072487	No		
Outpatient Mental Health Clinic	1316194673	No	30	35

Licensed Professional Counselor	1306008362	No		30	35
Outpatient Mental Health Clinic	1366770349	No		17	18
Outpatient Mental Health Clinic	1912188707	No		28	40
Outpatient Mental Health Clinic	1508140872	No	N/A	N/A	
Outpatient Mental Health Clinic	1144415191	No		22	40
Licensed Professional Counselor	1891702767	No		11	15
Licensed Professional Counselor	1205957230	No		32	35
Licensed Professional Counselor	1578764239	No		5	10
Outpatient Mental Health Clinic	1871617357	No		35	40
Licensed Professional Counselor	1144439019	No		22	35
Outpatient Mental Health Clinic	1982999686	No		10	10
Licensed Clinical Social Worker	1528024684	No	N/A	N/A	
Licensed Professional Counselor	1134186000	No		27	35
Outpatient Mental Health Clinic	1457503260	No		19	40
Licensed Psychologist	1518959493	No	N/A	N/A	
Outpatient Mental Health Clinic	1811026644	No		38	40
Outpatient Mental Health Clinic	1437441862	No		10	10
Outpatient Mental Health Clinic	1760461370	No		30	35
Licensed Professional Counselor	1003877010	No		41	40
Licensed Professional Counselor	1568766616	No		33	35
Psychiatric MH Nurse Practitioner	1285862938	No	N/A	90/mo	
Outpatient Mental Health Clinic	1750516845	No		16	18
Community Mental Health Clinic	1063462281	No			
Community Mental Health Clinic	1063462281	No			
Psychiatric MH Nurse Practitioner	1104970808	No		31	35
Psychiatric MH Nurse Practitioner	1417276080	No		25	25
Licensed Professional Counselor	1669423448	No		39	40
Psychiatric MH Nurse Practitioner	1528292752	No		52	55
Licensed Marriage & Family Therapist	1154547982	No		45	50
Licensed Clinical Social Worker	1386872737	No		30	40
Licensed Professional Counselor	1033221296	No		30	30
Licensed Marriage & Family Therapist	1023123130	No		29	30
Licensed Clinical Social Worker	1811951569	No		51	55
Licensed Professional Counselor	1548266448	No		48	50
Licensed Professional Counselor	1619177979	No		41	45
Licensed Clinical Social Worker	1154477420	No		43	45
Licensed Professional Counselor	1649450339	No		63	60
Licensed Professional Counselor	1629151493	No		37	40
Licensed Marriage & Family Therapist	1295981272	No		24	25
Licensed Professional Counselor	1023240603	No	0-new		30
Licensed Professional Counselor	1528248887	No		53	50
Licensed Professional Counselor	1366576357	No		73	70
Licensed Masters Social Worker	1134267453	No	N/A	N/A	
Licensed Clinical Social Worker	1245490176	No		51	50
Licensed Marriage & Family Therapist	1477516821	No		49	50
Licensed Professional Counselor	1689625444	No		37	40
Licensed Clinical Social Worker	1942251723	No	N/A	n/a	

Licensed Professional Counselor	1508083601	No		39	40
Licensed Clinical Social Worker	1598728941	No		11	15
Licensed Professional Counselor	1477767762	No		53	50
Licensed Professional Counselor	1205899655	No		25	25
Licensed Professional Counselor	1235348863	No		31	30
Community Mental Health Clinic		No			
Community Mental Health Clinic	1871530758	No			
Community Mental Health Clinic	1790865798	No			
Community Mental Health Clinic	1447332994	No			
Psychiatric MH Nurse Practitioner	1063559094	No	N/A	N/A	
Psychiatrist	1639333727	No	N/A	N/A	
Outpatient Mental Health Clinic	1225287279	No		20	26
Outpatient Mental Health Clinic	1467640847	No		14	32
Licensed Professional Counselor	1245496231	No		35	26
Outpatient Mental Health Clinic	1598071003	No		54	52
Licensed Clinical Social Worker	1124329743	No		36	52
Outpatient Mental Health Clinic	1255660924	No		38	40
Outpatient Mental Health Clinic	1174752224	No		75	52
Outpatient Mental Health Clinic	1831361369	No		9	16
Licensed Clinical Social Worker	1922163096	No	N/A	N/A	
Outpatient Mental Health Clinic	1033205737	No	N/A	N/A	
Licensed Masters Social Worker	1710296306	No		29	no cap
Outpatient Mental Health Clinic	1992860431	No	N/A	N/A	
Outpatient Mental Health Clinic	1144500927	No	N/A	N/A	
Outpatient Mental Health Clinic	1184795635	No	N/A	N/A	
Outpatient Mental Health Clinic	1629307384	No	N/A	N/A	
Outpatient Mental Health Clinic	1548340557	No	N/A	N/A	
Outpatient Mental Health Clinic	1669707345	No	N/A	N/A	
Outpatient Mental Health Clinic	1689942419	No	N/A	n	
Outpatient Mental Health Clinic	n/a	No		29	no cap
Community Mental Health Clinic	1609132042	No			
Licensed Psychologist	1669531992	No		0	0
Outpatient Mental Health Clinic	1760707350	No		44	40
Licensed Professional Counselor	1427351287	No		36	40
Licensed Marriage & Family Therapist	1679772032	No		12	40
Outpatient Mental Health Clinic	1104192723	No		24	40
Outpatient Mental Health Clinic	1235449778	No	N/A	N/A	
Outpatient Mental Health Clinic	1902931801	No	N/A	N/A	
Psychiatrist	1891878849	No	N/A	N/A	
Outpatient Mental Health Clinic	1457677726	No		33	40
Psychiatrist	1902936594	No	N/A	N/A	
Outpatient Mental Health Clinic	1427244953	No		11	40
Outpatient Mental Health Clinic	1205961273	No	N/A	N/A	
Outpatient Mental Health Clinic	1407135833	No		30	40
Outpatient Mental Health Clinic	1912159393	No		27	40
Licensed Professional Counselor	1750507125	No		25	40
Licensed Professional Counselor	1598901498	No	N/A	N/A	

Outpatient Mental Health Clinic	1093981169	No	N/A	N/A	
Outpatient Mental Health Clinic	1659685790	No	45		40
Outpatient Mental Health Clinic	1942432398	No	38		40
Community Mental Health Clinic	1619061314	No			
Community Mental Health Clinic	1912121526	No			
Licensed Clinical Social Worker	1023174166	No	16	unavailable	
Psychiatric MH Nurse Practitioner	1326232398	No	2		
Outpatient Mental Health Clinic	1356611008	No	N/A	N/A	
Licensed Professional Counselor	1922164144	No	61	unavailable	
Outpatient Mental Health Clinic	1629391982	No	4		6
Outpatient Mental Health Clinic	1134350564	No	38		40
Licensed Clinical Social Worker	1598827289	No	8		10
Psychiatric MH Nurse Practitioner	1114918471	No	8	unavailable	
Licensed Professional Counselor	1013093301	No	45		40
Outpatient Mental Health Clinic	1841354396	No	15	unavailable	
Outpatient Mental Health Clinic	1619242500	No	N/A	N/A	
Licensed Clinical Social Worker	1922068790	No	28		40
Licensed Professional Counselor	1962524421	No	14		12
Psychiatric MH Nurse Practitioner	1447440904	No	32	unavailable	
Licensed Clinical Social Worker	1194812057	No	13		12
Licensed Clinical Social Worker	1548327505	No	unavailable	unavailable	
Psychiatric MH Nurse Practitioner	1457657793	No	1		
Licensed Professional Counselor	1023287919	No	45	unavailable	
Licensed Clinical Social Worker	1447476833	No	0-new		25
Outpatient Mental Health Clinic	1891961306	No	N/A	N/A	
Licensed Psychologist	1386701522	No	8	unavailable	
Outpatient Mental Health Clinic	1255620274	No	N/A	N/A	
Outpatient Mental Health Clinic	1447347315	No	32		40
Outpatient Mental Health Clinic	1023215274	No	43		45
Outpatient Mental Health Clinic	1245506336	No	unavailable	unavailable	
Outpatient Mental Health Clinic	1144310574	No	6		10
Licensed Professional Counselor	1033265020	No	14		12
Outpatient Mental Health Clinic	1508082736	No	N/A	N/A	
Licensed Clinical Social Worker	1073677571	No	12		10
Outpatient Mental Health Clinic	1285932533	No	N/A	N/A	
Outpatient Mental Health Clinic	1104949049	No	N/A	N/A	
Licensed Clinical Social Worker	1104982818	No	32		28
Outpatient Mental Health Clinic	1205074176	No	65		50
Licensed Clinical Social Worker	1508830530	No	11		12
Licensed Professional Counselor	1316920085	No	12		15
Licensed Clinical Social Worker	1861557381	No	17		30
Outpatient Mental Health Clinic	1588728430	No	N/A	N/A	
Psychiatrist	1770676330	No	32		
Outpatient Mental Health Clinic	1043547862	No	N/A	N/A	
Licensed Clinical Social Worker	1205917721	No	26		21
Licensed Clinical Social Worker	1306833033	No	20		25
Licensed Professional Counselor	1124009899	No	42		40

Psychiatrist	1245324797	No		0		
Licensed Clinical Social Worker	1619027059	No		25		30
Psychiatrist	1659386340	No		37	transferring	
Outpatient Mental Health Clinic	1164655619	No	N/A		N/A	
Outpatient Mental Health Clinic	1275690513	No	N/A		N/A	
Licensed Professional Counselor	1306918529	No		28		40
		No				
Psychiatrist	1245324797	No	N/A		N/A	
Community Mental Health Clinic	1528147782	No				
Outpatient Mental Health Clinic	1528241056	No		81		60
Outpatient Mental Health Clinic	1356477921	No	N/A		N/A	
Outpatient Mental Health Clinic	1255495289	No		70		60
Outpatient Mental Health Clinic	1548589112	No	N/A		N/A	
Outpatient Mental Health Clinic	1750509782	No	N/A		N/A	
Outpatient Mental Health Clinic	1669536652	No		74		60
Outpatient Mental Health Clinic	1346574506	No		18		40
Outpatient Mental Health Clinic	1710214507	No	N/A		N/A	
Registered Nurse	1851534838	No	N/A		N/A	
Psychiatrist	1437291598	No				
Outpatient Mental Health Clinic	1841354396	No		42		24
Registered Nurse	1457415978	No	N/A		N/A	
Supported Employment	1407014475	No		20		20
Outpatient Mental Health Clinic	1982768438	No	N/A		N/A	
Registered Nurse	1275634420	No	N/A		N/A	
Outpatient Mental Health Clinic	1588851059	No	N/A		N/A	
Outpatient Mental Health Clinic	1548324056	No		68		48
Outpatient Mental Health Clinic	1063576593	No		45		24
Outpatient Mental Health Clinic	1245394089	No	N/A		N/A	
Licensed Marriage & Family Therapist	1376798041	No	N/A		N/A	
Psychiatric MH Nurse Practitioner	1053543066	No	N/A		N/A	
Outpatient Mental Health Clinic	1033305040	No		48		80
Outpatient Mental Health Clinic	1871815662	No	N/A		N/A	
Psychiatric MH Nurse Practitioner	1336297985	No				
Registered Nurse	1285894261	No	N/A		N/A	
Outpatient Mental Health Clinic	1457501272	No	N/A		N/A	
Outpatient Mental Health Clinic	1588728695	No		60		60
Outpatient Mental Health Clinic	1457415093	No	N/A		N/A	
Licensed Clinical Social Worker	1801077854	No		33		50
Registered Nurse	1306900741	No	N/A		N/A	
Licensed Clinical Social Worker	1417011362	No		25		50
Outpatient Mental Health Clinic	1598821878	No	N/A		N/A	
Psychiatric MH Nurse Practitioner	1568474575	No	N/A		N/A	
Outpatient Mental Health Clinic	1902196660	No	N/A		N/A	
Outpatient Mental Health Clinic	1003939943	No	N/A		N/A	
Outpatient Mental Health Clinic	1437112885	No	N/A		N/A	
Outpatient Mental Health Clinic	1275729113	No		81		60
Outpatient Mental Health Clinic	1881758357	No	N/A		N/A	

Outpatient Mental Health Clinic	1881750032	No	N/A	N/A	
Outpatient Mental Health Clinic	1932264181	No		14	15
Licensed Clinical Social Worker	1881758811	No		64	60
Licensed Professional Counselor	1740346246	No		65	60
Licensed Professional Counselor	1700944733	No	N/A	N/A	
Registered Nurse	1770524894	No	N/A	N/A	
Psychiatric MH Nurse Practitioner	1326366907	No			
Outpatient Mental Health Clinic	1235413501	No	N/A	N/A	
Community Mental Health Clinic	1528147782	No			
Outpatient Mental Health Clinic	1417010976	No	N/A	N/A	
Outpatient Mental Health Clinic	1366743775	No		16	75
Licensed Professional Counselor	1437288966	No		66	75
Psychiatrist	1316972524	No			
Psychiatric MH Nurse Practitioner	1316074453	No			
Outpatient Mental Health Clinic	1124356134	No	N/A		20
Outpatient Mental Health Clinic	1417128315	No	N/A	N/A	
Outpatient Mental Health Clinic	1528212255	No		88	75
Outpatient Mental Health Clinic	1659545317	No		61	75
Licensed Professional Counselor	1922162312	No		45	75
Outpatient Mental Health Clinic	1104980580	No		63	75
Outpatient Mental Health Clinic	1932244282	No		38	75
Outpatient Mental Health Clinic	1104050947	No	N/A	N/A	
Outpatient Mental Health Clinic	1356489280	No		71	75
Psychiatric MH Nurse Practitioner	1760651442	No			
Outpatient Mental Health Clinic	1023262912	No		48	75
Outpatient Mental Health Clinic	1669617122	No	N/A	N/A	
Outpatient Mental Health Clinic	1962567479	No		65	75
Outpatient Mental Health Clinic	in process	No	N/A	N/A	
Outpatient Mental Health Clinic	1184835548	No	N/A	N/A	
Outpatient Mental Health Clinic	1487964656	No	N/A		10
Outpatient Mental Health Clinic	1427194158	No	N/A	N/A	
Outpatient Mental Health Clinic	1487856274	No	N/A		10
Licensed Professional Counselor	1235292137	No		56	75
Mental Health Outreach Service	1528147782	No			
Community Bassed Wrap Services	1831344258	No		17	15
Community Bassed Wrap Services	1235338559	No		17	15
Family Support/Peer to Parent	1083818603	No		0	15
Community Bassed Wrap Services	1639371461	No		17	15
Community Bassed Wrap Services	1194927541	No		17	15
Community Bassed Wrap Services	1922258649	No		19	15
Community Bassed Wrap Services	1134414949	No		18	15
Community Bassed Wrap Services	1548542996	No		15	15
Community Bassed Wrap Services	1609078625	No		18	15
Level of Need Determination Clinician	1932345139	No	N/A	N/A	
Family Support/Peer to Parent	1518248111	No		4	15
Community Bassed Wrap Services	1972683886	No		17	15
Mentor Services	1699898544	No	N/A	N/A	

Level of Need Determination Clinician	1932250560	No	N/A	N/A	
Outpatient Mental Health Clinic	1154467884	No	N/A	N/A	
Community Bassed Wrap Services	1336397256	No	16		15
Community Bassed Wrap Services	1598935421	No	8		15
Family Support/Peer to Parent	1184826521	No	3		15
Level of Need Determination Clinician	1689901126	No	N/A	N/A	
Level of Need Determination Clinician	1083849467	No	N/A	N/A	
Community Bassed Wrap Services	in process	No	N/A	N/A	
Mental Health Outreach Service	1528147782	No			
Community Integration Coordinator	1962790840	No	0		5
Community Integration Coordinator	1659571230	No	8		10
Community Integration Coordinator	1124286935	No	12		15
Community Integration Coordinator	1598829947	No	12		15
Peer Support Services	in process	No	0		5
Peer Support Services	in process	No	N/A	N/A	
Community Mental Health Clinic	1528147782	No			
Outpatient Mental Health Clinic	1700031994	No	15		20
Outpatient Mental Health Clinic	1538390992	No	15		20
Outpatient Mental Health Clinic	1942364468	No	15		20
Outpatient Mental Health Clinic	1588728430	No	N/A	N/A	
Outpatient Mental Health Clinic	1669617122	No	16		20
Outpatient Mental Health Clinic	1790050433	No	15		20
Psychiatrist	1598722936	No			
Mental Health Residental Facility	1528147782	No			
Mental Health Residental Facility	1437448198	No	N/A	N/A	
Mental Health Residental Facility	1376867200	No	N/A	N/A	
Mental Health Residental Facility	1902942907	No	N/A	N/A	
Mental Health Residental Facility	1265634646	No	N/A	N/A	
Mental Health Residental Facility	1922388040	No	N/A	N/A	
Mental Health Residental Facility	1093032005	No	N/A	N/A	
Mental Health Residental Facility	1518168251	No	N/A	N/A	
Licensed Professional Counselor	1457417032	No	7	N/A	
Mental Health Residental Facility	1801125687	No	N/A	N/A	
Mental Health Residental Facility	1306153085	No	N/A	N/A	
Critical Access	1528147782	No			
Crisis Centered Services 24hr facility	1316148638	No	N/A	N/A	
Crisis Centered Services 24hr facility	1184806119	No	N/A	N/A	
Crisis Centered Services 24hr facility	1013289578	No	N/A	N/A	
Crisis Centered Services 24hr facility	1295858132	No	N/A	N/A	
Crisis Centered Services 24hr facility	1316082639	No	N/A	N/A	
Crisis Centered Services 24hr facility	1962646133	No	N/A	N/A	
Crisis Centered Services 24hr facility	1215071360	No	N/A	N/A	
Crisis Centered Services 24hr facility	1770634644	No	N/A	N/A	
Crisis Centered Services 24hr facility	1124397153	No	N/A	N/A	
Crisis Centered Services 24hr facility	1720123698	No	N/A	N/A	
Crisis Centered Services 24hr facility	1659668838	No	N/A	N/A	
Crisis Centered Services 24hr facility	1861548273	No	N/A	N/A	

Crisis Centered Services 24hr facility	1659529097	No	N/A	N/A
Crisis Centered Services 24hr facility	1083971063	No	N/A	N/A
Crisis Centered Services 24hr facility	1740466382	No	N/A	N/A
Crisis Centered Services 24hr facility	1639220023	No	N/A	N/A
Licensed Clinical Social Worker	1740428853	No	N/A	N/A
Crisis Centered Services 24hr facility	1770630899	No	N/A	N/A
Crisis Centered Services 24hr facility	1922364421	No	N/A	N/A
Crisis Centered Services 24hr facility	1114190071	No	N/A	N/A
Crisis Centered Services 24hr facility	1669506614	No	N/A	N/A
Crisis Centered Services 24hr facility	1669673141	No	N/A	N/A
Crisis Centered Services 24hr facility	1619271269	No	N/A	N/A
Crisis Centered Services 24hr facility	1891005393	No	N/A	N/A
Licensed Clinical Social Worker	1457656696	No	N/A	N/A
Crisis Centered Services 24hr facility	1154658995	No	N/A	N/A
Crisis Centered Services 24hr facility	1407014863	No	N/A	N/A
Crisis Centered Services 24hr facility	1639292576	No	N/A	N/A
Crisis Centered Services 24hr facility	1689730442	No	N/A	N/A
Crisis Centered Services 24hr facility	1285895524	No	N/A	N/A
Crisis Centered Services 24hr facility	1457474397	No	N/A	N/A
Crisis Centered Services 24hr facility	1336363639	No	N/A	N/A
Crisis Centered Services 24hr facility	1194031948	No	N/A	N/A
Crisis Centered Services 24hr facility	1215202411	No	N/A	N/A
Crisis Centered Services 24hr facility	1114255312	No	N/A	N/A
Crisis Centered Services 24hr facility	1881729028	No	N/A	N/A
Crisis Centered Services 24hr facility	1467654582	No	N/A	N/A
Crisis Centered Services 24hr facility	1639357619	No	N/A	N/A
Crisis Centered Services 24hr facility	1689907479	No	N/A	N/A
Crisis Centered Services 24hr facility	1982979357	No	N/A	N/A
Crisis Centered Services 24hr facility	1619283041	No	N/A	N/A
Crisis Centered Services 24hr facility	1053538355	No	N/A	N/A
Crisis Centered Services 24hr facility	1992015879	No	N/A	N/A
Crisis Centered Services 24hr facility	1356635247	No	N/A	N/A
Crisis Centered Services 24hr facility	1629366927	No	N/A	N/A
Crisis Centered Services 24hr facility	in process	No	N/A	N/A
Crisis Centered Services 24hr facility	1124179874	No	N/A	N/A
Crisis Centered Services 24hr facility	1770756868	No	N/A	N/A
Crisis Centered Services 24hr facility	1588728430	No	N/A	N/A
Crisis Centered Services 24hr facility	1881717726	No	N/A	N/A
Crisis Centered Services 24hr facility	1700194610	No	N/A	N/A
Licensed Clinical Social Worker	1851457063	No	N/A	N/A
Crisis Centered Services 24hr facility	1407993710	No	N/A	N/A
Crisis Centered Services 24hr facility	1730446964	No	N/A	N/A
Crisis Centered Services 24hr facility	1386931475	No	N/A	N/A
Crisis Centered Services 24hr facility	1174892236	No	N/A	N/A
Crisis Centered Services 24hr facility	1447454178	No	N/A	N/A
Crisis Centered Services 24hr facility	1255637476	No	N/A	N/A
Outpatient Mental Health Clinic	1073796173	No	N/A	N/A

Licensed Masters Social Worker	1710296306	No	N/A	N/A
Crisis Centered Services 24hr facility	1457625204	No	N/A	N/A
Crisis Centered Services 24hr facility	1487862371	No	N/A	N/A
Crisis Centered Services 24hr facility	1235420167	No	N/A	N/A
Crisis Centered Services 24hr facility	1447317375	No	N/A	N/A
Crisis Centered Services 24hr facility	1063780948	No	N/A	N/A
Crisis Centered Services 24hr facility	1063657195	No	N/A	N/A
Crisis Centered Services 24hr facility	1104111244	No	N/A	N/A
Crisis Centered Services 24hr facility	1437215399	No	N/A	N/A
Crisis Centered Services 24hr facility	1750572327	No	N/A	N/A
Crisis Centered Services 24hr facility	1558659813	No	N/A	N/A
A&D Outpatient Treatment Program	1356628119	No		
A&D Outpatient Treatment Program	1780958132	No	N/A	N/A
A&D Outpatient Treatment Program	1497032056	No	N/A	N/A
A&D Outpatient Treatment Program	1215257720	No	23	45
A&D Outpatient Treatment Program	1457407918	No	34	45
A&D Outpatient Treatment Program	1023155777	No	Supervisor	
A&D Outpatient Treatment Program	1386708790	No	Program Manager	
A&D Outpatient Treatment Program	1629116876	No	Supervisor	
A&D Outpatient Treatment Program	1649317272	No	Mentor	
A&D Outpatient Treatment Program	1841426830	No	29	45
A&D Outpatient Treatment Program	1114063476	No	11-CD/51-I	45
A&D Outpatient Treatment Program	1720126550	No	Mentor	
A&D Outpatient Treatment Program	1134384985	No	25	45
A&D Outpatient Treatment Program	1689720948	No	Mentor	
A&D Outpatient Treatment Program	1891831772	No	ongoing	25
A&D Outpatient Treatment Program	1477690121	No	38	45
A&D Outpatient Treatment Program	1306900709	No	37	45
Opioid Treatment Program	1356628119	No		
Opioid Treatment Program	1902961790	No	64	50
Opioid Treatment Program	1033275383	No	63	50
Opioid Treatment Program	1801950829	No	52	50
Registered Nurse (Methodone)	1841356136	No	N/A	N/A
A&D Outpatient Treatment Program	1184633141	No		
A&D Outpatient Treatment Program	1437442340	No	24	40
A&D Outpatient Treatment Program	1801103106	No	24	40
A&D Outpatient Treatment Program	1598083214	No	34	40
A&D Outpatient Treatment Program	1366563074	No	26	40
A&D Outpatient Treatment Program	1265673339	No	0	40

Credential Verification	Sanction Hx	Contract Start Date	Contract End Date	App B Sect 2 Std 2
4/1/2013	Not Applicable			
2/1/2014	Not Applicable	4/18/2011	Current	
7/1/2012	Not Applicable	6/1/2010	Current	
6/1/2012	Not Applicable	4/15/2011	Current	
1/1/2013	Not Applicable	7/1/2009	Current	
12/31/2013	Not Applicable			
7/1/2012	Not Applicable	8/18/2010	Current	Providing agency has not provided this information.
N/A	Not Applicable	2/9/2012	Current	Providing agency has not provided this information.
8/1/2013	Not Applicable	9/14/2009	Current	Providing agency has not provided this information.
2/1/2013	Not Applicable	8/2/2011	Current	Max case load is all payors
6/1/2012	Not Applicable	5/3/2011	Current	Providing agency has not provided this information.
11/1/2013	Not Applicable	4/5/2011	Current	Providing agency has not provided this information.
N/A	Not Applicable	2/9/2011	Current	QMHA does not carry caseload
7/1/2013	Not Applicable	########	Current	Providing agency has not provided this information.
3/1/2014	Not Applicable	4/28/2010	Current	Providing agency has not provided this information.
5/1/2012	Not Applicable	4/22/2010	Current	Providing agency has not provided this information.
8/1/2012	Not Applicable	2/1/2010	Current	
11/1/2012	Not Applicable	12/1/2009	Current	Providing agency has not provided this information.
11/1/2013	Not Applicable	9/14/2009	Current	
5/1/2013	Not Applicable	7/1/2009	Current	Providing agency has not provided this information.
6/22/2012	Not Applicable	########	Current	Providing agency has not provided this information.
12/31/2013	Not Applicable		Current	
12/1/2013	Not Applicable		Current	Providing agency has not provided this information.
8/1/2012	Not Applicable	5/4/2010	Current	Providing agency has not provided this information.
1/1/2013	Not Applicable	9/14/2009	Current	Pro
N/A	Not Applicable	9/14/2009	Current	Supervisor
4/1/2014	Not Applicable	9/14/2009	Current	Providing agency has not provided this information.
12/31/2013	Not Applicable	Jul-09	Current	Doesn't carry a caseload
4/25/2013	Not Applicable	Jun-10	Current	Doesn't carry a caseload
4/30/2012	Not Applicable		Current	
10/18/2012	Not Applicable	3/1/2009	Current	PMHNP does'nt carry caseload
7/31/2012	Not Applicable	1/3/2011	Current	
N/A	Not Applicable	9/15/2011	Current	
2/1/2013	Not Applicable	5/12/2010	Current	
8/1/2012	Not Applicable	1/1/2011	Current	
8/1/2012	Not Applicable		Current	
3/1/2013	Not Applicable	3/1/2012	Current	
N/A	Not Applicable	5/25/2011	Current	
N/A	Not Applicable	5/12/2011	Current	
N/A	Not Applicable	8/10/2011	Current	
N/A	Not Applicable	5/5/2011	Current	
5/29/2012	Not Applicable		Current	
8/30/2013	Not applicable	8/25/2008	Current	

	12/31/2012	Not applicable	########	Current	
N/A		Not applicable	12/3/2009	Current	
N/A		Not applicable	########	Current	
N/A		Not applicable	10/6/2011	Current	
	4/30/2013	Not applicable	2/16/2010	Current	
	1/31/2013	Not applicable	1/1/2002	Current	
	10/31/2012	Not applicable	3/20/2009	Current	
	3/31/2013	Not applicable	########	Current	
	10/1/2012	Not applicable	11/1/2007	Current	
	9/30/2012	Not applicable	5/21/2007	Current	
N/A		Not applicable	6/20/2011	Current	
	3/30/2013	Not applicable	2/1/2003	Current	Clinical Supervisor
	10/31/2012	Not applicable	1/1/2004	Current	
	8/30/2012	Not applicable	########	Current	
	12/31/2013	Not applicable	9/3/2003	Current	"as needed" clinician
N/A		Not applicable	4/20/2009	Current	
N/A		Not applicable	5/9/2011	Current	
N/A		Not applicable	9/16/2006	Current	
	8/31/2012	Not applicable	6/23/2008	Current	
	8/31/2012	Not applicable	1/5/2011	Current	
	2/14/2013	not applicable	4/1/2010	Current	
	11/1/2012	Not applicable	6/11/2009	Current	
	11/15/2012	Not Applicable		Current	
	11/15/2012	Not Applicable		Current	
	1/11/2014	Not applicable	########	Current	**caseload is limited to Med only clients**
	2/19/2013	Not applicable	6/21/2010	Current	**caseload is limited to Med only clients**
	10/31/2012	Not applicable	1/9/1998	Current	
	5/8/2013	Not applicable	6/10/2010	Current	**caseload is limited to Med only clients**
	9/30/2012	Not applicable	########	Current	
	7/30/2013	Not applicable	6/1/2011	Current	
	11/30/2012	Not applicable	7/15/2010	Current	
	2/8/2013	Not applicable	7/17/2006	Current	
	6/30/2012	Not applicable	5/3/2005	Current	
	6/30/2012	Not applicable	8/18/2008	Current	
	3/31/2013	Not applicable	3/31/2010	Current	
	9/30/2012	Not applicable	8/13/2001	Current	
	1/31/2013	Not applicable	4/21/2008	Current	
	9/30/2012	Not applicable	9/11/2006	Current	
	5/31/2012	Not applicable	8/14/2008	Current	
	1/31/2013	Not applicable	3/15/2012	Current	
	9/30/2012	Not applicable	11/8/2007	Current	
	12/31/2012	Not applicable	3/15/2007	Current	
	8/30/2013	Not applicable	5/1/1995	Current	
	11/30/2012	Not applicable	7/7/2008	Current	
	10/31/2012	Not Applicable	6/9/2005	Current	
	9/30/2012	Not Applicable	9/3/2004	Current	
	3/2/2013	Not applicable	5/1/1995	Current	

	8/31/2012	Not Applicable	12/1/2010	Current	
	11/30/2012	Not applicable	10/1/1996	Current	
	7/31/2012	Not Applicable	7/2/2009	Current	
	2/28/2013	Not Applicable	3/19/2001	Current	
	7/31/2012	Not Applicable	3/2/2009	Current	
	4/30/2012	Not applicable		Current	
n/a		Not Applicable		Current	
N/A		Not Applicable		Current	
N/A		Not Applicable		Current	
	11/29/2013	Not Applicable	########	Current	
	12/31/2013	Not Applicable	9/2/2008	Current	
	9/1/2012	Not Applicable	4/28/2009	Current	
	6/1/2012	Not Applicable	9/20/2007	Current	
	11/30/2012	Not Applicable	7/30/2008	Current	
	9/1/2012	Not Applicable	8/5/2010	Current	
	3/2/2013	Not Applicable	12/2/2010	Current	
N/A		Not Applicable	12/3/2009	Current	
N/A		Not Applicable	8/25/2010	Current	
N/A		Not Applicable	12/3/2010	Current	
	12/30/2012	Not Applicable	3/9/2010	Current	
N/A		Not Applicable	8/2/2006	Current	
	8/30/2013	Not Applicable	########	Current	
N/A		Not Applicable	12/5/2006	Current	
N/A		Not Applicable	8/16/2011	Current	
N/A		Not Applicable	11/6/2006	Current	
N/A		Not Applicable	12/2/2009	Current	
N/A		Not Applicable	9/11/2000	Current	
N/A		Not Applicable	4/2/2012	Current	
n/a		Not applicable	3/30/2012	Current	
n/a		Not applicable	n/a	in process	
02/29/2015		Not applicable		Current	
	7/31/2012	Not Applicable	8/1/2010	Current	
	10/1/2012	Not Applicable	4/12/2010	Current	
	9/30/2012	Not Applicable	########	Current	
	7/31/2012	Not Applicable	7/15/2011	Current	
N/A		Not Applicable	3/26/2012	Current	
N/A		Not Applicable	11/5/2010	Current	
N/A		Not Applicable	11/5/2008	Current	
	12/31/2013	Not Applicable	9/15/2009	Current	
N/A		Not Applicable	4/12/2010	Current	
	12/31/2013	Not Applicable	########	Current	
	4/30/2013	Not Applicable	3/1/2011	Current	
N/A		Not Applicable	2/24/2009	Current	Doesn't carry a caseload
	10/30/2012	Not Applicable	9/1/2011	Current	
	4/1/2013	Not Applicable	2/27/2012	Current	
	9/30/2012	Not Applicable	########	Current	
	4/30/2012	Not Applicable	11/1/2010	Current	

N/A		Not Applicable	5/1/2008	Current	
	10/1/2012	Not Applicable	8/1/2010	Current	
N/A		Not Applicable	########	Current	
	7/29/2013	Not Applicable		Current	
	7/29/2013	Not applicable		Current	
	6/30/2012	Not Applicable	8/15/2006	Current	Providing agency has not provided this information.
	2/23/2013	Not Applicable	1/22/2009	Current	
N/A		Not Applicable	1/24/2012	Current	
	11/30/2012	8/18/08- Exceeded the	3/30/2004	Current	Providing agency has not provided this information.
n/a		Not Applicable	3/1/2010	Current	
	10/1/2012	Not Applicable	########	Current	
	4/30/2013	Not Applicable	8/18/2005	Current	
	8/12/2013	Not Applicable	1/7/2007	Current	Providing agency has not provided this information.
	3/31/2013	Not Applicable	1/19/2005	Current	
	9/1/2012	Not Applicable	5/1/2008	Current	Providing agency has not provided this information.
N/A		Not Applicable	3/23/2012	Current	
	4/30/2013	Not Applicable	3/16/2009	Current	
	10/31/2012	Not Applicable	4/15/2007	Current	
	5/26/2012	Not Applicable	3/17/2008	Current	Providing agency has not provided this information.
	3/2/2013	Not Applicable	8/1/1998	Current	
	9/30/2012	Not Applicable	9/1/2010	Current	Providing agency has not provided this information.
	6/7/2013	Not Applicable	2/22/2012	Current	
	9/30/2012	Not Applicable	6/15/2011	Current	Providing agency has not provided this information.
	12/30/2012	Not Applicable	3/21/2012	Current	
n/a		Not Applicable	5/26/2008	Current	
	6/30/2013	Not Applicable	3/8/2004	Current	Providing agency has not provided this information.
n/a		Not Applicable	3/31/2011	Current	
n/a		Not Applicable	12/1/2006	Current	
n/a		Not Applicable	6/30/2008	Current	
n/a		Not Applicable	3/21/2012	Current	Providing agency has not provided this information.
n/a		Not Applicable	1/1/1999	Current	
	5/31/2012	Not Applicable	5/16/1996	Current	
n/a		Not Applicable	8/25/2007	Current	
	7/30/2012	Not Applicable	11/5/2008	Current	
n/a		Not Applicable	3/11/2011	Current	
n/a		Not Applicable	7/20/2009	Current	
	11/30/2012	Not Applicable	5/6/2008	Current	
n/a		Not Applicable	5/4/2009	Current	
	6/30/2012	Not Applicable	7/22/2001	Current	
	4/30/2013	Not Applicable	5/16/1996	Current	
	8/30/2012	Not Applicable	2/3/2009	Current	
		Not Applicable	1/15/2007	Current	
	12/31/2013	Not Applicable	1/1/1994	Current	
n/a		Not Applicable	3/1/2010	Current	
	12/30/2012	Not Applicable	9/9/2002	Current	
	6/30/2012	Not Applicable	8/1/1998	Current	
	9/30/2012	Not Applicable	8/11/2001	Current	

	12/31/2013	Not Applicable	1/1/1994	Current	
	7/30/2012	Not Applicable	9/25/2002	Current	
	12/31/2013	Not Applicable	1/1/2006	Termed	no OHP
N/A		Not Applicable	9/8/2009	Current	
N/A		Not Applicable	6/21/2001	Current	
	9/30/2012	Not Applicable	8/4/2004	Current	
	12/31/2013	Not Applicable	9/1/2005	Current	
	6/30/2012	Not Applicable		Current	
N/A		Not Applicable	########	Current	
N/A		Not Applicable	1/1/2004	Current	QMHA does not carry caseload
N/A		Not Applicable	1/1/1998	Current	
N/A		Not Applicable	4/1/2010	Current	QMHA does not carry caseload
N/A		Not Applicable	########	Current	case load is under another clinician
N/A		Not Applicable	1/1/1998	Current	
N/A		Not Applicable	7/27/2009	Current	
N/A		Not Applicable	########	Current	QMHA does not carry caseload
	3/22/2013	Not Applicable	4/20/2009	Current	RN does not carry caseload
			1/1/2011	Current	
	9/1/2012	Not Applicable	6/28/2009	Current	
	10/16/2012	Not Applicable	7/1/2006	Current	RN does not carry caseload
N/A		Not Applicable	4/3/2011	Current	Work Solutions QMHP
N/A		Not Applicable	10/1/2006	Current	QMHA does not carry caseload
	8/12/2013	Not Applicable	3/10/2008	Current	
N/A		Not Applicable	9/10/2007	Current	QMHA does not carry caseload
	10/1/2013	Not Applicable	1/1/2004	Current	
N/A		Not Applicable	10/1/2006	Current	
N/A		Not Applicable	7/1/2003	Current	QMHA does not carry caseload
	12/31/2012	Not Applicable	12/1/2008	Current	Program Supervisor
	12/13/2012	Not Applicable	7/28/2010	Current	
N/A		Not Applicable	11/3/2008	Current	
N/A		Not Applicable	12/1/2011	Current	QMHA does not carry caseload
	11/27/2013	Not Applicable	7/1/2006	Current	
	3/10/2013	Not Applicable	6/2/2008	Current	RN does not carry caseload
N/A		Not Applicable	9/22/2008	Current	QMHA does not carry caseload
N/A		Not Applicable	1/1/1998	Current	
N/A		Not Applicable	1/1/1998	Current	QMHA does not carry caseload
	7/30/2012	Not Applicable	5/19/2011	Current	
	3/6/2013	06/22/ Incompl ete	11/1/2005	Current	RN does not carry caseload
	6/30/2012	Not Applicable	1/1/2005	Current	
N/A		Not Applicable	2/21/2007	Current	QMHA does not carry caseload
	7/9/2013	Not Applicable	3/27/2007	Current	
N/A		Not Applicable	2/4/2012	Current	QMHA does not carry caseload
N/A		Not Applicable	1/2/2007	Current	QMHA does not carry caseload
	3/21/2013	Not Applicable	2/23/2009	Current	
N/A		Not Applicable	9/22/2008	Current	
N/A		Not Applicable	10/1/2006	Current	Clinical Supervisor

N/A		Not Applicable	6/2/2006	Current	PASRR Evaluator
N/A		Not Applicable	1/1/2003	Current	
	6/30/2012	Not Applicable	1/1/2005	Current	
	12/31/2012	Not Applicable	4/28/2008	Current	
	4/30/2012	Not Applicable	9/15/2008	Current	Clinical Supervisor
	9/27/2012	Not Applicable	1/1/2008	Current	
	8/9/2013	Not Applicable	########	Current	
N/A		Not Applicable	9/1/2010	Current	Peer delivered Services
		Not Applicable		Current	
N/A		Not Applicable	2/24/2011	Current	QMHA does not carry caseload
N/A		Not Applicable	8/22/2011	Current	
	12/31/2012	Not Applicable	8/13/2007	Current	
	12/31/2013	Not Applicable	2/1/2010	Current	
	7/20/2012	Not Applicable	3/22/2006	Current	
N/A		Not Applicable	11/1/2009	Current	Transitional Age Youth QMHA
N/A		Not Applicable	2/24/2011	Current	QMHA does not carry caseload
N/A		Not Applicable	########	Current	
N/A		Not Applicable	5/5/2008	Current	
	5/30/2012	Not Applicable	7/1/2006	Current	
N/A		Not Applicable	1/1/1998	Current	
N/A		Not Applicable	1/1/2000	Current	
N/A		Not Applicable	8/25/2008	Current	QMHA does not carry caseload
N/A		Not Applicable	9/21/2009	Current	
	4/29/2013	Not Applicable	6/15/2009	Current	
	2/1/2013	Not Applicable	########	Current	
N/A		Not Applicable	12/1/2008	Current	QMHA does not carry caseload
N/A		Not Applicable	1/1/2004	Current	
N/A		Not Applicable	4/16/2012	Current	New employee
N/A		Not Applicable	12/1/2006	Current	QMHA does not carry caseload
N/A		Not Applicable	9/8/2009	Current	Transitional Age Youth QMHA
	8/30/2012	Not Applicable	5/19/2008	Current	Clinical Supervisor
N/A		Not Applicable	########	Current	Transitional Age Youth QMHA
	4/30/2012	Not Applicable	########	Current	
	6/30/2012				
N/A		Not Applicable	########	Current	
N/A		Not Applicable	6/28/2010	Current	
N/A		Not Applicable	10/1/2005	Current	
N/A		Not Applicable	7/12/2010	Current	
N/A		Not Applicable	12/1/2005	Current	
N/A		Not Applicable	3/21/2011	Current	
N/A		Not Applicable	3/21/2011	Current	
N/A		Not Applicable	1/10/2011	Current	
N/A		Not Applicable	12/1/2005	Current	
N/A		Not Applicable	########	Current	
N/A		Not Applicable	6/28/2010	Current	
N/A		Not Applicable	9/1/2008	Current	
N/A		Not Applicable	7/1/2007	Current	QMHA does not carry caseload

N/A		Not Applicable	########	Current	
N/A		Not Applicable	5/21/2007	Current	Clinical Supervisor
N/A		Not Applicable	3/1/2009	Current	
N/A		Not Applicable	1/23/2012	Current	
N/A		Not Applicable	7/1/2006	Current	
N/A		Not Applicable	########	Current	
N/A		Not Applicable	5/18/2009	Current	
N/A		Not Applicable	4/16/2012	Current	New employee
	6/30/2012				
N/A		Not Applicable	9/1/2010	Current	
N/A		Not Applicable	1/1/1998	Current	
	6/30/2012	Not Applicable	9/1/2010	Current	
N/A		Not Applicable	9/1/2010	Current	
N/A		Not Applicable	4/2/2012	Current	New employee
N/A		Not Applicable	3/1/2012	Current	New employee
	6/30/2012				
	3/1/2013	Not Applicable	2/20/2011	Current	estimating current caseload
N/A		Not Applicable	7/25/2011	Current	estimating current caseload
N/A		Not Applicable	2/20/2011	Current	estimating current caseload
N/A		Not Applicable	2/20/2011	Current	QMHA does not carry caseload
N/A		Not Applicable	2/20/2011	Current	
N/A		Not Applicable	1/9/2012	Current	estimating current caseload
N/A		Not Applicable	2/20/2011	Current	
	6/30/2012				
N/A		Not Applicable	3/6/2011	Current	QMHA does not carry caseload
N/A		Not Applicable	3/7/2010	Current	QMHA does not carry caseload
N/A		Not Applicable	7/10/2011	Current	QMHA does not carry caseload
N/A		Not Applicable	1/3/2005	Current	QMHA does not carry caseload
N/A		Not Applicable	7/25/2011	Current	QMHA does not carry caseload
N/A		Not Applicable	4/19/2010	Current	QMHA does not carry caseload
N/A		Not Applicable	1/1/2011	Current	QMHA does not carry caseload
	8/31/2012	Not Applicable	3/16/2009	Current	Clinical Supervisor
N/A		Not Applicable	9/20/2009	Current	QMHA does not carry caseload
N/A		Not Applicable	3/21/2011	Current	QMHA does not carry caseload
	6/30/2012				
N/A		Not Applicable	7/31/2006	Current	
N/A		Not Applicable	1/14/2008	Current	
N/A		Not Applicable	1/23/2012	Current	
N/A		Not Applicable	8/28/2006	Current	
N/A		Not Applicable	1/1/2005	Current	Program Supervisor
N/A		Not Applicable	3/9/2009	Current	
N/A		Not Applicable	########	Current	
N/A		Not Applicable	9/25/2006	Current	
	9/1/2012	Not Applicable	2/21/2012	Current	
N/A		Not Applicable	3/12/2007	Current	
N/A		Not Applicable	4/5/2010	Current	
N/A		Not Applicable	2/25/2008	Current	

N/A		Not Applicable	5/17/2010	Current	
N/A		Not Applicable	4/2/2012	Current	
N/A		Not Applicable	6/1/2010	Current	
N/A		Not Applicable	3/23/2009	Current	
	6/30/2013	Not Applicable	6/27/2011	Current	
N/A		Not Applicable	1/1/2008	Current	
N/A		Not Applicable	4/2/2012	Current	
N/A		Not Applicable	3/24/2008	Current	
N/A		Not Applicable	8/27/2007	Current	
N/A		Not Applicable	1/1/2006	Current	
N/A		Not Applicable	7/26/2010	Current	
N/A		Not Applicable	10/4/2010	Current	
	1/31/2013	Not Applicable	########	Current	
N/A		Not Applicable	11/1/2011	Current	
N/A		Not Applicable	6/16/2008	Current	
N/A		Not Applicable	1/1/2005	Current	
N/A		Not Applicable	2/1/2006	Current	
N/A		Not Applicable	7/11/2011	Current	
N/A		Not Applicable	1/1/2005	Current	
N/A		Not Applicable	1/1/2005	Current	
N/A		Not Applicable	5/3/2010	Current	
N/A		Not Applicable	1/23/2012	Current	
N/A		Not Applicable	11/2/2009	Current	
N/A		Not Applicable	11/5/2005	Current	
N/A		Not Applicable	1/1/2011	Current	
N/A		Not Applicable	2/25/2008	Current	
N/A		Not Applicable	9/4/2011	Current	
N/A		Not Applicable	1/23/2012	Current	
N/A		Not Applicable	5/17/2010	Current	
N/A		Not Applicable	9/10/2007	Current	
N/A		Not Applicable	10/4/2010	Current	
N/A		Not Applicable	5/31/2011	Current	
N/A		Not Applicable	7/11/2011	Current	
N/A		Not Applicable	4/2/2012	Current	New employee
N/A		Not Applicable	1/1/2005	Current	
N/A		Not Applicable	10/4/2010	Current	
N/A		Not Applicable	1/1/2005	Current	Clinical Supervisor
N/A		Not Applicable	1/1/2005	Current	
N/A		Not Applicable	9/10/2010	Current	
	3/30/2013	Not Applicable	1/1/2005	Current	
N/A		Not Applicable	3/24/2008	Current	
N/A		Not Applicable	4/2/2012	Current	
N/A		Not Applicable	6/27/2011	Current	
N/A		Not Applicable	########	Current	
N/A		Not Applicable	7/1/2007	Current	
N/A		Not Applicable	1/24/2011	Current	
N/A		Not Applicable	########	Current	

8/30/2013	Not Applicable	6/4/2010	Current	
N/A	Not Applicable	2/21/2012	Current	
N/A	Not Applicable	########	Current	
N/A	Not Applicable	6/27/2011	Current	
N/A	Not Applicable	1/1/2005	Current	
N/A	Not Applicable	########	Current	
N/A	Not Applicable	########	Current	
N/A	Not Applicable	5/2/2011	Current	
N/A	Not Applicable	1/1/2005	Current	
N/A	Not Applicable	2/11/2007	Current	
N/A	Not Applicable	6/13/2011	Current	
1/1/2015	Not Applicable		Current	
11/1/2012	Not Applicable	2/21/2012	Current	Temp Employee
1/1/2013	Not Applicable	########	Current	Temp Employee
11/1/2012	Not Applicable	5/3/2010	Current	
6/1/2012	Not Applicable	4/5/2010	Current	
7/1/2012	Not Applicable	6/1/2009	Current	
4/1/2012	Not Applicable	4/1/2009	Current	
11/1/2012	Not Applicable	4/1/2009	Current	
5/1/2013	Not Applicable	7/13/2009	Current	
10/1/2012	Not Applicable	6/15/2009	Current	
1/1/2014	Not Applicable	4/1/2009	Current	
8/1/2013	Not Applicable	7/13/2009	Current	
6/1/2012	Not Applicable	4/1/2009	Current	
1/1/2013	Not Applicable	7/1/2009	Current	
9/1/2013	Not Applicable	4/1/2009	Current	
8/1/2012	Not Applicable		Current	
12/1/2013	Not Applicable		Current	
1/1/2015	Not Applicable		Current	
5/1/2013	Not Applicable	4/1/2009	Current	
5/1/2013	Not Applicable	4/1/2009	Current	
8/1/2013	Not Applicable	4/1/2009	Current	
7/7/2012	Not Applicable	1/1/1998	Current	
12/10/2013			Current	
8/1/2013	Not Applicable	7/1/2011	6/30/2013	
7/1/2013	Not Applicable	7/1/2011	6/30/2013	
5/1/2013	Not Applicable	7/1/2011	6/30/2013	
6/1/2013	Not Applicable	7/1/2011	6/30/2013	
11/1/2013	Not Applicable	7/1/2011	6/30/2013	

Part I: Background Information

A.1- Background Information about the Applicant

a) Describe the Applicant's Legal Entity status, and where domiciled.

Willamette Valley Community Health (WVCH) is a limited liability company under the Oregon Limited Liability Company Act domiciled at 2995 Ryan Drive, Salem Oregon 97301.

b) Describe Applicant's Affiliates as relevant to the Contract.

The following organizations are members of WVCH:

- Atrio Health Plans, Inc. - Member
- Capitol Dental Care, Inc. - Member
- Marion County, Oregon - Affiliate*
- Mid-Valley Behavioral Care Network - Member
- Mid-Valley IPA, Inc. (dba Willamette Valley Providers Health Authority) - Member
- Northwest Human Services, Inc. - Member
- Polk County, Oregon – Affiliate*
- Salem Clinic, P.C - Member
- Salem Health/ Salem Hospital - Member
- Santiam Memorial Hospital - Member
- Silverton Health - Member
- West Valley Hospital - Member
- Yakima Valley Farm Workers Clinic – Member

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*Marion and Polk Counties will contribute capital to Applicant through Mid-Valley Behavioral Care Network, but, due to constitutional restriction per the Oregon Constitution, have elected to be "Affiliates" as opposed to "Members".

c) What is the Applicant's intended effective date for serving Medicaid populations?

WVCH intends to have an effective service date of August 1, 2012.

d) Is the Applicant invoking alternative dispute resolution with respect to any provider (see OAR 410-141-3268) If so, describe.

WVCH is not invoking alternative dispute resolution with respect to any provider.

e) Does the Applicant request changes to or desire to negotiate any terms and conditions in the Core Contract, other than those mandated by Medicaid or Medicare? If so, set forth (in a separate document, which will not be counted against page limits) the alternative language requested

WVCH is not requesting changes to or desire to negotiate any terms and conditions in the Core Contract other than those mandated by Medicaid or Medicare.

f) ***What is the proposed service area by zip code?***

The proposed service area incorporated in this application are defined by the following zip codes: 97002, 97020, 97026, 97032, 97071, 97072, 97137, 97301, 97302, 97303, 97304, 97305, 97306, 97307, 97308, 97309, 97310, 97311, 97312, 97313, 97314, 97317, 97325, 97342, 97346, 97350, 97352, 97359, 97362, 97373, 97375, 97381, 97383, 97384, 97385, 97392, 97358, 97360, 97328, 97304, 97338, 97344, 97347, 97351, 97361, 97371, 97101, 97378, 97396

g) ***What is the address for the Applicant's primary office and administration located within the proposed service area?***

Willamette Valley Community Health, LLC
2995 Ryan Drive SE
Salem, OR 97301

h) ***What counties or portions of counties are included in this service area? Describe the arrangements the Applicant has made to coordinate with county governments and establish written agreements as required by ORS 414.153.***

The proposed service area incorporates the entirety of Marion County (FIPS Code 047) and Polk County (FIPS Code 053). A number of the zip codes included in section "f" above, overlay areas within Marion or Polk County as well as adjacent counties. Accordingly, when utilizing a zip code definition of the service area, only the portion of the zip code overlay located in Marion or Polk County will be considered as part of the service area of this project. The impacted zip codes under this condition are: 97071, 97362, 97002, 97032, 97375, 97346, 97350, 97352, 97358, 97360, 97362, 97375, 97383, 97101, 97347, 97361, 97378, 97396.

A Commissioner from Marion County and one from Polk Counties have participated directly and extensively in the development of WVCH and will serve on the Board of Directors. Both commissioners have directed staff to prepare written agreements fulfilling ORS 414.153, and these will be available for the Readiness Review.

i) ***Prior history as a managed care organization with the OHA: Did this Legal Entity have a contract with the OHA as a managed care organization as of October 1, 2011 (hereinafter called "current MCO")? If so, what type of managed care organization?***

- ***Fully Capitated Health Plan***
- ***Physician Care Organization***
- ***Mental Health Organization***
- ***Dental Care Organization***

No, WVCH does not have a contract with the OHA as a managed care organization as of October 1, 2011.

j) ***Is this the identical organization with a current MCO contract, or has that entity been purchased, merged, acquired, or otherwise undergone any legal status change since October 1, 2011?***

WVCH does not currently have an MCO contract. Three member organizations, Mid-Valley Behavioral Care Network (MVBCN), Capitol Dental Care, and Willamette Valley Providers Health Authority, through their subsidiary Marion-Polk Community Health Plan (MPCHP), have MCO contracts to provide mental, dental, and physical services respectively. None of these organizations have been purchased, merged, acquired or undergone any legal status change since October 1 2011.

k) ***Does the Applicant include more than one current MCO (e.g., a combination of a current FCHP and MHO)? If so, provide the information requested in this section regarding each applicable current MCO***

The following summary provides the required information regarding the current MCO of three of the member organizations of WVCH:

- Marion Polk Community Health Plan (MPCHP), a subsidiary of Willamette Valley Providers Health Authority, has had an MCO contract with the OHA since 2001.
- Capitol Dental Care, Inc. has had an MCO contract with the OHA since 1994.
- Mid-Valley Behavioral Care Network has had an MCO contract with the OHA since 1997.

l) ***Does the current MCO make this Application for the identical Service Area that is the subject of the current MCO's contract with OHA? Does this Application propose any change in the current Service Areas?***

Marion Polk Community Health Plan, a subsidiary of member organization Willamette Valley Providers Health Authority has an identical service area as the one proposed in this application. The service areas of member organizations, Capitol Dental Care and Mid-Valley Behavioral Care Network encompass the entirety of the proposed service area and extend beyond the service area that is being proposed in this application.

m) ***Current experience as an OHA contractor, other than as a current MCO. Does this Applicant currently have a contract with the OHA as a licensed insurer or health plan third party administrator for any of the following (hereinafter called "current OHA contractor")? If so, please provide that information in addition to the other information required in this section.***
- ***Oregon Medical Insurance Pool***
- ***Healthy Kids Connect***
- ***Public Employees Benefit Board***
- ***Oregon Educators Benefit Board***
- ***Adult Mental Health Initiative***
- ***Other***

WVCH member organization, MVBCN has Adult Mental Health Initiative contract (SGF) as well as SGF SE 26 contract for early psychosis intervention services (EASA). In addition WVCH member organization, Willamette Valley Providers Health Authority has had risk based contracts with the plans serving PEBB and Healthy Kids Connect, although their affiliate, Marion Polk Community Health Plan as a MCO has not directly held those contracts.

n) ***Does the Applicant have experience as a Medicare Advantage contractor? Does the Applicant have a current contract with Medicare as a Medicare Advantage contractor? What is the service area for the Medicare Advantage plan?***

Willamette Valley Community Health is a newly formed legal entity, and therefore does not have a current contract with Medicare as a Medicare Advantage contractor. Although, WVCH member organization Willamette Valley Providers Health Authority was the parent company of Marion Polk Community Health Plan Advantage, Inc. (MPCHPA) from 2005 to 2011. Together MPCHPA and Willamette Valley Providers Health Authority (who was delegated to provide medical management and administrative services to MPHCPA) managed up to 3,200 dual-eligible Medicare enrollees and up to 2,400 non-SNP PPO enrollees during this period. Through a recent transaction, ATRIO Health Plans, another member organization of WVCH, now manages the Medicare Advantage Full Dual Special Needs Plan and PPOs plans in Marion and Polk counties.

o) ***Does the Applicant hold a current certificate of insurance from the State of Oregon Department of Consumer and Business Services, Insurance Division?***

WVCH does not hold a current certificate of insurance from the State of Oregon Department of Consumer and business Services, Insurance Division. However, MPCHP, an affiliate of WVCH member organization Willamette Valley Providers Health Authority holds an insurance certificate.

p) ***Applicants must describe their demonstrated experience and capacity for:***

(1) Developing and implementing alternative payment methodologies that are based on health care quality and improved health outcomes.

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Willamette Valley Providers Health Authority, a member organization of WVCH, is participating in a pilot of a new payment methodology called *Program Oriented Payment* (POP). The POP methodology (which is described in detail in Section Five of Questionnaire A) identifies a virtual team of providers based upon their participation in providing care for a specific member. In an effort to enhance healthcare qualities and outcomes, providers receive payment incentives when the member meets outcome goals. The program is designed to advance the following objectives:

- Reimburse providers on the basis of health outcomes and quality measures instead of the volume of care.
- Hold organizations and providers accountable for the efficient delivery of quality care.
- Reward good performance.
- Limit increases in medical costs.
- Promote primary prevention, early identification, intervention of risk factors and health conditions that lead to chronic illnesses and complications, and discourage care that does not improve health.
- Provide comprehensive coordination or create shared responsibility across provider types and levels of care and creates incentives for using such delivery systems such as Patient-Centered Primary Care Homes.
- Provide financial support, differentially based on the tier level achieved, to Patient-Centered Primary Care Homes for meeting the NCQA PCMH standards.
- Include the member, the providers, and the CCO itself in the alignment of incentives to promote improved outcomes, elimination of health inequities and increased efficiency.

These objectives are consistent with the goals of healthcare transformation and serve as an example of how WVCH will continue to develop and implement alternative payment methodologies that are based on health care quality and improved health outcomes.

(2) Coordinating the delivery of physical health care, mental health and chemical dependency services, oral health care and covered DHS Medicaid-funded LTC services.

WVCH member organizations have significant experience coordinating the delivery of healthcare services in Marion and Polk Counties. These member organizations provide services at every point in the healthcare spectrum, including physical health care, mental health and chemical dependency services, oral health care, and covered DHS Medicaid-funded LTC services. Throughout their histories, WVCH member organizations have demonstrated the capacity to collaborate with each other, and evidence of such coordination is existent throughout this application. Building on the accomplishments of these sponsoring organizations, WVCH will work to implement policies and procedures that further advance care coordination for its members. Strategies to achieve these objectives shall include, but will not be limited to:

- Utilization of non-traditional healthcare workers.
- Proliferating the use of electronic health records.
- Maximizing the number of providers certified as Patient-Centered Medical Homes.
- Devising a global budget that enables high quality care and seamless care transitions.
- Ensuring members have a consistent and stable relationship with a care team that is responsible for providing preventive and primary care.
- Providing services and supports that are geographically located as close to member's residences as possible.
- Establishing metrics to measure effectiveness of care.
- Utilization of evidence based practices.

(3) Engaging community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the entity's enrollees and in the entity's community.

The contents of this application include numerous examples of WVCH member organizations engaging community members in an effort to improve health outcomes and the experience of care. WVCH will continue to make such efforts a priority while utilizing existing tools such as community health assessments, offering preventative classes that are culturally and linguistically appropriate, soliciting comments from community members, and working to ensure access for each member. The creation of WVCH enables the member organizations the opportunity to implement additional comprehensive programs that are designed to eliminate health disparities and advance the health and well being of members.

q) ***Identify and furnish résumés for the following key leadership personnel (by whatever titles designated):***

WVCH is a member-managed LLC. All subsequent or related résumés will be provided within this application.

r) ***Provide an organizational chart showing the relationships of the various departments.***

An organizational chart demonstrating reporting relationships and governance structure has been included in the attachment section of this application.

s) ***Is Applicant deferring submission of any supporting documents, tables, or data that are part of its Technical Application until its readiness review under Section 6.7.1? Please list all deferred submission documents.***

WVCH is not deferring submission of any supporting documents, tables, or data that are part of its Technical Application.

A.II) Community Engagement in Development of Application

Describe the process used for engaging its community in the development of this Application

WVCH has made a concerted effort to engage the community in the development of this application. Collectively, WVCH member organizations provide care to OHP members at virtually every point on the healthcare continuum. This comprehensive experience uniquely enables the Board of Directors and Clinical Advisory Committee (CAC) to advocate on behalf of Marion and Polk counties diverse membership. Decisions were guided in part by the information made available to the group through community health assessments, demographic analysis, and front-line staff experience. Finally, in addition to applying each organization's expertise to the development of the application, member organizations have held informal meetings with constituents throughout the WVCH service area.

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Part II: Community Engagement

Section 1 – Governance and Organizational Relationships

A1.1) Governance Structure

A1.1.a) Provide a description of the proposed Governance Structure, consistent with ORS 414.625

WVCH governance is the responsibility of the organization's Board of Directors. The Articles of Incorporation of WVCH require the Board of Directors to consist of one representative from each of the 13 member organizations and affiliates identified in question B. Further, each WVCH Board of Directors member is required to be a director or management-level employee of the member organization or an elected official of the affiliate. Representatives will have a weighted vote based on their organization's proportionate capital contribution to WVCH. Decisions made by the Board of Directors are subject to supermajority vote. In addition, the vote of at least one county representative is required to validate and finalize all decisions.

In addition to the above-stated requirements, the WVCH Board of Directors will include the following persons:

- At least two health care providers in active practice in Marion and/or Polk County, including a physician licensed under ORS chapter 677 or a nurse practitioner certified under ORS 678.375,

whose area of practice is primary care;
- A mental health or chemical dependency treatment provider;
- At least two persons from the community at large who are not associated with any Member(to ensure that the Company's decision-making is consistent with the values of the members i.e., enrollees) and the community; and
- At least one person who is a member of the community advisory council;

A1.1.b) Provide a description of proposed community advisory council (CAC) in each of the proposed service areas and how the CAC was selected consistent with ORS 414.625

The WVCH Community Advisory Council (WVCH CAC) will reflect the age, ethnic, and geographic diversity of OHP and dual Members. The following reflects the adopted guidelines to be used by WVCH for recruiting CAC membership, recognizing that an individual may represent multiple perspectives:

- The WVCH CAC will make a concerted effort to ensure families with OHP children are well-represented.
- The WVCH CAC will attempt to recruit families with children at key developmental stages: infants, toddlers, pre-schoolers, elementary and teenagers).
- The WVCH CAC will attempt to include representative adults with chronic medical conditions and physical disabilities.
- The WVCH CAC will attempt to include adults with mental health and/or substance use problems.
- The WVCH CAC will attempt to recruit adults of varying age ranges and seniors.

The WVCH CAC will also include representation from pertinent community health organizations, representatives of the community and county government, including the following stakeholders:

- Community Mental Health and/or Substance Abuse Medicaid providers.
- Early Learning representatives.
- Latino Community Organization representatives.
- DHS Child Welfare representatives.
- County mental health/chemical dependency representatives.
- County Public Health representatives.
- Community Service group representatives (e.g. United Way, YMCA, free clinic, housing, transportation).
- Community Support group representatives (e.g. Oregon Family Support Network).

Finally, the WVCH CAC will abide by the following procedural guidelines designed to embrace and engage the wide range of perspectives of the participants:

- The WVCH CAC meets no less frequently than once every three months.
- The WVCH CAC will select its membership by a Selection Committee composed of equal numbers of representatives from each county served by WVCH.
- Nominations for membership shall be made to the Selection Committee according to adopted procedures established by the WVCH Board of Directors.
- Notice of WVCH CAC vacancies shall be published in general circulation newspapers.

Nominations will be sought from county boards, appropriate consumer groups, and other organizations.

- The WVCH CAC will have the on-going responsibility to recommend policy guidelines on the operations of the consumer related activities of Willamette Valley Community Health and advise the Board of Directors on questions of consumer related policy.
- The WVCH CAC shall respond to identified needs by making non-binding recommendations to the WVCH Board of Directors and/or Clinical Advisory Panel.
- If recommendations from the WVCH CAC are not prioritized by the WVCH Board of Directors, the WVCH CAC will be entitled to solicit and review additional clarification on the matter from the WVCH Board of Directors.

A.1.1.c) Provide a description of the relationship of the Governance Structure with the CAC, including how the Applicant will ensure transparency and accountability for the governing body's consideration of recommendations from the CAC.

The governance structure of the WVCH CAC and their relationship to the WVCH Board of Directors was described in detail in the above answer. Further, the mission of the WVCH CAC has been created to ensure that the health care needs of the consumers and the community are being addressed with transparency and accountability. This commitment is clearly evident in the prescribed duties of the WVCH CAC which include, but are not limited to:

- Identifying and advocating for preventive care practices to be utilized by Willamette Valley Community Health;
- Overseeing a community health assessment and adopting a community health improvement plan to serve as a strategic population health and health care system service plan for the community served by the coordinated care organization; and
- Annually publishing a report on the progress of the community health improvement plan.

A.1.1.d) Describe how the CCO Governance Structure will reflect the needs of Members with severe and persistent mental illness and Members receiving DHS Medicaid-funded LTC services and supports through representation on the Governing Board or CAC.

The WVCH Board of Directors and WVCH CAC are designed to ensure the needs of members with severe and persistent mental illness and those receiving DHS Medicaid-funded LTC services are addressed. Collectively, WVCH member organizations represent community services for members at every point on the healthcare continuum. For example:

- MVBCN has worked to serve OHP members with severe and persistent mental illness for nearly two decades. This organization brings a wealth of experience to WVCH and will have a representative on both the WVCH Board of Directors and the WVCH CAC. WVCH member organizations have enjoyed a long history of collaborating with MVBCN to serve community members with mental illness. The organization anticipates creating even more effective services through the enhanced coordination made possible by the formation of a Coordinated Care Organization.
- The WVCH CAC will also include a representative from Northwest Senior and Disability Services (NWSDS). This organization serves members who receive Medicaid-funded LTC services and has the ability to advocate on behalf of its members.

- Willamette Valley Providers Health Authority has a unique ability to serve members who have persistence mental illness or are at risk of receiving Medicaid-funded LTC services. Willamette Valley Providers Health Authority has worked in collaboration with both MCBVN and NWSDS to improve the lives of their respective members and will continue to do so moving forward. Willamette Valley Providers Health Authority Nurse Case Managers have a high level of exposure to members with significant mental and physical disabilities and will work to advocate for these members by informing the WVCH Board of Directors and the WVCH CAC of their needs.

Finally, the objective of WVCH is to improve the lives of OHP members in Marion and Polk Counties. Each member organization brings a unique skill set which can be used to inform the organizational decision making process. The WVCH leadership will draw on the comprehensive resources available to each sponsoring organization in an effort to improve the lives of its members.

A1.2) Clinical Advisory Panel

A.1.2.a) If a CAP is established, describe the role of the CAP and its relationship to the CCO governance and organizational structure.

A Clinical Advisory Panel (CAP) has not yet been established.

A.1.2.b) If a CAP is not established, the Applicant should describe how its governance and organizational structure will achieve best clinical practices consistently adopted across the COO's entire network of providers and facilities.

A Clinical Advisory Panel (CAP) will be established to ensure the best clinical practices are consistently adopted across the Coordinated Care Organization's (CCO) entire network of providers and facilities. The CAP will assist in the development and adoption of clinical policies, procedures and protocols within the CCO to improve patient outcomes and service delivery, efficiency, and effectiveness. The CAP will integrate clinical pathways and strategies that enhance quality care to ensure patients receive the most appropriate care pathway supported by evidence-based medicine. In addition, the CAP will identify, develop, and disseminate information about best practices in a coordinated health care system-wide basis. The role of the CAP and its relationship to the CCO governance and organizational structure is best seen in the key responsibilities assigned to it, which include:

- Receive and review recommendations from the Consumer Advisory Panel;
- Review an analysis of Community Health Assessment to identify possible CCO community priorities;
- Review of literature and evaluation of the best clinical practices around identified CCO priorities;
- Leadership of clinical quality improvement program development including data analysis and provider communication;
- Provide recommendations to the CCO governance board on operational requirements;
- Develop and promote a system-wide approach to care coordination, quality, and client safety; and
- Develop, provide, and promote training, education programs, and clinical tools.

The CAP will fulfill the above-stated responsibilities through short-term and long-term planning, systematic collection and review of service delivery data, and continual efforts to disseminate outcomes and recommendations. Additional functions of the CAP in direct relationship to governance may include any or all of the following:

- Notifying the CCO governance board of safety and/or quality concerns.
- Notifying the CCO governance board of outcomes and recommendations.
- Engaging clinicians and the community to facilitate quality improvement.
- Providing advice to the CCO's entire network of providers and facilities on issues arising out of its functions.
- Identifying and developing training and education strategies and clinical tools.
- Focusing on system issues for performance improvement across the CCO.

A.1.3) Agreements with Type B Area Agencies on Aging and DHS local offices for APD

A.1.3.a) Describe the Applicant's current status in obtaining MOU(s) or contracts with Type B AAAs or DHS local APD office.

Willamette Valley Community Health is currently actively pursuing obtaining MOU(s) or contracts with Type B AAAS and/or DHS local APD office.

A.1.3.b) If MOUs or contracts have not been executed describe the Applicant's good faith efforts to do so and how the Applicant will obtain the MOU or contract.

Willamette Valley Community Health is currently in talks with North West Senior and Disability Services, the AAA serving the proposed service area related to this proposal. The focus of these talks center on obtaining a MOU detailing system coordination arrangement. In addition, WVCH is currently working with NWSDS to address hospital readmission and to better inform each partner about member transitions between acute and long-term care/home settings.

A.1.4) Agreements with Local Mental Health Authorities and Community Mental Health Programs

A.1.4.a) Describe the Applicant's current status in establishing working relationships with the Local Mental Health Authorities (LMHAs) and Community Mental Health Programs (CMHPs) operating in the service area to maintain a comprehensive and coordinated mental health delivery system and to ensure member access to mental health services, which are not provided under the global budget.

A number of WVCH member organizations and affiliates have already established strong working relationships in order to maintain a comprehensive and coordinated mental health delivery system. WVCH will build upon these agreements and relationships in order to ensure member access to mental health services. For example, WVI affiliate organizations Marion and Polk Counties, which are active collaborative partners in WVCH member organization Mid-Valley Behavioral Care Network existing governance and delivery system, also currently collaborate with Willamette Valley Providers Health Authority on significant projects promoting community health. In addition, MVBCN's existing AMHI staffing and structure provides timely services for those ready to discharge from extended or long-term psychiatric care. These collaborative partners will continue to be

providers of behavioral health services and each county will develop an MOU with WVCH to include the following functions:

- *Public Health* - Immunizations; STD, HIV/AIDS, communicable disease and family planning services; maternity case management, screening and prenatal care.
- *Mental Health and Addictions* - CSCI, AMHI, crisis services, specialized community-based services, coordination with criminal justice system.

A.1.4.b) How will Applicant ensure that members receiving services from extended or long-term psychiatric care programs (e.g. secure residential facilities, PASSAGES projects, state hospital) shall receive follow-up services as medically appropriate to ensure discharge within five working days of receiving notification of discharge readiness

All adults with serious mental illness and functional impairments will continue to receive case management supports as specified in outpatient mental health treatment plans. Each county provides an array of residential, adult foster home, and supported housing placements. They also serve individuals living in LTC facilities managed by DHS as well as provide consultation to caregivers. In addition, WVCH member organization MVBCN has specialized teams in each county under AMHI (called Community Integration Initiative) to promote more effective utilization of community-based residential facilities and promote the availability and quality of individualized community-based services and supports. Individuals eligible to transition to a lower level of care are provided with person-centered treatment planning, an individualized care coordination team, and a broad array of services and supports. WVCH anticipates that new services under the 1915(i) waiver will also be managed through these teams.

A.1.4.c) How will Applicant coordinate with Community Emergency Service Agencies (e.g. police, courts, and juvenile justice, corrections, and the LMHAs and CMHPs) to promote an appropriate response to members experiencing a mental health crisis

Marion and Polk Counties each have extensive partnerships with community emergency service agencies. As affiliates of WVCH, these partnerships will be included in the MOU described above. In addition, both counties collaborate with community corrections to align their substance abuse treatment resources with those for OHP members. WVCH will build on these partnerships which are designed to promote appropriate response to members experiencing a mental health crisis including; services in the jails and linkages with post-jail care; close working relationships with juvenile departments; law enforcement training; collaboration with drug and mental health courts in Marion County; and a Marion County outreach team composed of Sheriff's department deputy and Psychiatric Crisis Center staff.

A.1.5) Social and Support Services

A.1.5.a) In order to carry out the Triple Aim, it will be important for CCOs to develop meaningful relationships with social and support services in the service area. Describe how the Applicant has established and will maintain relationships with social and support services in the service area.

In implementing the *Children's System Change Initiative,* WVCH member organization MVBCN created regional and local oversight structures that include schools, Education Service Districts, the

Oregon Youth Authority, developmental disability programs, and DHS. The full-fidelity wraparound EBP model enlists families, other child-serving systems, and natural supports to create an individualized team and plan for each child. MVBCN has expanded these services in partnership with DHS for the wrap around pilot demonstration (see Appendix H, B.1.2). MVBCN's EASA program works closely with local colleges to identify and support young people experiencing a first episode of psychosis and their families. Each of the WVCH affiliated county governments has robust local partnerships with the above stakeholders as well as with community emergency services agencies, which will be included in the MOU described above.

Additionally, another WVCH member organization, Willamette Valley Providers Health Authority has developed relationships with a wide range of social and support services with the intent to develop a more robust relationship with various service providers. Currently they work closely with DHS supporting women and children enrolled in the Marion-Polk Obstetrics Mentoring Services (MOMS) program. Relationships with Department of Corrections and county corrections have been developed to address the behavioral health needs of individuals leaving the corrections system. In addition, the MOMS program has developed strong relationships with various housing agencies within Polk and Marion Counties along with collaboration with other social and support services within the community.

A.1.6) Community Health Assessment and Community Health Improvement Plan

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1.1.6.a) The Applicant should describe:

- **Applicant's community health assessment process and strategy to update periodically according t Administrative Rules**
- **Applicant should describe the mechanisms, by which the CAC will meaningfully and systematically engage diverse populations as well as individuals receiving DHS Medicaid-funded LTC and individuals with severe and persistent mental illness, in the community health assessment process.**

Local Public Health Departments review and evaluate local community health data each year. Both Marion and Polk County health departments conducted community health assessments (CHA) for their respective counties in 2011. Each assessment utilized the most current data available. The purpose of the county-level Community Health Assessment is to describe the health status of the population in order to provide the health departments and the populations they serve with a sound basis for decision-making and action. The CHA describes the health status of the county population, identifies areas for health improvement, determines factors that contribute to health issues, and identifies assets and resources that can be mobilized to address population health improvement.

As well as providing evidence for focusing energy and efforts of the health departments, the CHA is the basis for community health improvement planning. Each county health department presented the assessment data to the public at local events that served as a call to action for the community to engage in community health improvement planning (CHIP). Through the on-going collaborative community health improvement planning process a cross-section of the community has been engaged in community health improvement planning. This process has included a variety of key community partners such as local hospitals, social service providers, as well as the general public. Additionally, the data analysis was reviewed by the County Health Advisory Board and included in the Health Department's annual public health plan for review by the Marion and Polk County Board of Commissioners, and was submitted to the Public Health Division of the Oregon Health Authority.

Finally, both Silverton Hospital and Salem Hospital perform community health assessments through the Healthy Communities Institute (HCI). The HCI Community Health Needs Assessment System provides a dashboard of indicators that drive community health needs assessments, and contains a large database of promising practices that inform evidence-based community benefit programs.

Section 2 - Member Engagement

A.2.1) Member and Family Partnerships

A.2.1.a) Describe the ways which Members (and their families and support networks, where appropriate) are meaningfully engaged as partners in the care they receive as well as in organizational Quality Improvement activities

The efforts and actions of WVCH and its member organizations, to meaningfully engage members, their families, and support networks as partners in the care they receive as well as quality improvement initiatives is extensively discussed in Appendix C of this application. As evidence by the comprehensive description of structures, processes, and procedures already developed and refined by WVCH member organizations, WVCH has the capacity and capability to meet the highest standards of member and stakeholder engagement.

A.2.1.b) Describe how the Applicant will ensure a comprehensive communication program to engage and provide all Members, not just those Members accessing services, with appropriate information related to benefits and accessing physical health, behavioral health and oral health services, including how it will:

- **Encourage Members to be active partners in their health care, understanding to the greatest extent feasible how the approach to activation accounts for the social determinants of health;**
- **Engage Members in culturally and linguistically appropriate ways;**
- **Educate Members on how to navigate the coordinated care approach and ensure access to advocates including peer wellness and other non-traditional healthcare worker resources;**
- **Encourage Members to use effective wellness and prevention resources and to make healthy lifestyle choices in a manner that is culturally and linguistically appropriate;**
- **Provide plain language narrative that informs patients about what they should expect from the CCO with regard to their rights and responsibilities; and**
- **Meaningfully engage the CAC to monitor and measure patient engagement and activation.**

Members are encouraged to be active partners in their health care and are provided with information in culturally and linguistically appropriate ways including written materials such as member newsletters, targeted mailings, and educational brochures. In addition, WVCH ensures culturally and linguistically appropriate resources are incorporated in their participation in educational and outreach programs such as health fairs in cooperation with participating providers and clinics. Another method for ensuring comprehensive communications utilized by WVCH and their member organizations is through the development of non-traditional healthcare workers as advocates and navigators. This approach has already demonstrated impressive impacts related to one subsection of the population - pregnant women struggling with drugs and alcohol. The MOMS Mentors are non-traditional health workers that help women navigate health care as well as other non-medical systems. The member is provided with peer support to improve interaction with DHS, corrections, housing, and dental, along with physical and behavioral health systems. The role of

training and utilizing non-traditional health workers as an important part of the comprehensive communication strategy for assisting members with their ability to navigate coordinated care approaches will be expanded to incorporate other chronic diseases and for members with identified and potential health disparities. In addition to the MOMS model, the *Living Healthy* program, a self-management chronic disease program has demonstrated positive impact in its application throughout both counties. The WVCH CAC will utilize evidence-based tools incorporated into these best-practice programs, such as the patient activation measurement, to evaluate the level and impact of patient engagement and activation.

Section 3 - Transforming Models of Care

A.3.1) Patient- Centered Primary Care Homes

A.3.1.a) Describe Applicant's plan to support the provider network through the provision of

- **Technical assistance.**
- **Tools for coordination.**
- **Management of Provider concerns.**
- **Relevant Member data.**
- **Training and tools necessary to communicate in a linguistically and culturally appropriate fashion with Members and their families.**

WVCH has developed a sub-committee to address PCPCH implementation. Through this committee, WVCH has identified PCPCH support structures the organization intends to address moving forward. The following is a brief outline of the support structures that the subcommittee hopes to develop:

- *Technical Assistance* - Technical assistance for PCPCH implementation will be provided to area practices through learning collaboratives staffed by the CCO.
- *Tools for coordination* -IT solutions for connecting EMRs (PCP, LTC, Mental Health, Hospitals), CCO will provide solution to synchronize multitude of electronic medical records and exchange of health information.
- *Management of provider concerns* – The Implementation team will address practice and provider concerns through the learning collaborative.
- *Relevant Member data* - Member utilization data (hospital admissions, ED visits, etc) will be provided to practices by WVCH. Additionally, the CCO will consider providing area practices with tools and technical assistance for extracting necessary quality, experience and utilization data.
- *Training and tools necessary to communicate a linguistically and culturally appropriate fashion with members and their families* – WVCH will explore training bilingual/bicultural community health workers to assist practices in caring for members based on population ethnicity.

The implementation of the aforementioned support structures will enable participating practices to achieve the following medical home goals:

- *Access*
  - Enhanced access with same day appointments for every provider.
  - Specific plan for after hours care coordination.
  - Patient portal (electronic access to medical record).
- *Accountability*

- Collection of empanelment and visit continuity data.
- Collection of patient performance data (quality, experience, and cost).
- Analysis of patient performance data (quality, experience, and cost).
- Goals for improvement on patient performance data (quality, experience, and cost).

- *Comprehensive Whole Person Care*
  - Evidence-based clinical pathways for important conditions.
  - Integrated mental/behavioral health provided in medical home.
  - Pre-visit chart scrubbing.
  - Care team huddling.
  - Systematic process for managing high-risk/vulnerable populations through primary care-based care management.
  - Embedded Nurse Practitioners in area LTC facilities.
  - Process for identifying patients appropriate for end-of-life planning.
- *Continuity*
  - Proactive patient reminders for important conditions.
  - Proactive patient reminders for preventative services.
  - Immunization and developmental screening guidelines.
  - Process for identifying patients not recently seen by practice.
- *Coordination and Integration*
  - Process to reliably track referrals/orders.
  - Interoperability document (electronic communication of key information related to patient for use between care venues).
  - Systematic process for managing transitions in care.
  - Person and Family Centered Care.
  - Pathway to self-management programs for chronic conditions.
  - Standardized education materials.
  - Community resource list for use by care team.
  - After visit summary with individualized care plan.
  - Engage patients through use of linguistically and culturally appropriate community health workers, when appropriate.

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A.3.1.b) Describe Applicant's plan for engaging Members in achieving this transformation

WVCH will utilize non-traditional healthcare workers and other resources to encourage members to become active participants in their own medical home. Additionally, members will be engaged through direct outreach from the PCPCH practices through a variety of means including; secure patient portal, self-management education, individualized patient care plans/after visit summaries, direct contact from community health workers, case managers, and other members of the care team.

A.3.1.c) Demonstrate how the Applicant will use PCPCH capacity to achieve the goal of Health System Transformation.

WVCH understands that PCPCH proliferation is an important tool in achieving healthcare transformation. PCPCH will be used to improve the patient experience, ensure seamless transitions from one care setting to another, enhance communication and coordination amongst the care team, and increase data collection that will ultimately allow WVCH to gain a more accurate understanding

of its patient population. In doing so, WVCH will advance the goal of healthcare transformation by reducing waste and duplicative services and improving health outcomes.

A.3.1.d) Describe how the Applicant's PCPCH delivery system will coordinate PCPCH providers and services with DHS Medicaid-funded LTC providers and services.

Willamette Valley Providers Health Authority, a member organization of WVCH, identifies members in long-term care (LTC) facilities and provides care through the Adult Comprehensive Care Team (ACCT). The ACCT is made up of geriatric nurse practitioners and a Board Certified Geriatrician who conducts medical visits and evaluations for enrollees, for those who are unable to access the usual clinical resources, wherever they reside. The ACCT has the ability to document member's health information electronically and share such information with LTC providers. These relationships and resources will be invaluable as WVCH works to enhance its PCPCH delivery system and further integrate services with LTC providers. The ACCT conducts a quarterly meeting with the Administrators and Director of Nurses of Marian Estates, Dallas Retirement and Sunnyside Care Center. The meeting is usually held at WVCH member organization, Willamette Valley Providers Health Authority. The purpose of the meeting is to discuss how the ACCT can assist the facilities in their endeavors to provide optimum care for their clients.

To help ensure that LTC representatives have input in the development of PCPCH and other programs, WVCH has developed a strong working relationship with Northwest Senior and Disability Services (NWSDS). This organization serves LTC patients in Marion and Polk Counties, and has participated with WVCH sponsoring organizations in past projects and grants. A NWSDS representative will serve on the WVCH CAC and help the organization develop PCPCH strategies.

A.3.1.e) Describe how the Applicant will encourage the use of federally qualified health centers, Rural health clinics, migrant health clinics, school-based health clinics and other safety net providers that qualify as patient-centered primary care homes.

As WVCH develops a comprehensive PCPCH implementation strategy, it will document the location of PCPCH locations throughout the community. This information will be incorporated into the organization's access analysis and used to guide members to PCPCH locations when feasible. Community organizations will also have an opportunity to engage WVCH through both formal and informal channels such as community meetings, the clinical advisory board, the quality improvement committee, and learning collaborative. These efforts will help ensure WVCH members have few barriers in accessing PCPCH clinics.

A.3.2. Other Models of PCPCH

A.3.2.a) If the Applicant proposes to use other models of patient-centered primary health care in addition to the use of PCPCH, describe how the Applicant will assure Member access to Coordinated Care Services that provides effective wellness and prevention, coordination of care, active management and support of individuals with special health care needs, a patient and family-centered approach to all aspects of care, and an emphasis on whole-person care in order to address a patient's physical and behavioral health care needs

Located within this application, there are numerous examples of WVCH member organizations providing patient-centered primary health care. For instance, Willamette Valley Providers Health

Authority makes use of numerous evidence-based models designed to enhance care coordination and improve patient outcomes. Programs and services such as Living Healthy, MOMS, ACCT, The Pain Clinic, and many others are used by WVCH member organizations to promote whole person care and to address each patient's underlying physical and behavioral health care needs.

A.3.2.b) Describe how will the Applicant's use of this model will achieve the goals of Health System Transformation

Through the implementation of these patient-centered models, WVCH strives to serve as an innovative example of how to deliver better health, better health care, and lower costs. The systems put in place by WVCH will further align providers of care to better support member goals and needs through simplified process and procedures. This integration will enable sponsoring organizations to leverage existing strengths while enhancing efficiency through care coordination.

A.3.2.c) Describe how the Applicant will require two-way communication and coordination between its patient-centered primary health care providers and other contracting health and services providers in a timely manner for comprehensive care management.

Through member organizations, WVCH has a robust foundation of two-way communication and coordination on which to build. For instance, Willamette Valley Providers Health Authority actively encourages providers and healthcare professionals to engage in two-way communication between themselves and their organization. Tools employed by Willamette Valley Providers Health Authority to enhance dialogue between providers include the proliferation of individualized care plans, increasing the accessibility of electronic health risk assessments, and promoting the use of non-traditional healthcare workers to serve as intermediaries between the primary and specialty care providers. These strategies, in addition to Willamette Valley Providers Health Authority's continuous efforts to ensure further utilization of health information technology will help facilitate that communication.

A.3.2.d) Describe how the Applicant's patient-centered primary health care delivery system will coordinate with PCPCH providers and services with DHS Medicaid-funded LTC providers and services.

Section A.3.1.d of this application includes a comprehensive description of how WVCH patient centered primary health care delivery system will coordinate with PCPCH providers and services with DHS Medicaid funded LTC providers and services.

A.3.3) Access

A.3.3.a) Describe the actions taken to assure that coordinated care services are geographically located in settings that are as close to where members reside as possible, are available in non-traditional settings and ensure culturally-appropriate services, including outreach, engagement, and re-engagement of diverse communities and under-served populations (e.g., members with severe and persistent mental illness) and delivery of a service array and mix comparable to the majority population.

Through their member organizations, WVCH has a network of over 500 local physicians representing the majority of primary and specialty care. This deep network of providers allows member

organizations operating health plans to provide access to enrollees who often are logistically challenged in accessing care. In addition to the primary and specialty care provider network, WVCH has a cadre of ancillary providers, which provide services such as physical therapy, occupational therapy, speech therapy, radiology, and licensed clinical social workers. This comprehensive approach allows member organizations offering health plans to enhance access to enrollees for whom accessing therapy and social work services provides distinct transportation and geographic challenges.

Willamette Valley Providers Health Authority, a member organization of WVCH, employs two on-staff geriatric nurse practitioners that conduct evaluations in the member's home or at the long term care facilities. These nurse practitioners are part of the ACCT described above and specialize in adult care and coordination of care for members who cannot go to their doctor's office for regular visits. The primary objective of the ACCT is to coordinate and manage patient care wherever the enrollee lives. The ACCT, in partnership with the network primary care providers, operates as PCP extension providers for adult enrollees. The ACCT is managed by a contracted Board Certified Geriatrician specialist.

As discussed above WVCH contracts with all local hospitals that provide the necessary inpatient care for the enrollees. The local regional hospital employs dedicated hospitalist physicians who manage WVCH patients while in the hospital. WVCH also contracts with the tertiary facilities located only 50 miles away in Portland, Oregon. These tertiary facilities include the State Hospital, Oregon Health Sciences University, and Legacy Emanuel Hospital, which is a tertiary facility and part of the 4 hospital Legacy Health System network of hospitals.

In addition to maintaining current contracts with local and regional facilities, WVCH will make a concerted effort to ensure that members have access to care that is close to their place of residence. This will be done through the provision of care in non-traditional settings, within disadvantaged communities, and in a manner that is culturally appropriate. Willamette Valley Providers Health Authority, a WVCH member organization, currently ensures access in the following ways:

- Contracting with four local Home Health organizations to coordinate care for members needing home health services.
- Ensuring that the provider network consists of an adequate number of specialists that provide clinical expertise for members with multiple chronic conditions as well as those who are frail and disabled.
- Utilizing the ACCT to specifically address the needs of enrollees with chronic conditions where ever they reside

Additionally, another WVCH member organization, MVBCN intends to recruit and train behaviorists to integrate into PCPCH teams. MVBCN is currently closely tracking outpatient mental health capacity in Marion and Polk Counties, with a number of initiatives to increase provider capacity and efficiency to achieve routine access for 95 percent of new service requests within 14 days. To meet the anticipated demand from increased screening and behaviorist triage in primary care, WVCH plans to create new specialty teams to provide immediate access to brief psychosocial interventions.

A.3.3.b) What barriers are anticipated with having sufficient access to coordinated care services for all covered populations by Contract Start Date? What strategies would the Applicant employ to address these barriers?

WVCH anticipates that provider and member understanding of how to navigate the new system may pose a barrier. WVCH plans to conduct direct mailing of informational materials, as well as participate in community meetings to educate both providers and members on methods for accessing coordinated care services. In addition, these outreach efforts will serve as a means of educating the CCO staff and partners about this new and evolving system. WVCH member organization, MVBCN providers (including case managers) and peer support programs will assist in informing clients about the new model of care and their opportunities for wellness supports, empowerment, and self-care.

A.3.3.c) Describe how the Applicant will engage their Members of all covered populations to be fully informed partners in transitioning to this model of care.

WVCH will engage all covered members by both general and targeted direct mail as well as other outreach and educational activities such as health fairs.

A.3.4) Provider Development/ Contracts

A.3.4.a) ***Describe how the Applicant will build on existing provider networks that delivery coordinated care and a team based approach, including how it will arrange for services with providers external to the CCO service area, to ensure access to a full range of services to accommodate member needs.***

WVCH will work towards proliferating PCMH certification within its provider network, as doing so will advance the goals of care coordination and team based approaches. The organization will also utilize non-traditional healthcare works to ensure members have seamless transitions across care settings and enhanced communication amongst providers and members alike. Additionally, WVCH member organizations have substantial relationships with regional tertiary hospitals such as OHSU, and will continue to refer patients to facilities outside the CCO service area when necessary.

A.3.4.b) Describe how the Applicant will develop mental health and chemical dependency service alternatives to unnecessary inpatient utilization for children and adults, including those with addictive disorders. Discuss strategies the Applicant has used to develop services that divert members from non-medically necessary inpatient care, decrease length of stay, and prevent readmissions.

WVCH member organization, MVBCN has demonstrated successful strategies for screening, diversion, and utilization management of inpatient care for both adults and children. These strategies include use of person-centered crisis plans, crisis/respite placements, and a mental health supported detox option when the presenting need is a substance-abuse disorder rather than a primary mental health problem. A medically managed detox program within a residential chemical dependency treatment center provides an alternative to hospital-based detox. Children and adults at the highest level of care are provided with individual and family driven team-based care management focused on increasing ability to achieve personal goals. Available supports include a wide array of in-home and community-based services. Teams work closely with residential facilities

to ensure that treatment plans address the skills needed for success in the community. It is anticipated that teams will participate, as needed, with transitional care management for members with significant health challenges.

In cases where local or out of area contracted expertise and facilities cannot accommodate the medically indicated member need, WVCH staff will provide access through staff negotiations to appropriate out of area providers and facilities.

A.3.4.c) Describe how the Applicant will develop a behavioral health provider network that supports members in the most appropriate and independent setting, including their own home or independent supported living

Children and adults at the highest level of care are provided with individual and family driven team-based care management focused on increasing ability to achieve personal goals and succeed in community living. Available supports include a wide array of in-home and community-based services. Teams work closely with residential facilities to ensure that treatment plans address the skills needed for success in the community. WVCH anticipates that teams will participate as needed with the Interdisciplinary Care Team for members with significant health challenges. (*See a.3.5.k*)

A.3.5 Coordination, Transition, and Case Management

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Care Coordination

A.3.5.a) Describe how the Applicant will support the flow of information between providers, including DHS Medicaid-funded LTC care providers, mental health crisis services, and home and community based services, covered under the State's 1915(i) State Plan Amendment (SPA) for Members with severe and persistent mental illness, in order to avoid duplication of services, medication errors and missed opportunities to provide effective preventive and primary care

WVCH supports the flow of information between providers by having a robust process of timely communication. All transitions and significant change of conditions are monitored in real time and communicated to members of the interdisciplinary team to facilitate coordination, collaboration, and case management. This model is facilitated and maintained by an online software system called the Clinical Integration Manager (CIM) that allows clinical and administrative staff to monitor and coordinate member care within and across multiple healthcare settings. WVCH member organization, Willamette Valley Providers Health Authority medical management staff has administrative rights to CIM to see all services for a beneficiary. Network PCPs, Specialists and other providers including Medicaid funded LTC providers are able to see the services in CIM that are referred to them as well as the services they are referring out. The CCO case managers, using CIM, will act as the hub of communication among all members of the Interdisciplinary Care Team (ICT).

Through the CIM system and the role of member organizations, WVCH has the ability to monitor members as they navigate through the healthcare system. Case managers and other relevant clinical staff use the CIM *Member Dashboard* to document and review the member's participation in programs and consumption of services. By comparing these *touch points* with the patient notes submitted by the member's case manager, WVCH member organization Willamette Valley Providers Health Authority staff are able to determine if members are receiving the type of care they need. This process enables the organization to fulfill its dual goals of continuously improving the

coordination of care through an identified case manager and improving seamless transitions of care across healthcare settings. The performance of the CIM system and medical management staff are regularly reviewed in medical management meetings and by the quality improvement committee. This performance is measured in many ways, with particular attention paid to increasing member *touch points* with the organization's programs and staff.

Through the Medical Home Model, WVCH strives to increase member access to preventative health services. Members receive targeted educational materials, which address pertinent preventative health services such as seasonal vaccinations, colorectal screenings, and tips for healthy living. The preventative programs offered by WVCH member organization Willamette Valley Providers Health Authority are explained in greater detail in Appendix C of this proposal. All programs offered by Willamette Valley Providers Health Authority and the corporate affiliate, MPCHP, including preventative services are facilitated by a fully functional Medical Home model.

WVCH also utilizes a wide range of resources to assure their members have access to affordable care. The appeals and grievances department collects information from members who voice concerns regarding access and affordability. This information is disseminated to the Quality Improvement Committee, which in turn develops strategies that address members concerns. The goal is to continuously reduce the number complaints submitted regarding accessibility and affordability of care. In an effort to capture member concerns that do not materialize as official grievances, WVCH members participate in an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This survey provides practical strategies to improve member satisfaction and health plan performance. On an annual basis, the quality improvement committee designs and implements programs to improve CAHPS ratings.

In addition, WVCH creates and disseminates reports that measure network access and adequacy. These reports detail provider-member proximity and will enable the CCO to identify underserved members and locations. These tools have effectively been used by participating organizations such as MPCHP Advantage to continuously decrease barriers to care. WVCH will incorporate these tools and resources to assist the CCO to continuously improve access to affordable care.

Within the WVCH medical home, members receive coordinated care from an interdisciplinary care team. Once enrolled, members have access to essential services such as medical, mental health, and social services. Case managers help coordinate care by communicating with other individuals on the members interdisciplinary care team. WVCH also uses HEDIS to meet its access, outcomes, and utilization goals. The HEDIS report provides baseline national averages to cross reference data that is below national standards. In addition to HEDIS, WVCH utilizes the Health Outcomes Survey. Together, these programs enable WVCH member organization, Willamette Valley Providers Health Authority to:

- Improve access to essential services.
- Assure appropriate utilization of services.
- Improve beneficiary health outcomes.

Completion of the initial analysis phase will lead to innovative strategy planning for QIP (Quality Improvement Project) planning in concordance with State and CMS requirements for CCOs. These interventions will consist of two strategies that will be of an acute and clinical nature to satisfy requirements as deemed necessary. Identification of such interventions will be based on:

- Reliability and variability of the measurement.
- Change in percent or number over time.
- Applicability of the measurement to CCO populations.
- Resource variability.
- Past intervention results.
- Future projection of the WVCH population's needs.

WVCH will work with providers to continue to develop the partnerships necessary to allow for access to and coordination with social and support services, including crisis management services, and community prevention and self management programs. WVCH has supported and expand its use of Stanford's Living Well self-management program. Programs are running on a nearly daily basis across a range of locations including provider's offices, senior centers, senior housing, and mental health programs. To-date, this program has reached over a thousand community members suffering from chronic illness and conditions including mental illness, chronic pain, diabetes, heart disease and COPD. Populations served range from children with diabetes to adults with multiple chronic illnesses.

A.3.5.b) Describe how the Applicant will work with its providers to develop the partnerships necessary to allow for access to and coordination with social and support services, including crisis management services, and community prevention and self-management programs.

WVCH will work with its partners to ensure access and coordination with social and support services. Currently, the MOMS program, which uses non-traditional health workers, serves as a model to expand partnerships and coordination with social and support services. In addition, as part of the Early Childhood Coalition in Marion County, WVCH member organizations and affiliates are working closely with the Early Childhood group to coordinate assessments and services in medical and social systems in the community. Finally, as stated previously Stanford's self-management model, Living Healthy has been developed and is operating in both Marion and Polk counties and has served over one thousand members living with chronic disease.

A.3.5.c) Describe how the Applicant will develop a tool for provider use to assist in the culturally and linguistically appropriate education of Members about care coordination, and the responsibilities of both providers and Members in assuring effective communication.

WVCH will develop a cultural competency plan and design target interventions to ensure the culturally and linguistically appropriate education of members. To achieve this, the organization will utilize resources such as the community health assessment, demographic reports, and geographic distribution reports in order to identify member's cultural and linguistic needs. Using this information, WVCH will tailor programs and materials to do the following:

- Create community profiles of WVCH population segmented by language preference, geographic residence, and other defining characteristics.
- Develop a mechanism that identifies existing language and cultural competencies of potential and existing staff members.
- Develop a mechanism that identifies existing language and cultural competencies of potential and existing providers that contract with WVCH. This also includes those serving on advisory committees.

- Conduct annual cultural and linguistic sensitivity training for all employees.
- Integrate cultural competency training into new employee orientation and training.
- Devote a portion of the provider newsletter to the promotion of provider cultural competency.
- Collaborate/partner with contracted large clinics, community health centers, and community agencies to share experiences, expertise and insight gained from providing medical care and services to demographic groups prevalent within the provider's community. Use these "lessons learned" to develop tools and/or educational materials to assist other network providers to better recognize and promote the delivery of culturally competent care.
- Develop and distribute language assistance service directories to help staff and providers identify both community and contracted resources that are available for interpretation and translation assistance.
- Educate members, providers, and staff on member's right to receive interpretation and translation assistance services at no cost.
- Recruit bilingual customer service staff.
- Require and ensure that all translations of member related documents be certified by the entity providing the translations services.
- Develop clear and simple communications that help customers make well-informed decisions relating to their health care, effectively navigate the health care system and become engaged in their health care.
- Design a communication checklist that evaluates member communications to ensure that they are clear, simple, and culturally competent.
- Develop a list of key customer communications that will be translated and certified based on the most frequently used languages of our population.
- Conduct an initial and ongoing organizational self-assessment of related activities.
- Update appropriate policies and procedures to promote cultural competency
- Integrate the collection of member demographic information including ethnicity, race, preferred language, and geographic area into member data bases.
- Develop participatory/collaborative partnerships with communities to better understand our customers' cross-cultural preferences. Involve physicians, providers, and other community experts along with members in talk story sessions to design, evaluate, and share with members, providers, and the general community, the cultural competency standards and other relevant information and our progress and lessons learned.

Finally, WVCH will solicit input from WVCH CAC members who are qualified to represent members with cultural and linguistic needs.

A.3.5.d) Describe how the Applicant will work with providers to implement uniform methods of identifying Members with multiple diagnoses and who are served with multiple healthcare and service systems. Describe how Applicant will implement an intensive care coordination and planning model in collaboration with Member's primary care health home and other service providers such as Community Developmental Disability Programs and brokerages for Members with developmental disabilities, that effectively coordinates services and supports for the complex needs of these Members

WVCH currently has the capabilities to track and trend population health risk data in order to inform the development of specialized benefits and services. This is done through CIM, registered nurse practitioners, geriatricians, physicians, and behavioral health experts who review, analyze, and

stratify health care needs for members electronically. A core team of medical management staff, consisting of numerous RNs, behavioral health case managers, and two physician medical directors (one of which is a psychiatrist) oversee the majority of member referrals to various interventions offered by WVCH. Together, this team reviews, analyzes, and stratifies the health care needs and involve other members of the interdisciplinary care team, as appropriate.

A.3.5.e) Describe how the Applicant will meet state goals and expectations for coordination of care for Members with severe and persistent mental illness receiving home and community based services covered under the State's 1915(i) SPA and Members receiving DHS Medicaid-funded LTC services, given the exclusion of DHS Medicaid-funded LTC services from global budgets

All adults with serious mental illness and functional impairments will continue to receive case management supports as specified in outpatient mental health treatment plans. Each county provides an array of residential, adult foster home and supported housing placements. They also serve individuals living in LTC facilities managed by DHS and provide consultation to caregivers. WVCH member organization, MVBCN also has specialized teams in each county under AMHI (called Community Integration Initiative) to promote more effective utilization of community based residential facilities and promote the availability and quality of individualized community based services and supports. Individuals eligible to transition to a lower level of care are provided with person-centered treatment planning, an individualized care coordination team, and a broad array of services and supports. WVCH anticipates that new services under the 1915(i) waiver will also be managed by these teams.

A.3.5.f) Describe the evidence-based or innovative strategies the Applicant will use within their delivery system network to ensure coordinated care, including the use of non-traditional health workers, especially for Members with intensive care coordination needs, and those experiencing health disparities. Assignment of responsibility and accountability: The Applicant must demonstrate that each Member has a primary care provider or primary care team that is responsible for coordination of care and transitions

Each member is sent a member *Welcome Packet* once WVCH is notified of their enrollment into the CCO. Members will have 30 days to pick their own PCP. To support this effort, the *Welcome Packet* provides information about provider panels and phone numbers at WVCH to receive assistance to find a PCP. For members who have not selected a PCP within 30 days, a PCP will be assigned to the member. All members are supported as they transition and their care is coordinated by an interdisciplinary care team including at minimum a case manager, the member, and the member's primary care provider.

The use of non-traditional health workers (NTHWs) for members with intensive care coordination needs and those experiencing health disparities is vital to WVCH's success. WVCH has used non-traditional health workers for pregnant women who are struggling with alcohol and drug abuse for the past six years. The MOMS programs uses peer support workers to coordinate and facilitate care not only in the health care system but all community systems and programs that may benefit this high risk population. The goal of this support is to ensure that babies born to these mothers are clean and sober. In addition, the program focuses on developing home environments that are safe, nurturing, and sober for the member and her family. The program has seen a 99.9 percent success rate in babies being born clean and sober. Further, women are giving the support and developing the tools they need to effectively parent and care for their children.

In addition, WVCH member organization, MVBCN has invested in the development of peer run services, with 3 consumer-run organizations in Polk and Marion Counties offering opportunities for peer coaching, encouragement of recovery, self-care and wellness, and social support. Project ABLE also offers a Trauma Survivors Project which links isolated individuals with peer mentors who provide telephone support and outreach and engagement with the recovery community. Consumer Care Partnerships forms consumer-facilitated wraparound teams to help adults with mental illness pursue goals based on their strengths and dreams. Consumers provide peer support in the Psychiatric Crisis Center waiting room, which has yielded marked improvements in the clients' experience of care. An annual Retreat brings together participants from these many programs for a powerful community-building experience. More recently, mental health agencies have hired Peer Support Specialists to link these supports more closely to treatment providers.

The ability to expand the use of non-traditional health workers will depend on the requirements and limitations that have yet to be determined at the state level. WVCH member organizations, Willamette Valley Providers Health Authority and MVBCN have both had great success promoting recovery and reducing costs through the use of peer mentors to support individuals with chemical dependency and mental illness. WVCH intends to spread this approach to people managing chronic health conditions, and enlist lay care providers and volunteers involved with LTC services. They believe that it will be highly cost effective to launch this work with their cadre of experienced peer mentors rather than restricting these roles to people who have completed the extensive training that appears to be required for NTHWs. Therefore they will plan to initially use flexible funds to support peer mentors rather than report encounter data for NTHWs.

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Assignment of Responsibility and Accountability

A.3.5.g) Describe the Applicant's standards that ensure access to care and systems in place to engage Members with appropriate levels of care and services beginning not later than 30 days after Enrollment with the CCO

WVCH anticipates purchasing case management software system that will enable the organization to collect Health Risk Assessment (HRA) information for each member. This system will be used to calculate a risk score, create an individualized care plan, and disseminate health information amongst members of the care team. Based upon the members risk score, they could then be stratified into appropriate care categories. This system is already in-place at member organizations Willamette Valley Providers Health Authority and Atrio Health Plans, who utilize Guiding Care® software to manage Medicare members. If implemented, WVCH will collect HRA's upon enrollment and use that information to ensure members receive care and services within 30 days of joining the plan.

In addition to implementing new software services, WVCH will engage members in a comprehensive educational campaign designed to ensure that they are fully informed participants in the CCO. Educational outreach programs will take many forms, but the ultimate goal of such activities will be to familiarize members with the programs and services available to them and ensure they are invested in their healthcare.

Finally, since the vast majority of CCO members are currently enrolled in Marion Polk Community Health Plan, a subsidiary of WVCH member organization Willamette Valley Providers Health

Authority, WVCH will have little difficulty utilizing members existing health information to ensure they receive appropriate levels of care upon transitioning into the CCO. WVCH will utilize healthcare navigators and existing staff to assist members in the transition into a CCO.

A.3.5.h) Describe how the Applicant will provide access to primary care to conduct culturally and linguistically appropriate health screenings for Members to assess individual care needs or to determine if a higher level of care is needed.

WVCH will conduct culturally and linguistically appropriate health screening to assess individual care needs or determine if a higher level of care is needed by providing provider education and support of culturally and linguistically appropriate assessment screenings. Additionally, WVCH provides interpretive services for members and providers during visits and telephonic communication. WVCH understands that comprehensive transition of care for all members is essential, and will continue to develop programs and materials that reflect the cultural and linguistic needs of its members.

<u>Comprehensive Transitional Care</u>

A.3.5 i) Describe the Applicant's plan to address appropriate transitional care for Members facing admission or discharge from hospital, hospice or other palliative care, home health care, adult foster care, skilled nursing care, residential or outpatient treatment for mental health or chemical dependency or other care settings. This includes transitional services and supports for children, adolescents and adults with serious behavioral health conditions facing admissions or discharge from residential treatment settings and the state hospitals

WVCH will provide appropriate transition care for members facing admission or discharge from multiple setting including transitional services and support for children, adolescents and adults with severe behavioral health conditions by improving continuity of care; improving appropriate utilization of resources, improving health outcomes post discharge, improving communication across the healthcare continuum and satisfying CMS and state requirements. The primary purpose of the transition of care interdisciplinary care team (ICT) is to encourage self-management and direct communication between patient/caregiver and their primary physician or specialist, rather than function as another Healthcare Provider. The ICT provides the tools to the patient/caregiver to help the patient self manage his/her chronic conditions. As the ICT is composed of a number of partners who are directly involved in the different touch points of the members health, their collaboration after hospital discharge will guide the member more seamlessly among the continuum of care, as well as activate client engagement, prevent gaps in care during transitions (planned and unplanned), and coordinate transitions and communication between partners.

WVCH member organization MVBCN has care management teams for children (New Solutions) and Adults (Community Integration Initiative) operating within each county that manage transitions between levels of mental health care. These teams will link with the ICT for members with intensive mental health needs who also experience significant health challenges.

A.3.5.j) Describe the Applicant's plan to coordinate and communicate with Type B AAA or APD to promote and monitor improved transitions of care for Members receiving DHS Medicaid-funded LTC services and supports, so that these Members receive comprehensive transitional care

WVCH plans to coordinate and communicate with North West Senior and Disability Services the

AAA, servicing WVCH service area. Currently, WVCH and NWSDS are working together to identify all members covered by both organizations, as well as those community members who are at risk of becoming Triple Eligible. As essential participants of the ICT, each entity will notify the other of transitions in a timely manner and develop individualized care plans with engagement from the entire team. The ICT will assess and coordinate the services, both social and medical, that the member needs while promoting member activation and engagement.

A.3.5.k) Describe the Applicant's plan to develop an effective mechanism to track Member transitions from one care setting to another, including engagement of the Member and family Members in care management and treatment planning.

WVCH tracks all members that move from one setting to another via the CIM system. Currently, transitions, both planned and unplanned, from community to hospital or from hospital to community, are tracked in contracted facilities by timely notification and a referral is entered into CIM. Notification of transition is required within 24 hours. Members and their approved family members are part of the ICT and therefore must be activated to participate in the member's care management and treatment planning. Members are encouraged to participate in care planning, especially members with intensive care coordination needs and severe and persistent mental illness receiving home and community based services. (*See A.3.4.a for a description of behavioral health transitional care support and individualized care planning*).

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Individual Care Plans

A.3.5l) Describe the Applicant's standards and procedures that ensure the development of individualized care plans, including any priorities that will be followed in establishing such plans for those with intensive care coordination needs, including Members with severe and persistent mental illness receiving home and community based services covered under the State's 1915(i) SPA.

WVCH member organization, Willamette Valley Providers Health Authority is currently conducting a Performance Improvement Project (PIP) with Silverton Hospital that utilizes Individualized Care Plans (ICP) for all members being discharged from the hospital. Willamette Valley Providers Health Authority believes individualized care plans are an effective tool for enhancing care coordination and ensuring seamless transitions across the healthcare continuum. The implementation of a uniform ICP will enable members of the interdisciplinary care team to share pertinent health information in an efficient manner while reducing the risk of complications that are harmful to the member's health. Through this process, Willamette Valley Providers Health Authority hopes to decrease readmission rates for its members and enhance communication between members of the interdisciplinary care team. If successful, this pilot project will serve as a model for WVCH to use when implementing ICP across its network.

Additionally, WVCH will explore purchasing software that assists medical management staff in the development of individualized care. Member organizations Willamette Valley Providers Health Authority and Atrio Health Plans already utilize such technology in creating Individualized Care Plans for their Medicare members and will contribute to the development of a comprehensive ICP strategy moving forward.

A.3.5.m) Describe the Applicant's universal screening process that assesses individuals for critical risk factors that trigger intensive care coordination for high needs Members; including those receiving DHS Medicaid-funded LTC services

WVCH member organization, Willamette Valley Providers Health Authority uses information from the Health Risk Assessment to coordinate care for the member that reflects the member's special needs and preferences. Such needs include, but are not limited to, end of life services, transportation, and in-home visits by the ACCT team. Willamette Valley Providers Health Authority utilizes the results of Health Risk Assessments to develop an individualized care plan for each beneficiary. This care plan draws on various elements of the medical home and enables the plan to develop, communicate, and act upon patient goals and objectives while taking individual preferences into consideration. These goals include increasing beneficiary access to preventive health services, improving the coordination of care through an identified case manager and improving seamless transitions of care across healthcare settings. In addition, WVCH utilizes data information to assess individuals for critical risk factors that trigger intensive care coordination for high-risk members. By developing communication systems and working closely with multiple case managers across systems including NWSDS, WVCH will have the ability to screen and identify individuals who need intensive care coordination.

A.3.5.n) Describe how the Applicant will factor in relevant referral, risk assessment and screening information from local type B AAA and APD offices and DHS Medicaid-funded LTC providers; and how they will communicate and coordinate with type B AAA and APD offices

WVCH will factor in relevant referral, risk assessment and screening information from the local type B AAA by including NWSDS case managers as part of the ICT. In addition, LTC providers have been part of the ICT and work closely with the ACCT who visits contracted LTC facilities on a regular basis. Communication via CIM, phone, and fax will continue with deployment of a more robust communication system currently being developed.

A.3.5.o) Describe how the Applicant will reassess high-needs Members at least semi-annually or when significant changes in status occur to determine whether their care plans are effectively meeting their needs in a person-centered, person-directed manner.

WVCH conducts an initial comprehensive Health Risk Assessment of all new members within 90 days of the effective date of enrollment and annually thereafter. New members will include both those who change from one CCO to another as well as those who are new to the CCO entirely. The comprehensive Health Risk Assessment will be mailed to members in the event of a change in health status or when a member is identified as *high needs* or no later than 12 months after the last health assessment, whichever is sooner. High needs members will be assessed at least semi-annually or when significant changes in their status occurs. The Health Risk Assessment will be sent via mail to each member to complete and return. If the first attempt to contact the member, for both the initial and annual assessment, is unsuccessful, one follow-up attempt will be made.

A change in health status is defined as a request for or occurrence of one of the following:

- Observation stay or inpatient admission to a hospital.
- Admission to a skilled nursing facility.
- Admission from home to intermediate level of care.

- Initial evaluation by a home health agency.
- Initial evaluation by a physical, occupational or speech therapist in either an
- ICF or outpatient setting.

This data is then imported to a spreadsheet and exported for a mail merge. Upon receiving the completed HRA, a case management staff member reviews the HRA for medical, physical, behavioral and social needs. Those members identified as requiring intervention are assigned to case management, with the initial attempt to intervene occurring as soon as possible after receipt of the HRA. Documentation of intervention is then recorded in CIM under the appropriate category.

A.3.5.p) Describe how individualized care plans will be jointly shared and coordinated with relevant staff from type B AAA and APD with and DHS Medicaid-funded LTC providers

As part of the ICT, the relevant staff from NWSDS and Medicaid LTC providers will be encouraged to participate in the development of the individualized care plan. In addition, during transitions, care plans will be shared from the sending provider to the receiving provider to improve coordination and collaboration between providers and across systems. Care plans will also be shared with ICT members that are not centrally located in the hub, such as the primary care physician and home health care provider.

A.3.6) Care Integration

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Mental Health and Chemical Dependency Services and Support

A.3.6.a) Describe how the Applicant has or will develop a sufficient provider network, including providers from culturally, linguistically and socially diverse backgrounds for Members needing access to mental health and chemical dependency treatment and recovery management services. This includes Members in all age groups and all covered populations

The existing mental health and chemical dependency services managed by WVCH member organization MVBCN will become providers for WVCH. Services are available at all levels of care within the current MCO contracts, for all age groups and in English and Spanish.

A.3.6.b) Describe how the Applicant will provide care coordination, treatment engagement, preventive services, community-based services, behavioral health services, and follow-up services for Members with serious mental health and chemical dependency conditions requiring medication-assisted therapies, residential and hospital levels of care. This includes Members with limited social support systems. Describe also how the Applicant will transition Members out of hospital, including state hospitals and residential care settings into the most appropriate, independent and integrated community-based settings

WVCH will incorporate the current delivery system utilized by WVCH member organization MVBCN. This system has excellent programs to address all of these functions, with the strategies described in A.3.3.a. The delivery system for Marion and Polk counties includes 10 public and private provider agencies offering outpatient mental health and/or chemical dependency treatment, contractors providing residential, day treatment and community-based services for children, and inpatient psychiatric care. A compressive description for transitions from hospitals and residential care is provided in section A.3.5.h of this application.

A.3.6.c) Describe how the Applicant has integrated care and service delivery to address mental health and chemical dependency issues by proactively screening for and identifying Members with them, arranging and facilitating the provision of care, development of crisis intervention plans as appropriate, and coordinating care with related Health Services including DHS Medicaid-funded LTC services and other health services not funded by the Applicant. This includes Members from all cultural, linguistic and social backgrounds at different ages and developmental stages

Since 2002, WVCH member organization MVBCN has contracted with MPCHP to manage chemical dependency services and create coordination/integration between mental health and substance abuse treatment. MVBCN uses a person-centered crisis plan to proactively design supports to assist in managing mental health crises, and uses these plans as a communication mechanism linking the consumer with the mental health outpatient provider and the psychiatric crisis responder. Medical providers can be incorporated into this process. The WVCH clinical model proposes enhancing the current MVBCN continuum of behavioral health services to include screening for mental health and chemical dependency concerns in medical settings (PCPCH and hospitals), full integration of behaviorists into PCPCH teams, rapid access to treatment to address identified needs, and psychiatric training and consultation for primary care providers. We expect that children and seniors will be especially well served by having mental health supports available in the PCPCH. Existing MVBCN peer support programs offer a cadre of individuals with lived experience of mental illness, substance use and chronic disease who can serve in NTHW roles. Marion County Children's Mental Health has experience utilizing *promotoras* for community outreach, and they expect to deploy additional community health workers to help WVCH engage with and support our Latino families. Mental health and addiction treatment clinics and their case managers and patient liaisons within Marion County Health Department will be linked into the Interdisciplinary Care Teams and transitional care coordination processes to facilitate partnerships between behavioral health and medical providers. MVBCN is developing a plan to increase behavioral health consultation support to long-term care to help prevent placement disruptions and reduce reliance on hospital services in response to behavioral crises.

A.3.6.d) Describe how the Applicant has organized a system of services and supports for mental health and chemical dependency, including:
- **Integrated prevention services at the clinical and community level**
- **Integration of primary care across systems**
- **Qualified service providers and community resources designed and contracted to deliver care that is strength-based, family-focused, community-based, and culturally competent;**
- **Network of crisis response providers to serve members of all ages; and**
- **Recognized evidence-based practices, best emerging practices and culturally competent services that promote resilience through nationally recognized integrated service models**

WVCH will incorporate current WVCH member organization MVBCN's prevention services (early psychosis intervention, parent training classes and post-partum depression groups) and the panel of treatment providers who offer family-focused and strengths-based care (see A.3.3, A.3.4.), 24 hour crisis and respite services, and evidence-based practices (see BCN QI section in the Appendix).

<u>Oral Health</u>

A.3.6.e) Describe the Applicant's plan for developing a contractual arrangement with any DCO that serves Members in the area where they reside by July 1, 2014. Identify major elements of this plan, including target dates and benchmarks

Capitol Dental Care is a member organization of the COO and has participated in a wide variety of CCO planning activities. This organization has signed the organizations MOU and indicated a willingness to create a dental service contract by August 1, 2012.

A.3.6.f) Describe the Applicant's plan for coordinating care for Member oral health needs, prevention and wellness as well as facilitating appropriate referrals to dental.

Through electronic data and communication tools dental providers will be part of the care team. Oral health prevention will be incorporated along with other wellness messaging and interventions. Providers will use consistent oral health messaging across provider types. Better coordination and communication tools will streamline and facilitate appropriate dental referrals. The data tool of providing a snapshot of a member's services across provider types to the PCP will allow him/her to identify any gaps/concerns including those related to dental in order to initiate a referral.

<u>Hospital and Specialty Service</u>

A.3.6.g) Describe how the Applicant's agreements with its hospital and specialty care providers will address:
• Coordination with a Member's patient-centered primary care home or primary care provider
• Processes for PCPCH or primary care provider to refer for hospital admission or specialty services and coordination of care.
• Performance expectations for communication and medical records sharing for hospital and specialty treatments, at the time of hospital admission or discharge, for after-hospital follow up appointments
• A plan for achieving successful transitions of care for Members, with the PCPCH or primary care provider and the member in central treatment planning role

WVCH's agreements with its hospital and specialty care providers coordinate with the members Patient-Centered Primary Care Home by requiring referrals and preauthorization's to be either initiated by the PCP or approved by the PCP. WVCH member organization, Willamette Valley Providers Health Authority's medical management staff has administrative rights to CIM to see all services for a beneficiary. Network PCPs, specialists, and other providers are able to see the services in CIM that are referred to them. Additionally, they can monitor the services they are referring out to. Willamette Valley Providers Health Authority medical management staff, using CIM, acts as the hub of communication among all members of the Interdisciplinary Care Team. Through the CIM system, WVCH has the ability to monitor members as they navigate through the healthcare system. Case managers and other relevant clinical staff use the CIM *Member Dashboard* to document and review the member's participation in programs and consumption of services. By comparing these touch points with the patient notes submitted by the member's case manager, MPCHP Advantage staff are able to determine if members are receiving the type of care they need. This process enables the organization to fulfill its dual goals of continuously improving the coordination of care through an identified case manager and improving seamless transitions of care across healthcare settings. The performance of the CIM system and medical management staff are regularly reviewed in medical management meetings and by the quality improvement committee. This performance is

measured in many ways, with particular attention paid to increasing member touch points with the organizations programs and staff.

Through the Medical Home Model, WVCH strives to increase successful transitions by timely notification to the PCP of member transitions, by providing and requesting input from the PCP for individualized care plan development, and by sharing updated care plans and care need changes identified between the Medical Home and ICT.

A.3.7). DHS Medicaid-funded Long Term Care Services

A.3.7.a) ***Describe how the Applicant***

- ***Will effectively provide health services to Members receiving DHS Medicaid-funded LTC services whether served in their own home, community-based care or nursing facility and coordinate with the DHS Medicaid-funded LTC delivery system in the Applicants service area, including the role of type B AAA or the APD office;***
- ***Will use best practices applicable to individuals in DHS Medicaid-funded LTC settings including best practices related to care coordination and transitions of care;***
- ***Will use, or participate in, any of the following models for better coordinating care between the health and DHS Medicaid-funded LTC systems, or describe any alternative models for coordination of care:***
  - ***Co-Location: co-location of staff such as type B AAA and APD case managers in healthcare settings or co-locating behavioral health specialists in health or other care settings where Members live or spend time,***
  - ***Team approaches: care coordination positions jointly funded by the DHS Medicaid-funded LTC and health systems, or team approaches such as a multi-disciplinary care team including DHS Medicaid-funded LTC representation,***
  - ***Services in Congregate Settings: DHS Medicaid-funded LTC and health services provided in congregate settings, which can be limited to one type of service, such as "in home" personal care services provided in an apartment complex, or can be a RFA 3402 Appendix A Page 63 of 89***
    comprehensive model, such as the Program of All-Inclusive Care for the Elderly (PACE).
  - ***Clinician/Home-Based Programs: increased use of Nurse Practitioners, Physician Assistants, or Registered Nurses who perform assessments, plan treatments, and provide interventions to the person in their home, community-based or nursing facility setting***

WVCH will effectively provide health services to members receiving DHS Medicaid funded LTC services by including NWSDS case managers in the ICT for jointly managed members. As part of the ICT, both WVCH and NWSDS case managers will work together to ensure members receive care and services that are coordinated and based on best practice guidelines. This is a team approach is designed to ensure a high level of coordinated care. Currently the ACCT program brings coordinated healthcare directly to patients who live in alternative settings like Nursing Facilities (SNF and ICF), assisted living facilities, or foster homes. The ACCT team develops a personalized healthcare plan based on a holistic assessment of the client and takes into consideration their physical and emotional needs and input from family, caregivers and physicians. By developing a personalized healthcare plan that includes regular scheduled visits by Nurse Practitioners to monitor health as well as provide care on an on-going basis, the ACCT program provides comprehensive, on-site care to maintain member health as well as provide a higher level of healthcare. Through regular

monitoring and tailored response to clients' emotional and physical needs, the ACCT program seeks to reduce healthcare emergencies and improve the overall quality of life. The ICT will provide a mechanism to better incorporate mental health clinicians and currently available consultation services with LTC, and the innovations grant proposal to CMS requests a full-time behavioral health consultant to support the ICT, caregivers and peer mentors.

A.3.8) Utilization management

A.3.8.a) Describe how the Applicant will perform the following UM activities tailored to address the needs of diverse populations including members receiving DHS Medicaid-funded LTC services, members with special health care needs, members with intellectual disability and developmental disabilities, adults who have serious mental illness and children who have serious emotional disturbance.

- **How will the authorization process differ for acute and ambulatory levels of care**
- **Describe the methodology and criteria for identifying over- and under-utilization of services**

Acute and ambulatory authorization processes differ in that while acute care often requires retrospective analysis, non-urgent or ambulatory levels of care can be reviewed prospectively. For instance, preauthorization requirements for some non-urgent care requires procedures and treatments that support development of a holistic and patient centered care plan using best practices. Acute care authorization is primarily concerned with implementing best practices and enhancing the patient centered care plan. WVCH member organization, Willamette Valley Providers Health Authority utilizes a variety of mechanisms to identify over- and under-utilization. These mechanisms range from individual case reviews to examining distribution of treatment, procedures, and preventative services as well as utilization of Emergent and Urgent Care Centers based on claims information. WVPHA employs Nurse Practitioners who visit and often provide Primary Care Services for members receiving DHS Medicaid-funded long Term Care services. WVCH member organization, MVBCN also employs equally effective criteria to monitor utilization. WVCH will build on the capability and capacity of their member organizations to ensure they have an effective methodology in place for identifying over and under utilization of services.

Section 4 Health Equity and Disparities

A.4.1) CCOs and their providers are encouraged to work together to develop best practices of culturally appropriate care and service delivery to reduce health disparities and improve health and well-being of Members. Describe how the Applicant and its providers will achieve this objective

WVCH member organization, Willamette Valley Providers Health Authority has developed a system to ensure that best practices of culturally appropriate care and service delivery are utilized through its service area. The Quality Improvement and Utilization Management Committees are comprised of members who have extensive experience serving the Medicaid population. This experience enables the committees to advocate for the implementation of practice guidelines that address the cultural and physical needs of the OHP population.

WVCH member organization, Willamette Valley Providers Health Authority also works to ensure that providers are consulted in the development of best practice guidelines. Recommendations from the

UM and QI Committee are put in the draft of final version of the guideline. Providers are consulted through the following process:

1. The draft of the final version is sent to all providers who may treat the condition or perform the procedure in the guideline, to give comments.
2. If any comments or changes are recommended, these are presented to the UM and QI Committees for a final review.
3. Adopted guidelines are posted on CIM under Provider Services/Practice Guidelines.
4. Adopted guidelines are reviewed annually, or as needed, to ensure that they are consistent with current research and national standards.
5. Update or revisions are reviewed by the UM and QI Committees.

WVCH member organization, Willamette Valley Providers Health Authority expects providers to generally conform to guidelines in their practice, while recognizing the inability of guidelines to address all individual circumstances. The guidelines are also posted on the public website. If new guidelines come under consideration it would be communicated to the providers via the quarterly newsletter or a special membership mailing. Providers who are Members of the Independent Physician Association (IPA) are also represented through an elected board of directors, which provides oversight of MPCHP's administrative activities.

In addition to nationally accepted guidelines by the MeKesson Company's Interqual Criteria and other vetted sources, WVCH member organization, Willamette Valley Providers Health Authority analyzes member demographics to ensure the services provided by the plan reflect the needs of the community. The result of this assessment has ranged from Spanish language Living Healthy courses to physician education and outreach from their Provider Relations Specialist. Moving forward, WVCH will leverage the resources and expertise of its member organizations to ensure that members receive care that is both culturally appropriate and effective.

A.4.2) Describe how the Applicant will track and report on quality measures by these demographic factors that includes race, ethnicity, primary language, mental health and substance abuse disorder data.

WVCH will utilize the data gathering capabilities of its member organizations to the greatest extent possible. For instance, Willamette Valley Providers Health Authority, a member organization of WVCH, receives information from DMAP that details member's ethnicity and primary language. This information is documented in the organizations case management system and used by nurse case managers to guide care when necessary. Willamette Valley Providers Health Authority has the ability to track CCO quality measures through claims, EHR reports, and its case management system. This data will be further stratified by race and primary language to provide WVCH with a more comprehensive demographic analysis.

Section 5: Payment methodologies that support the triple aim

A.5.1) Demonstrate how Applicant's payment methodology promote or will promote the Triple Aim and in how the Applicant will:

- ***Provide comprehensive coordination or create shared responsibility across provider types and levels of care and creates incentives for using such delivery systems such as PCPCHs***

- ***Provide financial support, differently based on their level achieved, to PCPCHs for meeting the PCPCH standards;***
- ***Align financial incentives for evidence-based and best emerging practices***

Willamette Valley Providers Health Authority, a member organization of WVCH, is participating in a pilot of a new payment methodology called *Program Oriented Payment* (POP). This program is described in detail in section "p" of Appendix A. The POP payment methodology supports the three preconditions necessary to support the Triple Aim as defined by Berwick et al:

1. Focus on a population of concern (*In POP - The enrolled population of each program*).

2. Applies specific policy constraint (*In POP - Condition specific budgets and associated with evidence based clinical objectives*).

3. The presence of an integrator (*In POP – Is a system that provides condition specific monitoring for case managers and participating providers which is connected to an incentive payment that will encourage the achievement of patient-centered objectives*).

Providers have a shared responsibility under the POP model because the entire care team receives incentives when the goal is met. The payment system monitors clinical performance and this information is available to case managers or other providers coordinating care for the patient. All providers who care for a patient receive an incentive when the patient meets the goal. This encourages provider collaboration and creates information whereby referrals become based on measured clinical performance.

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Section 6 HIT

A.6.1) Health Information Technology (HIT), Electronic Health Resources Systems (EHRs) and Health Information Exchange (HIE)

A.6.1.a) Describe the Applicant's current capacity and plans to improve HIT in the areas of data analytics, quality improvement, patient engagement through HIT (using tools such as email, personal health records, etc.) and other HIT

It is well-recognized that Meaningful Use of EHR, while an essential foundation, is insufficient to achieve the three-part aim of health care transformation. Besides HIE, it will be important to leverage this information asset with additional infrastructure in several key respects:

- *Clinical Knowledge Management:* WVCH will work to promote the implementation of evidence-based clinical decision support (CDS) tools embedded in the EHR, thereby linking scientific information with patient information at the point of care. CDS will guide clinical decision-making with a focus on targeted areas for improvement, whether they are related to health maintenance or chronic disease management. Additionally, retrospective data analytics will be used for quality measurement and reporting, as well as to help identify opportunities for improvement. Real-time analytics will be used to maintain disease registries and monitor performance and improvement over time. The final component of analytics/business intelligence will be to apply predictive modeling to identify opportunities for prevention. Current and future EHR-vendor supplied analytic capabilities will be utilized where possible, but it is

likely that additional analytic tools will need to be built or purchased, either in connection with the HIO or separately.

- *Financial Operations:* Data analytics for clinical performance must be linked to cost data in order to understand overall performance against the three-part aim and in order to enact payment reform initiatives.

- *Population Health Management:* Collaboration will make it possible to perform diagnostics on member health data to uncover savings opportunities as well as to evaluate and manage population-level risk.

- *Patient Activation:* Technology-enabled patient activation can take several forms: telehealth, personal health records, patient portals which allow bidirectional patient activation, and obtaining patient-sourced data to improve disease management. Robust data analytic capabilities currently exist on the financial side but are not as fully-developed on the clinical side.

Quality reporting via certified EHRs is already supported as required in support of Meaningful Use in the form of required Clinical Quality Measures. Certified EHRs typically also support quality measurement for the Physician Quality Reporting System. It is anticipated that the metrics chosen for performance measurement will harmonize with these federal initiatives as well as those utilized by the Medicare Shared Savings Program. Many certified EHRs provide a tethered patient portal. Utilization of the NextGen Patient Portal has increased dramatically in the last 12 months such that approximately 40 percent of clinicians using NextGen are also using the portal. It is noted that it will not be possible to meet Stage 2 Meaningful Use requirements without this mechanism, so adoption will continue to increase out of necessity.

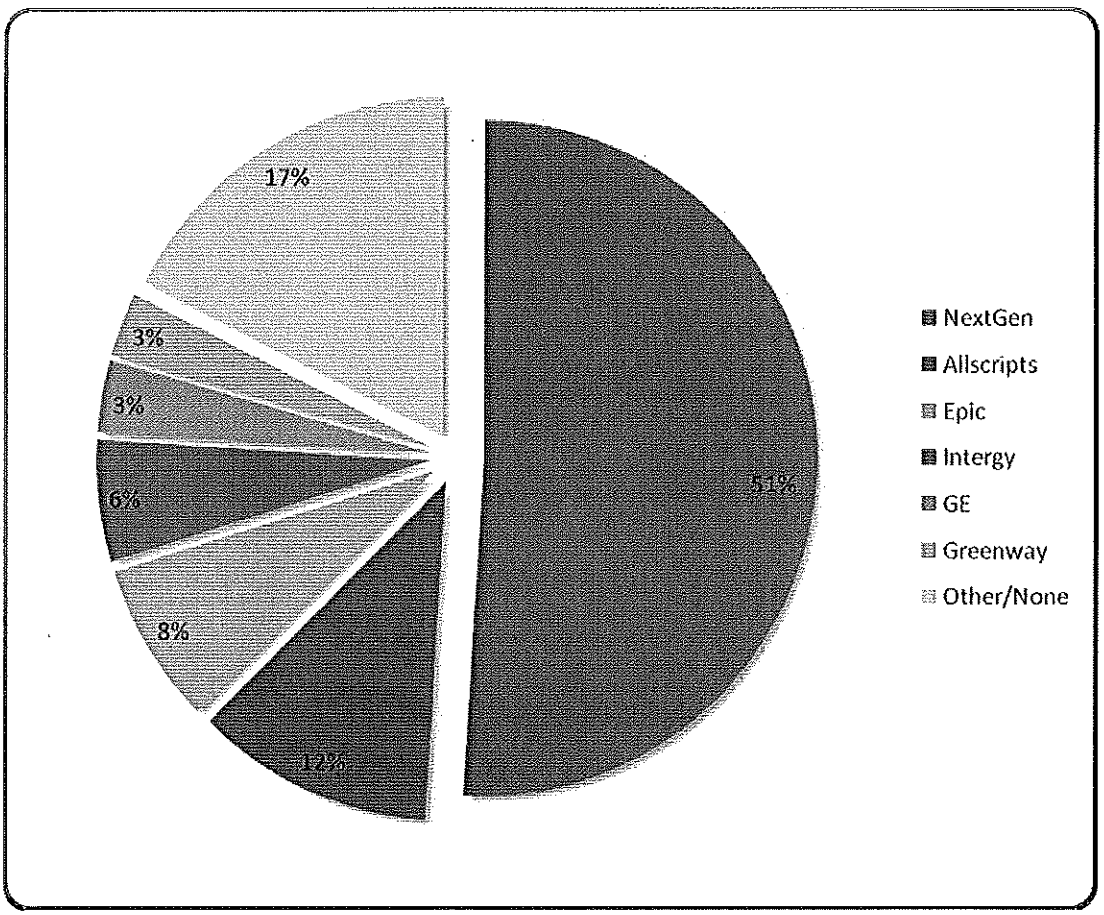
The CCO will evaluate possible membership in the Oregon Health Network in order to provide enhanced broadband access across the continuum of care as well as a mechanism to obtain telehealth capabilities. The CCO will utilize its broad stakeholder collaboration to develop a plan for additional HIT which will include specific, measurable, goals and milestones. In particular, it is recognized that a specific plan must be developed to ensure adequate HIT infrastructure capacity to permit meaningful HIE for the purposes of care coordination and improved transitions of care with long-term care facilities.

WVCH will utilize its broad stakeholder collaboration to develop a plan for additional HIT which will include specific, measurable, goals and milestones.

A.6.1.b) What are the Applicant's strategies to track and increase adoption rates of federal ONC certified EHRs?

There are three hospitals and one critical access hospital in the service area. All of them have a certified electronic clinical information system. Three of them are mature and well established while the other is actively increasing its usage. In the Spring 2009 Office for Oregon Health Policy and Research report "Oregon Electronic Health Record Survey Report: Ambulatory Practices and Clinics", it was estimated that the clinician's adoption rate in Marion and Polk Counties was 64.8 percent,

with 90.7 percent of specified vendor products being certified. Adoption has increased since that time and it is currently estimated that approximately 83 percent of ambulatory providers (i.e. physicians, nurse practitioners, and physician assistants) have adopted (or are in the process of adopting) a certified EHR system.



Current initiatives undertaken by WVCH member organization Willamette Valley Providers Health Authority, in partnership with Oregon's Regional Health Information Technology Extension Center, O-HITEC, to promote the adoption and Meaningful Use of electronic health records will be continued. Adoption will be tracked by self-reporting and via survey. Information will be obtained on the adoption and use of electronic health records by other providers in the continuum of care, including public health, dental and mental health providers, other ancillary providers, and long-term care facilities.

Information regarding the importance of electronic health records to the success of health care transformation will be communicated repeatedly to remaining providers via multiple means. Where adoption has not yet occurred, it will be important to identify and remove barriers to adoption where possible. A recently performed a systematic literature review and identified eight main categories and a total of 31 sub-categories of barriers to adoption of EHR. These eight categories, which are interrelated with each other, are:

1. Financial
2. Technical
3. Time
4. Psychological
5. Social
6. Legal
7. Organizational
8. Change Process

A.6.1.c) Describe how the Applicant will facilitate meaningful use and HIE and also ensure that every provider in its network is either:
• Registered with a statewide or local Direct-enabled Health Information Services Provider (registration will ensure the proper identification of participants and secure routing of health care messages and appropriate access to the information); or
• A Member of an existing Health Information Organization (HIO) with the ability for providers any EHR system (or with no EHR system) to be able to share electronic information with any other provider within the CCO network

The importance of health information exchange to the successful realization of benefits from electronic health records is recognized. A multi-pronged strategy to facilitate HIE is already under way. Willamette Valley Providers Health Authority, a member organization of WVCH, has a private health information exchange which connects users of the NextGen EHR for the purpose of sharing patient summary information and facilitating referrals. Community implementation is in process. Area providers will register with CareAccord, the statewide Health Information Services Provider, in order to be able to utilize direct secure messaging. It is noted that Stage 2 of Meaningful Use will require certified EHR vendors to integrate direct messaging capabilities, a mandate which will serve to enhance usability and increase utilization.

A Salem Area Community Health Information Exchange (SACHIE) initiative has been in existence for a number of years and already includes several members of WVCH; there is a good opportunity now to increase participation. SACHIE's vision is "to provide a single point of access to community-wide patient-centric healthcare data in order to enhance quality and efficiency". The SACHIE project partners are currently evaluating possible public-private partnerships to ensure sustainability of robust HIE capabilities across the continuum of care.

Finally, it should be noted that in the course of facilitating the adoption and Meaningful Use of electronic health records, there are several specific HIE capabilities that will be enacted as they are required for Meaningful Use, including electronic prescribing, computerized provider order entry for medications and laboratory, as well as electronic data sharing with other providers and with patients. Registration with the statewide Direct HISP will be *requirement* of participation in the CCO, and the organization will work through its various stakeholder groups to facilitate this process and ensure that it occurs. Although it is anticipated that SACHIE will eventually be a HIO that provides these capabilities, it will take some time for it to be fully developed. In the short term, direct secure messaging will be the primary means of HIE for providers to be able to share information electronically regardless of which EHR is in use or whether an EHR is present.

Minimum requirements for HIE will, in general, follow Meaningful Use, which establishes thresholds in these areas. Note that rates of electronic prescribing are already high. Among NextGen users, for

example, 62 percent of all prescriptions are currently prescribed electronically, a number which will increase significantly once electronic prescribing of controlled substances is permitted. Most clinicians easily surpass the Stage 1 Meaningful Use thresholds for electronic prescribing and electronic lab orders/results.

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Appendix B: Provider Participation Questionnaire

Section 1 - Service Capacity

Service Area Description	Zip	Maximum Number of members-Capacity level
Marion County (including contiguous zip codes).	97002, 97020, 97026, 97032, 97071, 97072, 97137, 97301, 97302, 97303, 97304, 97305, 97306, 97307, 97308, 97309, 97310, 97311, 97312, 97314, 97317, 97325, 97342, 973046, 97350, 97352, 97359, 97362, 97373, 97375, 97381, 97383, 97384, 97385, 97392, 97358, 97360	70522
Polk County (excluding 97321 and including contiguous zip codes)	97328, 97304, 97338, 97344, 97347, 97351, 97361, 97371, 97101, 97378, 97396	11802

Section 2 – Standards Related to Provider Participation

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Standard #1) Provision of Coordinated Care Services

See RFA #3402 WVCH Table B-1
Worksheet: App B Sect 2 Std 1 WVP;

- Worksheet: App B Sect 2 Std 1 Polk;
- Worksheet: App B Sect 2 Std 1 Marion;

See RFA# 3402WVCH Table B-1 Pharmacy

- And file name RFA Appendix B Section 2 Std 1 Pharmacy Network 04.27.12

Standard #2) Providers for Members with Special Health Care Needs

See RFA #3402 WVCH Table B-1

- Worksheet: App B Sect 2 Std 1 WVP, Column R;
- Worksheet: App B Sect 2 Std 1 Polk, Column R;
- Worksheet: App B Sect 2 Std 1 Marion Column S

Standard #3) Publicly Funded Public Health and Community Mental Health Services

3a) Describe how Applicant has involved publicly funded providers in the development of its integrated and coordinated Application

See RFA #3402 Publicly Funded Table

Both counties and FQHC's have been actively involved in the design of the CCO, its plan for integrating care, and this application. The publicly funded providers and other CCO agencies have a

long history of collaboration. There is an appreciation that while members' eligibility may change over time, the community care that members experience needs to be consistent. To that end, WVCH and counties will execute agreements that assure the availability and payment for required contact services (e.g., immunizations, sexually transmitted diseases and other communicable diseases) as well as delineating how the CCO will work in cooperation with the local mental health authorities. Additionally, counties will have ongoing involvement in the governance and direction of the CCO.

3b) Describe the agreements with counties in the service area that achieve the objectives in ORS 414.153(4), quoted above. If any of those agreements are under negotiation, the Applicant must submit the executed agreement prior to OHA issuing the CCO Contract.

While the required agreements have not been finalized, we anticipate no obstacles to having them completed prior to the CCO contract.

3c) If Applicant does not have signed agreements with counties, as providers of services or as required by ORS 414.153(4), describe good faith efforts made to obtain such agreements and why such agreements are not feasible.

WVCH has made significant progress in obtaining written agreements (see question 3a).

Standard #4) - Services for AI/AN

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AI/AN individuals receive the same services as any other plan member served by WVCH. When a referral or authorization is requested for AI/AN members, WVCH will pay the same as if they were not AI/AN. AI/AN members have the option to access services either at the Indian Health Centers, Tribal 638 facilities, or at other PCP offices. The plan has Care Coordinators who are culturally sensitive to the special needs of the AI/AN population and can help them access appropriate services.

Standard #5) - IHS and Tribal facilities

Willamette Valley Providers Health Authority, a WVCH member organization, has worked with plan members who are AI/AN for the last 10 years. Willamette Valley Providers Health Authority accepts referrals and authorization requests from the IHS and Tribal 638 facilities as though they were contracted providers. WVCH will accept authorization requests from IHS or Tribal 638 facility even if there is no referral to them, as though there was a standing referral and they were a participating provider.

Standard #6) - ISA for Children

6a) Describe Applicant's plan to provide the Integrated Service Array, which is a range of service components for children and adolescents, though and including age 17, that target the population with severe mental or emotional disorders whose needs have not been adequately addressed in traditional settings.

Obstetric and pediatric providers screen for post-partum depression and refer to WVCH member organization, MVBCN's post-partum depression classes. Chemical dependency treatment staff

screen for and respond to mental health concerns. Marion County's Psychiatric Crisis Center responds to hospital emergency departments to assist in assessing mental health needs and arranging for appropriate care. MVBCN staff will assist with PCPCH incorporation of routine mental health and chemical dependency screening in office visits, with co-located behaviorists who can receive a warm hand-off from the medical provider to evaluate for and organize the medically appropriate response to positive screenings. WVCH anticipates that its hospital partners will collaborate in screening and brief motivational interventions for substance abuse problems in emergency and in-patient settings. Additionally, the MOMS program, which is operated by WVCH member organization Willamette Valley Providers Health Authority and is described in further detail in Appendix C, utilizes an innovative screening/identification process to target high-risk individuals. Finally, PCMHAS provides any needed medical necessity mental health and addictions services to all OHP residents of Polk County. PCMHAS has an EASA component within the Community Support Services Team.

6b) Describe how the Applicant has developed, or is developing, for implementation of an ISA system and other Coordinated Care Services that promotes collaboration, within the laws governing confidentiality, between mental health, child welfare, juvenile justice, education, families and other community partners in the treatment of children with serious emotional, mental health and behavioral challenges.

WVCH member organization, MVBCN's New Solutions program provides an Integrated Services Array for children and youth with severe mental or emotional disorders. They have invested in training, coaching and monitoring to achieve full-fidelity wrap around services based on a system of care principles, with a team creating a family-driven plan for each child in partnership with other child-serving systems. They have reduced the percentage of children needing residential care, shortened the length of stay, and created a menu of community-based supports that enable children to be maintained in permanent homes in the community. MVBCN provides the largest of the three-pilot sites for the Children's Wraparound Demonstration Project; WVCH intends to continue this program under the CCO.

Polk County Mental Health and Addiction Services (PCMHAS), a WVCH affiliate, partners with Trillium Family Services and Linn-Benton-Lincoln Educational Service District and will open a short length of stay day treatment program in the PCMHAS West Salem clinic in June of 2012. , The treatment program will have (12) slots for children and (12) slots for adolescents. PCMHAS has entered into a MOU with Polk Child Welfare to provide services for OHP children and adolescents in their guardianship. Additionally, PCMHAS receives Intensive Treatment & Recovery Services State General Fund to serve parents involved with Child Welfare and the court system. PCMHAS contracts with school districts for place QMHPs in specified schools. PCMHAS provides any needed mental health and/or addictions services for Polk Juvenile Department and Polk Youth Programs residents.

6c) Describe how the Applicant's service delivery approach is family-driven, strength-based, culturally sensitive, and enhances community-based service delivery

Many WVCH participating providers specialize in Family Practice and are based throughout the service area. Many of these providers are at least bilingual and live in the communities within which they practice. They are sensitive to the cultural and community needs of their local service area. Their scope of practice includes the whole family usually in a holistic approach. (See previous Table 1 for more detail) detail.

Standard 7) - Mental Illness Services

7a) Describe how the Applicant will provide community-based mental health services to Members, including Members receiving home and community-based services under the State's 1915(i) SPA

WVCH will incorporate the capabilities and capacity of member organization, MVBCN to provide community-based mental health services to members. This will include the current MVBCN delivery system incorporating the enhancements described in A.3.3.a. The delivery system for Marion and Polk Counties includes: 10 public and private provider agencies offering outpatient mental health and/or chemical dependency treatment (DHS parents, adolescents, methadone maintenance, corrections-involved members, and persons with serious mental illness); contractors providing residential, day treatment, and community-based services for children; and inpatient psychiatric care. Intensive services for children and for adults qualifying for AMHI will be provided as described in A.1.5 and A.3.5.k

7b) - Describe how the Applicant will screen all eligible Members for mental illness to promote prevention, early detection, intervention and referral to mental health treatment – especially at initial contact or physical exam, initial prenatal exam, when a Member shows evidence of mental illness, or when a Member over-utilizes services

Currently obstetric and pediatric providers screen for post-partum depression and refer to WVCH member organization, MVBCN's post-partum depression classes. Chemical dependency treatment staff screen for, and respond to, mental health concerns. Marion County's Psychiatric Crisis Center responds to hospital emergency departments to assist in assessing mental health and substance abuse needs and arranging for appropriate care.

Standard 8) - Rx Services and MM

8a) Describe Applicant's experience and ability to provide a prescription drug benefit as a Covered Service for funded Condition/Treatment Pairs

Willamette Valley Providers Health Authority, a WVCH member organization, employ Medical Management staff who has been managing the OHP drug benefits in the service area since 2001 and Medicare Part D benefits since 2006. WVCH will use a third party PBM to assist in administering the pharmacy benefit. WVCH will be able to provide a list of covered drugs to the PBM along with appropriate utilization rules (i.e. Prior Authorization, Step Therapy, Quantity Limits, etc.). This will ensure that as claims and requests for covered Conditions/Treatment Pairs are submitted they are reviewed and processed against approved criteria.

8b) Specifically describe the Applicant's:1) Ability to use a restrictive formulary as long as it allows access to other drug products not on the formulary through some process such as prior authorization; 2) Formulary development that includes FDA approved drug products for each therapeutic class and at least one item in each therapeutic class of over-the-counter medications sufficient to ensure the availability of covered drugs with minimal prior approval intervention by the providers of pharmaceutical services, e.g. pharmacies; 3) Development of clinically

appropriate utilization controls; and 4. Ability to revise a formulary periodically and the evidence based review processes utilized and whether this work will be contracted out or staffed in-house.

WVCH will be able to provide a list of covered drugs to the PBM along with appropriate utilization rules (i.e. Prior Authorization, Step Therapy, Quantity Limits, etc.). Requests for exceptions to the formulary will be accepted and processed through their medical management review. This will ensure that as claims and requests are submitted they are reviewed and processed against approved criteria. WVCH works with their internal Medical Director and their delegated PBM to ensure that they have sufficient medications based on FDA approval for each pharmaceutical class. Prescription prior authorization criteria is annually reviewed and revised with expertise from their Medical Director and their third party PBM. Finally, Internal Medical Review staff supported by PBM will review the formulary at least annually utilizing both historical plan data coupled with national evidence based guidelines.

8c) Describe Applicant's ability to ensure an adequate pharmacy network to provide sufficient access to all enrollees and how Applicant will communicate formulary choices and changes to the network and other medical professionals and how to make non-formulary, i.e. prior Authorization, requests.

The Pharmacy network is maintained by the third party PBM while WVCH maintains the administrative role including providing education to providers and members through newsletter, emails, on-line tools, and customer service. The PBM selected for 2013 through 2015 services currently has over 63,000 pharmacies in its nationwide network, which includes more than adequate access in WVCH's service area.

8d) Describe Applicant's capacity to process pharmacy claims using a real-time claims adjudication and provider reimbursement system and capture all relevant clinical and historical data elements for claims paid in their entirety by the CCO and when the coordination of benefits is needed to bill Third Party Liability (TPL) when the CCO is the secondary coverage.

WVCH member organization, Willamette Valley Providers Health Authority partners with a pharmacy benefits manager, MedImpact Healthcare Systems, to provide real-time electronic claims adjudication at the point of sale. Each pharmacy in MedImpact's network is set up with the capability to submit claims electronically. All claims information submitted by the pharmacy is reviewed by MedImpact's system and processed based on member eligibility, benefit configuration and pharmacy network reimbursement rates. MedImpact will respond to the pharmacy with adjudicated information typically within one (1) second.

8e) Describe Applicant's capacity to process pharmacy Prior Authorizations (PA) either with in-house staff or through a Pharmacy Benefits Manager and the hours of operation that prescribers or pharmacies will be able to submit Pas A.

WVCH's capacity to process PA is found in the demonstrated capabilities of its member organization, Willamette Valley Providers Health Authority. Willamette Valley Providers Health Authority and its delegated entities process all pre-authorizations for pharmacy in house. Pharmacy requests are received 24hours per day 7 days a week

8f) Describe Applicant's contractual arrangements with a PBM

The contract with PBM, MedImpact, is a discounted percentage(s) from Average Wholesale Price (AWP) or the percentage above Wholesale Acquisition Cost (WAC). WVCH has an agreement with MedImpact to include rebates, incentives or other funds received from MedImpact by the CCO. This includes any other pricing arrangements between WVCH and MedImpact not based on a percentage discount from AWP or WAC.

Brand name AWP is a 14.75 percent discount and generic AWP is a 78 percent applicable to WVCH. WVCH will receive 87.5 percent of all permissible, collected rebates to MedImpact from drug manufactures. An agreed upon dispensing fee of $1.40 per claim, whether it is brand or generic drugs. Agreed upon administrative fee to be paid to MedImpact by WVCH shall be paid quarterly. Administrative claims processed electronically are $0.00, and manually processed claims are $4.50 per claim. WVCH may pay $0.20 per electronic transaction for physicians and hospitals requesting information via MedImpact e-prescribing support program.

8g) Describe Applicant's ability to engage and utilize 340B enrolled providers and pharmacies as a part of the CCO

Willamette Valley Providers Health Authority, a WVCH member organization, has a contractual relationship with MedImpact which allows access to a fully integrated 340B program administered by MedImpact and SUNRx. MedImpact contributes the claims adjudication expertise, eligibility accessibility, and the full range of fully transparent PBM services. SUNRx contributes a completely integrated pharmacy network, core knowledge of federally qualified health center operating practices, and a sophisticated virtual inventory system that automates the wholesale ordering and approval process. With the support of MedImpact and SUNRx, WVCH can partner with 340B eligible entities, such as Federally Qualified Health Centers (FQHCs) and Disproportionate Share Hospitals (DSHs), to access 340B discounts. These partnerships will help 340B-eligible entities grow and serve their respective communities.

8h) Describe Applicant's ability and intent to use Medication Therapy Management (MTM) as part of a Patient Centered Primary Care Home

WVCH will work to ensure physicians have information to get up to date real time electronic information of member's prescription history. Behavioral care managers and case managers will be incorporated to communicate if the member uses medication within this facet of health management. Moderate to high-risk members undergo MTM pharmacy review in turn; this review is shared with the primary provider and interdisciplinary team.

8i) Describe Applicant's ability to utilize E-prescribing and its interface with Electronic Medical Records (EMR).

The current rate of adoption of certified electronic health records in physician offices is estimated to be 83 percent of providers. All certified EHRs are required to have electronic prescribing, computerized provider order entry of medication orders, as well as drug-drug and drug-allergy interaction checking.

Standard 9) - Hospital Services

9a) Describe how the Applicant will assure access for Members to inpatient and outpatient hospital services addressing timeliness, amount, duration and scope equal to other people within the same service area.

Access for members to inpatient and outpatient hospital services are managed through an assigned case manager and the electronic tool CIM. CIM allows for auditing to make sure member's hospital uses are managed according to timelines equal to other people within the service area. Duration and scope of care is not hindered by the member enrollment to the plan, to assure there is no developing bias, case managers and medical director's review requested cases to make sure there is administration of comprehensive and quality care. The perception of care administered is accounted for to be equal, if not better, to others within the service care. Weekly to monthly audits are processed in CIM to assure requests of members are processed in appropriate time lines. Concurrent and retro current reviews of inpatient hospitals stays are processed by the utilization management case managers. Follow up reminders for members with pending out -patient procedures or consults are delivered in a form of a phone call or mailing. A recent pilot project of monitoring readmissions of members through the local hospital has intervention of care at the time the member is admitted to the hospital. Care plans are delivered throughout the hospital stay to reassure all facets of healthcare have been addressed and are implemented at the time of discharge.

9b) Describe how the Applicant will educate Members about how to appropriately access care from Ambulance, Emergency Rooms, and urgent care/walk-in clinics, and less intensive interventions other than their Primary Care home.

WVCH will utilize claims data from emergency room visits to track over-utilizers. WVCH member organizations have also developed collaborative relationships with the nurse case managers in the local emergency rooms to improve and expedite notification to the health plan case managers for potential overuse or concerning behavior. WVCH is incorporating strategies to improve the appropriate use of Ambulance, Emergency Rooms, and urgent care/walk in clinics. WVCH has direct patient contact with members who demonstrate inappropriate utilization to determine if there are co-morbid factors leading to the increased use of Ambulance/ER. They work with members, through phone calls and mail, and their providers to develop a better treatment plan, providing information on community based programs or alternative services.

9c) Describe how the Applicant will monitor and adjudicate claims for Provider Preventable Conditions based on Medicare guidelines

WVCH has a protocol for reporting adverse events and quality of care concerns. The goal is to improve patient safety by reducing the risk of serious adverse events occurring in the health care system and by encouraging a culture of patient safety. To attain this goal, WVCH has:

- Established a confidential, voluntary serious adverse event reporting system to identify adverse events;
- Established quality improvement techniques to reduce systems' errors contributing to adverse events
- Disseminates and recommends providers use evidence-based prevention practices to improve patient outcomes.

- Identifies potential adverse events through concurrent and retrospective review.
- Alerts providers for the need for case review by their QI/Peer Review Committee

9d) Describe the Applicant's hospital readmission policy, how it will enforce and monitor this policy

When a CCO member is admitted to the hospital a discharge planner notifies the Plan, Northwest Human Services, and behavioral health electronically through Clinical Integration Manager (CIM) software. There is an embedded transition care plan document within CIM, this care plan is used to educate the member and their family and be used as a hands off tool between care settings such as hospitals, home, assisted living facilities, and sub-acute nursing facilities. The electronic individualized care plan (ICP) is accessed throughout the admission to make arrangements for discharge planning such as follow up doctor appointments, home health (if applicable), medications and therapies (both medical and behavioral). Follow up appointment with the member's primary care provider within seven days of discharge from the hospital. If the follow up appointment cannot be scheduled within that amount of time, an Adult Comprehensive Care Team (ACCT) nurse will visit the member in their usual setting of care. In addition, to electronically noting when a member is hospitalized WVCH's case nurse managers will review the hospital census on a daily basis to make sure all inpatient members have been assigned an ICP.

9e) Please describe innovative strategies that could be employed to decrease unnecessary hospital utilization.

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WVCH will educate clients through mailings and case management on the appropriate use of the ER for urgent emergent needs, providing clients with a primary care doctor preferable a patient centered medical care home and through a robust customer service CCO phone number. Additionally, if clients must be assisted through the transition of care upon leaving the hospital they will be assisted by their transition of care team/interdisciplinary care team. WVCH has a transition of care model that provides patient centric care with face to face visits, medication reconciliation, family/caregiver coordination, patient goals and plans of care, and a Non Traditional Health Worker to assist members with complex needs navigate a complex system. The program emphasizes a Transition Care Team, which would be composed of various CCO partners and CCO programs based on client need which may include: the ACCT Team, Living Well, Home Health, Non Traditional Health Worker, Pharmacist, Behavioral Health Case Manager, Caregiver, Hospital Case Manager, Discharge Planner, PCP, Specialist, Palliative Care/Hospice and North West Senior and Disabilities Services Case Managers), Government Agencies, and Community Organizations.

Section 3 – Assurances of Compliance with Medicaid Regulations and Requirements

WVCH will implement all necessary policies and procedures to ensure that the Medicaid requirements cited in Attachment 6 are met. The WVCH Governing Board will assign responsibility to pertinent committees or sponsoring organization that will be tasked with assuring the organizational attestations are being met. The majority of the Medicaid requirements outlined in Attachment 6 are already being met by the three WVCH sponsoring organizations holding managed care contracts. This experience will serve as a valuable asset as WVCH moves to create a more robust delivery system. Ultimately, the past successes of sponsoring organizations coupled with the proactive management of the WVCH Board will ensure all attestation will continue to be met.

Name of publicly funded program	Type of public program (i.e. County Mental Health Department)	County in which program provides service
Polk County Mental Health	County Health and Human Services	Located in Polk County; serves Marion and Polk Counties
Polk County Public Health	County Health and Human Services	
Marion County Mental Health	County Health Department	Located in Marion County; serves Marion and Polk Counties
Marion County Public Health	County Health Department	
The following private mental health agencies are subcontracted by MVBCN:		
Northwest Human Services	Federally Qualified Health Center	Located in Marion County; serves Marion and Polk Counties
Salem Psychiatric Associates, PC d/b/a Valley Mental Health	Private Mental Health Agency	Located in Marion County; serves Marion and Polk Counties
New Perspectives Center for Counseling and Therapy	Private Mental Health Agency	Located in Marion County; serves Marion and Polk Counties

Children's Therapy Center, A Program of Easter Seals Oregon	Private Mental Health Agency	Located in Marion County; serves Marion and Polk Counties
Catholic Community Services	Private Mental Health Agency	Located in Marion County; serves Marion and Polk Counties
Options Counseling Services of Oregon, Inc.	Private Mental Health Agency	Located in Marion County; serves Marion and Polk Counties
Bridgeway Recovery Services, Inc.	Private Mental Health Agency	Located in Marion County; serves Marion and Polk Counties
Clear Paths	This agency is not certified for mental health treatment, only addictions/chem dep treatment	

Specialty/Sub-Specialty Codes
92 - Community Mental Health Clinic
92 - Community Mental Health Clinic
98 - FQHC - Mental Health
209 - Outpatient Mental Hlth Clinic
209 - Outpatient Mental Hlth Clinic

209 - Outpatient Mental Hlth Clinic
209 - Outpatient Mental Hlth Clinic
209 - Outpatient Mental Hlth Clinic
209 - Outpatient Mental Hlth Clinic

Appendix C – Accountability Questionnaire

Section 1 – Accountability Standards

C.1.1) Background Information

C.1.1.a) Describe any quality measurement and reporting systems that the Applicant has in place or will implement in the first year of operation.

WVCH and their member organizations currently utilize a wide variety of reporting systems to monitor quality. These systems include state and federal reporting requirements such as:

- *Health Effectiveness Data and Information Set (HEDIS)* - HEDIS is a tool to measure performance on important dimensions of care and service. This information is reported annually and reviewed internally throughout the year. WVCH member organization, Willamette Valley Providers Health Authority utilizes HEDIS results to compare performance and determine where to focus improvement efforts, especially as they relate to dual eligible members.
- *Consumer Assessment of Healthcare Providers and Systems (CAHPS)* - CAHPS surveys consumers and patients to evaluate and report on their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. WVCH member organization, Willamette Valley Providers Health Authority uses CAHPS results to guide its quality improvement efforts and enhance the experience of care for their members.
- *Health Outcomes Survey (HOS)* - The Medicare HOS is used to gather valid and reliable health status data for members enrolled in Medicare Advantage (MA). Health Outcomes Survey is the only patient-reported outcomes measure in Medicare managed care and therefore remains a critical part of assessing health plan quality. Furthermore, since WVCH member organization, Willamette Valley Providers Health Authority has over 3,000 dual-eligible members enrolled in MA, the HOS is a useful tool in directing quality improvement activities within the Coordinated Care Organization.
- *NCQA Structure and Process Measures* - The NCQA Structure and Process Measures review the implementation of policies, procedures, processes, and programs serving the Medicare special needs population. Special Needs Plans (SNPs) focus on certain vulnerable groups of Medicare beneficiaries including the institutionalized, dual-eligibles and beneficiaries with severe or disabling chronic conditions. These beneficiaries are typically older, with multiple co morbid conditions, and thus are more challenging and costly to treat. These reports are submitted annually and are used to guide the development and implementation of quality improvement programs.
- *CMS Chronic Care Improvement Program (CCIP)* - Medicare Advantage plans are required to conduct ongoing Chronic Care Improvement Programs aimed to improve health outcomes and enrollee satisfaction. WVCH member organization, Willamette Valley Providers Health Authority currently conducts a Living Healthy with Chronic Conditions CCIP that teaches self-management skills to patients as well as techniques to achieve a healthy lifestyle. This program measures performance of plans providing services to dual eligible members and is reported to CMS.

- *CMS Quality Improvement Program (QIP)* – QI's are programs mandated by CMS that focus on specified clinical and nonclinical areas. Similar to CCIP requirements, QIPs measure dual eligible performance, promote system-wide interventions, utilize evidence-based practices, and enhance the level of care provided to members. Willamette Valley Providers is currently implementing a Patient Drug Safety QIP to reduce the prescribing of targeted potentially inappropriate medications in the elderly. Willamette Valley Providers is also in the process of creating a QIP that utilizes an interdisciplinary care team in an effort to reduce hospital readmissions.
- *CMS Model of Care (MOC)* - CMS utilizes the Model of Care to evaluate and approve MA plans. This document is comprised of 11 clinical and non-clinical elements that the plan completes in order to illustrate the systems are in place for providing services to MA members. Willamette Valley Providers Health Authority, a WVCH member organization, submitted its MOC to CMS in 2011 and received the maximum extension allowable.
- *DMAP Performance Improvement Projects (PIP)* – Marion Polk Community Health Plan (MPCHP), a subsidiary of WVCH member organization Willamette Valley Providers Health Authority, maintains an internal Quality and PIP based on written policies, standards and procedures that are designed to achieve through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas and that are expected to have a favorable effect on health outcomes and DMAP Member satisfaction.
    - In 2011, MPCHP completed a chronic pain consultation and stabilization PIP that was collaboration with WVCH member organization, Mid-Valley Behavioral Care Network (MVBCN). This PIP created seamless coordination between mental health and physical health providers to treat OHP members with chronic pain and received an exemplary score from DMAP.
    - MPCHP is currently in the process of implementing a PIP that utilizes individualized care plans for members being discharged from Silverton Hospital, another WVCH member organization. This project is expected to reduce unnecessary readmissions and ultimately serve as a template for the entire service area.
    - MPCHP currently has an additional PIP in place that is designed to enhance early childhood developmental screening. This project is being undertaken in cooperation with OPIP, Early Intervention, DMAP, and various other community partners.
- *DMAP Performance Improvement Measures (PIM)* – WVCH member organization, Willamette Valley Providers Health Authority, through its subsidiary MPCHP complies with 42 CFR 438.240(c) and submits PIM as requested by DMAP. These measures include Childhood Immunization Status for children age birth to 36 months as well as measurements of ambulatory care.
- *DMAP Quality Improvement Evaluation (QIE)* - The QIE is one form of periodic review of Plan's Quality and Performance Improvement Program (QPI) and the State quality improvement strategy. The Quality Improvement Department reviews all requested and reported materials to determine compliance with rules and Contract as well as to assess the overall quality improvement program. This evaluation is used by the plan as a tool to guide improvement.
- *External Quality Review (EQR)* – WVCH member organization, Willamette Valley Providers Health Authority, through its subsidiary MPCHP submits an annual EQR to review quality outcomes, timeliness and access to, services provided by the Plan. The EQR is an analysis and evaluation of performance improvement projects and measures, and structure and operations of the Plan. MPCHP uses the EQR to guide quality improvement activities and identify areas of improvement.

C.1.1.b) Will the Applicant participate in any external quality measurement and reporting programs (e.g. HEDIS reporting related to NCQA accreditation, federal reporting for Medicare Advantage lines of business)?

WVCH will incorporate the reporting capacities of its member organizations to participate in external quality measurement and reporting programs. For instance, Willamette Valley Providers Health Authority participates in the following external quality measurement and reporting programs: HEDIS, CAHPS, HOS, NCQA Structure and Process, CMS QIP, CMS CCIP, CIMS MOC (See C.1.1.a).

C.1.1.c) Explain the Applicant's internal quality standards or performance expectations to which providers and contractors are held.

WVCH member, Willamette Valley Providers Health Authority has developed effective internal quality standards and performance expectations. For instance, every MPCHP physician-member contract stipulates that the provider:

- Recognizes the necessity for utilization review and quality improvement programs and agrees to cooperate to achieve effective programs; and
- Agrees to actively participate in and abide by any final decision of the peer and utilization review programs and quality improvement programs adopted by MPCHP. The provider further agrees to participate in any advisory programs, including programs in the field of clinical medicine and related areas, as established by MPCHP.

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This adopted and operating standard will serve as a model for WVCH moving forward.

C.1.1.d) Describe the mechanisms that the Applicant has for sharing performance information with providers and contractors for Quality Improvement

WVCH member organization, Willamette Valley Providers Health Authority treats dissemination of performance information as a joint responsibility of the Quality Improvement and Medical Management Departments. Both departments engage in scheduled as well as ad hoc reporting that periodically necessitate communication with providers and contractors. When necessary, performance is shared through the following mechanisms:

- Willamette Valley Providers Health Authority Website
- Direct Mail
- Provider Newsletters
- Meetings
- In the updated Provider Handbook

This effective and responsive model will serve as the WVCH standard for sharing performance information with providers and contractors for quality improvement.

C.1.1.e) Describe the mechanisms that the Applicant has for sharing performance information in a culturally and linguistically appropriate manner with Members

WVCH will utilize the established capabilities and capacities of their member organizations to share performance information in a culturally and linguistically appropriate manner with members. For instance WVCH member organization, Willamette Valley Providers Health Authority currently utilizes a variety of mechanisms to share performance information with members in a culturally and linguistically appropriate manner. Documents are translated into prominent community languages such as Spanish and Russian and are made available to the members through the Willamette Valley Providers Health Authority website as well as through direct member mailings. The Willamette Valley Providers Health Authority's customer service department also has interpreters available to address any questions they may receive from non-English speakers.

C.1.1.f) Describe any plans to use quality measures and/or reporting in connection with provider and contractor incentives or any alternative payment mechanisms.

WVCH is currently participating in a pilot of a new payment methodology called *Program Oriented Payment* (POP). This methodology builds on existing experience of care collaboration and payment bundling to implement Value Based Payment (VBP). This tool is used to implement a supplemental payment system organized around important conditions or problems. It bundles both payments and providers to implement problem-specific management.

A POP program centers on the achievement of specific member goals. It is inherently member centric. The payment system identifies a virtual team of providers based upon their participation in a specific program and their care of a specific member. All providers caring for the member share credit when the member meets the goal.

The data generated from a POP program includes claim and clinical data. This supports problem-oriented accountability that is both financial and clinical. It identifies those providers who are successful in meeting the member's goal. This information is available for other providers as a decision-making tool to improve referral decisions.

C.1.1.g) Describe the Applicant's capacity to collect and report to OHA the accountability quality measures listed in the Table, if it is determined that those should be reported by CCOs. (Some may be collected by OHA.) Note: since measure specifications are not provided, capacity can be described in general terms based on the data type shown. Include information about the Applicant's capacity to report on measures that are not based on claims data.

Willamette Valley Providers Health Authority, a WVCH member organization, has employed a team of electronic health records staff since 2005. This team, which includes IT professionals, a system administrator, a database administrator, and application analysts/developers, has significant experience collecting and analyzing electronic health information. The OHA accountability quality measures are relatively harmonized with the existent federal initiatives, which will allow Willamette Valley Providers Health Authority staff to utilize their existing expertise. If necessary, WVCH will build or buy additional capabilities as required.

WVCH member organization, Willamette Valley Providers Health Authority also has access to an extensive claims warehouse in Performance Health Technology, which has traditionally been used by the organization to develop quality improvement initiatives, which address member needs. Moving forward, WVCH will utilize these and other resources to ensure accountability measures are reported and acted upon.

Section 2 – Quality Improvement Plan

C.2.1) Quality Assurance and Performance Improvement (QAPI)

C.2.1.a) Describe the Applicant's Quality Improvement (QI) program.

WVCH member organization, Willamette Valley Providers Health Authority (through its subsidiary MPCHP) is currently operating an effective Quality Improvement (QI) program that serves as a model for the organization. MPCHP QI program is based on written policies, standards and procedures that are designed to achieve (through ongoing measurements and intervention) significant improvement, sustained over time, in clinical care and non-clinical care areas and that are expected to have a favorable effect on health outcomes and DMAP Member satisfaction.

To fulfill these obligations, the MPCHP QI Department employs multiple quality specialists (QI Administrator, QI Project Manager and QI Coordinator) responsible for collecting and analyzing data from various departments and entities. Together, these individuals ensure that MPCHP's QI initiatives are designed to achieve through ongoing measurements and intervention, significant improvement sustained over time that are expected to have a favorable effect on member health outcomes and satisfaction.

The QI Department holds a bi-monthly Quality Improvement Committee meeting. This workgroup is tasked with identifying pertinent quality improvement issues and includes representatives from numerous departments and specialties. The QI Committee also provides in-depth analysis of existing QI initiatives and presents stakeholders with the opportunity to voice concerns and suggestions on matters concerning quality. Additionally, the Quality Improvement Department has a designated liaison to participate in the Quality and Performance Improvement Workgroup with DMAP. This individual helps ensure that the plan remain in full compliance OAR 410-141-0200, OHP Managed Care Organization Quality Improvement System.

C.2.1.b) Describe the Quality Committee structure and accountability including how it reflects the diverse Member and practitioner community within the proposed

The WVCH member organizations have existing Quality Committee structures that are designed to represent the diverse needs of their member and practitioner communities. As Willamette Valley Community Health continues to integrate services, the existing Quality Committees will become more cohesive, thus enabling the organization to build upon what is an already effective system of quality improvement.

WVCH will incorporate the existing member organization's effective practices as a basis for building their Quality Committee structure. An example of an effective model can be seen in member organization, Willamette Valley Providers Health Authority's Quality Improvement Committee process for subsidiary MPCHP. The MPCHP Quality Improvement Committee is chartered by the Executive Management Team to prioritize and direct the implementation of organizational strategic projects. The team manages plan performance by monitoring projects and tracking performance and outcomes. The Quality Improvement Committee oversees and provides guidance to all Quality Improvement activities. Quality Improvement Committee members are representative of the entire healthcare spectrum. These individuals have the knowledge and experience to advocate on behalf of

consumers, clinical staff, administrative personnel, and the organization's board. Individuals are selected to become members of the Quality Improvement Committee through one of the following processes:

- If the individual is appointed by a member of the executive team, or
- If the individual is nominated by the QI Committee, or
- If a department supervisor requests the individual participates, or
- If the organizations board appoints the individual.

The Quality Improvement Department staff members serving on the QI committee are highly knowledgeable. Their experience representing the organization at the Quality and Performance Improvement Work Group allows them to keep abreast of regulatory and performance related issues identified by DMAP. Additionally, the QI committee has extensive experience designing, implementing, and monitoring projects that target a diverse range of members and practitioners within the community.

The Quality Improvement Committee also includes two Medical Directors. These individuals have over 60 years combined experience in the medical field. Their responsibilities in serving as Medical Directors ensure that they have an in-depth understanding of the OHP population in our area. Additionally, their medical background makes them uniquely qualified to advocate on behalf of network providers. The organization's Appeals and Grievance Manager is also a member of the QI Committee. This individual is acutely aware of the needs and concerns of OHP members and effectively represents their interests at the committee.

The Compliance Officer is also a QI Committee Member. This individual, who is a registered nurse, brings clinical and administrative insights that are invaluable to the Committee. The Utilization Management Supervisor sits on the QI Committee. This individual oversees a team of nurses and nontraditional healthcare workers and brings a wealth of knowledge to the committee. Her experience working directly with OHP members, providers, and plan administrators gives her a unique ability to contribute to the Committee.

Finally, all staff members and providers are welcome to come to the Committee and have the body addresses the issues they have identified. Ultimately, having such a diverse membership, in addition to a transparent and accessible structure, enables the Committee to represent the diverse provider and member populations in the community.

C.2.1.c) Describe how the Quality plan is reviewed and developed over time

Continuing with the example of WVCH member organization, Willamette Valley Providers Health Authority, the MPCHP Quality Improvement Department utilizes all of the aforementioned measurement tools to guide the development of its Quality Plan. These measurements give the QI Department, QI Committee, and senior level administrators an in-depth look at how the Plan is performing in a wide variety of areas. The plan identifies opportunities for growth and designs quality improvement strategies based on these measurements. Likewise, the plan attempts to borrow strategies from high performing areas of service whenever possible. To supplement these quality indicators, the Plan incorporates feedback provided by appeals and grievances, physician-members, nursing staff, and DMAP to ensure that the quality improvement strategy is continuously evolving and serves as an accurate reflection of the population MPCHP serves.

C.2.1.d) Describe how all Applicant's practitioners, culturally diverse community-based organizations and Members can be involved and informed in the planning, design and implementation of the QI program.

The MPCHP QI program, operated by WVCH member organization Willamette Valley Providers Health Authority serves as a model for engaging practitioners and members. Practitioners, culturally diverse community-based organizations, and members are encouraged to be involved and informed in the planning, design, and implementation of the QI program. This can be done through a number of mechanisms. For example, individuals can have a direct influence on the quality improvement process by joining or speaking before the Quality Improvement Committee. Individuals may also access QI Committee representatives. Further, members of the Quality Improvement Committee are encouraged to bring up issues on behalf of constituents with whom they supervise, work with, or are responsible for. This is an efficient way to ensure representation for individuals who may not have the time or resources to attend. Through providing and encouraging multiple points of access, all members of the QI Committee act as a liaison to one or multiple constituencies.

While QI Committee members are receptive to being approached by individuals wishing to raise quality-related issues, they are not restricted to being passive advocates of their constituents. Members of the QI Committee serve on a plethora of work groups and actively engage stakeholders on quality related issues. This two-way communication helps ensure that the Willamette Valley Providers Health Authority is aware of any quality issues that arise in the community and community members are informed of the actions being taken to address them.

The Quality Improvement Department implements Performance Improvement Projects in accordance with its DMAP contract. These projects help facilitate a collaboration between the Quality Improvement Department and various community representatives. As an example, MPCHP currently has PIPs in place that engage multiple community partners including individual OHP members. As the development of the Coordinated Care Organization continues to progress, we look forward to increasing the involvement of diverse community interests in the quality improvement process.

C.2.1.e) Describe how the QI program specifically addresses health care and health outcome inequities, care coordination and transitions between care settings.

WVCH member organization, Willamette Valley Providers Health Authority, through their subsidiary Marion Polk Community Health Plan, has an extensive history of working to reduce outcome inequalities, enhance care coordination, and ensure seamless transitions between care settings. The Quality Improvement Department focuses on these objectives to guide the development of all projects and programs executed by the Willamette Valley Providers Health Authority. The primary tool used to achieve this objective is the medical home model.

Through the CIM system, MPCHP has the ability to monitor members as they navigate through the healthcare system. Case managers and other relevant clinical staff use the CIM *Member Dashboard* to document and review the member's participation in programs and their consumption of services. By comparing these *touch points* with the patient notes submitted by the member's case manager, MPCHP staff are able to determine if members are receiving the type of care they need. The Quality Improvement Committee regularly reviews the performance of the CIM system and medical

management staff. This performance is evaluated in a number of ways, with particular attention paid to increasing member *touch points* with the organization's programs and staff. By utilizing these resources, MPCHP strives to increase member access to preventative health services. They believe that increasing access to preventative services is an important component of reducing health disparities.

MPCHP also utilizes a wide range of resources to assure their members have access to care. The appeals and grievances department collects information from members who voice concerns regarding access and affordability. This information is disseminated to the Quality Improvement Committee, which in turn develops strategies that address members concerns. The goal is to continuously reduce the number of complaints regarding accessibility and affordability of care. In effort to capture member concerns that do not materialize as official grievances, select OHP members participate in an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This survey provides practical strategies to improve member satisfaction and health plan performance. On an annual basis, the Quality Improvement Committee designs and implements programs to improve CAHPS ratings.

Within the MPCHP interdisciplinary care team, members receive coordinated care that is documented electronically and accessible to the care team. Once enrolled, members have access to essential services such as medical, mental health, and social services. Case managers help coordinate care by communicating with other individuals on the members interdisciplinary care team. The Quality Improvement Department uses data collected from all points in the care continuum (prevention, treatment, transitions, etc.) to create innovative strategic planning for improvement projects in concordance with DMAP requirements for managed care contractors. Examples of the Quality Improvement Department utilizing this type of data to enhance care can be found throughout the QI program. For instance, MPCHP recently identified an opportunity to improve is care coordination documentation and created performance improvement project with a network hospital that utilizes individualized care plans and enhanced care coordination for all transitions between the hospital and other care settings. This project is expected to significantly reduce hospital readmissions and improve member health.

The Plan has also engaged another network hospital in a CHF Readmission Reduction program that maximizes care coordination across the interdisciplinary care team. A functional example of this procedure is as follows:

1. Logs of hospitalized patients are reviewed by utilization management coordinators.
2. If any high-risk patients are identified, the CCO nurse case manager notifies the Salem Hospital care management team.
3. SH care management team sets flags in EPIC to direct high-risk discharge planning.
4. Prior to discharge, SH staff calls and make follow-up appointment with appropriate provider(s).
    a. First follow-up must be within 48 hours of discharge
    b. If SH staff encounters difficulty with getting a 48 hour appointment, they notify the CCO nurse case managers, who then call providers and facilitate the 48 hour appointment.
    c. If CCO case managers cannot arrange an appointment, the case is escalated to one of the Medical Directors.
    d. If all efforts fail, the patient will be seen by at home (or another care setting) by an ACCT nurse practitioner, within 48 hours of discharge.
    e. High-risk patients may also be assigned a community health worker.

f. Members are called by plan case manager day 3 to make sure they have filled scripts and visited a physician.
g. High-risk patients are subsequently scheduled for frequent visits with their provider, in a manner consistent with the Chronic Care Model.

Ultimately this program and others like it, significantly enhance the quality of care OHP members receive. Additionally, because MPCHP offers a wide range of programs that target various disease states, members the Plan have a better opportunity to treat underserved members of the community who are disproportionately affected by diseases such as diabetes and CHF.

In addition to MPCHP's QI efforts, WVCH member organization MVBCN has been recognized as Oregon's most innovative MHO, and is experienced in strategies to select, implement and sustain evidence-based practices. Successful clinical improvement has included integration of mental health and chemical dependency services, wellness supports, trauma-informed care, full-fidelity wrap around, early psychosis intervention, Collaborative Problem Solving with adults, Parent-Child Interaction Therapy, and peer delivered services. MVBCN uses a quality improvement process motivated by a spirit of collaborative innovation, driven by face-to-face discussion and decision making with all impacted parties. MVBCN has been recognized by AMH for its "outstanding family/youth/consumer involvement in systems work". This is not only reflected in the number of advocates involved (40 in multiple committees), but in the depth and breadth of that participation. It brings together clinical leaders, member and family advocates and MHO staff to analyze needs and identify, implement and monitor practice improvements. Their Quality Management Committee (40 percent of members are advocates) develops and monitors an extensive annual quality plan, with public data reporting and other mechanisms to hold providers accountable for performance. An annual consumer satisfaction survey obtains member feedback related to specific quality initiatives and allows for comparison of performance across provider agencies

Through the demonstrated capability and capacity of their member organizations as highlighted above, WVCH will incorporate QI programs that specifically address health care and health outcome inequities, care coordination, and transitions between care settings.

C.2.1.f) Describe how regular monitoring of provider's compliance and Corrective Action will be completed

WVCH member, Willamette Valley Providers Health Authority, through their subsidiary MPCHP's compliance program monitors providers through various audits. Providers are audited for upcoding, unbundling and confirmation that services that were billed were rendered. These audits occur at regular intervals throughout the year. Additional audits for various issues occur as needed. Initially, MPCHP attempts to assist the providers through education regarding the particular issue. Corrective action plans are developed depending upon the situation. There are policies and procedures developed for the audits and the Corrective Action Plan process.

C.2.1.g) Describe how the Applicant addresses QI in relation to:

- **Customer satisfaction: clinical, facility, cultural appropriateness**
- **Fraud and Abuse/Member protections**

- **Treatment planning protocol review/revision/dissemination and use with evidence based guidelines**

As mentioned previously in this application, the Quality Improvement Department of MPCHP presents a strong example of the capacity and capability of WVCH member organizations such as Willamette Valley Providers Health Authority. The MPCHP Quality Improvement Department utilizes a Quality Improvement Committee to address QI in relation to various internal and external topics. The QI Committee has the membership and structure to address the following:

- *Customer satisfaction: clinical, facility, cultural appropriateness* - The QI Committee membership includes both the Appeals and Grievances Manager and the Provider Relations Specialist. These individuals are uniquely qualified to address quality concerns as they relate to customer satisfaction and cultural competency. The Appeals and Grievance Manager relays pertinent issues and trends to the QI Committee where the topic is discussed and a strategy is devised, if necessary. The same process exists for the Provider Relations Specialist, who spends extensive time in the clinics and is highly receptive to member satisfaction. Additionally, the Quality Improvement Committee utilizes tools such as CAHPS to gauge member satisfaction and identify opportunities for improvement.

- *Fraud and Abuse/Member protections* - The Fraud and Abuse program at MPCHP works closely with the QI Department in order to enhance member protections. The compliance Officer is a member of the QI Committee. The QI Coordinators are members of the Compliance Committee. By having this connection across departments, issues are identified and improvements are recommended. Providers and internal staff are educated annually regarding compliance with standards along with the Fraud and Abuse program.

- *Treatment planning protocol and use with evidence based guidelines* - The Quality Improvement Committee counts two Medical Directors amongst its members. These individuals ensure that treatment planning protocols and evidence-based guidelines are incorporated into QI initiatives when necessary. For instance, the Quality Improvement Committee recognized the need for disseminating evidence-based guidelines online. As a result, a provider may now find information regarding evidence based practice through WVCH member organization, Willamette Valley Providers Health Authority's website. The information housed on the website serves as a first line stop for all contracted providers interested in obtaining more information on best practice and the dissemination of guidelines in general.

C.2.2) Clinical Advisory Panel

C.2.2.a)

If a CAP is established, is a representative of the CAP included on the Governing Board?

Yes, a representative of the CAP wills serve on the Governing Board. WVCH will strive to achieve the best clinical practices consistently adopted across the CCO's entire network of providers and facilities. In an effort to facilitate these results, the Clinical Advisory Panel's key functions have been defined as:

- Assist in the development and adoption of clinical policies, procedures and protocols within WVCH to improve patient outcome and service delivery, efficiency, and effectiveness.

- Integrate clinical pathways and strategies that enhance quality care to ensure patients receive the most appropriate care pathway supported by evidence-based medicine.
- Identify, develop, and disseminate information about best practices in a coordinated health care system-wide basis including:
  - Receiving and reviewing recommendations from the Consumer Advisory Panel;
  - Review and analysis of Community Health Assessment to identify WVCH service area priorities;
  - Reviewing the literature and evaluating the best clinical practices around identified WVCH priorities;
  - Leadership of clinical quality improvement program development including data analysis and provider communication;
  - Provide direction to governance board on operational requirements;
  - Developing and promoting a system-wide approach to care coordination, quality, and client safety; and
  - Developing, providing, and promoting training and education programs and clinical tools.

The CAP fulfills these functions through planning (short-term and long-term), the systematic collection and review of service delivery data, as well as through continual efforts to communicate outcomes and recommendations. This will be accomplished by a number of methods including:

- Notifying the CCO governance board of safety and/or quality concerns.
- Notifying the CCO governance board of outcomes and recommendations.
- Engaging clinicians and the community to facilitate quality improvement.
- Providing advice to the CCO's entire network of providers and facilities on issues arising out of its functions.
- Identifying and developing training and education strategies and clinical tools.
- Focusing on system issues for performance improvement across the CCO.

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C.2.3) Continuity of Care/Outcomes/Quality Measures/Costs

C.2.3.a) Please describe policies, processes, practices and procedures you have in place that serve to improve Member outcomes, including evidence-based best practices, emerging best practices, and innovative strategies in all areas of Health Systems Transformation, including patient engagement and activation.

WVCH member organization, Willamette Valley Providers Health Authority has numerous policies, processes, practices, and procedures in place to improve member outcomes. These strategies are described throughout this document and include, but are not limited to:

- Utilizing nontraditional healthcare workers.
- Adopting and disseminating evidence-based practices.
- Proliferating the use of electronic health information.
- Designing and implementing preventative programs and services.
- Analyzing health information.

C.2.3.b) Also describe key quality measures in place that are consistent with existing state and national quality measures, and will be used to determine progress towards improved outcomes

WVCH member organizations, Willamette Valley Providers Health Authority (through their subsidiary MPCH) and Atrio Health Plan utilize numerous quality measurements to determine progress towards improved outcomes. These measures include:

- Health Effectiveness Data and Information Set (HEDIS).
- Consumer Assessment of Healthcare Providers and Systems (CAHPS).
- Health Outcomes Survey (HOS).
- NCQA Structure and Process.

C.2.3.c) Please describe your experience and plan to emphasize and implement wellness and health improvement activities and practices within your organization for Members and staff, including partners and contracts in place to strengthen this aspect of health care.

The Living Healthy Program at WVCH member organization, Willamette Valley Providers Health Authority consists of number of different components. These include the standard chronic disease self-management program, the diabetes self-management program, the heart disease self-management program, the Tai Chi for Better Balance, the 5-2-1-0 initiative, and the exercise programs taught through the American Arthritis Association (Walk with Ease and the Arthritis Exercise Program). While the first three programs target persons with chronic illness, the self-management techniques taught through the classes are actually educating participants on healthy habits such as healthy eating and physical activity. With most Americans having at least one chronic illness or caring for someone with a chronic illness, the program offers something for everyone. More than half of the classes are open to everyone, including staff and community partners. The other components, such as the TaiChi for Better Balance, the 5-2-1-0 initiative and the walking program are truly wellness programs and do not require that a person have a chronic illness to participate.

The leaders of the Living Healthy program often start as a participant and then become a volunteer with the program. They participate in many program promotion efforts by attending health fairs and forums in the community. The classes themselves are held in more than a dozen different locations including senior centers, senior housing, clinics, community centers, and hospitals. Everyone at these locations is encouraged to participate in the classes. The clinic staff is encouraged to develop their staff as leaders so that there is continuity between recruitment and delivering the program.

C.2.3.d) Outline your experience, staffing, policies, procedures, and capacity to collect the necessary electronic and other data that will be required for meeting regular performance benchmarks to evaluate the value of Health Services delivered by your CCO. CCO accountability metrics serve to ensure quality care is provided and to serve as an incentive to improve care and the delivery of services.

Certified electronic health records are required to provide the capacity to measure 44 Clinical Quality Measures in order to satisfy the requirements of Stage 1 Meaningful Use. Most also support at least a subset of the measures utilized by the Physician Quality Reporting Initiative. Additional reports have been and can be created on an ad hoc basis. A team of electronic health records staff has been in existence at, WVCH member organization, Willamette Valley Providers Health Authority since 2005. This team includes IT professionals, a system administrator, a database administrator, and application analysts/developers. The latter are currently being trained in SQL Server Reporting

Services. Although it is not yet known what metrics will be required of CCOs by the OHA, it is anticipated that they will be relatively harmonized with the aforementioned federal initiatives and/or those chosen for the Medicare Shared Savings Program. Regardless, WVCH through its member organizations clearly demonstrate sufficient expertise to build or buy the additional capabilities that may be required.

C.2.3.e) What other strategies will you implement to improve patient care outcomes, decrease duplication of services, and make costs more efficient?

As described earlier, WVCH is developing a QI Department based on the demonstrated strengths and processes of their member organizations, including the extensive work completed by MPCHP. Accordingly, the WVCH Quality Improvement Department will continue to promote cost effective strategies that enhance health outcomes. These strategies include increasing utilization of technological resources, continued promotion of evidence-based practices, enhancing systems of communication for all members of the healthcare team, and a continued exploration of new and innovative strategies.

C.2.3.f) Describe your policies and procedures to ensure a continuity of care system for the coordination of care and the arrangement, tracking and documentation of all referrals and prior authorization

While not all services require a referral, nor do all services require an authorization, all services that go through the Medical Management or Utilization management system are documented, date and time stamped and recorded in the system. WVCH member organization, Willamette Valley Providers Health Authority's system is becoming increasingly electronic so that all services are permanently recorded. They track most hospitalizations through any skilled follow-up services. Case management nurses follow high-risk patients for a period of time. The policies and procedures employed by the Willamette Valley Providers Health Authority will serve as the model for WVCH.

Willamette Valley Community Health LLC
Appendix D

D.2.1)

WVCH will contract with their member organization, Atrio Health Plans to administer the Medicare benefits in the proposed service area. Atrio Health Plans is a Medicare Advantage Organization. Atrio Health Plans has already applied, and has been awarded, CMS contracts for 2012 services. Through the coming bid process Atrio Health Plans fully expects to be granted a renewal from CMS to continue as a Medicare Advantage Organization in 2013 and into 2014, continuing to serve the full dual members of the CCO.

Atrio Health Plans currently administers the following CMS contracts:

- *H5995*: a local HMO Coordinated Care Plan approved to offer MA-PD and MA-Only plans. This contract is approved for a Full-Benefit Dual Eligible Special Needs Plan in Marion and Polk Counties in Oregon.
- *H7006*: a local PPO Coordinated Care Plan approved to offer MA-PD and MA-Only plans. This contract is approved for the service area of Marion and Polk Counties in Oregon

D.2.2.a.

The proposed CCO will be able to continue to provide the Medicaid benefits to dually eligible Members through our existing resources with member organization, Willamette Valley Providers Health Authority whose affiliate MPCHP, LLC. has managed the OHP benefit as an Fully Capitated Health Plan since 2001. Along with the other community partners, member organizations, and affiliates WVCH is confident that they can offer Medicaid benefits in a timely and accurate manner. Their collaborative and partner relationships provide them with the access, staff, and resources required to continue administering the Medicaid Benefits in the proposed service area without placing limits to the number of members that may be enrolled.

To coordinate the Medicare benefits for the dually eligible Members WVCH will be contracting with member organization, Atrio Health Plans who has been serving the Medicare Advantage Full Dual Eligible Special Needs Plan population since 2006. Atrio Health Plan's experience with managing the full dual population is extensive. Atrio Health Plans already has the access, processes, staff, and resources in place to ensure Medicare benefits are provided to the full dual beneficiaries enrolled in the CCO.

D.2.2.b.

As the holder of the 2012 CMS Contracts for services, WVCH member organization, Atrio Health Plans is in a strong position to be granted a renewal from CMS to continue as a Medicare Advantage Organization in 2013 and into 2014, continuing to serve the full dual members of the CCO. Additionally, to meet the MIPPA requirements Atrio Health Plans is in contract negotiations with State and OHP partners to ensure that Atrio Health Plnas has the required fully integrated SNP contract in place and submitted to CMS by July 1, 2012.

D.2.2.

The CCO will ensure that applicable requirements regarding dual eligible Medicare Benefits are accomplished through the contracted member organization Atrio Health Plans who has been a Medicare Advantage Organization serving dual eligible Members since 2006.