ATTACHMENT 1 – Application Cover Sheet

Applicant Information - RFA # 3402

Applicant Name: ***Mid Rogue Independent Physicians Association, Inc. dba AllCare Health Plan***

Form of Legal Entity (business corporation, etc.) ***Corporation***

State of domicile: Oregon

Primary Contact Person: ***Douglas L. Flow, Ph.D.*** Title: ***CEO***

Address: 740 SW 7th Street

City, State, Zip: Grants Pass, OR 97526

Telephone: ***541 471-4106*** FAX: ***541 471-1524***

E-mail Address: dflow@mripa.org

Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Contract that may result:

Name: ***Douglas L. Flow, Ph.D.*** Title: ***CEO***

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: _____ Title: ***CEO*** Date: April 30, 2012

(Authorized to Bind Applicant)

Applicant Name: AllCare Health Plan, a Southwest Oregon CCO

ATTACHMENT 6 – ATTESTATIONS, ASSURANCES AND REPRESENTATIONS

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	X			
Attestation A-2. Applicant will participate in the learning collaboratives required by ORS 442.210.	X			
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.	X			

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.	XX			
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.	XX			
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.	XX			
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.	XX			
Attestation B-5. Applicant will have all provider contracts or agreements available upon request.	XX			
Attestation B-6. As Applicant implements, acquires, or upgrades 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.	XX			
Attestation B-7. Applicant's contracts for administrative and management services will contain the OHA required contract provisions.	XX			
Attestation B-8. Applicant will establish, maintain, and monitor the				

Attestation	Yes	No	Yes, Qualified	Explanation if No or Qualified
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.	XX			
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.	XX			
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.	XX			
Attestation B-11. Applicant will establish policies, procedures, and standards that: • Assure and facilitate the availability, convenient, and timely access to all 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	XX			

Attestation	Yes	No	Yes, Qualified	Explanation if No or Qualified
• 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.	XX			
Attestation B-13. Applicant will provide all services covered by Medicaid and comply with OHA coverage determinations.	XX			
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).	XX			
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.	XX			

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]	XX			
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]	XX			
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]	XX			
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	XX			

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]	XX			
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]	XX			
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]	XX			
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]	XX			
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	XX			

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]	XX			
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]	XX			
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]	XX			
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,	XX			

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]	XX			

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.	XX			Applicant will contract with local providers to provide physical health, mental health, and oral health services to Enrollees.
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.	XX			Applicant will contract with its affiliate Mid Rogue Management Services Organization, LLC for all administrative and management staffing needs.
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.	XX			Applicant will contract with its affiliate Mid Rogue Management Services Organization, LLC for all information technology needs.
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.	XX			Applicant will contract with its affiliate Mid Rogue Management Services Organization, LLC for all claims processing needs.
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.	XX			Applicant will contract with its affiliate Mid Rogue Management Services Organization, LLC for all 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.	XX			Applicant will contract with its affiliate Mid Rogue Management Services Organization, LLC for credentialing 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.	XX			Applicant will contract with local providers to provide physical health, mental health, and oral health services to Enrollees.
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.	XX			Applicant will contract with its affiliate Mid Rogue Management Services Organization, LLC for utilization operations management services.
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.	XX			Applicant will contract with its affiliate Mid Rogue Management Services Organization, LLC for quality improvement operations services.
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.	XX			Applicant has contracts for 24/7 RN advice line, 24/7 coverage by PBM, provider contracts required 24/7 call coverage, mental health crisis coverage is available 24/7 and member service call line is available 8a-8p seven days/week.
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.	XX			Applicant will contract with its affiliate Mid Rogue Management Services Organization, LLC for financial services.
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.	XX			Applicant will engage outside legal counsel, external actuarial consultants, and independent auditors

(Applicant Authorized Officer)
Signature: _____ Title: CEO Date 4-30-12

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 Table B-1 Provider Network).

h. Questionnaires

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

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

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

☒ • Services Area Table and Map.

☒ • 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).

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

January 20, 2012

Addictions Recovery Center
Christine Mason, Executive Director
1003 West Main Street
Medford, Oregon 97501

Dear Ms. Mason:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and the Additions Recovery Center (ARC) regarding ARC's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to ARC's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. ARC understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. ARC currently provides services to various populations in Josephine and Jackson counties. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and ARC.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO

Dated: 1-27-12

Addictions Recovery Center

By _____
Title: _____

Dated: _____

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

March 23, 2012

Advantage Dental Services, LLC
R. Mike Shirtcliff, DMD, President/CEO
442 SW Umatilla Ave. Ste 200
Redmond, Oregon 97756

Dear Dr. Shirtcliff:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Advantage Dental Services, LLC (Advantage Dental) regarding Advantage Dental's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Advantage Dental's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650 and SB 1580, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject to paragraph 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the content of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. Advantage Dental understands that neither the structure nor the composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

740 S.E. 7th Street • Grants Pass, Oregon 97526 • 541-471-4106 • 1-888-460-0185
Admin. Fax: 541-471-1524 • Referral/Auth. Fax: 541-471-4128 • www.mripa.org

3. **Contemplated Services**. Advantage Dental currently provides an array of dental services to various populations in Josephine, Curry and Jackson counties. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, SB 1580, anticipated implementing regulations, and future agreements between the CCO and Advantage Dental.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO
Dated: 4-2-12

Advantage Dental Services, LLC

By _____
Title: R. Mike Shirtcliff, DMD, Pres./CEO
Dated: 04/06/12

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

January 27, 2012

Asante Health System
Roy Vinyard, CEO
2650 Siskiyou Blvd
Medford, OR 97504

Dear Mr. Vinyard:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Asante Health System (Asante) regarding Asante's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Asante's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. Asante understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. Asante currently provides hospital and physician services to various populations in Southern Oregon. The CCO will require many of these services to satisfy its

anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and Asante.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO

Dated: 1-27-12

Asante Health System

By _____
Title: President & CEO

Dated: 3/1/12

December 29, 2011

Capitol Dental Care, Inc
Mr. Hart Laws, President
3000 Market Street Plaza NE
Suite 228
Salem, Oregon 97301

Dear Mr. Laws:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Capitol Dental Care, Inc (Capitol) regarding Capitol's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Capitol's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. Capitol understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. Capitol currently provides an array of dental services to various populations in Josephine and Jackson counties. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend

that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and Capitol.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and In accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO
Dated: 1-16-12

Capitol Dental Care, Inc

By _____
Title: Pres
Dated: 12/30/11

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

March 3, 2012

Community Works
Ginger Hahn, MPH, CEO & President
201 W. Main Street Ste 2B
Medford, OR 97501

Dear Ms. Hahn:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Community Works regarding Community Works' participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Community Works participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. It is understood and agreed that the parties may provide certain information that is and must be kept confidential. The parties agree that, to the extent permitted by Oregon Public Records Law and the Open Public Meetings Law, information that is designated as confidential or proprietary, either by one or both parties during discussions regarding the Transaction, shall not be disclosed without the prior written consent of the other party. The parties shall satisfy obligations under this paragraph if they take affirmative measures to ensure compliance with these confidentiality obligations by its officers, directors, employees, agents, consultants, and others who are permitted access to confidential or proprietary information. Upon termination of this letter for any reason, Mid Rogue and Jackson County shall, to the extent permitted by the Oregon Public Records Law and the Oregon Public Meetings Law, return promptly to each other all such confidential or proprietary information (and any copies thereof) and shall destroy all electronic information received and in their possession in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the

Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. Community Works understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. Contemplated Services. Community Works provides services to various populations in Southern Oregon. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and Community Works.

4. Governing Law. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. Effect of This Letter. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. Termination of Negotiations. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO

Dated: 3-15-12

Community Works

By _____
Title: CEO/President

Dated: 3/7/12

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

February 8, 2012

Curry County Oregon
Mr. George Rhodes, Commissioner
Mr. David Itzen, Commissioner
Mr. Bill Waddle, Commissioner
PO Box 746
Gold Beach, Oregon 97444

Dear Commissioners Itzen, Rhodes and Waddle:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Curry County, OR regarding Curry County Public Health Department and Curry County Department of Human Services (Curry County) participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Curry County's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. It is understood and agreed that the parties may provide certain information that is and must be kept confidential. The parties agree that, to the extent permitted by Oregon Public Records Law and the Open Public Meetings Law, information that is designated as confidential or proprietary, either by one or both parties during discussions regarding the Transaction, shall not be disclosed without the prior written consent of the other party. The parties shall satisfy obligations under this paragraph if they take affirmative measures to ensure compliance with these confidentiality obligations by its officers, directors, employees, agents, consultants, and others who are permitted access to confidential or proprietary information. Upon termination of this letter for any reason, Mid Rogue and Curry County shall, to the extent permitted by the Oregon Public Records Law and the Oregon Public Meetings Law, return promptly to each other all such confidential or proprietary information (and any copies thereof) and shall destroy all electronic information received and in their possession in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. To the extent permitted by the Oregon Public Records law and the Oregon Public Meetings law, neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter

of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. Curry County understands that neither the structure nor composition of the CCO has been finalized; and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Compliance with Laws Applicable to Public Entities**. Mid Rogue understands that Curry County is a public entity required to comply with the Oregon Public Records law, the Oregon Public Meetings Law and other laws applicable to public entities and that this Letter of Intent shall not be interpreted in such a manner as to require Curry County to violate any provision of any law applicable to public entities.

4. **Contemplated Services**. Curry County currently provides a wide array of public health, mental health and A&D services to populations in Curry County. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and Curry County.

5. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

6. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

7. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO
Dated: 3-15-12

Curry County, OR

By _____
Title: Commissioner
Dated: 3/21/12
By Bill Waddle
Title: Commissioner
Dated: 3/21/12
By: _____
Title: Commissioner
Dated: 3.21.2012

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

January 20, 2012

Family Solutions
Tom Gunderson, Executive Director
358 S. Oakdale Ave.
Medford, Oregon 97501

Dear Mr. Gunderson:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Family Solutions regarding Family Solutions' participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Family Solution's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. Family Solutions understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. Family Solutions currently provides services to various populations in Josephine and Jackson counties. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the

CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and Family Solutions.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO

Dated: 1-3-12

Family Solutions

By _____
Title: Exec. Director

Dated: 1-31-12

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

January 24, 2012

Independent Practice Association of Southern
Oregon/PrimeCare
Mike Bond, CEO
691 Murphy Road Ste 220
Medford, OR 97504

Dear Mr. Bond:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and PrimeCare regarding PrimeCare's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to PrimeCare's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. PrimeCare understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. PrimeCare serves as an IPA contracting for physician services to various populations in Southern Oregon. The CCO will require many of these services to satisfy

its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and PrimeCare.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO
Dated: 1-30-12

PrimeCare

By _____
Title: CEO
Dated: 1-24-12

January 6, 2012

Jefferson Behavioral Health
Bob Nikkel, Executive Director
550 NE E Street
Grants Pass, Oregon 97526

Dear Mr. Nikkel:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Jefferson Behavioral Health (JBH) regarding JBH's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to JBH's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. JBH understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. JBH currently provides a wide array of mental health services to various populations in Jackson, Curry, Coos, Klamath and Josephine counties. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and JBH.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO
Dated: 1-19-12

Jefferson Behavioral Health

By _____
Title: Chief Operations Officer
Dated: 1/18/12

Josephine County
Board of County Commissioners
Josephine County Court House
500NW 6th Street
Grants Pass, OR. 97526

To the Board of County Commissioners:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and The Josephine County Board of County Commissioners (BCC) regarding Josephine County's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Josephine County's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality** It is understood by both parties that as the Local Mental Health Authority a governmental entity that Josephine County will comply with all applicable laws, rules and regulations. Pursuant to the Health Insurance Portability and Accountability Act, privacy considerations and confidentiality requirements will be maintained by both parties in their communications.

2. **Press Releases**. As a governmental entity it is recognized that information on many of the activities performed by the BCC are available to the public through a variety of means and Josephine County has limited control over what information is made public. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. Josephine County Commissioners understand that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. Josephine County currently contracts with Options for Southern Oregon as the Community Mental Health Program to provide a wide array of services to various populations in Josephine County. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and Josephine County.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO

Dated: 3-12-12

JOSEPHINE COUNTY
BOARD OF COMMISSIONERS

_____
Simon G. Hare, Chair

_____
Dan Reedy, Vice Chair

_____
Harold Haugen, Commissioner

3/21/12
Date

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

January 20, 2012

Josephine County Public Health Department
Diane Hooyer, Administrator
715 NW Dimmick Street
Grants Pass, Oregon 97526

Dear Ms. Hoover:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and the Josephine County Public Health Department (JoCPHD) regarding JoCPHD's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to JoCPHD's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. JoCPHD understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. JoCPHD currently provides services to various populations in Josephine county. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these

services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and JoCPHD.

4. Governing Law. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. Effect of This Letter. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. Termination of Negotiations. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO
Dated: 3-16-12

Josephine County Public Health Department

By _____
Title: Director
Dated: 1/31/2012

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

January 20, 2012

On Track, Inc.
Rita Sullivan, PhD, Executive Director
221 W. Main Street
Medford, Oregon 97501

Dear Ms. Sullivan:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and On Track, Inc. regarding On Track, Inc.'s participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to On Track, Inc.'s participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. On Track, Inc. understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. On Track, Inc. currently provides a wide array of addiction recovery programs and services to various populations in Jackson and Josephine counties. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and On Track, Inc.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: _____

Dated: _____

On Track, Inc.

By _____
Title: EXE Dir.

Dated: 3-2-12

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

February 8, 2012

Options for Southern Oregon, Inc
Karla McCafferty, Executive Director
1215 SW G Street
Grants Pass, Oregon 97526

Dear Ms. McCafferty:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Options for Southern Oregon, Inc. (Options) regarding Options' participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Options' participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. It is understood and agreed to that the parties may provide certain information that is and must be kept confidential. The parties agree that information that is designated as confidential, either by one or both parties during discussions regarding the Transaction, shall not be disclosed without the prior written consent of the other party. The parties shall satisfy obligations under this paragraph if they take affirmative measures to ensure compliance with these confidentiality obligations by its officers, directors, employees, agents, consultants, and others who are permitted access to confidential information. It should be noted that due to the statutory and contractual obligations that Options for Southern Oregon has to Josephine County as the County's Local Mental Health Authority, that information that may be seen as pertinent to Josephine County and its role as the Mental Health Authority will be shared with this entity by Options. Upon the termination of this letter for any reason, Mid Rogue and Options shall return promptly to each other all such confidential information (and any copies thereof) and shall destroy all electronic information received and in their possession in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other party as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with

the State of Oregon authorizing, the contemplated CCO. Options understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO. Mid Rogue and Options recognize that certain business practices and discussions which involve county government are by statue "public" and any information relayed in these circumstances are not under the control of either party.

3. **Contemplated Services**. Options currently provides a wide array of services to various populations in Josephine County. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and Options.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO
Dated: 2-8-12

Options for Southern Oregon, Inc.

By _____
Title: Executive Director
Dated: 2/8/12

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

January 18, 2012

Providence Medford Medical Center
Tom Hanenburg
1111 Crater Lake Avenue
Medford, Oregon 97504

Dear Mr. Hanenburg:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and the Providence Medford Medical Center (PMMC) regarding PMMC's proposed participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to PMMC's proposed participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with additional discussion related to the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject to paragraph 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. PMMC understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

740 S.E. 7th Street • Grants Pass, Oregon 97526 • 541-471-4106 • 1-888-460-0185
Admin. Fax: 541-471-1524 • Referral/Auth. Fax: 541-471-4128 • www.mripa.org

3. **Contemplated Services**. PMMC currently provides hospital and physician services to various populations in Southern Oregon. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and PMMC.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO

Dated: 1-27-12

Providence Medford Medical Center

By _____
Title: CEO

Dated: 1/30/12

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

February 7, 2012

Rogue Valley Council of Governments
Senior & Disability Services
155 N. First Street
PO Box 3275
Central Point, Oregon 97502

Dear Mr. Bruland:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and the Senior & Disability Services department of the Rogue Valley Council of Governments regarding RVCOG's participation in a Coordinated Care Organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to RVCOG's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Trade Secrets.** MRIPA will specifically identify all Trade Secret (see ORS 192.501(2)) items it wants held confidential. RVCOG assures MRIPA that it will protect the specifically identified confidential information to the extent permitted by the State of Oregon's Public Records Law.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. RVCOG understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. RVCOG currently provides a wide array of services to various populations in Josephine and Jackson counties. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and RVCOG.

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4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue IPA Holding Company, Inc

By _____
Douglas Flow, CEO

Dated: 2-7-12

Rogue Valley Council of Governments
Senior & Disability Services

By _____
Don Bruland, Program Director

Dated: 2-10-12

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

January 20, 2012

SOASTC
Bob Lieberman, Executive Director
715 SW Ramsey Ave
Grants Pass, Oregon 97527

Dear Mr. Lieberman:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and the Southern Oregon Adolescent Study & Treatment Center (SOASTC) regarding SOASTC's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to SOASTC's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. SOASTC understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. SOASTC currently provides services to various populations in Josephine and Jackson counties. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will

Rep Curry, Doug

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contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and SOASTC.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO

Dated: 1-27-12

Southern Oregon Adolescent Study & Treatment Center

By _____
Title: Executive Director

Dated: 1/24/12

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

February 7, 2012

Sutter Coast Hospital
Eugene Suksi, CEO
800 E. Washington Blvd
Crescent City, CA 95531

Dear Mr. Suksi:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Sutter Coast Hospital (SCH) regarding SCH's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Community Works participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. SCH understands that neither the structure nor composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. SCH provides hospital and physician services to populations in Curry County, Oregon. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to

provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and SCH.

4. Governing Law. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. Effect of This Letter. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. Termination of Negotiations. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue

By _____
Title: CEO

Dated: 3-26-12

Sutter Coast Hospital

By _____
Title: CEO

Dated: 4/10/12

December 30, 2011

United Community Action Network
Michael Fieldman, Executive Director
280 Kenneth Ford Drive
Roseburg, Oregon 97470

Dear Mike:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and the United Community Action Network (UCAN) and Josephine County Food Bank (JCFB), a program of UCAN, regarding UCAN/JCFB's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to UCAN's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. The parties agree that, subject 2 below, their discussions regarding the Transaction, and information about their respective business activities (direct and indirect) disclosed to the other shall remain confidential, and that neither shall use nor disclose such information without the prior written consent of the other. Upon the termination of this letter for any reason, the parties shall return promptly to each other all such information (and any copies thereof) and shall destroy all electronic information received in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. Neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. UCAN/JCFB understands that neither the structure nor the composition of the CCO has been finalized, and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Contemplated Services**. UCAN/JCFB currently provides an array of services to various populations in Josephine and Jackson counties. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend

that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, program regulations and guidelines of UCAN/JCFB, anticipated implementing regulations, and future agreements between the CCO and UCAN/JCFB.

4. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

5. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 5 will be fully enforceable by both parties in accordance with their terms.

6. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 5.

Mid Rogue IPA Holding Company

By: Douglas L. Flow, Ph.D.
Title: C.E.O.
Dated: 1-4-12

United Community Action Network

By MICHAEL FIELDMAN
Title: EXECUTIVE DIRECTOR
Dated: 1/4/12

Advantage Dental Services, LLC

The Advantage Community

April 25, 2012

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

Re: Non-Binding Letter of Support for Mid Rogue Independent Physician Association, Inc.'s CCO Application

As CEO/President of Advantage Dental Services, LLC ("Advantage"), it is with great enthusiasm that I submit this letter of support to the Oregon Health Authority in support of Mid Rogue Independent Physician Association, Inc.'s CCO application.

Advantage is a dental care organization (DCO) that has been working to enhance dental care in Oregon communities since its formation. Advantage is a statewide independent practice association with over 300 dentists organized in a cooperative. Advantage currently provides oral health services to over 185,000 Medicaid patients under the Oregon Health Plan. Advantage also provides oral health services to the uninsured and underinsured through its 24 clinics located throughout Oregon. During the last year, Advantage has been involved in numerous community outreach projects to improve the oral health in communities by having dental hygienists screen children in the HeadStart, Women Infants and Children (WIC) program, and other programs for cavities, general oral health care, and medical management of caries.

Please accept this letter from Advantage in support of Mid Rogue Independent Physician Association, Inc. Advantage believes that it will best serve the residents of its individual communities through collaborative efforts in developing a CCO. Advantage supports the formation of CCOs to achieve the triple aim and through efficiency and quality improvements reduce medical cost inflation and coordinate health care for each community member by providing the right care, at the right time, in the right place.

Advantage Dental Services, LLC
The Advantage Community

Advantage is excited to be part of this challenging and important work. We look forward to working with Mid Rogue Independent Physician Association, Inc. in the formation of the CCOs and coordinating care for its community members.

Sincerely,

R. Mike Shirtcliff, DMD
President/CEO
Advantage Dental Services, LLC

Ashland Community Hospital

April 24, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Mark E. Marchetti
CEO and President

280 Maple Street, Ashland, Oregon 97520
www.ashlandhospital.org
Tel: 541.201.4000 • Fax: 541.488.7411

Capitol Dental Care, Inc.

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

April 25, 2012

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

Dear Mrs. Hurst,

Capitol Dental Care, Inc. (CDC) supports AllCare Health Plan (AllCare) as a Coordinated Care Organization serving Jackson, Josephine and Curry Counties. We believe that they will be well positioned to support the Triple Aim goals of improved health, enhanced patient care and reduced costs.

We have observed the community support and cooperation of medical, mental health and dental providers at AllCare's organizational meetings. We are impressed with their efforts and the progress that has been made in a short period of time.

CDC has been engaged with providing dental care to Oregon Health Plan members in this area for many years. We remain committed to these members and look forward to working closely with AllCare to enhance their overall health through better coordination of dental care.

Sincerely,

William Hart Laws

President

CITY OF PORT ORFORD

555 West 20th Street
Post'Office Box 310
Port Orford, Oregon 97465
541-332-3681(v) 541-332-3830(f)
mmurphy@portorford.org

April 27, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). I have always been told that Mid Rogue, has always been professional, responsive, and a good partner. My limited experience bears this out, and the organization deserves full support and assistance. It is appropriate and necessary that Mid Rogue receive the Coordinated Care Organization designation.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole. As you know, Curry County is in financial difficulty and services have been cut drastically. Unfortunately, service cuts always disproportionately affect those who can least absorb those cuts. I see the impacts of these service cuts on a regular basis, and I believe the CCO application being submitted will go a long ways toward ensuring services for the most vulnerable among us, while providing those services in a cost effective manner.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Michael Murphy, City Administrator
City of Port Orford

GOODWILL INDUSTRIES
OF SOUTHERN OREGON

April 25, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Betty Welden

Betty Welden
VP Mission Services

Gayle Byrne, President/CEO

11 West Jackson Street, Medford, Oregon 97501 • (541) 772-3300 • Fax: (541) 772-6158 • info@sogoodwill.org • www.sogoodwill.org

Grants Pass & Josephine County
Chamber of Commerce
1995 NW Vine St., P.O. Box 970, Grants Pass, OR 97528-0290
Phone: 541-476-7717 Fax: 541-476-9574
www.grantspasschamber.org
gpcoc@grantspasschamber.org

April 23, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Colene Martin
Grants Pass & Josephine County
Chamber of Commerce, Pres/CEO

HASL Independent Abilities Center
305 NE E Street
Parkway Professional Building
Grants Pass, Oregon 97526
"Improving Quality of Life by Finding Solutions for Today"

April 24, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). I have worked with Mid-Rogue for many years and have found them to be exceptional in their professionalism and responsiveness to the needs of the community. They have proven to be a great partner agency and they are attentive to the needs of the people in our community. Additionally, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve, as well as to the population of southern Oregon.

If you have any questions or concerns, please feel free to contact me at (541) 479-4275.

Respectfully,

Randy Samuelson
Executive Director
Handicap Awareness & Support League (HASL)

541-479-4275 TTY: 541-479-3588 Fax: 541-479-7261 haslstaff@yahoo.com www.haslonline.org

2160 NW Vine Street
Grants Pass, OR 97526
Phone: 541-472-4800
FAX: 541-476-5265
www.kzcf.org
501(c)(3) EIN 20-5851639
4/26/2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom it May Concern:

I am pleased to support the application of Mid Rogue IPA to become a state-certified Coordinated Care Organization. I have been privileged to work with Mid Rogue in my capacity as president of the KidZone Community Foundation.

Our organization directs a program titled Rx: Motion, in which physicians refer obese patients for physical activity. The Mid Rogue IPA was one of three organizations which provided grants allowing us to initiate the program. Their physician members have been the strongest supporters of the program as well.

The Rx: Motion program is an ideal component of a coordinated care organization offering proactive health initiatives, and Mid Rogue IPA has been a vital partner in our project. We look forward to working with them in the future as they transform into a CCO.

Sincerely,

Richard Cohen MD

Richard Cohen
President, Kidzone Community Foundation

Options for Success

EMPOWERMENT. EQUALITY. EMPLOYMENT.

April 25, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom it May Concern,

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). For the past six years that I have worked with Mid Rogue, I have found them to be professional, responsive, and a good community partner. Mid Rogue actively reaches out to the disability community to provide holistic care. They support a number of community events, including the annual Options for Success Conference that helps people with disabilities, including mental health disabilities, to obtain and maintain employment.

I believe their acceptance as a state-certified CCO would benefit many people in Southern Oregon, and fully support their application.

Please feel free to contact me if you have questions.

Sincerely,

Janet Steveley, Conference Coordinator
Options for Success

Pathways to Care Network – *Connecting Our Community*
P.O. Box 186 Grants Pass, OR 97528 www.pcncommunityconnect.org

April 26, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

The Pathways to Care Network (PCN) strongly supports Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). Mid Rogue has been a member of PCN for many years and has been an excellent partner. Mid Rogue has consistently shown dedication and commitment to our community and its wellbeing.

PCN believes that acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns please feel free to contact me at 541-787-1461 or by e-mail at veronica@pcncommunityconnect.org.

Sincerely,

Veronica Hyde
AmeriCorps VISTA
Pathways to Care Network

April 24, 2012

State of Oregon
900 Court Street
Salem, OR 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the several years that I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of Southern Oregon as a whole.

Sincerely,

Sherrye Ketchepaw

Sherrye Ketchepaw, Event Chair
Relay For Life of Josephine County
Dream It...Hope It...Cure It

1343 NW Highland Ave., Grants Pass, OR 97526
541.218.4454

SENIOR resources
DIRECTORY

April 25, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole. If you have any questions or concerns, feel free to contact me.

Sincerely,

Caren Nelson

(541) 488-1743 • FAX: (541) 488-2531 • 500 Ann Street, Ashland Oregon 97520
E-MAIL: seniorbook@charter.net

541-471-1524

SOREDI
to help business prosper

673 Market Street • Medford, OR 97504

April 25, 2012

State of Oregon

900 Court Street

Salem, Oregon 97301-4047

Subject: Statement of Support for Coordinated Care Organization Application

To Whom It May Concern,

On behalf of Southern Oregon Regional Economic Development, Inc. (SOREDI) we want to offer our support for Mid Rogue Physician Association's application to become a state-certified Coordinated Care Organization. Mid Rogue Physician Association has served businesses and individuals for many years very well in Southern Oregon and would be a professional and responsive provider under the State of Oregon's Coordinated Care Organization healthcare provisions.

Sincerely,

Ron Fox

Executive Director

UNITED COMMUNITY ACTION NETWORK
UCAN
Serving Douglas & Josephine Counties
Helping People. Changing Lives.

280 Kenneth Ford Drive
Roseburg, OR 97470
(541) 672-3421
(800) 301-8226
(541) 672-1983 Fax
- Administration Offices
- Case Management
- Douglas County Food Bank
- Energy Assistance/Weatherization
- Housing & Homeless Services
- Property Management
- Resource Development
- VISTA

(541) 677-9276
(866) 677-9276
- WarmLine

(541) 672-7004
(800) 947-1206
- USDA CACFP

742 SE Cass Street
Roseburg, OR 97470
(541) 440-6500
(541) 229-0036 Fax
- U-Trans
- Medical Transportation

511 Umpqua Street
Roseburg, OR 97471
(541) 673-6306
(800) 320-6306
(541) 673-3236 Fax
- Head Start

308 SE Jackson Street
Roseburg, OR 97470
(541) 673-5392
(541) 672-4345 Fax
- Transitions Programs
- Confidence Clinic

124 NW "D" Street
Grants Pass, OR 97526
(541) 956-4050
(541) 956-4056 Fax
- Case Management
- Energy Assistance
- Housing & Homeless Services
- Weatherization

133 NW "D" Street
Grants Pass, OR 97526
(541) 456-4070
(541) 956-4077 Fax
(888) 227-8206
- Medicaid Transportation
- Guardianship
- Contract & Compliance

1470 SE "M" Street, Suite 1C
Grants Pass, OR 97526
(541) 479-5556
(541) 476-6268 Fax
- Josephine County Food Bank

April 23, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

As Program Manager of Josephine County Food Bank, I am privileged to submit this Letter in support of Mid Rogue's IPA's application to become a state-certified Coordinated Care Organization (CCO).

During the many years of our association we have found MRIPA to be a proactive partner, supportive of health and wellness strategies and programs that focus on prevention. We have collaborated on nutrition and wellness programs, plans to increase production of locally grown fresh produce for low and no income families, and worked together to raise community awareness of the importance of good food in the lives of children.

As a former health care administrator, my relationship with the organization spans more than 15 years and in those many years, they have always been professional, responsive, and good partners. I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of Southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,
Susan J. Scheufele
Susan J. Scheufele, Program Manager
Josephine County Food Bank,
A program of the United Community Action Network

WCST

560 NE F St. Suite A430
Grants Pass OR 97526
541 476-3877
www.westjoco.org

April 24th, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner. Their staff is represented on the Child Abuse Multi-Disciplinary Team and the Josephine Co. DVSA Council. They are very responsive to our requests of assistance for our mutual clients.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Krisanna Albrecht
Executive Director

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

April 26, 2012

State of Oregon
900 Court Street
Salem, OR 97301-4047

To Whom It May Concern:

I am writing in support of Mid-Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid-Rogue, I have found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have questions or concerns, feel free to contact me.

Sincerely,

Lisa Molnar

Lisa Molnar
Executive Director

ASHLAND FAMILY YMCA
540 YMCA Way, Ashland, OR 97520
P 541 482 9622 info@ashlandymca.org www.ashlandymca.org

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

April 23, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Kevin Clark
Executive Director

Grants Pass Family YMCA
1000 Redwood Avenue • P.O. Box 5439 • Grants Pass, Oregon 97527
541-474-0001 • fax 541-474-0087 • www.grantspassymca.org

the YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

April 24, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). For more than four years that I have been associated with Mid Rogue, I have always found them to be professional, responsive and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me at 541-772-6295 x221 or brussell@rvymca.org.

Sincerely,

Bradford W. Russell

Brad Russell
CEO/Executive Director

BOYS & GIRLS CLUBS

OF THE ROGUE VALLEY

Serving youth in Jackson & Josephine Counties with locations in:
Cave Junction
Grants Pass
Talent
White City

Administrative Offices:
203 SE 9th Street
Grants Pass, OR 97526

Tel: 541-479-5258
Fax: 541-471-9494

admin@begreat4kids.com
www.begreat4kids.com

4/24/2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Kathy Compton
Resource Development Assistant

GREAT FUTURES START HERE.

Mid Rogue
Independent Physician
ASSOCIATION
"Physicians working together to provide quality, cost-effective health care to our community."

March 6, 2012

Jackson County Health & Human Services
Mark Orndoff, Director
1005 E. Main Street
Medford, Oregon 97501

MAR - 7 2012
ew

Dear Mr. Orndoff:

Re: Letter of Intent Regarding Formation of Coordinated Care Organization

The purpose of this letter is to summarize the results of discussions between Mid Rogue IPA Holding Company, Inc. and its related entities and Jackson County, Oregon (Jackson County) regarding Jackson County Health and Human Service's participation in a coordinated care organization (CCO) to be formed by Mid Rogue. The parties recognize that the formation of a CCO, including the execution of any formal agreements related to Jackson County's participation in the CCO (the "Transaction"), will require further documentation and approvals in accordance with Oregon HB 3650, including formal agreements and approvals setting forth, among other things, the governing structure and characteristics of the CCO. Furthermore, the Transaction will incorporate, and remain in compliance with, any rules and regulations now in existence as well as those that are still forthcoming. Notwithstanding, the parties execute this letter to evidence their intent to proceed with the Transaction in mutual good faith according to the following terms:

1. **Confidentiality**. It is understood and agreed that the parties may provide certain information that is and must be kept confidential. The parties agree that, to the extent permitted by Oregon Public Records Law and the Open Public Meetings Law, information that is designated as confidential or proprietary, either by one or both parties during discussions regarding the Transaction, shall not be disclosed without the prior written consent of the other party. The parties shall satisfy obligations under this paragraph if they take affirmative measures to ensure compliance with these confidentiality obligations by its officers, directors, employees, agents, consultants, and others who are permitted access to confidential or proprietary information. Upon termination of this letter for any reason, Mid Rogue and Jackson County shall, to the extent permitted by the Oregon Public Records Law and the Oregon Public Meetings Law, return promptly to each other all such confidential or proprietary information (and any copies thereof) and shall destroy all electronic information received and in their possession in connection with the proposed Transaction. In the event of any breach of this paragraph, the breaching party will be liable for the other party's reasonable costs, disbursements, and attorney fees, including without limitation at trial, on appeal, on denial of any petition for review, and in connection with enforcement of any judgment.

2. **Press Releases**. To the extent permitted by the Oregon Public Records law and the Oregon Public Meetings law, neither party will issue or approve a news release or other announcement concerning the Transaction without the prior approval of the other as to the contents of the announcement and its release, which approval will not be unreasonably withheld. This letter

of intent shall not be interpreted in a manner that prohibits Mid Rogue from disclosing the Transaction as reasonably necessary to form, obtain approvals for, and finalize a contract with the State of Oregon authorizing, the contemplated CCO. Jackson County understands that neither the structure nor composition of the CCO has been finalized; and it authorizes Mid Rogue to disclose the Transaction as reasonably necessary to form and establish the CCO.

3. **Compliance with Laws Applicable to Public Entities**. Mid Rogue understands that Jackson County is a public entity required to comply with the Oregon Public Records law, the Oregon Public Meetings Law and other laws applicable to public entities and that this Letter of Intent shall not be interpreted in such a manner as to require Jackson County to violate any provision of any law applicable to public entities.

4. **Contemplated Services**. Jackson County currently provides a wide array of services to various populations in Jackson County. The CCO will require many of these services to satisfy its anticipated contractual obligations to the State of Oregon. The parties intend that the CCO will contract to provide these services to CCO plan enrollees under terms consistent with HB 3650, anticipated implementing regulations, and future agreements between the CCO and Jackson County.

5. **Governing Law**. This letter of intent shall be governed by and interpreted under and in accordance with the laws of the state of Oregon without regard to the conflicts of laws provisions thereof.

6. **Effect of This Letter**. This letter sets forth the intentions of the parties only, is not binding on the parties, and may not be relied on as the basis for a contract by estoppel or be the basis for a claim based on detrimental reliance or any other theory; except that the provisions of paragraphs 1, 2 and 6 will be fully enforceable by both parties in accordance with their terms.

7. **Termination of Negotiations**. This letter may be terminated at any time by either party giving written notice to the other. After notice is given, the parties shall remain bound by the provisions of paragraphs 1, 2, and 6.

Mid Rogue

By _____
Title: CEO

Dated: 3-6-12

Jackson County

By _____
Title: DANNY JORDAN
County Administrator

Dated: 3/2/12

Approved as to Legal Sufficiency:

_____
Joel Benton
Sr. Assistant County Counsel

DUAL DIAGNOSIS ANONYMOUS OF OREGON, INC.

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

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

April 26, 2012

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,

CMonica

Corbett Monica
Executive Director

FamilySolutions

Providing mental health services for children & families

April 26, 2012

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Thomas J. Gunderson
Executive Director

1836 Fremont Street | Ashland, OR 97520 | ***phone:*** *541.482.5792 |* ***fax:*** *541.482.5034*

www.familysolutionsoregon.org

Gold Beach Library Association

GOLD BEACH, OREGON

Date 4/26/12

State of Oregon
900 Court Street
Salem, Oregon 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the people we serve as well as the population of southern Oregon as a whole.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Rachelle Cann
Director, Curry Public Library

THE Academic Masters COMPETITION

725 Northeast Dean Drive
Grants Pass, OR 97526
[541] 474-5700

A unique Josephine County tradition promoting and rewarding academic excellence

Founded in 1984, the Academic Masters Competition features the most talented students in Josephine County in the areas of:

English
Mathematics
Music, Science
Social Studies

All funds benefit students from the following high schools:

Grants Pass
Hidden Valley
Illinois Valley
North Valley

April 27. 2012

State of Oregon
900 Court St.
Salem, OR 97301-4047

To Whom It May Concern:

I am writing in support of Mid Rogue's application to become a state-certified Coordinated Care Organization (CCO). In the many years I have been associated with Mid Rogue, I have always found them to be professional, responsive, and a good partner.

Furthermore, I believe their acceptance as a state-certified CCO would be of great benefit to the population of southern Oregon as a whole.

If you have questions or concerns, please feel free to contact me.

Sincerely,

Judy Taylor

Judy Taylor, Treasurer

Resumes
Key Personnel

Douglas L. Flow, PhD
CEO, Mid Rogue IPA
740 SE 7th Street
Grants Pass, Oregon 97526
(541) 471-4106

Summary: Over twenty five years' experience in health care management, including leadership in strategic planning, operations, and administration. Excellent leadership skills, experienced facilitator, staff mentor, and communicator.

Employment History:

1997 to present **Mid Rogue IPA**
Chief Executive Officer
Key executive responsible for strategic planning and operational functions of an 80 member Independent Physician Association and executive management of physician sponsored insurance products. Works closely with 14 member Board of Directors and oversees offices located in Grants Pass and Medford, Oregon. Accomplishments include:

- Enhanced IPA recognition and financial position in evolving health care market
- Worked closely with organizational leadership to develop a community-based board that includes physician and public directors
- Created balance between shareholder value, corporate mission and community need
- Developed organizational readiness to assume new lines of business, as a health care service contractor certified to transact insurance in Oregon and contractor with CMS to administer Medicare Advantage products
- Improved operational functions and enhanced financial performance of Oregon Health Plan contract
- Launched Electronic Medical Records initiative working closely with the Board of Directors and key physician leaders
- Represents Mid Rogue IPA and Mid Rogue Health Plan in a positive manner to other physician entities, managed care organizations, insurance companies, state and federal regulators, business and professional groups, and the general public.

Education

1980	Ph.D.	Public Health, Oregon State University, Corvallis
1973	M.A.	Community Health/Psychology, California State University, Sacramento
1972	B.A.	Psychology/Biology, California State University, Sacramento

Lyle T. Jackson, M.D
Chief Medical Officer and Corporate Compliance Officer, Mid Rogue IPA
740 SE 7th Street
Grants Pass, Oregon 97526
(541) 471-4106

Summary: Over thirty years of experience as a practicing physician in family health; served as past president of the Josephine County Medical Society, former Chief of Staff and Chief of Medicine at Southern Oregon Medical Center, and Past Alternate Delegate for the Oregon Medical Association. Board certified by the American Board of Family Practice 1977-present and the National Board of Medical Examiners in 1975.

Employment History:

2000 to present — **Mid Rogue IPA**
Medical Director
Responsible for clinical decision support, quality improvement and utilization management, evidence based guidelines research and development, compliance, prior authorization policies and protocols, formulary management, and overall clinical leadership for the IPA and health plan.

2002 – 2004 — He also serves as part time Medical Director for the Siskiyou Community Health Clinic, a federally designated safety net clinic serving Grants Pass and Cave Junction, Oregon.

1977 – 2000 — **Family Practitioner**, Grants Pass, Oregon

Education

1974-1977 — Family Practice Residency Program
Broadlawns-Polk County Medical Center
University of Iowa, Des Moines, Iowa

1970-1974 — Medical School
University of Illinois College of Medicine, Chicago, IL

1967-1970 — College
University of Illinois
BS Biology / Magna Cum Laude, Campaign, IL

1966-1967 — St. Joseph College
Rensselaer, IN

License

1977 to Present — State of Oregon
Active Status: License # MD 10535

Nikki Pethtel, MBA
CFO, Mid Rogue IPA Holding Company
740 SE 7th Street
Grants Pass, Oregon 97526
(541) 471-4106

Summary: Over twelve years of experience in finance, insurance, accounting, and auditing. Currently Director of Finance for Mid Rogue Foundation and CFO of Mid Rogue Holding Company and IPA.

Employment History:

2011 to present — **Mid Rogue IPA, Grants Pass, OR**

- Financial management of Oregon Health Plan, Medicare Advantage Plan, Mid Rogue eHealth Services, and Mid Rogue Foundation

2007 -2011 — **Millennium Consulting, Services**

- Director of Consulting Services
- Preparatio of 15 financial statements for insurers
- Statutory accounting and reporting for insurance companies
- Financial analysis of health insurance providers
- Financial analysis and budgeting

2003 – 2007 — **Brown Smith Wallace**

- Interim controller and operations manager
- Statutory account and reporting for insurance companies
- GAAP research and guidance
- Statutory filings
- Audit supervisor

1999-2003 — **Gateway Insurance Company, Accounting Manager**

- Preparation of financial statements
- Analysis of financial results
- Direct contact for DOI for 37 states
- Internal audits

Education

2003 — **Webster University, Masters in Business Administration**

1998 — **Clayton College and State University, Bachelor of Business Administration and Accounting**

Memberships — **Associate member of the Association of Certified Fraud Examiners**
Member of the Illinois Society of CPAs

Cynthia Ackerman, RN
Director of Health Management Services, Mid Rogue IPA
740 SE 7th Street
Grants Pass, Oregon 97526
(541) 471-4106

Summary: Over twenty five years of experience in inpatient medical/surgical nursing, health plan quality improvement and utilization management, care coordination as an Exceptional Needs Care Coordinator for the OHP, and team leadership for an 80 member Independent Physician Association.

Employment History:

1998 to present **Mid Rogue IPA, Grants Pass, OR**

- Director, Health Management Services: Manage care coordination department of 26 FTEs
- Government Programs Officer and Director of Quality Assurance: 2007 to present, responsible for:
  - State and federal managed care contracting, including Medicare and Medicaid.
  - Day-to-day contract compliance and oversight
  - Annual re-application process for state and federal contracts
  - Company-wide continuous quality improvement program
- Director of Quality Improvement and Utilization Services: 2000 - 2006
  - Previously responsible for utilization management for 5,000 – 6,000 Oregon Health Plan Medicaid managed care lives, 1,800 PacificSource commercial HMO enrollees, and 5,000 Regence PC-65 enrollees.
  - Supervised nurse case managers and medical affairs analysts.
  - Assisted the Medical Director with duties and responsibilities of the Patient Care Committee, including development and implementation of utilization criteria impacting inpatient care, emergency room services, DME, and mental health
  - Assisted the Medical Director with Quality Improvement Committee, including QI policies and procedures, annual work plan development and implementation, tracking and monitoring member complaints and overseeing contractor compliance.
- Exceptional Needs Care Coordinator: 1998 – 2000
  - Responsible for care coordination of approximately 1,300 OHP dual eligibles
  - Provided oversight and training for member services activities
  - Provided intensive case management for clients with multiple health care needs and high utilization costs.

1991-1998 **Asante Health System**

- Performed duties of registered nurse for inpatient care
- Staff registered nurse for post-surgical unit

Education

1988 Columbia State Community College, Columbia, TN

	AAS, Magna Cum Laude, Class President
1976-1977	West Virginia University, Morgantown, WV

Gail L. Hedding, CPA
Manager, Coordinated Care Organizational Development, Mid Rogue IPA
740 SE 7th Street
Grants Pass, Oregon 97526
(541) 471-4106

Summary: Over thirty years of experience in healthcare financial accounting and management. Experience includes hospital CFO, health insurance company financial director, HMO organizational development, physician office start up and administration, and local government finance and budgeting.

Employment History:

2009 to present — **Mid Rogue Holding Company, Grants Pass, OR**
Manager, Coordinated Care Organization Development
Responsible for stakeholder involvement, partner contracting, application development, and financial/budget development.

2007 – 2009 — **GLH Consulting Services, Brookings, OR**
Contracted with Sutter Coast Hospital to implement, install, and train personnel on new electronic health record system.

2004-2007 — **Sutter Coast Health Center @ Brookings Harbor, OR**
Director, responsible for organization set-up, licensing, operation, staff recruitment and business planning for a new three-physician clinic.

2000 – 2004 — **Sutter Coast Hospital, Crescent City, CA**
Chief Financial Officer, responsible for all financial operations of this 59 bed hospital. Activities included financial statements, budgeting, business planning and management of billing, purchasing, admitting and IT.

1999 – 2000 — **City of Brookings, OR, Director of Finance and Budgeting**

Other Experience:
Director of HMO Relations, CODA, Inc
Director of Managed Care Contracting, The Jewish Hospital of St. Louis
Director of Finance, United Healthcare
Manager of Accounting and Financial Systems, MetLife Healthcare
Senior Auditor/Administrator, General Dynamics Corporation
Senior Auditor, Ernst and Young

Education

1979 — BS in Accounting/Computer Science (Cum Laude)
Missouri State University, Springfield, MO
CPA Missouri and Oregon (inactive)

Freddy Sennhauser
Director of Communications, Mid Rogue IPA Holding Company, Inc.
740 SE 7th Street
Grants Pass, Oregon 97526
(541) 471-4106

Summary: Freddy has over thirty years of experience in healthcare insurance, most recently with Medicare Advantage Part C and Part D plans as well as Special Needs Plans serving those eligible for both Medicare and Medicaid coverage. He is responsible for all external communication, marketing, and enrollment in Mid Rogue IPA Holding Company health plans, including AllCare Health Plan.

Employment History:

2005 to present — **Mid Rogue Holding Company, Grants Pass, OR**
Director of Communications, Sales and Marketing for health plans

1998 -2005 — **Grizzly Mountain Farm, Ashland, OR**
Manager

1988 - 2001 — **Financial and Insurance Investment Firms, Principal, Owner Partner**
Managed real estate holdings and insurance agency with an emphasis on Medicare and retirement plans.

Sennhauser & Knutsen Financial Services, Astoria, OR
Sennhauser & Associates, Inc.
Helvetia-Suomi, Inc.
Catspaw, LLC
Helvetia Investments, LLC
Santis, LLC

Education

1977 - 1979 — Schweizerischer Kaufmainnischer Verein, Switzerland

1982-1986 — Schweizerischer Kaufmainnischer Verein, Switzerland
(Equivalent to a Bachelor's Degree in the US)

B. KEVIN BURGESS

WATKINSON LAIRD RUBENSTEIN
BALDWIN & BURGESS, P.C.

EDUCATION

- St. Johns College, Bachelor of Arts Degree, 1978
- University of Oregon School of Law, J.D., 1988; Order of the Coif, Moot Court Board; *Oregon Law Review*

PROFESSIONAL

- Watkinson Laird Rubenstein Baldwin& Burgess, P.C.
  - Practice emphasis in health law and employment law.
  - Frequent speaker on employment and benefit issues as well as Stark, fraud and abuse, HIPAA issues, and general compliance topics.
  - Currently serves as the firm's managing shareholder.
- Martindale-Hubbell BV rated attorney
- Member of Lane County Bar, Douglas County Bar, and Oregon State Bar; recently served as a member of the Local Professional Responsibility Committee for the Oregon State Bar.

WALTER L. CAUBLE
111 SE Sixth Street, Grants Pass, OR 97526 541-476-8825

EDUCATION BACKGROUND

1963 Bachelor of Arts, Willamette University, Salem, OR

1967 Juris Doctor, Willamette University College of Law, Salem, OR

MILITARY

1967-1971 active duty in U.S. Air Force, rank of Captain
served in Department of the Judge Advocate General

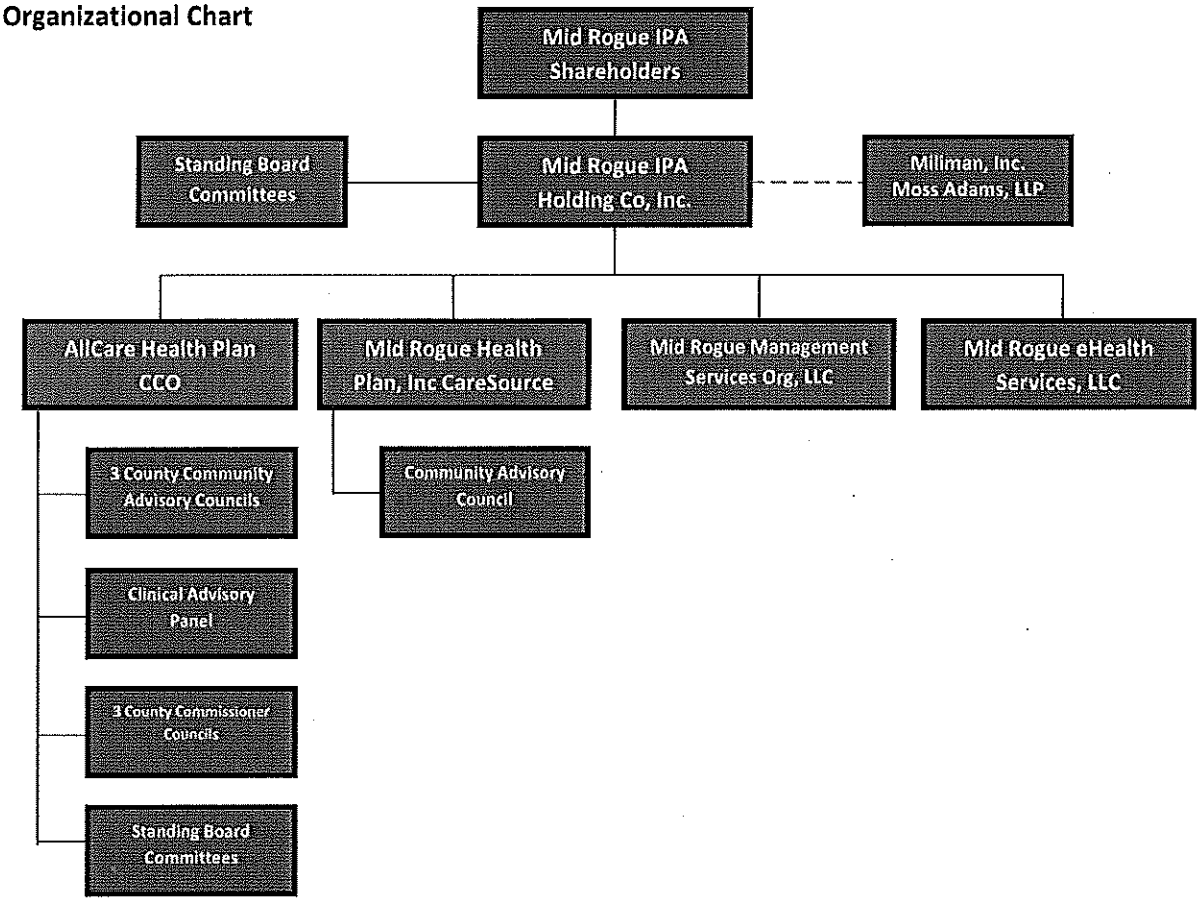
PROFESSIONAL

Admitted to practice law in Oregon in 1967. Active member of the Oregon State Bar since 1967.

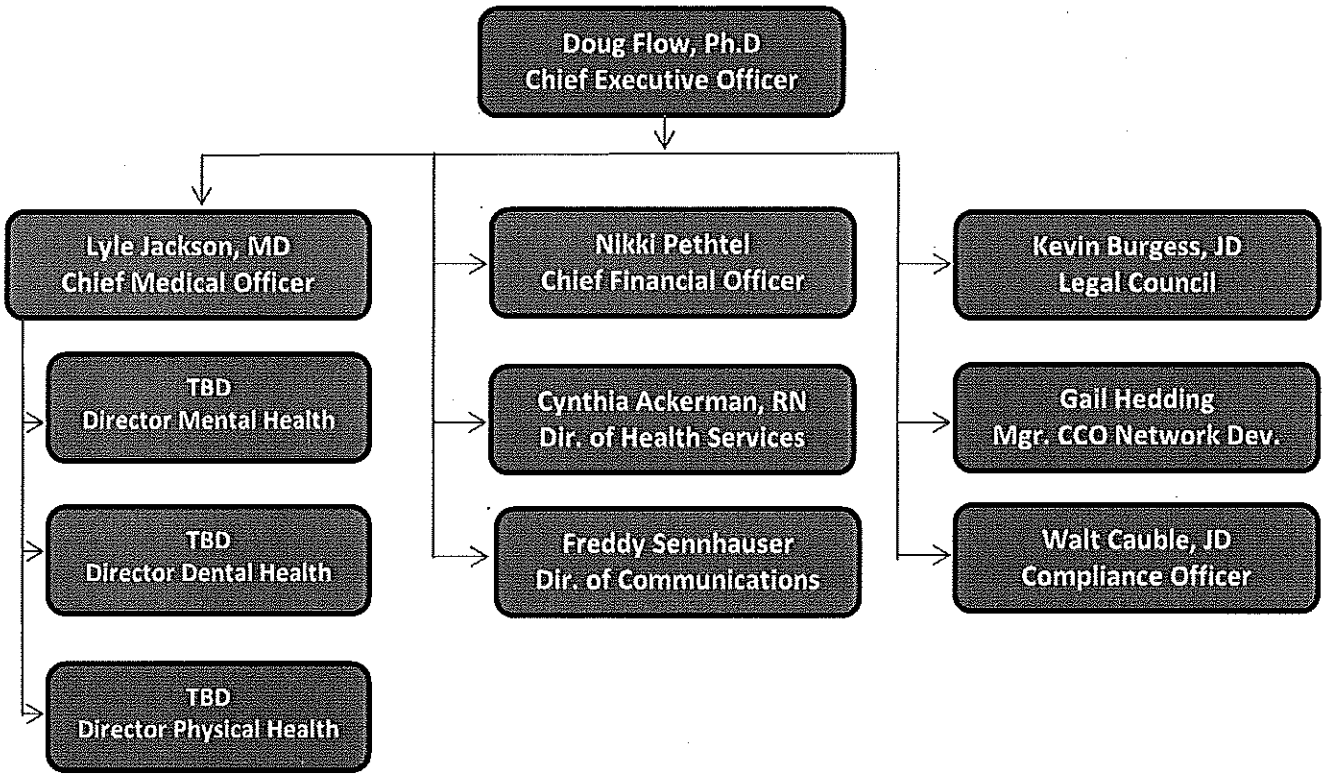
Admitted to practice before the Supreme Court of the State of Oregon, the United States District Court for the District of Oregon, and the United States Court of Appeals for the Ninth Circuit.

Active in the private practice of law in Grants Pass, Oregon since 1971 with extensive experience in trial practice, business law, real property, estate planning, and probate. Peer review rated AV by Martindale-Hubbell.

Mid Rogue IPA Holding Company, Inc.
Organizational Chart



AllCare Health Plan
Administrative Team Structure



Service Area Table: Projected Capacity Level

Service Area Description	Zip Codes	Maximum Number of Members Capacity Level
Curry County	97406, 97415, 97444, 97450, 97464, 97465, 97476, 97491	Current: 3,358 Projected: 5,000
Josephine County	97478, 97497, 97523, 97526, 97527, 97531, 97532, 97533, 97534, 97538, 97543, 97544	Current: 18,641 Projected: 25,000
Jackson County	97501,97502,97503,97504, 97520, 97522, 97524, 97525, 97530, 97535, 97536, 97537, 97539, 97540, 97541	Current: 37,802 Projected: 45,000
Douglas County	97410, 97442	Current: 255 Projected: 500
Total (25% increase)		Current: 60,056* Projected: 75,500

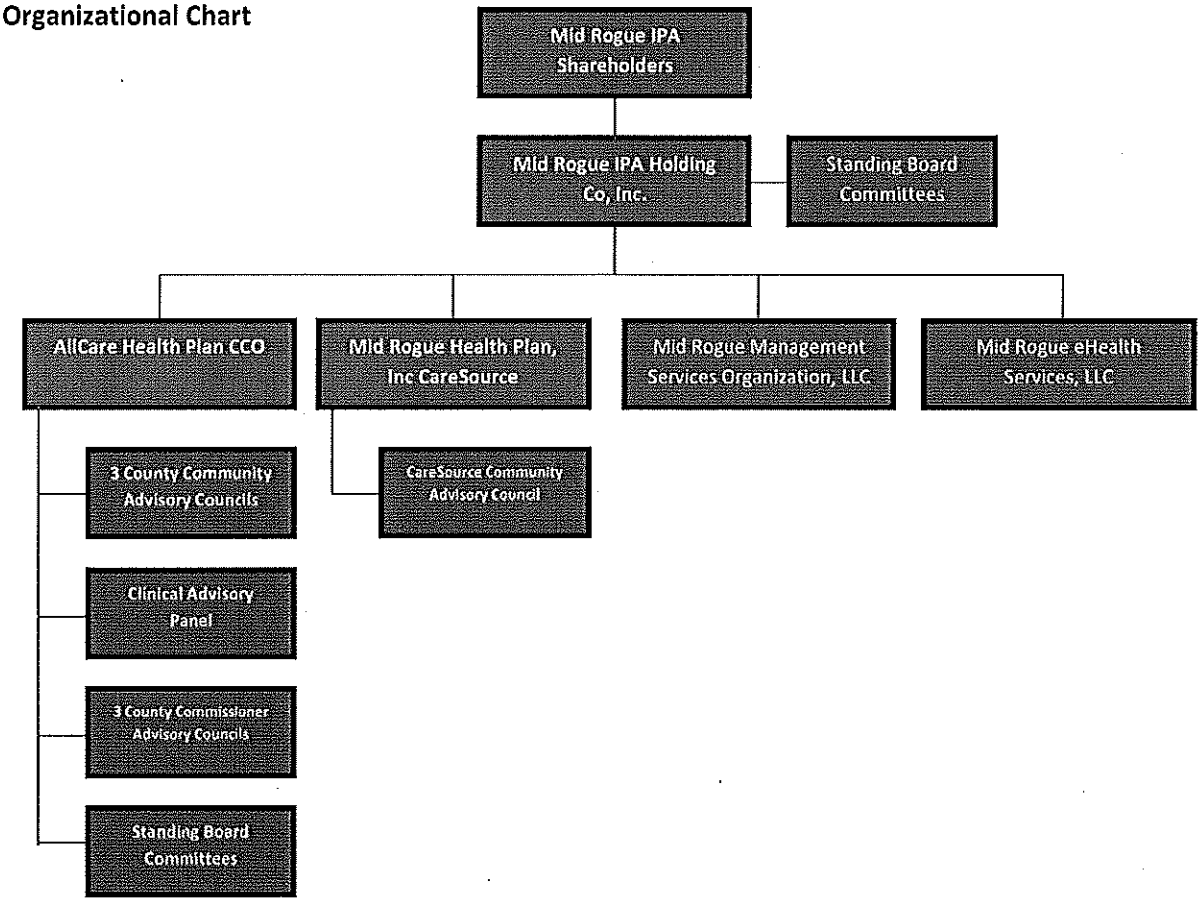
* *The total includes 59,801 in the three county service area plus 255 for Douglas County.*

A.1 Background Information

a. Mid Rogue Independent Physicians Association, Inc. dba AllCare Health Plan (AllCare Health Plan) is a separate legal entity under the laws of the State of Oregon. It is domiciled in Grants Pass, Oregon.

b. AllCare Health Plan is affiliated with Mid Rogue IPA Holding Company, Inc. Other affiliates include:
   i. Mid Rogue Health Plan, Inc. (a Medicare Advantage contractor)
   ii. Mid Rogue Management Services Organization, LLC (a personnel and management services company)
   iii. Mid Rogue eHealth Services, LLC, (an electronic medical records company)

Organizational Chart



c. AllCare Health Plan will transition to serving its OHP members as a CCO beginning August 1, 2012 when it will provide a full range of physical, mental, and oral health services.

d. AllCare Health Plan reserves its right to utilize the Alternative Dispute Resolution process.

e. AllCare Health Plan does not take exception with any terms and conditions in the core contract at this time. However, we reserve the right to negotiate specific terms and conditions in the future.

f. Allcare Health Plan's proposed service area is the same as our current OHP contract area, including all of Josephine, Jackson, and Curry counties plus two zip codes in Douglas County.

Service Area Description	Zip Codes
Curry County	97406, 97415, 97444, 97450, 97464, 97465, 97476, 97491
Josephine County	97478, 97497, 97523, 97526, 97527, 97531, 97532, 97533, 97534, 97538, 97543, 97544
Jackson County	97501,97502,97503,97504, 97520, 97522, 97524, 97525, 97530, 97535, 97536, 97537, 97539, 97540, 97541
Douglas County	97410, 97442

g. The primary and administrative office for AllCare Health Plan is located at:

740 SE 7th Street
Grants Pass, OR 97526

h. Josephine, Jackson, and Curry counties are the main governmental jurisdictions with which AllCare Health Plan is affiliated. We currently have Letters of Intent with each county's public health department and county commissioners. The county governments will be responsible under those LOIs to provide specific services to be defined within the final contracts. The commissioners in each county, in tandem with the AllCare Board of Directors will select the members to the Community Advisory Council for their county. The will also participate in the County Commissioners Council, thereby assuring that community representation in each county equitably reflects the needs of the population.

i. Prior history as a managed care organization with OHA: AllCare Health Plan, with and through its predecessor organizations, has contracted with the state of Oregon since 1996 as a fully capitated health plan (FCHP). Since that time it has provided managed care services to Medicaid beneficiaries in Josephine County and two zip codes in Douglas County. In 2007, its contract service area was expanded to include Jackson County, and in 2010 it was expanded to include Curry County.

j. To underscore its transition to a CCO, Mid Rogue Independent Physician Association, Inc., recently registered with the Oregon Secretary of State the dba "AllCare Health Plan." The company will begin doing business under its new name on or before August 1, 2012.

k. AllCare Health Plan is the only MCO involved in this application. AllCare Health Plan is currently negotiating contracts with community mental health agencies and individual mental health providers and will eventually contract with two (and possibly three) DCOs to provide integrated oral health services.

l. The current MCO is not requesting any changes to its service area.

m. The current MCO is a Fully Capitated Health Plan that contracts with OHA to provide or arrange to provide OHP managed care services in Jackson, Josephine, and Curry Counties plus two zip codes in Douglas County. Otherwise, it does not have any other contracts with OHA for the programs listed in the RFA.

n. Mid Rogue Health Plan, Inc., (MRHP), an affiliate of AllCare Health Plan, has been a Medicare Advantage contractor with the Centers for Medicare and Medicaid Services (CMS) since 2005, providing Medicare Part C and D services to eligible beneficiaries residing in Josephine County and two zip codes in Douglas County. That contract was expanded to Jackson County in 2007. MRHP is also a Special Needs Plan (SNP) contractor with CMS, serving Josephine County dually eligibles plus two zip codes in Douglas County. MRHP and AllCare Health Plan together coordinate benefits under both Medicare and Medicaid programs and provides intensive care coordination for all SNP beneficiaries.

o. MRHP holds a certificate of insurance from the State of Oregon Department of Consumer and Business Services Insurance Division. MRHP was first approved to transact health insurance in the state of Oregon in 2004.

p. Experience and capacity:

i. Alternative payment methodologies: The current MCO has maintained risk sharing contracts with its primary care providers since 1996 as part of its OHP managed care contract. Going forward, AllCare Health Plan is currently exploring the feasibility of alternative incentive structures and quality measures in collaboration with its CCO partners. Discussions have focused on varying combinations of withholds, full or partial capitation, outcome bonuses, and shared savings. The incentives and the applicable quality measures will vary depending upon specifically defined responsibilities and accountabilities agreed upon between AllCare and its individual contractors. The goal is to treat each type of provider (primary care, hospitals, long term care facilities, etc.) uniformly so as to assure incentives are aligned, equitably applied, and target identified quality and cost goals of the CCO. At a minimum, provider incentives will reflect performance around quality outcomes, CCO financial performance, patient experience, and utilization of high cost services such as emergency department visits and readmissions within 14 days for the same condition. AllCare Health Plan will build upon the payment structures currently in place that tie financial risk and performance incentives to quality measures for its hospitals and primary care providers, and expand those incentive structures to other providers such as specialists, mental health providers, addiction recovery programs, and oral health services, tailored to each entity's specific clinical focus and scope of service.

ii. The current MCO began the process of integrating physical health, mental health, dental health and chemical dependency services in 2011. This process was initiated prior to passage of the new CCO legislation with the intent of meeting a very real need among severely and persistently mentally ill Medicaid beneficiaries. The integration plan calls for establishing primary care providers within specific mental health / substance abuse clinics where patients can receive all their health needs in one location. At the same time, the current MCO care coordination team has been augmented to include mental health workers as part of our transition to team-based care. For a complete description of our integration plan for DHS Medicaid funded LTC Services, please refer to A.1.1.d, A.3.5.j, A.3.5.m, A.3.5.n, and A.3.5.o.

iii. The current MCO has established a community stakeholder group involving representatives from local hospitals, physician groups, public health, mental health, addiction recovery, oral health, community services and local government to participate in transforming the service area to meet the triple aim of better population health and better individual health outcomes at reduced cost. Inherent to this conversation are discussions around new ways of meeting the

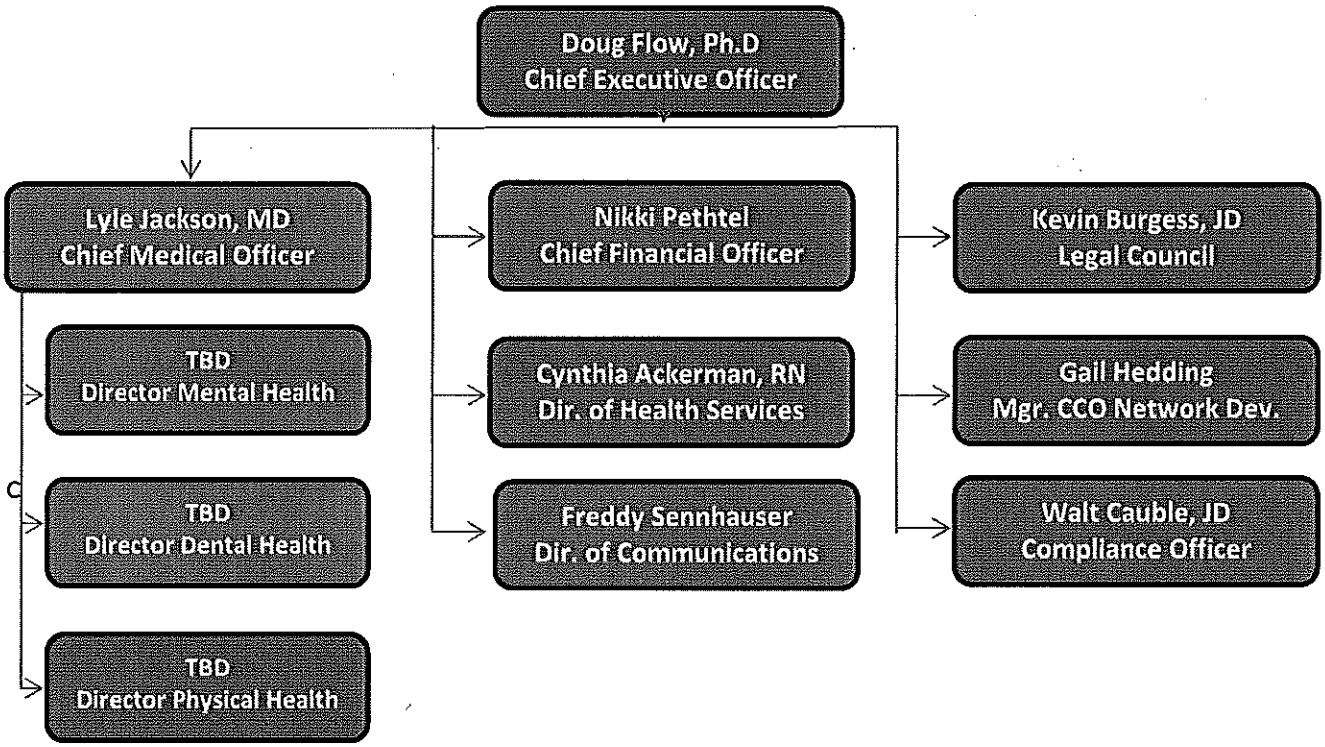
diverse health needs across the service area. The major areas of diversity focus on assuring equal access and availability of health services, particularly in small rural settings. Socioeconomic disparities also contribute to inequalities due primarily to a lack of consistent knowledge and understanding of how our health system currently works, leading to inappropriate use of emergency room services and inappropriate hospital admissions/readmissions. Transition to a Coordinated Care Organization will address these inequalities through greater patient education and outreach as well as through stronger case management, service integration, and team-based care delivery.

q. Resumes for our key leadership team are provided in Submission Materials, Item e, and summarized below.

Key Leadership Personnel	Future AllCare Health Plan Role	Experience
Douglas L. Flow, Ph.D. Chief Executive Officer of the current MCO and Mid Rogue IPA Holding Company. Inc.	Chief Executive Officer	Doug has more than twenty five years' experience in health care management, including leadership in strategic planning, operations, and administration of a FCHP, Medicare Advantage Plan, Special Needs Plan, and Third Party Administrator in Oregon State. He has excellent leadership skills, and he is an experienced facilitator, staff mentor, and communicator. He represented rural communities on Governor Kitzhaber's Health Transformation Committee that led to passage of HB 3650.
Lyle Jackson, MD	Chief Medical Officer	Lyle has more than thirty years of experience as a practicing physician in family health. He currently serves as President of Josephine County Medical Society and formerly served as Chief of Staff and Chief of Medicine at Southern Oregon Medical Center, and Past Alternate Delegate for the Oregon Medical Association. He is board certified by the American Board of Family Practice 1977-2015 and the National Board of Medical Examiners since 1975.
Nikki Pethtel Chief Financial Officer for Current MCO	Chief Financial Officer	Nikki has more than twelve years of experience in finance, insurance, accounting, and auditing. Currently, she is CFO for Mid Rogue Holding Company, Director of Finance for Mid Rogue Foundation, and chair of the Southwest Oregon Health Information Exchange advisory committee.
Cynthia Ackerman, RN Director of Health Services	Director of Health Services	Cynthia has more than twenty five years of experience in inpatient medical/surgical nursing, health plan quality improvement and utilization

For Current MCO and certified in health care compliance		management, care coordination as an Exceptional Needs Care Coordinator for the OHP, and team leadership for an 80 member Independent Physician Association. She is currently responsible for implementing Primary Care Home model of care in Southwest Oregon, including care coordination, team-based care, and intensive case management for complex and chronic disease patients.
Freddy Sennhauser Director of Sales and Marketing	Director of Communications and Liaison for Three-Way Contract between the CCO, OHA, and CMS	Freddy has more than twenty years of experience in the health insurance industry in Oregon and has directed the current MCO's Medicare Advantage and Special Needs Plans for the dually eligible since 2005. He created a Medicare Advantage Community Advisory Committee in 2005.
Gail Hedding, CPA (inactive) Manager, CCO Network Development for Current MCO	Manager for CCO Network Development and Provider Contracting	Gail has more than thirty years of experience in healthcare financial accounting and management. Experience includes hospital CFO, health insurance company financial director, HMO organizational development, physician office start up and administration, and local government finance and budgeting.
Kevin Burgess, JD	Legal Counsel	Kevin has been legal counsel for the current MCO since its inception in 1994 and will continue to address current legal issues and emerging state and federal legislation, rules and regulations impacting the health care industry and AllCare Health Plan specifically.
Walter Cauble, JD	Chief Compliance Officer and Privacy and Security Officer	Walt is an attorney from Grants Pass who until recently served as a member of the Mid Rogue IPA Holding Company Board of Directors.
TBD	Mental Health Director	
TBD	Dental Health Director	
TBD	Physical Health Dir.	

r. AllCare Health Plan Administrative Team Structure



s. Readiness Review: Documents available for review include AllCare Health Plan policies and procedures, CCO stakeholder meeting minutes, AllCare Bylaws, Community Advisory Council Charter, Clinical Advisory Panel Charter, Commissioner's Council Charter, Special Needs Plan Model of Care, provider contract templates, community assessment, and Letters of Intent and/or final contracts to participate in AllCare's provider network.

A.II Community Engagement in Developing the Application

This application has received input from our community-based stakeholder group that includes representatives from local hospitals, ancillary services, physician groups, public health, mental health, substance abuse, oral health, community services and local county government. This group meets two times per month and has been integrally involved in developing the charter for the Community Advisory Council, the Clinical Advisory Panel and the County Commissioners Council. This group has also provided input on the structure of the AllCare Board of Directors and on representatives to serve on the CCO Board, CAC. CAP, and committees. Members of this Stakeholder group include the following:

Individual	Title	Organization
Tom Hannenburg	CEO	Providence Medford Medical Center
Brian Herwig	COO	Providence Medford Medical Center
Roy Vineyard	CEO	Asante Health System

Marvin Haas	CFO	Asante Health System
Toni Bartling	Contract Officer	Asante Health System
Kurt Higuera	Exec. Director	Siskiyou Community Health Center (FQHC)
Peg Crowley	Exec. Director	Community Health Center (FQHC)
Karla McCafferty	Exec. Director	Options of Southern Oregon (community mental health)
Ginger Hahn	Exec. Director	Community Works
Shelly Uhrig, RN	CCO	Options of Southern Oregon (community mental health)
Darren Turituri		Options of Southern Oregon (community mental health)
Tom Gunderson		Family Solutions
Sarah Walker	Provider Relations	ARC (addictions services)
Pam Marsh	Deputy Director	On Track (addiction services)
Don Bruland	Director	Rogue Valley Council of Governments
Berta Varble	Operations Mgr	Rogue Valley Council of Governments
Sabrina Simons		DHS, Coos/Curry Counties
Diane Hoover	Manager	Josephine County Public Health
Becky Martin	Director	Curry County Health and Human Services
Jan Kaplan	Director	Curry County Health and Human Services
Bob Lieberman	CEO	KAIROS/SOASTC (children's mental health)
Mark Orndorf	Director	Jackson County Health and Human Services
Maureen Graham	Manager	Jackson County Mental Health
Josh Balloch		Pac/West Communications
Ann Alftine, MD		Jefferson Health Alliance
Brenda Johnson	CEO	La Clinica (Federally Qualified Health Center)
Bill McMillian	CEO	Curry General Hospital
Christine Mason	Exec. Director	ARC (addiction services)
Deborah Loy	Govt. Program Dir.	Capitol Dental Care, Inc
Don Lanahan, DMD		Advantage Dental
Eugene Suksi	CEO	Sutter Coast Hospital
Jeff Krolick		Options of Southern Oregon (mental health)
Kelley Wessels		United Community Action Network
Lance Dickerson		Options of Southern Oregon (mental health)
Leslie Kurlan		Family Solutions
Ron Tribble, DMD		Advantage Dental
Michael Cavallaro		Rogue Valley Council of Governments
Michael Marchant	District Manager	DHS, Coos and Curry Counties
Richard Leong, DMD		Advantage Dental
Sandra Miller		
Susan Scheufele		Josephine County Food Bank/UCAN
Doug Flow, PhD	CEO	AllCare Health Plan
Nikki Pethtel	CFO	AllCare Health Plan
Lyle Jackson, MD	CMO	AllCare Health Plan
Cynthia Ackerman, RN	Dir. Health Serv.	AllCare Health Plan
Freddy Sennhauser	Director of Comm.	AllCare Health Plan
Gail Hedding	Mgr. CCO Dev.	AllCare Health Plan
Debbie Jarrett	Administration	AllCare Health Plan

Section 1: Governance and Organizational Relationships

A.1.1 Governance

A.1.1.a. Proposed Governance Structure

The Board of Directors for AllCare Health Plan is comprised of 19 members who are appointed by the Mid Rogue IPA Holding Company Board of Directors and will include:

- 10 medical providers who are physicians shareholders from Mid Rogue IPA Holding Company, Inc.
- 3 members of the Community Advisory Councils (the chair of each county CAC)
- 5 members of the Clinical Advisory Panel
    - 1 hospital representative
    - 1 mental health representative
    - 1 alcohol and drug representative
    - 1 dental representative
    - 1 other provider
- 1 public representative "at large"

The AllCare Board of Directors will provide guidance and direction, and create policies for management and administrative functions of the CCO and its standing committees. Administrative oversight includes:

- Defining the strategic plan for growth and development of the CCO
- Oversight of coordination with participating partners
- Review of utilization data and financial trends
- Setting policies for resource distribution and payment
- Community needs assessments
- Consumer participation and satisfaction
- Service integration
- Global budgeting

Clinical oversight responsibilities include:

- Establishing care coordination guidelines
- Review and dissemination of best practices guidelines
- Practice improvement, including identification of outlier practice patterns and strategies to improve clinical quality
- Addressing clinical issues involving CCO patients

Standing committees will address:

- Care coordination and Integration
- Quality and Performance Improvement
- Finance/Audit
- Provider Services

The AllCare Board will meet every two months or more often as needed. Directors will be selected by the Board of Directors of Mid Rogue IPA Holding Company, Inc. Directors will serve up to two consecutive three year terms and become eligible to serve again after a one year hiatus.

A.1.1.b. Proposed Community Advisory Council (CAC)

AllCare Health Plan is creating three Community Advisory Councils to ensure that the health care needs of consumers and the communities served by the CCO are met in accordance with the State of Oregon's regulations and initiatives. Program goals and objectives include:

1. Provide each consumer with the highest quality patient care and service possible within the resources available to the CCO.
2. Assure consumer satisfaction with the value of care and quality of service they receive.
3. Achieve the triple aim of better population health, better patient outcomes, and lower total cost of care delivered.
4. Expand consumer education on personal health management and the importance of preventive care.
5. Collaborate with providers, consumers, and community-based resources to improve the overall customer experience.
6. Address health equity and strive to eliminate disparity in the delivery of health care services
7. Oversee community health assessment and regularly provide status updates to the AllCare Board of Directors

A CAC will be established for each County served by the CCO. Consumer representatives will form the majority of each CAC, working along-side a representative from the County's public health department executive team and an elected official (or his/her designee). The remaining CAC members will include representatives from local community-based social service agencies, consumer advocacy groups, and medical service providers. Members will serve up to two consecutive three year terms. Each CAC will annually elect a Council Chair and Vice Chair. The AllCare Board of Directors, with advice and approval of the respective Board of County Commissioners, will select CAC members.

A.1.1.c Relationship Between the CCO Board of Directors and the CAC

The relationship between the AllCare Board of Directors and the Community Advisory Council is three-fold:

- A member of each CAC will be a Director on the AllCare Board of Directors, ensuring transparency and accountability
- Each CAC will provide independent recommendations and advice to the AllCare Board on community initiatives and CCO policies designed to protect consumer rights
- Each CAC will participate in the CCO's annual community needs assessment process and adopt a community health improvement plan for the communities served by the CCO

A.1.1.d. Governance for Mental Health and DHS Medicaid-funded LTC Services

AllCare Health Plan will have two MOUs with local Aging and People with Disabilities programs serving 1) Josephine and Jackson Counties (managed by Kathie Young) and 2) Curry and Coos Counties, (managed by Mike Marchant). AllCare has an LOI with the Rogue River Council of Governments (directed by Don Bruland) which includes Senior & Disability Services, Type B Area Agency on Aging. All three individuals are active within the CCO Stakeholder organizing committee and they or their

designees will be encouraged to participate in the CAC and/or the CCO standing committees of the Board.

These MOUs will explicitly describe the five required domains and the related expectations for 1) prioritization of high need members; 2) development of individualized care plans; 3) transitional care practices; 4) member engagement and preferences; and 5) establishing member care teams. Over time, efforts to add other domains, such as patient-centered primary care home, will be pursued as time and resources allow. AllCare will also have contracts with local mental health providers in Jackson, Josephine, and Curry Counties.

AllCAre Health Plan will administer and oversee these MOUs in the same manner it administers and oversees its other provider contracts. This includes accountability to the AllCare Board of Directors and its standing committees, with input from the Community Advisory Councils and the Clinical Advisory Panel as needed. Mental Health services representatives will provide direction to the organization through their participation on the AllCare Board of Directors and on the three Community Advisory Councils and on the Clinical Advisory Panel. At large seats will be open to representatives from Aging and People with Disabilities (APD) and local Area Agency on Aging (AAA).

The majority of the APD contracts will be managed through cooperation between the APDs, LTC facilities and the Care Coordination staff within the Health Plan. Please refer to Section A.3.5 for a detailed description of our care coordination, transitions, and individual care planning programs. In addition, the AllCare Health Plan currently supports physician coverage within LTC facilities three days per week to provide medically necessary physical health and mental health services to Medicaid-Funded LTC beneficiaries and to fully integrate care planning with APD/AAA expectations for members with intensive care coordination needs.

A.1.2 Clinical Advisory Panel (CAP)

A.1.2.a CAP Role and Relationship to the CCO Governance and Organizational Structure

AllCare Health Plan created a Clinical Advisory Panel to ensure that the physical, dental, and mental health needs of consumers are delivered in the most cost effective manner consistent with the triple aim. The CAP will monitor CCO adherence to evidence based guidelines and protocols, and will regularly analyze data on

- Integration of physical, mental, and dental services
- Services delivered in a Patient-Centered Primary Care Home
- Best practices/evidence based protocols
- Flow of information to and from care providers

The CAP will use industry benchmarks and internally driven performance targets to monitor care coordination and desired outcomes. The CAP will provide independent recommendations and advice to the AllCare Board of Directors on its coordination of care initiatives and policies designed to ensure best practices. Areas of focus include, but are not limited to:

- Evaluating coordination of physical, mental and dental care to determine outcomes as defined by the Board
- Identifying barriers to care integration and developing work plans to address those barriers
- Reviewing the coordination of social and support services and partnerships with primary care, mental health, and dental health providers

- Monitoring member educational initiatives on care coordination and patient responsibilities
- Address strengths and weaknesses in health services as part of the community health needs assessment

The CAP will invite participation by representatives from all provider organizations that share risk in delivering high quality and cost effective care. The CAP will consist of up to twenty Council members including:

- One hospital representative from each of the five contracting hospitals or health systems
- Two addiction recovery representatives
- Three mental health representatives
- Three Mid Rogue IPA Holding Company, Inc. shareholder provider representatives
- Two other physical health representatives
- Three representatives from the Federally Qualified Health Centers
- Two dental health representatives

CAP members will be appointed by the AllCare Board of Directors.

A.1.2.b Not Applicable

A.1.3 Agreements with Area Agencies on Aging and DHS Local Offices

A.1.3.a. Current Status in Obtaining MOUs or Contracts

The AllCare Health Plan has signed Letters of Intent from the following organizations:

Organization	Description
Asante Health System Jackson and Josephine Counties	Two full service acute care hospitals with primary and specialty care physicians, including Rogue Valley Medical Center in Medford and Three Rivers Community Hospital in Grants Pass
Providence Medford Medical Center Jackson County	Full service acute care hospital with primary and specialty care physicians
Sutter Coast Hospital Del Norte County, California Serving southern Curry County	Full service acute care hospital with primary and specialty care providers
Curry General Hospital Curry County	Critical Access Hospital with primary and specialty care providers
PrimeCare IPA Jackson County	Largest independent provider association in Jackson County with over 400 primary and specialty care providers
Mid Rogue IPA Josephine County	Largest independent provider association in Josephine County with 75 primary and specialty care providers
Options of Southern Oregon Josephine County	Behavioral health organization
Rogue Valley Council of Governments Jackson and Josephine Counties	A voluntary association of 22 local jurisdictions, special districts, and education institutions in southwestern Oregon's Jackson and Josephine Counties. Its primary focus is to support local and regional problem solving. Partners include Area Agency on Aging, Senior and Disability Services, Planning and Community Development

Family Solutions Jackson County	Mental health treatment programs that serve children who are victims of sexual and physical abuse
Addictions Recovery Center Jackson County Co-located at LaClinica (FQHC)	Chemical dependency organization
KAIROS (formerly Southern Oregon Adolescent Study and Treatment or SOASTC) Josephine County	Children's residential treatment program
Jefferson Behavioral Health (an MHO) Jackson, Josephine, Curry, Coos, and Klamath Counties	JBH provides services through the local Community Mental Health Programs and contracts with Psychiatric Residential and Day Treatment Providers to deliver intensive treatment services for children.
United Community Action Network Josephine and Douglas Counties	Community service organizations focused on the quality of life for elderly, poor, and disabled individuals.
OnTrack Jackson and Josephine County	Addiction recovery programs and services: residential and out-patient drug treatment
Community Works	Serves victims of domestic violence and sexual assault, high-need youth and their families, foster care
Josephine County Public Health	Provides cancer screening, prevention, family planning, HIV prevention, parent and child health, perinatal care, STC clinic, WIC, women's health, maternity case management for high risk women and CaCoon.
Jackson County Health and Human Services and Jackson County Mental Health	Programs include alcohol, drug & gambling treatment, mental health, family planning, immunizations, services to persons with developmental disabilities, animal control, communicable disease control including HIV/AIDS, school health, custody mediation, WIC food coupons, and other services, maternity case management for high risk women and CaCoon.
Curry County Public Health	Services includes pediatric care, preventable diseases and disorders, maternal and child health services, family planning, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, CaCoon, tobacco prevention, WIC, School Based Health services.
Curry County Health and Human Services and Curry County Mental Health	Mental health and developmental disabilities
Capitol Dental	Medicaid DCO
Advantage Dental	Medicaid DCO
Crisis Resolution Center (CRC)	Alternative residential setting for people with mental health crisis.

A.1.3.b. Good Faith Effort to Obtain MOUs or Contracts

Organization	Description
Ashland Community Hospital Jackson County	Local community acute care facility
Oregon Department of Human Services - Coos and Curry Counties	Senior and Disability Services
North Bend Medical Center Coos County Serving north Curry County	Primary and specialty care providers
Redwood Transit	
Curry County Public Transit	

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

A.1.4.a. Current Status in Obtaining Working Relationships

AllCare Health Plan is currently integrating the following mental health and addiction services organizations into its health care delivery network as part of its transition to a patient centered primary care home model of care:

- Community Mental Health Programs in Josephine, Jackson, and Curry county providing psychiatric residential and day treatment services
- Options: a behavioral health organization serving Josephine County
- Family Solutions: providing mental health services to children in Jackson County
- KAIROS/SOASTC: children's residential treatment program in Josephine County
- On Track: Addiction recovery program in Josephine County
- ARK: Addiction recovery program in Jackson County

Integration is occurring in the following ways:

1. A majority of Josephine County's managed care recipients belong to both AllCare Health Plan and Options (the mental health authority for Josephine County) and we have been coordinating over the past nine months to intertwine health care operations and oversight. AllCare Health Plan, Options and OnTrack (addiction recovery program) meet weekly to discuss and coordinate services for individuals identified as "high utilizers" of emergency room services. Options and AllCare have recently jointly hired an Exceptional Needs Care Coordinator who is focusing on outreach screening and engagement for high utilizers with mental health needs and streamlined access to services. Options is also developing a Person Centered Primary Care Home within one of its mental health clinics and AllCare is providing medical and technical guidance and support. Both Jackson County and Josephine County contract with federally qualified health care centers to provide behavioral health services and AllCare contracts with these entities as well for primary care services.

2. AllCare Health Plan's executive team has initiated and participated in multiple meetings with the County Commissioners in the CCO's service area. These meetings have served as educational forums for

both parties regarding their roles and responsibilities and what those roles would be under the AllCare Health Plan CCO. This includes discussions around the intersection of services for CCO members and Community Mental Health Program (CMHP) services for the county's indigent citizens. It is understood and agreed by all entities that the County's safety net for its most vulnerable citizens, which includes those with public insurance and those without, must be maintained. The social safety net is a responsibility of the Local Mental Health Authorities and the Community Mental Health Program. AllCare Health Plan understands current public mental health service funding involves a combination of Medicaid, county, and state general funds, and sees opportunities for maximizing services and improving outcomes by braiding this funding with CCO funding to enhance and make programs and services more efficient through increased cooperation and coordination.

3. Financial efficiencies and improved quality of care can occur for all county citizens when funding streams are combined. For example, across the three county service area, the regional Crisis Resolution Center diverts individuals in psychiatric crisis from inpatient acute care. Key components of the community safety net are the county 24/7 crisis response programs that respond to all individuals in the community, commitment services and community supervision for individuals under the Psychiatric Security Review Board. Other key county services include access to housing, vocational and other assistance and community supports. AllCare Health Plan supports and is prepared to coordinate with these endeavors. The development of the global budget under the CCO will take into account the manner in which services are currently provided and funded. As a result, the CCO global budget is designed in a manner that does not disrupt service delivery but enhances the overall mental health and physical health care system. Discussions are underway between the three Community Mental Health Program Directors and AllCare Health Plan executive staff regarding the need to streamline access to services and to provide services not traditionally covered under the historic funding streams.

4. Curry, Josephine and Jackson County Board of Commissioners have signed Letters of Intent with AllCare Health Plan, demonstrating good faith efforts to communicate and collaborate around the development of the CCO. The AllCare Health Plan CCO organizational structure includes a County Commissioner Council. Through their participation in the Council, County Commissioners will be informed about CCO services and receive input on the progress of their local Community Advisory Council and will provide input to and receive feedback from the CCO's Board of Directors.

A.1.4.b. Integration of Long Term Psychiatric Care Programs

AllCare Health Plan is in the process of expanding the consistency of after-care services across the region as this is an important element to keep people in the most appropriate environment. Within the AllCare Health Plan CCO region there is a long history of providing a continuum of community based outpatient and residential treatment services, including supportive and independent housing for those with mental illness and sub-specialty populations. Designated Master's level AMHI (Adult Mental Health Initiative) Coordinators monitor and coordinate the progress of County residents as they navigate through the spectrum of hospital and residential care options, up to and including transitions from licensed residential treatment services to supportive or independent living. As individuals in hospitals, including the state hospital, prepare for transition to lower levels of care, clinical and medical staff from the Community Mental Health Programs (CMHPs) communicate with their counterparts in the hospital system and thoroughly review clinical records to ensure that potential placements are clinically appropriate to the individual's needs. This is completed in conjunction with the consumer and hospital staff to customize each transition plan. A component of this is the coordination with the CCOs medical provider to ensure that medically appropriate follow-up services are scheduled to promote timely transition from higher levels of care. Under AllCare Health Plan, the AMHI Coordinators will serve as the

link between psychiatric services and the CCO. They will ensure that transitions happen promptly and that needed follow-up services are in place. CMHPs also have designated staff in their children's programs that assist in transitions planning and access to follow-up services for children moving from hospitals and residential settings to lower levels of care.

Historically, AllCare Health Plan has utilized Exceptional Needs Care Coordinators and Medical Case Managers, to coordinate and troubleshoot barriers in the health care system and ensure that each member has medically appropriate services. To address current unmet mental health needs in our PCP offices, AllCare has hired a psychiatric mental health nurse practitioner that is shared with KAIROS who serves as a bridge between children's physical and mental health services. In addition, AllCare and Josephine County's Community Mental Health Program (Options for Southern Oregon) have recently hired a shared Exceptional Needs Care Coordinator, a licensed clinical social worker, who will help identify and address any gaps in care occurring between the physical and mental health services within the CCO. Through its governance and its advisory groups, the CCO will help to assess the effectiveness of this shared physical and mental health care position. It is anticipated to produce a measureable difference in the responsiveness and effectiveness of health care for all CCO members with psychiatric illness. This program will be expanded to Jackson County and Curry County in the future.

A.1.4.c. Coordination with Community Emergency Services Agencies

AllCare Health Plan CCO will utilize emergency response systems that are already well defined within its designated service area. Options (Josephine County), Jackson County Mental Health and Curry County Mental Health and their subcontractors have a variety of agreements and Memorandums of Understanding (MOU) that address the manner in which an appropriate and coordinated response is provided for someone in a mental health crisis. Community Mental Health Program Executive Directors participate in each County's Local Public Safety Coordination Council (LPSCC) which is convened by County Commissioners. This council addresses issues such as resources, prevention activities and intervention strategies for those who come into contact with the public safety system. In addition to the CMHP Director, the Police Chief, County Sheriff and District Attorney, State Court Judge, Director of Community Corrections and Juvenile, the City Manager and Oregon Youth Authority Director participate. This council provides an overall systems review of the public safety system including emergency response for individuals with mental illness. CMHP's train public safety personnel to recognize when someone is experiencing a mental health crisis and offer strategies to intervene safely and effectively. In Jackson County, the LPSCC has established a mental health subcommittee to address community plans for individuals who have had multiple encounters with law enforcement and to enhance the community crisis response system to better address mental health crises outside of the emergency departments.

There exists in the region many shared resources between public safety organizations and mental health organizations including mental health therapists in the jail and corrections system, Mental Health Court in two of the counties in the region, MOU's between the Crisis Resolution Center (regional hospital diversion program) and the corresponding county sheriff and police and long term working relationships among all players across the three-county region. These relationships help foster the climate of communication and collaboration and these practices will continue under the new CCO model. The new CCO structure will encourage new and more efficient mechanisms for coordinating activities that include physical health when a member experiences a psychiatric crisis that triggers a public safety response.

A.1.5 Social and Support Services in the Service Area

The current MCO maintains extensive communication and partnerships with social and support services in its service area. Contracts with each of the three county health departments have been in place for many years, offering public health services to OHP beneficiaries. In addition, our Exceptional Needs Care Coordinators work with local social and support services agencies to access wrap around services such as transportation, transitional housing, interpretive services, and care giver support for our most vulnerable members. We work with the local YMCA to support healthy lifestyles in the communities we serve; we sponsor school clinics and mental health programs to assure that students' needs are being met; quality improvement staff conduct smoking cessation classes, jog the memory classes, and walk-a-thons for seniors. Our provider network includes a panel of 23 behavioral health specialists who work with our members providing grief counseling, transitions support, and, as part of the care team, provide counseling not covered by Medicare or Medicaid. Recently, AllCare expanded the breadth and depth of its community partnerships by engaging new stakeholders in creation of the CCO. New community partners include those identified in A.1.3. above.

A.1.6 Community Needs Assessment and Community Health Improvement Plan

A.1.6.a Community Needs Assessment Process

Our community needs assessment and community health assessment process will serve as the launch pad for AllCare Health Plan's annual strategic planning process. Focusing on "where we are today", the community needs/health assessment will provide baseline information and insights into the current condition of the health system in Southwest Oregon. The baseline information will cover the full spectrom of care, including DHS Medicaid Funded LTC services and severely mentally ill, community based services, physical health, and oral health. It will be prepared under the auspices of the Community Advisory Council whose membership will include a broad range of constituency representatives. Please refer to A.1.1.b for a description of CAC membership and community focus.

- External data
  - Population trends and demographics
  - Historical health services utilization trends, measured in terms of units of service per thousand enrollees
  - Per capita cost trends
- Internal data
  - Incidence rates of key diagnoses and measures of health status within the community
  - Benchmark comparison to best practices and industry standards
  - Quality and outcome measures
  - Customer satisfaction measures from member and provider surveys
  - Resource inventory
  - Access standards
  - Costs (total costs and per capita costs)
- Infrastructure
  - Care coordination and case management utilization and cost trends
  - Recognized primary care home clinics as a percentage of total primary care provider sites
  - Electronic medical record adoption rates and trends
  - Meaningful use adoption rates
  - HIE capacity and usage
- Consumer Protections

  - Internal statistics on grievances, denials, privacy and confidentiality of PHI, and other consumer driven data
  - Health equality/disparities data
- Shared Community Resources Databank
  - Measures to evaluate service integration progress in meeting the goals of the triple aim
  - Measures to evaluate progress and success of physical and mental health integration with public health and other community based services

The baseline trend data will provide an assessment of current community health needs and help identify areas of focus for future strategic initiatives and investment priorities. In the first year of transitioning to the CCO model of care, community needs will be identified through existing planning documents prepared by local public health departments, local governments, hospitals, mental health providers and other stakeholders who will be part of the CAC and the CCO Board of Directors.

The community health improvement plan will build upon the community needs assessment to identify strategic, operational, and financial performance improvements to achieve the triple aim while addressing identified gaps in service delivery, quality, and outcomes management. The CCO Board of Directors will be responsible for developing and approving the plan with input from the Community Advisory Councils, the Clinical Advisory Panel, local public health agencies, hospitals, and consumer advocates.

Section 2 – Member Engagement and Activation

A.2.1 Member and Family Partnerships

A.2.1.a Member Engagement

Due to the economic environment, the increasing complexity of medical care, and health care reform, it is becoming more important for patients to take an active and knowledgeable role in their health care. The Center for Advancing Health defines engagement as "actions individuals must take to obtain the greatest benefit from health care services available to them..." For AllCare Health Plan there are four main patient engagement and activation goals, including 1) self-management of one's health; 2) collaboration between patients and providers; 3) maintaining function and preventing declines in health; and 4) access to appropriate and high quality care. To successfully achieve these goals, upon enrollment AllCare Health Plan:

- Assigns members to a primary care provider, preferably a state recognized primary care home
- Schedules an initial primary care exam within 30 days of enrollment
- Completes a health risk assessment where patients are stratified by acuity level with the higher acuity patients referred to case management and care coordination while lower acuity patients are referred to prevention and maintenance programs and services.

Patients referred to case management and care coordination are then contacted via their primary care provider and/or case manager to engage in the care coordination process. That process involves a team-based approach to meet the holistic needs of the patient and their care giver. For those in need, it involves development of a care plan that includes achievable goals over time supported by health coaches and the care team. Patients enrolled in care coordination are regularly encouraged to re-

evaluate progress, goals, and objectives, integrating support from families, primary care providers and other team members.

Judith Hibbard and her colleagues at the University of Oregon have developed a tool called the Patient Activation Measure (PAM). Using thirteen questions, one can sort a group of residents/patient/clients into one of the four stages of patient activation. People at stage 1 generally believe that their nurse or doctor will 'fix' them and people at stage 4 are highly motivated to learn about and have the confidence and skills to self-manage their conditions. Research has shown that as one moves up the scale, outcomes improve. AllCare Health Plan intends to incorporate patient activation measures with patient education and confidence building approaches such as motivational interviewing to meet our patient engagement and activation goals.

A.2.1.b Member Education and Outreach

Member education is an important component of team-based care, Primary Care Home, and Care Coordination/Case Management. At AllCare Health Plan, our centralized care coordination staff supplements our primary care providers and primary care homes with case managers, exceptional needs care coordinators, health coaches, social workers, mental health professionals, peer wellness trainers, community service navigators, and registered nurses/quality improvement coordinators. These professionals are available to participate in team-based care, managed by the primary care home. This infrastructure assures that valuable and diverse staff resources are efficiently deployed across the service area. This shared resource ensures improved effectiveness by spreading the cost of the team-based delivery model across multiple primary care settings, many of whom are too small to finance those resources in-house.

Member outreach and engagement is embedded into the primary care home model of care. In addition to initial health risk assessments, members are tracked and monitored to proactively identify who needs preventive screenings for early diagnosis and intervention, who is a risk of developing chronic disease, and who has multiple chronic diseases to be managed. Registries are used to collect data on at-risk populations and to routinely engage individuals and/or their care giver to ensures they are managing their health effectively.

Partnering with public health, community based programs, and LTC that serve the same population further expands the breadth and depth of our member education and outreach process. In addition, the Shared Community Resource Databank provides a centralized data system for collectively organizing resources around our highest need patients. This also serves as a clearing house for accessing culturally and linguistically appropriate resources that are undersupplied in our service area. With oversight by the Community Advisory Council, the databank will be an effective and efficient way to coordinate resources across care settings and to integrate community/public health services so that our teams can meet patient and family needs seamlessly and holistically.

Our centralized care coordination team will include non-traditional health care workers, either as core team members, or through our community based partnerships. This professional team will be responsible for member education and engagement on healthy lifestyles, prevention, and self-management of their health. They will also be responsible for helping patients navigate the health system and to promote patients' rights and responsibilities.

Section 3 – Transforming Models of Care

A.3.1 Patient Centered Primary Care Homes (PCPCH)

The Patient Centered Primary Care Home model exemplifies AllCare Health Plan's vision for the future of healthcare delivery. Primary Care Homes ensure quality and safety through performance measurement and continuous quality improvement and provide patients with enhanced access to care. Paired with a global budget that rewards providers for the value (measured by quality, outcomes, and patient experience) of their care rather than by the volume of services delivered promotes delivery system transformation and achievement of the triple aim.

Foundational concepts of PCPCH:

Engaged Leadership: To become a PCPCH, most clinics must undergo difficult cultural and system change. This requires committed leadership to establish the vision of a better organization and continuously improved care, a quality improvement program and culture, and a system for ensuring staff have the time and training to work on system change. AllCare Health Plan is already promoting the PCPCH model among its network of contracted primary care providers by creating a PCPCH on-line training course that will provide needed instruction for providers and their staff. The training course is supported by practice coaches who work directly with provider offices to support development of the leadership, vision, and culture needed for success.

Quality Improvement Strategy: An effective quality improvement strategy relies on routine performance measurement to identify opportunities for improvement and uses rapid-cycle change methods to test ideas for change. This strategy incorporates patient experience data to inform improvement efforts and encourage the practice to be more responsive to the needs and preferences of their patients, families and care givers. AllCare supports practices in their efforts to develop information systems that provide critical functions such as performance measurement, clinical decision support, computerized order entry, and population management. AllCare is already working with providers to address their QI needs by recommending four major areas of performance improvement that all providers across the service area can focus on, thereby improving population health as a collective initiative. Those four measures address congestive heart failure, asthma, diabetes, and hypertension. Work is currently underway to develop or strengthen measures that will integrate mental health into physical health QI programs, focusing on clinical improvements in pain management, alcohol and drug treatment, chronic disease treatment and management, depression screening and treatment, and tobacco cessation. The goal is to increase life expectancy among the persistently mentally ill who typically die twenty-five years sooner for lack of chronic disease treatment and management.

Empanelment: Considerable evidence has demonstrated that positive outcomes such as improved health status and higher patient satisfaction result from care provided by the same clinician and care team over time. A deliberate effort by the CCO to link each patient or family with a specific provider facilitates continuity of relationship. Our PCPCH training program includes scheduling methods that improve the percentage of visits patients have with their assigned primary care team. In addition, we train our practice teams to monitor their panel to identify and reach out to patients needing more attention and services. The CCO plans to continue training to improve the access of each assigned Medicaid enrollee to their primary care home team and to promote state recognition at the highest tier

possible for our primary care homes. The CCO will work with enrollees and their PCPCH to ensure patient and provider satisfaction through relationship building, communication, and education in order to promote long term continuity of care.

Continuous and Team-Building Relationships: The involvement of primary care teams has been shown to improve care and outcomes. Team-based care begins with defining the critical roles and tasks involved, assigning work to team members within their scope of practice, and ensuring that team members are appropriately trained. The current MCO is teaching its primary care provider offices how to use evidence based practice guidelines and to delegate chronic disease and prevention tasks using practice protocols. This delegation of work from practice guidelines will increase use of evidence based practices and enhance access by teaching the team how to use patient registries and patient outreach techniques to deliver more effective care.

Organized, Evidence-based Care: The current MCO is training its primary care practices to select evidence based guidelines and build patient registries. We are teaching them how to use nationally recognized clinical quality measures from CHIPRA, NQF, and HEDIS to measure the care they provide, and how to measure results with quality improvement methods like Plan-Do-Study-Act to improve care outcomes. Emphasis on care planning and use of evidence based protocols will increase as more primary care sites transition to the PCPCH model of care.

Patient-centered Interactions: Patient-centered practices endeavor to increase their patients' and their families involvement in decision-making, care, and self-management. They see health care as being respectful of a patient's needs, preferences, and values, and work to ensure patients understand what is being communicated to them. AllCare takes into consideration patient needs, preferences and values as part of its individual care planning process and coaches patients on self-management of their chronic and complex conditions. This care planning also integrates physical health with mental health for a holistic approach to individual health.

Enhanced Access: Providing patients with the ability to contact their care team both during and after office hours is an essential feature of a medical home. Enhanced access expands member options for interacting with their healthcare team, including opportunities for in-person visits, after hours care, phone calls, e-mails, and other services. Enhanced access requires flexible appointment systems that can accommodate customized visit lengths, same day visits, and scheduled follow-up. Ensuring access also means helping patients attain and understand their health benefits and to appropriately utilize physical and mental health services. Our PCPCH training program includes methods to enhance access to the member's care team.

Care Coordination: Many patients benefit from services outside the primary care office, from specialists, mental health professionals, community service agencies, hospitals, and emergency rooms. But the handoffs and transitions, if not managed well, can lead to serious problems in care, duplication of services, and increased anxiety and financial costs for patients and their families. Effective care coordination involves helping patients find and access high-quality service providers, ensuring that appropriate information flows between the PCPCH and the other providers, and tracking and supporting patients through the process. To better manage these handoffs, AllCare is providing a centralized and shared care coordination service to support its network of contracted PCPs and PCPCHs, particularly those in small and rural settings who can't afford the cost of additional staff to provide care coordination activities. This will not only help our providers, but it will instill consistency and allow better tracking and monitoring of information flow and care delivery across the continuum of care.

A.3.1.a PCPCH Network Development

AllCare Health Plan is in the process of developing a series of training modules for transforming our existing primary care network to PCPCHs across the three county service area. This will total approximately 1000 healthcare providers and their staff. The training modules address all the transformation elements of the Primary Care Home and measures for OHA recognition . The training modules incorporate lessons learned from the pilot demonstration project completed in late 2011 and sponsored by the current MCO. That pilot project tested the process and procedures required to achieve Tier 3 certification in two of our network primary care sites. These sites were the first solo-practitioner and group practices to be recognized as Primary Care Homes in the state.

Foundational elements of the PCPCH training modules include:

- Continuous, Team Based Relationships
- Organized, Evidence Based Care
- Population Management Tools and Techniques
- Quality Improvement Strategies and Leadership Engagement
- Empanelment and Enhanced Access
- Care Coordination and Care Transitions
- Whole Person Orientation and Service Integration Across the Continuum of Care

In addition, the training modules will address the Shared Resource Center for care coordination, Shared Community Resource Databank, global budgeting and holistic care. Our goal is to assure that our providers and their staff understand how the new delivery system will be organized, what resources they have available to support their new model of care, and how the new financing model will change service delivery expectations and incentives.

Our goal is to have one-third of our primary care sites recognized by the state of Oregon as Tier 1, 2 or 3 by the end of 2012 and another one-third in training with certification recognition in early 2013. By the beginning of 2014, we plan to have the majority of our primary care offices recognized and certified by the State. We are also working to remove barriers to EMR adoption across our rural communities in order to achieve maximum state recognition as Primary Care Homes.

The training modules will be augmented by professional primary care home practice coaches who will be available on-site and via phone for implementation counseling and support. The training modules will be available on-line and on-demand so that users can access the training when it is convenient for them and with minimal disruption of their current patient flow. The training modules will also be available to any other contracted provider who may be interested in establishing a primary care home, such as a women's health provider, behavioral health specialist, or cardiologist who already provide extensive primary care services to their patient base. As part of the CCO implementation/on-boarding process, all contracted providers will be directed to the training site so that they can better understand the new care delivery model, learn about global budgeting, and learn about the Shared Resource Center for care coordination and the Shared Community Resource Databank for integrating public health and community health with physical health and mental health services and for accessing resources necessary for linguistically and culturally appropriate communication with members and their families.

Each of the training modules includes a registration component that allows the practice coaches to monitor who is taking each course. This also serves as a signal that greater provider outreach may be

needed to increase participation. The modules also include pre and post assessments to evaluate how well users comprehend the material and signal when and where coaching intervention may be needed.

A.3.1.b Engaging Members in Healthcare Transformation

Research indicates that patients like the new Primary Care Home model of care and most Medicaid patients will naturally gravitate to the PCH of their choice. With support from the Shared Resources Center for care coordination, it will be the provider's responsibility to inform patients of the change in their health care delivery system and to explain what is expected of patients, their care giver, the provider, and office staff. Information on patient rights and responsibilities will be available in local clinical settings and community based programs.

However, there are many Medicaid enrollees who do not understand how to navigate the current healthcare system, let alone the new delivery model. AllCare is in the process of identifying Medicaid enrollees who are inappropriately using the emergency department and reaching out to those patients directly to provide support and coordination of their care needs. We are also integrating mental health and physical health to better meet the needs of our more vulnerable members.

In addition, AllCare is developing three new programs that will assist patients and their care givers in healthcare transformation. 1) Dedicated primary care providers will be embedded into skilled nursing facilities three days per week to provide acute medical care, medication reconciliation, and care coordination. It is the intent to reassign patients to this PCP as their Primary Care Home and to reduce avoidable ER visits, unnecessary transports, and preventable readmissions through better care management. 2) AllCare Health Plan will offer respite benefits that will provide up to two weeks stay in a non-skilled nursing setting for those in crisis until new living arrangements can be made, thereby assuring the safety of our most vulnerable beneficiaries who are in transition. 3) AllCare Health Plan will offer community-wide non-emergent transport services as a new benefit.

A.3.1.c Development of a Primary Care Home Network

The training implementation schedule reflects our commitment to transition our current primary care providers to a patient-centered primary care homes by mid-2014. The goal is to achieve at least Tier 1 state recognition for our providers who are not going to transition to an electronic medical record system and Tier 3 for providers with electronic medical records or who are in the process of transitioning to electronic medical records within the next two years.

While Medicaid enrollees will always have a choice of primary care provider from within our network of providers, the CCO will encourage that they choose a primary care home office for their care, particularly those members who have complex and chronic physical and mental health needs. As PCH capacity increases, most if not all members will have access to team-based care and care coordination.

Communication between the CCO and its contracted primary care providers/PCHs will occur through 1) partnership between those providers and our centralized Shared Resource Center for care coordination, 2) through the Shared Community Resource Databank, 3) through the PCH training and coaching initiative, and 4) via the AllCare website where providers can access evidence based guidelines, CCO policies and procedures, diagnostic results reporting, and education information on practice transformation.

A.3.1.d. Coordinating with DHS Medicaid-funded LTC providers and services

AllCare Health Plan patients that transition to DHS Medicaid-funded LTC services will be identified early through patient registries, annual health risk assessments, and individual care plans/case management led by their assigned Primary Care Home team. Focusing on common patients, it is our intent to share planning and funding to meet the needs of patients in foster care and other alternative residential settings. Early identification and care coordination will increase seamless transitions across care settings and reduce costly crisis intervention. The care coordination team will include DHS case managers who will oversee the patient's transition to other settings. These settings include nursing facilities, community residential care facilities, foster homes, or the person's own home. Services focus on fundamental activities of daily living (ADL) such as bathing, dressing, mobility, cognition, eating and personal hygiene.

Although the funding pool will change from the CCO to the Medicaid program, patients' physical, mental, and oral health needs will continue to be met seamlessly by and through their care team and their primary care home provider. Information sharing across the continuum of care (something that is not possible today) will greatly improve the quality of care and patient outcomes for LTC patients.

A.3.1.e. Federally Qualified Health Centers and Rural Health Clinics

AllCare contracts with local rural health clinics and federally qualified health centers to augment its primary care provider network. These clinics are contracted on the same basis as other primary care sites, share the same financial risks, and their key providers are eligible to be elected members of the AllCare Health Plan Board, the CCO Community Advisory Council and the Clinical Advisory Panel. AllCare will continue these contracts and will treat all primary care clinical settings and primary care homes the same.

A.3.2 Other Models of Patient Centered Primary Health Care

AllCare Health Plan does not plan to implement any other patient centered primary care home model of care other than the one described in this application. As part of our ongoing community needs assessment processes, we will continue to explore the feasibility and efficacy of other models in the communities we serve.

A.3.3 Access

A.3.3.a. Geographic Distribution of Services

Southwest Oregon is geographically diverse and is surrounded by the coastal mountains that divides Curry County from the rest of the service area, the Cascade Range to the east, and the Siskiyou Mountains to the south. Many rural areas are not easily accessible and are medically underserved. The extent to which services are available, the current MCO has contracted with those services for many years and has entered into Letters of Intent or is in the process of doing so with all of them. In addition, new organizations have been engaged in the CCO development process and will increase access to behavioral health services as well as community based care. We are working with all contractors to increase health equity and ensure culturally appropriate services are accessible and available to the majority of our population.

A.3.3.b. Access Barriers

Major access barriers involve the geographic distribution of primary care services and access to specialty care services in rural areas where there are ongoing shortages of health care professionals across the

continuum of care. Transition to a CCO care delivery model will not address these shortages in the near term. However, our team-based approach to care delivery will incentivize providers to function at the top of their license, thereby allowing each provider to increase their panel size and expand access.

A.3.3.c. Member Engagement

Please see A.1.3.b above.

A.3.4 Provider Network Development and Contracts

A.3.4.a. Build on Existing Provider Networks

The current MCO contracts with more than 95% of providers in its three-county service area and offers care coordination and case management to our most vulnerable enrollees, including Medicaid, dually eligible, and Medicare Advantage members. Our contracted provider network is in the process of transitioning to new care delivery models and cost reduction activities, including transitioning PCPs into primary care homes, integrating behavioral and physical health, coordinating care for the dually eligible and providing intensive team-based multidisciplinary care for our highest risk patients. The current MCO is partnering with contracted hospitals to minimize inappropriate use of emergency room services, and we are planning and coordinating transitions from one care setting to another to improve quality and reduce costly and unnecessary readmissions.

The current MCO refers its members out-of-area facilties for services not available in the service area. Burn and trauma victims are referred to Oregon Health Sciences and Research University as needed. Neonates and some subspecialty patients are referred to hospitals in Eugene when local resources are unavailable. The CCO plans to continue these long standing relationships with out of area providers. Patients needing health care while physically outside the service area will be served on a Fee-For-Service basis for medically necessary care, as administered by our out of area service authorization and referral policies and procedures.

A.3.4.b Care Alternatives for Behavioral Health and Chemical Dependency

Utilization data indicate that patients with behavioral and chemical dependency issues are more likely to unnecessarily utilize high cost care settings such emergency rooms and inpatient services. The current MCO is working with our contracted mental health providers, Options and Community Mental Health Programs within Jefferson Behavioral Health, to identify high utilizers of physical and mental health services and to develop integrated care plans that better support these patients through team-based care. Mental health staff regularly attends case management meetings to improve care and serve our members in common seamlessly. Since the internal case management program was implemented in August, 2011, there has been a 13% decrease in inappropriate ER usage among current MCO beneficiaries.

In addition, the current MCO is partnering with its contracted hospitals to promote smooth care transitions when patients are discharged to their home or another care setting. MCO staff meets with hospital staff weekly for transitions planning and care coordination. The patient's PCP is included as appropriate along with social workers, community service agencies, and care givers. Since this program was instituted in late 2011, there has been a measurable decrease in hospital readmissions.

There exists within the service area an extensive array of alternatives to costly inpatient care programs for both adults and children with mental health conditions. Community Support Services programs in

the CMHPs provide a range of community based supports and services to individuals with serious mental illness including intensive care management, skills training, housing, employment, and benefits management supports. The Assertive Community Treatment Program, an evidence-based practice model, comprised of a psychiatric nurse practitioner, mental health therapist, dual disorders treatment specialist, nurse and case manager provide intensive community based services aimed at engaging and treating high risk individuals while maintaining them in the community.

For adults needing acute psychiatric stabilization, Options operates a short stay, hospitalization diversion program called the Crisis Resolution Center (CRC) which is accessed in all three counties in the service area. The CRC provides treatment to individuals who are experiencing psychiatric emergencies, many of whom have co-occurring disorders. The treatment process includes individual and group therapy, education groups, skills training, medication management for crisis stabilization, mental health and addictions assessments, short term individual, group and family therapy, individual and group skills training, 12-step facilitation, relapse and discharge planning. The CRC engages clients in co-occurring outpatient treatment and peer recovery programs prior to discharge. The CRC is fully licensed as a Secure Residential Facility, certified as a Non-Hospital Hold and as a Residential Alcohol and Drug Treatment Program (outpatient and in-patient) by Addiction & Mental Health Division of the State of Oregon and is also recognized by the Addiction & Mental Health Problem Gambling Services Division.

Across the three county service area, CMHP staff go to hospital emergency departments as needed to evaluate the need for inpatient care and to arrange for diversion from inpatient stays whenever possible. CMHP staff assists in developing community safety plans and arranging for follow-up care.

Likewise the CMHPs children's programs are focused on maintaining children in the community whenever possible. Services such as skills training, therapy and psycho-education are provided in many schools. Options (Josephine County) in collaboration with Jackson County Mental Health, is one of three sites chosen as demonstration sites for a children's "WRAP" program. This evidence based practice wraps services around children who have had multiple out of home placements and supports these children and their families via child and family teams to lessen costly foster care placements. Care Coordinators ensure that all possible natural supports are engaged and supportive of the child and family. In addition, Options' Functional Family Therapy, an evidence-based practice, is provided in conjunction with Juvenile Justice and a local chemical dependency program, and deters youth from costly incarceration. These intensive community based services providing care coordination and non-traditional supports have resulted in a very low utilization rate of more costly residential and day treatment care for children.

Jackson County staff participates daily in transition planning at the regional acute care psychiatric unit at Rogue Valley Medical Center in Medford, and Options staff reviews these cases on a regular basis. They assess patients on holds to determine whether they can be released back into the community and act to ensure timely discharge to lower levels of care. They have contributed to a significant reduction in average length of stay.

A.3.4.c. Behavioral Health Provider Network

AllCare Health Plan's provider network includes a full continuum of care for adults, including secure and non-secure residential treatment programs, residential treatment for individuals under the Psychiatric Security Review Board, foster care and multiple independent and supported housing options for adults with addictions, co-occurring disorders and mental illness. An AMHI (Adult Mental Health Initiative)

Coordinator in each county along with Residential Managers and the Foster Care Specialist monitors level of care via the use of the LOCUS tool in addition to clinical assessments, to ensure that adults are transitioned and supported in the most independent housing possible. Jackson County successfully transitioned eight individuals out of residential treatment to a lower level of care and twelve individuals from foster care into independent living in the community.

Children's services, such as intensive community treatment services and WRAP, focus on keeping children with families, and providing parenting skills and education to support them in the community as a family unit. Standardized level of need determinations are done on all children entering mental health care, and are completed regularly thereafter to track progress and help move children through the care continuum appropriately.

We employ integrated, evidenced based models of care for child and adult mental health services. These models are heavily community based, occurring in schools, homes, and job site where individuals spend their time. These models, such as Assertive Community Treatment, WRAP and Dual Solutions (outpatient co-occurring treatment), were chosen because of their success in keeping people as independent as possible, and engaging natural supports. These services are heavily supplemented by case management and care coordination programs.

A.3.5 Coordination, Transition, and Care Management

AllCare Health Plan Program Overview

Care Management Activities	**Care Coordination**	Ambulatory Care Management: by Primary Care Home, ENCC and/or case manager
		Case Management: by RNs and licensed social workers for medically complex patients who are traced and monitored as their health conditions stabilize
		Care Transitions between care settings: by RNs and licensed social workers in coordination with sending and receiving facility staff, patients and family, and PCP
		Avoidable ER Initiative: includes current MCO program manager, Options mental health manager, Ontrack addiction services manager, case manager and PCP who coordinate care for high risk ER utilizers to increase access and availability of alternative care settings
	Interdisciplinary Care Team	Temporary care management team that includes PCP, specialists, mental health, social workers, ENCC, and non-health care community based wrap around services to address potentially harmful and emergency situations for highly vulnerable patients and their families.

1. Care Coordination

Program Description: The current MCO relies upon a tiered approach for care coordination. The goal is to ensure that our target population receives the appropriate care in the appropriate setting by the appropriate providers and that members are enabled to achieve the highest quality of life and highest

level of independence possible. The core team addresses the basic needs of our newly enrolled members, starting with the initial health risk assessment within the first 30 days. This core team expands to include additional resources as needed, based on each individual member's physical and mental health needs as well as care giver support system and social service needs. In Josephine County, care coordination has been strengthened by the recent "Healthy Communities" grant being implemented in partnership with Public Health.

Case Management Team: Our program targets 100% of members to complete an initial health risk assessment upon enrollment in the plan and annually thereafter. This information stratifies each patient based on personal health assessment into four acuity levels. Those patients who self-report acuity levels of three or greater and who are confirmed by our case managers to be high risk patients are enrolled in our case management program. Patients with acuity scores of 1 or 2 are enrolled into our prevention and maintenance programs. All members are monitored via claims analysis, lab results, and pharmacy results to identify key indicators of health status change.

CoreTeam: The current MCO establishes a core team for each high acuity patient that focuses on the physical, mental, and dental health needs for managing chronic and complex conditions. This core team is a virtual team that integrates the Primary Care Provider's treatment plan with a case manager's care coordination plan to ensure that our target population has a comprehensive plan that addresses his/her therapy regimen, medication, exercise program, and nutrition program and other activities that promote self-management of chronic and complex conditions. Our medical management staff work directly with members to communicate and monitor the care plan; they coordinate with the primary care physician on integration activities; and they monitor claims data, lab data, and pharmacy data to identify predictors of change in health status which might warrant early intervention and prevention activities by our case management staff. In addition, our community outreach staff engages patients in nutrition, exercise, tobacco cessation, addiction recovery and other health prevention programs that improve health status. Recently, new prevention programs were added to address dental health, particularly among children, and HIV/AIDS. The core team involves:

- Member
- Primary care provider
- Case manager/holistic nursing coach
- Care giver (if appropriate)
- Health prevention/community outreach specialist

The Case Managers and health prevention specialists meet twice monthly to discuss members' progress with the care coordination plan. The primary care provider is asked to attend as needed, particularly when care management goals are redefined and or the treatment plan is changed. Communication with the member and member's care-giver occur through telephone contact and in some instances face to face during home visits and primary care visits.

Intensive Care Coordination Team: The current MCO may add any of the following professionals to the case management team, temporarily or permanently depending on need. Added expertise may include:

- Medical specialty consults
- Alternative medicine specialists
- Pharmacists
- Nutritionists

- Spiritualists

Exceptional Needs Care Coordinator: If a member's health status is impacted by non-medical factors, such as lack of care giver support, transportation, transitional housing, economic issues, and other factors that can impact the patient's ability to maintain independence and quality of life, the current MCO relies upon our Exceptional Needs Care Coordinators (ENCC). ENCC personnel serve a unique role in our care coordination program. They typically involve non-medical professionals who have strong ties with local social service agencies, community support groups, and public health programs. The ENCC engages community resources to support the health and well-being of our target population. This may include coordination of home visits to assess patient safety upon discharge from an inpatient setting. It may include partnering with local food banks to assure that our target population has adequate nutrition. It may include arranging for transportation for follow-up medical appointments or mental health counseling. And it may include home visits to assess the overall environment and its ability to support the member's care coordination plan and its goal for self-management of chronic and complex conditions.

The Interdisciplinary Care Team (ITC): The ITC addresses physical, mental, and social needs facing some of our most complex enrollees. Our ITC target population typically has exacerbating problems that interfere with care coordination and individualized care planning, such as severe and persistent mental illness, post-traumatic stress disorder, substance abuse, intense poverty, malnutrition, domestic violence and other factors that are not typically within the scope of practice of our primary care providers, our care coordination specialists and our ENCCs. Every ITC team is different. The ITC may be augmented with medical sub-specialists, social services, crisis interventionists, school programs, residential treatment facilities, and other non-traditional professionals that positively impact patient success.

A.3.5.a. Information Flow

Information flows to and from members of the care team assigned to each patient. The information is shared within the constraints of privacy and confidentiality rules. The information flow process is the same for all patients regardless of care setting. The current MCO uses three mechanisms for communicating with care team members: 1) The current MCO's care coordination software, Essette, is used for health risk assessments, individual care planning, case manager progress notes, primary care provider treatment plan and progress notes, follow-up coaching, and monitoring and tracking of programs, caseload assignments, and other operations. 2) Claims data is used for building patient registries for population management and for early identification of at-risk members. 3) The current MCO's Intranet is where authorized providers/users can access and track eligibility, clinical practice guidelines, health plan policies and procedures, patient diagnostics, authorizations and referrals, progress notes, and results reporting (lab, pharmacy, radiology).

AllCare Health Plan, Options, Jackson and Curry County Mental Health Programs are experienced in collaboration and the use of care teams consisting of professional, paraprofessionals, families and advocates involved in the support and life of the individual. Currently these processes occur most frequently for higher need individuals. This process will continue and expand for a greater number of individuals in the CCO. Roles that are in place currently, such as ENCC, Care Coordinators and Case Mangers, will become consistent across the CCO. Use of common language, shared care plans, and designated points of contact will be implemented so that communication is seamless. Mental health, nurse case managers, and peer support staff currently ensure that members make and attend critical

and routine health care appointments, understand and take their medications, and have access to entitlements available to them. This process will continue and expand under the CCO model of care.

Currently, information is provided to clinicians managing follow up care for individuals seen through the mental health crisis system. Soon, notice to these patients' primary care providers will routinely become part of the information loop. Individuals transitioning from acute psychiatric care are scheduled a follow-up appointment within seven days post discharge. Medical records from the psychiatric unit are integrated into the patient's record prior to the visit.

All three County Mental Health Programs have implemented, or are in the process of implementing, an electronic health record (EHR) for all clinical processes. This record will have the capacity to link with medical providers and other providers' systems via the regional Health Information Exchange being developed and will enable "real time" sharing of clinical information to support care coordination. This will also support our efforts to implement an open-access intake assessment process within 48 hours of patient engagement.

A.3.5.b. Access and Coordination with Social and Support Services

Please refer to the program description under item A.3.5

A.3.5.c. Provider Tools for Effective Patient Communication

The current MCO is in the process of developing a series of training modules for transforming primary care provider offices to Patient-Centered Primary Care Homes. One of the workforce transformation training modules addresses health equity, diversity, linguistically and culturally appropriate communication and education. This training is supported by practice coaches to reinforce the learning sessions and to assure adherence and integration into daily work flow processes.

A.3.5.d. Intensive Care Coordination for High Risk Enrollees

Please refer to the program description under item A.3.5

A.3.5.e. Care Coordination for Mental Health and Medicaid-funded LTC Services

Please refer to the program description under item A.3.5 and A.3.6.a-c

A.3.5.f. Evidence Based and Innovative Strategies for Care Coordination

The Southwest Oregon service area has a large number of rural primary care providers in sole or small group practices who are not able to cost-effectively or efficiently arrange for customized care-coordination teams for their high-risk/high-acuity patients. While transformation of our primary care network to a PCPCH model of care remains highly important, the current MCO recognizes that a centralized care coordination function will be needed to assist small practices if they are to successfully achieve the triple aim. In response, we are developing a Shared Service Center for care coordination. Staff within the center will develop and maintain the external relationships and partnerships needed for individual care planning in collaboration with the local primary care team, providing case management and patient education for patients with chronic disease, intensive care coordination and transitions planning, and interdisciplinary team care.

To streamline the care coordination process, we are asking our primary care homes to embrace team-based care. Team-based care will promote use of evidence based practices and improve care quality and outcomes. These teams will be expanded to include behavioral health and dental care providers. Medical, behavioral health and oral health care providers will be supported by the population management, care coordination, and care transitions programs of the CCO.

To address the need for greater integration of physical health with Medicaid funded LTC patients, the current MCO has embedded primary care practitioners into long term care facilities to provide physical health treatment, prevention, and medication management services three days per week. The goal is to better coordinate care, provide a primary care home within a residential setting, improve health care outcomes, and reduce unnecessary ER visits and avoidable hospital admissions/readmissions.

In addition, the current MCO, Options in Josephine County, and Curry and Jackson County Mental Health Programs have a long history of using non-traditional health workers including case managers and peer support staff to help individuals engage in services, integrate into the community and navigate the health care system. Evidence based models such as Assertive Community Treatment focuses on engagement and intensive intervention in the community from professional providers not traditionally viewed as community workers. Nursing staff, co-occurring disorders staff and clinical staff reach out to individuals in homeless shelters, on the street and in the soup kitchens to provide health care and addictions/mental health treatment and support. One of our strengths is based in Case Management that is heavily community and outreach based, with an actual "Strengths Assessment" of the individual that grows over time. Strengths case managers help individuals use these community based resources to reach their goals of recovery. Peer support staff work on engaging and integrating individuals into treatment and into the community, and they are able to relate and communicate from a first person perspective. Peer support staff is prevalent in the area's community mental health and addictions programs and have a large role in ensuring that a recovery and relapse plan is in place and that clients are connected with long term, natural community supports.

In conjunction with corrections and the courts, Options and Curry County have developed a Mental Health Court (MHC). This Court serves as a diversion from both jail and hospitalization by engaging individuals who are resistant to, but need treatment. Through the Mental Health Court, teams hold regular meetings with all participants in the patient's life. The team creates a personalized plan with support for issues such as housing, work, and personal accountability. Individuals that engage in these treatment services show dramatically lower involvement in the public safety and corrections system. Data collected on 21 Mental Health Court participants in Josephine County showed a decrease in public safety contacts from 605 in the 12 months prior to engagement in MHC down to 76 contacts in the 12 months after enrollment.

2. Assignment of Responsibility and Accountability

A.3.5.g. Access to Care

The current MCO has onboarding standards in place as part of its commitment to the Oregon Health Plan conditions of participation. Those standards call for a health risk assessment within 30 days post enrollment. If the member does not have a primary care provider assignment, the MCO will recommend a primary care home and schedule an initial appointment within 90 days post enrollment. The enrollee will receive a member handbook that describes the coordinated care organization, the provider network, the primary care home model of care, benefits/coverage, and tips on how to navigate the health system. The member handbook will also describe patient rights and responsibilities and

describe when it's appropriate to use the emergency room or other after hours care, use an ambulance or call 911, when to call their primary care home for consultation, and what services require prior authorization or referral. In addition, the handbook will include information on prevention screening, healthy lifestyle management, individual care planning, intensive care planning, and transitional care planning. It will include contact information to access health advocates/coaches/navigators, translators, and a 24 hour hotline for physical, mental, and oral health questions.

A.3.5.h. Initial Health Screenings

Please refer to the program description item A.3.5.m

3. Comprehensive Transitional Care

A.3.5.i. Transitional Care Processes

The current MCO supports a care transitions team, comprised of nurse care coordinators, mental health workers, alcohol and drug counselors, pharmacist, home health nurse, long term care nurse, hospital discharge staff, and ER representative. This multidisciplinary team meets three times per week to coordinate care transition plans for members who 1) use emergency services inappropriately, 2) are transitioning from inpatient to home or sub-acute settings, and 3) transitioning from skilled nursing/long term care facilities to home or other care settings. The purpose of each meeting is to:

- Ensure that each transition is well planned prior to transition
- Avoid unplanned and avoidable readmissions
- Ensure that planned transitions are successfully implemented

The transitions team meets its goal through careful screening of all scheduled transitions by engaging the patient and their caregiver prior to admission if possible or during admission to assure that the patient's symptoms are managed and that the patient and caregiver understand what to expect upon discharge to home or to a sub-acute setting. This collaboration assures continuity and coordination of care and provides the basis for building and maintaining relationships. Once the patient's transition of care plan is developed by the team, the assigned case manager follows up and assures the plan is successfully implemented. The case manager and the care team address the following data elements when establishing short and long term goals as part of each patient's transition care plan:

Domain	Information Required
Functional Status	Baseline ADLs and IADLs Current ADLs and IADLs
Eligibility for Other Support (e.g. LTC)	In home support Safety ramps Bathroom safety bars
Medical and Mental Health Status	Summary of admitting problems Most pressing medical problem and diagnosis Other medical / mental health problems complicating self-management Comprehensive list of current medications, including OTCs Current list of allergies/intolerances
Self-care Ability	Current ability Educational and training needs
Social Support	Primary care giver (contact information)

	Ability/willingness to provide ongoing care Community level support
Disposition	Where is the patient residing prior to the episode? Where is the patient now? Where will the patient go next? What is the long term disposition goal?
Communication	Language Literacy Health beliefs
Advance directives	Preferences for CPR, ventilator support, enteral/parenteral feeding, hydration, dialysis. Documentation in the Medical Record Power of Attorney
Durable medical equipment	Current needs Vendor's name and contact info
Coverage/benefits	Provider network for SNFs home health agencies, hospice, respite and DME

Core functions for meeting the needs of patients in transition include the following:

Both the sending and receiving teams are expected to:

- Shift their perspective from the concept of a patient discharge to that of a patient transfer with continuous management
- Begin planning for a transfer to the next care setting upon or before a patient's admission
- Elicit the preferences of patients and caregivers and incorporate these preferences into the care plan where appropriate
- Identify a patient's system of social support and baseline level of function related to how this patient will care for him/herself upon transition
- Communicate and collaborate with practitioners across the continuum of care and execute a common care plan
- Use the preferred mode of communication for collaboration in other settings

The sending health care team is expected to ensure that:

- The patient is stable enough to be transferred to the next care setting
- The patient and care giver understand the purpose of the transfer
- The receiving institution is capable of and prepared to meet the patient's needs
- All relevant sections of the transfer information form are complete
- The care plan, orders, and a clinical summary precede the patient's arrival to the next care setting; the discharge summary includes the patient's baseline functional status (both physical and cognitive)and recommendations from other professionals involved with the patient's care, including social workers, occupational therapists, and physical therapists.
- The patient has a timely follow-up appointment with an appropriate physical and/or mental health professional
- The patient of the sending team is available to the receiving team and family for 72 hours after transfer to discuss any concerns regarding the transition plan

- The patient and the family understand their health care benefits and coverage as they pertain to the transfer

The receiving team is expected to ensure that:

- The transfer forms, clinical summary, discharge summary, and physician's orders are reviewed prior to and upon the patient's arrival
- The patient's goals and preferences are incorporated into the care plan
- Discrepancies or confusion regarding the care plan, the patient's status, or the patient's medication are clarified with the sending health care team

A.3.5.j. Transitional Care Processes for Medicaid –funded LTC Services

Compared to the current system of care, the CCO model of care will promote improved coordination and collaboration between AllCare Health Plan and Medicaid-funded LTC services. At this time, the current MCO does not have access to Medicaid FFS data, OHP mental health data, nor Medicare Part D data (unless enrolled in the current MCO Medicare Advantage plan). This creates significant barriers to transition planning and care coordination for this sub-population.

Upon transformation from the current MCO to the CCO, it will be possible to develop a model of care similar to the one deployed by the current MCO for its special needs plan serving the dually eligible. Not only will physical health be integrated with mental health and dental health, but the incentives to prepare intensive transitions planning for patients destined to sub-acute care facilities, home based support services, adult foster care, long term care facilities, assisted living facilities, contract nursing program, APD, adult day services, and non-medical transportation will be better aligned to do what's right for the patient, leading to a transitional planning process similar to the one described in A.3.5.i above.

A.3.5.k. Tracking Methods for Transitional Care

The AllCare Health Plan will track member transitions through its care management log within the Essette software with data support from registries for specific disease states and utilization management processes. Typically, members will be monitored during their care transitions plan and many will continued to be monitored as they progress into care management, whether that involves intensive care coordination, interdisciplinary care planning, or individual care planning.

4. Individual Care Plans

Program Description: The Model of Care used by the current MCO requires assignment of a PCP who is responsible for each patient's care coordination. A care coordinator completes a health risk assessment and drafts an integrated care plan for the PCP to review. The PCP develops an individualized clinical care plan during the initial office visit in collaboration with the patient and their care-giver. The clinical care plan complements the integrated care plan prepared by the care coordinator, and together they comprise the individual care plan. This plan is communicated to all members of the care team. It is the responsibility of the patient and their care-giver to work towards accomplishment of the plan with support from the care coordinator/health coach assigned to the case. The care coordinator has regular contact with the patient by email and/or telephone, and collects data, monitors changes in health status, and tracks and supports progress towards care plan goals.

Care Plan Components - the individual care plan includes the following minimum elements:

- Background data: including Health Risk Assessment (HRA), Lab Data, Pharmacy Data, PCP Progress Notes, and Claims Data
- Data Assessment: The care coordinators analyze the background data to corroborate HRA results and build a patient profile based on the member's severity index and care coordination needs
- Care Team: The PCP and the care coordinator identify appropriate participants for the care team for each patient. The care coordinator contacts the team members to define roles and responsibilities within the team, shares information, and facilitates the team's collaboration on interventions and support.
- Intervention: The PCP develops a treatment plan that addresses clinical needs and shares it with the care coordinator. The care coordinator develops a set of education and self-management goals with the patient. The integrated plan includes goals and action steps to meet medical, mental health, and/or social needs of the patient and family.
- Barriers: Barriers to care plan goals are identified and action plans are developed to address them. Examples of barriers include transportation to appointments, cognition issues, engagement in self-management goals, nutritional needs, safety needs, social service needs, or financial issues that interfere with the patient's ability fully engage in their plan of care
- Outcomes: Incremental and final outcomes are documented in the care plan. Examples include meeting with their PCP as scheduled, successfully managing a medication regimen, or transitioning from one care setting to another as planned
- Follow-up: The care coordinators regularly engage the member and caregiver to assess progress toward care plan goals and provide support and encouragement to them. The care coordinator identifies barriers to change and collaborates with the patient and family to develop and overcome them

A.3.5.I. Standards and Procedures

Current MCO policy is to obtain a Health Risk Assessment (HRA) within 30 days of new member enrollment and annually thereafter. This policy ensures accountability for appropriate follow-up to address each members' needs. AllCare will continue to use current follow-up policies and procedures for individual care planning.

Notification: Our case management staff receives notice of each new member from our enrollment department based on the state's monthly updates. The new members are mailed a Health Risk Assessment (HRA) form and their file is opened in the Essette care coordination software. The team-lead or program director assigns the patient to a case manager for follow-up.

Case Tracking: The new members' data are entered on the tracking log and updated monthly. If the HRA is not returned within 14 – 21 days of enrollment, the assigned case manager contacts the member to conduct a phone interview and complete the HRA. If an HRA is not returned and a good faith effort is made by the case manager to establish contact, the member remains in a referred status for case management. All efforts to establish contact is noted in Essette under case notes. Contact with community based partners for home visits and follow-up occurs to try to establish a care plan with members who are identified as at risk.

Completed Health Risk Assessments: Data from complete HRAs are entered in Essette and an acuity level is assigned by the case manager.

Case Status – Referral / Open: The member remains in a referred status until contact is made with the member by the case manager or until the care plan is established. Once goals or interventions have been established, the member's case is in active and open status. Policy assures that no member remains in referral status longer than 90 days. If all attempts to engage the patient fail, it is documented in the case management information system for future reference.

Acuity Score: The acuity scores are assigned by complexity identified in the HRA and tools used by the case manager for evaluation. Acuity scores are corroborated by medical record data, labs, pharmacy, and utilization data. The acuity score is updated each time a care plan is created, goals are changed, or goals have been met.

Interdisciplinary Care Plan and Intensive Care Plan: A basic interdisciplinary care plan or an intensive care plan is created (with or without an HRA) within 90 days of enrollment for all dually eligible enrollees and selected Medicaid beneficiaries with complex/chronic conditions.

Consent to Case Management: If case management support is identified to be helpful for a member, the member is considered to be enrolled in the program unless he or she "opts-out." Attempts are made to obtain verbal or written consent. If a member declines participation in case management, the reasons are documented and the member remains in a declined status in the case management information system. Attempts to re-engage the patient occur when the next health risk assessment is due, or when registry data indicate a change in health status. When a patient opts-out of care coordination, their needs continue to be monitored. Even without active participation by the patient, case managers provide medication reconciliation and transitions planning by engaging our healthcare providers in organized, planned care to meet each patient's needs.

Annual HRA reassessment: Annually, calendared from the date of receipt of the last HRA, the member is contacted for reassessment. If the member's status changes within the year, the care plan will incorporate and reflect the changes to the previous health risk assessment or the care planning process will be initiated reflecting the change in status. Tracking and follow-up is the responsibility of the case manager assigned to the member.

Monitoring: The Director of Care Coordination, or designee, monitors the timeliness, accuracy and completeness of Health Risk Assessments. A year-end activity report that includes these metrics is submitted to the Quality Improvement Committee (QIC) within 60 days of each calendar year end.

A.3.5.m. Screening Process

Overview: The current MCO uses two Health Risk Assessment Screening Tools. The first tool is the initial HRA that is distributed by mail to all new enrollees. If this tool is not returned within 90 days from receipt, a case manager will follow up and complete the HRA with the patient by phone as described above.

The results are stratified into four acuity levels. Any member who scores three or above is a candidate for care management and care coordination. These members are contacted by their assigned case manager who then completes a more rigorous Health Risk Assessment that is embedded in our care coordination software system, Essette. Lower acuity patients are enrolled in prevention and maintenance programs within the primary care home.

The results of the Health Risk Assessment are shared with the client during a follow-up visit in which the nurse case manager offers participation in the care coordination program, and initiates the care

planning process. The results of the Health Risk Assessment are captured in the care coordination software system and shared with members of the interdisciplinary team assigned to each case. The Health Risk Assessment tool is evaluated regularly to assess effectiveness and as a predictor of need.

A.3.5.n. Integration of Internal and External Information

Care coordination staff uses the following process to guide the initial and ongoing assessment of members in the care coordination program.

- Update/confirm information on eligibility, coverage, contact information, diversity preferences, presenting diagnoses and co-morbidities, health risks, acuity, and urgency for intervention
- Review other sources of available data pertinent to the member's current circumstance which may include claims history, utilization reviews, health plan communications with member, health risk assessment information, medical record documentation
- Obtain and review referral source information, including referral purpose and recommendations regarding member needs
- Contact member to identify their perspective on their health needs, goals and willingness to participate in care coordination
- Collect member-specific health and functional status information initially and continuously as information is obtained or changed, including:
    1. indication for home care, acute admission, skilled or intermediate facility admission, rehabilitation or residential care
    2. risks to safety (e.g., ability to care for self-needs, availability of help from others, awareness of how to seek assistance if needed, current threats to personal safety)
    3. functional status, cognitive status and decision-making ability (including, ability to perform ADL's, ability to problem solve daily tasks and unanticipated events, current impairment in judgment)
    4. activities of daily living (e.g., ability to perform or secure adequate assistance in eating, bathing, toileting, transferring and /or ambulating)
    5. input from involved caregivers, providers and community agencies (e.g., identification of involved parties, availability and reliability of sources of assistance, knowledge of contact information for services, caregiver ability to provide assistance appropriate to required needs)
    6. current health status, medical conditions and the prescribed plan of care, including medications, procedures, assistive devices, level of activity and/or health education required
    7. diagnosed psychiatric disorders
    8. findings from tests and procedures
    9. socioeconomic factors pertinent to the member's health and functional status (e.g., ability to secure housing, food and transportation, ability to secure prescribed medical and psychological treatments and supplies, sustainability of income)
    10. psychosocial circumstances and needs (e.g., support systems, family structure and responsibilities, sources of stress)
    11. member resources and strengths, as well as barriers and limitations to care
    12. cultural, linguistic or spiritual beliefs/circumstances related to health practices (e.g., preferences, ability to understand and communicate information and needs to others, influence of health beliefs on functioning)

13. current coping strategies and effectiveness (e.g., ability to anticipate and respond to daily needs, reaction to changes in status, impact of unmet needs)
14. tobacco, drug and/or alcohol use, abuse or dependency
15. allergies
16. life planning activities (e.g., level of thinking about future wishes in event of critical illness or death, identification of readiness to define future wishes, communication with family/others about requests, existence of documentation in wills, advance directives, power of attorney, guardianships)
17. self-care disease management knowledge base (e.g., degree of understanding about diagnosis, prescribed treatment, prognosis and complications, capability and readiness to complete actions in self-care, including treatments, medications, testing, attending appointments)
18. learning preferences (e.g., identification of learning needs, willingness to receive information, best strategies to receive information, degree of health literacy related to current medical needs)

- Initiate review and integration of findings and begin to formulate a care coordination action plan
- Review and prioritize case complexity using standard stratification from case management training program, including acuity level due to the member's medical condition, health risks and related health care needs, and then determine the type and frequency of appropriate case management interventions for the care plan.

A.3.5.o. Reassessment and Follow-up

The frequency of Plan review and update depends upon the member's needs and acuity level, but typically includes the following:

- Members who are low acuity as measured by the Health Risk Assessment are reassessed annually. The care coordinator assigned to the case initiates the reassessment process and determines whether there has been a change in health status that warrants new interventions. If so, the member is engaged in the care planning process. At a minimum, these members are targeted by the preventive care outreach program.

- For members already engaged in case management for chronic and complex diseases, the care coordinator updates the care coordination plan at least once a month. At acuity level 1 or 2, updates are routine when transitioning across care settings. An acuity level is 3 or 4, a more frequent schedule is established based on need. Regular updates result in timely identification of changes in health status, social / mental conditions changes, and/or need for a change in care setting.

- For members engaged in integrated care coordination and care transitions, updates occur more frequently, daily during care transitions, and then weekly for plan progress updates for the first month. The member, family or other care givers, PCP, and other providers of care are kept apprised of the care plan by the care coordinator during these critical events.

- When an Interdisciplinary Care Team is activated for a particular patient, updates occur as needed until the situation has been resolved. The care coordinator, in collaboration with the PCP, subspecialty consults (including mental health and chemical dependency), and other social

service contributors are highly engaged in these Teams, and the care plan is updated in real time, often daily until the patient's status is stabilized, and periodically thereafter until Team meetings are deemed no longer necessary. A case manager continues to follow patients for whom an Interdisciplinary Care Team was assembled until the patient is assessed as stable enough to be discharged from active case management.

A.3.5.p. Sharing Care Plans Across the Continuum of Care and Services

The member and the care giver are advised of their individual care plan via telephone communication, face-to-face home visits, within the Primary Care Home, or case worker's office, with documentation among the participants shared in writing. Archived data are maintained in secure locations for ten years, consistent with CMS archive policy.

The current MCO supports it network of contracted providers through a robust intranet system that allows providers to track diagnostic orders and results, oversee specialty consults and treatment plans, and communicate with the Health Plan for claims management and other provider services. The Health Plan also supports case management software to document disease management programs and care coordination activities within the context of the Primary Care Home model of care.

All staff members involved in care coordination and disease management programs have access to the disease management software to document their data and interaction with each enrollee. Access to the software is limited in accordance with HIPAA constraints on access and disclosure of protected health information. Information about individualized care plans is shared with the PCP by FAX or SPF files using secure internet sites that meet privacy and security policies and procedures consistent with HIPAA regulations, and via secure Health Information Exchanges as those become available. Information is shared with the Interdisciplinary Care Team via SPF files or through meeting packets that are distributed during face to face case review meetings.

There are many levels of communication that impact the Care Coordination/Case Management programs:

- Case Managers contact each care management program enrollee on a regular basis (weekly, or monthly depending upon need) to discuss individual progress toward meeting self-management goals. This information is documented within the care coordination software for all members of the care management team to review and track.

- The current MCO maintains a call center that is staffed by health plan personnel from 8:00 am to 8:00 pm during the week and clinical staff is on call during off-hours. Since 2008, the current MCO has sponsored a 24 hour nurse advice line that is available for all members to address their health care questions and/or assist with appropriate triage of acute symptoms. All members, including enrollees involved in the care coordination program are encouraged to contact the call center if they have any questions or concerns. The call center is available to authorized care givers, as well. AllCare Health Plan is in the process of engaging a 24/7 call center that will have the capacity and expertise to accommodate physical, mental, and dental health services.

- Transitions of Care Team Communication: This team is a major addition in our ability to effectively track acute care admissions and transfers to sub-acute settings or to the home. Effective communication is pivotal to the success of the program. Currently, contracted hospitals inform the current MCO on a daily basis any enrollees who are scheduled for

upcoming admissions or admitted on an emergency basis. This triggers the care transitions team that works with the hospital discharge planners and facilitates the transition of care to the next setting. The care transitions team collaborates with patient and family, the sub-acute care facility (SNF, LTC, ALF) and/or hospice and home health to efficiently prepare for the patient's arrival. This includes coordination with home based care givers, assuring that they understand and are prepared for follow-up physician appointments, therapies, medications, and other post-acute needs.

- In addition to communicating within each care team on patient progress, the program manager holds regular staff meetings to address programmatic issues related to staff case loads, over/under utilization of services by members, PCP availability and accessibility, operational issues, and other program administration needs.

- The current MCO produces a quarterly newsletter that is sent to all Medicare and Medicaid enrollees and includes health education information on wellness and prevention; results of recent studies and new medical research developments; public health information on seasonal vaccines; and specific information relevant to our members.

- And finally, the current MCO facilitates monthly Quality Improvement Committee meetings, Patient Care Committee meetings and regular Medication Therapy Management Committee meetings where the model of care and care management program, and general quality, research, and evidence based protocols are evaluated.

A.3.6. Care Integration

(1) Mental Health and Chemical Dependency Services and Supports

The mental health and chemical dependency providers who will be working with AllCare Health Plan currently work to attract qualified bilingual/bicultural staff, and to provide culturally sensitive services to members of all minority populations. They are strong believers in the value of peer support services and have trained peer specialists on staff in both professional and paraprofessional positions.

County and subcontracted mental health providers and the chemical dependency providers within this region reach out to minority cultures to identify ways to improve services and accessibility to minority populations. Options in Josephine County has established a Diversity Committee to improve organizational practices and also to establish the most practical, supportive and meaningful relationships possible with members of local minority groups. Jackson County employs several bicultural staff including a "promontora" for outreach into the Hispanic community. Discussion regarding cultural differences and access to services are a regular part of team meetings. Recent youth suicide prevention work has focused on Latino youth. Jackson County has strong public health programs for minority and undocumented families. The mental health program supports these efforts as well as funding behavioral health services at La Clinica, a local FQHC which serves a large Hispanic population. Of note, is La Clinica's training program for Latina staff to provide Parent Child Interaction Therapy, an evidence based practice, which staff have adapted to the cultural needs of the Hispanic community.

AllCare Health Plan, through its partnership with the entities listed in the following table, actively works to attract qualified bilingual/bicultural staff, and to provide culturally sensitive services to members of all minority populations.

A.3.6.a. Provider Network for Mental Health and Chemical Dependency Services and Support includes all current organizations supplying those services in the service area.

Organization	Service Description	Counties Serviced		
		Jackson	Josephine	Curry
Options of Southern Oregon	Behavioral health organization		X	
Rogue Valley Council of Governments Counties	A voluntary association of 22 local jurisdictions, special districts, and education institutions Partners include Area Agency on Aging, Senior and Disability Services, Planning and Community Development	X	X	
Family Solutions	Mental health treatment for children who are victims of sexual and physical abuse	X	X	
Addictions Recovery Center	Chemical dependency organization	X		
KAIROS (Formerly Southern Oregon Adolescent Study and Treatment or SOASTC)	Children's residential treatment program		X	
Jefferson Behavioral Health	JBH provides services through the local Community Mental Health Programs and contracts with Psychiatric Residential and Day Treatment Providers to deliver intensive treatment services for children.	X	X	X
Curry County Health and Human Services	Mental health and developmental disabilities			X
Curry County Public Health	Services includes pediatric care, preventable diseases and disorders, maternal and child health services, family planning, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, CaCoon, tobacco prevention, WIC, School Based Health services, and chemical dependency services			X
Oregon Department of Human Services Coos and Curry Counties	Senior and Disability Services			X
United Community Action Network	Community service organizations focused on the quality of life for elderly, poor, and disabled individuals.		X And Douglas County	
On Track	Addiction recovery programs and services: residential and out-patient drug treatment	X	X	
Community Works	Serves victims of domestic violence and sexual assault, high-need youth and their families, foster care	X		
Jackson County Health and Human	Programs include alcohol, drug & gambling treatment, mental health, family planning, immunizations, services			

Services	to persons with developmental disabilities, animal control, communicable disease control including HIV/AIDS, school health, custody mediation, WIC food coupons, and other services	X		

A.3.6.b Mental Health/Chemical Dependency Model of Care

AllCare plans to implement a combined model of care to address the multidisciplinary needs of serious and persistent mental health and chemical dependency conditions. The model of care will integrate physical health with facets of the Assertive Community Treatment (ACT) approach and the Guided Care approach developed by Chad Boult, MD at Johns Hopkins. This blended team of behavioral health specialists and registered nurses will provide preventive care, immunization, and regular health maintenance with intensive treatment. This includes care coordination and care transitions to support patients with issues related to family, work, housing, finances, social services and/or criminal justice system interface, residential care transitions, medication choice and adherence, and substance use. The program includes RNs as liaisons between the patient, medical providers and the rest of the ACT team as they develop and support achievement of the patient's care plan. RNs provide case management and care transitions support as liaisons between the patient, family and providers, patient and family education and self-management support, and coaching in lifestyle modification.

AllCare Health Plan and representatives from its provider network have undertaken a process to review how each entity performs these roles, where they intersect with each other and how they can more efficiently and effectively prevent, engage, treat and follow up on health issues. They are giving special attention to health conditions that are chronic, and any issues that appear to be inadequately addressed within the current health care system. AllCare staff will partner with trained peer personnel to work with members, with behavioral health issues and/or in need of support to make healthy lifestyle choices; particularly those with limited social supports. Our service area's Community Mental Health Programs and chemical dependency program staffs are experienced in peer run recovery groups, fitness programs, faith based services and support leading to a higher quality of life, and relapse prevention planning. The CCO and its network of providers will be educated to increase awareness and knowledge of the nature and extent of substance use, and in mental health issues and their effects on individuals, families, and communities. AllCare chemical dependency and mental health providers have the benefit of a long history of working together to engage, refer and treat residents within the service area.

In addition, the current MCO has key staff with experience in accessing readiness and transitioning individuals with physical and behavioral needs from one level of care to the next. We have a long-standing successful history of providing a continuum of community based outpatient and residential treatment services, supportive and independent housing for those with mental illness and sub- specialty populations in coordination with our local Community Mental Health Programs. Designated Master's level AMHI (Adult Mental Health Initiative) Coordinators monitor and coordinate the progress of County residents throughout the state hospital and state-wide residential spectrum of care in addition to the transition of those members from licensed residential treatment services to supportive or independent living, and we are developing improved lines of communication to serve our members in common more effectively. These staff will continue to serve as the link between extended or long-term psychiatric systems from both within and outside of our Counties and the service area. AllCare's Care Management staff will help strengthen the coordination of services across health care disciplines by developing and monitoring a shared integrated plan of care to follow our members throughout the health continuum and across the spectrum of health care service providers.

Access to intensive children's services such as day treatment and residential settings occurs through "level of need determinations" and this will continue. AllCare staff will monitor and review these placements though its quality assurance programs and its advisory committee and ensure that a medical and behavioral health needs are addressed by our care teams. The extensive use of wraparound services for children in the service area has proven very effective in limiting the use of higher cost more intensive services for children, and AllCare will maintain these services in the development of the global budget.

AllCare Health Plan's contracted mental health provider in Josephine County has developed and manages six independent housing projects for specialty populations. Many of the tenants have co-occurring disorders and receive treatment via Options. Options also operates a transitional addictions recovery home with service navigation and resource attainment support via a "Coordinator." The Coordinator manages all aspects of this drug-free housing facility and provides a wide array of services, including interagency networking, staffing referrals from multiple agencies, screening clients for appropriate placements, coordination of mental health, chemical dependency, and housing services. Additionally Options staff provides oversight of house management, recovery plans, transition to longer-term housing, conditions of probation/parole, and monitoring support group participation.

Both Options and Ontrack belong to the Josephine County Chemical Dependency Provider Network, where resources on training and clinical practices are shared and resourcing for future needs of the community are mapped out. In Jackson County, the Local Alcohol and Drug Planning Committee is very active in addressing needs of the community and maintains a forum for chemical dependency providers to share their work and collaborate on various initiatives. Recently, AllCare has become a strong participant in shared performance improvement projects for behavioral health and across the health care disciplines. Examples of these projects include integrated programs of primary care referral and treatment of behavioral health issues, and patient engagement and referral programs for smoking cessation. Jackson County has a well-established and extensive residential program which includes foster care, several transition homes, and independent supported housing. Staff regularly visit tenants to provide skills training and ensure support for tenants in these living situations, assist with medications, and ensure ongoing engagement in treatment programs as they transition from residential care, to foster care, transitional housing and then to independent living in the community.

Through an Access to Recovery grant, recovery support in Jackson County has been greatly enhanced, and several new faith-based recovery support resources have been developed. Jackson County recently sponsored the training of thirty-six individuals as peer support specialists for recovery, and provided training to forty individuals who have become Prevention Coordinators. This has greatly increased the awareness of prevention activities in the community and the development of a Prevention Council to continue this effort. Josephine and Jackson counties are jointly hosting a Strengthening Families training, to train leaders to run this evidence-based prevention program for at risk families in both counties.

A.3.6.c. Mental Health Service Delivery Integration

Screening: Members are screened at multiple points within the provider network and in the community. This occurs in primary care provider offices via co-located medical providers and behavioral health specialists, at addiction programs and in mental health programs via behavioral health specialists and medical staff. Many schools in the service area have chemical dependency counselors, mental health therapists and skills trainers on site, usually co-located within the school's own counseling

department. Chemical dependency counselors and mental health therapists work within the juvenile justice system and adult corrections system providing screening, assessments and treatment for behavioral health issues. Options has a mental health therapist imbedded in the Josephine County Head Start program to provide screening, outreach and engagement to children presenting with emotional and mental health difficulties. Jackson County has a designated process with Head Start to ensure that all identified children can quickly access treatment services. All children taken into DHS custody are assessed by the Community Mental Health Program for behavioral health issues. The current MCO has begun weekly meetings with Options and OnTrack to develop integrated care plans for those in need who are identified by screening. We plan to expand this approach to encompass the entire service area.

The current MCO utilizes a direct primary care referral process to refer for mental health services from mental health providers and behavioral services are co-located in many primary care offices. Jackson County Mental Health and Options have a process for physician referrals which ensures that assessments are scheduled within five days and information quickly returned to the physician. Jackson County also has a walk-in assessment process whereby individuals in the community who are identified as having mental health concerns can walk in for screening and assessment the next day or can be seen immediately for crisis screening and assessment at any time during business hours.

Options has been involved in a joint project with the Public Health Department to provide early detection of mental health issues in pregnant women and referral directly to Options. Both Options and Jackson County Mental Health subcontract behavioral health services to Federally Qualified Health Centers (FQHC), and behavioral health screening and treatment takes place in an integrated manner with physical health. In both counties, close collaboration and referral between mental health and chemical dependency treatment providers has been established for many years. In Jackson County, a team with members from both mental health and chemical dependency providers meet regularly to discuss how best to serve individuals with co-occurring disorders. This team works to promote increased training and certification for staff in both mental health and chemical dependency treatment.

Treatment: All CMHPs within the service area provide treatment both directly and via subcontracts to individuals in need of mental health treatment. Crisis planning is part of the initial assessment process, and includes planning for long term care needs as well. Each CMHP has processes in place to provide treatment that is sensitive to cultural, spiritual and other diversity factors. For example, Jackson County has mental health services integrated into a FQHC that is geared towards the Hispanic population, and Options has a youth advisory panel that ensures that their services are sensitive to the needs and interests of youth.

Long Term Care: A continuum of residential treatment options for those with mental health, chemical dependency, and co-occurring disorders is available across the service area. This system's payment structure exists outside of the CCO. However, there is a long history of successful and appropriate referral, screening and placement processes for individuals requiring this level of care. The health care of individuals' residential care is fully integrated and monitored by AMHI (Adult Mental Health Initiative) Coordinators and through nursing personnel located directly in the residential programs. This is now augmented by AllCare's PCP program providing physical health services in long term care facilities three days per week and by Capitol Dental whose providers rotate through on a regularly scheduled basis.

A.3.6.d. System Organization

The AllCare will contract directly with the organizations discussed in this section on Care Integration. All operational, clinical, and financial integration will begin at the CCO level. The contracted physical,

mental, and dental health providers are expected to share financial and performance risk, and to participate in quality improvement efforts, use evidence based treatment protocols, team-based care, and care coordination services, and support governance at the Board of Directors and committee level.

Prevention and early intervention services are already integrated across the physical, chemical dependency and mental health and dental health spectrum throughout the service area through education and outreach. These efforts include but not limited to: healthy lifestyle classes, parenting classes, adult recovery classes, care coordination activities, chemical dependency and mental health staff who are stationed at the schools and corrections systems, mental health specialist stationed at Head Start and Child Welfare, employment and education support initiatives, and technical assistance and financial support for peer run programs.

These providers seek out culturally diverse staff and actively pursue the use of peer support networks. Members of these provider organizations in the CCO will be on the Community Advisory Council, and provide input to the development and success of the CCO. AllCare believes that cultural diversity extends to language, national origin, class, race, age, ethnicity, income, disability, stage of development, religion, gender, sexual orientation and seeks to provide equity in care considering the needs of our members.

Jackson County Mental Health, Curry County Mental Health and Options (Josephine County) maintain a 24 hour, 7 day a week crisis hotline and direct clinical specialist response for individuals of all ages experiencing a psychiatric crisis. AllCare is exploring alternatives to integrate nurse call center services for physical, mental, and dental health.

For adults needing acute psychiatric stabilization or co-occurring disorder residential treatment, Options also operates as a regional resource, with a 15 bed dual diagnosis alternative to hospitalization program called the Crisis Resolution Center (CRC). It provides individual and group therapy, education groups, skills training and medication management for crisis stabilization, mental health and addictions assessments, short term individual, group and family therapy, individual and group skills training, 12-step facilitation, relapse and discharge planning as part of the stabilization and treatment process. Substance abuse treatment programs regularly coordinate directly with the Crisis Resolution Center to access the co-occurring disorder beds for individuals. These programs also coordinate care in transition and discharge planning. Families are encouraged to participate in the individual's recovery in all areas of the mental health and addictions treatment offered throughout the service area.

County mental health programs offer crisis intervention and support for those at risk, and varied respite options patients and care-givers in crisis. KAIROS (Formerly Southern Oregon Adolescent Study and Treatment or SOASTC) offers treatment, foster care, and crisis respite opportunities for children, adolescents, and their families. Individuals with developmental disabilities are served through the regional crisis-diversion system. Our mental health providers collaborate with local office for Seniors and People with Disabilities in identifying placement options for seniors in crisis.

The Children's Resource Team (CRT) in Options provides services for children from every school in the County. CRT works closely with families, schools, corrections, and youth serving community agencies, including Family Solutions, who provides counseling in local schools and a day treatment program for youth that have been sexually abused. The CRT also works with other youth agencies, including the Coalition for Kids, and the KAIROS (Formerly Southern Oregon Adolescent Study and Treatment or SOASTC). Child and adolescent psychiatric residential care treatment is provided by the KAIROS

(SOASTC) Assessment and Evaluation facility located in Grants Pass. CRT also offers crisis intervention services in local schools, and provides debriefings and interventions at times of tragedies in the schools (e.g. suicides, accidental deaths of students or staff).

In Jackson County, the Community Resource Action Meeting for schools and community members and the interagency Resource Development Team address children and families in the community who are involved with multiple agencies and in need of behavioral health treatment and support. The mental health program works closely with community providers such as Family Solutions, the Children's Advocacy Center and Community Works, to determine best options for treatment and to develop individual care plans. The Youth Suicide Prevention program has supported the use of the Response curriculum in county high schools and has trained hundreds of community members in QPR and ASIST, two evidence based practices for suicide prevention. Jackson County staff provides support to schools following crisis situations such as suicide or sudden death.

Like the children's services, adult services are heavily community based and immersed in the "real world." In addition to therapy and evidence based case management, this service area provides integrated mental health, addictions and physical health care and coordination to high risk adults via two Assertive Community Treatment Teams. These teams place a high emphasis on outreach and engagement of treatment resistant adults. Supported Employment assists individuals in procuring competitive employment. Options Supported Education Program (one of three such evidence based programs in the state) is fully integrated into Rogue Community College and assists adults in returning to school.

AllCare providers including Options for Southern Oregon, Jackson and Curry County Mental Health and Ontrack (addictions treatment) have been at the forefront of the utilization of evidenced based practices through the years and will continue to utilize these practices under the CCO. Current evidence based practices in use include models such as Supported Employment, Supported Education, MATRIX, motivational interviewing, Strengths Based Case Management, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, seeking safety, Parent Management Training, Parent Child Interaction Therapy, Collaborative Problem Solving, and Dialectic Behavioral Therapy for Adolescents and Adults. Integrated chemical dependency treatment providers, mental health treatment and co-occurring disorders treatment providers have a long shared history of addressing treatment issues in an integrated manner. Multi-agency projects on homelessness, methamphetamine treatment, juvenile justice diversion, and drug courts are a testament to this.

(2) Oral Health

A.3.6.e. Plan to Contract with Dental Health Providers

Dental health providers will be contracted to provide integrated dental services by August 1, 2012. AllCare Health Plan has a Letters of Intent with Capitol Dental, a DCO serving Josephine and Jackson County and Advantage Dental DCO serving Jackson, Josephine, Curry, and Douglas Counties. The Health Plan is in the process of negotiating with Willamette Dental DCO. The Federally Qualified Health Centers under contract with AllCare also provide Medicaid covered dental services.

Early engagement of dental is an important component of health care transformation. The DCOs have been encouraged to participate in all facets of AllCare's organizational development and have participated in our stakeholder meetings, offering invaluable input to the process. The current plan is to involve representatives from local dental health providers on the Clinical Advisory Panel and the

Community Advisory Council. The dental service community will also have representation on the AllCare Board of Directors.

3.6.f. Plan for Coordinating Oral Health Services

Oral health prevention will be incorporated into the CCO's system wide prevention programs along with other wellness interventions provided to members to encourage health. Better communication and coordination will streamline and facilitate appropriate and timely dental referrals, particularly for underserved members. Dental providers will be working towards the common Triple Aim goal of reducing costs by using mental/dental integration, emergency room case management/re-direction, oral disease prevention, two way communication between providers, and support for patient centered primary care home team-based model of care. Shared savings can be used to reinvest and enhance oral health services and care in the community setting to further contribute to cost savings in the future.

Local dental health providers have expressed interest in working together on specific programs, including narcotic pain medication policies and procedures, emergency room utilization as it relates to oral health issues, and kindergarten readiness programs in oral health prevention and wellness. There is also ongoing discussions about expanding use of mobile dental units to increase access and availability of services in rural settings for children and adults.

(3) Hospital and Specialty Services

A.2.6.g. Describe Hospital and Specialty Services Agreements

(i) Care Coordination Between Hospital and Specialty Services with Primary Care Home

Care Coordination between acute care settings and specialty consults with Primary Care Home teams will be incentivized in a number of ways, including:

- Streamlined referral and prior authorization processes supported by PCH team-based care
- Data sharing across the continuum of care to reduce duplicate diagnostic and treatment services
- The CCO will collaborate with its Primary Care Homes to ensure adequate resources and training to coordinate care across all settings and providers. Care transitions teams at the CCO will support and coordinate care between providers, patients and families as patients move from one care setting to another or to home
- Application of shared-savings payment schemes that reward hospitals and specialty services who consistently ensure that patients receive the right care, in the right setting, by the right provider and coordinate care
- Transparency of utilization trends among specialty providers and acute care hospitals as measured against CCO benchmarks and industry standards

(ii) Referral Processes

The Primary Care Home team will be responsible for coordinating all hospital admissions, discharges, and transfers as well as specialty referrals. Except for women's health services, all non-emergent hospital and specialty referrals will require prior authorization. Most referrals to specialty services, however, are auto adjudicated to ensure timely access while also assuring that the CCO is able to track and monitor utilization. Referrals to specialty second opinions are approved seamlessly when local resources are not available.

(iii) Performance Expectations for Data Sharing and Communication

There are near term and longer term expectations regarding data sharing. In the long term, providers will be required to share information via the regional health information exchange for secure and confidential access to protected health information for authorized users. Hospitals and specialty providers will be expected to transmit progress notes, discharge data, diagnostic test results and other important patient information to the primary care home within timelines defined in the provider contracts. The primary care home will serve as the centralized source of patient medical record information.

In the near term, while the health information exchange is developed, providers will continue to share information via fax and through the care coordination/care transition teams. These and other expectations will be defined and described in CCO provider contracts.

(iv) Transitions of Care

Please refer to item A.3.5.i for a description of data expectations during transition between care settings. These expectations will be outlined in CCO policies and procedures and provider contracts will require adherence to those rules.

A.3.7 DHS Medicaid-funded Long Term Care Services

A.3.6.g. Describe Long Term Care Services Agreements

Please refer to item A.3.5.i above for description of the CCO's care coordination and care transitions model of care for DHS Medicaid-funded LTC services. Refer to items A.3.6.b,c, and d for a description of the CCOs model of care for integration between physical health and mental health. The CCO will use the same types of models for integrating physical health, mental health and DHS Medicaid-funded LTC services.

In addition, AllCare will embed primary care providers into the oversight and care provided at long term care facilities three days per week to assure CCO patients receive adequate medical and mental health care and that care coordination plans or transition plans are effectively developed and implemented. The long term care services agreements with local facilities will integrate state funded services with the CCO and SNF services so that care coordination is seamless and all parties are accountable and responsible for meeting their performance expectations. Those expectations will be defined for the five required domains, including 1) prioritization of high need members; 2) development of individualized care plans; 3) transitional care practices; 4) member engagement and preferences; and 5) establishing team-based care. AllCare Health Plan will likely add a sixth domain that defines the role of the primary care home for embedded practitioners.

A.3.8 Utilization Management

A.3.8.a. Describe UM Services for Vulnerable Populations

The key to utilization management for vulnerable and diverse populations is to eliminate/minimize barriers to access, assure adequate preparedness for transitions of care settings, and promotion of patient safety. The current MCO auto-adjudicates all referrals from contracted primary care providers and specialists so quick access to services is guaranteed. Coordinated transitional planning ensures that patients are able to return to their original living setting the majority of the time.

A new benefit under the CCO coverage will allow direct admission to long term care without prior hospitals stays or a fourteen day skilled nursing facility or foster home placement while longer term decisions can be made. Families and caregivers will receive greater support at home from the CCO's care coordination and transitions teams. Medication management functions will expand to include our vulnerable and diverse populations for medication reconciliation and administration. The Medication Therapy Management (MTM) will be able to electronically cross check current medications to identify potential adverse effects or contra-indications. New procedures will be developed to expand the roles and responsibilities of our ENCC experts to include job sharing with ENCC for mental health. This team will assist patients' ability to navigate transitional housing services, law enforcement, and residential care system more effectively.

Section 4 – Health Equity and Eliminating Health Disparities

A.4.1. Best Practices in Culturally Appropriate Care

AllCare Health Plan is addressing culturally appropriate care in three ways. The current MCO is in the process of developing training modules to transition the workforce into Primary Care Homes as part of its transformation into the CCO model of care, including health inequities and linguistic/cultural disparities. All providers within the contracted network and their staff are encouraged to undertake this training.

In addition, AllCare is renegotiating provider contracts that is exploring ways to include performance expectations around health equities and linguistic/cultural appropriateness. And finally, AllCare is in the process of upgrading its staff capabilities to better identify and address health inequities and to ensure enrollees are properly assigned to primary care providers best able to meet their specific needs.

A.4.2. Tracking and Monitoring Demographic Factors and Quality

Please refer to item A.3.5.i on transitions care planning and A.3.5.l on individual care planning for a description of data collection, tracking, and monitoring health inequities, linguistic/cultural diversity, mental health/cognitive status, and substance abuse data. This is in addition to data collected annually as part of the health risk assessment and care planning process.

Section 5 – Payment Methodologies that Support the Triple Aim

A.5.1 Payment Methodologies

The AllCare Health Plan will use multiple payment methodologies to successfully achieve the triple aim of better population health, better individual health, and lower per capita costs. For example:

- Primary care providers who also participate in the on-line primary care medical home training will receive enhanced capitation. Practices that achieve tier 1, 2, or 3 recognition by the state will receive higher capitation rates to compensate for increased performance expectations for care coordination, care transition planning, and team based care across the continuum of care
- Specialty care providers and acute care facilities will have the opportunity to participate in shared savings incentives that promote reduction/elimination of unnecessary diagnostic and treatment services, track and improve quality measures, reduce inappropriate emergency room utilization, reduce unnecessary readmissions, and participate in transition planning, care coordination, information sharing and quality improvement initiatives. Over time,

payment methodologies may migrate some or all of the provider network toward shared risk through full or partial capitation agreements
- All providers who adopt electronic medical records and routinely share patient data via the health information exchange will receive added incentive bonuses (if resources allow)
- All providers will be expected to participate in quality improvement initiatives and supply utilization data as requested by the CCO and/or the state.

Once the CCO becomes fully operation the Board of Directors will direct the CAP to develop and recommend compensation models designed to further recognize and reward successful outcomes and member satisfaction. Further, until the state guarantees that the CCO global budget is actuarially sound, provider contracts with shared savings payment schemes may include provisions that trigger shared losses should losses occur.

Section 6 – Health Information Technology

A.6.1. HIT, EHRs, and HIE

A.6.1.a. Current Health Information Technology (HIT) Capacity

AllCare is in the process of expanding provider adoption of electronic health record systems across the service area. Available grants include funds to develop a regional health information exchange. AllCare is coordinating with other healthcare entities as part of the regional Jefferson Health Information Exchange planning and development process.

The current MCO functions as an Application Service Provider by hosting the Greenway suite of EHR products that are offered to primary care and specialty care providers across the service area. This is a low cost opportunity for providers to access electronic medical records that are CCHIT certified and support meaningful use for federal incentive bonuses. At the present time over 42% of service area providers use electronic medical records and integrated practice management systems.

Current data analytic capabilities support quality improvement programs, state reporting requirements and federal reporting requirements for oversight of the OHP, Medicare Advantage, and Special Needs Plan for the dual eligible. Transition to a CCO care delivery and financing structure will require increased analytical support to better monitor utilization, quality, and cost.

Other HIT improvements will eventually target patient engagement, starting with expanded use of email for care coordination communication, provider-to-patient contact, and on-line scheduling capabilities. While many of the target population don't currently have computer access or capabilities, a growing number of patients are requesting this type of communication with their providers and access to their personal health information. The CCO plans to evaluate patient on-line communication needs and develop programs accordingly.

S.6.1.b. EMR Adoption Rates

Under the HRSA grant, the current MCO inventoried the service area to determine how many providers used EMR systems, how many were ONC / CCHIT certified, how many were planning to adopt an EMR, and how many continued to use paper-based systems. In late 2011, the EMR adoption rate was as follows:

HIT Adoption	Josephine Co.	Curry Co.	Total	Percent

Rates				
Current EMR Use				
Yes	105	16	121	42%
No	55	16	71	24%
Unknown	53	46	99	34%
	213	78	291	100%
Meaningful Use				
Yes	123	30	153	53%
No	38	1	39	13%
Maybe	3	1	4	1%
Unknown	49	46	95	33%
	213	78	291	100%
HIE Use				
Yes	121	30	151	52%
No	24	1	25	9%
Maybe	28	1	19	7%
Unknown	50	46	96	32%
	213	78	291	100%

Note: Jackson County capacity data was not collected.

AllCare is tracking the increase in adoption rates as part of its three-year HRSA HIT grant. It has a strategic business plan in place and will continue to implement that plan over the ensuing two years. Inherent to the plan is development and implementation of a sustainable funding method for health information exchange services and transactions.

A.6.1.c. Facilitating Meaningful Use

AllCare promotes use of its Greenway ASP as the quickest avenue toward achieving meaningful use. Since 2009, adoption of Greenway has increased from 10 sites to 30 sites with five more in process. Most EHR providers have started to receive their meaningful use incentives. In addition to Greenway, the current MCO is financially supporting implementation of other NCO/CCHIT certified EMR vendor systems through the HRSA grant funds with the intent to promote EMRs and meaningful use for all primary and specialty providers.

As provider contracts are updated and renegotiated for the CCO, new language is being added to address expectations around information exchange as a cost reducing mechanism and a patient safety initiative.

APPENDIX B
PROVIDER PARTICIPATION AND OPERATIONS QUESTIONNAIRE

Section 1: Service Area and Capacity

As of February, 2012, there were 59,801 Medicaid enrollees in the current MCO three-county service area and market share varies by county. AllCare serves 70% of the enrolled Medicaid population in Curry County, 56% in Josephine County, and 34% in Jackson County, a 49% increase over 2010. Five other MCO's shared the remaining enrolled Medicaid population and Medicaid FFS represented an additional 12% of the market. AllCare has the capacity to serve the entire Medicaid population in the service area, including provision for future enrollment growth.

Service Area Table: Projected Capacity Level

Service Area Description	Zip Codes	Maximum Number of Members Capacity Level
Curry County	97406, 97415, 97444, 97450, 97464, 97465, 97476, 97491	Current: 3,358 Projected: 5,000
Josephine County	97478, 97497, 97523, 97526, 97527, 97531, 97532, 97533, 97534, 97538, 97543, 97544	Current: 18,641 Projected: 25,000
Jackson County	97501,97502,97503,97504, 97520, 97522, 97524, 97525, 97530, 97535, 97536, 97537, 97539, 97540, 97541	Current: 37,802 Projected: 45,000
Douglas County	97410, 97442	Current: 255 Projected: 500
Total (25% increase)		Current: 60,056* Projected: 75,500

* *The total includes 59,801 in the three county service area plus 255 for Douglas County.*

Section 2 – Standards Related to Provider Participation

Standard #1: The applicant has the ability to deliver or arrange for all the Coordinated Care Services that are medically necessary and reimbursable. AllCare contracts with 95% of all available physical health entities in the service area. Please refer to Table B-1 for a complete list of individual providers. AllCare is in the process of building its mental health network and plans to contract with two and possibly three DCOs prior to 2014. It maintains integrated partnerships with all three public health departments, community mental health programs, local government, and community based services in each county. (Please refer to Appendix A for a detailed list of partner organizations.) Community health workers, peer wellness specialists, doulas, and navigators will work with our Exceptional Needs Care Coordinators to expand staff capacity needed to help enrollees appropriately access available medical, mental, dental, and community based services. These are new positions to the CCO and will support our Shared Resource Center for Care Coordination. The Resource Center will offer our primary care home providers access to centralized support services to implement a patient-centered primary care delivery model. The CCO plans to recruit new staff to fill these positions during the summer and will train the new staff though the primary care home training modules used to transition our primary care providers into Patient Centered Primary Care Homes. New provider expansion initiatives include: 1) AllCare Health Plan has initiated discussions with Rogue Community College to develop curriculum for a credentialed course to certify or credential Community Health Workers; 2) AllCare Health Plan is in discussion with the medical director of the Southern Oregon HeadStart to explore better ways to support their pre-school assessment program through collaboration and seamless integration with the

CCO; and 3) AllCare is meeting with representatives of Medicaid Funded LTC services to discuss creative ways to integrate those services into the CCO and to identify performance metrics that monitor access to physical and mental health services while in LTC residential facilities and alternative care settings. Discussions are also addressing new ways to keep CCO members independent for as long as possible through greater collaboration and care coordination.

Standard #2: Providers for Members with Special Needs: Currently, our contracted provider network includes sufficient resources to meet the needs of members with special needs. Please refer to Table B-1 to identify the specific providers and facilities that serve our vulnerable enrollees.

Summary of Resources for Special Needs (Number of Physical Health Providers)

Special Need	Curry	Jackson	Josephine	Total
Blind	3	44	34	81
Aged	5	56	41	102
Disabled Children	2	40	28	70
Disabled Adults	3	49	38	90
High Health Care Needs	1	27	27	55
Multiple Chronic Disease	3	42	34	79
Mental Illness	1	34	36	71
Chemical Dependency	1	22	17	40
Children/Youth in Substitute Programs	2	28	22	52
Children/Youth in Substitute Programs by OYA	2	26	20	48
Children Receiving Adoption Assistance	2	29	19	50
Spanish	1	33	11	45
German	0	3	3	6
French	0	3	2	5
Other languages (Swedish, Hindi, Portuguese, Chinese)	0	7	5	10

In addition to our network of contracted providers serving special needs members, AllCare ensures that they have individual care plans. An Interdisciplinary Care Team may be formed to support the special needs member, depending upon level of need indicated by the Health Risk Assessment (HRA), primary care provider input, patient interview information, and an evaluation of how well the patient is responding to care plan goals and objectives. The composition of the Interdisciplinary Care Team varies and may include any combination of the following resources: CCO Medical Director, Hospital Liaisons, CMHP Medical Director, CCO QI Director, providers, addiction services representatives, case managers, community outreach coordinators, pharmacists, Oregon Division of Human Services, CMS representatives, nutritionists, SNF representatives, home health, DME, health advocates, spiritualists, LTC partners and health educators. To implement individualized care plan, the current MCO operates in partnership with public health departments, social services, and community based programs that assist patients in managing their health. Members and their families and/or caregivers are encouraged to be actively involved in goal setting and engagement on their individualized care plan. Home visits by health educators and case management staff are utilized whenever quality and safety issues have been identified.

Standard #3 – Publicly Funded Public Health and Community Mental Health Services.

Name of Publicly Funded Program	Type of Public Program	Counties Served	Specialty/Sub-Specialty Codes
Rogue Valley Council of	A voluntary association of 22 local jurisdictions, special districts, and education institutions,	Jackson and Josephine	73.737 74.725-741

Governments- Sr. and Disability Services	includes Area Agency on Aging and Senior and Disability Services	Counties	75.742-750 77.755-761 78.761 81.775 81-780 86.802-812
Jackson County Health and Human Services	Programs include alcohol, drug & gambling treatment, mental health, family planning, immunizations, services to persons with developmental disabilities, communicable disease including HIV/AIDS, school health, custody mediation, WIC food coupons, etc	Jackson	22 64-505-514 77.751, 755,760 83.790 86.802-815
Jackson County Mental Health	JCMH provides information, referral and screening for all mental health concerns, including immediate crisis assessment and intervention and a comprehensive array of treatment services to individuals who have serious mental illness and are in need of medical treatment.	Jackson	06.035 33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470 69.545, 530, 545 70.900, 700-705
Josephine County Public Health	Provides cancer screening, prevention, family planning, HIV prevention, parent and child health, perinatal care, STC clinic, WIC, women's health, among others.	Josephine	22 64.505-514 77.751, 755,760 83.790 86.802-815
Options	Community Mental Health Program	Josephine	06.035 33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470 69.545, 530, 545 70.900, 700-705
OnTrack	Addiction Recovery Services	Josephine and Jackson Counties	03. 015-019 64.512
Curry County Public Health	Services includes pediatric care, preventable diseases and disorders, maternal and child health services, family planning, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, CaCoon, tobacco prevention, WIC, School Based Health services.	Curry	22 64-505-514 77.751, 755,760 83.790 86.802-815
Curry County Mental Health	Mental health and developmental disabilities	Curry	06.035 33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470 69.545, 530, 545 70.900, 700-705
DHS for Curry County	Area Agency on Aging and Senior and Disability Services	Curry	73.737 74.725-741 75.742-750 77.755-761 78.761

			81.775 81-780 86.802-812
United Community Action Network	Community service organizations focused on the quality of life for elderly, poor, and disabled individuals. Homeless Assistance, transportation, guardian, energy assistance, rental assistance	Josephine and Douglas Counties	Private/Non-Profit
Community Works	Serves victims of domestic violence and sexual assault, high-need youth and their families, foster care, mental health and addictions, vocational support, crisis intervention	SW Oregon	Private/Non-profit
ARC	Addiction recovery services	Jackson	06.035 33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470 69.545, 530, 545 70.900, 700-705
Federally Qualified Health Centers	Public health services, mental health, primary care *Community Health Center (4 sites)* *Siskiyou Community Health Center (3 sites)* *La Clinica (4 sites)*	Josephine & Jackson	15.020-101 48.403

Note: The specialty/subspecialty codes reflect services that could be provided, not necessarily actual programs in each entity.

a. Please refer to Appendix A.II: Community Engagement in Developing the Application.
b. Agreements with publicly funded public health and community mental health services include authorization of and payment for point of contact services and for cooperation with local mental health authorities. Final contracts will be available during the readiness assessment for review.
c. Not applicable

Standard #4: Services for the American Indian/Alaska Native Population; AllCare Health Plan is in the process of negotiating a Letter of Intent with local American Indian tribes.

Standard #5: Indian Health Services and Tribal 638 Facilities: AllCare Health Plan is in the process of negotiating a Letter of Intent with local American Indian tribes.

Standard #6: Integrated Service Array for Children and Adolescents

a. **Applicant's Integrated Service Array Plan:** The Integrated Service Array (ISA) offers a range of services and supports for children needing more intensive treatment coordinated through the Community Mental Health Programs within AllCare Health Plan's services area. It is the intent of AllCare to continue this highly successful approach to children's' mental health services. Specific assessment tools are used to determine level of service and intensity required, and a range of risk factors are taken into consideration. Our standardized approach includes identifying and utilizing child and family teams to determine service coordination needs with emphasis on the use of care coordination to provide service integration across systems for children and families. A range of services and supports are offered by the child and family Care Coordinator who convenes child and family team meetings. Participants in the team meetings often include medical providers, school teachers and counselors, child welfare,

grandparents and siblings, peer support staff, and faith based personnel. The care coordinator ensures that resources are in place and keeps the child and family and the rest of their support system on track to meeting agreed upon goals. Intensive community-based treatment services (ICTS) are provided by CMHPs for children and adolescents who are in need of this evidence-based method of treatment. Defined outcomes measurements are tracked to demonstrate progress. These outcome measures will be reported to the advisory groups and CCO Board of Directors and will be useful in determining future service needs and funding.

b. **Care Coordination between mental health, child welfare, juvenile justice, education, families, community partners to treat serious mental health challenges:** The CMHPs within the service area have established histories in the development and implementation of an ISA system with contractual providers, child welfare, juvenile justice, education, families and community partners. There are multiple inter-organizational committees, work groups and advisory groups that address issues such as family involvement, community resources, collaborative work across agencies, information sharing, and education. The reporting of the progress and advice from these groups will be brought to the Advisory Councils for dissemination and discussion. In addition to the intensive child services and ISA our service area serves as one of the three demonstration sites for Oregon's Statewide Children's Wraparound Initiative. This project brings state agencies and local communities together to deliver integrated services and supports. The Department of Human Services- Child Welfare, Jackson County Mental Health, Options for Southern Oregon (Josephine County's Mental Health Provider) have joined with over 20 community partners to form the Rogue Valley Wraparound Collaborative (RVWC). The RVWC provides individualized, comprehensive, community-based services and supports to foster children and adolescents with serious emotional and/or behavioral problems so they can be reunited and/or remain with their families and communities. One of the guiding principles included in the RVWC process is to ensure that children with mental and behavioral disorders have access to a comprehensive array of services that address the child's physical, emotional, social and educational needs. AllCare Health Plan CCO is committed to ensuring that the ISA continues.

c. **Describe service delivery approach that is family-driven, strength based, culturally sensitive, and community based:** The current MCO's patient support structure with ENCC and case management staff who collaborate with these family driven models supports the principle that families, surrogate families and legal guardians of children should be full participants in the planning and delivery of services. Programs such as the RVWC provide a strengths-based approach that is youth-directed and family driven. Strong interagency collaboration creates seamless service for youth and provides family-centered services to help de-fragment children's lives. The child and family team creates individualized plans to help ensure that children and their families receive culturally sensitive services in their communities, at home and at school. The assessment of members' strengths is a component of this approach that is shared by AllCare and its providers who believe in and support building upon these strengths as a core principle of the shared care plan. Evidence based practices used in this approach include Motivational Interviewing to help the child and family build upon strengths, promote maintenance of the family structure, recognize cultural diversity and are delivered in the member's natural community. Since 2006, the current MCO has coordinated with mental health providers and state welfare agencies around those removed from the home into foster care, assuring they receive physical health, mental health, and dental assessments and services they need.

Standard #7A: Mental Illness Services

a. **Describe community-based mental health services:** The mental health providers in AllCare Health Plan's service area provide a wide range of home and community based services that focus on recovery and support services for chronic and acute issues, and help keep individuals in their homes. The use of outreach case management personnel ensures that individuals are linked to necessary services and supports, including access to health care providers. Peer specialists work hand in hand with individuals in treatment helping to develop healthy life styles and engage in community-based services such as health programs, volunteering and education that promote good quality of life for people. For example, it is now mandatory that any member identified as a smoker upon intake is referred to AllCare's tobacco cessation program.

Skills trainers work with adults, children and families to improve parenting skills and activities of daily living skills such as budgeting and using public transportation. These skills promote self-reliance, improve self-esteem and lead to the acquisition of work and education that enable individuals to become more self-sufficient. The use of professionals in non-traditional ways such as outreach psychiatric nursing to teach and monitor medication use and promote healthy habits is vital to community based services. AllCare recognizes the value that services such as these have in maintaining people in the community and out of higher cost health care settings.

b. **Describe screening capabilities:** Members are screened at multiple points across the provider network and in the community. This occurs in primary care offices, head start early intervention programs, public health, and mental health provider programs, and in the schools via mental health and chemical dependency counselors, at corrections and juvenile justice, Child Welfare and other community based services and programs. AllCare Health Plan currently utilizes a direct primary care referral process to mental health services by mental health providers co-located in primary care offices. The use of standardized screening tools for both mental illness and chemical dependency will be encouraged and expanded throughout the primary care provider network by the CCO. Early detection is currently done with pregnant women accessing Public Health services in both Jackson and Josephine counties and when mental health services are needed, patients are referred directly to the mental health program. Utilization reviews occur regularly through a committee jointly staffed by providers and AllCare, looking for patterns of underutilization of behavioral health services. Information on utilization is reviewed by the committee and action plans for under and over-utilization are in place. Information from this committee will eventually be disseminated to the advisory council for review and the governance board of the CCO. Members with high utilization of service will be engaged by community outreach workers who screen for mental health and chemical dependency issues that may need to be addressed. The staff ensures referral and support engagement in treatment. Utilization data for these individuals will be tracked over time to determine which supports and interventions are most effective. Transformation and integration of care delivery is occurring within clinical settings that include both mental health and physical health personnel. Psychiatric health practitioners are embedded in primary care offices and provide medication management and easy access to mental health intake assessment and referral services. In addition, primary care providers are embedded in mental health clinical settings to assure seamless access to prevention and early intervention services for physical health among those with severe and persistent mental health conditions.

Standard #7B: Chemical Dependency Services

a. **Describe community based chemical dependency services:** Please refer to Appendix A, items A.1.4; A.3.4.b; A.3.5.f: A.3.6.b and Appendix B, Standard #7A.a

b. **Describe screening capabilities:** Please refer to Appendix A, item A.3.6.c; A.3.5.c and Appendix B, Standard #7A.b

Standard #8: Pharmacy Services and Medication Management

a. AllCare has managed prescription drug benefits as covered services using the OHP formulary since 1996.

b. AllCare limits access to restricted drugs via prior authorizations and employs utilization edits such as stepped drug therapy regimens that rely heavily on less costly but equally effective drugs. It maintains a robust patient care committee and a separate pharmacy committee that oversees and maintains the closed generic based formulary for Medicaid patients. They also oversee the formulary, generic drug usage, psychotropic drug usage, and OTCs and monitors utilization data to assure internal controls are successful in managing covered drug benefits. The committee also makes recommendations periodically concerning evidence based best practices for managing drug benefits.

c. AllCare contracts with all local pharmacies and long term care pharmacies as part of its existing OHP and MA contractual obligations through delegation to its Pharmacy Benefit Manager, MedImpact Healthcare Systems

d. MedImpact, manages claims adjudication at point of sale. All claims information submitted by the pharmacy is reviewed by MedImpacts system and processed on the basis of member eligibility, benefit configuration, and pharmacy network reimbursement rates. AllCare retains the ability to override authorizations except after hours. The health plan also retains and manages all quality oversight responsibilities, including customer complaints, grievances, appeals, and denials. The current MCO performs on-site audit reviews of the PBM policies, procedures, and processes, including confidentiality and security, every two years.

e. The PBM, MedImpact, manages all prior authorization after hours, weekends and holidays.

f. Brand AWP – 15.5% (post-AWP Settlement), Generic AWP – 75.5$, Plan receives 90% of all permissible, collected rebates based on Plan's drug utilization. Dispensing fees are $1.75 per claim for brand and generic drugs. Administrative fee is $1.04 per electronically processed claim, $1.20 per manually processed claim, PBM retains 105 of all permissible, collected rebates, Plan pays $0.20 per electronic transaction for physicians and hospitals requesting information via PBM e-presecribing support program.

g. AllCare contracts with two Federally Qualified Health Centers, including Jackson County Community Health Center and Siskiyou Community Health Center. Through The PBM's SUNRx system, MedImpact contributes claims adjudication expertise, eligibility accessibility, and the full range of transparent PBM services to 340B entities' discount opportunities. SUNRx provides integrated pharmacy network, core knowledge of federally qualified health center operating practices, and a virtual inventory system that automates the wholesale ordering and approval process.

h. AllCare maintains a Medication Therapy Management committee, delegated to Outcomes Pharmaceuticals, as part of its condition of participation in the Medicare Advantage program, which includes the dually eligible. The committee meets monthly to oversee drug benefits, utilization, costs, formulary, and best practices. This program will be expanded to include Medicaid beneficiaries as part of the CCO contract.

i. E-prescribing across the AllCare service area is high. While exact numbers are not available, it is estimated that over 60% e-prescribe today and the number is growing as more providers adopt EMRs.

Standard #9 – Hospital Services

a. AllCare contracts with five hospitals in the three-county service area, including Asante Health Services with a tertiary facility in Medford and a community hospital in Grants Pass; Providence Medford Medical Center; Ashland Community Hospital in Ashland; and Curry General Hospital in Gold Beach. It also contracts with Sutter Coast Hospital in Crescent City, CA. There are no other inpatient facilities in the service area. The majority of beneficiaries residing in Jackson and Josephine County are assured access to acute inpatient and hospital based outpatient services, usually within a 30 minute drive from their residence. Residents of southern Curry County receive acute inpatient and hospital based outpatient services from Sutter Coast Hospital, located 30 minutes south of Brookings. Curry General Hospital is a public health district and a Critical Access Hospital providing central and northern Curry residents access within 30 minutes. In addition, central and north Curry residents have access to Sutter Coast Hospital within a 60-90 minute drive. Burn services, Level I trauma services, and super-subspecialties are provided through Oregon Health and Sciences University in Portland. Facilities in Eugene serve premature newborns and some cardiac modalities that are not available locally. Monitoring access to hospital services is completed regularly as part of the Medicare Advantage contract renewal process where detailed access standards are calculated for members residing throughout the service area. Past analyses indicate that approximately 90% of geography meets CMS access standards.

b. AllCare provides member education as part of its Medicaid on-boarding process. That education includes instruction on appropriate use of ambulance, emergency services, and urgent care. However, adherence to those policies and procedures is not as high as desired and health plan staff have recently partnered with hospital emergency services to better triage walk-ins. AllCare staff are also working with primary care offices to block more time for walk-in patients and there is a call service available twelve hours per day to answer member's questions about coverage, access, and service availability and to help members navigate the provider network effectively. In addition, the health plan is working with mental health organizations to integrate physical health and mental health in a way that better serves patients in the appropriate setting by the appropriate team of providers. And finally, the health plan monitors members who appear to be inappropriately using emergency and ambulance services and reaches out to help them find better, more cost-effective care settings and transportation alternatives.

c. AllCare policy is to deny claims involving hospital admissions that occur less than 15 days from the same patient's date of discharge from the same hospital for the same condition. The denial is pended and adjudication is contingent on Medical Director chart review. There is an appeals process available to challenge the adjudication by patient or the provider. This policy aligns with current Medicare guidelines for adverse events and hospital acquired conditions.

d. AllCare works closely with its contracted hospitals and skilled nursing facilities to assure that preventable readmissions are avoided. Please refer to Appendix A, Section A.3.5.i – k for a detailed description of our transitions coordination policies and processes.

e. AllCare is working with its contracted hospitals to specifically address avoidable emergency room visits and hospital readmissions. Multidisciplinary teams involving health plan physical and/or mental health care coordinators, hospital discharge planners, care givers, Exceptional Needs Care Coordinators, and sub-acute facilities (as needed) meet weekly to address the specific needs of vulnerable inpatients who are scheduled for transition. Please refer to Appendix A, Section A.3.5.i – k for a detailed description of our transitions coordination policies and processes.

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PUBLICLY FUNDED HEALTH CARE AND SERVICE PROGRAMS

NAME OF PROGRAM	TYPE OF PUBLIC PROGRAM	COUNTY SERVED	
Rogue Valley Council of Governments- Sr. and Disability Services	A voluntary association of 22 local jurisdictions, special districts, and education institutions, includes Area Agency on Aging and Senior and Disability Services	Jackson and Josephine	73.737
Jackson County Health and Human Services	Programs include alcohol, drug & gambling treatment, mental health, family planning, immunizations, services to persons with developmental disabilities, communicable disease including HIV/AIDS, school health, custody mediation, WIC food coupons, etc	Jackson	22
Jackson County Mental Health	JCMH provides information, referral and screening for all mental health concerns, including immediate crisis assessment and intervention and a comprehensive array of treatment services to individuals who have serious mental illness and are in need of medical treatment.	Jackson	6.035
Josephine County Public Health	Provides cancer screening, prevention, family planning, HIV prevention, parent and child health, perinatal care, STC clinic, WIC, women's health, among others.	Josephine	22
Options	Community Mental Health Program	Josephine	6.035
Ontrack	Addiction Recovery Services	Jackson and Josephine	03. 015-019

Curry County Public Health	Services includes pediatric care, preventable diseases and disorders, maternal and child health services, family planning, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, CaCoon, tobacco prevention, WIC, School Based Health services.	Curry	22
Curry County Mental Health	Mental health and developmental disabilities	Curry	6.035
United Community Action Network	Community service organizations focused on the quality of life for elderly, poor, and disabled individuals. Homeless Assistance, transportation, guardian, energy assistance, rental assistance	Josephine and Douglas	Private/Non-
Community Works	Serves victims of domestic violence and sexual assault, high-need youth and their families, foster care, mental health and addictions, vocational support, crisis intervention	SW Oregon	Private/Non-
Federally Qualified Health Centers**	Public health services, mental health, primary care	Jackson and Josephine	15.020-101

** Specialty and sub/specialty codes reflect the types of services/programs that could be offered by each enti*

*** Includes:* *Community Health Center (4 sites)*
Siskiyou Community Health Center (3 sites)
La Clinica (4 sites)

SPECIALTY/SUB-SPECIALTY CODES*

74.725-741	75.742-750	77.755-761	78.761	81.775	81-780	86.802-812
64-505-514	77.751, 755,760	83.79	86.802-815			
33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470					69.545, 530, 545	70.900, 700-705
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48.403						

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PUBLICLY FUNDED HEALTH CARE AND SERVICE PROGRAMS

NAME OF PROGRAM	TYPE OF PUBLIC PROGRAM	COUNTY SERVED	
Rogue Valley Council of Governments- Sr. and Disability Services	A voluntary association of 22 local jurisdictions, special districts, and education institutions, includes Area Agency on Aging and Senior and Disability Services	Jackson and Josephine	73.737
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Curry County Public Health	Services includes pediatric care, preventable diseases and disorders, maternal and child health services, family planning, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, CaCoon, tobacco prevention, WIC, School Based Health services.	Curry	22
Curry County Mental Health	Mental health and developmental disabilities	Curry	6.035
DHS for Curry County	Area Agency on Aging and Senior and Disability Services	Curry	73.737
United Community Action Network	Community service organizations focused on the quality of life for elderly, poor, and disabled individuals. Homeless Assistance, transportation, guardian, energy assistance, rental assistance	Josephine and Douglas	Private/Non-
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ARC	Addiction Recovery Services	Curry	6.035
Federally Qualified Health Centers**	Public health services, mental health, primary care	Jackson and Josephine	15.020-101

* *Specialty and sub/specialty codes reflect the types of services/programs that could be offered by each enti*

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33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470					69.545, 530, 545	70.900, 700-705
48.403						

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Plan Name (Line 1)	Last Nameof Physician or Mid-Level Practitioner (Line 2)	First Name of Physican or Mid-Level Practitioner (Line 3)	Business/Practice Address (Line 4)
	Curry County		
MRIPA	Cochran	Joseph	565 5th St
MRIPA	Hardesty	Kevin	307 Fern Ave
MRIPA	Smith	Dane	565 5th St
MRIPA	Westfall	Thomas	94223 4th St
	Josephine County		
MRIPA	Aoto	Charles	540 Union Ave
MRIPA	Allen	Stephen	1201 NE 7th Street Ste A
MRIPA	Arrigotti	Daniel	540 Union Ave
MRIPA	Bigelow	Gregory	1050 SW Grandview Ave
MRIPA	Briseno	Robert	540 Union Ave Ste A
MRIPA	Buchanan	Justin	1050 SW Grandview Ave
MRIPA	Castle	Kenneth	1035 NE 6th St, Ste B
MRIPA	Dryden	Dennis	1215 NE 7th St Ste A
MRIPA	Dryden	Dennis	828 NE A St
MRIPA	Dryden	Jeff	1004 Ramsey Ave
MRIPA	Dwyer	Timothy	1212 NE 7th St
MRIPA	Erickson	Sten	1035 NE 6th St, Ste B
MRIPA	Erickson	Sten	1035 NE 6th Street Ste B
MRIPA	Erickson	Ian	1224 NE 7th St
MRIPA	Erickson	Mart	1224 NE 7th St
MRIPA	Freeman	Ivan	1201 NE 7th Street Ste A
MRIPA	Gallagher	Jesse	540 Union Ave
MRIPA	GaRey	Daniel	570 NE E St
MRIPA	Gillis	Scott	540 Union Ave
MRIPA	Goei	Meijanti	540 Union Ave Ste A
MRIPA	Goei	Meijanti	1607 Williams Hwy # 4
MRIPA	Hales	Jim	781 B NE 7th Street
MRIPA	Hamilton	Emory	1201 NE 7th St Ste E
MRIPA	Hill	Ryan	1201 NE 7th Street Ste A
MRIPA	Huddleston	Darren	1035 NE 6th St Ste A
MRIPA	Johnston	Matthew	1215 NE 7th St Ste A
MRIPA	Jones	Ronald	1201 NE 7th Street Ste A
MRIPA	Kannan	Poongkodi	1201 NE 7th Street Ste A
MRIPA	Lanahan	Donald	824 NE A St
MRIPA	Ledesma	Jed	118 NE Jackson St
MRIPA	Lillian	David	1035 NE 6th St Ste B
MRIPA	Long	Kailua	1360 McMullen Creek Rd
MRIPA	Lynch	Theodore	934 NE 8th St
MRIPA	Matthews	Christopher	859 NE 7th
MRIPA	Matthews	Christopher	859 NE 7th St
MRIPA	Miller	Richard	1100 NE 7th St Ste B
MRIPA	Mudrow	Kevin	1035 NE 6th St Ste B
MRIPA	Olfson	George	1212 NE 7th St
MRIPA	Pastrell	Peter	1050 SW Grandview Ave
MRIPA	Pilcher	James	568 NE E St
MRIPA	Porter	Diana	1035 NE 6th Street Ste B
MRIPA	Rajagopal	Rajiv	869 NE 7th St
MRIPA	Riechers	Sara	568 NE E St

MRIPA	Rogers	Steven	781 NE 7th St Ste A
MRIPA	Savage	James	869 NE 7th St
MRIPA	Shishkin	Igor	934 NE 8th St
MRIPA	Smith	Dane	934 NE 8th St
MRIPA	Sutton	Raelyn	828 NE A St
MRIPA	Townsend	Cameron	1004 SW Ramsey Ave
MRIPA	Uso	Madrid	540 Union Ave Ste A
MRIPA	Waschak	John	560 NE E St.
MRIPA	Wright	Tyler	118 NE Jackson St
	Jackson County		
MRIPA	Abbett	Tamara	940 Ellendale Dr
MRIPA	Aoto	Charles	1710 E Pine St Ste A
MRIPA	Aoto	Charles	11160 Highway 62 Ste A
MRIPA	Aoto	Charles	310 E Main St
MRIPA	Barry	Anne	906 Royal Ct
MRIPA	Barsalou	Luke	1307 W Main St
MRIPA	Barsalou	Luke	3617 S Pacific Hwy
MRIPA	Barsalou	Luke	4940 Hamrick Rd
MRIPA	Beck	Melinda	574 Washington Street
MRIPA	Bishop	Brian	1150 Crater Lake Avenue Ste C
MRIPA	Briseno	Robert	1710 E Pine St Ste A
MRIPA	Briseno	Robert	11160 Highway 62 Ste A
MRIPA	Briseno	Robert	310 Main St
MRIPA	Briseno	Robert	114 Molly Street
MRIPA	Cochran	Joseph	1146 Iowa St
MRIPA	Costa	Michael	3617 S Pacific Hwy
MRIPA	Cullen	Brandt	574 Washington Street
MRIPA	Davis	Adam	1150 Crater Lake Ave Ste I
MRIPA	Dennehy	Anne	801 E Main St Ste 101
MRIPA	Erickson	Ian	906 Royal Ct
MRIPA	Fine	Amy	1307 W Main St
MRIPA	Fine	Amy	3617 S Pacific Highway
MRIPA	Fine	Amy	4940 Hamrick Rd
MRIPA	Frimkess	Steven	1150 Crater Lake Avenue Ste C
MRIPA	Gallagher	Jesse	310 E Main St
MRIPA	Getsinger	Philip	1307 W Main St
MRIPA	Getsinger	Philip	3617 S Pacific Highway
MRIPA	Getsinger	Philip	4940 Hamrick Rd
MRIPA	Gillespie	Stephen	2692 N. Pacific Hwy. Ste A
MRIPA	Gillis	Scott	1710 E Pine St Ste A
MRIPA	Gillis	Scott	11160 Highway 62 Ste A
MRIPA	Hallin	Allison	826 E Main Street
MRIPA	Hamilton	Thomas	1710 E Pine St
MRIPA	Hamilton	Emory	2930 E Barnett Rd
MRIPA	Hampton	Kip	2665 Siskiyou Blvd
MRIPA	Hill	Bryan	1710 E Pine St
MRIPA	Hill	Mary	826 E Main Street
MRIPA	Hill	Ryan	826 E Main Street
MRIPA	Jung	Tae	826 E Main Street
MRIPA	Juson	Natalya	3617 S Pacific Hwy
MRIPA	Kapp	Beau	980 N Phoenix Rd Ste 101
MRIPA	Keck-Erickson	Nicole	906 Royal Ct
MRIPA	Kittelson	Ian	1307 W Main St
MRIPA	Kittelson	Ian	3617 S Pacific Hwy
MRIPA	Kittelson	Ian	4940 Hamrick Rd

MRIPA	Layer	David	3617 S Pacific Highway
MRIPA	Layer	David	4940 Hamrick Rd
MRIPA	Layer	David	940 Ellendale Dr
MRIPA	Leong	Richard	115 W Stewart Ave Ste 101
MRIPA	LeRoy	Jack	11160 Highway 62 Ste A
MRIPA	Logan	Bruce	3162 State St
MRIPA	Lynch	Theodore	2952 Lazy Creek Dr
MRIPA	Martin	Michael	16300 Highway 62
MRIPA	Marynak	Deborah	1710 E Pine Suite A
MRIPA	Miller	Rex	570 Blackstone Aly
MRIPA	Miller	Gregory	1123 E Main St
MRIPA	Oas	Andrew	1123 E Main St
MRIPA	Ollman	Peter	925 Town Centre Drive Suite B
MRIPA	Ortiz	Pamela	691 Murphy Rd Ste 102
MRIPA	Pearson	Gregory	1123 E Main St
MRIPA	Rajagopal	Rajiv	1625 E Mcandrews Rd Ste A
MRIPA	Rajagopal	Rajiv	2825 E Barnett Rd
MRIPA	Rajagopal	Rajiv	2262 Ashland St
MRIPA	Reynolds	Michael "Mick"	2952 Lazy Creek Dr
MRIPA	Roa	Calie	1307 W Main St
MRIPA	Roa	Calie	3617 S Pacific Highway
MRIPA	Roa	Calie	4940 Hamrick Rd
MRIPA	Rogers	John	1601 E Mcandrews Rd Ste B
MRIPA	Rothfus	Randall	2952 Lazy Creek Dr
MRIPA	Savage	James	1625 E Mcandrews Rd Ste A
MRIPA	Savage	James	2262 Ashland St
MRIPA	Sims	Nathan	2952 Lazy Creek Dr
MRIPA	Spencer	David	2692 N. Pacific Hwy. Ste A
MRIPA	Sprick	Kathy	21 S Front St
MRIPA	Starley	Matthew	1307 W Main St
MRIPA	Starley	Matthew	3617 S Pacific Hwy
MRIPA	Starley	Matthew	4940 Hamrick Rd
MRIPA	Starley	Matt	4940 Hamrick Road
	Stebbins	Robert	806 E Jackson St
MRIPA	Wheeler	Carl	1307 W Main St
MRIPA	Wheeler	Carl	3617 S Pacific Hwy
MRIPA	Wheeler	Carl	4940 Hamrick Rd
MRIPA	Wooton	Randy	1123 E Main St
MRIPA	Wu	Julie	2201 E Barnett Rd
MRIPA	Uso	Madrid	11160 Hwy 62
MRIPA	Zirkle	Ronald	925 Town Centre Drive Suite B

Business/ Practice City (Line 5)	Business/ Practice Zip Code (Line 6)	Business County (Line 7)	Provider Type (Line 8)	Speciality (Line 9)	NPI # (Line 11)	Primary Care Provider? Y or N (Line 12)	Primary Care Provider (PCP) Identifier - PCPCH
Brookings	97415-9702	Curry	17	118	1700897071	N	N
Brookings	97415-0041	Curry	17	112	1275619280	N	N
Brookings	97415-9702	Curry	17	115	1801906615	N	N
Gold Beach	97444-7756	Curry	17	112	1639356512	Y	N
Grants Pass	97527-5544	Josephine	17	112	1427274059	N	N
Grants Pass	97526-1451	Josephine	17	112	1952636847	Y	N
Grants Pass	97527-5544	Josephine	17	112	1104043272	N	N
Grants Pass	97527-5527	Josephine	17	112	1821080177	N	N
Grants Pass	97527-5544	Josephine	17	112	1851517353	N	N
Grants Pass	97527-5527	Josephine	17	112	1083693774	N	N
Grants Pass	97526-1298	Josephine	17	112	1609031426	Y	N
Grants Pass	97526-1450	Josephine	17	112	1487650701	N	N
Grants Pass	97526-2212	Josephine	17	112	1487650701	N	N
Grants Pass	97527-5816	Josephine	17	111	1881786176	N	N
Grants Pass	97526-1424	Josephine	17	112	1053532457	N	N
Grants Pass	97526-1298	Josephine	17	112	1548549991	N	N
Grants Pass	97526-1298	Josephine	17	112	1548549991	N	N
Grants Pass	97526-1424	Josephine	17	112	1528216256	N	N
Grants Pass	97526-1424	Josephine	17	112	1215265863	N	N
Grants Pass	97526-1451	Josephine	17	112	1922076652	Y	N
Grants Pass	97527-5544	Josephine	17	112	1700041613	N	N
Grants Pass	97526-2326	Josephine	17	112	1235172776	N	N
Grants Pass	97527-5544	Josephine	9	112	1972726339	N	N
Grants Pass	97527-5544	Josephine	17	112	1396960159	N	N
Grants Pass	97527-5674	Josephine	9	112	1396960159	N	N
Grants Pass	97526-1654	Josephine	17	112	1275620783	Y	N
Grants Pass	97526-1451	Josephine	17	117	1497748057	N	N
Grants Pass	97526-1451	Josephine	17	112	1447570262	Y	N
Grants Pass	97526-1298	Josephine	17	112	1467611921	N	N
Grants Pass	97526-1450	Josephine	17	112	1811903883	N	N
Grants Pass	97526-1451	Josephine	17	112	1609873470	Y	N
Grants Pass	97526-1451	Josephine	17	112	1528164563	Y	N
Grants Pass	97526-2212	Josephine	17	112	1578671574	N	N
Grants Pass	97526-1644	Josephine	17	112	1437110012	N	N
Grants Pass	97526-1298	Josephine	17	112	1356652358	Y	N
Selma	97538-9749	Josephine	18	125	1295855831	Y	N
Grants Pass	97526-1641	Josephine	17	118	1134246366	N	N
Grants Pass	97526-1634	Josephine	17	113	1548269327	N	N
Grants Pass	97526-1634	Josephine	17	113	1548269327	N	N
Grants Pass	97526-1415	Josephine	17	112	1770583866	Y	N
Grants Pass	97526-1298	Josephine	17	112	1114126992	Y	N
Grants Pass	97526-1424	Josephine	17	112	1073734463	N	N
Grants Pass	97527-5527	Josephine	17	112	1750373197	N	N
Grants Pass	97526-2326	Josephine	17	112	1538165014	N	N
Grants Pass	97526-1298	Josephine	18	125	1427046903	Y	N
Grants Pass	97526-1634	Josephine	17	115	1760665046	N	N
Grants Pass	97526-2326	Josephine	17	112	1083892889	N	N

Grants Pass	97526-1654	Josephine	17	112	1487652244	N	N
Grants Pass	97526-1634	Josephine	17	115	1205019585	N	N
Grants Pass	97526-1641	Josephine	17	112	1912990839	Y	N
Grants Pass	97526-1641	Josephine	17	115	1801906615	N	N
Grants Pass	97526-2212	Josephine	17	112	1760471163	Y	N
Grants Pass	97527-5816	Josephine	17	111	1598852188	N	N
Grants Pass	97527-5544	Josephine	17	112	1942316773	N	N
Grants Pass	97526-2326	Josephine	17	118	1265632715	Y	N
Grants Pass	97526-1644	Josephine	17	112	1174618532	N	N
Medford	97504-8216	Jackson	9	112	1972504710	Y	N
Central Point	97502-2811	Jackson	17	112	1427274059	N	N
Eagle Point	97524-8025	Jackson	17	112	1427274059	N	N
Rogue River	97537-9420	Jackson	17	112	1427274059	N	N
Medford	97504-6139	Jackson	17	112	1972599140	Y	N
Medford	97501-2936	Jackson	17	112	1891926184	Y	N
Medford	97501-8957	Jackson	17	112	1891926184	N	N
Central Point	97502-3072	Jackson	17	112	1891926184	Y	N
Ashland	97520-1682	Jackson	17	112	1447278684	Y	N
Medford	97504-6213	Jackson	17	118	1073772299	N	N
Central Point	97502-2811	Jackson	17	112	1851517353	N	N
Eagle Point	97524-8025	Jackson	17	112	1851517353	N	N
Rogue River	97537-9420	Jackson	17	112	1851517353	N	N
Glendale	97442-3001	Jackson	17	112	1851517353	N	N
Ashland	97520-2220	Jackson	17	118	1700897071	Y	N
Medford	97501-8957	Jackson	17	112	1144252529	Y	N
Ashland	97520-1682	Jackson	17	112	1700829546	Y	N
Medford	97504-6213	Jackson	9	112	1770660912	Y	N
Medford	97504-7169	Jackson	17	118	1427058296	Y	N
Medford	97504-6139	Jackson	17	112	1528216256	N	N
Medford	97501-2936	Jackson	17	112	1619108248	N	N
Medford	97501-8957	Jackson	17	112	1619108248	N	N
Central Point	97502-3072	Jackson	17	112	1619108248	N	N
Medford	97504-6213	Jackson	17	118	1356334254	Y	N
Rogue River	97537-9420	Jackson	17	112	1700041613	N	N
Medford	97501-2936	Jackson	17	112	1457639585	N	N
Medford	97501-8957	Jackson	17	112	1457639585	Y	N
Central Point	97502-3072	Jackson	17	112	1457639585	N	N
Medford	97501-1645	Jackson	17	112	1265553051	Y	N
Central Point	97502-2811	Jackson	17	112	1972726339	N	N
Eagle Point	97524-9779	Jackson	17	112	1972726339	N	N
Medford	97504-7134	Jackson	17	112	1013214220	Y	N
Central Point	97502-2811	Jackson	17	112	1386620672	N	N
Medford	97504-8309	Jackson	17	117	1497748057	N	N
Medford	97504-8125	Jackson	17	112	1396789947	Y	N
Central Point	97502-2811	Jackson	17	112	1346479714	N	N
Medford	97504-7134	Jackson	17	112	1730477167	Y	N
Medford	97504-7134	Jackson	17	112	1447570262	Y	N
Medford	97504-7134	Jackson	17	112	1366537078	Y	N
Medford	97501-8957	Jackson	17	112	1376708958	Y	N
Medford	97504-9447	Jackson	17	112	1801815980	N	N
Medford	97504-6139	Jackson	17	112	1447408463	N	N
Medford	97501-2936	Jackson	17	112	1619282241	N	N
Medford	97501-8957	Jackson	17	112	1619282241	Y	N
Central Point	97502-3072	Jackson	17	112	1619282241	N	N

Medford	97501-8957	Jackson	17	112	1629060959	N	N
Central Point	97502-3072	Jackson	17	112	1629060959	Y	N
Medford	97504-8216	Jackson	17	112	1629060959	N	N
Medford	97501-3607	Jackson	17	112	1922147537	N	N
Eagle Point	97524-8025	Jackson	17	112	1811087257	N	N
Medford	97504-8450	Jackson	17	115	1841473121	N	N
Medford	97504-8182	Jackson	17	118	1134246366	N	N
Eagle Point	97524-7858	Jackson	17	117	1982811758	N	N
Central Point	97502-2811	Jackson	17	112	1619925427	N	N
Jacksonville	97530-9007	Jackson	17	112	1285797167	Y	N
Medford	97504-7434	Jackson	17	112	1437283603	Y	N
Medford	97504-7434	Jackson	17	112	1013041201	N	N
Medford	97504-6186	Jackson	17	118	1629174354	Y	N
Medford	97504-4311	Jackson	17	118	1306945381	Y	N
Medford	97504-7434	Jackson	17	112	1912031196	Y	N
Medford	97504-5334	Jackson	17	115	1760665046	N	N
Medford	97504-8332	Jackson	17	115	1760665046	N	N
Ashland	97520-1406	Jackson	17	115	1760665046	N	N
Medford	97504-8182	Jackson	17	112	1629227681	N	N
Medford	97501-2936	Jackson	17	112	1184938656	N	N
Medford	97501-8957	Jackson	17	112	1184938656	N	N
Central Point	97502-3072	Jackson	17	112	1184938656	Y	N
Medford	97504-5300	Jackson	17	117	1568680825	N	N
Medford	97504-8182	Jackson	17	112	1710029921	N	N
Medford	97504-5334	Jackson	17	115	1205019585	N	N
Ashland	97520-1406	Jackson	17	115	1205019585	N	N
Medford	97504-8182	Jackson	17	112	1497042857	N	N
Medford	97501-1645	Jackson	17	112	1114143203	Y	N
Central Point	97502-2242	Jackson	17	112	1154319267	Y	N
Medford	97501-2936	Jackson	17	112	1639457369	N	N
Medford	97501-8957	Jackson	17	112	1639457369	N	N
Central Point	97502-3072	Jackson	17	112	1639457369	N	N
Central Point	97502-3072	Jackson	17	112	1639457369	N	N
Medford	97504-6773	Jackson	17	112	1992729081	Y	N
Medford	97501-2936	Jackson	17	112	1821280173	N	N
Medford	97501-8957	Jackson	17	112	1821280173	Y	N
Central Point	97502-3072	Jackson	17	112	1821280173	Y	N
Medford	97504-7434	Jackson	17	112	1497889679	Y	N
Medford	97504-8259	Jackson	17	112	1831390533	N	N
Eagle Point	97524-8025	Jackson	17	112	1942316773	N	N
Medford	97504-6186	Jackson	17	118	1467572131	Y	N

Number of Members Assigned (Line 13)	Number of Additional Members Assigned (Line 14)	Credential Verfication (Line 15)	Sanction History (Line 16)	Contract Start Date (Line 17)	Contract End Date (Line 18)	Service Area Provider Contracted For (Line 19)
0	0	01/16/12	Not Applicable	08/01/12	99/99/99	Curry
0	0	01/19/12	Not Applicable	08/01/12	99/99/99	Curry
0	0	01/10/11	Not Applicable	08/01/12	99/99/99	Curry
2477	523	02/01/12	Not Applicable	08/01/12	99/99/99	Curry
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Josephine
1651	349	10/19/09	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/06/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/09/12	Not Applicable	08/01/12	99/99/99	Josephine
57	193	03/01/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/19/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/19/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	03/03/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	12/23/10	Not Applicable	08/01/12	99/99/99	Josephine
0	0	08/29/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	08/31/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	02/20/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/17/12	Not Applicable	08/01/12	99/99/99	Josephine
1239	1261	02/02/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	05/23/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/18/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/18/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Josephine
3	47	10/05/11	10/20/2000 LICENSE PRO	08/01/12	99/99/99	Josephine
0	0	01/19/12	Not Applicable	08/01/12	99/99/99	Josephine
167	833	08/19/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/20/11	Not Applicable	08/01/12	99/99/99	Josephine
236	264	04/04/11	Not Applicable	08/01/12	99/99/99	Josephine
1307	693	09/02/10	DA mislabled x-ray, Ref to (	08/01/12	99/99/99	Josephine
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/24/11	Not Applicable	08/01/12	99/99/99	Josephine
319	681	10/04/10	Not Applicable	08/01/12	99/99/99	Josephine
0	0	03/11/10	Not Applicable	08/01/12	99/99/99	Josephine
0	0	06/06/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	10/19/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	02/09/12	Not Applicable	08/01/12	99/99/99	Josephine
84	41	01/25/12	Not Applicable	08/01/12	99/99/99	Josephine
468	532	10/04/10	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/27/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/27/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	02/10/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/25/10	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/30/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	12/28/10	Not Applicable	08/01/12	99/99/99	Josephine

0	0	01/30/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/30/12	Not Applicable	08/01/12	99/99/99	Josephine
233	17	01/06/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/10/11	Not Applicable	08/01/12	99/99/99	Josephine
233	17	02/01/12	Not Applicable	08/01/12	99/99/99	Josephine
0	0	03/03/11	Not Applicable	08/01/12	99/99/99	Josephine
0	0	03/18/11	Not Applicable	08/01/12	99/99/99	Josephine
22	28	11/09/10	Not Applicable	08/01/12	99/99/99	Josephine
0	0	01/10/11	Not Applicable	08/01/12	99/99/99	Josephine
42	8	01/06/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Jackson
55	45	01/06/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
482	518	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
59	191	07/14/10	Not Applicable	08/01/12	99/99/99	Jackson
59	41	10/04/10	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/11/11	Not Applicable	08/01/12	99/99/99	Jackson
5	245	01/16/12	Not Applicable	08/01/12	99/99/99	Jackson
255	245	09/16/09	Not Applicable	08/01/12	99/99/99	Jackson
65	185	07/14/10	Not Applicable	08/01/12	99/99/99	Jackson
738	262	06/20/11	Not Applicable	08/01/12	99/99/99	Jackson
1169	1331	03/02/12	See Notes	08/01/12	99/99/99	Jackson
19	31	02/20/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
537	463	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
530	470	06/23/09	Not Applicable	08/01/12	99/99/99	Jackson
0	0	05/23/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
252	248	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
28	72	05/13/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/18/12	See Notes	08/01/12	99/99/99	Jackson
0	0	01/18/12	See Notes	08/01/12	99/99/99	Jackson
917	1083	03/17/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	04/28/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/19/12	Not Applicable	08/01/12	99/99/99	Jackson
3493	7	01/19/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	11/04/10	Not Applicable	08/01/12	99/99/99	Jackson
325	1675	08/19/11	Not Applicable	08/01/12	99/99/99	Jackson
441	1059	08/19/11	Not Applicable	08/01/12	99/99/99	Jackson
1678	822	12/21/09	Not Applicable	08/01/12	99/99/99	Jackson
6	494	06/01/09	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/17/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	02/02/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
508	492	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson

0	0	12/12/11	Not Applicable	08/01/12	99/99/99	Jackson
12	488	12/12/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	12/12/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/06/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/14/10	See Notes	08/01/12	99/99/99	Jackson
0	0	01/24/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	06/06/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/15/10	Not Applicable	08/01/12	99/99/99	Jackson
0	0	10/07/11	Not Applicable	08/01/12	99/99/99	Jackson
41	9	02/03/12	Not Applicable	08/01/12	99/99/99	Jackson
2	3	01/25/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/27/12	Not Applicable	08/01/12	99/99/99	Jackson
843	1157	09/17/10	Not Applicable	08/01/12	99/99/99	Jackson
493	507	09/21/10	Not Applicable	08/01/12	99/99/99	Jackson
12	3	01/27/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/30/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/30/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/30/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	08/15/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
398	602	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	02/09/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	06/20/11	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/30/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/30/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	07/29/11	Not Applicable	08/01/12	99/99/99	Jackson
17	83	11/08/11	Not Applicable	08/01/12	99/99/99	Jackson
14	86	01/31/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/23/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/23/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	01/23/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	08/23/11	Not Applicable	08/01/12	99/99/99	Jackson
9	91	08/18/10	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
82	418	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
82	418	09/20/11	Not Applicable	08/01/12	99/99/99	Jackson
8	7	02/02/12	Not Applicable	08/01/12	99/99/99	Jackson
0	0	09/14/10	Not Applicable	08/01/12	99/99/99	Jackson
0	0	03/18/11	Not Applicable	08/01/12	99/99/99	Jackson
500	1500	09/17/10	Not Applicable	08/01/12	99/99/99	Jackson

APPENDIX B
PROVIDER PARTICIPATION AND OPERATIONS QUESTIONNAIRE

Section 1: Service Area and Capacity

As of February, 2012, there were 59,801 Medicaid enrollees in the current MCO three-county service area and market share varies by county. AllCare serves 70% of the enrolled Medicaid population in Curry County, 56% in Josephine County, and 34% in Jackson County, a 49% increase over 2010. Five other MCO's shared the remaining enrolled Medicaid population and Medicaid FFS represented an additional 12% of the market. AllCare has the capacity to serve the entire Medicaid population in the service area, including provision for future enrollment growth.

Service Area Table: Projected Capacity Level

Service Area Description	Zip Codes	Maximum Number of Members Capacity Level
Curry County	97406, 97415, 97444, 97450, 97464, 97465, 97476, 97491	Current: 3,358 Projected: 5,000
Josephine County	97478, 97497, 97523, 97526, 97527, 97531, 97532, 97533, 97534, 97538, 97543, 97544	Current: 18,641 Projected: 25,000
Jackson County	97501,97502,97503,97504, 97520, 97522, 97524, 97525, 97530, 97535, 97536, 97537, 97539, 97540, 97541	Current: 37,802 Projected: 45,000
Douglas County	97410, 97442	Current: 255 Projected: 500
Total (25% increase)		Current: 60,056* Projected: 75,500

* *The total includes 59,801 in the three county service area plus 255 for Douglas County.*

Section 2 – Standards Related to Provider Participation

Standard #1: The applicant has the ability to deliver or arrange for all the Coordinated Care Services that are medically necessary and reimbursable. AllCare contracts with 95% of all available physical health entities in the service area. Please refer to Table B-1 for a complete list of individual providers. AllCare is in the process of building its mental health network and plans to contract with two and possibly three DCOs prior to 2014. It maintains integrated partnerships with all three public health departments, community mental health programs, local government, and community based services in each county. (Please refer to Appendix A for a detailed list of partner organizations.) Community health workers, peer wellness specialists, doulas, and navigators will work with our Exceptional Needs Care Coordinators to expand staff capacity needed to help enrollees appropriately access available medical, mental, dental, and community based services. These are new positions to the CCO and will support our Shared Resource Center for Care Coordination. The Resource Center will offer our primary care home providers access to centralized support services to implement a patient-centered primary care delivery model. The CCO plans to recruit new staff to fill these positions during the summer and will train the new staff though the primary care home training modules used to transition our primary care providers into Patient Centered Primary Care Homes. New provider expansion initiatives include: 1) AllCare Health Plan has initiated discussions with Rogue Community College to develop curriculum for a credentialed course to certify or credential Community Health Workers; 2) AllCare Health Plan is in discussion with the medical director of the Southern Oregon HeadStart to explore better ways to support their pre-school assessment program through collaboration and seamless integration with the

CCO; and 3) AllCare is meeting with representatives of Medicaid Funded LTC services to discuss creative ways to integrate those services into the CCO and to identify performance metrics that monitor access to physical and mental health services while in LTC residential facilities and alternative care settings. Discussions are also addressing new ways to keep CCO members independent for as long as possible through greater collaboration and care coordination.

Standard #2: Providers for Members with Special Needs: Currently, our contracted provider network includes sufficient resources to meet the needs of members with special needs. Please refer to Table B-1 to identify the specific providers and facilities that serve our vulnerable enrollees.

Summary of Resources for Special Needs (Number of Physical Health Providers)

Special Need	Curry	Jackson	Josephine	Total
Blind	3	44	34	81
Aged	5	56	41	102
Disabled Children	2	40	28	70
Disabled Adults	3	49	38	90
High Health Care Needs	1	27	27	55
Multiple Chronic Disease	3	42	34	79
Mental Illness	1	34	36	71
Chemical Dependency	1	22	17	40
Children/Youth in Substitute Programs	2	28	22	52
Children/Youth in Substitute Programs by OYA	2	26	20	48
Children Receiving Adoption Assistance	2	29	19	50
Spanish	1	33	11	45
German	0	3	3	6
French	0	3	2	5
Other languages (Swedish, Hindi, Portuguese, Chinese)	0	7	5	10

In addition to our network of contracted providers serving special needs members, AllCare ensures that they have individual care plans. An Interdisciplinary Care Team may be formed to support the special needs member, depending upon level of need indicated by the Health Risk Assessment (HRA), primary care provider input, patient interview information, and an evaluation of how well the patient is responding to care plan goals and objectives. The composition of the Interdisciplinary Care Team varies and may include any combination of the following resources: CCO Medical Director, Hospital Liaisons, CMHP Medical Director, CCO QI Director, providers, addiction services representatives, case managers, community outreach coordinators, pharmacists, Oregon Division of Human Services, CMS representatives, nutritionists, SNF representatives, home health, DME, health advocates, spiritualists, LTC partners and health educators. To implement individualized care plan, the current MCO operates in partnership with public health departments, social services, and community based programs that assist patients in managing their health. Members and their families and/or caregivers are encouraged to be actively involved in goal setting and engagement on their individualized care plan. Home visits by health educators and case management staff are utilized whenever quality and safety issues have been identified.

Standard #3 – Publicly Funded Public Health and Community Mental Health Services.

Name of Publicly Funded Program	Type of Public Program	Counties Served	Specialty/Sub-Specialty Codes
Rogue Valley Council of	A voluntary association of 22 local jurisdictions, special districts, and education institutions,	Jackson and Josephine	73.737 74.725-742

Governments- Sr. and Disability Services	includes Area Agency on Aging and Senior and Disability Services	Counties	75.750-851 76.766 77.760-761 78.7615 80.780 81-780 86.810-815 89.707-836
Jackson County Health and Human Services	Programs include alcohol, drug & gambling treatment, mental health, family planning, immunizations, services to persons with developmental disabilities, communicable disease including HIV/AIDS, school health, custody mediation, WIC food coupons, etc	Jackson	22 64-505-514 75.750,751,765 83.710 86.810-815
Jackson County Mental Health	JCMH provides information, referral and screening for all mental health concerns, including immediate crisis assessment and intervention and a comprehensive array of treatment services to individuals who have serious mental illness and are in need of medical treatment.	Jackson	06.035 33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470 69.545, 530, 545 70.900, 700-705
Josephine County Public Health	Provides cancer screening, prevention, family planning, HIV prevention, parent and child health, perinatal care, STC clinic, WIC, women's health, among others.	Josephine	22 64-505-514 75.750,751,765 83.710 86.810-815
Options	Community Mental Health Program	Josephine	06.035 33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470 69.545, 530, 545 70.900, 700-705
OnTrack	Addiction Recovery Services	Josephine and Jackson Counties	03. 005-019 64.512
Curry County Public Health	Services includes pediatric care, preventable diseases and disorders, maternal and child health services, family planning, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, CaCoon, tobacco prevention, WIC, School Based Health services.	Curry	22 64-505-514 75.750,751,765 83.710 86.810-815
Curry County Mental Health	Mental health and developmental disabilities	Curry	06.035 33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470 69.545, 530, 545 70.900, 700-705
DHS for Curry County	Area Agency on Aging and Senior and Disability Services	Curry	73.737 74.725-742 75.750-851

			76.766 77.760-761 78.7615 80.780 81-780 86.810-815 89.707-836
United Community Action Network	Community service organizations focused on the quality of life for elderly, poor, and disabled individuals. Homeless Assistance, transportation, guardian, energy assistance, rental assistance	Josephine and Douglas Counties	Private/Non-Profit
Community Works	Serves victims of domestic violence and sexual assault, high-need youth and their families, foster care, mental health and addictions, vocational support, crisis intervention	SW Oregon	Private/Non-profit
ARC	Addiction recovery services	Jackson	06.035 33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470 69.545, 530, 545 70.900, 700-705
Federally Qualified Health Centers	Public health services, mental health, primary care *Community Health Center (4 sites)* *Siskiyou Community Health Center (3 sites)* *La Clinica (4 sites)*	Josephine & Jackson	15.020-101 48.403

Note: The specialty/subspecialty codes reflect services that could be provided, not necessarily actual programs in each entity.

a. Please refer to Appendix A.II: Community Engagement in Developing the Application.
b. Agreements with publicly funded public health and community mental health services include authorization of and payment for point of contact services and for cooperation with local mental health authorities. Final contracts will be available during the readiness assessment for review.
c. Not applicable

Standard #4: Services for the American Indian/Alaska Native Population; AllCare Health Plan is in the process of negotiating a Letter of Intent with local American Indian tribes.

Standard #5: Indian Health Services and Tribal 638 Facilities: AllCare Health Plan is in the process of negotiating a Letter of Intent with local American Indian tribes.

Standard #6: Integrated Service Array for Children and Adolescents

a. **Applicant's Integrated Service Array Plan:** The Integrated Service Array (ISA) offers a range of services and supports for children needing more intensive treatment coordinated through the Community Mental Health Programs within AllCare Health Plan's services area. It is the intent of AllCare to continue this highly successful approach to children's' mental health services. Specific assessment tools are used to determine level of service and intensity required, and a range of risk factors are taken into consideration. Our standardized approach includes identifying and utilizing child and family teams

to determine service coordination needs with emphasis on the use of care coordination to provide service integration across systems for children and families. A range of services and supports are offered by the child and family Care Coordinator who convenes child and family team meetings. Participants in the team meetings often include medical providers, school teachers and counselors, child welfare, grandparents and siblings, peer support staff, and faith based personnel. The care coordinator ensures that resources are in place and keeps the child and family and the rest of their support system on track to meeting agreed upon goals. Intensive community-based treatment services (ICTS) are provided by CMHPs for children and adolescents who are in need of this evidence-based method of treatment. Defined outcomes measurements are tracked to demonstrate progress. These outcome measures will be reported to the advisory groups and CCO Board of Directors and will be useful in determining future service needs and funding.

b. **Care Coordination between mental health, child welfare, juvenile justice, education, families, community partners to treat serious mental health challenges:** The CMHPs within the service area have established histories in the development and implementation of an ISA system with contractual providers, child welfare, juvenile justice, education, families and community partners. There are multiple inter-organizational committees, work groups and advisory groups that address issues such as family involvement, community resources, collaborative work across agencies, information sharing, and education. The reporting of the progress and advice from these groups will be brought to the Advisory Councils for dissemination and discussion. In addition to the intensive child services and ISA our service area serves as one of the three demonstration sites for Oregon's Statewide Children's Wraparound Initiative. This project brings state agencies and local communities together to deliver integrated services and supports. The Department of Human Services- Child Welfare, Jackson County Mental Health, Options for Southern Oregon (Josephine County's Mental Health Provider) have joined with over 20 community partners to form the Rogue Valley Wraparound Collaborative (RVWC). The RVWC provides individualized, comprehensive, community-based services and supports to foster children and adolescents with serious emotional and/or behavioral problems so they can be reunited and/or remain with their families and communities. One of the guiding principles included in the RVWC process is to ensure that children with mental and behavioral disorders have access to a comprehensive array of services that address the child's physical, emotional, social and educational needs. AllCare Health Plan CCO is committed to ensuring that the ISA continues.

c. **Describe service delivery approach that is family-driven, strength based, culturally sensitive, and community based:** The current MCO's patient support structure with ENCC and case management staff who collaborate with these family driven models supports the principle that families, surrogate families and legal guardians of children should be full participants in the planning and delivery of services. Programs such as the RVWC provide a strengths-based approach that is youth-directed and family driven. Strong interagency collaboration creates seamless service for youth and provides family-centered services to help de-fragment children's lives. The child and family team creates individualized plans to help ensure that children and their families receive culturally sensitive services in their communities, at home and at school. The assessment of members' strengths is a component of this approach that is shared by AllCare and its providers who believe in and support building upon these strengths as a core principle of the shared care plan. Evidence based practices used in this approach include Motivational Interviewing to help the child and family build upon strengths, promote maintenance of the family structure, recognize cultural diversity and are delivered in the member's natural community. Since 2006, the current MCO has coordinated with mental health providers and state welfare agencies around those removed from the home into foster care, assuring they receive physical health, mental health, and dental assessments and services they need.

Standard #7A: Mental Illness Services

a. **Describe community-based mental health services:** The mental health providers in AllCare Health Plan's service area provide a wide range of home and community based services that focus on recovery and support services for chronic and acute issues, and help keep individuals in their homes. The use of outreach case management personnel ensures that individuals are linked to necessary services and supports, including access to health care providers. Peer specialists work hand in hand with individuals in treatment helping to develop healthy life styles and engage in community-based services such as health programs, volunteering and education that promote good quality of life for people. For example, it is now mandatory that any member identified as a smoker upon intake is referred to AllCare's tobacco cessation program.

Skills trainers work with adults, children and families to improve parenting skills and activities of daily living skills such as budgeting and using public transportation. These skills promote self-reliance, improve self-esteem and lead to the acquisition of work and education that enable individuals to become more self-sufficient. The use of professionals in non-traditional ways such as outreach psychiatric nursing to teach and monitor medication use and promote healthy habits is vital to community based services. AllCare recognizes the value that services such as these have in maintaining people in the community and out of higher cost health care settings.

b. **Describe screening capabilities:** Members are screened at multiple points across the provider network and in the community. This occurs in primary care offices, head start early intervention programs, public health, and mental health provider programs, and in the schools via mental health and chemical dependency counselors, at corrections and juvenile justice, Child Welfare and other community based services and programs. AllCare Health Plan currently utilizes a direct primary care referral process to mental health services by mental health providers co-located in primary care offices. The use of standardized screening tools for both mental illness and chemical dependency will be encouraged and expanded throughout the primary care provider network by the CCO. Early detection is currently done with pregnant women accessing Public Health services in both Jackson and Josephine counties and when mental health services are needed, patients are referred directly to the mental health program. Utilization reviews occur regularly through a committee jointly staffed by providers and AllCare, looking for patterns of underutilization of behavioral health services. Information on utilization is reviewed by the committee and action plans for under and over-utilization are in place. Information from this committee will eventually be disseminated to the advisory council for review and the governance board of the CCO. Members with high utilization of service will be engaged by community outreach workers who screen for mental health and chemical dependency issues that may need to be addressed. The staff ensures referral and support engagement in treatment. Utilization data for these individuals will be tracked over time to determine which supports and interventions are most effective. Transformation and integration of care delivery is occurring within clinical settings that include both mental health and physical health personnel. Psychiatric health practitioners are embedded in primary care offices and provide medication management and easy access to mental health intake assessment and referral services. In addition, primary care providers are embedded in mental health clinical settings to assure seamless access to prevention and early intervention services for physical health among those with severe and persistent mental health conditions.

Standard #7B: Chemical Dependency Services

a. **Describe community based chemical dependency services**: Please refer to Appendix A, items A.1.4; A.3.4.b; A.3.5.f: A.3.6.b and Appendix B, Standard #7A.a

b. **Describe screening capabilities**: Please refer to Appendix A, item A.3.6.c; A.3.5.c and Appendix B, Standard #7A.b

Standard #8: Pharmacy Services and Medication Management

a. AllCare has managed prescription drug benefits as covered services using the OHP formulary since 1996.

b. AllCare limits access to restricted drugs via prior authorizations and employs utilization edits such as stepped drug therapy regimens that rely heavily on less costly but equally effective drugs. It maintains a robust patient care committee and a separate pharmacy committee that oversees and maintains the closed generic based formulary for Medicaid patients. They also oversee the formulary, generic drug usage, psychotropic drug usage, and OTCs and monitors utilization data to assure internal controls are successful in managing covered drug benefits. The committee also makes recommendations periodically concerning evidence based best practices for managing drug benefits.

c. AllCare contracts with all local pharmacies and long term care pharmacies as part of its existing OHP and MA contractual obligations through delegation to its Pharmacy Benefit Manager, MedImpact Healthcare Systems

d. MedImpact, manages claims adjudication at point of sale. All claims information submitted by the pharmacy is reviewed by MedImpacts system and processed on the basis of member eligibility, benefit configuration, and pharmacy network reimbursement rates. AllCare retains the ability to override authorizations except after hours. The health plan also retains and manages all quality oversight responsibilities, including customer complaints, grievances, appeals, and denials. The current MCO performs on-site audit reviews of the PBM policies, procedures, and processes, including confidentiality and security, every two years.

e. The PBM, MedImpact, manages all prior authorization after hours, weekends and holidays.

f. Brand AWP – 15.5% (post-AWP Settlement), Generic AWP – 75.5$, Plan receives 90% of all permissible, collected rebates based on Plan's drug utilization. Dispensing fees are $1.75 per claim for brand and generic drugs. Administrative fee is $1.04 per electronically processed claim, $1.20 per manually processed claim, PBM retains 105 of all permissible, collected rebates, Plan pays $0.20 per electronic transaction for physicians and hospitals requesting information via PBM e-presecribing support program.

g. AllCare contracts with two Federally Qualified Health Centers, including Jackson County Community Health Center and Siskiyou Community Health Center. Through The PBM's SUNRx system, MedImpact contributes claims adjudication expertise, eligibility accessibility, and the full range of transparent PBM services to 340B entities' discount opportunities. SUNRx provides integrated pharmacy network, core knowledge of federally qualified health center operating practices, and a virtual inventory system that automates the wholesale ordering and approval process.

h. AllCare maintains a Medication Therapy Management committee, delegated to Outcomes Pharmaceuticals, as part of its condition of participation in the Medicare Advantage program, which includes the dually eligible. The committee meets monthly to oversee drug benefits, utilization, costs, formulary, and best practices. This program will be expanded to include Medicaid beneficiaries as part of the CCO contract.

i. E-prescribing across the AllCare service area is high. While exact numbers are not available, it is estimated that over 60% e-prescribe today and the number is growing as more providers adopt EMRs.

Standard #9 – Hospital Services

a. AllCare contracts with five hospitals in the three-county service area, including Asante Health Services with a tertiary facility in Medford and a community hospital in Grants Pass; Providence Medford Medical Center; Ashland Community Hospital in Ashland; and Curry General Hospital in Gold Beach. It also contracts with Sutter Coast Hospital in Crescent City, CA. There are no other inpatient facilities in the service area. The majority of beneficiaries residing in Jackson and Josephine County are assured access to acute inpatient and hospital based outpatient services, usually within a 30 minute drive from their residence. Residents of southern Curry County receive acute inpatient and hospital based outpatient services from Sutter Coast Hospital, located 30 minutes south of Brookings. Curry General Hospital is a public health district and a Critical Access Hospital providing central and northern Curry residents access within 30 minutes. In addition, central and north Curry residents have access to Sutter Coast Hospital within a 60-90 minute drive. Burn services, Level I trauma services, and super-subspecialties are provided through Oregon Health and Sciences University in Portland. Facilities in Eugene serve premature newborns and some cardiac modalities that are not available locally. Monitoring access to hospital services is completed regularly as part of the Medicare Advantage contract renewal process where detailed access standards are calculated for members residing throughout the service area. Past analyses indicate that approximately 90% of geography meets CMS access standards.

b. AllCare provides member education as part of its Medicaid on-boarding process. That education includes instruction on appropriate use of ambulance, emergency services, and urgent care. However, adherence to those policies and procedures is not as high as desired and health plan staff have recently partnered with hospital emergency services to better triage walk-ins. AllCare staff are also working with primary care offices to block more time for walk-in patients and there is a call service available twelve hours per day to answer member's questions about coverage, access, and service availability and to help members navigate the provider network effectively. In addition, the health plan is working with mental health organizations to integrate physical health and mental health in a way that better serves patients in the appropriate setting by the appropriate team of providers. And finally, the health plan monitors members who appear to be inappropriately using emergency and ambulance services and reaches out to help them find better, more cost-effective care settings and transportation alternatives.

c. AllCare policy is to deny claims involving hospital admissions that occur less than 15 days from the same patient's date of discharge from the same hospital for the same condition. The denial is pended and adjudication is contingent on Medical Director chart review. There is an appeals process available to challenge the adjudication by patient or the provider. This policy aligns with current Medicare guidelines for adverse events and hospital acquired conditions.

d. AllCare works closely with its contracted hospitals and skilled nursing facilities to assure that preventable readmissions are avoided. Please refer to Appendix A, Section A.3.5.i – k for a detailed description of our transitions coordination policies and processes.

e. AllCare is working with its contracted hospitals to specifically address avoidable emergency room visits and hospital readmissions. Multidisciplinary teams involving health plan physical and/or mental health care coordinators, hospital discharge planners, care givers, Exceptional Needs Care Coordinators, and sub-acute facilities (as needed) meet weekly to address the specific needs of

vulnerable inpatients who are scheduled for transition. Please refer to Appendix A, Section A.3.5.i – k for a detailed description of our transitions coordination policies and processes.

AllCare Health Plan
CCO Technical Application
RFA 3402

PUBLICLY FUNDED HEALTH CARE AND SERVICE PROGRAMS

NAME OF PROGRAM	TYPE OF PUBLIC PROGRAM	COUNTY SERVED	SPECIALTY/SUB-SPECIALTY CODES*								
Rogue Valley Council of Governments- Sr. and Disability Services	A voluntary association of 22 local jurisdictions, special districts, and education institutions. Includes Area Agency on Aging and Senior and Disability Services	Jackson and Josephine	73.737,743	74.725-742	75.750-851	76.755	77.760-761	78.765	80.775	81-780	86.810-815	89.707-837
Jackson County Health and Human Services	Programs include alcohol, drug & gambling treatment, mental health, family planning, immunizations, services to persons with developmental disabilities, communicable disease including HIV/AIDS, school health, custody mediation, WIC food coupons, etc	Jackson	22	64-505-514	75.750, 751,755, 765	83.710	86.810-815					
Jackson County Mental Health	JCMH provides information, referral and screening for all mental health concerns, including immediate crisis assessment and intervention and a comprehensive array of treatment services to individuals who have serious mental illness and are in need of medical treatment.	Jackson	6.035	33.92, 93, 205, 206, 207, 209, 211, 225, 227, 365, 445, 450, 470					69.545, 530, 545	70.900, 700-705		
Josephine County Public Health	Provides cancer screening, prevention, family planning, HIV prevention, parent and child health, perinatal care, STC clinic, WIC, women's health, among others.	Josephine	22	64-505-514	75.750, 751,755, 765	83.710	86.810-815					
Options	Community Mental Health Program	Josephine	6.035	33.92, 93, 205, 206, 207, 209, 211, 225, 226, 227, 365, 445, 450, 470, 471					69.545	70.700-702, 71.703-706		
Ontrack	Addiction Recovery Services	Jackson and Josephine	03. 005-019	64.512								
Curry County Public Health	Services includes pediatric care, preventable diseases and disorders, maternal and child health services, family planning, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, CaCoon, tobacco prevention, WIC, School Based Health services.	Curry	22	64-505-514	75.750, 751,755, 765	83.710	86.810-815					
Curry County Mental Health	Mental health and developmental disabilities	Curry	6.035	33.92, 93, 205, 206, 207, 209, 211, 225, 226, 227, 365, 445, 450, 470, 471					69.545	70.700-702, 71.703-706		
DHS for Curry County	Area Agency on Aging and Senior and Disability Services	Curry	73.737,743	74.725-742	75.750-851	76.755	77.760-761	78.765	80.775	81-780	86.810-815	89.707-837
United Community Action Network	Community service organizations focused on the quality of life for elderly, poor, and disabled individuals. Homeless Assistance, transportation, guardian, energy assistance, rental assistance	Josephine and Douglas	Private/Non-profit									
Community Works	Serves victims of domestic violence and sexual assault, high-need youth and their families, foster care, mental health and addictions, vocational support, crisis intervention	SW Oregon	Private/Non-profit									
ARC	Addiction Recovery Services	Curry	6.035	33.92, 93, 205, 206, 207, 209, 211, 225, 226, 227, 365, 445, 450, 470, 471					69.545	70.700-702, 71.703-706		
Federally Qualified Health Centers**	Public health services, mental health, primary care	Jackson and Josephine	15,020-101	48.403								

** Specialty and sub/specialty codes reflect the types of services/programs that could be offered by each entity, not that they actually employ staff in each category*

*** Includes:* *Community Health Center (4 sites)*
Siskiyou Community Health Center (3 sites)
La Clinica (4 sites)

APPENDIX C: ACCOUNTABILITY QUESTIONNAIRE

Section 1: Accountability Standards

C.1.1. Background Information

C.1.1.a. AllCare Health Plan Quality Measurement and Reporting System:

AllCare's Quality Improvement Program monitors and evaluates the health care for Mid Rogue's Medicare Advantage, Medicare Advantage dually eligible SNP members, and Oregon Health Plan members. The program focuses on activities related to physician/provider access and availability, select aspects of customer satisfaction, patient safety, continuity and coordination of care, disease management, clinical pharmacy programs, preventive health, quality of service and over/under utilization. During the first year of operation, the CCO will develop and implement a quality improvement system that focuses on the following:

- Increase the number of primary care providers, including physical health and mental health, who have adopted the patient-centered primary care home model of care and receive state recognition
- Identify both high-performing providers and areas where improved compliance with prescribed care is recommended
- Identify diagnostic tests or treatments that are unnecessary, potentially harmful, and/or preventable or avoidable
- Identify care management opportunities including gaps in care for patients and populations
- Identify patients with indications of poor disease control, such as low adherence to prescribed medications regimens, high number of emergency room visits or inpatient stays
- Increase the number of documented end of life wishes for appropriate members
- Reduce potentially harmful drug-to-drug or drug-to-disease interactions
- Reduce the number of unplanned transitions of care
- Integrate mental health initiatives with physical health initiatives

This set of quality improvement priorities builds upon the systems already in place that address preventable/avoidable readmissions, unnecessary emergency room and ambulance usage, intensive care coordination for our most vulnerable enrollees, and integration of physical health, and mental health in primary care settings.

The reporting systems utilized include EZ Cap Data Base Claims System Module, EZ Cap Customer Service Module, and our Essette Gaudette Case Management Data Base. Since 2008, the current MCO has contracted with an NCQA HEDIS software vendor and NCQA HEDIS auditor to report Medicaid HEDIS measures and, since 2006, Mid Rogue has utilized the services of Milliman to review and analyze pharmacy utilization data.

C.1.1.b. Participation in External Quality Measurement and Reporting Programs:

AllCare directly participates in HEDIS, CAHPS, and CHIPRA. In addition, it participates in Acumentra QI initiatives. This includes:

1) QIO initiatives on behalf of CMS

2) External quality review and compliance audits on behalf of OHA, including Information System Compliance Audits (ISCA). Most recently, the current MCO participated in an audit looking back at 2009 covering enrollee rights, program integrity, and quality programs;

3) Individual QI initiatives for MCOs such as the "Care Coordination Coalition for Southwest Oregon", targeting care transitions and readmissions from a community-based perspective that is currently underway.

Acumentra also serves as a resource to our providers for quality indicators, measures, and best practices. In addition, many of our primary care providers participate in quality measurement and reporting systems, including meaningful use, PQRS, ALERT, PCPCH, and QCorp. Two of our contracted providers were first in the state to be recognized as a primary care home (Tier 3) by the Oregon Health Authority based on a pilot demonstration program sponsored by AllCare, illustrating the ability of our providers to collect and report on important external quality measures.

C.1.1.c. Internal Quality Standards and Performance Expectations: Please refer to C.1.1.d.

C.1.1.d. Quality Information Sharing: During the first year of CCO operation, AllCare Health Plan will develop and implement a CCO-specific quality review program integrating mental health, physical health, and dental health designed to address the triple aim of better health, better care, and lower costs.

The plan is to collaborate with our primary care homes to address four major quality and outcome measures that are population based, including quality improvement measures for:

- Congestive heart failure
- Diabetes
- Asthma
- Hypertension

Our objectives are to 1) improve population health through prevention, screening, and early intervention of those at risk for these disease conditions; 2) improve individual health through intensive care coordination and intervention for those already diagnosed with these conditions; and 3) reduce costs by minimizing unnecessary medical services and promoting self-management of chronic conditions through education, coaching, and case management.

One of the chronic conditions, hypertension is part of a CMS led initiative, "Million Hearts Campaign" designed to reduce heart disease for Medicare beneficiaries. Although this is a requirement under CMS, this campaign and quality improvement project will be implemented plan-wide including all lines of business.

Additional measures will be developed around depression with our mental health and addiction services providers. Specific areas of collaborative quality improvement with our mental health partners include: 1) projects aimed at addressing mental health access and care to our members residing in nursing facilities; 2) changing how individuals in our community are able to access mental health services – going from 3 -4 week appointment to "open access" process whereby someone can be seen within 48 hours; 3) continuing and building upon the successes of the ER Transition of Care Team – looking at decreasing unnecessary ER visits for individuals with behavioral health issues; and 4) addressing psychotropic medication use specifically benzodiazepines and barbiturates – through the Community Psychotropic and Narcotic Task Force. Since September, 2011, we have seen the positive results in mental health

access by embedding a psychiatric mental health nurse practitioner in our provider offices. Most recently in February, 2012, AllCare and Options (community mental health program for Josephine county) jointly hired a mental health focused ENCC who also is a point of contact in our physical health provider community. Looking forward, additional gaps in care include those individuals with developmental disabilities and co-occurring mental health diagnoses, and those individuals with persistent mental illness and co-occurring chronic physical conditions. Meetings are being held with the community mental health programs to develop specific metrics – to measure successes and monitor areas where approaches need to be modified in order to experience the desired outcomes.

Data will be gathered via member enrollment data, case management data, claims data (medical, mental, dental), encounter data, lab results, pharmacy data, and information from medical records. The data will be collected, integrated, and processed by the CCO and reported back to the primary care homes via patient registries and care coordination activities. The registries will highlight opportunities for quality improvement by identifying and targeting populations and individual patients with lowest guideline compliance. Providers will be supported by our health coaches, patient educators, and community based services for patient outreach and engagement in lifestyle management, disease management, prevention, screening, and early intervention.

Providers will also receive coaching on clinical process improvement, use of evidence based clinical protocols around our basic four quality indicators, and in population health management. Provider expectations will address six key areas, including:

- The patient's treatment needs based on evidence-based clinical protocols used by AllCare
- The physician's performance with respect to meeting the patient's needs
- The benchmarks on the cost of care
- The physician's cost of care relative to those benchmarks
- The organization's effectiveness in improving quality
- The organization's costs of care compared to its benchmarks and budget.

C.1.1.e. Sharing Performance Measures Appropriately:

Interpretation of quality, cost and outcome data is important for performance improvement. It is equally important to ensure that the results are communicated in a way that is understood by all providers, patients, and their families/caregivers. Ensuring culturally and linguistically appropriate language is a major element of effective information sharing. To meet this concern, the current MCO offers patient education materials and brochures in multiple languages through use of a translation service that is available on patient or provider request. This service is also available to assist provider-to-patient communication in the clinical setting.

However, local experience demonstrates that the most vulnerable patients are not necessarily those of ethnic or racial diversity or those with English as a second language. It involves primarily those who lack understanding of how the health system works due to lack of access, severe poverty, and/or illiteracy. These patients do not understand how the health care system works, what services are available, when to appropriately use them, and how to manage their own health. Health illiteracy is a very different problem and not one easy to overcome as it is typically multi-generational and accompanied by addiction, abuse, mental illness, homelessness, and severe poverty.

Solution: One major resource AllCare Health Plan offers is a strong information technology infrastructure. In addition to the CCO website where patient and provider educational materials and

training tools will be available, the Health Plan is exploring its capacity to promote health literacy by installing remote monitors in its primary care clinics/homes to stream educational information on health literacy, access to available services, patient responsibilities, healthy lifestyles, and challenge patients to take control of their health and to share personal successes to teach and motivate others . The web site is being revamped that will allow our members to have access to features such as a personal health assessment, customized fitness and nutrition plans, BMI calculator, optimal weight calculator, personal health risk analysis, the capability of tracking their vaccinations, weight, blood pressure, blood sugar and cholesterol with interactive tools. It will also include a portal that lists medications, dosages, frequency, and prescriber, a member's wellness check-up record, preventive screening record and calculate the cost of smoking. Our goal is to engage the community on health literacy issues by emphasizing that it takes a community to achieve population health, that it is everyone's responsibility to engage in their health, and that it is up to all of us to build bridges to those who are disenfranchised by the current system. The educational/informational content will target key elements of access, appropriateness, effectiveness, chronic disease signs and symptoms, specific conditions that impact some groups more than others, and other emerging issues while offering easy to understand solutions that patients can follow. It will encourage patients to reach out to those they know could benefit from health literacy and offer help. In the near term, our goal is to raise awareness and over time we plan to develop programs and initiatives that will begin to bridge the gap of health illiteracy among disenfranchised populations.

C.1.1.f. Provider Incentives to Use and Report Quality Measures:

AllCare Health Plan is currently exploring the feasibility of alternative incentive structures and quality measures in collaboration with its CCO partners. Discussions have focused on varying combinations of withholds, full or partial capitation, outcome bonuses, and shared savings. The incentives and the applicable quality measures will vary depending upon specifically defined responsibilities and accountabilities agreed upon between AllCare and its individual contractors.

The goal is to assure incentives are properly aligned, equitably applied, and target identified quality and cost goals of the CCO. At a minimum, provider incentives will reflect performance around quality outcomes, CCO financial performance, patient experience, and utilization of high cost services such as emergency department visits and readmissions within 14 days for the same condition. AllCare Health Plan will build upon the payment structures currently in place that tie financial risk and performance incentives to quality measures for its hospitals and primary care providers, and expand those incentive structures to other providers such as specialists, mental health providers, addiction recovery programs, and oral health services, tailored to each entity's specific clinical focus and scope of service.

C.1.1.g: Applicant Ability to Collect and Report to OHA the Accountable Quality Measures

Year One Measures	**Capacity to Collect and Report**	**Non-Claims Sources of Data to be Collected by CCO**
Measures to be Collected by OHA and CCO		
Metrics by Race and Color	OHA Responsibility during enrollment	Annual Health Risk Assessment Individual Care Coordination Plans
Measures to be Reported by OHA and Validated with CCO		
1. Member Experience of Care	OHA Responsibility - CAHPS	Member surveys performed by AllCare Health Plan

2. Health and Functional Status	OHA Responsibility during enrollment	Annual Health Risk Assessment Primary Care Home EMR Individual Care Coordination Plan Interdisciplinary Care Team Plan
3. Rate of Tobacco Use	OHA Responsibility during enrollment	Annual Health Risk Assessment Care Coordination Plan
4. Obesity Rate	OHA Responsibility during enrollment	Primary Care Provider Annual Health Risk Assessment Care Coordination Plan
5. Outpatient and ED Utilization	CCO Claims data Encounter data	Special initiative targeting high ED utilizers – intervention through care coordination plan and intensive case management
6. Potentially Avoidable ED Visits	Daily Hospital admissions reports	Transitions of care plan - tracking and monitoring data
7. Ambulatory Care Sensitive Hospital Admissions (PQIs)	Daily Hospital admissions reports Claims Data	Individual care coordination plan
8. Medication Reconciliation Post Discharge	Hospital Discharge Planning Progress Notes	Transitions of care plan Individual care coordination plan
9. All Cause Admissions	Hospital Discharge Planning Progress Notes	Transitions of care plan Individual care coordination plan
10. Alcohol Misuse – Screening, Brief Intervention, and Referral for Treatment	Referral Data Prior Authorization Data	Lab data Primary Care Home EMR reports
11. Initiation and Engagement in Alcohol and Drug Treatment	Referral Data Prior Authorization Data	Individual Care Coordination / Case Management Plan
12. Mental Health Assessment for Children in DHS Custody	Mental Health Encounter Data Child welfare reporting data	Individual Care Coordination/Case Management Plan
13. Follow-up after Hospitalization for Mental Illness	Hospital Discharge Planning Progress Notes	Transitions of care plan Individual care coordination plan
14. Effective Contraceptive Use Among Women who do not Desire Pregnancy	OHA Responsibility during enrollment	Annual Health Risk Assessment
15. Low Birth Weight	Vital Statistics	Encounter Data Discharge summaries
16. Developmental Screening by 36 Months	Encounter Data	Encounter Data Primary Care Home EMR Reports
Measures to be collected by CCOs or EQRO		

1. Planning for End of Life Care		Annual Health Risk Assessment Primary Care Home EMR Reports
2. Screening for Clinical Depression and Follow-up		Claims Data Primary Care Home EMR Reports Individual Care Coordination Plans
3. Timely Transmission of Transition Record	Hospital/SNF Discharge Summary Reports	Transition plan follow-up – tracking and monitor logs
4. Care Plan for Members with Medicaid-funded Long-term Care Benefits		HEDIS SNP dual eligibles Transitions of care plan Individual care coordination plan

Section 2: Quality Improvement Program

C.2.1. Quality Assurance and Performance Improvement (QAPI)

C.2.1.a. AllCare Health Plan Quality Improvement Program Description:

AllCare Health Plan's Quality Improvement Program builds upon the current MCO's QI program that involves a formal process for developing and implementing a continuous clinical quality improvement plan that promotes objective and systematic monitoring and evaluation of clinically related activities, and acts upon performance improvement opportunities as they are identified. The program focuses on physician access and availability, customer experience, patient safety, continuity of care, service integration, care coordination, and over/under utilization. The current MCO QI program will expand to embrace the CCO model of care, including primary care home, mental health and addiction services, oral health, as well as specialty care, hospital-based services, LTC, pharmacy, wellness and prevention programs, public health, and community-based wrap-around services. The expanded QI program scope will include the Shared Resource Center for centralized care coordination and the Shared Community Resource Databank, and utilize the Community Health Needs Assessment.

Program goals include:

- Develop and maintain a systematic measurement reporting system that allows continuous monitoring and trending of key clinical and process indicators that assess quality of care and quality of service against best practice benchmarks and evidence based protocols across the continuum of care
- Integrate population based measures that address the triple aim of better health, better care, and reduced total cost and per capita cost
- Assess clinical quality outcomes and costs impacted by integration of physical health services, mental health services, and oral health services
- Track compliance with regulatory requirements and standards
- Assure confidentiality and security of protected health information while encouraging greater access to medical records by authorized users across the continuum of care
- Track health equity and cultural appropriateness across care settings
- Ensure patients receive the appropriate care in the appropriate setting by the appropriate provider in a timely manner
- Improve patient responsibility and accountability for their health

- Provide transparency of quality data and trends within the CCO including its partners and affiliates
- Increase provider adoption of quality standards of care and service, including patient-centered primary care homes and evidence based clinical protocols

Objectives of the CCO quality program include the following:

- Establish standards of clinical care that are reflective of current medical literature and national benchmarks, design and implement strategies to improve performance, and develop objective criteria and processes to evaluate and continually monitor for improvement
- Establish standards of service related to health plan operations that are reflective of current national and competitive benchmarks, design and implement strategies to improve performance, and develop objective criteria and processes to evaluate and continually monitor for improvement
- Establish standards of access, availability, and integration related to medical and behavioral health and develop objective criteria and processes to monitor, evaluate and improve access where indicated
- Review and affirm evidence-based guidelines and post them on the CCO web-site to enhance the diagnosis and management of medical and behavioral health conditions, and improve provider and patient treatment decision-making
- Establish monitoring systems to enable investigation of trends and or patterns in medical and behavioral health care and service delivery, and evaluate the impact of trends on patient outcomes
- Promote preventive health measures, health awareness programs, and education programs;
- Advance the awareness of the QI Program within the organizational structure and processes across the continuum of care
- Foster a supportive environment to assist medical, behavioral health, and dental health practitioners and providers to improve safety within their practices
- Assess continuity and coordination of care between practitioners and providers, and implement interventions for improvement where indicated
- Establish monitors for assessment of potential over and/or under-utilization and implement actions for improvement where indicated.

C.2.1.b. AllCare CCO Quality Improvement Committee Structure:

The AllCare CCO Quality Improvement Committee will focus on quality and performance improvement initiatives that impact the success of the CCO and the triple aim. The Mid Rogue IPA Holding Company's QI Committee and Patient Care Committee with continue to focus on peer review, credentialing, oversight of delegated activities, quality improvement processes and procedures, benefits/coverage determinations, compliance with external regulatory standards, grievance and appeals, fraud, waste and abuse, and QI for Medicare Advantage and other non-CCO health plans.

The AllCare QI committee will focus on external quality initiatives that involve monitoring success in meeting predefined benchmarks around costs and outcomes for the following CCO activities:

- Population-based health initiatives

- Adoption of and adherence to evidence based clinical and process guidelines and protocols as recommended by the CCO Clinical Advisory Panel
- Primary Care Home adoption and adherence
- Practice variation in clinical decision making, outcomes, and cost
- Health equity and cultural diversity
- Benchmarking and best practices reporting against trend
- Care Coordination across the continuum of care
- Disease Management initiatives
- Prevention and Wellness initiatives
- Access and service availability, gap analysis
- Utilization of high cost settings and procedures
- Outcomes and cost reporting on integration of physical, mental, oral health, and community based services and supports
- Use and application of registries for patient outreach and disease management
- Avoidable ER Visits and service duplication
- Preventable readmissions
- Adoption of health information exchange processes and procedures
- EMR adoption
- Patient and provider education
- Adverse selection and performance risk
- Patient attribution to primary care providers/primary care homes

The CCO Quality Improvement Committee will involve up to 12 members representing the continuum of care across the service area. The Committee will meet regularly and report to the CCO Board of Directors. The CCO Board will annually approve applications for representation on the committee.

C.2.1.c. Quality Improvement Plan Review Process:

The AllCare Health Plan quality improvement plan will be developed in accordance with NCQA guidelines and emerging CCO quality guidelines established by the state and ACO guidelines established by CMS. It will be updated annually by the CCO Quality Committee and approved by the CCO Board of Directors with input from the Community Advisory Committee and the Clinical Advisory Panel.

C.2.1.d. Community Involvement in QI Planning:

AllCare Health Plan will involve community based organizations in its QI planning process through the Quality Committee's outreach efforts. Outreach efforts will involve periodic surveys of our provider network and our community-based partners on quality improvement issues and concerns. Those QI issues will address administrative processes and clinical outcomes. Community involvement will also occur through the nominating process for QI committee membership. It is the Health Plan's intent to add community representatives to the QI Committee.

Josephine County is participating in the Pioneer Healthy Communities grant whose objectives are to create and improve green spaces and promote health activities. AllCare staff is involved in the planning and development of these vital community initiatives.

C.2.1.e. QI Program Initiatives:

- Health care and health outcome inequities are addressed in the QI process through our focus on access and availability of health services across the service area, particularly in rural communities and through member education to help enrollees better understand their benefits and how to navigate the health system. AllCare is also exploring the feasibility of tele-health for prenatal and postnatal care, home care, and follow-up on post joint replacement surgeries in rural areas. Please refer to Appendix A.4.1, page 48 for a detailed description of our approach for minimizing health inequities.
- Care coordination is a foundational component of our care delivery model and the primary care home. Quality improvement is addressed through application of 1) evidence based clinical guidelines and protocols, 2) centralized care coordination resources that support our small and rural primary care home offices, and 3) through training assistance and coaching for our primary care offices to achieve state recognition as a primary care home which requires that providers incorporate quality measures into their clinical processes. Please refer to Appendix A.3.5, page 26 for a detailed description of our care coordination processes and procedures.
- Transitions between care settings is a significant quality improvement initiative of the Health Plan. This involves three weekly multidisciplinary team meetings between health plan care coordination staff and hospital/SNF discharge planners to develop individual care plans for patients ready for transition. Please refer to Appendix A.3.5.i, page 31 for a detailed description of our transitions care processes and procedures.

C.2.1.f. Provider Compliance and Corrective Action:

The current MCO profiles its contracted network of providers across its three county service area, focusing on individual performance compared to their peers. The comparisons are risk adjusted and examine fourteen domains, such as primary care visits, emergency room visits during regular clinic hours, emergency room visits after hours, MRIs, CT scans, laboratory utilization, and specialty referrals. HEDIS measures are also collected and reported at the individual level, allowing the health plan to deliver feedback to our providers on individual performance and areas of improvement.

New providers receive on-site visits to review ADA compliance, completeness of medical records and patient outreach for preventive care. Formal feedback is provided and follow-up reviews are conducted if indicated. In addition, retrospective and concurrent reviews are performed to identify emergency room access issues, inappropriate emergency room utilization and chronic conditions not well controlled. Since 2007, the current MCO has monitored outpatient visit coding practices among physicians and outliers are counseled with follow-up in six months.

The current MCO also monitors administrative processes on a quarterly basis. This includes denials, complaints/grievances, appeals, internal concerns, adverse events, and credentialing application rejections. Corrective action plans are developed for those providers with high rates of denials due to poor documentation or coverage issues. Beginning in 2011, the current MCO began providing OHP members encounter data based on claims information to verify that they actually received covered Medicaid services as billed. Offices whose claims detail did not coincide with enrollee services are counseled with ongoing follow-up to ensure compliance with health plan billing policies. Results are regularly reported to the QI committee and if trends and patterns persist, the health plan elevates the issue for state review.

C.2.1.g. Miscellaneous QI Activities:

- Customer satisfaction information is captured annually via the CAHPS report ordered by the Centers for Medicaid and Medicare Services (CMS). Recent results have demonstrated that the current MCO received the highest score of all Medicare Advantage plans in Oregon and scored higher than the national average on "Getting Care Needed Right Away." We also scored higher than the State and national averages on measures of courtesy and respect to our members.
- Fraud and abuse protections and other member protections are covered in our organization wide compliance plan, as mandated by CMS. Compliance policies and procedures are contractually extended to all contracted providers and monitored by periodic CMS audits, and through the credentialing and re-credentialing processes.
- Treatment planning is addressed in four ways. First, the referral and prior authorization process allows monitoring of utilization of specialty care, DME, and ancillary services to ensure that services are appropriate and medically necessary. Second, claims data provide information on who is or is not receiving screening and prevention services and, through the use of registries derived from that data, allows staff to identify patients for outreach and early intervention in collaboration with primary care providers. Third, care coordination staff work closely with primary care providers to develop individual treatment plans for higher risk patients, ensuring they receive the appropriate care in the appropriate setting by the appropriate provider and minimize avoidable emergency room visits and preventable readmissions. And fourth, provider adoption of evidence-based clinical protocols helps reduce health inequities and ensures patients receive effective, consistently high quality, and affordable care.

C.2.2. Clinical Advisory Panel (CAP)

C.2.2.a. The Clinical Advisory Panel has five representatives on the 19-member AllCare Board of Directors. The five CAP members serving on the Board represent hospital services, mental health services, alcohol and drug services, oral health services, and one other provider at large. Please refer to Appendix A.1.2 page 10 for a detailed description of the Clinical Advisory Panel.

C.2.2.b. Not applicable

C.2.3. Continuity of Care/Outcomes/Quality Measures/Costs

C.2.3.a. Member Outcome Improvement Initiatives:

One focus of the 2012-2013 AllCare Quality Program and Work Plan initiatives will encompass and build upon existing external collaborative efforts such as partnerships with community practitioners (Family Practice, OB providers), community stakeholders (Public Health, Early HeadStart, Early Intervention) with the goal of preventing physical, mental, cognitive and functioning complications as a result of substance abuse or use during pregnancy. Data collected by local OB providers in Douglas, Josephine and Jackson County demonstrated an abuse rate higher than the national average in our communities compared to similarly impoverished areas. Recent analytical studies at the local level found that the positive drug screens conducted by OB providers were not being communicated to Pediatric providers.

The goal is to develop a consistent process and, once affected children are identified, initiate appropriate treatment and follow up care that will greatly improve critical developmental successes as they enter social and learning settings such as early intervention, HeadStart, kindergarten, church school, first grade and beyond. Additional partners identified will include local school officials and law enforcement. Another component of this initiative is to employ the use of doulas – a non-medical person who assists a woman before, during or after childbirth as well as her partner and/or family by

providing information, physical assistance and emotional support during child birth. The provision of continuous support during labor by doulas is associated with improved maternal and fetal health as well as early identification of post-partum depression, bonding difficulties or other issues that may impact the growth, development of the infant and continued well-being of the mother.

Other core efforts of the work plan will revolve around the improvement of targeted clinical measures associated with cardiovascular and diabetic chronic disease states, improving transitions from one setting to another to ensure strong continuity of care, empowering members with chronic disease to become active partners in bettering their own health status, maximizing patient safety (post hospital medication reconciliation) and increasing overall customer satisfaction.

Another area of the work plan will outline the innovative work currently underway with our long-term care authority. Identifying parallel systems of transition of care work has generated discussion and immediate implementation of joint care planning for common members, thereby eliminating gaps in the coordination of care in both the health plan and long term care agency. The goal is to maximize scarce resources and ensure the safe transition of individuals, elderly, poor and/or disabled moving from one care setting to another. Services such as providing a ramp into the home or home-delivered meals will happen in real-time instead of days post discharge to the home. A pilot project of jointly employing existing in-home care workers is another key focus. The goal is to assist at risk individuals to remain independent and safe in their home for as long as possible. A key intervention will be to provide additional training for the in-home worker so that that they are able to identify early signs and symptoms of a chronic condition worsening or acute, new health issues, before negative outcomes and unplanned transitions occur.

After identifying dually eligible members that are not safe to remain in their home setting or can no longer live independently with little or no family or resources available, an alternative benefit that allows a 14 day stay in either foster care or a nursing home is being explored. The goal is to provide time for families or their loved ones to make decisions without the pressure of taking the individual home ill prepared or face mounting nursing home bills. Building on the foundation of existing health /wellness initiatives, and working with the community stakeholders, identifying the social determinants that impact an individual's health and wellness status will be a driver of future quality initiatives.

C.2.3.b. Key Quality Measures:

AllCare will continue to utilize HEDIS measures to provide data on preventive care, access to services and evidence based care. In addition to the measures outlined in the Outcomes, Quality and Efficiency Metrics table, AllCare will work with community partners and other CCO's in the service area to develop quality measures that will help to drive system change, are validated and will demonstrate improvement or demonstrate the need to change the work plan and approach to the specific problem or performance improvement initiative.

AllCare Health Plan will focus on key quality measures identified in the Six Aims for Improvement, including member safety, effectiveness, patient-centered care, timeliness, efficiency, and equity. The following is a list of the types of quality measures and initiatives the CCO Board of Directors, Committee on Quality will likely address when it convenes later this year:

ED visits: Decrease the over-all ED utilization.

Readmissions: Decrease the number of readmissions.

Goals of Care: Increase the number of dually eligible who have advance life directives documented in their medical record.

Tobacco Cessation for MH members: Increase the number of members with mental health diagnoses being screened and referred to appropriate cessation services.

Mental Health Intake: Decrease the time between the referral and the initial mental health intake appointment.

Prenatal Care: Increase the number of pregnant women with their first prenatal visit in the first trimester.

Alcohol and Drug Screening for Neonates: 1) Prior to birth, increase communication with pediatricians of positive drug screens; and 2) Increase referrals for early infant intervention and wrap around services post-delivery.

Transitions of Care: Increase the avoidance of unplanned transitions of care for dually eligible and high risk members.

Medication Reconciliation: Increase the number of medication reconciliations post discharge from acute inpatient stays.

Potentially Harmful Drugs in the Elderly: Decrease the number of members with medications on the Beers List of Potentially Harmful Drugs in the Elderly.

Colorectal Cancer Screening: Increase the number of members 50 and older who have had colorectal cancer screening.

Flu and Pneumococcal Vaccination: Increase the number of members receiving an annual flu vaccination and appropriate pneumococcal vaccination.

Breast Cancer Screening: Increase the number of members aged 40 and over who have a baseline mammography screening and appropriate preventive screening.

Dental Health Screening: 1) Increase the number of initial "first tooth" assessments and screening; and 2) Increase rural health access through use of mobile dental vans.

C.2.3.c. Wellness and Health Improvement Initiatives:

As a member of the community, AllCare Health Plan sponsors and works with many programs and non-profit organizations to promote wellness and health improvement. Current wellness programs include:

- *Goodwill Family Strengthening Parenting Classes* – Mid Rogue partners with Goodwill Industries in sponsoring Spring and Fall sessions available for families "at risk" – those who have had involvement with Child Welfare, law enforcement issues and/or alcohol and drug related issues. Last year, 17 families involving 35 children participated and successfully finished the 10 week sessions.
- *Health Literacy*: A pilot project between Head Start, Southern Oregon University and Mid Rogue. To teach parents how to use the book "What to do when your child is sick" so they will use the

book as a resource for minor childhood illnesses instead of going to the doctor or Emergency room.

- *Babies in the Library* is in collaboration with the Jackson County library for new mothers to promote bonding between newborns and includes a 20-minute session on relevant topics such as the harmful effects of tobacco smoke, healthy food choices, early dental care.
- *Living Well*, created by Stanford University, helps members with chronic health conditions develop the skills needed to take control of their health.
- *Quit for Life* is our smoking cessation program.
- *Ready Now* teaches our most vulnerable members and their caregivers how to respond in an emergency.
- *Walk'n Rollers* is our walking and exercise group that meets twice a week for a walk in the outdoors. This activity is in collaboration with the local Y.
- *Senior Synergy* is designed to keep seniors living independently in their own homes, self-managing their complex and/or chronic conditions.
- *Jog Your Memory* is a program that has expanded into the rural parts of Josephine and Jackson Counties due to high attendance. This program is geared to individuals who need and want mental stimulation, social support, and interaction with peers while learning to tackle more difficult problems in a relaxed setting.
- *Dx Food Box* – our health and wellness coordinator works with the local food bank and provides recommendations and "designs" food boxes for chronic conditions such as diabetes (low sugar, low carb), congestive heart failure (low sodium).
- *Project Obesity:* In partnership with the Y, individuals meeting the criteria for the diagnosis of metabolic syndrome, BMI 25-34.9 and ready to make changes in their health. Non-health related barriers such as transportation, inadequate foot-wear to exercise, deep[seated mental health issues (PTSD, unresolved trauma, depression) are identified and resources are provided at the YMCA along with 3, 6, 9 and 12 month memberships. 2012 modifications included adding the services of a personal trainer with a greater focus on exercise and nutrition.

Other wellness initiatives include: 1) Expectant mothers receive support to guide them through their pregnancies, and advice on breastfeeding, bonding, and postpartum issues; 2) Member outreach calls encourage enrollees to schedule screening and prevention services with their primary care provider; 3) We educate and train providers and clinical staff in the SNP Model of Care, evidence-based protocols, and care coordination; and 4) Our Medicare Advantage members have access to discounted gym memberships through their benefit package while our dually eligible members receive free gym memberships.

AllCare Health Plan is in the process of expanding the number of primary care offices that are recognized as Primary Care Homes by OHA. The Health Plan is developing and implementing a series of online training modules that address the foundational concepts of patient centered care. The training models will be available to our contracted network of primary care providers beginning in May, 2012. They will address the following concepts among the many activities of Primary Care Homes:

- Team based care
- Evidence based clinical protocols

- Population health management
- Care coordination
- Quality Improvement
- Risk assessment for identification and early intervention
- Data collection, analysis, and reporting
- Work flow process redesign
- Best practices

C.2.3.d. Capacity to Collect Electronic and Other Data: For the past four years, HEDIS, HEDIS SNP and CAHPS data have been collected on the Medicaid population. HOS (Health OutComes Survey) is collected for the Medicare Advantage population (includes dually eligible). Weekly, monthly, quarterly reports are generated to track over/under utilization of services and provide data for transitions of care activities such as emergency room use, inpatient discharge, and skilled nursing facility use. Annually, studies are generated to evaluate and ensure second opinions and needed specialty care is provided.

Data from Acumen, LLC (subcontractor for CMS) provides data on patient safety measures. In addition, inter-rater reliability studies are conducted annually to ensure clinical provider review practices are consistent.

The case management data system, Essette Gaudette allows the following data to be entered and reports generated: the number of cases assigned to individual case managers, the acuity and intensity of each member with a completed health risk assessment, the number of members with a completed health risk assessment, the number of successful unplanned and planned transitions of care, task alerts (utilized to remind follow up calls), goals developed, care plans developed and maintained. In addition, access to laboratory results, Milliman clinical practice guidelines are tools to support the Model of Care program activities. Internal referrals for nutritional, tobacco cessation and maternal outreach can be generated, tracked, and monitored.

In 2011, a Provider Profile was completed and shared with primary care providers and pediatricians in the 3-county service area; repeat profiles will be generated to assess for improvement or needed provider and member education.

Efforts to explore other modes of communicating with our membership given the remote areas of the counties we serve, include:

- tele-medicine (Home Health Agency pilot)
- Text 4 Babies (service to remind women of prenatal visits, signs and symptoms of post partum depression and immunizations for their newborns).
- Communication with post joint replacement patients via phone calls, texts, and email reminders increase patient compliance with pain medication, activity limitation, and lab/provider follow-up.

In addition to internal resources, the community stakeholders also collect data in their respective agencies. It will be a goal to integrate service data – that will be used to identify other areas in need of attention and interventions. Data will be critical in order to support changing direction if goals or desired outcomes are not met; the data must be timely, validated and available to consumers, stakeholders, community partners, providers of health care services and governmental entities.

C.2.3.e. Cost Reduction Initiatives:

AllCare Health Plan's strategies to improve patient outcomes while decreasing duplication of services and eliminating unnecessary costs involve the following activities:

- Integration of behavioral health and physical health through co-location of primary care providers in mental health clinical settings and inclusion of mental health professionals within the primary care home and care coordination team.
- Focus on individuals who inappropriately use emergency room and ambulance services through claims tracking, outreach and referral to care coordination/case management services provided by the health plan in collaboration with the patient's primary care provider.
- Expanded collaboration with contracted hospitals and skilled nursing facilities to address transitions across care settings. This involves three meetings per week to develop collaborative care plans for each patient scheduled for discharge and assignment of case managers to facilitate implementation of that plan to prevent avoidable readmissions.
- Participation in local and regional planning and development efforts for health information exchange funded through a HCRQ HIT grant. The grant covers three years and funds planning, EMR deployment in small rural provider offices in Josephine and Curry Counties, and seed funding to develop HIE infrastructure. Once in place, health information exchange and data sharing with reduce unnecessary duplication of costly procedures and services.

C.2.3.f. Continuity of Care Policies and Procedures:

For a detailed description of our care coordination program, please refer to Appendix A, item A.3.5 on page 26. Referrals and prior authorizations are tracked and monitored on-line using the Mid Rogue IPA intranet where primary care providers and specialty referral physicians can track the prior authorization process, access lab results and progress notes, and monitor best practices, clinical protocols, and evidence based guidelines for best practices in care management, quality, and outcomes management.

Section 2: Ability to Serve Dually Eligible Individuals

D.2.1. Approach to Serve the Dually Eligible

D.2.2.a. Describe the initial capacity to provide both the Medicaid and Medicare benefit to dually eligible Members in each of its proposed service area(s):

AllCare Health Plan is prepared to meet the needs of the dually eligible across our Southwest Oregon service area of Josephine, Jackson, and Curry Counties plus two zip codes in Douglas County. AllCare currently delivers or arranges to deliver integrated Medicaid and Medicare benefits to the dually eligible in this same service area. AllCare's affiliate, Mid Rogue Health Plan, has contracted with CMS as a Special Needs Program (SNP) in Josephine County since 2005. The current contracted provider network in Jackson County and Curry County provides the necessary access to physical health services, mental health services, and dental health services to expand our Special Needs Program to those areas. The SNP model of care now in place in Josephine County has been approved by CMS as meeting its criteria for serving complex conditions among our most vulnerable members. This includes intensive care coordination and integration of benefits available through both Medicare and Medicaid. It also includes added benefits provided by our Medicare Advantage plan that offers routine vision exams, eyewear, complementary medicine (routine chiropractic and acupuncture), counseling support services, over-the-counter drugs, free memberships at contracted health clubs, additional non-emergent transportation, and weight management programs.

Over the past seven years, Mid Rogue has insured, through our Medicare Advantage Plan, a large portion of the dually eligible OHP members in our service area. The level of frailty and presence of chronic conditions is highly elevated in this population (as confirmed by an average risk score that is 60% higher than the average of the non-dually eligible population.) Last year, our Model of Care received approval by NCQA.

D.2.2.b. The timeline and milestones the Applicant will achieve to meet this requirement fully by January 1, 2014:

AllCare Health Plan submitted its Notice of Intent to Apply (NOIA) for a CMS Demonstration Project in March 2012 and planned to enter into a three-way contract with CMS and OHA for the contract year, beginning January 1, 2013. However, because of OHA's postponement of the start date of the demonstration program, we plan to submit a new Notice of Intent to Apply for the 2014 – 2017 CMS Demonstration Project in early 2013.

D.2.2.c. Whether Applicant plans to meet this requirement through:
· Participation in the Medicare/Medicaid Alignment Demonstration;
· An owned, affiliated, or contracted Medicare Advantage plan; or
· A combination of these options.

AllCare Health Plan is planning to move forward with the three way contract between the CCO, CMS, and OHA through a combination of participation in the Alignment Demonstration project and through our affiliated Medicare Advantage Plan.