

Schwabe

February 13, 2025

VIA ELECTRONIC MAIL

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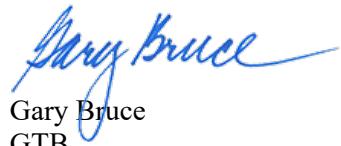
RE: Notice of Deficiencies and Opportunity to Cure
Transaction No.: 006 Adventist-MCMC
Public Submission

Dear Ms. Bartelmann:

In follow up to its submission of a confidential version last week, Adventist is submitting this public version of its response to HCMO division's request for additional information about the above-referenced transaction. Pursuant to OAR 409-070-0070(2), Adventist is enclosing with this version a redaction log.

Please let me know if you have any questions or if there is anything else you need from Adventist at this time.

Thanks so much,



Gary Bruce
GTB

Enclosures

cc: Kyle King, Adventist Health System/West (kingk2@ah.org)
Wendy Apland, AHCG (aplandwh@ah.org)
Karine Gialella, Oregon DOJ (karine.gialella@doj.oregon.gov)
HCMO Division (hcmo.info@odhsoha.oregon.gov)

**RESPONSE OF MID-COLUMBIA MEDICAL CENTER D/B/A
ADVENTIST HEALTH COLUMBIA GORGE (“AHCG”)
TO THE
HCMO DIVISION’S NOTICE OF DEFICIENCIES AND OPPORTUNITY TO CURE
OF NOVEMBER 22, 2024
(TRANSACTION 006-ADVENTIST-MCMC)**

Request I.A.: Provide a Capital Investment Plan that fully explains how the remaining \$70 million of the capital commitment will be spent over the next eight years.

[REDACTED] Adventist Health System/West (“Adventist”) is fulfilling its commitment to invest \$100 million in AHCG.

[REDACTED]

[REDACTED] The recent completion of an affiliation agreement with OHSU is expected to improve the stability and profitability of the Celilo Cancer Center. The addition of new providers, implementation of new practice methods, and leveraging of new supplier agreements, are also expected to pay dividends.

Some of the capital expenditures that Adventist and AHCG would like to undertake over the next several years are identified in **Exhibit A**.

Request II.A: Respond to questions and requests about AHCG’s provider contracting practices.

1. The response to RFI #9d. states “AHCG recently changed templates for primary care providers [...].”
 - a. Please provide the entities’ meaning of “template” in this context.
The entities have used the term, “template,” to mean either: (a) a standardized, written employment agreement (a “Contract Template”); or (b) an appointment scheduling model (a “Scheduling Template”).

[REDACTED]

b. Please provide copies of the new template and old template, with highlighting applied to any changes between the two templates.

Please see Exhibit B

[REDACTED]

c. Please provide an explanation for how the template changes have led to an increase in available primary care appointments of 9,000/visits to per year.

[REDACTED]

[REDACTED] As of November 24, 2024, AHCG's primary care providers had completed 7,035 more visits than they had completed by the same date the previous year.

Family Medicine

Provider	FTE	Days worked per week	Annual Contracted Work Weeks	Additional Daily Visits	Total Annual Increase
Provider 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Provider 2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Provider 3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Provider 4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Provider 5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Provider 6							
Provider 7							
Provider 8							
Provider 9							
Provider 10							
Family Medicine Total:							2,970

Internal Medicine

Provider	FTE	Days worked per week	Annual Contracted Work Weeks	Additional Daily Visits	Total Annual Increase
Provider 1					
Provider 2					
Provider 3					
Provider 4					
Provider 5					
Provider 6					
Internal Medicine Total:					
					2,070

Pediatrics

Provider	FTE	Days worked per week	Annual Contracted Work Weeks	Additional Daily Visits	Total Annual Increase
Provider 1					
Provider 2					
Provider 3					
Pediatrics Total:					
					630

GRAND TOTAL **5,670**

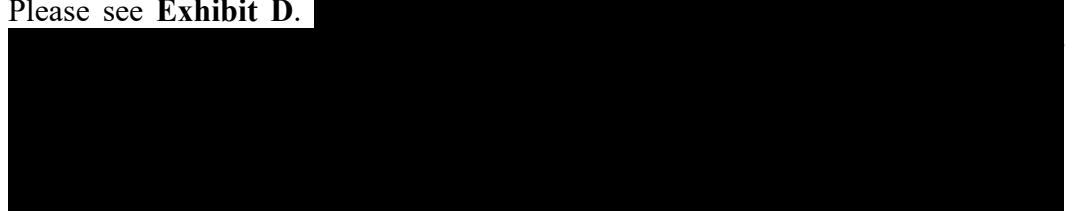
2. The response to RFI #14 states “[a] total of 74 provider employment contracts have been transitioned to the Adventist Health Physician Services (AHPS) standard contract model.”
 - a. Please provide a copy of the current Adventist Health Physician Services standard contract model applicable to:
 - i. OB/Gyn physicians
 - ii. Primary care/family medicine physicians
 - iii. Oncologists

Please see **Exhibit C**.

b. Please provide a copy of a MCMC employment contract in effect no later than 30 calendar days prior to the Transaction closing for the following providers:

- i. OB/Gyn physicians
- ii. Primary care/family medicine physicians
- iii. Oncologists

Please see Exhibit D.



The work schedules, duties and responsibilities, compensation levels, compensation components, and other discrete terms of MCMC's employed physicians varied by specialty, FTE status, experience level, and other relevant factors. These details were captured in schedules or exhibits like those attached to the provided template agreement.

3. As requested in RFI #15a. please provide information on employment position/title and specialty/qualification for voluntary terminations since June 1, 2023. In completing this request, please use the table below:

AHCG's personnel software system groups jobs and job categories in a manner that is slightly different from the groupings that HCMO has proposed. For this reason, where discrepancies exists, AHCG has modified the position descriptors in the following table to reflect the groupings tracked by AHCG's software. Numbers appearing in the table reflect voluntary terminations between June 1, 2023, and December 31, 2024.

Position/Category	Number of Voluntary Terminations Since June 1, 2023
Registered Nurse, Nurse House Supervisor, Clinic RN, Care Manager, Quality Resources Director, Case Manager II	
Certified Nursing Assistant, Medical Assistant, Medical Assistant Student	
Nurse Practitioner or Physician Assistant	
Physician (MD or DO)	
Pharmacist	
340B Analyst, Pharmaceutical Financial Navigator	
Medical Imaging Technologist, Imaging Director, Imaging Supervisor	

Behavioral Health Licensed Clinical Provider, Medical Social Worker, Psychiatrist	
Occupational Therapist, Physical Therapist, Physical Therapy Aide, Certified Athletic Trainer	
Licensed Dietitian	
Other Technician or Technologist: Sterilization Technologist I, Clinical Lab Assistant I, Lab Service Director, Surgical Technologist, Bio Med Technician, Histology Technologist	
Other Clinical (please specify)	
Other Non-Clinical (please specify): ROI Specialist, Administrative Assistants 1 & 2, Child Caregiver II, Security Guard, Financial Planning & Analysis Director, Marketing Project Coordinator, Total Rewards Supervisor, Warehouse Clerk, Net Developer, Communications Representative, Volunteer Manager, Cook II, Patient Services Representative, Care Advocate, Clinic Patient Accounts Representative II, Maintenance Mechanic I, Patient Services Representative, Food Services Representative I, Child Development Director, Reimbursement Service Manager, Buyer I, Cook II, Certified Coder, Payroll Specialist, Spiritual Care Program Manager, Print Shop Specialist II, Billing Specialist III, Community Care Coordinator, Chief Information Officer, Environmental Services Representative, Clinic Patient Accounts Representative III, Community Health Worker, Senior Cook, Patient Care Coordinator, Café Server, Environmental Service Associate, Child Caregiver, Patient Access Representative, Philanthropy Coordinator, Senior Patient Access Representative, Executive Assistant, IT Manager, Referral Associate, Financial Planning Director, Referral Associate, Rehabilitation Services Coordinator, Billing Associate, Senior Billing Associate, Lead Security Officer, Senior Food Services Associate, Senior Facilities Associate, Senior Printing Associate, Payroll Associate, Patient Managed Care Associate, Administrative Assistant, Cancer Registry Coordinator	

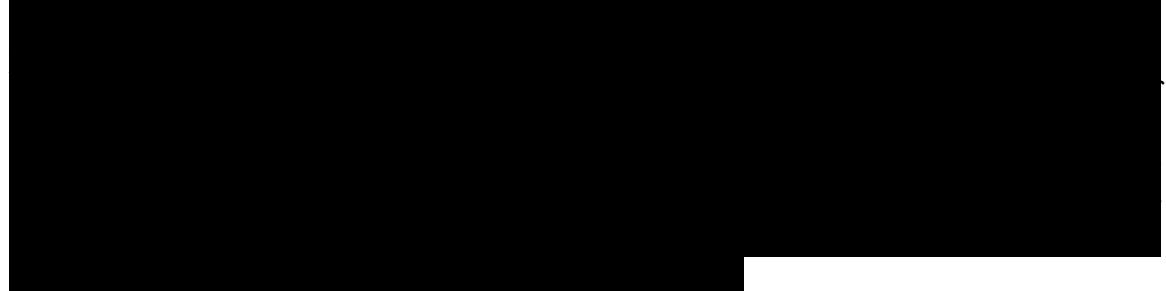
4. Per the response to RFI #23b., there were 597 distinct patients seen at MCMC MEDONC CELILO and MCMC RADONC CELILO in the 9 months between April and December 2023 (assuming no overlap between RADONC and MEDONC patients). The response to RFI #30 (data workbook) shows 3,114 unique patients served by Celilo Cancer Center in 2023. Please explain the difference or inconsistency.

Please see the new and corrected data for AHCG's response to RFI #30 attached as **Exhibit E.**



5. The response to RFI #23d. states “[p]rovider appointment availability down 75% compared to pre-closing.” Please provide:

- The number of pre- and post-closing appointments used to calculate this change.
- The dates on which the number of pre- and post-closing appointments were counted.
- Please provide a detailed explanation for the decline in appointment availability (e.g. physician departure, support staff departure, reduced FTE for physicians or support staff, etc.)



6. In reference to the response to RFI #3, in the May 2024 organizational chart, the Interim Administrator and Operations Executive positions are held by the same individual. Explain in detail whether Adventist Health expects this to continue, or whether there are plans to bring in another person to fill one of these roles.

On November 24, 2024, Jayme Thompson began serving as the Operations Executive/Administrator of AHCG. In her new role, Ms. Thompson will report to Kyle King, who is President of Adventist's Oregon Service Area and Adventist Health Portland.

7. In response to RFI #19c. (requesting meeting minutes for all meetings of the MCMC Community Board since June 1, 2023), AHCG provided the following meeting minutes:

Board of Directors: June 28, 2023, and August 23, 2023

Board of Trustees: September 22, 2023, November 15, 2023, and February 28, 2024

a. Please confirm that the “AHCG Board of Directors” is the same as “AHCG Community Board” (i.e., the Community Board contemplated in Section 2.2 of the Affiliation Agreement).

Yes, the AHCG Board of Directors is the same as the AHCG Community Board.

b. Confirm whether the “AHCG Board of Trustees” is different from the “AHCG Board of Directors.” If yes, please provide the current membership roster of the Board of Trustees.

The AHCG Board of Trustees is the same as the AHCG Board of Directors.

8. In response to RFI #19a. (requesting charter or governance documents for the Community Board), AHCG provided the *Community Board Governance Committee Charter* and the *Community Board Clinical Committee Charter*, both updated as of January 1, 2024.

a. Please provide the current Bylaws of the Community Board of AHCG.

Please see Exhibit F.

b. For the Clinical Committee, please provide:

i. Membership roster.

Please see Exhibit G.

ii. Minutes for all meetings since June 1, 2023.

Please see Exhibit H.

c. For the Governance Committee, please provide:

i. Membership roster

The current members of the Governance Committee are as follows:

A large rectangular area of the page is completely blacked out with a thick black marker, obscuring a list of names. The redaction is approximately 10 lines high and 15 lines wide, starting below the "Membership roster" heading and ending above the page footer.

ii. Minutes of all meetings since June 1, 2023.

No minutes were kept for these Governance Committee meetings.

d. Board minutes also mention a Quality and Safety Committee. Please provide, for this Committee:

i. Charter

There is no charter for the Quality and Safety Committee.

ii. Membership roster

III. Membership

iii. Minutes of all meetings since June 1, 2023.

Please see **Exhibits H**. Note that the name of the Quality and Safety Committee was changed to the Clinical Committee in May of 2024.

e. Describe whether the AHCG Community Board currently has any other Committees. If yes, please provide the information requested in parts b. through d., above, for each of those Committees.

No, the AHCG Community Board currently has no other committees.

9. Relating to RFI #19b., please provide the following information:

a. Indicate which current Board members represent each of the following required membership categories under Article 10 Community Board Bylaws (provided to OHA Exhibit 3.5 of the Affiliation Agreement):

i. Initial MCMC Trustees

The Board members who are Initial MCMC Trustees are as follows:

ii. **Representatives from the Corporation**

The Board members who represent Adventist are as follows:

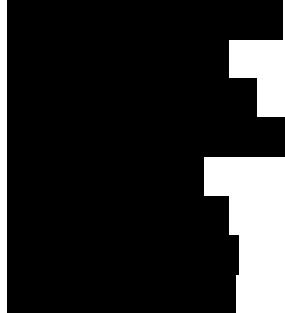


iii. **Physicians on the medical staff of the Hospital**



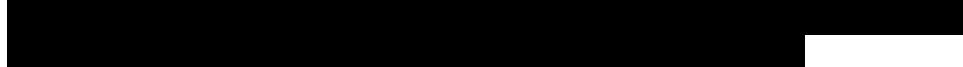
iv. **Qualified members of the community served by the Corporation.**

Board members who are qualified members of the community served by the AHCG are as follows:



b. **Per Article 10 of the Community Board Bylaws, initial Community Board members should include “all trustees serving on the Corporation’s board of trustees immediately before the closing [...].”**

i. **The 2024 Community Board membership roster does not include Phil Brady or Janet Hamada. Please provide the reason(s) for their absence and the effective date(s) of their departure from the Community Board.**



ii. Minutes from February 28, 2024, indicate that Eric Davis was added as a new member of the Board. Please confirm that Mr. Davis is a current member of the Community Board.

[REDACTED]

10. Please provide the following items referenced in Community Board meeting minutes:

- Results of the “Just Culture survey” (expected to be administered in September 2023 according to 8/23/23 minutes).
Please see Exhibit I.
- The *most recent* “Board Quality and Safety Committee report” (mentioned in Board minutes from 6/28/23, 8/23/23, 11/15/23, and 2/28/24).
Please see Exhibit J.
- Results of the *most recent* “Board Assessment” (mentioned in 11/15/23 minutes).
[REDACTED]

11. Board minutes mention discussions with One Community Health (OCH) about obstetrics services.

- Describe any current or planned collaboration between AHCG and OCH related to OB/Gyn services. If no such plans exist, please explain why not.
AHCG is currently partnering with OCH, which is a federally-qualified, community and migrant health center, about recruiting into the community a full-time family medicine practitioner who can provide maternity and delivery services.
- Describe any plans to grant admitting privileges at AHCG to OCH OB/Gyn or other OB/Gyn physicians. If no such plans exist, please explain why not.
In the event that AHCG and OCH are successful in recruiting a full-time family medicine practitioner, then AHCG plans to grant admitting privileges to that practitioner.

12. For RFI #18 regarding policies for pregnancy termination and contraceptive care, AHCG provided two documents: “Protocol: Pregnancy testing prior to starting Contraception” and “Protocol: Management of Depo Provera.”

- MCMC’s submission to OHA on February 13, 2023 (as part of OHA’s preliminary review) included an MCMC policy titled “Methotrexate for Ectopic Pregnancy” last revised November 2022.
 - Please confirm whether the version of this policy revised in November 2022 is currently in effect at AHCG.
[REDACTED]

- ii. **If the policy has been revised since November 2022, please provide an updated copy with highlighting applied to all changes.**
[REDACTED]
 - iii. **If the policy has been replaced by an Adventist Health policy, please provide a copy of the Adventist Health policy governing methotrexate therapy for ectopic pregnancy.**
[REDACTED]
- b. **MCMC's submission to OHA on February 13, 2023, also included Adventist Health Portland's policy for "Termination of Pregnancy, Induced," last revised January 13, 2022.**
 - i. **Please confirm whether the version of this policy revised January 13, 2022, is currently in effect at AHCG.**
[REDACTED]
 - ii. **If the policy has been revised since January 13, 2022, please provide an updated copy with highlighting applied to all changes.**
[REDACTED]
 - iii. **If this policy is no longer in effect at AHCG, please provide a copy of the policy or policies governing termination of pregnancy currently in effect at ACHG.**
[REDACTED]

13. **For RFI #18 regarding policies for medical aid in dying, AHCG provided the first page of MCMC's "Death with Dignity Act" policy. The next page in the submission (p. 34 of the PDF) relates to a different policy, "Life Support Certification for Privileges." Please resubmit this "Death with Dignity Act" with all pages intact. Please see Exhibit K.**

14. As noted in Part I.A. of this letter, reported amounts spent or allocated to AHCG by Adventist Health for capital expenditures and funding of operating losses under the Capital Commitment appear to differ across Entities submissions. The Compliance Report cites \$5.3 Million in capital expenditures, whereas the July RFI response to Item #1 cites \$7.4 Million. Further, for operating cash flow, the Compliance Report cites \$17.5 Million whereas the July RFI response to Item #1 cites \$15.1 Million. Provide a detailed explanation for these inconsistencies and confirm the accurate amounts of each.

Please see response to request I.A., above.

The questions below pertain to the data provided in the workbook for RFIs 28 through 34. OHA appreciates the time and effort that went into compiling these data. OHA requires additional information to clarify what the numbers represent, resolve any apparent inconsistencies, and understand why some numbers differ from other data reported to OHA.

15. Relating to the staffing data provided in response to RFI #34:

a. Please indicate the source(s) of these data.

The source of the data for periods up to March of 2024 was Strata, which was the workforce management system used by MCMC prior to the merger. The source of the data for periods after March of 2024 is Oracle, which is the workforce management system used by Adventist.

b. “Other Clinical” shows 25 staff members but 109 FTE in May 2023. Please explain the apparent discrepancy.

Please see the new and corrected data for AHCG’s response to RFI #34 attached as **Exhibit L.**



c. Please explain in detail the increase in the number of “Other Clinical” staff from 25 in May 2023 to 178 in May 2024.

See explanation above.

d. Please explain in detail the decrease in the number of “Other Non-clinical” staff from 245 in May 2023 to 124 in May 2024.

See explanation above.

16. Relating to the payments data provided in response to RFI #29:

a. **Only the Total Payments columns have been filled out and only for “All MCMC Practices and Locations.” Please explain why the Entities did not provide data in the other fields (Median payment amounts and Charity Care for all locations; Total Payments for all individual clinics).**

Please see the updated data for AHCG’s response to RFI #29 attached as **Exhibit M**.

b. **Please explain why the Entities did not provide data for the “Total Payments for dual Medicare/Medicaid patients” column. Explain in detail how payments were captured in this data set for dually eligible patients.**

AHCG’s Epic EMR does not allow the health system to sort out or isolate payment data for dual Medicare/Medicaid patients, or patients who have more than one insurer. The data for dual Medicare/Medicaid patients is included in the “Total Payments for Patients With Medicare” and “Total Payments for Patients With Medicaid” columns.

17. Relating to the data provided in response to RFI #30:

a. **For most of the facilities in this table, the total number of unique patients served (column B) is larger than the sum of patients across lines of business. For example, there were 30,728 total unique patients served for “All MCMC Practices and Locations” in 2021. Yet, adding columns C, D, E, F, G, and H gives 23,499 patients. Please explain the discrepancy.**

Exhibit E has been updated

b. In most cases, the “Count of Commercial Patients” (Column F) is less than one tenth of the patient count for all other payer categories. For example, the table shows only 296 patients with Commercial insurance served in 2021 across all MCMC practices and locations, compared to 3,428 Medicaid patients and 4,204 Medicare patients. Please explain why the Commercial patient counts are significantly lower.

The new data appearing in **Exhibit E** [REDACTED]

[REDACTED]

18. In the RFI #31 table, patient counts obtained from summing across the demographic subgroups are not the same as the total patient counts provided in response to RFI #30. Below are some examples:

- In 2022 for all MCMC practices and locations, the number of female (15,672) plus the number of male (13,132) patients equals 28,804, whereas the RFI #30 table shows a total of 36,763 patients served.

AHCG is submitting new data in **Exhibit E** [REDACTED]

[REDACTED]

- In 2023 for all MCMC practices and locations, the patient totals across subgroups for sex, age, race, and language service needs are less than the total of 36,511 reported for RFI #30.

The new data that is being submitted with this follow-up response indicates that ACHG served 31,429 patients in 2023. This number is consistent in **Exhibit E** (i.e., the RFI #30 response) and **Exhibit N** (i.e., the RFI #31 response). It is also consistent with respect to age and language service need classifications. [REDACTED]

[REDACTED]

- In 2021 for all MCMC practices and locations, the sum of all patients reported by age group at the time of last service (31,415) is higher than the total number of patients reported for RFI #30 (30,728).

Please see explanation above.

- a. Please update the data provided for RFI #31 so that patient totals match those provided in the response to RFI #30.
See updated Exhibit N.
- b. If Entities are unable to complete a. above, please (i) explain in detail *why* the numbers do not match, and (ii) confirm the patient total (denominator) for the race category so that OHA may accurately calculate the percentage of individuals in each subcategory of race.

The patient totals (denominators) for 2021, 2022, and 2023, are 33,536, 32,101, and 31,429, respectively.



19. Also in relation to RFI #31, please verify that the count of a single Hispanic or Latino individual receiving Inpatient care in 2023 is correct, as the two years prior (2021 and 2022) had 150 and 161 individuals, respectively, of this race/ethnicity with inpatient care.

Please see new data attached as **Exhibit N.**



20. For RFI #33:

- a. Entities did not provide data in the *Number of other outpatient visits* and *Number of total outpatient visits* columns. Explain why this information was not provided and whether all hospital outpatient visits have been classified as clinic visits.

Please see the updated data for AHCG's response to RFI #33 attached as **Exhibit O**. Note that clinic visits have been counted separately from other outpatient visits.

- b. Per the data reported to OHA's Databank, there were approximately 176,000 outpatient visits at MCMC/AHCG in 2021, 180,000 in 2022, and 195,000 in 2023. Please clarify the difference between the Number of clinic visits reported for RFI #33 and the outpatient visit volume reported to Databank.



c. The total *Number of clinic visits* (Column H) across all individual facilities is larger than the number reported for All MCMC Practices and Locations. For example, in 2021, Column H reports 93,124 visits for All MCMC Practices and Locations but summing the number of clinic visits for each individual facility yields a total of 113,138. Please explain the discrepancy.

Please see new (corrected) data in **Exhibit O**. Adding up the numbers of clinic visits reported for each facility or site of service for 2021 yields a total of 117,109, which is the same number reported in the table for the total number of clinic visits across, “All MCMC Practices and Locations.”

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TO THE
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OF NOVEMBER 22, 2024
(TRANSACTION 006-ADVENTIST-MCMC)**

REDACTION LOG

Page Reference	Reason for Redaction	Applicable Laws and Regulations
Narrative Reply, Pg. 2 of 17; Response to Request I.A.	This response contains trade secrets and sensitive information about Adventist’s finances and planned expenditures.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 2 of 17; Response to Request II.A.1.a.	This response contains trade secrets and sensitive information about Adventist’s physician contracting and scheduling practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 3 of 17; Response to Request II.A.1.b.	This response contains trade secrets and sensitive information about Adventist’s physician contracting and scheduling practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 3-4 of 17; Response to Request II.A.1.c.	This response contains trade secrets and sensitive information about Adventist’s physician contracting and scheduling practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 4 of 17; Response to Request II.A.2.b.	This response contains trade secrets and sensitive information about Adventist’s physician contracting and scheduling practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 5-6 of 17; Response to Request II.A.3.	This response contains trade secrets and sensitive information about Adventist’s employment and employee retention practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 7 of 17; Response to Request II.A.4.	This response contains trade secrets and sensitive information about Adventist’s patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)

Narrative Reply, Pg. 7 of 17; Response to Request II.A.5	This response contains trade secrets and sensitive information about Adventist's physician contracting and scheduling practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 7-8 of 17; Response to Request II.A.8.c.	This response contains trade secrets and sensitive information about Adventist's board members.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 9-10 of 17; Response to Request II.A.9.a.	This response contains trade secrets and sensitive information about Adventist's board members.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 10-11 of 17; Response to Request II.A.9.b.	This response contains trade secrets and sensitive information about Adventist's board members.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 11 of 17; Response to Request II.A.10.c.	This response contains trade secrets and sensitive information about Adventist's board discussions and decisions.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 11-12 of 17; Response to Request II.A.12.a.	This response contains trade secrets and sensitive information about Adventist's internal policies and operations.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 12 of 17; Response to Request II.A.12.b.	This response contains trade secrets and sensitive information about Adventist's internal policies and operations.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 13 of 17; Response to Request II.A.15.b.	This response contains trade secrets and sensitive information about Adventist's employment practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 14 of 17; Response to Request II.A.17.a.	This response contains trade secrets and sensitive information about Adventist's patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)

Narrative Reply, Pg. 15 of 17; Response to Request II.A.17.b.	This response contains trade secrets and sensitive information about Adventist's payor contracting practices, as well as patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 15 of 17; Response to Request II.A.18.	This response contains trade secrets and sensitive information about Adventist's patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 16 of 17; Response to Request II.A.18.b.	This response contains trade secrets and sensitive information about Adventist's patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)
Narrative Reply, Pg. 16 of 17; Response to Request II.A.19.	This response contains trade secrets and sensitive information about Adventist's patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. A, Bates number 002	This document contains trade secrets and sensitive information about Adventist's planned capital expenditures.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. B, Bates number 004	This document contains trade secrets and sensitive information about Adventist's physician contracting and scheduling practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. C, Bates number 006	This document contains trade secrets and sensitive information about Adventist's physician contracting and scheduling practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. D, Bates number 008	This document contains trade secrets and sensitive information about Adventist's physician contracting and scheduling practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. E, Bates number 010-011	This document contains trade secrets and sensitive information about Adventist's payor contracting practices, as well as patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. F, Bates number 013	This document contains trade secrets and sensitive information about Adventist's corporate governance, and internal policies and operations.	ORS 415.501(13)(c) and ORS 192.345(2)

Exh. G, Bates number 015	This document contains trade secrets and sensitive information about Adventist's board members.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. H, Bates number 017	The minutes of the Clinical Committee meetings contain quality and safety information that is peer protected under Oregon law, as well as trade secrets and sensitive information about Adventist's strategies, improvement efforts, and patient care initiatives.	ORS 41.675, 415.501(13)(c) and ORS 192.345(2)
Exh. I, Bates number 019-020	The results of AHCG's Just Culture Survey contain proprietary information of Gallup, Inc., as well as trade secrets and sensitive information about Adventist's strategies, improvement efforts, and employee engagement initiatives.	ORS 41.675, 415.501(13)(c) and ORS 192.345(2)
Exh. J, Bates number 023	The minutes of the Clinical Committee meetings contain quality and safety information that is peer protected under Oregon law, as well as trade secrets and sensitive information about Adventist's strategies, improvement efforts, and patient care initiatives.	ORS 41.675, 415.501(13)(c) and ORS 192.345(2)
Exh. K, Bates number 025	This document contains trade secrets and sensitive information about Adventist's internal policies and operations.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. L, Bates number 027	This document contains trade secrets and sensitive information about Adventist's employment practices.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. M, Bates number 029	This document contains trade secrets and sensitive information about Adventist's payor contracting practices, as well as patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. N, Bates number 032	This document contains trade secrets and sensitive information about Adventist's patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)
Exh. O, Bates number 034-035	This document contains trade secrets and sensitive information about Adventist's patient demographics and volumes.	ORS 415.501(13)(c) and ORS 192.345(2)

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Public Version

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EXHIBIT A**List of Proposed Capital Projects for 2025-2029**

List of Proposed Capital Projects for 2025-2029

Adventist Health
2025 Capital Planning Process

Capital Planning Year: 2025

Grouping by: NONE

Final Filter: CPREQ2025.ENTITY.ENTITY IN (71) AND CPREQ2025.Picklist02 IN ('Picklist02_01','Picklist02_02') AND CPREQ2025.Picklist03 IN ('Picklist03_01','Picklist03_02')

Filter: Input additional filter criteria here (ex. CPREQ20xx.OrgBudgetTOT>=5000)

Sort: Entity/DEPT/Description (asc)

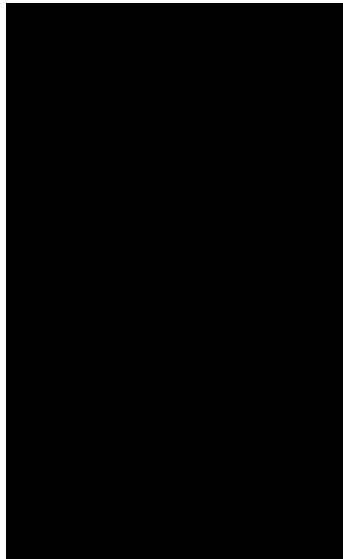
	CAPREQ	Entity	Department	Project Description	2025 Requested	2026 Requested	2027 Requested	2028 Requested	2029 Requested	Total Requested
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EXHIBIT B**Model Showing Differences Between Scheduling Templates**

Model Showing Differences Between Scheduling Templates

Old Template



New Template

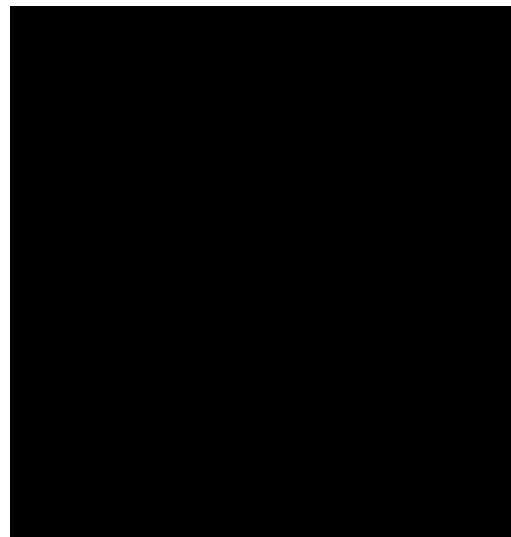


EXHIBIT C

**Current Employment Contract Templates for Ob/Gyns,
Primary Care Physicians, and Oncologists**

**Current Employment Contract Templates for Ob/Gyns,
Primary Care Physicians, and Oncologists**

In lieu of providing a redacted (i.e., fully blacked out) version of its current employment contract templates for ob/gyns, primary care physicians, and oncologists, Adventist is inserting this placeholder page into Exhibit C. Please note that the physician employment contract templates contain trade secrets that are protected from disclosure under ORS 415.501(13) and ORS 192.345(2).

EXHIBIT D

**Former (MCMC) Employment Contract Template
for Ob/Gyns, Primary Care Physicians, and Oncologists**

**Former (MCMC) Employment Contract Templates for Ob/Gyns,
Primary Care Physicians, and Oncologists**

In lieu of providing a redacted (i.e., fully blacked out) version of its former (MCMC) employment contract templates for ob/gyns, primary care physicians, and oncologists, Adventist is inserting this placeholder page into Exhibit D. Please note that the physician employment contract templates contain trade secrets that are protected from disclosure under ORS 415.501(13) and ORS 192.345(2).

EXHIBIT E**Data Responsive to RFI #30**

Facility	Total number of unique patients served	Number of patients served					
		Count of Medicaid patients (excluding Duals)	Count of Medicare patients (excluding Duals)	Count of dual Medicaid/ Medicare patients	Count of Commercial patients	Count of Self-Pay patients	Count of other patients
All MCMC Practices and Locations							
	2021						
	2022						
	2023						
Main Hospital							
	2021						
	2022						
	2023						
Celilo Cancer Center:							
	2021						
	2022						
	2023						
Columbia River Women's Center:							
	2021						
	2022						
	2023						
Surgical Center:							
	2021						
	2022						
	2023						
Columbia Gorge Urology							
	2021						
	2022						
	2023						
Occupational Medicine:							
	2021						
	2022						
	2023						
Columbia Gorge ENT and Allergy:							
	2021						
	2022						
	2023						

Columbia Gorge Medical Clinic 310004
2021
2022
2023
MCMC Family Medicine:
2021
2022
2023
Water's Edge Medical Center:
2021
2022
2023
Visiting Health Services
2021
2022
2023
MCMC Specialty Clinics at Nichols Landing:
2021
2022
2023

RFI 30 Answers

EXHIBIT F**Current Community Board Bylaws**

Current Community Board Bylaws

In lieu of providing a redacted (i.e., fully blacked out) version of its current Community Board Bylaws, Adventist is inserting this placeholder page into Exhibit F. Please note that Adventist's corporate governance documents contain trade secrets that are protected from disclosure under ORS 415.501(13) and ORS 192.345(2).

EXHIBIT G**Clinical Committee Membership Roster**

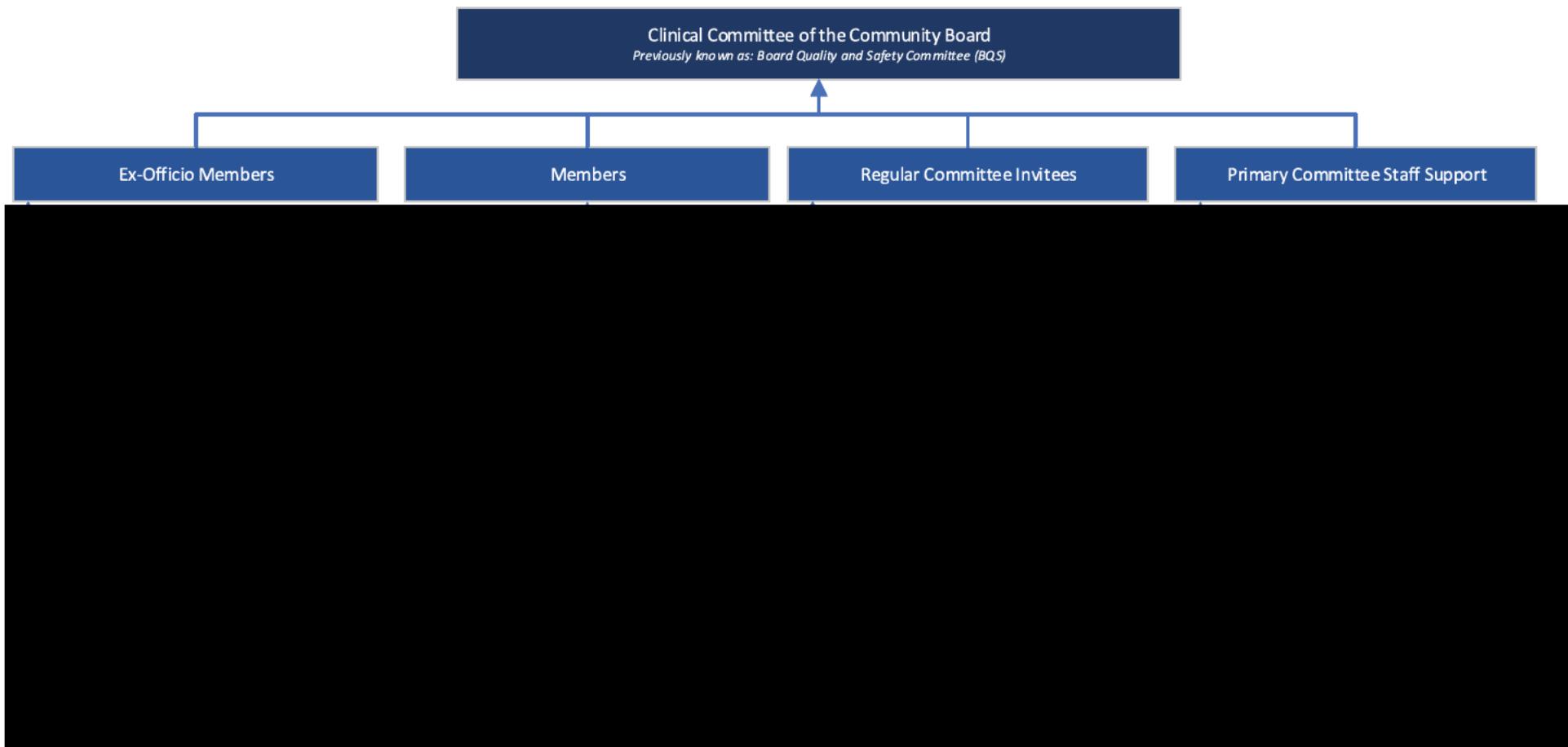


EXHIBIT H**Clinical Committee Minutes**

Clinical Committee Minutes

In lieu of providing redacted (i.e., fully blacked out) versions of its Clinical Committee Minutes, Adventist is inserting this placeholder page into Exhibit H. Please note that minutes of Adventist Health Columbia Gorge's board and board committee meetings contain confidential information, including quality and safety data that is peer protected under ORS 41.675 and trade secrets that are protected from disclosure under ORS 415.501(13) and ORS 192.345(2).

EXHIBIT I**Results of Just Culture Survey**



Employee Engagement

2024 Culture Survey

Sep 10, 2024 - Oct 02, 2024

AHCG -Participation: 76% // AH system participation 71%

Reporting Group: Direct | Market Name - Adventist Health Columbia Gorge

Results of Just Culture Survey

In lieu of providing a redacted (i.e., fully blacked out) version of the results of its 2024 Just Culture Survey, Adventist is inserting this placeholder page into Exhibit I. Please note that the results of the Just Culture Survey are confidential, and include trade secrets that are protected from disclosure under ORS 415.501(13) and ORS 192.345(2).

EXHIBIT J**Most-Recent Board Quality and Safety Committee Report**



February 2024
Board Quality and Safety Committee Report

Please review Dashboard for January Data



AHCG Quality & Safety Dashboard

Rolling 12 Month Report

DEFINITIONS:

SSE = Serious Safety Event
HC = Health Care
CLBSI = Central Line Blood Stream Infection
SSI = Surgical Site Infection
WC = Workers Comp
HAI: Includes CAUTI, CLABSI, CDI, SSI

NDNQI = National Database of 023ity Indicators
CAUTI = Catheter Associated Urinary Tract Infection
CDI = Clostridium Difficile Infection
OSHA = Occupational Safety and Health Administration
VAC = Ventilator Associated Condition
HAP = Hospital Acquired Pneumonia

Red: Not meeting goal by >20%
Yellow: Not meeting goal by 20% or less
Green: Meeting Goal

EXHIBIT K**“Death With Dignity Act” Policy**

“Death With Dignity Act” Policy

In lieu of providing a redacted (i.e., fully blacked out) version of its “Death With Dignity Act” policy, Adventist is inserting this placeholder page into Exhibit K. Please note that Adventist’s internal policies and procedures contain trade secrets that are protected from disclosure under ORS 415.501(13) and ORS 192.345(2).

EXHIBIT L**Data Responsive to RFI #34**

Staffing

Provide the number of staff and full time equivalent (FTE) for the time period and categories listed

EXHIBIT M**Data Responsive to RFI #29**

Payments

Provide payment amounts in dollars. For charity care/ financial assistance, provide the amount of free, subsidized, or reduced price care provided to patients for the time period. Total payments should include payer- and patient-paid amounts. Total payments for patients with Medicare and Medicaid should exclude payments for patients with dual Medicare/Medicaid coverage. For total payments for uninsured patients, include amounts paid by patients and do not include charity care, unreimbursed care, or financial assistance. Charity care is the stated value of care that the hospital provided for free to patients. Charity care includes services that are provided for free or at a reduced cost to eligible patients.

2022											
2023											
Visiting Health Services											
2021											
2022											
2023											
MCMC Specialty Clinics at Nichols Landing											
2021											
2022											
2023											

RFI 29 Answers

EXHIBIT N

Data Responsive to RFI #31

Patient Demographics

Provide a unique count of patients by setting and for MCMC overall. Patients should be counted once per year per location. Patients who received services at multiple locations should be counted for each location, but should only be counted once in the "All MCMC practices and locations" columns.

	All MCMC practices and locations			Inpatient			Emergency Department			Other Outpatient		
	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Sex												
Female												
Male												
Other												
Unknown												
Age group at the time of last service												
0-18												
19-24												
25-34												
35-44												
45-54												
55-64												
65+												
Unknown												
Race (Count individuals in each race category they report)												
American Indian or Alaska Native												
Asian												
Black or African American												
Hispanic or Latino												
Native Hawaiian or Pacific Islander												
White												
Unreported												
Language Service Needs												
Did not receive interpretation or translation services												
Received Spanish interpretation or translation services												
Received other language interpretation or translation services												
Unreported												

EXHIBIT O
Data Responsive to RFI #33

Services

Provide a count of visits and services by facility and type of visit for each time period. Unique patients may have multiple visits or services.

	2022
	2023
Columbia Gorge Medical Clinic	
	2021
	2022
	2023
MCMC Family Medicine	
	2021
	2022
	2023
Water's Edge Medical Center	
	2021
	2022
	2023
Visiting Health Services	
	2021
	2022
	2023
MCMC Specialty Clinics at Nichols Land	
	2021
	2022
	2023