

# Community Review Board Member Application

## 038 Legacy Health-Legacy Health Foundation-PacificSource

The Oregon Health Authority (OHA) is convening a community review board to hear from community members about the transaction involving Legacy Health (Legacy), the Legacy Health Foundation (Foundation), and PacificSource. Please fill in all sections in this form and email it to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov), along with the demographic and conflict of interest forms.

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact us by email at [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov) or by phone at 503-945-6161. We accept all relay calls.

### About the transaction

Legacy plans to transform the Foundation into an independent organization and transfer Legacy's 50% ownership of PacificSource to the Foundation. This deal is related to, but separate from, Oregon Health & Science University's plan to purchase Legacy. Visit the [transaction webpage](#) for more information about this deal.

### About the community review board

OHA anticipates that it will convene this community review board in early 2025. The community review board has two key roles:

1. Help OHA understand how this deal could affect health care for people and communities in Oregon.
2. Make a recommendation about whether the deal should be approved, approved with conditions, or disapproved.

Visit [the transaction webpage](#) for more information about the community review board.

### Member qualifications

Community review board members are expected to review materials related to this deal and participate in up to five meetings and up to two public hearings. Community review board members must be 18+ years old and must live, work, or receive health care in Oregon, or work for an Oregon-based employer. OHA is looking for:

- Community members
- People who are members of PacificSource health plans
- People who have received care from Legacy Health providers
- Physicians, nurses, and other health care providers working in Oregon
- People with personal or professional expertise related to health care and health insurance markets in Oregon
- Consumer advocates

You may not participate in a community review board if:

1. You are currently employed by Legacy, the Foundation, or PacificSource companies; or
2. You are currently employed by a similar sized competitor of Legacy or PacificSource companies, such as another hospital system or health plan of similar size.

## General Information

1. Please provide your contact information

First and Last Name	
Pronouns	
Email Address	
Phone Number	
Street Address	
City, State, Zip	
Occupation	
Employer	

2. Please check the box if you belong to any of the following groups (check all that apply):

Current or past member of PacificSource health plans

Current or past patient of Legacy Health

Community Member

Consumer Advocate

*A person who works to promote and protect the rights and welfare of consumers.*

Health Care Professional (please specify) \_\_\_\_\_

*A person who works for a company that provides health care products or services. This can include people with clinical or administrative jobs.*

Health Care Expert (please specify) \_\_\_\_\_

*A person who works for research or academic institutions, consulting firms, policy groups, or community groups that focus on health care.*

Other (please specify) \_\_\_\_\_

3. Why are you interested in joining this community review board?

4. Please describe your experience, background, and/or knowledge of PacificSource or Legacy Health. *For example, you can share if you or a family member have ever been a patient, member, volunteer, vendor, or employee of any of the organizations involved.*

5. Please indicate if you have any of the following experience, background, or knowledge. This can include current or past experiences and can be related to your personal life, work, or education (check all that apply):

	Yes
Physician, nurse, or other licensed health care professional	
Person who was a member of an insurance plan that underwent an ownership change	
Experience or background in health insurance operations or management (provider networks, plan benefits, etc.)	
Health care professional that has experienced changes in ownership of health insurance plan	
Current or past PacificSource member with Medicare Advantage insurance coverage	
Current or past PacificSource member with Medicaid (Oregon Health Plan) insurance coverage	
Current or past PacificSource member with commercial insurance coverage	
Patient who received care from Legacy Health providers.	
Other (please describe)	

If you'd like, you may describe, explain, or provide more information about any of your selections.

6. OHA aims to represent a variety of perspectives on the community review board. Please indicate if you have lived experience as a member of any of the following populations: (Select all that apply.)

- People with disabilities
- Older adult (ages 65+)
- Transgender, non-binary, or gender queer
- LGBTQIA2S+ or queer
- Low income
- Oregon Health Plan member
- Communities of color (please specify): \_\_\_\_\_
- Resident of a rural community
- Tribal member (please specify): \_\_\_\_\_
- Immigrant (please specify): \_\_\_\_\_
- People with unstable housing

7. Please list any groups, companies, or organizations you are affiliated with as an employee, contractor, member, or volunteer.

8. If selected, who would you represent on the CRB? (Some members of the community review board may represent or speak on behalf of the views and opinions of a group or organization.)

- Myself
- My employer (please specify): \_\_\_\_\_
- Another organization or group (please specify): \_\_\_\_\_

9. If selected to participate in the community review board, what accommodations or supports would make it easier for you to participate? Accommodations may include, but

are not limited to, translation, interpretation, materials provided in alternate formats, meetings at specific times, virtual meetings, or other accommodations.

10. If selected, would you like to request compensation for your time serving on the community review board? If you request compensation, OHA staff will ask you to provide additional information to determine if you qualify to receive payments. Please see the [Application Instructions](#) for more information about compensation. Your answer to this question will not impact whether you are selected as a community review board member.

Yes

No

11. How did you learn about the community review board?

## Signature

If selected to serve on the community review board, I will:

- Attend up to ten (10) virtual community review board meetings
- Attend up to two (2) virtual public hearings
- Review materials before meetings
- Make recommendations in the best interest of my community
- Participate to the best of my abilities

Signature \_\_\_\_\_ Date \_\_\_\_\_