Applicant Information

Applicant Name: Columbia Pacific Coordinated Care Organization, LLC

Form of Legal Entity: Columbia Pacific CCO is established as an Oregon Limited Liability Company (LLC). CareOregon and GOBHI will manage the LLC in collaboration, with Kevin Campbell of GOBHI and Patrick Curran of CareOregon named as initial managers. CareOregon is the single member of the LLC and it is registered at CareOregon's office in Portland: 315 SW Fifth Avenue, Portland, Oregon, 97204.

State of Domicile: Oregon

Primary Contacts: Kevin M. Campbell of GOBHI and Patrick Curran of CareOregon

Address: 315 SW 5th Avenue

City, State, Zip: Portland, Oregon 97204

Telephone: Kevin Campbell at 541-298-2101 and Patrick Curran at 503-416-1421

Fax: Kevin Campbell at 541-298-7996 and Patrick Curran at 503-416-3723

E-mail Address: Kevin Campbell at kevin.campbell@gobhi.net and Patrick Curran at curranp@careoregon.org

Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Contract that may result: Kevin M. Campbell and Patrick Curran, Managers of Columbia Pacific CCO

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.

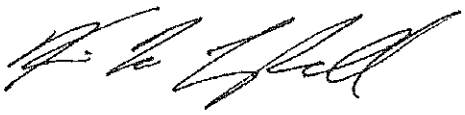
7. If awarded a Contract, Applicant will be required to complete, and will be bound by, a Contract described in this RFA. Applicant agrees to the Core Contract terms and conditions in Appendix G, except to the extent Applicant has timely requested a change or clarification or filed a protest in accordance 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.



Kevin M. Campbell
Manager and Authorized Representative of Columbia Pacific CCO, LLC
April 30, 2012

Patrick Curran
Manager and Authorized Representative of Columbia Pacific CCO, LLC
April 30, 2012

Applicant Name: Columbia Pacific Coordinated Care Organization, LLC

Attestations for Appendix A - CCO Criteria

ATTESTATION	Yes	No	Yes, Qualified	Explanation if No or Qualified
Attestation A-1: Applicant will have an individual accountable for each of the following operational functions: • Contract administration • Outcomes and evaluation • Performance measurement • Health management and care coordination activities • System coordination and shared accountability between DHS Medicaid-funded LTC system and CCO • Mental health and addictions coordination and system management • Communications management to providers and Members • provider relations and network management, including credentialing • Health information technology and medical records • Privacy officer • Compliance officer	☒	☐	☐	
Attestation A-2: Applicant will participate in the learning collaboratives required by ORS 442.210.	☒	☐	☐	
Attestation A-3: Applicant will collect, maintain and analyze race, ethnicity, and primary language data for all Members on an ongoing basis in accordance with standards jointly established by OHA and DHS in order to identify and track the elimination of health inequities.	☒	☐	☐	

Attestations for Appendix B - Provider Participation and Operations Questionnaire

ATTESTATION	Yes	No	Yes, Qualified	Explanation if No or Qualified
Attestation B-1: Applicant will, as demonstrated with policies and procedures, (i) authorize the provision of a drug requested by the Primary Care Physician (PCP) or referral provider, if the approved prescriber certifies medical necessity for the drug such as: the formulary's equivalent has been ineffective in the treatment or the formulary's drug causes or is reasonably expected to cause adverse or harmful reactions to the Member and (ii) reimburse providers for dispensing a 72-hour supply of a drug that requires prior authorization in accordance with OAR 410-141-0070.	☒	☐	☐	
Attestation B-2: Applicant will comply with all applicable provider requirements of Medicaid law under 42 CFR Part 438, including provider certification requirements, anti-discrimination requirements, provider participation and consultation requirements, the prohibition on interference with provider advice, limits on provider indemnification, rules governing payments to providers, and limits on physician incentive plans.	☒	☐	☐	
Attestation B-3: Applicant will assure that all provider and supplier contracts or agreements contain the required contract provisions that are described in the Contract.	☒	☐	☐	
Attestation B-4: Applicant will have executed provider, facility, and supplier contracts in place to demonstrate adequate access and availability of Covered Services throughout the requested service area.	☒	☐	☐	
Attestation B-5: Applicant will have all provider contracts or agreements available upon request.	☒	☐	☐	
Attestation B-6: As Applicant implements, acquires, or upgrades health information technology (HIT) systems, where available, the HIT systems and products will meet standards and implementation specifications adopted under section 3004 of the Public Health Services Act as added by section 13101 of the American Recovery and Reinvestment Act of 2009, P.L. 111-5.	☒	☐	☐	
Attestation B-7: Applicant's contracts for administrative and management services will contain the OHA required contract provisions.	☒	☐	☐	

ATTESTATION	Yes	No	Yes, Qualified	Explanation if No or Qualified
Attestation B-8: Applicant will establish, maintain, and monitor the performance of a comprehensive network of providers to assure sufficient access to Medicaid Covered Services as well as supplemental services offered by the CCO in accordance with written policies, procedures, and standards for participation established by the CCO. Participation status will be revalidated at appropriate intervals as required by OHA regulations and guidelines.	☒	☐	☐	
Attestation B-9: Applicant will have executed written agreements with providers (first tier, downstream, or related entity instruments) structured in compliance with OHA regulations and guidelines.	☒	☐	☐	
Attestation B-10: Applicant, through its contracted or deemed Participating provider network, along with other specialists outside the network, community resources or social services within the CCO's service area, will provide ongoing primary care and specialty care as needed and guarantee the continuity of care and the integration of services through: • Prompt, convenient, and appropriate access to Covered Services by enrollees 24 hours a day, 7 days a week; • The coordination of the individual care needs of enrollees in accordance with policies and procedures as established by the Applicant; • Enrollee involvement in decisions regarding treatment, proper education on treatment options, and the coordination of follow-up care; • Effectively addressing and overcoming barriers to enrollee compliance with prescribed treatments and regimens; and • Addressing diverse patient populations in a culturally competent manner.	☒	☐	☐	
Attestation B-11: Applicant will establish policies, procedures, and standards that: • Assure and facilitate the availability, convenient, and timely access to all 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;	☒	☐	☐	

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

Medicaid Assurances for Appendix B - Provider Participation and Operations Questionnaire

ATTESTATION	Yes	No	Yes, Qualified	Explanation if No or Qualified
Assurance B-1 – Emergency and Urgent Care Services: Applicant will have written policies and procedures and monitoring systems that provide for emergency and urgent services for all Members on a 24-hour, 7-days-a-week basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. (See 42 CFR 438.114 and OAR 410-141-3140]	☒	☐	☐	
Assurance B-2 – Continuity of Care: Applicant will have written policies and procedures that ensure a system for the coordination of care and the arrangement, tracking and documentation of all referrals and prior authorizations to other providers. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.208 and OAR 410-141-3160]	☒	☐	☐	
Assurance B-3: Applicant will have written policies and procedures that ensure maintenance of a record keeping system that includes maintaining the privacy and security of records as required by the Health Insurance Portability and Accountability Act (HIPAA), 42 USC § 1320-d et seq., and the federal regulations implementing the Act, and complete Clinical Records that document the care received by Members from the Applicant's primary care and referral providers. Applicants will communicate these policies and procedures to Participating providers, regularly monitor Participating providers' compliance with these policies and procedures and take any Corrective Action necessary to ensure Participating provider compliance. Applicants will document all monitoring and Corrective Action activities. Such policies and procedures will ensure that records are secured, safeguarded and stored in accordance with applicable Law. [See 45 CFR Parts 160-164, 42 CFR 438.242, ORS 414.679 and OAR 410-141-3180]	☒	☐	☐	
Assurance B-4: Applicant will have an ongoing quality performance improvement program for the services it furnishes to its Members. The program will include an internal Quality Improvement program based on written policies, standards and procedures that are designed to	☒	☐	☐	

ATTESTATION	Yes	No	Yes, Qualified	Explanation if No or Qualified
achieve through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas and that are expected to have a favorable effect on health outcomes and Member satisfaction. The improvement program will track outcomes by race, ethnicity and language. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.200 and 438.240; OAR 410-141-0200]				
Assurance B-5: Applicant will make Coordinated Care Services accessible to enrolled Members. The Applicant will not discriminate between Members and non-Members as it relates to benefits to which they are both entitled. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.206 to 438.210; and OAR 410-141-3220]	☒	☐	☐	
Assurance B-6: Applicant will have written procedures approved in writing by OHA for accepting, processing, and responding to all complaints and Appeals from Members or their Representatives that are consistent with Exhibit I of the Appendix G "Core Contract". The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.228, 438.400 – 438.424; and OAR 410-141-3260 to 410-141-3266]	☒	☐	☐	
Assurance B-7: Applicant will develop and distribute informational materials to potential Members that meet the language and alternative format requirements of potential Members. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.10; OAR 410-141-3280]	☒	☐	☐	
Assurance B-8: Applicant will have an on-going process of Member education and information sharing that includes appropriate orientation to the Applicant, Member handbook, health education, availability of intensive care coordination for Members who are aged, blind and/or	☒	☐	☐	

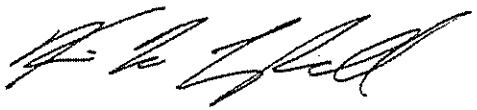
ATTESTATION	Yes	No	Yes, Qualified	Explanation if No or Qualified
disabled and appropriate use of emergency facilities and urgent care. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.10; and OAR 410-141-3300]				
Assurance B-9: Applicant will have written policies and procedures to ensure Members are treated with the same dignity and respect as other patients who receive services from the Applicant that are consistent with Attachment 4, Core Contract. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.100, ORS 414.635 and OAR 410-141-3320]	☒	☐	☐	
Assurance B-10: Applicants will provide Intensive Care Coordination (otherwise known as Exceptional Needs Care Coordination or ENCC) to Members who are Aged, Blind or Disabled. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.208 and OAR 410-141-3405]	☒	☐	☐	
Assurance B-11: Applicant will maintain an efficient and accurate billing and payment process based on written policies, standards, and procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA provider Guides. The Applicant and its providers will not hold Members responsible for the Applicants or providers debt if the entity becomes insolvent. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 447.46 and OAR 410-141-0420]	☒	☐	☐	
Assurance B-12: Applicant will participate as a trading partner of the OHA in order to timely and accurately conduct electronic transactions in accordance with the HIPAA electronic transactions and security standards. Applicant has executed necessary trading partner agreements and conducted business-to-business testing that are in accordance with accepted	☒	☐	☐	

ATTESTATION	Yes	No	Yes, Qualified	Explanation if No or Qualified
professional standards, OHP Administrative Rules and OHA provider Guides. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 45 CFR Part 162; OAR 943-120-0100 to 943-120-0200]				
Assurance B-13: Applicant will maintain an efficient and accurate system for capturing encounter data, timely reporting the encounter data to OHA, and validating that encounter data based on written policies, standards, and procedures that are in accordance with accepted professional standards, CCO and OHP Administrative Rules and OHA provider Guides. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.242; and the Contract]	☒	☐	☐	
Assurance B-14: Applicant will maintain an efficient and accurate process that can be used to validate Member Enrollment and Disenrollment based on written policies, standards, and procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA provider Guides. The Applicant will have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to providers, regularly monitor providers' compliance and take any Corrective Action necessary to ensure provider compliance. [See 42 CFR 438.242 and 438.604; and Contract]	☒	☐	☐	

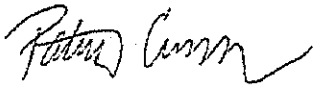
Informational Representations for Appendix B - Provider Participation and Operations Questionnaire

ATTESTATION	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.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to perform CCO operations.
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.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to manage all staffing needs for the CCO.
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.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to perform most CCO system functions, with sub-contracts as needed for back-up and other IS functions.
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.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to perform all CCO claims administration functions.
Representation B-5: Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the Enrollment, Disenrollment and membership functions.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to perform all CCO enrollment and membership function.
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.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to perform most CCO credentialing. CareOregon does delegate some credentialing to entities that qualify, such as OHSU.

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.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to perform all CCO utilization management functions.
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.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to perform all CCO quality improvement activities.
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.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to perform all CCO call center operations.
Representation B-10: Applicant will have an administrative or management contract with a delegated entity to perform all or a portion of the financial services.	☒	☐	☐	CareOregon and GOBHI will be contracted with the CCO to perform all CCO financial services, contracting with actuaries and auditors as needed to meet CCO requirements.
Representation B-11: 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.	☒	☐	☐	CareOregon and GOBHI will contract with providers and other entities to fulfill the obligations of the CCO contract.
Representation B-11: Applicant will have an administrative or management contract with a delegated entity to delegate all or a portion of other services that are not listed.	☒	☐	☐	CareOregon and GOBHI will contract with other entities if needed to perform all other services necessary under this CCO contract. For example, CareOregon will contract with a pharmacy benefit manager (PBM) to perform administrative services related to prescription drugs.



Kevin M. Campbell
Manager and Authorized Representative of Columbia Pacific CCO, LLC
April 30, 2012



Patrick Curran
Manager and Authorized Representative of Columbia Pacific CCO, LLC
April 30, 2012

Technical Application Checklist
Columbia Pacific Coordinated Care Organization, LLC

1. Technical Application, Mandatory Submission Materials

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

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

☒ **c.** This Technical Application Checklist

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

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

☒ **f.** Organizational Chart

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

h. Questionnaires

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

☒ **(2)** Provider Participation and Operations Questionnaire (Appendix B)
☒ • CareOregon Participating Provider Table

☒ **(3)** Accountability Questionnaire (Appendix C)
☒ • Services Area Table
☒ • Publicly Funded Health Care and Service Programs Table

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

2. Technical Application, Optional Submission Materials

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

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

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

3. Financial Application, Mandatory Submission Materials

☒ **APPENDIX E**

☒ **a.** Certified copy of the Applicant's articles of incorporation

☒ **b.** Listing of ownership or sponsorship

☒ **c.** Chart or listing presenting the identities of and interrelationships between the parent, the Applicant

☒ **d.** Current financial statements

☒ **e.** Contractual verification of all owners of entity

☒ **f.** Guarantee documents

☒ **g.** Developmental budget

☒ **h.** Operational budget

☒ **i.** Monthly staffing plan

☒ **j.** Pro Forma Projections for the First Five Years

☒ **k.** Quarterly developmental budget

☒ **l.** Quarterly operational expenses

☒ **m.** Reinsurance policy

☒ **APPENDIX F**

☒ **a.** Base Cost Template

Columbia Pacific CCO Letters of Support
GOBHI/CareOregon

Letter From:	Community of Origin
Accountable Behavioral Health Alliance	Corvallis
Adapt	Roseburg
Advantage Dental	Salem
Assoc of Oregon Community MH Prgs.	Salem
Clatsop Behavioral Healthcare	Astoria
Clatsop County BOC	Astoria
Coastal Family Health Center	Astoria
Columbia Care Services, Inc.	Scappoose
Columbia Community Mental Health	St. Helens
Columbia County Board of Commissioners	St. Helens
Douglas County Health & Social Serv. Dept.	Roseburg
Douglas County Board of Commissioners	Roseburg
Dunes Family Health Care P.C.	Reedsport
The Healing Circle	Astoria
Legacy Health	Portland
Lines for Life	Portland
Lower Umpqua Hospital	Reedsport
Mid-Valley Behavioral Health Care Network	Salem
NAMI	Portland
The Next Door	Hood River
Northwest Regional ESD	Tillamook
OHCA	Portland
Oregon Health Network	Lake Oswego
Oregon Health & Science University	Scappoose
Oregon School-Based Health Care Network	Portland
Oregon State Hospital	Portland
The Public Health Foundation	St. Helens
Tillamook County BOC	Tillamook
Tillamook Co. Mental Health	Tillamook
Tillamook Family Counseling Center	Tillamook
Umpqua Community Health Center	Roseburg

310 NW Fifth Street, Suite 206
Corvallis, OR 97330
Phone: (541) 753-8997
FAX: (541) 752-4877

Dr. Bruce Goldberg
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of GOBHI Coordinated Care Organization (CCO) Application

May 5, 2012

Dear Dr. Goldberg:

On behalf of The Accountable Behavioral Health Alliance (ABHA), I am writing to support the application of GOBHI to become a Coordinated Care Organization (CCO). ABHA has worked with GOBHI quite closely over the past 5-7 years. Besides collaborating with a fellow MHO on many statewide efforts, we have contracted with GOBHI as a consultant who has provided encounter data and compliance training to virtually all the staff at ABHA and that of our five county partners.

We know from personal experience that GOBHI is a thought leader and innovator, an organization that can and does translate its ideas into action. There are going to be many organizations who apply to become to CCOs who aspire to accomplish the goals of the Triple AIM, who aspire to take risks and provide services in truly new and innovative ways. GOBHI does not need to aspire to do this, they do it. They have consistently been pushing the envelope mental health service delivery in Oregon. I am sure they will do the same for the full spectrum of services that a CCO will be responsible for.

GOBHI has a demonstrated track record of success with its core model of localized behavioral health care delivery. It stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings.

GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model – the Greater Oregon Better Health Initiative. We strongly support GOBHI's application.

Sincerely,

Seth Bernstein, Ph.D.

Adapt

an oregon leader in the prevention and treatment of addictions since 1971

P.O. Box 1121
Roseburg, OR 97470

(541) 672-02691
Fax (541) 673-5642

www.adaptoregon.org

April 25, 2012

Kevin Campbell, CEO
Greater Oregon Behavioral Health Inc.
309 E. 2nd St.
The Dalles, OR 97058

Bruce Goldberg, M.D.
Director
Oregon Health Authority
500 Summer Street, NE, E-20
Salem, Oregon 97301-1097

Dear Gentlemen:

Adapt is a Federally Qualified Health Center, with a 40 year history of providing behavioral health services and conducting NIH sponsored clinical research. Our services in Douglas County focus on delivering integrated behavioral health services. In addition to our Community Health Center and continuum of outpatient CD services, residents have since 1982 relied upon our adult and adolescent regional residential services.

We have been pleased to be included in the development of the GOBHI Coordinated Care Organization, in partnership with Douglas County and other community partners. We look forward to continuing our participation as a major component of the health care delivery system.

We have a particular interest in delivering behavioral health services as an embedded feature of *private practice* primary care. Our experience using this model over the past 7 years has demonstrated increased patient access, satisfaction, and noteworthy cost-savings. CCO implementation will create new opportunity to extend these outcomes.

We are confident that working together, GOBHI will establish an exemplary Coordinated Care Organization, meeting the goals of the recently enacted Oregon legislation.

Sincerely,

Bruce Piper
CEO

Advantage Dental Services, LLC
The Advantage Community

June 6, 2012

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

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

Re: Non-Binding Letter of Support for Columbia Pacific Coordinated Care Organization's 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 Columbia Pacific Coordinated Care Organization's 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 Columbia Pacific Coordinated Care Organization. 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 Columbia Pacific Coordinated Care Organization in the formation of the CCOs and coordinating care for its community members.

Sincerely,

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

ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

Addictions • Mental Health • Developmental Disabilities

Cherryl Ramirez, Executive Director, cramirez@aocweb.org
Jessica van Diepen, Data & Communications, jvandiepen@aocweb.org
Diana L. Bronson, Executive Assistant, dbronson@aocweb.org
Andrew J. Smith, Legislative Liaison, asmith@aocweb.org
Sarah Jane Owens, Develop. Disabilities Spec., sjowens@aocweb.org

June 11, 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Letter of Support
Columbia Pacific Coordinated Care Organization (CPCCO) Application

Dear Members of the CCO Review Team:

AOCMHP is pleased to provide this letter of support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon in their collaboration to form the Columbia Pacific Coordinated Care Organization (CPCCO), which will serve members in Clatsop, Columbia, Douglas (Reedsport), and Tillamook counties.

GOBHI and CareOregon have proven records of success based on their basic models of localized behavioral and physical health care delivery that stress prevention, early intervention, and support services to improve overall health and reduce cost. Over the last decade, AOCMHP has witnessed first hand the excellence of GOBHI in serving the needs of rural Oregonians.

The goal of the Columbia Pacific CCO is to be local enough to be relevant and large enough to be financially sustainable. CPCCO will work within each of the communities to bring new models of care that are patient-centered and team-focused, governed by a partnership among local health care providers and community members.

AOCMHP is the unified statewide voice of local governments that are accountable for the well being of people with mental illness, addictions and developmental disabilities. We are confident that the partnership between GOBHI and CareOregon will foster one of the most innovative and effective CCOs in the state and urge you to support CPCCO's certification as a CCO.

Sincerely,

Cherryl L. Ramirez

Cherryl Ramirez, MPA, MPH
Executive Director

CLATSOP BEHAVIORAL HEALTHCARE

2120 Exchange Street, Suite 301
Phone (503) 325-5722 Fax (503) 325-8483
Astoria, Oregon 97103

June 6, 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of Columbia Pacific Coordinated Care Organization (CPCCO) Application

Clatsop Behavioral Healthcare is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon in their collaboration to form the CPCCO to better meet the needs of Oregon Health Plan Members – in particular, its application to become a Coordinated Care Organization (CCO) for Clatsop, Columbia, Douglas (Reedsport), and Tillamook counties. These partners have a demonstrated track record of success with their basic model of localized behavioral and physical health care delivery that stresses prevention, early intervention, and support services to improve overall health status and reduce cost.

The goal of the Columbia Pacific CCO is to be local enough to be relevant and large enough to be financially sustainable. The CPCCO will work within each of the communities to bring new models of care that are patient-centered and team-focused, governed by a partnership among local health care providers and community members.

Clatsop Behavioral Healthcare serves residents of Clatsop County who struggle with behavioral health and addiction issues. The Columbia Pacific Coordinated Care Organization's commitment to serve rural communities by incorporating an innovative and effective collaboration bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Nancy Winters
Executive Director

Clatsop County

County Board of Commissioners
800 Exchange St., Suite 410
Astoria, Oregon 97103
www.co.clatsop.or.us

Phone (503) 325-1000
Fax (503) 325-8325

April 25, 2012

Kevin Campbell, Director
Greater Oregon Behavioral Health Care, Inc.
309 E. Second St.
The Dalles, OR 97058

Subject: Coordinated Care Organization Application for Clatsop County

Dear Kevin:

The Clatsop County Board of Commissioners are pleased that you are applying to become a Coordinate Care Organization (CCO). We support the basic tenants of Governor Kitzhaber and the Oregon Health Authority that the future health of the County's residents will require:

- Improving the lifelong health of Oregonians
- Increasing the quality, reliability, and availability of care for all Oregonians
- Lowering or containing the cost of care so it's affordable to everyone

The Board supports the on-going process and believes that if successful this Triple Aim can be achieved, Clatsop County will witness an overall increase in community well-being.in the future.

With this in mind, the Board wants to share with you key recommendations that would be most helpful to Clatsop County as we review CCO applicants. These items are not listed in order of priority. Please consider each recommendation in drafting the application to become a CCO for Clatsop County:

- The CCO should identify how it will invest in Public Health both fiscally and programmatically. Public health is the local expert on population health, health data management, and health outcomes as they relate to the determinants of health. This perspective and expertise will be critical to of improving the long-term health of the general population.
- The CCO should address how multiple CCO's serving the population of the County are a benefit or detriment to the County. In what way does this support a non-fragmented care model? The CCO should identify the County's role on the Community Advisory Council for the County? Clatsop County strongly advocates for a locally coordinated Community Advisory Council.
- How will your proposal be data driven and articulate the correlation between health factors and health outcomes? The County is invested in seeing that the general health of the community improves over time.

- The proposal should define and support sufficient processes and procedures to achieve the identified health outcomes; e.g. assessing local capacity to achieve prioritized outcomes and the role of independent providers in sustaining local capacity to deliver essential services as a Certified Primary Care Home.

The Board recognizes the working relationship over the years with GOHBI and we support GOHBI's efforts to partner with CareOregon. While other CCO's may possibly form in the County, we support a consolidated application as the Board's choice for a CCO provider for Clatsop County. This remains a preliminary assessment based on the limited information available to the County. We look forward to the next phase of the process and the opportunity to provide additional comments at that time.

Sincerely,

Peter Huhtala
Board Chair

COASTAL FAMILY HEALTH CENTER

2158 Exchange Street Suite 304
PO Box 239
Astoria, OR 97103
P: (503) 325-8315
F: (503) 325-8602

June 7, 2012

Dr. Bruce Goldberg
Oregon Health Authority
500 Summer Street, NE E-20
Salem, OR 97301-1097

RE: Columbia Pacific CCO SUPPORT LETTER

Coastal Family Health Center is pleased to provide a Letter of Support for the Columbia Pacific CCO application process for wave two. As a Federally Qualified Health Center, Coastal Family has many clients on the Oregon Health Plan and has worked with the GOBHI and CareOregon for many years serving this clientele with success. CFHC is looking forward to the opportunity to work with the new CCO organization in directly improving the care and care coordination of our clients. As we continue to move further into the world of health care transformation our staff and Board are comforted by the fact that we will be working with trusted partners in this process.

GOBHI and CareOregon both serve some of the most difficult and vulnerable patients in our communities and they do it with grace and caring that are not often found in large organizations. Their combined efforts as Columbia Pacific CCO will serve the people of Oregon and achieve the triple aim of health care transformation.

Again, I would like to stress that Coastal Family Health Center supports the Columbia Pacific CCO application for our region of Oregon. If you have any questions or need clarification please call.

Sincerely,

COASTAL FAMILY HEALTH CENTER

James K. Coffee, MPA
CEO

Our mission: Coastal Family Health Center is the leader in providing access to high quality, culturally appropriate, and comprehensive health care to all people in our service area regardless of ability to pay.

ColumbiaCare
services, inc.

"Promoting the mental health and welfare of individuals by developing a progressive regional system of behavioral health care facilities and affiliated service programs in collaboration with public and private providers of social, judicial, and health care services"

April 23, 2012

Dr. Bruce Goldberg
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of GOBHI Coordinated Care Organization (CCO) Application

ColumbiaCare Services is pleased to provide this Letter of Support for the efforts Greater Oregon Behavioral Health, Inc. (GOBHI) is taking to improve the health of the citizens of rural Oregon, and as they complete their application to become a Coordinated Care Organization (CCO). GOBHI has a demonstrated track record of success with its basic model of localized behavioral health care delivery that stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model – the Greater Oregon Better Health Initiative.

ColumbiaCare is a mental health treatment agency that specializes in providing services to individuals who's illness has landed them in the most intensive and expensive levels of care; such as institutionalization and emergency acute care settings. It is our role to provide treatment facilities and services that enable people to recover such that they can step down into lower levels of care (or that diverts them from hospitalization in the first place), as well as the services and supports they require at each step along they way to ensure their success in more progressively independent community settings. It is in this capacity that we have worked with GOBHI, and out of the 166 licensed residential, crisis resolution, and supportive housing beds we operate statewide, 39 are located in the GOBHI catchment area.

ColumbiaCare has partnered with GOBHI to deliver intensive mental health treatment services for upwards of 7 years. GOBHI has critical knowledge and experience with delivering services to the chronically mentally ill population. This will be imperative to their success as a CCO in a system that integrates mental, physical and dental healthcare. GOBHI understands the complex needs of these individuals and what it takes to ensure treatment is properly delivered and funded in order to improve health and save dollars. GOBHI's commitment to serve rural communities by incorporating innovative and effective collaborations bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Robert C. Beckett / by Jennifer Jones

Robert C. Beckett, Executive Director
ColumbiaCare Services, Inc.

COLUMBIA COMMUNITY MENTAL HEALTH

58646 McNulty Way
P.O. Box 1234 • St. Helens, Oregon 97051
503-397-5211 • FAX 503-397-5373
1-800-294-5211

A NON-PROFIT COMMUNITY BEHAVIORAL HEALTH PROGRAM

OUR SERVICES ...

ADULT PROGRAM
assessments
counseling services
crisis intervention
educational classes
involuntary commitments
abuse counseling
satellite offices

PSYCHIATRIC REHAB.
assessments
day treatment
residential care
case management
skill training
supported housing
respite care
vocational rehabilitation

CHILDREN'S PROGRAM
assessments
individual counseling
family counseling
teen family intervention
crisis intervention
abuse treatment
skills training
school based programs
satellite offices

CHEMICAL DEPENDENCY
assessments
intensive outpatient
after-care groups
adolescent treatment
DUII diversion
educational classes
adult residential treatment
smoking cessation
gambling treatment

A & D PREVENTION
school based prevention
screening and referral
drug free activities
teen violence programs

DD SERVICES
youth & adults
case management
crisis diversion
early intervention
employment transition
respite care

MEDICAL SERVICES
psychiatric evaluations
medication management
nurse medication monitoring
children's psychiatric care
patient education

June 6, 2012

CCO Review team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: **Support for Columbia Pacific Coordinated Care Organization application.**

CCMH is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon to improve the health of the citizens of rural Oregon – and Columbia County in particular, its application to become Columbia Pacific Coordinated Care Organization (CPCCO)

As you may well know, GOBHI has a demonstrated track record of success with its basic model of localized behavioral health care delivery that stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model – the Greater Oregon Better Health Initiative.

For several months, Columbia County has developed a health care steering committee, chaired by County Commissioner Earl Fisher, to discuss and determine best options for CCO's in Columbia County. The whole community is very positive towards GOBHI and CareOregon collaborating as a CCO for Columbia, Clatsop, Tillamook counties, as well as the Reedsport area in Douglas County.

The goal of the Columbia Pacific CCO is to be local enough to be relevant and large enough to be financially sustainable. The CPCCO bring new models of care that are patient-centered and team-focused, governed by a partnership among local health care providers and community members. CPCCO's commitment to serve rural communities by incorporating an innovative and effective collaboration bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Roland Migchielsen, MS, DAPA

Executive Director CCMH

Columbia County
Oregon

Board of Commissioners

230 Strand Street, Rm 331, St. Helens, Oregon 97051-2096
*Ph: 503-397-4322 *Fax 503-397-7243

Commissioner Anthony Hyde (tony.hyde@co.columbia.or.us)
Commissioner Earl Fisher (earl.fisher@co.columbia.or.us)
Commissioner Henry Heimuller (henry.heimuller@co.columbia.or.us)
Jan Greenhalgh, Board Secretary (jan.greenhalgh@co.columbia.or.us)

April 25, 2012

Bruce Goldberg
Oregon Health Authority
500 Summer Street, NE, E-20
Salem, OR 97301-1097

RE: Support of GOBHI Coordinated Care Organization (CCO) Application

Dear Mr. Goldberg:

The Columbia County Board of Commissioners are pleased to provide this letter of support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) to improve the health of the citizens of rural Oregon, and Columbia County in particular, its application to become a Coordinated Care Organization.

As you may well know, GOBHI has a demonstrated track record of success with its basic model of localized behavioral health care delivery that stresses prevention, early intervention and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model - the Greater Oregon Better Health Initiative.

For several months, Columbia County has developed a health care steering committee, chaired by County Commissioner Earl Fisher, to discuss and determine best options for CCO's in Columbia County. The community is very positive towards GOBHI and CareOregon collaborating as a CCO for Columbia County.

The County fully supports GOBHI's commitment to serve rural communities by incorporating innovating and effective collaborations bridging physical, mental and dental health, especially with CareOregon in our 3 county region, is both commendable and achievable.

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: _____
Anthony Hyde, Chair

By: _____
Earl Fisher, Commissioner

By: _____
Henry Heimuller, Commissioner

Douglas County
Health & Social Services Department

621 West Madrone Street ✦ Roseburg, Oregon 97470

June 6, 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of Columbia Pacific Coordinated Care Organization (CPCCO) Application

Douglas County Health and Social Services is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon in their collaboration to form the CPCCO to better meet the needs of Oregon Health Plan Members – in particular, its application to become a Coordinated Care Organization (CCO) for Clatsop, Columbia, Douglas (Reedsport), and Tillamook counties. These partners have a demonstrated track record of success with their basic model of localized behavioral and physical health care delivery that stresses prevention, early intervention, and support services to improve overall health status and reduce cost.

The goal of the Columbia Pacific CCO is to be local enough to be relevant and large enough to be financially sustainable. The CPCCO will work within each of the communities to bring new models of care that are patient-centered and team-focused, governed by a partnership among local health care providers and community members.

Douglas County Health & Social Services provides Mental Health, Public Health, and AAA services to the Reedsport area. The Columbia Pacific Coordinated Care Organization's commitment to serve rural communities by incorporating an innovative and effective collaboration bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Peggy Madison

Peggy Madison
Administrator

BOARD OF COMMISSIONERS

DOUG ROBERTSON JOSEPH LAURANCE SUSAN MORGAN

1036 S.E. Douglas Ave., Room 217 • Roseburg, Oregon 97470 • (541) 440-4201

June 8, 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of Columbia Pacific Coordinated Care Organization (CPCCO) Application

The Douglas County Commissioners are pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon in their collaboration to form the CPCCO to better meet the needs of Oregon Health Plan Members – in particular, its application to become a Coordinated Care Organization (CCO) for the coastal portion of Douglas County.

Douglas County Health Department has enjoyed a very productive professional relationship with GOBHI, a relationship we intend to continue as the county and GOBHI work within the Umpqua Health Alliance to provide mental health services to central Douglas County residents.

Because Douglas County holds the Mental Health Authority, we will continue to be responsible for mental health services for clients in our coastal region. Having the Reedsport area under the wing of the CPCCO will ensure a successful and productive continuity in continuing to provide mental health services. In order to achieve the efficiency goals of the CCO vision, having GOBHI involved in service delivery in both areas is an important issue.

Again, we support Columbia Pacific Coordinated Care Organization's (CPCCO) application to serve the coastal Douglas County region.

Please do not hesitate to contact us if you have questions or need more information.

Sincerely,

Susan Morgan, Chair

Joseph Laurance, Commissioner

Doug Robertson, Commissioner

dunes family
health care p.c.

Dale Harris, MD
Robert Law, MD
Janet Patin, MD
Michelle Petrofes, MD
Jianming Song, MD
Rio Lion, DO
Kathryn Moon, FNP-BC
Lucas Stang, PA-C

620 ranch rd • reedsport, oregon 97467 • ph 541.271.2163 • fax 541.271.4058

June 9, 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of Columbia Pacific Coordinated Care Organization (CPCCO) Application

Dunes Family Health Care, Reedsport Oregon's sole family medicine practice, is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon in their collaboration to form the CPCCO to better meet the needs of Oregon Health Plan Members – in particular, its application to become a Coordinated Care Organization (CCO) for Clatsop, Columbia, Douglas (Reedsport), and Tillamook counties. These partners have a demonstrated track record of success with their basic model of localized behavioral and physical health care delivery that stresses prevention, early intervention, and support services to improve overall health status and reduce cost.

The goal of the Columbia Pacific CCO is to be local enough to be relevant and large enough to be financially sustainable. The CPCCO will work within each of the communities to bring new models of care that are patient-centered and team-focused, governed by a partnership among local health care providers and community members.

The Dunes Family Health Care is a Rural Health Clinic that has been providing care to the Reedsport area for 35 years. Our mission is to provide access to patient centered primary care for all in our community. The Columbia Pacific Coordinated Care Organization's commitment to serve rural communities by incorporating an innovative and effective collaboration bridging physical, mental and dental health is both commendable and achievable. Our practice has had a long association with CareOregon and a more recent but highly positive relationship with GOBHI.

We strongly support this application and look forward to working together with the Columbia Pacific CCO to deliver effective, efficient, patient centered care to Reedsport and Western Douglas County.

Sincerely,

Robert D. Law M.D.

Robert D. Law M.D.
Dunes Family Health Care

Dr. Bruce Goldberg
Oregon Health Authority
500 Summer Street, NE – E20
Salem, OR 97301-1097

RE: Support of GOBHI Coordinated Care Organization (CCO) Applications

The Healing Circle is pleased to provide this letter for support for the efforts of Greater Oregon Behavioral Health, Inc (GOBHI) in collaboration with CareOregon to improve the heal of the citizens of rural Oregon – in particular their application to become a Coordinated Care Organization (CCO).

The Healing Circle represents children in Clatsop County who are survivors of child sexual abuse. It is our mission to create safe, healthy environments for child survivors so that healing can happen. GOBHI's has demonstrated a commitment to meeting the complex needs of child survivors. We believe this is important to ending the cycle of abuse that is often seen in family systems.

GOBHI's commitment to serve rural communities by incorporating innovative and effective collaborations, bridging physical dental and dental health is both commendable and achievable.

Sincerely,

Char Simmons, Recorder
The Healing Circle, Inc.
PO Box 964
Astoria, OR 97103

LEGACY
HEALTH

June 6, 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of Columbia Pacific Coordinated Care Organization (CPCCO) Application

Legacy Health is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon in their collaboration to form the CPCCO to better meet the needs of Oregon Health Plan Members – in particular, its application to become a Coordinated Care Organization (CCO) for Clatsop, Columbia, Douglas (Reedsport), and Tillamook counties. These partners have a demonstrated track record of success with their basic model of localized behavioral and physical health care delivery that stresses prevention, early intervention, and support services to improve overall health status and reduce cost.

The goal of the Columbia Pacific CCO is to be local enough to be relevant and large enough to be financially sustainable. The CPCCO will work within each of the communities to bring new models of care that are patient-centered and team-focused, governed by a partnership among local health care providers and community members.

Legacy Health represents a key service provider serving Columbia and surrounding counties, having a full-service primary care clinic in St Helens which is implementing the Medical Home Model, an Urgent Care Center in St Helens, and Legacy Good Samaritan Medical Center is NW Portland which serves many Columbia County residents.

Legacy Health's mission is *"Our legacy is good health for our people, our patients, our communities, and our world."* The Columbia Pacific Coordinated Care Organization's commitment to serve rural communities by incorporating innovative and effective collaborations bridging physical, mental and dental health is a "next step" in delivering quality health care which meets the triple aim to members of our communities in Columbia and surrounding counties.

Sincerely,

Trent Green
Senior Vice President, Strategic Planning and Business Development
Legacy Health

OREGON PARTNERSHIP
lines for life
Preventing Substance Abuse & Suicide

April 26, 2012

Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of GOBHI Coordinated Care Organization (CCO) Application

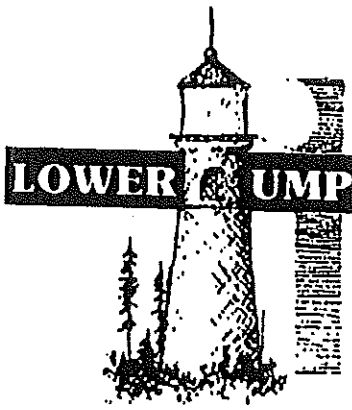
Oregon Partnership/Lines for Life is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) to improve the health of the citizens of rural Oregon – in particular, its application to become a Coordinated Care Organization (CCO) for 19 counties across the state. GOBHI has a demonstrated track record of success with its basic model of localized behavioral health care delivery that stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model – the Greater Oregon Better Health Initiative.

Lines for Life represents thousands or Oregonians who call us each year for crisis intervention and referrals on a variety of issues. Its mission is to prevent substance abuse and suicide. GOBHI's commitment to serve rural communities by incorporating innovative and effective collaborations bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Judy Cushing
CEO

5100 SW Macadam Avenue, Suite 400 | Portland, OR 97239 | P 503.244.5211 / 800.282.7035 | www.linesforlife.org



600 Ranch Road
Reedsport, OR 97467
Phone (541) 271-2171
FAX (541) 271-6354

Dr. Bruce Goldberg
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of GOBHI Coordinated Care Organization (CCO) Application

The Lower Umpqua Hospital District is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) in collaboration with Care Oregon to improve the health of the citizens of rural Oregon – in particular, it's their application to become a Coordinated Care Organization (CCO). GOBHI has a demonstrated track record of success with its basic model of localized behavioral health care delivery that stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model – the Greater Oregon Better Health Initiative.

The Lower Umpqua Hospital District represents Coastal Douglas County population. Our mission statement is "Lower Umpqua Hospital and Health District working together to provide and promote a healthier community". GOBHI's commitment to serve rural communities by incorporating innovative and effective collaborations bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Sandra Reese

Sandra Reese
Administrator

behavioral care network

Mid-Valley Behavioral Care Network

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

June 11, 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Columbia-Pacific CCO Application under RFA 3402

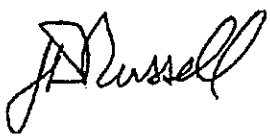
I am writing to express my support for the Columbia Pacific CCO Application from GOBHI and CareOregon. Mid-Valley Behavioral Care Network (MVBCN) has been the MHO for Tillamook County since 1997. Starting in the spring of 2011, I have worked with Tillamook County leadership to explore the options for participation in the new health care system.

I have had detailed discussions with GOBHI and overview discussions with CareOregon, which convince me that the very best option for Oregon Health Plan members in Tillamook County is to be part of the Columbia Pacific CCO. CareOregon is a proven leader in creating progressive care models and genuine health value for the community. GOBHI is its peer in serving rural and frontier Oregon to deliver effective services that are fully supported by each community.

This planning effort and the content of the Application fulfill the health improvement ideals developed by the Legislature, the Oregon Health Fund Board, the Oregon Health Policy Board and our current Governor. The Application is the plan, and I am confident that the parties involved will succeed in developing an effective system of health services and supports to improve the health of the communities, improve the recipient experience of health care, and succeed within the funds available.

Please know that MVBCN fully supports this application and is prepared to terminate the MHO contract for all members enrolled in Columbia Pacific CCO whenever it begins operations.

Sincerely,



James D. Russell
Executive Manager

NAMI Oregon
National Alliance on Mental Illness

June 11, 2012

CCO Review Team
Oregon Health Authority
500 Summer St. NE
Salem, OR 97301-1097

Dear Review Team Members:

The National Alliance on Mental Illness of Oregon wishes to express its support for the efforts of Greater Oregon Behavioral Health Inc. (GOHBI) in its collaboration with CareOregon and ODS to form two separate Coordinated Care Organizations serving Eastern Oregon and portions of the Oregon Coast.

We believe that GOBHI has a proven track record for responding to the needs of Oregon's rural communities in its current role as a managed Mental Health Organization. We have been impressed with its vision for system reform within the mental health system, and we are eager to see what can be accomplished with GOBHI facilitating integrated services in traditionally underserved communities.

NAMI Oregon anticipates finding multiple ways to partner with GOBHI as it broadens its commitment to serving rural communities. As an advocacy organization representing individuals and families affected by mental illness, we hope to be vested in GOBHI's success and to provide what assistance we can to GOBHI's community-based mission.

Best wishes,

Chris Bouneff
Executive Director

4701 SE 24th Ave. Suite E, Portland, OR 97202 • 503-230-8009 • 800-343-6264 • fax 503-230-2751
www.namior.org

Big Brothers Big Sisters of the Columbia Gorge

Families First

New Parent Services

Nuestra Comunidad Sana

Youth & Family Services

Treatment Services

The Next Door
Opening doors to new possibilities

April 25, 2012

Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of GOBHI Coordinated Care Organization (CCO) Application

On behalf of The Next Door, Inc., I am pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) to improve the health of the citizens of rural Oregon – in particular, its application to become a Coordinated Care Organization (CCO) for 19 counties across the state. GOBHI has a demonstrated track record of success with its basic model of localized behavioral health care delivery that stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model – the Greater Oregon Better Health Initiative.

The Next Door is a private nonprofit social service agency providing services to 2,500 people annually in Hood River, Wasco, Sherman, Gilliam and Wheeler Counties. Our mission is to open doors to new opportunities by strengthening children and families and improving communities. GOBHI's commitment to serve rural communities by incorporating innovative and effective collaborations bridging physical, mental and dental health is both commendable and achievable.

Thank you for your consideration of GOBHI's application.

Sincerely,

Janet L. Hamada, MSW
Executive Director

*P.O. Box 661 Hood River, OR 97031 * Phone 541-386-6665 * Fax 541-386-5440*

NORTHWEST REGIONAL
EDUCATION SERVICE DISTRICT

2515 3rd St.
Tillamook, OR 97141
503-842-8423 FAX 503-842-9663

Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of GOBHI Coordinated Care Organization (CCO) Application

The Tillamook Service Center of Northwest Regional ESD is pleased to provide a Letter of Support for the efforts of Greater Oregon Behavioral health, Inc. (GOBHI) in citizens of rural Oregon, in particular, it's their application to become a Coordinated Care organization (CCO).

I coordinate the Early Childhood Intervention and Special Education services in Tillamook County for children aged birth to 5. Our ESD has also been instrumental in providing free health screenings to children aged 3-6 in Tillamook County. This year we served 250 children. One of GOBHI's guiding principles is prevention and we know how important it is for that prevention to start as young as possible.

GOBHI has demonstrated a track record of success with its basic model of localized behavioral health care delivery that stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is positioned well to move managed behavioral health to a coordinated full service health care model – the Greater Oregon Better Health Initiative.

It is therefore our intent to support GOBHI's commitment to serve rural communities by incorporating innovative and effective collaborations bridging physical, mental and dental health. These efforts are both commendable and achievable with Tillamook County's support.

Please feel free to contact me if you have any questions about our or Tillamook County's role.

Sincerely,

Helen Armstrong

Helen Armstrong
Administrator – Tillamook Service Center
Northwest Regional Education Service District (NWRESD)
(503) 815-4457
harmstrong@nwresd.k12.or.us

OHCA
OREGON HEALTH
CARE ASSOCIATION

Oregon's Voice for Long Term Care & Senior Housing

11740 SW 68th Parkway, Ste. 250
Portland, Oregon 97223
Office: 503.726.5260
Fax: 503.726.5259
www.ohca.com

April 5, 2012

Oregon Health Authority
500 Summer Street, NE, E-20
Salem, OR 97301-1097

The Oregon Health Care Association is pleased to provide this letter of support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) to improve the health of the citizens of rural Oregon – in particular, its spplication to become a Coordinated Care Organization (CCO) for 19 counties across the state. GOBHI has a demonstrated track record of success with its basic model of localized behavioral healthcare delivery that stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model – the Greater Oregon Better Health Initiative.

The Oregon Health Care Association represents more than 620 nursing homes, assisted living, residential care, senior housing facilities, and in-home care agencies across the state. Its mission is to promote high quality long term care services, effective advocacy, and professional development opportunities, is designed to enhance health care, housing, and supportive social services provided by our members.

I respect GOBHI's commitment to serving rural communities, and the Association has begun a dialog with GOBHI about incorporating innovative and effective collaborations between the CCO and long-term care providers. Should it become a CCO as planned, the Association will work with GOBHI to support health care efforts in the 19 counties it serves by assisting existing long-term care providers as they transition into a new delivery system model and by providing other services as needed.

If you have any questions, please don't hesitate to contact me.

Sincerely,

James A. Carlson, President & CEO
Oregon Health Care Association

OREGON HEALTH NETWORK

Two Centerpointe Drive, Ste 570
Lake Oswego OR 97034
503.697.7294

April 30, 2012

Kevin Campbell, CEO
GOBHI
312 E. 3rd Street
The Dalles, OR 97058

Re: Letter of Support in Recognition of GOBHI's CCO Consortium Applications

Kevin,

Please consider this letter as one of full support and endorsement of GOBHI's consortium agreements as outlined below, to be named as Coordinated Care Organizations per the State of Oregon's recent request for applications. OHN recognizes and supports the following GOBHI partnerships:

- GOBHI and Care Oregon, jointly forming Columbia Pacific CCO in Wasco, Hood River, Columbia, Clatsop, Tillamook Counties and the Reedsport Area of Douglas County'
- GOBHI and Oregon Dental Service forming the Eastern Oregon CCO for 12 Counties of Eastern Oregon;
- GOBHI and partners forming Umpqua Health Alliance in Reedsport Area;
- GOBHI individually applying to become the CCO in Klamath County.

The mission of the coordinated care program is in line with both OHN's and GOBHI's overall mission to insure that all Oregonians have access to healthcare regardless of location. With OHN's current work to date of deploying subsidized broadband through all of Oregon with a focus on rural Oregon, we have laid the infrastructure groundwork that is key and primary for electronic health records, video conferencing and healthcare administration to be utilized. This pre-work will allow for GOBHI and partners to quickly move to installing solutions that maximize the coordination of patient care.

We look forward to continued support of GOBHI and the mutually supported goals surrounding healthcare delivery and access.

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

Thank you.

Kim Klupenger
Chief Operations Officer
Oregon Health Network
503.781.7929

OREGON HEALTH & SCIENCE UNIVERSITY

June 8, 2012

OHSU Family Medicine at Scappoose
51377 Old Portland Rd
Scappoose, Oregon 97056
tel 503 418-4222
fax 503 418-4223
www.ohsu.edu

Emma Brooks, MD
Eric Poolman, MD, MBA
John Bruin Rugge, MD
Steven Wahls, MD, FAAFP
Holly Balsbaugh, FNP
Erika Lemke, PA-C
Ian Penner, PA-C
Michael Yetter, PA-C

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of Columbia Pacific Coordinated Care Organization (CPCCO) Application

OHSU Family Medicine at Scappoose is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon in their collaboration to form the CPCCO to better meet the needs of Oregon Health Plan Members – in particular, its application to become a Coordinated Care Organization (CCO) for Clatsop, Columbia, Douglas (Reedsport), and Tillamook counties. These partners have a demonstrated track record of success with their basic model of localized behavioral and physical health care delivery that stresses prevention, early intervention, and support services to improve overall health status and reduce cost.

We look forward to working with the Columbia Pacific CCO to assist in bringing new models of care that are patient-centered and team-focused to our community members.

OHSU Scappoose Clinic represents the Department of Family Medicine at OHSU. Its mission is to serve patients and the community through excellence in clinical care and education. We believe the CPCCP commitment to serve rural communities by incorporating an innovative and effective collaboration bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Bruin Rugge, MD, MPH
Medical Director

Diane Hutson
Practice Manager

April 12, 2012

Oregon Health Authority

The Oregon School-Based Health Care Network (Network) is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) to improve the health of the citizens of rural Oregon – in particular, its Application to become a Coordinated Care Organization (CCO) for 19 counties across the state. GOBHI has a demonstrated track record of success with its basic model of localized behavioral healthcare delivery that stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is well position to move from managed behavioral health to a coordinated, full-service health care model – the Greater Oregon Better Health Initiative.

The Network represents more than 63 school-based health centers (SBHCs) across the state. Our mission is to promote the health and academic success of children and youth. We appreciate GOBHI's dedication to serving rural communities and their recognition of the reciprocal relationship between health and educational outcomes. The Network has begun a dialogue with GOHBI about the importance of involving SBHCs and schools in their CCO to provide cost-effective services that will reach all kids – especially those with health disparities. Should it become a CCO as planned, the Network will work with GOHBI to support health care efforts in the 19 counties it serves by assisting SHBCs as they transition into a new delivery system model and by providing other services as needed.

Sincerely,

Paula Hester

Paula Hester
Executive Director, Oregon School-Based Health Care Network

April 24, 2012

Dr. Bruce Goldberg
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of GOBHI Coordinated Care Organization (CCO) Application

Oregon State Hospital is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) in collaboration with Addictions and Mental Health to improve the health of the citizens of rural Oregon – in particular, it's their application to become a Coordinated Care Organization (CCO). GOBHI has a demonstrated track record of success with its basic model of localized behavioral health care delivery that stresses prevention, early intervention, and support services to improve health status and reduce cost. GOBHI's commitment to flexible, innovative funding models has made it possible to create significant cost savings that have been reinvested in a variety of local service offerings. GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model – the Greater Oregon Better Health Initiative.

GOBHI's commitment to serve rural communities by incorporating innovative and effective collaborations bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Nancy Griffith,
Oregon State Hospital
Program Director, Adult Treatment Services

The Public Health Foundation

of Columbia County

Clinic Services
Babies First
CaCoon
Communicable Disease
HIV Prevention Services
Immunizations
Maternity Case Management
Prenatal/Family Planning
Sexually Transmitted Disease
School-Based Health Centers

Health Education
Healthy Communities
Public Health Preparedness
Tobacco Prevention & Education
WIC (Women, Infants, Children)
Lactation Specialists

Community Response
Community Readiness Initiative
Medical Reserve Corps

Environmental Health
Food Handler's Permits
Water Systems Survey
Restaurant Licensing
Hotel, Motel, Tourism Licensing

Public Health Foundation Board Members
Dan Garrison, Chair
Brian Burright
Rita Bernhard
Michael Carter
Trent Dolyniuk
Heather Lewis
Diane Pohl
Charleen Pruett

The Public Health Foundation of Columbia County
Public Health Authority
(2370 Gable Road)
PO Box 995
St. Helens, OR 97051
503-397-4651
1-800-244-4870
Fax: 503-397-1424
www.tphfcc.org

Dr. Bruce Goldberg
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

June 11, 2012

RE: Support of Columbia Pacific Coordinated Care Organization Application

Dear Dr. Goldberg:

The Public Health Foundation of Columbia County (TPHFCC) is pleased to provide this Letter of Support for the efforts of Columbia Pacific Coordinated Care Organization (CPCCO) in their application to become a Coordinated Care Organization (CCO). I understand that CPCCO is a collaborative between two existing agencies, Greater Oregon Behavioral Health Institution (GOBHI) and Care Oregon. After participating with GOBHI in many countywide Joint Provider Task Force meetings, TPHFCC has confidence in GOBHI's ability to partner with local agencies to improve health status and reduce cost. It is evident that GOBHI has an interest in working with existing successful providers of prevention and treatment. As a partner, TPHFCC is committed to partner with GOBHI to provide prevention, early intervention and support services.

GOBHI has expressed a commitment to flexible, innovative funding models and we anticipate a significant cost savings, which will in turn be reinvested in a variety of local service offerings. GOBHI is well positioned to move from managed behavioral health to a coordinated, full-service health care model – the Columbia Pacific CCO.

The Public Health Foundation of Columbia County is the Public Health Authority serving Columbia County, Oregon. Its mission is to create healthier people in a healthier community. GOBHI's and Care Oregon's commitment to serve rural communities by incorporating innovative and effective collaborations bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Karen Fox Ladd
Administrator

Tillamook County

Land of Cheese, Trees and Ocean Breeze

Board of Commissioners
Tim Josi, Mark Labhart, Charles J. Hurliman
201 Laurel Avenue
Tillamook, Oregon 97141
Phone 503-842-3403
Fax 503-842-1384
TTY Oregon Relay Service

March 15, 2012

Greater Oregon Behavioral Health, Inc
309 East 2nd Street
The Dalles, OR 97058

RE: CCO LOI

Dear Kevin Campbell:

Thank you for taking the time to participate in Tillamook County's community meeting to discuss Coordinated Care Organizations held on March 12, 2012.

As a result of the discussion at the meeting, the participating partners (a list of participants is attached) concur in a recommendation that a letter of intent to form a Coordinated Care Organizations (CCO) be submitted on behalf of Tillamook County by both Care Oregon and Greater Oregon Better Health Initiative. Additionally, the participating partners unanimously agreed that a partnership between Care Oregon and GOHBI to form a CCO would be the preferred option with some additional considerations.

Specific consideration should be given to the need for an independent County governing council that will also participate by representatives in the governing board/council of the CCO. We also need to consider working with other counties in a multi-county Coordinated Care Organization in order to ensure that there are a sufficient number of Medicaid patients to spread the risk and cost sharing. The preference for a multi-county proposal is to work with other rural counties.

We are concerned about avoiding penalties and ensuring participation in the development of a CCO that includes Tillamook County covered lives. This requires that we have more in depth conversations between now and as soon as April 30, 2012. Tillamook County participating partners are willing to engage in these discussions. Further information is needed in order to determine the costs and benefits of the multi-county CCO and the non-binding letter of intent will allow us to explore these options before submitting a full proposal.

The Board of County Commissioners for Tillamook County met on Wednesday, March 14 to discuss the recommendation developed during the March 12 meeting and unanimously agree with the recommendation. This letter serves as a letter of support for a letter or letters of intent to proceed with the development of a CCO(s) that includes Tillamook County.

We look forward to working with you.

Sincerely,

TILLAMOOK COUNTY
BOARD OF COMMISSIONERS

Tim Josi /s/ MZP
Tim Josi, Chairperson

June 10, 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of Columbia Pacific Coordinated Care Organization (CPCCO) Application

We have heard CPCCO make presentations about their plans to partner with a rich diversity of community organizations and individuals. These collaborative partnerships, done well, are likely to be a very effective way to stretch dollars available to obtain medical, dental and behavioral health resources for people who need them in our community. These meetings also included considering solutions to the lack of wellness, and the lack of interest in health services individuals experience when their basic needs are not met. We saw the beginnings of effective possible collaborations in these first meetings and were impressed by their interest in innovative, person centered solutions.

It is the above thinking that we believe the CPCCO leadership is passionate about and capable of that makes it easy to support their application.

This letter of support is authorized by a number of community partners working through, Tillamook County Mental Health, Chemical Dependency, and Developmental Disability Advisory Council. This Council includes leaders of our Education, Hospital, Seniors and Disabled, Women's Resources, Residential Facilities, Health Care Clinics, and Peer Service systems. For the last several years this group has dedicated their efforts to significantly enhance collaborative partnerships. We have worked to understand services and to support those with missions to address living styles and situations (economic, social, housing, and nutrition, etc.) that prevent wellness.

Sincerely,

Jan Stewart

Jan Stewart, Chair
Tillamook County Mental Health, Chemical Dependency, and Developmental Disability Council

TILLAMOOK FAMILY COUNSELING CENTER

A Drug Free Workplace

906 Main Avenue
Tillamook, OR 97141
Telephone: (503) 842-8201
(800) 962-2851
Fax: (503) 815-1870

6 June 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of Columbia Pacific Coordinated Care Organization (CPCCO) Application

Tillamook Family Counseling Center is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon in their collaboration to form the CPCCO to better meet the needs of Oregon Health Plan Members – in particular, its application to become a Coordinated Care Organization (CCO) for Clatsop, Columbia, Douglas (Reedsport), and Tillamook counties. These partners have a demonstrated track record of success with their basic model of localized behavioral and physical health care delivery that stresses prevention, early intervention, and support services to improve overall health status and reduce cost.

The goal of the Columbia Pacific CCO is to be local enough to be relevant and large enough to be financially sustainable. The CPCCO will work within each of the communities to bring new models of care that are patient-centered and team-focused, governed by a partnership among local health care providers and community members.

Tillamook Family Counseling Center represents the interests of Tillamook County's Oregon Health Plan Members. Its mission is to support the overall well-being of the citizens of Tillamook County by providing comprehensive and affordable behavioral health services. The Columbia Pacific Coordinated Care Organization's commitment to serve rural communities by incorporating an innovative and effective collaboration bridging physical, mental and dental health is both commendable and achievable.

Sincerely,

Frank Hanna-Williams

Frank Hanna-Williams, LCSW
Executive Director

UMPQUA COMMUNITY
HEALTH CENTER
Caring for the community on a personal level

June 7, 2012

CCO Review Team
Oregon Health Authority
500 Summer Street, NE – E-20
Salem, OR 97301-1097

RE: Support of Columbia Pacific Coordinated Care Organization (CPCCO) Application

Umpqua Community Health Center (UCHC), the FQHC in Douglas county, is pleased to provide this Letter of Support for the efforts of Greater Oregon Behavioral Health, Inc. (GOBHI) and CareOregon in their collaboration to form the CPCCO to better meet the needs of Oregon Health Plan Members – in particular, its application to become a Coordinated Care Organization (CCO) for Clatsop, Columbia, Douglas (Reedsport), and Tillamook counties. These partners have a demonstrated track record of success with their basic model of localized behavioral and physical health care delivery that stresses prevention, early intervention, and support services to improve overall health status and reduce cost.

The goal of the Columbia Pacific CCO is to be local enough to be relevant and large enough to be financially sustainable. The CPCCO will work within each of the communities to bring new models of care that are patient-centered and team-focused, governed by a partnership among local health care providers and community members.

It is the mission of UCHC is to serve and assist people who have limited access to health care by caring for the community on a personal level. The Columbia Pacific Coordinated Care Organization's commitment to serve rural communities by incorporating an innovative and effective collaboration bridging physical, mental and dental health is both commendable and achievable. We look forward to a partnership that will serve our mission as well.

Sincerely,

Linda Mullins
Chief Executive Officer

Roseburg
Administration • Dental • Medical
(541) 672-9596 Office
(541) 464-3519 Fax
150 Kenneth Ford Drive
Roseburg, OR 97470

Drain
Medical
(541) 836-7155 Office
(541) 836-7157 Fax
316 West A Avenue
Drain, OR 97435

Glide
Medical
(541) 496-3504 Office
(541) 496-3489 Fax
20170 N. Umpqua Hwy.
Glide, OR 97443

Myrtle Creek
Medical
(541) 860-4070 Office
(541) 860-5032 Fax
790 South Main Street
Myrtle Creek, OR 97457

www.umpquachc.org

GREATER OREGON BEHAVIORAL HEALTH, INC

KEVIN M. CAMPBELL, CEO

Professional Experience

Greater Oregon Behavioral Health, Inc., Chief Executive Officer, 2001-Present
GOBHI is a member-owned Benefits Management Company (501 C 4) dedicated to assuring high quality services delivered through rural community behavioral health programs. The Counties of GOBHI constitute approximately 70% of Oregon's land mass and 14.5% of its population. GOBHI is the only Mental Health Organization in Oregon that is also a Licensed Child Placing Agency and operates more than 25 therapeutic foster homes throughout rural Oregon. In 2011, Kevin was appointed to the Board of directors of the National Council for Community Behavioral Healthcare

Campbell Crossing Ranch, Kimberly, OR, Owner, 2007-Present
CCR is a fourth generation, family owned, Angus Cattle Ranch in the John Day River Valley which is operated by Kevin's Son Brian

Eastern Oregon Human Services Consortium, Coordinator, 1995-2001
EOHSC Provides Regional Mental Health and Developmental Disability Services across 13 Rural Counties in Eastern Oregon

Grant County OR, County Judge, 1989-1995
The County Judge in Grant County has three major functions; Probate Judge, Chair of the Board of County Commissioners, and County Administrator. Kevin also served as President of the Association of Oregon Counties in 1991-92

Howard Mercantile, Kimberly, OR, Owner, 1984 - 1989

Campbell Livestock Inc., Rancher, Kimberly, OR, 1980 - 1984

G & H Aircraft, El Monte, CA, Ground Operations Manager, 1978 - 1980

General Electric Credit Corporation, Area Credit and Collections Manager,
Portland, OR, Ventura, CA, and San Diego, CA 1975 - 1978

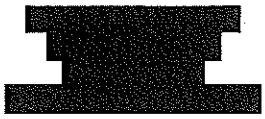
FMC CORPORATION, Portland, OR, Journeyman Boilermaker, 1974-1975

Education

University of Portland, Portland, OR, B.S. Business Administration, 1973
Monument High School, Monument, OR, 1969

309 East Second Street The Dalles, Oregon 97058 541 298-2101 Fax 541 298-7996

CAROLYN J. (FRITZ) RANKIN



PROFESSIONAL EXPERIENCE

- **CAREOREGON, INC.,** Portland, OR – 2003 to present

  Chief Operations Officer/Chief Financial Officer for non-profit corporation providing health care benefits for over 100,000 Medicare and Medicaid recipients

  - Instrumental in financial turn-around of organization with annual revenues of over $350 million and 200+ employees
  - Responsible for finance, IT, claims, customer service, human resources, and facilities.
  - Managed implementation of QCSI software for claims processing and related case management, bringing claims operations in house
  - Formed new subsidiary corporation for Medicare line of business, becoming licensed by CMS and State of Oregon as health care services contractor in record time
  - Purchased and remodeled 11-story building for operations and relocated all employees

- **RANKIN ASSOCIATES,** Seattle, WA 98102 - 1993 to present

  Principal in firm providing financial consulting, project management and software sales and implementation, including

  - Consulted with top management in corporate restructuring, refinancing, profitability analysis, and systems review in commercial airline industry
  - Worked with management and legal representatives in corporate reorganizations and liquidations
  - New venture financial planning: designed and produced proforma financial statements; designed management and compliance reporting; met with investors and/or regulators to discuss proformas
  - Project management: developed detailed plans for systems implementations, managing time and budget constraints of clients installing fully-integrated financial and manufacturing systems, including materials resource planning and scheduling features
  - Complete system review: identified key business requirements and strengths and weaknesses of current and alternative systems; developed action plan for migration
  - Manufacturing system implementation management: trained personnel in defining bills of materials, fixed and variable costs, overhead and burden
  - System design: evaluated workflow and system controls, to identify internal control vulnerabilities, life cycle of system
  - Data conversions: mapped and assisted programmers in moving clients from legacy systems to new systems with different databases and data structures
  - Cost accounting system design: designed systems to comply to applicable GAAP, Medicare, Medicaid, CHAMPUS and IRS rules; assured fully-absorbed inventory costing compliance

1

- THE SIMPSON & FISHER COMPANIES, INC., Seattle, WA 98101 - 1990 to 1993

  Chief financial executive for parent and two subsidiary corporations, Westminster Lace and Yankee Peddler, operating 37 specialty retail stores with 250 employees with annual sales of $15 million. Designed and implemented automated financial systems, cash flow forecasting, and store profit and loss statements. Developed Plan of Reorganization under Chapter 11 of U. S. Bankruptcy Code.

- PREMERA BLUE CROSS, Seattle, WA - 1982 to 1990

  Senior Vice President, Finance, Corporate Treasurer, and Chief Financial Executive of provider of health and life insurance in two states, with annual revenues of $450 million and 1,200 employees. Managed staff of 90 who were responsible for investment activity, cash flow, banking, loss prevention, and all treasury and accounting functions for four corporations and three government programs. Supervised design and implementation of automated financial systems. Managed installation of first automated cost accounting system in company's history, from systems needs assessment through implementation. Managed internal consulting group of industrial engineers, performing work measurement and internal business process re-engineering

- PACCAR, Inc., Bellevue, WA 98009 - 1976 to 1982

  Corporate Accounting Manager (1980—1982) - Controller of Corporate division and research & development center for parent company of Peterbilt and Kenworth Trucks, with annual revenues exceeding $1.5 billion. Managed consolidated cash receipts and transfers, general ledger, accounts and notes receivable and payable, short term investments, intercompany accounts and insurance (product liability, health, life, workers compensation). Provided software specifications, vendor selection and management of corporate wide implementation of new fixed assets system for 25 foreign and domestic subsidiaries.

  Assistant Corporate Accounting Manager (1978—1980) - Assistant Manager of division, with duties described as above, in addition to responsibility for corporate consolidated financial statements and SEC reporting. Implementation of first automated system for consolidation of all corporate entities.

  General Accounting Manager - Pacific Car & Foundry Division (1977—1978) - Responsible for employees' activities in division general accounting section, including fixed assets, sales invoicing, accounts receivable and payable, cash receipts and general ledger.

  General Accounting Supervisor - Pacific Car & Foundry Division (1976—1977) - Supervision of accounting activities for sales invoicing, accounts receivable, fixed assets and cash receipts. Implementation of division automated accounts receivable system.

- ERNST & YOUNG , Seattle, WA - 1973—1976

  Progressed from junior to senior auditor, performing on audit, tax, and management consulting services engagements for clients in retail sales, government service, manufacturing, international trading, public power supply, and real estate management. Preparation of consolidated financial statements, federal and state income tax returns, and 10-K and 10-Q documents for privately and publicly-held firms.

- PETERSON & SULLIVAN, CPA's, Seattle, WA - 1971—1973

  Junior accountant, preparing audited and unaudited financial statements, business and payroll tax returns, preparing state and federal corporate, partnership, and individual income tax returns

EDUCATION

University of Washington, Seattle, WA, B. S., Business, with major in Accounting

Case Western Reserve University, Cleveland, OH; part-time

Wharton Business School, University of PA, Managing in the Service Industry

University of Michigan, Executive Management and Management of Managers

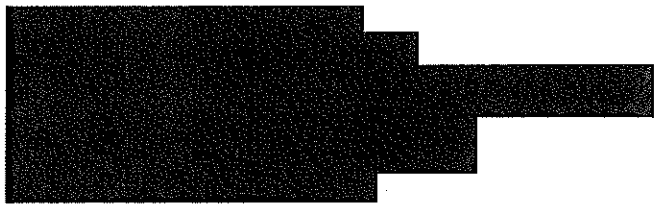
PROFESSIONAL MEMBERSHIPS

Financial Executives Institute, Board of Directors
American Institute of Certified Public Accountants
Washington State Society of Certified Public Accountants
HIMSS Oregon Chapter, Board of Directors

3

Curriculum Vitae
Margaret S. Rowland, M.D.
2011

PERSONAL



EDUCATION

Smith College, Northhampton, MA. – A.B. 1973
University of Cincinnati College of Medicine Cincinnati, Ohio – M.D. 1977
Maine Medical Center, Portland, Maine Family Practice Residency Program 1977-1980

BOARD CERTIFICATION

National Board of Medical Examiners Diplomat – 1978
American Board of Family Practice Certification – July, 1988
Recertification – July, 1986; July, 1992

MEDICAL LICENSES

Oregon License 18055
Washington License MD00035861

EMPLOYMENT

2004 – Present	Chief Medical Officer CareOregon, Inc.
2001 – 2003	Medical Director Providence Health Plans
1998 – 2001	Medical Director PacifiCare of Oregon
1997 – 1998	Associate Medical Director PacifiCare of Oregon

Curriculum Vitae
Margaret S. Rowland, M.D.
2011

1992 – 1996	Associate Medical Director Healthsource Maine, Inc.
1980 – 1992	Family Physician Yarmouth Family Physicians 14 Bayview St. Yarmouth, Maine 04096
1980 – 1983	Attending physician in the outpatient clinic of the Maine Medical Center/Mercy Hospital Family Practice Residency Program – teaching residents and medical students
1980 – 1992	Attending physician teaching residents on the Family Practice inpatient service at Mercy Hospital Portland, Maine

COMMITTEES, APPOINTMENTS AND MEMBERSHIPS

2007 -	Board of Directors: Albertina Kerr, Inc. A not for profit agency serving disabled adults and at-risk youth
2002 – 2007	Board of Directors: Bucknell University Parents' Association. Executive Committee member, 2005 – 2007
2002 – 2004	Volunteer, Essential Health Clinic Hillsboro, Or
1999 – 2001	Advisory Board, Northwest Center for Physician-Patient Communications, Portland, Oregon
1981 – 1996	Active Staff – Maine Medical Center, Portland, Maine
1981 – 1996	Active Staff – Mercy Hospital, Portland, Maine
1980 – 1996	Active Member – Maine Academy of Family Physicians
1980 – Present	Active Member – American Academy of Family Physicians
1996 – Present	Active Member – Oregon Academy of Family Physician
1981 – 1992	Clinical Instructor – University of Vermont College of Medicine

LAURENCE COLMAN, MD, MPH
Medical Director

PROFESSIONAL EMPLOYMENT AND ACTIVITIES

- Candidate in Psychoanalytic Training, Oregon Psychoanalytic Institute, Portland, Oregon, 2009 – Present
- Medical director, Greater Oregon Behavioral Health, Inc., The Dalles, Oregon, 2008 – Present
- Hospital Active Staff, Acute Inpatient Child & Adolescent Unit, Emanuel Hospital, Legacy Health Network, Portland, Oregon, 2007 – 2011
- Solo Outpatient Private Practice, Portland, Oregon, 2006 – Present
- Consultant, Inpatient Child & Adolescent Sub-acute Services, Albertina Kerr Centers, Portland, Oregon, 2006 – Present
- Assistant Clinical Professor of Psychiatry, Oregon Health & Science University, Portland, Oregon, 2006 – Present

EDUCATION AND BOARD CERTIFICATION

Board Certified Diplomate in Psychiatry
American board of Psychiatry & Neurology
2006 - Present

Child & Adolescent Psychiatry Fellowship
Oregon Health & Science University
Portland, Oregon
July 2004 – June 2006

General Psychiatry Residency
Oregon Health & Science University
Portland, Oregon
July 2001 – June 2005

Doctor of Medicine
Columbia University
College of Physicians & Surgeons
New York City, New York
August 1997 – May 2001

Masters in Public Health
Columbia University
Mailman School of Public Health
New York City, New York
September 1997 – June 2001

Bachelors in Economics
University of California at Berkeley
With Honors and High Distinction
Berkeley, California
August 1988 – May 1992

PROFESSIONAL SOCIETY MEMBERSHIPS

Oregon Council of Child & Adolescent Psychiatry (OCCAP), 2006 – Present
Oregon Psychiatric Association (APA), 2006 – Present
Oregon Medical Association (OMA), 2009 – Present
American Psychiatric Association (APA), 2001 – Present
American Academy of Child & Adolescent Psychiatry (AACAP), 2005 – Present
American Psychoanalytic Association (APSA), 2009 – Present

REFERENCES

Ajit Jetmalani, MD. Director, Division of Child & Adolescent Psychiatry, Oregon Health & Sciences University

David Jeffery, MD. Northern Region medical director, Trillium Family Services

Nancy Winters, MD. Faculty, Oregon Psychoanalytic Institute, and former Training Director, Division of Child & Adolescent Psychiatry, Oregon Health & Sciences University

Rod A. Meyer

Qualifications: Experience in management, systems administration, and application development perspectives of information technology. I have successfully held positions of Director, Systems Programmer, Programming Manager, and Application Developer in an Information Technology environment. I have also demonstrated the ability to work closely and effectively with individuals at all levels of an organization on a variety of projects.

Experience: Director of IS (September 2002 – present)
CareOregon, Inc., Portland, Oregon

- Responsible for all management aspects of the Information Systems department consisting of a team of IS professionals with expertise in data analysis, desktop support, system networking, phone systems, systems administration, systems coordination, applications programming, web development, PC's and systems operations.
System: Microsoft Window XP and 2000, SQL Server 2000, SAS, MapInfo, EZCAP

Sr. Systems Developer (March 2000 – August 2002)
CareOregon, Inc., Portland, Oregon

- Involved in the installation, implementation and maintenance of a managed care system, EZCAP, that includes modules related to eligibility, provider data, customer service, case management, and an internet based module, EZNET, for referral entry and eligibility inquiry.
System: Microsoft Window 2000, SQL Server 7, SPSS, SAS, MapInfo, EZCAP

Director of Information Technology (Jan 1998 - March 2000)
Pacific Heritage Administrators, Portland, Oregon

- Responsible for all management aspects of the Information Systems department consisting of a team of IS professionals with expertise in networking, phone systems, systems programming, systems coordination, applications programming, PC's and systems operations.

- Responsible for the complete retooling of all information systems to administer business as a dental and health TPA administering only partially self funded groups with individual and aggregate stop loss limits. Prior to this the company had operated primarily as a risk bearing insurance organization.

- Also was required to design and implement a complete replacement of the group and individual billing system (Groupfacts) because of Y2K considerations. This system not only replaced, but greatly improved on the previous system in terms of improved turnaround on group bills, COBRA bills, id cards and reporting.
System: IBM ES9221-150, VSE/ESA, CICS, VTAM, UNIX, Sybase

Sr. Programmer Analyst / Systems Programmer (Oct 86 - Dec 1997)
Pacific Heritage Assurance, Portland, Oregon

- Responsible for all systems programming and administration functions for a mainframe system running VSE/ESA, VSE/SP, POWER, VTAM, CICS, VSAM, SDF, ICCF, and associated system enhancing and monitoring software such as CA-RAPS, CA-DYNAMT, BIMEDIT, CA-SORT, BMC SUPEROPTIMIZER CICS, FAQS, EXPLORE, VSAMTUNE, VSAMLITE, COMPAREX, CICS WINDOWS, and EASYTRIEVE Plus.
- Responsible for all administration functions relating to a development environment consisting of Software AG products: ADABAS, NATURAL, PREDICT, CONSTRUCT, SMA, NATURAL SECURITY, and NATURAL VSAM.
- Also responsible for all functions relating to a major claims processing software system, CLAIMFACTS, including installation of new releases, maintenance, interfacing with other systems, and modifications as necessary.
- Have designed, written, and maintained online systems software using CICS Command Level COBOL and SDF, including a comprehensive group definition system, DATACARDS.
- Primarily responsible for two major hardware upgrades: IBM 4331 to IBM 4361 and IBM 4361 to IBM ES9000.
System: IBM ES9221-150, VSE/ESA, CICS, VTAM

Project Leader/Programming Manager (Nov 85 - Oct 86)
American Guaranty Financial Corp., Portland, Oregon

- Primarily responsible for implementation, maintenance, and modification of a major life insurance software package, PALLM, consisting of approximately 700,000 lines of code and 60 online VSAM support files.
- Developed an online interface to the XEROX 4050 laser printer for controlling and calling forms overlays without making major modifications to existing batch programs.
- Temporarily managed a team of four programmers, two data entry clerks, and a PC specialist.
System: IBM 4381, VSE/SP, CICS, VTAM, BTAM

Programmer Analyst (Sep 81 - Nov 85)
American Guaranty Financial Corp., Portland, Oregon

- Designed, written, installed and/or maintained online systems using CICS Command Level COBOL, including Accounts Payable, Agents Advertising, Annuities, Mortgage Loan, and Check Numbering Control.
- Supplied CICS and batch system support to several service bureau clients including auto leasing, pension savings, and resort management companies.
System: IBM 4341, DOS/VSE, CICS, BTAM, VSAM

TODD JACOBSON, L.C.S.W.
Operations Manager

PROFESSIONAL EXPERIENCE

Operations Manager, Greater Oregon Behavioral Health, Inc., June 2010 – present
Primary Responsibilities:

- Staffing: hiring, dismissal, and correction.
- Public relations: receiving and presenting information conducive to the enhancement of Columbia Pacific operations.
- Departmental structure: design, efficiency and collaboration of effort.
- Quality assurance/improvement: clinical design, operations, and resource development; internally and with external contracted providers.
- Contract monitoring: contractor site and compliance reviews.
- External plans of improvement: developed with contracted providers.
- Grievances/appeals/complaints: facilitation, tracking, and resolution of Columbia Pacific member and external provider concerns.
- Facilities: ensure ergonomic, safe, and comfortable working environment.

Clinical Services Manager, Alcohol and Other Drugs, Intellectual and Developmental Disabilities Program, Eastern Oregon Regional Developmental Disabilities Crisis Program, and Enhanced Care Services, Mid-Columbia Center for Living, The Dalles, OR, May 2007 to June 2010
Primary Responsibilities:

- Management of Criminal Justice Service Division Byrne Grant: Development of a Family Dependency Treatment/Drug Court in Hood River and Wasco Counties.
- Planning and Management Advisory Committee: Representative for Association of Oregon Counties to Oregon State Medicaid Block Grant program.
- Local Planning and Safety Coordinating Council: Representative for Mid-Columbia Center for Living in Sherman County.
- Agency Budget planning and oversight: In collaboration with Executive Director.
- Oversight of Agency compliance with applicable Oregon Administrative Rules for Alcohol and Other Drug, Developmental Disabilities, and Enhanced Care Services programs and ensuring policies/procedures accurately reflect requirements.
- Process Improvement coordination: Utilizing NIATx principles to guide agency towards best practices in a progressive and effective fashion manner
- Supervision of four Program Supervisors. Ensuring all service areas are collaborating with customers, partners, employees, and purchasers.

Interim Assistant Director, Mid-Columbia Center for Living, The Dalles, OR, July 2005 to May 2007
Primary Responsibilities:

- Oversight of all clinical operations
- Grants management.
- Planning and Management Advisory Committee: Representative for Association of Oregon Counties to Oregon State Medicaid Block Grant Program.

- Local Planning and Safety Coordinating Council: Representative for Mid-Columbia Center for Living in Sherman County.
- Agency budget planning and oversight: in collaboration with Executive Director and program managers.
- Oversight of agency compliance with applicable Oregon Administrative Rules and that policies/procedures accurately reflect requirements.
- Process Improvement coordination: Utilizing NIATx principles to guide agency towards best practices in a progressive and effective fashion.
- Supervision of three service area program managers, one program supervisor, and nine alcohol and drug counselors.
- Ensuring all service areas are collaborating with customers, partners, employees, and purchasers.

Program Manager, Intellectual and Developmental Disabilities Service Coordination, Eastern Oregon Regional Developmental Disabilities Crisis Program, Consumer Run Drop-in Center, and Enhanced Care Services, Mid-Columbia Center for Living, The Dalles, OR, September 1997 to June 2005

Primary responsibilities include:

- Quality assurance and improvement.
- Annual budget oversight and development.
- Service coordination with partner agencies.
- Consensus building and supervision.
- Contract development and monitoring.
- Program design and upgrades.
- Program and subcontractor compliance with all applicable laws and statutes.
- Development and updating of policies and procedures.
- Community and program negotiations.

Community Rehabilitation Coordinator, Psychosocial Rehabilitation Program, Consumer Run Drop-In Center, and Assertive Community Treatment Case Management Program, Mid-Columbia Center for Living, The Dalles, OR, September 1995 to September 1997

Primary responsibilities include:

- Designed and implemented community support services.
- Quality assurance and improvement.
- Ensuring consumer participation in all aspects of the program.
- Service delivery and coordination with partner agencies.
- Supervision and consultation to the consumer drop-in center.
- Supervision of Assertive Community Treatment Case Management Program.
- Budget development and monitoring.
- Employment services.
- Individual therapy.

Program Manager, Adult Day Treatment, Fountain House Program, Adult Day Treatment, and Case Management, , Central Washington Comprehensive Mental Health, Yakima, WA, July 1992 to September 1995

Primary responsibilities include:

- Supervision of Adult Day Treatment and Fountain House.
- Program design and implementation.
- Team development.
- Fiscal management.
- Group and individual therapy.
- Quality assurance within team.
- Oversight of an Adult Basic Education program.
- Case management.

Case Manager, Sunrise Club, Central Washington Comprehensive Mental Health, Yakima, WA, June 1990 to July 1992.

Primary responsibilities include:

- Case management.
- Facilitation of a work ordered day in the Fountain House program.
- Employment services.
- Medication management.
- Money management.
- Service coordination with other departments

EDUCATION

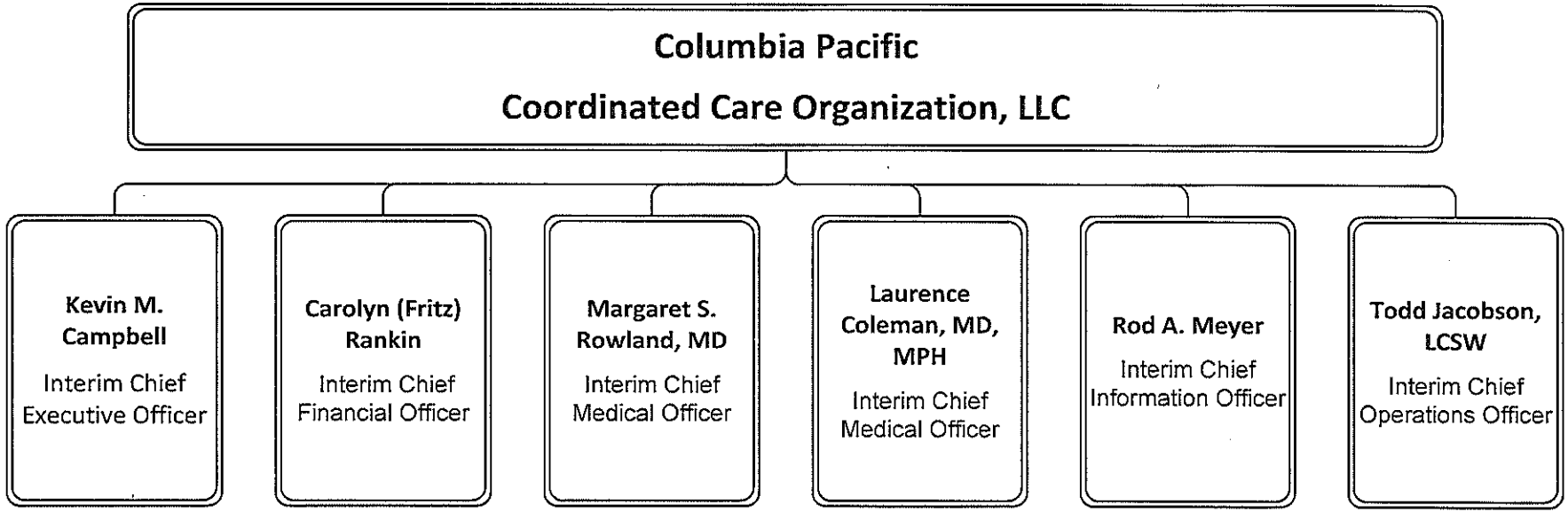
- Eastern Washington University: June 1993
  Master of Social Work
- Central Washington University: June 1987
  Bachelor of Arts, Psychology

LICENSE AND CERTIFICATION

- State of Oregon Licensed Clinical Social Worker

ADDITIONAL EXPERIENCE

- Winter term 2001, 2002, and 2004: Instructor of 3 credit course, "Crisis Intervention" at Columbia Gorge Community College in The Dalles, Oregon. The class is a required course for student Paramedics and emergency medical technicians.
- Residential Manager for 30 bed congregate care facility in Everett, Washington, 1988 to 1990.


Columbia Pacific
Coordinated Care Organization, LLC
Kevin M. Campbell
Interim Chief Executive Officer
Carolyn (Fritz) Rankin
Interim Chief Financial Officer
Margaret S. Rowland, MD
Interim Chief Medical Officer
Laurence Coleman, MD, MPH
Interim Chief Medical Officer
Rod A. Meyer
Interim Chief Information Officer
Todd Jacobson, LCSW
Interim Chief Operations Officer

Applicant Name: Columbia Pacific Coordinated Care Organization, LLC

Service Area Table

Service Area Description	Zip Code(s)	Maximum Number of Members- Capacity Level
Clatsop County	All zip codes in Clatsop County.	Columbia Pacific CCO desires to have no limit on member capacity.
Columbia County	All zip codes in Columbia County.	Columbia Pacific CCO desires to have no limit on member capacity.
Coos County	97449	Columbia Pacific CCO desires to have no limit on member capacity.
Douglas County	97436, 97441, 97467, 97473	Columbia Pacific CCO desires to have no limit on member capacity.
Hood River County	All zip codes in Hood River County.	Columbia Pacific CCO desires to have no limit on member capacity.
Tillamook County	All zip codes in Tillamook County.	Columbia Pacific CCO desires to have no limit on member capacity.
Wasco County	All zip codes in Wasco County.	Columbia Pacific CCO desires to have no limit on member capacity.

Appendix A – CCO Criteria Questionnaire
Columbia Pacific Coordinated Care Organization, LLC
June 11 Resubmission – Additional Information Highlighted in Red

A.I. Background Information about the Applicant

a. Columbia Pacific Coordinated Care Organization, LLC is a 501(c)(3) Oregon nonprofit corporation domiciled in Portland, OR.

b. CareOregon and Greater Oregon Behavioral Health, Inc. (GOHBI) are affiliates of Columbia Pacific Coordinated Care Organization, LLC and are thereby relevant for the answers to questions within this Application.

c. Columbia Pacific's intended effective date for serving Medicaid populations is August 1, 2012.

d. Columbia Pacific is not invoking alternative dispute resolution with respect to any provider.

e. Columbia Pacific does not request changes or desire to negotiate any terms and conditions in the Core Contract.

f. Columbia Pacific is applying to serve residents in all of the zip codes in the following counties:

County	Zip Codes
Clatsop County	All zip codes.
Columbia County	All zip codes.
Coos County	97449
Douglas County	97436, 97441, 97467, 97473
Tillamook County	All zip codes.

g. Columbia Pacific's primary office and administration which are <u>located in the service area are at</u>: 309 E. 2nd Street, The Dalles, OR 97058. Columbia Pacific is applying to serve residents in all of the zip codes in the following counties:

Clatsop, Columbia, Hood River, Tillamook and Wasco counties with only portions of western Douglas County and one zip code area in north Coos County (all of the latter zip codes are in the service area of the Lower Umpqua Hospital in Reedsport). (See f. above).

CareOregon, as owner of Columbia Pacific, has an agreement with the county health departments in Clatsop, Columbia and Tillamook counties as a Fully Capitated Health Plan. The agreement allows members to seek medical services as required by ORS 414.153. GOBHI, as an affiliate of Columbia Pacific, has the Mental Health Organization contract with Clatsop, Columbia, Douglas, Hood River, and Wasco counties. Currently GOBHI has a Memorandum of Understanding with Tillamook County and a letter from the Tillamook County Commissioners requesting GOBHI coverage as a CCO for their county. Columbia Pacific, through one or both of its affiliates, has received statements of support from the county governments and will be obtaining agreements with all the counties listed above in A.I.f.

i. Columbia Pacific is a new single member LLC, a wholly-owned subsidiary of CareOregon. CareOregon has a contract with the Oregon Health Authority as a fully capitated, Medicaid managed care organization.

j. None of the Affiliate MCOs have been purchased, acquired or otherwise undergone any legal status change since October 1, 2011.

k. Columbia Pacific affiliates have current MCO contracts with OHA: CareOregon has the Fully Capitated Health Plan contract, and GOBHI is a Mental Health Organization.

l. Columbia Pacific is proposing to keep Care Oregon's current MCO service area of Clatsop, Columbia, Tillamook and western Douglas County. Additionally, Columbia Pacific is proposing to keep GOBHI's current service area of Clatsop, Columbia, Hood River, Wasco, and western Douglas counties.

m. Columbia Pacific's affiliate, GOBHI, has experience with the Adult Mental Health Initiative and has consistently achieved a higher standard than the goal recommended by the State of Oregon.

n. CareOregon has experience as a Medicare Advantage contractor. Currently, CareOregon's Medicare Advantage plan, which serves primarily individuals with Medicare and Medicaid, includes the Clatsop and Columbia County service areas.

o. Health Plan of CareOregon, a wholly-owned subsidiary of CareOregon, is a health care services contractor for its Medicare Advantage plan through the Department of Consumer and Business Services (DCBS) and licensed through the National Association of Insurance Commissioners (NAIC), license #12277.

p. Columbia Pacific, through its Affiliate partners, has experience with developing and managing alternative payment methodologies.

1. CareOregon has established quality and outcomes based payment methodologies. As part of its work in primary care homes, in 2009 CareOregon implemented a quality payment program for its "Primary Care Renewal" clinics, which cover over 40% of its Members. It has now evolved to where the payment is based on improving or meeting target for 20 defined clinical metrics and on demonstrating decreases in ED and Hospital use.
   GOBHI's contract with the Addictions and Mental Health Division of DHS prescribes the payment methodology, so GOBHI has not been authorized to consider or implement alternative payment methodologies; GOBHI's capacity to do so is reflected in Section 5. A.5.1.

   Columbia Pacific will continue to create and evolve new standardized payment methodologies to drive improved outcomes. This will build on existing programs, and include community input on design through the Clinical Advisory Panel and governing board. The fact that all of the major Medicaid payers are involved and that the new organization has also committed to transparency and to building the capacity for more provider accountability provides a new level of alignment, making success likely.

2. CareOregon has a strong history of coordination with physical health care, oral health care, chemical dependency services and DHS Medicaid-funded LTC services. Also, as a mental health organization, GOBHI has historically coordinated care with hospitals, chemical dependency services, and a variety of Medicaid-funded LTC services for its Members. See Section 3. A.3.6.b. for a description of this capacity.

3. See A.2 for how Columbia Pacific will engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the entity's enrollees and in the entity's community.

q. See document 1e. Resumes – Columbia Pacific CCO for resumes for the following key personnel:

- Interim Chief Executive Officer – Kevin M. Campbell
- Interim Chief Financial Officer – Carolyn (Fritz) Rankin
- Interim Chief Medical Officer – Margaret S. Rowland, MD
- Interim Chief Medical Officer – Laurence Coleman, MD, MPH
- Interim Chief Information Officer – Rod A. Meyer
- Interim Chief Operations Officer – Todd Jacobson, LCSW

r. See document 1f. Organizational Chart – Columbia Pacific CCO

s. Columbia Pacific CCO will be deferring submission of tables until the readiness review.

A.II. Community Engagement in Development of Application

Columbia Pacific CCO, LLC is a joint venture by CareOregon and Greater Oregon Behavioral Health, Inc. (GOBHI). Each locally owned and governed organization brings a unique history, evolution and set of strengths to this new organization. This section outlines each organization's relevant history relating to community engagement in the development of this application.

GOBHI Affiliate: Since its inception in 1995 GOBHI has been committed to a model that delegates risk and management of local behavioral services to the local, rural communities. This model set the stage for GOBHI's deep level of engagement in the communities it serves from the outset. The organization has a history of working with local communities in order to plan and develop services locally that traditionally have been provided out of community. This history includes the habit of bringing emerging new best practices in health care to its constituents.

As recent health care reform started to take shape in Oregon, GOBHI went to its communities to begin the discussion. In January 2011, GOBHI hosted its first health care reform community forum with a national consultant (Dale Jarvis) sharing information about the possible models that are being examined on the national level. This forum gathered over 100 health care leaders, elected officials, public health officials, etc. from all over the state and reached far beyond just the seventeen counties that GOBHI serves. Since that first forum, GOBHI has hosted a series of these large forums. In addition, between Kevin Campbell, the GOBHI CEO, Sandy Ryman and other key staff, more than 186 meetings have been conducted throughout the counties currently served by GOBHI. Those meetings have involved and informed hundreds of rural citizens, and their expressed hopes and fears are reflected in this application. At the request of Tillamook County Commissioners, there has been additional outreach into that community and the mental health director was already participating in the GOBHI large group trainings.

Most recently, GOBHI and CareOregon participated, as sponsors, in six community workshops with a registered attendance of more than 900 people. GOBHI also hosted three consumer town hall meetings in Astoria, The Dalles and Baker City. These gatherings attracted 50 participants. GOBHI then scheduled a round of community meetings with the specific intent to discuss the CCO Application effort for all of the constituents in every one of the seventeen counties within GOBHI's current service area plus Tillamook County.

Kevin Campbell, GOBHI CEO, personally traveled to each of the county meetings, referenced above, to facilitate the discussion and listen to those who attended. While he could have chosen to delegate this responsibility, he committed to traveling the 3,000 miles spanning the state to underscore GOBHI's commitment to creating a Coordinated Care Organization for a board range of constituencies and partnerships.

The audience spanned the full spectrum including public health, public safety, education (at both the K-12 and higher education sectors), community at large, mental health, and physical health providers.

A key message that resonated from one meeting to the next was the ability for policymakers, county officials, consumers, physicians and mental health professionals to know who to contact as questions arise throughout this evolutionary transformation period. That person, of course, is Kevin Campbell, GOBHI CEO, and now a manager with Columbia Pacific CCO, LLC. Representative Cliff Bentz made expressions of appreciation to the CEO for his willingness to be on the front line to listen, craft solutions and build collaborative partnerships.

A brochure outlining GOBHI's commitment and interest in applying to become a CCO was developed for the purpose of creating a visual representation for attendees at each of these community activities to carry away from events. Support documentation for the meetings, together with the brochure, is referenced in Exhibit B. In addition to those meetings, Sandy Ryman has attended over 100 meetings since May, 2010 with representatives of all the GOBHI counties to discuss integration and the potential for the development of a CCO.

The multiple letters of support (included in Exhibit C) from a myriad of providers - county governments, mental health partners and others - underscore GOBHI's commitment to community engagement. The broad cross section of support represented in these letters underscore GOBHI's long term commitment to building relationship and delivering services at the local level.

GOBHI's fifteen year history as a Mental Health Organization has provided the opportunity for strong relationship building and collaboration for the rural counties of Oregon. Those relationships and commitment to collaboration will serve GOBHI well in its commitment to expand its mission to encompass physical health and dental health as a coordinated care organization. GOBHI's commitment is to every person in rural Oregon throughout its entire service area.

CareOregon Affiliate: CareOregon was founded in 1993 by a partnership of safety-net providers, including the Multnomah County Health Department, Oregon Primary Care Association and Oregon Health & Sciences University. CareOregon is committed to transforming health care and improving health outcomes for all Oregonians. Such transformation requires new methods for delivering and managing health care and the collaboration and engagement of Oregon communities.

An example of such engagement is CareOregon's partnership with the Oregon Nurses Association that established the Releasing Time to Care learning collaborative. This program is an innovative methodology designed by nurses to help front-line hospital nursing staff increase the time available for bedside nursing by improving the safety and delivery of care. Nurses from Oregon's hospitals gather together on a quarterly basis to learn from one another and exchange best practices. Participating Oregon hospitals include all of Providence's hospitals,

Oregon Health and Science University, Tuality Healthcare, St. Charles Health System, Legacy Good Samaritan Hospital and Silverton Hospital. These hospitals are experiencing improvements in staff and patient satisfaction, reductions in falls, and more.

Additionally, CareOregon offers the Care Support and Systems Innovation (CSSI) program; a funding process improvement initiative offered to hospitals and clinics throughout Oregon that improve care not only CareOregon members, but entire communities.

CareOregon also offers grants and technical support to clinics through its Primary Care Renewal (PCR) Collaborative. PCR offers support to implement the patient-centered medical home model of care. This model is structured around patient-centered and population focused provider teams. The teams are co-located to optimize close working relationships and focus on getting the best health outcomes for the panel of patients. PCR clinics integrate mental health services, plan for the care of populations rather that just one-to-one care, and participate in a shared learning collaborative. More than 18 clinics throughout Oregon, with close to 80 teams, have implemented the PCR model.

All of the above examples of community engagement and collaboration have guided CareOregon and GOBHI in the creation of this application and will continue to guide us in the further development of the Columbia Pacific CCO.

Section 1 – Governance and Organizational Relationships

A.1.1 Governance

Columbia Pacific CCO is established as an Oregon Limited Liability Company (LLC). CareOregon and GOBHI will manage the LLC in collaboration, with Kevin Campbell of GOBHI and Patrick Curran of CareOregon named as initial managers. CareOregon is the single member of the LLC and it is registered at CareOregon's office in Portland: 315 SW Fifth Avenue, Portland, Oregon, 97204. This section describes the Columbia Pacific Governance Structure, Community Advisory Councils (CAC), and details how the governance model will support a sustainable and successful organization that will deliver the greatest possible health services within available resources, and where success is defined through the triple aim.

A.1.1.a The Columbia Pacific CCO service area consists of three full counties that are contiguous (Columbia, Clatsop, and Tillamook) and the specific zip codes of Coos and Douglas that are primarily served by the Reedsport community. We propose this area as a single CCO as it has the opportunity to combine CCO membership from a global budget and CCO operational efficiency perspective, while maintaining the identity of each community and remaining local. There will be one governing board, and the specific individuals on the governing body will be available at the readiness review, but we envision the following:

- ***CareOregon representative***
- ***GOBHI representative***
- ***FQHC representative***

- *Hospital representative*
- *Addictions treatment representative*
- *Practicing clinician(s) – could also be the CAP representative*
- *County government representative*
- *Practicing mental health professional*
- *CAC member(s)*
- *County commissioner*
- *Public health representative*

This board will consist of 12-15 individuals. We look to add a dental provider as well, possibly at CCO implementation. At least 2 individuals will represent each of the four areas (3 counties and Reedsport area). Though CareOregon is the sole owner and therefore has the overall financial risk of the CCO, we plan to develop global budget arrangements in which many providers of care will be at some financial risk, as well as GOBHI, which will hold financial risk for the mental health portion of the CCO budget in a capitated contract. CareOregon will not require a majority of seats on the governing board, and we believe that this is the intent of the legislation, to include broad community representation on the board. CareOregon, as the owner and the entity providing the reserves for the CCO, will hold certain financial reserve powers that will include overall setting of payment levels, submission of CCO cost estimates, and contracting decisions. The board will be actively involved in developing the methods of payment, such as alternative payment mechanisms, as well as implementing programs and projects to address the Triple Aim. Under all circumstances, the membership of the board will be consistent with the requirements of SB 1580.

A.1.1.b. Each county within the Columbia Pacific service area (as noted previously, western/coastal area of Douglas/Coos counties only) will have individual Community Advisory Councils that will include representatives of the community and county government; with consumers making up a majority of the membership. At a minimum, these local CACs will meet the requirements of SB 1580 for CCO CACs. The CACs will meet at least quarterly to ensure that the health care needs of the consumers and the community are being addressed. (See A.1.6.a. "Strategic Plan for Assessments" for more information on the role of the CACs.)

Collectively, the local CACs shall constitute the Columbia Pacific CAC. This approach facilitates direct communication between the CACs and the Columbia Pacific Governing Board and is consistent with the focus of planning and governance at the local level. *If this approach is not acceptable to the OHA, an acceptable alternative would be that the Columbia Pacific regional CAC will consist of no less than one and no more than three members of each county CAC selected by the county commissioners as deemed appropriate by the CCO governing members.*

A.1.1.c. The Columbia Pacific CCO will ensure transparency and accountability in its relationship with the local CACs by:

1. Requiring that a CAC representative of each county be a member of the CCO Governing Body
2. Requiring that each local CAC meet no less than four times a year
3. Receiving all minutes and other documentation reflecting the deliberations and recommendations of the CAC(s)
4. Taking action on CAC recommendations

If a regional CAC is deemed to be more appropriate by the OHA, the Columbia Pacific CCO will ensure transparency and accountability in its relationship to the CAC by:

1. Requiring that a CAC representative be a member of the Columbia Pacific CCO governing body
2. Requiring that the CAC meet no less than four times a year
3. Receiving all minutes and other documentation reflecting the deliberations and recommendations of the CAC(s)
4. Taking action on CAC recommendations

A.1.1.d. The Columbia Pacific CCO will reflect the needs of members with severe and persistent mental illness and members receiving DHS Medicaid-funded LTC services and supports through representation on the governing members and CAC(s) by community members who are peers of those members. The membership of the GOBHI board of directors has long included community members who have received treatment for severe and persistent mental illness and are active peer support specialists. They provide valuable insight into GOBHI's efforts to create a barrier-free community free from discrimination and stigma, where individuals labeled as "mentally ill" are included and treated as equals with dignity, compassion, mutual respect, and unconditional high regard.

A.1.2. Clinical Advisory Panel
Columbia Pacific will establish a Clinical Advisory Panel (CAP) in an effort to identify best clinical practices, set and meet practice standards, ensure high quality care, and coordinate the implementation of recommendations coming out of the Community Health Assessment and Action Plan.

A.1.2.a Relationship to Governance and Organizational Structure:
The CAP will address oral, physical and behavioral health. It will be comprised of practicing providers and the Columbia Pacific medical director. Columbia Pacific is committed to a local system for CAP appointments and maintaining a manageable advisory group. Three providers will be selected by the Columbia Pacific governing members from each county and will include at least one physical health and one behavioral health professional representing each county. Once formed, one of the Columbia Pacific medical directors will chair meetings until such a time that the CAP has established operating procedures and elected a chair.

The CAP Chair and Columbia Pacific's medical directors will be ex-officio members of the Columbia Pacific governing managers. All recommendations from the CAP will be processed through the board prior to implementation. The board or Columbia Pacific administration may

direct the CAP to take on projects or activities as needed. The CAP will be an integrated part of both the Community Health Needs Assessment and the Community Health Action Plan processes. The CAP will meet at least twice a year to conduct business, and more often as needed at the discretion of the chair. Columbia Pacific will provide administrative support for conducting of CAP meetings and professional staff support for implementing recommendations coming from the group.

A.1.2.b The CAP will perform the following clinical practices functions consistently adopted across the entire network of providers and facilities:

- Establish clinical practice standards and guidelines. The CAP will determine minimum practice standards and best clinical practice guidelines to ensure that all members served by Columbia Pacific providers receive quality and comparable health care services, regardless of where they are seen. It will also provide guidelines regarding the appropriate use of high-cost services.

- Help ensure high quality care:
  - *Metrics development.* The CAP will assist the Columbia Pacific Quality Improvement Committee in setting metrics with which to evaluate the standards and guidelines noted above.
  - *Outlier review.* The CAP will review reports from the Columbia Pacific Quality Improvement Committee of practices/providers who are identified as being outliers regarding standards and/or guidelines. While the CAP has no enforcement function, it will make recommendations for improvement and, when appropriate, will work with outliers to help meet expectations.

- Assist in formulary development. The CAP will work with Columbia Pacific pharmacists to establish a standard formulary and an exception process to be followed when a provider believes the use of a non-formulary drug is warranted.

- Share best practices. The CAP will serve as a forum to share promising new practice ideas; ways to overcome operational barriers; referral practices that work well; and other valuable clinical information. It will also help with disseminating this information system wide.

- Evaluate and assist with implementation of recommendations from the Community Health Action Plan (CHAP). During CHAP development, the CAP will provide input on both suggested clinical practice changes and community-based intervention strategies. Once final CHAPs are approved by the governing members and Columbia Pacific administration, the CAP will facilitate changes to clinical practice and promote the involvement of providers/practices in community-based interventions.

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

A.1.3.a Columbia Pacific's behavioral health partner GOBHI has a long history of effective relationships and collaboration with local service providers including Type B AAA and APD offices. In preparation for the transition to the CCO model, GOBHI and CareOregon staff have taken steps to formalize relationships with local AAA (type B) and APD offices. We have made initial contact with the required contacts in Columbia, Clatsop, Tillamook, Douglas and Coos Counties in order to begin tailoring the ongoing working relationship and the resulting MOU's (using the template provided by the state as a starting point between Columbia Pacific and these agencies). We will have MOUs in place by the readiness review.

A.1.3.b As Columbia Pacific expands its contractual relationships to include the full spectrum of health care services, new MOUs will be developed to support the evolution towards an integrated health care system. We will use Oregon's website to guide us in this process (Reference http://www.oregon.gov/DHS/hst/apd-cco-info.shtml). Appropriate MOUs will be provided at the Readiness Review. Please see section A.3.7 for a description of how Columbia Pacific intends to ensure integration of services.

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

A.1.4.a All local CMHP's (with the exception of Tillamook County) are currently contracted with Columbia Pacific's affiliate, GOBHI, and anticipate a continuing contractual relationship as the system changes. In addition, these organizations serve on the Governing Board of GOBHI (as well as a representation of local elected officials, consumers and other local leaders) and as such have been deeply involved in the design of the model and the decision to apply for CCO status. In all cases, these CMHP's have involved their Local Mental Health Authority in Columbia Pacific's plans from the outset. MOU's with the Local Mental Health Authorities are in development and will be available for the readiness review. Numerous community forums and discussions have been held through the region for the past year in order to ensure understanding and support for this application.

In addition to the long standing relationships that exist with the Community Mental Health programs in its current services area, GOBHI has been approached by Tillamook County for inclusion in its application for CCO certification. Several discussions have been held with the CMHP and county commissioners and letters of support are included in the application from the county commissioners. The process of creating a substantive Memorandum of Understanding has begun but is not complete as of the submission of this application. It will be available the upcoming readiness review.

A.1.4.b. Columbia Pacific, through its affiliate, GOBHI, has been deeply involved with the transitional and ongoing, care coordination, and discharge needs of its covered members (all of whom have serious mental health service needs) since 1995. In addition, GOBHI provided statewide leadership in the Children's System of Care Transformation and was able to redirect a large percentage of the funding from intensive residential care to community based services enabling it to double the number of children seen with less funding and better outcomes. GOBHI again provided leadership to the statewide effort to launch the Adult Mental Health

Initiative during the last two years, with similar outcomes. The organization continues to demonstrate an on-going commitment towards developing local, community based alternatives for care.

A.1.4.c Columbia Pacific through its member CMHP's has well established processes for coordinating with its Community Emergency Service Agencies and other local partners in order to meet the needs of members who experience a mental health crisis.

A.1.5. Social and Support Services in the Service Area

CareOregon and GOBHI have a history of working with, and valuing meaningful relationships with social and support service providers. For example, since early 2011 multiple community forums and meetings have been held across the Columbia Pacific region to inform local agencies about healthcare reform and CCO developments. These meeting were intended to provide a venue for input and recommendations from local partners, and included a myriad of social and support service representatives. These partners have been generous in sharing their questions, ideas, and support (as evidenced by the breadth of the attached letters of support).

Furthermore, effective and collaborative local relationships between health care systems and providers and social and support services are well established and ongoing throughout much of Columbia Pacific's service area. For example, with the introduction of model of care and hot spotting initiatives, local planning meetings have increased in importance and become more formally organized around coordination of care. Columbia Pacific intends to assign staff to support these activities at the local level, to ensure CCO information is transparent and readily available, and to keep these activities coordinated with and supported by the activities of the Columbia Pacific's Clinical Advisory Panel and Community Advisory Councils.

Examples of such providers and programs who will be engaged in and supported by the Columbia Pacific include: school districts and educational services districts; early childhood care and education systems; local housing authorities and providers of housing to special needs individuals; family support groups and peer support organizations; developmental disabilities programs; tribal organizations and organizations serving tribal members; advocacy groups, Department of Humans Services Children's Adults and Families (CAF) field offices; Oregon Youth Authority (OYA) and Juvenile Departments; Department of Corrections and local community corrections and law enforcement; domestic violence organizations; cultural organizations; mentor programs; and faith initiatives that promote health. Columbia Pacific will pay careful attention to expanding and strengthening these relationships to further develop a system of care that addresses the comprehensive needs of members beyond physical, mental and oral health needs in order to meet the TRIPLE AIM.

In addition, Columbia Pacific will invite such partners to become members of the CAC in order to ensure meaningful and ongoing integration and coordination at the community level.

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

A.1.6.a. Background

Columbia Pacific is committed to improving the health status of the populations it serves. To do so, it must have a comprehensive assessment of the current health status of communities and of at-risk populations, know the health-related resources available to those communities

and populations, engage in a myriad of community activities specifically tailored to improve health status, and evaluate health status improvements over time. Columbia Pacific will use four guiding principles in the development and monitoring of health status over time:

1) Quantitative health status data is an important source of information to consider when making policy and/or program development decisions.
2) Qualitative data from both consumers and providers of health care services is an equally important source of information.
3) Health assessments are meaningless unless the information is used to developed action plans that address identified health needs, and health status indicators are tracked over time to document improvements.
4) Health assessments and action plans to address health concerns must be processed through a broad-based community advisory group, and the group's input needs to be seriously considered by Columbia Pacific policy makers (the county governing bodies, the CCO governing members and its administration).

Columbia Pacific Support for Assessments and Planning. Columbia Pacific will provide financial support for a staff person to support the CAC to coordinate the community needs assessment work. Staff will be a member of the Community Care Team (CCT) to help implement initiatives addressing the needs assessment priorities.

Strategic Plan for Assessments Columbia Pacific believes strongly that it should not "re-invent the wheel" whenever possible and should utilize existing, effective resources when available. Consequently, in the first year of CCO operations Columbia Pacific will initiate (or support, if already existing) a comprehensive community needs assessment in each of the counties it serves. Columbia Pacific will utilize Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials - a standardized, well-accepted planning tool. MAPP is a community-driven strategic planning process for improving community health. Facilitated by community health leaders, this framework applies strategic thinking to prioritize health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive community-wide process that aims to improve the efficiency, effectiveness, and ultimately the performance of local health systems. It uses both quantitative and qualitative data, and stresses community engagement in all aspects of data collection, analysis and planning. The MAPP planning process meets the standards established by the Public Health Accreditation Board for a comprehensive community health assessment. In this effort, Columbia Pacific will partner with the OHSU Office for Rural Health (ORH) – an entity that has nearly two decades of experience conducting community health needs assessment specifically tailored to meet rural and frontier community needs. Columbia Pacific has met with ORH to discuss joint involvement in community health assessments and ORH is willing to partner in such an undertaking.

The comprehensive community health needs assessment to be initiated in each Columbia Pacific county in the first year of CCO operations will primarily rely upon secondary data sources for quantitative data. At the national level, Columbia Pacific will utilize resources such as the County Health Rankings and Roadmap (CDC/University of Wisconsin) and Community

Health Status Indicators (CDC). At the state level, other resources such as the Behavioral Risk Factor Surveillance Survey (BRFSS), healthy teens survey, DMAP claims data, hospital discharge data, and a variety of other state agency data sets will be used, including those serving seniors and people with disabilities and individuals with chronic mental illness. At the local level, Columbia Pacific will work closely with local health departments, hospitals, agencies serving seniors (including long-term care facilities), entities serving people with chronic mental illness, and County Commissions on Children and Families, to ensure that existing information is identified and incorporated into assessment efforts. In future years, Columbia Pacific plans to include primary data in its community health assessments. Direct surveys and oversampling of BRFSS in Columbia Pacific counties will both be considered. Satisfaction surveys, both for clients and for providers will also be a key data source. A comprehensive assessment process will be conducted every four years, or as required by Oregon Administrative Rules. A brief addendum describing new data or significant changes in previous information will be provided on an annual basis.

As mentioned above, qualitative data is equally important for community health assessments. To begin the dialog with community members, during its CCO application development phase, Columbia Pacific conducted county community forums involving numerous individuals. In the future, Community Advisory Councils (CAC) in each of Columbia Pacific's counties will play a critical role in providing this type of information, and each CAC will develop a plan for obtaining community wide input regarding health related issues. It's anticipated that CAC-sponsored community forums will be a key, on-going mechanism for obtaining qualitative data, but it will also be important to allow CACs to develop other innovative approaches to gathering such information. Columbia Pacific will explicitly task CACs to address health disparities. To support this effort, following discussions with the OHA Office on Equity and Inclusion, Columbia Pacific will provide each CAC with instructions on state policy and with data on sub-populations experiencing and at-risk of health disparities (e.g., race, ethnicity, language, seniors, disability status and mental illness). Each CAC will include representatives from high-risk sub-populations.

Columbia Pacific will rely heavily on each of its CACs to process both quantitative and qualitative information, and to make recommendations on the most critical issues affecting the health of its community. Before the end of the initial year of the MAPPS process, each CAC will critically examine all health assessment data provided, and will develop a prioritized list of the most important health issues affecting its community. This list will be presented to the governing members directly related to the CAC and to Columbia Pacific administration. If there is not concurrence amongst these three entities, a facilitated meeting will be conducted in an attempt to reach consensus on the prioritized list.

Community Health Action Plan As mentioned in the guiding principles above, assessments are only as valuable as the concrete actions they lead to. Once consensus has been reached on a prioritized list of health concerns, each CAC will develop a draft Community Health Action Plan (CHAP). The list of health concerns will first be re-examined by each CAC using the following three factors: (1) Priority assigned through the CHIP process; (2) Availability of evidence-based,

effective interventions; and (3) Community resources (physical, monetary, motivational) available to address the issue. To support (2) of this process, Columbia Pacific will provide to each CAC a listing of research tested interventions for the issues on its MAPP prioritized list. At a minimum, it will include interventions described in the CDC Guide to Community Preventive Services and the US Preventive Services Task Force Recommendations for clinical services. To support (3) of this process, Columbia Pacific will provide, upon request of the CAC, information regarding existing and potential resources. Such information may be in the form of requesting organizations or entities to participate in appropriate CAC discussions.

The eventual product of this CAC process will be a draft Community Health Action Plan that will provide a re-prioritized listing of health concerns along with recommended interventions to be undertaken in the community. The CAC will make recommendations for both clinical practice and community-based activities. Because of the potential effect of the CHAP on providers, the Columbia Pacific medical director will be involved in key CAC meetings dealing with these issues. Similarly, when community-based interventions are being discussed, the local health department and appropriate social services entities (both governmental and non-governmental) will be invited to participate if they are not already active members of the CAC. Given Columbia Pacific's commitment to reducing health disparities, at least one of the interventions in the draft CHAP will include a specific focus on improving health issues for sub-populations experiencing a disproportionately poor health status indicator.

This draft CHAP will be presented to the governing members and to Columbia Pacific administration. The board and Columbia Pacific will be responsible for adopting a FINAL Community Health Action Plan. If there is not concurrence amongst these three entities regarding the DRAFT CHAP, a facilitated meeting will be conducted in an attempt to reach consensus. If consensus can't be reached and Columbia Pacific administration does not take the recommendations outlined in the DRAFT CHAP, Columbia Pacific will respond to the CAC in writing outlining what circumstances are responsible for different actions being taken in the FINAL CHAP. For whatever interventions are adopted in the FINAL Plan, Columbia Pacific will specify what metric(s) will be measured on an on-going basis to evaluate the effectiveness of the intervention. As with the CHIP process, a comprehensive CHAP will be completed every four years with annual modifications being made as new information, including evaluation data, becomes available.

Interim Assessment and Action Plan. Columbia Pacific is committed to facilitating a comprehensive health assessment and action plan to improve health in each of its counties. Such a process is expected to take a year to accomplish in each county. However, Columbia Pacific recognizes that a lot of health-related data is already available to local communities and that oftentimes the best way to get communities mobilized is to start working together on a specific intervention project. Consequently, Columbia Pacific will encourage its CACs to select an immediate project to improve health in the county. To facilitate such efforts, Columbia Pacific will provide each CAC with "health status composite" data that is currently available for its county (County Health Rankings and Community Health Status Indicators). It will also assist the CAC to identify relatively low-cost interventions for addressing a selected community health

concern. For example, in a county with unfavorable rates of chronic diseases, the CAC may recommend the initiation of a Living Well program (OHA sponsored self-management program); or in a county with oral health concerns, the CAC may suggest getting health care providers trained on the First Tooth program (a no-cost project offered by the State Public Health Division). A CAC would request approval from the appropriate governing members and Columbia Pacific administration in order to implement this interim action. Columbia Pacific has committed to funding an associated foundation in order to provide grants that will aid communities who have followed due diligence in identifying and implementing community health improvement actions.

Section 2 – Member Engagement and Activation

A.2.1. Member and Family Partnerships

A.2.1.a Columbia Pacific members (along with their families and their support networks) will be engaged as partners in their own care through:

- Participation in the CAC, which will encourage all members and their families to share their ideas; participate in projects and events that improve service and communications (e.g., develop health fairs and advocacy days, review member education materials) ; and actively support each other in peer-to-peer efforts.
- CAC members serving on Columbia Pacific internal committees devoted to process and quality improvement.
- CCTs provide staff to work one-on-one with members (either in person or on the phone) who have chronic health issues or are transitioning to/from health care facilities. By identifying both specific clinical needs and social determinants affecting the individuals' health, staff will work jointly with members and their families to eliminate barriers to health improvement.

Further, Columbia Pacific will ensure that members who require care coordination for chronic diseases have a care plan. The care plan will be developed using an initial General Assessment followed by a disease-specific assessment, if indicated, and will include participation by the member's family and/or caregivers where appropriate. Where a Member is empanelled with a Patient Centered Primary Care Home (PCPCH), the PCPCH will take the lead in developing the care plan. Where a PCPCH is not available, the Columbia Pacific CCT will take the lead in developing a member's care plan. Either way, the member will have a comprehensive care plan which will include self-management support and education (example, weight loss, diabetes.) and motivational interviewing and coaching on behavior change. The care plan is a dynamic document and will be reviewed at least every 6 months.

A.2.1.b Columbia Pacific will develop and implement a comprehensive communication program for all members to include information related to physical health, behavioral health, and oral health services. Such communication will build upon GOBHI and CareOregon's existing infrastructure and efforts. Each new member will receive a Welcome Packet with information about resources for navigating the health system, web sites, and CCT contact information. Columbia Pacific will identify which of its members need special language versions of the

Welcome Packet and also identify bilingual network providers to support them with appropriate Welcome Packets for sharing with their members in both electronic and written form. In provider settings where there are no bilingual providers or translators, Columbia Pacific will facilitate real-time telephonic interpreters.

Also, Columbia Pacific will encourage members to use wellness and prevention resources by connecting them with a Community Care Team. CCTs include a "non-traditional" health care worker, who assists members with navigating the delivery system, acts as a cultural broker, and who promotes wellness and prevention. Columbia Pacific will promote and augment the health coaching done by PCPCH staff or provide the health coaching where a member is seen by a non-PCPCH provider. Resources will include community-based programs such as Living Well, which has a strong Spanish language component.

Rights and responsibilities of participating in the Oregon Health Plan will be presented in plain language, in both English and Spanish, in the initial Welcome Package as well as on-line.

Additional culturally and linguistically appropriate communication will be provided via:

- Quarterly newsletters to all members.
- Social media links to support sharing news, peer-to-peer opportunities and to provide feedback.
- PSAs using radio and TV to encourage better nutrition, exercise, immunizations, screenings, testing and other forms of preventive care.

Section 3 – Transforming Models of Care

A.3.1. Patient-Centered Primary Care Homes
A.3.1.a Technical Assistance: CareOregon actively participated in the development and implementation of the state Patient-Centered Primary Care Home (PCPCH) program. Since 2007 CareOregon has offered the Primary Care Renewal (PCR); a program to provide technical assistance and resources to develop PCPCHs. PCR is a medical home collaborative that engages representatives from primary care practices in a "learning collaborative" and introduces quality improvement tools to clinic staff. Through PCR, clinics develop tools to assist with the process of change, team facilitation, data measurement and analysis and the cycle of continuous quality improvement. These tools are used by clinics to ensure their medical home efforts are effective in achieving the clinic's and state's PCPCH goals. Furthermore, CareOregon has had an incentive component of PCR based on the "co design" of measures that achieve a patient-centered medical home. CareOregon will expand access to PCR across the Columbia Pacific provider network.

In May, 2011, GOBHI began providing technical assistance to more than 80 Federally Qualified Health Centers, Rural Health Clinics, Public Health Departments, School Based Health Centers, outpatient substance abuse programs, Community Mental Health Programs, and other key community clinics in its initial 17 county service area. The initial technical assistance has been in the form of providing education to these entities about Oregon's Patient Centered Primary

Care Home (PCPCH) standards and then to further work individually with clinics to help them assess their ability to meet the Oregon standards. In some areas there has been the additional step of bringing together community partners to jointly review the PCPCH assessments for the purpose of identifying strengths and gaps and developing actions to assure coordination of services outside of primary care practices.

Forty two rural clinics/programs attended one or both of the GOBHI's "Creating a Healthcare Neighborhood" conference offered in January and June, 2011. Event attendees were initially introduced to the value of PCPCH in health care neighborhoods at the January meeting. Participants at the June meeting were provided Oregon's initial PCPCH standards report and learned how Clatsop County used those standards to align their health care neighborhood planning.

GOBHI currently has a contract with Oregon Rural Primary-care Research Network (ORPRN) for individual consultation with a rural, isolated clinic which serves almost half of a large coastal county. The intent of the consultation is to bring clinics to a Tier 2 PCPCH with an action plan to move to Tier 3. Additionally, GOBHI is in consultation with ORPRN for group based education and consultation for another twelve clinics.

Columbia Pacific will integrate and utilize the best of the capacities and skills of both parent organizations to support and advance the development of PCPCHs. Columbia Pacific also plans to utilize the services of the joint OHA and Northwest Health Foundation Institute for Patient and Family Centered Primary Care once it is up and running. The coordination and communication of the PCPCH technical assistance offered by CareOregon and GOBHI will be an ongoing priority for the Clinical Advisory Panel.

Tools for Coordination. Columbia Pacific will develop and deploy Community Care Teams (see A.3.5.) These teams and community partners will be able to use a health information exchange (HIE) with a web based application to provide common information to all health team members and providers, including primary care, behavioral health, public health, school based health centers, tribal clinics (and their care teams), and the member. The HIE will support the coordination of services across and between communities. The HIE will be used by clinics, who currently have paper systems, as an EMR, thereby allowing all users to access to information through the HIE. Columbia Pacific is committed to finding opportunities for educational and financial resources for the clinics in their service area.

Management of Provider Concerns. Columbia Pacific will utilize and benefit from GOBHI and CareOregon's present network and quality infrastructures and their expertise to monitor contract compliance and manage provider concerns. Columbia Pacific anticipates provider concerns will also surface in, and be addressed by the CAP. Furthermore, the CAP will codify standards for practice, promote their adoption across the system, and provide a forum to share best practices.

Relevant Member Data. Data is essential for effective patient management throughout the community. As noted under the "Tools for Coordination" section, Columbia Pacific will offer access to a web based application to assure effective distribution and utilization of data.

Linguistic and Cultural Tools. As Columbia Pacific works with clinics to become PCPCHs, there will be group trainings which will include cultural competency tools to assure proficient linguistic and cultural services are provided to CCO members and their families. In Columbia Pacific's individualized PCPCH trainings to clinics, further needs will be identified and education provided to clinic staff.

In addition to the individualized PCPCH work with clinics, Columbia Pacific recognizes the value in building an informal network amongst the clinics as early as possible. Therefore, Columbia Pacific hopes to have a fall, 2012 "Basics" training for clinics as a group. The "Basics" will cover training in the topics discussed below, i.e., tools; data system basics; Clinical Advisory Panel functions; Quality Assurance Committees, Cultural Competence, etc. In addition to the introductory "Basics," Columbia Pacific anticipates the need for further intensive trainings, in many of these topic areas, particularly around the final planning and implementation of Community Care Teams for communities. This will then result in customized trainings for the Health Information Exchange, etc. Therefore, note that each section covered above will be included in ongoing technical assistance, in coordination with the Clinical Advisory Panel, via group and individual education and training.

A.3.1.b Engaging members in PCPCH Transformation. Columbia Pacific is committed to continually improving the experience of care for its membership. This means a commitment to providing the best customer service, most clear and accurate communications and working with its provider network to ensure members have positive encounters with the health care delivery system. Columbia Pacific will build on the experiences of developing CareOregon's Member Advisory Council (MAC) established in 2010. MAC focuses on promoting health and wellness through preventive care, exercise and good nutrition; advocating for equitable high quality effective care; and offering peer to peer assistance and support. Furthermore, Columbia Pacific will utilize the *Partner for Quality Care*, the Oregon Healthcare Quality Corporation's consumer engagement program. The *Partner for Quality Care* offers information to help Oregonians make informed choices about health care, including quality scores for doctors' offices and hospitals in our state.

Additionally, Columbia Pacific staff will partner with local county governments to develop a Public Outreach Committee of 5 to 10 community leaders in each county to:

- Convene one or more public forums in the months of May and June
- Invite local advocacy groups to participate in this outreach
- Use this opportunity to help solicit members for the Community Advisory Council (CAC)
- Once the CAC is established, use this meeting as a model for twice yearly solicitation of member advise

Research and Respond to Member Opinions. Through the use of:

- Consumer surveys to measure "Consumer satisfaction"
- Customer service summary reports about common concerns and obstacles
- Provider incentives for achieving high marks on CAHPS

Increase the Clinical Connection with members. Both the fostering of further PCPCH development and the use of CCTs will help to assure a close clinical connection between network providers and members.

Develop Member to Member Support

- Work with CAC members to identify culturally and linguistically appropriate member support services and opportunities.
- Refer and connect members to peer to peer support services, other types of support groups and activities that promote wellness and prevention.
- Establish a Community Benefit Giving Program that will be guided by Columbia Pacific stakeholders and the CAC membership.

A.3.1.c Using PCPCH capacity to achieve Health System Transformation. As previously described, GOBHI and CareOregon have significant experience in partnering and supporting a diverse network of clinics to meet Oregon's PCPCH standards and will continue to provide its technical support and resources to Columbia Pacific primary care providers. Currently at least 9 clinics are PCPCH certified in Columbia Pacific's service area and 5 more have stated they are preparing their applications at this time.

Assurances for Population Enrollment. Due to the number of small and rural clinics in the Columbia Pacific catchment area, an estimated 30% of members will be enrolled in a PCPCH during the first year. Columbia Pacific intends for at least one clinic in each county / coverage area, to achieve Tier 1 standards in the first year (one frontier county may be an exception). Columbia Pacific anticipates members already established care homes will shift into PCPCH at the rate which will allow at least 15% more members per year in each succeeding year of operation. While Columbia Pacific will strive for ever greater numbers of PCPCHs, it is anticipated that 80% of the clinics in the Columbia Pacific region within three years

Concrete Plan. Exhibit E of this document, provides the certification plan for PCPCHs during the first five years of operation, including their achievement of tiers 1, 2, and 3. Member enrollment in PCPCHs is tied to their location and therefore to the clinics in their area. Columbia Pacific will support members in staying with the clinics where they currently receive care and then work with that clinic to support their PCPCH transformation.

Please note that a key component of Columbia Pacific's proposal is the use of Community Care Teams (CCTs). Those teams will be under Columbia Pacific's umbrella and/or contracted out to organizations who are proficient at meeting the needs of under-served populations - and will help to assure the close coordination of care expected for members within a PCPCH. While it may take a while to prepare some of the smaller rural clinics to become PCPCHs, Columbia

Pacific anticipates implementing the Triple Aim through the use of the CCTs. As PCPCHs become certified and move to Tier 3, they may integrate members of the CCT working into their own clinic and be compensated to provide for close integration of the CCTs into the clinics.

Communication and Coordination. Columbia Pacific plans that the CCTs, the local Community Advisory Councils, governing members, Clinical Advisory Panel and Quality Assurance Committee will all play a role in assuring communication and coordination between PCPCH and other service providers. Section A.3.5 of this document details the CCTs but they will be the primary local source for assuring communication takes place to support the member care plans and referrals. The CCTs will be aided by the use of the HIE as described in A.6.
The CACs and governing members will work jointly with the local providers to assure provider input into community assessments and establishments of outcomes and priorities. Those outcomes and priorities will be used by the service providers and the CCTs to identify and implement community based best practices to impact those priorities. All of these actions will be supported by close communication amongst the community groups.

The Clinical Advisory Panel and Quality Assurance Committee involvement with PCPCHs is discussed under the "Management Concerns" section in A.3.1.a.

A.3.1.d Coordination with DHS Medicaid-funded LTC providers and services. Columbia Pacific has been discussing this area of concern with a variety of clinics within its service area. Each clinic interviewed, describes their provision of services in the LTC facilities through visits with their patients on a bi-weekly or weekly schedule. While they regard that as basic to assuring the health of members in LTC facilities, they all noted LTCs are strongly motivated to avoid potential liability. Anytime someone expresses feeling ill or appearing to have an acute illness, many LTCs automatically call the ambulance for transport to the Emergency Room. This is a very expensive process and all care transitions have the potential to negatively impact the member.
Dr. Charles Hofmann in Baker City suggested we facilitate establishing protocol agreements with local providers to assure the triage nurse at the Emergency Department is contacted before transport. Additionally, in larger areas, Columbia Pacific may offer a part-time LTC medical director or mid-level provider in each county with LTC facilities. This person would be available for telephone triage and if it is determined appropriate to transport to the Emergency Department, would then meet the ambulance at the Emergency Department. Due to the knowledge of the patient and access to the patient's medical records, the LTC staff would work with the Emergency Department to determine an appropriate course of action. (It is estimated that the prevention of three weekend hospitalizations would cover the cost for the referred to part-time, on call provider.) Columbia Pacific may submit a proposal to the OHA that it provide incentives to LTC facilities that enter into a protocol agreement with Columbia Pacific CCO. The Clinical Advisory Panel in each county will fine tune this concept and make recommendations to the governing board of the LLC.

A.3.1.e Applicant and Member Usage of Safety Net Clinics. Columbia Pacific has ten Federally Qualified Health Center sites, three School Based Health Centers and nine Rural Health Clinic

sites which are geographically well distributed across its counties. Including private clinics, there are currently seven Oregon certified sites which are Patient Centered Primary Care Homes. These providers will ensure access to PCPCH's are available within reasonable distance to serve all Columbia Pacific CCO clients.

The providers located in the Columbia Pacific report the majority of members currently see providers in Federally Qualified Health Centers, Rural Health Clinics, Migrant Health Centers, School-Based Health Clinics and other safety net providers. As noted previously, Columbia Pacific will encourage and support existing providers to become PCPCHs.
Also of note, CareOregon was established by safety net providers in 1993 and significantly relies on these providers to offer culturally and linguistically competent services to its present members. Furthermore, GOBHI has been working with health care safety net clinics since January, 2011.

A.3.2. Other models of patient-centered primary health care
A.3.2.a-d Columbia Pacific will explore creating Patient Centered Healthcare Homes, utilizing the model used in both New York and Missouri. More specifically, community mental health centers already fulfill many functions of the PCPCH, i.e., identification and active management of high-risk, high-cost individuals; individualized care planning and a patient-centered approach to care; coordination with consumers, caregivers and providers; promotion of member self-management; and linking consumers to community and social supports. This "whole person" approach emphasizes health and wellness, assures consumers receive the preventive and primary care they need, and assists them in managing their chronic illnesses. Current Oregon standards can be met by the CMHPs through contracting and coordination with local primary care providers to meet the needs of their specialty population (Q2 and Q4 consumers/members as defined in the 4-Quadrant Model). In 2012, Columbia Pacific will initiate a feasibility study to further inform the process by establishing the potential numbers of members who are appropriate for those services in each county.

A.3.3. Access
A.3.3.aColumbia Pacific will offer a network of providers that will serve members' health care and service needs, meet access to care standards, allow provider choice for members, when available, and include non-traditional health care workers. Columbia Pacific is fortunate to have access to six Community Mental Health Programs (some of which are becoming PCPCHs), four Federally Qualified Health Centers (10 sites), and six Rural Health Clinics (9 sites) which are geographically well distributed across the Columbia Pacific counties. Nonetheless, distance to facilities provides a challenge to rural Oregonians. Many providers within the Columbia Pacific service area already have integrated telemedicine into every day practice as well as specialized consultation and evaluations. The partnership between GOBHI and Oregon Healthcare Network has produced broadband access to over thirty rural (some very remote) clinical sites in the last two years. Aggressive implementation of electronic medical records will support and improve access as will equipping the mobile CCTs with wireless communication tools. This network of virtual and locally based providers and their backup specialties will ensure access to PCPCH's are available within reasonable distance to serve all Columbia Pacific CCO clients.

Columbia Pacific's Affiliate CareOregon has designed a Community Care Program that provides individualized, high-touch outreach and engagement to high-risk individuals within non-traditional settings rather than relying on these individuals to come into an office setting. Outreach workers meet with clients in their homes or in other community locations such as parks, coffee shops, and community centers. Columbia Pacific will engage mental health organizations, public health, FQHCs, and others in the service area to ensure the inclusion of their already-existing programs in the Community Care Program approach. CareOregon, through its management agreement with Columbia Pacific, will hire individuals, but we will look at other models, such as contracting with community-based organizations who already are proficient in meeting the needs of under-served populations, including the provision of culturally and linguistically specific services. If contracted, CareOregon would provide the training and support.

A.3.3.b Columbia Pacific will regularly monitor potential and existing access barriers to coordinate care services in our area. Currently in rural areas, long distances, provider shortages, and scarce resources are noted barriers to access. Columbia Pacific will have open communication and collaboration with providers to ensure that access to OHP clients is uninterrupted. Columbia Pacific will build on CareOregon and GOBHI programs and strive to maintain a robust provider panel and focus on strategies to eliminate other barriers (e.g., transportation, culturally and linguistically competent services) to coordinated care in its service area. Some strategies to mitigate barriers for new and existing members are described above in A.2.1.a (Member and Family partnerships), A.3.1.b. (engaging members in PCPCH), A.3.1.c, (PCPCH capacity and transformation) as well as A.3.3.a. (PCPCH-member connections). Furthermore, a network of social service agencies coordinating care for our members, including community-based organizations proficient at finding and serving under-served populations and faith-based institutions, will be identified and utilized. We will educate these partners about the Columbia Pacific CCO and the services it can provide. We will also use the CAC and CAP to assist in identifying and addressing barriers to sufficient access to coordinated care services for Columbia Pacific members.

A.3.3.c Columbia Pacific will work with its community partners to ensure members are informed partners in transitioning to the CCO model. Community meetings will be held to inform the community and solicit feedback about CCO development and changes to the system. Announcements regarding these community meetings will be advertised in the local newspapers. Members of the Columbia Pacific will also be notified of changes via mailings from CareOregon, GOBHI, and our community partners. Furthermore, community health workers will directly engage with the healthcare and social service providers in each community to support an ongoing dialogue and activities about the changes in the healthcare system and to collaborate on how to connect with and best serve local OHP members. CCT staff will be recruited from underserved and minority communities whenever possible. Columbia Pacific will work with representatives from local communities to assist with designing efforts to ensure engagement and communication is culturally and linguistically competent. Further, the CCO will engage local CMHPs who have a history of working with APD, Child Welfare, Juvenile justice, law enforcement, public health, schools, early childhood services and others in order to coordinate services for members who are unable or unwilling to come to traditional provider settings. These efforts will expand to include primary and emergency health care providers and community care team members in order to successfully engage members who are unable to travel, children in public custody, and other underserved populations.

In addition, primary care practices will communicate directly with their patients about the changes in the model of care and what it means to their patients. We anticipate communication between providers and their patient panel members will occur through newsletters, websites and verbal communication. PCPCH clinics are required to educate clients about the services available in a PCPCH, and obtain agreement from patients to participate. PCPCH recognized clinics will engage clients to obtain these agreements within six months of patient list submissions. Motivational Interviewing (MI) training will be available to our providers and community partners to enhance the effectiveness of member engagement. Also, one of the CAC's initial priorities will be to develop a member communication and engagement plan to ensure culturally and linguistically appropriate communication strategies are developed, implemented and maintained.

A.3.4 Provider Network Development and Contracts

A.3.4.a Columbia Pacific's goal is to create a system of care that provides its members the right care at the right time in the right place. To meet this goal and assure coordinated care and a team based approach, Columbia Pacific will build upon GOBHI and CareOregon's current provider networks as well as tap into the technical expertise offered through the Primary Care Renewal (PCR) program described in A.3.1.a.

Columbia Pacific's affiliate, CareOregon, has an extensive provider network for CCO members to receive specialty and tertiary care services. CareOregon serves the proposed CCO service area now, and has contracts with all major providers, including all critical access hospitals and FQHCs, within the service area. Furthermore, Columbia Pacific will perform a network assessment twice annually to ensure there are adequate numbers and geographic distribution of primary care, behavioral health, and specialty practitioners that meet member's needs. Columbia Pacific will monitor practitioner availability annually against its standards, and initiates actions as needed to improve network access. Practitioner availability monitoring will be completed for the following provider types within the network:

- *Family Practice*
- *Internal Medicine*
- *Pediatricians*
- *General Practice*
- *Women's Health*
- *OB/GYN*
- *Specialty care practitioners, (based on high-volume claims)*
- *Alcohol and Drug Treatment Facilities*
- *Detox facilities*
- *Mental Health*
- *Psychiatry*
- *Hospitals*
- *Skilled Nursing Facilities*
- *Home Health agencies*
- *Durable Medical Equipment suppliers*
- *Ambulatory Surgery Centers*
- *Ambulatory Clinics*

All inpatient facility stays will be reviewed concurrently to assure timely access to services and appropriateness of services.

Columbia Pacific, through its behavioral health partner, GOBHI, and its strong local network described in A.3.4.b) has a well developed contracted network for specialized services that are not offered locally. This network includes therapeutic foster care homes, addiction and co-occurring residential treatment programs (women and children, adolescent, adult), intensive children's mental health

treatment facilities, adult residential treatment facilities and other specialty programs as the need arises.

A.3.4.b Columbia Pacific will have a delegated, capitated contract with GOBHI to provide the full scope of mental health services. CareOregon currently administers the chemical dependency component of the benefit, and will continue to administer those services. However, Columbia Pacific will identify ways to integrate and streamline to improve access to chemical dependency services. For example, the benefit of coordinating services through a CCO is that many mental health providers also offer chemical dependency and co-occurring services (term to describe both substance use and mental disorders) in addition to mental health services. We will identify ways to streamline contracting and administration of addiction services within the first year of CCO operation. The key to making these services culturally appropriate will be a partnership between the treatment provider, the community care team, and the member.

A.3.4.c, Columbia Pacific will build on the strengths and experiences of its behavioral health partner, GOBHI, to assure services in the most appropriate setting, including in-home and independent supported living. We value and use short-term utilization of local respite facilities or placement of Qualified Mental Health Associates in the client's home during periods of destabilizing crisis or decompensation. When psychiatric hospitalization is indicated, GOBHI tracks the individual's status from admission through discharge, and provides assistance to local providers in preparing plans for transition to lower levels of care in the individual's own community. Columbia Pacific will develop supported housing services in all communities in its services area. These services will be flexible and can increase or decrease in frequency and intensity, and will be according to the changing needs of members. Also, special supports will be available to those who have failed in independent housing on previous occasions. And, to further assure members receive care in the most appropriate setting, we will continue to work with GOBHI's provider network and Federally Qualified Health Centers, primary care providers, Rural Health Centers and Alcohol and Drug Treatment Programs to improve the integration and coordination of physical and behavioral health services.

A.3.5. Coordination, Transition and Care Management

Columbia Pacific is creating Community Care Teams based on the community care coordination "hub" and pathways model as outlined in AHRQ's publication Connecting Those at Risk to Care. Columbia Pacific's adoption of the model will include CCTs which will utilize a staff person to support the CAC and the community health assessment process. Additionally, each county will have access to at least one non-traditional health worker (NTHW) who is supervised by a clinical care coordinator manager. Each care coordinator manager will supervise multiple NTHWs across multiple counties based on the number of at-risk members. Coordination across the CCTs and local providers will be tied together through the HIE system described in A.6.

A.3.5.a Flow of Information: As the CCO, Columbia Pacific will be proactive in supporting information between providers, initially using telephonic outreach and its field-based CCTs. Additionally, Columbia Pacific is a key proponent of the State's Health Information Exchange (HIE) and will be proactive in implementing the HIE in its service area. Columbia Pacific will use its HIPAA-compliant patient registry to aggregate different pieces of patient information into a Care Plan to identify potential duplication of services and communicate with the various LTC

providers on the members' behalf. As a long-time OHP Mental Health managed care organization, Columbia Pacific has established relationships with mental health crisis services and community-based services. Columbia Pacific's pharmacy benefits manager (PBM) partner will analyze claims data, etc. to help prevent medication errors.

A.3.5.b Social and Support Services: Columbia Pacific will use its CCTs to develop partnerships by contacting and meeting face-to-face with providers of social and support services. Additionally, Columbia Pacific will utilize the experiences and expertise of the CAC and Clinical Advisory Panel (CAP) members. Furthermore, the Community Health Needs Assessment and Improvement Plan will identify crisis management services, community prevention and self-management programs and providers. As a current OHP Mental Health Managed Care Organization, GOBHI has most of these relationships established. Sections A.1.4 and A.1.5 detail how Columbia Pacific will develop agreements with local mental health authorities and community mental health programs.

The Columbia Pacific will use the State's Chronic Disease Self-Management Program (CDSMP) known as *Living Well with Chronic Conditions* (*Living Well*). *Living Well* is composed of three different evidence-based programs that are available in Oregon. *Living Well* is a six-week, peer-led workshop for people with one or more chronic conditions and their support people. *Tomando Control de su Salud* is the culturally adapted, Spanish language version of CDSMP. *Positive Self-Management Program* is a seven-week, peer-led workshop designed specifically for people living with HIV/AIDS and their support people.

A.3.5.c Columbia Pacific will provide a variety of tools to providers, including services such as:

- A written tool to assist in culturally and linguistically appropriate education for members about care coordination and the responsibilities of both providers and members in assuring effective communications. (Similar to materials that GOBHI and CareOregon currently provide.)
- A provider web site portal with information and links to educate members about care coordination with the ability to download and print various handouts for the member.
- The provider portal will include a comprehensive, indexed provider manual (in PDF format) to educate the provider about operations; care coordination; authorizations; service requirements; cultural/linguistic expectations; member-provider relationship building.
- Directory of recommended language options, including language line services.
- Columbia Pacific will develop a provider learning collaborative and this will be one module offered in the learning collaborative.
- Social media feeds for late breaking news, changes, opportunities and education.

A.3.5.d Chronic Care coordination begins with analyses of multiple data sets to identify the approximate 5-10 percent of members who drive a large portion of cost. Typical profiles include chronic diseases, multiple co-morbidities, co-morbid severe mental illness or substance abuse, and end of life issues. The analyses may include review of the source of cost; the risk

score ranking (Predictive Risk Report or PRR); admissions for Ambulatory Care Sensitive (ACS) conditions; unnecessary ER use; readmission rates; medication use; and multiple physicians.

One of the Columbia Pacific's primary goals is to reduce uncoordinated care among this population. Elements of uncoordinated care include non-emergent use of the Emergency Room; hospitalizations that are preventable through better primary care; hospital readmissions that are preventable through better discharge planning and follow-up care; polypharmacy, where members are taking many classes of drugs; medication possession ratios (MPR), a ratio that demonstrates the average amount of medication a person with an illness requiring continuous use over the course of a year possess where low MPRs are linked to increased service utilization; and clinical gaps, care that does not meet the HEDIS based guidelines.

Columbia Pacific will use a public domain tool used by the Oregon Health Plan (OHP), the Chronic Illness & Disability Payment System (CDPS) and Johns Hopkins Adjusted Clinical Groups system (ACG) to develop the PRR. These tools will be the method to identify members with multiple diagnoses but Columbia Pacific will implement a wide 'radar screen' to use information from a variety of sources including provider referrals, daily hospital census analysis, and self-referral message in written and website information. Because claims data may not always be available for a newly enrolled member or not be complete, Columbia Pacific will use other methods of identifying members who may be candidates for chronic care management. Columbia Pacific will provide the CCT care coordinator phone numbers and downloadable referral forms, on the Columbia Pacific website, for providers to refer a patient for chronic disease management. Either a phone call or completion of the form will initiate formal care coordination.

Once a PRR risk rating is calculated, members are assigned a percentile (percentage from 1 to 99) that ranks the member's risk relative to his or her peers. After this initial stratification, Columbia Pacific will coordinate with individual PCPCHs to verify a member's suitability for chronic care management. Where there is not a PCPCH, Columbia Pacific will attempt outreach to the member to do a Health Risk Assessment (or checklist in the pathways model) and obtain the member's consent to participate in care coordination. If need is indicated, a disease specific assessment will be scheduled to be completed telephonically or in person by the CCT.

The PRR, General Assessment, and disease-specific assessment (if indicated) are used to develop an individual Care Plan. The key to this process will be to identify *actionable* gaps in care; the most urgent and "impactable" needs are addressed first by the CCT and/or the PCPCH. Again, Columbia Pacific will use the AHRQ community care coordination "hub" and pathways model to develop processes to ensure members get timely connections to needed health and social services.

Columbia Pacific, through GOBHI, has already implemented a simple form of case spotting, in most of its counties, based on data provided on Columbia Pacific members who were covered under DMAP. Furthermore, CareOregon has a "hot spotting" team with experience and expertise in identifying high acuity members and coordinating services and supports for the complex needs of its members. Both efforts identify the needs of the member and what

services and supports will address the barriers in advancing their health goals. Additionally, these processes are person-centered and family-driven, and results in a plan with assigned accountabilities for all parties including the member and the member's family.

In at least 3 of the current Columbia Pacific counties, there are community response teams for high utilizing and high risk members. Under the leadership of the Columbia Pacific network of providers, these community groups will further engage in joint case staffing and treatment plan development.

A.3.5.e Where an SMI member needs non-LTC services, coordination of care for SMI members will be a primary role of the Columbia Pacific CCTs. CCTs will help coordinate the interface with clinics and or hospitals. CCTs will insure the LTC community is aware the CCT is a resource they can use.

A.3.5.f As noted at the beginning of A.3.5., Columbia Pacific will recruit, hire, and train CCTs staffed by an appropriate number of Columbia Pacific Care Coordinators, one Licensed Clinical Social Worker (LCSW) and at least six Non-Traditional Health Workers (NTHW). The NTHWs will consist of Community Health Workers (CHW), Peer Wellness Specialists (PWS), and Personal Health Navigators (PHN), who have completed Oregon's 80 hour certified curriculum. The CCTs will be based locally and may cover more than one county to optimize their impact and control costs.

In certain cases where there are a significant number of OHP members, hospitals and PCPCHs may hire (or have already hired) their own NTHW to cover other payer groups that need chronic care management. Through agreements, to be developed, those NTHW will be a virtual component of the Columbia Pacific CCT. The will have access to the patient management data system and be included in team communications and meetings.

To address the needs of those experiencing health disparities and inequities, Columbia Pacific will use data fields for gender, race, and ethnicity to develop clinical metrics and oversight reports that will help insure disparities are reduced and ultimately eliminated.

Assignment of responsibility and accountability:
Columbia Pacific will work with all providers, network and non-network, to determine if they will accept CCO members to ensure each member has a primary care provider and ultimately a PCPCH within 30 days after enrollment.

A.3.5.g Columbia Pacific will do an initial analysis to see how many members have primary care providers. This information can be self-reported by the member or a claims analysis will show if a member has had 3 claims within a 12 month period with the same provider. This analysis will be a proxy until better information is obtained from either the member or the provider. Where there is no definitive primary care provider or team, a Columbia Pacific CCT will be responsible for coordination of care and transitions. CCTs will be assigned geographically appropriate ZIP codes. Members will receive education materials that encourage the establishment of a PCP immediately upon attaining benefit eligibility. Furthermore, the CCT will stress the importance of and help assure connection to a PCP. Members will be assigned based on prior history with a

primary care provider, member preference, and provider availability in terms of capacity or geography. The PCP will also regularly receive a member roster – highlighting new members.

Normally the State will send updated eligibility files monthly and the enrollment clock will start around the end of the month upon receipt of this 'refresh' file. This will initiate the 30 day engagement process for the newly enrolled. Columbia Pacific will then have two processes for establishing appropriate levels of care: (1) For those who have been OHP members at least 90 days prior to their becoming Columbia Pacific members, we will use the Predictive Risk Report scores to prioritize the outreach phone calls and (possibly) e-mails to reach members and conduct an initial Health Risk Assessment (HRA). Columbia Pacific and OHA will agree upon a top 5-10 percent range of scores that will require outreach within 30 days. (2) Newly enrolled OHP members will be contacted by phone for an initial HRA within 30 days. Those who indicate a chronic disease diagnosis or state a specific need will be referred to the CCT for further contact within 30 days.

Columbia Pacific will develop protocols for Unable to Reach (UTR) members that will include mailings, contacts with pharmacies, and other efforts to connect with the member.

A.3.5.h Columbia Pacific is committed to ensuring culturally and linguistically appropriate services. Consequently, we will strive to have diverse bi-lingual and bi-cultural staff in addition to cultural competency trainings to its staff and members of its provider network. Furthermore, Columbia Pacific will employ bi-lingual bi-cultural Community Health Workers as needed, to be part of the CCT. Columbia Pacific will offer interpretation assistance free of charge to non-English speaking members. Access to qualified interpretation services shall be provided in person or by telephone in providers' offices. Columbia Pacific will require that communication preferences are documented in the medical records including documentation on accommodations made. Columbia Pacific will require that interpreters have required training and certification, are proficient in communicating in English and the primary language of the members, and able to interpret medical information effectively. Columbia Pacific will perform general and disease-specific health assessments (or checklists) to determine care coordination needs using Language Line interpreters where needed. Columbia Pacific will provide written communication or signing tools to assist hearing impaired and speech disabled patients free of charge. Members who are hearing impaired will have access to TTY.

Comprehensive transitional care:
A.3.5.i Columbia Pacific is committed to standardizing the admission and discharge transition process so that PCPs are notified at admission and coordination occurs throughout the member's stay and at discharge. At discharge, a standard discharge document will be sent to the member's PCP or other primary provider and if they do not have one, the hospital will notify the CCT.

Transitional care will be closely coordinated with Columbia Pacific's Community Care Teams. (See response to A.3.6.g.) The CCTs will insure clinical transitions are smooth and assist with connections to needed social and support services. Agreements and protocols will be

established to assure any facilities will be contacting the CCT to assure their involvement in creating consistency of care through the transition.

Columbia Pacific's comprehensive transitional care efforts will build upon CareOregon's existing work in this area and benefit from CareOregon's existing work with members during transitions of care from a hospital setting, inpatient rehab, skilled nursing facilities and emergency departments. Faxed notifications are provided for both planned and unplanned admissions to the inpatient setting to a member's assigned primary care provider (PCP) the same day as CareOregon is notified of the admission so the PCP can share the member's plan of care with the admitting facility for a safe transition. Notification of discharge is also faxed to the member's PCP. CareOregon Utilization Management staff identifies members at risk of adverse outcomes and refers them to the CareSupport case management program or other CareOregon clinical programs, including a disease management program. A daily hospital census includes information about member history of enrollment in CareSupport, and other clinical programs in order to assure awareness of the member's admission to the hospital.

CareOregon's Utilization Management and CareSupport programs refer members who have any of 21 diagnoses to our disease management vendor, Health Integrated (HI), as soon as the member is identified – either through utilization management activity or case management activity. HI works with CareOregon internal staff and the member to assure safe transitions across settings of care while the member is engaged in support. There is a monthly clinical coordination meeting in which specific members are discussed and the plan of care is updated. The outreach worker for HI attends Concurrent Review rounds on a routine basis, and also accompanies the CR RN in the hospital if the member is difficult to contact in the community. The outreach worker also meets routinely with CareSupport staff to discuss and coordinate cases across transitions for members. CareOregon also has two palliative care programs which could expand into the Columbia Pacific region.

CareOregon also has an active Concurrent Review (CR) program in all of the hospitals to which its members are admitted. The CR RN actively engages with hospital staff including hospitalists, discharge planners and social workers, as well as members and their representatives, to discuss the plan of care for the member, and to actively assure a safe transition to the next care setting. CR RNs utilize information and reports within the CareOregon system in this collaboration. CR in Skilled Nursing Facilities (SNF) also occurs. CareOregon's RNs are responsible for the timely flow of information for member stays in participating hospitals, and at times, in non-participating hospitals, and in skilled nursing facilities, palliative care programs, and inpatient rehab facilities.

The above existing infrastructure and programs will benefit Columbia Pacific members and help achieve the triple aim.

A.3.5.j members receiving LTC services will be coded as such in the CCO patient registry and Columbia Pacific will coordinate and communicate with Type B AAA/APD members and case managers when Columbia Pacific is facilitating the member's transitional care. Columbia Pacific's CCTs, in some cases, will be able to assist in person with transitions at local hospitals,

etc. These situations are a key time to meet with family members and/or caregivers and improve patient compliance with discharge instructions. Again the details provided in A.3.1.d. apply to this situation when members are in long term care facilities, also.

The Long Term Care project began as a joint venture with CareOregon, a large medical group, and Seniors and People with Disabilities (SPD). The project utilizes a Nurse Practitioner (NP) to perform home visits on chronically ill CareOregon members, living in their home or in an adult foster home, who need additional support to access care/treatment, or are having difficulty working within the regular medical system. The NP works directly with the member's Primary Care Providers (PCP) and SPD case managers. The focus is to improve the quality of health care services, coordinate chronic disease treatment, streamline access, avoid over use of the ER, assure safe transitions, and avoid unnecessary hospitalizations for these CareOregon members. Once the member is stabilized, the NP may release them back to the sole care of the PCP, or in some cases, follow the patient for a longer period of time. CareOregon works with the NP and PCP to discuss currently enrolled members and barriers they have to receiving care. CareOregon and the NP work together to assure that member needs are met while coordinating services and appropriate payments within the benefit structure.

Transitions work in concurrent review includes the CR RN working actively with discharge planners and CareSupport staff while the member is in the inpatient setting. The CR RN works to facilitate a safe and effective discharge plan. Work begins with CareSupport early in the member's hospital stay in order to proactively assist the member during the transition process. CareOregon has a CR RN that reviews all SNF stays. In addition to the review work for level of care, staff also visits the Skilled Nursing Facility (SNF) to participate in Care Conferences on specific members. Additionally, staff visits members and if available, their families to discuss transitions to other care settings.

Transition work continues after discharge with CareSupport and the Hot Spot program. CareSupport utilizes a daily census report from its electronic system which identifies members at admission and includes all inpatient, SNF, and Home Health admissions for the past year. Additionally, another report from the system is a tool to identify a member who has been discharged from the inpatient or SNF setting. The member is then followed for 30 days; staff works with the member on their plan of care, and document contact with the member and the member's family in the electronic system.

A.3.5.k The key mechanisms to track member transitions will be through the use of agreements and protocols to assure contact with the Columbia Pacific care coordinator and use of the patient registry. Embedded in the registry will be the individual care plan which will have reminders, goals and plans specific to each member. Family member contact info and case narrative info will allow the CCTs to monitor and intervene will all entities

Individual care plans:
A.3.5.l Columbia Pacific will develop individual care plans that are based on goals developed between the member, the primary care provider, potentially a mental health clinician, and the CCT Care Coordinator. Priority will go to those members with higher disease burden and

complexity as determined by risk scores and assessments. Workflows will be developed to assure members with the most urgent and "impactable" needs are given top priority. On a member-specific basis, the workflows assure that issues are addressed in a prioritized manner to identify treatment gaps of highest urgency.

A.3.5.m It is well established that a small group of members drives a large portion of the cost. To identify and stratify these members, Columbia Pacific will use a public domain tool used by the OHP, the Chronic Illness & Disability Payment System (CDPS) and John's Hopkin's Adjusted Clinical Groups (ACG) to calculate a risk adjustment score for the CCO population. OHP-provided encounter data and fee-for-service data will be combined and classified into the disease categories specified in the CDPS and/or ACG, using primary and secondary ICD9 codes on each claim. A predictive risk report provides measures of a patient's risk of high health care expenditures relative to other Medicaid patients. Risk measures are calculated for the following: ambulatory-sensitive conditions (diabetes, respiratory diseases, heart diseases, and gastric diseases); mental health and substance abuse care; functional status (limited activities of daily living); health care utilization (outpatient, ER, inpatient, and prescription drug use)

A.3.5.n Columbia Pacific CCTs will work with local Type B AAA and APD offices to develop protocols for sending information to Columbia Pacific to enter into the patient registry/EHR. Columbia Pacific will enter into Memorandums of Understanding to include HIPAA Business Associate Agreements with each LTC provider. Any agreed upon event will be reported to the local CCT for inclusion into the patient registry/EHR and for possible follow-up action.

A.3.5.o Columbia Pacific will build upon the strengths and experiences of CareOregon and GOBHI in serving high-needs members. CareOregon already has in place for its special needs plan a program for performing annual health risk assessment and producing individual patient-facing care plans that includes specific goals. We will build on that process for this CCO. For members identified at high risk, care coordinator will reassess the appropriateness of these care plans and services in conversation with the member, reaffirming that the goals and strategies are realistic and desired, or revise them as needed to meet the member's needs and circumstances. Those adjustments would take place at least semi-annually, if not quarterly or as soon as needed. Whenever possible, care plans and services will be developed, discussed, and revised in coordination with the member's PCP. Those members receiving services through the mental health system will receive reassessments and updated service plans consistent with the Individual Support and Services rule.

A.3.5.p Columbia Pacific will provide a secure web portal to provide access to the care plans, which will be part of the Health Information Exchange (HIE).

A.3.6. Care Integration

Mental Health and Chemical Dependency Services and Supports

A.3.6.a Columbia Pacific, through its affiliate, GOBHI, currently provides services in 3 of the 4 counties. Embedded in the 4 county catchment areas, Columbia Pacific provides services to members of diverse cultural and social backgrounds. Columbia Pacific currently has providers in each county that currently provides mental health, chemical dependency and recovery management services that are specific to that county's diverse population. Since 1995 Columbia Pacific had demonstrated the ability to successfully engage providers that meet a

wide variety of cultural, linguistically and socially diverse backgrounds of the members. Columbia Pacific has historically and continues to demonstrate the unique ability to provide local care that is specific to local needs. This allows members to truly have individualized and integrated care regardless of levels of symptom and condition severity, all of which are in compliance with Oregon State rules and regulations. Preparation for implementation will include orienting the Tillamook County provider to the Columbia Pacific systems and expectations. Training and support will be available as needed.

A.3.6.b Columbia Pacific currently partners with Chemical Dependency providers. Many of Columbia Pacific's current behavioral health organizations include chemical dependency services. Coordination exists as demonstrated by: prevention services (school and community based programs), outpatient services (Individual and family counseling, group counseling, transition housing, pain management, co-occurring treatment for dual diagnosis, wrap around services, drug free housing, etc.), residential, recovery services (person centered, family/ally involvement, comprehensive services across the lifespan, services anchored in the community, strengths-based, culturally responsive, peer recovery support, ongoing monitoring and outreach, outcome driven, adequate and flexible cost, etc.).

Columbia Pacific will continue member engagement in treatment and support services through connection with the CCTs. The individual is motivated by receiving: brief counseling, motivational interviewing, comprehensive physical and behavioral health screenings, stepped care, education, referral to self-help groups and/or appropriate level of care that is least restrictive, follow-up calls and individual driven treatment planning, etc. Columbia Pacific addresses limited social support systems, by providing an individual with a Community Care Team who works with everyone that the client has identified as a support to them or who meets identified needs (ex. various community providers, clergy, family, friends, professional providers, teachers, mentors, etc.).

A.3.6.c Columbia Pacific currently will further integrate care and services in its catchment areas by "identifying" members utilizing various modalities: encourage use of SBIRT, "hot spotting", ER and hospital referral, behavioral health referral, schools, Department of Human Services, community based organizations, and the various legal systems/entities. Columbia Pacific will further arrange and facilitate the provision and coordination of care by the Community Care Teams, which will include: care management, peer delivered services, home visits, family involvement, wrap around services, safe and drug free housing, employment/education support, child care, telemedicine, Skype, ICTS and Self Help. Columbia Pacific will coordinate care with other related health services through the Community Care Teams and LTC coordination is specifically addressed in A.3.1.d and A.3.5.i.

A.3.6.d Columbia Pacific will develop CCTs to cover all of its catchment area. These teams are based on the AHRQ care coordination hub and pathways model which is recognized as a national best practice. The teams provide an organized system of integration with mental health, chemical dependency and primary care services across all systems and at all levels of care. Even in those counties with small clinics who are struggling to become Patient Centered Primary Care Homes, the CCTs will be able to provide many of the enhanced features of care

normally associated with the care homes. Within the Columbia Pacific catchment areas, there are already strong partnerships with culturally diverse community based organizations exist, such as Tribal organizations, minority based organizations, faith-based initiatives, access to bilingual counselors and programming, and interpreters.

Oral Health

A.3.6.e Columbia Pacific acknowledges the great disparities that exist in oral disease prevalence and that the OHP population is often disproportionately burdened with oral disease. Further, access to preventive and routine dental care is a determinate of overall disease status.

Columbia Pacific will explore agreements with Dental Care Organizations (DCOs) no later than 2013 and evaluate the feasibility of developing contractual arrangements to serve the oral health needs of members prior to July, 2014.

The draft benchmarks and timeline include:

- ***July-September 2012: Include DCOs and dental providers (including school-based dental programs) in initial solicitation of health system transformation initiatives to fund to achieve the Triple Aim***
- ***October –December 2012: Invite DCOs to attend Columbia Pacific board meeting(s) to discuss integration opportunities and challenges***
- ***January-March 2013: CCO Board develops a plan for integration of dental***
- ***April 2013-July 2014: Selection process and contract amendment to include dental, with the actual implementation date to be determined by the CCO Board. Any dental outcome measures and reporting will be determined jointly by the participating dental providers, the governing board, and the CAP.***

A.3.6.f. Access to preventive and routine dental care is a major determinant of overall disease status, especially for children. Columbia Pacific will work with the participating DCOs to develop a process for better coordination of care with dental providers prior to full DCO integration. At a minimum, dental needs will be a focus of the community needs assessment, and we will look at funding projects prior to DCO integration that align with overall CCO outcome goals. Finally, we hope to include a dental provider on our governing body and CAP to help determine the best way to integrate services and best facilitate referrals in the short-term.

A.3.6.g Utilization and Payment

Hospital and specialty services utilization patterns

The majority of primary care will be provided by existing health care providers in the community under contract with Columbia Pacific. Each of these providers will be (or will have committed to becoming) at least a Tier 1 PCPCH. Consequently, these providers will have established systems for referral to both hospitals and specialists. At least in the first year of CCO implementation, Columbia Pacific does not see any significant changes being made to these patterns of care provision. In those cases where primary care will be provided by a mental health center that has been transformed into a PCPCH, Columbia Pacific will assist the

center in working with local health care providers to establish patterns of hospital and specialist referral that is consistent with the community standard.

Hospital and specialty services payment

At least in the first year of CCO implementation, Columbia Pacific does not foresee a significant change to payment mechanisms. The majority of hospitals in Columbia Pacific's service area will continue to receive cost-based reimbursement as prescribed by federal and state law. Because of the special status of these hospitals, it is possible that this payment schedule will continue to exist over time. The other hospitals in the Columbia Pacific service area, and any hospital outside of the service area to which a Columbia Pacific patient is admitted, will continue to receive reimbursement consistent with existing payment contracts or formulas. Similarly with specialists both within and without the Columbia Pacific service area, payment for services rendered will be made following existing methods used by existing primary care providers.

Potential for future change One role of Columbia Pacific's Clinical Advisory Committee (CAP) is to share best practices across the system. During the first year of CCO operations, the CAP will review service utilization information regarding both hospital and specialist referral, and will solicit input on effective referral systems from across its provider pool. Based on this information, the CAP will make recommendations to the governing members and Columbia Pacific administration on potential changes to referral systems. If adopted, Columbia Pacific will attempt to make these changes operational by restructuring contracts or MOUs with the appropriate entities. Potential changes include: capitated payment for some or all of the services provided by highly-utilized hospitals and specialists; pooled transportation services to high-use services; and pooled contracts for multi-specialist clinics.

Improved Care and Cost Reductions through Coordinated Care

PCPCH improvements

Because reimbursement mechanisms for hospitals and specialists are expected to remain unchanged for at least the first year of CCO operations, payment reform will not have a significant impact over the short term. However, there should be some cost reduction seen from the decreased number of hospital admissions and emergency department visits due to the improved care received in PCPCH's. Furthermore, all Columbia Pacific PCPCH's will have agreements in place with regularly used hospitals and specialists so that medical records and other pertinent information is shared with the hospital or specialist at the time of referral (or within one business day after an emergency referral). This too will both improve the quality of care and lead to reduced costs from fewer repeat tests and procedures being performed.

Coordinated care in the service area

Columbia Pacific CCTs will also play a significant role in improving care and reducing costs. CCT information will be included in the materials sent to hospitals and specialists. More importantly, CCTs will play a key role in transitions and coordinated follow-up care. Each hospital will agree to send a daily admission census via secure FAX listing any Columbia Pacific patient admitted so that every Columbia Pacific patient hospitalized in the Columbia Pacific service area hospital will be monitored by a CCT member, including at least one in-hospital visit for a patient hospitalized for more than 2 days. This CCT member will work with hospital staff

on discharge planning to ensure a smooth transition – either to home or to another facility. The discharge plan will also include detailed follow-up care instructions which will be coordinated by the CCT. While not every individual referred to a specialist will receive additional, individualized services, "hot spotting" for members receiving substantial amounts of specialist care will be identified and provided additional care coordination services. This is also discussed in Section A.3.5.d of this Questionnaire. The concept is not simply to reduce cost due to specialist care but instead is: to promote the components of the individualized health care plan that keep the individual healthy and thus avoid addition services; and to ensure that services that can be provided in the PCPCH are utilized whenever possible rather than having them provided in a higher cost specialty center.

Out-of-service support from a nurse coordinator and physician facilitator

There are some services that an individual Columbia Pacific member may need that are simply outside of the services available within Columbia Pacific's primary care system or even within Columbia Pacific's regular referral network. Some Columbia Pacific individuals will require secondary and/or tertiary care that is only available in a highly populated area. Columbia Pacific will benefit from CareOregon's extensive provider network throughout Oregon for members to receive specialty and tertiary care services.

During its first year of operation, Columbia Pacific will analyze the number of members being hospitalized and seen by specialists in these areas. Where heavy enough utilization warrants it, Columbia Pacific may contract with a nurse coordinator (and/or physician facilitator) to assist in the coordination of care. This out-of-service-area nurse coordinator will be informed of every Columbia Pacific member admitted to a metropolitan area hospital. This nurse coordinator would then make in-hospital visits as needed, and work with hospital staff on discharge planning. In addition to ensuring a smooth transition and coordinated follow-up care, the nurse would facilitate early discharge to local hospitals (inside Columbia Pacific's service area) whenever possible to promote both local delivery of care and improved connections with family, friends and other community resources. This nurse coordinator will be informed of all Columbia Pacific members who have been "hot spotted" for receiving substantial amounts of specialty care and will work with those specialists providing the care to ensure that: an individualized care plan is transmitted to the PCPCH responsible for the member; all relevant information is communicated between the specialist and PCPCH; and that the member is released to PCPCH care as soon as his or her condition is stabilized.

Emergency medical services

Emergency Medical Services (EMS) is a specialty service that requires further discussions because of Columbia Pacific's vision for its role in the CCO. During the initial year of CCO operations, Columbia Pacific will utilize and reimburse for basic ambulance and medical transport services similarly to other specialty services described above. In the future, however, Columbia Pacific plans to use Emergency Medical Technicians (EMT) and EMS agencies to the greatest extent their time and scope of practice allow. In some communities EMTs may get

trained as patient navigators or community health workers and actually become a member of CCTs (at least virtually), while in others they may be used in such special projects as immunization clinics, providing health status monitoring for the homebound, or community-based interventions such as injury prevention. When special arrangements such as these are made, contracts between Columbia Pacific and EMS agencies will reflect this scope of work and may be reflected in a payment mechanism that prospectively pays for both anticipated medical transportation (emergency and non-emergency) and expanded health-related services.

A.3.7. DHS Medicaid-funded Long Term Care Services
As described in A.3.5.j-k, , CareOregon has a Long Term Care project which began as a joint venture with CareOregon, a large contracted medical group and Seniors and People with Disabilities (SPD). The project utilizes a Nurse Practitioner (NP) to perform home visits on chronically ill CareOregon members, living in their home or in an adult foster home, who need additional support to access care/treatment, or are having difficulty working within the regular medical system. The NP works directly with the member's Primary Care Providers (PCP) and SPD case managers. The focus is to improve the quality of health care services, coordinate chronic disease treatment, streamline access, avoid over use of the ER, assure safe transitions, and avoid unnecessary hospitalizations for these CareOregon members. Once the member is stabilized, the NP may release them back to the sole care of the PCP, or in some cases, follow the patient for a longer period of time. CareOregon staff works with the NP and PCP to discuss currently enrolled members and barriers they have to receiving care. CareOregon and the NP work together to assure that member needs are met while coordinating services and appropriate payments within the benefit structure.

A.3.8. Utilization management
A.3.8.a CareOregon makes utilization management decisions considering members unique needs and diversity. As described above, CareOregon has established a program that creates collaboration between SPD, member PCP, and CareOregon for member enrolled in LTC services. This effort will be expanded to the Columbia Pacific area. Furthermore, this model will be adapted for members with special health care needs – including the ENCC populations – with intellectual disability and developmental disability, serious mental illness, and serious emotional disturbance.

CareOregon maintains a no-authorization required list for ambulatory services so access is not a barrier to our members. This list can be found at www.careoregon.org. CareOregon requires notification of acute admission and works closely with members, member's family and providers in order to assure a safe transition, and avoid readmission. CareOregon monitors and analyzes utilization data on an ongoing basis in order to identify potential or actual incidents of over /under utilization. Thresholds are determined for each of the selected areas. If trends/patterns are recognized necessary steps are taken to investigate and address these variances. Behavioral Health is included in the monitoring process which is performed at least annually. Data is selected from HEDIS measures relevant to the Medicare/Medicaid population.

Section 4 - Health Equity and Eliminating Health Disparities

A.4.1 Columbia Pacific recognizes "Culture Counts" and is committed to imbuing culturally respectful and responsive practices in all aspects of health delivery. We believe culturally competent services are the foundation of effective care that results in positive outcomes that is valued by the individual, their family and their community. Both GOBHI and CareOregon have a history of detailed attention to health equity and cultural competency. CareOregon promotes care that includes the pillars from IHI which include the following:

- Safe
- Effective
- Efficient
- Patient Centered (culturally appropriate and linguistically sensitive)
- Timely
- Equitable

These elements are the foundation to the CareOregon Provider Manual. It is imperative that members with complex medical or social issues as well as those individuals who need additional support in understanding health care issues as a result of language or literacy barriers have their needs addressed.

CareOregon has developed a "Diversity Team" which was created to ensure that culturally appropriate communication is embedded in all aspects of our delivery systems to providers and members.

GOBHI's cultural competency policy is to promote the delivery of services and the provision of information to Columbia Pacific members in a manner that is responsive to and respectful of the individual attitudes, beliefs, customs and practices of the various cultural and ethnic groups we serve. During the past two years, GOBHI's Community Mental Health Programs have all been involved in implementing same day access to services and concurrent documentation with the consumer. These have been implemented within the context of preventing disparities and inequities through easier access and increased consumer involvement in their care.

Columbia Pacific will benefit from the above described commitment to health equity and eliminating disparities. It will offer culturally and linguistically proficient services and information to members in a manner that is consistent with the policy below to enhance the possibility of achieving positive clinical outcomes and eliminate health disparities. This will be achieved by the following:

Staff Training

1) Columbia Pacific will develop and provide a training that covers basic concepts in culture competency and health disparities, and increased awareness and sensitivity of issues facing persons of culture in rural Oregon. This includes impact of intended or unintended bias in community life and health care, isolation, socio-economic or political issues.

2) Trainings on specific cultural communities (based on the first two highest "minority" populations reflected in data) in the provider's geographic region, including cultural framework for health, disease, help seeking behaviors, crisis, risk factors specific to population, restorative practices (interventions) such as use of herbs, traditional healers, role of family, etc.

Training is intended to result in providers creating a comfortable environment to encourage respectful discussion of traditional and cultural health values, practices, identify barriers, etc. and making appropriate adaptations of clinical service delivery to assure culturally appropriate care.

Use of Specialized Resources: Cultural Brokers and Cultural Consultants

- Columbia Pacific will assure cultural broker training to CHWs, Patient Navigators, and Peer Support Specialists. Cultural brokers serve as liaisons and partners with the providers on a member's specific cultural needs in health care and to help articulate health concepts in culturally relevant way to the member. They are recognized in the community and to the individual and family as trust worthy because of their cultural and linguistic skills, knowledge and familiarity in the community for resources and referrals.

- Columbia Pacific will maintain a list of qualified cultural consultants (professionals with cultural knowledge and skills) for use in instances w/ significant risk when there is clear or suspected cultural factors.

- Columbia Pacific will also develop contracts with culturally specific providers for referrals when health and risk factors indicate this is appropriate and needed.

- Documentation will reflect responses and adaptations to clients' cultural needs.

- Columbia Pacific understands that many evidence based practices are initially "tried out" in white communities and evidence-based practices may need to be adapted, or approached differently, so that they are effective, valued by non-mainstream communities, and to produce positive outcomes.

- Encourage and support the development of ethnic and cultural diversity on provider teams to provide natural learning opportunities for team members and brings skills and competencies to services and care.

- Encourage and support hiring practices that value qualified candidates who have linguistic and cultural knowledge and practices in their skills and professional care.

Outreach and Feedback

- Columbia Pacific will reach out to underserved communities in a non-traditional manner for inclusion in Community Health Assessment and Action Plan. Additional focus groups will be used to provide feedback on concerns and to help problem solve disparities.

- Leaders in underserved communities will be recruited to serve on governance structures.

Strategies to ensure communication in languages other than English

- Clients' language preference/needs will be included in clinical documentation.

- Clients' cultural framework and preferences noted in action or care plan.

- There will be increased sensitivity to include family members in the decision process with the consent of the identified member.

- Signage in multiple languages, and consent forms.

- Welcoming anti-bias or "inclusion" statement displayed in waiting areas.

- Columbia Pacific policy will direct the use of qualified interpreters if a bilingual provider or health care team member is not available. Health care providers will be trained in use of interpreters.

- The grievance and complaint processes will be adapted or altered as appropriate for persons of cultures and available in the person's language of choice. Complaints will be reviewed for concerns related to culture or linguistics.

Learning and Improving Together

Providers will be encouraged and supported in their development of policies, procedures and strategies that address needs of the community members of non-mainstream cultures. Through sharing of information and data analysis, effective practices for communities of culture in rural Oregon. It is hoped that by providing data and expert technical support, the PCPCH will evolve community focused strategies for implementation.

A.4.2 Conducting a population analysis annually provides us with the building blocks for understanding our members. The Quality Improvement process ensures our focus on the IHI care pillars noted above. CareOregon has the ability to analyze data for health care disparities which can include a review by eligibility category, gender, age group as well as race/ethnicity and languages. Outcome data (HEDIS) is reviewed for variations of practice on a provider level. Information is shared currently on an annual basis with the plan to increase the report sharing to quarterly.

CareOregon's QI Program is created as a way to not only improve outcomes but also as a mechanism to identify opportunities for improvement. Currently CareOregon utilizes a software program "CareAnalyzer" which provides the ability to track and report on quality measures. CareAnalyzer is updated monthly which allows reports to be generated for a variety of HEDIS measures including ones that involve mental health and substance abuse.

Columbia Pacific will conduct surveys of both physical and behavioral health providers as a way to understand the needs of both; focusing on communication and information sharing.

In order to ensure continuity and coordination of care of members between medical and behavioral health, CareOregon implemented QIC, evidence based guidelines for substance abuse screening. These are available for providers through the CareOregon website. Similar information will be provided on the Columbia Pacific website. Claims data will be used as a way to assess the frequency of this screening in the primary care clinics. Provider training in the use of the screening tools has been made available to the primary care clinics as a way to support the process

As stated in the Community Health Assessment and Improvement section, given Columbia Pacific's commitment to reducing health disparities, at least one of the interventions in the draft CHAP will include a specific focus on improving a health issue for a sub-population experiencing a disproportionately poor health status indicator.

Section 5 - Payment Methodologies that Support the Triple Aim

A.5.1 Supporting the Triple-Aim.
The health care reform passed by the Oregon Legislature contains provisions to implement new payment systems that link payment to better health care outcomes, greater value, and improved patient experiences. By aligning payment models across community (public and private) systems, spending can be addressed to make the health care system more affordable. In addition, without aligned payment systems, doctors, mental health providers, clinics, and hospitals are likely to continue to receive payments that are largely "value-blind" and to face a dizzying array of conflicting incentives, inconsistent reporting requirements, and disjointed administrative demands.

In an effort to go beyond "fixing" fee-for-service payments, the proposed legislation includes alternative models that would link payments more directly to quality and outcomes. These models include bundled payments to cover the range of services related to a defined medical condition; global fees to cover the entire cost of care (regardless of the setting) over an extended period for a person with a condition such as cancer; extra payments for patient-centered primary care delivered through medical homes (i.e., Patient Centered Primary Care Homes); and the rewarding achievement of desired performances in caring for a defined population.

Reform proposals describe these new payment models in broad strokes that when fully implemented, they can support the Triple AIM and have the intended consequences —

promoting more-affordable, better-quality care with better health outcomes. And, such new (or relatively new) payment models have been employed in pilot studies where relative strengths and weaknesses have been identified so that adjustments can be made with the intent to capitalize on the strengths.

Though we will not implement major payment changes prior to local engagement and guidance, we will build on existing programs and payment methods already in place, such as: CareOregon currently complies with the state requirement to use DRG and APC payment methodology with hospitals. In addition, the payment also includes incentives for member experience (hospital CAHPS scores) and member outcomes (Oregon Patient Safety Commission reporting), as well as project-based funding through its CSSI program to encourage provider connectivity and sharing of electronic health record data.

CareOregon's primary care payment model is one that has several components: (1) fee for service, (2) CSSI project-based funding to improve health outcomes and engage in PCPCH development, (3) an incentive plan that has several elements related to member experience and health outcomes (similar to a Basic Pay for Performance Model). The primary care incentive payment will be based on the PCPCH criteria to ensure that clinics are not duplicating efforts and focus on patient care and not plan reporting.

Columbia Pacific will benefit from the above described experiences and "lessons learned" and convene impacted stakeholders from its catchment area to explore alternative payment methodology options and strategies. The existing payment models will continue to be utilized until local engagement is solicited to determine what and how to implement the following alternative payment methodologies:

- The Direct Primary Care Model with an unlimited primary care package of services arranged through a clinic system which pays the provider a flat monthly fee for that package of care.

- The Pay for Coordination Model is single risk adjusted payment for the full ranges of services. It can be specific care coordination services, usually to certain types of providers (health home providers)

- The Episode (or Bundled Payments) Model occurs at the chronic care condition or episode of care level.

- The Comprehensive / Total Cost Care Payment Model involves providing a single risk-adjusted payment for the full range of health care services needed by a specified group of people for a fixed period of time.

- Any possible updates to the existing Basic Pay for Performance (P4P) Model is a payment or financial incentive (e.g., a bonus) associated with achieving defined and

measurable goals related to care processes and outcomes, patient experience, resource use, and other factors.

In the Healthcare Transformation effort, the recognition of the need to improve payments is certainly the launching point for an integrated approach to payment reform. Columbia Pacific's approach seeks to 'harmonize' payment methodologies to providers and incent services that promote the triple aim. We believe that this harmonization will require several steps that build on the revision of fee-for-service payments.

First, Columbia Pacific will assess how the adoption of new payment models, affects the cost and quality of care for patients within the current payment structure. The implementation will occur gradually as Columbia Pacific works with providers to design processes and data analytics to operate and analyze for efficiency, effectiveness, and adjustment where needed to meet unique needs of local providers.

Second, Columbia Pacific will establish monitoring systems and processes for regular assessment that the payment structure meets the needs of the Triple AIM, that payments are not 'value blind', and that they incent best practices promoting more affordable, better quality care.

Third, Columbia Pacific will work with the other providers to facilitate the collection, sharing, and public reporting of information (using enabling systems—HIT, EHR, HIE, etc.) on the quality, efficiency, and utilization of care. Rewarding higher-quality and more-affordable care requires far better information on quality and costs to permit comparisons among regions, types of services, providers, and payers; the results of such comparisons could then inform payment design and innovation. Payment model designs will include mechanisms to reward for performance.

And, Columbia Pacific will establish/work with local advisory groups to develop processes to determine best practices policies to pursue and how best to implement those policies to align, 'harmonize' incentives for patients and providers. This advisory process should include those knowledgeable in delivery and payment reform, providers, patients, other representatives of consumers and providers, and state and regional stakeholders, so that a wide range of perspectives can inform the CCO for coordination with implementation strategies and ongoing payment-data-analysis operations.

By aligning incentives for improved outcomes, high value, coordinated care, effectiveness feedback, these steps would ensure that the important changes being proposed would have positive system-wide effects. Without such harmonization, uncoordinated payment reforms run the risk of creating a confusing hodgepodge of requirements, incentives, penalties, and rewards for providers and patients alike.

Conversely, with providers, payers (CCO), local stakeholders working together, anticipated achievements — a health care system redesigned to provide patient-centered care focused on outcomes, value, and efficiency—becomes very doable.

Section 6 - Health Information Technology

A.6.1.a Columbia Pacific's founders will offer secure their Health Information Technology (HIT) capabilities and Information Technology Service Management (ITSM) capabilities to meet the needs of the CCO. This approach strengthens not only the technical infrastructure and capability but the business and organizational capability of the CCO.

GOBHI's current HIT capabilities are:

- Network infrastructure for providers
- Secure email services for employees and providers
- In-house developed claims management system
- File and print services
- Accounting system and software
- Video conferencing capabilities

CareOregon currently houses application systems that efficiently maintain and process member enrollment, provider configuration, customer service call tracking, contracts, plan benefits, case management, claims adjudication, and utilization management, including web-based tools that support provider practices and have the capacity to be expanded to include personal health records, EHR and medical home functionality. The current web functionality includes capability to send and receive secure communications between the plan and providers.

GOBHI and CareOregon are in dialog about how to combine and utilize the best of each system for the new Columbia Pacific. Within this context, GOBHI will upgrade its HIT capabilities in a sensible and sustainable manner and will create only the appropriate level of redundancy in relation to CareOregon, for the support of Columbia Pacific. Services will be outsourced wherever it makes sense so that resources are not burdened with technology issues and can focus on the core competency of the business; ensuring quality care to members. Any and all outsourced services will be subject to Supplier Management and Service Level Management as part of ITIL[1] best practices. Service Level Agreements (SLA's) and contracts will be in place for all suppliers. Supplier performance will be reviewed periodically to ensure contract commitments are fulfilled and that there is real and improving value for the money paid for IT contract services.

Columbia Pacific will leverage the Direct-enabled Health Information Service Provider (HISP) services of Gorge Health Connect, Inc. (See section A.6.1.c for more details). Claims processing

[1] Information Technology Information Library. A set of Best Practices guiding IT Service Management. ITIL is owned by the OGC and consists of a series of publications giving guidance on providing Quality IT Services, and on Processes and facilities needed to support them.

and services will utilize existing Care Oregon and/or GOBHI systems. Information Services may include:

- An electronic mailbox with the State of Oregon
- Collection and compilation of encounter data
- Security of data through backup procedures and backup preparedness
- Monthly management reports
- Collaboration with members to problem-solve barriers to the timely and accurate gathering of encounter data
- Provide education to staff, members, and providers on billing and encounter data processes
- Guarantees that data submitted on behalf of members achieves encounter data accuracy levels of 99% and also meets all other regulatory standards
- Provide data extracts from the production database with regards to membership, authorizations, and claims data
- Provide web-based data analysis tools
- Provide customer call center web tools
- Support for letters and notices to providers as part of the authorization process
- Support for rate setting data analysis and contract negotiation with the state

GOBHI currently maintains and funds high speed, secure network connections through OHN and plans to increase speed and security in the following communities: Arlington, Astoria, Baker City, Boardman, Burns, Canyonville, Christmas Valley, Clatskanie, Condon, Drain, Enterprise, Fossil, Heppner, Hermiston, Hood River, John Day, La Grande, Lakeview, Milton Freewater, Ontario, Pendleton, Reedsport, Roseburg, Scappoose, Seaside, St. Helens, The Dalles, Umatilla, and Vernonia.

Currently CareOregon maintains, and on behalf of Columbia Pacific, will continue to maintain, data systems and a data warehouse populated with claims, member enrollment, providers, pharmacy claims, lab results, ALERT data, etc. used for a variety of analytic purposes. Those purposes include financial, contractual, program evaluation, hot spotting, clinic, and whole system analysis. See section A.6.1.c for information on patient engagement HIT.

Columbia Pacific will adopt sound ITSM practices and assure necessary organizational IT capabilities. The processes listed below will be developed based on the international ISO/IEC 20000[2] Standard and ITIL best practices. These processes will be continuously improved upon. Areas that will be initially addressed and adopted are:

- Incident Management
- Problem Management
- Change Management

[2] ISO specification and Code of Practice for IT Service Management. ISO/IEC 20000 is aligned with ITIL Best Practice.

- Supplier Management
- Service Level Management
- Continual Service Improvement

Furthermore, Columbia Pacific IT systems will include services such as:

- Intrusion detection capabilities that detect and stop inappropriate or malicious use of network resources such as a denial of service attack
- Disaster recovery plan to ensure business continuity in the event of a disaster (fire, flood, etc.)
- Readily available backup resources (hot swap) capabilities for non-disaster related outages such as hardware failure
- Technical support services for Columbia Pacific providers which include but are not limited to:
  - Help/Service desk (with automated tracking system)
  - Storage for backing up local provider data over the network
  - Local hardware/software installation and training
  - Consultation and encouragement for providers to adopt HIT practices and standards
- Data analysis capability through local data warehousing. This capability would 'marry' disparate streams of data (i.e. claims data, clinical data) for the purpose of analyzing and improving the quality of health care delivery. (See section A.6.1.c for more detailed information).

A.6.1.b There are three components to health IT infrastructure for the Columbia Pacific: electronic health records, health information exchange, and data management and analysis tools. Through their affiliate, CareOregon, Columbia Pacific will be actively involved in the provider community through the Primary Care Renewal program which actively supports and encourages use of EHRs. Columbia Pacific will promote adoption of EHRs within its network and coordinate these efforts with the Regional Extension Center (REC) for Oregon O-HITEC and Gorge Health Connect, Inc. The purpose of O-HITEC is to furnish assistance, defined as education, outreach, and technical assistance, to help providers in Oregon select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care. Ensuring alignment of efforts with O-HITEC will be a key enabler of success for Columbia Pacific network providers to adopt and achieve meaningful use of EHRs. There are also providers within the network that are not eligible professionals under the EHR Incentive Program, such as mental health providers, who will need additional assistance to implement EHR technology. The Columbia Pacific will facilitate a glide path towards adoption that will meet these rural providers where they are while assisting in selecting and implementing appropriate technologies. We have a regular provider survey and verification process that can be enhanced to include gathering information on EHR status, and enable appropriate follow-up. As mentioned above, our current web functionality can be enhanced to include a certified EHR that can be made available to providers.

A.6.1.c GOBHI, in cooperation with CareOregon, will concentrate efforts and provide the necessary technology infrastructure to facilitate meaningful use and HIE. Columbia Pacific intends to leverage infrastructure investment in its catchment area, and as necessary, facilitate Health Information Exchange efforts, to assure coordination of care by all eligible providers.

Columbia Pacific, through CareOregon, will have a regular provider survey and information verification process that can be enhanced to include gathering information on meaningful use and HIE status, thus enabling appropriate follow-up to assist providers with accessing these network tools.

Health Information Exchange capability may be provided by Gorge Health Connect for all Columbia Pacific providers. On an as needed basis, through GOBHI, Columbia Pacific will leverage the Direct-enabled Health Information Service Provider (HISP) services of Gorge Health Connect, Inc. (GHC), an existing Health Information Organization (HIO) with the ability for providers on any EHR system (or with no EHR system) to be able to share electronic information with any other provider within the network using secure messaging developed under the Direct Project. GHC was deeply involved in the development of the Direct Project and one of the first Direct Project pilots in the nation. GHC worked very closely with the state to create strategic and operational plans for statewide health information exchange (HIE) and is well aligned with the phased approach the state is taking for HIE implementation. The HIE will allow the Columbia Pacific to identify those patients for whom they are accountable; possess master patient indexes that link a patient's medical record numbers among providers; provide registry capabilities to track the care provided to members; and assess the degree to which the its providers are appropriately managing cohorts of members.
GHC will enable the Columbia Pacific to facilitate electronic health information exchange in a way that allows all providers to exchange patients' health information with any other provider in the Columbia Pacific. In order to identify high-risk and high-cost patients who demand greater care and more focused care resources, the aggregation of data at a community level will be required. As the level of EHR interoperability and HIE increases, the data repositories of the Columbia Pacific will expand to include data generated by multiple provider entities. The Columbia Pacific will use a HIE infrastructure provided by GHC which will enable the identification of patient populations and individuals in need of intervention based on current and historical health information in order to report on quality measures that support shared savings. GHC will provide secure messaging acting as the HISP for certificate management.

Integrating behavioral health into the GHC infrastructure will be an important step to improving health and lowering costs. Although behavioral health is a critical component of a person's overall health, mental health and substance use treatment information is currently not integrated with physical health information. This creates significant gaps in health records, potentially leading to fragmented, lower quality care. Being able to access and share complete patient health information, including both behavioral and physical health records (and eventually oral health) across clinical practice areas, enables the creation of a longitudinal and comprehensive patient record, which will be valuable in providing a complete picture of an individual's overall health and effective and efficient treatment.

Appendix B – Provider Participation and Operations Questionnaire
Columbia Pacific Coordinated Care Organization, LLC
June 11 Resubmission – Additional Information Highlighted in Red

Section 1 – Service Area Capacity

Service Area Description	Zip Code(s)	Maximum Number of Members-Capacity Level
Clatsop County	All zip codes in Clatsop County.	Columbia Pacific CCO desires to have no limit on member capacity.
Columbia County	All zip codes in Columbia County.	Columbia Pacific CCO desires to have no limit on member capacity.
Coos County	97449	Columbia Pacific CCO desires to have no limit on member capacity.
Douglas County	97436, 97441, 97467, 97473	Columbia Pacific CCO desires to have no limit on member capacity.
Tillamook County	All zip codes in Tillamook County.	Columbia Pacific CCO desires to have no limit on member capacity.

Section 2 - Standards Related to Provider Participation

Standard #1 - Provision of Coordinated Care Services – *See attached list. Columbia Pacific, through CareOregon and GOBHI, has a comprehensive and integrated networks of physical and behavioral providers to serve our Medicaid CCO members. We will build upon CareOregon and GOBHI participating provider lists, including arrangements with local public health, long term care, and other providers to ensure that services are coordinated across the system of care even when they are outside the CCO global budget. Columbia Pacific is also exploring how to best utilize, train, and support Community Health Workers. We will work with OHA, CAC, CAP, and others to develop an effective strategy.*

Standard #2 – Providers for Members with Special Health Care Needs
In addition to accessing the expertise of the providers and specialist listed in TABLE B-1, Columbia Pacific will build upon CareOregon's care management work to engage members in ongoing care coordination, specifically those members with multiple chronic conditions and special healthcare needs. "CareSupport" uses a behavioral interviewing model that is patient-centered and identifies potential for improvement and engagement by the member. Additionally, CareSupport uses a care management vendor, Health Integrated, for members with diabetes or depression.

Furthermore, Columbia Pacific, through its behavioral health partner, GOBHI, will build upon its current community based treatment services to all children, adolescents, and their families, who qualify for intensive community-based treatment and support services, in collaboration with CCO providers. Columbia Pacific will assist with member tracking; placement determination; needs and resource identification; individual services and supports planning; and the facilitation of safe transitions to lower levels of care. Currently, GOBHI Community Mental Health Providers (CMHPs)

offer a full range of services to members with special health care needs, which are coordinated by trained Family Care Coordinators (FCC's), including special services such as long term out-of-home placements, as required and needed. Columbia Pacific will work with its providers, to focus on utilizing "family finding" services for children receiving Intensive Service Array, ISA, and at risk of becoming Child Welfare charges. ISA is a range of service components that are coordinated, comprehensive, culturally competent, and family-focused and child centered, and include intensive and individualized home, community, and facility based services for children and adolescents with severe mental or emotional disorders. Care is integrated in a way that ensures that youth and adolescents are served in the most natural, least restrictive environment possible. This is sometimes referred to as "wraparound". In addition to individual services, families will be provided a significant level of support services, including family psycho-educational groups and occupational therapy.

Columbia Pacific will work closely with its CMHPs and others to ensure a focus on early identification of attachment and attunement between parents and their infants. Services will include trainings in child-parent psychotherapy, parent-child interaction therapy, and Neuro-sequential Model of Therapeutics for "first responders" (pediatricians, PCP's, nurse practitioners and mental health clinicians). Columbia Pacific CMHPs and others also will participate in the EASA Program (Early Assessment and Support Alliance). EASA provides prompt screening services and, when appropriate, the individual is connected with the EASA team for ongoing service delivery. EASA programs also provide community education and outreach, and worked to build strong relationships with community partners.

Standard #3 – Publicly funded public health and community mental health services

3a. Publicly funded services from each county have been involved in the development of this application. Columbia Pacific's local public health, mental health, community health centers and rural health clinics will be invited and involved in the CCO's governance structure, Community Advisory Councils, and Clinical Advisory Panel.
3b. Through Affiliate CareOregon, Columbia Pacific has current contracts (see Table) or will contract with public health departments, all Type A and B hospitals within the proposed service area, as well as all Federally Qualified Health Centers. GOBHI also has contractual arrangements with local county mental health agencies.
3c. Columbia Pacific anticipates no issues to obtain contracts with all local publicly-funded organizations within our service area.

Publicly Funded Health Care and Service Programs Table
Columbia Pacific included the following definition, provided by the Oregon Office of Rural Health, for determining inclusion in this table:

Key: CMHP = Community Mental Health Program (under a county mental health authority)
PH = Public Health
RHC/District = Rural Health Clinic funded through a health district
FQHC/District = Federally Qualified Health Center funded through a health district
Hospital/District = District funded hospital
SBHC = School Based Health Center funded through public health and schools

Name of publicly funded program	Type of public program	County in which program provides service	Specialty/Sub-Specialty Codes
Clatsop Behavioral Health	CMHP	Clatsop	To be determined
Clatsop County Public Health	PH	Clatsop	To be determined
Providence Seaside Hospital (partially district funded)	Hospital (District)	Clatsop	To be determined
Columbia Community Mental Health	CMHP	Columbia	To be determined
Columbia County Public Health Authority	PH	Columbia	To be determined
SBHC c/o The Public Health Foundation of Columbia Co	SBHC	Columbia	To be determined
Douglas County Mental Health	CMHP	Douglas	To be determined
Douglas County Health and Social Services	PH	Douglas	To be determined
Lower Umpqua Hospital	Hospital (District)	Douglas	To be determined
Tillamook Family Counseling Center	CMHP	Tillamook	To be determined
Tillamook Public Health	FQHC	Tillamook	To be determined
Tillamook Public Health	FQHC	Tillamook	To be determined
Tillamook Public Health	FQHC	Tillamook	To be determined

Public Health

Columbia Pacific will contract with each of the local health departments in the counties it serves. CareOregon, as the Affiliate, has extensive and positive experience in contracting with county Public Health Departments. In general, CareOregon contracts with local health departments will cover:

1. Community Health Assessment and Health Action Plan. Local health department involvement in these efforts is critical and described in A.1.6 of this application.
2. Point of contact services. Per ORS 414.153, local health departments will be reimbursed for immunizations, sexually transmitted disease, and other communicable disease clinical services.
3. School-based health centers. Provisions for school-based health centers in those counties where a school-based health center(s) exists. Payment mechanisms for these centers will be consistent with how Columbia Pacific treats other publicly funded health care centers.
4. Wraparound and other preventive services. Columbia Pacific's CAP help determine the best locus for provision of services such as maternity case management, high-risk infant tracking and monitoring, prenatal care, child care, and health-related services provided in schools and early childhood development programs. When appropriate, some or all of these services may be included in the contract with publicly funded programs.

5. Community-based prevention services. Following decisions made through the Community Health Assessment and Action Plan (A.1.6), Columbia Pacific will facilitate discussions with local health departments, clinical providers, and appropriate community organizations to determine the best locus for providing community-based preventive interventions. When appropriate, some or all of these services may be included in the contract with local health departments.

Mental Health

Columbia Pacific, through its delegated mental health partner GOBHI, has well established contractual arrangements with three of the community mental health and addictions programs within this region. These partnerships provide the full range of outpatient, case management, day treatment, housing support, and emergency services to children, families and adults. A similar contract will be developed in Tillamook County in order to complete the network. In addition, out of network contracts are supported for the provision of specialty services not available in the Community Mental Health Network.

Standard #4 – Services for the American Indian/Alaska Native Population (AI/AN)

Columbia Pacific's affiliate and behavioral health partner have some, yet limited, experience with the coordination of services for NA/AN members. Stating that, we recognize and value that services vary greatly depending on an individual's Tribal enrollment, health benefits, and personal preferences. Key areas of work may include identifying barriers access to care through customer service call logs; connecting clinical care to Native cultures, traditions, and languages; and increasing understanding of the impact of social determinants of health on health status and appropriate treatment plans for this community. Columbia Pacific members who are members of a federally recognized Indian Tribe may access health-care services at a Tribal Health Center outside of the usual service area, pursuant to OAR 410-120-1230 and as provided under Public Law 93-638. Exceptional Needs Care Coordinators will oversee requests for primary care in these settings to ensure there are no barriers to care coordination, client choice, and access to Indian Health Services.

Standard #5 – Indian Health Services (IHS) and Tribal 638 facilities

Columbia Pacific will develop staff liaisons to reach out to Tribal Nations to better understand specific needs, preferences and opportunities in order to develop MOU's, and contractual relations that enhance resources and improve health care outcomes. Columbia Pacific will contract with tribal health professionals and paraprofessionals to ensure that the needs of AI/ANs who are receive services in the catchment area have access to culturally appropriate services to help meet the triple aim. As stated, Columbia Pacific has limited experience working with IHS or tribal facilities. However, when needed, member services for clients that are members of a federally recognized Indian tribe are coordinated at regional tribal clinics. Clients that are members of a federally recognized Indian tribe may choose to obtain healthcare services through IHS or Tribal 638 facilities. When these services are requested by a member or their representative or when a member is referred, coordination of IHS services is completed by the Exceptional Needs Care Coordinator (ENCC). The ENCC processes the request for prior authorization or referral for IHS in accordance with OAR 410-120-1230 and ensures that a comprehensive plan is in place that will meet the individual needs of the member, from both a physical and cultural perspective.

Current processes include the following: (1) CareOregon has an open contracting policy, so that any interested organization, including all those that serve the AI/AN population, may participate as a contracted provider; (2) if a member requires services outside the participating provider network at a clinic/facility specializing in care for the AI/AN, those services are authorized and paid as a benefit under the OHP.

Standard #6-Integrated Service Array (ISA) for children and adolescents

(a) Columbia Pacific will provide community based treatment services to all children, adolescents, and their families, who qualify for Intensive Community-based Treatment and Support Services. Presently, GOBHI providers offer a full range of services to this population, which are coordinated by trained Family Care Coordinators (FCC's) with leadership provided by the GOHBI Regional Youth Program. Columbia Pacific will build upon this foundation.

Columbia Pacific plans to invest in the assessment and treatment of infant mental health. This will include early identification of attachment and attunement caregivers and their infants. Services will focus on trainings in Child-Parent Psychotherapy, Parent-Child Interaction Therapy, and Neurosequential Model of Therapeutics for "first responders" (pediatricians, PCP's, nurse practitioners) and mental health clinicians. Columbia Pacific also plans to partner with parent support and mental health specialists to provide education and support to at-risk caregivers and their infants.

(b) Community Care Teams (CCTs) will be established for each child enrolled in Intensive Community Treatment Services (ICTS). See Appendix A.2.1 and A.3 sections

(c) The CCT will also help to recognize the unique attributes and strengths the family brings to the treatment process. The CCT is a key to assuring that the ISA meets all appropriate contemporary standards, and will work with families to guide professionals to understand the needs of the child and family. The job of the CCT is to then deploy and/or develop those services and culturally appropriate approaches designed to meet the needs of the child and family in their community.

Standard #7A– Mental Illness Services

a. Columbia Pacific will build upon the experiences and strengths of its behavioral health partner GOBHI to provide mental health and addictions services and adhere to 1915(i) SPA. During the past fifteen years, GOBHI has been a leader in the delivery of community-based mental health services in rural Oregon. With mental health providers contracted on a capitated basis to provide mental health services and sharing risk for expensive acute care and residential treatment services, GOBHI has successfully encouraged its providers to develop a wide-range of traditional and innovative community-based services to ensure that the mental health needs of members are assessed early in their development and treated in the most natural, local and appropriate setting. Traditional community-based services include: 24-hour crisis assessment and intervention services; psychiatric assessment and medication management; individual, group and activity therapies; rehabilitative life skills training services; and case management. Less traditional and innovative community-based services include: peer delivered services; mentoring; therapeutic foster care; community care coordination teams; and in-home family therapy and respite services. Additionally, when the need arises for a service not typically provided by the network, Columbia Pacific's behavioral health partner

has contracts already in place for specialty behavioral health providers. Columbia Pacific will monitor hospital and residential treatment stays, and provide extensive technical assistance to its providers when it appears they are not acting aggressively enough to ensure timely discharge of adults and children to treatment in more normative, community settings.

b. Columbia Pacific will work with its providers to develop norms and tools that support evaluation of possible mental health and substance abuse problems for every service setting. Columbia Pacific will promote community awareness about the signs and symptoms of mental illness and referrals. We will offer providers trainings about tools such as SBIRT - Screening, Brief Intervention, and Referral to Treatment - an evidence-based, effective method to intervene in alcohol and drug misuse. Validated screening tools for depression and anxiety will be made available and their use promoted by all primary care providers and is a component of a Patient- Centered Primary Care Home, which we strongly support (as described in Appendix A). Also, we will elicit guidance from the CAP and CAC in developing strategies to ensure providers incorporate such tools into community standards. Furthermore, the CAP and CAC will assist with updating and disseminating a current list of mental health treatment referrals throughout the CCO service area.

Standard #7B – Chemical Dependency Services – See A.3.6.a and b

Standard #8 – Pharmacy Services and Medication Management

B.2.8.a Columbia Pacific affiliate, CareOregon, has extensive experience providing prescription drug benefits following the OHP Condition/Treatment pair guidelines, and is committed to continuing to provide this benefit.

B.2.8.b CareOregon, a Columbia Pacific affiliate, has a restrictive Medicaid formulary that has FDA approved drug products in each therapeutic class in addition to including over-the-counter medications. The formulary includes at least one FDA approved drug for each therapeutic class. Access to products not on the formulary is managed through a formulary exception process.

B.2.8.c *Columbia Pacific will use the contracted pharmacy benefit manager of CareOregon, ExpressScripts. CareOregon currently provides prescription drug coverage and access to a comprehensive nationwide pharmacy network to the members in the proposed service area. We anticipate no changes to the current processes or formulary upon CCO implementation. All pharmacies and providers have copies of the formulary, and all updates will also be posted on the CCO website. Utilization tools such as prior-authorization, step-therapy, quantity limits, age and drug interaction edits and other quality interventions will be used and updated regularly, based on reviews by physician and non-physicians specialists of the latest research.*

B.2.8.d Columbia Pacific's will use its affiliate, CareOregon, to do pharmacy claims processing that provides real time inquiry and update access through our pharmacy benefits manager. This system captures the relevant clinical and historical data required for claims payment and includes appropriate coordination of benefits application. Pharmacy provider reimbursement is tracked and coordinated from the claims processor regularly.

B.2.8.e Again, Columbia Pacific will use CareOregon PA services, which are done in-house and accepted via fax 24/7. CareOregon is open 8 AM to 5PM Monday through Friday and

ExpressScripts covers after-hours for urgent requests and phone calls from pharmacies or providers. In addition, ExpressScripts and CareOregon staff will provide emergency supplies of medication to assist when necessary to provide immediate coverage for urgent medications.

B.2.8.f Columbia Pacific's affiliate, CareOregon, has negotiated rates that are confidential and do not exceed -15% of the Average Wholesale Price (AWP) for either retail brand or generic drugs. Mail order rates do not exceed -20% AWP. All rebates are handled according to State and Federal regulations or as agreed upon and stipulated by the contract. Dispensing fees do not exceed $2.00 for either brand name or generic drugs. Generally, mail order prescriptions do not have a dispensing fee.

B.2.8.g Columbia Pacific's affiliate, CareOregon, currently has contracts with nearly all 340B pharmacies associated with 340B-qualified entities serving the Columbia Pacific population. CareOregon will work with pharmacists representing 340B pharmacies within the Columbia Pacific to optimize 340B utilization, increase membership use of pharmacies eligible to process 340B, and expand best practice in clinical pharmacy services with 340B revenue.

B.2.8.h Medication Therapy Management (MTM) is an integral part of CareOregon's PCPCH services and will be used by Columbia Pacific.

B.2.8.i CareOregon provides E-prescribing for providers to utilize with their EMR systems. Providers can access eligibility, formulary information and patient history. Again, Columbia Pacific will benefit from this affiliate's resource.

Standard #9 – Hospital Services

(a) Ensuring access for members. As described in the Access Section, Columbia Pacific will use an existing, extensive system of primary care providers. These providers already have established referral mechanisms for hospital and specialty services. In cases where Columbia Pacific mental health centers will become a PCPCH, the Columbia Pacific Medical Director will work with these providers to establish similar referral patters that meet the community standard and needs. This backbone of providers will ensure access to PCPCH's are available within reasonable distance for routine services, and that required services that do not exist in the Columbia Pacific service area are available as needed. Columbia Pacific Administration will ensure that: existing contracts and/or MOU's between PCPCH's, hospitals and specialty services will be maintained and contracts and/or MOU's with mental health providers, PCPCHs, hospitals & specialty services are further established, as needed. All contracts and/or MOU's will include the scope of services to be provided and policies & procedures for the appropriate use of the services are secured.

Columbia Pacific will ensure adequacy of coverage for its members by monitoring the availability of providers statewide and for the Columbia Pacific service area. Columbia Pacific's affiliate, CareOregon, will perform a network assessment twice annually to ensure there are adequate numbers and geographic distribution of primary care, behavioral health, and specialty

practitioners that meet its members' needs. CareOregon will monitor practitioner availability annually against its standards, and initiates actions as needed to improve network access.

Practitioner availability monitoring will be completed for the following provider types within our network:

1. Family Practice
2. Internal Medicine
3. Pediatricians
4. General Practice
5. Women's Health
6. OB/GYN
7. Specialty care practitioners, (based on high-volume claims)
8. Alcohol and Drug Treatment Facilities
9. Detox facilities
10. Mental Health
11. Psychiatry
12. Hospitals
13. Skilled Nursing Facilities
14. Home Health agencies
15. Durable Medical Equipment suppliers
16. Ambulatory Surgery Centers
17. Ambulatory Clinics

CareOregon will arrange for non-network specialty care when providers are unavailable or inadequate to meet a member's medical need. If necessary, single case agreements will be arranged to assure member access to necessary services. The issue of monitoring equal access for members is described in (b) which immediately follows.

(b) Monitoring and correcting inappropriate use of services Columbia Pacific will build upon the CareOregon's CareSupport work. CareSupport receives a daily emergency department census from hospitals. CareSupport staff then follows up with members on the ED visits and provides education to members on ED use. This program will be expanded into the entire Columbia Pacific service area and include ambulance and urgent care/walk-in clinics. Columbia Pacific will secure services that allow timely access to ambulance, ED or urgent care use, and from that, utilize existing motivational interviewing for member education.

(c) Preventable conditions. Columbia Pacific will use CareOregon's Claims services, which includes a process to monitor and adjudicate claims for HACs. The claims payment system, QNXT, automatically adjudicates claims based on applicable indicators and can stops claims with a Present on Admission indicator, and the claim is sent to an examiner for review. Columbia Pacific's IT system will identify all "CMS never events" and, will not reimburse providers for such events as per federal and state law. In addition, Columbia Pacific will work closely with the Oregon Patient Safety Commission to work on a number of other preventable conditions; encourage active participation in the Commission's severe adverse even reporting system; and promote the Commission's intervention strategies. At a minimum, prevention activities will include utilization of the surgical check list, infection prevention tool kit, and guide to reducing falls.

(d) Readmission Policy. Building upon CareOregon's current processes, readmissions will be identified on a daily census report, and reviewed by staff. The reason for readmission will be identified and analyzed, and then staff will work with discharge planners to assure an appropriate plan. We will also build on CareOregon's existing readmission policy, which uses Interqual evidence-based criteria

for every hospital stay. Columbia Pacific will continue to follow this policy. In addition, we will build on existing transitions programs, such as those members discharged with a diagnosis of congestive heart failure, to reduce incidence of readmissions.

(e) Innovation and decreasing unnecessary hospital admissions. One of Columbia Pacific's guiding principles is Prevention, and realizes a key way to reduce health care costs is to keep individuals and communities healthy. It is anticipated that the improved care provided by PCPCH's will lead to a reduction in unnecessary hospital admissions. One key component of this improved care will be the assurance of 24/7 access to health care services. Columbia Pacific will support 24/7 access as needed by providing technical assistance to providers experiencing problems with this requirement (primarily small practices). Furthermore, CCT's will closely monitoring high-risk patients and their coordination of care. Also, CCTs will work with hospital staff on discharge planning on all Columbia Pacific admitted patients to ensure both a smooth transition and that follow-up care is coordinated and achieved.

Columbia Pacific plans to implement at least two other strategies to reduce hospital admissions that have been described in previous sections. One is to ensure the assignment of mid-level providers to long-term care facilities so that patients are more closely supervised than current practice, and that patients with emerging issues who might require referral services (such as hospitalization) can be evaluated on-site prior to referral. Similarly, Columbia Pacific plans to utilize Emergency Medical Services (EMS) to the greatest extent possible - recognizing their time and scope of practice.

Promoting health equity and reducing disparities. The monitoring approach described above will do more than simply identify practice pattern outliers. It will also help to ensure that a culturally and linguistically appropriate care is being provided across the Columbia Pacific. Because of its commitment to reducing health disparities, Columbia Pacific will conduct further monitoring and correction activities. In addition to comparing a number of service items across PCPCH's, it will also compare these same items across populations groups such as: race and/or ethnicity; gender; age; severe mental illness; and disability status. As with other clinical monitoring activities, the CAP will be actively involved in determining whether there is inappropriate over- or under-utilization of services, and in making suggestions for corrective action.

Section 3 - Assurances of Compliance with Medicaid Regulations and Requirements

Columbia Pacific's affiliates both have policies and procedures that address all fourteen (14) Assurances listed in Appendix B – Provider Participation and Operations Questionnaire. The affiliates will blend existing policies in order to continue to achieve the participation and provider assurances they can currently provide. These policies and procedures are consistent with the requirements set forth in 42 CFR, the Oregon Revised Statues and Administrative Rules. Upon development the policies and procedures will be reviewed by Columbia Pacific's CAP, who will verify accuracy, and provide to the board for final approval.

Appendix C – Accountability Questionnaire
Columbia Pacific Coordinated Care Organization, LLC
June 11 Resubmission – Additional Information Highlighted in Red

C.1 Accountability Standards

C.1.1.a Columbia Pacific recognizes transformed systems of care require a workforce fully trained to use measurement in their daily work as a way to continuously improve outcomes, constantly fine tuning workflows, eliminating waste, and developing entirely new processes to get better outcomes. Both GOBHI and CareOregon, Columbia Pacific affiliates, in their current roles as an MHO and MCO, collect and report a variety of quality measures related to the delivery of mental health and physical health services to their members. Measurement data is primarily drawn from encounter data claims and consumer satisfaction surveys and is supplemented by consumer complaints and grievances, adverse incident reports, and regularly scheduled provider site reviews.

During its first year as a CCO, Columbia Pacific will expand this system to include additional measures as follows:

- Member/patient experience of care, using the CAHPS or a similar instrument;
- Health and functional status among enrollees, by member survey and provider reports;
- Rate of tobacco use among enrollees, by member survey and provider reports;
- Obesity rate among enrollees, by member survey and provider reports;
- Outpatient and ED utilization, by encounter data analysis;
- Potentially avoidable ED visits, by encounter data analysis;
- Ambulatory care sensitive hospital admissions, by encounter data analysis;
- Medication reconciliation post discharge, by encounter data analysis;
- All-cause readmissions, by encounter data analysis;
- Alcohol misuse – screening, brief intervention, and referral for treatment, by encounter data analysis;
- Initiation & engagement in alcohol and drug treatment, by encounter data analysis;
- Mental health assessment for children in DHS custody, by encounter data analysis;
- Follow-up after hospitalization for mental illness, by encounter data analysis;
- Effective contraceptive use among women who do not desire pregnancy by member survey;
- Low birth weight, by encounter data analysis and provider reports;
- Developmental screening by 36 months, by encounter data analysis and provider reports;
- Planning for end of life care (documentation of wishes for members 65+), by member survey;
- Screening for clinical depression and follow-up, by encounter data analysis, provider report and member survey;
- Timely transmission of transition record, by provider survey;
- Care plan for members with Medicaid-funded long-term care benefits, by provider report and member survey; and

- Such additional quality metrics as may be required by OHA or recommended by Columbia Pacific's CAP.

In addition, Columbia Pacific will develop and implement procedures for tracking and reporting the following CMS transparency measures:

- Flu shots for adults 50-64;
- Breast and cervical cancer screening;
- Chlamydia screening;
- Elective delivery & antenatal steroids, prenatal and post-partum care;
- Annual HIV visits;
- Controlling high blood pressure, comprehensive diabetes care;
- Antidepressant and antipsychotic medication management or adherence;
- Annual monitoring and for patients on persistent medications;
- Childhood & adolescent immunizations;
- Well child visits;
- Appropriate treatment for children with pharyngitis and otitis media;
- Annual (HbA1C) testing for average blood sugar level;
- Utilization of dental, emergency department (ED) care (including ED visits for asthma);
- Pediatric central line-associated bloodstream infection events (CLABSI);
- Follow up for children prescribed ADHD medications;
- Improvement in housing (adults);
- Improvement in employment (adults);
- Improvement in school attendance (youth);
- Decrease in criminal justice involvement (youth);
- Time from enrollment to first encounter and type of first encounter (urgent or non-urgent, physical, mental, etc.; and
- Initiation and engagement of mental health treatment.

C.1.1.b The use of HEDIS and CAHPS survey results will be evaluated as part of the total quality measurement and reporting system.

C.1.1.c Columbia Pacific will build on the current quality improvement plan developed by CareOregon and approved by DMAP. The starting point for the CCO will be to achieve those standards that retain CareOregon NCQA Commendable Accreditation status. We will also build on existing HEDIS and CAHPS measures, and have identified a target of 75th national percentile to achieve for this CCO and all CCOs in which CareOregon is participating.

The focus is on improvement. Current primary care medical home payment incentives are based on certain HEDIS measures, and have specific improvement targets for clinics to achieve. The goal for the CCO is to meet target standards (75th percentile) and encourage clinics to work on those measures that achieve the Triple Aim. Engaging clinics in this process is critical, which is why we will support improvement efforts through training and technical assistance.

Further, we look forward to working with the CAP to identify strategies to implement best practices, and identify health outcome priorities consistent with CCO statewide goals. The Columbia Pacific Chief

Medical Officer and staff will be responsible for providing information on quality improvement activities to the governing board, CAP, providers, and OHA.

C.1.1.d Columbia Pacific will share information drawn from ongoing encounter data claims reports, quality assurance and improvement audits of providers, consumer satisfaction surveys and other sources of information with its providers and subcontractors. This information will be made available directly to providers in written or electronic form, to Columbia Pacific Board of Directors.

Columbia Pacific is committed to transparency, sharing performance information from an even wider variety of sources, including community needs assessments, quality and compliance audit results, and healthcare provider performance measures, with its Board, CAP, providers and covered members.

C.1.1.e Columbia Pacific will build upon the work of its affiliates to assure culturally and linguistically communication strategies and work with the CAC to assure meaningful and quality materials for all its members. All materials will be available in multiple languages, including Braille, and written in such a way to promote member engagement, and identify who members should address their questions to. All materials will be available in multiple formats – printed copy, audio, and via the web.

CareOregon and GOBHI will design a system of shared standards and hold sub-contracted organizations accountable to policies and behaviors that will result in the most culturally competent Member communication strategy across all networks of providers. Cultural competency thought leaders from the catchment area and beyond, members of the CAC and CAP, and the Columbia Pacific staff will work together to implement a systemic strategy for cultural competence including sharing performance information with members.

C.1.1.f Columbia Pacific will establish alternative payment mechanisms and other types of incentives for the achieving quality and performance goals; building on the work of its affiliates. Since Columbia Pacific's application is based on a decentralized model that emphasizes local control of healthcare delivery and dollars, we anticipate that the nature of these incentives will vary widely across the Columbia Pacific region, as least at first, with a general tendency toward a more homogenous system of incentives base on accumulating experience of what works.

Columbia Pacific expects that incentives and alternative payment mechanisms for improving quality of services and service outcomes will include many of the following strategies:

- Returning savings in the cost of acute care, achieved through earlier and more effective intervention with of a broad, well-coordinated array of community-based health care services, to the community for reinvestment in local prevention and treatment services; and
- Providing incentive bonuses for communities and practices that meet high standards for ease of access, positive clinical outcomes, low re-hospitalization rates, and consumer satisfaction.

C.1.1.g Columbia Pacific will utilize the experiences and strengths of its affiliates, GOBHI and CareOregon, to collect the accountability measurement data OHA requires. Columbia Pacific will utilize information technology professionals and specialists capable of gathering, maintaining, analyzing and reporting findings from a variety of data sources not connected with claims processing, including survey results, clinical outcome measures and community health indicators.

Section 2 – Quality Improvement Program

C.2.1.a. Building on the existing strengths of its affiliates, Columbia Pacific will assure a quality improvement program responsible for:

1. Monitoring overall clinical performance using standard metrics (e.g. HEDIS) and overseeing initiatives to promote improvement;
2. Monitoring and improving accessibility and availability of clinical care services;
3. Ensuring that those with exceptional needs and individuals at risk for poor outcomes are provided appropriate supportive resources;
4. Establishing evidence based standards of care and clinical practice guidelines;
5. Monitoring, evaluating and responding to episodes of poor quality care or plan service;
6. Ensuring that members are provided relevant information in a culturally and linguistically appropriate manner;
7. Maintaining an up to date credentialing and recredentialing process of providers and organizations;
8. Assuring high member satisfaction with health care delivery, including plan functions, to ensure it is Member and community centered;
9. Aligning efforts with community and State quality improvement initiatives;
10. Providing oversight of all delegated relationships;
11. Assuring the appropriate use of plan resources and adherence to OHP benefit design; and
12. Promoting integration with other clinical and social service providers

Recognizing that health outcomes are significantly driven by non-medical, social issues, Columbia Pacific will develop a broader quality improvement framework in alignment with the CAP and CAC.

C.2.1.b Columbia Pacific proposes a decentralized system of local CCOs, each linked in and supported by regional risk-sharing arrangements. In keeping with this model, each Columbia Pacific county will develop a community advisory council and other committees mirroring the requirements set for CCOs by the OHA. The Columbia Pacific's CAP consisting of providers, members, and others from throughout the service area will work together to monitor and improve the quality of healthcare services throughout the region. The CAP will review site reports, complaints, critical incident reports, access and utilization data and make recommendations to the Governing Board for improving services, developing annual quality improvement plans and monitoring their implementation and results. The CAP will meet

regularly to align these findings regarding social needs from the community assessment and the areas found to need clinical improvement to develop more effective solutions leveraging the knowledge and assets of both groups. Work groups will be created to develop interventions and monitor progress.

C.2.1.c Alignment of the Quality Plan with the transparent metrics by which the partners monitor each other's use of scarce resources means that quality is a central part of our business strategy. Meeting at least quarterly, and with input from providers, consumers and other stakeholders, CAP will develop a quality plan, including definitions of and processes for collecting data on measurable key indicators of community health, access, quality of services, and outcomes. The quality plan will be submitted to both the Governing Board for approval. Once approved, the implementation of local quality plans will be overseen CAP, which will report progress toward plan goals on a quarterly basis.

Columbia Pacific is committed to transformational initiatives to produce better outcomes at lower cost, as well as identifying providers who produce the highest quality outcomes at the lowest cost – reflecting the central premise of the Triple Aim. The Quality plan is therefore an integral part of the business plan and will be reviewed on an ongoing basis as part of regular business reviews.

C.2.1.d. CAP and CAC efforts will involve members and community based organizations in the QI program. Beyond the development of regional and community specific initiatives, this joint effort will ensure further consumer and community input into the programs being developed for clinical practice. Consumer advisory panels, focus groups, and input at the practice level, which already exists in some of the practices serving the Medicaid population (e.g. FQHCs), will also be encouraged so that local improvement efforts receive maximal community input as they are implemented. Columbia Pacific will also utilize the Community Health Needs Assessment as a resource to help inform the Quality Improvement program. It will also draw input from practitioners and culturally diverse community based organizations and leaders.

C.2.1.e Performance metrics will be regularly evaluated to see if there are specific sub-population disparities. Results will be reported to the central CAP as part of the yearly Quality Improvement Work Plan review.

C.2.1.e Columbia Pacific is committed to ensuring that all members have equal access to all levels of healthcare, regardless of age, race, ethnic background, religious or sexual preference gender identification. All performance measures and indicators, including but not limited to, ease of access, utilization of services, referral to specialties, clinical outcomes and user satisfaction will be reported by age group, ethnic, racial and/or cultural category, and primary language of the member. Columbia Pacific staff will analyze this data and present findings to the board of directors and the CAP. When inequities in healthcare utilization and/or outcomes are apparent, the CAP will recommend corrective actions to the board of directors. The CAP will monitor the implementation of appropriate corrective actions and report findings to the board of directors.

C.2.1.f Columbia Pacific will build primarily upon the quality infrastructure of its affiliate, CareOregon. Columbia Pacific will identify issues related to compliance and regulations through the following: (1) member complaints; (2) credentials and recredentials process; (3) utilization or coding patterns identified through plan data; and (3) ongoing monitoring of provider activities through provider service staff contact . If concerning trends or specific activities are revealed through any of these means, quality improvement staff contact the provider to gather information, then it is reviewed by the Chief Medical Officer, who will use the existing CareOregon committee structure for input to ensure consistency across the service area across the network. The quality improvement committee structure includes the following:

Quality Improvement Management Committee

- *Develops and provides oversight and direction for the implementation of Quality related initiatives in the CareOregon strategic plan. Reviews and recommends approval of the annual Quality Improvement and Utilization Management evaluations and program descriptions*
- *Establishes and monitors plan-wide quality metrics*
- *Provides oversight and direction to the various QI committees by assessing committee specific information*
- *Makes final de-delegation decisions for specific delegated entities*
- *Meets and exceeds regulatory and accreditation agency standards*

Credentialing Committee

- *Evaluates healthcare professionals' initial credentialing applications based on established criteria*
- *Evaluates organization/facility initial credentialing applications based on established criteria*
- *Evaluates healthcare professionals' recredentialing applications based on established criteria*
- *Evaluates organization/facility recredentialing applications based on established criteria*
- *Approves credentialing and recredentialing applications with and without exceptions*
- *Approves organization/facility credentialing and recredentialing applications with and without exceptions*
- *Makes recommendations to the Network & Quality Committee of the Board of Directors regarding healthcare professionals' and facilities' participation on the CareOregon panel in the event of an adverse action for applicants*
- *Reviews and approves policies and procedures that directly relate to the credentialing decision-making process*
- *Reviews results of internal audits on a regular basis*

Delegations Oversight Committee

- *Reviews pre-delegation assessments for contracted entities and has the authority to make the following determinations:*
  - *Approve assessment*
  - *Request corrective plan from delegate*
  - *Make recommendation to QIMC regarding denial of delegation*
- *Reviews and approves documents related to delegation oversight*

- *Makes on-going delegation decisions for delegates based on review of annual reports and audits and has the authority to make the following determinations:*
  - *Approve assessment*
  - *Request corrective action plan from delegate*
  - *Make recommendation to QIMC regarding denial of delegation*
- *Establishes de-delegation and performance thresholds for delegated entities*
- *Identifies opportunities for improvement*
- *Defines and implements corrective action plans when warranted*
- *Ensures adequate resources are available to provide delegation oversight*
- *Makes policy recommendations regarding delegation oversight*

Pharmacy & Therapeutics Committee

- *Develops, regularly reviews and revises the CareOregon drug formulary to be consistent with evidence-based clinical practice and requirements of the Oregon Health Plan*
- *Develops, regularly reviews and revises the Health Plan of CareOregon drug formulary to be consistent with evidence-based clinical practice and requirements of CMS*
- *Assists with development and appraisal of drug utilization review (DUR) programs*
- *Assists with development and appraisal of the Medication Therapy Management Program*
- *Develops, regularly reviews and revises prior authorization, step-edit, quantity limit and other clinical edits to ensure that they are clinically appropriate*
- *Reviews pharmacy utilization; identifies trends and recommends and monitors improvement projects as appropriate*

Peer Review Committee

- *Reviews aggregate provider-specific complaints and takes action as appropriate*
- *Reviews provider-specific performance information (such as sentinel events and adverse outcomes)*
- *Reviews results of office site assessments done as a result of member complaints and makes recommendations*
- *Defines and implements provider-specific corrective action plans*
- *Monitors progress against provider-specific corrective action plans*
- *Recommends de-credentialing of specific providers to the Credentialing Committee*

Quality Improvement Committee

- *Reviews population analysis and establishes priorities for projects involving clinical aspects of care to ensure that they address high risk/high volume areas*
- *Decision-making authority for CareOregon medical policies relating to benefit management*
- *Decision-making authority to review new technology assessments and new uses of established technologies and make recommendations regarding coverage of the technology*
- *Reviews utilization data including but not limited to referrals, authorizations, inpatient utilization, appeals and identifying trends*
- *Establishes performance standards*
- *Reviews and analyzes data as it pertains to quality improvement initiatives including:*
  - *Preventive health initiatives*
  - *Health education programs*
  - *Programs for members with chronic conditions*

  - *Initiatives that focus on patient safety, health disparities, cultural competency, and health literacy*
  - *Makes recommendations for change or interventions based on results of data*
  - *Monitors for the effectiveness of changes*
  - *Reviews and approves practice guidelines*
  - *Service Quality Committee*
- *Reviews and analyzes data from multiple sources including but not limited to:*
  - *Consumer Assessment Health Plan Survey (CAHPS)*
  - *Aggregate member complaint reports*
  - *Focus groups*
  - *Aggregate appeals reports*
  - *Provider satisfaction surveys*
  - *Aggregate provider complaint reports*
  - *Member Focus Groups*
  - *Member Surveys*
- *Identifies areas for improvement and testing*
- *Monitors results against established targets*
- *Implements and monitors a systematic and ongoing process to obtain member input*
- *Recommends improvements to the QIMC*

Upon thorough review of information received, the quality improvement staff will contact the provider to determine next steps, which may include specific corrective action, or ongoing monitoring, or recommendations for improvement. We will expand upon this current process to include the CAP and other local clinical criteria to ensure that we are both applying standards consistently and engaging local providers in these activities.

C.2.1.g

Treatment planning protocol review/revision/dissemination and use with evidence based guidelines

Responsibility for quality is local, and Columbia Pacific's primary approach to QI involves applying the region's resources in support of local quality improvement efforts.

Customer satisfaction: clinical, facility, cultural appropriateness

At the regional level, Columbia Pacific will conduct surveys of customer satisfaction, including but not limited to satisfaction with clinical services and outcomes, access to welcoming facilities, and cultural appropriateness of clinical relationships and services;

Fraud and Abuse/Member protections

The Ethics and Compliance Program of the Columbia Pacific will address all the criteria contained in the Federal Sentencing Guidelines. It exceeds the standard for such programs in most managed care organizations that only address Medicaid fraud, waste and abuse by identifying and prioritizing all of its significant risk exposures and, consistent with the availability of organizational resources, providing guidance for the development of action plans to address the highest priority risks. While the existing Program addresses the risks associated

with the provision of mental health services, it will be expanded to include physical health, substance abuse and dental care risks.

The Program will also include an active auditing and monitoring program to assure organizational leadership of compliance with all relevant laws, contractual obligations and company policies, procedures and standards of conduct. Columbia Pacific will audit and monitor providers for compliance with all applicable state and federal regulations, and report to appropriate authorities issues related to possible healthcare fraud, waste or abuse and monitor providers to ensure that member rights and protections are respected, providing easy ways for members to express grievances, report misbehavior, and obtain assistance in resolving problems, and ensuring that incidents of abuse are reported to appropriate authorities. Where issues are identified, Columbia Pacific provides technical assistance, with providers from a neighboring county, having dealt with similar issues, being called on to provide the advice. Columbia Pacific's clinical advisory panel will play a central role in promoting evidence-based practice guidelines, and for recommending incentives for their wider adoption within the region.

The key to well-coordinated care is communication. Columbia Pacific's emphasis on local control of healthcare dollars ensures that communication starts at the local level, in the places, the communities, where its members live. In a variety of ways, members are encouraged and expected to participate in local and regional decision-making bodies (e.g., governing members, community advisory boards, quality improvement committees, consumer caucuses). Those who use healthcare services know quality when they experience it, and Columbia Pacific will regular reach out to its membership to assess their satisfaction. Input from all these sources will inform Columbia Pacific's quality improvement efforts.

C.2.2. Clinical Advisory Panel

C.2.2.a Yes, at least one representative of the CAP will be part of the Columbia Pacific governing board. (See A.1.2.)

C.2.3. Continuity of Care/Outcomes/Quality Measures/Costs

C.2.3.a. Columbia Pacific is committed to Improving member outcomes. Some strategies that will be deployed include:

1. Benefit management, including prior authorizations, to assure that services provided Members meet effectiveness criteria as defined by the Prioritized list and current clinical standards of care;
2. Evidence based formularies and medication therapy management;
3. Concurrent review processes to assure acute care services meet established standards for appropriateness;
4. Quality reporting for program improvement and provider profiling;
5. Care Coordination and case management for members with exceptional needs or increased risk or at transitions of care;

6. Establishment of evidence based guidelines and performance targets for clinical practice;
7. Complaint monitoring and creation of corrective action plans;
8. Member education programs to promote wellness and optimal chronic disease management;
9. Fraud and abuse monitoring;
10. Feedback of actionable data to providers; and
11. Quality performance incentives.

C.2.3.b As noted previously, once the OHA has defined the CCO required quality measures, Columbia Pacific will assess what further metrics are desirable and feasible in order to assure progress towards improved outcomes.

C.2.3.c Care Oregon currently has member education and engagement programs to promote wellness and health improvement. Columbia Pacific will build on those existing programs and leverage the synergy between the Community Advisory Committee and Clinical Advisory Panel to work with community service organizations and develop strategic plans to improve member engagement in wellness and health improvement. This could include the development of incentive programs to improve compliance with preventive measures or improve participation in health improvement activities such as smoking cessation, medication adherence, etc. We will also be working closely with our network of Patient Centered Primary Care Homes to support provider initiatives addressing wellness and health improvement. This includes alternative payment methodologies and indirect support such as technical assistance.

C.2.3.d Columbia Pacific will build upon CareOregon and GOBHI's established capacity to collect and report encounter-based quality data as well as experience using this data to monitor and improve performance benchmarks and we are working on systems to better leverage data from electronic health records across the service area to improve patient care.

C.2.3.e Some key strategies to improve patient care outcomes, decrease duplication of service and make costs more efficient include:

- ***Identify priorites: Coordination of local Community Needs Assessment by a diverse group of providers and consumers (CAC) to identify health improvement priorities and commitment to work across the community on the shared priorities to achieve enhanced collective impact and population health improvements.***
- ***Fund projects: We will fund community-based projects that address short and long-term opportunities to achieve the Triple Aim (cost, outcomes, experience) and will fund those projects that have the most potential to achieve all three aims.***
- ***Support improvement: Technical support for new projects and maturing PCPCHs so that PCPs and other organizations will have the needed skills and tools to better manage patient panels.***

C.2.3.f. Columbia Pacific will draw upon the experience of CareOregon, and its behavioral health partner GOBHI, to build on existing processes. For example, CareOregon has policies and procedures

for prior authorization of services. That policy currently does not require a referral for most services, but does prior authorize certain services such as DME and PT, as well as surgeries and certain procedures. The Chief Medical Officer leads an ongoing review of these services and those policies to ensure that the authorization criteria are appropriate. A high approval for a service requiring authorization (more than 90%) would lead to evaluation of the need for that service to be authorized ongoing. Another example is the policy for enrolling recently discharged members in care coordination. A high readmission rate in a certain diagnostic category would initiate review of the policy to determine whether that diagnosis should be added to automatic enrollment in care coordination.

Applicant Name: Columbia Pacific Coordinated Care Organization, LLC

Service Area Table

Service Area Description	Zip Code(s)	Maximum Number of Members- Capacity Level
Clatsop County	All zip codes in Clatsop County.	Columbia Pacific CCO desires to have no limit on member capacity.
Columbia County	All zip codes in Columbia County.	Columbia Pacific CCO desires to have no limit on member capacity.
Coos County	97449	Columbia Pacific CCO desires to have no limit on member capacity.
Douglas County	97436, 97441, 97467, 97473	Columbia Pacific CCO desires to have no limit on member capacity.
Hood River County	All zip codes in Hood River County.	Columbia Pacific CCO desires to have no limit on member capacity.
Tillamook County	All zip codes in Tillamook County.	Columbia Pacific CCO desires to have no limit on member capacity.
Wasco County	All zip codes in Wasco County.	Columbia Pacific CCO desires to have no limit on member capacity.

Publicly Funded Health Care and Service Programs Table

Columbia Pacific CCO used the following definition, provided by the Oregon Office of Rural Health, for determining inclusion in this table: "**Public or government organizations** exist because either the state provides the service or the state allows counties, cities or districts to provide the services through their charters or through statute. Remember, counties, cities and taxing districts get their legitimacy from the state to exist. Public organizations are accountable to the elected officials governing them. Those people are elected, in part, based on their ability to govern the public organization in the public's interest. Public health services, state mental hospitals, and *health districts* supporting ambulance, clinics, and hospitals are all common health services organized by government."

Key:
CMHP = Community Mental Health Program (under a county mental health authority)
PH = Public Health
RHC/District = Rural Health Clinic funded through a health district
FQHC/District = Federally Qualified Health Center funded through a health district
Hospital/District = District funded hospital
SBHC = School Based Health Center funded through public health and schools

Name of publicly funded program	Type of public program	County in which program provides service	Specialty/Sub-Specialty Codes
Clatsop Behavioral Health	CMHP	Clatsop	To be determined
Clatsop County Public Health	PH	Clatsop	To be determined
Providence Seaside Hospital (partially district funded)	Hospital (District)	Clatsop	To be determined
Columbia Community Mental Health	CMHP	Columbia	To be determined
Columbia County Public Health Authority	PH	Columbia	To be determined
SBHC c/o The Public Health Foundation of Columbia Co	SBHC	Columbia	To be determined
Douglas County Mental Health	CMHP	Douglas	To be determined
Douglas County Health and Social Services	PH	Douglas	To be determined
Lower Umpqua Hospital	Hospital (District)	Douglas	To be determined

Hood River County Health Department	PH	Hood River	To be determined.
Mid-Columbia Center for Living	CMHP	Hood River	To be determined.
Sherman County Health District/Moro Medical Center	RHC/District	Sherman	To be determined.
Tillamook Family Counseling Center	CMHP	Tillamook	To be determined
Tillamook Public Health	FQHC	Tillamook	To be determined
Tillamook Public Health	FQHC	Tillamook	To be determined
Tillamook Public Health	FQHC	Tillamook	To be determined
Deschutes Rim Health Clinic	RHC/District	Wasco	To be determined.
Mid-Columbia Center for Living	CMHP	Wasco/Sherman	To be determined.
North Central Public Health District	PH	Gilliam/Wasco/ Sherman	To be determined.

Columbia Pacific Coordinated Care Organization, LLC
Participating Provider Table

contractorname	lastname	firstname	phyaddr
CareOregon	ADVANCED SLEEP HEALTH LLC -ASTORIA		1230 Marine Dr Ste 202
CareOregon	DOGRA	VIVEK	1230 Marine Dr Ste 202
CareOregon	SINGH	ASHA	1230 Marine Dr Ste 202
CareOregon	ANWAR	FAISAL	2111 Exchange St
CareOregon	APOGEE MEDICAL GROUP PC - COLUMBIA MEMORIAL HOSPI		2111 Exchange St
CareOregon	BANDAY	WAMIQ	2111 Exchange St
CareOregon	BOBEK	LESLEY	2111 Exchange St
CareOregon	JACQUES	ROBERT	2111 Exchange St
CareOregon	JORGE	EFREN	2111 Exchange St
CareOregon	KWON	JUN BEOM	2111 Exchange St
CareOregon	NAOOM	ISAM	2111 Exchange St
CareOregon	NAVANEETHAKRISHNANPOOVANA	SELVASARAVANAKUMAR	2111 Exchange St
CareOregon	ASTORIA WOMENS HEALTH LLC		2055 Exchange St Ste 150
CareOregon	ELTZROTH	KIMBERLY	2055 Exchange St Ste 150
CareOregon	BAYSIDE AUDIOLOGY		429 SE MARLIN AVE STE A
CareOregon	HANKERSON	JAN	429 SE MARLIN AVE STE A
CareOregon	ARMOUR	REBECCA	2055 Exchange St Ste 320
CareOregon	CASEY EYE INSTITUTE ASTORIA		2055 Exchange St Ste 320
CareOregon	FARR	WILLIAM	2055 Exchange St Ste 320
CareOregon	GATTEY	DEVIN	2055 Exchange St Ste 320
CareOregon	GRADIN	DANIEL	2055 Exchange St Ste 320
CareOregon	KIM	DONNA	2055 Exchange St Ste 320
CareOregon	LOMBARDI	LORINNA	2055 Exchange St Ste 320
CareOregon	MCCHESNEY	MEGAN	2055 Exchange St Ste 320
CareOregon	PENNESI	MARK	2055 Exchange St Ste 320
CareOregon	WILSON	DAVID	2055 Exchange St Ste 320
CareOregon	CLATSOP BEHAVIORAL HEALTHCARE		2120 Exchange St Ste 301
CareOregon	CLATSOP COUNTY HEALTH & HUMAN SERVICES		820 EXCHANGE ST STE 100
CareOregon	MACNEILL	REBEKAH	2158 Exchange St Ste 206
CareOregon	COASTAL EYE CARE		819 S Holladay Dr

CareOregon	NEMETZ	NINA	819 S Holladay Dr
CareOregon	THORSEN	DARREN	819 S Holladay Dr
CareOregon	COASTAL FAMILY HEALTH CENTER		2158 Exchange St Ste 304
CareOregon	GALEY	TINA	2158 Exchange St Ste 304
CareOregon	MATTILA	ALLISON	2158 Exchange St Ste 304
CareOregon	PLUEDEMAN	CARIN	2158 Exchange St Ste 304
CareOregon	SUHR	SHANNON	2158 Exchange St Ste 304
CareOregon	SUK	SAMUEL	2158 Exchange St Ste 304
CareOregon	WARNER	LYDIA	2158 Exchange St Ste 304
CareOregon	CLARK	WAYNE	2111 Exchange St
CareOregon	COLUMBIA MEMORIAL HOSPITAL		2111 Exchange St
CareOregon	GRADIN	DANIEL	2111 Exchange St
CareOregon	SWANSTROM	LEE	2111 Exchange St
CareOregon	COLUMBIA MEMORIAL HOSPITAL PEDIATRIC CLINIC		2265 Exchange St
CareOregon	FILE	JENNIFER	2265 Exchange St
CareOregon	MADHAVARAPU	RAMCHANDER	2265 Exchange St
CareOregon	MCPHERSON	KATRINA	2265 Exchange St
CareOregon	COLUMBIA MEMORIAL HOSPITAL SURGERY CLINIC		2055 Exchange St Ste 270
CareOregon	DURET	EDOUARD	2055 Exchange St Ste 270
CareOregon	BOULLIE	PATRICIA	2265 Exchange St
CareOregon	COLUMBIA MEMORIAL HOSPITAL WOMENS CENTER		2265 Exchange St
CareOregon	HOLLAND	ROBERT	2265 Exchange St
CareOregon	LIU	KWANG-SAN	2265 Exchange St
CareOregon	AGEE	STACEY	2120 Exchange St Ste 200
CareOregon	COLUMBIA PACIFIC MEDICAL SERVICES		2120 Exchange St Ste 200
CareOregon	PARK	SANGKUN	2120 Exchange St Ste 200
CareOregon	COLUMBIA PACIFIC UROLOGY		2120 Exchange St Ste 102
CareOregon	CONSULTANTS IN DERMATOLOGY		725 S Wahanna Rd Ste 101
CareOregon	EHST	BENJAMIN	725 S Wahanna Rd Ste 101
CareOregon	JONES	HEATHER	725 S Wahanna Rd Ste 101
CareOregon	SPOLAR	TRENTON	725 S Wahanna Rd Ste 101
CareOregon	TOFTE	SUSAN	725 S Wahanna Rd Ste 101
CareOregon	LINCARE INC		485 NE Skipanon Dr
CareOregon	BLACKSTONE	BRUCE	2120 Exchange St

CareOregon	HANSEN	ERIC	2120 Exchange St
CareOregon	KRETZLER	JON	2120 Exchange St
CareOregon	KUNG	PETER	2120 Exchange St
CareOregon	LAUDER	ANTHONY	2120 Exchange St
CareOregon	LONGVIEW ORTHOPEDIC ASSOCIATES - ASTORIA LLC		2120 Exchange St
CareOregon	TURNER	WILLIAM	2120 Exchange St
CareOregon	DUNCAN	THOMAS	595 18th St
CareOregon	HAMMAR	DONNA	595 18th St
CareOregon	LOWER COLUMBIA CLINIC		595 18th St
CareOregon	SKINNER	SUSAN	595 18th St
CareOregon	PACIFIC COAST MEDICAL SUPPLY		1210 Marine Dr
CareOregon	PACIFIC MEDICAL & SURGICAL GROUP		3619 Hwy 101 N
CareOregon	VANDERWAAL	STEVEN	3619 Hwy 101 N
CareOregon	BZDIL	DONNA	1396 Duane St
CareOregon	MILLER	JANICE	1396 Duane St
CareOregon	PACIFIC NORTHWEST OCCUPATIONAL THERAPY		1396 Duane St
CareOregon	ROE	REBECCA	1396 Duane St
CareOregon	PACIFIC PULMONARY SERVICES		322 S Holladay Dr
CareOregon	PNRS NORTH COAST		2120 EXCHANGE ST STE 100
CareOregon	PROVIDENCE HOME HEALTH NORTH COAST		3621 Hwy 101 N
CareOregon	BERRY	SUSAN	171 N Larch St Ste 16
CareOregon	GRECO	DOMINIQUE	171 N Larch St Ste 16
CareOregon	HOTH	LYNN	171 N Larch St Ste 16
CareOregon	HUGHES	MIMI	171 N Larch St Ste 16
CareOregon	PROVIDENCE NORTH COAST CLINIC CANNON BEACH		171 N Larch St Ste 16
CareOregon	RAND	WILLIAM	171 N Larch St Ste 16
CareOregon	SWANSON	COLLEEN	171 N Larch St Ste 16
CareOregon	WERNER	SANDRA	171 N Larch St Ste 16
CareOregon	BERRY	SUSAN	727 S Wahanna Rd
CareOregon	CAPP	KIMBERLY	727 S Wahanna Rd
CareOregon	COCKCROFT	BENJAMIN	727 S Wahanna Rd
CareOregon	DONALD	IAN	727 S Wahanna Rd
CareOregon	EDWARDS	MICHELLE	727 S Wahanna Rd
CareOregon	FORREST	MICHAEL	727 S Wahanna Rd

CareOregon	GLORIA	ALEXANDER	727 S Wahanna Rd
CareOregon	GRECO	DOMINIQUE	727 S Wahanna Rd
CareOregon	GUSTAFSON	ROBERT	727 S Wahanna Rd
CareOregon	HAMMAR	DONNA	727 S Wahanna Rd
CareOregon	HARRIS	KRISTEN	727 S Wahanna Rd
CareOregon	HOTH	LYNN	727 S Wahanna Rd
CareOregon	HUGHES	MIMI	727 S Wahanna Rd
CareOregon	HUMPHREY	LINDA	727 S Wahanna Rd
CareOregon	IKINS	KAREN	727 S Wahanna Rd
CareOregon	KRANZPILLER	SUSAN	727 S Wahanna Rd
CareOregon	LASTINGER	DEBORAH	727 S Wahanna Rd
CareOregon	LONG	PAMELA	727 S Wahanna Rd
CareOregon	LYONS	JENNIFER	727 S Wahanna Rd
CareOregon	MARSHALL JR	WILLIAM	727 S Wahanna Rd
CareOregon	MASON	LORI	727 S Wahanna Rd
CareOregon	MELINA	CARL	727 S Wahanna Rd
CareOregon	MERRY III	WILLIAM	727 S Wahanna Rd
CareOregon	MOORE	ALLEN	727 S Wahanna Rd
CareOregon	PAQUETTE	JULIE	727 S Wahanna Rd
CareOregon	POTTS	STEPHANIE	727 S Wahanna Rd
CareOregon	RAND	WILLIAM	727 S Wahanna Rd
CareOregon	REINER	STEVEN	727 S Wahanna Rd
CareOregon	ROSALES	CAMILO	727 S Wahanna Rd
CareOregon	SITKOWSKI	DANIEL	727 S Wahanna Rd
CareOregon	SMITH	BRYAN	727 S Wahanna Rd
CareOregon	SONNELAND	JANE-ELLEN	727 S Wahanna Rd
CareOregon	STEFFENS	THOMAS	727 S Wahanna Rd
CareOregon	STELSON	HUGH	727 S Wahanna Rd
CareOregon	STOUMBOS	VASILIKI	727 S Wahanna Rd
CareOregon	SWANSON	COLLEEN	727 S Wahanna Rd
CareOregon	TOFTE	SUSAN	727 S Wahanna Rd
CareOregon	WERNER	SANDRA	727 S Wahanna Rd
CareOregon	YOUNG	MICHAEL	727 S Wahanna Rd
CareOregon	ZOBELL	RICHARD	727 S Wahanna Rd

CareOregon	CAPP	KIMBERLY	171 South Hwy 101
CareOregon	COCKCROFT	BENJAMIN	171 South Hwy 101
CareOregon	EDWARDS	MICHELLE	171 South Hwy 101
CareOregon	FORREST	MICHAEL	171 South Hwy 101
CareOregon	GLORIA	ALEXANDER	171 South Hwy 101
CareOregon	HAMMAR	DONNA	171 South Hwy 101
CareOregon	HUMPHREY	LINDA	171 South Hwy 101
CareOregon	POTTS	STEPHANIE	171 South Hwy 101
CareOregon	SWANSON	COLLEEN	171 South Hwy 101
CareOregon	PROVIDENCE NORTH COAST CLINIC SEASIDE		727 S Wahanna Rd
CareOregon	PROVIDENCE NORTH COAST CLINIC WARRENTON		171 South Hwy 101
CareOregon	ABRAHAM	JACOB	725 S Wahanna Rd
CareOregon	AHMAD	MASUD	725 S Wahanna Rd
CareOregon	ALEXANDER	DEBORAH	725 S Wahanna Rd
CareOregon	BECKERMAN	JAMES	725 S Wahanna Rd
CareOregon	BLACKTHORNE	STEVEN	725 S Wahanna Rd
CareOregon	BLUHM	JEFFREY	725 S Wahanna Rd
CareOregon	BOOTH	JAMES	725 S Wahanna Rd
CareOregon	CAI	XIAOHONG	725 S Wahanna Rd
CareOregon	CAPP	KIMBERLY	725 S Wahanna Rd
CareOregon	CAREY	KENNETH	725 S Wahanna Rd
CareOregon	COCKCROFT	BENJAMIN	725 S Wahanna Rd
CareOregon	DENNIS-LEIGH	WILLIAM	725 S Wahanna Rd
CareOregon	DONALD	IAN	725 S Wahanna Rd
CareOregon	EDWARDS	JAMES	725 S Wahanna Rd
CareOregon	EDWARDS	JAMES	725 S Wahanna Rd
CareOregon	EDWARDS	MICHELLE	725 S Wahanna Rd
CareOregon	FLICK	GREGORY	725 S Wahanna Rd
CareOregon	FORREST	MICHAEL	725 S Wahanna Rd
CareOregon	FRANK	MATTHEW	725 S Wahanna Rd
CareOregon	GLORIA	ALEXANDER	725 S Wahanna Rd
CareOregon	GOERS	TRUDIE	725 S Wahanna Rd
CareOregon	GRECO	DOMINIQUE	725 S Wahanna Rd
CareOregon	GREENBERG	MATTHEW	725 S Wahanna Rd

CareOregon	GUSTAFSON	ROBERT	725 S Wahanna Rd
CareOregon	HAUTY	MICHAEL	725 S Wahanna Rd
CareOregon	HEINECK	SUSAN	725 S Wahanna Rd
CareOregon	HENSCHEL	EUGENE	725 S Wahanna Rd
CareOregon	HOTH	LYNN	725 S Wahanna Rd
CareOregon	HUDDLESTON	LISA	725 S Wahanna Rd
CareOregon	HUGHES	MIMI	725 S Wahanna Rd
CareOregon	HUMPHREY	LINDA	725 S Wahanna Rd
CareOregon	HUSSAIN	SANAA	725 S Wahanna Rd
CareOregon	JUNN	EDWARD	725 S Wahanna Rd
CareOregon	KENNEDY	TIMOTHY	725 S Wahanna Rd
CareOregon	KIELICH	ANDREA	725 S Wahanna Rd
CareOregon	KIM	ROBERT	725 S Wahanna Rd
CareOregon	KING	DOUGLAS	725 S Wahanna Rd
CareOregon	KOLKER	STEVEN	725 S Wahanna Rd
CareOregon	KORNGOLD	ETHAN	725 S Wahanna Rd
CareOregon	KRANZPILLER	SUSAN	725 S Wahanna Rd
CareOregon	LEWIS	MICHAEL	725 S Wahanna Rd
CareOregon	LI	MELISSA	725 S Wahanna Rd
CareOregon	LINDGREN	JONATHAN	725 S Wahanna Rd
CareOregon	LYONS	JENNIFER	725 S Wahanna Rd
CareOregon	MARSHALL JR	WILLIAM	725 S Wahanna Rd
CareOregon	MASON	LORI	725 S Wahanna Rd
CareOregon	MERRY III	WILLIAM	725 S Wahanna Rd
CareOregon	MORSE	ROBERT	725 S Wahanna Rd
CareOregon	OPIE	TIMOTHY	725 S Wahanna Rd
CareOregon	PETERSEN	RONALD	725 S Wahanna Rd
CareOregon	PIERCE JR	RICHARD	725 S Wahanna Rd
CareOregon	PIGEON	GREGORY	725 S Wahanna Rd
CareOregon	POTTS	STEPHANIE	725 S Wahanna Rd
CareOregon	PROVIDENCE SEASIDE HOSPITAL		725 S Wahanna Rd
CareOregon	RAND	WILLIAM	725 S Wahanna Rd
CareOregon	REINER	STEVEN	725 S Wahanna Rd
CareOregon	ROSALES	CAMILO	725 S Wahanna Rd

CareOregon	SACKER	ALLAN	725 S Wahanna Rd
CareOregon	SHARON	VICTORIA	725 S Wahanna Rd
CareOregon	SHEN	JIAN	725 S Wahanna Rd
CareOregon	SISK	JAMES	725 S Wahanna Rd
CareOregon	SITKOWSKI	DANIEL	725 S Wahanna Rd
CareOregon	SLOT	FRANCHOT	725 S Wahanna Rd
CareOregon	SMART	CHRISTOPHER	725 S Wahanna Rd
CareOregon	SMITH	BRYAN	725 S Wahanna Rd
CareOregon	SOHN	RICHARD	725 S Wahanna Rd
CareOregon	STELSON	HUGH	725 S Wahanna Rd
CareOregon	SUNDERLAND	PETER	725 S Wahanna Rd
CareOregon	SWANSTROM	LEE	725 S Wahanna Rd
CareOregon	VANDERWAAL	STEVEN	725 S Wahanna Rd
CareOregon	WANG	SU	725 S Wahanna Rd
CareOregon	WERNER	SANDRA	725 S Wahanna Rd
CareOregon	WILKINSON	JAMES	725 S Wahanna Rd
CareOregon	WILSON	GEOFFREY	725 S Wahanna Rd
CareOregon	ZOBELL	RICHARD	725 S Wahanna Rd
CareOregon	ABRAHAM	JACOB	2120 Exchange St Ste 200
CareOregon	CAULFIELD	TODD	2120 Exchange St Ste 200
CareOregon	GLUCKMAN	TYLER	2120 Exchange St Ste 200
CareOregon	MORSE	ROBERT	2120 Exchange St Ste 200
CareOregon	PROVIDENCE ST VINCENT HEART CLINICS ASTORIA		2120 Exchange St Ste 200
CareOregon	MORSE	ROBERT	727 S Wahanna Rd Ste 101
CareOregon	PROVIDENCE ST VINCENT HEART CLINICS SEASIDE		727 S Wahanna Rd Ste 101
CareOregon	SOHN	RICHARD	727 S Wahanna Rd Ste 101
CareOregon	RAY	NANCY	2120 Exchange St Ste 110
CareOregon	RIVERSHORE FOOT & ANKLE CLINIC		2120 Exchange St Ste 110
CareOregon	SASAKI	TRUMAN	2055 Exchange St Ste 290
CareOregon	TRUMAN M SASAKI MD PC		2055 Exchange St Ste 290
CareOregon	WAYNE	ROBERT	2265 Exchange St Ste 270
CareOregon	ASHLEY	SCOTT	2120 Exchange St Ste 209
CareOregon	LEONARDO	STEPHEN	2120 Exchange St Ste 209
CareOregon	WIMAHL FAMILY CLINIC INC		2120 Exchange St Ste 209

CareOregon	CLATSKANIE FAMILY MEDICAL CLINIC		401 Belair Dr
CareOregon	DENNIS-LEIGH	WILLIAM	401 Belair Dr
CareOregon	DODSON	LISA	401 Belair Dr
CareOregon	COLUMBIA COMMUNITY MENTAL HEALTH CLATSKANIE		469 Nehalem St
CareOregon	COLUMBIA COMMUNITY MENTAL HEALTH SCAPPOOSE		52482 SE 2ND
CareOregon	COLUMBIA COMMUNITY MENTAL HEALTH ST HELENS		58646 McNulty Way
CareOregon	COLUMBIA COMMUNITY MENTAL HEALTH VERNONIA		610 BRIDGE ST
CareOregon	BROWN	MARIE	1621 Columbia Blvd
CareOregon	COLUMBIA COUNTY CHILD ABUSE ASSES CTR		1621 Columbia Blvd
CareOregon	EDDY	LINDA	1621 Columbia Blvd
CareOregon	MUNSON	DEBORAH	1621 Columbia Blvd
CareOregon	WINCHELL	TAMMY	1621 Columbia Blvd
CareOregon	COLUMBIA FAMILY VISION CARE LLC		2020 Columbia Blvd
CareOregon	CURNUTT	GEORGE	2020 Columbia Blvd
CareOregon	RODMAN	BROOKS	2020 Columbia Blvd
CareOregon	LEGACY CLINIC ST HELENS INTERNAL MEDICINE		500 N Columbia River Hwy Ste 6
CareOregon	AVILA	PAMELA	500 N Columbia River Hwy Ste 6
CareOregon	BOSS	DIANA	500 N Columbia River Hwy Ste 6
CareOregon	EID	JESSICA	500 N Columbia River Hwy Ste 6
CareOregon	GOLDRING	MAUREEN	500 N Columbia River Hwy Ste 6
CareOregon	IENNA	LARISSA	500 N Columbia River Hwy Ste 6
CareOregon	JACOBSON	MELISSA	500 N Columbia River Hwy Ste 6
CareOregon	JONES	LISA	500 N Columbia River Hwy Ste 6
CareOregon	KOCHER	CHARLOTTE	500 N Columbia River Hwy Ste 6
CareOregon	KUMAR	SUSEELA	500 N Columbia River Hwy Ste 6
CareOregon	MARK	SUSAN	500 N Columbia River Hwy Ste 6
CareOregon	MURRAY	ERIC	500 N Columbia River Hwy Ste 6
CareOregon	PATRICK	SHAWN	500 N Columbia River Hwy Ste 6
CareOregon	RENNER	LAURA	500 N Columbia River Hwy Ste 6
CareOregon	ROSE	MATTHEW	500 N Columbia River Hwy Ste 6
CareOregon	SCHRATTENHOLZER	THOMAS	500 N Columbia River Hwy Ste 6
CareOregon	SEN	CHARUL	500 N Columbia River Hwy Ste 6
CareOregon	SHORTRIDGE	KRISTY	500 N Columbia River Hwy Ste 6
CareOregon	SICARD JR	GREGORIO	500 N Columbia River Hwy Ste 6

CareOregon	STROPNICKY	KATY	500 N Columbia River Hwy Ste 6
CareOregon	ZUKOWSKI	MATTHEW	500 N Columbia River Hwy Ste 6
CareOregon	HILL	KATHLEEN	500 N Columbia River Hwy Ste 6
CareOregon	KENLAN-LAURENT	CHRISTINE	500 N Columbia River Hwy Ste 6
CareOregon	LEGACY CLINIC ST HELENS MIDWIFERY		500 N Columbia River Hwy Ste 6
CareOregon	ROBINSON	ELIZABETH	500 N Columbia River Hwy Ste 6
CareOregon	STEBBINS	BETH	500 N Columbia River Hwy Ste 6
CareOregon	ZIMMERMAN PIKE	MICHELE	500 N Columbia River Hwy Ste 6
CareOregon	AZHAR	NAIYAR	500 N COLUMBIA RIVER HWY STE 6
CareOregon	LEGACY CLINIC ST HELENS PEDIATRICS		500 N COLUMBIA RIVER HWY STE 6
CareOregon	LEGACY IMAGING ST HELENS		500 N Columbia River Hwy 2
CareOregon	ANDERSON	MADALENE	500 N COLUMBIA RIVER HWY STE 7
CareOregon	BAUMAN	SUSAN	500 N COLUMBIA RIVER HWY STE 7
CareOregon	HENRIQUES	ROBERT	500 N COLUMBIA RIVER HWY STE 7
CareOregon	LEGACY URGENT CARE CLINIC AT ST HELENS		500 N COLUMBIA RIVER HWY STE 7
CareOregon	MADSEN	LYNN	500 N COLUMBIA RIVER HWY STE 7
CareOregon	MARTIN	ERIK	500 N COLUMBIA RIVER HWY STE 7
CareOregon	NICOL	ROBERT	500 N COLUMBIA RIVER HWY STE 7
CareOregon	PERLMAN	DAVID	500 N COLUMBIA RIVER HWY STE 7
CareOregon	RITCHIE	CHRISTOPHER	500 N COLUMBIA RIVER HWY STE 7
CareOregon	TRASK	SARA	500 N COLUMBIA RIVER HWY STE 7
CareOregon	EID	JESSICA	75 Shore Dr
CareOregon	KOCHER	CHARLOTTE	75 Shore Dr
CareOregon	KUMAR	SUSEELA	75 Shore Dr
CareOregon	MARK	SUSAN	75 Shore Dr
CareOregon	MEADOW PARK HEALTH & SPECIALTY CARE CENTER		75 Shore Dr
CareOregon	ZUKOWSKI	MATTHEW	75 Shore Dr
CareOregon	KELLY	JANET	525 N Columbia River Hwy
CareOregon	MCCAULEY	LILY	525 N Columbia River Hwy
CareOregon	OFFICE OF INTEGRATIVE MEDICINE		525 N Columbia River Hwy
CareOregon	BALSBAUGH	HOLLY	51377 SW Old Portland Rd Ste C
CareOregon	BRIDGES	AUBREY	51377 SW Old Portland Rd Ste C
CareOregon	BROOKS	EMMA	51377 SW Old Portland Rd Ste C
CareOregon	CHAN	JOE	51377 SW Old Portland Rd Ste C

CareOregon	DAVIDSON	HEATHER	51377 SW Old Portland Rd Ste C
CareOregon	DEGAN	MONIQUEA	51377 SW Old Portland Rd Ste C
CareOregon	DODSON	LISA	51377 SW Old Portland Rd Ste C
CareOregon	GIBBS	DANIEL	51377 SW Old Portland Rd Ste C
CareOregon	GOSSELIN	MARC	51377 SW Old Portland Rd Ste C
CareOregon	HAMILTON	BRONWYN	51377 SW Old Portland Rd Ste C
CareOregon	HAYS	MARCIA	51377 SW Old Portland Rd Ste C
CareOregon	HOOGESTRAAT	TAMARA	51377 SW Old Portland Rd Ste C
CareOregon	LABUDA	CRAIG	51377 SW Old Portland Rd Ste C
CareOregon	MICHEL	CHRISTOPHER	51377 SW Old Portland Rd Ste C
CareOregon	NESBIT	GARY	51377 SW Old Portland Rd Ste C
CareOregon	OHSU FAMILY HEALTH CENTER- SCAPPOOSE		51377 SW Old Portland Rd Ste C
CareOregon	PETERING	RYAN	51377 SW Old Portland Rd Ste C
CareOregon	PHALKE	VAISHALI	51377 SW Old Portland Rd Ste C
CareOregon	POLLACK	DAVID	51377 SW Old Portland Rd Ste C
CareOregon	POLLOCK	JEFFREY	51377 SW Old Portland Rd Ste C
CareOregon	POOLMAN	ERIC	51377 SW Old Portland Rd Ste C
CareOregon	RICCELLI	LOUIS	51377 SW Old Portland Rd Ste C
CareOregon	RICHARDSON	MICHAEL	51377 SW Old Portland Rd Ste C
CareOregon	RUGGE	JOHN	51377 SW Old Portland Rd Ste C
CareOregon	VARRO	ZOLTAN	51377 SW Old Portland Rd Ste C
CareOregon	VINES	JENNIFER	51377 SW Old Portland Rd Ste C
CareOregon	WAHLS	STEVEN	51377 SW Old Portland Rd Ste C
CareOregon	WARREN	JOHANNA	51377 SW Old Portland Rd Ste C
CareOregon	WEISSMAN	JANE	51377 SW Old Portland Rd Ste C
CareOregon	WHETSTONE	HEATHER	51377 SW Old Portland Rd Ste C
CareOregon	WHITE	BRETT	51377 SW Old Portland Rd Ste C
CareOregon	WOLFE	MARIKA	51377 SW Old Portland Rd Ste C
CareOregon	YETTER	MICHAEL	51377 SW Old Portland Rd Ste C
CareOregon	YUTAN	ELIZABETH	51377 SW Old Portland Rd Ste C
CareOregon	PNRS ST HELENS		500 N Columbia River Hwy Ste 510
CareOregon	WUSIRIKA	RAGHAV	500 N Columbia River Hwy Ste 510
CareOregon	PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY		2370 Gable Rd
CareOregon	BLIEVERNICHT	MATTHEW	51577 Columbia River Hwy Ste A

CareOregon	BLOOME	CATHERINE	51577 Columbia River Hwy Ste A
CareOregon	CROSS	JENNIFER	51577 Columbia River Hwy Ste A
CareOregon	DORRINGTON	MICHAEL	51577 Columbia River Hwy Ste A
CareOregon	HARDEBECK	LAURA	51577 Columbia River Hwy Ste A
CareOregon	HATHAWAY	CARRIE	51577 Columbia River Hwy Ste A
CareOregon	KUJAT	CHRISTINA	51577 Columbia River Hwy Ste A
CareOregon	KURKOSKI	OLYA	51577 Columbia River Hwy Ste A
CareOregon	TAI- SCAPPOOSE PHYSICAL THERAPY		51577 Columbia River Hwy Ste A
CareOregon	WEGLEY	ROGER	51577 Columbia River Hwy Ste A
CareOregon	BLOOME	CATHERINE	58147 Columbia River Hwy Ste A
CareOregon	BOGDEN	DAVID	58147 Columbia River Hwy Ste A
CareOregon	CORRIGAN	H	58147 Columbia River Hwy Ste A
CareOregon	CROSS	JENNIFER	58147 Columbia River Hwy Ste A
CareOregon	DILLS	PETER	58147 Columbia River Hwy Ste A
CareOregon	DORRINGTON	MICHAEL	58147 Columbia River Hwy Ste A
CareOregon	HATHAWAY	CARRIE	58147 Columbia River Hwy Ste A
CareOregon	LUSCOMBE	RYAN	58147 Columbia River Hwy Ste A
CareOregon	TAI- ST HELENS PHYSICAL THERAPY		58147 Columbia River Hwy Ste A
CareOregon	WEGLEY	ROGER	58147 Columbia River Hwy Ste A
CareOregon	TESAR	PAUL	1870A ST HELENS ST
CareOregon	KAEMPF	MICHAEL	500 N Columbia River Hwy
CareOregon	THE UROLOGY CLINIC - ST HELENS		500 N Columbia River Hwy
CareOregon	RODRIQUEZ	ALBERTO	510 Bridge St
CareOregon	VERDURA FAMILY WELLNESS INC -VERNONIA		510 Bridge St
CareOregon	ADAPT -DOUGLAS COUNTY		548 SE JACKSON ST
CareOregon	APOGEE MEDICAL GROUP PC - STEWART PARKWAY		2700 Stewart Parkway
CareOregon	BLEJERU	RADU	2700 Stewart Parkway
CareOregon	MAJEED	SHABANA	2700 Stewart Parkway
CareOregon	DOUGLAS COUNTY HEALTH & SOCIAL SERVICES DEPARTMEN		680 Fir Ave
CareOregon	DOUGLAS COUNTY HEALTH & SOCIAL SERVICES DEPARTMEN		621 W Madrone St
CareOregon	DUNES FAMILY HEALTH CARE PC		620 Ranch Rd
CareOregon	HARRIS	DALE	620 Ranch Rd
CareOregon	LAW	ROBERT	620 Ranch Rd
CareOregon	LION	RIO	620 Ranch Rd

CareOregon	MOON	KATHRYN	620 Ranch Rd
CareOregon	PATIN	JANET	620 Ranch Rd
CareOregon	PETROFES	MICHELLE	620 Ranch Rd
CareOregon	SONG	JIANMING	620 Ranch Rd
CareOregon	STANG	N	620 Ranch Rd
CareOregon	FREEDOM MOBILITY		1658 Del Rio Rd
CareOregon	HANGER PROSTHETICS & ORTHOTICS WEST		832 W HARVARD
CareOregon	LINCARE INC		1810 NW Mulholland Dr
CareOregon	LINCARE INC		325 Colorado Park Place
CareOregon	CELY	WILLIAM	600 Ranch Rd
CareOregon	CROSON	WILLIAM	600 Ranch Rd
CareOregon	HAIGHT	EUGENIE	600 Ranch Rd
CareOregon	JOHNSON	DOUGLAS	600 Ranch Rd
CareOregon	ORCUTT	JEREMY	600 Ranch Rd
CareOregon	SHANK	AUDREY	600 Ranch Rd
CareOregon	SHANK	GREGORY	600 Ranch Rd
CareOregon	THAPA	YIYAKCHU	600 Ranch Rd
CareOregon	LOWER UMPQUA HOSPITAL		600 Ranch Rd
CareOregon	LOWER UMPQUA HOSPITAL - HOSPICE		600 Ranch Rd
CareOregon	IVANITSKY	MICHAEL	600 Ranch Rd
CareOregon	LOWER UMPQUA HOSPITAL ORTHOPEDIC CLINIC		600 Ranch Rd
CareOregon	OHSU NEUROSURGERY IN ROSEBURG		277 NW Medical Loop
CareOregon	HAYDEN	JAMES	277 NW Medical Loop
CareOregon	OHSU ORTHOPAEDICS IN ROSEBURG		277 NW Medical Loop
CareOregon	OREGON RETINA SPECIALISTS		2995 NW Edenbower Blvd
CareOregon	WANG	YUJEN	2995 NW Edenbower Blvd
CareOregon	CELY	WILLIAM	385 Ranch Rd
CareOregon	FABER	THOMAS	385 Ranch Rd
CareOregon	FURLONG	LEE	385 Ranch Rd
CareOregon	HAIGHT	EUGENIE	385 Ranch Rd
CareOregon	IVANITSKY	MICHAEL	385 Ranch Rd
CareOregon	JOHNSON	DOUGLAS	385 Ranch Rd
CareOregon	PRADHAN	EVA	385 Ranch Rd
CareOregon	REEDSPORT MEDICAL CLINIC		385 Ranch Rd

CareOregon	THAPA	YIYAKCHU	385 Ranch Rd
CareOregon	DONATO	EDSEN	300 Pacific Ave
CareOregon	DONATO	MIVEN	300 Pacific Ave
CareOregon	RIVERSIDE PHYSICAL THERAPY- GLENDALE		300 Pacific Ave
CareOregon	SHEELY	SUSAN	300 Pacific Ave
CareOregon	WETZELL	GALEN	300 Pacific Ave
CareOregon	WOOD	JEFFREY	300 Pacific Ave
CareOregon	COSTA	RONALD	2040 NW Newcastle
CareOregon	JONES	JEFFREY	2040 NW Newcastle
CareOregon	SHIPLEY	JOHN	2040 NW Newcastle
CareOregon	TAI- CENTRAL PHYSICAL THERAPY		2040 NW Newcastle
CareOregon	WEGLEY	ROGER	2040 NW Newcastle
CareOregon	ARREGUIN	RAYMOND	211 Dakota St
CareOregon	COSTA	RONALD	211 Dakota St
CareOregon	HIRTLE	DAN	211 Dakota St
CareOregon	RAMMAGE	KIMBERLY	211 Dakota St
CareOregon	TAI- SUTHERLIN PHYSICAL THERAPY		211 Dakota St
CareOregon	WEGLEY	ROGER	211 Dakota St
CareOregon	JONES	MICHELLE	20170 N Umpqua Hwy
CareOregon	UMPQUA COMMUNITY HEALTH CENTER - GLIDE		20170 N Umpqua Hwy
CareOregon	BEERY	HEIDI	150 NE Kenneth Ford Dr
CareOregon	CUDNEY	ERIN	150 NE Kenneth Ford Dr
CareOregon	GAFFIELD	KELLI	150 NE Kenneth Ford Dr
CareOregon	HATTON	CANDACE	150 NE Kenneth Ford Dr
CareOregon	HOLT	NATHANIEL	150 NE Kenneth Ford Dr
CareOregon	JACOBSON	BARBARA	150 NE Kenneth Ford Dr
CareOregon	LUNDY	THERESA	150 NE Kenneth Ford Dr
CareOregon	MCNUTT	CHARLTON	150 NE Kenneth Ford Dr
CareOregon	MICEK	JENNIFER	150 NE Kenneth Ford Dr
CareOregon	PETERSON	JOHN	150 NE Kenneth Ford Dr
CareOregon	SCHMID	TANDRA	150 NE Kenneth Ford Dr
CareOregon	SEAMANS	YANCY	150 NE Kenneth Ford Dr
CareOregon	TSUCHIYA	MELINDA	150 NE Kenneth Ford Dr
CareOregon	UMPQUA COMMUNITY HEALTH CENTER - ROSEBURG		150 NE Kenneth Ford Dr

CareOregon	WAYBRANT	KATHLEEN	150 NE Kenneth Ford Dr
CareOregon	ADVENTIST HEALTH TILLAMOOK MEDICAL GROUP		980 3rd St Ste 200
CareOregon	BATCHELDER	ELIZABETH	980 3rd St Ste 200
CareOregon	BOHLMAN	JOHN	980 3rd St Ste 200
CareOregon	BRADBURN	DAVID	980 3rd St Ste 200
CareOregon	DOHERTY	SCOTT	980 3rd St Ste 200
CareOregon	GERKEN	BRITTANY	980 3rd St Ste 200
CareOregon	HILL	CALVIN	980 3rd St Ste 200
CareOregon	MARTIN	IRENE	980 3rd St Ste 200
CareOregon	MEIER	BENIUS	980 3rd St Ste 200
CareOregon	MITCHELL	BRANDON	980 3rd St Ste 200
CareOregon	PITTS	TODD	980 3rd St Ste 200
CareOregon	SAYLER	GLEN	980 3rd St Ste 200
CareOregon	ADVENTIST HEALTH TILLAMOOK MEDICAL GROUP - BAY OCE		1011 3rd St
CareOregon	ARNESON	SHIRLEY	1011 3rd St
CareOregon	CALLAHAN	LETA	1011 3rd St
CareOregon	DOUGLAS II	BEN	1011 3rd St
CareOregon	SOANS	ROBERT	1011 3rd St
CareOregon	TEED	RONALD	1011 3rd St
CareOregon	ADVENTIST HEALTH TILLAMOOK MEDICAL GROUP - MANZANITA		10445 Neahkahnie Creek Rd
CareOregon	CHELSKY	RONALD	10445 Neahkahnie Creek Rd
CareOregon	DOHERTY	SCOTT	10445 Neahkahnie Creek Rd
CareOregon	HART	MARK	10445 Neahkahnie Creek Rd
CareOregon	SOANS	ROBERT	10445 Neahkahnie Creek Rd
CareOregon	ADVENTIST HOME HEALTH TILLAMOOK		1015 3rd St
CareOregon	BAYSHORE FAMILY MEDICINE - PACIFIC CITY		38505 Brooten Rd Ste A
CareOregon	BROWN	CRAIG	38505 Brooten Rd Ste A
CareOregon	HANDLEY	BRIAN	38505 Brooten Rd Ste A
CareOregon	STEINKE	GREG	38505 Brooten Rd Ste A
CareOregon	THOMPSON	ALBERT	38505 Brooten Rd Ste A
CareOregon	THOMPSON	MYRA	38505 Brooten Rd Ste A
CareOregon	BAYSHORE PHYSICAL THERAPY & FITNESS CENTER		38505 Brooten Rd Ste C
CareOregon	KELLOW	LARS	38505 Brooten Rd Ste C
CareOregon	KELLOW	NOLAN	38505 Brooten Rd Ste C

CareOregon	MINA	CHARITO	38505 Brooten Rd Ste C
CareOregon	GIBBS	GERALD	980 3rd St Ste 500
CareOregon	HILLSBORO HEMATOLOGY & ONCOLOGY		980 3rd St Ste 500
CareOregon	JAMES T PAPPAS MD PC		980 Third St
CareOregon	PAPPAS	JAMES	980 Third St
CareOregon	MALLETT	EDWARD	102 MAIN AVE
CareOregon	BALISH	MARTIN	980 Third St Ste 100
CareOregon	OREGON EYE SPECIALISTS		980 Third St Ste 100
CareOregon	KORNGOLD	ETHAN	230 ROWE ST
CareOregon	PROVIDENCE ST VINCENT HEART CLINICS CARDIOLOGY RINEH		230 ROWE ST
CareOregon	DOHERTY	SCOTT	230 Rowe Street
CareOregon	FARMER	HEATHER	230 Rowe Street
CareOregon	KOSIK	SANDRA	230 Rowe Street
CareOregon	MAYHEW	KATHRYN	230 Rowe Street
CareOregon	MOORE	MINDY	230 Rowe Street
CareOregon	PRATA	BREEANNA	230 Rowe Street
CareOregon	PRATA	JOHN	230 Rowe Street
CareOregon	RINEHART	HARRY	230 Rowe Street
CareOregon	RINEHART CLINIC		230 Rowe Street
CareOregon	WALCZAK	KARIN	230 Rowe Street
CareOregon	KENDALL	LISA	2615 6th St
CareOregon	THE MIDDLE WAY HEALTH CARE		2615 6th St
CareOregon	BALISH	MARTIN	1000 3rd St
CareOregon	BARHAGHI	MICHELLE	1000 3rd St
CareOregon	BATCHELDER	ELIZABETH	1000 3rd St
CareOregon	BOHLMAN	JOHN	1000 3rd St
CareOregon	BOWMAN	MARK	1000 3rd St
CareOregon	BRADBURN	DAVID	1000 3rd St
CareOregon	DENNIS	PAUL	1000 3rd St
CareOregon	GERKEN	BRITTANY	1000 3rd St
CareOregon	GILLIAM	RONALD	1000 3rd St
CareOregon	HART	MARK	1000 3rd St
CareOregon	HOUSTON	MARC	1000 3rd St
CareOregon	JOHNSON	BRETT	1000 3rd St

CareOregon	MCCOLGIN	GENE	1000 3rd St
CareOregon	MCDONALD	JEFFREY	1000 3rd St
CareOregon	MEIER	BENIUS	1000 3rd St
CareOregon	PITTS	TODD	1000 3rd St
CareOregon	SAYLER	GLEN	1000 3rd St
CareOregon	TEED	RONALD	1000 3rd St
CareOregon	TILLAMOOK COUNTY GENERAL HOSPITAL		1000 3rd St
CareOregon	TURNEY	MATTHEW	1000 3rd St
CareOregon	BETLINSKI	PAUL	801 Pacific Ave
CareOregon	BETLINSKI	PAUL	34335 Hwy 101 S
CareOregon	BETLINSKI	PAUL	276 S Hwy 101
CareOregon	HRABETIN II	FRANK	801 Pacific Ave
CareOregon	JOSE	DONNA	34335 Hwy 101 S
CareOregon	JOSE	DONNA	801 Pacific Ave
CareOregon	KOSIK	SANDRA	801 Pacific Ave
CareOregon	KOSIK	SANDRA	276 S Hwy 101
CareOregon	OLDENKAMP	ERIN	801 Pacific Ave
CareOregon	SMITH	MARK	801 Pacific Ave
CareOregon	TILLAMOOK COUNTY HEALTH DEPARTMENT		276 S Hwy 101
CareOregon	TILLAMOOK COUNTY HEALTH DEPARTMENT		801 Pacific Ave
CareOregon	TILLAMOOK COUNTY HEALTH DEPARTMENT		34335 Hwy 101 S
CareOregon	ZIMMERMAN	ANNE	801 Pacific Ave
CareOregon	ZIMMERMAN	JOHN	801 Pacific Ave
CareOregon	TILLAMOOK FAMILY COUNSELING CENTER		906 Main Ave

phycity	phyzip	phycounty	provtype	specialty	dmapid	NPI	pcp	mbrsassign	addlmemb	credverification
Astoria	97103-4059	Clatsop	09	051	ATN: 6054(	19627928C	N	0	0	not applicable
Astoria	97103-4059	Clatsop	34	252	286648	144729316	N	0	0	11/12/10
Astoria	97103-4059	Clatsop	34	268	279367	122523072	N	0	0	09/29/11
Astoria	97103-3329	Clatsop	34	252	243044	112405442	N	0	0	01/21/11
Astoria	97103-3329	Clatsop	09	051	500607654	155830217	N	0	0	not applicable
Astoria	97103-3329	Clatsop	34	252	50061128C	165952022	N	0	0	02/21/11
Astoria	97103-3329	Clatsop	34	252	500612478	192220278	N	0	0	09/10/09
Astoria	97103-3329	Clatsop	34	252	069401	150891884	N	0	0	07/28/08
Astoria	97103-3329	Clatsop	34	252	500642084	157871223	N	0	0	02/04/12
Astoria	97103-3329	Clatsop	34	252	500611133	175049951	N	0	0	02/21/11
Astoria	97103-3329	Clatsop	34	252	271029	195236231	N	0	0	06/09/11
Astoria	97103-3329	Clatsop	34	252	500623094	184140993	N	0	0	02/21/11
Astoria	97103-3419	Clatsop	09	051	500642869	157883145	N	0	0	not applicable
Astoria	97103-3419	Clatsop	34	276	005974	154824228	N	0	0	08/28/09
WARRENTON	97146-9649	CLATSOP	09	057	018999	137652799	N	0	0	09/19/07
WARRENTON	97146-9649	CLATSOP	45	487	018999	137652799	N	0	0	03/12/10
Astoria	97103-3419	Clatsop	34	274	240477	112404269	N	0	0	07/31/10
Astoria	97103-3419	Clatsop	09	051	500624715	116445803	N	0	0	not applicable
Astoria	97103-3419	Clatsop	34	274	061614	14573974C	N	0	0	12/02/10
Astoria	97103-3419	Clatsop	34	274	288351	119477648	N	0	0	04/30/10
Astoria	97103-3419	Clatsop	34	274	500622492	127585939	N	0	0	07/31/10
Astoria	97103-3419	Clatsop	34	274	500628496	107376959	N	0	0	12/01/11
Astoria	97103-3419	Clatsop	34	274	500616625	107371827	N	0	0	06/02/11
Astoria	97103-3419	Clatsop	34	274	500635255	118474656	N	0	0	09/06/11
Astoria	97103-3419	Clatsop	34	274	242370	122525627	N	0	0	06/30/10
Astoria	97103-3419	Clatsop	34	274	061747	131699964	N	0	0	11/30/09
Astoria	97103-3364	Clatsop	33	92	030494	101392515	N	0	0	07/27/11
ASTORIA	97103-4609	CLATSOP	09	051	096560	112404385	N	0	0	not applicable
Astoria	97103-3316	Clatsop	46	395	500634331	167971329	N	0	0	12/23/10
Seaside	97138-6608	Clatsop	09	051	226831	116460187	N	0	0	not applicable

Seaside	97138-6608	Clatsop	43	380	500630868	100308051	N	0	0	06/23/10
Seaside	97138-6608	Clatsop	43	380	046289	172008241	N	0	0	08/17/11
Astoria	97103-3321	Clatsop	15	091	231893	194236977	Y	1031	3969	08/21/09
Astoria	97103-3321	Clatsop	42	364	247358	143722936	Y	0	0	11/11/09
Astoria	97103-3321	Clatsop	42	364	272060	186168024	Y	0	0	12/07/10
Astoria	97103-3321	Clatsop	34	249	081575	118461577	Y	0	0	04/13/11
Astoria	97103-3321	Clatsop	42	364	500633884	175051453	Y	0	0	10/15/09
Astoria	97103-3321	Clatsop	34	249	134227	151802897	Y	0	0	06/25/09
Astoria	97103-3321	Clatsop	42	364	500642779	122531479	N	0	0	03/28/12
Astoria	97103-3329	Clatsop	34	268	017629	135635795	N	0	0	12/01/09
Astoria	97103-3329	Clatsop	266	165	170989	113414693	N	0	0	03/20/12
Astoria	97103-3329	Clatsop	34	274	500622492	127585939	N	0	0	07/31/10
Astoria	97103-3329	Clatsop	34	300	198291	195239401	N	0	0	03/20/12
Astoria	97103-3331	Clatsop	09	055	500621984	182125412	Y	214	236	not applicable
Astoria	97103-3331	Clatsop	34	283	500612935	106361567	Y	0	0	10/05/09
Astoria	97103-3331	Clatsop	34	283	276048	122500791	Y	0	0	06/24/10
Astoria	97103-3331	Clatsop	34	283	500607843	117460224	Y	0	0	10/05/09
Astoria	97103-3419	Clatsop	09	051	500624722	187174765	N	0	0	not applicable
Astoria	97103-3419	Clatsop	34	300	500620075	148764088	N	0	0	05/27/10
Astoria	97103-3331	Clatsop	42	367	083621	162914259	N	0	0	05/11/10
Astoria	97103-3331	Clatsop	09	051	170989	170080976	N	0	0	not applicable
Astoria	97103-3331	Clatsop	34	276	286538	188170267	N	0	0	04/13/10
Astoria	97103-3331	Clatsop	34	276	110353	111419660	N	0	0	03/09/12
Astoria	97103-3364	Clatsop	42	360	239443	127551518	Y	0	0	06/09/11
Astoria	97103-3364	Clatsop	09	051	286976	180191998	Y	47	73	not applicable
Astoria	97103-3364	Clatsop	34	252	061320	147762299	Y	0	0	03/17/11
Astoria	97103-3366	Clatsop	09	051	213123	186154913	N	0	0	not applicable
Seaside	97138-7735	Clatsop	09	051	278603	139684985	N	0	0	not applicable
Seaside	97138-7735	Clatsop	34	242	243087	174032006	N	0	0	05/05/11
Seaside	97138-7735	Clatsop	42	364	500625030	137685538	N	0	0	09/24/10
Seaside	97138-7735	Clatsop	34	242	035787	101392357	N	0	0	10/31/10
Seaside	97138-7735	Clatsop	42	366	275486	131695387	N	0	0	06/30/10
Warrenton	97146-9611	Clatsop	36	315	274110	170096181	N	0	0	02/25/09
Astoria	97103-3365	Clatsop	34	279	195560	189176021	N	0	0	07/13/10

Astoria	97103-3365	Clatsop	34	279	269964	115439657	N	0	0	06/07/11
Astoria	97103-3365	Clatsop	34	279	057989	141792284	N	0	0	06/15/10
Astoria	97103-3365	Clatsop	34	279	500608782	122516927	N	0	0	09/02/09
Astoria	97103-3365	Clatsop	34	279	500626437	131699008	N	0	0	09/30/10
Astoria	97103-3365	Clatsop	09	051	500624742	106373703	N	0	0	not applicable
Astoria	97103-3365	Clatsop	34	279	069146	122500321	N	0	0	04/06/11
Astoria	97103-3505	Clatsop	34	249	048140	109377089	Y	0	0	08/12/10
Astoria	97103-3505	Clatsop	42	364	024680	142700657	Y	0	0	12/08/11
Astoria	97103-3505	Clatsop	09	051	286620		Y	121	0	not applicable
Astoria	97103-3505	Clatsop	42	367	117572	109377992	Y	0	0	12/10/09
Astoria	97103-4002	Clatsop	36	315	500600821	142727492	N	0	0	not applicable
Gearhart	97138-4321	Clatsop	09	051	215905	102319022	Y	112	38	not applicable
Gearhart	97138-4321	Clatsop	34	252	215905	102319022	Y	0	0	11/09/11
Astoria	97103-3918	Clatsop	45	390	279087	160992409	N	0	0	03/27/12
Astoria	97103-3918	Clatsop	45	390	279088	196255036	N	0	0	03/29/12
Astoria	97103-3918	Clatsop	09	054	279089	142724169	N	0	0	not applicable
Astoria	97103-3918	Clatsop	45	390	500637905	188197596	N	0	0	10/11/11
Seaside	97138-6728	Clatsop	36	315	240374	138675853	N	0	0	not applicable
ASTORIA	97103-3366	CLATSOP	32	200	208295	107362597	N	0	0	02/27/09
Gearhart	97138-4321	Clatsop	24	155	218414	179087346	N	0	0	02/28/12
Cannon Beach	97110-7110	Clatsop	42	364	243015	186141624	Y	0	0	01/06/11
Cannon Beach	97110-7110	Clatsop	34	249	288248	155846951	Y	0	0	06/16/09
Cannon Beach	97110-7110	Clatsop	42	364	000683	142714847	Y	0	0	07/21/09
Cannon Beach	97110-7110	Clatsop	46	395	500619040	172031507	N	0	0	04/27/10
Cannon Beach	97110-7110	Clatsop	14	095	039607	164934445	N	24	0	not applicable
Cannon Beach	97110-7110	Clatsop	34	279	009170	162903405	N	0	0	07/27/10
Cannon Beach	97110-7110	Clatsop	42	360	029026	172018634	Y	0	0	12/15/11
Cannon Beach	97110-7110	Clatsop	34	249	022664	163927965	Y	0	0	06/16/09
Seaside	97138-7735	Clatsop	42	364	243015	186141624	Y	0	0	01/06/11
Seaside	97138-7735	Clatsop	34	252	500622244	138683453	N	0	0	07/09/10
Seaside	97138-7735	Clatsop	34	249	000401	197260089	Y	0	0	06/09/09
Seaside	97138-7735	Clatsop	34	276	500615364	133628356	N	0	0	02/18/10
Seaside	97138-7735	Clatsop	46	395	500608081	159894984	Y	0	0	07/30/09
Seaside	97138-7735	Clatsop	46	395	500613599	166943266	Y	0	0	02/09/10

Seaside	97138-7735	Clatsop	34	249	274182	134627273	Y	0	0	03/15/11
Seaside	97138-7735	Clatsop	34	249	288248	155846951	Y	0	0	06/16/09
Seaside	97138-7735	Clatsop	34	300	006502	175030698	N	0	0	08/12/10
Seaside	97138-7735	Clatsop	42	364	024680	142700657	Y	0	0	12/08/11
Seaside	97138-7735	Clatsop	42	364	291747	157857577	Y	0	0	02/16/10
Seaside	97138-7735	Clatsop	42	364	000683	142714847	Y	0	0	07/21/09
Seaside	97138-7735	Clatsop	46	395	50061904C	172031507	Y	0	0	04/27/10
Seaside	97138-7735	Clatsop	42	364	50061449S	121509402	Y	0	0	12/31/09
Seaside	97138-7735	Clatsop	42	364	000360	157854401	N	0	0	11/13/09
Seaside	97138-7735	Clatsop	34	249	274475	181195482	Y	0	0	07/19/10
Seaside	97138-7735	Clatsop	42	364	240266	149778195	N	0	0	11/22/11
Seaside	97138-7735	Clatsop	46	395	500640462	110402218	N	0	0	12/21/11
Seaside	97138-7735	Clatsop	34	274	078944	162906902	N	0	0	10/31/09
Seaside	97138-7735	Clatsop	34	283	000831	141791195	N	0	0	08/30/11
Seaside	97138-7735	Clatsop	33	365	269762	102311486	N	0	0	07/21/09
Seaside	97138-7735	Clatsop	34	249	024599	175044898	N	0	0	01/24/12
Seaside	97138-7735	Clatsop	34	300	073762	118460407	N	0	0	07/21/09
Seaside	97138-7735	Clatsop	34	279	500607170	117466216	N	0	0	07/15/09
Seaside	97138-7735	Clatsop	34	249	227343	193214873	Y	0	0	08/27/09
Seaside	97138-7735	Clatsop	42	364	100376	154826582	Y	0	0	09/20/11
Seaside	97138-7735	Clatsop	34	279	009170	162903405	N	0	0	07/27/10
Seaside	97138-7735	Clatsop	34	249	500610617	157854757	Y	0	0	09/09/09
Seaside	97138-7735	Clatsop	34	300	241813	183120963	N	0	0	07/20/10
Seaside	97138-7735	Clatsop	46	395	500616515	163915685	N	0	0	02/11/10
Seaside	97138-7735	Clatsop	34	304	500629272	154824319	N	0	0	12/02/10
Seaside	97138-7735	Clatsop	34	249	213322	135639265	Y	0	0	01/21/10
Seaside	97138-7735	Clatsop	34	300	500614807	115434955	N	0	0	10/22/09
Seaside	97138-7735	Clatsop	34	249	269019	172017974	Y	0	0	08/26/09
Seaside	97138-7735	Clatsop	34	274	025572	134622468	N	0	0	12/22/09
Seaside	97138-7735	Clatsop	42	360	029026	172018634	Y	0	0	12/15/11
Seaside	97138-7735	Clatsop	42	366	275486	131695387	N	0	0	06/30/10
Seaside	97138-7735	Clatsop	34	249	022664	163927965	Y	0	0	06/16/09
Seaside	97138-7735	Clatsop	34	249	286833	112405604	N	0	0	07/20/11
Seaside	97138-7735	Clatsop	34	304	240132	117452836	N	0	0	03/22/12

Warrenton	97146-9314	Clatsop	34	252	500622244	138683453	Y	0	0	07/09/10
Warrenton	97146-9314	Clatsop	34	249	000401	19726008	Y	0	0	06/09/09
Warrenton	97146-9314	Clatsop	46	395	500608081	159894984	Y	0	0	07/30/09
Warrenton	97146-9314	Clatsop	46	395	500613599	166943266	Y	0	0	02/09/10
Warrenton	97146-9314	Clatsop	34	249	274182	134627273	Y	0	0	03/15/11
Warrenton	97146-9314	Clatsop	42	364	024680	142700657	Y	0	0	12/08/11
Warrenton	97146-9314	Clatsop	42	364	500614499	121509402	Y	0	0	12/31/09
Warrenton	97146-9314	Clatsop	42	364	100376	154826582	Y	0	0	09/20/11
Warrenton	97146-9314	Clatsop	42	360	029026	172018634	Y	0	0	12/15/11
Seaside	97138-7735	Clatsop	14	095	039607	164934445	Y	200	0	not applicable
Warrenton	97146-9314	Clatsop	14	095	039607	164934445	Y	22	28	not applicable
Seaside	97138-7735	Clatsop	34	232	500609590	154822338	N	0	0	11/01/09
Seaside	97138-7735	Clatsop	34	232	018689	178062088	N	0	0	03/10/10
Seaside	97138-7735	Clatsop	34	252	227248	125536955	N	0	0	11/19/08
Seaside	97138-7735	Clatsop	34	232	028115	148769748	N	0	0	10/01/09
Seaside	97138-7735	Clatsop	34	247	068957	101398544	N	0	0	07/12/11
Seaside	97138-7735	Clatsop	34	295	151246	173012502	N	0	0	05/13/09
Seaside	97138-7735	Clatsop	34	282	041926	162929711	N	0	0	03/05/12
Seaside	97138-7735	Clatsop	34	282	271236	124545103	N	0	0	03/05/12
Seaside	97138-7735	Clatsop	34	252	500622244	138683453	N	0	0	07/09/10
Seaside	97138-7735	Clatsop	37	330	241325	136661497	N	0	0	03/24/10
Seaside	97138-7735	Clatsop	34	249	000401	19726008	N	0	0	06/09/09
Seaside	97138-7735	Clatsop	46	395	500621817	121503343	N	0	0	05/06/10
Seaside	97138-7735	Clatsop	34	276	500615364	133628356	N	0	0	02/18/10
Seaside	97138-7735	Clatsop	34	252	500614922	137670589	N	0	0	08/23/10
Seaside	97138-7735	Clatsop	34	241	212274	137664014	N	0	0	12/02/10
Seaside	97138-7735	Clatsop	46	395	500608081	159894984	N	0	0	07/30/09
Seaside	97138-7735	Clatsop	34	295	093781	141799196	N	0	0	08/27/09
Seaside	97138-7735	Clatsop	46	395	500613599	166943266	N	0	0	02/09/10
Seaside	97138-7735	Clatsop	34	282	246507	102322983	N	0	0	04/28/11
Seaside	97138-7735	Clatsop	34	249	274182	134627273	N	0	0	03/15/11
Seaside	97138-7735	Clatsop	34	300	500612791	10737757C	N	0	0	12/22/09
Seaside	97138-7735	Clatsop	34	249	288248	155846951	N	0	0	06/16/09
Seaside	97138-7735	Clatsop	34	282	242856	108381955	N	0	0	04/10/08

Seaside	97138-7735	Clatsop	34	300	006502	175030698	N	0	0	08/12/10
Seaside	97138-7735	Clatsop	34	300	110007	103320093	N	0	0	10/22/09
Seaside	97138-7735	Clatsop	34	247	287063	124534561	N	0	0	03/10/10
Seaside	97138-7735	Clatsop	34	282	084012	16191960C	N	0	0	03/24/10
Seaside	97138-7735	Clatsop	42	364	000683	142714847	N	0	0	07/21/09
Seaside	97138-7735	Clatsop	34	249	128335	134634893	N	0	0	03/12/12
Seaside	97138-7735	Clatsop	46	395	50061904C	172031507	N	0	0	04/27/10
Seaside	97138-7735	Clatsop	42	364	500614499	121509402	N	0	0	12/31/09
Seaside	97138-7735	Clatsop	34	282	007303	16199907C	N	0	0	03/06/12
Seaside	97138-7735	Clatsop	34	247	288176	114427685	N	0	0	06/14/11
Seaside	97138-7735	Clatsop	34	300	500602727	123539425	N	0	0	08/19/09
Seaside	97138-7735	Clatsop	34	252	067314	169986774	N	0	0	04/28/11
Seaside	97138-7735	Clatsop	34	295	50060971C	178062009	N	0	0	10/13/09
Seaside	97138-7735	Clatsop	34	285	130153	134622249	N	0	0	09/01/09
Seaside	97138-7735	Clatsop	34	282	500627777	159872645	N	0	0	06/02/11
Seaside	97138-7735	Clatsop	34	232	500609355	156845273	N	0	0	08/26/09
Seaside	97138-7735	Clatsop	34	249	274475	181195482	N	0	0	07/19/10
Seaside	97138-7735	Clatsop	34	295	245373	181196664	N	0	0	11/04/09
Seaside	97138-7735	Clatsop	34	282	269800	113434854	N	0	0	03/05/12
Seaside	97138-7735	Clatsop	34	249	287444	186161566	N	0	0	03/31/10
Seaside	97138-7735	Clatsop	34	274	078944	162906902	N	0	0	10/31/09
Seaside	97138-7735	Clatsop	34	283	000831	141791195	N	0	0	08/30/11
Seaside	97138-7735	Clatsop	33	365	269762	102311486	N	0	0	07/21/09
Seaside	97138-7735	Clatsop	34	300	073762	118460407	N	0	0	07/21/09
Seaside	97138-7735	Clatsop	34	232	500630418	117455531	N	0	0	12/21/10
Seaside	97138-7735	Clatsop	34	252	297884	14978093C	N	0	0	04/16/09
Seaside	97138-7735	Clatsop	34	232	025148	122502051	N	0	0	07/22/09
Seaside	97138-7735	Clatsop	34	300	500611428	175032992	N	0	0	10/28/09
Seaside	97138-7735	Clatsop	37	330	292371	130689259	N	0	0	10/18/10
Seaside	97138-7735	Clatsop	42	364	100376	154826582	N	0	0	09/20/11
Seaside	97138-7735	Clatsop	266	165	000138	157850049	N	0	0	07/28/10
Seaside	97138-7735	Clatsop	34	279	009170	162903405	N	0	0	07/27/10
Seaside	97138-7735	Clatsop	34	249	500610617	157854757	N	0	0	09/09/09
Seaside	97138-7735	Clatsop	34	300	241813	183120963	N	0	0	07/20/10

Seaside	97138-7735	Clatsop	34	282	273857	194242934	N	0	0	11/02/10
Seaside	97138-7735	Clatsop	34	242	500636853	191210595	N	0	0	07/01/11
Seaside	97138-7735	Clatsop	34	282	500620303	110492852	N	0	0	05/05/10
Seaside	97138-7735	Clatsop	34	252	198564	13160884C	N	0	0	03/30/10
Seaside	97138-7735	Clatsop	46	395	500616515	163915685	N	0	0	02/11/10
Seaside	97138-7735	Clatsop	34	249	007172	138686459	N	0	0	09/01/09
Seaside	97138-7735	Clatsop	34	249	240129	16492175E	N	0	0	03/24/10
Seaside	97138-7735	Clatsop	34	304	500629272	154824319	N	0	0	12/02/10
Seaside	97138-7735	Clatsop	34	232	275349	160981893	N	0	0	04/13/10
Seaside	97138-7735	Clatsop	34	249	269019	172017974	N	0	0	08/26/09
Seaside	97138-7735	Clatsop	42	366	025922	146759007	N	0	0	03/29/10
Seaside	97138-7735	Clatsop	34	300	198291	195239401	N	0	0	03/20/12
Seaside	97138-7735	Clatsop	34	252	215905	102319022	N	0	0	11/09/11
Seaside	97138-7735	Clatsop	34	282	024572	173030064	N	0	0	03/05/12
Seaside	97138-7735	Clatsop	34	249	022664	163927965	N	0	0	06/16/09
Seaside	97138-7735	Clatsop	37	330	026006	12857665C	N	0	0	04/28/11
Seaside	97138-7735	Clatsop	34	232	073796	133618543	N	0	0	01/07/10
Seaside	97138-7735	Clatsop	34	304	240132	11745283E	N	0	0	03/22/12
Astoria	97103-3365	Clatsop	34	232	50060959C	154822338	N	0	0	11/01/09
Astoria	97103-3365	Clatsop	34	232	287730	171092108	N	0	0	04/14/10
Astoria	97103-3365	Clatsop	34	232	240072	179074942	N	0	0	11/01/09
Astoria	97103-3365	Clatsop	34	232	500630418	117455531	N	0	0	12/21/10
Astoria	97103-3365	Clatsop	09	051	50062201C	198292149	N	0	0	not applicable
Seaside	97138-7735	Clatsop	34	232	500630418	117455531	N	0	0	12/21/10
Seaside	97138-7735	Clatsop	09	051	500622002	118494161	N	0	0	not applicable
Seaside	97138-7735	Clatsop	34	232	275349	160981893	N	0	0	04/13/10
Astoria	97103-3322	Clatsop	19	130	295455	194236523	N	0	0	07/26/11
Astoria	97103-3322	Clatsop	09	051	500615921	193235865	N	0	0	not applicable
Astoria	97103-3419	Clatsop	34	300	246397	109375848	N	0	0	09/16/10
Astoria	97103-3419	Clatsop	09	051	50040002C	14271470C	N	0	0	not applicable
ASTORIA	97103-3331	CLATSOP	34	300	241422	186148643	N	0	0	11/23/11
Astoria	97103-3364	Clatsop	34	249	275225	191207643	Y	0	0	12/08/09
Astoria	97103-3364	Clatsop	46	395	50060418C	136644764	Y	0	0	06/23/09
Astoria	97103-3364	Clatsop	09	051	279238	186166478	Y	25	105	not applicable

Clatskanie	97016-1050	Columbia	14	095	500621818	174050442	Y	189	11	not applicable
Clatskanie	97016-1050	Columbia	46	395	500621817	121503343	Y	0	0	05/06/10
Clatskanie	97016-1050	Columbia	34	249	024096	105332898	Y	0	0	11/04/10
Clatskanie	97016-7016	Columbia	03	016	195164	186161735	N	0	0	02/07/12
Scappoose	97056-3615	Columbia	03	016	195164	186161735	N	0	0	02/09/12
Saint Helens	97051-6210	Columbia	03	016	195164	186161735	N	0	0	02/09/12
Vernonia	97064-1267	Columbia	03	016	195164	186161735	N	0	0	02/09/12
Saint Helens	97051-6221	COLUMBIA	42	362	117403	19120812C	N	0	0	04/10/12
Saint Helens	97051-6221	COLUMBIA	09	055	226810	162915232	N	0	0	not applicable
Saint Helens	97051-6221	COLUMBIA	42	362	002506	11242727C	N	0	0	02/15/12
Saint Helens	97051-6221	COLUMBIA	42	362	028058	119473323	N	0	0	08/18/09
Saint Helens	97051-6221	COLUMBIA	42	362	247357	167967334	N	0	0	06/01/11
Saint Helens	97051-1737	Columbia	09	051	500636929	151825213	N	0	0	not applicable
Saint Helens	97051-1737	Columbia	43	380	026336	11048958C	N	0	0	08/05/09
Saint Helens	97051-1737	Columbia	43	380	500636085	180111619	N	0	0	08/17/11
Saint Helens	97051-1201	Columbia	09	051	286524	131612923	Y	681	819	not applicable
Saint Helens	97051-1201	Columbia	42	364	211086	181101117	Y	0	0	09/17/09
Saint Helens	97051-1201	Columbia	34	252	243095	10232394C	Y	0	0	12/16/10
Saint Helens	97051-1201	Columbia	34	252	006214	159885263	Y	0	0	08/24/10
Saint Helens	97051-1201	Columbia	34	232	150138	185138371	N	0	0	09/13/11
Saint Helens	97051-1201	Columbia	42	364	500604157	167976622	Y	0	0	08/09/11
Saint Helens	97051-1201	Columbia	58	326	500613729	189176108	N	0	0	01/09/12
Saint Helens	97051-1201	Columbia	46	395	500628313	131624776	N	0	0	12/09/10
Saint Helens	97051-1201	Columbia	42	360	226642	193216398	Y	0	0	11/13/09
Saint Helens	97051-1201	Columbia	34	252	500604119	150890493	Y	0	0	10/11/11
Saint Helens	97051-1201	Columbia	34	252	038534	12250916C	Y	0	0	12/08/09
Saint Helens	97051-1201	Columbia	34	252	287217	131691039	Y	0	0	08/09/11
Saint Helens	97051-1201	Columbia	34	232	287717	169976978	N	0	0	09/13/11
Saint Helens	97051-1201	Columbia	42	360	077206	187154573	N	0	0	05/11/10
Saint Helens	97051-1201	Columbia	34	249	500638345	101314474	Y	0	0	09/16/10
Saint Helens	97051-1201	Columbia	34	228	277899	10038718C	N	0	0	05/13/09
Saint Helens	97051-1201	Columbia	34	252	500637118	148781007	N	0	0	08/23/11
Saint Helens	97051-1201	Columbia	42	364	500622222	167989578	Y	0	0	06/29/10
Saint Helens	97051-1201	Columbia	34	252	278578	129581711	Y	0	0	03/12/10

Saint Helens	97051-1201	Columbia	42	364	500642653	190213946	N	0	0	03/07/12
Saint Helens	97051-1201	Columbia	34	252	272005	151897004	Y	0	0	03/07/12
Saint Helens	97051-1201	Columbia	42	367	005726	171095521	N	0	0	12/16/10
Saint Helens	97051-1201	Columbia	42	367	297423	156843818	N	0	0	10/20/09
Saint Helens	97051-1201	Columbia	09	051	500624734	190282727	N	0	0	not applicable
Saint Helens	97051-1201	Columbia	42	364	090500	159870564	N	0	0	10/21/09
Saint Helens	97051-1201	Columbia	42	367	086058	128560069	N	0	0	10/11/11
Saint Helens	97051-1201	Columbia	42	367	500602012	170006262	N	0	0	10/13/11
Saint Helens	97051-1201	COLUMBIA	34	283	008149	161993856	Y	0	0	10/15/09
Saint Helens	97051-1201	COLUMBIA	09	055	286524	131612923	N	602	898	not applicable
Saint Helens	97051-1201	Columbia	09	051	092597	141797800	N	0	0	not applicable
Saint Helens	97051-1201	COLUMBIA	42	364	196451	165948577	N	0	0	05/27/10
Saint Helens	97051-1201	COLUMBIA	46	395	227721	186141538	N	0	0	08/10/11
Saint Helens	97051-1201	COLUMBIA	34	249	240003	195234809	N	0	0	08/23/11
Saint Helens	97051-1201	COLUMBIA	09	051	286524	170080902	N	0	0	not applicable
Saint Helens	97051-1201	COLUMBIA	34	249	500602798	195241696	N	0	0	10/14/10
Saint Helens	97051-1201	COLUMBIA	46	395	500604136	193212343	N	0	0	03/18/10
Saint Helens	97051-1201	COLUMBIA	34	249	287268	157868210	N	0	0	07/22/10
Saint Helens	97051-1201	COLUMBIA	34	252	286723	126545419	N	0	0	03/02/10
Saint Helens	97051-1201	COLUMBIA	34	249	080981	148767319	N	0	0	03/22/10
Saint Helens	97051-1201	COLUMBIA	34	249	061528	160988781	N	0	0	06/01/10
Saint Helens	97051-1125	Columbia	34	252	006214	159885263	N	0	0	08/24/10
Saint Helens	97051-1125	Columbia	42	360	226642	193216398	N	0	0	11/13/09
Saint Helens	97051-1125	Columbia	34	252	500604119	150890493	N	0	0	10/11/11
Saint Helens	97051-1125	Columbia	34	252	038534	122509160	N	0	0	12/08/09
Saint Helens	97051-1125	Columbia	81	786	809582	134631301	N	0	0	01/24/12
Saint Helens	97051-1125	Columbia	34	252	272005	151897004	N	0	0	03/07/12
Saint Helens	97051-1226	Columbia	34	249	125757	163913791	Y	0	0	09/30/10
Saint Helens	97051-1226	Columbia	46	395	500641082	136677843	Y	0	0	12/01/11
Saint Helens	97051-1226	Columbia	09	051	247164	168974534	Y	201	0	not applicable
Scappoose	97056-4023	Columbia	42	364	240478	171008253	Y	0	0	07/01/10
Scappoose	97056-4023	Columbia	46	395	500641252	170010397	Y	0	0	11/21/11
Scappoose	97056-4023	Columbia	34	249	500625117	132623071	Y	0	0	08/31/10
Scappoose	97056-4023	Columbia	34	246	500634761	162927619	N	0	0	06/30/11

Scappoose	97056-4023	Columbia	46	395	500628072	102329254	Y	0	0	12/02/10
Scappoose	97056-4023	Columbia	42	364	000622	120593388	Y	0	0	06/30/10
Scappoose	97056-4023	Columbia	34	249	024096	105332898	N	0	0	11/04/10
Scappoose	97056-4023	Columbia	34	268	044313	172008042	N	0	0	04/27/10
Scappoose	97056-4023	Columbia	34	246	229304	130685482	N	0	0	07/07/11
Scappoose	97056-4023	Columbia	34	246	227483	190281246	N	0	0	03/31/11
Scappoose	97056-4023	Columbia	33	227	076513	120584185	N	0	0	03/23/11
Scappoose	97056-4023	Columbia	33	205	500633050	187178775	N	0	0	11/19/10
Scappoose	97056-4023	Columbia	34	246	500627648	169974717	N	0	0	12/01/10
Scappoose	97056-4023	Columbia	46	395	500640331	106365275	Y	0	0	10/17/11
Scappoose	97056-4023	Columbia	34	301	067087	116443768	N	0	0	12/31/09
Scappoose	97056-4023	Columbia	14	095	276320	14179693C	Y	1199	801	not applicable
Scappoose	97056-4023	Columbia	34	249	500609388	11747933C	Y	0	0	07/31/10
Scappoose	97056-4023	Columbia	34	246	274084	154834156	N	0	0	02/03/11
Scappoose	97056-4023	Columbia	33	227	500616994	113445503	N	0	0	11/30/09
Scappoose	97056-4023	Columbia	34	246	242329	181101938	N	0	0	06/30/10
Scappoose	97056-4023	Columbia	34	249	500625028	150802822	Y	0	0	08/31/10
Scappoose	97056-4023	Columbia	34	246	023075	111493262	N	0	0	03/03/11
Scappoose	97056-4023	Columbia	34	246	500636855	178088478	N	0	0	06/30/11
Scappoose	97056-4023	Columbia	34	249	226960	131695584	Y	0	0	02/03/11
Scappoose	97056-4023	Columbia	34	246	500636873	105348992	N	0	0	06/30/11
Scappoose	97056-4023	Columbia	34	249	245800	159885715	Y	0	0	09/30/10
Scappoose	97056-4023	Columbia	34	249	115741	146742562	Y	0	0	07/31/10
Scappoose	97056-4023	Columbia	34	249	243038	104322654	Y	0	0	05/31/10
Scappoose	97056-4023	Columbia	34	246	134437	196241049	N	0	0	10/31/09
Scappoose	97056-4023	Columbia	34	249	500616143	177078817	Y	0	0	08/31/10
Scappoose	97056-4023	Columbia	34	249	242433	132608896	Y	0	0	06/30/10
Scappoose	97056-4023	Columbia	34	249	500636134	199296631	Y	0	0	08/31/11
Scappoose	97056-4023	Columbia	46	395	500604996	153819662	Y	0	0	05/06/10
Scappoose	97056-4023	Columbia	34	246	274388	136657233	N	0	0	05/05/11
Saint Helens	97051-1272	Columbia	32	200	500600677	145752381	N	0	0	not applicable
Saint Helens	97051-1272	Columbia	34	269	241779	162919237	N	0	0	06/30/10
Saint Helens	97051-2913	Columbia	09	051	042056	165932875	N	0	0	not applicable
Scappoose	97056-8409	Columbia	45	420	500609437	176064021	N	0	0	07/21/09

Scappoose	97056-8409	Columbia	45	390	50062936C	189196274	N	0	0	12/16/10
Scappoose	97056-8409	Columbia	45	420	295702	142703292	N	0	0	03/23/10
Scappoose	97056-8409	Columbia	45	420	240066	167968483	N	0	0	in process
Scappoose	97056-8409	Columbia	45	420	052154	123510601	N	0	0	03/24/11
Scappoose	97056-8409	Columbia	45	390	500633067	161927316	N	0	0	02/18/11
Scappoose	97056-8409	Columbia	45	420	500623688	120514883	N	0	0	07/20/10
Scappoose	97056-8409	Columbia	45	420	228888	118460704	N	0	0	02/18/11
Scappoose	97056-8409	Columbia	09	054	029100	122501451	N	0	0	not applicable
Scappoose	97056-8409	Columbia	45	420	500630816	130682925	N	0	0	03/19/09
Saint Helens	97051-6229	Columbia	45	390	50062936C	189196274	N	0	0	12/16/10
Saint Helens	97051-6229	Columbia	45	420	019259	126541500	N	0	0	02/18/11
Saint Helens	97051-6229	Columbia	45	420	068796	118460803	N	0	0	02/18/10
Saint Helens	97051-6229	Columbia	45	420	295702	142703292	N	0	0	03/23/10
Saint Helens	97051-6229	Columbia	45	420	500635534	167986790	N	0	0	06/23/11
Saint Helens	97051-6229	Columbia	45	420	240066	167968483	N	0	0	in process
Saint Helens	97051-6229	Columbia	45	390	500633067	161927316	N	0	0	02/18/11
Saint Helens	97051-6229	Columbia	45	420	50062936E	152836168	N	0	0	12/16/10
Saint Helens	97051-6229	Columbia	09	054	036769	160985206	N	0	0	not applicable
Saint Helens	97051-6229	Columbia	45	420	500630816	130682925	N	0	0	03/19/09
Saint Helens	97051-1736	COLUMBIA	34	279	159913	134631517	N	0	0	02/28/12
Saint Helens	97051-1299	Columbia	34	304	104562	119471218	N	0	0	02/10/10
Saint Helens	97051-1299	Columbia	09	051	109371	146744946	N	0	0	not applicable
Vernonia	97064-1218	Columbia	46	395	500642534	139699355	Y	0	0	02/16/12
Vernonia	97064-1218	Columbia	09	051	500643381	124550065	Y	216	1784	not applicable
Roseburg	97470-4983	Douglas	03	016	218156	172001054	N	0	0	02/09/12
Roseburg	97471-1281	Douglas	09	051	022805	155830217	N	0	0	not applicable
Roseburg	97471-1281	Douglas	34	252	006888	163926376	N	0	0	04/27/09
Roseburg	97471-1281	Douglas	34	252	218279	140704465	N	0	0	04/27/09
Reedsport	97467-1431	Douglas	09	051	097139	177063038	N	0	0	not applicable
Roseburg	97470-3090	Douglas	09	051	097139	177063038	N	0	0	not applicable
Reedsport	97467-1720	Douglas	14	095	276263	161990037	Y	620	30	03/26/12
Reedsport	97467-1720	Douglas	34	249	177519	126546432	Y	0	0	07/15/09
Reedsport	97467-1720	Douglas	34	249	032669	144728250	Y	0	0	07/16/09
Reedsport	97467-1720	Douglas	34	249	500617784	134644168	Y	0	0	06/25/09

Reedsport	97467-1720	Douglas	42	364	292415	150889777	Y	0	0	10/07/10
Reedsport	97467-1720	Douglas	34	249	150689	168960577	Y	0	0	08/25/09
Reedsport	97467-1720	Douglas	34	249	177501	190283709	Y	0	0	07/21/09
Reedsport	97467-1720	Douglas	34	249	272792	107370281	Y	0	0	12/23/10
Reedsport	97467-1720	Douglas	46	395	500604709	179075565	Y	0	0	10/14/10
Roseburg	97471-9557	Douglas	36	315	230753	107351481	N	0	0	08/16/06
ROSEBURG	97471-2960	DOUGLAS	36	315	061908	10534851C	N	0	0	03/30/09
Roseburg	97470-1945	Douglas	36	315	274113	169985458	N	0	0	03/23/09
East Wenatchee	98802-3805	Douglas	36	315	175471	175048785	N	0	0	not applicable
Reedsport	97467-1720	Douglas	34	276	226886	153816261	N	0	0	09/01/10
Reedsport	97467-1720	Douglas	34	249	006216	137661091	N	0	0	08/12/10
Reedsport	97467-1720	Douglas	34	252	065503	13068804C	N	0	0	06/29/09
Reedsport	97467-1720	Douglas	34	252	048884	164938174	N	0	0	05/19/11
Reedsport	97467-1720	Douglas	34	246	191908	133620085	N	0	0	03/22/10
Reedsport	97467-1720	Douglas	34	249	50063545C	191220106	N	0	0	02/29/12
Reedsport	97467-1720	Douglas	34	300	500631535	165967459	N	0	0	06/25/11
Reedsport	97467-1720	Douglas	34	252	272904	101311516	N	0	0	07/20/11
Reedsport	97467-1720	Douglas	266	165	000054	100387481	N	0	0	01/18/12
Reedsport	97467-1720	Douglas	27	175	132089	100387481	N	0	0	01/18/12
Reedsport	97467-1720	Douglas	34	279	288121	100383741	N	0	0	11/22/11
Reedsport	97467-1720	Douglas	09	051	000054	100387481	N	0	0	not applicable
Roseburg	97471-1644	Douglas	09	051	276228	137670953	N	0	0	not applicable
Roseburg	97471-1644	Douglas	34	279	286404	132605687	N	0	0	01/06/11
Roseburg	97471-1644	Douglas	09	051	276228	137670953	N	0	0	not applicable
Roseburg	97471-7471	Douglas	09	051	218700	128581212	N	0	0	not applicable
Roseburg	97471-7471	Douglas	34	274	286802	142704869	N	0	0	08/31/11
Reedsport	97467-1707	Douglas	34	276	226886	153816261	N	0	0	09/01/10
Reedsport	97467-1707	Douglas	34	252	ATN: 5934	165931662	N	0	0	03/20/12
Reedsport	97467-1707	Douglas	34	252	288498	119476979	N	0	0	03/04/10
Reedsport	97467-1707	Douglas	34	252	065503	13068804C	N	0	0	06/29/09
Reedsport	97467-1707	Douglas	34	279	288121	100383741	N	0	0	11/22/11
Reedsport	97467-1707	Douglas	34	252	048884	164938174	N	0	0	05/19/11
Reedsport	97467-1707	Douglas	34	252	218624	120503436	Y	0	0	06/21/11
Reedsport	97467-1707	Douglas	09	051	286986	100387481	N	141	109	not applicable

Reedsport	97467-1707	Douglas	34	252	272904	101311516	Y	0	0	07/20/11
Glendale	97442-7442	Douglas	45	420	269923	152804421	N	0	0	05/19/11
Glendale	97442-7442	Douglas	45	420	229330	125539932	N	0	0	04/24/11
Glendale	97442-7442	Douglas	09	054	288016	169981746	N	0	0	not applicable
Glendale	97442-7442	Douglas	45	420	297215	182105095	N	0	0	02/18/11
Glendale	97442-7442	Douglas	45	420	500642655	137685469	N	0	0	01/24/12
Glendale	97442-7442	Douglas	45	420	116587	137652742	N	0	0	03/23/10
Roseburg	97471-1657	Douglas	45	420	244191	146763313	N	0	0	12/16/10
Roseburg	97471-1657	Douglas	45	420	049291	175036624	N	0	0	11/15/10
Roseburg	97471-1657	Douglas	45	420	158377	124545626	N	0	0	04/20/10
Roseburg	97471-1657	Douglas	09	054	231744	182107427	N	0	0	not applicable
Roseburg	97471-1657	Douglas	45	420	500630816	130682925	N	0	0	03/19/09
Sutherlin	97479-9908	Douglas	45	420	500637516	173046786	N	0	0	08/23/11
Sutherlin	97479-9908	Douglas	45	420	244191	146763313	N	0	0	12/16/10
Sutherlin	97479-9908	Douglas	45	420	295705	148763997	N	0	0	04/16/09
Sutherlin	97479-9908	Douglas	45	420	228806	130607062	N	0	0	05/19/09
Sutherlin	97479-9908	Douglas	09	054	006344	120502754	N	0	0	not applicable
Sutherlin	97479-9908	Douglas	45	420	500630816	130682925	N	0	0	03/19/09
Glide	97443-7443	Douglas	42	364	500632904	122526415	N	0	0	04/06/10
Glide	97443-7443	Douglas	15	091	168395	160906501	Y	0	0	not applicable
Roseburg	97470-1042	Douglas	34	249	500638846	116462766	N	0	0	08/30/10
Roseburg	97470-1042	Douglas	42	364	500628051	183140915	Y	0	0	01/25/11
Roseburg	97470-1042	Douglas	42	364	500642568	124550909	N	0	0	03/20/12
Roseburg	97470-1042	Douglas	42	364	277878	102308152	Y	0	0	05/12/09
Roseburg	97470-1042	Douglas	33	365	500637220	185167095	N	0	0	12/06/11
Roseburg	97470-1042	Douglas	42	364	500638639	168980423	Y	0	0	04/06/10
Roseburg	97470-1042	Douglas	34	252	060678	157865466	Y	0	0	11/04/10
Roseburg	97470-1042	Douglas	42	360	268961	114429364	Y	0	0	05/26/09
Roseburg	97470-1042	Douglas	34	249	246486	106348542	Y	0	0	05/13/09
Roseburg	97470-1042	Douglas	34	283	500609282	124539666	Y	0	0	03/14/12
Roseburg	97470-1042	Douglas	42	360	500634873	159805608	Y	0	0	06/07/11
Roseburg	97470-1042	Douglas	42	364	500639295	156877151	Y	0	0	10/26/10
Roseburg	97470-1042	Douglas	42	362	122882	198267249	Y	0	0	11/23/11
Roseburg	97470-1042	Douglas	15	091	168395	139675177	Y	6	4	not applicable

Roseburg	97470-1042	Douglas	42	364	154971	19422730C	Y	0	0	05/19/09
Tillamook	97141-9469	Tillamook	14	095	500624243	184145185	N	341	159	not applicable
Tillamook	97141-9469	Tillamook	42	364	50062462E	15888046E	Y	0	0	07/13/10
Tillamook	97141-9469	Tillamook	34	252	284042	167964923	Y	0	0	03/31/10
Tillamook	97141-9469	Tillamook	34	249	151002	125532737	Y	0	0	07/15/10
Tillamook	97141-9469	Tillamook	19	130	50061988E	173010809	N	0	0	11/04/10
Tillamook	97141-9469	Tillamook	34	276	213030	188162971	N	0	0	07/15/10
Tillamook	97141-9469	Tillamook	34	252	024083	163916566	Y	0	0	07/28/10
Tillamook	97141-9469	Tillamook	34	249	500634125	185140937	Y	0	0	07/15/10
Tillamook	97141-9469	Tillamook	34	249	150093	128562031	Y	0	0	07/15/10
Tillamook	97141-9469	Tillamook	34	252	500629254	148786358	N	0	0	07/13/10
Tillamook	97141-9469	Tillamook	34	300	006334	180185008	N	0	0	07/13/10
Tillamook	97141-9469	Tillamook	34	249	024117	12654283C	Y	0	0	07/15/10
Tillamook	97141-8292	Tillamook	14	095	500624217	184145185	N	304	196	not applicable
Tillamook	97141-8292	Tillamook	42	360	500600685	133633964	Y	0	0	08/12/10
Tillamook	97141-8292	Tillamook	34	249	074109	115454888	Y	0	0	07/15/10
Tillamook	97141-8292	Tillamook	34	249	500607289	195252787	Y	0	0	08/12/10
Tillamook	97141-8292	Tillamook	46	395	500605389	184126618	Y	0	0	08/12/10
Tillamook	97141-8292	Tillamook	34	279	150463	140793762	N	0	0	01/28/09
Manzanita	97130-9998	Tillamook	14	095	in process	115469937	N	0	0	not applicable
Manzanita	97130-9998	Tillamook	34	232	029376	18513837C	N	0	0	11/22/11
Manzanita	97130-9998	Tillamook	19	130	50061988E	173010809	N	0	0	11/04/10
Manzanita	97130-9998	Tillamook	34	232	044193	113411166	N	0	0	09/14/11
Manzanita	97130-9998	Tillamook	46	395	500605389	184126618	N	0	0	08/12/10
Tillamook	97141-8292	Tillamook	24	155	218145	186147564	N	0	0	08/17/11
PACIFIC CITY	97135-7135	TILLAMOOI	14	095	129788	187159101	Y	233	17	08/03/10
PACIFIC CITY	97135-7135	TILLAMOOI	34	249	228802	112416321	Y	0	0	06/18/10
PACIFIC CITY	97135-7135	TILLAMOOI	34	247	014360	133645514	N	0	0	10/07/10
PACIFIC CITY	97135-7135	TILLAMOOI	34	249	500633927	187170978	Y	0	0	07/20/10
PACIFIC CITY	97135-7135	TILLAMOOI	34	249	267955	136658733	Y	0	0	06/18/10
PACIFIC CITY	97135-7135	TILLAMOOI	42	364	117767	171002283	Y	0	0	06/18/10
Pacific City	97135-7135	Tillamook	09	054	128392	107365416	N	0	0	not applicable
Pacific City	97135-7135	Tillamook	45	420	500624135	106364744	N	0	0	07/20/10
Pacific City	97135-7135	Tillamook	45	420	500636737	197283665	N	0	0	10/22/09

Pacific City	97135-7135	Tillamook	45	420	170944	13866906C	N	0	0	02/18/10
Tillamook	97141-9469	Tillamook	34	278	217646	13867109C	N	0	0	03/04/10
Tillamook	97141-9469	Tillamook	09	051	029092	130690157	N	0	0	not applicable
Tillamook	97141-9469	Tillamook	09	051	500605809	153833229	N	0	0	not applicable
Tillamook	97141-9469	Tillamook	34	304	153387	197250721	N	0	0	12/10/09
Tillamook	97141-2218	Tillamook	43	380	037643	191290295	N	0	0	01/21/10
Tillamook	97141-9469	Tillamook	34	274	276658	154826217	N	0	0	09/01/09
Tillamook	97141-9469	Tillamook	09	051	108977	148772102	N	0	0	not applicable
Wheeler	97147-7147	Tillamook	34	232	500609355	156845273	N	0	0	08/26/09
Wheeler	97147-7147	Tillamook	09	051	500628322	131625103	N	0	0	not applicable
Wheeler	97147-7147	Tillamook	19	130	500619886	173010809	N	0	0	11/04/10
Wheeler	97147-7147	Tillamook	46	395	500641096	150819794	Y	0	0	02/14/12
Wheeler	97147-7147	Tillamook	46	395	231893	116449946	N	0	0	10/14/10
Wheeler	97147-7147	Tillamook	46	395	500634086	155859692	Y	0	0	12/23/10
Wheeler	97147-7147	Tillamook	33	365	500623422	117479299	N	0	0	06/28/11
Wheeler	97147-7147	Tillamook	46	395	500615985	162915660	Y	0	0	03/12/10
Wheeler	97147-7147	Tillamook	46	395	500622233	130692926	Y	0	0	03/12/10
Wheeler	97147-7147	Tillamook	34	249	018440	197257972	Y	0	0	07/08/10
Wheeler	97147-7147	Tillamook	15	091	136296	156854657	Y	340	60	08/25/11
Wheeler	97147-7147	Tillamook	34	249	134106	159896254	Y	0	0	04/27/10
Tillamook	97141-7141	Tillamook	42	364	218478	124529175	Y	0	0	11/09/10
Tillamook	97141-7141	Tillamook	09	051	218477	141714654	Y	40	60	not applicable
Tillamook	97141-3430	Tillamook	34	274	276658	154826217	N	0	0	09/01/09
Tillamook	97141-3430	Tillamook	34	276	500641210	110408392	N	0	0	04/01/11
Tillamook	97141-3430	Tillamook	42	364	500624626	158880466	N	0	0	07/13/10
Tillamook	97141-3430	Tillamook	34	252	284042	167964923	N	0	0	03/31/10
Tillamook	97141-3430	Tillamook	34	247	500611822	163919241	N	0	0	07/01/10
Tillamook	97141-3430	Tillamook	34	249	151002	125532737	N	0	0	07/15/10
Tillamook	97141-3430	Tillamook	34	228	500611605	142707968	N	0	0	06/02/10
Tillamook	97141-3430	Tillamook	34	276	213030	188162971	N	0	0	07/15/10
Tillamook	97141-3430	Tillamook	37	330	500624736	196268325	N	0	0	06/02/10
Tillamook	97141-3430	Tillamook	34	232	044193	113411166	N	0	0	09/14/11
Tillamook	97141-3430	Tillamook	34	247	277885	180182291	N	0	0	07/01/10
Tillamook	97141-3430	Tillamook	34	247	213757	159884265	N	0	0	07/01/10

Tillamook	97141-3430	Tillamook	34	249	243149	11442440	N	0	0	07/01/10
Tillamook	97141-3430	Tillamook	34	247	074059	144729871	N	0	0	07/01/10
Tillamook	97141-3430	Tillamook	34	249	150093	128562031	N	0	0	07/15/10
Tillamook	97141-3430	Tillamook	34	300	006334	180185008	N	0	0	07/13/10
Tillamook	97141-3430	Tillamook	34	249	024117	12654283C	N	0	0	07/15/10
Tillamook	97141-3430	Tillamook	34	279	150463	140793762	N	0	0	01/28/09
Tillamook	97141-3430	Tillamook	266	165	005533	187157522	N	0	0	in process
Tillamook	97141-3430	Tillamook	34	247	227356	112404741	N	0	0	07/01/10
Tillamook	97141-3926	Tillamook	34	249	024075	136640387	Y	0	0	01/26/10
Cloverdale	97112-9400	Tillamook	34	249	024075	136640387	Y	0	0	01/26/10
Rockaway Beach	97136-7136	Tillamook	34	249	024075	136640387	Y	0	0	01/26/10
Tillamook	97141-3926	Tillamook	42	364	500609215	128586381	Y	0	0	09/23/10
Cloverdale	97112-9400	Tillamook	42	364	500624739	142715366	Y	0	0	02/16/10
Tillamook	97141-3926	Tillamook	42	364	500624739	142715366	Y	0	0	02/16/10
Tillamook	97141-3926	Tillamook	46	395	231893	116449946	Y	0	0	10/14/10
Rockaway Beach	97136-7136	Tillamook	46	395	231893	116449946	Y	0	0	10/14/10
Tillamook	97141-3926	Tillamook	42	362	500640157	137682254	Y	0	0	12/21/11
Tillamook	97141-3926	Tillamook	34	283	500631021	158881596	Y	0	0	01/28/10
Rockaway Beach	97136-7136	Tillamook	15	091	128756	118488752	N	0	0	not applicable
Tillamook	97141-3926	Tillamook	15	091	128756	152815136	Y	523	727	04/29/10
Cloverdale	97112-9400	Tillamook	15	091	128756	106367556	N	0	0	not applicable
Tillamook	97141-3926	Tillamook	34	249	500637454	193230370	Y	0	0	09/06/11
Tillamook	97141-3926	Tillamook	34	249	500628052	121507846	Y	0	0	12/16/10
Tillamook	97141-3816	Tillamook	03	016	183822	106362347	N	0	0	07/22/10

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Appendix D – Medicare/Medicaid Alignment Demonstration Questionnaire
Columbia Pacific Coordinated Care Organization, LLC

D.2.1 Describe the Applicant's approach to be able to provide Medicare benefits to dually eligible Members by January 1, 2014. Include:

D.2.2.a. CareOregon has operated a Medicare Advantage program since 2006. Our dual-eligible Special Needs Plan (SNP), CareOregon Advantage Plus, has more than 7,000 members, and includes the following Columbia Pacific CCO counties in its service area: Columbia and Clatsop.

More than 90% of CareOregon Advantage members receive both Medicare and Medicaid services through CareOregon. Members have a single local phone number, with specialized staff, to answer any questions they have regarding the complex set of Medicare parts A and B, Medicare Part D, and Medicaid benefits. Our care management staff has extensive experience working with individuals who have both Medicare and Medicaid coverage. More than 50% of our SNP members are younger than age 65, and many have multiple chronic conditions, that include both physical and mental health.

D.2.2.b. CareOregon already has a contract in place with CMS for individuals who have Medicare and Medicaid. The timeline for expanding its provider network includes the following:

- November 2012 – Submit Letter of Intent to CMS to expand the CareOregon Advantage service area to Tillamook, Hood River, Wasco, and specific zip codes of Douglas County.
- February 2013 – Complete all necessary contracting and submit geographic access maps to CMS as required.
- June 2013 – Submit the 2014 bid to CMS to include the new counties in its service area.
- September 2013 – Receive final approval from CMS.
- October 2013 – Begin marketing activities in the new counties.

D.2.2.c. CareOregon has participated in the statewide CCO dialogue regarding integration of Medicare and Medicaid services through the CCO Medicare/Medicaid Work group and the ongoing DMAP Medicare/Medicaid Work Group. CareOregon is committed to working with the state to participate in the CMS Medicare/Medicaid alignment Demonstration. We are enthusiastic about the opportunities the Demonstration brings in terms of better alignment of both programs to benefit the member. If the state does not pursue that option, CareOregon Advantage would continue its current contract with CMS as a Medicare Advantage plan.