



JOHN A. KITZHABER, MD
Governor

May 2, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, D.C. 20201

Dear Ms. Bella,

One of my highest priorities is to transform Oregon's health system, including integrating Medicare and Medicaid for Oregonians who are eligible for both programs. As such, I strongly endorse Oregon's Medicare/Medicaid Alignment Demonstration proposal and designate the Oregon Health Authority as the agency responsible for implementing Oregon's demonstration and associated efforts outlined in the proposal.

The objectives of Oregon's Health System Transformation are directly in line with the goals of CMS's Financial Alignment Demonstration: by delivering person-centered, integrated, coordinated care and aligning financial incentives, we expect to demonstrate that health system innovations can improve health outcomes, improve the quality of care, and lower costs. These innovations are anchored by the creation of new Coordinated Care Organizations (CCOs) that are accountable for serving the needs of their specific communities.

However, the true promise of Oregon's CCO model is demonstrating for the nation that such goals are achievable at the state level. Oregon's success in the Oregon Health Plan shows that approaches can yield savings and begin to control costs; however, they are not sufficient to reduce health care cost growth to a level that is sustainable over the long term while improving health. The Oregon CCO model empowers local communities and pays for health outcomes rather than encounters. Demonstrating on-the-ground solutions that improve client experience and health outcomes while lowering costs will be particularly important as the Affordable Care Act adds millions of new Medicaid enrollees across the country in 2014.

Oregon's roughly 60,000 individuals enrolled in both Medicare and Medicaid have complex care needs, but many are currently served by a fragmented delivery system that creates barriers to effective care. These Oregonians have some of the highest needs and costs; for example, dually eligible individuals have disproportionately high rates of multiple, chronic conditions; disabling conditions; and other health and wellness challenges. Although they are only 18 percent of Oregon's Medicare population, their care accounts for 31 percent of Medicare expenditures.

Ms. Melanie Bella
May 2, 2012
Page Two

Unless we include the Medicare program for those dually eligible, Oregon's CCOs will continue to have limited ability for this population to coordinate care, prevent expensive hospital stays, control costs, and, most importantly, keep Oregonians healthier, longer. The CMS Medicare/Medicaid Alignment Demonstration will provide the mechanisms needed to effect these changes. For that reason, integrating Medicare and Medicaid has been a priority for me and my vision of Health System Transformation.

Thank you for your consideration of this proposal. Integrating Medicare and Medicaid for those eligible for both will strengthen Oregon's transformational efforts, which can serve as a catalyst and model for health reform in other states and at the federal level. On behalf of the State of Oregon, I look forward to working with the CMS MMCO team in the future.

Sincerely,



John A. Kitzhaber, M.D.
Governor

JAK/sk



Office of the Director

John A. Kitzhaber, MD, Governor



500 Summer Street NE E-20

Salem, OR 97301

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May 10, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

I am pleased to present Oregon's Medicare/Medicaid Alignment Demonstration proposal for your consideration. The Oregon Health Authority is the single state agency for Medicaid, and includes most of Oregon's health care programs: Public Health, Addictions and Mental Health, the Oregon Health Plan, Healthy Kids, public employee benefits and public-private partnerships such as our high-risk pool and subsidies for private insurance.

Under the Oregon Health Plan today, we have a fragmented system of 16 physical health care organizations, 10 mental health organizations and eight dental care organizations. Navigating these silos can lead to barriers to effective care for individuals and costly, frustrating inefficiencies for providers and plans. Also, while the Oregon Health Plan has achieved some successes in holding down costs, the current state revenue trends will not support health care costs that are rising faster than state revenue, family wages or corporate income.

Oregon's Health System Transformation will increase the value of resources invested in health care by changing the delivery system for better efficiency, value and health outcomes. The cornerstone of this transformation is the integration of physical, mental and oral health care into new Coordinated Care Organizations (CCOs). CCOs will provide patient-centered care that is focused on improving health and lowering costs at every point in the health care system: from the way health care providers engage patients, to the way health plans pay providers for that care. CCOs will be governed and led by a partnership between local providers of care and community members to ensure that they meet the needs of their specific communities. CCOs will be held accountable for the outcomes of the care they deliver and will be given flexibilities within a global, fixed budget to achieve these outcomes.

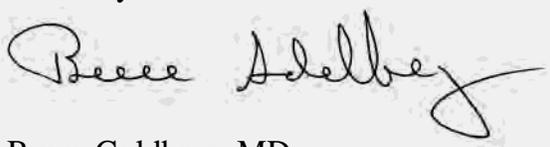
Oregon's Transformation is happening now. In April, the Oregon Health Authority received dozens of Letters of Intent from organizations interested in applying to become Coordinated Care Organizations. Based on the letters, there is strong interest in forming CCOs in every county in Oregon. Last week, 14 Oregon-based entities submitted the first part of the application to become a CCO. If all were approved, more than 90 percent of OHP clients would have access to care through a CCO starting this August.

Oregonians enrolled in both Medicare and Medicaid stand to benefit greatly from this integrated, coordinated, person-centered approach to care. These individuals often have complex and chronic physical and mental health care needs, and many are also served by our long term care and developmental disabilities programs under the Department of Human Services.

Participation in the CMS Demonstration will bring Medicare into alignment with Medicaid through Oregon's CCOs, blending the funding and benefits, aligning administrative processes and financial incentives to deliver better, more coordinated care.

Oregon is on the right path to truly remake our health care system to be more patient-focused, more geared toward health and more sustainable. Integrating Medicare into CCOs starting in 2014 will create the mechanism to extend the benefits of CCOs to our dually eligible Oregonians.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce Goldberg", is written over a light gray rectangular background.

Bruce Goldberg, MD

Director, Oregon Health Authority



Oregon

John A. Kitzhaber, MD, Governor

Department of Human Services

Office of the Director
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May 10, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

As director of the Department of Human Services (DHS), I am writing to express my support for Oregon's Medicare/Medicaid Alignment Demonstration proposal. DHS is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity, especially for those who are least able to help themselves. DHS includes programs for Aging and People with Disabilities, Developmental Disabilities, Child Welfare, Self Sufficiency, and Vocational Rehabilitation.

Oregon's proposal integrates Medicare and Medicaid health care services for dually eligible individuals, through the creation of new Coordinated Care Organizations (CCOs) that are accountable to serve the needs of their specific communities. CCOs are the foundation for Oregon's Health System Transformation that aims to deliver person-centered, integrated, coordinated health care to improve health outcomes, improve the quality of care, and reduce escalating costs. These innovations are particularly important for the roughly 35 percent of all dually eligible Oregonians who receive Medicaid-funded long term care through DHS programs and the 10 percent who receive services administered by DHS for individuals with intellectual or developmental disabilities.

The objectives of Oregon's Health System Transformation and the proposal to integrate Medicare and Medicaid are interdependent with our goals in DHS. DHS will not be able to achieve safety, service equity, independence, or self-sufficiency for our clients who have unmet health care needs and poor health. Conversely, Oregon's new CCOs will not be able to achieve better health for their members served by DHS programs without leveraging the expertise that DHS programs have developed to address social determinants of health that often drive health outcomes.

Oregon's proposal includes the results of a focused partnership between DHS and OHA to develop strategies to share accountability between our systems for outcomes for individuals served by both CCOs and our long term care system. Our staff worked closely with stakeholders last fall and winter to develop these strategies, and have been working together to ensure that Oregon's first CCOs have local agreements with the long term care offices in their communities to coordinate and communicate about the individuals they share in common. These agreements lay the groundwork for new relationships and the opportunity for improved outcomes, greater patient engagement, and reduced inefficiencies. Oregon's participation in the

Medicare/Medicaid Alignment demonstration will be critical to the effectiveness of these strategies, as the demonstration can provide some of the federal flexibilities and financial incentives that will support these efforts.

Thank you for your consideration of Oregon's proposal. Integrating Medicare and Medicaid into CCOs that share accountability with our long term care system will complement and strengthen Oregon's transformational efforts, and will provide incentives for greater alignment and coordination between our health and human services programs serving dually eligible Oregonians.

Sincerely,

A handwritten signature in blue ink, appearing to read "Erinn Kelley-Siel". The signature is fluid and cursive, with the first name "Erinn" being the most prominent part.

Erinn Kelley-Siel
Director



Office of the Director

John A. Kitzhaber, MD, Governor



500 Summer Street NE E-20

Salem, OR 97301

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May 10, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

On behalf of the Oregon Health Policy Board, I am writing to express support for Oregon's Medicare/Medicaid Alignment Demonstration proposal.

The nine-member Oregon Health Policy Board serves as the policy-making and oversight body for the Oregon Health Authority. The Board is committed to providing access to quality, affordable health care for all Oregonians and to improving population health. The Board is responsible to oversee the implementation of the health care reform provisions of Oregon's legislation.

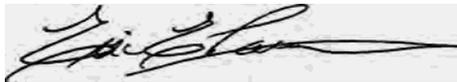
This January, the Oregon Health Policy Board presented a proposal to Oregon's legislature for implementing new Coordinated Care Organizations (CCOs) which will be responsible for the integration and coordination of physical, mental, behavioral and dental health care for people eligible for Medicaid or dually eligible for both Medicaid and Medicare. CCOs will be the single point of accountability for the health quality and outcomes for the Medicaid population they serve, and, as such, will work to eliminate health disparities among their member populations and communities. CCOs will be responsible to implement delivery system changes, such as developing provider networks centered on patient-centered primary care homes and developing alternative provider payment methodologies to reimburse on the basis of outcomes and quality. CCOs will be given the financial flexibility within available resources to achieve the greatest possible outcomes for their membership.

Oregon's Medicare/Medicaid Alignment Demonstration proposal builds off the CCO model by integrating Medicare funding and benefits into CCOs for dually eligible

individuals. This Demonstration provides an excellent opportunity to equip CCOs to better coordinate care, align financial incentives and develop integrated administrative processes across Medicare and Medicaid, creating a more effective and seamless system for their dually eligible members.

The Health Policy Board looks forward to working with the team at the Oregon Health Authority to make the proposed Medicare/Medicaid Alignment Demonstration a reality.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Parsons", is placed on a light gray rectangular background.

Eric Parsons
Chair, Oregon Health Policy Board

May 10, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

On behalf of the Medicaid Advisory Committee, we are writing to express support for Oregon's Medicare/Medicaid Alignment Demonstration proposal. The Medicaid Advisory Committee (MAC) is a federally-mandated body which advises the Oregon Health Policy Board, the Office for Oregon Health Policy and Research and the Oregon Health Authority on the operation of Oregon's Medicaid program, including the Oregon Health Plan. The MAC develops policy recommendations at the request of the Governor and the Legislature.

The MAC has been active in providing policy recommendations and input into Oregon's Health System Transformation efforts, including the integration of physical, mental and oral health care into new Coordinated Care Organizations (CCOs) to achieve improved health outcomes, better quality of care, and reduced costs. Oregon's Demonstration proposal would further these efforts by bringing Medicare benefits and funding into the CCO model for dually eligible individuals, allowing CCOs to provide comprehensive, coordinated care for these individuals in a more cost-effective way.

On two separate occasions, February 28th and March 28th 2012, Oregon's Medicare/Medicaid Alignment project director, Susan Otter, presented to the Committee. During these meetings, committee members and public were provided an opportunity to ask questions and provide feedback on the draft proposal.

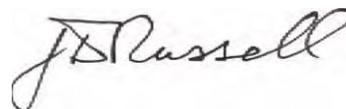
Ensuring a person-centered, coordinated health care system is particularly important for Oregonians served by both Medicare and Medicaid, as these individuals have some of the most complex health care needs. For example, many individuals served by both Medicaid and Medicare have significant mental and/or substance abuse issues, and stand to benefit greatly by integration, coordination, and person-centered approaches under CCOs and the Demonstration.

We encourage CMS to approve Oregon's Demonstration proposal, and look forward to working with the Oregon Health Authority to implement these important efforts and improve the health and health outcomes for Oregon's dually eligible population.

Sincerely,



Carole Romm
Co-Chair, Medicaid Advisory Committee



Jim Russell, MSW
Co-Chair, Medicaid Advisory Committee



May 9, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella,

On behalf of Oregon's 58 hospitals, I am writing to express my support for Oregon's Medicare/Medicaid Alignment Demonstration proposal.

Founded in 1934, the Oregon Association of Hospitals and Health Systems (OAHS) is a statewide, nonprofit trade association that works closely with local and national government leaders, business and citizen coalitions, and other professional health care organizations to enhance and promote community health and to continue improving Oregon's innovative health care industry. This proposal represents an exciting opportunity and an innovative approach to improving patient care and care coordination for a high-need, high-cost population, potentially prompting delivery system changes that could benefit all Oregonians.

We are particularly excited about and supportive of proposed efforts to expand access to the PACE program, as we know that a large subset of the dual eligible population is younger than 55, has significant physical or developmental disabilities, and could also benefit from access to PACE. We also strongly support the request in this proposal for flexibility around additional enrollment dates for dually eligible persons in 2013 and beyond, so that Oregon's Coordinated Care Organizations (CCOs) that form after 2012 do not miss the opportunity to integrate this critical population into their patient mix.

We look forward to working with our members, the Oregon Health Authority, and the Oregon Department of Health and Human Services moving forward to implement this proposed demonstration. Approval of this proposal would provide Oregonians with a powerful tool for our health system transformation efforts already underway, centered around better integrated and coordinated care for improved quality and health outcomes, while reducing costs and creating a sustainable health care system for the future.

Sincerely,

A handwritten signature in black ink that reads "Robin J. Moody". The signature is written in a cursive, flowing style.

Robin J. Moody
OAHS Director of Public Policy
Mobile: 503-568-9291

April 24, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

I am writing to express my support for Oregon's Medicare/Medicaid Alignment Demonstration proposal.

As the Executive Director of the Oregon Primary Care Association, I am well versed in the situation created by the overlap of Medicare and Medicaid coverage. Our 29 member organizations of FQHCs and Look Alikes deliver primary care services to 28,000 Medicare Patients and 140,000 Medicaid Patients annually. The overlap of patients that qualify for Medicaid and Medicare is extensive in our health centers.

The efforts to rationalize the payment system in Oregon are strongly supported as a key strategy towards achieving the triple aim and improving cost, quality, and access indicators. Oregon is a leader in providing Patient Centered Primary Care. This rationalization of the payment model will accelerate the process of implementing this style of care.

We look forward to working with the Oregon Health Authority and the Department of Human Services to implement Oregon's proposed demonstration, and I strongly support the goals of Oregon's Health System Transformation effort – to improve health outcomes and quality of care for Medicaid and dually eligible individuals, while reducing costs in our health care system.

Sincerely,



Craig Hostetler
Executive Director
Oregon Primary Care Association



Formerly the "Alliance"

inspire. serve. advocate.

May 8, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

On behalf of LeadingAge Oregon, I am writing to express my support for Oregon's Medicare/Medicaid Alignment Demonstration proposal.

LeadingAge Oregon is the statewide association of not-for-profit and other mission-directed organizations dedicated to providing quality housing and services to about 13,000 older Oregonians. Our members include nursing homes, residential care, assisted living, home care agencies, continuing care retirement facilities and federally subsidized housing for low-income seniors. Our members are leaders in person-centered care and the development of innovative programs and service models.

Last fall, I participated in the Governor-appointed workgroup for Medicare/Medicaid Alignment, engaging in discussions around leading barriers/challenges to quality, affordable care for individuals who are dually eligible, as well as discussions to design the solutions, including criteria, metrics, and shared accountability for long term care services for Oregon's new Coordinated Care Organizations. I had the opportunity to participate further in a subgroup focused intensely on strategies to ensure that care is coordinated for individuals in long term care.

LeadingAge Oregon is particularly supportive of inclusion of the program to test Congregate Housing with Services at up to three pilot sites (page 21). Our membership includes thirty-nine federally subsidized housing providers throughout the state where over 1,620 older persons reside, a great proportion being eligible for both Medicaid and Medicare. Residents generally have less family support and experience more chronic health conditions than non-subsidized renters. Linking affordable housing with services creates economies of scale to improve the quality of care and reduce costs.

I look forward to working with the Oregon Health Authority and the Department of Human Services to implement Oregon's proposed demonstration. I support the goals of Oregon's Health System Transformation effort: to improve health outcomes and quality of care for Medicaid and dually eligible individuals, while reducing costs in our health care system.

Sincerely,

A handwritten signature in black ink that reads "Ruth Gulyas". The signature is written in a cursive, flowing style.

Ruth Gulyas
Executive Director



CEDAR SINAI PARK
love. honor. respect.

May 1, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

I am writing to express my support for Oregon's Medicare/Medicaid Alignment Demonstration proposal. As you are aware, Oregon has a significant history of innovation in healthcare and long-term care services and supports. This proposal was built on the foundation of that tradition and a high quality planning process involving stakeholders from throughout the healthcare system. The innovative approach of Oregon's planning process will doubtless result in significant improvements to our healthcare system as we seek to develop creative services for Oregonians who are eligible for both Medicare and Medicaid. The high degree of coordination between the proposed coordinated care organizations and community-based health and social services providers will doubtless result in an improved care system and most importantly in better health outcomes for the citizens of our state.

As a healthcare provider and as a educator involved in human services, I take pride in the vision and the leadership which this proposal represents. We appreciate also that this vision represents the highest values of our federal government and look forward to seeing the successful outcomes of this important state and federal partnership.

Thank you for your consideration.

Sincerely,

David H. Fuks, CEO
Cedar Sinai Park

PRESIDENT
Michael Feves
PRESIDENT ELECT
Paul Frisch
SENIOR VICE PRESIDENT
Paul Labby
VICE PRESIDENT
Helen Bernstein
VICE PRESIDENT
Bob Glasgow
VICE PRESIDENT
Michelle Eastern Gradow
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Conrad Myers
VICE PRESIDENT/TREASURER
Lance Steinberg
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Bill E. Stinnett
CHIEF PROGRAM OFFICER
Kimberly Fuson
RSM ADMINISTRATOR
David Kohnstamm
CHIEF DEVELOPMENT OFFICER
Debbi Bodie

JEWISH
FEDERATION of
GREATER PORTLAND

An endowment is a promise kept forever. Please remember Cedar Sinai Park in your will or estate plans.



May 2, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella,

On behalf of Providence Health & Services, I would like to express my support for the State of Oregon's Medicare/Medicaid Alignment Demonstration proposal.

Providence Health & Services in Oregon is a not-for-profit network of hospitals, health plans, physicians, clinics, home health services, and affiliated health services. Our services in Oregon include seven PACE (Program of All Inclusive Care for the Elderly) locations, where we provide wrap-around care and support to fragile seniors. As part of the greater Providence Health & Services, with services in Alaska, Washington, Oregon, Montana and California, we continue a tradition of caring that the Sisters of Providence began more than 150 years ago. Compassion and excellence are two hallmarks of our care, with an enduring focus on low-income, vulnerable populations. More information about our Oregon operations can be found at www.providence.org/oregon.

In late 2011, I participated in a governor-appointed work group focused on strategies for aligning Medicare and Medicaid in Oregon. Some of the key issues we dealt with included challenges to care quality, affordability for dually-eligible individuals, and shared accountability for long-term care services. This initial work led to my participation on a subgroup focused on ways to ensure that individuals in long-term care also will see benefits from coordinated care.

After participation in this process I can say with confidence that the Medicare/Medicaid Alignment Demonstration proposal has Providence's support. It is our belief that the proposal meets the diverse needs of our dual eligible populations and ensures adequate flexibility to evolve with the changes occurring in health care today. In particular, we see opportunities that would allow our PACE program to collaborate with CCOs in developing innovative and fully integrated care. We draw your attention to the flexible model for PACE and a "Pathway to PACE" program within the demonstration proposal.

Approval of Oregon's demonstration proposal will provide a further dimension for coordinated care organizations to provide comprehensive, coordinated care for dually eligible individuals in an integrated, cost effective way. Providence is committed to the success of Oregon's health care transformation and we look forward to the opportunities made available by the demonstration project.

Sincerely,

A handwritten signature in black ink, appearing to read "Ellen Garcia", with a horizontal line extending to the right.

Ellen Garcia
Executive Director
Providence ElderPlace



dunes family
health care p.c.

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

Dale Harris, MD

Robert Law, MD

Janet Patn, MD

Michelle Petrofes, MD

Jianming Song, MD

Rio Lion, DO

Kathryn Moon, FNP-BC

Lucas Stang, PA-C

May 6, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

I am writing to express my support for Oregon's Medicare/Medicaid Alignment Demonstration proposal.

My involvement with this proposal comes as a rural family physician whose practice includes a number of patients who will be affected.

This proposal will benefit my patients by giving more efficient cost effective care with fewer administrative barriers. It will also make my practice more efficient and effective as well as less frustrating.

I look forward to working with the Oregon Health Authority and the Department of Human Services to implement Oregon's proposed demonstration. I support the goals of Oregon's Health System Transformation effort: to improve health outcomes and quality of care for Medicaid and dually eligible individuals, while reducing costs in our health care system.

Sincerely,

Robert D. Law M.D.
Family physician

WVP

HEALTH AUTHORITY

May 6, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

I am writing to express my support for Oregon's Medicare/Medicaid Alignment Demonstration proposal.

As a member of the subcommittee that helped draft the components of the Oregon's proposed Medicare/Medicaid Alignment Demonstration proposal, I see the potential opportunity to more effectively meet the Triple Aim of better care, lower costs, and improved health for fully eligible Oregonians who have Medicare, Medicaid, and Long Term care Medicaid coverage. Oregon has been a leader in utilizing home and community based services on the Medicaid side. In addition, the Managed Medicaid/Medicare system has provided cost effective, high quality medical care for Oregon's dual eligibles. However, the challenges ahead of us are substantial as the number our fully dual eligible population continues to increase and to age as does the overall cost to take care of them. Oregon's Medicare/Medicaid Alignment Demonstration brings together the interventions necessary to address the challenges ahead of us, as well as requiring accountability to assure the effectiveness of those interventions.

I look forward to working with the Oregon Health Authority and the Department of Human Services to implement Oregon's proposed demonstration. I support the goals of Oregon's Health System Transformation effort: to improve health outcomes and quality of care for Medicaid and dually eligible individuals, while reducing costs in our health care system.

Sincerely,



Veronica Sheffield MS, BS, BSN, RN, CMCN
Transition Care Team Supervisor/UM Supervisor
Special Programs Manager - ACCT team, MOMS Program

WVP Health Authority



DISABILITY RIGHTS OREGON

May 1, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop, Room 315-H
Washington, DC 20201

Dear Ms. Bella:

I am writing to express my qualified support for Oregon's Medicare/Medicaid Alignment Demonstration proposal.

Disability Rights Oregon is the Protection and Advocacy system for individuals with disabilities in Oregon. In addition to providing legal-based advocacy for applicants and enrollees seeking appropriate medical and other services, we participate on many state and local policy advisory groups as representatives of the disability community.

Last fall, I participated in the Governor-appointed workgroup for Medicare/Medicaid Alignment, engaging in discussions around leading barriers/challenges to quality, affordable care, and designing solutions, including criteria, metrics, and shared accountability for long term care. I have provided input in those meetings and have commented on a draft proposal for Oregon's Alignment Demonstration proposal.

Oregon is moving rapidly to make significant changes to our health delivery system. Given the speed and ambition of these changes, it can be difficult to fully anticipate where they will lead us. However, we agree that change is necessary and that the direction that Oregon is going holds many opportunities to improve the health of all citizens, including individuals with disabilities.

We have not reviewed the final draft of Oregon's proposal and have not, therefore, been able to evaluate whether our concerns with the earlier draft have been addressed. We are committed, however, to continuing work with the all stakeholders to implement Oregon's Health System Transformation efforts and believe that these efforts should include Medicare/Medicaid alignment within the framework of the proposal you are receiving.

Sincerely,

Bob Joondeph
Executive Director