



July 3, 2014

Valerie Harr  
Director, Division of Medical Assistance and Health Services  
NJ Department of Human Services  
7 Quakerbridge Plaza  
PO Box 712  
Trenton, NJ 08625

Dear Director Harr,

The Camden Coalition of Healthcare Providers (CCHP) is pleased to submit the enclosed application for certification as a New Jersey Medicaid Accountable Care Organization (ACO), pursuant to N.J.S.A. 30:4D-8.1 *et seq.*

We believe the certification of CCHP's Medicaid ACO will represent an important step forward in improving the quality, capacity and efficiency of the healthcare system in Camden, New Jersey.

We look forward to your review of our application. Should you have any questions, we are available at the phone number and address below to discuss them with you.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey C Brenner MD".

Jeffrey Brenner, MD  
Executive Director  
Camden Coalition of Healthcare Providers  
800 Cooper St, 7<sup>th</sup> Floor  
Camden, NJ 08102  
(609) 876-9549  
jeff@camdenhealth.org

Encl.

**New Jersey Department of Human Services  
Division of Medical Assistance and Health Services  
Accountable Care Organization Certification  
Application Form**

Name of Organization: Camden Coalition of Healthcare Providers

Address: 800 Cooper Street  
7th Floor  
Camden, NJ 08102

Primary Contact Person: Dr. Jeffrey Brenner  
Phone: 856-365-9510  
FAX: 856-365-9520  
Email: jeff@camdenhealth.org

Proposed Area of Coverage: (include zip codes)

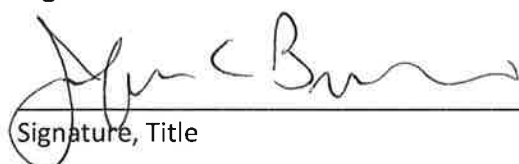
City of Camden, New Jersey (zip codes 08101, 08102, 08103, 08104, 08105)

The narrative portion of the application shall not exceed 10 double-spaced type written pages with a 12 point font minimum.

The following documents must be included along with the narrative in order to be considered for review (refer to N.J.A.C. 10:79A for specifics):

- ✓ Letter of Commitment with Original Signature
- ✓ Copy of the Certificate of Incorporation filed with the State
- ✓ Organization Bylaws
- ✓ List of Governing Board Members
- ✓ Letters of Support by required entities
- ✓ Quality Plan
- ✓ Gainsharing Plan (may be submitted up to 1 year after demonstration start date)

**I attest the information contained in the ACO demonstration project certification application is accurate, complete, and truthful, that the signatory is familiar with the laws and regulations regarding the provision of healthcare services, and that the services are to be provided in compliance with such laws and regulations.**

  
\_\_\_\_\_  
Signature, Title

6/25/14  
Date

APPLICATION DEADLINE – 60 days after regulations are effective. Note: All applications will be posted on the DHS-DMAHS website and open for public comment for 30 days.

**MEDICAID ACO DEMONSTRATION PROJECT  
CERTIFICATION APPLICATION**

**Applicant Information**

**Applicant Name:** Camden Coalition of Healthcare Providers

**Address:** 800 Cooper St., 7<sup>th</sup> Floor Camden, NJ 08102

**Phone:** (856) 365-9510

**Primary Applicant Contact:** Jeffrey Brenner, Executive Director

**Proposed Coverage Area:** City of Camden, New Jersey (zip codes 08101, 08102, 08103, 08104, 08105)

**Website:** [www.camdenhealth.org](http://www.camdenhealth.org)

**Date of Incorporation:** July 27, 2006

**Number of Full-time Staff:** 49

**Annual Budget:** Approx. \$6.1 million

I. Introduction

The Camden Coalition of Healthcare Providers (CCHP) seeks to be certified as a Medicaid ACO so that it may participate in the New Jersey Medicaid ACO Demonstration Project (N.J.S.A. 30:4D-8.1 et seq.).

CCHP is a New Jersey nonprofit, membership corporation dedicated to improving the quality and accessibility of health care in Camden, New Jersey, while lowering the cost of health care to patients and the public. Over the course of a decade, CCHP has developed a broad membership base that includes Camden hospitals, local primary care offices, community organizing groups, and the full spectrum of social and behavioral health service providers. These longstanding relationships have resulted in a high level of trust among members, many of which have collaborated to devise and implement programs serving Camden residents and providers. CCHP seeks to participate in the New Jersey Medicaid ACO Demonstration Project so that Camden's healthcare providers can be collectively

## **Camden Coalition of Healthcare Providers Medicaid ACO Demonstration Project Certification Application**

accountable for improving the quality and reducing the cost of care for Camden's Medicaid beneficiaries. CCHP expects to use its existing governance structures, including its Board and committees, to execute the required ACO functions.

### **II. Organizational Overview**

CCHP began twelve years ago as an informal network of providers that developed healthcare solutions across traditional provider boundaries. In the last several years, CCHP has grown to become a nationally reputed organization influencing domestic healthcare reform on a large scale. It now employs a full-time staff of 49 plus an additional 10 AmeriCorps members and includes the administrative and clinical infrastructure to support operations of a citywide ACO.

CCHP has an annual budget of approximately \$6.1 million, which includes private grant funding from more than twenty foundations as well as a three-year, \$2.78 million Innovation Award from the Center for Medicare & Medicaid Services (CMS). CCHP also supports itself with revenue from the HIE and its Cross Site Learning program, as well as a care coordination and shared savings contract with UnitedHealthcare.

CCHP has implemented numerous programs designed to further its mission of increasing the quality, capacity, and accessibility of health care in Camden, including: 1) Care Management Initiatives (CMI) that provides care coordination for complex patients, 2) Clinical Redesign that provides technical assistance to improve the efficiency and capacity of primary care providers (PCPs) to care for complex patients; 3) the Camden Health Information Exchange (HIE), a web-based technology that allows providers in Camden to access detailed clinical data about their patients at the point of care and provides real-time notification to primary care providers when patients are hospitalized or treated in an

## **Camden Coalition of Healthcare Providers Medicaid ACO Demonstration Project Certification Application**

emergency department. CCHP invests significant resources in data, research, evaluation, and performance improvement capacity to capture, analyze, and disseminate data for use in research, planning, and performance improvement of clinical care. CCHP also operates Cross Site Learning, which provides technical assistance to fifteen sites nationally that are developing super-utilizer interventions, and an advocacy program that promotes public policy efforts to address systemic issues impacting Medicaid patients, including transportation, housing, behavioral health, and access to comprehensive data.

CCHP's stable funding sources, established coalition of healthcare organizations, and robust healthcare transformation programs make CCHP well prepared to begin operating as a Medicaid ACO.

### III. Non-Profit Status

CCHP is a nonprofit corporation formed in 2006 under the laws of the State of New Jersey and has 501(c)(3) federal nonprofit tax status (Exhibits 1 and 2). Historically, the Cooper Health System and its charitable affiliate, the Cooper Foundation (collectively "Cooper") served as CCHP's fiscal sponsor and provided CCHP with grants management, financial administration, and human resources. In July 2013, CCHP began independent grants management and financial administration. In July 2014, CCHP assumed responsibility for all of its human resources.

### IV. Designated Area

The CCHP ACO will serve the City of Camden, New Jersey. The City comprises the following five zip codes: 08101, 08102, 08103, 08104, and 08105. Approximately 35,178 Medicaid beneficiaries reside in this designated area.

## **Camden Coalition of Healthcare Providers Medicaid ACO Demonstration Project Certification Application**

### V. CCHP Board Composition

The CCHP ACO will be governed by a board that represents the full spectrum of healthcare providers and consumers in Camden. The CCHP Board includes the following member groups:

- **Hospitals:** six seats (each of three city hospitals selects one administrator and one provider),
- **Primary care providers:** up to eight seats,
- **Behavioral health / social service (“partnering”) organizations:** at least four seats, and
- **Resident organizations:** at least two seats.

Board representatives are selected by each member group as described in Article IV of the CCHP Bylaws (Exhibit 3). All board representatives serve in an organizational capacity, meaning they represent their employing/affiliated organizations, not themselves. The board includes representation of primary care and specialty physicians. A chart of the current CCHP board membership is attached as Exhibit 4.

As required by N.J.S.A. 30:4D-8.4(2)(b), the CCHP Board includes two consumer organizations capable of advocating with and on behalf of patients: 1) AARP, a nonprofit, nonpartisan membership organization for people age 50 and over, and 2) Camden Churches Organized for People (CCOP), a faith-based community organizing entity.

AARP-New Jersey has two local chapters, in Collingswood and Pennsauken, with approximately 2,500 members in Camden. These chapters provide members with a variety of education, advocacy, and leadership opportunities. The AARP Bylaws and list of Board members is attached as Exhibit 5.

CCOP empowers Camden residents to identify and address common concerns through community organizing. CCOP satisfies the additional requirements of N.J.S.A.

**Camden Coalition of Healthcare Providers  
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30:4D-8.4(2)(b): extensive leadership involvement by Camden residents, physical location in Camden, and a Camden resident serves as its voting representative on CCHP's Board.

CCOP's Constitution, board membership, and organizational chart are attached as Exhibit 6.

VI. CCHP Governance

CCHP is governed by a Board of Directors ("Board") and managed by an Executive Director. The CCHP Board meets quarterly and is responsible for providing oversight and strategic direction for CCHP. The Board is served by six standing committees: Executive, HIE, Quality, Finance, Strategic Planning, and a newly formed Community Advisory Council.

The Executive Committee, consisting of two hospital representatives, three primary care providers, two partnering organizations, and two resident organizations, is selected by the Board. Its officers are elected from among the members of the Executive Committee. The Executive Committee meets monthly to review the finances and program operations of CCHP and make recommendations to the Board based on its findings.

The HIE Committee meets every other month. Its members include Chief Information Officers, attorneys, IT specialists, and data privacy/security personnel representing each of the hospitals that participate in the HIE. The HIE Committee is open to all HIE participants. It is responsible for developing long-term plans for the HIE and approving all HIE-related agreements and policies.

The Quality Committee manages quality issues related to CCHP's programs and the Camden ACO, as described in Part XI below. The Finance Committee consists of financial professionals appointed by member organizations and meets monthly. The Strategic Planning Committee is a committee of the board that is focused on the organization's long-term vision and strategic plan. The Community Advisory Council is discussed in VIII below.

## **Camden Coalition of Healthcare Providers Medicaid ACO Demonstration Project Certification Application**

CCHP's daily operations are managed by an executive team that consists of the Executive Director, Chief Operating Officer, Chief Financial Officer, and General Counsel. Other senior leadership includes: Associate Clinical Directors, Director of CMI, Director of Clinical Redesign, Director of Planning and Performance Improvement, and Associate Director of Data, Research and Evaluation. CCHP's organizational chart is attached as Exhibit 7.

### **VII. Support from Providers**

The CCHP ACO has the full support of providers in the City of Camden, as evidenced by the letters of support from:

- **Hospitals:** Cooper Health System, Lourdes Health System, Virtua
- **Primary Care Providers:** Dr. Ramon Acosta, CAMcare Health Corporation, Fairview Village Family Practice, Project H.O.P.E., Reliance Medical Group, St. Luke's Catholic Medical Services
- **Behavioral Health Organizations:** Collaborative Support Programs of New Jersey, South Jersey Behavioral Health Resources, Twin Oaks Community Services, Volunteers of America Delaware Valley
- **Resident / Community Organizations:** AARP, Camden Churches Organized for People, Northgate II Residents' Advisory Board
- **Health Plans:** Horizon NJ Health, UnitedHealthcare Community Plan-NJ
- **Other:** Abigail House for Nursing and Rehabilitation, Bayada Home Health Care, Camden Area Health Education Center (AHEC), Center for Health Care Strategies, City of Camden, Fair Share Housing Development/Fair Share Northgate II, Greater Newark Health Care Coalition, New Jersey Health Care Quality Institute (NJHCQI), Virtua Home Care

Letters of support are attached as Exhibit 8. These organizations exceed the requirements of N.J.S.A. 30:4D-8.4(c)(3) by representing all three general hospitals in Camden, more than 75 percent of the primary care providers, and four qualified behavioral health care providers located in the City of Camden.



## **Camden Coalition of Healthcare Providers Medicaid ACO Demonstration Project Certification Application**

### VIII. Community Engagement Process

The CCHP ACO actively engages the public with respect to its work to impact health access, outcomes, and costs and to receive comments regarding its Gainsharing Plan. This commitment, which is required by N.J.S.A. 30:4D-8.4(c)(5), is embodied in Article III, Section 7 of CCHP's Bylaws, attached here as Exhibit 3. From its beginnings as a collaborative, grassroots organization, CCHP has sought continuous, meaningful engagement by community members.

CCHP, with AARP and CCOP who are responsible for community engagement, initiated an expanded, formal community engagement process in preparation for formation of the ACO. Between June and December 2013, they held a series of three public meetings, each of which involved approximately eighty to one hundred participants, to educate the community about the ACO demonstration project, to elicit community input on health care priorities, and to begin discussing a gainsharing plan. CCHP will continue to hold community-wide public meetings; the next is scheduled for October as an opportunity to receive public input on CCHP's formal gainsharing plan.

In April 2014, CCHP created a Community Advisory Council (CAC). The CAC consists of Camden residents who are consumers of local health care services. It meets monthly and is charged with providing public input on the ACO's priorities and strategic direction, planning and hosting periodic public meetings, and selecting community priorities for the use of gainsharing funds. Representatives from five member organizations, including three members of the Executive Committee, are liaisons to the CAC. It is anticipated that the CAC will develop its own leadership who will attend CCHP board meetings.

## **Camden Coalition of Healthcare Providers Medicaid ACO Demonstration Project Certification Application**

CCHP maintains detailed meeting minutes of its public and CAC meetings, which will be posted on CCHP's website and shared with Board and CAC members. CCHP will develop a process for analyzing and responding to public feedback. CCHP will maintain copies of its Certificate of Incorporation, Bylaws, Gainsharing Plan, and any ACO reporting requirements related to gainsharing and quality measures at its office, on its website, and at CCOP's and AARP's respective offices. The documents will be available for public inspection and copying at a reasonable cost.

### **IX. Process for Receiving and Distributing Gainsharing Payments**

The CCHP ACO has a process for receipt and disbursement of gainsharing payments. CCHP will establish and maintain a bank account to be used exclusively for receiving and distributing gainsharing payments earned by the ACO. Funds in the ACO account will be distributed pursuant to CCHP's State-approved Gainsharing Plan. Access to the ACO account will be limited to the CCHP Executive Director and Chief Operating Officer. These CCHP staff will report all deposits and withdrawals from the ACO account to the CCHP Executive Committee. CCHP will retain detailed records of all deposits or withdrawals from the ACO account for at least five (5) years following the completion or termination of CCHP's participation in the Demonstration Project. Any ACO member that receives a gainsharing payment from CCHP will be required to sign a Participation and Disbursement Agreement that acknowledges receipt of funds and commits to using these funds in accordance with the Gainsharing Plan.

CCHP has in place fiscal control policies to ensure that funds are safeguarded. The CCHP ACO will also develop internal controls specific to receiving and distributing shared savings. CCHP's internal fiscal control policies are attached as Exhibit 9.

**Camden Coalition of Healthcare Providers  
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X. Commitment to the ACO Demonstration Project

CCHP is committed to being the ACO for the City of Camden. CCHP agrees to be accountable for the health outcomes, quality, cost, and access to care of Medicaid recipients residing in Camden for at least three years following certification. In doing so, the CCHP ACO will comply with all requirements of the Medicaid ACO legislation and regulations. A commitment letter is attached as Exhibit 10.

XI. Quality Measures, Patient Safety, and Patient Satisfaction Reporting

The CCHP ACO will have processes for setting quality standards, monitoring the care delivered by its ACO members, receiving patient feedback, and addressing deficiencies. As provided by Article V, Section 6 of CCHP's Bylaws (Exhibit 3), CCHP established a Quality Committee in the spring of 2012. The Quality Committee has 20 members and is staffed by CCHP's Associate Clinical Director and Director of Planning and Performance Improvement and chaired by a member of CCHP's Executive Committee, who is Assistant Vice President of Ambulatory Services for Virtua Camden. The Quality Committee consists of individuals who are responsible for quality at their respective healthcare organizations and includes the ACO's Medical Director, primary care physicians, and at least one physician who specializes in chronic disease. In addition to the medical expertise of Dr. Jeffrey Brenner as Executive Director, the Camden ACO will have Dr. Lesly D'Ambola serve as Medical Director. Dr. D'Ambola, a Camden primary care provider, is a founding board member and currently serves on the Executive Committee of the CCHP board.

In its contract with UnitedHealthcare/AmeriChoice NJ, the CCHP ACO has established a preliminary set of seven quality measures to track for each primary care practice. They are PCP visit within seven (7) days of hospital inpatient discharge, PCP visit

**Camden Coalition of Healthcare Providers  
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within seven (7) days of ED visit for ED high users, breast cancer screening, cervical cancer screening, RSV for premature infants, prenatal care within first trimester, and patient satisfaction. CCHP and its Quality Committee have begun work to collect the data to measure the quality metrics. By December 2014, the ACO will create quality baselines on each metric for every Camden primary care practice and then work with the practice to develop its own performance improvement plan.

The CCHP ACO will monitor the quality of care delivered by its members through periodic informal and annual formal practice evaluations. In addition to this objective monitoring, the CCHP ACO will solicit patient feedback. The ACO will work with its Quality Committee and Community Advisory Council to devise, develop, and implement feedback mechanisms such as an anonymous reporting hotline and patient surveys. CCHP may engage a third party to help monitor, collect, and evaluate data.

The CCHP ACO will promptly address any failures to meet required measures and resolve issues identified through internal monitoring or patient feedback. The Quality Committee will develop remediation policies that outline remedial actions the ACO may take, including the types of deficiencies that warrant exclusion from the ACO.

The ACO Quality Project Plan, attached as Exhibit 11, indicates how CCHP will increase its capabilities in monitoring quality over the life of the Demonstration Project.

**Camden Coalition of Healthcare Providers  
Medicaid ACO Demonstration Project Certification Application**

**TABLE OF EXHIBITS**

1. Certificate of Incorporation
2. 501(c)(3) Approval Letter
3. CCHP Bylaws
4. CCHP Board of Directors
5. AARP Bylaws and list of Board members
6. CCOP Constitution, Organizational Profile and Organizational Chart
7. CCHP Organizational Chart
8. Letters of Support
9. CCHP Fiscal Control Policies
10. Demonstration Project Commitment Letter
11. ACO Quality Project Plan

NEW JERSEY DEPARTMENT OF TREASURY  
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF INC, (NON PROFIT)

CAMDEN COALITION OF HEALTHCARE PROVIDERS A NJ NONPROFIT  
CORPORATION

0400140036

The above-named DOMESTIC NON-PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 07/27/2006 and was assigned identification number 0400140036. Following are the articles that constitute its original certificate.

1. **Name:**  
CAMDEN COALITION OF HEALTHCARE PROVIDERS A NJ NONPROFIT CORPORATION
2. **The Registered Agent:**  
CAMDEN COALITION OF HEALTHCARE PROVIDERS
3. **The Registered Office:**  
401 HADDON AVENUE  
SUITE 142  
CAMDEN, NJ 08103
4. **Business Purpose:**  
Community Organizations
5. **Qualification:**  
AS SET FORTH IN THE BYLAWS
6. **Rights:**  
AS SET FORTH IN THE BYLAWS

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NEW JERSEY DEPARTMENT OF TREASURY  
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF INC, (NON PROFIT)

CAMDEN COALITION OF HEALTHCARE PROVIDERS A NJ NONPROFIT  
CORPORATION

0400140036

**7. Other Long:**

AS SET FORTH IN THE BYLAWS

**8. If applicable, set forth the designation of each class of shares, the number in each and a statement of the relative rights, preferences and limitations:**

AS SET FORTH IN THE BYLAWS

**9. First Board of Trustees:**

LESLEY D'AMBOLA  
511 STATE STREET  
CAMDEN, NJ 08102  
JEFF KLEEMAN  
2961 YORKSHIP SQUARE  
CAMDEN, NJ 08104  
KAREN GERSTEN-ROTHENBERG  
639 COOPER STREET B-12  
CAMDEN, NJ 08102

**10. Incorporators:**

JEFFREY BRENNER  
2632 FEDERAL AVENUE  
CAMDEN, NJ 08105

**11. The Main Business Address:**

401 HADDON AVENUE  
SUITE 142  
CAMDEN, NJ 08103

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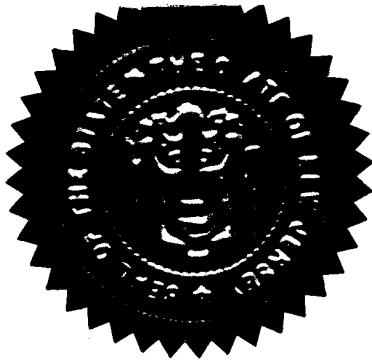
NEW JERSEY DEPARTMENT OF TREASURY  
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF INC, (NON PROFIT)

CAMDEN COALITION OF HEALTHCARE PROVIDERS A NJ NONPROFIT  
CORPORATION

0400140036

**Signatures:**  
JEFFREY BRENNER



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
08/02/2006*

*Bradley Abelow*

*Bradley Abelow  
State Treasurer*





TAX EXEMPT AND  
GOVERNMENT ENTITIES  
DIVISION

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
WASHINGTON, D.C. 20224

Date: MAY 17 2013

Camden Coalition of Healthcare Providers  
800 Cooper Street, 7th Floor  
Camden, NJ 08102

Employer Identification Number:  
32-0332843  
Person to Contact and ID Number:  
Joseph Kovacs, 50-41302  
Toll Free Contact Number:  
(877) 829-5500  
Accounting Period Ending:  
12  
Public Charity Status:  
509(a)(1) & 170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
May 15, 2010  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes

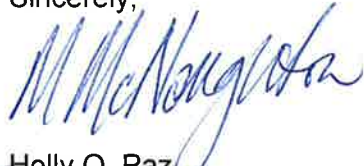
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. **Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.**

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed *Compliance Guide for 501(c)(3) Public Charities* for some helpful information about your responsibilities as an exempt organization.

Sincerely,

  
for Holly O. Paz  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: *Pub. 4221-PC, Compliance Guide for 501(c)(3) Public Charities*  
*Addendum*

Camden Coalition of Healthcare Providers  
EIN 32-0332843

Addendum:

We considered and approved your application for retroactive reinstatement under Notice 2011-43.

We also determined that, from July 27, 2006, until May 15, 2010, you were exempt from Federal income tax under Code section 501(c)(3) and were a public charity under the Code section(s) listed in the heading of this letter. Contributions you received during that period are deductible under section 170 of the Code. You were also qualified during that period to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code.

## **BY-LAWS – Camden Coalition of Healthcare Providers**

### **ARTICLE I – NAME and PURPOSE**

- Section 1: The name of the organization shall be the **Camden Coalition of Healthcare Providers**. It shall be a nonprofit organization incorporated under the laws of the State of New Jersey.
- Section 2: Purpose. The **Coalition** is organized exclusively for charitable, scientific, and educational purposes. Specifically, the **Coalition** supports the work of healthcare providers in the City of Camden who are dedicated to improving the health of the community by increasing access to healthcare, improving quality of care and patient outcomes, and reducing unnecessary costs.

### **ARTICLE II - MEMBERSHIP**

- Section 1: Eligibility and Approval. Application for membership shall be open to any individual or organization that supports the purpose statement in Article 1, Section 2. Membership shall be granted upon a majority vote of the Board, following a review of eligibility.
- Section 2: Dues. The Board may set dues schedules for memberships.
- Section 3: Renewal. Continuing membership is contingent upon meeting specific criteria, as determined by the Board.
- Section 4: Resignation and Termination. Any member may resign by filing a written resignation with the Secretary. A member can have its membership terminated by a majority vote of the membership or the Board.
- Section 5: Voting. Only organizational members that are located in or do business in the City of Camden shall be permitted to vote.
- Section 6: Voting Member Classes. The Coalition shall have four classes of voting members: hospitals, primary care providers, partnering organizations, and resident organizations. Definitions of the classes will be set by the Board.
- Section 7: Voting Member Rights and Powers. Voting member classes shall have the power to elect representatives to the Board, as described in

Article IV, Section 5, and to remove representatives, as described in Article IV, Section 9. Voting members may make, amend, and repeal Bylaws, as described in Article VII, Section 1.

### **ARTICLE III - MEETINGS OF THE MEMBERS**

- Section 1: Annual Meeting. An annual meeting of the members may be held for the purpose of transacting any such business as may be properly brought before the membership.
- Section 2: Special Meetings. Special meetings may be called by a simple majority of the Board of Directors, or by a petition affirmed by twenty-five percent of the voting members.
- Section 3: Date and Location. The time and date of any meeting of members shall be set by the Board of Directors. Meetings shall be held in the City of Camden.
- Section 4: Notice. Notice of a meeting shall be given to each member, in writing, which shall include email, not less than ten days before the meeting.
- Section 5: Quorum. Twelve members present at any properly announced meeting shall constitute a quorum.
- Section 6: Voting. All issues to be voted on shall be decided by a simple majority of those present at the meeting in which the vote takes place.
- Section 7: Open to Public. All member meetings are open to the public. The Coalition shall receive public comment at its meetings. The Coalition will seek to engage the public and members of the community so that it can have a positive impact on health access, outcomes and costs.

### **ARTICLE IV - BOARD OF DIRECTORS**

- Section 1: Board Role, Size, Compensation. The Board is responsible for overall policy and direction of the **Coalition** and delegates responsibility for day-to-day operations to the **Coalition's** Executive Director and staff, Board members, and committees. The Board shall have no fewer than twenty and no more than twenty-five members. The Board receives no compensation other than reasonable expenses.

- Section 2: Board Composition. Only voting members are eligible to become Board members. The Board shall be composed of: two representatives from each hospital in Camden (one executive/administrator and one provider), up to eight primary care providers, at least four representatives from partnering organizations, and at least two individuals living within the City of Camden who are affiliated with organizations that organize and develop the leadership capacity of Camden residents.
- Section 3: Organizational Seats. Board members serve in an organizational capacity. If a Board member is unable to attend a meeting, another individual affiliated with the organization the Board member represents may attend and serve as a voting proxy.
- Section 4: Meetings and Notice. The Board shall meet not fewer than four times per year, at an agreed upon time and place. Notice of a meeting shall be given to each member, in writing, which shall include email, not less than ten days before the meeting. All Board meetings shall be open to the public.
- Section 5: Board Elections. Each of the four membership classes will meet independently to nominate class members for Board service. Primary care providers, partnering organizations, and resident organizations will select by majority vote the individuals who will represent the class on the Board. Each hospital will appoint one administrator and one provider to represent the hospital on the Board. As terms expire or vacancies arise, nominations for new members may be received from the Board and members of the **Coalition**. New Board members shall be elected through a majority vote of the Board. Alternatively, a particular membership class may, of its own initiative, select an individual to represent the class by a majority vote of class members. The class must present a petition that certifies a majority vote occurred and requests the Board to appoint its chosen representative.
- Section 6: Terms. All Board members shall serve three-year terms, but are eligible for re-election for a term of three years. The **Coalition** will randomly assign each initial Board member to a one-, two-, or three-year term, in order to have one-third of the Board members' terms end each year.
- Section 7: Quorum and Voting. Twelve members of the Board shall constitute a quorum for regularly-scheduled meetings. When a quorum is present,

the affirmative vote of at least seventy-five percent of Board members is needed to approve any transaction of **Coalition** business. A Board member or his/her voting proxy may vote in person, by conference call, or in writing, which shall include email.

Section 8: Officers and Duties. There will be a designated Board Chair at all times. The use of additional Board officers will be optional, as needed. If used, there will be up to four officers of the Board, consisting of a Chair, Vice-Chair, Secretary, and Treasurer. The officers shall be elected by the Executive Committee in an annual vote, as described in Article V, Section 3. Their duties are as follows:

The **Chair** shall convene regularly scheduled Board meetings and shall preside or arrange for other members of the Executive Committee to preside at each meeting in the following order: Vice-Chair, Secretary and Treasurer. The Chair will also have the power to create committees on special subjects and designate any Board member with pertinent interest to head such committees.

The **Vice-Chair** shall carry out special assignments as requested by the Board Chair. The Vice-Chair shall also understand the responsibilities of the Board Chair and be able to perform these duties in the Chair's absence.

The **Treasurer** shall make a report at each Board meeting. Treasurer shall chair the finance committee, if any, assist in the preparation of the budget, help develop fundraising plans, and make financial information available to Board members and the public.

Section 9: Resignation, Termination, and Absences. Resignation from the Board must be in writing. A Board member may be terminated for excess absences from the Board if s/he has four unexcused absences from Board meetings in a year. A Board member may be removed for other reasons by a three-fourths vote of the remaining Board members, or by petition to the Board certifying a majority vote of class members.

Section 10: Special Meetings. The Board shall have the right to hold special meetings as it deems necessary to handle matters that arise between scheduled board meetings. Any five Board members can call a special meeting. Notice of a meeting shall be given to each member, in writing, which shall include email, not less than one business day before the meeting. A special meeting shall require a quorum of three-quarters of Board members to take action.

## ARTICLE V – COMMITTEES

- Section 1: Committee Formation. The Board may create committees as needed. The Board Chair appoints all committee chairs.
- Section 2: Executive Committee Powers. Except for the power to amend the Articles of Incorporation and Bylaws, the Executive Committee shall have all the powers and authority of the Board in the intervals between meetings of the Board, and is subject to the direction and control of the full Board.
- Section 3: Executive Committee Composition and Officers. The Executive Committee shall be composed of two Board members each from the hospital, partnering organization, and resident organization classes, and three Board members from the primary care care provider class. Class delegates to the Executive Committee will be elected from among the members of the Board by majority vote. All delegates to the Executive Committee should be capable of performing the duties of an Officer. The Executive Committee shall annually select the Coalition’s four Officers (Chair, Vice-Chair, Secretary, and Treasurer) from among its nine members. The Executive Committee shall serve one year terms.
- Section 4: Executive Committee Meetings and Absences. Meetings of the Executive Committee shall be held monthly. Executive Committee meetings will be open to all Board members. During any meeting, the Executive Committee may choose to enter “executive session,” at which time only the members of the Executive Committee and any invited guests will be allowed in the session. An Executive Committee member may be excused from the Executive Committee for excess absences if s/he has five unexcused absences from Executive Committee meetings in a year. A removed committee member will be replaced pursuant to the process described in Article V Section 3.
- Section 5: Executive Committee Quorum and Voting. Five members of the Executive Committee shall constitute a quorum for regularly-scheduled meetings. When a quorum is present, the affirmative vote of at least three members of the Executive Committee is needed to approve any transaction of **Coalition** business. An Executive Committee member or his/her voting proxy may vote in person, by conference call, or in writing, which shall include email.
- Section 6: Quality Committee. The Quality Committee shall address issues

related to quality, including setting quality benchmarks, monitoring compliance among its participating providers, and addressing deficiencies.

#### **ARTICLE VI - CONFLICT OF INTEREST**

Section 1: The **Coalition** is committed to being accountable and transparent in all of its transactions and operations.

Section 2: Each Board member, **Coalition** staff member, or member of a committee with governing Board delegated powers shall annually sign a statement which affirms such person has disclosed any actual or potential conflicts of interest and has agreed to comply with the **Coalition's** Conflict of Interest policy.

#### **ARTICLE VII – ANTI-TRUST COMPLIANCE**

Section 1: The Coalition and its members are committed to strict adherence to the spirit and letter of state and federal anti-trust laws. The Coalition acknowledges that the Medicaid Accountable Care Organization (ACO) Demonstration Project protects the Coalition and its members from antitrust liability under the state action doctrine only in connection with their activities as a Medicaid ACO.

Section 2: The Coalition shall not negotiate the payment rates of its members with any managed care organization. Members shall not share sensitive pricing information with one another and shall not reach any agreements – express or implied – that restrict competition or in any way impair the ability of members to exercise independent business judgment in matters that affect competition.

Section 3: The Coalition shall not restrict members from contracting or sharing data with payers, and shall not restrict payers from incentivizing patients to go to certain providers or require payers to contract with certain non-ACO providers.

Section 4: The Coalition shall educate its employees, managers, contractors, and agents about any and all laws pertaining to civil and criminal penalties for violations of the New Jersey Antitrust Act.



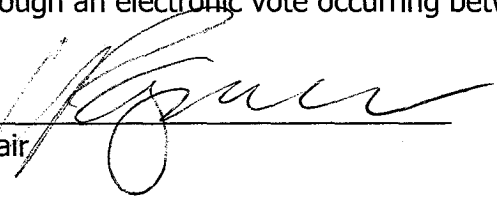
**ARTICLE VIII – AMENDMENTS**

Section 1: These Bylaws may be amended or repealed, or new laws may be adopted, by a two-thirds majority of the entire Board of Directors, or of the members entitled to vote. The vote must be in writing, which shall include email, or in person.

**CERTIFICATION**

These Bylaws were approved by a two-thirds majority vote of the Board of Directors through an electronic vote occurring between May 22 and June 2, 2014.

Chair

A handwritten signature in black ink, appearing to be "K. Brown", written over a horizontal line.

Date

6-4-14

Exhibit 4: CCHP Board of Directors

**CCHP Board of Directors**

<b>Type of Organization</b>	<b>Name of Organization</b>	<b>Representative (Title)</b>
Hospital	Cooper Health System	Provider: Anthony Mazzarelli (CMO) Administrator: Louis Bezich (Chief of Staff to the President and CEO), Kathy Stillo (Executive Director, UHI)
Hospital	Lourdes Health System	Provider: Russell Harris (Physician), Administrator: Kim Barnes (Vice President for Planning and Development)/Steve Fox (President of Lourdes Medical Associates)/Jennifer Schwartz (General Counsel)
Hospital	Virtua Health System	Provider: Amit Bhalodia (Physician)/Steve Kolesk (Senior Vice President of Clinical Integration) Administrator: Joan Gray (Director of Ambulatory Services)
Primary Care Provider	CAMcare Health Corporation	Mark Bryant (President/CEO)
Primary Care Provider	Fairview Village Family Practice	Jeffrey Kleeman (Physician)
Primary Care Provider	Project H.O.P.E.	Patricia DeShields (CEO)
Primary Care Provider	Ramon Acosta, MD, PC	Ramon Acosta (Physician)
Primary Care Provider	Reliance Medical Group	Vince Papaccio (Executive Vice President/COO)
Primary Care Provider	St. Luke's Catholic Medical Services/Rowan SOM	Lesly D'Ambola (Physician)
Primary Care Provider	River Primary Care Center	Patrick Ervilus (NPC)
Partnering Organization	Camden Area Health Education Center	Martha Chavis (Director, Community Health Workers Initiative)
Partnering Organization	Fair Share Housing, Northgate II	Marilyn Mock (Director of Social Services)
Partnering Organization	Bayada Nurses	Mellene Palmer (Associate Director, CMV)
Partnering Organization	Volunteers of America Delaware Valley	Stephen Shultz (Chief of Staff)
Partnering Organization	Abigail House	Chaya Bleier (CEO)
Resident Organization	AARP NJ	Evelyn Liebman (Associate State Director)
Resident Organization	Camden Churches Organized for People	Anthony Phoenix (Member/Camden Resident)



# AARP Bylaws

May 4, 2010

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## ARTICLE I

### Name

The name of the corporation is AARP.

## ARTICLE II

### Purposes

The purposes of AARP shall be to promote the social welfare by:

1. Enhancing the quality of life for individuals as they grow older;
2. Furthering independence, dignity and purpose for individuals as they grow older;
3. Improving the image of aging.

## ARTICLE III

### Members

**Section 1. Classes of Members.** Membership in AARP shall consist of the following classes:

- (a) **Regular Membership.** Any person of the age of fifty (50) years or older; or
- (b) **NRTA Division Membership.** Any person of the age of fifty (50) years or older who is either a member of a retired educators association or is interested in education issues.
- (c) **Associate Membership.** Any person who is a member of a group classified by the Board of Directors as eligible for associate membership shall be entitled to such rights and benefits as the Board of Directors may from time to time determine.

## BYLAWS

## **BYLAWS**

**Section 2. Terms of Membership.** Single year and multiple year memberships are available as determined by the Board of Directors.

**Section 3. Dues.** All members shall pay dues in the amounts determined by the Board of Directors, and dues paid by any person shall constitute payment for both said person and one additional household member and both shall be members.

**Section 4. Rights of Members.** Members shall receive certain publications and shall enjoy such other rights and privileges not inconsistent with these Bylaws as the Board of Directors may from time to time confer.

**Section 5. Termination of Membership.**

A member shall cease to be a member of AARP if:

- (a) such member resigns by giving notice in writing to AARP; or
- (b) such member fails to pay dues; or
- (c) the Board of Directors votes to terminate the membership of a member for cause.

## **ARTICLE IV**

### **Affiliated Chapters and Groups**

**Section 1. Recognition.** The Board of Directors shall have the power and authority to recognize and certify local chapters or groups, whose standards, policies and procedures are consistent with the purposes and function of AARP. The independent identity and finances of AARP shall not be diminished or removed in any degree from the control of AARP's Board of Directors. Such chapters or groups shall be responsible for managing their own affairs. AARP shall not be responsible for the financial obligations of such chapters

or groups or their officers, directors or members.

**Section 2. Disaffiliation.** The Board of Directors of AARP may disaffiliate with a chapter or group for cause.

## ARTICLE V

### Board of Directors

**Section 1. General Powers.** Except as otherwise provided by law or in these Bylaws, the direction of the affairs and resources of AARP shall be vested in the Board of Directors. The Board of Directors may by general resolution delegate to officers of AARP and to committees such powers as it elects.

**Section 2. Eligibility.** Members of the AARP Board of Directors must be Regular or NRTA Division members as set forth in Article III, Sections (a) and (b).

**Section 3. Number.** The number of directors shall be no more than twenty-three (23) including the President and President-Elect. The number of directors shall only exceed twenty-one (21) in order to accommodate an individual elected as President and/or President-Elect who serves beyond the term of his/her class.

**Section 4. Terms.** At the beginning of the biennium, which is a spring meeting of each even-numbered year, the Board of Directors shall elect seven (7) directors to serve for a term of six (6) years. The Board of Directors shall establish a procedure so that one-third (1/3) of the membership of the Board of Directors is elected each biennium. Present and future directors are and shall be eligible to serve and complete one (1)

## BYLAWS

## BYLAWS

term. A director shall not be eligible for re-election unless a director is elected to complete the term created by a vacancy in an unexpired term. The director shall be eligible for re-election for a full six-year term provided the director shall have served less than one half of such unexpired term. Every director shall serve and discharge his/her duties until his/her successor is elected. Each member of the Board of Directors, upon election, shall resign any AARP-appointed volunteer position, or any AARP chapter or RTA unit leadership position, held by such person as soon as feasible after his/her election to the Board.

**Section 5. Resignation.** Any director may resign at any time by giving written notice to the President. Such resignation shall take effect at the time specified therein, or, if no time is specified, at the time of acceptance thereof as determined by the President or Board of Directors.

**Section 6. Removal.** The vote of a majority of the number of the directors established by these Bylaws shall be required to remove a director from office for cause prior to the expiration of the term for which that director has been elected.

**Section 7. Vacancies.** A vacancy on the Board of Directors shall arise upon death, resignation, removal, disqualification, declination to serve as a director, or upon the continued absence of a director from three (3) or more consecutive regular meetings if such absence is declared by the Board to cause a vacancy. Any vacancy or vacancies on the Board of Directors shall be filled for the unexpired term by a majority vote of the remaining directors.



**Section 8. Meetings.**

(a) The Board of Directors shall provide by resolution the time and place, whether within or without the District of Columbia, for the holding of the annual meeting of the Board in the spring of each year, and any other regular meetings of the Board.

(b) Special meetings of the Board of Directors may be called by the Chair of the Board or the President, or by a majority of the voting directors then in office, who may fix any place, whether within or without the District of Columbia, as the place for holding any special meeting.

**Section 9. Notice.** Notice of any meeting of the Board of Directors shall be given at least ten (10) days previous thereto by written notice delivered personally or sent by mail, facsimile, email, or other appropriate electronic transmission to each director at his/her address as shown by the records of AARP. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage thereon prepaid. If notice be given by facsimile, email or other appropriate electronic transmission, such notice shall be deemed to be delivered when transmitted. Any director may waive notice of any meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

## BYLAWS

**Section 10. Quorum.** The presence of a majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board; but if less than a majority of the directors are present at said meeting, a majority of the directors present must adjourn the meeting without further notice.

**Section 11. Manner of Acting.** The act of a majority of the directors shall be considered the act of the Board of Directors, unless the act of a greater number is required by law or by these Bylaws. Directors may attend a meeting by telephonic or similar equipment by means of which all persons participating in the meeting can hear each other.

**Section 12. Informal Action.** Any action required by law to be taken at a meeting of directors, or any action that may be taken at a meeting of directors, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by all of the directors.

**Section 13. Compensation.** Directors shall not receive any salary for serving as a director, but all reasonable expenses will be paid in carrying out official duties of the Board.

## ARTICLE VI Officers

**Section 1. Officers.** There shall be two types of officers: National Officers and Board Officers. The Board of Directors may appoint such other officers or agents as it shall deem desirable, and such officers shall have the authority and perform the duties prescribed from time to time by the Board of Directors. The offices of Secretary/

Treasurer and President may not be combined.

- (a) **National Officers.** The National Officers are the President-Elect and the President. The President-Elect is nominated and elected by the Board of Directors from among themselves. A National Officer shall not be eligible for re-election to the same office; and a person who has filled a National Officer position for more than one-half (1/2) of a term by reason of interim succession shall not thereafter be eligible for election to that office.
- (b) **Board Officers.** Other officers of AARP shall be a Chair of the Board, a Vice Chair of the Board, and a Secretary/Treasurer of the Board, who are nominated and elected by the Board Members from among themselves.

**Section 2. Selection.** The Board of Directors at a regular meeting of the Board shall elect the officers of AARP biennially. New offices may be created and filled at any meeting of the Board of Directors. Each officer shall hold office until his/her successor shall have been duly elected.

**Section 3. Removal.** Any officer may be removed for cause by a majority of the Board whenever in its judgment the best interests of AARP would be served.

**Section 4. Vacancy.** A vacancy in any office because of death, resignation, removal, disqualification, or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.

**Section 5. Succession.** The President-Elect shall automatically succeed and be deemed elected

## BYLAWS

without Board vote to the office of President upon the death or resignation of the President, or upon the expiration of the biennium after election to the office of President-Elect. The Board of Directors shall elect at the beginning of the biennium a President-Elect and other elected officers as may be required by interim vacancies.

In the event that the offices of President and President-Elect shall be vacant at the same time for any reason whatsoever, the Board of Directors shall elect from its members a President and a President-Elect to serve until the next biennium. Rules of automatic succession do not apply in this event.

**Section 6. President.** The President may sign any deeds, mortgages, bonds, contracts, or other instruments, except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by these Bylaws or by statute to some other officer or agent of AARP; and in general shall perform all duties incident to the office of the President and such other duties as may be prescribed by the Board of Directors. The President may take such steps he/she shall deem necessary to advance the purposes of AARP, provided such steps do not exceed the scope of authority granted him/her by the Board of Directors.

**Section 7. Chair of the Board.** The Chair of the Board is the presiding official as the Board exercises its role of directing the affairs and funds of AARP. He/she shall also serve as the Chair of the Governance and Compensation Committee.

**Section 8. Secretary/Treasurer.** The Secretary/ Treasurer shall provide leadership in financial, fiscal and audit matters and assures that the Board exercises its responsibility in directing the funds of AARP. He/she shall also serve as Chair of the Audit and Finance Committee. He/she shall have the responsibility of signing the minutes of Board meetings.

**Section 9. Vice Chair of the Board.** The Vice Chair of the Board shall provide leadership in membership and member services matters and presides in the absence of the Board Chair. He/she shall also serve as Chair of the Member and Social Impact Committee.

### **ARTICLE VII**

#### **Chief Executive Officer**

There shall be employed by the Board of Directors a Chief Executive Officer who shall serve at the pleasure of the Board of Directors or as provided in an employment agreement. The Chief Executive Officer shall be responsible for management and administration of AARP. He/she shall supervise and coordinate the administrative, financial and professional activities of AARP.

### **ARTICLE VIII**

#### **Committees**

**Section 1. Authority.** The Board of Directors, by resolution adopted by a majority of the directors in office, may designate and appoint one or more committees of its members, each of which shall consist of two or more persons, which committees, to the extent provided in said resolution, shall have and exercise the authority of the Board

## BYLAWS

of Directors in the governance of AARP; provided, however, that no such committee shall have the authority of the Board of Directors in reference to amending, altering or repealing the Bylaws; electing, appointing or removing any member of any such committee or any director, officer or Chief Executive Officer of AARP; amending the Articles of Incorporation; adopting a plan of merger or adopting a plan of consolidation with another corporation; authorizing the sale, lease, exchange or mortgage of all or substantially all of the property and assets of AARP; authorizing the voluntary dissolution of AARP or revoking proceedings therefore; adopting a plan for the distribution of the assets of AARP; or amending, altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repealed by such committee. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Board of Directors or any individual director of any responsibility imposed upon it or him/her by law. The Board Chair, in consultation with the President, appoints the members and chairs, subject to Board approval. Members of committees need not be members of the Board but may be AARP members, staff members, and/or non-members of AARP. Members of committees are approved by the Board of Directors.

- (a) **Nominating Committee.** The Nominating Committee shall consist of twelve (12) members of diverse backgrounds, including the Board Chair and CEO as ex-officio members. The members of the Nominating Committee shall serve as individuals and

shall not be subject to instructions by any person or designating body with respect to the selection of nominees for the Board of Directors and elected officers. The Nominating Committee shall nominate candidates to the Board of Directors to be voted upon by the Board of Directors. In nominating candidates to the Board of Directors, the Nominating Committee shall make certain that the candidates and the Board members whose terms extend beyond the end of the biennium shall represent the diversity of the membership. Action by the Nominating Committee shall be effective upon the affirmative vote of a majority of the whole number of the Committee as constituted. In the event the Board of Directors does not elect the candidate(s), then the Nominating Committee shall put forth additional candidates for election by the Board of Directors.

In case the death, declination, disability, or ineligibility of a person duly nominated to be an officer or member of the Board of Directors shall occur prior to the voting therefore by the Board of Directors, the President shall declare the nomination vacated and then direct (1) the Nominating Committee (if, in the President's judgment there is adequate time) to nominate another, or (2) the Board of Directors to nominate such officer or director.

- (b) **Standing Committees.** There are three standing committees of the Board: the Governance and Compensation Committee, the Audit and Finance Committee and the Member and Social Impact Committee.

## BYLAWS

(c) **Advisory Committees.** The Board Chair, in consultation with the President, may appoint advisory committees that do not exercise the authority of the Board of Directors in the governance of AARP. Membership on such committees need not be limited to directors but may be AARP members, staff members and/or non-members of AARP. Members of committees are approved by the Board of Directors.

**Section 2. Term.** Each member of a committee shall continue as such until the next biennium and until his/her successor is appointed, unless the committee shall be sooner terminated by the Board of Directors, or unless such member be removed from such committee, or unless such member shall cease to qualify as a member thereof.

**Section 3. Chairperson.** The Board Chair, in consultation with the President, shall appoint the chairs of the advisory committees.

**Section 4. Vacancies.** Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

**Section 5. Manner of Acting.** Unless otherwise provided in the resolution of the Board of Directors designating a committee, a majority of the whole committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the committee. Each committee may adopt rules for its own governance not inconsistent with these Bylaws or with rules adopted by the Board of Directors.



## BYLAWS

### ARTICLE IX

#### Contracts, Checks, Deposits, and Funds

**Section 1. Contracts.** The Board of Directors may authorize any officer or officers, agent or agents of AARP in addition to the officers so authorized by these Bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of AARP and such authority may be general or confined to specific instances.

**Section 2. Checks.** All checks, drafts or orders for the payment of money, notes or other evidences of indebtedness issued in the name of AARP, shall be signed by such officer or officers, agent or agents of AARP and in such manner as shall from time to time be determined by resolution of the Board of Directors.

**Section 3. Deposits.** All funds of AARP shall be deposited from time to time to the credit of AARP in such banks, trust companies or other depositories as the Board of Directors may select.

**Section 4. Funds.** The Board of Directors may accept on behalf of AARP any contribution, gift, bequest or devise for the general purposes or for any special purpose of AARP.

### ARTICLE X

#### Books and Records

AARP shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its Board of Directors and committees having any of the authority of the Board of Directors.

## **BYLAWS**

### **ARTICLE XI**

#### **Status**

AARP is intended to be and remains a non-profit corporation, organized and existing for the social welfare of its members, and no part of its income or assets shall at any time inure to the benefit of or be distributed to any of its members; and the officers, directors, representatives, agents and employees thereof shall refrain from any action or activity which shall prevent or compromise in any way or to any degree such status of AARP.

### **ARTICLE XII**

#### **Fiscal Year**

The fiscal year of AARP shall be established by the Board of Directors.

### **ARTICLE XIII**

#### **Biennium**

The biennium shall begin at a spring meeting of the Board of Directors in even numbered years.

### **ARTICLE XIV**

#### **Seal**

The Board of Directors shall provide a corporate seal which shall be in a form selected by a resolution of the Board of Directors.

### **ARTICLE XV**

#### **Indemnification**

Any present or former director, officer or employee of AARP, or other such persons so designated in the discretion of the Board of Directors, or the legal representative of such person, shall

be indemnified by AARP against all reasonable obligations, liabilities, costs, expenses and counsel fees paid or incurred in connection with any action, suit or proceeding to which any such person or his legal representative may be made a party by reason of his being or having been such a director, officer or employee serving or having served AARP, except in relation to matters as to which he/she shall be found guilty of negligence or misconduct in respect of the matters in which indemnity is sought and in relation to matters settled or otherwise terminated without a final determination on the merits where such settlement or termination is predicated on the existence of such negligence or misconduct.

### **ARTICLE XVI**

#### **Dissolution**

AARP may be dissolved by a two-thirds (2/3) vote of the Board of Directors. Upon dissolution of AARP, any funds remaining after the payment of all debts may be distributed to one or more organizations exempt from federal taxation under §501(c)(3) or §501(c)(4) of the Internal Revenue Code.

### **ARTICLE XVII**

#### **Procedure**

The rules contained in the most recent edition of Robert's Rules of Order shall provide the rules of procedure for AARP where they are not inconsistent with the provisions of the Articles of Incorporation or these Bylaws.

## **BYLAWS**

### **ARTICLE XVIII**

#### **Amendments to the Bylaws**

These Bylaws may be altered, amended, or repealed and new Bylaws may be adopted by a two-thirds (2/3) vote of the directors at any regular meeting or at any special meeting, if at least ten (10) days' written notice is given of intention to alter, amend or repeal, or to adopt new Bylaws at such meeting.

### **ARTICLE XIX**

#### **EFFECTIVE DATE**

All amendments adopted in April 2003 shall become effective on February 1, 2004.

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce *AARP The Magazine*, the definitive voice for 50+ Americans and the world's largest-circulation magazine with over 35.7 million readers; *AARP Bulletin*, the go-to news source for AARP's millions of members and Americans 50+; *AARP VIVA*, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our website, [AARP.org](http://AARP.org). AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.



601 E Street, NW  
Washington, DC 20049  
[www.aarp.org](http://www.aarp.org)

C10 (0510)



## Board of Directors

The 22-member volunteer Board of Directors is the governing body of AARP and approves all policies, programs, activities, and services for the Association's 37 million members.

**Robert G. Romasco**  
**President**

Robert Romasco, MBA, from Burke, Va., is AARP President.

**Jeannine English**  
**President-Elect, 2012–14**

Jeannine English, CPA, MBA, of Sacramento, Calif., has experience in government integrity, legislative redistricting, campaign finance and political reform.

**Gail E. Aldrich**  
**Board Chair**

Gail Aldrich, SPHR, of northern Nevada, is chair of the AARP Board of Directors.

**Carol Raphael**  
**Board Vice Chair**

Carol Raphael, MPA, of New York, NY, an Advanced Leadership Fellow at Harvard University, serves as AARP Board Vice Chair.

**A. James Forbes, Jr.**  
**Secretary/Treasurer**

Jim Forbes, a financial executive residing in New York, is AARP's Secretary/Treasurer.

**Gretchen M. Dahlen**  
**Member, AARP Board of Directors, Class of 2018**

Gretchen Dahlen is a health care executive and consumer advocate from Decorah, Iowa.

**Ronald E. Daly, Sr.**

**Member, AARP Board of Directors, Class of 2018**

Ron Daly is a retired business executive from Olympia Fields, Ill.

**Allen Douma**

**Member, AARP Board of Directors, Class of 2014**

Allen Douma, M.D., is a physician and business professional from Ashland, Ore.

**Catherine Alicia Georges**

**Member, AARP Board of Directors, Class of 2016**

Catherine Alicia Georges, EdD, RN, FAAN, of the Bronx, New York, is professor and chair of the Department of Nursing at Lehman College and the Graduate Center of the City University of New York.

**Jewell D. Hoover**

**Member, AARP Board of Directors, Class of 2018**

Jewell D. Hoover is a former bank regulator from Charlotte, N.C.

**Raymond Dean Jones**

**Member, AARP Board of Directors, Class of 2014**

Raymond Dean Jones is a former sitting judge from Denver. He serves on the Governance Committee.

**Timothy M. Kelly**

**Member, AARP Board of Directors, Class of 2018**

Tim Kelly is a retired newspaper executive from Lexington, Ky.

**Jacob Lozada**

**Member, AARP Board of Directors, Class of 2014**

Jake Lozada, Ph.D., is an independent management consultant from Fairfax, Va.

**David Nelson**

**Member, AARP Board of Directors, Class of 2014**

Dave Nelson, MBA, is a business leader from Old Greenwich, Conn.

**Barbara O'Connor**

**Member, AARP Board of Directors Class of 2016**

Barbara O'Connor, Ph.D., is a communications professor from Sacramento, Calif.



**John Penn**

**Member, AARP Board of Directors Class of 2016**

Jack Penn, MBA, is chairman and CEO of Intek Plastics Inc.

**Diane Pratt**

**Member, AARP Board of Directors Class of 2016**

Diane Pratt, M.A., of Washington, D.C., is president and CEO of DP Consultants Inc., a public affairs management firm.

**Charles E. Reed**

**Member, AARP Board of Directors, Class of 2014**

Charley Reed is a long-term care consultant from Olympia, Wash.

**Joan R. Ruff**

**Member, AARP Board of Directors, Class of 2018**

Joan Ruff, J.D., is an executive, human resources consultant and attorney from Mission Woods, Kan.

**Eric J. Schneidewind**

**Member, AARP Board of Directors, Class of 2018**

Eric Schneidewind, J.D., is an energy attorney from Grand Rapids, Mich.

**Fernando Torres-Gil**

**Member, AARP Board of Directors Class of 2016**

Fernando Torres-Gil, Ph.D., MSW, of Los Angeles, is a professor of social welfare and public policy, and director of the Center for Policy Research at UCLA.

**Edward A. Watson**

**Member, AARP Board of Directors, Class of 2018**

Ed Watson is a retired corporate executive from Reno, Nev.

CCOP CONSTITUTION

Article I: Name

The name of this organization shall be Camden Churches Organized for People (CCOP).

Article II: Purpose

The purpose of this organization shall be to revitalize the health and welfare of the City of Camden.

1. To unite all churches and other people interested in human values by identifying common concerns and solutions, thus creating a more just city.
2. To improve the quality of life in Camden City by putting faith and prayer into action through urban development and human development.

Article III: Membership

CCOP membership is open to all churches and organizations with a religious affiliation. Each member church/organization shall have one representative on the Board of Trustees.

1. Qualifications for membership include a willingness to build a local leadership team, membership dues (as set by the Board of Trustees), and participation in the quarterly Leadership Assemblies and the CCOP Annual Convention. Each CCOP member organization must be committed to the CCOP purpose and the building up of an organization based on democratic principles.
2. CCOP is willing and open to working with all groups and individuals committed to improving the quality of life for all Camden residents.

Article IV: Convention

The Convention shall take place annually. The Convention shall be comprised of delegates from all member organizations with no limit on the number of delegates from a particular group.

The CCOP Convention shall have the power to do the following:

1. Elect the area representatives of the Board of Trustees.

- |   |   |
|---|---|
| <u>Area A:</u> North and Central Camden | - River to Kaighn Ave.<br>Delaware River to Cooper River                                  |
| <u>Area B:</u> South Camden             | - Kaighn Ave to Camden Border<br>River to Mt. Ephraim Aves.                               |
| <u>Area C:</u> East Camden              | - RR Tracks: Cleveland Ave. to<br>Admiral Wilson Blvd.<br>Admiral Wilson to Camden Border |
| <u>Area D:</u> Parkside                 | - Cooper River to Camden Border<br>Mt. Ephraim to Camden Border                           |
| <u>Area E:</u> Cramer Hill              | - River to RR Tracks (Cleveland)<br>State St. to 36th St.                                 |

Two representatives shall be elected from each area, based on the location of their church; delegates shall vote only for representatives in their area.

2. Set the priority issue areas - the CCOP platform - for the coming year, through voting on resolutions submitted prior to the day of the Convention.
3. Amend this constitution by an official vote of two-thirds (2/3) of the delegates present. Amendments to this constitution must be made in writing prior to the day of the Convention.

Article V: Leadership Assembly

The Leadership Assembly shall meet quarterly and is open to all those working with CCOP member organizations.

The Leadership Assembly has the power to do the following:

1. Develop and implement an action strategy on specific issues within the broader platform of the Convention.
2. Call for the Convention - two-thirds (2/3) vote of the delegates present.
3. Ratify the budget of the organization.
4. To provide by-laws for the daily operation of the organization. These cannot conflict with the policies formulated by the Convention.
5. To ratify the staffing and training contract with the Eastern Communities Training Institute.

Article VI: Board of Trustees/Officers

The Board of Trustees shall meet monthly and shall consist of area representatives as elected at convention, one representative from each member organization, and the chairpersons of all permanent committees.

The Board of Trustees shall carry out the ongoing operations of the organization - finances, personnel, membership, and other areas as designated by the Leadership Assembly. All positions on the Board, including officers, shall be for one year.

The Board of Trustees shall elect a Chairperson, Vice-Chairperson, Secretary and Treasurer.

Roles and responsibilities of each elected officer will be as follows:

CHAIRPERSON - To preside over all Board meetings and Leadership Assemblies; to represent the organization where necessary.

VICE-CHAIRPERSON - To perform the duties of the Chair in his/her absence.

SECRETARY - To receive and keep a record of all proceedings of the Board of Trustees, committees, and Leadership Assemblies.

TREASURER - To be overall the responsible person for finances, including all records and books; s/he shall be one of the authorized signers of the organization.

The Board of Trustees shall develop and decide on the annual budget, and shall have the final say on all matters of personnel.



## **2014 ORGANIZATIONAL PROFILE**

CAMDEN CHURCHES  
ORGANIZED FOR PEOPLE  
2770 Federal Street  
P.O. Box 1317  
Camden, NJ 08105  
(856) 966-8869  
[www.camdenchurches.org](http://www.camdenchurches.org)



## 2014 Organizational Profile

### **ORGANIZATION DESCRIPTION:**

Camden Churches Organized for People (CCOP) is a covenant among area churches to work together through collective action in addressing the many problems facing families and congregations in the city of Camden, New Jersey.

CCOP is multi-cultural, bringing together families from different racial and ethnic backgrounds different religious traditions and different neighborhoods in a common effort to collectively address the serious concerns affecting families in the city including public safety, housing, economic development, healthcare and unemployment.

CCOP has been an active and prophetic presence in the city of Camden since 1985. The Courier Post and the Philadelphia Inquirer have recognized CCOP as “the largest” and “most effective grassroots organization in the city.” What makes CCOP different is our values base; our focus on strengthening relationships among families in our communities; and our commitment to developing leaders.

CCOP is also affiliated with the PICO National Network, a network of 50 faith-based community organizations in 150 cities and 18 states, and two international locations.

### **ORGANIZATION MISSION:**

CCOP’s mission is to strengthen, undergird, support, and infuse our residents with the truth of their circumstance – that they are powerful; that they are an essential key to release accountability to those in authority, those who hold positions of resource, those elected promising to uphold the public good; to facilitate a linking of arms and a moving forward with those who have a heart for Camden.

To revitalize the health and welfare of the City of Camden; to unite all churches and other people interested in human values by identifying common concerns and solutions, thus creating a more just society; to improve the quality of life in Camden City by putting faith and prayer into action through urban development and human development

2014 Organizational Profile

**ORGANIZATION MEMBERSHIPS:**

- St. Joseph Pro-Cathedral Church
- St. Anthony of Padua
- St. Bartholomew's RC Church/St. Josephine Bakhita Parish
- St. Joseph Carpenter's Society
- Camden Bible Tabernacle
- Sword of the Spirit Christian Center
- St. Joan of Arc Parish
- Hope Memorial Baptist Church
- St. Paul's Episcopal Church
- Bethel Deliverance Church
- St John Baptist Church
- Faith Tabernacle Church of Living God

**ORGANIZATION SUPPORTERS:**

- Asbury United Methodist Church
- Bridge of Peace Community Church
- Bright Star Christian Center
- Cathedral of the Immaculate Conception
- Catholic Charities – Diocese of Camden
- Christ our Light Church
- Christus Lutheran Church
- Ferry Avenue United Methodist Church
- Kaighn Avenue Baptist Church
- Macedonia AME
- New Mickle Baptist Church
- Sacred Heart Church
- Gatekeepers Fellowship Church
- Camden Coalition of Healthcare Providers
- Romero Center
- Rutgers University
- Cooper's Ferry Development Association
- CamConnect
- Faith Holy Temple COGIC
- Higher Ground Temple COGIC
- Congregation of Yahweh
- Fair Share Northgate 2
- Abigail House

## 2014 Organizational Profile

### **ORGANIZATION ENVIRONMENT:**

Our communities are made up of predominantly African Americans, followed by Hispanics and Latinos with an average age of 27. The average graduation rate is 50% and the unemployment rate is 20%. Described as one of the most dangerous cities in America, Camden is, nevertheless, full of people with a determination to thrive here and be the reformers needed for generational change.

### **ORGANIZATION CULTURE: An Equal Voice For The People**

1. BOARD ELECTIONS are held every two years. One Clergy and two lay leaders from each Member organization are chosen to be a part of the operating board so that all members have equal representation. However, Board Officer positions such as Chair, Vice-Chair, Secretary and Treasurer are nominated by full member churches, synagogues, CDC's, etc. as represented by the entire board. The Board meets quarterly.

Our Board is made up of a diverse ethnic group representing the congregations and the residents of this city:

Chair: Zoraida Gonzales-Torres, Hispanic Female  
Vice-Chair: Rev. Heyward Wiggins, III, African American Male  
Treasurer: Magali Rodriguez, Hispanic Female  
Secretary: Rev. Marilyn Dixon-Hill, African-American Female

2. LEADERSHIP ASSEMBLIES are held quarterly and are open to all those working with CCOP member organizations.
3. LOCAL ORGANIZING COMMITTEES (LOC's) decide local issue priorities. Local issue priorities are reported to the Board of Directors. The Board reports and facilitates decision making at the federated/citywide meetings held six times annually.
4. LEADERSHIP TRAINING: Every year CCOP send on average of 6 to 9 new leaders to the PICO National Leadership training. The policy is that upon returning from the training leaders will be expected to take a seat at the board and begin their training in what it means to be a Board Member.

## 2014 Organizational Profile

### **ORGANIZATIONAL RELATIONSHIPS**

CamConnect  
Camden Police Department  
Camden Children's Garden  
Camden Community Development Assn.  
Camden City Public Works  
Camden Coalition of Healthcare Providers  
Center for Medicaid/Medicare Services  
Cooper's Ferry Development Assn.  
Cooper University Hospital: Dr. Jeffrey Brenner  
Cramer Hill Development Assn.  
Justice for Immigrants  
NJ-HMFA  
Opportunity Reconnect  
PICO National Network  
Romero Center  
Rutgers University  
St. Joseph's Carpenter's Society  
St. Joseph's University

### **ORGANIZATION ACCOMPLISHMENTS FOR 2013-14**

#### **Local Organizing Committees St Anthony Padua**

Student Leader Von Nieda Park Task Force has empowered Cramer Hill Students to call for change in their community, engage in leadership development and civic engagement, and has won for the neighborhood significant improvement in public safety and beautification of Von Nieda Park. Through his leadership, students from St. Anthony of Padua and other local schools have gained a sense of their power as citizens and are making changes and building community.

Numerous park façade and safety improvements were won through holding county officials charged with care of the park accountable. Student Leaders won commitments for improvements to lighting, benches, drainage, clean up and pitch in regularly to maintain the park.

Student Leaders forged relationships with Camden Police to better patrol the park and school areas during times of high usage by families and students.



## 2014 Organizational Profile

The Local Organizing committee has continued to make strides in holding the city administration and local community development corporation accountable for completing the transfer and renovation of a pilot group of vacant properties that were not bringing ratable to the city, caused financial drain of city budget for police and fire response time. The Department of Public Works allocated additional funds to demolish hazardous properties in response to the continued pressure by the local organizing committee.

### **St Joes Pro Cathedral**

A robust movement is growing within the parish of St Joseph with two distinct local organizing committees moving important social change work. New relationships were forged with collaborating groups and partners such as the Camden Center for Law and Social Justice and strengthened our relationship with the Camden Catholic Diocese.

Of note is the institutional change we achieved in that our work is changing the narrative on immigration reform and in-state tuition. Key to this effort has been our story banking and sharing personal testimonies of family separation and exclusion from educational opportunities.

Over 20 press pieces covered PICO NJ and CCOP's 9 day Pilgrimage for Citizenship and the many stories of Camden's heartbreak due to the broken immigration system. Even the Camden Bishop, Sullivan participated in blessing the pilgrims during a launch at Camden's Cathedral of Immaculate Conception. Many of the undocumented walkers expressed their excitement to see people of all races and citizenship status joining in the pilgrimage to show their solidarity.

Over 200 people have been involved in the local Campaign for Citizenship through trainings, marches, special masses, and meetings with Congressmen, and the pilgrimage. Thousands have been impacted through the media and communications highlighting our leaders' stories. The aim is to contribute to the national push for comprehensive immigration reform granting a pathway to citizenship for 11 million individuals and even more families.

The financial impact of the comprehensive reform bill we are championing shows a reduction of the federal deficit by \$175 billion within the first ten years, according to the Congressional Budget Office.

Our local organizing effort concerning in state tuition impacts an additional 40,000 undocumented young adults who entered the United States before the age of 16, live in New Jersey and have graduated from state high schools. The

## 2014 Organizational Profile

effort won legislation that grants these aspiring citizens the ability obtain advanced degrees and benefit from an in-state tuition bill.

### **Citywide-Federated Housing**

- Camden Home Improvement Program (CHIP) receives 3.5 million in additional funds
- Phase 1 and 2; Completed, benefitting over 200 Camden homeowners
- Phase 3 nears completion – over 300 Camden homeowners to benefit
- Ugliest House Campaign successfully pushes City stakeholders to secure resources and demolish 47 hazardous properties
- **Lifelines to Healing Campaign**
- Media campaign including an Op-ed by 9 clergy throughout Camden County published in a July issue the Courier Post. Public call for Mayor Redd to convene a working table of community members, clergy, law enforcement, probation, and social service providers to help mold a Ceasefire strategy that specifically suited Camden to change the norm of violence that has plagued the city.
- Held community gathering in **August**, where over 100 people demand that the city implement Ceasefire. The event resulted in a meeting with Mayor Redd, Police Chief Thompson and Camden County Freehold Director Cappelli about next steps they would take in order to implement an effective violence reduction strategy for the city of Camden.
- Clergy and lay leaders also put together a press conference outside of Camden City Hall in **October**, which memorialized a murder of a young mother in Camden. Clergy leaders lead the press conference and lifted up a prophetic voice calling for an environment where Camden families can feel alive and free. The press conference expressed the need for the city of Camden to incorporate meaningful community involvement in the implementation of any Ceasefire strategy. The Philadelphia Inquirer, Courier Post, NJ.com, NBC 10 news and Fox 29 news covered the press conference.
- In **December** CCOP leaders coordinated a spoken word, which provided a space for Camden youth to express how violence and mass incarceration is affecting them, their family, friends and community. Twenty youth participated in the event with over 200 residents in attendance. Their performances inspired other students in the city to join them in working towards reducing the epidemic of violence within the city. The spoken word

## 2014 Organizational Profile

event has led to students becoming involved in CCOP's organizing work to reduce violence and mass incarceration within the community.

- Through this Lifelines to Healing Campaign we have trained over 40 leaders on best practices and policies that can be implemented in the city of Camden to end the mass incarceration and violence that has plagued our communities. Twenty of these leaders continue to meet bi-weekly to strategize and organize the community to make sure that these best practices are implemented.

## **Raise the Wage Campaign**

- A community action in **August** kicked off our civic engagement campaign to raise the minimum wage in New Jersey. Over 120 community members attended the action and pledged their support to volunteer and vote to help raise the minimum wage in New Jersey. We held 20 trainings, which equipped 40 community leaders to lead this civic engagement campaign to raise the minimum wage in New Jersey. Leaders were taught how to conduct phone banking and canvassing to achieve an effective voter outreach campaign. Through our civic engagement work we were able to engage 20 new community leaders and train 12 additional low-income leaders. These community leaders reached out to over 6,500 Camden residents and spoke with 1,000 of them about raising the minimum wage in New Jersey from \$7.25 to \$8.25.
- 12 congregations throughout Camden County participated in our Souls to the Polls Sabbath. As a part of Souls to the Polls, clergy talked with their congregations to share the importance of voting their values to support economic dignity. Clergy also made pulpit announcements and asked people to fill out a pledge cards committing to vote to raise the wage the minimum wage in New Jersey.
- Two trainings were held to equip an additional 10 leaders to conduct our **November** Get Out the Vote (GOTV) operation the day before and the day of the election. Over 500 Camden additional residents were contacted over these two days as a part of our voter outreach during GOTV. As a result of our work the wages of over 25,000 Camden residents were raised. These 25,000 Camden residents will now receive an extra \$2,800 per year. Our work will also help to stimulate \$195 million in additional economic activity throughout New Jersey during the first year alone.

## **Bring Health Reform Home**

## 2014 Organizational Profile

- Throughout 2013 the volunteer leaders broadened their scope to address several social determinants impacting health and quality of life to promote better health access and outcomes for people in the Camden community.
- Organizing teams focused on social determinants collaborated and pressured North Gate 1 building management and owners to remediate mold and safety problems in 20 of the high rise's most hazardous apartment units.
- Teams leveraged the voice of patients to pressure Health and Human Services and the sole Medicaid transport provider Logisticare to improve medical transportation for Northgate II and Abigail House residents as a demonstration project.
- Teams coordinated public meetings to share information about the Camden Coalition's Accountable Care Organization and "Gain sharing" to educate residents about the opportunity to support patient centered health innovations that improve health outcomes and save healthcare costs, which can be invested back into the local community to sustain additional health innovations.
- Health organizing teams also organized a Medicaid expansion and enrollment effort throughout the city through forming a citywide coalition with a diverse partner base. Through our work, we have trained more than 20 unique health leaders for our different campaigns and engaged more than 200 unique residents through a working table of 12 different healthcare providers, service groups and congregations in Camden City to streamline Medicaid Expansion and Marketplace enrollment efforts.
- As an organization, we hosted 10 educational sessions regarding the Affordable Care Act, connected to more than 300 unique individuals and worked to connect 118 residents to opportunities for enrollment.
- Our Team of volunteer leaders participated in a second annual ACO stakeholder conference "**Promoting Good Care: Innovation & Organizing in Health Care.**" More than 200 people gathered together to learn how innovative new practices in the health field are translating into better quality care for those most in-need.
- Our team educated health practitioners concerning the real stories of folks from neighborhoods across New Jersey whose lives and health have been transformed since participating in the development of Medicaid Accountable Care Organizations (ACOs).
- Dr. Joel Cantor of Rutgers University provided statistical evidence to support

## 2014 Organizational Profile

the testimonies of the community leaders and their accounts that described the critical need for coordinated medical care.

- Lastly, we participated in workshops to engage each of us about the vital role that we have the opportunity to play in spreading the word about the expansion of affordable, quality health coverage to our neighbors, family, and friends. Now is the time to put our faith into action by sharing this information that can make a huge difference in the lives of nearly 1 million New Jerseyans who are currently uninsured.

### **Civic Engagement**

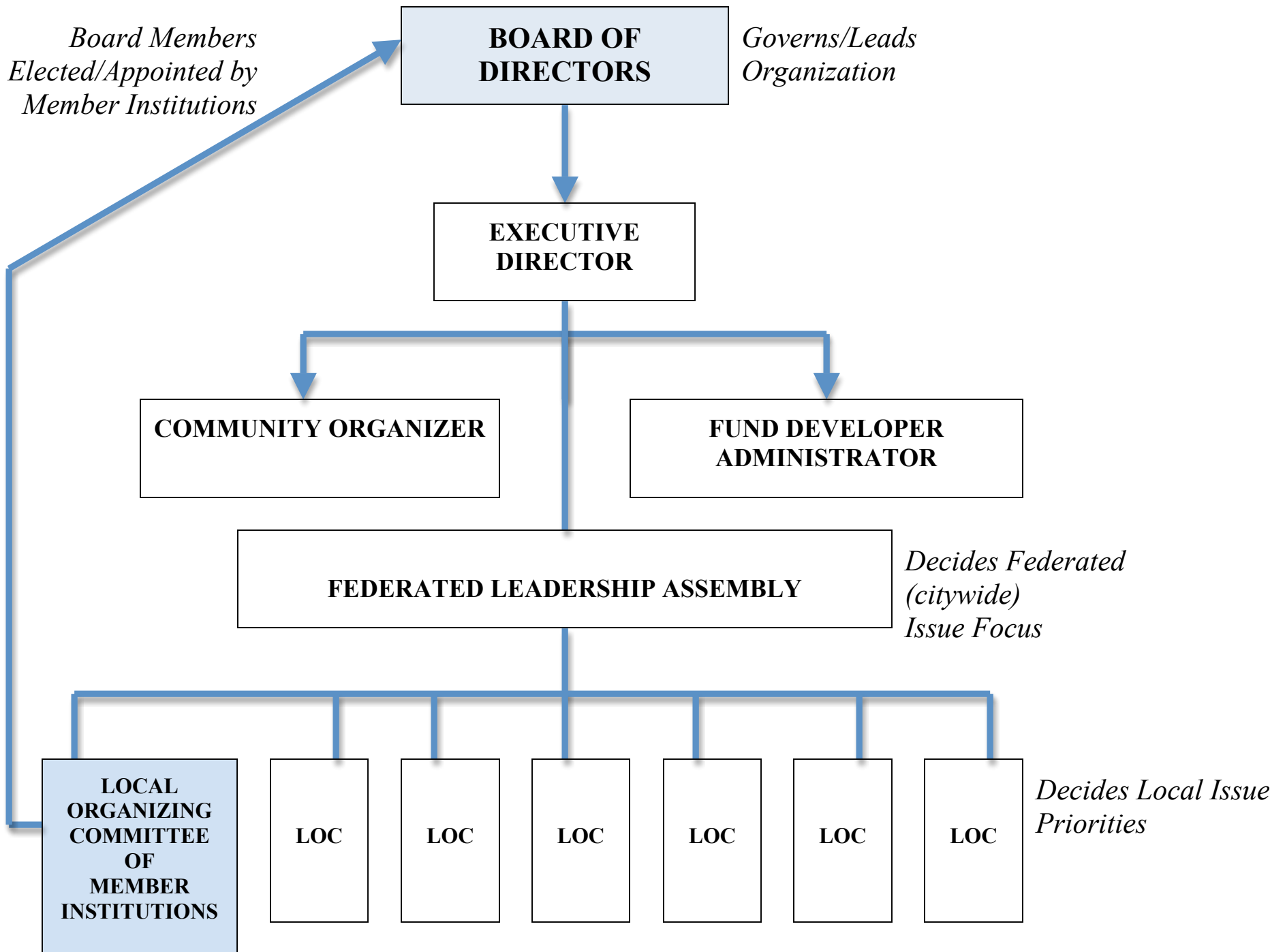
- Completed most extensive voter engagement effort in organization's history. The urban and suburban team attempted contact with 6,000 residents and achieved 1,100 direct contacts between door knocks and phone calls with an awareness campaign to vote yes to increase the minimum wage for working families in the coming election.

### **Leader Development**

- Over 200 local leaders engaged leadership development at local, regional and national trainings in relational organizing and 85 leaders participated in continued organizing training into housing, public safety, public health and immigration campaigns

### **ORGANIZATION FUNDING SOURCES:**

- Community Catalyst
- New Jersey Citizen Action
- Atlantic Philanthropies
- Susquehanna Bank
- Dennis J. Zisa Associates
- Falco, Caruso & Leonard
- The Robert Wood Johnson Foundation
- The Nicholson Foundation
- Catholic Campaign for Human Development - Local
- Catholic Campaign for Human Development – National
- Local businesses and individual donors
- Member congregations and institutions



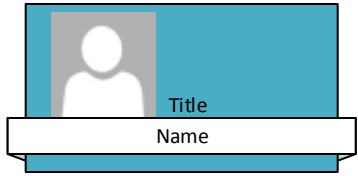
CCOP 2013 Board Member List					
Name	Position	Occupation	Address	Phone	Email
Zoraida Gonzalez-Torres	Chair	Retired	718 N. 27 <sup>th</sup> St. Camden NJ 08105	(856) 757-9145	zoratorres@yahoo.com
Rev. Heyward Wiggins, III	Vice-Chair	Pastor & NJ State Child Protective Svcs.	823-25 Elm Street Camden NJ 08102	(856) 541-2009	pastorwiggins@comcast.net
Rev. Marilyn Dixon-Hill	Secretary, PICO Nat'l Steering Committee	Retired, Disabled	101 Van Buren Road Apt. 6 Voorhees NJ 08043	(856) 357-2955	reverendmarilynhill@gmail.com
Magali Rodriguez	Treasurer	Business Owner	2907 Federal Street Camden, NJ 08105	856-366-3588	magalir428@hotmail.com
Rev. Edward Livingston	Executive Director	Non-Profit Director	2770 Federal Street Camden, NJ	(856) 966-8869	livingstonccop@verizon.net NON-VOTING
Rev. G. Kent Walmsley	Board Member	Pastor	952 North 34 <sup>th</sup> Street Camden, NJ 08105	856-435-4957	gkwalmsley@comcast.net
Rev. Martin Gutwein	Board Member	Pastor	527 N. 2 <sup>nd</sup> Street Camden, NJ 08102	(856) 364-2664	Revgutwein@yahoo.com
Fr. Gerard Marable	Board Member	Pastor	751 Kaighns Avenue Camden NJ 08102	(856)365-0573	bakhit7@comcast.net
Rev. Willie Anderson	Board Member	Pastor	1237 Kaighns Ave. Camden NJ 08104	856) 342-7729	soscc@cfaith.com
Monsignor Robert McDermott	Board Member	Pastor	2907 Federal Street Camden NJ 08105	(856) 964-2776	bmcderr@comcast.net
Dr. Bernadette Anderson	Board Member	Pastor	1237 Kaighns Ave. 08104	(856) 342-7729	soscc@cfaith.com
Amy Garcia	Board Member	Retired	212 N. Woodstock Dr. Cherry Hill NJ 08034	(856) 428-1104	amy@garcias.org

Ronald Evans	Board Member	Retired	327 Pfeiffer Street Camden, NJ 08105	(856) 365-8294	n/a
Fr. Jud Weiksna, OFM	Board Member	Pastor	2818 River Road Camden, NJ 08105	(856) 963-5884	weiksna@gmail.com
Kristen Zielinski-Nalen	Board Member	Volunteer & Youth Leader	2818 River Rd. Camden NJ 08105	(856) 963-5884	kznalen@gmail.com
Rosa Ramirez	Board Member	Retired, disabled	3048 Federal St. Camden, NJ 08105	(856) 966-0552	Rramirez3048@comcast.net
Jose Martinez, Jr.	Board Member	Pastor	800 Bergan Avenue Camden NJ 08105	(856) 964-2960	jpar1994@gmail.com
Jose Corerro	Board Member	Assoc. Pastor	800 Bergan Avenue Camden NJ 08105	856) 964-2960	jpar1994@gmail.com
Bob Bryant	Board Member	Retired	527 N. 2 <sup>nd</sup> Street Camden, NJ 08102	856-203-2352	bryantfarmboy@aol.com
Pelar Perry	Board Member	Volunteer, Disabled	500 N. 7th Street, Apt. 1301 Camden NJ	609-792-8302	n/a
Bishop Barbara Farmer	Board Member	Pastor	533 Spruce Street Camden, NJ 08103	856-541-9847	Larryfarmer1@aol.com

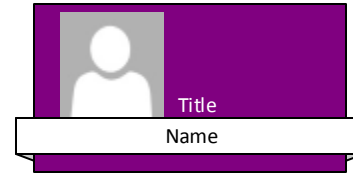
**Leadership Diversity:** Camden Churches Organized for People is a multicultural organization; bringing together families from different racial and ethnic backgrounds, different religious traditions and different neighborhoods in Camden which is diverse religiously and has primarily an African American and Hispanic population. CCOP's leadership base is representative of our city's culture being made up of both male and female Hispanic and African American peoples, as well as Asian and Caucasian. We have a diverse faith membership and supporting membership base that is Non-Denominational, Catholic, Episcopalian, Baptist, Church of God In Christ and more and have reached out to both Muslim and Jewish faith traditions.



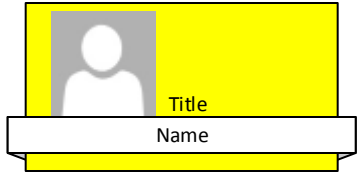
Exhibit 7: CCHP Organizational Chart



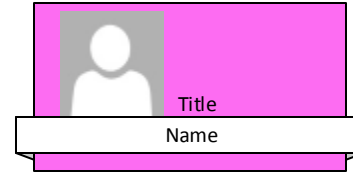
Legal &  
External  
Affairs



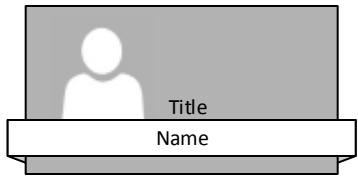
Cross-Site  
Learning &  
Communications



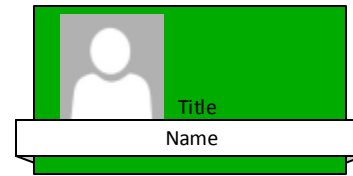
Finance &  
Administration



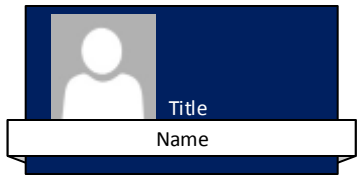
Clinical Redesign



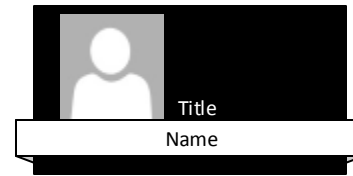
Service Learning  
& Staff  
Development



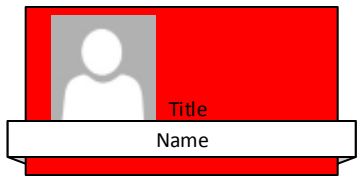
Care Management  
Initiatives: Community  
Operations



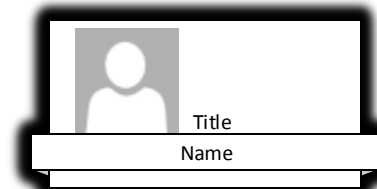
Camden Health  
Information  
Exchange



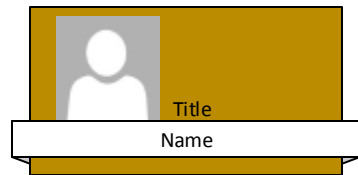
Care Management  
Initiatives: Hospital  
Operations



Planning &  
Performance  
Improvement

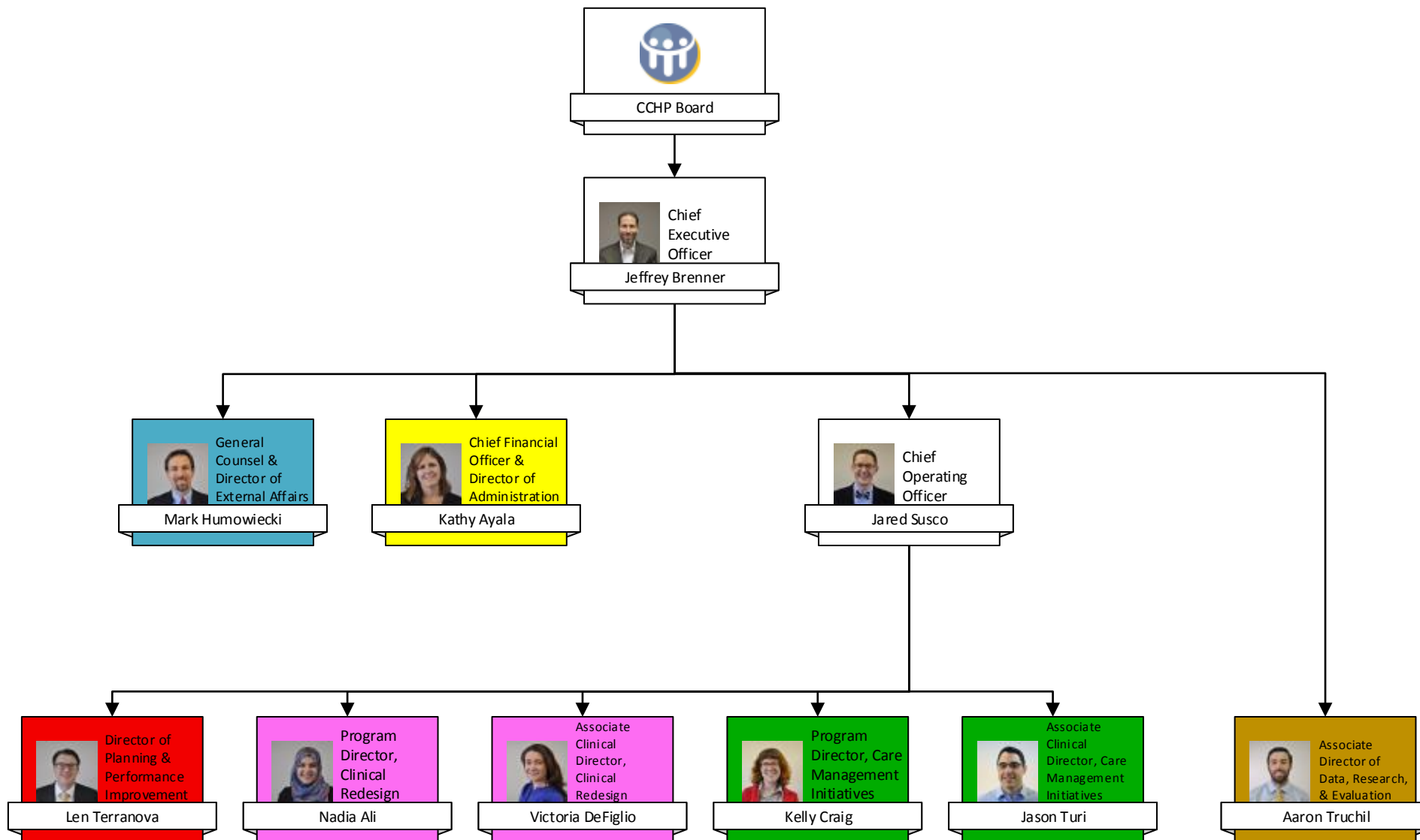


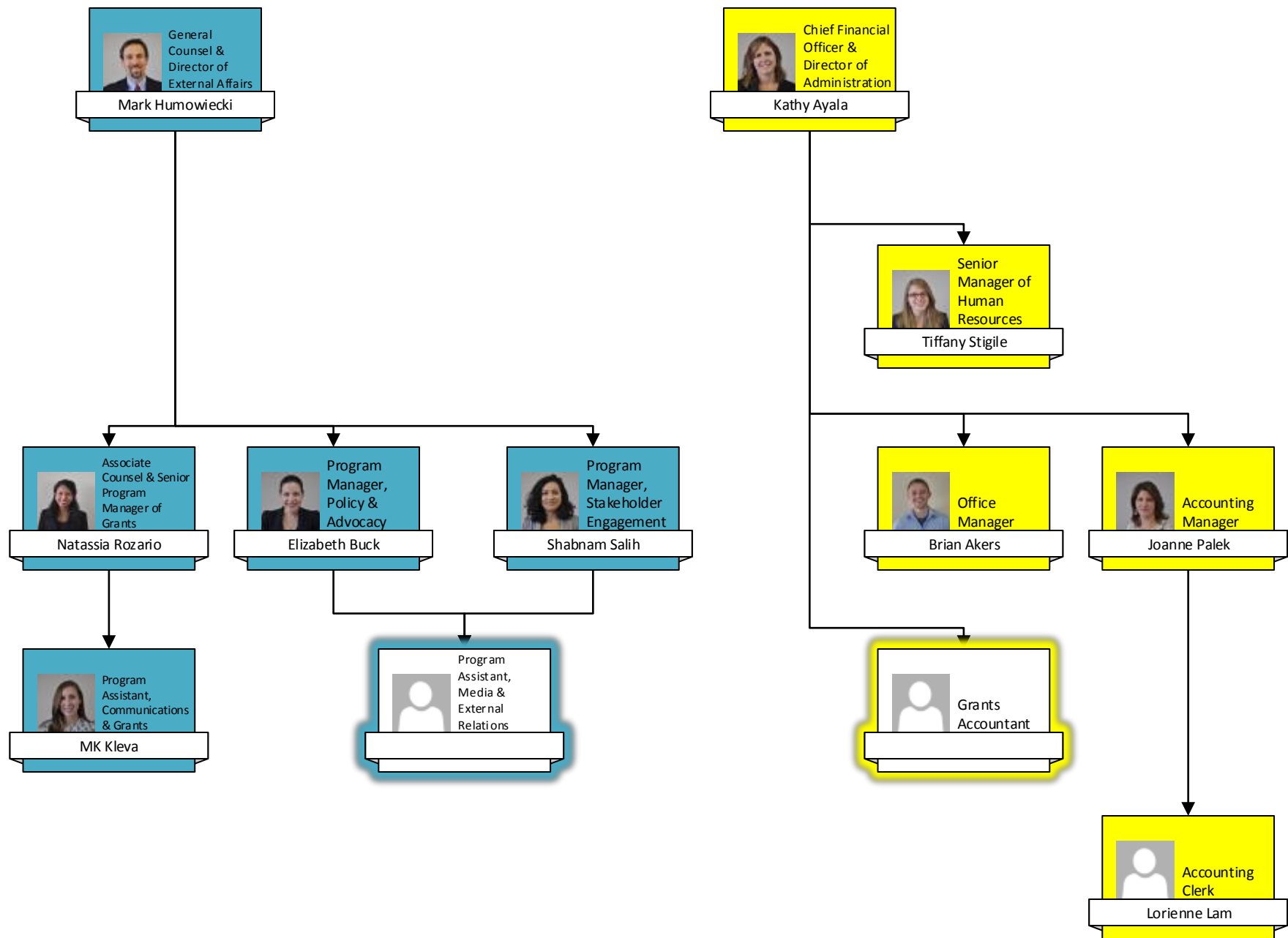
Open Position

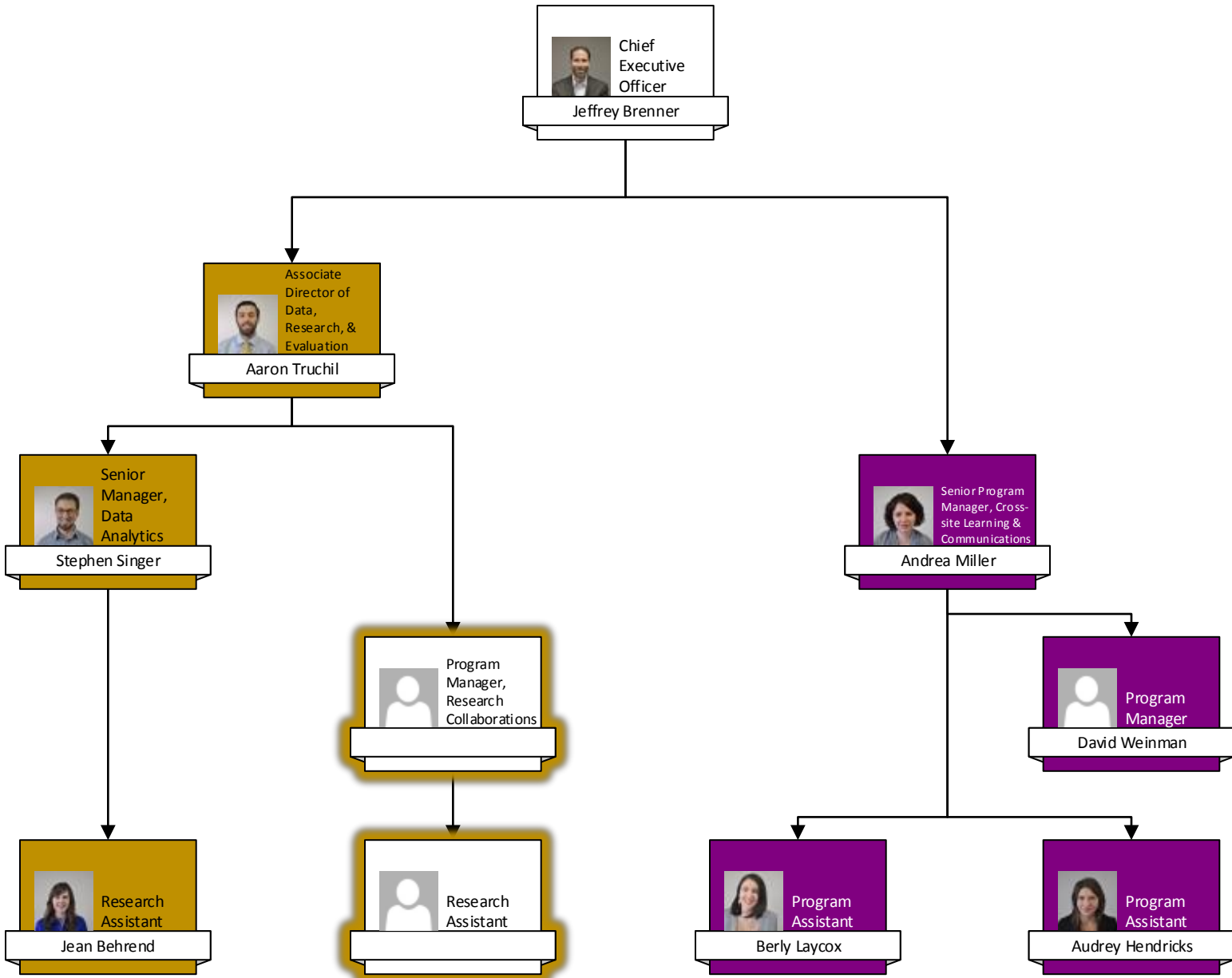


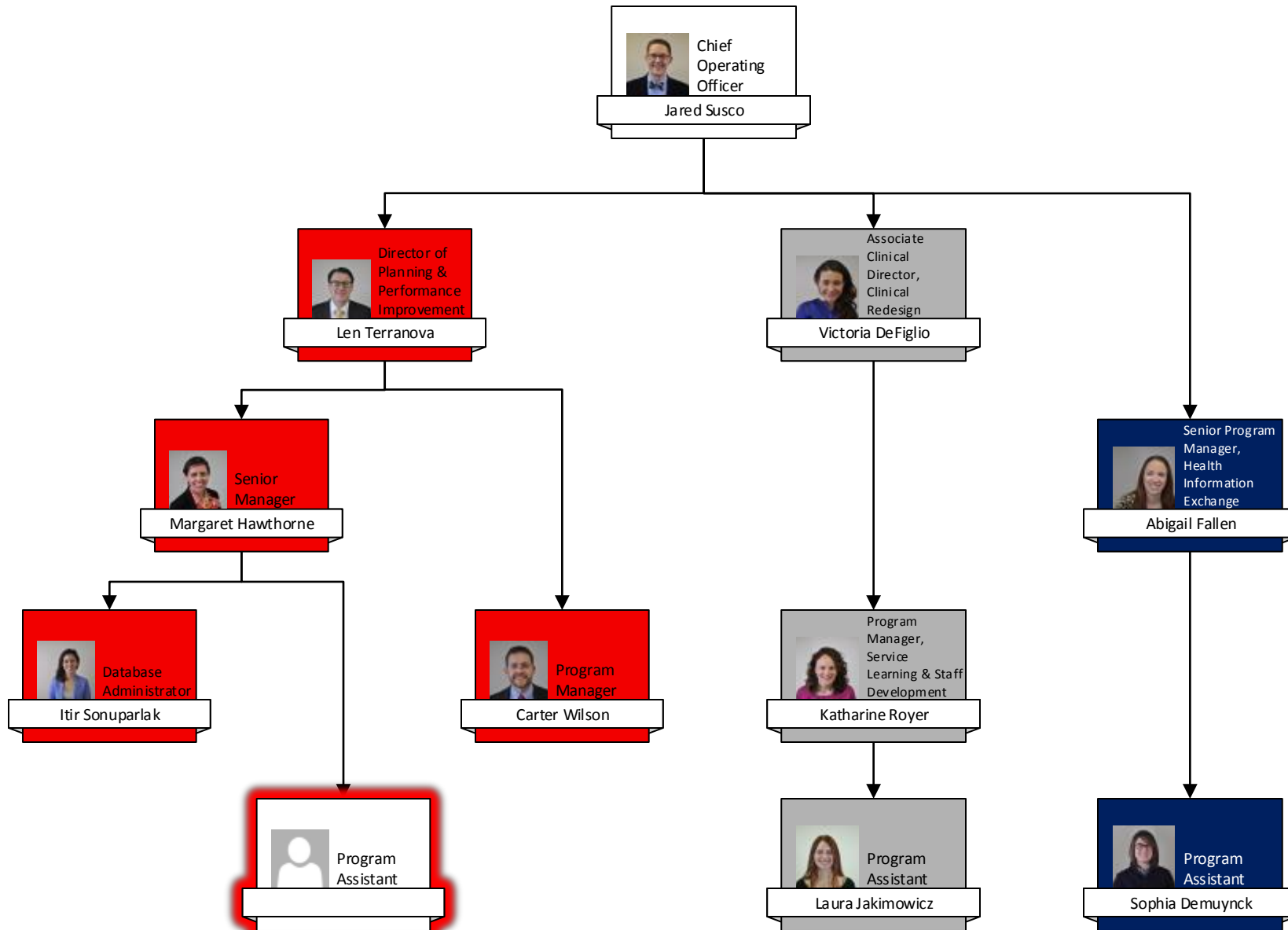
Data,  
Research, &  
Evaluation

# Leadership Team







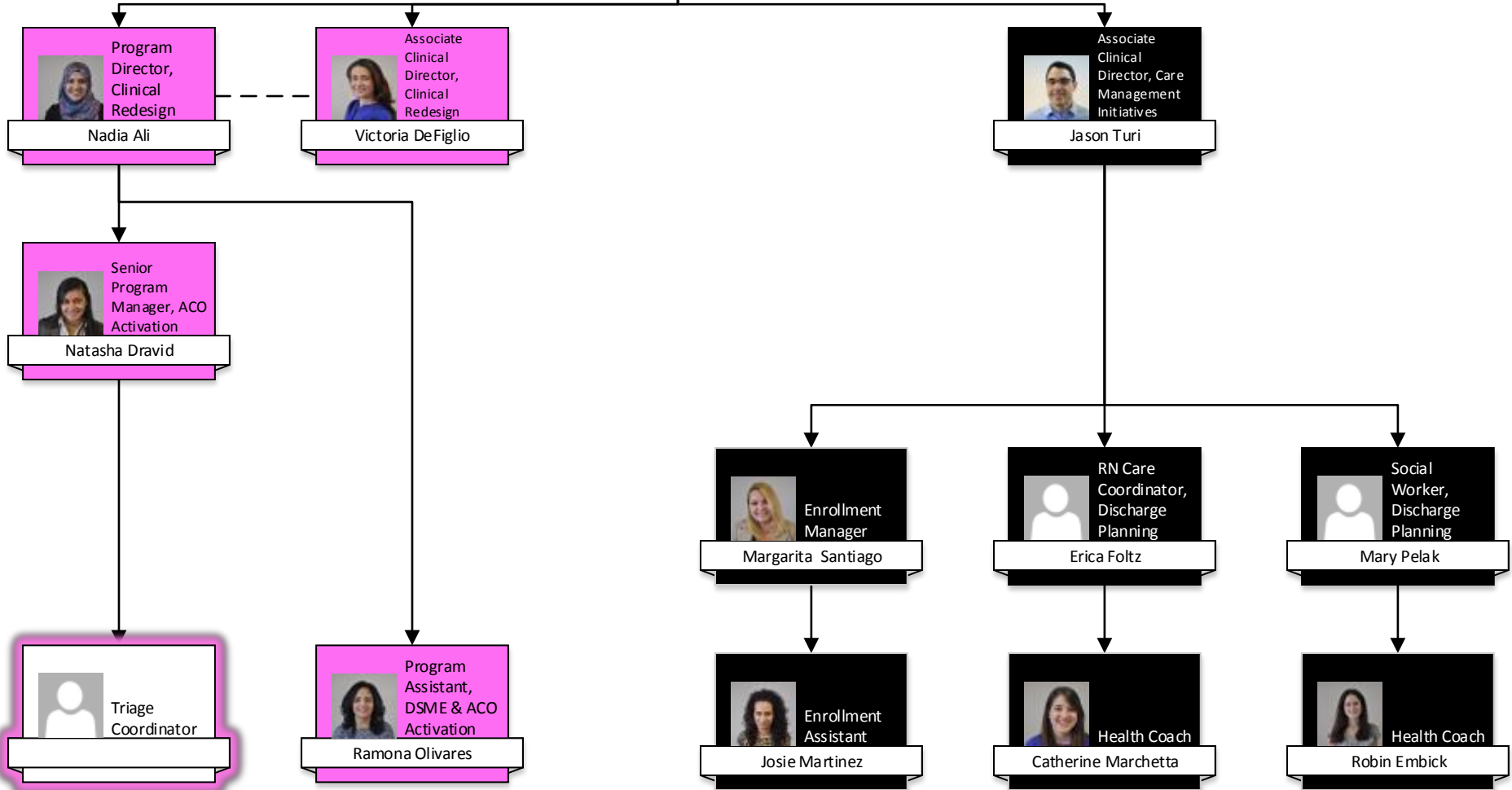


# Clinical Redesign

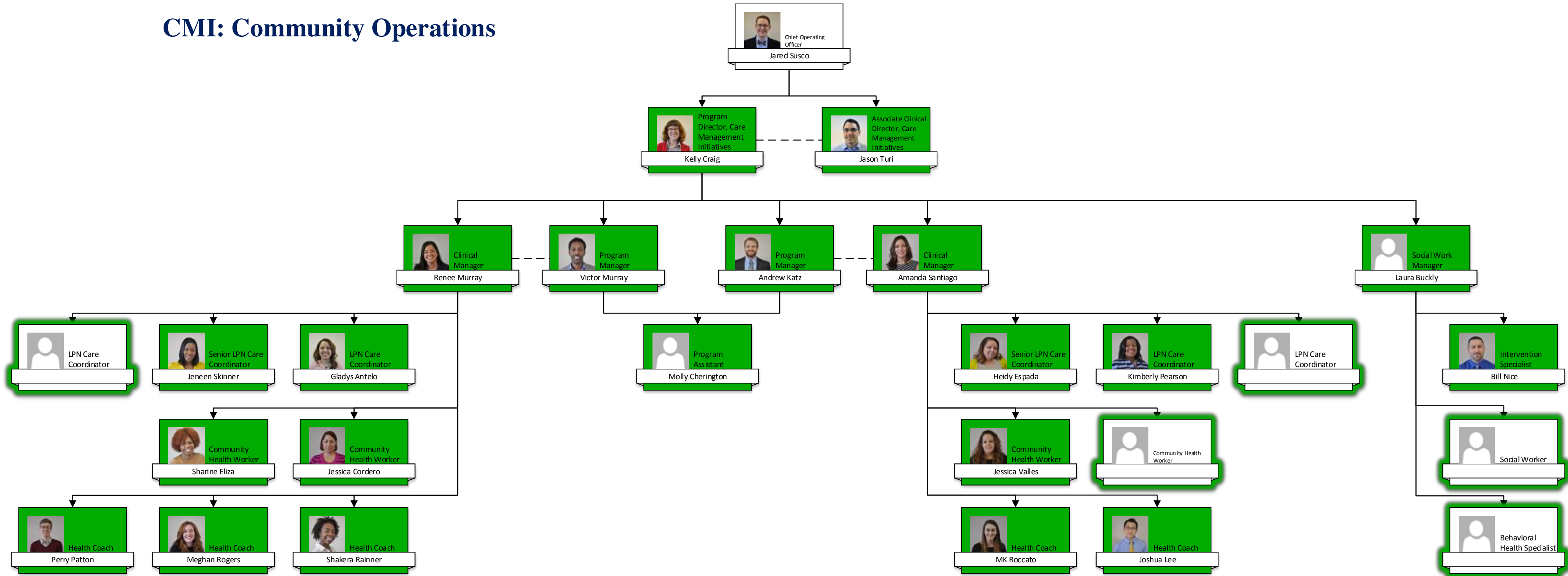
# CMI: Hospital Operations



Chief Operating Officer  
Jared Susco



# CMI: Community Operations



## Letters of Support

- Hospitals
  - Cooper Health System
  - Lourdes Health System
  - Virtua
  
- Primary Care Providers
  - Dr. Ramon Acosta
  - CAMcare Health Corporation
  - Fairview Village Family Practice
  - Project H.O.P.E.
  - Reliance Medical Group
  - St. Luke's Catholic Medical Services
  
- Behavioral Health Organizations
  - Collaborative Support Programs of New Jersey
  - South Jersey Behavioral Health Resources
  - Twin Oaks Community Services
  - Volunteers of America Delaware Valley
  
- Resident/Community Organizations
  - AARP
  - Camden Churches Organized for People
  - Northgate II Residents' Advisory Board
  
- Health Plans
  - Horizon NJ Health
  - UnitedHealthcare
  
- Other
  - Abigail House for Nursing and Rehabilitation
  - Bayada Home Health Care
  - Camden Area Health Education Center (AHEC)
  - Center for Health Care Strategies
  - City of Camden
  - Fair Share Housing Development/Fair Share Northgate II
  - Greater Newark Health Care Coalition
  - New Jersey Health Care Quality Institute (NJHCQI)
  - Virtua Home Care



May 15, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

The Cooper Health System strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

- Working to improve health outcomes and quality while reducing unnecessary and inefficient spending.
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- Sharing patient medical information with other CCHP ACO members, pursuant to necessary data sharing agreements, for the purpose of enhancing the quality of patient care, tracking, follow-up, and coordination.
- Abiding by all federal and state laws governing privacy, access to care, and responsibility for treatment and referral decisions.
- Participating in the CCHP ACO for the full length of the Medicaid ACO Demonstration Project.
- Abiding by CCHP's anti-trust compliance policy.
- Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

  
\_\_\_\_\_  
Signature John P. Sheridan, Jr.

\_\_\_\_\_  
President & CEO

Title

05-16-14

Date



CORPORATE OFFICE  
1600 Haddon Avenue  
Camden, NJ 08103  
(856) 757-3500  
Fax (856) 757-3611

OUR LADY OF LOURDES  
MEDICAL CENTER  
1600 Haddon Avenue  
Camden, NJ 08103  
(856) 757-3500  
Fax (856) 757-3611

LOURDES MEDICAL  
CENTER OF  
BURLINGTON COUNTY  
218 A Sunset Road  
Willingboro, NJ 08046  
(609) 835-2900  
Fax (609) 835-3061

OUR LADY OF LOURDES  
HEALTH FOUNDATION  
1600 Haddon Avenue  
Camden, NJ 08103  
(856) 382-1802  
Fax (856) 382-1782

[www.lourdesnet.org](http://www.lourdesnet.org)

**June 12, 2014**

**Re: Letter of Support for the Camden Coalition of Healthcare Providers'  
Medicaid Accountable Care Organization**

**To the New Jersey Department of Human Services:**

**Our Lady of Lourdes Medical Center, Inc. strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.**

**Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:**

- **Working to improve health outcomes and quality while reducing unnecessary and inefficient spending.**
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- **Abiding by all federal and state laws governing privacy, access to care, and responsibility for treatment and referral decisions.**
- **Participating in the CCHP ACO for the full length of the Medicaid ACO Demonstration Project.**
- **Abiding by CCHP's anti-trust compliance policy.**
- **Cooperating with and participating in the annual evaluation.**

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,



Kim Barnes

06/12/2014

Date

V.P. Planning & Development

Title



May 21, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Virtua strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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- Abiding by CCHP's anti-trust compliance policy.
- Cooperating with and participating in the annual evaluation.

Virtua is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

A handwritten signature in cursive script that reads 'Stephen J. Kolesk MD'.

Stephen J. Kolesk, MD  
Senior VP - Clinical Integration

**RAMON ACOSTA, MD**  
**2 LEONARD AVE.**  
**CAMDEN, NJ 08105**  
**E-mail: [ramonacosta@comcast.net](mailto:ramonacosta@comcast.net)**  
**PHONE (856) 756-0010**  
**FAX (856) 756-0011**

June 2, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Ramon Acosta, MD strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

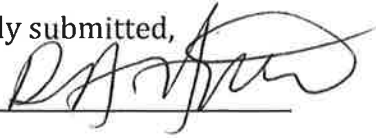
- Working to improve health outcomes and quality while reducing unnecessary and inefficient spending.
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- Abiding by CCHP's anti-trust compliance policy.
- Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

Signature

Title

A handwritten signature in black ink, appearing to be "R. J. ...", written over a horizontal line.

Handwritten initials "MD" in black ink, written over a horizontal line.

A handwritten date "6/2/18" in black ink, written over a horizontal line.

Date



GATEWAY HEALTH CENTER  
817 FEDERAL STREET, CAMDEN, NJ 08103

(856) 541-3270

June 4, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid  
Accountable Care Organization

To the New Jersey Department of Human Services:

CAMcare Health Corporation supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds.

Our organization is proud to support the formation of Camden Coalition of Healthcare Provider's ACO.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mark K. Bryant".

Mark K. Bryant, President/CEO



## FAIRVIEW VILLAGE FAMILY PRACTICE

---

2961 Yorkship Square  
Camden, NJ 08104  
Telephone: (856) 541-5588

May 15, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Jeffrey Kleeman / Fairview Village Family Practice strongly support the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

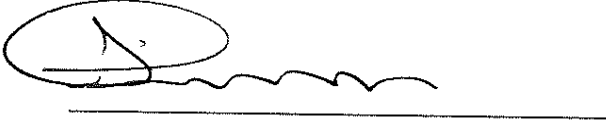
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- Abiding by CCHP's anti-trust compliance policy.
- Cooperating with and participating in the annual evaluation.



Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,



5/15/14  
Date

Signature

JEFFREY KLEEMAN, DO

Title

PHYSICIAN / OWNER



Project H.O.P.E., Inc.  
Homeless Outreach Program Enrichment

May 15, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Project H.O.P.E. strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

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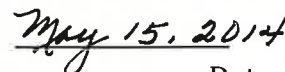
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- Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,



Signature



Date



Title

# RELIANCE

---

## MEDICAL GROUP

May 16, 2014

New Jersey Department of Human Services

RE: Letter of Support for the Camden Coalition of Healthcare  
Providers' Medicaid Accountable Care Organization

Dear Sir/Madam:

Reliance Medical Group strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

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- ❖ Abiding by CCHP's anti-trust compliance policy.
- ❖ Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

  
**VINCENT J. PAPACCIO**  
EXECUTIVE VICE PRESIDENT/COO

**LESLY D'AMBOLA, D.O.**  
Internal Medicine - Medical Director

(856) 365-4642  
Fax: (856) 365-0539

**CHRISTOPHER MYERS, APN**  
Family Nurse Practitioner

† *St. Luke's Catholic Medical Services* †

511 STATE STREET  
CAMDEN, NJ 08102

May 16, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

St. Luke's Catholic Medical Services strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

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- Abiding by CCHP's anti-trust compliance policy.
- Cooperating with and participating in the annual evaluation.

A PROGRAM OF

*Health Services of the Diocese of Camden*

1845 Haddon Ave., Camden, NJ 08103  
Tel: 856.342.4125 - Fax: 856.342.4180



**LESLY D'AMBOLA, D.O.**  
Internal Medicine - Medical Director

(856) 365-4642  
Fax: (856) 365-0539

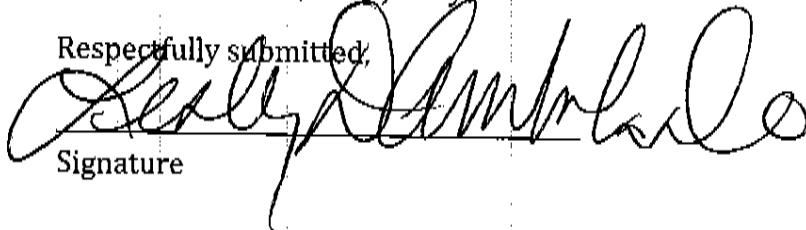
**CHRISTOPHER MYERS, APN**  
Family Nurse Practitioner

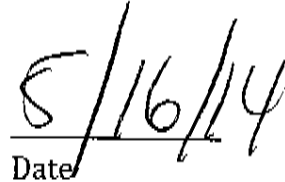
**† St. Luke's Catholic Medical Services †**

511 STATE STREET  
CAMDEN, NJ 08102

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

  
Signature

  
Date

Lesly D'Ambola, D.O.  
Assistant Professor of Medicine,  
Rowan School of Osteopathic Medicine,  
Medical Director, St. Luke's Catholic Medical Services

Cc: Martin Idler  
Practice Administrator,  
St. Luke's Catholic Medical Services  
1845 Haddon Ave.  
Camden, NJ 08103

A PROGRAM OF

***Health Services of the Diocese of Camden***

1845 Haddon Ave., Camden, NJ 08103  
Tel: 856.342.4125 - Fax: 856.342.4180





Administrative Office  
11 Spring Street  
Freehold, NJ 07728  
732-780-1175

May 19, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Collaborative Support Programs of New Jersey, Inc. strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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- Abiding by CCHP's anti-trust compliance policy.
- Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

Mark Duffy, LSW, CPRP  
CSPNJ Director of Operations



Theresa C. Wilson MSW, LCSW  
President/CEO  
Twilson@sjbhr.org

May 19, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

South Jersey Behavioral Health Resources, Inc. strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

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Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

A handwritten signature in blue ink that reads "Theresa C. Wilson".

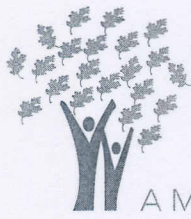
Theresa C. Wilson, MSW, LCSW  
President/CEO

Administrative Office  
2500 McClellan Ave., Suite 300  
Pennsauken, NJ 08109  
(856) 361-1100  
(856) 488-1450 fax

Magnolia Office  
212 E. Madison Ave.  
Magnolia, NJ 08049  
(856) 361-2720  
(856) 309-9716 fax

Camden Office  
400 Market Street  
Camden, NJ 08102  
(856) 361-2700  
(856) 541-4139 fax

Stratford Office  
1 Colby Avenue  
Stratford, NJ 08084  
(856) 361-2710  
(856) 346-3627 fax



# Twin Oaks COMMUNITY SERVICES

A Merger of Family Service & Steininger

Changing Lives Together

May 15, 2015

## Board of Trustees

Greg Spewak  
Chair

Anthony Sevick  
1st Vice Chair

Harry Santoro  
Secretary/Treasurer

Marianne Aleardi

Joseph Aristone

William Burris

Chelsea Carter

Frank Costantino

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Theodore B. Johnson

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Bob Pekar

Thomas S. Tranovich

Jonathan H. Vivar

Christopher P. Warren

## Chief Executive Officer

Bob Pekar

## Chief Financial Officer

Qindi Shi

## Chief Operating Officers

Derry Holland

Karen Tanger

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Twin Oaks Community Services strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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- Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

Derry Holland, LCSW  
Chief Operating Officer – Adult Services  
Twin Oaks Community Services

770 Woodlane Road  
Mount Holly, NJ 08060  
p: 609.267.5928 f: 609.267.2318  
Access Center: 800.963.3377  
www.twinoakscs.org

Got Love? 1.877.FosterYes  
www.FosterYes.org

Stay Connected





May 15, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

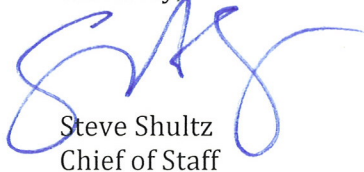
Volunteers of America Delaware Valley strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Sincerely,



Steve Shultz  
Chief of Staff

Give. Hope.

Serving Central and Southern New Jersey, Southeastern Pennsylvania and Delaware



May 16, 2014

**To: The New Jersey Department of Human Services**

**Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization**

AARP strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

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- Abiding by all federal and state laws governing privacy, access to care, and responsibility for treatment and referral decisions.
- Participating in the CCHP ACO for the full length of the Medicaid ACO Demonstration Project.
- Abiding by CCHP's anti-trust compliance policy.
- Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

NJ Associate State Director, Advocacy

*AARP is a nonprofit, nonpartisan organization with a membership that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce AARP The Magazine, the definitive voice for 50+ Americans and the world's largest-circulation magazine with over 35.1 million readers; AARP Bulletin, the go-to news source for AARP's millions of members and Americans 50+; AARP VIVA, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our website, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.*



May 21, 2013

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Camden Churches Organized for People strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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- Abiding by CCHP's anti-trust compliance policy.
- Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

Rev. Edward Livingston

A handwritten signature in black ink, appearing to read "Edward Livingston", written in a cursive style.

Signature

5/21/2014

Date

Executive Director

Title

2770 Federal Street · P.O. Box 1317 · Camden, NJ 08105 Tel: (856) 966-8869 · FAX: (856) 966-0302  
www.camdenchurches.org

**CCOP is a non-partisan organization that does not support or oppose candidates.  
An Affiliate of the PICO National Network**

# FAIR SHARE NORTHGATE II



**FAIR SHARE HOUSING DEVELOPMENT, INC.**  
NON PROFIT HOUSING SPONSOR-MANAGEMENT AGENT

## **Social Services**

500 N 7th Street  
Camden, NJ 08102

(856) 963-9097  
Fax (856) 963-2761

May 15, 2014

Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

The Northgate II Resident Advisory Board strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

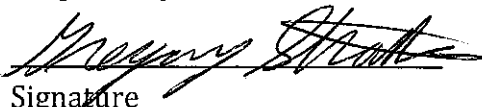
Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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- Cooperating with and participating in the annual evaluation.

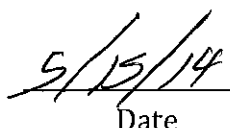
Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,



Signature



Date



Title



Horizon Blue Cross Blue Shield of New Jersey



**Mark Calderon, M.D.**  
Vice President  
Chief Medical Officer

Horizon NJ Health

210 Silvia Street  
West Trenton, NJ 08628  
Trenton, NJ 08628  
Phone: (609) 718-9186  
Fax: (609) 538-1714  
mark\_calderon@horizonNJhealth.com  
www.horizonNJhealth.com

July 2, 2014

**Re. Letter of Support for Camden Coalition for Healthcare Partners' Medicaid Accountable Care Organization Application**

This letter is to inform the New Jersey Division of Medical Assistance and Health Services that Horizon Blue Cross Blue Shield of New Jersey (BCBSNJ) supports the Camden Coalition for Healthcare Partners (CCHP) application to participate in the Medicaid Accountable Care Organization Demonstration Project established by NJ P.L 2011, Chapter 114. We believe that the Camden Coalition for Healthcare Partners is firmly committed to providing high-quality, cost-effective health care to the most vulnerable patients residing in Camden through collaboration, the use of data, and patient-centered care.

Horizon Blue Cross Blue Shield of New Jersey supports the Medicaid ACO Demonstration Project and its aims of improving health outcomes and quality for vulnerable populations and reducing spending in New Jersey's Medicaid Program. As the Camden Coalition for Healthcare Partners develops its Medicaid ACO, Horizon BCBSNJ looks forward to working with CCHP to support that project.

We strongly believe in Camden Coalition for Healthcare Partners goals of improving the quality, capacity, and efficiency of the health care system in the City of Camden, New Jersey and are proud to support the formation of its Medicaid ACO.

Sincerely,

**Mark Calderon, MD**  
Vice President, Clinical Affairs  
Horizon Blue Cross Blue Shield of New Jersey  
Chief Medical Officer, Horizon NJ Health  
210 Silvia Street  
West Trenton, New Jersey 08628

MC/sc



July 2, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization Application

To New Jersey Department of Human Services:

This letter is to inform the New Jersey Division of Medical Assistance and Health Services that UnitedHealthcare Community Plan-NJ supports the Camden Coalition of Healthcare Providers' (CCHP) application to participate in the Medicaid Accountable Care Organization Demonstration Project established by NJ P.L 2011, Chapter 114. We know that CCHP is firmly committed to providing high-quality, cost-effective health care to the most vulnerable patients residing in Camden through collaboration, the use of data, and patient-centered care. We have seen firsthand through our collaborative partnership that CCHP helps us produce better care at lower costs in Camden.

UnitedHealthcare Community Plan-NJ supports the Medicaid ACO Demonstration Project and its aims of improving health outcomes and quality for vulnerable populations and reducing spending in New Jersey's Medicaid Program. As CCHP develops its Medicaid ACO, UnitedHealthcare Community Plan-NJ looks forward to working with CCHP to support that project.

We strongly believe in CCHP's goals of improving the quality, capacity, and efficiency of the health care system in Camden, New Jersey and are proud to support the formation of its Medicaid ACO.

Sincerely,

A handwritten signature in black ink, appearing to read 'Edith A. Calamia', written in a cursive style.

Edith A. Calamia  
Chief Medical Officer



## ABIGAIL HOUSE For Nursing & Rehabilitation

1105 Linden Street, Camden NJ 08102 • 856.365.8500 • Fax 856.365.0133 • www.abigailrehab.com

May 16, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Abigail House for Nursing and Rehabilitation is a Medicaid and Medicare approved 188 bedded nursing and rehabilitation facility located in Camden. Our census is over 75% Medicaid. It is vital that we work closely with the Camden community and its healthcare providers to ensure better health and better maintenance. Abigail House for Nursing and Rehabilitation strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work. Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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- Participating in the CCHP ACO for the full length of the Medicaid ACO Demonstration Project.
- Abiding by CCHP's anti-trust compliance policy.
- Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

*Cheryl Be...*

Signature

May 16, 2014

Date

CEO, Abigail House for Nursing and Rehabilitation

Title





1415 Route 70  
Suite 412  
Cherry Hill, NJ 08034

856-354-2022  
856-354-2231 fax  
www.bayada.com

May 20, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Bayada Home Health Care strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

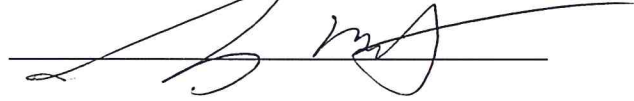
Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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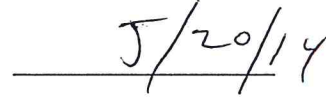
*Compassion. Excellence. Reliability.*

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

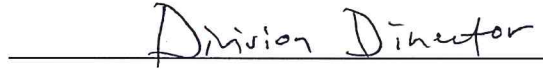
Respectfully submitted,

A handwritten signature in black ink, consisting of a stylized first letter and a surname, written over a horizontal line.

Signature

A handwritten date "5/20/14" in black ink, written over a horizontal line.

Date

The handwritten title "Division Director" in black ink, written over a horizontal line.

Title



Camden Area Health Education Center, Inc. (AHEC)  
514 Cooper Street  
Camden, NJ 08102-1250

Tel: 856-963-2432  
Fax: 856-541-1342  
www.camden-ahec.org

May 14, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

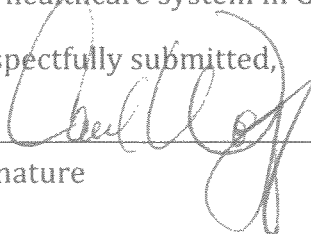
The Camden Area Health Education Center (AHEC) strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

 Executive Director 5/14/2014

Signature Title Date

May 15, 2012

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid  
Accountable Care Organization

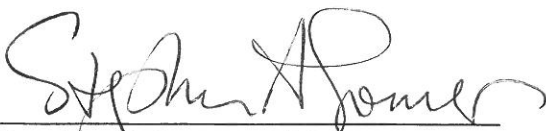
To the New Jersey Department of Human Services:

Center for Health Care Strategies (CHCS) strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the health care spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing supporter of CCHP's work.

As a nonprofit health policy resource center dedicated to improving health care quality for the Medicaid population, we at CHCS look forward to continuing to support the formation of CCHP's ACO. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds.

CHCS is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,



Stephen A. Somers, PhD.  
President and Chief Executive Officer

5/14/12  
Date



OFFICE OF THE MAYOR  
CITY OF CAMDEN  
NEW JERSEY

DANA L. REDD  
MAYOR

TEL: 856-757-7200  
FAX: 856-963-1841  
EMAIL: MAYOR@CI.CAMDEN.NJ.US  
WEBSITE: WWW.CI.CAMDEN.NJ.US

May 14, 2012

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

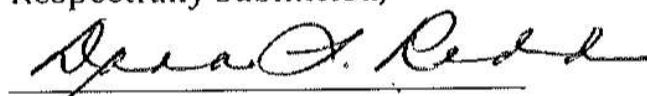
The City of Camden strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

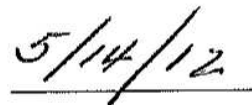
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- Abiding by all federal and state laws governing privacy, access to care, and referral decisions.
- Participating in the CCHP ACO for the full length of the Medicaid ACO Demonstration Project.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

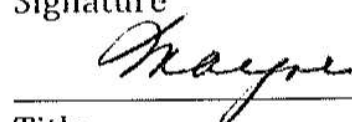
Respectfully submitted,



Signature



Date



Title



May 19, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:


Fair Share Housing Development strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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- Cooperating with and participating in the annual evaluation.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

  
 \_\_\_\_\_  
 Signature  
 EXECUTIVE DIRECTOR  
 \_\_\_\_\_  
 Title

5/19/14  
 \_\_\_\_\_  
 Date



274 South Orange Ave, 3<sup>rd</sup> Floor  
Newark, NJ 07103

June 23, 2014

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid  
Accountable Care Organization

To the New Jersey Department of Human Services:

The Greater Newark Healthcare Coalition strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds.

CCHP has been a vital partner and colleague to GNHCC as we have worked to develop a Medicaid ACO in Greater Newark. We look forward to continuing our valuable collaboration with CCHP as we each work towards our shared vision of transforming healthcare for vulnerable populations in New Jersey.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

A handwritten signature in black ink that reads 'MKyle'.

Michael Anne Kyle, MSN, RN, ANP-C  
Executive Director



June 26, 2014

Valerie Harr  
Director, Division of Medical Assistance and Health Services  
NJ Department of Human Services  
7 Quakerbridge Plaza  
P.O. Box 712  
Trenton, NJ 08625

Re. Letter of Support for Camden Coalition of Healthcare Providers' Medicaid  
Accountable Care Organization Application

Dear Director Harr,

The New Jersey Health Care Quality Institute strongly supports the Camden Coalition of Healthcare Providers' application to participate in the Medicaid Accountable Care Organization Demonstration Project established by NJ P.L 2011, Chapter 114. We believe that the Camden Coalition is firmly committed to providing high-quality, cost-effective health care to the most vulnerable patients residing in Camden through collaboration, the use of data, and patient-centered care. We also believe that the Camden Coalition will be able to build the necessary relationships with managed care organizations to finance that mission.

For the past three years, the Quality Institute has provided technical assistance, expert resources, and a network for learning among community health care coalitions interested in implementing payment and delivery system reforms – like the Medicaid ACO model – through our program, the Affiliated ACOs. The Camden Coalition is an active member of the Affiliated ACOs, which is funded in part by The Nicholson Foundation.

Through the Affiliated ACOs we have not only connected our members with best-practices from around the country in care-coordination, analytics, business planning, and patient engagement, but we have also focused on engaging the Medicaid Managed Care Organizations (MCOs) so that New Jersey's ACOs can reach financial sustainability. We have held ongoing meetings between key MCO executives and some of our member organizations, and have laid the groundwork for our individual members to negotiate contracts with the state's MCOs that will support this Demonstration Project.

As the Camden Coalition develops its Medicaid ACO, the Quality Institute will continue to provide these services and more to support its efforts. The Camden Coalition has committed to be an active member of the Affiliated ACOs during our

**Leonard Leto**  
Chairman of the Board  
NJ Health Care Quality Institute

*NJ State Health Benefits Plan  
(Retired)*

**Robert "Rob" Andrews**  
Former Congressman, NJ  
1<sup>st</sup> Congressional District  
Of Counsel, Dilworth Paxson, LLP

**Andrea W. Aughenbaugh, RN CEO,**  
NJ State Nurses Association (Retired)

**James J. Florio**  
Former Governor of New Jersey  
Senior Partner, Florio, Perrucci, Steinhardt  
& Fader, LLC

**Heather Howard, J.D.**  
Former NJ Health Commissioner  
Director of State Health Reform Assistance  
Network,  
Woodrow Wilson School of Public &  
International Affairs.

**Fred M. Jacobs, M.D., J.D.**  
Former NJ Health Commissioner  
Executive Vice President & Chair of  
Department of Medicine,  
St. George's University School of Medicine

**George R. Laufenberg, CEBS**  
Administrative Manager  
New Jersey Carpenters Fund

**Louis Marturana**  
PSE&G (Retired)

**Suzanne M. Miller, Ph.D.**  
Director, Behavioral Center of Excellence  
in Breast Cancer  
Fox Chase Cancer Center

**Judith M. Persichilli**  
President Emeritus  
CHETrinity Health

**Michael A. Sedrish, MD**  
Medical Director  
MediSys Management

**David L. Knowlton**  
President & CEO  
NJ Health Care Quality Institute

Phone 609-303-0373  
Fax 609-303-0458

238 West Delaware Avenue  
Pennington, NJ 08534  
www.njhcqi.org



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NEW JERSEY  
HEALTH CARE  
QUALITY  
INSTITUTE



Quality  
powered.

next program year (2014-15). We strongly believe in the Camden Coalition's goals of improving the quality, capacity, and efficiency of the health care system in Camden, New Jersey and are proud to support the formation of its Medicaid ACO.

Sincerely,

Linda Schwimmer  
Vice President  
New Jersey Health Care Quality Institute



Home Care

May 16, 2012

Re: Letter of Support for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

Virtua Home Care strongly supports the formation of a Camden Coalition of Healthcare Providers (CCHP) Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey. For more than a decade, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. Our organization is a long-standing participant in CCHP's work.

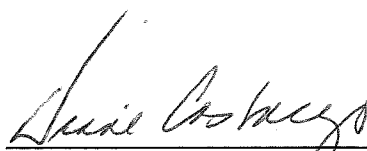
Our organization looks forward to continuing to partner with CCHP as a member of its Accountable Care Organization. We support the goals of CCHP's ACO: increasing access to primary care, improving health outcomes and quality for vulnerable populations, and reducing unnecessary and inefficient spending of Medicaid funds. We understand that we must commit to the following before we are eligible to participate in CCHP's ACO:

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- Providing timely information to meet CCHP's reporting requirements, including quality measures and patient experience findings.
- Sharing patient medical information with other CCHP ACO members, pursuant to necessary data sharing agreements, for the purpose of enhancing the quality of patient care, tracking, follow-up, and coordination.
- Abiding by all federal and state laws governing privacy, access to care, and referral decisions.
- Participating in the CCHP ACO for the full length of the Medicaid ACO Demonstration Project.

Our organization is proud to support the formation of CCHP's ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

  
Sandra Bennis, AVP – Executive Director

  
Diane Costanzo – Patient Care Administrator

## **Policies and Procedures Manual**

**CCHP**  
**Policies and Procedures Manual**

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## **Introduction**

This manual has been prepared to document the internal accounting procedures for the Camden Coalition of Healthcare Providers (CCHP). Its purpose is to ensure that assets are safeguarded, that financial statements are in conformity with generally accepted accounting principles, and that finances are managed with responsible stewardship.

All personnel with a role in the management of CCHP's fiscal operations are expected to uphold the policies in this manual. It is the intention of CCHP that this policy and procedures manual serve as our commitment to proper, accurate financial management and reporting.

*Revised 1/28/14*

## **Division of Duties**

The following is a list of personnel who have responsibilities within the accounting department:

### Executive Director (ED):

1. Reviews and approves all financial reports.
2. Reviews and approves annual budget.
3. Reviews all vouchers and invoices for those checks which require his or her signature.
4. Reviews and approves all contracts for goods and services that will exceed \$10,000 over the year.
5. Reviews and approves list of pending check disbursements.
6. Reviews and signs all bank reconciliations.

### Chief Operating Officer (COO):

1. Approves vouchers, invoices, and checks.
2. Assists ED in developing annual budget.
3. Acts as an alternate signatory on checks.
4. Reviews all vouchers and invoices for those checks which require his or her signature.
5. Authorizes all inter-fund transfers.
6. Manages the assets accounts

### Program Directors and Managers:

1. Approves vouchers, invoices and checks.
2. Develops first draft of program budgets and works with the ED/Controller/CFO to finalize.
3. Accountability to approve program budgets.
4. Approves reimbursements and debit card transactions.

### Controller/CFO:

1. Maintains and reconciles the general ledger monthly.
2. With the ED, and with input from Program Directors and Managers, develops the annual budget.
3. Prepares all financial reports.
4. Reconciles the bank accounts.
5. Receives unopened bank statements.
6. Reviews monthly account analysis

### Sr. Manager, Accounting and Human Resources (SMAHR):

1. Conducts monthly salary allocation reconciliation.
2. Distributes invoices to Program Directors and Managers for proper approval.
3. Reviews and enters all receivables into accounting system.

4. Reviews the payroll summary for the correct payee, hours worked and check amount.
5. Submits requests for inter-fund transfers.
6. Prepares account monthly account analysis.
7. Prepares and logs bank deposits.
8. Applies all payments to receivables.

Staff Accountant:

1. Manages petty cash fund.
2. Reconciles the statement of credit card deposits and service charges.
3. Creates and distributes invoices for all receivables.
4. Assists in monthly account analysis preparation.

Accounting Assistant:

1. Processes all receipts and disbursements.
2. Mails all checks for payments.
3. Processes requests for reimbursement and double-checks all reimbursement requests against receipts provided.
4. Properly files all paid invoices.
5. Takes deposits to bank.

Board Treasurer:

1. Acts as an alternate signatory on checks.
2. Reviews and approves all financial reports.

Cooper University Hospital, SVP Patient Care Services:

1. Authorizes expenditures in excess of \$10,000, except preapproved capital expenditures (such as rent) which might exceed \$10,000.
2. Approves all ED expenditures.

Cooper University Hospital, Payroll Department:

1. Reviews the payroll summary for the correct payee, hours worked and check amount.
2. Processes the payroll, including payroll tax returns.
3. Ensures correct and timely direct deposit into payee bank accounts.

Admin Coordinator:

1. Receives and opens all incoming mail, except bank statements.
2. Receives and opens all incoming checks, copies, and stamps with received date.
3. Receives and opens all invoices and stamps with received date.
5. Maintains PTO records and enters time into timekeeping software.

## **Cash Receipts Procedures**

The Admin Coordinator receives and opens all incoming mail with the exception of bank statements. All checks are opened and the back of each check is immediately stamped with For Deposit Only stamp. The Admin Coordinator then makes a copy and stamps with the date received, then gives the checks to the SMAHR. The SMAHR prepares the deposit slip and enters the receipt into the accounting system. The entered check and deposit slip are given to the Accounting Assistant who takes deposit to the bank.

A deposit not taken to the bank should be locked in the accounting department's lock box. No deposit should be locked in the file cabinet for more than five business days.

Once entered and deposited, check copies should be attached to the bank validated deposit and filed in date order.

No single account should contain more than \$250,000 - or the amount over which the FDIC will not insure.

### *Inter-Fund Transfers:*

All funds received should be deposited into the checking account. It will be necessary to transfer funds from the checking to savings account and vice versa.

The COO, upon receiving a request from the SMAHR should make the on-line transfer between accounts. To make the request, the SMAHR should complete a transfer request form containing amount and reason. The COO makes the transfer and prints out confirmation from the bank. The COO initials the transfer request form and gives it to the Controller. These transfers will occur concurrently with the associated disbursements and deposits.



## **Cash Disbursements Procedures**

1. Incoming invoices will be opened by the Admin Coordinator and stamped with a received date. They will then be delivered to the SMAHR for distribution to the responsible staff person for his/her approval.
2. The staff person responsible for ordering the product or service will check the validity of the invoice against proposals/bids, etc. and work accomplished/delivered then prepare an expense submission form prior to disbursement dates. All invoices must be approved a Program Director or Manager.
3. Biweekly, or as necessary, cash disbursements should be prepared by the Accounting Assistant for signature by authorized CCHP officials for expenses, debts, and liabilities of CCHP.
4. The Accounting Assistant is responsible for the preparation of disbursements. All disbursements are to be made by check or credit card unless the item is to be sent to Cooper for payment
5. An expense submission form should then be completed by the purchasing staff person and attached to the original vendor invoice, and/or any other supporting documentation. The form should include the account codes to which the expense will be applied. Approval for an expense by Program Director or Manager must be indicated on the expense submission form. In the event of recurring, general office charges, the Admin Coordinator will be responsible for completing and submitting an expense submission form. No approval is needed on general office supply orders.
6. Once the amount to be disbursed has been received, the Accounting Assistant should print the checks from the computer system. The checks, and other supporting documentation, should be attached to the invoice, being paid and submitted for signatures.
7. The numbers of any checks voided in the printing process should be entered into the accounting system. Any such checks should be filed and retained. Voided vendor checks will be maintained in the vendor file (i.e. when necessary to reissue)
8. While the ED, COO, and/or other authorized signator signs each check, he/she should double check the expense submission form and original invoice. They must initial the invoice in addition to signing the check. They will be the second approval on the invoice. This serves as a second approval on all expenses and is to ensure the account and grant/project is charged to the correct expense and line item. Any checks made to pay invoices in excess of \$10,000 must be signed by the ED and authorized by the SVP Patient Care Services at Cooper University Hospital.
9. After the checks have been signed, the Accounting Assistant will cancel the invoice by stamping PAID on it with a dated stamp, make a copy of the backup, and mail the payment to the vendor.

10. All checks will be mailed as soon as this process is completed.
11. Supporting documentation should be filed by the Accounting Assistant in appropriate vendor files.
12. The Staff Accountant will utilize the paid invoice files to respond to any discrepancies which arise with vendors or other payees.
13. Once monthly, the Staff Accountant will check the invoice log to determine if there are any outstanding invoices which have not yet been paid. If so, they will investigate the nonpayment of these invoices with the responsible staff member.
14. For more information on credit card and employee reimbursement policies, see the Expense Policy attached in Appendix A.

## **Reconciliations**

### Bank Reconciliations:

1. Bank statements are to be received unopened by the Controller. The receiving party should review the contents for inconsistent check numbers, signatures, cash balances and payees and endorsements at a minimum.
2. The Controller should reconcile each account promptly upon receipt of the bank statements. All accounts will be reconciled no later than seven days after receipt of the monthly bank statements.
3. When reconciling the bank accounts, the following items should be included in the procedures:
  - a. A comparison of dates and amounts of daily deposits as shown on the bank statements with the cash receipts journal.
  - b. A comparison of inter-organization bank transfers to be certain that both sides of the transactions have been recorded on the books.
  - c. An investigation of items rejected by the bank, i.e., returned checks or deposits.
  - d. A comparison of wire transfers dates received with dates sent.
  - e. A comparison of canceled checks with the disbursement journal as to check number, payee and amount.
  - f. An accounting for the sequence of checks both from month to month and within a month.
  - g. An examination of canceled checks for authorized signatures, irregular endorsements, and alterations.
  - h. A review and proper mutilation of void check.
  - i. Investigate and write off checks which have been outstanding for more than six months.
4. Completed bank reconciliations should be reviewed by the ED and initialed and dated by the reviewer.
5. The Controller upon receipt of the completed bank reconciliations prepares any general ledger adjustments.
6. Complete bank statements will be placed in the Bank Statement binder.

Reconciliations of Other General Ledger Accounts:

1. Each month the SMAHR will review and prepare account analysis for all balance sheet accounts.
2. Assets - These accounts will include cash, petty cash, prepaids, property, equipment and fixtures, security deposits, and intangible assets.
  - a. Cash - The balances in cash accounts should agree with the balances shown on the bank reconciliations for each month.
  - b. Petty Cash - The balance in this account should always equal the maximum amount of all petty cash funds. The current amount equals \$200.00
  - c. Prepaids - The amounts in these accounts should equal advance payments paid to vendors at the end of the accounting period.
  - d. Property, Equipment & Fixtures - The amounts in this account should equal the totals generated from the audited depreciation schedules. When additional purchases are made during the year, the balances in the accounts may be updated accordingly.
  - e. Security Deposits - The balance in this account should equal amounts paid in escrow to landlords and leasers and should not change frequently, but should be updated as applicable.
3. Liabilities - These accounts are described as accounts payable, payroll tax liabilities, loans and mortgages payable, and amounts due to others.
  - a. Accounts Payable - The balance in this account should equal amounts owed to vendors at the end of the accounting period and the aging report.
  - b. Payroll Tax Liabilities - The amounts in these accounts should equal amounts withheld from employee paychecks as well as the employers' portion of the expense for the period, which has not been remitted to the government authorities.
  - c. Due to Others - If there are any amounts owed to others at the end of the period they should be recorded and the correct balance maintained in the general ledger accounts.
4. Income/Expenses - These accounts are described as income from membership, contributions, publications, and other expense line items such as salaries, consulting fees, etc.
  - a. Income - The amounts charged to the various cash accounts should be reconciled with funding requests, funders reports, draw down schedules, etc.
  - b. Gross Salary Accounts - The balances in the gross salary accounts should be added together and reconciled with the amounts reported on quarterly payroll returns.
  - c. Consulting - The amounts charged should be reconciled to the contracts.

## Petty Cash Fund

1. The petty cash fund, excluding gift cards (see Appendix A, 1.4), should never exceed \$200.00.
2. The Staff Accountant is the custodian of the petty cash fund.
3. A single disbursement from petty cash shall never exceed \$20.00.
4. The petty cash fund shall be operated on an impress basis. This means that when it is time to replenish the petty cash fund, the Staff Accountant shall total out the expenses made and identify those expenses by general ledger account number. When the check request is submitted for payment it should indicate the total amount needed to bring the fund back up to \$200.00. Also, the check request should breakdown the various expense accounts being charged and the amount charged to each.
5. When a request for petty cash reimbursement is made to the Staff Accountant, the item will be listed on the Petty Cash Fund Reconciliation Sheet. A description of the item charged should be recorded together with the amount. A vendor receipt must be received by the Staff Accountant for the amount of the request in order for the request to be approved.
6. The recipient of the petty cash funds must sign the sheet to indicate receipt of the funds. The paid receipt should be attached to the sheet. All paid information should remain in the locked petty cash box until it is time to replenish the fund. At that time, the Petty Cash Fund Reconciliation Sheet and associated receipts are attached to the check request voucher.
7. If an advance is requested, no event should exceed \$20.00. The full amount of the advance must be written on the petty cash receipt. When the vendor receipt is returned for the expense, the Staff Accountant should mark out the amount originally given with a single line and write the actual amount spent next to it. The recipient should initial next to the change.
8. The petty cash box is to be locked at all times when the Staff Accountant is not disbursing or replenishing the fund. The locked petty cash box is to be kept in the locked file cabinets within the finance office.
9. The petty cash fund must be reconciled at least once a month, or as needed. This can be done by the Staff Accountant, but must be verified by an independent party.
10. At least once annually, the Controller should conduct a surprise review of the fund. When this is done, he/she should count, while the Staff Accountant is in attendance, the total monies on hand and the total amount of receipts in the petty cash box. The two amounts should equal exactly \$200.00. Any discrepancies should be discussed and resolved immediately.
11. It is a policy of CCHP not to cash checks of any kind through the petty cash fund.

## **Purchases**

All purchases are made through vendors that generate invoices or by use of credit card (see Expense Policy for information on credit card procedures).

### *Credit Card Purchases:*

1. Only the ED, COO, and/or CFO may carry corporate credit cards in his or her name. The purchase of airline tickets and other authorized business expenditures may be made by other employees or board members using the corporate credit card. In every case of credit card usage, the individual charging a CCHP account will be held personally responsible in the event that the charge is deemed personal or unauthorized.
2. Authorized uses of the credit card include:
  - a. Airline or rail tickets (at coach class or lower rates) for properly authorized business trips. CCHPs designated travel agency will require that employees supply the travel agency with an account code in order to charge to the CCHP American Express. The account code will help reconcile the costs of travel with the proper CCHP program to be charged. The travel agency will provide CCHP a monthly report of all travel charged to the American Express.
  - b. Lodging and meal charges that do not exceed the authorized reimbursement rate for persons traveling on official CCHP business
  - c. Car rental charges (for mid-size or smaller vehicles) for properly authorized business trips
  - d. Properly authorized expenditures for which a credit card is the only allowed method of payment (such as monthly internet access)
  - e. Business telephone calls
  - f. Properly authorized entertainment at a rate which is consistent with the employee's level of responsibility within, or on behalf of, CCHP and within the limits of the approved budget.
3. Receipts should be compiled and submitted with an expense report on a weekly basis.
4. Unauthorized use of the credit card includes:
  - a. Personal or non-business expenditures of any kind.
  - b. Expenditures which have not been properly authorized.
  - c. Meals, entertainment, gifts or other expenditures which are prohibited by:
    1. CCHP budget and/or policies

2. Federal, state, or local laws or regulations
3. Grant conditions or policies of the entities from which CCHP receives funds.

Proper Documentation for all Purchases, including CCHP Credit Card Purchases:

Every instance of credit card or other purchase use must be documented with travel authorizations, receipts, individuals paid for, nature of business, etc. before the expense will be considered authorized and will be approved for reimbursement. See details below.

- A. Lodging - Provide an itemized receipt from the hotel detailing every charge and the name of the person(s) for whom lodging was provided.
- B. Meals/Entertainment - Provide a receipt showing separately the cost for food/beverage and gratuities, and including the names of every person for whom food or beverage was provided and the specific business purpose which was furthered by the expenditure. For example, Luncheon Meeting with Nancy Neville, president of the Des Moines Economic Development Committee, and Reginald Burke, executive director of the Iowa Housing Partnership, to finalize the speakers and program for the November 10-12, CCHP annual conference in Des Moines.
- C. Other Expenditures - A receipt from the vendor detailing every individual good or service purchased (including class of service for commercial transportation) accompanied by an explanation of the specific business purpose which was furthered by each expenditure. For example, Round trip coach flight Washington to Des Moines for Conference Director Susie Reed to review hotel proposals and facilities for the CCHP annual conference.

The Staff Accountant will double check all reimbursement requests against receipts provided and run a calculator tape, when necessary, to be attached to the reimbursement form.

Consultants:

Contracts with consultants will include rate and schedule of pay, deliverables, time frame, and other information such as work plan, etc. Justification for payment should be submitted to file. All Consultants must include a social security number for employer tax ID number. No contracts will be finalized or payments made without such information.

Contracts:

Contracts for purchasing products or services, similar to a purchase order, should be created and maintained for the file whenever appropriate.

## **Fixed Asset Management**

1. A permanent property log or database is to be maintained by the Controller for all fixed assets purchased by CCHP.
2. The log should contain the following information:
  - a. date of purchase
  - b. description of item purchased
  - c. received by donation or purchased
  - d. cost or fair market value on the date receipt
  - e. donor or funding source, if applicable
  - f. funding source restrictions on use or disposition
  - g. identification/serial number (if appropriate)
  - h. depreciation period
  - i. vendor name and address
  - j. warranty period
  - k. inventory tag number (all fixed assets should be tagged with a unique identifying number)
  - l. number of the CCHP check used to pay for the equipment
3. At least annually, a physical inspection and inventory should be taken of all CCHP fixed assets and reconciled to the general ledger balances. Adjustments for dispositions should be made.
4. The Controller should be informed, in writing, via an interoffice memorandum of any material changes in the status of property and equipment. This should include changes in location, sale of, scrapping of and/or obsolescence of items and any purchase or sale of real estate.
5. All capital items which have a cost greater than \$2,500.00 will be capitalized and depreciated.



## **Payroll**

All payroll is currently processed by Cooper University Hospital.

After each payroll processing the Controller will receive a distribution report from Cooper, which will be used to prepare the payroll journal entry allocating salaries to the various grants.

On a monthly basis the SMAHR will reconcile the budgeted allocation of CCHP employees' salaries to the amounts charged to each grant.

### Personnel:

1. The Human Resources Department of Cooper University Hospital is charged with the responsibility of maintaining personnel files on staff persons. A copy of hiring, disciplinary, certification, and promotion documentation will be held in CCHP files by the SMAHR.
2. Each personnel file at Cooper University Hospital should contain the following information, at a minimum.
  - a. Employment application or resume
  - b. A record of background investigation
  - c. date of employment
  - d. position, pay rates and changes therein
  - e. authorization of payroll deductions
  - f. earnings records for non-active employees
  - g. W-4 Form, withholding authorization
  - h. I-9 Immigration Form
  - i. termination data, when applicable
  - j. proof of health clearance
3. All CCHP personnel records are to be kept locked in a locking file cabinet in the SMAHR office. Access to these files other than by the SMAHR, Staff Accountant, ED, or the auditor should be requested in writing to the ED.

### Timekeeping:

The Admin Coordinator is in charge of all timekeeping tasks for CCHP. On a bi-weekly basis, in accordance with Cooper University Hospital's payroll schedule, the Admin Coordinator will enter time into Kronos for all CCHP staff. All Paid Time Off (PTO)

requests will be submitted through an email to a supervisor and the Admin Coordinator and will be recorded in Kronos properly. See Appendix B for more information on PTO.

## **Financial Reporting**

### Monthly Reports:

The Controller should prepare a set of monthly financial reports for distribution to the ED, Treasurer, and Executive Committee. The reports should include: a balance sheet and a statement of income, statement of income by grant and Cash Activity Report.

The monthly statements should be reviewed by the ED and Treasurer prior to distribution to the Board.

### Year-End Report/Audit:

When required, CCHP will hire an outside auditor to prepare any necessary year-end reports and/or audits.

## Grant Compliance

1. When a new grant is received or renewed, a copy of the executed grant must be forwarded to the Controller who will save a copy to the Finance file on the server.
2. It is the responsibility of the Controller to review the grant contract and extract any fiscal items which must be complied with by CCHP. Typically, for government grants, reference will be made to various publications put out by the Office of Management and Budget (OMB) and the Comptroller General's Office to which CCHP is responsible for adhering.

Currently, the publications include:

OMB Circular A-110	Grants and Agreements with Institutions of Higher Learning, Hospitals and Other Non-Profit Organizations
OMB Circular A-122	Cost Principles for Non-Profit Organizations
OMB Circular A-133	Audits of Institutions of Higher Learning & Other Non-Profit Organizations

3. The Controller should meet with the responsible program personnel to review the details and budget of the grant.

### Governmental Generally Accepted Accounting Principles:

4. It is a policy of CCHP to adhere to any restrictions imposed by its funders, both governmental and private. Therefore, CCHP employees are expected to bring to the attention of management, any instances of non-compliance.
5. When CCHP is expending federal funds, prior written approval from the funder agency is required for the purchase of:
  - a. Capital expenditures for land or buildings
  - b. Insurance and indemnification expenses
  - c. Pre-award costs
  - d. Public information service costs
  - e. Publication and printing costs
  - f. Rearrangement and alteration costs
6. CCHP will never request federal funds to pay for the following costs:
  - a. Bad debt expense
  - b. Contingencies

- c. Contributions or donations to others
  - d. Entertainment expenses
  - e. Fines and penalties
  - f. Interest, fundraising and other financial costs
7. Federal funds received in advance will be deposited into a separate federally insured bank account. Any interest earned from those monies will be submitted to the funder agency. [It is CCHPs current policy to receive federal funds only on a reimbursement basis.]

### **ACO Compliance**

The CCHP ACO has a process for receipt and disbursement of gainsharing payments. CCHP will establish and maintain a bank account to be used exclusively for receiving and distributing gainsharing payments earned by the ACO. Funds in the ACO account will be distributed pursuant to CCHP's State-approved Gainsharing Plan. Access to the ACO account will be limited to the CCHP Executive Director and Chief Operating Officer. These CCHP staff will report all deposits and withdrawals from the ACO account to the CCHP Executive Committee. CCHP will retain detailed records of all deposits or withdrawals from the ACO account for at least five (5) years following the completion or termination of CCHP's participation in the Demonstration Project. Any ACO member that receives a gainsharing payment from CCHP will be required to sign a Participation and Disbursement Agreement that acknowledges receipt of funds and commits to using these funds in accordance with the Gainsharing Plan. In addition, CCHP will track ACO receipts and payments through their general ledger accounting software.

## **Fiscal Policy Statements**

1. All cash accounts owned by CCHP will be held in financial institutions which are federally insured and have received a favorable CRA (Community Reinvestment Act) rating.
2. All capital expenditures which exceed \$2,000.00 will be capitalized on the books and records of CCHP.
3. Employee paychecks and/or personal checks will not be cashed through the petty cash fund of CCHP.
4. No salary advances will be made under any circumstances.
5. No travel cash advances will be made except under special conditions after being pre-approved by the ED. Reimbursements will be paid upon full expense reporting using the official CCHP form within the normal disbursement schedule.
6. Any item whose value exceeds \$50.00, received via donation, will be recorded in the books and records of CCHP.
7. Fiscal Management personnel are required to take annual vacation which will not interfere with fiscal procedures. Variances to this policy shall be made in special circumstances, with written permission from the ED.
8. It is the policy of CCHP to reimburse out of pocket expenses only when supporting documentation has been presented for approved costs incurred.
9. It is the policy of CCHP to establish pay rates which equal or surpass the federal minimum wage.
10. It is the goal of CCHP to maintain a minimum of ten percent (10%) of the operating budget between its operating and savings bank accounts at all times. In the event that balances fall below that amount the ED and COO should be notified immediately.
11. All funds received by CCHP for each project will be segregated into separate project accounts in the general ledger to avoid any possibility of commingling project monies with general operating funds. A full computerized ledger accounting system will be maintained. Monthly financial statements including Balance Sheet and Statement of Revenues and Expenses will be produced for each project as a separate Department.
12. The ED and COO are signators of all CCHP bank accounts. A third and fourth signator will consist of the Chair and Treasurer of the CCHP Board of Directors. One signature is required for all disbursements and any disbursements exceeding \$10,000 must be authorized by the Chief of Staff for Cooper University Hospital.
13. Bank statements will be reconciled monthly in order to account for any outstanding or lost checks.
14. Expense reports will be maintained which will disclose the nature of expenses, and

the dates incurred.

15. Separate files will be maintained for each bank account and each vendor. Files will be kept separately for each fiscal year.
16. When required, the services of a Certified Public Accountant will be engaged to prepare a formal financial audit of the CCHP fiscal year-end.
17. Correction fluid should never be used in preparing timesheets or any accounting documents.

## **Annual Meeting Checklist**

During each annual meeting, the following procedures will be performed.

1. The Board of Directors shall approve new signers to each bank account.
2. The Board of Directors shall approve any new and necessary bank accounts.
3. As required, new signers shall complete the appropriate signature card and corporate resolutions.
4. Name, address and telephone directory of new board of director's officers will be obtained for the Program Manager overseeing Board communications.
5. A review of the current operating procedures should be made with the Chairperson and Treasurer and reaffirmed or revised.
6. All financial institutions should be notified of any changes to the authorized signers of the accounts within three (3) business days following the annual meeting.



## **Computer System Backup Procedures**

1. The SMAHR and Controller are responsible for backing up all important documents on a weekly basis.
2. The CCHP server is to be backed up on a daily basis. This backup is to be monitored by CCHP's IT contractor. The data to be backed up includes user/shared data stored on the server and the financial software database.
3. Users that need files restored can submit a request to the IT contractor.

## **Honorariums**

1. Honorariums received as a result of the intellectual property of CCHP or for activities performed during working hours are property of CCHP. Employees are not to keep any honorariums paid to them directly.
2. Employees should make every effort to have the honorarium made out to CCHP directly to avoid tax issues.
  - a. In the event that an honorarium is made out to an employee directly, the employee must provide the original, uncashed check to the Accounting department for correction.

## Appendix A: Expense Policy

**Purpose:** These policies and procedures will be followed when Coalition board members, employees, consultants or volunteers (“Personnel”) incur expenses while conducting Coalition business and/or furthering its mission.

### 1.1 General Guidelines

- 1.1.1 When incurring expenses, Personnel are expected to exercise discretion and good business judgment with respect to those expenses, to be cost conscious and spend the Coalition’s funds judiciously, and to timely report expenses supported by required documentation.
- 1.1.2 Coalition expenses may be incurred in the following ways:
  - 1.1.2.1 Direct payment from Coalition/Cooper funds, or
  - 1.1.2.2 Out-of-pocket payment by Personnel and reimbursement from Coalition/Cooper funds.
- 1.1.3 Unless otherwise noted in these policies, the preferred procedure is direct payment from Coalition/Cooper funds.

### 1.2 Expense Requests

- 1.2.1 All Coalition purchases / expense requests, as defined in sections 1.3-1.8 below, must be approved in advance by the Program Manager/Director responsible for programmatic oversight of the related funding source.
  - 1.2.1.1 Requests for approval should be submitted in writing (email is acceptable) using an Expense Request Form. The request should include a description of the expense (what is being purchased), the program that is incurring the expense and the related grant, the expected cost, and the date it is needed.
  - 1.2.1.2 Directors and Program Managers meet monthly with the SMAHR to discuss grant spending to date. As a result of these meetings, they have an understanding of the remaining amounts in each of their budget categories to make informed decisions on whether or not to approve specific expenses.
- 1.2.2 All approved Expense Request Forms should be emailed to the Staff Accountant who will allow the person who received approval to sign out the credit card to make the approved purchase. Office supplies, medical

supplies, and catering orders should be sent to the Admin Coordinator, who will make the purchase after proper approvals have been granted.

- 1.2.3 The Executive Director must give prior approval for all purchases using Coalition funds and all payments being made directly by Cooper on the Coalition's behalf. For credit card purchases that will be reimbursed to the Coalition by grant funds, the Executive Director must act as a second approver by signing the Cooper Cashier Voucher that authorizes disbursement of grant funds after the credit card purchase has been made.

### 1.3 Use of the Coalition Credit Card

- 1.3.1 Personnel can use the Coalition Credit Card for approved expenses. The Coalition Credit Card is retained by the Staff Accountant, who maintains a card sign out sheet.
- 1.3.2 An approved Expense Request Form is needed to sign out the credit card.
- 1.3.3 The card must be used and returned as quickly as possible.
- 1.3.4 All purchases made with the credit card require an itemized receipt. The card, receipt and other documentation required by the Expense Request Form must be returned to the Staff Accountant immediately following use of the card.
- 1.3.5 Personnel may not save the credit card number on any website. Personnel may not keep a written record of the credit card number and/or other data for future use.

### 1.4 Gift Cards

- 1.4.1 Gift cards can be purchased using the Coalition Credit Card, following the processes in Section 1.3 above, for purposes approved by grantors (i.e. patient incentives for completing program surveys).
- 1.4.2 Gift cards are considered "petty cash" and must be kept in a secure location. Programs should purchase and hold the minimum number of cards that will be needed in a 60 day period.
- 1.4.3 As required by Cooper, programs using gift cards must maintain a gift card log. The log should include the date, card amount, last 4-digits of the card number, card recipient's name and signature. A copy of the log must be submitted with the receipt for reimbursement from grants held by Cooper.

### 1.5 Office Supplies

- 1.5.1 The Admin Coordinator monitors office supplies and will place an order with Staples every other week to re-stock general office supplies.

- 1.5.2 Personnel can order specific office supply items to support grant programs. These program-related supplies will be charged to the corresponding program grant.

## 1.6 Food Orders

- 1.6.1 All Coalition meal expenses must be approved in advance by a Director or Program Manager. Meals should only be provided in instances cited within a grant budget narrative. If a meal is to be provided using Coalition funds, the Executive Director must provide advanced approval.
- 1.6.2 Personnel should use good judgment when seeking to include food at Coalition events by choosing the least expensive, healthy options and providing the minimum amount of food needed to serve the event. Intentional over ordering of food is prohibited.
- 1.6.3 Meal expenses should be within the following cost ranges: breakfast – no more than \$5 per person; lunch and dinner – no more than \$8 per person.
- 1.6.4 The Coalition has contacts and/or accounts with the following catering providers and their menus are available on the Coalition server:
  - 1.6.4.1 The Bread Board Plus in Haddonfield
  - 1.6.4.2 Oasis at Cooper Hospital
  - 1.6.4.3 Guido's Pizza in Camden
  - 1.6.4.4 The Tortilla Press in Collingswood
- 1.6.5 Personnel must use the Admin Coordinator to place catering orders. This saves time and expense processing. To order a meal, email an approved Expense Request Form to the Admin Coordinator specifying details of the event, including date, time, place (include floor, suite, room#, etc), purpose of event, number of people, selected caterer, and menu specifications (both food and drink). The Admin Coordinator will place the order and will confirm the order.
  - 1.6.5.1 Following the event or meal, please submit a list of attendees along with the event date and a brief description of the meeting purpose to the Admin Coordinator so the billing can be processed.
- 1.6.6 If Personnel choose to order a meal directly, an approved Expense Request Form is required to check out the credit card and/or submit a receipt for reimbursement.

## 1.7 Travel Expenses

- 1.7.1 Advance Approval

- 1.7.1.1 All trips involving air travel, train travel, rental car travel or at least one overnight stay must be approved in advance by a Director or Program Manager.
  - 1.7.1.2 Requests for approval should be submitted in writing (email is acceptable) as soon as travel plans are known with certainty. At least 30 days advance notice should be provided for air travel and overnight stays.
  - 1.7.1.3 Requests for approval should include the following information: traveler name(s), destination(s), dates and times of travel, reason for travel, and program/project to be billed.
- 1.7.2 Reservations
- 1.7.2.1 Reservations generally will be made on a cost comparison basis. First class air, Acela train tickets and luxury hotel accommodations are generally prohibited.
  - 1.7.2.2 When travel is related to conference attendance, recommended conference accommodations can be used whenever possible.
  - 1.7.2.3 Personnel may accept and retain frequent flyer/traveler miles or points for their personal use. It is an individual's responsibility to handle all logistics related to collecting, tracking, and accumulating travel miles or points. Hotel/transportation selections must not be selected based on travelers frequent traveler programs.
  - 1.7.2.4 If an individual wants to extend a trip for personal reasons, the individual is responsible to pay for any costs over and above what would have been incurred for Coalition related travel only. This includes any additional transportation costs due to date change.
- 1.7.3 Meals While Traveling
- 1.7.3.1 When travel involves an overnight stay, personnel may be reimbursed up to \$50 per day for meal expenses (food, non-alcoholic beverages and tips). Receipts must be submitted for each meal.
    - 1.7.3.1.1 The per diem meal allowance is reimbursement for the reasonable and actual cost of meals (including tips) while on overnight travel. The cost of a breakfast, a lunch, and a dinner will be covered per full day of travel. Snacks, alcoholic drinks and personal expenses (toiletries, newspapers, magazines, laundry, etc.) are the responsibility of the individual and will not be reimbursed.
- 1.7.4 Other Reimbursable Expenses
- 1.7.4.1 Car rental should only be requested when the travel destination cannot be easily reached by public transportation (including taxi or shuttle) or personal vehicle. Employees must decline liability

insurance, GPS devices, and other add-on items unless pre-approved by Executive Director or COO.

- 1.7.4.2 Parking, tolls, and mileage or gas costs are reimbursable when a personal vehicle or rental car is used for Coalition business travel. Receipts must be submitted for tolls, parking, and gas expenses. See Section 4 below regarding mileage reimbursement policies.
- 1.7.4.3 The cost of parking tickets and/or traffic violations incurred while on Coalition business are the responsibility of the individual and will not be reimbursed.

#### 1.7.5 Receipts

- 1.7.5.1 Receipts are required for all travel expenses paid directly by Personnel.
- 1.7.5.2 Receipts must be submitted in hard copy with a cover sheet including the following information: traveler's name, dates of travel, destination(s), reason for travel, and program/project to be billed.
- 1.7.5.3 Receipts and, if appropriate, boarding passes/ticket stubs and credit card statements shall be submitted to the Staff Accountant within 14 days of returning to the office after a trip.
- 1.7.5.4 Travel expenses are reimbursed after the fact. Requests for advance reimbursement of expenses can be made to the Executive Director or CFO. Requests must include the advance amount requested and the reason an advance is required.

### 1.8 Mileage Reimbursements

- 1.8.1 Reimbursement Rate. When Personnel use their personal cars for Coalition business travel, mileage will be reimbursed at the currently approved IRS rate per mile. The IRS per mile rate covers all costs for operating a vehicle (maintenance, gas, tires, insurance, registration, repairs, etc.).

#### 1.8.2 Mileage Logs

- 1.8.2.1 Routine Mileage: When Personnel routinely use their personal vehicles for Coalition business, a monthly Mileage Log must be maintained. Mileage logs must be submitted to the Admin Coordinator by the last day of following month.
- 1.8.2.2 Single Trip: When Personnel use their personal vehicle for a single trip, documentation of the mileage (email is acceptable) must be submitted to the Staff Accountant for reimbursement. Mileage documentation should include: name, destinations (starting and ending points), date of trip, reason for trip, project to be billed and total miles traveled supported with a print-out from an internet mapping website (i.e. Google Maps).

1.8.3 Mileage reimbursements are limited to one reimbursement per employee each month. A single trip should only be submitted alone if no other travel was done in that month. Therefore, single trips should not be submitted until the month is over to ensure that no other travel is taken. In the event that mileage for the month totals less than \$5.00, the employee will submit with the next month's reimbursement request.



## **Appendix B: PTO Policy**

1.1 There are two types of PTO requests: Advance and Unscheduled.

1.1.1 Advance PTO is requested in advance of an absence when an employee will be out of the office for at least a half-day (4 hours) of a regularly scheduled workday.

1.1.1.1 Whenever possible, employees should request Advance PTO rather than Unscheduled PTO.

1.1.1.2 Advance PTO should be requested to cover holidays (other than Coalition mandated holidays, referenced in 1.6), vacations, and personal appointments.

1.1.2 Unscheduled PTO (PTU) is requested when an employee will be absent from the office for at least a half-day (4 hours) of a regularly scheduled workday, and did not request Advance PTO.

1.1.2.1 PTU should only be requested in instances of minor illness/accident, emergency, and other unplanned, unavoidable conflict.

1.1.2.2 When Unscheduled PTO is requested, the first day of the occurrence will be PTU and the remaining consecutive days will be counted as PTO time.

1.1.2.3 Frequent, unscheduled absences will be a cause for discipline. Employees may be required to obtain a doctor's note for any absence of three (3) days or longer.

1.2 Advance PTO

1.2.1 To request Advance PTO, an employee should send an email to his/her immediate supervisor and copy the Admin Coordinator. The email should include the following information:

1.2.1.1 The date(s) and time(s) of the Advance PTO requested.

1.2.1.2 Any significant, previously scheduled activities that the employee will miss due to the Advance PTO requested.

1.2.2 When requesting Advance PTO of more than two consecutive days, the employee should make best efforts to notify his/her supervisor at least two weeks prior to the absence.

- 1.2.3 When the employee returns to work, the employee should send an email to the Admin Coordinator indicating that s/he has returned to the office and confirming the duration of the absence.

### 1.3 Unscheduled PTO

- 1.3.1 In the event of PTU, an employee should call and email his/her immediate supervisor – and, where applicable, other members of the employee’s workgroup – on the morning of the absence. In the event that the employee’s supervisor does not answer, the employee should leave a message and contact the Admin Coordinator. The call and email should include the following information:
  - 1.3.1.1 A brief description of the reason for the request.
  - 1.3.1.2 The expected duration of the absence.
  - 1.3.1.3 Any significant, previously scheduled activities that the employee will miss due to the absence.
- 1.3.2 The employee should make best efforts to notify the appropriate individuals by at least 8 a.m. on the morning of the absence.
- 1.3.3 When the employee returns, the employee should send an email to the Admin Coordinator indicating that s/he has returned to the office and confirming the duration of the absence.

### 1.4 Supervisor’s Approval of PTO

- 1.4.1 PTO will generally be approved. A supervisor has discretion to deny requests when there is a legitimate business justification.
- 1.4.2 In special circumstances an employee may be asked to cancel previously scheduled PTO. In this case the employee will be reimbursed for any documented, unrefundable travel deposits.

### 1.5 Recording and Tracking PTO

- 1.5.1 The Admin Coordinator will be responsible for recording PTO, tracking the employee’s PTO balance, and reporting PTO to the Cooper Health System.
- 1.5.2 Each employee should retain personal records of PTO, such as copies of any email requests, which can be referred to in the event of discrepancies.

### 1.6 Coalition Mandated Holidays

1.6.1 CCHP will close offices and not charge PTO for the following eight holidays:

New Year's Day  
Memorial Day  
Independence Day  
Labor Day  
Columbus Day  
Thanksgiving Day  
Day after Thanksgiving  
Christmas Eve  
Christmas Day  
New Year's Eve



June 24, 2014

Valerie Harr  
Director, Division of Medical Assistance and Health Services  
NJ Department of Human Services  
7 Quakerbridge Plaza  
PO Box 712  
Trenton, NJ 08625

**Re: Commitment Letter for the Camden Coalition of Healthcare Providers' Medicaid Accountable Care Organization**

Dear Director Harr:

The Camden Coalition of Healthcare Providers (CCHP) seeks to establish a Medicaid Accountable Care Organization (ACO) to serve Camden, New Jersey, under the State's Medicaid ACO Demonstration Project legislation. For more than five years, CCHP has brought together providers from across the healthcare spectrum to improve care for Camden's most vulnerable residents. CCHP looks forward to continuing this work as a Medicaid ACO and is committed to participating in the Demonstration Project. CCHP's Board of Directors, which is comprised of diverse providers, has passed a resolution supporting this certification application.

The CCHP ACO will comply with the Demonstration Project requirements set forth by the Medicaid ACO Demonstration Project Act and regulations. Specifically, the CCHP ACO will:

- Participate in the Demonstration Project for at least three years following our certification as a Medicaid ACO.
- Be accountable for the health outcomes, quality, cost, and access to care of Medicaid recipients covered by the ACO.
- Function in accordance with all applicable state and federal laws, including laws designed to protect Medicaid beneficiaries' ability to access medically necessary care.
- Ensure the use of electronic health records and electronic prescribing by health care providers participating in the CCHP ACO. The CCHP has existing and planned infrastructure, such as the Camden Health Information Exchange, that will enable the CCHP ACO to collect and share data among its members.

CCHP is willing to certify that its Demonstration Project application is accurate, complete, and truthful. CCHP has included all necessary documents with its application. Should there be any material changes to its application any time during the certification process or following certification, CCHP will notify the Department of Human Services.



Camden Coalition of  
Healthcare Providers  
[www.camdenhealth.org](http://www.camdenhealth.org)

CCHP is proud to support the formation of Camden's Medicaid ACO, which we believe represents an important step forward in improving the quality, capacity, and efficiency of the healthcare system in Camden, New Jersey.

Respectfully submitted,

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

Dr. Jeffrey Brenner

Executive Director, Camden Coalition of Healthcare Providers

### ACO Quality Project Plan

<b>TIMELINE</b>	<b>GOAL/OBJECTIVE</b>	<b>BENCHMARK</b>
February 2014	Form a Quality Committee	Quality Committee will begin meeting quarterly, as evidenced by meeting minutes
March-June 2014	Develop a patient satisfaction survey to be administered at Camden primary care offices	Quality Committee reaches consensus on survey questions and language and survey is translated into Spanish
May/June 2014	Establish a common set of quality standards for ACO members	Quality Committee presents quality measure recommendations to the Board
July/August 2014	Administer patient satisfaction survey to 25 patients per practice	Quality Committee administers 25 surveys at each participating primary care office
August 2014	Establish mechanisms for soliciting and responding to patient feedback	Quality Committee prepares patient feedback proposal
August/September 2014	Seek Board approval for Quality Committee's proposals	Board approves of quality measures, remediation policies, and patient feedback proposal
	Educate members of the ACO on quality measures and policies	Quality Committee conducts in-person training with ACO members; ACO members will sign Participation and Disbursement Agreements
????? 2014	Retain third-party vendors as needed to support the ACO's quality efforts	Executes contracts for services with vendors
November 2014	Measure the quality baseline for ACO providers	Conducts initial quality evaluation

## ACO Quality Committee Membership

<b>Name</b>	<b>Organization</b>	<b>Title</b>
Jeffrey Brenner	Camden Coalition of Healthcare Providers	Executive & Medical Director
Steve Kaufman	Cooper University Hospital	Endocrinologist
William Warning	Crozer-Keystone Family Medicine Residency Program	Program Director
Marilyn Mock	FairShare NGII	Social Services Director
Heli De Leon	Reliance Medical Group	Atlantic County Regional Vice President and Director of Quality Management
Lynda Bascelli	Project HOPE	Medical Director
Jeff Kleeman	Fairview Village	Physician
Clare Gauntt	Holy Redeemer Home Care	Director of Nursing
Catherine Jakuboski	Holy Redeemer Home Care	QI Coordinator
Lesley D'Ambola	Rowan/St. Lukes	Medical Director
Joan Gray	Virtua	AVP of Ambulatory Services Virtua Camden
Joyce Kurzweil	Planned Parenthood	Executive Vice President
Lou Bezich	Cooper	Chief of Staff
Bernice Williams	Camden AHEC	Program Coordinator
Russell Harris	Lourdes	Vice-Chief, Emergency Department
Pamela Riley	The Commonwealth Fund	Assistant Vice President, Delivery System Reform
Vijay Rajput, MD	Cooper Medical School of Rowan University	Professor of Medicine
Dave Malick	Virtua	IS Manager of Ambulatory and Outreach
Jeff Ross	Urban Health Institue	Associate Director, Process Redesign and Innovation
Elizabeth Powell	Urban Health Institue	Associate Director Clinical Administration
Kelly Silverman	Reliance Medical Group	Vice President of Camden County